Royal College of Emergency Medicine

RCEM Winter Flow Project

Analysis of the data so far: 11/03/22

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.

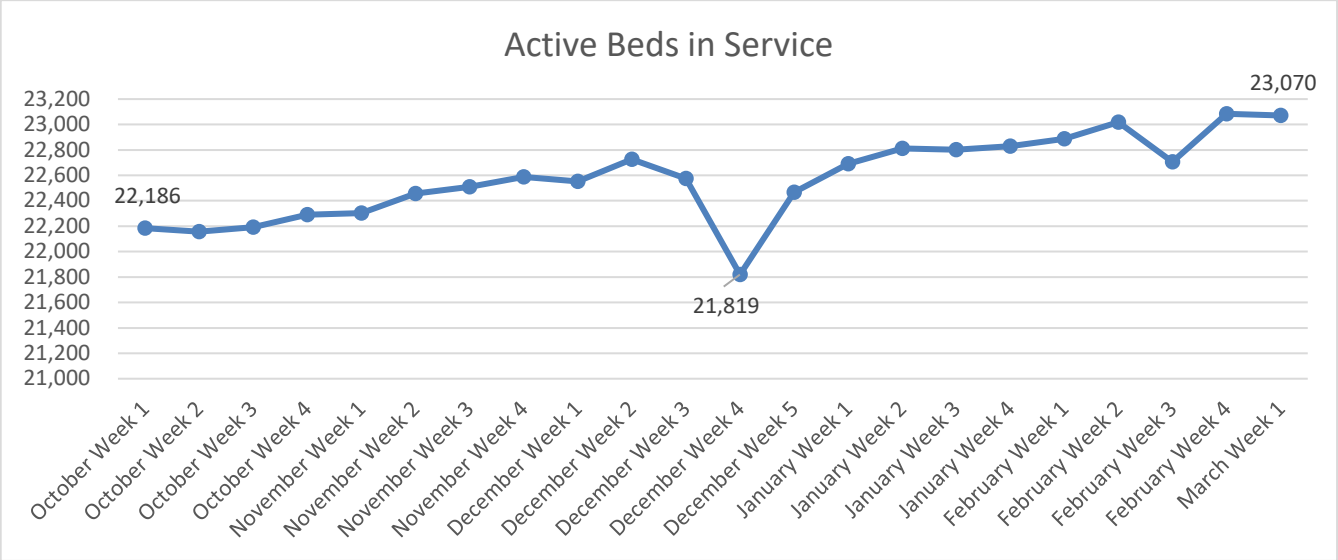
Unlike NHS England datasets, there is no suggestion that our project represents a complete or permanent scrutiny of the healthcare system. Our data include all four countries of the UK though the majority of participating sites lie within England. It is just a sample of Trusts/Boards, albeit a large 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.

