



Corridor care within the Post Anaesthetic Care Unit

Corridor care, which is the delivery of treatment in spaces not designed for clinical use, has become a pervasive and deeply troubling feature of our health system. While often associated with overcrowded Emergency Departments (EDs), this practice is now spreading into other critical areas, including Post Anaesthetic Care Units (PACU).

As a group of the Association for Perioperative Practice, British Anaesthetic and Recovery Nurses Association, The College of Operating Department Practitioners, The Royal College of Nursing, The Perioperative Care Collaborative and The Royal College of Anaesthetists, we are united in expressing serious concern about the increasing use of PACU's as holding areas for post-operative patients due to the lack of appropriate bed placements. This is corridor care by another name, and it is unacceptable and unsustainable.

PACU's are intended for short-term, high-acuity monitoring immediately after surgery. When patients are held in these spaces for extended periods because of bed shortages, it compromises clinical safety, delays rehabilitation, and disrupts surgical pathways, often resulting in cancelled procedures and increased pressure on staff.

This is not simply a logistical issue. It reflects a systemic failure to provide adequate capacity and infrastructure for post-operative care. Patients deserve to recover in appropriate environments, and staff deserve conditions that uphold professional standards and wellbeing.

What are the issues?

1. Impact on Patient Experience

Holding patients in transitional spaces for hours, or even overnight, undermines dignity and privacy at a vulnerable time. It causes distress for patient, their families and carers; erodes trust in the system, and falls short of the compassionate care standards we strive to uphold.

For example, visiting may need to be restricted in order to safeguard the dignity of other unconscious patients. It also impacts the patient's ability to sleep due to the nature of the PACU it is a busy area, where the lights need to remain on to allow for patient assessment.

2. Impact on Productivity

Corridor care in recovery units creates significant bottlenecks in surgical pathways. When recovery units are full, theatres cannot hand over patients, forcing surgical teams to pause and delaying subsequent procedures. This leads to cancellations, inefficiencies, and increased operational costs. Far from maintaining throughput, this practice undermines both safety and productivity.

3. Impact on Healthcare Professionals

Corridor care places enormous strain on perioperative teams, including nurses and Operating Department Practitioners (ODPs). Staff are being asked to deliver care in environments that compromise professional standards, clinical governance, and personal wellbeing. Many experience moral distress, knowing these conditions fall short of safe, dignified care, which creates ethical tension and contributes to burnout. At the same time, they face intense operational pressure.

This is not sustainable. Protecting staff wellbeing is essential to maintaining patient safety and the resilience of the health system.

4. Impact on Patient Safety and Care

Recovery units are not equipped for prolonged stays. Extended occupancy in these areas compromises clinical safety, continuity of care, and access to appropriate equipment and staffing. Patients often lack the resources needed for their ongoing post-operative care and rehabilitation needs, increasing the risk of complications and delayed recovery.

For example, Recovery Units will not have a bathroom facility, or a space where patients can freely mobilise.

The scale of the problem

We echo the Royal College of Nursing's declaration that corridor care is a national emergency. Their 2025 report revealed that 66.8% of nursing staff are delivering care in overcrowded or unsuitable places, with 54% considering leaving the profession as a result. In addition, the Health Services Safety Investigations Body report (2026) highlights the challenges in maintaining patient experience, privacy and dignity and patient safety during corridor care.

We call for:

- Urgent investment in post-operative care pathways that ensure timely and appropriate patient placement.
- Mandatory reporting of delayed transfers from Recovery to an onward location as corridor care incidents to drive transparency and accountability.
- Support for perioperative staff, including nurses and ODPs, who are being asked to work in conditions that compromise their professional standards and wellbeing.

We invite all stakeholders, healthcare organisations, professional bodies, and policymakers, to join us in restoring dignity, safety, and efficiency in post-operative care. Recovery spaces must be used as intended. No patient should be left in inappropriate care environments due to systemic failures.

If you would like to collaborate or share your experiences, please get in touch. Every voice matters.

****Co-signatories:****

Association for Perioperative Practice

British Anaesthetic and Recovery Nurses Association

Perioperative Care Collaborative

Royal College of Anaesthetists

Royal College of Nursing

College of Operating Department Practitioners

References:

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Accessed: March 2026

Date published: 6/5/2026