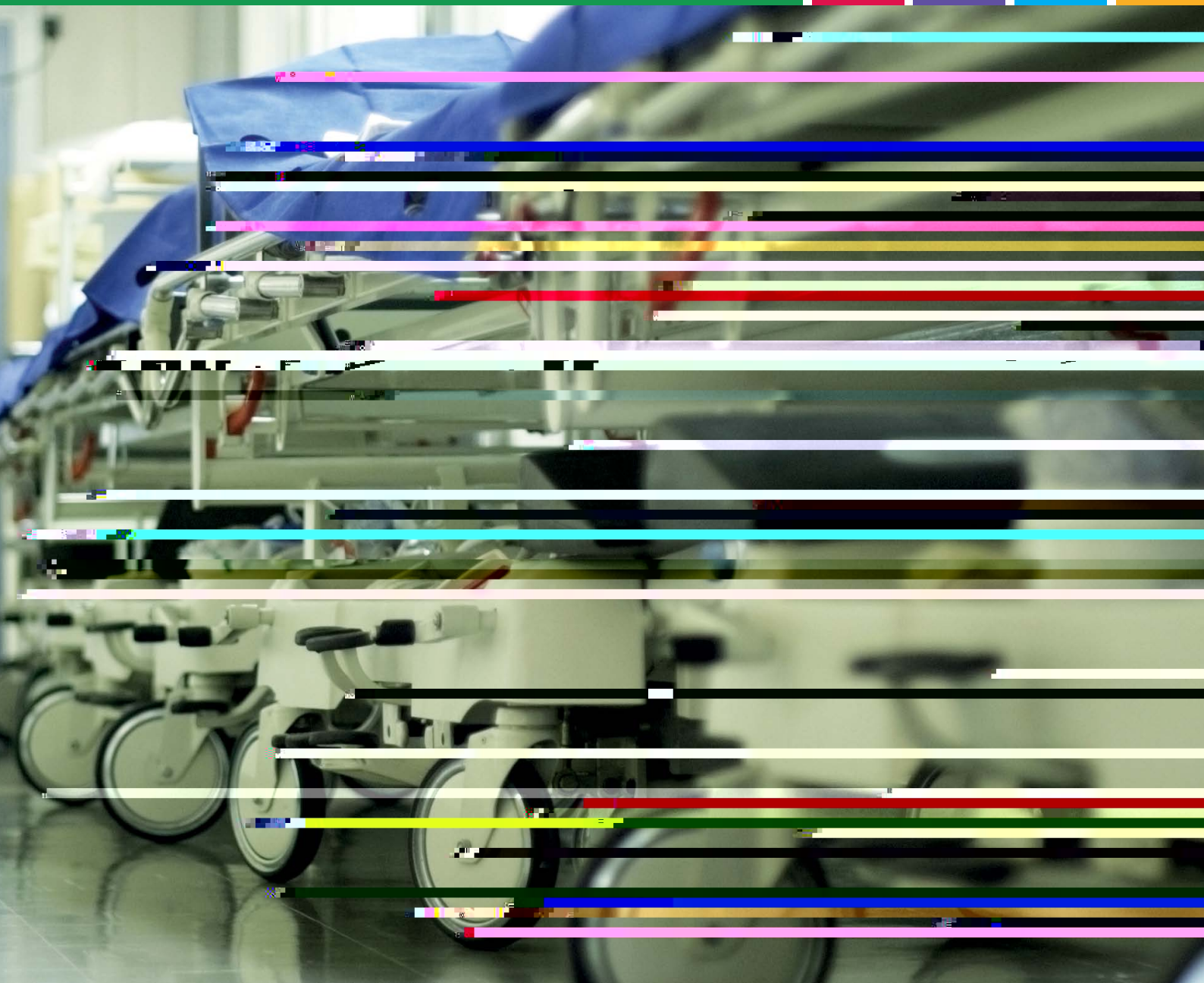
Corridor care: unsafe, undignified, unacceptable

The impact on patients and staff of providing care in corridors and other inappropriate areas

POLICY REPORT



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Foreword

There's nothing about corridor 'care' that resembles caring. Patients left on trolleys or chairs for hours on end, often soiled, in pain and suffering – it's tantamount to torture. There's no part of our society that should consider this acceptable. So why are we accepting it? On the pages that follow you'll read the harrowing reports of our members, forced to examine and treat patients in public spaces where they feel exposed, vulnerable and violated.

