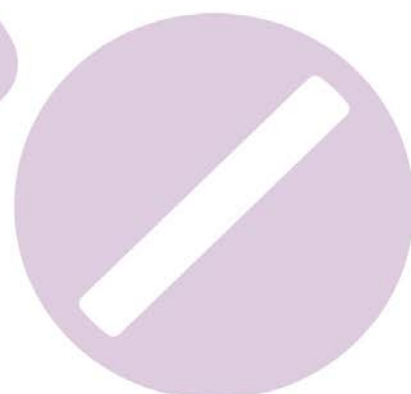
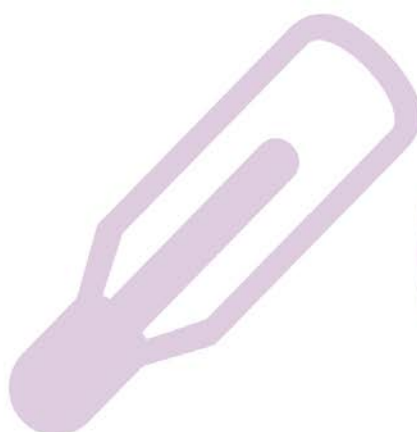


RCEM Winter Flow Project

Analysis of the data so far: 3rd February 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.

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

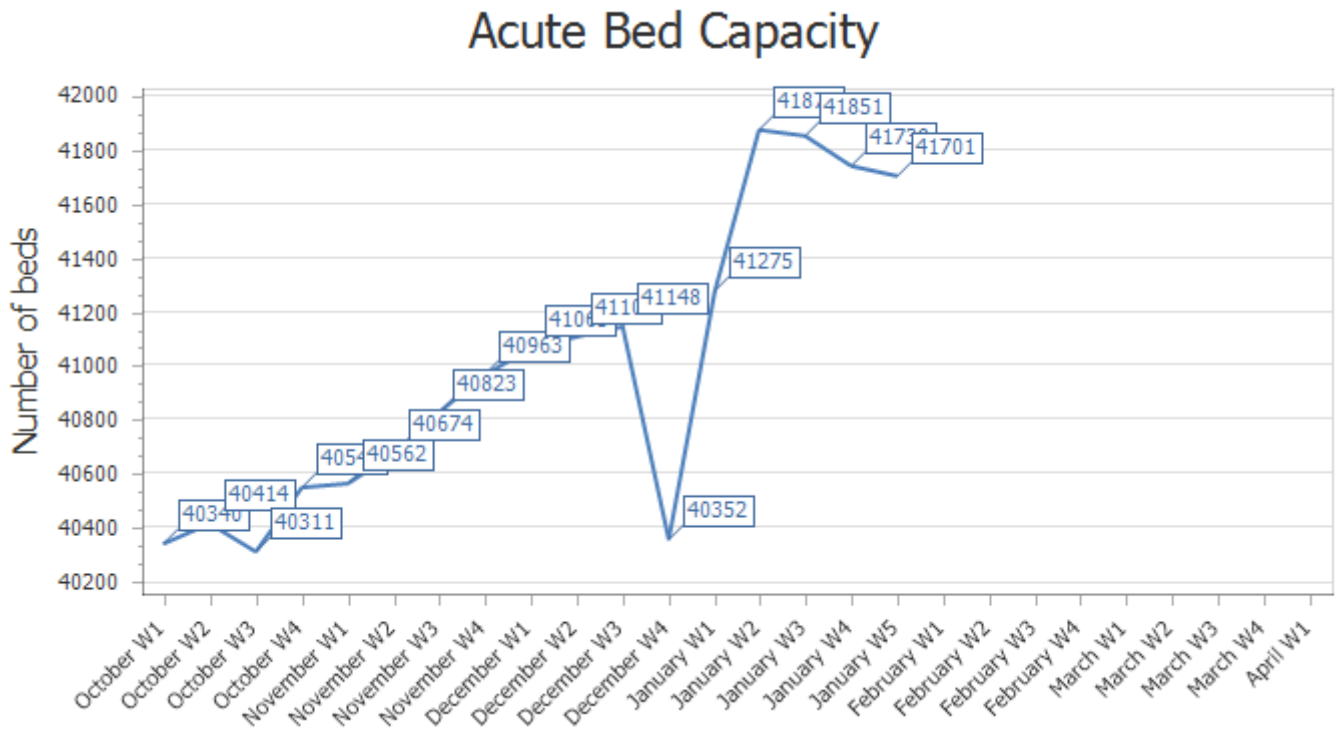
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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 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

