Mersey Care NHS
NHS Foundation Trust

TRUST-WIDE CLINICAL DIVISION POLICY DOCUMENT

CLINICAL HANDOVER AT NURSE SHIFT CHANGES

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Lead Executive Director:	**Executive Director of Nursing**
Lead Author(s):	**Senior Nurse**

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Version 1 - 2017

Quality, recovery and wellbeing at the heart of everything we do

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NHS Foundation Trust

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Further information about this document:

Document name	**SD49 Clinical Handover Policy**
Document summary	**This document details the Trust's requirements for handover of service users from one clinical team to another at nurse shift changes.**
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To be read in conjunction with	
This document can be made available in a range of alternative formats including various languages, large print and braille etc	

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Consultation Draft 1	Presented to Policy Group	Oct-16
Consultation Draft 2	Circulated to Divisional Governance Boards for comment	Nov-16
Version 1	3mth Executive Director approval *(Formal Executive Committee Approval due in March 2017)*	Jan-17

SUPPORTING STATEMENTS – this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

CONTENTS

1. PURPOSE AND RATIONALE

1.1 **Purpose** – to explain the roles, responsibilities and process for the transfer of high quality information at nurse shift changes, where transition of responsibility for immediate care of service users is occurring.

1.2 This Policy has been developed to ensure the Trust has in place a systematic approach for the handover of service users from one clinical team to another at nurse shift changes.

1.3 NHS National Service user Safety Agency, in co- operation with the British Medical Association (BMA) NHS Modernisation Agency and NHS Litigation Authority provide guidance on clinical handover for clinicians and managers, to share good practice and encourage organisations to consider the importance of handover. Their guidance is embedded within this Policy.

1.4 All clinical services within the Trust must ensure that their handover arrangements are in line with this Policy.

1.5 **Rationale** - all NHS organisations have a duty of care to all service users at all times. There will be situations, in the care pathway, where transition of responsibility for this care will be required, and it is expected that all staff involved in these processes should ensure that the duty of care is maintained at all times. Effective handover of service user clinical information is a key component of continuity of quality of care.

1.6 Due to the nature of nursing staff shift working patterns and increasing sub specialisation in care it means several teams are involved in the management and delivery of a service user's care. Effective handover of clinical information is integral to continuity of quality of care.

1.7 Effective information transfer ensures the protection of service users and minimises clinical risk. Continuity of information underpins all aspects of a seamless service providing continuity of care and service user safety.

1.8 Handover must achieve a balance between comprehensiveness and efficiency.

1.9 This Policy is aimed at reducing the risk to both the service user and the organisation as far as is practicably possible, optimising the quality of care and safety by using sound methods of communication during clinical handover.

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

2.1 The following overarching standards have been identified for ensuring the smooth transfer of service user information, service user care and safe management of inpatient wards in the Trust. Community and specialist services will have locally agreed additions. These standards will be used as the basis for auditing clinical handover practices at nurse shift changes, within the Trust. An audit tool has been developed at Appendix B, defining these standards into measurables for audit purposes.

2.2 **Standard 1: The handover is conducted in a professional manner**

Personal Accountability. Everyone present should:

a) Remain calm and respectful.
b) Use positive language.
c) Demonstrate active listening.

2.3 **Standard 2: The handover is well planned prior to the meeting**

a) Handover will be reflective of the written record.
b) Information delivered will be relevant and up to date.
c) Information delivered will be linked to the care plan
d) Clinical information will reflect the recovery ethos.
e) Meet the needs of the oncoming staff, knowledge should not be assumed but checked out.

