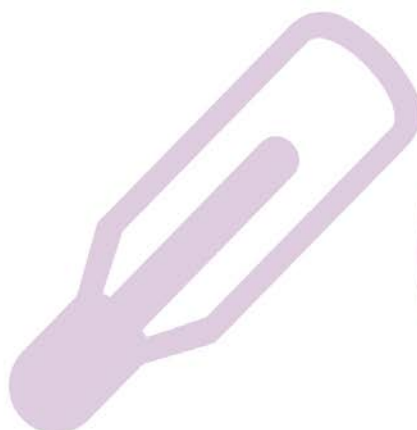


RCEM Winter Flow Project

Analysis of the data so far: 18th 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.

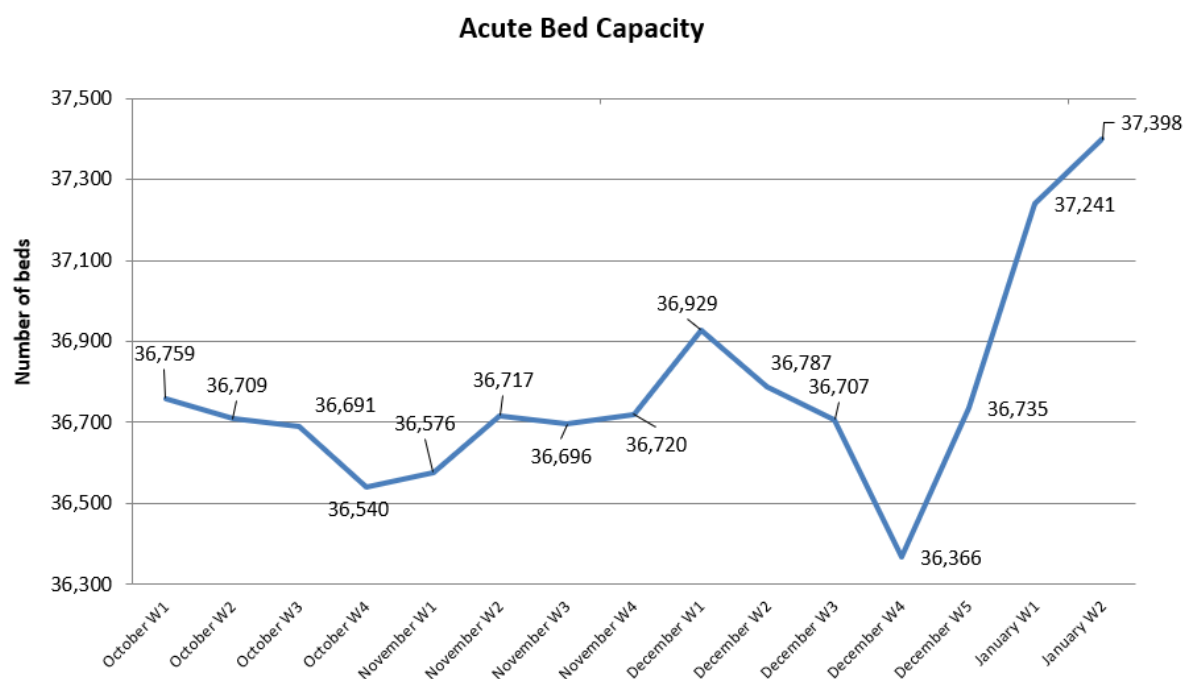
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

