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Healthcare Audit Summary Report

Audit of compliance with implementation of multidisciplinary clinical handover in maternity, acute and children's hospital services as set out in the National Clinical Guidelines numbers 5 and 11

Audit Reference Number: QAV006/2017

Title	**Audit of compliance with implementation of multidisciplinary clinical handover in maternity, acute and children's hospital services as set out in the National Clinical Guidelines (NCGs) numbers 5 and 11.**	
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Source of Evidence	**Type**	**Date**
	Request for Evidence: Issued to all sites on 18.01.2018 and returned on or before 23.02.2018	
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	The Coombe Women and Infant's University Hospital	13.02.2018
	Temple Street Children's University Hospital	14.02.2018
	University Hospital Galway	21.02.2018
	St. Luke's General Hospital Kilkenny	08.03.2018
	Letterkenny University Hospital	14.03.2018
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ABBREVIATIONS

CWIUH	The Coombe Women and Infant's University Hospital
EWS	Early Warning Score
HCR	Healthcare Record
iMEWS	Irish Maternity Early Warning Score
ISBAR	Identify, Situation, Background, Assessment, and Recommendation
$ISBAR_3$	Identify, Situation, Background, Assessment, Recommendation, Read-back, and Risk
LOS	Length of Stay
LUH	Letterkenny University Hospital
MMUH	Mater Misericordiae University Hospital
MRHP	Midland Regional Hospital Portlaoise
MRHT	Midland Regional Hospital Tullamore
NCEC	National Clinical Effectiveness Committee
NCG	National Clinical Guideline
PPPG	Policy, Procedure, Protocol and Guideline
PUH	Portiuncula University Hospital
QAV	Quality Assurance and Verification
RFE	Request for Evidence
SLGHK	St. Luke's General Hospital Kilkenny
TSCUH	Temple Street Children's University Hospital
UHG	University Hospital Galway

1. BACKGROUND / RATIONALE

The National Clinical Guidelines (NCGs) on communication were published in November 2014 (Clinical Handover in Maternity – NCG No. 5) and November 2015 (Clinical Handover in Acute and Children's Hospital Services – NCG No. 11).

The National Clinical Effectiveness Committee (NCEC) process requires a review of these guidelines on a three-yearly basis. Previous audits conducted by the Healthcare Audit function in 2016[1] focused on maternity services only and found that the implementation of NCG No. 5 varied across the sites audited.

As a number of recommendations from the NCGs are applicable across all clinical areas, the Director of Clinical Effectiveness concluded there was both merit and efficiency in auditing the three clinical areas as components of one overall audit on clinical handover. This audit was therefore requested by the Director of Clinical Effectiveness in order to seek assurance that the NCGs on clinical handover were implemented in maternity, acute and children's hospital services and to inform the NCG review process in 2018. The audit was subsequently approved by the National Director for Quality Assurance and Verification.

2. AIM AND OBJECTIVES

The aim of this audit was to provide assurance that multidisciplinary clinical handover followed a structured communication process as per selected recommendations of the clinical guidelines (NCGs No. 5 and No. 11) in a sample of maternity, acute and children's hospital services.

The objectives of this audit were to establish that the hospitals included:

1. Had developed a local policy in compliance with the NCG in relation to clinical handover.
2. Recognised multidisciplinary handover as a clinical risk activity and incorporated this into their risk register.
3. Followed the recommended structured communication process by using the ISBAR/ISBAR$_3$[2] tool at multidisciplinary clinical handover.
4. Had the safety pause[3] embedded into multidisciplinary clinical handover practice.
5. Provided on-going education/training on clinical handover (including at induction).

The recommendations selected for audit from the NCGs can be found in Appendix A.

3. METHODOLOGY

The audit was conducted at nine acute hospitals. At the request of the Director of Clinical Effectiveness, the sample of sites selected was to include one stand-alone hospital providing maternity services, one providing acute (adult) services and one providing children's services

[1] QAV002/2016: Audit of compliance with implementation of the multidisciplinary clinical handover in maternity services as per the National Clinical Guideline (2014).

[2] The ISBAR framework represents a standardised approach to communication which can be used in any situation. It stands for Identify, Situation, Background, Assessment and Recommendation. The NCGs recommend that ISBAR is used when communicating information in relation to patients who are critically ill and/or deteriorating. ISBAR$_3$, which stands for Identify, Situation, Background, Assessment, Recommendation, Read-back, and Risk, is recommended for use during inter-departmental and shift clinical handover as the structured framework outlining the information to be transferred.

[3] Safety pause: A brief discussion, between healthcare professionals, relating to important patient safety issues within a department.

respectively. Six further hospitals providing a combination of maternity, acute (adult) and/or children's services were selected for inclusion.

The following table lists the nine sites selected for audit, the service(s) provided and the NCG(s) applicable to those sites:

Table 1: Sites selected for audit and applicable NCG

Site	Service provided	Applicable NCG
Coombe Women and Infant's University Hospital (CWIUH)	Stand-alone Maternity	NCG No. 5
Temple Street Children's University Hospital (TSCUH)	Stand-alone Children's	NCG No. 11
Mater Misericordiae University Hospital (MMUH)	Stand-alone Acute Adults	NCG No. 11
Letterkenny University Hospital (LUH)	Maternity, Acute Adults and Children's	NCGs No. 5 and 11
Midland Regional Hospital Tullamore (MHRT)	Acute Adults and Children's	NCG No. 11
Midland Regional Hospital Portlaoise (MHRP)	Maternity, Acute Adults and Children's	NCGs No. 5 and 11
Portiuncula University Hospital (PUH)	Maternity, Acute Adults and Children's	NCGs No. 5 and 11
St. Luke's General Hospital Kilkenny (SLGHK)	Maternity, Acute Adults and Children's	NCGs No. 5 and 11
University Hospital Galway (UHG)	Maternity, Acute Adults and Children's	NCGs No. 5 and 11

Evidence of compliance was determined as follows:

- A request for evidence (RFE) was developed and issued to all sites seeking documentary evidence of relevant local policies, a copy of the hospital risk register, audit activity and education/training events in relation to clinical handover, and ISBAR/ISBAR$_3$ communication tools used in clinical handover.
- The audit team developed three specific audit tools to assess if clinical handover was implemented locally and in accordance with the NCG guidelines as follows:
  - The policy and evidence checklist verified the content of the local clinical handover policies, procedures, guidelines and other documentation submitted as evidence. The documents were checked to validate reference to the relevant NCG recommendations. This was applied prior to conducting the site visits.
  - The healthcare record (HCR) review tool recorded the number of written references to handover found in the nursing notes against the expected number of shift handovers for each length of stay (LOS). The review also looked for the following:
    - any written reference to handover in the clinical notes,
    - any written reference to the safety pause,
    - the presence of the relevant early warning score (EWS)[4] chart,
    - the presence of locally developed clinical handover templates, and
    - adherence to the ISBAR/ISBAR$_3$ communication tool in the structure of the written documentation.

[4] The EWS is a bedside multi-parameter aggregate score, track and trigger system that is calculated by clinical staff from a set of specific observations to indicate early signs of patient's deterioration. Observations include respiratory rate, oxygen saturations, inspired oxygen, temperature, blood pressure, heart rate, and level of consciousness. A score is attributed to each of these parameters, with one score per parameter, and the scores are then totalled to calculate the EWS. It is utilised in conjunction with clinical judgement of the patient's condition to facilitate detection of a deteriorating patient. The ISBAR communication tool is an essential requirement of the EWS in recognising and responding to clinical deterioration. (Adapted from: Guiding Framework and Policy for the National Early Warning Score System to Recognise and Respond to Clinical Deterioration (HSE 2012)

A pilot site visit was conducted at Sligo University Hospital to test the HCR review tool and minor amendments were made to the tool prior to implementation at the selected locations.

The sample criteria for the HCR review were patients who had a surgical/medical procedure in the hospital during the month of November 2017 and who had a minimum LOS of two days. Hospitals provided the audit team with a list of medical record numbers for the above period and 30 HCRs were randomly selected prior to the site visits in order for the records to be available to the team on the day. A benchmark number of 20 HCRs was set for review during the site visits.

- The audit interview tool captured feedback from local multidisciplinary staff about the implementation of the clinical handover process in practice. It also dealt with any gaps identified by the RFE. A set of generic and site-specific questions on the governance and practical implementation of clinical handover was developed for each site.

Reports were prepared and issued to management and the nominated liaison at each site for review of factual accuracy, comment and management response to the recommendations made.

4. FINDINGS

Findings in this report are structured according to the audit objectives and are tabulated where possible.

Objective 1: To establish that the hospital had developed a local policy in compliance with the NCG in relation to clinical handover.
Based on the documentary evidence reviewed and discussions undertaken with staff, the audit team can confirm that the local policy/guideline on clinical handover at two sites (CWIUH and TSCUH) was found to be fully compliant with the relevant NCG. At the remaining seven sites (MMUH, LUH, MRHT, MRHP, PUH, SLGHK and UHG), local procedures and guidelines on clinical handover were in place but were not fully compliant with the relevant NCG.

Recommendation 4 of NCG No. 5 and recommendation 1 of NCG No. 11 require healthcare organisations to develop a local policy in compliance with the NCGs. It appears in the NCGs that the term 'policy' is used inter-changeably throughout. While it might explicitly state in one recommendation that a "local policy" should be in place, in others this is referred to as "existing organisational clinical handover guidance" which included policies, procedures, protocols and guidelines (PPPGs). The audit team found that some sites did not have an overall policy in place, but did submit other documents including procedures and guidelines as evidence of a 'policy' as requested by the RFE. Therefore, a policy in the context of this report includes the local hospital procedures and guidelines submitted as evidence, which were reviewed against the policy and evidence checklist for content and reference to the NCG recommendations (see Appendix A for full wording of the recommendations). The audit team was of the opinion that the NCGs could be more explicit when using the term policy and refer the NCEC to the HSE National Framework for Developing Policies, Procedures, Protocols and Guidelines (PPPGs) (2016) for guidance.

Table 2 overleaf presents an overview of the sites audited, the services provided, whether a clinical handover policy was in place for that service and compliance with the relevant NCG.

