

RCEM Winter Flow Project

Analysis of the data so far: 21/01/22



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.

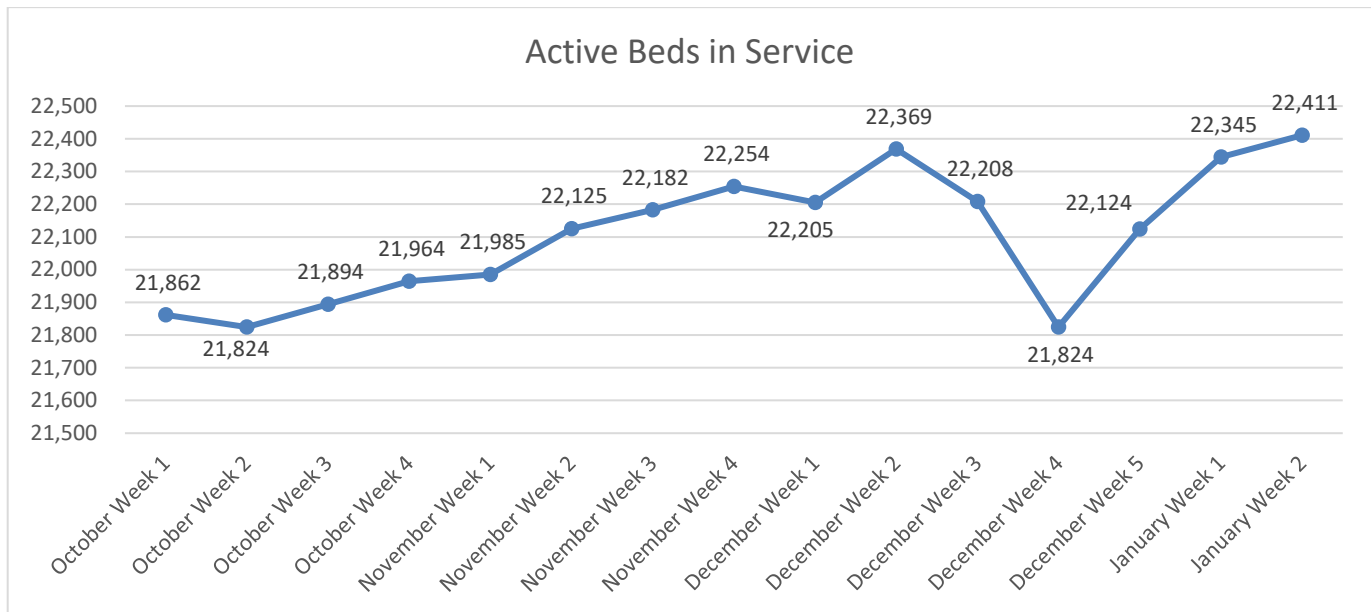
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