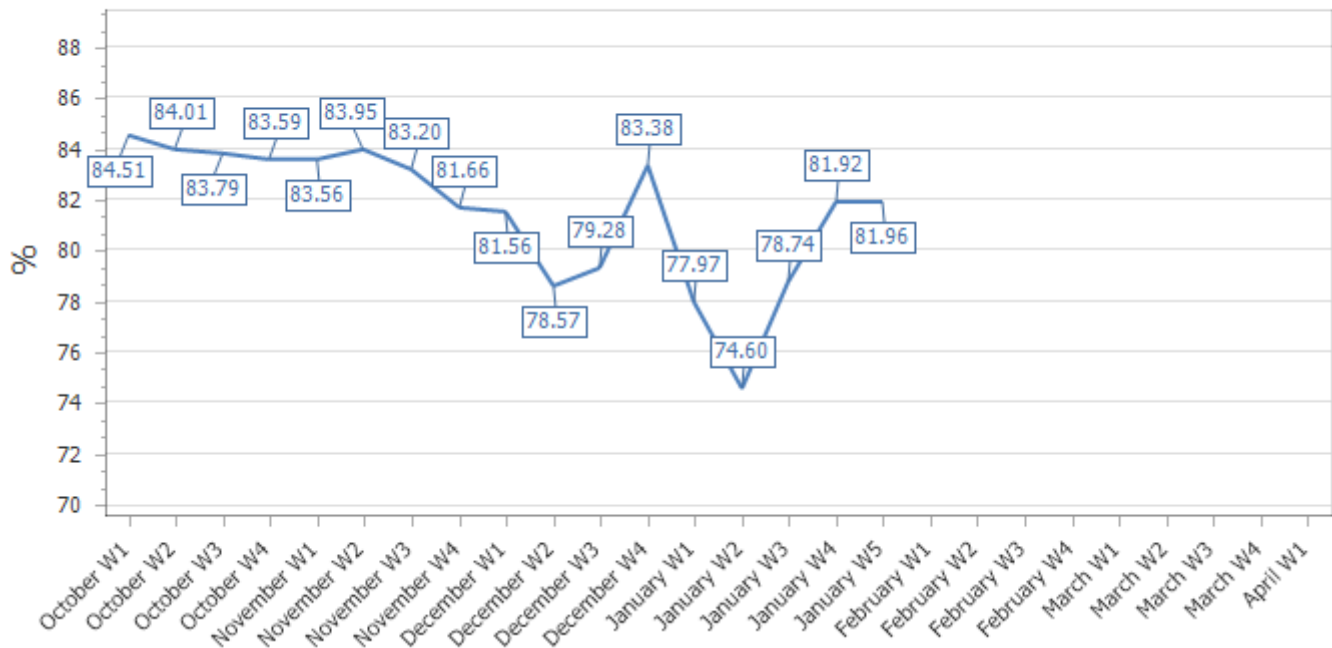
In the final week of January the number of beds within the project group decreased to 41,701 down from 41,739 the previous week. In total, there has been a 3.80% increase in the aggregate bed stock from the project starting point.

