

STANDARD OPERATING PROCEDURE COMMUNITY SERVICES SAFETY HUDDLES

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Author/Lead Job Title	Katie Barraball - Therapy Lead Carol Wilson - Locality Matron
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Ratified and Quality Checked by: Date:	Community Services Clinical Network Group 16 March 2023
Name of Trust Strategy/Policy/Guidelines this SOP refers to:	See Humber Policies and procedures intranet page – Corporate and Clinical <ul style="list-style-type: none"> • Electronic Communications and Internet Acceptable Use Procedure.htm (humber.nhs.uk) • Deteriorating Patient Policy (humber.nhs.uk) • Falls policy (Patient) (humber.nhs.uk) • Pressure Ulcer prevention policy (humber.nhs.uk) <p>Safeguarding policies (humber.nhs.uk) – Safeguarding Team page</p>

VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
2.1	17/04/2018	<i>Inclusion of Scarborough and Ryedale Rebranded</i>
2.2	12/04/2021	<i>Total refresh</i> <ul style="list-style-type: none"> • Update format in line with trust guidance • Update to include wards and community teams • Update to reflect remote working / use of MS team • Update regarding clinically significant information • EIA included
2.3	16/03/2023	<i>Reviewed – no changes made. Approved at Community Services Clinical Network Group(16 March 2023).</i>

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1. INTRODUCTION

These standard operating procedures (SOPs) have been developed to guide the practice of staff working in the community services and inpatient units. They also provide a framework for the provision of safe and effective care.

Please note these SOPs are subject to change dependent on service development. Please ensure the most up to date version is used – these can be accessed via the intranet.

Across all Services staff are to comply with the following Standard Operating Procedure (SOP) to ensure a knowledgeable skillful competent workforce across all localities and staff grades operated by Humber Teaching NHS Foundation Trust.

2. SCOPE

This SOP will be used across all community services teams and community inpatient units within Humber Teaching NHS Foundation Trust. It includes both registered and unregistered staff who are permanent, temporary, bank or agency staff.

The following are overarching, guiding principles for safe and effective practice when using these standard operating procedures.

- The standard operating procedures do not replace professional judgement which should be used at all times
- A clear rationale should be presented / recorded in support of all decision making
- Practice should be based on the best available evidence
- Appropriate escalation when required

Safety huddles ensure the staff within Community services and community hospital inpatient units are:

- Aware of the importance of effective communication in the provision of safe, high quality patient care and ensure staff safety.
- Aware of their roles and responsibilities in the implementation of an effective safety huddle handover.
- Able to identify high risk patients and monitor trends especially around the 4 key harms – pressure ulcers, CAUTIs, VTE and falls.
- Also used in times of Business Continuity so Senior Management teams are aware of staffing/ patient demand

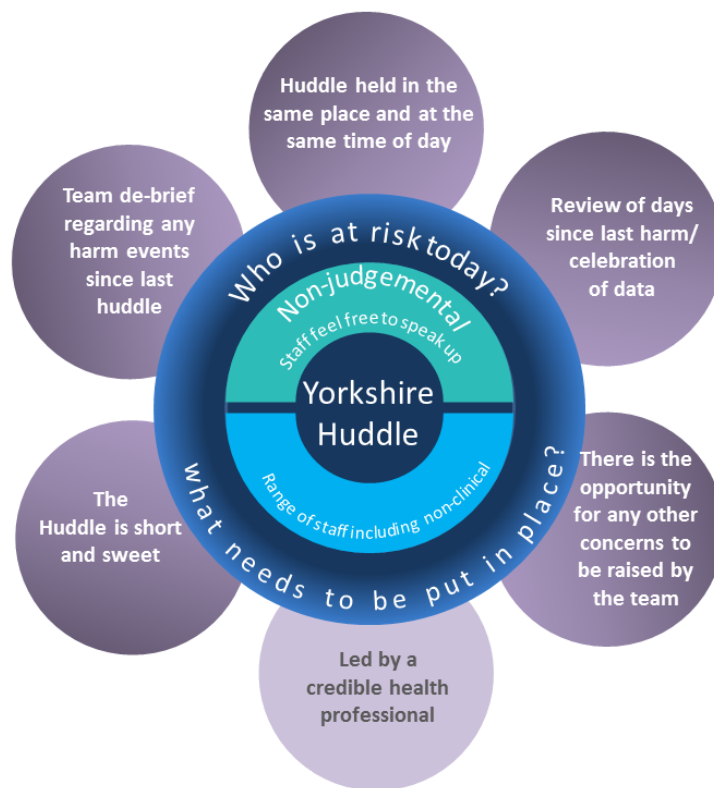
3. DUTIES AND RESPONSIBILITIES

Service Managers, Modern Matrons and appropriate professional leads will ensure dissemination and implementation of the policy within the sphere of their responsibility. They should also ensure staff are supported in attending relevant training and that time is dedicated to the provision and uptake of training and sign off competencies.

