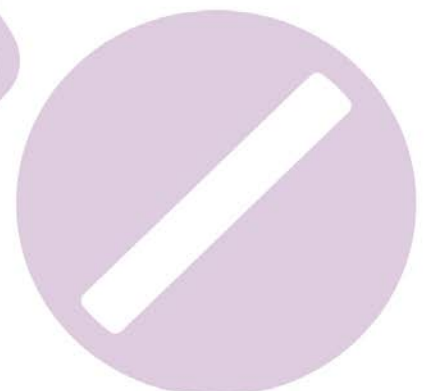
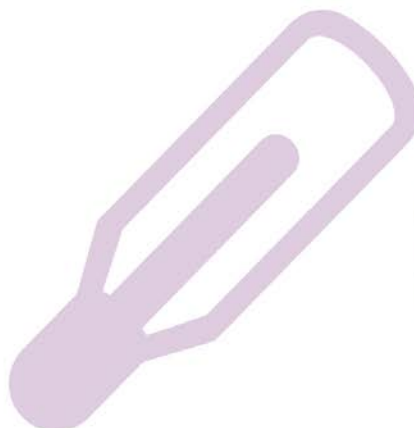




The Royal College of
Emergency Medicine

RCEM Winter Flow Project

Analysis of the data so far: 2nd March 2018



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 nations 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 third year. 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. This data together better reflects pressures, constraints and consequences for system performance. However, in an effort to reflect on-going difficulties in recruiting sufficient numbers of permanent staff, the project this year has also asked participating providers how many locum and agency staff are working in their Emergency Departments.

The data is 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 this data on a weekly basis since the beginning of October.

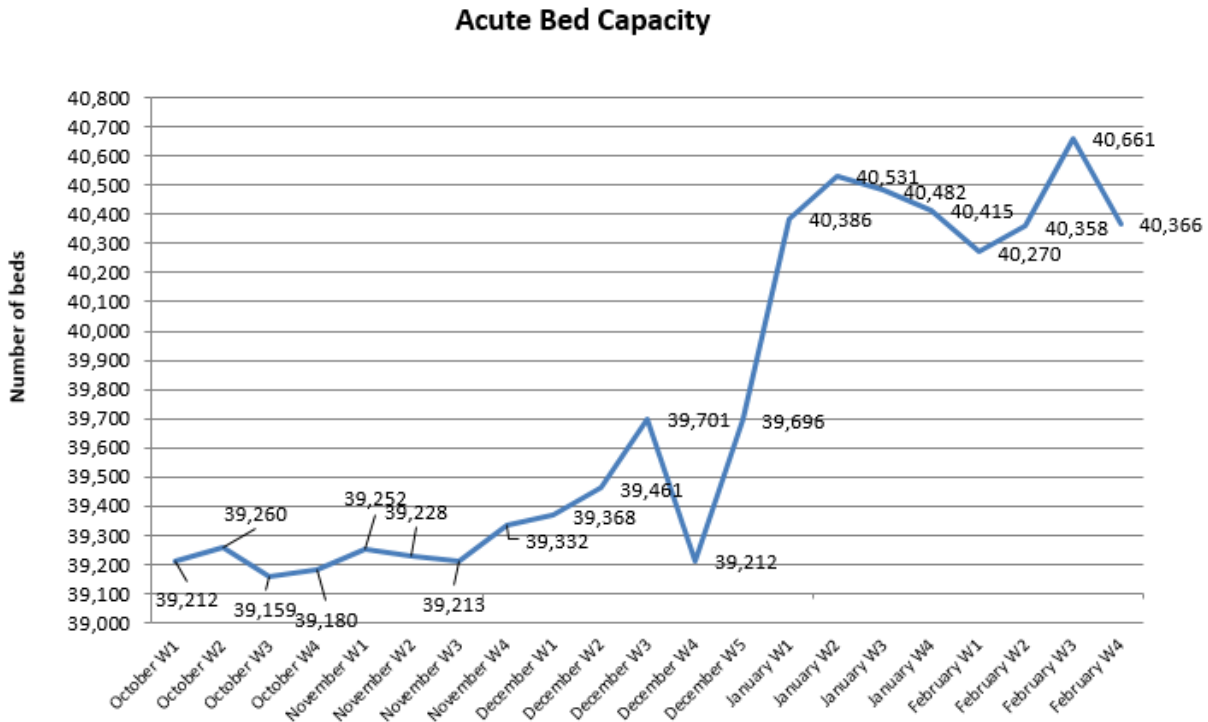
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

Unlike NHS England datasets there is no suggestion that our project represents a complete or permanent scrutiny of the healthcare system. Our data includes all four countries of the UK though the majority of participating sites lie within England. It is a just sample of Trusts/Boards, albeit a large and representative one.

