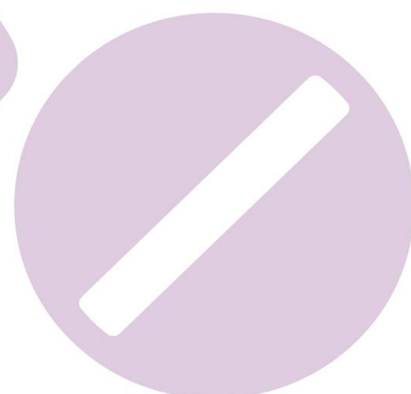
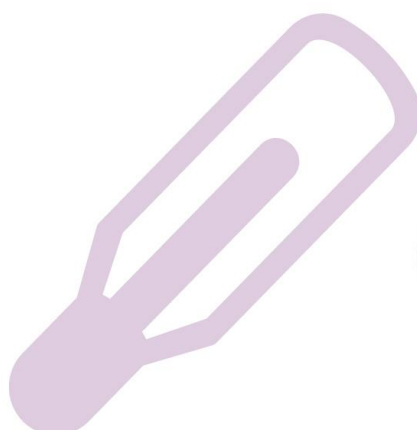


# RCEM Winter Flow Project

Analysis of the data so far: 19 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.

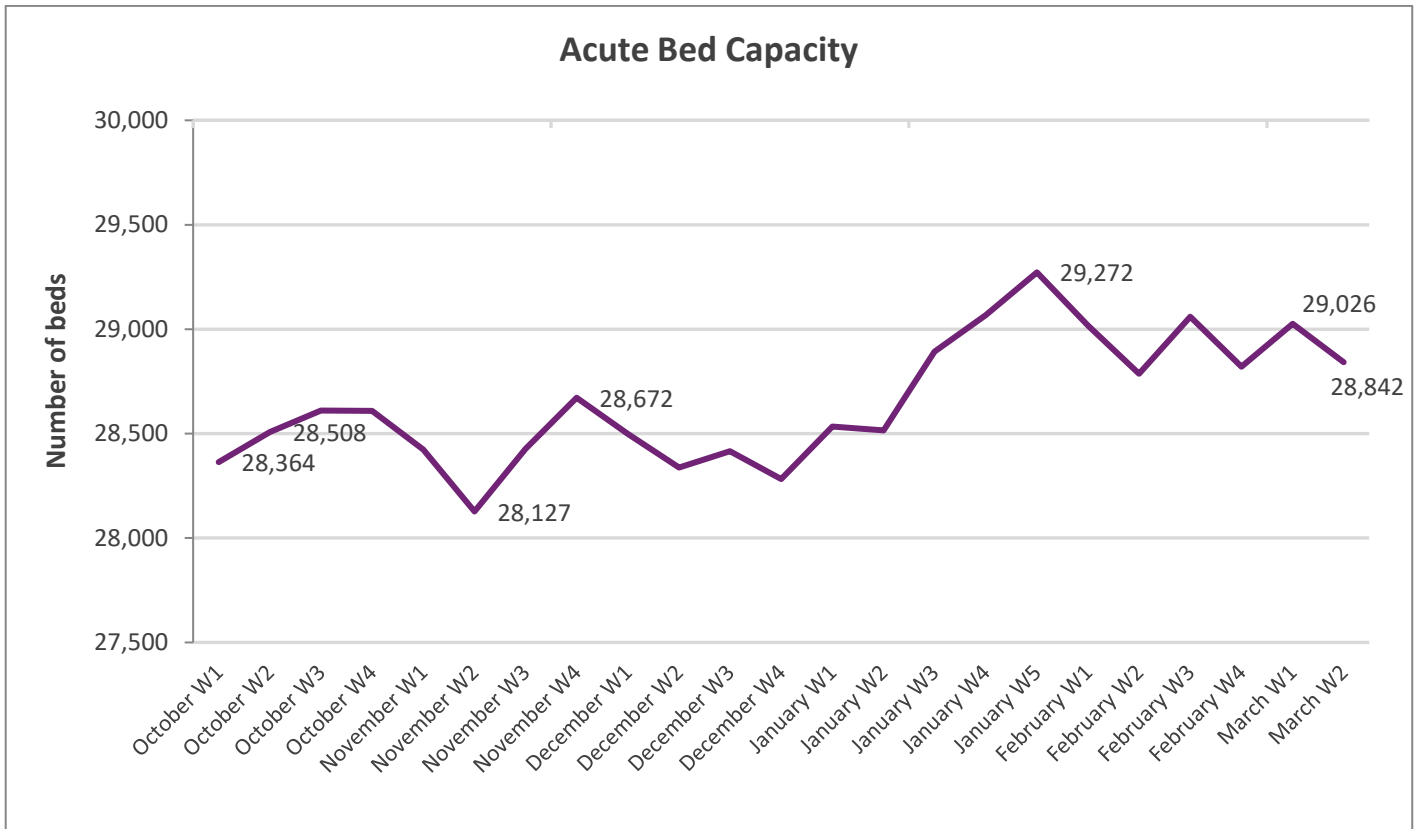
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

