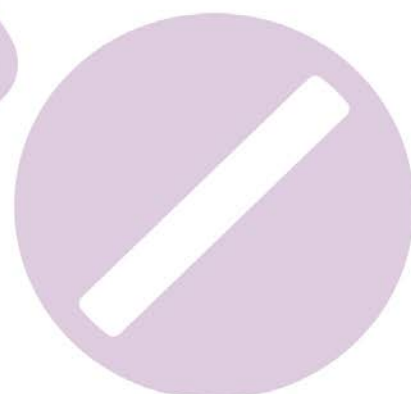
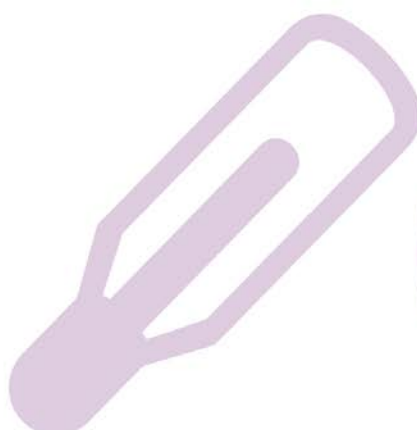


# RCEM Winter Flow Project

Analysis of the data so far: 17 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.

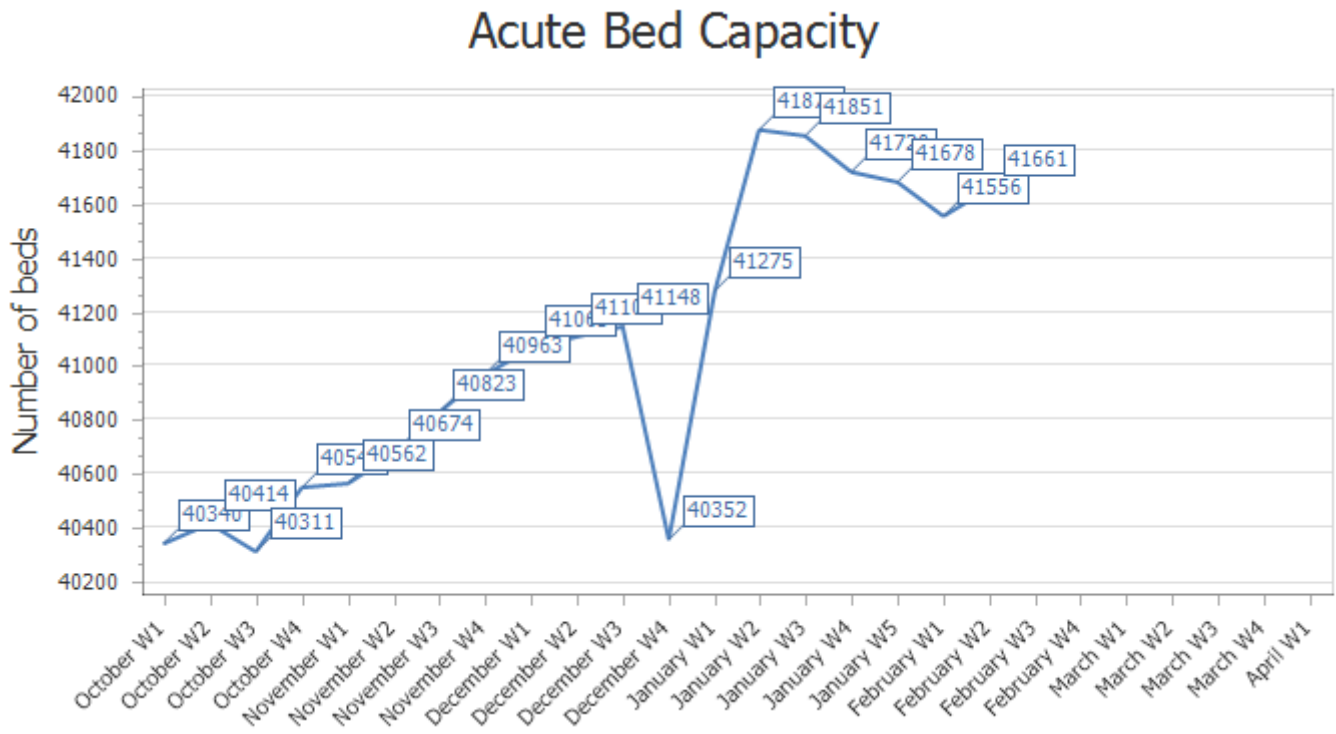
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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



