Somerset Partnership NHS

NHS Foundation Trust

HANDOVER POLICY FOR INPATIENT WARDS

**To be read in conjunction with the
Admission, Transfer and Discharge policy (CH) and the RCPA policy (MH)**

Version:	2
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Title of originator/author:	Head of Patient Safety
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Relevant Staff Groups:	All clinical and non-clinical staff working on inpatient wards.

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DOCUMENT CONTROL

Reference Number JA/Aug/12/CHP	Version 2	Status Final	Author Head of Patient Safety
Amendments	Policy revised in line with the NHSLA Risk Management Standards 2012-2013. Amended to reflect the acquisition of Somerset Community Health and changes to the Trusts governance structure. The revisions to the policy are such that it is not practical to track all of the changes and so the policy should be read 'as new'.		

Document objectives: To provide a framework of standards across all inpatient services during ward Handovers.	
Intended recipients: All staff working in the Community Health/Mental Health Directorate inpatient services.	
Committee/Group Consulted: Clinical Policy Review Group. Clinical Governance	
Monitoring arrangements and indicators: Audits – peer review	
Training/resource implications: SBAR training delivered in both directorates	

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Contact for review	Head of Patient Safety	
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1. INTRODUCTION

1.1 Somerset Partnership NHS Foundation Trust has a duty of care to all patients, at all times. As an organisation we are committed to ensuring that all patients receive continuity of care and all care is seen to be equitable.

1.2 With the changes permitted in working hours of doctors in training and the increase of shift patterns of working, effective handover of patients is of increasing importance for promoting continuity of quality of care.

1.3 The National Health Service (NHS) National Patient Safety Agency, in co-operation with the British Medical Association (BMA) NHS Modernisation Agency and National Health Service Litigation Authority (NHSLA) is contributing to guidance on clinical handover for clinicians and managers, the purpose of which is to share good practice and encourage organisations to consider the increasing importance of handover.

1.4 An observational survey in Community Health and local monthly audits in Mental Health were completed and highlighted many issues that affect in-patient handover. For example, ensuring core risks are highlighted and documented, interruptions, agreed protected time, the area where handover was conducted affecting efficiency and that staff from all disciplines were not involved in the process.

2. PURPOSE & SCOPE

2.1 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 clinical teams.

2.2 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.

2.3 The principles are aimed at reducing the risk to both the patient and the organisation as far as is practically possible, optimising the quality of patient care and safety by improving on the methods used during handover to all staff, including doctors, General Practitioners, Allied Health Care Professionals and House Keeping staff.

3. DUTIES AND RESPONSIBILITIES

3.1 All NHS organisations have a duty of care to all patients at all times. During this involvement with the patients there comes a point when duty of care changes from one individual team or department to another.

3.2 For the purpose of this document and the processes described with in it, the change over in the duty of care is described as taking place within the unit/ department concerned. The handover will vary from patient to patient depending on their individual circumstances.

3.3   The **Director of Nursing and Patient Safety** is the Lead Director and has designated responsible for ensuring that this policy and associated procedures and processes are implemented and monitored.

3.4   **Matrons/Service/Team/Ward Managers** have responsibility for ensuring the quality of clinical interventions and record keeping by their staff, and monitoring compliance with this policy and procedure through the supervision process.

3.5   It is the responsibility of the **Nurse in Charge** to ensure that all Handovers are in line with this policy. This will include prioritising and delegating tasks, ensuring staff are competent to complete the delegated task and update care plans and risk assessments, where appropriate, when actions are completed.

3.6   **All Ward staff**, whether health and social care practitioners or administrative staff who support them are responsible for ensuring they comply with this policy/procedure and draw to the attention of their line manager any issue where the failure to apply this policy/procedure and supporting record-keeping compromises patient safety and care.

3.7   This policy will be reviewed by the **Clinical Policy Review Group** and ratified by the **Clinical Governance Group**. The Development and Review will take place at least every three years or sooner according to local and national guidance.

4   **EXPLANATION OF TERMS USED**

4.1   **Nurse in Charge**: the nurse in charge of the ward/area

4.2   **Shift Leader**: the nurse in charge of the shift – may cover more than one ward or more than one area. Shift Leader may also be the nurse in charge covering only one ward/area.

4.3   **RiO:** the Electronic Patient Record system supplied by CSE Healthcare in use within the Trust.

4.4   **SBAR:** 'Situation, Background, Assessment and Recommendation' tool as the standard communication tool

4.5   **SPICE: S**omerset **P**artnership: **I**mproving **C**linical and social care **E**ffectiveness (newsletter).