Ward Manager / Team Leaders / Clinical lead will disseminate and implement the agreed SOP. They will maintain an overview of associated training needs for their respective teams. The Ward manager/Team Leader / Clinical lead will ensure mechanisms and systems are in place to facilitate staff to attend relevant training as part of their Performance and Development Review (PADR) process in order to undertake training and sign off competencies.

All clinical staff employed by the Trust will familiarise themselves and follow the agreed SOP and associated guidance and competency documents. They will use approved documentation and complete relevant paperwork as per policy and Standard Operating Procedures as relevant to each clinical activity. They will make their line managers aware of barriers to implementation and completion.

4. PROCEDURES



A credible health professional must implement the Safety Huddle within the team / ward for which they are responsible on a daily basis.

It is suggested that as a minimum, the safety huddle should take place at least once per day and should be timed to last 15 minutes, and no more than 30 minutes.

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.

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, this can be carried out by staff remotely calling in to the virtual huddle. All huddles conducted in a

virtual manner will follow the guidance set out in Electronic Communications and Internet Acceptable Use Procedure (Proc451 (IG)).

Any staff on duty, or arriving on duty, who have not attended that days safety huddle must contact the designated huddle lead for that day for an update.

At the beginning of the Safety Huddle:

The Safety Huddle lead, who is a senior clinician, should be identified on the off duty and will be the primary contact for the day for staff to contact with concerns.

The Huddles always occur in the same place / virtual space. This must be as prominent and as central to the ward as possible, encouraging attendance and demonstrating their clinical significance.

The Huddles commence on time. The Huddle is not delayed until members arrive. There is an expectation that attendees are present 2 minutes before the scheduled start time.

The Huddle is time limited. A maximum of 30 minutes is taken to discuss all patients. Time is kept by the member of staff leading the Huddle.

The Huddle time is protected.

Attendance is monitored at each Huddle. This is not a punitive measure but one by which we can be assured the Huddle is maximally effective. The Huddle" lead" will record attendance each day.

Everyone's contribution is equally valuable.

The 'lead' must complete the local Safety Huddle documentation and is responsible for ensuring any actions for the day are completed or assigned to an individual able to complete the task. All discussions will be recorded on the clinical notes with any actions identified.

The actions should be revisited the following day to ensure staff are kept informed.

The 'lead' must ensure that all patients who have 'clinically significant information' are understood by all staff members and should allow for discussions as required.

For the purposes of this SOP, 'clinically significant information' should include:

- High Risk Patient's,
- Pressure ulcers
- Palliative patients.
- Patients who require senior reviews.
- Falls patients
- Patients who pose risks to staff (violence/aggression)
- Catheter issues
- Patients at risk of hospital admission
- Safeguarding concerns

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. The safety huddle documentation should be saved on S1 with an activity recorded as “safety huddle”.

5. REFERENCES

Huddle up for safer care manual [HUSH Basic Information Leaflet_Aug2019.pdf \(improvementacademy.org\)](#)

NHS improvement academy [Improvement Academy - Safety Huddles](#)

[Safeguarding policies \(humber.nhs.uk\) – Safeguarding Team page](#)

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: **Community Services Safety Huddles**
2. EIA Reviewer (name, job title, base and contact details): **Katie Barraball**
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? **SOP**

Main Aims of the Document, Process or Service

Safety Huddle standard operating procedures (SOPs) has been developed to guide the practice of staff working in the neighborhood care Services, HUBs and inpatient units. To provide a framework for the provision of safe and effective care in line with trust and national guidance.

Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

<p>Equality Target Group</p> <ol style="list-style-type: none"> 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment 	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)</p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	<p>Including specific ages and age groups:</p> <p>Older people Young people Children Early years</p>	Low	See below
Disability	<p>Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:</p> <p>Sensory Physical Learning Mental health</p> <p>(including cancer, HIV, multiple sclerosis)</p>	Low	See below
Sex	<p>Men/Male Women/Female</p>	Low	See below
Marriage/Civil Partnership		Low	See below
Pregnancy/Maternity		Low	See below
Race	<p>Colour Nationality Ethnic/national origins</p>	Low	See below

Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	See below
Sexual Orientation	Lesbian Gay men Bisexual	Low	See below
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	See below

Summary

Please describe the main points/actions arising from your assessment that supports your decision:

The safety huddle is run via MS teams and accessible to staff

No indication that implementation of this procedure would cause any potential or actual impact with regard to the equality target groups listed.

EIA Reviewer: Katie Barraball

Date completed: 22/02/2023

Signature:

