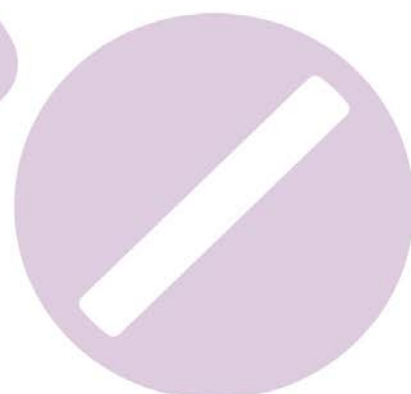
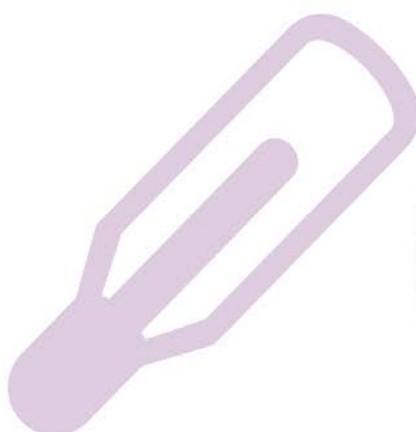


RCEM Winter Flow Project

Analysis of the data so far: 5th January 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.

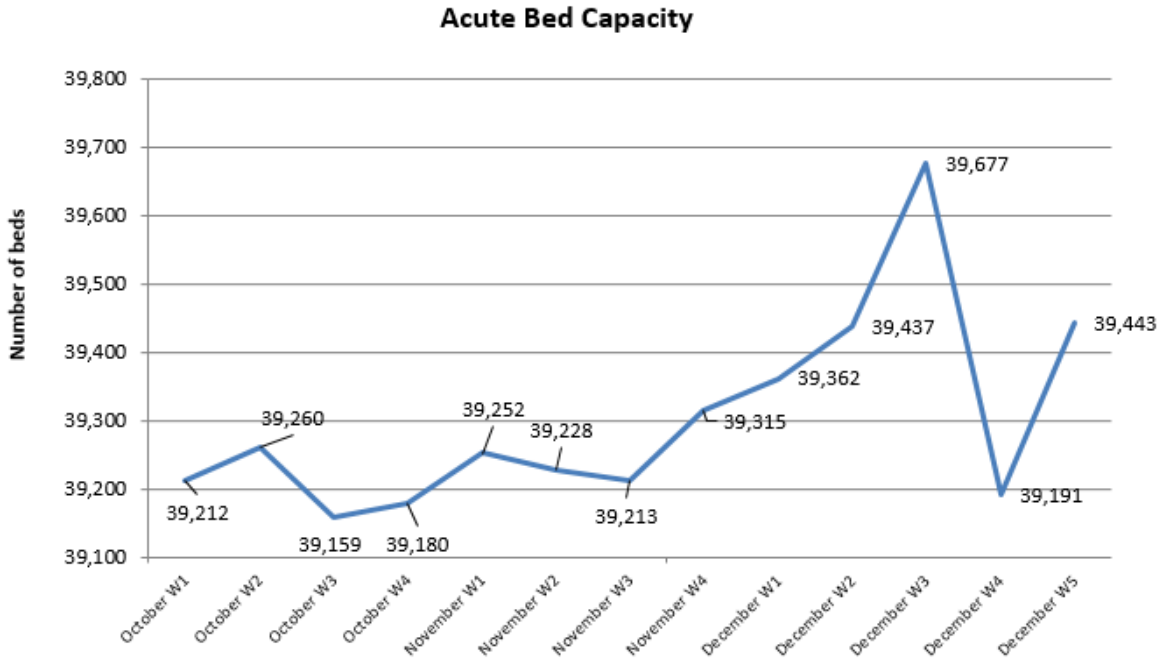
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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



