Coleg Nyrsio Brenhinol
Cymru
Royal College of Nursing
Wales

Ending corridor care in Wales

A briefing for Members of the Senedd

How can the Welsh Government end corridor care?

To eradicate corridor care, the Welsh Government must **fully implement its National Programme, *Six Goals for Urgent and Emergency Care,*[1] across Wales**, involving all Royal Colleges — including the Royal College of Nursing — in this work.
In addition, the Welsh Government must immediately:

1. Establish care delivered to a patient in a chair for more than 24 hours as a "never event".
2. Take measures to help foster a health service culture where nursing staff feel encouraged to raise safety concerns.
3. Increase the number of senior clinical decision-makers on hospital wards over the weekend to allow patients to be discharged.
4. Increase the number of District Nurses (and nurses with a community nursing master's degree) back to, and above, 2010 levels.
5. Invest in social care so that when patients are clinically ready to leave hospital, they can move to the best place for their care.
6. NHS Wales should pause the reduction in hospital beds. The need for capacity should be nationally reviewed with a clear plan to increase care capacity in the right location (community, hospital, et cetera).
7. Invest in the workforce to deliver the *Six Goals for Urgent and Emergency Care* programme.
8. Enable NHS Wales to safely divert patients to neighbouring services when needed.

[1] https://www.gov.wales/six-goals-urgent-and-emergency-care-policy-handbook-2021-2026

Table of contents

What is corridor care? 4

How is corridor care unsafe? 5

Why corridor care happens 6

The Six Goals for Urgent and Emergency Care 7

Recommendations 9

Corridor care in Wales: What patients and RCN Wales members tell us 15

What is corridor care?

- The phrase "corridor care" refers to patients waiting for treatment, assessment or care – or being treated, assessed or cared for – in inappropriate areas such as corridors, car parks, break rooms and even toilets that are not designed for this purpose.
- When there are more patients than a care area is designed for, health boards try to cope in various ways. They may add extra beds to patient bays or use storerooms as triage areas. Patients often receive care in chairs (rather than trolleys or beds) for long periods, sometimes days.
- The term "corridor care" can also apply when people are treated while waiting to be moved from one place to another. For example, delays might mean they need to be treated in their home, on the pavement, or in a car park, when a hospital would be cleaner and more appropriate.
- While conversations surrounding care in inappropriate places often focus on accident and emergency (A&E) departments and hospital wards, RCN Wales members also report incidents in the community, primary care, social care, mental health and even criminal justice.

How is corridor care unsafe?

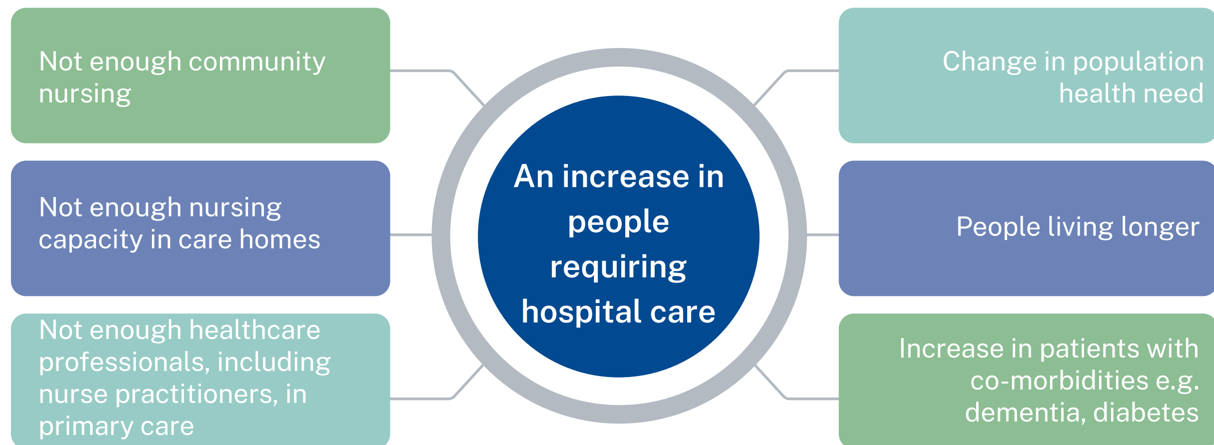
Care in inappropriate places puts **patient safety at significant risk because:**

