

RCEM Winter Flow Project

Analysis of the data so far: 18/03/22



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.

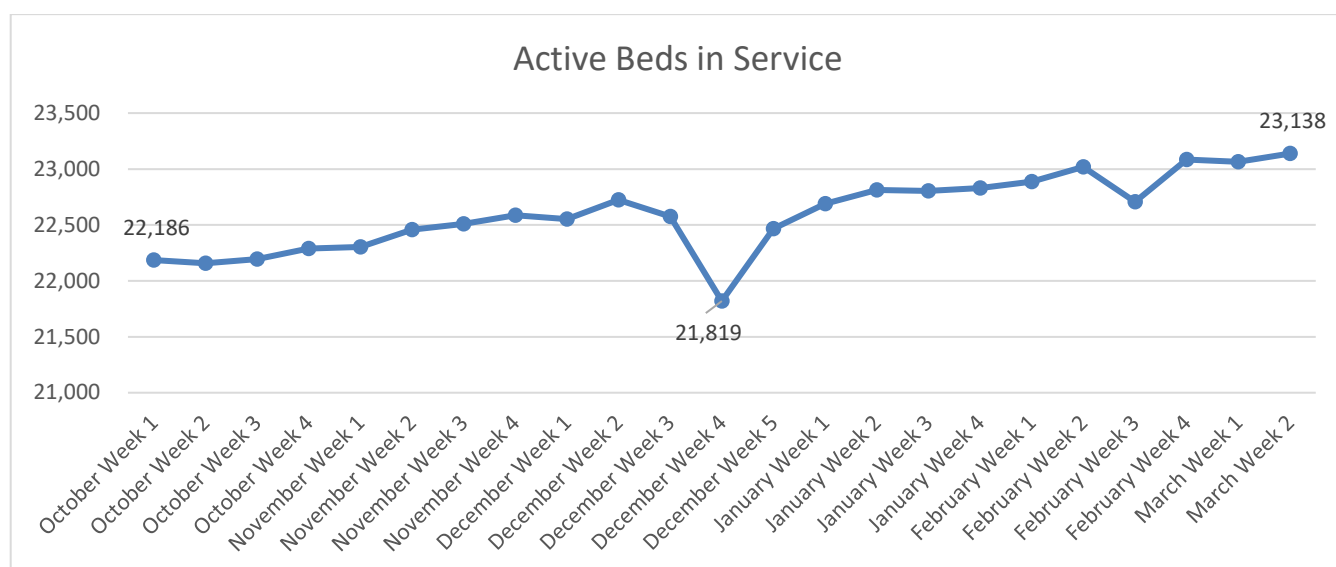
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

