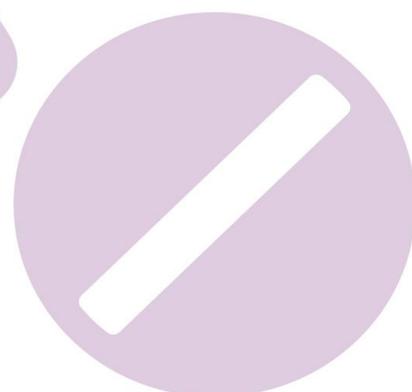
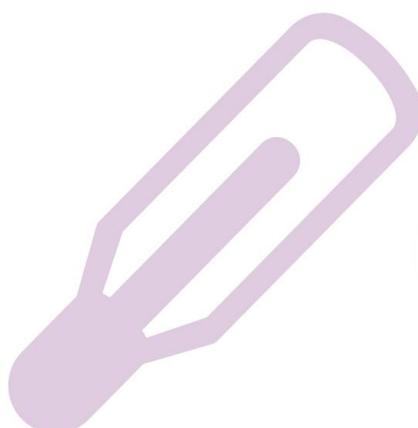


RCEM Winter Flow Project

Analysis of the data so far: 13th 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.

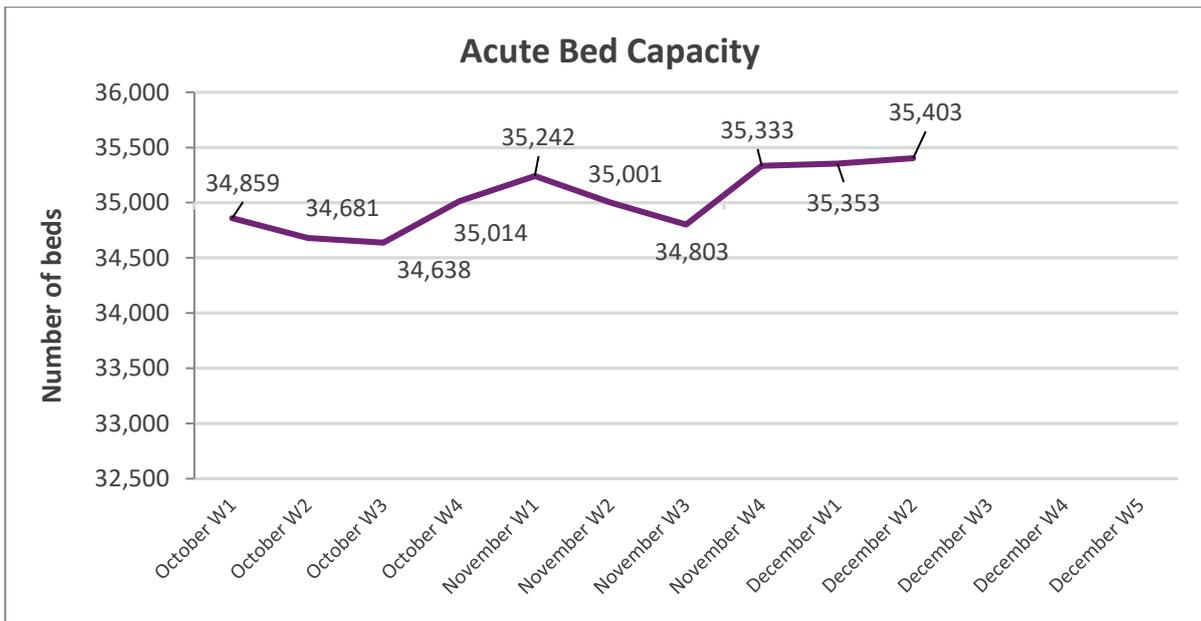
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

