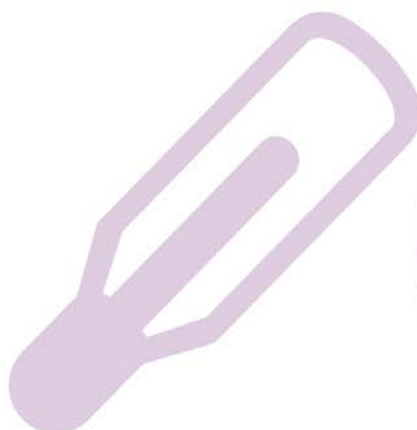


RCEM Winter Flow Project

Analysis of the data so far: 25th January 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.

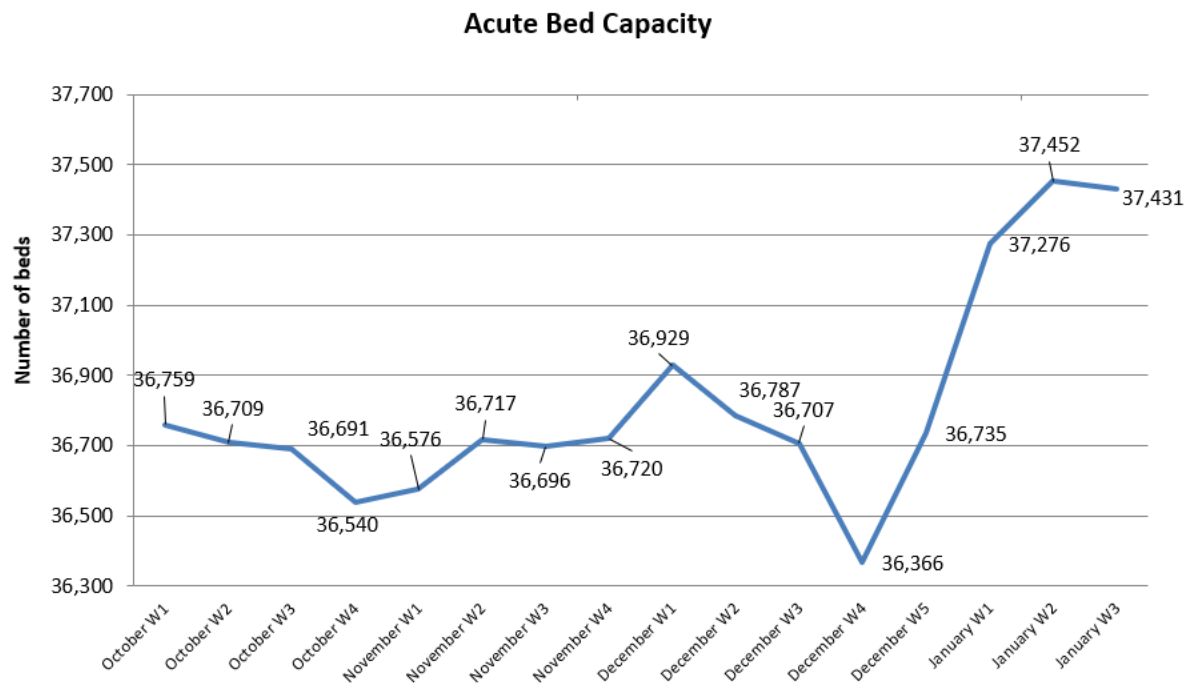
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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



