

# Quality Handover

Portsmouth Health Overview and Scrutiny  
Committee 31<sup>st</sup> January 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



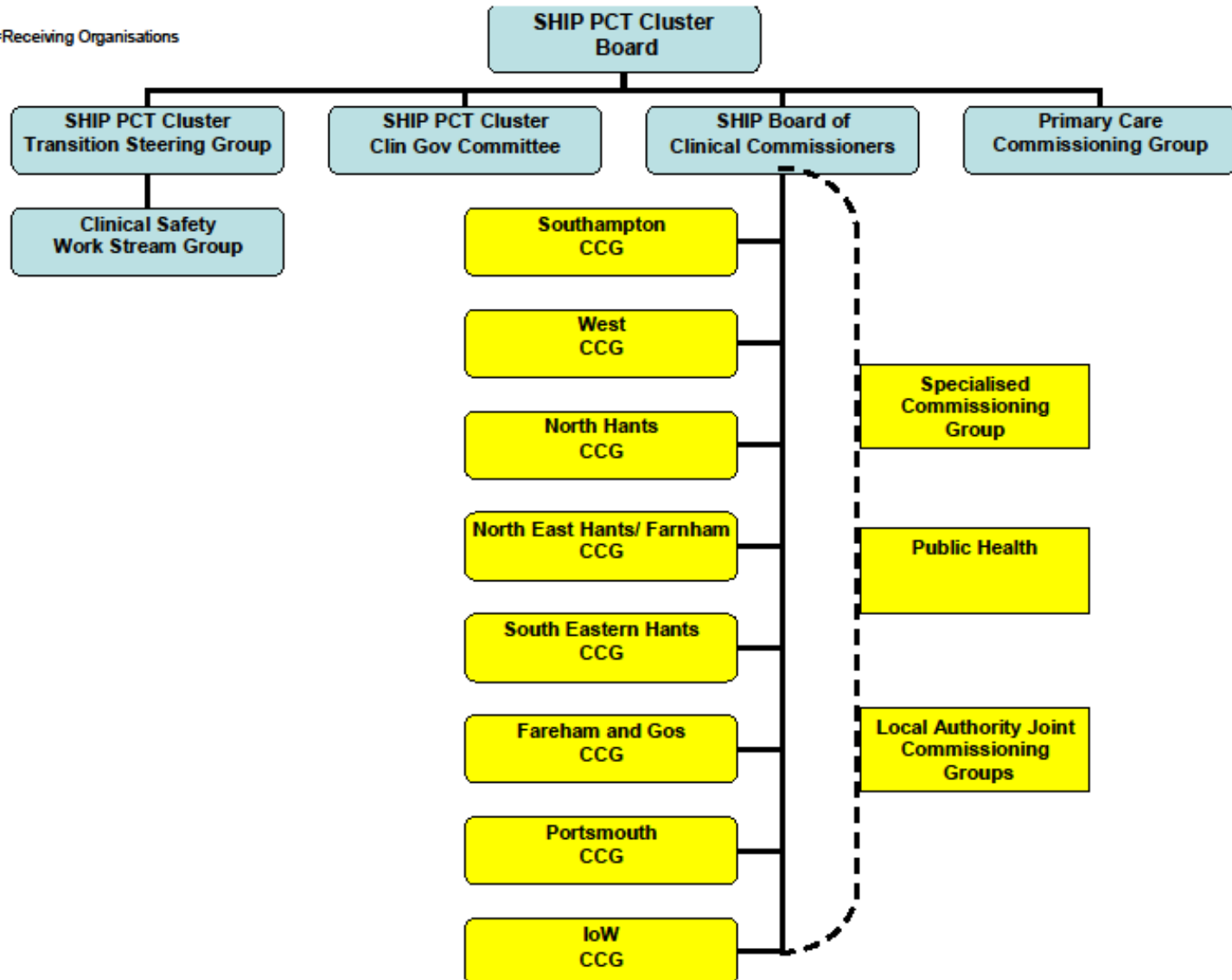
# Governance Arrangements

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



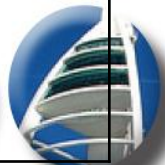
# Risk and opportunities

## 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 preparing for Foundation Trust-  
Portsmouth Hospital, Solent**



## 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 26<sup>th</sup> February 2013



Thank you

