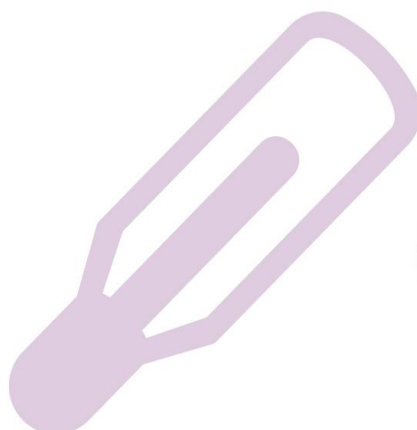




The Royal College of
Emergency Medicine

RCEM Winter Flow Project

Analysis of the data so far: 18th 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.

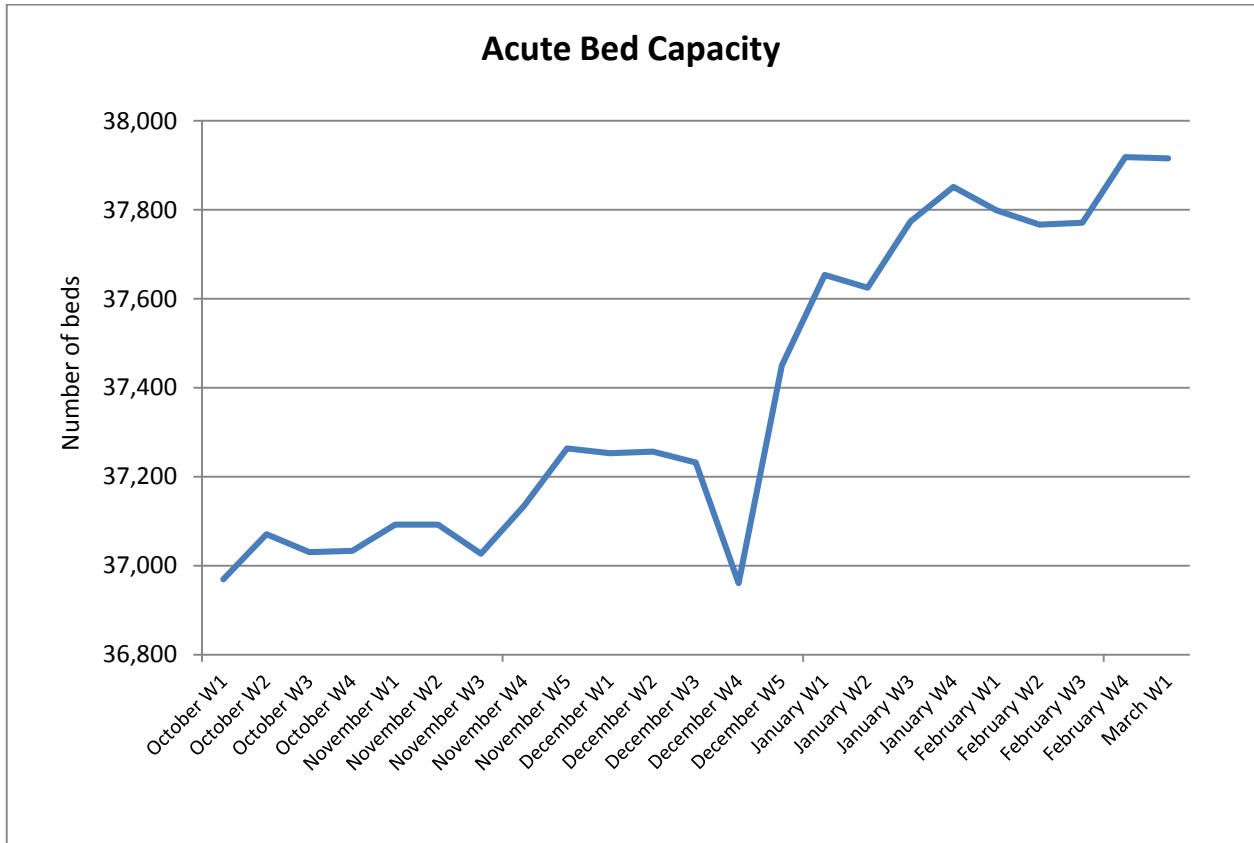
Unlike NHS England datasets there is no suggestion that our project represents a complete or permanent scrutiny of the healthcare system.

