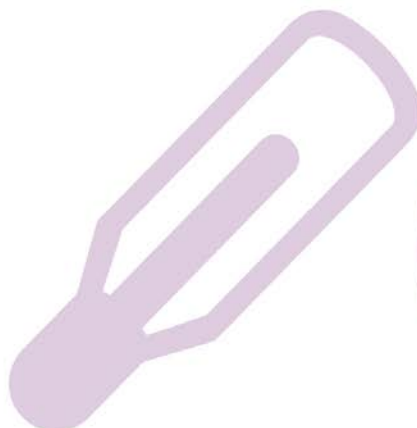


RCEM Winter Flow Project

Analysis of the data so far: 26 November 2021



Introduction

In 2015, we launched the 'Winter Flow Project' in an effort to highlight the difficulties facing an NHS struggling with unprecedented financial difficulties and insufficient resources.

The project looked at patient flow within Emergency Departments over the winter. It was a great success because of the generosity of its contributors, with over 50 NHS Trusts and Health Boards from across the UK submitting data over a six-month period. These data helped to provide a better understanding of system pressures and four-hour standard performance.

The findings enabled RCEM to broaden the debate around emergency medicine beyond the usual narrow focus on the four-hour standard and meant that providers, commissioners, the national press and governments in each of the four nations of the UK were better informed about the challenges faced by staff working on the NHS frontline.

The project has proven invaluable and is now in its seventh year. In our view, the project has also been instrumental in making the case for additional resources for the health sector; which is now reflected in the new settlement for the NHS which was announced as part of the NHS Long Term Plan.

As part of this year's project, where possible, each participating Trust/Board has submitted a number of data points on a weekly basis. These include four-hour standard performance, the number of acute beds in service, the number of patients staying more than 12 hours in an Emergency Department from arrival to departure, and the number of patient attendances in their department(s). Additionally, most sites have been able to provide data on elective cancellations and the number of long-stay patients (those in hospital for seven or more days from admission).

As has been the case in previous years the data is aggregated to ensure the focus of consideration is the wider health care system rather than the performance of individual Trusts/Boards. Approximately 40 sites have submitted this data on a weekly basis since the beginning of October. This year, for the first time, the Winter Flow Project will also be receiving data from several ambulance trusts.

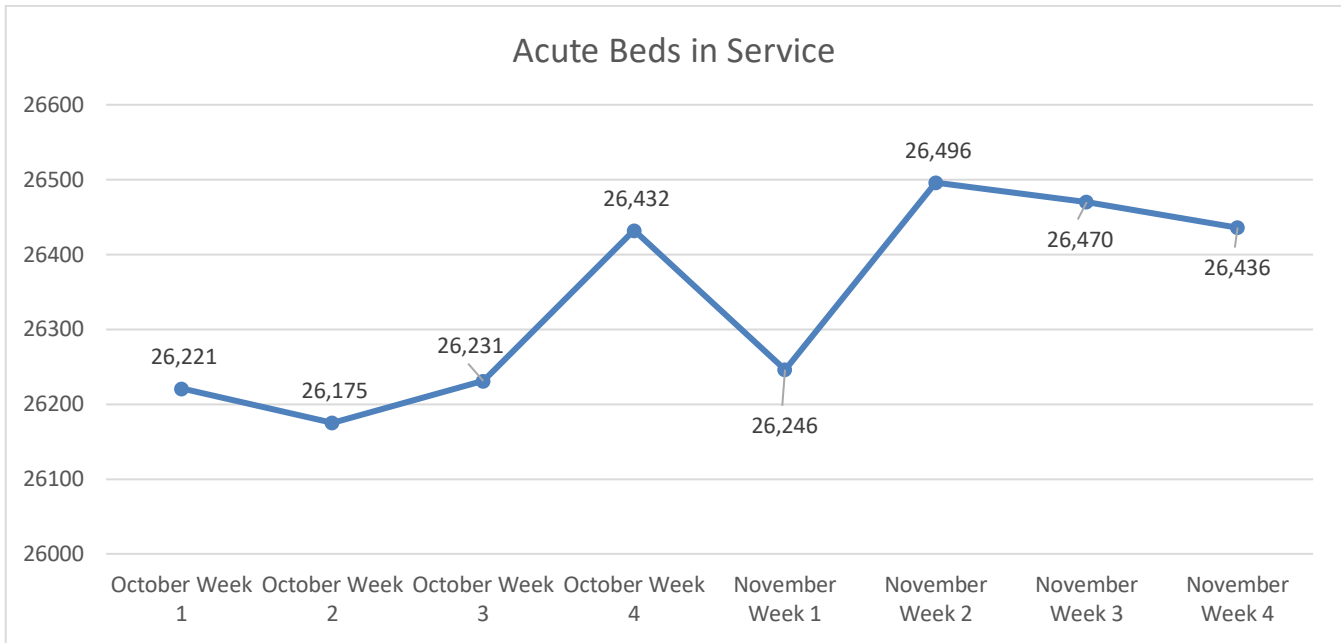
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

