Southport Hospital Emergency Department

Focus on Corridor Care

(including Temporary Escalation Spaces)

Enter and View Report

Redlines Toolkit 2024 Guidance

March 2026

healthwatch Sefton

Committed to quality

Contents

Healthwatch Sefton - who we are

We are your champion for health and social care. If you use GPs, hospitals, dentists, pharmacies, care homes, or other support services, we want to hear about your experience. We make sure leaders and decision-makers listen to your feedback and use it to improve care standards. We also provide reliable information and advice, along with an Independent Complaints Advocacy Service for residents who need support to make a complaint about an NHS service.

Our core beliefs?

What are our core beliefs? We believe that health and social care providers can best improve services by listening to people's experiences We believe that everyone in society needs to be included in the conversation, especially those whose voices aren't being listened to. We believe that comparing lots of different experiences helps us to identify patterns and learn what is and isn't working. We believe that feedback must lead to change, listening for listening's sake is not enough.

Summary

In March 2026, Healthwatch Sefton, as part of a focused piece of work with the Healthwatch Collaborative for Cheshire and Merseyside, undertook an Enter and View visit to the Emergency Department (ED) at the Mersey & West Lancashire Teaching Hospitals NHS Trust (Southport hospital site). The purpose of this visit was to understand the experience, safety, dignity, and quality of care for patients who were being cared for, in corridor environments and to identify areas of good practice alongside opportunities for improvement.

This work aligns with the Cheshire and Merseyside Urgent & Emergency Care *Red Lines Toolkit* (2024), which provides a systemwide framework for improving patient experience, supporting staff wellbeing and evidencing safety in corridor care and temporary escalation spaces.

This report shares the findings from observations and patient experience conversations undertaken within the emergency department (ED) at Southport Hospital. The data captured reflects both observations of the corridor care environment and direct feedback from patients and relatives, providing an objective view of operational pressures and lived experience. We undertook observations of the corridor of the ED department during the morning of our visit.

Both the observations and questions we used for this visit supported us to explore the key areas within the 'care and comfort' section including:

- safe staffing
- medication management
- patient observation
- privacy and dignity
- access to toileting and nutrition
- rest at night
- communication

Patients and visitors shared their experiences to help us understand what it's really like to receive care in corridors.

Everyone we spoke with spoke positively about staff, highlighting their professionalism, kindness and dedication while working under a lot of pressure. However, the feedback also showed that there are ongoing challenges when care is provided in spaces not designed for treatment, such as corridors. This report uses these insights to support learning, help improve services, and contribute to discussions about how safe and sustainable corridor care is in urgent and emergency settings.

Details of Visit

Address	Southport Hospital
Service Provider	Mersey & West Lancashire Teaching Hospitals NHS Foundation Trust
Date of Visit	Tuesday 31st March 2026
Type of Visit	Enter and View (Announced)
Representatives	Diane Blair, Maurice Byrne, Linda Wright

Our Appreciation

Healthwatch would like to thank Mersey & West Lancashire Teaching Hospitals NHS Foundation Trust for supporting and welcoming this Enter and View visit. We are also grateful to the patients, relatives, carers, and staff who took the time to speak with us openly and share their experiences.

Disclaimer

This report is based on observations made and feedback received by Healthwatch Sefton Enter and View Authorised Representatives on the date of the visit. It does not claim to represent the experiences of all patients, visitors, or staff, but instead provides a snapshot of care at a specific point in time.

What is Enter & View?

Under the Local Government and Public Involvement in Health Act 2007, local Healthwatch have the power to conduct Enter and View visits as part of their scrutiny function. This legislation places a duty on health and social care providers to allow Authorised Representatives of Healthwatch to conduct an Enter and View visit on premises where health and social care is publicly funded and delivered.

