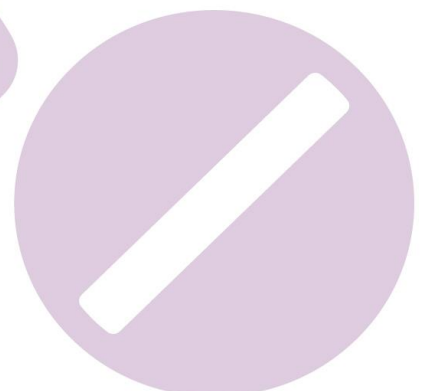
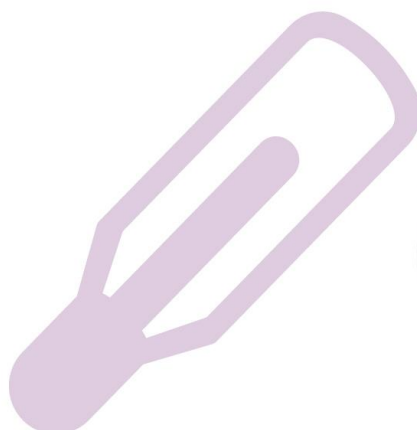




The Royal College of
Emergency Medicine

RCEM Winter Flow Project

Analysis of the data so far: 8th April 2016



Introduction

The Royal College of Emergency Medicine was approached by a number of Trusts/Boards following the winter of 2014-15. Each highlighted that the greatest challenge to the 4 hour standard had been issues of bed availability exacerbated by increased delays in transfers of care. These delays in provision of community and social care rose significantly over the winter months.

The College also felt that regular comment regarding 'A&E' performance failed to take account of this issue, focusing instead on attendances and admissions.

Monitor recently described the 4 hour standard as a 'useful measure of whole system performance' and the College agrees. The metric is dependent upon demand, capacity and flow and as such is a 'canary in the mine'.

To better monitor and report on system wide pressures the College invited all Trusts/Boards in the UK to contribute to our Winter Flow Project.

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 40 Trusts have submitted this data on a weekly basis since early October.

Published on a Friday of the week following the 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.

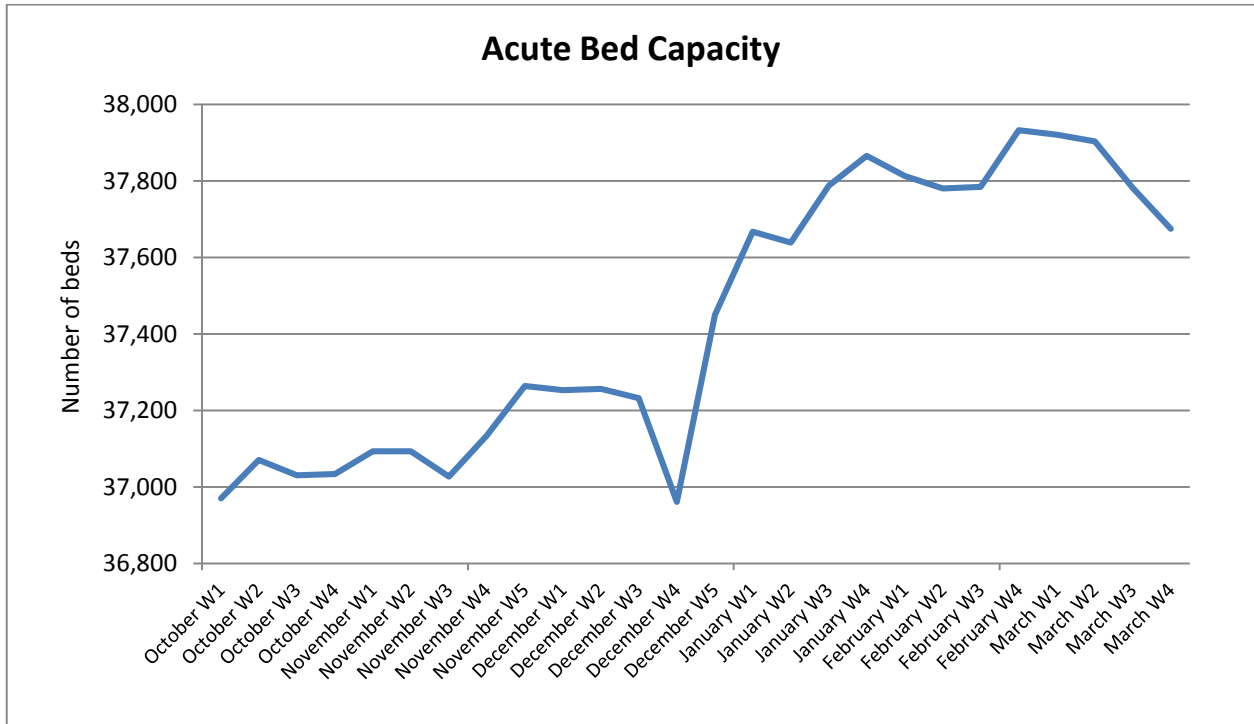
Unlike NHS England datasets there is no suggestion that our project represents a complete or permanent scrutiny of the healthcare system.

