

Quality Handover

Hampshire Health Overview and Scrutiny Committee 22nd March 2013



Today's presentation

- Background to Quality Handover Document
- Principles for quality handover
- Recipients of quality information
- Governance arrangements
- Phasing of work programme
- Risks and opportunities
- Issues which have emerged to date
- How the HOSC can contribute?
- Communications plan
- Comments



Background to Quality Handover

History of failures during previous reorganisations in health and social care, including Mid Staffs NHS Trust

Need to draw on learning captured in publications:

- *Review of Early Warning Systems 2010*
- *Maintaining and improving quality during transition 2011*
- *National Quality Board – How to Guide Maintaining Quality during the Transition – Preparing for Handover 2012*



Principles for quality handover

Clear framework providing national consistency

Balance of formally documenting information with face-to-face handover

Responsibilities for both senders and receivers

Need for triangulation of information incl. patient experience

Quality handover needs to include all commissioned services

Board assurance for sign off of Quality Handover required for sending and receiving organisations



Recipients of quality information

- CCGs
- NHS Commissioning Board incl. Specialised Commissioning and Primary Care Commissioning
- Public Health
- Commissioning Support South
- Local Authorities

Also Quality handover discussion with:

- LINKs
- Health Overview and Scrutiny Committees
- Providers




Governance Arrangements

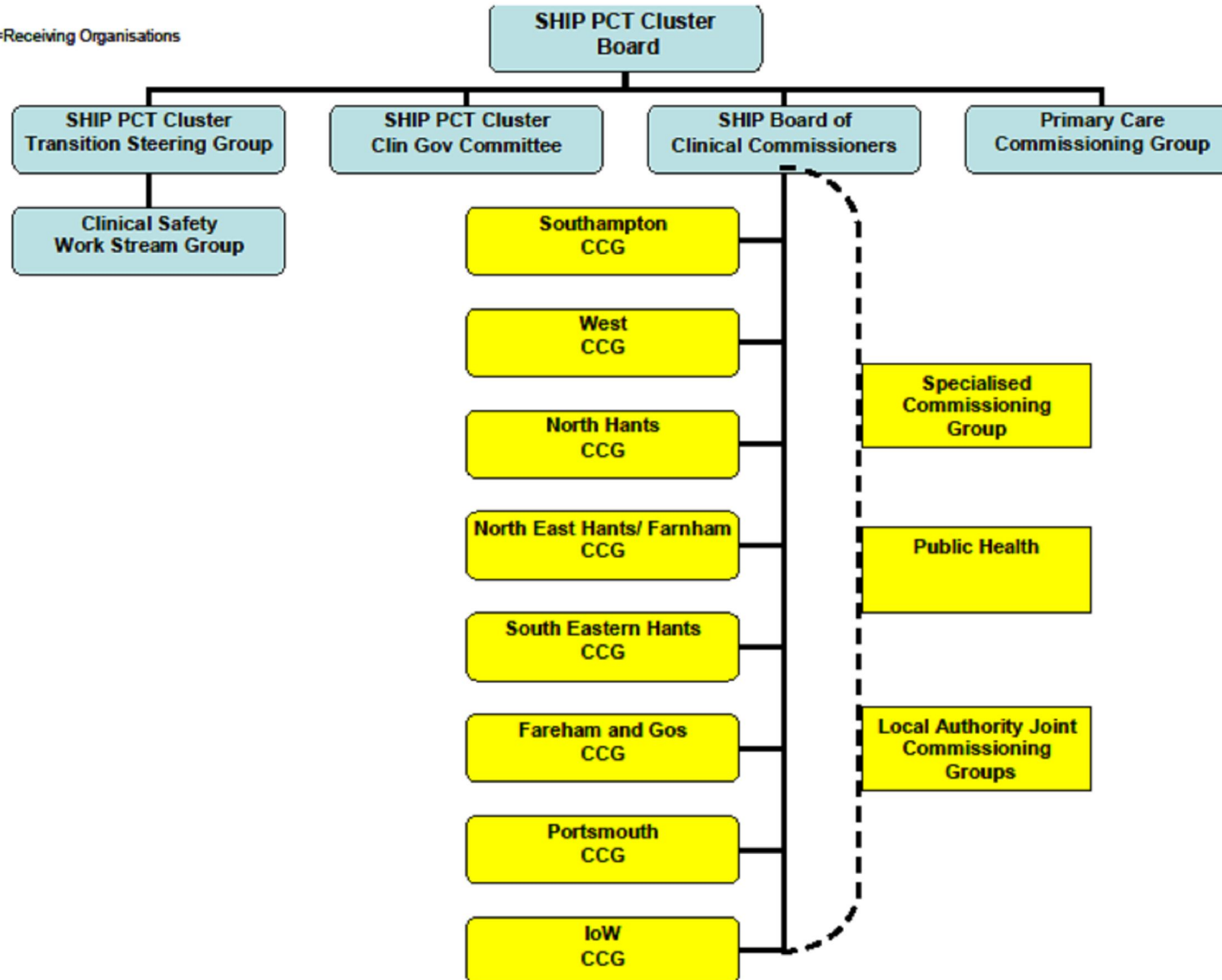


Southampton, Hampshire
Isle of Wight & Portsmouth

 = Sending Organisation

 =Receiving Organisations

Governance Arrangements- Quality Handover Document



Phasing of work programme

- Project team set up
- Transition and Legacy Clinical Quality Work Stream Group set up
- Leads identified
- Plan submitted to SHA in June

July – Sep 2012	Oct – Dec 2012	Jan – March 2013