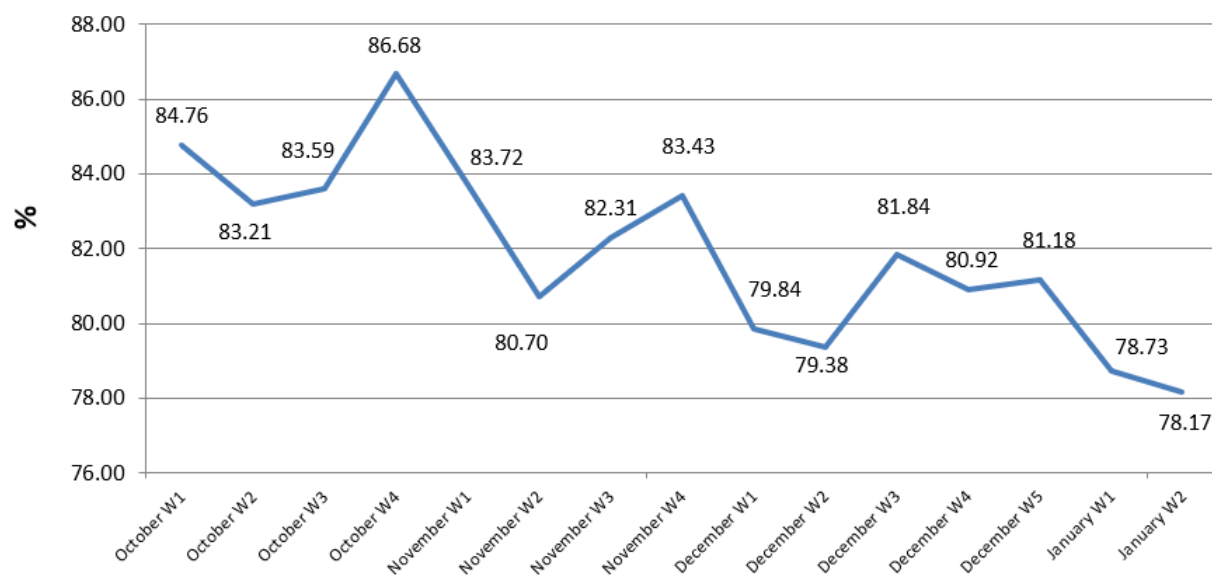
In the second week of January, the number of beds within the project group increased to 37,398 – up from 37,241 the previous week. In total, there has been a 2.9% increase in the aggregate bed stock from the project starting point.

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	6	23	17	7	2

Graph of four-hour performance by week since October

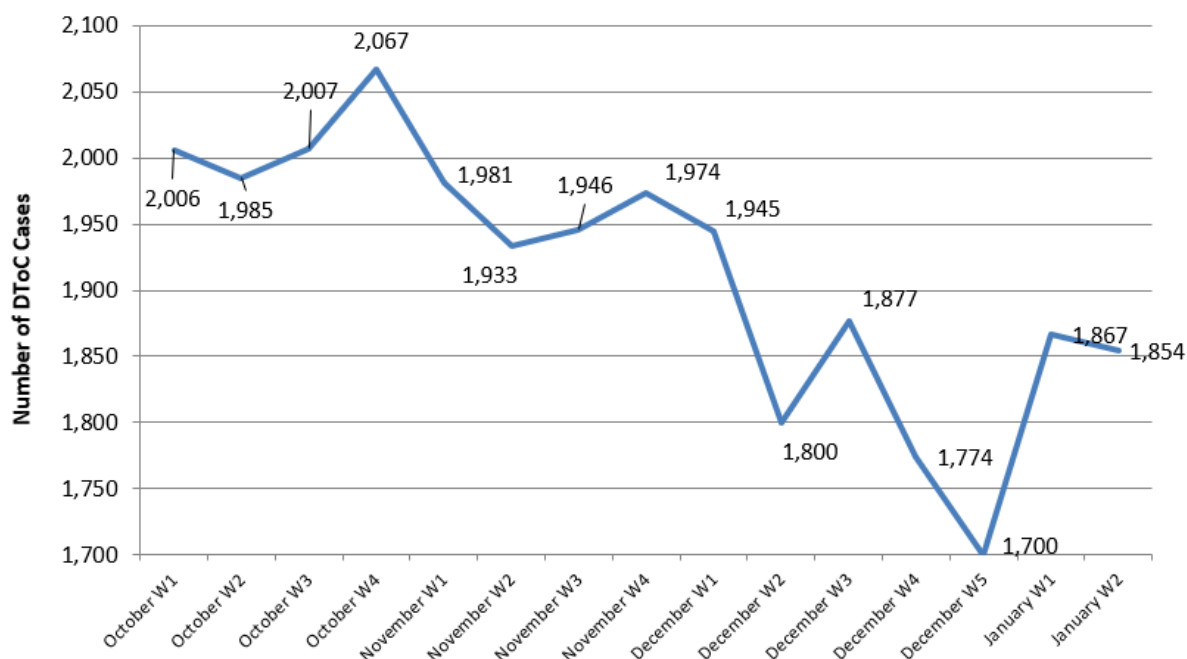
4 Hour Standard Performance - Simple Average Basis



In the second week of January, four-hour standard performance stood at 78.17% - down from 78.73% the previous week. The underlying picture shows 18 increases and 32 decreases across the project group.

