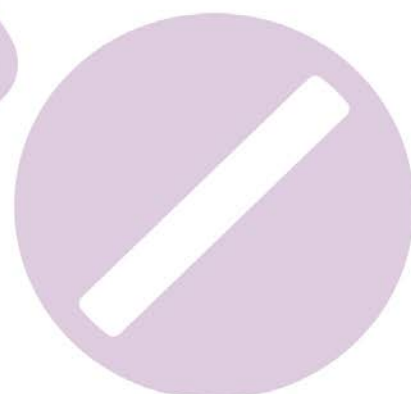
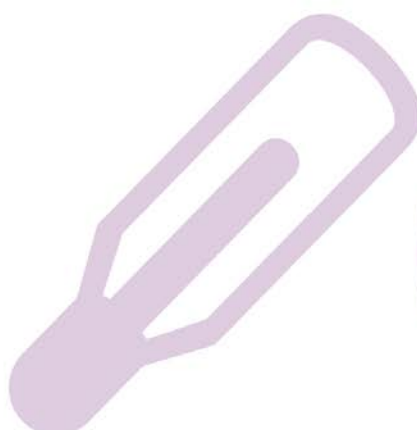


# RCEM Winter Flow Project

Analysis of the data so far: 4<sup>th</sup> January 2019



## 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 four countries of the UK were better informed about the challenges faced by staff working on the NHS frontline.

The project has proven invaluable and is now in its fourth year. In our view, the project has also been instrumental in making the case for additional resources for the health sector; which is now reflected in the new settlement for the NHS which has recently been announced by the Government.

As was the case in previous years, each participating Trust/Board has submitted weekly data on attendances, four-hour standard performance, delayed transfers of care and cancelled elective operations. In an effort to reflect on-going staff shortages, we have also asked participating providers to tell us how many locum and agency staff are working in their Emergency Departments. This staffing measure is now in its second year. These data points 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 have submitted these data on a weekly basis since the beginning of October.

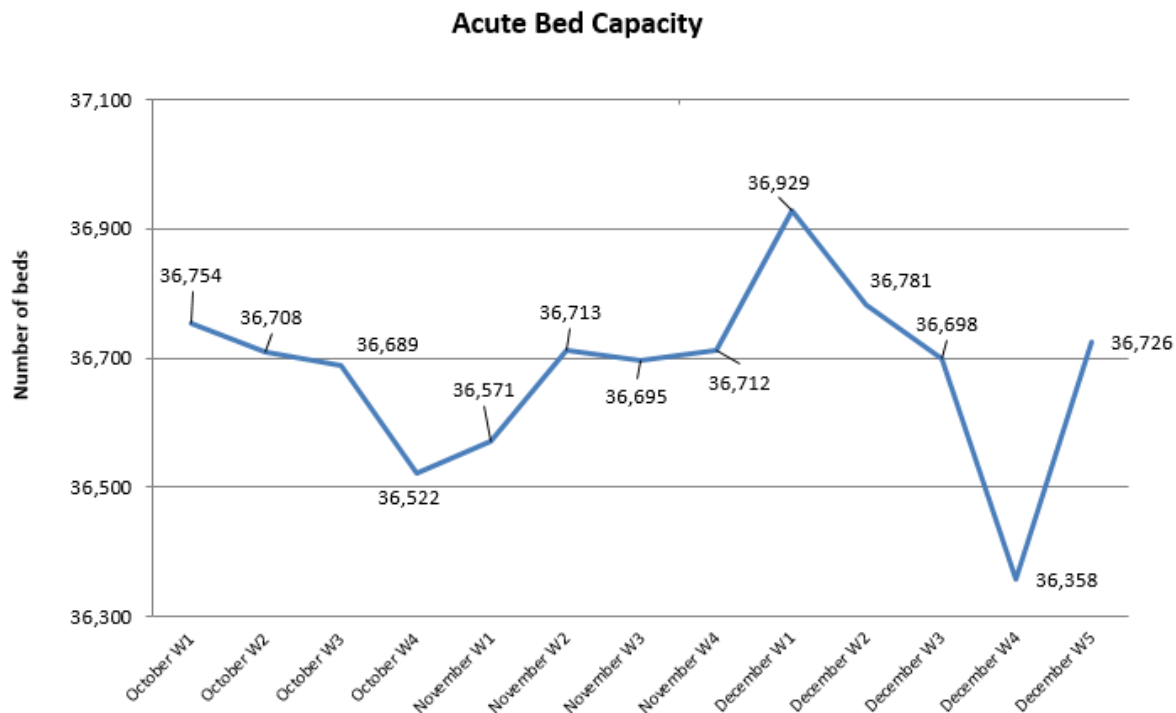
Published on a Friday of the week following data collection, the summary data provide a current overview of 'winter pressures'. The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

