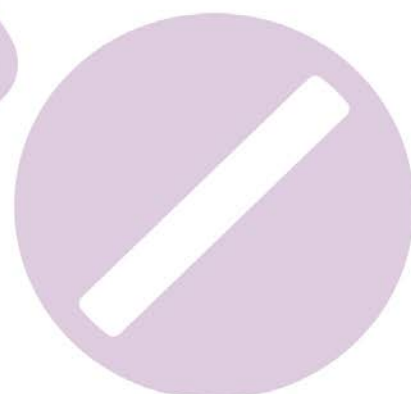
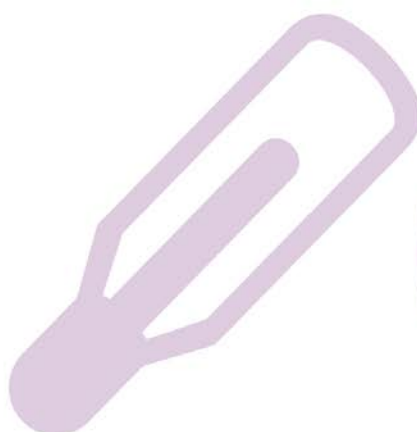


RCEM Winter Flow Project

Analysis of the data so far: 30th 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 four 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. These data together better reflect 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 are 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 these data on a weekly basis since the beginning of October.

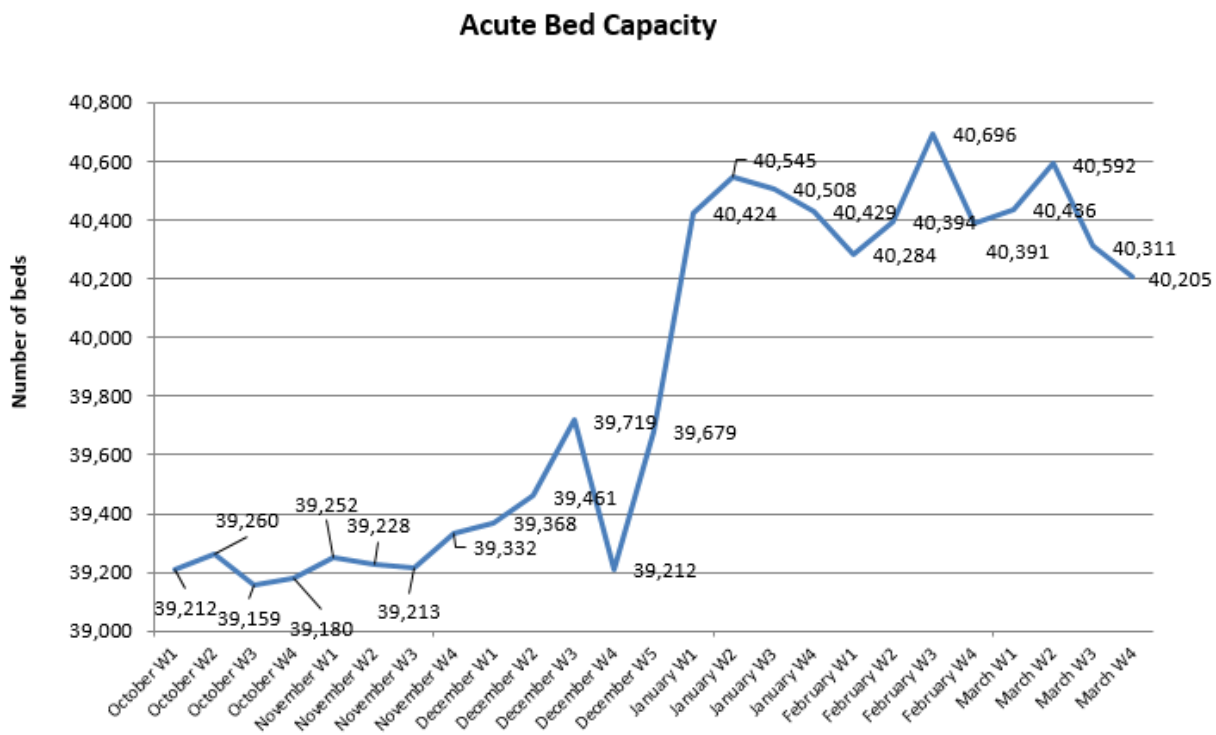
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

Unlike NHS England datasets, there is no suggestion that our project represents a complete or permanent scrutiny of the healthcare system. Our data include all four countries of the UK though the majority of participating sites lie within England. It is just a sample of Trusts/Boards, albeit a large and representative one.

