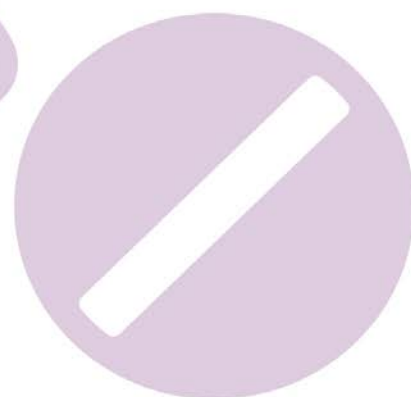
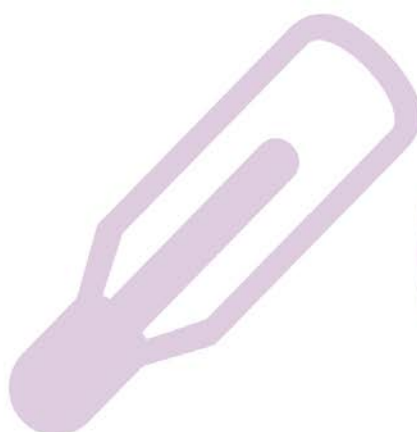


RCEM Winter Flow Project

Analysis of the data so far: 12 April 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.

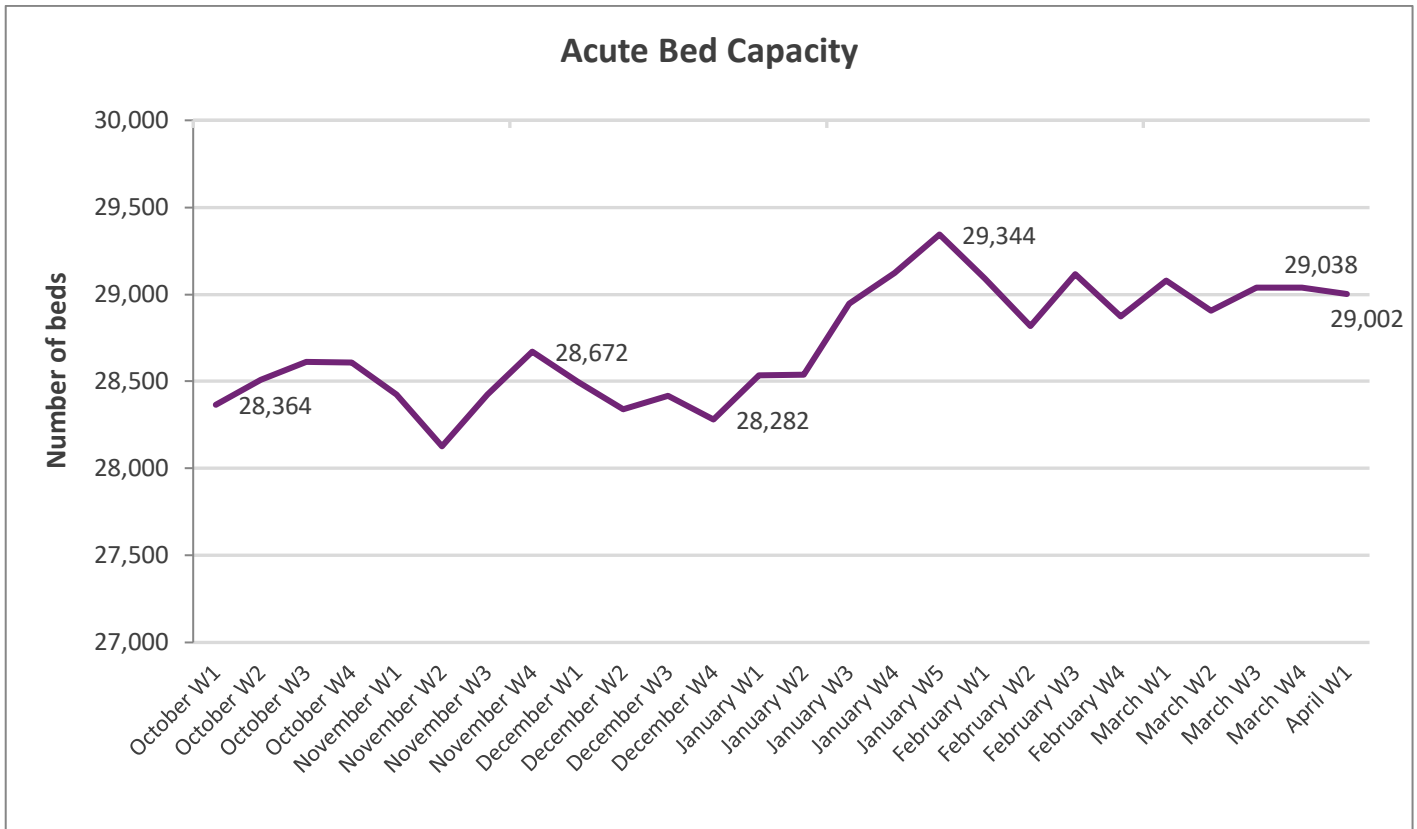
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

