

# RCEM Explains:



## Long waits and excess deaths

The idea of Emergency care services experiencing seasonal spikes in demand – so called ‘Winter Pressures’ are fast becoming a thing of the past. Instead, long waits have become the new norm year-round, and staff are caring for patients in unsafe conditions on a daily basis. It is well established that long waits are associated with patient harm and excess deaths. [Last year the UK Government published a Delivery Plan for the Recovery of Urgent and Emergency Care \(UEC\) services.](#) A year on, far too many patients are still coming to avoidable harm.

### Key Insights

- In 2023, more than 1.5 million patients waited 12 hours or more in emergency departments.
- 65% of 12-hour waits were patients awaiting admission into a bed.
- On average, almost 300 excess deaths associated with these waits occurred each week in 2023.

### Introduction

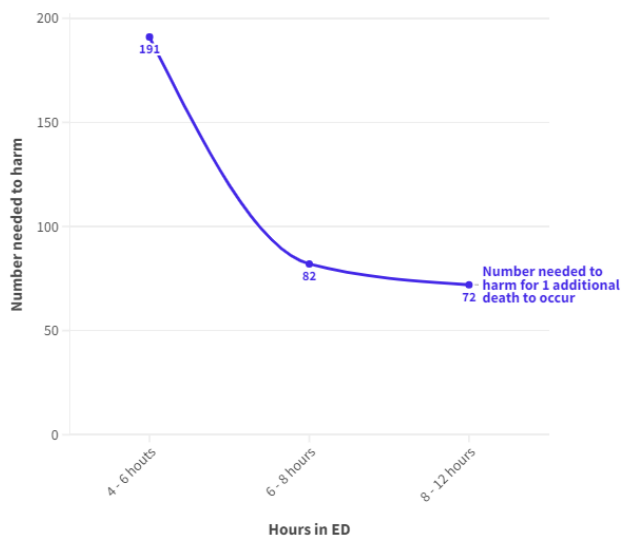
Urgent and Emergency Care (UEC) performance figures are important indicators of operational pressures on the NHS. System wide pressures coalesce in Emergency Departments (EDs), where the bulk of the risk is borne both by the patients and staff. This is acutely demonstrated by the extent of long waits, mostly experienced by patients awaiting admission into the hospital. In 2023 more than 1.5 million patients waited 12 hours or more in major EDs, with 65% of those awaiting admission. Despite being ready to proceed to the next stage of their care, due to a lack of hospital capacity, patients remain in the ED and continue to be cared for and monitored by ED staff, often in clinically inappropriate areas such as corridors.

### Risk of harm: then and now

There is considerable scientific evidence to show that delays to care and long waits in admission to hospital increase a patient’s risk of harm and death, even after leaving an ED. [A large observational study of more than five million NHS patients showed an increase in all-cause 30-day mortality, adjusted for age and co-morbidity.](#) This quantified the harm, demonstrating that **there was one additional (excess) death for every 72 patients that spend 8-12 hours in the ED.** This study also concluded that risk of harm was ‘dose dependent’.

In other words, as the length of delay goes up, so does the risk of mortality as the following graph demonstrates.

The effect of increasing ED delays to admission



In 2022 RCEM utilised this finding and carried out analysis of waiting time figures for those waiting 12 hours or more in Emergency Departments, of which there were over 1.6 million. The 1:72 ratio was applied to this figure, and it was estimated that between 300-500 excess deaths were occurring each week due to delays in the ED. Despite NHS England disputing these figures, subsequent analyses by independent actuaries and economists confirmed the validity and plausibility of these results.

At the time of analysing in 2022, 12-hour waiting times were the best available data to apply to the study. However, since then, RCEM has completed a Freedom of Information Act request, obtaining 12-hour waiting time data split by admitted and non-admitted patients for 2010–2023. This disaggregated data has allowed for further nuance when calculating risk of harm. In 2023 more than

1.5 million patients waited 12 hours or more in major EDs, with over a million of those waiting to be admitted.

Applying the 1:72 solely to the cohort of patients awaiting admission, it can be estimated that on average, almost 300 excess deaths occurred each week in 2023 only 17 fewer than 2022 when applying the same method.

Excess deaths calculated using the SMR methodology			
Month	12hr (admitted)	12hr (all)	Excess deaths
January	91,001	139584	1264
February	82,957	129090	1152
March	95,246	147351	1323
April	65,795	100850	914
May	76,356	117407	1061
June	68,721	107515	954
July	66,774	103183	927
August	73,302	114027	1018
September	81,220	126667	1128
October	100,037	152559	1389
November	97,618	148265	1356
December	103155	155751	1433
<b>Total</b>	<b>1002182</b>	<b>1542249</b>	<b>13919</b>
<b>Per week on average</b>			<b>268</b>

It is important to note that this does not account for patients that did not die but were nonetheless subject to increases in morbidity or inevitable worsening patient experiences due to delays. Furthermore, patients delayed in the back of an ambulance, of which there are thousands, are also vulnerable to increased risk from delays, yet these are not included in the figures. It is likely that these are conservative estimations, and sadly the true scale of harm is difficult to quantify.

In many ways trying to calculate an exact figure should not be the focus. No patient should be subject to conditions that increase their risk of mortality, especially given that delays would be totally avoidable if the system were sufficiently resourced. Additionally, the study shows that harm begins to occur around the five-hour mark, highlighting the importance of time-based metrics when striving for a system that delivers safe care, especially for the sickest patients that require admission.

In December 2022, the UK Government announced it was reducing the four-hour target – which states a person should be treated, admitted or discharged

withing four hours - to 76% with aim of this being achieved by March 2024. At the end of the 2023/24 financial year, it was announced that the target was to be increased to an equally unambitious 78% during 2024/25. Setting the aspiration so low has encouraged perverse incentives, in that effort is increasingly directed to patients who can be discharged the quickest 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.

Worryingly, Trusts are being financially incentivised to meet this reduced target, with £150 million available to those are able to achieve the reduced target. As a result, 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, avoidable delays, and death.

### Recommendations

1. UK Governments must resource the health and social care system in order to meet the 95% four-hour standard in the long term. Without significant recruitment and investment in workforce, the initiatives set out to alleviate system pressures will do very little.
2. Integrated Care Systems, Trusts, and Hospitals must use this data proactively to make system changes, spread patient risk through hospitals, and drive improvements in patient safety and outcomes.
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%.

If you have any questions, please get in touch with the policy team via [policy@rcem.ac.uk](mailto:policy@rcem.ac.uk).