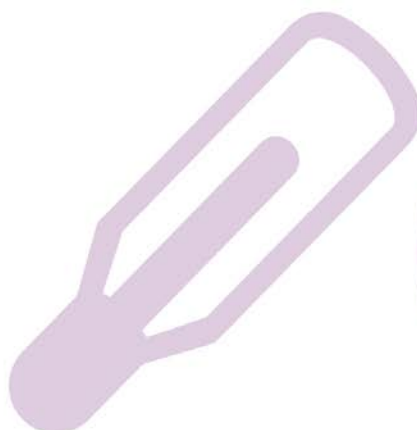




The Royal College of
Emergency Medicine

RCEM Winter Flow Project

Analysis of the data so far: 31 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.

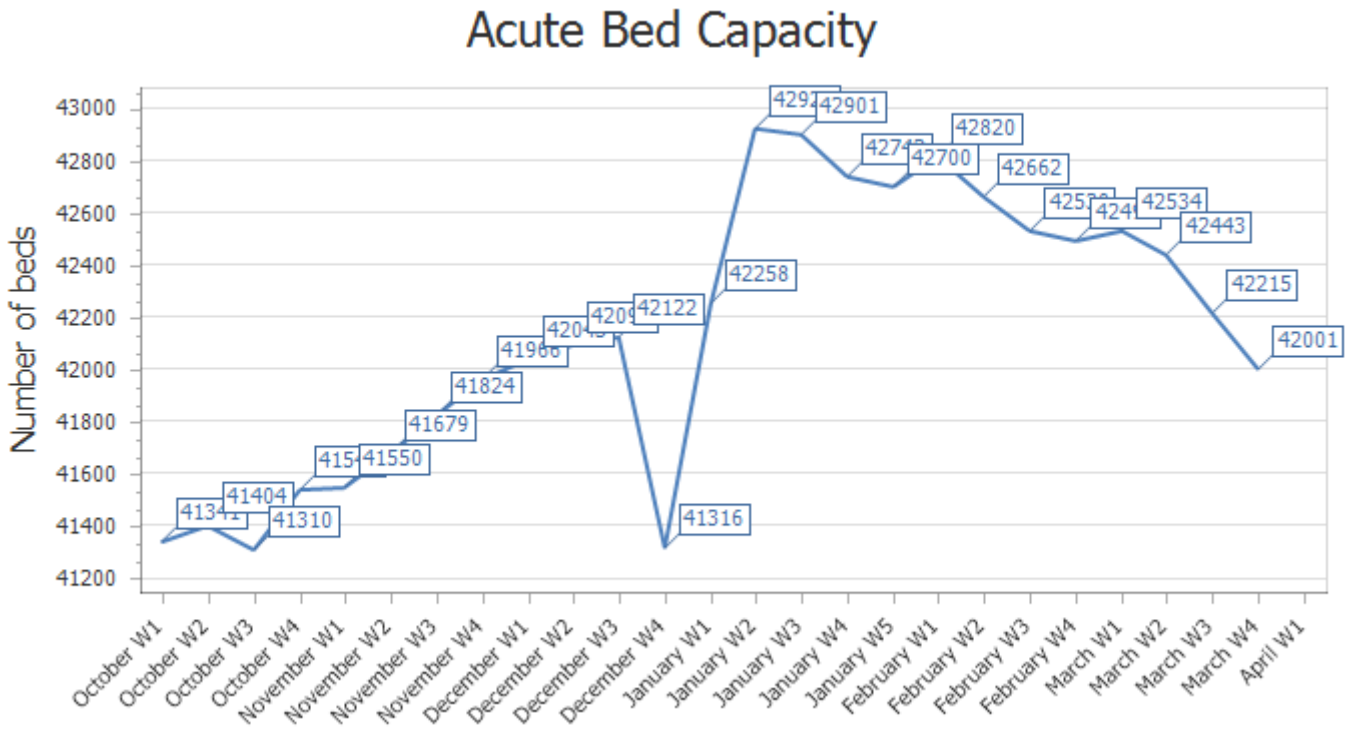
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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



