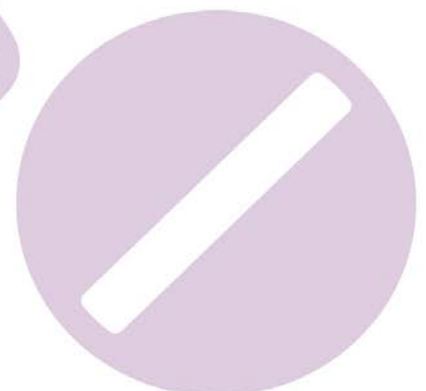
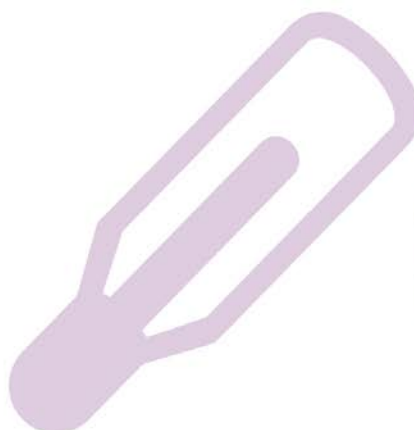


RCEM Winter Flow Project

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.

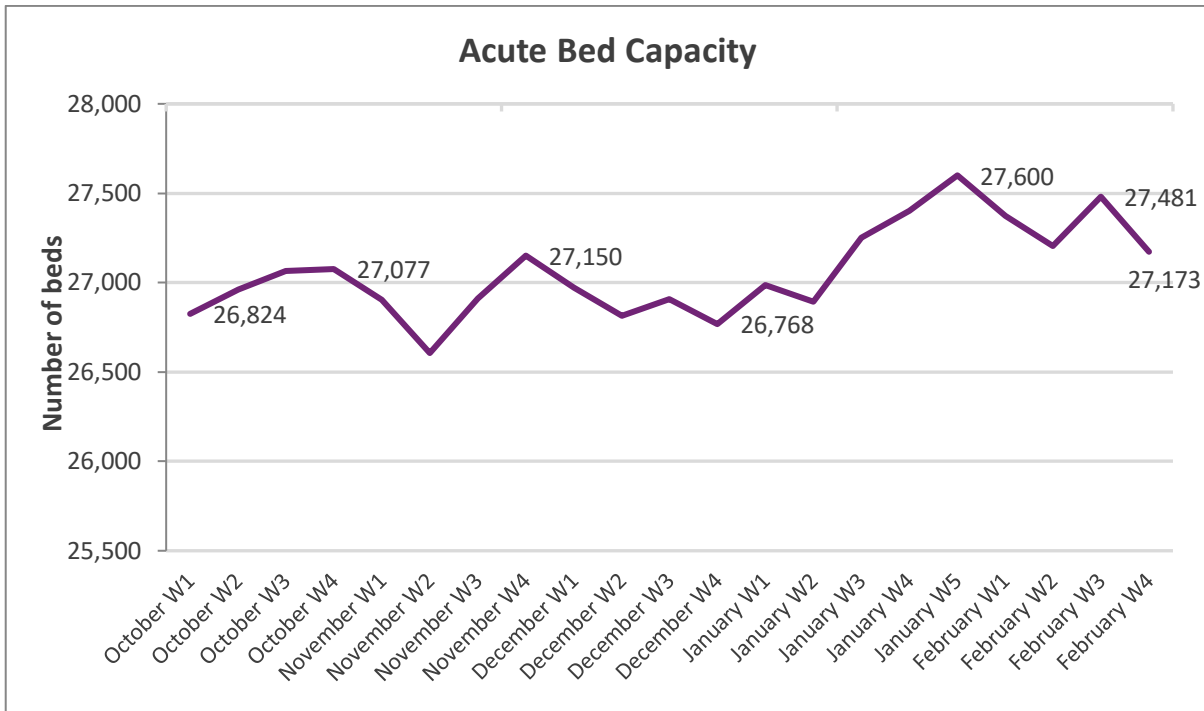
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

