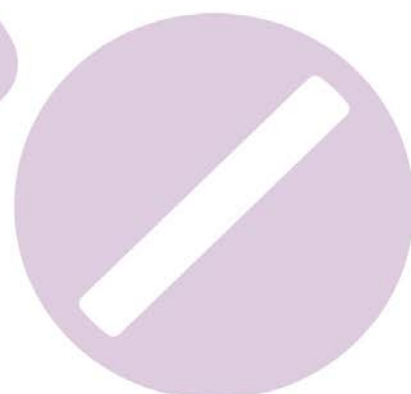
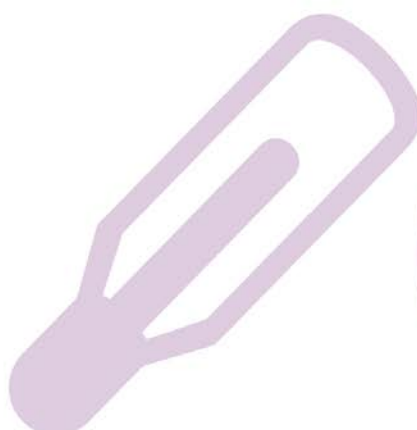


RCEM Winter Flow Project

Analysis of the data so far: 6th 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 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. 50 sites have submitted this data on a weekly basis since the beginning of October.

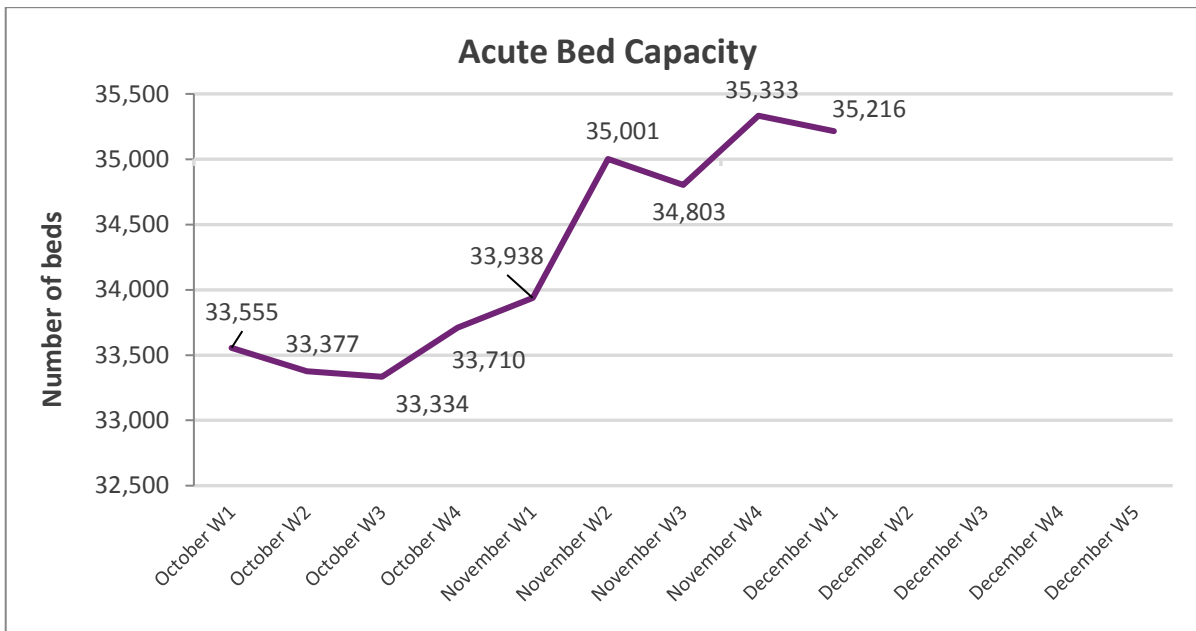
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

