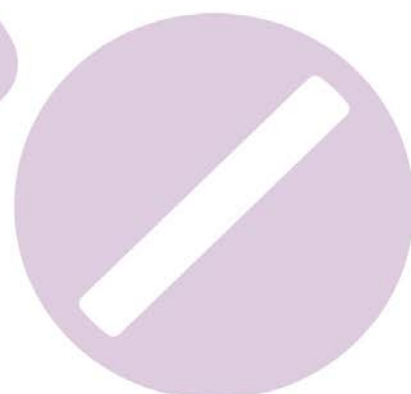
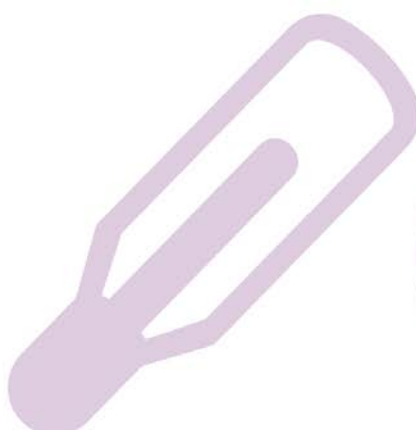


RCEM Winter Flow Project

Analysis of the data so far: 19th 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.

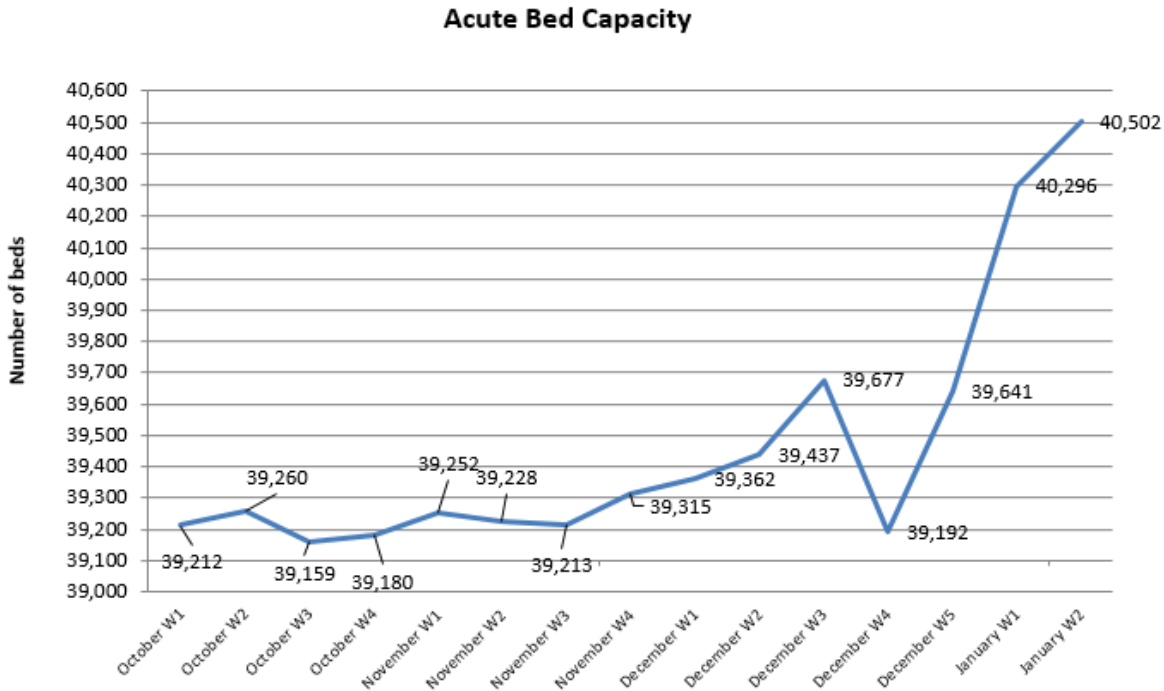
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

