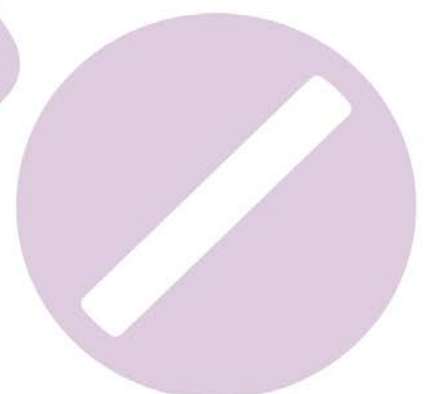
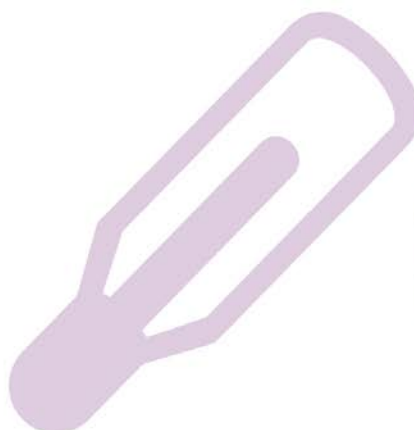


# RCEM Winter Flow Project

Analysis of the data so far: 22 January 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.

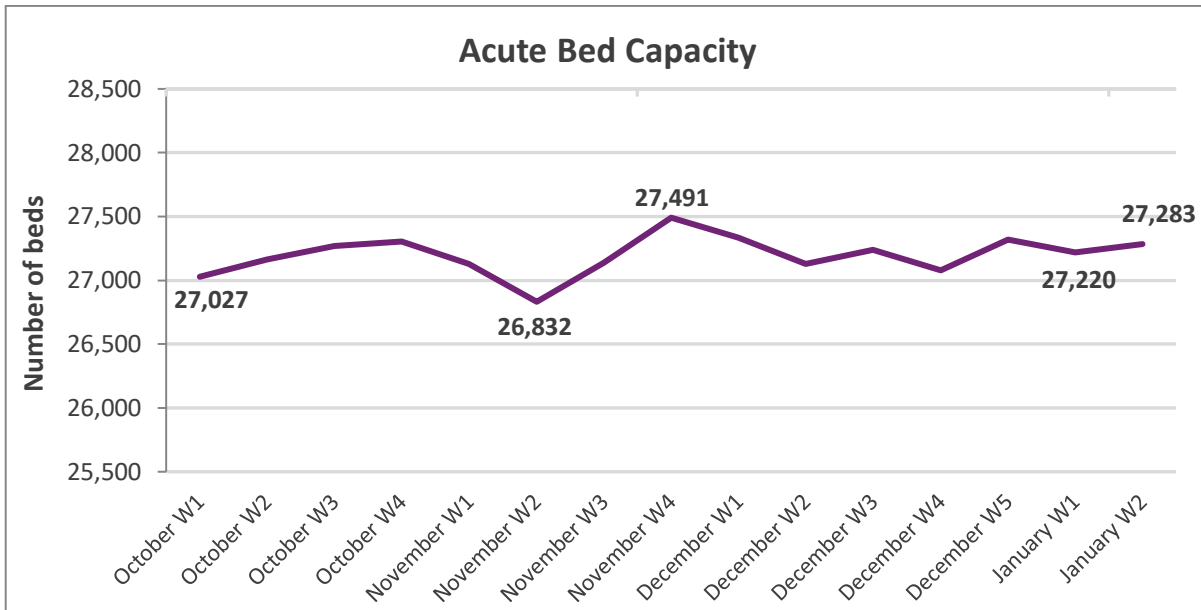
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