The data have already been of immense value to the College and allow 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

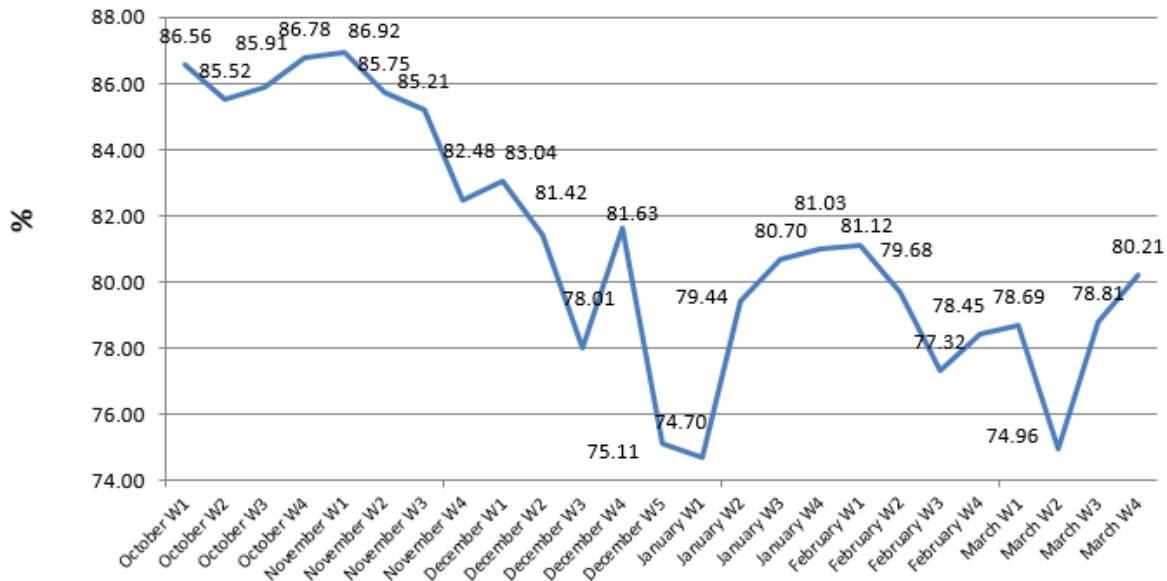
In the four weeks of March, the number of beds within the project group decreased to 40,205 - down from 40,311 the previous week. In total, there has been a 5.6% increase in the aggregate bed stock from the project starting point.

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

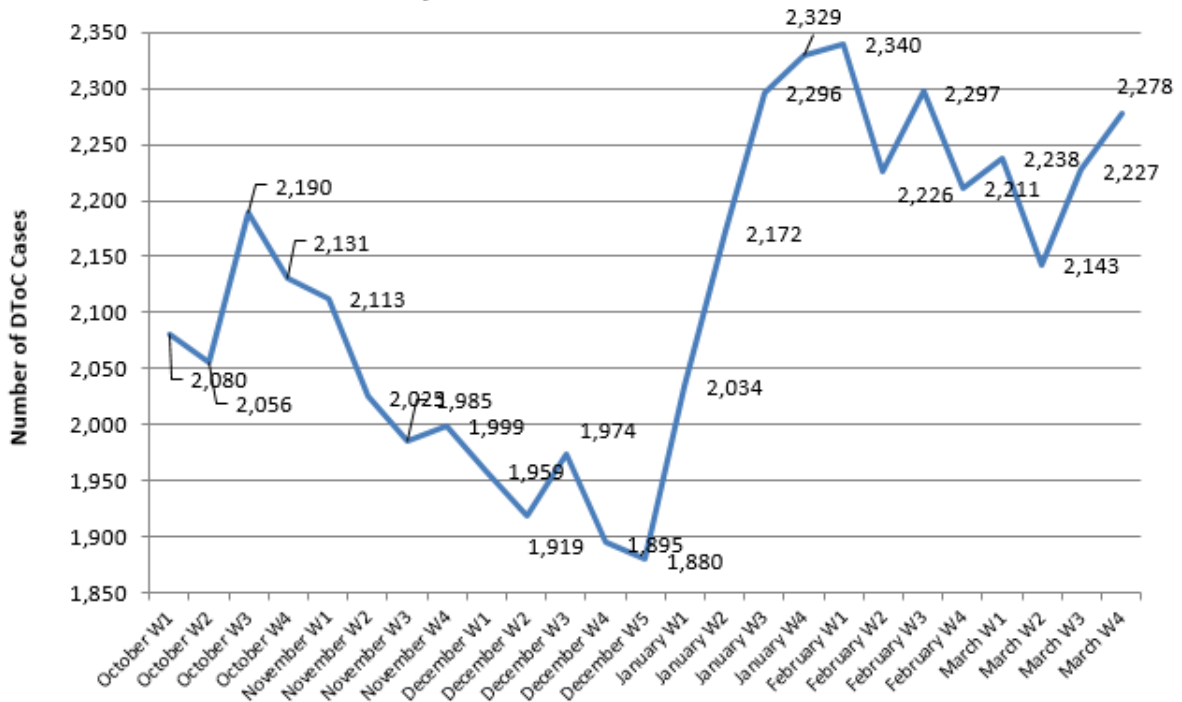
4 Hour Standard Performance - Simple Average Basis



