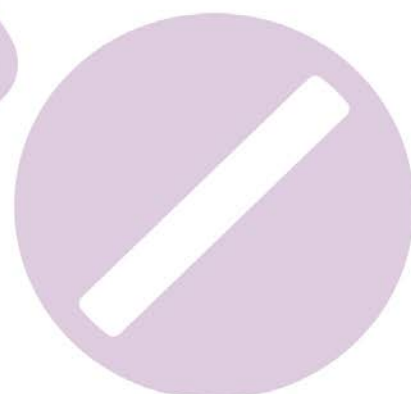
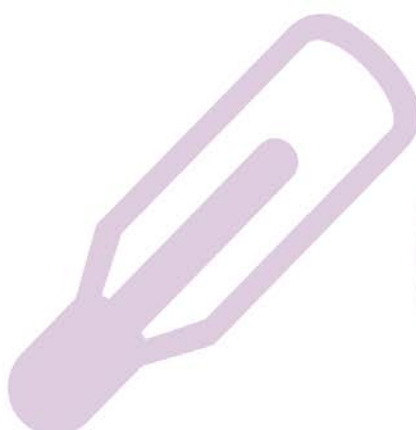


RCEM Winter Flow Project

Analysis of the data so far: 23rd 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.

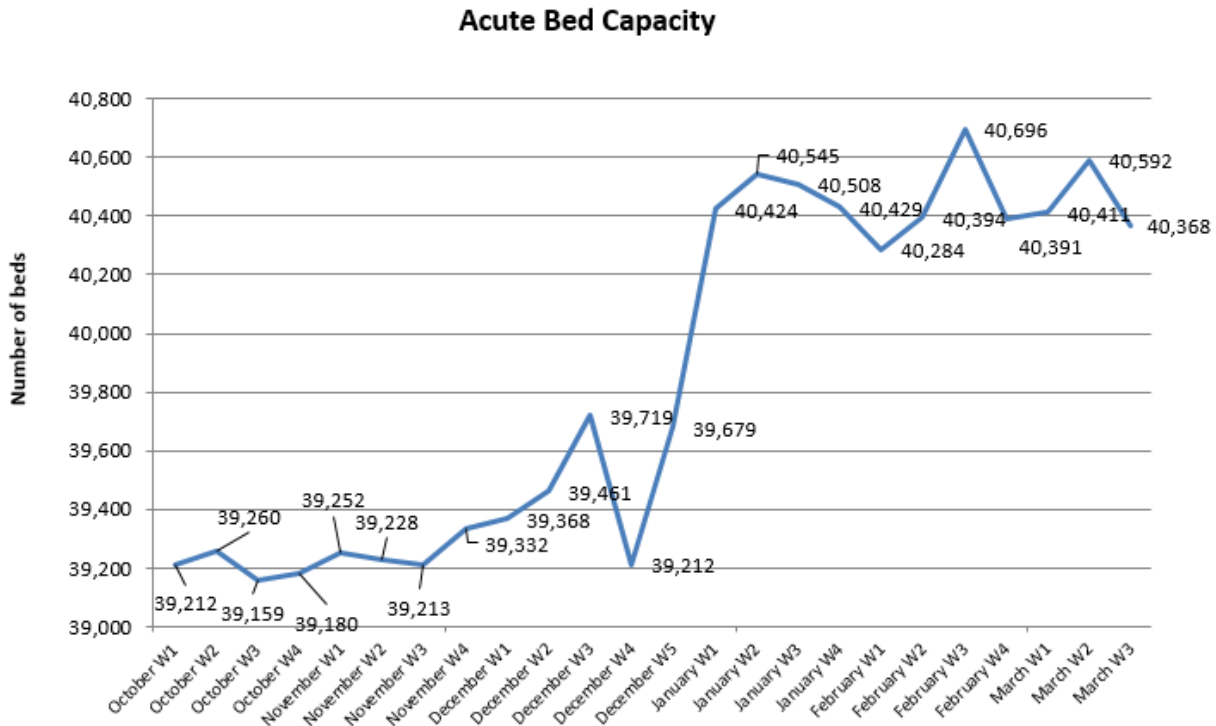
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