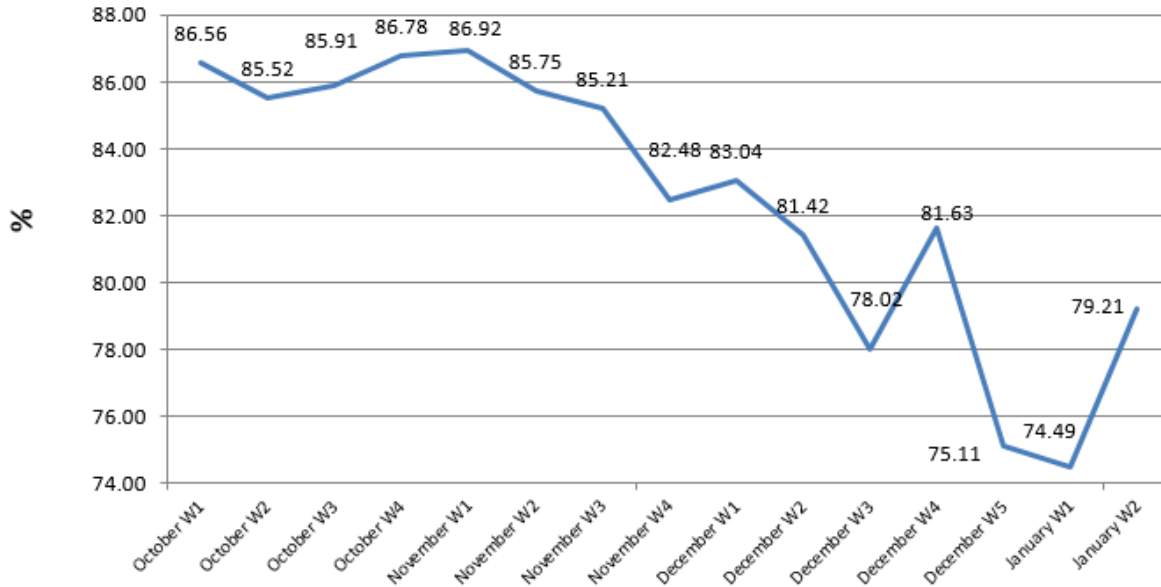
In the second week of January the number of beds within the project group increased to 40,502 up from 40,296 the previous week. In total, there has been a 4.2% increase in the aggregate bed stock from the project starting point.

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	17	9	7

Graph of four hour performance by week since October

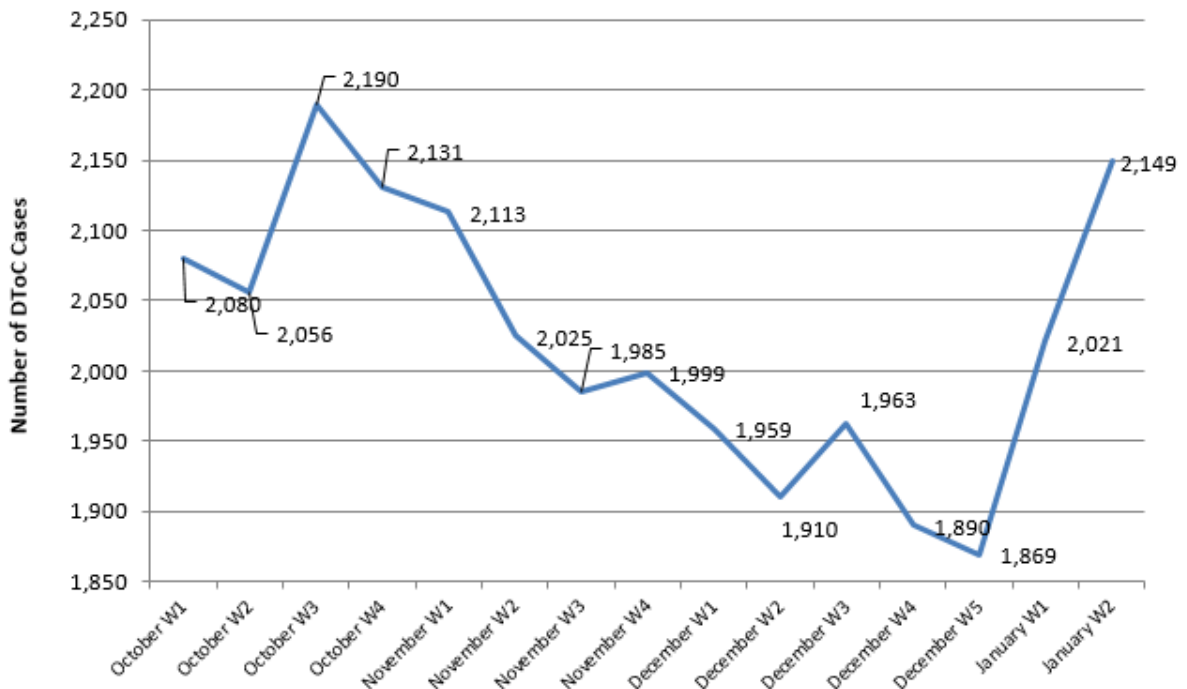
4 Hour Standard Performance - Simple Average Basis



In the second week of January four-hour standard performance stood at 79.21%, up from 74.49% the previous week. The underlying picture shows 46 increases and 6 decreases across the project group.

