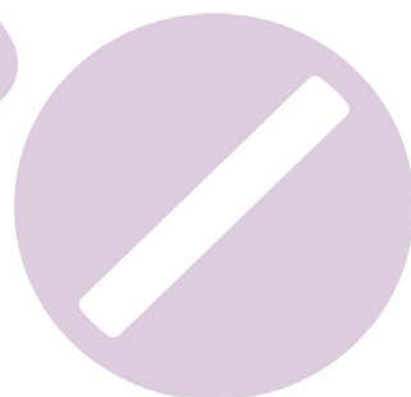
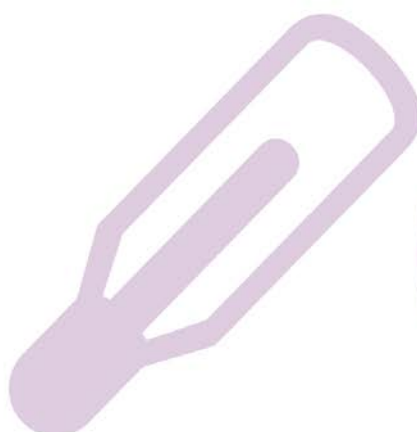


RCEM Winter Flow Project

Analysis of the data so far: 31st March 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.

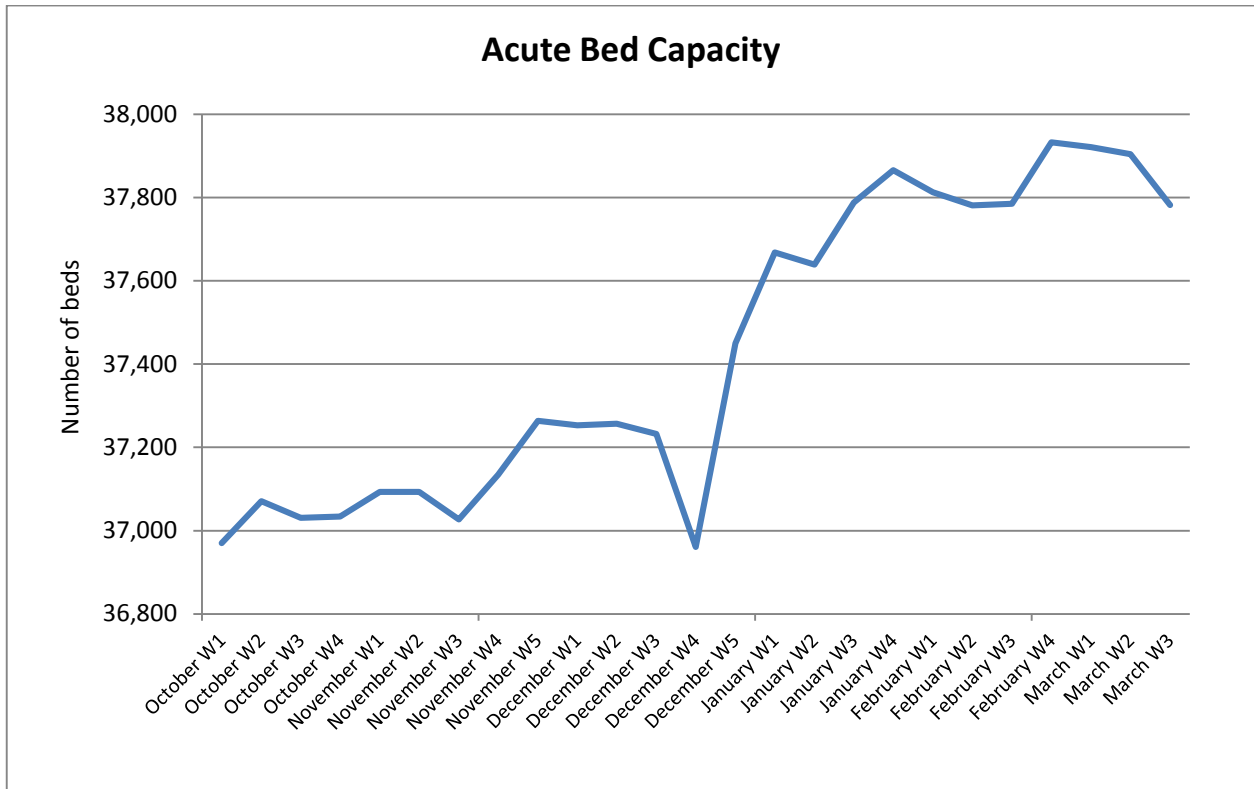
Unlike NHS England datasets there is no suggestion that our project represents a complete or permanent scrutiny of the healthcare system.