Our data includes all four countries of the UK though the majority of participating sites lie within England. It is also a sample of such Trusts/Boards, albeit a large and representative sample.

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 tables following, which show the position up to the end of February 2016, week 22 of our project.

Graph of acute beds in service



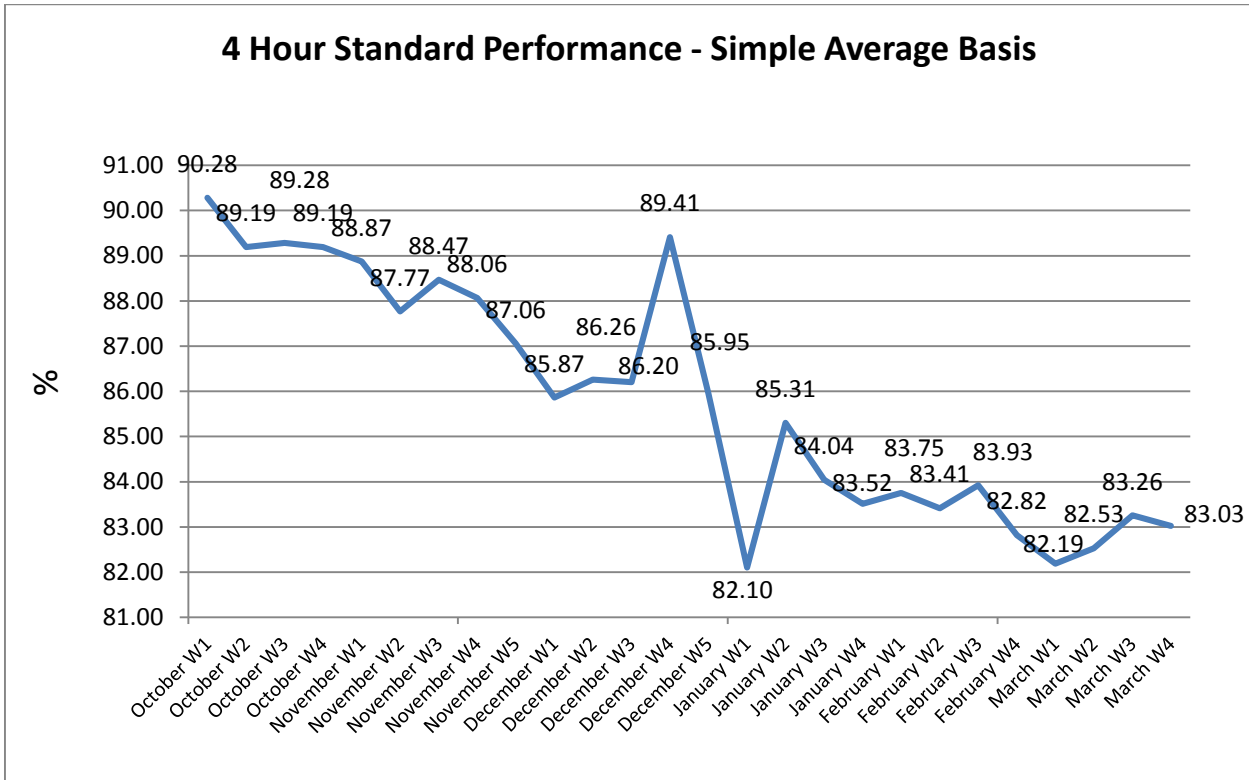
Active Bed Management

Acute beds stock has reduced again by over 100 beds for the second week running to 37,675; the underlying site movement was 9 sites recorded increases and 13 decreases this week. The total of the maximum increase in aggregate bed stock remained at 4.1% from the project starting point.