Just 1 patient being treated without privacy, or dignity, is 1 too many. But this is happening time and again – our member survey shows that corridor care has been steadily increasing over the last 4 years. As well as affecting patients' privacy and dignity, more than half of respondents said it means patients don't have access to life-saving equipment, with examples of nursing staff running out of oxygen for patients being treated in corridors. The impact on our patients is horrific, and we must not understate or underestimate that.

This type of 'care' is so commonplace that it has become normalised. I've walked those wards myself and spoken to nursing staff who love their jobs but are resigned to nothing changing. They are forced to care for too many patients and must either work longer hours or leave necessary care undone. They shouldn't be put in that impossible position. It creates a huge moral burden and the turmoil of providing this substandard care is forcing over half of respondents to consider quitting. We can't let that continue.

Treating people in inappropriate areas is unsafe, undignified and unacceptable. We are speaking up on behalf of our patients and our profession – we all deserve better. This is a symptom of wider systematic failures – it shouldn't be this difficult for patients to access the health and care services they need. Nursing staff can't continue to work in a system where demand for services is rising but the workforce remains in crisis.

Enough is enough. We are calling for corridor care to be eradicated and we will hold governments to account to make sure it happens.

Professor Nicola Ranger
Acting Chief Executive and General Secretary, Royal College of Nursing

Executive summary

Corridor care is unsafe and unacceptable for both patients and health care staff. Corridor care images in the media are most often associated with treatment that is inappropriately given in corridors in accident and emergency departments (A&E), but this is not the full picture.

“This is now regular practice within A&E, it is deeply upsetting. We regularly run out of oxygen for patients being nursed in the corridors. There is zero privacy and dignity. Patients are soiled for long periods of time because there is nowhere to change them. Corridor care is a fire risk. Families are distraught. I’ve witnessed DNACPR decisions being made/signed in the corridor. I’ve had to move a deceased patient into a corridor in order to

What we know about corridor care

Our members are clear that corridor care has been normalised, and in some cases are actively being told not to report it using their normal incident reporting systems.

Corridor care negatively impacts on the quality of care the public receives in terms of safety, dignity, and privacy. Access to life-saving equipment, such as oxygen and suction is also challenging in a corridor, and patients do not have access to medicine lockers or water jugs.

Participants in our survey told us that nursing staff are negatively impacted as they suffer moral distress and moral injury when they are unable to provide high quality compassionate care to their patients in corridors.[2] Workload is also significantly increased. This has led to some wanting to leave the profession, as well as increased stress-related sickness and absence.

The impact of corridor care is felt by the whole nursing workforce, including students, nursing support workers, registered nurses and nurse leaders.

Members emphasised that a systems approach is needed to ensure that there is adequate funding for both health and social care.

RCN safe staffing survey

We recently surveyed nursing and midwifery staff across the UK to share their experiences of corridor care. Around 11,000 respondents provided valuable insight into the realities of this issue, based on the last shift they had worked.

Overall, at the UK level, in environments where corridor care is possible (i.e. excluding settings such as schools or call centres), over a third of all respondents (37%, equivalent to 2,935 people) agreed that clinical care took place in an inappropriate environment (i.e. 'corridor care') as shown in Table 1. There was variation among the countries, with respondents more likely to agree with the statement in Northern Ireland (49%).

