Royal College of Emergency Medicine

RCEM Winter Flow Project

Analysis of the data so far: 11/02/22

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.

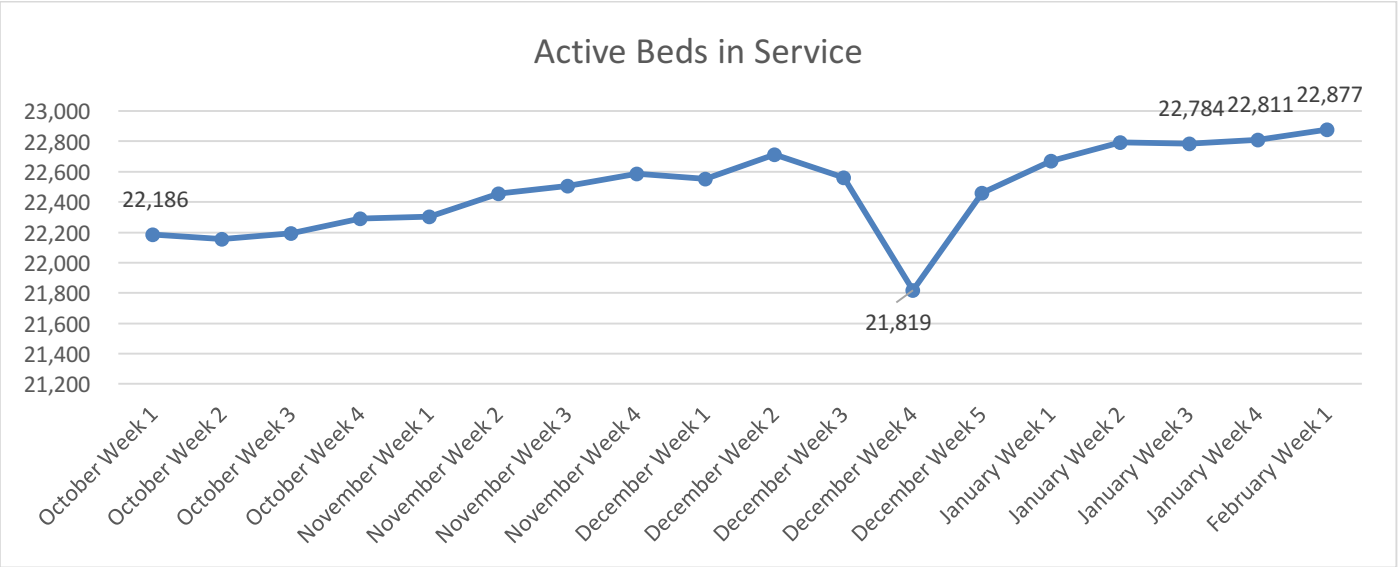
Published the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