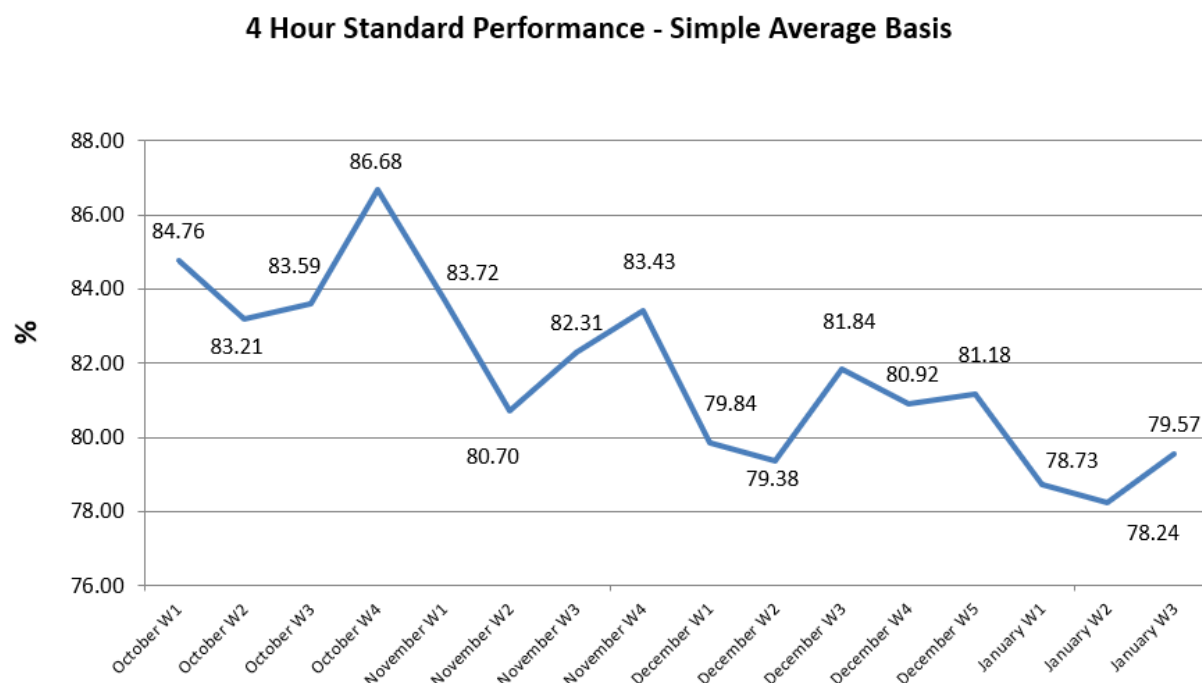
Active Bed Management

In the third week of January, the number of beds within the project group decreased slightly to 37,431 – down from 37,452 the previous week. In total, there has been a 3.4% 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.

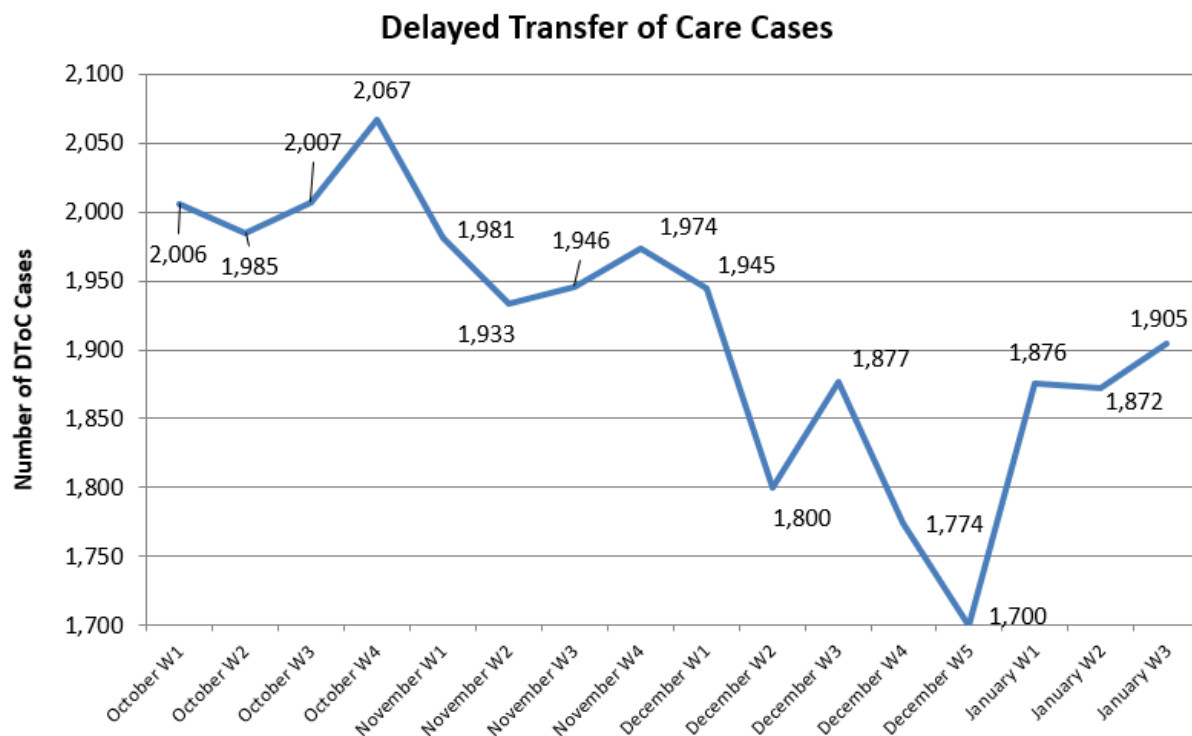
	No flexing	0 – 5%	5 – 10%	10 – 15%	15 – 20%
Number of sites	5	22	17	8	2

Graph of four-hour performance by week since October



In the third week of January, four-hour standard performance stood at 79.57% - up from 78.24% the previous week. The underlying picture shows 31 increases and 21 decreases across the project group.

