Freedom of Information Request: Our Reference CTMUHB_523_25

You asked:

I would like to make an application under the Freedom of Information Act 2000 for the following information:

1. **Number of patients treated in corridors or other non-clinical environments within your Health Board area over the past five years.**

    - **Please provide a breakdown by hospital.**
    - **Please provide a breakdown by calendar year.**
    - **Data should cover the period 1 January 2020 to 31 October 2025**

    Although each patient journey is recorded in the WPAS system, the current locations recorded in WPAS do not allow us to provide an accurate report of those patients receiving their care in the corridor or in an ambulatory area. We are now reporting any corridor care via the Datix system to ensure visibility of any system failure. As part of our ongoing digital development for 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.

2. **Average length of time patients spent receiving care in corridors or other non-clinical environments,**

    - **broken down per hospital**
    - **and per calendar year,**
    - **for the same period.**

    Please see response to question 1.

3. **The longest recorded time any patient spent receiving care in a corridor or non-clinical environment during the above timeframe (with any patient-identifiable information removed).**

    Please see response to question 1.

4. **Copies of any guidance, policies, risk assessments, or standard operating procedures relating to the use of corridors or non-clinical spaces for patient care.**

    As a Health Board we do not tolerate the provision of care in corridors within our Emergency Departments and have worked hard to eradicate the practice ensuring that any care is provided in designated individual care spaces or bays/lounges

Further, 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 Cwm Taf Morgannwg (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 attachment 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.

5. **Any internal memos, briefing notes, or reports produced in the past five years that discuss, evaluate, or raise concerns about corridor care or the use of non-clinical spaces for patient care.**

   HIW undertook an unannounced visit in PCH ED in September 2021 which raised significant concerns around patients receiving corridor care. There was an immediate organisational response and overarching improvement action plan with a view to ceasing this immediately. The follow-up unannounced HIW visit in August 2023 found reduction in the use of the corridor as a surge area.

   Please see the HIW report attached (attachment 6 and 7).

6. **In the past five years, has your organisation been the recipient of any Prevention of Future Deaths reports where corridor care or treatment in non-clinical environments was identified as a contributory factor?**

   If so, please provide copies of:

   - **the PFD report(s), and**
   - **your organisation's response(s),**
   - **with any personal data removed.**

   ***Please provide the information in calendar years.**

   CTM received a Regulation 28: Report to prevent future deaths on 17/1/25 for the Emergency Department in Princess of Wales hospital. This identified the following:

(1) Care for patients in the emergency department is frequently provided in the corridor and other non-clinical spaces, which:

(a) Impedes efficient clinical assessment, causing clinicians to take longer performing tasks and rendering clinical care more difficult.

(b) Impedes the ability of staff to recognize a patient's deteriorating condition.

(c) Increases patient morbidity through environmental factors compromising a patient's ability to sleep, hygiene and nutrition.

(d) May slow the process of ambulance handovers.

(2) Care in corridors and other non-clinical spaces has been normalized, which in the opinion of the consultant who gave evidence is unsafe.

(3) When conducted routinely, care in corridors and other non-clinical spaces reduces the capacity of the Emergency Department so that should acuity escalate, it is likely to cause delays to the release of ambulances.

(4) The underling obstacle to improving flow through the hospital and relieving pressure on the Emergency Department is the significant number

of patients who are medically fit to be discharged but whose discharge is delayed due to non-medical reasons.

Please see attachment 8 - PFD report – Please note, this is also available in the public domain via the following link Jackson Yeow: Prevention of Future Deaths Report - Courts and Tribunals Judiciary

Please see attachment 9 – Organisations response.