Unlike NHS England datasets, there is no suggestion that our project represents a complete or permanent scrutiny of the healthcare system. Our data include all four countries of the UK though the majority of participating sites lie within England. It is just a sample of Trusts/Boards, albeit a large and representative one.

The data have already been of immense value to the College and allow informed comment and analysis rather than speculation.

The weekly data and trend data are presented in the following tables.

Graph of acute beds in service



Active Bed Management

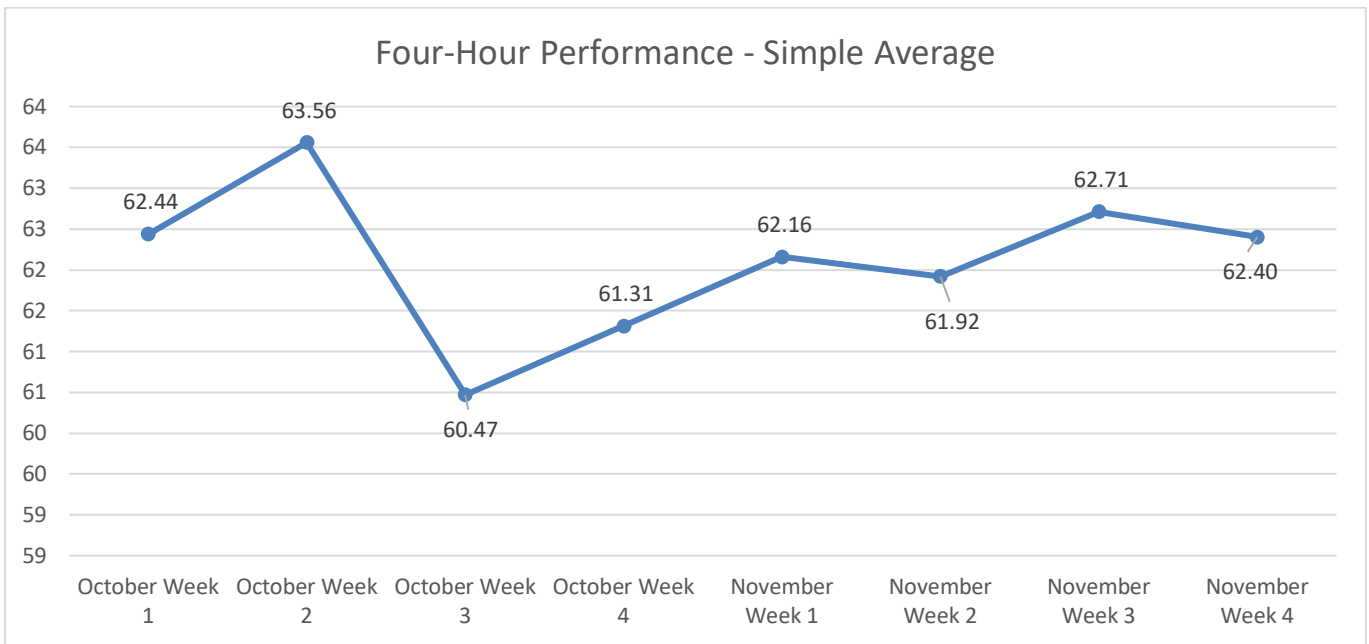
In the fourth week of November the number of beds within the project group decreased to 26,436 – down from 26,470 the previous week. This is a 0.13% decrease from the previous week. In total, there has been a 0.95% increase in the aggregate bed stock¹ from the project starting point.