- Patients may lack access to the right clinician/treatment meaning evidence-based clinical pathways cannot be followed.
- There may be too few registered nurses or nursing staff to safely care for additional patients.
- Life-saving equipment may be inaccessible or absent.
- There may not be enough space to deploy life-saving measures.
- Patients may be out of sight of clinical staff or be in a place that is hard to access.
- Overcrowding also hinders communication between staff and patients, leaving clinicians less time to explain and reassure.
- There may be little or no privacy for patients. This means assessments and treatments must be either delayed or carried out anyway, compromising patients' dignity.
- There may be inadequate or no access to toilets, water or food for patients.
- In areas with bright lights or noise, patients may struggle to sleep. If a patient is experiencing confusion, all these factors can worsen it.
- Trolleys and waiting room chairs are not designed for continuous use by a patient over an extended period. The experience is physically uncomfortable, even painful, and can lead to blood clots, muscle fatigue or pressure ulcers.
- Patients who are immobile or in non-optimal positions quickly become deconditioned (due to lack of exercise, mobility or muscle weakness). This can lead to longer hospital admissions or to loss of independence.
- Patients may be placed too close together, falling below NHS guidelines and increasing the risk of infections spreading.
- Airborne infections are more likely to spread in corridors. This is because ventilation is often poor compared with clinical areas, like wards, where patients are expected to spend most of their time.
- Cleaning staff may not be able to access the area and any shared equipment to effectively clean and disinfect it between patients.
- Patients with breathing difficulties in a corridor lack easy access to essential piped oxygen and suction, which are readily available at each bedside in wards and clinical areas.

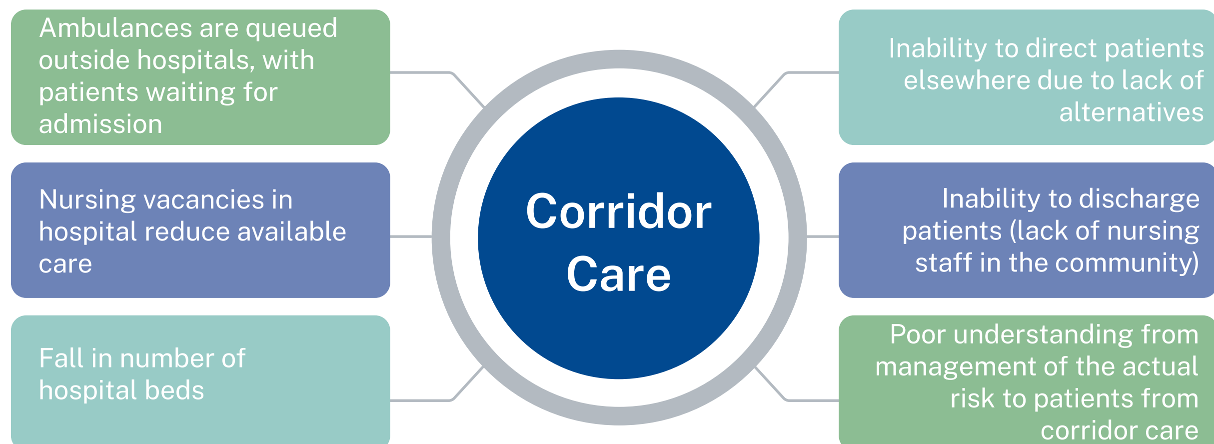
Care in inappropriate places poses a significant risk to patients.

Why corridor care happens

Corridor care happens for several reasons. At a simplistic level, because the number of people who need hospital care rises faster than existing patients can safely be treated and discharged. The number of people who need hospital care is rising for multiple reasons, including inaction from NHS Wales and the Welsh Government to meet health needs in the community.



As hospitals struggle to meet the increased demand, other factors in the health and care system exacerbate the situation (illustrated below). The result is that even more patients receive care in inappropriate places:



As can be seen in these diagrams, a variety of challenges merge to create a perfect storm for patients and for staff working in the health service.