Table 2: Compliance of local site policies with the relevant NCG

Site	Service provided	Local PPPG in place	Compliant with the relevant NCG
CWIUH	Stand-alone Maternity	Yes - Policy	Compliant with NCG No. 5
TSCUH	Stand-alone Children's	Yes - Guideline (draft)	Compliant with NCG No. 11
MMUH	Stand-alone Acute Adults	**No**	Non-compliant with NCG No. 11
LUH	Maternity	Yes - Guideline	Non-Compliant with NCG No. 5
	Acute Adults	**No**	Non-compliant with NCG No. 11
	Children's	**No**	Non-compliant with NCG No. 11
MRHT	Acute Adults and Children's	Yes – Procedure (nursing only)	Non-compliant with NCG No. 11
MRHP	Maternity	Yes - Policy	Non-compliant with NCG No. 5
	Acute Adults and Children's	Yes – Procedure (nursing only)	Non-compliant with NCG No. 11
PUH	Maternity	Yes - Guidelines	Non-compliant with NCG No. 5
	Acute Adults	**No**	Non-compliant with NCG No. 11
	Children's	Yes - Guideline (draft)	Non-compliant with NCG No. 11
SLGHK	Maternity	Yes - Guideline (under review at time of audit)	Non-compliant with NCG No. 5
	Acute Adults	**No**	Non-compliant with NCG No. 11
	Children's	Yes - Procedure (nursing only)	Non-compliant with NCG No. 11
UHG	Maternity	Yes - Guidelines	Non-compliant with NCG No. 5
	Acute Adults and Children's	Yes - Policy (draft) and guidelines	Non-compliant with NCG No. 11

Based on the documentary evidence reviewed, the audit team can confirm that the application of the audit policy checklist against the local clinical handover policy at CWIUH and the draft guideline at TSCUH found that both were fully compliant with the NCG recommendations addressed in the audit.

MMUH as the stand-alone acute adult's hospital had not developed a local policy on clinical handover in compliance with NCG No. 11.

As demonstrated above, the six hospitals (LUH, MRHT, MRHP, PUH, SLGHK and UHG) providing combined services tended to have handover procedures/guidelines developed according to each service provided, i.e., a policy for maternity services, one for acute adult's services and one for children's services. In relation to the six hospitals providing combined services, the audit team found the following:

- The five hospitals (LUH, MRHP, PUH, SLGHK and UHG) providing maternity services had either a local procedure or guideline on clinical handover in place specific to maternity services.
- Of the six hospitals (LUH, MRHT, MRHP, PUH, SLGHK and UHG) providing acute adult services, three (UHG, MRHT and MRHP) had a local policy/procedure on clinical handover in place specific to acute adult services; two applied to the nursing discipline/healthcare assistants only (MRHT and MRHP).
- Of the six hospitals (LUH, MRHT, MRHP, PUH, SLGHK and UHG) providing children's services, four (MRHP, PUH, SLGHK and UHG) had a local policy, guideline or procedure on clinical handover in place specific to paediatric services. Two were in draft (PUH and UHG) and two applied to the nursing discipline/healthcare assistants only (MRHP and SLGHK).

- Four of the hospitals (LUH, MRHT, MRHP and SLGHK) with no multidisciplinary clinical handover policy for acute adult and/or children's services did have other local handover policies in place which related to NCG No. 11 but were specific to certain disciplines (i.e., medical, nursing and/or healthcare assistant handover only). It is worth noting that MRHT submitted a draft terms of reference for a Clinical Handover Implementation Committee. To assist the work of this committee, a draft Clinical Handover National Guideline Gap Analysis document was also submitted as evidence. The first area of focus in this document was the development of a hospital policy on clinical handover.

The application of the audit policy and evidence checklist against the local clinical handover PPPGs at the six hospitals providing combined services did not find any PPPGs to be fully compliant with the NCGs. That is, reference to some of the specific NCG recommendations was not found in the PPPGs and in some cases the general topic of the recommendation was not addressed, e.g., the use of $ISBAR_3$, training and education.

As evidence to meet this audit objective, SLGHK submitted a "Guideline for the Practice of Audiotaped Recorded Nursing Patient Handovers". Recommendations 20 and 21, of the NCGs No. 5 and No. 11 respectively, explicitly state that taped or pre-recorded clinical handover must not be used in any circumstances. Consequently, SLGHK was found to be non-compliant with the NCGs in this regard.

To address the deficits, recommendations were made to the sites in the audit reports (see appendix B of this report for the site specific recommendations).

Objective 2: To establish that the hospital had recognised multidisciplinary handover as a clinical risk activity and incorporated this into their risk register.
Based on the documentary evidence reviewed, the audit team can confirm that clinical handover as a clinical risk activity was incorporated on the corporate risk register at six hospitals (CWIUH, TSCUH, MMUH, LUH, MRHP and PUH) as per recommendation 1 of NCG No. 5 and recommendation 8 of NCG No. 11.

The audit team can confirm that clinical handover was recognised as a risk on the corporate risk registers at six of the nine hospitals (see table below). Some hospitals also had clinical handover on directorate or other local service level risk registers.

Table 3: Compliance of sites corporate risk register with the relevant NCG

Site	Corporate risk register	Compliant with relevant NCG
CWIUH	Yes	Compliant with NCG No. 5
TSCUH	Yes	Compliant with NCG No. 11
MMUH	Yes	Compliant with NCG No. 11
LUH	Yes	Compliant with NCGs No. 5 and 11
MRHT	**No**	Non-compliant with NCG No. 11
MRHP	Yes	Compliant with NCGs No. 5 and 11
PUH	Yes	Compliant with NCGs No. 5 and 11
SLGHK	**No**	Non-compliant with NCGs No. 5 and 11
UHG	**No**	Non-compliant with NCGs No. 5 and 11

For those sites where non-compliance was found, a recommendation to this effect was made in the site report.

Recommendation 1 of NCG No. 5 and recommendation 8 of NCG No. 11 refer to healthcare organisations recognising clinical handover as a clinical risk and incorporating the risk on their risk registers. However the audit team noted that the wording of the recommendations differed in terms of the requirements of the NCEC as follows:

Risk register recommendation NCG No. 5		**Risk register recommendation NCG No. 11**	
1	Healthcare organisations recognise clinical handover as a clinical risk activity, and incorporate clinical handover into their risk register.	8	Healthcare organisations should recognise clinical handover as a clinical risk activity, and incorporate clinical handover into their corporate and local risk registers.

The wording in recommendation 1 of NCG No. 5 refers to clinical handover being recognised as a clinical risk activity and incorporated in the risk register. Whereas, the wording of recommendation 8 of NCG No. 11 is more explicit and refers incorporating clinical handover into the corporate and local risk registers. While the audit team recognise that the practical guidance that accompanies recommendation 1 in NCG No. 5 does include reference to the corporate and local risk register, the audit team was of the opinion that the NCEC should amend the wording of both recommendations in order to provide absolute clarity across the system.

The audit team would also like to bring to the attention of the NCEC that the wording and structure of several other recommendations in both NCGs differed (See Appendix A). As this audit was requested to inform the NCG review process in 2018, it is therefore timely that the NCEC should review the wording of the recommendations in NCG No. 5 and No. 11 in order to ensure they are interpreted and implemented consistently across the system.

Objective 3: To establish that the hospital had followed the recommended structured communication process by using the ISBAR/ISBAR$_3$ tool at multidisciplinary clinical handover.
Based on the documentary evidence reviewed and discussions undertaken with staff, the audit team can confirm that one hospital (CWIUH) was fully compliant with the appropriate use of ISBAR$_3$ and ISBAR. At one other hospital (MRHP), it was confirmed that one department was compliant with the appropriate use of ISBAR$_3$ and ISBAR. At one other hospital (MRHT) ISBAR$_3$ was only used in one ward of the medical department. At the remaining six hospitals (TSCUH, MMUH, LUH, PUH, SLGHK and UHG), in practice no distinction was made between ISBAR$_3$ and ISBAR.

Recommendations 25 and 26 of NCG No. 5 and recommendation 3 of NCG No. 11 state that ISBAR$_3$ is the structured communication framework to be used for both inter-departmental and shift handover. Recommendation 28 of NCG No. 5 and recommendation 22 of NCG No. 11 state that ISBAR should be used in situations when communicating information in relation to patients who are critically ill and/or deteriorating.

Table 4 overleaf shows that all nine hospitals used the ISBAR communication tool; however at interview it was confirmed by staff at eight hospitals (TSCUH, MMUH, LUH, MRPT MRHP, PUH, SLGHK and UHG) that ISBAR was also the communication tool used for both inter-departmental and shift handover and for the communication of deteriorating patients. In practice no distinction was made between the application of ISBAR$_3$ and ISBAR as outlined in the NCGs at these sites. While three hospitals were found to use ISBAR$_3$ in practice, only one (CWIUH) was fully compliant with the NCG. At the remaining two sites, ISBAR$_3$ was only used in one department (MRHP) and at another it was only used in one specific ward (MRHT).

Recommendations to amend practices regarding the appropriate use of ISBAR/ISBAR$_3$ were made in the relevant site reports.

Table 4: Compliance of sites with the use of ISBAR/ISBAR$_3$ with the relevant NCG

Site	ISBAR$_3$ used for shift and inter-departmental handovers	ISBAR used for critically ill/deteriorating patient only	Compliant with relevant NCG
CWIUH	Yes	Yes	Compliant with NCG No. 5
TSCUH	**No**	Yes	Non-compliant with NCG No. 11
MMUH	**No**	Yes	Non-compliant with NCG No. 11
LUH	**No**	Yes	Non-compliant with NCGs No. 5 and 11
MRHT	**No**	Yes	Non-compliant with NCG No. 11 (ISBAR$_3$ only used in one medical ward)
MRHP	**No**	Yes	Partially compliant with NCGs No. 5 and 11 (ISBAR$_3$ used in one department)
PUH	**No**	Yes	Non-compliant with NCGs No. 5 and 11
SLGHK	**No**	Yes	Non-compliant with NCGs No. 5 and 11
UHG	**No**	Yes	Non-compliant with NCGs No. 5 and 11

As mentioned, at interview staff at all sites stated that in general clinical handover took place verbally and followed the ISBAR mnemonic; however some exceptions were also noted as follows:

- At UHG while there was a formal handover procedure in the paediatrics department, ISBAR/ISBAR$_3$ was not used. A modified version of ISBAR$_3$, namely ISBARR[5] was used in some departments.
- At SLGHK while there was a formal handover procedure in all departments, medical staff did not use ISBAR/ISBAR$_3$.
- Allied health professional staff interviewed, i.e., physiotherapists, dieticians and occupational therapists at most sites stated that they used their own professional training on clinical handover, which in the main focused on handover during staff absence and leave periods. Current handover documentation did not follow the ISBAR/ISBAR$_3$ structure.
- It was also noted that three hospitals were using various modified versions of ISBAR/ISBAR$_3$. An outdated form in SBAR[6] format was used in one department of MRHP and modified versions of ISBAR$_3$, namely ISBARR were used in some departments in UHG and PUH.

Appendix 8 of NCG No 5 and Appendix 11 of NCG No. 11 states that "the ISBAR$_3$ communication (clinical handover) tool should be documented in the patient notes". The audit team reviewed 180 HCRs across the nine sites and in general found that the medical and nursing notes followed the structure of the ISBAR communication tool as far as documenting identity, situation, background, recommendation and risk. For those sites using ISBAR$_3$ (CWIUH, MRHT and MRHP), it was not possible to confirm whether the 'read-back' element of ISBAR$_3$ was done as this is entirely verbal in nature. Table 5 highlights the following:

- The number of HCRs reviewed across the nine sites,
- The total LOS within the HCRs reviewed for the time period selected for audit,
- The estimated number of shift handovers expected to be found in the HCRs for the LOS,
- The actual number of written references to clinical handover structured according to ISBAR/ISBAR$_3$ found in the shift handovers for the LOS reviewed in the HCRs, and

[5] ISBARR -Identification, Situation, Background, Assessment, Recommendation and Record

[6] SBAR - Situation, Background, Assessment and Recommendation

- The compliance rate against the number of expected shift handovers and the number of written references to handover found within the HCRs reviewed.

