

# RCEM Explains:

## NHS Recovery Plan: One Year On



### March 2024

In January 2023, the Department for Health and NHS England published a delivery plan to recover emergency care services following the most challenging winter the NHS has ever faced. The premise of the plan was to improve waiting times and patient experience by increasing capacity, growing the workforce, improving discharge, expanding care outside hospitals, and making it easier to access the right care. One year on, this briefing has been prepared to help policymakers review progress made in recovering emergency care services.

### Key Insights

- Bed occupancy remains high, consistently averaging over 94%. More than an additional 11,000 available beds are required to achieve safe occupancy levels of 85%.
- The number of patients admitted into hospital has risen by 10% one year on.
- Recent figures show that a daily average of 13,690 patients remain in hospital after a decision to discharge them has been made, only 275 fewer than in January 2023.
- The percentage of answered calls to 111 that had clinical involvement has fallen from 43.6% in January 2023 to 40% in February 2024.
- In February 2024, only 56.5% of patients met the four-hour target, a fall of 1.5 percentage points compared to when the plan was announced.
- In 2023, there were almost 14,000 associated excess deaths related to patients who waited 12 hours or more prior to being admitted.

### Policy context

Winter 2022/23 saw record worst performance across every metric for the NHS with the number of patients experiencing delay to their care and bed occupancy at an all-time high. In response to this, the Department for Health and Social Care and NHS England published the [Delivery Plan for the Recovery of Urgent and Emergency Care \(UEC\) Services in January 2023](#) ('The Delivery Plan'). This comprehensive two-year plan was designed

to recover emergency care services from the pressures of a demanding winter season and the disruption caused by the pandemic. [In July 2023, NHS England released a further plan for the upcoming winter](#), aiming to pre-emptively tackle potential challenges and mitigate the impact of another demanding winter season.

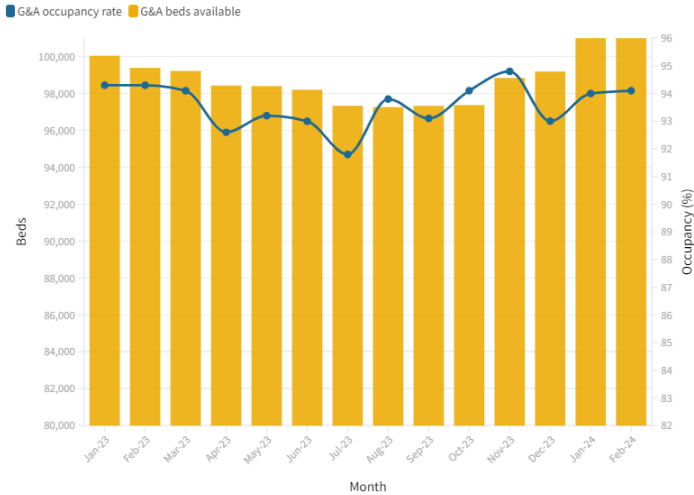
NHS England routinely plans; however, they are often not always followed by a meaningful evaluation. This briefing intends to bridge this gap by providing a comprehensive examination of progress made so far against aims set out in the Delivery Plan, highlighting areas of both improvement and concern. Tracking progress against the goals detailed in the plan is a useful way of guiding where and how resource and attention should be deployed.

### Increasing Capacity

#### **5,000 new beds**

In January 2023 the government announced a commitment to an increase of 5,000 core (permanent) beds as part of the permanent bed base for winter 2023/24. The agreed baseline for this was October 2022. However, most recently, a decision was made to change the baseline to April 2022, nine months before the announcement. At this time, NHSE say there were 94,500 core beds in place. In January 2024, the NHS announced that it had successfully reached its target of 5,000 extra core beds. It is important to note that data on 'core' beds was not publicly available until August 2023. At this time there were 96,731 'core' beds, rising to 99,529 in January 2024 giving a six-month average

of 97,658. Moreover, over a quarter of the 5,000 beds were delivered in the final month.



The real impact that these extra beds are having on the ground can be questioned. As the graph above demonstrates, there has been no meaningful improvement made in reducing bed occupancy; as soon as these ‘extra’ beds were opened they were filled. Occupancy remains dangerously high at over 94%. More than an additional 11,000 available beds are required to achieve safe occupancy levels of 85% to encourage patient flow and reduce long waits in EDs if nothing else is to change.

Despite the considerable shortfall of beds, and sustained high bed occupancy, it has been announced that NHS England will aim to maintain ‘core’ G&A beds at an average of 99,000 across 2024-25, which is 4,500 above the established baseline. While this is certainly an increase on previous years, it continues to fall short of the number that is required to markedly impact bed occupancy and ED waiting times.

**Ambulance handovers**

It is important to note that operational planning guidance for 2023/24, reduced the target for ambulance response times for Category 2 (C2) calls to 30 minutes from 18 minutes. C2 incidents concern potentially serious conditions that may require rapid assessment, urgent on-scene intervention and/or urgent transport. Ambulance handover performance continues to be poor. In January 2023 when the plan was announced, average C2 response time was 32 minutes. By February 2024 this has risen to 36 minutes. This year alone (1 January 2024 – 17 March) almost 30

years’ worth of time has been lost due to ambulance handover delays beyond 30 minutes.