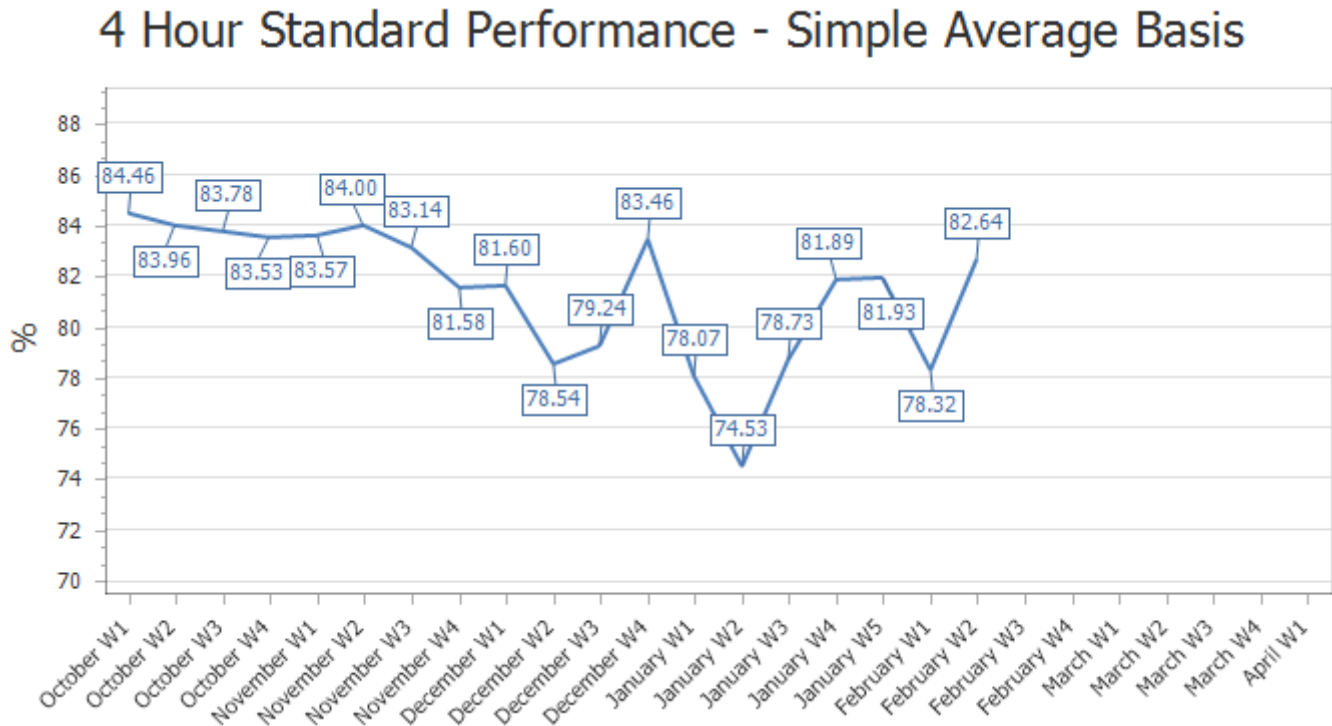
## Active Bed Management

In the second week of February the number of beds within the project group increased to 41,661 from 41,556 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.

