

**Safety Huddles and Team Improvement
Boards: Inpatient Areas**
(Inc. Adult and Paediatric Wards,
Maternity and Theatres areas)
Standard Operating Procedure

V1.0

March 2019

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1. Introduction

1.1. Traditionally 'Safety Briefs' have been in place coordinating and structuring safety communications at shift handover times. The revision of current practice and introduction of this Standard Operating Procedure has allowed the Trust to reset a new 'Safety Huddle' expectation in line with its safety culture improvement work.

1.2. This policy sets out standards and guidance relating to Safety Huddles conducted in inpatient clinical areas across Royal Cornwall Hospitals NHS Trust.

1.3. The benefits of a Safety Huddle include;

- Increased situational awareness
- Communication of the urgency of resolving safety issues
- Improved leadership awareness of the status of front-line operations
- Provides timely recognition and resolution of problems that impact outcomes
- Allows the team to plan for the unexpected
- Uses concise and relevant information to promote effective communication

1.4. The standardisation and maintenance of the practice standards set out here is essential to promote a safety focused culture of care.

1.5. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

The purpose of this policy is to ensure the Trust has a standardised approach to the conduct of Safety Huddle across all inpatient clinical areas within the Trust.

3. Scope

This policy applies to all Trust staff working within inpatient area (including adult and paediatric wards, theatre and maternity areas) across the Trust (see definitions in Section 4).

4. Definitions / Glossary

4.1. Inpatient areas: adult and paediatric wards – this includes all adult and paediatric wards, units and departments where admitted patients have sleeping accommodation provided for them on one of the Trust's three main sites.

4.2. Theatre areas – this includes anaesthetic, operating theatre and recovery areas (Trelawney Wing, Tower Block, St Michaels Hospital, West Cornwall Hospital and Maternity areas)

4.3. Maternity areas – this includes Delivery Suite; Birthing Unit; Wheal Rose, Wheal Fortune and the Neonatal Unit.

4.4. Safety Huddle – a brief meeting of staff at the beginning of the day or shift to improve situation awareness. It includes sharing information about potential or existing safety concerns facing patients and staff. It increases safety awareness among front-line staff and supports a culture of safety.

4.5. Safety Huddle Report – this is a tool to support the documenting of a Safety Huddle; and supports the verbal communication of a Safety Huddle.

4.6. Handover module - is the electronic solution within the Trust to capture patient identifiable data to support clinical handover of patients from one team to another during periods of the day and night.

5. Ownership and Responsibilities

5.1. Role of the Chief Executive and wider Trust Board

The Chief Executive and wider Trust Board have key roles and responsibilities to ensure the Trust meets requirements set out by statutory and regulatory authorities. These responsibilities are delegated to an Executive Lead with supportive structure to ensure and assure standards and expectations are met. These are described below.

5.2. Role of the Executive Lead - Chief Nurse

The Chief Nurse is the nominated Executive Lead and will be responsible for ensuring structures and processes are in place to assure standardisation and delivery of Safety Huddles across the Trust. The Executive Lead will report to Trust Board on progress as required.

5.3. Role of the Quality Improvement Delivery Board

The Quality Improvement Delivery Board have responsibility to the Executive Lead in maintain a current and up to date policy and for formal reporting of compliance.

5.4. Role of the eHealth Team

The eHealth Team will set up and maintain any subsequent electronic Safety Huddle templates in line with this SOP. They will provide training and support on the use of the Handover Nervecentre module, that maintains the accuracy of the Safety Huddle template.

5.5. Role of Care Group Triumvirate

The care group triumvirate (Clinical Director, Head of Nursing, and General Manager) are responsible for ensuring the operational delivery and compliance to this standard operating procedure (SOP).

5.6. Role of Clinical Matrons

The Clinical Matrons will be guardians of the SOP, driving a safety standards and a visible safety culture within clinical areas they are responsible for.

5.7. Role of Ward and Department Sisters and Charge Nurses (and other Departmental Leads / and Line-Managers)

Line-managers are responsible for the delivery of the SOP in day-to-day practice. Ensuring clinical teams are aware the SOP requirements that these are delivered. They will be responsible to alerting the divisional management team to any risks to non-compliance and work to mitigate risks.

