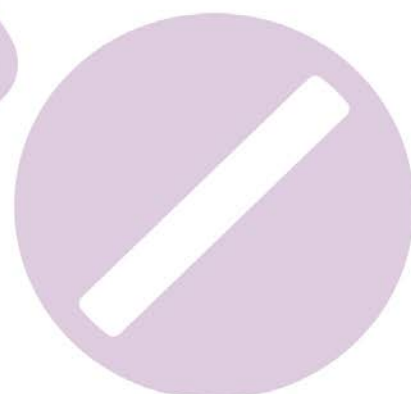
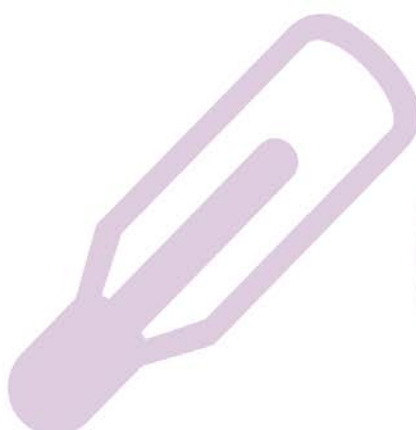


# RCEM Winter Flow Project

Analysis of the data so far: 22 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.

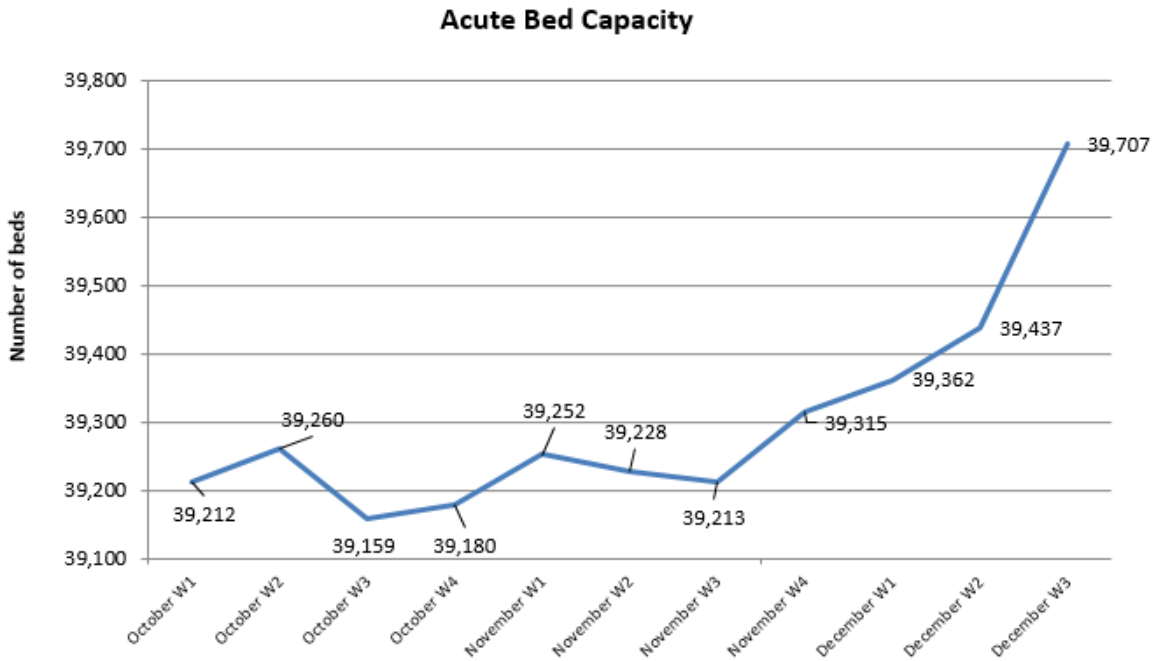
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

