

# RCEM Winter Flow Project

Analysis of the data so far: 04/03/22



## 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.

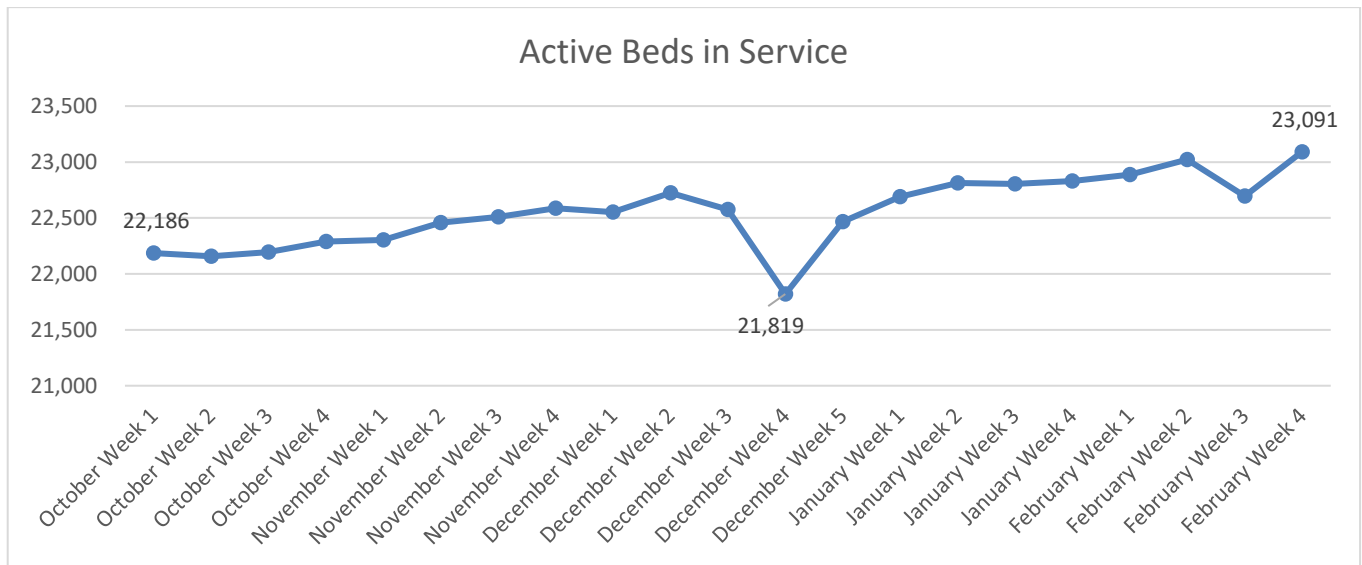
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

