Care Group 1 (Medicine) Safety Huddle Log				
Expectations:				
•	ed 3 times a day (AM,	PM & Night) or following an incident.		
taran da antara da a		weekly and share at the monthly Quality Meeting with HON/DHON.		
Log scanned and saved to th				
Date:	Time:	Lead:		
Jule.				
Present:				
Shift Allocation/Key messages				
ome, modulon, ne i messages				
Patient Safety/Experience Concerns				
Safeguarding issues				
Your Health and Wellbeing – b	reaks			
<b>Escalations from NIC</b> following	review of			
Patient Overview Board and Nursing				
Assessment Board (on Meditech) and discuss				
outstanding actions - Any esca				
Escalations to NIC - Deteriorati	• .			
The NIC Must be informed and				
communication must be maintained -				
escalate to ART if required.				
Escalations to Matron/Matron	of the Day			
Is there any family discussions	that need to			
take place? including changes in patients				
condition, post incident, discharge planning.				
Has the process been identified and has this				
been arranged including MDT?				
Tissue Viability - Is the right eq	uipment in			
place? Have the assessments been completed				
within the required timeframe?	? Any			
escalations?				
Falls - Is the right equipment in	-			
falls prevention measures in place? Have the				
assessments been completed within the				
required timeframe? Has the La	&SBP being			
completed? Any escalations?				
Enhanced Care - support options explored -				
LD, MHLT, admiral nurse, family support? This				
is me completed? Enhanced care submitted if appropriate?				
Mental Health - Any patients of	oncornod			
about? Any Missing/risk of mis				
Protocol followed? Any escala				
IPC - Any special precautions in				
escalations?	i place. Ally			
Discharge planning to include of	discussions			
with family, golden patients, C2R, IDT				
position/to be completed, EDD, follow				
therapy plan/equipment				
Moving and Handling – referra	I to therapy.			
ongoing requirements				

Care Group 1 (Medicine) Safety Huddle Log			
Expectations:			
The Huddle is to be complet	ed 3 times a day (AN	1, PM & Night) or following an incident.	
Ward Manager to review da	ily, Matron to review	weekly and share at the monthly Quality Meeting with HON/DHON.	
Log scanned and saved to th	e ward shared drive.		
Date:	Time:	Lead:	
Present:			
01.15.011 //			
Shift Allocation/Key messages			
Patient Safety/Experience Concerns			
Patient Safety/Experience Concerns			
Safeguarding issues			
-			
Your Health and Wellbeing – b	reaks		
Escalations from NIC following			
Patient Overview Board and Nursing Assessment Board (on Meditech) and discuss			
outstanding actions - Any esca	•		
Escalations to NIC - Deteriorati			
The NIC Must be informed and			
communication must be maintained -			
escalate to ART if required.			
Escalations to Matron/Matron of the Day			
Is there any family discussions	that need to		
take place? including changes in patients			
condition, post incident, discharge planning.			
Has the process been identified and has this			
been arranged including MDT?			
<b>Tissue Viability</b> - Is the right equipment in			
place? Have the assessments been completed within the required timeframe? Any			
escalations?			
Falls - Is the right equipment in place and are			
falls prevention measures in place? Have the			
assessments been completed within the			
required timeframe? Has the La	&SBP being		
completed? Any escalations?			
<b>Enhanced Care</b> - support options explored - LD, MHLT, admiral nurse, family support? This			
is me completed? 1-1 submitted if			
appropriate?			
Mental Health - Any patients of	oncerned		
about? Any Missing/risk of mis	ssing persons?		
Protocol followed? Any escala			
IPC - Any special precautions in	n place? Any		
escalations?			
Discharge planning to include discussions with family, golden nations, C2P, IDT			
with family, golden patients, C2R, IDT position/to be completed, EDD, follow			
therapy plan/equipment			
Moving and Handling – referra	l to therapy,		
ongoing requirements			