East Kent Hospitals University NHS Foundation Trust

REPORT TO BOARD OF DIRECTORS (BoD)

Report title: **Elimination of Corridor Care**

Meeting date: **2 April 2026**

Board sponsor: **Dan Gibbs, Chief Operating Officer (COO)**

Paper Author: **Alison Pirfo, Deputy Chief Operating Officer (COO)**

Appendices:

Appendix 1: Elimination of Corridor Care Action Plan

Executive summary:

Action required:	Assurance and adherence to the Corridor Care Improvement Guide published March 2026 by Getting it Right First Time (GIRFT).
Purpose of the Report:	The action plan provides an overview of the steps to be taken forward to Eliminate Corridor Care to improve patient safety in 2026/27 by the end of quarter 1 as a Trust-wide key priority and commitment.
Summary of key issues:	Objective: To provide the Board with the Elimination of Corridor Care Action Plan.
Key recommendations:	The term 'corridor care' has been defined as the inclusion of any non-designated clinical space. EKUFT has commenced national daily reporting in March 2026 within the NHS England (NHSE) definition of patients that receive corridor care for more than 45 minutes in the previous 24-hour reporting period, midnight to midnight, in the same way that Emergency Department (ED) attendances are reported. To achieve sustainable reductions in corridor care EKUFT is working in collaboration with community and mental health partners to develop clear and accountable action plans with an agreed metrics weekly performance dashboard. Governance and a structure for delivery has been developed in March 2026 in readiness to deliver the action plan. Improvements will be monitored for delivery against the plan and trajectories with a system-wide Chief Executive Officer (CEO) weekly task force group and a COO led daily huddle. This will ensure the early identification of good practice, learning and the resolution of challenges from a Multi-Disciplinary Team (MDT) approach. Improvement is focused across five areas, each with an Executive lead: • Clinical Operating/Professional Standards

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	• Improvement of No Criteria to Reside (nCTR) position across Queen Elizabeth the Queen Mother Hospital (QEQM), William Harvey Hospital (WHH) and Kent & Canterbury Hospital (K&C) • Pull Flow Model • ED streaming and Decompression • Improvement Quarter
Key recommendation:	The Board of Directors is asked to discuss and **NOTE** this Elimination of Corridor Care report and the action plan.

Implications:

Links to Strategic Theme:	• Quality and Safety • Patients • People • Partnerships • Sustainability
Link to the Trust Risk Register:	Risk reference: 1891 Misalignment between demand and capacity across the Trust.
Resource:	N
Legal and regulatory:	N
Subsidiary:	N

Assurance route:

Previously considered by: N/A

Rapid Improvement Plan - Elimimination of Corridor Care
Senior Responsible Owner (SRO): Dan Gibbs, Chief Operating Officer (COO)
Last updated on:

RAG Status:
RED: Milestone will not be met despite mitigating actions
AMBER: Mitigating actions instigated in order to meet milestone
GREEN: Milestone on track by time and benefit
BLUE: Milestone complete

