

# RCEM Winter Flow Project

Analysis of the data so far: 25/02/22



## 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.

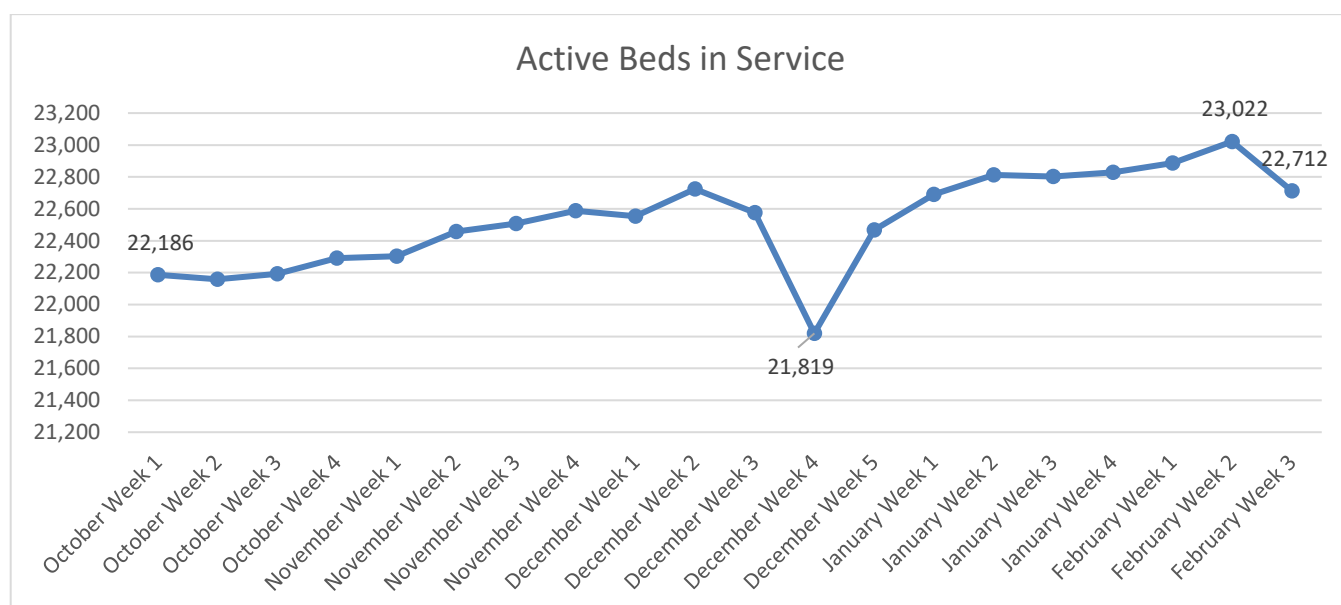
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