Published 11 March 2022

Graph of acute beds in service



Active Bed Management

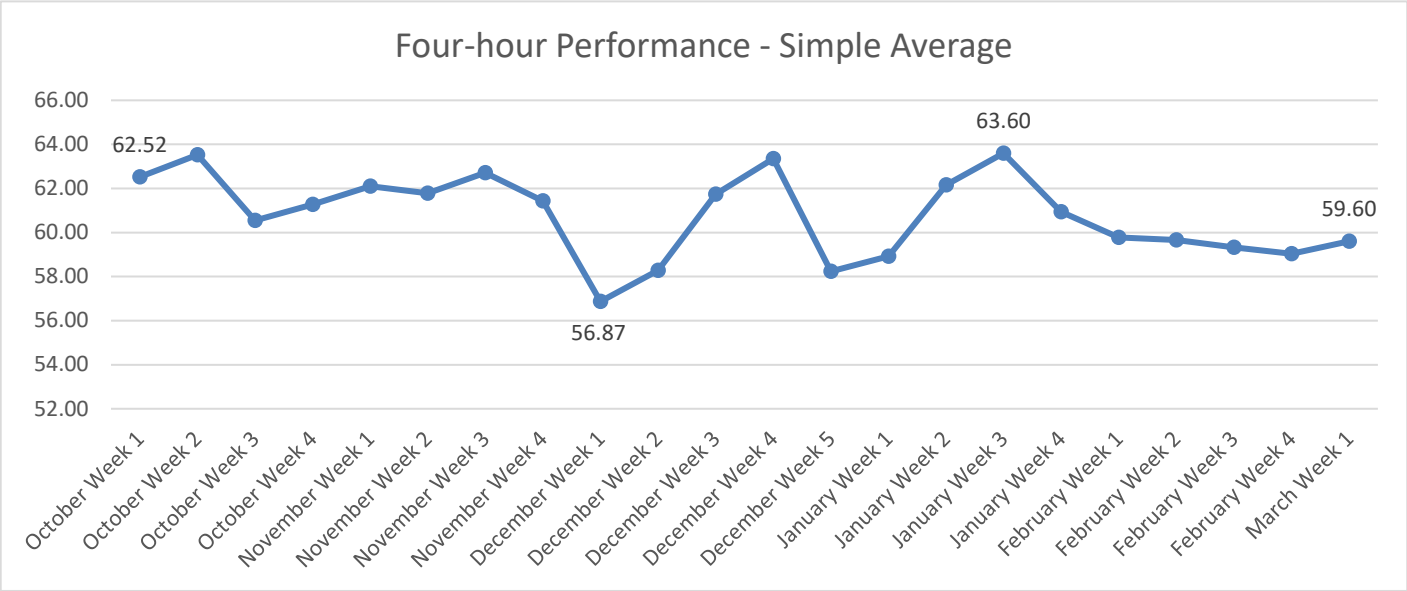
In the first week of March the number of beds within the project group decreased to 23,070 – down from 23,084 the previous week. This is a 0.06% decrease from the previous week. In total, there has been a 4.08% increase in the aggregate bed stock[1] from the project starting point.

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	1	3	18	6	11

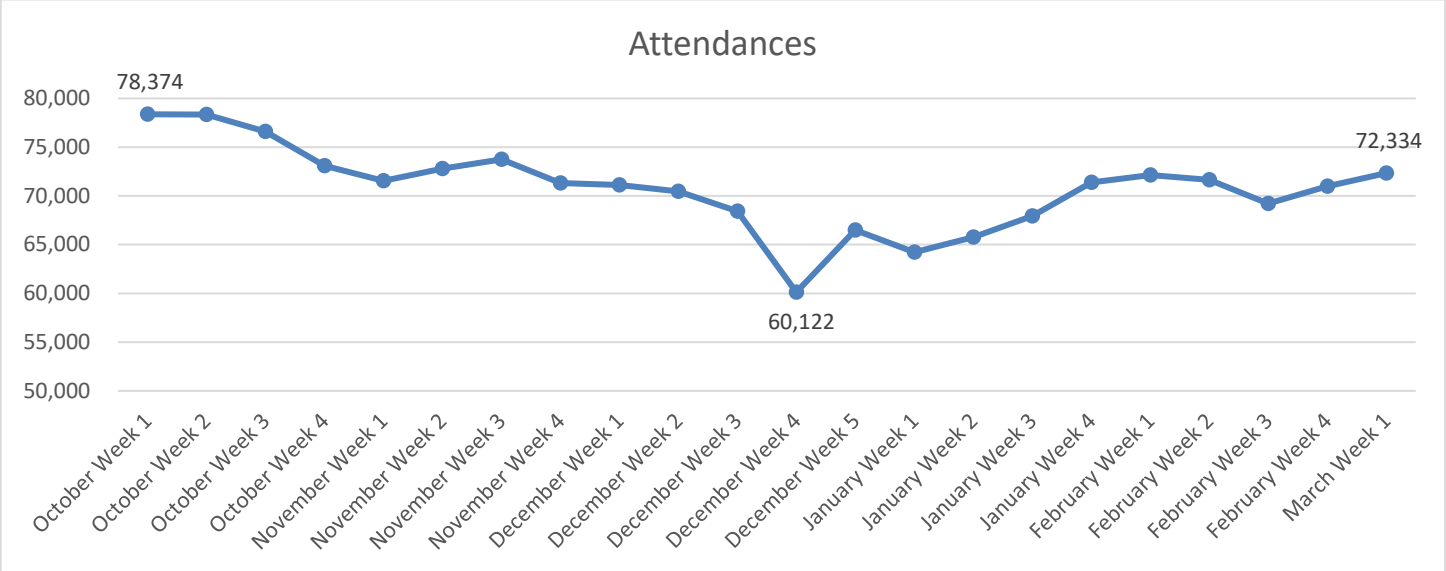
[1] This is measuring from week one to the maximum recorded bed stock for the project to date.