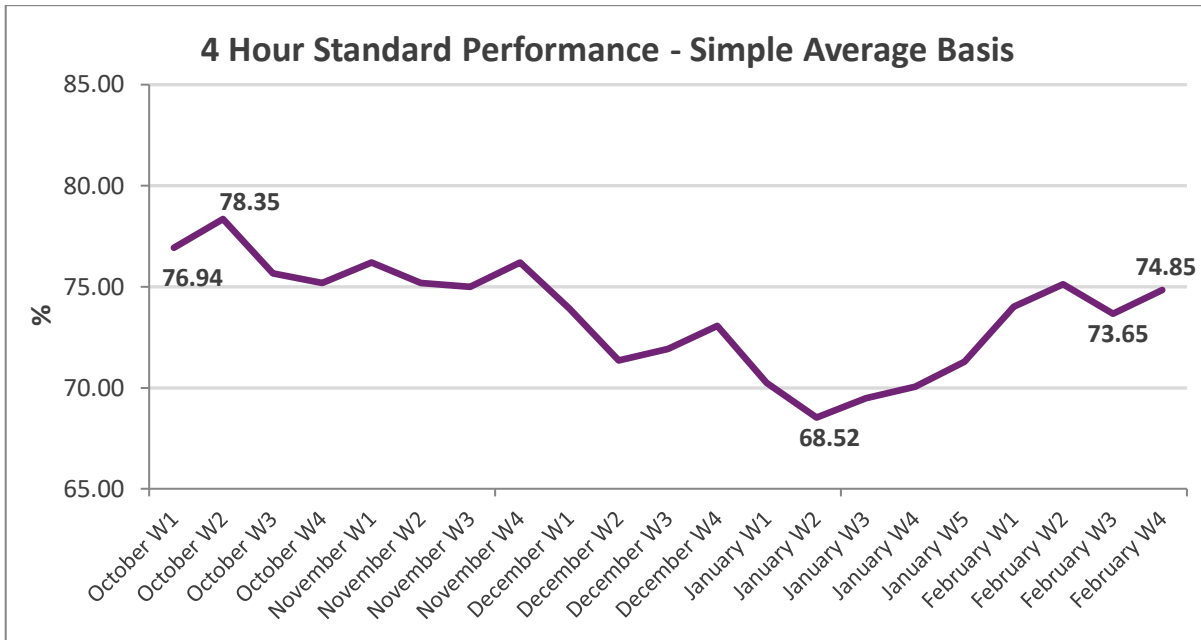
In the fourth week of February, the number of beds within the project group decreased to 27,173 – down from 27,481 the previous week. This is a 1.12% decrease from the previous week. In total, there has been a 2.67% increase in the aggregate bed stock¹ from the project starting point.

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	1	2	4	12	18

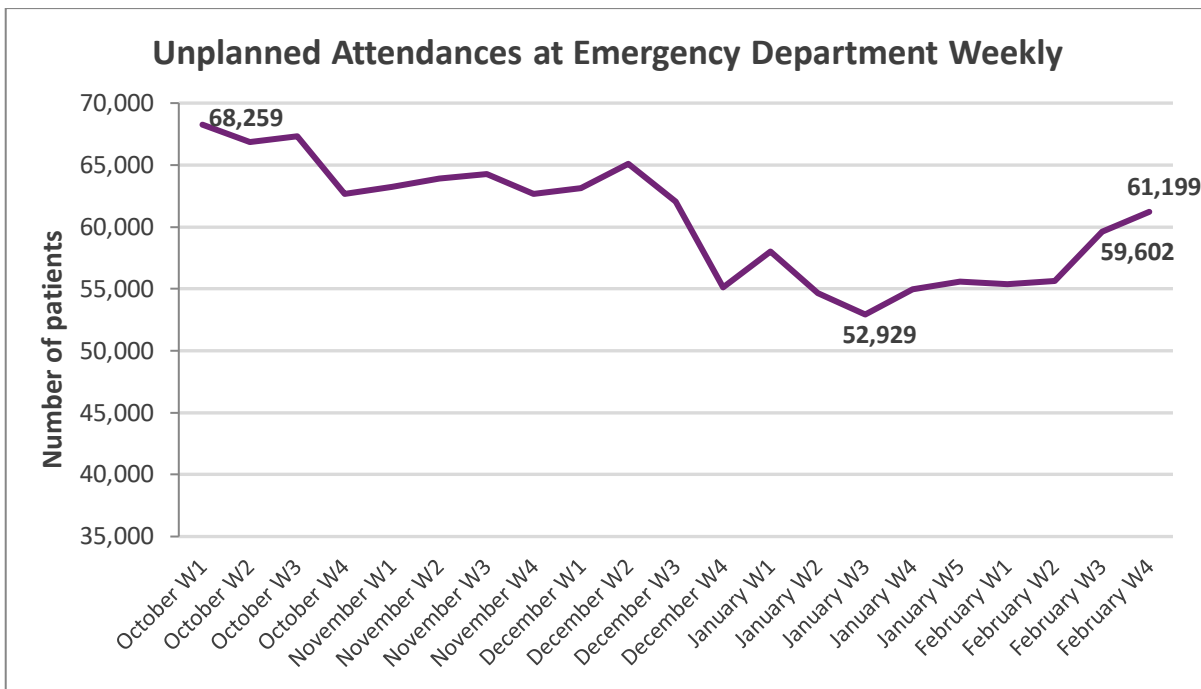
¹ This is measuring from week one to the maximum recorded bed stock for the project to date.