2.4 **Standard 3: The handover is effective in ensuring all clinical and service user related information is communicated safely and appropriately**

a) All service users will be physically observed by the nurse in charge of the oncoming and outgoing shift.
b) Where relevant any incidents, complaints, learning from SUI's, positive events, and risk issues will be raised.
c) The Supportive observation level of every service user will be noted and reviewed.
d) Anyone requiring seclusion, segregation or isolation will be discussed and reviewed.
e) Any service user whose behaviour has been unusual for that particular service user will be discussed.
f) Any use of crisis management/positive behavioural support plans will be discussed
g) Any service user displaying physical health problems will be discussed.
h) The ward atmosphere will be commented upon.
i) The ward census \ bed state \ head count will be reviewed.

2.5 **Standard 4: By the end of the handover meeting roles and responsibilities for team members will have been clearly identified.**

a) (Secure Division) Security/safety checks will be completed
b) Ward Diary will be reviewed to identify any outstanding actions and allocation of roles/responsibility accordingly.
c) Supportive observation will be allocated.
d) Any specific clinical interventions will be allocated.
e) Physical health appointment will be allocated.
f) Bank staff or staff unfamiliar with the ward will be provided with an introduction to service users/service users
g) (Secure Division) Ward Census will be completed.
h) (Secure Division) Emergency response roles (Including ILS) will be allocated.

3. SCOPE

3.1 This is a Trust wide policy and applies to all staff working in the Trust's clinical services. All clinical services must ensure that their handover arrangements at nuse shift changes are in line with this Policy.

3.2 Handover of service user care is a core task for all staff with service user contact and in receipt of service user information. It applies to:

- All clinical staff with service user contact
- All staff in receipt of service user information
- This includes temporary, permanent, bank and agency staff.

3.3 It applies to all nurse shift changes where transition of responsibility for immediate care of service users is occurring.

3.4 The handover will vary from service user to service user depending on their individual circumstances; however the standards, outlined in this document should be applied in all circumstances, where appropriate.

3.5 This Policy does not cover ward transfers or service users moving to another service (i.e. High to Medium, Medium to Local Services). The clinical divisions have local arrangements for service user moves of this type.

4. DEFINITIONS - What is Effective Handover?

4.1 Handover is the transfer of professional responsibility and accountability for some or all aspects of care for a service user, or group of service users, to another person or professional group on a temporary or permanent basis.

4.2 Handover is the transfer of any relevant clinical issues which need to be known and/or tasks and changes in management care plan, which need to be undertaken within the period of responsibility for care.

4.3 Handover promotes and ensures continuity of care; promotes the professional status of the organisation; and promotes awareness with staff of all the relevant events to ensure service user safety and appropriate Risk Management approaches.

4.4. The information being transferred in Handover must be accurate and factual.

5. DUTIES

5.1 **Trust Board of Directors** – have a responsibility for ensuring a robust system of risk management within the Trust. This includes having a system to ensure safe clinical handover at key transitions of responsibility for immediate care of service users is occurring to ensure the protection of service users and minimise clinical risk.

5.2 **Executive Director of Nursing** – is accountable to the Board of Directors for ensuring there is a policy and procedure in place for the clinical handover of patients at nurse shift changes and providing assurance that the local systems and processes in place to deliver this Policy are effective.

5.3 **Lead Nurses in each clinical division** - will be responsible for the development of local systems and processes in place, in consultation with the other heads of profession within the division and their Lead Nurse counterparts in the wider Trust, to deliver this Policy effectively.

5.4 **Associate Medical Directors** in each clinical division – have responsibility for ensuring medical staff wherever possible attend and contribute to this clinical handover.

5.5 **Heads of Profession in each clinical division** – have responsibility for ensuring professional staff involved in service user care wherever possible attend and contribute to this clinical handover.

5.6 **Matrons in each clinical division** – have responsibility for ensuring the process in place for nurse handover at shift changes on their wards and community teams and that the process is effective and compliant with this Policy.

5.7 **Ward/Team Manager in each clinical division** – have responsibility for ensuring that a Shift Leader is allocated for every shift change and the handover process is followed at every shift change.

