

RCEM Winter Flow Project

Analysis of the data so far: 08/04/22



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.

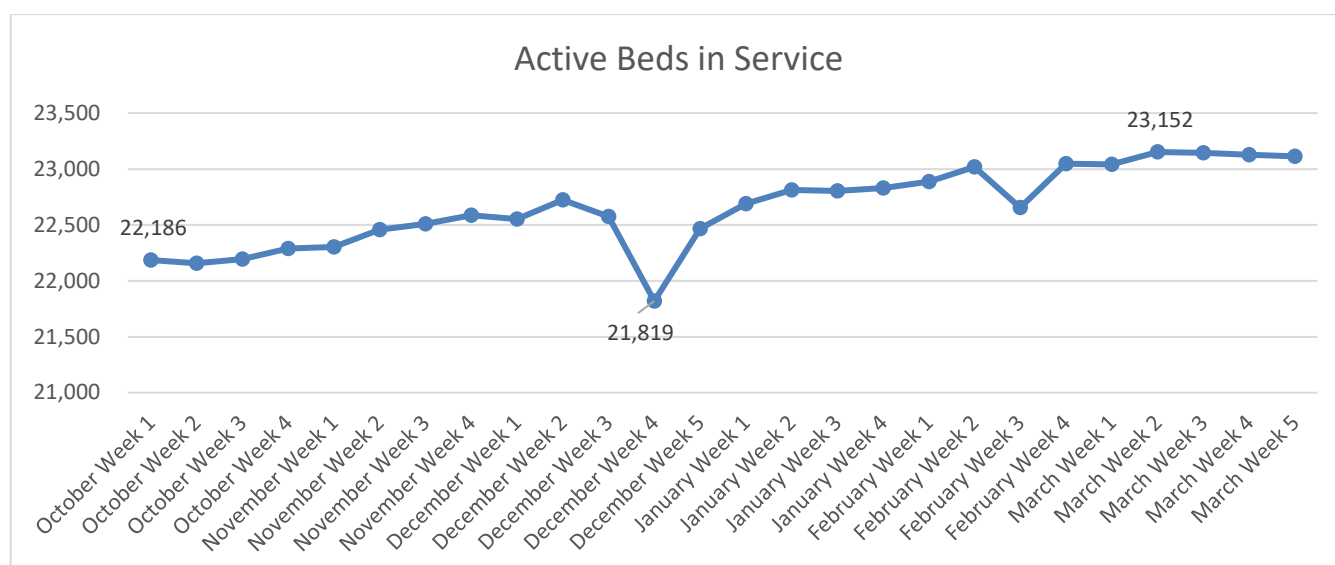
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