Table 5: HCR review for a written reference to clinical handover

Site	Total number of HCRs reviewed	Total LOS	Estimated no. of shift handovers for LOS	Actual no. of written references to handover found for each 12 hour shift	Compliance %
CWIUH	23	100	200	149	75%
TSCUH	20	111	222	245	100%
MMUH*	20	63	126	66	52%
LUH*	19	108	216	33	15%
MRHT	20	44	88	56	64%
MRHP	20	51	102	46	45%
PUH	20	92	184	65	35%
SLGHK	20	49	98	89	91%
UHG*	18	116	232	92	40%
Total	**180**	**734**	**1468**	**841**	**57%**

*At MMUH one HCR was excluded as some clinical notes were missing; at LUH one HCR was excluded as this case did not meet the minimum LOS criterion of two days; and at UHG two HCRs were excluded as one HCR was in poor condition and the auditor could not follow the documentation and in the other documentation relating to the LOS under review could not be found.

The reference to handover was found in the nursing notes which usually took the written form of 'received care of [patient name]' or 'took over care of [patient name]', etc. Where this was not written, it was clear within the nursing notes that staff did document nursing care in the HCR at the start and end of every shift. However the compliance rates included in the table above refer to finding a specific written reference to handover or words to that effect. Entries in the medical notes did not use direct handover terminology but it was clear from the times noted against the doctor's entries that the notes referred to the start of shift.

At TSCUH, the number of written references to handover documented in the HCRs exceeded the expected number of handovers and this is reflected in the numbers above. Also at TSCUH, the word 'handover' was almost always found against each handover entry, e.g., 'took over care of [patient name] following handover', and in some cases discussions with parents and their opinion following handover was also documented. This was the only site where the written term 'handover' was found. In addition, at CWIUH and TSCUH, auditors noted entries in the nursing notes which documented shift handoffs, i.e., cover for breaks. The audit team was of the opinion that the above reflected best practice.

Finally, the relevant EWS chart which incorporated an ISBAR tool was found completed in all of the HCRs reviewed.

In relation to objective three, the overall conclusion of the auditors from evidence reviewed and discussions with staff was that they were aware of their role and responsibilities in relation to the practice of clinical handover and the use of the ISBAR communication tool. However at the majority of sites, staff were not familiar with $ISBAR_3$ and were not aware of the difference between the application of ISBAR and $ISBAR_3$ in practice. In addition, the auditors were of the opinion that it was clear from the variable rates found against the practice of documenting

handover in the patient notes, that this was an area that requires more explicit direction within the NCGs. This was reiterated by feedback from the sites as some were unaware of the requirement to specifically document the ISBAR/ISBAR$_3$ communication (clinical handover) tool in the patient notes. Currently, the reference to handover in patient notes in the NCGs is contained within the appendices and the NCEC should consider whether this should be a specific recommendation in itself.

Objective 4: To establish that the hospital had the safety pause embedded into multidisciplinary clinical handover practice.
Based on the documentary evidence reviewed and discussions with staff, the audit team can confirm that the safety pause was a routine element of multidisciplinary handover practice at the majority of sites audited as per recommendations 11 and 21 of NCG No. 5 and recommendations 5 and 27 of NCG No. 11.

The NCGs consider the safety pause an important feature of multidisciplinary clinical handover as it provides an opportunity for staff to pause and highlight safety issues which may assist them in being proactive about the challenges they face in providing safe, high quality care for patients. The safety pause should be utilised during handover to provide an opportunity to clarify and discuss aspects of patient care, highlight areas of concern or safety issues, e.g., risk to patients, incidents and infection control.

The NCGs also refer to the importance of multidisciplinary hospital 'huddles', which are described in the literature as a short, stand-up meeting, typically once per day as a platform to discuss patients as a team, and to actively manage any safety and operational issues. Huddles enable teams to look back to review performance and to look ahead to flag concerns proactively. Huddles are identified as a specific element of recommendation 27 of NCG No. 11.

PPPGs from the nine sites audited, were reviewed for a specific reference to the safety pause. The audit team found as follows:

- In five (CWIUH, MRHP, LUH, PUH and UHG) of the six hospitals that provided maternity services, local PPPGs included a reference to the safety pause. In the remaining site (SLGHK) a reference to the safety pause in the nursing guideline was not evident.
- In six (TSCUH, MRHT, MRHP, PUH, SLGHK and UHG) of the seven hospitals that provided children's services, local PPPGs included a reference to the safety pause. In the remaining site (LUH) there was no policy in place for children's services.
- In three (MRHT, MRHP and UHG) of the seven hospitals that provided adult services, local PPPGs included a reference to the safety pause. The remaining four hospitals (MMUH, LUH, PUH and SLGHK) did not have a local hospital policy in place in respect of adult services.

At the majority of sites, staff confirmed that the safety pause was an element of clinical handover and that it was routinely used in practice. Table 6 overleaf provides an overview of the use of the safety pause and huddles in practice and their compliance with the relevant NCG.

Table 6: The use of the safety pause in practice and compliance with the relevant NCG.

Site	Service provided	Safety pause/huddle in multidisciplinary clinical handover practice		Compliant with the relevant NCG
		Safety pause used in practice	Huddles used in practice	
CWIUH	Stand-alone Maternity	Yes	Yes	Compliant with NCG No. 5
TSCUH	Stand-alone Children's	Yes	Yes	Compliant with NCG No. 11
MMUH	Stand-alone Acute Adults	**No**	Yes	Non-compliant with NCG No. 11
LUH	Maternity	Yes	Yes	Compliant with NCG No. 5
	Acute Adults	Yes	Yes	Substantially compliant with NCG No. 11 (Doctors did not always attend)
	Children's	Yes	Yes	Compliant with NCG No. 11
MRHT	Acute Adults and Children's	Yes	Yes	Substantially compliant with NCG No. 11 (Not practiced in all departments)
MRHP	Maternity	Yes	Yes	Compliant with NCG No. 5
	Acute Adults and Children's	Yes	Yes	Compliant with NCG No. 11
PUH	Maternity	Yes	Yes	Compliant with NCG No. 5
	Acute Adults	Yes	Yes	Substantially compliant with NCG No. 11 (Doctors in the medical department did not always attend)
	Children's	Yes	Yes	Compliant with NCG No. 11
SLGHK	Maternity	Yes	Yes	Substantially compliant with NCG No. 5 (Doctors in the medical department did not always attend)
	Acute Adults	Yes	Yes	Substantially compliant with NCG No. 11 (Doctors did not always attend)
	Children's	Yes	Yes	Compliant with NCG No. 11
UHG	Maternity	Yes	Yes	Compliant with NCG No. 5
	Acute Adults	Yes	Yes	Compliant with NCG No. 11
	Children's	Yes	Yes	Compliant with NCG No. 11

Overall, based on the documentary evidence provided and discussions with staff, the audit team can confirm that the safety pause was carried out at all services in four hospitals (CWIUH, TSCUH, MRHP and UHG). At four hospitals (MRHT, PUH, SLGHK and LUH) the safety pause was either limited to certain disciplines or departments and so was not carried out hospital-wide. At one site (MMUH) the audit team could not confirm that the safety pause was routinely used in practice. All nine sites held hospital huddles; however some hospitals stated the huddles focused more on operational issues than safety or risk issues.

Objective 5: To establish that the hospital had provided ongoing education/training on clinical handover (including at induction).

Based on the documentary evidence reviewed, the audit team can confirm that four sites (CWIUH, TSCUH, MRHP and UHG) had provided education and training on clinical handover at induction and as part of ongoing in-service training; one site (PUH) had provided limited training and no evidence was provided in respect of four sites (MMUH, LUH, MHRT and SLGHK).

As part of this objective, documentary evidence of local audit activity of multidisciplinary clinical handover was sought. Based on the evidence reviewed, the audit team can confirm that two sites (CWIUH and TSCUH) provided sufficient evidence for compliance with the NCGs. At four sites (LUH, MRHT, PUH and UHG) limited evidence of audit was provided. Audit documentation submitted by SLGHK focused on audio-taped handover, and as the NCGs are explicit that taped or pre-recorded handover must not be used in any circumstances, the audit team did not accept this as evidence. Two hospitals (MMUH and MRHT) did not provide any evidence of audit.

Recommendation 7 of NCG No. 5 and recommendation 13 of NCG No. 11 requires healthcare organisations to provide staff with education and training to support the implementation and practice of clinical handover. This training is also required to be mandatory and form part of staff orientation/induction and ongoing in-service education. Recommendation 8 of NCG No. 5 and recommendation 14 of NCG No. 11 instructs healthcare organisations to incorporate human factors[7] training into all clinical handover education and training. Table 7 outlines each of the sites educational activity and compliance with the relevant NCGs.

Table 7: Compliance with education and training and the relevant NCG

Site	Education and training	Human factors as an element of training	Compliant with relevant NCG
CWIUH	Yes	Yes	Compliant with NCG No. 5
TSCUH	Yes	No	Substantially compliant with NCG No. 11.
MMUH	**No evidence provided**	**No evidence provided**	Non-compliant with NCG No. 11
LUH	**No evidence provided**	**No evidence provided**	Non-compliant with NCGs No. 5 and 11
MRHT	**No evidence provided**	**No evidence provided**	Non-compliant with NCG No. 11
MRHP	Yes	Yes	Compliant with NCGs No. 5 and 11
PUH	Limited evidence provided	**No evidence provided**	Non-compliant with NCGs No. 5 and 11
SLGHK	**No evidence provided**	**No evidence provided**	Non-compliant with NCGs No. 5 and 11
UHG	Yes	Yes	Compliant with NCGs No. 5 and 11

The RFE requested evidence of mandatory education and training on the local clinical handover policy provided to staff at orientation/induction and as part of ongoing in-service education. Sites were also asked to provide copies of the training material used and attendance/sign-in sheets for the most recent handover training events.

As demonstrated above, four sites (MMUH, LUH, MRHT, and SLGHK) did not provide any evidence of education and training, with PUH providing limited evidence. At the remaining sites (CWIUH, TSCUH, MRHP and UHG) several pieces of documentary evidence in relation to training and education were provided, including copies of attendance sheets for training events. The topics

[7] Human factors refer to environmental, organisational and job factors, and human and individual characteristics, which influence behaviour at work in a way which can affect health and safety. Flin, et al (2009). Human Factors in Patient Safety: Review of Topics and Tools. Report for Methods and Measures Working Group of WHO Patient Safety.

covered at the education and training events varied across the sites but included the following: the local clinical handover PPPGs, clinical communication, $ISBAR_3$ where this was in use and ISBAR, and the relevant EWS. In relation to human factors as an element of training, at the three sites in compliance with the NCGs this appeared to be a more recent development in the training programmes provided.