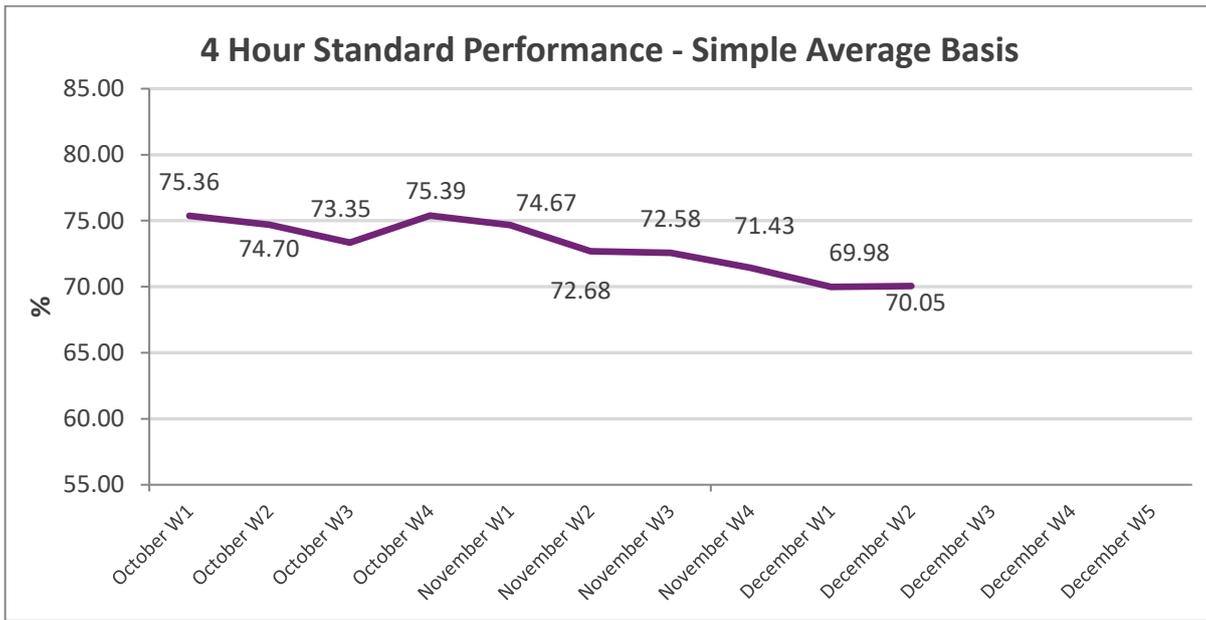
In the second week of December, the number of beds within the project group increased to 35,403 – up from 35,353 the previous week. This is a 0.14% change from the previous week. In total, there has been a 1.54% increase in the aggregate bed stock¹ from the project starting point.

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	24	12	2	2

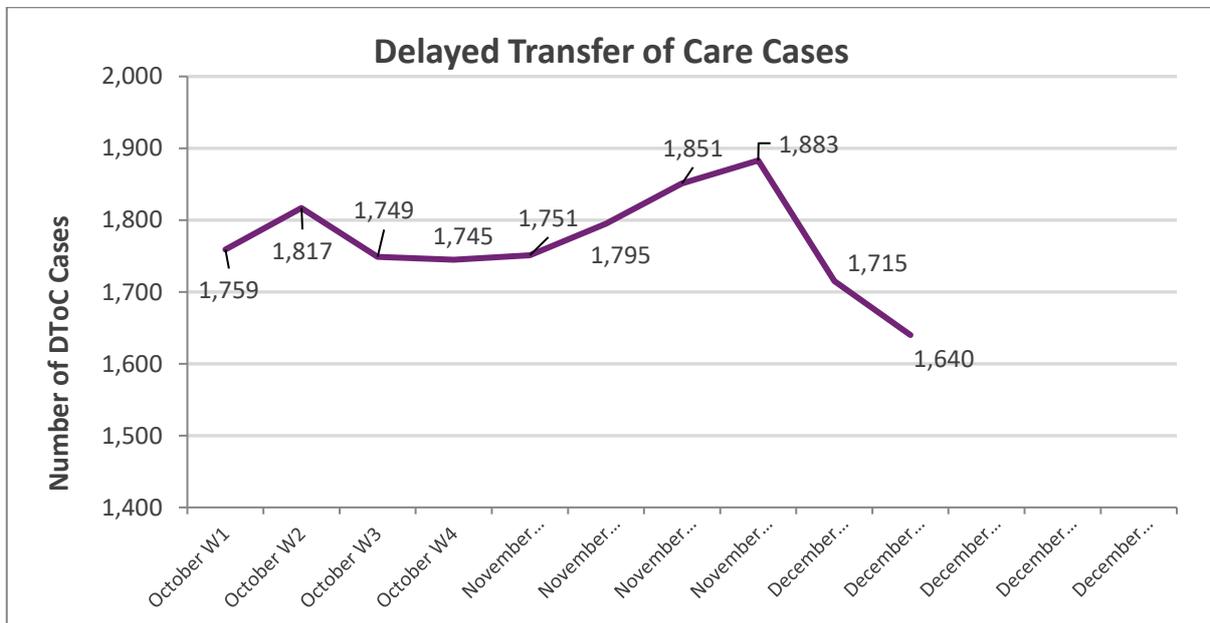
¹ This is measuring from week one to the maximum record bed stock for the project to date.

