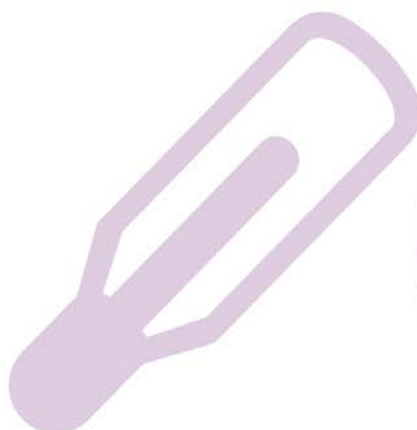


# RCEM Winter Flow Project

Analysis of the data so far: 7<sup>th</sup> December



## 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 fourth year. In our view, the project has also been instrumental in making the case for additional resources for the health sector; which is now reflected in the new settlement for the NHS which has recently been announced by the Government.

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. In an effort to reflect on-going staff shortages we have also asked participating providers to tell us how many locum and agency staff are working in their Emergency Departments. This staffing measure is now in its second year. These data points together better reflect pressures, constraints and consequences for system performance.

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.

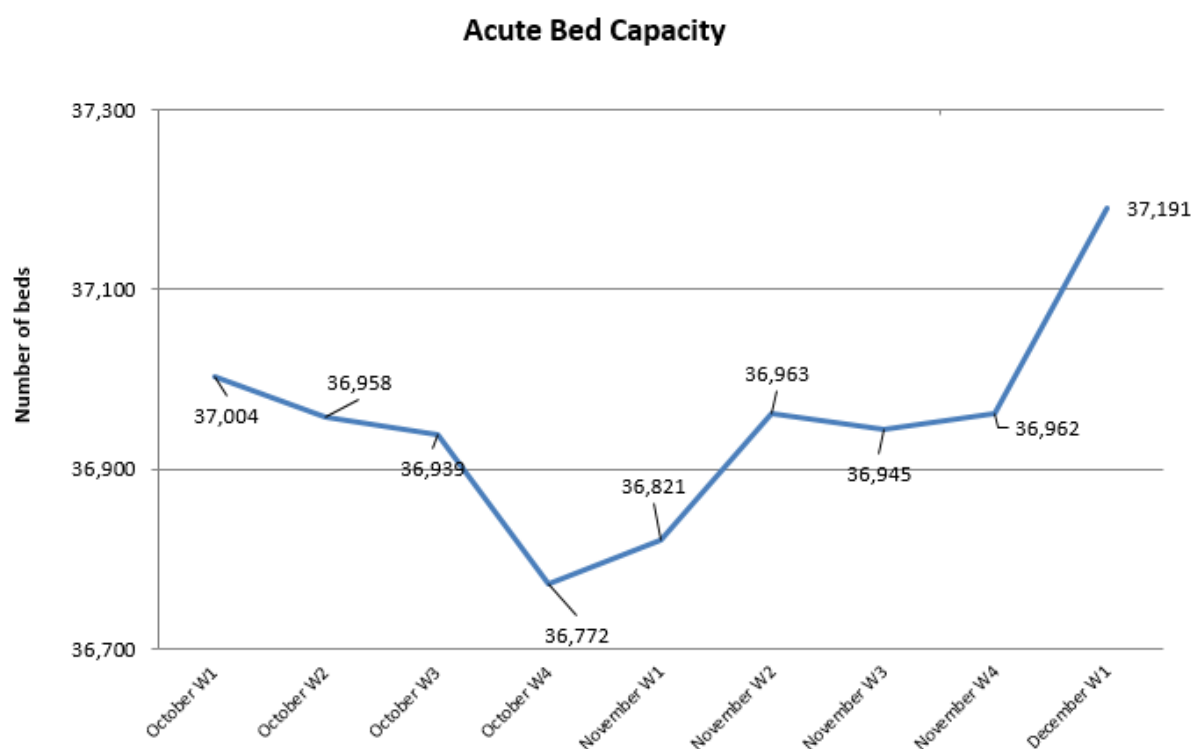
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

