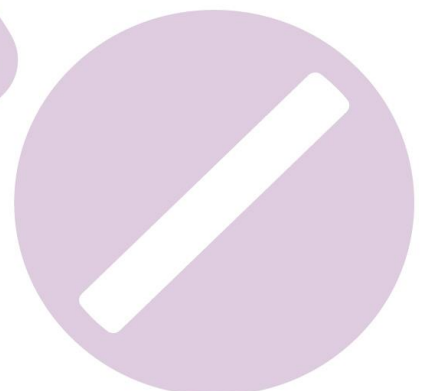
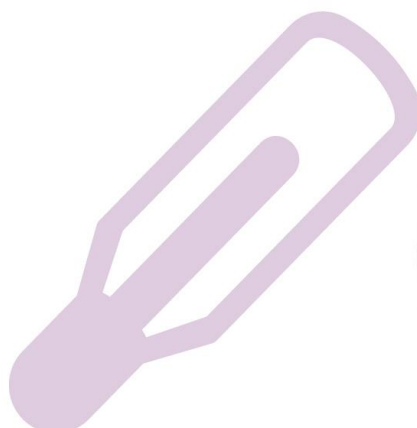


RCEM Winter Flow Project

Analysis of the data so far: 17/12/21



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.

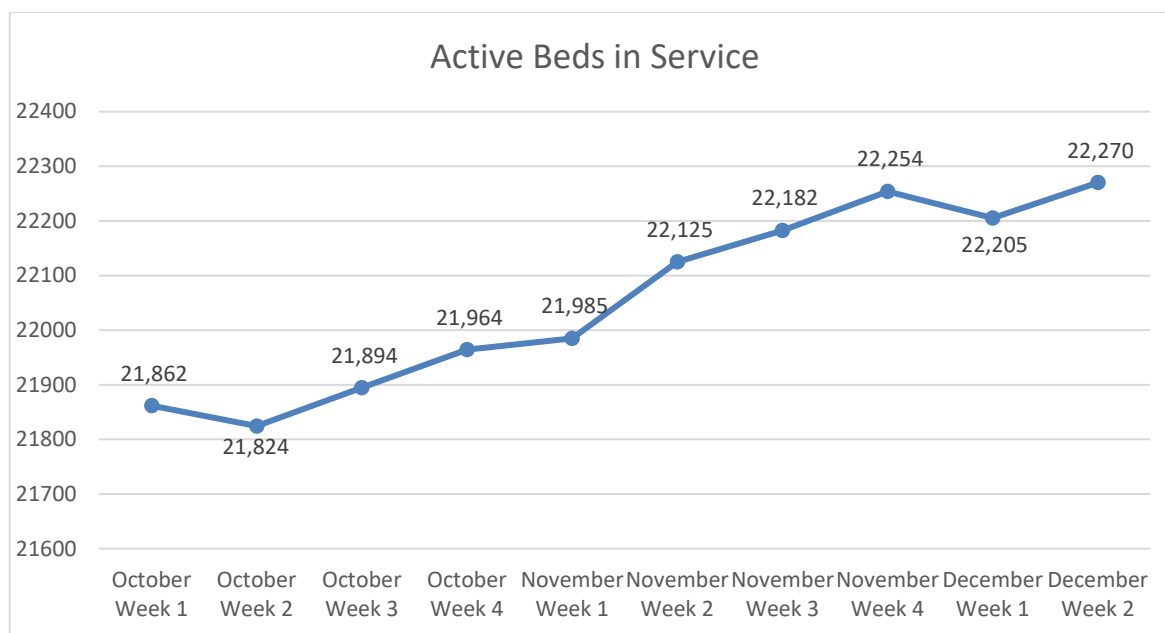
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

