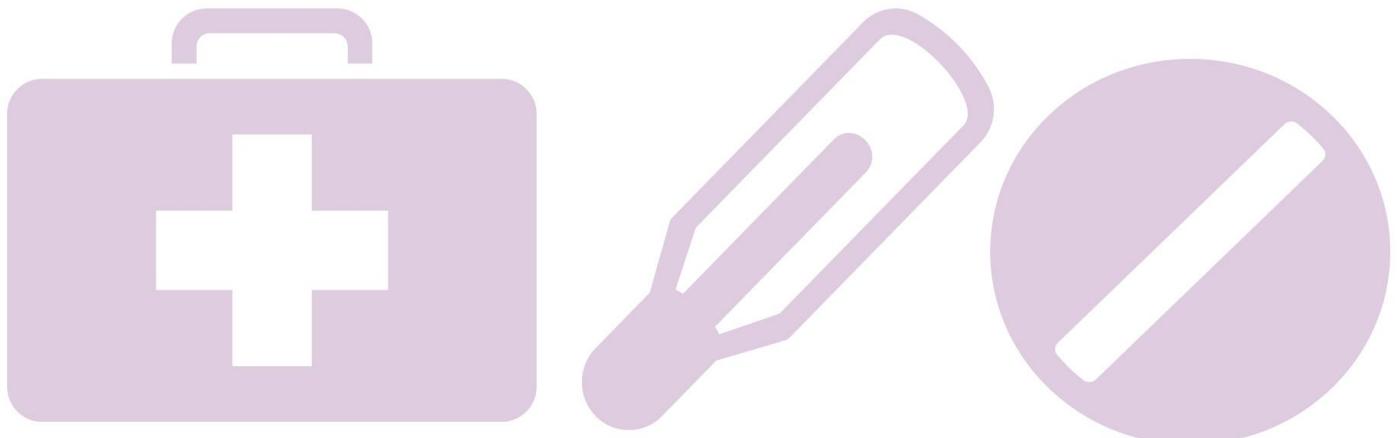




# RCEM Winter Flow Project

Analysis of the data so far: 19 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.

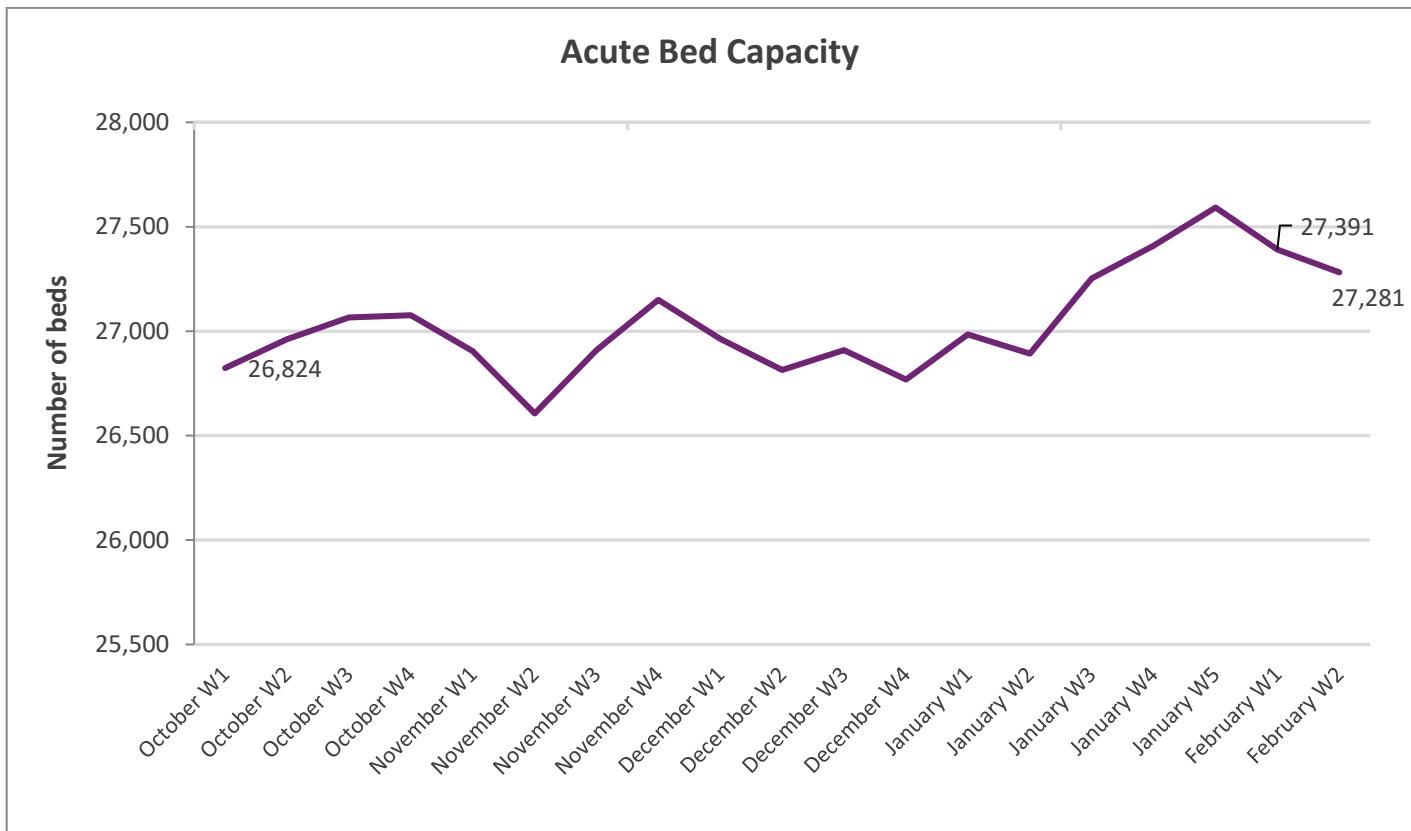
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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



