NHS
Mid and South Essex
University Hospitals Group

Document Title:	**BOARD ROUND STANDARD OPERATING PROCEDURE**		
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Document type: (Policy/ Guideline/ SOP)	Guideline	**To be followed by:** (Target Staff)	All Clinical Staff within MEHT
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Contributes to HSC Act 2008 (Regulated Activities) Regulations 2014(Part 3); and CQC Regulations 2009 (Part 4) **CQC Fundamental Standards of Quality and Safety:**	9,11		
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Executive and Clinical Directors (Communication of minutes from Document Ratification Group	**Date:** October 2019	**Distribution Method:**	Trust Intranet/ Internet

Consulted With:	Post/ Approval Committee/ Group:	Date:
Matthew Sweeting	Consultant – Elderly Medicine	17th October 2019
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Related Trust Policies (to be read in conjunction with)	04055 Patient access policy 11038 Direction of choice policy: handling difficult or reluctant adult discharges from hospital care 11037 Adult discharge policy 09116 Caring for adult patients with a learning disability in the acute hospital 13003 Carers policy 15010 Making reasonable adjustments for patients with disabilities

Document Review History:			
Version No:	**Authored/Reviewer:**	**Summary of amendments/ Record documents superseded by:**	**Issue Date:**
1.0	Sarah Lincoln / Chirag Oza		1st February 2016
2.0	Sam Goldberg/ Shevaun Mullender	Full Review	1st November 2019

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1.0 Purpose

1.1 The purpose of this document is to provide guidance for all members of the multidisciplinary team (MDT) in the delivery of effective board rounds.

1.2 Ward areas carry out both AM and PM board rounds, which are attended by the MDT, are a means of facilitating patients discharge pathways and managing any delays in that process. Utilising the SAFER patient flow bundle and Red to Green principles.
(Refer to Appendix 1)

2.0 Background

2.1 Twice daily board rounds have been introduced to Wards following steps advised by the Urgent Care Board and NHS England in line with SAFER Patient Flow bundle.
(Refer to Appendix 1)

2.2 This contributes to increasing flow of patients throughout the organisation and directly impacts upon RTT and Emergency Department performances as well the patient experience.

3.0 Equality Impact Assessment

3.1 Mid Essex Hospital Services NHS Trust is committed to the provision of a service that is fair, accessible and meets the needs of all patients.
. (Refer to Appendix 2)

3.2 Whilst the Trust is introducing a standardised system, it is understood that there are patients with special needs and vulnerabilities which must be met and the Trust is committed to making reasonable adjustments to its procedures when these are necessary. Failure to take into account special needs should be reported as a risk event.

3.3 In the context of this document, the reasonable adjustments for patients with learning disabilities and autism could include:

- Additional time spent with the patient and their carer.

3.4 This document accepts that staff must at all times operate within the frameworks of:

- 09116 Caring for adult patients with a learning disability in the acute hospital;
- 13003 Carers policy;

- 15010 Making reasonable adjustments for patients with disabilities.

4.0 Aims

4.1 To ensure standardisation of AM and PM board rounds.

4.2 To provide reassurance of expectations of members of the MDT.

4.3 Positively impacts upon the reduction in Length of Stay (LoS) and a decrease in the amount of stranded patients.

5.0 Scope

5.1 This document is applicable across all inpatient ward areas in MEHT required to complete AM and PM board rounds.

6.0 Roles and Responsibilities

6.1 **Clinical or Divisional Director**
It is the responsibility of the Clinical or Divisional Director to ensure compliance amongst the medical teams for expectations outlined in this document.

6.2 **Director of Nursing**
It is the responsibility of the Director of Nursing to ensure board rounds are firmly in place within their areas of responsibility and that appropriate action is taken when expectations within this document are not complied with.

6.3 **Matrons**
Matrons are responsible for providing reassurance that AM and PM board rounds are firmly in place and well attended within their clinical areas. It is their responsibility to escalate where expectations within this document are not complied with.