Vulnerable older people, and people in the community needing care, may not have the access that they should to community nursing care or to primary care. The only alternative is for people to seek care at a hospital A&E department, a same day emergency unit or to be admitted to hospital.

The daily average number of hospital beds in Wales that are available for surgical acute patients has dropped by 12.3% in the last 10 years, from 2,427.2 in 2013-14 to 2,128.8 in 2023-24.[2]

[2] https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Activity/NHS-Beds/nhsbeds-by-specialty

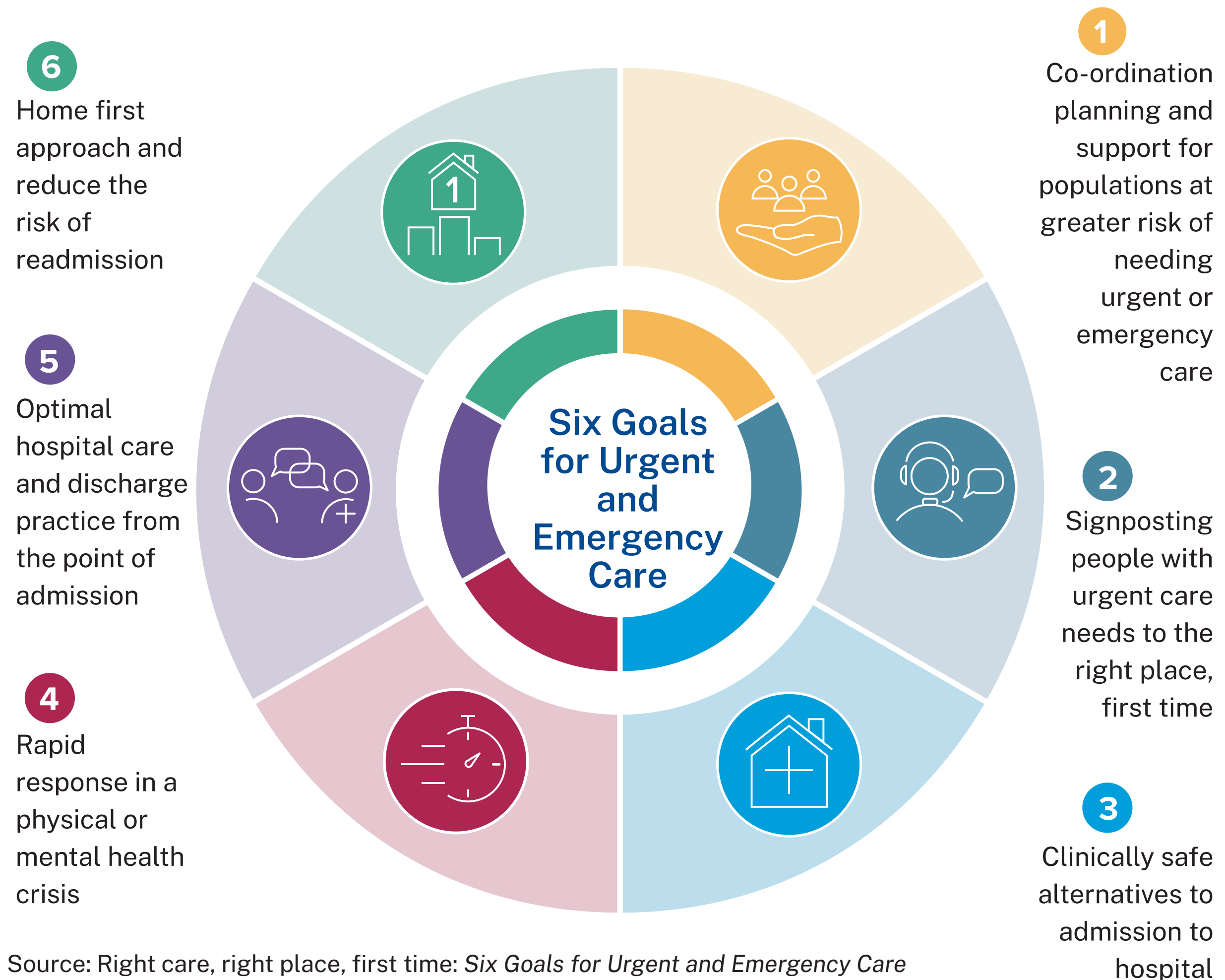
The daily average number of hospital beds in Wales that are available for medical acute patients has also dropped in the last 10 years, from 4,640.2 in 2013-14 to 4,527.4 in 2023-24 – a 2.4% drop.[3]

