

# On the Back Foot:

An analysis of NHS performance  
in England in recent summers

POLICY AND POSITION STATEMENTS





Royal College  
of Nursing

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## Introduction

This summer, England witnessed high temperatures and long stretches of hot weather. Although for many this was welcome, for others, such as those living with long-term conditions or multiple medical problems, the reality was a summer where additional support was required for illness exacerbated by heat, particularly those more at risk such as socially isolated or older people. We set out to assess whether these support needs were associated with additional pressures put on the NHS in England this summer.

## Methodology

To assess the extent of increased pressures on the NHS in England this summer, we selected a number of indicators which are closely related to immediate patient need; performance against the A&E four-hour waiting time target; time spent waiting for a bed following the decision to admit; and the number of beds available overnight in hospital. We compared data from a four-month period this summer (May, June, July, August), with figures from the same four-month period from the previous four summers (2014-2017). In addition to identifying the data for each indicator in each month, we also aggregated total figures for each four-month period to produce a summer average for each year.

## Summer 2018 – the joint hottest on record<sup>1</sup>

This summer, millions of people in England experienced heatwave conditions. However, for those living with long-term health conditions, the heat was not so welcome. High temperatures exacerbate many conditions, especially cardiac and respiratory conditions, diabetes, dementia and kidney conditions and cause people to seek treatment and support from their GP or A&E department. This additional pressure on the health services came at a time when ordinarily services would have been delivering routine, elective treatments, with lower staffing levels due to annual leave.

## What does this mean for the winter period?

Every year during winter months, data shows that the NHS faces increased pressure due to escalation of activities. The most recent winter (2017/18) was no exception and the then Health Secretary Jeremy Hunt described it as *'probably the worst winter ever'*. Simon Stevens, head of the NHS in England, described February 2018 as probably the *'most pressurised month the NHS has seen in its nearly 70 year history'*. Evidence shows that the pressures on the NHS have been worsening each year, the 'winter' period is lengthening, and the impact is being felt throughout the year.

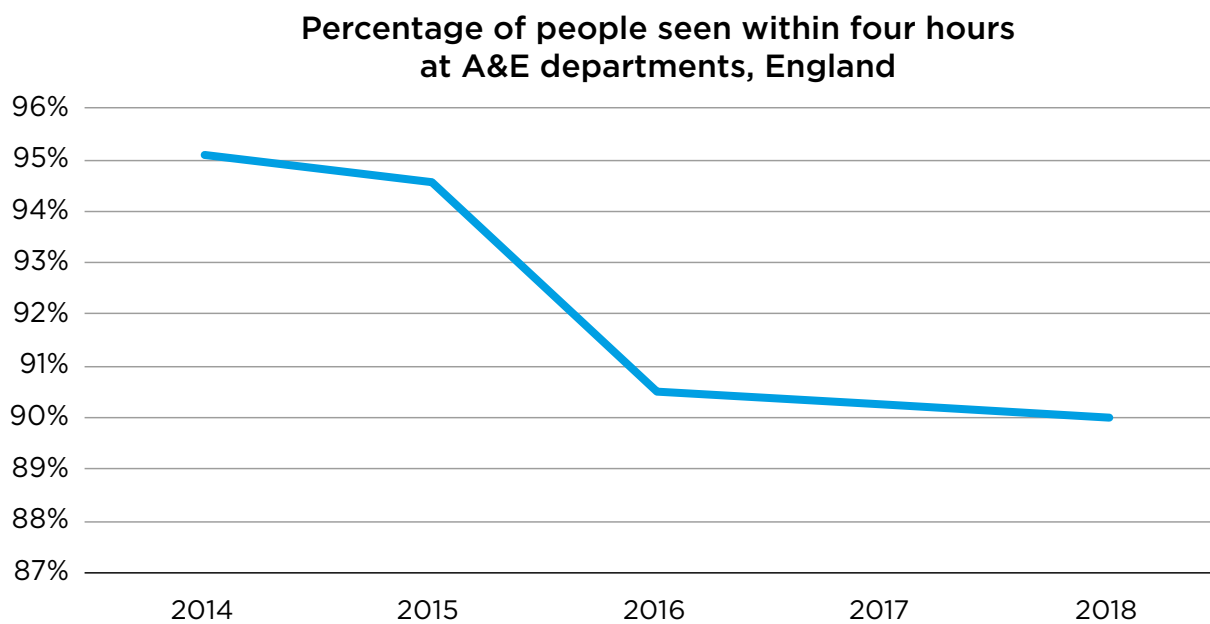
However, as our analysis demonstrates below, performance in the NHS could dip even further this winter, because the impact of additional demand during the summer months has a knock-on effect upon the readiness of health services to meet seasonal pressures in the months that follow.