## Active Bed Management

In the second week of February, the number of beds within the project group decreased to 27,281 – down from 27,391 the previous week. This is a 0.40% decrease from the previous week. In total, there has been a 2.64% increase in the aggregate bed stock<sup>1</sup> from the project starting point.

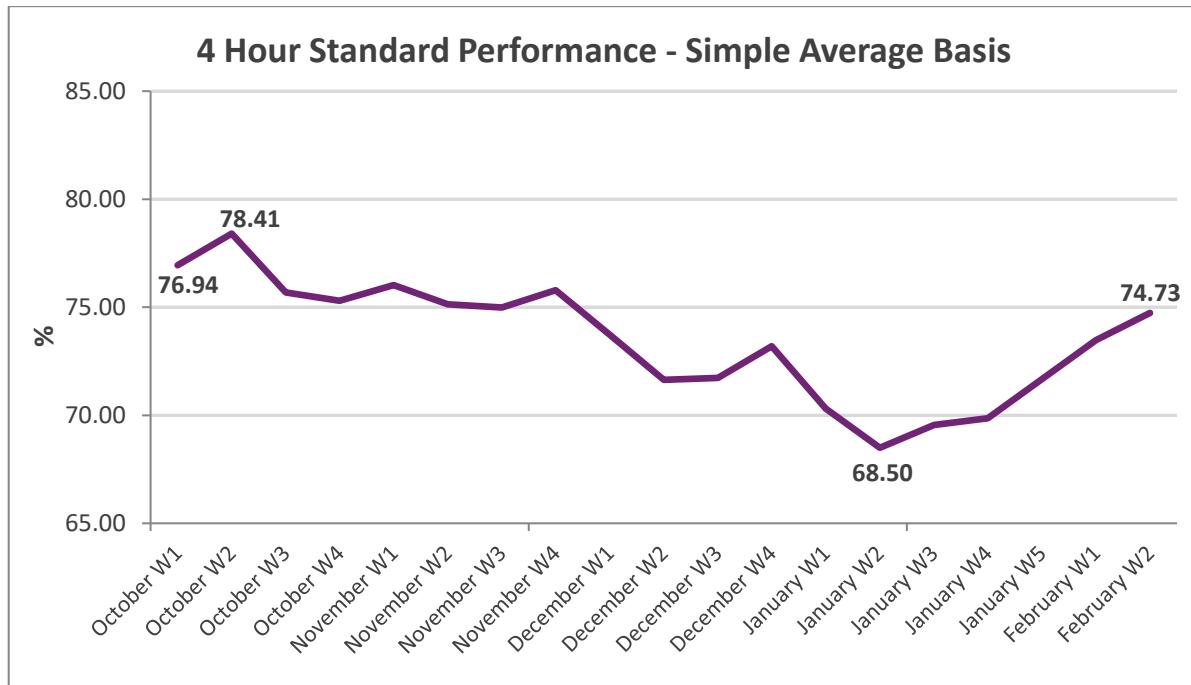
Please note: one of the participating sites will be partially unable to submit bed data for the rest of the Winter Flow Project; their previously submitted data will be removed to ensure that the trends depicted are accurate and representative.

