

**RCEM**

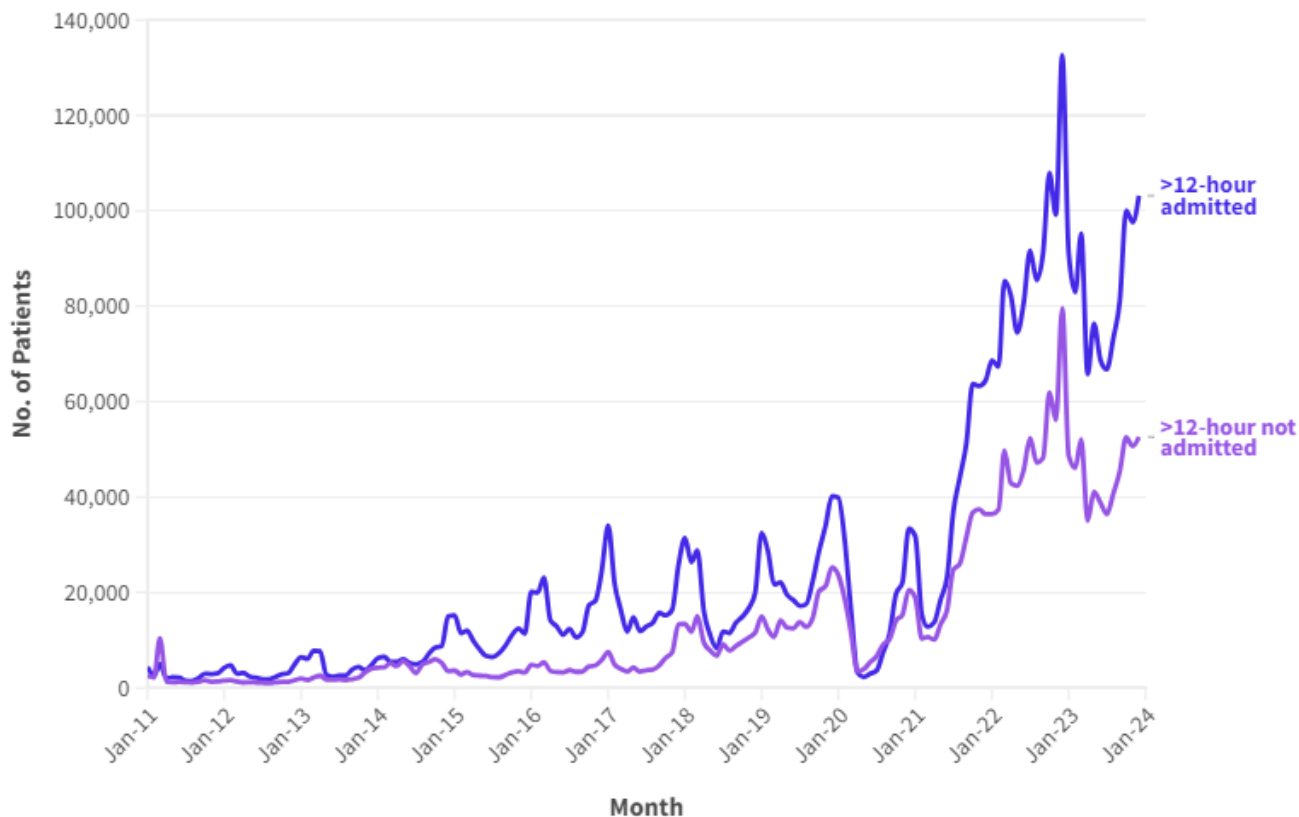
Royal College  
*of* Emergency  
Medicine

