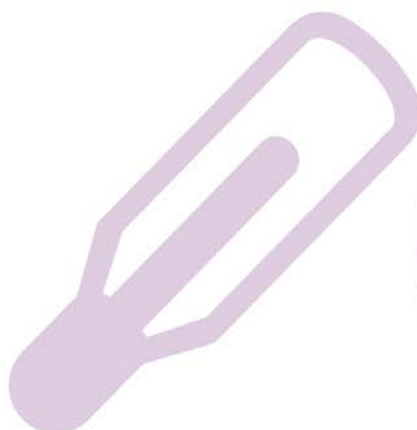


RCEM Winter Flow Project

Analysis of the data so far: 14/01/22



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.

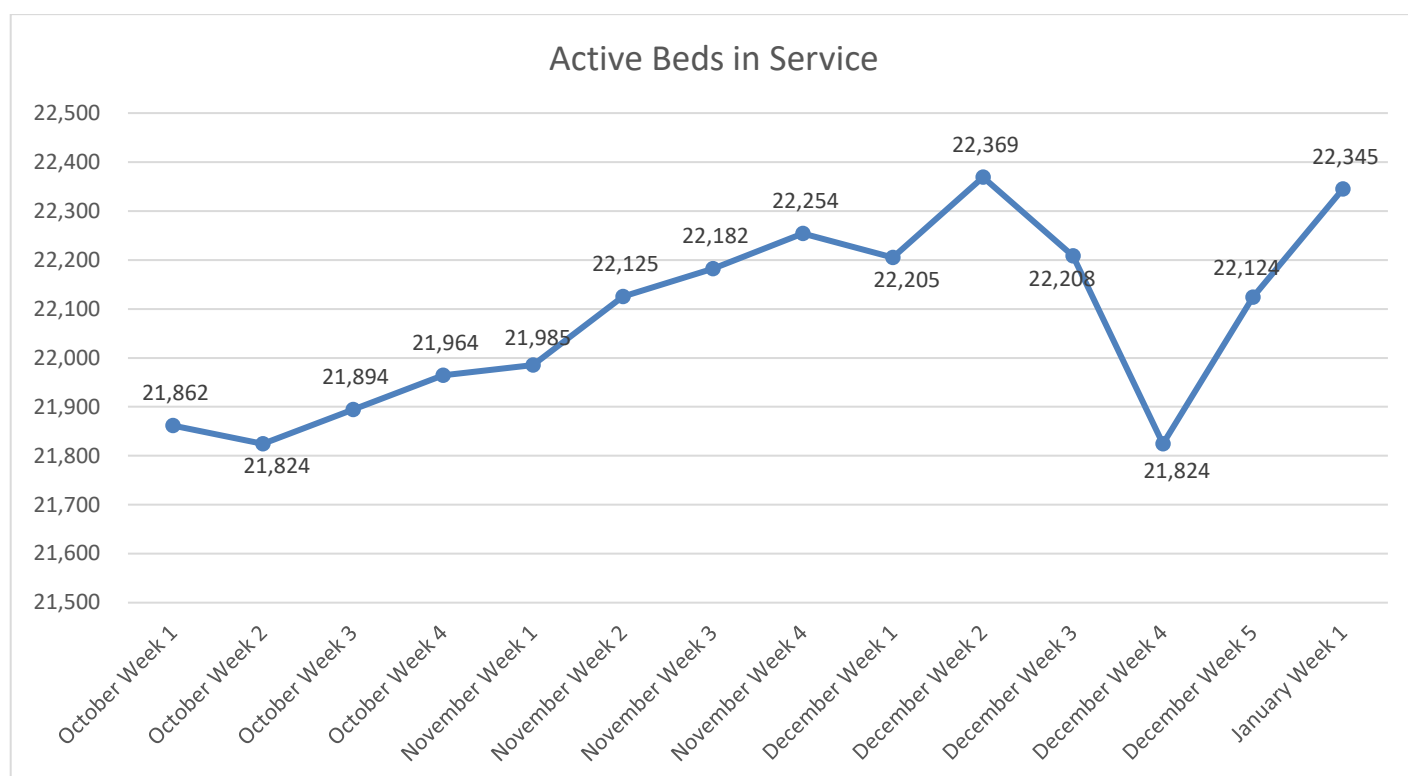
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

