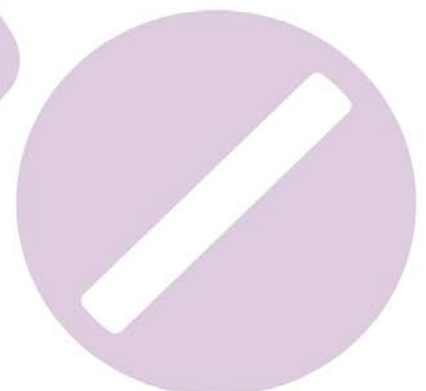
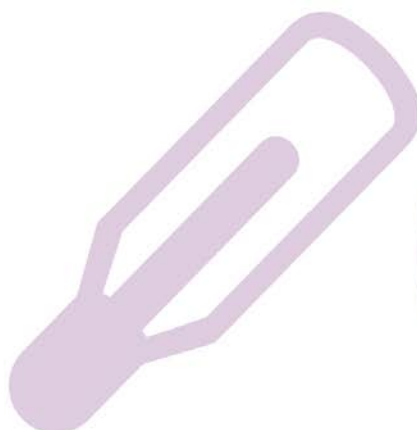


RCEM Winter Flow Project

Analysis of the data so far: 10/12/21



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.

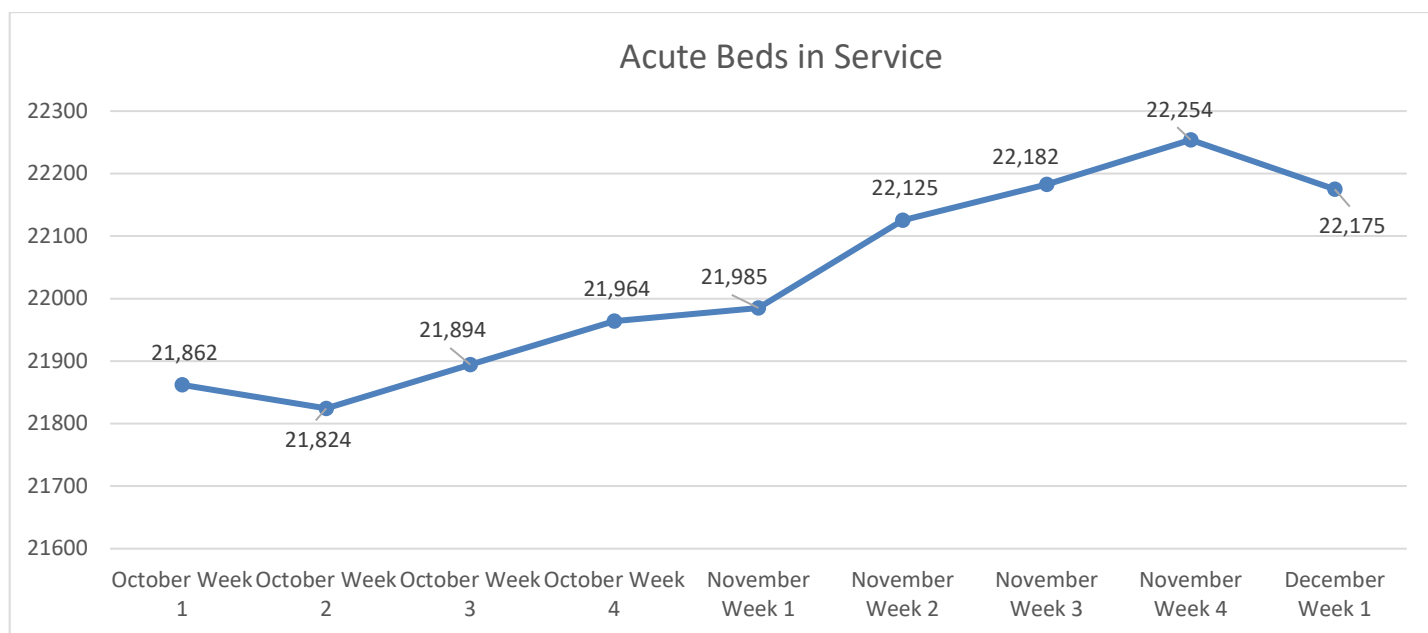
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