6.4 **Medical Teams**
It is the medical teams responsibility to ensure they attend both AM and PM board rounds. It is the expectation that the Consultant must attend the AM board round however may delegate the PM board round to a senior decision maker.

6.5 **Nursing Staff**

6.5.1 At least 1 member of nursing team should attend AM and PM board rounds.

6.5.2 Preferably this would be the nurse in charge.

6.5.3 The board round should be led by either the consultant or the nurse in charge.

6.5.4 The MDTs should review every expected date of discharge (EDD) on every board round. It is the responsibility of the nurse in charge to ensure that Teletracking is updated throughout the day by the relevant team members of the team.

6.6 **Therapies**

It is the responsibility of Therapy staff to attend board rounds twice daily and comply with the expectations of this document.

6.7 **Pharmacy**

The ward Pharmacist should attend the AM board round and comply with the expectations of this document

6.8 **Complex discharge planning**

The nurse in charge should attend the medically fit meeting daily in the site office to get an update on all patients in a complex discharge process. On wards with patient flow coordinators they can deputise for the nurse in charge.

7.0 Operational Standards

7.1 **AM: Board round process:**

- The board round should take no longer than **30 minutes**.
- Each patient must be briefly discussed during every board round, with the following questions asked:
    - Is the patient responding to treatment as expected and is their care plan defined? If not, an urgent consultant review is essential and regular NEWS (National Early Warning Score) required.
- If new, has the patient had a consultant review?
- Does the patient have an expected date of discharge and physiological and function criteria for discharge?
- Is the patient to be discharged today? Are they ready to go? At what time will they leave the ward?
- Is the patient to be discharged tomorrow? Is everything arranged?
- Consider cannulas, catheters, VTE, skin integrity, pain, wounds.
- Establish team priorities for the day in this order – **S**ick patients, **H**ome-discharges, **O**ther **P**atients stable patients (**SHOP**).
- Actions must be documented and reviewed in the afternoon. The nurse in charge is accountable for ensuring Tele Tracking is kept up to date throughout the day.
- Escalate delays in assessments and diagnostics – turn every day from red to green

7.2 **PM board rounds process: No more than 15 minutes**

- Board round can be led by a senior decision making doctor or Consultant if unavailable
- Board rounds must be multidisciplinary
- All actions from the AM board round should be reviewed and all new actions assigned to one of the team.
- Confirmed and pending discharges should be identified and added to Teletracking for the following day, especially those who can be discharged before midday.
- TTA and EDL should be completed for next day discharges.

8.0 Audit and Monitoring

8.1 Auditing/Monitoring of Board Rounds will be used as a quality assurance procedure undertaken by either a clinician or senior nurse who is independent of and separate from the Board Round under review.

8.2 The purpose of auditing/monitoring Board Rounds is to evaluate conduct and compliance with this Board Round standard operating procedure (SOP) and guidelines.

8.3 Audit/Monitoring visits may take place at any time (random peer reviews), although adequate notice could be given depending on the circumstances.