The extent to which the participating Trusts/Boards are adjusting their bed stock to meet demand is shown in the table below.

	No flexing	0 – 5%	5 – 10%	10 – 15%	15 – 20%
Number of sites	5	18	12	2	1

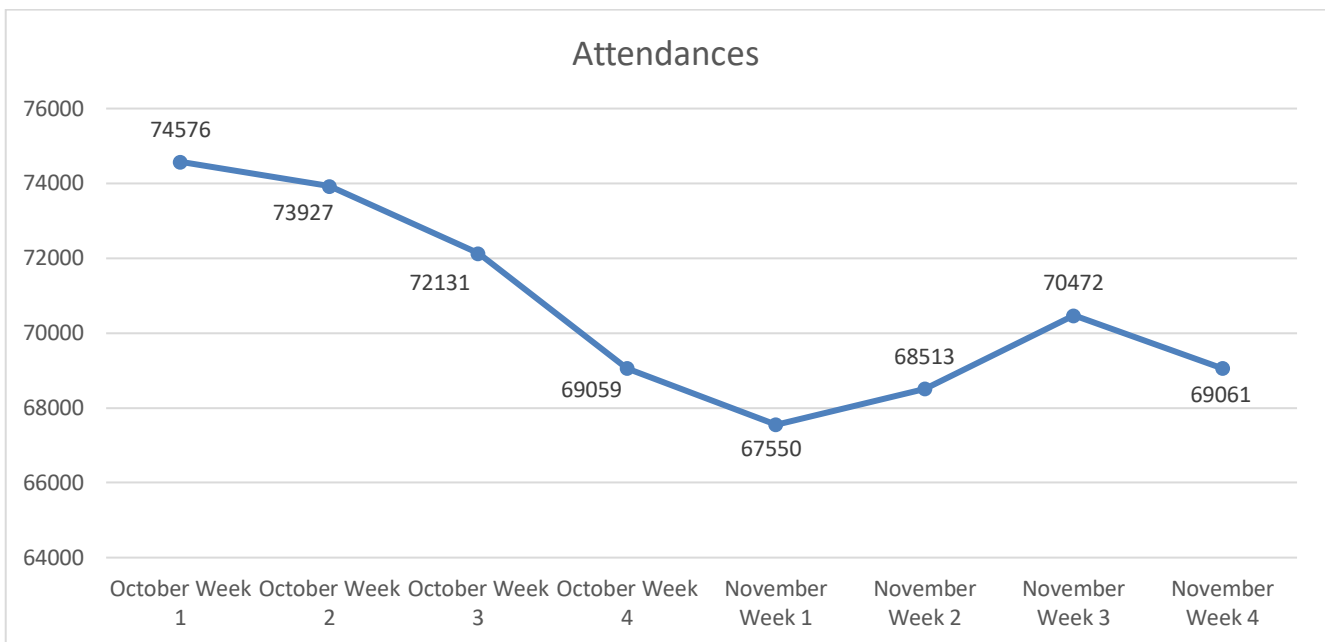
¹ This is measuring from week one to the maximum recorded bed stock for the project to date.