The extent to which the participating trusts are flexing their bed stock to meet demand is shown in the table below.

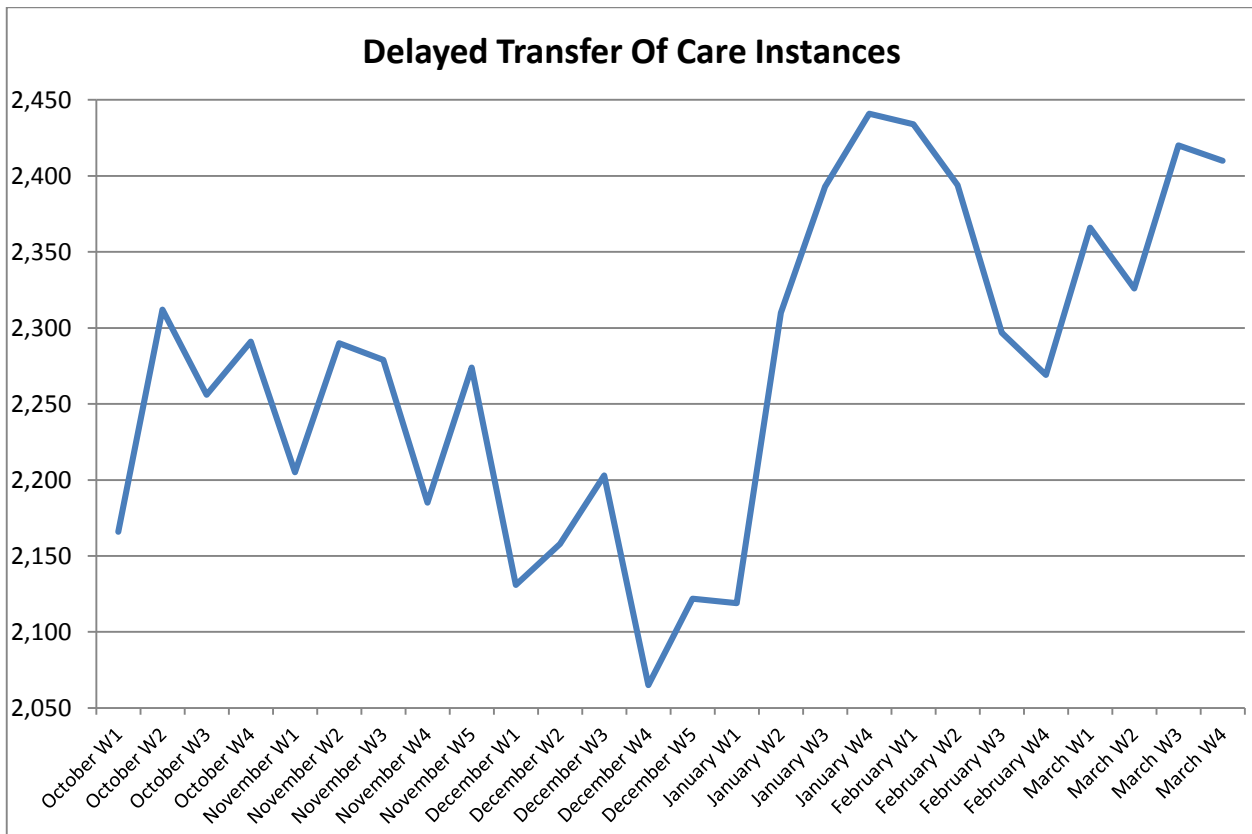
	No flexing	0 – 5%	5 – 10%	10 – 15%	15% plus
Number of sites	2	26	10	4	9

Graph of 4 hour performance by week since October



The 4 hour performance value has weakened but remained above 83% this week. The underlying site picture of this movement shows 22 increases and 27 decreases.