This includes:

- Health or care services which are contracted by local authorities or the NHS, such as adult social care homes and day-care centres.
- NHS Trusts
- NHS Foundation Trusts
- Local authorities
- Primary medical services, such as GPs
- Primary dental services, such as dentists
- Primary Ophthalmic services, such as opticians
- Pharmaceutical services, such as community pharmacists.

The list of service providers who have a duty to allow entry is set out in section 225 of the Local Government and Public Involvement in Health Act 2007 and supplemented by Regulation 14 of the 2013 Local Authorities regulations.

At Healthwatch Sefton, the Enter and View programme is conducted by a team of staff members and volunteers, who are trained as 'Authorised Representatives' to conduct visits to health and care premises. Information on the team can be found on our website.

Following an Enter and View visit, a formal report is published, detailing good practice and recommendations. The draft report is shared with the provider prior to publication to ensure the report is accurate and provides an opportunity to respond to the report.

The published report is shared with key stakeholders and is publicly available on our website.

Purpose of the Visit

Across Cheshire and Merseyside, health and care commissioners and service providers share the ambition to reduce and eliminate the use of corridor care. However, ongoing pressures on emergency departments means that, at times, hospitals need to use corridors or other temporary escalation spaces to care for patients safely.

This work has been undertaken in partnership with Healthwatch organisations across Cheshire & Merseyside.

This work aligns with the Cheshire and Merseyside Urgent & Emergency Care *Red Lines Toolkit* (2024), which provides a systemwide framework for improving patient experience in emergency department settings as well as supporting staff wellbeing and evidencing safety. The toolkit acknowledges the ongoing commitment across the region to eliminate corridor care. Nonetheless, it recognises that pressures within emergency departments sometimes means that patients are cared for in corridors, and sets out expectations for maintaining safety, dignity, and comfort in these circumstances.

The aims of our visits were to:

- Understand the experiences of patients, relatives and carers who were receiving care in corridors or temporary escalation spaces.
- Observe how care was delivered in these environments and how staff interacted with patients and visitors.
- Identify areas for improvement as well as examples of good practice.

Our Approach

Background

In 2024, NHS Cheshire and Merseyside produced an 'Urgent & Emergency Care Red Lines Toolkit', an assessment tool for supporting patient experience for those who are cared for in emergency departments. Healthwatch organisations were approached to co-produce the 'care and comfort' section of the toolkit based on patient experience.

"Delivering the best possible care for patients across Cheshire and Merseyside is our ultimate aim and various work is ongoing to eradicate corridor care across all providers who host Emergency Departments. However, as there are times when patients do reside

in corridor areas in Emergency Departments across the system, the Cheshire and Merseyside System Quality Group (SQG) have worked in collaboration to produce the Cheshire and Merseyside Red Lines Toolkit with the aim of ensuring the safest and best possible care for any patient who does not reside within the main department when escalation occurs. The toolkit has been co-produced by various healthcare professionals, senior leaders across Places, Northwest Ambulance Service, members of the Care Quality Commission and Healthwatch."

The toolkit is a guide produced for all providers to use. It includes sections on how to capture and ensure positive patient experience, staff wellbeing and experience, and evidencing patient safety.

For the purposes of this visit, Healthwatch focused on the 'care and comfort' section of the toolkit. This report shares what patients told us and what we observed at Southport Hospital against those principles.

The following table from the toolkit shows the expected standards of care and comfort in temporary escalation spaces, including corridors. This served as a framework for the patient feedback gathered during the Healthwatch visit.

Care & Comfort

Hospital name:	**Completed by:**	**Date:**	**Time of visit from and to:**
1	**Question/Observation**	**Patient Safety**	
1.1	Observation	Is the corridor staffed as per agreed safe staffing establishment?	
1.2	Observation	Are there any inappropriate patients being nursed on the corridor i.e. patients with mental health conditions, dementia and delirium, learning disabilities and safe NEWS score.	
1.3	Observation & Question	Are medications safely stored? i.e. any evidence of medications stored insecurely or medications left with patients.	
1.4	Question	Have patients received prescribed medications? i.e. critical medications.	

