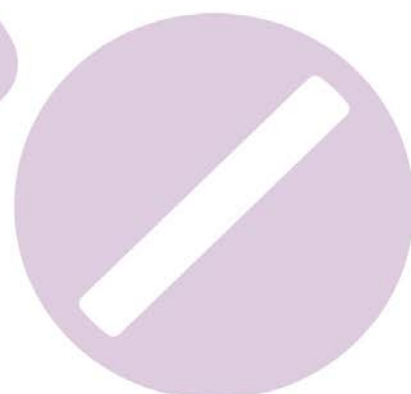
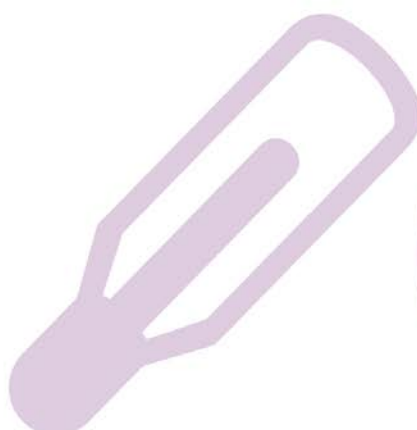


# RCEM Winter Flow Project

Analysis of the data so far: 22nd 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.

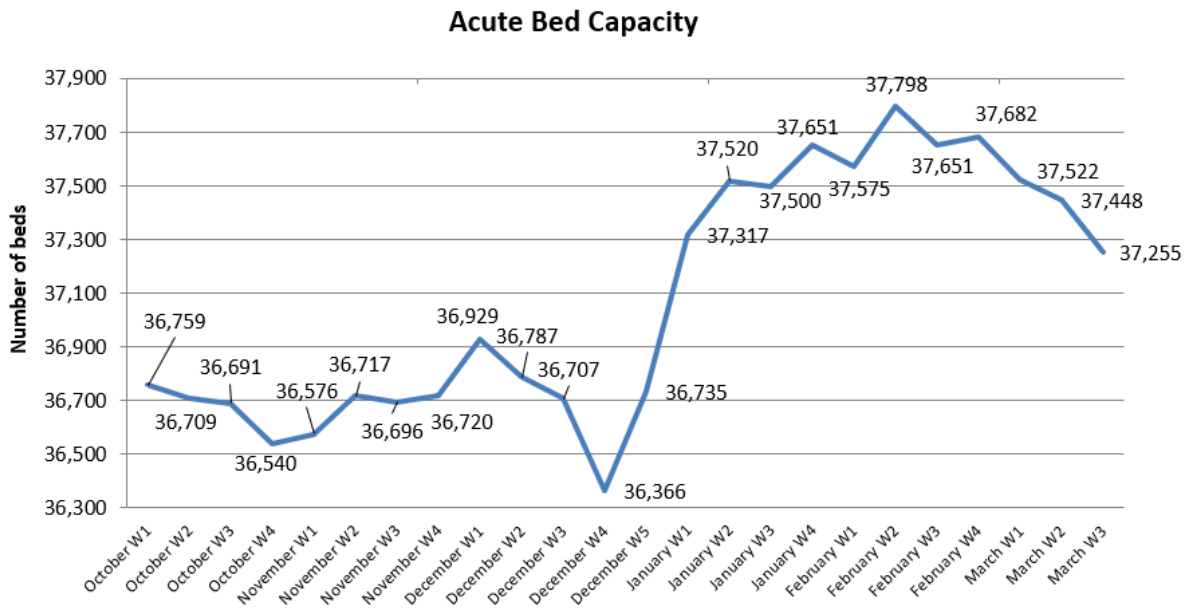
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

