

Ward Huddle Standard Operating Procedure

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Ward Huddle Standard Operating Procedure

1.0 Procedure Statement.

This policy describes the role of the ward huddle in managing patient flow and discharges and the roles of the attendees.

2.0 Accountabilities.

Clinical Directors should ensure that huddles take place on each of their wards twice daily as a minimum for 5 days a week. They should also ensure that the Consultants in their Directorates have undertaken the appropriate training to lead the huddle and the Junior Medical Staff have read at a minimum the Huddle Awareness on-line package.

Consultants should lead the ward huddles every morning and afternoon (or delegate to an appropriate senior decision maker for the afternoon huddle).

Senior Sister / Charge Nurse should attend the ward huddles or delegate to an appropriate colleague. They should ensure that the relevant up to date patient information is available.

The Capacity manager should ensure that Patient Flow Assistants are in place to support the ward huddles.

3.0 RWT Ward Huddle Standard Operating Procedure

What is a huddle?

A ward huddle is when the ward multi-disciplinary team come together to review and improve the patients progress and plan discharge. It focuses on the processes that need to happen to deliver timely care and get the patient back to their home. At the end, work is prioritised according to patient need.

Why huddle?

Huddles aim to value individual patients time and reduce waiting and the harm that can result from this. Improving individual patient journeys on the wards increases capacity and therefore also improves the experience and outcomes for those patients further upstream in the system who can then access the specialist care that they need.

How ?

Huddles need to be action focused. For each patient we concentrate on what is the next step, when does it need to be completed by and who is responsible. At the same time, we look forward and estimate the day of discharge in order to help plan and keep the patient informed. Where barriers to progress are identified the team attempts to remove these or escalate when they are unable to.

The huddle is NOT a traditional clinical MDT meeting – detailed clinical problem solving occurs on the subsequent ward round.

Scope:

This SOP is relevant to all clinical and ward-based administration staff involved in the care and management of patients in inpatient wards across all RWT hospital sites.

Instructions:

The huddle takes place Monday to Friday at a minimum aiming for seven days. This should take place at the same time and same location for each ward, or virtually where appropriate, with the Huddle tool updated in real time by the Flow Assistant / Coordinator. The huddle will start promptly and all members will arrive with the relevant information ready to contribute to the confidential discussion of the patient journey. This approach facilitates efficient working ensuring the process achieves its aims of enhancing patient journey.

A designated lead will chair the huddle, this must be the Consultant / Doctor associated with the team or Nurse in charge.

The huddle must begin with a summary of the current Trust capacity situation presented by the Patient Flow Assistant / Discharge co-ordinator to include the escalation level. This ensures the team are aware of system pressures and helps clinical leaders balance risks.

Staff should aim to complete the huddle within 30 minutes or less (1 minute per patient).

Each patient will be discussed in turn covering the items in Appendix 1.

Document and prioritise actions. Identify barriers and escalate to Directorate management teams and Operational Flow Meetings for assistance.

Key members of the huddle should regroup to assess progress at an afternoon huddle to ensure completion of all actions and to plan for next day discharges including a Golden patient (patient discharge to allow the first new patient to arrive on the ward by 10am).

Core huddle team (See Appendix 2 for more detail on roles).

Consultant in charge.
Nurse in Charge (NIC).
Patient Flow Assistant / Discharge co-ordinator.
Physiotherapist / Occupational Therapist.

Attendance for relevant part of the huddle:

Nurse responsible for the relevant area under discussion.
Junior Doctor responsible for the relevant area under discussion.

Where relevant/available:

Social Worker.
Pharmacist / pharmacy technician.
Clinical and managerial leadership teams as part of escalation including MADE (Multi-agency discharge events) and rapid improvement weeks.

For days when any member is not in attendance, a robust process must be in place to ensure they, or a representative, are made aware of any waits, delays or actions associated with them or their team.

After the huddle:

See patients on the ward round in the order: clinically unstable (Sick), early potential discharges, everyone else.

Ensure jobs are prioritised according to the order above including completion of discharge processes, transport.

