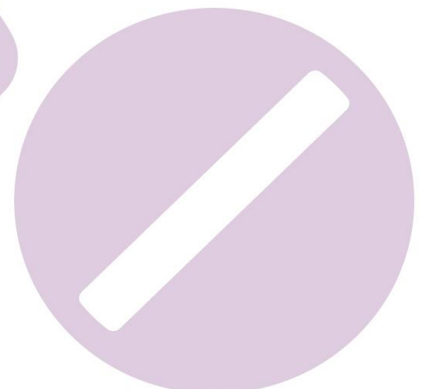
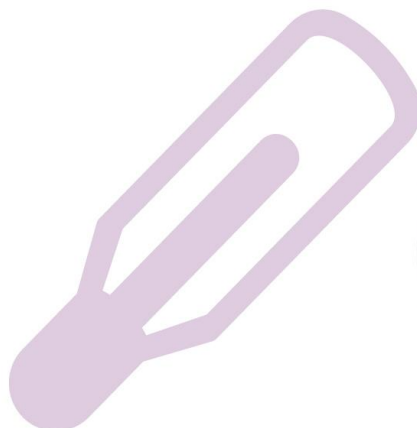




The Royal College of
Emergency Medicine

RCEM Winter Flow Project

Analysis of the data so far: 24th January



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, the number of patients subject to delayed transfers of care and the number of patient attendances in their department(s).

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 50 sites have submitted this data on a weekly basis since the beginning of October.

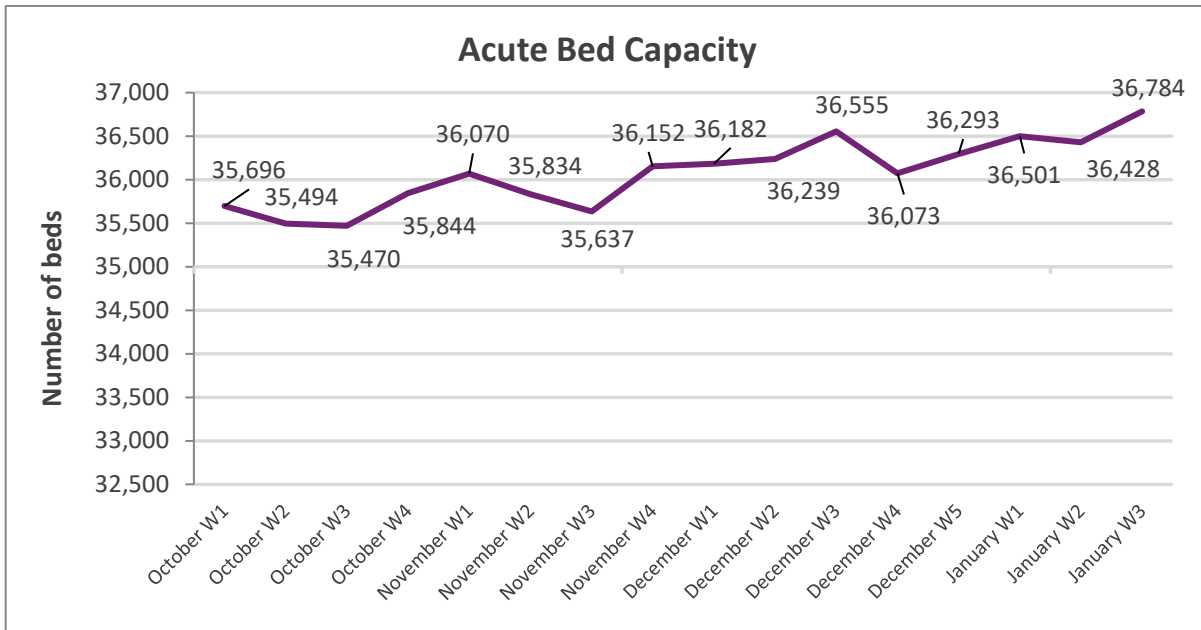
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