Graph of four-hour performance by week since October



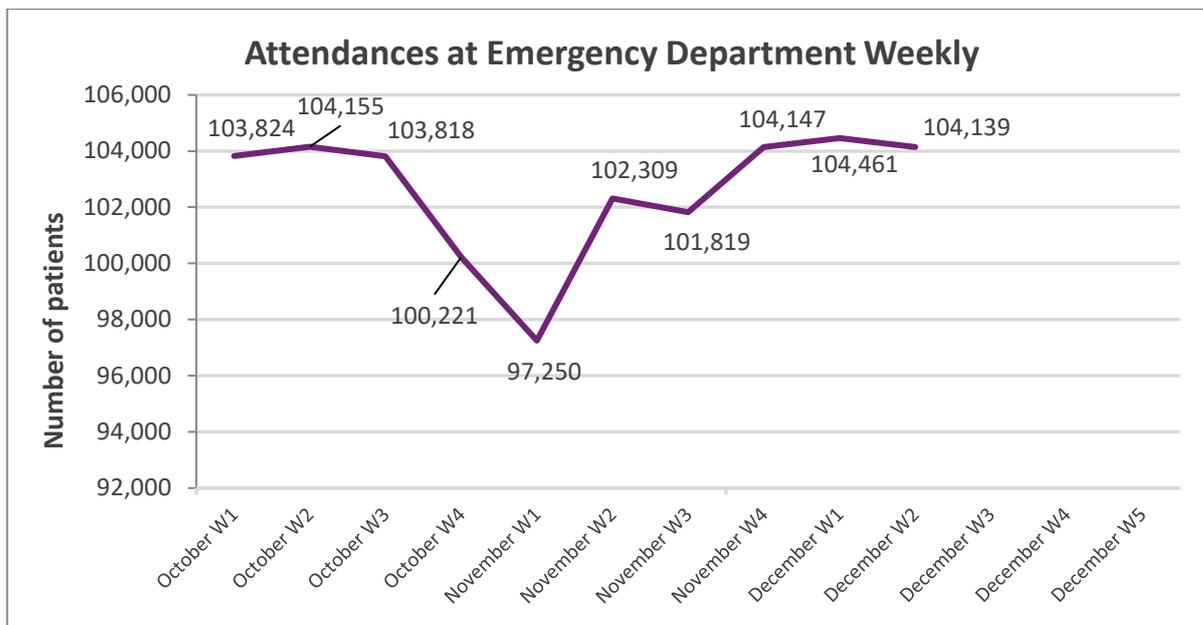
In the second week of December, four-hour standard performance stood at 70.05% - up from 69.98% the previous week. The underlying picture shows 21 increases and 24 decreases across the project group.