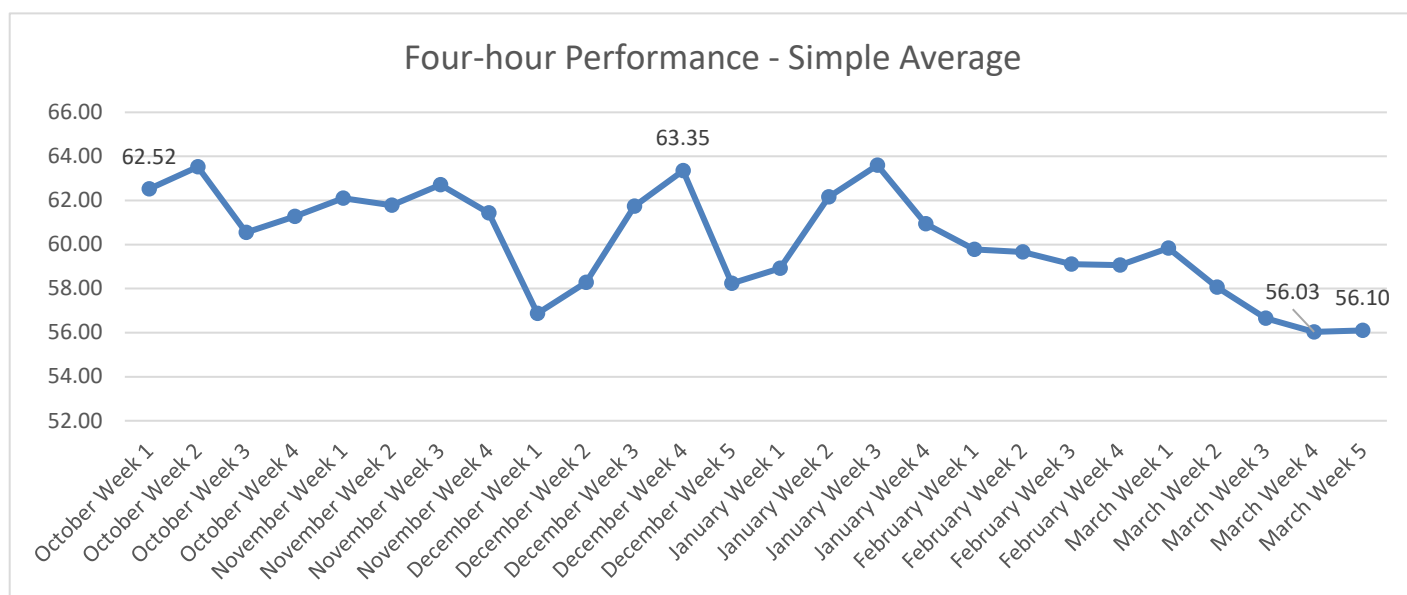
In the fifth week of March the number of beds within the project group decreased to 23,113 – down from 23,129 the previous week. This is a 0.07% decrease from the previous week. In total, there has been a 4.35% increase in the aggregate bed stock¹ from the project starting point.

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

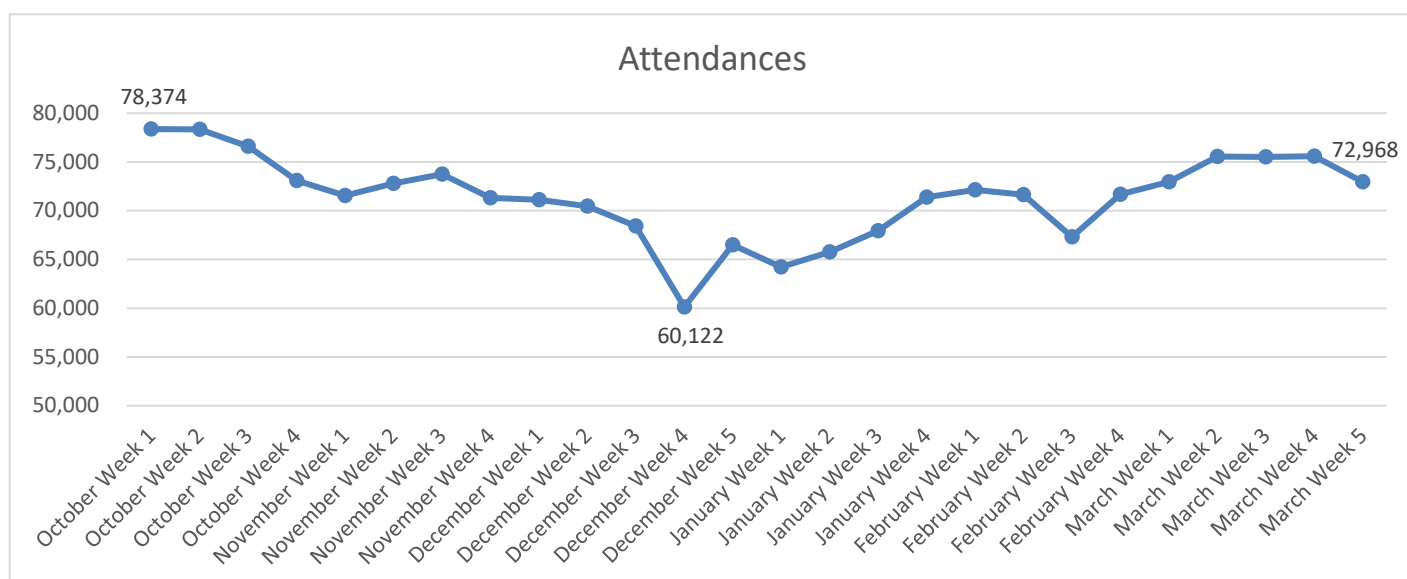
¹ This is measuring from week one to the maximum recorded bed stock for the project to date.