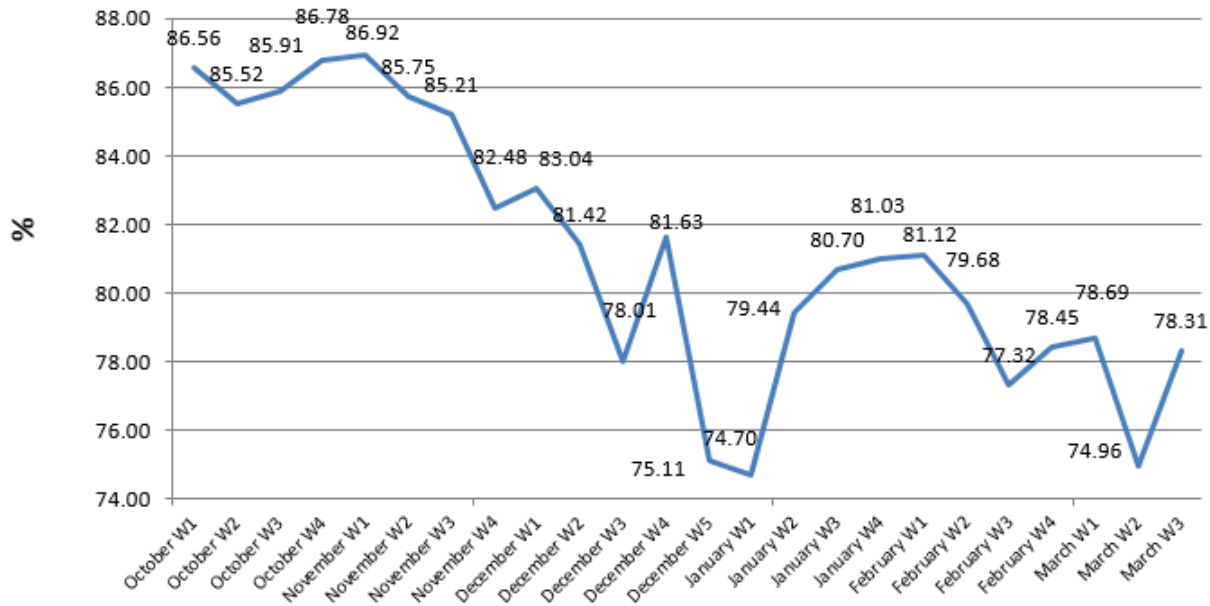
In the third week of March the number of beds within the project group decreased to 40,368 down from 40,592 the previous week. In total, there has been a 5.6% increase in the aggregate bed stock from the project starting point.

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

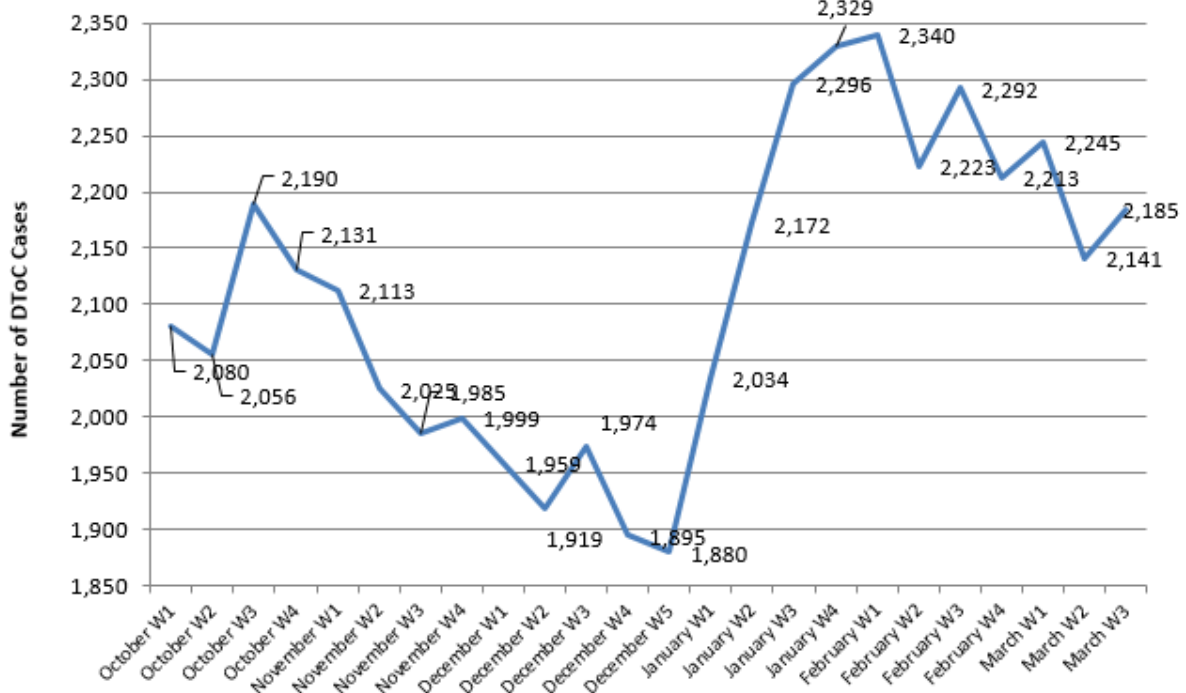
4 Hour Standard Performance - Simple Average Basis



In the third week of March four-hour standard performance stood at 78.31%, up from 74.96% the previous week. The underlying picture shows 37 increases and 12 decreases across the project group.