<ul style="list-style-type: none"> -Gather hard and soft intelligence -Regularly discuss emerging issues -Clinical Governance Committee -Board of Clinical Commissioners -SHIP Cluster Board -Quality Handover V1 -Wider engagement and triangulation -Discussion with providers 	<ul style="list-style-type: none"> -Maintain live document, mainstreaming alongside wider monitoring processes -Initial round of face-to-face meetings with receiving organisations -Continued review of emerging issues and problem solving -V2 of Quality Handover to SHA -National Quality Board Assurance process within the 4 regions 	<ul style="list-style-type: none"> -Maintain live document -Round 2 of face-to-face meetings -Continued review of emerging issues and problem solving -Quality Handover document taken to public Board meetings of sending and receiving organisations



Risk and opportunities

Risks (actions defined in register)

- Process could get in the way of addressing real issues
- Very high volume of data leading to loss of focus
- Capacity/potential loss of key staff
- Lack of engagement of receiving organisations
- Loss of organisational memory

Opportunities

- Analysis of trends and triangulating information may identify previously hidden quality issues
- Accelerating organisational development in CCGs
- Long lead time to handover enables receivers to build knowledge over time



Issues which have emerged

- **4000 contracts to handover!**
- **Importance of close monitoring of newly commissioned services such as NHS 111 and Out of Hours**
- **Handover across a care pathway such as children**
- **Live reviews-vascular, diabetes**
- **Challenges to local Trusts due to increasing demands**
- **Changes within providers for example Basingstoke acquisition of Winchester, Southern Health acquisition of Oxford Learning Disability Trust**



How can the HOSC contribute?

**Provide feedback on local health services
for triangulation with information in the SHIP PCT Cluster**

Continue to scrutinise local health services

Maintain overview of handover arrangements

Ensure new local commissioners are focussing on quality



Communications plan

- **Face-to-face meetings with receiving organisations**
- **Governance meetings: relevant Boards and committees**
- **Update LINKs/HealthWatch**
- **Internal communications: newsletter, intranet**
- **External communications: CCG stakeholder newsletters, websites**
- **Public Board meeting held 26th February 2013**





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Thank you

