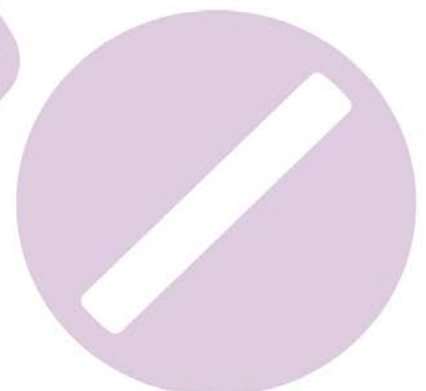
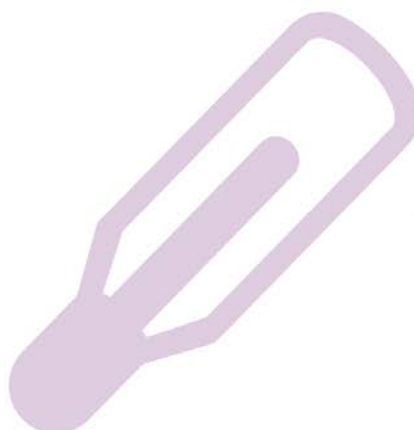


# RCEM Winter Flow Project

Analysis of the data so far: 26 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.

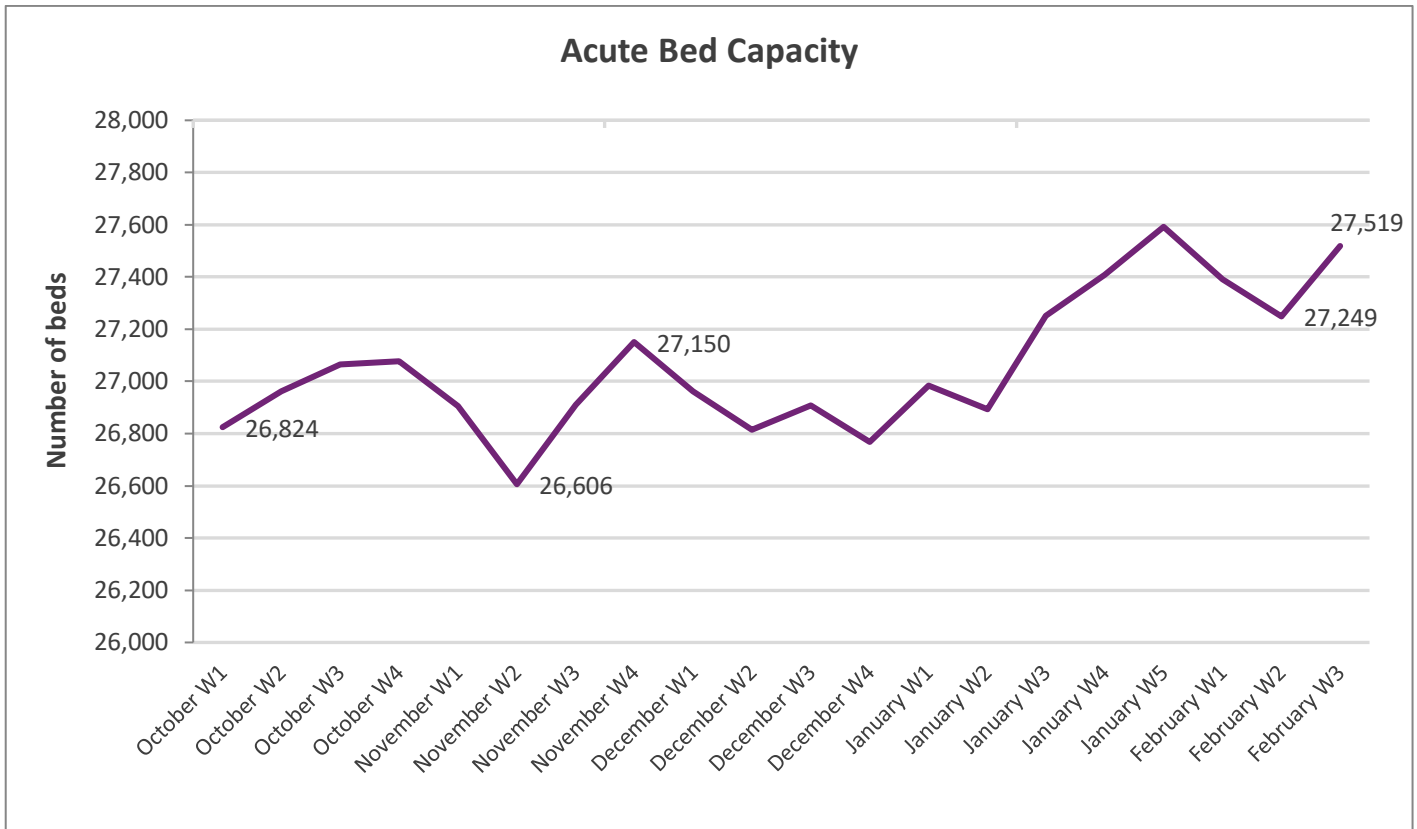
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

