

18 December 2025

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Carolyn Thomas MS  
Chair, Senedd Petitions Committee  
Welsh Parliament  
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Dear Chair,

**Regarding the 10 December 2025 Senedd Debate on petition P-06-1534, 'End corridor care in Wales'**

We write to you in response to the debate on petition P-06-1534, "End corridor care in Wales".

As Chairs of the RCN Wales Board and of the BMA Welsh Consultants Committee, we would like to begin by thanking the Petitions Committee for recommending our petition for debate. It is of great value to both the Senedd and the people of Wales that the democratic process empowers citizens to bring urgent issues – like patient safety and corridor care – into plenary discussion.

Reflecting the nationwide nature of this crisis, the debate had contributions from Members representing nearly every region of Wales. We would like to specifically thank members of the Petitions Committee who spoke in favour of the petition during the debate, including Joel James MS and Rhys ab Owen MS.

We were pleased to hear Rhys ab Owen MS support our plan of action. We were also pleased to hear him remind the Chamber of what "corridor care" means – patients awaiting or receiving care not just in corridors "but also car parks, break rooms and even toilets" – and that the Welsh Government pledged more than two years ago that "onboarding...or corridor care will only be enacted in exceptional circumstances through the named responsible executive".

We wholeheartedly agree with Joel James MS, who highlighted that corridor care represents the normalisation of emergency measures. We especially welcomed his emphasis on the lack of public statistics, and on the fact that corridor care is not inevitable but is the result of political choices:

“choices not to provide enough beds, not to repair our social care system, and not to strengthen community-based care.” Gareth Davies MS added weight to this point by raising the difference between the UK Government, which “has set a target to eradicate corridor care in England by 2029”, and the Welsh Government, which continues to treat corridor care as an issue for health boards to monitor and address locally.

Mabon ap Gwynfor MS, too, highlighted the need to strengthen the primary and social care sectors, so that more patients can be treated outside hospital, and those who do need admission can be safely discharged earlier. His emphasis that “solving this problem permanently will only be done through adopting a whole-system approach” – one that includes tackling the decline in inpatient bed capacity *and* the lack of resources in primary care – is important.

We welcomed the description, from Laura Anne Jones MS, of investment in district nursing and general practice as “basic foundations of a safe health system, not optional extras”

We were pleased to hear from Janet Finch-Saunders MS that “the Welsh Conservatives are fully committed to ensuring the end of corridor care.” She and other Members’ contributions emphasised the need to prevent the number of hospital beds declining further, a point Mark Isherwood MS put succinctly when he explained that “even if the proportion of people needing hospital beds fell,” age and complexity mean “the absolute number will not.”

However, we were disappointed by the response from the Welsh Government.

Jeremy Miles MS, Cabinet Secretary for Health and Social Care, acknowledged that care “in undesignated or non-clinical environments is not acceptable [and] compromises patient dignity, safety and staff well-being”. On this, we are in full agreement with him, and we welcome that he shares “the determination in this petition to eliminate it.”

However, the Cabinet Secretary’s response did not leave us convinced that he recognises that, in health boards across Wales, emergency measures are being adopted as business-as-usual.

In his response, he mentioned ambulance delays – which are largely caused by discharge delays – and framed corridor care, as he has previously done, as a local issue for health boards. In arguing that “health boards must ensure there is a consistent and efficient flow through and out of hospitals,” he conflates two separate responsibilities. Flow *through* hospitals is squarely within the responsibilities of health boards. In contrast, flow *out* of hospitals requires sufficient community care infrastructure and social care capacity, much of which is commissioned through independent providers and lies outside health boards’ direct control.

Ensuring that patients can leave hospital promptly is a shared responsibility between health boards, local authorities, and external suppliers, but health and social care in Wales are ultimately the responsibility of the Welsh Government. The shared nature of responsibility for hospital discharge is one reason why tackling corridor care requires leadership at the Welsh Government level and why it cannot be left to health boards alone.

#### ‘Never events’

On the Cabinet Secretary’s view that care delivered in chairs for over 24 hours fails to meet the criteria to be categorised as a “never event”, we would challenge the Cabinet Secretary’s response on several levels.

In concentrating on the technical definition of a “never event”, the Cabinet Secretary fails to engage with the substantive point. Our petition’s signatories call for the Welsh Government to “begin recording and reporting on corridor care in Wales”. To do this, the Welsh Government will first need to define “corridor care” and how to report it. This will take time, and corridor care is putting patients at risk now. Care delivered in chairs lasting over 24 hours is one clear manifestation of corridor care which could serve as both a red line and a proxy indicator – and instructions on when and how to report never events already exist. Establishing this issue as a never event is a straightforward way the Welsh Government could begin measuring and publishing information on the scale of the problem.

Even the Cabinet Secretary’s technical objection based on the definition of a never event is weak. He claims this issue does not meet the criteria for a “never event”, yet the definition he invokes is not the Welsh Government’s own definition. During the debate, he defined them as “serious medical errors with the potential to cause serious harm or death and that are wholly preventable.” On other occasions, he has included the provision that they “should not occur if the available safety measures have been implemented”.

However, in response to a written question from Rhys ab Owen MS on 17 November 2025, the Cabinet Secretary stated that the Welsh Government uses the NHS England definition, and that the source of this definition is the never events policy (and framework), which was revised in January 2018.<sup>1</sup> That definition, which the Cabinet Secretary quotes in his answer, is:

“**serious incidents**, which are wholly preventable because guidance or safety recommendations are available at a national level and should have been implemented by all healthcare providers.”

