Appendix 1

Supporting analyses

In this section, three more extracts are shown and explicated to demonstrate supporting data for the conclusions of the main article. These include further evidence showing the use of the lexicon, how the staff flexibly upgraded and downgraded this lexicon, and the staff involved in these categorisations.

"No concerns"

The following extract shows a further example of how the lexicon of no-concerns was used to identify patients at risk. In particular, it demonstrates how through the routine use of this category, potentially at-risk patients were in fact identifiable to staff in this huddle through a lack of categorisation.

Extract 5, Ward 1, day 1, morning

1. **NURSE 2:** °11 no concerns, 13 no concerns and 14 no concerns as well.
2. **NURSE 3:** 16 no concerns, 18 no concerns
3. (1.0)
4. (name of Nurse 4)?
5. **NURSE 4:** 19 no concerns
6. (2.0)
7. **BANK NURSE:** And 21 ( ) had a complaint of serious back pain
8. **DOCTOR:** °Ok°
9. **BANK NURSE:** Erm: requested for painkiller which I have given him.
10. **STAFF NURSE:** °Ok°

The extract opens with Nurse 2 providing a series of classifications, referring to each patient by their bed number, and using the phrase *"no concerns"* (Line 1). Nurse 3 then takes the floor, and follows suit by classifying her two patients in a single turn (line 2). There is then a one second silence (line 3). Nurse 3 breaks this by

prompting Nurse 4's turn, saying her name (line 4), to which Nurse 4 replies with the same format, *"no concerns"* (line 5). A two second silence follows before the bank nurse[1] takes her turn, providing a report of her patient without a classification (line 7-9). The doctor responds with quietly-spoken minimal receipts, *"°Ok°"* at lines 8 and 9. In this particular huddle then, if a patient was not in need of further attention the nurses used the phrase *"no concerns"* with no expansion, and a report was provided about the patient if there was a potential for concern. Therefore concerns were not necessarily stated but were implied with expansions about the patient's situation and the absence of the *"no concerns"* categorisation.

Extract 6: Ward 1, day 1, morning

78. **BANK NURSE: <**Err tw-enty-four::::, err:: pad is still (.) itching.(.) because=of
79. er::::ec-ze-ma
80. **?:** (inaudible)
81. *((door creaks, opening and child crying can be loudly heard until door shuts))*
82. **BANK NURSE:** So I would say that the Pew is one, I'm waiting to give
83. medicine this morning (inaudible) but if-
84. **DOCTOR:** ->we should just check on:: them in terms of scoring<(.)
85. erm=er::: but >we'll review on the ward round anyway but I don't
86. think we've got any acute concerns<
87. **BANK NURSE:** No, no, no concerns.

Resisting the no-concerns/concerns binary – "acute concerns"

Extract 1 of the main article demonstrated how Nurse 2 resisted classifying her patient as simply "no concerns" by emphasising the time-limited nature of her assessment – but there were other ways that huddlers did this too. These 'gradings' of concern were not solely medical in purpose but also served interactional functions:

[1] A bank nurse is a locum nurse who is working as a short-term replacement in the team and is not a regular team member:.

At line 78, the bank nurse opens her turn not by saying whether or not she has a concern but by giving details about the patient. By making the itching relevant at this point in the huddle, the implication is that this is a potential 'concern'. The speaker then makes her assessment of the patient and then displays the action that she will take (lines 82-83). At this point, she is cut off by the doctor, who initiates a plan. The language is collaborative - *"we"* (line 84) should check the score and *"we'll review"* (line 85) - though the timing of the interjection is an assertive claim to the floor. The addition of *"anyway"* (line 85) indicates that the plan is a concession and that action is not necessary. The framing of this plan as an extra precaution rather than a necessity, is also indicated in the subsequent assessment *"but I don't think we've got any acute concerns"* (line 85-86). The lexical choice here is careful – the doctor does not say that this situation is not concerning – if he did so this might be dismissive of the bank nurse who has raised the point. This is particularly important in light of the fact that huddles in theory are places where anyone can feel comfortable to raise a worry that they have about a patient. However, the doctor does need to find a way of showing to the others that this is not his priority, and to find a way of limiting deliberation. The use of *"acute concern"* here saves the face of the nurse who has raised this while offering a closing of the discussion. The bank nurse's turn is more like a handover in style (see [14]), and the doctor's turn also gently redefines the conversation as about 'acute concerns' rather than the 'ordinary concerns'/ business of the ward.

The bank nurse shows emphatic agreement in line 87 and uses the original term *"concern"*, confirming that the topic is dealt with. This may of course reflect how a temporary member of the team adopts the team's language, but what this example

highlights is that Ward 1 worked to an implicit rule that only once this categorisation concern/no concern was made explicitly, by the assigned nurse, could the topic shift to another patient (and this was seen in other Ward 1 huddles). The negotiation of concerns was thus a collaborative enterprise in so far as the bedside nurse had the final say on a patient. However, as we have seen, this does not mean that the doctor in the huddle could not ‘downgrade’ a concern.

The "Watchers" upgraded

In extract 4 of the main article we saw how the term "watchers" was used in a Ward 4 huddle by a nurse to report to a doctor the list of patients who were at-risk. The term 'watchers' was in fact used the most in Ward 3 and appeared in three out of the four huddles. It was used in much the same way as Ward 4 but occasionally received an upgrade, as the following example shows

Extract 7, Ward 3, day 2, evening

1. **NURSE CONSULTANT:** okay are we ready to start
2. **SENIOR NURSE 1:** yeah
3. **NURSE CONSULTANT:** yep okay have we had any incidents today (.) anything
4. **SENIOR NURSE 1:** er:-[the]
5. **NURSE CONSULTANT:** [at all?]
6. **SENIOR NURSE 1:** erm (0.8) (child's name) in we did talk to the [( )]
7. **NURSE CONSULTANT:** [okay]
8. **SENIOR NURSE 1**: erm:, at half five he was in the room wasn't he when he had
9. a quite prof:ound: (.) [desaturation]
10. **SENIOR NURSE 2:** [des:aturation]
11. **NURSE CONSULTANT:** okay
12. **SENIOR NURSE 1:** he's he's the one to
13. **NURSE CONSULTANT:** he's our watcher
14. **SENIOR NURSE 1:** he's our watcher (.) w:- with bells on

There are no doctors present at this huddle. The nurse consultant opens the meeting with the question, *"are we ready to start?"* (line 1). Senior Nurse 1 confirms this, and the nurse consultant follows this with another question, topicalising *"incidents today"* (line 3). This question makes the recent past relevant (rather than being a future orientation). There is an overlap as Senior Nurse 1 begins to answer. She gives information about *"quite a profound desaturation"* (of oxygen) in a patient, the

patient's name, and time this happened (lines 6-9). Senior Nurse 2 confirms this report with her *"desaturation"* (line 10), in unison with the end of Senior Nurse 1's turn. Senior Nurse 1 begins to make her assessment that this patient is *"the one to"* (line 12) and the nurse consultant renames the patient *"our watcher"* (line 13), confirming the assessment. The addition of *"our"* by the most senior person in the room displays his understanding that the situation is serious and emphasises the shared nature of the responsibility to the patient. Senior Nurse 1 uses her turn to repeat this, and then upgrade it- *"with bells on"* (line 14). This produces another category of patient in addition to the watchers - the most/acute? watchers. We saw a doctor in Extract 6 above using the term *"acute concern"* in downgrading a risk: here, another huddle member emphasises risk by adding, *"with bells on"* (line 14).