|  |  |  |
| --- | --- | --- |
|  | | **SHIFT HANDOVER**  First Issued April 2013 |
| Policy Number | | **G018** |
| Date Reviewed and Reissued | | **February 2024** |
| Next Review Date | | **November 2025** |
| **Overview of Policy**  **Alternative Futures Group staff will ensure that service delivery and design**  **promotes choice and independence, putting people in control of their service and upholding their rights.** | | |
| **Contents**  [1. Introduction and Scope 2](#_Toc151537791)  [2. Key Principles 2](#_Toc151537792)  [3. Roles and Responsibilities 2](#_Toc151537793)  [4. Compliance and Monitoring 3](#_Toc151537794)  [5. Support for Implementation 3](#_Toc151537795)  [6. Equal Opportunities/Policy Access 3](#_Toc151537796)  [7. Health and Safety 3](#_Toc151537797)  [8. Staff Statement 3](#_Toc151537798)  [9. Appendices 3](#_Toc151537799)  [10. Related Legislation 4](#_Toc151537800)  [11. Version Control 4](#_Toc151537801) | | |
| **Version** | V10 | |
| **Policy Lead** | Justine Millington , Emma Worrall and Natalie Willetts | |
| **Executive Lead** | Chief Quality Officer / Chief Operating Officer Mental Health | |
| **Approved By** | Director of Operations | |

# Introduction and Scope

People who use services benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety. This is provided through a framework which details the process to follow to ensure that clear lines of communication exist and that relevant information is passed between staff to ensure continuity of care/ support and operational systems. This policy ensures that all required and necessary checks and sharing of information is done at appropriate intervals and recorded appropriately across all service types.

# 2. Key Principles

2.1 **Purpose**

The purpose of this policy is that people supported are protected against the risks of unsafe or inappropriate care, treatment and support arising from a lack of communication between staff changing shifts.

The handover period is the time when staff from the current shift prepares to leave duty and handover responsibility to the oncoming shift. This is irrespective of the timescales between shifts.

2.2 **Main Points**

* + 1. This process operates within the parameters of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
    2. In relation to making sure people who use services are not harmed as a result of unsafe care, treatment and support services will gather information about any changes relating to people’s health, welfare and safety. This includes people who use the service, the service’s staff, and anyone else involved in the regulated activities provided by the service.
    3. Ideally, the handover is a verbal process between the two shifts to ensure that a safe transition of care and support occurs. The handover sheet, or agreed written alternative, will provide a summary of key issues in relation to the people supported, staff and the building. Where the service type does not facilitate staff meeting for verbal handover, the agreed written summary will be signed by the outgoing and incoming staff. This will ensure that any discrepancies identified through the agreed handover process are responded to in a prompt and appropriate manner.

# 3. Roles and Responsibilities

Alternative Futures Group Ltd, as the provider, will ensure appropriate infrastructure and governance arrangements that support the managers in carrying out their duties and responsibilities.

3.1 It is the responsibility of the Senior Nurse Practitioner/Team Leader to ensure that there is a clear written handover protocol that all staff (including casual, agency and others) are aware of and that the Registered Manager/Area Manager has agreed.

3.2 The Registered Manager/Area Manager will ensure systems monitored which will enable effective shift handover.

3.3 It is the responsibility of the staff member/nurse in charge handing over to communicate all significant information including, as a minimum:

* People supported needs, health and welfare
* Financial Information
* Technology devices
* Medication
* Health, Safety and Security
* Staffing Issues

# 4. Compliance and Monitoring

The quality and compliance of handovers will be checked on a weekly basis by Team Leaders during their assurance visits and captured on Carista. Any areas of concern will be addressed by Team Leaders and /or Area Managers in their team meetings with appropriate action being agreed.

# 5. Support for Implementation

Staff will be supported by their Line Manager to understand and implement this policy as appropriate through induction, supervision, appraisal and training.

# 6. Equal Opportunities/Policy Access

6.1 Upon request AFG will make this policy available in alternative formats (e.g., Braille, other languages, large type). Staff can request a copy of all company policies from their line manager or electronically at head office and/or registered service location.

# 7. Health and Safety

7.1 Staff must have regard for their own and others health and safety when implementing this policy and its procedures. The shift handover process includes health and safety checks, where applicable depending on service type, which all staff must be aware of and complete as required.

# 8. Staff Statement

8.1 If you do not wish to subscribe to or support this policy, then you should, as a matter of urgency inform your Line Manager. Failure to observe this policy may lead to Disciplinary Action.

# 9. Appendices

Shift Handover Guidance SL/ACH

Shift Handover Guidance IH

Appendix 1a - Cash Handover Record

Appendix 1b - Housekeeping Cash Income and Expenditure Sheet SL

Appendix 1c - Personal Cash Income and Expenditure Sheet

Appendix 1d - TRC/IH Safe Handover Form

Appendix 2 - SL/ACH Shift Handover Form

Appendix 3 - T962 – Shift Handover Workplace Orientation for Agency / Casual Staff /Permanent Staff

Appendix 4 - IH Handover Records Form

# 10. Related Legislation

The policy relates to Fundamental Standard 9, Person Centred Care and Fundamental Standard 17, Good Governance.

**Related Policies**

Information Governance G011

Management of Clinical Risk for Individuals Receiving In-patient Treatment IH052

Positive risk SL006

Medicine Management IH006 & SL Medication Management SL003

Leave Of Absence IH013

On Call SL016

Missing Patient IH034

Missing Service User policy SL009

Management of Service user Finance G016

Staff Time Sheets IH033

Staff Time Sheets, Rotas and Time Owing SL015

Safeguarding G005

Casual Worker Policy HR043

# 11. Version Control

| **Rev No** | **Details of Changes** | **Section(s) Changed** | **Author** | **Date** |
| --- | --- | --- | --- | --- |
| 1 | The policy has been developed to replace the service specific versions, SL017, ACH(N)17 and IH 20. The revised generic version references current legislation and is formatted in line with G10. The appendices include financial record sheets, respective handover sheets applying to the service type and individual procedural guidance in addition to the generic policy. | All | D Johnson, J Hill & Network Policy Group | April 2013 |
| 2 | This policy has been reviewed to reflect The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with reference to the Fundamental Standards. Staff titles have been reviewed in line with current positions. | All | J Chapman | April 2015 |
| 3 | Amended to reflect  organisational structure | All | Lynsey Cunliffe | Feb 2017 |
| 4 | Review of handover processes and change of titles | Policy, Procedure, APP 1d, 2 and 5 | Various people | December 2016 |
| 5 | Review in respect of introduction of technological devices to services to support the implementation of  PeoplePlanner | Policy,  Procedure,  Guidance & App 2 | Tilly Simmons | May 2017 |
| 6 | Review | N/A | Justine Millington | February 2022 |
| 7 | Full Review | All sections | Justine Millington & Emma Worrall (IH Sections)  Natalie Willetts (SL/ACH Sections) | November 2023 |
| 8 | Review to ensure essential support information of the people supported at each location is discussed with all staff on their first shift in that persons home. | Appendix 3 – replaced with a new Template  Procedural guidance 3.0 updated to state completion is required for all staff | Cath Beatty  Approved by Justine Millington | January 2024 |
| 9 | Combined appendix and 3 and 4 into one form | Original Appendix 3 and removed 4 and replaced by new combined Appendix 3 and renamed 5 to 4 | Cath Beatty approved by Emma Worrall | Feb 24 |
| 10. | Removed IH003 and IH028 and replaced with IH052 | Removed IH003 and IH028 and replaced with IH052 | Cath Beatty approved by Emma Worrall | 9th April 24 |