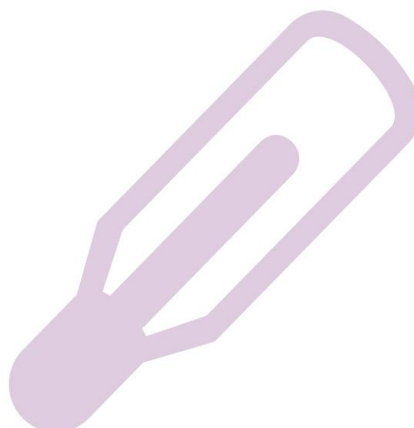




The Royal College of
Emergency Medicine

RCEM Winter Flow Project

Analysis of the data so far: 26 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.

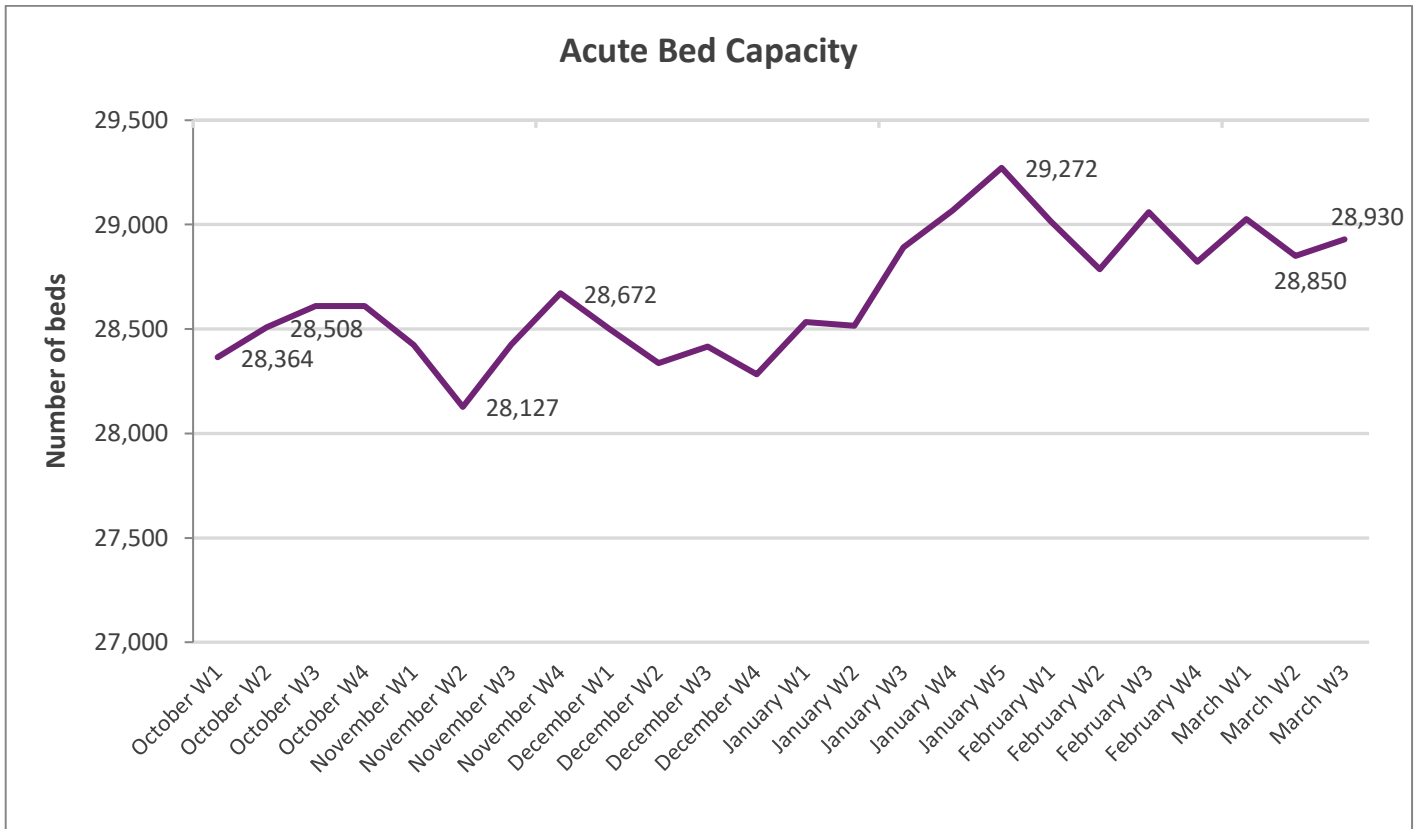
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