Graph of four-hour performance by week since October



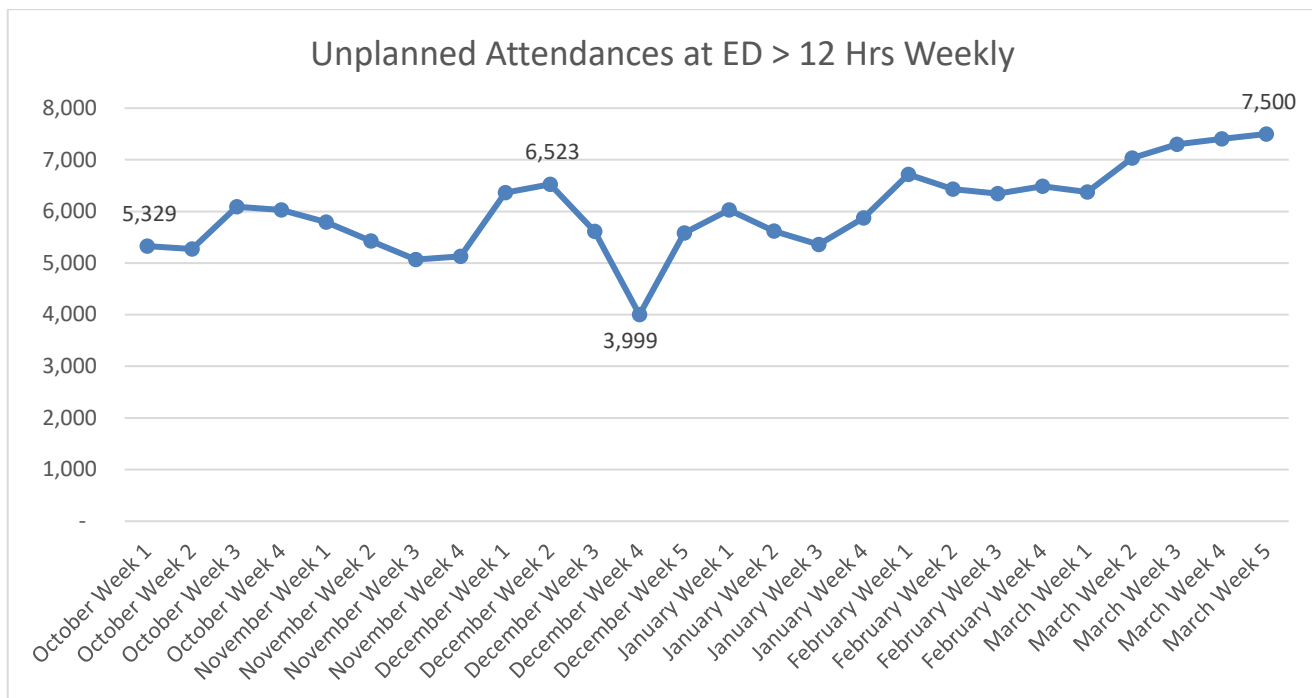
In the fifth week of March, four-hour standard performance stood at 56.10% - up from 56.03% the previous week. The underlying picture shows 14 increases and 10 decreases across the project group.