9.0 References

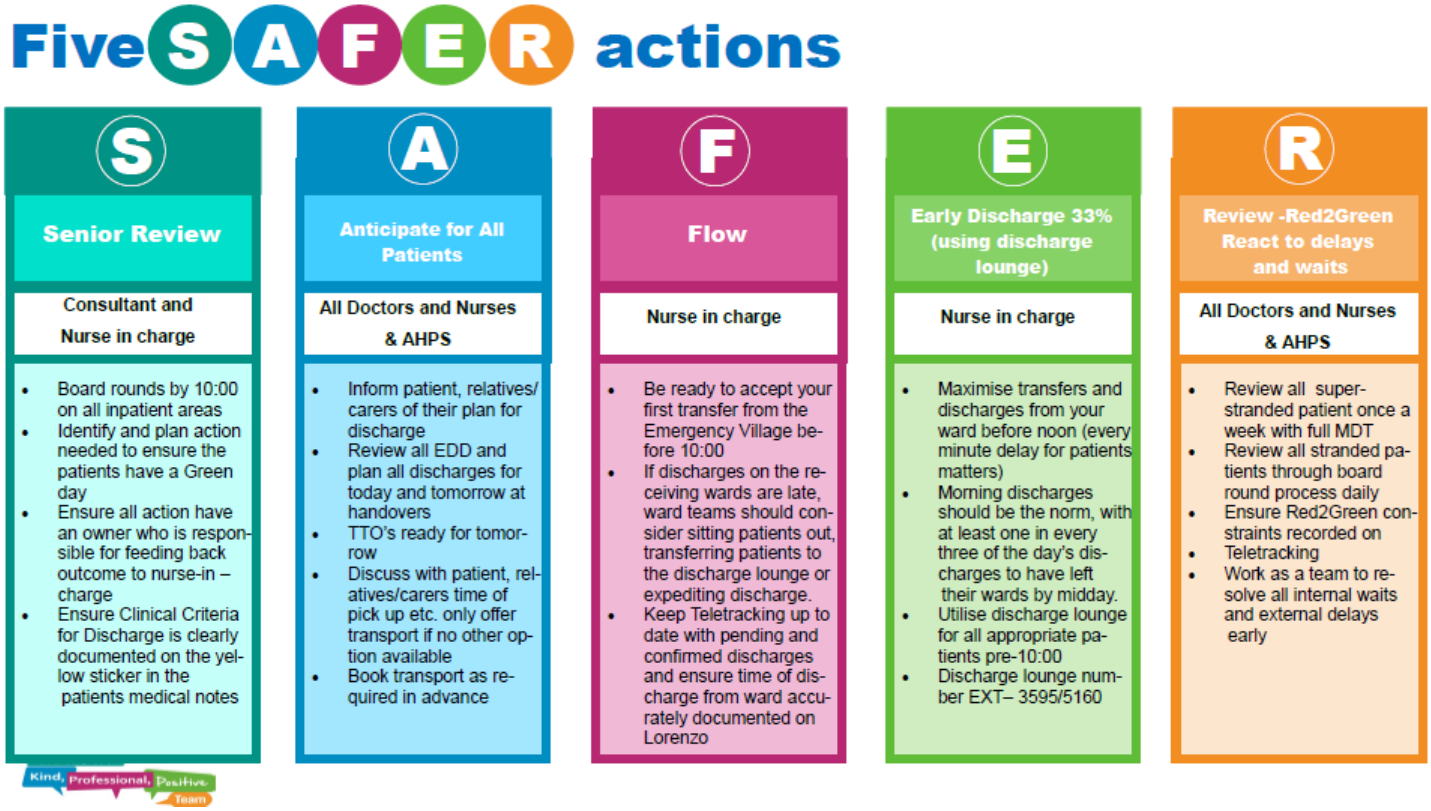
https://improvement.nhs.uk/resources/safer-patient-flow-bundle-board-rounds/

https://improvement.nhs.uk/documents/1697/Board_round_checklist_FINAL_webcopy02.01.18_ed_15.01.18.pdf

Appendix 1

1. SAFER Patient Flow Bundle – MEHT adapted

NHS
Mid Essex Hospital Services
NHS Trust



Appendix 2: Preliminary Equality Analysis

This assessment relates to: 16002 Board Round SOP/16002

A change in a service to patients		A change to an existing policy	**X**	A change to the way staff work	
A new policy		Something else (please give details)			

Questions	Answers
1. What are you proposing to change?	Full Review
2. Why are you making this change? (What will the change achieve?)	3 year review
3. Who benefits from this change and how?	Patients and clinicians
4. **Is anyone likely to suffer any negative impact as a result of this change?** If **no**, please record reasons here and sign and date this assessment. If **yes**, please complete a full EIA.	No
5. a) Will you be undertaking any consultation as part of this change? **b) If so, with whom?**	Refer to pages 1 and 2

Preliminary analysis completed by:

Name	Samantha Goldberg	**Job Title**	Chief Operating Officer	**Date**	October 2019