'CORRIDOR CARE' IS HARMING NHS PATIENTS AND STAFF

We call on all MPs to take action to end this crisis

Delayed access to emergency or urgent treatment results in the **avoidable deaths of over 16,000 NHS patients every year.**

These delays are made visible through the increasingly common sight of patients being treated in corridors and non-clinical areas of NHS A&E departments and hospital wards. The problem is getting worse - according to Age UK, **'corridor care' has increased 525-fold since 2015/16**.

Wes Streeting has pledged to solve the corridor care crisis by the next election - but three more years could see 50,000 people die avoidable deaths. This catastrophic situation can be fixed given the political will to do so. **It is urgent for MPs to call for immediate action.**

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What is 'corridor care'?

- **Corridor care** is often used for patients awaiting admission from the emergency department or those needing urgent care when no beds are available.
- **Risks to patients** include inadequate monitoring, delay in treatment, increased risk of infections, severe loss of privacy and toilet access.
- **Risks to nurses and clinicians** include 6 in 10 nurses' fear of being struck off the register due to patient harm, moral injury, increased violence/aggression from patients, and increased difficulty in providing care.
- **Serious safety hazards i**nclude blocked evacuation routes and tripping hazards, as highlighted by Patient Safety Learning.

'Corridor care refers to the practice of treating or holding patients in hospital hallways, corridors, or other non-designated, non-clinical areas due to a lack of available, proper bed capacity. It is a sign of an overburdened [NHS] healthcare system where patients face safety risks, loss of privacy, delayed treatment, and poor dignity. … This is considered an emergency situation, but has become normalized in many hospital settings, especially during winter pressures.' [1]

- Royal College of Nursing

	Deaths in year	Weekly deaths (average)
2023	14,000+	269
2024	**16,600**	**319 (19% rise)**

Example: Impact of delayed care on stroke treatment

Annual incidence: 100,000 stroke patients per year
Estimated impact: Over 10,000 excess deaths or worsened morbidity due to delayed intervention [2]

Impact on NHS patients & staff

"I spent two days in an 'ambulance drop off site'. There were about 6 or 7 beds in the area and it was staffed, but wasn't a ward. When someone else needed space, they moved the man next to me down to the end of the row, out of sight of the staff. That night the staff found him dead in his bed; he had died alone and out of sight."

– Margaret, NHS patient

"I was admitted to hospital the Monday before New Year's Eve, with a suspected mini-stroke. The hospital was manic. I spent 3.5 days on a trolley in a corridor, with people dying around me. It was absolutely disgusting the way we were treated."

– Ann, NHS patient

"I had to change an incontinent, frail patient with dementia on the corridor, by the vending machine. It was undignifying, I felt so bad at the same time it was my duty to deliver care."

– NHS nurse

"It is not possible to provide safe and good quality care in temporary escalation spaces, such as corridors. Where such spaces are in use it is inevitable that this will be associated with long waits in Emergency Departments. We know that long waits in Emergency Departments are associated with measurable harm to patients. Care will therefore not be safe."

– Royal College of Emergency Medicine

"Evidence from our Frontline19 counselling services highlights rising and significant levels of moral injury among staff who are forced to treat patients in corridors and non-clinical spaces, exposing patients to harm, loss of privacy, and distress. Being repeatedly unable to uphold professional standards erodes staff wellbeing, professional confidence, and retention. This moral injury is compounded by a workforce already carrying significant psychological trauma from the COVID-19 pandemic. Many staff are now working in a perpetual state of crisis, with chronic overcrowding and understaffing, sustained risk to both patients and staff, and constant ethical compromise, preventing recovery from pandemic-related stress and PTSD."

– Frontline19

SOS NHS alliance: sosnhs.co.uk **Contact:** campaigns@keepournhspublic.com

Policies to address the root cause

1 **Fund local authorities & community health by at least £0.5bn per year to expand community capacity for patients fit for discharge.** 66% of delayed discharges await community placement and/or support. If funding freed up 60% of the 13,000 beds occupied by patients fit for discharge it would provide the 8000 extra beds the RCEM say are needed to end corridor care.

2 **Fund 5000 GP posts to give primary care the capacity needed.** The extra 1300 FTE posts (not 3000 as claimed) are positive but not enough: registered patients per GP have risen 10% between 2018 and 2025. Thousands of GPs cannot find posts.

3 **Fund the reopening of NHS wards & the required teams to staff them.** The UK has fallen way behind the OECD average, having only 2.4 beds per 1000 people compared to 4.6 across comparable health systems. We need an urgent plan to increase NHS owned, operated, and staffed hospital beds.

Actions parliamentarians can take right away:

1 **Table an Early Day Motion**

Use the information in this briefing to put down an EDM - we can help with drafting.

2 **Submit written questions on 'corridor care'**

Potential topics could be projected numbers of avoidable deaths linked to A&E delays, or the gap between the UK and the OECD average when it comes to bed numbers. Use the information in this briefing or reach out to us to work on wording.

3 **Hold a Westminster Hall debate on 'corridor care'**

Liaise with the APPG on corridor care.

4 **Request a meeting with ministers**

Discuss your concerns and use this briefing to put forward concrete actions that can be taken immediately.

5 **Write to the Health & Social Care Select Committee**

Ask them to investigate the causes and impacts of corridor care

6 **Speak out publicly**

Publish blogs, social media posts and opinion pieces about your efforts to push the government to do more to end this crisis.

We are willing and ready to work with you - please get in touch.

SOS NHS alliance: sosnhs.co.uk **Contact:** campaigns@keepournhspublic.com

References for six recent national reports

- Patient care in temporary care environments. Health Services Safety Investigations Body January 2026: www.hssib.org.uk/patient-safety-investigations/patient-care-in-temporary-care-environments/investigation-report/
- APPG on Emergency Care: Corridor Care. RCEM November 2025: rcem.ac.uk/wp-content/uploads/2025/11/APPG-report-final-2.pdf
- Summer survey confirms corridor care is a year-round issue. RCP October 2025: https://www.rcp.ac.uk/news-and-media/news-and-opinion/summer-survey-confirms-corridor-care-is-a-year-round-issue-says-royal-college-of-physicians/
- The Longest Wait: Our A&E crisis demands an emergency response. AGE UK October 2025: https://www.ageuk.org.uk/siteassets/documents/campaigns/the-longest-wait/longest-wait.pdf
- On the Frontline of the UK's Corridor Care Crisis. RCN updated June 2025: https://www.rcn.org.uk/Professional-Development/publications/rcn-frontline-of-the-uk-corridor-care-crisis-uk-pub-011-944
- Corridor care: are the health and safety risks being addressed? Patient Safety Learning April 2025: https://www.patientsafetylearning.org/blog/corridor-care-are-the-health-and-safety-risks-being-addressed

Other references backing our statistics

- Reasons for delayed discharges from hospital: https://www.health.org.uk/reports-and-analysis/analysis/why-are-delayed-discharges-from-hospital-increasing-seeing-the-bigger
- NHS bed numbers in England 2020-2025: https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2026/01/Beds-publication-Timeseries-March-2020-December-2025.xlsx
- Care home and nursing home placements 2016-2025: https://fingertips.phe.org.uk/profile/end-of-life/data#page/1/gid/1938133060/ati/15/cid/4/tbm/1
- Numbers of registered patients continues to rise as fully-qualified GPs begin to recover: https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressures-in-general-practice
- Full Fact on Streeting's claim of 3000 extra GPs in the last year https://fullfact.org/health/GPs-ARRS-NHS/