

# Hospital Huddles: Core Elements

The SPSP Acute Adult team have worked with Scottish Government and NHS boards to understand the purpose, design and delivery of hospital huddles. This case study presents key findings and core elements identified to optimise hospital huddles.

## Background

The unprecedented and sustained system pressures during COVID-19 have once again highlighted the critical importance of communication within and between teams. Used widely across NHS Scotland, hospital huddles support safe communication and are a key component of the [SPSP Essentials of Safe Care](#).

This work aimed to identify core elements to support teams to improve patient safety, flow and communication as part of the morning huddle.

“A huddle is a short, stand-up meeting ... that is typically used once at the start of each workday in a clinical setting. The huddle gives teams a way to actively manage quality and safety...Huddles enable teams to look back to review performance and to look ahead to flag concerns proactively.

Institute for Healthcare Improvement (IHI)



## What we did



reviewed  
**7**  
published  
templates



attended  
**14**  
hospital huddles in 6  
NHS boards



attended  
**2**  
integrated huddles  
in 2 NHS boards



**10**  
huddle templates  
shared by  
6 NHS boards



**18**  
conversations in 4  
boards with more than  
30 staff

## Our Approach

Create the  
Conditions

October 2021

- Clinical and operational leadership buy-in from NHS boards.
- Collaboration with Scottish Government's 6 Essential Actions Programme.
- Board and national level capacity identified to support the work.

Understand  
the system

November 2021

- Rapid review of current huddle templates within NHS Scotland boards and literature.
- Attendance and observation of hospital huddles.
- Interviews with huddle members and clinical leaders.

## Huddle template components

A rapid review of huddle templates from the literature and NHS boards identified the following key components:

<b>In-huddle</b>	<ul style="list-style-type: none"><li>➤ Previous 24 hrs: activity and safety issues</li><li>➤ Current safety issues</li><li>➤ Capacity and flow</li><li>➤ Multi-disciplinary staffing</li><li>➤ Huddle summary (identify priority actions, assign owners and timelines)</li></ul>
<b>Post-huddle</b>	<ul style="list-style-type: none"><li>➤ Problem solving begins</li><li>➤ Dissemination of huddle report</li></ul>



## Themes from huddle observations and conversations

### Pre huddle

Pre-population of template

Use of Hospital at Night management report for huddle context

### In huddle

#### Huddle structure

- Use of template and visuals enhance situational awareness and engagement

#### Situational awareness

- Whole site position for demand and capacity adds value

#### Psychological safety

- Tone and approach of chair is crucial
- Respect for clinical judgement is imperative
- Sharing celebrations

#### Digital huddle

- Virtual/hybrid model impacted on team working however opened access to wider audience
- Face to face enabled valuable impromptu conversations

#### Huddle membership

- Current attendees and missing services
- Situational awareness enhanced by a wide range of attendees
- Requires attendees with influence for escalation and resolution

#### Integrated care huddles

- Sharing of information between acute and community sites (i.e. forecasting, staffing, discharges, capacity)
- Value in developing situational awareness across whole system

### Huddle content

#### Flow

- Focus on front door and discharges, including delayed discharges and patients boarding
- Potential for forward planning for next day discharges
- Information to flow to community based services (such as integrated care huddles)

#### Safety

- Previous day and overnight issues
- Discuss deteriorating patients and plans; patients requiring enhanced observations; inviting staff to raise safety concerns and consider if safe to start

#### Staffing

- Focus on nursing gaps, variation in reporting
- Some huddles used to solve staffing issues

#### Huddle summary

- Summaries of safety issues and assigned responsibility vary

Use of huddle to communicate other important issues

### Post huddle

Follow up mini huddles

#### Electronic post-huddle report

- Dissemination of report to wider team for situational awareness and to target support

“

*“Key thing is buy-in from staff we’re asking very busy SCNs (senior charge nurses) to come on [to the huddle] and we need to continue to make it meaningful to them.”*

*General Manager*

*“Huge focus on Estimated Discharge Dates and things you need to run away and achieve... needs to be a bigger focus on the safety of the site”*

*Lead Nurse*

*“What it’s [the whole system huddle] has really done is helped all of us to understand the pressures we’re all under to try and work together to find solutions.”*

*Integrated Care Huddle Team*

”

## Hospital huddles: core elements

There are three key stages to the huddle: pre-, in and post-huddle. The core elements within each stage were developed following the review of templates, huddle observations and conversations with attendees. Click the links for further detail.

### Pre-huddle

Pre-population of  
template or visual

### In-huddle

Exception reporting  
Safety & Flow  
Situational awareness  
Look forward  
Huddle Plan

### Post-huddle

Problem solving  
Huddle report  
Whole system  
interface

creating the conditions

## Key considerations for teams

- What metrics do you use to understand how reliable and effective your huddle is?
- How could the core elements support your hospital huddle to become more effective?
- How does your huddle contribute to the situational awareness, actions and plans within your wider health and care system?



## Next steps

- Work with one NHS board to identify tests of change and co-design testing and adaptations to their morning huddle.
- Provide opportunities to share learning and network, building on this crucial work to support communication within and between teams.

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