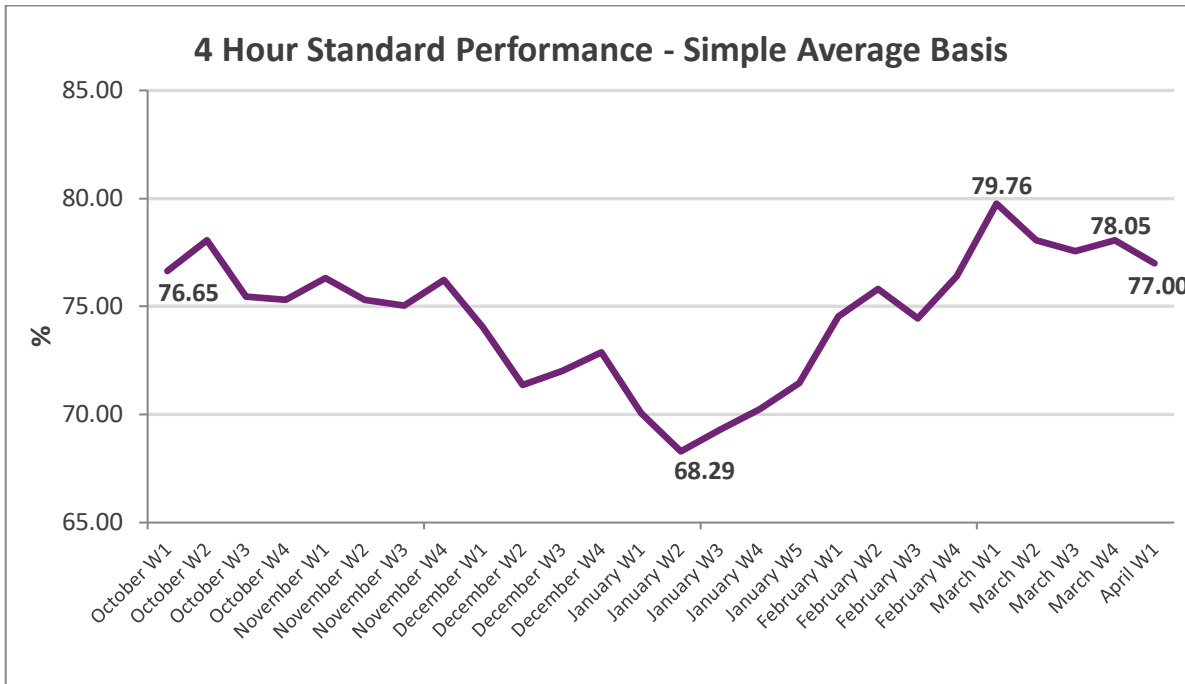
In the fifth week of March the number of beds within the project group decreased to 29,002 – down from 29,038 the previous week. This is a 0.12% increase from the previous week. In total, there has been a 3.18% increase in the aggregate bed stock¹ from the project starting point.

