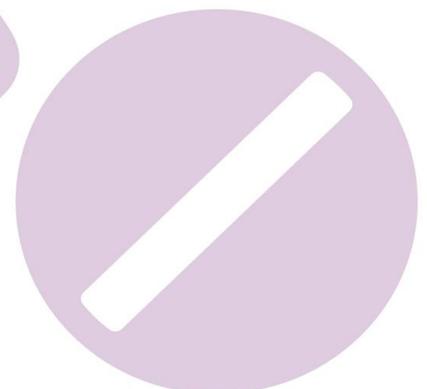
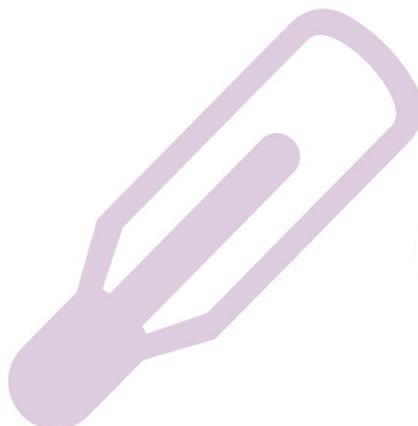




The Royal College of
Emergency Medicine

RCEM Winter Flow Project

Analysis of the data so far: 21th 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.

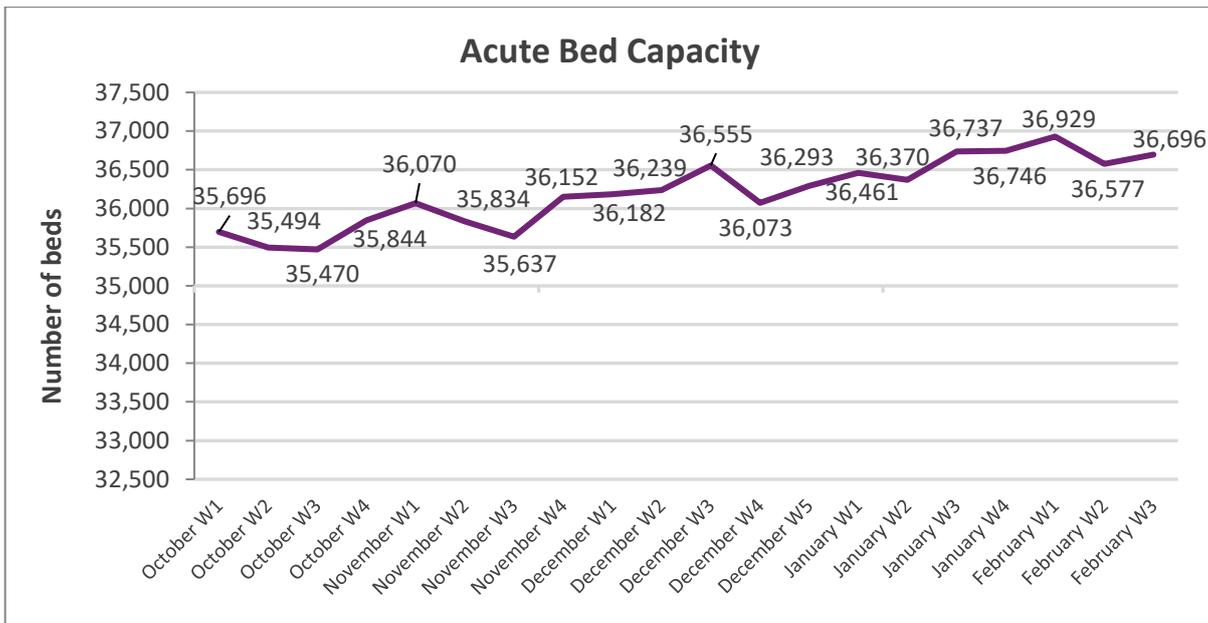
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

