

RCEM Winter Flow Project

Analysis of the data so far: 25/03/22



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.

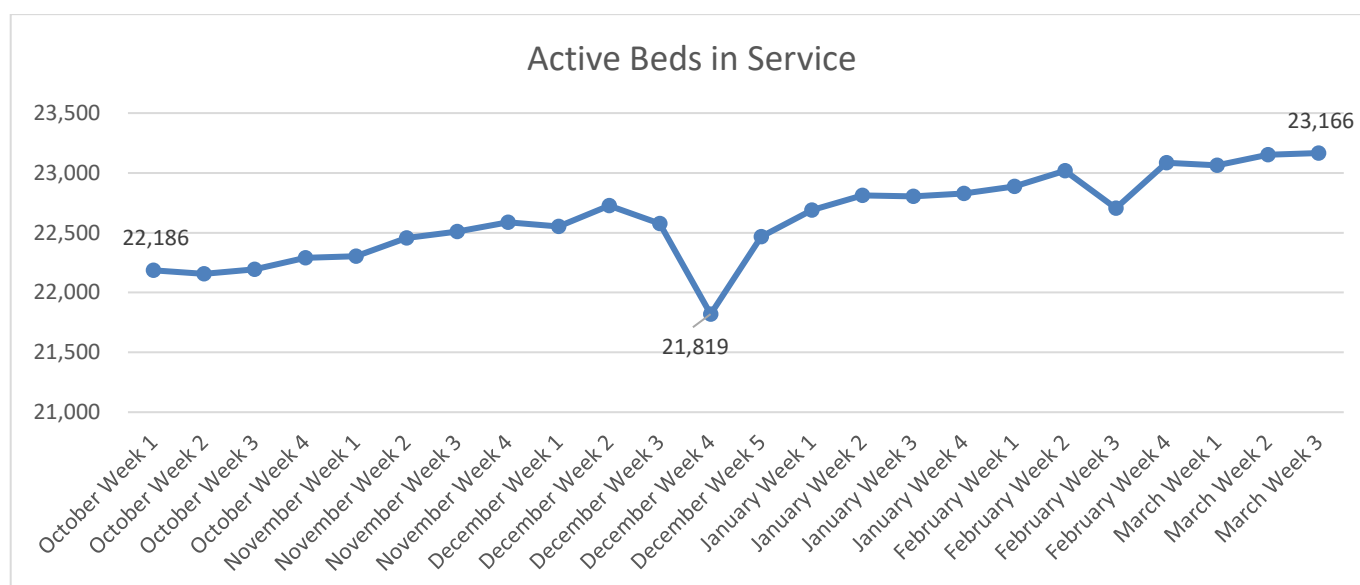
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

