STANDARD OPERATING PROCEDURE
HANDOVER IN COMMUNITY INPATIENT WARDS

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Name of Trust Strategy / Policy / **Guidelines this SOP refers to:**	

VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	*Nov 2019*	*New SOP*
1.1	*02/09/2022*	*Reviewed. Approved at Community CNG (2 September 2022)*
1.2	*21/09/2023*	*Reviewed with minor grammatical changes only. Approved at Community CNG (21 September 2023).*

Contents

1.   INTRODUCTION

This SOP will be used across all Community service inpatient units within Humber Teaching NHS Foundation Trust. It includes both registered and unregistered staff that are permanent, temporary, bank and agency staff excluding students, on commencement of working within the community services inpatient units. To promote a safe and consistent multidisciplinary team approach to delivery of patient centred care and effective discharge planning. Effective handover of patients is of increasing importance for promoting continuity of quality of care.

2.   PURPOSE & SCOPE

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.

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.

The principles are aimed at reducing the risk to both the patient and the organisation as far as is practicably possible, optimising the quality of patient care and safety by improving on the methods used during handover to all staff, including, General Practitioners, Allied Health Care Professionals and Nurses and any other staff working on the ward.

3.   DUTIES AND RESPONSIBILITIES

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 to another.

For the purpose of this document and the processes described with in it, the changeover 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.

Service Managers, Modern Matrons and appropriate professional leads will ensure dissemination and implementation of the policy within the sphere of their responsibility. They should also ensure staff are supported in attending relevant training and that time is dedicated to the provision and uptake of training and sign off competencies. 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.

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.

All relevant clinical staff working in the inpatient setting will familiarise themselves and follow the agreed SOP and associated guidance and competency documents. They will use approved documentation and complete relevant paperwork as per policy and Standard Operating Procedures as relevant to each clinical activity. They will make their line managers aware of barriers to implementation and completion.

4. PROCEDURE

Handover must achieve a balance between comprehensiveness and efficiency.

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 of the team, and that adequate arrangements are in place to familiarise them with local systems this includes bank and agency staff.

- 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.
- 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 Ward Manager to ensure that there is safe and secure storage of handover. Access to the handover will be on MS Teams as MS Word document. The document will autosave after updating and more than one person can be in the document at any one time, and all will be saved
- Ward manager is required to manage how to add / remove people to/from the team. (Electronic Comms policy and the Information Security policy)
- All staff to follow the How to Update the Handover Sheet. (Appendix 3)

4.1. Time

- Handover should be no longer than 30 minutes
- The times dedicated to handover should be known to all staff.

4.2. Place

- Handover should be conducted close to patient care in a room which accommodates the team and is confidential when discussing sensitive information. Due to current social distancing measures in place handover may also take place via MS teams with the ward team.

4.3. Method

- All handovers to have a pre-determined format and structure to ensure adequate information exchange.
- 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.
- All staff using a paper form of handover must have updated electronic master 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 best practice to use the 'Situation, Background, Assessment and Recommendation' (SBAR) tool as the standard communication tool.

4.4. 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 identified risks. For example, patients at falls risk, high risk medications, wounds , increased observation levels/ NEWS2, infection control risks, nutrition, bladder and bowel concerns, and MCA considerations.
- 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 advanced care planning / ceiling of care/ RESPECT
- Outstanding tasks and expected completion times should be handed over and delegated.
- EDD and discharge planning should also be covered ensuring staff are aware of ongoing plans and any actions required to progress with the planning.

4.5. 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.
- Risk assessments and care plans are reviewed.
- In times of increased pressure, 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 SystmOne record
- Any actions not completed are documented in the handover in preparation for the next shift handover, so no information is lost.

5. BEST PRACTICE

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

High risk areas:

- Nutrition
- Resuscitation status (DNAR decision only)
- High risk medications
- Anticoagulation (Warfarin, Enoxaparin);
- Insulin
- Falls risk
- Pressure areas
- Infection control (health care acquired infections)
- Accidental self-harm /neglect
- Safeguarding
- Liberty Protection Safeguards (deprivation of liberty safeguards)

Discharge planning must be included, the completion of the trusted assessment as required The reason for delay in discharge and actions required to meet the estimated date of discharge should also be included.

