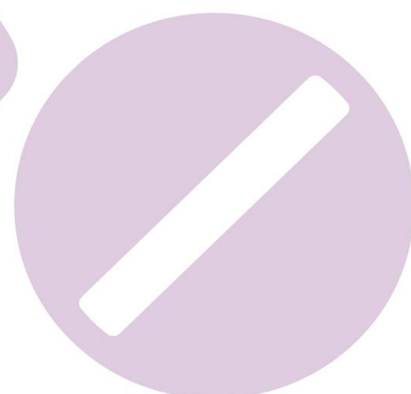
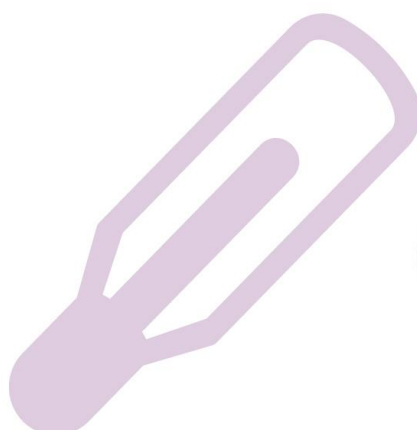


RCEM Winter Flow Project

Analysis of the data so far: 05 February 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.

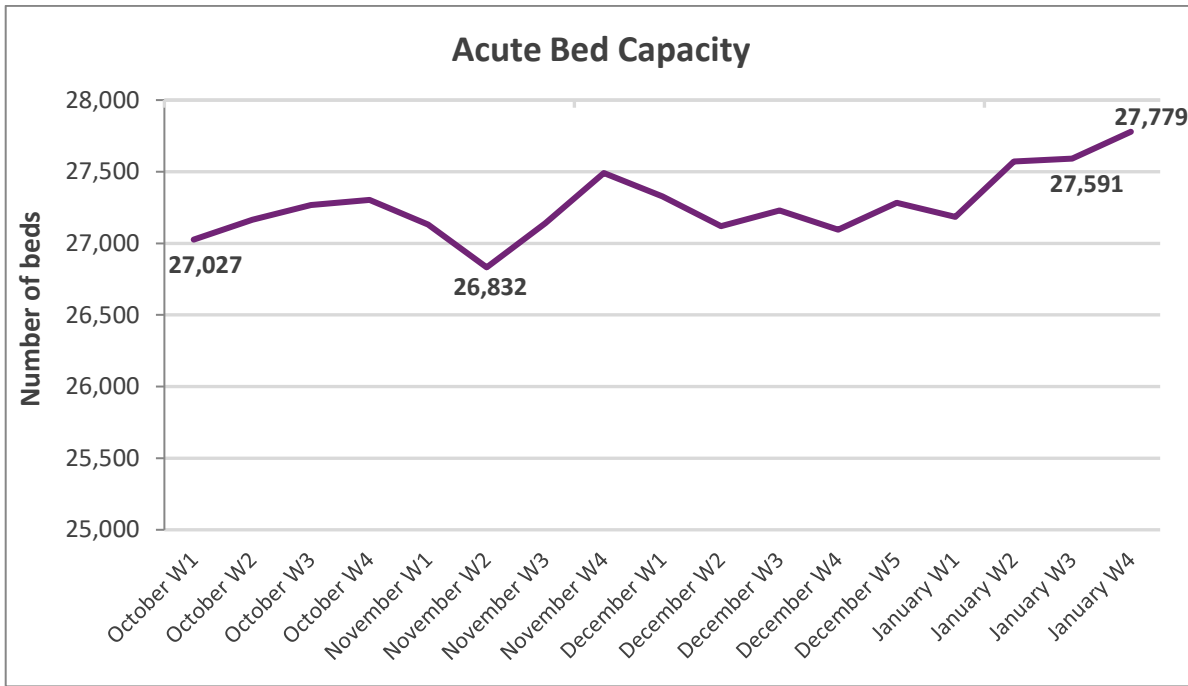
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

