

RCEM Winter Flow Project

Analysis of the data so far: 28/01/22



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.

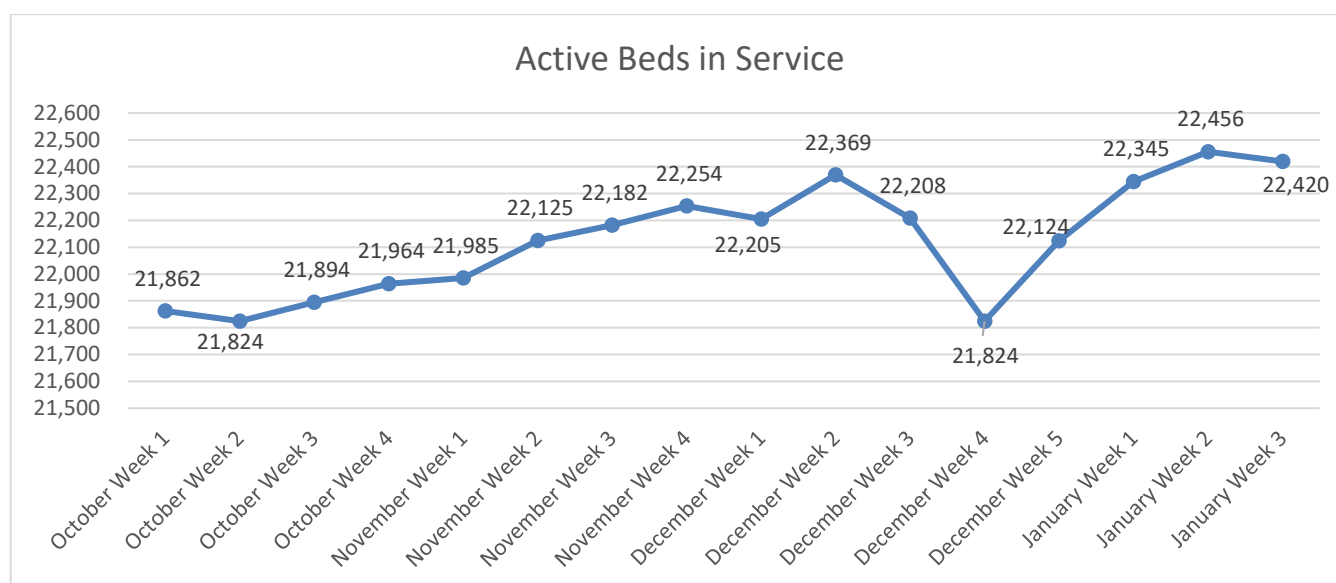
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

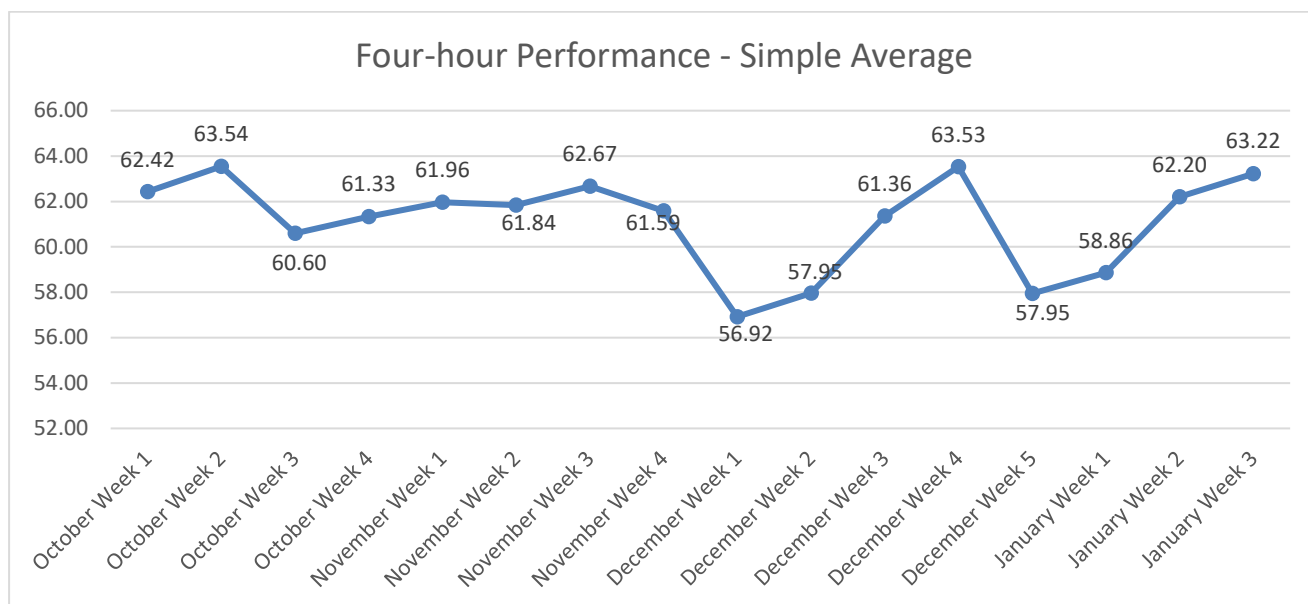
In the third week of January the number of beds within the project group decreased to 22,442 – down from 22,456 the previous week. This is a 0.16% decrease from the previous week. In total, there has been a 2.52% increase in the aggregate bed stock¹ from the project starting point.

