



The Royal College of
Emergency Medicine

RCEM Winter Flow Project

Analysis of the data so far: 2nd December 2016



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. This data helped to provide a better understanding system pressures and four hour standard performance.

This enabled the 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.

Given the success of the project, the College decided to repeat 'Winter Flow' for 2016/17. As was the case in 2015, 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.

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 encompassing more than 60 separate sites have submitted this data on a weekly basis since the beginning of October.

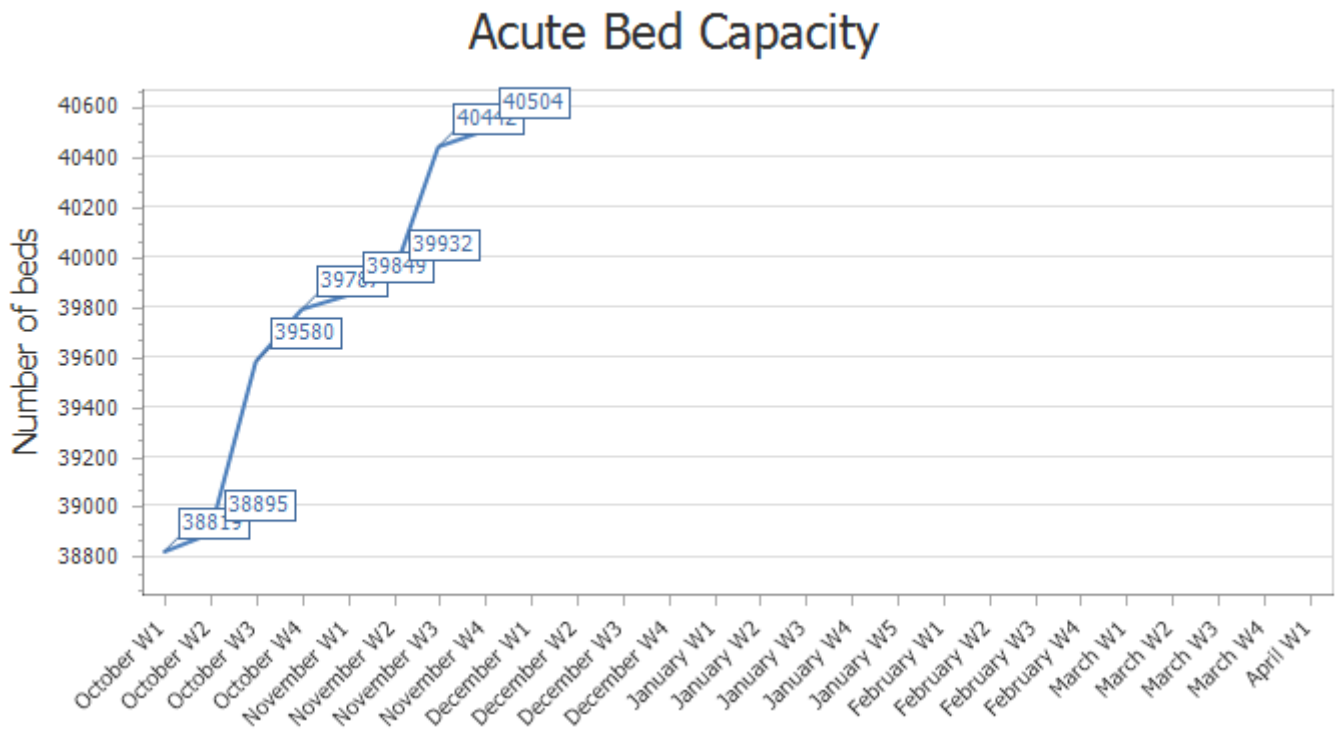
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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 sample of such Trusts/Boards, albeit a large and representative sample.