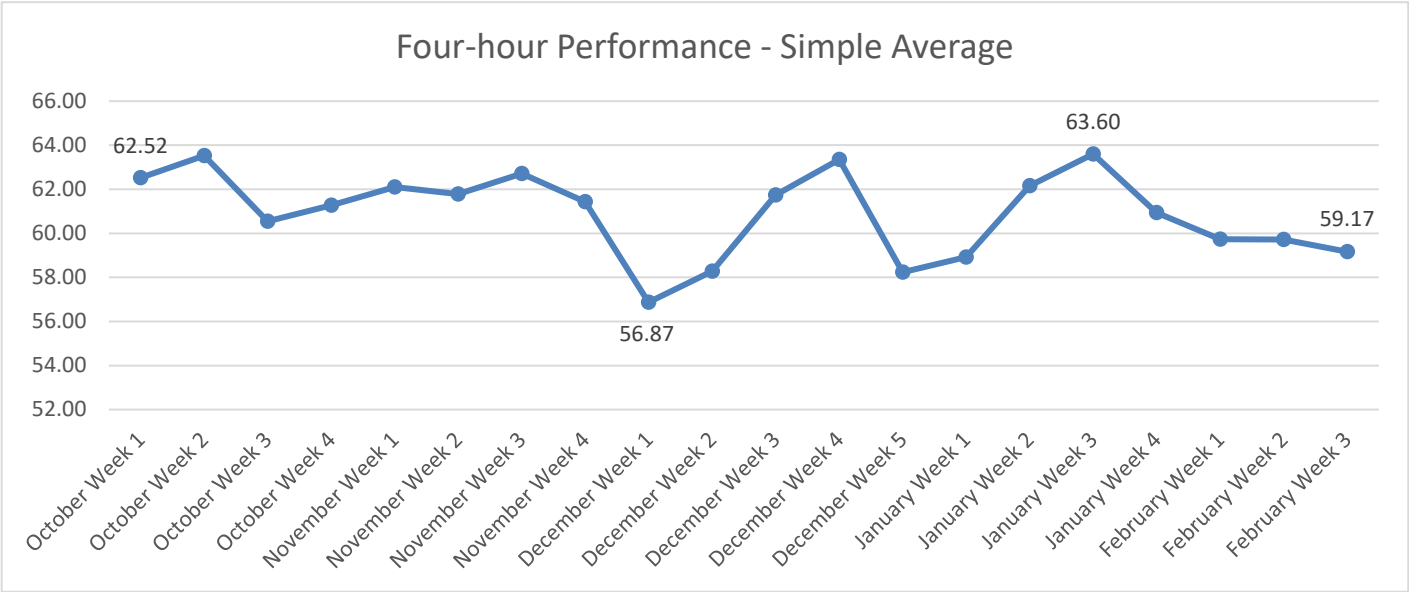
In the third week of February the number of beds within the project group decreased to 22,712 – down from 23,022 the previous week. This is a 1.35% decrease from the previous week. In total, there has been a 3.77% increase in the aggregate bed stock<sup>1</sup> from the project starting point.

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

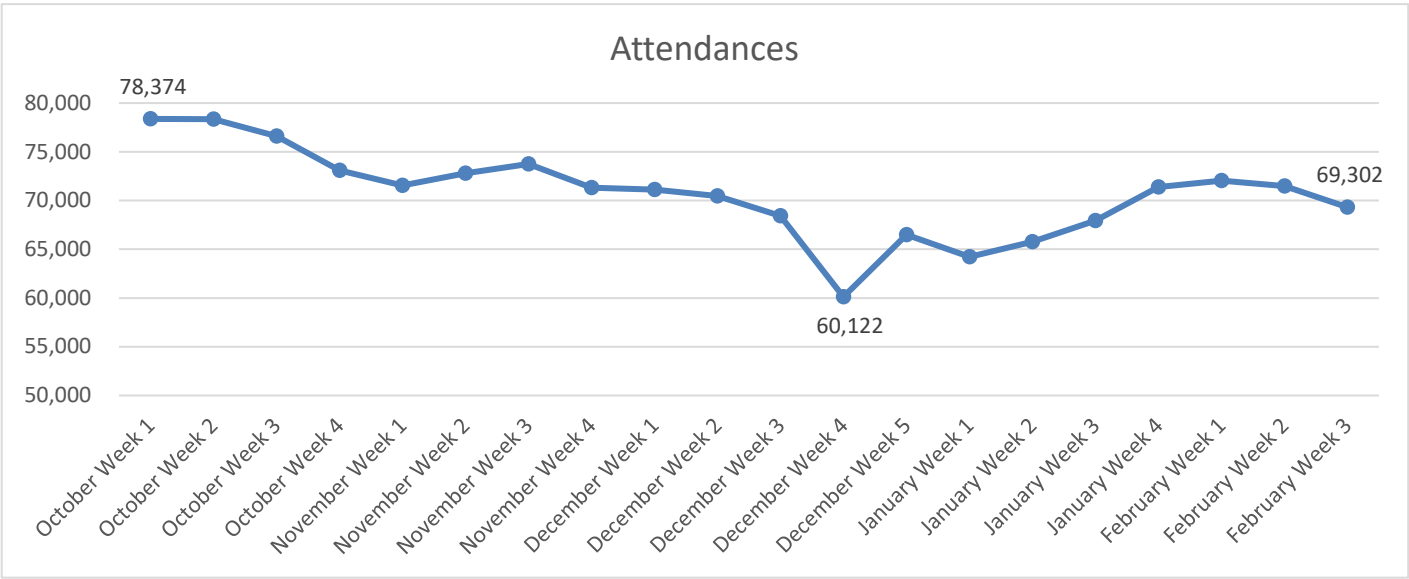
<sup>1</sup> This is measuring from week one to the maximum recorded bed stock for the project to date.

