

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.

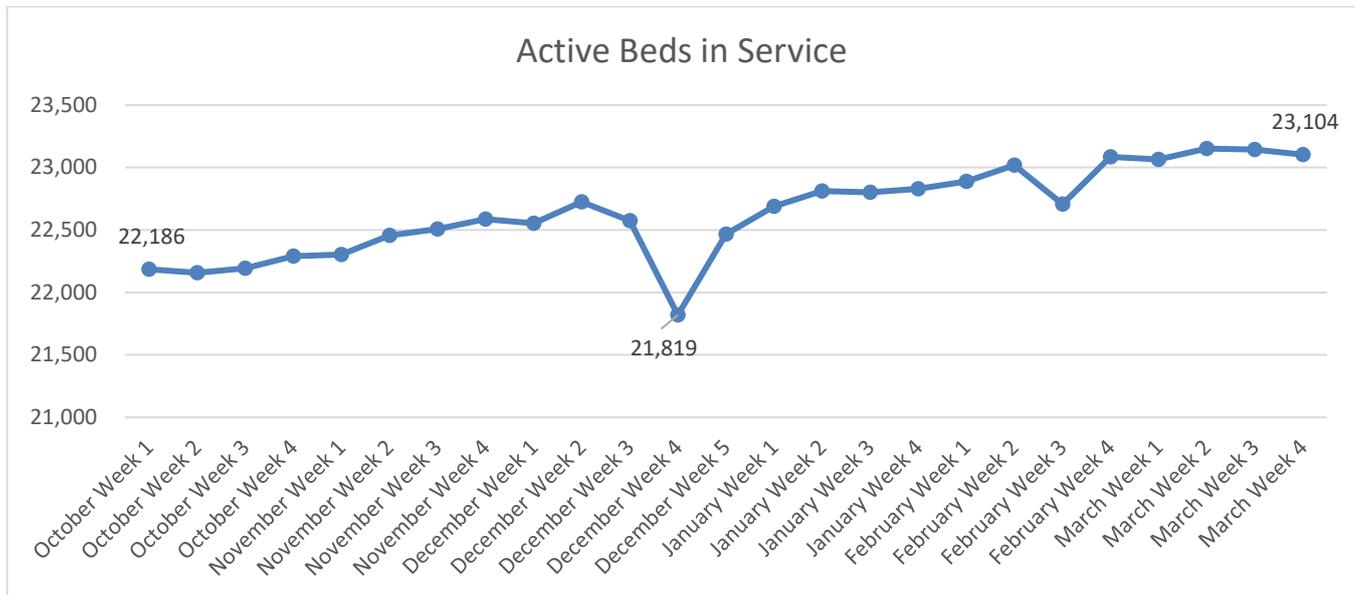
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