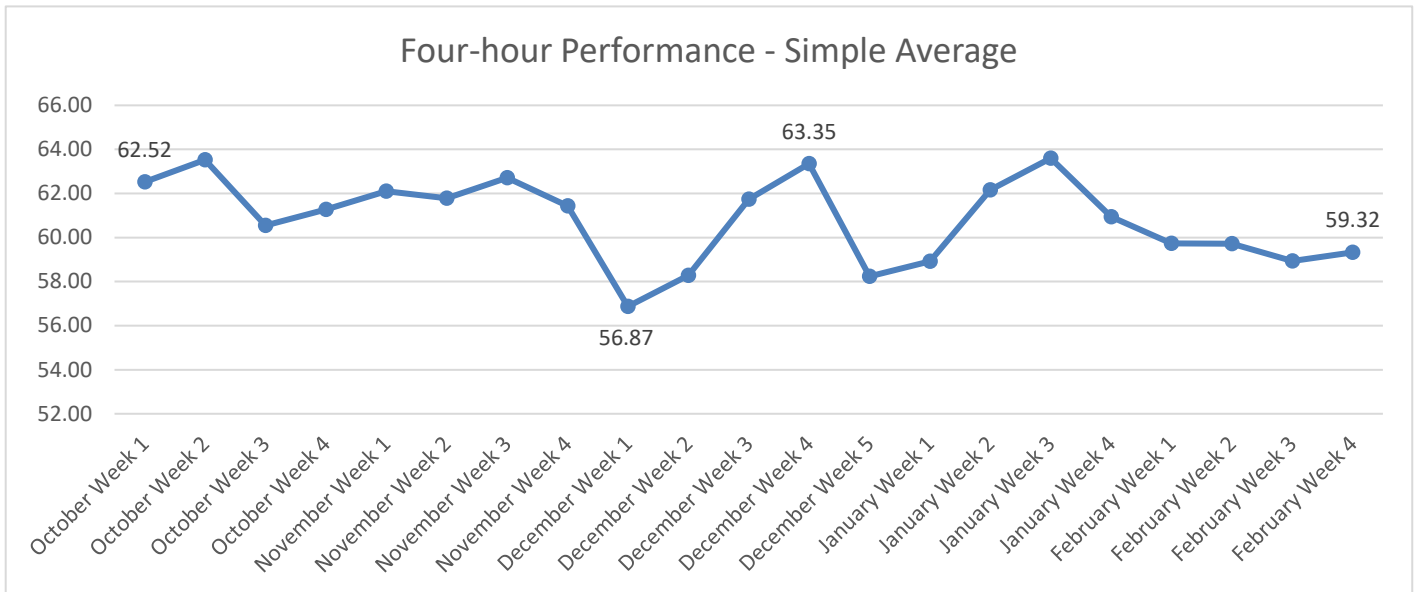
In the fourth week of February the number of beds within the project group increased to 23,091 – up from 22,696 the previous week. This is a 1.74% increase from the previous week. In total, there has been a 4.08% increase in the aggregate bed stock<sup>1</sup> from the project starting point.

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	6	10

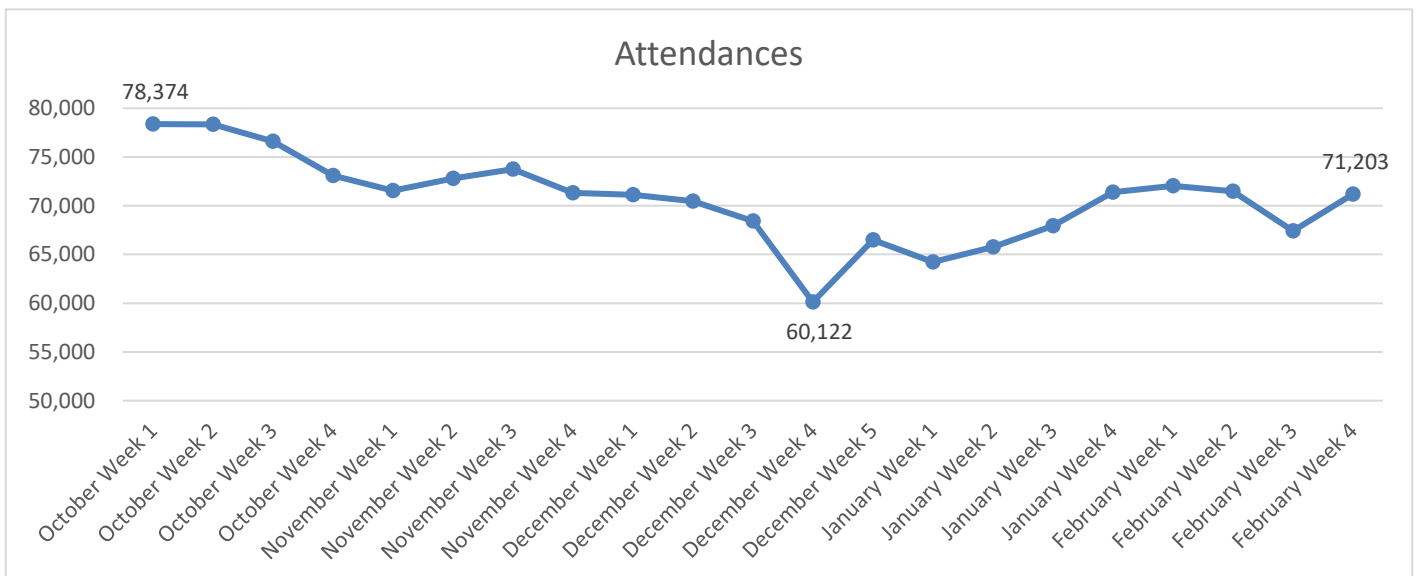
<sup>1</sup> This is measuring from week one to the maximum recorded bed stock for the project to date.  
Published 04 March 2022

