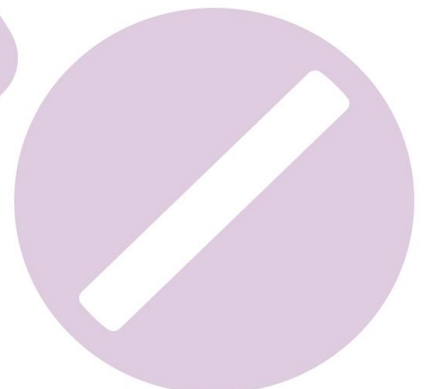
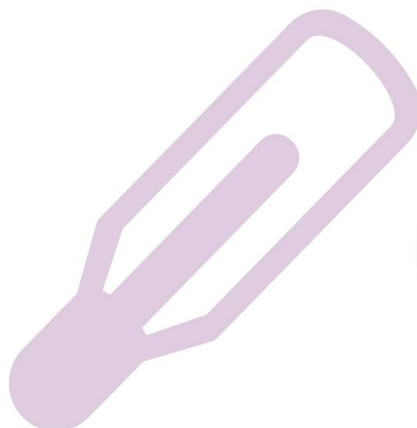




The Royal College of
Emergency Medicine

RCEM Winter Flow Project

Analysis of the data so far: 10th 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.

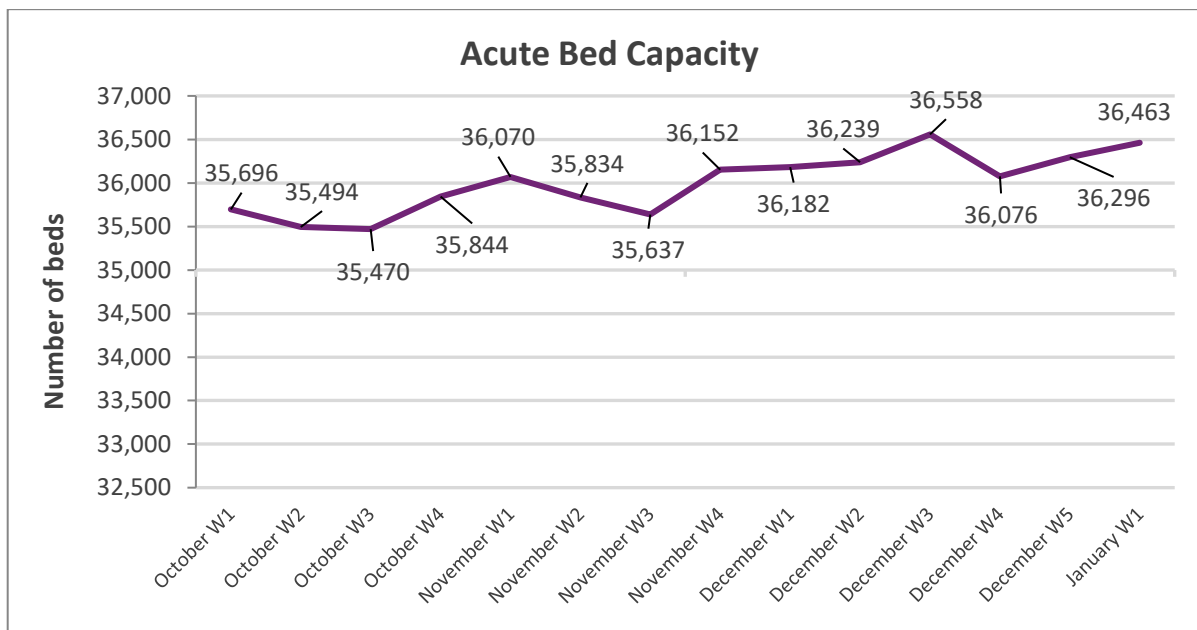
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