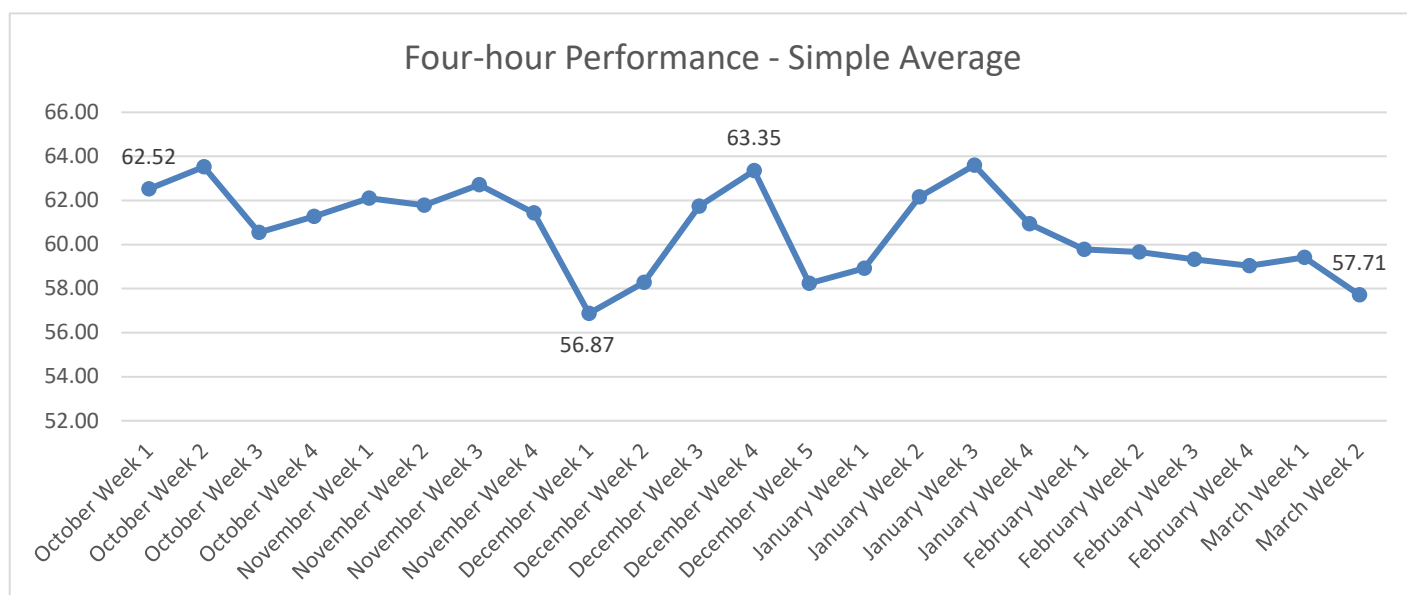
In the second week of March the number of beds within the project group increased to 23,138 – up from 23,138 the previous week. This is a 0.32% increase from the previous week. In total, there has been a 4.29% increase in the aggregate bed stock¹ from the project starting point.

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 | 1 | 3 | 18 | 6 | 11 |

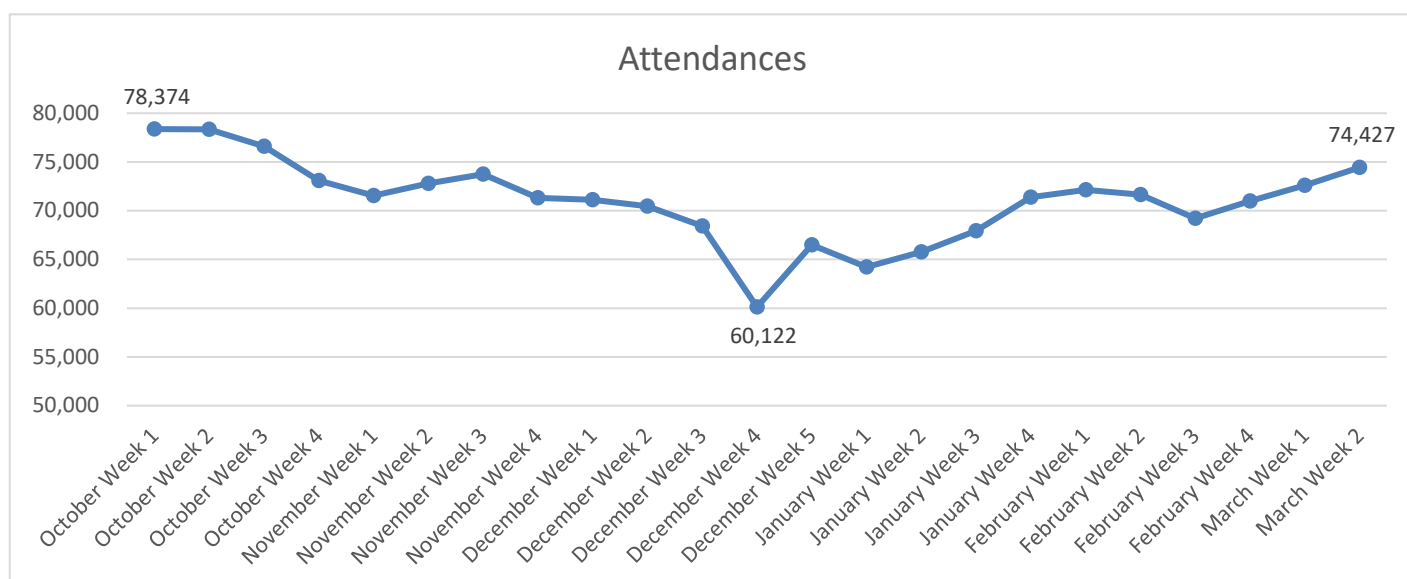
¹ This is measuring from week one to the maximum recorded bed stock for the project to date.

