

CP69

Medical Handover Policy

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1.0 Policy Statement (Purpose / Objectives of the policy)

All inpatients in the Royal Wolverhampton NHS Trust (RWT) will be under the care of a named consultant. Some specialties use a “Consultant of the Week” system whereby the responsible consultant changes on a weekly (or more frequent) basis. To comply with seven-day services, patient care must necessarily be shared among consultants within a given specialty or sub-specialty to provide daily review of patients at weekends and on Bank Holidays. Handover of patients between doctors must be done to facilitate safe continuity of care.

All patients admitted non-electively to RWT will be under the care of a defined on-call team. Medical shift patterns mean that the medical personnel will change while the patient is receiving emergency or urgent investigations and treatment. Good handover of these patients at times of shift changes is essential to provide good medical care.

This policy describes the processes and procedures that are to be used for effective and efficient handover of patients between individuals or teams of doctors. This process is distinct from the ward “huddles” in use on the wards for multidisciplinary discussion of the ward patients.

All aspects of this document regarding potential Conflicts of Interest should refer first to the Conflicts of Interest Policy (OP109). In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflicts of Interest Policy is to be considered the primary and overriding Policy.

2.0 Definitions

Board Round: a discussion about one or more patients conducted away from the bedside.

Medical Handover: the process of communicating key patient information between doctors to facilitate safe and effective continuity of care.

Ward Round: a physical interaction with patients to review the working diagnosis, current condition (including Early Warning Scores), current treatment, pending investigations or results, infection risks, resuscitation status and, or, relevant social issues, and to give information to the patient and, or their supporters. Decisions can be made about further investigation, changes to treatment, referral to other disciplines and specialties, need for further review and monitoring, and discharge planning. All relevant information must be recorded in the patient’s clinical record in accordance with the Health Records Policy OP07.

3.0 Accountabilities

- 3.1 The Chief Medical Officer (CMO) has overall responsibility for medical staff and is the executive sponsor of this Policy.
- 3.2 Clinical Directors must share this policy with their medical colleagues and facilitate its implementation.

- 3.3 Consultant Medical Staff must participate in effective handover of inpatients to ensure that doctors tending to their patients have adequate knowledge of the patients' medical needs to provide safe and effective care. The onus for communicating handover is on the consultant who is responsible for the patient's care at the time of handover. This task can be delegated to junior doctors whose seniority and experience is appropriate to the needs of that specific handover.
- 3.4 Non-consultant medical staff must participate in effective handover of inpatients to ensure that the doctors tending to the patients have adequate knowledge of their medical needs to provide safe and effective care.

4.0 Policy Detail

- 4.1 Medical handover must be brief and accurate and must maintain patient confidentiality at all times. It should take place in a location that minimises distractions and maximises confidentiality. It must be made clear who is accepting the responsibility for delivering specific elements of patient care.
- 4.2 The best framework for conveying handover information is the Situation, Background, Assessment, Recommendation and Decision (SBARD) method.
- 4.3 To be optimally effective, oral handover of information should be supported by a brief, written document containing key information including the expected actions of the medical staff who are receiving the handover. This can be done in hard copy or electronically. Handover documents must adhere to principles of confidentiality: they will contain sensitive patient information, so the patients must be identified only by location, initials and hospital number and not by their full names. At the end of a shift, paper handover documents must be shredded. Retention of electronic documents must adhere to the principles of the General Data Protection Regulations (see Information Governance Policies OP13 and OP98).
- 4.4 The method of conveying information between doctors needs to be tailored to the situation: for example, handover of acute, non-elective admissions often requires a more intensive handover than that of a group of stable in-patients.
- 4.5 Appropriate methods of handover include formal ward rounds, face-to-face handover at board rounds, telephone handover between two individuals and electronic handover. Electronic handover must only be done using NHS systems (e.g. nhs.net) or Trust approved applications (e.g. Careflow Connect). Texts sent by mobile phone or information shared on WhatsApp and similar systems or other social media sites are not secure and must not be used to convey any sensitive or confidential information.
- 4.6 Out of hours handovers of acute, non-elective admissions must include clear instructions as to the medical tasks that are required (e.g. chasing investigation results, requesting further investigations, prescribing or administering treatments, monitoring response to treatment etc.) and the identity of more senior medical staff to whom problems should be escalated.

