

HDUHB Patient Boarding guideline for Optimal Patient Flow

Guideline information

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National Safety Standards for Invasive Procedures (NatSSIPs) standards: NA

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Approval information

Approved by: Quality, Safety and Experience Sub Committee

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Summary of document:

This document sets out the HDUHB's guideline for the implementation of patient boarding, a process where suitably identified patients are moved from an emergency admission / assessment area to a receiving ward, with an identified discharge, prior to a bed being available on the receiving ward. The ward will then have one additional patient above its established operating capacity.

This guideline will also cover Boarding at Risk (based on predicted discharges) and Boarding at Extreme Risk (where no discharges are identified but a patient is moved to a ward as part of a continuous flow model to mitigate and share risk from ED).

This guideline is designed to support safety and quality across all areas, including wards, when the hospital is full by outlining the escalation plan. It also describes the mandated actions necessary when the emergency department (ED), as the main point of entry for emergency admissions, has more patients than it can potentially safely care for. The purpose of this guideline is to support safe, accountable decision making when the decision is made to instigate the boarding of additional patients and outline the principles to be considered.

Scope:

The scope of this guideline covers all emergency and assessment admission areas, all clinical wards and applies to all staff working for HDUHB and staff working with WAST.

To be read in conjunction with:

[370 - Discharge and Transfer Policy](#) – opens in a new tab

[489 - Emergency Pressures Escalation Policy](#) – opens in a new tab

[353 - Transmission Based Precautions](#) (opens in new tab)

[354 - Standard Infection Prevention and Control Precautions \(SICPs\) Policy](#) (opens in new tab)

[236 - Outbreak Management Policy](#) (opens in new tab)

[445 – Emergency department ambulance off load policy](#) (opens in a new tab)

[409 - Professional Nurse Staffing Standards and Escalation Plan for Inpatient Acute Services](#) (opens in new tab)

[437 – adult patient outlier procedure](#) (opens in a new tab)

[598 - Admission Protocol to the Designated Age Appropriate S-CAMHS Bed \(Rainbow Unit & Morlais Ward\) Protocol](#) (opens in a new tab)

[726 – Admission To and Discharge From Critical Care Services Guideline](#) (opens in a new tab)

[1100 – procedure for when a young person aged 16-17 years is admitted to an adult ward](#) (opens in a new tab)

[991 – Maternity triage admission guideline](#) (opens in a new tab)

[674 - Risk Management Procedure](#) (opens in new tab)

[982 - Incident, Near Miss and Hazard Reporting Procedure](#) (opens in a new tab)

[010 – Health and safety Policy](#) (opens in a new tab)

[395 - Section 136 – 1983 Mentally Disordered Persons Found in Public Places Inter-Agency Procedure](#)

Patient information:

Include links to [Patient Information Library](#)

Owning group:

Task and finish group

Executive Director job title: Executive Director of Nursing

Reviews and updates:

Version 1 – New Guideline 05.03.2025

Keywords

Boarding, escalation, ambulance handover delays

Glossary of terms

ED – emergency departments
 WAST – Welsh Ambulance Service Trust
 SNMs – Senior Nurse Managers
 HON – Head of Nursing
 GM – General Manager
 PNMF – Professional Nursing and Midwifery Forum
 SNMT – Senior Nurse Management Team
 DITs Directorate Improving Together Meetings

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Definition

Boarding of patients is defined as moving a patient from an emergency admission / assessment area to a receiving ward prior to a bed being available on the receiving ward. The ward will then have one (or more) additional patient(s) above its normal operating capacity. Additional boarding capacity or boarding at risk may be required where wards may have more than one additional patient at any one time or when boarding despite no confirmed or identified discharge.

Boarding is defined as *'Exceeding the commissioned working capacity of a ward/unit, on a risk assessed basis, utilising a non-configured space in anticipation of an upcoming discharge/transfer, for a short period of time'*.

Boarding at risk applies where a discharge is predicted / expected but not confirmed

Boarding at extreme risk applies where patients are moved from ED to a ward where a discharge has not been identified.

Boarding differs to the process of 'Surging' which is defined as *the 'Implementation of additional beds that are resourced and equipped, on a risk assessed basis, in response to an anticipated and discrete episode of increased demand'*.

