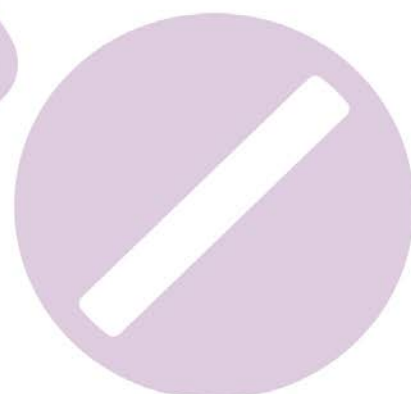
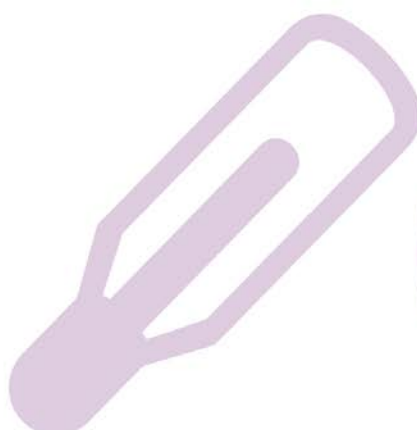


RCEM Winter Flow Project

Analysis of the data so far: 22nd 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.

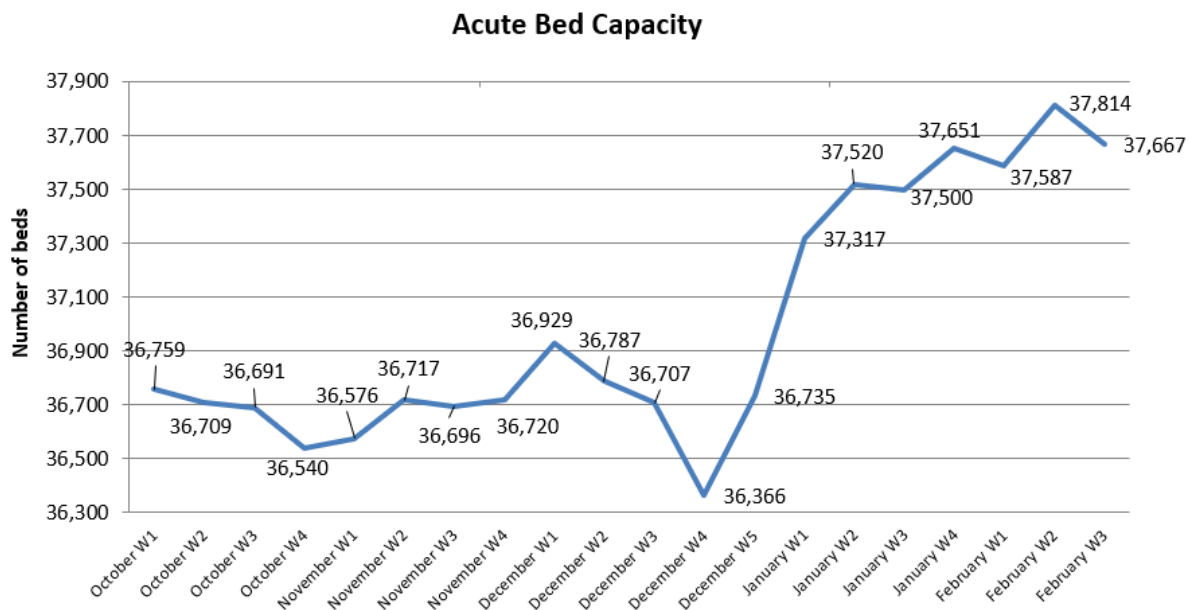
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

