Shropshire Community Health NHS
NHS Trust

Policies, Procedures, Guidelines and Protocols

Document Details	
Title	**Standard Operating Procedure for Community Nursing, Rapid Response and ICS Handovers**
Trust Ref No	2102-46722
Local Ref (optional)	
Main points the document covers	• Rationale for handover • Frequency and duration of handover • Roles and responsibilities of staff • Process of handover • Structure of handover
Who is the document aimed at?	Adult Community Nurses
Author	Donna Jones – Operational Lead for Community Nursing and IDT
Approval process	
Approved by (Committee/Director)	Locality Clinical Managers IDT Team Leader Group
Approval Date	10/10/2018
Initial Equality Impact Screening	
Full Equality Impact Assessment	
Lead Director	
Category	Clinical
Sub Category	
Review date	10th July 2021
Distribution	
Who the policy will be distributed to	Head of Nursing and Quality, Clinical Quality Leads, Clinical Practice Teachers, Locality Clinical Managers, Nursing Team Leaders & Community Nursing Teams
Method	Governance meetings/email/team meetings, Intranet
Document Links	
Required by CQC	Yes
Required by NHLSA	
Other	Standardised Operating Procedure: Interdisciplinary Team Nursing Clinical Documentation – Electronic Patient Record (RiO)

Amendments History		
No	Date	Amendment
1	10/10/2018	New
2		
3		
4		

Contents **Page**

1 Introduction

The handover of patient care is vital in maintaining safe clinical care for patients and is recognised in the domain of 'Safe Care' in the Care Quality Commission Key Lines of Enquiry (CQC, undated). Handover informs nursing staff of patient progress, care concerns, actions required and information relevant for staff to be fully informed about the patient, their holistic care needs and maintain continuity in the patient's care.

This standard operating procedure sets out the requirements of all staff and managers to ensure a standardised and robust process for the handover of patient care information to maintain the continuity and safety of patients in our care.

2 Purpose

This standard operating procedure (SOP) will:

- Set out the standards for handover / clinical review to enhance continuity of patient care and ensure consistency across the Trust.
- Identify the role and responsibilities of community nurses / clinicians and the caseload holder with the handover process.
- Confirm the frequency and duration of handover
- Provide an agreed communication tool (SBAR) to facilitate the effective, structured, focused, concise and accurate transfer of information between individuals reducing the need for repetition and the likelihood for errors.
- Identifies holistic patient care to be discussed in handover.

3 Definitions

- SOP – Standard Operating Procedure
- The National Patient Safety Agency (NPSA) has defined clinical handover as a process where there is:

> 'the transfer of professional responsibility and accountability for some or all aspects care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis' (National Patient Safety Agency (NPSA), 2004).

- RiO – Is the electronic patient record system used by Shropshire Community Health Trust
- SBAR – Is an acronym for 'Situation, Background, Assessment, Recommendation' and used as a communication tool (see section 5).

4 Duties

4.1 Directors of Operations / Director of Nursing and Deputy Directors

Directors of Services are responsible for ensuring the safe and effective delivery of services they manage; this includes securing and directing resources to support the implementation of this best practice guidance.

Directors must ensure that all staff have access to this document electronically.

4.2 Team Leaders

Team Leaders will ensure that:

- Staff are aware of their obligations in accordance with this SOP
- Ensure appropriate education and supervision are in place to support staff meet their obligations with this SOP
- Handover is undertaken in each team daily either face to face or by telephone
- That handovers are effective and robust in accordance with this SOP
- Can provide evidence of this through the daily documentation of handover within RiO
- To monitor the on-going staff compliance with this SOP

4.3 Locality Clinical Managers

Clinical Locality Managers are responsible for monitoring of staff compliance with this SOP.

4.4 Staff

This guidance applies to all community nurses, Integrated Community Services (ICS) and Rapid Response staff employed by Shropshire Community Health NHS Trust involved in the care and management of patients in their care. All staff must ensure they work within this guidance and associated policies and guidelines.

5 SBAR

What is SBAR?

SBAR is an easy to use, structured communication tool that enables information to be transferred accurately between individuals. SBAR was originally developed by the United States military for communication on nuclear submarines, but has been successfully used in many different healthcare settings, and improves patient safety. SBAR consists of 4 standardised questions to ensure that staff are sharing concise and focused information. It facilitates staff to communicate assertively and effectively, reducing the need for repetition

and the likelihood for errors. If used consistently, it helps staff anticipate the information needed by colleagues and encourages assessment skills. SBAR prompts staff to formulate information with the right level of detail (see Appendix 1) (NHS Improvement, undated).