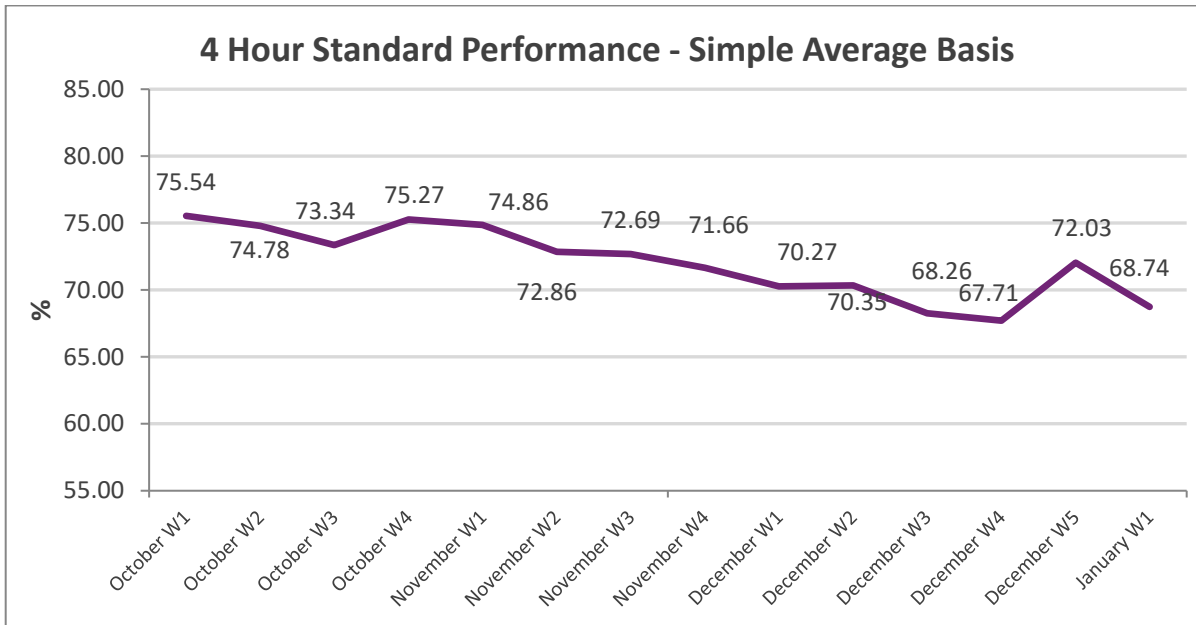
In the first week of January, the number of beds within the project group increased to 36,463 – up from 36,296 the previous week. This is a 0.46% change from the previous week. In total, there has been a 2.41% increase in the aggregate bed stock¹ from the project starting point.

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	7	19	17	3	5

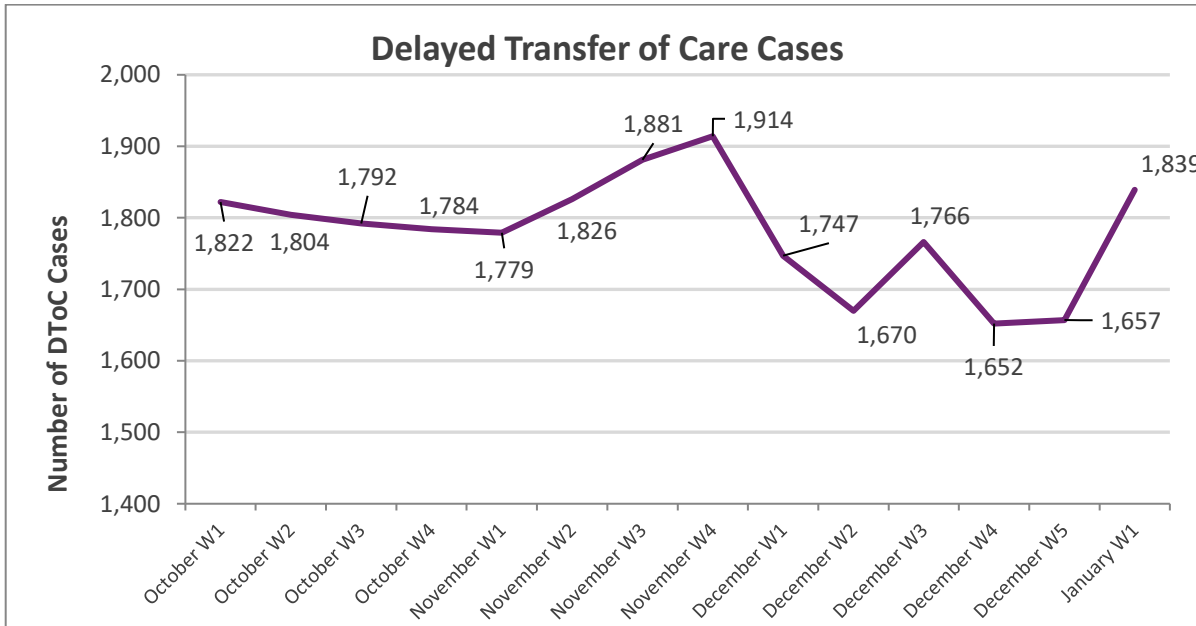
¹ This is measuring from week one to the maximum recorded bed stock for the project to date.
Published 10 January 2020

