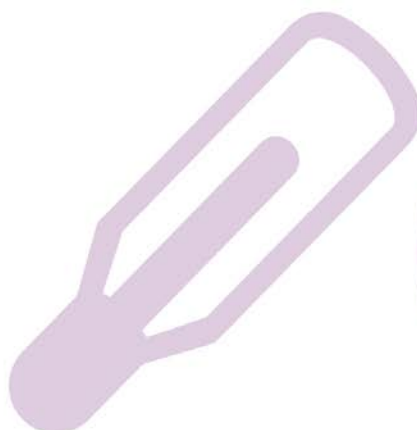




The Royal College of
Emergency Medicine

RCEM Winter Flow Project

Analysis of the data so far: 10 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.

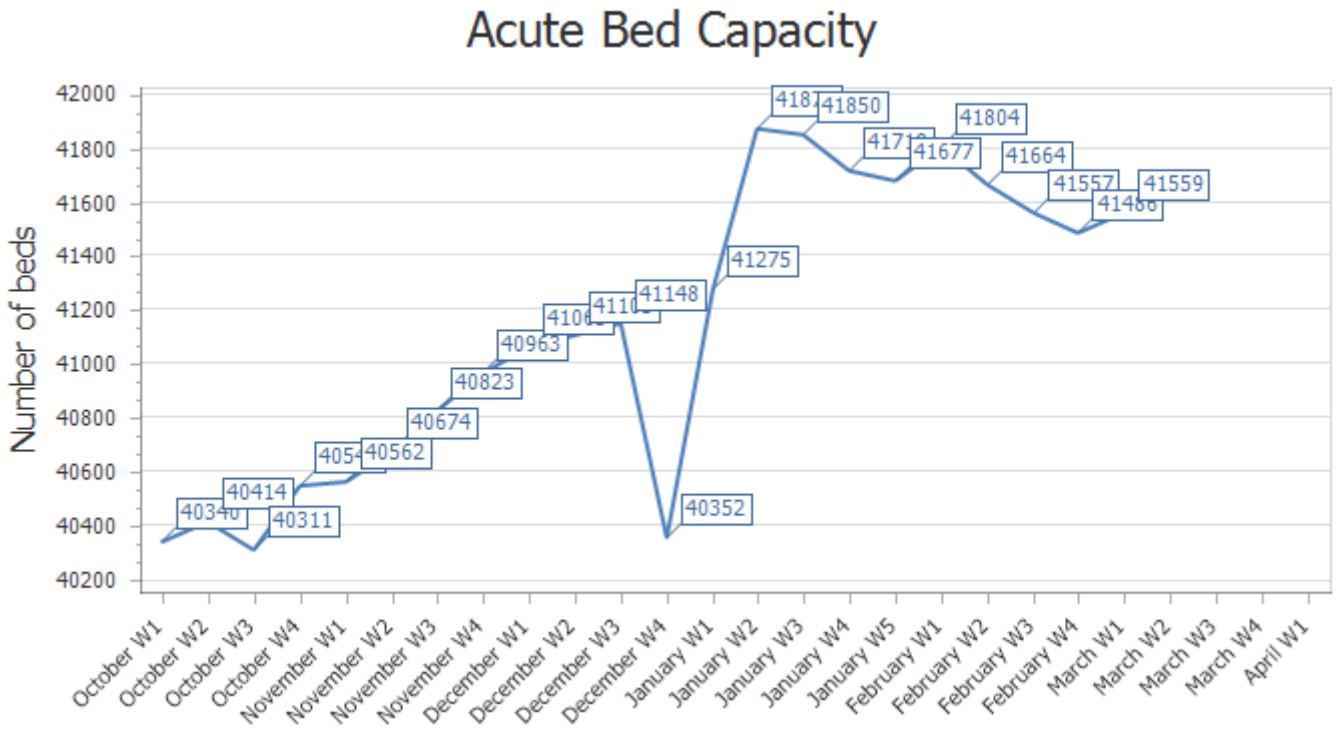
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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



