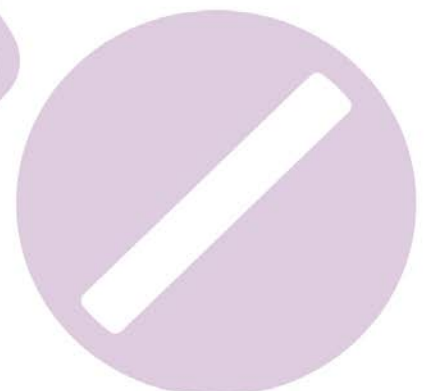
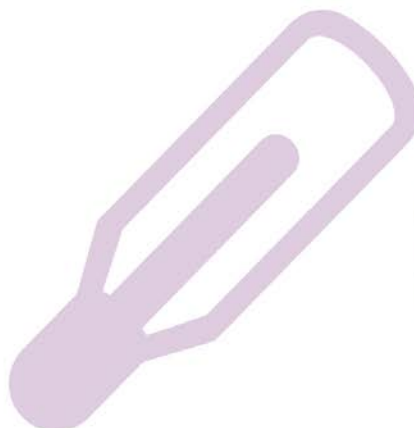




The Royal College of
Emergency Medicine

RCEM Winter Flow Project

Analysis of the data so far: 1st 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.

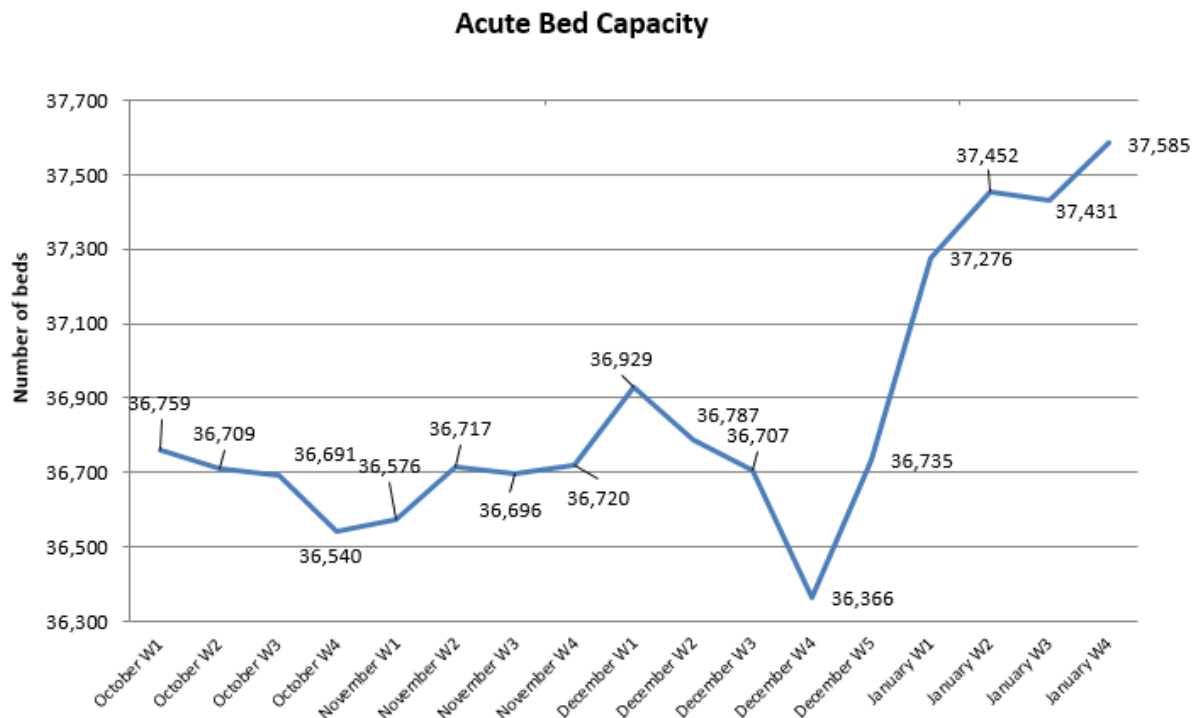
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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