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	3	5	15	8	8

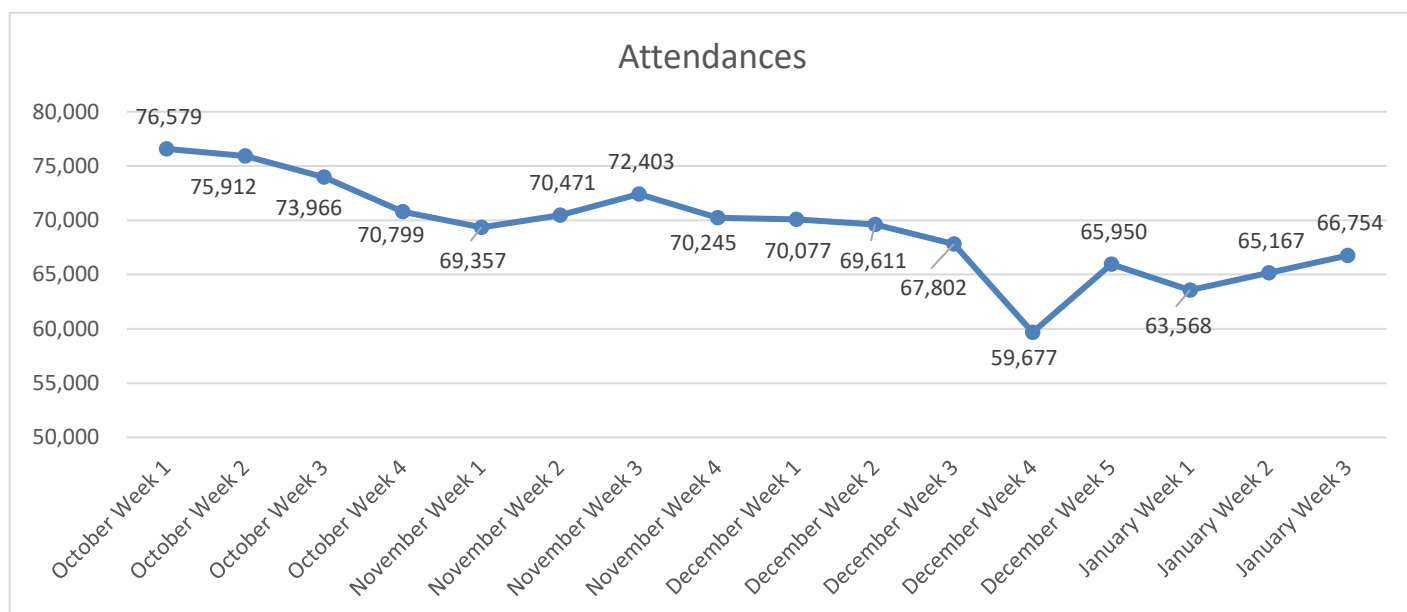
¹ This is measuring from week one to the maximum recorded bed stock for the project to date.

