

# RCEM Winter Flow Project

Analysis of the data so far: 18/02/22



## 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.

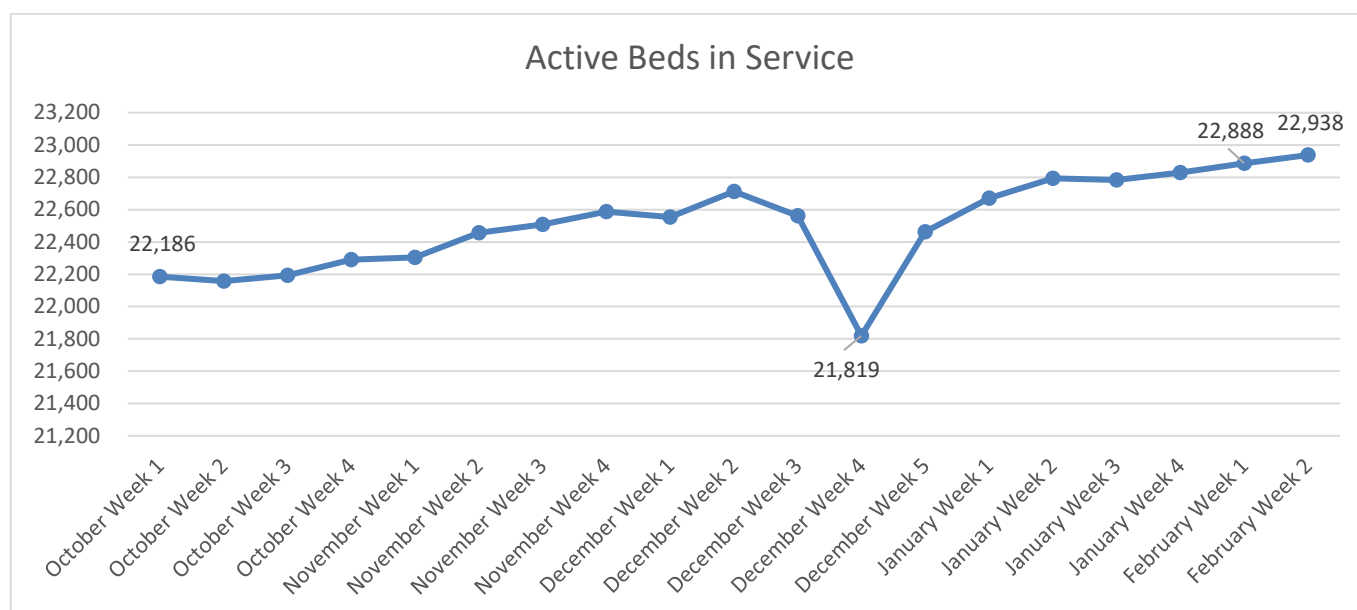
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