Improvement Focus	Focus Exec Lead	Core Action	Action Lead	Start Date	Target Completion Date	RAG	Update	Comments	Draft KPI Goal
Governance and Structure for Delivery	**ALL SROs**	Chief Exec weekly touchpoint meetings to review delivery for the previous week and plans for the coming week, with exception reports Daily huddles to review what was done and to plan the following days additional actions	Dan Gibbs (Chief Operating Officer)	30/03/2026	03/07/2026			20/03: Weekly Taskforce Group to meet on Fridays, KS to draft ToR Summary of 1st April onwards rythm.	
Clinical Operating / Professional Standards	**Dr Helen Mackie, Acting Chief Medical Officer (CMO)**	Clinical Operating standards to be distributed at the Urgent and Emergency Care (UEC) Programme board on the 16th March and Trust Management Committee (TMC) for approval on the 18th	Dr Ravi Rangasamy / Komal Whittaker-Axon (Clinical Director, William Harvey Care Group (WH CG) / Managing Director, WH CG)	09/03/2026	01/04/2026			20/03: Meetings rescheduled due to meningitis outbreak, papers to be recirculated	
		Clinical Operating Standards (COS) Re-launch Week WHH - With the support of the improvement team - Radiology Response to ED (COS Standard 5)	Komal Whittaker-Axon (Managing Director WH CG) Alison Mitchell-Hall (Managing Director Diagnostics, Cancer and Buckland (DCB))	09/03/2026	15/03/2026		IPS6: First consultant review within 6 hours oWork with poorest performing wards to both improve documentation and improve performance (by 03/04) oPoorest performing (QEQM: Rainbow, Birchington; WHH: PADUA, Surgical Emergency Assessment Unit (SEAU)) oWith SEAU as a multi specialty ward, develop process of escalation between specialties (by 03/04) IPS8: Sub-specialty teams to review patients within 2 hours of the referral oDue to absence of data, complete manual data collection in WHH (by 20/03) and QEQM (by 26/03) oBased on data target poorest performing sub-specialties and address. General oDiscussion with Careflow on ability to lift data directly into monitoring dashboard (by 27/03) oSite communication from MD and engagement on the IPS (by 26/03)		**Improvement in metrics to the standard by end Q1** IPS4 - ED Specialty Response within 60 mins - 90% IPS5 - Radiology diagnostics in ED within 120mins - 90%
		Clinical Operating Standards (COS) Re-launch Week QEQM - With the support of the improvement team - Radiology Response to ED (COS Standard 5)	Sunny Chada (Managing Director QEQM CG) Alison Mitchell-Hall (Managing Director DCB)	16/03/2026	22/03/2026				
		Additional Prof. Tim Briggs & Getting it Right First Time (GIRFT) Team Visit around the implementation of the COS - To return on 24/03 to discuss COS standards with the consultant body (primarily Respiratory, Cardiology, and Gastroenterology)	Dr Helen Mackie, Acting CMO	24/03/2026	24/03/2026			Meeting Pack for 24/03 embedded	
		Implement monitoring tool around COS / Internal Professional Standards - Generate an internal scorecard to monitor performance against the identified standards, published on the Trust information Portal - Supporting detail made available within supplementary reports - Weekly Sprint meetings in place to further develop the scorecard and additional metrics	Michael Straight (Information Team) supported by Improvement Team	27/02/2026	06/04/2026 and weekly updates			16/03: IPS Scorecard has been launched, initially covering IPS 1,2,3,4 & 6, around initial assessment, 60 min. target, decision within 4 hours, ED Referral Response, and First Consultant Review	
		Supporting education programme around COS/Internal Professional Standards	Helen Mackie, Acting CMO supported by Improvement Team	24/03/2026	30/06/2026				
		Cross-organisational communications & engagement on COS - expand on the relaunch communications with the CEO and outcomes - Facilitate updates on progress to the stakeholder group	Gemma Shillito, Deputy Director of Communications and Engagement (Communications Team)	09/03/2026	30/06/2026				
Improvement of No Criteria to Reside (NCTR) position across Queen Elizabeth the Queen Mother Hospital (QEQM), William Harvey Hospital (WHH) and Kent & Canterbury Hospital (K&C)	**Dan Gibbs, COO**	Twice Daily NCTR review - identification of blockers and escalation of action for action with afternoon wash up. - Meeting Structure to be set up, for w.c. 23/03/26 - An on-site daily Multi-Disciplinary Team (MDT) to undertake twice daily reviews, across all 3 sites (Lead Nurse, Therapist, and Rehabilitation Therapy Service (RTS)) with respective Director of Nursing DoN and Deputy COO.	Directors of Nursing QEQM - Susan Brassington K&C - Katy White WHH - Zilpah Okeyo	09/03/2026	23/03/2026			19/03: MDT meetings set up form 25/03/26 inc.KCHT	
		Action themes from the daily wash-up meetings to be included into the delivery plan for resolution across quarter one to reduce patient los and their journey -Key Performance Indicators (KPIs) P0 on the day, P1 within 48 hours , (P2s and P3s as part of the NCTR reduction) to monitor and action to meet the KPIs - add key metrics to Monitor Dashboards -Dovetailing into the Kent Community Health NHS Foundatin Trust (KCHFT) delivery plan around reducing the number of days patients take to access Transfer of Care Hub (TOCH)	Alison Pirfo (Deputy COO) & Directors of Nursing	23/03/2026	03/07/2026			19/03: Revised core action	>75% of Pathway 0 patients Discharged OTD % Pathway 1 Patients discharged within 48 Hours of NCTR
		Embed new discharge Patient Tracking List (PTL) - go live as scheduled on 2nd March. Post launch reviews to ensure accuracy and completion across the teams - roll out and engagement with nursing teams to implement a single, electronic, standardised discharge planning document - support from snr Ops and Information	Site Triumverates, Jo Cumes (Head of Service Transfer of Care Services East Kent)	02/03/2026	30/03/2026			20/03: Action Completed 16/03: Go live on 2nd March went as planned. Additional Reporting being developed	
		Incorporate into site flow dashboard for monitoring - Implement Trajectories based on NCTR projections from community partners, and impact of schemes reducing the volumes of NCTR patients remaining within the Acute to reduce by 50% by end Q1	Michael Straight (Deputy Head of Business Intelligence)	16/03/2026	30/03/2026			25/03: Draft Trajectory created, added to relevant metrics 20/03: Trajectory Created, to be added to metrics available in the information Portal & weekly Reporting 16/03: Delivery trajectory around reduction of NCTR is attached. Will reduce NCTR midnight	NCTR to halve over the time period. 19/03: 193 NCTR remaining at midnight to halve to 96 over the time period
		Accelerate integration of Discharge Teams - Integration of the Discharge Teams at K&C and QEQM, due end April (Phase One) - WHH Team to be integrated by end of June (Phase Two). Location tbd	Jo Cumes, Chris Hamson (Site lead for QEQM & K&C) / Alison Pirfo (Deputy COO)	18/02/2026	31/05/2026			16/03: QEQM & K&C have a plan in place for delivery by end - April . WHH plan to be agreed & developed	Complex Discharges of >10 per site per day
		Focused efforts and drive for Red to Green days - particularly Medicine - Implement the Board Round SOP, due to UEC Programme Board (16th March, TMC 18th March) - Implement SAFER (Senior Review, All, Flow, Early Discharge, Review) - Delivery plan to be launched in April - to be developed by Director of Nursing (DoN) and w/ comms for engagement plan	Directors of Nursing with Alison Pirfo (Deputy COO) QEQM - Susan Brassington K&C - Katy White WHH - Zilpah Okeyo	21/03/2026	03/07/2026				
		Implement day zero discharge planning - review adherence to the Board Round SOP, including commencement of Electronic Discharge Notifications (EDNs) / Discharge Planning documentation within 24 hours of admission for all patients	Directors of Nursing with Alison Pirfo (Deputy COO) QEQM - Susan Brassington K&C - Katy White WHH - Zilpah Okeyo	10/04/2026	23/04/2026			16/03: See row 24, for references to EDD set on admission within AMU pull Flow model	
Pull Flow Model, the Pull model Standard Operating Procedure (SoP) will be developed and rolled out by Mid April for WHH and QEQM. Focus must be for Pull out of Acute Medical Unit (AMU) and not from Emergency Department (ED)	**Sarah Hayes, Chief Nursing and Midwifery Officer (CNMO)**	Undertake further review of current First Contact Practitioners (FCP) - for TMC 18th March - 01/04 - To be further expanded with the definition of a pull model - 29/04	Alison Pirfo (Deputy COO) / Managing Directors (MDs)	09/03/2026	29/04/2026			20/03: Meetings rescheduled due to meningitis outbreak, papers to be recirculated	
		Pull flow model to be defined and taken forward as a test for change pilot from 30th March - SOP to be finalised for rollout mid-April for WHH/QEQM - Principles and delivery plan embedded	Sarah Hayes (Chief Nursing and Midwifery Officer)	30/03/2026	17/04/2026			19/03: Model naming revised to PULL Flow model, instead of PUSH flow model 16/03: SOP to be finalised, principles have been shared for comments	
		A launch session of the Pull Flow model with all wards and ED - See delivery plan	Directors of Nursing QEQM - Susan Brassington WHH - Zilpah Okeyo	23/03/2026	25/03/2026			20/03: Workshop 25/03, SOP to be finalised 16/03: Workshop date to be agreed	
		Quality Impact Assessment (QIA) evaluation of the model and SOP	Directors of Nursing QEQM - Susan Brassington K&C - Katy White WHH - Zilpah Okeyo	30/03/2026	17/04/2026				
		From Monday 30th March, there will be a period of 2 weeks of pilot and then evaluation - case for change test Agree and embed daily review and escalation process	Directors of Nursing with Alison Pirfo (Deputy COO), Sunny Chada (QEQM MD) / Komal Whittaker-Axon (WHH MD)	30/03/2026	13/04/2026				**Key Metrics** Reduce patients in AMU >72 Hours Increase patients transferred to AMU from ED Reduction in 12 Hour Trolley waits
ED Streaming & decompression	**Dan Gibbs, COO**	Acute medicine Hot Clinics to be implemented by 17th April at the WHH site and to be considered as part of the Same Day Emergency Care (SDEC) modelling at QEQM	Dr Ravi Rangasamy (Clinical Director, WH CG) Dr Tanwar Hitendra (Transformational Lead, UEAM QEQM CG)	11/04/2026	17/04/2026			19/03: Room identified and agreed for Hot clinics at WHH. To be revisited and further considered at the SDEC workshop	
		Agree and implement 'ED in-reach' pull model for community frailty - To integrate with community plan - Link in with Neighbourhood Health to operationalise OBC1	Clare Thomas, Dr Diwakar Sharma (Consultant in Emergency Medicine), Alison Pirfo (Deputy COO)	16/03/2026	13/04/2026				
		Agree and implement GIRFT supported direct to SDEC conveyance model for NHS South East Coast Ambulance Service NHS Foundation Trust (SECAmb) - Workshop 17th April	Dr Saba Mahmood (Consultant Acute Medine) / Dr Sunil Lobo (Consultant Medicine) / Gio Mazza	16/03/2026	27/04/2026				
		Urgent Treatment Centre (UTC) Streaming Model - Streaming for all walk-in patients to move to UTC to complete phase 3 of the UTC relocation plan as part of the SDEC development (WHH to progress first in April, with QEQM to follow in May) - SDEC workshop supported by GIRFT set for 17th April to develop streaming and patient pathways	Alison Pirfo (Deputy COO) Oena Windibank Diwakar Sharma (Consultant in Emergency Medicine)	09/03/2026	31/05/2026			19/03: Delivery plan to be developed on 24th March 16/03: KAW has met at UTC alliance Board meeting on wc 09/03. Meeting scheduled with UTC Alliance CEO, wc 24/03	
		Review of Director of Services (DOS) and "direct to" pathways - NHS111 DOS and UTC has been reviewed and completed - Remaining areas of the DOS require review	Alison Pirfo (Deputy COO)	09/03/2026	30/04/2026				
		Frailty Assessment in ED -Discharge to assess model pilot at QEQM (Julia Wilson piloting) starting on 25th March. Therapy Assisted Discharge Services (TADs) team to discuss ED referrals and on-going patients each morning for discussion & discharge from ED. At WHH link to neighbour health pilot with clinicla leads. -Frailty Assessment at WHH to introduce Fit-To-Sit chairs within the Assessment Unit, to start from 12/03 -Increase flow of patients from ED to Frailty Assessment Units	Julia Wilson QEQM, Clinical leads ED and neighbourhood health WHH Site Triumverates	09/03/2026	25/03/2026 QEQM & 01/04/2026 WHH				
		Surgical SDEC -Enhancing surgical pathways for patients via ED or Direct from SECAmb -For QEQM & WHH, supported by James MacDonald (Maidstone and Tunbridge Wells NHS Trust (MTW)) -Surgical SDEC invited to SDEC workshop on 17th April	Mr Biju Arvind & Team (Consultant Surgeon)	09/03/2026	17/04/2026				
		Safety huddles in ED to manage risk - led by Consultant and Nurse in charge - should be running am, 2pm and 5pm and then 8pm	Dr Diwakar Sharma (Consultant in Emergency Medicine), Dr Hitendra Tanwar (Consultant Acute Medicine)	16/03/2026	30/03/2026				
		Review and implement revised consultant staffing model to deliver: • Rapid Assessment and Treatment (RAT) Assessment within 15 minutes, • Senior Decision Maker within 60 minutes, •4 Hour Standard as per Clinical Operating Standards (COS) - Monitoring led by the UEC Clinical Lead to establish if additional improvements required	Dr Diwakar Sharma (Clinical Lead for UEC)	09/03/2026	27/04/2026			19/03: by the 10th April, weekly reviews of standards to be undertaken for improvement/assurance, for a period of 3 weeks. To link into the weekly CEO meetings	<10% 12 Hour Zero Tolerance on 24 hours in ED Improvement in Type 1 4 Hr performance Non-admitted 12 Hour breaches <5%
		Tactical plan for de-escalation of >24, >18, >12 - design and enact - Design actions and accompanying trajectory to decompress ED and reduce volumes of patients with longer waits by 27th March - As part of zero tolerance around >24 hours in ED for all patients (Linked to GIRFT Red lines) - Corridor Care limits and Escalation are in place and agreed - Maximum ambulance handover delays of no more than 45 minutes - Reporting of Corridor Care usage implemented from go start date set by NHS England (NHSE) on 6th March - Delivery trajectory plan for Corridor care elimination is embedded	Sunny Chada (QEQM MD) / Komal Whittaker-Axon (WHH MD) / Michael Straight (Deputy Head of Business Intelligence) / Alison Pirfo (Deputy COO)	09/03/2026	03/07/2026			19/03: Zero tolerance on 24Hrs within ED by end March 16/03: Reporting of corridor Care reported to NHSE from 6th March. Maintained Ambulance Handover levels at 45mins - Note that SECAmb are no longer validating handover breaches in excess of 45 minutes. We have a Corridor Care SOP in place within the FCP	
		Expand local escalation model and PTL for 4hr, 8 hr and 12hr	Sunny Chada (QEQM MD) / Komal Whittaker-Axon (WH MD)	09/03/2026	03/07/2026			19/03: further development of the current plan is required	
		Clear escalation processes from ED via site management to Execs - with triggers and actions associated to be enhanced to reduce duration spent in ED	Alison Pirfo (Deputy COO)/ Site Triumverates	14/03/2026	03/07/2026			19/03: Escalation flow chart to be launched 1st April	
Improvement Quarter	**Ben Stevens, Chief Strategy and Partnerships Officer (CSPO) / Norman Blissett, Chief People Officer (CPO)**	Agree principles and sprint model for Q1 Improvement Plan, Do, Study , Act (PDSA) cycles	Craig Barratt (Dir of Continuous Improvement)	09/03/2026	25/03/2026		Principles and intended sprint model drafted and circulated to Exec. See file in row 8.		
		Agree PDSA sprints, delivery schedule, clincial leadership and MDTs	Craig Barratt (Dir of Continuous Improvement)	09/03/2026	20/03/2026		Definition of improvement cycles underway including owners, target metrics and initial 1st April actions.	Requires named owners of each improvement, in progress.	
		Develop and agree engagement plan for medical workforce	Helen Mackie (Acting CMO) supported by Improvement Team	09/03/2026	20/03/2026		Engagement with medical workfroce within above action.		
		Develop communication and Organisation Development (OD) enagement initiitives and delivery schedule	Abigail Blake (Deputy Director of Culture, Inclusion and Organisational Development) supported by Internal Comms	09/03/2026	20/03/2026		Weekly all staff communicaiton planned. Internal and External news articles based on progress.		
		Mobilise improvement trained colleagues and change champion network for additional improvement support on UEC and overall flow	Craig Barratt (Dir of Continuous Improvement)	23/03/2026	27/03/2026		Change ambassador network in place to be drawn from to support improvement actions		
		Mandy Nagra (MN) / Des Holden (DH), Acting Chief Executive (CE) led reset sessions aligned with PDSA sprints	Craig Barratt (Dir of Continuous Improvement)	23/03/2026	27/03/2026				
		Establish daily touch points and data review, led by MN with Execs at each site - max 30 mins - how is it feeling? What has/ hasn't worked well?	Craig Barratt (Dir of Continuous Improvement)	30/03/2026	30/06/2026		Meetings scheduled for 1630 daily		