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	2	5	11	18

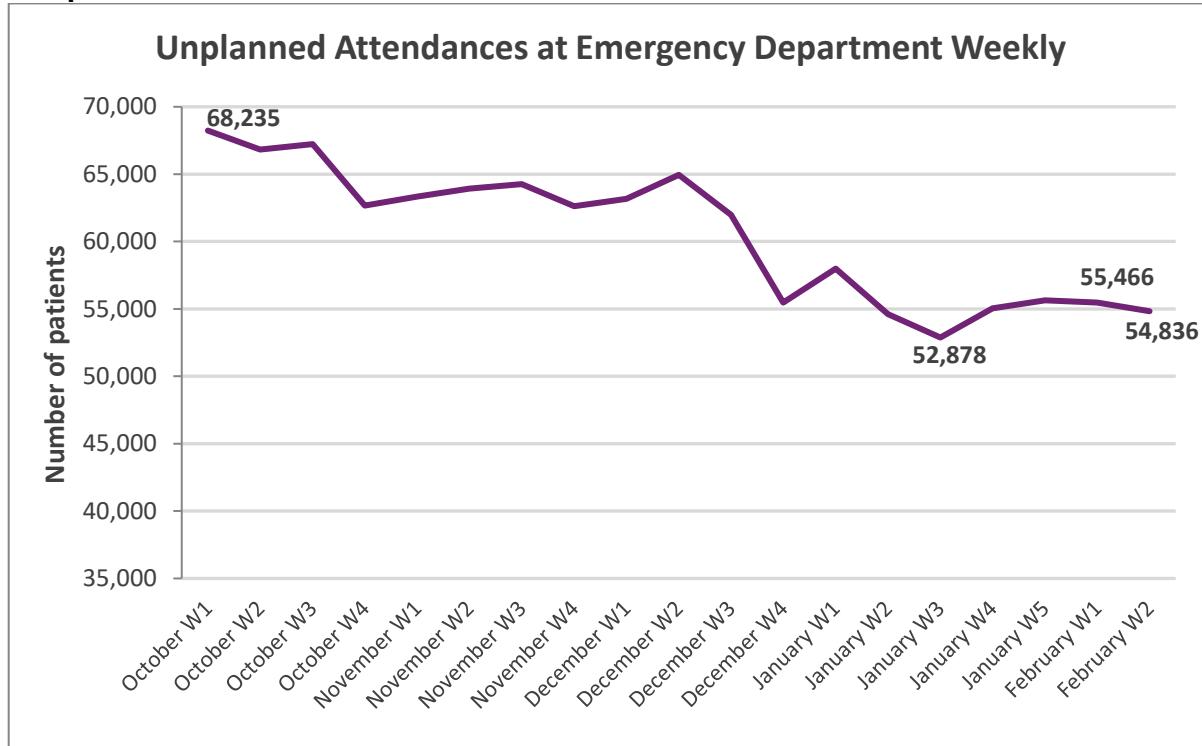
<sup>1</sup> This is measuring from week one to the maximum recorded bed stock for the project to date.