Graph of four-hour performance by week since October



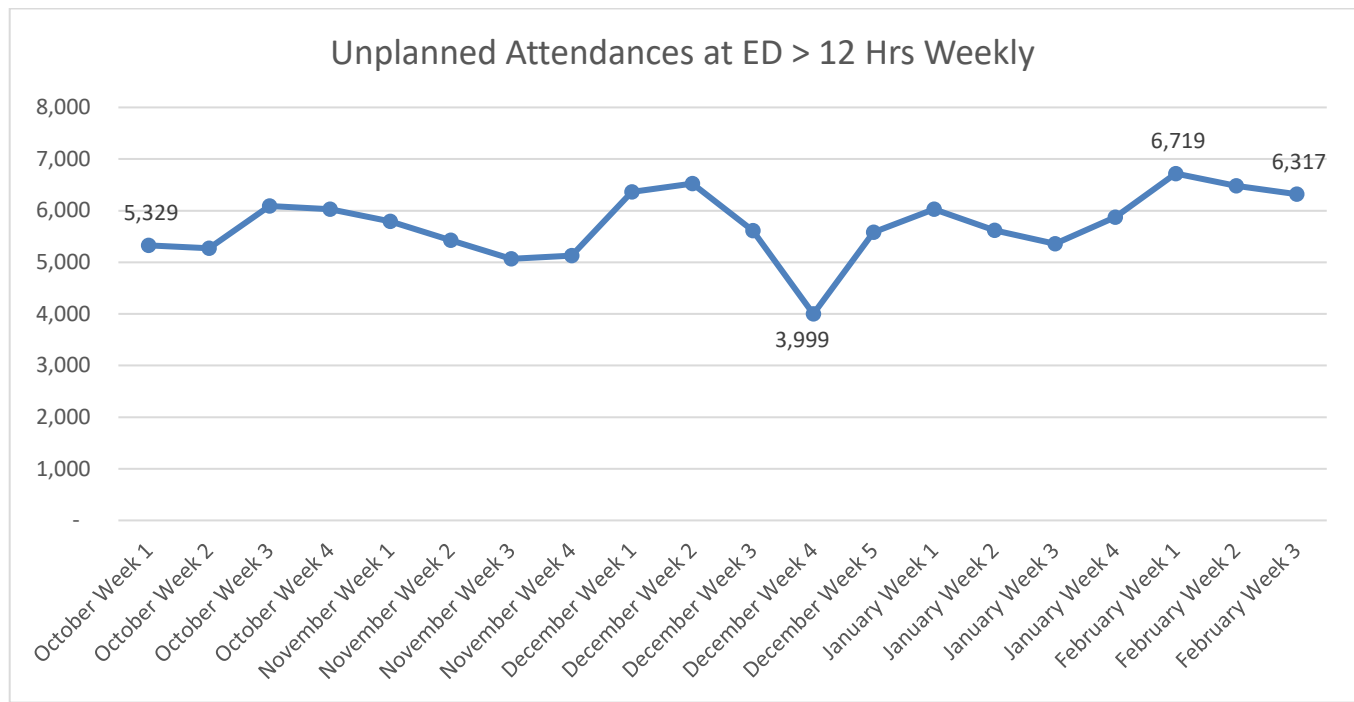
In the third week of February, four-hour standard performance stood at 59.17% - down from 59.73% the previous week. The underlying picture shows 12 increases and 13 decreases across the project group.

