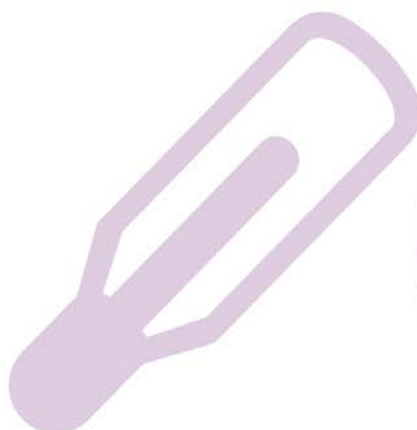


RCEM Winter Flow Project

Analysis of the data so far: 15th February 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.

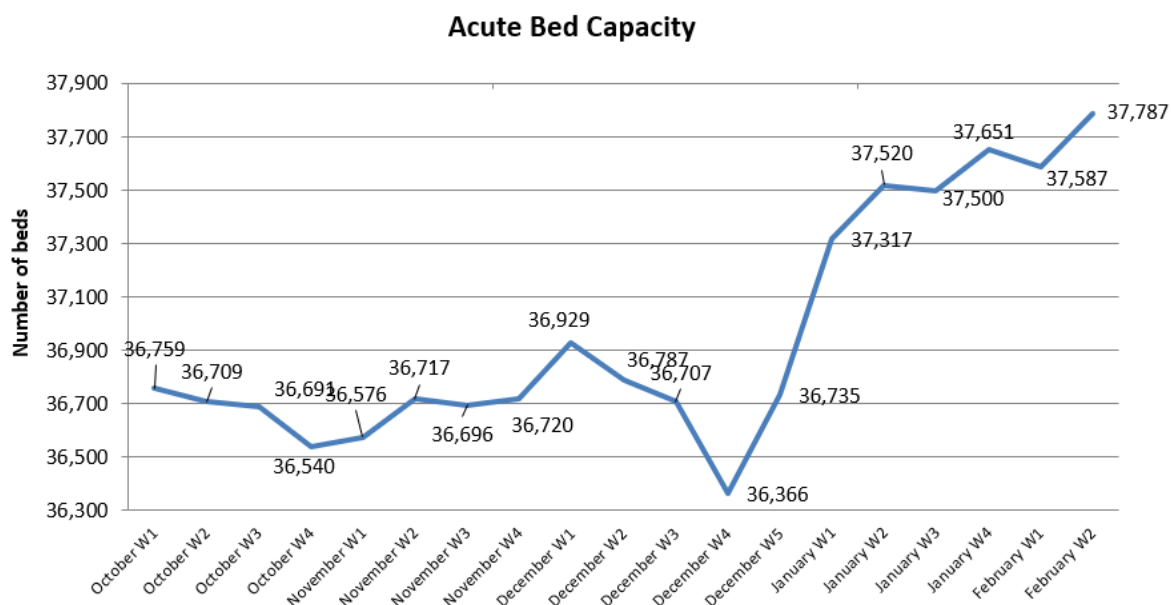
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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