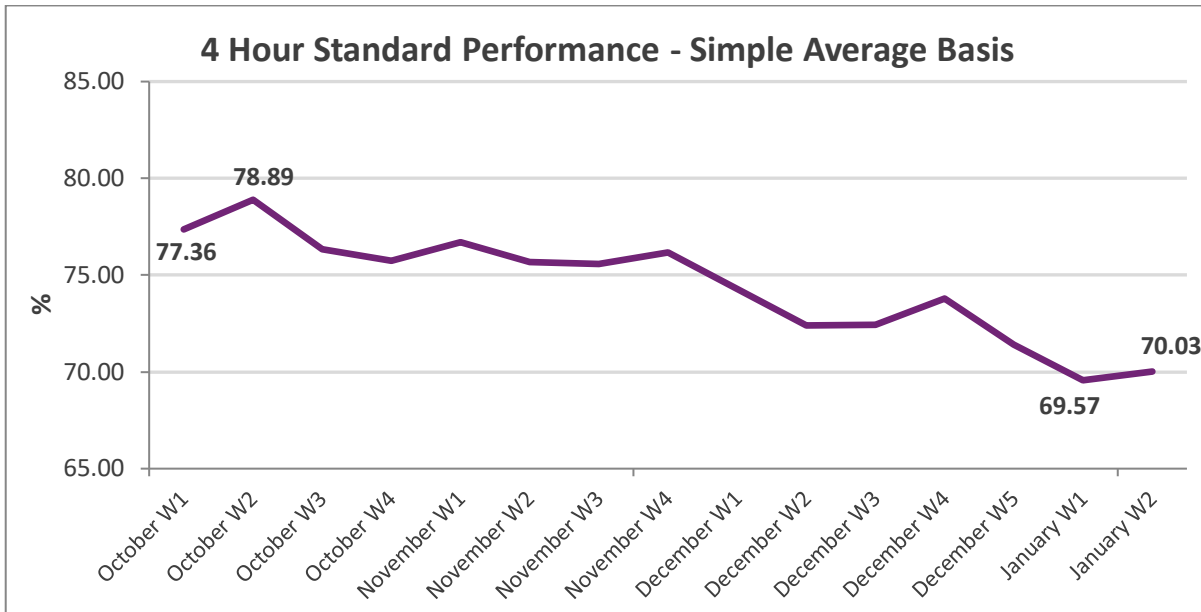
In the second week of January, the number of beds within the project group increased to 27,283 – up from 27,220 the previous week. This is a 0.23% increase from the previous week. In total, there has been a 1.69% increase in the aggregate bed stock<sup>1</sup> from the project starting point.

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	2	2	9	8	15

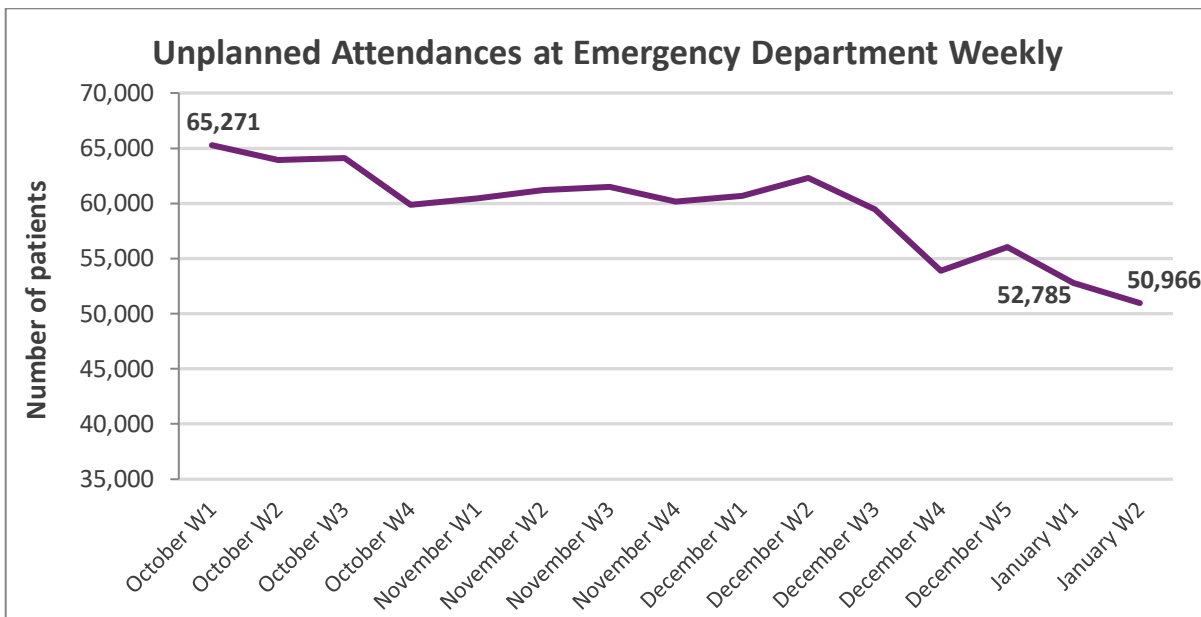
<sup>1</sup> This is measuring from week one to the maximum recorded bed stock for the project to date.