As part of this objective, documentary evidence of local audit was sought. Recommendations 6 of NCG No. 5 and recommendation 12 of NCG No. 11 refer to the requirement for audit and monitoring of clinical handover by the relevant quality and safety committee of the healthcare organisation. The following table provides an overview of whether the sites had conducted any local audit activity on multidisciplinary clinical handover, whether this was monitored by the local quality and safety committee and whether associated quality improvement plans had been put in place.

Table 8: Audit activity and compliance with the relevant NCG:

Site	Audit activity	Monitored by the quality and safety committee	Quality improvement activity	Compliant with relevant NCG
CWIUH	Yes	Yes	Yes	Compliant with NCG No. 5
TSCUH	Yes	Yes	Yes	Compliant with NCG No. 11
MMUH	**No**	**No**	**No**	Non-compliant with NCG No. 11
LUH	**Limited**	**No**	**No**	Non-compliant with NCGs No. 5 and 11
MRHT	**No**	**No**	**No**	Non-compliant with NCG No. 11
MRHP	**Limited**	**No**	**No**	Non-compliant with NCGs No. 5 and 11
PUH	**Limited**	**No**	**No**	Non-compliant with NCGs No. 5 and 11
SLGHK	**No**	**No**	**No**	Non-compliant with NCGs No. 5 and 11
UHG	**Limited**	**No**	**No**	Non-compliant with NCGs No. 5 and 11

As demonstrated above two sites (CWIUH and TSCUH) provided sufficient evidence in relation to audit activity of multidisciplinary clinical handover and were compliant with the NCGs. At four sites (LUH, MRHP, PUH, and UHG) limited evidence of audit specific to clinical handover was provided. The audit documentation submitted by SLGHK was in relation to audio-taped handover in the paediatrics, medical and surgical departments. However, as the NCG is explicit that taped or pre-recorded clinical handover must not be used in any circumstances; the audit team did not accept this evidence. Two hospitals (MMUH and MRHT) did not provide any evidence of multidisciplinary clinical handover audit specifically and at interview staff informed the audit team that they had not participated in any audit activity on the topic. MRHT also stated the absence of audit activity was identified as a deficit by their Clinical Handover Implementation Committee and this was reflected in the draft Clinical Handover National Guideline Gap Analysis document.

5. CONCLUSION

Based on all of the documentary evidence reviewed and discussions with staff at the selected sites, the audit team can provide the following levels of assurance:

- Reasonable assurance was provided to CWIUH that they had implemented NCG No. 5.
- Reasonable assurance was provided to TSCUH that they had implemented NCG No. 11.
- Limited assurance was provided to MRHP, PUH and UHG that they had implemented NCGs No. 5 and No. 11.

- No assurance was provided to MMUH, and MRHT that they had implemented NCGs No. 11.
- No assurance was provided to LUH and SLGHK that they had implemented NCGs No. 5 and No. 11.

Notwithstanding the deficits found at some sites, it was evident to the audit team that structured clinical handover practices and processes were in place. In addition, based on the discussions with staff at all levels, it was obvious that they were aware of their role and responsibilities in relation to the practice of clinical handover.

Recommendations made in this report identify actions that require the attention of both the Clinical Effectiveness Unit of the Department of Health and the National Director for Acute Operations in order to increase compliance with all of the recommendations as laid out in NCG No. 5 and NCG No. 11.

6. RECOMMENDATIONS

Recommendations for the consideration of the audit requesters:

This audit was requested by the Director of Clinical Effectiveness of the Department of Health in order to seek assurance that the NCGs on clinical handover were implemented in maternity, acute and children's hospital services and to inform the NCG update process in 2018. Based on the findings of this report, the following should be considered when updating the NCGs.

The Guideline Development Group for the update of the NCGs should consider a:

1. Review of the wording of the recommendations in both NCG No. 5 and No. 11 so that they are consistent to ensure clarity across the system in their implementation.

2. Review of NCG No. 5 and NCG No. 11 to bring clarity to the requirement to specifically document the ISBAR/ISBAR$_3$ communication (clinical handover) tool in the patient notes and consider whether this should be a specific recommendation in itself.

Recommendations for the attention of the National Director for Acute Operations:

The National Director for Acute Operations as the senior most accountable person must ensure that all acute hospitals are aware of their responsibilities and accountability for the effective implementation of NCG No. 5 and NCG No. 11. Based on the findings in this report, the following recommendations have been made which require the attention of the National Director for Acute Operations.

The National Director of Acute Operations should issue a verifiable communication to the Hospital Group Chief Executive Officers to seek confirmation that all hospitals for which they are accountable: Have a policy on multidisciplinary clinical handover in place in line with the relevant recommendations from NCG No. 5 and No. 11.

1. Have multidisciplinary clinical handover recognised as a clinical risk activity and incorporated into their corporate and directorate level hospital risk registers in line with recommendation 1 of NCG No. 5 and recommendation 8 of NCG No. 11.
2. Use ISBAR$_3$ and ISBAR in their appropriate context as per recommendations 25 and 26 of NCG No. 5 and recommendation 3 of NCG No. 11.
3. Include the practice of the safety pause at multidisciplinary clinical handover as per recommendations 5 and 27 of NCG No. 11 and recommendations 11 and 21 of NCG No. 5.
4. Have audit and monitoring activities of clinical handover practice in place as per recommendation 6 of NCG No. 5 and recommendation 12 of NCG No. 11.

5. Acute Operations should engage with HSE Corporate Functions and the CCO in relation to providing staff with education and training as per recommendation 7 of NCG No. 5 and recommendation 13 of NCG No. 11. This training should incorporate human factors training as per recommendation 8 of NCG No. 5 and recommendation 14 of NCG No. 11.

Acknowledgements:

The audit team wish to acknowledge the co-operation and goodwill afforded to them by the management and staff at all nine hospital sites.

Lead Auditor	Ms. Anna Larkin
Signature	
Date	25 March 2019
Assistant National Director, Healthcare Audit, QAV	Ms. Cora McCaughan
Signature	
Date	25.03.19

APPENDIX A: NCG FOR COMMUNICATION (CLINICAL HANDOVER) IN MATERNITY SERVICES (NO. 5) AND ACUTE AND CHILDREN'S HOSPITAL SERVICES (NO. 11) ALIGNED TO AUDIT OBJECTIVES

Audit Objectives	NCG No. 5 Recommendations Maternity Services		NCG No. 11 Recommendations Acute and Children's Services	
	No.	**Detail**	**No.**	**Detail**
1. Had developed a local policy in compliance with the NCG in relation to clinical handover.	4	Healthcare organisations develop a local policy in compliance with the NCG, in relation to clinical handover following consultation with relevant stakeholders.	1	Healthcare organisation's policy on communication (clinical handover) is explicit about when, and to whom, the transfer of responsibility occurs, during and following **inter-departmental and shift clinical handover**. Clinical responsibility can only be transferred when responsibility is accepted by the designated individual clinician or clinical team as outlined in the policy of the healthcare organisation.
	16	The healthcare organisation's policy on communication (clinical handover) is explicit and clear about the transfer of responsibility during and following **inter-departmental** clinical handover. Clinical responsibility can only be transferred when responsibility is accepted by the team to which the patient is being referred.		
	17	The healthcare organisation's policy on communication (clinical handover) must be explicit and clear about the transfer of responsibility during and following **shift clinical handover**. Clinicians, accepting responsibility for patients, must conduct their own clinical assessment of patients.		
	3	Healthcare organisations review existing organisational clinical handover guidance (policies, procedures and guidelines) in collaboration with appropriate stakeholders, including healthcare staff, patients and their carers.	10	Healthcare organisations should review existing organisational clinical handover guidance (policies, procedures, protocols and guidelines) in collaboration with appropriate stakeholders, including healthcare staff, patients, parents/guardians of children, and carers. The local policy should clearly identify how clinical handover records are to be managed, stored and accessed.
	5	Local clinical handover policies must be developed in compliance with the NCG. While national communication tools (templates) are included in the NCG, these templates may be customised locally to accommodate features of the healthcare organisation, individual department, ward or unit, in line with the concept of 'flexible standardisation'.	11	Healthcare organisations should implement Clinical Handover procedures in compliance with this National Clinical Guideline, in consultation with relevant stakeholders. While national communication tools (templates) are included in the National Clinical Guideline, these tools (templates) may be customised locally to accommodate features of the healthcare organisation, individual departments, units or wards.
	18	Clinical handover policies should designate a lead healthcare professional to manage the inter-departmental clinical handover and the shift clinical handover process.	19	Clinical handover policies should designate a lead healthcare professional to manage the **inter-departmental** and **shift** clinical handover process.

Audit Objectives	NCG No. 5 Recommendations Maternity Services		NCG No. 11 Recommendations Acute and Children's Services	
	No.	**Detail**	**No.**	**Detail**
1. Had developed a local policy in compliance with the NCG in relation to clinical handover (continued).	19	Clinical handover policies should specify staff attendance, roles and responsibilities at clinical handover.	20	Clinical handover policies should specify staff attendance, roles and responsibilities at clinical handover.
	2	Participation at clinical handover should take priority over all other work except emergencies.	9	Healthcare organisations and frontline clinical staff should ensure that participation at clinical handover takes priority over all other work except in emergencies.
	10	The healthcare organisation should implement multidisciplinary shift clinical handover where possible, to include junior and senior staff at every clinical handover during the 24 hour cycle.	6	Healthcare organisations should implement interdisciplinary shift clinical handover where possible, to include junior and senior staff at every clinical handover during the 24 hour cycle.
	13	Clinical handover is conducted in an area with minimal distractions and interruptions and the organisation should determine how this may be best accommodated at the ward/unit level.	16	Clinical handover should be conducted in an area with minimal distractions and interruptions and the organisation should determine how this may be best accommodated at the department/unit/ward level. The location should take account of patient confidentiality.
	14	Protected time should be designated for inter-departmental clinical handovers.	17	Protected time should be designated for inter-departmental clinical handovers.
			18	Healthcare organisations should ensure that there is mandatory protected time for shift clinical handover.
	20	Clinical handover should be conducted: 1) face-to-face where possible, 2) verbally, 3) be supported with relevant documentation. Taped clinical handover must **NOT** be used in any circumstances	21	Clinical handover should: 1) be conducted face to face where possible, 2) be conducted verbally, 3) be supported with relevant, accurate and up-to-date documentation, 4) facilitate two-way communication processes. a) Pre-recorded clinical handover **MUST NOT** be used for shift or inter-departmental clinical handover in any circumstances b) Organisations should state in their policy, the approved electronic media that can be used to support clinical handover.