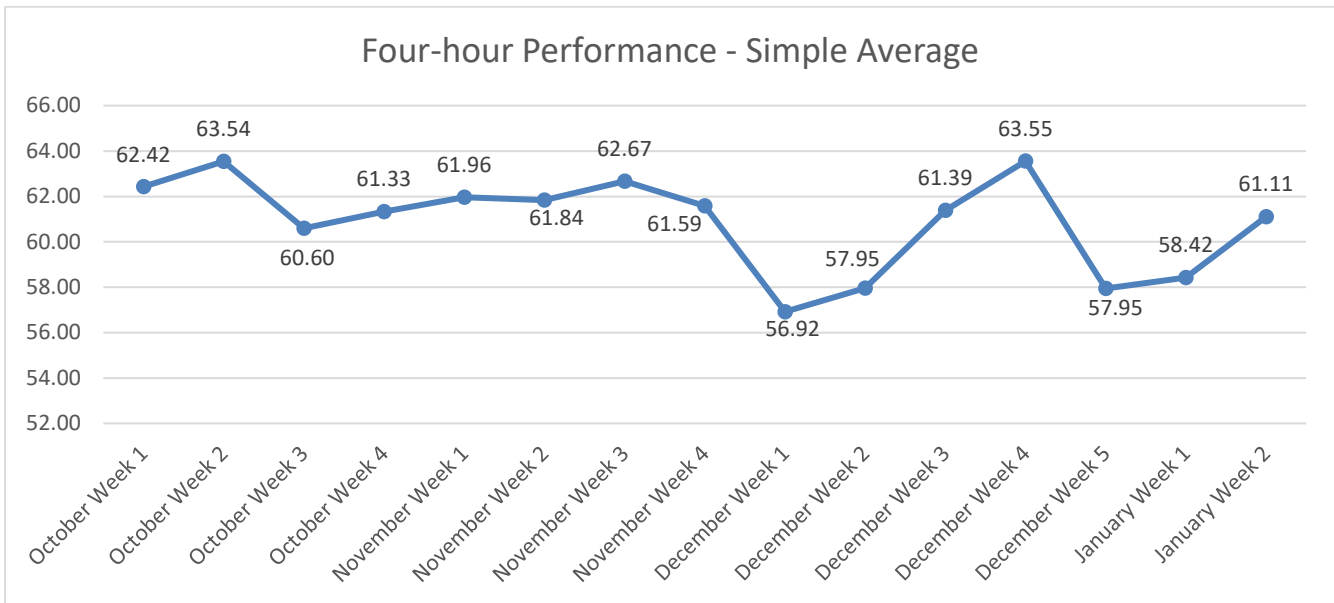
In the second week of January the number of beds within the project group increased to 22,411 – up from 22,345 the previous week. This is a 0.30% increase from the previous week. In total, there has been a 2.52% increase in the aggregate bed stock¹ from the project starting point.

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	5	18	5	7

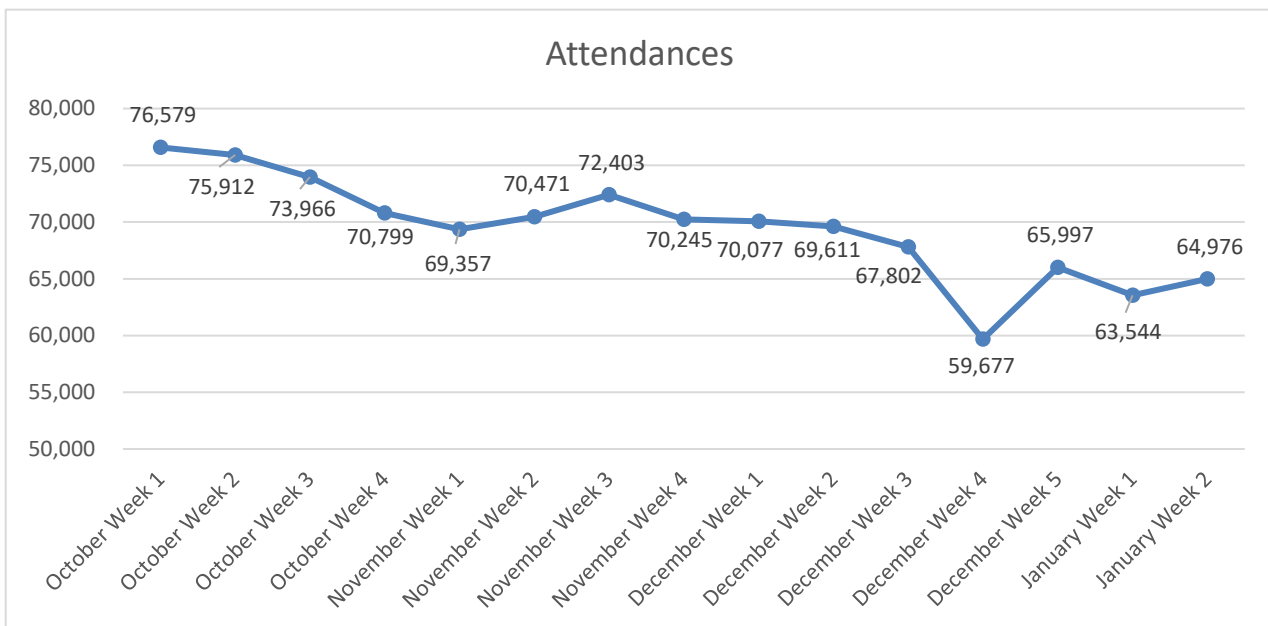
¹ This is measuring from week one to the maximum recorded bed stock for the project to date.

