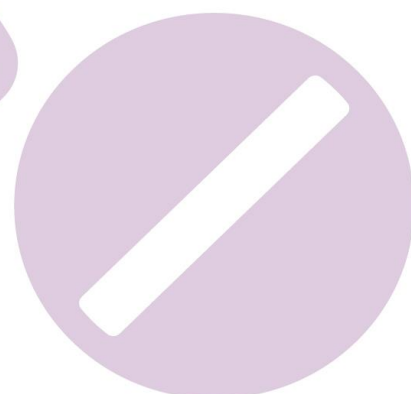
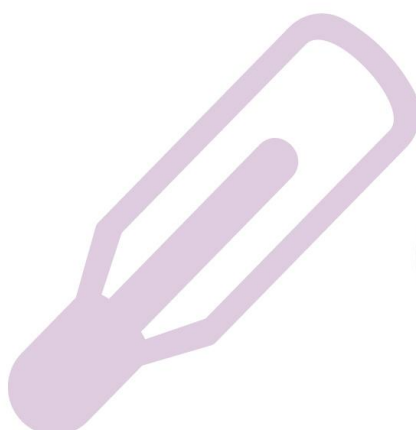


RCEM Winter Flow Project

Analysis of the data so far: 11th January 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.

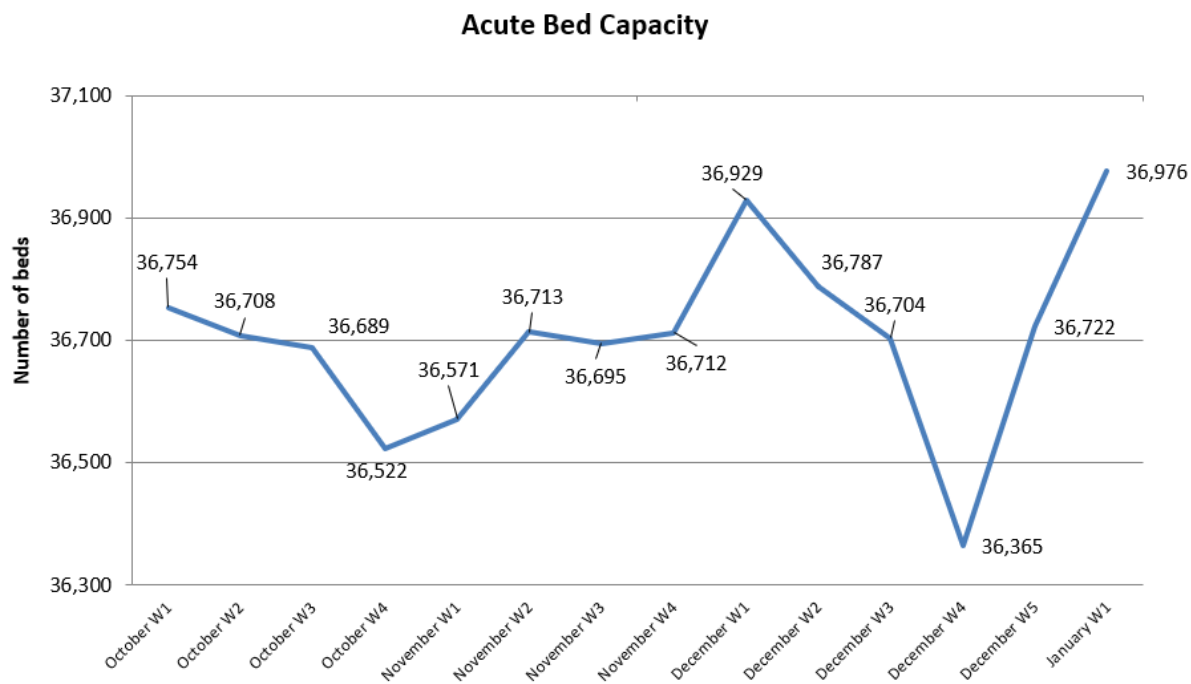
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

