

## Greater Glasgow NHS Board

### Board Meeting

Tuesday 18<sup>th</sup> November 2003

Board Paper No. 2003/67

Director of Planning and Community Care

## Service Redesign Committee: Proposed Establishment

### Recommendation:

- **the Board confirm the chair, proposed membership and remit for the Service Redesign Committee.**

### A. BACKGROUND

1.1 The Board considered at its September 2003 meeting the requirement in the White Paper "Partnership for Care" to establish a Service Redesign Committee. This paper sets out final proposals with the aim of establishing a Committee which:

- adds value to the wide range of existing service redesign;
- enables a wide range of professional and patient interests to participate.

### B. PROPOSAL

2.1 Further discussions have taken place with the key advisory groups and other interests. This proposal is based on these discussions as well as the debate at the September Board.

### Proposed Membership

2.2 The suggested membership reflects a number of imperatives:

- we should enable a wide range of staff to connect to the work of the group, but also need a committee which is not unwieldy. Therefore, we propose a two-strand approach. A wider reference group of about 100 staff from across the NHS with a core committee of a smaller number.
- membership of the group needs to include proper connection with representative structures but also redesign champions;
- connection to Trust senior clinical and managerial staff - with the ability to provide corporate sign up and clout is important;
- links to the Public Involvement Network are important;
- links to other major redesign mechanisms are critical, including:
  - Glasgow Patient Access Team;
  - Clinical Workforce Redesign Group;
  - Emergency Admissions Review;
  - Implementation arrangements for major strategies including mental health, primary care and acute services;

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- A proposal to have non executive chair who is a clinician with strong links to advisory structures and directly to the Board.

2.3 It is therefore proposed that membership should be as follows:

- four representatives from each of the LHCC Advisory Committee and Area Clinical Forum;
- four patient representatives - identified through the Public Involvement Network;
- three places for nominations from each Trust;
- eight places for other NHS staff - to be co-opted for their track record in redesign;
- chaired by John Nugent.

2.4 An initial task for the Committee will be to define arrangements for the wider reference group - referred to above.

2.5 As CHPs take shape we would expect membership to change to include their representatives.

### Functions and Finance

2.6 In terms of functions and finance, the Board discussed a range of options. It is proposed that the Service Redesign Committee is established with flexibility to develop its remit and way of working within a number of key principles:

- the Local Health Plan process should continue to be the core process for the allocation of resources, drawing together the full range of the Board's activities and priorities. However, the Committee should:
  - have limited, non recurring resources to pump prime redesign projects on a selected basis;
  - from endowment funds provide bursaries to enable staff to free up time for redesign or access and fund additional training;
- the Committee should promote and give a profile to redesign work but not act as a clearing house for redesign proposals. That promotion and profile would include developing mechanisms to promulgate good practice and equip staff with the training, skills and support required for successful redesign activity;
- the Committee may be used as a vehicle to consider and clear blockages which are obstructing service redesign;
- the Committee will link to the Centre for Change and Innovation (CCI) to influence National policy;
- the Committee may establish and sponsor a small number of significant redesign projects which address major service issues and are not being tackled through other routes;
- the Committee will develop the Change and Innovation Plan drawing on the Local Health Plan and other redesign activity;
- the Committee will consider how it can test the arrangements in each part of the NHS in Greater Glasgow to promote and deliver service redesign.

### C. CONCLUSION

3.1 It is proposed that the Committee is established as outlined above, with the aim to meet four times each year, reporting regularly to the Board on its activities.

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