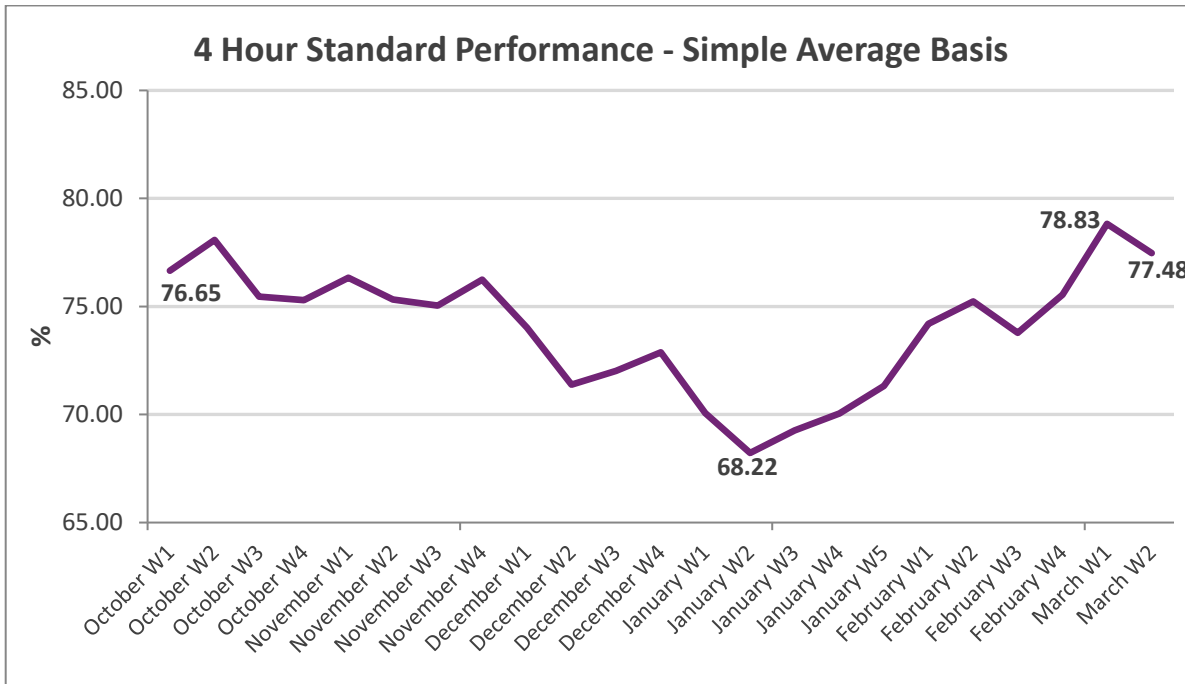
In the second week of March the number of beds within the project group increased to 28,842 – down from 29,026 the previous week. This is a 0.63% decrease from the previous week. In total, there has been a 2.95% increase in the aggregate bed stock<sup>1</sup> from the project starting point.