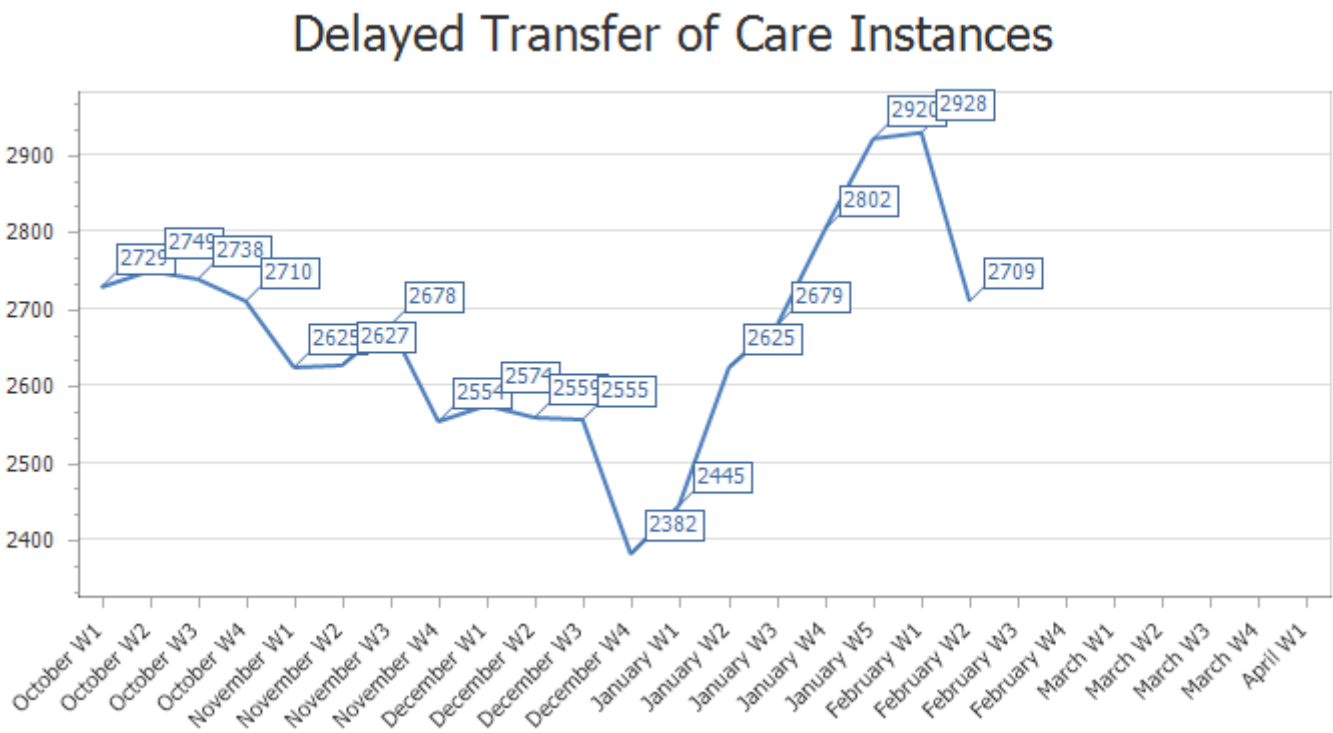
	No flexing	0 – 5%	5 – 10%	10 – 15%	15 – 20%
Number of sites	8	11	19	11	9

Graph of four hour performance by week since October



In the second week of February four hour standard performance stood at 82.64%, up from 78.32% the previous week. The underlying picture shows 43 increases and 12 decreases across the project group.