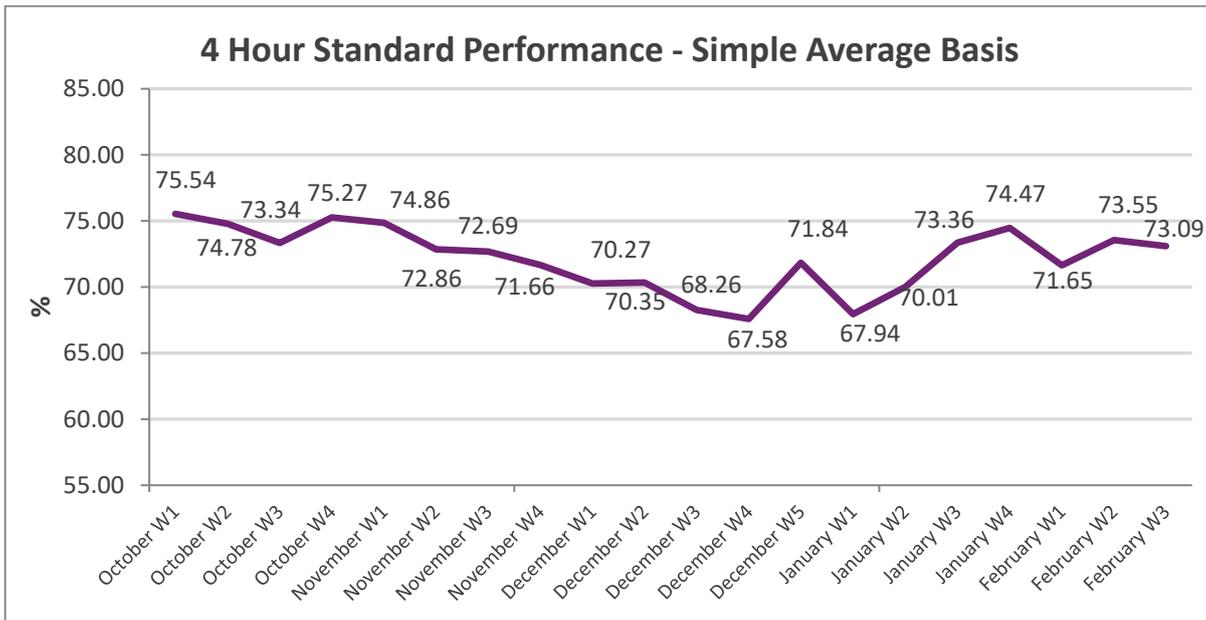
In the third week of February, the number of beds within the project group decreased to 36,696 – up from 36,577 the previous week. This is a 0.33% increase from the previous week. In total, there has been a 3.34% increase in the aggregate bed stock¹ from the project starting point.

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

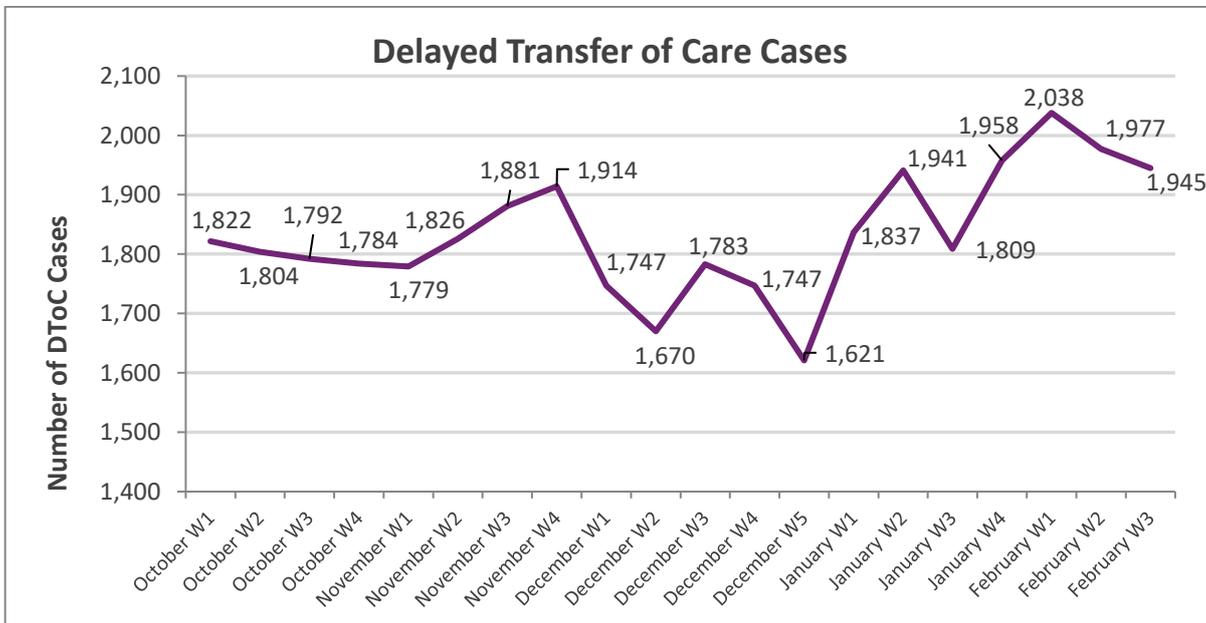
¹ This is measuring from week one to the maximum recorded bed stock for the project to date.
Published 21 February 2020