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	4	13	18

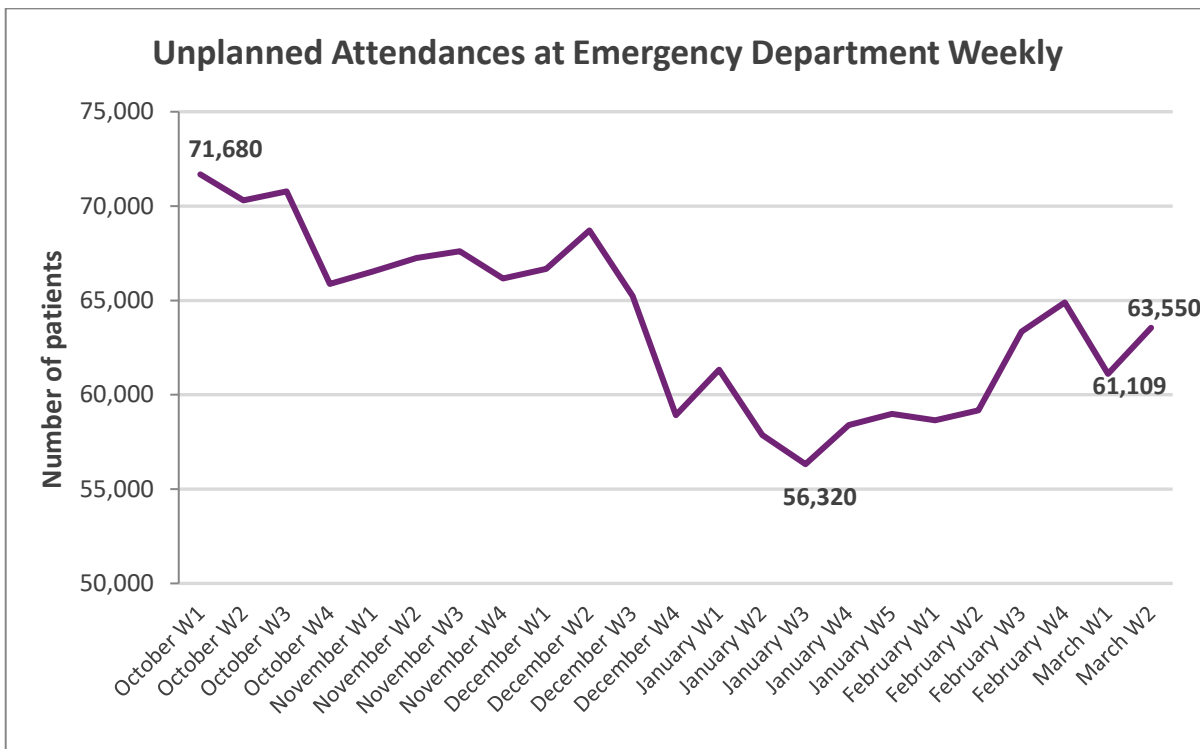
<sup>1</sup> This is measuring from week one to the maximum recorded bed stock for the project to date.  
Published 19 March 2021

