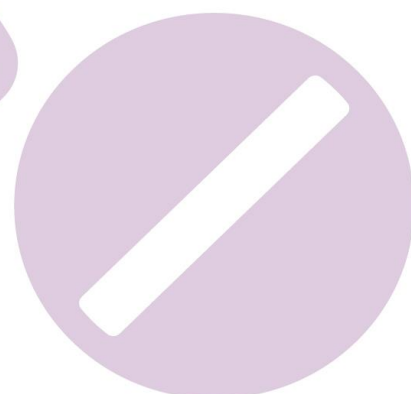
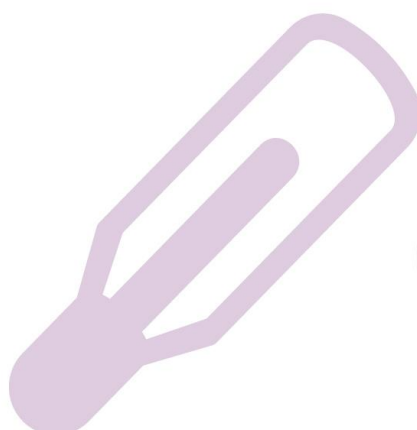


RCEM Winter Flow Project

Analysis of the data so far: 14th 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.

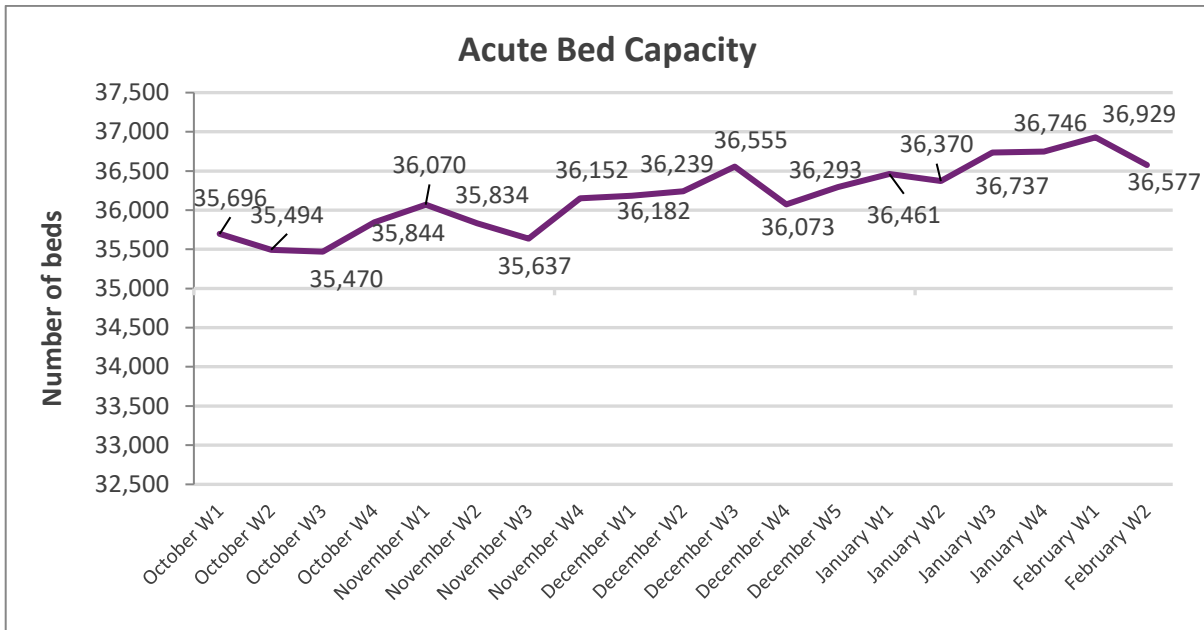
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

