Coleg Nyrsio Brenhinol Cymru
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Alyson Thomas
Chief Executive
Llais
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Tuesday 28 January 2025

Dear Alyson Thomas,

On Thursday 16 January, the Royal College of Nursing (RCN) published 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 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 all parts of Wales. The testimonies below, from nursing staff, RCN members, and patients, show its impact in every health board. I am sure

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that Llais is hearing similar from patients and staff across Wales.

Aneurin Bevan University Health Board:

> *"My daughter, who is pregnant, had hyperemesis and was told to go to hospital. She was vomiting in a corridor, with no heating in the corridor. She had to stay on a trolly for a day and a half before being moved to a ward. Then they moved her to a doctor's office, where there were no buzzers that she could use if she needed help. She was then moved back to the corridor."*

Betsi Cadwaladr University Health Board:

> *"Community hospitals in Betsi used existing ward patient dining area for patient care – these areas have no piped oxygen or suction."*

Cardiff and Vale University Health Board:

> *"Patient sent to...[a ward]...at approximately 10am, sat in a chair in the corridor by nurses station until 4pm when we could transfer him to a trolley in our out patient bay. He had a bed at 7pm. They were in pain, had profuse bloody diarrhoea...They were for a flexi sig [a flexible sigmoidoscopy] that day, which requires a phosphate enema as prep. How was I supposed to administer enema in a chair in the corridor?"*

Cwm Taf Morgannwg University Health Board:

> *"After experiencing a heart attack, I found myself in A&E, a place meant to be a haven of care and recovery but quickly becoming a trial of endurance. For three long days, I sat in a chair, hooked up to a heart monitor, confined to a corridor with no privacy or proper space. The lack of facilities was shocking — no access to a bed, no way to shower, and my only sustenance was a sandwich and a cup of tea, hardly the nourishment one would expect during such a critical time.*

Hywel Dda University Health Board:

> *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*

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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."

Powys Teaching Health Board:

"There is a shortage of rooms [at a children's service in the health board] and we've really seen the effects of funding cuts. Children are having to receive care in public spaces and even in what are, essentially, school cupboard rooms. I feel like the mental health of children and young people is not considered to be a priority."

Swansea Bay University Health Board:

"When we were finally seen by a doctor, we were told to follow him through several corridors, until in the end he stopped, turned to my mother and started to discuss my mothers condition with her, after a few moments, he turned and looked at a doorway and said 'if I need to examine you, do you mind if we go in there?' 'Well that's a disabled toilet' I replied, I could see that the doctor was mortified, he responded today that, we had the right to refuse but if we did, we would have to wait several more hours for a cubical to become available. Mam chose to examined in the toilet…"

The voices of patients and nursing staff are clear: corridor care is unsafe, undignified, unacceptable. It is happening across Wales, and the lives and safety of patients are at risk.

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.

I was delighted to hear you speak at our round table last year and I hope that you will join us in calling for our recommendations to be implemented. I have asked my office

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to schedule a meeting with you to discuss how Llais and RCN Wales can continue to work together on this issue.

Yours sincerely,

HELEN WHYLEY, RN, MA
EXECUTIVE DIRECTOR, RCN WALES

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