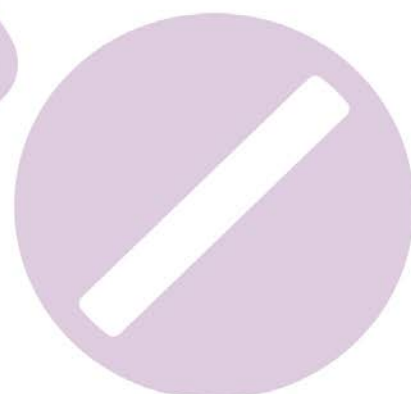
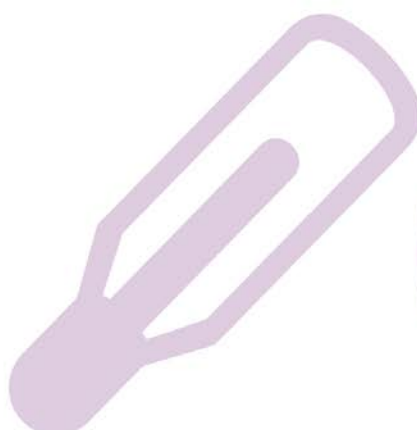


RCEM Winter Flow Project

Analysis of the data so far: 12 March 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.

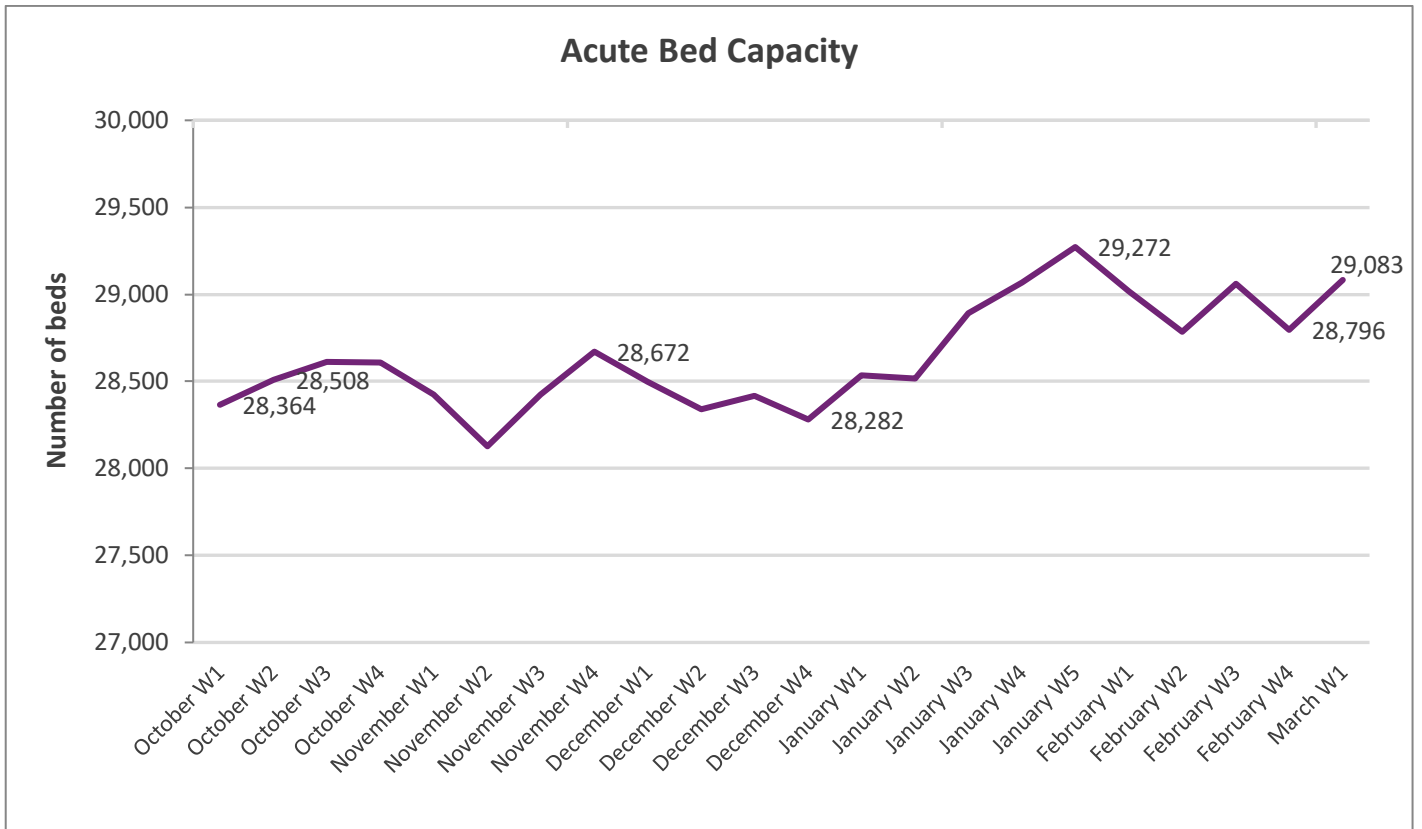
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