Graph of four-hour performance by week since October



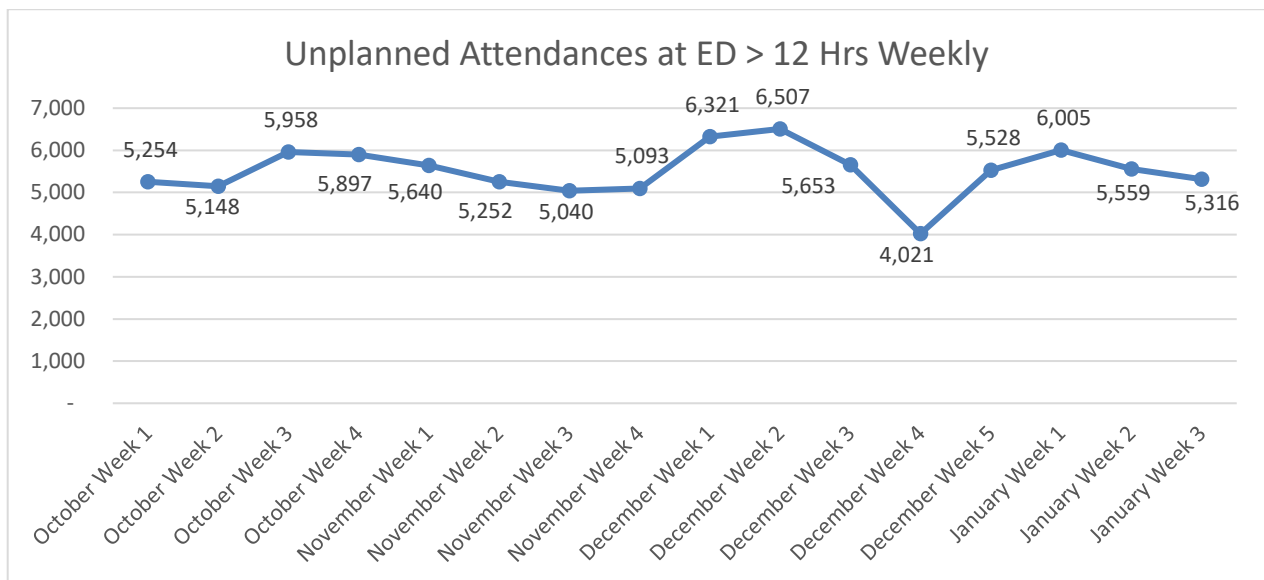
In the third week of January, four-hour standard performance stood at 63.22% - up from 62.20% the previous week. The underlying picture shows 18 increases and 9 decreases across the project group.

Graph of attendances since October



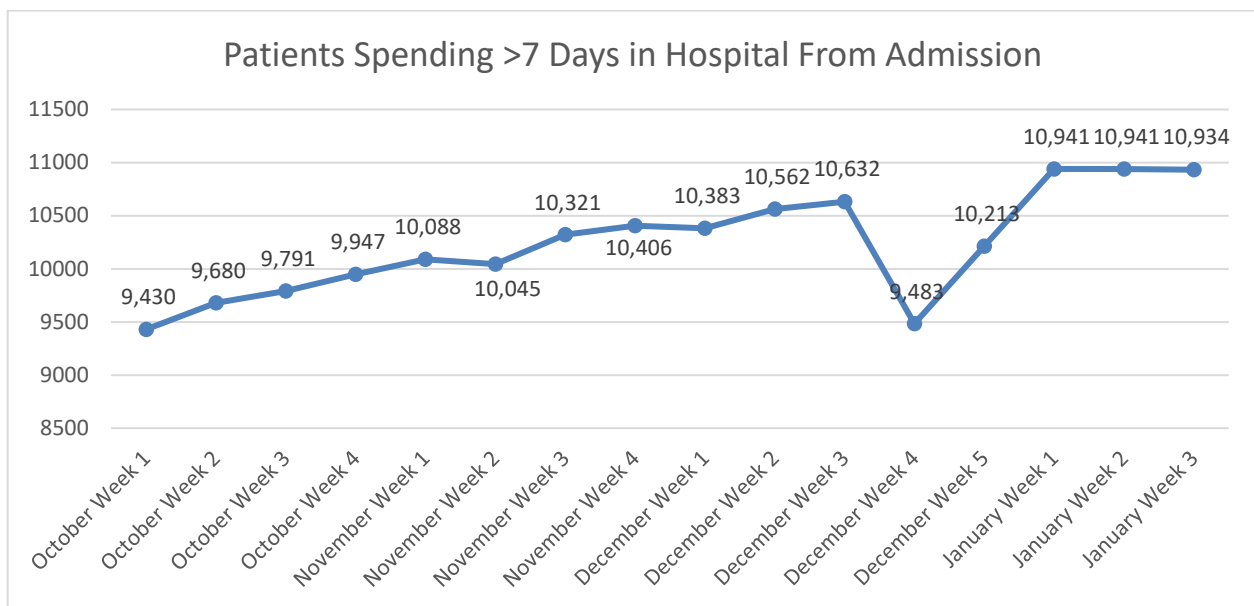
A total of 66,754 attendances were recorded within the Winter Flow group last week – up from 65,167 the previous week. This is an increase of 1,587 patients or 2.44%. At site level there were 25 recorded increases and 2 decreases from the previous week.