**Same Day Emergency Care**

Same day emergency care (SDEC) services are in place in most hospitals with major EDs, but not all. The aim of this commitment was to reduce admissions into hospital therefore improving patient flow and reducing crowding. A year on, in January 2023, there were 364,393 admissions via type 1 EDs (29.3% of attendances). In January 2024, there were 403,210 (28.8% of attendances). There has been a marginal improvement of 0.5 percentage points in the proportion of attendances that were admitted, however the number being admitted has risen by more than 10%. So, while staff may be admitting a lower percentage of attendances, the number being admitted has risen considerably and therefore in-patient capacity to meet this demand must be prioritised to avoid crowding in Emergency Departments. It is not completely understood why emergency admissions have risen by so much and this should be investigated further.

**Growing the Workforce**

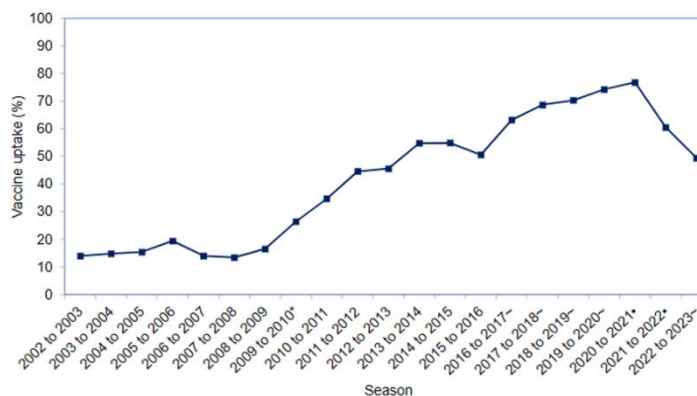
**More clinicians for NHS 111**

The Delivery Plan aimed to launch a new targeted campaign to encourage retired clinicians, and those nearing retirement, to work in NHS 111. The hope was that with increased clinical involvement, faster access to the most appropriate form of care would help to avoid preventable ED attendances. Despite these aims, the latest data show that the percentage of answered calls to 111 that were assessed by a Clinician or Clinical Advisor has fallen from 43.6% in January 2023 to 40% in February 2024.

**Protecting the workforce**

Though not part of the NHS Recovery plan, it has become apparent that healthcare staff uptake of vaccination against flu and Covid-19 is sub-optimal. This exposes not only the individual staff member to avoidable illness, but other staff and patients.

Seasonal influenza vaccine uptake in frontline healthcare workers (HCW) in England for season 2022 to 2023 compared with previous seasons



## Protecting Patients

There are new vaccines available against Respiratory Syncytial Virus (RSV), this virus causes bronchiolitis which hospitalises thousands of small children each year. These are approved by the Joint Committee on Vaccination and Immunisation (JCVI) but are not yet commissioned by the NHS. This vaccine has been available for at least 12 months and could have prevented a lot of paediatric attendances and admissions.

## Speed up discharge of patients

### Focus on discharge

The Delivery Plan outlined the importance of making sure patients are not in hospital for longer than necessary. We know that long stays in hospital are not good for patients and can lead to poorer outcomes. In January 2023 60.2% of patients who were ready to be discharged remained in hospital. The latest figures for February 2024 show that this has decreased to 55.6%. This equates to a daily average of 275 fewer patients. But this still equates to more than half of all patients considered medically well enough remaining in hospital creating 'exit block'.

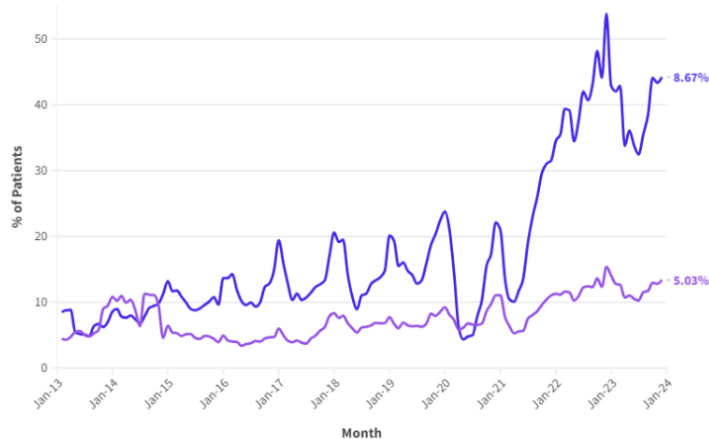
### Improve waiting times

The four-hour standard in the NHS constitution stated that 95% of patients should be admitted, transferred, or discharged within four hours. In December 2022, the UK Government announced they were reducing the target to 76% with aim of this being achieved by March 2024. Trusts are being financially incentivised to meet this reduced target, with £150 million available to those are able

to achieve 76%. On the other hand, departments that struggle to achieve the new target are essentially penalised, despite perhaps being the very hospitals that need financial support, potentially perpetuating inequalities in care.

