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Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board



Freedom of Information Request: Our Reference CTMUHB_581_25

You asked:

Under the Freedom of Information Act 2000, please can I request the following information:

Q1. In the financial years 2020 - 2021, 2021 - 2022, 2022 - 2023, 2023 - 2024, 2024 - 2025, please provide the total number of patients who received care or clinical attention in corridors or other non-designated clinical areas. Please breakdown by financial year if possible.

Although each patient journey is recorded in the WPAS system, previously, the locations recorded in WPAS did not allow clinical staff to provide an accurate report of those patients receiving their care in the corridor or in an ambulatory area. The Health Board is currently reporting any corridor care via the Datix system to and exploring the use of WPAS with updated capability in order to ensure visibility of any system failure. As part of our ongoing digital development for Emergency Departments (ED), considerable effort has been made to implement robust location tracking to accurately reflect the patient journey. However, historical data relevant to this FOI request is not available.

Q2. In the financial years 2020 - 2021, 2021 - 2022, 2022 - 2023, 2023 - 2024, 2024 - 2025, please provide the total number the total number of hours patients collectively spent receiving corridor care. Please breakdown by financial year if possible.

Please see response to Q1.

Q3. In the financial years 2020 - 2021, 2021 - 2022, 2022 - 2023, 2023 - 2024, 2024 - 2025, please provide the longest individual recorded duration a patient spent receiving care in a corridor or non-designated area during each year. Please breakdown by financial year if possible.

Please see response to Q1.

Q4. In the financial years 2020 - 2021, 2021 - 2022, 2022 - 2023, 2023 - 2024, 2024 - 2025, please provide copies of any risk assessments, safety reviews, or incident reports specifically relating to the use of corridor care. Please breakdown by financial year if possible.

As a Health Board, we do not tolerate the provision of care in corridors within our Emergency Departments. We recognise that this has occurred in the past and have taken significant steps to eradicate the practice. Our focus remains on ensuring that all care is delivered in designated, appropriate spaces such as individual care bays or lounges.

Following the provision of a Regulation 28 Prevention of Future Deaths in January 2025 a review of all the Emergency Department capacity and use of different

areas has been undertaken with a requirement to remove the use of routine "corridor" care.

Following the Welsh Government directive in response to the Ministerial Advisory Group report on NHS Wales Performance and Productivity recommendation 15: *to ensure that no ambulance handover will exceed 45 minutes, with a focus on achieving 15-minute target wherever possible*, the Unscheduled Care Clinical Service Group developed a set of actions cards to support the timely handover of ambulances.

The action cards were approved by CTM Operational Management Board on 1/10/25 (Please see attachments 1 and 2)

Quality Impact Assessments have subsequently been approved by Unscheduled Care Team Triumvirate and the Executive Nurse Director on 27/10/25 to support temporary use of a corridor space in each of the Emergency Departments.

This is at the discretion of the Emergency Department (ED) Nurse in Charge/ ED Senior Clinician for a **maximum of 30 minutes** for a confirmed patient move out of the ED to an allocated bed within 30 minutes, to support the timely handover of patients arriving by ambulance within 45 minutes. (Please see attachments 3 – 5)

Prince Charles Hospital (PCH) ED:

The corridor surge area is only in use as per the agreed QIA to support timely ambulance handover.

Princess of Wales Hospital (POW) ED:

In response to the Regulation 28 POW ED have created an ambulatory lounge area within the ED footprint which was opened on 21/10/25. This area has provided a suitable alternative clinical space for patients to be cared for, removing the need for corridor care.

The risk assessed space included in the escalation plan for timely ambulance handover as per the QIA is situated within the main area of the ED, as such is not a "corridor" as such but is a busy thoroughfare.

Royal Glamorgan Hospital (RGH) ED:

The risk assessed space included in the escalation plan for timely ambulance handover as per the QIA is the corridor. This corridor surge area is only in use as per the agreed QIA to support timely ambulance handover.

Q5. In the financial years 2020 - 2021, 2021 - 2022, 2022 - 2023, 2023 - 2024, 2024 - 2025, please provide the total number of patients who presented with [Catheter-Associated Urinary Tract Infections \(CAUTIs\)](#) whilst in your care.

Please breakdown by financial year if possible.

- 20/21: 24 Catheter associated UTI were identified in CTMUHB

These are both community onset (CO) and hospital onset (HCAI).

- 21/22: 9 CAUTIs identified as HCAI
- 22/23: 14 CAUTIs identified as HCAI, 8 CAUTIs were CO
- 23/24: 33 CAUTIs HCAI, 16 CAUTIs were CO
- 24/25: 42 CAUTIs

Q6. In the financial years 2020 - 2021, 2021 - 2022, 2022 - 2023, 2023 - 2024, 2024 - 2025, please provide the total number of patients who presented with [Surgical Site Infections \(SSIs\)](#) whilst in your care. Please breakdown by financial year if possible.

- 20/21: no SSI due to pandemic.
- 21/22: *Less than 5 SSI due to MSSA bacteraemia.
- 22/23: 15/133 MSSA cases were identified as preventable and due to device/SSI.
- 23/24: no data available.
- 24/25: *Less than 5 SSI identified at CTM UHB.

Q7. In the financial years 2020 - 2021, 2021 - 2022, 2022 - 2023, 2023 - 2024, 2024 - 2025, please provide the total number of patients who presented with [Central Line-Associated Bloodstream Infections \(CLABSI\)](#) whilst in your care. Please breakdown by financial year if possible.

- 20/21: *Less than 5 PICC line and *less than 5 CVC
- 21/22: *Less than 5 CVC associated
- 22/23: 5 CVC and 5 PICS
- 23/24: 11 clinical line infections *less than 5 were attributed to CVC.
- 24/25: 7 CVC associated (*less than 5 of these attributed to another health board)

Q8. In the financial years 2020 - 2021, 2021 - 2022, 2022 - 2023, 2023 - 2024, 2024 - 2025, please provide the total number of patients who presented with [Clostridioides difficile \(C. diff\) Infections](#) whilst in your care. Please breakdown by financial year if possible.

- 20/21: 53 were HCAI
- 21/22: 75 were HCAI
- 22/23: 45 were HCAI
- 23/24: 56 were HCAI
- 24/25: 158 (92 CO and 66 HCAI)

Q9. In the financial years 2020 - 2021, 2021 - 2022, 2022 - 2023, 2023 - 2024, 2024 - 2025, please provide the total number of patients who presented with [Methicillin-Resistant Staphylococcus aureus \(MRSA\)](#) whilst in your care. Please breakdown by financial year if possible.

- 20/21: Nil
- 21/22: Nil
- 22/23: *Less than 5 HCAI
- 23/24: *Less than 5 HCAI – *Less than 5 of these attributed to another health board.

- 24/25: 8 CO and *less than 5 HCAI identified in CTM UHB

*Please note - Where the figures are less than 5, the exact figures have been withheld due to the low numbers involved.

Where numbers are low we have considered that there is the potential for the individuals to be identified from the information provided, when considered with other information that may also be in the public domain. Also, responses under the Freedom of Information Act are made available to the public at large. The data is classed as personal data as defined under the General Data Protection Regulation (GDPR) and Data Protection Act 2018 and its disclosure would be contrary to the data protection principles and constitute as unfair and unlawful processing in regard to Articles 5, 6, and 9 of GDPR. We are therefore withholding this detail under Section 40(2) of the Freedom of Information Act 2000. This exemption is absolute and therefore there is no requirement to apply the public interest test.