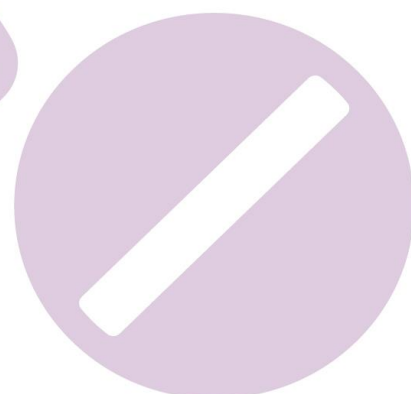
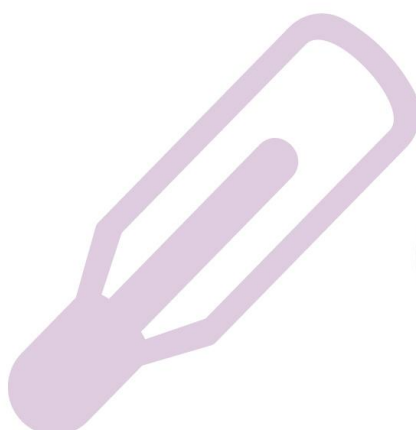


RCEM Winter Flow Project

Analysis of the data so far: 17th 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.

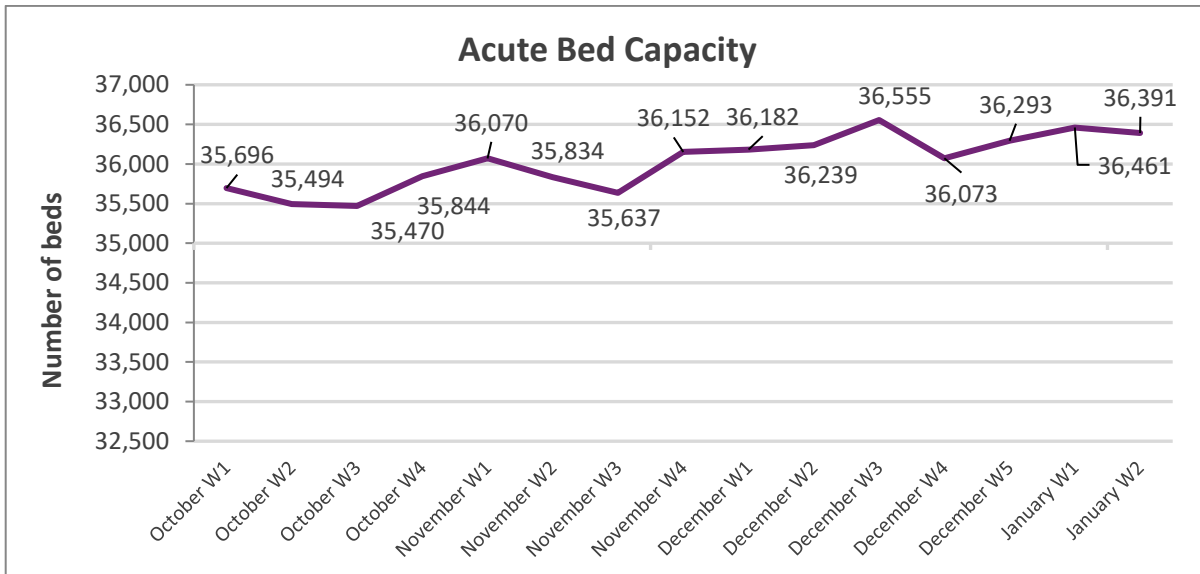
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

