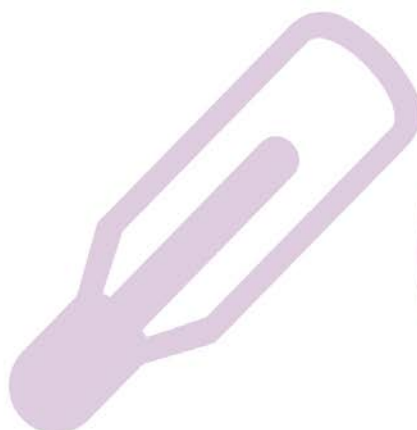


RCEM Winter Flow Project

Analysis of the data so far: 29th March 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.

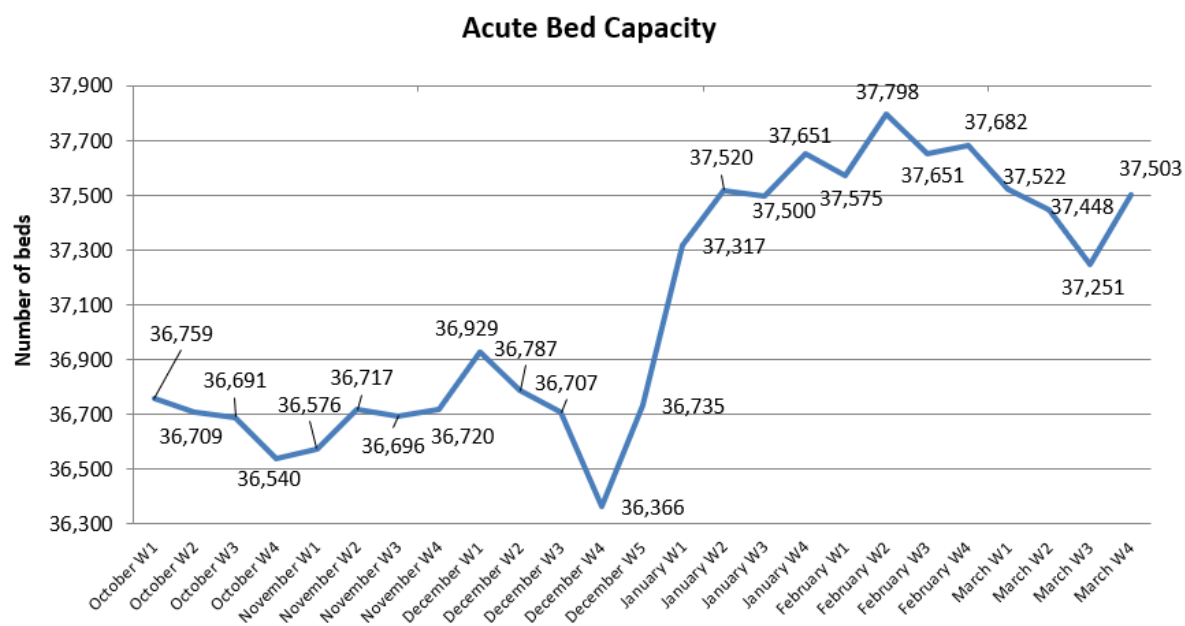
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