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	3	14	18

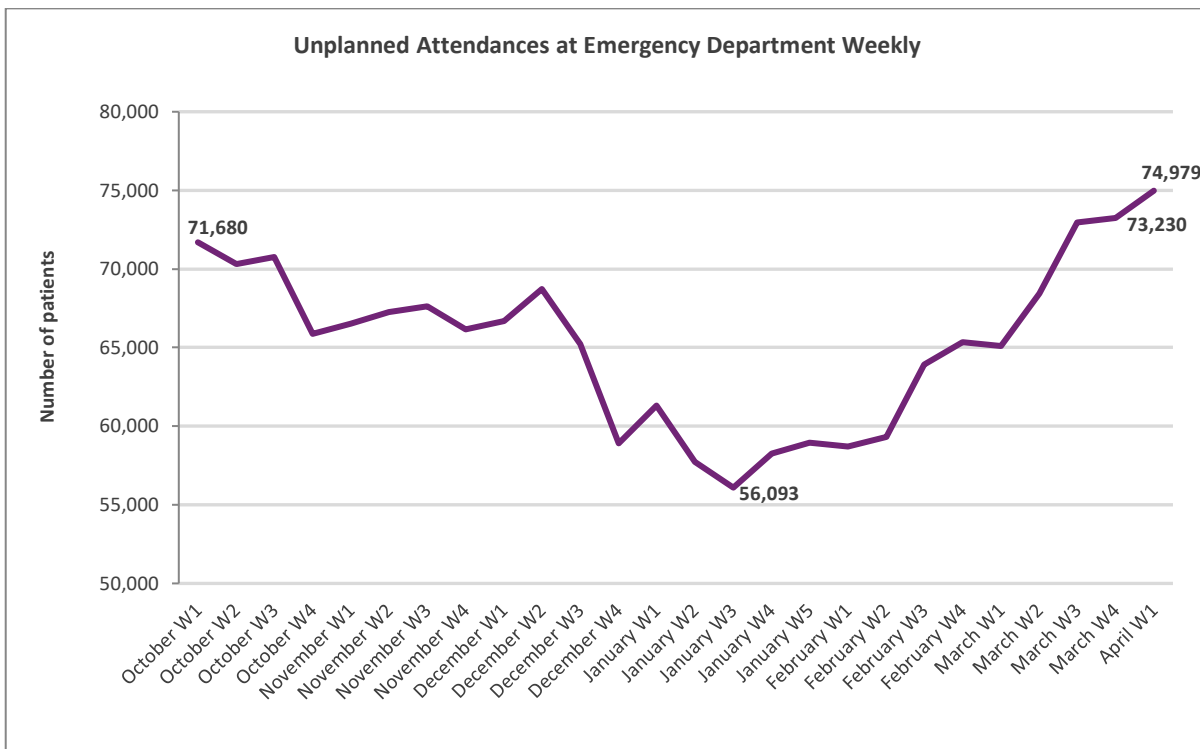
¹ This is measuring from week one to the maximum recorded bed stock for the project to date.

Graph of four-hour performance by week since October



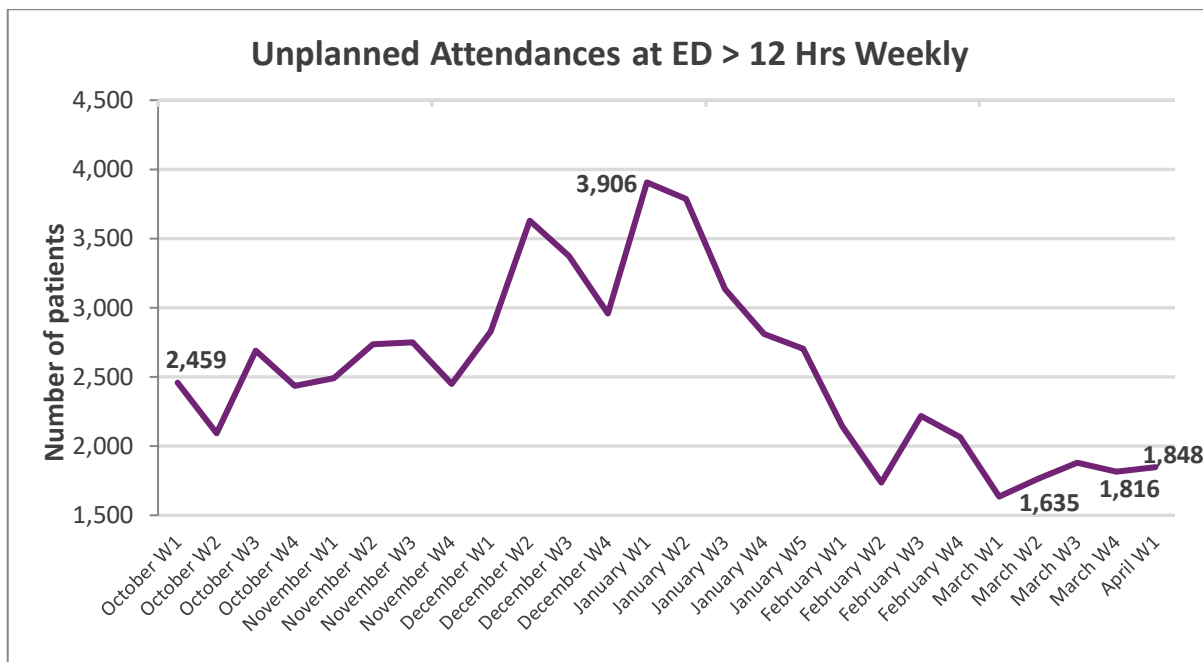
In the fifth week of March, four-hour standard performance stood at 77.00% - down from 78.05% the previous week. The underlying picture shows 9 increases and 16 decreases across the project group.

