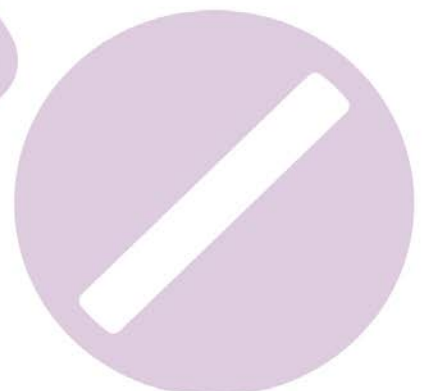
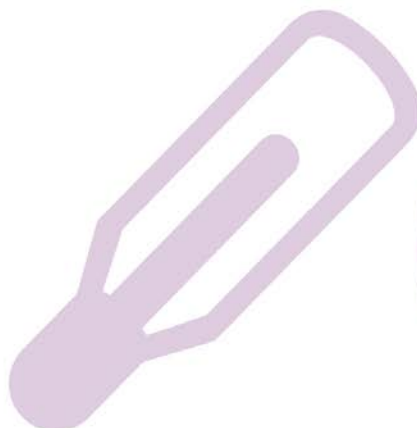




The Royal College of
Emergency Medicine

RCEM Winter Flow Project

Analysis of the data so far: 24 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.

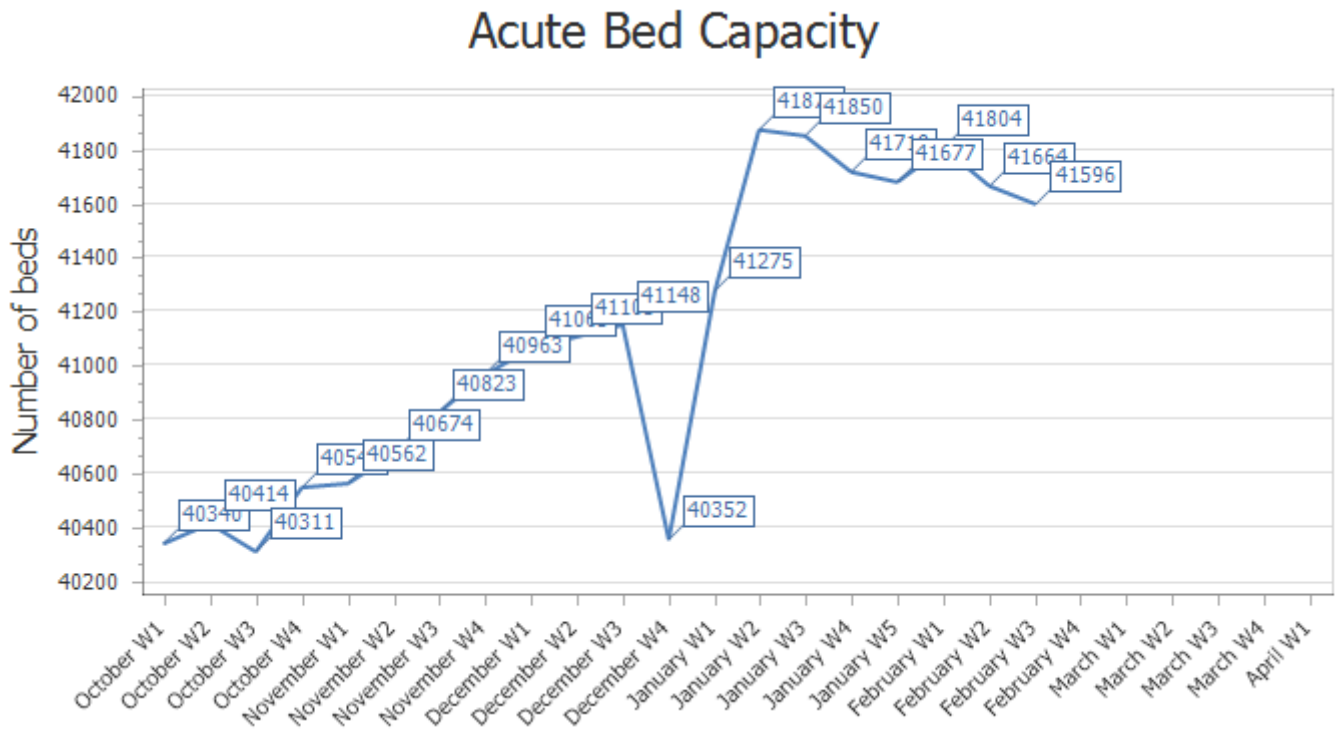
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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

