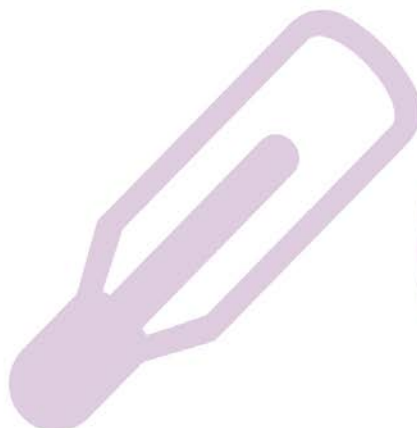




The Royal College of
Emergency Medicine

RCEM Winter Flow Project

Analysis of the data so far: 6th January 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. 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.

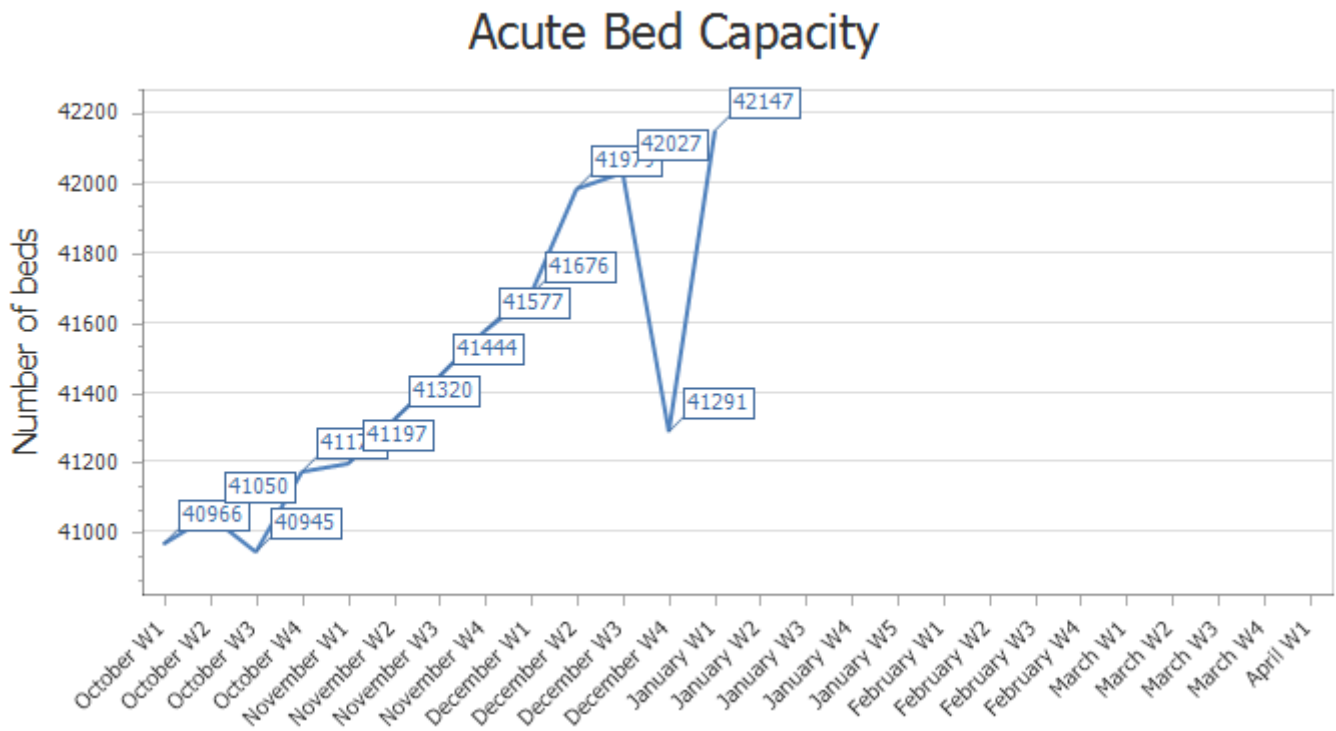
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

