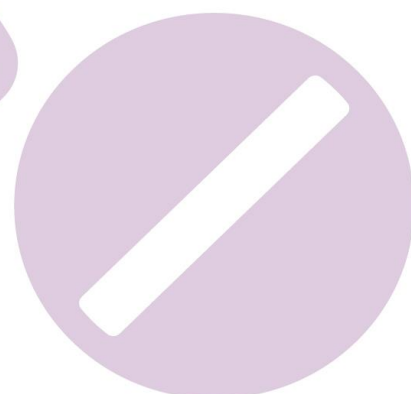
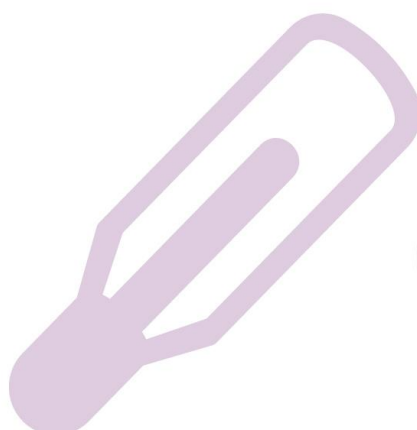


RCEM Winter Flow Project

Analysis of the data so far: 28 February 2020



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.

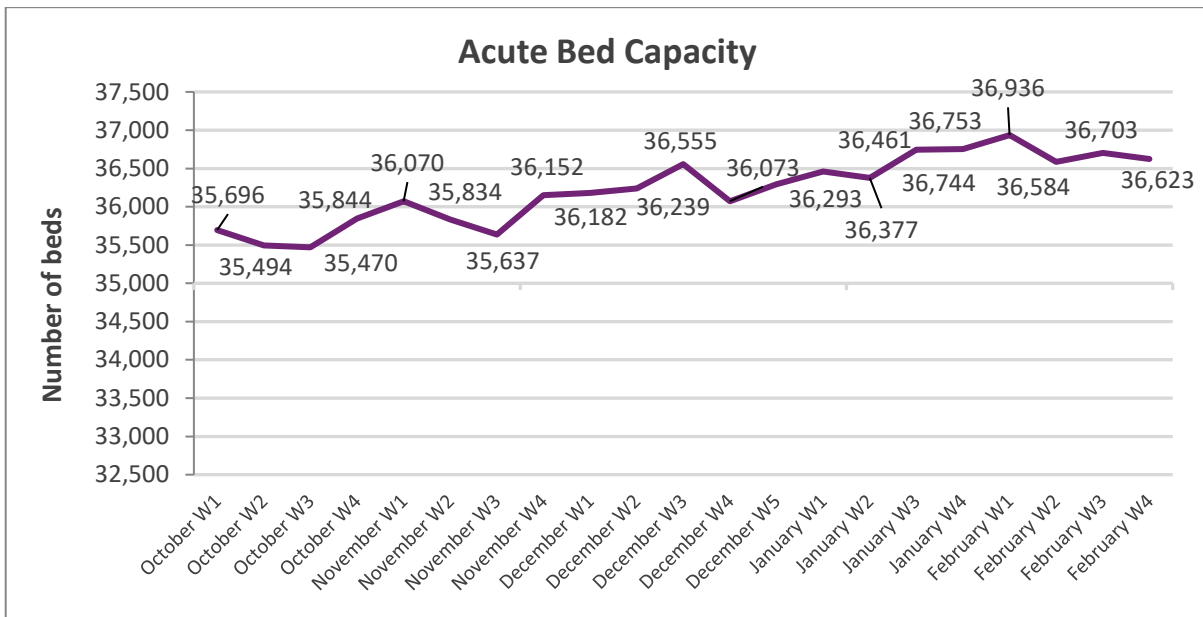
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