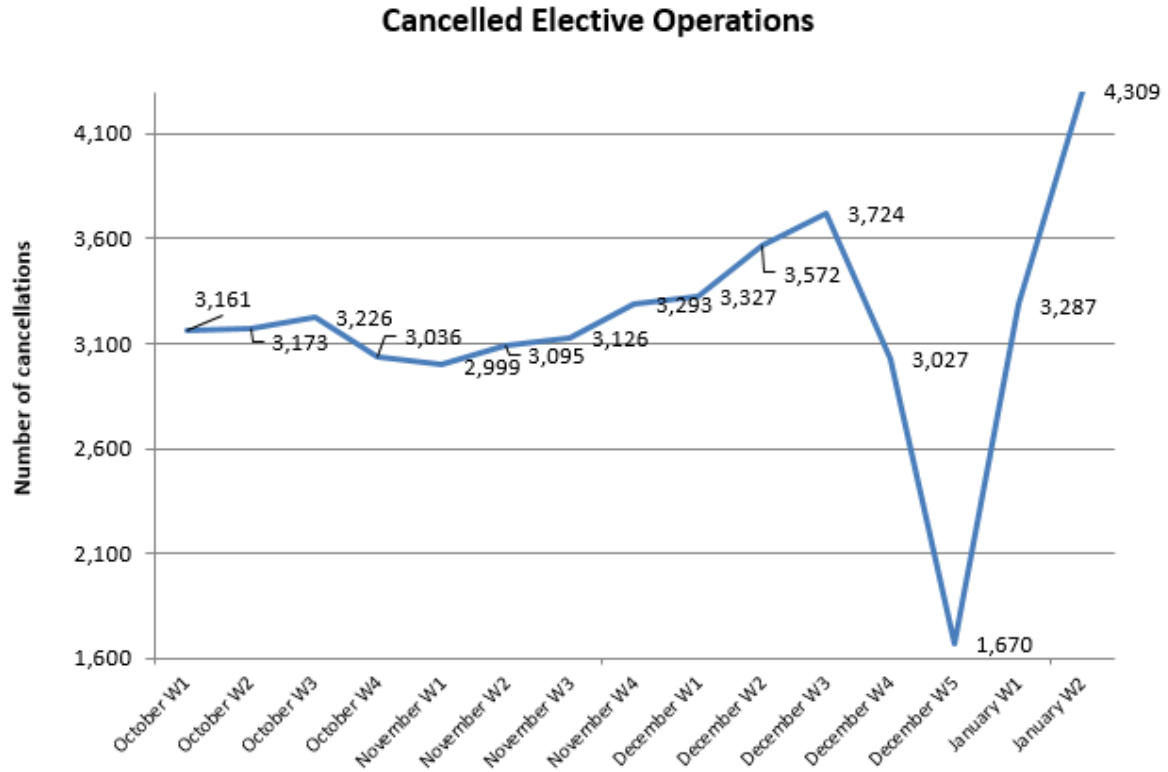
Graph of Delayed Transfers of Care (DTOCs) by week since October