Audit Objectives	NCG No. 5 Recommendations Maternity Services		NCG No. 11 Recommendations Acute and Children's Services	
	No.	**Detail**	**No.**	**Detail**
2. Recognised multidisciplinary handover as a clinical risk activity and incorporated this into their risk register.	1	Healthcare organisations recognise clinical handover as a clinical risk activity, and incorporate clinical handover into their risk register.	8	Healthcare organisations should recognise clinical handover as a clinical risk activity, and incorporate clinical handover into their corporate and local risk registers.
3. Followed the recommended structured communication process by using the ISBAR3 tool at multidisciplinary clinical handover.	26	Inter-departmental clinical handover should be conducted using the $ISBAR_3$ communication tool as a structured framework which outlines the information to be transferred. The tool may be available in written format, but preferably electronically.	3	Inter-departmental and shift clinical handover should be conducted using the $ISBAR_3$ communication tool (Identify, Situation, Background, Assessment, Recommendation, Read-back, Risk) as a structured framework which outlines the information to be transferred. The tool may be available in written format, but preferably electronically.
	25	Shift clinical handover should be conducted using the $ISBAR_3$ communication tool (Identify, Situation, Background, Assessment, Recommendation, Read-back, Risk) as a structured framework which outlines the information to be transferred. The tool may be available in written format and preferably electronically.		
	27	Where electronic clinical handover applications and templates are in use or being developed, they should incorporate the $ISBAR_3$ communication tool.	4	Organisations should provide the necessary infrastructure to support effective clinical handover, including the availability of readily accessible patient information in electronic format. Where electronic clinical handover applications and templates are in use or being developed to support face-to-face clinical handover, they should incorporate the following communication tools: $ISBAR_3$ for both shift and interdepartmental clinical handover and ISBAR for urgent escalation of care.
	5	Local clinical handover policies must be developed in compliance with the National Clinical Guideline. While national communication tools (templates) are included in the National Clinical Guideline, these templates may be customised locally to accommodate features of the healthcare organisation, individual department, ward or unit, in line with the concept of 'flexible standardisation'.	11	Healthcare organisations should implement Clinical Handover procedures in compliance with this National Clinical Guideline, in consultation with relevant stakeholders. While national communication tools (templates) are included in the National Clinical Guideline, these tools (templates) may be customised locally to accommodate features of the healthcare organisation, individual departments, units or wards.

Audit Objectives	NCG No. 5 Recommendations Maternity Services		NCG No. 11 Recommendations Acute and Children's Services	
	No.	**Detail**	**No.**	**Detail**
3. Followed the recommended structured communication process by using the ISBAR3 tool at multidisciplinary clinical handover (continued).	6	Clinical handover practice is audited and monitored by the relevant quality and safety committee of the healthcare organisation. It is the responsibility of the chair of this committee to assure the CEO/General Manager that the audit is undertaken and any necessary continuous quality improvement plans are put in place.	12	Clinical handover practice is monitored and audited regularly by the relevant quality and patient safety committee of the healthcare organisation. It is the responsibility of the chair of this committee to assure the CEO/GM that the audit is undertaken and any necessary continuous quality improvements are put in place.
	28	The ISBAR communication tool should be used when communicating information in relation to deteriorating and/or critically ill patients. Where a situation is deemed to be critical, this must be clearly stated at the outset of the conversation.	22	The ISBAR communication tool should be used when communicating information in relation to patients who are critically ill and/or deteriorating. Where a patient's condition and/or a situation is deemed to be critical, this must be clearly stated at the outset of the conversation.
4. Had the safety pause embedded into multidisciplinary clinical handover practice.	21	The Safety Pause should be utilised during shift clinical handover to provide an opportunity to clarify and discuss any aspect of a patient's care.	27	Healthcare organisations should support additional safety practices that enhance clinical handover in acute and children's hospital services leading to greater situation awareness among clinicians and inter-disciplinary teams, such as implementation of: • The National EWS, NCG No. 1 • The Irish Maternity EWS, NCG No. 4 • Communication (Clinical Handover) in Maternity Services, NCG No. 5 • Sepsis Management, NCG No. 6 • The Irish Paediatric EWS, NCG No. 12 and incorporating briefings, safety pauses and huddles into practice.
	11	Shift clinical handover should incorporate a discussion around operational issues and identify factors that may impact on clinical care.	5	Shift and inter-departmental clinical handover should promote a structure which allows for data verification, discussion, shared clinical decision-making and identification of operational issues and other factors that may impact on clinical care.
5. Provided on-going education/ training on clinical handover (including at induction).	7	Healthcare organisations provide staff with education and training for their clinical handover policy. This should be mandatory and form part of staff orientation and ongoing in-service education.	13	Healthcare organisations should provide staff with validated education and training, using a variety of techniques including workshops and simulation, to support the implementation and practice for clinical handover. This should be mandatory and form part of staff orientation/induction and ongoing in-service education.
	8	Healthcare organisations should incorporate Human Factors Training into all clinical handover education and training, and promote a culture of mutual respect between professionals.	14	Healthcare organisations should incorporate human factors training into all clinical handover education that promotes a culture of openness and mutual respect between healthcare professionals and between healthcare professionals and patients.

Audit Objectives	NCG No. 5 Recommendations Maternity Services		NCG No. 11 Recommendations Acute and Children's Services	
	No.	**Detail**	**No.**	**Detail**
5. Provided on-going education/ training on clinical handover (including at induction).	6	Clinical handover practice is audited and monitored by the relevant quality and safety committee of the healthcare organisation. It is the responsibility of the chair of this committee to assure the CEO/General Manager that the audit is undertaken and any necessary continuous quality improvement plans are put in place.	12	Clinical handover practice is monitored and audited regularly by the relevant quality and patient safety committee of the healthcare organisation. It is the responsibility of the chair of this committee to assure the CEO/GM that the audit is undertaken and any necessary continuous quality improvements are put in place.

APPENDIX B: MANAGEMENT RESPONSE TO THE RECOMMENDATIONS MADE IN THE INDIVIDUAL SITE REPORTS

Management response should be completed by the senior most accountable person with the authority to effect the actions outlined by the recommendations listed.

CWIUH				
Recommendation		**Management response**	**Agreed implementation date**	**Person responsible**
1	The senior most accountable person for the CWIUH must ensure that the review date on the policy; "Management of the Woman Requiring Transfer to and from High Dependency Unit and or ICU within and outside of this Hospital" is rectified with immediate effect.	Review date updated accordingly.	Completed	Master

TSCUH				
Recommendation		**Management response**	**Agreed implementation date**	**Person responsible**
1	The senior most accountable person for TSCUH must ensure that the "Communication and Clinical Handover Guideline" is removed from draft status and circulated to all staff.	The Communication and Clinical Handover Guideline will be approved, activated and disseminated to all hospital staff through the hospitals documentation management system Q Pulse.	Q2 2018 (10th July 2018)	Clinical Director
2	The senior most accountable person for TSCUH must ensure the implementation of the $ISBAR_3$ communication tool for inter-departmental and shift handover as per recommendation 3 of the NCG No. 11.	In line with recommendation 3 of NCG No. 11, phased roll out of implementation plan for $ISBAR_3$ communication tool for interdepartmental and shift handover will continue throughout 2018 for all relevant healthcare professionals (HCPs). Continue to work on cross hospital handover with implementation of structured handover.	Q3 2018 (30th September 2018) Q4 2018 (31/12/2018)	Director of Nursing Clinical Director Consultant Paediatrician.
3	The senior most accountable person for TSCUH must ensure the ISBAR communication tool is used only in situations when communicating information in relation to patients who are critically ill and/or deteriorating as per recommendation 22 of NCG No. 11.	Both formal (audit, chart review) and informal methodology will be employed to monitor adherence to TSCUH Communication and Clinical Handover Guideline, including structured communication tools, in line with hospital policy.	Q4 2018 (31/12/2018)	Clinical Director

TSCUH Continued				
Recommendation		**Management response**	**Agreed implementation date**	**Person responsible**
4	The senior most accountable person for TSCUH must ensure that staff are made aware of the difference between the ISBAR and $ISBAR_3$ communication tools and their use in practice.	TSCUH management will utilise available formal education sessions and lunch time teaching to include all relevant HCPs.	Q3 2018 (20th September 2018)	Director of Nursing Consultant Paediatrician.
5	The senior most accountable person for TSCUH must implement a formal hospital-wide training event following approval and sign off of the policy "Communication and Clinical Handover Guideline" and systematically record attendance.	TSCUH management will develop programme and promotional material for Hospital wide campaign and "Clinical handover week" including education sessions. Utilise Friday lunchtime teaching session to promote the principles of structured handover as included in Communication and Clinical Handover Guideline. Ensure agreed system of sign in to ensure accurate recording of attendances at all education sessions.	Q4 2018 (30th November 2018) Q3 5/10/2018	Clinical Director Professor of Paediatrics Consultant Paediatrician Director of Nursing

MMUH				
Recommendation		**Management response**	**Agreed implementation date**	**Person responsible**
1	The senior most accountable person for MMUH must ensure that a local hospital policy is developed on multidisciplinary clinical handover incorporating the recommendations of NCG No. 11.	The Hospital under the leadership of the Clinical Director for Quality & patient safety will set up a MDT working group to devise a local policy on Clinical handover.	Q1 2019	Clinical Director for Quality & Patient Safety
2	The senior most accountable person for MMUH must ensure that clinical handover is included on local departmental/directorate risk registers as per recommendation 8 of NCG No. 11.	It is on our Corporate Risk Register.	Complete	CEO
3	The senior most accountable person for MMUH must ensure that clinical handover is included as a standing item on the Quality Patient Safety Committee meeting agenda in order to meet the requirements of recommendation 12 of NCG No. 11.	Agreed.	Complete	Clinical Director for Quality & Patient Safety

MMUH continued				
Recommendation		**Management response**	**Agreed implementation date**	**Person responsible**
4	The senior most accountable person for MMUH must ensure the implementation of the $ISBAR_3$ communication tool for inter-departmental and shift handover as per recommendation 3 of NCG No. 11.	Will be explored as part of the Local policy development.	Q1 2019	Clinical Director for Quality & Patient Safety
5	The senior most accountable person for MMUH must ensure the ISBAR communication tool is used in situations when communicating information in relation to patients who are critically ill and/or deteriorating as per recommendation 22 of NCG No. 11.	Will be explored as part of the Local policy development in conjunction with the Early Warning Score Committee.	Q1 2019	Clinical Director for Quality & Patient Safety
6	The senior most accountable person for MMUH must ensure that all staff are made aware of the difference between the application of the ISBAR and $ISBAR_3$ communication tools in practice.	Will be explored as part of the Local policy development.	Q1 2019	Clinical Director for Quality & Patient Safety
7	The senior most accountable person for MMUH must ensure that the safety pause procedure is included in the development of a local hospital policy on multidisciplinary clinical handover as per recommendations 5 and 27 of NCG No. 11	Will be explored as part of the Local policy development.	Q1 2019	Clinical Director for Quality & Patient Safety
8	The senior most accountable person for MMUH must implement a programme of education and training in line with recommendations 13 and 14 of NCG No. 11 and systematically record attendance.	Will be explored as part of the Local policy development.	Q1 2019	Clinical Director for Quality & Patient Safety
9	The senior most accountable person for MMUH must implement an audit programme to establish the effectiveness of clinical handover in accordance with recommendation 12 of NCG No. 11.	Will be explored as part of the Local policy development.	Q1 2019	Clinical Director for Quality & Patient Safety

