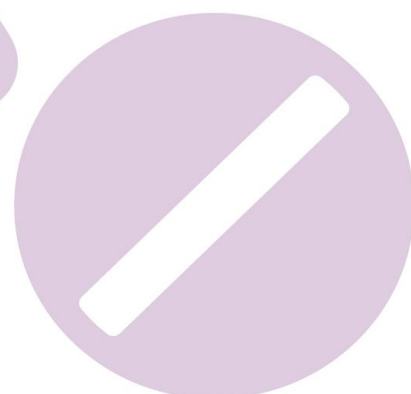
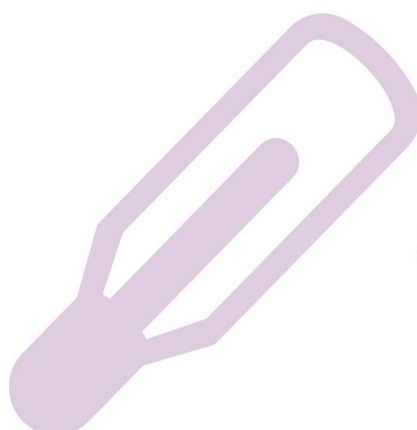


RCEM Winter Flow Project

Analysis of the data so far: 6th April 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 four 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. These data together better reflect 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 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.

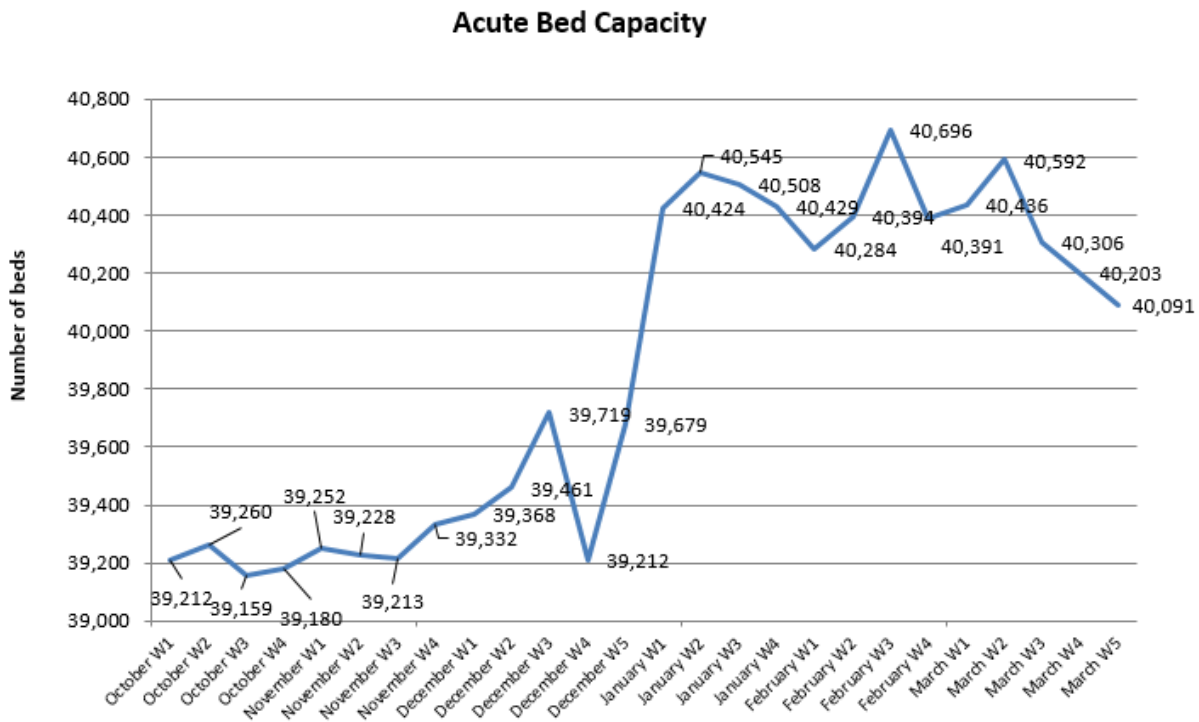
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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 though 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