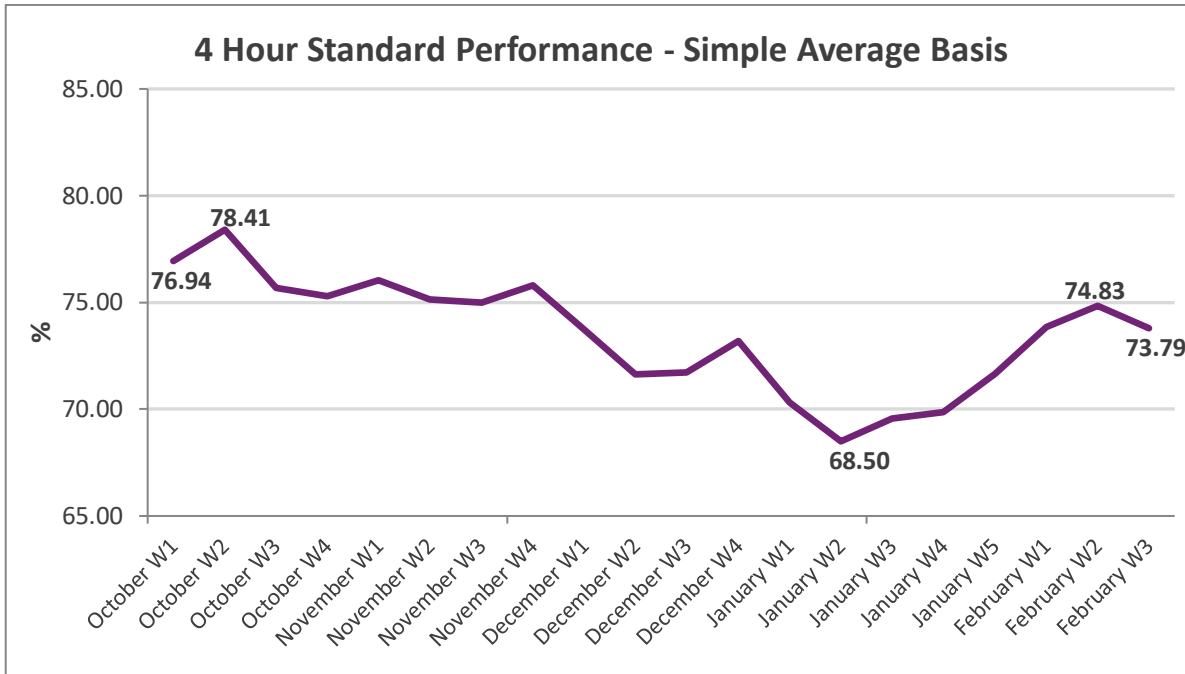
In the third week of February, the number of beds within the project group increased to 27,519 – up from 27,249 the previous week. This is a 0.99% increase from the previous week. In total, there has been a 2.64% increase in the aggregate bed stock<sup>1</sup> from the project starting point.

