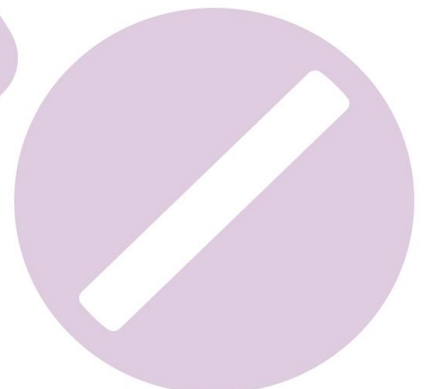
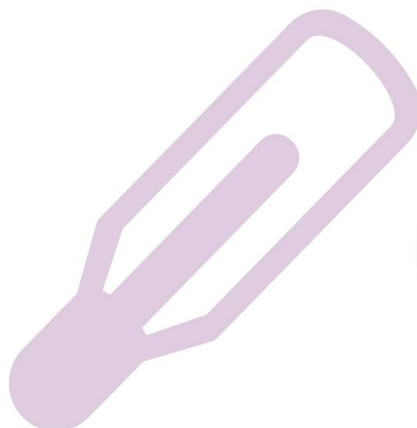




The Royal College of
Emergency Medicine

RCEM Winter Flow Project

Analysis of the data so far: 31st January



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.

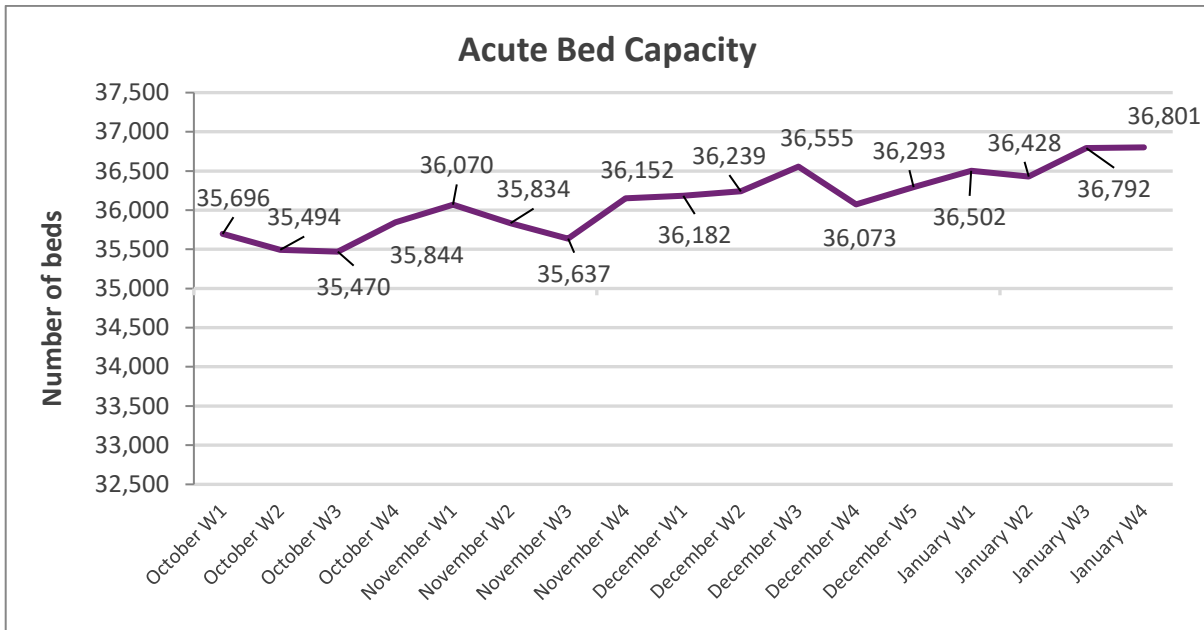
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