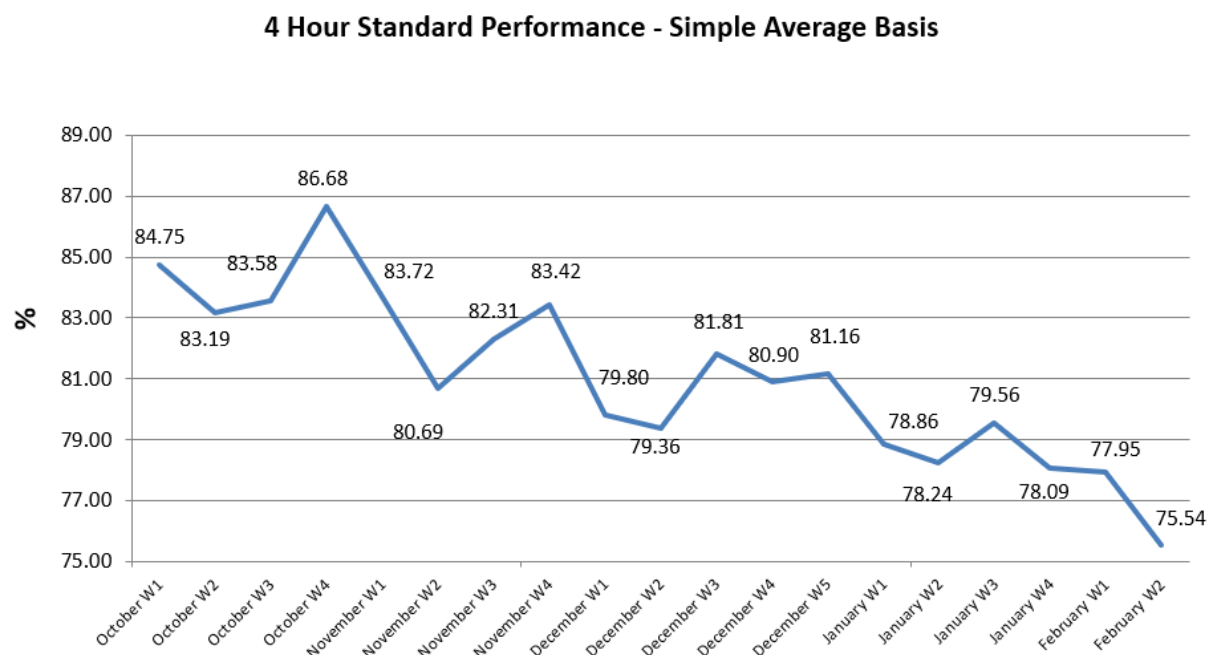
Active Bed Management

In the second week of February, the number of beds within the project group increased to 37,787 – up from 37,587 the previous week. In total, there has been a 4.4% 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.

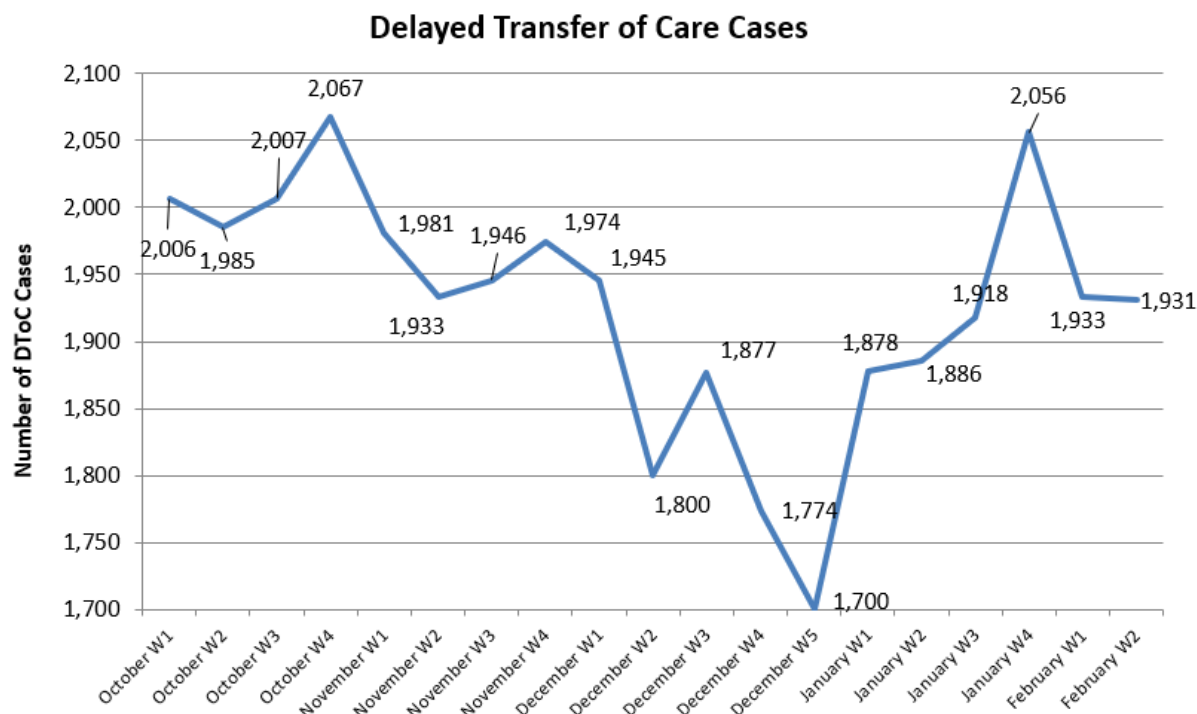
	No flexing	0 – 5%	5 – 10%	10 – 15%	15 – 20%
Number of sites	3	18	15	11	7

Graph of four-hour performance by week since October



In the second week of February, four-hour standard performance stood at 75.54% - down from 77.95% the previous week. The underlying picture shows 13 increases and 35 decreases across the project group.