At the same time, we know that there is a problem with delayed discharge, or releasing people from hospital. Patients are often made to wait for a domiciliary care package, for accommodation at a nursing home or for a home adaptation. This is because there are not enough nurses in social care to assess need in a speedy manner. More importantly, there is not enough capacity or resources in residential care or in community care.

The Six Goals for Urgent and Emergency Care

The Welsh Government's *Six Goals for Urgent and Emergency Care*,[4] which form part of the National Programme for Urgent and Emergency Care, describe the Welsh Government's immediate and longer-term priorities for urgent and emergency care "to ensure that patients get the right care, in the right place, first time."

The six goals are:



Source: Right care, right place, first time: *Six Goals for Urgent and Emergency Care* (Welsh Government, 2022).[5]

---

[3] Ibid.

[4] https://www.gov.wales/six-goals-urgent-and-emergency-care-policy-handbook-2021-2026

[5] https://www.gov.wales/six-goals-urgent-and-emergency-care-policy-handbook-2021-2026

RCN Wales calls on the Welsh Government to implement the plan in full, involving all Royal Colleges — including the Royal College of Nursing — in this work.

Nursing staff took industrial action in December 2022 and June 2023 to demand that the Welsh Government listen to their concerns about patients' safety and wellbeing and about the future of the nursing profession. These nursing strikes were the first in the history of the Royal College of Nursing Wales.

RCN Wales members are clear that corridor care is detrimental to the safety and wellbeing of patients and that it has become a crisis. Ending corridor care has been identified by RCN Wales members as a top priority.

As part of the non-pay elements of the 2022/23 nursing pay award, the Welsh Government pledged that "onboarding (allocating extra patients to wards/departments over establishment) or corridor care will only be enacted in exceptional circumstances through the named responsible executive."[6] This commitment is yet to materialise, and corridor care remains the norm across NHS Wales, compromising patient safety.

The Welsh Government also promised that a "national escalation policy will be developed and implemented containing "must not dos" in terms of examinations/investigations/personal sensitive communications undertaken in inappropriate settings which compromise the privacy and dignity for all."[7] At the time of writing, the escalation policy has not been implemented across NHS Wales and patients are still subjected to the above "must not dos" in public places on a regular basis. This is not acceptable.

Care in inappropriate places is a critical patient safety issue. The Royal College of Nursing Wales therefore urges Members of Senedd, and particularly the Senedd Health and Social Care Committee, to undertake an urgent policy inquiry into corridor care in Wales including an investigation of the resulting risks to patient safety.

[6] https://www.rcn.org.uk/wales/Get-Involved/Nursing-Pay-in-Wales/Welsh-Governments-offer-in-principle

[7] https://www.rcn.org.uk/wales/Get-Involved/Nursing-Pay-in-Wales/Welsh-Governments-offer-in-principle

Recommendations

RECOMMENDATION 1: Establish care delivered to a patient in a chair for more than 24 hours as a "never event".

One of the reasons why care delivered in chairs has become so widespread is because there are insufficient safeguards preventing it. In health services, certain types of incidents are classed as "never events". These are "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".[8] Records of these events are published at least yearly. RCN Wales believes that chair care exceeding a 24-hour period should be placed in this category.

When patients are treated for long periods in chairs, rather than beds, their safety, comfort and mobility is compromised. Privacy and dignity are removed. When temporary arrangements stretch into longer time periods, support with manual handling for staff is often compromised. This puts the patient and the staff member at risk of serious injury.

Classing chair care exceeding 24 hours as such an event would focus providers' attention on preventing it. Not only would it ensure appropriate reporting to the corporate board of the relevant health board or trust, but the system-wide data generated could inform strategies to reduce and ultimately eradicate corridor care, along with other never events.