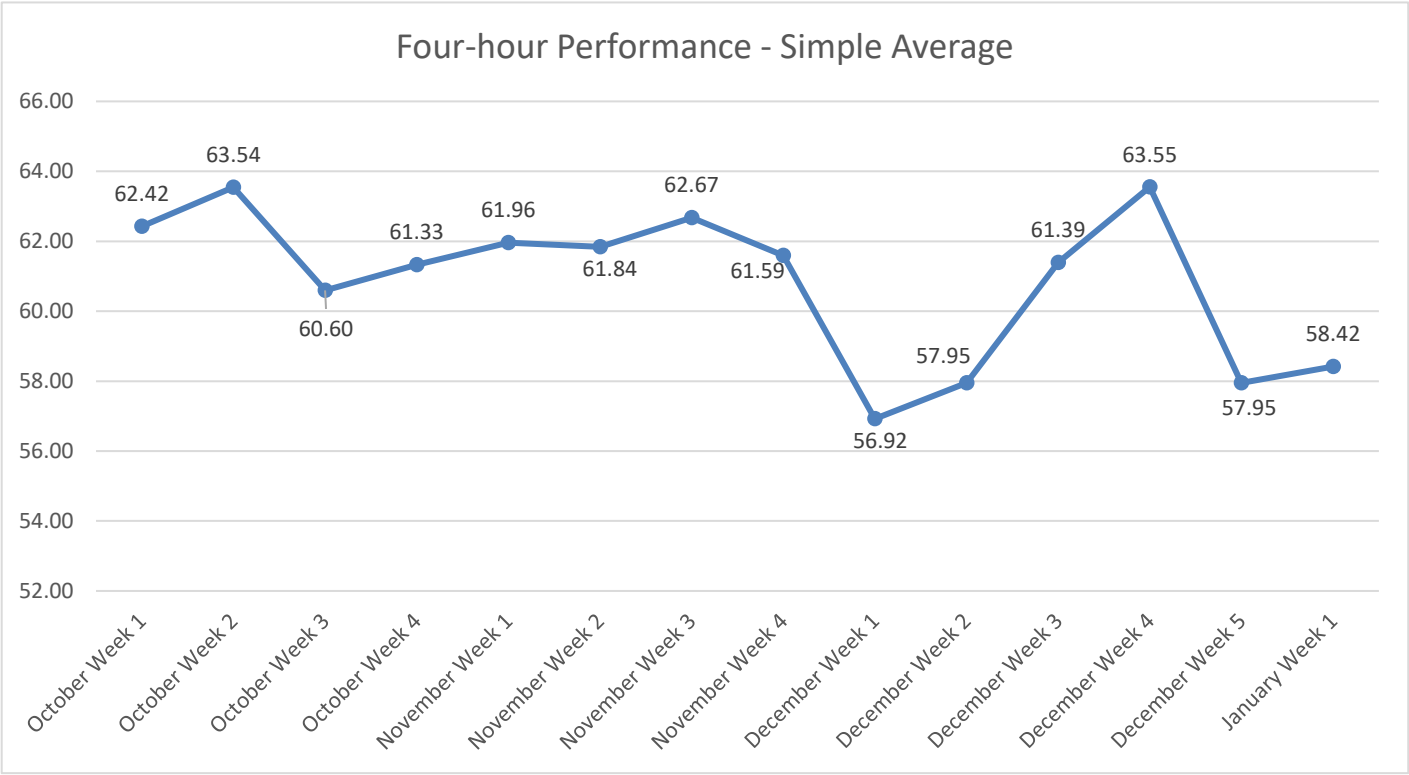
In the first week of January the number of beds within the project group increased to 22,345 – up from 22,124 the previous week. This is a 1.00% increase from the previous week. In total, there has been a 2.32% increase in the aggregate bed stock¹ from the project starting point.