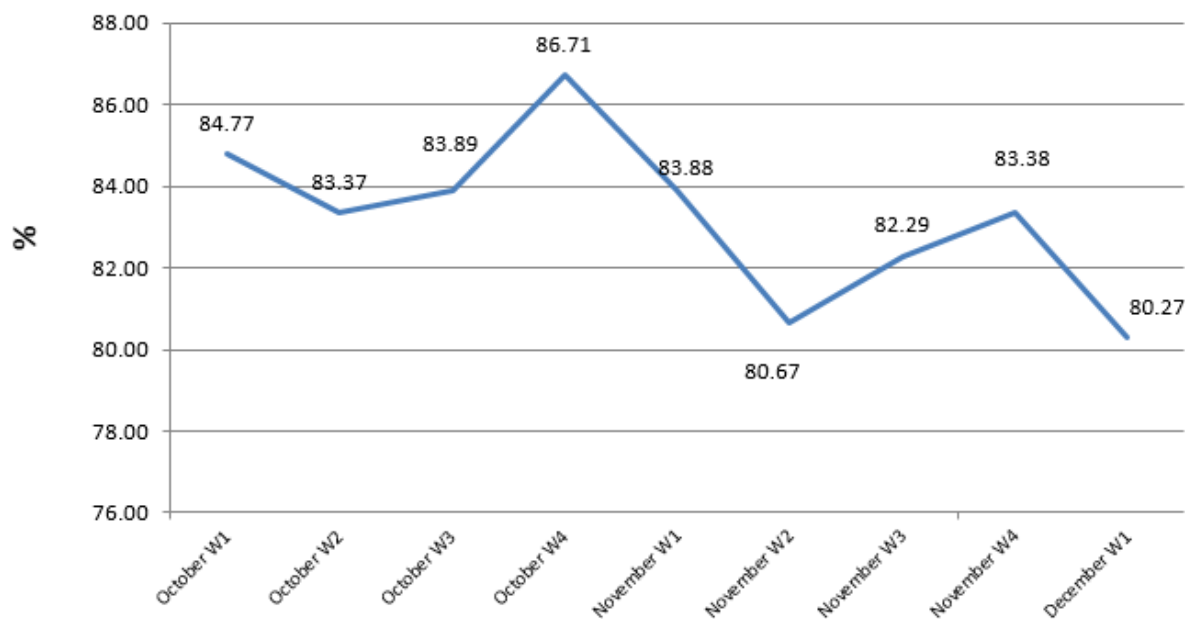
In the first week of December, the number of beds within the project group increased to 37,191 – up from 36,962 the previous week. In total, there has been a 1.3% increase in the aggregate bed stock from the project starting point.

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	11	31	8	4	0

## Graph of four-hour performance by week since October

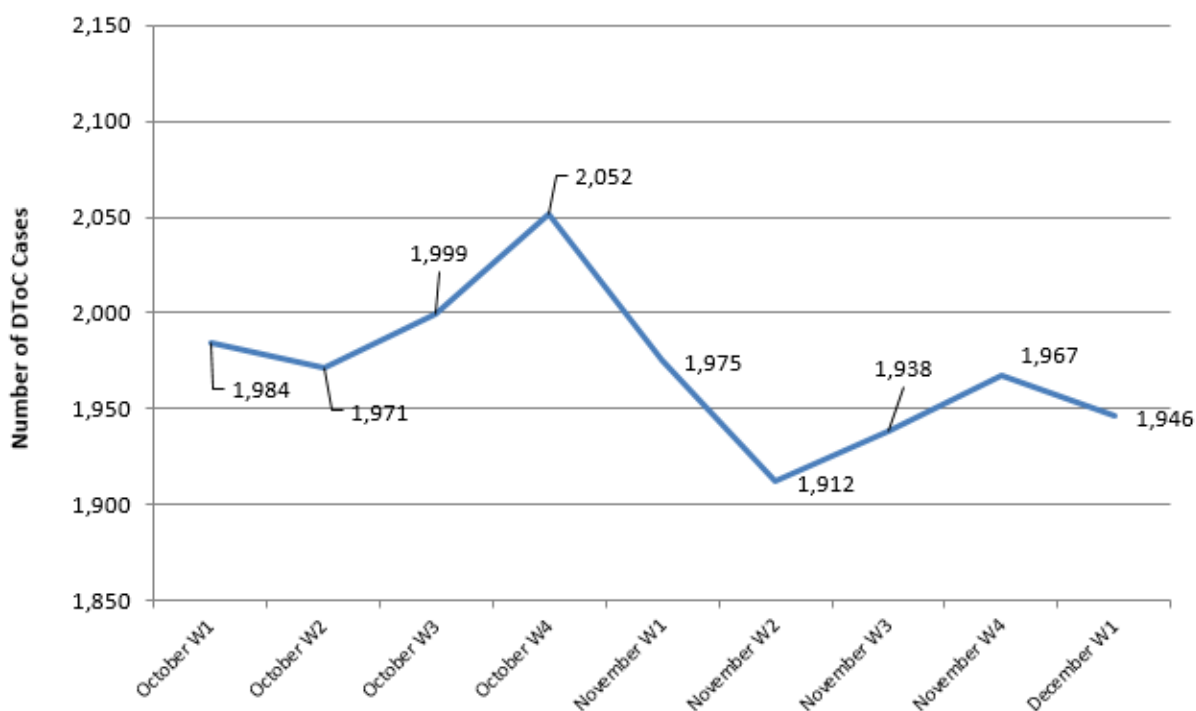
**4 Hour Standard Performance - Simple Average Basis**



In the first week of December, four-hour standard performance stood at 80.27% - down from 83.38% the previous week. The underlying picture shows 11 increases and 41 decreases across the project group.