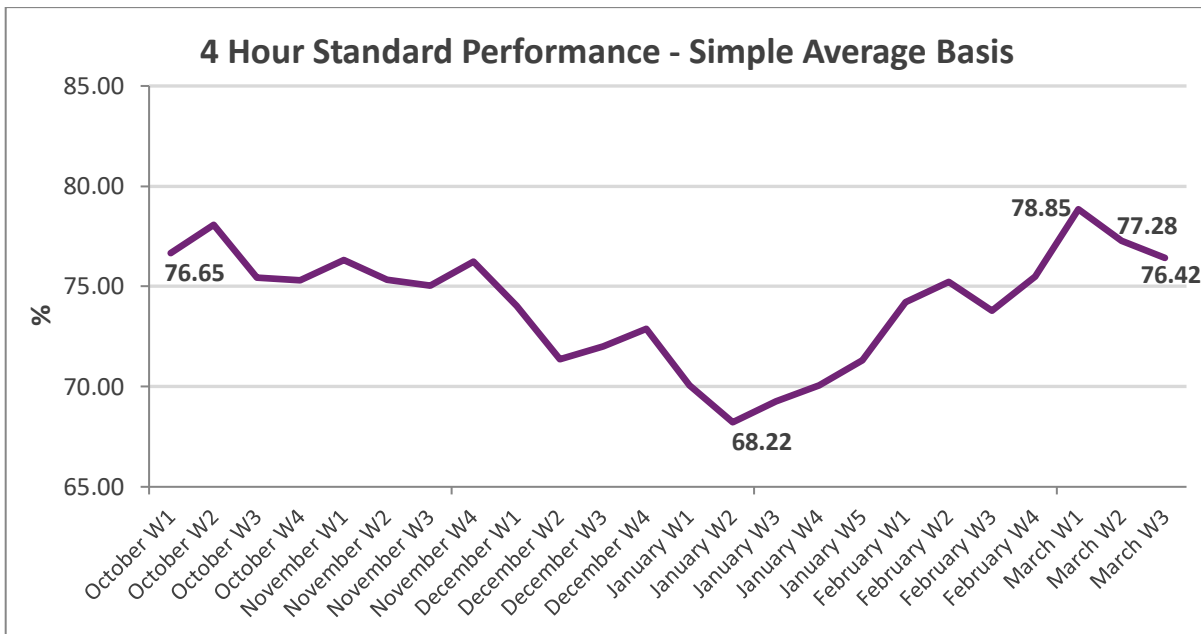
In the third week of March the number of beds within the project group increased to 28,930 – up from 28,850 the previous week. This is a 0.28% increase from the previous week. In total, there has been a 2.95% increase in the aggregate bed stock¹ from the project starting point.

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 |

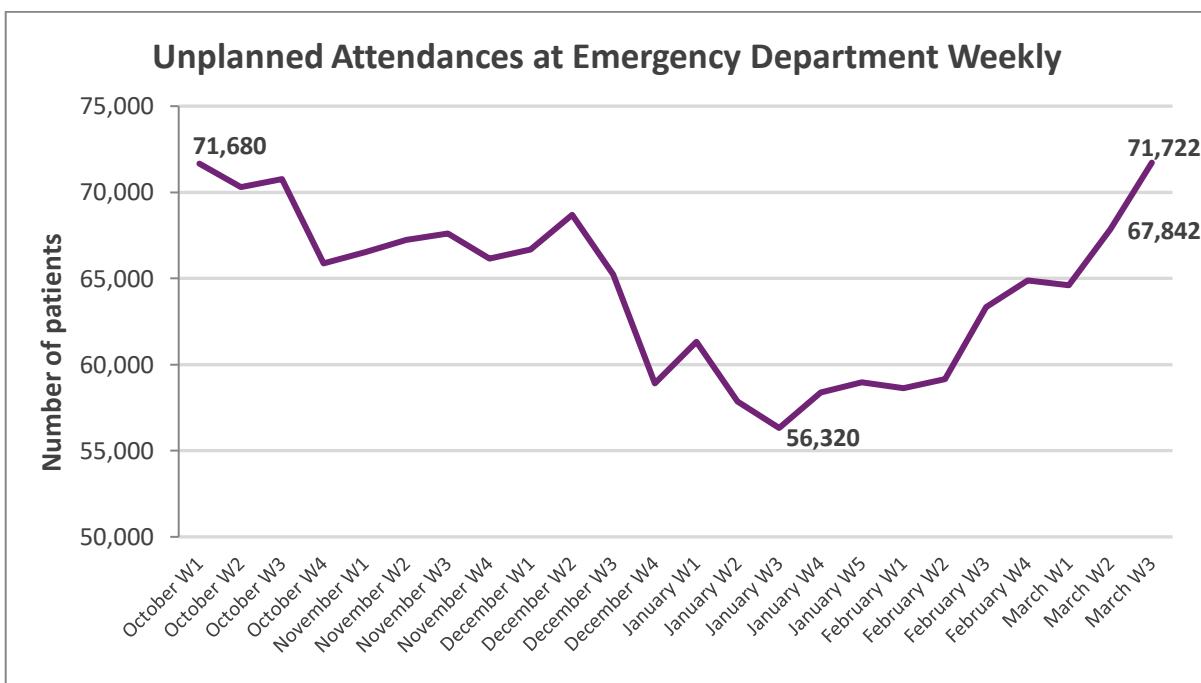
¹ This is measuring from week one to the maximum recorded bed stock for the project to date.