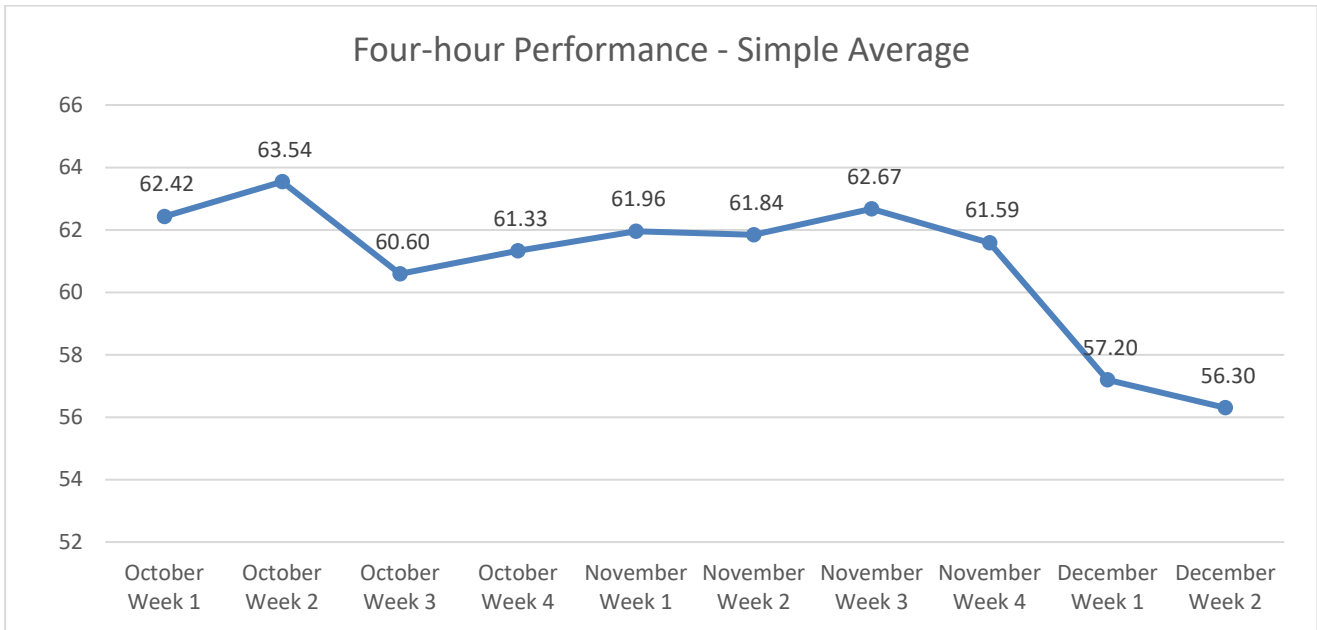
In the second week of December the number of beds within the project group increased to 22,270 – up from 22,205 the previous week. This is a 0.29% increase from the previous week. In total, there has been a 1.87% increase in the aggregate bed stock¹ from the project starting point.

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	15	13	3	4

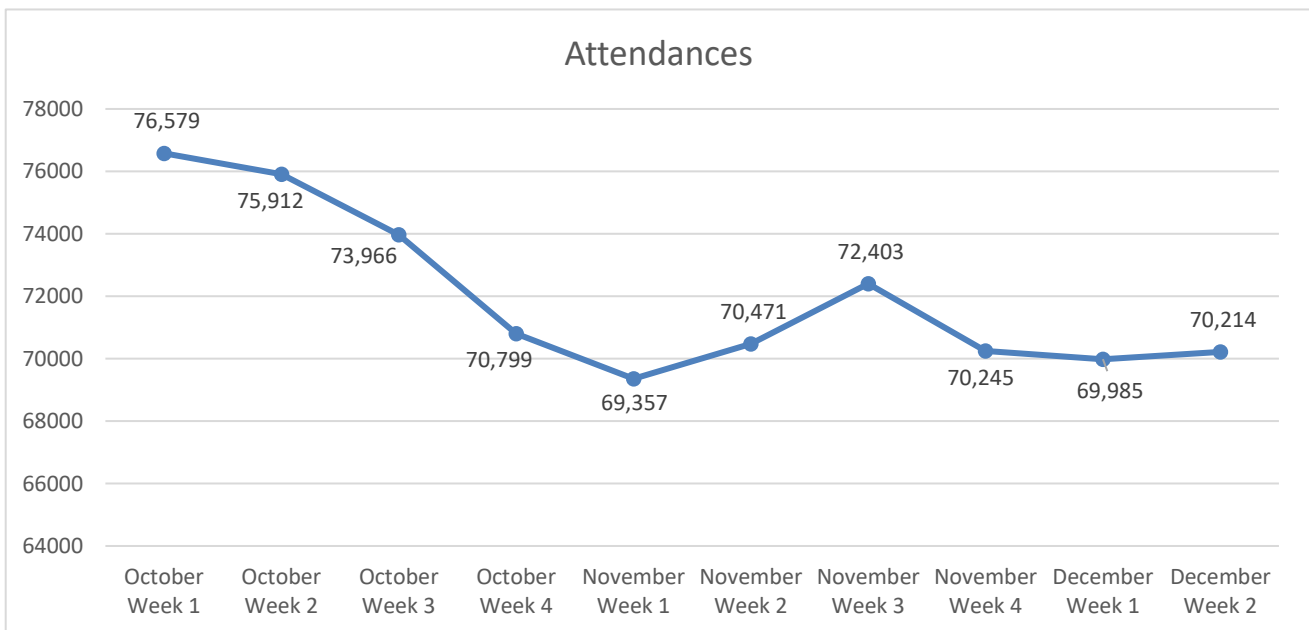
¹ This is measuring from week one to the maximum recorded bed stock for the project to date.
Published 14 December 2021