Purpose

The purpose of this guideline is to define the process for effectively managing the emergency clinical pathway and mitigating/balancing risk across the hospital sites. This will support patients within the ED transferring to the main hospital bed base to ensure timely, safe and effective care delivery for patients within ED, those arriving by ambulance, and members of the public waiting for an emergency response from the ambulance service. This guideline will be triggered when escalation levels are raised and sites are operating at full capacity.

This Patient Boarding guideline will be enacted with the objective of ensuring early movement of patients from the Emergency and Assessment areas to create flow and enable the release of ambulances, within an agreed time scale when the HDUHB is operating at full capacity.

This guideline will be achieved by placing additional patients on inpatient wards. With a potential for these patients to become medically unstable, wards will have identified a medically stable and pending discharge patient to be transferred out of their current bed space to place the acute and / or unwell patient being transferred from emergency or assessment areas.

The expectation is that patients confirmed for discharge will move to the additional boarding space or discharge lounge (if available), with the patient requiring admission transferring to the established bed space in the first instance.

Scope

The scope of this guideline covers all emergency and assessment admission areas, all clinical wards and applies to all staff working for HDUHB and staff working with WAST.

Aim

The aim of this guideline is to:

- To ensure the safe and timely and appropriate admission of patients waiting in Emergency Department
- To secure and maintain the safety of patients and staff within the Emergency Department
- Mitigate extended ambulance handover delays.
- Release ambulance resources to support the unknown risk in the community
- Reduce the potential risk of harm to patients waiting at length on ambulances or in non clinical spaces within the emergency department
- Mitigate the risk associated with overcrowding within the emergency department
- Fully risk assess patients involved in the onboarding process, to reduce any potential harm
- To share the operational and clinical risks across acute sites
- To support the delivery of national performance targets
- Provide clear guidance to all staff involved in the activation of the patient boarding guideline
- Enable whole system partnership working to remove barriers to discharge and minimise delayed transfers of care.

Identified risks and mitigations to be considered

The risks associated with exceeding maximum capacity within Emergency Departments and excessive waits for inpatient beds are recognised to be detrimental to patients, resulting in:

- Increased Mortality
- Increased length of hospital stay
- Reduced quality of care
- Poor patient experience
- Increased risk of incidents including falls and pressure damage
- Staff burnout / increased absence levels
- Difficulty recruiting and retaining staff
- Increased IP&C risk of transmission

While it is recognised that adopting the patient boarding guideline will increase the risk of ward areas, adopting the guideline highlights the challenges facing Emergency Departments and shares risks across the wider system. Specific risks identified for the admitting wards include:

- Increased patient numbers may exceed the agreed nurse staffing levels for the established ward capacity.
- Staffing levels on wards already operating below agreed or planned rosters may further impact the timeliness and effectiveness of patient care
- Risk of wards being unable to maintain patient dignity, specifically for patients being placed in non-clinical spaces
- Potential risk of not maintaining same sex accommodation
- Increased infection control risks due to patient numbers exceeding established bed spaces
- Risk of increased falls due to placement of patients in non-clinical areas such as corridors or in bays with additional bed/trolleys
- Potential risk to staff due to insufficient space for appropriate moving and handling equipment / space
- Potential safety risks due to lack of call bells, piped oxygen and suction for additional patients placed on the ward
- Potential fire safety risk due to placement of patients in non-designated areas. Fire exits must not become blocked and fire risk assessment may be required in certain areas
- Potential risk of patients deteriorating and delays in treatment, including access during emergency / cardiac arrest events
- Risk of reputational harm
- Potential for inappropriate patients to be placed in clinical and non-clinical areas on identified wards

Mitigating actions for wards accepting boarding patients:

- Patient Boarding guideline and escalation steps to be followed
- Risks to be considered across the whole system prior to patients being received for boarding include: acuity and dependency of the ward, staffing levels and clinical conditions of patients being boarded.
- Also required for consideration:
 - Portable screens to maintain patient dignity
 - Adequate provision of portable oxygen and suction
 - Consideration of the purchase of portable / wireless call bells for patients to be able to alert staff
 - Clear communication with patients being considered for boarding
 - Review of staffing requirements where appropriate to accommodate additional boarded patients
- Where possible, same sex accommodation should be maintained. This should only be breached where there is a clinical need or patient safety risk. The rationale for breach must be documented within the patient's electronic records and discussed with the patient prior to transfer.

