Royal College of Nursing

Bracing for winter

A close look at NHS emergency and elective care in England and its implications for corridor care

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Published by the Royal College of Nursing, 20 Cavendish Square, London W1G 0RN

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Is the NHS ready for winter?

In January 2025, the RCN published ***On the Frontline of the UK's Corridor Care Crisis***, highlighting the distressing and undignified environments in which patients are treated, alongside serious risks to patient safety. It is morally and ethically wrong to continue to expect our nursing workforce and other health care professionals to deliver care under such extreme and unacceptable conditions.

We have **called for** commitments to end corridor care, alongside co-ordinated actions from governments across the UK, providers and regulators to make this a reality. Since then, there has been recognition of this crisis from the UK government and system leaders in England (as well as in other UK nations), with commitments to eradicate corridor care by capturing and publishing data on this issue. However, there is insufficient urgency in taking comprehensive and credible system-wide approaches to address this long-standing safety crisis.

As the country enters the winter period when seasonal illnesses and cold weather conditions exacerbate the demands on NHS services ('winter pressures'), we are concerned about the potential for a repeat of the unacceptable scale of corridor care that we saw in 2024. We have reviewed key NHS England system performance data to assess whether the NHS in England is better prepared for winter this year.

Our assessment of the data confirms a gradual intensification of pressures on both NHS emergency and elective care services, and raises serious questions for the capacity and readiness of the system going into winter.

This includes a dramatic increase in the number of patients who have left emergency departments without being seen. There has also been a staggering increase (almost 9,000% from 2019 to 2025) in the number of people in A&E waiting over 12 hours to be admitted. Considering the evidence linking longer waits in A&E with higher likelihood of death within 30 days of being discharged, this is wholly unacceptable (Office of National Statistics, 2025).

We are concerned that substantive bed capacity has remained unchanged since 2019, while occupancy levels have consistently stayed high - at thresholds widely regarded as unsafe.

Our findings highlight how pressures on the NHS have intensified over the years and explains why corridor care is continuing and could worsen because of winter pressures.

RCN findings

Demand

Our analysis draws on various data sets relating to key measures published by NHS England. We focus on recent available data, presented as totals or averages depending on content. For example, in the case of the elective care waiting lists, an average across three months has been reported.

Data points and calculated percentages from 2019 (pre-COVID-19) to 2024 serve as a comparison of changes over a longer period, while comparisons of data from 2024 and 2025 give a clearer view of recent trends. As illustrated in Table 1 (page 6), every measure has deteriorated since 2019 - reinforcing the point that pressures on the NHS in England have increased.

Table 1: NHS England system measures – changes since 2019

Across all measures, pressures on England's health system have soared since 2019. In the shorter and more recent term, between 2024 and 2025 in the final column, some measures show an improvement (the two measures at the top), while the rest have only continued to worsen.

Measure	2019–2025	Percentage change 2019–2024	Percentage change 2024–2025
1. Emergency admissions wait more than 4 hours (ii)	179,954 → 360,372	+109%	-4%
2. Elective care waiting list - pathways (iv)	4,549,465 → 7,395,564	+67%	-3%
3. A&E attendances wait more than 4 hours (ii)	820,442 → 1,691,566	+102%	+2%
4. Ambulance calls received (iii)	3,048,714 → 3,422,870	+9%	+3%
5. Community services referrals (i)	3,344,000 → 5,263,385	+52%	+3%
6. A&E attendances (ii)	6,513,830 → 6,986,025	+3%	+4%
7. Emergency admissions wait more than 12 hours (ii)	1,281 → 116,141	+8,033%	+11%
8. A&E departure before treatment (ii)	99,937 → 320,283	+186%	+12%

Notes: Three-month totals for the years specified unless otherwise indicated, where: i) June to August, ii) July to September, iii) August to October, iv) monthly average over three months – July to September. For ease of presentation and analysis, the graphs only plot these time periods in 2019, 2024, 2025, and are not meant to represent all timepoints from 2019 to 2025. Text shown in red indicates the measure's values have increased, while green indicates values have decreased.

- Community services referrals: includes all referrals to publicly funded community services. Referrals can be made by patients themselves, or by hospitals, doctors, care homes, etc.
- A&E attendances: these are all visits to A&E (all types from hospital A&E departments to walk in treatment centres), and do not necessarily result in an emergency admission.
- Emergency admissions: these relate to those patients who attend A&E and are assessed by an A&E clinician to require inpatient care.

Table: RCN • Source: NHS England - **Community Service Statistics; Consultant-led Referral to Treatment Waiting Times Data 2025-26; A&E Attendances and Emergency Admissions; Ambulance Quality Indicators; Provisional Accident and Emergency Quality Indicators for England**.

These measures are an indication of the level of demand on the health system, and are reinforced by **NHS England Hospital Admitted Patient Care Activity data**, reporting NHS-funded inpatient, day case and adult critical care activity. They show that admissions increased 7% (from 17.2m to 18.5m) from 2019/20 to 2024/25, with elective admissions being the key route rising 13% (from 8.8m to 10.0m episodes).