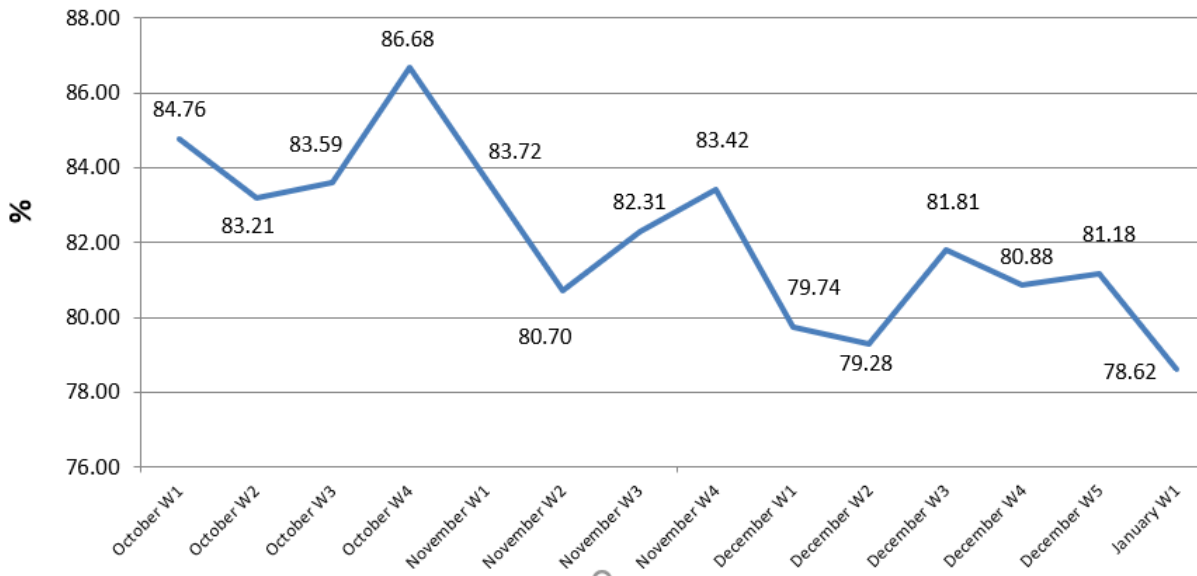
In the first week of January, the number of beds within the project group increased to 36,976 – up from 36,722 the previous week. In total, there has been a 2.5% increase in the aggregate bed stock from the project starting point.

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	7	28	12	5	2

Graph of four-hour performance by week since October

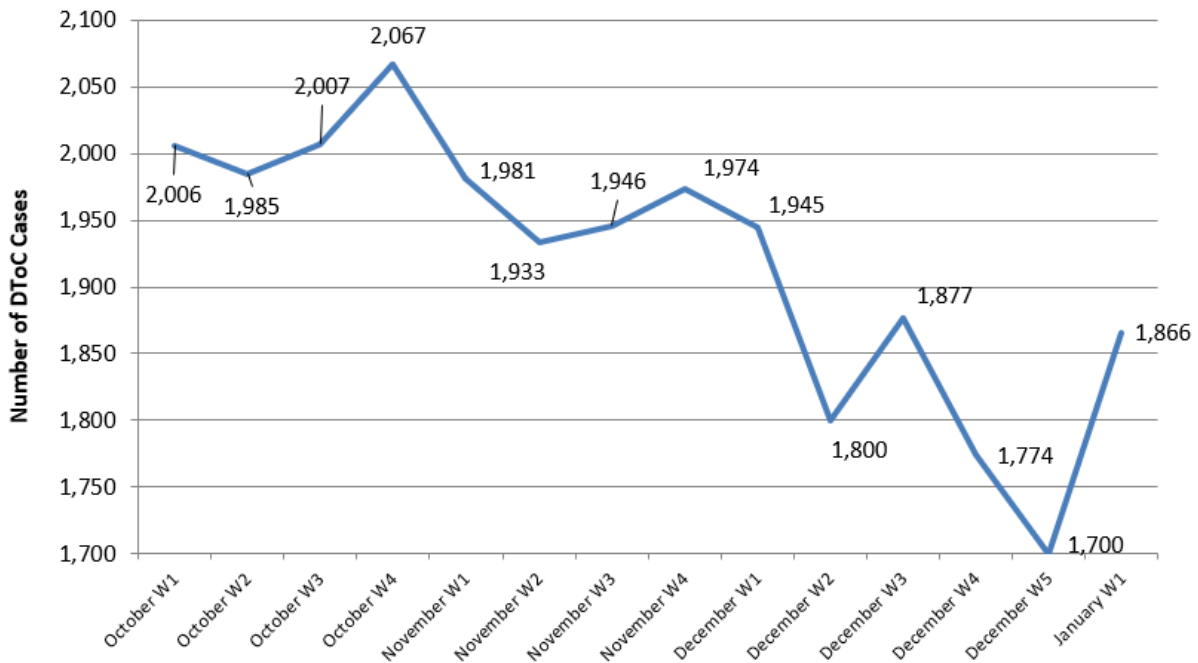
4 Hour Standard Performance - Simple Average Basis



In the first week of January, four-hour standard performance stood at 78.62% - down from 81.18% the previous week. The underlying picture shows 17 increases and 36 decreases across the project group.

