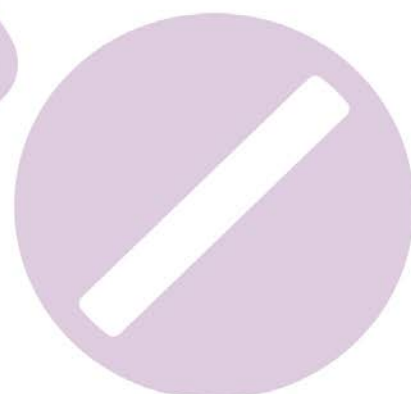
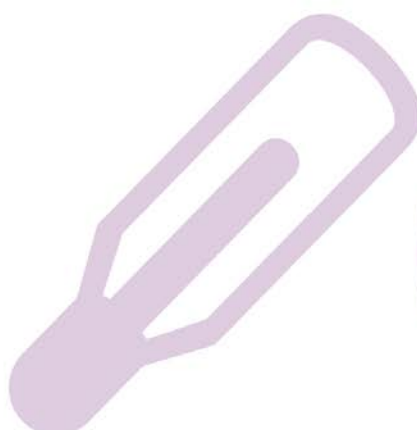


RCEM Winter Flow Project

Analysis of the data so far: 8th 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.

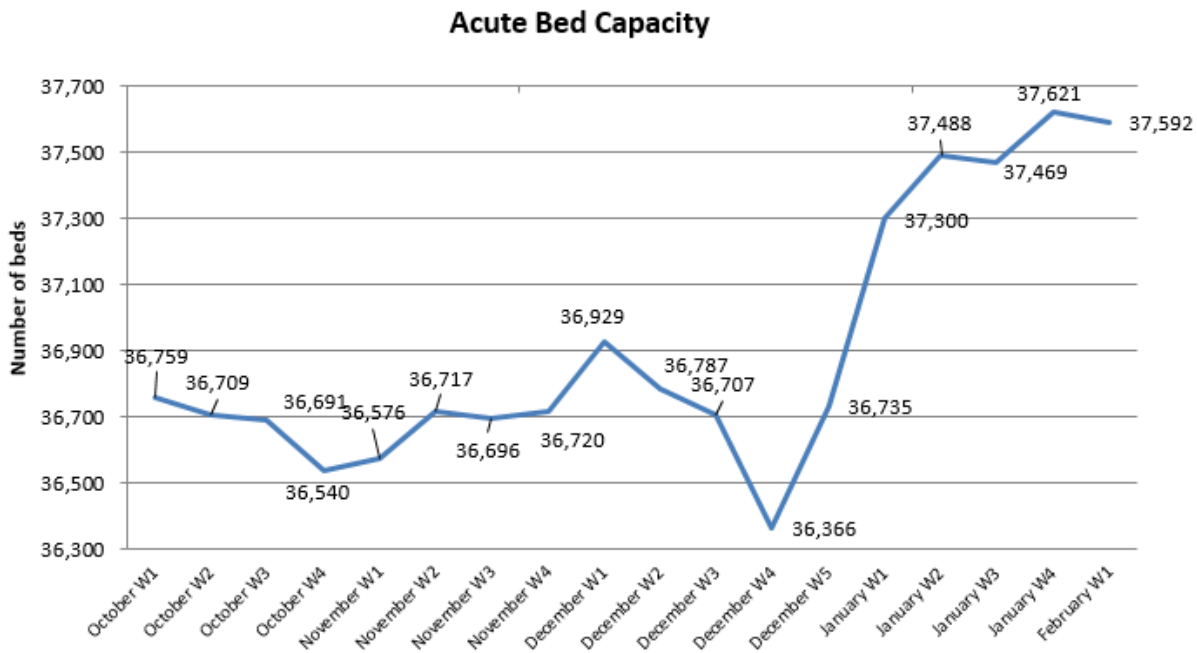
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