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 February 2016, week 22 of our project.

Graph of acute beds in service



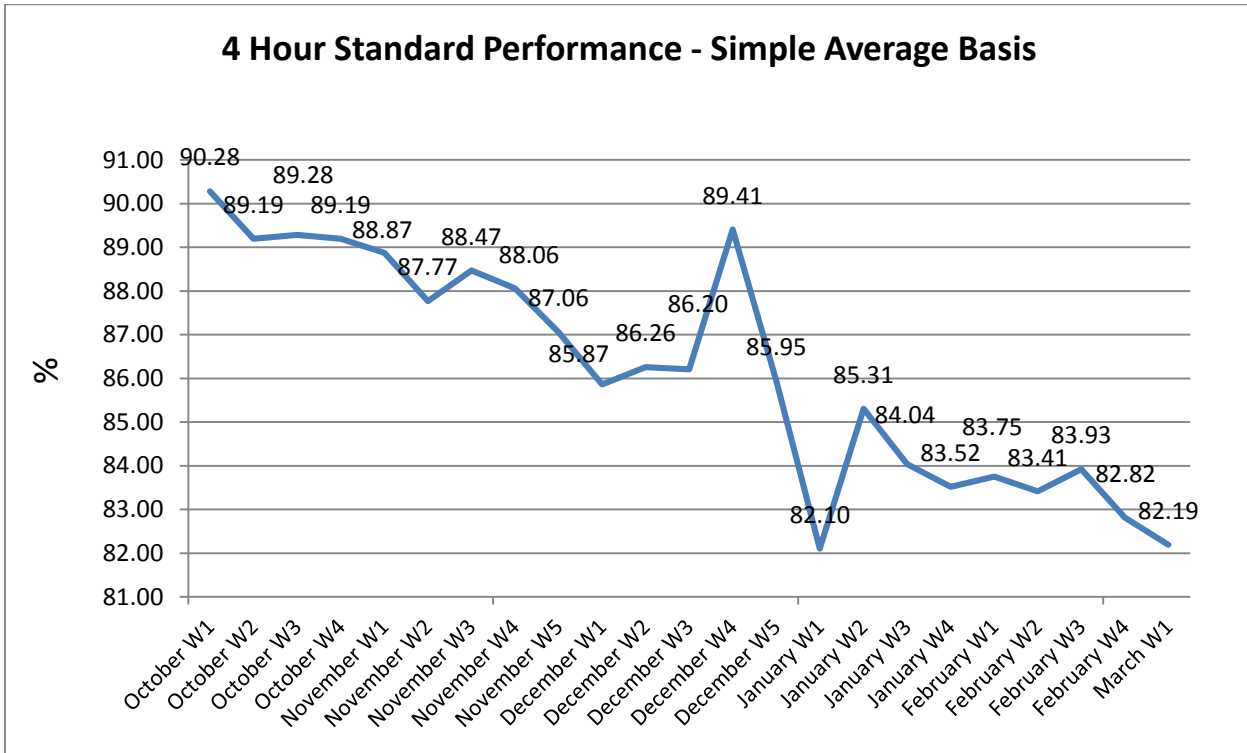
Active Bed Management

Acute beds stock has remained at the 37,900 mark; 10 sites recorded increases and 11 decreases this week. As a consequence the total of the maximum increase in aggregate bed stock has remained at 3.9% 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.