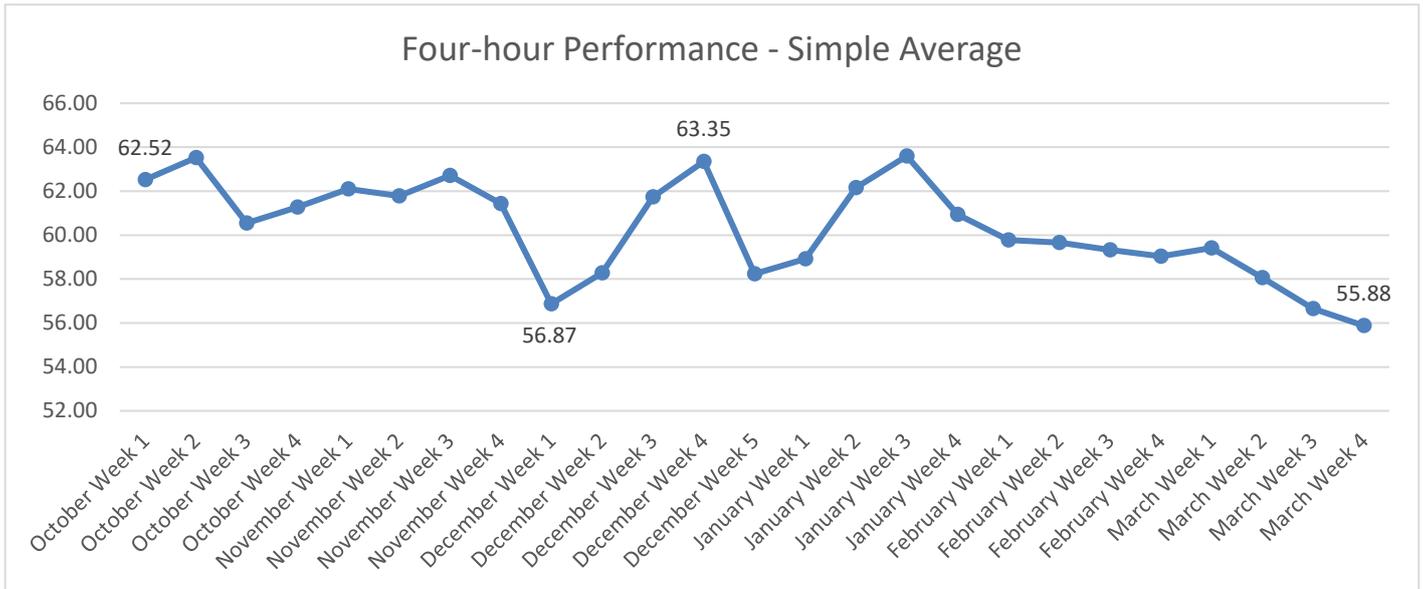
In the fourth week of March the number of beds within the project group decreased to 23,104 – down from 23,145 the previous week. This is a 0.18% decrease from the previous week. In total, there has been a 4.42% increase in the aggregate bed stock¹ from the project starting point.

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	17	7	11

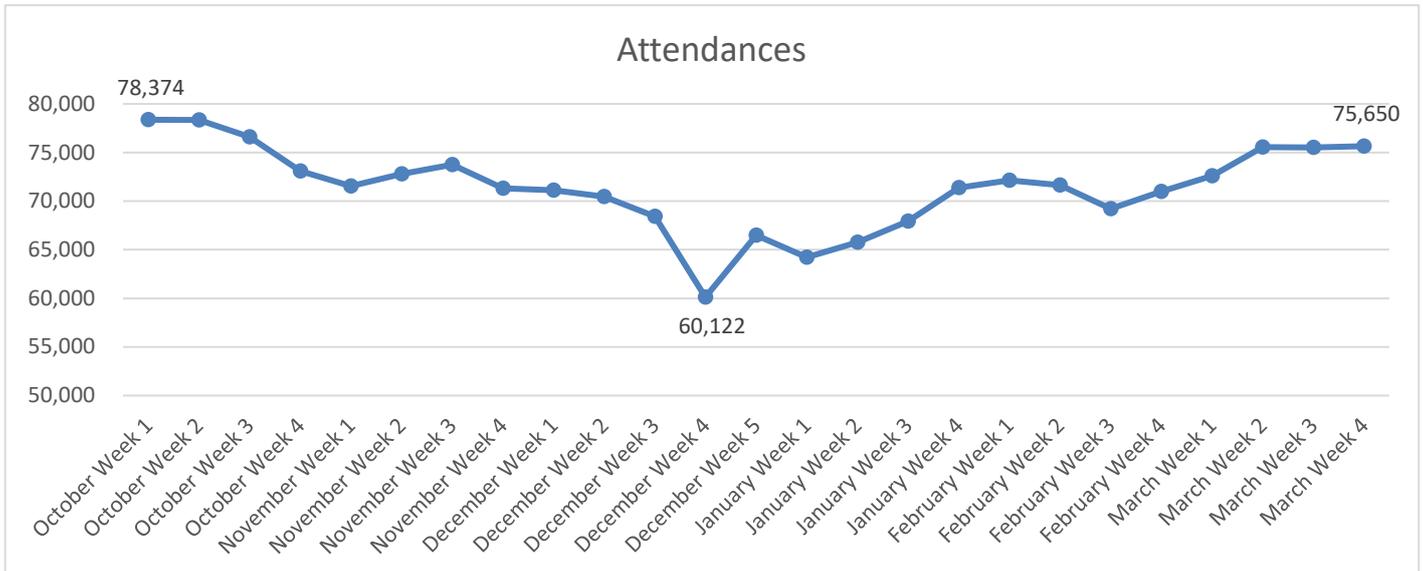
¹ This is measuring from week one to the maximum recorded bed stock for the project to date.