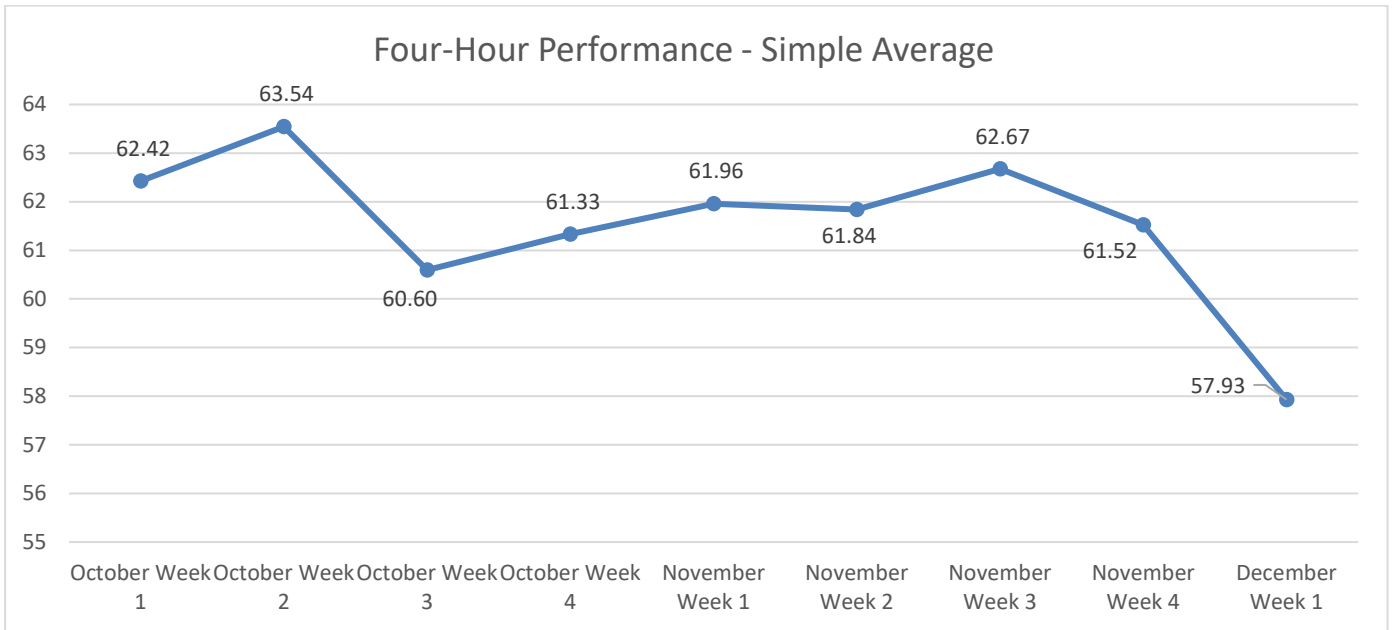
In the first week of December the number of beds within the project group decreased to 22,175 – down from 22,254 the previous week. This is a 0.35% decrease from the previous week. In total, there has been a 1.79% increase in the aggregate bed stock¹ from the project starting point.