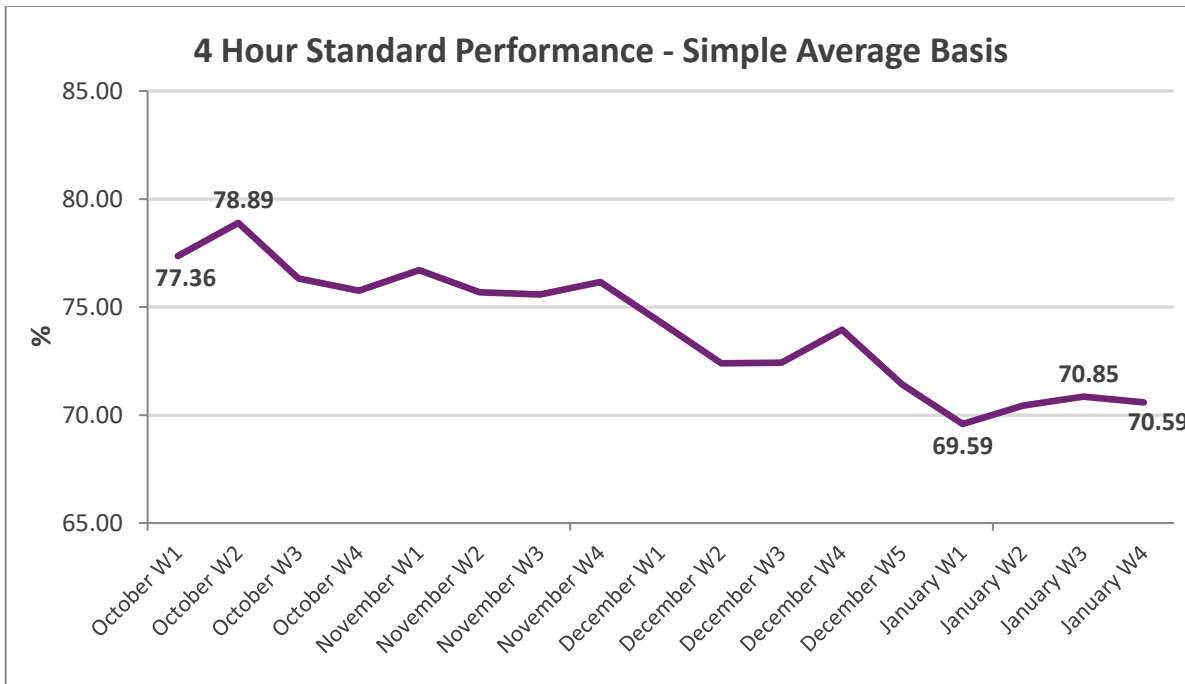
In the fourth week of January, the number of beds within the project group increased to 27,779 – up from 27,591 the previous week. This is a 0.68% increase from the previous week. In total, there has been a 2.71% increase in the aggregate bed stock¹ from the project starting point.

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	6	11	16

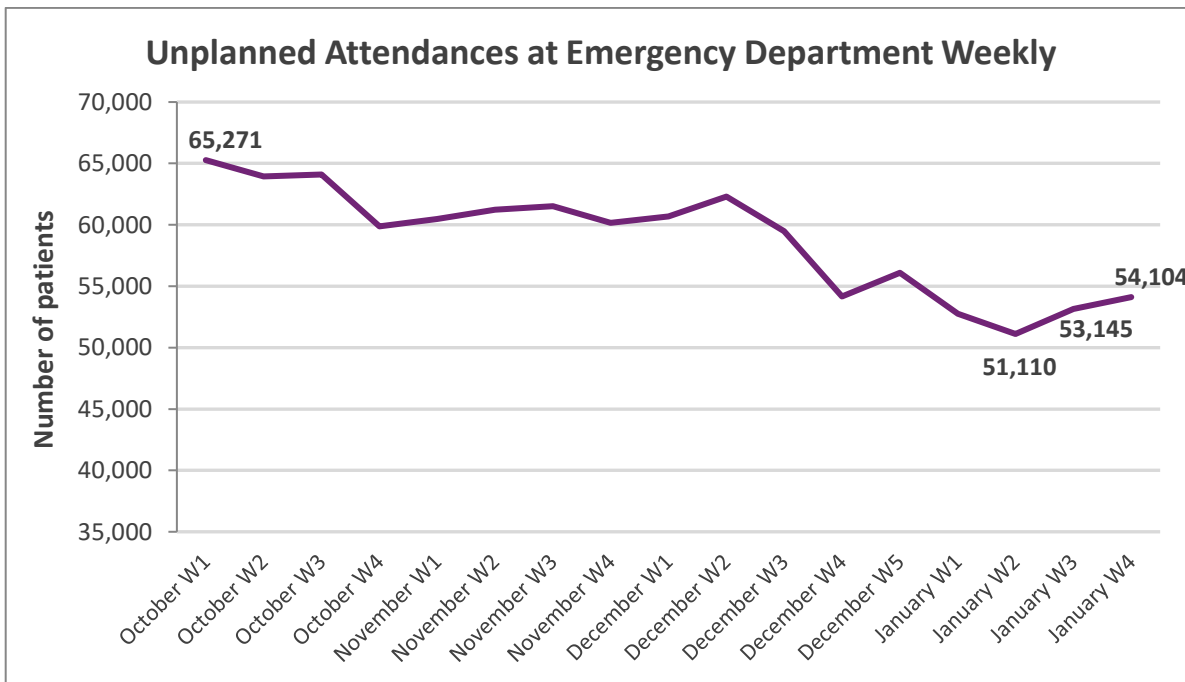
¹ This is measuring from week one to the maximum recorded bed stock for the project to date.
Published 05 February 2021

