The Royal College of Emergency Medicine

RCEM Winter Flow Project

Analysis of the data so far: 29 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.

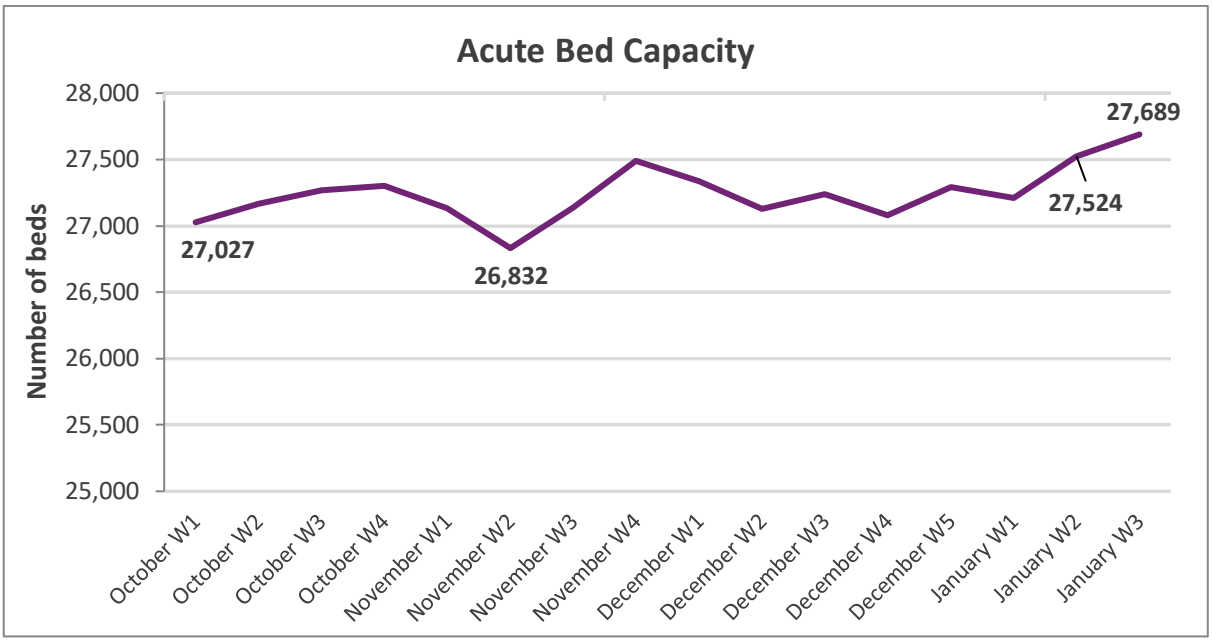
Unlike NHS England datasets, there is no suggestion that our project represents a complete or permanent scrutiny of the healthcare system. Our data include all four countries of the UK though the majority of participating sites lie within England. It is just a sample of Trusts/Boards, albeit a large 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.

Published 29 January 2021

Graph of acute beds in service



Active Bed Management

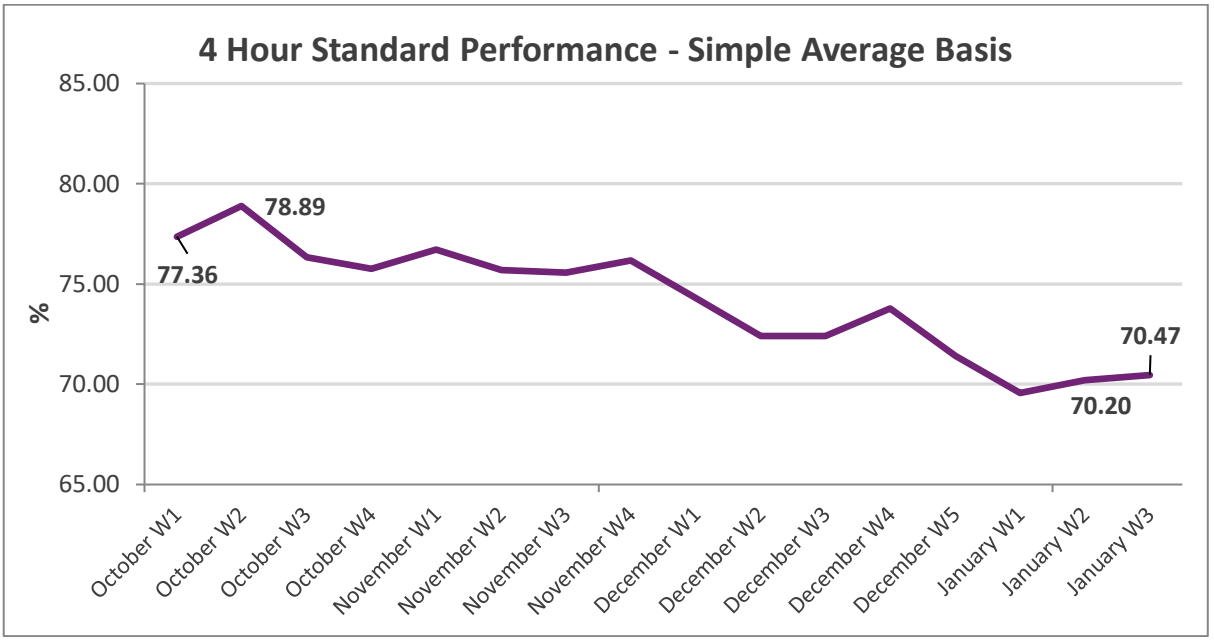
In the third week of January, the number of beds within the project group increased to 27,689 – up from 27,524 the previous week. This is a 0.60% increase from the previous week. In total, there has been a 2.39% increase in the aggregate bed stock[1] from the project starting point.