1.5	Observation & Question	Is there a call bell system in place? Can patients reach it? Have they been told how and when to use it?
1.6	Observation	Can all corridor patients be safely observed (from Nurse station and/or by Health Care Assistants)?
1.7	Observation	Is there a safe utilisation of space i.e. access to patients in the event of an emergency/ beds not blocking fire exits etc.
2		**Information Governance**
2.1	Observation & Question	Are there any confidential conversations taking place that can be easily overheard?
2.2	Observation	Are medical and nursing notes securely stored?
3		**Privacy and Dignity**
3.1	Observation	Does the corridor environment appear clean and tidy?
3.2	Observation & Question	Is privacy and dignity maintained during examinations/personal care?
3.3	Observation & Question	Do patients have access to toilet facilities nearby?
3.4	Question	Do patients report that their personal hygiene requirements have been met?
3.5	Question	Have patients been given pillows and blankets?
3.6	Observation	Are patients appropriately dressed to receive corridor care?
3.7	Question	Are patient's personal belongings recorded and stored securely?

3.8	Question to staff and patients	Supporting Rest at Night: - Does the area have the ability to dim lights overnight? - Are patients offered sleep packs to support rest i.e. eye mask/ear plugs.
3.9	Question to patient phrased in a way they understand	Is intentional rounding carried out? Regular contact with patient?
4		**Nutrition and Hydration**
4.1	Observation and Question	Are staff specifically aligned to supporting nutrition and hydration? Evidence of access to drinks and food and patient told how?
4.2	Observation and Question	Are regular hot and cold drinks offered?
4.3	Observation and Question	Do patients have access to a choice of both hot and cold meals? Food allergies catered for.
4.4	Observation and Question	Are patients assisted to prepare to eat and drink? i.e. safe surfaces, hand hygiene, and positioning?
4.5	Observation and Question	Are drinks and food served using appropriate cutlery and cups etc?
5		**Communication**
5.1	Question	Does the department have a patient/ carer information leaflet specific to receiving corridor care?
5.2	Question	Do patients receive regular updates and understand their plan of care?
5.3	Question	If not present, are patients assisted to maintain communication with their families?

5.4	Question	Visiting: • Are patients, relatives/carers aware of the visiting times or restrictions within the A+E department? • Do visitors have access to seating whilst maintaining safe access to patients? • Are visitors aware of facilities? i.e. toilets, access to food and drink?
6		**Patient Feedback**
6.1	Question	How would you rate your experience of corridor care? And why? What is working well? What could be improved?
7	**Healthwatch Team View**	Comments

Preparing for the visit

In preparation for the visit, we worked with Sarah O'Brien, Chief Nurse, Michelle Kitson, Matron – Patient Experience and Kate Edmondson, patient experience facilitator. We shared a briefing paper covering the purpose of the proposed visit.

On arrival at the hospital, we met with Michelle and Kate who supported the team with a familiarisation tour of the department. During the visit, the nurse coordinator within the department was also available to answer questions and support the visit.

A brief overview on findings was given to the trust prior to the Healthwatch team leaving the hospital.

Southport Hospital Emergency Department – context

On the day of our visit, we were informed of eight patients being cared for on the corridor.

There were a further four patients being cared for in temporary escalation spaces outside of the corridor area;

- Two patients were being cared for in the ‘amber’ area within the department.
- One patient was being cared for on ‘ward 7a’
- One patient was being cared for on ‘ward 15a’

Findings

1. Observations of corridor care

This section outlines our findings from observations we undertook in the corridor used within the emergency department at Southport hospital.

Staffing levels met the required level on the day, with a consistent staff presence and we observed regular interactions between staff and patients. Staff were seen supporting patients with their care needs, including well-being observations and assistance with mobility. The nurse station was centrally positioned, allowing staff to monitor all patients effectively.