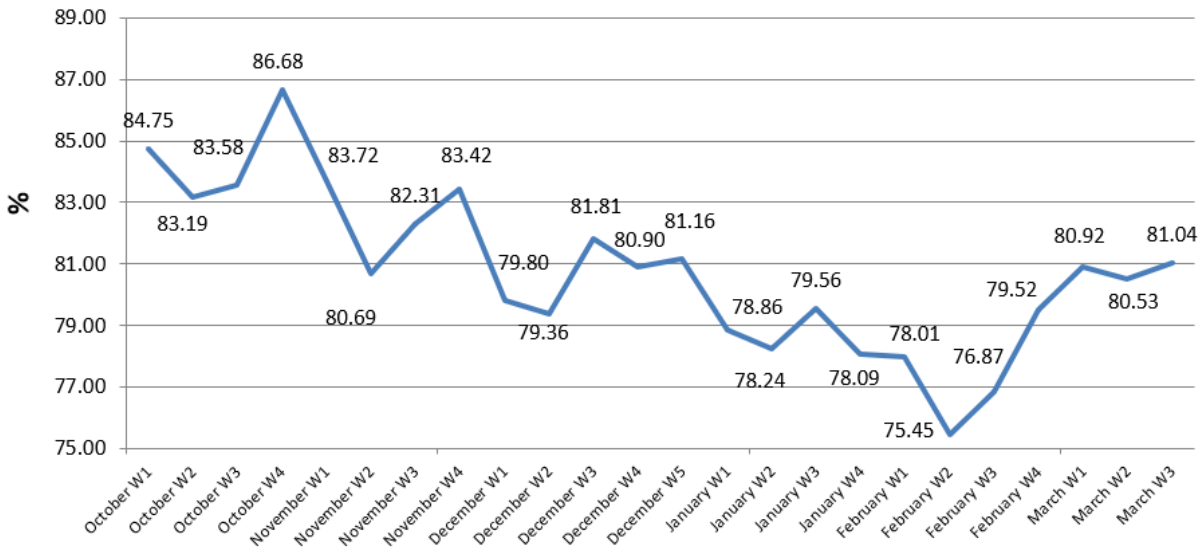
In the third week of March, the number of beds within the project group decreased to 37,255 – down from 37,448 the previous week. In total, there has been a 4.5% increase in the aggregate bed stock from the project starting point.

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

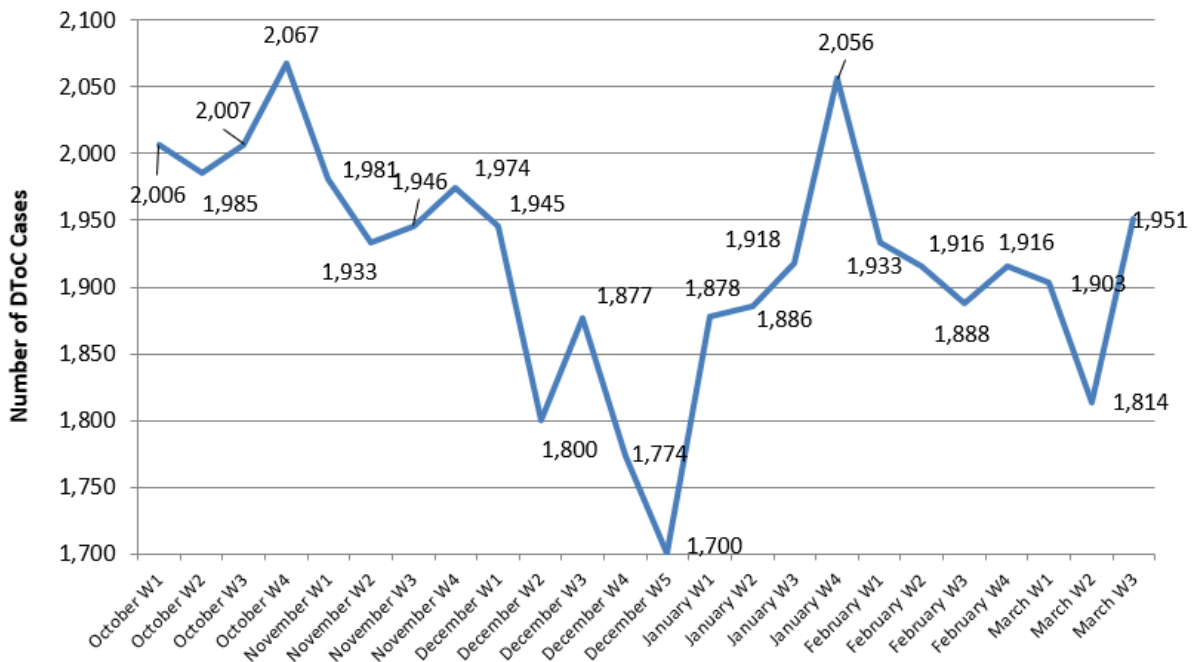
4 Hour Standard Performance - Simple Average Basis



In the third week of March, four-hour standard performance stood at 81.04% - up from 80.53% the previous week. The underlying picture shows 25 increases and 24 decreases across the project group.