Graph of four-hour performance by week since October



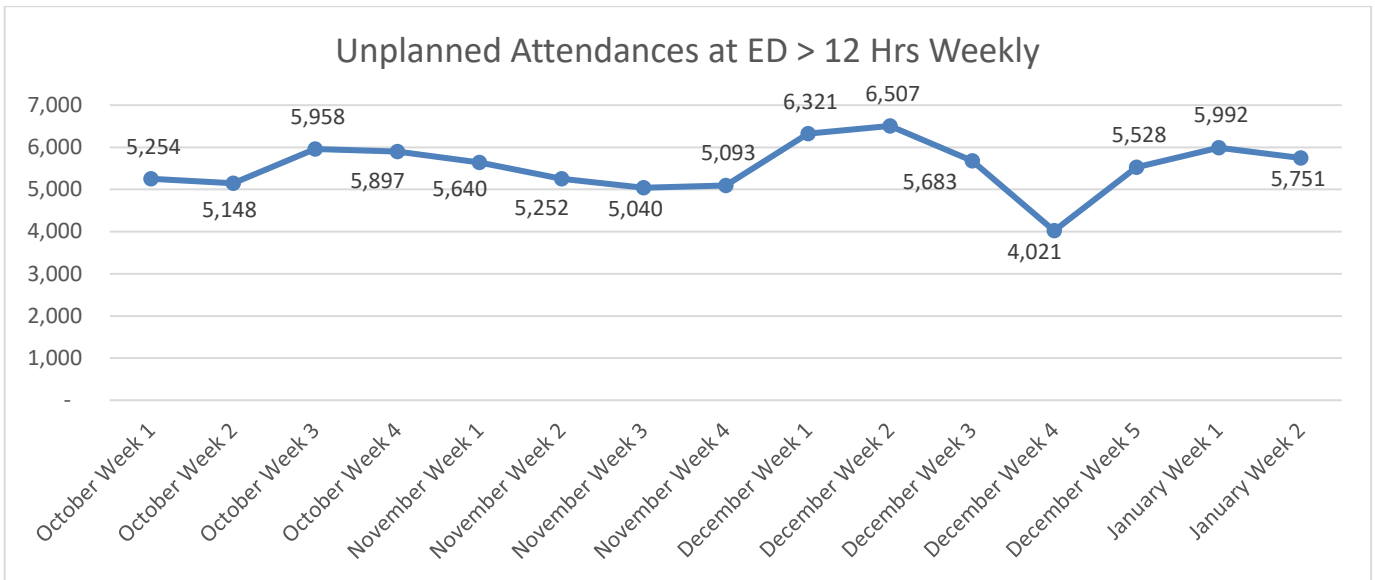
In the second week of January, four-hour standard performance stood at 61.11% - up from 58.42% the previous week. The underlying picture shows 16 increases and 6 decreases across the project group.

