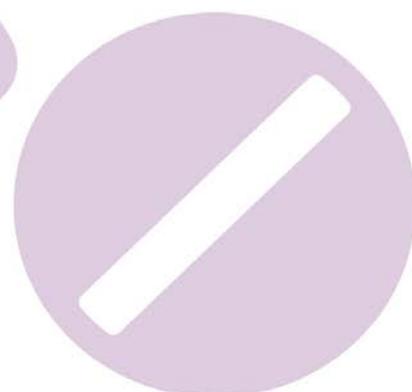
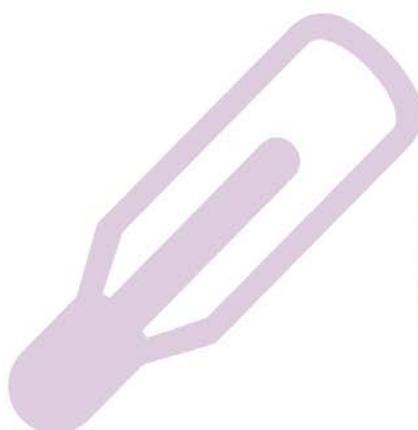


# RCEM Winter Flow Project

Analysis of the data so far: 26th 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.

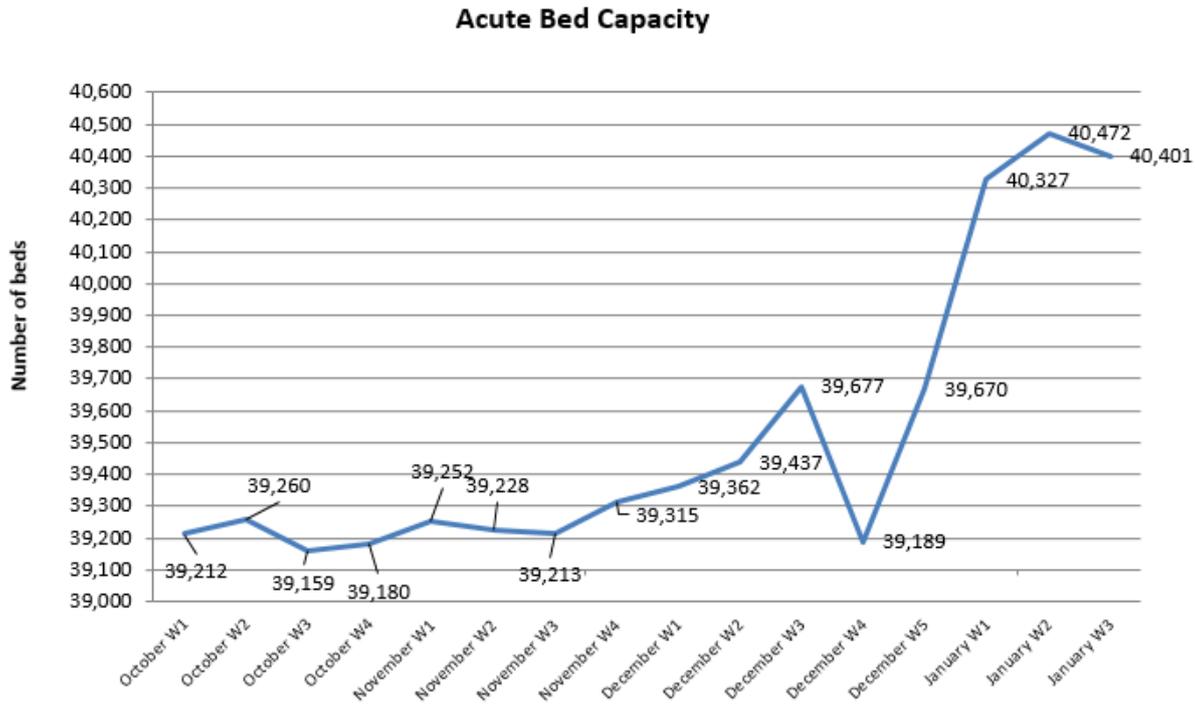
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

