

RCEM Explains:



12-hour A&E Performance Figures

Performance metrics are an important way of deciphering the issues that hospitals are facing so that action can be taken. The current 12-hour performance figures represent just the tip of the iceberg by only recording waits from the decision to admit a patient, rather than when they first arrive at the Emergency Department (ED). We welcome the commitment made by NHS England to measure 12 hour waits from the patient's time of arrival. We call on the Government and NHS England to publish this data in full on a monthly basis so that hospitals use this information to improve quality of care for patients.

Insights

- After years of campaigning, we are delighted that NHS England have recently announced a change in the way that 12-hour data is going to be measured in EDs. Rather than recording the number of people delayed 12 or more hours from the decision to admit them, this figure will instead be recorded from the moment they enter the ED, capturing the full picture of long waits in EDs
- In 2020-21 the number of patients delayed by 12 hours or more from time of arrival in EDs was **21 times** the number of patients delayed by 12 hours or more from decision to admit.
- This brings England in line with the other UK nations and depicts a more accurate representation of the pressures that EDs face.
- Although this data is currently collected throughout England, there has been no indication on when this will be published. We call for the publication of the 12-hour length of stay data in full on a monthly basis so that local health systems and policymakers understand the problem of long waits in their EDs and use this data to improve quality of care for patients.

Policy Context: 12-Hour Length of Stay

We have long campaigned for a move away from the misleading 12-hour Decision to Admit (DTA) metric. In 2019, Stephen Powis, the

NHS Medical Director, launched the [Clinical Review of Standards](#), with the aim of establishing a new set of measures that would be better for both patients and clinicians. RCEM played an integral role in pushing for the 12-hour metric to be collected from the time of arrival in an ED as this would better demonstrate the gravity of long stays. The 12-hour length of stay metric is a simpler, patient-centred measure, which will bring performance measurement in England in line with the rest of the devolved nations.

The [NHS Standard Contract 2022/23](#) has been amended to change the way in which 12 hour waits in EDs are calculated. Data will now be measured from point of arrival in EDs to discharge, admission or transfer, rather than from the decision made to admit the patient.

It is crucial NHS England publishes this data in full on a monthly basis; we see no reason why this should not be feasible from the start of the new financial year. This will allow local health systems and policymakers to recognise and understand the patient safety issue that hospitals are facing and subsequently guide planning as we go into winter. While hospitals currently have access to their own performance data, publicly releasing these figures nationwide will allow for transparency across the system, which in turn should lead to much-needed improvements.

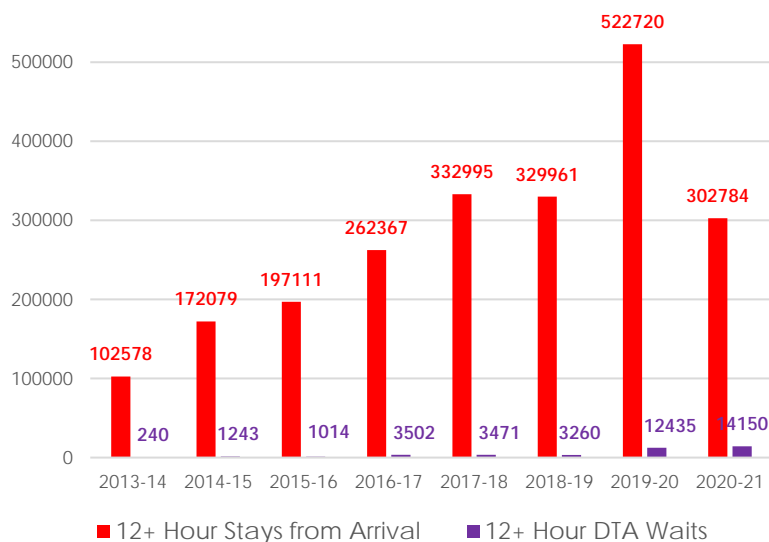
As we have argued in our [RCEM CARES campaign](#), there is a severe mismatch between demand and capacity in EDs. This full 12-hour

data will highlight the significant problems with patient flow that compromise the safe delivery of emergency care and will therefore help Trusts to actively plan to eliminate exit block.

The Harm of the 12-Hour 'Decision to Admit'

The 12-Hour data is currently measured from 'DTA' which accounts for the number of patients waiting 12+ hours from the decision to admit them, to their admission to a ward. No patient should ever experience such long stays in an ED. Current 12-hour data is a gross underrepresentation of the reality of patient waits, as it fails to capture the vast majority of patients who have no choice but to spend extended lengths of time in EDs. Furthermore, it also conceals the patients who are discharged home after very long stays.

NHS Digital (2021). Hospital Accident and Emergency Activity 2019-20. Link [here](#).



As the graph shows, whilst 12-hour DTA figures have increased over the past eight years, they are insignificant in comparison to 12-hour length of stay waits. For example, in 2020-21, the number of patients delayed by 12 hours or more from time of arrival in EDs was 21 times the number of patients delayed by 12 hours or more from decision to admit. The situation is much worse than official figures indicate.

This disparity is particularly damaging as it proves that the 12-hour DTA obscures ED crowding, which often affects the most vulnerable patients. Long stays and crowding usually result from full hospitals being unable to find patients a bed, so they are left on a

trolley - these are usually older, frail patients. There is also a smaller, but important, group who have long stays because of poor access to mental health services. 12-hour stays matter because the patients suffer. Long waits and crowding are inhumane and undignified for patients and place an incredible amount of pressure on staff. They are associated with pressure sores, medication errors, and measurable increases in mortality. This is unacceptable; no one has a clinical need to stay 12 hours in an ED and no patient should ever receive clinical care in a corridor.

Performance figures must accurately represent what is happening in EDs, so Trusts and Integrated Care Systems, as well as NHS England and the Government, can implement targeted solutions that begin to solve the critical problems that our EDs face.

Recommendations

- The Government and NHS England must publish the 12-hour data from time of arrival in full, on a monthly basis, at the start of the new financial year.
- Integrated Care Systems, Trusts, and Emergency Departments must use this data proactively to prepare efficiently for the winter months.

What you can do to support us

We will be getting in touch with MPs who have EDs in their constituencies with particularly concerning 12-hour stays.

Help us look after patients better by putting forward parliamentary questions on this topic, asking when 12-hour data from the time of arrival will be published.

If you have any questions, please get in touch with the policy team via policy@rcem.ac.uk