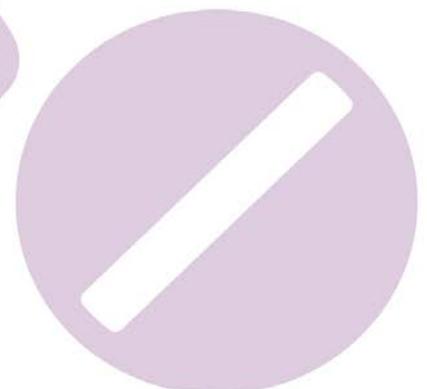
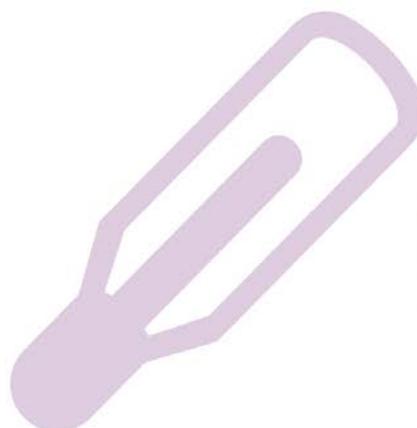




The Royal College of  
Emergency Medicine

# RCEM Winter Flow Project

Analysis of the data so far: 16th March 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.

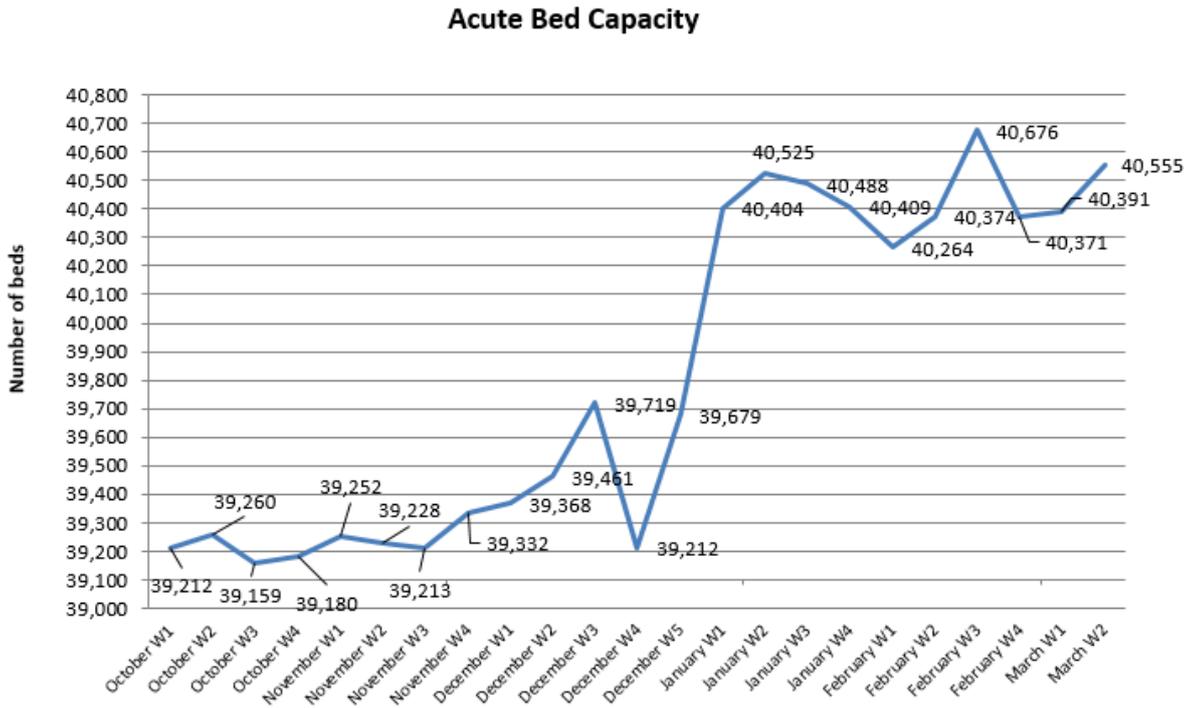
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