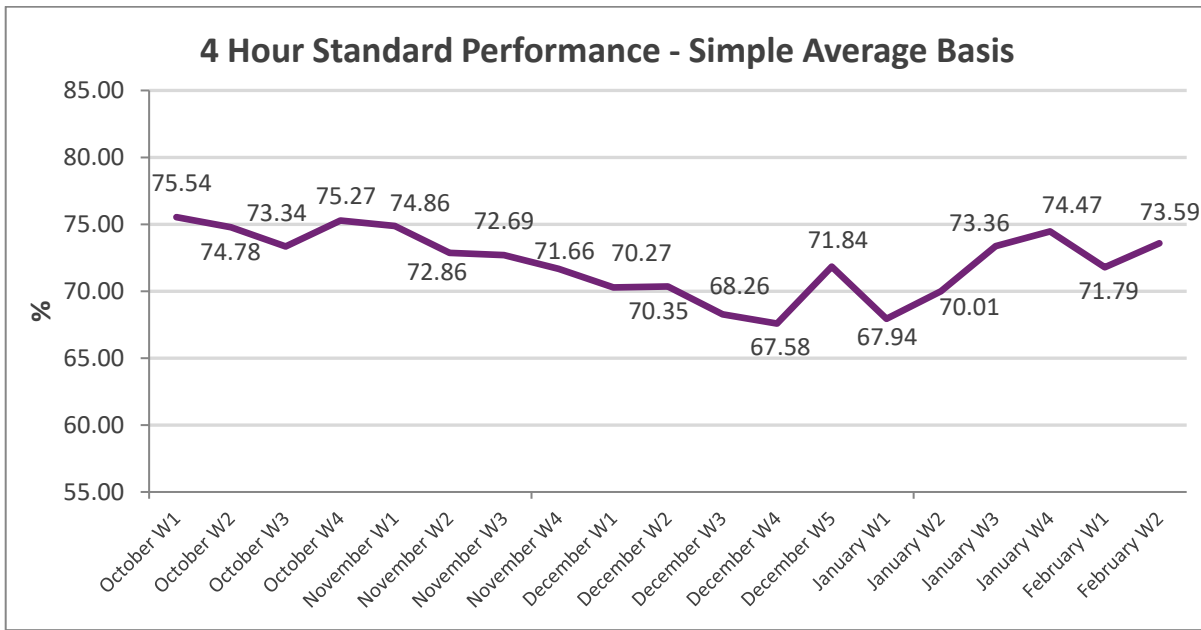
In the second week of February, the number of beds within the project group decreased to 36,577 – down from 36,929 the previous week. This is a 0.95% decrease from the previous week. In total, there has been a 3.34% increase in the aggregate bed stock¹ from the project starting point.

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	15	16	8	5

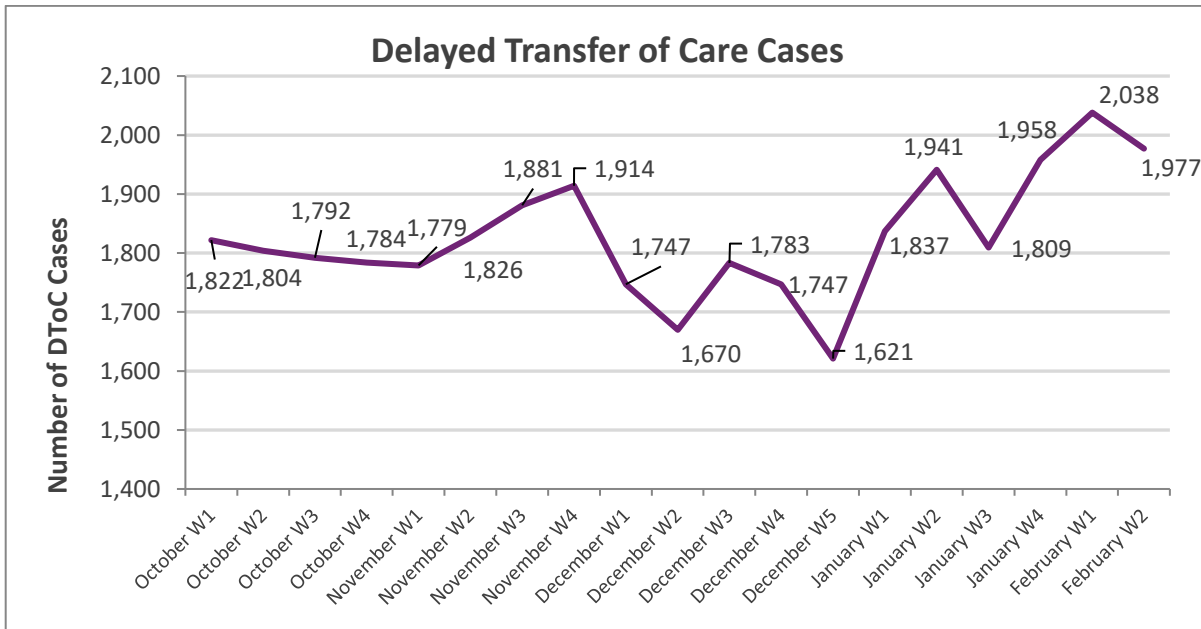
¹ This is measuring from week one to the maximum recorded bed stock for the project to date.
Published 14 February 2020