The data has already been of immense value to the College and allows 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

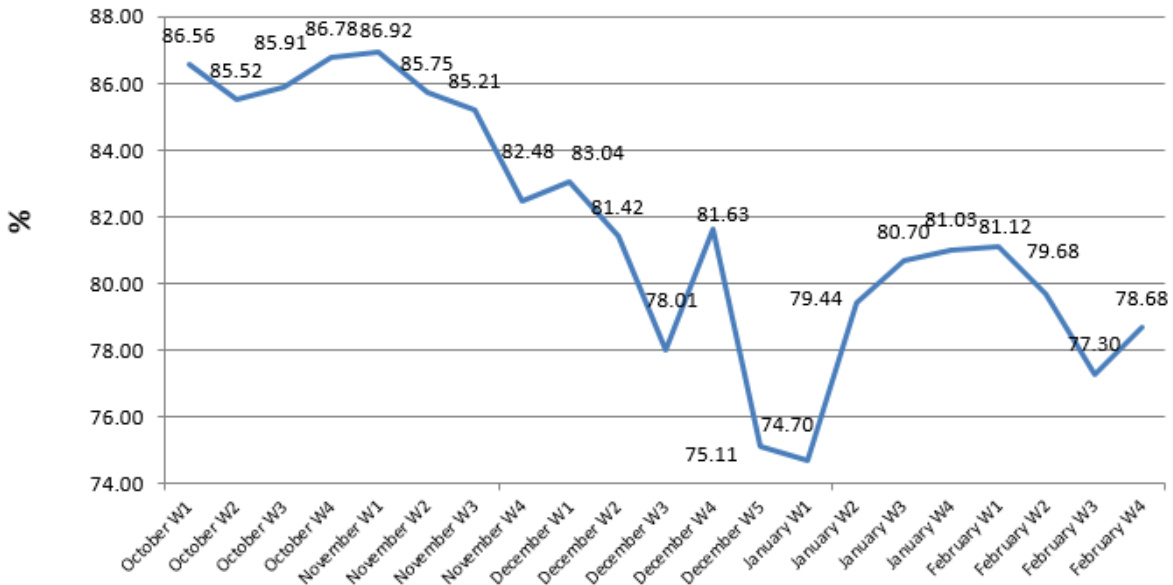
In the fourth week of February the number of beds within the project group decreased to 40,366 from 40,661 the previous week. In total, there has been a 5.4% increase in the aggregate bed stock from the project starting point.

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	12	21	6	12

Graph of four hour performance by week since October

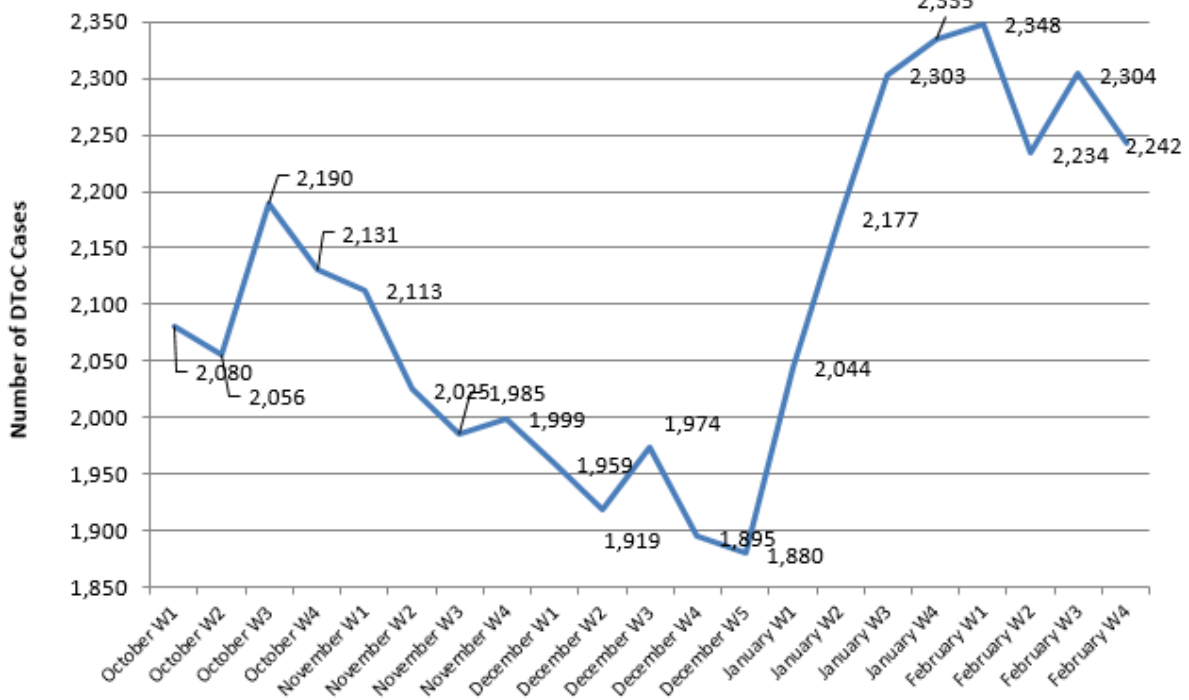
4 Hour Standard Performance - Simple Average Basis



