

Meeting:	NHS Grampian Board
Meeting date:	2 December 2021
Item Number:	5.4
Title:	Implementing the new leadership model to support Operation Iris
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1 Purpose

1.1 This is presented to the Board for:

- **Assurance**
- **Decision**

1.2 This report relates to:

- **Emerging issue**
- **Local policy**
- **Tactical planning**

1.3 This aligns to the following NHS Scotland quality ambitions:

- **Safe**
- **Effective**
- **Person Centred**

2 Report summary

2.1 Situation

Over the last 18 months NHS Grampian has responded to the Covid pandemic by implementing, at certain times, a command and control model of leadership when the level of pressure assessed under the civil contingencies policy has meant that a major incident level has been reached. Looking ahead, the enduring and sustained nature of the pressure requires us now to cope with the enduring and sustained demands on parts of our system emanating from the pandemic while balancing elective work alongside unscheduled care. There is a strong need and desire to

keep decision-making as close to the point of care as possible, because we believe this enhances the system's ability to manage the various pressures and demands.

The Chief Executive's Team assess and agree the appropriate level of civil contingency each week and we continue to be in a Public Health Major Incident. NHS Scotland has emergency powers until March 2022, including powers to redeploy staff and make other temporary changes to working arrangements. This is not changed by the proposals contained in this paper.

The Portfolio approach has created opportunities to harness skills and competencies across our system, and we now have an ability to harness a developing system leadership model that will sustain us through winter, where demand is predicted to be very high, and to carry out elective care whilst responding to the wider pressures on the health and care system.

2.2 Background

A new model of leadership has been developing alongside the Portfolio approach. The leadership model has been very well supported by our teams, and has followed a rapid development, informed by the learning from Operation Rainbow and Operation Snowdrop.

We now need to solidify the model so that it is clear how decision making will be supported organisationally, from front-line to Board, preserving the good work and support for system leadership, while being able to respond to the challenges and pressures already upon us, and with the potential for that to increase as we move to Operation Iris.

2.3 Key principles

The system leadership model is designed as a 3 tier model, with a daily, weekly and fortnightly structure that brings key managers together at different levels, to ensure oversight, appropriate decision making and learning and development.

The G-OPES model has been in development alongside the system leadership model. G-OPES covers 4 thresholds of how the system is coping, alongside the actions that need to be taken within a level to mitigate the risk of having to escalate further up the tiers.

Within a system that is under sustained pressure it is difficult to demonstrate the advancements the Portfolio approach brings, however in the absence of this new model we would have a system that was more severely challenged.

The system leadership model supports the way in which the Portfolios complement each other through a whole system approach, and gives us the best chance of balancing competing needs across our services. The G-OPES development will support this leadership model. The system leadership model will retain the management capacity that has been gained from cross system working and a collective leadership approach.

2.4 Operating the system leadership model

G-OPES will be the framework that the system leadership community will operate within. G-OPES will define the level the system is operating at, which will drive the actions of teams in response. The system leadership model will operate with delegated authority from the Chief Executive Team using the G-OPES framework. There will be a clarity at an organisational level on how the system is performing, and the escalation points as G-OPES levels are reached. This will give the Chief Executive Team grip and control on system wide performance, with the system leadership supported to operate within delegated limits.

2.5 Decision making within the leadership model

There will be a delegation of authority from the Chief Executive Team to the Portfolio Leads, where Portfolio Leads will then have the authority to act within pre-existing delegated limits, an example being for finance. The Portfolio Leads will be operating within the G-OPES framework, and the wider system leadership model will operate within that framework under the direction of the Portfolio Leads. G-OPES has been agreed at an executive level by the Chief Executive Team, balancing risks in order to maintain system viability and prioritising patient safety and they will monitor its use and any amendments required to it.

2.6 Governance of the leadership model

The system leadership model will be directed and managed by the Portfolio Leads, who are directly accountable to the Chief Executive, and are members of the Chief Executive Team.

The model has been developed with staff. There are clear terms of reference for each tier. The decision making authority of each group is set within the terms of reference, which will reflect the G-OPES framework within which we will be operating during Operation Iris.

The Portfolio Leads will be the ultimate decision makers within the remit of the system leadership model, with reporting to the Chief Executive Team on at least a weekly basis (more frequently according to the pressures in the system). All tiers of the system leadership model will record decisions that gives clarity on the rationale and thinking behind decisions, along with any follow up activity.

The system leadership model will be supported by Portfolio Leads 7 days a week, with Portfolio Leads covering weekends with an on call system, and able to act within delegated authority for the Portfolio group.

The Portfolio Leads will draw on the professional expertise of clinical/practitioner leads, including the Medical Director, Nurse Director, Chief Social Work Officers, and Director of Public Health, as part of the checks and balance for decision making.

2.7 Key risks and mitigation

The system leadership model has been in development, learning from Operation Rainbow and Operation Snowdrop. The Portfolio Leads have been operating within a variety of civil contingency scenarios, including declaring a Major Hospital Incident, and they and their teams are experienced in managing within the structures for those scenarios. The system leadership model will be adapted to respond to the pace of rapid decision making that will be needed over the next 6 months.

G-OPES is a key enabler for teams to operate with delegated authority within a clear framework that gives good visibility at an organisational level of the pressure in the system. G-OPES is described at paper 5.3 on the agenda for this meeting, and the risks and mitigation for G-OPES are fully described in that paper.

Decision making within the system leadership model must be adequately captured and evidenced. The experience from civil contingencies has informed our development of tools that will support teams to properly capture the decisions that are made, and how issues are escalated.