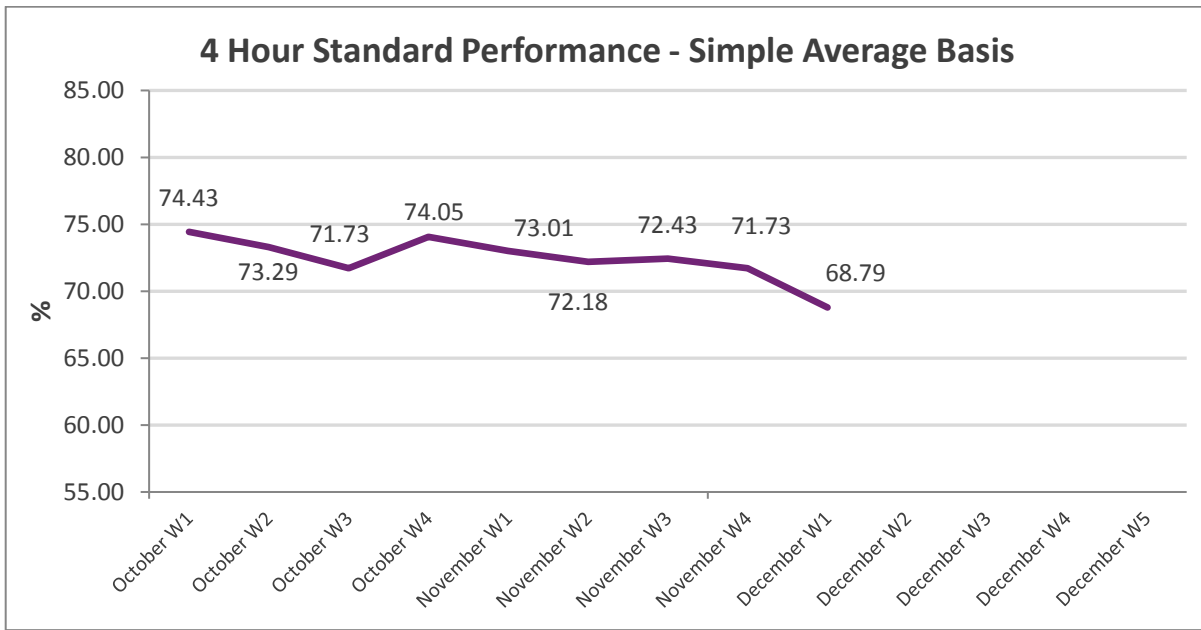
In the first week of December, the number of beds within the project group decreased to 35,216 – down from 35,333 the previous week. This is a -0.33% change from the previous week. In total, there has been a 5.99% increase in the aggregate bed stock¹ from the project starting point.

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

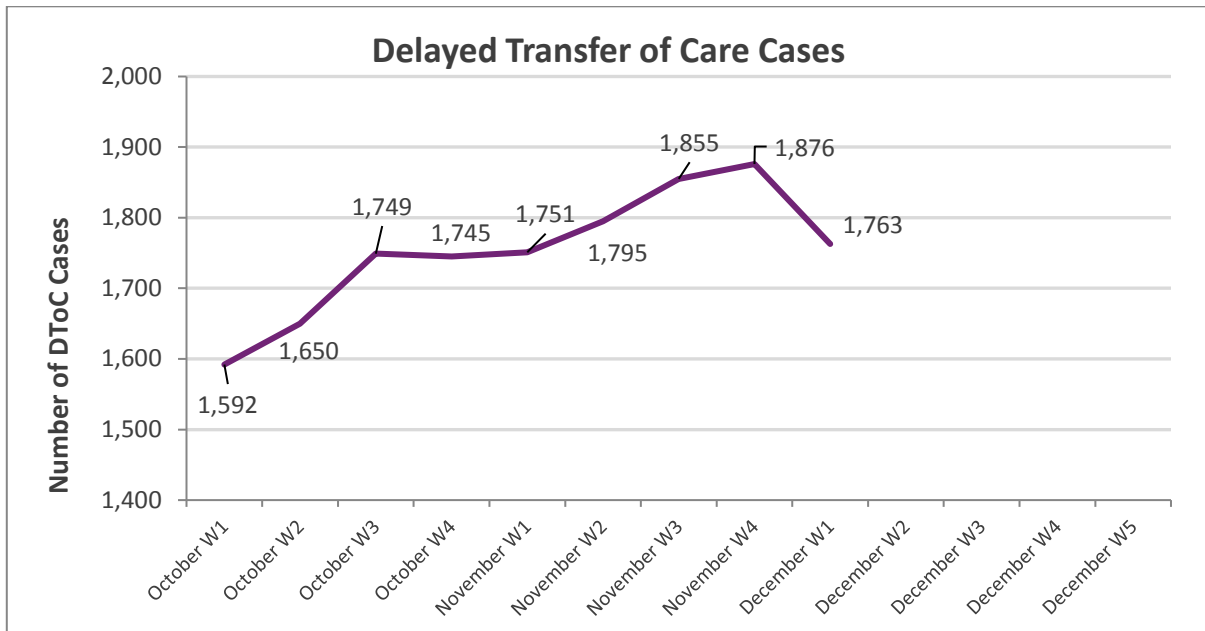
¹ This is measuring from the minimum to the maximum recording bed stock for the project to date.
Published 6 December 2019