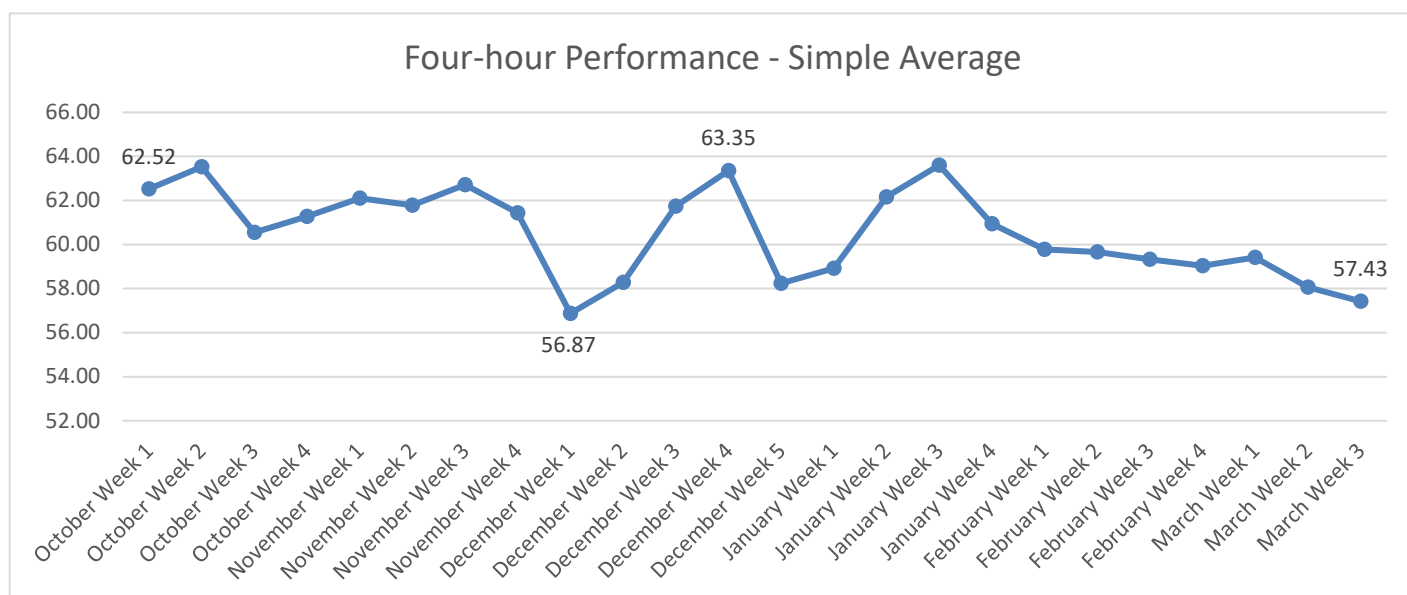
In the third week of March the number of beds within the project group increased to 23,166 – up from 23,152 the previous week. This is a 0.06% increase from the previous week. In total, there has been a 4.42% increase in the aggregate bed stock¹ from the project starting point.

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	1	7	11

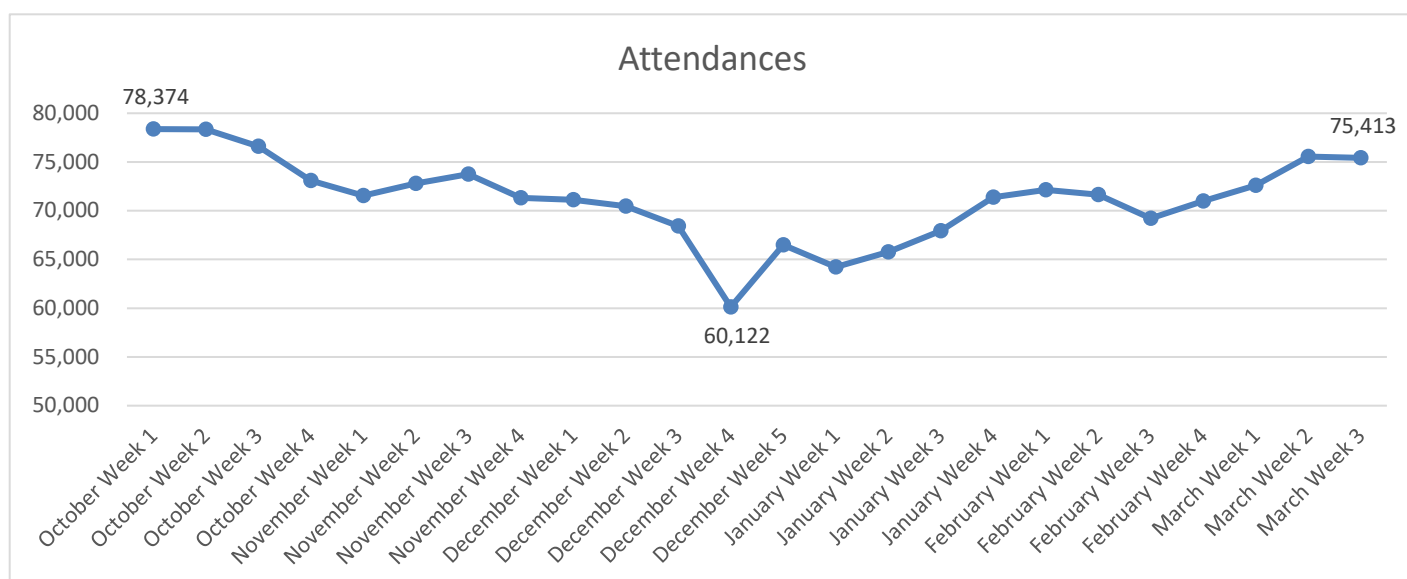
¹ This is measuring from week one to the maximum recorded bed stock for the project to date.