Graph of four-hour performance by week since October



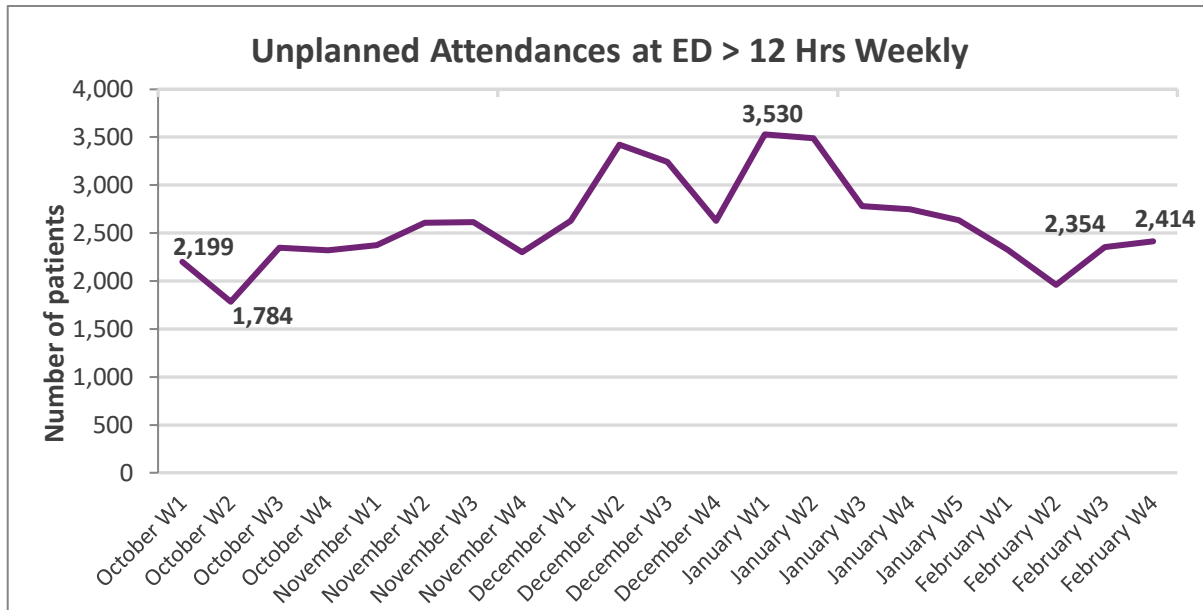
In the fourth week of February, four-hour standard performance stood at 74.85% - up from 73.65% the previous week. The underlying picture shows 16 increases and 10 decreases across the project group.

Graph of attendances since October



A total of 61,199 attendances were recorded within the Winter Flow group this week – up from 59,602 the previous week. This is an increase of 1,597 patients or 2.68%. At site level there were 23 recorded increases and 6 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 fourth 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 2,414 up from 2,354 the previous week. This was an increase of 2.55% from the previous week and translates to 3.94% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 54,715 patients staying over 12 hours from arrival to departure in Emergency Departments since the first week of October.

Overall

Last week, the indications were that the NHS is continuing down a path towards something like normality as attendances continued to rise at Winter Flow sites.