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	7	16	6	6

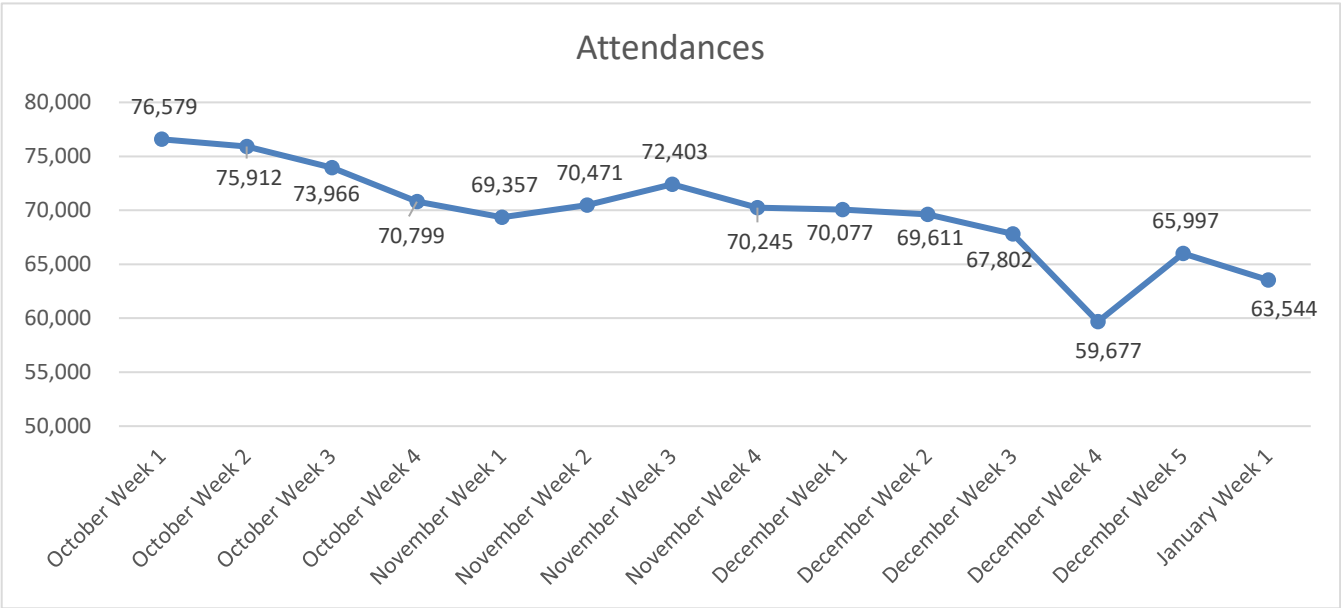
¹ This is measuring from week one to the maximum recorded bed stock for the project to date.

Graph of four-hour performance by week since October



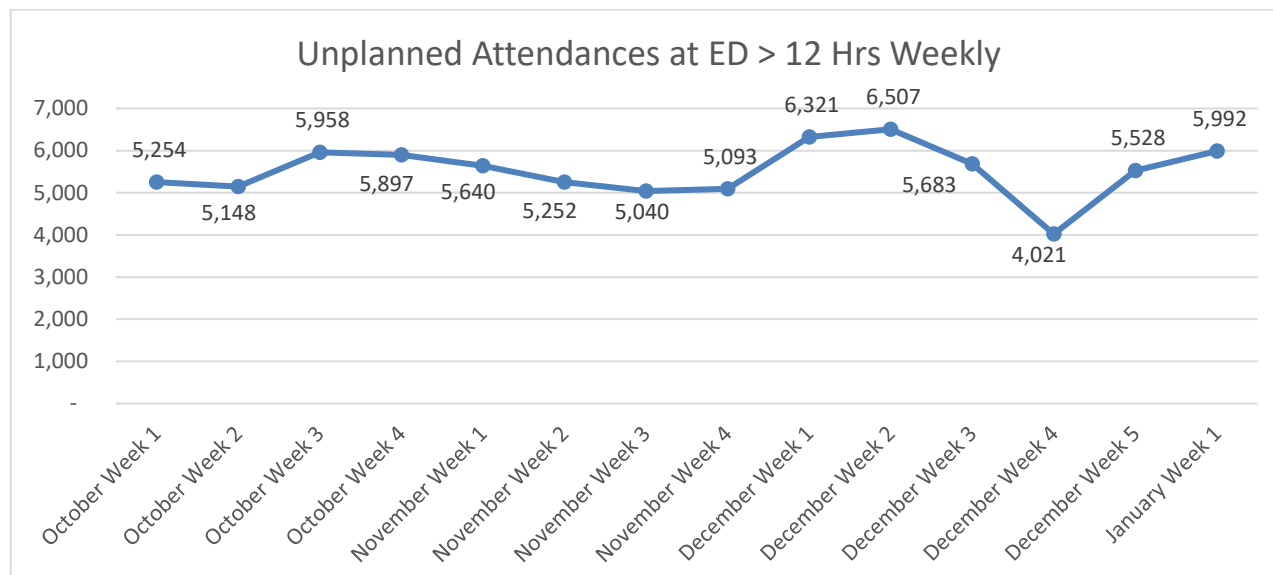
In the first week of December, four-hour standard performance stood at 58.42% - up from 57.95% the previous week. The underlying picture shows 16 increases and 10 decreases across the project group.