Table 1: Statement: clinical care took place in an inappropriate environment e.g. an additional bed in a bay, waiting room, a corridor or a location not designed for patients.

Level of agreement with the statement	Agree	Neither agree nor disgree	Disagree	Row total
Northern Ireland	49%	7%	44%	100%
Wales	45%	8%	47%	100%
Scotland	38%	9%	53%	100%
England*	35%	10%	55%	100%
Not specified	35%	9%	56%	100%
UK	37%	9%	54%	100%

*includes Channel Islands and Isle of Man

[2] Moral distress occurs when institutional constraints prevent doing the right thing. Moral injury refers to the lasting psychological, behavioural and spiritual effects of carrying out or witnessing acts that go against deeply held moral beliefs/expectations. See Houle S A et al. (2024) Measuring moral distress and moral injury: A systematic review and content analysis of existing scales, Clinical Psychology Review, 108, p. 102377.

It should be noted that at the UK level the number of respondents who agreed to the statement that clinical care took place in an inappropriate environment has gradually increased, compared with previous years' surveys when we asked the same question. In 2020, 27% agreed, which increased to 31% by 2022 and is now at 37%, which suggests an acceleration in how widespread corridor care has become.

Of those who agreed to the statement that corridor care did take place in our 2024 survey (2,935 respondents), we asked where they had witnessed or been involved in providing this type of care.

Table 2 shows that most commonly, respondents saw care in inappropriate environments taking place where extra chairs or beds were created to accommodate patients (39% of the 2,935 respondents). Similar numbers also saw care in inappropriate places conducted in corridors (36%) and other areas/locations that were not originally intended for patient care (31%).

Table 2: Of those who saw/were involved in clinical care in inappropriate environments, the following percentage of respondents indicated that this care was provided in the following areas:

Locations where clinical care took place	Yes %
Additional chair or bed in a bay	39%
Corridor	36%
Location not designed for patients	31%
Waiting room	23%
Other (not listed)	23%
Community setting while waiting for ambulance	2%

The impact of corridor care on patients

Respondents who had witnessed corridor care were also asked to indicate what they believed the impact of such care was on patients. Table 3 shows how common each impact is based on how often it was selected as a response. We are very concerned that two-thirds of respondents (67%) indicated the most common impact of corridor care is compromising patient privacy and(h)1.7 03(y a) (ca-5.3 (.)o1.937 T.307 -96n.6 (o).937 T.2.9 (tf.1 (n)22.9 (t)1

Four in every 5 respondents (81%) who witnessed or were involved in corridor care felt

Table 4: Of those who saw/were involved in clinical care in inappropriate environments, the following percentage of respondents said that corridor care impacts staff in the following ways:

Impact on staff	Yes %
It made me feel stressed	81%
Increased emotional burden	63%
It may me feel worried that patients may be receiving unsafe care	62%
It took me longer than usual to provde the care I needed to	61%
I've considered leaving my role	54%
Due to the increased volume of patients I had to leave necessary care undone	50%

- Patients boarding[3] in the emergency department often talk about frustration, being uncomfortable, and lacking food, general care, and responsiveness from staff. It is particularly difficult for children and adolescents boarding in emergency or non-psychiatric settings.
- Care in inappropriate places also risks patient safety, as makeshift settings are not properly set up to provide clinical care. Patients are not getting the specialist
-

Why corridor care happens

Corridor care is a symptom of a system in crisis. It is the water leaking through the dam. No clinician would choose to care for patients in public corridors or staff break rooms if an appropriate clinical treatment space were available. Corridor care should only be deployed by exception in response to an occasional extreme adverse event. It should not be a daily occurrence.

In this section we assess the systemic issues across the health and care sector and analyse how they contribute to nursing staff being forced to care for people in inappropriate settings.