Graph of four-hour performance by week since October



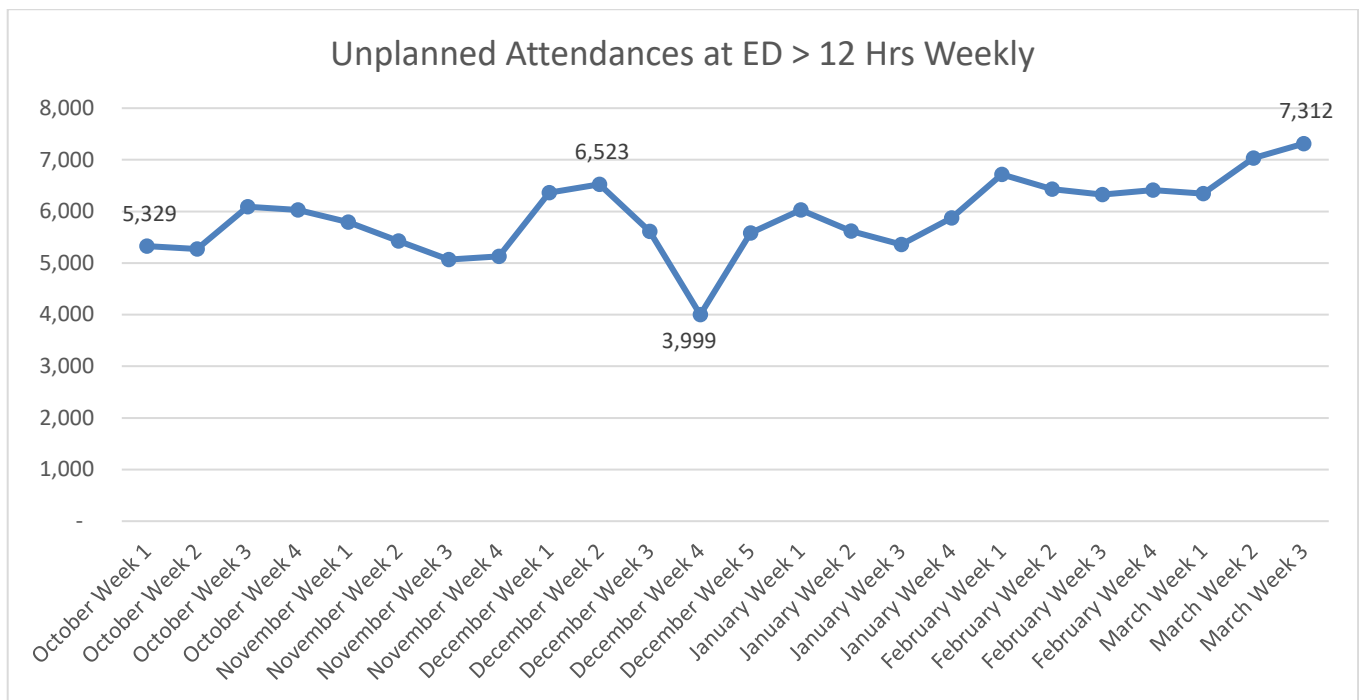
In the third week of March, four-hour standard performance stood at 57.43% - down from 58.07% the previous week. The underlying picture shows 10 increases and 15 decreases across the project group.

