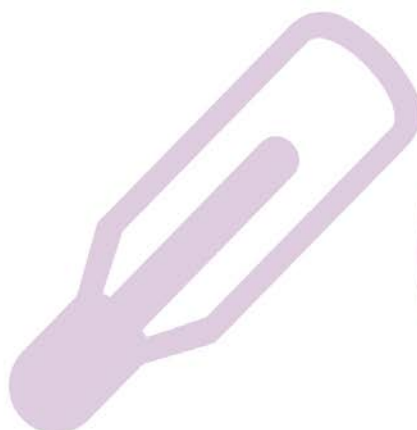


# RCEM Winter Flow Project

Analysis of the data so far: 07/01/22



## 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.

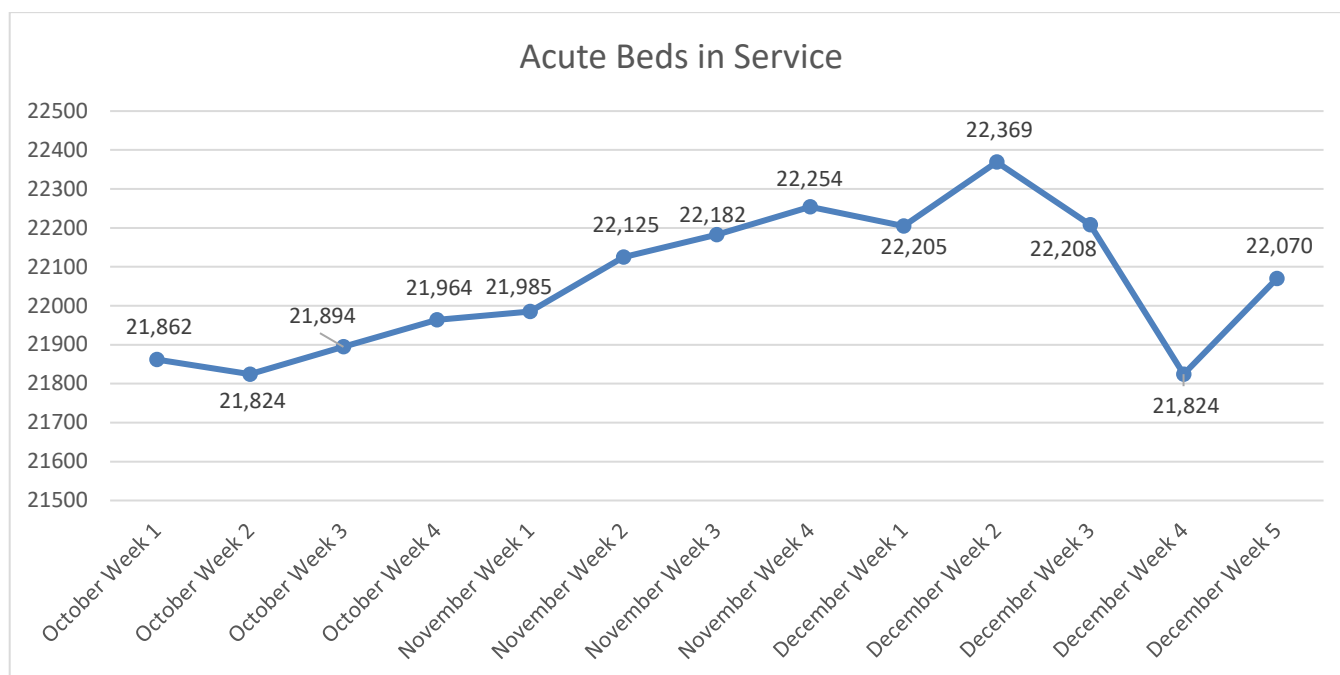
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