Graph of four-hour performance by week since October



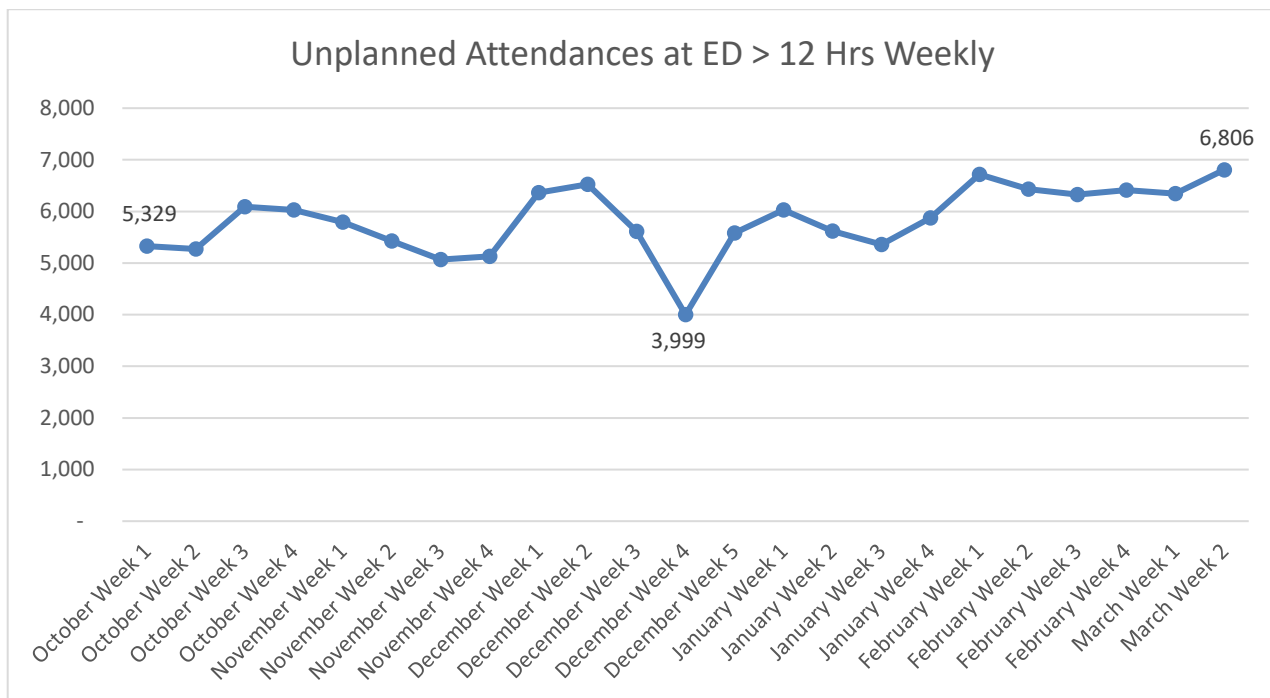
In the second week of March, four-hour standard performance stood at 57.71% - down from 59.42% the previous week. The underlying picture shows 6 increases and 19 decreases across the project group.