Delayed Transfer of Care Cases



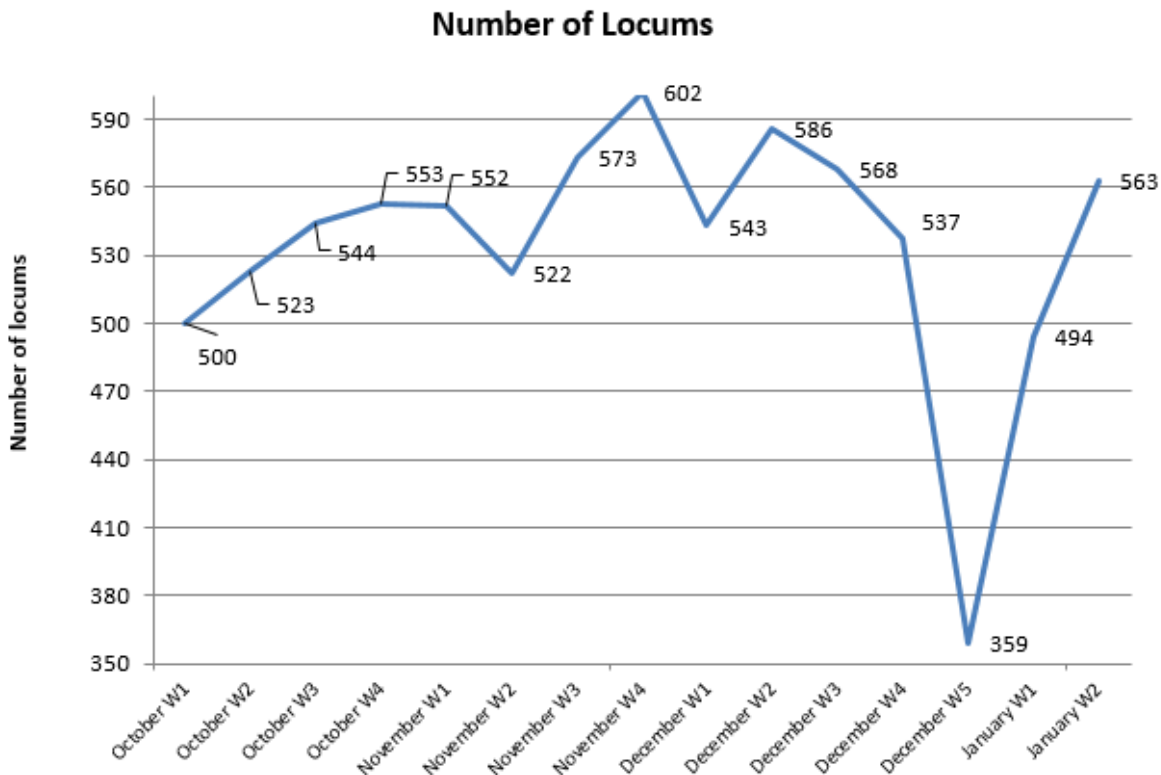
The number of patients subject to DTOC in the second week of January was 2,149, up from 2,021 the previous week. This translates to 5.3% of acute bed stock, up from 5.0% the previous week. The range across all contributors for this week is a minimum 0.00% - maximum 14.3%.

Graph of cancelled elective operations since October



A total of 4,309 elective operations were cancelled this week up from 3,287 the previous week. A total of 48,025 elective operations have been cancelled over the project to date. This represents an overall average of 59 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 January the number of locum and agency doctors and nurses employed within Emergency Departments within the Winter Flow Project group stood at 563 up from 494 the previous week.

Overall

The Winter Flow Project data published this week shows a welcome improvement in four-hour standard performance. At 79.21% this is 4.72 percentage points better than was the case in the previous week and 0.8 percentage points better than was the case at the same point last year. Although we are still far short of standards set out in the NHS Constitution¹ this is a credit to the hardworking staff in providers across the UK, but there has not been a week this winter that the four-hour standard has been achieved.

On a very straightforward level the improvement in performance shows the benefits of improved acute bed capacity and increasing the numbers of clinical staff. The Winter Flow data published this week shows an uplift in both of these metrics.

However, none of this can disguise the fact that NHS providers remain under a great deal of strain. Bed occupancy rates remain well over 90%² despite the fact that research has clearly shown that bed occupancy rates above 85% place patients at 'considerable risk'.³ Furthermore, much of this improved performance has been achieved by cancelling a

¹ [NHS Constitution](#)

² [NHS England Sit Rep Data](#)

³ [BMJ](#)

record number of elective operations⁴ in line with the unprecedented guidance of the National Emergency Pressures Panel.⁵ One cannot argue that this represents good news for patients.

While this may have relieved some of the immediate pressure on the front line, the impact of these measures on Trusts finances is unlikely to be positive, and every patient whose treatment is cancelled or delayed is another patient who may need to attend an Emergency Department for more urgent medical treatment.

To avoid this situation in future winters we need to ensure that NHS Providers are properly resourced; so they have a sufficient number of beds and clinical staff to treat “the demand faced, rather than the demand that is hoped-for”⁶ without resorting to extraordinary short-term measures.

⁴ 4,039 cancellations in one week is the highest recorded in the three years that the Winter Flow Project has been in operation.

⁵ [Operational update from the NHS National Emergency Pressures Panel](#)

⁶ [Transforming urgent and emergency care services in England](#)