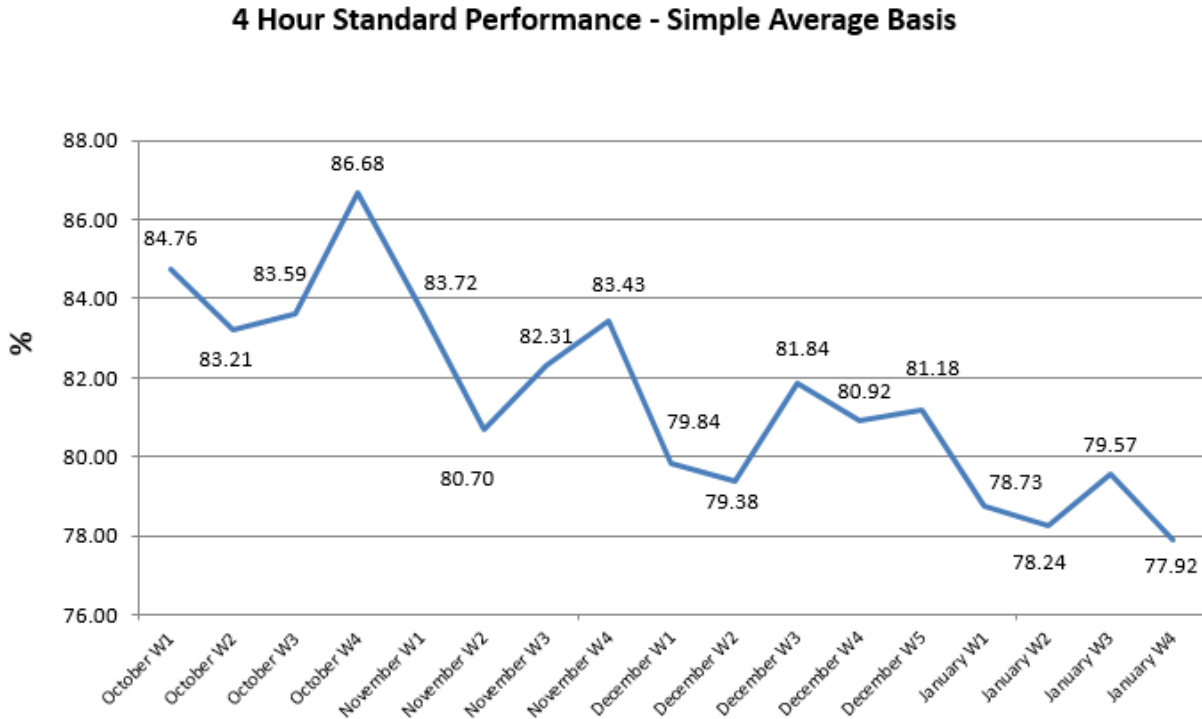
Active Bed Management

In the fourth week of January, the number of beds within the project group increased to 37,585 – up from 37,431 the previous week. In total, there has been a 3.4% 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.