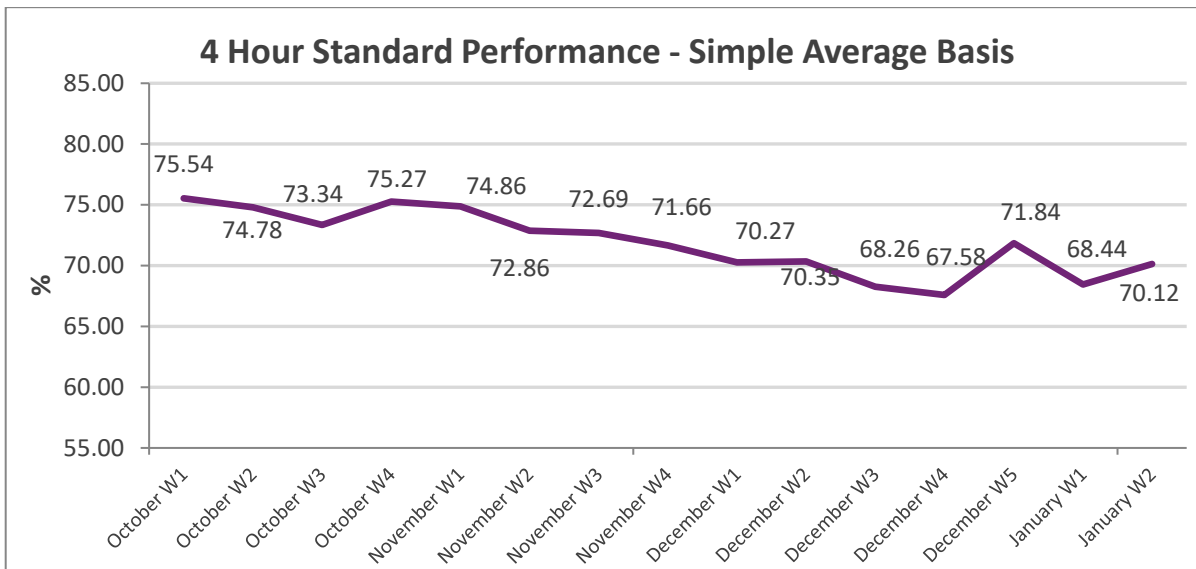
In the second week of January, the number of beds within the project group decreased to 36,391 – down from 36,461 the previous week. This is a 0.19% change from the previous week. In total, there has been a 2.41% increase in the aggregate bed stock¹ from the project starting point.

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	17	17	4	5

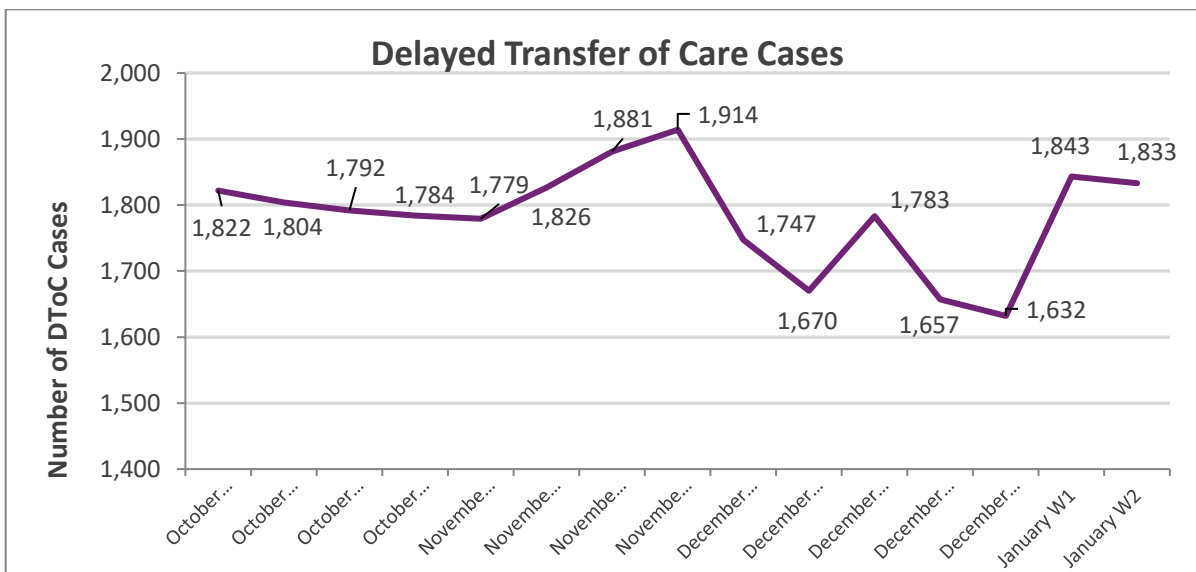
¹ This is measuring from week one to the maximum recorded bed stock for the project to date.
Published 17 January 2020