5.8. Role of All Staff using the Nervecentre Handover Module

The integrity of the Safety Huddle Report is dependent of the accuracy of data in the Handover module (Doctor and Nurse/AHP). It is incumbent on all staff using the Handover module to maintain timely and accurate information about their patients in the system.

5.9. Role of Individual Staff

All staff members are responsible to ensure they comply with SOP.

6. Standards and Practice

6.1. All areas

- 6.1.1. No patient identifiable data must be recorded on the Safety Huddle Report** to allow open access to a wider multi-professional team.
- 6.1.2.** A newly completed Safety Huddle Report must accompany the verbal delivery of each Safety Huddle.
- 6.1.3.** The Safety Huddle Report must be printed out and stored in a folder which is accessible to the multi-professional team to view throughout the shift.
- 6.1.4.** The completed Reports should be stored locally for a minimum of 28 days in arrears in a specific Safety Huddle folder. It is the responsibility of the shift leader to ensure this is maintained and made available to the wider multi-professional team in the area.
- 6.1.5.** At a care group level a copy of the completed Safety Huddle Reports must be electronically stored for a minimum of two years.
- 6.1.6.** The report template for Safety Huddles is available on Clinician's Shelf, and to order via UNIT4.

6.2. Inpatient areas: Adult and Paediatric Wards

- 6.2.1.** In addition to 6.1
- 6.2.2.** There are four key parts to the Safety Huddle for adult and paediatric wards:
 - 1) **Patient safety risks**, to increase staff awareness of key patient safety issues that put a patient at risk of harm; this is defined on the Safety Huddle Report as per bedspace.
 - 2) **Team**, to bring about awareness of any anticipated team demands or changes for the incoming shift. This will ensure everyone knows who is on duty that shift and highlight any staff changes or temporary shortages expected, and ensure the expertise/skill mix is managed.

3) **Look ahead**, to bring about awareness of any anticipated safety or quality issues in the next 24 hours. Some examples of this may include:

- Patients with the same surname
- A medication administered for the first time
- A new or unfamiliar piece of equipment in use
- A procedure that is only done once or twice a year
- Any unusual distractions
- Details of patient nominated for safer placement

4) **Look back and learn**, to bring about awareness of significant safety or quality issues from the last 24 hours. Here any learning from the previous 24 hours regarding complaints or incidents should be noted to inform care for the next 24 hours.

6.2.3. Each clinical area must hold a safety huddle at least twice a day, and delivered at each shift handover time.

6.2.4. The Safety Huddle is conducted by the Nurse-In-Charge of the outgoing shift.

6.2.5. The Safety Huddle will take between 4-8 minutes, include all staff members coming onto shift and be conducted in a designated area where confidentiality can be maximised.

6.2.6. The information to inform safety briefing should be sourced from the Nervecentre Handover Module and the patient medical record.

6.2.7. The fundamental patient safety risks that are included as standard on the safety huddle template include:

6.2.8. NEWS 5>

- Infection prevention and Control status (IPAC)
- Treatment Escalation Plan – Do Not Attempt Resuscitation (TEP-DNAR)
- Level 3 and level 4 enhanced care
- End of life
- High risk or pressure ulcer as per skin bundle
- Fallen within last 72 hours
- Nasal Gastric (NG) tube feeding
- Nil by Mouth (NBM)
- Planned procedure (not applicable to surgical areas)
- Blood Glucose Monitoring

• In addition to these the following inpatient areas will also include;

- **Paediatric area harms:** Child and adolescent mental health services (CAMHS); Safeguarding.
- **Wellington Ward harms:** Non Invasive Ventilation (NIV); chest drain; tracheotomy.

- **Wheal Coats Ward harms:** tracheotomy.
- **Lowen Ward harms:** Systemic anti-cancer therapy.

6.3. Theatre areas

- 6.3.1.** A standardise process will be in place across all theatres areas. Locally each theatre team collect, on the electronic theatre system - Galaxy, their debriefing record from the last 24 hours (look-back). This identifies any safety issues that arose for learning.
- 6.3.2.** In each theatre block – Trelawney, Tower, St Michaels Hospital, West Cornwall Hospital and Maternity hold a Safety Huddle at 8am.
- 6.3.3.** All department team colleagues attend the **Safety Huddle**
- 6.3.4.** The Safety Huddle is conducted by the Nurse/ODP-In-Charge of the shift.
- 6.3.5.** The Safety Huddle will take between 4-8 minutes, include all staff members coming onto shift and be conducted in a designated area where confidentiality can be maximised.
- 6.3.6.** The safety brief element of the Safety Huddle covers specialty specific element, such as: equipment issues, imaging issues, and a safety checklist, as well as safety concerns raised through Datix. This is documented on a standardise document and is stored in line with 6.1

6.4. Maternity areas

In Maternity Services a Safety Huddle template must be completed and accompany the verbal delivery of each safety huddle.