Graph of four-hour performance by week since October



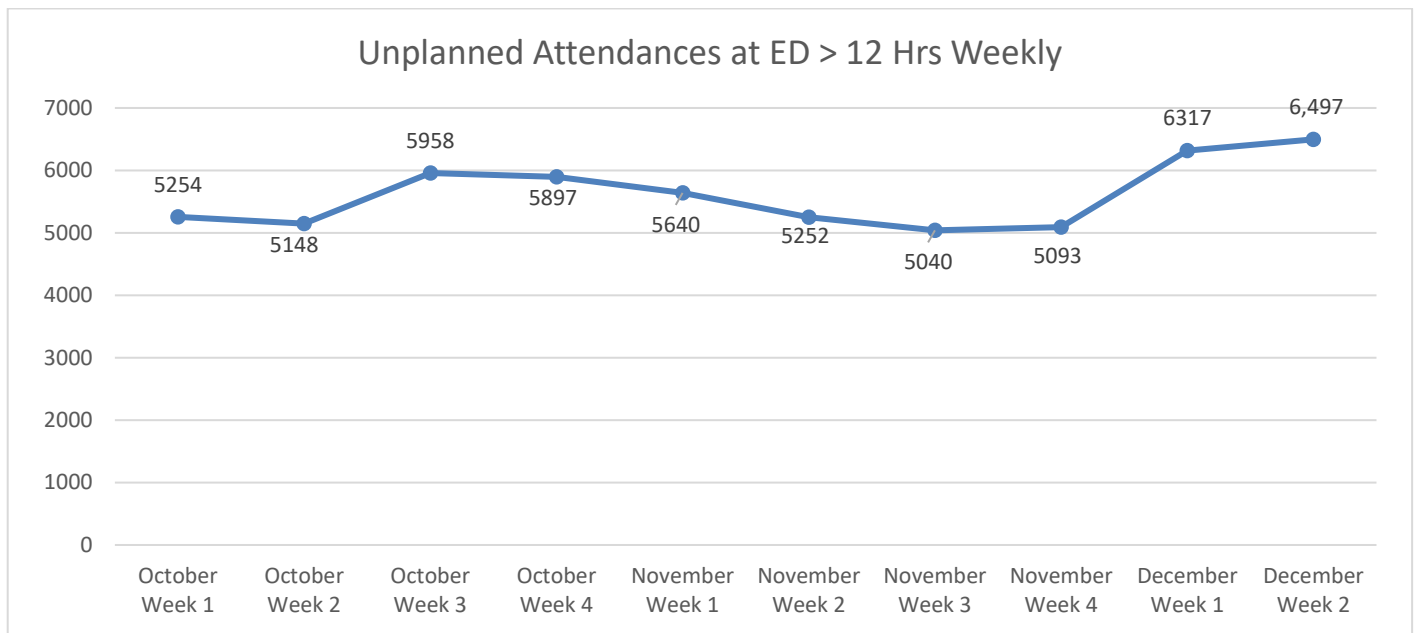
In the second week of December, four-hour standard performance stood at 56.30% - down from 57.20% the previous week. The underlying picture shows 12 increases and 15 decreases across the project group.