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 March 2016, week 25 of our project.

Graph of acute beds in service



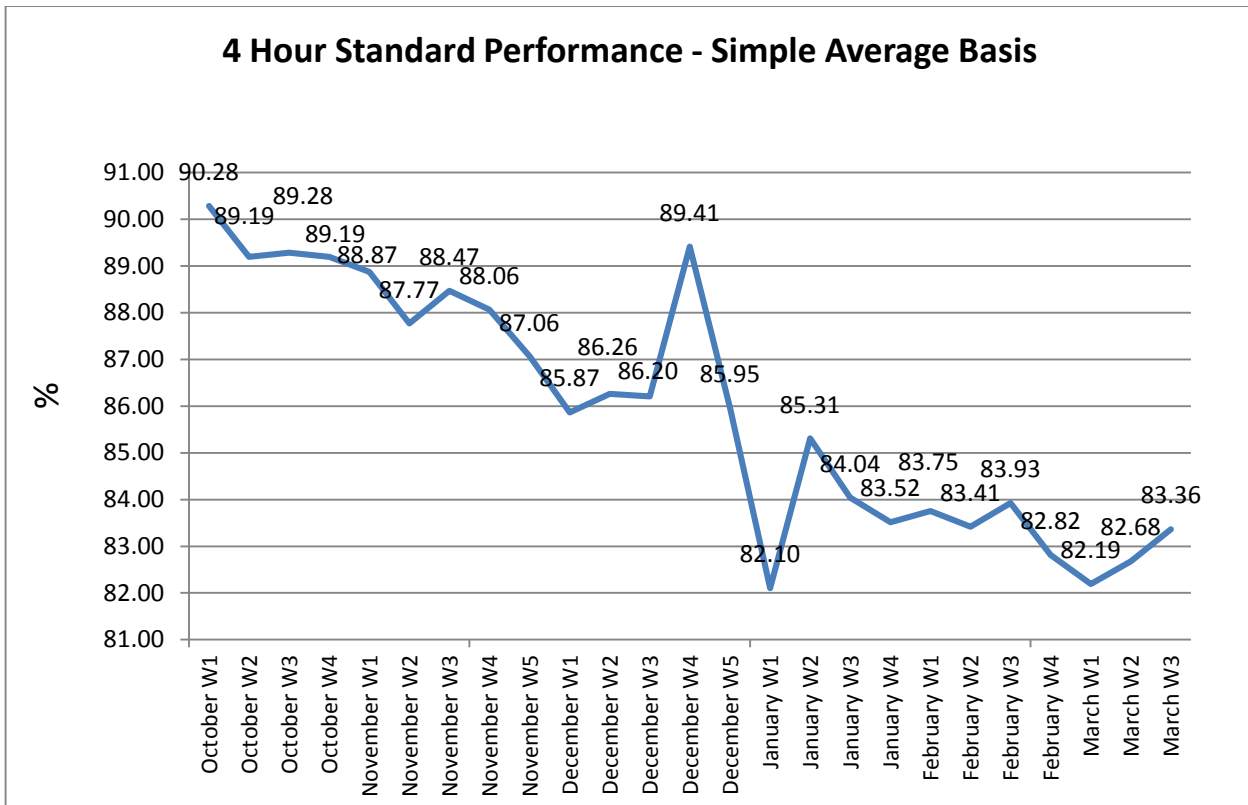
Active Bed Management

Acute beds stock has reduced by over 100 beds to around the 37,800 mark; the underlying site movement was 6 sites recorded increases and 17 decreases this week. The total of the maximum increase in aggregate bed stock edged up to 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.