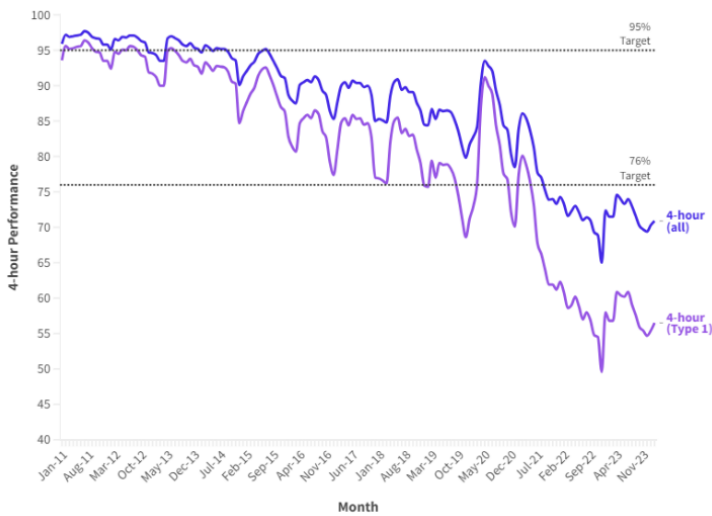
At the end of March 2024, the Government announced a new target of 78% with the aim of this being hit by March next year. Only two percentage points higher than the current 76%, the new target is equally as unambitious. Furthermore, the current target of 76% is only being met by 13% of acute trusts. In January 2023, 72.4% of all patients met this target, this has decreased to 70.9% a year later. When focussing on major ED performance, it is even more alarming, with the most recent data (February 2024) showing that 56.5% of patients met the target, down from 58% in January 2023. Importantly, setting the aspiration so low will continue to encourage perverse incentives, in that effort is increasingly directed to patients who can be discharged most quickly from the ED, while the admitted, often sicker patients, continue to endure long stays. The greatest harms from long stays are on those who are admitted. As the graph below demonstrates the percentage of four-hour breaches that go on to wait 12 hours or more has risen from 8% a decade ago, to 45% for admitted patients. In contrast, for non-admitted patients this has only increased from 7% to 13%.

% of 4 hour breaches that go on to wait 12 hours or more (admitted and non admitted)



NHS Trust level four-hour performance is calculated using weighted averages across all types of ED provision. The graph below reveals the limits to examining NHS Trust level performance for England. There is a growing disparity between Trust-level and Type 1 performance. The NHS Trust level scores conceal the decline in Type 1

performance, the gap between these figures has increased overtime.



In 2023, there was, on average, a 14-percentage point difference between Type 1 performance and NHS Trust level performance. National figures also mask huge variation across different NHS Trusts. Providing more granular data can help policymakers and clinicians identify areas where improvements are needed and take action to address them, ultimately leading to better health outcomes for patients. RCEM continues to call for site specific data reporting.

**Long waits and associated harm**

In 2023, more than 1.5 million patients waited 12 hours or more, 65% of those were patients awaiting admission. Furthermore, almost a quarter of 12 hour waits (24.2%) went on to wait 24 hours or more, equating to almost 400,000 patients.

Longer waits in A&E are related to higher mortality. There will be one additional death for every 72 patients that experience an 8–12-hour wait prior to their admission. By applying this [Standard Mortality Ratio](#) to patients who waited 12 hours or more until admission we can estimate that there were almost 14,000 associated excess deaths related to waits of 12 hours or longer in 2023. This of course does not account for the excess deaths that occur in either increases in patient morbidity or for inevitable worsening patient experiences.

**Conclusion**

Ongoing evaluation of any plan, particularly one that aims to recover a struggling system, is paramount. This briefing outlines the progress

against the Delivery Plan over a year on and, in short, concludes that very little consequential improvement has been made. In many cases, performance has in fact deteriorated, with the common patient experience being one of delays at every stage of their journey. What is needed is substantial investment that reflects a commitment to resuscitating emergency care, for both the staff that work tirelessly to provide the safest care they can, and patients.

**Recommendations**

[RCEM’s #ResuscitateEmergencyCare Campaign](#) calls for long term plans to build additional capacity within the health and social care system:

1. Rapidly expand Same Day Emergency Care provision so it is available 12 hours a day, seven days a week with the same access to diagnostic services as EDs.
2. Ensure that hospitals never exceed 85% occupancy by opening additional staffed beds, so hospitals have the space and resources available to care for every patient.
3. Performance-manage hospitals based on the proportion of patients waiting 12 hours or more from their time of arrival, alongside a four-hour target of 95%.
4. Publish hospital-level performance figures to enable transparency and improve performance of hospital.
5. Plans to implement RSV vaccination programs should be accelerated for this coming winter.
6. NHS Trusts should improve their staff vaccination programs for influenza and Covid.