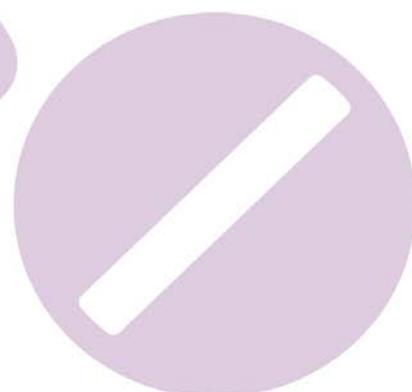
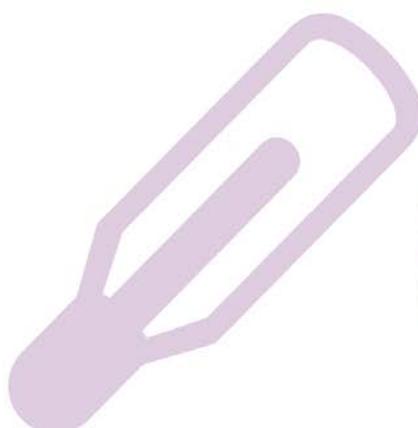


# RCEM Winter Flow Project

Analysis of the data so far: 1st 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.

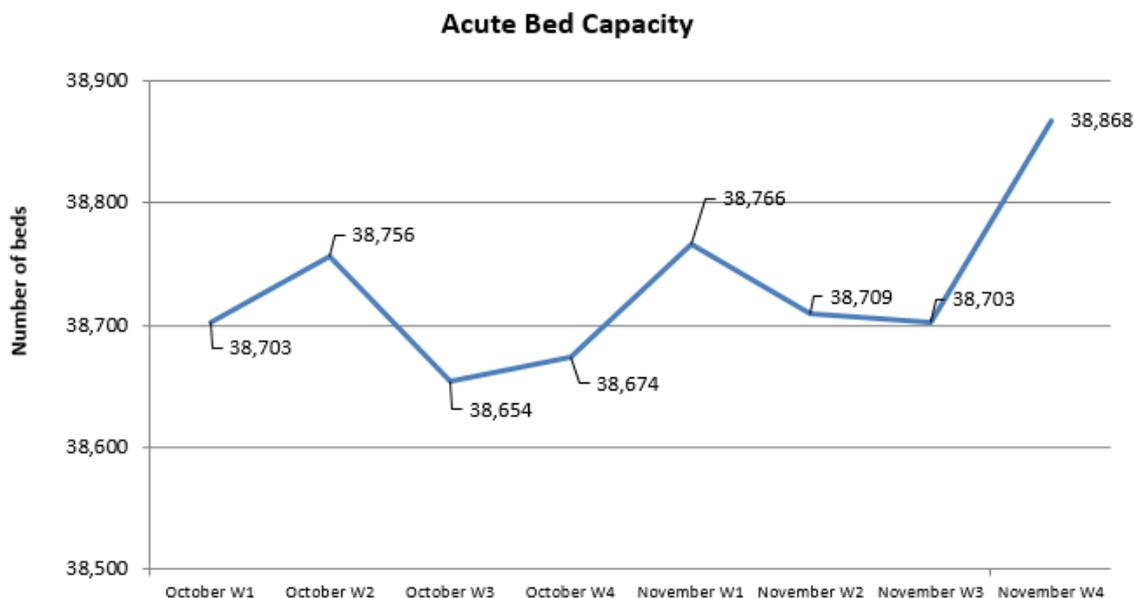
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