Graph of four-hour performance by week since October



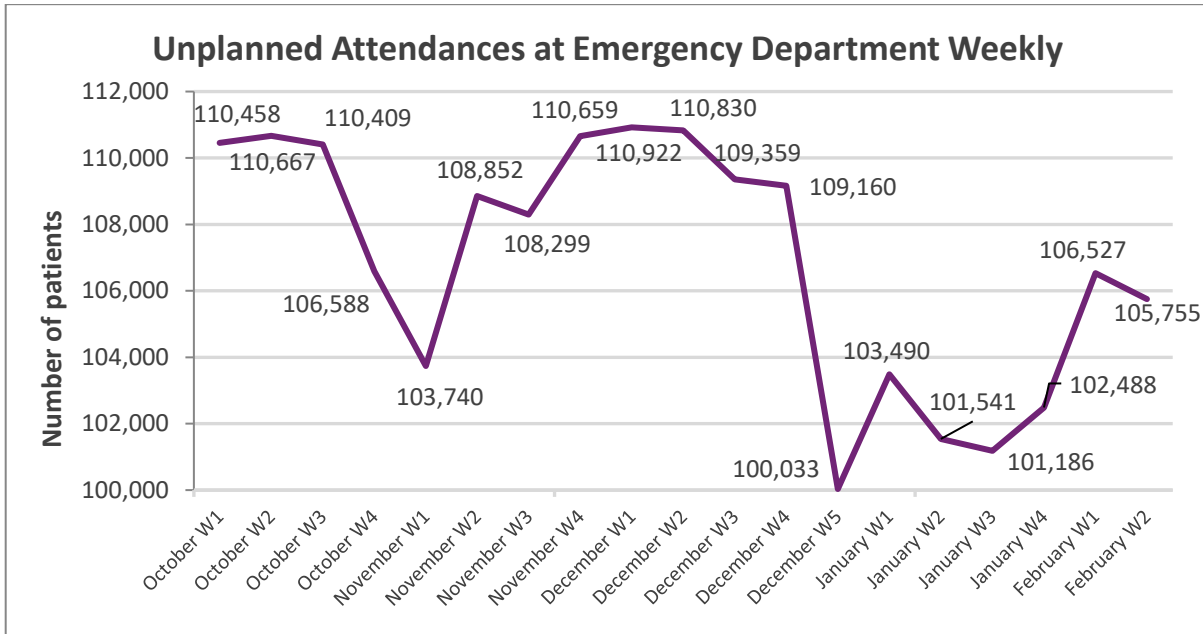
In the first week of February, four-hour standard performance stood at 73.59% - up from 71.79% the previous week. The underlying picture shows 28 increases and 16 decreases across the project group.

