

3 November 2025

Carolyn Thomas MS
Chair, Senedd Petitions Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

Royal College of Nursing
Ty Maeth
King George V Drive East
Cardiff
CF14 4XZ

Helen Whyley, RN, MA
Executive Director, RCN Wales

Telephone [REDACTED]

Email [REDACTED]

Dear Chair,

We write to you on behalf of the Royal College of Nursing (RCN) Wales and of BMA Cymru Wales, as the joint petitioners seeking to end corridor care in Wales. Thank you for your email enclosing the response from the Cabinet Secretary for Health and Social Care Jeremy Miles MS.

The phrase “corridor care” refers to patients waiting for treatment, assessment or care – or being treated, assessed or cared for – in areas that are not designed for this purpose, such as corridors, car parks, break rooms, their homes and even toilets.

We recognise that the Welsh Government “does not endorse the routine delivery of care in non-clinical or unsuitable environments” and welcome the Cabinet Secretary’s agreement that “improved reporting, investigation and action on such incidents are essential”.

However, we believe the Cabinet Secretary’s letter fails to address the core concerns of the signatories. By treating corridor care as a series of isolated incidents to be investigated and resolved at the health board level, the Welsh Government’s approach fails to engage with the reality that corridor care is a serious and widespread threat to the safety and dignity of patients and staff alike.

Coleg Nyrso Brenhinol y Deyrnas
Gyfunol/Royal College of Nursing
of the United Kingdom
20 Cavendish Square
Lundain/London W1G 0RN
Ffôn/Telephone
[REDACTED]
RCN Direct [REDACTED]
rcn.org.uk

Coleg Nyrso Brenhinol Cymru
Swyddfa Gogledd Cymru/
Royal College of Nursing Wales
Ty Maeth, Rhodfa Ddwyreiniol/
Brenin George V/
King George V Drive East
Caerdydd/Cardiff
CF14 4XZ

Llywydd/President
Bejoy Sebastian
Ysgrifennydd Cyffredinol a Phrif
Weithredwr/
General Secretary & Chief
Executive
Yr Athro/Professor Nicola Ranger
Cyfarwyddwr Gweithredol Coleg
Nyrso Brenhinol Cymru/
Executive Director of RCN Wales
Helen Whyley

Noddwr/Patron
Ei Fawrhydi'r Brenin Siarl III/HM King Charles III

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

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies

INVESTORS IN PEOPLE®
Rydym yn buddsoddi mewn llesiant Arian

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

The RCN is a Royal College set up by Royal Charter and a Special Register Trade Union established under the Trade Union and Labour Relations (Consolidation) Act 1992.

It is the experience of members of both the Royal College of Nursing and the British Medical Association that corridor care is not a sporadic and localised concern, but an ongoing national crisis, that is being normalised.

In a survey¹ of over 1,000 RCN Wales members carried out during February and March this year, 62% of members working in hospitals (not only in emergency departments) reported that corridor care is a problem in their workplace, with 46% reporting that it happens frequently. Importantly, members identifying corridor care as an issue formed the majority in every electoral region of Wales. This experience is reflected in the testimonies from RCN members in reports published this year covering [Wales](#)² and [the UK](#)³.

The petition to end corridor care in Wales received the support of 10,533 people. We are now requesting that the Petitions Committee calls for a parliamentary debate in the Senedd Chamber. A debate would allow Members of the Senedd to explore the scale of the problem, make sure the public's concerns are heard, and hold the Welsh Government to account.

We believe a Senedd debate is necessary for the following reasons:

- **Corridor care is a critical patient safety issue**

Trolleys and waiting room chairs are not designed for prolonged, continuous use by patients, yet our members in Wales report having to care for people in these conditions – sometimes for days – in corridors, waiting rooms, and even toilets. They also report instances of “corridor care” extending beyond hospital walls. Delays can mean patients need to be treated in their homes, on pavements, or in car parks, when a hospital would be safer, cleaner, and more appropriate.

For patients, these often-permanent makeshift arrangements are uncomfortable, undignified, fatiguing, and unsafe.

Patients in these places may develop pressure ulcers. They may lack access to critical facilities like oxygen, suction, or an alarm. Where patients are crowded too close together, not only are infections more likely to spread, but in an emergency, staff may struggle to get close enough to use lifesaving equipment. When patients are treated in corridors while connected to IV lines, the tubing can become a trip hazard to patients and staff. Physically inserted into the patient's vein via a needle or cannula, an accidental tug to this tubing risks dislodging the IV and causing serious bleeding.

¹ Royal College of Nursing. (Forthcoming). RCN Wales 2025 member survey report: What should the next Welsh Government do?

² Royal College of Nursing. (2025). Ending corridor care in Wales.