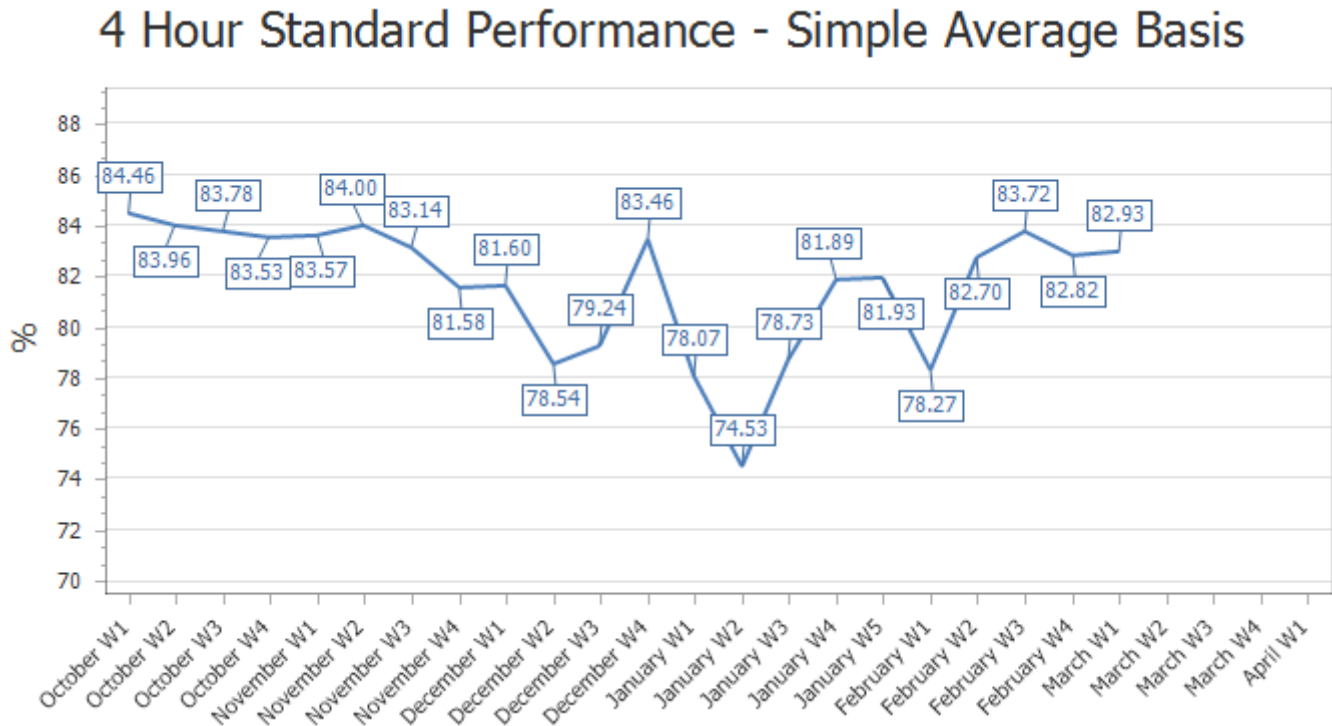
Active Bed Management

In the first week of March the number of beds within the project group increased to 41,559 up from 41,486 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.

