**Change idea:**

**The introduction of safety huddles following handover.**

<table>
<thead>
<tr>
<th>Predictions</th>
<th>Plan</th>
<th>Do</th>
</tr>
</thead>
</table>
| For the safety huddle to be introduced to explore potential ‘hot spots’ of possible conflict, and to identify staff actions to minimise these. | • Dedicated safety huddle white board ordered.  
• Discussion and information to be circulated within the clinical team.  
• Safety Huddle to be modelled.  
• To include huddles into wider action plan to elevate intervention. | • Information disseminated to all staff.  
• Project lead to model at least 7 huddles.  
• Huddles to stick to ‘magic 15 minutes’  
• Ad hoc discussions about implementation and effectiveness. |

**Act**

- The huddles supported the handover, but explored potential issues in more depth. Specific tasks were allocated to non-qualified staff.  
- Provided more defined handover time.  
- Difficult when majority of staff are on ‘long days’

**Study**

- Positive feedback from all staff so the huddles will continue.  
- Evidence of huddles being repeated mid shift (4am!!!)  
- Will incorporate the use of the safety cross into the huddle.

**Do**

- A consistent modelling approach is needed in the early days.  
- Staff on long days still need to have clear handover time.  
- Responsibilities are more clearly defined, ‘everyone’s’ responsibility.  
- Much more dynamic risk focused.