Graph of attendances since October



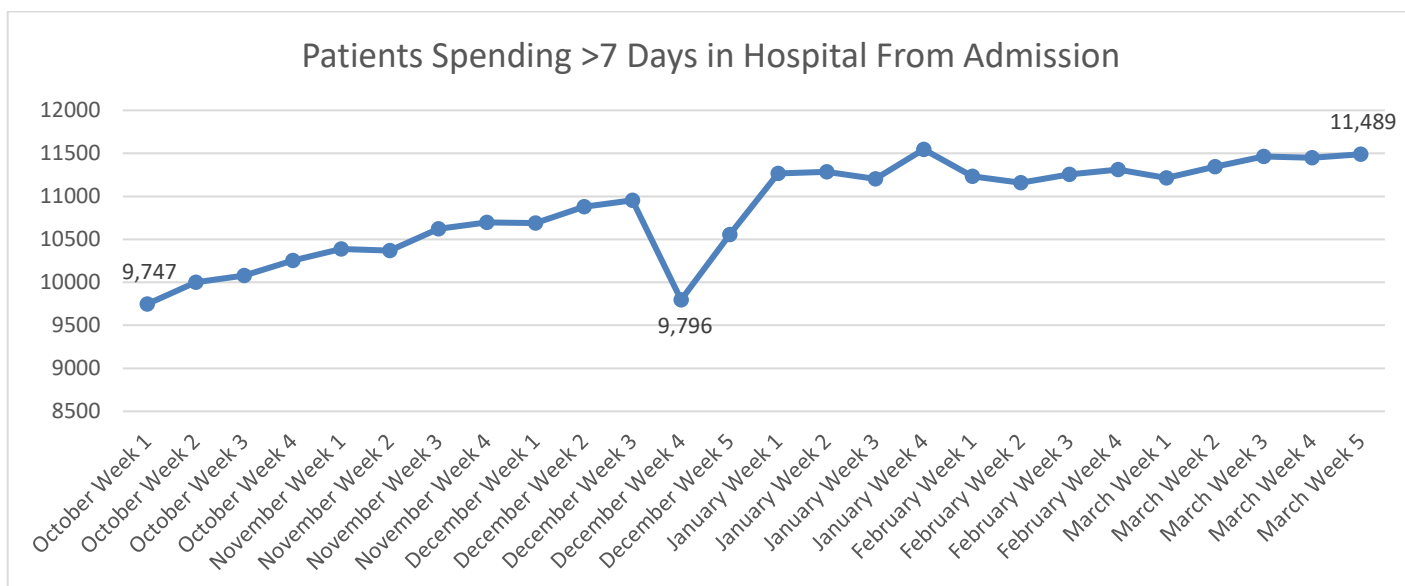
A total of 72,968 attendances were recorded within the Winter Flow group last week – down from 75,572 the previous week. This is a decrease of 2,604 patients or 3.45%. At site level there were 7 recorded increases and 16 decreases from the previous week.

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



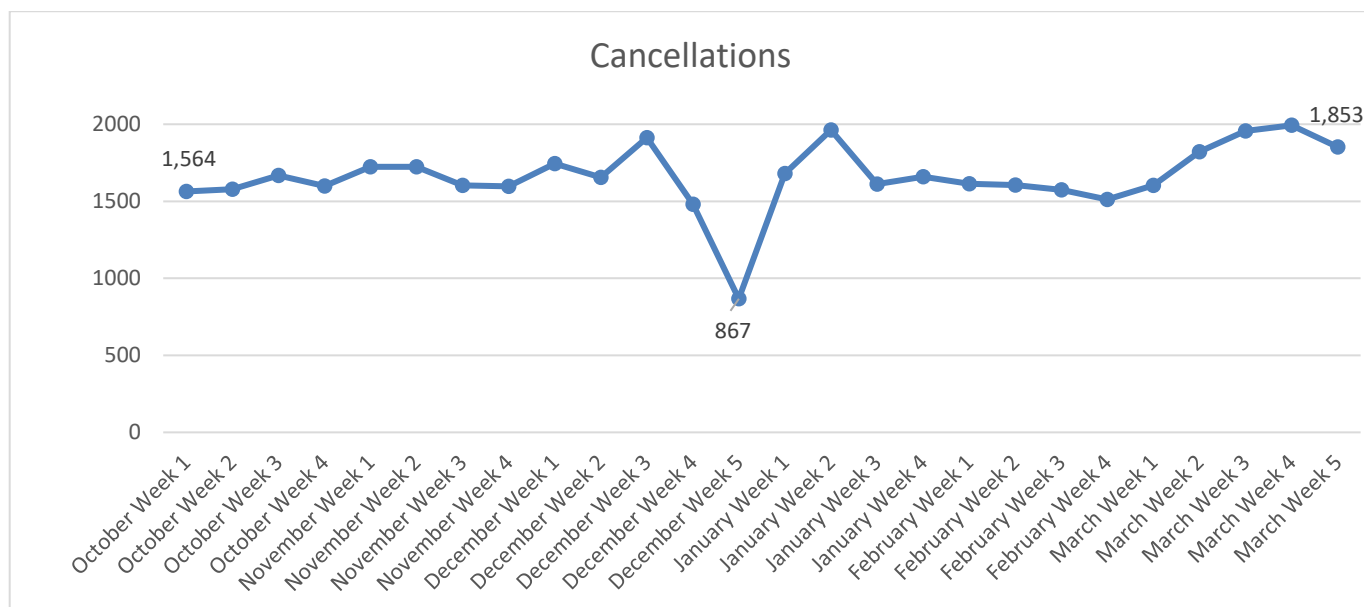
In the fifth week of March, the number of patients staying more than 12 hours from arrival to departure in Emergency Departments within the Winter Flow group stood at 7,500, up from 7,408 the previous week. This was an increase of 1.24% from the previous week, and translates to 10.28% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 156,689 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