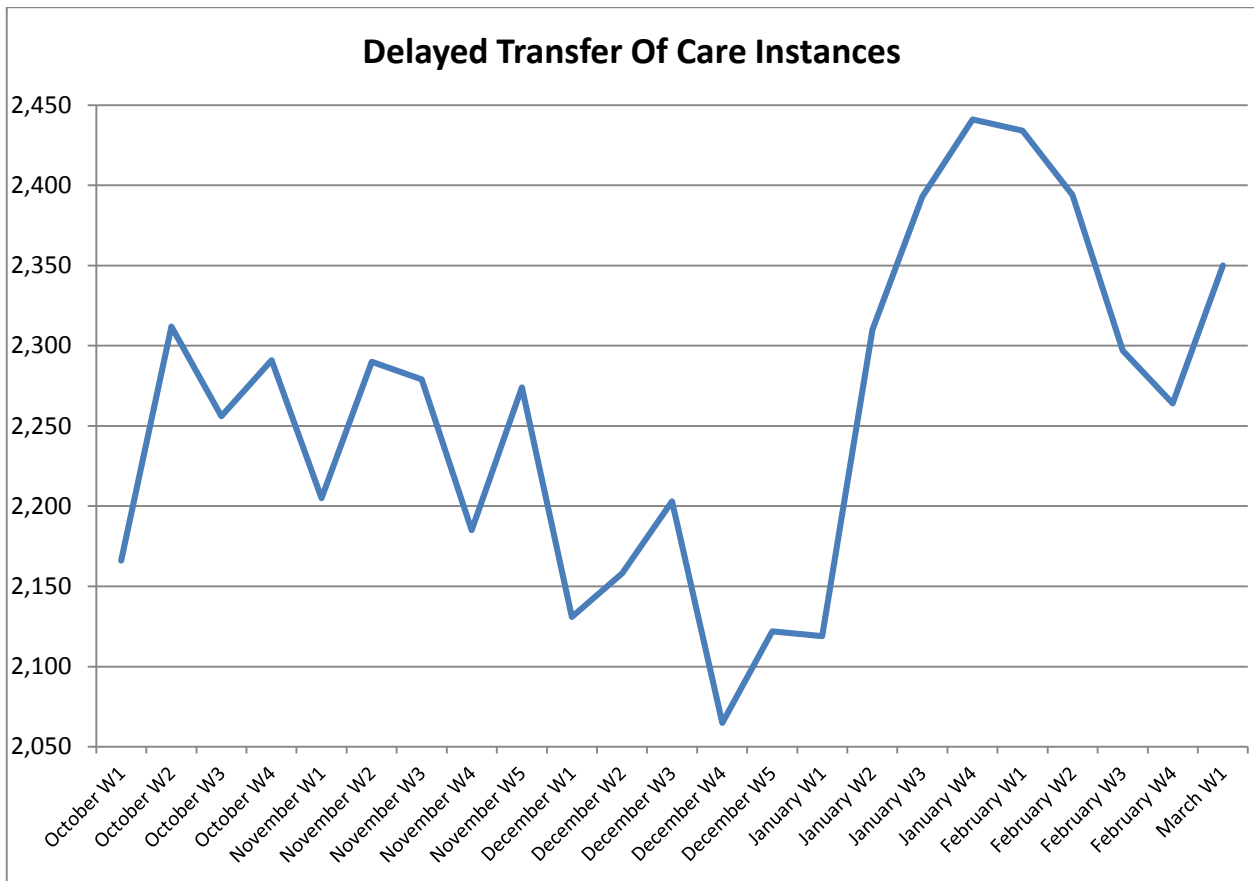
	No flexing	0 – 5%	5 – 10%	10 – 15%	15% plus
Number of sites	2	28	9	3	9

Graph of 4 hour performance by week since October



The 4 hour performance value has dropped again, this time by 0.6% to 82.19% approaching the lowest figure of 82.1% recorded in January Week 1. The underlying site picture of this movement is 23 posted an improvement and 26 a decline.