LUH				
Recommendation		**Management response**	**Agreed implementation date**	**Person responsible**
1	The senior most accountable person for LUH must ensure that a local hospital policy is developed on multidisciplinary clinical handover in acute (adult) and children's services incorporating the recommendations of NCG No. 11.	The Director of Nursing, Quality & Patient Safety has initiated the implementation of a Multidisciplinary Policy Development Group which is in the process of being convened. The role of the group will be to develop a MDT Clinical Handover policy in acute (adult) and children's services incorporating the recommendations of NCG No. 11. This group will draw on the work of the Maternity Guidelines Development Group which has finalised the policy for Maternity Services at LUH.	October 31st 2018	Director of Nursing, Quality & Patient Safety Director of Midwifery
2	The senior most accountable person for LUH must ensure that all local clinical handover policies and guidelines in place are reviewed against NCGs No. 5 and No. 11 and updated as appropriate.	1. The Maternity Multidisciplinary Handover and Nursing and Midwifery Guidelines are reflective of NCG 5 & 11. 2. There is currently a Clinical Handover Policy in place for the Physicians Morning Handover which will be reviewed against the guidelines and updated as appropriate. Furthermore the overall local policy will be developed to reflect No. 5 and No. 11 and will be reviewed bi-annually.	1. Implemented March 2018-Biannually Review 2. October 31st 2018	Director of Midwifery Director of Nursing, Quality & Patient Safety
3	The senior most accountable person for LUH must ensure that the draft "Guideline on Midwifery Handover of Care" and the "Guideline on Medical Handover for Obstetric and Gynaecology Staff" are removed from draft status, reviewed against NCG No. 5 and circulated to all staff.	Removed from draft status and Ratified at Local PPPG March 2018.		Director of Midwifery
4	The senior most accountable person for LUH must ensure that clinical handover is included as a standing item on the Quality Patient Safety Committee (or equivalent) meeting agenda in order to meet the requirements of recommendation 6 of NCG No. 5 and recommendation 12 of NCG No. 11.	The Clinical Handover will be a standing agenda item on the Quality and Patient Safety Committee quarterly.	August 2018	Director of Nursing, Quality & Patient Safety

LUH continued				
Recommendation		**Management response**	**Agreed implementation date**	**Person responsible**
5	The senior most accountable person for LUH must ensure the implementation of the $ISBAR_3$ communication tool for inter-departmental and shift handover as per recommendations 25 and 26 of NCG No. 5 and recommendation 3 of NCG No. 11.	The Maternity Policies will be updated to reflect $ISBAR_3$ The MDT Clinical Handover Policy will involve the implementation of $ISBAR_3$. Continuing education sessions will be provided to all staff regarding $ISBAR_3$ leading to the implementation of the $ISBAR_3$ communication tool for inter-departmental and shift handover as per recommendations 25 and 26 of NCG No. 5 and recommendation 3 of NCG No. 11.	August 2018 31st October 2018	Director of Midwifery Director of Nursing, Quality & Patient Safety /Nursing Practice Development Coordinator
6	The senior most accountable person for LUH must ensure the ISBAR communication tool is used only in situations when communicating information in relation to patients who are critically ill and/or deteriorating as per recommendation 28 of NCG No. 5 and recommendation 22 of NCG No. 11.	This is policy and practice within the hospital. The ISBAR communication tool is embedded in practice when escalating information in relation to patients who are critically ill and/or deteriorating as per recommendation 28 of NCG No. 5 and recommendation 22 of NCG No. 11.	In place	Director of Midwifery Director of Nursing, Quality & Patient Safety General Manager All Associate Clinical Directors Associate Academic Officer
7	The senior most accountable person for LUH should review current practices in relation to documenting clinical handover in the patient notes as per Appendix 8 of NCG No. 5 and Appendix 11 of NCG No. 11.	This will be taken into consideration when drafting Communications Policy and will be implemented throughout all wards within the hospital. This will involve a review of current practices leading to education programme and change in practice where necessary.	November 2018	Nursing Practice Development Coordinator Director of Nursing, Quality & Patient Safety Director of Midwifery General Manager Associate Clinical Directors
8	The senior most accountable person for LUH must ensure that the safety pause procedure is included in the development of all local hospital policies on multidisciplinary clinical handover as per recommendations 5 and 27 of NCG No. 11.	The Safety Pause will be a key aspect of the policy inclusive of all areas.	March 2018-Bi Annual Review October 2018	Director of Midwifery Director of Nursing, Quality & Patient Safety General Manager Associate Clinical Directors
9	The senior most accountable person for LUH must ensure that a formal safety pause is implemented and documented within all disciplines and departments in LUH.	The Formal Safety Pause is in place within Maternity & Gynae, and is already in place in many of the critical care areas. Roll out to all areas within the hospital will be part of education and training.	In place/ October 2018	Director of Midwifery Director of Nursing, Quality & Patient Safety General Manager Associate Clinical Directors

LUH continued				
Recommendation		**Management response**	**Agreed implementation date**	**Person responsible**
10	The senior most accountable person for LUH must implement education and training activities in line with recommendations 7 and 8 of NCG No. 5 and recommendations 13 and 14 of NCG No. 11 and systematically record attendance.	On completion of the Hospital Clinical Handover Policy a comprehensive education programme will be developed for all members of the MDT Team.	November 2018	Nursing Practice Development Coordinator Director of Nursing, Quality & Patient Safety Director of Midwifery General Manager Associate Clinical Directors
11	The senior most accountable person for LUH must implement a regular audit programme to establish the effectiveness of clinical handover in accordance with recommendation 6 of NCG No. 5 and recommendation 12 of NCG No. 11.	Formalise an Audit Programme and develop KPI's which will be measured on a regular basis.	On-going	Director of Midwifery Director of Nursing, Quality & Patient Safety General Manager Clinical Audit Associate Clinical Directors

MRHT				
Recommendation		**Management response**	**Agreed implementation date**	**Person responsible**
1	The senior most accountable person for MRHT must ensure that a local hospital-wide policy is developed on multidisciplinary clinical handover in acute (adult) and children's services incorporating the recommendations of NCG No. 11. Reference should be made to the HSE National Framework for Developing Policies, Procedures, Protocols and Guidelines (PPPGs) 2016 in the development of all local PPPGs.	MRHT have established a Clinical Handover Implementation Committee, and as part of the work of that committee, a draft local policy on multidisciplinary clinical handover has been developed. This document is in its initial stages, and will require refinement prior to being fully implemented.	January 2019	Quality and Patient Safety Manager
2	The senior most accountable person for MRHT must ensure that the "Procedure for Best Practice in Nursing Handover in Midland Regional Hospital Tullamore (MRHT)" is reviewed and updated incorporating the recommendations of NCG No. 11.	This policy will be reviewed and updated in line with the recommendations of NCG No. 11.	November 2018	Director of Nursing

MRHT continued				
Recommendation		**Management response**	**Agreed implementation date**	**Person responsible**
3	The senior most accountable person for MRHT must ensure that multidisciplinary clinical handover is recognised as a clinical risk activity and incorporate clinical handover into the corporate and directorate level hospital risk registers in line with recommendation 8 of NCG No. 11.	Multidisciplinary Clinical Handover will be incorporated into the Hospital level and Directorate level risk register in line with NCG. No. 11.	August 2018	Clinical Risk Manager
4	The senior most accountable person for MRHT must ensure the implementation of $ISBAR_3$ by all relevant staff as the communication tool for inter-departmental and shift handover as per recommendation 3 of NCG No. 11.	The committee has further developed the draft "interdepartmental handover tool" at MRHT, and plans to implement this tool using PDSA cycles in the coming months.	January 2019	Quality and Patient Safety Manager
5	The senior most accountable person for MRHT must ensure the ISBAR communication tool is used by all relevant staff in situations when communicating information in relation to patients who are critically ill and/or deteriorating as per recommendation 22 of NCG No. 11.	An internal audit has been commissioned by the hospital Clinical Governance Committee whose aim is to investigate MRHT's compliance and adherence with the National Clinical Guideline on Early Warning Score (2011). This audit will inform hospital management on how to ensure that ISBAR is appropriately used in communication regarding critically ill patients, and to ensure full compliance with the NCG No 1, and the specific element of NCG No 11.	April 2019	Nurse Practice Development Facilitator
6	The senior most accountable person for MRHT must ensure that existing templates for $ISBAR_3$ are reviewed against the recommended templates in NCG No. 11 and updated as appropriate.	All templates for $ISBAR_3$ used at MRHT will be reviewed against the recommended templates in NCG No. 11	January 2019	Quality and Patient Safety Manager
7	The senior most accountable person for MRHT must ensure that all relevant staff are made aware of the difference between the application of the ISBAR and $ISBAR_3$ communication tools in practice.	All relevant staff will be made aware of the difference in application of the ISBAR & $ISBAR_3$ tools.	November 2018	Director of Nursing & Clinical Director

MRHT continued				
Recommendation		**Management response**	**Agreed implementation date**	**Person responsible**
8	The senior most accountable person for MRHT must ensure that the safety pause procedure is included in the development of all local hospital policies, procedures and guidelines on multidisciplinary clinical handover as per recommendation 27 of NCG No. 11 and is implemented within all departments.	A draft safety pause template has been developed by the committee and will be rolled out across departments using a PDSA cycle.	January 2019	Director of Nursing & Clinical Director
9	The senior most accountable person for MRHT must implement education and training activities in line with recommendations 13 and 14 of NCG No. 11 and systematically record attendance.	Education and training specific to clinical handover will be developed and delivered.	April 2019	Director of Nursing & Clinical Director
10	The senior most accountable person for MRHT must implement an audit programme to establish the effectiveness of clinical handover in accordance with recommendation 12 of NCG No. 11.	An ongoing audit programme on the effectiveness of Clinical handover at MRHT will be developed and implemented.	April 2019	Quality and Patient Safety Manager

MRHP				
Recommendation		**Management response**	**Agreed implementation date**	**Person responsible**
1	The senior most accountable person for MRHP must ensure that a local hospital policy is developed on multidisciplinary clinical handover in acute and children's services incorporating the recommendations of NCG No. 11. Reference should be made to the HSE National Framework for Developing Policies, Procedures, Protocols and Guidelines (PPPGs) 2016 in the development of all local PPPGs.	Working group to review Multidisciplinary Clinical handover policies to be formed. Current policy for Nursing and MTA, will be reviewed and updated for MDT.	Q3/ 2018	Hospital Manager
2	The senior most accountable person for MRHP must ensure that all local clinical handover policies and procedures in place are reviewed against NCGs No. 5 and No. 11 and updated as appropriate.	Multidisciplinary Working group to review Clinical handover policies to be formed. Current policy for Nursing and MTA, will be reviewed and updated for MDT.	Q3/ 2018	Hospital Manager