Graph of attendances since October



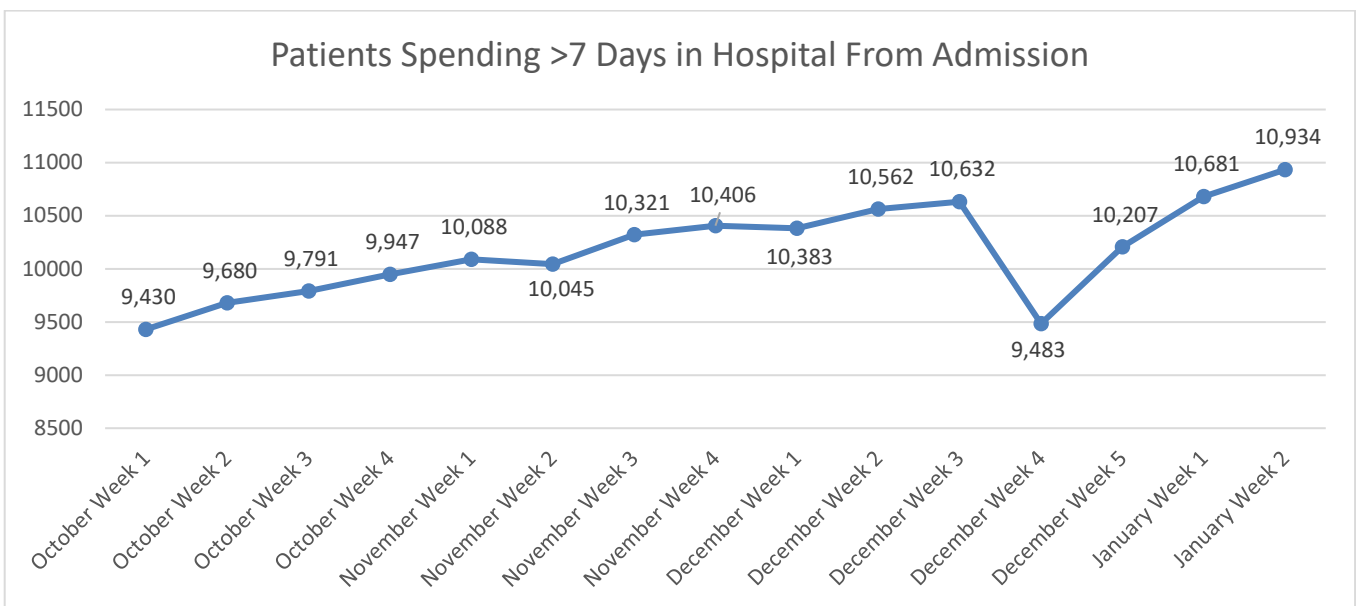
A total of 64,976 attendances were recorded within the Winter Flow group last week – up from 63,544 the previous week. This is a increase of 1,432 patients or 2.25%. At site level there were 14 recorded increases and 8 decreases from the previous week.

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



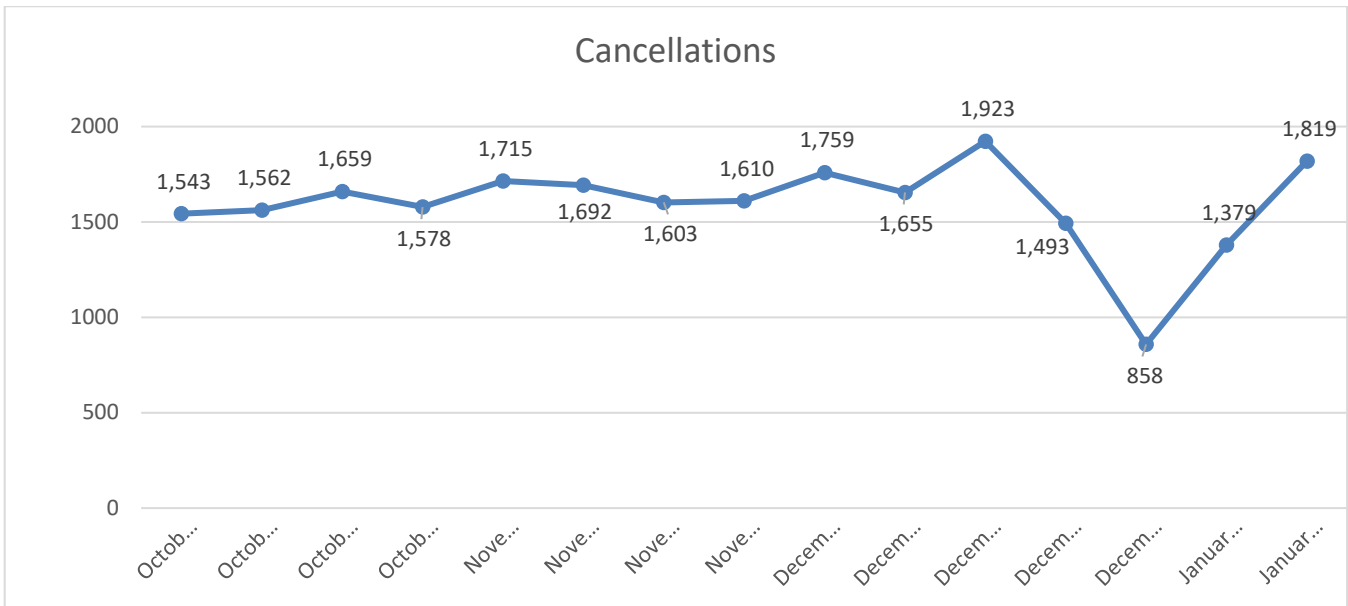
In the second week of January, the number of patients staying more than 12 hours from arrival to departure in Emergency Departments within the Winter Flow group stood at 5,751, down from 5,992 the previous week. This was a decrease of 4.02% from the previous week and translates to 8.85% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 83,085 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