Investment has not been made equally or sustainably across the health and care system

Although the health and care systems across the UK have many differences, 1 common theme is that there are varying funding and commissioning arrangements for primary and secondary health services, public health, and social care. Different funding mechanisms at local and nation1.973 Td[I)1 (n)22.9 (t)10.4 (s i)1ll o

In Wales, while NHS bed capacity has fallen, as well as capacity in care homes and community nursing teams. There are currently 614.7 full time equivalent district nurses working in NHS Wales. Until 2013, such low numbers had never been seen in Wales[v]. To manage or be a deputy manager of a community nursing team, a registered nurse needs to be either a district nurse (a registered nurse holding a district nursing specialist practitioner qualification) or hold a community nursing master's degree. The Welsh government commissions post-registration nursing education and each year it commissions the number of education places available for these courses.

Local authorities in Wales commission independent social care providers to deliver most social care in Wales (including care homes). In 2022, commissioned care providers employed just 1,057 registered nurses in 2022, compared with 1,545 in 2018. On top of this, the age profile of the registered nurse workforce in social care is concerning: 30% of nursing staff working in social care are over 56 years old.

This fall in the number of registered nursing staff working in social care in Wales is alarming, given the challenges the sector faces and the ageing social care nursing workforce. If there are not enough registered nurses in the care home workforce then the quality of the nursing care provided will decline, leading to poorer health and reduced life expectancy for people who rely on the sector. The challenges faced in care homes and community nursing translate into pressure on NHS Wales. The system lacks capacity to enable people to leave hospital when they are ready, and to deliver the care they need to avoid readmission. Consequently, delayed discharges and repeat admissions both increase.

In 2019 NHS England published the *NHS Long Term Plan*, designed to be an ambitious roadmap for the following decade of care. One of the key ambitions within this was to shift care from secondary health services (such as hospitals) into community settings. At the time, it was stated that "these re wy nure.8 () i0(l d)3 (e)-2 (c)b.9 (.6 (oc)uap5.1 (e)-2.1 (h5 (a2.2 (t)-8.0i (s)5.

Lack of investment in prevention

There is significant evidence of the benefits of investment in prevention and public health[xi]
A focus on prevention can support reduced rates of illness and premature mortal .1 (l)10.76s-8n2e bG fal

In 2024, the Welsh government has commissioned fewer places on nursing courses in

Problems with patient flow

In addition to the pressures leading to increased inflows into health and care services, it is also important to recognise that corridor care can also be caused by a reduction in the outflow from services. Typically referred to as 'bed blocking', delays in discharge can have a detrimental impact on patient flow through a service. People who are medically optimised and in need of a follow-on package of care cannot be discharged until that support becomes available. This means beds are being used by people awaiting discharge, preventing further admissions, or leading to additional patients being housed in corridors or waiting areas. There are significant workforce challeng(l)14.1 a25 (he)2.6(he)2.1 (r a.1 (e)8.9 (i)

"We don't complain for ourselves but for the patient. There are no screens to go round the patient. So, if they are being bed bathed or need a bed pan, you have to take a patient out of their bed space and move them into a corridor, then move the extra patient into the bed space to use the bed pan. It's time consuming, there is not enough space in the rooms. It's undignified for the patient." **Registered nurse, NHS**

has highlighted that in 2022/23, more than 4 in 5 CCPS applications were for Australia, New Zealand and the US and applications for the UK increased 10-fold between 2021/22 and 2022/23, where notably UK earn substantially less than their counterparts in those countries.[xxlii]

The RCN's 2024 *Nursing Workforce in Scotland Report*[xliii] sets out in detail the extent of the nursing workforce crisis in health and social care in Scotland. While the number of nursing staff employed by NHS Scotland has increased, the number of vacancies remains stubbornly high, staff turnover and absences have increased and the number of people applying to study nursing in Scotland has continued to fall. As at 31 December 2023, nearly 4,000 whole time equivalent nursing posts were vacant, accounting for around 8% of all posts. As a result, health boards have increasingly had to rely on agency staff, with the equivalent of 1,741.2 whole time equivalent nursing and midwifery staff being employed via agencies in 2022-23.