Graph of four-hour performance by week since October



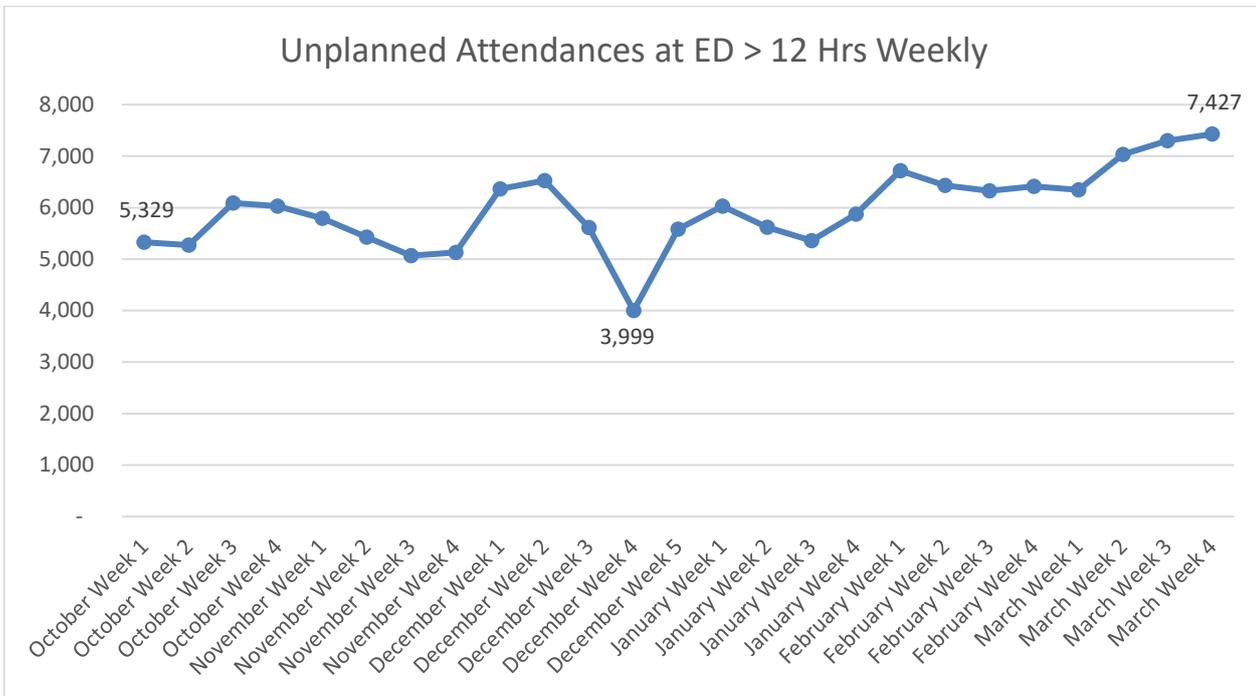
In the fourth week of March, four-hour standard performance stood at 55.88% - down from 56.65% the previous week. The underlying picture shows 7 increases and 14 decreases across the project group.