Unlike NHS England datasets, there is no suggestion that our project represents a complete or permanent scrutiny of the healthcare system. Our data include all four countries of the UK, although the majority of participating sites lie within England. It is just a sample of Trusts/Boards, albeit a large and representative one.

The data have already been of immense value to the College and allow 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

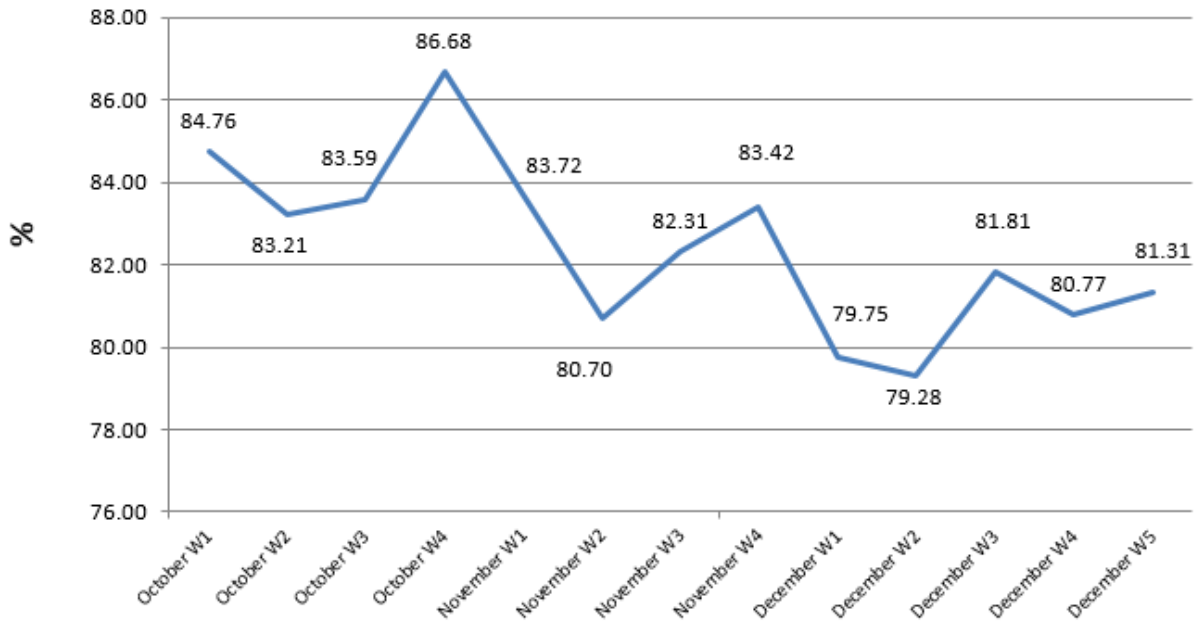
In the final week of December, the number of beds within the project group increased to 36,726 – up from 36,358 the previous week. In total, there has been a 2.0% increase in the aggregate bed stock from the project starting point.