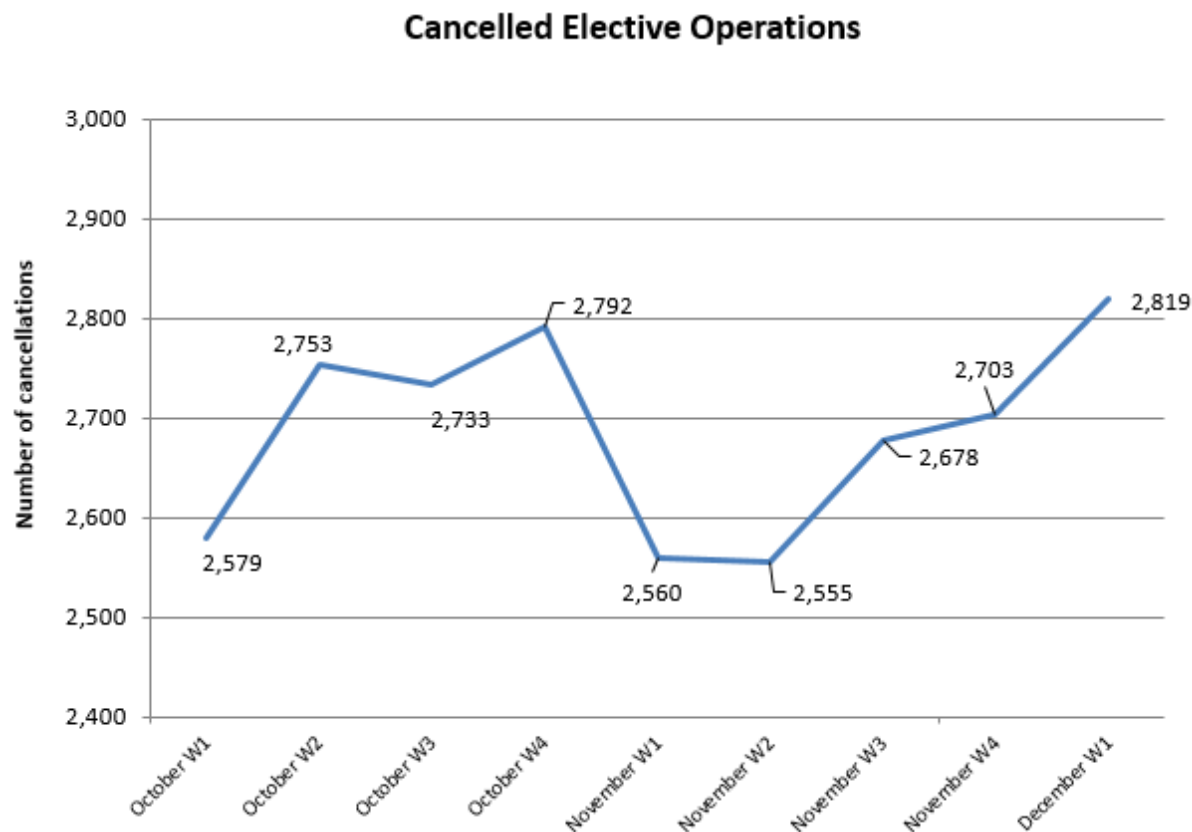
## Graph of Delayed Transfers of Care (DTOCs) by week since October