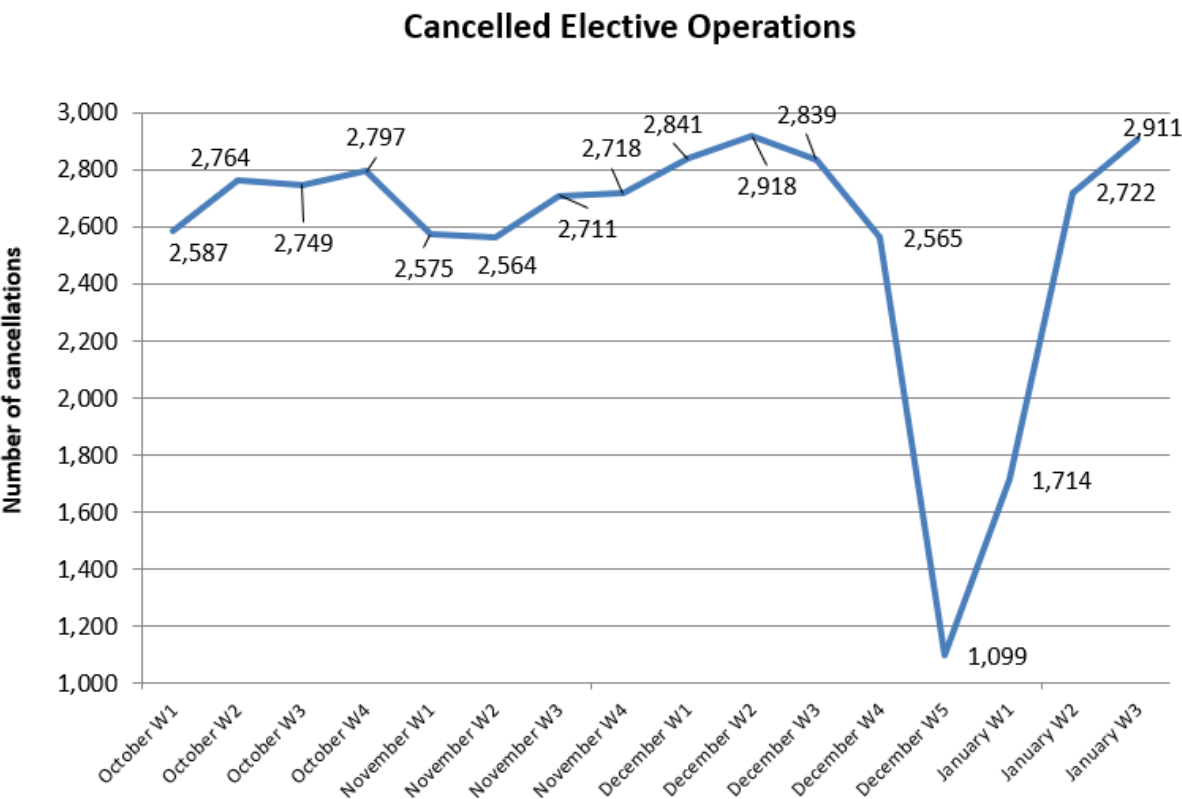
Graph of Delayed Transfers of Care (DTOCs) by week since October



The number of patients subject to DTOC in the third week of January was 1,905 – up from 1,872 the previous week. This translates to 5.09% of acute bed stock - up from 5.00% the