Graph of four-hour performance by week since October



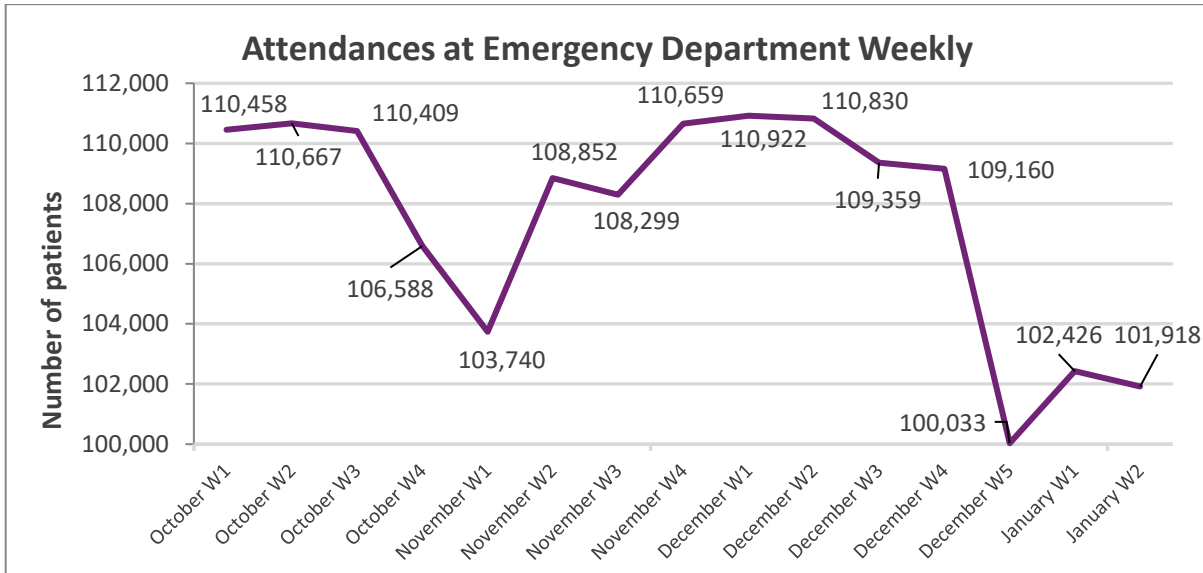
In the second week of January, four-hour standard performance stood at 70.12% - up from 68.44% the previous week. The underlying picture shows 31 increases and 14 decreases across the project group.

