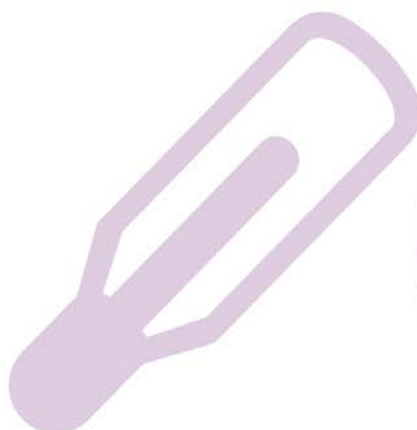


RCEM Winter Flow Project

Analysis of the data so far: 8th 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.

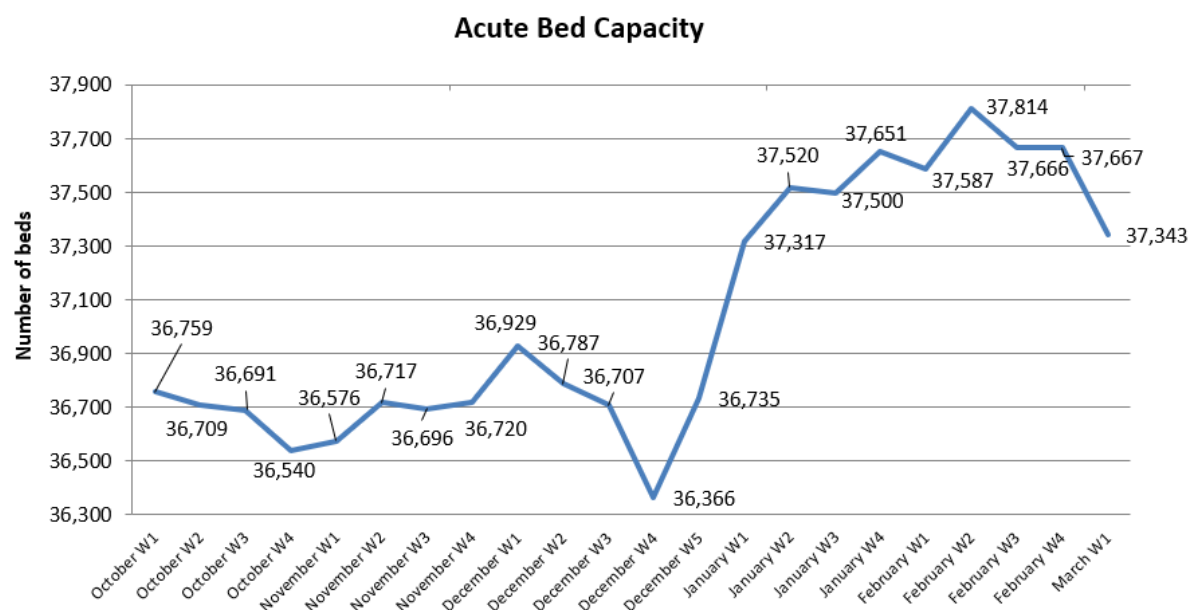
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