Graph of attendances since October



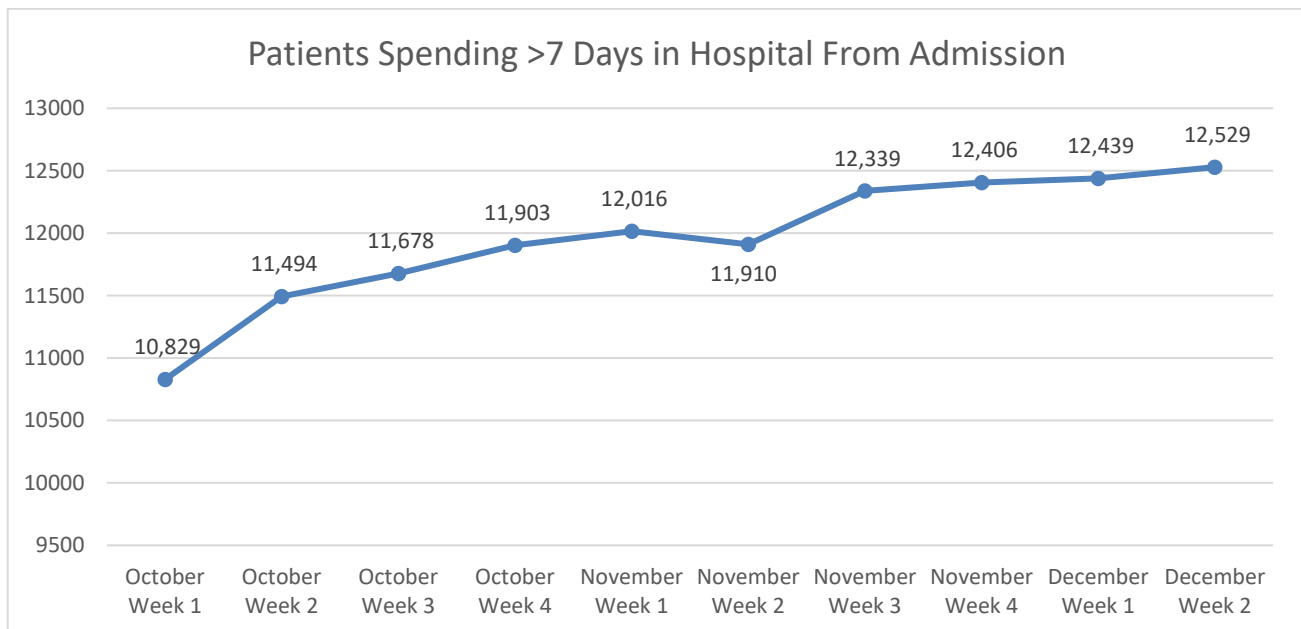
A total of 70,214 attendances were recorded within the Winter Flow group last week – up from 69,985 the previous week. This is a increase of 229 patients or 0.33%. At site level there were 16 recorded increases and 11 decreases from the previous week.

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



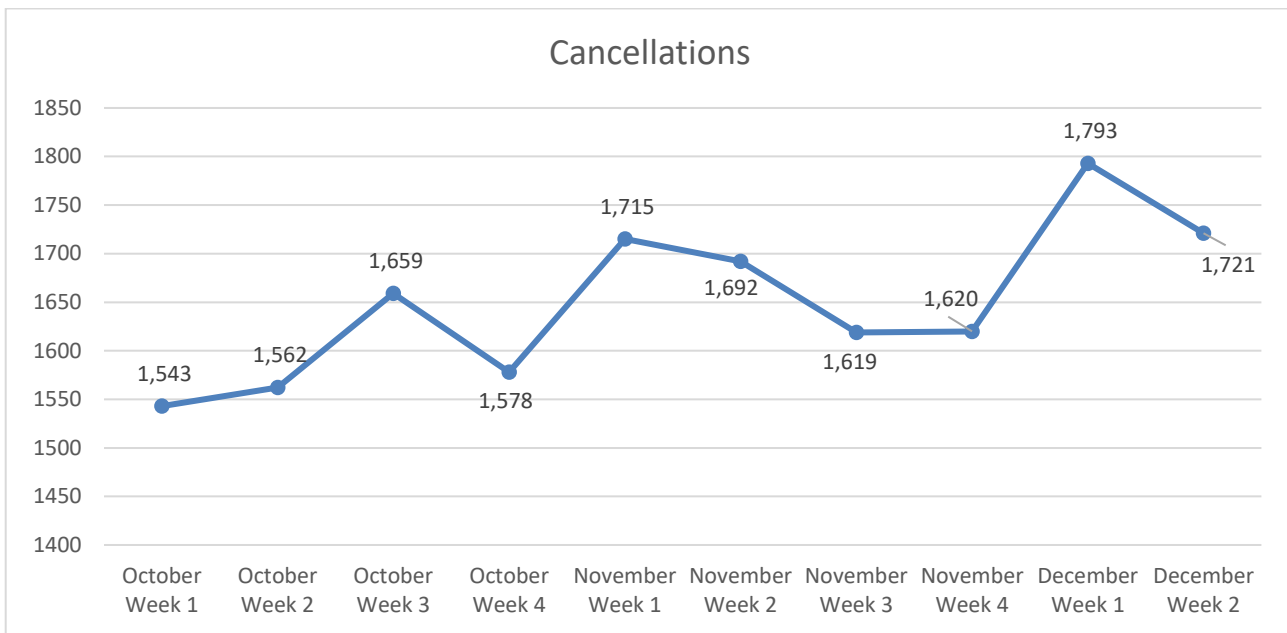
In the second week of December, the number of patients staying more than 12 hours from arrival to departure in Emergency Departments within the Winter Flow group stood at 6,497, up from 6,317 the previous week. This was an increase of 2.95% from the previous week and translates to 9.25% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 56,096 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