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REPORT TO BOARD OF DIRECTORS (BoD)

Report title: **Hospital Discharge Performance and Data Deep Dive**

Meeting date: **2 April 2026**

Board sponsor: **Dan Gibbs, Chief Operating Officer (COO)**

Paper Author: **Alison Pirfo, Deputy Chief Operating Officer (COO)**

Appendices:

Appendix 1: Slides of Hospital Discharge Performance and Data Deep Dive

Executive summary:

Action required:	Assurance
Purpose of the Report:	The report provides an insight into managing discharge performance and provides a data deep dive.
Summary of key issues:	Objective: To describe the discharge performance, a data deep dive, new electronic processes recently launched and next steps for 2026/27. For the Board to be provided with the performance, data, new processes and next steps with assurance of the approach being utilised to increase productivity and efficiencies across the hospital sites for 2026/27 in managing discharge performance from the on-going development of changes: • EKHUFT discharges approximately 91 patients per day from its adult acute beds – these are patients who stay at least one night and are discharged from the acute wards. Approximately 84% of these patients go home without any additional discharge support, with the remainder discharged with a level of support co-ordinated by the Rapid Transfer Service (RTS) team. • EKHUFT Length of Stay (LOS) benchmarks within the 3rd quartile on the NHS Model Hospital, with patients spending on average one additional day compared to peers. A key contributor in the raised LOS is the amount of days lost by patients who do not meet the Criteria to Reside, which is measured nationally through weekly returns. These patients occupy 1 in 5 of the Trust acute beds, which inhibits patient flow from the Emergency Department (ED). • No Criteria to Reside (NCTR) Occupancy has remained at a raised level through 2025/26, with recently increased volumes of patients remaining at midnight. The most complex patients on Pathways 2 & 3 require the most support to discharge, and this cohort on average spends ~ 8 delayed days within the acute awaiting their discharge. • In partnership with the RTS, the Trust has recently launched new processes around Discharge Documentation & Tracking, providing an

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	enhanced level of grip & alignment across system partners and show signs of increasing visibility of key delay reasons – enabling these to be addressed through upcoming improvement initiatives. • Next Steps for improvements in internal and external flow processes are key to delivering a key Trust priority to eliminate corridor care by the end of Quarter 1 2026/27.
Key recommendations:	The Board of Directors is asked to discuss and **NOTE** this Hospital Discharge Performance and Data Deep Dive report.