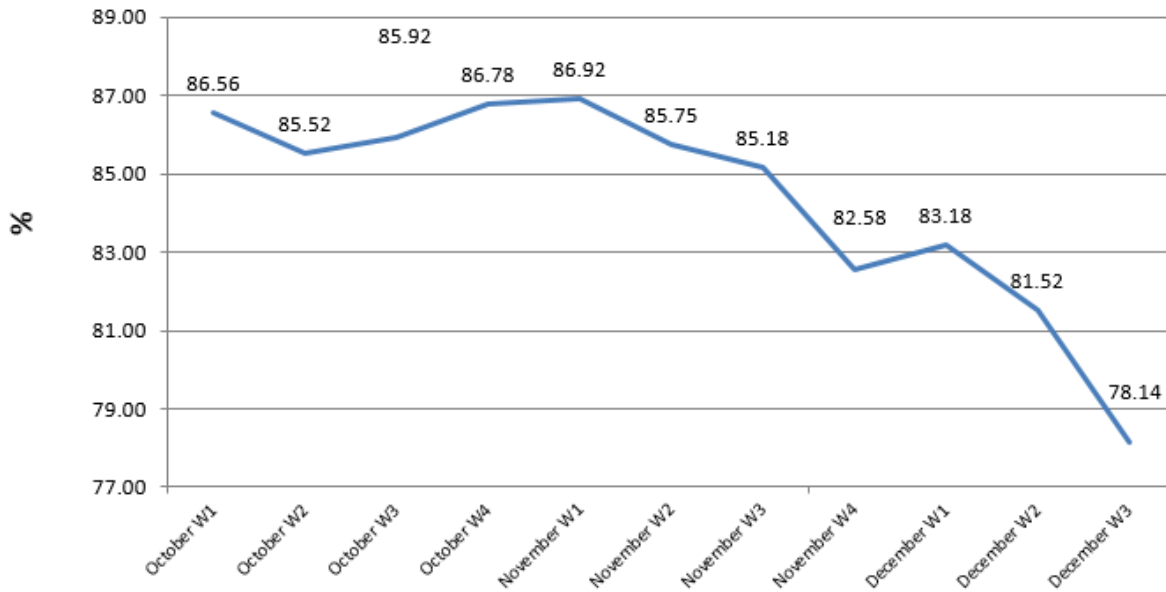
In the third week of December the number of beds within the project group increased to 39,707 up from 39,437 the previous week. In total, there has been a 2.4% increase in the aggregate bed stock from the project starting point.

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	27	15	4	1

## Graph of four hour performance by week since October

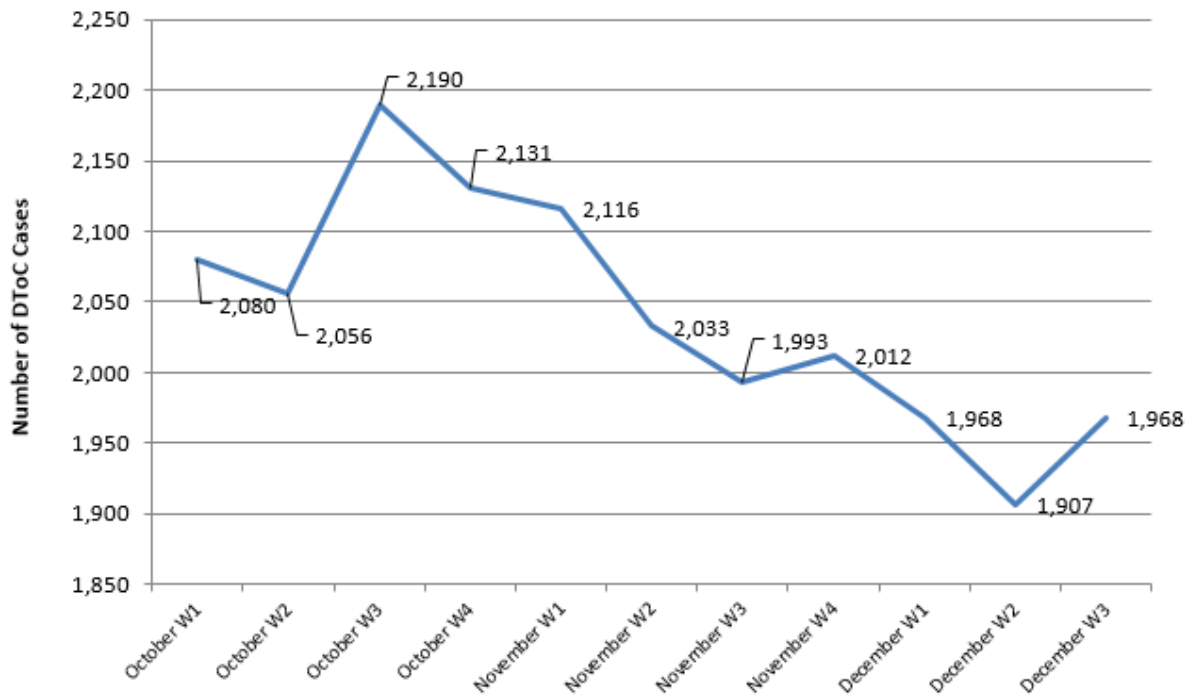
### 4 Hour Standard Performance - Simple Average Basis



In the third week of December four-hour standard performance stood at 78.14%, down from 81.52% the previous week. The underlying picture shows 11 increases and 44 decreases across the project group.