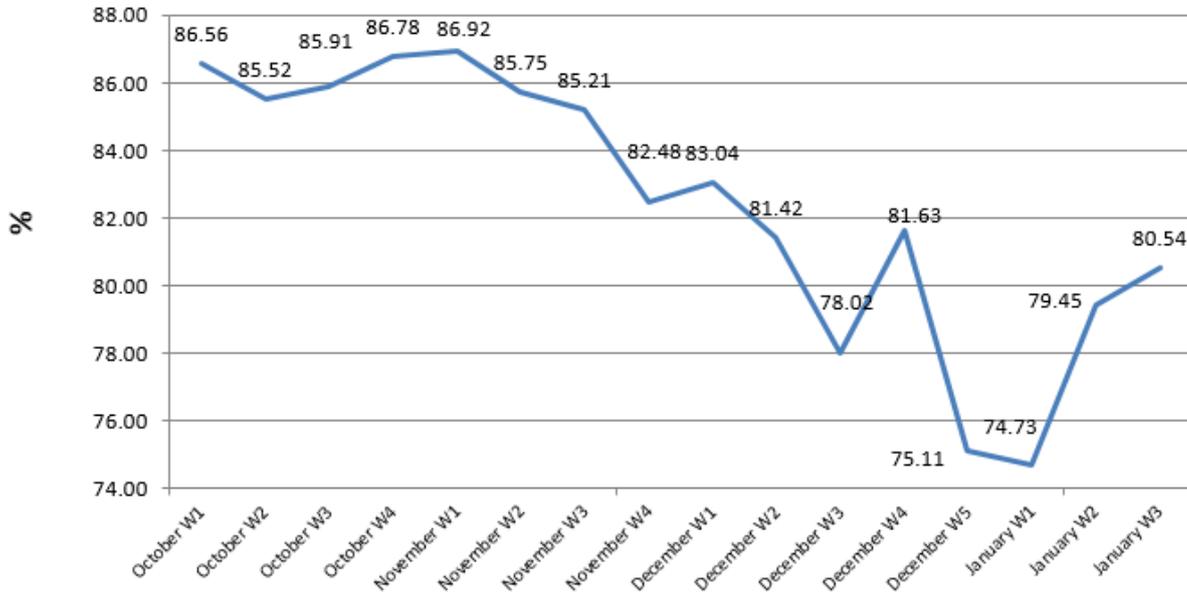
In the third week of January the number of beds within the project group decreased to 40,401 down from 40,472 the previous week. In total, there has been a 4.4% increase in the aggregate bed stock from the project starting point.

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	10	13	17	9	7

## Graph of four hour performance by week since October

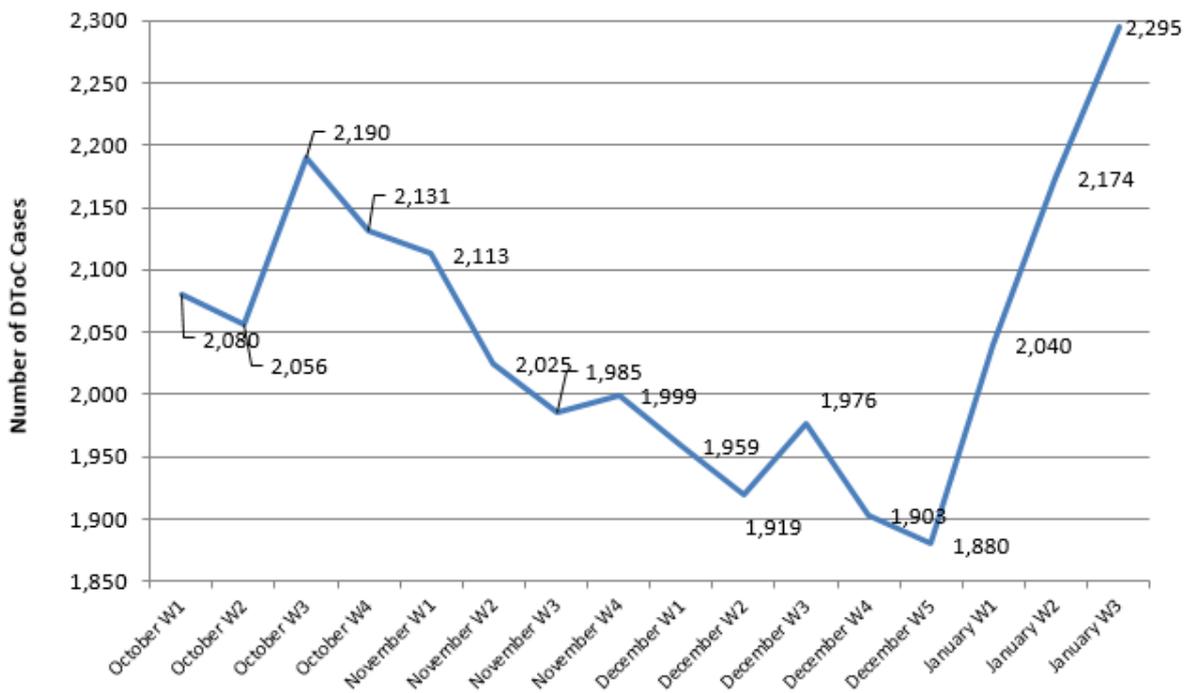
### 4 Hour Standard Performance - Simple Average Basis



In the third week of January four-hour standard performance stood at 80.54%, up from 79.45% the previous week. The underlying picture shows 33 increases and 19 decreases across the project group.

