

Handover Policy

This policy describes the process and standards all staff should follow when handing over the care of patients in LPT, including transfers to other care providers but excluding discharge.

Key Words:	Handover, Transfer	
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Adopted by:	Trust Policy Committee	
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Name of Author:	Emma Wallis, Associate Director of Nursing and Professional Practice & Jennie Palmer-Vines, Clinical Governance Lead	
Name of responsible Committee:	Patient Safety Improvement Group	
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Target audience:	All staff that require handover	
Type of Policy	<input checked="" type="checkbox"/>	Clinical
Which Relevant CQC Fundamental Standards?	Regulation 12 – Safe Care and Treatment	

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Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1	18/03/13	FYPC Adult Eating Disorder Unit to be included as policy meets their handover requirements.
2	24/01/14	Revisions made to include arrangements for handover on transferring patients within and out of LPT. Current policy is for AMH and LD divisions. The policy wording has been amended to include the overarching principles and requirements of handover. Operational procedures are included as appendices.
3	16/01/15	Revisions made to include handover arrangements for the FYPC Inpatient units
4	April 2017	Incorporating CHS Handover Policy and removal of local templates
5	July 2019	Policy reviewed to include Trust wide standards for handover for both in-patient and community settings. Updated following learning from a serious incident and coroner case and to include SBAR communication and Personal Emergency Evacuation Plans (PEEP)
6	November 2019	Policy reviewed following HSE review and scope extended to include hand over of information to all staff working in an area e.g. contractors
7	February 2020	SBAR section revised post PSIG meeting feedback and recommendation. Information and communication needs of the patient including Braille, Large Print, Easy Read, British Sign Language Provision and interpretation and translation for those whose first language is other than English added to standards of hand over section 6.4

For further information contact:

Associate Director of Nursing and Professional Practice

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and services are free from discrimination;
- LPT complies with current equality legislation;
- Due regard is given to equality in decision making and subsequent processes;
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy.

Definitions that apply to this Policy

Clinically relevant issues	Those clinical matters that have a significant bearing on the quality or safety of clinical care provided.
Handover	<p>a) A transfer of professional responsibility and accountability for some or all aspects of care for a patient, or a group of patients, to another professional or professional group on a temporary or permanent basis. National Patient Safety (2004).</p> <p>b) A transfer of information from the Nurse in Charge to all stakeholders for their safety whilst working within the ward/area</p>
Handover sheet	<p>a) A record of the list of patients/tasks to be handed over.</p> <p>b) A record of relevant information shared pertaining to the ward and patient risks and work to be undertaken</p>
Transfer	Movement of a patient from one inpatient setting to another. This includes transfer within units, services and providers but excludes discharge.
External handover	Handover to external services –i.e. any services not provided by LPT
Due Regard	<p>Having due regard for advancing equality involves:</p> <ul style="list-style-type: none"> • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
SBAR	Situation Background Assessment Recommendation: SBAR is a framework to escalate a clinical problem that requires immediate attention, or to facilitate efficient handover of patients between clinicians or clinical teams.
Huddle	Huddles are brief and routine meetings for sharing information about potential or existing safety problems facing patients or workers.

1.0 Purpose of the Policy

- 1.1 The purpose of this policy is to provide direction and guidance for the delivery of a robust handover that preserves confidentiality and ensures that all important information is conveyed relevant to the optimum care of all patients. To clarify the clinical accountability and responsibility of health care professionals including medical staff and support staff who are responsible for patients' care to ensure that safe appropriate clinical handover of the patient occurs and care continues with minimal interruption and risk.
- 1.2 Staff provide care in a variety of settings, shift patterns and clinical specialties and the complexity of the provision of care puts extra emphasis on the quality of information shared when one team or clinician hands over responsibility of care to the next. The information contained within this document contains the minimum standard expected within the scope of the policy.
- 1.3 Handover of patient care is a requirement for all members of the healthcare team but will particularly apply to those with a direct role in patient care which they need to handover to another team or team member in an effective and efficient manner.
- 1.4 This policy applies to all staff employed within LPT including staff working in a contracted capacity (for example agency nurses, estates and facilities staff) and describes the principles for safe and effective handover of care, between shifts and locations/teams.