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	8	11	24	8	7

Graph of four hour performance by week since October

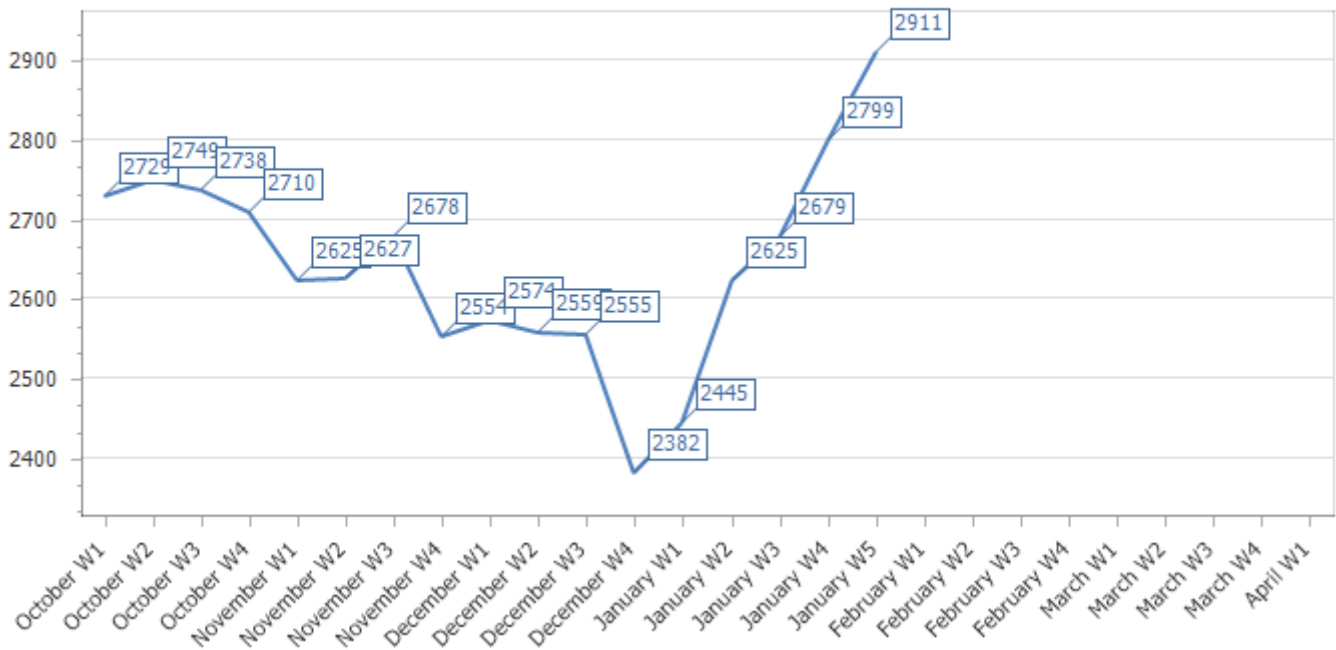
4 Hour Standard Performance - Simple Average Basis



In the final week of January four hour standard performance stood at 81.96%, marginally up from 81.92% the previous week. The underlying picture shows 31 increases and 27 decreases across the project group.