MRHP continued				
Recommendation		**Management response**	**Agreed implementation date**	**Person responsible**
3	The senior most accountable person for MRHP must ensure that clinical handover is included on the local departmental/directorate risk registers as per recommendation 1 of NCG No. 5 and recommendation 8 of NCG No. 11.	Clinical handover to be included on all relevant departments Risk register.	Q3/ 2018	Hospital Manager
4	The senior most accountable person for MRHP must ensure that clinical handover is included as a standing item on the Quality Patient Safety Executive Committee meeting agenda in order to meet the requirements of recommendation 12 of NCG No. 11.	QPS Department informed and will include on Agenda.	Q3/ 2018	QPS Manager
5	The senior most accountable person for MRHP must ensure the implementation of the $ISBAR_3$ communication tool for inter-departmental and shift handover in all departments as per recommendations 25 and 26 of NCG No. 5 and recommendation 3 of NCG No. 11.	Multidisciplinary Working group to review Clinical handover policies to be formed. Documentation relating to ISBAR to be reviewed and ensure relevant documentation updated to required standards.	Q3/ 2018	Hospital Manager
6	The senior most accountable person for MRHP must ensure the ISBAR communication tool is used in situations when communicating information in relation to patients who are critically ill and/or deteriorating as per recommendation 28 of NCG No. 5 and recommendation 22 of NCG No. 11.	Multidisciplinary Working group to review Clinical handover policies to be formed. Current policy for Nursing and MTA, will be reviewed and updated for MDT.	Q3/ 2018	Hospital Manager
7	The senior most accountable person for MRHP must ensure that all relevant staff are made aware of the difference between the application of the ISBAR and $ISBAR_3$ communication tools in practice.	Documentation relating to ISBAR to be reviewed and ensure relevant documentation updated to required standards and communicated to staff via DON, ADON, CNM and line managers.	Q3/ 2018	Hospital Manager
8	The senior most accountable person for MRHP should review current practices in relation to adhering to the documentation of clinical handover in patient notes as per Appendix 8 of NCG No. 5 and Appendix 11 of NCG No. 11.	Audits of Nursing documentation are in place.	Q3/ 2018	Hospital Manager

MRHP continued				
Recommendation		**Management response**	**Agreed implementation date**	**Person responsible**
9	The senior most accountable person for MRHP must ensure that the safety pause procedure is included in the development of all local hospital policies on multidisciplinary clinical handover as per recommendations 11 and 21 of NCG No. 5 and recommendations 5 and 27 of NCG No. 11.	Multi-disciplinary Working group to review Clinical handover policies to be formed. Current policy for Nursing and MTA, will be reviewed and updated for MDT.	Q3/ 2018	Hospital Manager
10	The senior most accountable person for MRHP must implement an audit programme to establish the effectiveness of clinical handover in accordance with recommendation 6 of NCG No. 5 and recommendation 12 of NCG No. 11.	Multidisciplinary Working group to review Clinical handover policies to be formed. Audit facilitator position advertised with NRS and as part of role will assist with audit of handover. PEWS audit performed monthly at present using NATIONAL PEWS audit tool.	Q3/ 2018	Hospital Manager

PUH				
Recommendation		**Management response**	**Agreed implementation date**	**Person responsible**
1	The senior most accountable person for PUH must ensure that a local hospital policy is developed on multidisciplinary clinical handover in acute (adult) services incorporating the recommendations of NCG No. 11.	Local Hospital Policy to be developed – Saolta Group established a Working Committee on handover – PUH will have representation on this committee.	4th Quarter 2018	General Manager Quality and Safety Coordinator Director of Nursing Director of Midwifery Associate Clinical Directors
2	The senior most accountable person for PUH must ensure that all local clinical handover guidelines are reviewed against NCGs No. 5 and No. 11 and updated as appropriate.	Local Hospital Policy to be developed in line with national guidelines.	4th Quarter 2018	General Manager Quality and Safety Coordinator Director of Nursing Director of Midwifery Associate Clinical Directors

PUH continued				
Recommendation		**Management response**	**Agreed implementation date**	**Person responsible**
3	The senior most accountable person for PUH must ensure that the draft guideline "Handover and Handoff of Care: Best Practice Guidelines for Paediatrics and Special Care Baby Unit in PUH" is removed from draft status, reviewed against NCGs No. 11 and circulated to all staff.	This will be completed with the relevant clinical staff.	August 2018	Consultant Paediatrician Paediatric Nursing Staff General Manager Director of Nursing
4	The senior most accountable person for PUH must ensure that clinical handover is included on the local departmental/directorate risk registers as per recommendation 1 of NCG No. 5 and recommendation 8 of NCG No. 11.	This will completed with all departments.	September 2018	Quality and Safety Coordinator Associate Clinical Directors Nurse Managers
5	The senior most accountable person for PUH must ensure that clinical handover is included as a standing item on the Quality Patient Safety Committee meeting agenda as per recommendation 6 of NCG No. 5 and recommendation 12 of NCG No. 11	Report will be discussed at the August and September 2018 Quality and Patient Safety Committee meeting and will continue to be a standing agenda item.	August 2018 and On-going	General Manager Quality and Safety Coordinator
6	The senior most accountable person for PUH must ensure the implementation of the $ISBAR_3$ communication tool for inter-departmental and shift handover as per recommendations 25 and 26 of NCG No. 5 and recommendation 3 of NCG No. 11.	This will be completed following education sessions with all clinical staff.	September 2018 and on-going	General Manager Resuscitation Training Officer Associate Clinical Directors Director of Nursing Director of Midwifery
7	The senior most accountable person for PUH must ensure the ISBAR communication tool is used in situations when communicating information in relation to patients who are critically ill and/or deteriorating as per recommendation 28 of NCG No. 5 and recommendation 22 of NCG No. 11.	Immediate and on-going – regular training to be provided.	Immediate/On-going	General Manager Resuscitation Training Officer Associate Clinical Directors Director of Nursing Director of Midwifery

PUH continued				
Recommendation		**Management response**	**Agreed implementation date**	**Person responsible**
8	The senior most accountable person for PUH must ensure that all staff are made aware of the difference between the application of the ISBAR and $ISBAR_3$ communication tools in practice.	This will be completed via education sessions with all clinical staff.	Immediate/On-going	General Manager Resuscitation Training Officer Associate Clinical Directors Director of Nursing Director of Midwifery
9	The senior most accountable person for PUH should review current practices in relation to adhering to the documentation of clinical handover in patient notes (nursing notes) as per Appendix 8 of NCG No. 5 and Appendix 11 of NCG No. 11.	This will be completed via education and information sessions in relation to clinical handover with medical and nursing staff.	Immediate	General Manager Quality and Safety Coordinator Director of Nursing Director of Midwifery Associate Clinical Directors
10	The senior most accountable person for PUH must ensure that the safety pause procedure is included in the development of local hospital policies and guidelines on multidisciplinary clinical handover as per recommendations 11 and 21 of NCG No. 5 and recommendations 5 and 27 of NCG No. 11.	Safety pause is established in most areas – we will progress implementing safety pause into our policies and procedures.	On-going	General Manager Quality and Safety Coordinator Director of Nursing Director of Midwifery Associate Clinical Directors
11	The senior most accountable person for PUH must implement education and training activities in line with recommendations 7 and 8 of NCG No. 5 and recommendations 13 and 14 of NCG No. 11 and systematically record attendance.	Attendance record maintained in most disciplines – we will address outstanding specialities in the coming weeks.	On-going	General Manager Associate Clinical Directors
12	The senior most accountable person for PUH must implement an audit programme to establish the effectiveness of clinical handover in accordance with recommendation 6 of NCG No. 5 and recommendation 12 of NCG No. 11.	The hospital will address this requirement; however, there is very limited availability or resources for clinical audit in this site and all hospitals across the Saolta Group. Clinical Audit requires dedicated staff to support clinical staff – this requires significant investment.	On-going	General Manager Quality and Safety Coordinator Director of Nursing Director of Midwifery Associate Clinical Directors

SLGHK				
Recommendation		**Management response**	**Agreed implementation date**	**Person responsible**
1	The senior most accountable person for SLGHK must ensure that the practice of audio-taped and pre-recorded clinical handover is discontinued to comply with recommendation 21 of NCG No. 11.	The senior most accountable person will liaise with the Director of Nursing to ensure that this is actioned.	End of Quarter 4 2018	General Manager
2	The senior most accountable person for SLGHK must amend all relevant policies, procedures and guidelines in place to reflect recommendation 20 of NCG No. 5 and recommendation 21 of NCG No. 11.	The senior most accountable person will write to the heads of all departments and ask them to review all relevant policies, procedures and guidelines to reflect recommendation 20 of NCG No. 5 and recommendation 21 of NCG No. 11 by the end of Quarter 4.	End of July 2018	General Manager
3	The senior most accountable person for SLGHK must ensure that a local hospital policy is developed on multidisciplinary clinical handover in acute (adult) services incorporating the recommendations of NCG No. 11. Reference should be made to the HSE National Framework for Developing Policies, Procedures, Protocols and Guidelines (PPPGs) (2016) in the development of all local PPPGs.	The senior accountable person will nominate a named person or persons to develop on a multidisciplinary clinical handover in acute (adult) services incorporating the recommendations of NCG No. 11.	End of July 2018	General Manager
4	The senior most accountable person for SLGHK must ensure that all clinical handover policies, procedures and guidelines in place are reviewed and updated against the NCGs No. 5 and No. 11 as appropriate.	The senior most accountable person will write to the heads of all departments and ask them to review all relevant policies, procedures and guidelines to reflect and update against NCGs No. 5 and No. 11 by the end of Quarter 4.	End of July 2018	General Manager
5	The senior most accountable person for SLGHK must ensure that multidisciplinary clinical handover is recognised as a clinical risk activity and incorporate clinical handover into the corporate and local hospital risk registers in line with recommendation 1 of NCG No. 5 and recommendation 8 of NCG No. 11.	All Departments have been informed of this recommendation. The hospital risk register will be populated to reflect same.	End of September 2018	Clinical Risk Manager