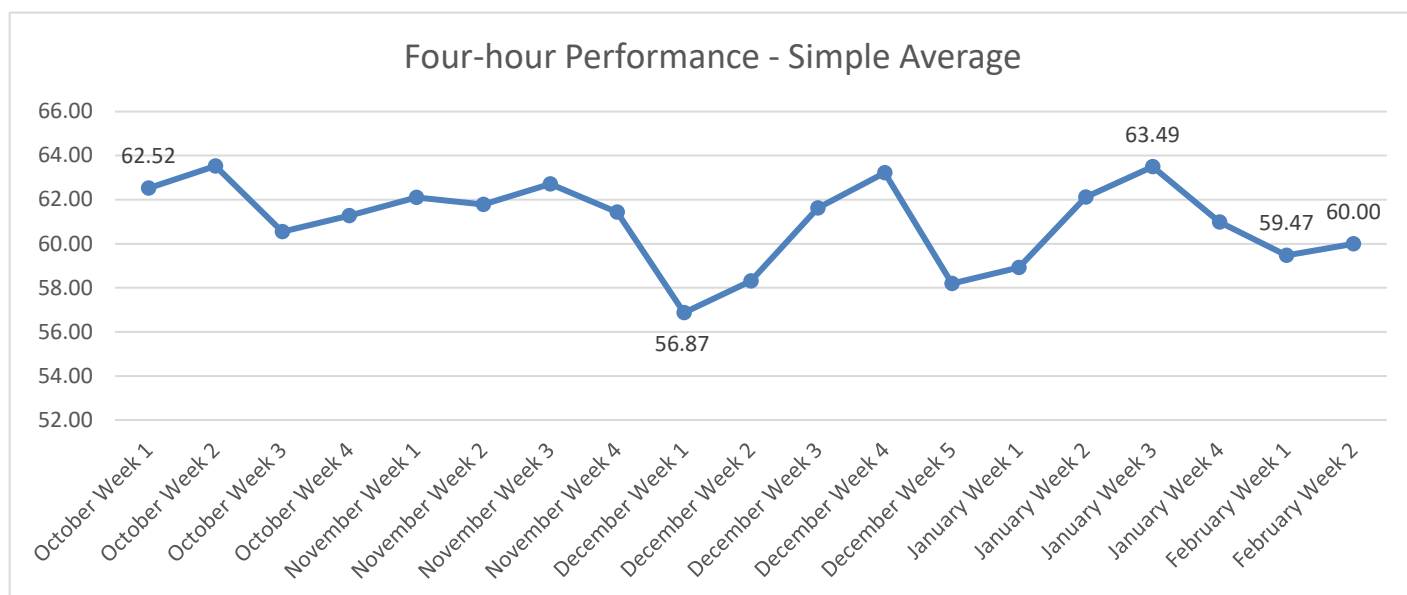
In the second week of February the number of beds within the project group increased to 22,938 – up from 22,888 the previous week. This is a 0.22% increase from the previous week. In total, there has been a 3.39% increase in the aggregate bed stock<sup>1</sup> from the project starting point.

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	2	3	18	7	9

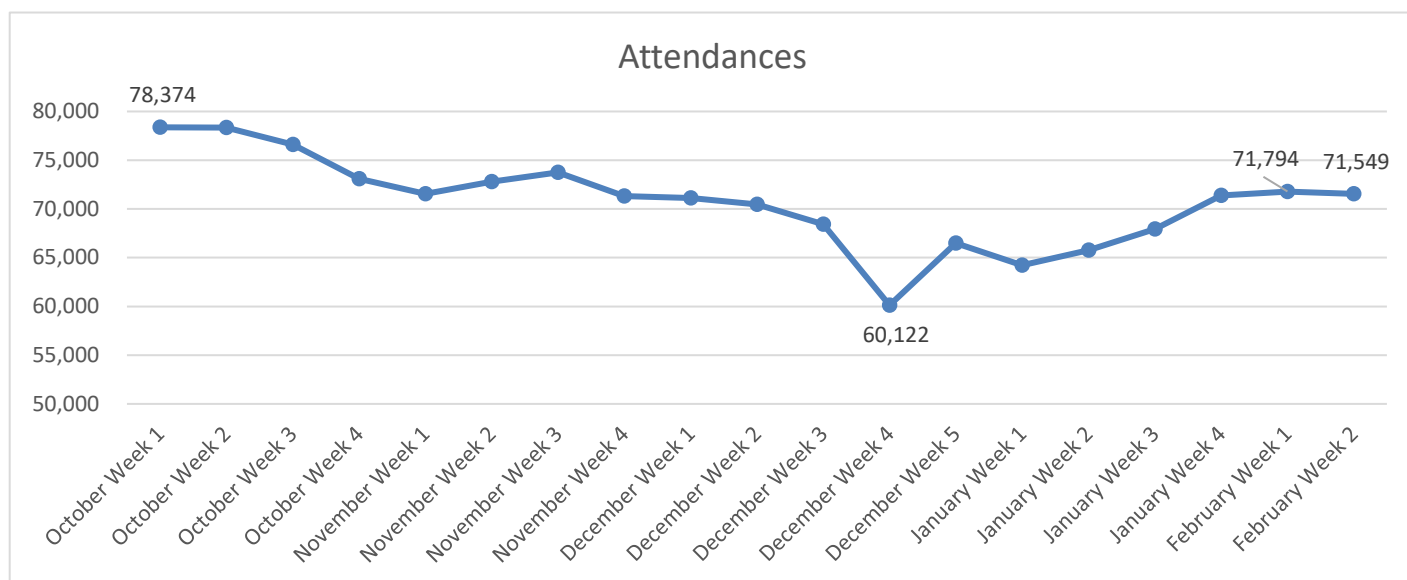
<sup>1</sup> This is measuring from week one to the maximum recorded bed stock for the project to date.