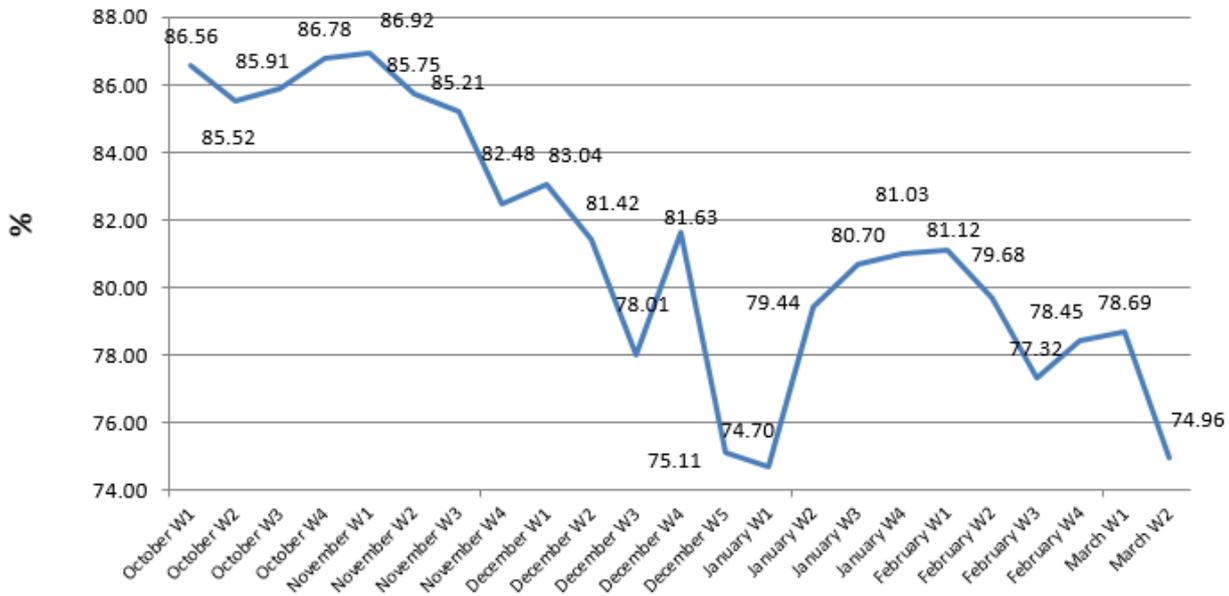
In the second week of March the number of beds within the project group increased to 40,555 up from 40,391 the previous week. In total, there has been a 5.6% increase in the aggregate bed stock from the project starting point.

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

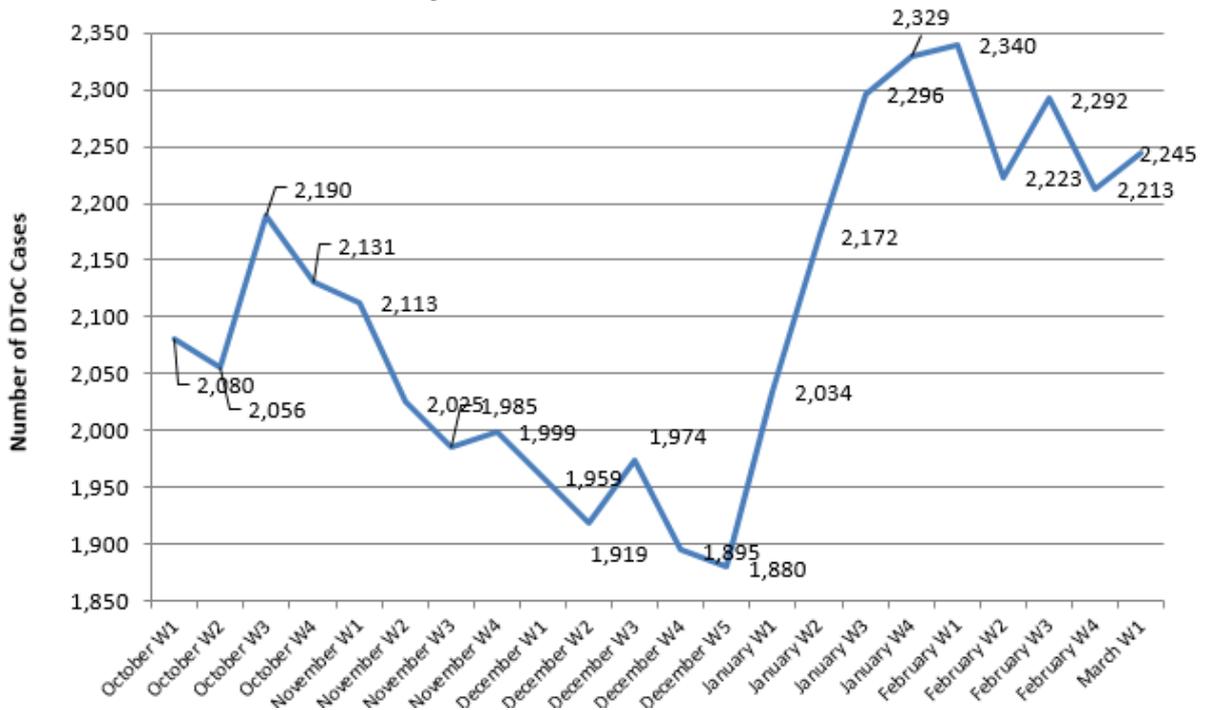
### 4 Hour Standard Performance - Simple Average Basis



In the second week of March four-hour standard performance stood at 74.96%, down from 78.69% the previous week. The underlying picture shows 9 increases and 47 decreases across the project group.

