

FOI Ref: 26/191

26th June 2026

Eastbourne District General Hospital
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Further to your recent request for information made under the Freedom of Information Act (FOIA) 2000, I now set out our answers to your specific questions, and any clarifications sought and provided, as follows:

1. Use of non-designated areas for patient care

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.

Please see the table below for the 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, based on activity data provided to the Trust's Information Management Department in March 2026:

Corridor care for the Emergency Department (ED)

Calendar Year	Calendar Days	Days patient care provided in non-designated clinical area
2024*	92	75
2025	365	365

* Please note this information was not captured digitally until October 2024.

Corridor care for general and acute beds

Calendar Year	Calendar Days	Days patient care provided in non-designated clinical area
2023	365	247
2024	366	353
2025	365	365

2. Locations used

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).

Please see the attached document - 'Locations Used'.

3. Modifications or infrastructure added to these areas

a. 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**

Not in all areas. A ward risk assessment has been completed to ensure all staff are aware of which spaces are used for pre EMT boarding and supersurgicing.

- **Bay numbers or identifiers**

Yes, recorded on our electronic bed management systems.

- **Call bells, oxygen points, suction, or other clinical infrastructure**

Yes, in some areas.

- **Hooks or rails for IV fluids**

Yes.

- **Additional monitoring equipment**

Portable equipment available.

- **Privacy screens or partitions**

Screens available.

- **Any other physical or operational modifications to support patient care**

Not applicable.

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

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

Staffing is reviewed daily by our Senior Nursing team, who ensure appropriate coverage across the site, including corridor care.

4. Policies or internal guidance

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 the attached documents, ‘Corridor Care Checklist Current’, ‘Information for Patients Receiving Care in a Corridor BM revs’, and note the following:

- This is all 'work in progress'. The firm stance on corridor care only came down from NHS England in December last year, and we are still defining the parameters of what is expected.
- The Standard Operating Procedure is very much a draft while we work through real world applications, therefore cannot be shared at this time. The checklist is in use daily and is mandatory for all corridor patients. This is reported on every day via an 0800 senior team meeting. The leaflet was devised at the same time as these measures were implemented.
- This should all be incorporated into a new Full Capacity Protocol, but this has not been ratified and therefore cannot be shared at this time.
- We use the terms 'corridor care' or 'Surge spaces'. Surge spaces are not purpose-built clinical spaces but do meet the requirements in terms privacy and safety, call bells etc. Corridors are corridors.
- Staffing: where wards may hold one or two patients the ward staff can incorporate their needs. In the Emergency Departments, there has been a long-standing agreement that if the corridor needs to be used, additional staff will be provided to care for those patients, because they are still in their acute admission phase and there may be more than two in the space.
- The ultimate aim is to eradicate corridor usage altogether.

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

- a) **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.**

This is a constantly evolving position. Factors such as funding allocations, policy changes, and wider system pressures mean that any plans developed now would quickly become outdated. While the Trust undertakes regular planning on an annual

basis to work towards meeting future demand, there are too many variables to provide a meaningful or reliable long-term confirmation at this stage.

- b) 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.**

As outlined above, while the Trust undertakes regular planning, funding is identified on an annual basis. Given the age and condition of the estate, any funding identified at present may need to be redirected to other priorities before 2029, and therefore a definitive assurance cannot be provided at this stage.

- c) For each YES response, please provide copies of the relevant documents.**

Not applicable.

- d) 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.**

Please refer to questions 5a and 5b above.

6. Optional comment

If the trust wishes to provide any contextual information about the use of non-designated areas, the move to making non-designated clinical areas into functional quasi spaces or your plans to reduce reliance on them, please include it here.

No further comment.

I trust this information is helpful in its detail or explanation however, if you are dissatisfied with the response, then you have the right to request an internal review. If you wish to seek an internal review, please write to the Freedom of Information Team at esh-tr.foi@nhs.net quoting the above FOI reference number, within 40 working days. Please note the Trust is not obliged to accept a request for an internal review after this time period.

Yours faithfully

Freedom of Information (FOI) Team
East Sussex Healthcare NHS Trust
0300 131 4716
Core Hours of Business: Monday to Friday 9.00am to 4.00pm

FOI 26/191 - East Sussex Healthcare NHS Trust

Conquest Hospital		
		Ward
Overnight	Corridor	Acute Assessment Unit Corridor
Overnight	Corridor	Macdonald Ward L1
Overnight	Community Corridor	Tressell ICW
Overnight	Corridor	Newington Ward
Overnight	Corridor	Baird Mau Ward L2
Overnight	Corridor	Gardner Day Room
Overnight	Corridor	Murray
Overnight	WARD	James (Winter escalation closing soon)
Eastbourne District General Hospital		
Overnight	Corridor	Glynde
Overnight	Corridor	Sovereign Stroke Unit
Overnight	Corridor	Michelham
Overnight	Corridor	Acute Medical Unit
Overnight	Community Corridor	Devonshire ICW
Overnight	A&E Corridor	East Dean Stroke Unit
Overnight	Corridor	Litlington
Overnight	Corridor	Seaford

Corridor Care – Dynamic Patient Risk Assessment.