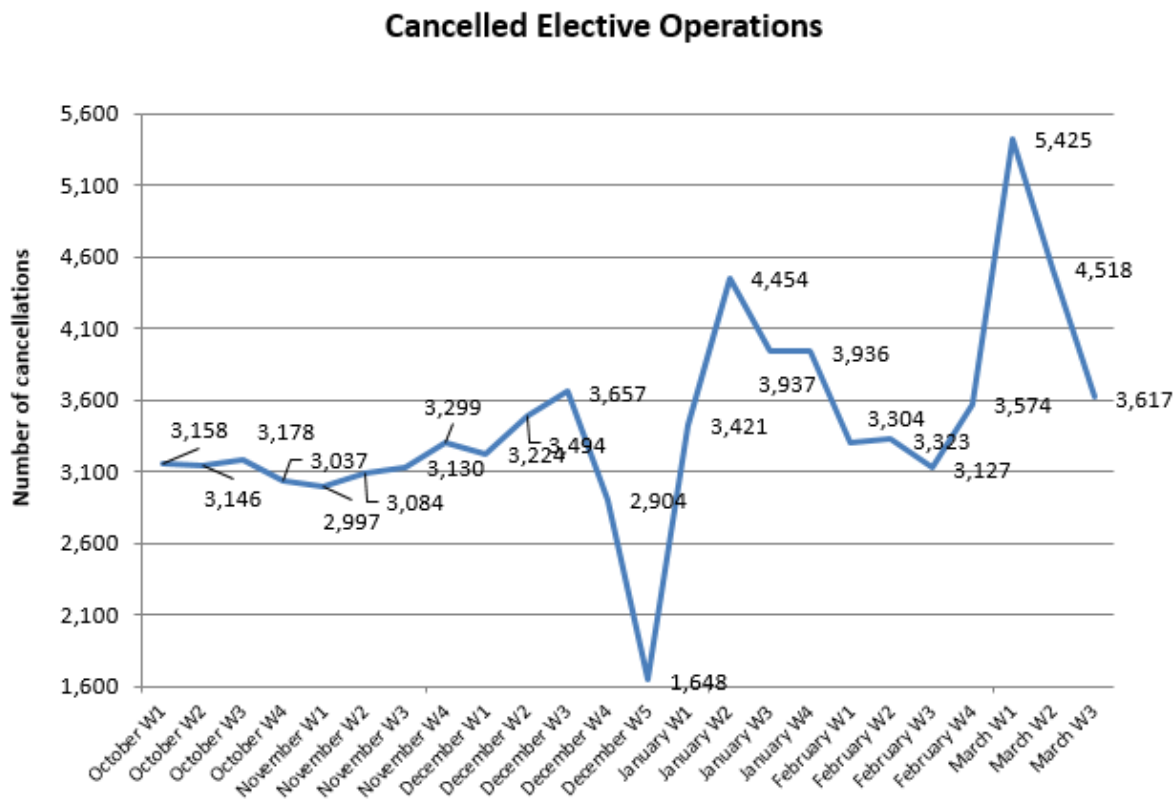
Graph of Delayed Transfers of Care (DTOCs) by week since October

