

Corridor Care

LTHT Public Board Committee
Thursday 28 May 2026

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| Presented for: | Assurance |
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| Previous Committees: | Quality Assurance Committee, Thursday April 16 th 2026 |

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| Freedom of Information Act (FOIA) Exemption | <input type="checkbox"/> YES (restricted from the FOIA) <input checked="" type="checkbox"/> NO (available to the public under the FOIA) |
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| Link to Strategic Objective | Focus on care quality, effectiveness and patient experience |
| Link to Provider Capability Assessment | Quality of care |
| Link to CQC Well-led Statement | Governance, Management and Sustainability |
| Regulatory Impact | Regulation 12: Safe care and treatment |

| Key points | Purpose |
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| 1. This paper is presented to update the Board on progress with identification, monitoring and prevention of harm to patients in acute and emergency care pathways, and to provide assurance that a robust action plan has been established to eradicate corridor care in LTHT | <i>Assurance/Information</i> |

| Risk Appetite Framework | | | |
|--|---|------------------------------|------------------|
| Level 1 Risk | Level 2 Risks | (Risk Appetite Scale) | Impact |
| Workforce Risk | Workforce Retention Risk - We will deliver safe and effective patient care, through supporting the training, development and H&WB of our staff to retain the appropriate level of resource to continue to meet the patient demand for our clinical services | Cautious | Operating within |
| Operational Risk | Business Continuity Risk - We will develop and maintain stable and resilient services, operating to consistently high levels of performance. | Cautious | Operating within |
| Clinical Risk | Capacity Planning Risk - We will ensure that capacity is planned to meet the demand for elective and non-elective | Cautious | Operating within |

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| | (acute) admissions to our hospitals, managing this risk to provide safe treatment and care to our patients. | | |
| Financial Risk | Financial Management & WRP - We will deliver sound financial management and reporting for the Trust whilst seeking to deliver against Waste Reduction targets but always with a focus on maintaining and enhancing patient safety. | Cautious | Operating within |
| External Risk | Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law. | Averse | Operating within |

1. Summary

In common with other NHS trusts, overcrowding in LTHT emergency departments and inpatient wards has led to the use of corridors and other non-clinical spaces to accommodate patients awaiting assessment, treatment or admission. This reflects wider challenges in patient flow, capacity and system coordination, and results in care being delivered in environments that may not meet expected standards of safety, privacy and dignity.

This paper has previously been presented at Quality Assurance Committee and provides an update on current levels of assurance regarding the identification and mitigation of harms impacting patients on urgent and emergency pathways, including patients who experience corridor care. The paper outlines new NHSE guidance regarding the reporting of corridor care within Emergency Departments, and provides an overview of the newly-established improvement programme to eradicate corridor care in LTHT by 2029, in line with NHSE objectives.

2. Corridor care and current LTHT assurance mechanisms

In LTHT, the use of corridor spaces for patient care is an action taken at times of significant operational pressure, governed through a suite of Executive-agreed operational response guidelines. It is a decision taken at Director level when bed demand exceeds capacity and there are delays in patient flow through both the organisation and the system. There is a clear correlative relationship between the use of corridor care in LTHT and the number of patients with no criteria to reside in the inpatient bed-base.

In Emergency Care pathways, the following stages of the patient journey incur the highest risk to safety and experience, and need oversight and prevention strategies:

- Patients waiting in congested Emergency Departments (ED) and assessment units due to bed capacity
- Patients being cared for in surge beds and corridors
- Patients being cared for outside of their specialty bed base due to a lack of beds
- Patients delayed in hospital for a long period with no criteria to reside

Current oversight mechanisms and assurance processes to identify and mitigate harm experienced by patients on unplanned care pathway are described in the following table:

| Area of risk | Operational oversight and controls | Current level of assurance of patient safety | Strategic quality and operational actions required |
|---|---|--|---|
| Congested Emergency Departments (ED) and assessment units | The LTHT Operational Response Guidance (ORG) describes the escalation process and tactical actions required to decongest the EDs in real time. The trust Full Capacity Plan (FCP) describes a phased approach to increasing use of surge beds, reverse boarding and | A revised Emergency Department FCP has been agreed by Directors of Nursing to ensure that all patients waiting for bed capacity are placed in assured spaces within the departments. Safety rounding SOPs are in place including specific protocols for patients | Further action is necessary to provide assurance that we fully identify all harms associated with extended waits in the Emergency Departments, and that actions to prevent these are described and tracked. These are |