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



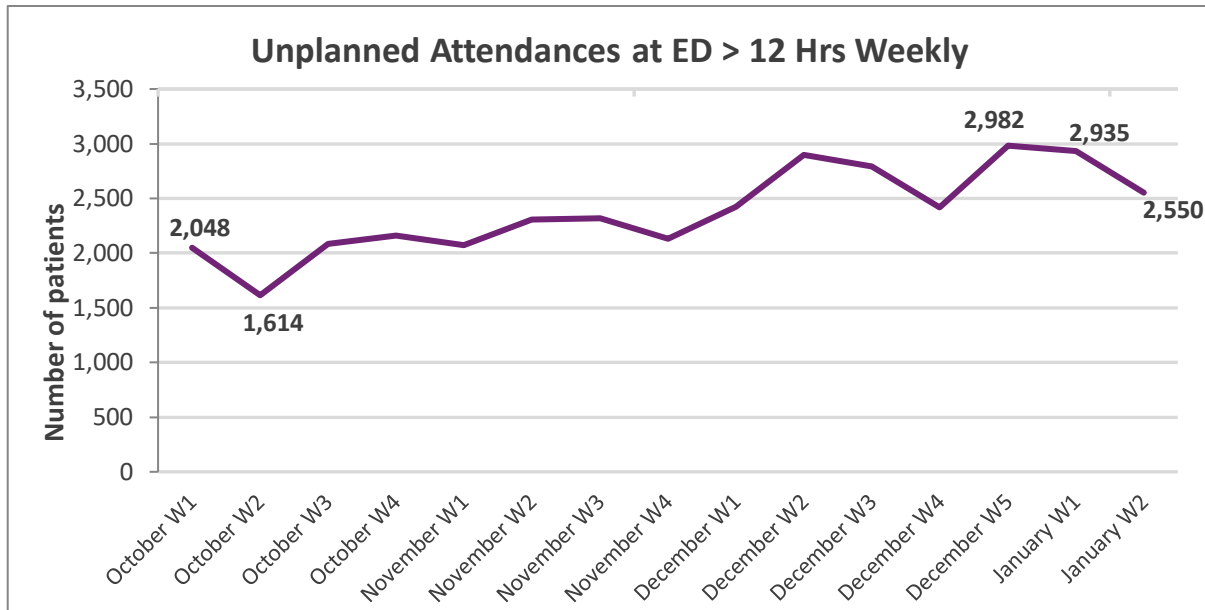
In the second week of January, four-hour standard performance stood at 70.03% - up from 69.57% the previous week. The underlying picture shows 14 increases and 13 decreases across the project group.

### Graph of attendances since October



A total of 50,966 attendances were recorded within the Winter Flow group this week – down from 52,785 the previous week. This is a decrease of 1,819 patients or 3.45%. At site level there were 5 recorded increases and 24 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 January, the number of patients staying more than 12 hours from arrival to departure in Emergency Departments within the Winter Flow group stood at 2,550, down from 2,935 the previous week. This was a decrease of 13.12% from the previous week and translates to 5.00% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 35,727 patients staying over 12 hours from arrival to departure in Emergency Departments since the first week of October.

### Overall

While every data point in this year's Winter Flow Project moved in the right direction last week, the situation remains manifestly bleak.

Performance against the four-hour standard improved by 0.46 percentage, but the figure of 70.03% is still the second lowest recorded so far this year (and is almost identical to the same week in last year's project, in which sites achieved a figure of 70.01%).

Similarly, while 12-hour waits fell by 385 (or 13.1%, the third largest decrease this year to date), they still accounted for 5.00% of attendances, the third week in row to equal or exceed that figure.

At the same time, the number of beds has remained largely static, fluctuating by less than a percent in either direction for six consecutive weeks. Despite the clear need for more beds, it would seem that trusts are finding it fundamentally difficult to accommodate any extra capacity.

Additionally, as the HSJ [has just revealed](#), there are actually far fewer beds available to non-Covid patients than previously thought, while the most recent Winter SitRep data showed that patients staying in hospital for 21 or more days rose by 15% from the previous week, the largest such increase so far this winter.

Increasing lengths of stay is an alarming sign, particularly as Trusts urgently need to begin freeing up beds to accommodate both Covid and non-Covid patients to ensure treatment is available to all those who need it.

The significant fall in attendance also represents a concerning sign, with Winter Flow Emergency Departments seeing just 50,966 patients last week, the lowest such total so far this year.

While a significant rise in attendances would be a cause for concern, a significant fall also creates problems of its own. Patients are inevitably nervous about going to hospitals during a pandemic, but great care is being taken to ensure that infections do not spread through EDs.

As President of the College Katherine Henderson said last year, "Patients should not be afraid to get emergency care. Emergency Departments are safe and if you are injured or seriously ill you should go right away.

"If patients have an issue but only have mild non-urgent symptoms it is important to seek help from the right source. Pharmacists, NHS 111 and GPs are all there to provide care.

"By choosing the right service patients can get the help they need while keeping the NHS safe and reducing the risk of further spread of coronavirus."

Anyone requiring treatment should absolutely seek it, and if that entails a visit to an Emergency Department, they should know that staff are working extremely hard to ensure they will be met with the same level of care and attention that they could expect at any other time.