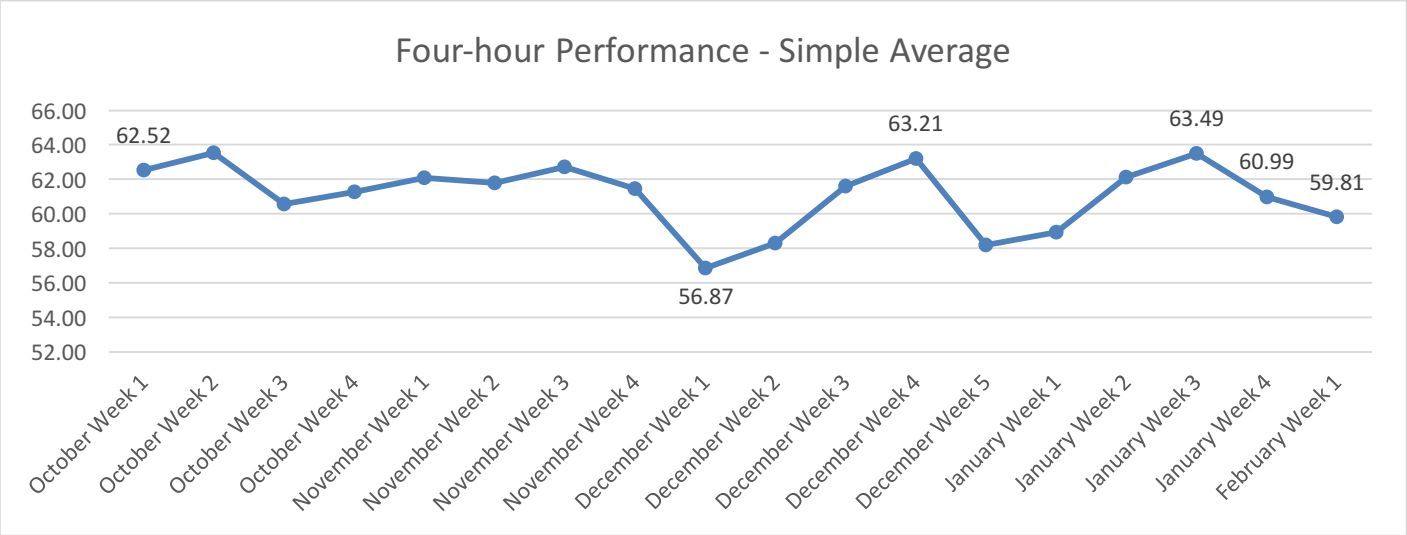
In the first week of February the number of beds within the project group increased to 22,877 – up from 22,811 the previous week. This is a 0.29% increase from the previous week. In total, there has been a 3.12% increase in the aggregate bed stock[1] from the project starting point.

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	2	3	18	8	8

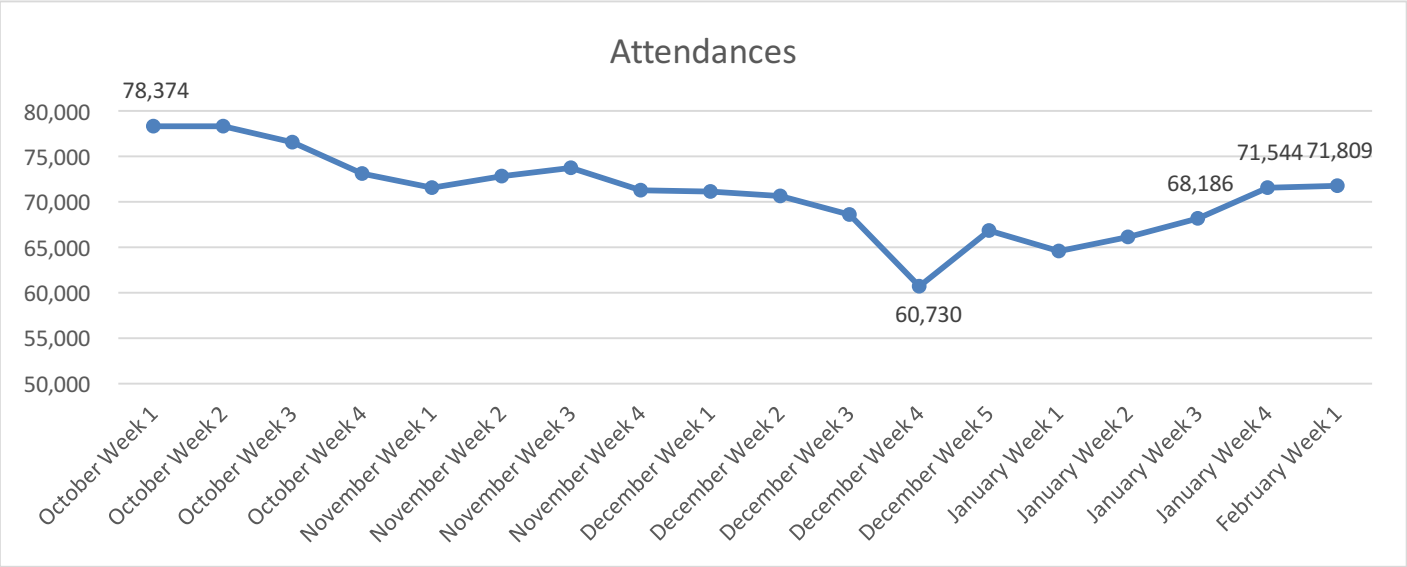
[1] This is measuring from week one to the maximum recorded bed stock for the project to date.