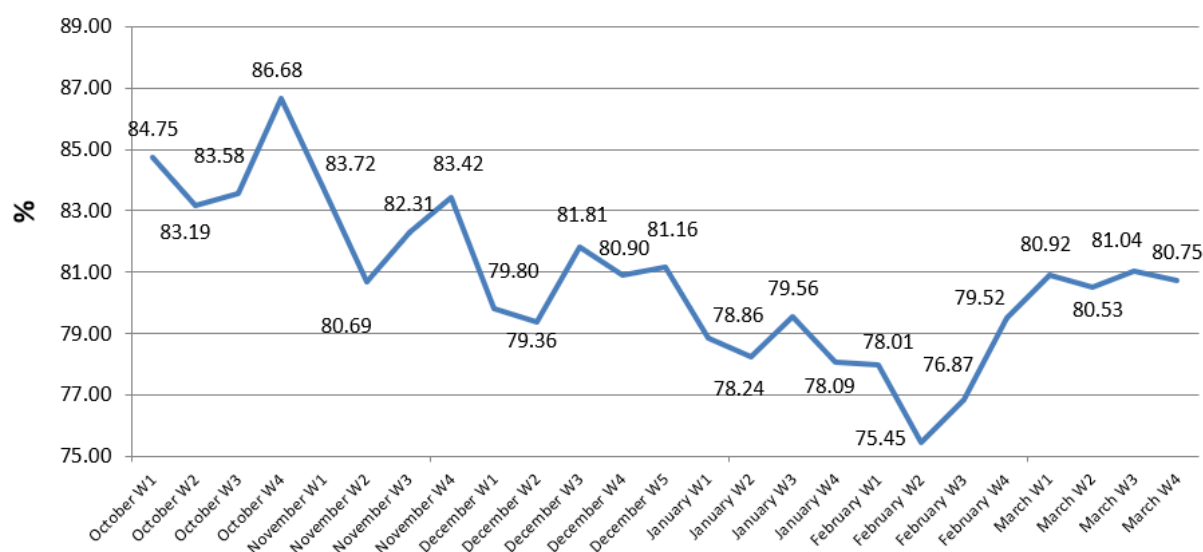
In the fourth week of March, the number of beds within the project group increased to 37,503 – up from 37,251 the previous week. In total, there has been a 4.5% increase in the aggregate bed stock from the project starting point.

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	12	7

Graph of four-hour performance by week since October

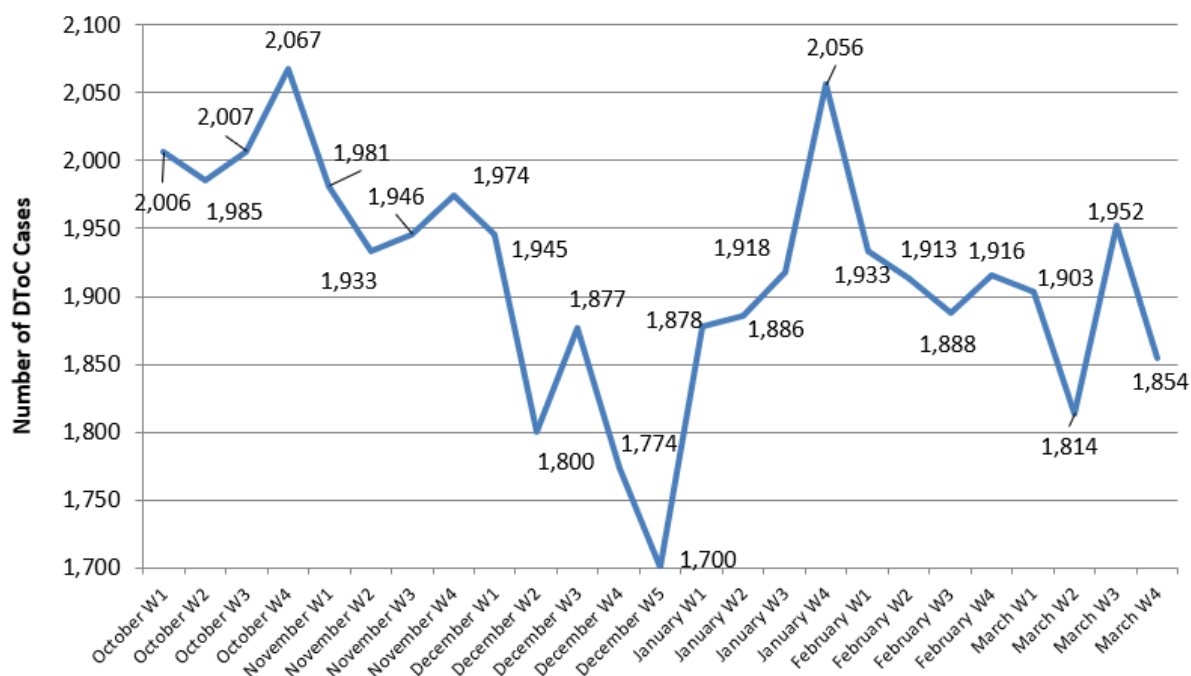
4 Hour Standard Performance - Simple Average Basis



In the fourth week of March, four-hour standard performance stood at 80.75% - down from 81.04% the previous week. The underlying picture shows 25 increases and 24 decreases across the project group.