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



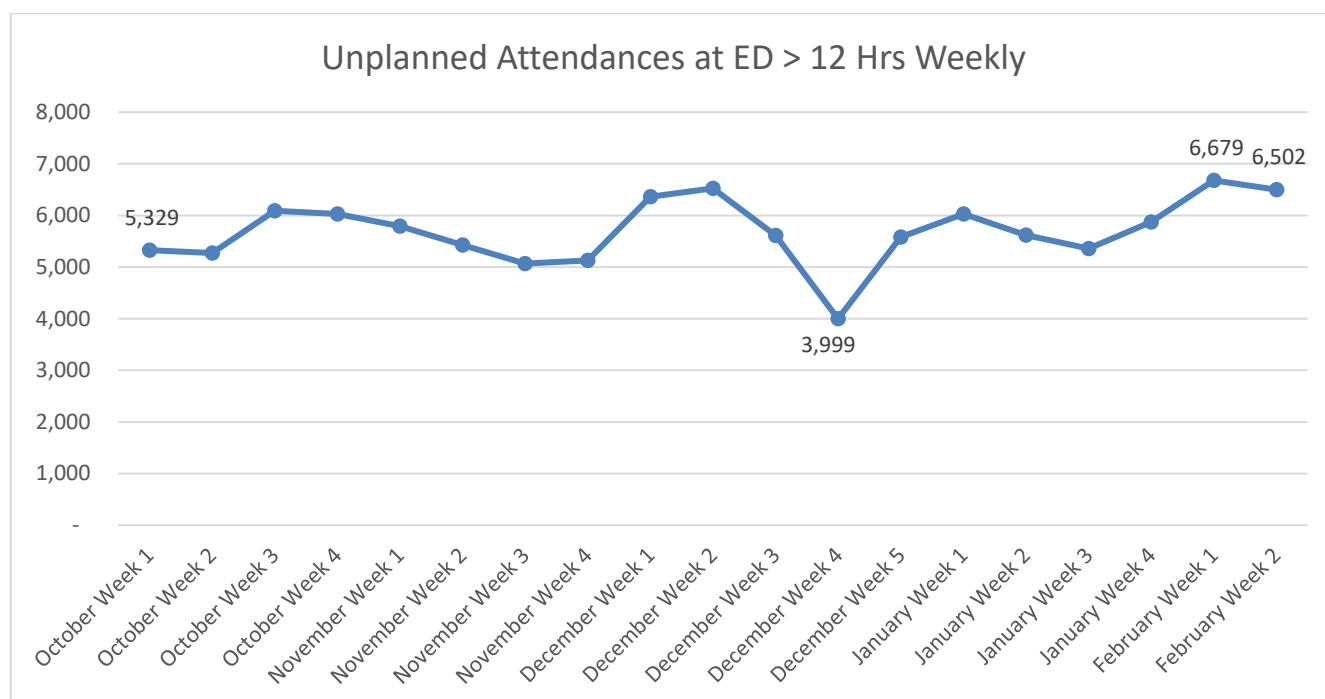
In the second week of February, four-hour standard performance stood at 60.00% - up from 59.47% the previous week. The underlying picture shows 17 increases and 9 decreases across the project group.