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



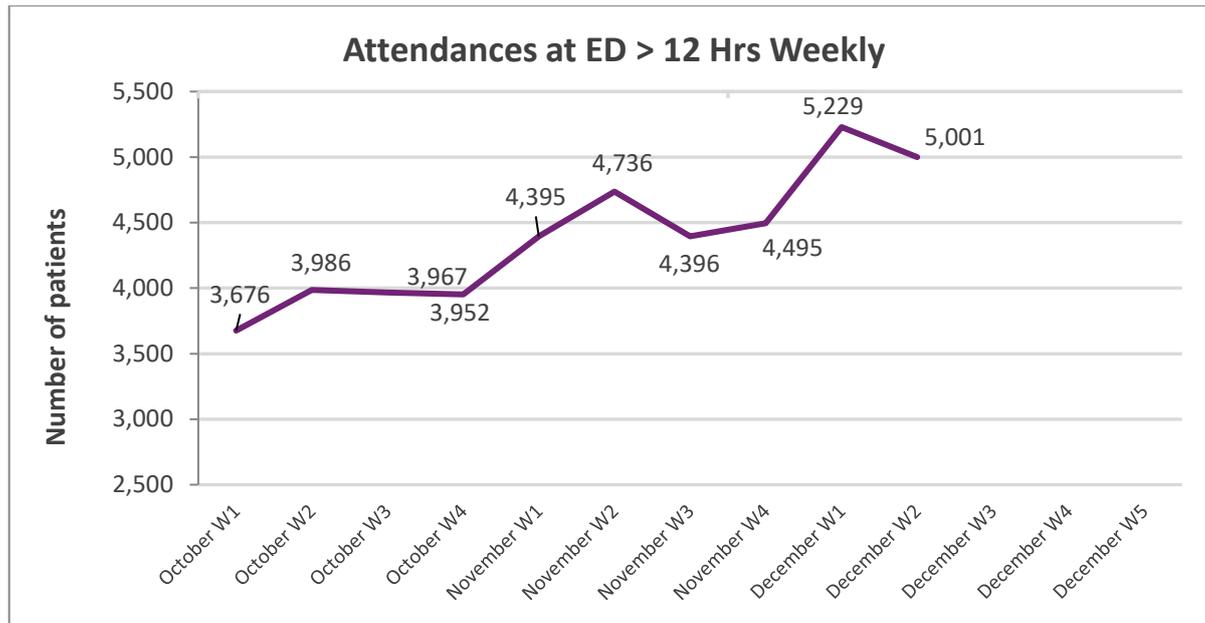
The number of patients subject to DTOC in the second week of December was 1,640 - down from 1,715 the previous week. This translates to 4.63% of acute bed stock - down from 4.85% the previous week. The range across Winter Flow contributors this week was between 0.00% and 18.20%.

Graph of attendances since October



A total of 104,139 attendances were recorded within the Winter Flow group this week - down from 104,461 the previous week. This is a decrease of 322 patients or 0.31%. At site level there 22 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 second 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 5,001 down from 5,229 the previous week. This was a decrease of 4.36% from the previous week and translates to 4.80% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 43,833 patients staying over 12 hours from arrival to departure in Emergency Departments since the first week of October.

Overall

This report will be published on the morning of 13th December, by which time we will know the result of the General Election. As a result, we may also know whether or not there is to be a new Secretary of State for Health and Social Care. Whoever is in post by that point, the Winter Flow data published this week makes clear the scale of the challenge facing any such Minister as they tackle their post-election in-tray.

The four-hour standard performance data published this week has shown a welcome if modest improvement. At 70.05% there has been a 0.07 percentage point improvement on the position in the first week of December (69.98%) but this is still the second lowest score we have ever recorded. Performance at this level would have been unthinkable only a few years ago and speaks of patients and staff facing profound challenges. It is also arguable – to some extent at least – that this shows what happens when official pressure to achieve or maintain four-hour standard performance has effectively been removed. The imperative to achieve the standard provided a driver of whole system ownership of patient flow through the wider hospital system. What this data shows is that in too many cases it is no longer doing so.

Given that the Government has not published Winter Sitrep data for the period covering the General Election it is difficult to say whether bed occupancy rates are in fact higher or lower than was the case in previous years. However, in each of the last four years, in the second

week of December levels of general and acute bed occupancy have been above 94%² and all the indications are that our NHS hospitals are full.

We can say this because the amount of additional bed stock brought into service within the Winter Flow group is absolutely minimal (50 beds this week and 20 last week) despite the fact that for the second week running more than 5000 patients stayed for more than 12 hours in their Emergency Department before departure. Patients waiting on trolleys for extensive periods of time are a clear indicator of bed shortages and the hospitals within the Winter Flow group have lacked the physical resources to respond.

The reasons for this are well known and well-rehearsed, be they constrained financial resources, staffing shortages, population growth or demographic change. But acknowledging that our Emergency Departments are struggling to cope should be the first step to doing something about it. In 2015 the joint authors of NHS England's *Transforming urgent and emergency care services in England* wrote that:³

“While it is essential to manage demand on EDs, this should not detract from building capacity to deal with the demand faced, rather than the demand that is hoped-for.”

Whatever the result of the election and whoever the Secretary of State for Health and Social Care may be, they now have the opportunity to turn those words into actions.

² [NHS England: Winter Daily Situation Reports](#)

³ [NHS England: Transforming urgent and emergency care services in England](#)