# Independent investigation of NHS performance: submission of evidence

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## Long stays and mortality

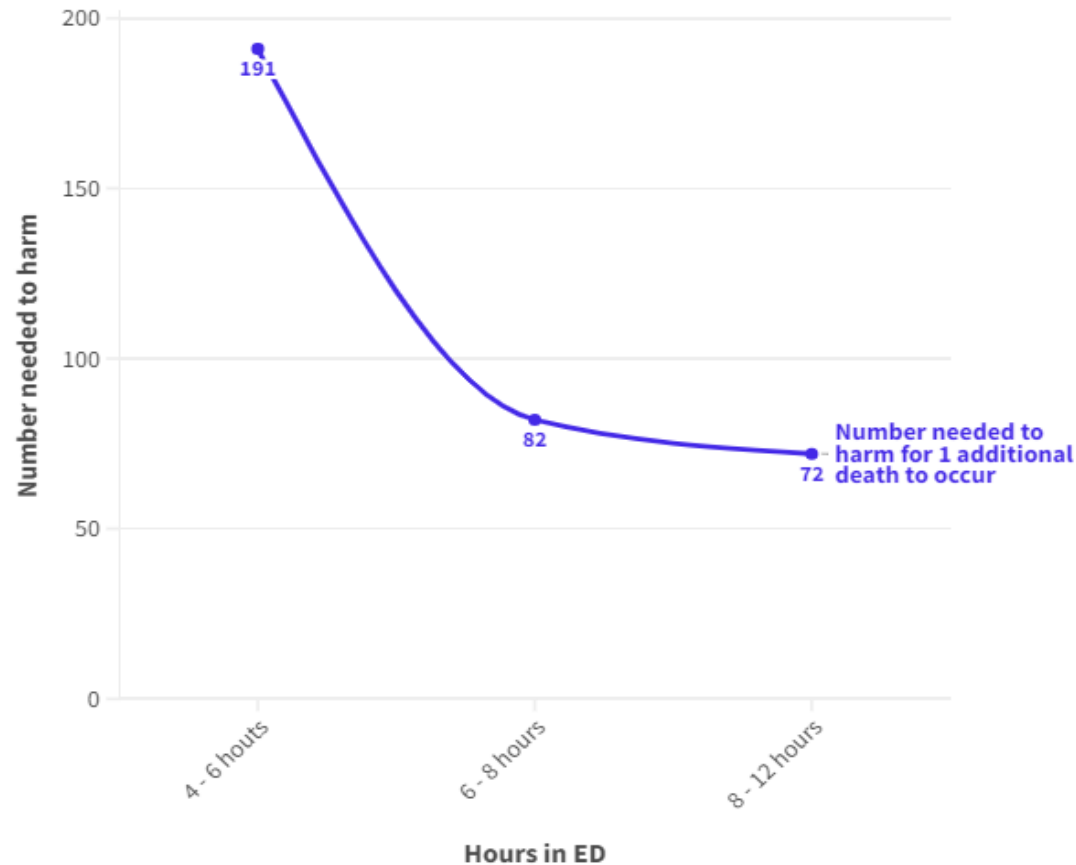
Patients waiting 12 hours or more from time of arrival in a type 1 ED, non-admitted and admitted



- Long stays in the Emergency Department (ED) contribute to dangerous overcrowding
- In 2023, more than 1.5 million patients waited 12 hours or more in EDs, with 65% awaiting admission into a bed.
- In 2024 so far, more than a quarter (28.5%) of patients waiting 12 hours or more went on to wait 24 hours or more.
- 400,000 people waited 24 hours or more in an Emergency Department
- It is well accepted that delays in the ED are associated with increased mortality.
- A [thematic analysis of 'Prevention of Future Deaths' report](#) relating to UEC found that delays were a leading theme, either to assessment, investigation or treatment.