Graph of four-hour performance by week since October



In the first week of March, four-hour standard performance stood at 59.60% - up from 59.03% the previous week. The underlying picture shows 17 increases and 9 decreases across the project group.

Graph of attendances since October



A total of 72,334 attendances were recorded within the Winter Flow group last week – up from 70,989 the previous week. This is an increase of 1,345 patients or 1.89%. At site level there were 18 recorded increases and 8 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

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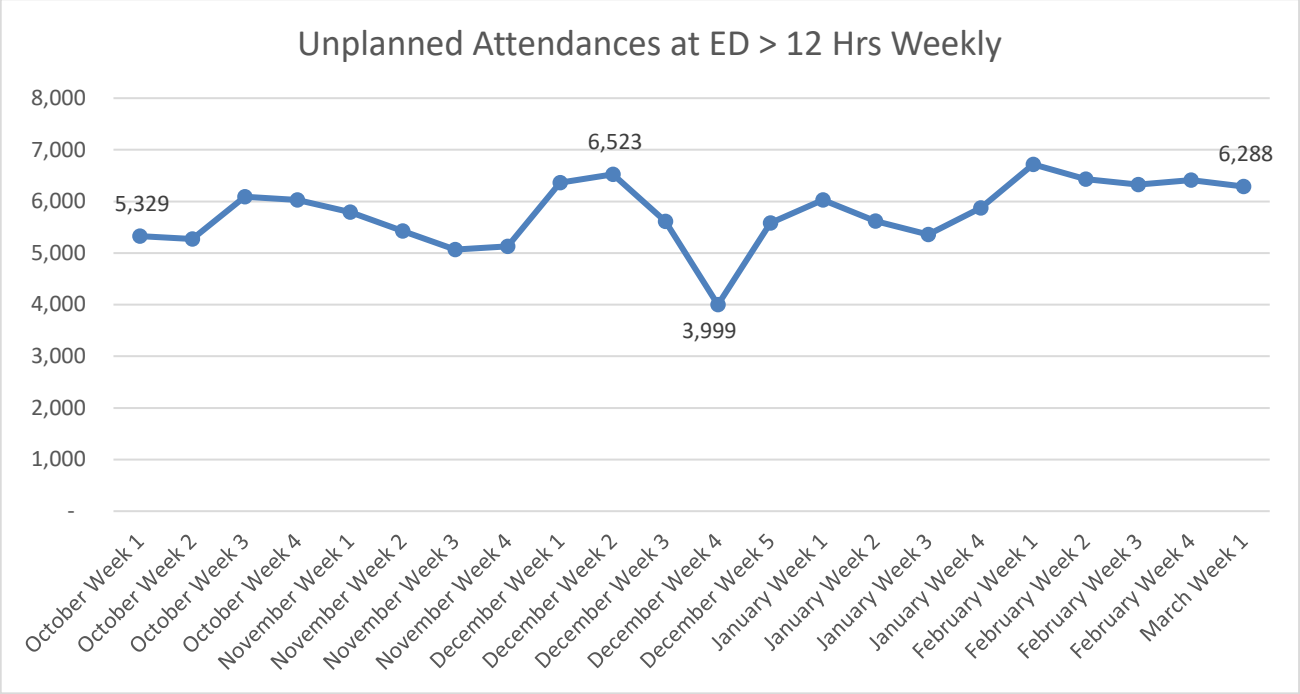
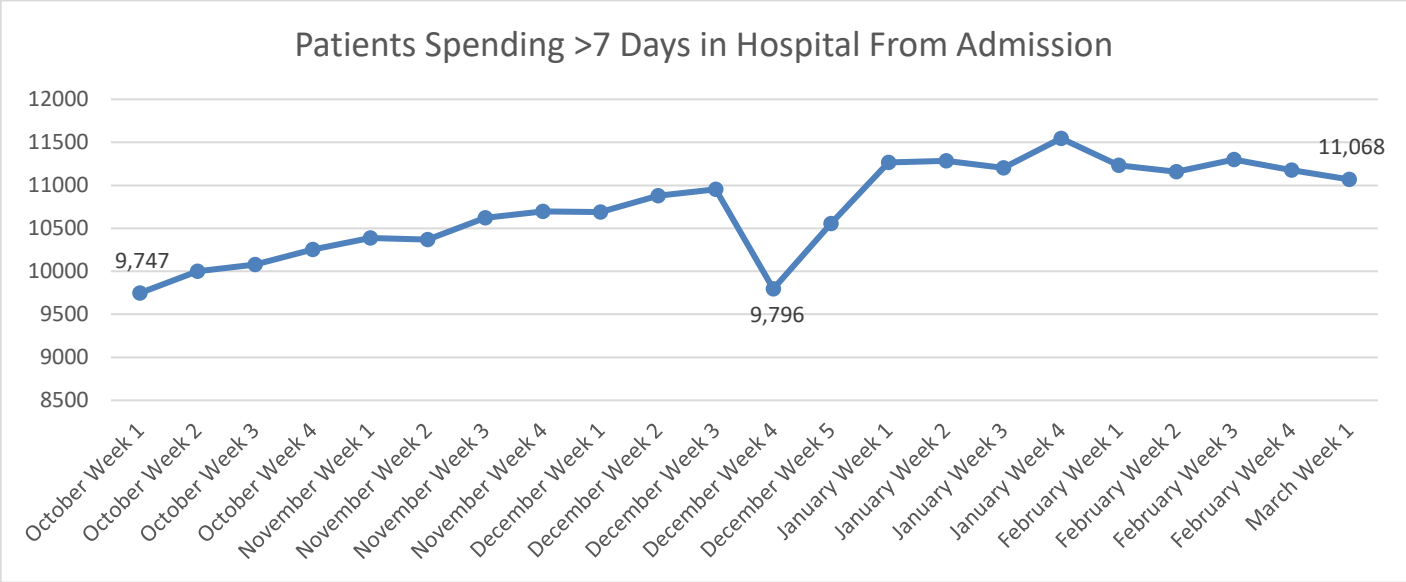


In the first week of March, the number of patients staying more than 12 hours from arrival to departure in Emergency Departments within the Winter Flow group stood at 6,288, down from 6,416 the previous week. This was a decrease of 2.00% from the previous week, and translates to 8.69% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 127,271 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



11,068 patients were in hospital for over seven days during the twentieth week of the Winter Flow Project. This represents a 0.99% decrease from the previous week, or 110 patients fewer. At site level, 9 hospitals saw their number of long-stay patients increase, compared with 15 that saw their number decrease.

