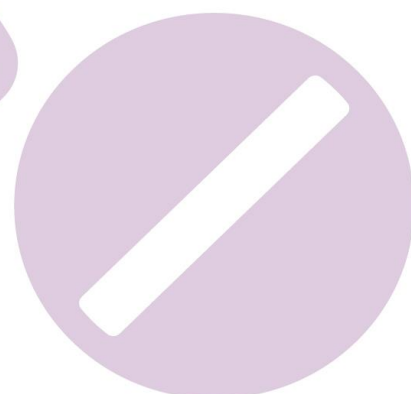
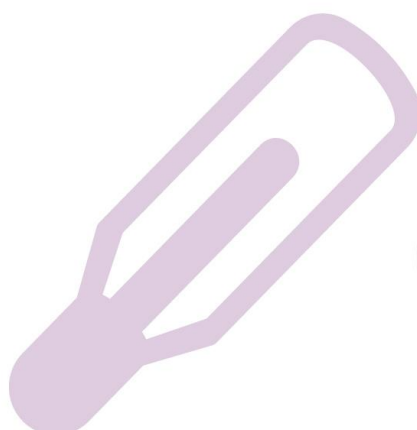


RCEM Winter Flow Project

Analysis of the data so far: 8th December 2017



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.

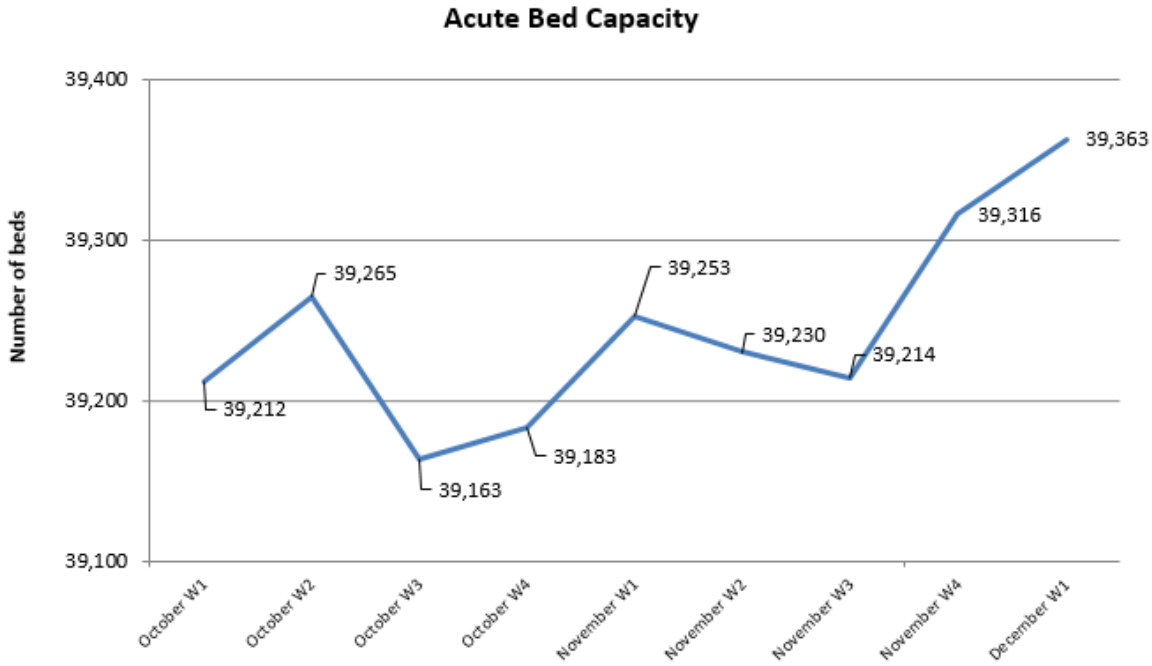
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