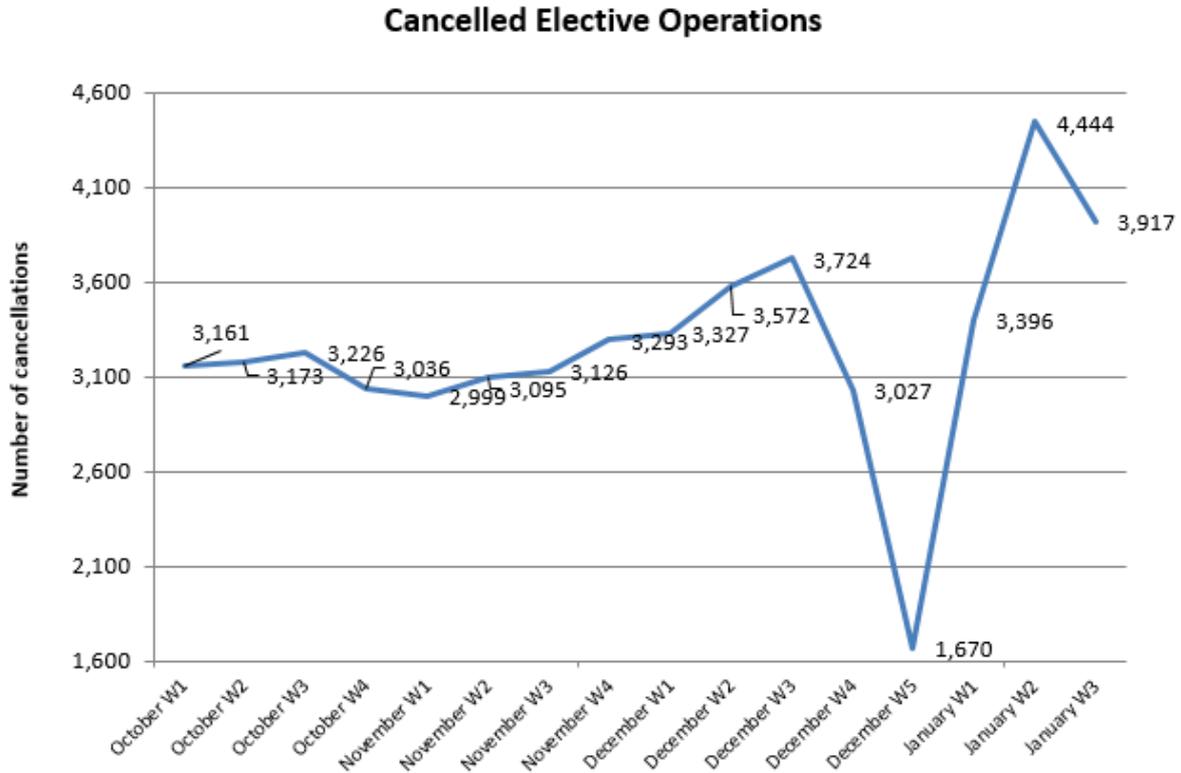
## Graph of Delayed Transfers of Care (DTOCs) by week since October

