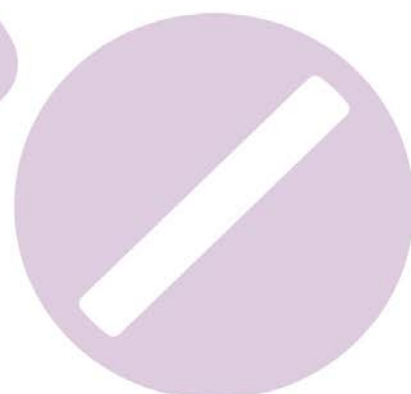
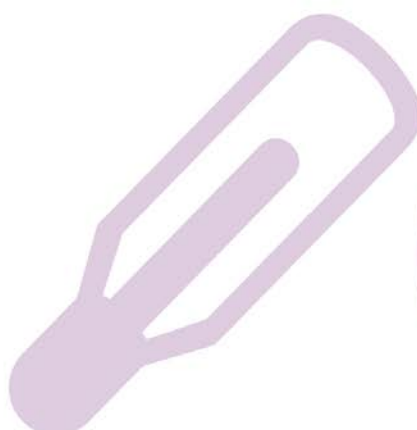


RCEM Winter Flow Project

Analysis of the data so far: 9th February 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.

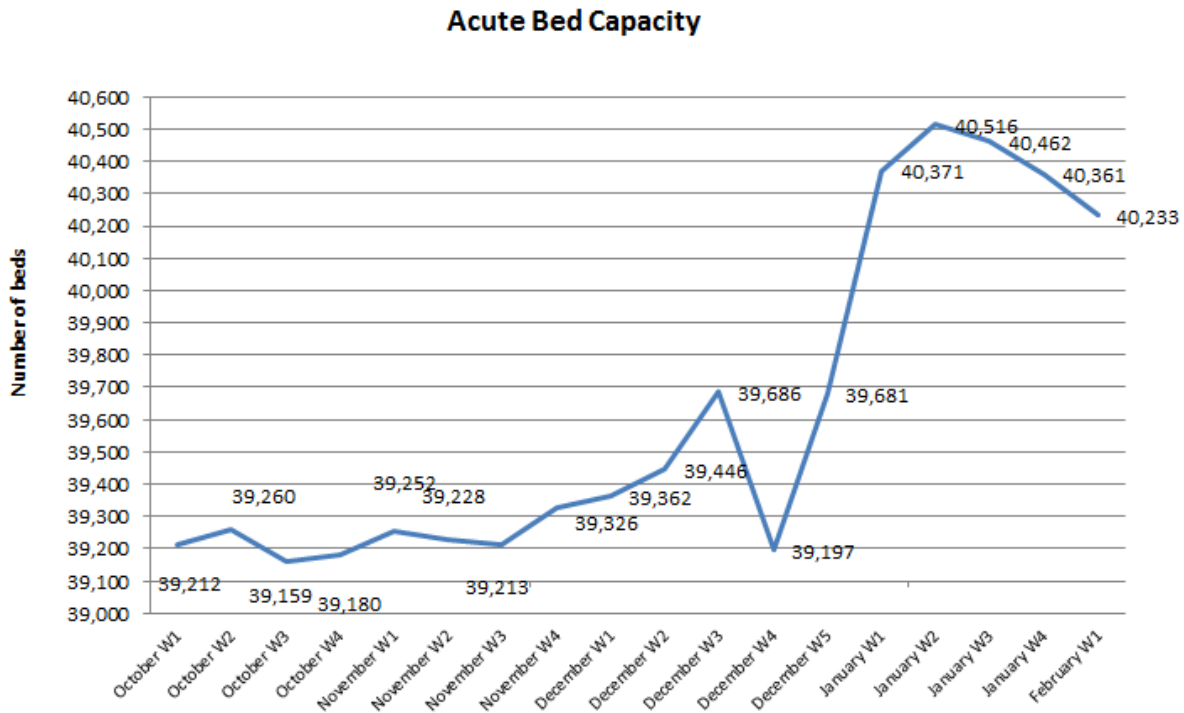
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

