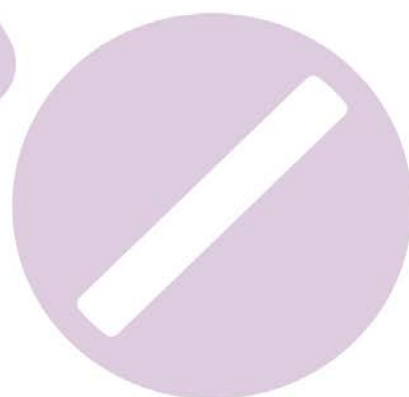
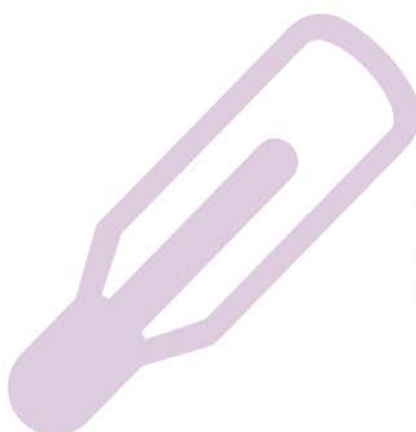


RCEM Winter Flow Project

Analysis of the data so far: 12th 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.

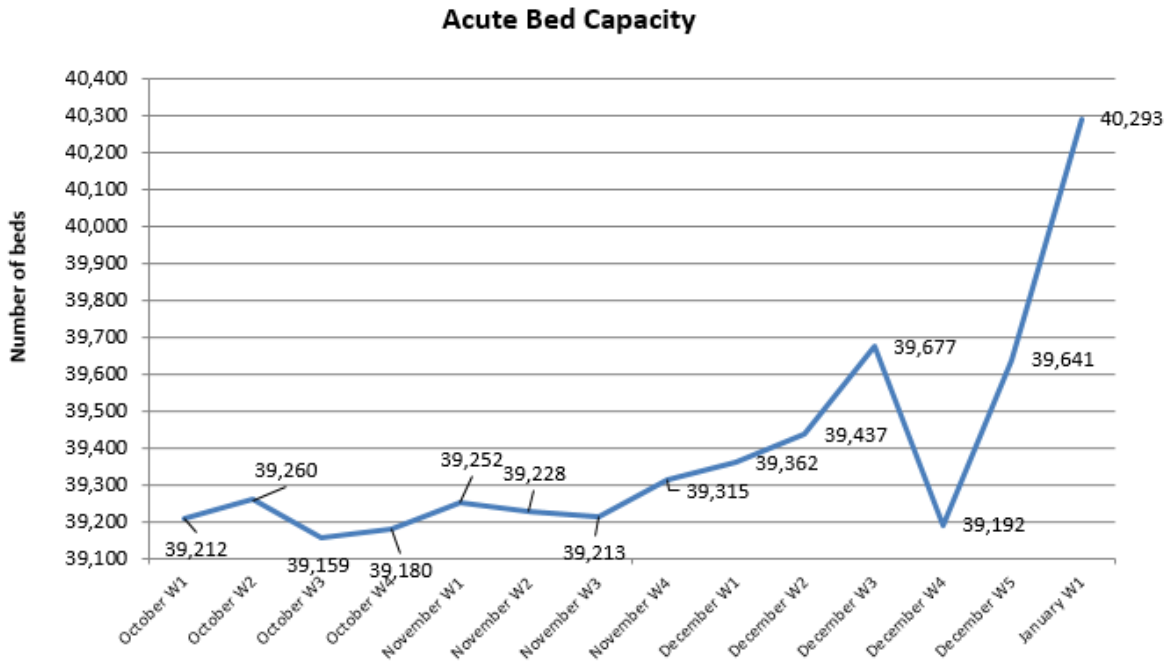
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