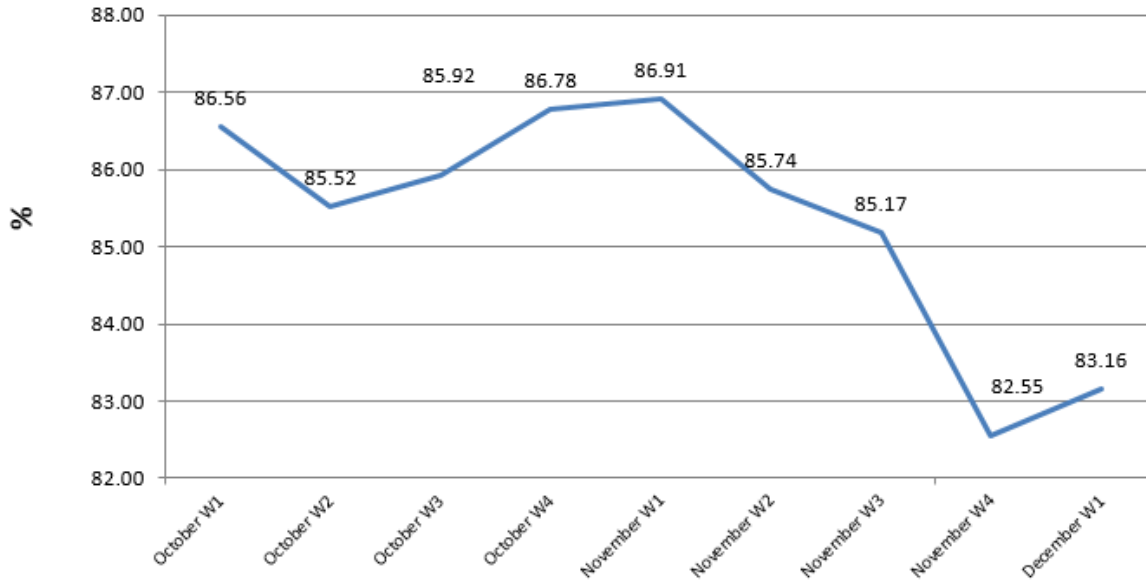
In the first week of December the number of beds within the project group increased to 39,363 up from 39,316 the previous week. In total, there has been a 1.6% increase in the aggregate bed stock from the project starting point.

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	13	26	14	2	1

Graph of four hour performance by week since October

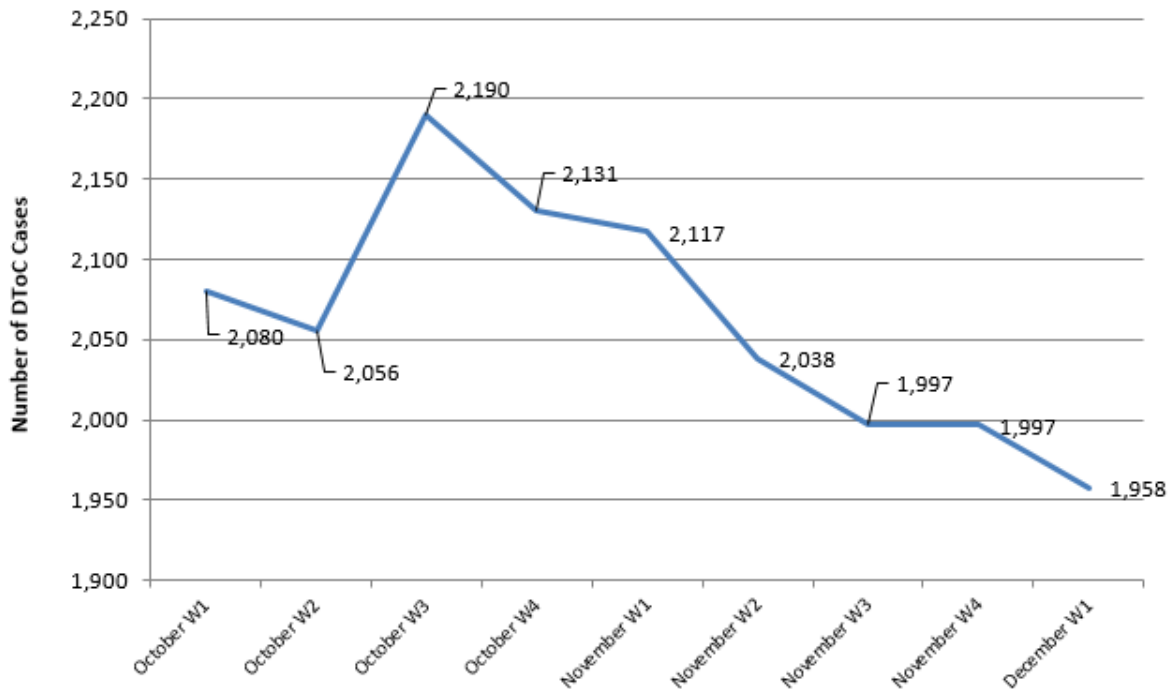
4 Hour Standard Performance - Simple Average Basis



In the first week of December four-hour standard performance stood at 83.16%, up slightly from 82.55% the previous week. The underlying picture shows 33 increases and 23 decreases across the project group.