5   **PROCEDURE**

5.1   **What is a handover?**

- it is the transfer of information, from one shift of staff to another. It is predominantly related to the client's health and social care;

- handover promotes and ensures continuity of care, promotes the professional status of the organisation, by all staff being aware of events and preventing mistakes;

- the information being transferred must be accurate and factual.

5.2 Achieving system sustainability requires agreed processes and standards to support the transfer of high quality clinical information across shift changes ensuring continuity of information. Handover must achieve a balance between comprehensiveness and efficiency.

5.3 **Personnel**

- the nurse in charge must handover to the whole of the next team on duty at the beginning of that shift. This allows for members of the team from the previous shift to be present on the ward to maintain safety and deliver patient care. Every member of the next shift must be allowed to attend subject to emergency cover being identified;

- the nurse in charge of handover facilitation should ensure that the team are aware of any new staff including locum or agency members of the team, and that adequate arrangements are in place to familiarise them with local systems and hospital geography in line with the Trust's Local Induction Policy (and for Locum/Agency Staff that induction takes place in line with the Trust's Bank and Agency Workers Policy);

- daily involvement of the shift leader is essential. This ensures that appropriate management decisions are made and that handover forms a constructive part of staff education conveying the seriousness with which this organisation takes this process;

- General Practitioners working in community hospitals should be encouraged to participate in the handover process;

- all staff are responsible for ensuring that handover sheets/notes held by them during their shift are shredded before going off duty;

- it is the responsibility of the hospital Matron/Ward Manager/designated staff member to ensure that there is safe and secure storage and archive of the electronic version of each handover sheet. This is a requirement of the Care Quality Commission and provides an audit trail of clinical information;

- a master copy of the handover sheet information must be stored and retained for 8 years in line with patient medial records and the Trust **Records Management Policy.**

5.4 **Time**

- handover should be no longer than 30 minutes in the Community Health Services and 1 hour within Mental Health Services;

- the times dedicated to handover should be known to all staff.

5.5 Place

- handover should be conducted close to patient care in a room which accommodates the team and is confidential when discussing sensitive information. It is recommended that a Do Not Disturb Sign is used to prevent interruptions;

- handover may include a bedside review or around the nursing office patient white board. Care must be taken when discussing sensitive information.

5.6 Method

- all handovers to have a pre-determined format and structure to ensure adequate information exchange;

- methods for handover may vary within the two Services (for instance, verbal, written, electronic including RiO or the bedside). This should be made explicit at a local level;

- the handover template to be used in Community Health Services has been attached (see Appendix A) and must be updated at the end of each shift;

- Mental Health Services handover directly from RiO;

- all staff using a paper form of handover must have the updated copy at the start of each shift;

- the nurse in charge will have the responsibility for ensuring that handover takes place as planned;

- all issues raised at handover should be supported by individual and current risk management / care plans;

- it is the responsibility of the nurse in charge to keep a record of the names and designation of attendance at each handover. Method to be used is to be a local decision;

- written, RiO or electronic handovers must be updated at the end of each shift and have the date and time of the update clearly documented;

- it is best practice to use the 'Situation, Background, Assessment and Recommendation' (SBAR) tool as the standard communication tool.

5.7 Information that must be included in Handover

- handover should include information about current inpatients/ clients;

- the nurse in charge for handover facilitation should highlight those patients with particular problems and information should include dependency and risk scoring. For example, falls risk score and patient at risk scores, observation levels and Mental Health Act status;

- attention should be drawn to ongoing management plans and particularly patients requiring review/ urgent investigations, whether or not these have been arranged, and resuscitation status (only DNAR decision to be documented);

- outstanding tasks and expected completion times should be handed over and delegated;

- no 'new' information should be on the handover sheet. This should be first documented in the care plan or nursing notes and updated on RiO;

- this Trust will adhere to guidelines pertaining to the Data Protection Act 1998 and the Caldicott Guidelines.

5.8 Delegation of Duties

- following the handover the nurse in charge must ensure that tasks or duties are prioritised and delegated clearly to each individual staff member before any duties/tasks commence;

- the nurse in charge is accountable for ensuring the staff are competent to undertake the delegated duty;

- any registered nurse delegating such duties retains accountability for the duty/task that has been delegated;

- the nurse in charge must be informed immediately of any inpatients' conditions or mental health well being;

- risk assessments and care plans are reviewed;

- if busy, additional handovers may be required to further support the team, reprioritise workload and identify new 'at risk' patients;

- all actions, interventions and discussions are recorded within the patient's healthcare record or evaluation record and appropriate alerts activated;

- any actions not completed are documented in the handover in preparation for the next shift handover so no information is lost.