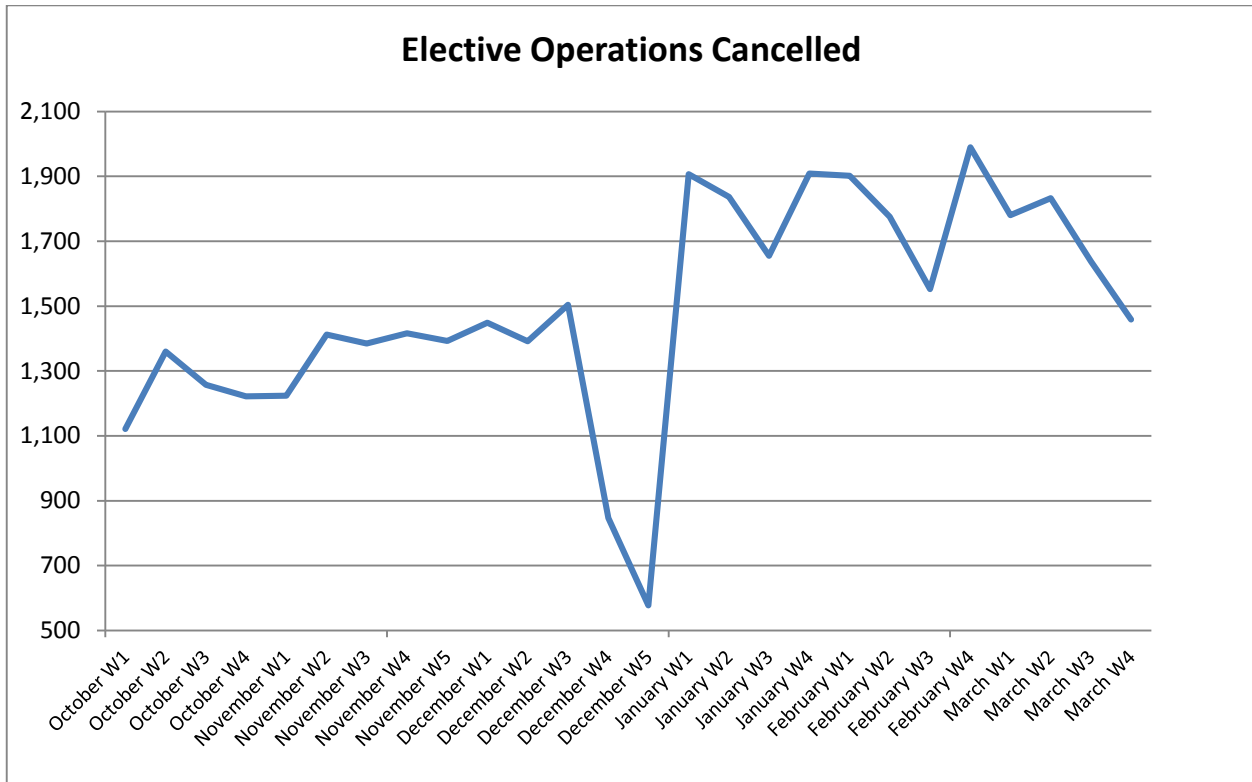
Graph of Delayed Transfers of Care (DETOCs) by week since October



This number is steady at just above the 2,400 mark. At site level, 25 recorded increases and 21 decreases this week.

DTOC as a proportion of bed stock tied up is 6.4% in week 26, this compares to 6.1% on average for the full 26 week period. The range of this measure across the contributors this week was from 0.5% to 20.2% of acute bed stock tied up by transfer delays at the point of measurement.

Graph of cancelled elective operations since October



This number has dropped again this week to 1,459 almost back to the level immediately prior to Christmas. A total of nearly 38,800 elective operations have been cancelled over the 26 week period. The overall average each site cancelled remains at 29 operations per week over the period and the maximum in any one week remains at 228.

Overall

As this is now the final week of the Winter Flow Project reporting, the Royal College of Emergency Medicine would like to thank all those Trusts/Boards and their staff whose contributions have made this project possible. The data published this week continues the general picture that we have seen since Christmas. Although a small decline in the number of elective operations cancelled in week 26 is positive, little else within this data is grounds for optimism. The number of patients subject to Delayed Transfers of Care has remained unacceptably high, while Four Hour Performance remains the same at 83% - as it was in January.

This illustrates that the expected seasonal recovery in Four Hour Standard performance is not taking place – this is almost certainly due to increases in attendances and admissions to record levels. Although NHS England now publish the data regarding attendances and admissions with a delay of six weeks, it is widely expected that the March figures will show attendances have exceeded the 2 million per month for the first time ever. As NHS England itself stated in their document 'Safer, Faster, Better' published just before this winter started 'we must plan for actual attendances not the attendances hoped for'. Unless and until adequate staff numbers are employed in A&E departments current staff and future patients will suffer the consequences.