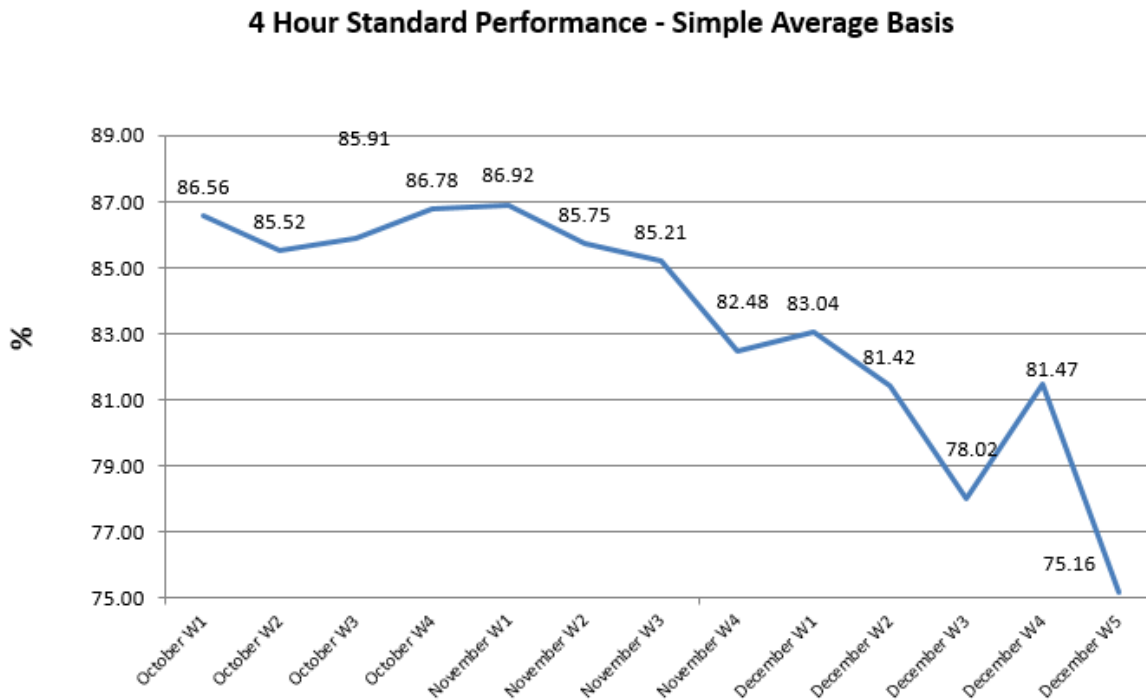
Active Bed Management

In the final week of December the number of beds within the project group increased to 39,443 up from 39,191 the previous week. In total, there has been a 2.7% 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.

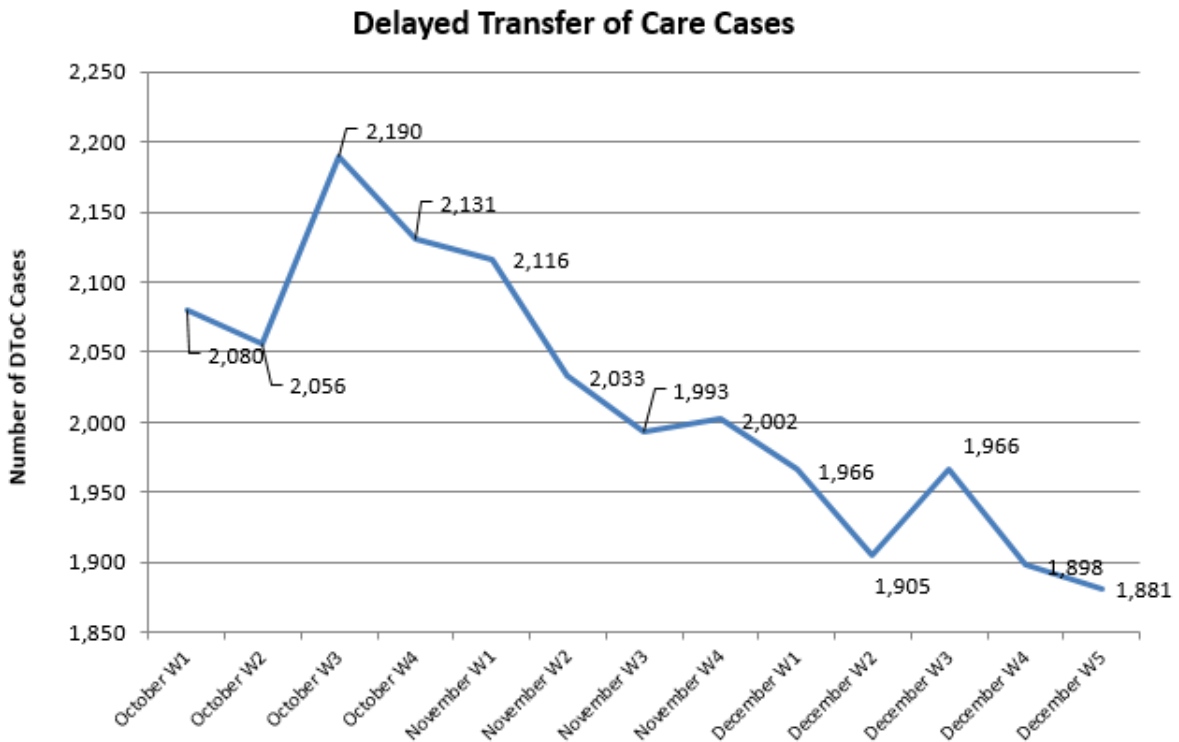
	No flexing	0 – 5%	5 – 10%	10 – 15%	15 – 20%
Number of sites	16	19	16	6	5