6 BEST PRACTICE

6.1   Avoid reading directly off the handover sheet. If the information is written down there is no need to repeat it.

6.2   Highlight the high risk areas for physical and recovery focused approach to care.

6.3   Community Health (current) High risk areas:

- nutrition;
- resuscitation status (DNAR decision only to be documented);
- high risk medications - anticoagulation (Warfarin, Enoxaparin); Insulin plus those in mental health eg Lithium;
- falls risk;
- pressure areas;
- infection control (health care acquired infections).

6.4   Mental Health (current) High risk areas:

- suicide;
- violence or harm to others;
- deliberate self harm;
- accidental self harm/neglect;
- risk of absconding from inpatient ward;
- neglect/abuse/exploitation from others;
- risks in relation to children;
- antisocial and offending behaviour;
- sex offending;
- physical health condition;
- driving related risks.

6.5   A date must be entered for when laboratory results need to be checked or an intervention is required. Once the results are checked or intervention has occurred and has been documented in the nursing notes and auctioned, they can be removed from the handover.

6.6   Discharge planning must be included, for example, if a single assessment process (SAP) is required. The reason for delay in discharge and actions required to meet the estimated date of discharge should also be included.

7.   TRAINING REQUIREMENTS

7.1   Training will be provided locally within the inpatients setting in which staff are currently working.

7.2   Awareness of this policy and procedure will be discussed with all new staff during local induction.

8.   EQUALITY IMPACT ASSESSMENT

8.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Document Lead (author) who will then actively respond to the enquiry.

9. MONITORING COMPLIANCE AND EFFECTIVENESS

9.1 Processes of audit and monitoring effectiveness of the policy will be performed by local audit of compliance within community hospitals and mental health wards. The audit will involve observation of inpatient handover.

9.2 In the Mental Health Services on a quarterly basis each ward will undertake a peer audit of a handover. The results of these audits and action plans will be reported to the Ward Managers' meeting. A quarterly progress report is to be submitted by the Head of Patient Safety to the Clinical Governance Group.

9.3 The Community Health Services will undertake quarterly peer review observational surveys across all inpatient services. Results and action plans to be reported to the Community Hospital Best Practice Group followed by an executive summary to be submitted to the Clinical Governance Group.

9.4 Organisation learning to be communicated at the Clinical Governance Group by the Head of Patient Safety and salient points to be published in the monthly SPICE newsletter sent to all Trust staff.

10. COUNTER FRAUD

10.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

11. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

The standards and outcomes which inform this procedural document are as follows:

Section		Outcome
Information and involvement	1	Respecting and involving people who use services
	2	Consent to care and treatment
Personalised care, treatment and support	4	Care and welfare of people who use services
	5	Meeting nutritional needs

	6	Cooperating with other providers
Safeguarding and safety	7	Safeguarding people who use services from abuse
	8	Cleanliness and infection control
	9	Management of medicines
	10	Safety and suitability of premises
	11	Safety, availability and suitability of equipment

Relevant National Requirements

- *Department of Health initiatives*

- *NICE and other clinical guidance*

- *NHSLA Risk Management Standards 2012-2013*

12. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

British Medical Association (2004), Safe Handover: Safe Patients. Guidance on clinical handover for clinicians and managers

National Health Service Modernisation Agency (2004), Calling Time: Handover, Issue 11

National Health Service Modernisation Agency (2004), Findings and Recommendations from the Hospital at Night project

NMC Code of Conduct May 2008
Rochdale Healthcare NHS Trust (2002), Patient Handover: Initiating a Practice, Assessing practicalities

Royal College of Physicians (2000), Guidelines on effective patient handover for physicians, www.rcplondon.ac.uk 06.04.05

Welsh Ambulance Services NHS Trust (2004), Patient Care Services: Patient Handover Policy and Procedure for Day and EMI units

Wilson. S, Galliers. J and Fone. J (2005), Medical Handover: A study and implications for information technology, Centre for HCI Design, City University, London

Cross reference to other procedural documents

Admission, Transfer and Discharge Policy
Advance Decisions / Statement of Treatment Preferences Policy
Bank and Agency Workers Policy
Clinical Assessment and Management of Risk of Harm to Self and Others Policy
Clinical Record Keeping Policy
Clinical Supervision

DNAR (Do Not Attempt Resuscitation) Policy
Infection Control Policy
Medicines Policy
Physical Assessment and Examination of Service Users Guidelines
Physiological Observations of Inpatient Policy
RCPA Policy
Resuscitation Policy
Safeguarding Children Policy
Safeguarding Vulnerable Adults Policy and Process
Venous Thromboembolism policy – risk assessment and prophylaxis

All current policies and procedures are accessible to all staff on the Trust intranet (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet (on the home page, click on Information, then Local Guidance).