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

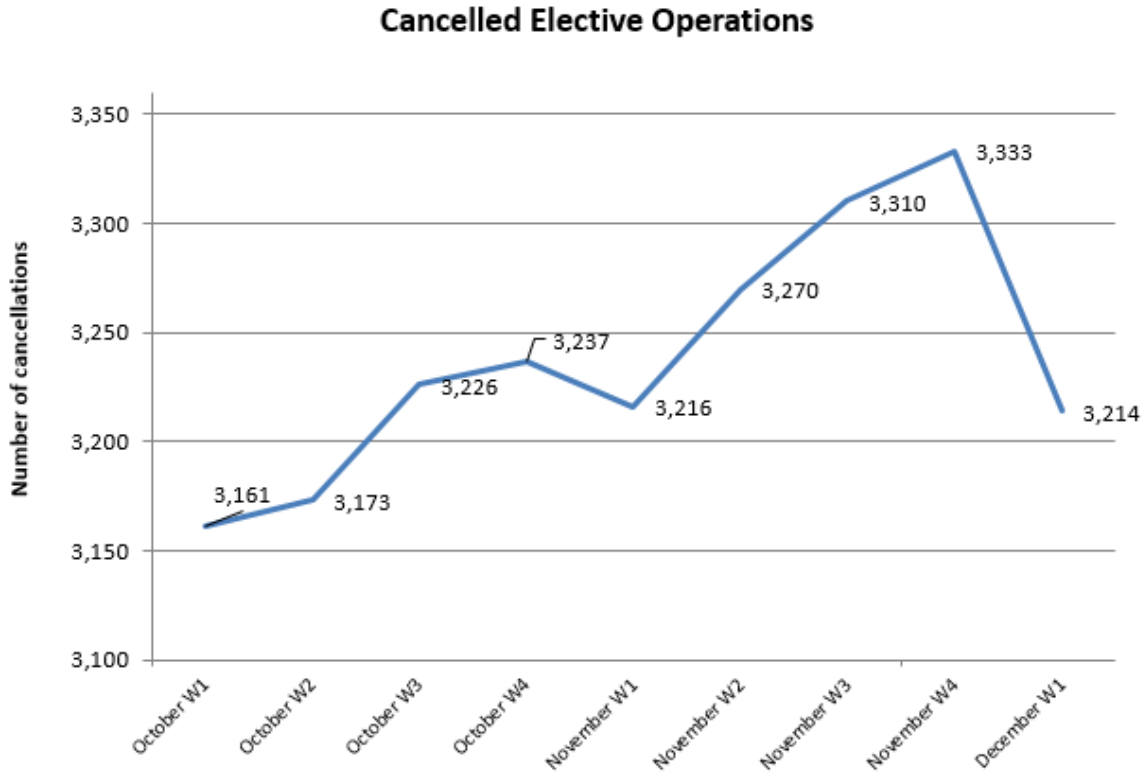
Delayed Transfer of Care Cases



The number of patients subject to DTOC has fallen further in the first week of December.