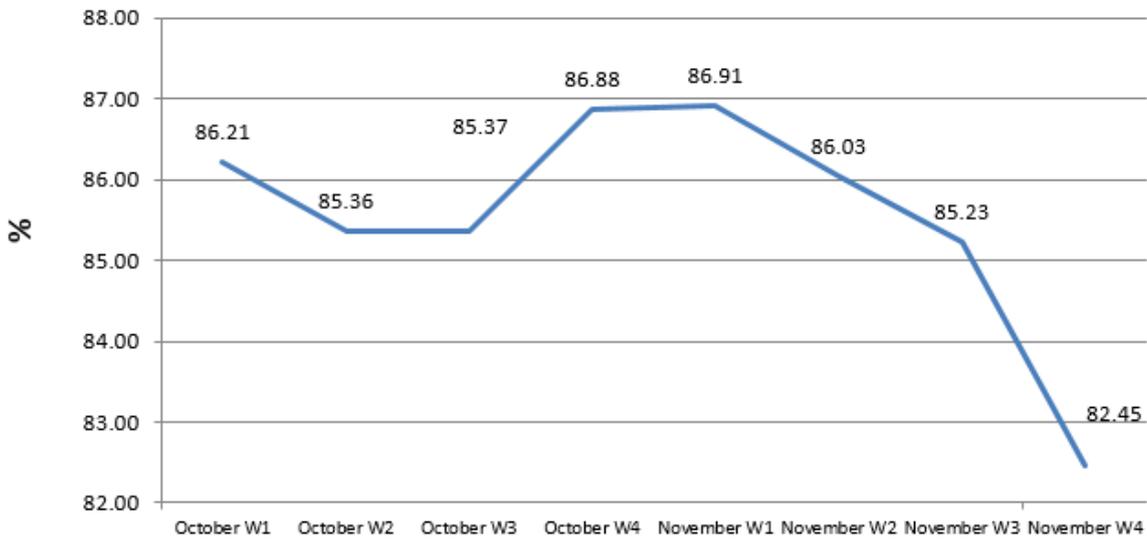
In the fourth week of November the number of beds within the project group increased to 38,868 up from 38,703 the previous week. In total, there has been a 1.4% increase in the aggregate bed stock from the project starting point.

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	13	27	12	1	1

## Graph of four hour performance by week since October

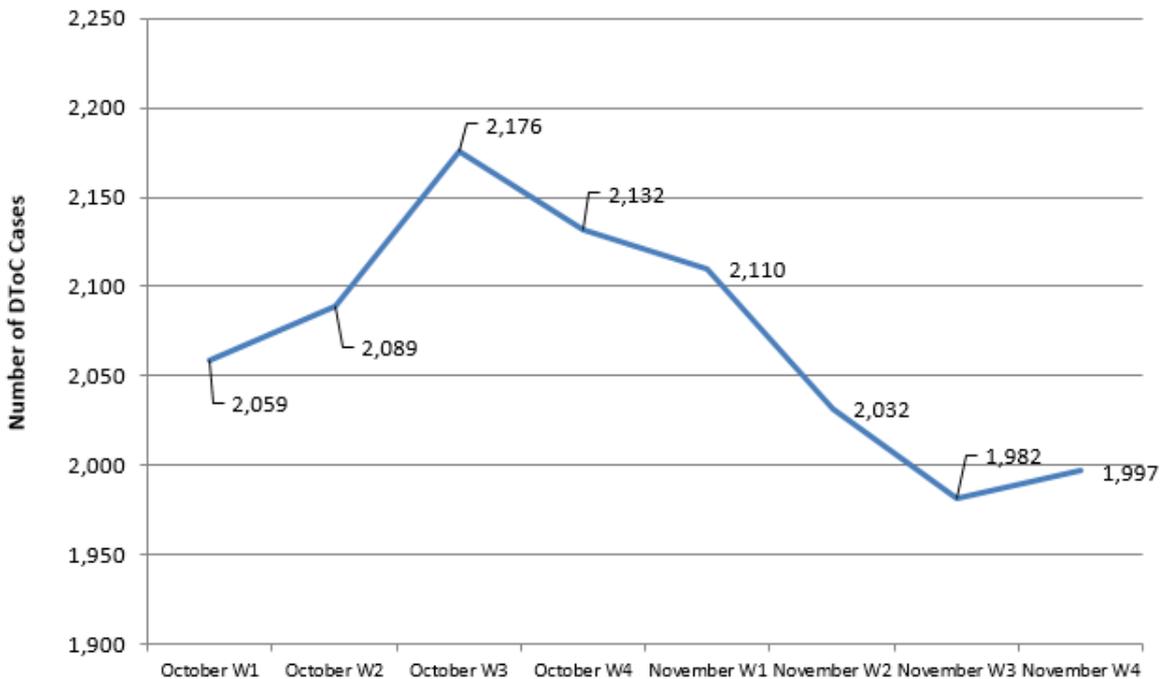
### 4 Hour Standard Performance - Simple Average Basis



In the fourth week of November four hour standard performance stood at 82.45%, down sharply from 85.23% the previous week. The underlying picture shows 15 increases and 38 decreases across the project group.