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



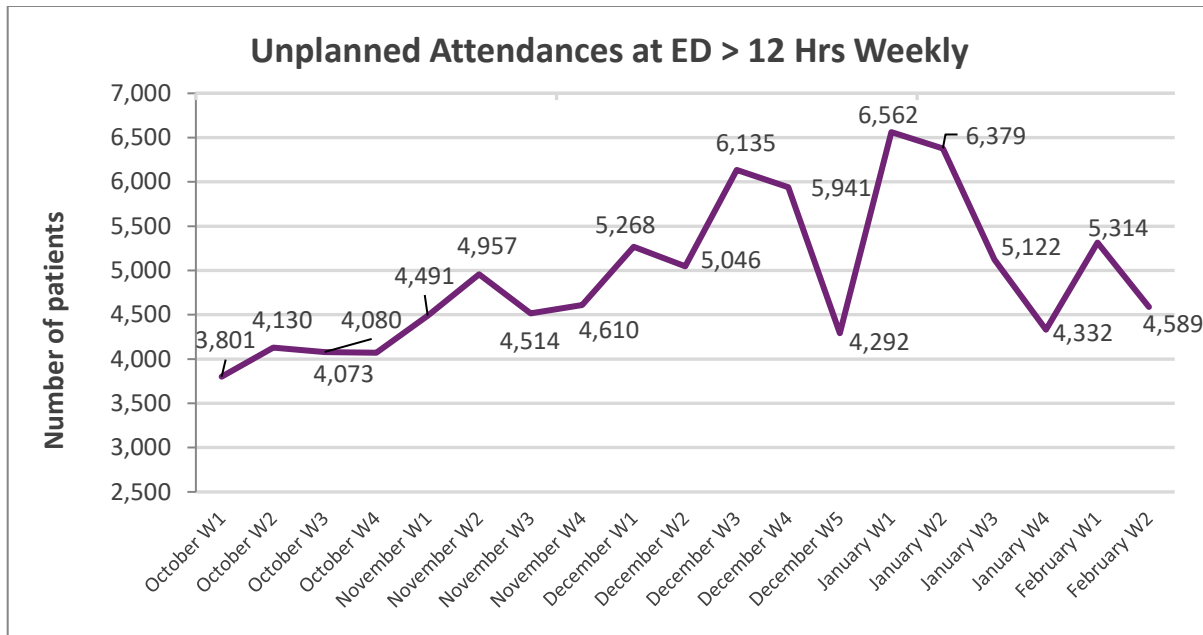
The number of patients subject to DTOC in the first week of February was 1,977 - down from 2,038 the previous week. This translates to 5.41% of acute bed stock - down from 5.52% the previous week. The range across Winter Flow contributors this week was between 0.0% and 19.9%.

Graph of attendances since October



A total of 105,755 attendances were recorded within the Winter Flow group this week - down from 106,527 the previous week. This is a decrease of 772 patients or 0.72%. At site level there were 16 recorded increases and 32 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 February, the number of patients staying more than 12 hours from arrival to departure in Emergency Departments within the Winter Flow group stood at 4,589, down from 5,314 the previous week. This was a decrease of 13.64% from the previous week and translates to 4.34% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 93,636 patients staying over 12 hours from arrival to departure in Emergency Departments since the first week of October.

Overall

Performance has fluctuated at our Winter Flow sites in the last few weeks, and after an unwelcome decline in the first week of February, week two saw a small improvement across most metrics.

Bed numbers fell for the first time since week two of January, with 352 fewer beds available compared with the previous week. This is the second largest decrease in bed numbers in this year's Winter Flow project.

The number of Delayed Transfers of Care cases also fell, with 61 fewer patients subject to a delay than the previous week. However, the 1,977 Delayed Transfers of Care cases still represents the second highest figure recorded in this year's project.

The number of patients attending Winter Flow Emergency Departments fell by 0.72% (772), while the number of patients staying within those same Departments for more than 12 hours went down by 13.64% (725).

Four-hour standard performance improved to 73.59%, 1.80 percentage points higher than the previous week. The 1.8 percentage point decrease from the same week in last year's Winter Flow project is the smallest differential recorded so far this year.

Following a difficult first week of February, last week's figures indicate a slight easing of pressures. Despite over 350 fewer beds open at our Winter Flow sites (the second largest decrease in this year's project), occupancy across the NHS fell by 0.8 percentage points (bed occupancy was 94.2% in last week's Winter Situation Report, down from 94.8% the week before).

Attendances were also down week on week, with a 0.72% decrease from week one of February. With occupancy and attendances falling, there was an unsurprising but welcome improvement in several metrics, not least 12-hour waits, which fell to 4,589, the lowest total since week three of November.

Four-hour standard performance improved, coming to within 1.80 percentage points of the same week last year. However, it's worth noting that the 75.44% recorded in week two of February last year was the worst performance of any week across the entire project, whereas this year it would rank as the second-best week to date.

While performance may be showing some small signs of recovery, January's A&E Attendances and Emergency Admissions data from NHS England indicate the scale of the task still facing trusts.

Despite a small fall in the number of attendances and admissions compared with the previous January, trolley waits over four hours rose to exceed 100,000 for the first time. For context, in the first full year that this figure was recorded (2011), there were 95,895. Similarly, the 2,846 trolley waits of 12 or more hours last month is more than were seen in the first five and a half years of data collection.

Unfortunately, patients attending A&E are now more likely than ever to endure the unwelcome possibility of 'Corridor Care'. As our President said earlier this week; "This must be tackled urgently; long stays put lives at risk."