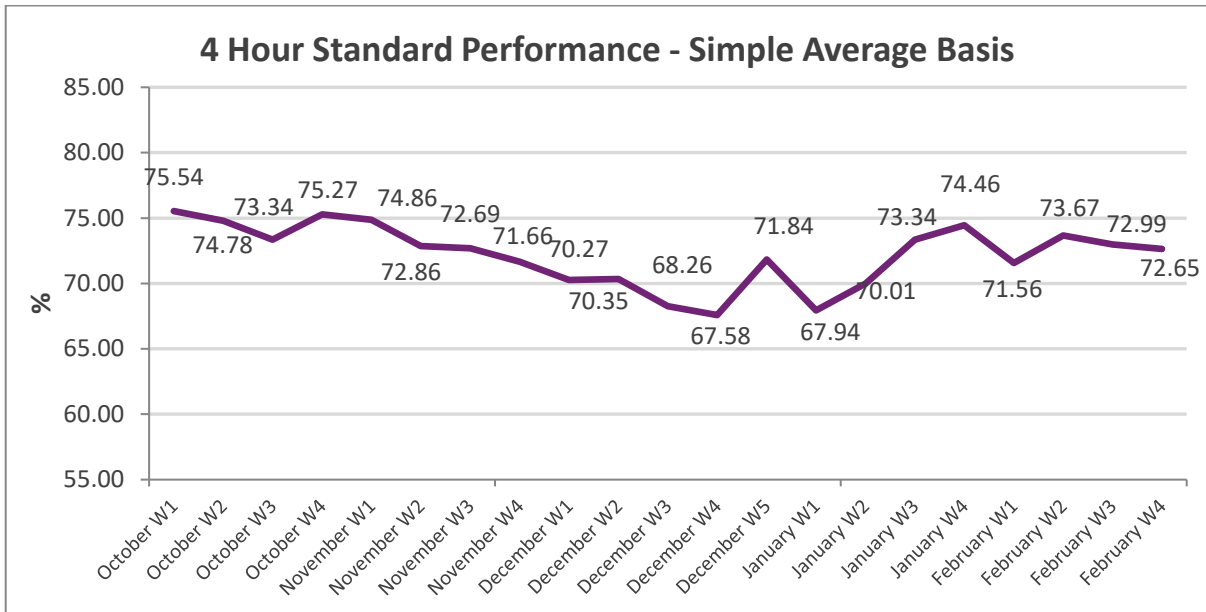
In the fourth week of February, the number of beds within the project group decreased to 36,623 – down from 36,703 the previous week. This is a 0.22% decrease from the previous week. In total, there has been a 3.36% increase in the aggregate bed stock¹ from the project starting point.

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

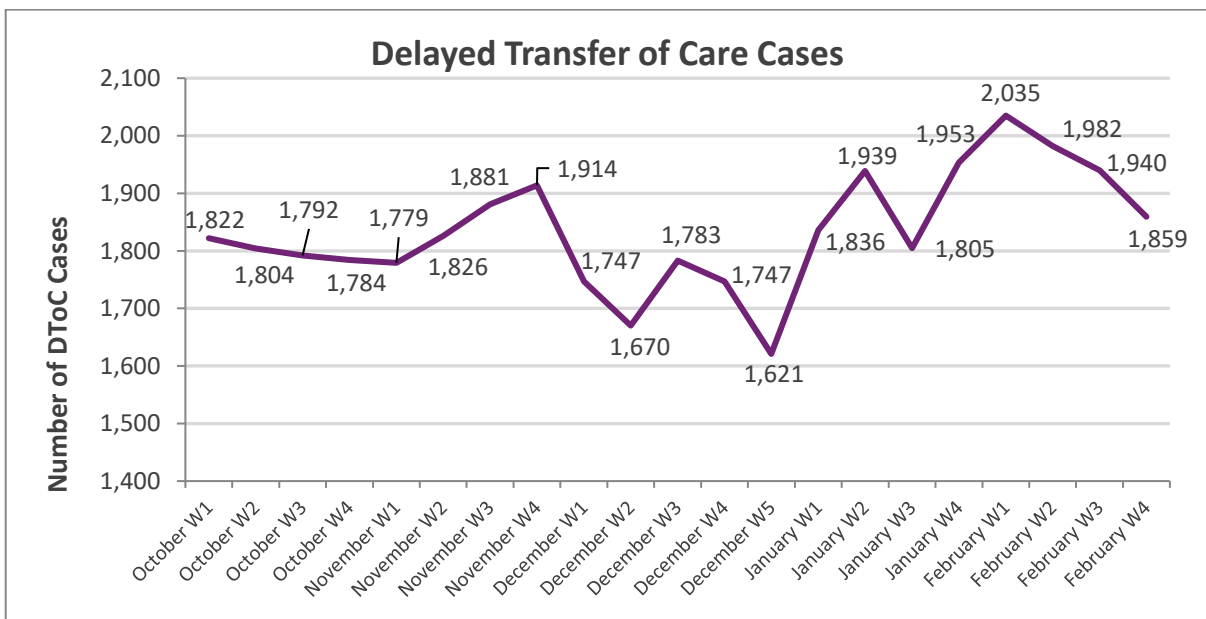
¹ This is measuring from week one to the maximum recorded bed stock for the project to date.
Published 03 March 2020