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

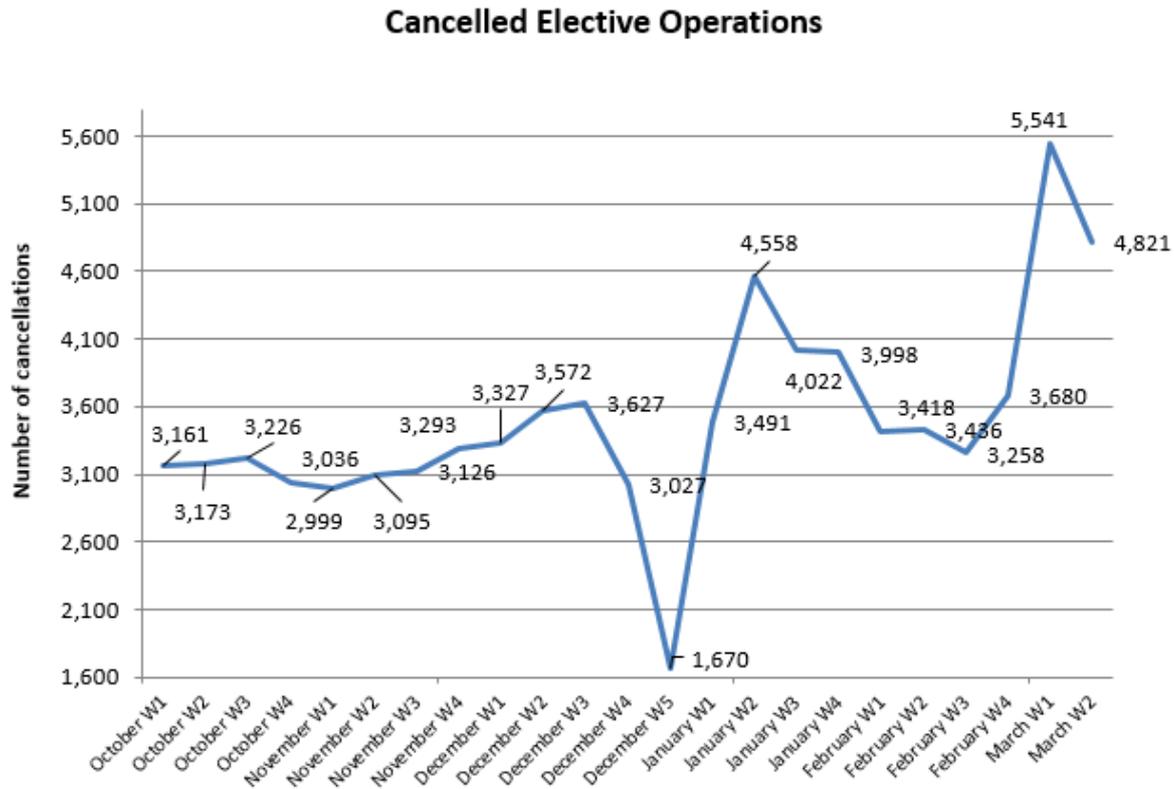
### Delayed Transfer of Care Cases



The number of patients subject to DTOC in the second week of March was 2,245, up from 2,213 the previous week. This translates to 5.3% of acute bed stock, down from 5.6% the

