

Standard Operating Procedures (SOP) for: Safety Huddle Template			
Replaces:			
SOP Number:	1	Version Number:	3
Effective Date:	May 2017	Review Date:	May 2018

Date Impact Assessment Undertaken			
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In Conjunction with:	Senior Management Team Sefton Locality		

Authorisation:	
Name / Position	Nicky Ore Clinical Lead Sefton Locality
Signature	
Date	

Purpose and Objective:
<p>To ensure staff within the District Nursing Service are aware of:</p> <ul style="list-style-type: none"> • The importance of effective communication in the provision of safe, high quality patient care and ensure staff safety. • To enable staff to be aware of their roles and responsibilities in the implementation of an effective safety huddle handover. • Providing a structured safety huddle template for recording handovers in a more formalised way. • To identify and monitor trends especially around the 4 key harms – pressure ulcers, CAUTIs, VTE and falls. • For use in times of Business Continuity so Senior Management teams are aware of staffing/ patient demand • All teams to complete Safety Huddle handover and forward to evening service to ensure a formal handover is completed and emailed to all band 6s and DNTLs, copying in Nicky Ore for information. • Evening staff to complete handover to all teams (x1 document) and email to all DNTLs, band 6s and copy Nicky Ore for information. • All handovers received should be discussed at the teams safety huddle and documented that this has been completed.

Background:

- Documentation for handover not suitable and not used
- Reduce hospital admissions by highlighting complex patients (making team aware of complex patients)
- To improve patient and staff safety
- Improve communication within the team
- Identify and monitor trends especially around increase in pressure ulcers
- Recent CQC report requiring evidence of handovers

Responsibilities:

<p>Team Leader & Caseload Holders</p>	<p>The Team Leader / Caseload Holder must implement the Safety Huddle within the team / ward for which they are responsible on a daily basis.</p> <p>It is suggested that as a minimum, the safety huddle should take place at least once per day, ideally in the morning and should be timed to last 15 minutes, and no more than 30 minutes.</p> <p>The Safety Huddle, for the purpose of this SOP, does not substitute the ongoing practice of daily discussions and escalation between team members in relation to the workload they have been allocated on that given day.</p>
<p>All Staff</p>	<p>All staff delivering care to the population of patients covered by the team / ward must attend the Safety Huddle when they are on duty and be actively involved.</p> <p>No use of phones/ mobiles/ computers during safety huddle unless requested to check on a patients visit.</p> <p>All staff should ensure that their Lone Worker devices are fully charged as this will be checked at every safety huddle and you will be required to show the lead it is working.</p>
<p>Team Leader & Caseload Holders</p>	<p>The Safety Huddle: All staff allocating work, should weight the safety huddle as a 2 into the daily weightings of staff, this will</p>

	<p>ensure all staff have capacity within their working day to attend these meetings.</p>
<p>Team Leader & Caseload Holders</p>	<p>At the beginning of the Safety Huddle:</p> <ul style="list-style-type: none"> • The Safety Huddle 'lead' should be identified at the beginning of each day. • A primary contact for the day should be identified, for staff to contact with concerns, this person will have a lower weight for the day. • The 'lead' must complete the Safety Huddle Template and is responsible for ensuring any actions for the day are completed or assigned to an individual able to complete the task. • The lead should ensure the handover is completed and emailed to evening staff. • The actions should be revisited the following day to ensure staff are kept informed. • The Lead should use the handover to handover patients to another team when help has been offered.
<p>Safety Huddle Lead</p>	<p>The 'lead' must ensure that all patients that have 'clinically significant information' is understood by all staff members and should allow for discussions as required.</p> <p>For the purposes of this SOP, 'clinically significant information' should include:</p> <ul style="list-style-type: none"> • Priority Patient's should be discussed. (Patients who require a specific timed visit and / or treatment deemed to be vital to maintain health or symptom control.) • Pressure ulcers • Palliative patients. • Patients who require senior reviews. • Patients who pose risks to staff (violence/aggression) • Catheter issues <p>The 'lead' should ensure that the priority</p>

	board is updated each day if required.
Safety Huddle Lead	Throughout the Safety Huddle the Lead should document any other business or actions for the current day and revisit the following day to ensure no information / actions are missed. This should include the name of those responsible for completing these actions (This should be documented in the actions for the day section of the template.
Safety Huddle Lead	Once complete: The Safety Huddle Template should currently be filed in a designated folder for storing this information, and be kept in a locked tambour unit, until a more formal process is devised. This can then be accessed by all staff members. This should be in line with IG policies.

References:

LCH Policy for Clinical Handover of Care

LCH Information Governance Policy

Appendices:

1. Safety Huddle Template
2. Safety Huddle Handover

