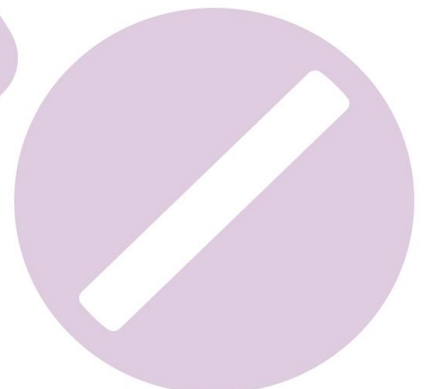
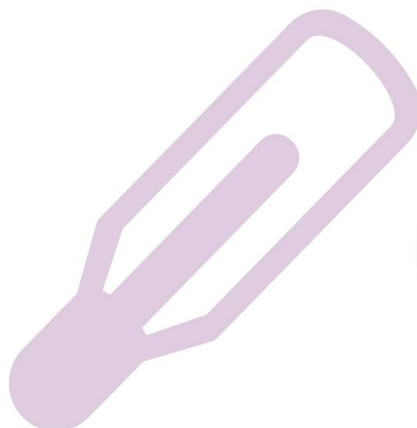




The Royal College of  
Emergency Medicine

# RCEM Winter Flow Project

Analysis of the data so far: 07<sup>th</sup> February



## 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.

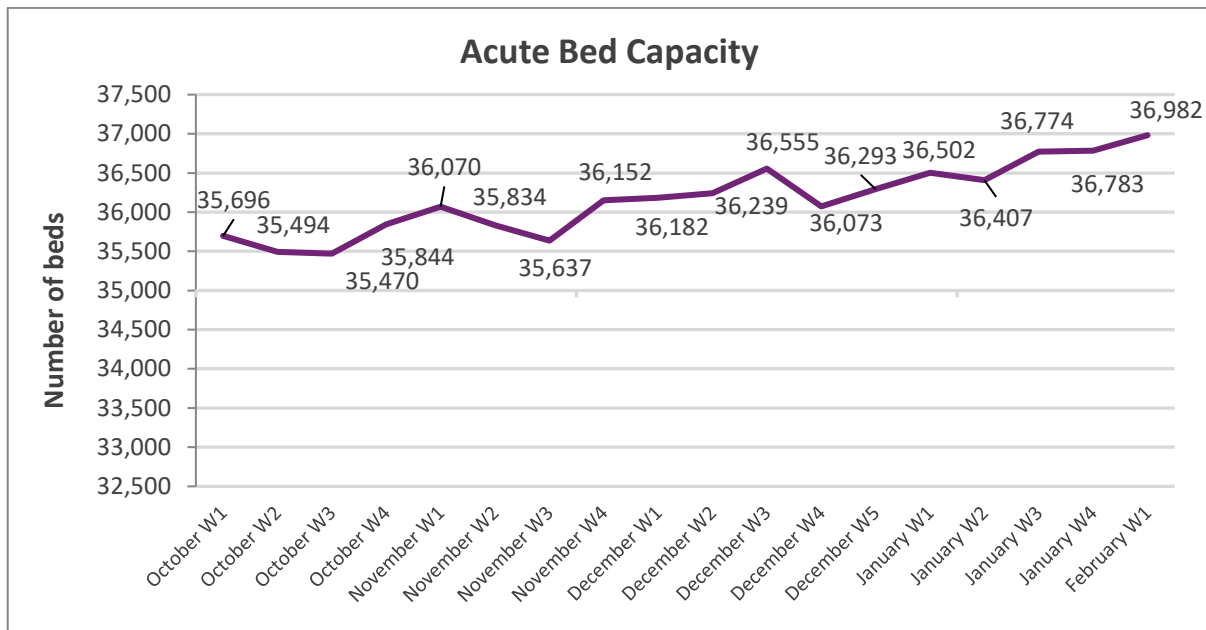
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