There were no concerns about inappropriate patients being cared for in the corridor, and medications were managed safely, with no evidence of unsafe storage. Patient notes were securely kept at the staffed nurse station.

The environment was generally clean and well-organised, with clear access around trolleys and no blocked exits. Patients could be observed safely, and equipment was stored appropriately. We did observe a few empty paper cups on the floor near/ underneath trolleys.

Some challenges were identified around patient safety and experience. Call bells were available but often positioned high on the wall, some patients, particularly those lying down, may not have been able to reach them easily. In at least one case, a patient would have been unable to use the call bell as the trolley was positioned the opposite way.

Privacy and dignity were not always fully maintained. Confidential conversations could be overheard, and there were limited opportunities for private discussions. One patient’s dignity was also compromised, as they wore a hospital gown and due to being warm, had discarded their blanket. Anyone walking up and down the corridor could see the patients’ legs (upper thigh’s exposed).

Patients had access to a nearby toilet, although this was shared with others in the department, which occasionally led to a small queue.

The corridor was described as warm by patients and those accompanying them, and while blankets were available, some patients chose not to use them.

Patients had access to drinks, and volunteers were observed offering refreshments to both patients and visitors. Meals were provided, but there were some concerns about how easily patients could eat and drink safely, as trolleys did not have trays or suitable surfaces.

Lighting could be dimmed at night, and some patients had been offered sleep support packs.

Personal belongings were mostly kept with patients, often on or around trolleys, though storage was not always secure or organised. Patients were dressed in either hospital gowns or their own clothing.

Visitors were supported, with seating available and access to refreshments. They were aware of visiting arrangements, although there was some uncertainty when asked this question.

Overall, the corridor environment was calm despite being busy. We observed porters moving up and down the corridor transferring trolleys and other staff members walking through the corridor. During our visit, the area became quieter as several patients were moved out of the corridor.

2. Patient, Relative & Carer Conversations

This section of the report presents findings from conversations undertaken on the day. On arrival, we were told that there were eight patients being cared for on the corridor. Not long after our arrival, one patient was moved. We spoke with four patients and one family member. Patients were predominantly older patients, three of the four patients had experienced falls, chronic illness or acute conditions. Extended stays in the corridor were typical across all responses, with two patients sharing they had been cared for in the area for approximately 16 hours plus, one patient sharing it had been 24 hours.

Overall experience of corridor care

Overall, we were told that staff kindness and compassion was recognised as being the most positive aspect of their experience. Patients and the relative we spoke with told us that they/ their family member felt well looked after and were being regularly monitored. However, some key themes also emerged highlighting areas which could be improved including extended periods spent in the corridor, a lack of privacy, noise and poor sleep, communication gaps, food quality and support/access issues.

Key issues identified

Staffing levels and attitude

There were no concerns about staffing levels, staff being consistently described as "kind", "doing their best" and "attentive." There was some concern about staff capacity, with comments shared relating to how busy staff were. Frustration was directed at the wider system, not staff.

"Staff are doing their best… it's not their fault."

"It's not ideal being treated on the corridor."

Medication and basic care

Medication was given regularly and on time, with those we spoke with sharing that basic care needs were being met, including toileting support. They felt that staff were monitoring them frequently and explained that they found it easy to contact family members.

"I have been getting regular pain medication, and I am being checked on a regular basis."

Rest, privacy and dignity.

All four patients we spoke with, shared that they struggled with sleeping in the corridor. Noise disrupted sleep, general activity in the corridor contributing to this, as did patients accessing the toilet and the light which came from accessing the toilet. One patient told us that they struggled to sleep as there were too many checks being undertaken throughout the night. We were told that lights were dimmed in the evening.

My trolley was right by the toilet… the sound of the door and the light was distracting."

"The dimmed lights last night enabled mum to sleep better."

Comfort was not an issue, with enough blankets and pillows provided, and we were told that patients felt looked after.