6. MONITORING COMPLIANCE AND EFFECTIVENESS

Processes of audit and monitoring effectiveness of the policy will be performed by local audit of compliance within community hospitals The audit will involve observation of inpatient handover on a quarterly basis.

APPENDIX 1 - RECOMMENDED HANDOVER SHEET – COMMUNITY INPATIENT UNIT

Date updated:___   Time Updated: ___

Chaired by:_____

Situation			Background		Assessment								Recommendation	
Bed	Resus Status/ ceiling care/ respect	Pt Details: Hospital No. Name/Age/ DOA	GP	Reason for Admission and Relevant PMH MCA/LPS	New s 2	High risk Medication/ Allergy	Wounds/ Skin Damage and Medical Devices	HCAI Status (inc COVID swab date	Nutrition/ hydration	Bladder and bowel catheters	Falls risk, Mobility and OT/ Physio	Planned Intervention/ HV. to do (date)	E.D.D. MDT plan Discharge Plan

APPENDIX 2 - HANDOVER FOR INPATIENT WARDS - CLINICAL AUDIT STANDARDS

	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 urgent intervention	None
2	The person in charge of handover should ensure that the team are aware of any new members of the team, and that adequate arrangements are in place to familiarise them with area(and in some instances that induction has taken place)	100%	None	None
3	The ward manager 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	100%	None	None
5	All handovers should have a pre-determined format and structure to ensure adequate information exchange	100%	None	None

HANDOVER FOR INPATIENT WARDS CL INICAL 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, News scores/ Dols
9	Handover should highlight the high risk areas for physical and recovery focused approach to care	100%	None	High risk areas include: • Nutrition/hydration • Resuscitation status (DNAR decision only) • High risk medications/ timed medication - Anticoagulation (Warfarin, Enoxaparin); - Insulin plus those in mental health e.g. • Falls risk; • Wounds/ skin damage and medical devices Infection control (health care acquired infections) • safeguarding • MCA/ LPS

HANDOVER FOR INPATIENT WARDS CL INICAL 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)*
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

APPENDIX 3 - HOW TO UPDATE THE HANDOVER SHEET

This guide shows you how to open, update and print the ward handover sheet. The sheet is stored within MS Teams. This allows it to be shared and updated by multiple people without causing issues. Previous copies are also automatically saved, should there be a problem or a query on a previous copy of the handover sheet.
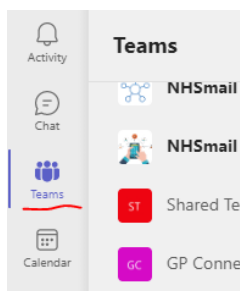
First Time Use

You will need to locate the document in MS Teams. Once you have done this, and opened in it in MS Word, it can be pinned so that it is always on your list when you open MS Word.
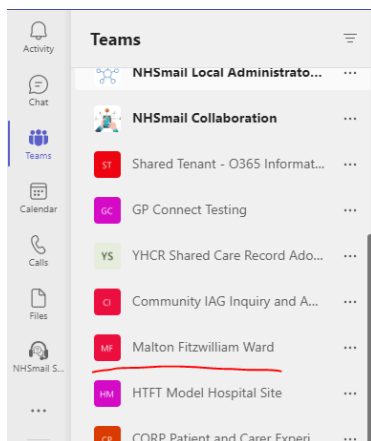
Locate the Handover Sheet

Open MS Teams, if it is not already open. Click on the **Teams** icon on the Task bar.
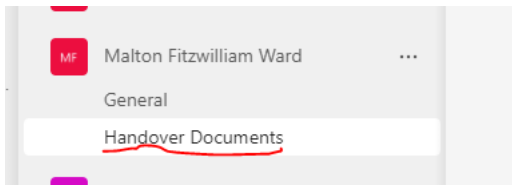

Click on the Teams option within Teams.

Locate the Malton Fitzwilliam Ward team as below. If it is not visible, contact the administrator, as you may need to be added to the team.