Graph of attendances since October



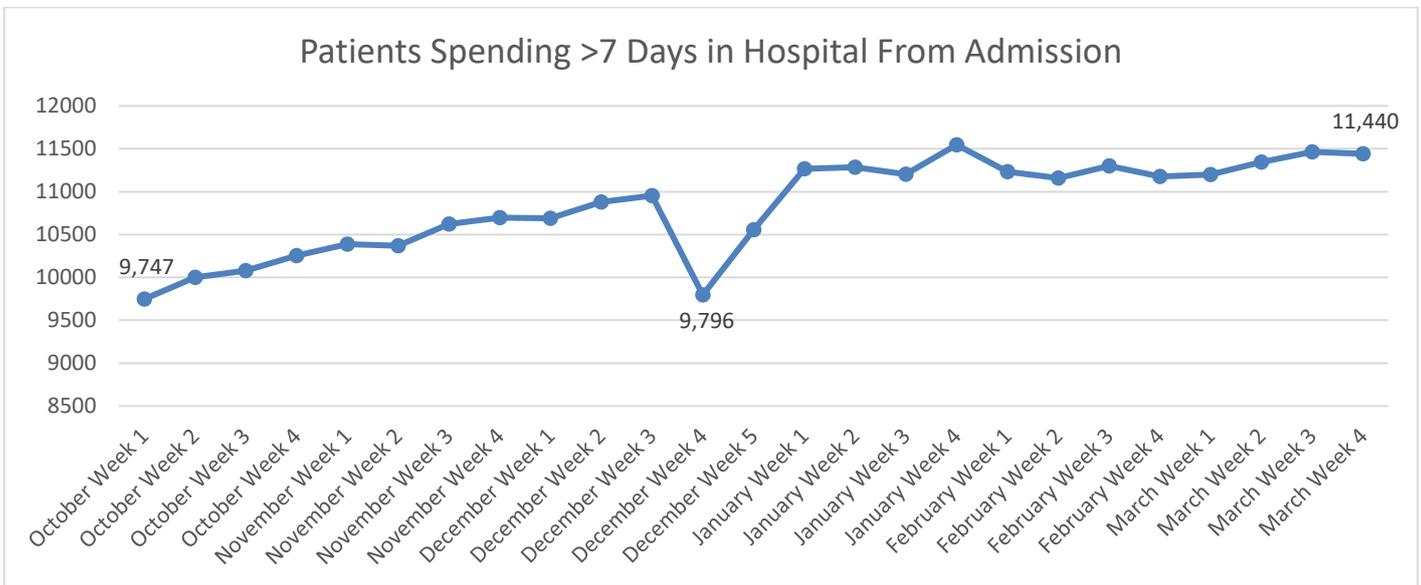
A total of 75,650 attendances were recorded within the Winter Flow group last week – up from 75,530 the previous week. This is an increase of 120 patients or 0.16%. At site level there were 8 recorded increases and 12 decreases from the previous week.

