

STANDARD OPERATING PROCEDURE PRIMARY CARE SAFETY HUDDLES

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Instigated by: Date Instigated:	Iqbal Hussain – GP Clinical Lead April 2024
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Ratified and Quality Checked by: Date:	Primary Care Clinical Network Group 19 July 2024
Name of Trust Strategy/Policy/Guidelines this SOP refers to:	<ul style="list-style-type: none"> • Electronic Communications and Internet Acceptable Use Procedure • Deteriorating Patient Policy • Falls policy • Pressure Ulcer prevention policy • Primary Care Induction SOP • Safeguarding Adults Policy • Safeguarding domestic violence and abuse Policy • Safeguarding Children Policy • Self-Neglect, Neglect and Hoarding Policy

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

CHANGE RECORD

Version	Date	Change details
1.0	12/06/24	New SOP (approved by the Primary Care Clinical Network Group on 12/06/24)
1.1	19/07/24	Monitoring of telephone data added to Appendix 1 Safety Huddle Template agenda. Approved by Primary Care CNG (19 July 2024).

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1. INTRODUCTION

Standard Operating Procedures (SOPs) have been developed to guide the practice of staff working in Primary Care Services. They provide a framework for the provision of safe and effective care.

Please note 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 Humber Teaching NHS Foundation Trust GP practice. It includes both registered and unregistered staff who are permanent, temporary, bank and Primary Care Networks (PCNs) and agency staff.

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

- The standard operating procedures do not replace professional judgement which should be always used.
- 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 Primary Care 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 and monitor trends especially around key areas of:- Capacity /demand and patient safety.
- Also used in times of Business Continuity so Senior Management teams are aware of staffing/ patient demand.
- Are supported to make difficult decisions as part of a multidisciplinary team in a safe and supported way.

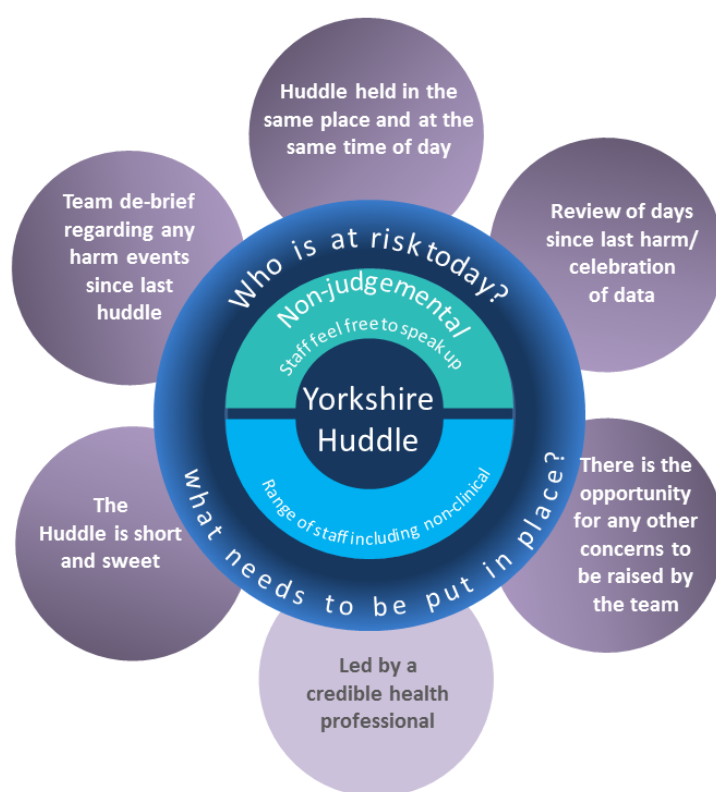
3. DUTIES AND RESPONSIBILITIES

GP Clinical Lead, Service Manager and Primary Care Matron and GP professional leads, will ensure dissemination and implementation of this SOP 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 of attendance at daily Safety Huddles.

Practice Managers/ Assistant Practice Managers/Team Leaders / Clinical leads will disseminate and implement the agreed SOP. They will maintain an overview of associated training needs for their respective teams. The Practice Manager/Assistant Practice Manager/ Team Leads / GP Clinical leads will ensure mechanisms and systems are in place to facilitate staff to attend relevant training as part of their Induction.

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

4. PROCEDURES



The Practice Manager/Assistant Practice Manager will implement a Daily Safety Huddle within the GP practice of which they are responsible for 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 10 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 their registered population covered by the GP Practice 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 via MS teams. All Safety 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 the days the daily safety huddle must have access to the Daily Safety huddle records to achieve a daily update.

At the beginning of the Safety Huddle:

The person who will be leading the Safety Huddle each day, will be identified upon the system one ledger and will act as the primary contact to escalate concerns.

The daily Safety Huddles will occur at a set place or via MS teams. Attendance will be encouraged to demonstrate its clinical significance toward the day to day running of the GP practice.

The Safety Huddle will commence on time. The Huddle will not be 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 10- 30 minutes will be taken to discuss all areas within the template (Appendix 1).

The Huddle time is protected and will be assigned to all daily staff ledgers.

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 Safety Huddle Template (Appendix 1) 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 with any actions identified.

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

The 'lead' must ensure that all 'clinically significant information' is 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 / Complex Patients
- Patients who require an MDT approach
- Palliative patients
- Patients who require home visiting
- Patients who pose risks to staff (violence/aggression)
- Safeguarding concerns
- Capacity /demand within the Practice
- Workload/staffing

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 the GP practices “Shared Drive” recorded as “safety huddle” or a hard copy kept within a “Daily Safety Huddle folder.

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](#)

		Nurses	
Pharmacist			
Mental Health Worker			

Has the below been checked?	Numbers	Yes	No	Info
Any problems so far this morning or yesterday afternoon				
HCA Safety checks – fridge, defib, equipment, oxygen, emergency drug bag				
Any Management updates? Notices?				
Ensure daily cleaning sheets are being completed				
*REMINDER Please ensure all “abnormal” pathology actioned by the end of the day				
Urgent tasks Clinicians				
Safeguarding Concerns				
Home Visit Concerns				
Monitoring of telephone data: Call volumes Calls abandoned Time taken to answer calls Missed call volumes Wait time before call abandoned Call backs requested Call backs made				

Average call length time				
Accurx Duty: Admin Apt: Medical to Assign:				
Letters outstanding				
Active Research additional support				
Informal Supervision / Discussion				

Additional Issues or Concerns Discussed:	Resolve

APPENDIX 2 - EQUALITY IMPACT ASSESSMENT

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

1. Document or Process or Service Name: **Primary Care Safety Huddles**
2. EIA Reviewer (name, job title, base and contact details): Maggie Bean, Primary Care Matron
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 Humber GP Practices. 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: Maggie Bean

Date completed: 14/06/2024

Signature:

MBean