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

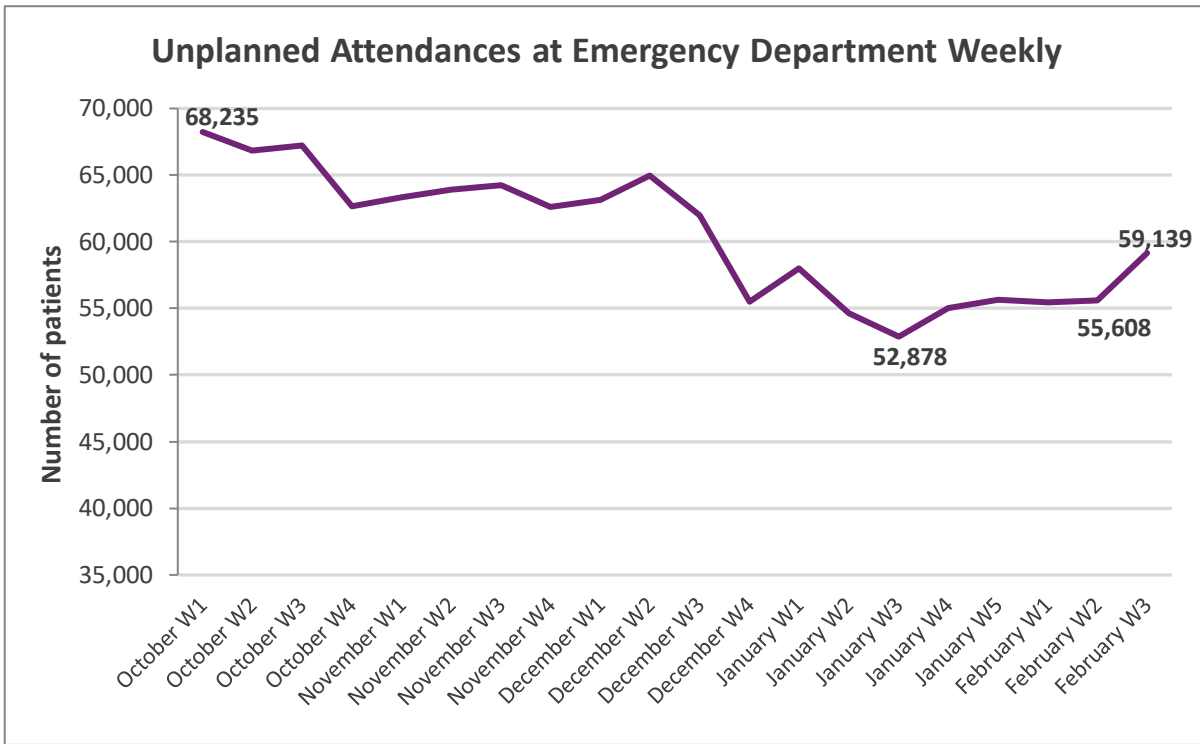
<sup>1</sup> This is measuring from week one to the maximum recorded bed stock for the project to date.  
Published 26 February 2021

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



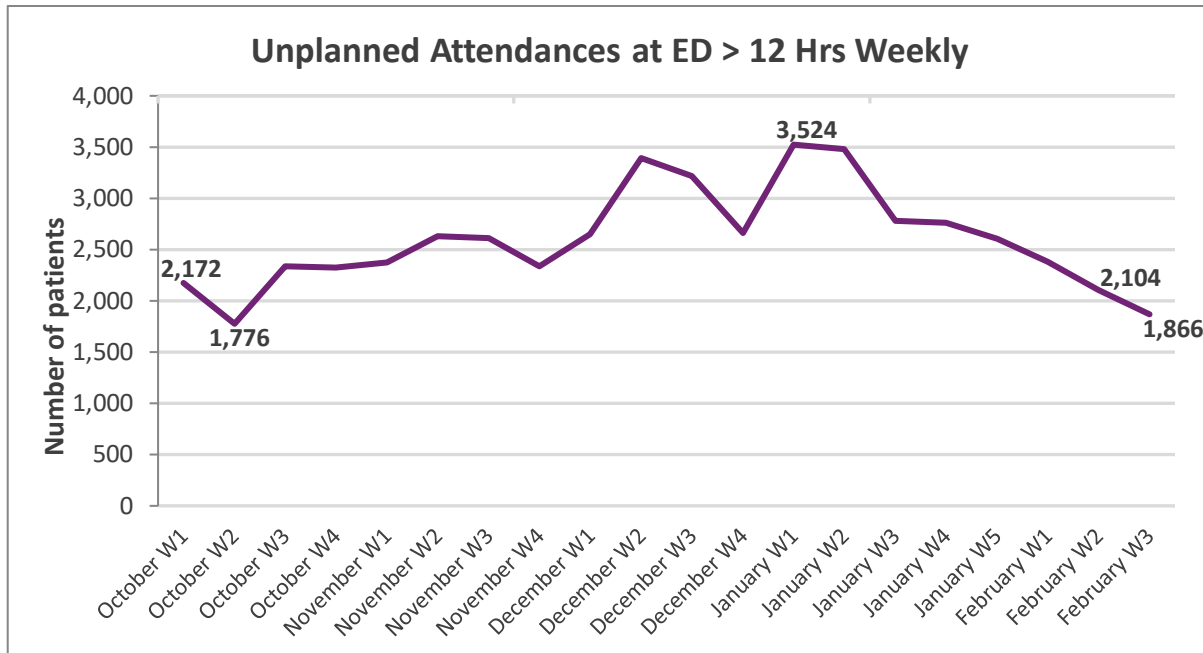
In the third week of February, four-hour standard performance stood at 73.79% - down from 74.83% the previous week. The underlying picture shows 7 increases and 18 decreases across the project group.