Graph of attendances since October



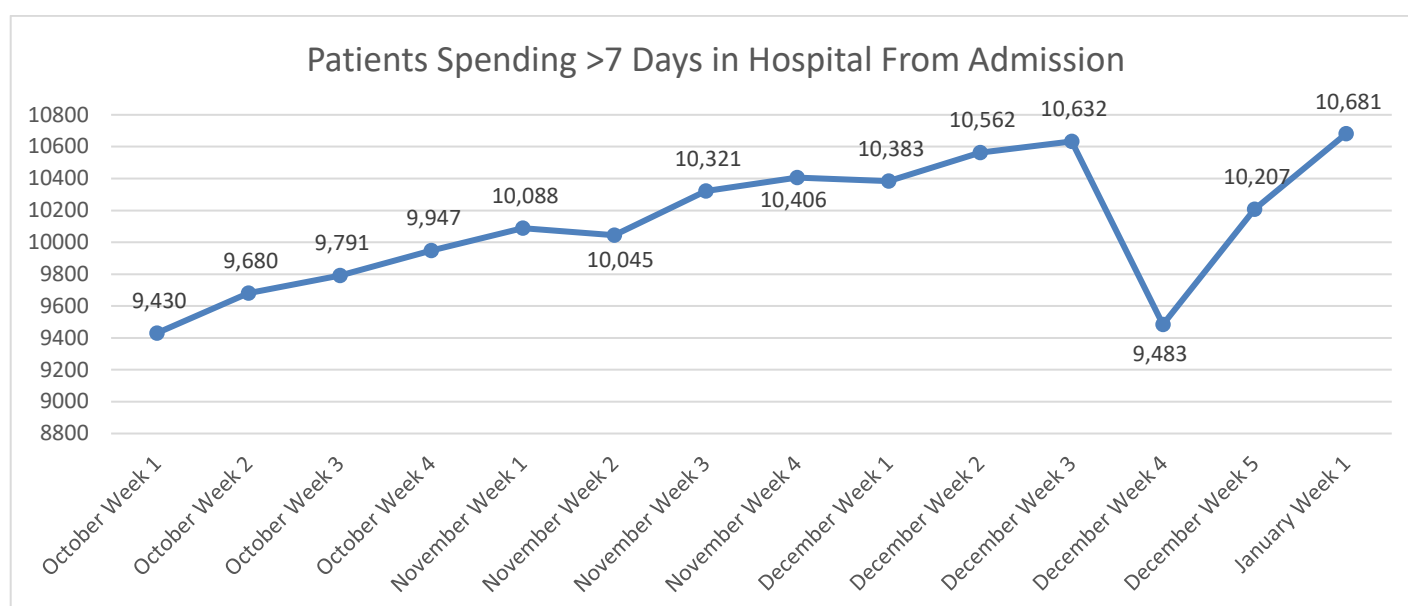
A total of 63,544 attendances were recorded within the Winter Flow group last week – down from 65,997 the previous week. This is a decrease of 2,453 patients or 3.72%. At site level there were 6 recorded increases and 20 decreases from the previous week.