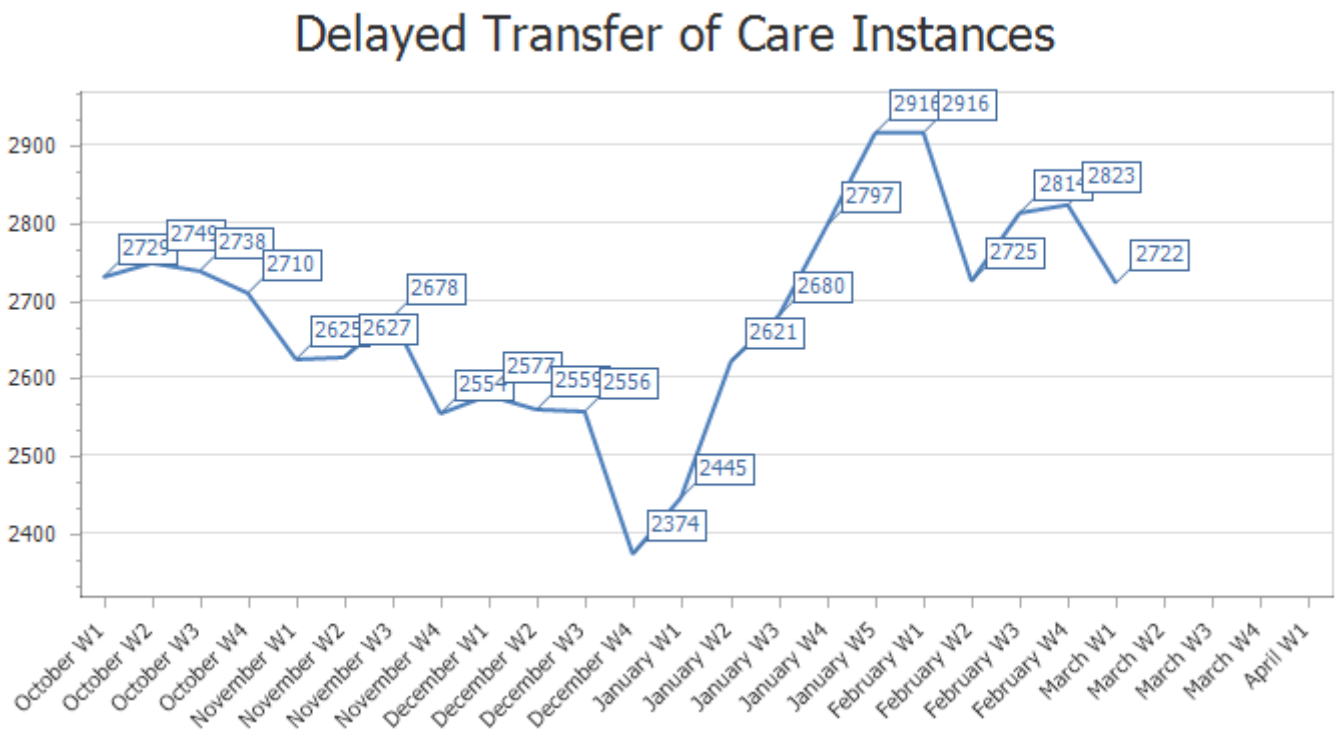
	No flexing	0 – 5%	5 – 10%	10 – 15%	15 – 20%
Number of sites	8	10	21	11	8

Graph of four hour performance by week since October



In the first week of March four hour standard performance stood at 82.93%, up from 82.82% the previous week. The underlying picture shows 27 increases and 27 decreases across the project group.