Criteria for implementation

This guideline forms part of the emergency pressures escalation process and is to be implemented when there is an inability to deliver patient flow through day-to-day business as usual, and when standard processes are unable to be maintained.

Implementation of the guideline I will aim to mitigate the risk of extended ambulance handover delays and/or when the number of ambulances held outside ED exceeds the number required to safely manage WAST responses in the community. This guideline is to be used in and out of hours and used to help support the HDUHB's commitment to a zero tolerance of ambulance handover delays.

This guideline outlines the process to ensure that when patients are transferred to a clinical area outside of the available clinical bed space configuration, this is safe and monitored for potential and actual patient harm and that the decision on which patients are appropriate for boarding is a clinical one.

Other measures or situations which may affect operational safety should not be excluded and all mitigations to manage the potential risk should be adopted prior to the patient boarding guideline needing to be implemented and should include:

- Timely assessment in ED and early referral for all patients who require specialty assessment.
- Early use and timely transfer of patients to the discharge lounge if available
- Use of alternatives to admission including ambulatory care pathways
- Timely and daily review of all patients in every bed by a senior decision maker
- Structured board and ward rounds.

Patient Criteria

Inclusions:

- Patients identified by clinical teams as suitable to be moved from ED and Assessment areas to wards for boarding
- Patients identified by clinical teams as awaiting planned discharge and suitable to be moved to alternative clinical or non-clinical setting to await discharge
- Patients can be cared for in a designated, safe and appropriate clinical area

Exclusions:

- Patients requiring palliative or end of life care
- Patients requiring isolation due to infection control issues, or who are neutropenic or immune compromised
- Patients with delirium or acute confusion

- Patients without capacity to make decisions
- Patients with Learning Disabilities or requiring reasonable adjustments
- Patients requiring additional assistance with fundamentals of care including nutrition, hydration, continence needs etc
- Patients deemed clinically unstable or requiring specialist nursing support, for example, NIV/Cardiac Monitoring/Blood Transfusions (unless being admitted into a suitable ward environment with an appropriate staffing level)
- Patients with a NEWS over 3 (clinical judgement to be used depending on individual patient baseline scores)
- Patients with high acuity or dependency, or those requiring enhanced patient supervision

Where exceptions to the above exclusions are necessary, relevant risk assessments and professional judgement should be considered.

Principles

This guideline is to be used only in exception and after all other actions have been exhausted and all available beds across acute sites allocated and all potential extra additional capacity must have been considered.

- Patients should be provided with a bed / trolley or appropriate chair and table
- Patients should be provided with all meals and regular hot and cold drinks
- Patients should be provided with appropriate curtains or screens to maintain privacy and dignity
- Patients should be able to receive visitors
- Acuity and staffing needs to be considered when identifying areas suitable for boarding
 - If the clinical area/ward has staffing shortfalls and / or high levels of acuity this must form part of the risk assessment and be escalated to the Head of Nursing / Site Management Team in hours and the site manager out of hours.
 - In the event that the staffing levels are deemed to be not sufficient to meet the additional boarding patients, the Head of Nursing / Site Management Team in hours and the site manager out of hours will follow the service specific escalation policy relating to nurse staffing and risk assess whether there is a need to use temporary staff.
 - If temporary staff are required for this situation, the reason selected for the additional tile should be 'additional patient (as per the patient boarding guideline)'. When the shift is sent to bank, the 'additional patient (as per the patient boarding guideline)' reason should be selected.
- Each site will have identified clinical areas where safe and appropriate boarding capacity can be supported
- The receiving ward will have identified a planned discharge for the same day (next day if out of hours) as the boarding patient will be admitted

- The patient awaiting discharge should move into an escalated space to allow the waiting patient to move into the bed space
- Priority must be given to patients identified for discharge to be moved to the discharge lounge (in hours and if available).
- The escalation space on each ward will be used as identified by the nurse in charge of the ward in line with Health and Safety and Fire Regulations.
- Once requested, the patient will move out of ED within 30 minutes, to create space to release the longest waiting patient on the ambulance. If this is not achieved within the agreed time frame, then the ED Navigator will directly contact the site manager, who will escalate accordingly.