Graph of four-hour performance by week since October



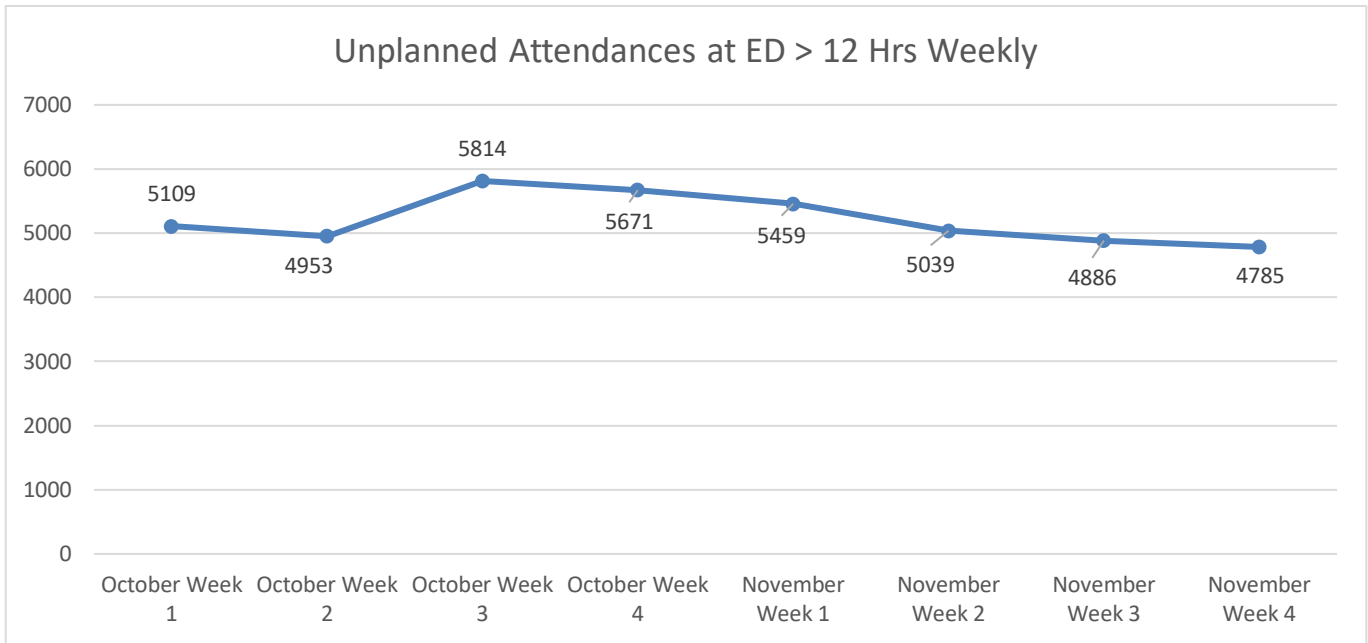
In the fourth week of November, four-hour standard performance stood at 62.40% - down from 62.71% the previous week. The underlying picture shows 10 increases and 14 decreases across the project group.