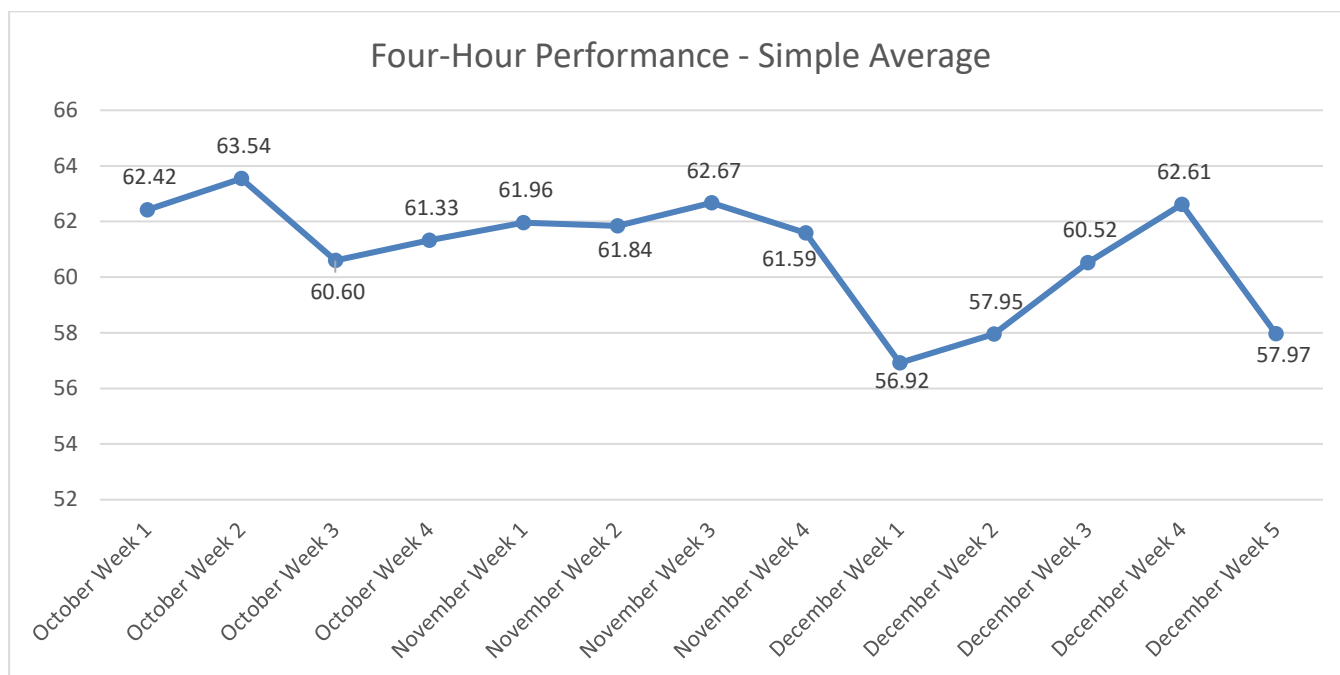
In the fifth week of December the number of beds within the project group increased to 22,070 – up from 21,824 the previous week. This is a 1.12% increase from the previous week. In total, there has been a 2.32% increase in the aggregate bed stock<sup>1</sup> from the project starting point.

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	10	14	5	6

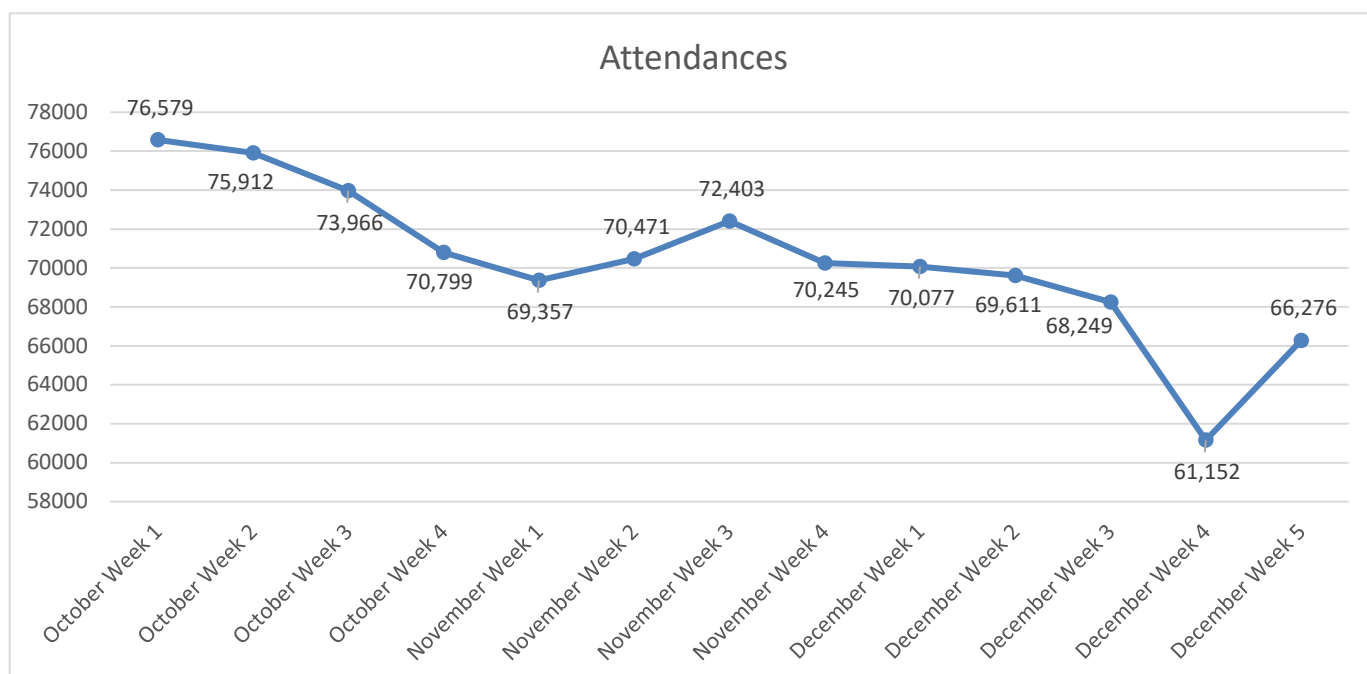
<sup>1</sup> This is measuring from week one to the maximum recorded bed stock for the project to date.

