

## Greater Glasgow NHS Board

### Board Meeting

Tuesday 20<sup>th</sup> September 2005

Board Paper No. 2005/63

Director of Planning and Community Care

## Progress so far and the Future Role of the Service Redesign Committee

### Recommendation:

The Board is asked to:

- re-emphasise the importance of embedding the objective of service improvement across the activities of the reformed GGNHS;
- approve the establishment of the proposed arrangements to continue and strengthen a focus on service improvement but discontinue the present Service Redesign Committee.

### A. BACKGROUND

1.1 Service Redesign Committees were required to be created by the “Partnership for Care” White Paper. The Greater Glasgow Service Redesign Committee was established at the end of 2003 - the NHS Board carefully considered, prior to finalising the role and remit of the Committee, the context in Greater Glasgow. Key points included:

- the Local Health Plan (LHP) as our primary coordinating vehicle for service modernisation and change. Bringing together the core strategies covering our main areas of responsibility, including primary care, community care, health improvement and tackling inequalities, acute services and mental health. These strategies all included substantial programme of service change and development;
- the LHP driving the allocation of resources through integration with the five year financial strategy;
- the LHP underpinned by a strong network of planning groups covering main priorities including Managed Clinical Networks;
- the LHP and associated plans formed the basis of our first Change and Innovation Plan - required by the SEHD to secure our full allocation;
- existing service change and redesign groupings, including the Glasgow Patient Access Team, the Clinical Fora (bringing together primary and secondary care practitioners), extensive programmes of work under the umbrella of modernising mental health services and the network of clinical redesign activity driven by the Acute Services review implementation process;

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- the scale of activity in the NHS in Greater Glasgow with a culture of devolution to Divisions and LHCCs;
- strong partnerships with each Local Authority to drive forward service change and integration in community care and children's services.

1.2 These important points of context created a debate about the function of the proposed Committee. The organisational arrangements outlined above would not enable the creation of a Service Redesign Committee which could drive a significant programme of work and decide on the allocation of substantial resources.

In trying to map out a coherent, meaningful programme of activity for a Committee this highlighted a number of dilemmas:

- the challenge of linking to other, extant processes without excessive complexity and duplication. Examples would include Quality Scotland Reviews, Clinical Governance and Effectiveness Committees and Division redesign structures;
- should the Committee lead on a limited number of redesign initiatives which are not being addressed elsewhere, if so, how should these be identified?
- should the Committee have a particular role in testing our system of leadership and support for innovation and redesign?
- how could the Committee coordinate and resource its activities when staff time and funding are in short supply?

1.3 The Board concluded that the Committee should have a coordinating and facilitating role and should be established on the following propositions:

- has membership drawn together in an innovative way reflecting enthusiastic and committed redesigners rather than traditional nomination roles;
- the Committee pulls together the Change and Innovation Plan, mainly from the Local Health Plan;
- the Committee has access to limited, non-recurring resources, to support initiatives and endowment funding to support and develop staff capability in redesign activity;
- links to the Centre for Change and Innovation to influence national policy development;
- sponsors a small number of priority initiatives reflecting Local Health Plan priorities but not emerging elsewhere;
- promotes change and redesign activity through identifying issues and gaps and "gingering up" existing processes and structures to address them;
- develops a strong communication and good practice profile - accessible to all staff;
- chaired by a Clinical Board non-executive which also offers a clinical dimension and a primary care focus.

## **B. SERVICE REDESIGN COMMITTEE: REVIEW OF ROLE**

2.1 After nearly a year of its operation the Committee took time out to consider four key questions in relation to its operation. That review was supported by a pack of background material. That material included:

- information on other Service Redesign Committees;

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- the original Board papers debating and establishing the role of the Committee.

In reviewing the information from other Board areas the Committee highlighted a number of significant points to inform our discussion. Other Service Redesign Committees are characterised by:

- operation as more traditional Board subcommittees with membership essentially Board members;
- public and patient involvement being dealt with through this structure;
- major clinical strategies led by the Service Redesign Committee;
- the Service Redesign subcommittee leading the development of the Local Health Plan;

It is clear that the Greater Glasgow arrangements are very different from other Board areas:

- we have a Local Health Plan Steering Group which presides over a complex set of planning arrangements which focus on Local Authorities, on Managed Clinical Networks and on major priority areas such as Coronary Heart Disease and Stroke;
- we have a Public and Patient Information Subcommittee which leads our work in this area of responsibility chaired by a Board Non Executive;
- our major clinical strategies for mental health, acute services, primary care, have been developed through processes established specifically for that purpose.