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	4	16	13	2	4

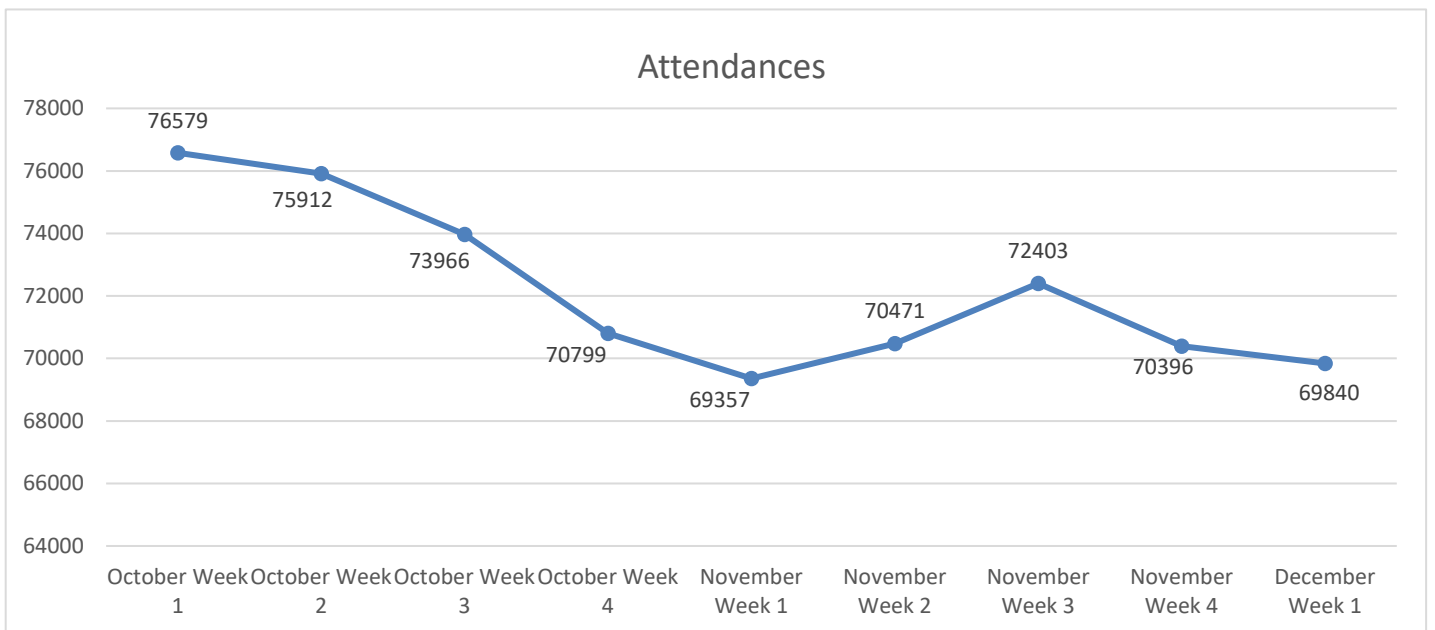
¹ This is measuring from week one to the maximum recorded bed stock for the project to date.
Published 14 December 2021

Graph of four-hour performance by week since October



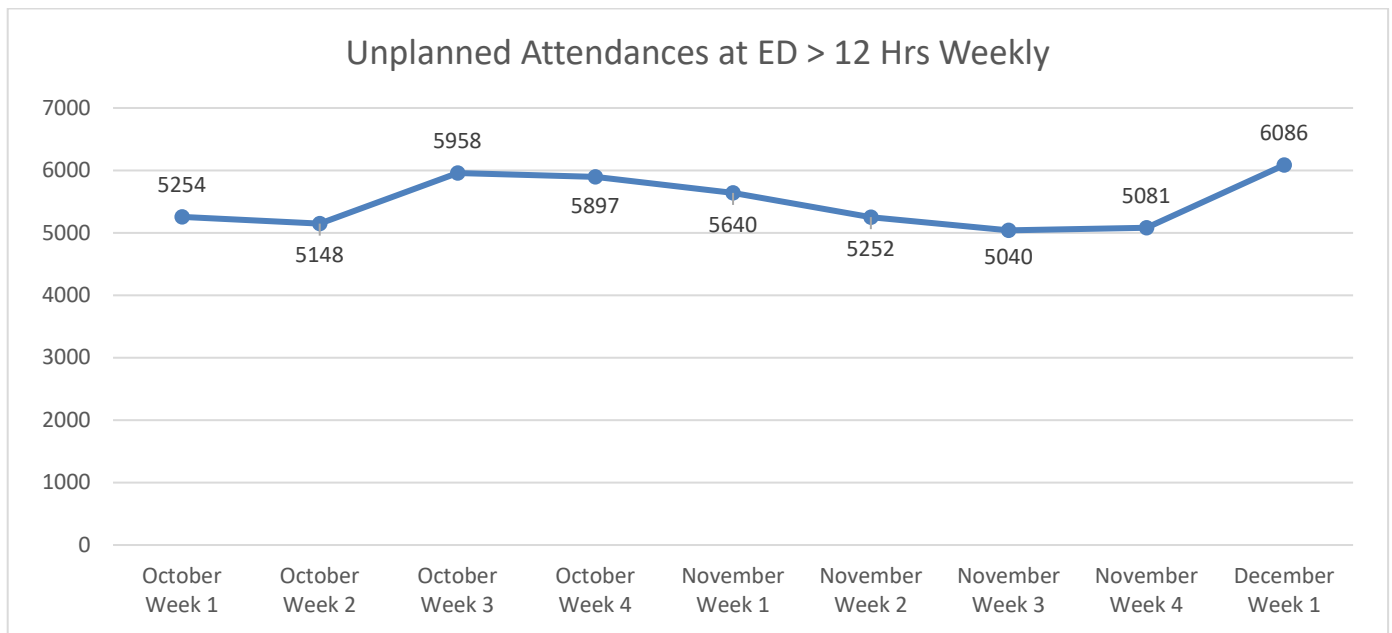
In the first week of December, four-hour standard performance stood at 57.93% - down from 61.52% the previous week. The underlying picture shows 7 increases and 22 decreases across the project group.