Delayed Transfer of Care Cases



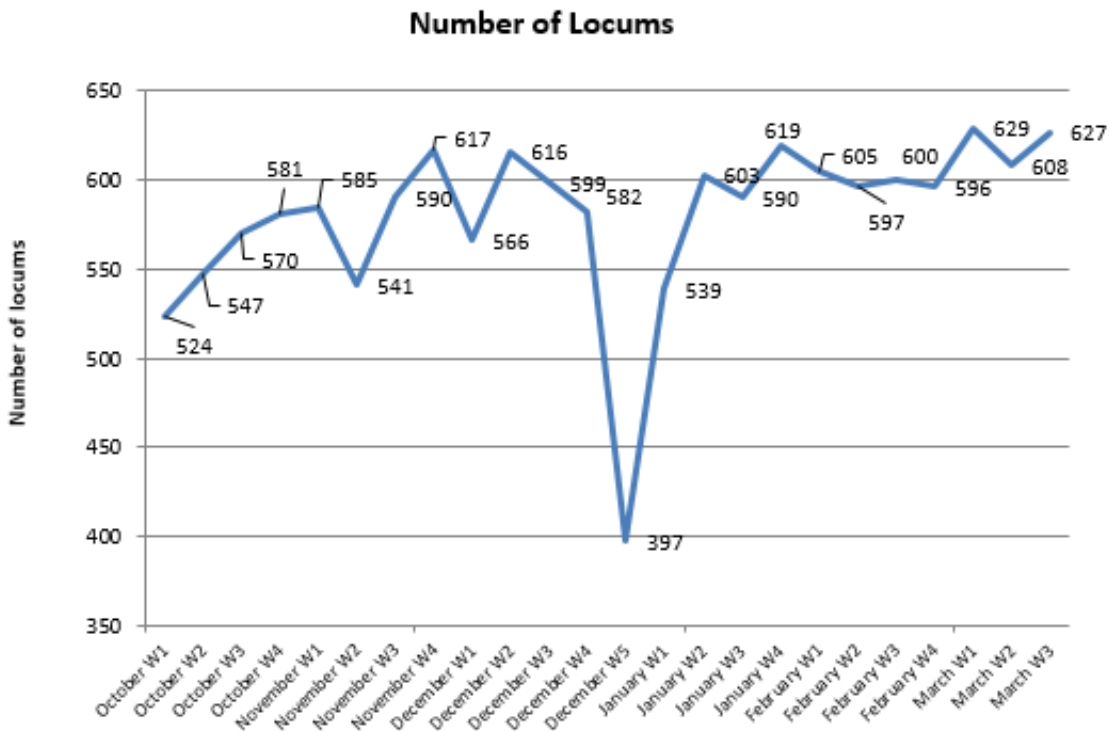
The number of patients subject to DTOC in the third week of March was 2,185, up from 2,141 the previous week. This translates to 5.4% of acute bed stock, up from 5.3% the previous week. The range across all contributors for this week is a minimum 0.00% - maximum 15.2%.

Graph of cancelled elective operations since October



A total of 3,617 elective operations were cancelled this week down from 4,518 the previous week. A total of 82,592 elective operations have been cancelled over the project to date. This represents an overall average of 64 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 March the number of locum and agency doctors and nurses employed within Emergency Departments within the Winter Flow Project group stood at 627 up from 608 the previous week.

Overall

The Winter Flow Project data published this week shows a welcome improvement in four-hour standard performance. At 78.31% this is 3.35 percentage points higher than was the case in the previous week. However, this is 7.88 percentage points lower than was the case at the same point last year (86.19%) and 4.22 percentage points lower than was the case in 2015-16 (82.53%).

While it is noted that this performance remains significantly adrift of recorded performance in previous years, any improvement is welcome news for patients and reflects the continued hard work of staff on the front line. Similarly, although the number of cancelled elective operations remains high by historic standards – the Winter Flow Project contributors recorded 2,379 cancellations at the same point last year compared with 3,617 this week – this is a significant improvement on the 5,425 figure recorded only two weeks ago, and means that more patients are getting the treatment they need, when they need it.

The College recently called on patients to [write to their MP](#) to support our campaign for more staff and resources for the NHS and Social Care to improve treatment for patients. While conditions on the frontline, as indicated by four-hour standard performance, remain challenging, it is pleasing to see that this campaign and other College advocacy is having an immediate impact.

For example, the NHS England Mandate for 2017-18 recently confirmed the Government's commitment to ensuring 95% of patients attending Emergency Departments are seen within four hours,¹ and that commitment has been repeatedly reiterated by the Secretary of State.²

Similarly, recent newspaper reports of Government discussions about additional resources for the NHS, whether this is in the form of a £4 billion NHS 70th anniversary present,³ a hypothecated tax to fund the health service,⁴ or a parliamentary commission to look into the long-term funding settlement of health and social care,⁵ are a welcome recognition that standards can only be delivered with the means to make them a reality. It is in the interests of both patients and staff that these discussions yield tangible results.

¹ [The Government's revised mandate to NHS England for 2017-18](#)

² [Hansard 6th February 2018](#) & [Hansard 21st March 2018](#)

³ [Times: Theresa May orders £4bn Brexit boost to save ailing NHS](#)

⁴ [Guardian: May must consider tax rises to fund NHS and social care, say MPs](#)

⁵ [Times: Jeremy Hunt calls for 10- year deal to fix 'crazy' NHS budget](#)