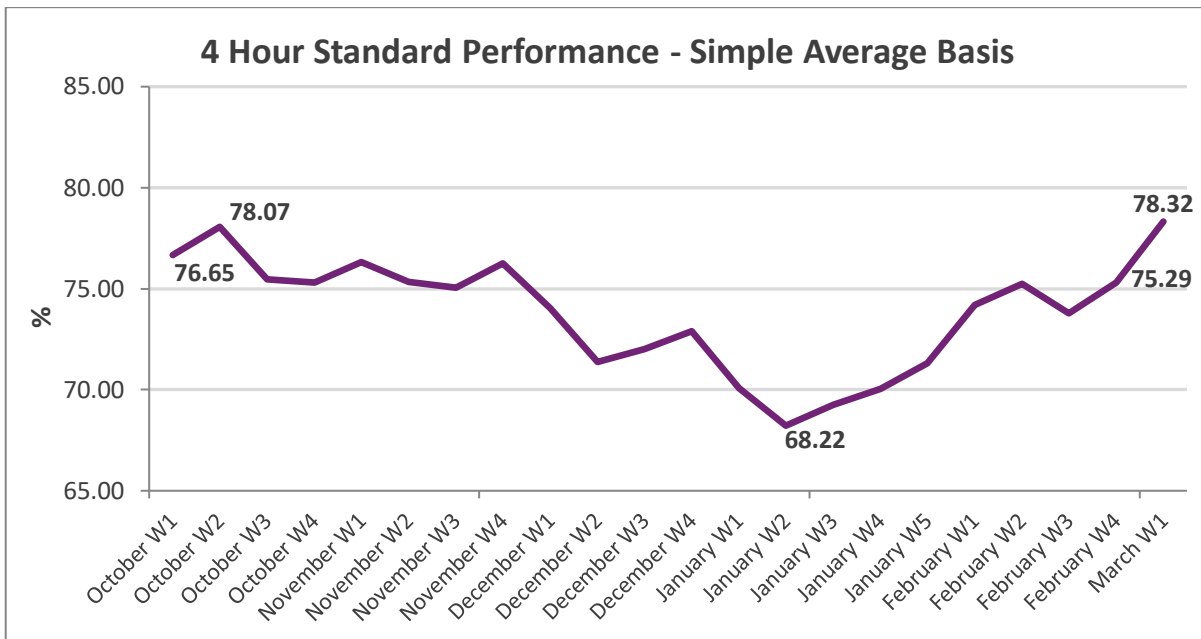
In the first week of March the number of beds within the project group increased to 29,083 – up from 28,796 the previous week. This is a 1.00% increase from the previous week. In total, there has been a 2.95% increase in the aggregate bed stock¹ from the project starting point.