The Welsh Government should ensure that robust escalation processes are in place to effectively manage demand without the need for corridor care. Implementation of this should be closely monitored, with NHS organisations held to account when corridor care occurs.

RCN Wales calls for statistics about chair care and all types of corridor care in Wales to be published regularly, permitting more transparency and scrutiny. These statistics should be broken down by health board and hospital/health provider. The statistics should include the number of hours each patient had to spend in a chair or other inappropriate place (specified, e.g. "bed in toilet area"), reason for admission, and whether the patient improved or deteriorated during this time, including any complications or injuries sustained.

[8] https://www.gov.wales/sites/default/files/publications/2022-07/whc-2022-020-never-events-policy-july-2022.pdf

RECOMMENDATION 2: Take measures to help foster a health service culture where nursing staff feel encouraged to raise safety concerns.

RCN Wales have expressed concern that they feel unable to raise concerns about unsafe care, or that when they do raise concern, that they are not listened to.

Nursing staff use a software programme called Datix to raise concerns about unsafe care on hospital wards. 70.8% of RCN members surveyed by RCN Wales said that they had concerns using the Datix system. Of those, 82.9% said that a Datix report takes too much time to complete, 32.0% said that they had not received any training, 29.9% said that they had not received responses to previous Datix reports that they had submitted and 25.0% said that "the system is unreliable/it crashes/doesn't save work". Some also added that the Datix system is not user-friendly, as there are too many drop-down menus.

76.2% of RCN Wales members said that they do not receive meaningful or useful feedback from Datix reports that they submit, raising concerns that Datix reports do not always get acted upon. In the words of one RCN Wales member: *"Nothing ever changes because we're reliant on managers taking action as a result of the Datix. They certainly won't do anything about unsafe working conditions or poor staffing levels."*

It is often unclear to the front-line nurse whether anyone beyond their immediate supervisor will ever see the Datix form that they fill in or whether any actions will result from it. The software also allows the original form to be edited, categorised or dismissed by management. While it is important that there is space for line managers to provide context and a record of mitigating actions, the current system has lost the confidence of front-line staff.

Worryingly, some RCN Wales members also said that they were being discouraged or even penalised by their supervisors for raising these concerns. One RCN Wales member said: *"Senior Management will victimise people who raise concerns which imply the service isn't performing"* while, according to another member: *"This is a blame culture: you are held to account for anything that might tarnish the reputation of the health board."*

Between the drawbacks of the Datix software itself and a feeling among staff that concerns raised through the Datix system do not get acted upon, it is no wonder that 76.4% of respondents said that they do not have confidence in the Datix system.

It is imperative that the Welsh Government helps to create an environment where nursing staff feel comfortable and encouraged to raise concerns about unsafe care, including corridor care.

The Welsh Government should direct the NHS Executive to review the efficacy of the Datix service, which should include an evaluation of the software *itself* as well as the way in which it is used *in practice*.

Part of creating an environment where nursing staff feel comfortable and encouraged in raising concerns about patient safety entails ensuring that concerns get dealt with, responded to and resolved in a timely manner, and that their concerns are escalated to the appropriate level.

RECOMMENDATION 3: Increase the number of senior clinical decision-makers on hospital wards over the weekend to allow patients to be discharged.

Medical consultants and senior medical practitioners need to be employed over the weekend so that they can appropriately and safely discharge patients in a timely manner.

Consultant nurses are senior clinical decision-makers and make a real difference in ensuring safe and effective care. A consultant nurse is an expert nurse that bridges the worlds of practice, research, education, strategy and leadership to improve patient care.

As such, consultant nurses have the authority to discharge patients from hospital. However, there are not enough consultant nurses working in NHS Wales (for more information, see the recent briefing from RCN Wales, *Consultant nurses: expert patient care*[9]) and there are even fewer consultant nurses who work during weekends.

RECOMMENDATION 4: Increase the number of District Nurses (and nurses with a community nursing master's degree) back to, and above, 2010 levels to meet increased demand.