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



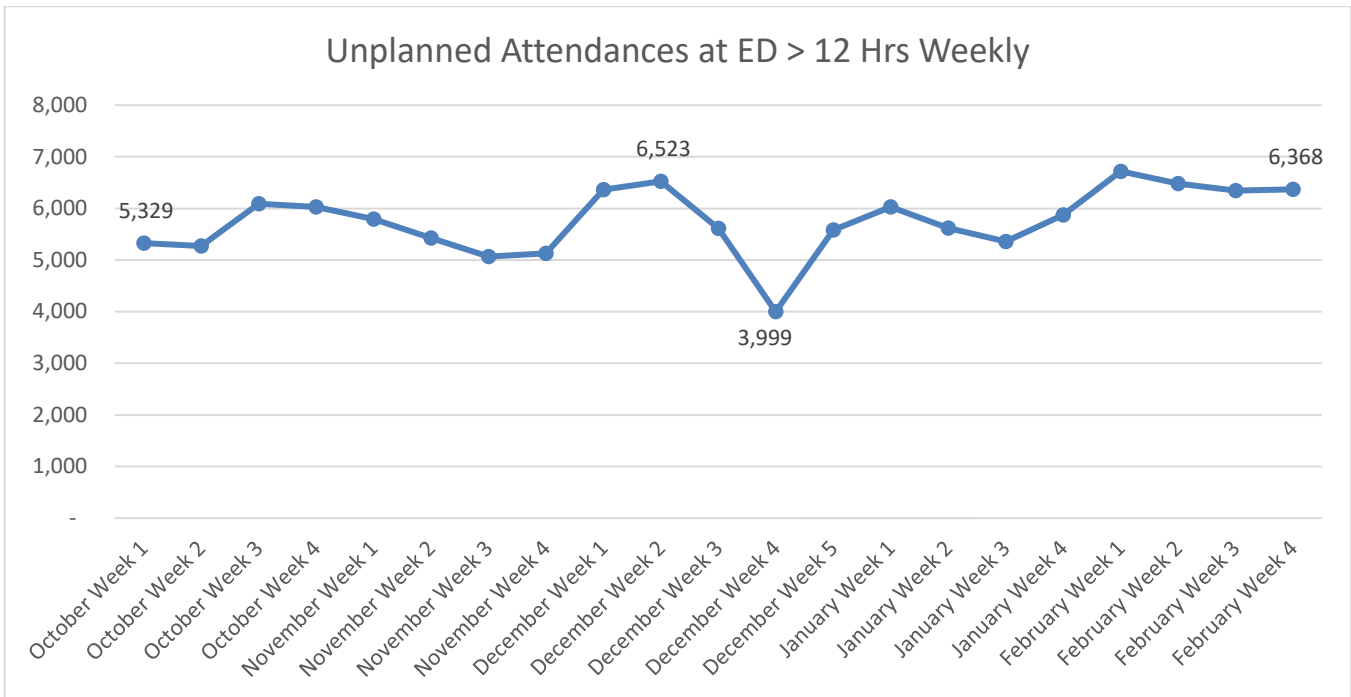
In the fourth week of February, four-hour standard performance stood at 59.32% - up from 58.94% the previous week. The underlying picture shows 17 increases and 9 decreases across the project group.