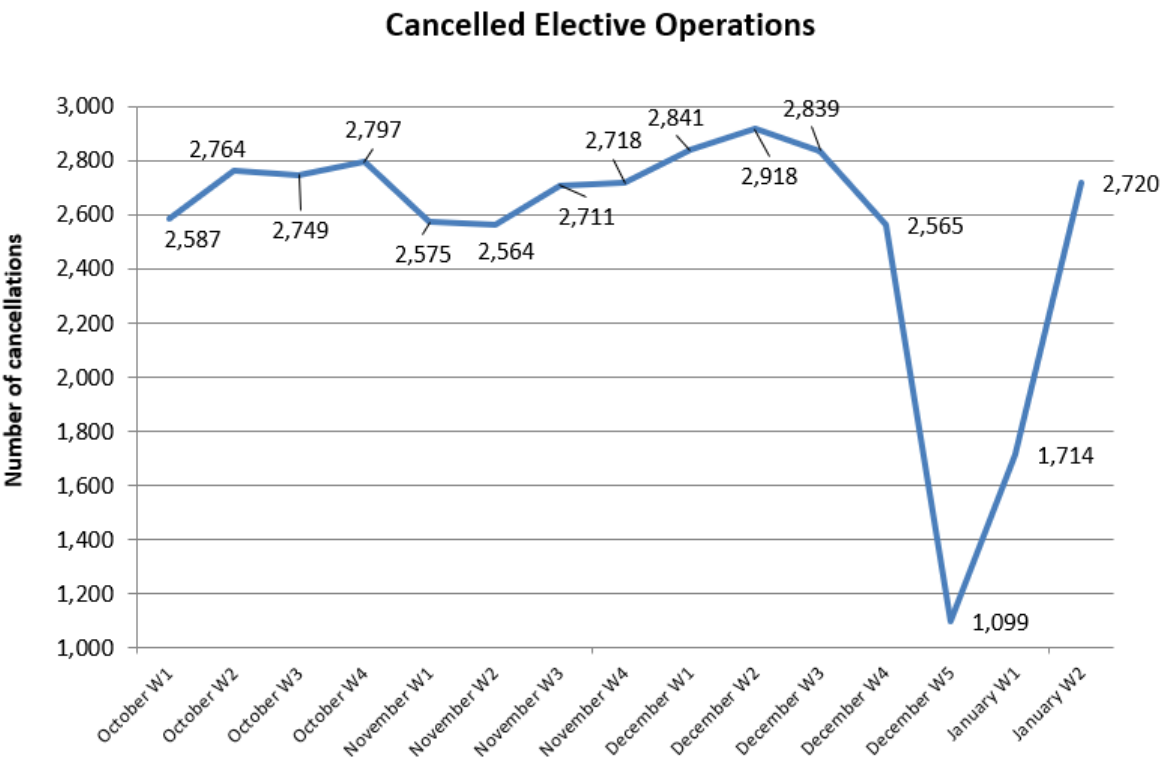
Graph of Delayed Transfers of Care (DTOCs) by week since October