Graph of attendances since October



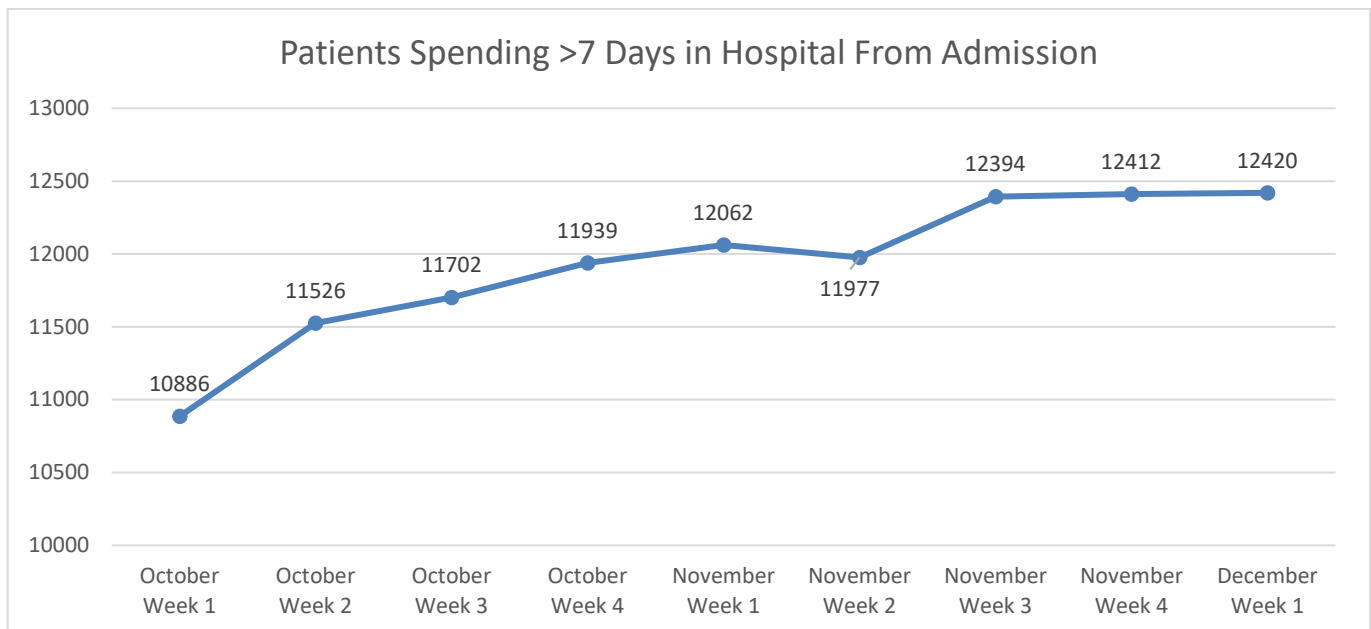
A total of 69,840 attendances were recorded within the Winter Flow group last week – down from 70,396 the previous week. This is a decrease of 556 patients or 0.79%. At site level there were 13 recorded increases and 15 decreases from the previous week.