In the fourth week of February four-hour standard performance stood at 78.68%, up from 77.30% the previous week. The underlying picture shows 17 increases and 27 decreases across the project group.

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

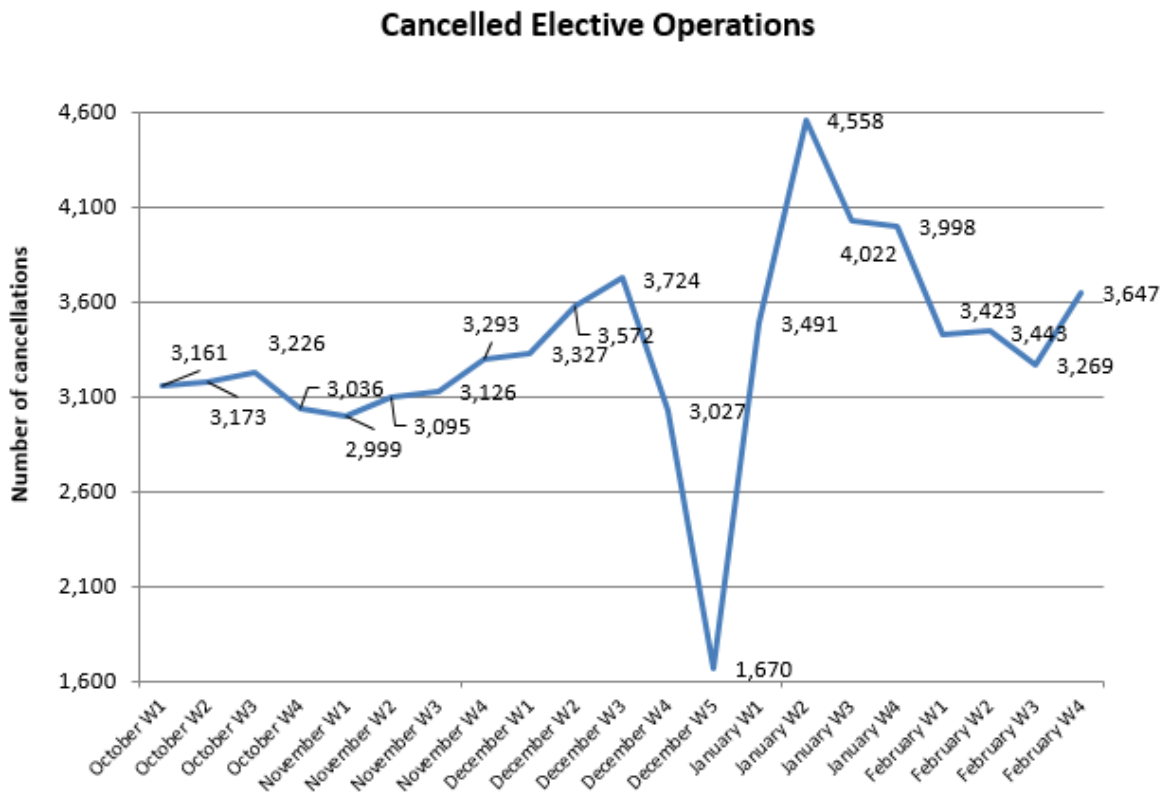
Delayed Transfer of Care Cases



The number of patients subject to DTOC in the fourth week of February was 2,242, down from 2,304 the previous week. This translates to 5.6% of acute bed stock, down from 5.7% the Published 02 March 2018