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	1	8	9	16

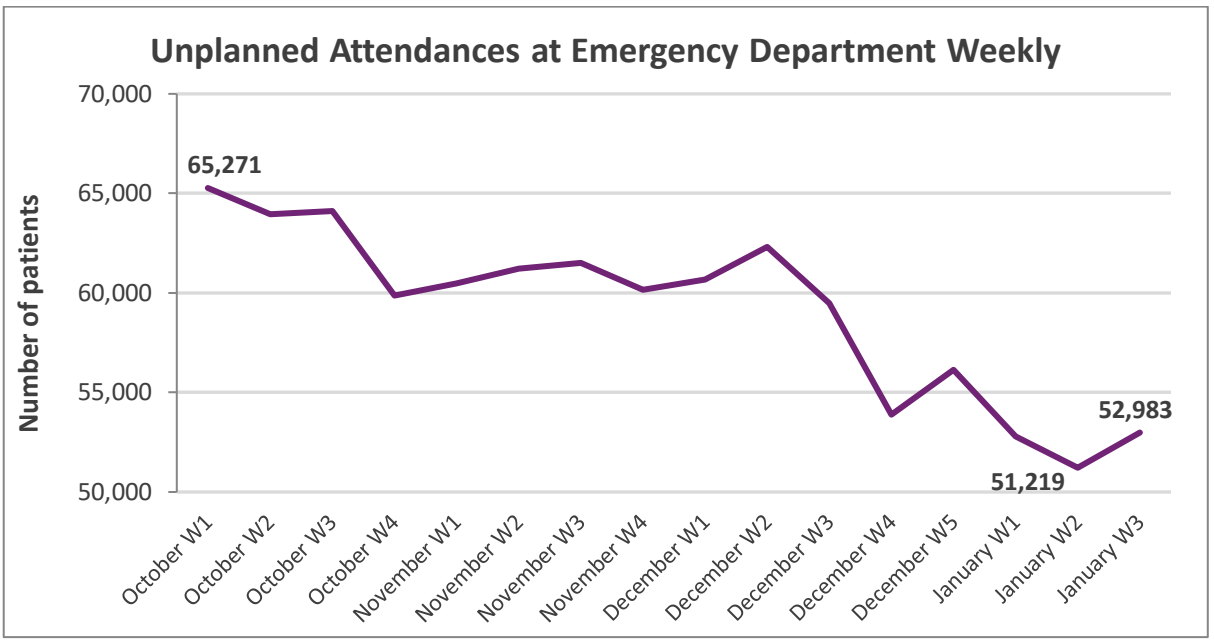
[1] This is measuring from week one to the maximum recorded bed stock for the project to date.

Graph of four-hour performance by week since October



In the third week of January, four-hour standard performance stood at 70.47% - up from 70.20% the previous week. The underlying picture shows 16 increases and 11 decreases across the project group.

Graph of attendances since October



A total of 52,983 attendances were recorded within the Winter Flow group this week – up from 51,219 the previous week. This is an increase of 1,764 patients or 3.44%. At site level there were 10 recorded increases and 14 decreases from the previous week.