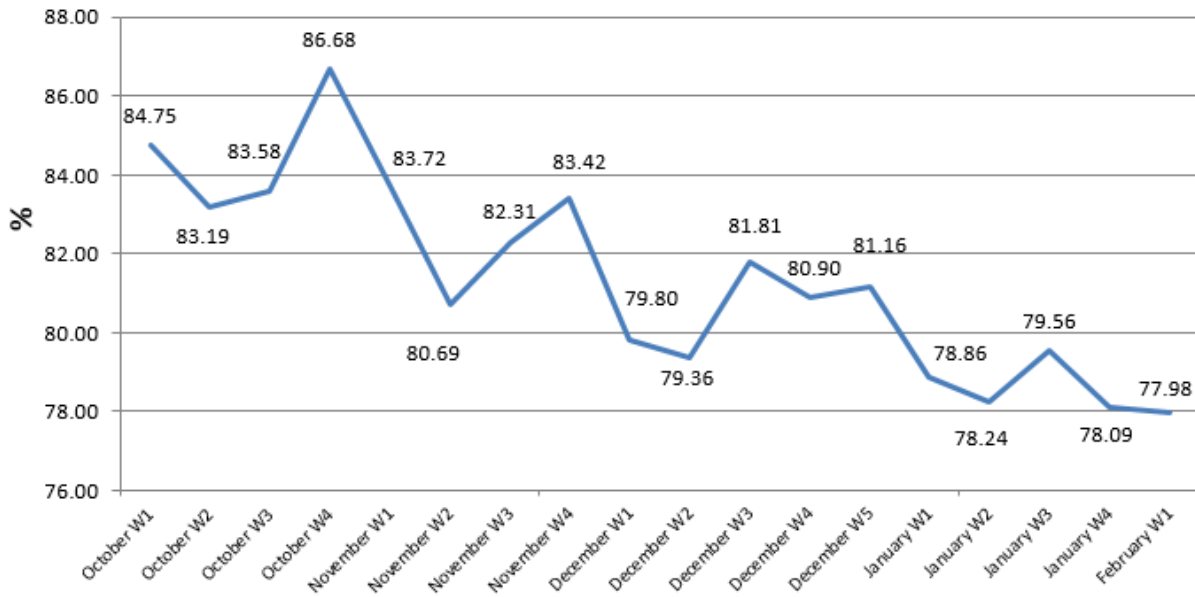
In the first week of February, the number of beds within the project group decreased to 37,592 – down from 37,621 the previous week. In total, there has been a 4.0% increase in the aggregate bed stock from the project starting point.

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	5	19	17	9	4

Graph of four-hour performance by week since October

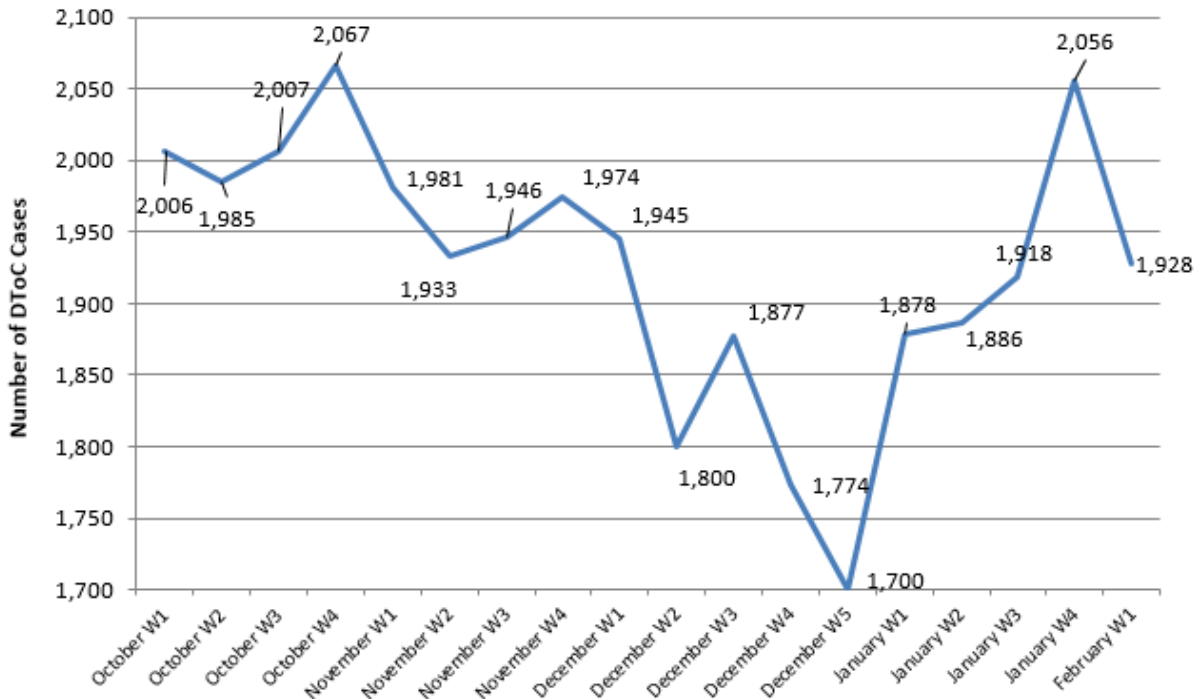
4 Hour Standard Performance - Simple Average Basis



In the first week of February, four-hour standard performance stood at 77.98% - down from 78.09% the previous week. The underlying picture shows 23 increases and 26 decreases across the project group.