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

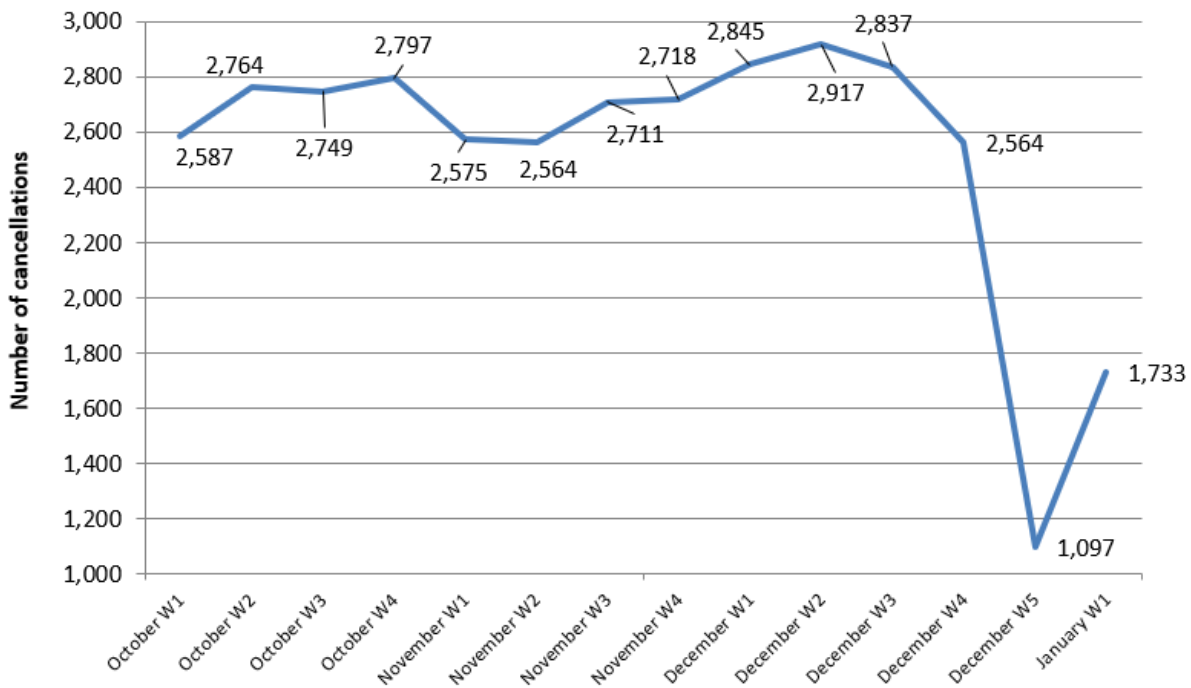
Delayed Transfer of Care Cases



The number of patients subject to DTOC in the first week of January was 1,866 - up from 1,700 the previous week. This translates to 5.05% of acute bed stock - up from 4.63% the previous week. The range across all contributors for this week is a minimum 0.00% to a maximum 26.7%.