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	9	29	10	5	1

## Graph of four-hour performance by week since October

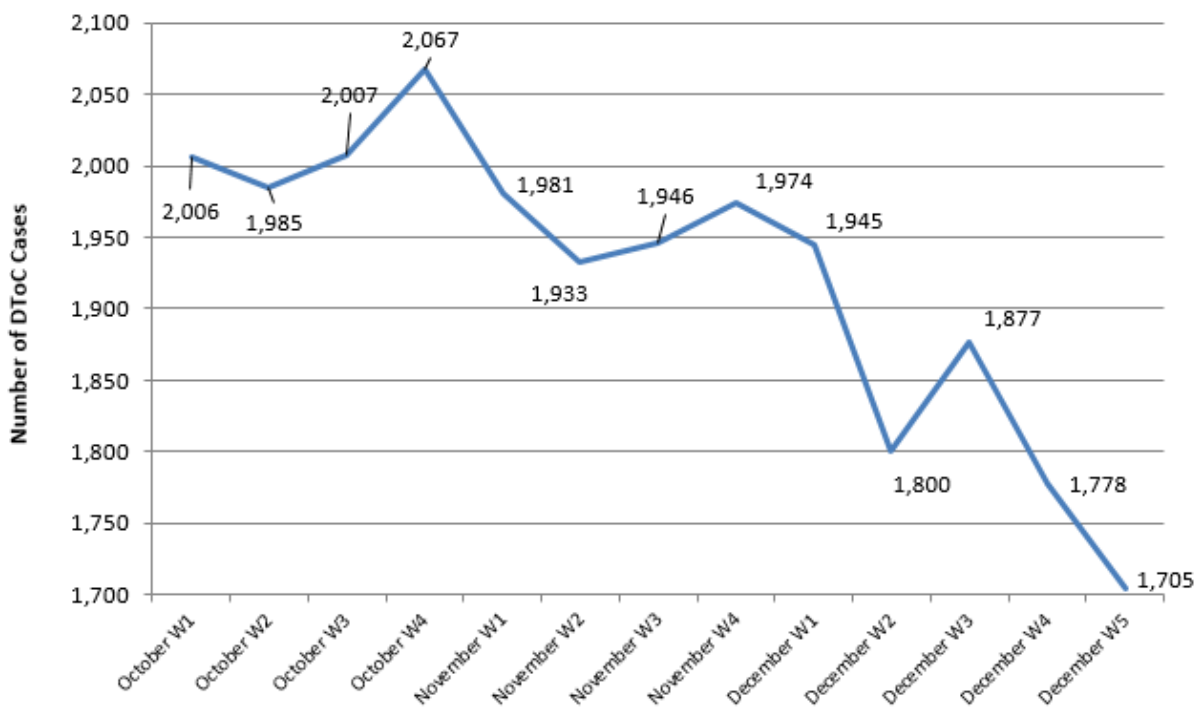
### 4 Hour Standard Performance - Simple Average Basis



In the final week of December, four-hour standard performance stood at 81.31% - up from 80.77% the previous week. The underlying picture shows 26 increases and 24 decreases across the project group.