## Long stays and mortality continued

### The effect of increasing ED delays to admission

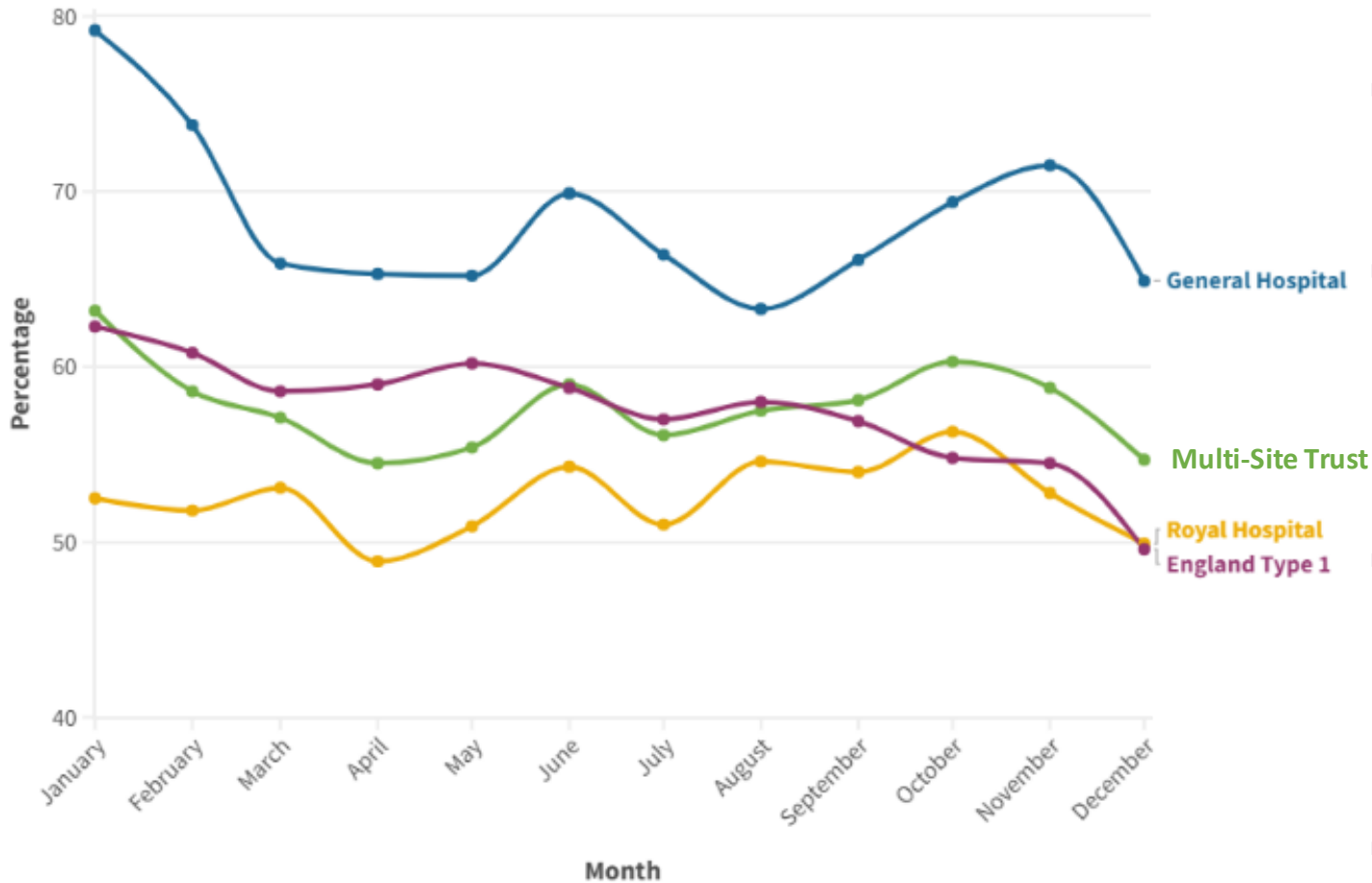


- [Jones et al.](#) found that between 2016 and 2018 there was a statistically significant linear increase in mortality from 5 hours after time of arrival at the ED.
- The ONS has since replicated this study using data from 2022. They have reached a near identical conclusion.
- Applying Jones' et al methodology to the long waits experienced by patients awaiting a bed represented in the previous slide, an estimated 275 excess deaths occurred **each week** in 2023 due to delays.