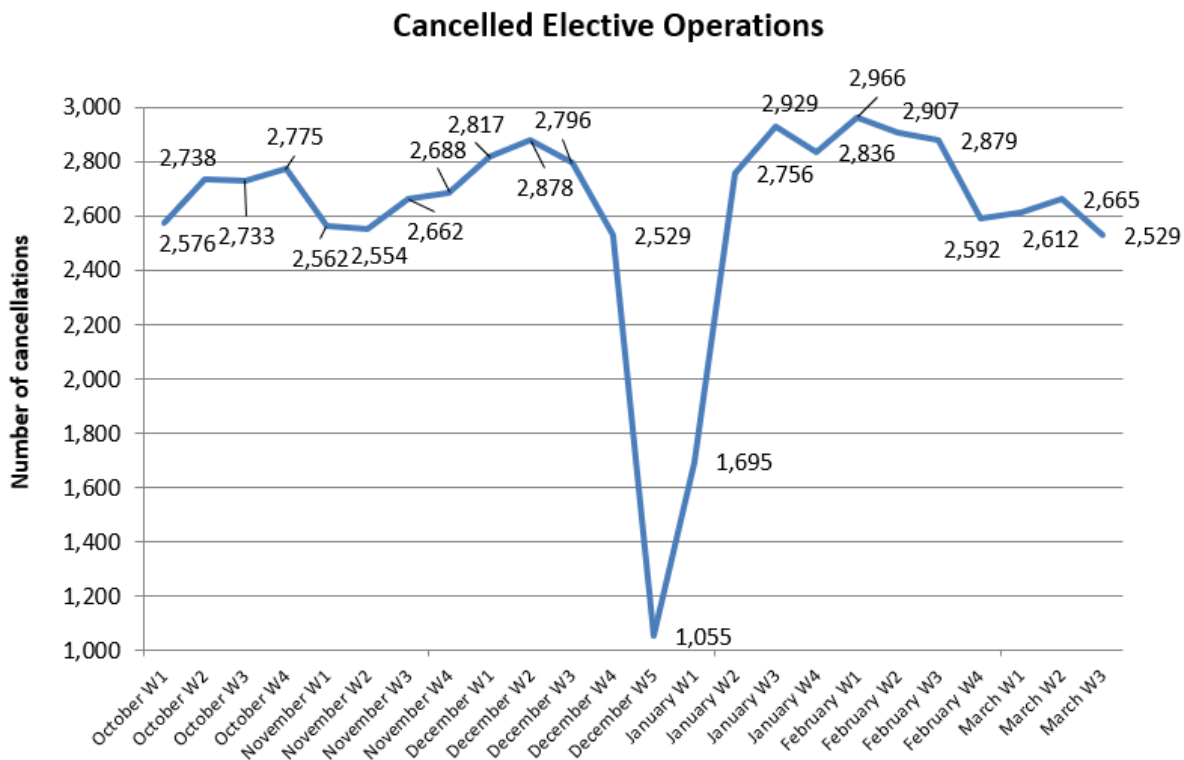
## Graph of Delayed Transfers of Care (DTOCs) by week since October

Delayed Transfer of Care Cases



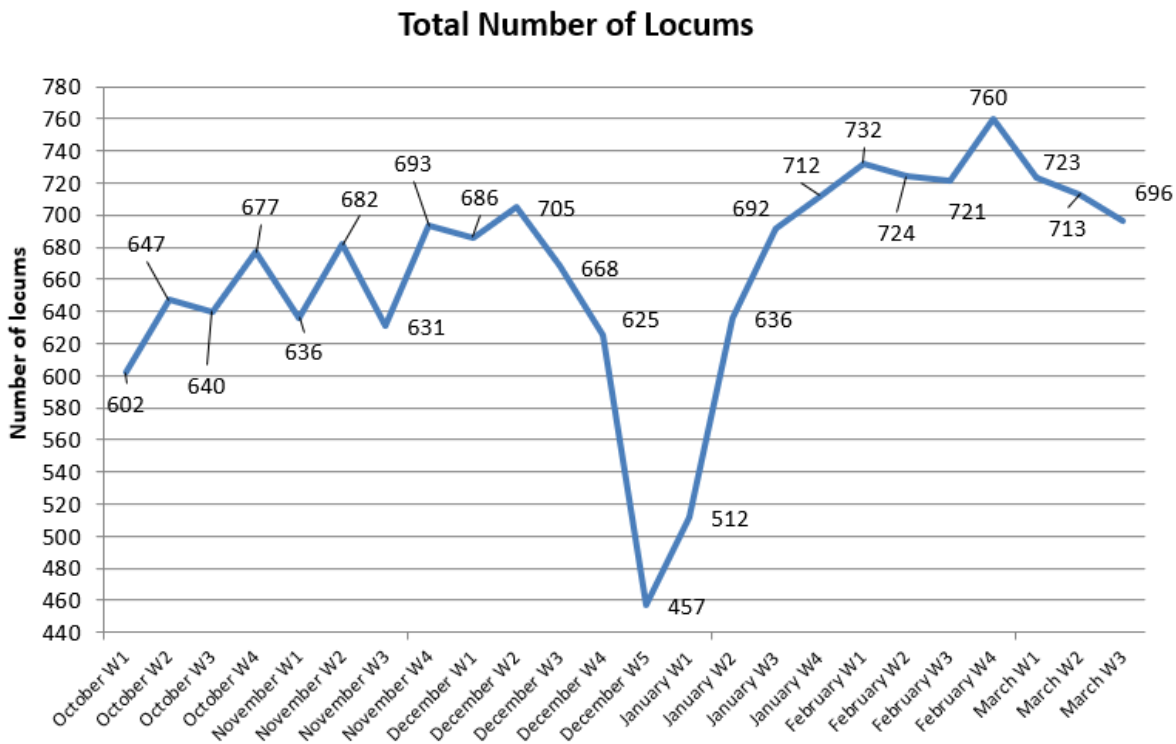
The number of patients subject to DTOC in the third week of March was 1,951 – up from 1,814 the previous week. This translates to 5.24% of acute bed stock - up from 4.84% the previous week. The range across all contributors for this week is a minimum 0.00% to a maximum 21.2%.

