

Maintaining Quality During Winter

Trust Board
28 May 2026

Presented for:	Assurance and Information
Presented by:	Emma Rogers- Director of Nursing Alyson Beckett Head of Nursing, Operations Centre
Author:	Sarah Kehoe- Director of Nursing Alyson Beckett – Head of Nursing, Operations Centre Kathryn Cole - Head of Nursing, Professional Practice & Safety Standards
Previous Committees:	QAC 16 April 2026 QSAG (12th March 2026)

Our Annual Commitments for 2025/26 are:	
Recognise and act upon moments that matter to our patients	
Support our patients to get home a day sooner	✓
Be in the top 25% for patient experience and efficiency in outpatients	
Support each other to act with kindness and compassion	
Reduce our carbon footprint by creating greener patient pathways	
Support our staff to manage every £ wisely	✓
Make best use of our estate, equipment and digital assets	✓

Risk Appetite Framework				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Impact
Workforce Risk	✓	Workforce Performance Risk - We will deliver safe and effective patient care through having the right systems and processes in place to manage performance of our workforce.	Cautious	Moving Towards
Operational Risk	✓	Health& Safety Risk - We will protect the health and wellbeing of our patients and workforce by delivering services in line with or in excess of minimum health & safety laws and guidelines.	Minimal	Moving Towards
Clinical Risk	✓	Patient Safety & Outcomes Risk - We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care for our patients.	Minimal	Moving Towards
Financial Risk		Choose an item.	Choose an item	Choose an item.
External Risk	✓	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Cautious	Moving Towards

Key Point/s	
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To provide assurance that patient safety is maintained for patients waiting for a prolonged period in the Emergency Departments	Assurance
To provide assurance that the quality and safety of patients are maintained whilst occupying a Temporary Escalation Space (TES)	Assurance
To share the randomised audits completed by the Professional Practice and Safety Standards Team for those patients residing in TES and actions taken	Assurance

1. Summary

Winter 2025/26 has seen large numbers of Emergency Department (ED) attenders and patients requiring admission to hospital with prolonged waits, alongside difficulty discharging patients into the community for long term care and temporary rehabilitation. LTHT has frequently reviewed the Full Capacity Plan (FCP) throughout the winter with the most recent version dated 9th Feb 2026. (Appendix 1) This has enabled the organisation to maintain outflow from the ED whilst maintaining the safety of patients who wait for prolonged periods in ED.

The purpose of this paper is therefore to provide assurance of the quality and safety of patient care during winter, in times of increased operational pressures when the FCP is enacted. It reports on the mitigating actions to maintain the safety of patients waiting for prolonged periods in ED and the quality of patient care and the patient experience for those patients residing in areas previously referred to as TES (Temporary escalation spaces), now Corridor Care (CC). All of the spaces meet the NHSE definition of CC, although the majority of spaces are not in a corridor area.

2. Background

The LTHT winter plan was presented to the Quality Safety and Assurance Group (QSAG) on the 11th September 2025. The presentation outlined the demand modelling and risks and mitigation to maintaining quality patient care during times of peak demand, and a more developed version was presented as a winter paper to the Finance and Performance Committee on the 25th September 2025, and to wider trust colleagues on the 29th September 2025. The trust's executive board signed off the paper in an assurance statement, confirming to NHS England that the plan provided satisfactory assurance that the predicted pressures and demand were mitigated against. The plans were then shared with this committee on the 16th October 2025. An update on bed occupancy was taken to the Finance and Performance Committee on the 25th February 2026 (Appendix 2)

Nationally, the areas of risk are described with a focus on:

- Reducing congested ED measured by numbers of patients in department over 12 hours (to always be less than 10%) and delivery of 78% ECS
- Reduce corridor care at LTHT
- Reduce LoS by 0.4 days

Further areas of risk and to maintain the safety of patients at LTHT are identified as:

- Patients being cared for outside of their specialty bed base
- Patients in hospital for a long period with no criteria to reside (NCtR)
- Patients undergoing multiple ward moves, including out of hours transfers
- Patients requiring isolation due to infection - CPE/Covid/Flu

3. Mitigating Actions

3.1 Additional Capacity

As identified in the Winter plan, 3 additional areas have been funded and opened over the 25/26 winter. At SJUH, 2 wards in Beckett Wing were opened for patients with Nc2R. This was staggered and increased as demand increased with all 68 beds open by 7th December 2025. At the LGI, 27 beds were opened in October 2025 on L12. All capacity has funding until 31st March 2026.

There is a ward (J31) in Beckett Wing which remains closed. This area was not cited in the winter plan or funding allocated as not anticipated to be required based on predicted figures. Due to the exceptional demand detailed in the F&P, the opening of this ward has been considered by the Corporate Operations team. In both January 26 and February 26, this was not felt to be a viable option to support an increase in bed base due to significant nurse staffing challenges and a lack of essential equipment in order to ensure the ward could operate to a safe standard.

3.2 Maintaining Safety of Patients in the Emergency Department

The Full Capacity Plan (FCP) underwent review and revision in February 2026, incorporating an updated assessment of surge capacity and TES/Corridor Care arrangements. As part of this process, additional surge capacity was identified on the LGI site, increasing provision from 38 to 48 spaces. This expansion supported the significant rise in activity recorded in January 2026, representing a 5.1% increase compared with January 2025.