Graph of attendances since October



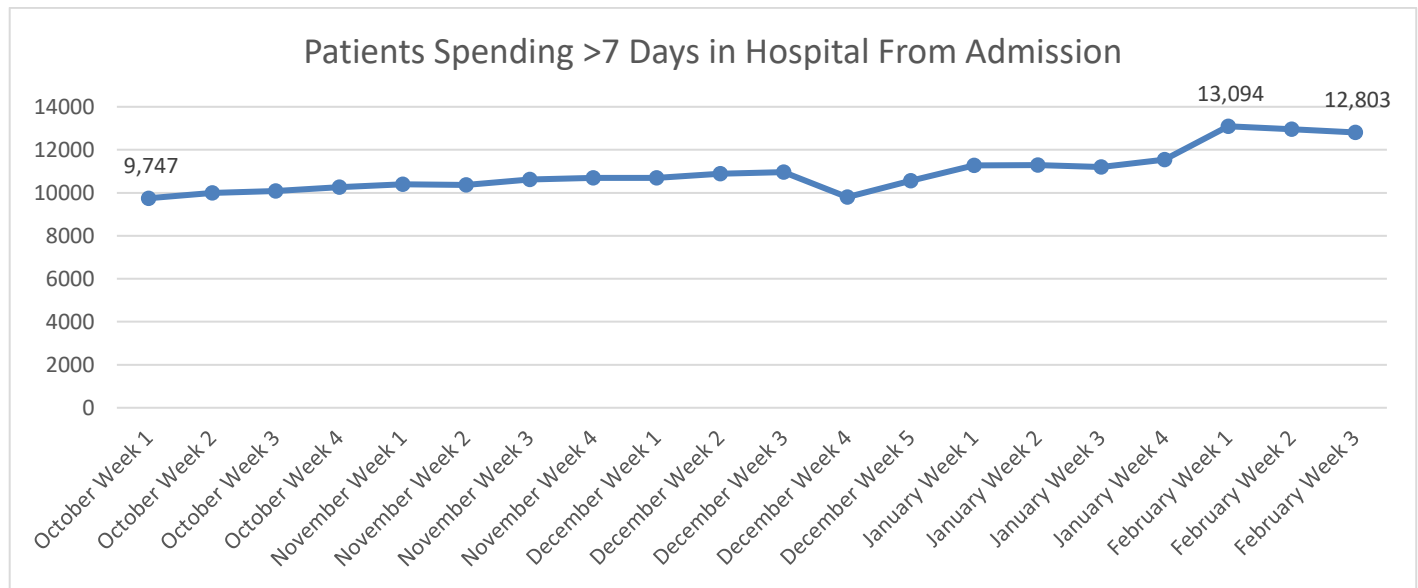
A total of 69,302 attendances were recorded within the Winter Flow group last week – down from 71,485 the previous week. This is a decrease of 2,183 patients or 3.05%. At site level there were 7 recorded increases and 18 decreases from the previous week.

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



In the third 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 6,317, down from 6,438 the previous week. This was a decrease of 2.56% from the previous week, and translates to 9.12% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 114,610 patients staying over 12 hours from arrival to departure in Emergency Departments since the first week of October.