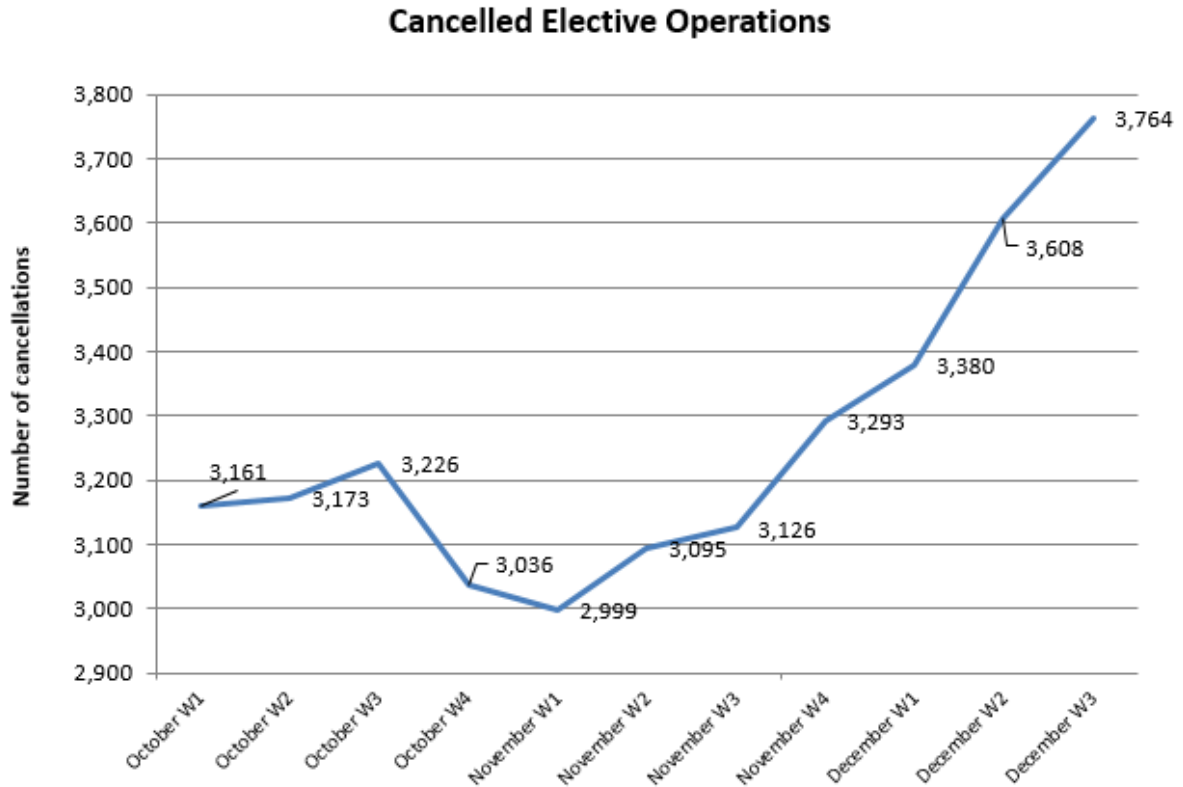
## Graph of Delayed Transfers of Care (DTOCs) by week since October