5.8 **Shift Leader (this could be the Nurse in Charge or Team Leader depending on the environment)** – have responsibility for conducting the handover in line with the standards listed at section 2 of this policy and includes:

- prioritising and delegating tasks
- ensuring that competent staff are allocated to complete the delegated tasks
- ensuring that any staff (external \ contractors etc) that are working within their clinical environments, are briefed about potential risks which may compromise their Health and Safety, should they be realised, and make necessary provision to reduce or remove that risk.

5.9 **All Clinical staff, or administrative staff who support them**, are responsible for

- complying with this Policy by ensuring they actively participate in the clinical handover process
- reporting any error or omission that occurs relating to clinical handover

5.10 **Policy Group** and **Divisional clinical governance committees** endorse the Policy prior to submission to the **Executive Committee** for ratification. The development and review will take place at least every three years or sooner according to local and national guidance.

6. PROCESS FOR NURSE HANDOVER AT SHIFT CHANGES

6.1 Local Procedure for Handover - Each clinical division will set out its local procedure for delivery of the following handover standards using the template at Appendix A.

6.2 Personnel with responsibility in the Handover Process

6.2.1 The Shift Leader 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 service user care. Every member of the next shift must be allowed to attend and as a minimum every grade of staff should be in attendance, subject to emergency cover being identified.

6.2.2 The Shift Leader of handover facilitation should ensure that the team are aware of any new staff including bank or agency staff members of the team, and that adequate arrangements are in place to familiarise them with local systems and ward / hospital geography in line with the Local Induction Policy (and for Bank / Agency Staff that induction takes place in line with the Trust's Bank and Agency Workers Policy).

6.2.3 Involvement of 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.

6.2.4 Every member of the next shift must make themselves available to attend and actively participate in the clinical handover process.

6.2.5 The Lead Nurse within the clinical division should ensure that there is safe and secure storage and archive of the electronic version of each clinical 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 2 years, in line with the Records Management Code of Practice for Health and Social Care 2016.

6.3 Time

6.3.1 Length of handovers should be advised by local procedures.

6.3.2 Dependant upon the local systems in place for staff working practices, there will be either two or three handovers per day. All staff must be on time and ready to attend the handover at the start of their shift. Staff will ensure access to clinical notes will be used during the handover, along with the communication book and the ward diary.

6.3.3 The times dedicated to handover should be known to all staff.

6.4 Place

6.4.1 Handover should be conducted in a designated room which accommodates the team and is confidential when discussing sensitive information. Arrangements should be made for the handover to be carried out in an environment that limits interruptions and disturbances. It is recommended that a Do Not Disturb Sign is used to prevent interruptions.

6.4.2 The Shift Leader of the previous shift has the responsibility for ensuring that whilst the handover is taking place, they have made appropriate arrangements to observe and support the service user group.

6.4.3 Handover may include a bedside review or around the service user boards. Care must be taken when discussing sensitive information.

6.5 **Method**

6.5.1 All handovers to have a pre-determined format and structure to ensure adequate information exchange.

6.5.2 Methods for handover may vary within the differing parts of The Trust (for instance, verbal, written, electronic including Pacis \ Epex). This should be made explicit at a local level.

6.5.3 The Division's Nurse Lead will oversee the development of a handover template/s to be used in their respective division's clinical areas taking account of whether it's an inpatient or community setting. Attached at **Appendix C** are suggested templates. All templates need to be signed off for use by the Division's Nurse Lead. There must be no deviation from the templates approved for use by the Division's Nurse Lead.

6.5.4 All staff using a paper form of handover must have the updated copy at the start of each shift.

6.5.5 The shift leader will have the responsibility for ensuring that handover takes place as planned.

6.5.6 All issues of clinical risk, raised at handover should be supported by individual and current risk management / care plans.

6.5.7 It is the responsibility of the Shift Leader to keep a record of the names and designation of attendance at each handover.

6.5.8 Written, or electronic handovers must be updated at the end of each shift and have the date and time of the update clearly documented.