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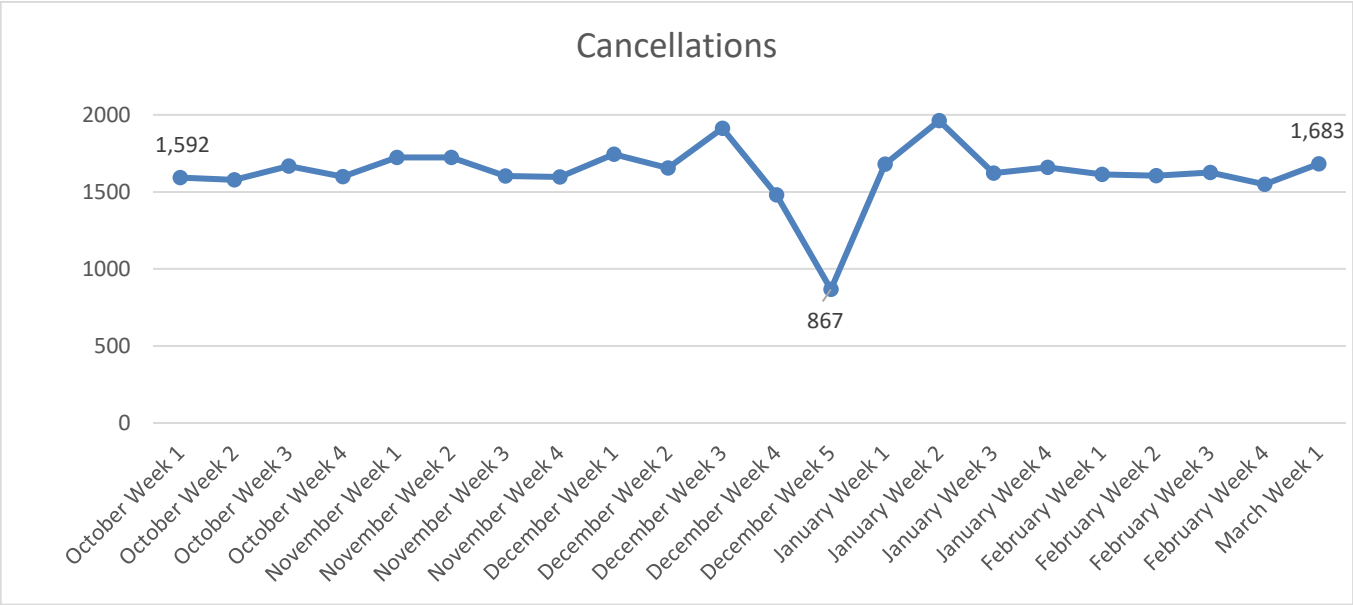
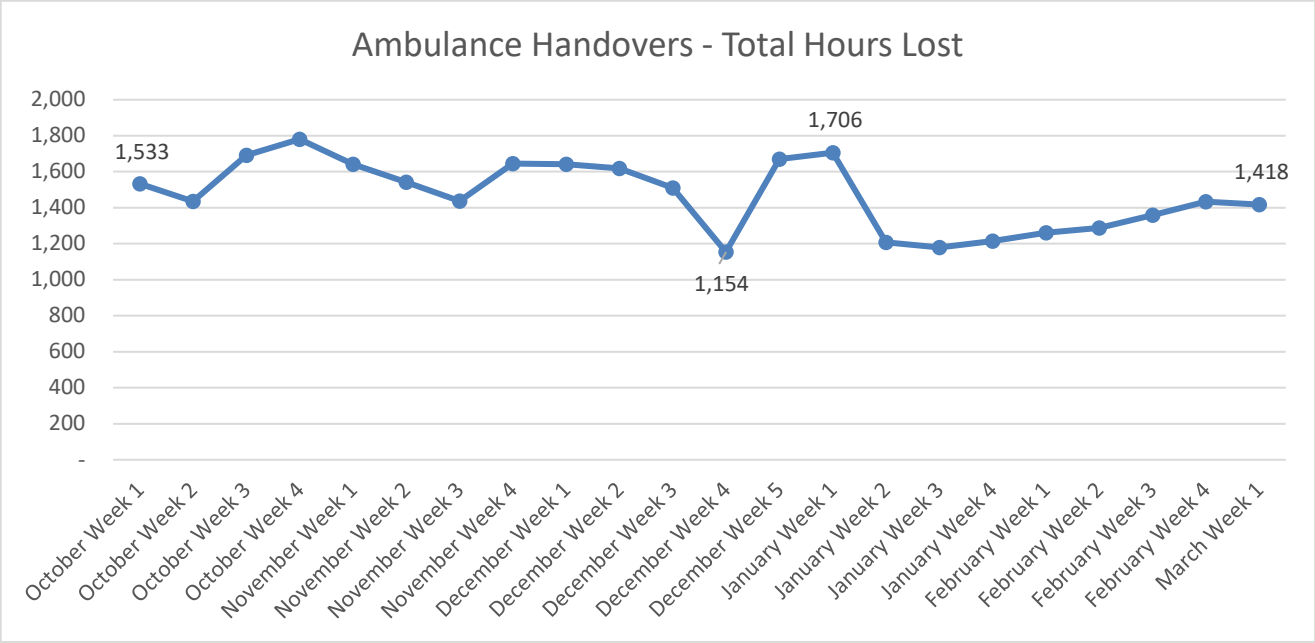
Graph of elective cancellations