Graph of attendances since October



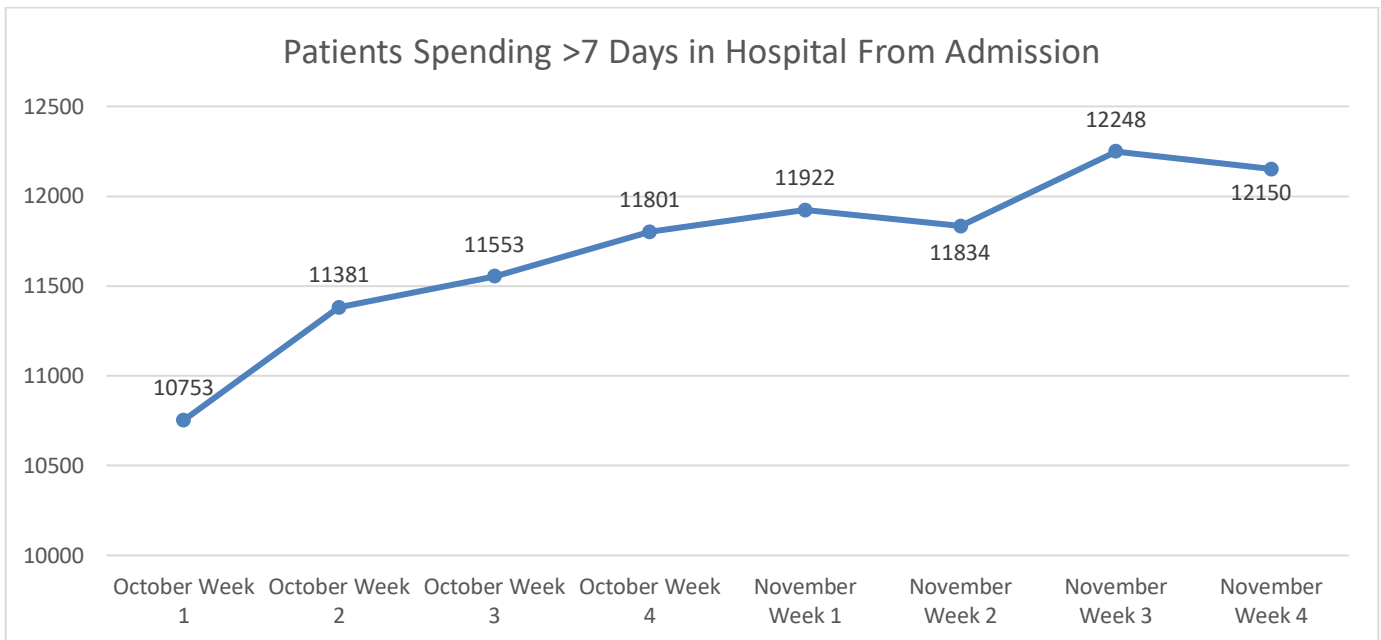
A total of 69,061 attendances were recorded within the Winter Flow group last week – down from 70,472 the previous week. This is a decrease of 1411 patients or 2.00%. At site level there were 6 recorded increases and 18 decreases from the previous week.

Graph of the number patients spending more than 12 hours in an Emergency Department from arrival to departure since October