Graph of four-hour performance by week since October



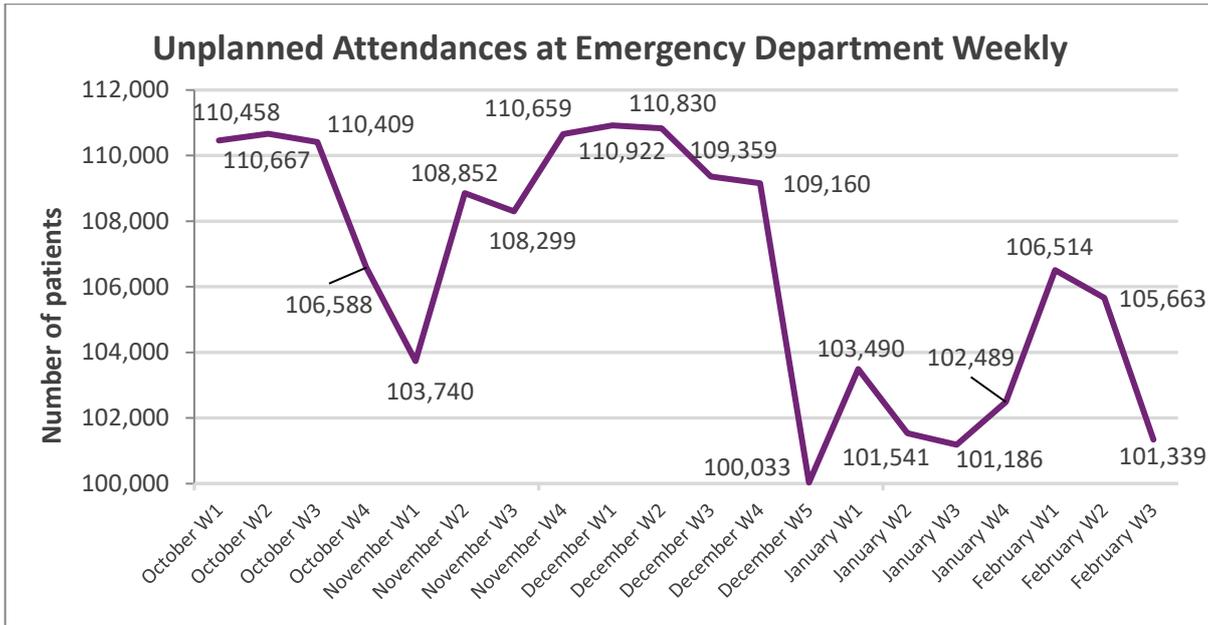
In the third week of February, four-hour standard performance stood at 73.09% - down from 73.55% the previous week. The underlying picture shows 16 increases and 26 decreases across the project group.

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



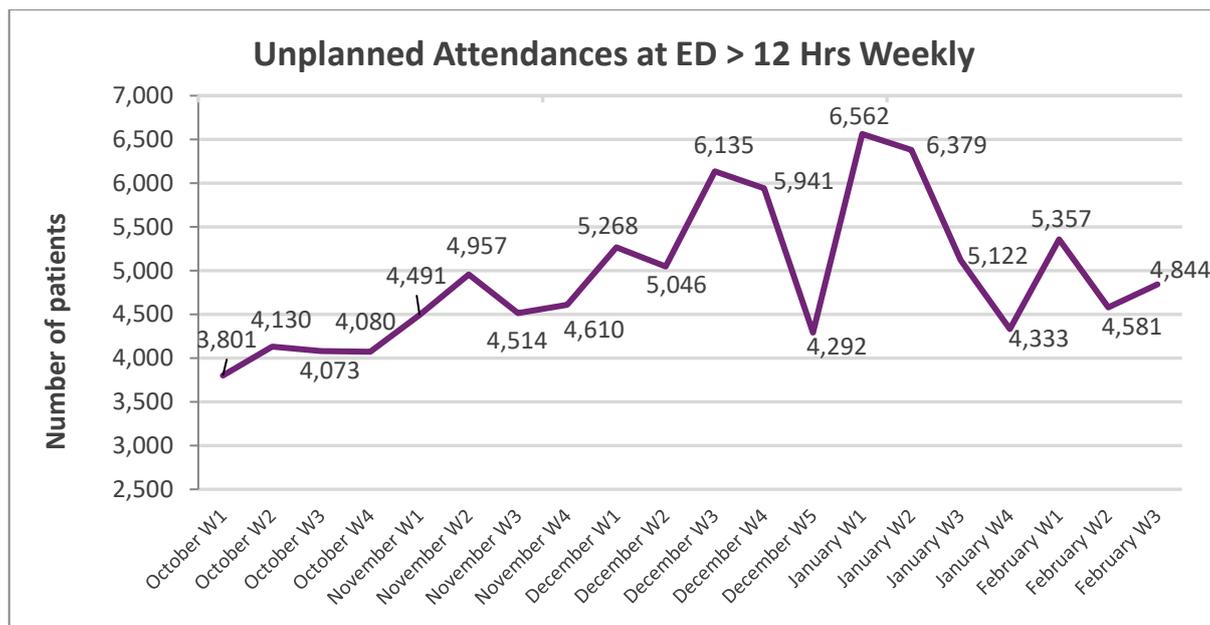
The number of patients subject to DTOC in the first week of February was 1,977 - down from 2,038 the previous week. This translates to 5.41% of acute bed stock - down from 5.52% the previous week. The range across Winter Flow contributors this week was between 0.0% and 19.9%.