Graph of attendances since October



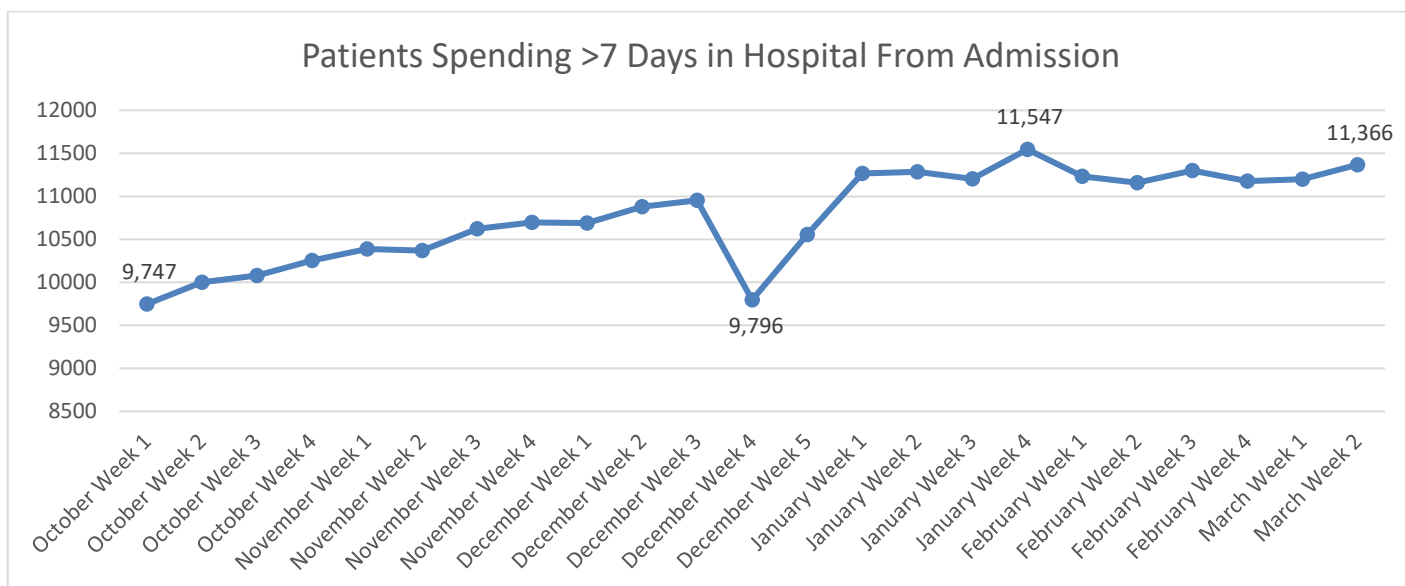
A total of 74,427 attendances were recorded within the Winter Flow group last week – up from 72,590 the previous week. This is an increase of 1,837 patients or 2.53%. At site level there were 20 recorded increases and 5 decreases from the previous week.

