



# Crowding in Scottish EDs: Cubicle Space, Corridor Care, and Bed Waits

Crowding in Emergency Departments (EDs) is dangerous and leads to inappropriate care due to lack of space. Recent [Royal College of Emergency Medicine \(RCEM\) crowding guidance](#) states that 'crowding occurs when the demands on an Emergency Department exceed the capacity of the department ... It manifests most obviously as delays to offloading ambulances, delays to be assessed and treated, and as long waits for admission with patients often situated in corridors or other inappropriate spaces.'<sup>1</sup> Instances of crowding are becoming far more frequent across the UK, including in Scotland.

To assess emergency care in Scotland, RCEM regularly collects and analyses patient waiting time figures. You can find this analysis on the [data and stats page](#) of the College website. The focus of this briefing is the impact of long waits and crowding, the location of patient treatment, as well as some of the capacity issues within ED that cause overcrowding and inappropriate care. It examines three aspects of crowding:

1. The amount of available cubicle space per patient present in the ED – A lack of cubicle space means that patients are left to be treated in inappropriate areas such as corridors, without privacy and proper care.
2. The number of patients being treated in corridors – A key symptom of overcrowding in EDs is corridor care. Without sufficient cubicle space, there is increased instances of treatment in corridors. This is dangerous and undignified for patients and, we consistently hear, causes moral injury for clinicians.<sup>1</sup>
3. The number of patients stuck in ED waiting for an inpatient bed to become available – A major cause of 'exit block' and long waits is lack of available beds in the main hospital. An increase in general and acute beds is needed to tackle this and bring occupancy down to safe 85% levels.<sup>2</sup>

<sup>1</sup> Violating their conscience or moral principles by treating patients in corridors despite not having a choice.

<sup>2</sup> National Audit Office endorses 85% occupancy [here](#). Articles that endorse 85%: [Bosque-Mercader and Siciliani](#); [Pratt and Wood](#); [NHS Providers Blog](#). Some larger hospitals, with more side rooms which allow isolation of infectious cases and flexibility around single sex compliance, can tolerate higher occupancy levels.

We were unable to obtain some of this information by Freedom of Information request from Public Health Scotland. Therefore, to highlight excessive crowding and inappropriate care, RCEM surveyed 21 EDs across Scotland.<sup>3</sup> We requested the data be provided as a snapshot on Monday evening and asked for the following data:

- the number of patients in the department;
- the amount of cubicle space;
- the number of patients being treated on trolleys in the corridor;
- and the number of patients waiting for an inpatient bed.

We repeated this data collection in the EDs over the course of four consecutive Mondays at exactly 10pm (the dates were 25/03, 01/04, 08/04, 15/04). The data summarised in this briefing is the average of those days so, it is more representative of a 'typical' Monday night in the ED.

## Findings:

- Across the 16 EDs that provided their cubicle space, there were, on average, nearly **two attendances per cubicle treatment space (1.82 patients per space)**.<sup>4</sup> This means that for every 100 patients with a cubicle, 82 more will not have access to one if needed.
- Only **one ED had a cubicle occupancy of less than 100%**. The average was 182% and the maximum for any one department was 258%.
- Of the **826 patients present across 21 EDs in Scotland, 12.8% were being treated on trolleys in the corridor** (106 patients).
- **14 out of the 21 EDs reported that there were patients being treated in corridors.**
- **26.1% of patients were stuck in the ED waiting for an inpatient bed to become available** (216 patients).

<sup>3</sup> We were only able to get in touch with 21 out of the total 29 EDs across Scotland. EDs are anonymised.

<sup>4</sup> This does not necessarily mean there are 2 patients in a cubicle. Rather, when no cubicle is available, patients are treated in other areas: trolleys in corridors, cars, the waiting room, relative rooms, plaster rooms.

## RCEM Policy Recommendation:

To prevent inappropriate care and crowding in EDs, the Scottish Government must resource hospitals so that there is the capacity within EDs to safely treat patients. Increase the number of general and acute beds within hospitals so that occupancy is at maximum 85% and there is space to admit patients into. Prioritise hospitals with longer wait times and more instances of inappropriate care first.

## Data table and graphs:

In ED and ambulances	Cubicle Space (based on 776 patients present in the 16 EDs that provided their number of cubicles)			Corridor Care		Waiting for a Bed		Ambulances
	Present in ED	Cubicles	Occupancy	Attendee per cubicle	Patients on trolleys in corridors	% on trolleys	Number waiting for a bed	% waiting for a bed
826	426	182%	1.82	106	12.8%	216	26.1%	29

