

Morning Board Round SOP

The Board Round is a **daily review** of **all patients** on the ward. The purpose is to improve **patient safety** and **patient journey** through the hospital by ensuring that **multidisciplinary plans** for all patients are clear, up to date and all staff understand their **responsibility** in relation to each patient's care plan. It does not replace the full medical conversation on the ward round.

	Action to complete
Introduction	Hospital big picture (including Trust status)
	Ward discharge targets
	Patients TCI specific to program (DTAs, outliers, electives)
For each	A: Clinical update
patient	 Identify sick (e.g.: NEWS > 5, patients deteriorated overnight)
	 Summarise medical/nursing/therapy plans, and actions agreed by MDT
	 Provide challenge and assign owners to escalate any delays (e.g. diagnostics)
	B: Discharge planning
	 Ensure EDDs are set at admission, and checked daily
	 Identify patients who are medically optimised and provide challenge for
	outstanding tasks
	 Summarise discharge plan (location, actions required, timeline) with next steps
	and owner
	 Is this patient a discharge for today or tomorrow?
	Identify actions required, with timeline and owners
	Check patient suitability for criteria led discharge?
	Can the patient be a golden patient?
	Check patient suitability for community support (SMART, Home First?)
0	Check if EDN and TTOs have been completed?
Summary	Sick and quick (golden patients for today) to see as a priority
	 Summary of number of discharges for today and tomorrow
	Review of actions required for discharges with priorities based on timelines
	• E.g. patient for Home First will require EDN to be completed in the morning
	Tasks that require escalations, with owners
	Safety issues (including Duty of Candour)

Afternoon Board Round SOP

The afternoon BR is a follow up of the patients (and associated actions) identified at the morning BR

	Action to complete
Introduction	Hospital 'big picture' and further updates from site meetings
	Summarise total queries and definites identified in the morning
For each	Have the actions identified this morning been completed?
patient	 If not, why haven't they been completed?
	 Is this patient now ready to go? If not, can any of the pending tasks be completed today?
	Do any actions require escalation at site meetings?
	 Are there any discharge dependent tasks?
	Are there any patients suitable for discharge tomorrow?
	 If so, can any of them be golden patients?
Summary	Number of discharges for today and tomorrow



Morning Board Round: Checklist

	Action to complete
Introduction	Hospital 'big picture' update
For each	Clinical update
patient	 What is the patient's medical, nursing and therapy plan?
	 What actions need completing?
	 What can be completed today? If nothing is happening today,
	why not?
	Discharge Planning
	 Does the patient have an up to date EDD?
	 What is the patients social history?
	 Does the patient require any social assessments or care needs following discharge?
	 For medically fit patients, what actions require completion prior to discharge? (e.g.: EDNs, TTOs, transport, inform NOK)
Accountability	1. Is there an owner assigned to every action?
and timely	2. Are there any actions that require escalation? If so, who will do this?
completion	3. Does every action have a timeframe within which to complete?
Summary	Patients to be prioritised (sick and quick)
-	Number of discharges for today and tomorrow

Afternoon Board Round: Checklist

	Action to complete
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	 Total queries and definites identified in the morning
For each	Have the actions identified this morning been completed?
patient	 If not, why haven't they been completed?
	 Is this patient now ready to go?
	Do any actions require escalation at site meetings?
	 Are there any discharge dependent tasks?
	Are there any patients suitable for discharge tomorrow?
	 If so, can any of them be golden patients?
Summary	Number of discharges for today and tomorrow