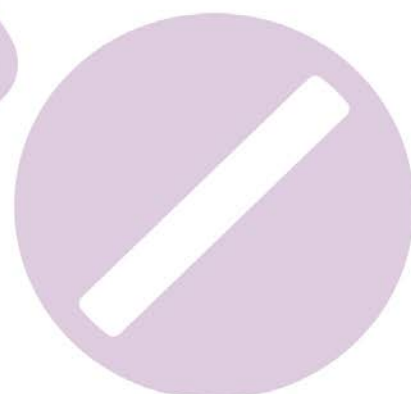
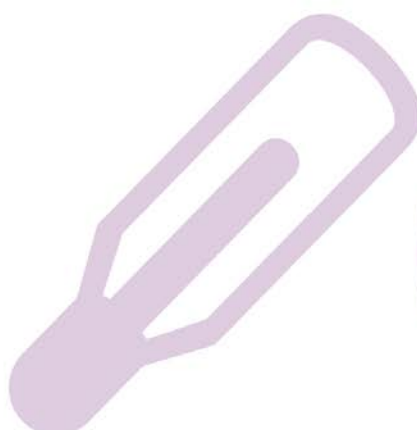


RCEM Winter Flow Project

Analysis of the data so far: 5th April 2019



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 countries 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 fourth 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 has recently been announced by the Government.

As was the case in previous years, each participating Trust/Board has submitted weekly data on attendances, four-hour standard performance, delayed transfers of care and cancelled elective operations. In an effort to reflect on-going staff shortages, we have also asked participating providers to tell us how many locum and agency staff are working in their Emergency Departments. This staffing measure is now in its second year. These data points together better reflect pressures, constraints and consequences for system performance.

The data are aggregated to ensure the focus of consideration is the wider health care system rather than the performance of individual Trusts/Boards. Over 50 Trusts/Boards have submitted these data on a weekly basis since the beginning of October.

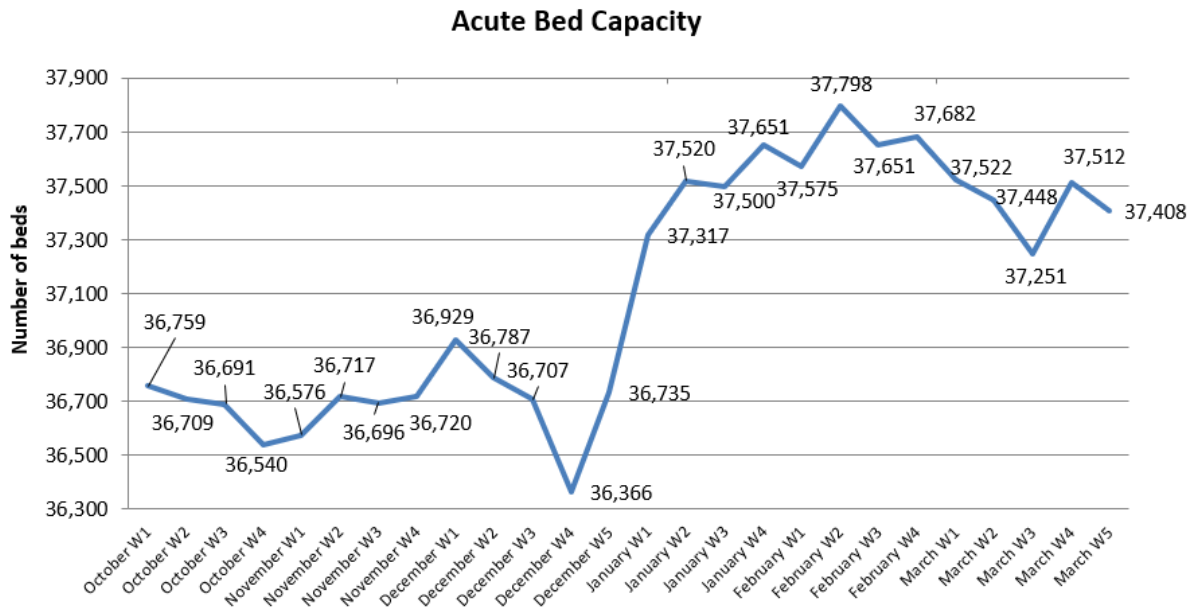
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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, although 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

