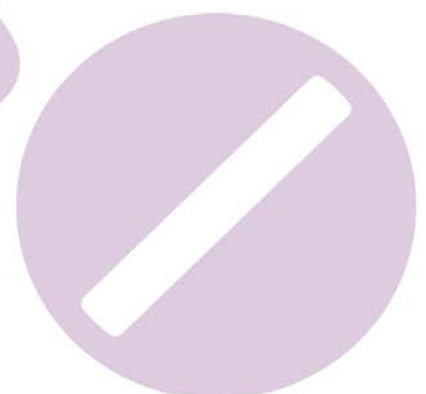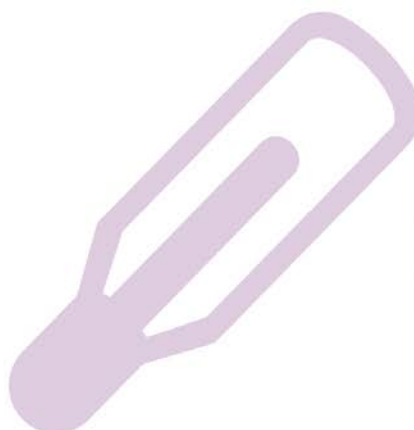**The Royal College of Emergency Medicine**

RCEM Winter Flow Project

Analysis of the data so far: 15 February 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

Acute Bed Capacity
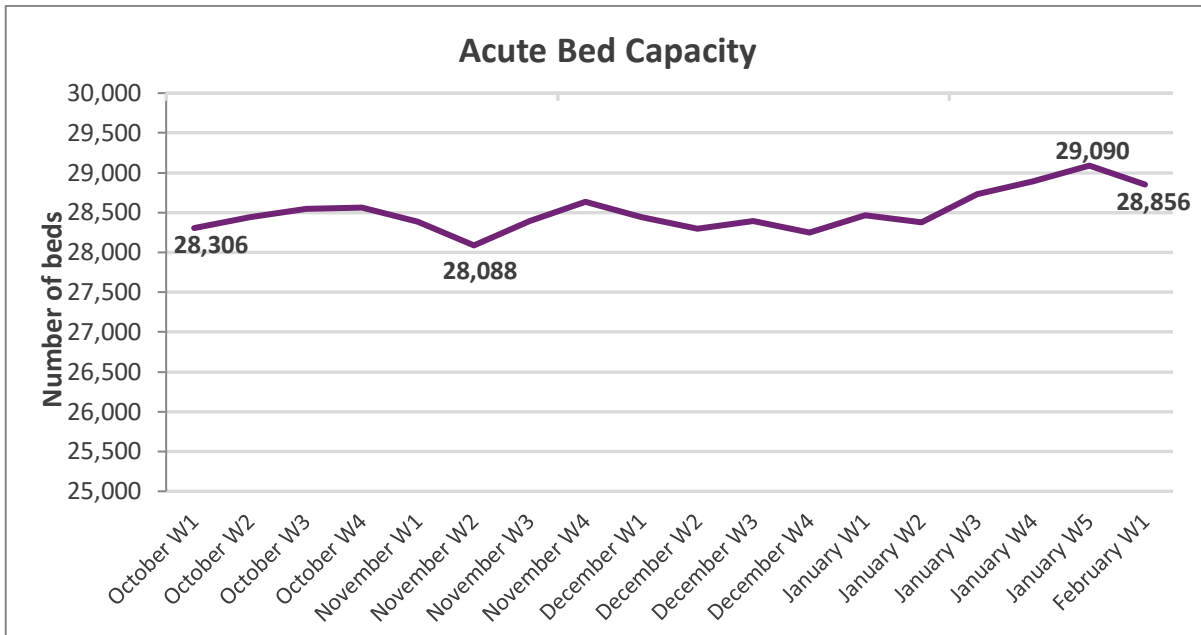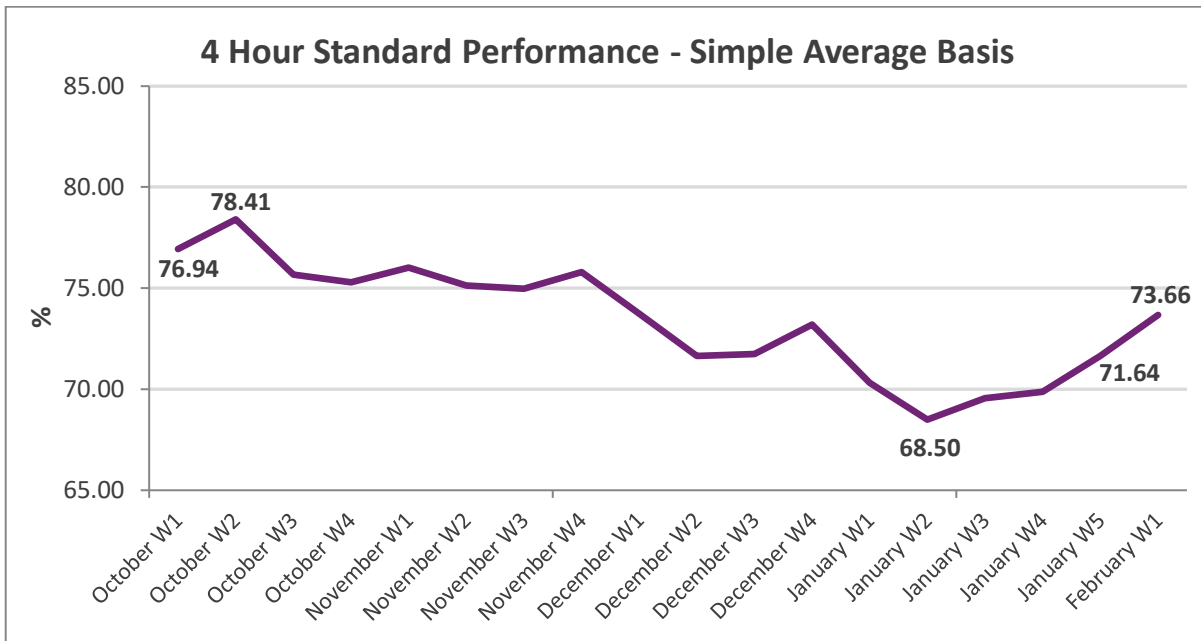