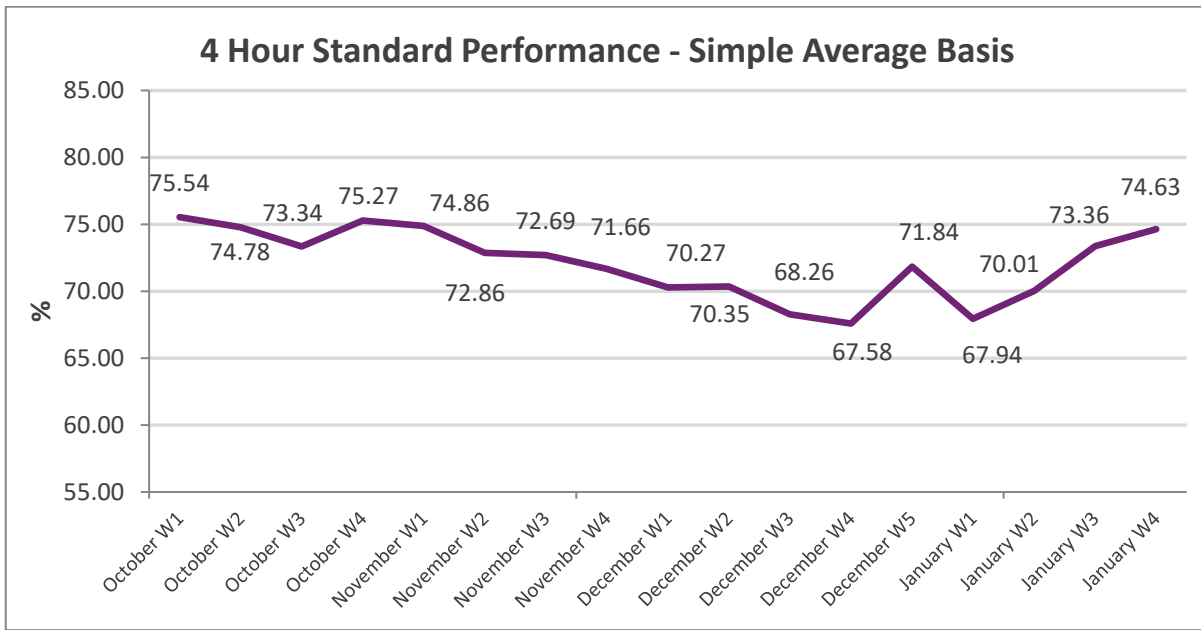
In the fourth week of January, the number of beds within the project group increased to 36,801 – up from 36,792 the previous week. This is a 0.02% change from the previous week. In total, there has been a 3.10% increase in the aggregate bed stock¹ from the project starting point.

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	6	18	17	5	5

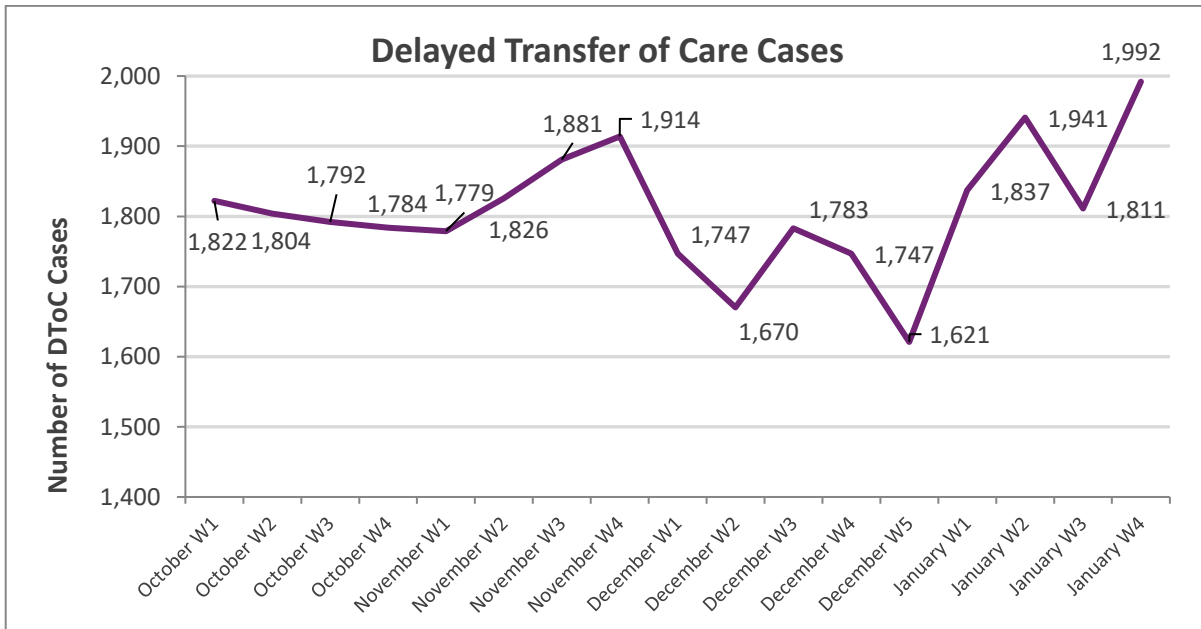
¹ This is measuring from week one to the maximum recorded bed stock for the project to date.
Published 31 January 2020