SLGHK continued				
Recommendation		**Management response**	**Agreed implementation date**	**Person responsible**
6	The senior most accountable person for SLGHK must ensure that clinical handover is included as a standing item on the Quality Patient Safety Committee meeting agenda in order to meet the requirements of recommendation 6 of NCG No. 5 and recommendation 12 of NCG No. 11.	Clinical Risk Manager – Standing Order. Audit discussed at Quality and Risk Committee Meeting.	September	Clinical Risk Manager
7	The senior most accountable person for SLGHK must ensure the implementation of the $ISBAR_3$ communication tool for inter-departmental and shift handover as per recommendations 25 and 26 of NCG No. 5 and recommendation 3 of NCG No. 11.	The senior most accountable person will write to the heads of all departments and ask them to review all relevant policies, procedures and guidelines to reflect recommendation 25 and 26 of NCG No. 5 and recommendation 3 of NCG No. 11 by the end of Quarter 4.	End of July 2018	General Manager
8	The senior most accountable person for SLGHK must ensure the ISBAR communication tool is used in situations when communicating information in relation to patients who are critically ill and/or deteriorating as per recommendation 28 of NCG No. 5 and recommendation 22 of NCG No. 11.	The senior most accountable person for SLGHK will liaise with the Director of Nursing, Director of Midwifery, Clinical Director to ensure that the relevant policy in relation to the care of the critically ill patient references the ISBAR Communication Tool.	End of Quarter 3	General Manager
9	The senior most accountable person for SLGHK must ensure that all staff are made aware of the difference between the application of the ISBAR and $ISBAR_3$ communication tools in practice.	The senior most accountable person will liaise with all heads of clinical department to ensure that staff are made aware of the difference between the application of the ISBAR and $ISBAR_3$ communication tools in practice.	End of July 2018	General Manager
10	The senior most accountable person for SLGHK must ensure that the safety pause procedure is included in the development of local hospital policies, procedures and guidelines on multidisciplinary clinical handover as per recommendations 11 and 21 of NCG No. 5 and recommendations 5 and 27 of NCG No. 11.	The senior most accountable person will write to the heads of all clinical departments and ask them to review all relevant policies, procedures and guidelines to reflect recommendation 11 and 21 of NCG No. 5 and recommendations 5 and 27 of NCG No. 11.	End of July 2018	General Manager

SLGHK continued				
Recommendation		**Management response**	**Agreed implementation date**	**Person responsible**
11	The senior most accountable person for SLGHK must implement education and training activities in line with recommendations 7 and 8 of NCG No. 5 and recommendations 13 and 14 of NCG No. 11 and systematically record attendance.	The senior most accountable person will write to all heads of all departments advising they must implement education and training activities in line with recommendations 7 and 8 of NCG No. 5 and recommendations 13 and 14 of NCG No. 11 and systematically record attendance.	End of July 2018	General Manager
12	The senior most accountable person for SLGHK must implement an audit programme to establish the effectiveness of clinical handover in accordance with recommendation 6 of NCG No. 5 and recommendation 12 of NCG No. 11.	From September 2018 this will form part of the agenda of the Quality and Safety Committee.	September 2018	General Manager

UHG				
Recommendation		**Management response**	**Agreed implementation date**	**Person responsible**
1	The senior most accountable person for UHG* must ensure that all local clinical handover policies, procedures, protocols and guidelines are reviewed against NCGs No. 5 and No. 11 and updated as appropriate.	GUH* clinical handover policies and guidelines will be reviewed and updated to ensure compliance with NCG recommendations.	Q2 2019	Clinical Directors, Associate Clinical Directors Director of Nursing Assistant Director of Nursing GUH Quality & Safety Coordinators
2	The senior most accountable person for UHG must ensure that the "Medical In-patient Handover Policy" is removed from draft status with immediate effect and its content reviewed against NCG No. 11.	The "Medical In-patient Handover Policy" will be reviewed by Medical Manpower Manager and draft status will be removed once approved.	Q4 2018	Medical Manpower Manger

UHG continued				
Recommendation		**Management response**	**Agreed implementation date**	**Person responsible**
3	The senior most accountable person for the UHG must ensure that clinical handover is included on the corporate and local departmental/directorate risk registers as per recommendation 1 of NCG No. 5 and recommendation 8 of NCG No. 11.	Reference to clinical handover as a risk is located on the directorate risk registers: peri-operative, emergency department, medical, radiology, and the medication related risk register. The practice of clinical handover is embedded in GUH and evidence of communication and practical tools are widely evident. Patient flow improvement projects are further supporting changes/developments to MDT clinical handover.	Q2 2019	General Manger Clinical Directors, Associate Clinical Directors Director of Nursing GUH Quality & Safety Coordinators
4	The senior most accountable person for UHG must ensure that clinical handover is included as a standing item on the Quality Patient Safety Committee meeting agenda as per recommendation 8 of NCG No. 5 and recommendation 12 of NCG No. 11.	Clinical handover will be listed as a standing item on the Quality Patient Safety Committee meeting agenda. GUH are supporting the Saolta Working Group in their review of best practice on clinical handover (including national guidance and clinical recommendations) to recommend an approach for implementation of a clinical handover policy for the Saolta University Health Care Group.	Q4 2018 Q4 2019	General Manager Saolta Quality & Safety Project
5	The senior most accountable person for UHG must ensure the implementation of the $ISBAR_3$ communication tool for inter-departmental and shift handover as per recommendations 25 and 26 of NCG No. 5 and recommendation 3 of NCG No. 11.	A distinction made between ISBAR and $ISBAR_3$ will be outlined to use as appropriate; • $ISBAR_3$ is the structured communication framework to be used for both inter-departmental and shift handover. • ISBAR should be used in situations when communicating information in relation to patients who are critically ill and/or deteriorating. Policies across directorates will be informed to update and reference the use of $ISBAR_3$. Education to be amended to reflect the $ISBAR_3$ as per NCG No. 11 for Inter-departmental and shift clinical handover and retain ISBAR for use in communicating information in relation to patients who are critically ill and/or deteriorating.	Q3 2019	Clinical Directors Associate Clinical Directors Director of Nursing

UHG continued				
Recommendation		**Management response**	**Agreed implementation date**	**Person responsible**
6	The senior most accountable person for UHG must ensure that all staff are made aware of the difference between the ISBAR and ISBAR$_3$ communication tools and their use in practice.	Policies across directorates will be informed to update and reference the use of ISBAR$_3$. Education to be amended to reflect the ISBAR3 as per NCG No. 11 for Inter-departmental and shift clinical handover and retain ISBAR for use in communicating information in relation to patients who are critically ill and/or deteriorating.	Q1 2019	Clinical Directors Associate Clinical Directors Director of Nursing
7	The senior most accountable person for UHG should review current practices in relation to adhering to the documentation of clinical handover in patient notes as per Appendix 8 of NCG No. 5 and Appendix 11 of NCG No. 11.	The use of ISBAR3 communication tool in patient notes will be brought to the attention of Nursing and Medical Teams as the correct communication tool.	Q1 2019	Clinical Directors Associate Clinical Directors Director of Nursing
8	The senior most accountable person for UHG must ensure that the safety pause procedure is included in all local hospital policies, procedures, protocols and guidelines on multidisciplinary clinical handover as per recommendations 11 and 21 of NCG No. 5 and recommendations 5 and 27 of NCG No. 11.	Sharing of information about potential safety problems and concerns are documented at daily (x3 times) MDT Safety Huddle Meetings. Safety Huddles are fully embedded to support teams, patients and patient flow. Clinical Handover policies will be reviewed to reflect the safety pause procedure.	Q2 2019	Clinical Directors Associate Clinical Directors Director of Nursing GUH Quality & Safety Coordinators
9	The senior most accountable person for UHG must implement education and training activities in line with recommendations 7 and 8 of NCG No. 5 and recommendation 13 and 14 of NCG No. 11 and systematically record attendance.	UHG have education and training on clinical handover for Nursing and Medical staff as part of ongoing in-service training, at corporate and NCHD induction sessions, copies of attendance sheets are held locally. Education and training events in line with recommendations 7 and 8 of NCG No. 5 and recommendation 13 and 14 of NCG No. 11 will be reviewed by facilitators to ensure clinical handover and use of the ISBAR and ISBAR$_3$ etc are included. In addition, a formal education plan for handover in Paediatrics will be developed.	Q2 2019	Director of Nursing Clinical Directors Associate Clinical Directors
10	The senior most accountable person for UHG must implement an audit programme to establish the effectiveness of clinical handover in accordance with recommendation 6 of NCG No. 5 and recommendation 12 of NCG No. 11.	GUH will review its local audit process and seek to establish a formalised audit programme across the acute, maternity and paediatric service.	Q3 2019	GUH Quality & Safety Coordinators Associate Clinical Directors Academic Office Nursing

**__Note:__ UHG refers to University Hospital Galway which was the site audited. GUH refers to Galway University Hospitals which incorporates Merlin Park University Hospital. Recommendations within this report are applicable across both sites.*

National Acute Operations				
Recommendation		**Management response**	**Agreed implementation date**	**Person responsible**
The National Director of Acute Operations should issue a verifiable communication to the Hospital Group Chief Executive Officers to seek confirmation that all hospitals for which they are accountable:				
1	Have a policy on multidisciplinary clinical handover in place in line with the relevant recommendations from NCG No. 5 and No. 11.	Responsibility for implementation is delegated to through the accountability framework via Hospital Groups to all acute hospitals. The National Director Acute Operations will forward this report to the Hospital Group CEO and seek confirmation that these recommendations are being considered through their normal hospital governance and reporting procedures and that any areas for improvement are being addressed.	30th June 2019	National Director Acute Operations
2	Have multidisciplinary clinical handover recognised as a clinical risk activity and incorporated into their corporate and directorate level hospital risk registers in line with recommendation 1 of NCG No. 5 and recommendation 8 of NCG No. 11	Responsibility for implementation is delegated to through the accountability framework via Hospital Groups to all acute hospitals. The National Director Acute Operations will forward this report to the Hospital Group CEO and seek confirmation that these recommendations are being considered through their normal hospital governance and reporting procedures and that any areas for improvement are being addressed	30th June 2019	National Director Acute Operations
3	Use $ISBAR_3$ and ISBAR in their appropriate context as per recommendations 25 and 26 of NCG No. 5 and recommendation 3 of NCG No. 11.	Responsibility for implementation is delegated to through the accountability framework via Hospital Groups to all acute hospitals. The National Director Acute Operations will forward this report to the Hospital Group CEO and seek confirmation that these recommendations are being considered through their normal hospital governance and reporting procedures and that any areas for improvement are being addressed.	30th June 2019	National Director Acute Operations
4	Include the practice of the safety pause at multidisciplinary clinical handover as per recommendations 5 and 27 of NCG No. 11 and recommendations 11 and 21 of NCG No. 5.	Responsibility for implementation is delegated to through the accountability framework via Hospital Groups to all acute hospitals. The National Director Acute Operations will forward this report to the Hospital Group CEO and seek confirmation	30th June 2019	National Director Acute Operations

		that these recommendations are being considered through their normal hospital governance and reporting procedures and that any areas for improvement are being addressed		
5	Have audit and monitoring activities of clinical handover practice in place as per recommendation 6 of NCG No. 5 and recommendation 12 of NCG No. 11.	Responsibility for implementation is delegated to through the accountability framework via Hospital Groups to all acute hospitals. The National Director Acute Operations will forward this report to the Hospital Group CEO and seek confirmation that these recommendations are being considered through their normal hospital governance and reporting procedures and that any areas for improvement are being addressed.	30th June 2019	National Director Acute Operations
6	Acute Operations should engage with HSE Corporate Functions and the CCO in relation to providing staff with education and training as per recommendation 7 of NCG No. 5 and recommendation 13 of NCG No. 11. This training should incorporate human factors training as per recommendation 8 of NCG No. 5 and recommendation 14 of NCG No. 11.	Acute Operations will engage with the HSE Corporate Functions including the office of the CCO in relation to providing staff with training. It is noted that plans are already in place in the CCO office to review the Clinical Handover national guidelines	30th June 2019	National Director Acute Operations