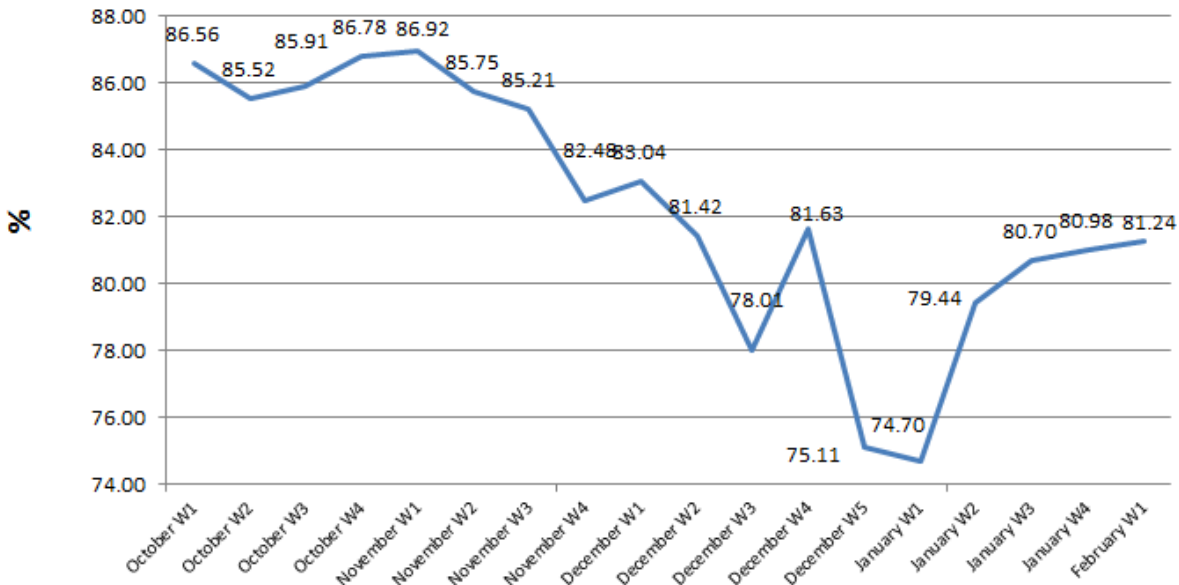
In the first week of February the number of beds within the project group decreased to 40,233 down from 40,361 the previous week. In total, there has been a 5.0% increase in the aggregate bed stock from the project starting point.

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	9	9	21	10	7

Graph of four hour performance by week since October

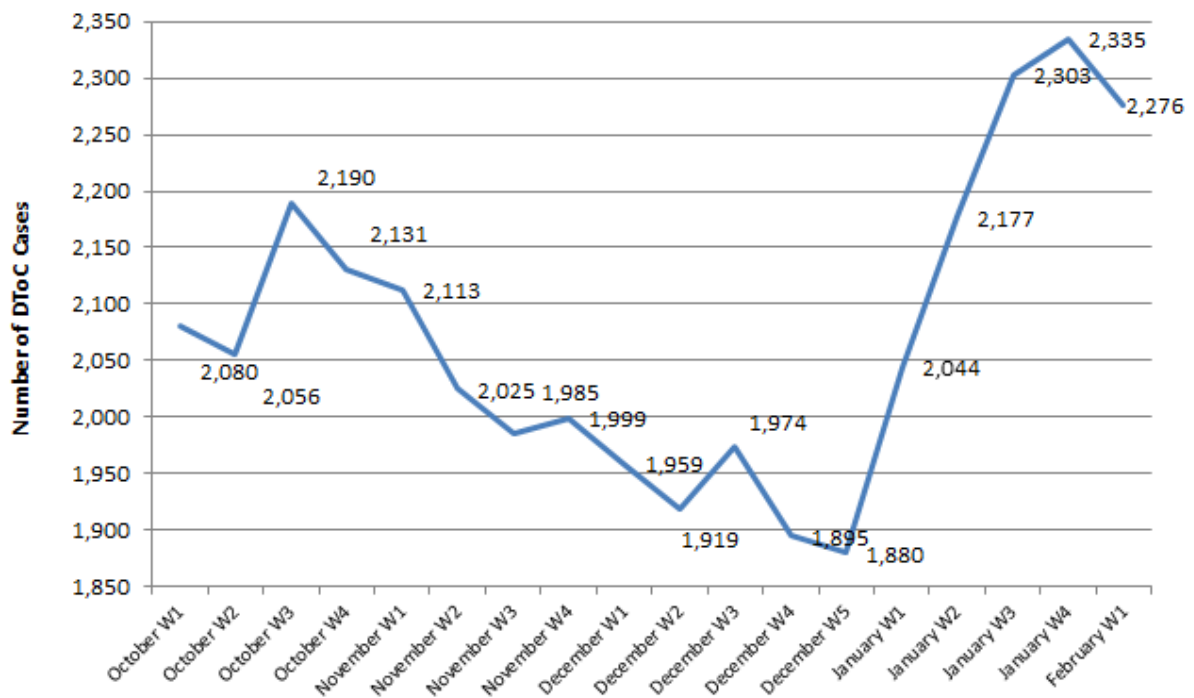
4 Hour Standard Performance - Simple Average Basis



In the first week of February four-hour standard performance stood at 81.24%, up from 80.98% the previous week. The underlying picture shows 29 increases and 25 decreases across the project group.

