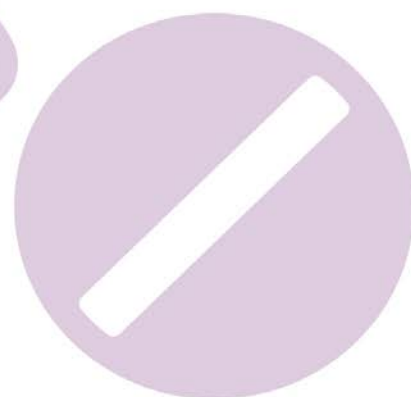
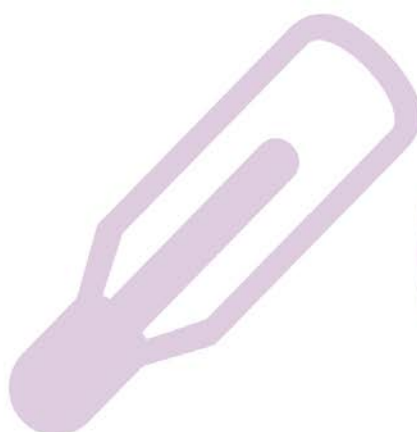


RCEM Winter Flow Project

Analysis of the data so far: 20th December



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

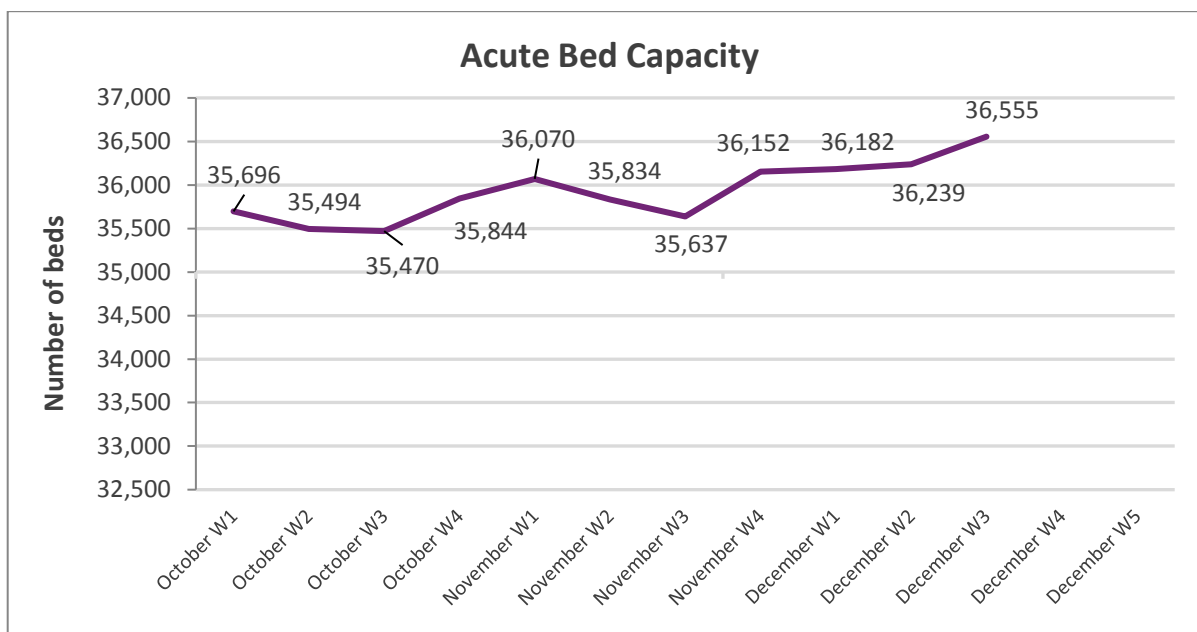
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