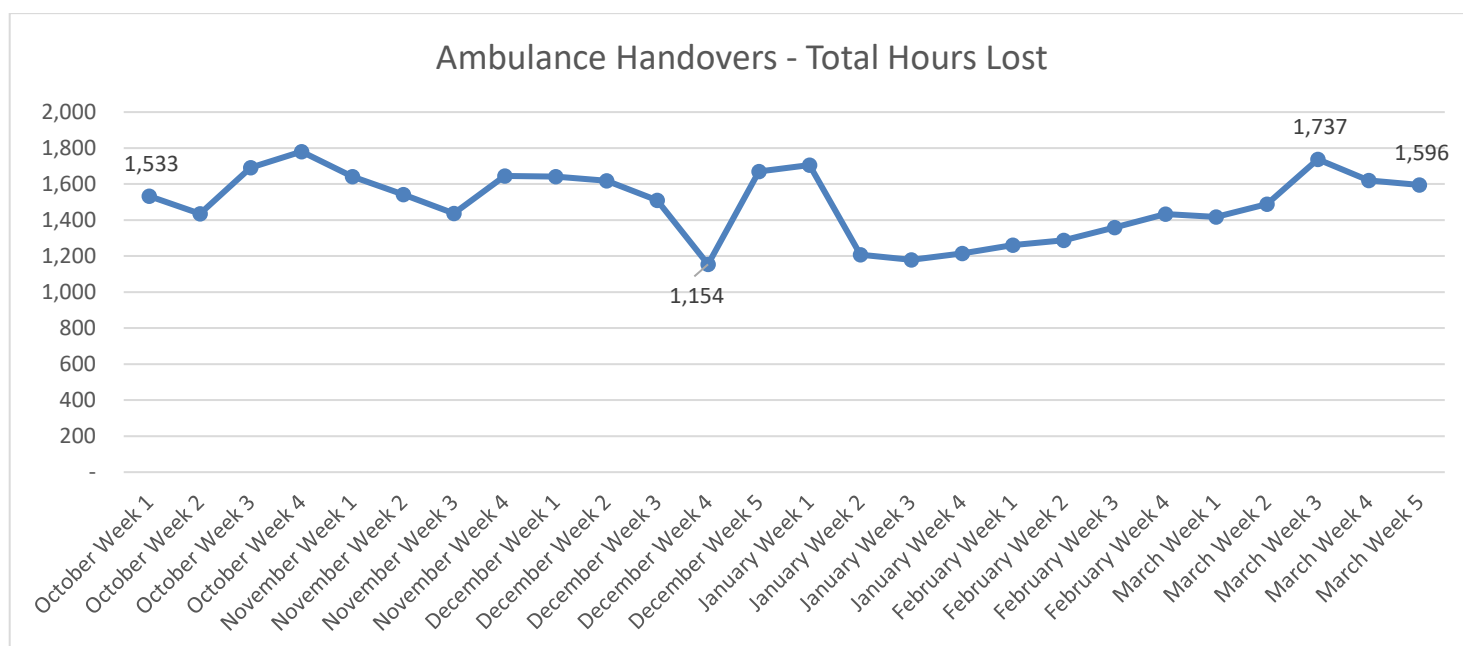
11,489 patients were in hospital for over seven days during the twenty sixth week of the Winter Flow Project. This represents a 0.34% increase from the previous week, or 39 patients more.