"They supported to go to the toilet."

"Yes, no problems getting blankets and pillows."

Privacy was raised as a concern and was highlighted in at least three responses; it being generally raised that being cared and treated for in an open corridor space was not ideal.

"It's not ideal being treated on the corridor."

Communication

Patients felt uncertain about what would be happening next with their care and treatment. Two of the patients told us that some basic updates had been provided but all the patients we spoke with had no clear timelines on if they would be discharged or transferred to a ward.

"I don't know if I will be discharged home or be kept in and moved onto a ward."

"I am not clear at all about what will be happening next."

Food and hydration

There were mixed experiences relating to food and drink. There was some positive feedback about the meals which had been provided, however there were comments about unappetising food, and a lack of assistance/ trays.

"I would have preferred cereal… but there was no tray"

"Food was poor… not appetising."

Access & Independence

In line with our observations, one patient told us that their call bell was out of reach. Patients also told us that their belongings were inaccessible without help from staff.

The patients who were being cared for in the corridor were elderly, 70+ with one patient being 94 years old. Patients had mobility issues, frailty and chronic illness and required

support to use facilities. Corridor care for patients was therefore observed as being particularly challenging with patients needing a higher level of dependency from staff.

Patient experience in escalation spaces/ Boarding

On the day of our visit, there were four patients being cared for in temporary escalation spaces outside of the corridor environment. Two patients were being cared for in the 'amber' area within the emergency department, one patient being cared for on 'ward 7a' (Cardiology and General Medicine) and another on 'ward 15a' (General Medicine).

Staffing levels and attitude

Patients told us about their interactions with staff, highlighting their kindness, empathy, and dedication. Patients acknowledged that staff were working under pressure but continued to provide supportive care. We were told that staff were attentive and caring and doing their best despite the challenges they faced.

"Staff are lovely"

"They are doing what they can"

Medication and basic care

From talking to patients, they were receiving medication, including pain relief when required, staff ensuring that regular well being checks were being undertaken.

Rest, privacy and dignity.

Patients shared that they were able to rest and sleep adequately, however, in the 'amber area, patients did tell us about their disrupted sleep due to lighting and noise.

Concerns relating to privacy and dignity were raised. Patients reported that a lack of curtains/ screens was an issue, and in one instance, a patient directly described having "no dignity".

Limited personal space was another key theme, the physical environment impacting patient experience. The key issues shared were not having any storage for personal belongings and there being limited or no access to entertainment, for example access to a television which on the ward areas, other patients had. For those in ward areas, they also struggled with access to electrical plugs which was an issue when needing to charge their phones so that they could keep in touch with their family members.

Patients were aware of being in a temporary space and in some cases, described feeling like they "did not belong" or were in the "wrong place."

"There is no curtain or screen, so I feel a bit exposed, especially when staff are monitoring me"

"I feel wedged between 2 beds"

Communication

As with patients being cared for in the corridor, patients being cared for in temporary escalation spaces had limited understanding of their care plan and next steps and were uncertain whether they would be discharged or transferred to another ward.

"I am not really clear on any next steps"

Food & Hydration

Feedback was mainly positive; there was an issue particularly for one patient who required a specific diet and was awaiting a procedure. For this patient, their procedure had been cancelled, and they had experienced extended fasting periods and when able to eat a meal, had been unable to access a coeliac option. There had been a reliance on family members to provide food.

"As I had been fasting, I had not been able to choose an evening meal, and the staff were struggling to access me anything Coeliac"

Emotional wellbeing and isolation

For patients in escalation areas, it was clear that there were some additional impacts. The space/ room being used on ward 15a, had no window and no tv and being at the end of the ward, had led to the patient having feelings of loneliness, particularly as they felt isolated and in an unstimulating environment. For one patient, they were concerned for dependants/ family members at home as they had been in hospital longer than they had anticipated.