Inform the patient and/or carers of the Estimated Discharge Date and next steps. Consider the 4 patient questions.

What is the matter with me?

What is going to happen today?

What is needed to get me home?

When am I going home?

Afternoon huddle:

A shorter huddle in the afternoon lasting approximately 15 minutes focuses on:

Have the mornings actions been completed?

For patients identified as being able to get home today, have they gone and are others still on track?

Have any new barriers to progress become apparent and can they be overcome?

Which patients are going home tomorrow, and have the relevant investigations and discharge processes been completed?

For patients requiring procedures tomorrow, have the relevant consent forms and investigations, prescription modifications been completed?

4.0 Equipment Required.

Nil.

5.0 Training

Huddle Awareness – accessible via My academy.

Huddle Participation – accessible via My academy.

6.0 Financial Risk Assessment.

1	Does the implementation of this document require any additional Capital resources	No
2	Does the implementation of this document require additional revenue resources	No
3	Does the implementation of this document require additional manpower	No
4	Does the implementation of this document release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programs or allocated training times for staff.	No
	Other comments	

7.0 Equality Impact Assessment.

An equality analysis has been carried out and it indicates that there is no impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.

8.0 Maintenance.

Divisional Medical Director.

9.0 Communication.

Huddle Awareness - on line package for ward-based staff. This is accessible via My Academy.

Huddle Participation - on line package for those staff attending the ward huddle.

This is accessible via My academy.

10.0 Audit Process.

Nil.

11.0 References - Legal, professional or national guidelines.

- https://fabnhsstuff.net/storage/NEWS2_Decision_35.pdf).
- [Modern ward rounds | RCP London](#)

Appendix 1:

Huddle Questions / Considerations / Actions.

Below is an overview of the structure of discussions required, progressing to more complex discharge questions. These should standardise processes, remove barriers, facilitate escalation and collate system constraints in order to facilitate earlier discharge. Actions and who they are assigned to should be recorded and monitored through the day.

When is the Estimated Date of Discharge?

This is the best estimate of when the patient will reach the point of not requiring monitoring or treatment that can only be delivered in a hospital bed.

It is closely related to terms such as medically fit for discharge or medically optimised.

It should not include physiotherapy or occupational therapy where that treatment could potentially be delivered in another setting outside the acute hospital.

What are the **Clinical Criteria for Discharge** (CCD) – record relevant clinical parameters in the notes. This can be used as part of **Criteria Led Discharge** (CLD) where a wider range of health care professionals are empowered to discharge patients once they meet the criteria without need for further senior medical review) Once set, the EDD should only change if the patients underlying medical condition changes (e.g. they develop a hospital acquired complication).

For patients going home today:

Are the TTO's complete and on the ward?

How is the patient getting home and have appropriate transport arrangements been made?

Is there any reason the patient can't go to the discharge lounge if there will be any delay in the patient going home?

What is the next action that progresses the patient's care?

Is this going to happen today? (to make this a Green day - see Red2Green)

By what time?

Who is responsible for delivering the action?

Does it need to be followed up in the afternoon huddle?

If any delays are identified, what action can we take to remove them (turn a Red day into a Green Day)

Prioritise a task?

Chase a request?

Escalate to more senior level (e.g. consultant to consultant conversation, escalate to matron or directorate manager).

Speak to patient or family to resolve a dispute.

For patients going home tomorrow:

Patients who are identified as able to go home tomorrow should be your Golden patients i.e. leave the ward before 10:00 am. To enable this ensure TTOs are completed and are on the ward today. Ensure E-discharge is completed today. Ensure the patient is aware of the plan, inform relatives and confirm care packages are in place where required. Ensure Patient Transport is booked, if required, aiming to move the patient to the discharge lounge at the time of opening. If you are using Criteria Led Discharge, ensure the team are aware of the discharge plan and who is enacting it.

Does the patient have capacity to make decisions regarding their future care needs?

Establish and recording this in the notes at an early stage as it informs many aspects of care planning.

- If no LPA, use best interests / MDT decision, consider IMCA involvement.