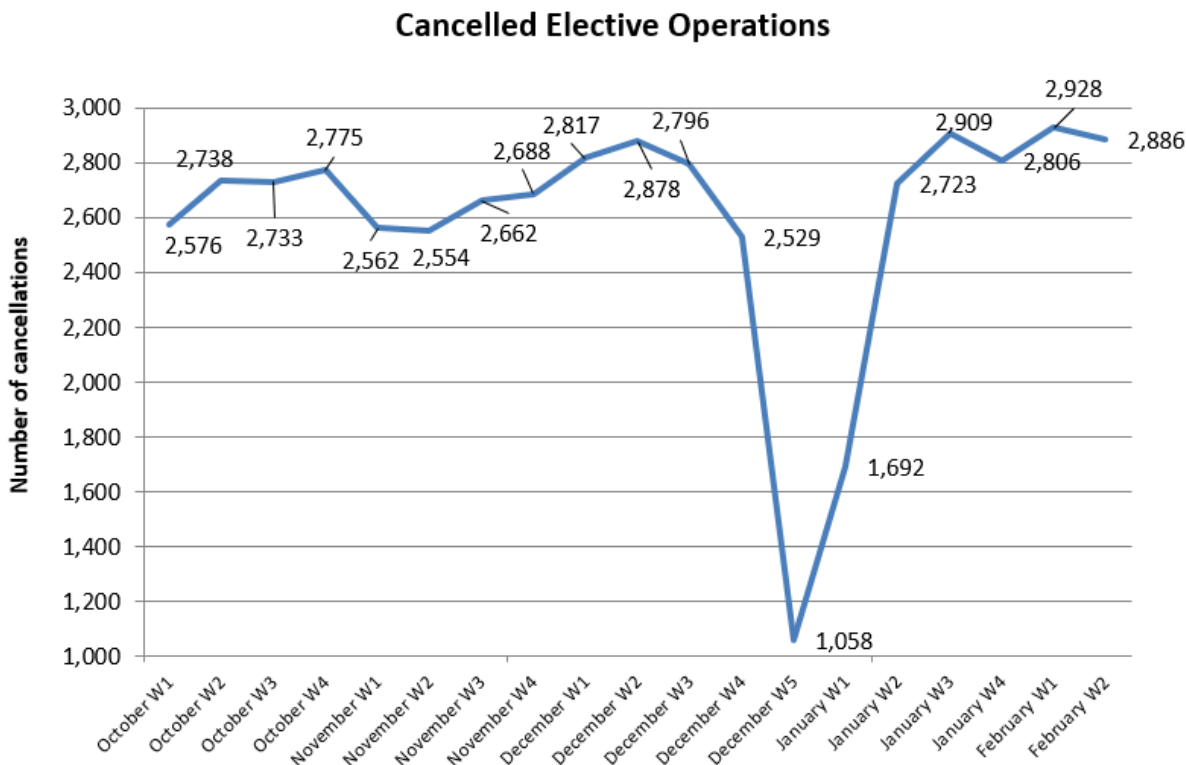
Graph of Delayed Transfers of Care (DTOCs) by week since October



The number of patients subject to DTOC in the second week of February was 1,931 – down from 2,056 the previous week. This translates to 5.11% of acute bed stock - down from 5.14%