Graph of four-hour performance by week since October



In the first week of February, four-hour standard performance stood at 59.81% - down from 60.99% the previous week. The underlying picture shows 7 increases and 15 decreases across the project group.

Graph of attendances since October



A total of 71,809 attendances were recorded within the Winter Flow group last week – up from 71,544 the previous week. This is an increase of 265 patients or 0.37%. At site level there were 14 recorded increases and 9 decreases from the previous week.

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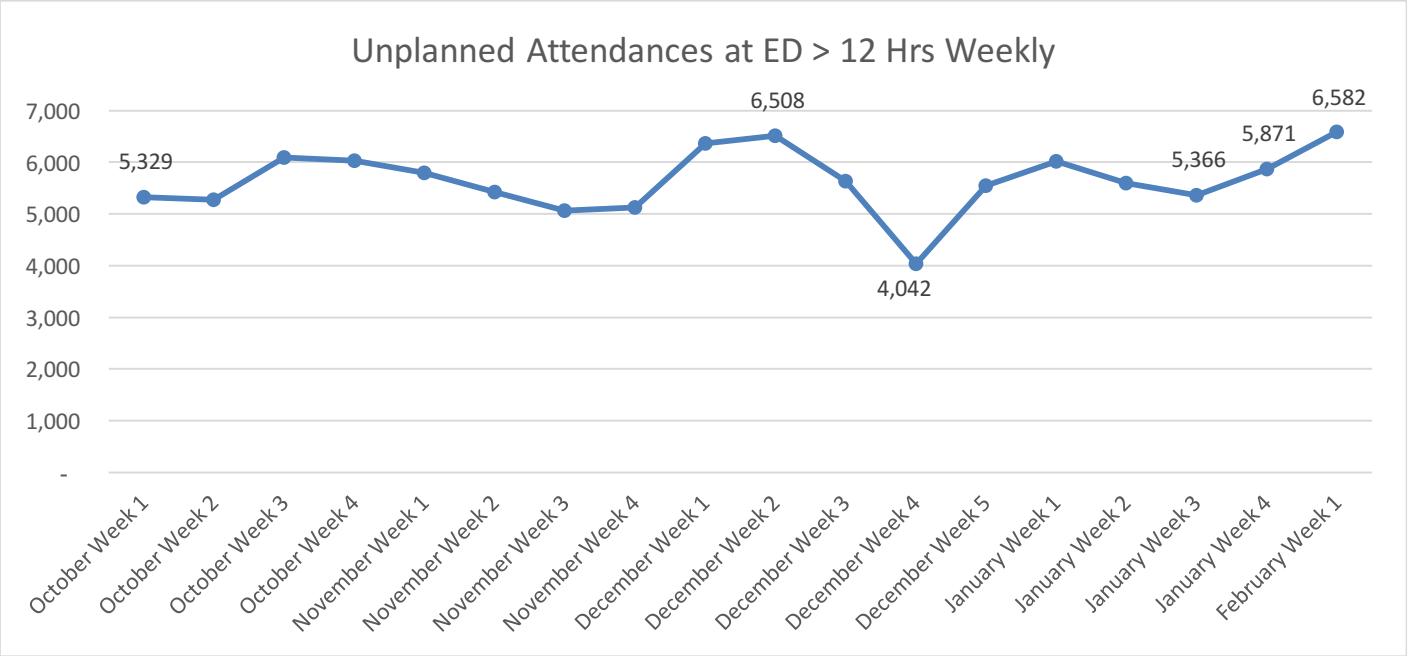
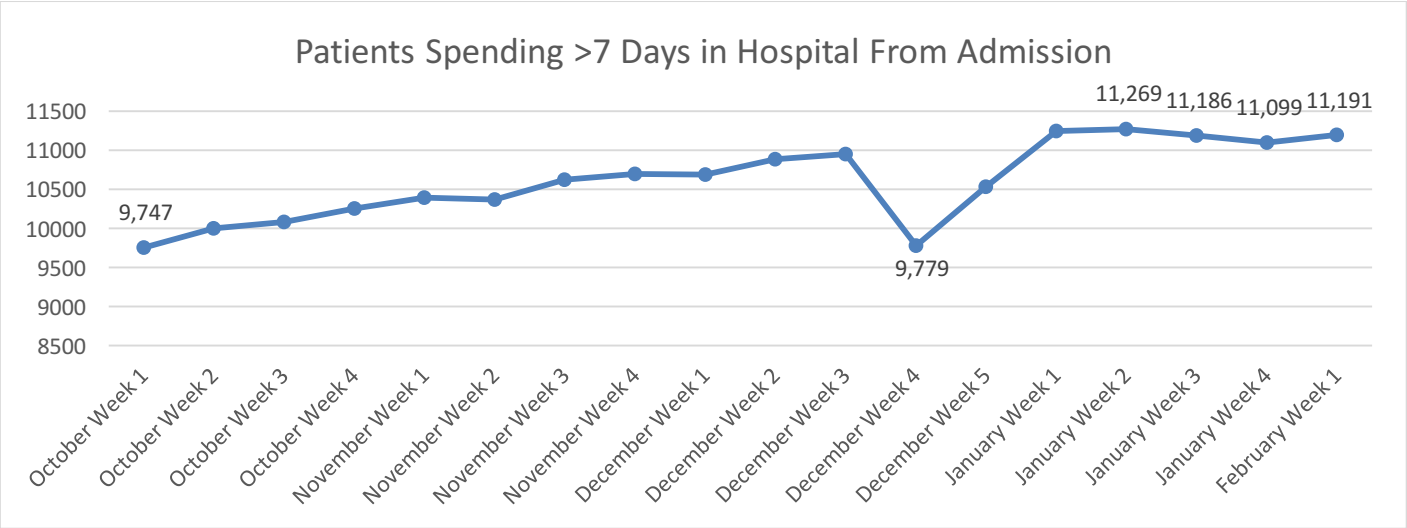
Graph of the number patients spending more than 12 hours in an Emergency Department from arrival to departure since October



