Implementing a Hospital @ Night Safety Huddle
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**Background**
- Hospital @ Night setting
- Speciality handovers
- Isolated working model
- Scope of inpatient population
- Generalists & Specialists
- Busy and challenging workload
- Governance themes – poor communication
- No formal outreach interface
- No “Whole Hospital” view

**Methodology**
Implementation of safety huddle after speciality handovers, focussing on specialities, staffing, outreach, patients at risk, security issues etc. Followed by a 6 month qualitative evaluation of H@N and speciality team feedback.

**Results**
- **Pre Pilot** – Team isolated, sceptical, vulnerable. Acutely unwell patients across Trust, lack of communication. Themes from governance – Improve communication between teams.
- **Mid pilot** – Positive senior lead, clearly documented audit trail each night, increased inclusivity of teams.
- **End of Pilot** – All specialities represented. Increased staff fulfilment. Trust overview, awareness of risk issues and sick patients considerably improved. Effective use of resources. Staff feedback - improvement in inclusivity and team working. 100% Compliance

**Discussion**
- Team satisfaction
- Learning opportunities and needs identifiable
- Human factors shone through
- Difficult to obtain quantitative data due to unpredictable workload and nature of feedback
- Longer term plan to analyse governance themes

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