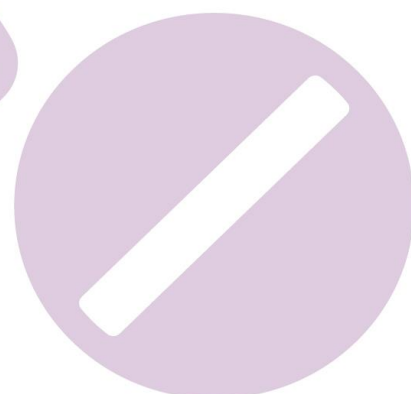
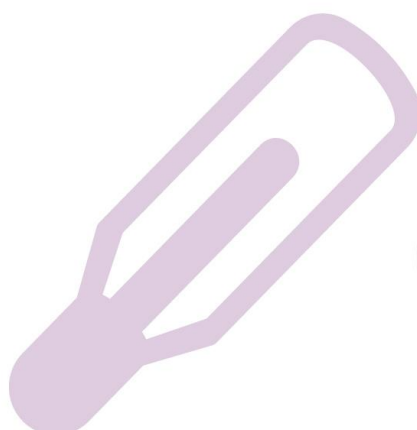


RCEM Winter Flow Project

Analysis of the data so far: 23rd 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.

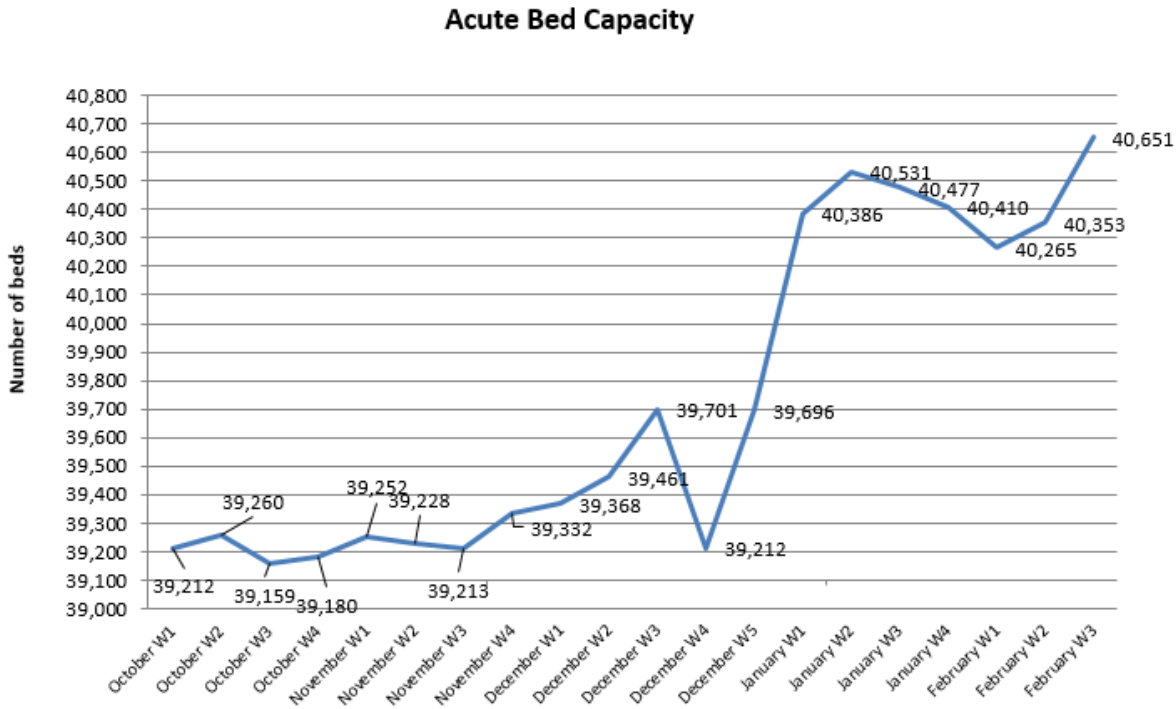
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