In the first week of February, the number of patients staying more than 12 hours from arrival to departure in Emergency Departments within the Winter Flow group stood at 6,582, up from 5,871 the previous week. This was an increase of 12.11% from the previous week and translates to 9.17% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 101,668 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



11,191 patients were in hospital for over seven days during the eighteenth week of the Winter Flow Project. This represents a 0.8% increase from the previous week, or 92 patients more. At site level, 16 hospitals saw their number of long-stay patients increase, compared with 8 that saw their number decrease.

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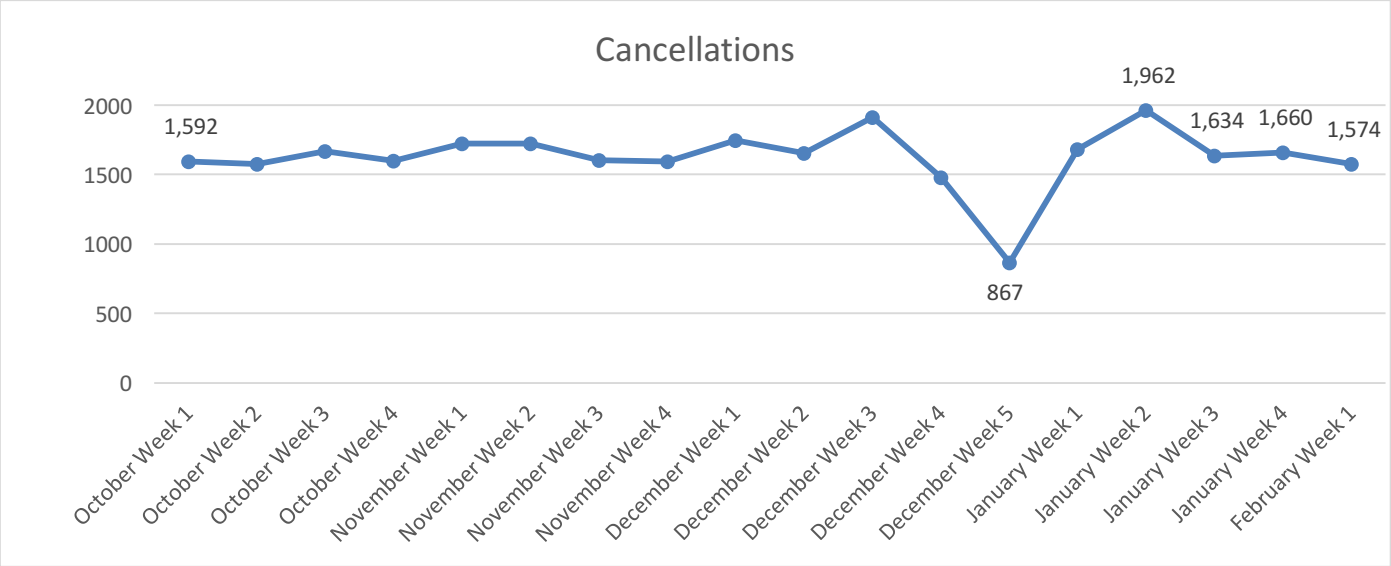
Graph of elective cancellations