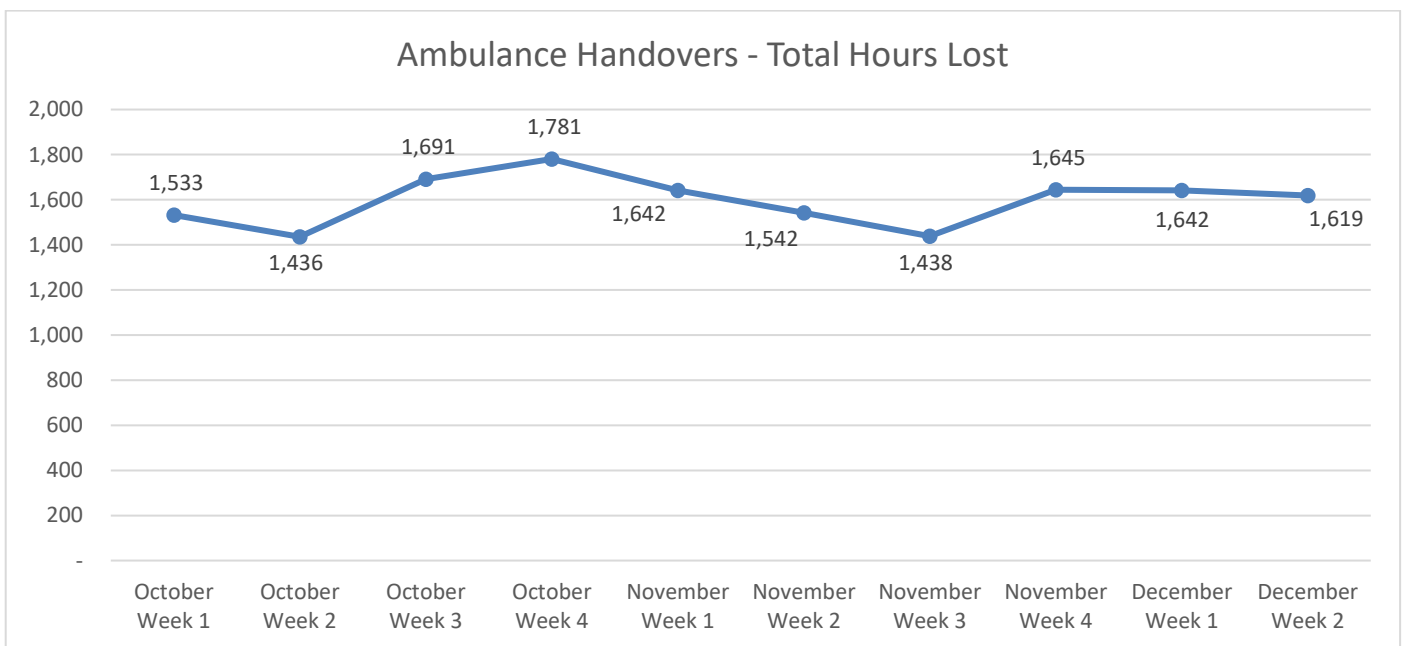
12,529 patients were in hospital for over seven days during the tenth week of the Winter Flow Project. This represents a 0.72% increase from the previous week, or 90 patients more. At site level, 80 hospitals saw their number of long-stay patients increase, compared with 7 that saw their number decrease.

