Northern Ireland Practice and Education Council

for Nursing and Midwifery

PROJECT INITIATION DOCUMENT

'Develop principles to enable safe, effective and person-centred Handovers within acute settings in Northern Ireland'

June 2017

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1.0 Introduction

The Northern Ireland and Practice and Education Council for Nurses and Midwives (NIPEC) engages annually with a wide range of stakeholders to identify the key priorities in health and social care for nursing and midwifery in Northern Ireland that inform NIPEC's Vision and Business Plans. A priority from a recent stakeholder event was that NIPEC would '***Develop principles to enable safe, effective and person-centred Handovers within acute settings in Northern Ireland'***

The nursing and midwifery change of handover or shift report is a communication process which occurs between two shifts of nurses or midwives with the specific purpose to communicate information about patients under the care of nurses or midwives (Lamond, 2000). Randell (2011) suggests that Clinical Handover refers to the explicit transfer of professional responsibility and accountability for a patient, or a group of patients, to another person or professional group, on a temporary or permanent basis. Other common terms for this activity are: Shift Handover, Handoff or Nursing Report. For the purpose of this paper, the term Handover will be used.

2.0 Background

2.1 There was a view presented at a recent NIPEC stakeholder event that handovers vary across the five HSC Trusts with regard to content, duration and approach.

2.2 The NMC Code (2015) '*requires nurses and midwives to provide a high standard of practice and care at all times through always practising in line with the best available evidence, communicating effectively'*.

2.3 Recent adverse incidents (Keogh, 2013, HIQA, 2013, Francis, 2013 & NCEC, 2013) have highlighted the requirement for effective communication processes to underpin the provision of care.

2.4 There is limited evidence to determine which form of handover supports person centred practise, for patients and their families, and for staff. Smeulers et al (2014) explored the available literature to determine the effectiveness of different nursing

handover styles and concluded that at present there is limited high quality evidence.

2.5 To minimise the risk to person under our care, Randell (2011) suggests that there should be explicit agreement on: the location where handover takes place; the content and the degree of detail; the use of a structured approach; parameters around the duration and timings of handover, and identification of participants who need to be present; as well as exploring the actions that could be taken to minimise interruptions.

3.0 Aim

The aim of this project is to '*Develop principles to enable safe, effective and person-centred Handovers within acute settings in Northern Ireland'*

4.0 Objectives

4.1 To develop an engagement strategy for key stakeholders

4.2 To conduct a literature search and identify best practice in relation to safe and effective person-centred handovers

4.3 To scope relationship and interface with other clinical communication activities including Ward Rounds, Safety briefs, Huddles, Multidisciplinary Team meetings, white board reports, ward transfers and inter hospital transfers and Pace Care planning

4.4 To identify and agree the core elements of a safe and effective person-centred handovers

4.5 To develop regional principles to be adopted across NI that will

i. Enable patients to take a lead role in their care
ii. Support the delivery of person centred outcomes for care and service
iii. Satisfy the requirements of the NMC Code

4.6 To identify proposals for implementation and spread, including challenges and signpost where further work may be required

4.7 To make recommendations for suitability for spread in both primary and community care contexts

4.8 Consider impact of electronic notation within the recommendations

5.0 Methodology Overview:

The following methodology will be employed to support the achievement of the objectives:

5.1 Convene a Project Group with representatives across nursing and midwifery including, service providers, education, system regulation and staff side. The purpose of this group is to agree principles to enable safe, effective and person-centred Handovers within acute settings in Northern Ireland

5.2 Scope current handover practice in each HSC Trust and identify areas of best practice

5.3 Obtain feedback from registrants through a range of inclusive approaches

5.4 Produce a draft version of the principles for testing and evaluation using continuous improvement approach

5.5 Consider approaches to evaluate the impact of the implementation of the principles in Trusts

5.6 Present project outcomes including Principles to enable safe, effective and person-centred Handovers within acute settings in Northern Ireland' Principles to NIPEC Chief Executive and then to Central Nursing and Midwifery Advisory Committee

6.0 Scope

6.1 Due to the very nature of nursing handover practice and the numerous interconnected activities, this project has the potential to become very complex. Therefore the project group has decided to adopt a phased approach to the project as advocated by IHI Change methodology.

6.2 In the first instance, the work will focus within Acute Adult Hospital settings to develop the initial principles for testing, and then in phase two, review and amend to reflect the various contexts, and roll out the principles to other areas.

6.3 Although it is anticipated that the scoping activity will reflect multidisciplinary communications , this phase will be addressed once the nursing handover principles have been identified and tested

Phase one : Test draft principles within

- Acute Adult hospital settings

Phase two: Test agreed principles and amend for utility within

- Acute Children's hospital settings
- Acute Maternity settings
- Acute Learning disability settings
- Acute Mental Health settings

Phase three Test agreed principles with the multidisciplinary team

7.0 Resources

7.1 The Northern Ireland Practice and Education Council for Nursing and Midwifery will be responsible for supporting and coordinating the progress of the work plan and outputs on behalf of the Chief Nurse for NI.