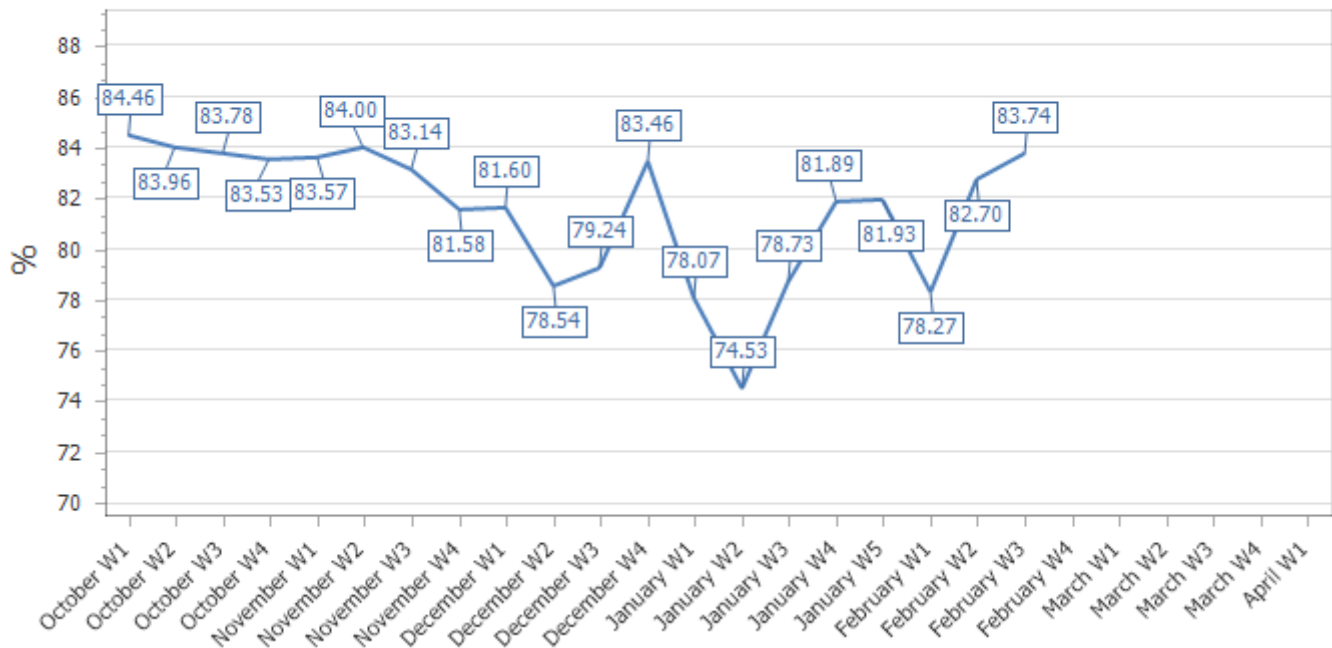
In the third week of February the number of beds within the project group fell to 41,596 down from 41,664 the previous week. In total, there has been a 3.80% increase in the aggregate bed stock from the project starting point.

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	20	11	8

Graph of four hour performance by week since October

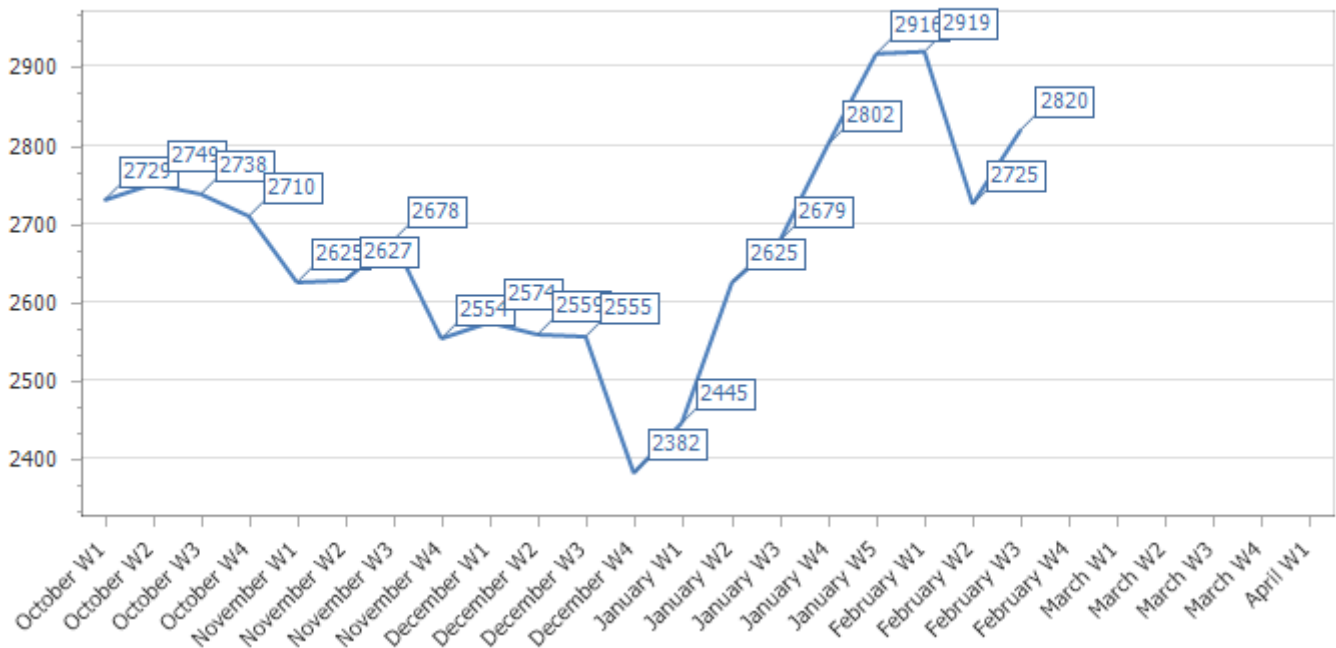
4 Hour Standard Performance - Simple Average Basis



In the third week of February four hour standard performance stood at 83.74%, up from 82.70% the previous week. The underlying picture shows 30 increases and 24 decreases across the project group.

