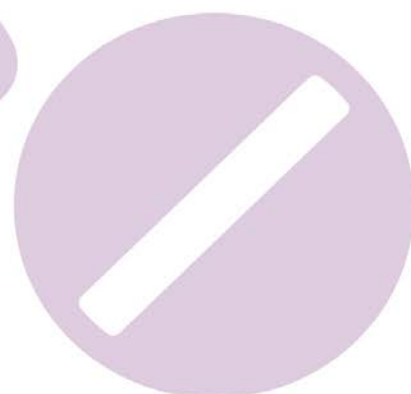
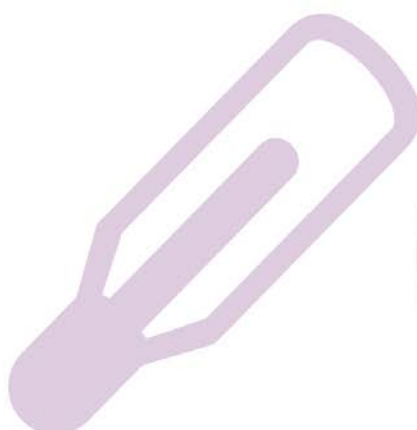


RCEM Winter Flow Project

Analysis of the data so far: 3rd March 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.

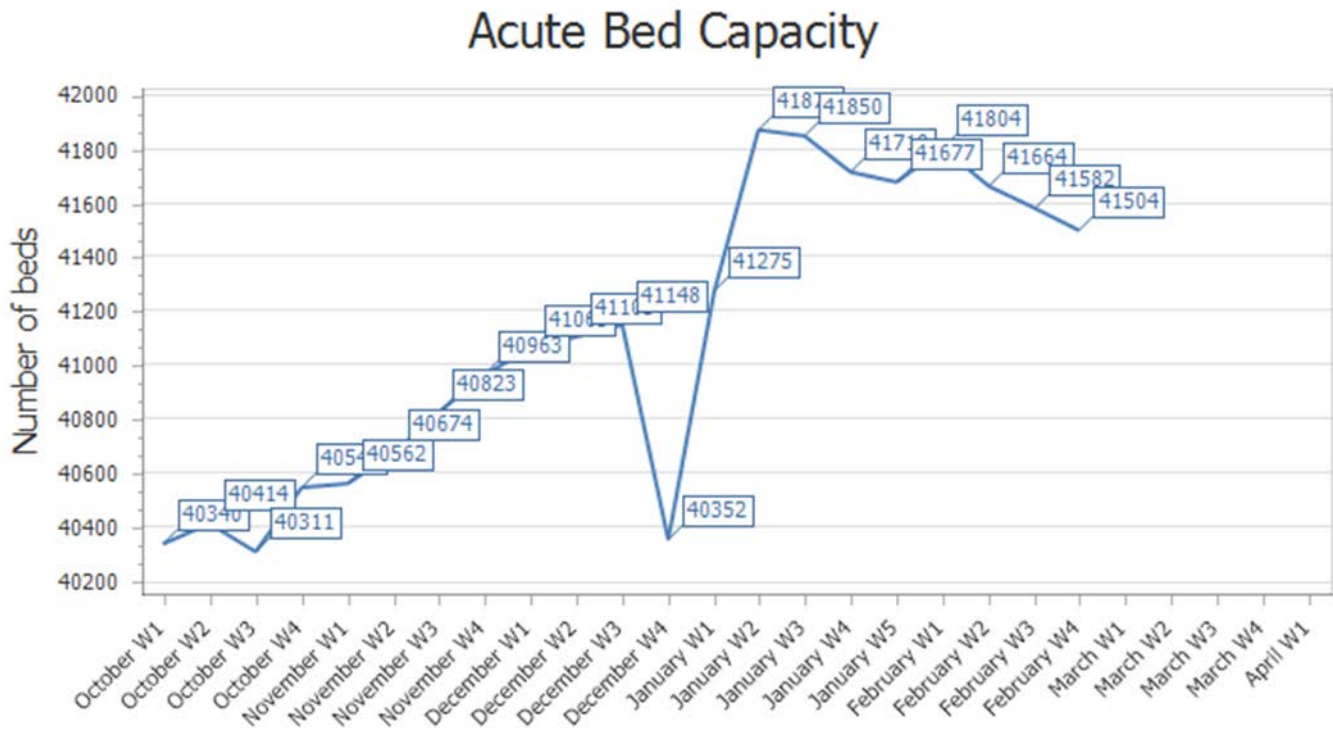
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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