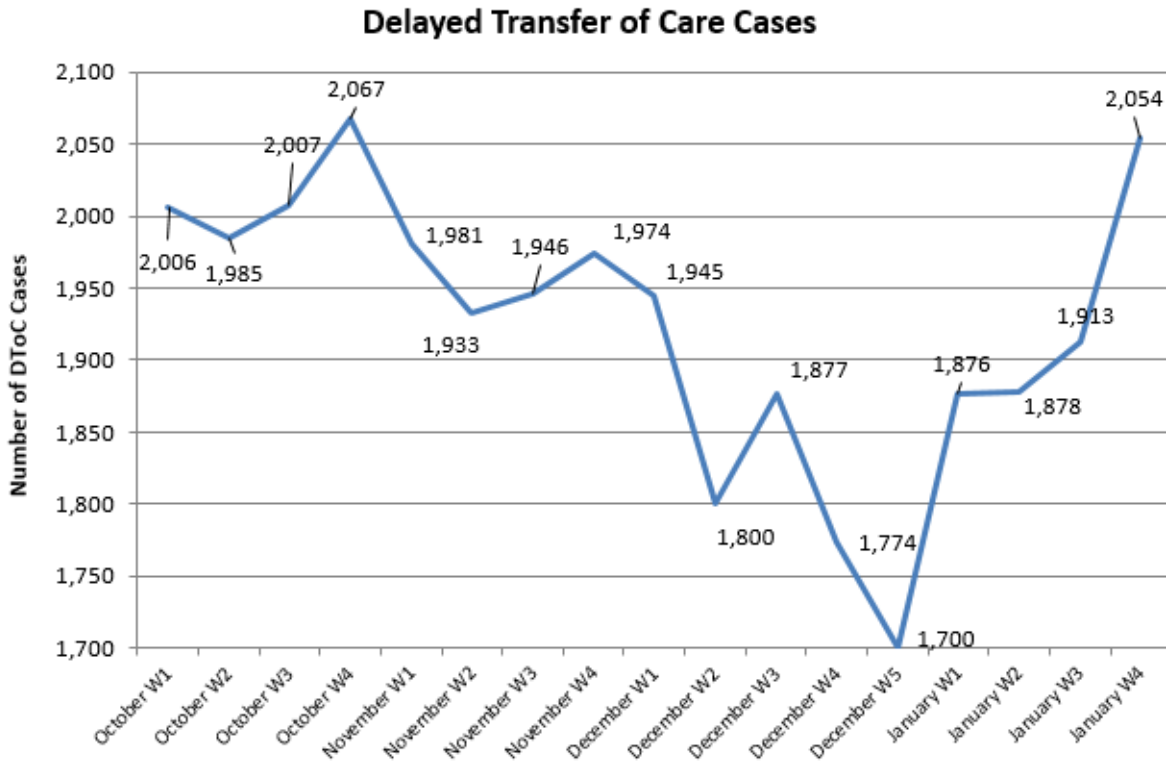
	No flexing	0 – 5%	5 – 10%	10 – 15%	15 – 20%
Number of sites	5	20	16	11	2

Graph of four-hour performance by week since October



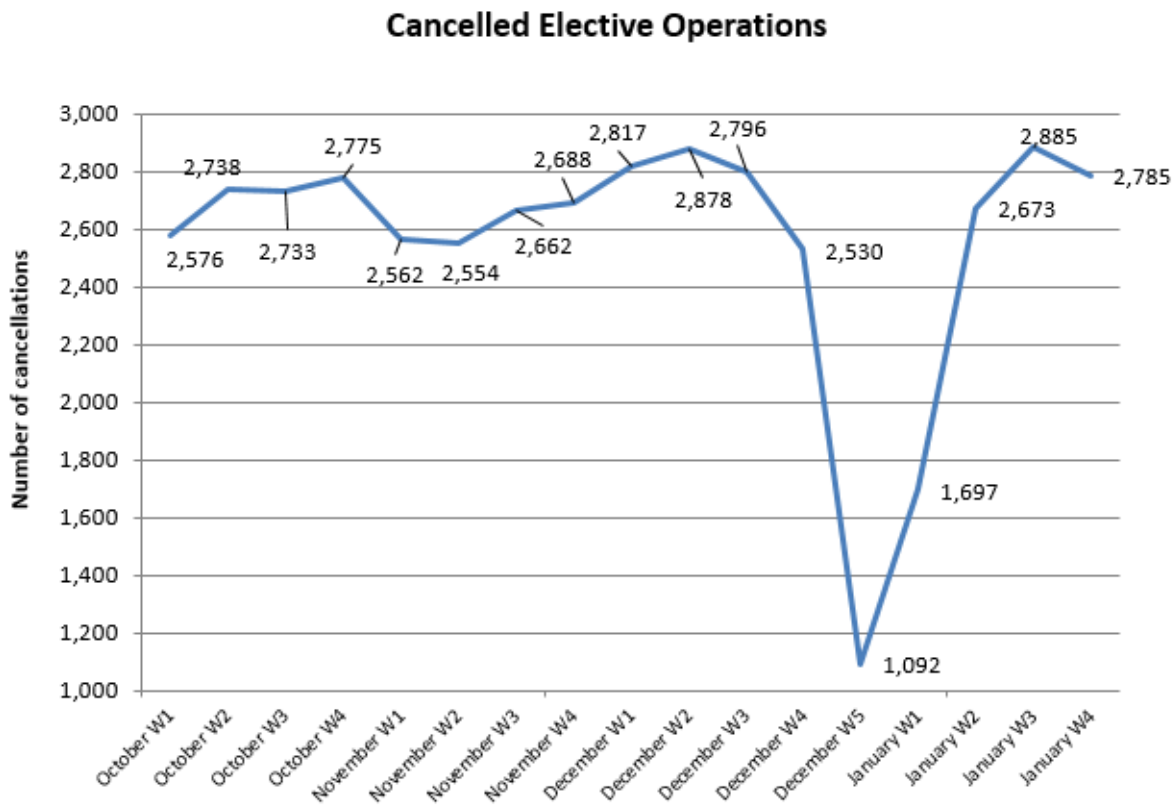
In the fourth week of January, four-hour standard performance stood at 77.92% - down from 79.57% the previous week. The underlying picture shows 20 increases and 32 decreases across the project group.