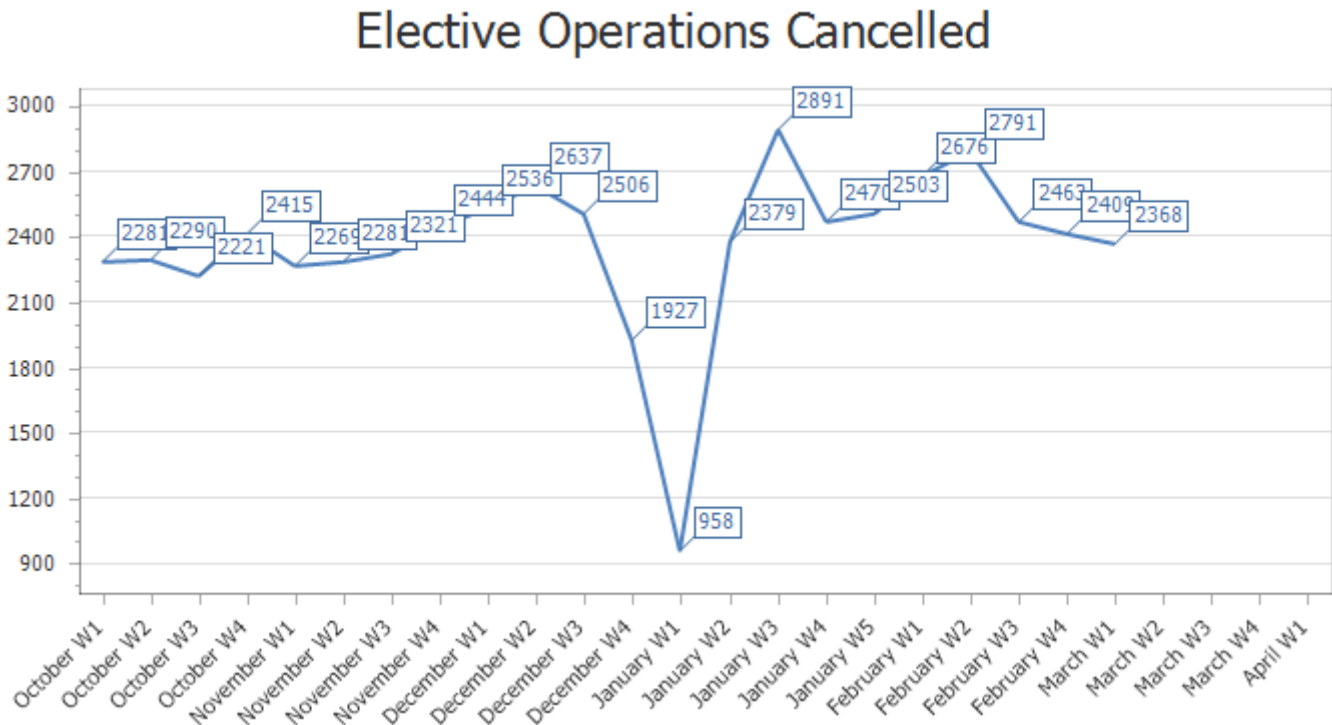
Graph of Delayed Transfers of Care (DTOCs) by week since October



The number of patients subject to DTOC has shown notable improvement in the first week of March.

There were 2,722 recorded instances of delayed transfers down from 2,823 the previous week. This translates to 6.55% of the acute bed stock. The range across all contributors for this week minimum 0.00% - maximum 21.62%

Graph of cancelled elective operations since October



A total of 52,063 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%. Moreover, it is only fair to point out that, in addition to the very small improvement in four hour standard performance – just over one tenth of one percentage point – there is much to be positive about. The number of acute beds in service appears to have increased, in the same week as the number of cancelled operations and the number of patients subject to Delayed Transfers of care have both shown signs of improvement.

However, while improvements in this area are undoubtedly good for patients, the fact that some of the material facts on the ground do appear to have improved, and we have nonetheless seen no more than a negligible improvement in four hour performance, only serves to underline the intractable nature of the challenges faced by NHS Providers.

¹ [NHS Constitution](#)
Published 10 March 2017

This week the Secretary of State for Health, Jeremy Hunt MP stated that he wanted to return to 95% four hour standard performance because “that is critical for patient safety.”² The Royal College of Emergency Medicine welcomes these sentiments, as well as the additional funding for Social Care and GP triage announced by the Chancellor.³

However, it is important to recognise that while these sums are likely to be helpful, this still falls far short of making up for the funding that has been taken out of social care provision in recent years. As such, returning performance to these levels may prove more challenging than anticipated without significant further investment.

² [Reform 09 March](#)

³ [HM Treasury Chancellor's Budget Speech](#)