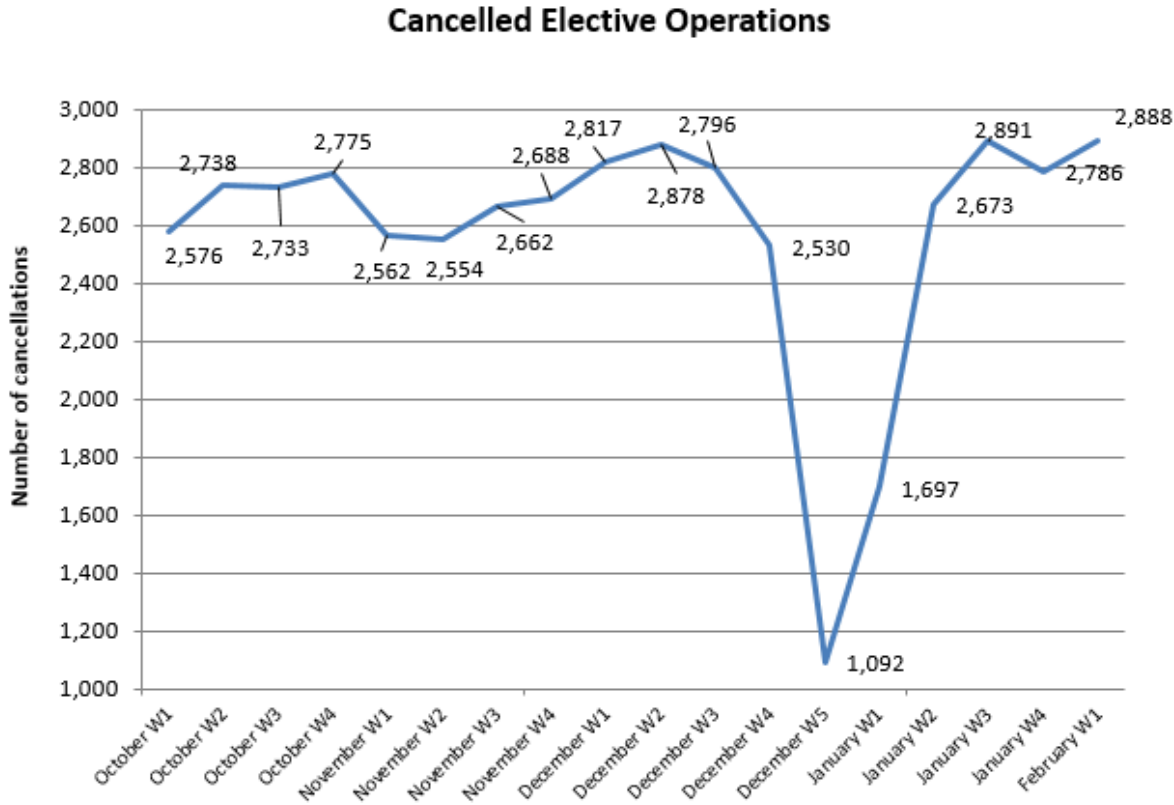
Graph of Delayed Transfers of Care (DTOCs) by week since October