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

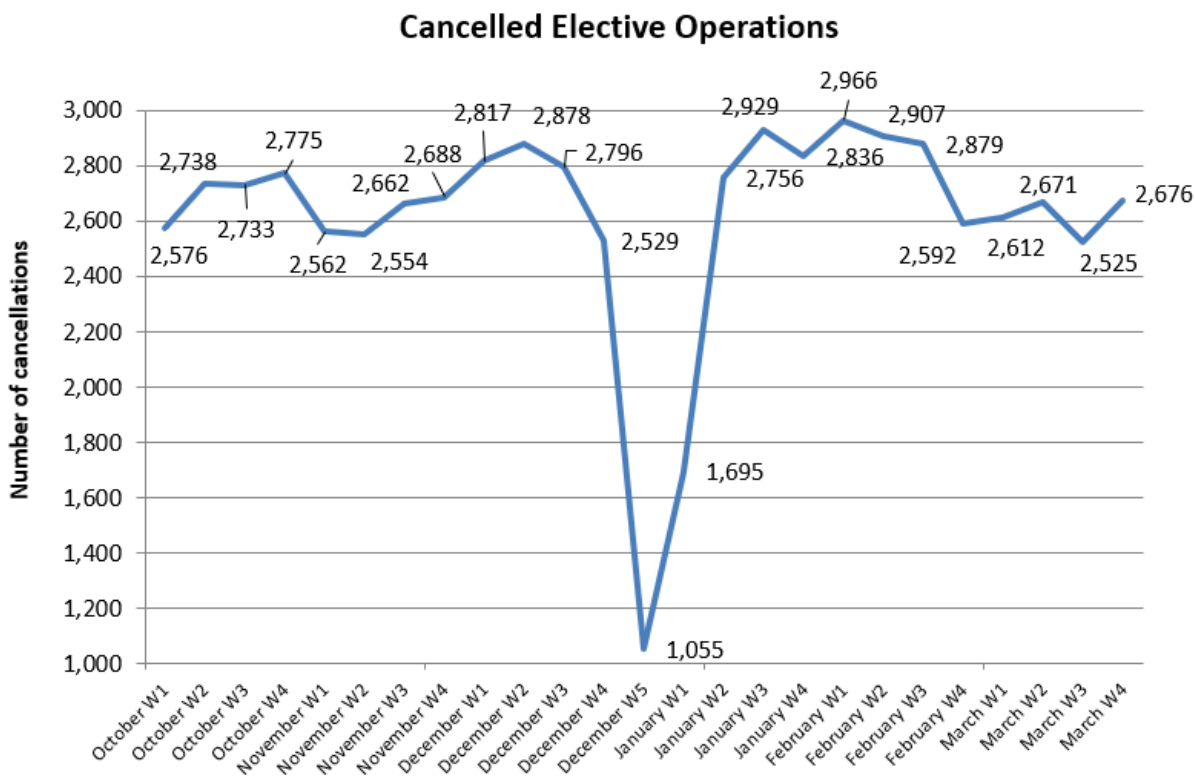
Delayed Transfer of Care Cases



The number of patients subject to DTOC in the fourth week of March was 1,854 – down from 1,952 the previous week. This translates to 4.94% of acute bed stock - down from 5.24% the