- 6.4.1.** This template must be structured to include the four key parts to the safety huddle (See 6.2. above), with the standard fundamental patient safety risks being agreed for each area.
- 6.4.2.** Each of the clinical areas holds, twice a day, a local Safety Huddle at shift handover time.
- 6.4.3.** The Safety Huddle is led by the Midwife/Nurse (in the case of NNU)-In-Charge of the oncoming shift, following an individual debriefing by the Midwife/Nurse-In-Charge leaving their shift.
- 6.4.4.** The Safety Huddle will take between 4-8 minutes, include all staff members coming onto shift and be conducted in a designated area where confidentiality can be maximised.
- 6.4.5.** This Safety Huddle template must be stored in line with 6.1

- 6.4.6. In Maternity Services, twice a day, a Whole Service Oversight Safety Huddle is held daily to collate individual teams Safety Huddle's escalated concerns.
- 6.4.7. In the mornings this Oversight Safety Huddle is meeting is led by the Head of Midwifery / Clinical Matron or deputy and involves the five areas leads for their shift, along with the Patient Safety Midwife, the Practice Development Midwife and the Safeguarding Midwife (or their deputies)
- 6.4.8. In the evenings this Oversight Safety Huddle is meeting is led by the Senior Midwifery-in-Charge and involves the multi-disciplinary teams from the five areas.
- 6.4.9. This Oversight Safety Huddle document is on a standardise form and is stored in line with 6.1.

6.5. Delivering a Safety Huddle that increases safety awareness

- Non-judgemental environment
- Everyone has the opportunity to contribute
- All points of view are respected
- Led by the most senior nurse on shift
- All ward staff invited to attend, including non-clinical
- Happens at the same time and place
- All staff arrive on time
- Is kept to time
- Only discusses those patients who are deemed at the highest risk in the clinical area
- The expectation for attendance is set
- It is kept factual
- Delivered in an environment free from disruptions and distractions

7. Dissemination and Implementation

This Policy will be cascaded via Care Hub Teams for implementation.

Promotional activities will be led by the lead for standardization of the Safety Huddle and Team Improvement Meeting Quality Improvement Programme

8. Monitoring compliance and effectiveness

Element to be monitored	Compliance with the SOP for the inpatient area will be monitored through the Ward Accreditation Programme
Lead	Trust's Ward Accreditation Lead
Tool	Inspection locally in line with the Ward Accreditation SOP (in development)
Frequency	In line with the Ward Accreditation Schedule
Reporting	Exception reporting will be vis the Ward to Board Framework (in

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arrangements	Development) – Currently Ward Accreditation exception reporting is to the Quality Assurance Committee.
Acting on recommendations and Lead(s)	Local areas will hold performance improvement action plans.
Change in practice and lessons to be shared	The Trust’s Ward Accreditation Lead will be responsible for sharing good practice.

9. Updating and Review

The policy will be kept under review by the authors in line with Trust strategic and operational developments and clinical practice changes. The minimum review period will be in three years’ time in line with Trust policy. Revision activity is recorded in the version control table at the beginning of this document.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Diversity & Human Rights Policy'](#) or the [Equality and Diversity website](#).