Elective cancellations increased in the first week of March, from 1,683 to 1,549 (8.65%). There has been a total of 35,746 cancellations since the first week of October.

Ambulance Handovers



The number of hours lost during ambulance handovers decreased from 1,433 to 1,418. This represents a decrease of 1.05%, or 74 hours.

Overall

With attendances last week reaching their highest level for three months at Winter Flow sites, it might not have come as a surprise to see performance falling. Instead, there were several small (but welcome) improvements in our performance indicators.

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Last week saw an improvement in performance against the four-hour standard for the first time since mid-January. It does continue to hover below 60% however (as it has done for five consecutive weeks now), but any early indications that things are finally starting to improve are extremely welcome.

Similarly, the number of 12-hour stays fell (despite the rise in attendances), meaning that 8.69% of attendances resulted in a stay of over 12 hours last week, the lowest figure since the last week of January.

Additionally, the number of long-stay patients also fell, for the fourth time in the last five weeks. As the number of beds remains high, the proportion of beds occupied by patients for a week or more has therefore fallen from a peak of 50.6% at the end of January, to 48.0% last week.

Demand at EDs is likely to continue increasing in the coming weeks. February saw 43,000 attendances per day at type-1 EDs in England, compared with 40,200 per day in January.[2] There were also close to 12,000 admissions per day, up from roughly 11,600. The inevitable consequence was that long stays in EDs increased last month, as captured in both NHS England's figures, and the Winter Flow Project's.

Last year attendances and admissions rose between February and March by 16.0% and 6.6% respectively, with demand surging in part due to the easing of Covid restrictions. The context this year is different, and an equally dramatic increase in patients arriving at EDs is unlikely to manifest. However, if the last two months of data are anything to go by, it seems extremely likely that attendances and admissions will continue to rise in the coming months.

The NHS will therefore require to continue demonstrating the same extraordinary resilience that it has done in the past two years. Emergency Departments will remain an essential part of that resilience, but are liable to continue to be overlooked by senior decision-makers – Sajid Javid's recent speech to the RCP contained no mentions of urgent and emergency care at all.[3] A considered and well-resourced recovery plan for ED performance will be essential if Emergency Departments are to avoid being overwhelmed by a summer surge, but at the moment that seems like a distant priority for the Government.

[2] https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/

[3] https://www.gov.uk/government/speeches/health-and-social-care-secretary-speech-on-health-reform

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