## Graph of four-hour performance by week since October



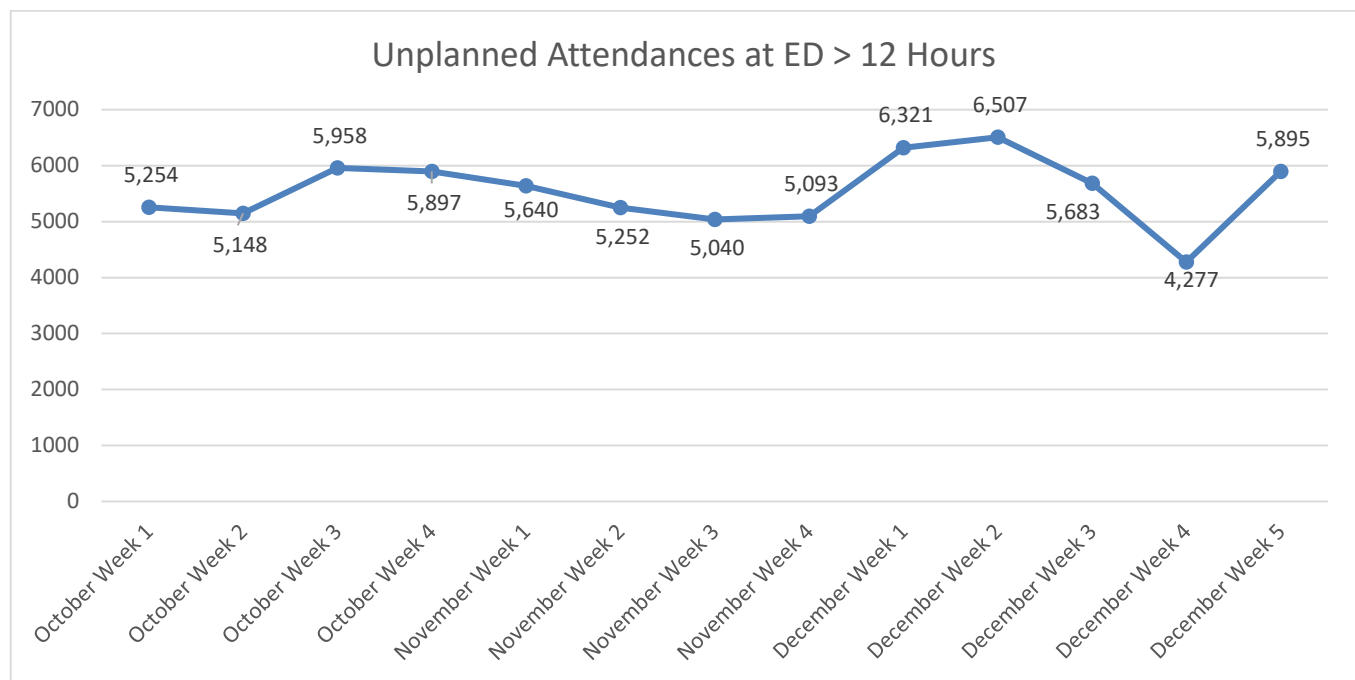
In the fifth week of December, four-hour standard performance stood at 57.97% - down from 62.61% the previous week. The underlying picture shows 6 increases and 19 decreases across the project group.