Graph of four-hour performance by week since October



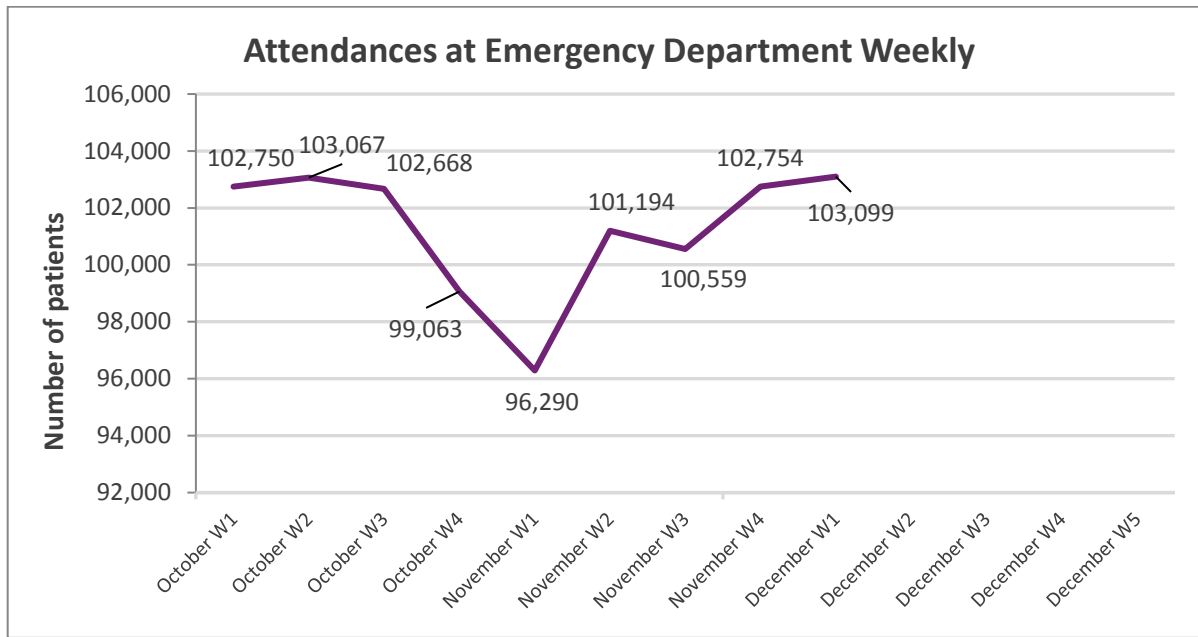
In the first week of December, four-hour standard performance stood at 68.79% - down from 71.73% the previous week. The underlying picture shows 19 increases and 26 decreases across the project group.

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



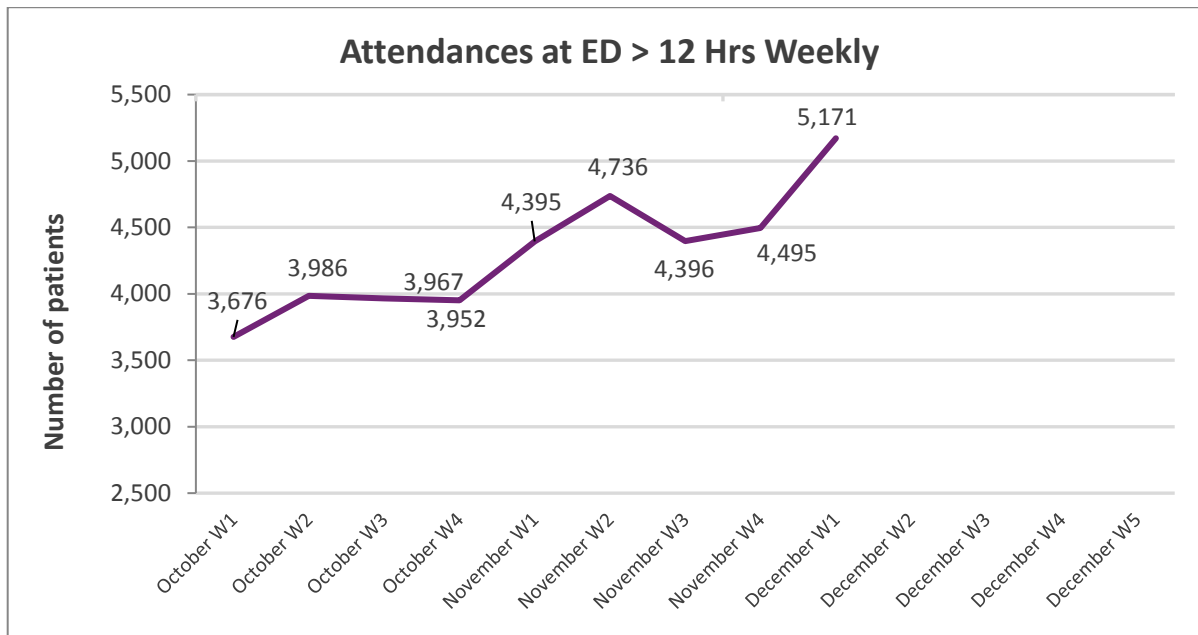
The number of patients subject to DTOC in the first week of December was 1,763 - down from 1,876 the previous week. This translates to 5.01% of acute bed stock - down from 5.31% the previous week. The range across Winter Flow contributors this week was between 0.2% and 25.2%.

