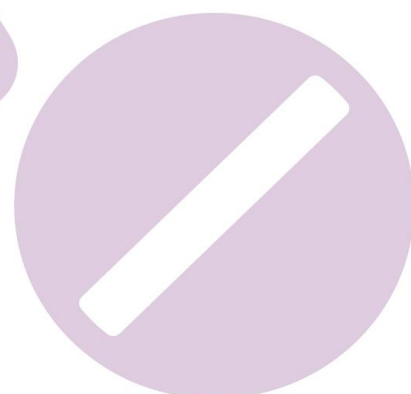
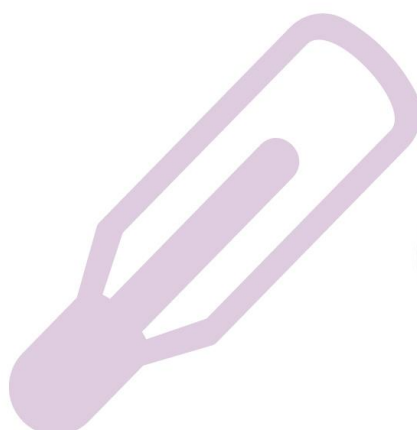


RCEM Winter Flow Project

Analysis of the data so far: 15 January 2021



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 fifth 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, some sites have been able to provide data on patients isolating in their EDs, as well as staff absences.

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. More than 40 sites have submitted this data on a weekly basis since the beginning of October.

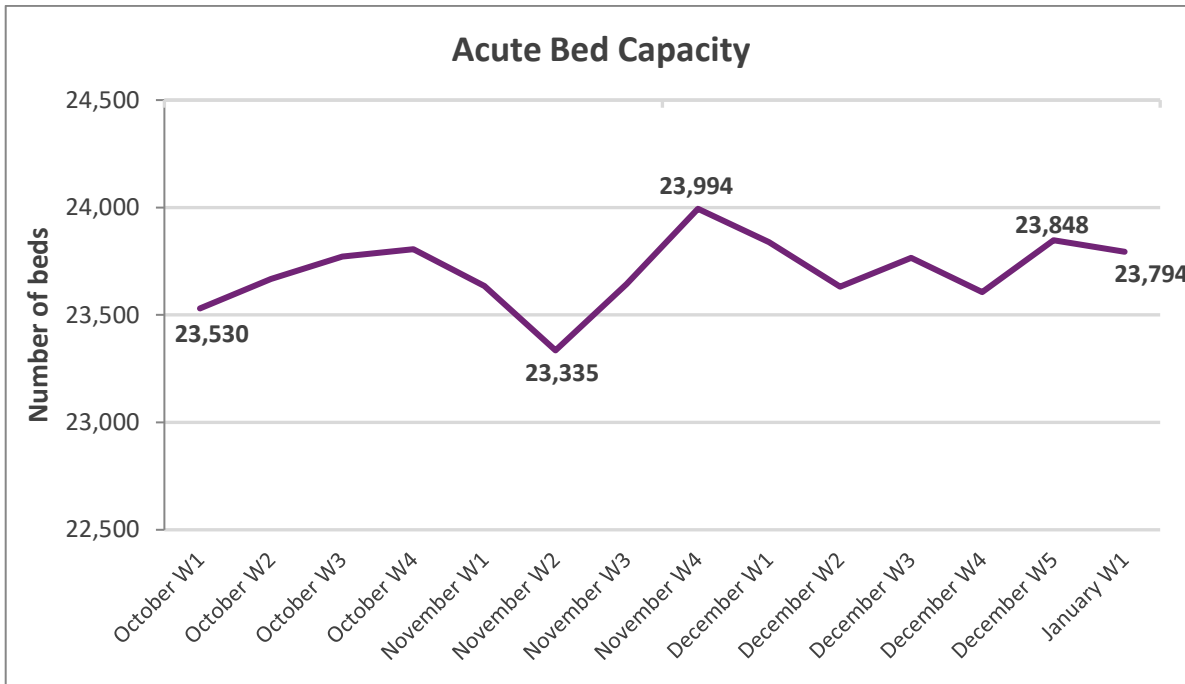
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