6 Frequency and Length of Handover

Handover **MUST** be undertaken on a **DAILY** basis (including weekends) for each team caseload with all staff on duty. This is to ensure appropriate and timely patient care is occurring, to identify risks or concerns and formulate appropriate actions for the safe and effective care of patients. Handover forms part of patient care and should be regarded and prioritised as such.

This can either be a face to face meeting or by using a Trust approved technology (in keeping with the General Data Protection Regulation and Data Protection Act 2018) to undertake a remote handover to effectively manage the challenges of time and geographical distance associated with mobile working.

The duration of handover should be approximately 30 minutes per caseload. All staff are responsible to provide a succinct handover using the SBAR tool and in accordance with this standard operating procedure to ensure only relevant information is shared to achieve effective time management.

Every member of staff should be allocated 30 minutes out of their working day to attend handover. This should be identified on the local tool used by the team to manage team capacity to ensure protected time is given to undertake hand over.

Caseload Holders should highlight to Team Leaders any deficiency in planned capacity to meet workload demand and work with their Team Leader to implement contingency plans to ensure protected time to undertake handover. This may require prioritisation and risk assessment of scheduled visits (see section 7) to ensure that the handover, discussion and review of patient care is regarded as a high priority.

Team Leaders should ensure teams are undertaking daily handover of patient care in accordance with this SOP and consider patient handover as a high priority. Team Leaders should highlight to Locality Clinical Managers and incident report any capacity issues where patient safety maybe compromised.

7 Chairing Handover

Role of Chair – Handover Structure

Each day there will be a designated nurse / clinician in charge who will chair the handover meeting. This should be the caseload holder or a delegated nurse / clinician in their absence. The role of the chair and handover process is to:

- Ensure effective time keeping of the handover
- Ensure all staff assigned to patients from the caseload attend (either face to face or remotely)
- The chair leads the handover process and invites each team member in turn to offer their handover of patients in accordance with their role responsibilities outlined above.
- Patients identified for discussion should be discussed according to the SBAR tool (Appendix 1) with any actions or recommendations discussed and decided upon by the group
- Each member of staff in turn should review the handover log on RiO (by filtering by note type in progress notes) for every patient allocated to themselves on RiO and discuss each patient in turn as required in accordance with their role responsibilities outlined above.
- To discuss only patients where there is concern or a change to their condition towards effectively providing guidance, support and signposting to appropriately manage the patient's condition.
- The areas for consideration for handover should be made in accordance with the Roper–Logan–Tierney (1996) Model of Nursing (see Appendix 2). This is to ensure care is assessed, discussed and actions assigned holistically.
- To share any other appropriate patient related information
- Patient's with no change to their condition that do not require discussion at handover should be noted to the group as 'no change' and documentation to this effect entered onto the handover progress note type (see section 10). This is to evidence the patient's care has been considered for handover.
- Handovers should be utilised to provide clinical discussion / supervision to provide guidance and support to staff and identify staff who require further senior support.
- Identification and allocation should be made for patients requiring senior review.
- Each patient's estimated date of discharge should be reviewed regardless of no change in the patient's condition. Challenge should be made regarding patients who

exceed or likely to exceed their date of discharge and an appropriate senior review should be initiated.

- To enquire if any other patients not scheduled to be seen on that day require to be discussed i.e. to update staff members that have been off work or pertinent information received from triage regarding a patient on the caseload.
- To identify any patients who have had visits cancelled, ensure their rescheduling is appropriate and includes a reassessment to determine any untoward consequences and subsequent required incident reporting.
- The chair concludes the handover

8 Role of team members participating in handover

- To attend the relevant caseload handover according to the team your allocated patients are aligned to. For example, if you are visiting a patient for another team, you are expected to handover the care of the patient to the patient's relevant team caseload.
- Be on time
- Be prepared for handover
- Participate in both the giving and receiving of handover
- Be factual and concise
- Goal / discharge / action focus
- Use the SBAR proforma for handover (Appendix 1) and work within the requirements of this SOP.
- Request senior review or input as required and ensure this takes place

9 Documentation / Record Keeping

- For consistency and a standardised approach, RiO must be used as a written communication tool, as reliance on memory is unacceptable.
- Handover must be documented on RiO within progress notes for each individual patient by selecting:
  Specialty: IDT Adult Community Nursing
  Note Type: IDT – Handover
- Patient's with no change to their condition that do not require discussion at handover should be documented as 'no change' within the RiO progress notes under the handover note type.

