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To: Health Overview and Scrutiny Committee, 22 July 2011

Subject: The Legacy Document

1. Introduction

- (a) The National Quality Board (NQB) was established in 2009 bringing together the Department of Health and the main regulatory bodies to look at quality and safety across the whole system. It is chaired by David Nicholson, the NHS Chief Executive.
- (b) In March 2011, the NQB published a report titled *Maintaining and improving quality during the transition: safety, effectiveness, experience Part One: 2011/12*¹. Part Two is due during the summer of 2011.

2. The Legacy Document

- (a) The NQB report is mainly concerned with emphasising the need to retain an emphasis on quality and patient care during the transition. Particular stress is given to the elements and organisations which will remain as a constant during the transition period and beyond – staff and patients are highlighted as elements of continuity for example, as well as the majority of NHS provider organisations and local authorities. Not mentioned, though relevant, is the continuation of statutory HOSC powers and duties until at least April 2013.
- (b) HOSCs are mentioned explicitly in connection with Legacy Documents. Legacy Documents are one mechanism through which organisational memory is transmitted from the current commissioners to future ones:
 - i. “At both PCT/PCT Cluster and SHA level, all legacy documents should be subject to a (public) board level discussion for assurance purposes. We also recommend that these documents are available publicly to enhance and ensure their vigour. PCTs and SHAs should consider how they could involve LINKs, Overview and Scrutiny Committees (OSCs) and other local bodies and draw on them to support the production and maintenance of the documents. Additionally, we recommend that CQC and Monitor should have sight of the Legacy Documents to provide them with the opportunity to flag any

¹ National Quality Board, *Maintaining and improving quality during the transition: safety, effectiveness, experience*, March 2011, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_125497.pdf

concerns they have and that should be included in the documents.”²

- (c) The minimum requirements for a Legacy Document are set out below:
- “Information on all services provided to the local population, including primary care services;
 - ‘Pen Portrait’ of the patch to include the key facts and figures on population, geographical boundaries and so forth;
 - Current state of play with regard to quality, finance, performance, capacity, and people; recognising that this will be a snap shot in time;
 - Relevant organisational memory – in each of the above categories, For example if a Trust is currently in surplus but actually has had many years of deficit and brokerage, or has seen 5 changes in leadership in 5 years, or has a long standing reconfiguration issue;
 - Future challenges/risks - a formal risk register to capture each of the above issues with proposed mitigating actions;
 - Library of knowledge/skills – a depository of all useful resources such as strategy documents, consultancy reports, so that incoming teams are not required to rediscover problems and/or reinvent answers; and
 - Directory of services and skills – to help people navigate their way round the various information sources/skills available regionally, including contact details for people who have corporate memory.”³

3. Legacy Document – Kent and Medway PCT Cluster

- (a) The latest draft version of the Legacy Document is included in the Board Papers for the meeting of the Kent and Medway Cluster Board for 20 July 2011. It can be accessed here:
- i. <http://www.easternandcoastalkent.nhs.uk/about-us/the-board/pct-cluster-board/board-meeting-wednesday-20-july-2011/?assetdet3907929=178773>

² Ibid., p.28.

³ Ibid., p.27.