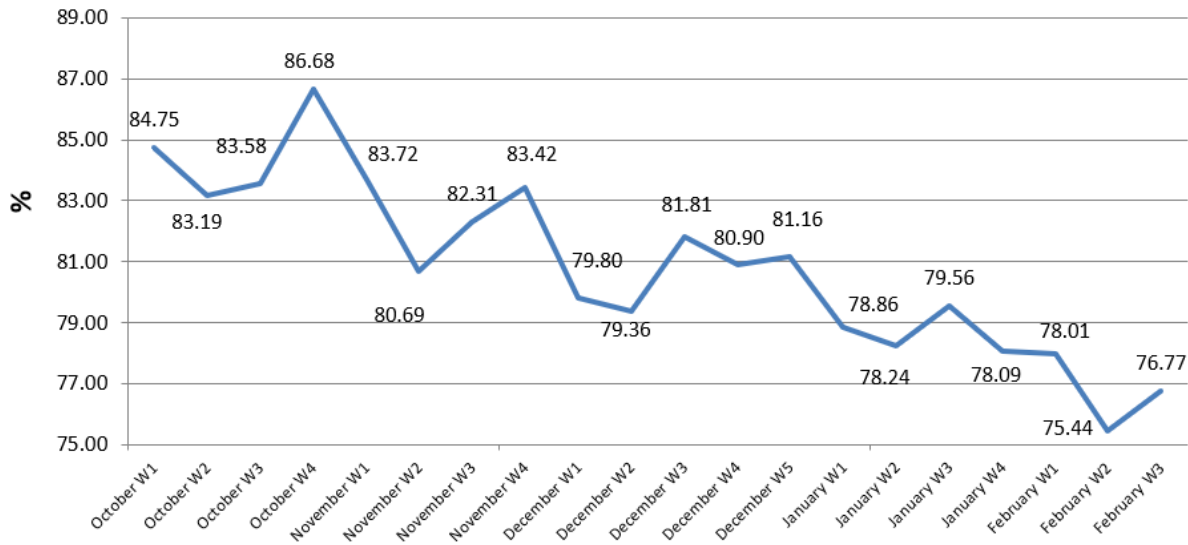
In the third week of February, the number of beds within the project group decreased to 37,667 – down from 37,814 the previous week. In total, there has been a 4.4% increase in the aggregate bed stock from the project starting point.

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	3	17	16	11	7

Graph of four-hour performance by week since October

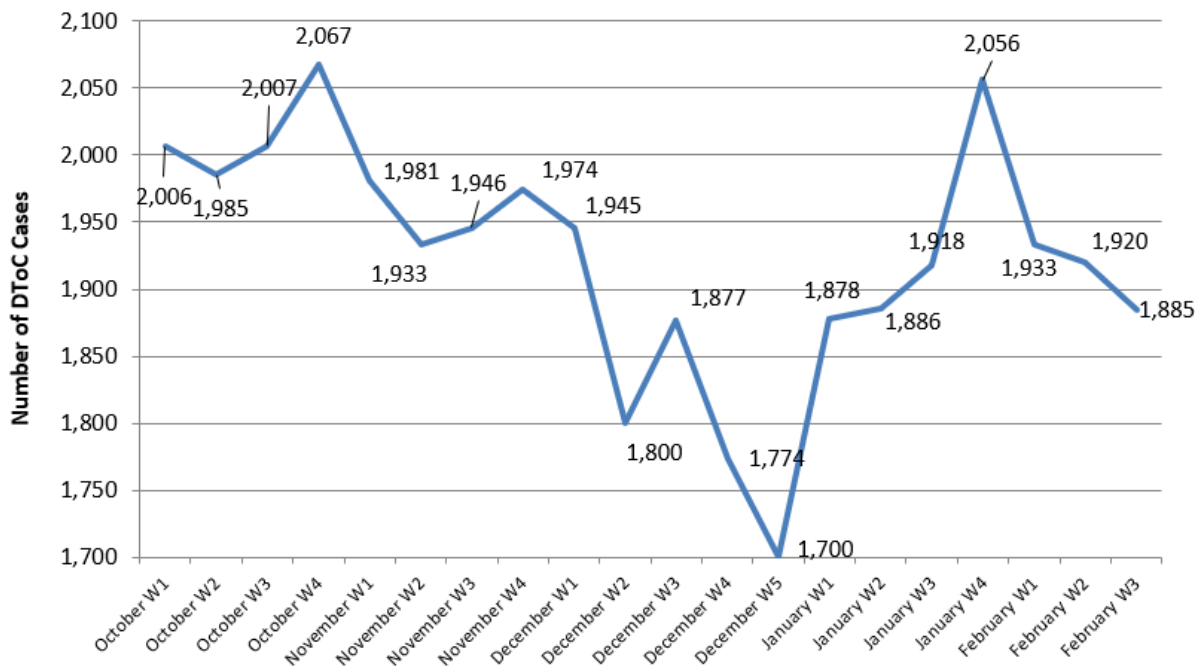
4 Hour Standard Performance - Simple Average Basis



In the third week of February, four-hour standard performance stood at 76.77% - up from 75.44% the previous week. The underlying picture shows 31 increases and 20 decreases across the project group.