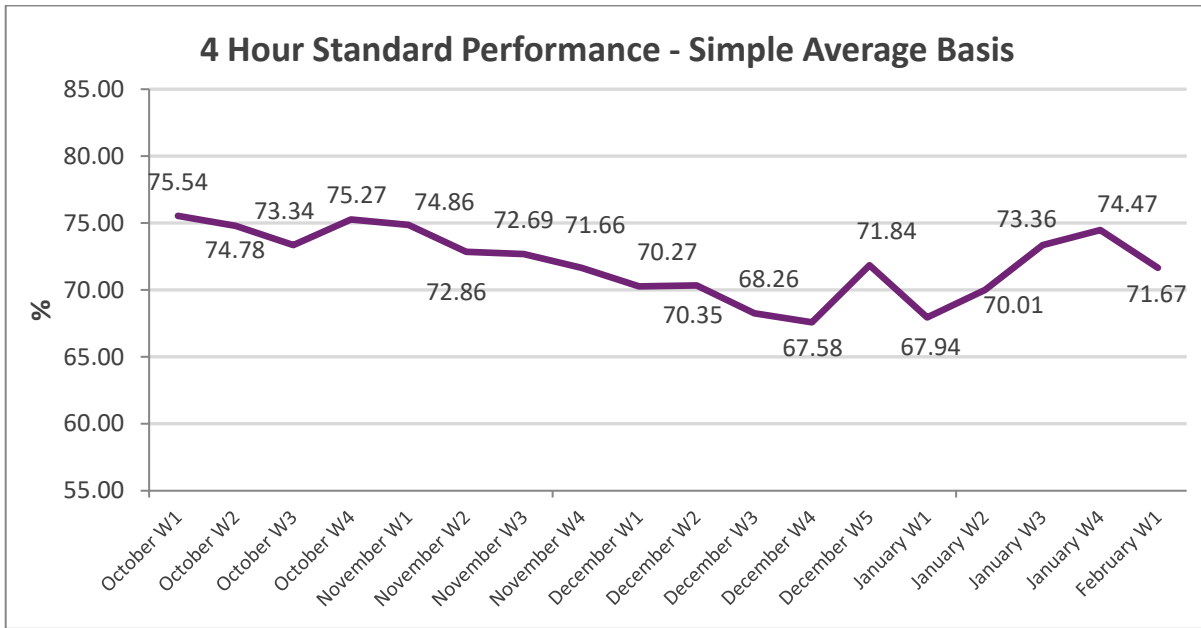
In the first week of February, the number of beds within the project group increased to 36,982 – up from 36,783 the previous week. This is a 0.54% increase from the previous week. In total, there has been a 3.48% increase in the aggregate bed stock<sup>1</sup> from the project starting point.

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	6	16	16	8	5

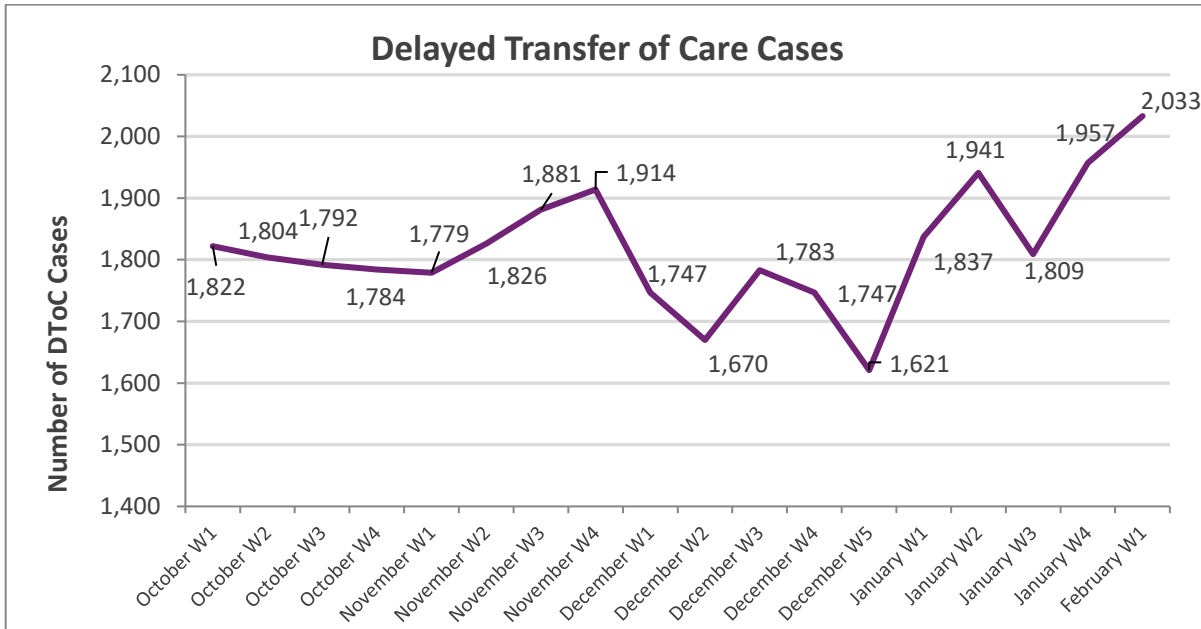
<sup>1</sup> This is measuring from week one to the maximum recorded bed stock for the project to date.  
Published 07 February 2020