Patients understanding of system pressures

Several patients we spoke to were aware and spoke to us about the wider operational pressures facing the hospital and the NHS. Patients shared their patience and understanding regarding delays and capacity issues, highlighting a level of acceptance of care conditions that may not meet expected standards.

Final thoughts

This Enter and View visit provides a snapshot of corridor care at Southport Hospital emergency department. Findings from direct observations and conversations with patients, relatives and carers demonstrate that corridor care is no longer experienced as an exceptional short-term measure but is increasingly perceived by patients as a routine part of emergency care delivery. This is expected due to continual media coverage of the national picture.

Patients consistently described staff as kind, attentive and professional, demonstrating that high standards of compassionate care are being maintained despite challenging conditions. However, the findings show that corridor environments inherently limit the ability to provide care that consistently meets expectations for privacy, dignity, comfort and overall patient experience.

Key issues identified include extended lengths of stay in corridors, disrupted rest, lack of privacy, and uncertainty around care plans. These challenges are compounded for older and more vulnerable patients who require higher levels of support.

Healthwatch Sefton recognises the complexity of urgent and emergency care pressures and acknowledges the dedication and professionalism of staff at Southport Hospital. We remain committed to working constructively with the Trust and system partners to share patient experience and support improvements that reduce reliance on corridor care and improve outcomes for patients.

Recommendations

Area	Details
Improve accessibility of call bells	• Ensure all patients in corridor and escalation spaces have access to a call bell which is within reach. If not already included, this could be included in intentional-rounding checks
Strengthen privacy and dignity	• Introduce portable privacy screens for use in both corridor and for any ward areas in which patients board. • Reinforce protocols for maintaining dignity (e.g. appropriate clothing, blanket use, positioning)
Communication and clarity of care plans	• Consider (if not already in place) a corridor care communication checklist to ensure patients receive regular updates about their condition and next steps.

	• This would also be used by staff for those patients boarding in ward areas
Nutrition and hydration	• Ensure all corridor patients have access to suitable surfaces (e.g. trays) and support for eating and drinking
Rest and comfort	• Ensure sleep packs are routinely offered to all patients and documented
Improve access to personal belongings and independence	• Provide safe and accessible storage solutions (e.g. bedside bags/hooks within reach)
Provide targeted support for vulnerable patient groups	• Develop criteria to prioritise alternative spaces for patients who are frail, elderly, or require higher levels of care
Introduce a patient information leaflet for corridor care	• Develop and distribute a short leaflet explaining corridor care, expected processes, and available support
Extended support for patients boarding on wards	• Ensure that volunteers who work within the emergency department can follow patients who are moved to other temporary escalation areas. This will ensure that patients well-being can be monitored, especially if feeling vulnerable and isolated.

Response from Mersey and West Lancashire Teaching Hospitals NHS Trust:

Whiston Hospital
Warrington Road
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Merseyside
L35 5DR
0151 426 1600

30th June 2026

Diane Blair
Manager
Healthwatch Sefton

Email: Diane.Blair@healthwatchsefton.co.uk

Dear Ms. Blair,

Thank you for taking the time to visit the Emergency Department at Southport Hospital to review corridor care and for sharing the report. It was pleasing to hear that staff kindness, and compassion were recognised as being the most positive aspect of the patient experience, and that the patients and/or relatives you spoke with told you that they/ their family member felt well looked after and were being regularly monitored. However, we do recognise that this is not the standard or place of care we want to provide to our patients. I hope that the below information offers an informed response to the recommendations you have suggested.

Improve accessibility of call bells.

On each shift there is a senior nurse who works within the role of nurse coordinator. Part of this role is to complete a recently implemented coordinator log throughout the shift. This is inclusive of a two hourly corridor care safety checklist where the coordinator will check access to and the working order of the call bell system.

Strengthen privacy and dignity.