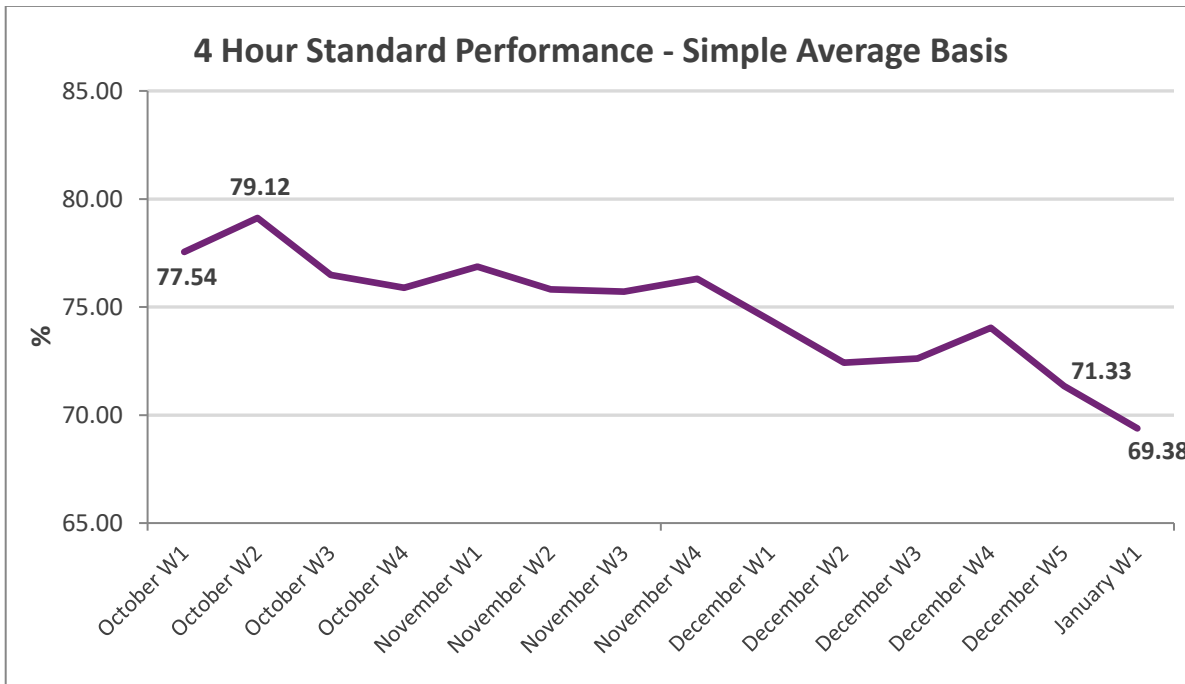
In the first week of January, the number of beds within the project group decreased to 23,794 – down from 23,848 the previous week. This is a 0.23% decrease from the previous week. In total, there has been a 1.93% increase in the aggregate bed stock¹ from the project starting point.