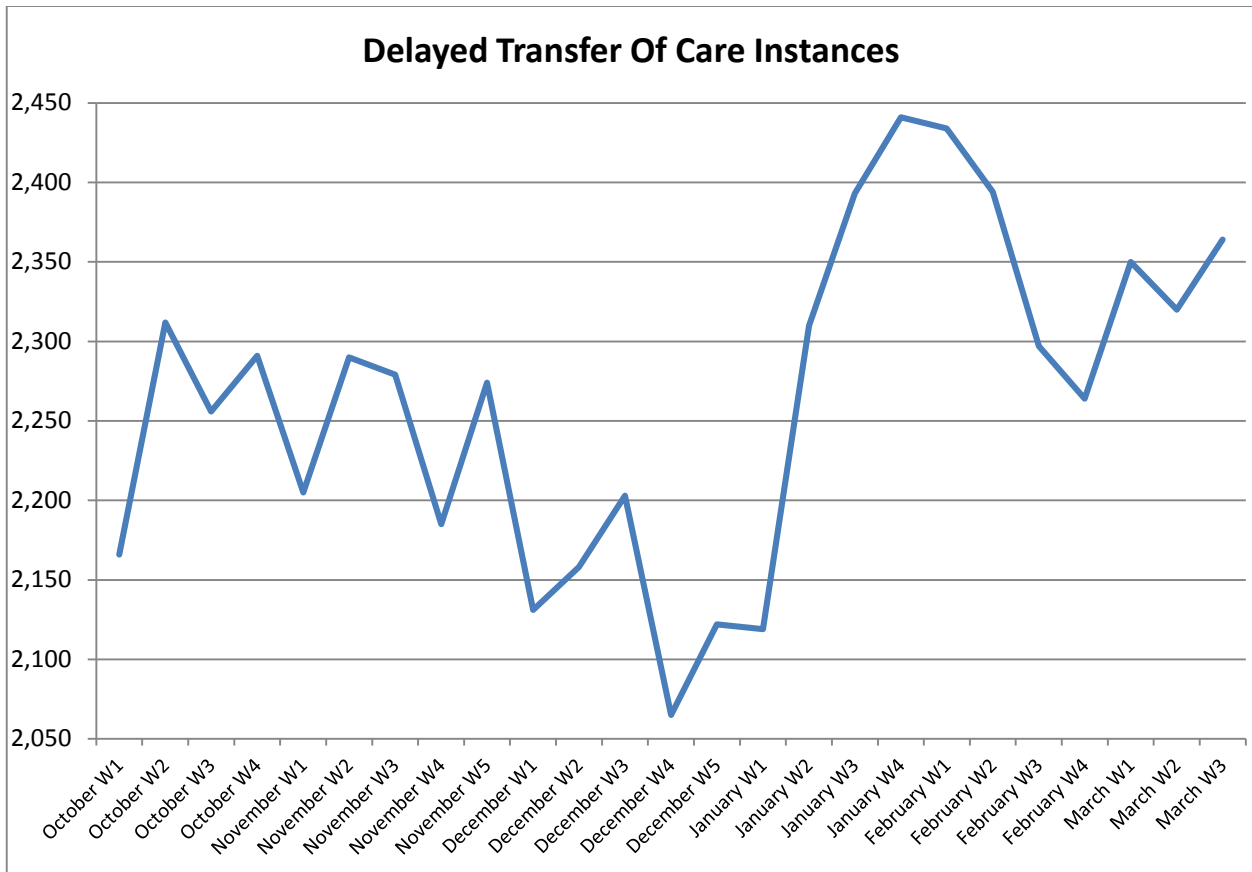
	No flexing	0 – 5%	5 – 10%	10 – 15%	15% plus
Number of sites	2	26	11	3	9

Graph of 4 hour performance by week since October



The 4 hour performance value has recovered a little more this week to 83.36% overall. The underlying site picture of this movement is an equal number of sites posting increases and decreases.