Graph of attendances since October



A total of 74,979 attendances were recorded within the Winter Flow group this week – up from 73,230 the previous week. This is an increase of 1,749 patients or 2.39%. At site level there were 27 recorded increases and 1 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 fifth 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 1,848, up from 1,816 the previous week. This was an increase of 1.76% from the previous week and translates to 2.46% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 66,345 patients staying over 12 hours from arrival to departure in Emergency Departments since the first week of October.

Overall

Another year's Winter Flow Project draws to a close this week, and once again it would not have been possible without the hard work of our contributing sites, for whose involvement the College is, as always, extremely grateful.

The Project's utility is to a large degree based around identifying trends in NHS performance – in 2019/20, the latter stages were derailed to some extent by the arrival of Covid, the ongoing effects of which restricted our ability to compare the 2020/21 Project with previous years. Nonetheless, the last two Winter Flow Projects have helped to capture, in real time, the implications of a pandemic on Emergency Departments in the UK in terms of both performance and demand. Even as this year's iteration ends, it continues to reveal to us the direction of travel for the NHS and EDs as the threat of Covid begins to diminish.

Last week we saw attendances rise, as they have done in nine of the last eleven weeks. In the final week of the 2020/21 project, they stood at 74,979, 33.7% higher than the lowest figure recorded (in the second week of January). This is in stark contrast to the situation a year ago: between week two of January and week five of March 2020, attendances instead fell by 42.4%.

At the same time, having been just a whisker away at the start of the month from achieving a figure of 80% in terms four-hour standard, performance has dipped in subsequent weeks, and we end this year on a downward trend, with 77.00% of patients seen, admitted or discharged within four hours in the last week of March. This means that in the last two Winter Flow Projects, only two weeks have seen performance of 80% or above out of a possible fifty-two (and it's worth noting that both of these were recorded after the advent of the pandemic in 2020).

Even as performance continued to dip in recent weeks, the number of beds has remained largely static, fluctuating by under a single percent in either direction every week for the last month and a half. It would seem, therefore, that Winter Flow sites are largely unable to add or remove beds from the system in any meaningful way (the dip in performance may then itself be a consequence of rising demand set against infection and prevention control protocols restricting the addition of more beds).

Slightly reassuringly, waits of 12 or more hours in EDs have held steady in the last month, with 1,848 recorded in the last week of March, accounting for just 2.46% of attendances, the lowest such figure captured to date. This seems to indicate that even as EDs become busier once again and four-hour performance begins to fall, resources are not so stretched nor patient flow so bad that patients are enduring extremely long waits.

Taken in the round, this year's Winter Flow Project represents a fairly mixed bag. Even as the broader situation deteriorated quite substantially, the NHS's Emergency Departments largely held their own, with performance in many respects resembling the previous winter (before Covid struck). For that, staff should be quite proud of what they have achieved.

Regrettably, another challenge now faces the health service, that of revitalisation. The backlog of patients requiring non-urgent treatment presents a significant problem, while staff are desperately in need of a recover period to recuperate. Additionally, it will inevitably be difficult to juggle rising demand while also avoiding nosocomial infections, so IPC protocols will need to be rigidly enforced for the foreseeable future.

Against the backdrop of this recovery and as the focus shifts to other parts of the health service, the situation in Emergency Departments cannot simply be allowed to return to what it was pre-pandemic. As RCEM Vice President Adrian Boyle commend:

"The idea that we go back to normal is simply unconscionable. It's actually worse than before in terms of what this will mean for crowding.

"We have this summer to get our departments and our systems into shape so that we don't end up with the awful pictures that we saw before. It wasn't OK beforehand, and there seems to be a normalising of what is abnormal."

There is an opportunity now for things to change in EDs, and the NHS must take it, and ensure that long waits remain in the past.