## Graph of attendances since October



A total of 59,139 attendances were recorded within the Winter Flow group this week – up from 55,608 the previous week. This is an increase of 3,531 patients or 6.35%. At site level there were 26 recorded increases and 2 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 third 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 1,866, down from 2,104 the previous week. This was a decrease of 11.31% from the previous week and translates to 3.16% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 51,989 patients staying over 12 hours from arrival to departure in Emergency Departments since the first week of October.

### Overall

Last week proved to be a mixed bag at the Winter Flow Project sites. There was an abrupt arrest in the improvement against the four-hour standard – having climbed for five consecutive weeks, performance finally dipped, falling by 1.04 percentage points. Contextually this figure still remains fairly high though, measuring as the third best week since the start of December.

A contributing factor was likely to have been the sharp rise in attendances recorded last week, with 3,531 more patients arriving at EDs compared with the previous week. This represented an increase of 6.35%, the largest increase of any week in this year's Winter Flow Project. The 59,139 unplanned attendances were also the most in over two months.

Even as attendances rose, 12-hour waits surprisingly continued to fall, reaching their lowest level since the second week of October. Consequently, just 3.16% of attendances resulted in a wait of 12 or more hours, the third lowest figure measured since the Winter Flow Project began collecting this data in 2019.

With a sharp spike in attendances, it would have been unsurprising to see the NHS surrender the recent gains it had made in terms of performance. However, the dip in terms of the four-hour standard was relatively small, and 12-hour waits continued their decline. A decisive

factor may be, as the HSJ [recently identified](#), that the number of Covid-positive patients in hospital is declining at a faster rate than last Spring, even as hospital admissions fall at roughly the same rate as they did in the first wave. Whatever the reasons are for this (the HSJ proposes that hospitals are becoming more successful at discharging medically fit patients in a timely manner), it's another positive sign that the threat posed by the pandemic is continuing to diminish.

For the time being, things are broadly stable (and may continue to improve if attendances and admissions remain relatively low). However, broadly stable entails a level of performance that is a world away from what was once deemed acceptable. In the first half of last year's Winter Flow Project (before the arrival of the pandemic in the UK), performance against the four-hour standard averaged 72.25%, and over 60,000 12-hour waits were counted.

With the Spring Budget looming, the Government is presented with an opportunity deliver a health service which not only matches the pre-Covid performance baseline, but also surpasses it. Funds must be made available to recruit and train staff for our Emergency Departments, as well as retain and support an already beleaguered workforce. Additionally, many EDs are in desperate need of transformation and reconfiguration, having been designed for much smaller numbers of patients that what they now see. The chronic shortfall of beds should also be reversed if we are to ensure good patient flow through EDs and hospitals.

The Chancellor must be bold next week, and offer a financial package to the NHS that will go some way towards reversing over a decade of underfunding; patients and staff deserve better than Emergency Departments where long waits are simply a fact of life.