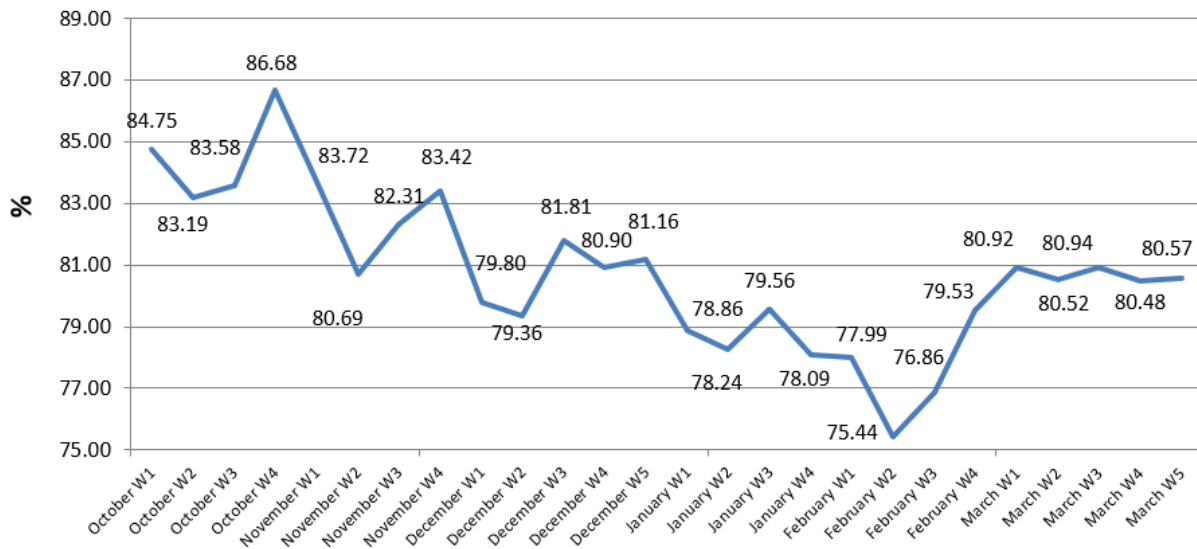
In the fifth week of March, the number of beds within the project group decreased to 37,408 – down from 37,512 the previous week. In total, there has been a 4.5% increase in the aggregate bed stock from the project starting point.

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	2	17	16	11	8

Graph of four-hour performance by week since October

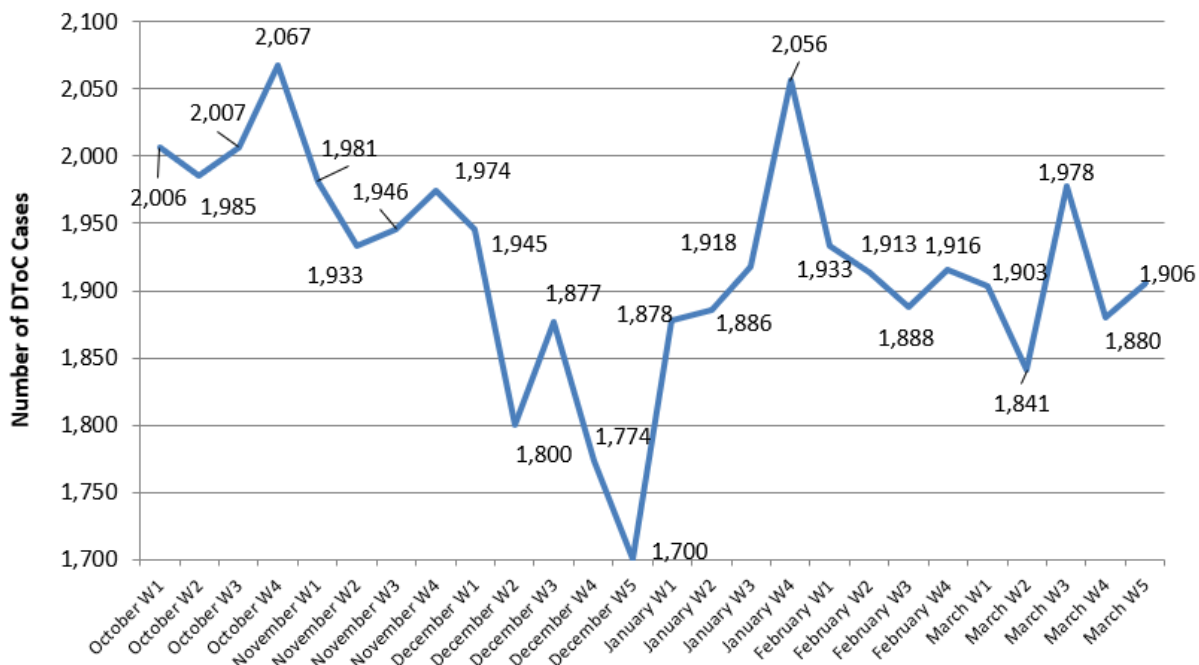
4 Hour Standard Performance - Simple Average Basis



In the fifth week of March, four-hour standard performance stood at 80.57% - almost unchanged from 80.48% the previous week. The underlying picture shows 28 increases and 22 decreases across the project group.