Graph of four-hour performance by week since October



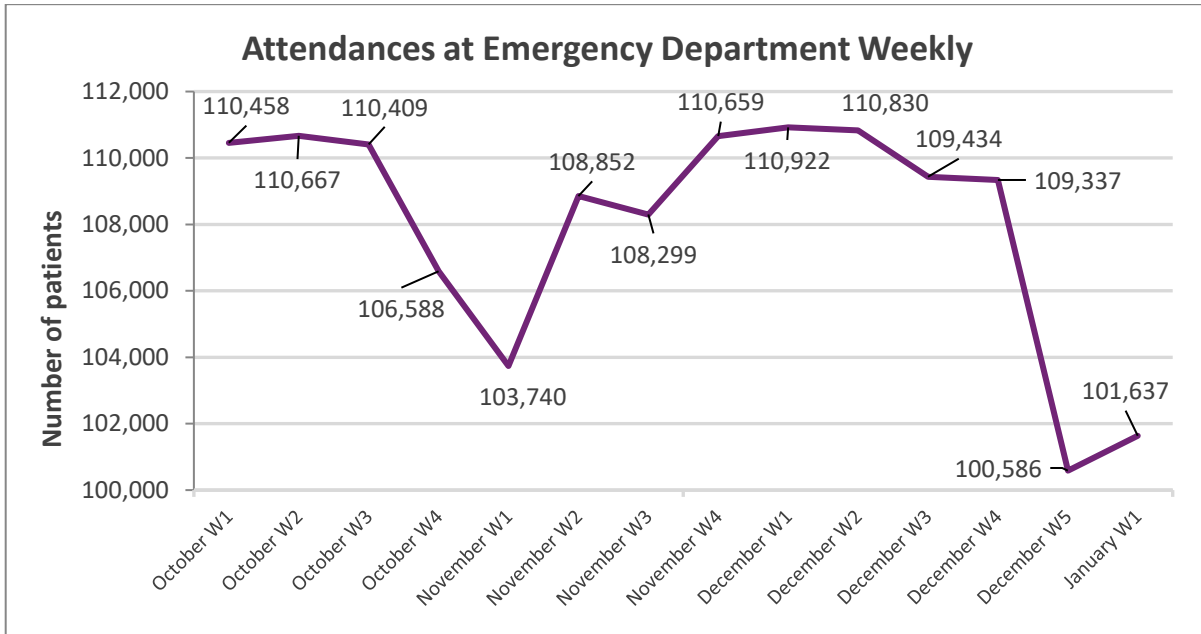
In the first week of January, four-hour standard performance stood at 68.74% - down from 72.03% the previous week. The underlying picture shows 8 increases and 34 decreases across the project group.