## Graph of four-hour performance by week since October



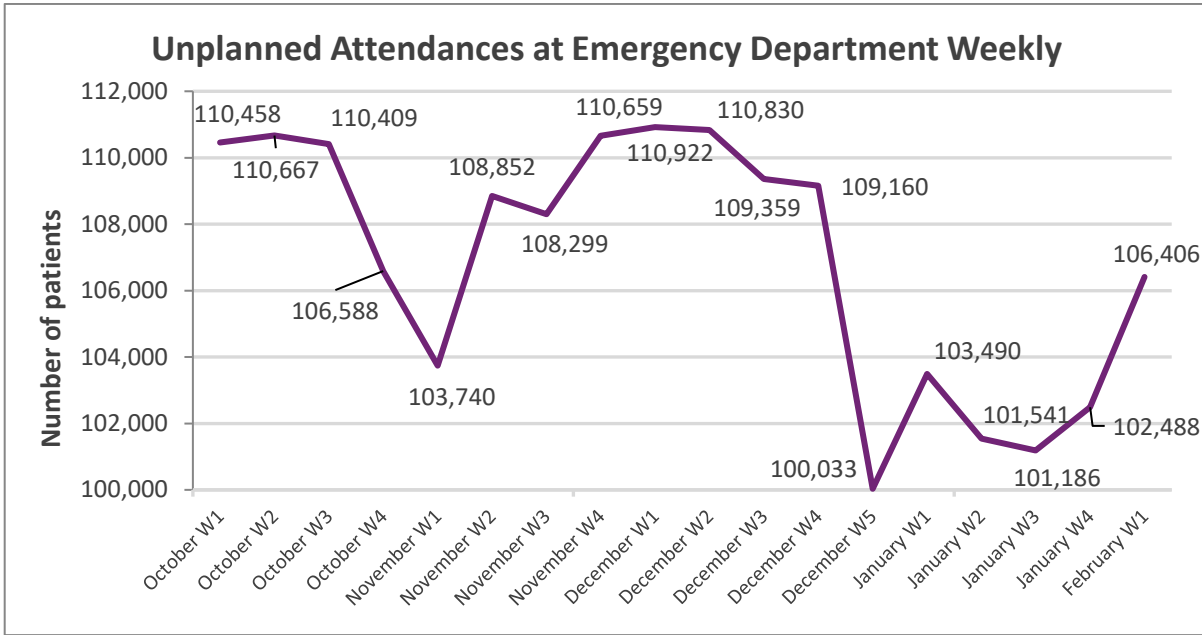
In the first week of February, four-hour standard performance stood at 71.67% - down from 74.47% the previous week. The underlying picture shows 10 increases and 34 decreases across the project group.