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

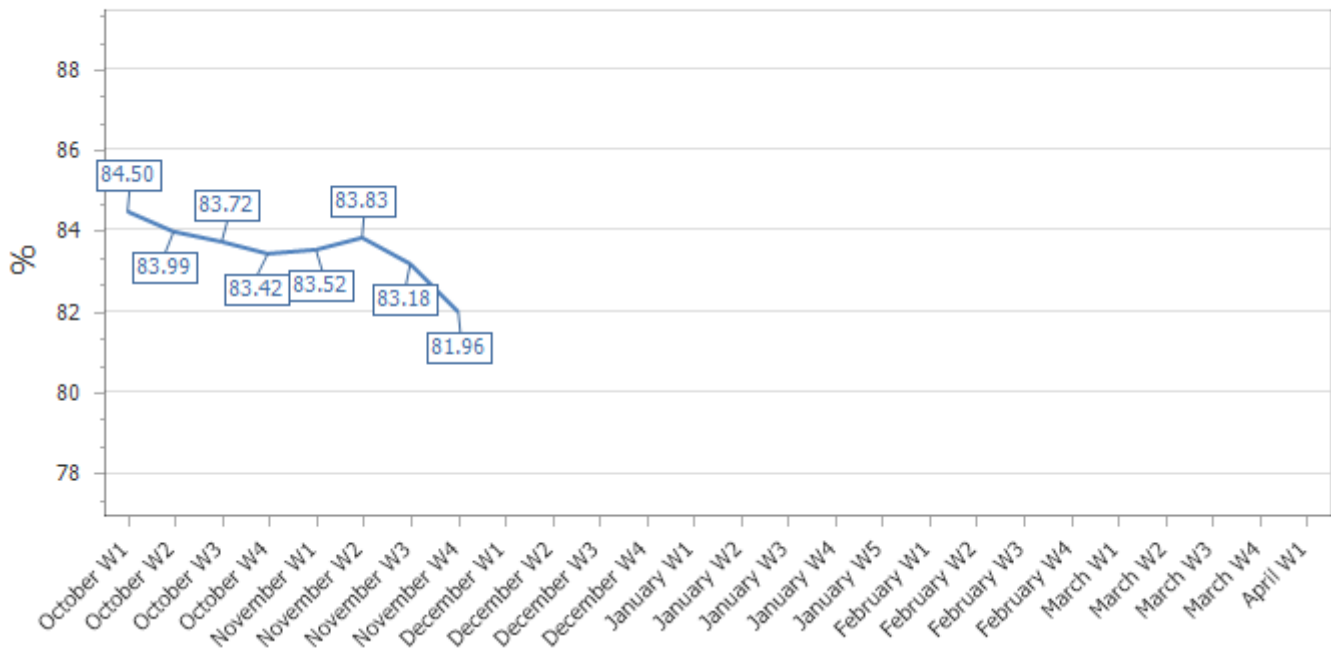
This shows that Trusts/Boards are adjusting their acute bed stock to meet increasing patient demand. In the last week of November the number of beds within the project group increased to 40,504 up from 40,442 the previous week. In total, there has been a 4.34% increase in the aggregate bed stock from 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 adjustment	0 – 5%	5 – 10%	10 – 15%	15 – 20%
Number of sites	12	28	13	2	3

Graph of four hour performance by week since October

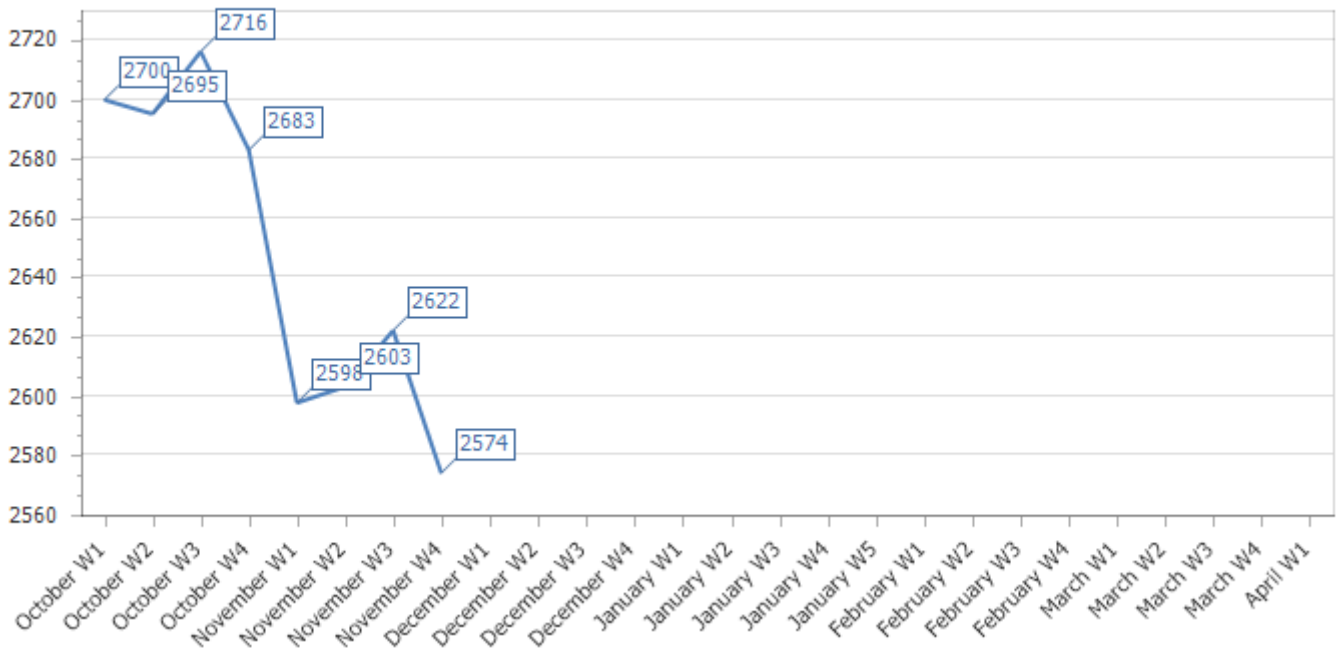
4 Hour Standard Performance - Simple Average Basis



In the fourth week in November four hour standard performance stood at 81.96%, down from 83.18% the previous week. The underlying picture shows 20 increases and 29 decreases across the project group.