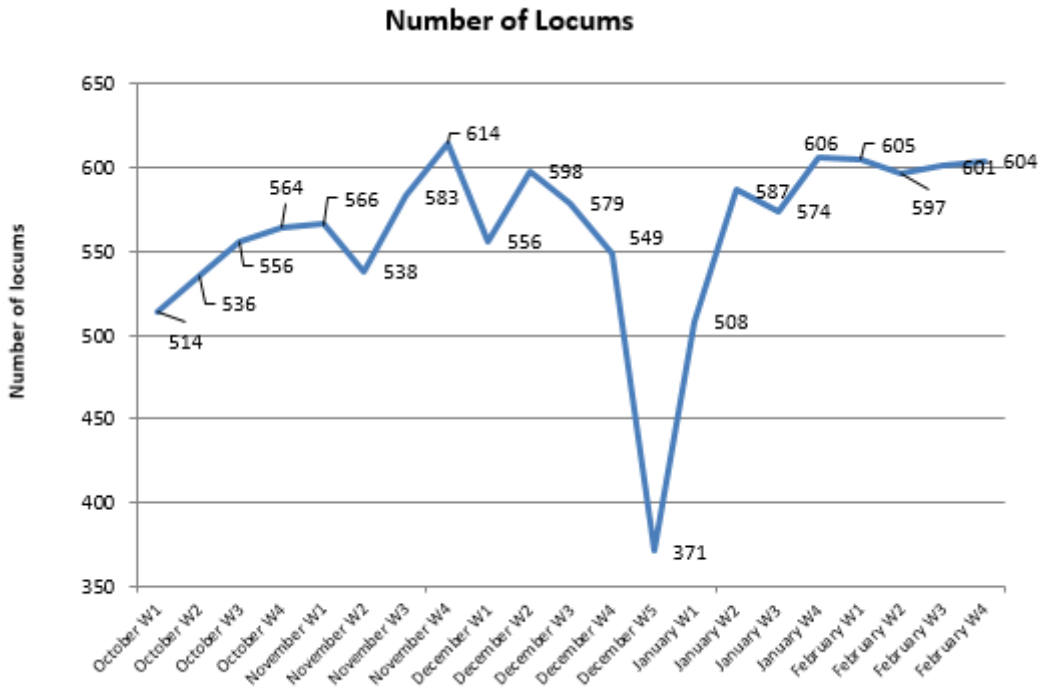
previous week. The range across all contributors for this week is a minimum 0.00% - maximum 16.4%.

Graph of cancelled elective operations since October



A total of 3,647 elective operations were cancelled this week up from 3,269 the previous week. A total of 70,280 elective operations have been cancelled over the project to date. This represents an overall average of 62 cancelled operations per site per week over the project so far.

Graph of number of locum and agency staff since October



In the fourth week of February the number of locum and agency doctors and nurses employed within Emergency Departments within the Winter Flow Project group stood at 604 almost unchanged from 601 the previous week.

Overall

The Winter Flow Project data published this week shows that four-hour standard performance has recovered slightly from the previous week. At 78.68% this is 1.38 percentage points higher than was the case in the previous week. However, this remains 3.72 percentage points lower than was the case at the same point last year and 5.25 percentage points worse than was the case in 2015-16 (83.93%).

While any uplift in performance is good news for patients – and you would expect some improvement at this time of year – any realistic discussion of data has to set it within its proper context. This remains 16.32 percentage points lower than 95% compliance with the standard set out in the Handbook to the NHS Constitution¹ and is one of the lowest scores ever recorded by the Winter Flow Project.

All of which has been achieved against the background of the intense pressure facing Emergency Departments and NHS Providers more generally. The NHS England Sitrep data published this week shows that bed occupancy rates remain as high as 95.25%.² As we have argued many times, the evidence shows that bed occupancy rates above 85% place patients at considerable risk. As the National Audit Office have put it, this 'can lead to

¹ [Handbook to the NHS Constitution](#)

² [NHS England Sitrep data](#)

regular bed shortages, periodic bed crises and increased numbers of hospital-acquired infections.’³

Such decisions are evident within the Winter Flow data as Providers take concerted action to free up bed capacity. While there has been some improvement in the number of cancelled elective operations since the National Emergency Pressures Panel decided that non-urgent procedures could resume,⁴ the level of cancellations remains extremely high.

For example, the Winter Flow data published this week showed that project contributors cancelled a total of 3,647 operations. This is 1,198 operations more than was the case at the same point last year. As the Winter Flow Project covers around a third of Providers in England this implies that around 11,000 operations were cancelled this week alone.

The NHS should not be forced into the position of propping up four-hour standard performance with what amounts to widespread rationing of patient care. Patients who have their treatment delayed, are more likely to require the urgent treatment of their Emergency Department, and as the Society of Acute Medicine has already pointed out represent a ‘false economy’⁵ for the Health Service.

³ [NAO: Reducing emergency admissions 01 March 2018](#)

⁴ [BBC: NHS England lifts suspension on non-urgent operations](#)

⁵ [Daily Mail: Hospitals ordered cancel non-urgent operations](#)