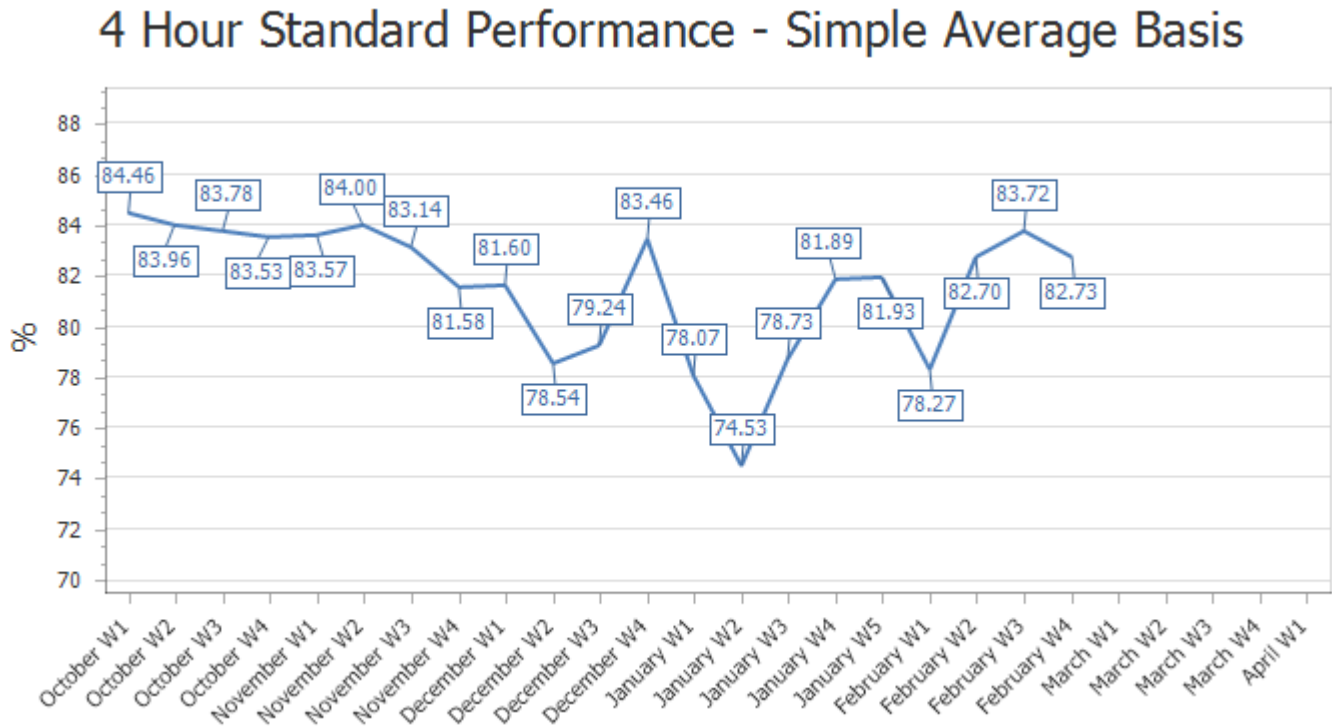
Active Bed Management

In the final week of February the number of beds within the project group fell to 41,504 down from 41,582 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.