Graph of four-hour performance by week since October



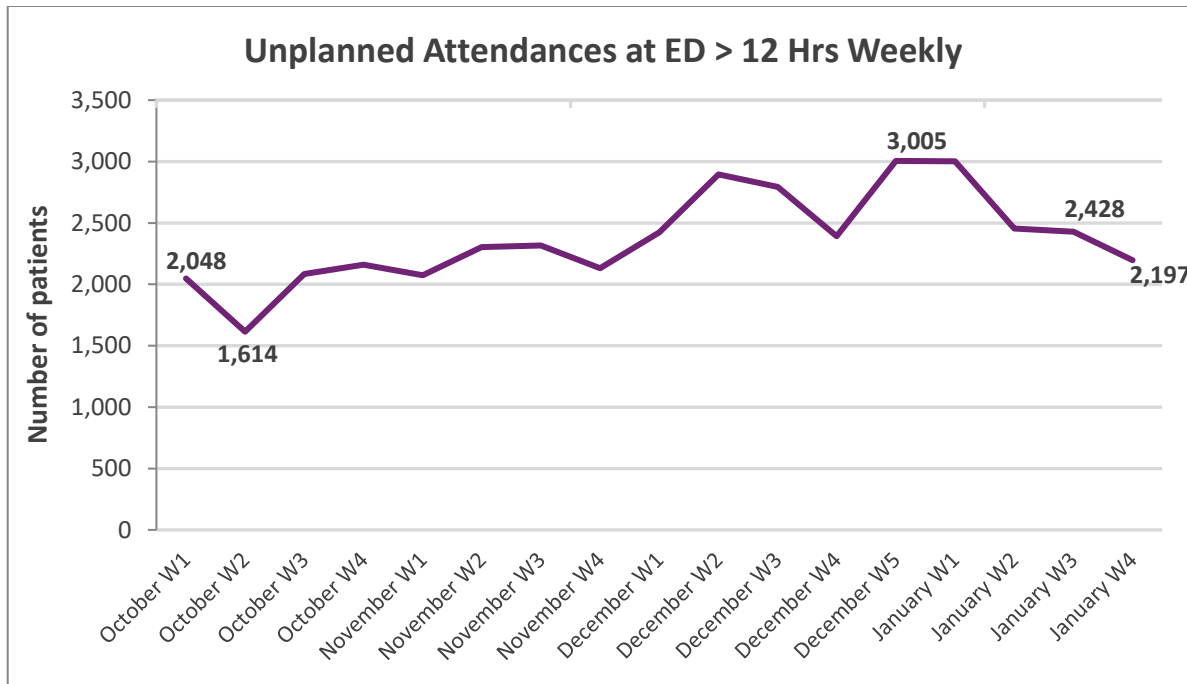
In the fourth week of January, four-hour standard performance stood at 70.59% - down from 70.85% the previous week. The underlying picture shows 15 increases and 12 decreases across the project group.

Graph of attendances since October



A total of 54,104 attendances were recorded within the Winter Flow group this week – up from 53,145 the previous week. This is an increase of 959 patients or 1.80%. At site level there were 21 recorded increases and 8 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 fourth 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 2,197, down from 2,428 the previous week. This was a decrease of 9.51% from the previous week and translates to 4.06% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 40,323 patients staying over 12 hours from arrival to departure in Emergency Departments since the first week of October.

Overall

In what has become something of a refrain during January this year, last week saw a few positive signs combined with some concerning ones.