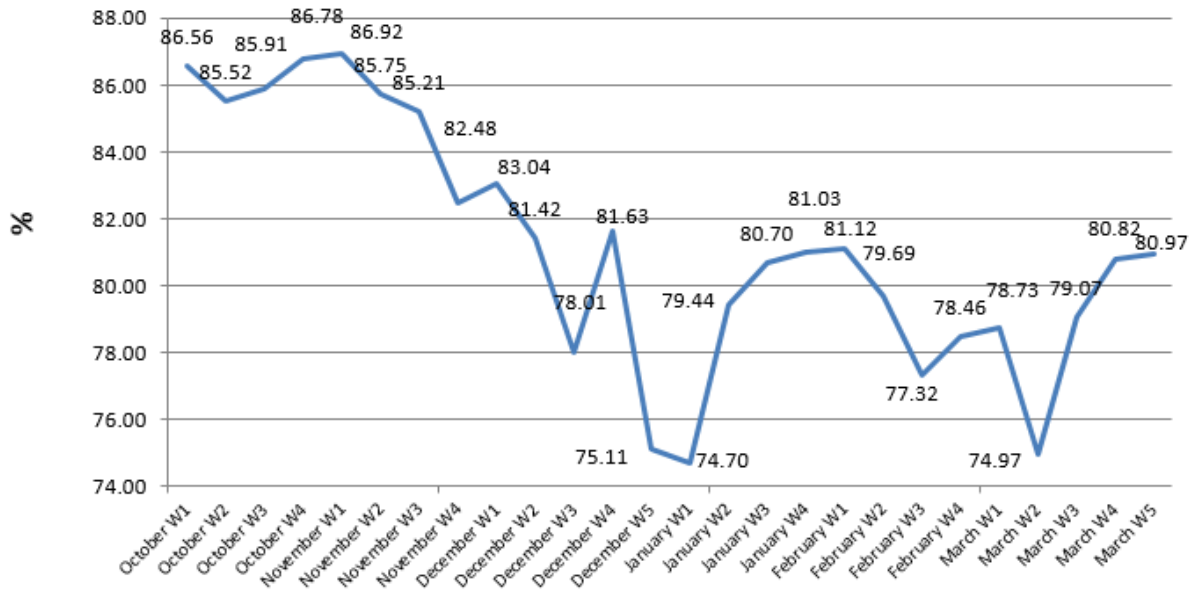
In final week of March, the number of beds within the project group decreased to 40,091 - down from 40,203 the previous week. In total, there has been a 5.6% increase in the aggregate bed stock from the project starting point.