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

### Delayed Transfer of Care Cases

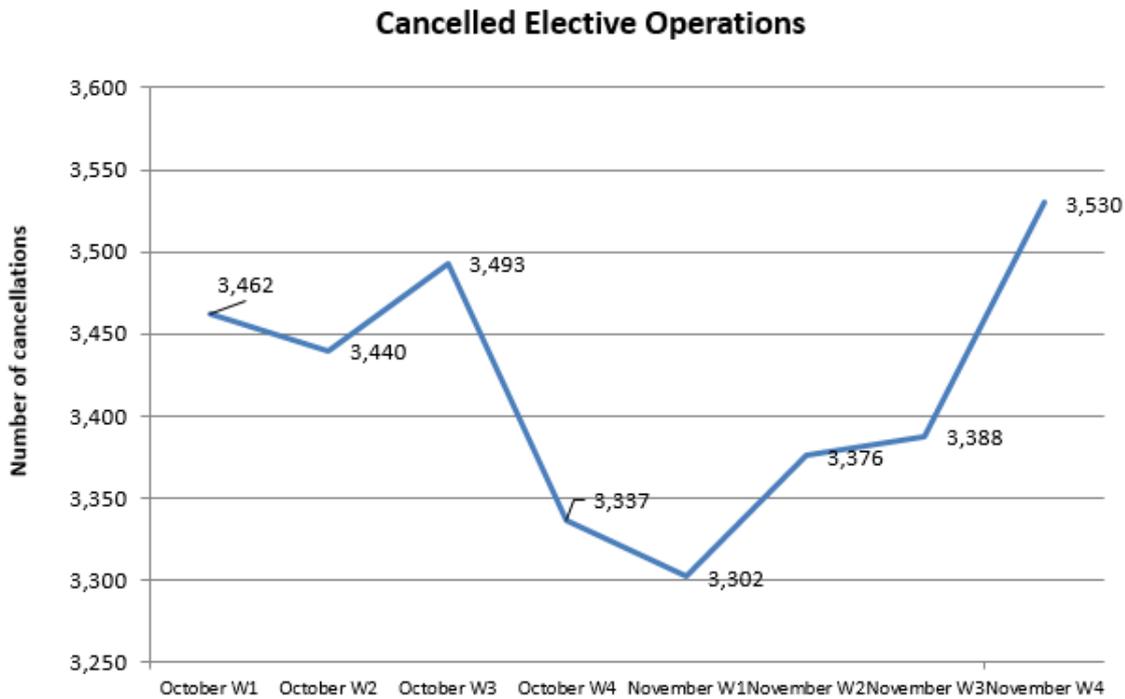


The number of patients subject to DTOC has worsened in the fourth week of November.

There were 1,997 recorded instances of delayed transfers up from 1,982 the previous week.