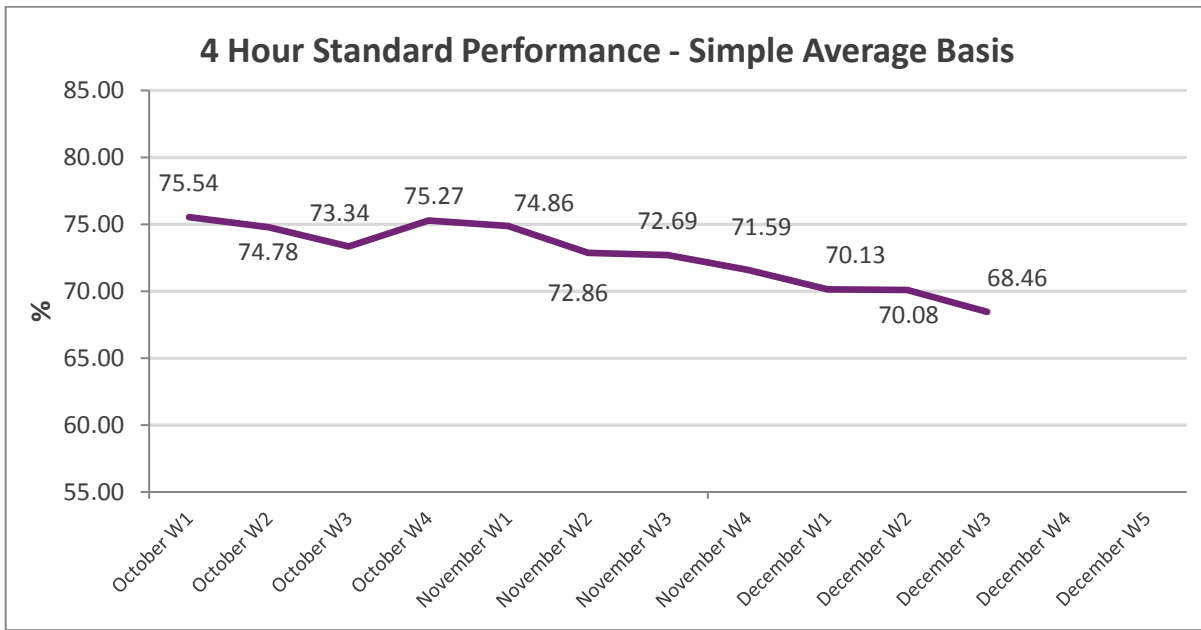
In the third week of December, the number of beds within the project group increased to 36,555 – up from 36,239 the previous week. This is a 0.87% change from the previous week. In total, there has been a 2.40% increase in the aggregate bed stock¹ from the project starting point.

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	10	21	16	2	2

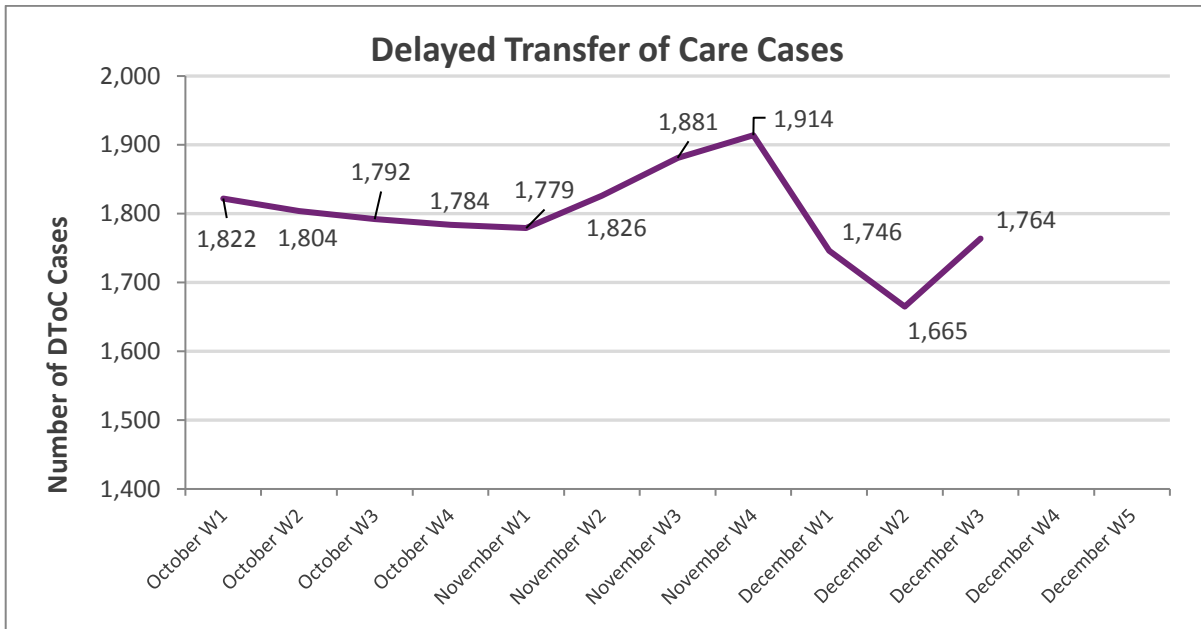
¹ This is measuring from week one to the maximum record bed stock for the project to date.