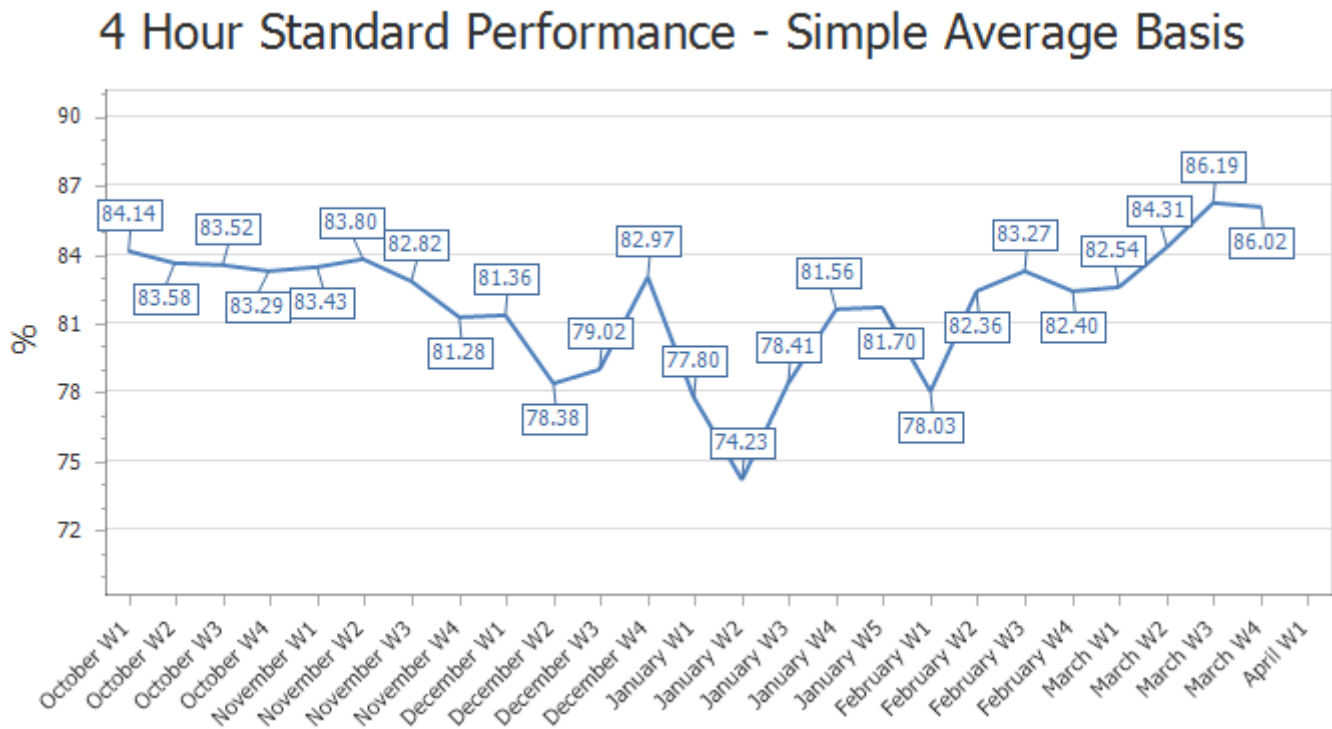
Active Bed Management

In the third week of March the number of beds within the project group decreased to 42,001 down from 42,215 the previous week. In total, there has been a 3.83% 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.

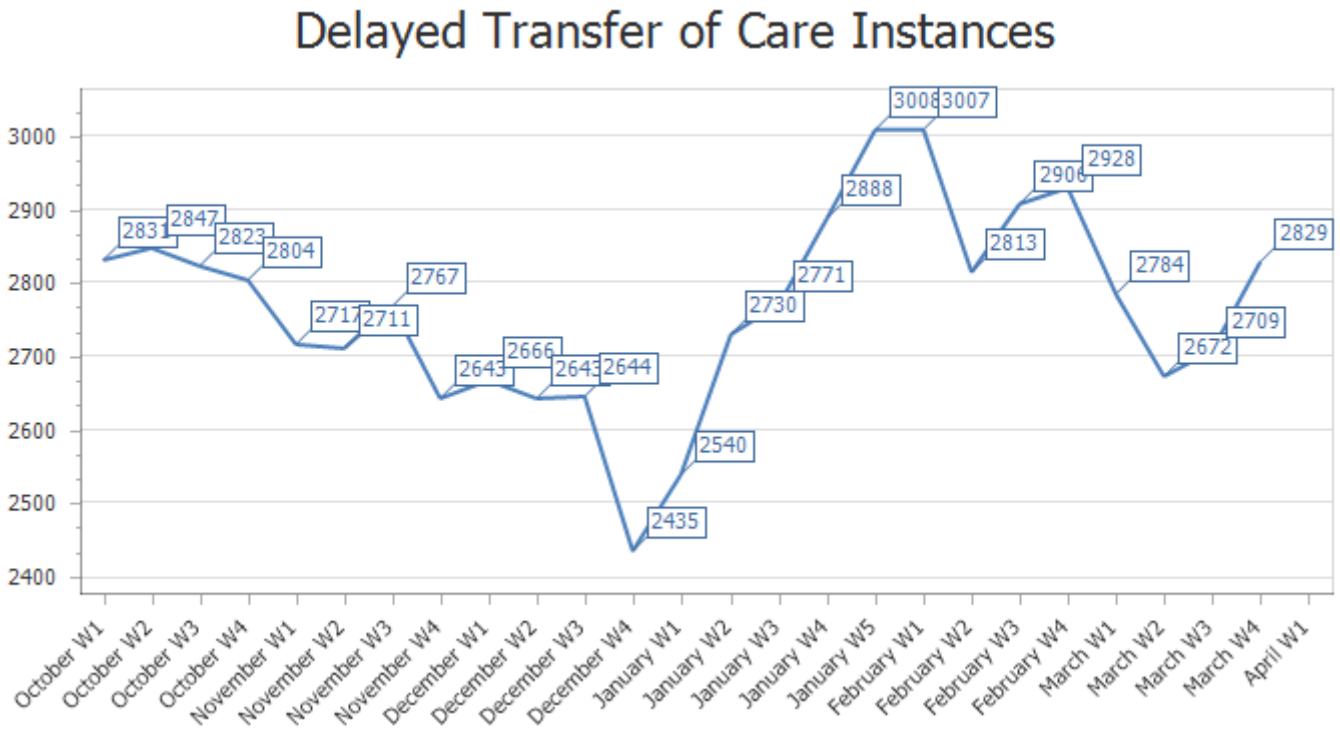
	No flexing	0 – 5%	5 – 10%	10 – 15%	15 – 20%
Number of sites	8	10	23	11	8