“Serious incidents” are a broader category than “serious medical errors” and this difference matters. The Cabinet Secretary’s narrower definition would exclude even some established never events, which are not always the result of a single medical error but are nonetheless preventable through adherence to national guidance. Care in chairs for extended periods is wholly preventable, poses a serious risk to patient safety, and is a practice for which national guidance could – and should – be developed. It is precisely the kind of systemic failure that a never event designation is intended to address.

The list of ‘never events’ can be amended and has indeed been amended in the past. For example, “wrong tooth extraction” was removed from the Welsh Government list of never events in 2021.<sup>2</sup>

In the Welsh Health Circular (2022) 020 (22 July 2022), Professor Chris Jones, National Clinical Director, NHS Wales and Deputy Chief Medical Officer, stated that the “updated list [of never events] can be found on the NHS Wales Delivery Unit website Never Events - Delivery Unit (nhs.wales) <https://du.nhs.wales/patient-safety-wales/>” and that the list “will continue to be updated to reflect any further changes...”<sup>3</sup> However, this link does not work and leads to a “404 – Page not found” message being displayed (please see the attached screenshot of the webpage). We have sought to find an updated list of never events elsewhere on the Welsh Government and NHS websites;

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<sup>1</sup> <https://record.senedd.wales/WrittenQuestion/97699>

<sup>2</sup> <https://www.gov.wales/sites/default/files/publications/2022-07/whc-2022-020-never-events-policy-july-2022.pdf>

<sup>3</sup> <https://www.gov.wales/sites/default/files/publications/2022-07/whc-2022-020-never-events-policy-july-2022.pdf>

however, it appears that this list is not publicly available via the internet. This is unacceptable for many reasons. Firstly, patients have the right to be kept informed about their health care services. To deprive patients of the right to be informed about 'never events' does a huge disservice to patients and reduces their ability to stay informed about their health care services. Secondly, it reduces accountability and limits the ability of members of the public, Members of the Senedd and stakeholders to effectively scrutinise Welsh Government policy.

There would be clear advantages in classifying care in chair for more than 24 as a 'never event'. The Welsh Government states that never events "require full...investigation" which must result in "immediate make-safes [being] put in place, targeted action agreed and lessons-learnt shared across the organisation". Classifying care in a chair for more than 24 hours as a 'never event' would therefore help to protect patients by putting appropriate mechanisms in place to ensure that lessons are learned when things go wrong, thus minimising the risk of future incidents occurring. To continue to omit care in a chair for more than 24 hours from the official list of never events entails the continuation of a situation in which there is no accountability, no consequences and no lessons learned when a patient is made to sit in a chair for more than 24 hours.

#### Data

During the debate, Joel James MS highlighted the need for the Welsh Government to collect and publish national data on the prevalence of corridor care in Wales. The Cabinet Secretary has consistently described corridor care as being an "exceptional" occurrence, which runs contrary to anecdotal evidence from both RCN and BMA members. Not only this, but a 'snapshot' survey conducted by the Royal College of Emergency Medicine found that in the first quarter of 2025, every A&E department in Wales recorded seeing patients in unsafe, inappropriate spaces with almost half of patients waiting for an inpatient bed.<sup>4</sup> Furthermore, several health boards have this week been escalated due to concerns about their delivery of emergency care, and HIW inspections of health care services demonstrate a theme of corridor care as a regular feature across Wales.

In his response to the debate, the Cabinet Secretary insisted that "understanding the prevalence of this issue is a health board operational responsibility", yet it is a fact that Welsh Government is lagging behind other UK nations in this respect. Both the UK Government and the Northern Ireland Executive have publicly committed to publish data on the extent of corridor care, with the latter working to publish their first dataset around February 2026.

We are confident that the national data, if collected and published, would vindicate our view that care in inappropriate areas has become normalised across Wales. However, the only way to prove or disprove the Cabinet Secretary's assertion that corridor care takes place only in "exceptional" circumstances would be to collect and publish the data. By publishing this data, the Welsh Government and members of the public would be able to have an accurate understanding of the current problem. Not only is this essential to ensure the effective scrutiny of Welsh Government policy, but it would greatly benefit the Welsh Government in forming health and social care policies.

We were somewhat pleased to hear the Cabinet Secretary say, in his response to the debate, that the Welsh Government is "supporting the NHS to improve the robustness and consistency of daily reporting by health boards, including trialling new approaches to data capture and reporting over the

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<sup>4</sup> <https://rcem.ac.uk/news/corridor-care-endemic-in-welsh-aes-as-rcem-research-reveals-shocking-reality/>

coming weeks. This will enable health boards to better understand when and where care is taking place in non-clinical areas, and to take immediate action, aligned to local and national escalation frameworks so the risk of harm is reduced.” However, we urge the Cabinet Secretary to elaborate on this and to commit to publishing the first set of data on corridor care in the first quarter of 2026.

The Welsh Government’s current approach is allowing corridor care to continue within the NHS across Wales. This is not acceptable for patients, nor for the workforce who desperately need the Welsh Government to treat corridor care as a Wales-wide, all-year round serious safety threat and as a failure of NHS Wales.

Yours sincerely,



Jackie Davies

**Chair, RCN Wales Board**



Dr Manish Adke

**Chair, BMA Welsh Consultants Committee**