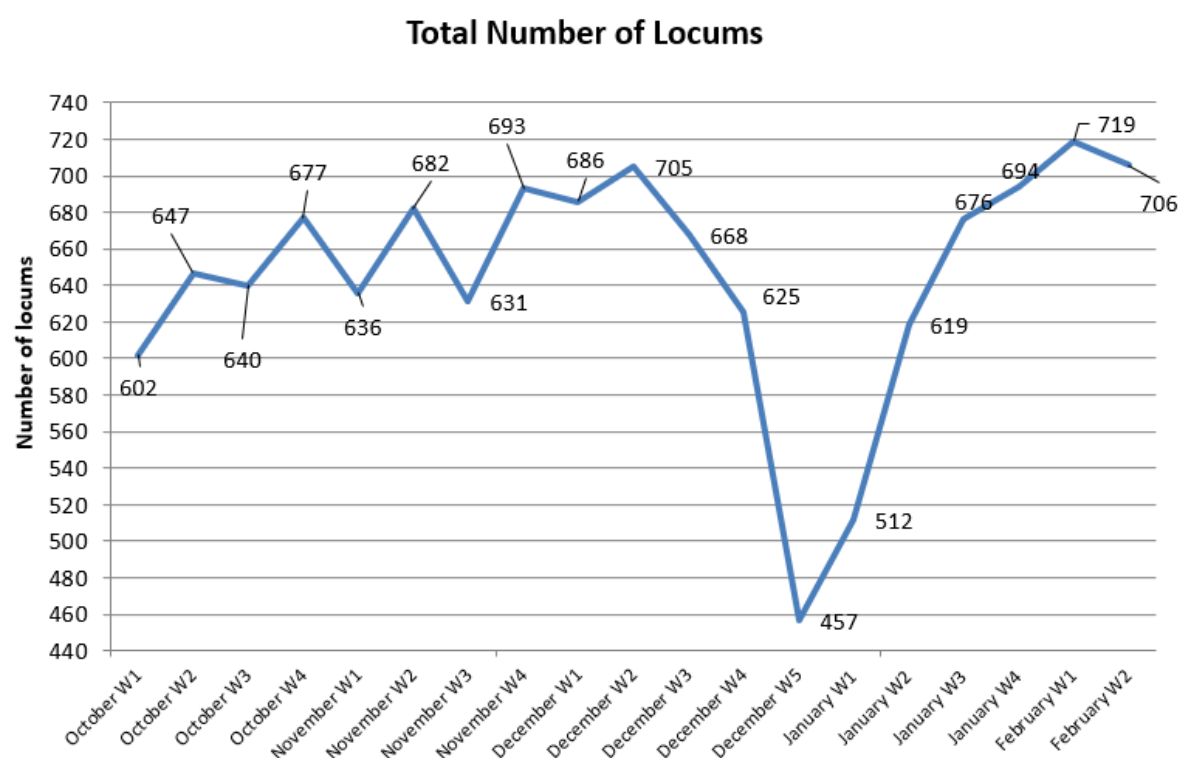
the previous week. The range across all contributors for this week is a minimum 0.00% to a maximum 21.4%.

Graph of cancelled elective operations since October



A total of 2,886 elective operations were recorded as cancelled this week - down from 2,928 the previous week. A total of 49,310 elective operations have been cancelled over the project to date. This represents an overall average of 49 cancelled operations per site per week over the project as a whole.

Graph of number of locum and agency staff since October



In the second week of February, the number of locum and agency doctors and nurses employed within Emergency Departments within the Winter Flow Project group stood at 706 down from 719 the previous week.

Overall

As has been the case for the duration of this year's Winter Flow Project, full compliance with the NHS Constitution commitment that at least 95% of patients attending A&E departments should be admitted, transferred or discharged within four hours remains a distant prospect.¹ At 75.54%, performance is 2.41 percentage points lower than was the case in the previous week and 4.15 percentage points lower than was the case in 2017-18. This is the most adverse performance that we have recorded at this point in February and is very close to being the lowest performance ever recorded in the four years that the Winter Flow Project has been in operation.

For reference, our lowest four-hour performance score to date was 74.23% - recorded in the first week of January 2016-17. Performance has declined in eight of the last 11 weeks and, as we noted last week, shows little sign of staging the kind of recovery that we have seen in previous years. It is noteworthy that several of our contributors this week have recorded performance scores of less than 55%.

Of course, none of this means that the contributors to the Winter Flow group, and the staff that work within their hospitals, are not trying to do something about performance. The group as a whole opened an additional 200 acute beds this week alone, and within the group, bed numbers have risen more or less consistently since the end of December.

¹ [The Handbook to the NHS Constitution](#)

Unfortunately, while these efforts are laudable, the evidence of the NHS England Winter Sitrep data suggests that they remain inadequate. The Sitrep data shows that bed occupancy rates were above 95% this week; higher than was the case at the same point last year (94.97%)², and that the number of available beds across the week was 556 lower than was the case in 2017-18.

Similarly, contributors are continuing to make every effort to provide the staff required to maintain patient safety. The number of locum and agency doctors and nurses within the Winter Flow group remains near historic highs and is 107 higher than was the case at the same point last year.

The problem with this kind of reporting – and similar reporting from NHS England and others – is that it is often easy to get lost in the numbers and become immune to the human impact of what they mean. The reality of reporting four-hour performance at this level is that large numbers of vulnerable patients are suffering unnecessarily, and that staff are working in often unpleasant conditions to prevent patients from coming to harm.

It is surely time to acknowledge that this issue is both unacceptable and avoidable. Moreover, avoidable should not mean removing reporting around these time-based system metrics so that patients languishing on trollies can be conveniently forgotten by political decision makers. The answer is to ensure that there are sufficient resources for emergency care as a national priority. With the right numbers of staff, an adequate number of acute hospital beds and sufficient capacity in social and community care, long delays for patients in A&E departments could become a thing of the past.

² [Winter Daily SitRep 2018-19 Data](#)