**Appendix B**

**Huddle Observation Tool Guidance**

The aim of the Huddle Observation Tool is to enable a research team to assess how huddles are working and to describe what the huddles look like. The Huddle Observation Tool has been designed to capture the key elements of a huddle, not necessarily every single detail. Each huddle may comprise different elements, and it is important to understand this variation. The tool can be used in two ways for participant observations:

* To assist a team in implementing huddles by proving real-time evaluation of the huddle process.
* To allow a team to periodically evaluate how an established huddle is performing.

**INTRODUCTION**

1. The Huddle Observation Tool is to be completed by a member of the research team during a site visit to observe the SAFE programme.
2. Complete the front page noting the name of the huddle, the ward it took place on and the date and time. The other information on this page should be completed during or directly after the huddle so information is recorded accurately.
3. If you are a Participant Observer, when completing the section of ‘Number of attendees by role’ you will also need to tick one box in the far right column that corresponds with your own job role.
4. The section ‘Were the following discussed’ should be used to indicate if the topics listed were discussed during the huddle by ticking the YES or NO box for each topic.
5. All answers can be expanded on the second page of the Observation Tool in the ‘additional notes’ section.
6. Use the second page free-text boxes to make notes on each of the four domains throughout the huddle to ensure information is not missed and to help make an accurate decision when scoring.
7. To complete the Huddle Observation Tool, clearly tick the box for each of the four domains from ‘Strongly disagree’ to ‘Strongly agree’.

**DEFINITIONS OF TERMS**

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| **PEWS** | Paediatric Early Warning System |
| **Family concerns** | Corresponds to any issues or concerns raised by family or carers of patients |
| **Patients who ‘stepped down’ from PICU/NICU** | Refers to any patients who have been transferred to lower intensity wards |
| **Patients with multiple teams involved** | When any patient who has more than one speciality team involved in their care is discussed |
| **Watchers** | Refers to patients who have been put under a higher level of care or attention; patients who needed to be watched due to a changing or worsening condition |
| **… were tools used?** | Refers to tools used to help facilitate the running or structure of the huddle |
| …**was a clear leader identified?** | A leader refers to one person facilitating and running the huddle, such as moving the proceedings forward and inviting people to speak |

**DOMAINS**

**1. STRUCTURE**

This section is not about whether or not the huddle follows a pre-defined format, but the extent to which it has an organised and logical structure that facilitates rather than hinders discussion of relevant information.

**2. ENVIRONMENT**

This section looks at the environment in which each huddle takes place. ‘External distractions’ can include such things as background noises, interruptions by staff or patients, or the huddle being held in a busy area.

**3. COLLABORATIVE CULTURE**

This section aims to capture the extent to which all members contribute to the huddle and whether all points of view are respected. This can include ‘active listening’ which can be demonstrated by nodding or agreement with what is being said, reiterating what a speaker has said or picking up on what has been discussed.

**4. RISK MANAGEMENT**

This section refers to having the opportunity to identify all risks, which could include staff discussing their own list of risks for each patient, or discussing all of the following areas. The specific risks can be expanded in the ‘Were the following discussed’ section. The term ‘concrete plans*’* refers to plans to mitigate risks being actively discussed or a person responsible for the risk being clearly identified.