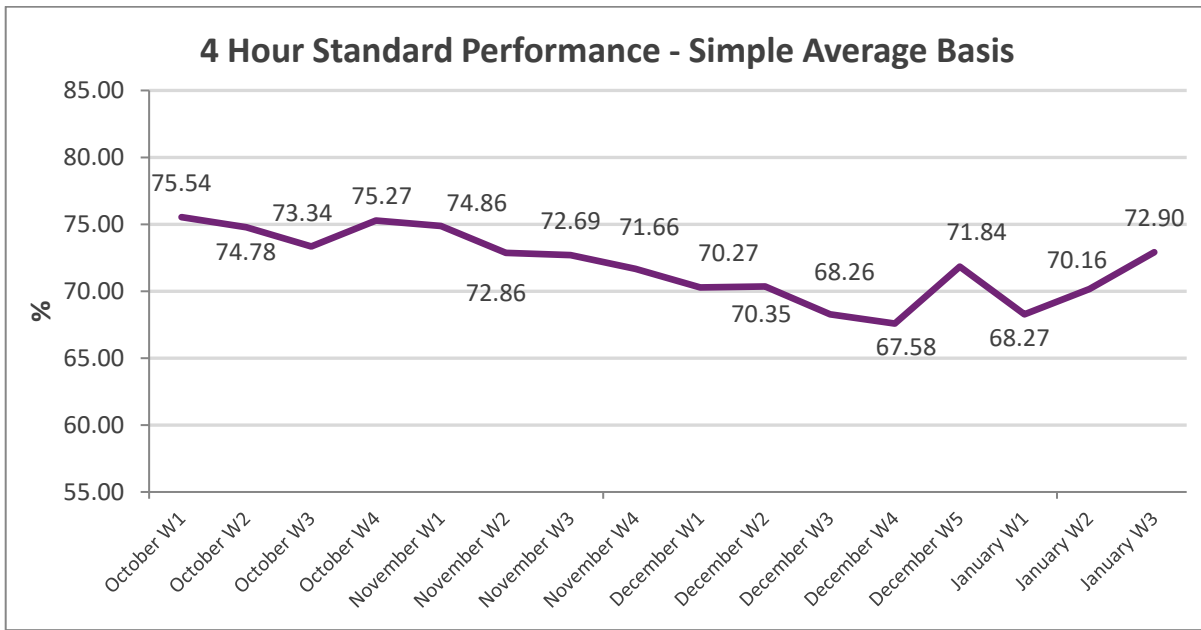
In the third week of January, the number of beds within the project group increased to 36,784 – up from 36,428 the previous week. This is a 0.98% change from the previous week. In total, there has been a 3.04% increase in the aggregate bed stock¹ from the project starting point.

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	8	18	17	4	5

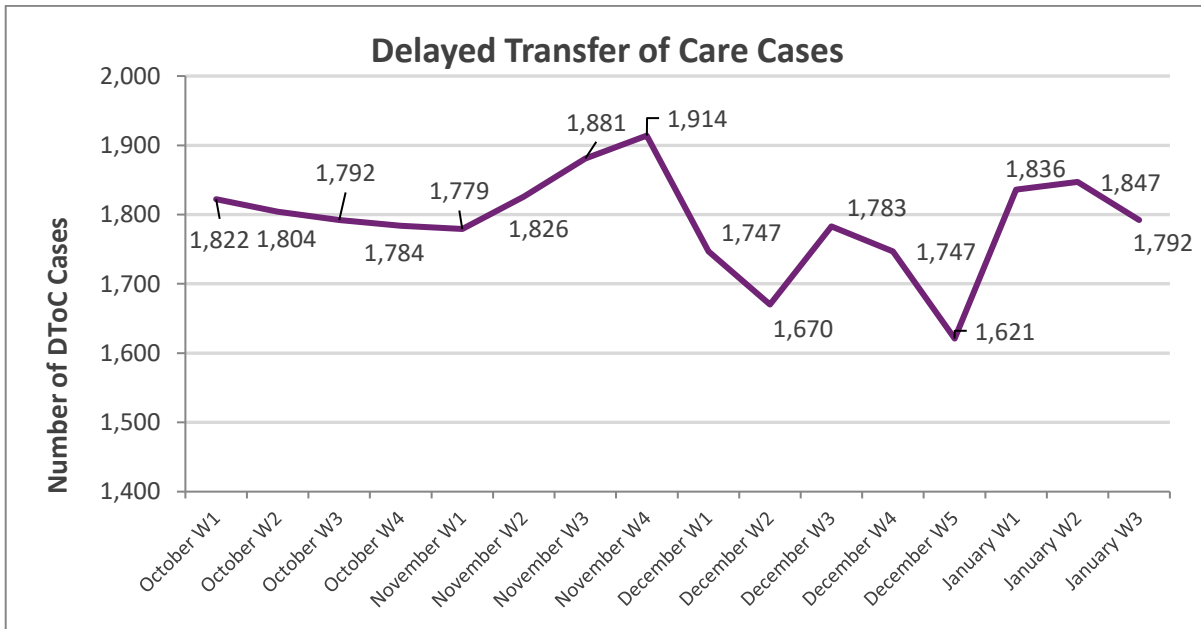
¹ This is measuring from week one to the maximum recorded bed stock for the project to date.
Published 24 January 2020