## Graph of attendances since October



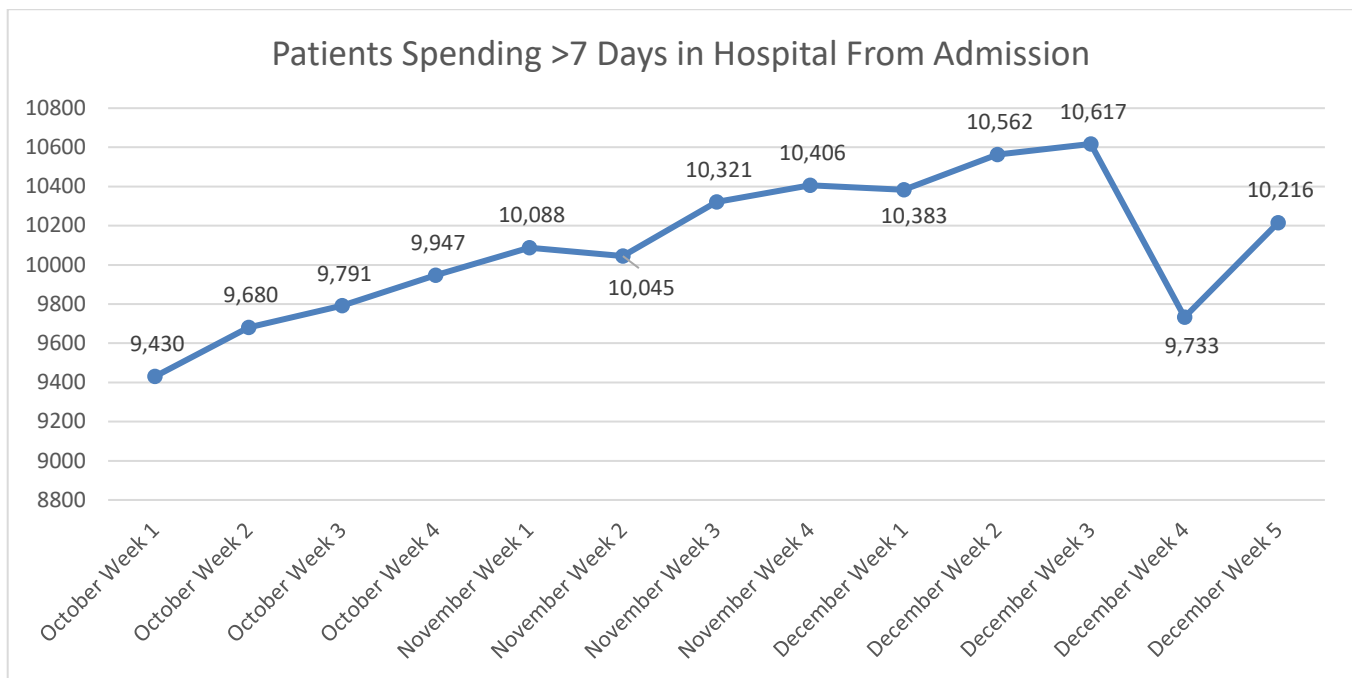
A total of 66,276 attendances were recorded within the Winter Flow group last week – up from 61,152 the previous week. This is an increase of 5,124 patients or 8.38%. At site level there were 26 recorded increases and 0 decreases from the previous week.