Graph of four-hour performance by week since October



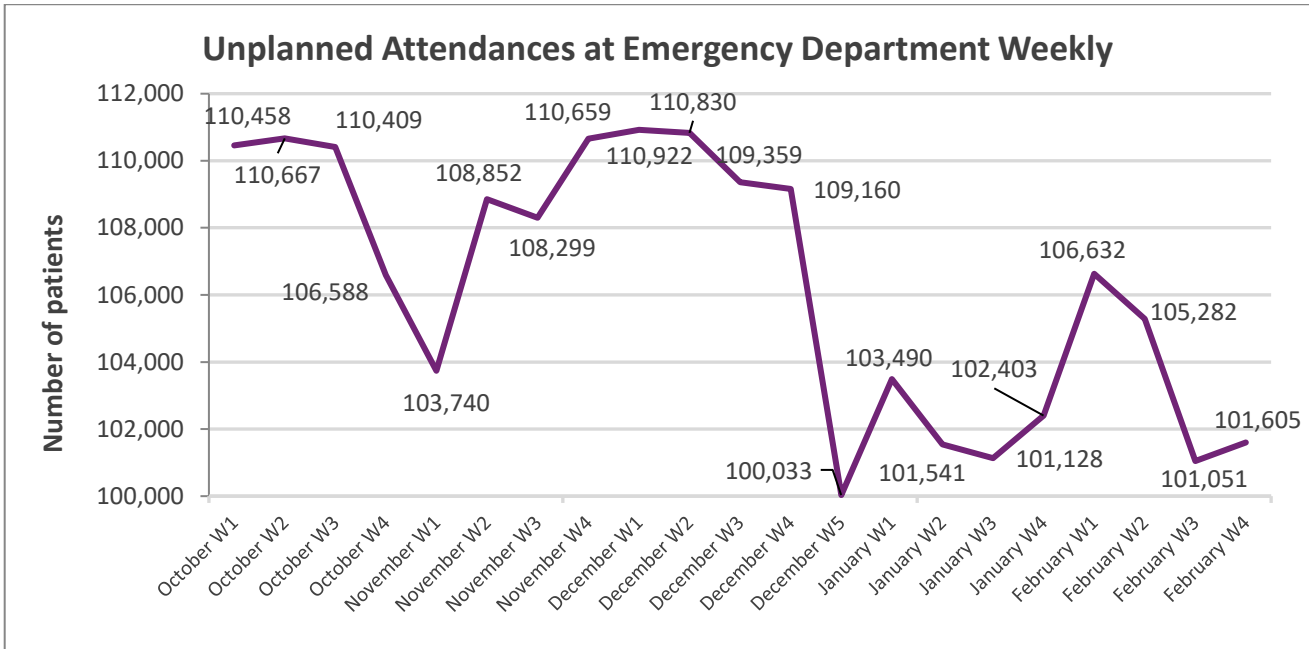
In the fourth week of February, four-hour standard performance stood at 72.65% - down from 72.99% the previous week. The underlying picture shows 21 increases and 21 decreases across the project group.