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



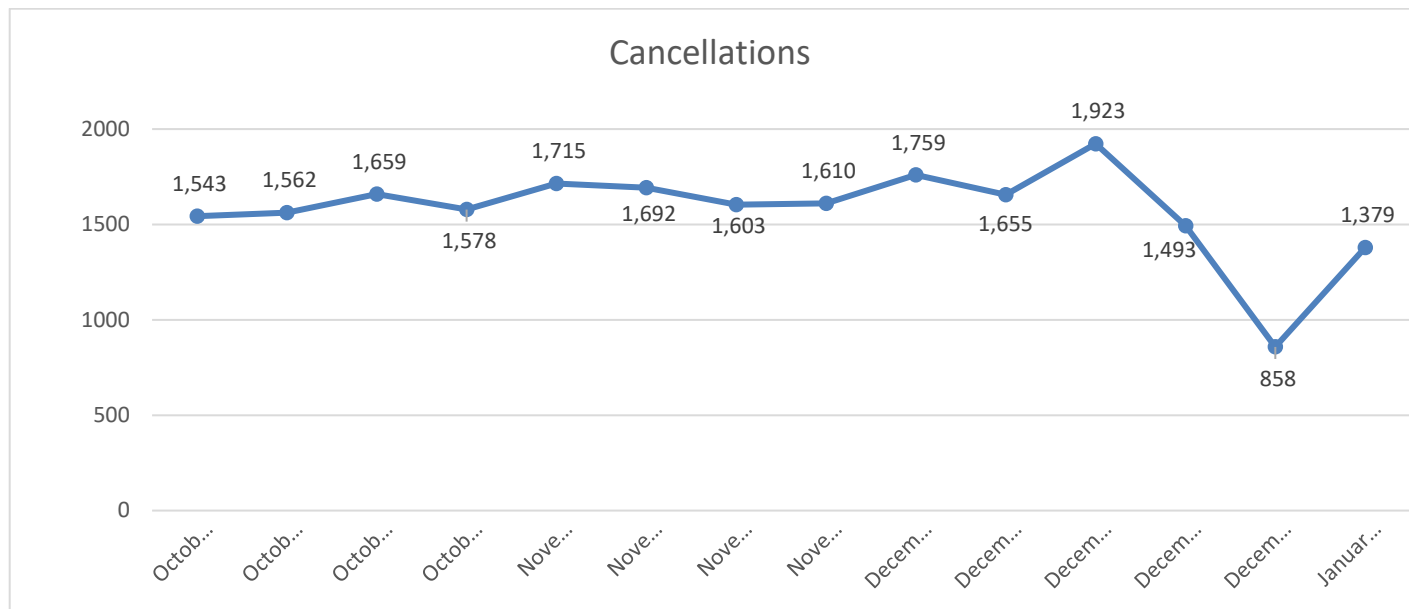
In the first week of January, the number of patients staying more than 12 hours from arrival to departure in Emergency Departments within the Winter Flow group stood at 5,992, up from 5,528 the previous week. This was an increase of 8.39% from the previous week and translates to 9.43% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 77,334 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



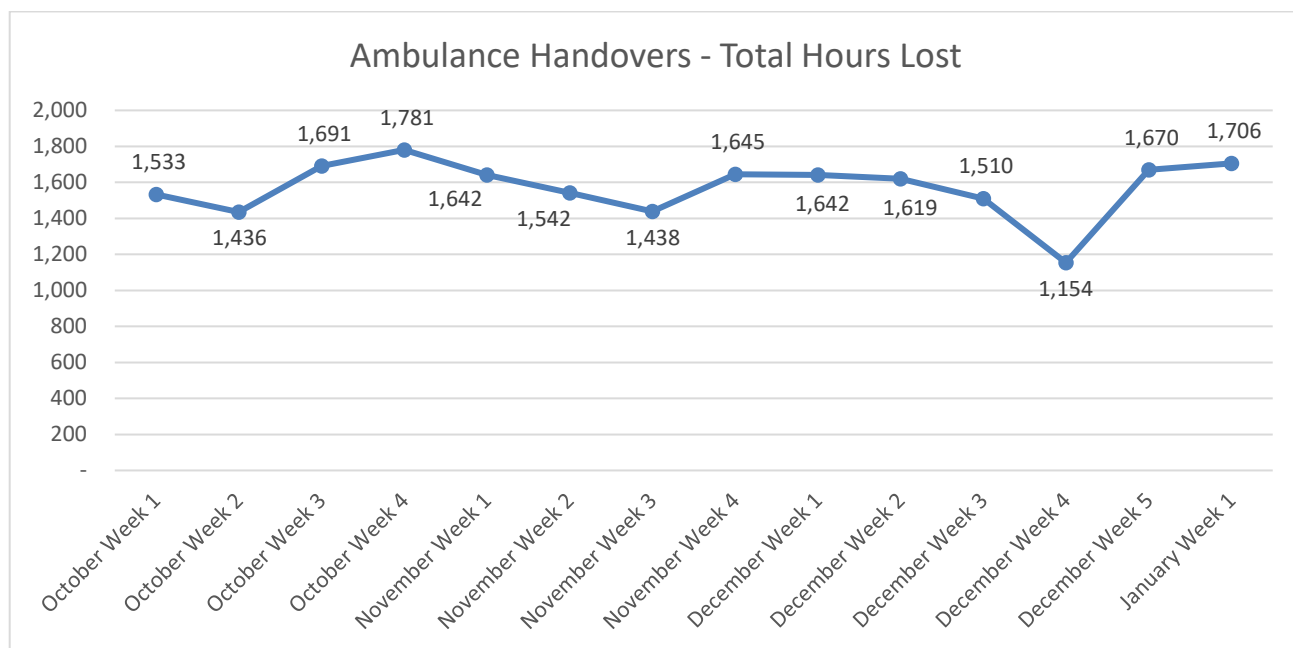
10,681 patients were in hospital for over seven days during the fourteenth week of the Winter Flow Project. This represents a 4.64% increase from the previous week, or 474 patients more. At site level, 23 hospitals saw their number of long-stay patients increase, compared with 3 that saw their number decrease.