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	20	7	12

Graph of four-hour performance by week since October

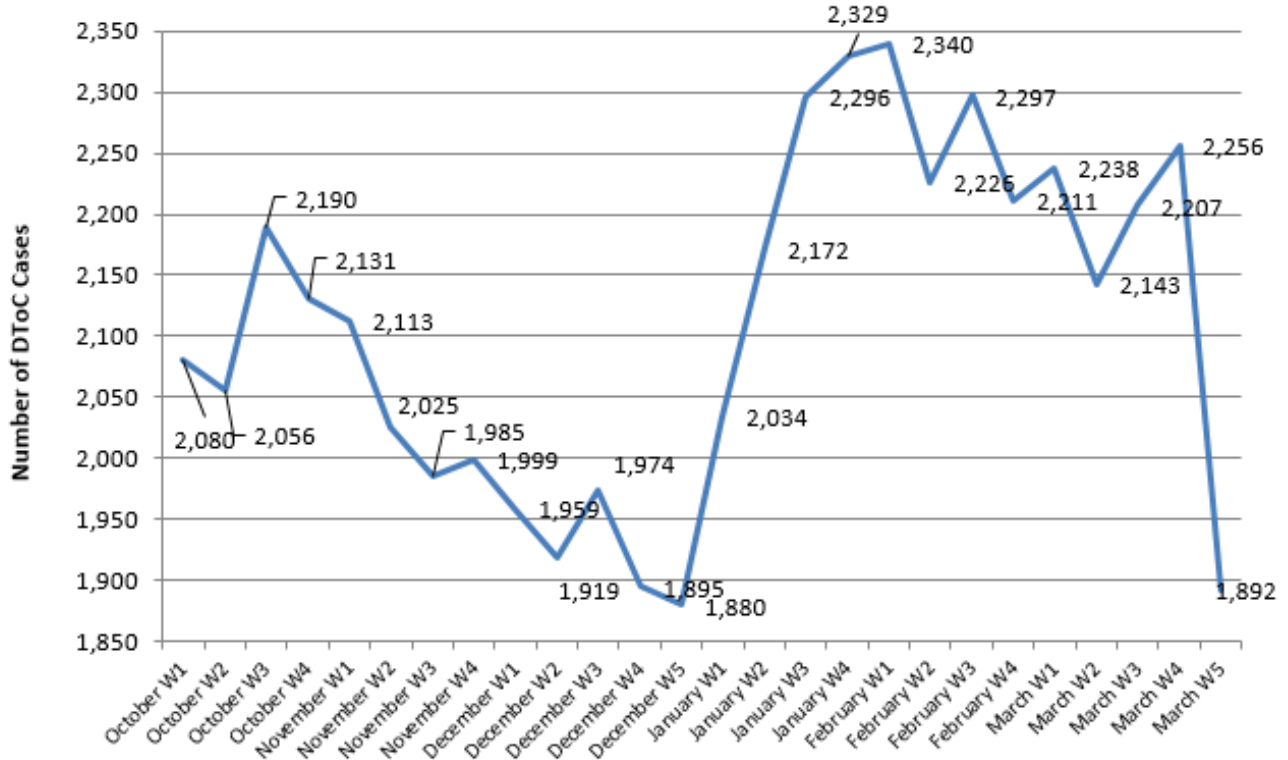
4 Hour Standard Performance - Simple Average Basis



In the final week of March, four-hour standard performance stood at 80.97% - almost unchanged from 80.82% the previous week. The underlying picture shows 22 increases and 22 decreases across the project group.