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



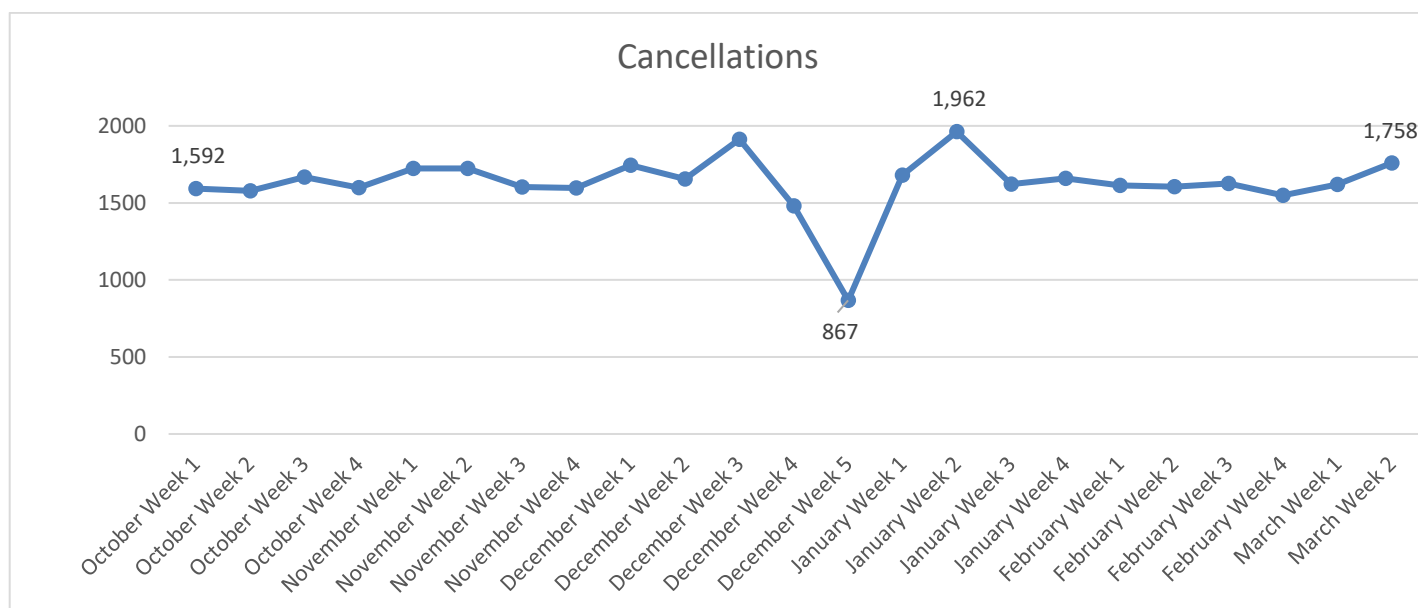
In the second week of March, the number of patients staying more than 12 hours from arrival to departure in Emergency Departments within the Winter Flow group stood at 6,806, up from 6,342 the previous week. This was a increase of 7.32% from the previous week, and translates to 9.14% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 134,131 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



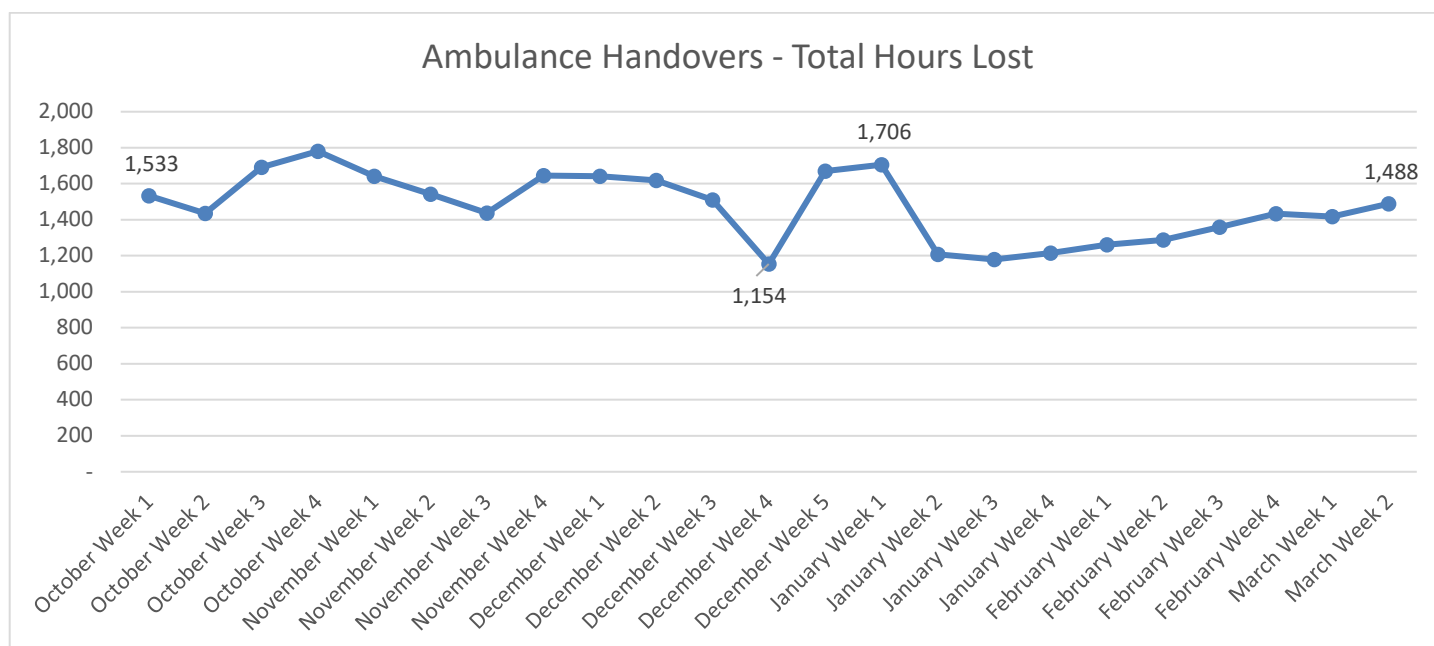
11,366 patients were in hospital for over seven days during the twenty third week of the Winter Flow Project. This represents a 1.49% increase from the previous week, or 167 patients more. At site level, 15 hospitals saw their number of long-stay patients increase, compared with 10 that saw their number decrease.