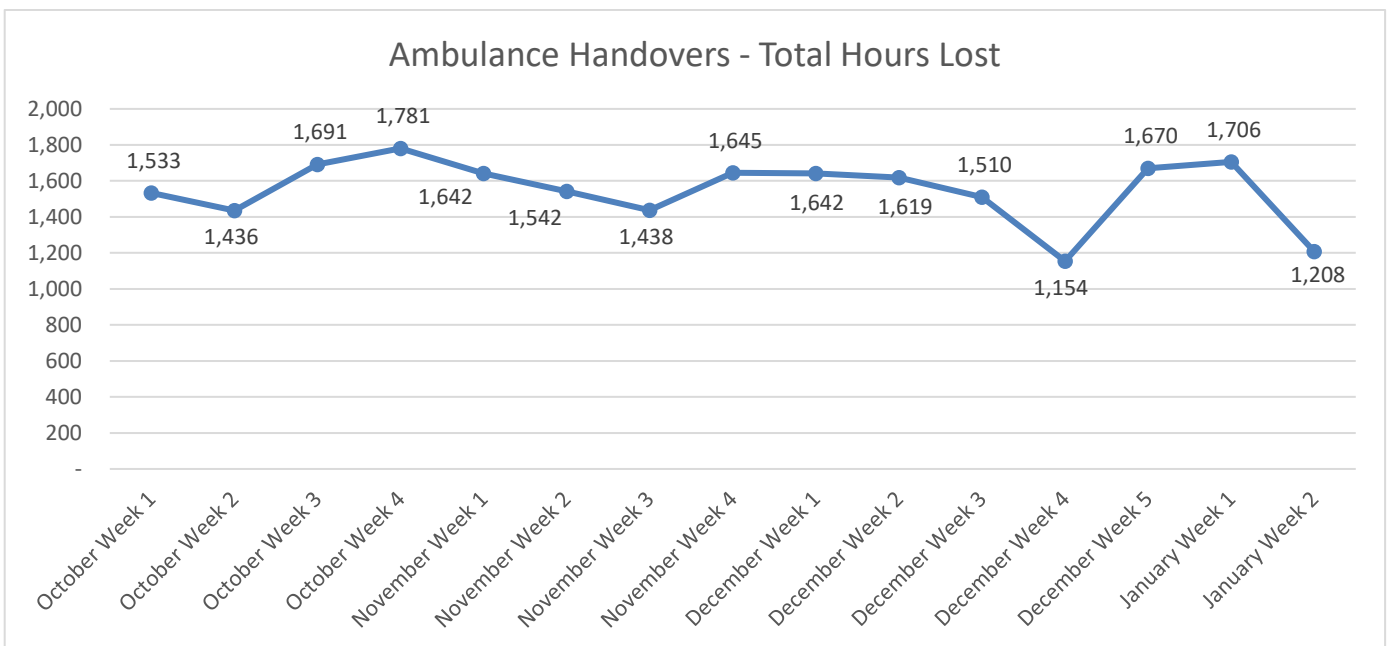
10,934 patients were in hospital for over seven days during the fourteenth week of the Winter Flow Project. This represents a 2.37% increase from the previous week, or 253 patients more. At site level, 11 hospitals saw their number of long-stay patients increase, compared with 9 that saw their number decrease.

