

Ideal Ward Round: Recommendation

1. A **clearly defined and communicated purpose** of the ward round relative to the overall in-patient experience, setting out the scope and limitations of the ward round: what it is for and what it is not for.
2. A scoping exercise to **effectively 'declutter' the ward round** from being the function to discuss / resolve too many, significant or complex issues / matters and to recommend how issues such as treatment, s.17 leave, discharge planning may be resolved outside the ward round.
3. Acknowledgement, consideration of and appropriate checks and balances **for issues of power imbalance** that currently exist between patients and professionals, carers and professionals and professionals themselves, establishing practice of **joint ownership** of the ward round.
4. A clear definition and practical application of **both Shared Decision Making¹ and Supported Decision Making²** with emphasis on maximising patient autonomy and reducing substitute decision making by healthcare professionals. The model will set out how the patient's voice (including their beliefs, values and past and present wishes and feelings) will be placed at the centre of the process, including through mechanisms such as advocacy.
5. A model where each ward round has **an agreed 'agenda'** that all parties input into and is circulated in good time to allow for preparation and follow up.
6. **Clear processes for the preparation and follow up** of ward rounds, ensuring participants are well prepared, actions are clear and agreed, and responsibility and monitoring of actions is effective.
7. Demonstration of **supportive person-centred discharge planning** from admission, with a focus on **the individuals Recovery** (setting out what recovery means and where it begins/ends for the patient), with effective involvement of adult social care and processes that can ensure **consistency and progress** for patients where this cannot be guaranteed by consistency in staffing.
8. Guidance on the **appropriate length / duration of the ward round** that is reasonable and proportionate to its aims, the involvement of relevant parties and relevant staffing resources. Guidance on the consequent **appointment planning systems** that

¹ **Shared Decision Making** is defined by the NHS as 'a process in which clinicians and patients work together to select tests, treatments, management or support packages, based on clinical evidence and the patient's informed preferences'.

² **Supported Decision Making** is the process of supporting people, whose decision-making ability may be impaired, to make decisions and so promote their autonomy and prevent the need for substitute decision making.

can be used to improve experience of patients, carers and professionals. When delays occur the patient and carer being informed in an appropriate manner.

9. Consideration of the **physical environment** the ward round takes place in and recommendations for ensuring this is conducive to being welcoming and open and minimises anxiety and intimidation.
10. A defined **limitation of those who attend ward rounds** to ensure that attendance is significantly less than current practice with clear rationale and agreement for attendance in advance which links with and reflects the circulated and agreed agenda (recommendation 5).
11. Particular attention to **communication with and involvement of carers** and the potential barriers to this (e.g. confidentiality)
12. A **process for management, auditing and evaluation of ward rounds** that allows measurement of patient, carer and professional satisfaction, continual improvement in practice and benchmarking standards.