**Response to FOI Request 3454**

*Please note that the responses given below apply**only**to medical handover (General and Acute Medicine) at the BHH site.*

**- Relevant policy associated with handover used in your trust**

HEFT has a generic policy relating to handover using the trust’s electronic patient handover system (copy of policy attached to email). The Acute Medicine department has developed a handover checklist for the main 09:00 morning medical handover which specifies the attendees required and the procedure to follow at this handover (copy of checklist attached to email)

**- Details regarding when medical handover occurs in your trust**

There are 2 main medical handovers which occur every day at 09:00 and 21:00; on weekdays there are additional handovers at 14:00 (to incoming ‘twilight’ shift SHOs) and at 17:00 (handover of ward jobs/patients to ward cover SHOs and RMO2)

**- Associated documentation used during the process of handover to include handover agenda, example attendance sheets, handover checklists and other documentation used**

There is a standardized handover checklist which is used at the main 09:00 morning handover (copy attached to email); there is no handover register of attendance as such, but part of the handover process documented on this checklist is to ensure that all relevant members of the incoming and outgoing teams are present. A separate logbook is signed by members of the cardiac arrest team for the subsequent shift together with the roles allocated to them as members of this team.

**- What measures your trust has implemented to ensure medical handover adheres to the Royal College of Physicians guidance regarding handover of patients**

In accordance with the RCP recommendations for handover as outlined in their *Acute Care Toolkit 1: Handover (2011)*, we:

* have a trust-wide policy relating to clinical handover and the use of our electronic patient handover (EPH) system
* have developed a tailored morning medical handover checklist to meet the local needs of our AMU which also defines leadership responsibility and who must be present, including senior (consultant) staff and standardizes an order of proceedings
* have input from AMU senior nursing staff, specialty nurse practitioners, bed managers, site leads and community ACPs at handover, recognizing it as a multi-professional team activity
* a designated time and adequate space for handovers that takes into account various shift patterns
* encourage a standardized system of verbal communication at handover (SBAR)
* document patients handed over to junior doctors out-of-hours and those requiring early specialist review on designated electronic handover lists on our Concerto database
* collect feedback on our handover process from junior doctors (at their ‘risky business’ forum) and have changed our practice as a result of this feedback
* use morning handover as a teaching and learning opportunity for trainees by providing a forum for disseminating clinical information and discussing patients that caused concern and any cardiac arrests which occurred overnight

**- The steps the trust has taken to ensure the appropriate senior leadership is present and appropriate colleagues attend these meetings**

The main 09:00 morning medical handover is attended and led by a minimum of 2 consultants in Acute Medicine during the week and at weekends this handover is led by the GiM Consultant on-call for AMU and attended by consultants from all medical specialties present at the weekend (Renal, Respiratory, Infectious Diseases, Care of the Elderly, Diabetes and Endocrinology). Handover at other times of the day is led by the RMO (ST3+ doctor) responsible for the day and/or night medical take. We have recently implemented a policy whereby all bed-holding medical specialties must send a representative from their directorate to the 09:00 handover to receive referrals from the night team to facilitate early specialist review/discharge and active pull of the most appropriate patients to available beds on medical specialty wards.

**- The process involved in handing over patients out of hours including documentation and how audit of this process has ensured the service delivered is adequate.**

At 17:00 handover, doctors from the base medical wards attend and handover specific patients to the SHO nominated to cover their ward areas after 17:00 and/or over the weekend; this face-to-face handover is supplemented by entering the patient details and outstanding tasks onto the appropriate ward cover list on our electronic patient database system (Concerto); patients who are clerked in the evening/overnight who require review by one of the medical specialties the following day are entered onto that specialty’s post-take ward round list on the Concerto database for review in the morning.

We currently do not audit our handover process on a routine basis but this is planned as part of Acute Medicine’s audit priorities for the coming year.