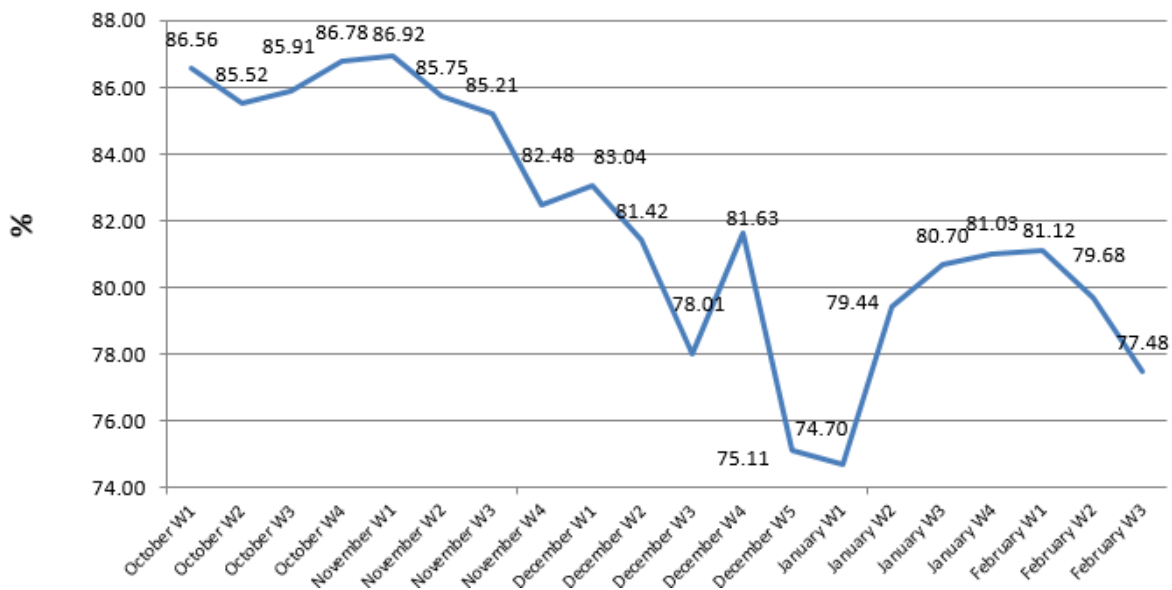
In the third week of February the number of beds within the project group increased to 40,651 up from 40,353 the previous week. In total, there has been a 5.4% increase in the aggregate bed stock from the project starting point.

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	8	9	21	7	11

Graph of four hour performance by week since October

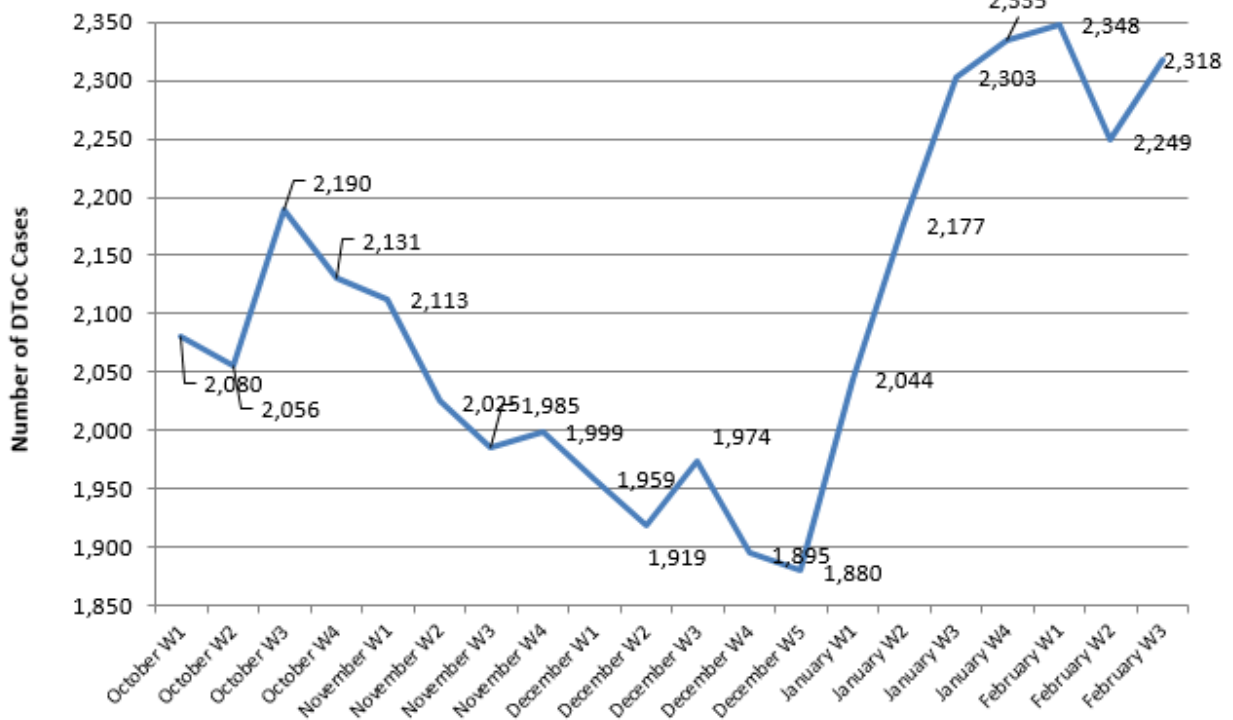
4 Hour Standard Performance - Simple Average Basis



In the third week of February four-hour standard performance stood at 77.48%, down from 79.68% the previous week. The underlying picture shows 17 increases and 35 decreases across the project group.

