Royal College of Emergency Medicine

RCEM Winter Flow Project

Analysis of the data so far: 04/02/22

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.

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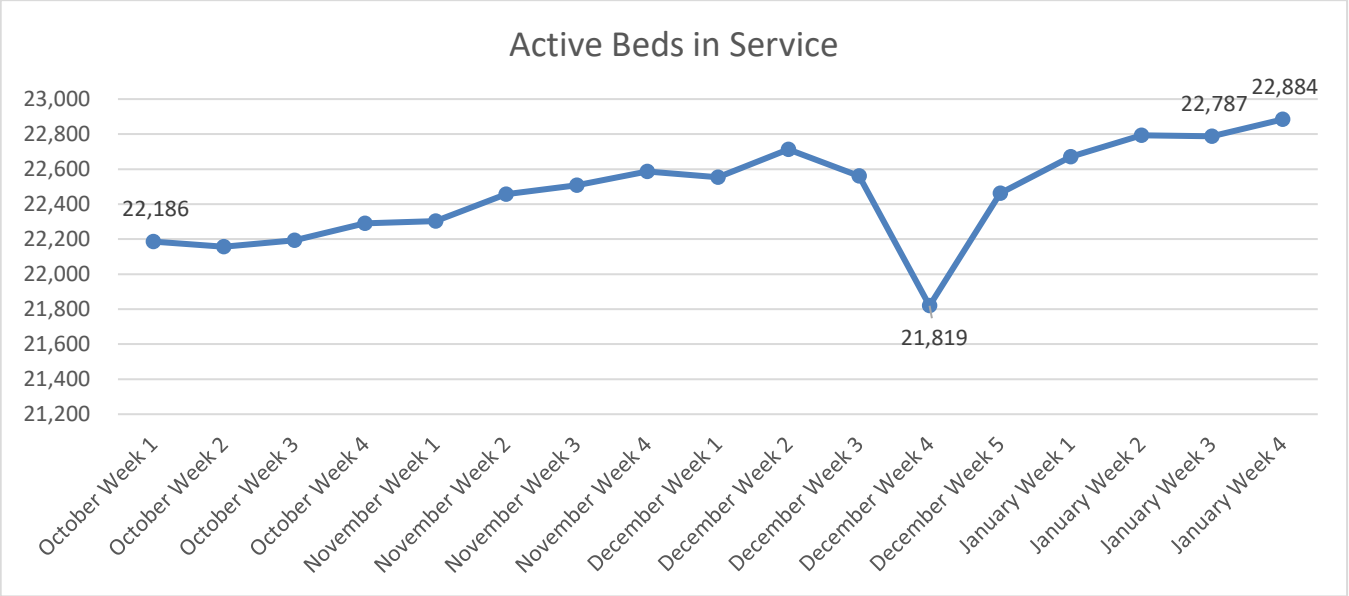
Graph of acute beds in service