Welsh version: <https://www.rcn.org.uk/Professional-Development/publications/rcn-ending-corridor-care-in-wales-briefing-for-members-of-senedd-welsh-version-uk-pub-011-959>

English version: <https://www.rcn.org.uk/Professional-Development/publications/rcn-ending-corridor-care-in-wales-a-briefing-for-members-of-senedd-english-version-uk-pub-011-958>

³ Royal College of Nursing. (2025). On the frontline of the UK's corridor care crisis.

<https://www.rcn.org.uk/Professional-Development/publications/rcn-frontline-of-the-uk-corridor-care-crisis-uk-pub-011-944>

Patients in Wales have experienced distressing breaches of dignity, undergoing intimate examinations without privacy and even dying while waiting for treatment, whether in public waiting areas or at home. None of this is acceptable in any modern health system.

- **The Welsh Government's current approach is not sufficient**

The Cabinet Secretary's response focuses on investigating individual incidents of corridor care "to support system-wide learning and improvement", but corridor care is not confined to isolated incidents.

The focus on ambulance handover times as opposed to the crisis inside emergency departments and on wards is concerning to us because it indicates a failure to grasp the difference between patient flow and patient safety. Even a "sustained improvement" in ambulance handover times does not imply that the situation *inside* hospitals has improved. In fact, unless accompanied by a sustained improvement in patient discharge, faster ambulance handovers may only exacerbate the pressure and lead to more corridor care.

Indeed, RCN Wales is aware of a growing practice among health boards in which patients arriving in emergency departments are then transferred to medical assessment units in the same hospital. This practice superficially speeds up ambulance handovers and creates the appearance of a less busy emergency department while leaving the underlying problem unsolved. The intolerable risks to patient safety remain unaddressed, merely moved to a less visible part of the hospital.

Any improvement in the availability and transparency of NHS data is to be lauded, and so we welcome that work is under way for an upcoming statement by the Cabinet Secretary on that matter.

We were disappointed, then, by his refusal to classify care delivered in chairs for over 24 hours as a "never event," citing a definition that diverges from the Welsh Government's own published criteria. He defines never events as "serious medical errors with the potential to cause serious harm or death" that are "wholly preventable" and "should not occur if the available safety measures have been implemented". However, the Welsh Government's official list⁴ of never events defines them more broadly: as "**serious incidents** that are wholly preventable because guidance or safety recommendations are available at a national level and should have been implemented by all healthcare providers."

This distinction matters. The Cabinet Secretary's narrower definition would exclude even some established never events, which are not always the result of a single medical error but are nonetheless preventable through adherence to national guidance. Care in chairs for extended periods is wholly preventable, poses a serious risk to patient safety, and is a practice for which national guidance could – and should – be developed. It is precisely the kind of systemic failure that a never event designation is intended to address.

⁴ Welsh Government (2022) Never events: policy and incident list July 2022. <https://www.gov.wales/never-events-policy-and-incident-list-july-2022-whc2022020>

What is more, in concentrating on the technical definition of a “never event”, the Cabinet Secretary fails to engage directly with the broader point: our petition’s signatories call for the Welsh Government to “begin recording and reporting on corridor care in Wales”. The Welsh Government is lagging behind other UK nations in this respect, with public commitments from both the UK Government and the Northern Ireland Executive to publish this data, with the latter working to publish their first dataset around February 2026.

The Welsh Government’s current approach is not acceptable for patients, nor for the workforce who desperately need the Welsh Government to treat corridor care as a serious safety threat and as a failure of NHS Wales.

- **The public and frontline staff are demanding change**

Our members report moral injury, burnout, and fear of reprisal when raising concerns. Patients and families have shared harrowing experiences of receiving care in inappropriate settings. The petition’s 10,533 signatories reflect widespread public concern. A Senedd debate would demonstrate that the Senedd is listening and willing to act.

“In our hospital it’s called ‘onboarding’ and an extra patient is admitted to the ward in the hope a ‘potential’ discharge happens later and the extra patient can then move into that bed. The extra patient admitted to the ward should be clinically stable and not acutely unwell [...] The last 3 patients we have received as ‘onboarding’ have become very acutely unwell after being admitted to the ward, and two have deteriorated so much they required an ITU admission. The patient who is admitted under the ‘onboarding’ policy is put in a chair or bed in the middle of a bay of 4 patients so there is no curtains for privacy, no access to permanent oxygen or suction (an O2 canister is expected to be used when required – even though there is a shortage of full O2 canisters across the hospital).”

– RCN Wales member⁵

“Lengths of stay in the Emergency Department (ED) are increasing. We recently had patients in the department for five days, with patients in waiting room on chairs for over 24 hours. Ambulance waiting times are increasing. All spaces in ED are escalated with additional patients in majors, resus and the see and treat corridor full of patients on trolleys or chairs. For us doctors and staff on the ground, constant moral injury; approaching burn out & considering whether a long-term career in emergency medicine is sustainable. Medically fit for discharge patients remain on wards preventing patients from moving to a ward due to a lack of social care in community or rehab beds in peripheral hospitals.”

– BMA Cymru Wales member working in a Health Board Emergency Medicine department.