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



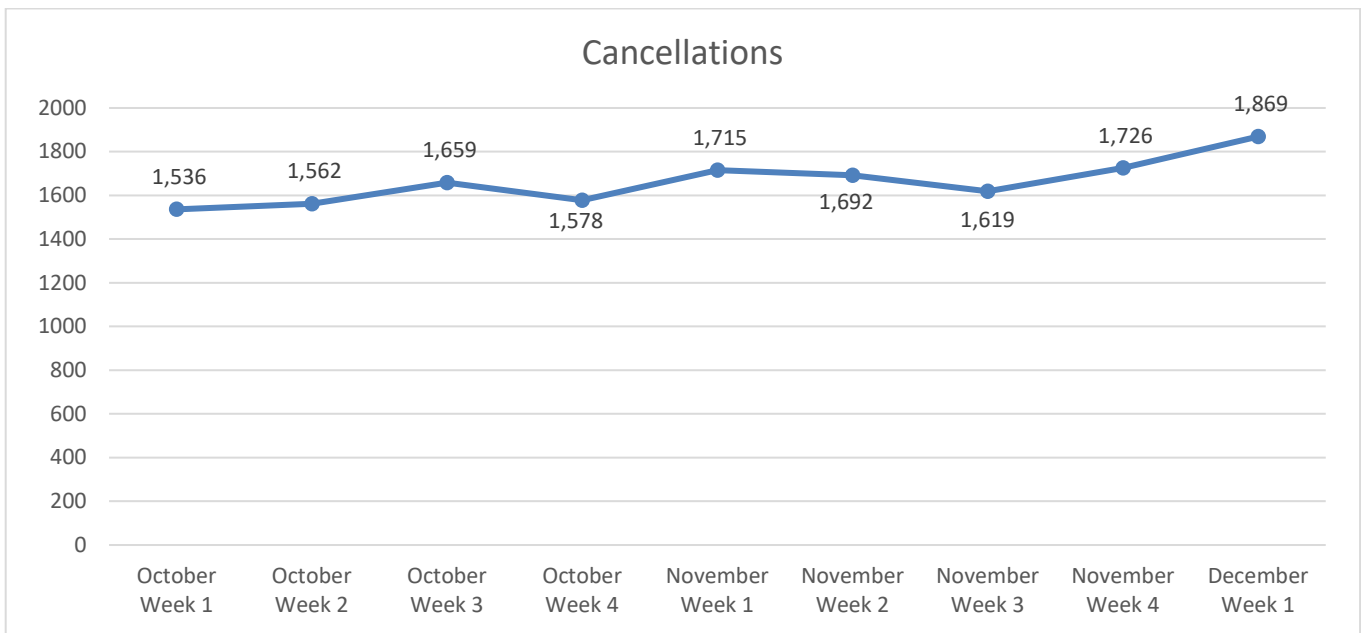
In the first week of December, the number of patients staying more than 12 hours from arrival to departure in Emergency Departments within the Winter Flow group stood at 6,086, up from 5,081 the previous week. This was an increase of 19.78% from the previous week and translates to 8.71% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 49,356 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



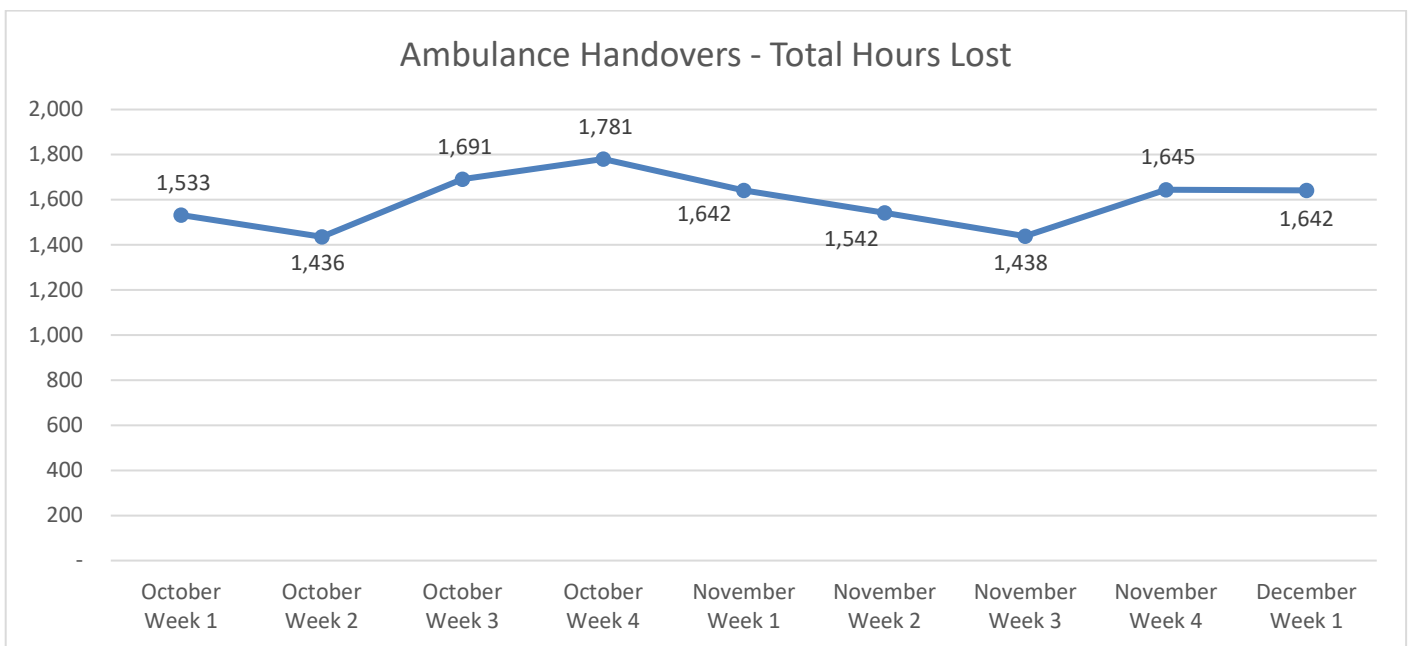
12,420 patients were in hospital for over seven days during the ninth week of the Winter Flow Project. This represents a 0.06% increase from the previous week, or 8 patients more. At site level, 8 hospitals saw their number of long-stay patients increase, compared with 16 that saw their number decrease.