Implications:

Links to Strategic Theme:	• Quality and Safety • Patients • People • Partnerships • Sustainability
Link to the Trust Risk Register:	Risk reference: 1891 Misalignment between demand and capacity across the Trust.
Resource:	N
Legal and regulatory:	N
Subsidiary:	N

Assurance route:

Previously considered by: N/A

East Kent Hospitals University NHS Foundation Trust

Hospital Discharge Performance and Data Deep Dive

Board of Directors (BoD)
2 April 2026

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Summary

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- EKHUFT discharges approximately 91 patients per day from its adult acute beds – these are patients who stay at least 1 night and are discharged from the acute wards. Approximately 84% of these patients go home without any additional discharge support, with the remainder discharged with a level of support co-ordinated by the Rapid Transfer Service (RTS) team

- EKHUFT Length of Stay (LOS) benchmarks within the 3rd quartile on the NHS Model Hospital, with patients spending on average 1 additional day compared to peers. A key contributor in the raised LOS is the amount of days lost by patients who do not meet the Criteria to Reside, which is measured nationally through weekly returns. These patients occupy 1 in 5 of the Trust acute beds, which inhibits patient flow from the Emergency Department (ED)

- No Criteria to Reside (NCTR) Occupancy has remained at a raised level through 2025-26, with recently increased volumes of patients remaining at midnight. The most complex patients on Pathways 2 & 3 require the most support to discharge, and this cohort on average spends ~ 8 delayed days within the acute awaiting their discharge

- In partnership with the RTS, the Trust has recently launched new processes around Discharge Documentation & Tracking, providing an enhanced level of grip & alignment across system partners and show signs of increasing visibility of key delay reasons – enabling these to be addressed through upcoming improvement initiatives

- Improvements in internal and external flow processes are key to delivering a key Trust priority to eliminate corridor care by the end of Quarter 1 2026-27.

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National LOS Data

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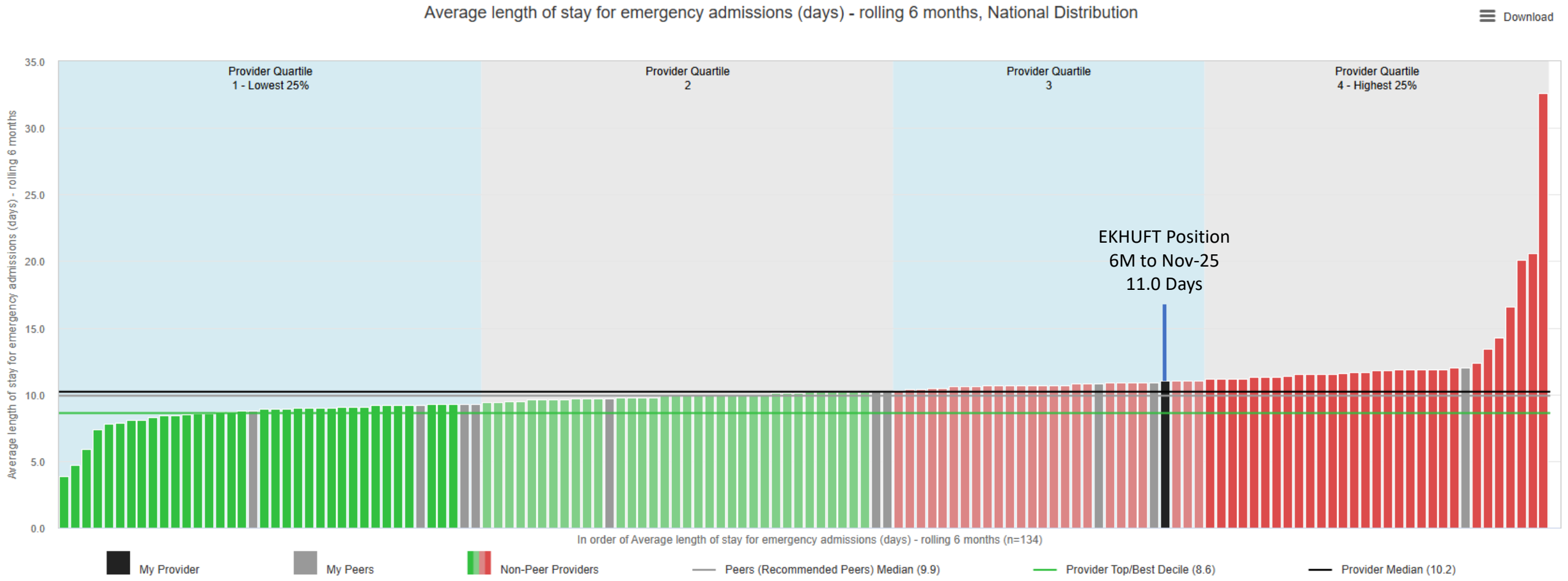
NHS Model Hospital compares LOS for patients who stay at least 2 days

Average length of stay (days) of emergency admissions, excluding admissions with a length of stay of 0 or 1 day
EKHUFT is in the 3rd Quartile nationally (November Data), approx. 1 day higher than the peer median