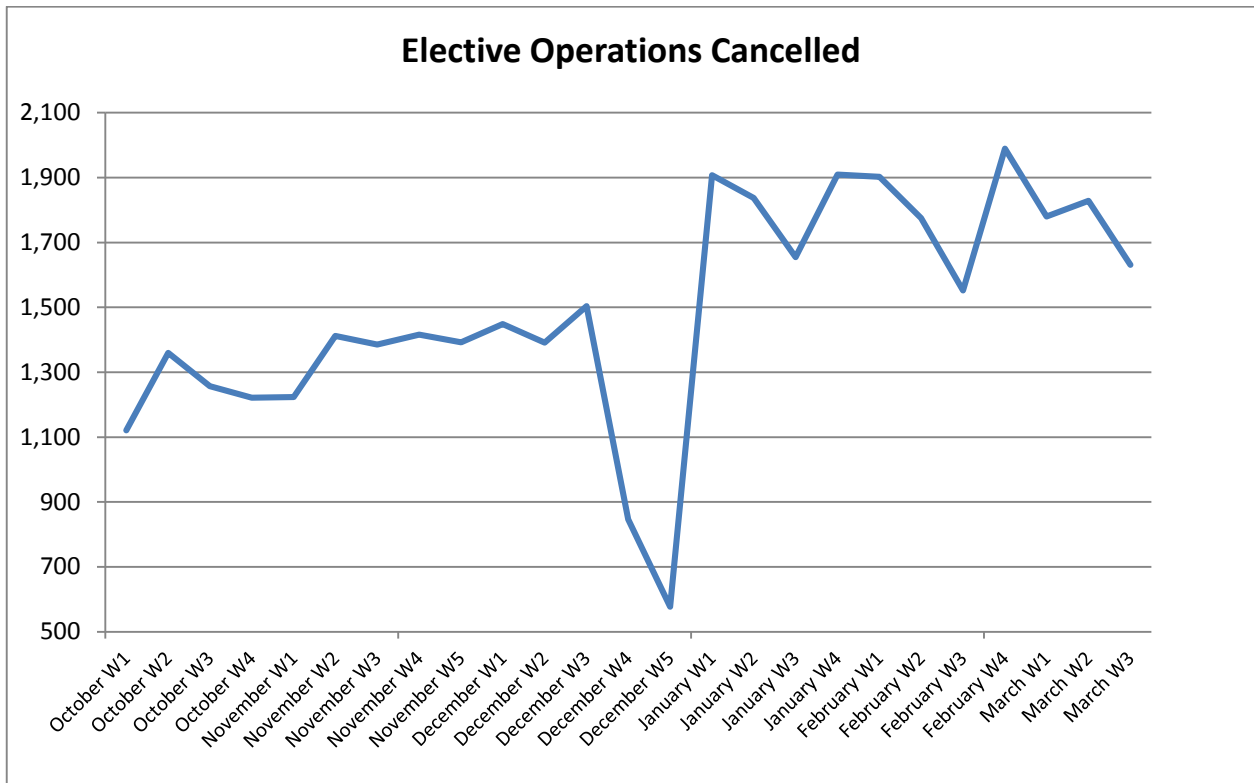
Graph of Delayed Transfers of Care (DETOCs) by week since October



This number has increased marginally this week to 2,364. At site level, for the second week running, an equal number (22) recorded increases and decreases.

With bed stock down and DETOC up the proportion of bed stock tied up has increased to 6.3% in week 25. The range of this measure across the contributors this week was from 0% to 19% 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 by approximately 200 this week to 1,631. A total of nearly 37,300 elective operations have been cancelled over the 25 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

The penultimate week of our winter flow project records data from the week prior to the four day Easter Holiday. Typically this is associated with a reduction in elective activity.

Despite this, 4 hour standard performance remains stubbornly low – well below 85% let alone the 95% required by the standard.

No single measure has yet recovered to the pre-Christmas level – the system is not recovering seasonally which is cause for grave concern.

Unremitting pressures continue to characterise the daily experience within A&E departments. Such pressures are detrimental to both patients and the people who care for them.