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



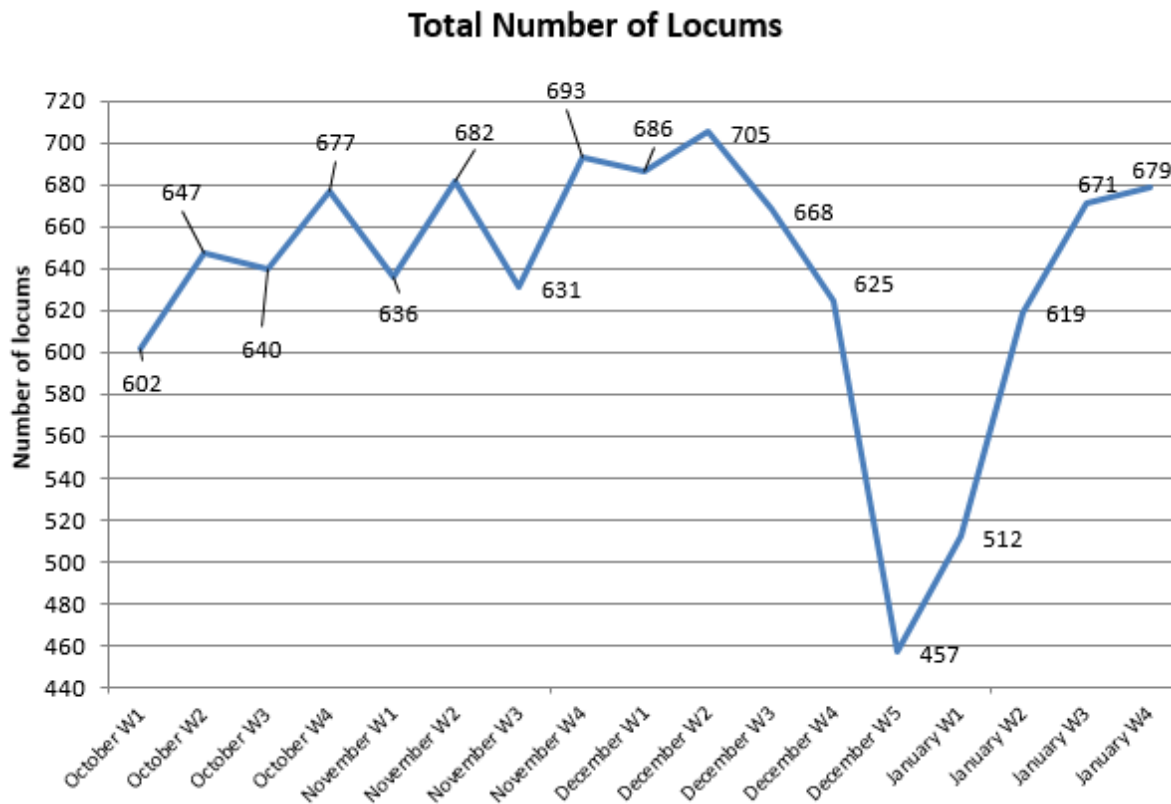
The number of patients subject to DTOC in the fourth week of January was 2,054 – up from 1,913 the previous week. This translates to 5.46% of acute bed stock - up from 5.11% the previous week. The range across all contributors for this week is a minimum 0.00% to a maximum 26.7%.