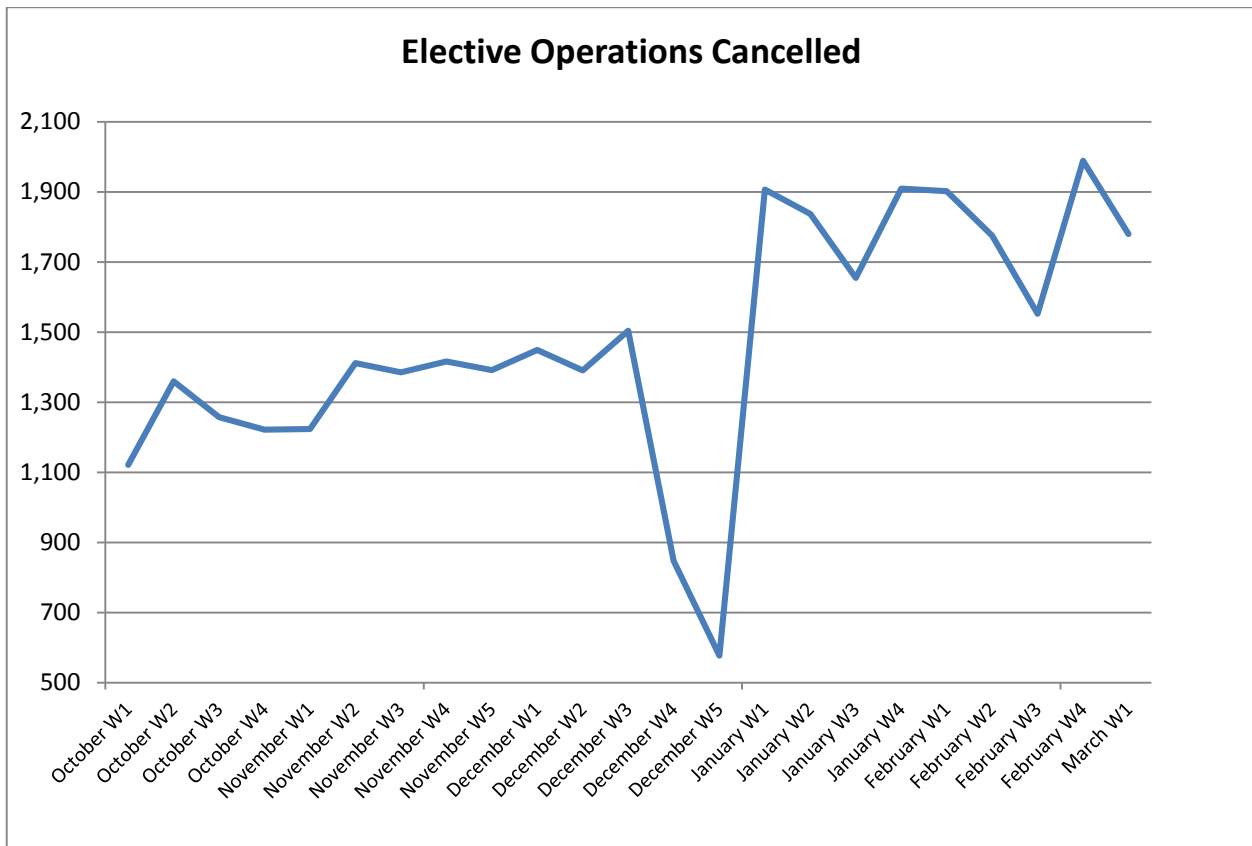
Graph of Delayed Transfers of Care (DETOCs) by week since October



After four successive weeks of reductions this number increased to 2,350. At site level, 27 recorded an increase from the previous week and 17 recorded a decrease.

As a result of the increase the overall proportion of DETOC of total bed stock in week 23 increased by 0.2% to 6.2%. 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



Following the largest single week increase of over 400 reported last week this measure has seen a reduction of 200 this week. A total of nearly 33,900 elective operations have been cancelled over the 23 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 data reported this week shows that EDs are struggling to treat their patients in a timely fashion. It is regrettable that complementary data around the levels of attendances and admissions is not yet available for the first week of March.

For this reason it is difficult to say whether the continued decline in Four Hour Standard performance to near historic lows is primarily due to acute demand pressures, or other factors which are known to affect patient flow. Delayed Transfers of Care have risen sharply this week in combination with a plateauing of the number of available acute beds. Inevitably this will mean that Exit Block has had a substantial impact on Four Hour Standard performance.

When the January activity figures were published by NHS England last week there were the inevitable calls to explain 'why' this is happening. The College is more immediately concerned with how we can provide our A&E departments with sufficient staff to cope. Without immediate action to address the mismatch between demand and supply, staff will

burn out, systems will decompensate, and patient care will be compromised. We have been stretching an elastic band – it has now snapped.