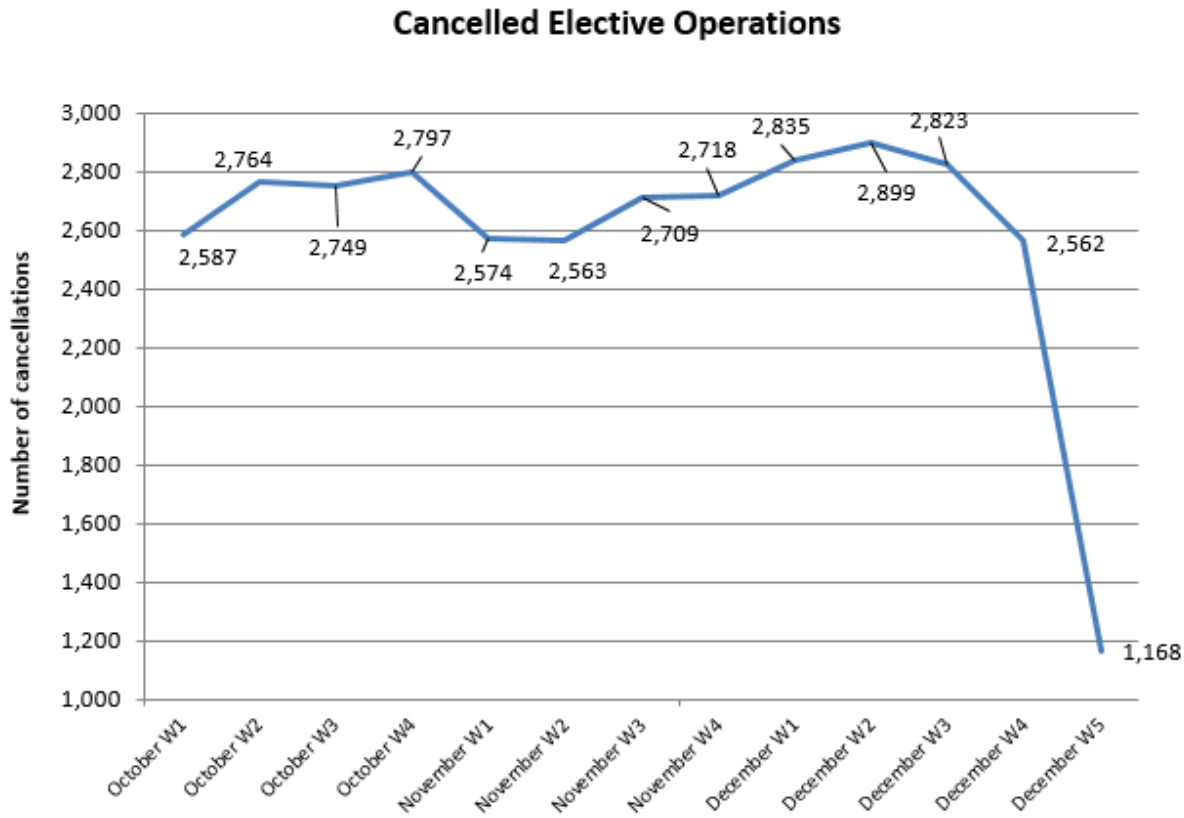
## Graph of Delayed Transfers of Care (DTOCs) by week since October

### Delayed Transfer of Care Cases



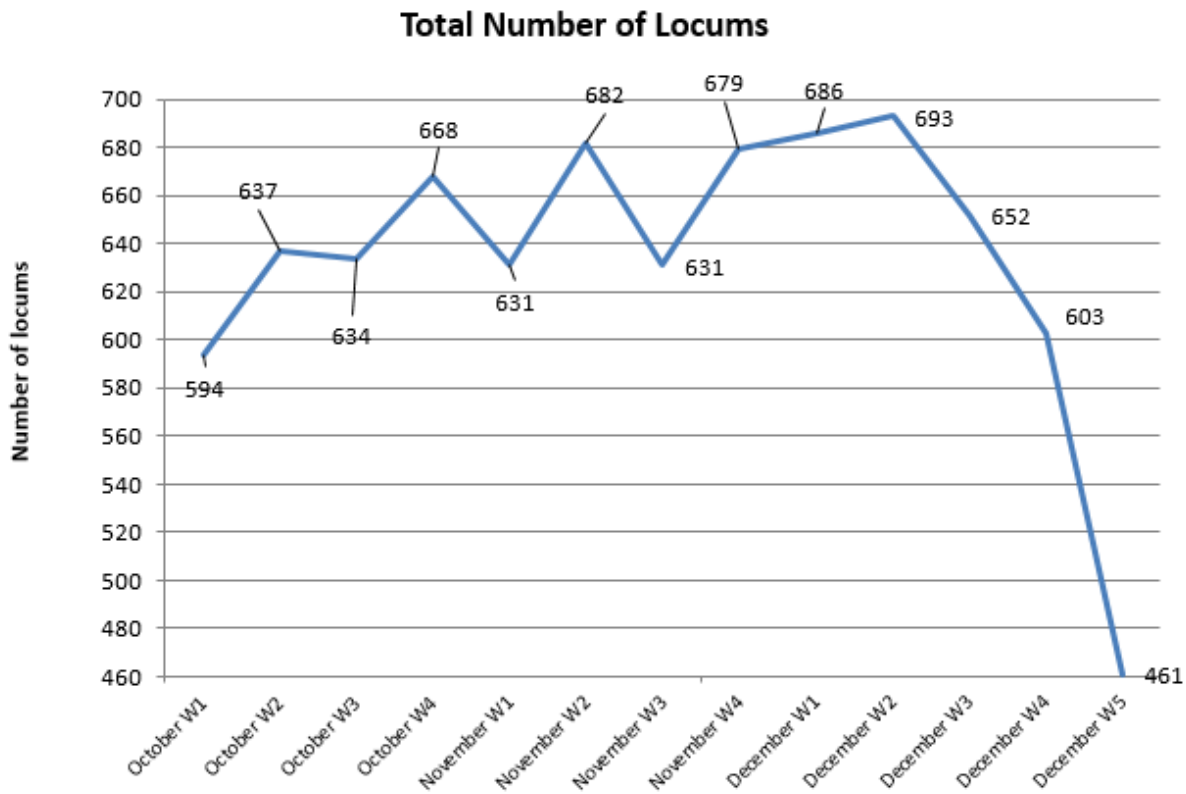
The number of patients subject to DTOC in the final week of December was 1,705 - down from 1,778 the previous week. This translates to 4.64% of acute bed stock - down from 4.89% the previous week. The range across all contributors for this week is a minimum 0.00% to a maximum 26.7%.