However, hospital is not necessarily the most appropriate place for a patient. In many situations, care at home may be more appropriate and effective. The Welsh Government has reduced investment in district nursing – the workforce primarily responsible for delivering this type of care – and is not commissioning sufficient district nursing courses.

Community nursing teams are led by district nurses or registered nurses with a community nursing post-registration (master's) degree. These nurse leaders are the experienced pinnacle of a community nursing team, providing support, expert advice and leadership to registered nurses and healthcare support workers. Community nursing teams undertake vital work in all parts of Wales, delivering care closer to home, looking after patients recently discharged from hospital and preventing the need for hospital admission.

Despite this, in 2024, the number of district nurse courses will decrease for the first time since 2017.[10]

[9] https://www.rcn.org.uk/Professional-Development/publications/rcn-consultant-nurses-english-uk-pub-011-862

[10] https://heiw.nhs.wales/files/appendices-education-and-training-plan-2024-25/

The number of district nurses in NHS Wales fell 13.5% between June 2020 and June 2024, from 677.2 to 585.8.[11] This is a considerable drop in the number of district nurses in Wales.

Given the age profile of the district nursing workforce, the number of those leaving the profession and the increasing numbers of people with complex conditions being cared for in the community, HEIW needs to address this decline through its education commissioning process as a matter of urgency.

The Welsh Government, HEIW and NHS Wales should work together to increase the number of specialist practice community nurses, advanced practice nurses and consultant nurses in all fields in Wales. This must include a focus on district nurses.

Regional Partnership Boards (RPBs) have been given a central role in progressing the integration agenda in Wales; *A Healthier Wales*[12] describes RPBs as having a "strong oversight and co-ordinating role" in delivering change. Given this central role, nursing should be represented on the RPBs with the involvement of the Executive Director of Nursing.

Executive Directors of Nursing are accountable for all nursing care provided within their local health board area including nursing care in the social care sector. Establishing that they should sit on RPBs would ensure that they have the power needed to ensure the quality of care commissioned in their local health board and to fulfil their responsibilities.

RECOMMENDATION 5: Invest in social care so that when patients are clinically ready to leave hospital, they can move to the best place for their care.

Nurses are critical to the health and quality of life of care home residents. They are core to the care home workforce which ensures that residents are cared for with dignity and compassion. Care home nurses provide highly skilled care, promote independence, detect any deterioration of patients, and can reduce the need for individuals to receive care in a hospital environment.

The Welsh Government should commission and encourage clinical research in the care home sector. Most studies of care in the UK focus on the NHS. This does not reflect care in practice. The more frequent studies in the USA reflect the fact that staffing in nursing homes, and the dangers of understaffing –

[11] https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Staff/Non-Medical-Staff/nursingmidwiferyandhealthvisitingstaff-by-grade-areaofwork-year

[12] https://gov.wales/sites/default/files/publications/2019-04/in-brief-a-healthier-wales-our-plan-for-health-and-social-care.pdf

particularly at night and on weekends – have been, and still are, high on the political agenda. Studies there found that insufficient nursing staff can negatively impact all residents in a nursing home, and that there is also a strong relationship between higher nurse staffing levels in nursing homes and reduced accident and emergency use and rehospitalisation from nursing homes.[13]

RCN Wales believes that the Welsh Government should support Social Care Wales to develop a strategy to recruit and retain nurses in social care. A sustainable nursing workforce is essential to meet the needs of the population receiving social care. Social Care Wales should work with Health Education and Improvement Wales to commission Social Care Specialist Practitioner Qualifications.

The Welsh Government is also not sufficiently investing in social care. Data on nursing in the sector is limited but suggests that the social care sector in Wales has lost 32% of its registered nurses since 2018.[14] This only serves to exacerbate the prevalence and problem of corridor care in Welsh hospitals.

Investing in social care would ensure that patients are able to receive care in the most appropriate place and leave hospital when they are ready to do so. This would free up hospital beds and ease pressure off A&E services.

RECOMMENDATION 6: NHS Wales should pause the reduction in hospital beds. The need for capacity should be nationally reviewed with a clear plan to increase care capacity in the right location (community, hospital, et cetera).