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



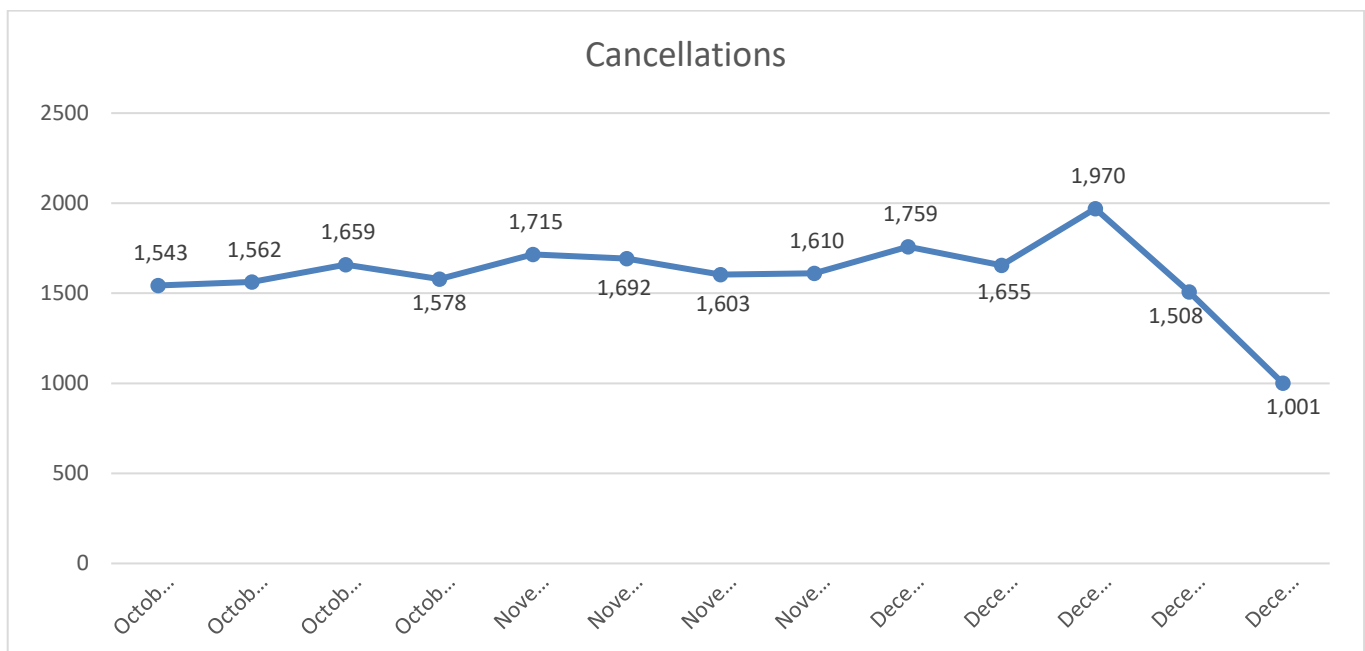
In the fifth week of December, the number of patients staying more than 12 hours from arrival to departure in Emergency Departments within the Winter Flow group stood at 5,895, up from 4,277 the previous week. This was an increase of 37.83% from the previous week and translates to 8.89% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 71,965 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**



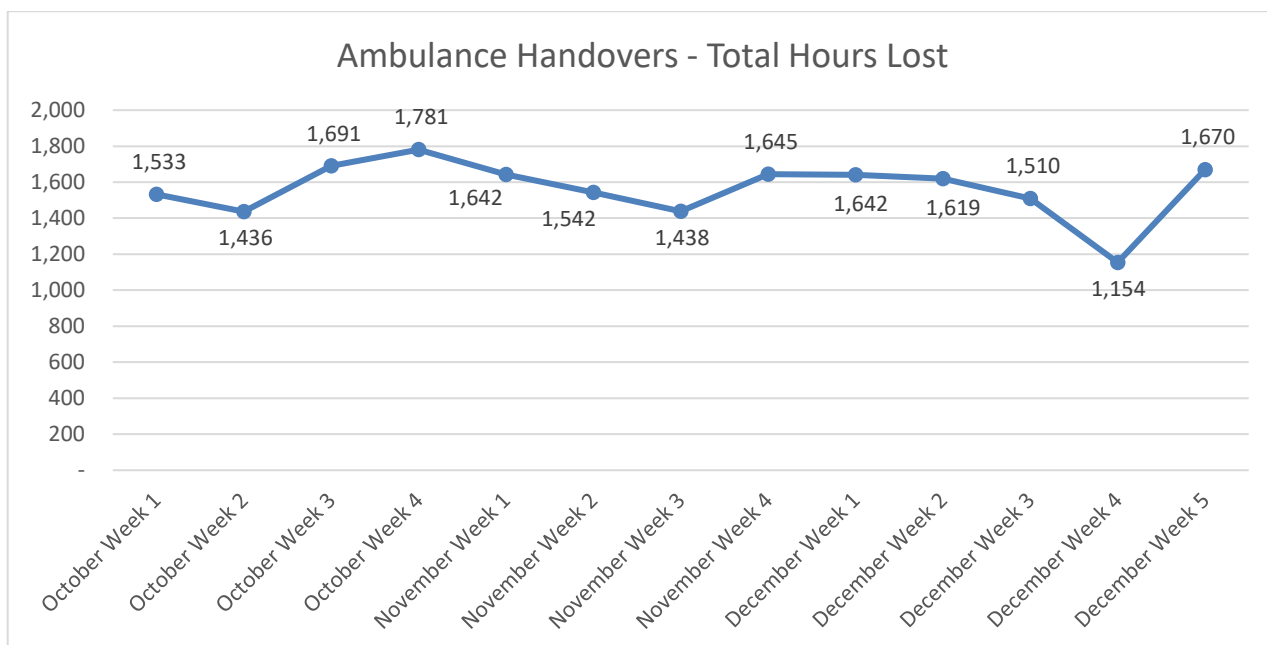
10,216 patients were in hospital for over seven days during the thirteenth week of the Winter Flow Project. This represents a 4.96% increase from the previous week, or 483 patients more. At site level, 19 hospitals saw their number of long-stay patients increase, compared with 6 that saw their number decrease.