Graph of attendances since October



A total of 103,099 attendances were recorded within the Winter Flow group this week - up from 102,754 the previous week. This is an increase of 345 patients or 0.34%. At site level there 23 recorded increases and 24 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 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 5,171 up from 4,495 the previous week. This was an increase of 15.04% from the previous week and translates to 5.02% of attendances recorded within the Winter Flow group in the same period.

Overall

The Winter Flow data recorded this week should be a cause for concern for the staff that work in our Emergency Departments and the patients that they are called upon to treat. 68.79% is by some margin the lowest four-hour standard performance we have recorded over the five years of the Winter Flow Project. This score is 11.01 percentage points lower than we recorded at the same point in 2018-19 (79.80%) and 18.27 percentage points lower than was recorded at the same point in 2015-16 (87.06%).

Moreover, performance typically declines further over the winter period. From the first week in October to the last week of December performance declined by 6.33 percentage points in 2016-17, by 11.45 percentage points in 2017-18 and 3.59 percentage points in 2018-19. This year we recorded 74.43% four-hour standard performance in the first week in October.² On that basis, by the last week in December we could expect performance to have dropped to either 68.10% (2016-17 comparison) 62.98% (2017-18 comparison) 70.84% (2018-19 comparison). This, incongruously or perhaps implausibly, would mean that at 68.79%, this week's performance is already lower than we might have expected for the last week of December based purely on last year's data.

² 10.32 percentage points lower than at the same point in 2018-19
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The data recorded this week around patients staying more than 12 hours in and Emergency Department is equally stark. For sake of clarity, the data definition used here is the same one used by NHS Digital to collate data for the annual 'Hospital Accident and Emergency Activity' dataset.³ This is all ED attendances where the patient has stayed more than 12 hours in the department from when they arrive to when they depart. In the data this is calculated as the 'duration to departure' and all attendances are recorded where the duration to departure is greater than 720 minutes.

However, this is not 12 hours from decision to admit to admission which is the definition used by NHS England for the 'A&E attendances, performance and emergency admissions quarterly time series'.⁴ That same NHS England time series has recorded a total of 13,025 patients waiting more than 12 hours from decision to admit to admission since 2011-12.

The 2019-20 Winter Flow Project has now been running for 9 weeks. In that time, we have so far recorded 38,774 patients whose duration to departure was more than 720 minutes. Or – to put it another way – in 9 weeks we have recorded 3 times more patients who were subject to 12 hour delays than the 12 hour decision to admit to admission metric has reported in no less than eight years.

To put these numbers in context, the more than 5000 patients delayed for more than 12 hours this week were more than 5% of patients treated at Type 1/Major ED departments in the same period within the Winter Flow group. Moreover, in terms of scale, the Winter Flow group is approximately equivalent to a third of the acute bed base of the NHS in England. As such, the wider national figure is, in reality, likely to be far higher.

What this shows is that for planning purposes, for patients and staff, and for sake of transparency, the Clinical Review of Standards must include a 12 hour 'duration to departure' metric. Patient flow in our Emergency Departments depends on whole hospital ownership of their patient journey. For that to happen we need an appropriate metric which shines a light on what is actually happening to these patients, who are all too often stranded in hospital corridors.

³ [Hospital Accident and Emergency Activity, 2018-19: Summary Report Tables](#)

⁴ [NHS England: A&E attendances, performance and emergency admissions quarterly time series](#)