Graph of elective cancellations



Elective cancellations increased in the second week of March, from 1,619 to 1,758 (8.59%). There has been a total of 37,440 cancellations since the first week of October.

Ambulance Handovers



The number of hours lost during ambulance handovers increased from 1,418 to 1,488. This represents an increase of 4.97%, or 70 hours.

Overall

After some moderately encouraging signs last week, a Spring recovery remains firmly hold at Winter Flow sites, with demand up and performance falling across all the relevant indicators.

Performance against the four-hour standard fell to 57.71, the second worst figure recorded in 2021/22. At the same time, after four successive weeks of fairly static performance, 12-hour stays jumped by 7.3% to 6,806, a new record for any year of Winter Flow Project in which this datapoint has been collected.

The number of long-stay patients also rose for the second week in a row to 11,366 (a 1.49% increase). 49.1% of available beds were occupied by patients in hospital for a week or more, half a percentage point more than the previous week (48.6%). Cancellations increased by 8.59%, the largest week to week rise in almost two months.

At the same time, the number of beds reached its highest level so far this year, with a 4.29% aggregate increase from the starting point of the Winter Flow Project. This has coincided with a sustained rise in demand, however: attendances have grown in 7 of the last 9 weeks, and the 74,427 recorded in the second week of March was the largest figure since week October. At the current trajectory, Winter Flow Sites will end the Project seeing similar levels of demand as when they started it, but their aggregate performance figures are likely to be noticeably worse.

An undoubtedly limiting factor in terms of performance recovery is the rise in Covid cases and admissions. In the last two weeks, the percentage of covid-positive patients being admitted to hospital has risen by almost 50%,² while covid absences within the workforce have risen by a fifth.³ The Government strategy is for the country to “live with Covid”⁴ – if that is to remain the guiding principle underpinning the UK’s recovery, then the NHS must receive the necessary support to allow it to do so.

A fully funded workforce strategy will be essential in ensuring that the NHS can begin to recover from the pandemic, but Sajid Javid’s recent “vision for long-term NHS reform” did include a promise to develop one.

Gordon Miles, Chief Executive of The Royal College of Emergency Medicine, remarked that: “The pressures facing Emergency Medicine are unrelenting. Even before the pandemic it was obvious to us that more people and resources were needed in the specialty, we have been calling for both for a considerable time. This makes it all the more vital for a properly resourced NHS workforce strategy to be urgently announced with provision made to provide Emergency Medicine with sufficient workforce to deliver the patient care and service aspirations that Emergency Medicine professionals and our patients deserve.”

² <https://www.hsj.co.uk/coronavirus/javid-unconcerned-as-covid-admissions-rise-46-pc-in-a-fortnight/7032070.article>

³ <https://www.hsj.co.uk/workforce/covid-absences-rise-20pc-in-10-days/7032087.article>

⁴ <https://www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19>