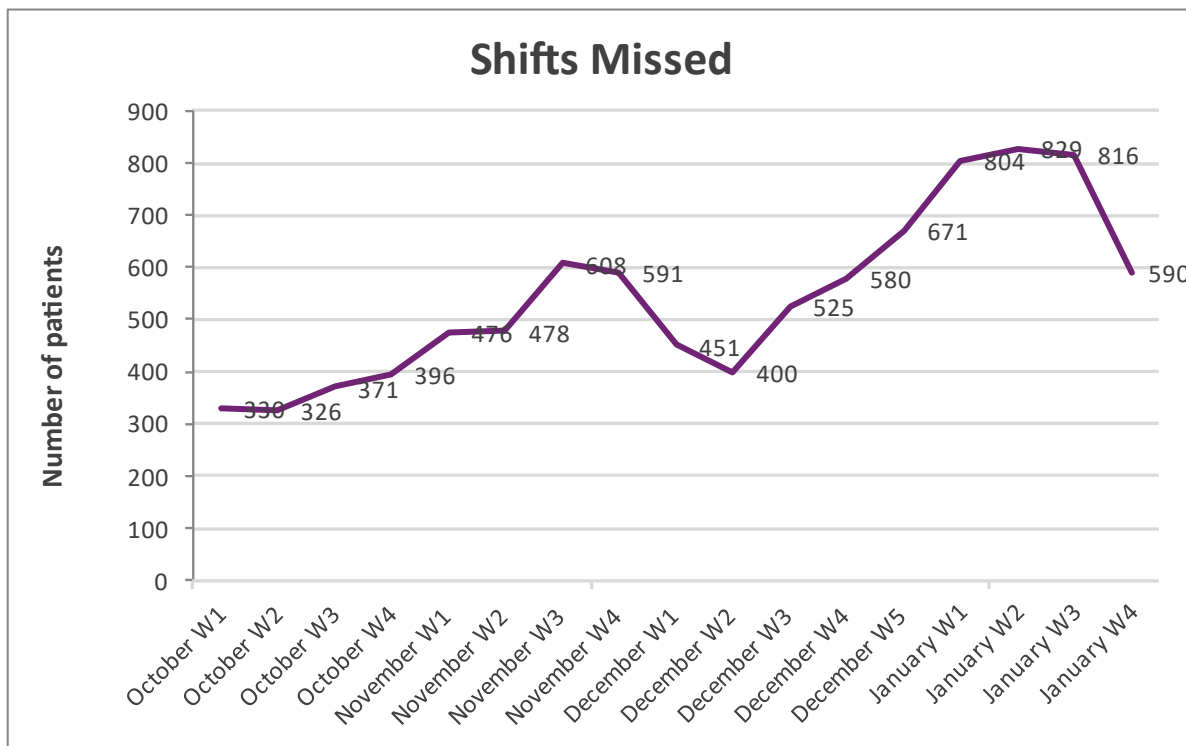
An encouraging development is that 12-hour waits continued to fall, dropping from 2,428 to 2,197. This means that the number of patients waiting over 12 hours from arrival to departure at EDs has decreased in four consecutive weeks. They have also fallen as a percentage of unplanned attendances, accounting for 4.06% of all attendances last week, the lowest such figure for 8 weeks.

Similarly, the number of beds climbed to a new peak this year, with 27,779 acute beds currently in service across Winter Flow sites. This number has risen in four of the last five weeks, with a total increase across that period of 683 beds.

However, performance against the four-hour standard remains rooted at around 70%, as it has done for four weeks now. By week four of January last year, performance had ~~improved~~ ~~climbed~~ to 74.46%, and although there were some subsequent wobbles in February (as is the case in most years), there was a fairly steady climb away from the low water mark ~~set~~ in early January.

Not so this year, where performance remains static, with an apparent ceiling now in place in terms of efficiency of patient flow through EDs. A factor may well be the incremental increases-growth now being seen in attendances, which have begun to increaseincrease again after reaching their lowest point in week 2 of January. However, in the wider scheme they remain low, which raises the disconcerting question of what will happen if growing larger numbers of patients begin to return to EDs. While the rising number of available beds will certainly help, flatlining four-hour performance would perhaps indicate that they are not rising fast enough.

Additional staff will also need to be available to treat patients. This year the Winter Flow Project has also been collecting data on the number of shifts missed by ED doctors who are isolating due to suspected or confirmed Covid diagnoses. One reassuring sign is that number took a significant tumble last week, followingafter a sustained period of growth. Hopefully this is a sign of things to come, particularly as more staff receive vaccinations.



Whether they have contracted the infection or not, though, the pandemic has taken a huge toll on both the physical and mental health of staff, and their recovery will need to be at the forefront of post-Covid policy making.

As RCEM Vice-President John Thompson said earlier this week:

“Most frontline workers have seen patients die, some have known colleagues who have died, others may have been very sick themselves, but all have faced a challenge like no other and given all their energy and efforts to the care of others.

“Even before the pandemic work pressures were unsustainable for staff; now many are nearing breaking point. We entered the pandemic short of staff, so it is essential we look to the future and tackle the workforce crisis to help reduce the harsh pressures and mental strain on our existing staff. We cannot let them down.”