The daily average number of hospital beds in Wales that are available for surgical acute patients has dropped by 12.3% in the last ten years, from 2,427.2 in 2013-14 to 2,128.8 in 2023-24.[15] The daily average number of hospital beds in Wales that are available for medical acute patients has also dropped in the last 10 years, from 4,640.2 in 2013-14 to 4,527.4 in 2023-24 – a 2.4% drop.[16]

A hospital bed is not the right place for all patients, but it is the right place for some. Reducing the availability of hospital beds adversely impacts patients' care and puts lives at risk.

[13] https://www.rcn.org.uk/Professional-Development/publications/rcn-caring-for-older-people-english-report-uk-pub-010-934

[14] https://www.rcn.org.uk/Professional-Development/publications/rcn-nursing-in-numbers-2024-eng-uk-pub-011-864 (see page 9).

[15] https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Activity/NHS-Beds/nhsbeds-by-specialty

[16] Ibid.

BACK TO CONTENTS

RCN Wales believes that NHS Wales should pause the reduction in hospital beds and nationally review acute capacity with a clear plan to increase care capacity in the right location (community, hospital, et cetera).

As part of this, the Welsh Government should review the need for a national "step up" model of intermediate care where patients who do not need urgent treatment at an acute hospital but who are nonetheless too unwell to receive treatment at home can "step up" to intermediate care. This could take place, for example, in a community hospital, in a care home or housing with care.

RECOMMENDATION 7: Invest in the workforce to deliver the Six Goals for Urgent and Emergency Care programme.

In February 2022, the Welsh Government published its national programme, *Six Goals for Urgent and Emergency Care*,[17] which outlines its priorities for urgent and emergency care to ensure that patients get the right care, in the right place, first time.

The Welsh Government must fully implement the Six Goals across Wales, involving all Royal Colleges — including the Royal College of Nursing — in this work.

Implementing the Six Goals would help to provide clinically safe alternatives to admission in hospital, ensure a home first approach to patient care and reduce the risk of readmission.

RECOMMENDATION 8: Enable NHS Wales to safely divert patients to neighbouring services when needed.

Hospitals must be able to "close doors" to ensure patient safety.

RCN Wales believes that the Welsh Government should revise its escalation framework so that patients are able to be safely diverted when needed, without penalising the health board.

To help achieve this, the Welsh Government should invest in social and community care services as outlined in Recommendation 6.

[17] https://www.gov.wales/six-goals-urgent-and-emergency-care-policy-handbook-2021-2026

Corridor care in Wales

What patients and RCN Wales members tell us:

Aneurin Bevan University Health Board

"I am mortified at the way that care is being delivered at the moment. A colleague's 80-something year old father was made to wait in an ambulance for 12 hours. He had obstructions and possibly cancer. He then got taken to an assessment unit in a trolley in a corridor with ambulance staff."

"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 trolley 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."

"My son is in his twenties and was suffering from tonsilitis. He had trouble breathing normally and so went to A&E where he was told that there would be a 10 hour wait and that he'd be better off going back home. He stayed in A&E, where he was sat in a chair overnight and throughout the following day."

Betsi Cadwaladr University Health Board

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

"A lady in her nineties was sent back to the waiting area after being triaged in A&E in Betsi. Not accompanied by any relatives, wheelchair bound, wanted assistance to go to the toilet – accidentally urinated herself and another patient helped her to the toilet."

Cardiff and Vale University Health Board

One nurse and member of RCN Wales said that instances of care in inappropriate places at the hospital in which they worked had left them "really upset". They spoke to RCN Wales about three separate examples of corridor care that they had witnessed within the space of two weeks:

"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 outpatient bay. He had a bed at 7pm. They were in pain, had profuse bloody diarrhoea...they were for a flexi sig [flexible sigmoidoscopy] that day, which requires a phosphate enema as prep. How was I supposed to administer enema in a chair in the corridor?

"I also had an 18-year-old for two nights in the outpatient bay on a trolley."