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



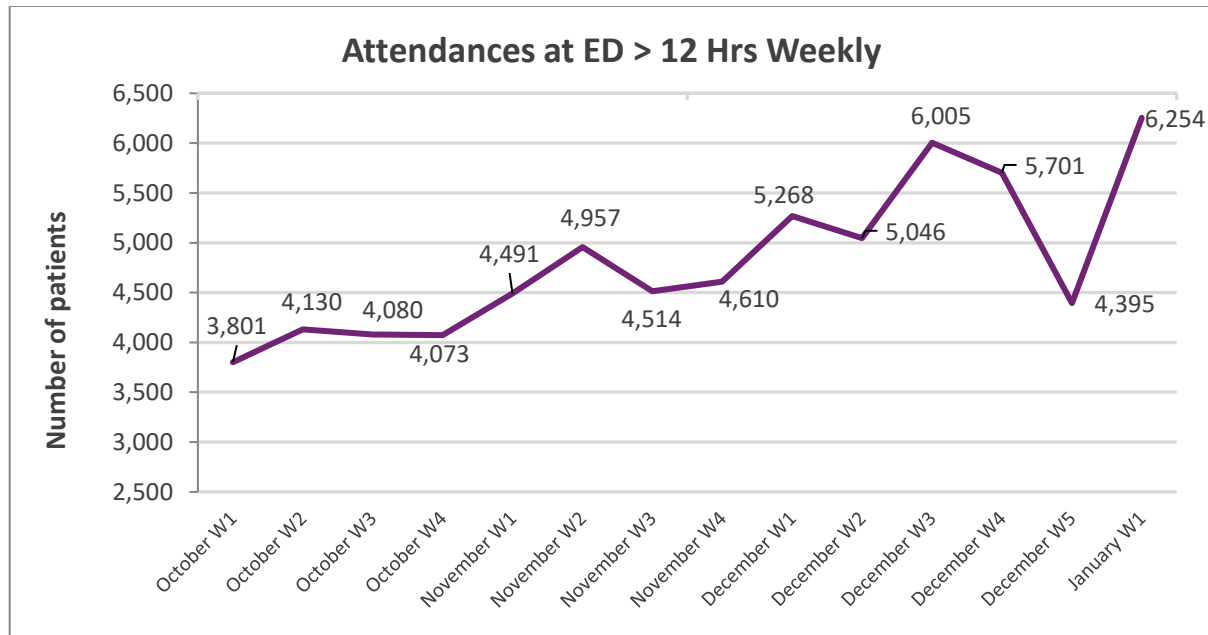
The number of patients subject to DTOC in the first week of January was 1,839 - up from 1,657 the previous week. This translates to 5.04% of acute bed stock - up from 4.57% the previous week. The range across Winter Flow contributors this week was between 0.2% and 26.4%.

Graph of attendances since October



A total of 101,637 attendances were recorded within the Winter Flow group this week - up from 100,586 the previous week. This is an increase of 1,051 patients or 1.04%. At site level there were 34 recorded increases and 13 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 first 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 6,254 up from 4,395 the previous week. This was an increase of 42.30% from the previous week and translates to 6.15% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 67,325 patients staying over 12 hours from arrival to departure in Emergency Departments since the first week of October.

Overall

Judged merely on facts alone, it is difficult to find anything positive to say about the Winter Flow data published this week. While the staff within our Emergency Departments continue to work at full stretch to keep patients safe, at 68.74% four-hour standard performance has now dropped 6.8 percentage points since the beginning of October and has reached levels that in previous years have prompted chief executives to resign² and urgent questions to the Secretary of State.³

The signs of acute distress are unmistakable, and now, widely publicised. To quote from our own data 6,254 patients stayed more than 12 hours in Emergency Departments within the Winter Flow group this week. This is 6.15% of all attendances we registered within the same week and 12 hour delays have risen consistently since October. Winter Sitrep data from NHS England this week also shows bed occupancy at 94.2%.

Such is the situation that hospitals have now resorted to extraordinary measures in an attempt to cope. This week our own media monitoring has shown a number of providers appealing to the public to stay away in both newspapers and social media. Moreover, the reporting of performance in the national press has taken on a whole new level of urgency.

² [Under-fire trust chair to step down following calls from MPs to resign](#)

³ [Hansard: 18 Dec 2014: Column 1553](#)

For example, this week the Health Service Journal ran with the headline 'Record collapse in emergency care performance'.⁴

In this context there are perhaps two things to say. The first is that it is a common feature of national reporting and NHS England's own press releases to mention that patient demand has continued to rise. While this is perfectly true, this is not unusual, and it should not be unreasonable to expect that this could be planned for. Demand at our Emergency Departments is a function of population levels and the age profile of that population. As such, as our population has continued to grow and its age profile has become more elderly, we should confidently expect that there will be more patients presenting at Emergency Departments – perfectly legitimately – requiring care.

The second point, is that the solution to this problem is to provide more doctors and nurses to treat patients, give them Emergency Departments that are fit for purpose and a sufficient number of beds to admit patients should that be required.

The Royal College of Emergency Medicine has been making these points consistently for a number of years and on the day after the General Election we said that the new Government would have the opportunity to grasp the nettle and improve the situation.

That is why we welcome the words of NHS Medical Director Professor Stephen Powis, which show quite clearly that NHS England have understood the problem.

"The continued increase in people's need for care underlines the need for more beds and staff across hospital and community services, which is why the..... commitment to increase the number of nurses by 50,000 and invest in new and expanded facilities will be crucial over the coming years."

For the sake of patients and staff, if performance is to be restored, these commitments need to be fulfilled.

⁴ [HSJ: Record collapse in emergency care performance 9th January](#)
Published 10 January 2020