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



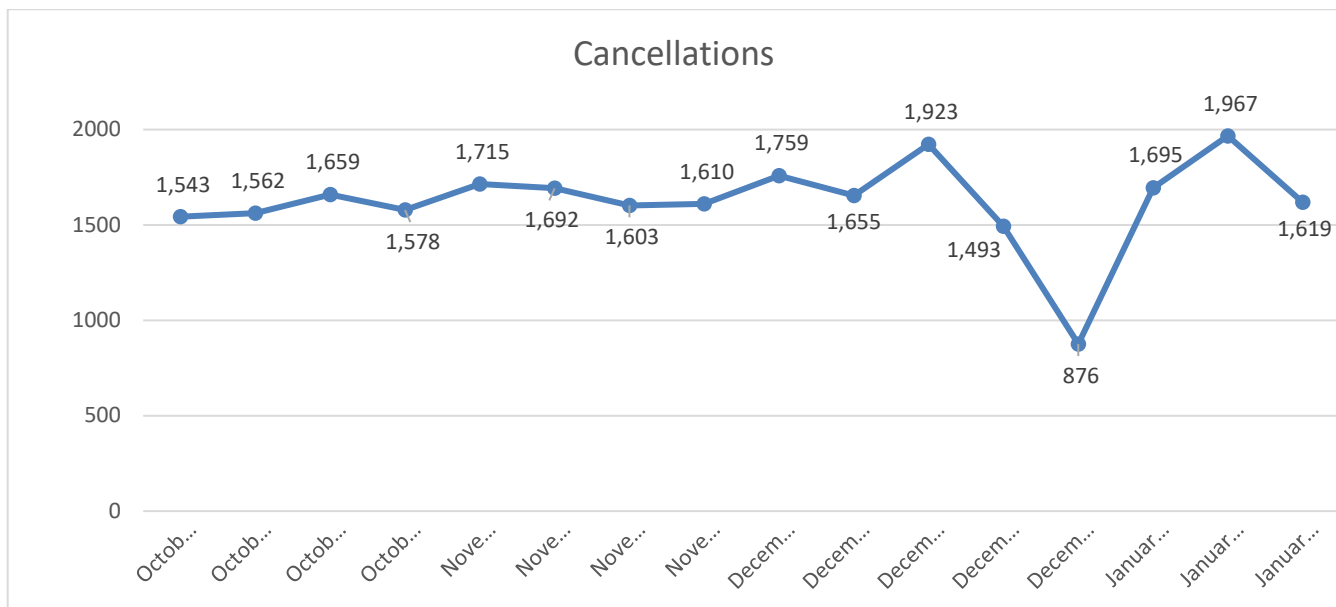
In the third week of January, the number of patients staying more than 12 hours from arrival to departure in Emergency Departments within the Winter Flow group stood at 5,316, down from 5,559 the previous week. This was a decrease of 4.37% from the previous week and translates to 7.96% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 88,192 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



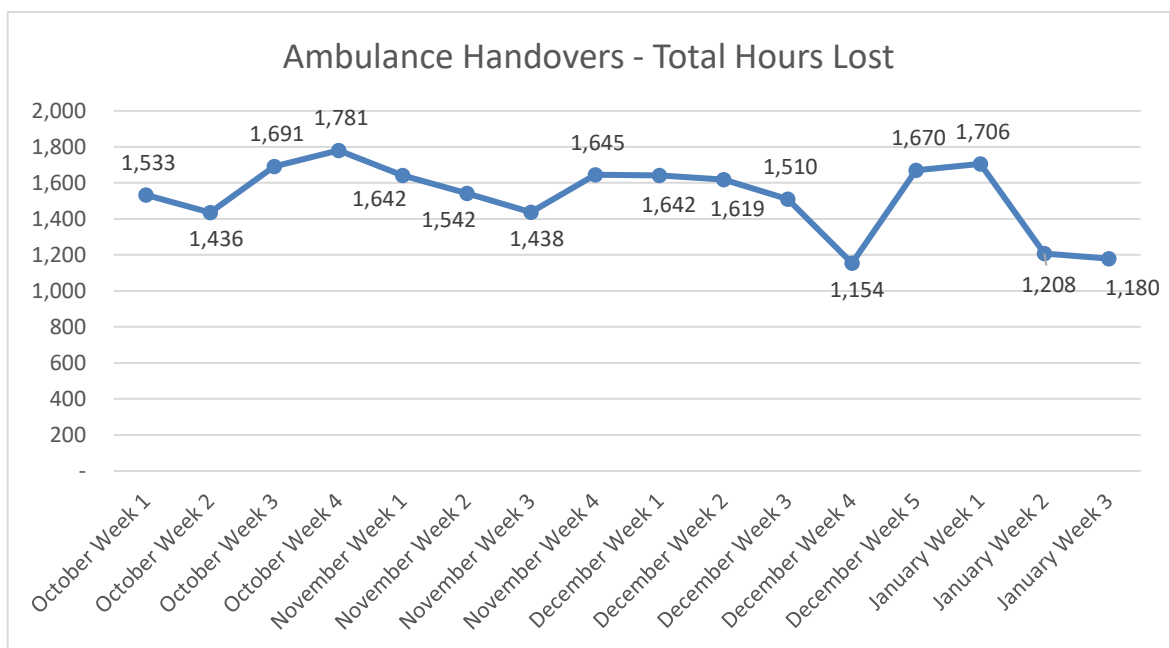
10,934 patients were in hospital for over seven days during the fourteenth week of the Winter Flow Project. This represents a 0.06% decrease from the previous week, or 7 patients fewer. At site level, 11 hospitals saw their number of long-stay patients increase, compared with 15 that saw their number decrease.