Active Bed Management

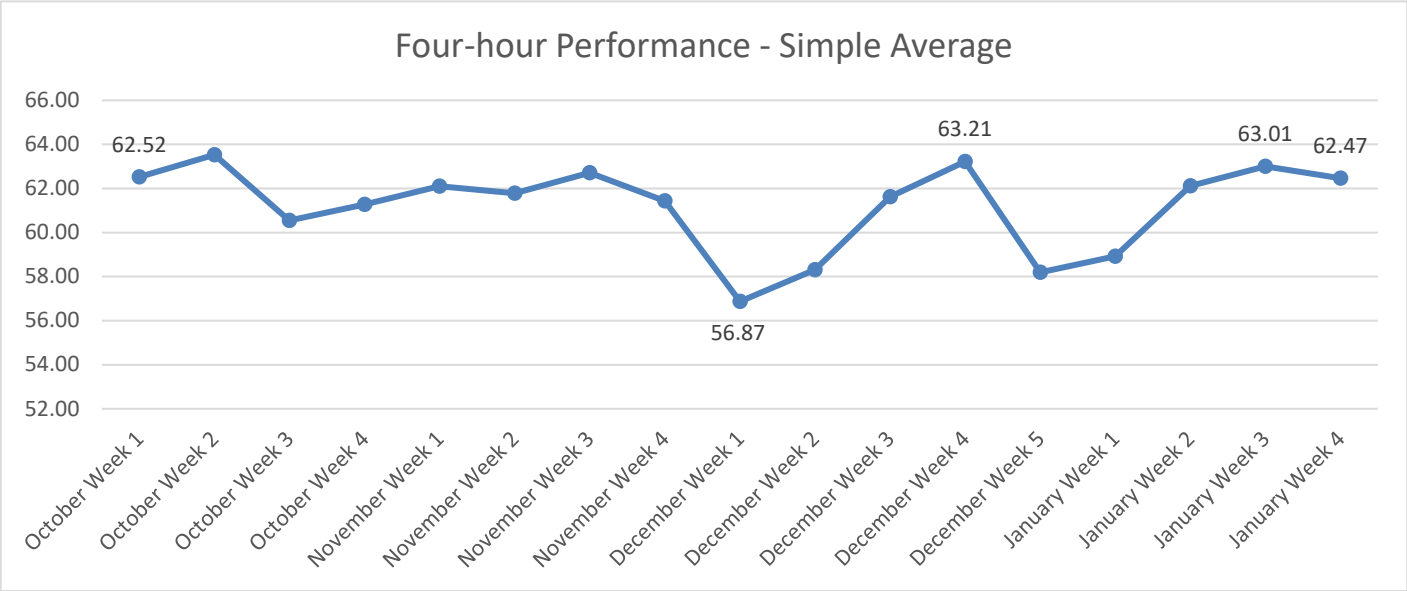
In the fourth week of January the number of beds within the project group increased to 22,884 – up from 22,787 the previous week. This is a 0.43% increase from the previous week. In total, there has been a 3.15% increase in the aggregate bed stock[1] from the project starting point.

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

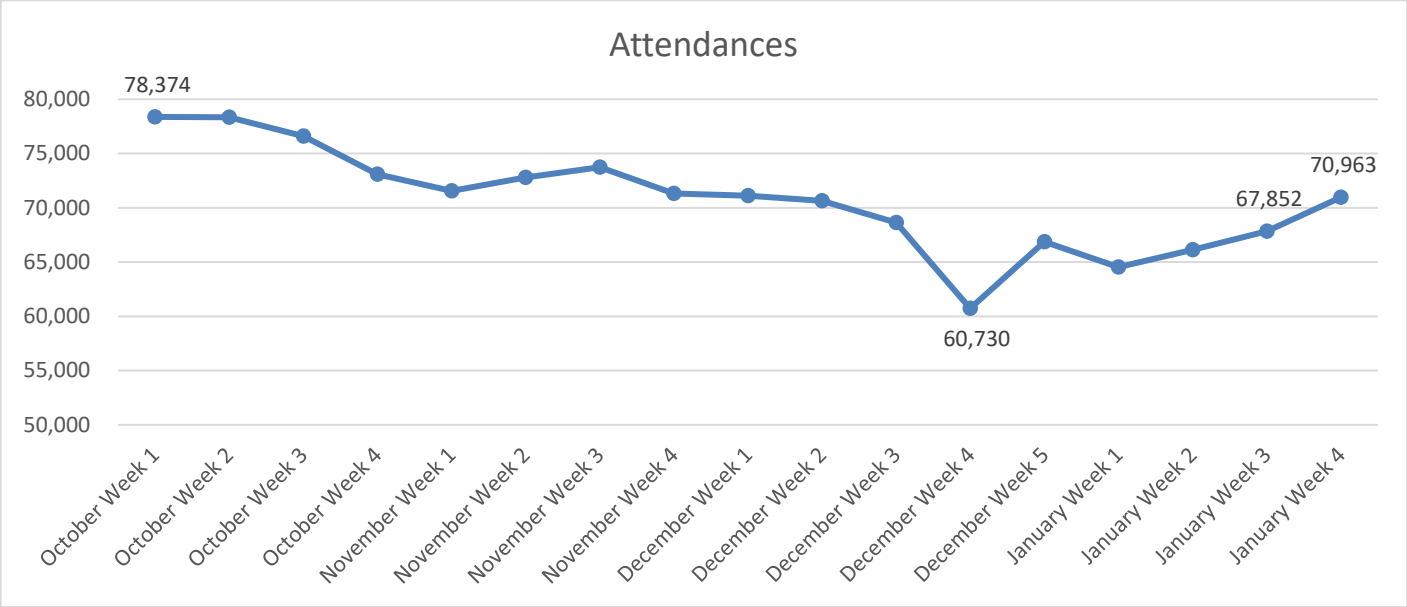
[1] This is measuring from week one to the maximum recorded bed stock for the project to date.