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



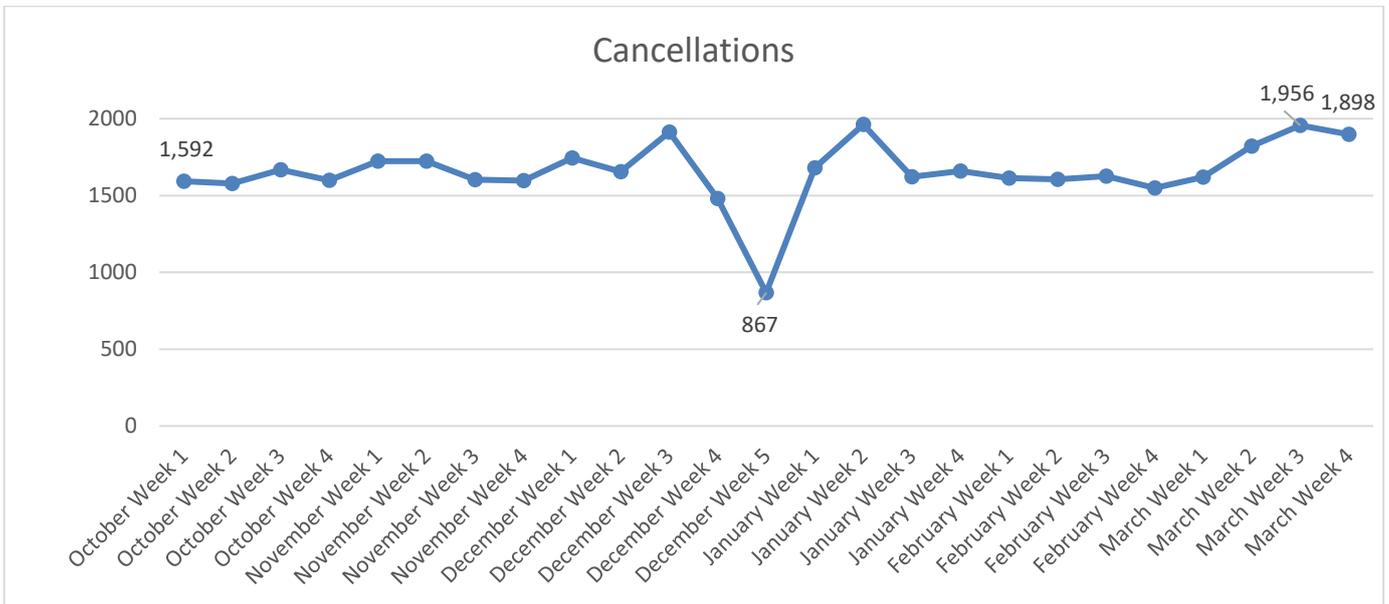
In the third week of March, the number of patients staying more than 12 hours from arrival to departure in Emergency Departments within the Winter Flow group stood at 7,427, up from 7,301 the previous week. This was an increase of 1.73% from the previous week, and translates to 9.82% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 149,087 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



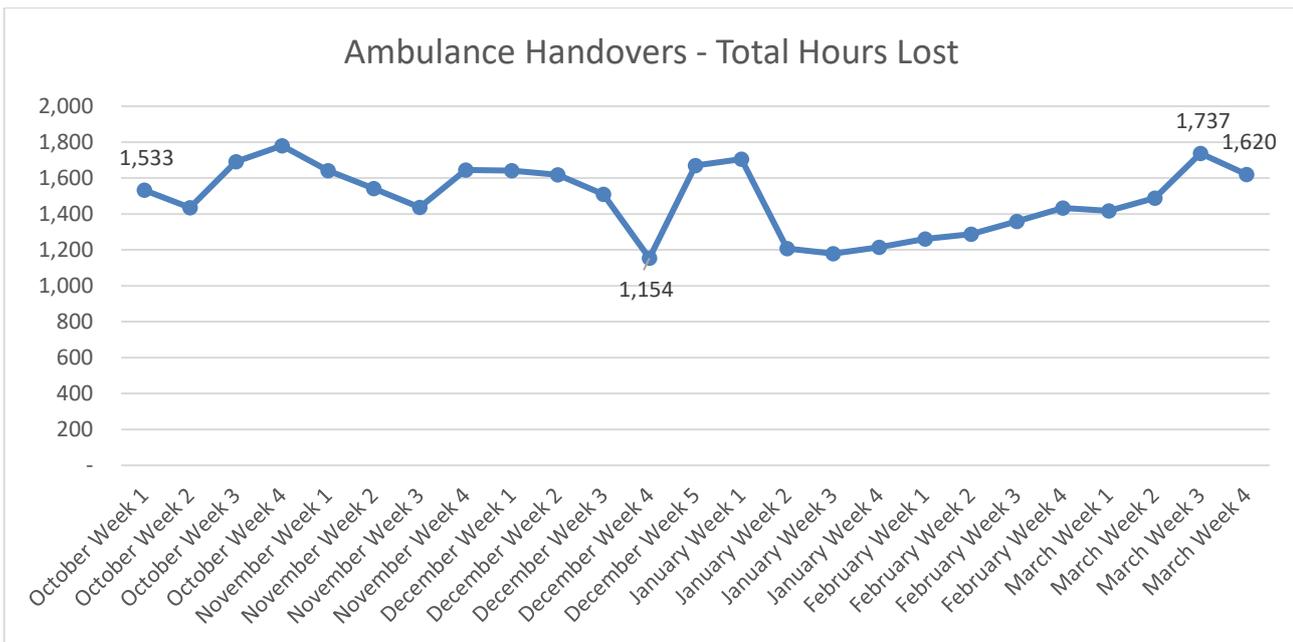
11,440 patients were in hospital for over seven days during the twenty fourth week of the Winter Flow Project. This represents a 0.21% decrease from the previous week, or 24 patients fewer.