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



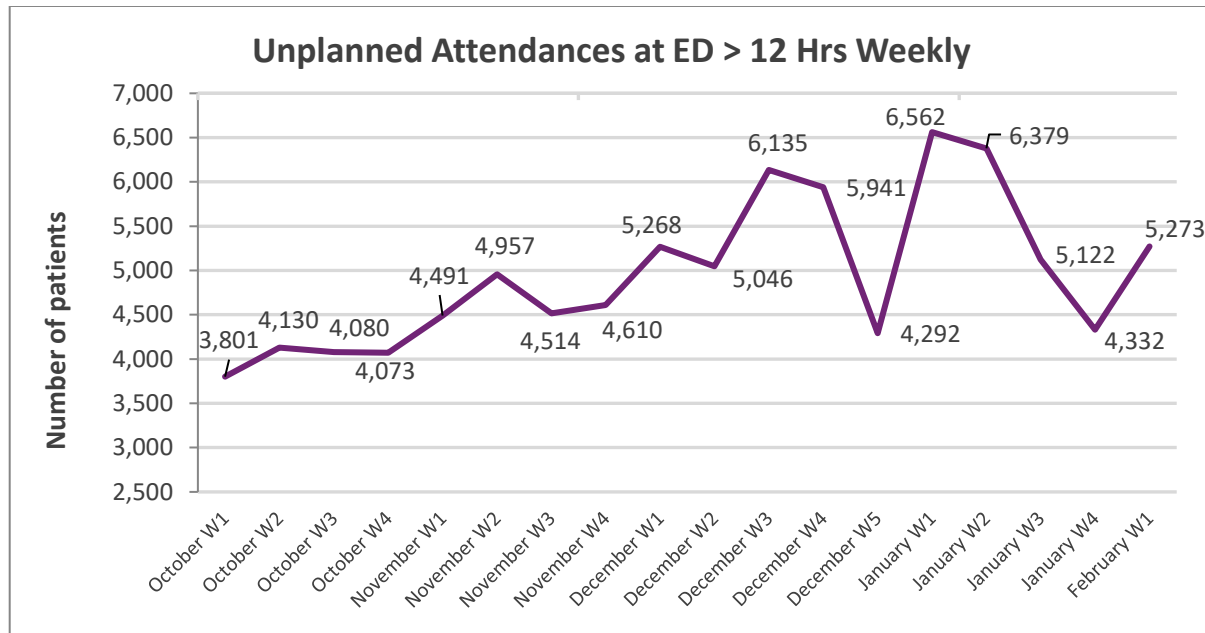
The number of patients subject to DTOC in the first week of February was 2,033 - up from 1,957 the previous week. This translates to 5.50% of acute bed stock - up from 5.32% the previous week. The range across Winter Flow contributors this week was between 1.1% and 22.1%.

## Graph of attendances since October



A total of 106,406 attendances were recorded within the Winter Flow group this week - up from 102,488 the previous week. This is an increase of 3,918 patients or 3.82%. At site level there were 38 recorded increases and 10 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 February, the number of patients staying more than 12 hours from arrival to departure in Emergency Departments within the Winter Flow group stood at 5,273, up from 4,332 the previous week. This was a decrease of 21.72% from the previous week and translates to 4.96% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 89,006 patients staying over 12 hours from arrival to departure in Emergency Departments since the first week of October.

### Overall

After several weeks of small but steady improvements in performance, the Winter Flow data published today for the first week of February saw a significant decline across all metrics.

Bed numbers increased for the third week in a row, with the addition of 199 beds compared with the previous week (a 0.54% increase). The number of patients subject to Delayed Transfers of Care increased by 3.88% (76). The 2,033 Delayed Transfers of Care cases is the highest figure recorded in this year's Winter Flow project to date.

The number of patients attending Winter Flow Emergency Departments went up by 3.82% (3,918), which is the second largest increase so far in this year's Winter Flow project. The number of patients staying within those same Departments for more than 12 hours went up by 21.72% (941), also the second largest week on week increase this year.

Four-hour standard performance fell for first time since the first week of January, declining to 71.67%, (2.81 percentage points lower than the previous week). This is also a 6.32 percentage point decrease from the same week in last year's Winter Flow project.

The bed stock at our Winter Flow sites has increased in five of the last six weeks, with 909 more beds open at the end of that period than at the start. However, across the same

timeframe, Delayed Transfers of Care have increased by 286, which corresponds to just under a third of the additional beds.

As we indicated last week, February often represents a busier month than January at type-1 A&Es, and so the second largest increase in attendances so far this year (3.82%) should not have been entirely unexpected. Trusts will know better than most that demand for emergency care increases at this time of year and will doubtless plan accordingly.

Nonetheless, performance still declined substantially, with a 2.81% percentage point decrease in four-hour standard performance and a 21.72% increase in 12-hour waits. Both figures are the second largest of any week in this year's Winter Flow project.

The trusts at our Winter Flow sites now have more beds open than at any other time this winter. Additionally, while attendances may have increased from the previous week, they were still about 4% lower last week than the peak seen in early December. Analysis of ambulance arrivals at A&E in NHS England's Winter Situation Reports also show the number of handovers involving a delay was two percentage points higher last week than in the same week the previous year (despite the total number of arrivals by ambulance falling by over 1,400 in the same period).

This would suggest that resources and staff are at capacity, and any further increases in demand are likely to exacerbate the situation even more. Patient flow through the emergency department and the wider hospital is vital and the data this week shows that is proving challenging.

The modest improvements in performance we saw last month were welcome, but they largely corresponded with a significant fall in attendances. Trusts should be able to cope with levels of attendance and admission that fluctuate not just through the winter but also across the rest of the year. However, that would entail permanently building in capacity to tackle the growing level of demand, which also means the kind increased and sustained financial investment that we are not presently seeing.