Safety Huddles are a brief, focused and structured exchange of information about potential or existing safety risks which may affect patients, staff and any person accessing the healthcare environment. A safety Huddle is not a formal meeting or handover.

Safety Huddles are held at the beginning of the day and at every shift changeover. They allow teams to:

1. Develop on the spot action plans to address safety concerns
2. Provide an update on the action taken on risks previously identified, and
3. Celebrate successes such as compliments

Who Should Attend the Safety Huddle?
All staff involved in the care of patients, clinical and non-clinical including medical, nursing, allied health, pharmacy, ward clerks, clinical support officers and security staff.

Sustaining Safety Huddles
Team agreed ways of working will ensure the effectiveness and sustainability of Safety Huddles. For example, Safety Huddles should be:

1. Held at a consistent time
   Safety Huddles are held at the same time each shift. Team members are expected to arrive on time and be prepared.

2. Kept to time
   Safety Huddles are brief, 10 minutes maximum. The Safety Huddle leader is responsible for keeping the Safety Huddle to time.

3. Held in a consistent location
   They are held in a central location accessible to all team members ensuring workflow is not obstructed and confidentiality is maintained. The ideal location is next to a Quality Learning Board.

4. Held standing
   Remain standing to assist with focus and efficiency.

5. Establish a Safety Huddle leader
   A team leader, in-charge of shift or Nursing Unit Manager will usually take the lead.

6. The input of all team members is valued
   All staff clinical and non-clinical are encouraged to speak up to share their perspective. The Safety Huddles are improvement focused and non-punitive.

7. Closing the loop
   A process for action is followed after the Safety Huddle so that all action items are assigned by the Safety Huddle leader and accountability is agreed.

8. Follow a locally developed script
   Develop the script around the three focus areas - Look back, Look forward and Plan. The guide on page 2 will help you develop your script.
How do I prepare?
Refer to the example ‘emerging threats’ in the Safety Huddle script guide box opposite to help inform your preparation. Always present:
- Concerns expressed by relatives and carers relating to a patient’s condition
- Patients at risk of deterioration

Documenting Safety Huddles
The Safety Huddle discussion does not need to be documented. However, it is important to assign accountability and to use a system to track outcomes from actions taken on identified risks.

Evaluation
Evaluate the Safety Huddle process to identify the impact including the staff perceptions to inform and improve the process.

About Team Culture and Communication
The CEC’s Team Culture and Communication aims to enhance teamwork and communication at the point of care and support clinicians to create the conditions to allow quality and safety improvement to occur.

For further information, please visit
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