Active Bed Management

In the first week of February, the number of beds within the project group decreased to 28,856 – down from 29,090 the previous week. This is a 0.80% decrease from the previous week. In total, there has been a 2.70% 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	1	3	5	11	17

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

Graph of four-hour performance by week since October

4 Hour Standard Performance - Simple Average Basis

76.94
78.41
68.50
71.64
73.66

In the first week of February, four-hour standard performance stood at 73.66% - up from 71.64% the previous week. The underlying picture shows 17 increases and 10 decreases across the project group.

Graph of attendances since October

Unplanned Attendances at Emergency Department Weekly

68,235
52,878
55,634
55,718
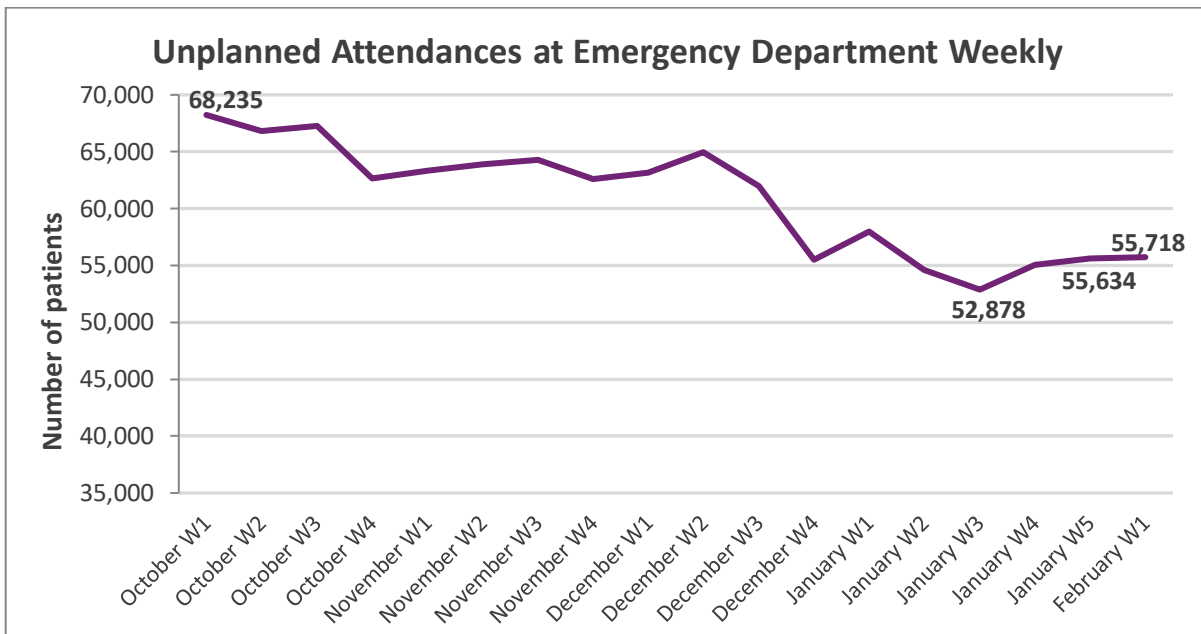
A total of 55,1718 attendances were recorded within the Winter Flow group this week – up from 55,634 the previous week. This is an increase of 84 patients or 0.15%. At site level there were 16 recorded increases and 13 decreases from the previous week.