- 4.7 Out of hours, the on-call team for any specialty is responsible for the medical care of all in-patients of that specialty. Any in-patient who needs specific medical attention during the shift period must have a formal handover to the incoming medical shift to define the needs of that patient (as in 4.6).
- 4.8 The information imparted at handover will include some or all of the following where relevant: the working diagnosis, current condition (including Early Warning Scores), treatment plan, requirement for further monitoring and clinical review, venous thromboembolism prophylaxis, a review of pending investigations or results, investigations that need to be requested or organized, infection risks, resuscitation status, mental capacity, social issues, discharge planning and information that has been given to the patient etc.

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower capacity through a change in practice	No
5	Are there additional staff training costs associated with implementation of this policy which cannot be delivered through current training programmes or allocated training times for staff.	No
	Other comments	

6.0 Equality Impact Assessment

There is no adverse impact to any population sub-group.

7.0 Maintenance

CMO's office will maintain and review this policy.

8.0 Communication and Training

The policy will be sent to every CD in the Trust for communication to all colleagues. Medical handover will be a standard part of local directorate induction.

9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
Audit by exception	Clinical Director Divisional Medical Director	Datix reporting; RCA patient or staff complaints	Ad hoc	Directorate & Divisional Governance
Handover process	QRV lead	Observation during QRV	As determined QRV schedule	QSAG

10.0 References - Legal, professional or national guidelines must underpin policies and be referenced here. Where appropriate cross references must be made to other policies.

Royal College of Physicians. *Acute Care Toolkit: Handover*, May 2011
(www.rcplondon.ac.uk).

Bhabra G, Mackeith S, Monteiro P, Pothier DD. *An Experimental Comparison of Handover Methods*. *Annals of the Royal College of Surgeons of England* 2007;89:298-300.

NHS England. *Seven Day Services Clinical Standards*.
<https://www.england.nhs.uk/publication/seven-day-services-clinical-standards/>. September 2017.

Part A - Document Control

Reference Number and Policy name: CP69 Medical Handover Policy	Version: V2.0 August 2023		Status: Final	Author: Divisional Medical Director, Division 1 Director Sponsor: Chief Medical Officer
Version / Amendment History	Version	Date	Author	Reason
	1	January 2019	Ian Badger	New policy
	1.1	January 2022	John Murphy	Extension applied to policy
	1.2	January 2022	John Murphy	Minor update to section 4.5.
	1.3	Nov. 2022	Divisional Medical Director, Division 1	Extension applied to policy
	1.4	April 2023	Deputy Chief Medical Officer	Extension applied to policy
	2.0	August 2023	Deputy Chief Medical Officer	Review of policy
Intended Recipients: Medical staff caring for inpatients.				
Consultation Group / Role Titles and Date: Clinical Directors of all bed-holding specialties; Divisional Medical Directors.				
Name and date of Trust level group where reviewed			Trust Policy Group August 2023	
Name and date of final approval committee			Trust Management Committee September 2023	
Date of Policy issue			September 2023	
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated)			3 yearly. August 2026	
Training and Dissemination: The policy will be sent to every CD in the Trust for communication to all colleagues. Medical handover will be a standard part of local directorate induction.				
To be read in conjunction with: Information Governance Policies OP13 and OP98. Health Records Policy OP07.				
Initial Equality Impact Assessment (all policies):			Completed Yes	

Full Equality Impact assessment (as required):		Completed No
If you require this document in an alternative format e.g., larger print please contact Central Governance Department on Ext 5114.		
Contact for Review	Deputy Chief Medical Officer	
Implementation plan / arrangements (Name implementation lead)	CMO office, DMDs and CD's.	
Monitoring arrangements and Committee	By exception to Directorates' and Divisional Governance meetings.	
Document summary / key issues covered:		
This policy describes the processes to be used for effective handover of in-patients between different shifts of doctors.		

VALIDITY STATEMENT

This document is due for review on the latest date shown above. After this date, policy and process documents may become invalid. The electronic copy of this document is the only version that is maintained. Printed copies must not be relied upon to contain the latest updates and amendments.