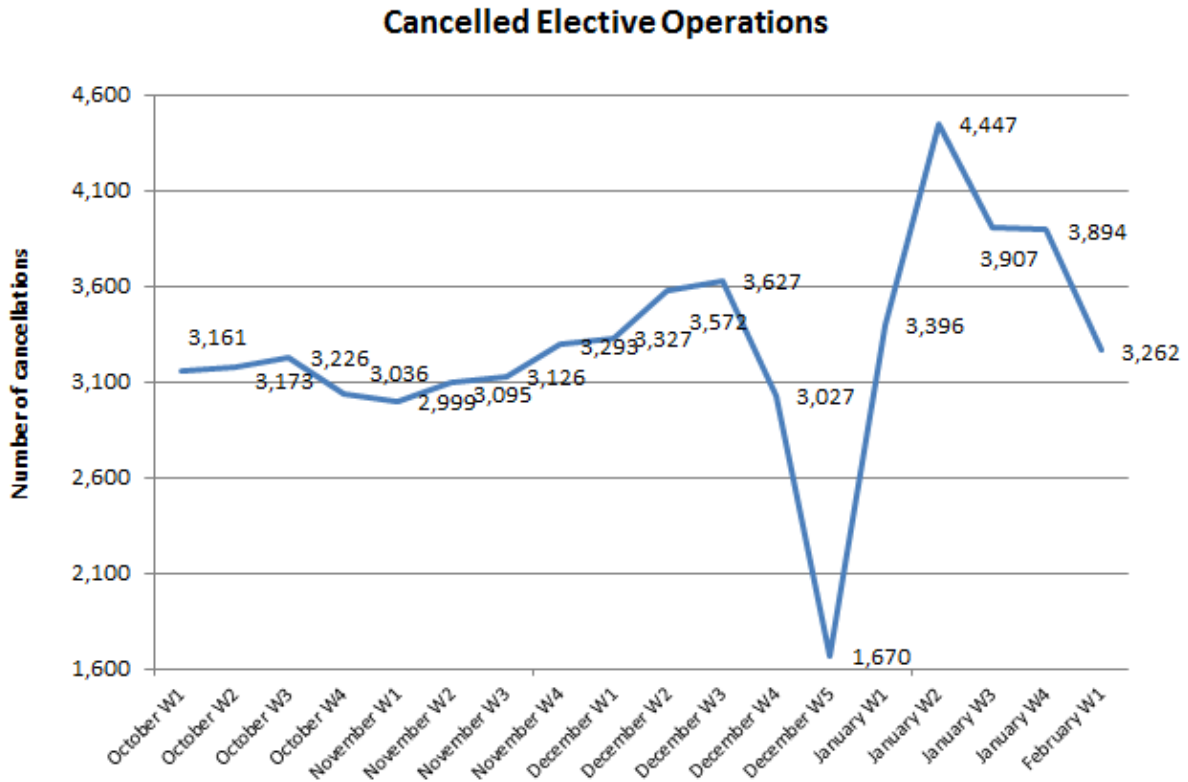
Graph of Delayed Transfers of Care (DTOCs) by week since October