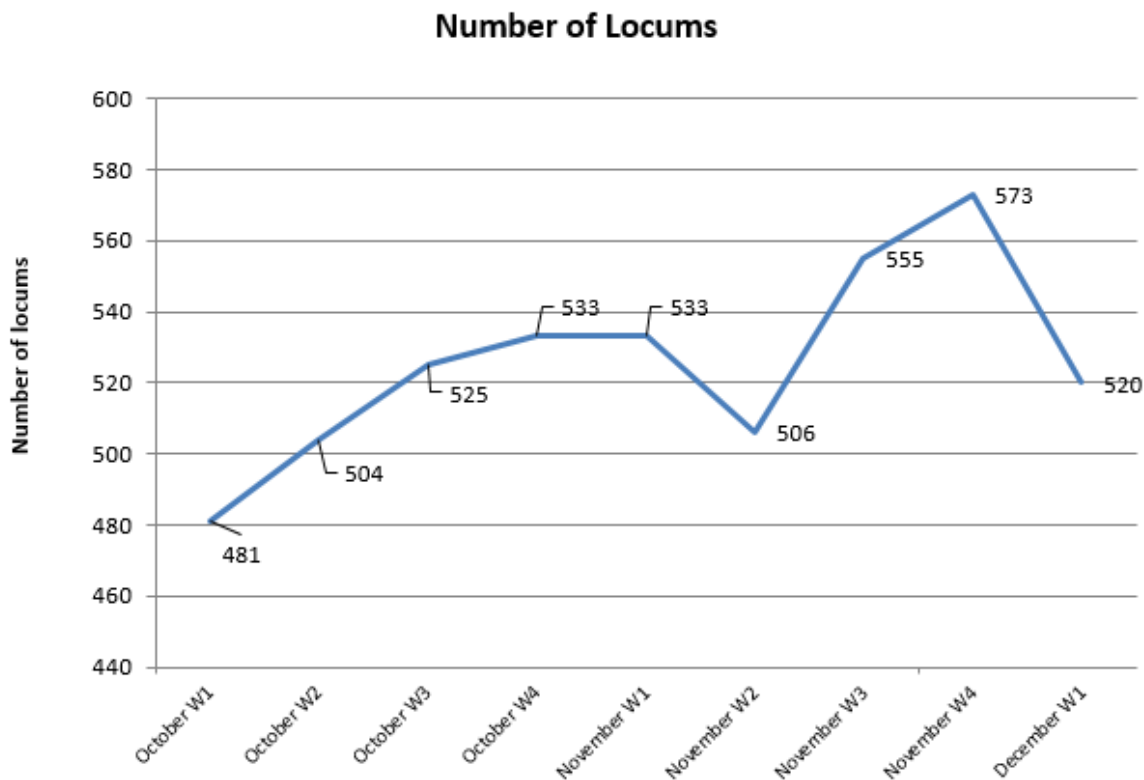
There were 1,958 recorded instances of delayed transfers down from 1,997 the previous week. This translates to 5.0% of acute bed stock, down from 5.1%. The range across all contributors for this week is a minimum 0.00% - maximum 14.3%

Graph of cancelled elective operations since October



A total of 3,214 elective operations were cancelled this week down from 3,333 the previous week. A total of 29,140 elective operations have been cancelled over the project to date. This represents an overall average of 60 cancelled operations per site per week over the project so far.

Graph of number of locum and agency staff since October



In the first week of December the number of locum and agency doctors and nurses employed within Emergency Departments within the Winter Flow Project group stood at 520 down from 573 the previous week.

Overall

On first reading, there is much about the Winter Flow data published this week about which one can be positive. There has been a marginal improvement in four-hour standard performance, a continued improvement in the numbers of patients subject to Delayed Transfers of Care, a reduction in elective cancellations and less reliance on locum and agency staff. All of this is a testament to the continued efforts of NHS providers to maintain performance.

Nonetheless, given that we are still far short of standards set out in the NHS Constitution,¹ and the well attested link between four-hour standard performance and clinical outcomes for patients,² these figures remain a serious cause for concern. As insufficient resources mean that patient flow through our Emergency Departments is blocked or impeded “life-threatening cases are prioritised. But a crowded emergency department adds risk. We get delays to assessment, pain relief and antibiotics.”³

¹ [NHS Constitution](#)

² [The National Emergency Access Target \(NEAT\) and the 4-hour rule](#)

³ [RCEM President Dr Taj Hassan BBC News: Long A&E waits: 3m a year wait over four hours 07 December 2017](#)

And there are few better indicators of insufficient resources than an acute bed base stretched to its limits. The data from the Winter Flow Project group indicates that thus far the capacity of providers to flex their bed base to meet demand is severely limited. Data published by NHS England paints the same troubling picture. On 3rd December NHS England SitRep data recorded that general and acute bed occupancy stood at 94.5%.⁴ This despite research previously published in the British Medical Journal that has clearly shown that bed occupancy rates above 85% place patients at 'considerable risk'.⁵

Little wonder then that Chris Hopson, chief executive of NHS Providers, has been quoted as saying: "It is worrying to hear of occupancy rates in some places moving close to 100% before winter has started."⁶

We need to stop pretending that the problems of insufficient bed capacity can be solved simply by reducing the numbers of patients subject to Delayed Transfers of Care. While these efforts are welcome they are clearly inadequate. As part of our [Vision2020](#) the Royal College of Emergency Medicine is calling for an additional 5000 acute beds in England alone to return bed occupancy rates to 85% and ensure that we can once again achieve the four hour standard.

⁴ [Winter Daily SitRep 2017-18 Data](#)

⁵ [BMJ](#)

⁶ [Guardian: NHS bosses sound alarm over hospitals already running at 99% capacity 07 December](#)
Published 08 December 2017