

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.

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Please indicate if the policy is sensitive and cannot be uploaded onto the Trusts Public website.

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Policy On A Page

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.

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.

Clinical services are required to have their own operational procedures for handover which should reflect the standards and expectations outlined in this policy.

Continuity of information is an essential component of the provision of safe, effective patient care. Clinical handover should ensure that lapses in continuity of patient care, errors and harm are reduced in the hospital or community setting. 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 always maintained, including weekends and bank holidays.

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.

1. Introduction and Purpose

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.

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.

Refer to Escorting Patient Policy for handover regarding escort activities that support access to mainstream healthcare organisations, transfer to new providers, attendance at outpatient appointments, and / or other internal LPT services.

2. Policy Requirements and Objectives

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.

The Nursing and Midwifery Council (NMC) Code contains professional standards that registered nurses and nursing associates must uphold and apply to professional practice and similarly the Health and Care Professional Council (HCPC) set standards for professionals' practice.

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.

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.

This policy excludes the arrangements and communication requirements on discharge and that is included in the Trust's discharge policy.

Handover between on-call doctors on site is as covered in the handover standard operating procedure for Trainee Doctors in Psychiatry.

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.

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.

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.

Clinical services are required to have their own operational procedures for handover which should reflect the standards and expectations as outlined in section 6.0 and include additional service specific requirements, including procedures for recording handover.

Local handover sheets used to support handover must be disposed of in confidential waste bins at the end of a shift. Electronic handover sheets must be stored and retained for three years as part of the Trust storage retention scheme.

3. Process

Continuity of information is an essential component of the provision of safe, effective patient care. Clinical handover should ensure that lapses in continuity of patient care, errors and harm are reduced in the hospital or community setting. 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 always maintained, including weekends and bank holidays.

Standards for clinical handover – General principles

Handover Leadership – there should be clear identification of who is leading the handover. This may be the most senior person of the oncoming shift or the designated nurse in charge or team leader. Tasks should be appropriately delegated, in terms of allocating tasks to those with the skills to undertake them most effectively in the patient's best interests. There should be clarity as to who is responsible for ensuring key tasks are completed and how this is co-ordinated.

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
- Consideration of staff safety and well-being

Handover to facilities services

The Nurse in Charge will complete the facilities services handover sheet (Appendix 4) which will form part of a duplicate book whereby both the Nurse in Charge and facilities staff receiving information will sign to say they have received said information.

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.

The specific mechanism for handovers, location, timing and recording of handover will vary between the clinical services; the following mandatory 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
- Communication needs
- Infection control status
- Observation level/Specialling level – **Inpatient**
- Current prescribed medication - changes to medication/ omissions
- Allergies
- Risks identified, risk assessments and mitigation plans, including new significant risks, and methods of previous self-harm.
- Information and communication needs of the patient
- Safeguarding issues
- Any mental capacity issues.
- Discharge/Leave arrangements - **Inpatient**
- Relative or carer feedback
- Resuscitation status
- Changes to Care/Treatment Plans should be flagged.
- Any incidents reported.

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

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.

Safety Huddles:

Safety huddles are used as one of our main interventions to help reduce patient harm, improve communication, culture and overall patient safety in teams.

The purpose of the safety huddle is to pause and review, with as many of the team as possible, the previous day's work to identify safety issues as well as to proactively identify safety concerns impacting patients on the current day. It is important that any outcomes from the huddle for patients, staff or the area are part of the handover (Safety Huddle Guidance is available in appendix 5)

Standards for escalating a clinical problem that requires immediate Attention/Deteriorating patient - (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. SBAR is the Trust recommended approach to improving and supporting good communication at handover supported by documentation in appendix 3.

The principles of SBAR.

Situation.

- Identify yourself and the site/unit/place from which you are calling.
- 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.

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

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, including new significant risks, and methods of previous self-harm.
- Safeguarding issues
- Any mental capacity issues.
- Discharge/Leave arrangements - **Inpatient**
- Relative or carer feedback
- Resuscitation status
- Changes to care/treatment plans should be flagged.

A proforma has been developed for both internal and external transfers (appendix 3). The same level of information will be requested if LPT is the receiving unit and this will be recorded within the medical record.

4. Roles and Responsibilities

Roles and responsibilities including duties of relevant individuals and groups.

Lead Executive Director

- Responsible for ensuring that this policy is carried out effectively, is addressed and managed effectively across the organisation.
- Will communicate, disseminate, and ensure Directorates implement the policy and provide assurance through the Trust's Quality Governance Framework.

Policy Authors

- To ensure the policy is reviewed in accordance with identified timescale and implementation of monitoring and effectiveness has been planned and is reviewed by the Directorates and appropriate governance group.

Directorate 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.

Managers, Matrons, Ward Sisters/Charge Nurses and Team leaders

- 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

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.

5. Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered.