Graph of attendances since October



A total of 101,339 attendances were recorded within the Winter Flow group this week - down from 105,663 the previous week. This is a decrease of 4,324 patients or 4.09%. At site level there were four recorded increases and 43 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 February, the number of patients staying more than 12 hours from arrival to departure in Emergency Departments within the Winter Flow group stood at 4,844, up from 4,581 the previous week. This was an increase of 5.74% from the previous week and translates to 4.78% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 98,516 patients staying over 12 hours from arrival to departure in Emergency Departments since the first week of October.

Overall

The most recent week's Winter Flow data serves as a good reminder of the challenges currently facing the NHS. Even as demand fell for the second week in a row, there was a decline across two of the three performance metrics.

The 101,339 attendances recorded was the second lowest figure of any week. That represented a 4.09% decrease, the second largest of decrease so far in this year's Winter Flow project.

At the same time, four-hour standard performance fell (albeit by a fairly small amount) – the 73.09%, figure recorded was 0.45 percentage points lower than the previous week. This is 3.77 percentage points lower than the same week in last year's Winter Flow project. At the same time, the number of patients spending more than 12 hours in Emergency Departments from arrival to departure went up by 4.78%, with 4,844 recorded during the week.

Perhaps unsurprisingly, there is a noticeable correlation between attendances and performance. In this year's Winter Flow project, as the former has decreased, the latter has usually improved. This is most true of performance against the four-hour standard, but there is also a noticeable relation between attendances and Delayed Transfers of Care and patients spending more than 12 hours in Emergency Departments from arrival to departure.

While attendances differ in acuity (and so the proportion that result in admission will vary), it's an indicator that serves as a general barometer of system pressures, and performance will often rise and fall as attendances do the same.

However, despite a significant fall in attendances last week, performance against the four-hour standard did not improve as one might expect, but instead declined by almost half a percentage point. Similarly, patients spending more than 12 hours in Emergency Departments from arrival to departure also increased by 263. While the number of Delayed Transfer of Care cases did fall, the figure of 1,945 is still the fifth highest so far this year.

The 36,696 beds available is just 233 fewer than the largest number seen this year, so any decline in performance should probably not be seen as a consequence of bed shortages (occupancy also saw a marginal improvement in the most recent Winter Situational Report).

Even with more beds in the system and fewer patients arriving at A&Es, Emergency Departments are still struggling to halt the general trend of declining performance. What this tells us is that while demand and performance will often correlate, the one doesn't necessarily inform the other, and that contrary to government rhetoric, "unprecedented demand" is not to blame for difficulties arising at trusts. Instead, the problem continues to be poor patient flow, overworked staff and under-resourcing.

Long waits in Emergency Departments are difficult for patients and staff. The failure to reduce these even in the face of falling demand serves to highlight the importance of good patient flow, which is the reason why the Royal College of Emergency Medicine has placed such importance on the introduction of a reliable flow metric as part of the Clinical Review of Standards.

Additionally, the issue of retention has once again been in the news this week, partly as a consequence of concerns about the achievability of current targets. Surely an important first step in achieving better retention is ensuring that staff are not asked to work in a system where long waits, corridor care and bed shortages are normalised. Until better patient flow is organised (and accompanied by appropriate levels of staffing and resourcing), the challenges facing Emergency Departments will remain, despite the best efforts of staff.