Roles and Responsibility

Chief Executive:

- Chief Operating Officer is the Executive Lead for this guideline.

Hospital Management Teams

- The day-to-day operational responsibility for capacity and flow through sites will be managed by the Hospital Site Teams and Hospital Management Teams
- This guideline is to be activated by Hospital Site Management teams, following consultation with the ED Navigator and hospital management team on each site.

Heads of Nursing / Deputy Heads of Nursing:

- Have a responsibility to ensure that boarding of patients is carried out in line with this guideline SOP and in line with HDUHB Emergency Escalation Pressures Policy

ED Clinical Staff

- ED staff need to advise patients suitable to be boarded, that they are transferring to a ward, where they may be held temporarily in a non-designated area, until their bed space is made available
- Ensure patients identified as suitable to be moved are transferred

Senior Nurse Managers (SNMs)

- Will work with the patient flow teams / site teams to review patients who are confirmed for discharge, and to determine if they are either able to be sat out or moved to the discharge areas.
- SNMs will work with wards to identify areas suitable for boarding and to scope availability of boarding options as required.

Ward managers / Ward staff

- Support with the identification of suitable patients for boarding through daily board rounds or afternoon huddles.
- Provide managerial support at ward/unit level for the implementation of the HDUHB Patient Boarding guideline
- Accepting wards should identify suitable patients to move to the escalation space on a risk-based decision. These will be patients identified as planned and confirmed discharges
- The ward receiving the boarding patient must take responsibility for the patient they have received and work as part of the multi-disciplinary team to ensure the next patient awaiting discharge from the ward leaves the ward as soon as possible
- Communicate with the patient / family / carers regarding rationale for boarding
- Ensure the identified boarding space has available screens / curtains to maintain privacy and dignity if required.
- Ward staff to advise clinical teams that the escalation space is being used and the additional patient is on the ward.

Mental Health and Learning Disabilities Care Group

- Enact oversight and management of capacity and flow across inpatient mental health beds through bed conference/locality Multi-Disciplinary Team calls where risk and need based discussions inform the allocation of beds and resources.
 - The bed conference occurs twice daily during the week and once daily at weekends and on bank holidays.
 - The meeting is attended by HDUHB staff from in-patient, community & crisis teams, allied health professionals, 111 press 2, drug & alcohol services, Liaison, local authority staff, Dyfed Powys Police representation & St John's ambulance service. The list is not exhaustive, and the conference will coordinate additional clinical professional meetings as required.
 - The meeting will provide a summary of bed occupation, expected transfers or discharges, the number of individuals who have been identified for admission either informally or under the Mental Health Act and the occupation status of the S136 'Places of Safety'.
- Provide Mental Health Liaison Services for each District General Hospital Site to review patients who have been assessed as requiring mental health admission and are awaiting a bed.
- Provide a 24 hour 7 day a week point of contact to the MHLDC Care Group via the Mental Health and Learning Disabilities Clinical Coordinator on 07970 501647.
- Adhere to the HDUHB's pathway of care delay process.
- Hold weekly Pathways of Care Delay meetings to report and validate transfer of care delays to provide oversight and an escalation process to reduce the volume of patients spending longer than required in a hospital bed, identify/validate reason codes for individuals who are medically optimised and consequently meet the criteria of a Pathways of Care Delay.
- Participate in providing a monthly snapshot census of the number of Pathways of Care Delays on the third Wednesday of each month, alongside monitoring, and analysis of Pathways of Care Delay data.