A full description of the pressures on the nursing workforce in Wales is available in RCN Wales's annual workforce report, the latest edition of which was published in September 2023[xliv]. In it, RCN Wales estimates that there are 2,717 full time equivalent registered nurse vacancies in NHS Wales. Significant nursing vacancies compromise the delivery of safe and effective care, but the situation is also unacceptable for the nursing staff who are committed to delivering that care. Despite this, the Welsh government has commissioned fewer places for pre-registration nursing students in 2024-25 compared with the previous year,[xlv] and the lack of potential students taking up the commissioned places will exacerbate this situation.

In June 2023, following a long campaign by RCN Wales, the Welsh Government began publishing official NHS Wales vacancy statistics. The latest update, published in April 2024, estimated that there were 2,059 full time equivalent vacancies among registered nursing, midwifery, and health visiting staff as of 31 December 2023, a vacancy rate of 7.3%[xlvi]. However, the Welsh Government warns that this is likely to underrepresent the true vacancy figure. Indeed, RCN Wales's vacancy estimate, which uses data provided by NHS Wales, is 32% higher than the Welsh government's, despite covering a more restricted staff group.

In Northern Ireland, strike action by RCN members during December 2019 and January

Eradicating corridor care

The RCN calls for the eradication of corridor care, everywhere in the UK.

Corridor care should only be undertaken in response to emergency, adverse event situations. Whenever care is delivered in non-clinical spaces it must be immediately reported to relevant local and national commissioners.

We recognise that there are several steps needed to eradicate corridor care. It is vital that we avoid moving the problem from one area to another; instead, system leaders should focus on tackling the causes of corridor care.

Below we set out the actions needed to ensure that corridor care can be eradicated. Given the importance of this issue to our members and the public, we will regularly report on progress towards eradication.

We set out here our recommendations for immediate action by the various stakeholders across health and care systems in the UK, noting that health policy is devolved, so there will be different approaches in each country:

Actions for Governments

Address the workforce crisis

While it is vital that service provision and overall investment is increased, it is essential that the nursing workforce crisis is also resolved to ensure that services can deliver their full potential. Safe and effective levels of nurse staffing are critical to patient safety, outcomes and experience. Appropriate levels of nursing staff can reduce patient complications and overall length of stay, which contributes to seamless patient flow through health and care services.

We call on governments to urgently invest in boosting nursing supply through higher education and apprenticeship routes, and take the necessary steps to support and increase the recruitment of nursing staff and address retention issues. It is vital that growth focuses on registered nurses so as not to increase the risk of inappropriate substitution through disproportionate growth in the support workforce. While apprenticeships offer choice for those wishing to enter the profession, it is vital that the higher education route is recognised as the pathway which can deliver growth in workforce supply at scale.

Additional investment should be accompanied by detailed national workforce plans which should provide the facts and figures to support the more general ambitions set out in strategies; go beyond those plans produced by individual employers; and outline the interventions needed and the responsibilities for delivering key actions on recruitment, supply and retention. These must be informed by robust assessments of population needs.

Pay is a critical factor in attracting new recruits into the workforce as well as retaining and rewarding existing staff. We request a substantial and an above inflation pay rise for nursing that delivers pay justice to one of the lowest paid professions in the public sector. Only by awarding a substantial and an above inflation pay rise will this begin to restore nursing pay.

The RCN will campaign for safety-critical nurse-to-patient ratios enshrined in law,

In our opinion, commissioners have a responsibility to report trends in corridor care to national decision-makers, so that they can take action on the systemic issues which lead to demand not being able to be managed within services safely.

In the process towards eradication, where cases of corridor care are happening there must be strict protocols in place that ensure that no patients who are seriously unwell, vulnerable (including elderly), or in urgent need of clinical care are placed in areas without adequate staffing or access to facilities. Where they do not already exist, all hospitals must have clear dedicated zones for patients who are well enough and waiting to be discharged and for those waiting to be admitted to a ward.