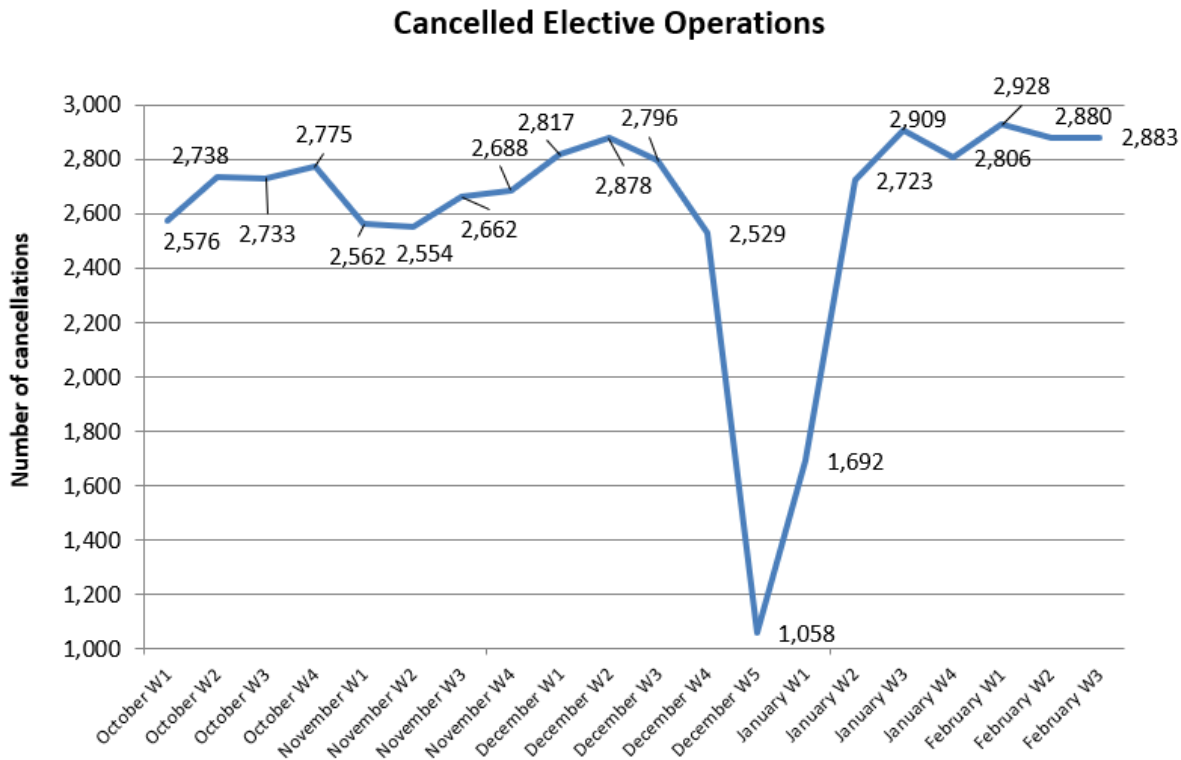
Graph of Delayed Transfers of Care (DTOCs) by week since October