Graph of four hour performance by week since October



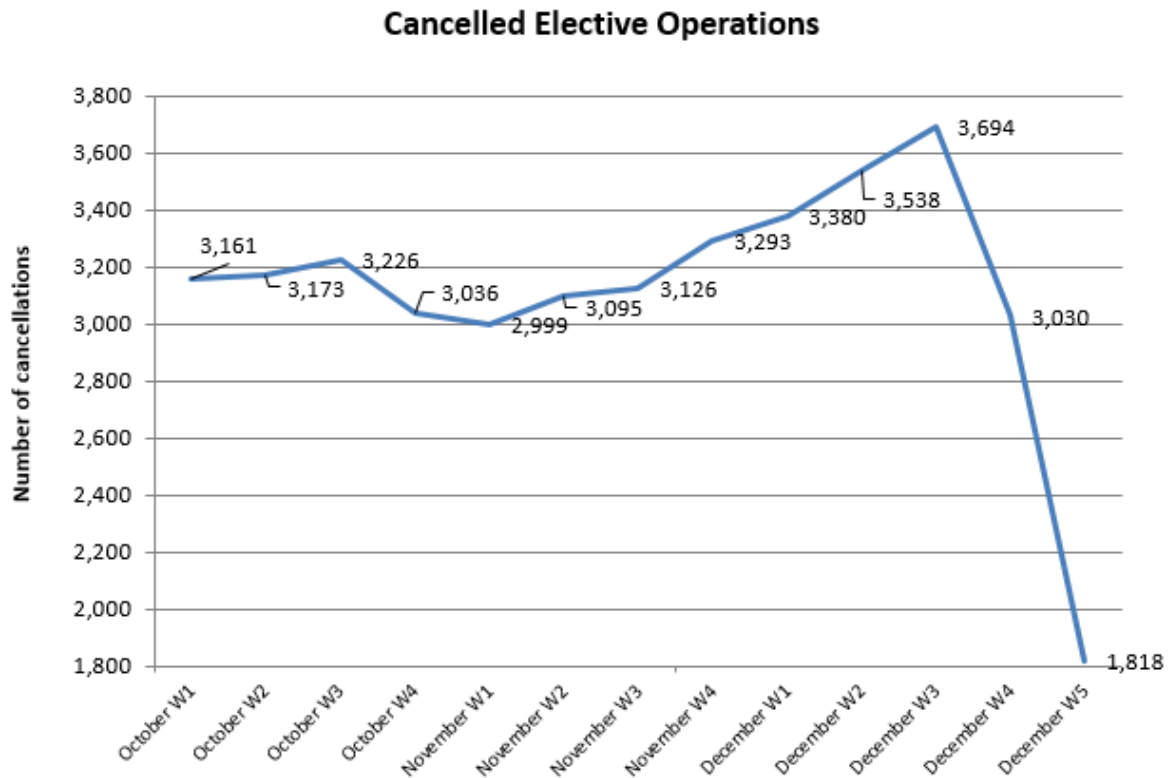
In the final week of December four-hour standard performance stood at 75.16%, down from 81.47% the previous week. The underlying picture shows 8 increases and 46 decreases across the project group.