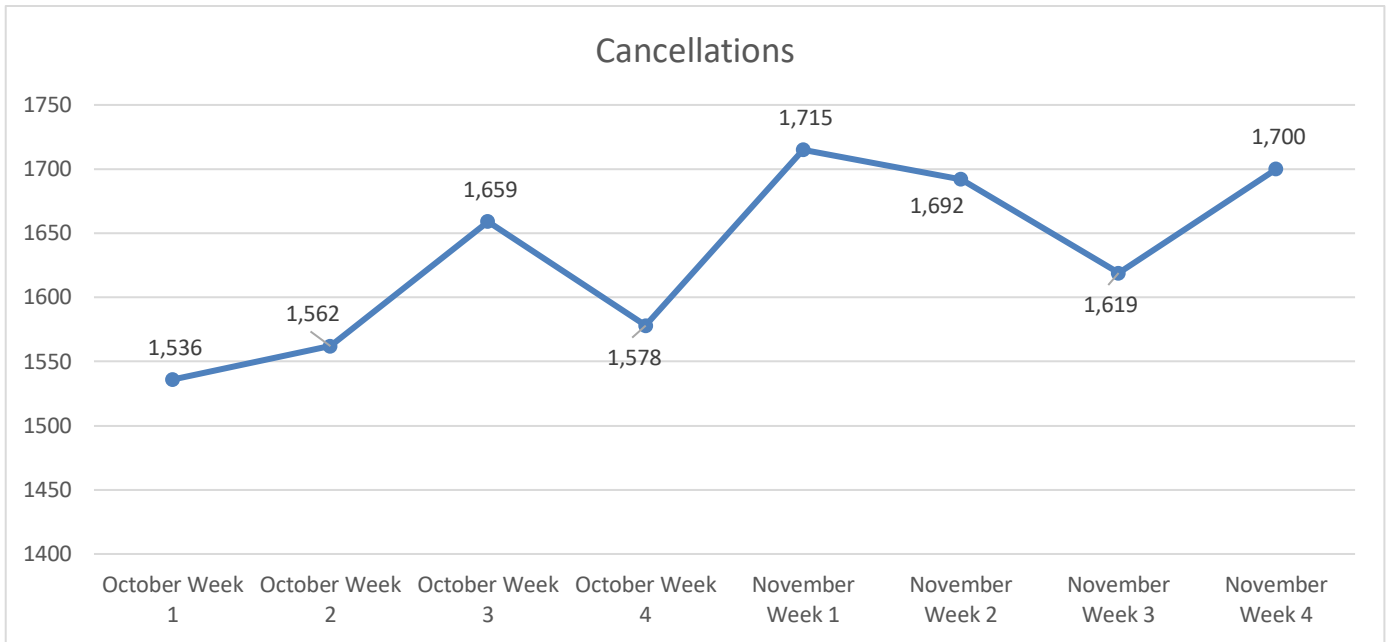
In the fourth week of November, the number of patients staying more than 12 hours from arrival to departure in Emergency Departments within the Winter Flow group stood at 4,785, down from 4,886 the previous week. This was a decrease of 2.07% from the previous week and translates to 6.93% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 41,716 patients staying over 12 hours from arrival to departure in Emergency Departments since the first week of October.

Graph of patient spending seven or more days in hospital from admission



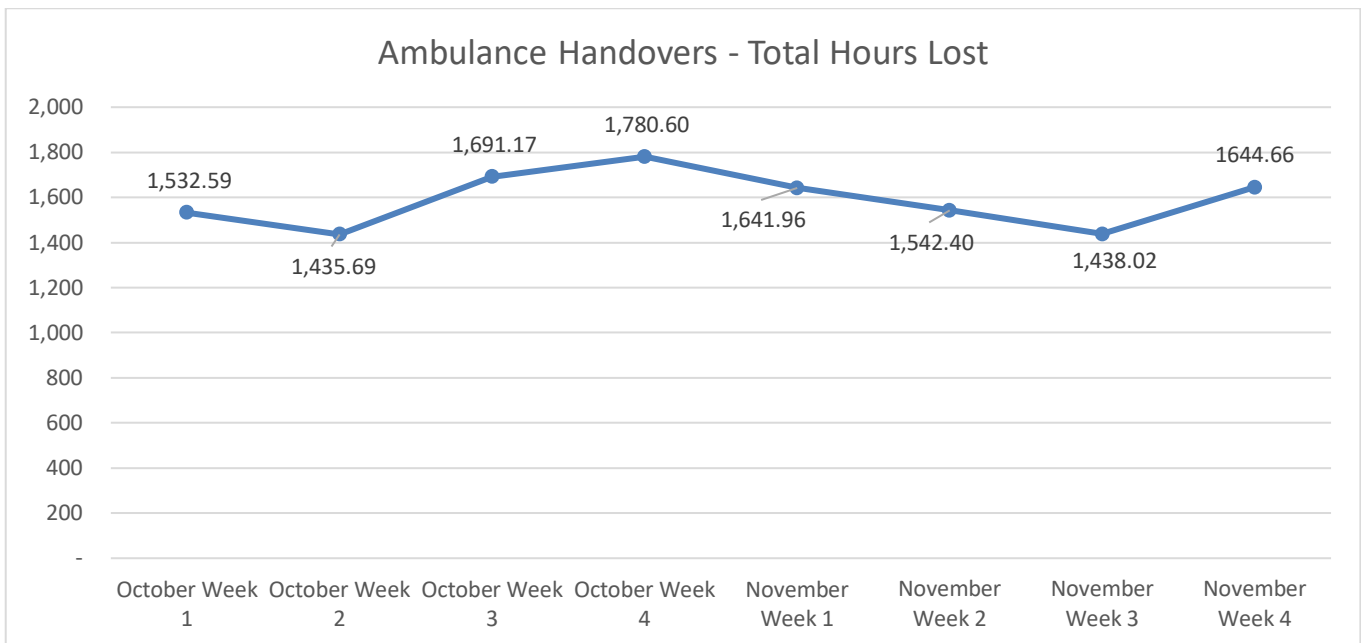
12,150 patients were in hospital for over seven days during the eighth week of the Winter Flow Project. This represents a 0.80% decrease from the previous week, or 98 patients fewer. At site level, 15 hospitals saw their number of long-stay patients increase, compared with 7 that saw their number decrease.