Graph of the number patients spending more than 12 hours in an Emergency Department from arrival to departure since October
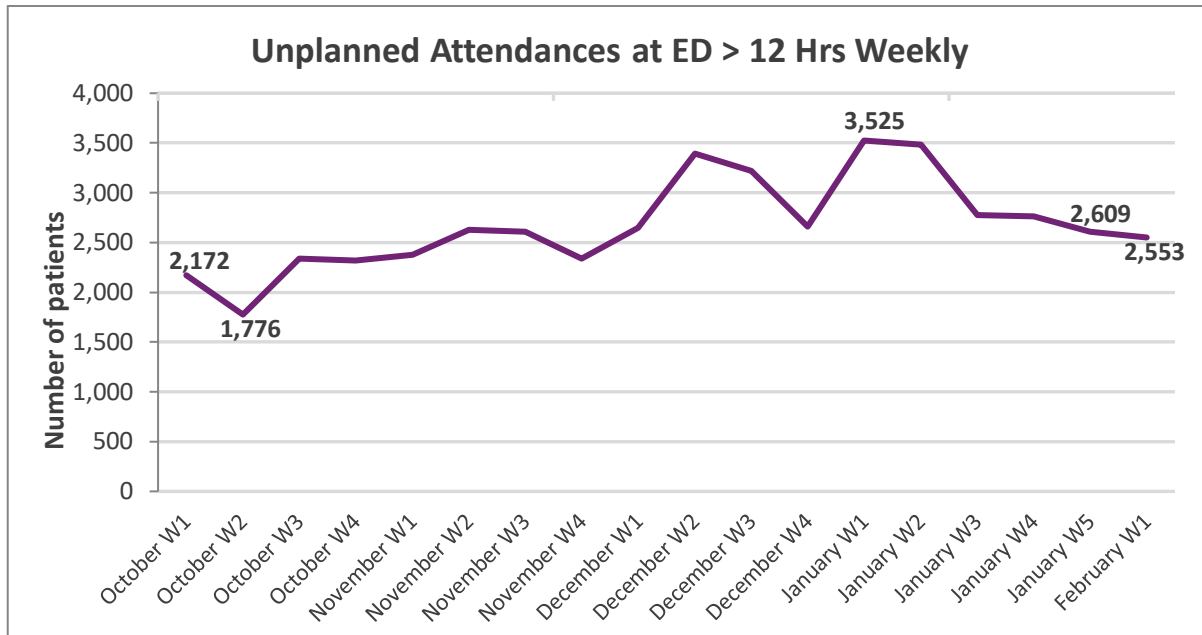
In the first week of February, the number of patients staying more than 12 hours from arrival to departure in Emergency Departments within the Winter Flow group stood at 2,553, down from 2,609 the previous week. This was a decrease of 2.15% from the previous week and translates to 4.58% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 48,187 patients staying over 12 hours from arrival to departure in Emergency Departments since the first week of October.

Overall

After several frustrating weeks of inertia in terms of performance in the Winter Flow project, the first week of February saw a welcome improvement across most data points.

The fifth iteration of the Project (2019/20) saw the worst figures recorded for performance against the four-hour standard in 24 out of 26 weeks, and it was distressing to see the current iteration record figures even worse than last year in four of the last five weeks. In the first week of February however, 73.66% of patients were seen, admitted or discharged within four hours, up from 71.64% the previous week, and over two percentage points higher than the same week in 2020.

Additionally, 12-hour waits continued to decrease, falling for the fifth week in a row; last week's total (2,553) was the lowest since the last week of November.

Attendances have been broadly stable at around 55,000 for three weeks now, meaning that 4.58% of attendances now involve a wait of 12 or more hours, compared with 5.26% in the second week of January.

The number of acute beds fell for the first time in a month, with 234 (or 0.5%) removed from service. The overall number remains high however – the figure of 28,856 is the third largest so far this year.

While these improvements are to be welcomed, it would be premature to view this as indicative of a broader trend. As the last five years of the Winter Flow Project have shown, February and even now March are increasingly difficult months for the NHS, and revitalization, when it does finally arrive, is often slow.

However, as some of the pressures associated with the winter (and now Covid) do finally start to ease, thoughts will inevitably turn to recovery and the calm after the storm. This year will have a slightly different feel, as that recovery takes place against a backdrop not just of Covid, but also the recent health and care white paper as well as the Clinical Review of Standards (CRS).

One of the successes of the Winter Flow Project has been to highlight the need for better, more transparent NHS data to be made publicly available – the discrepancy between the 12-hour wait figures recorded by NHS England and the figures recorded by the College has made this case extremely well.

This in turn informed our consultation response to the CRS, in which we called for the 12-hour metric to be changed to record the full number of waiting times. We welcome NHS England's pledge to change this metric to suitably measure waiting times in Emergency Departments.

As the NHS experiences what may be the most substantial shakeup since the 2012 reforms, it is vital that the issues of performance and patient flow are centred in the discussion. With the right interventions – and the resources to back them – it should be possible to relieve pressures in EDs and put a stop to the culture of blame or absolute responsibility on EDs and EM staff alone, resulting in a system-wide approach to taking preventative action and putting a stop to crowding and corridor care.

Any changes to metrics that emerge from the CRS must have suitable planning so that they can be implemented at the appropriate time and in the appropriate way to ensure the safety of patients is not compromised. The steps taken must also be accompanied by adequate investment to support the roll-out and ensure there is enough capacity and resources in the urgent and emergency care system.

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