## Graph of attendances since October



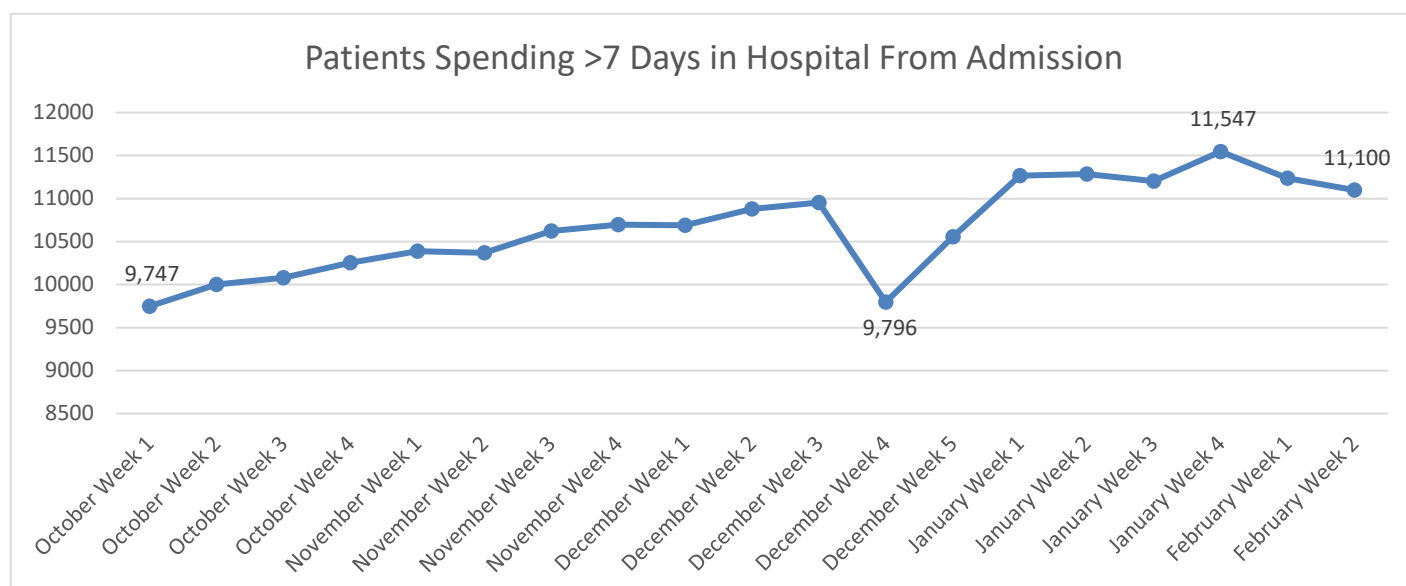
A total of 71,549 attendances were recorded within the Winter Flow group last week – down from 71,794 the previous week. This is a decrease of 245 patients or 0.34%. At site level there were 11 recorded increases and 15 decreases from the previous week.

## 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 February, the number of patients staying more than 12 hours from arrival to departure in Emergency Departments within the Winter Flow group stood at 6,502, down from 6,679 the previous week. This was a decrease of 2.65% from the previous week and translates to 9.09% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 108,272 patients staying over 12 hours from arrival to departure in Emergency Departments since the first week of October.