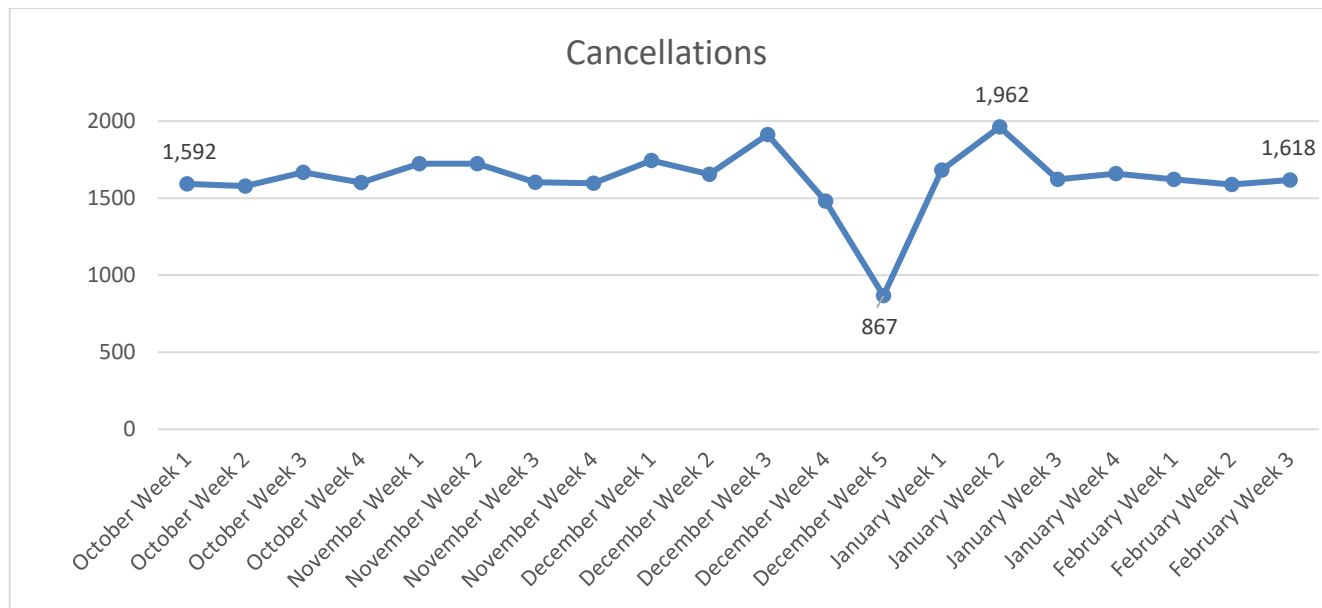
## Graph of patient spending seven or more days in hospital from admission



12,803 patients were in hospital for over seven days during the twentieth week of the Winter Flow Project. This represents a 1.17% decrease from the previous week, or 151 patients fewer. At site

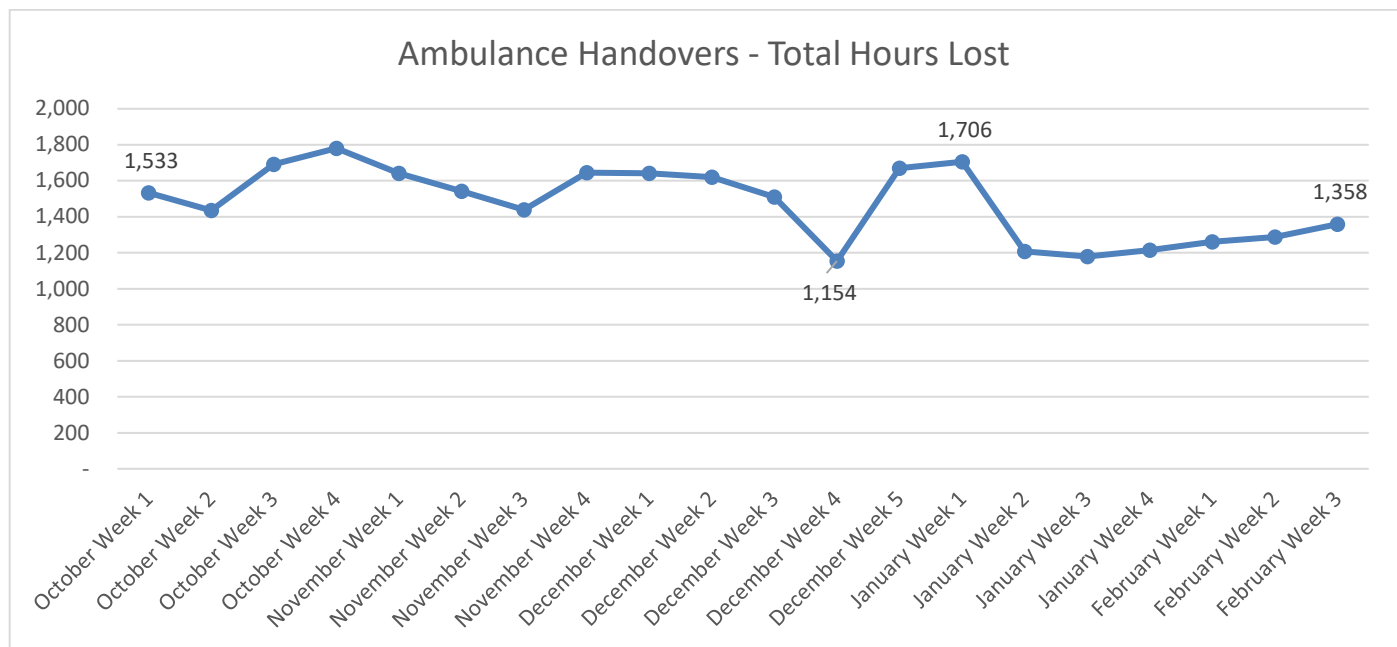
level, 13 hospitals saw their number of long-stay patients increase, compared with 12 that saw their number decrease.