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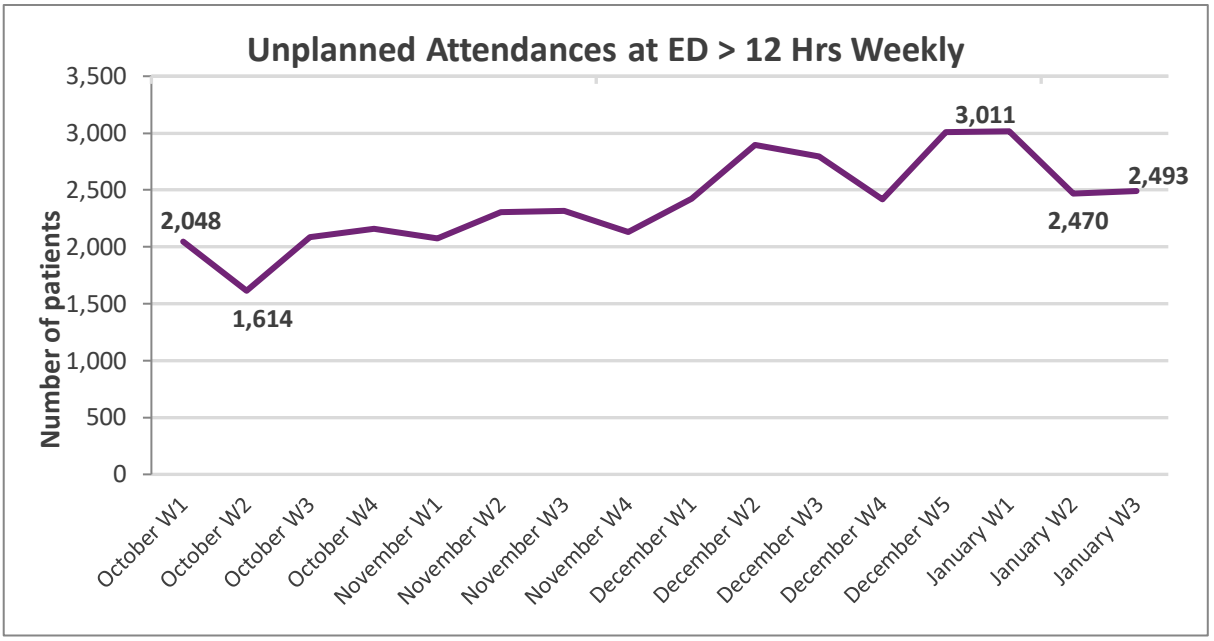
Graph of the number patients spending more than 12 hours in an Emergency Department from arrival to departure since October



In the third week of January, the number of patients staying more than 12 hours from arrival to departure in Emergency Departments within the Winter Flow group stood at 2,493, up from 2,470 the previous week. This was an increase of 0.93% from the previous week and translates to 4.71% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 38,250 patients staying over 12 hours from arrival to departure in Emergency Departments since the first week of October.

Overall

Last week saw some small improvements across some of our data points, but generally speaking it was another difficult week for sites participating in the Winter Flow Project.

Attendances increases slightly (up by 3.44% from the previous week), but they remain low. The 52,983 unplanned attendances were still 18.83% lower than the figure recorded in week 1 of the project.

At the same time, 12-hour waits stayed roughly the same as the previous week (increasing by a margin of just 0.93%). The proportion of attendances involving a wait of 12 or more hours consequently fell for the second week in a row (albeit by just 0.09 percentage points).

Performance against the four-hour standard also improved for the second consecutive week, although the combined increase from the last two weeks was just 0.90 percentage points from the nadir in the first week of January (which saw a figure of 69.57% recorded).

Perhaps the most encouraging sign was the relatively substantial increase in the number of acute beds in service, which went up by 312, the largest such rise in the last seven weeks. The 27,689 beds available last week was the highest figure recorded this year to date. This broadly mirrors the data collected in NHS England's Winter SitReps, which shows that the number of beds has been hovering around 92,000 in the last three weeks, having averaged

a shade under 89,500 in the previous nine. While attendances may be substantially lower than usual, due to Covid, they often present a much more complex challenge, which in turn creates pressures in terms of accommodating patients.

The recent influx of beds is a positive sign, and if trusts are better able to accommodate more patients, that would suggest that in some respects the pressures associated with Covid, which was one of the principal barriers to opening more beds due to the stringent infection controls required to manage the spread, are also diminishing. Falling hospitalisations as captured in recent data would also support this idea.

However, it is worth noting that for only the second time in this year's Winter Flow Project, performance against the four-hour standard was worse than the same week in the previous year's iteration (substantially so in this case, with a 2.87 percentage point gap between the two years).

It was at this point last year that performance began to improve, falling below 72.5% just once in the remaining weeks of the project. Similarly, last year 12-hour waits fell by over 20% between weeks two and three of January; in 2021, they rose by 0.93%.

The green shoots of recovery have yet to appear this time round. When performance rallied in January and February last year, it was against a backdrop of a pandemic that was still only in its infancy. This year the NHS is trying to get back on its feet with a pandemic that has only recently peaked, which means that the process will almost certainly be much more drawn out, leaving less time to prepare for next winter.

While many of the solutions remain manifestly obvious (more staff, more beds and more resourcing), questions will need to asked and answered after the most severe effects of Covid have ceased to be felt, not just about the handling of the virus, but also about how the health service was allowed to enter such a challenging situation. More importantly, steps must be also taken to ensure it does not ensure such difficult circumstances ever again.

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