Appendix One Definitions

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> <p>Handovers give staff the opportunity to discuss the treatment they are giving, communicate problems and concerns and ensure everyone knows exactly what's going on.</p>
Clinical handover	<p>Clinical handover is a structured or semi-structured exchange of information of clinically relevant issues, tasks, changes in management from one health care professional to another.</p> <p>The handover process can take place in different ways and at different times during the day, not just in scheduled meetings</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> <p>c) A record that includes new significant risks, and methods of previous self-harm</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.
Specialling	Specialling is a term used in physical health care settings to describe the use of additional staff to maintain patient safety; enhanced observations, one to one care or constant or close observation/supervision of patients

Appendix Two Governance

Version control and summary of changes

Version number	Date	Description of key change
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
8	February 2022	Structured policy review. Literature review Clinical handover and specialising definition added. Handover leadership referenced in section 6 following learning from Sis and incidents Reference to storage of electronic handover and addition to Trust storage retention schedule Reference to NMC AND HCPC

Version number	Date	Description of key change
9	Sept 2025	Policy review due. Transferred to new Policy template. Following a serious incident, learning and action identified to review the Handover policy and handover sheet to include new significant risks, and methods of previous self-harm. Addition of safety huddles and guidance.

Responsibilities

Responsibility	Title
Executive Lead	Executive Director of Nursing, AHP and Quality
Policy Author	Assistant Director Nursing and Quality
Advisors	Patient Safety Improvement Group Heads of Nursing Deputy Heads of Nursing
Policy Expert Group	

Governance

Governance Level	Name
Level 1 Assurance Oversight	Safety Forum
Level 2 Delivery Group for policy approval and compliance monitoring	Patient Safety Improvement Group

Compliance Measures

KPI (only need 1-2 KPI's per policy)	Where will this be reported and how often
Complaints, incidents and concerns regarding handover will be reviewed as per Directorate governance process to identify themes and learning and once a year focussed review at PSIG.	PSIG, Annually

Training Requirements

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

References

References
<ul style="list-style-type: none"> 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
- NICE consultation Chapter 32: Structured Handovers (July 2017)
- The Code (2018) Nursing Midwifery Council

Appendix Three: 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		MHA Status and consent to treatment provisions

observations:

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Current risks identified , including new significant risks, and methods of previous self-harm:			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:					

Housekeeper (E&F)	Name:	Signature:
Domestic (E&F)	Name:	Signature:

Appendix Five: Safety huddle guidance for inpatient and community staff

***Collaboration and effective communication between the multidisciplinary team is essential to providing safe patient care* (Glymph, 2015)**

As part of the Trusts commitment to improving the patient safety culture of the organisation, staff are being enabled to come together and proactively improve our patient safety systems through the introduction of patient safety huddles. Their introduction marks a shift in supporting a positive patient safety culture and provides an opportunity for ownership of patient safety issues at a team level and the identification of risks and any necessary escalations, that ensure high quality patient care is provided every day.

What is a safety huddle?

Safety huddles are used as one of our main interventions to help reduce patient harm, improve communication, culture and overall patient safety in teams. It is a short meeting involving your teams MDT that proactively enables teams to focus on patient safety.

The purpose of the safety huddle is to pause and review, with as many of the team as possible, the previous day's work to identify safety issues as well as to proactively identify safety concerns impacting patients on the current day. Sharing information allows all to be aware of the current situation, action to be taken and the ability to escalate concerns. This provides the team with 'situational awareness' to prospective indicators of risk or deterioration and act accordingly. The concept draws on the practice of High Reliability Organisations (HROs) such as in the nuclear and aviation industries. It also allows a space for improvements to be identified that will impact on safety concerns raised.

Why is it important?

Team collaboration is an absolute requirement for safe and effective clinical care. The proactive approach of safety huddles considers that any person involved in the care of the patient may hold critical information and can contribute to the knowledge and understanding of any known or emerging safety concerns that may impact patient care today.

Studies have demonstrated that safety huddles have been seen to increase awareness of important issues such as improved communication, facilitated teamwork and encouraged a culture of increased efficiency, anticipation and planning in clinical areas (Stapley et al, 2018)

What is the structure of a huddle?

Led by the shift leader/co-ordinator as the huddle lead, it is a short (10 mins max), multidisciplinary briefing touchpoint, where all staff are involved and have the

opportunity to share priorities or concerns, held at a predictable time and place, usually start or mid shift and focused on risk and concerns based on feedback and data for that day.

What is the role of the huddle lead?

The huddle lead ensures that all members of the MDT are able to contribute to the safety discussions and that there is collective action taken where risks are identified. The huddle lead will ensure completion of the template including actions and escalations that may require senior oversight or involvement..

Huddle Agenda:

1. Check in with staff and team well being
2. Report-back any risks to patient safety (staff or patients) today
 - staffing levels sufficient
 - risk assessments
 - care plans/documentation
 - Deterioration concerns
 - Patient harm e.g. falls, PU, Self harm
3. Discuss and review actions from previous day's huddle.
4. Agree actions for today – consider what needs to be escalated?
5. Identify any areas for improvement going forward
6. Announcements / share any learning
7. Celebrate any successes
- 8.

Where can I learn more?

Please make contact with your deputy heads of nursing / AHPs or head of nursing who are leading the roll-out of this initiative in directorates.

References

- Glymph, e. a. (2015). Healthcare utilising deliberate discussion linking events (Huddle): A systematic review. *AANA Journal*, 183-188.
- Stapley et al. (2018). Factors to consider in the introduction of huddles on clinical ward: perceptions of staff on the SAFE programme. *International Journal of Quality and Health Care*, 44-49.