### Delayed Transfer of Care Cases



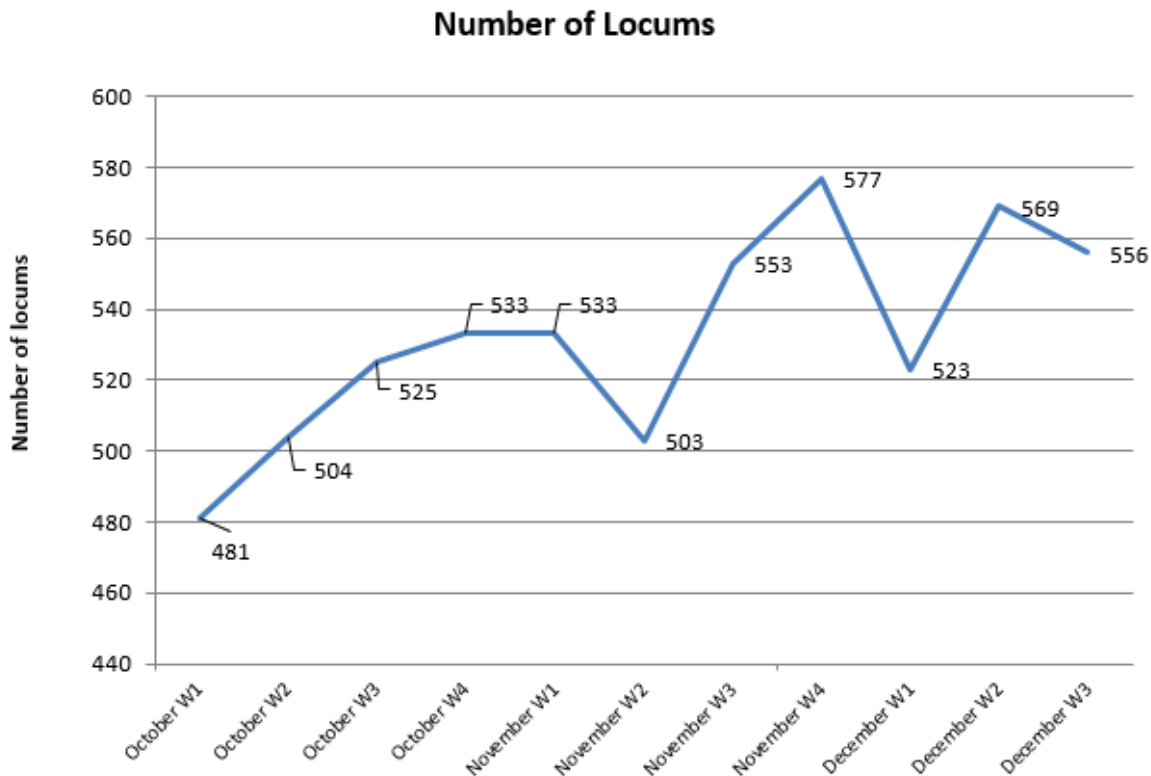
The number of patients subject to DTOC in the third week of December was 1,968, up from 1,907 the previous week. This translates to 5.0% of acute bed stock, up from 4.8%. The range across all contributors for this week is a minimum 0.00% - maximum 14.3%.

### Graph of cancelled elective operations since October



A total of 3,764 elective operations were cancelled this week up from 3,608 the previous week. A total of 35,861 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 third week of December the number of locum and agency doctors and nurses employed within Emergency Departments within the Winter Flow Project group stood at 576 down from 569 the previous week.

## Overall

For much of the Winter Flow Project so far this year, although the situation for Providers has remained extremely challenging, there has at least been the consolation of knowing that however difficult things have got on the front line, four-hour standard performance has been slightly better than was the case at the same point last year.

Regrettably, after recording a decline for five of the last six weeks, this is no longer the case. At 78.14%, four-hour standard performance is not only at its lowest ebb so far but now is worse than was the case at the same point last year (79.02%). Given the clear link between four-hour standard performance and clinical outcomes for patients,<sup>1</sup> this has to be a concern. Nearly half of our contributors are now declaring performance of below 80% and a significant number of Trusts in England are now declaring performance of between 50% and 69%.

This data also underlines the extensive effort of Providers to manage their bed stock in a way that supports four-hour standard performance. Our providers have now commissioned significant number of additional beds and cancelled almost 3,800 elective operations in a week, in an effort to free up bed space for patients in need of admission. But although the numbers of patients subject to Delayed Transfers of Care has seen an increase this week,

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

numbers are still far below where they were in the third week in October (2190). Despite this bed occupancy has remained at 95%.<sup>2</sup>

It is clear that the additional resource allocated in the Autumn budget has come too late to make a significant difference, and the situation on the ground for both patients and staff is very difficult indeed.

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<sup>2</sup> [Winter Daily SitRep 2017-18 Data](#)  
Published 02 January 2018