Contents

1. INTRODUCTION AND WHO GUIDELINE APPLIES TO:

Purpose: A daily board round is a summary discussion of the patient journey and what is required that day for it to progress. It identifies and resolves any waits or delays in the patient's hospital stay, which enhances the patient experience and reduces the known risk factors associated with prolonged length of stay (LoS) in the hospital environment (eg risk of falling, deconditioning and hospital acquired infections) through the implementation of actions. It is not a discussion about the whole of the patient's care but a brief (1 minute per patient) MDT discussion.

Aim: The aim of the board round is to better 'set up' your clinical day and be able to answer the 4 key questions for patients:

1. What's wrong with me?
2. What's going to happen to me today?
3. What's needed to get me home?
4. When am I going home?

Scope: This standard operating procedure is relevant to all clinical and non-clinical staff involved in the care and management of patients in inpatient wards.
Board Rounds are applicable 7 days per week where services are resourced to meet this, in areas that don't have 7 day MDT staffing resource cover must use the moderated weekend/bank holiday board round detailed in Appendix A.

Variations:

- In areas with high turnovers of patients such as Assessment Units it is often more appropriate to complete the ward round first followed up with a board round.
- Areas such as Intensive or High Dependency Care MDT Ward Rounds are sufficient for establishing the treatment and management planss for the patient.
- Patients that have been outlied won't be able to be reviewed in a single board round format and therefore the ward leader/NIC of the ward should always attend ward rounds for these patients when relevant medical speciality teams attend the ward.
- Patients under some specialities/consultants may be dispersed across more than one ward, in these circumstances the framework can be adapted by MDT's to ensure outcomes for patients are achieved whilst maintaining most effective working practices to prevent patient review delays.

2. GUIDELINE STANDARDS AND PROCEDURES

Board Round Attendees

Board Rounds should be attended by key related staff who can make decisions and take actions to progress a patient's hospital stay and or discharge.

These attendees may include but are not limited to:

- Consultant/senior medical decision-maker (ST4+)
- Nurse in charge
- AHP (e.g. PT/SALT/OT) representative(s)
- Discharge co-ordinator
- Junior doctors
- Pharmacist / pharmacy technician / pharmacy assistant
- Social worker
- Matron

A chairperson must be identified before the board round. This should ideally be the Ward Leader or Deputy/Nurse in Charge for consistency of patient knowledge but could be any member of the MDT with the sufficient knowledge of the board round process and outputs required.

Board Round Framework	All members must arrive in good time and be prepared to contribute according to their roles.
	The location needs to allow the multidisciplinary team to confidentially discuss patients while viewing the relevant details on Nervecentre, to facilitate real time updating of information and board round dashboard fields and will be dependent on estate of the clinical area in some areas in may be appropriate to utilise technology to support remote attendance.
	The morning board round should focus on processes and priorities. One minute should be allocated to each patient. Every ward should have a Board Round completed by a Senior Medical Decision Maker (ST4+) by 9.30am (11am latest) each day, the Board Round should take no more than 30mins.
	Nervecentre board round dashboard should be updated during board rounds
	The afternoon huddle takes place at a time that allows both assessment of patient progress and further actions, including ensuring all discharges scheduled for the following morning are processed (see below for more details).
	Every board round should generate tasks to progress a patient's journey which are allocated to specific individuals and those tasks are confirmed as completed at the next sequential board round i.e., morning tasks are reviewed at afternoon board round and afternoon tasks are reviewed at following morning board round if not sooner.
	Some patients will require a more detailed discussion regarding their ongoing care and/or discharge plans If this is the case, arrangements can be made to undertake a formal MDT meeting at a convenient time for interested parties. This may need to include, or involve the patient and/or their significant others.
	Every internal delay >24 hrs should generate an escalation to resolve action. Escalation should be to the relevant individual within the CMG, most often the Manager of the Day.
	Nervecentre should also be updated during or immediately post afternoon huddle, the chair should ensure an appropriate individual is identified for this task.
Principles	The board rounds should effectively employ the following principles: • Every member of the **Board Round** should be able to answer four key questions: 1. What is the matter with the patient (or what are we trying to exclude, i.e., what is the **Criteria to Reside)?** 2. What have we agreed we are going to do to help the patient's recovery – now, later today and tomorrow? 3. What needs to be achieved to get the patient out of hospital (i.e., what are the **clinical criteria for discharge,** could they be manged using Criteria Led Discharge (CLD))? 4. What is the **expected day of discharge** (EDD)? • **Post Board Round Actions** to be completed in order of **SHOP during Ward Round**: ➢ **S**ick patients ➢ **H**ome today and tomorrow ➢ **O**ther (review plans and revise) ➢ **P**lanned (incoming or outliers) National standard is for all patients to have a daily senior review by a Speciality Trainee year 4 (ST4) or above doctor and if this is at risk of not happening that day it should be escalated immediately post board round to the relevant individual for the CMG, most likely the Manager of the Day. However, it is acknowledged that UHL is a teaching hospital and all board rounds