You now need to open the Handover channel. If it is not displayed, click on the **triangle** next to Malton Fitzwilliam Ward to open the channels, and it should be displayed underneath General.
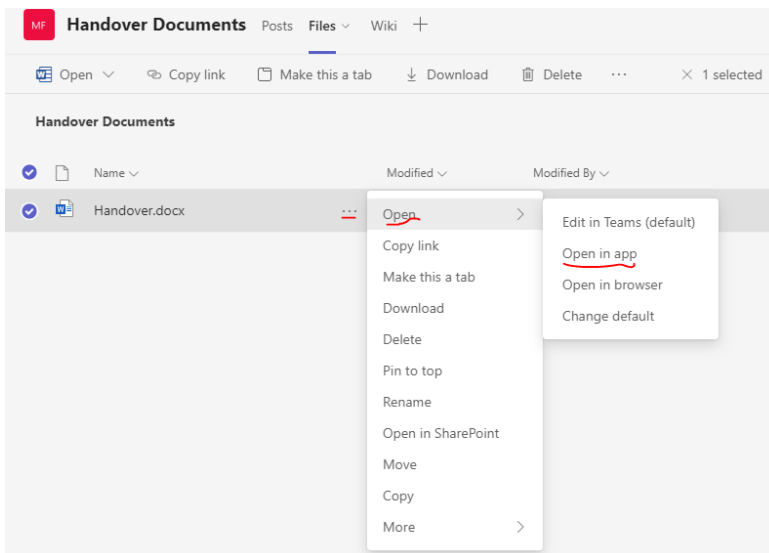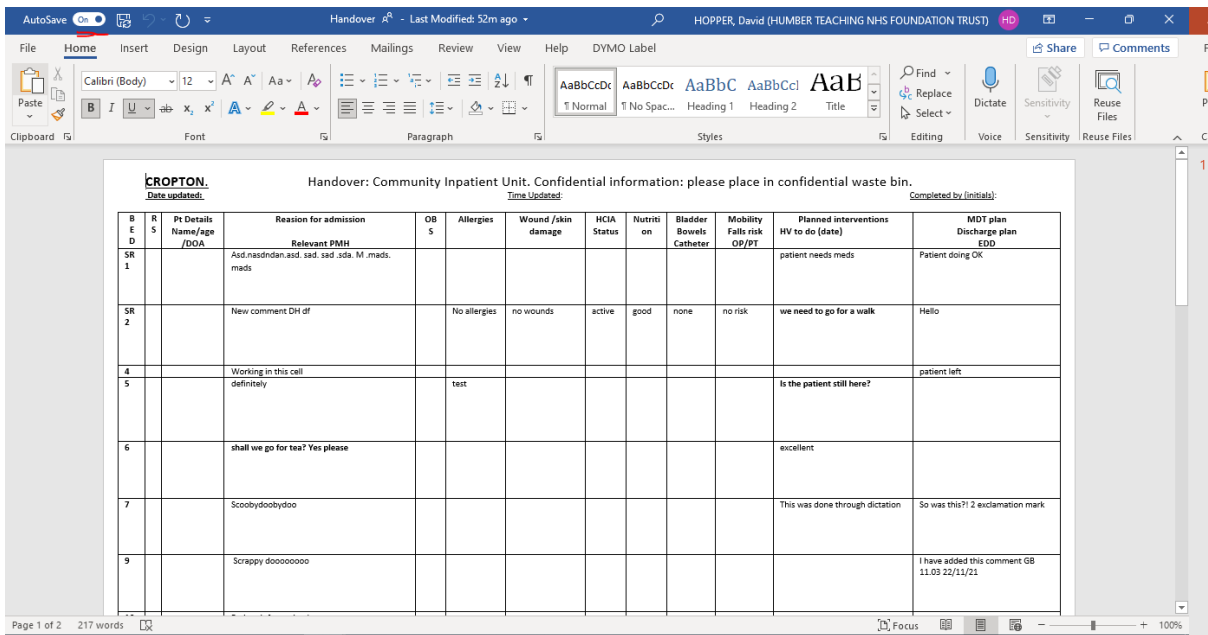