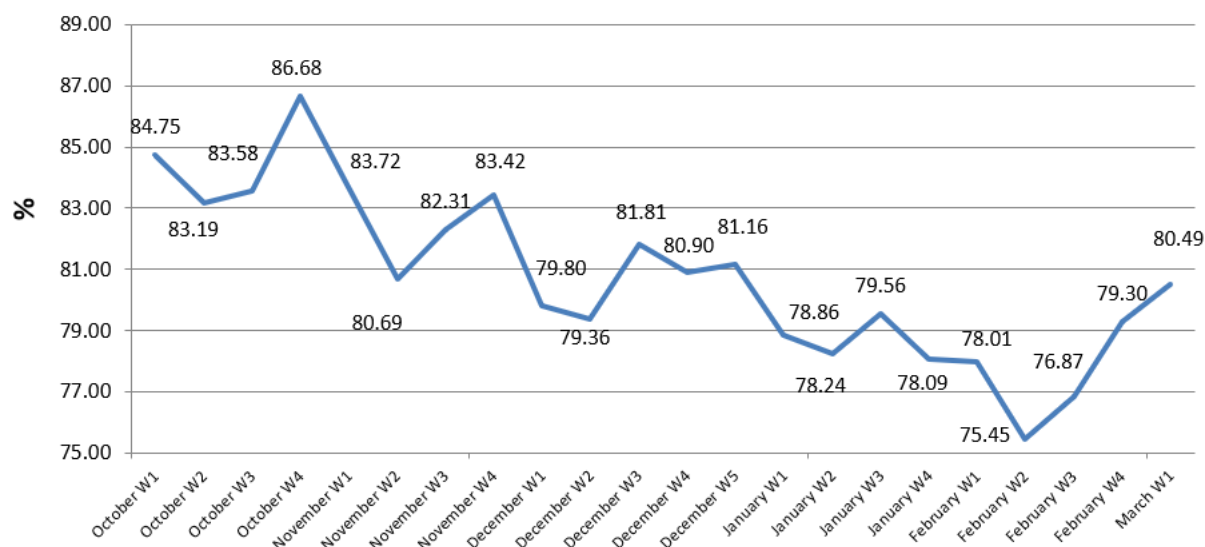
In the first week of March, the number of beds within the project group decreased to 37,343 – down from 37,667 the previous week. In total, there has been a 4.5% increase in the aggregate bed stock from the project starting point.

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	3	16	16	11	8

Graph of four-hour performance by week since October

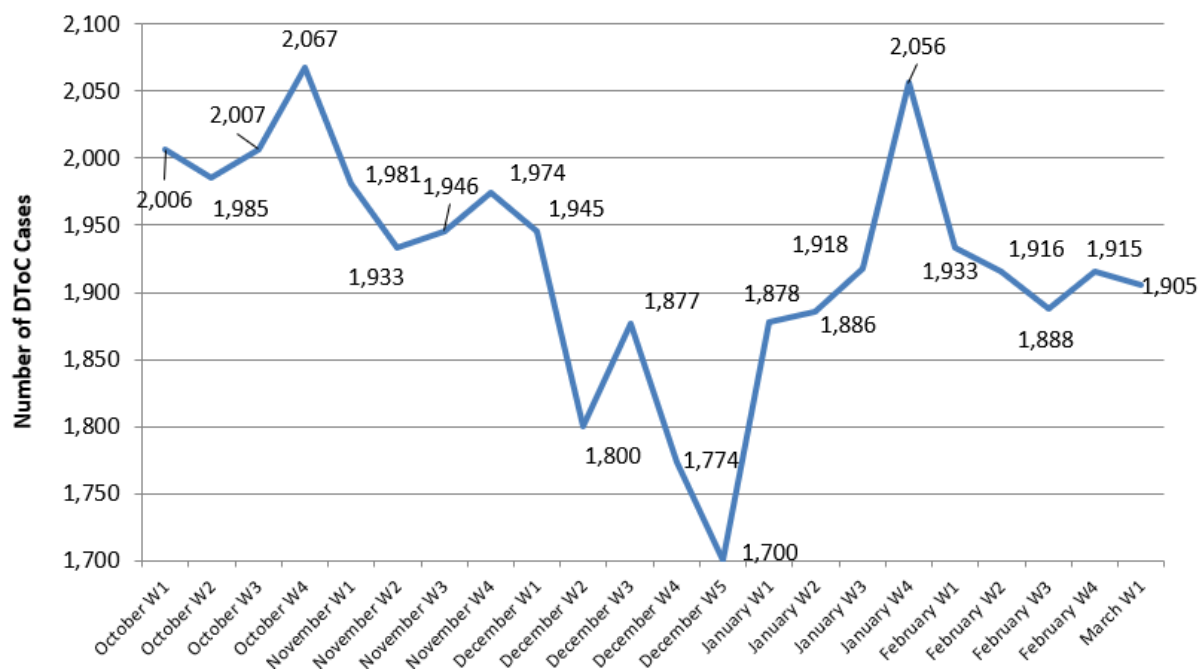
4 Hour Standard Performance - Simple Average Basis



In the first week of March, four-hour standard performance stood at 80.49% - up from 79.30% the previous week. The underlying picture shows 33 increases and 17 decreases across the project group.