# The impact of increased demand during summer 2018

## Increased A&E waiting time

During the winter months, we are familiar with media focus on people waiting longer than the four-hour target time in A&E before being seen. However, our analysis shows that these long waits are becoming increasingly common during the summer months too. The four-hour waiting time target is not an arbitrary figure, but a standard based on evidence and clinical judgement. Missing this target risks patient safety, and could mean that people become more unwell. The data in figure 1 is an average, meaning some hospitals will be operating at a much lower level. The Royal College of Emergency Medicine<sup>3</sup> has said that emergency departments risk becoming unsafe if fewer than 75% of patients are seen within this time. When analysed at Trust level, it is clear that this summer, some Trusts have not managed to see 75% of those attending A&E within the four-hour target time.

Figure 1



[NHS England, A&E Attendances and Emergency Admissions 2018-19]

Figure 2

	May	Jun	Jul	Aug	Summer Average
2014	94.8%	95.2%	95.2%	95.1%	95.1%
2015	94.3%	94.8%	95.0%	94.3%	94.6%
2016	90.3%	90.6%	90.3%	91.0%	90.6%
2017	89.7%	90.7%	90.3%	90.3%	90.3%
2018	90.4%	90.7%	89.3%	89.7%	90.0%

[NHS England, A&E Attendances and Emergency Admissions 2018-19]

## Increased waits for those who need to be admitted

Not only are people waiting longer than in previous summers to be assessed at Emergency Departments, the data also shows that during summer, more patients are suffering long delays before being given a bed in the hospital, after a decision to admit them. These delays, known as ‘trolley waits’, can risk patient safety, as these patients have been assessed as being so unwell that they require inpatient treatment, but due to a lack of beds, are forced to wait for long periods in A&E. Our analysis shows that this summer, more than 150,000 people waited for more than four hours to be admitted, a 137% increase since summer 2014. In addition, over 500 people waited for more than 12 hours, a more than 10-fold increase since summer 2014. This indicates a worrying trend, with the highest numbers of people waiting in any summer period. As the population continues to grow and age, this challenge is likely to be further compounded in the years to come.