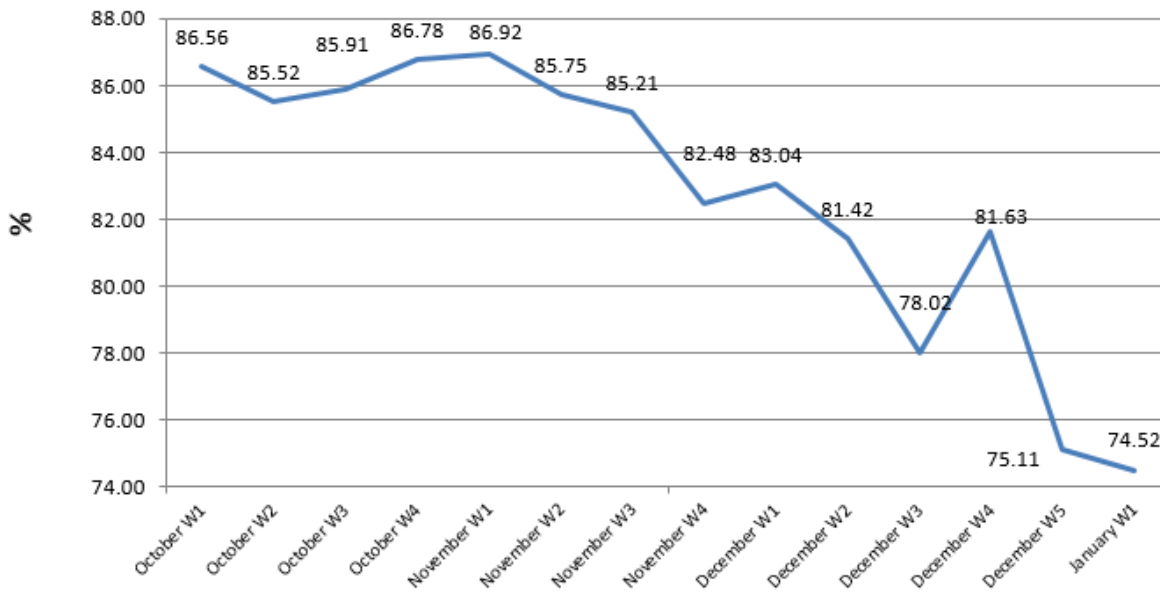
In the first week of January the number of beds within the project group increased to 40,293 up from 39,641 the previous week. In total, there has been a 3.8% increase in the aggregate bed stock from the project starting point.

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 | 10 | 13 | 18 | 10 | 5 |

Graph of four hour performance by week since October

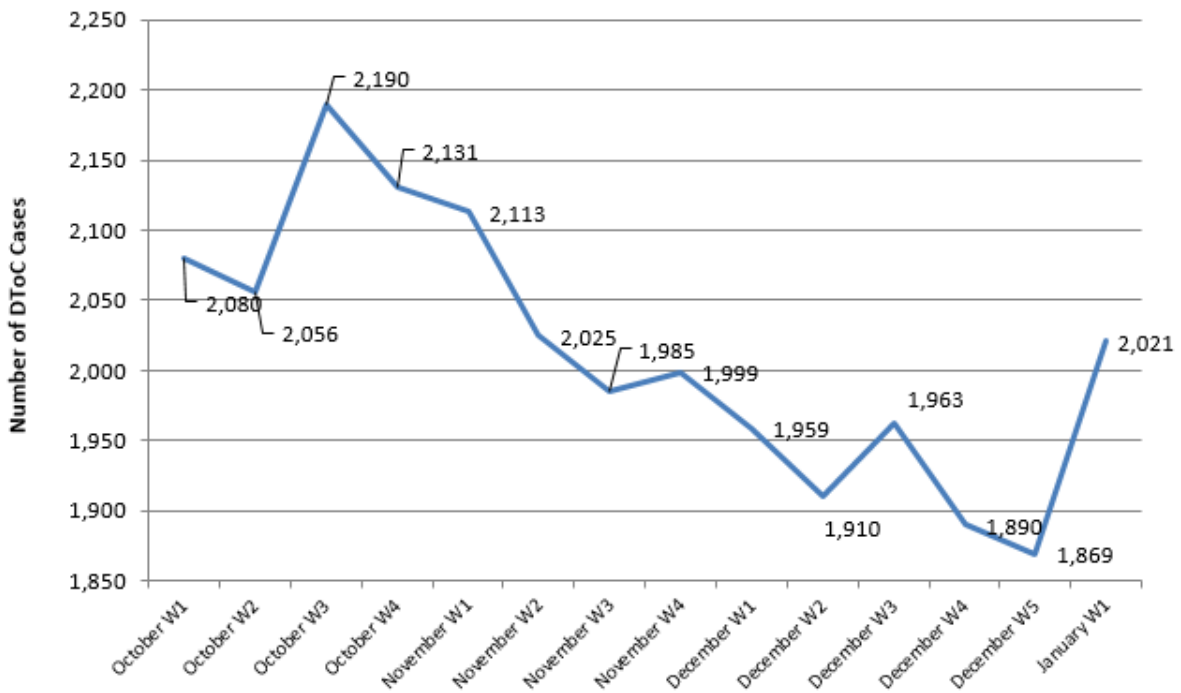
4 Hour Standard Performance - Simple Average Basis