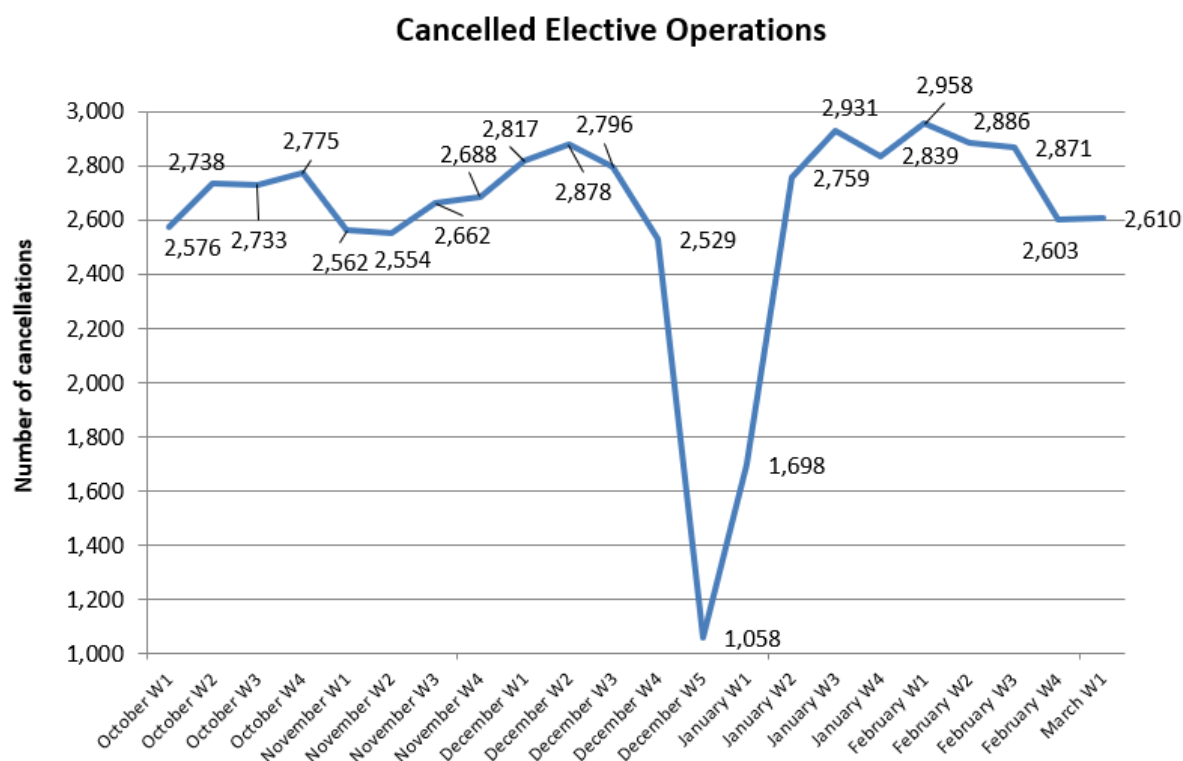
Graph of Delayed Transfers of Care (DTOCs) by week since October