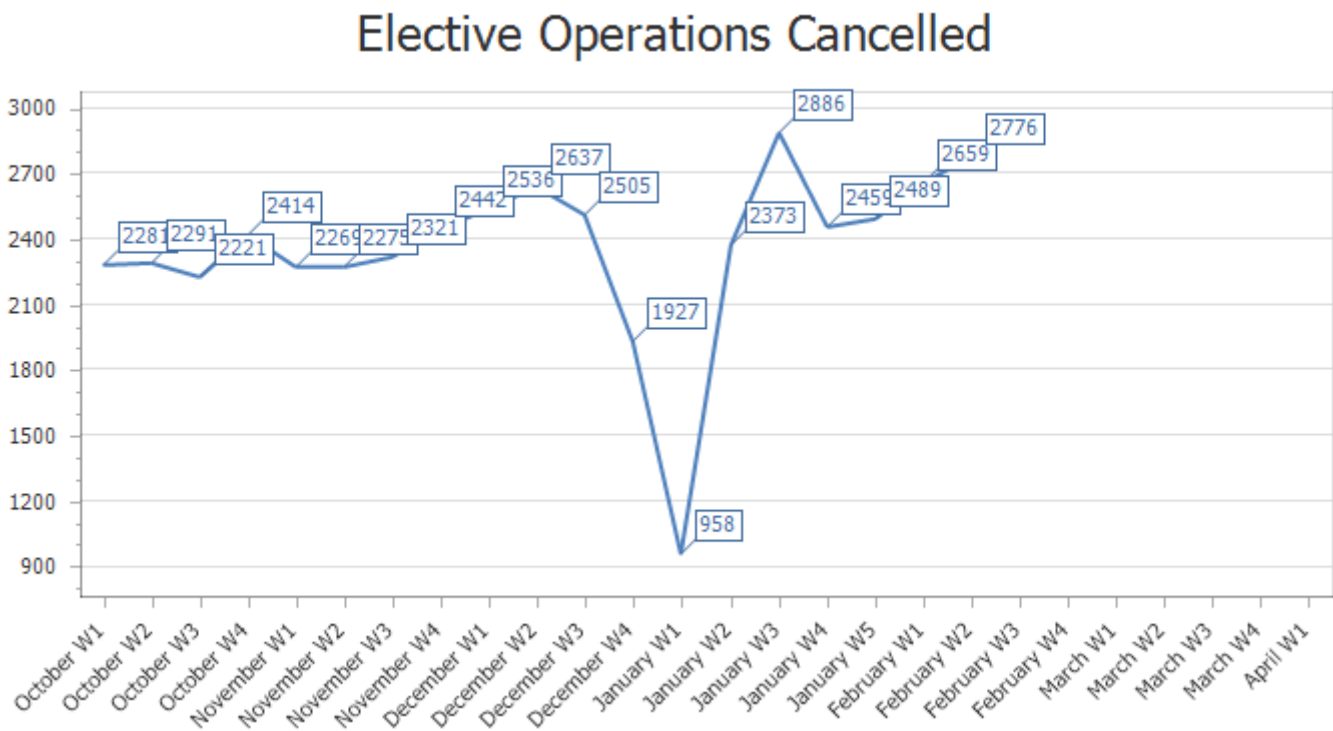
Graph of Delayed Transfers of Care (DTOCs) by week since October



The number of patients subject to DTOC has seen a welcome improvement this week.

In the second week of February there were 2,709 recorded instances of delayed transfers down from 2,928 the previous week. This translates to 6.50% of the acute bed stock. The range across all contributors for this week minimum 0.13% - maximum 16.53%

### Graph of cancelled elective operations since October



A total of 44,719 elective operations have been cancelled over the project to date. This represents an overall average of 40.58 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 a welcome improvement in acute bed availability, delayed transfers of care and four hour standard performance. In simple terms this illustrates a very common sense position; when there is an improvement in the number of beds available and patient flow becomes less impeded, four hour standard performance can be expected to improve.

Nonetheless, bed occupancy rates remain far higher than 85% and four hour performance is still considerably short of the 95% set out in the NHS Constitution.<sup>1</sup> While the improvements recorded this week are good news for both patients and staff, the situation remains very challenging and there is no cause for complacency.

<sup>1</sup> [NHS Constitution](#)  
Published 17 February 2017