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	13	18

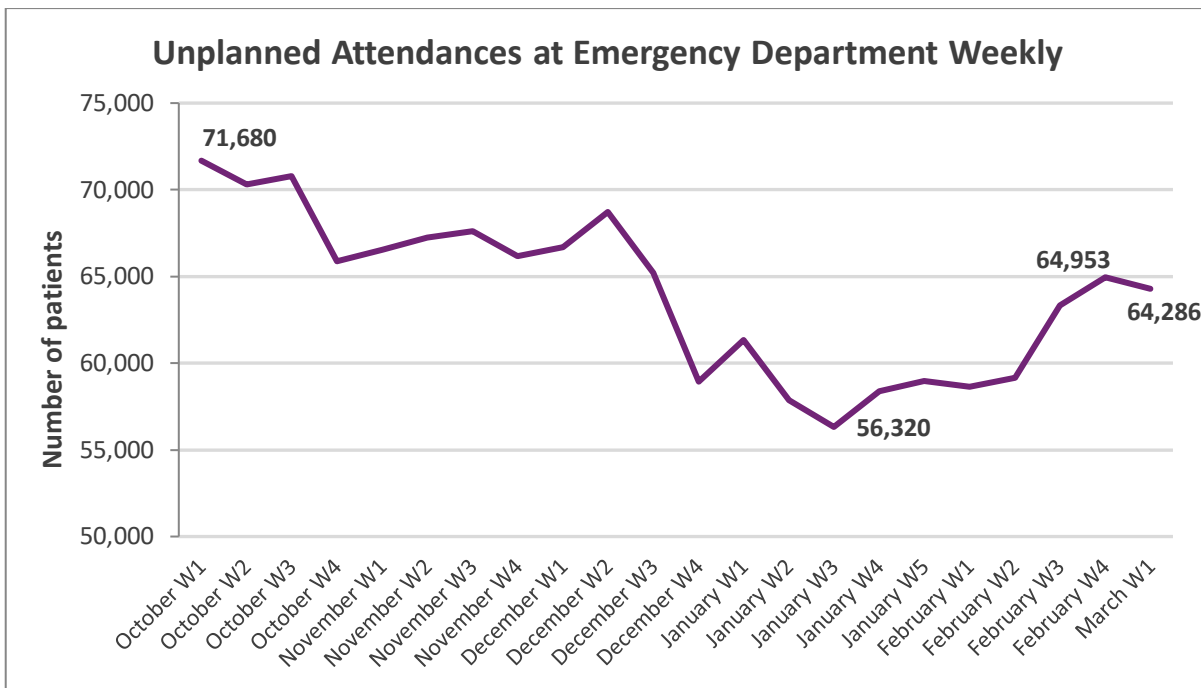
¹ This is measuring from week one to the maximum recorded bed stock for the project to date.