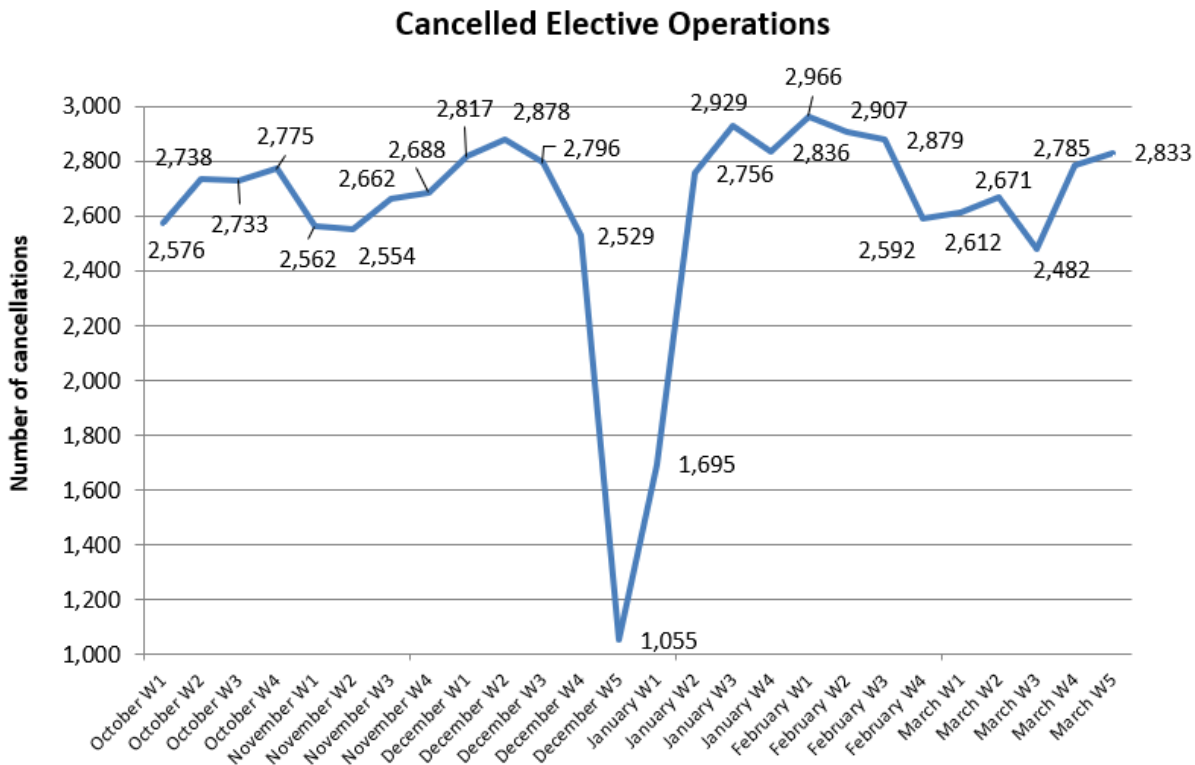
Graph of Delayed Transfers of Care (DTOCs) by week since October