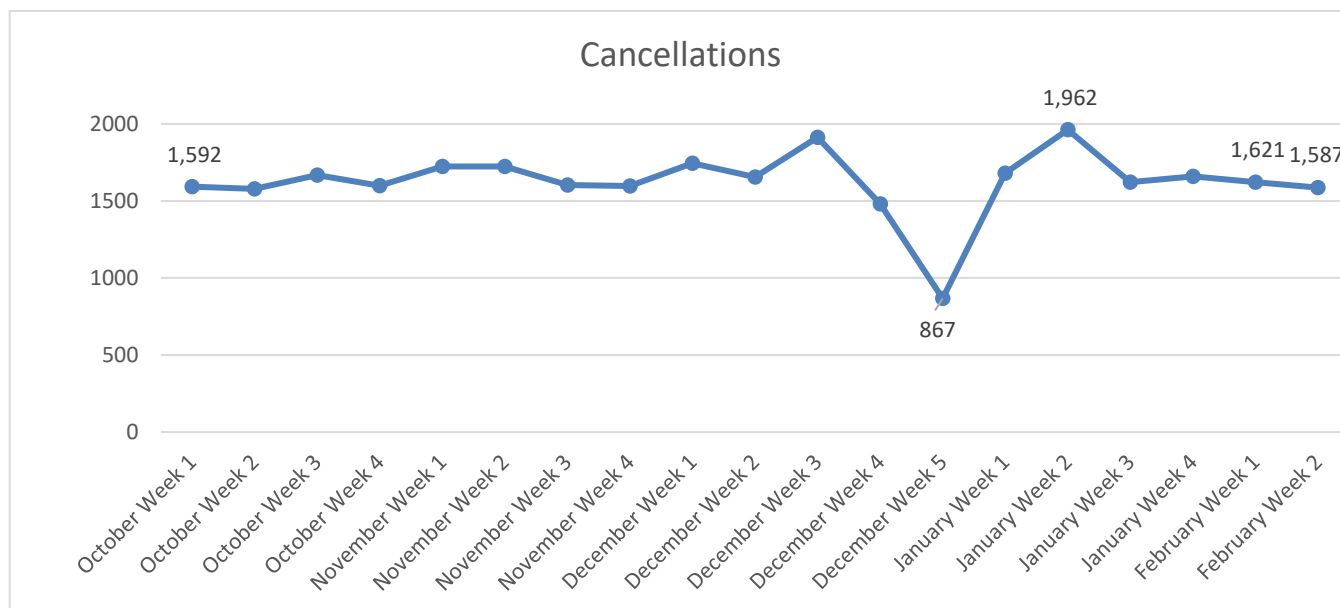
## Graph of patient spending seven or more days in hospital from admission



11,100 patients were in hospital for over seven days during the nineteenth week of the Winter Flow Project. This represents a 1.21% decrease from the previous week, or 136 patients fewer. At site  
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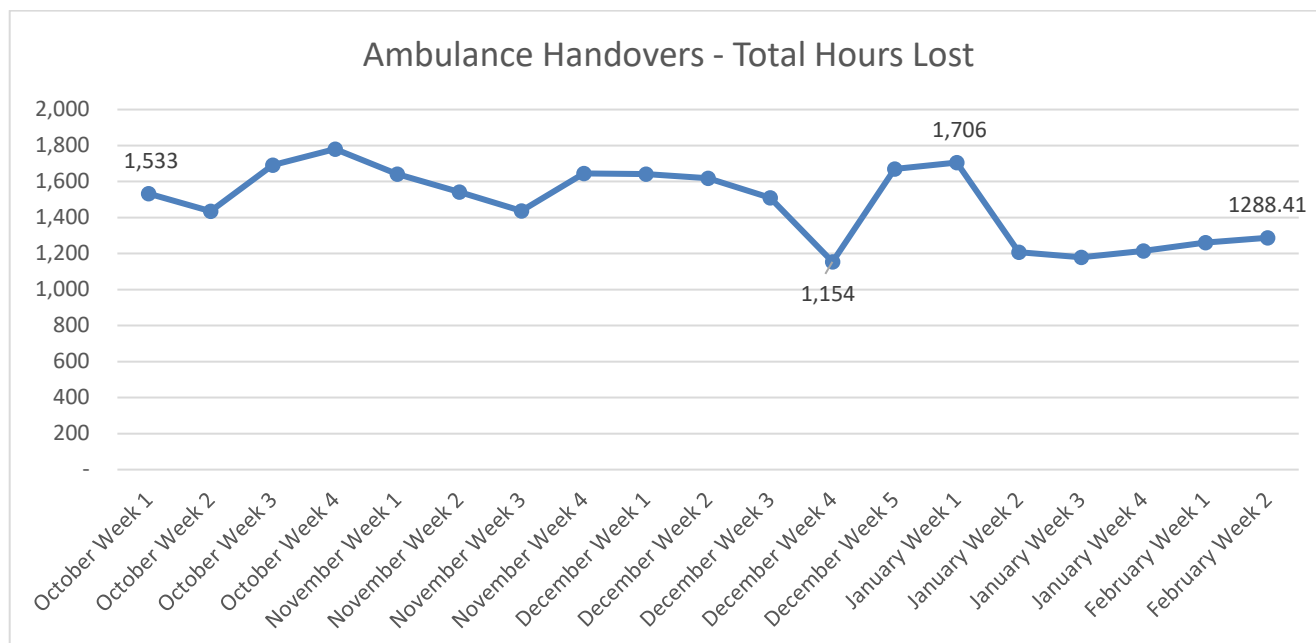
level, 6 hospitals saw their number of long-stay patients increase, compared with 19 that saw their number decrease.