Graph of four-hour performance by week since October



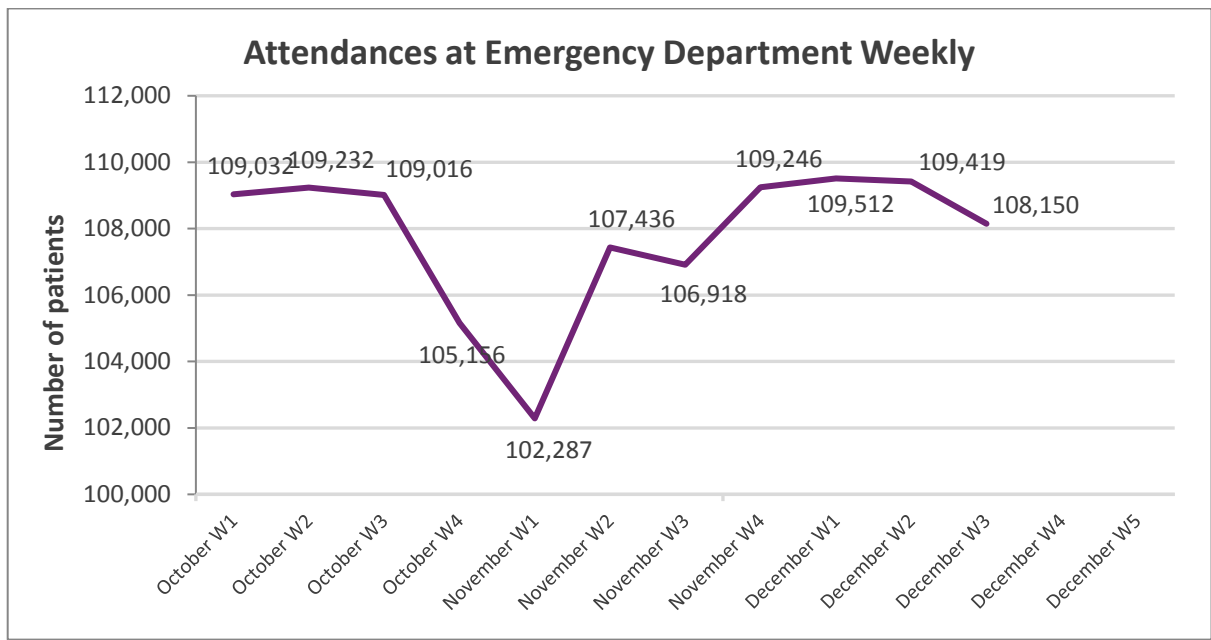
In the third week of December, four-hour standard performance stood at 68.46% - down from 70.08% the previous week. The underlying picture shows 13 increases and 31 decreases across the project group.