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	2	2	8	8	15

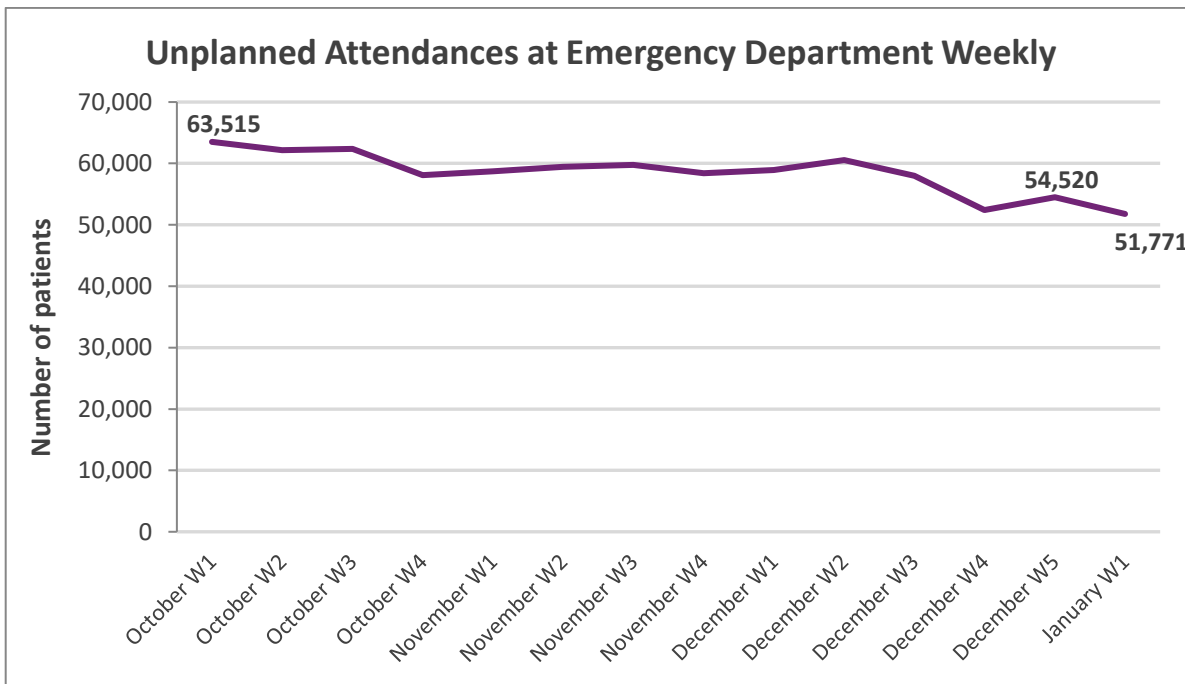
¹ This is measuring from week one to the maximum recorded bed stock for the project to date.
Published 15 January 2021

Graph of four-hour performance by week since October



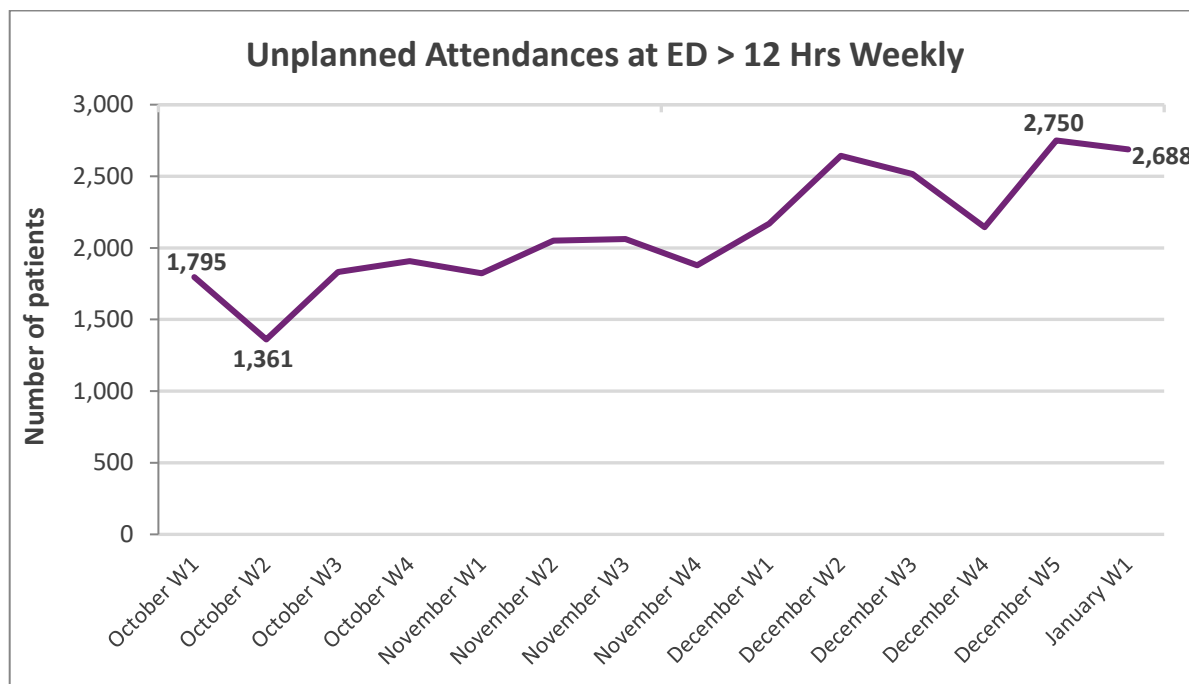
In the first week of January, four-hour standard performance stood at 69.38% - down from 71.33% the previous week. The underlying picture shows 9 increases and 17 decreases across the project group.