Graph of attendances since October



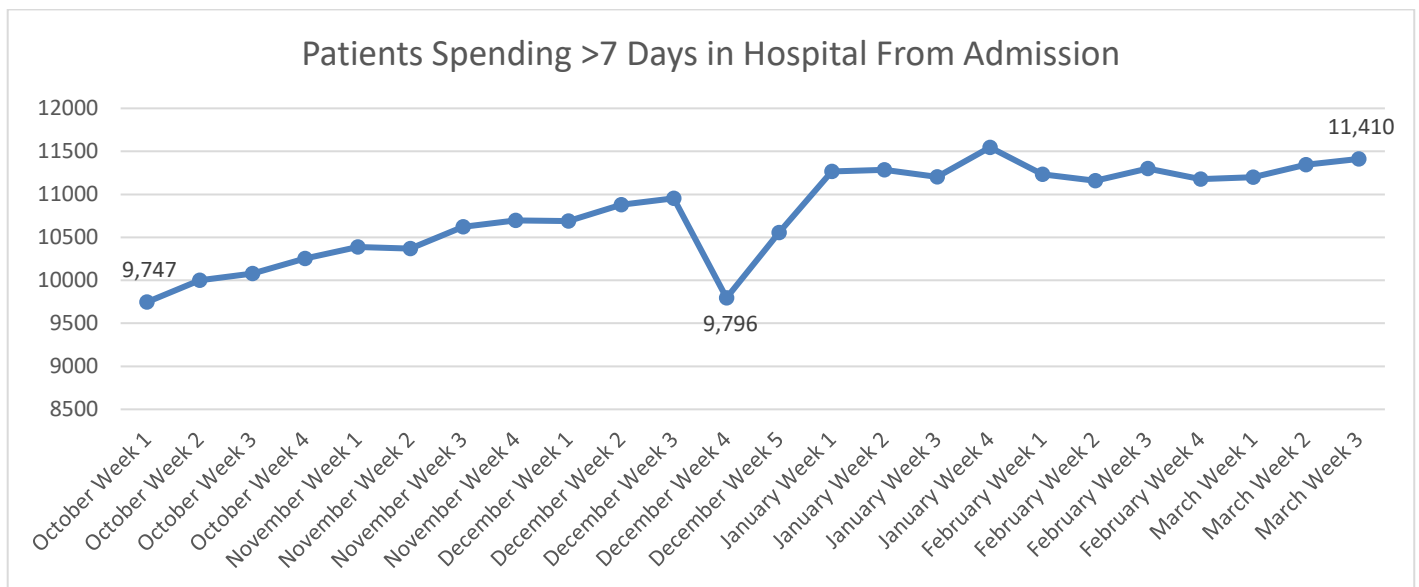
A total of 75,413 attendances were recorded within the Winter Flow group last week – down from 75,561 the previous week. This is a decrease of 148 patients or 0.20%. At site level there were 13 recorded increases and 12 decreases from the previous week.