Corporate Teams

- Nursing Workforce Team will work with Heads of Nursing and Ward Managers to ensure nurse staffing escalation processes are sufficient to support the Patient Boarding guideline
- IP&C Team will provide advice and support on areas where additional patients are being boarded
- Oversight of impact of Patient Boarding guideline and potential harms to be monitored through Professional Nursing and Midwifery Forum (PNMF), Senior Nurse and Midwifery Team Meetings (SNMT) and Directorate Improving Together Meetings (DITs)

De-escalation Process

- Hospital site teams will assess the organisational risk
- Pragmatic risk-based discussions to occur between the site management team, and specialty/ward teams, to discuss de-escalation of the escalation spaces
- Decision to de-escalate space communicated during site meetings
- In discussion with the site managers, the ward nursing staff to move patients to an established bed space as soon as one becomes available
- Patient and any relatives are to be regularly updated throughout the boarding process. This is to be documented in the patient's notes.
- Escalation space to be decommissioned and appropriate cleaning to take place

Governance

Oversight of the decision making both around decisions to board and not to board patients must be clearly documented:

- Sitreps to be updated to capture the total numbers of patients being boarded across acute sites
- Monitoring of the impact of boarding on quality, safety and experience to be managed through performance and safety dashboards, directorate QSE and HB operational QSEC meetings
- All boarded patient incidents must be reported through the incident reporting system. Safeguarding concerns and complaints processes will be monitored through the directorate quality, safety and experience meetings and performance and safety dashboards.

Specific areas of monitoring to include:

- Number of incidents resulting in patient harm as a result of boarding (see reporting incidents)
- Number of times boarding was unable to be implemented to be reported
- Ambulance handover waiting times to be monitored against the implementation of the guideline
- Quality Metrics e.g. falls, medication errors, pressure damage, nosocomial transmission and all-cause mortality.
- Patient experience feedback

Reporting incidents related to patient boarding:

Patient safety incidents should be reported through the All-Wales R L Datix system. When reviewing investigations the following contributory factors should be considered to enable boarding related issues to be captured.

1. Individual Patient Factors – were there any reasons this incident was more likely to occur to these particular patients
2. Workload and Staffing – was there a mismatch between workload and staff provision around the time of the incident
3. Leadership/Supervision - was there any failure of the team function
4. Scheduling and Bed Management – Did any time or bed pressures play a role in the incident.

Appendix 1 - Activation of Patient Boarding guideline Definitions and Flowchart

Definitions	Surge Capacity (Staffed) Definition Implementation of additional beds, that are staffed and equipped, on a risk assessed basis, in response to an anticipated and discrete episode of increased demand.	Surge Capacity (Not staffed) Implementation of additional beds, that are not staffed but are equipped, on a risk assessed basis, in response to an anticipated and discrete episode of increased demand.	Boarding / Double Boarding Exceeding the commissioned working capacity of a ward/unit, on a risk assessed basis, utilising a non-configured space in anticipation of CONFIRMED upcoming discharge/transfer, for a short period of time	Boarding at Risk Exceeding the commissioned working capacity of a ward / unit, on a risk assessed basis utilising a non-configured space in anticipation of a POTENTIAL upcoming discharge / transfer, for a short period of time.	Boarding at extreme risk Exceeding the commissioned working capacity of a ward / unit, on a risk assessed basis utilising a non-configured space with NO IDENTIFIED discharges / transfers, for a short period of time.
Triggers	Level 3 / 16 Deteriorating position with increasing handover delays over 1 hour and increasing demand in ED	Level 4 16 - 20 Ambulance handover delays likely to exceed 1 hour	Level 3 / 16 All ED clinical surge capacity exhausted. All Ward clinical surge capacity exhausted. Ambulance handover delays likely to exceed 15 minutes and / or extreme risk identified in ED	Level 4 20 / Pre BCI actions All surge capacity and boarding against confirmed discharges across all potential areas been exhausted Ambulance handover delays likely to exceed 2 hours	Level 5 / 25 / BCI actions BCI has been declared All actions in line with BCI have been enacted
Risk Assessment	No	Yes	Yes	Yes	Yes

Appendix 2: Activation of Patient Boarding Guideline Flowchart

Hospital Site Team identify requirement for Patient Boarding (site escalation level, Site escalation level 3 16



ED escalated and surged with ambulance delays likely to exceed 2 hour and / or demand and risk within ED is significant



All escalation actions in line with Level 3 Emergency Pressures & Escalation Protocol have been taken by site teams



All potential surge capacity (resourced and unresourced) has been fully utilised across site.



