



Hertfordshire

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EXCLUSIVE

Eight in 10 trusts are caring for emergency department patients in corridors, *BMJ* investigation finds

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Most NHS trusts in England are treating patients in corridors or makeshift areas in emergency departments, including “fit to sit” rooms, x ray waiting areas, and in one case a café, *The BMJ* has found.

Data obtained by *The BMJ* show that such practices have resulted in at least half a million patients being cared for in temporary spaces and that in some trusts one in four patients in accident and emergency (A&E) departments were cared for in corridors last year.

Corridor care refers to the practice of providing care to patients in hospital corridors or other non-designated areas, owing to overwhelming demand. Senior doctors say this is having a catastrophic effect on patient care, with end-of-life conversations being held in corridors.

They also warned that in some instances colleagues had been unable to get resuscitation equipment to patients in cardiac arrest “because everything’s in the way.”

Freedom of information (FOI) requests by *The BMJ* show the extent to which A&E corridor care is becoming normalised.

Trusts have installed portable sinks on corridors, along with heating, lighting, plug sockets, and toileting facilities, to provide long term care to patients in these settings. Some organisations have even created dedicated “corridor nurses” for shifts, with one trust hiring extra staff to help oversee patients in the “temporary escalation chairs.”

A total of 87 of England’s 115 NHS trusts that have A&E departments responded to *The BMJ*’s FOI requests, of which 69 (79%) confirmed that they were providing care in corridors or temporary escalation spaces in these departments.

The combined figures from the trusts show that more than half a million patients—a total of 532 018—were treated in these areas in 2024-25, although almost 50 trusts either provided only partial data or did not respond at all.

This number is about 3.1% of the more than 17 million (17 026 295) attendances at “type 1” (major, consultant led) A&E departments in England for that year,¹ although *The BMJ* did not extrapolate the data for the trusts that did not respond.

The half million figure is up from 448 356 patients cared for in corridors in 2023-24, with the rise in numbers partly explained by the fact not all trusts were reporting data that year.

Wes Streeting, the health and social care secretary, promised in October 2024 to “consign corridor care to history where it belongs,” and the government recently pledged to publish national data on the situation “shortly,”² although NHS England first committed to this back in January.³

Senior doctors said that behind the figures were harrowing experiences of patients—and staff—suffering because of corridor care.

“There’s absolutely a well proven association, with harm to patients and death in patients,” Ian Higginson, vice president of the Royal College of Emergency Medicine, told *The BMJ*.

He continued, “Why is it dangerous? From an emergency department perspective you can’t examine patients properly, because you can’t get to the bits you need to, you can’t have the conversations you need to, to document an accurate diagnosis—it’s very hard to do the right treatments fully. You can’t keep an eye on people.

“We hear of persistent stories of patients having cardiac arrests on corridors or of an inability to get resuscitation equipment to patients because everything’s in the way.”

He added, “For staff it’s a real source of moral injury. If this was happening in any other place, in any other walk of life, there would be an absolute outcry. It’s a complete scandal.”

Mumtaz Patel, president of the Royal College of Physicians, a consultant nephrologist in Manchester, said, “Patients are dying, end-of-life conversations are happening on corridors.

“You just think that’s awful, it’s just heartbreaking. This is undignified. It’s not caring, and we’ve not gone into medicine to do it that way.

“It’s not good in any way at all, at all levels, for the patients, for the staff, for the family. There’s really high thoroughfare of movement, so they [family] can’t even hold their hand or be there.”

Despite the obvious harm corridor care causes to patients and the staff who treat them, evidence shows that temporary caring spaces are becoming a permanent fixture in many hospitals.

East Kent Hospitals University NHS Foundation Trust was forced to apologise to patients in September after screening off a café in the William Harvey Hospital in Ashford and using it as a makeshift emergency department ward.⁴

The trust told *The BMJ* that 20 884 patients had been treated in corridors last year, although it did not record full data for patients placed in other temporary escalation spaces.

The BMJ also found evidence of corridor care being used on a more permanent basis. Dorset County Hospital said that it had adapted a corridor by adding portable sinks, heating, lighting, and plug sockets, which had initially meant to be used in a “major incident plan.”

University Hospitals of Liverpool told *The BMJ* it had converted a room on a corridor into an additional toileting facility for patients.

Bradford Teaching Hospitals said it had recently increased nursing numbers to enable a nurse to work in the corridor, with another nurse overseeing the “temporary escalation chairs” and waiting room, for a three month period.

Airedale NHS Foundation Trust said it had recruited an additional nurse to work on corridors, and Dartford and Gravesham told *The BMJ* it had “dedicated nursing staff to care for patients on corridors.”

Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust said it used a waiting room as a “temporary escalation space,” and Royal Cornwall Hospitals and Airedale place patients in their radiography corridor or waiting area, respectively.

The three trusts reporting the highest number of patients in corridor care were Liverpool University Hospitals (37 735, or 18.7% of attendances), Barking, Havering and Redbridge in east London (35 224, 24%), and Northern Care Alliance in Greater Manchester (33 987, 11.3%), although they all cover two or more emergency departments within one organisation.

Danielle Jefferies, senior analyst at the health think tank the Kings Fund, said corridor care is “probably the most visible symptom for how much the system is failing people at the moment,” adding, “There’s lots of different systemic crises happening in the NHS and social care. The most visible way that manifests is corridor care in hospitals.”

Lynn Woolsey, chief nursing officer at the Royal College of Nursing, said, “These figures reveal the tragic reality of the frontline, where patients are left in unsafe and undignified conditions and nursing staff are prevented from providing person centred care. The figures are shocking, yet they are the tip of the iceberg. We know that corridor care is not limited to emergency departments.

“As we head into winter, this situation is only set to worsen.”

Twelve trusts that indicated patients were treated on corridors were not able to provide *The BMJ* with any figures, and 10 others were able to give only partial data. Nearly 30 trusts did not respond to the FOI request.

Last month a harrowing report by the charity Age UK warned that older patients were dying on hospital corridors,⁵ and a recent survey by the Royal College of Physicians described doctors treating patients next to vending machines, in offices, and in cupboards.⁶

An undercover Channel 4 television *Dispatches* programme in June 2024 showed patients waiting up to 30 hours on chairs at Shrewsbury and Telford Hospital NHS Trust’s “fit to sit” room, with others waiting up to 46 hours in corridors and waiting areas in the emergency department.⁷

A spokesperson for the Department of Health and Social Care said, “No one should receive care in a corridor in a chair or trolley—it is unacceptable and undignified. We are determined to end this, which is why we’re publishing corridor waiting figures so we can take the

steps needed to eradicate it from our health service. Sunlight is the best disinfectant to stop this practise.”

Leah Robins, chief operating officer (interim) at the Northern Care Alliance, said, “Our priority is to provide the best and most appropriate care for patients. Like many NHS trusts, our emergency departments face very high demand, especially during winter.

“When hospital beds are full, we use safe temporary escalation spaces (TES) to assess and treat patients. We know our figures for patients being cared for in TES are not where we want them to be. These spaces are only used when all other options have been exhausted, and patient safety, privacy, and dignity remain our highest priority.”

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