The use of escalation beds in the Amber area of the Emergency Department has now ceased. Patients are assessed for their appropriateness prior to boarding on other escalation areas, primarily inpatient wards. Part of this assessment is that of mobility as to ensure patients can access ward bathrooms as to maintain privacy and dignity. Privacy screens would be accessed temporarily if required to support any medical interventions that could not take place in an alternative environment and would compromise a patient's privacy and dignity.

Unfortunately, the use of privacy screens on the main corridor of the Emergency Department cannot be implemented as it would cause an obstruction of the main route out of the department. A privacy and dignity section has been included in the forementioned corridor care safety checklist. This includes cleanliness of the environment, access to toilet facilities, personal hygiene needs, provision of blankets and pillows and appropriate dress.

Communication and clarity of care plans.

There is a communication section included on the corridor safety checklist which checks that patients have received regular updates regarding their plan of care and are assisted where needed to maintain communication with their families.

The use of escalation beds in the Amber area of the Emergency Department has now ceased. For any patients boarded on inpatient wards communication/updates would be included in the established routes of communication within medical, nursing and therapy reviews.

Nutrition and hydration.

There is a nutrition and hydration section included on the corridor safety checklist which checks that patients where appropriate have been offered regular access to hot/cold drinks and food, have been assisted where required and been provided with appropriate cutlery and cups.

There is also a safety checklist as part of the Emergency Department documentation for supporting hourly checks that references refreshments being offered.

A number of trays/cup holders have been trialled with regards to patient experience and safety. This has led to the procurement of food/drink trays with the support of the MWL charitable fund.

The Emergency Department is also very appreciative of its volunteer workforce who assist with the delivery of food and drink to patients in the department.

Rest and comfort.

The privacy and dignity section on the corridor safety checklist completed by the co-ordinator outlines patient being offered comfort packs (which consist of an eye mask and ear plugs). As highlighted in the report, lighting is dimmed at night at the earliest opportunity to support patients to rest.

Improve access to personal belongings and independence.

Unfortunately, the use of hooks to help storage of personal belongings cannot be implemented due to ligature risk assessments and concerns. The use of bedside tables cannot be supported due to causing an obstruction of the main route out of the department. There is a consistent nursing presence in the corridor who can assist patients to access their belongings when required. Patients are also encouraged where possible to send unnecessary belongings home with family/friends.

Provide targeted support for vulnerable patient groups.

All patients are initially risk assessed to be nursed on the Emergency Department corridor which includes a review of any cognitive impairments. There is a patient safety section on the corridor safety checklist completed by the coordinator with a review of patients being appropriate to be nursed on the corridor, any patients that are not suitable are moved at the earliest opportunity.

Patients are also assessed for their appropriateness prior to boarding on inpatient wards, those with cognitive impairments would be deemed unsafe to receive care in a boarded bed space.

Introduce a patient information leaflet for corridor care.

Patient and carer information resources specific to corridor care and escalation areas will be developed to support understanding of what to expect and how to access help.

Extend support for patients boarding on wards.

The primary role of the Emergency Department volunteers is to support the delivery of food and drinks throughout the day and would therefore not be able to 'follow' patients who are moved to other escalation areas, primarily inpatient wards. There are a number of ward volunteers that can offer support to patients in these areas who may be feeling lonely/isolated. If the patient requires support with spiritual or religious needs ward staff can refer to the Spiritual Care and Chaplaincy teams.

We would also like to take the opportunity to advise you that the Trust has an ambition to eradicate corridor care and the boarding of patients in escalation areas over the next twelve months. The Trust is aligned to a national project with NHS England with the shared aim of eradicating corridor care which has also being actioned within the Trust Quality Priorities for 2026/2027.

Yours Sincerely

M. Kitson

Michelle Kitson
Matron- Patient Experience

healthwatch Sefton

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Committed to quality

We aim to provide the best service we can to our community and to make the greatest difference we can to local people. Every three years we undertake a comprehensive assessment of our work to understand what we are doing well and where we might need to improve.