Delayed Transfer of Care Cases



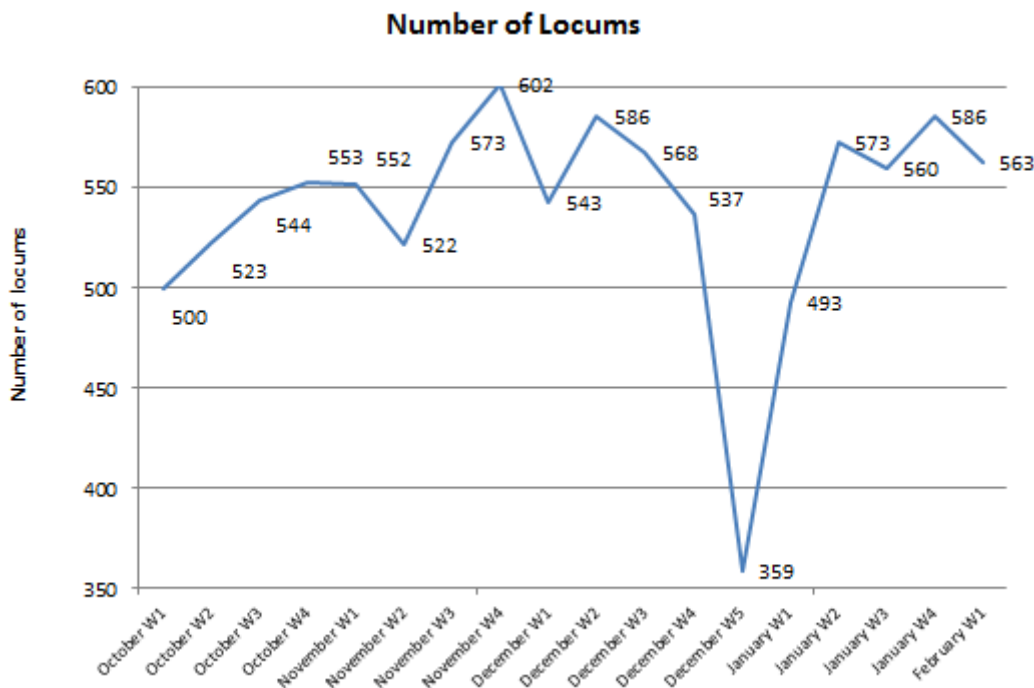
The number of patients subject to DTOC in the first week of February was 2,276, down from 2,335 the previous week. This translates to 5.7% of acute bed stock, down from 5.8% the previous week. The range across all contributors for this week is a minimum 0.00% - maximum 16.4%.

Graph of cancelled elective operations since October



A total of 3,262 elective operations were cancelled this week down from 3,894 the previous week. A total of 59,238 elective operations have been cancelled over the project to date. This represents an overall average of 61 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 February the number of locum and agency doctors and nurses employed within Emergency Departments within the Winter Flow Project group stood at 563 down from 586 the previous week.

Overall

The Winter Flow Project data published this week shows that recent improvement in four-hour standard performance has continued. At 81.24% this is 0.26 percentage points better than was the case in the previous week. It is also, 3.21 percentage points better than was the case at the same point last year but 2.27 percentage points worse than was the case in 2015-16 (83.51%).

Underlying this modest improvement, it is clear that some aspects of the practical business of managing patient flow have also become easier. Instances of Delayed Transfers of Care have shown a decrease for the first time in four weeks and the number of elective cancellations – while still very high by historic standards – have continued to fall.

Unfortunately, none of this heralds an imminent return to 95% compliance with the four-hour standard.¹ As the College pointed out on 2nd February NHS England and NHS Improvement have now effectively abandoned the idea of meeting this standard until March 2019.²

On that basis several points should be made. Firstly, this is not good news for patients. This is because the historic evidence suggests that when standards are revised downwards four-

¹ [Handbook to the NHS Constitution](#)

² [RCEM: Revising four-hour A&E target a 'tacit admission of the poor state of resourcing](#) & [NHS England NHS Improvement: Refreshing NHS Plans for 2018/19](#)

hour performance deteriorates along with it, as some of the urgency of hitting the more challenging standard begins to recede.

Secondly, this is surely a tacit admission that the resources provided to deliver services to patients are inadequate and have been inadequate for an extended period. The last time NHS England reported a 95% performance at type 1 Emergency Departments was Quarter 2 of 2012-13 since then both bed occupancy and four-four 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.

Thirdly, although the recently issued planning guidance is committed to returning to 95%, it makes no mention of providing the resources necessary to do so. Instead there are instructions to return DTOC levels to 3.5% of bed occupancy, a standard not reached for since 2014 when the number of available beds was considerably higher than it is today, and £210 million of CCG funding made contingent on 'moderating demand for emergency care'.³

Instead, as we have argued in our [Vision 2020](#), we need a sustained investment in bed provision, clinical staff and social care to produce a meaningful change to conditions in our ED departments for patients and staff.

³ [NHS England NHS Improvement: Refreshing NHS Plans for 2018/19](#)
Published 09 February 2018