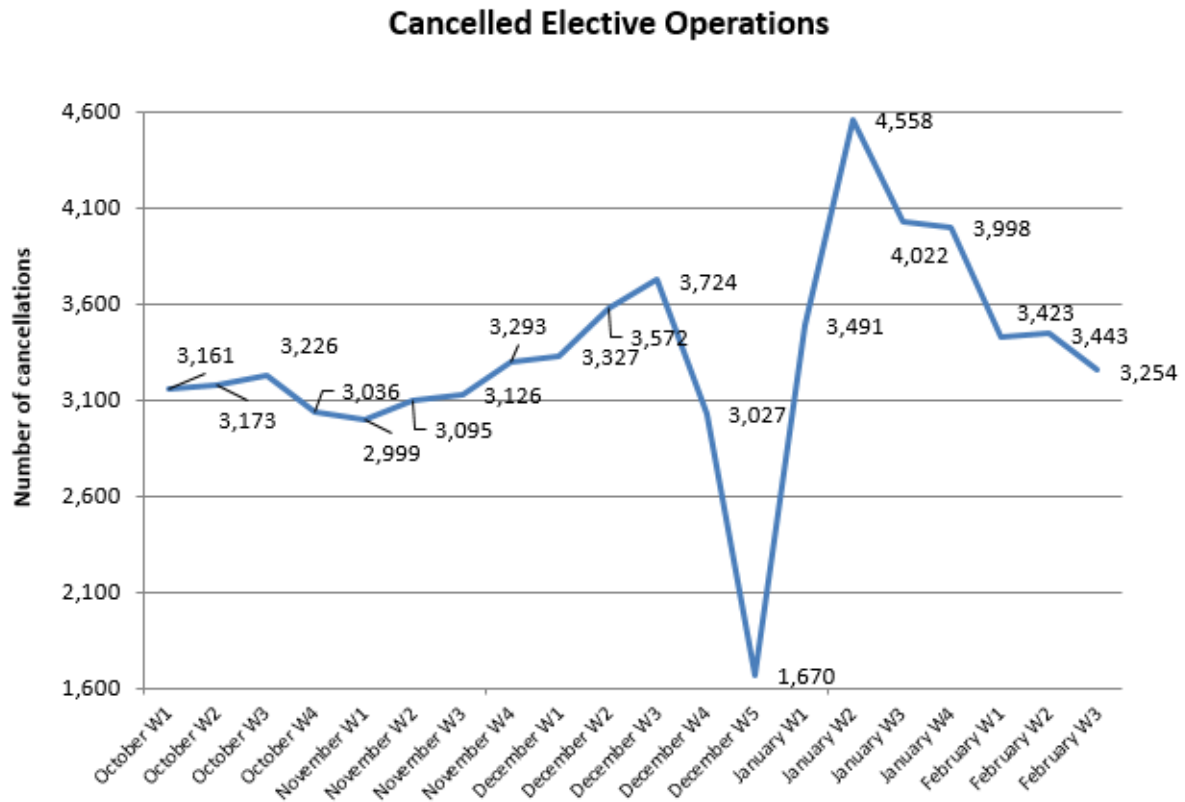
Graph of Delayed Transfers of Care (DTOCs) by week since October