- Patients to be reviewed at each handover as a minimum daily or if condition changes and copy to be kept in patient notes.
- Please complete one form and record review & ongoing length of stay in corridor at each handover as well as any impact/harm.
- The aim for any patient cared for in the corridor will be to move them to a bed space as soon as possible.

PAS LABEL

No agency or bank staff should be assigned Corridor Care

unless they regularly work in the clinical area

Date placed in corridor:.....	Time placed in corridor:.....
Examples reasons for Corridor Care. Please tick or comment if other. 1. Risk related to ED overcrowding is greater than risk posed by corridor care <input type="checkbox"/> 2. Pre-emptive boarding against discharge: confirmed same day discharges only <input type="checkbox"/> 3. Releasing a side room for urgent clinical use <input type="checkbox"/> 4. Other staff concern i.e. pt at risk and needs arm's length visibility by staff <input type="checkbox"/>	
Please circle. Have all possible discharges/ moves or alternatives been exhausted? Escalate if ever unsure	Yes No
Sufficient staffing available?	Yes No
Please see below groups to avoid and tick any that apply if placed in corridor. Children up to 18 years <input type="checkbox"/> MH patients <input type="checkbox"/> Patients with Physical Disability <input type="checkbox"/> Patients with Learning Disability <input type="checkbox"/> Patients who are neurodivergent <input type="checkbox"/> Dementia / Delerium / Confusion <input type="checkbox"/> Severe frailty patients <input type="checkbox"/> Infection control risk <input type="checkbox"/> NEWS2> 5 <input type="checkbox"/> Pregnant / breast feeding <input type="checkbox"/> End of Life patients <input type="checkbox"/>	
Conversation with patient ? Please enter name Leaflet given ? Please tick	Name..... <input type="checkbox"/>

Information for Patients Receiving Care in a Corridor

Why am I being cared for in a corridor?

We understand that receiving care in a corridor can be upsetting or uncomfortable. We are very sorry that this has happened.

You are being cared for in a corridor because the hospital is extremely busy and all suitable rooms or beds are currently in use. This situation is sometimes called “**corridor care.**”

We try and avoid using corridor care if we possibly can – we are only caring for you in a corridor because you need treatment by our staff and we do not have any other space available. We are working hard to move you to a more appropriate area as soon as possible.

Is it safe?

Your safety is our priority. We have established ways of working to ensure that we keep you safe, even when you are receiving care in a corridor.

- You will still be assessed, monitored, and treated by trained NHS staff
- Doctors and nurses will continue to check on you regularly
- Any urgent concerns will be dealt with immediately

If at any time you feel worse or are worried, **please tell a member of staff straight away.**

Privacy and dignity

We know that corridors do not offer the privacy we would want for you.

We will:

- Speak quietly where possible
- Use curtains or screens if available
- Help you maintain your dignity during care

If you feel uncomfortable or need more privacy, please tell us.

What care will I receive here?

Depending on your condition, you may:

- Be assessed by doctors and nurses
- Have observations taken (such as blood pressure or oxygen levels)
- Receive medications or fluids
- Wait for test results or a ward bed

Some tests or treatments may need to wait until you are moved to a more suitable area.

Toilets, food, and drinks

- Staff can help you access **toilets** if needed
- Please tell us if you need **pain relief, food, water, or blankets**
- Let us know if you have **dietary needs or medical conditions** (such as diabetes)

How long will I be here?

We cannot always say exactly how long corridor care will last. We are:

- Regularly reviewing bed availability
- Prioritising patients based on clinical need

You will be moved as soon as a suitable space becomes available.

What if I have concerns or want to complain?

We want to hear from you.

- Speak to the **nurse in charge** at any time
- Ask to contact the **Patient Advice and Liaison Service (PALS)**
- You can also raise concerns after you leave the hospital

PALS contact details:

Eastbourne phone: 0300 131 4784

Conquest phone: 0300 131 5309

Email: esht-tr.patientexperience@nhs.net

Thank you for your patience

We understand this is not the standard of care we aim to provide. Thank you for your patience and understanding during this very busy time. Our staff are working hard to care for you safely and respectfully.