Delayed Transfer of Care Cases



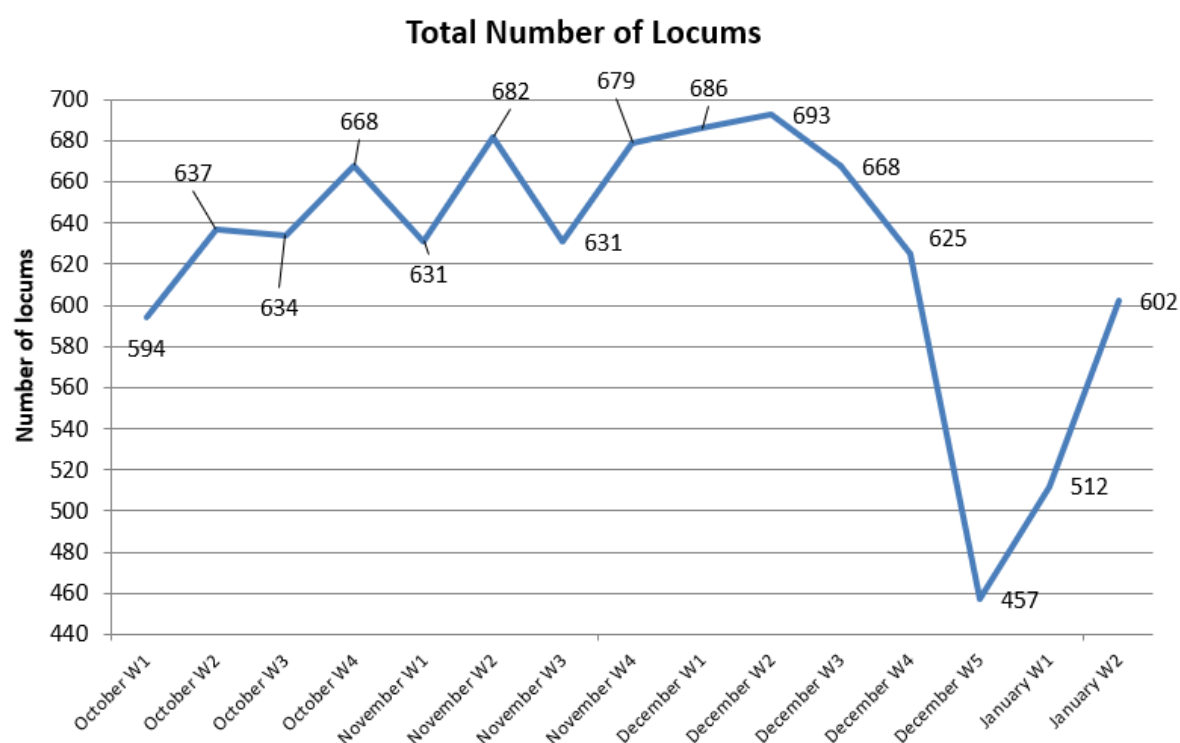
The number of patients subject to DTOC in the second week of January was 1,854 – almost unchanged from 1,867 the previous week. This translates to 4.96% of acute bed stock - down from 5.01% the previous week. The range across all contributors for this week is a minimum 0.00% to a maximum 26.7%.

Graph of cancelled elective operations since October



A total of 2,720 elective operations were recorded as cancelled this week - up from 1,714 the previous week. A total of 38,181 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 second week of January, the number of locum and agency doctors and nurses employed within Emergency Departments within the Winter Flow Project group stood at 602 up from 512 the previous week.

Overall

Although full compliance with the four-hour standard has been, and remains, a distant prospect,¹ for a number of weeks we have been able to report comparably positive four-hour standard performance compared with previous years. This week unfortunately, this is no longer the case. At 78.17% performance is 1.27 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 second week on January. In 2015-16 at this point performance was 81.99%. 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.

You can however see clear evidence of our Winter Flow contributors trying to do something about it. For example, the number of locum and agency doctors and nurses working in EDs within the Winter Flow group has gone up by 90 in a week (17.57%). Although the number of temporary staff is not yet back to the level we saw in late December, in this regard we are back to where we were at our starting point in October.

Similarly, the number of acute beds in service has continued to rise relatively sharply and has gone up by (1.8%) since last week of December. It is also fair to point out that in some ways this week has been particularly challenging. The Winter Sitrep data published this week

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

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

by NHS England shows the highest number of beds closed as a result of norovirus that they have recorded so far this year(4318).³

However, it would be a mistake to think that a rise in the incidence of norovirus has done anything other than made a bad situation worse rather than merely blighting an otherwise satisfactory state of affairs. The Winter Strip data for this week also shows that bed occupancy reached 94.7%.⁴ This is well above the 85% occupancy that is considered safe⁵ and speaks of widespread crisis management in Emergency Departments.

And it is worth pausing a moment to consider the reality of what this means for patients and the staff who are working to keep them safe. It means patients languishing for extended periods in corridors without little or no privacy and at greater risk of avoidable harm. While this may indeed have become widespread, this should never be considered acceptable. The NHS needs to take substantive steps to provide sufficient capacity to prevent this from happening.

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

⁴ [Winter Daily SitRep 2018-19 Data](#)

⁵ BMJ [Dynamics of bed use in accommodating emergency admissions](#)