Graph of four-hour performance by week since October



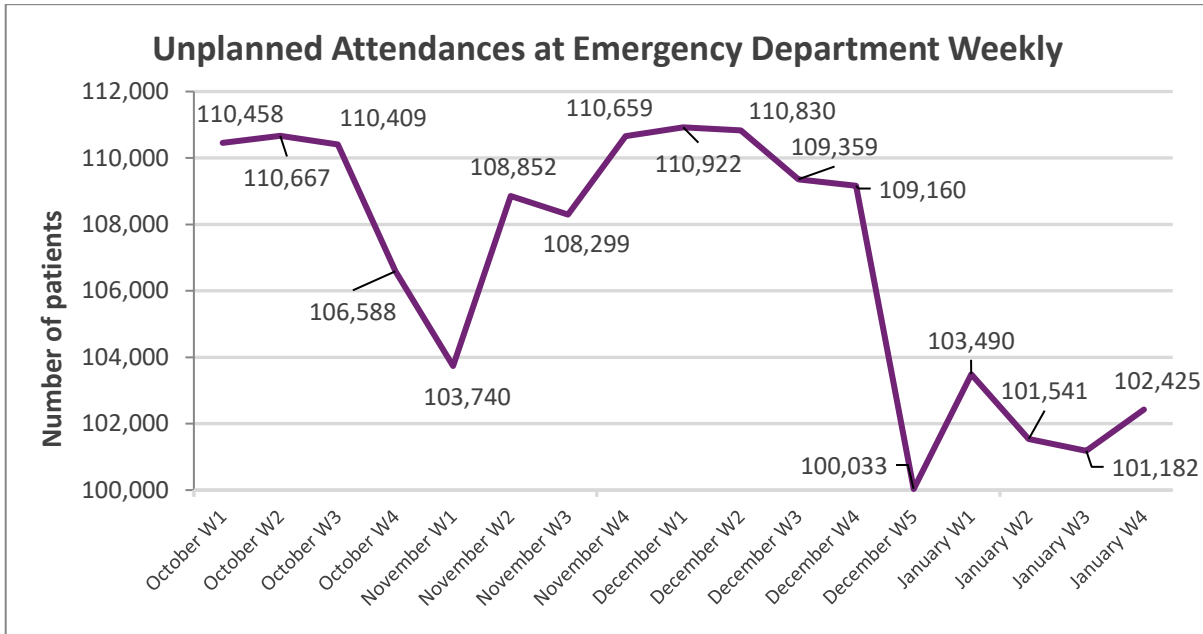
In the fourth week of January, four-hour standard performance stood at 74.63% - up from 73.36% the previous week. The underlying picture shows 25 increases and 17 decreases across the project group.