Challenge thinking – all members of the MDT have a responsibility to ask questions in order to achieve the best outcomes of patients. It is the chairs responsibility to foster a culture where the huddle team feel safe to do this. Consider.

Does the patient's care need to be provided in an acute setting? – the inpatient discharge decision support tool (https://fabnhsstuff.net/storage/NEWS2_Decision_35.pdf).

Also ask – If I saw this patient in clinic today, would I admit them?

Can this patient be assessed at home or in a step-down facility for care needs – known as discharge to assess (**D2A**)?

Can this patient be managed on a virtual ward?

Is there bridging support available from community teams (e.g RASC) or can the family provide extra support while the needs are assessed – assessments of patients' needs in hospital are notoriously inaccurate and a more realistic picture and safer solution will be arrived at if the patients' needs are assessed in their normal place of residence?

Appendix 2.

Huddle Roles and Responsibilities:

Huddle Chair:

Determines sick or unstable/ deteriorating patient requiring urgent review A potential discharge in order to 'pull' the first patient before 10am ('Golden Patient' to get flow started). This may have been pre-planned by the team the day before. Other new patients may be identified as potential discharges from their EDD.

Consultant:

Is accountable for the safe transfer of patients.
Is the final decision maker regarding the decision to transfer a patient from the care of RWT.
Balances the risks of remaining in hospital versus discharge on a daily basis.

Senior Sister/ Charge Nurse / Nurse in charge:

Ensures the required patient information is available prior to starting the huddle.
Ensures simple mobility assessments are completed and referrals to therapists are appropriate.

Patient Flow Assistant / Discharge Co-Ordinator:

Updates the Huddle on the Trust Capacity situation.
Provides support to clinical and therapy staff, advising and updating on progress of individual patient discharge plans including progress on social care assessments in the absence of social worker
Updates the huddle tool.

Social worker:

Advises on suitability of patients for social care and progress of current social care assessments including any current barriers within the system.

Allied Health Professional.

Advises on the progress of therapy assessments. This includes any further requirements and whether they are mandatory before discharge or can be delivered outside of the hospital setting with bridging support where necessary.

Pharmacist/ pharmacy technician:

To identify & progress TTO requirements.

Directorate management team:

To escalate and facilitate diagnostics or delayed discharges over 12 hours.

Part A - Document Control.

Procedure/ Guidelines number and version	Title: Ward Huddle Standard Operating Procedure	Status: Final	Author: Andrew Morgan Chief Officer Sponsor: Brian McKaig	
Version / Amendment History	Version	Date	Author	Reason
	Huddle SOP Div1&2 V2	11/2018	L. Dowson	Update to reference Huddle Capture Tool and NEWS2.
	3.0	January 2023	Andrew Morgan	Review
Intended Recipients: Ward based Medical / Nursing / AHP staff.				
Consultation Group / Role Titles and Date: CQI team Huddle Education Academy				
Name and date of group where reviewed		Huddle Education Academy 01/07/2021 Divisional Oversight Group 11/05/22 Trust Policy Group – January 2023		
Name and date of final approval committee(if trust-wide document)/ Directorate or other locally approved committee (if local document)		Trust Management Committee – January 2023		
Date of Procedure/Guidelines issue		February 2023		
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		January 2025 (every 2 years)		

Training and Dissemination: Huddle Education academy.	
Publishing Requirements: Can this document be published on the Trust's public page:	
Yes	
If yes you must ensure that you have read and have fully considered it meets the requirements outlined in sections 1.9, 3.7 and 3.9 of OP01, Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines , as well as considering any redactions that will be required prior to publication.	
To be read in conjunction with: N/A	
Initial Equality Impact Assessment: Not applicable.	
This document aims to standardise the procedure for ward huddles and as such will not have any differential impact on any particular protected characteristic covered by the Equality Act.	
Contact for Review	Divisional Medical Director Division 2
Document summary/key issues covered.	
This policy describes the role of the ward huddle in managing patient flow and discharges and the roles of the attendees.	
Key words for intranet searching purposes	Ward Huddle