

Standard Operating Procedure for:

The 'Boarding' of Additional Patients on inpatient clinical areas.

University Hospitals of Leicester 
NHS Trust

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Section	Title	Page
1.	Introduction	2
2.	Scope	3
03.	BOARDING Triggers	3
04.	Roles	3
05.	The process for BOARDING patients	5
06.	Managing patient concerns	
07.	Boarding locations	
08.	Ongoing management of BOARDED patients	7
09.	Tactical Bed Meeting	
10.	Education and training	7
11.	Monitoring Compliance	8
12.	Supporting References	8
13.	Key Words	8
14.	Appendix 1: Excluded areas	9
	BOARDING of Patients on a page	10

1. Introduction

- 1.1 The Trust's purpose is to deliver "caring at its best" for everyone who visits Leicester's University Hospitals (UHL), and this relies on providing the right care, in the right place, and at the right time whilst maintaining patient safety, high quality care and a good patient experience.
- 1.2 Organisational pressures and operational workload can limit the ability of key areas to provide this along with expected patterns of care. When this pressure stops normal daily functioning, it significantly increases the risk of a failure in care occurring.
- 1.3 This document sets out the UHL Trust Standard Operating Procedure (SOP) for the management of the patients that have been identified to 'BOARD' as an additional patient within inpatient areas overnight within UHL. It aims to support safety and quality across all areas when the hospital is full and describes the required actions when the Emergency Department has more patients than it can potentially safely care for and other actions have been exhausted such as 'outlying of patients' and 'rapid flow' have not reduced the risk to new admissions to the hospital and to prevent holding patients on ambulances which has a direct impact in delays to responding to emergencies in the community.
- 1.4 Balancing and sharing risk is part of the Trusts action in discharging its duty of care to patients. A balance of risk has to be achieved to ensure safety and quality is maintained. This SOP is to be used only in the exception and not become the norm. This procedure is to be followed and each area is to be individually risk assessed so decisions, when made, ensure patient safety is maintained.
- 1.5 The SOP is to be used when the Trust is operating at full hospital capacity and enacted by either the Chief Operating Officer, Medical Director, Chief Nurse or respective deputies. Out of Hours, the executive Director on call will make the decision in consultation with the Silver manager and clinical site managers.
- 1.6 Patients identified to BOARD should not be placed to another specialty base ward e.g., medicine to surgery.
- 1.7 The purpose of this SOP is to support safe, accountable decision making when the decision is made to instigate the BOARDING of additional Patients overnight. It is recognised that the decision making will be based on the specific risk assessment for each patient that is to be BOARDED in the context of the risk on the accepting ward. This SOP will outline the principles to be considered. The key principle is that the decision to BOARD any patient will have patient safety concerns at the centre of the decision making process, balancing the risk to patients in an ED queue against the risk in the inpatient base wards in the context of the patient's clinical condition.
- 1.8 This SOP will guide and support all staff involved in the BOARDING of patients within their Clinical Management Groups (CMG) to ensure:
 - a) Equitable access to appropriate beds for all patients admitted to UHL
 - b) Patients are treated with respect, dignity and in accordance with UHL values
 - c) Accommodation of patients in single sex areas (with the exception to Critical Care / High Dependency Unit (HDU))

- d) The risk of patients being exposed to Hospital Acquired Infections is minimised
- e) The risk of having un-assessed patients in ambulances/ Patients waiting in ED/CDU for beds is minimised.

1.9 BOARDING of patients by definition is where patients are sent from an admitting area to a receiving ward prior to a bed being available on the receiving ward overnight or until a bed space becomes available. The ward will have one additional patient above its normal operating capacity.

2. Scope

2.1 This SOP applies to all staff working for UHL, those staff working in a contracted capacity and staff contracted with partner agencies or NHS Trusts working within UHL.

2.2 This SOP applies to patients admitted through ED/CDU and the Emergency Floor areas and will be the responsibility of the Clinical Site Flow and Bed Management Team, ED Coordinators, Matron and Ward Managers to implement.

2.3 This SOP relates specifically to the BOARDING of additional patients admitted to adult beds within University Hospitals of Leicester (UHL) NHS Trust.