Figure 3

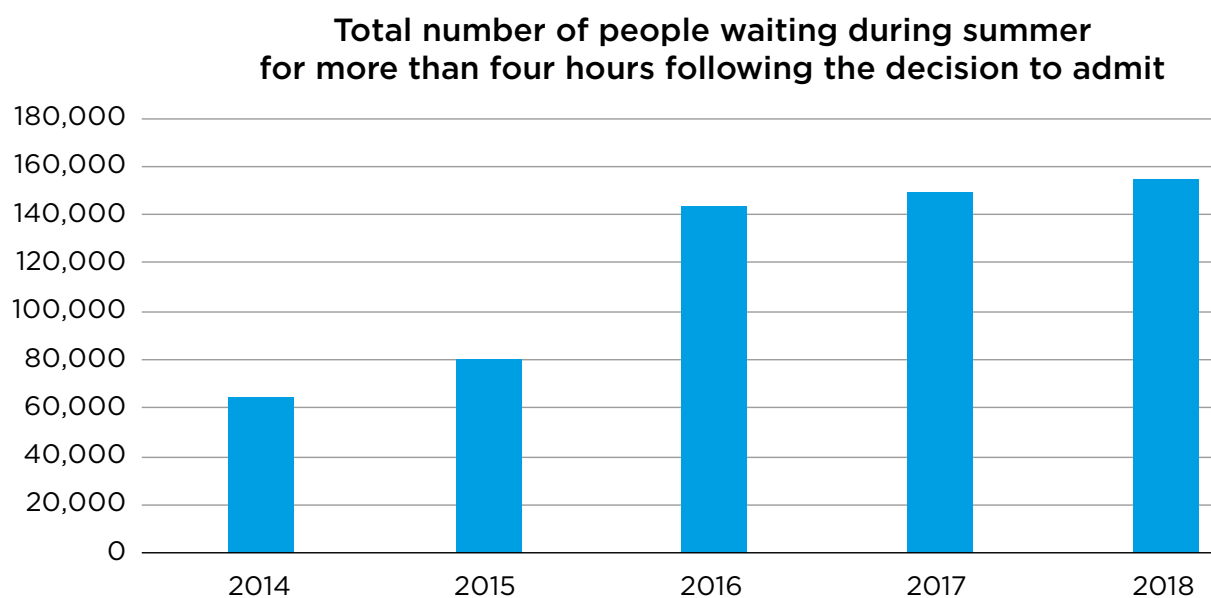


Figure 4

Summer months (May-August) during:	Total emergency admissions via A&E	Total number of patients spending >4 hours from decision to admit to admission	Total number of patients spending >12 hours from decision to admit to admission
2014	1,337,966	64,898	32
2015	1,360,523	79,894	121
2016	1,424,804	145,222	361
2017	1,467,155	149,194	294
2018	1,569,207	153,895	508

*[NHS England, A&E Attendances and Emergency Admissions 2018-19]*

It is important to note that over the five summers analysed, the total number of admissions to hospitals has increased, but even when the number of patients waiting more than four hours for a bed following a decision to admit is expressed as a percentage of total numbers admitted, there has still been a significant increase over the past five summers.

**Figure 5**

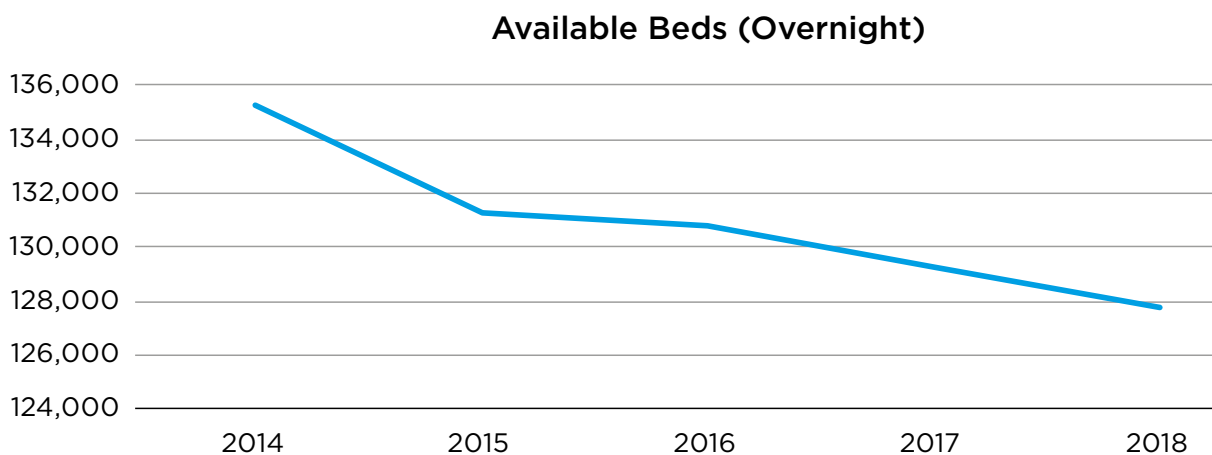
Summer months (May-August) during:	Total emergency admissions via A&E	Proportion of patients spending >4 hours from decision to admit to admission	Proportion of patients spending >12 hours from decision to admit to admission
2014	1,337,966	4.85%	0.002%
2015	1,360,523	5.87%	0.009%
2016	1,424,804	10.19%	0.025%
2017	1,467,155	10.17%	0.020%
2018	1,569,207	9.81%	0.032%

*[NHS England, A&E Attendances and Emergency Admissions 2018-19]*

## Decreasing availability of beds for those who need inpatient support

Following increased waits to get assessed and to be admitted, health care professionals are also faced with a reducing number of available beds overnight<sup>4</sup>. When fewer beds are available, thresholds for admitting patients may rise, meaning that people who would ordinarily be admitted may be turned away. Alternatively, pressure may be placed on nursing staff within the wider multi-disciplinary team, to discharge those already in beds, or to find beds out of area, or in the private sector, thereby risking additional costs, in order to accommodate patients. Since 2010, the amount of beds available overnight has fallen by more than 10%.<sup>5</sup>