	should also be allowed to be used as training and development opportunities for junior doctors, pre-registration health care professionals such as nursing, nursing associate and AHP and staff on leadership development programmes with senior support available as required.
Agenda	• Summary of current demand and capacity in the ward/organisation; • Individual patient discussion asking the 4 Key questions (outlined in principles above), incorporating the Reason to Reside criteria; • Completion of the Board Round Dashboard Fields (See Appendix B) • Identification and processing of imminent discharges; • Summary of tasks, accountability and prioritisation.
Output	The board round must generate a task list and identify responsible individuals. Post Board Round actions must be summarised by the chair of the board round and completed in order of SHOP (outined in Principles above) **during the Ward Round**: Patient Involvement The Board Round MDT should ensure that a key person is identified to ensure that the patients are fully informed of their treatment and discharge plan along with the ward nurse caring for them Celebrate success: Summary data and system actions need to be fed back to the ward team. Celebrate success, patient stories/feedback, previous day's pre 10am admissions, number of discharges pre lunchtime on the previous day, length of stay (LOS), etc.
Afternoon Huddle	The afternoon huddle takes place at a time that allows both assessment of patient progress and further actions, including ensuring all discharges scheduled for the following morning are processed. It should be attended by those tasked with specific actions from the morning board round and chaired by the same person as the morning board round to ensure all actions addressed. Any patients admitted since the morning board round should be discussed. Principles of the Afternoon Huddle are to: ✓ **C**heck (have all the morning plans have been followed (e.g., CT scan done, family contacted, transport booked?) ✓ **C**hase (are there any pending investigations/referrals (e.g., chase CT scan reported, is Home First completed /sent?) ✓ **C**hallenge (are there any decisions which may prevent discharges? (CT scan normal but too late -no transport available)

3. EDUCATION AND TRAINING

Ward Leaders will receive coaching from Matrons on chairing Board Rounds effectively.

Ward staff will be trained locally on Board Round process for individual area.

Criteria to Reside

Statutory Guidance set out by NHSE in the form of the Hospital discharge and community support guidance stipulates that every patient on every general ward should be reviewed on a twice daily ward round to determine their criteria to reside, this must be entered into Nervecentre on a daily basis and is reported Nationally to NHSE as part of the daily sitrep.

4. MONITORING COMPLIANCE

Process to be used for monitoring e.g. audit	Responsible individual / committee for carrying out monitoring	Frequency of monitoring	Responsible individual / committee for reviewing the results	Responsible individual / committee for developing action plan	Responsible individual / committee for monitoring action plan
CMG FFT Satisfaction Scores	Heads of Nursing/ Matrons	Monthly	CMG Quality Governance meetings	Heads of Service/Heads of Nursing/ Matrons/ Sisters	Head os Service/Heads of nursing/ Matrons/ Sisters
LEAF Ward Accreditation	Ward Accreditation Team	As per Accreditation Schedule	Ward Accreditation Team	Ward Accreditation Team	Ward Accreditation Team

CMG FFT Satisfaction Scores that evidence effective Board Rounds are:

Q7a – When you had important questions to ask, did you get the answers that you could understand from:- Doctors?

Q7b – When you had important questions to ask, did you get the answers that you could understand from:- Nurses?

Q16 – Were you involved as much as you wanted to be in decisions about your care and treatment?

Q17 – How much information about your condition or treatment was given to you?

Q22 – Did you feel you were involved in decisions about your discharge from hospital?

Q27 - Did the Doctors or Nurses give your family, friends or carers all the information they needed to help care for you?

