

Handover Guidance

Health Education England Wessex

Author: Postgraduate Dean

Date: Updated October 2010

Review Dates: October 2013, February 2015 by Associate Postgraduate Dean

Reviewed: November 2017, by Associate Postgraduate Dean – complies with current guidance, no amendments required.

New Review Date: October 2020

Consultation: HEE Wessex Leadership Team

Equality Impact Assessment: approved without changes 12/03/15

Approval by: HEE Wessex Leadership Team 17 March 2015

Version: Final

1.0 Guidance

- 1.1 The purpose of this guidance is to set expectations for Employing Organisations and trainers about the processes required to achieve the efficient transfer of high quality clinical information at times of transition of responsibility for patients. 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 ensuring patient safety. Handover is a multi-professional process requiring coordination and planning.
- 1.2 It is vital that all trainees make themselves familiar with the handover policies in their employing trust and that trainees abide by those policies.
- 1.3 This document is underpinned by the following GMC document excerpts.

The Trainee Doctor

- Domain 1 – Patient Safety

The responsibilities, related duties, working hours and supervision of trainees must be consistent with the delivery of high-quality, safe patient care.

There must be clear procedures to address immediately any concerns about patient safety arising from the training doctors.

- Mandatory Requirement: 1.6

Trainees in hospital posts must have well-organised handover arrangements ensuring continuity of patient care at the start and end of periods of day or night duties every day of the week.

Good Medical Practice

- Continuity and coordination of care

Share all relevant information with colleagues involved in your patients' care within and outside the team, including when you hand over care as you go off duty, and when you delegate care or refer patients to other health or social care providers.

2.0 HEE Wessex expectations regarding handover

- 2.1 Individuals and organisations have a shared responsibility to ensure that effective communication lies at the very heart of good patient care. The handover is a vital aspect of continuity of care and the continuity of information is vital to the safety of patients. It is the responsibility of every team member to prepare all relevant information and effectively communicate it.
- 2.2 To facilitate high quality patient care during periods of transition and handover clear processes need to be in place to support staff.

- 2.3 HEE Wessex expects that all trainees are made fully aware at the time of their Trust induction what their responsibilities are with regard to handover and their role in this multi-professional process.
- 2.4 It is a requirement that sufficient time must be available within a trainee's agreed working hours to participate in handover. It is a trainee's responsibility to ensure that they comply with any local policies and procedures to ensure safe handover of patient care.
- 2.5 Any local policy or guidelines on handover should make clear to trainees the timing of handover. It is the trainee's responsibility to ensure that they arrive in a timely fashion with the appropriate patient information. Local policies should give information as to whom trainees should contact in the event of them being unable to attend the handover due to them being delayed, or detained by emergency work.
- 2.6 Where possible handover should be supported by senior members of the clinical team and where possible consultants should be present to ensure accurate and safe information exchange but also to maximise the learning opportunities for all members of the team.