An RCN rep visited a hospital ward in Cardiff and Vale University Health Board:

"The registered nurse told us that she previously had 10 patients to look after plus a corridor patient who was confused and had dementia. She said it was extremely stressful and felt it was not safe. The corridor patient is not on the ward's bed plan. They think they are kept on A&E bed plan until they have a bed free on [the ward] to admit. The patient can be in the corridor a couple of hours to most of the day. They are not able to deliver personal care in the corridor.

"We also visited [another ward] — there is a treatment room used to insert chest drains that is used from Friday night and over the weekend as an extra trolley bed and they also have a corridor space that is used for one patient on a trolley. These patients are not always appropriate for corridor care. They have had one [cardiac] arrest recently in the corridor.

"We visited [a ward where staff] have to give the senior nurses names of patients on a daily basis that they think are suitable to be moved to a corridor space within the hospital to allow for another patient to come into their area."

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.

"The environment was overwhelming. I was placed near the nurses' station, close to the toilets, where I could see patients receiving reassurance from nurses, but my own sense of vulnerability grew with each passing hour. The constant beeping of monitors, the lack of personal space, and the inability to rest properly left me feeling exposed. I overheard confidential conversations between doctors, patients and families, adding to my discomfort — something that should never happen, but in the crowded, chaotic atmosphere, privacy was a luxury no one could afford.

"I was scared, not just for my own health, but by what I was witnessing. The medical professionals were doing their best, but it was painfully clear they were overstretched. I saw two bodies pass by as they were taken to the mortuary, a stark reminder of the fragility of life. The experience left me shaken, feeling helpless, vulnerable and uncertain about what would happen next."

An RCN member contacted RCN Direct. She told RCN Direct that the onboarding area at their hospital ward had been expanded and that there had been a reduction in the number of nursing staff working on a shift, leaving the RCN member feeling frazzled and emotional. The member pointed to the moral injury that nurses experience as a result of having to treat patients in inappropriate environments, even going as far as explaining how this moral injury "makes it difficult [for her and her colleagues] to make eye contact with patients who are being treated on a corridor." The member is now questioning whether she wants to continue to be a nurse.

Hywel Dda University Health Board

"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. I speak to colleagues across Wales and we're all in the same boat."

"A patient was sat in a waiting room, when 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] … because of bed shortages, these patients slept in chairs. 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 would be 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 staffed and with high numbers of agencies. We are working under tremendous pressure and stress and it's clear there are 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."

"They're downgrading community hospitals in Powys and beds are being taken away from these hospitals. Especially with Powys being so rural, this is putting a lot of pressure on health services and is affecting patient care."

Swansea Bay University Health Board

"Emergencies have happened in the middle of corridors, with other patients witnessing. Really poorly patients are regularly being made to sit on a chair, sometimes for two days or even more. Patients in [one hospital department] are waiting up to a week for a bed. There is inadequate equipment and facilities. Staff are up in arms about it."

"I took my mother to hospital due to complications with COPD. The ER waiting room was full. We were triaged and my mother was checked over. As my mother had her own small oxygen bottle, she was told to keep using it and — if it ran out — to ask for a new one. We were told to wait in the waiting room. We were called in and out of a room [which was] obviously taken, then always told to go back into the waiting room. My mother is 78. She has had a stroke and has little use of her left side and has COPD, lymphedema, and type 2 diabetes. She finds sitting in the same position for long periods painful, yet she had to sit in her wheelchair for several hours, only being offered one ham sandwich and a cup of tea.

"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 mother's 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 that we had the right to refuse but, if we did, we would have to wait several more hours for a cubicle to become available. Mam chose to be examined in the toilet. We were thankfully able to then go home after the assessment."

About the Royal College of Nursing (RCN)

The Royal College of Nursing is the world's largest professional organisation and trade union for nursing, representing over 500,000 nurses, midwives, health visitors, health care support workers and nursing students, including over 30,500 members in Wales. RCN members work in both the independent sector and the NHS. Around two-thirds of our members are based in the community. The RCN is a UK-wide organisation, with National Boards in Wales, Scotland and Northern Ireland. The RCN represents nurses and nursing, promotes excellence in nursing practice and shapes health and social care policy.

For more information, please contact **policy&publicaffairs.wales@rcn.org.uk**

January 2025
Photography: Natasha Hirst
Publication code: 011 958