

Greater Glasgow NHS Board

**Board Meeting
Tuesday, 22nd March, 2005**

Board Paper No. 05/22

Chief Executive, GGNHSB

**ORGANISATIONAL ARRANGEMENTS –
PROGRESS ON IMPLEMENTATION**

Recommendation: The Board is asked to:

- i) receive this update on the plan for implementing the organisational arrangements which it approved in February, 2005;
- ii) note the next steps proposed to move into implementation.

1. Background

1.1 At the February Board Meeting, the Board considered consultees' comments on the new organisational arrangements proposed in order to implement the next steps of the "Partnership for Care" White Paper. The Board's decisions paved the way for moving to the detailed development of the new organisational structures: the Chief Executive was asked to report progress to the Board's March meeting on six key strands of work. These are summarised in this paper.

2. Primary Care

2.1 Under the aegis of the CHP Steering Group, a comprehensive review has been carried out of services and functions which are currently managed by the Primary Care Division. With the development of CHPs, the Division is dissolved, with the majority of its responsibilities vested in CHPs. Forty-five services and functions have been covered by this review: the future arrangements for forty of these have been agreed; for the five outstanding functions, the relevant Planning and Implementation Group has been asked to recommend the future setting for the service. This work will be concluded by the end of March.

3. Future Arrangements for Public Health, Health Promotion and Planning

3.1 Community Health Partnerships and the other new organisations which are being established need to be resourced adequately in order to deliver the full potential which their roles offer. This will involve, therefore, devolving substantial resources from the Board's Health Promotion and Planning Directorates to the new delivery organisations and ensuring that CHPs in particular are supported in discharging their roles in improving health and tackling inequalities.

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3.2 There are five strands to this work which has been taken forward by short-life task groups across the three Directorates, reflecting the approach which will form part of our future “Single System Working”. They cover the following areas:

- Workforce planning and professional networking.
- How the specialist resources presently within Public Health, Planning and Health Promotion focused specifically on inequalities should best be deployed in the new organisational arrangements.
- Options for the organisation of Child and Youth Planning, Public Health and Health Promotion.
- Proposals on how the specialist Health Promotion, Planning and Public Health resources related to chronic and priority diseases should be deployed.
- An analysis of organisational options for each element of the current three Directorates, linking to the work described above. This will include identifying clearly small specialist functions.

These strands of work will be completed by the end of March and the recommendations from each group thereafter will feed into the detailed design of the new structures.

4. Acute Operating Division

4.1 During the past two months, a further short-life group has worked to test the robustness of the high level structures for acute services set out within the Board’s consultation paper and to develop thereafter more detail of the Directorates proposed. That work has advanced substantially over this period: the final task which is scheduled for completion early in April is a definition of the key roles and responsibilities which the Division will carry.

5. Community Health Partnerships (CHPs)

5.1 The Board has already considered and approved the Schemes of Establishment for the creation of an integrated CHP with East Dunbartonshire Council and a Health CHP with West Dunbartonshire Council and NHS Argyll and Clyde. Further discussions are progressing with the Area Partnership Forum about the Staff Governance section of the West Dunbartonshire Scheme of Establishment prior to its submission to the Scottish Executive Health Department.

5.2 Detailed work is now progressing in developing a draft Scheme of Establishment with Glasgow City Council for the five CHPs agreed with Glasgow City: work also is progressing with East Renfrewshire Council and NHS Argyll and Clyde with the objective of developing an integrated CHP for East Renfrewshire. Further progress reports on both of these draft Schemes of Establishment will be made to the NHS Board in April.

6. Clinical Governance, Risk Management and Other Governance

6.1 There are three strands to this work. In respect of Clinical Governance, the Board’s Medical and Nursing Directors have held a series of meetings with Divisional Medical and Nursing Directors and the Director of Public Health in order to develop a model of Clinical Governance which will fit with the move to “Single System Working”. A paper from the Medical and Nursing Directors will be available by the end of March.

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6.2 With the substantial input from the Board's Audit Committee, there is now in place for the first time a Corporate Risk Management Strategy for NHS Greater Glasgow. That Strategy will be considered by the Board at its meeting in March. The future governance arrangements for the NHS Board will ensure that the management of risk is fully embedded within the new structures. Linked to this, work is ongoing to develop the overall governance arrangements which are appropriate for the new organisations. This work is timed for discussion by the Board in mid May, with the aim of migrating to the new governance arrangements from July, 2005 when the current year's annual accounts have been completed and audited.

7. Child Health Strategy Group

7.1 In approving the future arrangements for Children's Services, the Board recognised the importance of ensuring that Community Child Health Services formed part of CHPs, coming together there with Children's and Families' Social Work Services. The Child Health Strategy Group has, therefore, overseen a programme of work which is designed to ensure that, by the end of March, the future organisational model for Children's Services has been concluded. The work to finalise arrangements for the provision of Community Specialist Services and their related structures also is nearing completion and is timetabled for conclusion early in April. Thereafter, as CHPs develop, the detailed work on the development of Service Models will be picked up in the months ahead.

8. Next Steps

8.1 The Board had initial discussion about the new organisational structures at its "Away Day" on 7th and 8th March, 2005. Further development of the proposed structures and the detailed Action Plan, which will pick up and address Board Members' comments, is being taken forward currently. Updated proposals will come to the Board Seminar for review on 5th April, 2005. It is proposed to engage in further discussion with staff and staff interests for the month thereafter, thus allowing appointments to the new structure to begin as early as possible in May, 2005. As part of the detailed Action Plan, the Board's Director of HR is currently developing proposals for filling posts within the new structures: these arrangements will be agreed with the Board's Remuneration Sub-Committee during the month of April.