Elective cancellations decreased in the first week of February, from 1,660 to 1,574 (a 5.2% decrease). At site level, there were 8 increases and 11 decreases. There has been a total of 29,255 cancellations since the first week of October.

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Overall

In the eighteenth week of reporting, Winter Flow saw this winter's highest number of unplanned attendances and the highest number of patients stays of 12 hour or more in an Emergency Department. Nearly 1 in 11 patients, or 9.17% of attendances spent more than 12 hours in an Emergency Department from arrival to departure. This represents an 11.6% increase in the percentage of 12 hour stays of attendances on the previous week. This week's Winter Flow 12-hour patient data highlights the vast differences in how the parameters of metrics capture (or equally exclude) patient experiences, as the clock for these patients in England as reported by the NHS does not start until the decision to admit has been made unlike how we are measuring this in our Winter Flow reports. As a result, the published NHS data fails to capture how long these patients are waiting in total in an Emergency Department. In order to see the true scale of the problem and to drive change for the better, we need to see the NHS in England report 12-hour data from time of arrival.

This week, the NHS published its long overdue elective recovery plan, setting out a blueprint to boost capacity and address the ever-growing backlog of care over the next three years. Though the recovery plan acknowledged the intrinsic cause and effect relationship between the elective care backlog and the surging demand on urgent and emergency services, it failed to address *how* the government and NHS were going to tackle the crisis in urgent and emergency care demands and workforce capacity.

In addition to the publication of the plan, we also saw the monthly release of NHSE Emergency Department performance figures, showing January's soaring trolley waits, as the most sickly and vulnerable waited the longest for care. In the Royal College of Emergency Medicine's latest Emergency Department performance figures press release, Vice President Mrs Lisa Munro-Davies, said: "What has not been recognised though, is the inextricable link between Urgent and Emergency Care and elective care or the workforce expansion required to deliver these plans."

In week 18, Winter Flow also reported a small increase in the number of active acute beds in service, with numbers rising by 0.29% to 22,877 beds, the highest number this winter so far. In context this figure is 6,213 beds lower than the same week of reporting the previous year (a 21.4% reduction) and 14,059 beds lower than the same week in 2019-20 (a 38% reduction). This winter's high point for acute beds in service is 6,467 beds less than last year's winter flow high. What's more, this week's small increase in beds was matched by an increase in attendances and outstripped by record high stays of 12 hours or more. This highlights the continuous trend in the increasing demand and pressure on urgent and emergency services. It is difficult to picture an elective recovery plan without the replenishment and flexing of acute bed stock. Though the elective recovery plan does touch on the need for additional bed capacity, crowding and long stays are likely to persist if the lack of capacity in the medical workforce and social care system are not addressed.

We have come to a decisive turning point in the capacity and demand urgent and emergency care crisis. There needs to be an urgent and emergency care plan in tandem with the elective recovery plan in order to resolve the crisis. Vice President Mrs Lisa Munro-Davies added "An Urgent and Emergency Care recovery plan must be published for this elective care recovery plan to stand any chance of hitting its targets, and the publication of a fully funded workforce plan encompassing all aspects of health and social care service delivery must be the immediate priority."