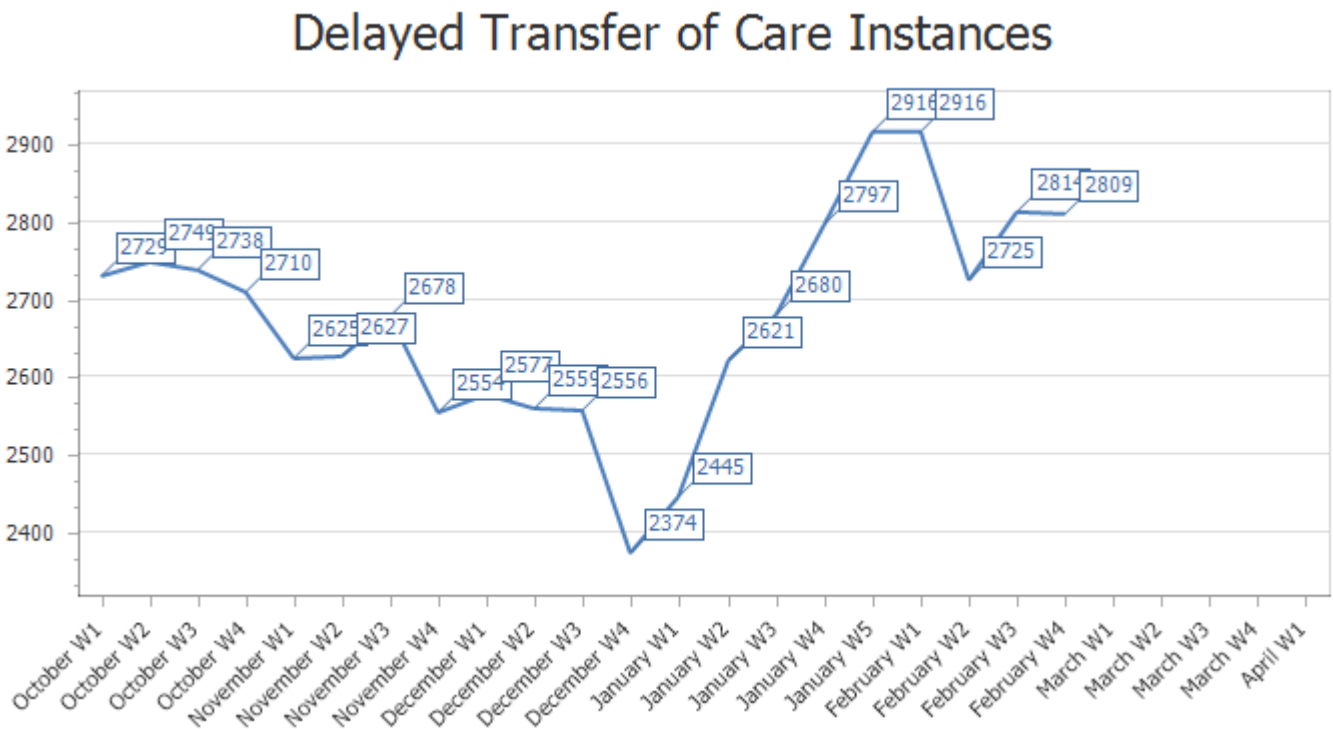
	No flexing	0 – 5%	5 – 10%	10 – 15%	15 – 20%
Number of sites	8	10	21	11	8

Graph of four hour performance by week since October



In the final week of February four hour standard performance stood at 82.73%, down from 83.72% the previous week. The underlying picture shows 19 increases and 34 decreases across the project group.