3. 'Boarding' Triggers

3.1 The daily UHL tactical bed meeting considers available capacity and flow. When one or more of the following criteria has been met at 17:00hrs:

- A. OPEL Level 4 **and/or**
- B. <5 spaces in ambulances assessment with limited outflow and >4 ambulances inbound
- C. Unable to handover patients on ambulances or due to no capacity within ED or no capacity for inbound ambulances **and/or**
- D. No Capacity in Resus with no out flow **and/or**
- E. Majors full of DPS 2 category patients in the waiting room waiting to access majors cubicles

4. Roles

4.1 Chief Operating Officer is the Executive Lead for this SOP

- a) All beds within the Trust remain under the executive responsibility and management of the Chief Operating Officer.
- b) The day to day operational responsibility for capacity and flow through UHL is managed by the Trust Capacity and Flow Team.

4.2 UHL Strategic Commander (Director on call):

- a) Is available 08:00hrs-08:00hrs during weekdays and at all times throughout the 24-hrs period at weekends and Bank Holidays, contactable via UHL switchboard
- b) Out of office hours - provide executive support to the on call team and link with the ICB and NHS England. On call Director to communicate increased pressure on the system in accordance with agreed guidelines

- c) Communicates with Chief Operating Officer and Senior Manager as appropriate
- d) Has overall responsibility for decisions made to BOARD Patients and de-escalate the process when normal functioning of ED has been established.

4.3 Head of Operations/Deputy Head of Operations/Heads of Nursing / Deputy

Heads of Nursing:

- a) Have a responsibility to ensure that BOARDING of Patients is carried out in line with this SOP and in line with CMG Operational Pressures Escalation Levels (OPEL).
- b) BOARDING of Patients will not commence until assurances have been agreed with the CMG Head of Nursing or nominated deputy to ensure that a professional nursing assessment and wider CMG patient safety and risks have been considered (A minimum of 3 Registered Nurses on the ward).
- c) The 'Silver' Tactical Command Nurse who has an overview of the Trusts staffing levels to provide support to CMG's in respect of safe staffing levels to enable BOARDING of patients.
- d) At the 16:30hrs safer staffing call, in collaboration with the CMG representative the silver tactical nurse will formulate a list of areas that can BOARD.

4.4 UHL Senior operational manager SOM / Duty Manager: Sorry keep in on call manager

- a) Support and facilitate plans made by CMG Heads of Operations (Hoops) to enable the emergency and elective flow of patients throughout the Trust.
- b) The UHL tactical bed meetings held x 4 daily should determine the ability to provide sufficient admitting capacity and influence the decision making around the BOARDING of Patients.

4.5 Consultants:

- a) Responsible in conjunction with the multidisciplinary teams for identification of Clinical Criteria for Discharge and identification of patient's not meeting the criteria to reside in an Acute Trust at 'Daily Board'/'Ward rounds' and at 'Afternoon Huddles'. Documentation to be completed on both Nerve Centre and in the Patients medical notes to aid flow through the hospitals.
- b) Patients who are BOARDED will become the responsibility of the named ward Consultant.

4.6 Matrons

- a) Provide managerial and clinical advice, and where necessary, practical support with the implementation of the BOARDED patients

SOP with particular reference to ensuring patients are identified and those identified meet the criteria.

- b) The Matrons are responsible for undertaking a professional nursing assessment in the base wards to understand the relative risk in the clinical areas at the time BOARDING is required. This assessment will include the acuity and dependency of the current patients and the skill mix of the ward on the given evening.
- c) Supports the Head/ Deputy Head of Nursing in providing clinical expertise and advice on clinical risk issues associated with the BOARDING of patients.

4.7 Ward Leader/Nurse in Charge

- a) Provide managerial support at ward/unit level for the implementation of the Trusts BOARDING of patients SOP.
- b) Ensure nerve centre discharge profile is up to date in order to provide visibility of bed occupancy, capacity and flow to CMG/ Trust teams in line with CMG OPEL levels.
- c) Communicating with the patients family/carers regarding BOARDING of patients.
- d) Ensure the identified 'BOARDING' space has available screens to maintain privacy and dignity if required.