Delayed Transfer of Care Cases



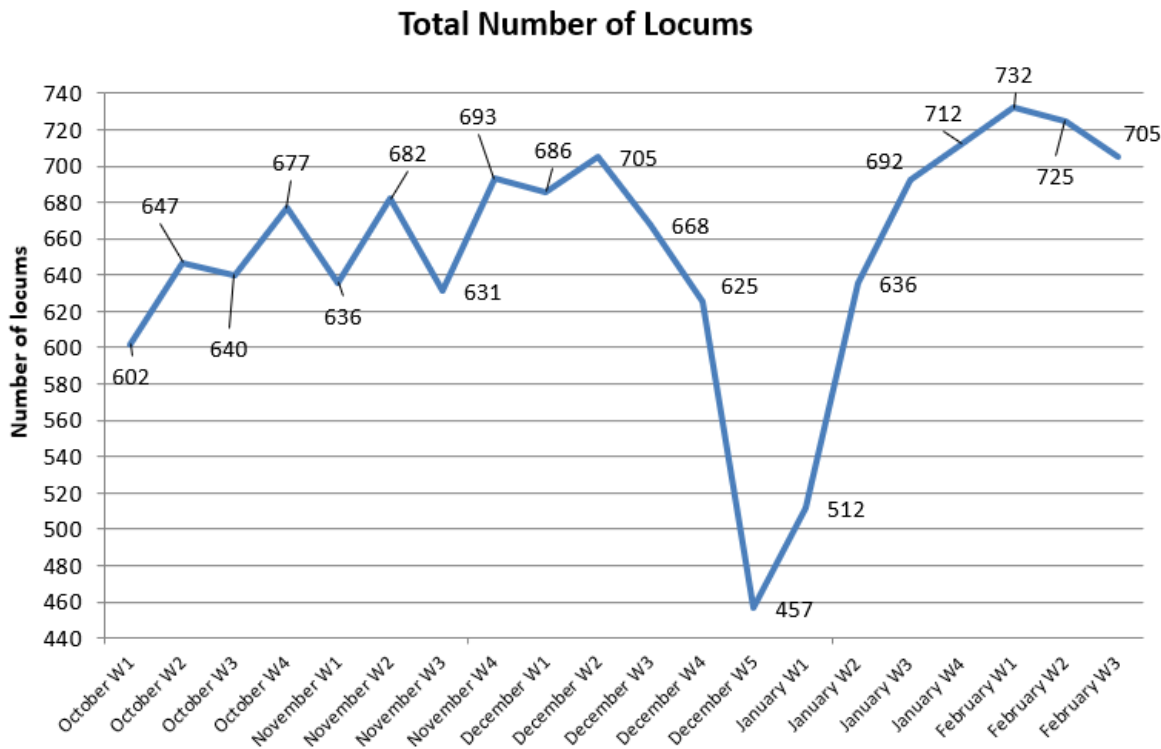
The number of patients subject to DTOC in the third week of February was 1,885 – down from 1,920 the previous week. This translates to 5.00% of acute bed stock - down from 5.08% the previous week. The range across all contributors for this week is a minimum 0.00% to a maximum 20.6%.

Graph of cancelled elective operations since October



A total of 2,883 elective operations were recorded as cancelled this week – almost unchanged from 2,880 the previous week. A total of 52,187 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 February, the number of locum and agency doctors and nurses employed within Emergency Departments within the Winter Flow Project group stood at 705 down from 725 the previous week.

Overall

The Winter Flow data reported this week shows a welcome – if marginal – improvement in four-hour standard performance. At 76.77%, despite being the worst performance we have ever recorded in the third week of February, this represents a 1.33 percentage point improvement on the previous week (75.44%).

While any improvement is good news for patients and staff, this should not disguise the fact that conditions on the front line remain extremely challenging, as they were in the previous week, because the facts on the ground have also seen little or no practical change. Bed occupancy remains at or near 95% – 94.49% according to NHS England Winter Sitrep data¹ – and the number of beds available across the Winter Flow group actually fell (147 in total or 0.38%).

The number of cancelled elective operations remained almost static at 2883 up only three on previous week, and the number of patients subject to Delayed Transfers of care across the Winter Flow group marginally improved (35 patients or 1.85%). Similarly, the number of locum and agency doctors and nurses recorded this week remains broadly stable at above 700. Nonetheless, it remains noteworthy that the number of locum and agency staff is still consistently higher than was the case in 2017-18. Last year at this point we recorded 603 locum and agency staff compared with 705 this year.

¹ [Winter Daily SitRep 2018-19 Data](#)

So, the data reported this week contains none of the big swings in either resource provision or performance that might more typically make the headlines. However, perhaps counter intuitively, this serves as a perfect illustration of a very important point.

Performance remains extremely challenging and this can only have an adverse impact on patients and staff. It is in the interests of both patients and staff that this situation sees meaningful and sustained improvement. However, this can only be expected to take place if the resources available to secondary and social care also see meaningful and sustained improvement. Bed availability is the clearest, but by no means only, example of this. While this is not the case, if we deploy the same resources, we should expect the same results.