A comprehensive review of additional capacity requirements was completed for both Emergency Departments. This resulted in a detailed FCP plan outlining designated surge and Corridor Care areas (Appendix 3). Daily safety and quality audits continue to be undertaken for all patients accommodated in these areas, with findings escalated to the Weekly Quality Meeting. Staffing shortfalls are reported through the daily staffing meeting and mitigated through mutual aid from CSUs or additional support from the Staff Bank. The Corporate Nursing Team has also provided targeted support to the Emergency Department as required, particularly to ensure the safety of TCI patients who have remained in the department for more than four hours.

In response to the unprecedented increase in attendances, a dynamic operational approach has been necessary to maintain patient safety. When required, the Director of the Day has coordinated a trust-wide response to relieve congestion within the Emergency Departments. In accordance with the SOP (Appendix 4), reverse-boarding spaces have been utilised in ward areas where discharges are anticipated. These spaces are risk assessed on the day by the CSU Head of Nursing and have enabled a more equitable distribution of operational risk across the organisation.

The utilisation of J25 (Ophthalmology Day Unit) has been effective in increasing capacity within the Surgical Assessment Unit (SAU). This arrangement has been overseen by AMS, and a formal SOP is currently in development.

Following a number of occasions where the DMT has been fully deployed, senior corporate operations colleagues are developing an extremis paper, outlining triggers and operational actions to be enacted during periods of exceptional system pressure.

3.3 Reducing the Number of No Reason to Reside (NR2R) Patients

In January 2026, 21.8% of the LTH adult bed base hosted patients who no longer have a criteria to reside in hospital and were waiting for the next steps for their discharge. This represents 332 patients and equates to approximately eleven wards. Of the 332 patients, 15 were non-Leeds residents linked to specialist services and large city transience. Lower no criteria to reside rates

increase bed availability and improve patient outcomes. Overall hospital length of stay is increased by the number of no criteria to reside patients in our inpatient bed base.

We continue to work with partner organisations across the city to deliver improvement alternatives to hospital and the numbers of patients in hospital whose needs would be better met in an alternative environment. A city Gold command has been established on 2nd March 2026 by LTHT Chief Executive

3.4 Infection Prevention and Control

Side room utilisation and identification of infection was implemented on PPM+ to support risk assessment and timeliness of stepping patients down into bays to free upside room capacity. Compliance has increased across the organisation and is currently maintained between 50-60% (previously 35%). This has enabled review of side rooms remotely by IPC team. Infection Prevention and Control support has been provided 7 days a week to ensure the timeliness of support on a weekend.

The Leeds wide Covid and Flu vaccination programme has been in operation for most vulnerable patients throughout the winter and concluded at the end of January 2026. The programme was provided with LTHT data in order to target patients who had resided in hospital for a prolonged period and those most at risk. The programme was open to all patients over 65.

Staff vaccination is a crucial mitigation strategy to maintain staff availability during the challenging winter months and reduce risk of transmission to vulnerable patients. The winter vaccination programme for staff commenced on 7th October 2025 and in line with national guidance, offered flu vaccinations to staff within LTHT. Replicating last year's programme, a centralised clinic model was used for staff to receive both vaccines concurrently and clinics were available across all sites within LTHT. A roving team also provided bespoke sessions within CSU on request.

3.5 Mixed Sex Breaches

Data for Mixed Sex Breaches (MSB) continues to be monitored with a trust wide group meeting to understand causes and potential learning and mitigation. Following 173 declared MSBs in October 2025, 170 MSBs were reported in November 2025, with a further 120 MSBs declared in December 2025. This resulted in a total of 463 MSBs in Quarter 3, representing a reduction of 41 MSBs (8.1%) compared with Quarter 2, when 504 MSBs were declared. Winter pressure, busy Emergency Departments and lack of bed availability continue to impact the ability to step down patients into single sex areas when they no longer require level 2 or 3 care. Of all unjustified breaches, 70% were attributable to a lack of bed availability on the receiving ward, while the remaining 30% were primarily related to repatriation to other hospitals.

3.6 Corridor Care

A Corridor Care (CC) assurance report is being produced monthly to the Quality and Safety Assurance Group, providing information and assurance around the incidence of CC, the quality of care received by patients residing in CC and mitigating actions, alongside progress of Trust actions taken to support practice in line with NHSE guidance.

Appendix 5 contains the latest assurance report for Feb 2026.

4. Risk

Risk appetite

The content of this report does not alter the risk appetite in relation to:

Clinical Risk - Capacity Planning Risk – (Cautious).
Operational Risk-Business continuity Risk (Cautious).

The proposals are also within the Trust's existing risk appetite and are designed to reduce the risk to the organisation by improving the flow of patients to the most appropriate environment for their care. A full Quality Impact Assessment has been completed. The QIA risk for the ESA use is 15.

Corporate Risk

CRRC10: High occupancy levels and insufficient capacity and flow across the health and social care system causing impact on patient safety, outcomes and experience is scored as 16.

5. Communication and Involvement

Daily continuous sharing of knowledge is undertaken across the organisation, as well as revising operational status to determine enaction of TES use and where further improvements can be made.

6. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act 2000

7. Recommendation

This paper is for information and assurance of the winter planning process and plan