## Graph of four-hour performance by week since October



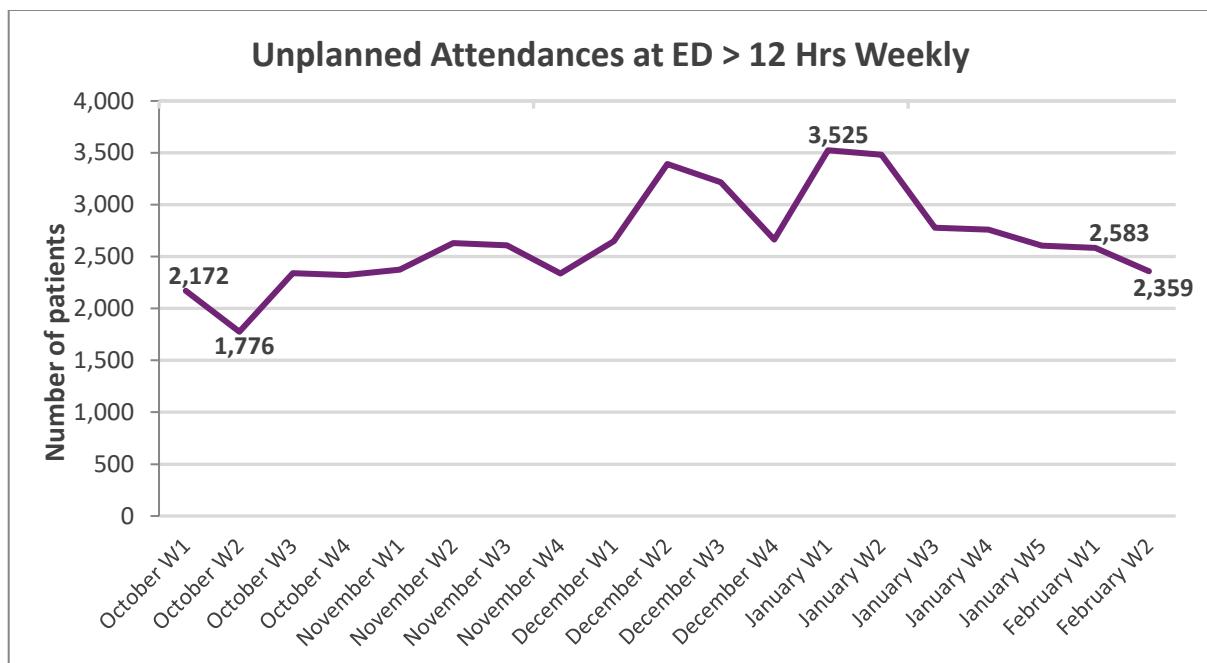
In the second week of February, four-hour standard performance stood at 74.73% - up from 73.48% the previous week. The underlying picture shows 16 increases and 7 decreases across the project group.

## Graph of attendances since October



A total of 54,836 attendances were recorded within the Winter Flow group this week – down from 55,466 the previous week. This is a decrease of 630 patients or 1.14%. At site level there were 7 recorded increases and 17 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 second 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 2,359, down from 2,583 the previous week. This was a decrease of 8.67% from the previous week and translates to 4.30% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 50,574 patients staying over 12 hours from arrival to departure in Emergency Departments since the first week of October.

## Overall

The positive trends continued into week two of February, with improvements across most data points.

Performance against the four-hour standard rose to its highest level since the last week of November, reaching 74.73%, 1.25 percentage points better than the previous week. This was also 1.06 percentage points higher than the same week of last year's Winter Flow Project, the second week in a row that last year's performance has been bettered.

The number of 12-hour waits fell again to 2,359. This was also the best figure since the last week of November. 12-hour waits have now fallen in six consecutive weeks.

Attendances remain low with just 54,839 recorded, 13,399 (or 19.6%) fewer than the first week of this year's Winter Flow Project. As a proportion of attendances, 12-hour waits accounted for 4.30%. Since peaking in the first week in January (at 6.37%), this figure has fallen in every subsequent week.

The number of acute beds also continued to fall from the zenith of January week four; 311 beds have since been removed from service, with the total now standing at 27,781.

Generally speaking, it would appear that the NHS is pulling clear from its struggles during December and January. Though it is manifestly clear that we are far from out of the woods just yet, things do appear to be heading in a positive direction. Careful management of the next stage of the pandemic is absolutely vital to ensure that the health service is not once again forced to endure the kind of pressures it saw over the last three months.

While the broad trends are a cause for cautious optimism, last week the Winter Flow Project achieved the unwelcome milestone of 50,000 12-hour waits at its contributing EDs. In difficult circumstances, and with NHS resourcing and staffing already stretched even before the advent of Covid, it was inevitable that patients would endure long stays in Emergency Departments. However, as the College has long maintained, it needn't be. With good patient flow, properly configured departments, sufficient numbers of beds and appropriate numbers of staff, protracted waits in EDs could be all but eliminated.

As discussed last week, NHS England's commitment to documenting long waits is to be welcomed, but further assurances are needed that steps will be taken not just to monitor them, but also ensure that they become a thing of the past. Emergency Departments must be provided with the tools they require to see all patients promptly and with care, and that prolonged waits will become a rarity rather than the norm.