Ward Level Self Audit

Ward Leaders can review own progress against impact of effective Board Rounds on an adhoc basis by:

Completing Ward Processes Self Assessment Template.xlsx (sharepoint.com)

Reviewing Discharge Metrics on Qlik Dashboard

5. SUPPORTING REFERENCES (MAXIMUM OF 3)

Nil

6. KEY WORDS

Board Rounds

APPENDIX A – WEEKEND/BANK HOLIDAY MODERATED BOARD ROUND PROCESS

Nurse-in-Charge must contact a board round style review of all patients ensuring that all shift team members are aware of patient plans, detail is updated on Nervecentre and handovers are completed in the structured SBAR format

Patient Cohort	Moderated Board Round Review Process
Sick/Acutely unwell	Review and escalation in accordance with NEWS2 escalation processs. Ongoing review planned through Hospital Out of Hours team handovers
Home	CMG Out of Hour On-Call Medical team SOP
Other ongoing medical review	Hospital Out of Hours team OR CMG Out of Hour On-Call Medical team SOP
Planned or Unplanned Direct Admissions	CMG Out of Hour On-Call Medical team SOP

Appendix B – Completing Board Round dashboard on Nervecentre

On the 'Board Round' NerveCentre profile for each patient there are 'top boxes' containing vital information followed by free text boxes underneath. Each field should be reviewed and updated at least once daily (during board round, and again at afternoon 'catch up' if necessary). The 'top boxes' are as follows:

Component	Method of update	Detail
LOS	Automatically updated based on admission date. Colour coded for quick reference: No colour: <7d Green: 7 – 14d Amber: 14 – 21d Red: >21d	• This can help highlight those who have been an inpatient for extended periods. This could prompt discussion with patient / family about long term planning, or consideration of actions that could occur in another setting.
EWS	Automatically updated from last observations taken.	• This can help highlight unwell patients on the ward who may benefit from early, senior clinical decisions during ward round.
Inpatient Diagnosis	Manual update, free text	• Complete the working or confirmed diagnosis by SNOMED code here
Presenting Problem/Background	Manual update, free text	• List current issues relevant to admission • Should be updated regularly to reflect all issues experienced during admission; this can assist when completing the discharge letter to ensure all issues are captured
Escalation of Care	Manual update. Should be reviewed and updated when decisions change	• Board round provides a good opportunity to consider and review escalation of care and resuscitation decisions. If decisions have already been considered and made, board round provides a chance to update this field (used by many of the MDT to inform them of decisions made). If not completed, it allows the medical team to consider these decisions, and if appropriate discuss with patient and family at an appropriate time during the ward round or later that day.
Resuscitation Status	Manual update. Should be reviewed and updated when decisions change	
Board Round Next Steps	Manual update, free text. This field will automatically clear each day at midnight	• List 'Next Steps' necessary to further each patients inpatient care • This could act as a 'daily tasks list' and allow allocation of tasks to appropriate members of the team
Reason To Stay	Manual update. Predefined options Reportable data to NHS England.	• Daily review and input of most appropriate option reflecting actions needing to be taken as an inpatient that could not be performed in an alternative setting (eg home, community hospital, outpatient clinic etc) • The available options have been reviewed and updated to allow better reflection of the reasons why a patient may need to remain an inpatient

Component	Method of update	Detail
EDD	Manual update. Must be reviewed and updated (if appropriate) on at least once daily basis (board round and/or catch up) to reflect current estimated date of discharge	• This should be used to indicate how long each patient's admission is predicted to last. This must not be a date in the past even when delays (for whatever reason) have been observed. • This information helps teams external to the ward (such as discharge hub, conference call, pharmacy) assist with escalation of investigations or actions that can improve patient care and experience. • This highlights patients who are likely approaching the end of their inpatient stay so tasks such as discharge plans and letters can be finalised. • A date in the past cannot assist in these aims, and may result in further delays in the discharge process.
Medically Optimised for D/C	Manual update. 'Yes / No' options to help identify those who have no further actions required prior to discharge.	• Selecting 'Yes' should indicate there is no further action required from any MDT member prior to discharge (ie no further medical / therapy / nursing / pharmacy input required as inpatient) • A patient can be 'Medically Optimised for Discharge' but still require medical / therapy input that will be provided at community hospital / other community setting.
Home Today	Manual update	• Highlight patients who are: o 'Yes' – definite discharge today o 'Maybe' – possible discharge today o 'Tomorrow' - planned discharge tomorrow • Each option can also highlight suitability for discharge lounge • Helps with prioritisation of discharge processes such as pharmacy, ambulance booking, actions from discharge hub
TTO/Discharge Letter Status	Automatically / manually updated from ICE / Pharmacy Tracking System / NerveCentre letter templates	• Provides 'quick look' view of status of discharge letter including pharmacy status for TTO • Ongoing work to make this fully automated
Suitable for Outlie	Manual update. Default is 'blank'. 'Yes / No' options available	• Enable the ward team to proactively highlight patients who are or are NOT safe to outlie and document on NerveCentre • Decisions documented in this field should be respected by bed / flow coordinators to avoid inappropriate outlying practices