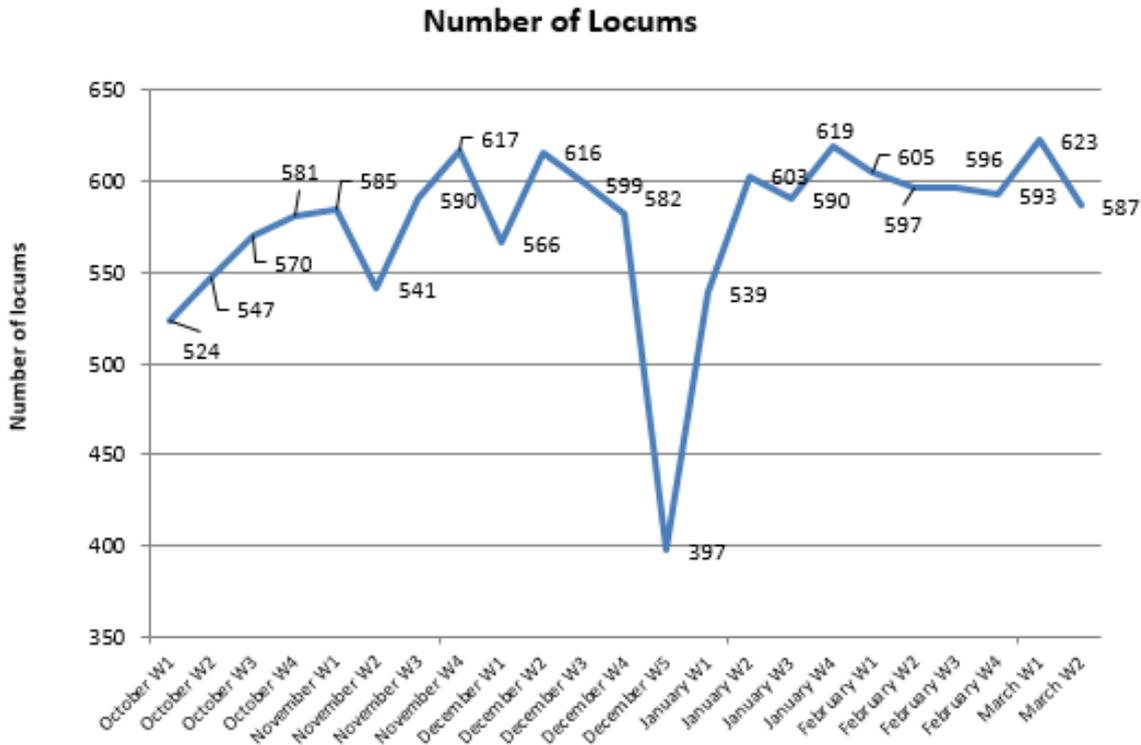
previous week. The range across all contributors for this week is a minimum 0.00% - maximum 15.3%.

### Graph of cancelled elective operations since October



A total of 4,821 elective operations were cancelled this week down from 5,541 the previous week. A total of 80,555 elective operations have been cancelled over the project to date. This represents an overall average of 65 cancelled operations per site per week over the project so far.

## Graph of number of locum and agency staff since October



In the second week of March the number of locum and agency doctors and nurses employed within Emergency Departments within the Winter Flow Project group stood at 587 down from 623 the previous week.

## Overall

The Winter Flow Project data published this week shows that four-hour standard performance has continued its downward trend. At 74.96% this is 3.73 percentage points lower than was the case in the previous week. This is also 9.35 percentage points lower than was the case at the same point last year (84.31%).

What this data illustrates very clearly is that our Emergency Departments remain in crisis, and if anything, that crisis is getting worse. Performance that once would have been regarded as utterly unacceptable has now become normal. While performance issues are more pronounced during the winter, Emergency Departments are now struggling all year round.<sup>1</sup>

None of this is the fault of the clinicians and Providers on the front line. The recorded number of acute beds in service this week is amongst the highest for this year's Winter Flow Project (40,555), and the number of patients subject to Delayed Transfers of Care is relatively positive compared with last year (2,702 2016-17, 2138 2017-18).

Despite this four-hour standard performance continues to move relentlessly downwards because the resources Providers have available to do the job are demonstrably

<sup>1</sup> RCEM [Royal College of Emergency Medicine urges patients to take action after worst ever 4hr performance figures](#)

inadequate. That is why Providers are still being forced to cancel near record levels of elective operations in order to free up capacity.

In response to the Chancellor's recent Spring Statement,<sup>2</sup> the NHS Confederation said 'this is a system-wide crisis affecting every branch of the [health] system'.<sup>3</sup> They are right, and one wonders how far performance has to fall before the Government takes meaningful action to address this issue. The Chancellor's Spring Statement contained warm words about further investment in our public services if 'public finances continue to reflect.....improvements';<sup>4</sup> but nothing to address the crisis situation facing our hospitals in the here and now.

Four-hour standard performance this week is almost 10 percentage points lower than was the case at the same point last year, and there is no unwritten rule that means things cannot get any worse. For the sake of patients and staff, Providers need action now. The Government needs to respond.

---

<sup>2</sup> [Spring Statement 2018: Philip Hammond's speech](#)

<sup>3</sup> [We cannot go on as we are with unsafe services lives lost and lives ruined, says the NHS Confederation](#)

<sup>4</sup> [Spring Statement 2018: Philip Hammond's speech](#)