Graph of elective cancellations



Elective cancellations increased in the first week of December, from 1,726 to 1,869 (an 8.3% increase). At site level, there were 13 increases and 7 decreases.

Ambulance Handovers



The number of hours lost during ambulance handovers decreased from 1645.02 to 1642. This represents a decrease of 0.18%, or 3 hours.

Overall

In terms of the data, week 9 of the Winter Flow Project revealed an alarming situation amongst its participating hospitals, foreshadowing a difficult winter ahead. 12-hour stays surpassed 6,000 for

the first time this year, representing a new high of 8.71% of attendances, over twice as high the 4.2% recorded at the same point last year. Despite attendances increasing by just 6% in this year's Winter Flow when compared with last year, 12-hour stays have shot up by over 115%.

After six weeks of hovering between 61 and 63%, performance against the four-hour standard fell to a new low of 57.93%, over 16 percentage points lower than week 9 of the previous year.

Indications are also that the bed stock is increasingly stretched as well. While the number of beds in service is still relatively high compared with the start of the project (week 9 saw a figure 1.43% higher than week 1), the first week of December saw the number of beds fall for the first time since mid-October. At the same time, cancellations reached a new high of 1,869, while the number has risen now in all but one week so far this year, also recording a new highest figure (12,420).

The data released by NHS England² last week was similarly bleak, showing that, despite a fall in both attendances and admissions through EDs, 12-hour delays to admission exceeded 10,000, breaking the record set the previous month by over 50%. Additionally, the Winter SitReps³ revealed that 94% of beds were occupied at type-1 acute trusts during the first week of December, a deeply alarming situation given the potential for surges at the moment. A significant number of patients making up that bed occupancy figure are those occupying beds for long periods of time, as evident in the Winter Flow data, and highlighted separately by the HSJ.⁴ Patients who are medically fit for discharge are remaining in hospital, and inevitably cancellations ensue as there is not a sufficient number of beds to accommodate those experiencing unplanned care, and those awaiting planned elective procedure, in addition to patients overdue for discharge.

Now, with the emergence of the Omicron Covid variant in the UK, an already beleaguered NHS faces an additional challenge. In response to the implementation of Plan B (mandatory mask-wearing in many venues and a work from home order), Dr Katherine Henderson, President of the College said, "even without factoring in the new variant, Plan B is very welcome, but we need to see a long-term Plan B for the whole emergency care system as this cannot go on." A first step would be providing trusts with the means to send home patients who no longer need to be in their care – the latest indications are that NHS England is finally taking this problem seriously,⁵ although it remains to be seen how successful this latest push will be.

² <https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/>

³ <https://www.england.nhs.uk/statistics/statistical-work-areas/uec-sitrep/urgent-and-emergency-care-daily-situation-reports-2021-22/>

⁴ <https://www.hsj.co.uk/quality-and-performance/steep-increase-in-number-of-trusts-struggling-with-long-stay-patients/7031526.article>

⁵ <https://www.hsj.co.uk/quality-and-performance/trust-ceo-drafted-in-to-lead-national-push-to-halve-delayed-discharges/7031535.article>