## Graph of attendances since October



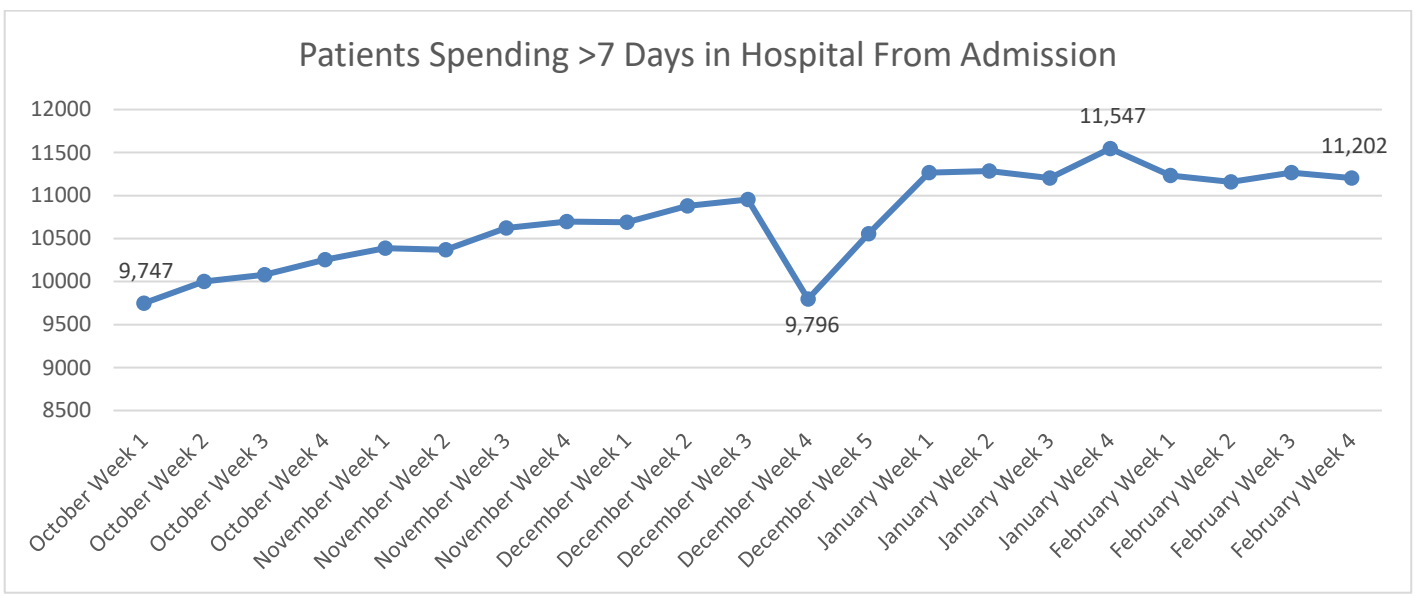
A total of 71,203 attendances were recorded within the Winter Flow group last week – up from 67,418 the previous week. This is an increase of 3,785 patients or 5.61%. At site level there were 13 recorded increases and 13 decreases from the previous week.

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



In the fourth 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 6,368, up from 6,342 the previous week. This was an increase of 0.41% from the previous week, and translates to 8.94% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 121,003 patients staying over 12 hours from arrival to departure in Emergency Departments since the first week of October.