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



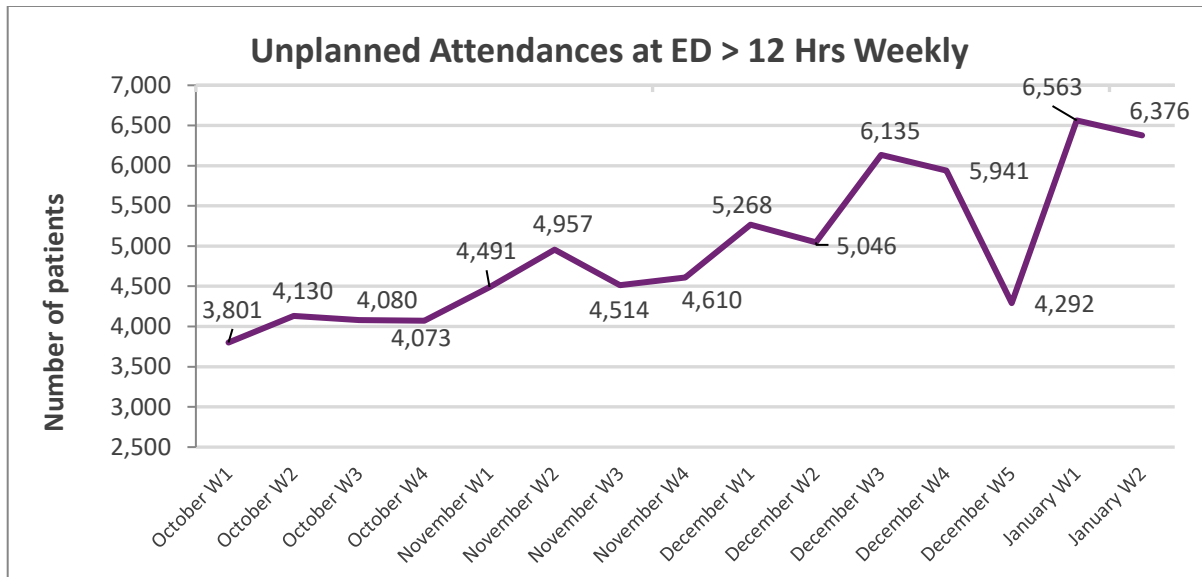
The number of patients subject to DTOC in the second week of January was 1,833 - down from 1,843 the previous week. This translates to 5.04% of acute bed stock - down from 5.05% the previous week. The range across Winter Flow contributors this week was between 0.4% and 34.2%.

Graph of attendances since October



A total of 101,918 attendances were recorded within the Winter Flow group this week - down from 102,426 the previous week. This is a decrease of 508 patients or 0.50%. At site level there were 16 recorded increases and 32 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 Project group stood at 6,376 down from 6,563 the previous week. This was a decrease of 0.15% from the previous week and translates to 6.26% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 74,277 patients staying over 12 hours from arrival to departure in Emergency Departments since the first week of October.

Overall

The Winter Flow data published this week will offer little comfort to those working in our Emergency Departments striving to treat their patients. In light of a drop in ED attendances of 0.5% (508 patients), four-hour standard performance has recovered by 1.68 percentage points to 70.12% compared with the previous week (68.44%). Similarly, the numbers of patients subject to Delayed Transfers of Care has briefly stabilized (1833 patients compared with 1843 the previous week) at around 5% of bed stock.

The same is also true for the number of patients staying within Winter Flow Emergency Departments for more than 12 hours from arrival to departure. There were 6,376 such patients this week, a 0.15% improvement on the figure for the previous week (6,563). That said, this is still the second highest figure we have ever recorded and an increase of 2,575 patients a week since the first week of October.

In short, while any improvement is welcome news for both patients and staff, this isn't much to cheer about. Performance remains absolutely marooned at historic lows and patients are being put at greater risk of avoidable harms as a result. As we have said in previous weeks, this is the net consequence of the UK Government's at best lukewarm support for the four-hour standard.

As such the correct response to this difficult situation is reinforce the value of the four-hour standard and provide the necessary resources to deliver it. That is why it is of great concern

that the Secretary of State has pre-empted the NHS England Clinical Review of Standards and seems determined scrap the target and the scrutiny that entails, rather than solve the problem.²

Responding to those recent comments from the Secretary of State, the President of the Royal College of Emergency Medicine, Dr Katherine Henderson said:

“We agree with trying to improve on the standard and have been happy to explore alternatives that drive patient flow and improve experience.

“However, so far we've seen nothing to indicate that a viable replacement for the four-hour target exists and believe that testing should soon draw to a close.

“Rather than focus on ways around the target, we need to get back to the business of delivering on it.”³

In light of the continued poor performance in our Emergency Departments, with all consequences this entails for both patients and staff, we are today calling for an urgent meeting with the Secretary of State to discuss these issues.

² [Matt Hancock signals A&E waiting targets likely to be scrapped](#)

³ [RCEM response to Secretary of State comments on four-hour standard](#)