6.5.9 Clinical divisions may want to further develop tools, in line with best practice, to support the handover process.

6.6 Information that must be included in Handover

6.6.1 Handover should include information about all current inservice users, as follows:

6.6.2 The Shift Leader for handover facilitation should highlight those service users with particular problems and information should include dependency and risk issues. Especially the high risk areas for physical and recovery focused approach to care, noted below, in both in service user and community areas.

6.6.3 Physical Health (current) High risk areas:

- nutrition;
- resuscitation status (DNAR decision only to be documented);
- high risk medications -
- falls risk;
- pressure areas;
- Infection control (health care acquired infections).

6.6.4 Mental Health (current) High risk areas:

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

6.6.5 Attention should be drawn to on-going management plans and particularly service users requiring review / urgent investigations, and whether or not these have been arranged.

6.6.6 There should be an outline of any short or long term changes to care or management plans and discuss any impacts such as resource implications or changes to practice.

6.6.7 Medication issues including, changes \ omissions \ refusals.

6.6.8 Highlight any emergency or priority clinical activities for that shift.

6.6.9 Discuss the completion of tasks from the preceding shift and highlight any that are incomplete or outstanding.

6.6.10 Discuss tasks \ activities and ward routines to be catered for during the next shift.

6.6.11 Consider any LOA’s or general movement of service users, including discharge planning, and the resource and risk related issues with these ventures.

6.6.12 Discuss any meetings either ward based or off ward, that requires either attendance or convening locally and the impact this will have

6.6.13 Relay issues to do with incidents that could either have a resource implication or requires communication.

6.6.14 Discuss the 'general ward atmosphere'

6.6.15 Prior to the handover taking place the oncoming nurse in charge should be assured that the following has occurred:

- Controlled drugs are checked and signed for
- Any cash \ finance is checked and signed over
- Keys are handed over after any necessary (Security) checks have been completed.
- A headcount \ census of the ward population should be completed and all service users should be accounted for.
- Any staffing issues for future shifts are discussed and addressed where appropriate.
- Any security issues are discussed including ensuring that staff are provided with personal alarms as appropriate.

6.6.16 On completion of the above, the handover sheet should be completed and signed by the outgoing and oncoming Nurse in Charge.

6.6.17 The management and storage of this information must adhere to the Trust's information governance policies pertaining to the Data Protection Act 1998 and the Caldicott Guidelines.

6.7 Delegation of Duties

6.7.1 Following the handover the Shift Leader must ensure that tasks or duties are prioritised and delegated clearly, to each individual staff member before any duties/tasks commence. This is inclusive of staff being allocated Emergency Response Roles.

6.7.2 The Shift Leader is accountable for ensuring the staff are competent to undertake the delegated duty. This is inclusive of risk assessments and care plans due to be reviewed.

6.7.3 Any registered nurse delegating such duties retains accountability for the duty/task that has been delegated.

6.7.4 The Shift Leader must be informed immediately of deterioration in any service users' physical or mental health well being.

6.7.5 If busy, additional handovers may be required to further support the team, reprioritise workload and identify new 'at risk' service users.

6.7.6 All actions, interventions and discussions are recorded within the service user's healthcare record and appropriate alerts activated.

6.7.7 Any actions not completed are documented in the handover in preparation

for the next shift handover so no information is lost.

7. CONSULTATION

7.1 This policy document has been developed in consultation with the heads of profession across the clinical divisions and takes account of the findings of the Clinical Handover Audit conducted by Mersey Internal Audit in 2015/16.

7.2 Consultation on proposed changes to this policy document will be led by the clinical divisions' Head of Nursing and will include but not be limited to:

- Heads of profession in each clinical division
- Clinical Divisions' Senior Nurses
- Clinical Divisions' Risk Leads
- Matrons

8. CONTROLS AND ARCHIVING

8.1 The Trust Secretary has responsibility for maintaining the Trust's policy set.

9. IMPLEMENTATION AND MONITORING

9.1 The clinical divisions' Nurse Lead will lead the review of current handover arrangements in their division and identify on the attached template at Appendix A how they plan to meet the standards outlined in this document. Upon completion they will ensure, together with the other heads of profession, that all staff are made aware of the local arrangements in place for handover.