In the fourth week of March, four-hour standard performance stood at 80.21% - up from 78.81% the previous week. The underlying picture shows 28 increases and 16 decreases across the project group.

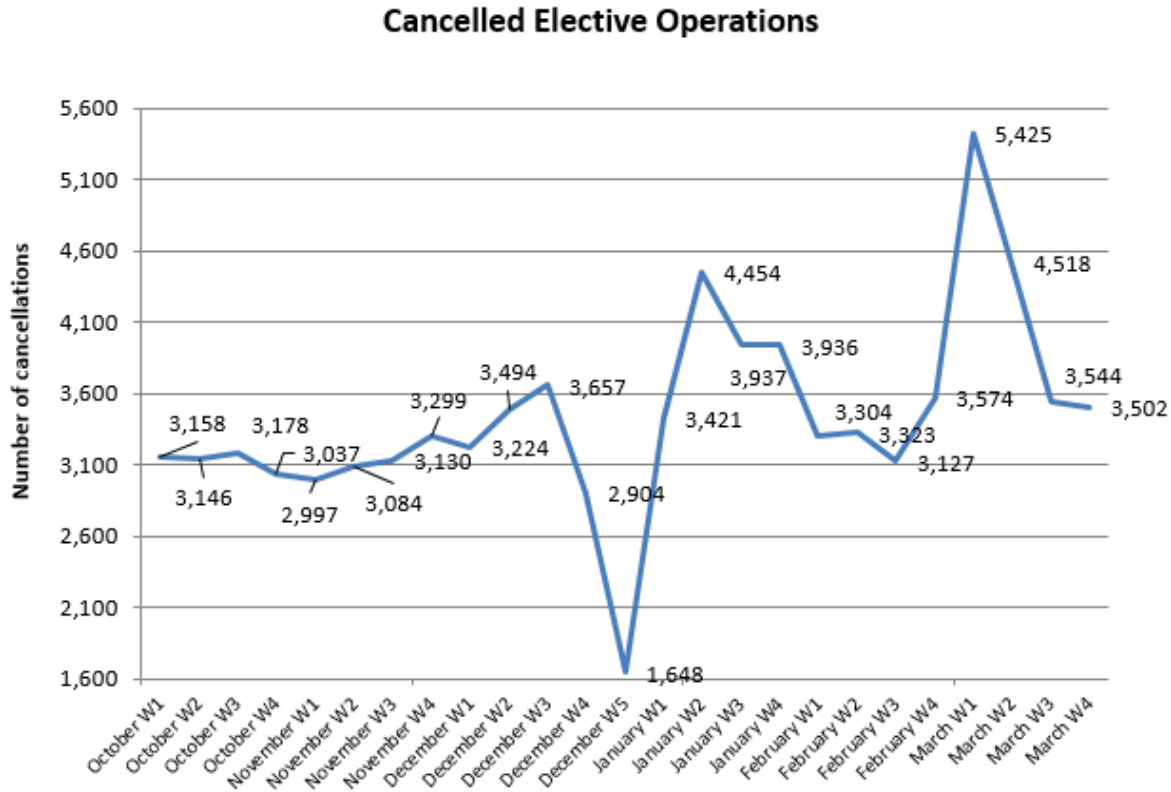
Graph of Delayed Transfers of Care (DTOCs) by week since October