At the top, click on **Files**.
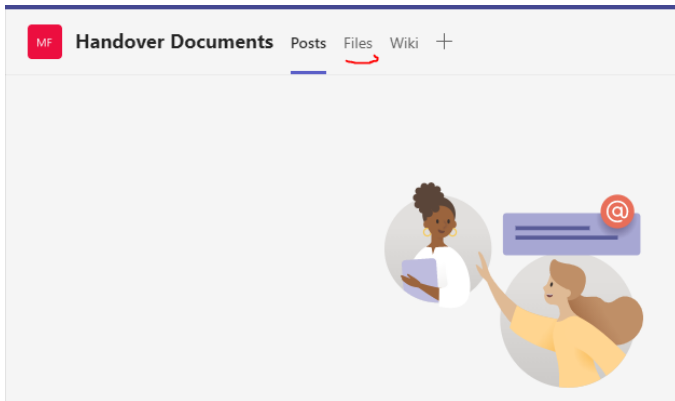
The Handover Sheet should be visible (**Handover.Docx**)

Hover over it, click on the **3 dots**, select **Open**, then **Open in App**

The Handover sheet should now be visible in MS Word. You can leave the Teams screen.

CROPTON. Handover: Community Inpatient Unit. Confidential information: please place in confidential waste bin.

Date updated: Time Updated: Completed by (initials):

BED	RS	Pt Details Name/age /DOA Relevant PMH	Reason for admission	OBS	Allergies	Wound /skin damage	HCIA Status	Nutrition	Bladder Bowels Catheter	Mobility Falls risk OP/PT	Planned interventions HV to do (date)	MDT plan Discharge plan EDD
SR 1			Asd.nasdndan.asd. sad. sad .sda. M .mads. mads								patient needs meds	Patient doing OK
SR 2			New comment DH df		No allergies	no wounds	active	good	none	no risk	we need to go for a walk	Hello
4			Working in this cell									patient left
5			definitely		test						Is the patient still here?	
6			shall we go for tea? Yes please								excellent	
7			Scoobydoobydoo								This was done through dictation	So was this?! 2 exclamation mark
9			Scrappy doooooooo									I have added this comment GB 11.03 22/11/21

Make sure that **Autosave** is set to **On** (top left) of screen. This will automatically save changes as you go, and you do not need to worry about saving it at the end. Changes other people make will also be visible. Update it, and print as required.

You can now **pin** this file within MS Word, so it will always be visible on your file list. Click on **File** in Word (top left), the Handover Sheet should now be visible on your recent list (below). To pin the file, click on the **pin** as below. Next time you start MS Word, you can click on the **Pinned** list, and it will be there. Just click on it to open it.
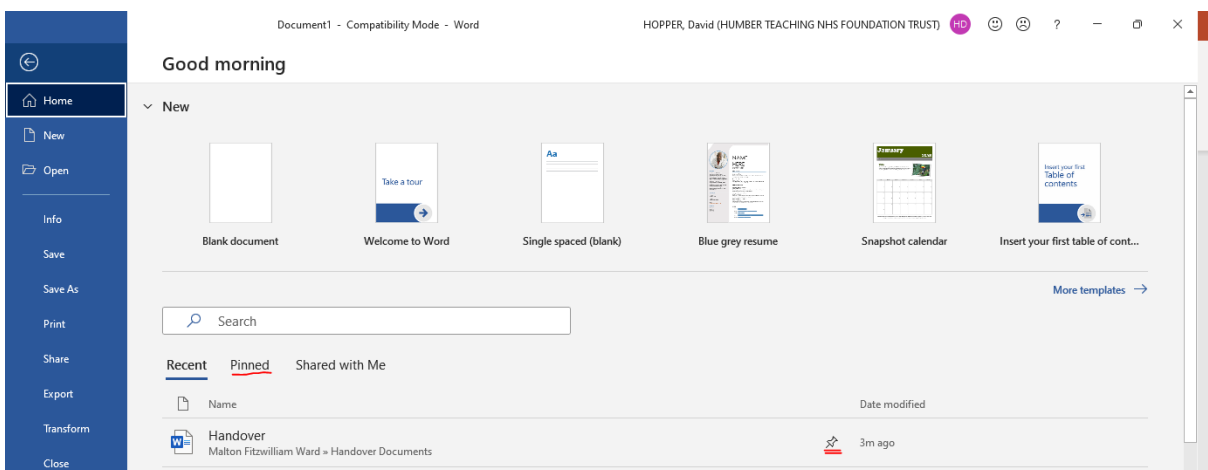
Subsequent Use

Start MS Word. If it is not running, click on the Windows icon (bottom left of the task bar), type in **Word** and select it to run. Once it opens, click on the **Pinned** list, and select **Handover.**