Graph of four-hour performance by week since October



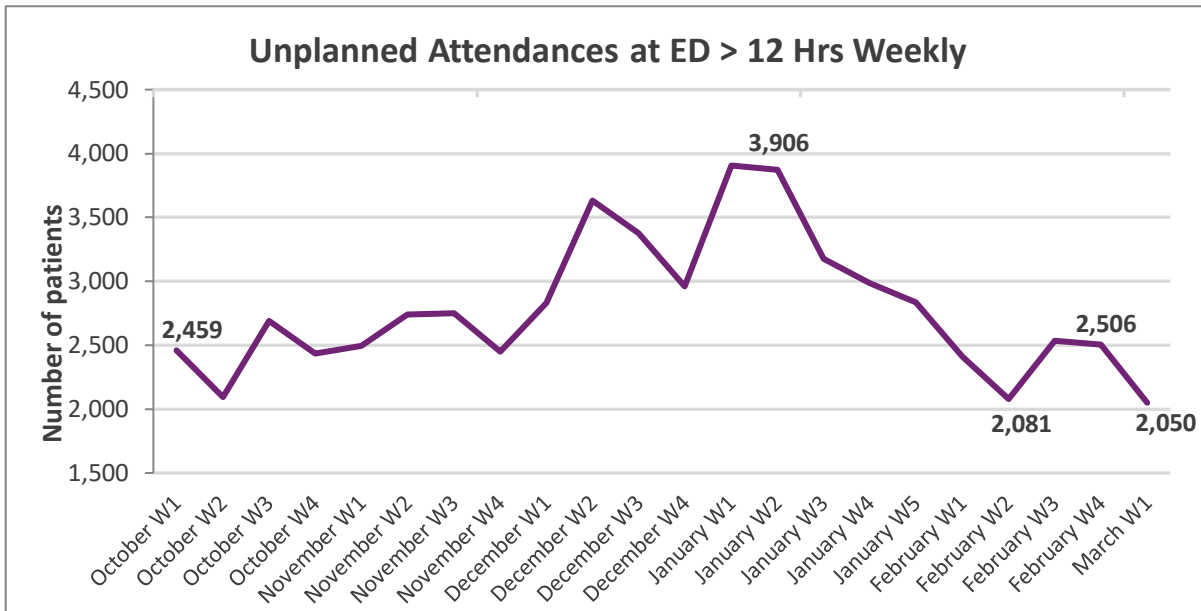
In the first week of March, four-hour standard performance stood at 78.32% - up from 75.29% the previous week. The underlying picture shows 17 increases and 4 decreases across the project group.

Graph of attendances since October



A total of 64,286 attendances were recorded within the Winter Flow group this week – down from 64,953 the previous week. This is an decrease of 667 patients or 1.03%. At site level there were 5 recorded increases and 18 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 March, the number of patients staying more than 12 hours from arrival to departure in Emergency Departments within the Winter Flow group stood at 2,050, down from 2,506 the previous week. This was a decrease of 18.20% from the previous week and translates to 3.19% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 61,261 patients staying over 12 hours from arrival to departure in Emergency Departments since the first week of October.

Overall

There were encouraging developments last week in the Winter Flow Project, as sites recorded one of their best weeks since the start of 2020/21.

In terms of performance, 78.32% of patients were seen, admitted or discharged within four hours last week, the highest figure of any week in this year's Winter Flow. There was also a 3.03 percentage point improvement from the previous week, also the largest such increase this year. 78.32% was also 5.36 percentage points better than the same week of last year.

12-hour waits also fell, with 2,050 recorded in the final week of February. This is the lowest weekly total so far this year. As a proportion of attendances, this constituted 3.19%, the second lowest figure after the second week of October (2.98%).

The number of available beds also rose to 29,083, which was 287 more than the last week of March, while attendances plateaued, falling by just 667.

As we might expect, the data captured by Winter Flow broadly aligned with the figures published by NHS England as part of their monthly release on attendances and admissions at Emergency Departments, which saw substantial improvements in terms of both performance against the four-hour standard, as well as four and twelve hour trolley waits.

Taken all together, we see a picture of a health service enjoying a slow but steady recovery after the chaos wrought by the pandemic continues to ease. The reality, of course, is that this period is likely to represent the calm before a separate storm. Between January 2020 and January 2021, the number of patients waiting over a year for elective treatment
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increased by over 18,000%. There was a long waiting list even prior to the arrival of Covid, but now the scale of the task of delivering care to these patients is now even greater.

As highlighted repeatedly by the College over the years, the steady decline in bed numbers has had a serious affect on patient flow and crowding in Emergency Departments. Inevitably, as beds fill up with patients receiving long overdue elective treatment, there will be even less space for admissions from EDs. While the question of stringent infection control will diminish as more of the population are vaccinated, Covid, along with other seasonal illnesses, remain a risk in overpopulated waiting rooms and corridors.

Therefore as part of the post-Covid recovery, it will be vital that Trusts have a sufficient number of beds (and the resources to staff them), not just to meet the needs of those patients receiving elective treatment, but also those being admitted for unplanned care.