Hospital Discharge Performance and Data Deep Dive

No Criteria to Reside (NCTR) National Reporting

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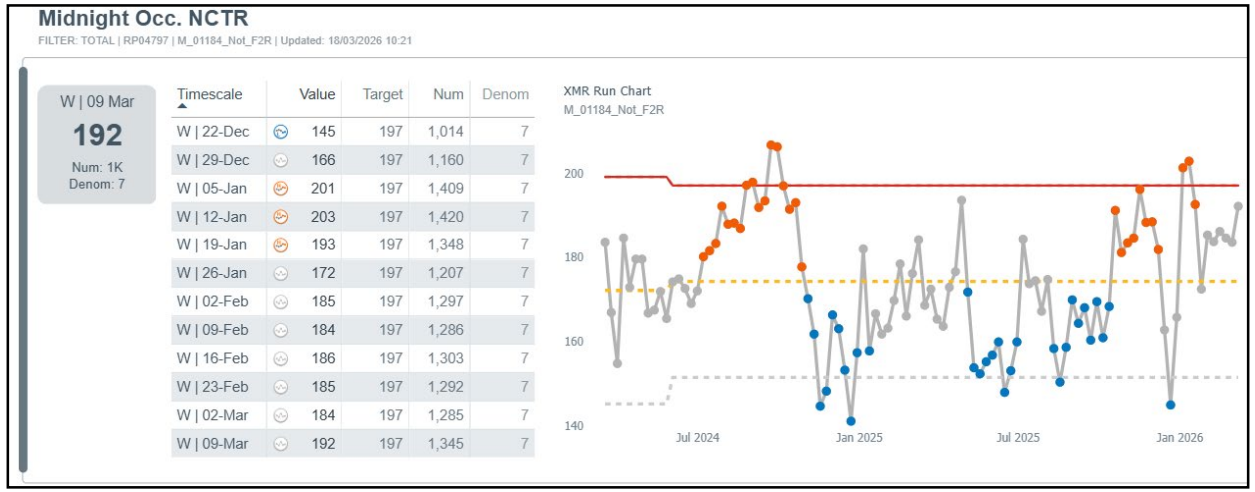
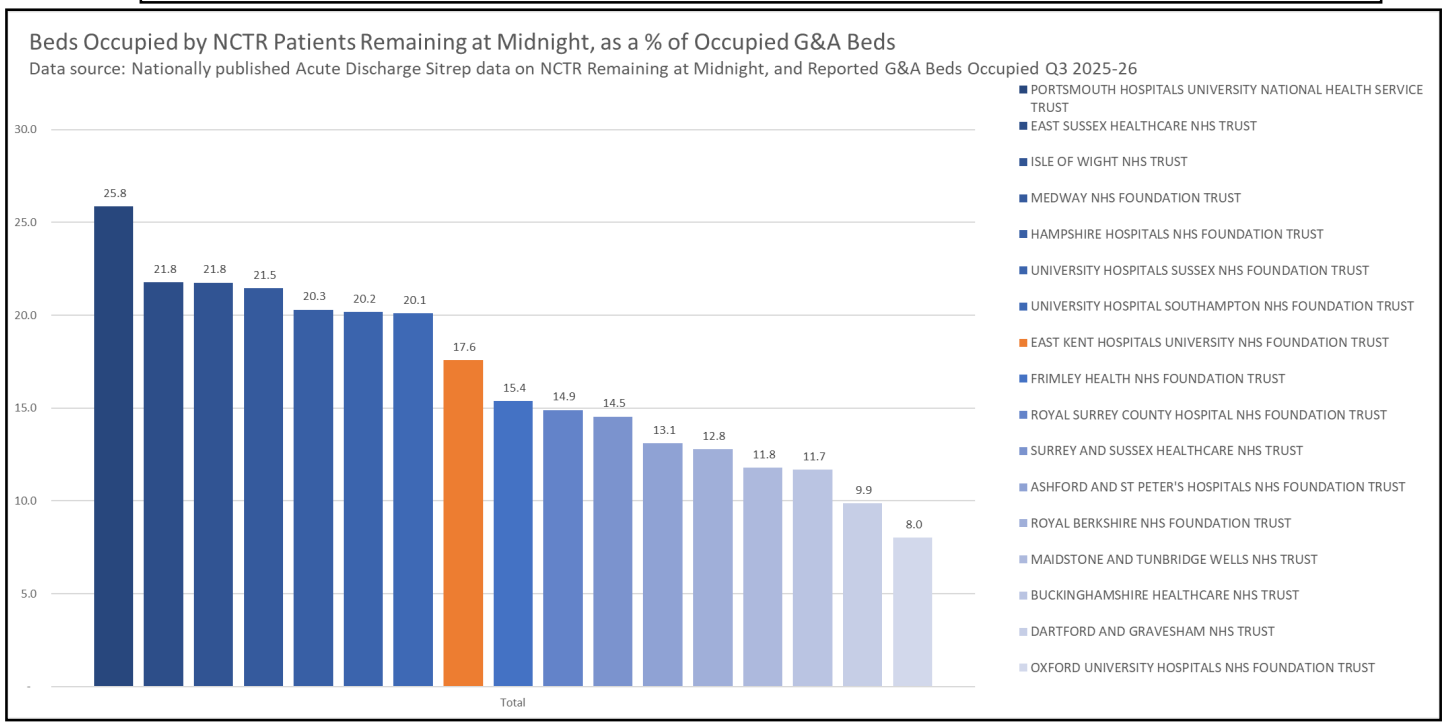


Timescale	Value	Target	Num	Denom
W | 22-Dec	145	197	1,014	7
W | 29-Dec	166	197	1,160	7
W | 05-Jan	201	197	1,409	7
W | 12-Jan	203	197	1,420	7
W | 19-Jan	193	197	1,348	7
W | 26-Jan	172	197	1,207	7
W | 02-Feb	185	197	1,297	7
W | 09-Feb	184	197	1,286	7
W | 16-Feb	186	197	1,303	7
W | 23-Feb	185	197	1,292	7
W | 02-Mar	184	197	1,285	7
W | 09-Mar	192	197	1,345	7



- NCTR patients remaining in at midnight reached a high for 2025-26 in early January 2026, with NCTR occupancy of patients remaining in at midnight peaking at a weekly average of 203 patients.
- Over Q4 to date, NCTR levels have remained above the historic mean
- **A key deliverable in the Rapid Improvement Plan to eliminate Corridor Care is to reduce the volume of NCTR patients remaining in hospital**

Provider Comparisons

- The % of beds occupied by NCTR patients who remain in hospital is shown to the right. This process takes publicly available NCTR data and uses published bed occupancy figures to ascertain an approximate proportion of beds used by NCTR patients
- This shows that for EKHUFT, approx. 18% of open beds in Q3 were occupied by NCTR patients, placing the Trust in the middle of other South East provider Trusts

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Discharge Data – Pathway Volumes

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Discharge volumes taken from the sitrep data show 84% of discharges do not require any additional discharge support, with the remainder split as follows:

- Approx. 7 Pathway 1 discharges per day (7.8%)
- Approx. 4.3 Pathway 2 discharges per day (4.7%)
- Approx. 3.2 Pathway 3 discharges per day (3.5%)

There has not been a significant variance in the volume of pathway discharges over 2025-26, with "complex" discharges accounting for approximately 16% of all trust discharges

Discharge volumes over 2025-26 to date have not been sufficient to arrest growth in NCTR occupancy by this patient group (Pathways 1-3)

Avg Daily Discharges by Pathway

Source: Acute Discharges Sitrep - National Dataset

Month	Pathway 0	Pathway 1	Pathway 2	Pathway 3	Total
01/04/2025	72.7	5.9	4.7	3.2	**86.5**
01/05/2025	76.5	6.5	4.9	3.4	**91.4**
01/06/2025	77.7	7.2	4.3	2.8	**91.9**
01/07/2025	85.1	7.2	3.9	3.0	**99.2**
01/08/2025	77.5	7.0	3.6	3.1	**91.1**
01/09/2025	80.6	7.1	4.5	3.0	**95.2**
01/10/2025	73.9	8.2	3.9	2.6	**88.6**
01/11/2025	79.2	7.3	3.8	2.8	**93.2**
01/12/2025	77.7	8.0	4.5	3.9	**94.2**
01/01/2026	70.5	6.4	4.6	3.6	**85.1**
01/02/2026	71.4	8.2	4.5	3.6	**87.7**
01/03/2026	75.1	6.6	4.6	2.8	**89.1**
Total	**76.6**	**7.1**	**4.3**	**3.2**	**91.2**

