



Shared Learning Briefing

Effective Communication Within Teams and Safe Handover Practice

Purpose

To set a clear standard for effective team communication and its role in delivering safe, coordinated and person-centred care.

For people living with complex neuro-disability, care is delivered across multiple staff groups over a 24-hour period. Safety depends on clear, consistent communication at every stage of the shift.

Breakdowns in communication are a recognised source of avoidable harm, particularly where key risks, changes in condition or required actions are not clearly shared.

This shared learning supports adherence to best practice and aligns with Care Quality Commission standards for safe, effective and responsive care, where clear and timely communication is essential to maintaining safety and continuity.

What is effective team communication?

Effective team communication is a structured and purposeful exchange of information that:

- Ensures patient safety and continuity
- Identifies and manages risk
- Supports multidisciplinary working
- Enables timely, informed decision-making

At the RHN, communication is a core clinical responsibility shared across Healthcare Assistants, Nursing Associates, Registered Nurses and the wider MDT.

Core components of safe communication

Shift handover: concise and risk-focused

A high-quality handover must be clear, structured and prioritised around risk. It should:

- Identify each patient clearly
- Highlight key risks (e.g. behaviour, skin integrity, falls, deterioration)
- Communicate changes in condition or care
- Confirm outstanding actions

Handover should be concise but sufficiently detailed to ensure safe care. The focus is on the key information the incoming team needs to understand current risks and priorities.

Mid-shift communication touchpoint

Communication must continue beyond handover. A planned touchpoint during the shift ensures:

- Emerging risks are identified early
- Changes in condition are escalated
- Priorities are reviewed and adjusted

This should be brief, structured and focused on safety.

Communication across roles

Safe care depends on clear communication between Healthcare Assistants, Nursing Associates, Registered Nurses and the MDT. This requires:

- Timely escalation of concerns
- Clarity on roles and responsibilities
- Shared understanding of patient risk

Information must be actively shared. Assumptions increase risk.

Documentation and continuity

Verbal communication must be supported by accurate and timely documentation. This includes:

- Recording changes in condition
- Updating care plans
- Documenting escalation and actions
- Incomplete documentation compromises continuity and safety.

Behaviours that support safe communication

- Structured, consistent handover
- Clear prioritisation of risk
- Timely escalation of concerns
- Active listening and confirmation of understanding
- Professional and respectful team communication

Behaviours that undermine communication

- Unstructured or task-focused handover
- Failure to escalate concerns or share information
- Assumptions that others are aware
- Inconsistent communication
- Poor or delayed documentation

Key message

Clear, structured and consistent communication is essential to maintaining patient safety and continuity.

Handover, mid-shift updates and escalation must ensure that current risks, changes in condition and priorities are clearly understood by the whole team. Where communication is unclear, incomplete or delayed, patient safety is compromised.

Maintaining high standards of communication is a shared professional responsibility across all roles.

Reflective team activity

Use one question below to guide discussion during supervision and team meetings, or Putney Board sessions:

1. Thinking about a recent shift, where did communication support safety, and where could greater clarity or structure have reduced risk?
2. How effectively do we share changes in patient condition during the shift, and where might information be lost, delayed or assumed?
3. When concerns arise, how consistently are they escalated at the right time and to the right person, and what gets in the way?
4. Across Healthcare Assistants, Nursing Associates, Registered Nurses and the MDT, how confident are we that there is a shared understanding of patient risk and priorities at any given time?