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



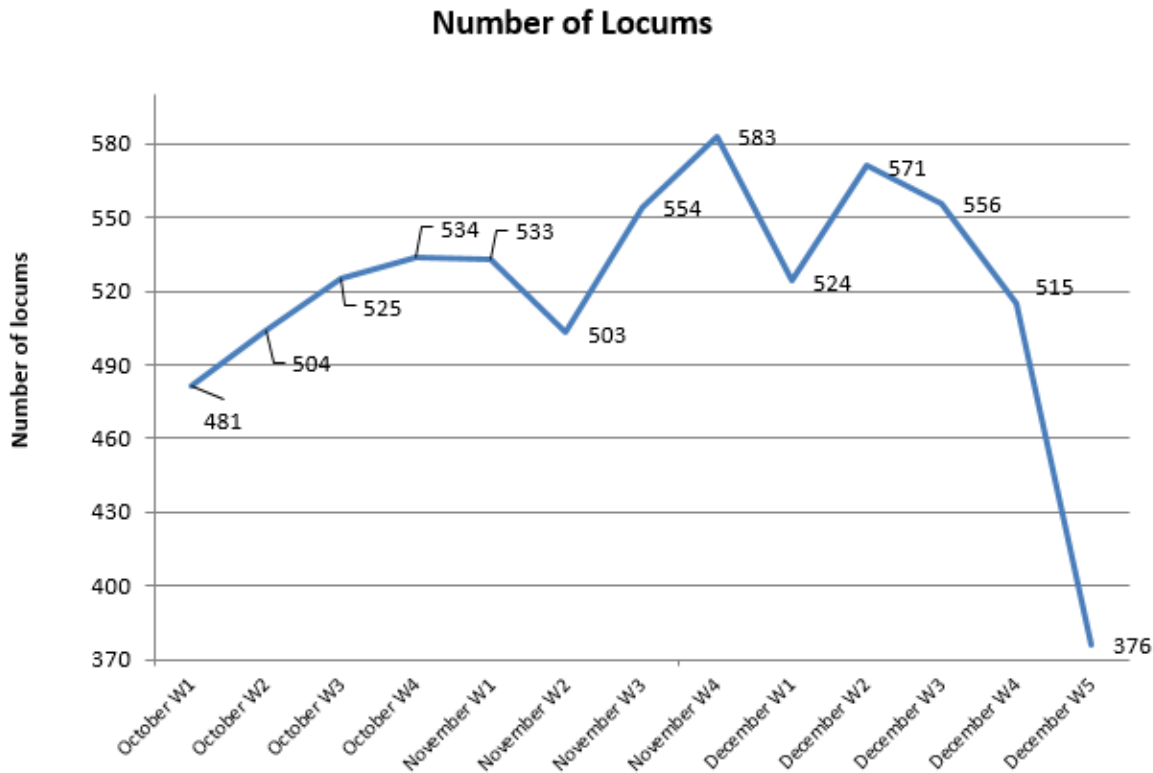
The number of patients subject to DTOC in the final week of December was 1,881, down from 1,898 the previous week. This translates to 4.8% of acute bed stock, the same as was the case in the previous week. The range across all contributors for this week is a minimum 0.00% - maximum 14.3%.

Graph of cancelled elective operations since October



A total of 1,818 elective operations were cancelled this week down from 3,030 the previous week. This represents the expected season lull in hospital elective activity. A total of 40,569 elective operations have been cancelled over the project to date. This represents an overall average of 58 cancelled operations per site per week over the project so far.

Graph of number of locum and agency staff since October



In the final week of December the number of locum and agency doctors and nurses employed within Emergency Departments within the Winter Flow Project group stood at 376 down from 515 the previous week.

Overall

Given much of the press coverage emergency medicine has received in recent weeks it is perhaps no surprise to learn that for the third week in succession the Winter Flow Project has now recorded four-hour standard performance, which is lower than was the case at the same point in the previous year. Four-hour standard performance now stands at 75.16% compared with 77.80% in 2016/17. Furthermore, many of our contributors are now performing below 70% and a number of contributors are now recording performance of below 60%

Given the clear link between four-hour standard performance and clinical outcomes for patients,¹ this has to be a concern. Or to put this another way, international evidence has consistently shown that crowding in emergency departments is associated with avoidable mortality.

The root causes of this situation were well described recently by a number of RCEM senior Fellows writing in the British Medical Journal:

¹ [The National Emergency Access Target \(NEAT\) and the 4-hour rule](#)
Published 05 January 2018

“This situation was entirely predictable and partly preventable. The current difficulties are almost entirely due to inadequate acute bed capacity and co-ordination in hospitals, which in turn is caused by inadequate social care capacity. This has been made more difficult due to medical, nursing, and other staff shortages, resulting from the abject failure in NHS workforce planning.”²

The facts bear out this interpretation. Despite all the evidence of increased patient demand, and problems associated with flu and norovirus, the Royal College of Emergency Medicine’s calls for an additional 5000 acute beds³ to return bed occupancy rates to levels that are safe for patients⁴ have so far been ignored. In fact, in the week ending 31st December there were actually fewer acute beds in service than was the case at the same point last year.⁵

Perhaps this situation might have been avoided had the voice of Emergency Medicine Clinicians been included on the NHS National Emergency Pressures Panel.⁶ Unfortunately, as this is not the case both patients and staff must continue to contend with inadequate resources without their voices being heard.

² [BMJ](#)

³ [RCEM Vision 2020](#)

⁴ [BMJ](#)

⁵ [NHS England Winter Sitrep Data](#)

⁶ [NHS National Emergency Pressures Panel](#)