Graph of cancelled elective operations since October



A total of 2,785 elective operations were recorded as cancelled this week - down from 2,885 the previous week. A total of 43,441 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 fourth week of January, the number of locum and agency doctors and nurses employed within Emergency Departments within the Winter Flow Project group stood at 679 up from 671 the previous week.

Overall

Regretfully, as has been the case for the duration of this year's Winter Flow Project full compliance with the four-hour standard remains a distant prospect.¹ At 77.92% performance is 3.11 percentage points lower than was the case in 2017-18 and in is in fact the lowest performance figure we have ever recorded in the fourth week of January. In 2015-16 at this point performance was 84.04%. This means that most of our contributors remain in the 'red zone'.² In fact, performance is significantly more adverse the 85% threshold where patients and staff are at the highest level of risk.

It is also noteworthy that almost 10 percent of our contributors are recording four-hour performance scores of less than 60% this week. In response, Winter Flow contributors have continued to increase their levels of available bed stock. At 154 beds, the amount of bed flex this week (increase or decrease on the previous week) is one of the highest we have seen this year (0.41%). In total, bed stock has increased by 3.35% since the fourth week of December and 2.24% since this year's project began in October.

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

² [RCEM: Improving safety in the Emergency Department this Winter](#)

Similarly, the number, locum and agency staff available on the ED shop floor to care for patients – and potentially increase patient flow – has continued to increase. The number of such staff within the Winter Flow Group has now reached 679. This is just 26 short of the high point reached in the middle of December (705) and 9.69% higher for than was the case at the same point last year.

All this being said, the situation for patients and staff is both adverse and deteriorating for a number of reasons. Firstly, much as NHS England has been stating that rates of bed occupancy have been lower than last year (this year at this point 94.63% last year 95.10%)³ bed provision remains inadequate. As we have argued consistently – and incidentally both the BMA⁴ and the National Audit Office⁵ have taken the same view – bed occupancy rates remain well above the 85% that is considered safe.⁶ Even if we take NHS England’s preferred threshold of 92%,⁷ beyond which they acknowledge, the deterioration in ED performance “begins to accelerate”,⁸ national bed occupancy rates have only been below this threshold for two of the last eight weeks.⁹

Secondly, bed management and patient flow are being made all the more challenging by a growing problem with the numbers of patients subject to Delayed Transfers of Care. Within the Winter Flow Group, at a count of 2,054 patients this is the highest number we have seen since the fourth week of October (2,067) and a 7.4% percent increase on the previous week. Only once so far in this year’s project has the number of DTOC cases deteriorated more rapidly.¹⁰ The number of patients stranded in our hospitals and unable to go home has increased every week since the last week of December and four-hour standard performance has suffered accordingly.

³[Winter Daily SitRep 2018-19 Data](#)

⁴[BMA: Beds in the NHS](#)

⁵[NAO: Reducing Emergency Admissions](#)

⁶BMJ [Dynamics of bed use in accommodating emergency admissions](#)

⁷[NHS Improvement, review of winter 2017/18](#)

⁸[NHS Improvement, review of winter 2017/18](#)

⁹[Winter Daily SitRep 2018-19 Data](#)

¹⁰ 10.35% first week of January 2019.