Delayed Transfer of Care Cases



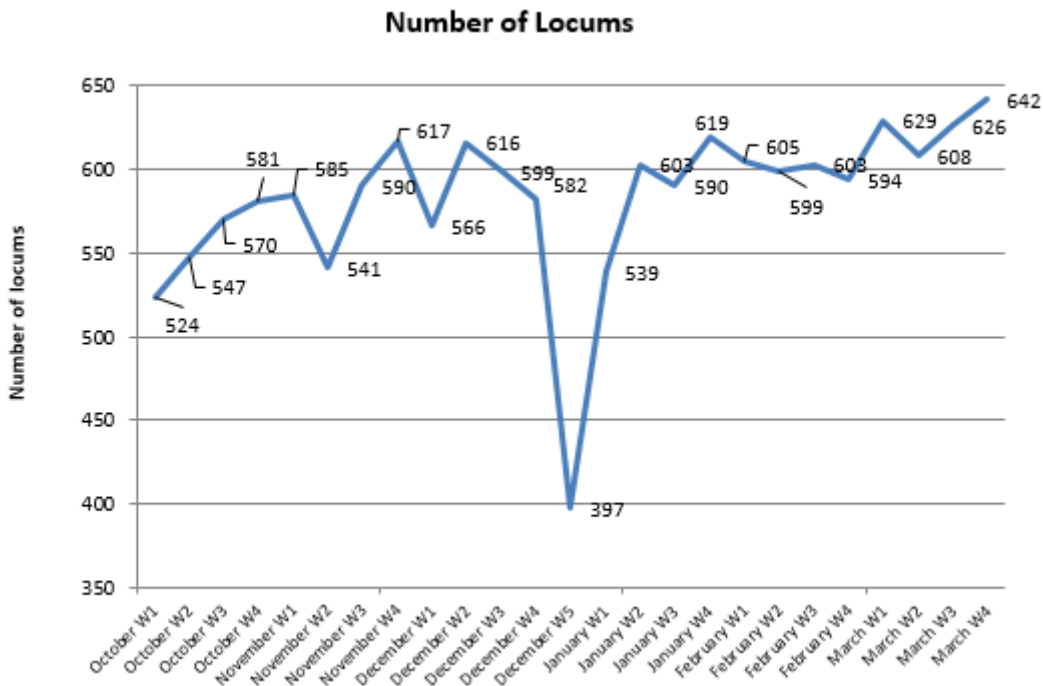
The number of patients subject to DTOC in the third week of March was 2,278 - up from 2,227 the previous week. This translates to 5.7% of acute bed stock - up from 5.5% the previous week. The range across all contributors for this week is a minimum 0.00% to a maximum 15.8%.

Graph of cancelled elective operations since October



A total of 3,502 elective operations were cancelled this week - down from 3,544 the previous week. A total of 86,021 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 fourth week of March the number of locum and agency doctors and nurses employed within Emergency Departments within the Winter Flow Project group stood at 642 up from 626 the previous week.

Overall

The Winter Flow Project data published this week show a welcome improvement in four-hour standard performance. At 80.21%, this is 1.40 percentage points higher than was the case in the previous week. However, this is 5.83 percentage points lower than was the case at the same point last year (86.04%) and 2.90 percentage points lower than was the case in 2015-16 (83.11%).

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 2,460 cancellations at the same point last year compared with 3,502 this week – this is a significant improvement on the 5,425 figure recorded only three weeks ago and means that more patients are getting the treatment they need, when they need it.

Unfortunately, other indicators are less positive. The number of patients subject to Delayed Transfers of Care within the Winter Flow Project Group (2,278) is now within touching distance of the highest point reached by the project this year (2,340). This is problematic for two reasons. Firstly, an increase in patients subject to Delayed Transfers of Care is likely to impede patients flow. Secondly, these numbers illustrate that DTOC has remained a persistent problem despite significant progress on this issue compare with 2016-17.