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Tuesday 28 January 2025

Dear Professor Philip Kloer

On Thursday 16 January, the Royal College of Nursing (RCN) released a harrowing report exposing the devastating impact of corridor care on patients and healthcare professionals in hospitals in Wales and across the UK.

Following this, on Tuesday 28 January, RCN Wales published a policy report setting out our recommendations for action to end corridor care in Wales. They include classifying treatment in a chair lasting over 24 hours as a Never Event, as well as a national review of NHS Wales capacity followed up by investment targeted where it is needed most.

Corridor care—the practice of treating patients in hallways, chairs, or other inappropriate settings—has become a daily reality for many frontline health care

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Mae'r RCN yn cynrychioli nrysys a nyrsio, gan hyrwyddo rhagoriaeth mewn arfer a llunio polisiau iechyd

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Mae'r Coleg Nyrsio Brenhinol yn Goleg Brenhinol a sefydlwyd drwy Siarter Frenhinol ac Undeb Llafur Cofestr Arbennig a sefydlwyd a dan Ddeddf Undebau Llafur (Cydgrynhoi) 1992.

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workers. Overcrowded facilities, insufficient resources, and high patient demand have forced nurses and other staff to deliver care in environments that compromise safety, dignity, and quality.

Corridor care is happening in your health board. The testimonies below, all from within your health board, show its impact on your nursing staff, RCN members, and patients.

> *"An elderly gentleman had had a stroke but was placed on a chair in a waiting room where he waited, on a chair, for hours. It was very chaotic. We didn't have a bed in our area but I speak to colleagues across Wales and we're all in the same boat."*
>
> *"A patient was sat in a waiting room, where they should have been on a bed. They collapsed and died in the waiting room. Unfortunately, this is not something that's uncommon."*
>
> *"I nursed 20 patients who were exceptionally poorly in [a unit in a Hywel Dda hospital] The unit is designed overnight, however, because of bed shortages these patients slept in chair. This happens every single night. Sometimes we are able to get spare trolleys from theatre. Some patients resort to sleeping on the floor of the unit. If any of these patients were to go into cardiac arrest we are unable to get the crash trolley into the room. We also have patients on trolleys in procedure rooms. This is not getting better but worse as we are constantly working short staff and high numbers of agencies. We are working under tremendous pressure and stress and it's clear there is serious issues regarding patient safety."*

One of your health board's values is "striving to deliver and develop excellent services". I am sure you agree that this is not the standard of care that your health board aims to deliver.

Nursing staff work tirelessly day and night to provide the highest standard of care for patients. But the normalisation of corridor care severely hinders their ability to do that. RCN Wales members are no longer willing to tolerate this unacceptable situation.

This issue needs urgent action at a Welsh Government level, and I have written to

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the Cabinet Secretary for Health and Social Care to that end. However, action must also be taken at the health board level as you have a duty, under Section 25A of the Nurse Staffing Levels (Wales) Act 2016, to take into account the importance of sensitive nursing care. No amount of skill or effort can make corridor care “sensitive”. It is inherently intolerable.

Our recommendations published in today’s briefing are clear, achievable actions that can improve transparency and ultimately put an end to corridor care.

Given the severity of RCN Wales’s concerns, I am urgently seeking your assurance on the actions Hywel Dda University Health Board is taking to make sure that corridor care is eradicated. Specifically, I would welcome details on the following:

- Staffing level increases where areas are above the planned capacity.
- Compliance with the Nurse Staffing Levels (Wales) Act 2016 25A and 25B duties.
- Activity on the Welsh Government’s 50-Day Challenge and whole-system care pathways.

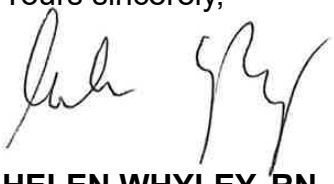
Please provide me with details of all your actions as a matter of urgency.

The lives and safety of patients are at risk.

If you would like to meet with me to discuss this letter, please contact my office as detailed above.

I look forward to your reply.

Yours sincerely,



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