^{5 5} Royal College of Nursing. (2025). On the frontline of the UK’s corridor care crisis.

<https://www.rcn.org.uk/Professional-Development/publications/rcn-frontline-of-the-uk-corridor-care-crisis-uk-pub-011-944>

- **A debate would allow scrutiny of existing commitments and gaps**

The Cabinet Secretary contends that “strategic decisions on bed capacity must be evidence-based”, and we strongly agree. The need for such evidence is precisely why our petition calls for public data on rates of corridor care in NHS Wales, a pause in the reduction of hospital beds, a national review of capacity, and a national workforce plan. The daily average number of hospital beds in Wales available for acute surgical patients fell by 12.3% between 2014 and 2024.

His response says also that responsibility for planning and delivering healthcare services lies with health boards, yet refers to “clear expectations” set out in the *NHS Wales Planning Framework 2025–28* for health boards to “optimise bed capacity”.

A debate would allow a space for Members of the Senedd to scrutinise gaps between national expectations and local delivery – and to ask whether the Welsh Government is doing enough to ensure that health boards have the resources, evidence, and workforce needed to meet those expectations while protecting the safety and dignity of patients.

On investing in community-based care, he portrays a stable GP headcount as a success. The trend in recent years shows that Wales has generally exceeded its annual GP training targets since 2019 - although 2025/26 saw a significant reduction in the number of GP registrar training places funded by the Welsh Government compared to the number requested by HEIW. Whilst the original allocation of GP Specialty Training (or GP ST1) places had been between 200 and 220, the final plan committed to only 160. We need to train higher numbers of GPs to deliver upon the policy goals of A Healthier Wales, to deal with patient demands, and to accommodate the increased preference for less than full time working and portfolio careers. Patients in Wales could face a grand exodus of their GPs, according to a BMA survey last year that indicated only 53% of the GP workforce planned to remain in post within three years’ time⁶. The Cabinet Secretary’s comments also fall short of acknowledging the evidence of under-employment, burnout and unsustainable workloads, that the BMA has repeatedly drawn his attention to through the Save our Surgeries campaign.

He also presents a 5% increase in nurses working in community nursing teams since 2018 as a success. While any growth is welcome, this figure does not reflect the scale of investment needed to meet the Welsh Government’s stated priority of treating more people in the community. What is needed is not only more nurses in community nursing teams, but a meaningful increase in the number of *district nurses* – experienced professionals who hold master’s-level specialist qualifications and provide leadership and clinical supervision to a team of registered nurses and health care support workers. Community nursing capacity is directly tied to the numbers of district nurses. When there are too few district nurses, teams lack the expertise and oversight required to deliver safe, effective care in increasingly complex community environments. Until the Welsh Government decisively confronts this shortage, combined with the shortages of nurses in social care (to assess the needs of

⁶ BMA Cymru Wales survey results of GP workforce on Workforce, Wellbeing and Workloads – found in Save our Surgeries: If not now, when? campaign report: <https://www.bma.org.uk/media/2afkcffr/bma-save-our-surgeries-phase-two-bma-wales-report-if-not-now-when-combined-web.pdf>

patients otherwise ready for discharge) and in residential care (to avoid unnecessary hospital admissions), corridor care will remain a predictable outcome of a system stretched beyond safe limits.

The Cabinet Secretary does assert that the number of community nursing teams has increased but does not say by how much or since when. What *is* known is that, at the time of writing, NHS Wales has fewer district nurses than at any time since 2015.⁷

We are encouraged by the Cabinet Secretary's indication that national escalation processes are under active review. RCN Wales has called for robust escalation processes to effectively manage demand without the need for corridor care. A debate would be an opportunity for the Welsh Government to provide an update on progress in this area, as well as in implementing the *Six Goals for Urgent and Emergency Care*⁸ programme. These goals represent a national commitment to improving urgent care pathways and reducing avoidable hospital admissions – yet the pace and consistency of implementation remain unclear. A debate would allow Members of the Senedd to assess what progress has been made, identify barriers to delivery, and examine whether the programme is being fully realised across Wales.


We are calling for a Senedd debate to ensure the voices of 10,533 petitioners are heard. Corridor care is a critical issue of patient safety, workforce wellbeing, and public trust in the health system. A debate would enable the Senedd to explore the Welsh Government's progress, identify barriers, and consider solutions.

We look forward to hearing your decision.

Yours sincerely,



Jacquelin Davies
Chair,
RCN Wales Board



Dr Manish Adke
Chair,
BMA Welsh consultants committee

⁷ Welsh Government (2025) Nursing, midwifery and health visiting staff, by grade and area of work
<https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Staff/Non-Medical-Staff/nursingmidwiferyandhealthvisitingstaff-by-grade-areaofwork-year>

⁸ Welsh Government (2022) Six Goals for urgent and emergency care: policy handbook for 2021 to 2026.
<https://www.gov.wales/six-goals-urgent-and-emergency-care-policy-handbook-2021-2026>