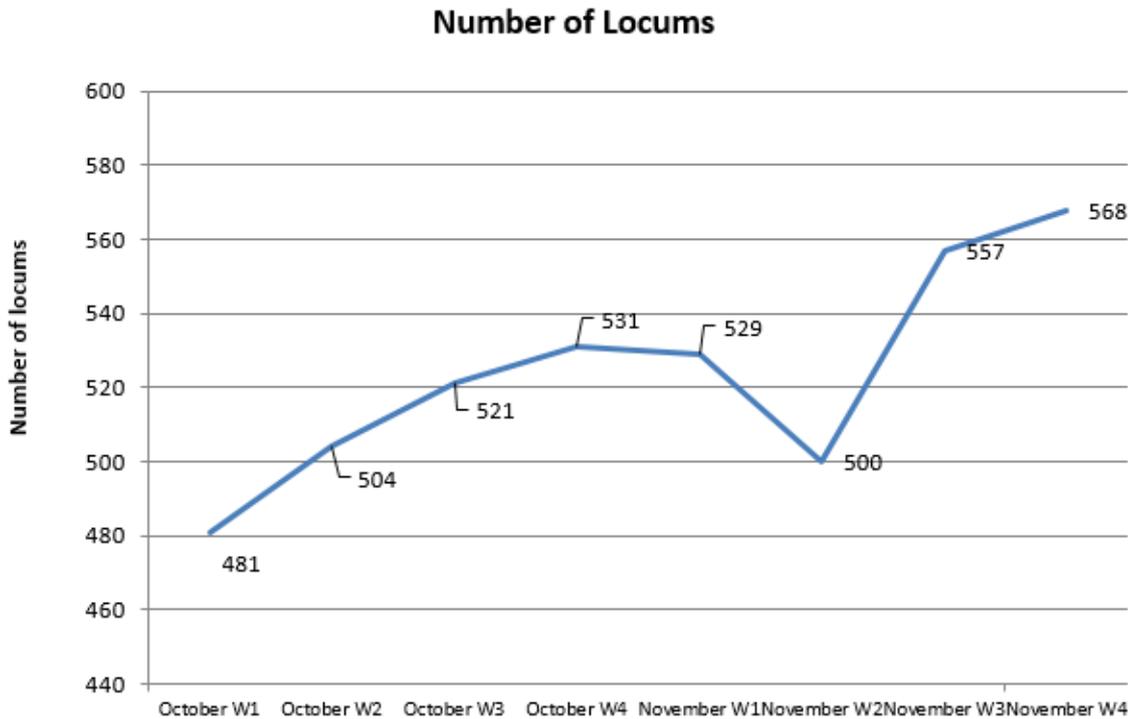
This translates to 5.1% of acute bed stock, the same as the previous week. The range across all contributors for this week is a minimum 0.00% - maximum 14.3%

### Graph of cancelled elective operations since October



A total of 3,530 elective operations were cancelled this week up from 3,388 the previous week. A total of 27,328 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 fourth week in November the number of locum and agency doctors and nurses employed within Emergency Departments within the Winter Flow Project group stood at 568 up from 557 the previous week.

### Overall

The data published this week shows that although we are at the start of what is widely expected to be a challenging winter, NHS providers continue to strain every sinew to maintain performance. Although we remain some considerable distance from standards set out in the NHS Constitution,<sup>1</sup> it is only fair to record that at 82.45%, four hour standard performance in Type 1 EDs remains slightly better than was the case at the same point last year (81.28%). However, we have also seen a marked deterioration from the previous week.

It is also evident that efforts mandated by NHS England to free up acute beds by reducing the number of Delayed Transfers of Care have had some impact;<sup>2</sup> although NHS Providers have been right to point out that whatever progress is being made is unlikely to be enough to free up 3000 beds.<sup>3</sup> Within the Winter Flow Project group our contributors recorded 1997 DTOCs down from 2643 at the same point last year.

However, while there are positive aspects to the overall picture two further points should be made. Firstly, what these figures make clear is that Providers are making determined efforts to lower their bed occupancy levels by cancelling increasing numbers of elective operations. This week the Winter Flow Project contributors recorded 3530 cancellations as compared with 2470 at the same point last year. This indicates that to some extent, care is

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

<sup>2</sup> [NHS England Urgent and Emergency Care](#)

<sup>3</sup> [NHS Providers: Winter Warning](#)

already being rationed.<sup>4</sup> This may turn out to be a false economy not only because clearing the backlog will eventually require large sums of money the NHS currently does not have, but because patients with untreated problems are likely to turn up in Emergency Departments requiring treatment which might otherwise been unnecessary.

Secondly, our recorded figures around the use of locum and agency staff (this includes both doctors and nurses) have already placed a spotlight firmly on the shortage of permanent staff in our Emergency Departments. At a time when there are only 1671 consultants in emergency departments in England,<sup>5</sup> it is surely significant that the Winter Flow Project group – which covers around a third of NHS – is recorded as employing 568 locum and agency staff in EDs every week; and that number appears to be increasing. In this light the work outlined in '[Securing the future workforce of Emergency Departments in England](#)' cannot come soon enough, and the additional posts that this strategy outlines must be properly funded if it is to be a success.

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<sup>4</sup> [Times: NHS Patients face longer waits for treatment 01 December 2017](#)

<sup>5</sup> [NHS Workforce Statistics](#)