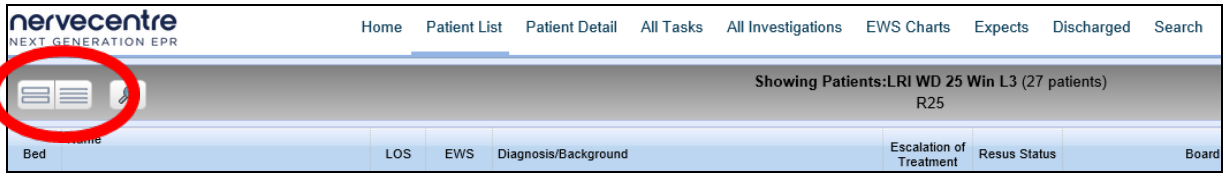
Free Text Fields

Title	Why is it useful?	How should it be updated?
CLD Pathway	This identifies if the patient has been placed on a Criteria Led Discharge Pathway and is being managed by CLD trained members of the MDT	If a patient is suitable to be placed on a CLD pathway this can be selected here
Discharge / MDT Referrals (free text)	Documents information related to therapy reviews or discharge planning	Free text box. Can continue to be used by MDT members to document narrative updates or outcomes pertinent to inpatient care
Diabetes Specialist Advice	This is where the diabetes inreach team will document advice related to inpatients who have diagnosis of diabetes and require speciality input	For reference only. Will be updated by diabetes team

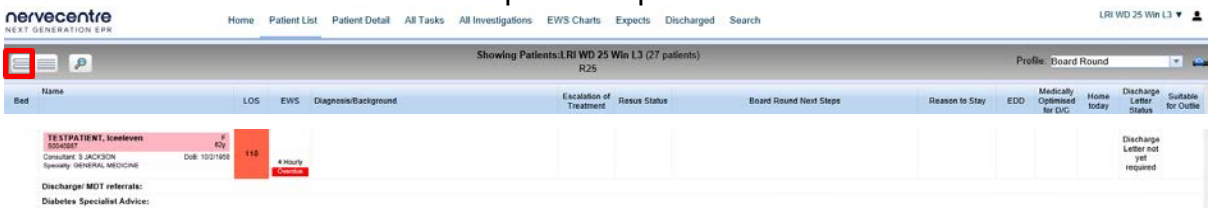
Different NerveCentre views available

There are two main views of the Board Round profile that can be used to facilitate documentation of the board round. Each has the 'top boxes' (critical information) visible, whilst toggling between views makes the 'free text' fields visible, or not.

Selecting different views: Within the 'Board Round' profile, in the top left corner of the screen are two icons representing the two available views.

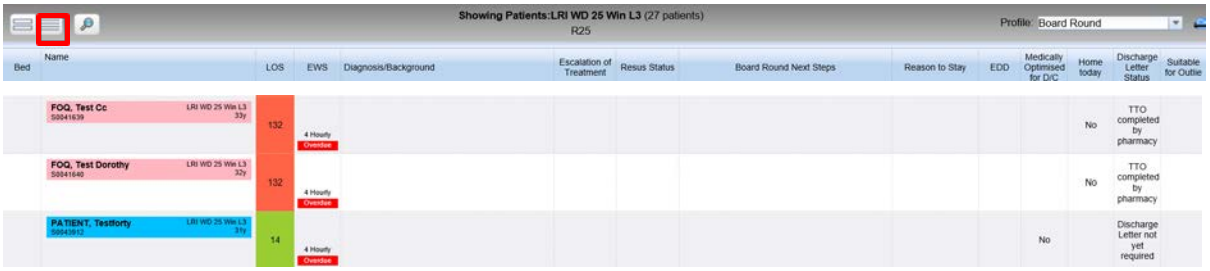


'Expanded' view (furthest left): will show all information visible: This will display all 'top boxes' and both 'free text' fields as per example below:



'List' view: maximise no. of patients visible on screen with only top column information visible:

This will only display 'top boxes' information to maximise number of patients visible on one screen:



CONTACT AND REVIEW DETAILS	
Guideline Lead (Name and Title) Head of Nursing for System Emergency Care	**Executive Lead: Chief Nurse**
Details of Changes made during review: New SOP	