9.2 The clinical divisions' Nurse Lead will coordinate monitoring of compliance with this Policy on a regular basis via audit.

Standard/process/ issue	**Monitoring and Audit**			
	Method	**By**	**Trust Committee**	**Frequency**
Clinical handover process to be documented in a written procedure note – using the template at Appendix A	Audit of handover procedure is contained at Appendix B	Clinical Audit Group	Operational Management Board	To commence October 2017 and every two years thereafter
The written record of each handover must be retained in line with the Trust's Records Management Policy (currently 2 years)	Audit of handover record	Clinical Audit Group	Operational Management Board	To commence October 2017 and every two years thereafter

10. TRAINING AND SUPPORT

10.1 Awareness of this policy and procedure, and its utility, will be part of the discussions with appropriate new staff on ward induction, and will form part of the on-going supervision and reflective practice approaches, adopted in clinical environments with practitioners.

10.2 The clinical divisions' Nurse Leads will consult on any further collective training and support required through the policy review process and monitoring of compliance of this Policy via audit.

10.3 Training will be provided locally within the various settings in which staff are currently working.

Appendix A

CLINICAL DIVISION HANDOVER PROCEDURE TEMPLATE

Introduction

1.1 Continuity of information is vital to the safety of our service users. The need for effective handover has been repeatedly highlighted by national patient safety reports.

1.2 It is essential that critical information is effectively communicated as an essential component of risk management and patient safety.

1.3 The arrangements for handover in the Secure Division are contained in this document, which should be read in conjunction with the Trust's Clinical Handover Policy.

2. Duties

2.1 The Matrons (or Service Manager depending on the environment) are responsible for ensuring that all clinical services are following the Trust Clinical Handover Policy and will retain a copy of the clinical handover documentation for monitoring and audit purposes.

2.2 The Ward Manager (or Service Manager depending on the environment) is responsible for ensuring that all staff involved in Handover as 'Nurse in Charge of Handover', 'Nurse in Charge of oncoming shift' or 'participant' has read the Trust's Clinical Handover Policy.

2.3 The Ward Manager (or Service Manager depending on the environment) will check the weekly handover documentation as well as attend handovers across shift patterns to be assured that the process is being conducted in line with Trust policy.

2.4 The outgoing Nurse in Charge (or Team Leader depending on the environment) has responsibility for conducting the handover in line with the standards set out in the Trust's Clinical Handover Policy and is required to read this policy document prior to leading on handovers.

2.5 All staff participating in the handover process must read the Trust's Clinical Handover Policy to ensure they are fully conversant with their role within the Handover process, in summary they must:

- actively participate in the clinical handover process
- report any error or omission that occurs relating to clinical handover

3. Procedure

3.1 Each clinical service within the Division has a Handover Checklist to be completed, which embeds the Trust's standards and procedures to be followed for each handover in their respective area.

3.2 The Checklist sets out:

- Time(s) handover must be held
- Venue/location handover must take place in
- Key people to attend handover
- Who has to lead the handover
- What key information needs to be shared during handover
- Where the handover is documented
- How tasks are prioritised and delegated
- Where tasks are recorded
- Where the handover record will be archived

3.3 The outgoing Nurse in Charge (or Team Leader depending on the environment) will sign each section of the checklist to confirm it has been completed. If a section is not completed, because it's not applicable, they must record against that section "N/A", e.g. the NiC will only sign against the time slot they were leading the handover and against the other time slots "N/A".

3.4 Both the outgoing and incoming Nurse in Charge will sign the bottom of the Handover Checklist to confirm the Handover has been completed as fully as possible.

3.5 The second page of the Handover Checklist contains a table for completing who has attended the handover, both their name and grade needs to be included. The outgoing Nurse in Charge is responsible for ensuring the record of attendees is completed.