Avg Daily Discharges % Split by Pathway

Source: Acute Discharges Sitrep - National Dataset

Month	Pathway 0	Pathway 1	Pathway 2	Pathway 3
01/04/2025	84.01%	6.78%	5.47%	3.74%
01/05/2025	83.76%	7.17%	5.40%	3.67%
01/06/2025	84.51%	7.80%	4.64%	3.05%
01/07/2025	85.82%	7.22%	3.90%	3.06%
01/08/2025	85.06%	7.65%	3.93%	3.36%
01/09/2025	84.69%	7.43%	4.76%	3.12%
01/10/2025	83.44%	9.21%	4.37%	2.99%
01/11/2025	85.04%	7.87%	4.04%	3.04%
01/12/2025	82.53%	8.53%	4.83%	4.11%
01/01/2026	82.80%	7.54%	5.38%	4.28%
01/02/2026	81.47%	9.33%	5.09%	4.11%
01/03/2026	84.29%	7.43%	5.12%	3.16%
Total	**83.98%**	**7.83%**	**4.71%**	**3.47%**

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Discharge Data – Pathway Occupancy

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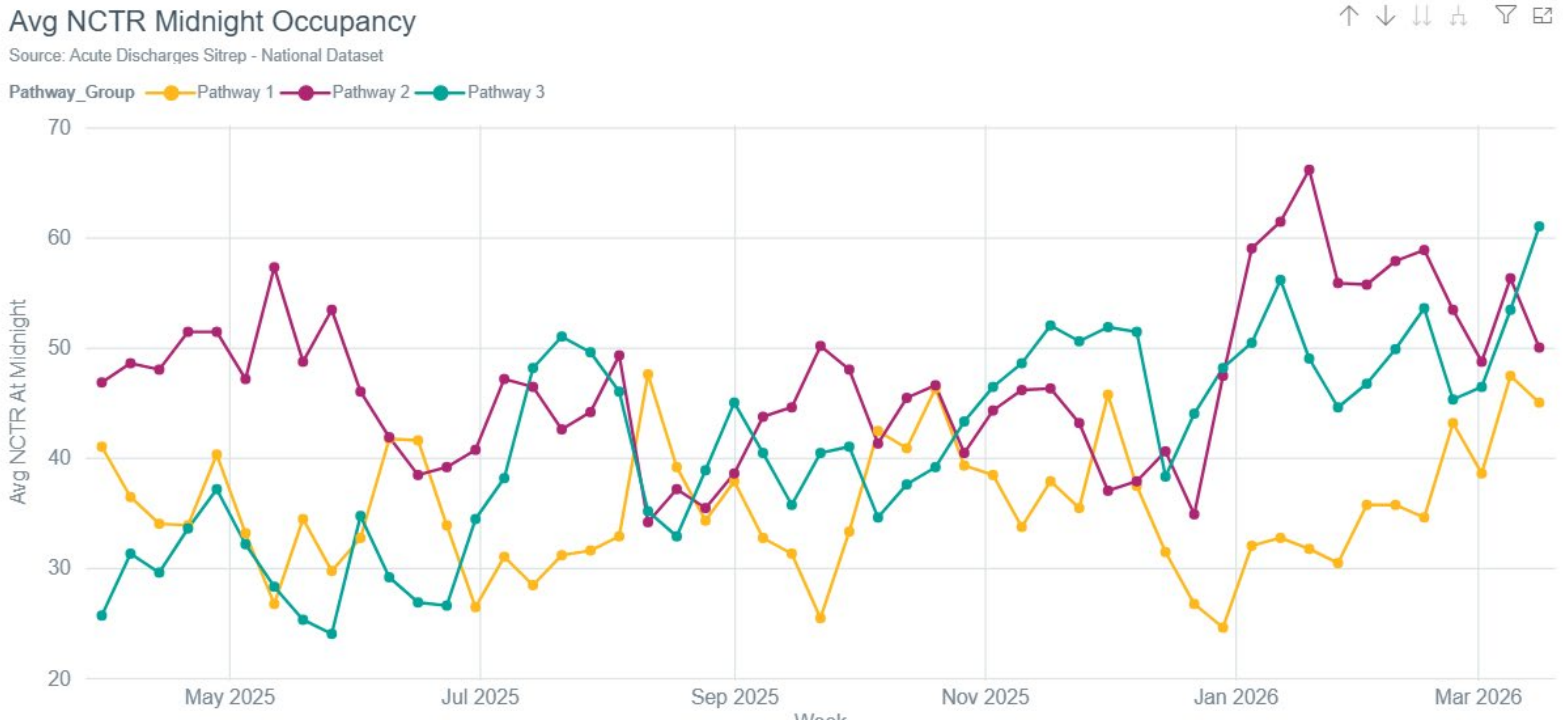


Note that in the above chart, the volume of NCTR patients for each pathway can be viewed as a “discharge backlog” and patient occupancy is over 10 times the daily discharge volume

NCTR Occupancy by pathway

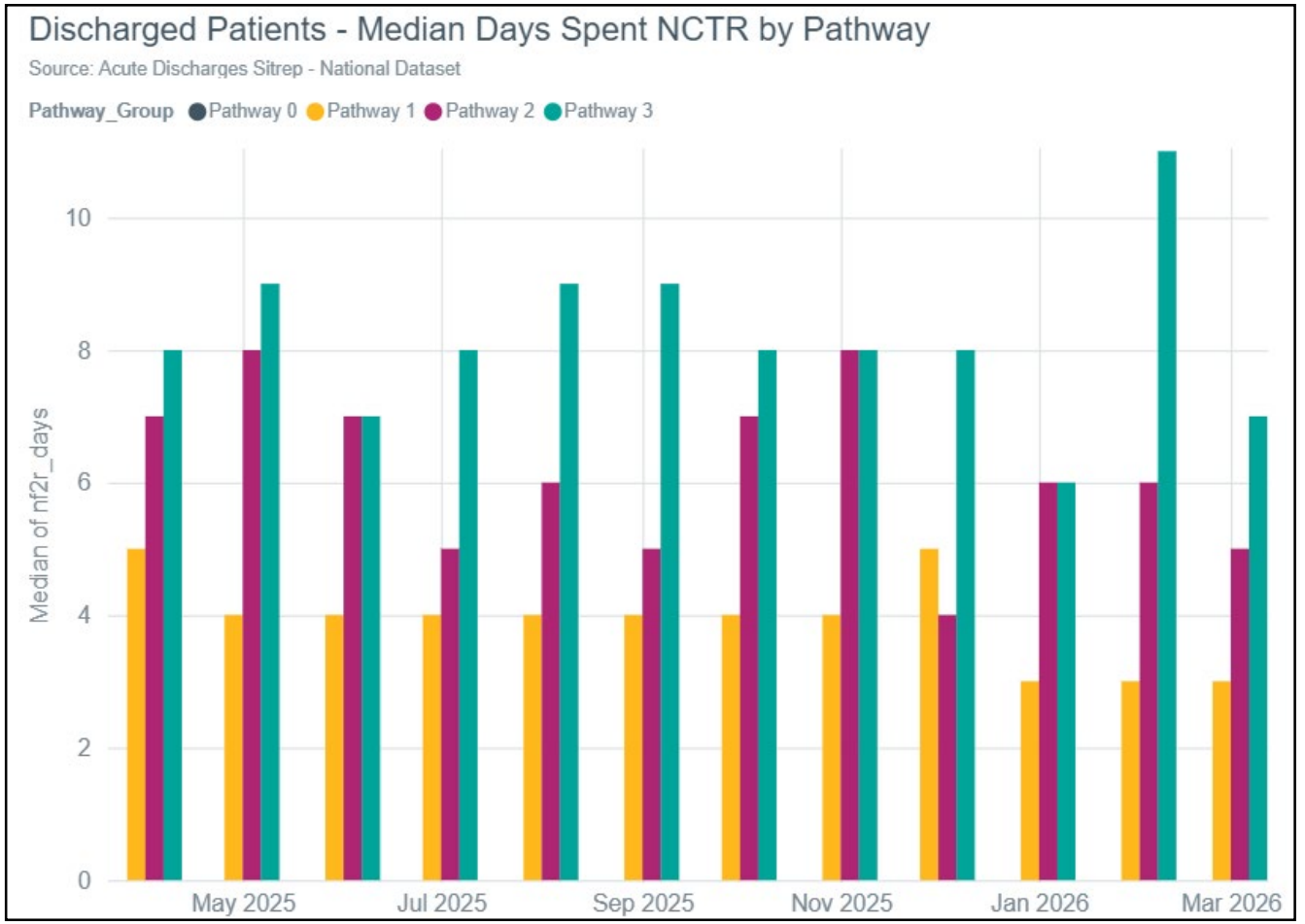
- Pathway 1 has shown a rising trend from January 2026 to date, compared with its position in December
- Pathway 2 NCTR patients have increased notably from January 2026, with approximately 10 more beds occupied by P2 patients who are no criteria to reside
- Pathway 3 has shown a generally rising trend over the year, with the latest week showing double the volume of NCTR patients occupying acute beds than in April 2025 (26->61)
- Pathway 0 NCTR occupancy (not shown) has fallen from ~60 in November 2025 to 35 in the latest week position