Graph of elective cancellations



Elective cancellations decreased in the fifth week of March, from 1,993 to 1,853 (-7.02%). There has been a total of 43,165 cancellations since the first week of October.

Ambulance Handovers



The number of hours lost during ambulance handovers decreased from 1,620 to 1,596. This represents a fall of 1.49%, or 24 hours.

Overall

The seventh year of the Winter Flow Project comes to an end this week. This most recent iteration has documented a particularly difficult period in the recent history of the NHS.

The HSJ recently warned that this Easter would be worse than any previous winter for the NHS,² and if the last week of Winter Flow data is anything to go by, it seems that they have a point. Four-hour performance stood at 56.10%, a marginal (0.07 percentage point) improvement compared to the previous week but still the second worst performance of any week this year.

12-hour stays rose to 7,500, the highest figure of any of the three years of the Winter Flow Project in which this figure has been collected. The previous highest figure before this year was 6,591 in week 13 of 2019/20 – that week, there were 103,490 attendances at Winter Flow sites – last week, there were 72,968.

There were 11,489 patients in bed for seven or more days last week, a small deterioration from the week before, and just half a percent fewer than the late January peak (11,547). At the same time, cancellations did fall by 7.0%, albeit from the record set last week (1,993).

Between weeks 1 and 26, performance against the four-hour standard has fell by 6.42 percentage, while 12-hour stays have rose by 245%.

Over the same period, the number of long-stay patients increased by 560%, while elective cancellations increased by 18%.

At the same time, Winter Flow sites end the project with more beds and fewer attendances than at the start. Attendances in week 26 numbered 72,968, compared with 78,374 at the start (-6.90%), while beds rose over the same period from 22,186 to 22,113 (4.18%).

It wasn't so long ago that the NHS could look forward the Spring and Summer as a period where pressures would be less severe, performance would improve, leaks would be patched and holes filled. As incoming RCEM President Adrian Boyle recently told the Independent, this is no longer the case.

“The pressure that we're seeing in most frontline services over the last couple of years has been a year-round problem. It's tough all the time. The fundamental problem is not because of respiratory disease, although that can make bad situations worse. It's actually lack of capacity within our [hospitals](#), and lack of flows through our hospitals, which means that people get backed up and stuck in emergency departments...Long waits in emergency departments are not just frustrating and tedious, they're actually dangerous.”

Recent research supports this contention, showing that delays in ED lead to increased risks of death for patients.³ However even those patients who do not die are still at risk of receiving care in clinically inappropriate settings, of being forced to sacrifice dignity and privacy, to lie on trolleys in corridors for hours on end, or wait for hours (or even days) to be admitted from over-crowded waiting areas.

Reflecting on this data and the final weekly Winter Flow report Gordon Miles, CEO commented: “It is very frustrating and demotivating for those working in emergency medicine to have experienced a terribly difficult winter. Emergency Medicine as a specialty is focussed on providing high quality patient care. The constraints on the hospital system including a lack of sufficient hospital bed capacity and personnel have combined to create patient queues overflowing from emergency departments with ambulances held with their patients at the hospital front door and patients at home awaiting urgent help. In the 21st century our membership and their patients expect and deserve better. It is high time the NHS bed capacity and workforce challenges in the NHS and Social Care system were properly addressed.

² <https://www.hsj.co.uk/coronavirus/this-easter-will-be-worse-than-any-winter-for-the-nhs/7032262.article>

³ <https://emj.bmj.com/content/39/3/168>

“The problems may continue to worsen, but the solutions broadly remain the same. The College has made a number of key recommendations to tackle the crisis in the long-term,⁴ which include addressing the shortfalls in workforce numbers, improving flow in Emergency Departments and supporting social care to manage discharges from hospital more efficiently, but in the here and now, more direct, incisive intervention is clearly needed. Hospitals are already on their knees – the coming months will stretch the NHS to its absolute limits, and nothing short of a significant short-term funding boost will carry the health service through. The alternative does not bear thinking about.”

⁴ <https://rcem.ac.uk/rcem-cares/>
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