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

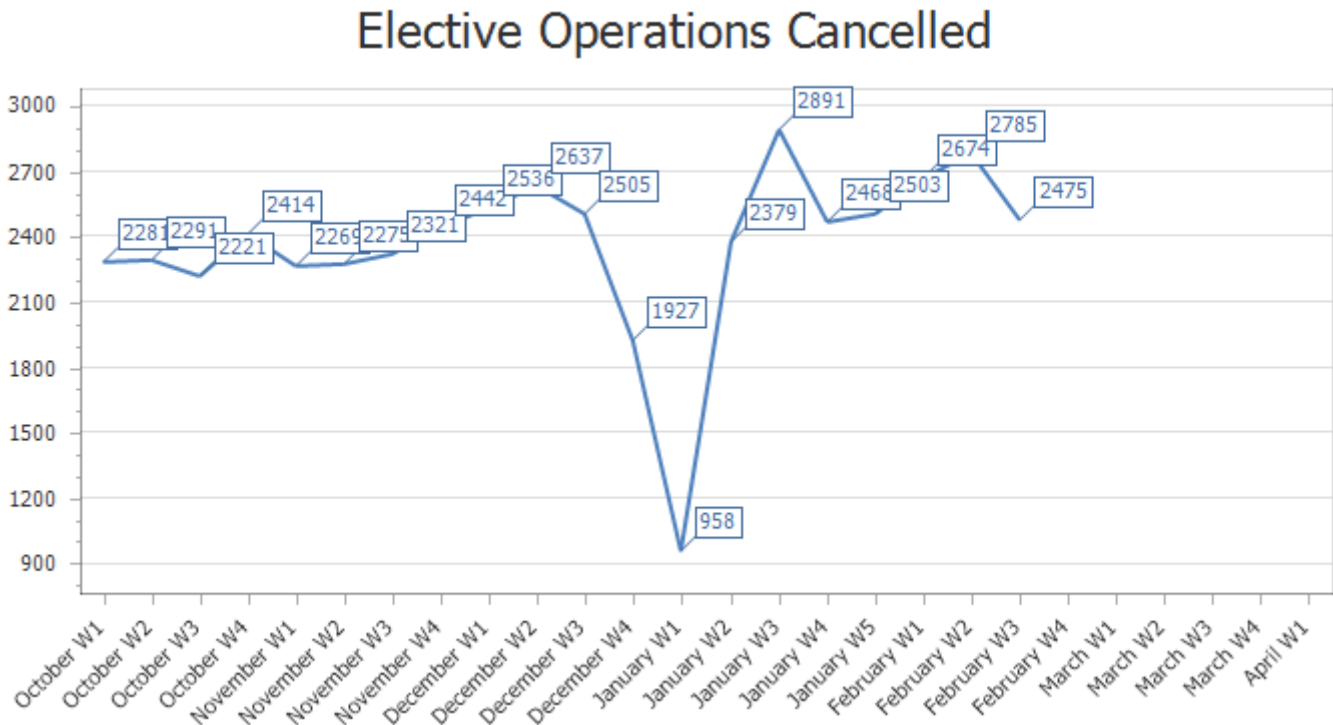
Delayed Transfer of Care Instances



The number of patients subject to DTOC has again deteriorated after some improvement the previous week.

In the third week of February there were 2,820 recorded instances of delayed transfers up from 2,725 the previous week. This translates to 6.78% of the acute bed stock. The range across all contributors for this week minimum 0.25% - maximum 21.39%

Graph of cancelled elective operations since October



A total of 47,252 elective operations have been cancelled over the project to date. This represents an overall average of 40.73 cancelled operations per site per week over the period. 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 continued to improve. In fact, this week is the first week of the project so far that has recorded performance that is better than the previous year. At the same point last year Winter Flow recorded four hour standard performance of 83.43% whereas the performance this week is 83.74%.

While it is important to recognise good news, equally important is to recognise that considerable challenges remain. Patient flow would need to improve significantly if the four hour standard were actually to be met. The decline in the recorded number of cancelled operations suggests that some of the pressures around the management of acute bed stock may have eased, but this week's increase in Delayed Transfer of Care underlines how full hospitals are less efficient and that social care provision continues to present difficulties for patients and staff.

¹ [NHS Constitution](#)
Published 24 February 2017