Delayed Transfer of Care Cases



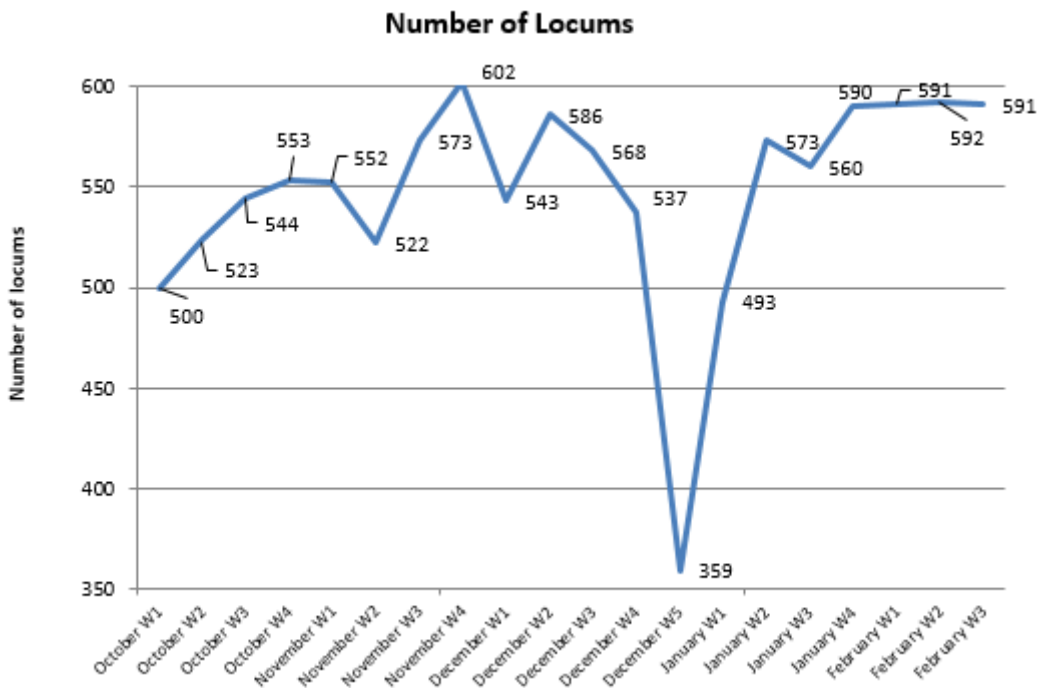
The number of patients subject to DTOC in the third week of February was 2,318, up from 2,249 the previous week. This translates to 5.7% of acute bed stock, up from 5.6% the previous week. The range across all contributors for this week is a minimum 0.00% - maximum 16.4%.

Graph of cancelled elective operations since October



A total of 3,254 elective operations were cancelled this week down from 3,443 the previous week. A total of 66,613 elective operations have been cancelled over the project to date. This represents an overall average of 62 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 February the number of locum and agency doctors and nurses employed within Emergency Departments within the Winter Flow Project group stood at 591 almost unchanged from 592 the previous week.

Overall

The Winter Flow Project data published this week shows that four-hour standard performance continues to decline. At 77.48% this is 2.2 percentage points lower than was the case in the previous week. It is also 5.79 percentage points lower than was the case at the same point last year and 5.95 percentage points worse than was the case in 2015-16 (83.43%).

Bed occupancy remains above 90% at 94.98% for week ending 18th February¹. Levels of DTOC continue their recent upward trend, and at 5.7% remain well above well above the 3.5% of bed stock mandated by the Secretary of State in July 2017.²

On 21st of February NHS Improvement published its 'Quarterly performance of the NHS provider sector: quarter 3 2017/18'. As the name suggests this gives an overview of NHS performance up to the end of December, and on the basis that four-hour standard performance at all ED facilities³ had only declined to 89.5% from 89.6%, this report declared that 'the year-on-year decline in performance experienced during this period over the previous four years has halted.'⁴

¹ [NHS England Sitrep Data](#)

² [Reducing delays for people moving from hospital to social care](#)

³ This include Type 1 emergency departments in addition to other departments like walk in centres see [NHS Data Dictionary](#)

⁴ [NHS Improvement: Quarter 3 2017/18 performance report](#)

Given that performance at Type 1 Emergency Departments had declined from 81.92% in 2016-17 to 81.77% in 2017-18 this is at best debatable.⁵ But perhaps more seriously, the Winter Flow data published this week suggests that it may be premature to declare that NHS Providers are over the worst, or that year on year decline has halted.

At this point in the cycle we typically expect that performance would start to improve, but this is not happening. In fact, at 77.48% the four-hour performance recorded this week is one of the lowest ever recorded by the Winter Flow project. In 72 weeks of reporting only three scores have been more adverse, and two of those occurred this year.

What this suggests is that across the NHS Emergency Departments remain in crisis. As others have said, the resources currently being made available to deliver services are 'demonstrably inadequate.'⁶ In order to improve care for patients this urgently needs to change.

⁵ [NHS Improvement: Quarter 3 2017/18 performance report](#) & [NHS Improvement: Quarter 3 2016/17 performance report](#)

⁶ <http://www.nhsconfed.org/media-centre/2018/02/nhs-improvement-report-underlines-why-our-members-are-at-end-of-their-tether>