13.   APPENDICES

Appendix A – Recommended Handover Sheet – Community Health

Appendix B – Clinical Audit Standards

RECOMMENDED HANDOVER SHEET – COMMUNITY HEALTH   APPENDIX A

Date updated: _____   **Time Updated:** _____

Chaired by: _____

Situation			Background		Assessment							Recommendation	
Bed/ Room No.	Resus	Pt Details: Hospital No. Name/Age/ DOA	GP	Reason for Admission and Relevant PMH	O B S	High risk Medication/ Allergy	Wounds/ Skin Damage and Medical Devices	HCAI Status	Nutrition	Elimination	Falls risk, Mobility and OT/ Physio	Planned Intervention/ HV. to do (date)	E.D.D./ A.D.D. Social Discharge Plan

HANDOVER FOR INPATIENT WARDS CLINICAL AUDIT STANDARDS

10/07/2012

Service area(s) to which standards apply:

MH Inpatient (CAMHS)	X	**Community CAMHS**		**CH Specialist Services**	
MH Inpatient (Adult)	X	**C & YP Integrated Therapy**		**MH Specialist Services**	
MH Inpatient (Older)	X	**School Nursing**		**MH Community Adult**	
MH Rehab & Recovery	X	**Health Visitors**		**MH Community Older**	
Community Hospital	X	**CH Rehab**		**Learning Disabilities**	
MIU		**Musculo-Skeletal**		**District Nurses**	

HANDOVER FOR INPATIENT WARDS CLINICAL AUDIT STANDARDS

Ref No	Standard	Compliance	Exceptions	Definitions *(e.g. any interpretations, directions, or instructions on where/how to find information, **plus** relevant service where applicable)*
1	The nurse in charge must handover to the whole of the next team on duty at the beginning of that shift	100%	Subject to emergency cover being identified	None
2	The person in charge of handover facilitation should ensure that the team are aware of any new locum or agency members of the team, and that adequate arrangements are in place to familiarise them with local systems and hospital geography (and in some instances that induction has taken place)	100%	None	None
3	The hospital Matron/designated staff member should ensure that there is safe and secure storage and archive of the electronic version of each handover sheet	100%	None	None
4	Handover should be no longer than 30 minutes in the Community Health Directorate and 1 hour in Mental Health	100%	None	None
5	All handovers should have a pre-determined format and structure to ensure adequate information exchange	100%	None	**Community Health** use a handover template (see Appendix A) **Mental Health** print an electronic copy of a handover check list for the registered nurse responsible for handover, see appendix ?, or handover directly from RiO
6	The shift leader is responsible for keeping a record of the names and designation of attendance at each handover	100%	None	None

HANDOVER FOR INPATIENT WARDS CLINICAL AUDIT STANDARDS

Ref No	Standard	Compliance	Exceptions	Definitions (e.g. any interpretations, directions, or instructions on where/how to find information, **plus** relevant service where applicable)
7	Handover includes information about current inpatients/clients	100%	None	None
8	Staff responsible for handover facilitation should highlight those patients with particular problems and information should include dependency and risk scoring (where in use)	100%	None	This could include falls risk score, patient at risk scores, observation levels, Mental Health Act status
9	Handover should highlight the high risk areas for physical and recovery focused approach to care	100%	None	High risk areas include: **Community Health:** • Nutrition; • Resuscitation status (DNAR decision only) • High risk medications - Anticoagulation (Warfarin, Enoxaparin); - Insulin plus those in mental health e.g. Lithium; • Falls risk; • Pressure areas; • Infection control (health care acquired infections) **Mental Health:** • Suicide • Violence or harm to others • Deliberate self harm • Accidental self harm/neglect • Risk of absconding from inpatient ward • Neglect/abuse/exploitation from others • Risks in relation to children • Antisocial and offending behaviour

	HANDOVER FOR INPATIENT WARDS CLINICAL AUDIT STANDARDS			
Ref No	**Standard**	**Compliance**	**Exceptions**	**Definitions** *(e.g. any interpretations, directions, or instructions on where/how to find information, **plus** relevant service where applicable)*
				• Sex offending • Physical health condition • Driving related risks
10	Handover should include ongoing management plans, and particularly patients requiring review/ urgent investigations, and whether or not these have been arranged.	100%	None	None
11	Any Do Not Attempt Resuscitation decisions should be communicated and recorded	100%	None	None
12	Any outstanding tasks and expected completion times should be handed over and delegated	100%	None	None