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Document Title	Safety Huddles: Inpatient Areas (Inc. Adult and Paediatric Wards, Maternity and Theatres areas) Standard Operating Procedure V1.0		
Date Issued/Approved:	23 rd January 2019		
Date Valid From:	March 2019		
Date Valid To:	March 2022		
Directorate / Department responsible (author/owner):	Corporate Nursing, Midwifery and Allied Health Professional Team; Frazer Underwood, Associate Chief Nurse Louise Dickinson, Acting Deputy Director of Quality, Safety and Innovation Lorrie Maltby, Lead Nurse for Quality, Safety and Innovation		
Contact details:	01872 255043		
Brief summary of contents	The purpose of this policy is to ensure the Trust has a standardised approach to the conduct of Safety Huddle across all inpatient clinical areas within the Trust.		
Suggested Keywords:	Safety Huddle; Safety Briefing; Patient Safety; Communication; Handover		
Target Audience	RCHT	CFT	KCCG
	✓		
Executive Director responsible for Policy:	Chief Nurse		
Date revised:	27 th July 2018		
This document replaces (exact title of previous version):	New Document / Initial Version		
Approval route (names of committees)/consultation:	Inpatient Safety Huddle Task and Finish Group, Chief Nurse's Clinical Cabinet		
Divisional Manager confirming approval processes	Louise Dickinson, Acting Deputy Director of Quality, Safety and Innovation		
Name and Post Title of additional signatories	Not Required		
Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings	{Original Copy Signed}		
	Name: Frazer Underwood		
Signature of Executive Director giving approval	{Original Copy Signed}		

Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only	
Document Library Folder/Sub Folder	e.g. Clinical / Corporate Clinical			
Links to key external standards	Governance Team can advise			
Related Documents:	Reference and Associated documents			
Training Need Identified?	Yes / No – Select 'Yes' if any staff will need to carry out training to achieve successful implementation of this policy and also state that the Learning and Development department have been informed.			

Version Control Table

Date	Version No	Summary of Changes	Changes Made by (Name and Job Title)
27 th July 2018	V1.0	Initial Issue	Frazer Underwood, Associate Chief Nurse

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.
This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Initial Equality Impact Assessment Form

This assessment will need to be completed in stages to allow for adequate consultation with the relevant groups.

<p><i>Name of Name of the strategy / policy /proposal / service function to be assessed</i></p> <p>Safety Huddles: Inpatient Areas (Inc. Adult and Paediatric Wards, Maternity and Theatres areas) Standard Operating Procedure V1.0</p>						
<p>Directorate and service area: Trust-wide</p>			<p>Is this a new or existing <i>Policy</i>? New</p>			
<p>Name of individual completing assessment: Frazer Underwood</p>			<p>Telephone: 01872 255043</p>			
<p>1. <i>Policy Aim*</i> <i>Who is the strategy / policy / proposal / service function aimed at?</i></p>		<p>The purpose of this policy is to ensure the Trust has a standardised approach to the conduct of Safety Huddle across all inpatient clinical areas within the Trust.</p>				
<p>2. <i>Policy Objectives*</i></p>		<p>As above</p>				
<p>3. <i>Policy – intended Outcomes*</i></p>		<p>Patient Safety Effective communication Standardisation Team working</p>				
<p>4. <i>*How will you measure the outcome?</i></p>		<p>Reduced harm incidence over time</p>				
<p>5. Who is intended to benefit from the <i>policy</i>?</p>		<p>Patients and Staff</p>				
<p>6a Who did you consult with</p>		<p>Workforce</p>	<p>Patients</p>	<p>Local groups</p>	<p>External organisations</p>	<p>Other</p>
		<p>X</p>				
<p>b). Please identify the groups who have been consulted about this procedure.</p>		<p>Nursing and Midwifery colleagues through the Safety Huddle Task and Finish Group</p>				

What was the outcome of the consultation?	Support for standardised framework.
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7. The Impact
Please complete the following table. **If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.**

Are there concerns that the policy could have differential impact on:				
Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
Age		X		
Sex (male, female, trans-gender / gender reassignment)		X		
Race / Ethnic communities /groups		X		
Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		X		
Religion / other beliefs		X		
Marriage and Civil partnership		X		
Pregnancy and maternity		X		
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		X		

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation- this excludes any *policies* which have been identified as not requiring consultation. **or**
- Major this relates to service redesign or development

8. Please indicate if a full equality analysis is recommended.	Yes		No	X
9. If you are not recommending a Full Impact assessment please explain why.				
Neutral impact identified				
Signature of policy developer / lead manager / director			Date of completion and submission	
Frazer Underwood (1)			25 th July 2018	
Names and signatures of members carrying out the Screening Assessment	1. Associate Chief Nurse 2. Human Rights, Equality & Inclusion Lead			

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead
c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa,
Truro, Cornwall, TR1 3HD

This EIA will not be uploaded to the Trust website without the signature of the Human Rights, Equality & Inclusion Lead.

A summary of the results will be published on the Trust's web site.

Signed Frazer Underwood

Date 25th July 2018