### Delayed Transfer of Care Cases



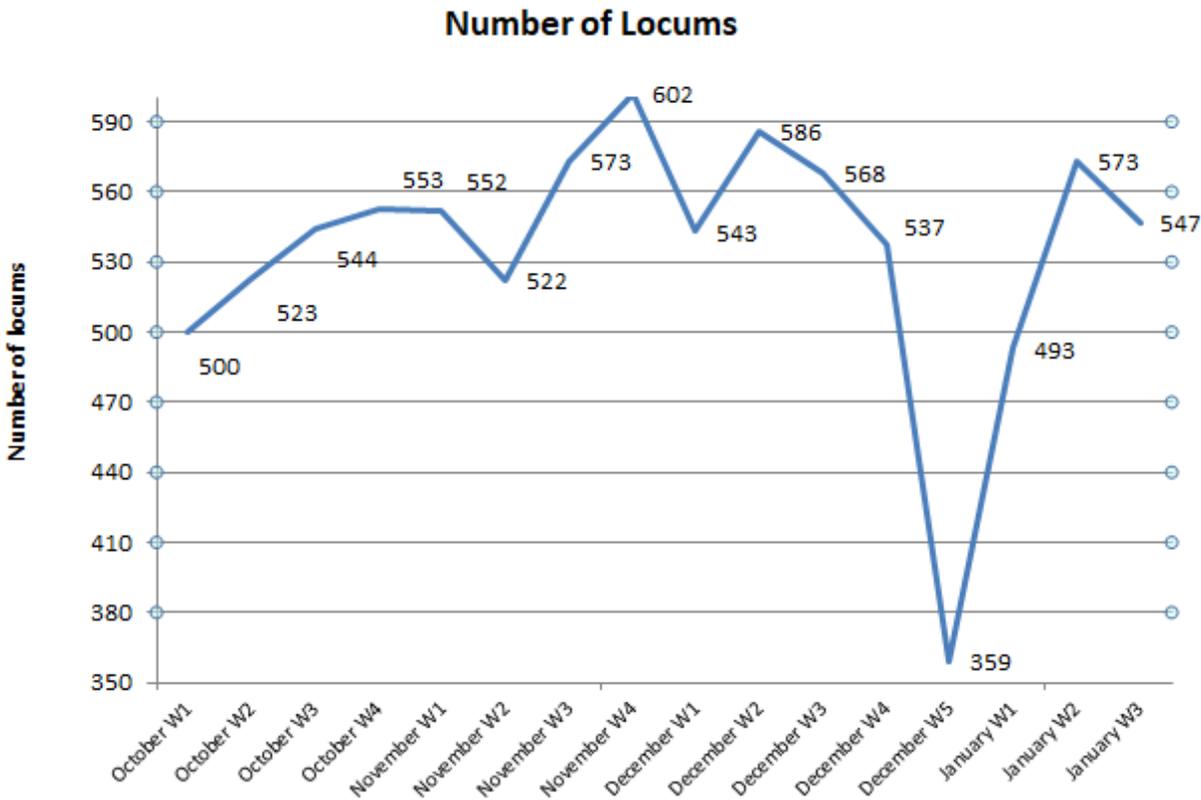
The number of patients subject to DTOC in the third week of January was 2,295, up from 2,174 the previous week. This translates to 5.7% of acute bed stock, up from 5.4% the previous week. The range across all contributors for this week is a minimum 0.00% - maximum 16.3%.

### Graph of cancelled elective operations since October



A total of 3,917 elective operations were cancelled this week down from 4,444 the previous week. A total of 52,186 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 January the number of locum and agency doctors and nurses employed within Emergency Departments within the Winter Flow Project group stood at 547 down from 573 the previous week.

### Overall

The Winter Flow Project data published this week shows that recent improvement in four-hour standard performance has continued. At 80.54% this is 1.09 percentage points better than was the case in the previous week. It is however, 1.02 percentage points worse than was the case at the same point last year and 4.73 percentage points worse than was the case in 2015-16 (85.27%). This is a reminder of how much performance standards have deteriorated in that time and just how far we remain from standards set out in the NHS Constitution.<sup>1</sup>

While any improvement is welcome, what this and other data makes clear is that the pressure on Providers, and the Emergency Departments that work within them remains intense. Much of this performance is being supported by near record levels of elective cancellations, and bed occupancy in the week ending 21<sup>st</sup> January stood at 94.77%.<sup>2</sup>

Given that bed occupancy rates are measured at midnight and are thus an underestimate of the situation on the ground, it is probable that hospitals remain at or very near full

<sup>1</sup> [NHS Constitution](#)

<sup>2</sup> [NHS England Sit Rep Data](#)

capacity, despite academic research that has shown that bed occupancy rates above 85% place patients at 'considerable risk'.<sup>3</sup>

It is equally concerning that much of the early progress that had been made reducing levels of Delayed Transfers of Care appears to have gone into reverse. This is only going to make managing patient flow even more difficult. The numbers of patients subject to Delayed Transfers of Care this week is a record for this year's Winter Flow Project and represent more than 5% of acute beds in service. At no point in this year's Project have DTOC levels got close to the 3.5% of bed stock mandated by the Secretary of State in July 2017.<sup>4</sup>

However, while improvements in the number of patients subject to DTOC may indeed be helpful to ED clinicians working on the front line, even if this were eradicated this is unlikely to return four-hour standard performance to 95%. The root of the problem is an inadequate number of acute beds and a chronic shortage of clinical staff. That is why the Royal College of Emergency Medicine continues to advocate the measures set out in our [Vision 2020](#) to improve standards of patient care.

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<sup>3</sup> [BMJ](#)

<sup>4</sup> [Reducing delays for people moving from hospital to social care](#)