Between 2019 and 2024, the number of patients who left A&E before receiving treatment increased by 186% - rising nearly threefold from 99,937 to 285,738, and between 2019 and 2025, the number of emergency admissions waiting over 12 hours rose by 8,966% - a 90-fold increase from 1,281 to 116,141.

This is particularly concerning in light of data from the Office for National Statistics (ONS), which found that patients who wait 12 hours in A&E are twice as likely to die within 30 days as those treated, admitted or discharged within two hours (ONS, 2025).

The Royal College of Emergency Medicine has estimated that there were 16,644 associated excess deaths related to stays of 12 hours or longer in A&E before being admitted, which is equivalent to 320 deaths each week (Royal College of Emergency Medicine, 2025).

Emergency admission waits of more than four hours have reduced by 4% in the past year (from 376,451 to 360,372). However, the scale of this improvement reduces in comparison to the longer-term deterioration. NHS England's **Urgent and Emergency Care Plan for 2025/26** set the target for a minimum of 78% of patients who attend A&E to be admitted, transferred or discharged within four hours. Data shows that overall performance on this target continues to be missed (76% in Q2 2025/26) (NHS England, 2025).

Bed capacity

Despite these alarming findings showing the mounting pressures and issues with patient flow, the total number of available hospital overnight beds (Figure 1, page 8) has remained largely static over time (if we ignore the obvious dip related to the COVID-19 pandemic when bed availability was reduced due to cancelled elective surgeries, implementation of infection control measures, and staffing shortages), with only a 2% increase in capacity since the second quarter in 2019 (from 127,186 to 129,378) (NHS England, 2025).

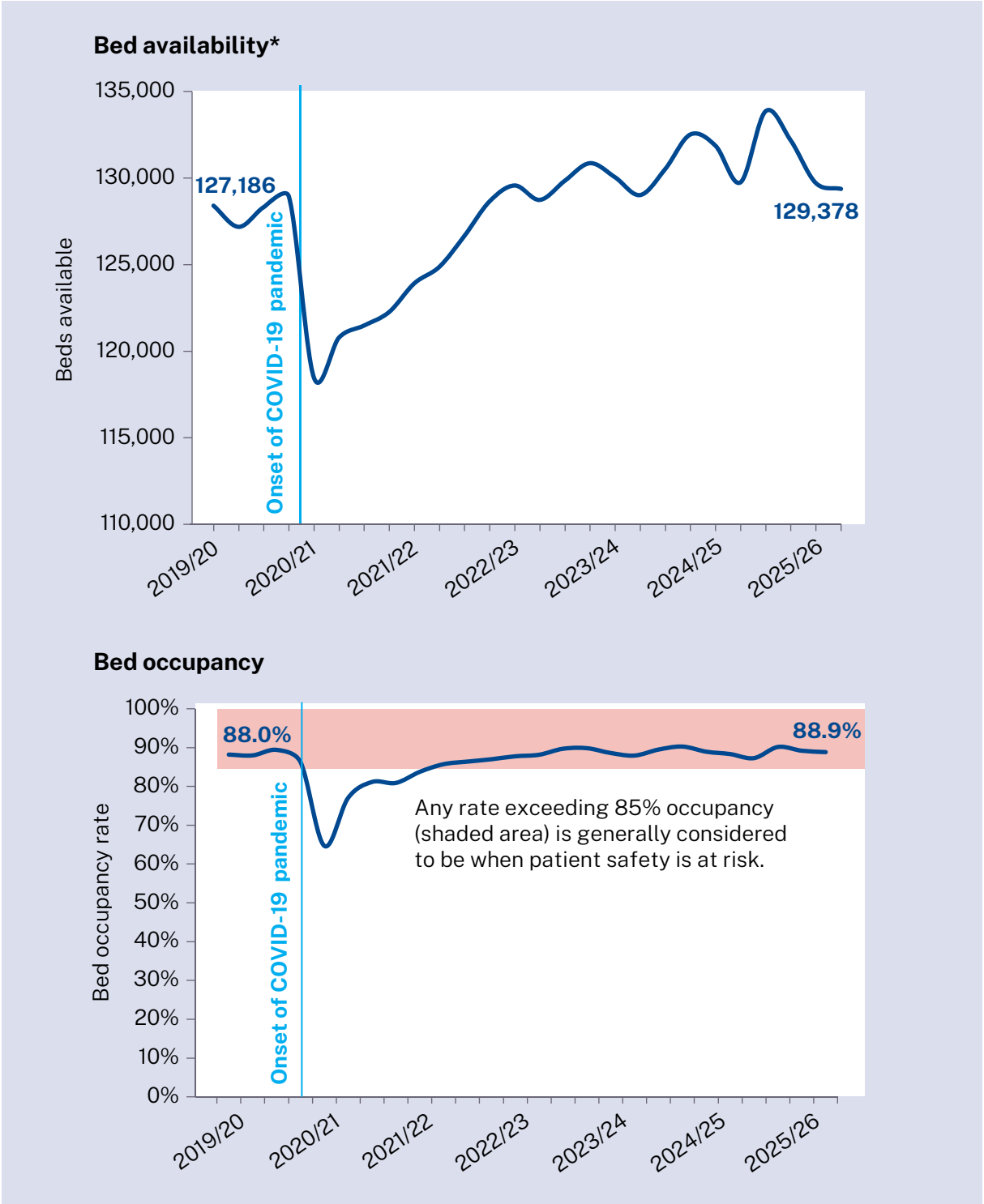
Fluctuations in the trends confirm some flexing in the system every winter to accommodate increases in hospital admittance. However, this data includes trolley 'beds' and other devices set up in 'temporary escalation spaces' (TES) (NHS England, 2023). The RCN is clear that these should be considered 'corridor care', as these devices and spaces are not intended or often designed for clinical care, and therefore they risk patient safety.