2.0 Summary and Key Points

- 2.1 This policy includes requirements for handover between shifts, clinical teams and care and service providers i.e. all relevant care settings identified both internal and external to Leicestershire Partnership Trust and includes both the giving and receiving of information. It applies to all situations where clinical care is transferred from one healthcare professional to another. The principles detailed in this policy apply to all staff providing care and who must transfer their responsibilities for patient care to another team or provider including working as part of a multidisciplinary team.
- 2.2 Clinical services are required to have their own operational procedures for handover which may include additional service specific requirements, including procedures for recording handover.
- 2.3 This policy excludes the arrangements and communication requirements on discharge and that is included in the Trust's discharge policy.
- 2.4 Handover between on-call doctors on site is as covered in the policy Handover Policy for Trainee Doctors in Psychiatry available on the LPT intranet.

- 2.5 This policy must ensure that robust arrangements are in place for the communication of relevant information with other persons for their safety/wellbeing whilst working in that clinical environment.
- 2.6 This would include staff not directly employed by LPT; hotel services and other contractors for example. The nurse in charge or clinical/team lead must ensure that all staff are made aware of any issues which may be a risk to their health and safety, including any patient associated risk.
- 2.7 Any additional risk must be communicated to other persons who may be potentially exposed to the risk in the clinical area. For example; where an incident of violence and assault is ensuing or where a patient is at greater risk of causing harm to themselves/staff/other persons, the nurse in charge or clinical/team lead must ensure that this information is appropriately shared without breaching patient confidentiality.

3.0. Introduction

- 3.1 Continuity of information is an essential component of the provision of safe, effective patient care. To ensure there are no adverse consequences due to inconsistent or inadequate handover between staff, a formal handover arrangement needs to be in place. Handover arrangements must be maintained at all times, including weekends and bank holidays.

4.0. Flowchart/process chart

- 4.1 There is no flow chart associated with this policy. Clinical services are required to have their own operational procedures for handover which may include additional service specific requirements, including procedures for recording handover.

5.0. Duties within the Organisation

- 5.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.
- 5.2 Trust Board Sub-committees have the responsibility for ratifying policies and protocols.
- 5.3 Divisional Directors and Heads of Service are responsible for:
- Ensuring that the policy is disseminated, implemented and monitored within their services
 - Ensure local procedures are developed in their services
 - Maintaining necessary resources required to implement the arrangements in this policy are in place.
- 5.4 Managers, Matrons, Ward Sisters/Charge Nurse and Team leaders are responsible for:
- Ensuring that all staff within their teams are aware of the policy and their duty to follow it

- Ensuring local procedures are developed, implemented and monitored in their services
- Ensuring that the facilities services handover is documented and stored for six years
- Undertaking compliance audits of handover documentation

5.5 Responsibility of Staff

- All relevant staff, including external service providers and contractors are responsible for following this policy and to immediately escalate any difficulties in implementing this policy to their line manager

6.0 Standard for handover – General principles

6.1 During clinical handover, patients should be discussed professionally in a manner and behaviour that respects individual needs in such a way as to maintain:

- Patient safety
- Necessary treatment and care
- Contact with appropriate staff
- Equality and Diversity
- Dignity
- Contact with appropriate relatives/carers
- Sensitivity to patient's needs, ensuring their comfort

6.2 Handover to facilities services –

The Nurse in Charge will complete the facilities services handover sheet (Appendix 6) which will form part of a duplicate book whereby both the Nurse in Charge or facilities staff receiving information will sign to say they have received said information.

6.3 **In-patient wards**; Consideration should be given to maintain a safe environment during handover, i.e. ensuring sufficient staff are present with patients whilst handover is taking place. If the oncoming staff are not all present at handover, the Nurse in Charge must ensure that all staff are aware of the handover details.

6.4 The specific mechanism for handovers, location, timing and recording of handover will vary between the clinical services; **the following standards are recommended as a minimum**, the standards relating to in-patient areas only are highlighted in bold:

- Identification of Nurse in Charge - **Inpatient**
- Past Medical History / Mental Health History
- Legal status/DoLS status – **Inpatient**
- Personal Emergency Evacuation Plan (PEEP) – **Inpatient**
- Reason for Admission/ Diagnosis
- Current mental and physical health status
- Infection control status
- Observation level/Specialling level - **Inpatient**

- Current prescribed medication
- Allergies
- Risks identified, risk assessments and mitigation plans
- Safeguarding issues
- Any mental capacity issues
- Discharge/Leave arrangements - **Inpatient**
- Relative or carer feedback
- Resuscitation status
- Changes to Care/Treatment Plans should be flagged

6.5 Handover should take place in an appropriately private area where the details cannot be overheard by any unauthorised person with confidentiality, dignity and respect being a critical consideration.