Graph of four-hour performance by week since October



In the fourth week of January, four-hour standard performance stood at 62.47% - down from 63.01% the previous week. The underlying picture shows 9 increases and 15 decreases across the project group.

Graph of attendances since October



A total of 70,963 attendances were recorded within the Winter Flow group last week – up from 67,852 the previous week. This is an increase of 3,111 patients or 4.58%. At site level there were 21 recorded increases and 3 decreases from the previous week.

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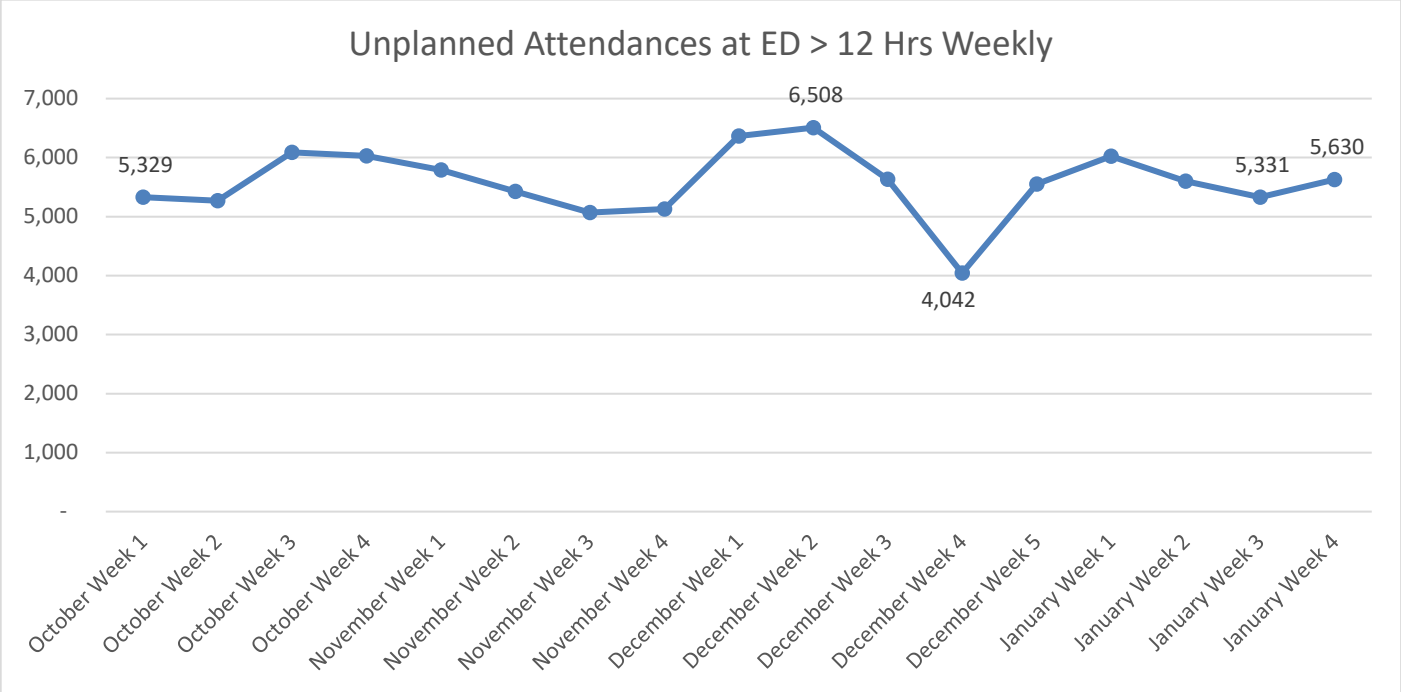
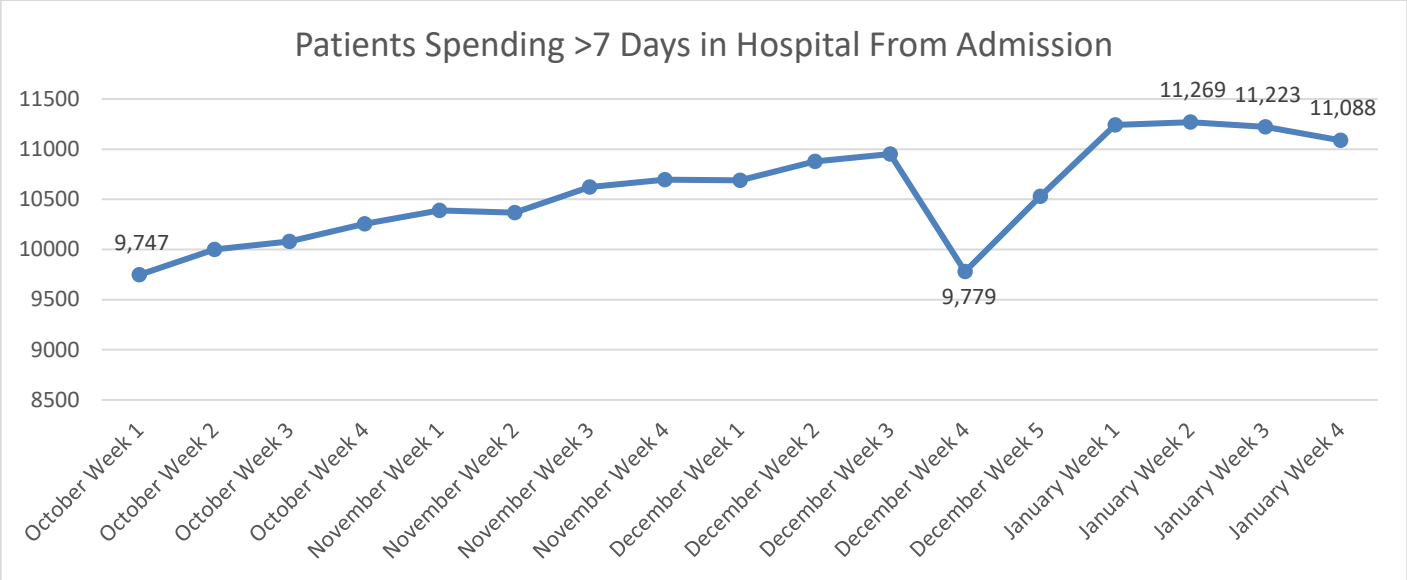
Graph of the number patients spending more than 12 hours in an Emergency Department from arrival to departure since October