4.8 Bed Management Teams / Capacity and Flow /Flow Coordinators /Bed

Coordinators/ Out of Hours CMG Bleep holders:

- a) Responsible for initiating, implementing and communicating the CMG out of hour's bed management contingency plans and informing the Duty Managers.
- b) Responsible for implementing the BOARDING process once enacted within their CMG with CMG teams available.
- c) Responsible for implementing and maintaining a register of each patient that is BOARDED on nervecentre and moving the BOARDED patient in to the next available bed space.

4.9 Infection Prevention Team

- a) Provide Infection Prevention (IP) advice to ward based nursing and medical staff, Duty Managers and CMG Bed Management Teams, with specific reference to identification of patients to be BOARDED.

5. The Process of BOARDING of Patients

5.1 If there is a need to BOARD patients this should be done in line with plans identified by CMG Senior Management Teams and enacted by the Bed Management teams at a specific threshold. This will take place at the 17:00hrs UHL tactical bed meeting and the decision to enact discussed and agreed with the Chief Operating officer or nominated Deputy.

- a) BOARDING of patients can only occur when all the actions in the full hospital protocol have been exhausted.
- b) Bed management leads will liaise with CDU/Emergency floor/ Assessment/Admission area Ward Nurses in Charge to identify

suitable patients to transfer to the relevant wards. This will be dependent on the sex mix of the incoming patient admissions and wards that are appropriately staffed with 3 registered Nurses and 2 HCAs.

- c) It is the responsibility of the ward that transfers the Patient to be BOARDED to give prior notice to the Patient at the time a decision to BOARD is made and inform the family or carers of the need for them to be BOARDED (provide written information) at a suitable time in the patients journey.
- d) The Nurse looking after the patient to be BOARDED must provide the receiving ward with a verbal handover and update Nerve Centre detailing all clinical data relating to the patients admission and care of the patient.
- e) All Medical and Nursing documents, medication and property should transfer with the patient to the ward they will be BOARDING on.
- f) Specific risk issues **must be** communicated verbally to the receiving ward, staff on duty will need to re assess the patient when they arrive on the ward.
- g) The Patient and family/carers need to be advised of the early transfer to another ward.
- h) Bed management leads will communicate regularly with the Duty Manager to ensure that BOARDED patient placement information is up to date.
- i) Patients will continue to have timely, on-going treatment or continued discharge planning whilst BOARDING on inpatient wards.

5.2 Adult Patients suitable for BOARDING.

- a) Patients identified for BOARDING must have seen a Consultant or Registrar already during that admission to ensure medical clerking and a treatment plan/ e-medications have been confirmed.
- b) Patients must have a clear medical management plan (Clinical Criteria for Discharge) and Estimated Date of Discharge that can be followed on the inpatient ward.
- c) Patients should only be moved under the BOARDING of patient SOP if they meet criteria for transfer from ED/CDU/ Emergency Floor areas, and the receiving ward can accommodate the care needs of the individual patient. This will differ depending on the specialism of the patient identified for BOARDING and the area being BOARDED on (equipment needs etc.)
- d) The following groups of patients are excluded from BOARDING:
 - i. Clinically unstable with an early warning Score (EWS >4)
 - ii. Patients with an EWS of 3 in one parameter
 - iii. Patients requiring Humidified, High flow oxygen, NIV or oxygen therapy.
 - iv. Patients requiring Intensive or High Dependency Unit level care.
 - v. Patients requiring cardiac monitoring.

- vi. Patients with severe cognitive impairment i.e., restless/agitated, delirium, requiring 1:1 care.
- vii. Patients with complex Learning Disabilities
- viii. Patients in the last few days of Life
- ix. Patients who require isolation because they are at risk of transmitting or acquiring an infection.

5.3 Ward areas should only have one BOARDED patient overnight at any one time except for Acute Medical Unit (AMU) is able to take 2 BOARDED patients. Wards must have a minimum of 3 Registered nurses.

6. Patient concerns:

Any concerns in relation to BOARDING of patients, at any time should be escalated to the Matron on shift that evening / CMG Night Senior Nurse/Clinical Duty Manager.

7. Board locations:

Owing to the footprint and acuity of several wards they are unable to board overnight. Please see appendix 1

8. On-going Management of BOARDED Patients

The receiving ward Leader nurse/shift co-ordinator takes overall responsibility for the BOARDED patient and on-going care and management of the patient.