3.6 The Ward Manager will arrange for the weekly Handover Checklist returns to be sent to the Matrons Office.

Appendices

Appendix A – Clinical Handover Checklist for [insert Service)
Appendix B – Clinical Handover Checklist for [insert Service)
Appendix C – Clinical Handover Checklist for [insert Service)

Appendix A - Clinical Handover Checklist for [insert] Service (sample)

Procedural Standards for Clinical Handover **Each section to be signed by Nurse in Charge of leading the handover confirming compliance with the standard**		**NiC signature**
Time(s)		
Venue/Location		
Key people to attend handover		
Leadership of handover		
What key information must be contained in handover		
How the handover is documented		
Management of new, bank or agency staff		
How tasks are prioritised		
How tasks are delegated		
Responsibility for completion of tasks		
Where handover documents are archived		

Signature of Nurse in Charge of Outgoing Shift …….

Signature of Nurse in Charge of Oncoming Shift ……..

Date …….. Time ……

Record of Attendance at Handover	
Name	**Grade**

Paperwork to be returned to Matrons office:

1. **Handover Checklist, with final column completed and signed by Outgoing NiC**
2. **Attendance Record, completed fully**
3. **Clinical notes used in Handover**

Appendix B

HANDOVER FOR NURSE HANDOVER BETWEEN SHIFTS ON 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 Mental Health and no more than one hour in Inpatient Mental Health Services.	100%	None	None

HANDOVER FOR SERVICE USER 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)*
5	All handovers should have a pre determined format and structure to ensure adequate information exchange.	100%	None	Appendix C provides the handover template to used in all clinical areas
6	Shift Leader is responsible for keeping a record of the names and designation of attendance at each handover.	100%	None	None
7	Handover includes information about current service users/clients.	100%	None	None
8	Staff responsible for handover facilitation should highlight those service users with particular problems and information should include dependency and risk scoring (where in use).	100%	None	This could include falls risk score, service users at risk scores, observation levels, Mental Health Act status
9	Handover should highlight the high risk areas for physical and recovery focussed 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)
HANDOVER FOR SERVICE USER 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)*
9	*Standard 9 - Continued from the previous page* Handover should highlight the high risk areas for physical and recovery focussed approach to care.	100%	None	**Mental Health:** • Suicide • Violence or harm to others • Deliberate self harm • Accidental self harm/neglect • Risk of absconding from ward • Neglect/abuse/exploitation from others • Risks in relation to children • Antisocial and offending behaviour • Sex offending • Physical health condition • Driving related risks

HANDOVER FOR SERVICE USER 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)*
10	Handover should include ongoing management plans, and particularly service users 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 C (i) First suggested Handover template

Nurse Handover between shifts - Template

Ward/ Team | Date | Shift Leader | Shift Leader taking charge

Checklist: Drug Keys Y/N | CD drugs sign \ check Y/N | Communication Book Y/N | Ward Diary Y/N

Head Count Y/N | Ward Atmosphere Discussed Y/N | Emergency Response roles identified Y/N

Safety \ Security checks completed Y/N | Bank \ Agency staff requiring briefing Y/N

Service user name	MHA status	Level of observations	Risks	Mental Health	Physical health	Any other issues \ Tasks

Attendees:

Signed:

Shift Leader …….. Shift Leader taking charge…… Date……..

Appendix C (i) Second suggested Handover template

Handover Information		Date	
Name		Epex No	
MHA Status		Obs Level	
Leave Status			
Reason for Admission			

Current Risks	Historical	Current

Incidents from Previous Week / Significant Incidents
Physical Health Care and Dietary Requirements
Actions Needed
Please complete handover commenting on the following:-

1. Current presentation (including risk, medication concordance and incidents)	
2. Physical Health	3. Meaningful Activity (including leave taken and outcome)
4. Family / Carer involvement	
-	
-	