7.2 Should there be a requirement for development or publication costs of a final product, the matter will be discussed with the Chief Executive of NIPEC and Chief Nurse

8.0 Equality and Governance Screening

8.1 As required by Section 75, Schedule 9, of the Northern Ireland Act, 1998, any equality implications of this project have been considered. In addition, consideration has been given to the terms of the Human Rights Act 1998.

As a result of these considerations a screening of the project has been undertaken and can be viewed at http://www.hscbusiness.hscni.net/services/2166.htm Using the Equality Commission's screening criteria, no significant equality implications have been identified. This project will therefore not be subject to an equality impact assessment.

8.2 In addition, to ensure NIPEC and its stakeholders are meeting its legal obligations and responsibilities under various Corporate Governance areas, the project plan, its aims and objectives and outcomes have been examined and screened for any issues relating to the following areas:

- Risk Management
- Privacy Impact Assessment (PIA)
- Personal Public Involvement (PPI)

A summary of these considerations and any action required is documented in Appendix 1.

9.0 Dissemination and Implementation

Progress of the project will be communicated to key stakeholders using various mechanisms including the NIPEC website. On completion, the project will be summarised in a Final Report which will be available to view on NIPEC's website. It will be presented to NIPEC Council and Chief Nursing Officer, DoH.

10.0 Evaluation

On-going evaluation of the management of the project will be conducted through NIPEC and will ultimately feed into the progress and outcomes of the project. This evaluation will address the achievements of the objectives outlined in the project plan and the project management process.

11.0 References

Department of Health /NCEC/ Patient Safety First. (Nov 2014) Communication (Clinical Handover) in Maternity Services National Clinical Principles No 5. http://health.gov.ie/wp-content/uploads/2014/11/National–Clinical-Guidelines-No5 - Clincial-Handover-Nov20141.pdf

Francis, R. (2013) Report of the Mid Staffordshire NHS Foundation Trust Pubic Inquiry, The Mid Staffordshire Foundation Trust, Stationary Office, London, United Kingdom

HQIA (2013) Patient safety Investigation Report into Services at University Hospital Galway (UHG) HIQA, Dublin, Ireland.

Keogh,B. (2013) Review into the quality of care and Treatment Provided by 14 hospitals Trusts in England, NHS, United Kingdom

Lamond, D. (2000) The Information centred of the nurse in charge of shift report: a comparative study, *Journal of Advanced Nursing* 314)

Nursing and Midwifery Council (2015) .*The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives*. London: NMC.

Randell R., Wilson S., and Woodward P. (2011) The importance of the verbal shift handover report: multisite case study, *International Journal of Medical Informatics* 80 803-812

Smeulers, M., Lucas, C. & Vermeulen, H. (2014) Effectiveness of different nursing handover styles for ensuring continuity of information in hospitalised patients.

Cochrane library

Equality and Governance Screening

Area	Comments
Risk Management questions	
• Have any risks been identified? • What is the potential impact of these? • How can these be mitigated or have alternatives options been identified which would have a lower risk outcome? • Where negative impacts are unavoidable, has clarity been given to the business need that justifies them?	
Equality and Human Rights questions	
• What is the likely impact on equality of opportunity for those affected by this policy for each of the Section 75 equality categories (minor/major/none)? • Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories? • To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group (minor/major/none)? • Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group? **NB –** please refer to NIPEC's Equality Screening Policy and Screening Templates to assist in considering equality and human rights	*Please see section 8.0 within the PID*
Privacy Impact Assessment (PIA) questions	
• Will the project use personal information and/or pose genuine risks to the privacy of the individual? • Will the project result in a change of law, the use of new and intrusive technology or the use of private or sensitive information, originally collected for a limited purpose, to be reused in a new and unexpected way?	
Personal and Public Involvement (PPI) questions	
• Has a requirement for PPI been identified, and if so, what level of PPI will be required for the project? **NB –** please refer to and use NIPEC's PPI Decision Tree/Algorithm to assist in considering PPI	

Appendix 2

Terms of Reference

Develop principles to enable safe, effective and person-centred Handovers within acute settings in Northern Ireland

1. Purpose of the group

The purpose of the Project Group is to develop principles to enable safe, effective and person-centred Handovers within acute settings in Northern Ireland. The group will inform the Chief Nursing Officer, through the Chair of the group, of achievements, ongoing work and concerns or challenges. The group will also review information in relation to HSC trust/ organisation work relating to handovers for overlap and duplication. It may, on occasion, provide advice and guidance to related project groups.