Graph of four hour performance by week since October



In the third week of March four hour standard performance stood at 86.02%, marginally down from 86.19% the previous week. The underlying picture shows 28 increases and 29 decreases across the project group.

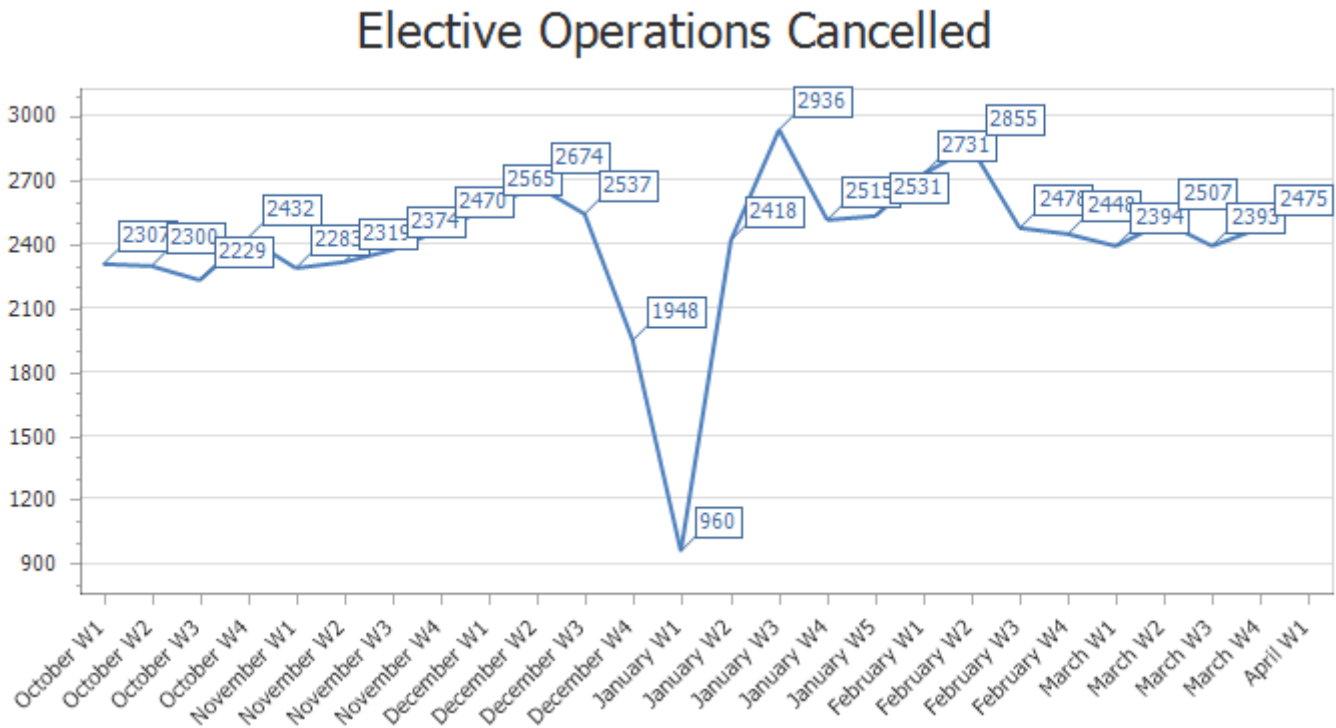
Graph of Delayed Transfers of Care (DTCs) by week since October



The number of patients subject to DTC has worsened again in the last week of March.

There were 2,829 recorded instances of delayed transfers up from 2,709 the previous week. This translates to 6.74% of the acute bed stock, up from 6.42% the previous week. The range across all contributors for this week minimum 0.00% - maximum 25.4%

Graph of cancelled elective operations since October



A total of 60,079 elective operations have been cancelled over the project to date. This represents an overall average of 40.05 cancelled operations per site per week over the project so far.

Overall

The data published this week shows that performance remains considerably short of the 95% set out in the NHS Constitution¹. The trend in the number of patients subject to DTOC is of concern: after some weeks of consistent improvement, it has worsened slightly.

While any improvement in the four hour standard performance is to be welcomed as good news for both patients and staff, these figures should not be taken as evidence that the profound challenges facing NHS providers have been resolved. They have not. Four hour standard performance has been in more or less steady decline since 2010 and NHS England has not recorded a quarterly performance for Type 1 EDs over 95% since the second quarter of 2012-13.² Considerable investment is still required in clinical staff, bed provision and social care to improve care for patients.

¹ [NHS Constitution](#)

² [NHS England A&E Statistics](#)