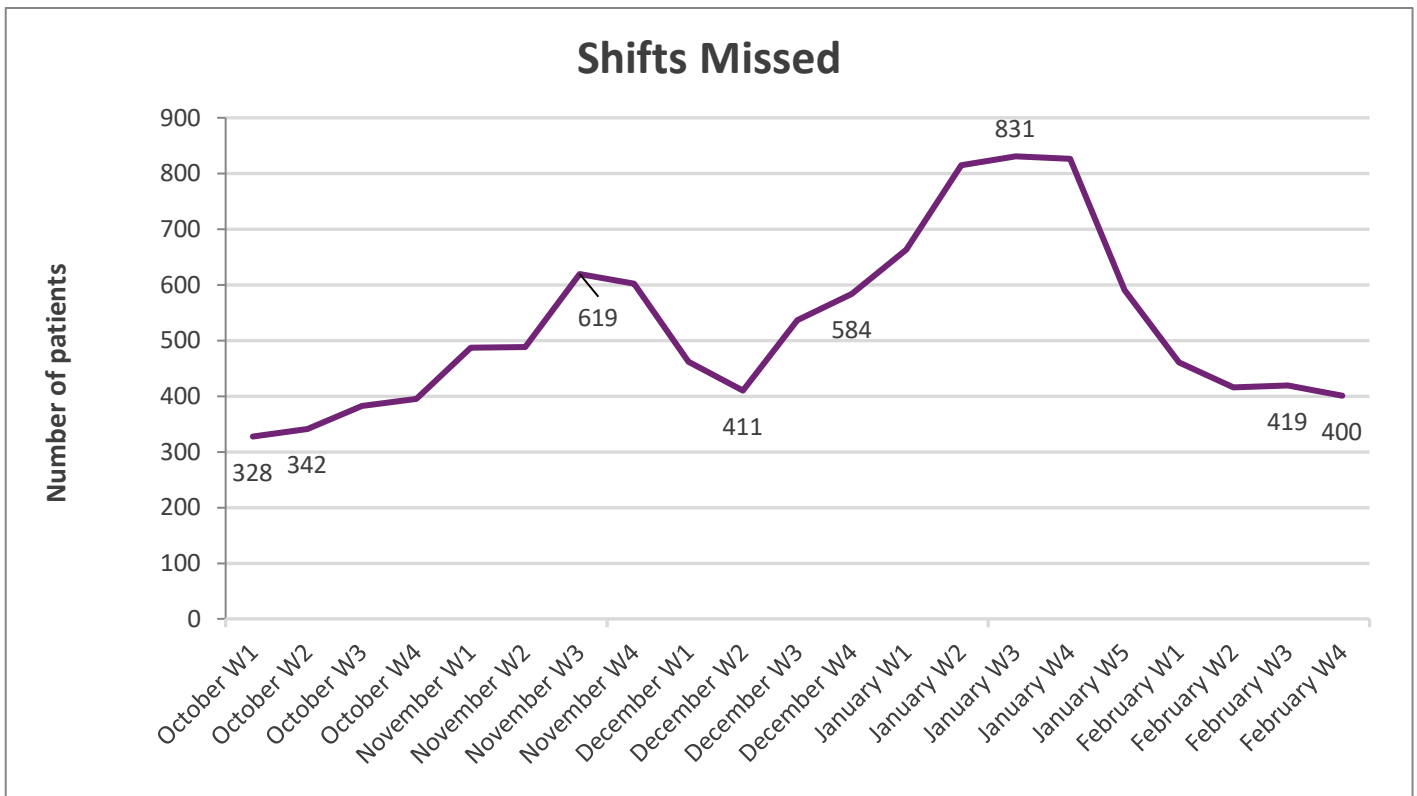
With 61,199 unplanned attendances at type-1 EDs, it was the busiest week for two and a half months, and the third consecutive week where attendances rose. Encouragingly, the growth in activity notwithstanding, four-hour performance also improved, standing at 74.85% in the last week of February. This was 1.2 percentage point increase compared with the previous week.

Perhaps slightly disconcertingly, the number of beds in active service saw its biggest decrease in this year's Winter Flow Project, falling by 308, or 1.12%. This may in part be due to the more successful dischargement of patients outlined in last week's analysis.

A potentially related development was that there was a small rise in the number of long waits in EDs. Patients staying more than 12 hours from arrival to departure increased to 2,414, the highest total for over a month. Due to the offsetting factor of rising attendances, the proportion of attending patients experiencing a long wait was 3.94%, almost exactly the same as the previous week (3.95%).

As discussed in previous reports, this year the Winter Flow Project is also collecting data on the number of shifts missed by staff working in EDs due to the need to self-isolate. After
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peaking in the latter half of January, the number halved in subsequent weeks, presumably in last part of the efficacy of the vaccination programme:



However, in the last three weeks this figure has levelled off. This would suggest that there is still a meaningful risk of infection in EDs, highlighting the need to remain vigilant even as the broader picture generally improves.

More generally, the conversation this week has generally revolved around Thursday's budget. Regrettably, despite the myriad problems currently facing the NHS, no new health spending was announced, leaving the ongoing pension taxation issue unresolved. Moreover, it subsequently emerged that the official recommendation made by the Government in the Department of Health and Social Care's written evidence to the NHS pay review body was that staff receive a 1% pay uplift, which is likely to amount to a real-terms pay cut for many staff.

A meaningful pay rise would have been a critical boost to morale for an overburdened workforce who, as outlined above, are still facing substantial risks just by going into work. Meaningful salary increases for staff are essential to ensure they feel valued and wish to remain in their posts; the Government should review the decision on pay recommendations to ensure that the NHS retains its already insufficient levels of staffing, and not cause a further blow to the morale of an already beleaguered workforce.