Graph of four-hour performance by week since October



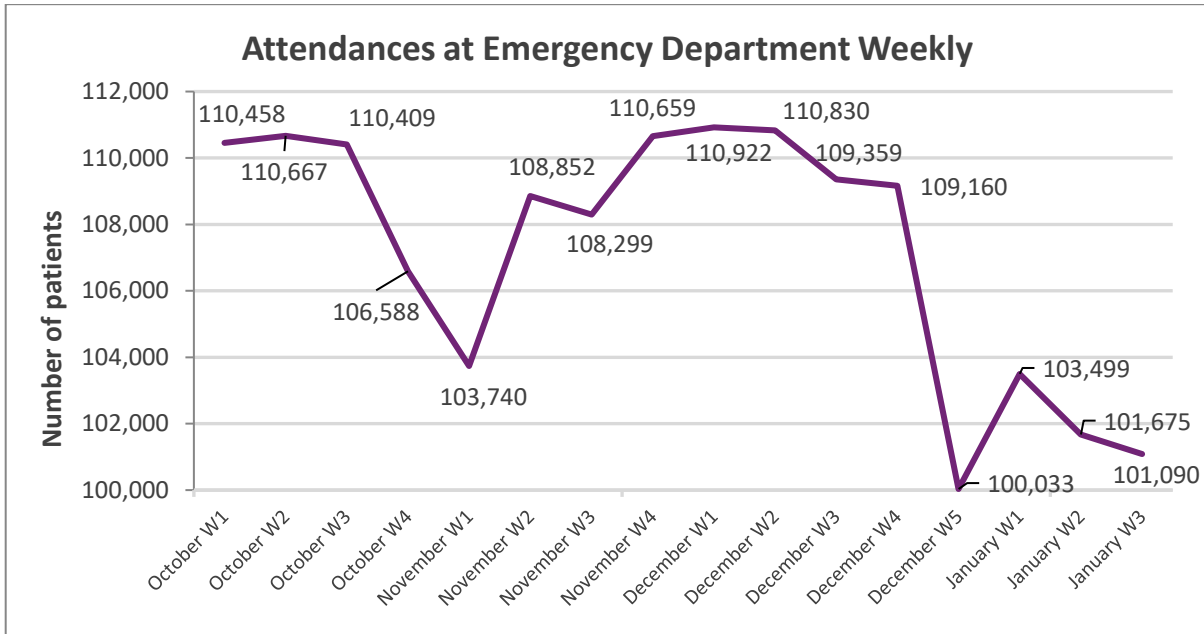
In the third week of January, four-hour standard performance stood at 72.90% - up from 70.16% the previous week. The underlying picture shows 35 increases and 7 decreases across the project group.