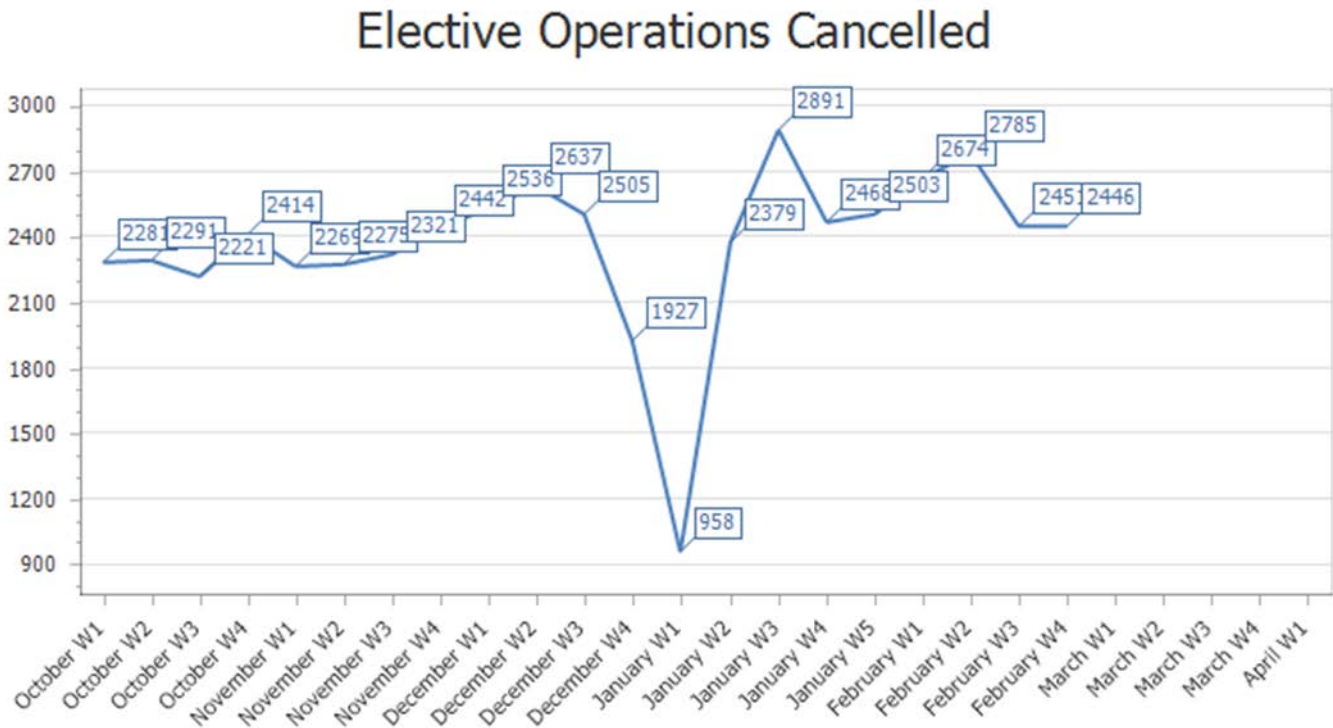
Graph of Delayed Transfers of Care (DTOCs) by week since October



The number of patient subject to DTOC has stabilised after some deterioration between the second and third weeks of February.

In the final week of February there were 2,809 recorded instances of delayed transfers down from 2,814 the previous week. This translates to 6.77% of the acute bed stock. The range across all contributors for this week minimum 0.25% - maximum 19.90%

Graph of cancelled elective operations since October



A total of 49,674 elective operations have been cancelled over the project to date. This represents an overall average of 40.78 cancelled operations per site per week over the project so far. However, the underlying range was zero to 357 in a single week.

Overall

The data published this week shows that although still considerably short of the 95% set out in the NHS Constitution,¹ four hour standard performance has remained above 80%. However, having recorded that performance last week was marginally better than in the same week last year, at 82.73%, performance has again fallen below that which was achieved last year. At the same point last year Winter Flow recorded four hour standard performance of 83.93%, a gap of 1.2 percentage points.

While it is encouraging that both DTOC and elective cancellations appear to have briefly stabilised, this has not been sufficient to support four hour standard performance. Much of the reason for this appears to be based on resources. As has been noted previously in this year's Winter Flow Project, providers are under unprecedented financial pressure.² What this means is that providers are continuing to erode the number of acute beds available despite the fact that bed occupancy is currently 94.4% when measured at midnight.³ This is

¹ [NHS Constitution](#)
² [NHS Improvement](#)
³ [NHS England Sit Rep Data](#)

considerably above what is usually considered to be safe for patients,⁴ and can only make four hour standard performance more difficult to maintain.

⁴ [BMJ](#)