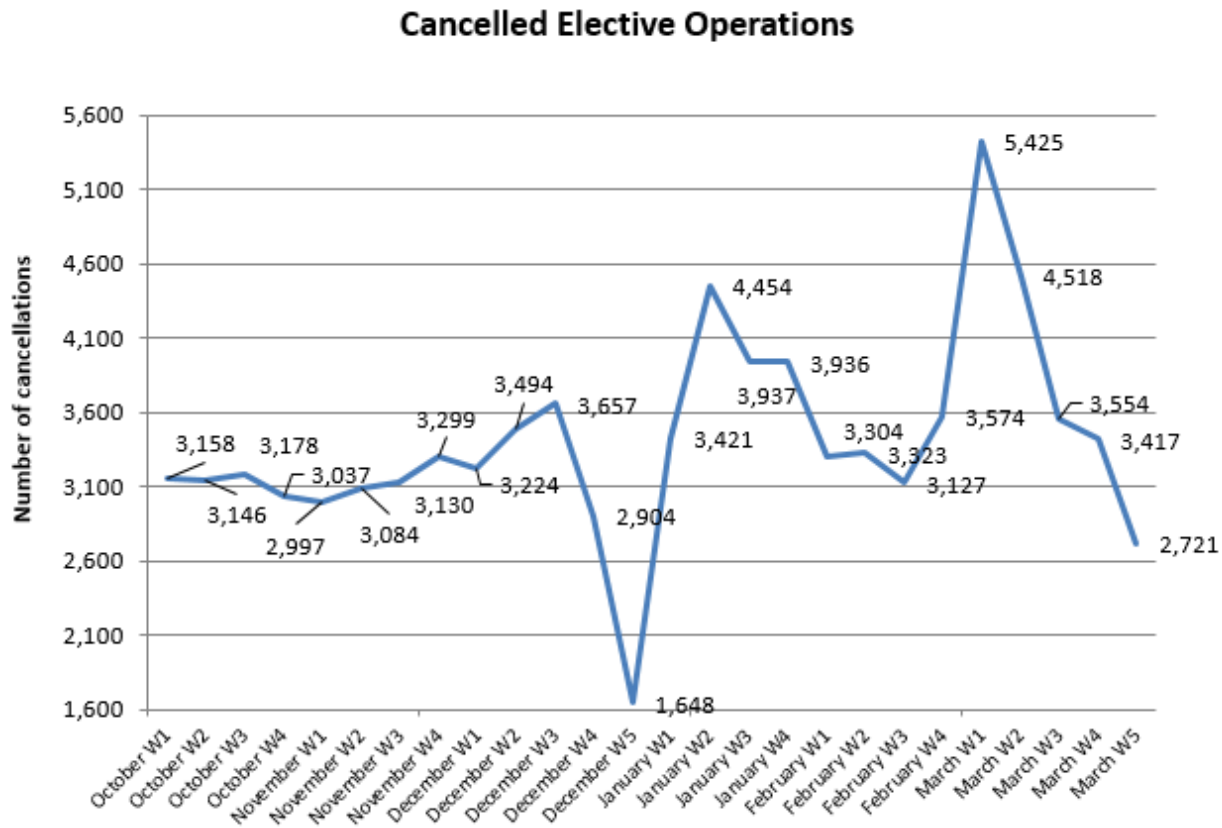
Graph of Delayed Transfers of Care (DTOCs) by week since October

Delayed Transfer of Care Cases



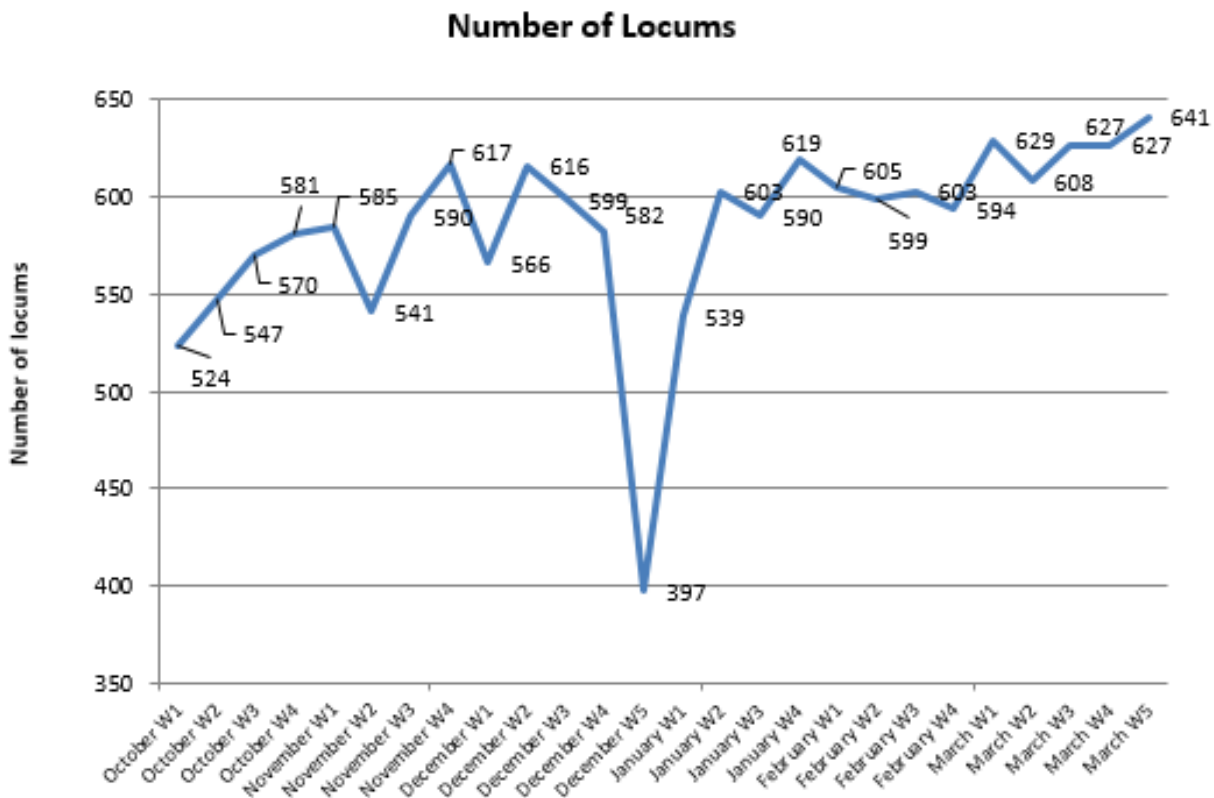
The number of patients subject to DTOC in the final week of March was 1,892 - down from 2,256 the previous week. This translates to 4.7% of acute bed stock - down from 5.6% the previous week. The range across all contributors for this week is a minimum 0.00% to a maximum 19.4%.

