We emphasise the 5Ps

**Patients:** Admissions Due, Discharges Due, Estimated Discharge Date, PEWS ≥ 4

**People:** Patient/Family/Staff Concerns

**Progress:** Future Events, Capacity, Capability

**Patterns:** Learning from incidents/Datix

**Praise:** Celebrating things done well

---

**Plan**

To reduce paediatric harm and improve communication and patient flow through the use of ‘Huddles’ to develop situational awareness.

We adopted a staged, and phased, approach to introducing huddles throughout our hospital with an qualitative pre-intervention assessment.

Uniquely we have examined the differences in huddle deployment and use between Intensive care, ward and Emergency Department settings.

**Do**

We emphasise the 5Ps

**Patients:** Admissions Due, Discharges Due, Estimated Discharge Date, PEWS ≥ 4

**People:** Patient/Family/Staff Concerns

**Progress:** Future Events, Capacity, Capability

**Patterns:** Learning from incidents/Datix

**Praise:** Celebrating things done well

**Act**

Huddles have successfully spread from intensive care to the HDU. They have just been rolled out in the first of the general wards and there is simultaneous deployment in the emergency department.

---

**Promotion and Spread**

We used social media to spread the message

---

**Study**

Our huddle assessment tool provides iterative feedback and prompts discussion and change.

**and REPEAT!**

Key learning so far:

Identification of early adopters in wards.

Word of mouth is a powerful ally

“we work as a team, as a whole, on the ward, we don’t work individually, in teams on a shift.” - member of staff

---

**Further Information**

Please contact:

Dr. Simon Robinson
simon.robinson@uhl-tr.nhs.uk