Graph of elective cancellations



Elective cancellations decreased in the second week of December, from 1,793 to 1,721 (a 4.02% decrease). At site level, there were 10 increases and 13 decreases.

Ambulance Handovers



The number of hours lost during ambulance handovers decreased from 1642 to 1619. This represents a decrease of 1.36%, or 23 hours.

Overall

In a lot of respects, week 9 of Winter Flow (the first week of December) was a reminder of how NHS performance can still shock even those largely inured to seeing its long-term decline (four-hour

performance dropping below 60% for the first time, 12-hour stays exceeding 9% of attendances). Week 10, then, was also a reminder of how quickly these things become normalised.

Performance against the four-hour standard continued to fall, this time by just 0.89 percentage points. Compared with week 10 of last year, the decline was just 15.08 percentage points, marginally better than the 16.83 percentage point differential in week 9.

12-hour stays also rose, also by a small margin (2.85%). The figure of 6,497 recorded in week 10 was the second highest in the history of Winter Flow, surpassed only week 1 of January 2020, when attendances were also almost a third higher than they are currently. At 9.25%, the proportion of attendances involving as 12-hour stay reached a new record high – at this point in last year's Winter Flow Project, this figure was 5.28%.

Long-stays also reached a new high of 12,529, although cancellations fell slightly, perhaps related to the the number of beds open reaching a high-water mark for this year's project (22,263, 1.87% higher than at the outset).

Taken together, the picture is rather stark. Typically performance tends to decline reasonably steadily until mid to late January, at which point things start to improve. Although the broader context is fairly atypical, if this Winter Flow follows the same pattern, we would expect to see anywhere from another three to five weeks of worsening performance before the clouds finally break and the decline reverses, all of which leads to the rather awkward question: how bad can things get?

Considering the rate of transmission of the Omicron variant, and the fact that ED pressures are, as one London hospital CEO was this week quoted, already "off the scale",² the answer is almost certainly: very bad indeed.

Last week also saw the milestone of 50,000 12-hour stays surpassed in this year's Winter Flow Project. With 56,096 recorded thus far, if the four-hour performance target were rebranded as the twelve-hour performance target, the NHS would still be falling short of achieving 95% by over 4%.

The College's recent Snap Survey of members revealed the human cost of crowded EDs and corridor care.

One member told us about a patient in their 60s presenting with chest pain, who waited an hour for triage – their ECG showed a serious circulatory problem, but with no clinical space in the department, they were placed in the waiting room, where they subsequently had a cardiac arrest. Despite the best efforts of the staff, the patient died during attempts to resuscitate, which had an obvious and significant affect on the family, the staff, and the waiting room full of patients who saw much of this unfold. We were also told a similar story in which a patient was left on a trolley in open floor space due to a lack of cubicle capacity – they were identified as being extremely sick just prior to arresting, and were speedily moved to resus, narrowly avoiding catastrophe.

Another member told us that patients in corridors had undergone miscarriages, experienced strokes, awaited care while sat in their excrement, sobbing with fear, or lain on trolleys for up to 20 hours. They added that there was almost no social distancing, and that despite best efforts, staff could afford absolutely no confidentiality or dignity to these patients.

We also heard that in some instances patients are on cardiac monitors in corridors, or receiving IV antibiotics in waiting rooms. One patient even self-discharged from the back of an ambulance despite receiving a high NEWS (National Early Warning Sign) score, as he felt that he wouldn't receiving any better care at the ED than he would at home.

² <https://www.hsj.co.uk/a-very-pressured-calm-before-the-storm-in-london/7031555.article>
Published 14 December 2021

With patient flow through EDs at an all-time-low because of exit block and hospital personnel experiencing high levels of absences due to covid infection these stories are inevitable, although the fact remains that they needn't be. With proper resourcing and hospital acute bed capacity, Emergency Departments could ensure that patients are seen promptly and in clinically appropriate contexts, while never sacrificing their dignity or privacy.

A big first step would be for the Government to commit to a proper workforce strategy which will address the chronic staffing shortfalls, as well as the growing and changing needs of the NHS and its patients. The winter must serve as a dire warning of what will happen with repeated inaction, and the result must be substantive change in the long-term.