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



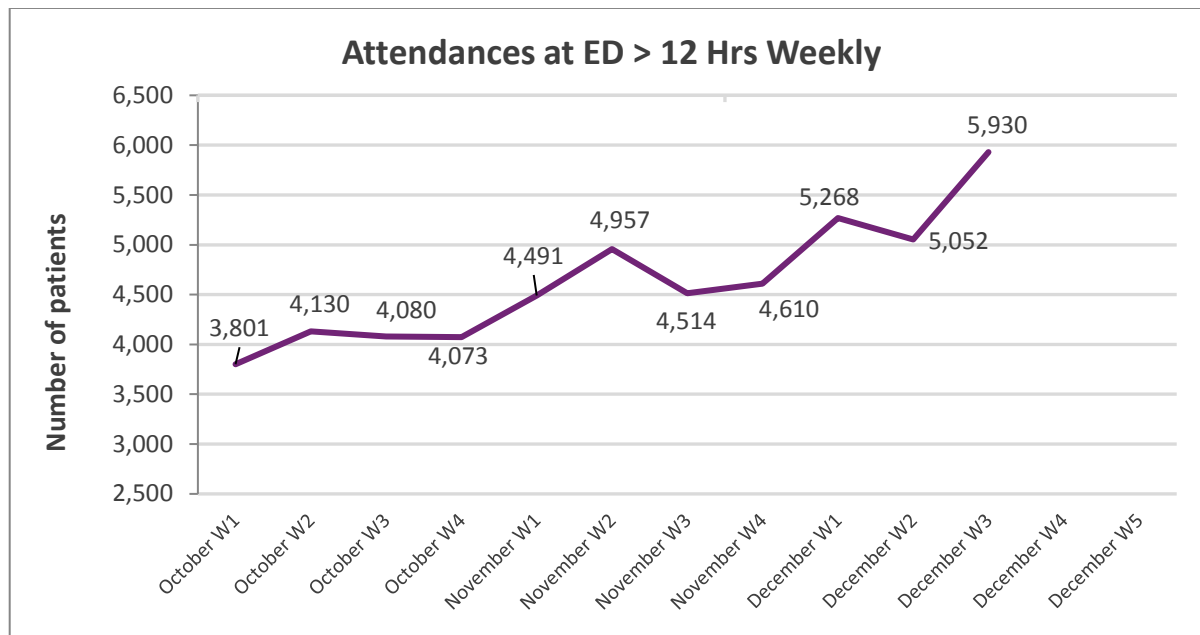
The number of patients subject to DTOC in the third week of December was 1,764 - up from 1,665 the previous week. This translates to 4.83% of acute bed stock - up from 4.59% the previous week. The range across Winter Flow contributors this week was between 0.00% and 20.50%.

Graph of attendances since October



A total of 108,150 attendances were recorded within the Winter Flow group this week - down from 109,419 the previous week. This is a decrease of 1,269 patients or 1.16%. At site level there were 19 recorded increases and 29 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 December, the number of patients staying more than 12 hours from arrival to departure in Emergency Departments within the Winter Flow Project group stood at 5,930 up from 5,052 the previous week. This was an increase of 17.38% from the previous week and translates to 5.48% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 50,906 patients staying over 12 hours from arrival to departure in Emergency Departments since the first week of October.

Overall

This week's Winter Flow report is the last such report before the New Year and we would like to take this opportunity to wish everyone who might have cause to use or work within NHS Emergency Departments a happy and safe festive season.

Unfortunately, the Winter Flow data published this week shows that those working within those Emergency Departments to keep patients safe continue to do so within a very challenging environment. Anyone hoping that a significant decline in patient numbers might ease some of the pressure has been disappointed. Despite a fall in patient numbers of 1.16% this week (1,269 patients), the largest such decline we have seen since the first week of November, and bringing 316 additional acute beds into service (a 0.87% increase on the previous week) four-hour standard performance has continued its apparently inexorable decline. Performance has dropped by 1.63 percentage points this week to 68.46%. Not only does this speak of performance level unimaginable only a couple of years ago but it means that performance has declined even faster than the number of patients.

And nowhere can this be seen more clearly than in the number of patients we have recorded staying within their Emergency Department for more than 12 hours. In the third week of December within the Winter Flow group there were 5930 patients placed in this position. This is the highest number we have recorded since the beginning of October and the largest increase we have yet seen in a single week (17.38% an increase of 878 patients).

One could argue that in many ways this is no surprise given that bed occupancy rates as recorded by the NHS England Winter Daily Situation Reports remain well in excess of 90%.²

However, that does not mean that patients or staff should accept this situation with a sense of resignation. As we have said previously, performance at this level actively puts patients at greater risk of avoidable harms, and this is a consequence of the fact that the loss of commitment to the four-hour standard means we are no longer seeing whole hospital ownership of patient flow.

As was noted yesterday in the Health Service Journal (HSJ), if the proposed alternatives to the four-hour standard remain unsatisfactory then for the good of every patient who needs the services of an Emergency Department the rational choice is that the four-hour standard should be retained.³

² [Winter Daily SitRep 2019-20 Data](#)

³ [Exclusive: Trial A&E target 'driving completely the wrong behaviours'](#)