Graph of four-hour performance by week since October



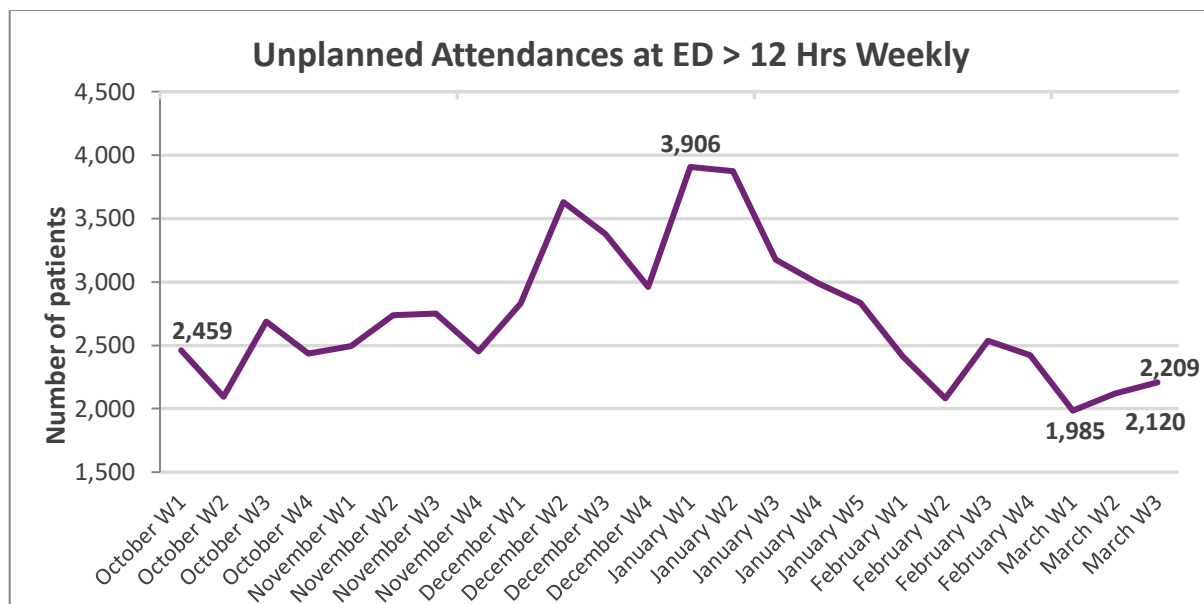
In the third week of March, four-hour standard performance stood at 76.42% - down from 77.28% the previous week. The underlying picture shows 9 increases and 12 decreases across the project group.

Graph of attendances since October



A total of 71,722 attendances were recorded within the Winter Flow group this week – up from 67,842 the previous week. This is an increase of 3,880 patients or 5.72%. At site level there were 23 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 March, the number of patients staying more than 12 hours from arrival to departure in Emergency Departments within the Winter Flow group stood at 2,209, up from 2,120 the previous week. This was an increase of 4.20% from the previous week and translates to 3.08% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 65,440 patients staying over 12 hours from arrival to departure in Emergency Departments since the first week of October.

Overall

If the Winter Flow Project is largely representative of activity and performance across the wider NHS in England, then the health service is undoubtedly entering an awkward situation.

For months, demand at Emergency Departments (EDs) remained low due to a combination of factors – understandably nervous of being exposed to Covid, many patients stayed away or sought alternative means of treatment. Additionally, lockdowns ensured that the public were less at risk of accidents that might entail a trip to an ED, while an uptick in personal hygiene measures and the use of masks minimised the spread of other seasonal illnesses.

Due to the complex demands of managing Covid, performance was generally similar to last year, but for the last month or so, an improvement was evident in the figures collected by the Winter Flow Project (as well as those published by NHS England). It seems likely that this was a combination of the success of the vaccine programme coupled with the fact that demand at EDs continued to remain relatively low.

Now, however, it would appear that patients are beginning to return to EDs. Last week Winter Flow sites recorded 71,722 attendances, exceeding the previous highest total set in week one of the Project. Simultaneously, performance against the four-hour standard dropped by 0.86 percentage points, the second consecutive week to record a fall in this measure, while 12-hour stays rose again (to 2,209). However, as a proportion of attendances

these remain low (3.08%) suggesting that the rise in attendances has not meant an increase in very long stays as yet.

Even as patients begin to attend EDs in larger numbers, the level of available beds continues to be largely static, presumably in large part due to the practical difficulties of opening additional beds while maintaining infection prevention protocols.

While the NHS is manifestly in need of a recovery period, there are already indications that there may be little respite, with signs suggesting that activity is likely to rise in the coming weeks and months. Additionally, [one trust has forecasted](#) that June could see a surge in Covid patients, potentially on a par with the April 2020 peak.

The College has consistently outlined the need for more staff, more beds and more resourcing for EDs, all of which may be needed as never before this summer, as Emergency Departments potentially attempt to juggle another Covid peak in addition to a return to near-normal levels of demand, all while maintain proper infection prevention measures. EDs have proved astoundingly resilient in the face of rising pressures in recent years, but that resilience will be stretched incredibly thin unless they receive the support they will undoubtedly need in the next few months.