In the 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 5,630, up from 5,331 the previous week. This was a decrease of 5.61% from the previous week and translates to 7.93% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 94,810 patients staying over 12 hours from arrival to departure in Emergency Departments since the first week of October.

Graph of patients spending seven or more days in hospital from admission



11,088 patients were in hospital for over seven days during the fourteenth week of the Winter Flow Project. This represents a 1.20% increase from the previous week, or 135 patients fewer. At site level, five hospitals saw their number of long-stay patients increase, compared with 17 that saw their number decrease.

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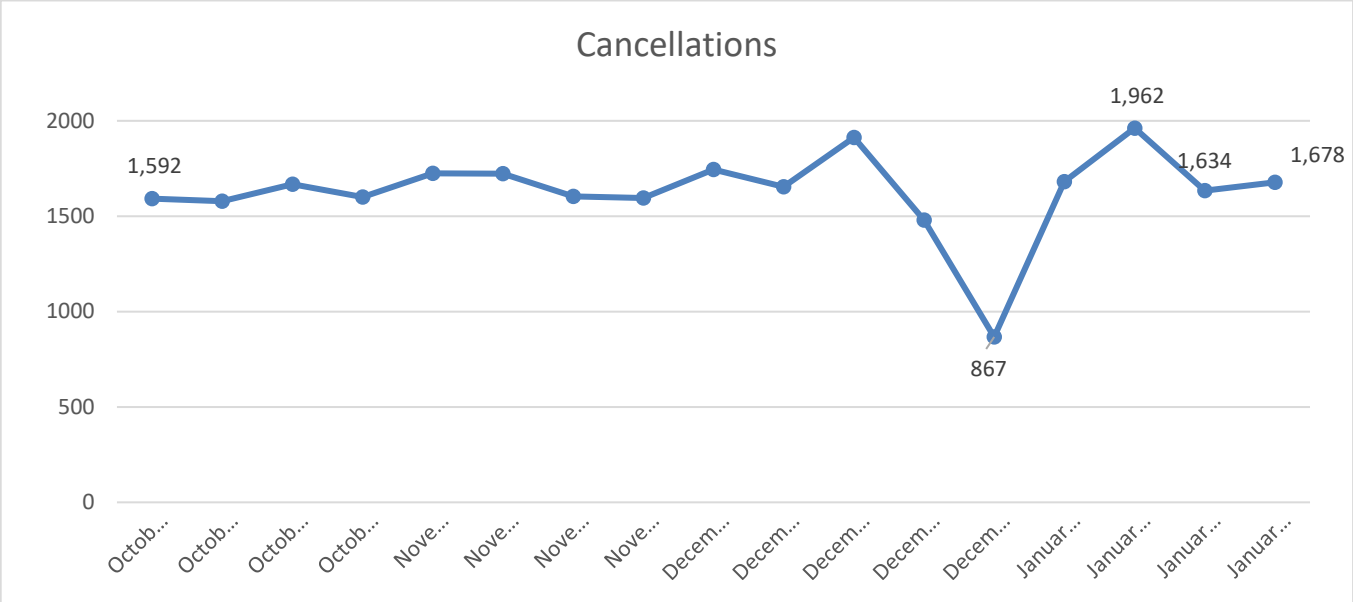
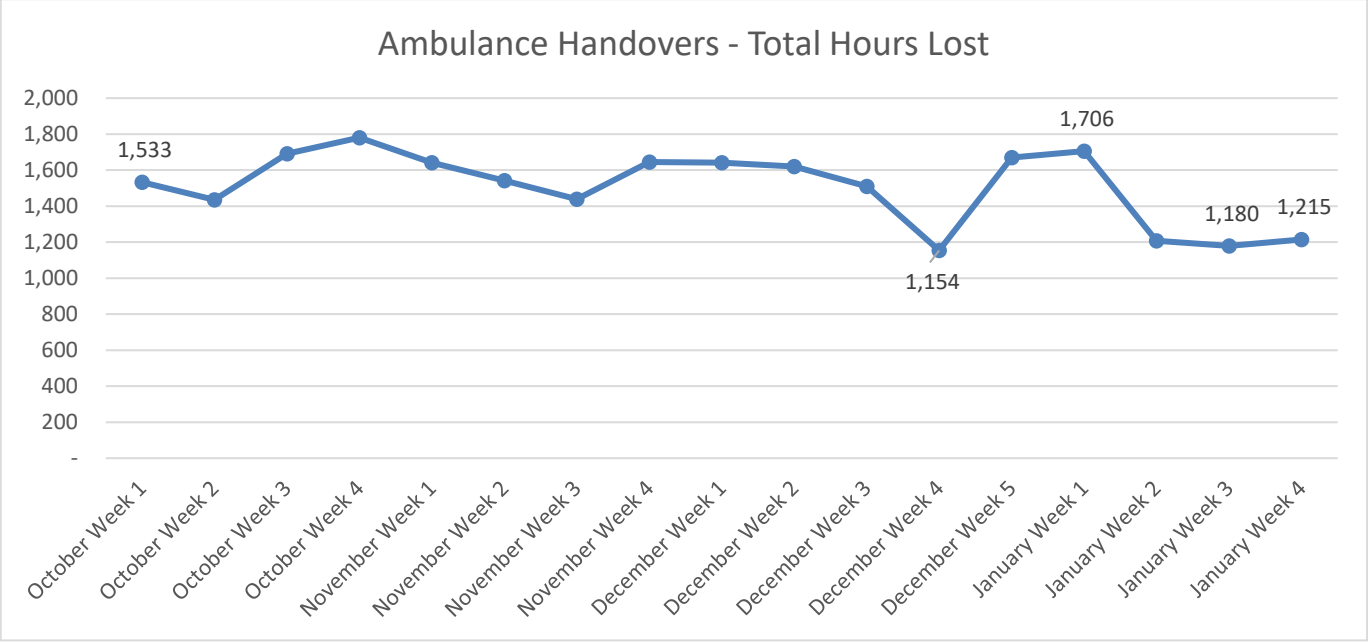
Graph of elective cancellations