In the first week of January four-hour standard performance stood at 74.52%, down from 75.11% the previous week. The underlying picture shows 28 increases and 25 decreases across the project group.

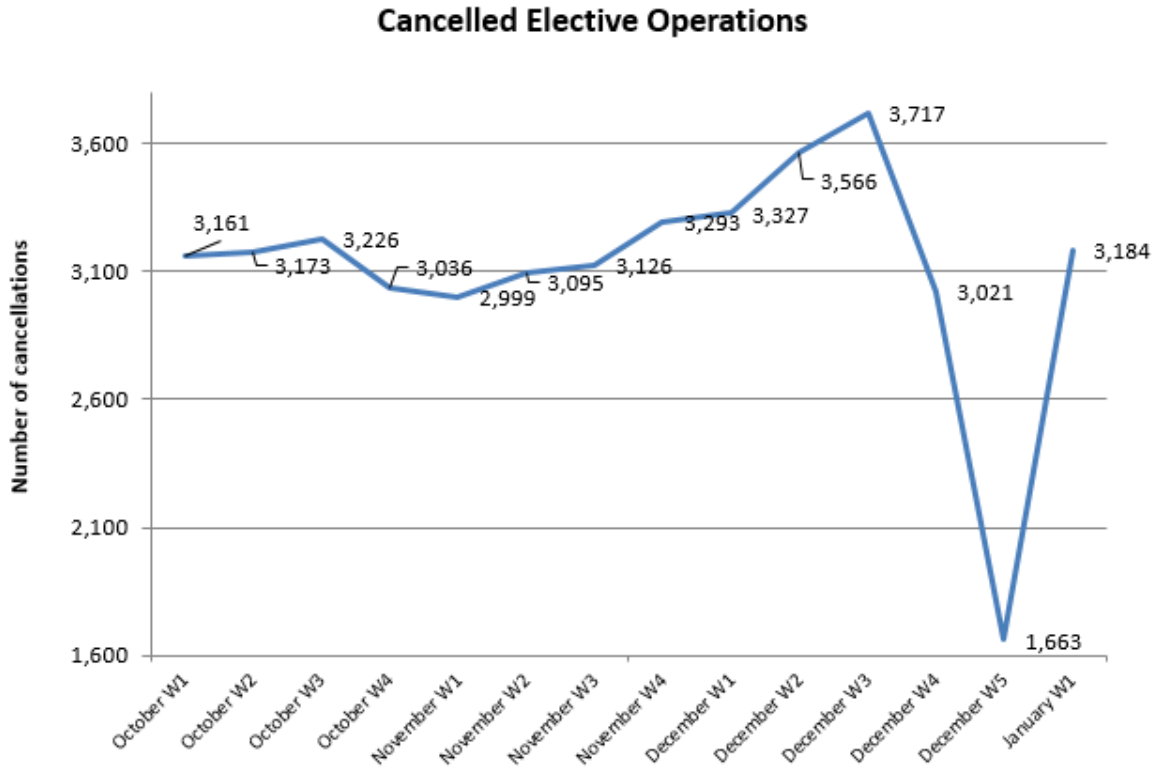
Graph of Delayed Transfers of Care (DTOCs) by week since October

