

Ref. No: FOI2423
Date: 12/03/2026
Subject: Use of Non-Designated Areas for Patient Care

REQUEST & RESPONSE

Use of non-designated areas for patient care

1. For each of the last three full calendar years (2023, 2024, 2025), please provide: The total number of days on which the trust provided patient care in non-designated clinical areas, including but not limited to corridors, waiting rooms, alcoves, or other overspill spaces.

Only required to record data from Jan 2025.

The total number of days the Trust provided corridor care

	2025
MWL	362

Locations used

2. Please list all specific areas within the trust's estate that have been used to deliver patient care outside designated clinical areas during the same period, with a brief description of each space (e.g., corridor outside ED majors, corridor outside AMU, reception area).
 - a. ED corridor 1 (Whiston)
 - b. ED corridor 2 (Whiston)
 - c. ED corridor (Southport)
 - d. SDEC corridor (Southport)

Modifications or infrastructure added to these areas

3a. For each of the areas listed in Question 2, please confirm whether any of the following have been installed or implemented at any point since 2023:

- Marked bays or taped-out treatment spaces
- Bay numbers or identifiers
- Call bells, oxygen points, suction, or other clinical infrastructure
- Hooks or rails for IV fluids
- Additional monitoring equipment
- Privacy screens or partitions

- **Any other physical or operational modifications to support patient care**
 - a. ED corridor 1 (Whiston) Marked bays w/ numbers, portable privacy screens, increased electrical points
 - b. ED corridor 2 (Whiston) Marked bays w/ numbers, Fixed curtains, increased electrical points
 - c. ED corridor (Southport) Marked bays w/ numbers, portable privacy screens, increased electrical points
 - d. SDEC corridor (Southport) Marked bays w/ numbers, portable privacy screens, increased electrical points

If held, please provide the month/year of installation.

3b. Does your trust have any formalised staffing for corridor care? (eg. a corridor rota allocation?) - YES or NO

a. 1:6

Policies or internal guidance

- 4. Please provide copies of any current internal policies, SOPs, risk assessments, or guidance documents that relate to:**
- The use of non-designated areas for patient care
 - Management of “corridor care”, “overspill areas”, “transit zones”, or equivalent terminology
 - Staffing, monitoring, or escalation procedures for patients placed in such areas

Please see attached process

5. Capacity planning and the government’s commitment to end corridor care by 2029

5a. Please confirm YES or NO whether the trust currently holds documented plans, modelling, or projections indicating that the trust will have sufficient bed capacity, clinical space, and staffing to meet projected demand by 2029 without the use of non-designated clinical areas. YES

5b. Please confirm YES or NO whether the trust currently holds documented plans AND identified funding (capital and/or revenue) to ensure that patient care will no longer take place in non-designated clinical areas by 2029. NO

5c. For each YES response, please provide copies of the relevant documents. Modelling work undertaken by BI teams – suggests 0.5 day LOS reduction required. Cannot confirm if this can be submitted

For each NO response, please state whether the trust has undertaken any assessment of what capacity or funding would be required to meet the 2029 aim.