2. Membership of group

Membership of the group should be drawn from practitioners with extensive experience of handovers across day and night shifts. If a member is unavailable, an appropriate member of staff should be nominate to attend on his/her behalf, providing the relevant required information in advance for the alternate member to participate appropriately.

3. Quorum

Quorate membership is 50% of the total membership number. Representation from three out of five trusts is required for decision making within this quorate membership.

4. Frequency of meetings

The Project Group will meet initially to agree the Project Initiation Document, and at significant points agreed with the project group, to review the data collected and at a final meeting on 14th December 2017 to review and sign off the final report

5. Record of meetings

NIPEC staff are responsible for agenda setting, record keeping and circulation of relevant papers in collaboration with the Chair of the group. The group identified that the preference was to record actions arising, rather than detailed minutes

6. Accountability of the working group

The Project Group is accountable through the Chair to the Chief Nursing Officer (CNO). In addition, NIPEC, as project coordinator is also accountable through the Chief Executive to the CNO. The role and responsibilities of the members of the project group are:

Tor 1	Agree a project plan, timescales and methodology for the project and develop a detailed work programme to meet the objectives outlined
Tor 2	Contribute to the achievement of the project aims and objectives
Tor 3	Undertake the work required to deliver the project objectives within the agreed timescales and resources as outlined in the project plan
Tor 4	Participate in respectful, open debate welcoming and providing constructive challenge
Tor 5	Manage information related to the project responsibly, ensuring confidentiality when required
Tor 6	Organise and undertake consultations with relevant stakeholders ensuring a coordinated approach across all relevant organisations as required
Tor 7	Actively participate in testing the final principles
Tor 8	Participate in shared learning across organisations
Tor 9	Provide advice to other regional groups as required
Tor 10	Disseminate the work of the project within their organisation as appropriate

Appendix 3

Project Team Membership

Organisation	Representative
SET (Chair)	Linda Kelly Assistant Director of Nursing: Safe and Effective Care
NIPEC (Project Lead)	Bernadette Gribben Associate Senior Professional Officer
BHSCT	Lynn Wightman, Senior Manager Nursing
BHSCT	Marian Mulholland, Clinical Co-ordinator for Acute Medicine
BHSCT	**Front line staff**
NHSCT	Ruth Bailie , Senior Nurse Corporate Nursing
NHSCT	**Front line staff**
SEHSCT	Jane Patterson Patient Safety Officer – Safe and Effective Care:
SEHSCT	**Front line staff**
SHSCT	Josephine Matthews Lead Nurse SEC & Outpatients
SHSCT	**Front line staff**
WHSCT	Donna Keenan, Assistant Director of Nursing: Governance, Safe & Effective Care.
WHSCT	**Front line staff**
PPI	
QUB	Florence Mitchell Lecturer in School of Nursing
UU	Debbie Goode Lecturer in Nursing
OPEN UNIVERSITY	Donna Gallagher Staff Tutor, Nursing Senior Lecturer, Nursing
RQIA	Thomas Hughes Inspector Healthcare Team
Union	**RCN: Rita Devlin** Head of Professional Development Officer (to review and provide critical reading of project outputs) **Unison:**

Appendix 4

Programme of Work

June 2017 – December 2017

	Activity	**Target**	**Related objective**
1)	Establish an Project Group – including chair and identification of membership	June 2017	4.1
2)	Agree plan to complete project, including terms of reference and programme of work	June 2017	4.1
3)	To conduct a literature search and identify best practice in relation to safe and effective person-centred handovers	August 2017	4.2
4)	Scope current handover practice in each HSC Trust and identify areas of best practice		4.3
5)	The methodology to be used is as follows :		
i	• Develop template to collect data to scope current handover practice	July 2017	4.3
ii	• Pilot template, review and amend template	Aug 2017	4.3
iii	• Carry out data collection across the five HSC Trusts and using collaborative, inclusive and participatory approaches	Aug 2017	4.3
lv	• Analyse Data	Oct 2017	4.3
6)	Scope relationship and interface with other clinical communication activities including Safety Briefs, Huddles and Ward Rounds	Aug 2017	4.3
7)	Produce a draft version of the principles and circulate for testing	Oct 2017	4.4 4.5
8)	Obtain feedback from registrants through a range of inclusive approaches	Oct 2017	4.3
9)	Develop draft report and agree with the project group	Nov 2017	4.6 4.7 4.8
10)	Consider approaches to evaluate the impact of the implementations of the principles	Nov 2017	4.6

11)	Complete final report	Oct 2017	4.6 4.7 4.8
12)	Agree amendments with the project group before presentation to NIPEC Chief Executive and then to Central Nursing and Midwifery Advisory Committee for acceptance and further dissemination as agreed	Dec 2017	4.6 4.7 4.8

For further Information, please contact:

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This document can be downloaded from the NIPEC website
http://www.nipec.hscni.net

June 2017 of Project Initiation Document