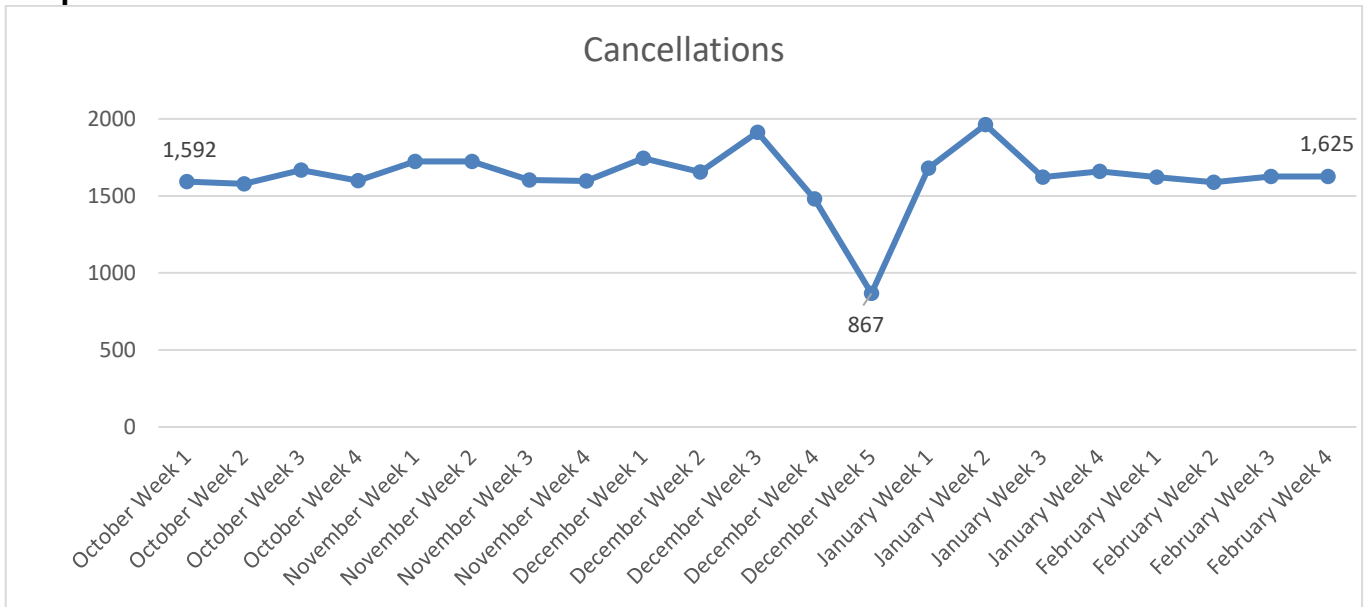
**Graph of patient spending seven or more days in hospital from admission**



11,202 patients were in hospital for over seven days during the twentieth week of the Winter Flow Project. This represents a 0.58% decrease from the previous week, or 65 patients fewer. At site level, 10 hospitals saw their number of long-stay patients increase, compared with 15 that saw their number decrease.

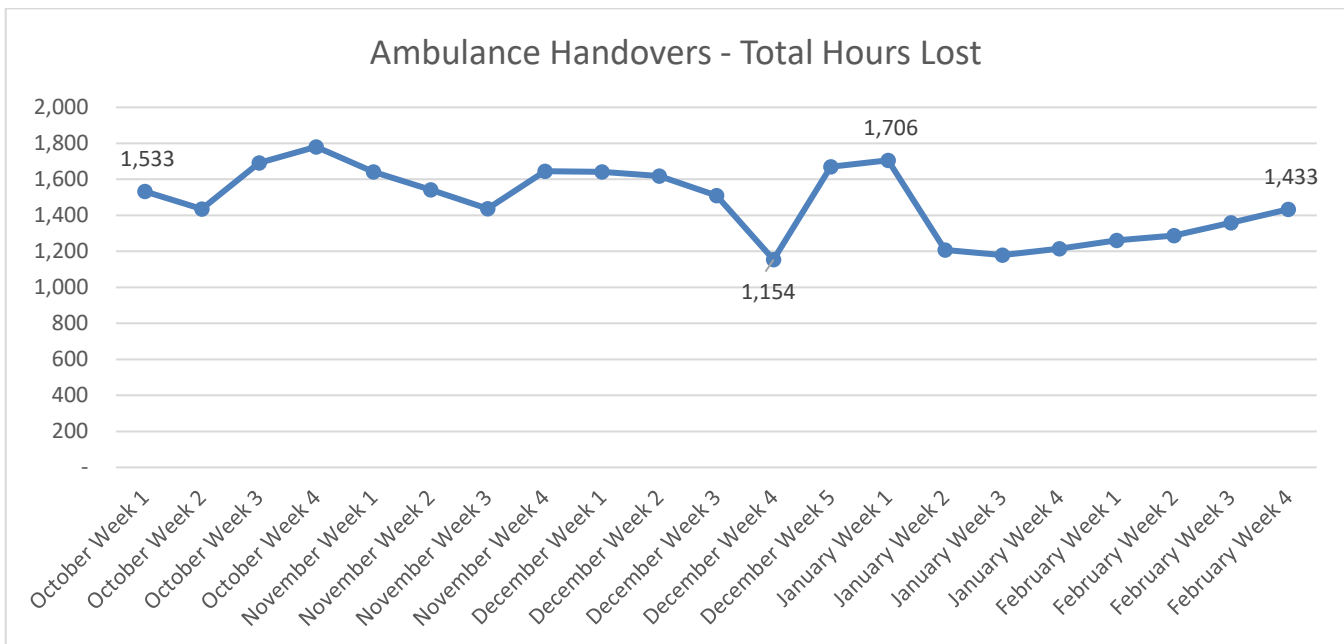
(N.B. there are some differences in the reported data from previous weeks due to a reporting and submission error)