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

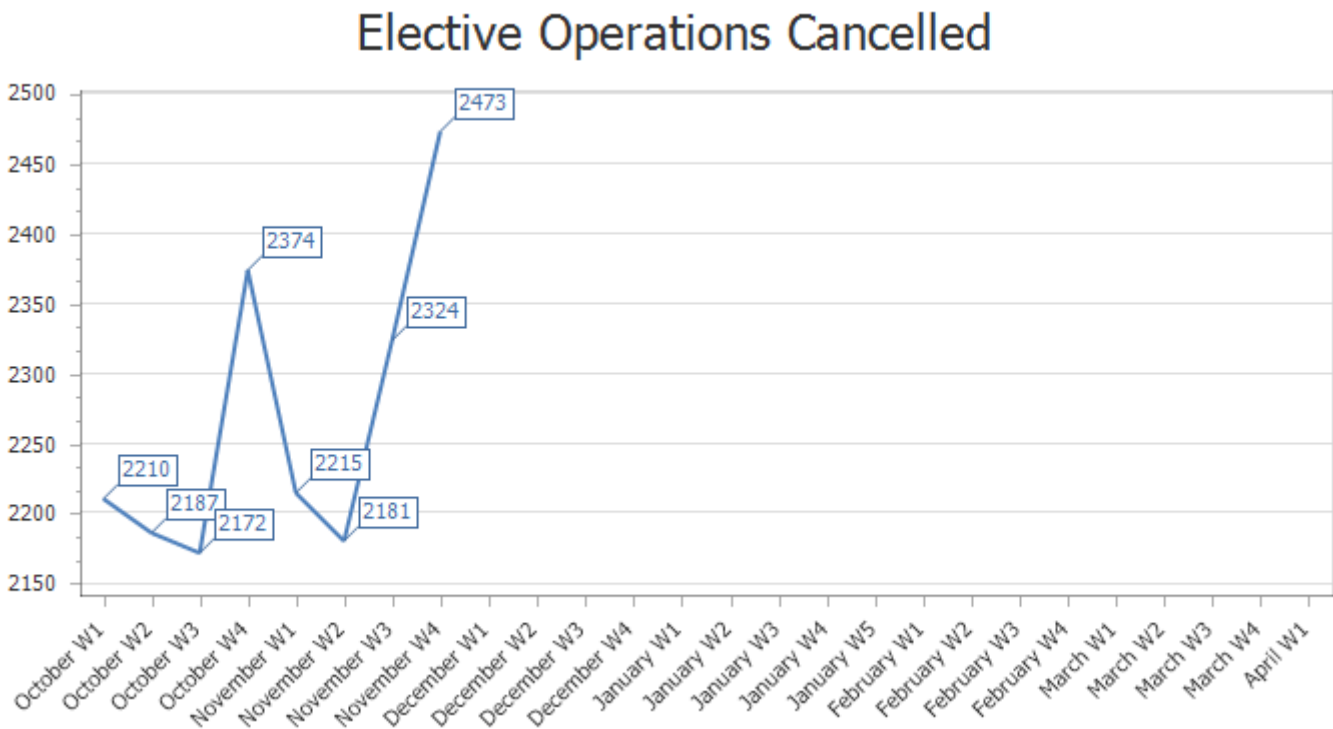
Delayed Transfer of Care Instances



The Delayed Transfers of Care data collected so far shows that a concerted effort is being made to tackle this issue over the winter period and that Trusts/Boards' measures in this area are having some success.

In the last week in November there were 2,574 recorded instances of Delayed Transfers of Care down from 2,622 the previous week. This translates to 6.35% of the acute bed stock.

Graph of cancelled elective operations since October



A total of 18,136 elective operations have been cancelled over the project to date. This represents overall average cancelled 39.6 operations per site over the period. However, the underlying range was zero to 280 in a single week.

Overall

The data collected so far already indicates that the efforts made by Trusts and Boards to respond to winter pressures by actively managing their bed stock are having some success. We have already seen a significant uplift in the number of beds available coupled with a marked decline in the number of patients subject to Delayed Transfers of Care, and an increase in the cancellations for elective operations.

All of these measures can be reasonably expected to reduce rates of bed occupancy and support Four Hour Standard performance¹ by improving patient flow. Unfortunately, what this data also shows quite clearly is that despite these measures, hospitals are struggling to either meet or reach the Four Hour Standard.

¹ The NHS Constitution sets out that a minimum of 95 per cent of patients attending an A&E department in England must be seen, treated and then admitted or discharged in under four hours. This is commonly known as the four-hour standard. [NHS Constitution](#)
Published 2 December 2016

In the last week in November, Four Hour Standard performance was no more than 81.96% which is already lower than at any point recorded throughout last year's Winter Flow Project. This is already part of a downward trajectory and, while the resources available are insufficient to meet demand, can reasonably be expected to deteriorate further.