### Graph of elective cancellations



Elective cancellations increased in the third week of February, from 1,589 to 1,618 (a 1.83% increase). At site level, there were 12 increases and 8 decreases. There has been a total of 32,496 cancellations since the first week of October.

### Ambulance Handovers



The number of hours lost during ambulance handovers increased from 1,288 to 1,358. This represents an increase of 5.44%, or 70 hours.

## Overall

The third week of February represented yet another difficult week at Winter Flow sites. Performance against the four-hour standard spent its third week under 60%, falling by over half a percentage point. It was the fourth straight week in which this figure declined.

12-hour stays fell 2.56% (after a 3.51% drop the previous week), but the figure of 6,317 recorded last week was still the fifth worst in this iteration of the Winter Flow Project thus far.

The number of long-stay patients also fell for the second week in a row (from 12,954 to 12,803), but as with 12-hour stays, the last two weeks have still barely dented the overall number after the dramatic increase we saw in week 18, where the number of patients in hospital for a week or more increased by 13.4%. These long stays mean that bed capacity remains under severe pressure.

At the same time, the number of beds in service fell by 1.35%, the second largest decrease in this year's Winter Flow Project, (exceeded only by the decline seen over the festive period). Consequently, even as the number of long-stay patients fell, the proportion of beds occupied by patients for a week or longer increased to 56.4%, the second highest percentage this year.

Hours lost during ambulance handovers rose for the fourth week in a row – NHS England's Winter SitReps also showed that 21% of handovers involved a delay of at least 30 minutes (a figure that has increased in four of the last five weeks), which suggests that last week's letter to trust Chief Execs about driving down ambulance waits has not yet led to definitive action.<sup>2</sup>

Meanwhile, attendances also fell for the second week in a row (by 3.05%), taking them back under 70,000 for the first time since the third week of January. Generally speaking, demand remains up compared with January however, which saw an average of 67,322 patients attending EDs each week, compared with 70,942 each week so far in February. With patient flow already severely compromised, a similar increase in March could prove deeply problematic for already-beleaguered trusts.

The third week of February was also yet another week in which the traditional Spring bounce-back in performance failed to materialise. Even though the last two years of the Winter Flow Project saw dramatic deterioration in performance against the four-hour standard, by week 20, things had (relatively speaking) dramatically improved. Compared to week 14 (the first week of January, often the worst in terms of the performance indicators), there was a 5.23 percentage point increase in Winter Flow 2019/20, and a 6.15 percentage point increase in 2020/21. In 2021/22, there has been just a 0.25 percentage point improvement.

The same is also true of 12-hour stays. In 2019/20, these fell by 28% between weeks 14 and 20. Last year, this figure was 41.5%. This year, they have risen by 4.8%.

It is almost unprecedented to reach this point in the year without seeing some green shoots of recovery, which makes it all the harder to believe that urgent care has been, at times, a peripheral focus in the context of conversations about recovery. At present, the 10-point action plan published in October remains the only meaningful document about how the NHS will boost its performance in the coming months (and critics have suggested it lacks hard detail and follow-up).<sup>3</sup>

Much more information is required in terms of understanding how EDs will pull themselves back up onto their feet, especially as demand may soon begin to surge again.

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<sup>2</sup> Winter Flow Project Report – 18/02/22

<sup>3</sup> <https://www.england.nhs.uk/wp-content/uploads/2021/09/Urgent-and-emergency-care-recovery-10-point-action-plan.pdf>