Graph of Delayed Transfers of Care (DTOCs) by week since October



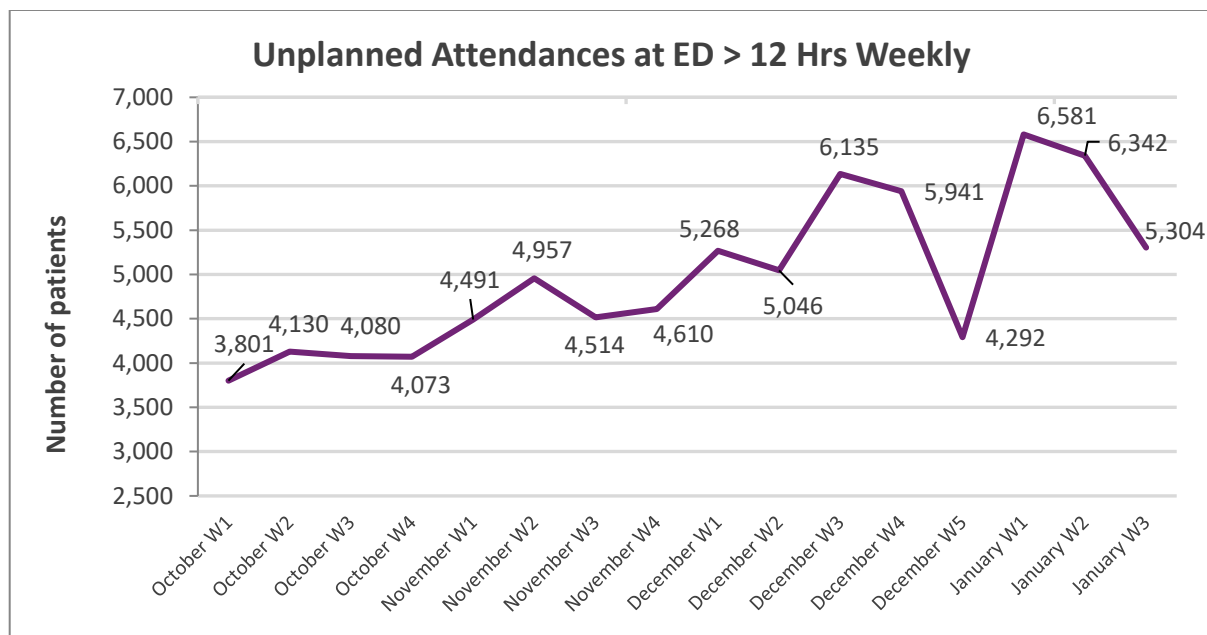
The number of patients subject to DTOC in the third week of January was 1,792 - down from 1,847 the previous week. This translates to 4.87% of acute bed stock - down from 5.07% the previous week. The range across Winter Flow contributors this week was between 0.6% and 19.5%.

Graph of attendances since October



A total of 101,090 attendances were recorded within the Winter Flow group this week - down from 101,675 the previous week. This is a decrease of 585 patients or 0.58%. At site level there were 20 recorded increases and 25 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 January, the number of patients staying more than 12 hours from arrival to departure in Emergency Departments within the Winter Flow group stood at 5,304 down from 6,342 the previous week. This was a decrease of 16.37% from the previous week and translates to 5.25% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 79,565 patients staying over 12 hours from arrival to departure in Emergency Departments since the first week of October.

Overall

The Winter Flow data published today for the third week of January shows one of those welcome and all too infrequent instances when most of the indicators seem to be pointing in the right direction. This week we saw a 0.98% increase in the number of acute beds within the Winter Flow Group (374) which is the third highest increase we have seen since the beginning of October. Similarly, the number of patients subject to Delayed Transfers of Care decreased by 2.98% (55) the fourth largest weekly numerical decline over the same period.

The number of patients attending Winter Flow Emergency Departments declined by 0.58% (585) and the number of patients staying within those same Departments for more than 12 hours declined by 16.37% (1038) week on week.

Perhaps predictably, the net result of this decline in demand and improvement in resource provision is that four-hour standard performance has improved by 2.74 percentage points to 72.90%. You could even say that we are now beginning to see the more usual improvement in seasonal performance that is typically expected after the Christmas season.

However, while any improvement will be welcomed by both patients and staff, we should not deceive ourselves about the scale of the challenges that remain. The simple fact is that

we are still 22.10 percentage points away from compliance with the four-hour standard and as this would indicate, performance remains at historic lows.

Nor can current levels of resource provision be realistically expected to retrieve the situation. For example, the level of acute bed occupancy recorded by NHS England for the same week was 95%. There has been some improvement, but it is marginal. Last week's figure was 95.1%.

In past years, NHS England's preferred remedy for the situation has been to call for an improvement in active bed management by reducing the numbers of patients subject to Delayed Transfers of Care. There are perfectly sound clinical reasons to do so and there is no doubt that such measures – when effective – improve patient flow.

But there is no use pretending that this will solve the problem. If we take only this week as an example, there were 1,792 patients subject to Delayed Transfers of Care within the Winter Flow group. In the same week – after substantial improvement – there were nonetheless 5,304 patients staying within Winter Flow Emergency Departments for more than 12 hours from arrival to departure.

What this means is that even if every case of Delayed Transfers of Care was successfully resolved and each of those patients allowed to go home, there would still have been 3,512 patients staying for more than 12 hours within their Emergency Departments in one week alone.

To rid the NHS of the scourge and indignity of corridor care, we must seriously address the physical and clinical resources available in our hospitals to give every patient the standard and quality of care that they have every right to expect.