Elective cancellations increased in the second week of January, from 1,634 to 1,678 (a 2.69% increase). At site level, there were 10 increases and eight decreases. There has been a total of 27,699 cancellations since the first week of October.

Ambulance Handovers



The number of hours lost during ambulance handovers increased from 1,180 to 1,215. This represents an increase of 2.94%, or 35 hours.

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Overall

The most obvious thing to jump out of the Winter Flow Project's seventeenth week of data was the developing trend in terms of increasing demand. Attendances have now risen in four of the last five weeks, and the 4.58% increase last week was the largest so far in 2021/22 (not counting the week immediately following Christmas, as demand always falls substantially over the festive period, and rises immediately afterwards). The 70,693 attendances were the most in any week of the last two months.

Previous Winter Flow reports this year have warned about this prospect, and it should not have come as a shock to the NHS either. Nationally, the number of attendances per day rose by an average of 3.7% between January and February in the 9 pre-pandemic years of data (and an average of 4.1% between February and March).[2]

An unsurprising consequence of the rise in demand was a fall in performance. Four-hour performance declined by a little over half a percentage point, while 12-hour stays increased by 5.61% - the proportion of attendances involving a 12-hour stay rose from 7.86% to 7.93%.

As we have said consistently over many years, resources must match demand, but we continue to have insufficient workforce numbers – something further exacerbated by covid related staff sickness. The public quite clearly understand that we have too few staff and yet we still do not have a long-term workforce plan from the government, which would help address long term performance.

More encouragingly, the number of beds in service reached their highest level since the start of this year's Winter Flow Project. In total there has been a 3.15% increase since the first week, and all but 5 sites have now flexed their bed stock by 5% or more (with 16 sites flexing by over 10%). Perhaps relatedly, Covid hospitalisations have been falling steadily since mid-January – IPC measures lead to fewer beds being used, so as the infection risk diminishes (at least in the short-term), more beds can be added back into the system. In theory, this will help with patient flow, as delays to admission fall due to greater bed availability.

The proportion of beds occupied by long-stay patients did indeed fall as well last month, from 49.3% to 48.5%. This is the lowest figure since December, and hopefully represents the start of a positive trend. Cancellations were broadly static, so do not seem to have been affected by the greater availability of beds.

In the coming weeks it seems quite possible that the diminishing burden associated with the latest wave of Covid infections will collide with rising demand at the front door. The extent to which they will offset one another remains to be seen.

One way to ensure that beds continue to be freed up would be to ensure that patients were efficiently discharged once they no longer need to be under the care of the NHS. As the Nuffield Trust highlighted this week, "overall, this winter so far over one in 10 available general and acute beds per day have been occupied by a patient who, according to the criteria being used, was fit to leave hospital but who was not discharged. Nearly half of such patients have had a stay longer than 21 days."[3]

Gaps in social care provision is one issue for delayed discharges, but it is a significant one. Covid has exacerbated this issue, but things were already bad before the onset of the pandemic. The

[2] NHSE Monthly Attendances and Admissions Data
[3] https://www.nuffieldtrust.org.uk/resource/chart-of-the-week-what-s-happening-to-hospital-discharges

Government must commit to producing a long-term strategy which proactively engages with the issues around workforce and funding, or patients will continue to occupy beds unnecessarily.

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