Graph of attendances since October



A total of 51,771 attendances were recorded within the Winter Flow group this week – down from 54,520 the previous week. This is a decrease of 2,749 patients or 5.04%. At site level there were 3 recorded increases and 21 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 first week of January, the number of patients staying more than 12 hours from arrival to departure in Emergency Departments within the Winter Flow group stood at 2,688, down from 2,750 the previous week. This was a decrease of 2.25% from the previous week and translates to 5.19% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 29,618 patients staying over 12 hours from arrival to departure in Emergency Departments since the first week of October.

Overall

By most measures, the first week of January was the worst in terms of performance in the 2020/21 Winter Flow Project so far.

Performance against the four-hour standard fell below 70% for the first time this year, standing at 69.38% (a 1.95 percentage point decrease from the last week of December).

While 12-hour waits decreased from the previous week, the fall was not a significant one (2.25%), and crucially, as a proportion of attendances, they reached their highest level (5.19%) this year to date.

All of this occurred even as attendances fell to their lowest point, with just 51,771 recorded last week. This is a drop-off of almost 20% from the start of the project in October.

Broadly speaking the number of beds is also fairly static – the average change to the number of beds in service between weeks since the start of December is -0.1%, suggesting that Trusts are operating at capacity and either unable or, due to infection concerns, simply unwilling to try to make any more beds available at this point.

All signs point to a system under a huge amount of strain. The latest NHS England A&E attendance and performance figures reveal that last month saw a record number of 12-hour trolley waits in England, with 3,745 counted during December. As the Winter Flow Project demonstrates via our own separate count of long stays in Emergency Departments, that number is undoubtedly just the tip of the iceberg, with 12,222 12-hour stays recorded by our contributing sites.

As the College's President, Katherine Henderson said to the HSJ:

"[NHSE's messaging] has not faced up to the danger to emergency department staff and patients of being in a crowded environment. We're told that they acknowledge the problem but very often the messaging doesn't focus on 'you've got to find ways of sorting this out.'"

While the NHS may be under huge pressure at the moment, it is simply intolerable that patients are enduring long waits in difficult circumstances. More needs to be done to help Trusts manage the burden better, and that help needs to come from NHS England and the Department of Health.

Moreover, as the elective treatment waiting list climbs to nearly four and a half million, we are reminded of the many ways in which the pandemic is affecting the health service that extend beyond our Emergency Departments, but may have consequences for them – many patients who have their treatment postponed inevitably experience complications and end up at their ED.

Signs indicate that cases are finally beginning to fall, but the damage being wrought is still severe, and any kind of recovery remains some way off.

A lot has been asked of the public in the last 10 months, and more will be asked of them still. Anyone who can stay home must continue to do so, and the Government must do it its utmost to support them, for the sake not just of public health, but for the health of the NHS itself.