Discharge Data – Delayed Days

East Kent Hospitals University NHS Foundation Trust

Chart to the right shows the median days spent with No Criteria to Reside by pathway discharges over 2025-26 to date
This shows:

- Pathway 1 patients spend 3-4 days NCTR prior to discharge – recommendation that patients should be discharged within 48 hours of being NCTR
- Pathway 2 & 3 patients show a greater delay, with typical delays of between 6-8 days



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Discharge Data – Delay Reasons

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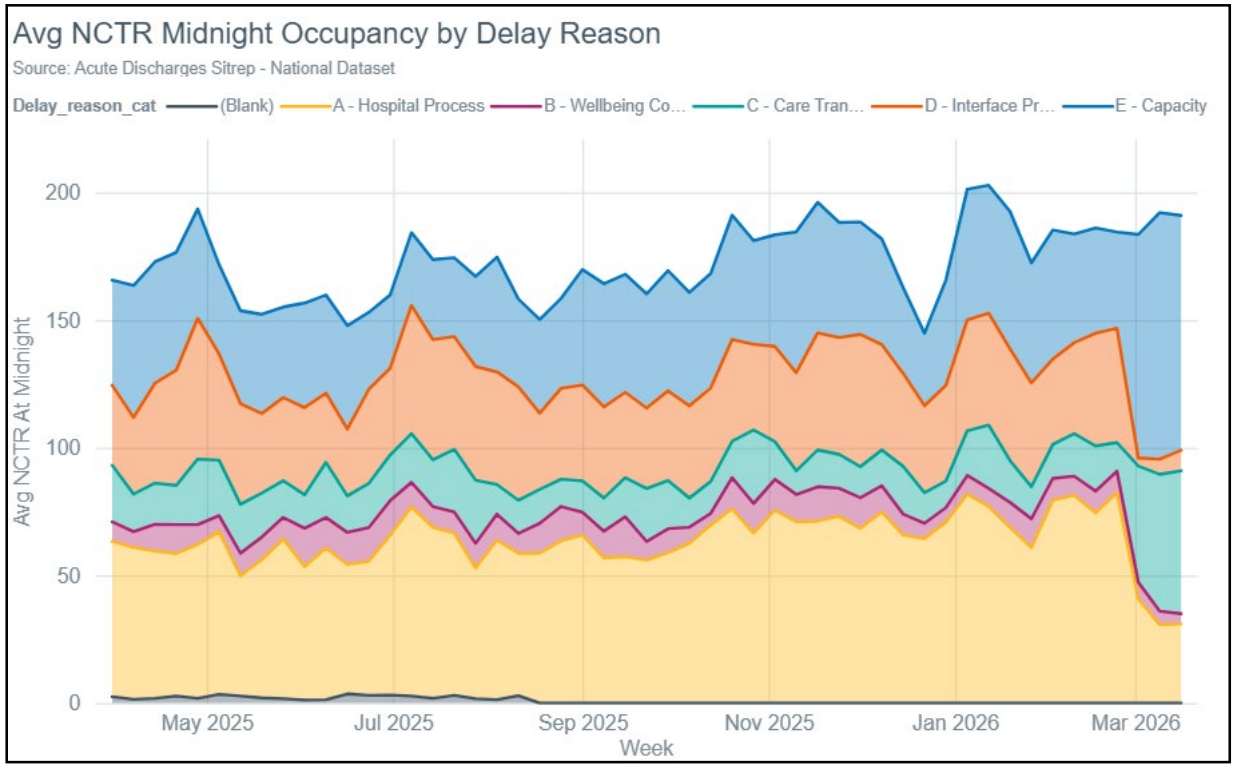
Delay reason codes relate to:

- Hospital Process
- Wellbeing Concerns
- Care Transfer Hub Processes
- Interface Processes
- Capacity



From go live of the new tracking process, we have seen a movement within the delay reason codes of around 40 patients a day from Hospital Process delays, towards Care Transfer Hub processes and external Capacity delays

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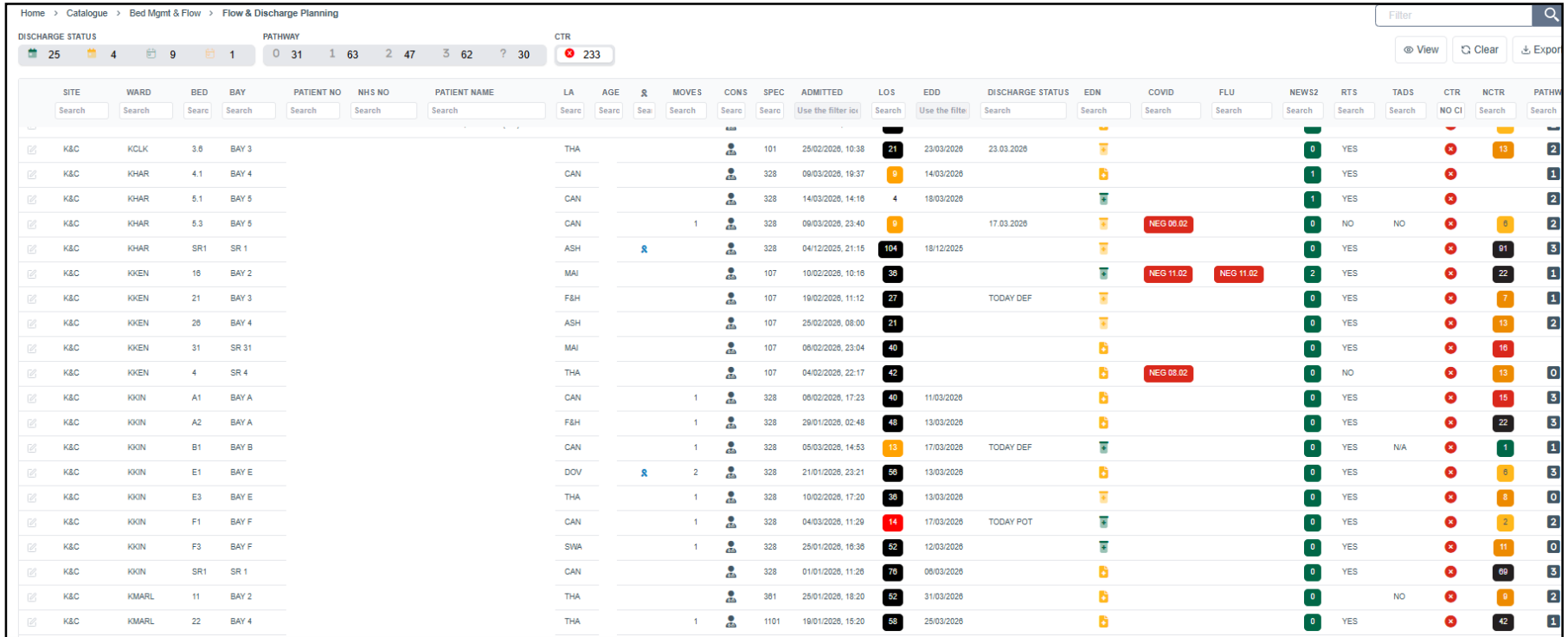
New Tracking Processes