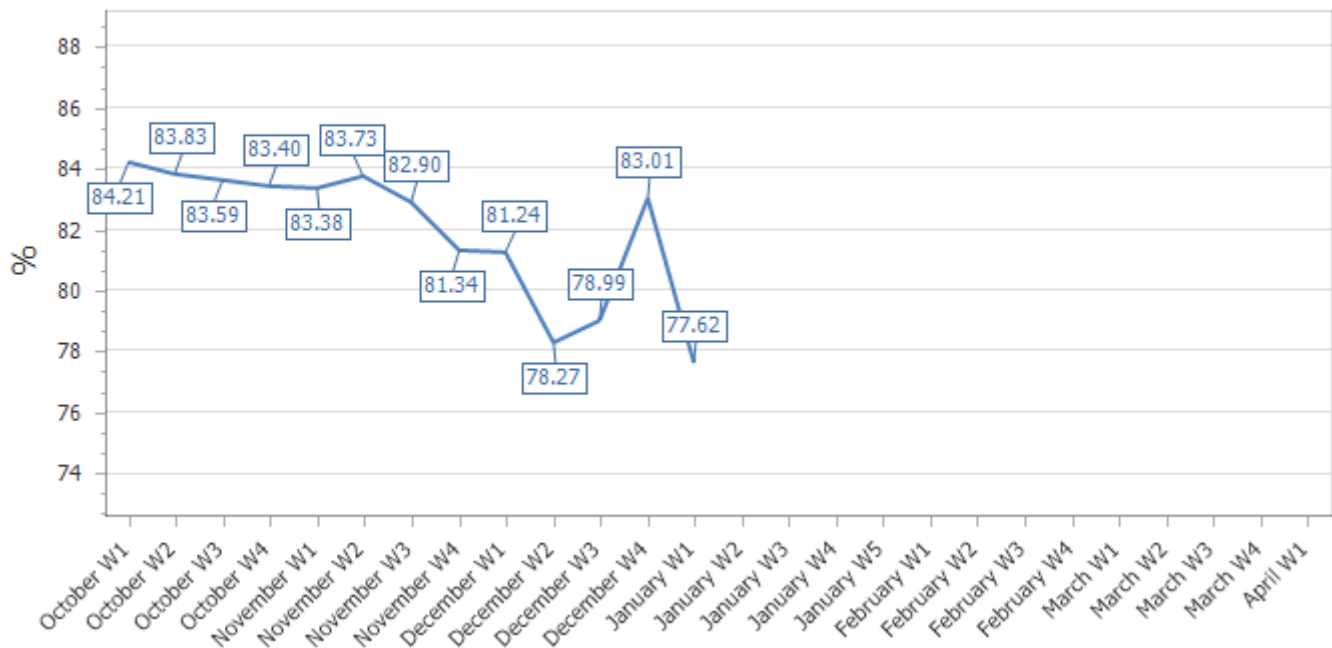
This shows that after an expected drop over the week of Christmas Trusts/Boards are working hard to flex their acute bed stock to meet increasing patient demand. As recorded on the 1st January the number of beds within the project group increased to 42,147 up from 41,191 the previous week. In total, there has been a 2.88% 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	18	20	7	6

Graph of four hour performance by week since October

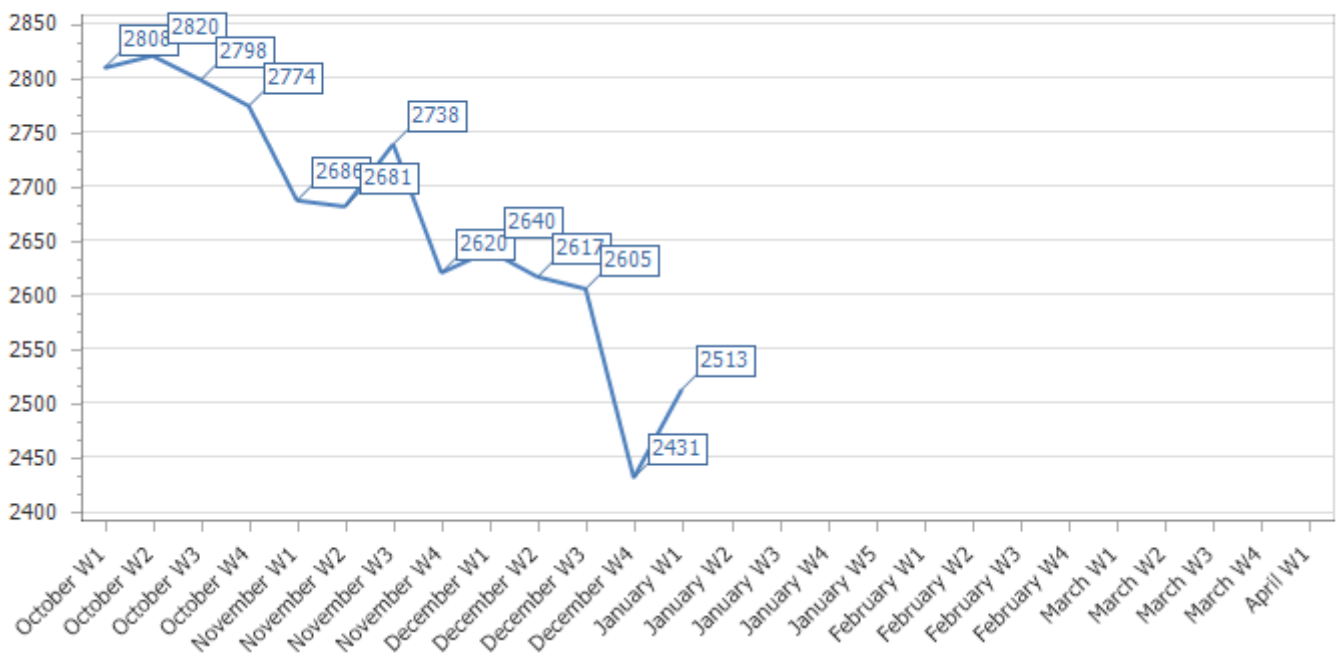
4 Hour Standard Performance - Simple Average Basis



On 1st January four hour standard performance stood at 77.62%, down from 83.01% the previous week. The underlying picture shows 9 increases and 47 decreases across the project group. The previous week's performance (83.01%) reflects reduced demand and lower levels of bed occupancy which are expected during Christmas week.