2.2 Having considered these points the meeting then focused on the questions below:

1. Reflect on what the Service Redesign Committee was originally set up to do and take stock of what it has achieved one year on against the Service Redesign Committee original intentions. What are the pros and cons of Greater Glasgow NHS Board having a Service Redesign Committee?
2. What distinguishes the Service Redesign Committee at the NHS Board from service redesign work going on throughout the city in general?
3. How does the Committee contribute to the governance of service redesign?
4. what do members see as a future role for the Service Redesign Committee?

2.3 Emerging from the discussion were a number of conclusions which were endorsed by the Committee as its advice to the NHS Board. These were:

- the Committee has provided a useful networking opportunity;
- there is a clear tension between trying to codify a systematic service redesign into a formal and structured process rather than focusing on organising for service improvement;
- inconsistencies in membership and attendance have hampered effective working;
- the Committee tries to bring together too many disparate interests;
- as an NHS structure the Committee creates issues when so much of our service improvement activity is focused on a multi-agency approach;

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- service redesign, which is actually a strand of service improvement, needs to be embedded throughout the organisation - not seen as the responsibility of a single Committee;
- the superficial attraction of creating a service modernisation or redesign department as a corporate function cuts across trying to embed responsibility at all levels of the organisation and taking a devolved approach;
- many staff do not feel responsible for the quality of the services they deliver and for driving improvement.

2.4 The Committee's conclusion was that it should not continue in its present form but that there were a number of challenges which the Board needed to ensure it was organised to meet. These are outlined below:

- that NHSGG is organised for improvement. That means that:
  - we ensure frontline staff have the skills, tools and authority to be able to drive improvement in the services they deliver;
  - the drive for improvement is explicit in corporate and individual objectives and in performance management;
  - we should consider a particular programme of organisational development to try and create a culture where staff at all levels "own" the drive for service improvement;
- information on service improvement is collated and readily accessible;
- the work of the PFI is properly linked to management processes which can drive service change.;
- to establish an efficient and accessible electronic means for staff to share thinking and experience of service redesign;
- that service improvement to be a visible outcome of planning and review processes;
- the NHS Board needs to be assured that service improvement is happening. This requirement needs to be reflected in the design of corporate governance and performance management arrangements which will underpin single system working;
- to give visibility and profile to service redesign work perhaps through the establishment of an initial forum which could also run an annual or twice yearly event.

2.5 The next section outlines proposals as we move into our new organisational arrangements to meet these challenges.

### **C. ADDRESSING THOSE CHALLENGES**

3.1 The fact that a Service Redesign Committee has not been an effective mechanism in Greater Glasgow does not imply that service redesign is not at the heart of the Board's commitments and priorities. Rather it reflects the scale and complexity of our organisation and the challenge of a devolved not centralised approach. It is critical as we move to our new organisational and governance arrangements that the Board can be assured that service change is being driven, in the interests of patients. The rest of this section outlines our proposals, for further development, to achieve these objectives.

### **3.2 Organising for Improvement**

- The Committee highlighted three important imperatives in this regard. We propose that:
  - we will establish a short-life working group to conclude its work by April 2006 to establish what skills and tools are required by frontline staff to equip them to drive service improvement. The conclusions of that group to be implemented in partnership with the new management teams;
  - individual and corporate objectives and the new performance management system should explicitly include service improvement targets;
  - the organisational development programme which will be put in place as an integral part of our transition arrangements needs to explicitly include actions to focus on cultural change which empowers frontline staff.

### **3.3 Accessible Information**

- It is proposed that the Glasgow Patient Access (GPAT) and Corporate Communications Teams work together to collate and provide easy access to information.

### **3.4 Links to PFPI**

- The PFPI Subcommittee should be asked to formally consider how it can provide advice on service improvement priorities.

### **3.5 Electronic Staff Sharing**

- A single service improvement website should be established providing access to:
  - information on Glasgow and wider initiatives;
  - skills and methodologies advice for staff interested in primary care service improvement;
  - a facility for staff to exchange information.

The GPAT and Corporate Communications Team should take responsibility for the development of the website.

### **3.6 Planning and Review Process**

- The annual planning guidance should set out priorities for service improvement - which will then feed into the performance review and corporate reporting processes.

### **3.7 Corporate Governance and Performance Management**

- The Board will give detailed consideration to the development of revised performance management arrangements over the next few months and the important issue of service improvement will be a key feature of those revised arrangements.

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### **3.8 Annual Forum**

- We will establish an annual service improvement event enabling GGNHS staff to nominate and showcase particular initiatives. Each part of our new organisational structures will be involved in the design and delivery of these annual events.

### **D. CONCLUSION**

- 4.1 This paper outlines arrangements to keep service improvement at the heart of the Board's activities, without continuing a committee arrangement which has not been a particularly effective vehicle.

**Publication:** The content of this Paper may be published following the meeting.

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