As such, the data suggests that planned and funded bed capacity is simply not increasing to meet demand. This is further emphasised by the high proportion of occupied overnight beds, which in the second quarter of 2025, stood at 88.9%, compared with the same period in 2019 (88.0%).

As widely recognised by the likes of the Royal College of Emergency Medicine and the Royal College of Surgeons of England, bed occupancy rates higher than 85% are usually considered alarming because this is when risks to patient safety (such as hospital acquired infection) and flow are much more likely to occur (Royal College of Emergency Medicine, 2023; Royal College of Surgeons of England, 2018).

Figure 1: NHS England overnight bed availability and occupancy rates between Q2 2019/20 to Q2 2025/26

Excluding the impact of the pandemic for clarity, bed numbers have fluctuated, but the latest figures do not show much change since early 2019, during which bed occupancy has consistently remained high at levels considered unsafe.



Notes: Numbers represent cover in all beds in general and acute, learning disabilities, maternity, and mental illness settings, and is by yearly quarters. *Vertical axis does not start at zero to better illustrate fluctuating trends.

Chart: RCN • Source: NHS England – **Bed Availability and Occupancy – KH03**

Nursing workforce

Against the backdrop of population growth, unprecedented demand for hospital services, and a drive to shift care into the community, ensuring adequate nursing workforce capacity across the entire system will be vital as we enter winter.

However, NHS workforce data (NHS England, 2025) shows that while the number of NHS Community Health Nurses has grown 20% since 2019 (from 34,951 to 41,936 full-time equivalents (FTEs), this growth has not been equal across all roles. The data indicates geographical variations in the community nursing workforce capacity, and some concerning trends in the numbers in certain roles.

In addition, the specialist community nursing workforce plays a critical role in managing care in the community and delivering preventive health care that relieves pressure on acute services. However, numbers have declined significantly over the past decade. Since 2019, NHS district nurse numbers have decreased by 5% (from 4,268 to 4,068), the number of qualified school nurses has dropped 10% (from 898 to 808), and the number of NHS health visitors has decreased by 21% (from 6,859 to 5,429).

In relation to the acute sector, 236,817 FTE registered nurses work in adult and general care settings, of which 20,589 work in A&E services. While the increase in the number of registered nurses in adult, general and A&E services (+32% and +42% respectively) may appear positive, it must be viewed in relation to the scale of increased demand for these services and the significant backlog in people waiting for elective care.

The experiences of our members working on the frontline continues to highlight that the workforce is struggling to meet the level of demand safely and effectively. This is a real concern heading into winter, as any increase in bed capacity in the acute sector and/or increased community provision will require an adequately staffed nursing workforce to staff services safely and effectively.

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Conclusion

The NHS nursing workforce continues to do all it can to support the millions of patients in need of vital care, and it is positive to see that some progress is being made to reduce the elective care backlog and keep the system functioning. However, as we enter this winter, the outlook is deeply concerning. The figures presented here reveal significant gaps in the NHS's readiness to deal with increased demand without corridor care happening, including persistent nursing workforce shortages.

Despite the widespread condemnation and concern about corridor care expressed by the UK government and system leaders over the past year, we do not have assurance that sufficient action has been/is being taken to reduce and manage the pressures on the NHS and to eradicate corridor care. In fact, the indication is that corridor care could be a major issue again this winter.

The RCN has called for the UK government to take a range of actions to eradicate corridor care including:

- addressing the nursing workforce crisis
- developing a full understanding of demand versus provision
- increasing staffed bed capacity and expanding community care provision
- addressing the maintenance backlog
- capturing and reporting data on the prevalence of corridor care to better understand its prevalence and trends, and to tackle it effectively.

The **NHS England Urgent and Emergency Care Plan** committed to publishing data on corridor care by spring 2025. This has still not happened, despite an RCN–led coalition of professional bodies formally requesting confirmation of timeframes. There is, therefore, no shared understanding of its prevalence or where it is occurring, which is vital for taking the action needed to eradicate it.

There appears to have been insufficient progress across our recommendations to ready the system to better cope with demand. We urge the UK government to take urgent action and publish a funded plan for how it will achieve its stated ambition to eradicate corridor care and reduce the number of long waits in A&E, along with timescales.

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Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN
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012 368 | December 2025

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