8.1 The BOARDED patient will become the clinical responsibility of the named Consultant for the ward area.

8.2 The Ward Sister/Charge nurse/shift co-ordinator needs to ensure that the BOARDED patient has appropriate treatment and medication regimes prescribed including TTOs and a designated Registered Nurse accountable for providing their care.

9. UHL Tactical Bed Meeting

9.1 Identification and need for patients to be BOARDED is to be determined at the Trust 17.00hrs tactical bed meeting.

9.2 These meetings will focus on the provision and availability of daily admitting capacity for Emergency and Elective activity.

9.3 Numbers of BOARDED patients will be reviewed during the 09.00hrs tactical bed meeting and plans put in place to de-escalate.

10. Education and Training

10.1 Training should be given to the necessary individuals responsible for bed management within the CMG and ward staff operationalising the BOARDING placement of patients' process. This should be mandatory as part of the local induction for staff commencing employment within UHL

11. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring lead	Frequency	Reporting arrangements
a) Number of Times BOARDED placement of patients SOP enacted. b) No. of Datix incidents received in relation To BOARDING. c) Patient Experience indicators/ Complaints	a) Recording sheets b) Datix incidents. c) Complaints	Head of Patient Capacity and Flow with CMG Heads of Nursing	quarterly	Operational Management Group

12. Supporting References

- Capacity and Flow Escalation Policy B52/2017
- UHL Discharge Policy for Adult Patients leaving Hospital B2/2003
- The SAFER Patient Flow Bundle, NHS Improvement 2017
- The Royal College of Emergency Medicine – tackling Department Crowding, December 2015.

13. Key words

- BOARDING of Patients

CONTACT AND REVIEW DETAILS	
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Appendix 1: Excluded areas

Site	CMG	Ward
LGH	ITAPs	ITU/HDU
GGH	ITAPs	ITU/HDU
LRI	ITAPs	ITU/HDU
LGH	CHUGGS	28
LGH	CHUGGS	29
LRI	CHUGGS	Osborne building
GGH	CHUGGS	36 (when triage is open)
GGH	CHUGGS	35 (TCI side rooms)
LRI	CHUGGS	Ward 16 (whilst triage is open)
LRI	SM	IDU (use the hot bed)
LGH	MSS	Neuro Injury Unit
LGH	MSS	Brain Injury Unit
LGH	MSS	14
LGH	MSS	16
LGH	MSS	18
LGH	MSS	20
LGH	MSS	31
LRI	MSS	Ward 9
LRI	MSS	Kinmonth
GGH	RRCV	24
GGH	RRCV	28
GGH	RRCV	29
GGH	RRCV	30
GGH	RRCV	33a

'BOARDING of Patients' SOP on a page

UHL Tactical Bed meeting activates the BOARDING of Patients process at the 17.00 Hours tactical meeting if the full hospital protocol actions have been exhausted and:

OPEL Level 4 **and/or**

<5 spaces in ambulance assessment with limited outflow and >4 ambulances in bound

Unable to handover patients on ambulances or due to no capacity within ED or no capacity for inbound ambulances **and/or**

No Capacity in Resus with no out flow **and/or**

Majors full of DPS 2 category patients in the waiting room waiting to access majors cubicles

CMG bed management team/Capacity and Flow Team identify suitable patients from the assessment areas to BOARD.

The following groups of patients are excluded from BOARDING, unless an existing patient can be moved into the BOARDING space and the patient can be accommodated in a clinical bed space:

1. Clinically unstable with an early warning Score (EWS >4)
2. Patients with an EWS of 3 in one parameter
3. Patients requiring Humidified, High flow oxygen, NIV or oxygen therapy.
4. Patients requiring High Dependency Unit level care.
5. Patients requiring cardiac monitoring.
6. Patients with severe cognitive impairment i.e. restless/agitated, delirium, requiring 1:1 care.
7. Patients with complex Learning Disabilities
8. Patients in the last few days of Life
9. Patients who require isolation because they are at risk of transmitting or acquiring an infection.

Patient moved into the next available bed space.

BOARDING of Patient Process Ceased.