# RCEM CARES

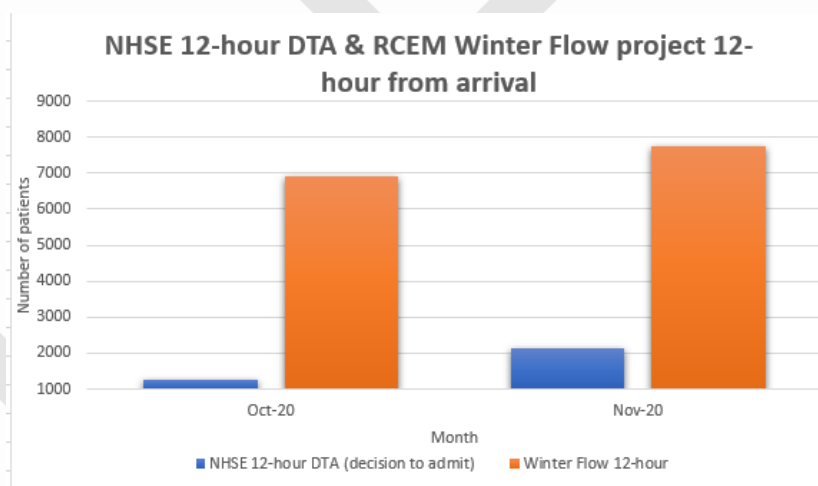## Spotlight on: Safety

**Earlier this year we launched the RCEM CARES campaign which provides solutions to address the pressing issues facing Emergency Departments. The campaign focused on crowding, access, retention, experience, and safety. Last month we looked at crowding, this month we will focus on the impact of crowding on safety in Emergency Departments.**

### What is the national picture?

NHSE performance figures and weekly ambulance figures paint a concerning picture of pressures facing the Urgent and Emergency Care pathway. Crowding is now endemic in our Emergency Departments, resulting in entrance block as ambulances are unable to offload and in some areas there are critical delays in accessing mental health beds. This briefing will use data to illustrate the pressures facing our Emergency Departments and outline the implications for patient safety.

### Graph 1: Emergency Department 12 hour performance



NHSE (2020) A&E Attendances and Admissions & RCEM (2020) Winter Flow Project.

Performance in Emergency Departments continues to deteriorate. The 12-hour figures should be a cause for huge concern. NHSE reported **2,141 patients** waited for 12 hours or more in November. This reflects an increase of **almost 100% when compared to November 2019**, despite substantially fewer attendances and admissions. This is a warning sign that hospitals in England do not have adequate patient flow.

Yet this figure only represents the tip of the iceberg. In England, the clock starts when a decision to admit the patient has been made, so it is not reflective of the patient's journey. However, in line with the rest of the UK nations, RCEM's Winter Flow project records 12 hour performance from the time a patient arrives to the Emergency Department. **Winter flow data represents just a fifth of England's yet we found that an alarming 7,750 patients waited 12 hours or more** in those Emergency Departments.

Additionally, the most recent Winter Daily Situation reports revealed that, compared with two years ago, **the NHS in England recorded almost 6,000 fewer ambulance arrivals in week 2 of winter, and yet the proportion of handovers involving a delay grew by almost 5%.** Even the smallest increase in demand has considerably increased ambulance delays. This is indicative of pressures within the hospital as ambulances are struggling to offload patients.

The Royal College of Emergency Medicine

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## Spotlight on: Safety

**Overcrowding, coronavirus, and patient safety**

Crowding posed a serious risk to patient safety before the coronavirus pandemic; many studies have highlighted the close association between crowding and patient mortality. Unfortunately it is the sickest and most vulnerable patients who are most affected by crowding, as they are often stuck on a trolley in a busy corridor. This is an indicator of a health system that is struggling to offer timely care to patients.

Crowding also puts a huge amount of pressure on staff, as Emergency Departments are not resourced or designed for this type of care. Overcrowding and challenging working conditions can result in an environment where errors are more likely to happen. It also means that staff are not only less able to provide safe, timely and efficient care to patients on trolleys, but also to any subsequent patients who attend the department.

It is important to emphasise that coronavirus multiplies the risk of serious harm to patients caused by crowding. **Weekly NHS England data shows that 1,787 covid-19 cases were acquired in-hospital for the week ending 6th December; this represents a rise of almost 14% on the previous week**. Moreover, in the most recent Winter Daily Situation Report, bed occupancy in England's general and acute bed stock was 88.9%, well above recommended safe limits. We have long argued it is inhumane to treat ill and vulnerable people in an environment that does not allow adequate social distancing. Although the availability of the vaccine is positive news, healthcare services will—for some time– be working to minimise the risk of hospital-acquired coronavirus. Endemic crowding makes this an impossible task presenting a further, real and avoidable, risk of death from a coronavirus infection acquired in an Emergency Department.

**Recommendations for Government:**

1. Open additional staffed beds in hospitals to allow Emergency Departments to adequately manage demand and promote flow through the hospital.

2. Carry out a forward-looking rapid review of the UK's preparedness for successive waves of the coronavirus pandemic. This will help Emergency Departments tackle the inevitable challenges of COVID-19, flu, and seasonal norovirus during the winters of 2020/21 and 2021/22.

3. Ensure that there is adequate capacity for COVID-19 testing for Emergency Department staff (and their households), with short turn-around times that allow prompt and safe return to work and minimises staff absences.

**What you could do to support us:**

1. Tweet your support for our campaign. Please use the hashtag #RCEMCARES
2. Table parliamentary questions for our campaign

If you have any questions or would like to table parliamentary questions please get in touch with Pooja Kumari, Policy Manager, Royal College of Emergency Medicine pooja.kumari@rcem.ac.uk

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