NHS
Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

Handover Policy

This procedural document supersedes: PAT/PA 31 v.3 – Handover Policy for potential emergencies arising in the Out of Hours period and for patients admitted during the Out of Hours period, including Intra Trust Hospital transfers

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The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, <u>it is only valid for 24 hours.</u>**

Author/reviewer: (this version)	Mike Whiteside – Acute medicine consultant Joanne Sayles – Lead ACP for Bassetlaw@
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Approved by:	Policy Approval and Compliance Group?
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Target audience:	All Care Groups

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed without change, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 4	30 May 2018	• Expectation that an electronic method of recording will be used in preference to paper • The role of Advanced Care Practitioners in coordinating some handover processes	M Whiteside J Sayles
Version 3	April 2015	This policy describes the principles that each Care Group must now apply	R Dickinson R Cuschieri M Dalton
Version 2	January 2012	Handover arrangements within individual specialities have been reviewed. ALL CARE CARE GROUPS TO ENSURE THAT their handover arrangements are in line with this policy.	Mrs K L Humphries CSU Clinical Governance Leads
Version 1	May 2010	• This is the first version of the Handover Policy – please read in full	Mr R J Cuschieri, Dr J Sayer, Dr T Noble, Ms M Dalton, Matron L Whitaker, Mrs K L Humphries

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1 INTRODUCTION

This policy has been developed to ensure that the Trust has in place a systematic approach for the handover of patients from one clinical team to another at shift changes.

2 POLICY STATEMENT

The purpose of this policy is to achieve the efficient transfer of high quality clinical information at times of transition of responsibility for patients in the absence of their parent clinical teams. Effective information transfer ensures the protection of patients and minimises clinical risk. Continuity of information underpins all aspects of a seamless service providing continuity of care and patient safety.

This policy applies to the delivery of accurate multidisciplinary handover which is essential for efficient safe patient care. With the advent of IT and the audit capability built in to these programs, their use should be encouraged (e.g. within acute medicine). Nerve Centre software will be introduced shortly allowing tasks to be distributed to the most suitable person in real time to the on call out of hours teams.

The Clinical Team Leader will be supported by the Clinical Site Manager or Clinical Site Sister/Charge Nurse/most senior nursing member of the team or Advanced Clinical Practitioner (ACP) and will lead the handover process. This policy applies to all Care Groups and the specialty teams within. The driving force for this policy comes from supporting the Deanery, European Working Time Directive and the Patient Safety Agenda requirements.

3 SCOPE OF POLICY

For all of the staff working in the out of hours period and weekends

- All medical staff on site
- Clinical Site Manager or Clinical Site Sister/Charge Nurse/most Senior nursing member of the team as available
- Advanced Clinical Practitioner
- Appropriate Nursing Staff
- Critical Care Outreach Team

For staff working in hours (morning/afternoon periods)

- Consultant
- All relevant medical staff
- Appropriate nursing staff

4 ROLES AND RESPONSIBILITIES

Individuals and organisations have a shared responsibility to ensure that effective communication lies at the very heart of good patient care. The handover is a vital aspect of continuity of care and the continuity of information is vital to the safety of patients. It is the responsibility of all the team members to prepare all relevant information and continue to liaise throughout the night and out of hours period.

5 CLINICAL LEADERSHIP

The Clinical Team Leader will supervise the handover at stated times. The Specialist Registrar (SpR) will usually act as team leader for the Out Of Hours Team in partnership with the Clinical Site Manager or Clinical Site Sister/Charge Nurse/most Senior nursing member of the team or Advanced Clinical Practitioner who will be the lead nurse for the team. Where possible the consultant should be present in handover, or responsibility delegated.

6 HANDOVER ATTENDANCE

All relevant team members will attend in accordance with Departmental/Specialty arrangements which may vary between department/teams and which should be identified in Departmental Induction Documentation. It is the responsibility of the individual departments to ensure that handover arrangements are widely publicised and monitored.

Anyone unable to attend due to dealing with Emergency situations or over running Theatres must send a message to the Clinical Team Leader and/or Clinical Site Manager and/or Advanced Clinical Practitioner stating the reason for non-attendance.