Graph of elective cancellations



Elective cancellations decreased in the fourth week of March, from 1,956 to 1,898 (-2.97%). There has been a total of 41,358 cancellations since the first week of October.

Ambulance Handovers



The number of hours lost during ambulance handovers decreased from 1,737 to 1,620. This represents a fall of 6.78%, or 118 hours.

Overall

Performance continued to trend in the wrong direction in the penultimate week of the Winter Flow Project. Though it is not unheard of for pressures to be worse at the end of Winter Flow than at the start, it is unprecedented to see the most difficult weeks happening at its tail end.

In week 25, performance against the four-hour standard at Winter Flow sites was 55.88, the worst figure recorded in the 2021/22 project. By comparison, in the last six years years, the worst performance against the four-hour standard happened (in order), in week 15, week 14 (twice), week 19, week 13 and week 14 again. The average improvement between week 15 and week 25 in previous years was a little over 5 percentage points – this year, it fell by 6.

Similarly, week 25 in 2019/20 and 2020/21 saw roughly similar numbers of 12-hour stays recorded – 1,890 in the former, and 1,816 in the latter. They accounted for about 2.5% of attendances in both years. Last week, there were 7,427 12-hour stays, accounting for 9.82% of attendances.

Even if the baseline from which the improvement stems varies each year, recent history suggests that things should be getting better at this point. Instead, the opposite is happening, and the NHS is plunging deeper into the mire.

The reality of the situation is further outlined by NHS England's Winter SitReps, which showed that bed occupancy still stands at over 92%, almost 45,000 inpatients have been in hospital for a week or more, and over a quarter of ambulance handover delays involved a delay of at least 30 minutes.² The inevitable consequence is an increase in waiting times, and all the associated risks that come with it. The Association of Ambulance Chief Executives estimated that more than 3,000 patients may have suffered "severe harm" due to delays in February.³

One of the few recent positive developments was the announcement that NHS England will make 12-hour stay data (already collected by trusts) publicly available. Ongoing lack of clarity about when this data will be made available is a cause for concern however.⁴

Although the picture will be grim, (as demonstrated by Winter Flow Projects past and present), transparency and openness about the extent of the problems facing Emergency Departments are essential if the underlying problems are going to be addressed. NHS England must set out a timetable for publication as soon as possible.

² <https://www.england.nhs.uk/statistics/statistical-work-areas/uec-sitrep/urgent-and-emergency-care-daily-situation-reports-2021-22/>

³ <https://www.hsj.co.uk/quality-and-performance/exclusive-stroke-and-heart-patients-routinely-waiting-over-an-hour-for-ambulance/7032210.article>

⁴ <https://www.hsj.co.uk/recovery-watch-nhses-12-hour-delay-data-dithering-is-just-wrong/7032194.article>