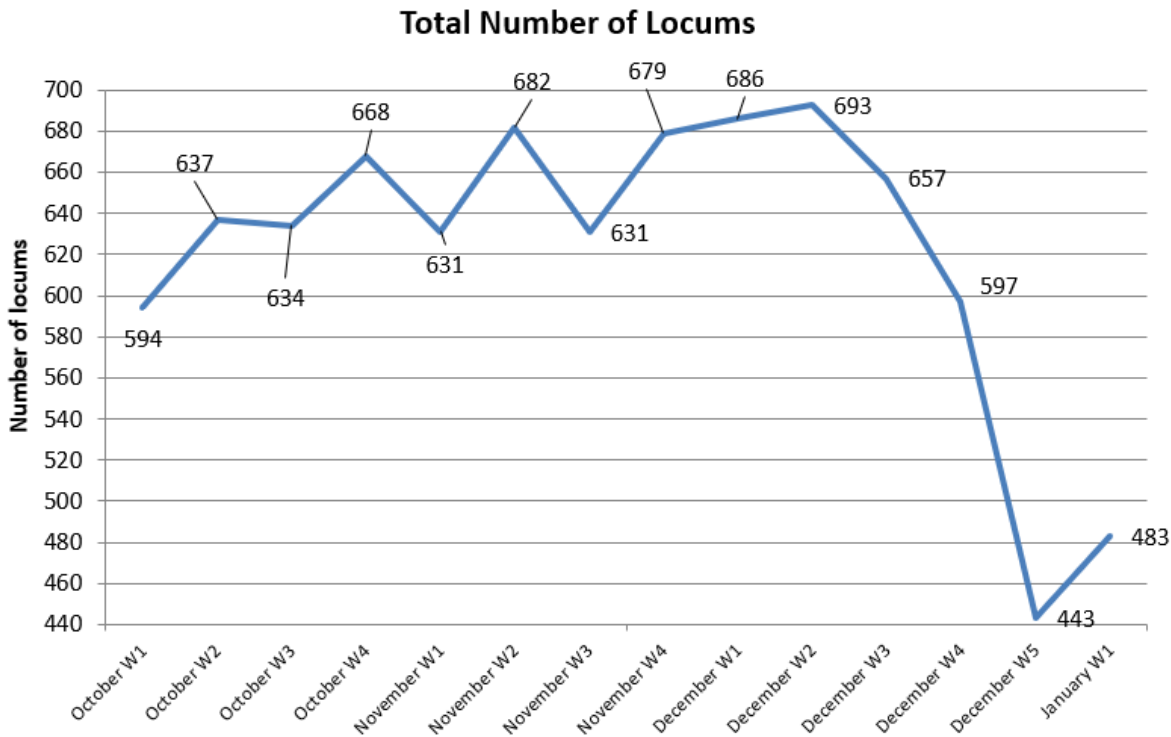
Graph of cancelled elective operations since October

Cancelled Elective Operations



A total of 1,733 elective operations were recorded as cancelled this week - up from 1,097 the previous week. A total of 35,458 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 first week of January, the number of locum and agency doctors and nurses employed within Emergency Departments within the Winter Flow Project group stood at 483 up from 443 the previous week.

Overall

The Winter Flow data published this week gives us a picture of the state of four-hour standard performance in the first week of January; a period which is historically speaking is likely to be the most challenging week of 2018-19. At 78.62% full compliance with the four-hour standard is a distant prospect.¹ Nonetheless there are positive signs. For example, this week's performance is 3.92 percentage points higher than was the case at the same point last year (74.70%) and 4.39 percentage points higher than was the case in 2016-17 (74.23%). However, it is 7.33 percentage points lower than was the case at the same point in 2015-16 (85.95%).

As was the case last week there are a number of straightforward reasons for this. Firstly, although bed occupancy remains well above safe levels² (93.20%)³ this is in fact the lowest bed occupancy recorded at this point since 2015-16. Our own Winter Flow data shows that 30% of our contributors were able to flex their available bed stock between five and fifteen percent in response to demand.

Secondly, the number of patients subject to Delayed Transfers of Care remains relatively low. In fact – although Winter Flow data year on year is not strictly like with like – 1,866 DTOC patients in a week is the lowest such number recorded in the first week of January since the

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

² BMJ [Dynamics of bed use in accommodating emergency admissions](#)

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

project began in 2015-16. This demonstrates the point that the Royal College of Emergency Medicine and others have been making for some years:⁴ that lower levels of bed occupancy lead to improved four-hour standard performance and improved patient care.

⁵

All of this should go some way to illustrate the value of transparent reporting on the performance of our health system. The Winter Flow Project is not – and never has been – simply about reporting bad news. This week, while it is undeniable that performance remains challenging, it could have been much worse but thanks to the determination of front-line staff, the rate of patient flow has held up admirably. Patients and staff have the right to know the current situation, regardless of whether it is positive or negative.

This is why the Royal College of Emergency Medicine remains concerned about reported comments in the national press⁶ from no less a figure than Simon Stevens that the four-hour standard is about to be either removed or replaced with the apparent blessing of ‘top docs’. If true, these doctors did not come from the Royal College of Emergency Medicine as we have not been consulted on this issue.

It is also a clear that whoever these doctors are they cannot have spent much time with patients in emergency departments, as if they had they would know that the service is perfectly capable of triaging patients and determining who needs what and when. Minor issues are not the problem and can be dealt with quickly; major issues are always prioritised.

It is abundantly clear to both doctors and the patients they are called upon to treat that the standard is nothing other than a benefit to patient care. Removing the standard will hide the true scale of problems within our health service. Such a move will not benefit patients or the teams in Emergency Departments looking after them.

⁴ BMJ [Dynamics of bed use in accommodating emergency admissions](#)

⁵ [RCEM Vision 2020](#)

⁶ [four-hour A&E waiting time target should be scrapped, indicates NHS boss](#)