Delayed Transfer of Care Cases



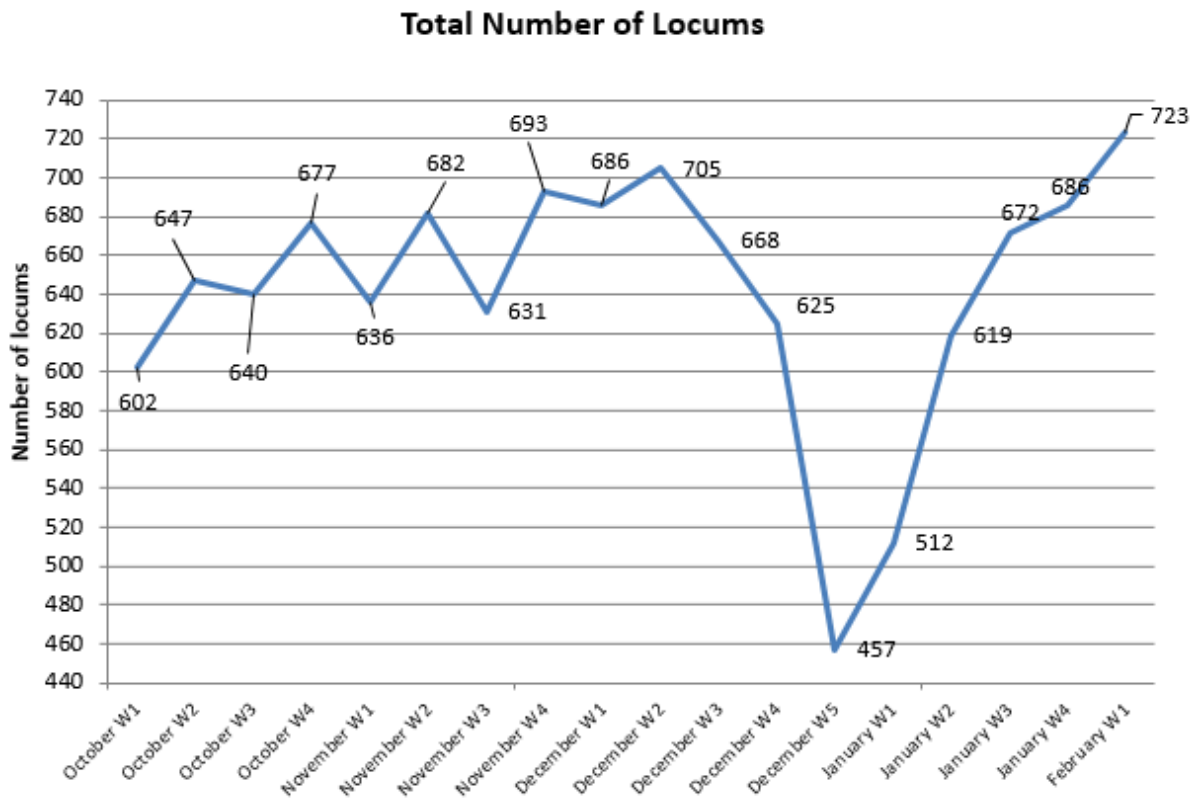
The number of patients subject to DTOC in the first week of February was 1,928 – down from 2,056 the previous week. This translates to 5.13% of acute bed stock - down from 5.47% the previous week. The range across all contributors for this week is a minimum 0.00% to a maximum 22.7%.

Graph of cancelled elective operations since October



A total of 2,888 elective operations were recorded as cancelled this week - up from 2,786 the previous week. A total of 46,336 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 February, the number of locum and agency doctors and nurses employed within Emergency Departments within the Winter Flow Project group stood at 723 up from 686 the previous week.

Overall

Regretfully, as has been the case for the duration of this year's Winter Flow Project full compliance with the NHS Constitution commitment that at least 95% of patients attending A&E should be admitted, transferred or discharged within four hours remains a distant prospect.¹ While reporting poor four-hour performance scores have now become quite routine, this does not change the fact that conditions in our Emergency Departments for both patients and staff are grave indeed. At 77.98% performance is 3.14 percentage points lower than was the case in 2017-18 and is the lowest performance figure we have ever recorded in the first week of February.

This means that the majority of our contributors remain in the 'red zone'.² In fact, performance is significantly more adverse than the 85% threshold where patients and staff are at the highest level of risk. It is perhaps even more concerning that unlike the situation in 2016-17 or even 2017-18 at this point, there is almost no sign of performance recovering from the expected low points around the Christmas period. We have reported declines in performance for seven of the last ten weeks. This suggests that while the staff in our departments are striving to keep patients safe, those departments are at or beyond the limits of their resilience.

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

² [RCCEM: Improving safety in the Emergency Department this Winter](#)

The decline in the number of patients subject to Delayed Transfers of Care we have recorded this week (1,928 down from 2,056) can be expected to have gone some way towards improving patient flow but the number of acute beds recorded this week (37,521, down from 37,621) suggests that physical capacity may have plateaued.

As we have noted in previous weeks the reality of this situation is that large numbers of patients are being cared for in undignified conditions in corridors, at greater risk of hospital acquired infections. The imperative if departments reach this crisis point, is to deploy as many clinical staff as possible to prevent patients coming to avoidable harm. What this week's data shows quite clearly is that the hospitals within the Winter Flow group are doing just that. At 723, the number of temporary doctors and nurses on the shop floor is the highest we have ever recorded and a 16.8% increase in the last four weeks alone, itself a testament to the pressure the system is under.