Delayed Transfer of Care Cases



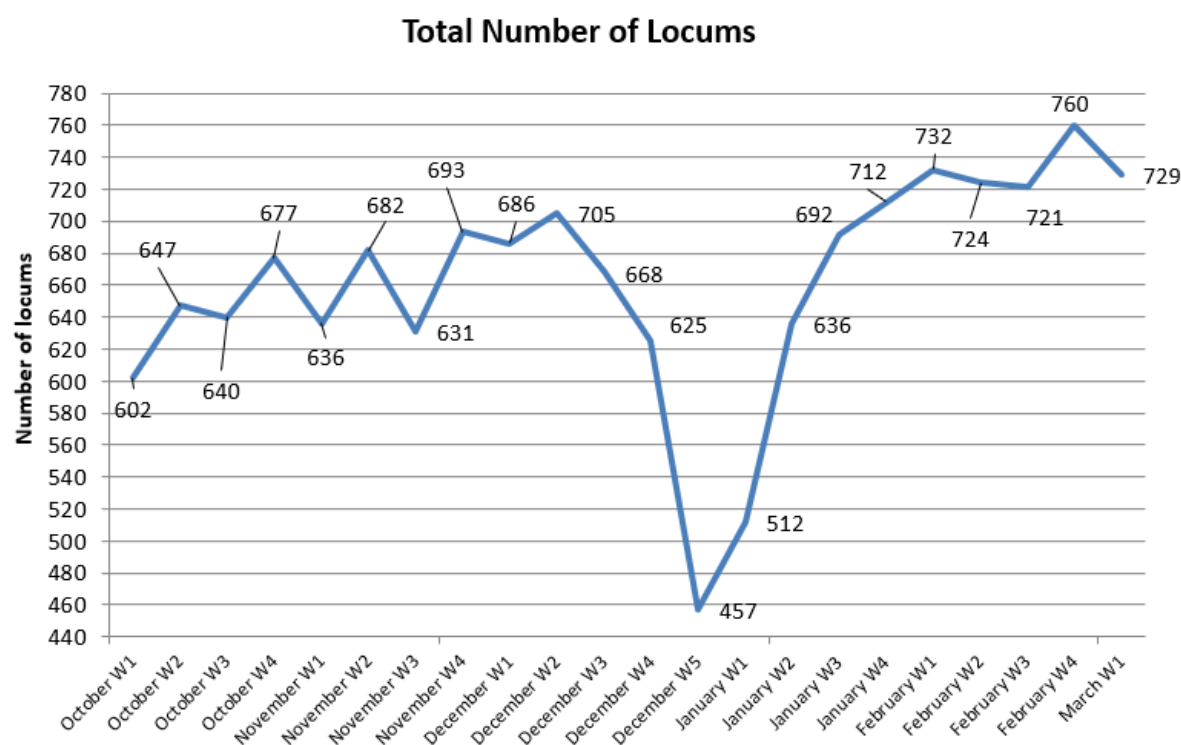
The number of patients subject to DTOC in the first week of February was 1,905 – down from 1,915 the previous week. This translates to 5.1% of acute bed stock - up from 5.08% the previous week. The range across all contributors for this week is a minimum 0.00% to a maximum 21.1%.

Graph of cancelled elective operations since October



A total of 2,610 elective operations were recorded as cancelled this week – almost unchanged from 2,603 the previous week. A total of 57,521 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 first week of March, the number of locum and agency doctors and nurses employed within Emergency Departments within the Winter Flow Project group stood at 729 down from 760 the previous week.

Overall

The Winter Flow data reported this week shows a welcome continued improvement in four-hour standard performance. At 80.49%, performance is 1.19 percentage points higher than was the case the previous week and at its highest point since the last week of December. Although performance is lower at this point than was the case in 2015-16 (82.82%) and 2016-17 (82.54%), this is the third week in succession that has seen performance improve. It is also noteworthy that performance is better than was the same point last year (78.73%).

This comes despite the largest decline in the acute bed base we have seen so far in 2019 (324). In fact, only one week of the Winter Flow Project for 2018-19 so far has seen a larger decline in bed capacity (341 in the fourth week of December). This also has the additional consequence that because the number of patients subject to delayed transfers of care in the Winter Flow group has remained relatively static (1905 this week, 1915 last week), this has accounted for a greater proportion of the available bed stock.

All this speaks of the helpful effects of the warmer weather helping to moderate the level and complexity of patient demand, and the continued hard work of the medical staff working on the front line. Although performance remains below the 85% threshold when Emergency Departments enter the 'red zone' '[at] the highest level of risk for patient and

staff harm,'¹ any improvement in performance is positive news for patients and is nonetheless welcome.

¹ [Improving Safety in the Emergency Department this Winter](#)
Published 08 March 2019