## Graph of elective cancellations



Elective cancellations decreased in the fourth week of February, from 1,627 to 1,625 (a 0.12% decrease). At site level, there were 12 increases and 10 decreases. There has been a total of 34,130 cancellations since the first week of October.

## Ambulance Handovers



The number of hours lost during ambulance handovers increased from 1,358 to 1,433. This represents an increase of 5.47%, or 74 hours.

## Overall

In the last week of February, the Winter Flow Project's performance indicators continued to paint a depressing picture of the reality of life in Emergency Departments at the moment.

For the fourth week in a row, performance against the four-hour standard sat below 60% (59.32). Prior to February, this had happened in two consecutive weeks only twice (at the start and end of December) and never three times in a row.

Similarly, 12-hour stays exceeded 6,000 in every single week of February; during the previous seventeen weeks of the Winter Flow Project, this had happened just five times. Between January and February, 12-hour stays increased by 13.2%, representing 9.18% of attendances (compared with 8.50% in January).

Things were probably not helped by the fact that attendances have now risen in 6 of the last nine weeks, and climbed by 4.8% between January and February. To equal their level from the first month of the Winter Flow Project, they would need to rise again by approximately 8.5% in March - while it may sound improbable, it is worth noting that over the same period last year, attendances increased by over 13%, so it would hardly be unprecedented.

Slightly more encouragingly, the number of beds in service continued to rise, reaching their highest level yet (4.08% higher than at the start of the project). 48.5% of beds were occupied by a long-stay patient last week, the lowest figure since the end of December.

The rise in beds did not seem to have any discernible effect on patient flow through EDs, however, as evidenced not only by ongoing poor performance against the four-hour standard, but also by the continued rise in ambulance handover delays. The number of hours lost during handovers rose for the sixth week in a row, reaching 1,433 hours last week.

With five weeks still left to run in this year's Winter Flow Project, 12-hour stays also surpassed the total set during the whole of Winter Flow 2019/20 (which saw 119,281, compared with this year's 121,003). The Royal College of Emergency Medicine has been using these figures for a number of years to try to illustrate the scale of the problem in Emergency Departments, so it welcomes the suggestion made in the NHS Standard Contract 2022/23 that these data will be published going forward.<sup>2</sup>

Per the contract, there will be a 2% tolerance for 12-hour stays, but the data captured by Winter Flow Project suggest that Trusts will be nowhere near to achieving that figure at present. They will need to be supported in terms of attacking the root causes of poor patient flow, including not just crowding in EDs, but also bed shortages, workforce gaps and underfunded social care. Transparency is an important step, but it is just the first one in eliminating long waits in EDs.

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<sup>2</sup> <https://www.england.nhs.uk/wp-content/uploads/2022/03/01-nhs-standard-contract-22-23-consultation-response.pdf>  
Published 04 March 2022