### Graph of elective cancellations



Elective cancellations decreased in the fifth week of December, from 1,508 to 1,001 (a 33.62% decrease). At site level, there were 4 increases and 17 decreases.

### Ambulance Handovers



The number of hours lost during ambulance handovers increased from 1,154 to 1,670. This represents an increase of 44.66%, or 515 hours.

## Overall

Inevitably the two weeks surrounding Christmas followed the same pattern as previous years; a substantial fall in demand in the period immediately before and after Christmas day (and a commensurate improvement in performance), and then a return to business as usual the following week.

As attendances fell in week 12 to their lowest level (61,152), performance against the four-hour standard climbed above 62% for only the second time since week 2 of this year's Winter Flow Project. While the number of beds in service declined (by 1.73%), so too did the number of patients occupying them for seven or more days, down by almost 900 (or 8.33%). 12-hour stays were also well down as well, reaching 4,277, the fewest of any week thus far.

This was all to be expected however – the more significant period was the one after Christmas, when things began to return to normal. Unsurprisingly, normal service was resumed after the lull. While attendances were still relatively low in week 13 (the only week to see fewer was week 12), performance against the four-hour standard immediately dipped back below 60% - the figure of 57.97 was the third worst so far this year, despite the relatively low number of patients arriving via the front-door.

12-hour stays also rebounded, reaching 5,895 on the week. At 8.89% of attendances, this was the third worst week in the 2021/22 Winter Flow Project.

While it was to be expected that beds would be removed from active service in the run up to Christmas, the amount by which the aggregate bed stock fell was higher than usual, while the subsequent increase was also small compared to previous years. Between weeks 10 and 12, the number of beds in service this year fell by 2.43% - the average in the previous three Winter Flow Projects was 0.60%.

The number of long-stay patients also fell and bounced back over Christmas and New Year. While the number of patients in hospital for seven or more days dipped substantially over the festive period,

it was back to the same level as we saw in mid-November the following week. Cancellations also dropped, almost halving between weeks 11 and 13 (from 1,970 to 1,001) although this may be a consequence of a reduced elective calendar during the holidays.

Taken in the round, it presents a picture of a health service still under a deeply troubling amount of pressure. While indications are that the Omicron surge is beginning to slow, at least for the time being, at least one source of burden may start to ease a bit, freeing up much-needed capacity. However, the system's resilience has been stretched to such an extent in recent months that it is hard to envision a meaningful improvement in performance anytime soon, meaning patients will continue to endure long waits and suffer the kind of indignities associated with corridor care that the Winter Flow Project highlighted before Christmas.

As a short-term measure, a 'covid surge deal' with the private sector may help,<sup>2</sup> although it will need to be used more efficiently than in previous waves to make a meaningful difference.<sup>3</sup> More is needed than quick fixes, however. The pandemic has laid bare the crises at the heart of the NHS, the most obvious at the moment being the lack of strategic workforce planning. The RCP revealed in a survey before Christmas that a third of consultants were considering retiring in the next three years,<sup>4</sup> while an RCEM survey in Spring of 2021 found that half of respondents were planning on reducing their working hours in the following two years.<sup>5</sup>

Steps must be taken to fill not just the holes in the workforce left by retirement but also to proactively address the chronic understaffing that has affected the NHS for years. RCEM has proposed several solutions to the workforce crisis in the CARES campaign, but policy makers must act soon if the NHS is not to be left hopelessly understaffed for years to come.

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<sup>2</sup> <https://www.hsj.co.uk/quality-and-performance/javid-directs-nhse-to-agree-new-private-sector-deal/7031665.article>

<sup>3</sup> <https://chpi.org.uk/papers/reports/for-whose-benefit/>

<sup>4</sup> <https://www.rcplondon.ac.uk/projects/outputs/covid-19-and-workforce-looking-signs-hope>

<sup>5</sup> <https://rcem.ac.uk/rcem-cares/>