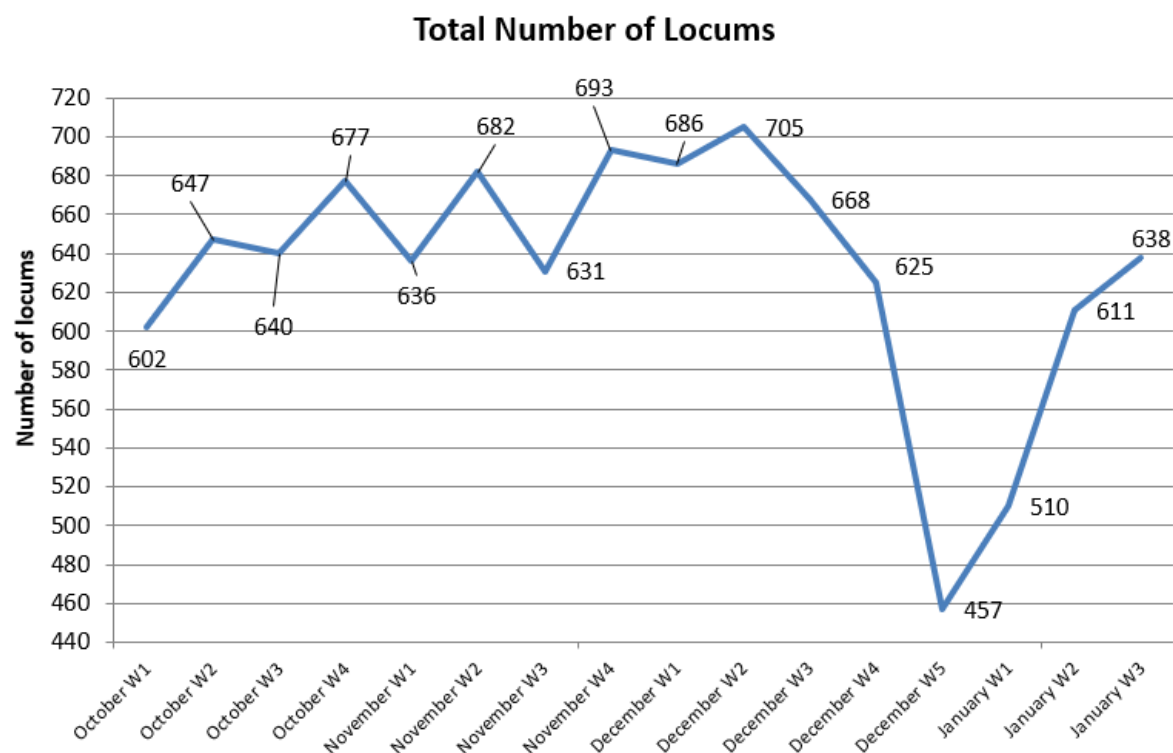
previous week. The range across all contributors for this week is a minimum 0.00% to a maximum 26.7%.

Graph of cancelled elective operations since October



A total of 2,911 elective operations were recorded as cancelled this week - up from 2,722 the previous week. A total of 41,074 elective operations have been cancelled over the project to date. This represents an overall average of 50 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 January, the number of locum and agency doctors and nurses employed within Emergency Departments within the Winter Flow Project group stood at 638 up from 611 the previous week.

Overall

As has been the case throughout full compliance with the four-hour standard remains a distant prospect.¹ At 79.57% performance is 1.13 percentage points lower than was the case in 2017-18 and in is in fact the lowest performance figure we have ever recorded in the third week of January. In 2015-16 at this point performance was 85.27%. This means that the majority of our contributors are in the 'red zone'² below 85% performance where patients and staff are at the highest level of risk. It is also noteworthy that a number of our contributors are recording four-hour performance scores of less than 60%.

In response, Winter Flow contributors have maintained the higher levels of bed stock that we saw last week, and cancelled at least 2,911 operations, which is a record number so far this year. Moreover, bed management is being made all the more challenging because the number of patients subject to delayed transfers of care – although better than last year – has increased by just over 12% since the last week in December.

In this context, it is perhaps no surprise that NHS England's Winter Sitrep data shows that bed occupancy remains close to 95% (94.58%).³ This is well above the 85% occupancy that is

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

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

³ [Winter Daily SitRep 2018-19 Data](#)

considered safe⁴ and means that conditions for patients and staff in Emergency Departments are very tough indeed.

In this situation, one of the few options remaining to maintain patient safety is to increase the number of doctors and nurses, on the shop floor to care for patients. The locum and agency data we have collected shows that Winter Flow contributors this week have done just that. At 638 locum and agency staff working within EDs in our contributor group we are moving ever closer to the numbers we saw in the middle of December (705) and the numbers of locum and agency staff is 8.13% higher than was the case at the same point last year.

⁴ BMJ [Dynamics of bed use in accommodating emergency admissions](#)
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