Graph of elective cancellations



Elective cancellations increased in the second week of January, from 1,379 to 1,819 (a 31.91% increase). At site level, there were 9 increases and 8 decreases. There has been a total of 23,848 cancellations since the first week of October.

Ambulance Handovers



The number of hours lost during ambulance handovers decreased from 1,706 to 1,208. This represents an increase of 29.19%, or 498 hours.

Overall

The second week of January was another torrid one for the sites participating in this year's Winter Flow Project.

The number of 12-hour patient stays fell slightly from the previous week, but sites still recorded 5,751 – at 8.85% of attendances, this represented the fourth worst week so far this winter. Through the first fifteen weeks, there have been 83,085 12-hour stays recorded, almost 9,000 more than at this point in 2019/20 (despite the sites included that year seeing over 35% more attendances). Emergency Medicine teams are having to find ways to effectively run wards in corridors as well as their normal workflow which is especially challenging.

Four-hour performance did see a small improvement, rising from 58.42 to 61.11. It is around weeks 14 and 15 that this figure often starts to climb away from its seasonal nadir, so this may represent a harbinger that pressures may start to ease in the next few weeks. Additionally, the substantial fall in hours lost during ambulance handovers is an encouraging sign that flow through EDs (as well as the rest of hospitals) is improving.

However, these positive indications were still set against some more alarming developments. While the number of beds reached a new high for this year's Winter Flow of 22,411, the number of long-stay patients also hit a new peak. With 10,934 patients in hospital for 7 or more days, this meant that last week, 48.8% of the available bed stock was housing a long-stay patient. This figure is almost a whole percentage point more than the previous record established in week 11 (47.9%). Similarly, the number of cancellations rose to 1,819, over 30% more than the previous week (almost certainly a consequence of rising bed occupancy). The difficulties associated with discharging patients are well-documented,² but without intervention, any gains in performance will prove entirely temporary, and hospitals will wait even longer than usual before seeing pressures start to relent. The fact that bed stock is under such pressure in large part accounts for why patients are waiting so long in emergency departments, patient flow through the hospital system is congested as the hospitals are holding patients that are medically fit for discharge into social care. The challenges of social care are impacting medical care significantly.

Relatedly, it was a shame that the unrelenting controversy surrounding Number 10 this week overshadowed the release of a critical piece of research. A paper on the link between delays to admission from ED and mortality was published in the EMJ,³ which found that "For every 82 admitted patients whose time to inpatient bed transfer is delayed beyond 6 to 8 hours from time of arrival at the ED, there is one extra death." The Royal College of Emergency Medicine has for years stressed the value of improving patient flow and the dangers of delays to admission and corridor care, and this vital research serves as a timely reminder of the dire consequences when patients are forced to endure long waits in Emergency Departments. While this research may serve to underscore the College's messaging in recent years, it is a hollow victory, as so little has been done in that time to arrest the declining performance and improve flow.

Short and long-term actions are needed – what's needed by hospitals has been set out many times and by many organisations, including RCEM itself (e.g., in the College's CARES campaign⁴). What's needed is for the Government to finally take heed – as this research shows, the consequences if they don't speak for themselves.

² <https://www.hsj.co.uk/commissioning/the-integrator-the-discharge-debacle/7031701.article>

³ <https://emj.bmj.com/content/early/2022/01/03/emjmed-2021-211572>

⁴ <https://rcem.ac.uk/rcem-cares/>