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



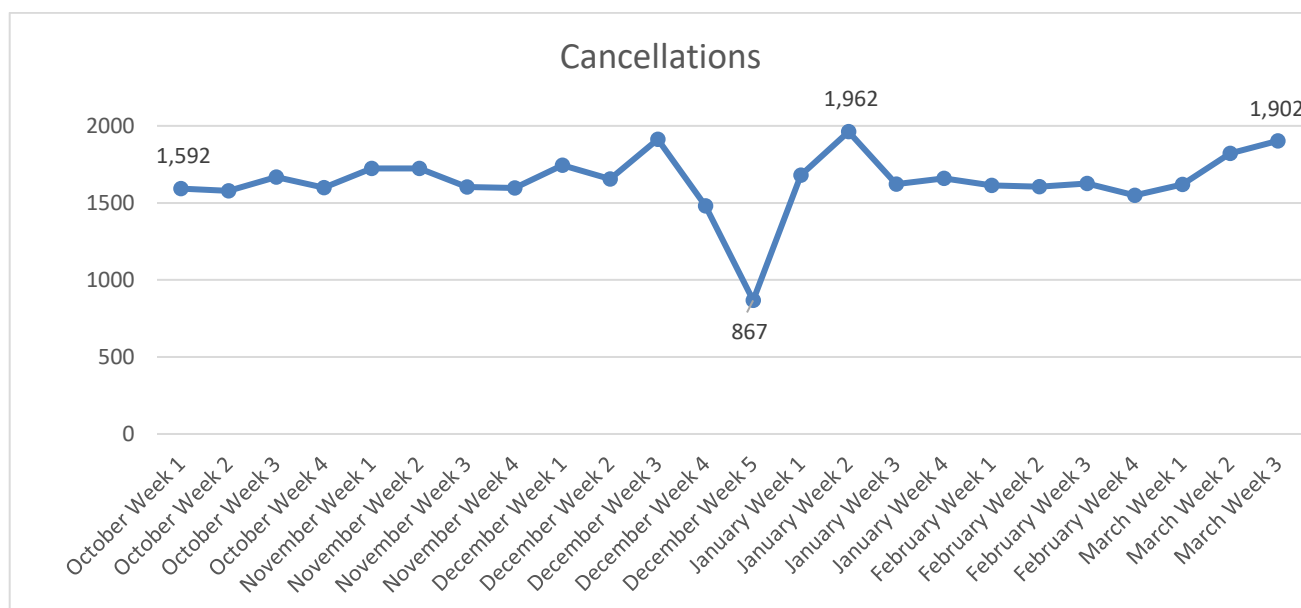
In the third week of March, the number of patients staying more than 12 hours from arrival to departure in Emergency Departments within the Winter Flow group stood at 7,312, up from 7,034 the previous week. This was an increase of 3.95% from the previous week, and translates to 9.70% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 141,671 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



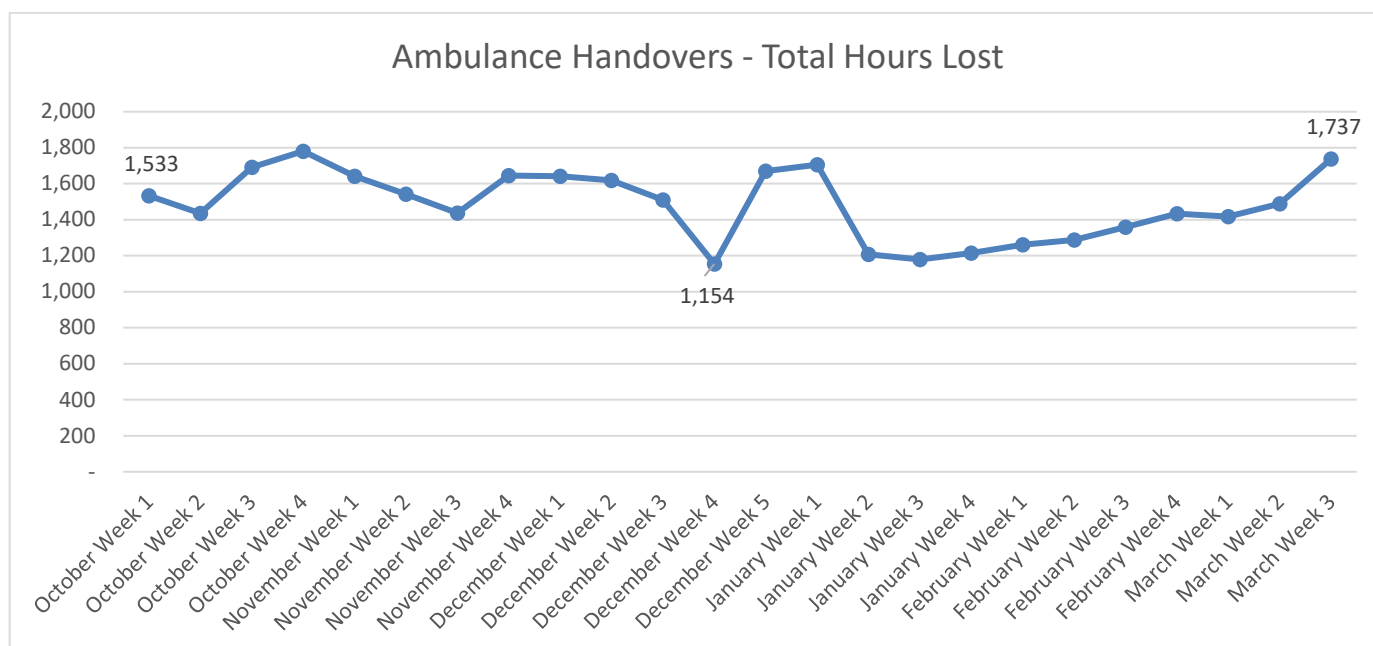
11,410 patients were in hospital for over seven days during the twenty fourth week of the Winter Flow Project. This represents a 0.57% increase from the previous week, or 65 patients more. At site level, 14 hospitals saw their number of long-stay patients increase, compared with 12 that saw their number decrease.