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



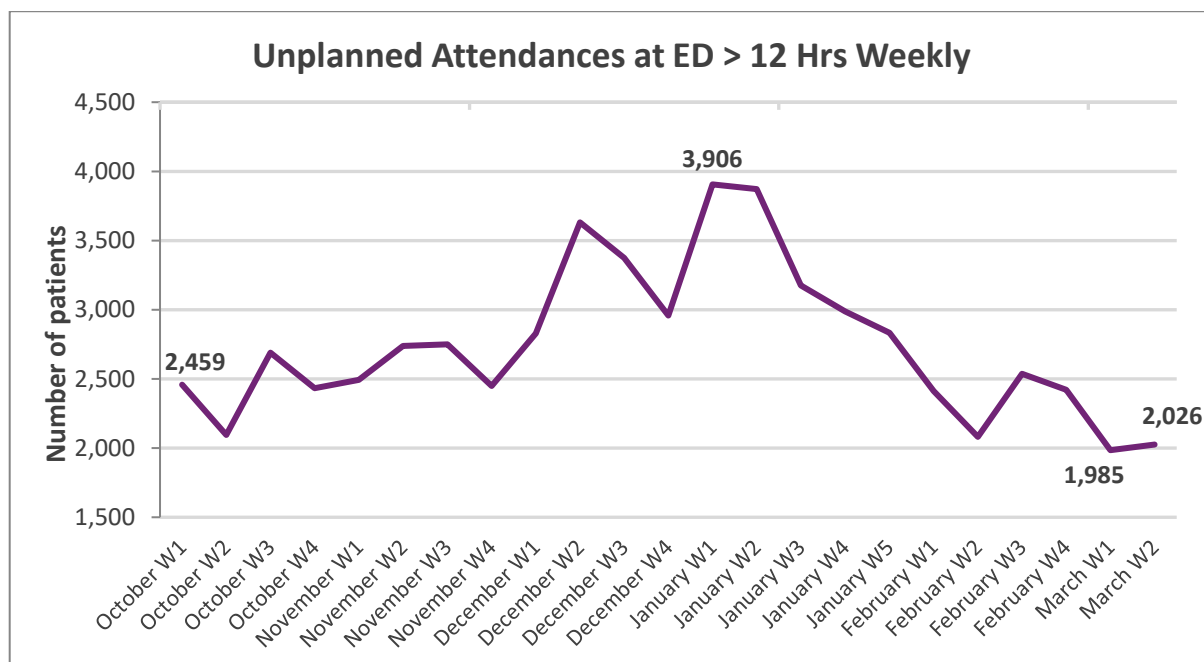
In the second week of March, four-hour standard performance stood at 77.48% - down from 78.83% the previous week. The underlying picture shows 12 increases and 16 decreases across the project group.

## Graph of attendances since October



A total of 63,550 attendances were recorded within the Winter Flow group this week – up from 61,109 the previous week. This is an increase of 2,441 patients or 3.99%. At site level there were 27 recorded increases and 3 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 March, the number of patients staying more than 12 hours from arrival to departure in Emergency Departments within the Winter Flow group stood at 2,026, up from 1,985 the previous week. This was an increase of 2.07% 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 63,137 patients staying over 12 hours from arrival to departure in Emergency Departments since the first week of October.

### Overall

The overall picture from the Winter Flow Project was one of stability, as activity performance generally levelled off in most respects.

Attendances rose at all but three sites – the 3.99% increase (or 2,441 attendances) was the second largest so far in 2021. However, the total of 63,550 was still lower than the figure recorded in the last week of February.

The number of acute beds continued to fluctuate within a fairly small range, falling by 0.63% from the previous week. Compared with a month ago, the differential is an increase of just 56, indicating that there is very little scope to add or remove beds from active service at this point.

Performance against the four-hour standard fell for just the second time in nine weeks, with a decrease of 1.35 percentage points from the previous week. This was still the third highest figure recorded thus far in this year's Winter Flow Project.

Similarly, 12-hour waits also trended in the wrong direction, with a relatively modest increase of 2.07%. However, they accounted for just 3.19% of attendances, the second lowest such total to date.

Last year, the second week of March was the last week of Winter Flow before the Covid effect began to manifest. Sites recorded 103,441 attendances, broadly in line with the kind of numbers they had been seeing all winter. Performance against the four-hour standard was still mired in the low to mid 70s, and there were just over four and a half thousand 12-hour waits, accounting for about 4.4% of attendances. The following week, attendances fell below 100,000 for the first time as patients began staying away from EDs for fear of contracting the virus, and relatedly, performance finally began to show meaningful signs of improvement.

A year on, and in many respects the picture is very different. While increasing, activity in EDs still remains below what we would expect to see at this time of year. Similarly, based on recent trends, performance is significantly better than what we might have expected to see in a normal winter.

However, the underlying problems are still much the same as they were 12 months ago. EDs remain under-resourced and understaffed. There may be fewer patients in departments, but many of those that are there continue to endure long waits to be seen or admitted to the dwindling number of beds. As the discussion inevitably turns to the lengthening waiting list, it is important to retain a focus on the manifest problems in our Emergency Departments, and ensure that staff receive the backing they need to continue delivering high-quality care.