Senior clinicians / Site manager & ED Navigator have identified patients suitable to be transferred out of ED for boarding in a non-designated ward space



Senior Nurses and HON have identified suitable areas for patients to be boarding and risk assessments of area completed considering current acuity of ward areas, nurse staffing levels and overall risk

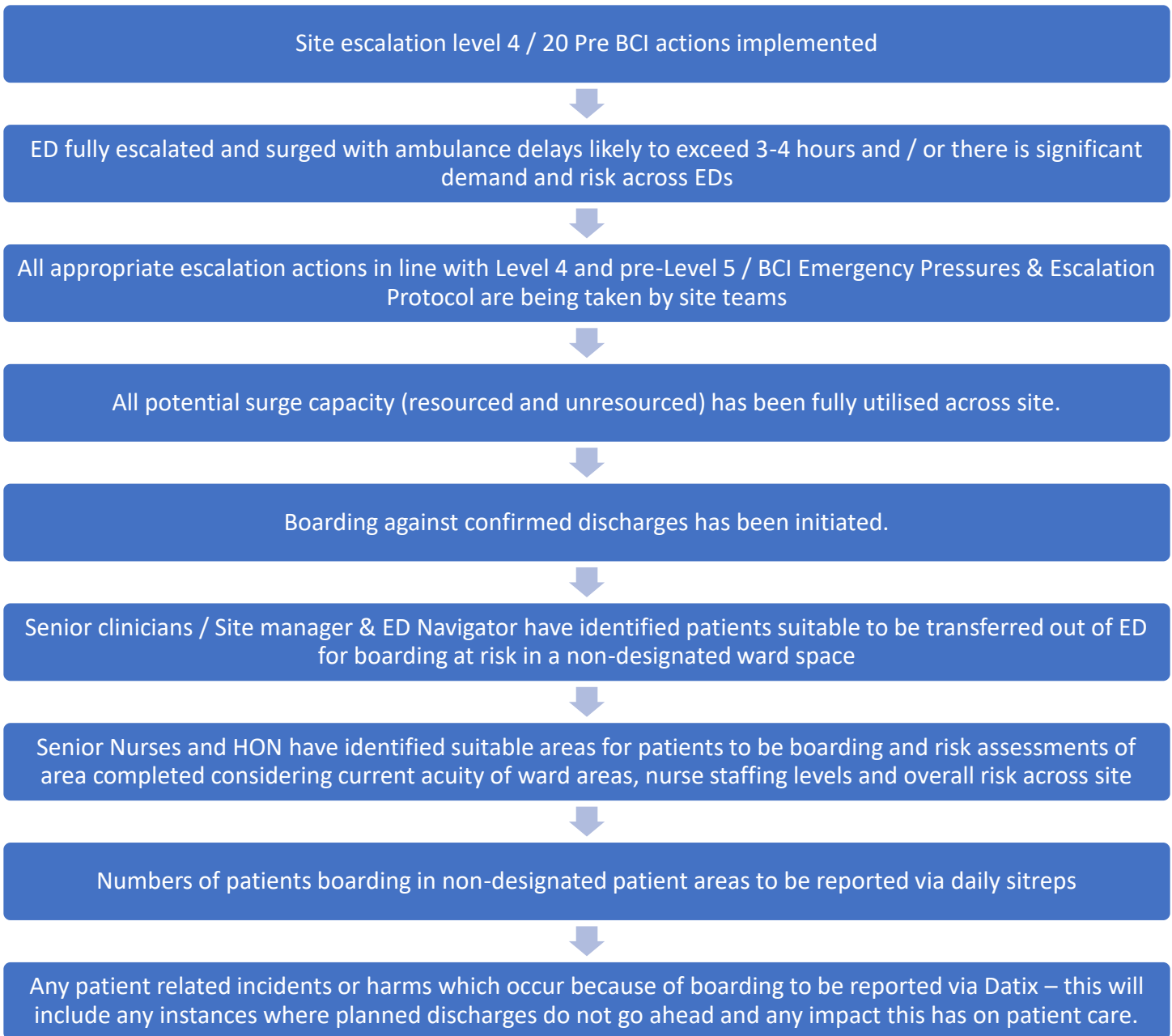


Numbers of patients boarding in non-designated patient areas to be reported via daily sitreps