The RCN will lobby to include these provisions within relevant service contracts.

Capture data to identify trends.

Service commissioners should mandate reporting on instances of corridor care, which will be collated centrally and provided to government ministers at regular intervals. Service providers should be required to collect data about every instance in which care has been delivered in a non-clinical setting, including:

- what type of non-clinical area was involved (car park, corridor, additional patient in a ward bay or other options)
- how many patients were involved
- the reason as to why care was delivered in this way
- and what the likely impact on care was, both for patients and staff.

Additional data collection and reporting will allow both service commissioners and national decision makers to identify trends. In turn, this will allow those involved to make changes either up or downstream to resolve any patient flow issues. This will help make progress towards eradicating the practice.

When trends indicate that capacity is regularly above the planned and funded levels, commissioners should work with service providers to find ways in which staffing levels can be increased to reflect the actual level of need.

Establish ‘chair care’ lasting more than one day as a ‘never event’.

One of the reasons why care being delivered in chairs has become so widespread is because there are insufficient safeguards preventing it. Within health services, there are a range of issues classed as ‘never events’, those which are “serious, largely preventable patient safety incidents that should not occur if health care providers have implemented existing national guidance”. It is our view that chair care exceeding a 24-hour period should be placed within this category.

When patients are treated for long periods in chairs, rather than beds, their safety,

The RCN will lobby for chair care exceeding 24 hours to be included as a 'never event', and will scrutinise any subsequent reporting.

Actions for service regulators

Scrutinise corridor care during service inspections.

Service regulators have an important role to play in holding providers to account for delivering care in inappropriate settings. Likewise, they have a responsibility to report their observations about systemic issues to governments and other national decision-makers.

To facilitate this, service regulators should provide more specific detail about corridor care within their regulations for service providers and their inspection standards. Regular usage of non-clinical areas to provide care should be noted within inspection reports and factored into decisions about ratings. Regulators should work together to ensure that any guidance issued does not normalise the problem, or shift blame onto particular service areas.

The RCN will scrutinise any changes to regulatory inspection frameworks and input into the development of measurement relating to corridor care.

Actions for nursing leaders

Provide clear information to decision makers about the pressures facing the nursing workforce.

We know that nurse leaders at provider and commissioner levels are under immense pressure in relation to corridor care. Nursing leaders often have to work out how to spread the risk, and we want to support them to eradicate the risk. It is vital that within these pressures, nursing leaders are given space to share important information with the decision-making boards about the experiences of the nursing workforce. This is to ensure that the board fully understands the nursing workforce demands and are accountable for the decisions they make and the actions they take, as well as providing assurance on the provision of staffing for safe and effective care. The role of the executive nurse provides professional, strategic and operational assurance to corporate boards and commissioners on nurse staffing.

Nursing leaders at more senior levels, such as chief nursing officers, should provide similar insight and professional advice to governments and system leaders. It is vital that decision makers are regularly made aware that corridor care is unsafe and unacceptable. Nursing leaders can provide recommendations about improvements to care pathways and systemic issues to help make progress towards eradication.

We call on all nursing leaders to support our position that corridor care be eradicated.

The RCN will continue to support nursing leaders to undertake their roles and responsibilities and speak up about the issues which are restricting their ability to do so.

Actions for all nursing staff

Raise concerns every time corridor care occurs.

The NMC *Code*[xlvii] states that: "You make sure that patient and public safety is not affected. You work within the limits of your competence, exercising your professional 'duty of candour' and raising concerns immediately whenever you come across situations that put patients or public safety at risk. You take necessary action to deal with any concerns where appropriate."