Graph of cancelled elective operations since October



A total of 2,721 elective operations were cancelled this week - down from 3,417 the previous week. A total of 88,667 elective operations have been cancelled over the project to date. This represents an overall average of 63 cancelled operations per site per week over the project as a whole.

Graph of number of locum and agency staff since October



In the final week of March, the number of locum and agency doctors and nurses employed within Emergency Departments within the Winter Flow Project group stood at 641 up from 627 the previous week.

Overall

The Winter Flow Project data published this week show a welcome, if marginal, improvement in four-hour standard performance. At 80.97%, this is 0.15 percentage points higher than was the case in the previous week. However, this is 4.13 percentage points lower than was the case at the same point last year (85.10%) and 2.06 percentage points lower than was the case in 2015-16 (83.03%).

As this year's weekly reporting draws to a close, the Royal College of Emergency Medicine would like to offer our heartfelt thanks to all of our contributors – in Trusts and Boards across the UK – who have made this project possible. With their help we have been able to shine a light on the difficulties, challenges and successes of managing hospital resources as they endeavour to provide excellent, compassionate care for patients.

There is much to cheer about this week's data, the number of elective cancellations and Delayed Transfers of Care appears to have improved significantly, all of this is good news for patients and staff. But this does not detract from the fact that much of this year's project

has been punctuated by times of crisis in our hospitals because the resources available to deliver patient care have been 'demonstrably inadequate'.¹

On that basis it is welcome news that in parts of the Government in Westminster the message that more resources are required to return four-hour standard performance to 95% appears to be getting through.² Yet it is worth remembering that there is a long way to go. The last time NHS England reported a 95% performance at type 1 Emergency Departments was Quarter 2 of 2012-13, and since then both bed occupancy and four-hour performance have deteriorated significantly.

Similarly, in the three years that the Winter Flow Project has been running the highest weekly aggregate performance is 90.28%; this was recorded in the first week of October 2015. By contrast the average weekly performance during this year's project was 81.21%. The Secretary of State has reiterated his commitment to returning four-hour standard performance to 95%.³ Our hospitals need the means to turn these aspirations into reality.

¹ <http://www.nhsconfed.org/media-centre/2018/02/nhs-improvement-report-underlines-why-our-members-are-at-end-of-their-tether>

² [Times: Jeremy Hunt calls for 10- year deal to fix 'crazy' NHS budget](#)

³ [Hansard 6th February 2018](#) & [Hansard 21st March 2018](#)