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



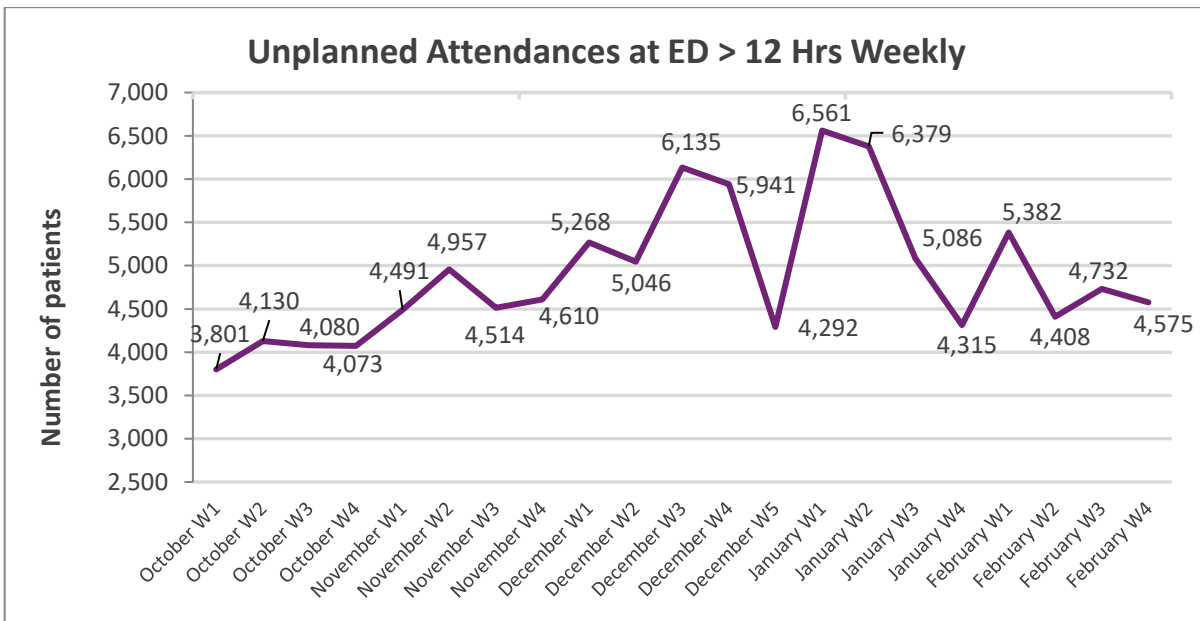
The number of patients subject to DTOC in the fourth week of February was 1,859 - down from 1,940 the previous week. This translates to 5.08% of acute bed stock - down from 5.29% the previous week. The range across Winter Flow contributors this week was between 0.5% and 15.7%.

Graph of attendances since October



A total of 101,605 attendances were recorded within the Winter Flow group this week – up from 101,051 the previous week. This is a increase of 554 patients or 0.55%. At site level there were 19 recorded increases and 27 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 fourth 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 4,575, down from 4,732 the previous week. This was a decrease of 0.18% from the previous week and translates to 4.50% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 102,779 patients staying over 12 hours from arrival to departure in Emergency Departments since the first week of October.

Overall

A February that was unsurprisingly difficult for Emergency Departments has finally drawn to an end, albeit without much evidence that March will represent anything meaningfully better.

Attendances remained largely unmoved last week (a 0.55% increase from the previous week) while the number of Delayed Transfers of Care cases and the number of beds available fell by roughly the same amount (81 and 80 respectively).

The number of 12-hour waiters also fell by 3.32%, while performance against the four-hour standard fell for the second week in a row, decreasing by 0.33 percentage points.

On the surface, week four of February represents neither an improvement nor a decline in the context of this year's Winter Flow project. Elsewhere we can see some small green shoots of recovery (for example, bed occupancy in NHS England's Winter Situational Report has been the lower in the last five weeks than any of the previous three years).

This hasn't been replicated in Winter Flow however, where no meaningful trends emerged in February beyond a general decline compared with previous years (symbolically exemplified best by the fact that last week 21 sites recorded an improvement in four-hour standard performance and 21 recorded a decline).

The danger that arises from performance that is consistently bad without representing anything that might grab headlines is that we become inured to the implications. The number of patients staying more than 12 hours in Emergency Departments has been fluctuating between four and five thousand for 6 weeks – this represents an improvement from the six to six and half thousand recorded earlier in the winter, but it's still a world away from ridding EDs of corridor care altogether.

Similarly, the 72.65% performance against the four-hour standard is over four percentage points higher than this year's nadir (67.58%) but this is still 6.88 percentage points lower than the same week last year.

Moreover, last week saw the total number of 12-hour waits recorded in this year's Winter Flow project exceed 100,000. In contrast, the total number of 12-hour trolley waits registered by NHS England in the 114 months since the metric's inception in 2010 is 22,698.

This need not become the norm though, but in order to meaningfully reverse performance, change is needed. That is why the College is launching [RCEM CARES](#), a campaign setting out the pressing issues facing Emergency Departments across the UK, and providing the NHS and policy makers with suggested solutions so that ED staff can deliver safe and timely care for patients.