6.6 It is acknowledged that staff may make a personal record of handover as an aide memoir. It is the staff's responsibility to ensure that this record is kept securely and disposed of as confidential waste. Handover records will be kept in line with the LPT Information Lifecycle and Records Management Policy.

6.7 Huddles are brief and routine meetings for sharing information about potential or existing safety problems facing patients or workers that can occur throughout a shift and or post incident.

Standards for escalating a clinical problem that requires immediate Attention/Deteriorating patient - (SBAR) Situation Background Assessment Recommendation

6.8 SBAR is a framework to escalate a clinical problem that requires immediate attention, or to facilitate efficient handover of patients between clinicians or clinical teams. SBAR is the Trust recommended approach to improving and supporting good communication at handover.

6.9 The principles of SBAR;

Situation;

- Identify yourself and the site/unit/place you are calling from
- Identify the patient by name and the reason for your report
- Describe your concern

Background;

- Give the reason for the patient's admission to ward/caseload
- Explain significant medical/mental health history
- Outline the patient's background: admitting diagnosis, date of admission, current medications, current risks, allergies, pertinent laboratory results and other relevant diagnostic results as appropriate.

Assessment;

- Vital signs
- Clinical impression and concerns

Think critically when escalating your assessment of the situation. Consider what might be the underlying reason for your patient's condition from your assessment.

Recommendation

- Explain what you need - be specific about the request and time frame
- Make suggestions
- Clarify expectations

Finally, what is your recommendation? That is, what would you like to happen by the end of the conversation or communication?

Standards for Internal/External Transfers

6.10 To ensure patient safety the following information should be provided and received:

- Past Medical History / Mental Health History
- Legal status/DoLS status - **Inpatient**
- Reason for Admission/ Diagnosis
- Current mental and physical health status
- Personal Emergency Evacuation Plan (PEEP) – **Inpatient**
- Infection control status
- Observation level/Specialling level - **Inpatient**
- Current prescribed medication
- Allergies
- Risks identified, risk assessments and mitigation plans
- Safeguarding issues
- Any mental capacity issues
- Discharge/Leave arrangements - **Inpatient**
- Relative or carer feedback
- Resuscitation status
- Changes to Care/Treatment Plans should be flagged

6.11 A proforma has been developed for both internal and external transfers (appendix 5). The same level of information will be requested if LPT is the receiving unit and this will be recorded within the medical record.

7.0. Training needs

There is no Trust wide training requirement identified within this policy.

Please note:

In order to promote SBAR use and improve communication a video has been produced demonstrating how easy the SBAR tool is to use and what information is required in the clinical setting. The video lasts 3 minutes and 49 seconds. It is recommended that the video is viewed at least yearly by all staff responsible for hand over. The video has been uploaded to ULearn and can be found by accessing your ULearn account, click on the "resources" tab and then "resources for clinical".

8.0. Monitoring Compliance and Effectiveness

8.1 Each directorate's Clinical Audit Standards and Effectiveness sub group or equivalent will commission audits against the standards identified in this policy. In addition, the LPT Patient Safety Group is responsible for commissioning clinical audits or other quality improvement activities as informed by the results of the regular monitoring process.

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
	General principles and minimum standards for hand over	Section 6	Audit of handover (observation)	Patent Safety Group	Annual
	Facilities Services handover sheet checked for completion	Section 6	Audit of completed handover forms	Health and Safety Committee	Annually

9.0. Standards/Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
Safe (CQC)	S2.4 How do arrangements for handovers and shift changes ensure that people are safe?