# Multi-site data

## Aggregated vs disaggregated

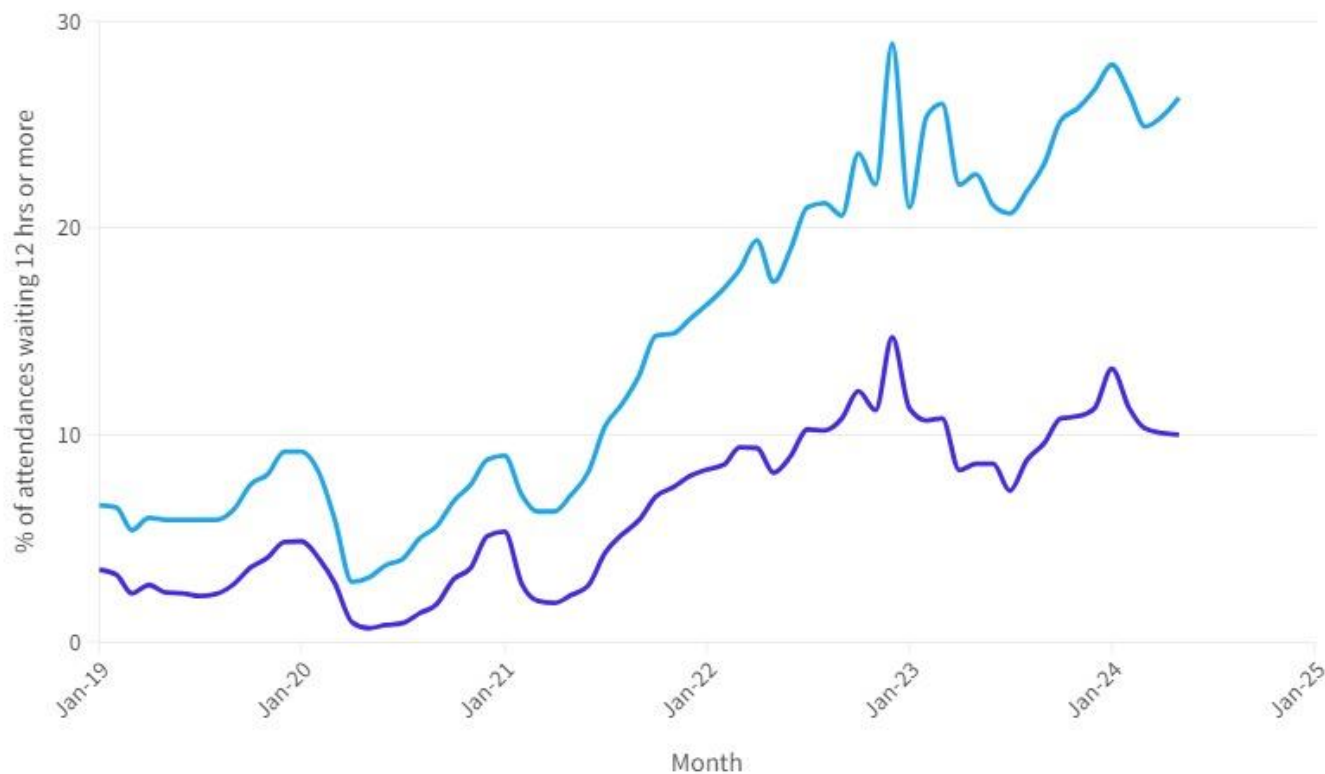
Multi-site Trust aggregated vs disaggregated performance data



- Currently ED performance data is published at Trust-level. Much underperforming hospital data is masked by the aggregated data.
- Many NHS Trusts have more than one Type 1 ED. The graph shows a multi-site trust, which contains two hospitals with Type 1 EDs: General Hospital and Royal Hospital. The former outperforms the latter on the 4-hour target throughout 2022.
- The Trust-level data closely trails England's Type 1 performance; yet Royal Hospital's performance consistently fell below the England average for almost all of 2022. This is hidden in the published trust-level data.
- 35% of Trusts are multi-site