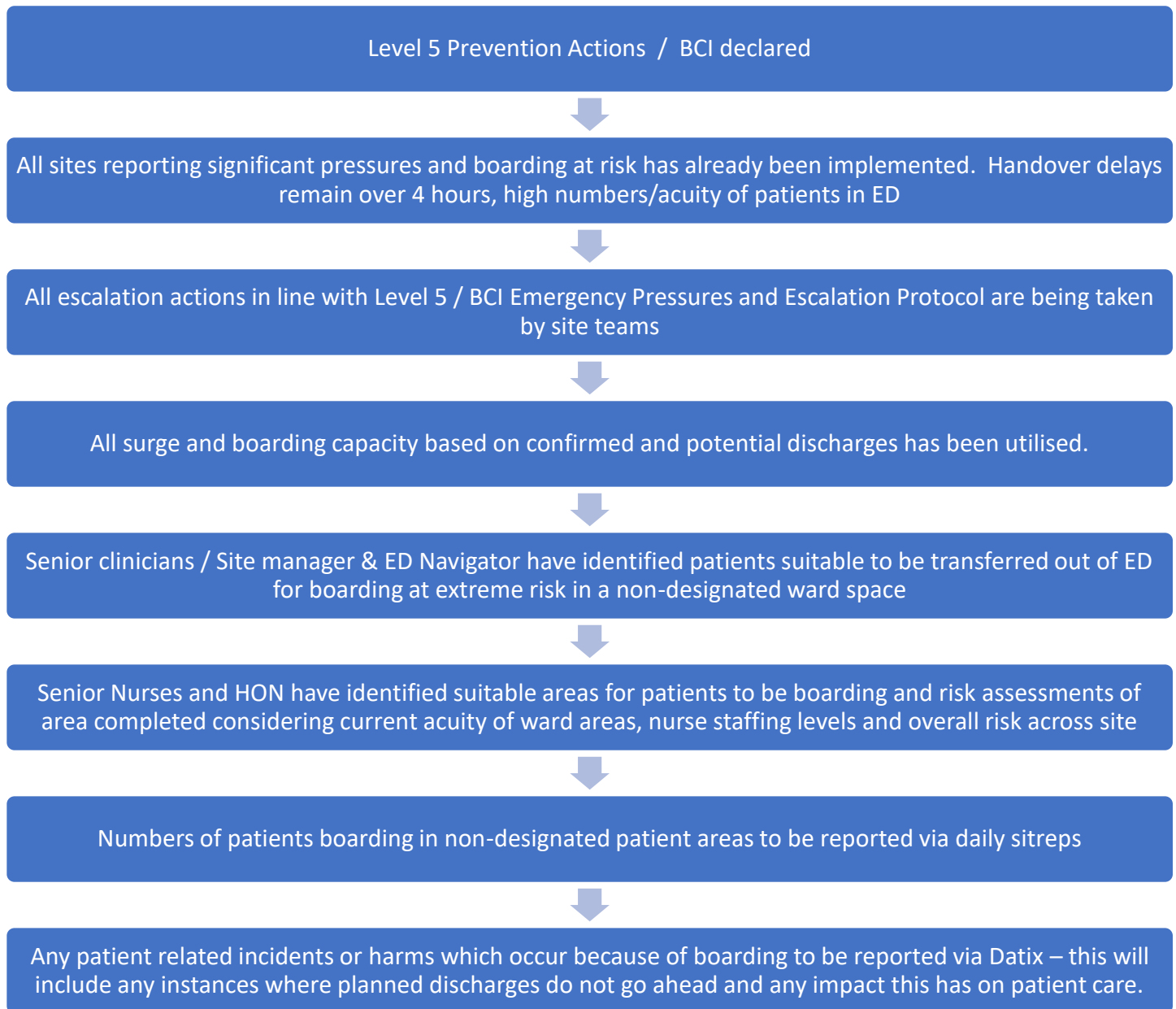


Any patient related incidents or harms which occur because of boarding to be reported via Datix – this will include any instances where planned discharges do not go ahead and any impact this has on patient care.

Appendix 3: Activation of Patient Boarding At Risk Flowchart



Appendix 4: Activation of Patient Boarding at Extreme Risk Flowchart



Appendix 5 - Hywel Dda UHB: Risk Assessment Form

[Risk Assessment form](#) (opens in a new tab)