**Figure 6**



**Figure 7**

Year	Available Beds (Quarter 1)	Available Beds (Quarter 2)	Available Beds (Quarter 1 and Quarter 2)
2014	135,754	134,753	135,254
2015	131,812	130,619	131,215
2016	131,282	129,972	130,627
2017	130,297	128,139	129,218
2018	128,448	127,305	127,876

*[NHS England, Bed Availability and Occupancy Data – Overnight]*



# Conclusions - a health and social care system under severe strain

Fundamentally, successive Governments in England have not made funding decisions for health and social care services based on a robust, transparent assessment of population need. This means that local decision-makers are faced with impossible choices, and members of the public requiring support from health services or social care do not have their needs met. During the winter, admissions to hospitals increase, placing additional pressures on already stretched services.

In turn, this then places more pressure on other services, particularly general practice, urgent care and accident and emergency services. This means that funding for health services is spent supporting people whose needs would be better met in the community, if the provision was there. We know that the provision in the community is simply not there. Since 2010, numbers of district nurses have fallen by more than 40%<sup>6</sup>. Overall, this is a poor use of public funds, and value for money would be better achieved if it was calculated to meet population demand, rather than the arbitrary figure currently selected by Government. While we recognise budget limitations exist, we need to establish the baseline of need to ensure we are meeting these needs.

The summer months are typically planned to allow services to deliver elective treatments, given that during winter months the seasonal demand is often too high to allow for capacity on electives. However, as demand during the summer months increases, and elective treatments continue to be cancelled and postponed from the winter, time will be increasingly squeezed, putting patients at risk of not receiving safe and effective care when they need it. Data<sup>7</sup> from May 2018 shows that the number of people waiting for their treatment to begin for longer than nine months is 70% higher than it was 12 months ago, and more than 200% higher than three years ago.

Without comprehensive population-need and workforce data, decisions about provision and resource cannot be made effectively. Thresholds for individuals receiving support are increasing, and patients frequently stay in hospital longer than necessary due to a lack of appropriate service provision in the community.

There are not enough registered nurses and health care support workers to deliver safe and effective care. Nurses report working unpaid overtime to fill gaps, additional stress caused by a high-pressure environment, and describe occasions when vital care is left undone. Data shows that while the number of registered nurses is declining, the number of care workers is increasing. We are concerned that inappropriate substitution of skills leads to poorer outcomes for patients.

Reform of nursing education was introduced with the aim to increase the number of students studying nursing at university. However, since the changes were introduced in 2016, as of September 2018 overall there are 1,800 fewer nurses due to start at university in England.

There is an urgent need for investment in addressing the supply gap of registered nurses. The Secretary of State for Health and Social Care recently stated: “that is something we will specifically address in the long-term plan for the NHS.”

The Government and NHS England must invest a minimum of £1 billion a year into nursing through higher education as part of the NHS Long Term Plan for England. England is now the only country in the UK without some form of bursary for the nursing degree, and without the ability to help generate an increase in the supply of registered nurses despite taxpayer funding of health services.

Analysis by the RCN shows that under current conditions, without significant policy intervention, the vacancy rate for the nursing workforce for NHS-provided care in England will likely increase from the current baseline of 41,772 to almost 48,000 vacancies by 2023. This figure is based on publicly available system data and likely represents a conservative underestimate.

# References

<sup>1</sup> <https://www.metoffice.gov.uk/news/releases/2018/end-of-summer-stats>  
[Joint with 2006, 2003 and 1976]

<sup>2</sup> <https://www.nuffieldtrust.org.uk/news-item/winter-2017-18-the-worst-ever-for-the-nhs>

<sup>3</sup> [https://www.rcem.ac.uk/RCEM/News/News\\_2017/Four\\_hour\\_standard\\_vital\\_for\\_measuring\\_Emergency\\_Department\\_performance\\_in\\_England.aspx](https://www.rcem.ac.uk/RCEM/News/News_2017/Four_hour_standard_vital_for_measuring_Emergency_Department_performance_in_England.aspx)

<sup>4</sup> Note: NHS England releases bed occupancy data on a quarterly basis. This data, therefore, reflects an average of Quarter One (April – June) and Quarter Two (July – September) statistics as to include all of the summer months.

<sup>5</sup> NHS England, Bed Availability and Occupancy Data – Overnight

<sup>6</sup> NHS Digital, monthly workforce statistics.

<sup>7</sup> NHS England: Consultant-led Referral to Treatment Waiting Times Data 2018-19



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