**Delayed Transfer of Care Cases**



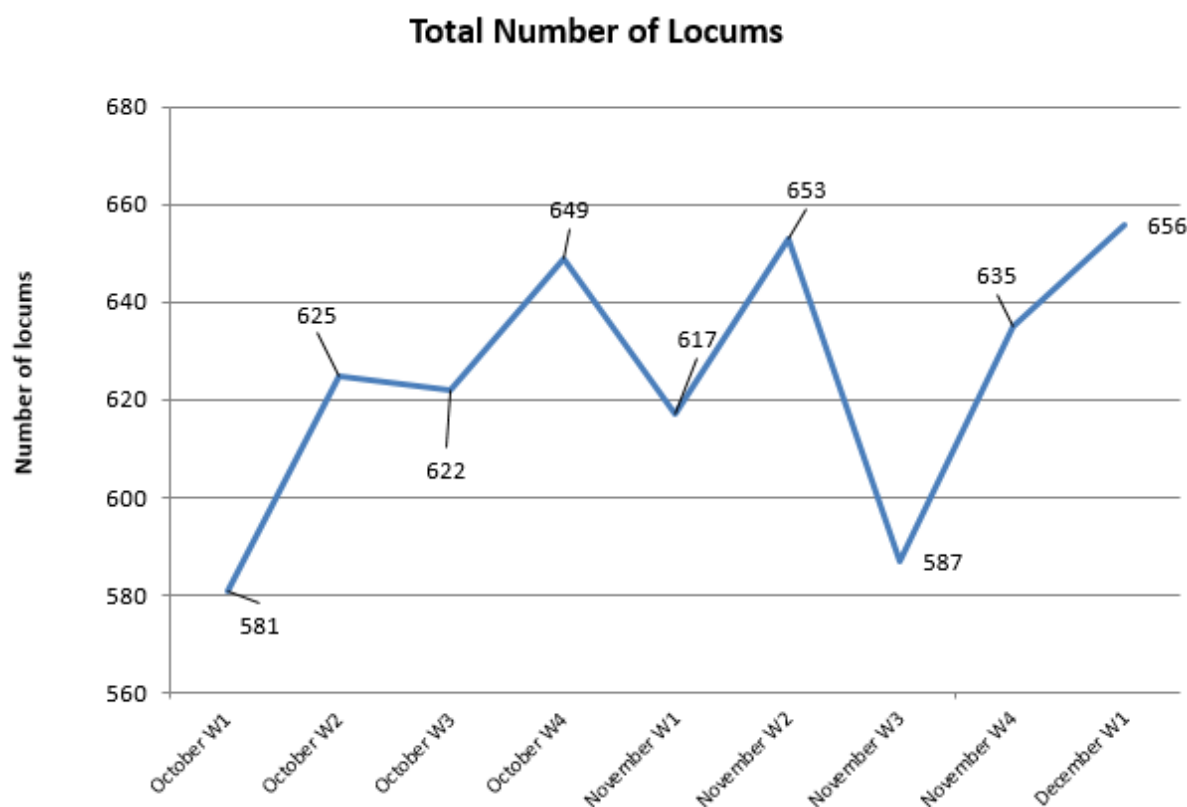
The number of patients subject to DTOC in the first week of December was 1,946 - down from 1,967 the previous week. This translates to 5.23% of acute bed stock - down from 5.32% the previous week. The range across all contributors for this week is a minimum 0.00% to a maximum 26.7%.

### Graph of cancelled elective operations since October



A total of 2,819 elective operations were recorded as cancelled this week - up from 2,703 the previous week. A total of 24,172 elective operations have been cancelled over the project to date. This represents an overall average of 50 cancelled operations per site per week over the project as a whole.

## Graph of number of locum and agency staff since October



In the final week of March, the number of locum and agency doctors and nurses employed within Emergency Departments within the Winter Flow Project group stood at 656 up from 635 the previous week.

### Overall

As the Winter Flow Project begins its public reporting for 2018-19 the Royal College of Emergency Medicine would like to offer our heartfelt thanks to all our contributors – Trusts and Boards across the UK – who make this project possible. We owe it all the staff working within our Emergency Departments and elsewhere in the NHS to continue to shine a light on the challenges of managing hospital resources as they endeavour to provide excellent, compassionate care for patients.

And the story this data has to tell is not an easy one to read. This winter we have already heard from a number of sources<sup>1</sup> how difficult things are on the front line. The data published this week entirely bares this out. At 80.27% the four-hour standard performance recorded this week is 3.11 percentage points lower than was the case the previous week and 4.5 percentage points lower than was the case in the first week of October.

But when considered on their own these numbers barely do justice to the gravity of the situation. In reality we are nearly 15 percentage points away from 95% compliance with the

<sup>1</sup> [NHS Confederation More beds are needed, and that means more staff](#) & [NHS Providers Q2 figures show trusts are responding to growing pressures, but can not keep up](#)

four-hour standard<sup>2</sup> and 6.79 percentage points lower than was the case at the same point in 2015 (87.06%). On this basis, you would be entitled to speculate about what level performance might reach in the last week on December and the first week of January when in previous – relatively benign – years, performance has dipped into the mid 70 percent range.<sup>3</sup>

It is also quite clear that Hospitals are straining every sinew to maintain performance in adverse circumstances. As recently as 5<sup>th</sup> December the General Medical Council have spoken about a 'future workforce crisis'<sup>4</sup> The Winter Flow data published this week suggests that much of that crisis is already happening. It is surely a reflection of the widely acknowledged staffing shortages in the NHS that our provisional figures for the number of locum and agency staff working within Emergency Departments in the Winter Flow Group are 15% higher than was the case at the same point last year.

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<sup>2</sup> [The Handbook to the NHS Constitution](#)

<sup>3</sup> [RCEM Winter Flow Project](#)

<sup>4</sup> [UK-wide workforce planning needed to avert NHS staffing crisis, says GMC](#)