**Graph of cancelled elective operations since October**



A total of 1,168 elective operations were recorded as cancelled this week - down from 2,562 the previous week. A total of 33,748 elective operations have been cancelled over the project to date. This represents an overall average of 50 cancelled operations per site per week over the project as a whole.

## Graph of number of locum and agency staff since October



In the final week of December, the number of locum and agency doctors and nurses employed within Emergency Departments within the Winter Flow Project group stood at 461 down from 603 the previous week.

## Overall

The Winter Flow data published this week shows a welcome improvement in four-hour standard performance. At 81.31%, while we are still nearly 14 percentage points away from 95% compliance with the four-hour standard<sup>1</sup>. It is only fair to point out that this week's performance is 6.20 percentage points higher than was the case at the same point last year (75.11%) and 3.51 percentage points higher than was the case in 2016-17 (77.80%). It is however 8.10 percentage points lower than was the case at the same point in 2015-16 (89.11).

There are a number of reasons for this. Firstly, it is beyond doubt that the weather has in general been more benign than has been the case in previous years. Not only has this contributed to a lower level of patient attendances but it may also have made it easier to discharge patients at times.

Secondly, is also noteworthy that the recorded levels of Norovirus have dropped significantly. In 2017-18, in the last week of December, an average of 731 beds in England were closed as a result of Norovirus. This year, the equivalent figure is 504.<sup>2</sup> Influenza levels have also been relatively low.

<sup>1</sup> [The Handbook to the NHS Constitution](#)

<sup>2</sup> [Winter Daily SitRep 2018-19 Data](#)

Nonetheless, it is just as important to record that other aspects of hospitals active bed management have had some success. Within the Winter Flow group, there was a 1.01% increase in bed stock this week compared with last week which is the largest weekly change so far this year.<sup>3</sup>

Similarly, the number of patients subject to Delayed Transfers of Care has continued to decline. In fact – although Winter Flow data year on year is not strictly like with like – 1,705 DTOC patients in a week is the lowest such number we have ever recorded.

These factors combined have meant that average acute bed occupancy as measured by NHS England is at the lowest point it has been in the last week of December for four years (87.48%).<sup>4</sup> Moreover, it is also the lowest rate of bed occupancy recorded by Sitrep data at any point since 2015-16.<sup>5</sup>

All of this is a vindication of the argument the Royal College of Emergency Medicine and others have been making for some years:<sup>6</sup> that lower levels of bed occupancy lead to enhanced patient flow, better patient care, lower rates of hospital-acquired infection and improved four-hour standard performance.<sup>7</sup>

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<sup>3</sup> Interestingly this is not reflected in the Weekly Sitrep Data published by NHS England. In the last week of December an average number of 94,648 acute beds were available. The previous week this figure stood at 95,395.

<sup>4</sup> [Winter Daily SitRep 2018-19 Data](#)

<sup>5</sup> [Winter Daily SitRep 2018-19 Data](#)

<sup>6</sup> BMJ [Dynamics of bed use in accommodating emergency admissions](#)

<sup>7</sup> [RCEM Vision 2020](#)