East Kent Hospitals University NHS Foundation Trust

- To improve our tracking processes, and provide assurance across the system, EKHUFT has developed a new electronic Discharge Planning document which has been piloted from December 2025
- This process, alongside a new Patient Tracking List (PTL) was launched Trust wide on the **2 March**
- This removes ambiguity around the precise number of NCTR patients across the system, with a single location to enter key information around EKHUFT patient discharges, and clear reporting, dashboards, and automated daily emails taken from a single shared dataset

Live PTL View of Patients with no Criteria to Reside, showing breakdown of pathways, days spent NCTR



Daily automated reporting from the same system informs the organisation of:

- A snapshot position of NCTR patients, broken down by pathway
- Morning email of NCTR Pathway 0 patients remaining in hospital
- A patient listing of over 90 years of age in Acute Medical Unit (AMU) across the Trust

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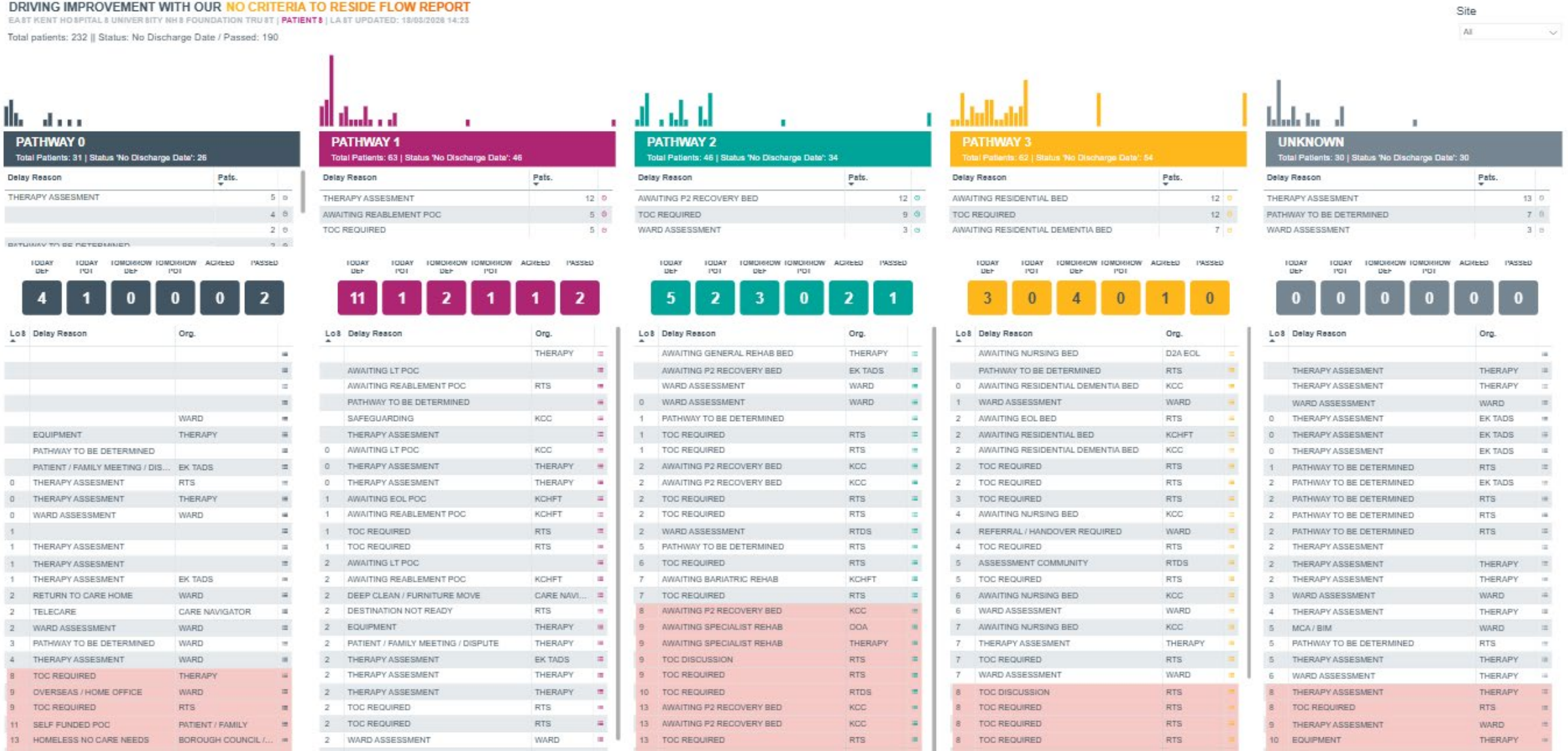
Hospital Discharge Performance and Data Deep Dive

New Tracking Processes

East Kent Hospitals University NHS Foundation Trust

New Live NCTR Flow Report, Launched 18 March, summarising patient pathways



Next Steps

East Kent Hospitals University NHS Foundation Trust

- Following the recent launch - embedding of the new Patient Tracking List (PTL) & Discharge Planning Process is on-going and being utilised within the current biweekly NCTR meetings

Moving forwards, the Trust has undertaken initial bed modelling for 2026-27, which includes the impact of systems schemes:

- Admission Avoidance & Complex Discharges – Business cases led by the Integrated Care Board (ICB), which seek to reduce the volume of NCTR patients within hospital, alongside Neighbourhood Health Pilot over 2026-27

- As part of the Rapid Improvement Plan to eliminate Corridor Care by the end of Quarter 1 of 2026-27, there are 5 Executive-led workstreams in motion:
  1. Clinical Operating Standards – Helen Mackie, Acting Chief Medical Officer (CMO)
  2. Improvement in the NCTR Position – Dan Gibbs, Chief Operating Officer (COO)
  3. Push Flow Model – Sarah Hayes, Chief Nursing and Midwifery Officer (CNMO)
  4. ED Streaming & decompression – Dan Gibbs, COO
  5. Improvement Quarter – Ben Stevens, Chief Strategy and Partnerships Officer (CSPO) / Norman Blissett, Chief People Officer (CPO)

- These workstreams will impact on the patient pathways, reducing LOS

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