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| | corridor care dependent on the level of operational pressure (OPEL) and ED congestion. | with mental health presentations. | described further in this paper. |
| Patients being cared for outside of their specialty bed base due to a lack of beds | Within CSUs, specialty medical teams oversee patients who are being cared for outside of their main bed-base. Patients who require a medical review are handed over between clinicians on a daily basis. | Patient safety incidents are reported through the DATIX system and are overseen by CSU Tri teams. | Acute admission pathways do not always support the most appropriate placement of patients, due to a lack of available bed capacity. A review of specialty bed-bases is required with a view to 'right-sizing' in acute, general and specialty medicine. |
| Patients in hospital for a long period with no criteria to reside | The system-wide Home First programme is ongoing. A number of actions are in progress with an improvement trajectory agreed by system CEOs. | The number of patients in LTHT with no criteria to reside remains persistently high and has increased over the previous two quarters. | City Gold escalations are now in place, and a new improvement trajectory has been agreed. A review of data is planned to provide assurance that current reporting metrics and workstreams are accurate and appropriate. |
| Patients being cared for in surge beds and corridors | The LTHT Operational Response Guidance (ORG) describes the escalation process and tactical actions required to decongest the EDs in real time. The trust Full Capacity Plan (FCP) describes a phased approach to increasing use of surge beds, reverse boarding and corridor care dependent on the level of operational pressure (OPEL) and ED congestion. | The standard of care, exclusion criteria and duty of candour process is fully described as part of the trust Full Capacity Plan, which is being updated to include new definitions of corridor care. Compliance against corridor care standards is audited by the corporate nursing team. Current audit outcomes and ongoing actions are overseen in the Weekly Quality Meeting led by Executives. | There has been a recent NHSE letter of action regarding corridor care. An Executive-owned action plan detailing the improvements required is detailed in this paper. |

Previously, monthly Quality Safety Assurance Group (QSAG) and Quality Assurance Committee reports have focused on compliance against internal quality and safety metrics for patients experiencing corridor care on LTHT's inpatient wards. As of April 2026 these audits have not

identified any significant changes in the number of impacted patients experiencing corridor care or in ward compliance with quality standards.

From June 2026 an updated monthly corridor care assurance report will be submitted to QSAG, providing information and assurance about the safety of patients experiencing corridor care in both ward areas and in Emergency Departments.

3. NHSE and the new guidance for Corridor Care

In March 2026, NHSE issued new guidance on corridor care with an indicative delivery timeframe of 2029 ('Additional actions to virtually eliminate corridor care', see supporting information). The letter confirms the national commitment to the eradication of corridor care in hospitals across England in both emergency departments and inpatient wards. To ensure consistency in reporting of activity in relation to corridor care, a national definition has been developed to allow acute hospitals to accurately record and count corridor care.

From May 1st 2026, in line with national guidance, LTHT has reported a daily count of the number of patients who received corridor care in the emergency departments for more than 45 minutes within the previous 24-hour reporting period, from midnight to midnight. This is additional to the corridor care midnight snapshot which is already reported daily. This means that patients receiving treatment, waiting for assessment, admission or transfer in the Emergency Department are now included as well as any patient nursed on corridors in general and adult ward areas.

The number of patients experiencing corridor care for over 45 minutes in LTHT EDs for May 1-10th 2026 is shown below.

| Date | LGI | SJH | Grand Total |
|--------------------|------------|------------|-------------|
| 01/05/2026 | 13 | 45 | 58 |
| 02/05/2026 | 20 | 48 | 68 |
| 03/05/2026 | 6 | 21 | 27 |
| 04/05/2026 | 10 | 46 | 56 |
| 05/05/2026 | 27 | 44 | 71 |
| 06/05/2026 | 12 | 56 | 68 |
| 07/05/2026 | 21 | 53 | 74 |
| 08/05/2026 | 7 | 49 | 56 |
| 09/05/2026 | 11 | 55 | 66 |
| 10/05/2026 | 2 | 54 | 56 |
| Grand Total | 129 | 471 | 600 |

4. Corridor care – definitions, reporting and data validation

Following the development of the above informatics report, an NHSE corridor care webinar was held on Friday 24 April 2026 and provided further clarification on aspects of the data submission. Trusts across the NHS shared uncertainties about the data submission requirements and

definitions which continue to evolve, potentially impacting the accuracy, consistency, and comparability of the submitted data.