7 PROCESSES

All staff should arrive on time for handover and questions should be allowed to gain more understanding of issues. Staff present should be professional and not speak over each other – ideally 1 person should lead the handover. Information imparted should be fundamental to patient care. Records should be kept preferably in electronic format but may be in paper form. Due respect to patient's confidentiality needs to be given if documentation is in paper format. All communication should be undertaken and entered using a modification of the SBAR tool (see appendix 1). Over bank holiday weekends an expanded handover may be required, examples of these templates can be found at https://www.rcplondon.ac.uk/guidelines-policy/example-record-templates

8 GENERAL PRINCIPLES

The incoming team is expected to clarify any issues at the handover. The handover provides an opportunity to clarify the roles and responsibilities of the team. Where people have not worked together before introductions should be made.
The information imparted at this time should be fundamental to the medical/nursing care that follows. Report giving is an important part of the communication process.
Handover is of little value unless action is taken as a result. All team members including locums should be aware of their responsibilities and need to ensure that:

- **Tasks should be prioritised**
- **Plans for further care put in place and clarified**
- **Unstable patients are reviewed as often as required**
- **If busy, additional handovers may be required to further support the team, re-prioritise workload and identify new "at risk" patients**
- **Teams should be aware of any patient who is considered at risk of deterioration and plans put in place accordingly.**

9 TRAINING/SUPPORT

The training requirements of staff will be identified through a training needs analysis. Role specific education will be delivered by the service lead during induction.

10 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
That handover is occurring daily at shift changeover with all relevant staff present	Nominated clinical governance lead or nominated deputy	Twice a year	Directorate clinical governance committee

11 AUDIT OF COMPLIANCE

The quality assurance for the development and delivery of handover will be facilitated by the specialty clinical governance lead through the specialty clinical governance group. To achieve this, the specialty has the responsibility to continually audit adherence to the recommendations in the policy. The results of the audit will provide assurance to the Accountability Meeting.

Where specialties cannot demonstrate best practice to the defined minimum standards, as indentified in the attached appendices, it is proposed that an action plan be generated immediately and this will be monitored at the Accountability Meeting.

It is the responsibility of the specialty to ensure that the departmental handover policy is communicated to new starters at their induction to the department.

12 EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 2).

13 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Mental Capacity Act 2005 – Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS) - PAT/PA 19
Privacy and Dignity Policy - PAT/PA 28
Fair Treatment For All Policy - CORP/EMP 4
Equality Analysis Policy - CORP/EMP 27

APPENDIX 1 – SBAR TOOL

S

Situation:
I am (name), (X) nurse on ward (X)
I am calling about (patient X)
I am calling because I am concerned that…
(e.g. BP is low/high, pulse is XX temperature is XX, Early Warning Score is XX)

B

Background:
Patient (X) was admitted on (XX date) with
(e.g. MI/chest infection)
They have had (X operation/procedure/investigation)
Patient (X)'s condition has changed in the last (XX mins)
Their last set of obs were (XX)
Patient (X)'s normal condition is…
(e.g. alert/drowsy/confused, pain free)

A

Assessment:
I think the problem is (XXX)
And I have…
(e.g. given O_2/analgesia, stopped the infusion)
OR
I am not sure what the problem is but patient (X) is deteriorating
OR
I don't know what's wrong but I am really worried

R

Recommendation:
I need you to…
Come to see the patient in the next (XX mins)
AND
Is there anything I need to do in the mean time?
(e.g. stop the fluid/repeat the obs)

Ask receiver to repeat key information to ensure understanding

The SBAR tool originated from the US Navy and was adapted for use in healthcare by Dr M Leonard and colleagues from Kaiser Permanente, Colorado, USA

APPENDIX 2 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Care Group/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Handover Policy	Director of Nursing, Midwifery and Quality	M Whiteside	Existing Policy	1 May 2018

1) Who is responsible for this policy? Name of Care Group/Directorate: Director of Nursing, Midwifery and Quality

2) Describe the purpose of the policy? Who is it intended to benefit? Staff involved with handover

3) Are there any associated objectives? Supporting the Deanery, European Working Time Directive and the Patient Safety Agenda requirements.

4) What factors contribute or detract from achieving intended outcomes? – None

5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? Details: [see Equality Impact Assessment Guidance] - No

- **If yes, please describe current or planned activities to address the impact** [e.g. Monitoring, consultation] – N/A

6) Is there any scope for new measures which would promote equality? [any actions to be taken] No

7) Are any of the following groups adversely affected by the policy? No

Protected Characteristics	Affected?	Impact
a) Age	No	
b) Disability	No	
c) Gender	No	
d) Gender Reassignment	No	
e) Marriage/Civil Partnership	No	
f) Maternity/Pregnancy	No	
g) Race	No	
h) Religion/Belief	No	
i) Sexual Orientation	No	

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box

Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4

If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a* **Detailed Equality Analysis form in Appendix 4

Date for next review: **May 2021**

Checked by: **J Sayles** **Date: 1 May 2018**