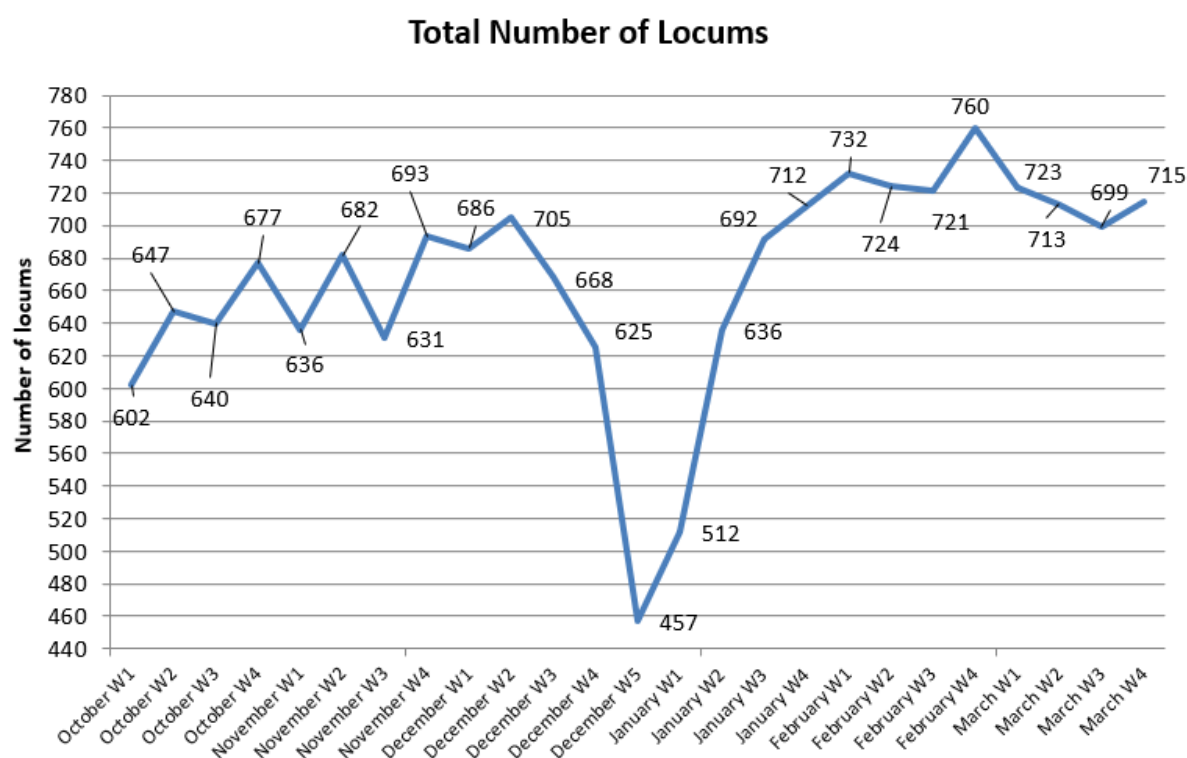
previous week. The range across all contributors for this week is a minimum 0.00% to a maximum 23.9%.

Graph of cancelled elective operations since October



A total of 2,676 elective operations were recorded as cancelled this week – up from 2,525 the previous week. A total of 65,407 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 fourth 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 up from 699 the previous week.

Overall

Considered as a whole the points to notice from the Winter Flow data published this week are as follows. Firstly, although there has been some improvement in Four Hour Standard performance since the second week of February, in general performance has remained broadly flat around 80%. We recorded 80.75% percent this week, just 0.29 percentage points lower than the previous week.

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 14 of the last 25 weeks.

Other points to notice are that although the number of elective cancellations has remained relatively stable for the last five weeks, (between 2,592 and 2,676 per week) the number of patients subject to Delayed Transfers of Care has fluctuated dramatically. We have seen either improvements or deteriorations of between 89 and 138 patients in each of the last three weeks (around a 5% change per week). While improvements the like of which we have seen this week are welcome (98) it is concerning that it is proving difficult to sustain any gains being made. This is likely to make forward planning in Emergency Departments a particularly difficult task.

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

Some of this is also likely to reflect on planning around the availability of acute beds. It is useful to note that at 252 additional bed spaces, this week saw the largest increase in acute bed stock since the second week in February.

Taken together, changes in both Delayed Transfers of Care and bed availability are likely to have made a helpful contribution to both bed occupancy and patient flow. This is why it is concerning that Four-Hour Standard performance has not improved further and has instead marginally deteriorated.