A review of the LTHT Full Capacity Plan and corridor care categorisations has now been completed. This has identified corridor spaces within ED which could be re-categorised as surge beds when updated NHSE guidance is applied correctly. A priority is to prevent unnecessary utilisation of corridor spaces for patients when alternative non-corridor beds or cubicles are available, and a review of all submitted estate upgrades and equipment installations has also commenced. These works have been identified as potential enablers to improve the environment and quality of care for patients in the Emergency Departments by reducing the number of patients requiring corridor care.

A revision to the Emergency Department Full Capacity Plan is now in progress.

5. Assurance regarding the safety of patients in corridor care spaces in ED

Urgent Care CSU have an agreed SOP for safety rounding of all patients being cared for in the EDs. This is overseen by the nurse in charge for each shift and data is collected locally on Symphony and CEM books.

This data is not accessible for formal reporting and a new process of assessment and oversight is required so that ward to board assurance can be provided. A new assurance process will be in place before the end of June 2026. A new corporate risk register entry has been requested for consideration at the June 2026 Risk Management Committee.

6. Progress on workstreams to eradicate corridor care

An Executive-led task and finish group has been established to provide strategic direction and oversight for the improvements in patient flow required to eradicate corridor care in LTHT in as short a time frame as possible. The ambition set by the Chief Nurse, Chief Operating Officer and Chief Medical Officer is for LTHT to have established robust daily management and escalation processes to prevent patients experiencing corridor care from June 2026, and in winter 2026/2027. Directors have established a Patient Flow Improvement Group which will oversee the operational delivery plan and will report monthly to QSAG.

An overview of the high-level operational workstreams is provided below:

| Action | Executive Lead | Operational Lead | Completed by |
|---|-----------------------|---------------------------------|---------------------|
| System trajectory revised to reduce the number of patients with no criteria to reside | COO | Jo Wood, Director of Operations | October 26 |
| Address delays in bed cleaning and proactive patient transfer | Chief Nurse | Alyson Beckett, DoN | September 26 |
| Implement a new model of patient flow co-ordination which overcomes barriers to rapid movement of patients for Winter 26/27 | Chief Nurse | Alyson Beckett, DoN | September 26 |
| Flow out of MAUs – refocusing the medical admission pathway to | COO | Kelly Cohen, MD Operations | June 26 |

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| decongest EDs, right-size medical bed-bases, and implement best practice as described in NHSE 'Model Acute Pathways' guidance (Feb 2026) ¹ | | | |
| Review sites, staffing and function of discharge lounges | Chief Nurse | Alyson Beckett, DoN | June 26 |
| Full review of all corridor care spaces, QIAs and operating procedures including NHSE reporting criteria compliance | Chief Nurse | Alyson Beckett, DoN | June 26 |
| Review and update all current operational policies to include a new Decision Management Tool for on-call teams | COO | Jo Wood, Director of Operations Kelly Cohen, MD Operations | June 26 |
| Establish standard work in clinical areas to deliver three priority outcomes <ul style="list-style-type: none"> 1. Increase in morning discharge rates before 12pm 2. Implementation of daily Making Every Day Count ward huddles 3. Accurate estimated date of discharge for inpatients in priority acute specialties | CMO | Kelly Cohen, MD Operations Alyson Beckett, DoN | September 26 |

¹ [NHS England » The Model Acute Pathway: standards for care of acutely unwell patients in their first 72 hours in hospital](#)

7. Financial Implications

There are no specific financial considerations in relation to this paper.

8. 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 needs.

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.

9. Communication and Involvement

Daily operational pressure communications are circulated to all CSU leadership and patient flow teams. The number of patients experiencing corridor care will be added to the daily operational reports for full visibility and oversight of CSU leaders.

10. Impact on Equality & Health Inequalities

An Equality & Health Inequality Impact Assessment (E&HIIA) has not been undertaken for this paper as there are no potential or actual significant impacts on any particular groups of people.

11. Publication Under Freedom of Information Act

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

12. Recommendation

The Board is asked to note the contents of this report and to be assured that the mitigating actions and workstreams are sufficient to maintain quality and safety across emergency care pathways and to eradicate corridor care in LTHT.

13. Supporting Information

Letter from NHSE, 'Additional actions to virtually eliminate corridor care' (February 2026)