Graph of elective cancellations



Elective cancellations increased in the third week of March, from 1,822 to 1,902 (4.39%). There has been a total of 39,406 cancellations since the first week of October.

Ambulance Handovers



The number of hours lost during ambulance handovers increased from 1,488 to 1,737. This represents an increase of 16.75%, or 249 hours.

Overall

We are now at the midway stage of March – two weeks of Winter Flow remain. It is increasingly clear at this point that the NHS will exit the period covered by the Winter Flow Project still in crisis mode.

Performance against the four-hour standard has declined in seven of the last eight weeks. Between week 16 and week 24, the total decrease was over 6 percentage points. Last week it fell to 57.43%, the second lowest figure recorded in this year's Winter Flow Project.

At the same time, 12-hour stays increased by almost 4%, reaching 7,312, a figure that is almost four times higher than the same week last year. This meant that 9.7% of attendances involved a stay of 12 or more hours in Emergency Departments last week, more than any other week in the history of the Winter Flow Project.

Additionally, the number of patients occupying beds for a week or more increased, both as a raw number and also as a percentage of the available beds (despite the number of beds in service also showing a small increase). Cancellations, which had been static for several months, has also increased by 17.5% in the last two weeks, suggesting that, as warned, pressures in EDs are restricting Trusts' capacity to manage the elective backlog.

Finally, there was also a steep rise in the number of ambulance handovers last week. The number of hours lost rose to its highest level so far this year, higher even than the peak recorded during the depths of winter. In response to the increasingly desperate situation in front of Emergency Departments, NHS England responded by instructing Trusts to erect tents in front of their EDs to handle overflow and allow ambulances to offload patients more quickly.

Quoted in the HSJ, RCEM President Katherine Henderson said: "Dr Henderson says: "We find ourselves in the completely unacceptable situation where the 'solution' to ambulance handover problems is to put up tents or sheds in front of emergency departments – euphemistically being called 'temporary external structures'.

"Trust leaders and NHS England must not be afraid to stand up and make this case – putting patients in tents is a bad, borderline immoral bodge job to treat the symptom rather than cause, and our patients need to see some real leadership to protect them."²

At the same time, the NHS must also get to grips with the announcement from the treasury that its annual savings target will be doubled from 2.2 percent from 1.1 percent. This latter piece of news lays bare the demand that lies at the heart of the Government's plans, that is to say that the health service must do more for less, while the former exposes what that actually looks like in practice.

Reflecting on the Winter Flow results for this season Gordon Miles, RCEM CEO said: "It is most unfortunate that as we come into Spring we are looking at an increasingly challenging time for emergency departments with worsening performance caused by exit block. This has a knock-on detrimental effect on ambulance handovers of patients. It is a sad day when the 'solution' proposed is to house the queue in tents and sheds instead of tackling the problems of hospital urgent and emergency system capacity. Surely our patients and staff deserve better than this?"

² <https://www.hsj.co.uk/quality-and-performance/exclusive-aande-tents-borderline-immoral-and-dangerous-claims-royal-college/7032156.article>