Graph of elective cancellations



Elective cancellations increased in the first week of January, from 858 to 1,379 (a 60.72% increase). At site level, there were 17 increases and 3 decreases. There has been a total of 22,029 cancellations since the first week of October.

Ambulance Handovers



The number of hours lost during ambulance handovers increased from 1,670 to 1,706. This represents an increase of 2.16%, or 36 hours.

Overall

While the festive period may have brought a small amount of respite to a beleaguered NHS, the first week of January saw performance revert back to their pre-holiday levels.

Firstly, the good news. The number of beds rose for the second week in a row, standing at 22,345, just 24 fewer than at their peak in week 2 of December. Over two thirds of sites have now flexed their bed stock by 5% or more, indicating that there is still amount of elasticity in terms of managing demand. This is reflected in the fact that bed occupancy in the first week of January, as captured in NHS England's Winter SitReps, was 93.4%, 1.7 percentage points lower than the comparable week in 2020. Moreover, just 45% of trusts recorded an average bed occupancy over 95%, compared with 63% in 2020.²

Additionally, demand (as measured by attendances in the Winter Flow Project, and ambulance arrivals in the SitReps) remains relatively low. There were 63,544 attendances in the first week of January, the third lowest figure recorded thus far in 2021/22, and over 17% lower than week 1. Similarly, the SitReps recorded 81,135 arrivals by ambulance, 14,603 fewer than the same week in 2020, and lower even than in 2021, when the UK was experiencing much tighter Covid restrictions.

The bad news, however, is that despite the smaller number of patients arriving via the front door of Emergency Departments, performance remains poor. In January week 1, just 58.42% of patients were seen, admitted or discharged within four hours. Only three weeks saw a worse figure recorded this year, and in all three, attendances were noticeably higher. 12-hour stays also rose compared with the previous week, despite the fall in demand, meaning that 9.43% of patients attending EDs experienced a stay of at least 12 hours last week. This is the highest figure recorded in any of the Winter Flow Projects where this datapoint has been collected.

The number of long-stay patients also rose, largely cancelling out the potential impact of the increase in beds. There were 10,681 patients in hospital for seven or more days during the first week of January, the largest figure recorded in 2021/22. 47.8% of beds were also therefore occupied by long-stay patients, the second highest figure (after 47.9% in December week 3).

The extent of the issues facing the NHS are manifestly clear. As president of the College, Katherine Henderson, wrote recently in the BMJ: "Recognising how big a problem we currently have in the NHS is the beginning of trying to solve it. We all depend on having a functional emergency system available when we need it most. The issue is not whether the NHS is "overwhelmed." What we need is a vision of the health service that the public needs and how we get there."³

Perhaps more than anything else, the NHS needs a sufficiently large workforce in order to meet demand without asking staff to go above and beyond the call of duty simply to keep services running. A long-term workforce strategy is desperately needed – otherwise the level of performance we've seen this winter will continue its seemingly inexorable decline.

² <https://www.england.nhs.uk/statistics/statistical-work-areas/uec-sitrep/>

³ [bmj.com/content/376/bmj.o103](https://www.bmj.com/content/376/bmj.o103)