Corridor care is a situation that puts patients and public safety at risk, and as such, we urge all nursing staff to take action to raise concerns. Typically, this will involve making a Datix report, or following other local processes. There is strength in numbers. If nursing staff across the country can consistently report corridor care every time it occurs, decision makers should take notice.

The RCN will continue to support members to speak up with tools and advice, including helping them to navigate dp. lcelar rs tte 2. n-35 r-13.5nt0imh tls cok ulrr tcvrs t-1.2 Td[illegible]3. he3. l11 l

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Appendix 1: RCN activity on corridor care

RCN members, along with nursing colleagues across the UK have long been raising concerns about widespread occurrences of care being delivered in inappropriate, non-clinical settings. In May 2023 at RCN Congress, members put forward a resolution “to lobby the government to completely abolish corridor care and ensure that the respect and

Appendix 2: Wider health and care system context

As the UK's population continues to grow, so too does the demand for health and care

Scotland [lii,liii,liv]

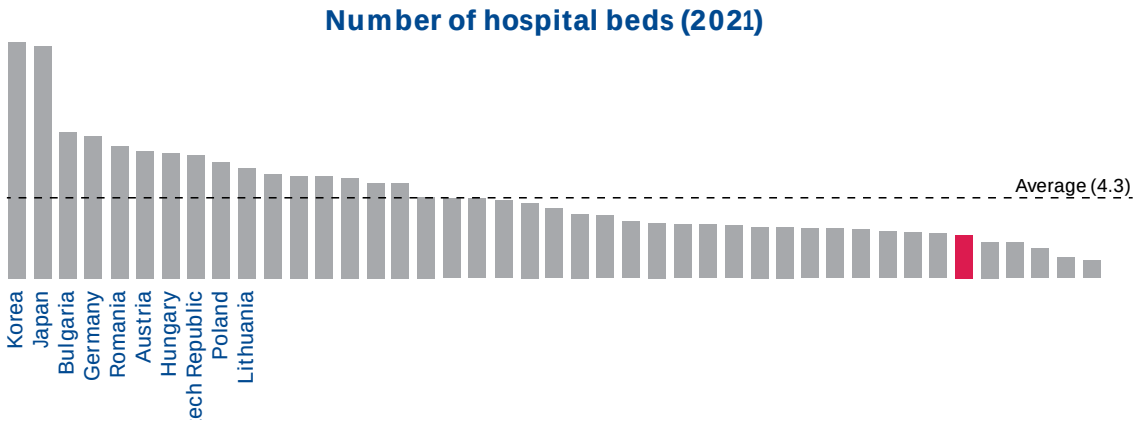
Northern Ireland [lv,lvi.lvii,lviii.lix]

The figures above show that the demand for health care, as seen in the numbers of patients waiting for planned treatment and numbers waiting over 4-hours for emergency care, have rapidly increased over the last 10 years. These 2 measures in nearly every country have doubled, and in the most extreme case is over eight times higher in England on the measure of 4-hour waits or more in A&E.

Crucially, these increases contrast against much lower increases in the nursing workforce which have only increased 1.2 to 1.3 times over the 10-year timeframe.

We are left with more pareases cae oekf

Looking further afield, according to the Organisation for Economic Co-operation and Development (OECD), the UK ranks poorly against most other countries in terms of the number of hospital beds available for its population.[lxix] The figure below illustrates that at 2.4 beds per 1,000 population, the UK ranks 6th from the bottom out of 43 countries. In fact, the UK has over 5 times fewer beds per 1,000 population than Korea and Japan, which are the countries with the highest numbers of beds.



Source: OECD[26]

Note: Australia figure represents data from 2017

Exploring the trends over time, the OECD data (not shown) indicates that most countries experienced a fall in the number of beds available from 2011 to 2021 (only 9 out of the 43 countries *increased* bed numbers). The UK had 2.9 beds per 1,000 population in 2011, which as shown in the figure above, dropped to 2.4 by 2021. This further illustrates the trend of reduced numbers of beds in each UK nation.

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