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

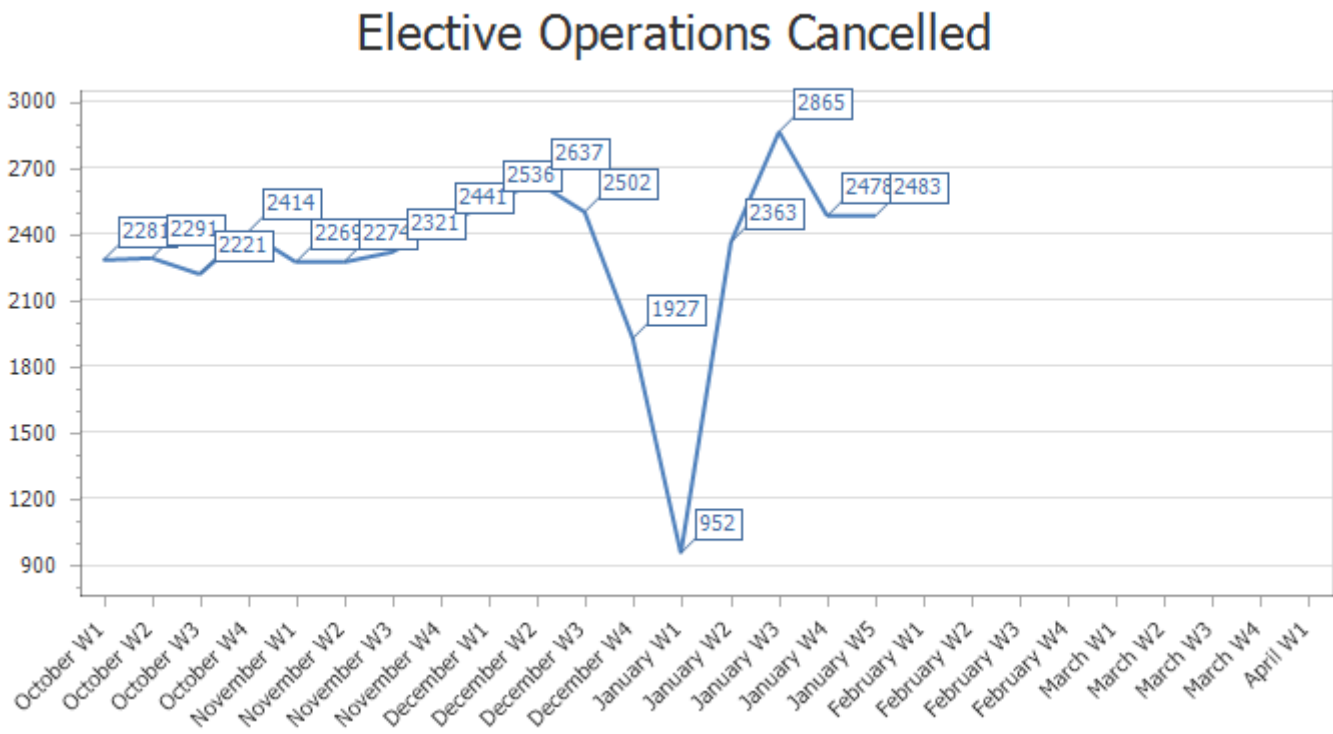
Delayed Transfer of Care Instances



The number of patients subject to DTOC has continued to climb steeply since the end of December. This can only act as a drag on four-hour standard performance and clearly illustrates the continuing difficulties in the social care sector.

In the final week of January there were 2,911 recorded instances of delayed transfers up from 2,799 the previous week. This translates to 6.98% of the acute bed stock. The range across all contributors for this week minimum 0.13% - maximum 22.14%

Graph of cancelled elective operations since October



A total of 39,255 elective operations have been cancelled over the project to date. This represents an overall average of 39.81 cancelled operations per site over the period. However, the underlying range was zero to 357 in a single week.

Overall

The data published this week shows that, to some extent four hour standard performance has briefly stabilised, albeit 13 percentage points lower than the level mandated in the NHS constitution.¹ Performance has now been at the lower end on the eighty percent range for 12 of the 17 weeks of the project so far. It is also worth noting that the gap in performance between this year and last year has continued to narrow. At this point last year, recorded performance was 84.04%, 2.08 percentage points higher than the 81.96% recorded this week.

None of which can disguise the fact that NHS providers remain under extreme financial pressure and are cutting their cloth accordingly. Despite the fact that bed occupancy rates

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 03 February 2017

remain around 95%,² that levels of Delayed Transfers of Care have continued to climb, and four hour standard performance remains substandard, acute bed capacity has now declined for three weeks in a row. Given that research previously published in the British Medical Journal has clearly shown that bed occupancy rates above 85% place patients at 'considerable risk', the logical conclusion is that this situation is being driven above all by the pressing need to control costs rather than treat patients.³

² [Winter Daily SitRep 2016-17 Data](#)

³ [BMJ](#)