Delayed Transfer of Care Cases



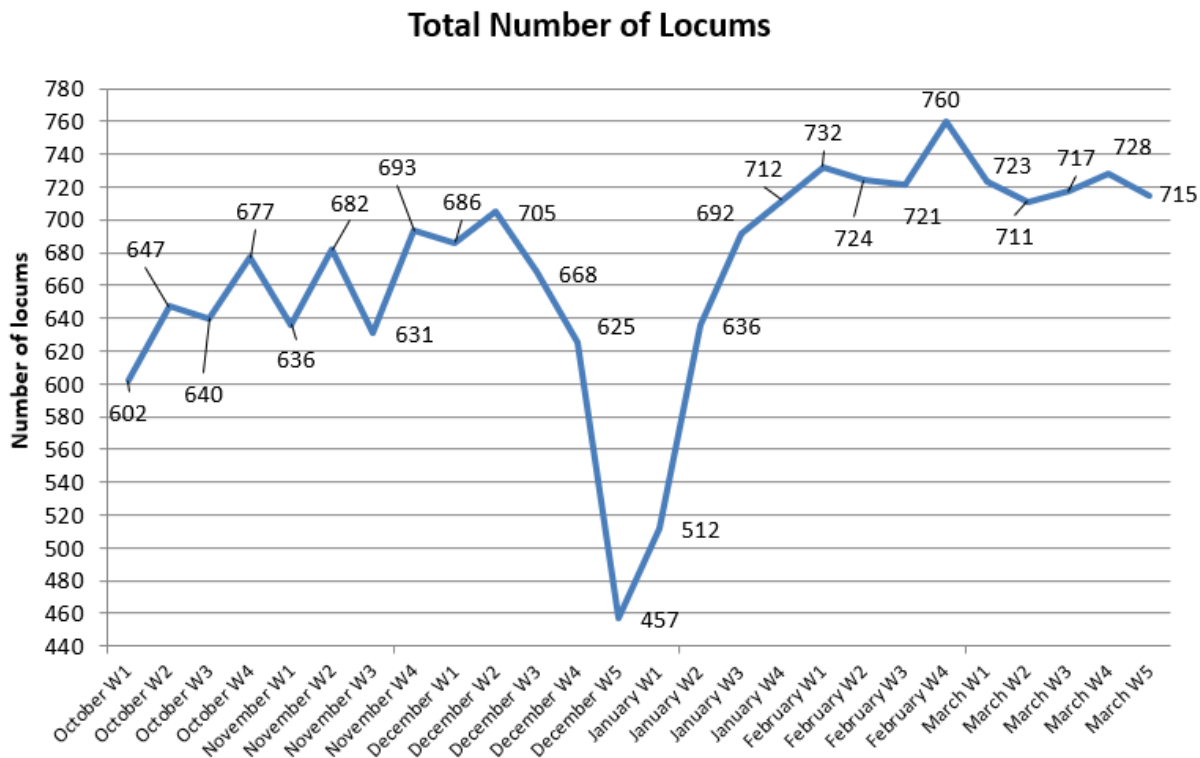
The number of patients subject to DTOC in the fifth week of March was 1,906 – up from 1,880 the previous week. This translates to 5.10% of acute bed stock - up from 5.01% the previous week. The range across all contributors for this week is a minimum 0.00% to a maximum 21.0%.

Graph of cancelled elective operations since October



A total of 2,883 elective operations were recorded as cancelled this week – up from 2,785 the previous week. A total of 68,306 elective operations have been cancelled over the project to date. This represents an overall average of 50 cancelled operations per site per week over the project as a whole.

Graph of number of locum and agency staff since October



In the fifth week of March, the number of locum and agency doctors and nurses employed within Emergency Departments within the Winter Flow Project group stood at 715 down from 728 the previous week.

Overall

Considered as a whole, the points to notice from the Winter Flow data published this week are as follows. Firstly, four-hour standard performance (80.57% this week) has remained virtually unchanged at greater than 80% but less than 81% since the beginning of March. Performance is 0.4 percentage points lower than was the case at the same point in 2017-18 (80.97%), 4.53 percentage points lower than was the case at the same point in 2016-17 (85.10%), and 2.46 percentage points lower than was the case in 2015-16 (83.03%).

Therefore, as has been the case for almost the entirety of this year's project, performance remains in the 'red zone' where both patients and staff are placed at the highest level of risk.¹ In fact performance has been between 80% and 85% for 15 of the last 25 weeks.

As this year's weekly reporting draws to a close, the Royal College of Emergency Medicine would like to offer our heartfelt thanks to all of our contributors – in Trusts and Boards across the UK – who have made this project possible. With their help we have been able to shine a light on the difficulties, challenges and successes of managing hospital resources as they endeavour to provide excellent, compassionate care for patients.

¹ [Improving safety in the Emergency Department this Winter](#)

It is quite clear from much of what has been said over much of the last 26 weeks that delivering timely four-hour standard performance, even keeping patients safe, is profoundly challenging within a secondary care sector which is systematically under resourced. This is most obvious in the form of staff shortages and the use of temporary and locum staff (14.69% higher than last year) and a chronic lack of acute beds.

All this points to the continued and residual value of the four-hour standard, as broad system indicator of the pressures surrounding urgent and emergency care. As NHS England is now reviewing this standard, it remains our view that it is important to retain robust standards to measure and monitor flow in emergency care systems to help minimise crowding as an essential part of maintaining safety.

The Royal College of Emergency Medicine is continuing to engage with NHS England and NHS Improvement to provide our expert advice to this review and to ensure that safety remains at the very heart of that process. We believe that the proposed testing of any new standard will need to consider a number of complex factors and must lead to standards that improve on current metrics.