Graph of elective cancellations



Elective cancellations decreased in the third week of January, from 1,967 to 1,619 (a 17.69% increase). At site level, there were 6 increases and 14 decreases. There has been a total of 25,979 cancellations since the first week of October.

Ambulance Handovers



The number of hours lost during ambulance handovers decreased from 1,208 to 1,180. This represents a decrease of 2.31%, or 28 hours.

Overall

Several of the positive trends from last week's Winter Flow report continued into week 3 of January.

While attendances at EDs increased (by 2.44%), in comparison to October and November they still remain fairly low. The figure of 66,754 recorded last week was 12.8% lower than at the start of Winter

Flow. The number of beds also remains high, seeing just a small drop-off of 0.16% from last week's figure of 22,456, which was the largest figure recorded to date this year.

Concurrently, there was improvement in terms of both 12-hour stays and performance against the four-hour standard. Week 16 saw the former decrease by 4.37%, meaning that 7.96% of attendances resulted in a stay of 12 or more hours from arrival (almost one and a half percentage points better than week 14).

Four-hour performance improved to 63.22%, just 0.32 percentage points lower than this year's high-water mark of 63.54, set in week 2. Additionally, while cancellations rose by 16% to their highest level in week 2 of January, in week 3 they fell by a similar amount (17.7%).

Taken all together, these represent some fairly encouraging signs that the NHS is perhaps through the worse of things, at least for the time being. This is probably in large part due to the falling numbers of Covid cases and hospitalisations, coupled with the fact that pressures almost always start to abate towards the end of January (four-hour performance improved in week 16 of all seven Winter Flow Projects, and in five of seven week 15s).

The one red flag remains the higher number of patients occupying beds for seven or more days. While the number of beds in service has grown in the past month, (increasing by 2.73% between weeks 12 and 16), the rise has been almost entirely absorbed by the growing cohort of long-stay patients, which went up by 15.3% during the same period.

While the improvement in performance should be a source of some optimism, the highly unpredictable nature of demand, particularly in the current climate, means that we should be cautious at best before thinking of the NHS as being over the worst of it. Fewer covid hospitalisations will of course mean more spare bed capacity, but if there is a rise in demand at the front doors of hospitals, as well as the ongoing stasis at the back door, that headroom in terms of the bed stock will immediately be swallowed up.

As a physical commodity, additional beds do exist, but the issue remains finding the staff to look after the patients who would be admitted to them, which inevitably brings us back to the issue of workforce in the NHS. As Simon Stevens told the House of Lords this week, "It is a statement of the blindingly obvious, particularly coming out of the pandemic, to say that we need better workforce planning at a time when staff are exhausted from having dealt with covid for several years and the NHS is confronting the need to deal with the backlog of care."²

Similarly, the questions around the quality and availability of social care, and the knock-on effects these are having on delays in transfers of care, can hardly be said to have come as a surprise - these issues have been building for years. Long-term, strategic planning is required, and it is staggering how often this gets said by those working in the NHS, and then ignored by those in the position to commission and undertake it. The can has been kicked down the road for long enough – now is the time for action.³

² <https://www.hsj.co.uk/workforce/stevens-government-has-shown-wilful-blindness-in-its-approach-to-workforce-planning/7031781.article>

³ <https://rcem.ac.uk/rcem-cares/>