### Graph of elective cancellations



Elective cancellations decreased in the second week of February, from 1,624 to 1,587 (a 2.10% decrease). At site level, there were 10 increases and 9 decreases. There has been a total of 30,876 cancellations since the first week of October.

### Ambulance Handovers



The number of hours lost during ambulance handovers increased from 1,262 to 1,288. This represents a increase of 2.12%, or 27 hours.

## Overall

After a tough start to February, there were small improvements last week across most performance indicators, while demand remained largely static.

Following a big jump between the start and the end of January, attendances have hovered around 71,000 for the last three weeks. At the same time, hospitals have continued to open up more beds, with 22,938 in service during the second week of February. Since the start of this year's Winter Flow Project, contributing sites have increased their aggregate bed stock by 3.39%, the third largest figure recorded in the last four years of Winter Flow. While this may be in part a consequence of the relatively low week 1 baseline (itself a result of the more stringent covid restrictions in operation last year), it is an encouraging direction of travel in terms of the level of available resourcing.

Performance against the four-hour standard climbed back to 60.00%, while 12-hour stays fell slightly from the high-water mark of 6,679 set in the first week of February, with 6,502 recorded last week. In terms of the former, this was the third worst performance in this year's Winter Flow Project, while the latter ranked sixth worst. Even as demand fails to substantially rise, and beds continue to be added to the system, performance still shows no signs of meaningful improvement.

Long-stay patients and elective cancellations both fell for the second week in a row, although as with the other indicators, neither yet demonstrates any indication these will become sustained trends.

Finally, ambulance handover delays rose for the third week in a row but remain low compared to November and December. Relevantly, ambulance arrivals have been the source of high-level discussion recently, as the bottleneck resulting from handover delays keep ambulances stuck outside hospitals rather than responding to 999 calls. Per the HSJ,<sup>2</sup> NHS England emailed CEOs yesterday morning requesting those trusts experiencing high numbers of delays hold meetings to address the issue.

It should be clear to almost everyone by now that these issues do not occur in isolation – blockages occur throughout the system, from the front doors of hospital to the back, and asking health leaders to put out smaller fires without acknowledging the much larger one will be an exercise in futility. There is no elective recovery without an emergency recovery, and a reluctance to recognise will make both harder to achieve.

Within Emergency Departments themselves, the symptoms of these system blockages are severe. Dr Katherine Henderson, the College's President, recently drew attention to the link between handover delays and subsequent long waits in EDs: "We would suggest that every ICS and trust looks critically at their long stay emergency department patients and recognises the link between 12 hour stays and ambulance offload delays. Long stay patients are patients who are still in the department after 12 hours from time of arrival – not 12 hours from decision to admit. These are patients who need inpatient beds identified. By being left on trolleys in the emergency department these patients can experience harm. And they can prevent patients waiting in ambulances from getting timely care while simultaneously preventing patients at home from getting an ambulance at all."

As the Winter Flow Project has highlighted in recent years, 12-hour stays have risen dramatically. Making this data available on a national scale would be a useful starting point in terms of beginning to develop a wider understanding of the scale of the problem in urgent and emergency care.

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<sup>2</sup> [hsj.co.uk/quality-and-performance/nhse-wants-urgent-meetings-over-ambulance-handovers-risk/7031921.article](https://www.hsj.co.uk/quality-and-performance/nhse-wants-urgent-meetings-over-ambulance-handovers-risk/7031921.article)  
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