### Comparison of all attendances vs mental health attendances delayed by 12 hrs or more

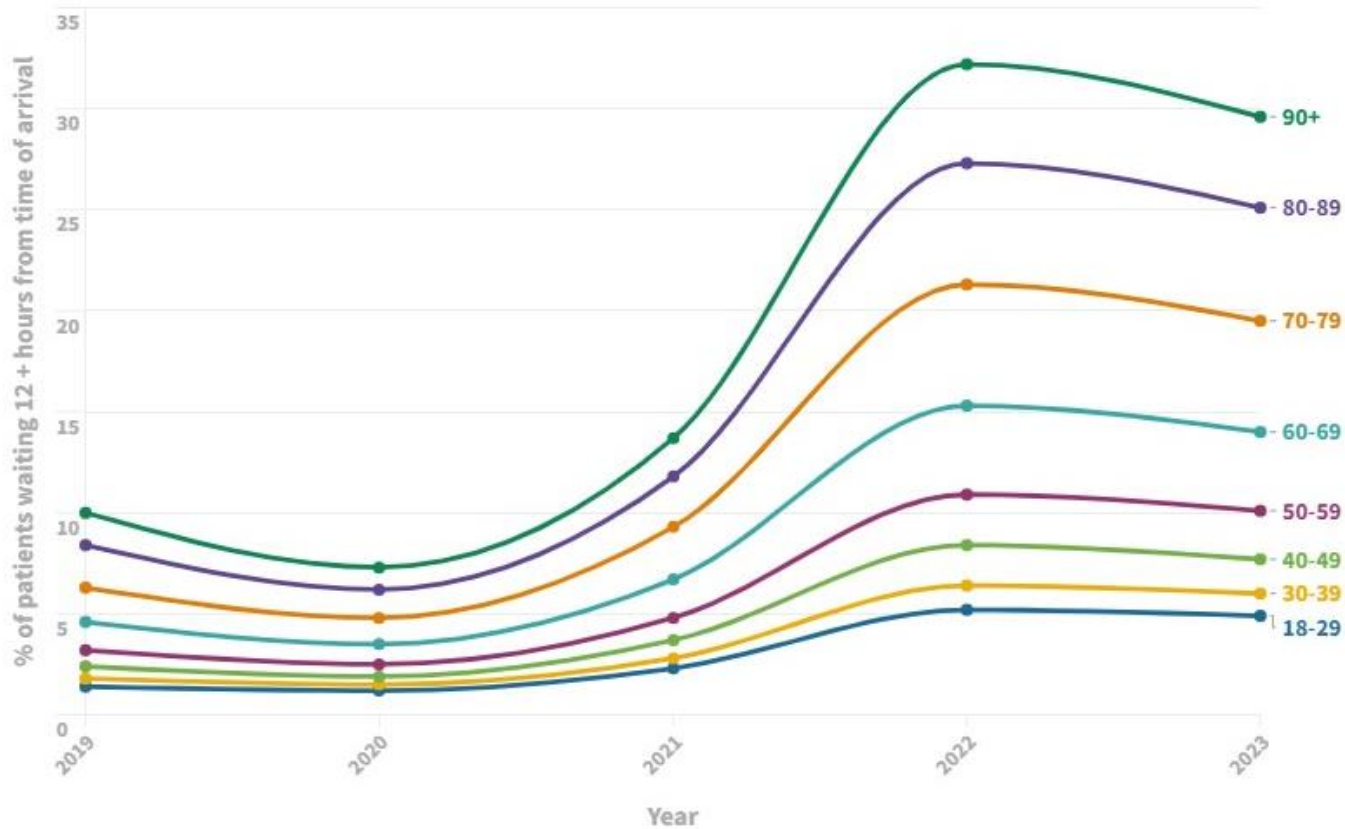
■ % of all attendances with 12hr delay ■ % of MH attendances with 12hr delay



- The elderly and those attending for mental illness are two groups disproportionately impacted by long waits in the ED.
- In 2023, the average likelihood of patients with a primary diagnosis of mental illness waiting 12+ hours was 20.6% compared to 9.7% for all patients.
- While the likelihood of long waits has increased for all patients over the years, it has increased more steeply for those with mental illness as a primary diagnosis.

## Older People

### Proportion of patients who waited 12 hours or more from their time of arrival by age in England



- As the graph demonstrates, older people have longer stays.
- In December 2023, almost a third of 80 to 90-year-olds waited 12 hours or more (29.65%), and over a of 90+ year olds waited 12 hours or more (35.28%) This is **harmful**.
- In 2023, 5% of 18–29-year-olds waited 12 hours or more. You are 5 times more likely to wait 12 hours or more if you are 90+ compared to if you are 18-29.

# Litigation and Transparency

The system pressures are leading to significant and avoidable litigation costs.

£2.8 billion was paid out in compensation by NHS Resolution in 2023/24

- Emergency Medicine accounted for 13.3% of the clinical claims received.
- £417,786,000 (£20 per emergency department patient attendance) is spent on the costs of litigation.

NHS England are not always a transparent or responsive organisation, especially around the sharing of useful data (to drive improvement or innovation) or evaluating new projects.

- The Clinical Review of Standards conducted a three-year, 14-site pilot between 2018 and 2021 to trial alternatives to the four-hour standard. It has **never** reported the results.
- It took over two years for NHSE to deliver a dataset to a University team evaluating system wide patient flows.