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

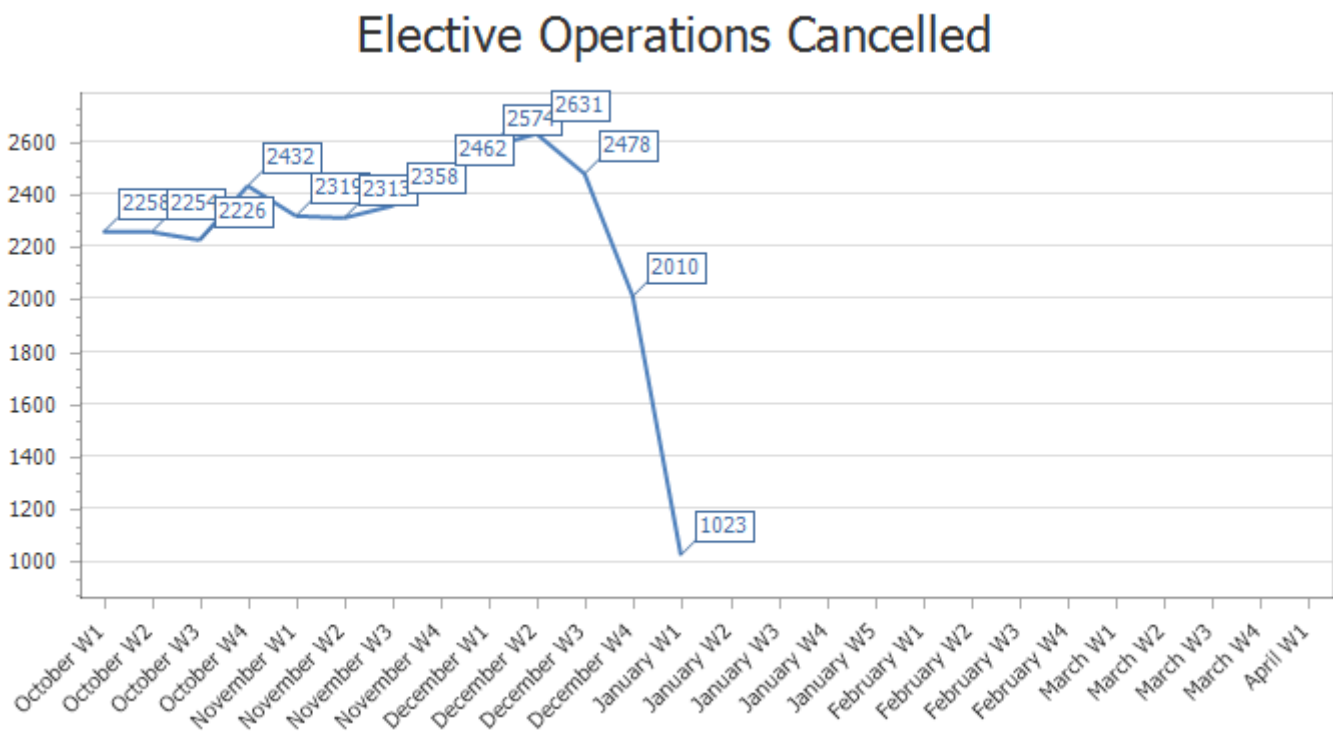
Delayed Transfer of Care Instances



The Delayed Transfers of Care data collected so far shows that after some welcome progress in this area the number of patients subject to DTOC has started to climb. This can only be expected to make timely patient admission to hospital from Emergency Departments more problematic.

As recorded on 1st January there were 2,513 recorded instances of delayed transfers up from 2,431 the previous week. This translates to 5.96% of the acute bed stock. Across all project contributors for this week the range of DTOC as percentage of bed stock was minimum 1.5% - maximum 18.06%

Graph of cancelled elective operations since October



A total of 29,338 elective operations have been cancelled over the project to date. This represents overall average cancelled 38.25 operations per site over the period. However, the underlying range was zero to 280 in a single week. The decline in elective cancellations over recent weeks reflect scheduled reductions in operations over the festive period.

Overall

Given that there is a well-established link between Four Hour Standard performance¹ and clinical outcomes for patients,² the Winter Flow data published this week is surely a sign of an emergency medicine system in crisis. The fact that we have reached 77% already – with much of the winter still to come – makes grim reading.

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](#)

² [The National Emergency Access Target \(NEAT\) and the 4-hour rule](#)

It is important to remember that the reality behind these numbers is an ever greater number of physicians and others working in crowded emergency departments that are unsafe for patients and demoralising for clinical staff.

With Four Hour Standard performance now 11 percentage points lower than at the same point last year, surely this situation can be ignored no longer. Now is the time for those responsible for the NHS to provide the resources patients desperately need if we are to consistently deliver decent, compassionate care.