Graph of elective cancellations



Elective cancellations increased in the fourth week of November, from 1,619 to 1,700 (a 5.00% increase). At site level, there were 13 increases and 8 decreases.

Ambulance Handovers



The number of hours lost during ambulance handovers increased from 1438.02 to 1644.66. This represents an increase of 14.37%, or 206.64 hours.

Overall

In the very last weekly report from last year's Project, the College warned that investment and planning would be needed to ensure that the rising levels of demand at the tail-end of Winter 2020/21 did not collide with ongoing infection prevention issues to create dangerously overcrowded Emergency Departments through the spring and summer. Regrettably that warning was largely unheeded, and without additional support, trusts saw demand surpass pre-pandemic levels by May, while also juggling the residual effects of the winter Covid spike. The result was a four-hour performance figure during July, August and September (65.9%) that would ordinarily have set alarm bells ringing even if it were recorded during the peak of winter (not to mention almost three hundred thousand 4-hour delays to admission).

Now, as we approach another winter, this performance is likely to deteriorate further, with pressures reaching levels unseen for over two decades. In the coming weeks and months, the Winter Flow Project will capture the situation in Emergency Departments across the UK, and function once again as the proverbial canary in the coalmine. Whether there is a will (or a way) to address the increasingly unsustainable situation within the NHS remains to be seen.

So far, the story of the Winter Flow Project is not a promising one. After two months of gathering data, we have seen performance against the four-hour standard mired in the low 60s, fewer than half of our sites flexing their bed stock by 5% or more, and at 7.39%, the rate of attendances resulting in 12-hour stays is over twice as high as the same period the previous winter.

In the short-term, and relatively speaking, things could be worse. Four-hour performance has improved from its week 3 nadir, now standing almost two percentage points higher, and 12-hour stays have decreased for five straight weeks. However, long stays and cancellations have been creeping up fairly steadily since week 1, which represents a solid indication that there are growing difficulties in terms of discharging patients.

Inevitably, blockages downstream from EDs lead to blockages within EDs themselves, which then spill outside, as our measure of the hours lost during ambulance handovers shows. The result is long waits in ambulances, crowded EDs, and corridor care, and as the College has recently highlighted,² crowding kills.

The College's CARES campaign³ has detail on the various solutions to help improve the situation in Emergency Departments, but many of these focus on the long-term. With issues developing at the back doors of hospitals, it is increasingly clear that immediate assistance is required to tackle the issues in social care, but the Government's own white paper, published week, failed to address the manifest short-term staffing issues that threaten the NHS this winter.⁴ Funding must be made available without delay to ensure that hospitals can discharge their patients in a timely way, or the crowding in EDs will continue to worsen, and patients will suffer as a consequence.

² https://rcem.ac.uk/wp-content/uploads/2021/11/Why_Emergency_Department_Crowding_Matters_v2.pdf

³ <https://rcem.ac.uk/rcem-cares/>

⁴ <https://www.ft.com/content/655cef78-2422-4c95-b709-0406519572ca>