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



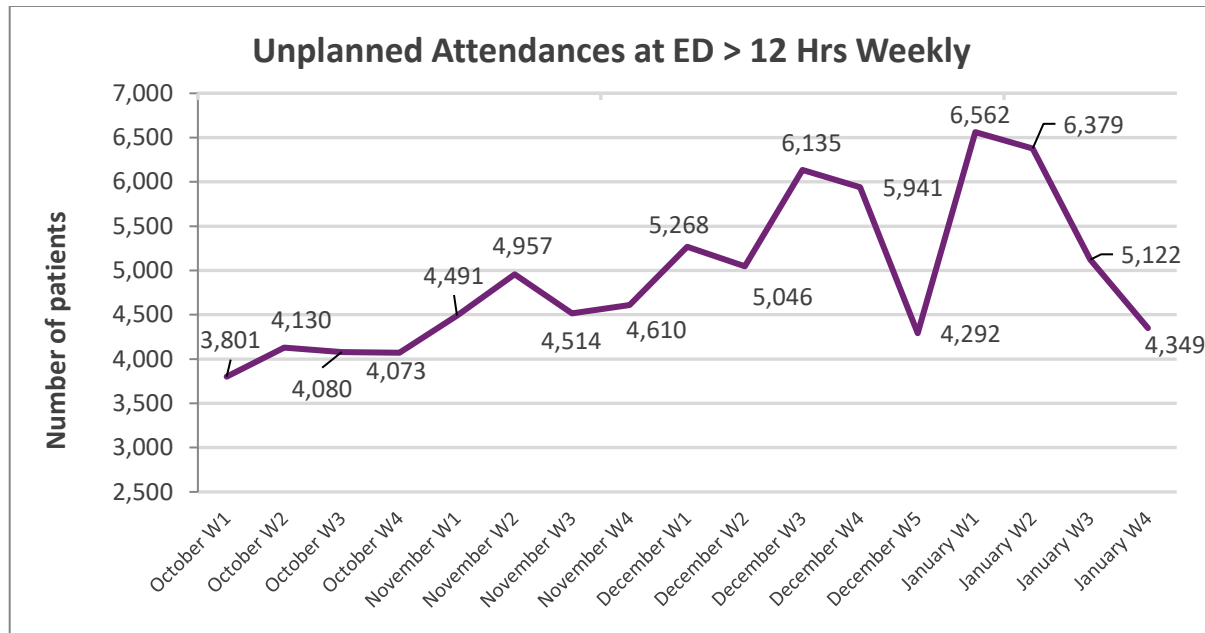
The number of patients subject to DTOC in the fourth week of January was 1,992 - up from 1,811 the previous week. This translates to 5.41% of acute bed stock - up from 4.92% the previous week. The range across Winter Flow contributors this week was between 0.6% and 18.9%.

Graph of attendances since October



A total of 102,425 attendances were recorded within the Winter Flow group this week - up from 101,182 the previous week. This is an increase of 1,243 patients or 1.23%. At site level there were 30 recorded increases and 16 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 January, the number of patients staying more than 12 hours from arrival to departure in Emergency Departments within the Winter Flow group stood at 4,349 down from 5,122 the previous week. This was a decrease of 15.09% from the previous week and translates to 4.25% of attendances recorded within the Winter Flow group in the same period. The Winter Flow Project has recorded 83,750 patients staying over 12 hours from arrival to departure in Emergency Departments since the first week of October.

Overall

The Winter Flow data published today for the fourth week of January saw a small but welcome improvement in most metrics.

Bed numbers remained static, with the addition of just 9 beds compared with the previous week (a 0.02% increase). However, the number of patients subject to Delayed Transfers of Care increased by 9.99% (181), the second largest weekly increase this year to date, and the third largest increase between consecutive weeks in all five years of Winter Flow reporting.

The number of patients attending Winter Flow Emergency Departments increased by 1.23% (1,243) and the number of patients staying within those same Departments for more than 12 hours declined by 15.09% (773) week on week.

Encouragingly, four-hour standard performance improved for the third consecutive week, increasing to 74.63%, (1.27 percentage points higher than the previous week).

However, this still represents a 3.46 percentage point decline from the same week in last year's Winter Flow project. Moreover, the addition of just 9 beds to the system compared with the previous week (despite a bed occupancy of 94.3% recorded in the most recent Winter Sit Rep data) suggests a system that is effectively at capacity.

The bed stock at our Winter Flow sites has now increased in three of the four weeks of January, and yet occupancy across the NHS in the same period has fluctuated between 94 and 95%, a figure that is demonstrably too high to consistently deliver safe and timely care.

While recent decreases in patients spending more than 12 hours in A&E and improvements in four-hour standard performance are appreciated, they should be viewed in the context of a fall in demand, with attendances noticeably lower in January than in previous months. Analysis of NHS England's figures show that in 6 of the last 9 years, there have been more admissions per day in February than January at type 1 A&Es, so an increase in demand in the coming weeks seems likely.

The large increase in Delayed Transfers of Care also represents a troubling development, with 1,992 recorded last week (almost 10% more than the previous week, the third highest figure seen in any year of Winter Flow reporting). The Winter Sit Rep data shows that the number of long-stay patients has gone up compared with this time last year, so despite best efforts, we know that many patients are still enduring the indignity of being stuck in beds for long periods of time (as well as the risks associated with unnecessary and extended hospital stays).

Any improvement in performance should be welcomed by staff and patients, but we must recognise that the NHS is still patently worse off than it was last year. Four hour standard performance remains extremely low compared with previous years and shows no sign of improving to a level that even approaches the 95% target at which safer care can be delivered. Additional resourcing is essential if we are to drive meaningful, sustainable improvement in performance in the long-term.