10.0. References and Bibliography

The policy was drafted with reference to the following:

- LPT Handover Policy for Trainee Doctors in Psychiatry.
- Safe handover: safe patients. Guidance on Clinical Handover for clinicians and managers (2010) National Patient Safety Agency.
- Safer Care SBAR Implementation and Training Guide (2010) NHS Institution for Innovation and Improvement.
- Acknowledgement: The Wirral Community NHS Trust: Policy for the Clinical Handover of Care

Appendix 1

The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	<input checked="" type="checkbox"/>
Respond to different needs of different sectors of the population	<input checked="" type="checkbox"/>
Work continuously to improve quality services and to minimise errors	<input checked="" type="checkbox"/>
Support and value its staff	<input checked="" type="checkbox"/>
Work together with others to ensure a seamless service for patients	<input checked="" type="checkbox"/>
Help keep people healthy and work to reduce health inequalities	<input checked="" type="checkbox"/>
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	<input checked="" type="checkbox"/>

Appendix 2

Stakeholders and Consultation

Key individuals involved in developing the document

Name	Designation
Jennie Palmer Vines	Clinical Governance Lead, AMH/LD
Jane Capes	Matron, AMH
Jane Howden	Matron, CHS

Circulated to the following individuals for comment

Name	Designation
Tracy Ward	Head of Patient Safety
Sue Arnold	Lead Nurse – Patient Safety Team
Michelle Churcharth Smith	Head of Nursing
Jude Smith	Head of Nursing
Sarah Latham	Lead Nurse
Laura Belshaw	Lead Nurse
Claire Armitage	Lead Nurse
Tracy Yole	Lead Nurse
Deanne Rennie	AHP Lead
Steph O'Connell	AHP Lead
Core members	Patient Safety Group
Core members	Health and Safety Group
Jonny Dexter	Nurse Consultant ANP
Amanda Hemsley	Lead Infection Prevention and Control Nurse

Appendix 3

Due Regard Screening Template

Section 1			
Name of activity/proposal		Hand over Policy	
Date Screening commenced		1 January 2020	
Directorate / Service carrying out the assessment		Quality and Professional Practice	
Name and role of person undertaking this Due Regard (Equality Analysis)		Emma Wallis Associate Director of Nursing and Professional Practice	
Give an overview of the aims, objectives and purpose of the proposal:			
AIMS: To clarify the clinical accountability and responsibility of health care professionals including medical staff and support staff who are responsible for patients' care to ensure that safe appropriate clinical handover of the patient occurs and care continues with minimal interruption and risk.			
OBJECTIVES: To provide minimum standards and define roles and responsibilities for handover of clinical care from one clinician to another. The policy also includes hand over of patient safety information for those contracted to work in the clinical environment.			
Section 2			
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details		
Age			
Disability			
Gender reassignment			
Marriage & Civil Partnership			
Pregnancy & Maternity			
Race			
Religion and Belief			
Sex			
Sexual Orientation			
Other equality groups?			
Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.			
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	<input checked="" type="checkbox"/>
Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
The standards are for all staff and cover all protected characteristics			
Signed by reviewer/assessor	Emma Wallis	Date	20/1/20
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed	Tracy Ward	Date	20/1/20

Appendix 4

DATA PRIVACY IMPACT ASSESSMENT SCREENING

<p>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</p> <p>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</p>		
Name of Document:	Hand over policy	
Completed by:	Emma Wallis	
Job title	Associate Director of Nursing and Professional Practice	Date 24 September 2019
Screening Questions	Yes / No	Explanatory Note
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	
<p>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk</p> <p>In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</p>		
Data Privacy approval name:		
Date of approval		

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

Appendix 5

EXAMPLE CLINICAL HANDOVER OF CARE SUMMARY DOCUMENT (Transfer)

Name:	DOB:	NHS No.:
Address and Postcode:	GP Name:	
Tel no.:	Address:	
Date of patient transfer:	Transfer from:	
Time:	Transfer to:	
NOK Name:	Have NOK been notified? YES / NO	
Address:	If no actions to be taken:	
Reason for admission/ Diagnosis:		
Reason for transfer		
Current level of Observations		
Relevant Past Medical History:		
Current health status including Mobility, Physical and Mental Health, skin condition, dietary needs and physical observations:		MHA Status and consent to treatment provisions

Current risks identified:			Infection Control Status		
Medicines sent with Patient?	Yes		No		
Please list/Attach list					
Known Allergies:					
Notes sent with patient, number of volumes:					
Property/valuables sent with patient:					
Name of Healthcare Professional arranging transfer of Patient:					
PRINT NAME:					
Signature:					
Designation:					
Contact Telephone No:					