Refer to: Quick Reference Guide 'Progress Notes V2 Oct 17' on Sharepoint - phase 3 - shared documents – interdisciplinary teams nursing – SOPs
http://sharepointapp/web/EPR_Proj/phase3/Shared%20Documents/Forms/AllItems.aspx?RootFolder=%2Fweb%2FEPR%5FProj%2Fphase3%2FShared%20Documents%2FInterdisciplinary%20Teams%20Nursing%2FSOPs

- Staff can review handover documentation at a glance by filtering by note type.

- **Detail of Progress Note – Handover**

  The handover progress note will document the details of the discussion under the Recommendation section of SBAR only. This is because the details of the Situation, Background and Assessment sections of SBAR are documented in the progress note, referral details and care plan and therefore does not require a duplication of this information.

SBAR Handover Tool

Situation: a concise statement of the patient's current problems
Background: the background information pertinent to the current situation and problems to provide context
Assessment: summary of findings, analysis and consideration of options and risks. This is the opportunity to have respectful challenge to ensure the best possible care for the patient.
Recommendation: the action plan to address the problem with clear documentation of who will action and the timescale for this. **- Clinical criteria for discharge from service: set parameters as the goal of intervention for the patient to be discharged from the service.** **- Expected date of discharge from the service:**

- **Validation of handover notes**

  The member of staff providing the patient handover is responsible for the documentation of the handover outlined above. The Handover note must be validated at the time of handover to ensure it contains an accurate record of the clinical discussion that has taken place. You must then click 'save changes' to ensure the note is saved.

- **Updating RiO activities / scheduling of visits**

Any identified actions required or changes to visit frequency must be input / adjusted on RiO contemporaneously and with accuracy. Any amendments required to the length of time allocated within RiO to undertake additional activities should also be adjusted.

10 Consultation

This guidance was distributed to the following groups for consultation and comment;

- Deputy Director of Operations : Yvonne Gough
- Head of Nursing & Quality Adult Service Delivery Group: Angela Cook
- Locality Clinical Managers : Tara Ashley, Mandee Worrall, Sam Townsend, Katie Turton, Phil Atkins
- Community Practice Teachers: Tracey Fisher, Deana James, Anita Sharrad
- Clinical Lead for Quality: Angela Pearson
- Team Leaders: Jayne Richards, Sandra Parkes, Vicky Hincks, Anthony Archambault, Lynda Randle, Michelle Jones, Emma Parker, Vickie Clayton
- Records Manager & Quality Facilitator: Alan Ferguson

11 Dissemination and Implementation

Dissemination and implementation of these guidelines will be via locality clinical managers and community team leaders. Community Team Leaders will be supported to implement this guidance by their community practice teachers, clinical leads for quality and locality clinical managers.

12 Monitoring Compliance

Compliance with this SOP will be assessed through audit by the Clinical Quality Leads.

13 References

- Care Quality Commission (undated) Community Services Key Lines of Enquiry (KLOE), prompts and potential sources of evidence https://cqc.org.uk/sites/default/files/20140924_asc_community_services_kloe_prompts_and_sources_of_evidence_column_final_v1-0.pdf [18/07/2018]
- National Patient Safety Agency (NPSA) (2004) Seven steps to patient safety. London, National Patient Safety Agency
- NHS Improvement (undated) SBAR Communication Tool – Situation, Background, Assessment, Recommendation. https://improvement.nhs.uk/documents/2162/sbar-communication-tool.pdf [18/07/2018]

Appendix 1

SBAR Handover Tool

Situation: a concise statement of the patient's current problems
Background: the background information pertinent to the current situation and problems to provide context
Assessment: summary of findings, analysis and consideration of options and risks. This is the opportunity to have respectful challenge to ensure the best possible care for the patient.
Recommendation: the action plan to address the problem with clear documentation of who will action and the timescale for this. **- Clinical criteria for discharge from service: set parameters as the goal of intervention for the patient to be discharged from the service.** **- Expected date of discharge from the service:**

Appendix 2

Roper–Logan–Tierney (1996) Model of Nursing