Delayed Transfer of Care Cases



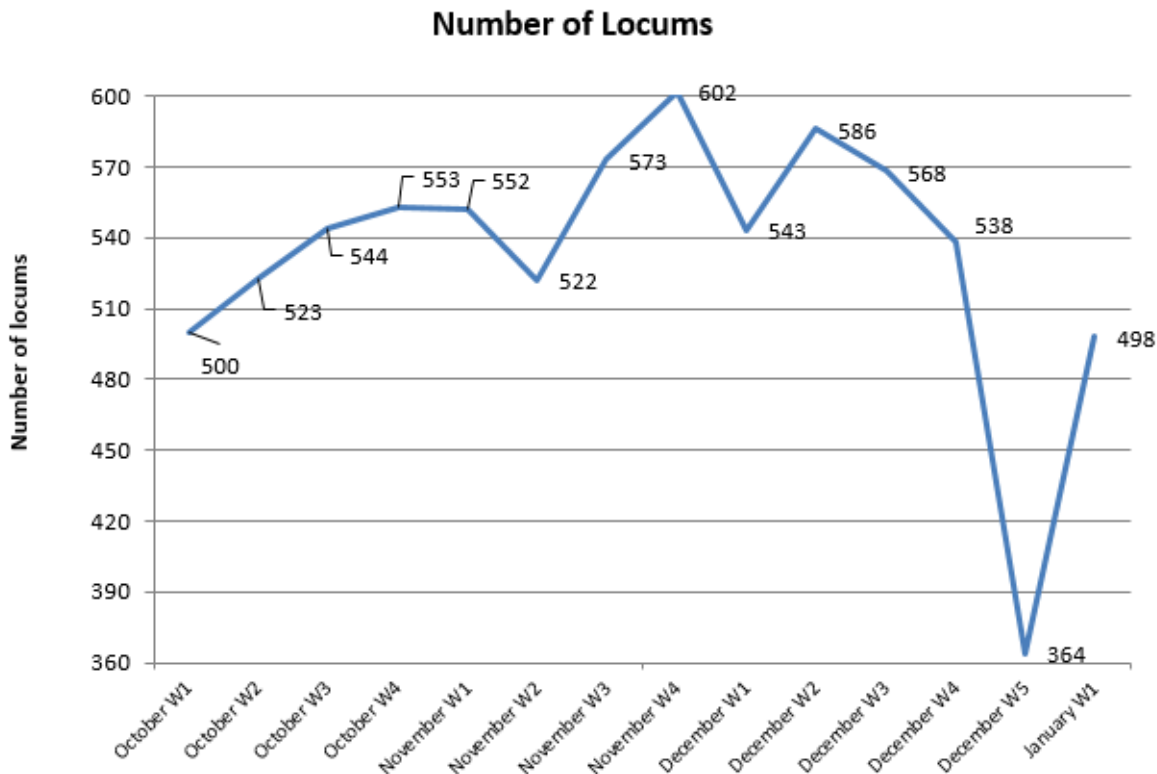
The number of patients subject to DTOC in the first week of January was 2,021, up from 1,869 the previous week. This translates to 5% of acute bed stock, up from 4.7% the previous week. The range across all contributors for this week is a minimum 0.00% - maximum 14.3%.

Graph of cancelled elective operations since October



A total of 3,184 elective operations were cancelled this week up from 1,663 the previous week. A total of 43,587 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 first week of January the number of locum and agency doctors and nurses employed within Emergency Departments within the Winter Flow Project group stood at 498 up from 364 the previous week.

Overall

At 74.52% the four-hour standard performance data published this week clearly shows that Emergency Departments across the UK are in crisis. Emergency medicine is itself in a state of emergency. 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.

In recent weeks we have heard much from official sources about the apparent prowess of NHS planning. By now it should be clear that however detailed these plans may have been, and however well-intentioned or deeply considered, they simply haven't worked.

There has been too much focus on so called 'avoidable attenders' and too little focus on providing the resources necessary to meet the standards the NHS is rightly expected to deliver to address the needs of those acutely sick and injured.

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

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

difficult due to medical, nursing, and other staff shortages, resulting from the abject failure of past NHS workforce planning.²

Urgent action is now required from NHS England and the National Emergency Pressures Panel – a panel the College is not part of – and we have made recommendations to them that should provide stability and safety in the short term. However, in the medium term, as is outlined in the College's [Vision 2020](#), we are going to need investment in staffing, beds and social care to rescue a system that's on its knees.³

² [BMJ](#)

³ [RCEM: Emergency care is in a state of emergency](#)