## Graph of cancelled elective operations since October



A total of 2,529 elective operations were recorded as cancelled this week – down from 2,665 the previous week. A total of 62,729 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 third week of March, the number of locum and agency doctors and nurses employed within Emergency Departments within the Winter Flow Project group stood at 696 down from 713 the previous week.

## Overall

Considered as a whole the points to notice from the Winter Flow data published this week are as follows. Firstly, while there has been a welcome 0.51 percentage point improvement in Four-Hour Standard performance when compared with the previous week, performance remains at or around the 80% mark where it has been for the last four weeks in succession. We are 14 percentage points shy of compliance with the Four-Hour Standard and well below the 85% threshold we have previously highlighted as when Emergency Departments enter the 'red zone' '[at] the highest level of risk for patient and staff harm.'<sup>1</sup>

Secondly, we have seen one of the largest week on week increases in patients subject to Delayed Transfers of Care that we have so far seen this year. At a count of 1,951 patients this is 137 patients higher than was the case the previous week and represents an increase of 7.55%. This can only have made the situation facing our Emergency Departments more challenging – particularly so considering 193 fewer acute beds were available this week than last.

With performance remaining broadly flat and few signs that the resources will be made available to fundamentally change that situation, it is worth considering how the Government in England proposes to improve Urgent and Emergency Care for patients.

<sup>1</sup> [Improving Safety in the Emergency Department this Winter](#)

In addition to as yet unspecified changes to the Four-Hour Standard, documents published around the NHS [Long Term Plan](#) detail the intention to roll out a nationwide network of Urgent Treatment Centres to meet the needs of patients.

These state:<sup>2</sup>

*“The reasons for this are simple. We all know where to go when life is in danger – A&E. But estimates suggest up to 3 million people who come to A&E each year could have their needs addressed elsewhere in the urgent care system.*

*“UTCs will work alongside other parts of the urgent care network including primary care, community pharmacists, ambulance and other community-based services to provide a locally accessible and convenient alternative to A&E for patients who do not need to attend hospital.*

*“Urgent treatment centres (UTCs) are GP-led, open at least 12 hours a day, every day, offer appointments that can be booked through 111 or through a GP referral, and are equipped to diagnose and deal with many of the most common ailments people attend A&E for.”*

Leaving aside for one moment the question of whether life and death emergencies are indeed the only instance where you might legitimately visit a Type 1 Emergency Department, there remain profound problems with these proposals.

Firstly, a service available only 12 hours of every day cannot be a substitute for a service which is available round the clock. But secondly, and more importantly, it is by no means clear where the GPs are going to come from to staff and provide the service within UTCs. As the Nuffield Trust and others made clear in [Closing the gap: Key areas for action on the health and care workforce](#), the Government’s efforts to train, recruit and retain additional General Practitioners will fall well short of the numbers required; so the staff for these UTCs do not, and in all probability will not exist. It would be far better to properly resource the existing system to provide compassionate care for patients.

---

<sup>2</sup> [NHS England: Urgent treatment centres](#)