The systems leadership model has been assessed to ensure that it delivers at least a robust model as that in a civil contingencies Major Hospital Incident, and with added value that supports our aspirations around business as usual. Table 1 below compares the two models:

Table 1 Comparison of Civil Contingencies and Systems Leadership models

	Civil Contingencies Major Hospital Incident	Systems Leadership
<i>Governance</i>	<ul style="list-style-type: none"> • Board Control rooms • Gold, silver and Bronze tiers • CET the Gold level 	<ul style="list-style-type: none"> • Directed and managed by the Portfolio Leads, who are directly accountable to the Chief Executive, and are members of the Chief Executive Team • Support and assurance from Professional Leads • clear terms of reference for each tier
<i>Decision Making</i>	<ul style="list-style-type: none"> • Command and control structure • Responds to criticality 	<ul style="list-style-type: none"> • Delegated decision making within pre-agreed thresholds as set out in Terms of Reference (ToR) • The Portfolio Leads will be operating within the G-OPES framework, and the wider system leadership model will operate within that framework under the direction of the Portfolio Leads.
<i>Risk</i>	<ul style="list-style-type: none"> • Risk is escalated in a top down model 	<ul style="list-style-type: none"> • Agile and flexible approach allowing quick response to risk and pressures at appropriate levels
<i>System</i>	<ul style="list-style-type: none"> • Reactive • Responds to critical incidents • Focused on more immediate pressure 	<ul style="list-style-type: none"> • Business as usual approach that attempts to create balance of activity
<i>Finance</i>	<ul style="list-style-type: none"> • Use of contingency • Potentially seek SG support 	<ul style="list-style-type: none"> • Operates within existing resources • Seeks longer term funding solutions to protracted issues

Table 2 below focuses on the advantages of the system leadership model:

Table 2 Recommendations, Assurances and Benefits of Systems Leadership Model

Recommendation	Assurance	Benefits
The current meeting structure is appropriate	<ul style="list-style-type: none"> • G-OPES will be a key enabler for teams to operate with delegated authority within a clear framework that gives good visibility at an organisational level of the pressure in the system. • Fortnightly Meeting to be re-purposed, and communication to be enhanced • Weekly System Connect to have stronger focus on surge, G-OPES and Heat Map of Workforce • Daily system connect group to use G-OPES levels and Heat Map as <u>main basis</u> for decisions 	<ul style="list-style-type: none"> • Clearly defined system levels driving actions of teams in response • Defined escalation points as G-OPES levels are reached • System leadership supported to operate within delegated limits • Maintain wider system situational awareness through variety of communication channels • CET oversight on system-wide performance • Clear focus and remit
Decision making in existing meeting structure is recorded appropriately	<ul style="list-style-type: none"> • Standardised decision log and meeting record across all meetings focusing on decision, rationale and by whom. • Decision logs to be used for escalating issues within the system, and up to CET • Development and adherence to key decision making principles 	<ul style="list-style-type: none"> • Clear audit trail • Accountability for actions and decisions • Clarity across systems • Clear recommendations • Thorough analysis • Clear visibility of alignment to G-OPES and strategic priorities of RPM4 • Consistency in decision making criteria across groups

Recommendation	Assurance	Benefits
Individuals remain accountable for keeping detailed records of decisions which they make out with the formal meeting structure	<ul style="list-style-type: none"> • Individual record logs required for all decisions made out-with the formal meeting structure 	<ul style="list-style-type: none"> • Clear audit trail • Accountability for actions and decisions
A summary of decisions from the system wide meetings will be shared at the weekly CET	<ul style="list-style-type: none"> • Development of a dashboard to summarise decisions on a weekly basis • Decision logging that captures rationale and thinking behind decisions at daily and weekly meetings 	<ul style="list-style-type: none"> • Clear assurance and oversight • Clear audit trail for CET; Board and any public enquiry

2.8 Equality and Diversity, including health inequalities

The pandemic has exacerbated inequalities in our communities. Access to elective care is much more challenging. The system leadership model aims to balance the system as much as possible to allow a mix of activity to take place, while managing the demands of unscheduled care.

The various elements of the G-OPES and Operation Iris documentation were available for Equality and Diversity Impact Assessment at different times. Hence, the pragmatic approach adopted was to Impact Assess each section as it became available in the drafting process. The Rapid Impact Assessment Checklist (RIC) approach was the most appropriate methodology, which also incorporated consideration of the Fairer Scotland Duty. A full EQIA approach was not required. All the comments made have been accommodated in this report. The RIC is available on request.

2.9 Communication, involvement, engagement and consultation

A wide cohort of the system leadership have co-created the structure and terms of reference for the groups. The model has been tested through real time use. Portfolio Leads have presented at various staff and clinical forums on progress of the Portfolio approach and supporting structures. Portfolio Leads recognise the need for ongoing

communication and messaging as the system leadership model is embedded, and particularly how it is being used over the next 6 months during Operation Iris.

2.10 Route to the meeting

The Board received an initial report on the system leadership model on the 4th November. Further work has taken place with IJBs, through the North-east IJB Chairs/Vice Chairs meeting on 12 November 2021, and with individual IJBs.

3 Recommendation

The Board is asked to:

3.1 Scrutinise the information provided and confirm that it provides assurance that the system leadership model provides the necessary framework within which we can respond to current pressures whilst attempting to create balance across the system in meeting both unscheduled care and scheduled care needs.

3.2 Endorse the system leadership model and Portfolio leadership model.

3.3 Note that the detail of the delegated powers within the leadership model referred to in paragraph 2.5 above falls within the Chief Executive's powers and further notes that the Chief Executive Team will receive weekly assurance about the use of those delegated powers by the system meetings and will monitor and review escalations within the system.