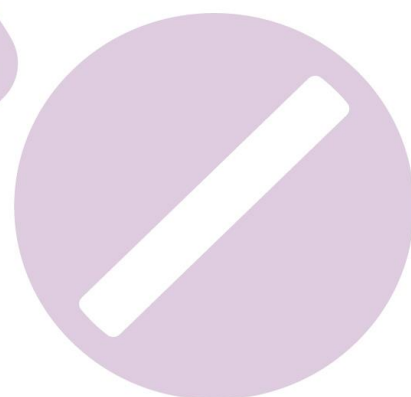
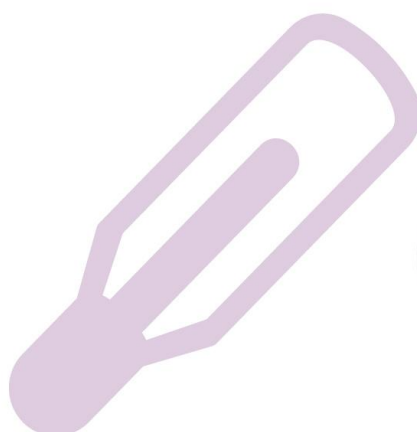




The Royal College of  
Emergency Medicine

# RCEM Winter Flow Project

Analysis of the data so far: 4th 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.

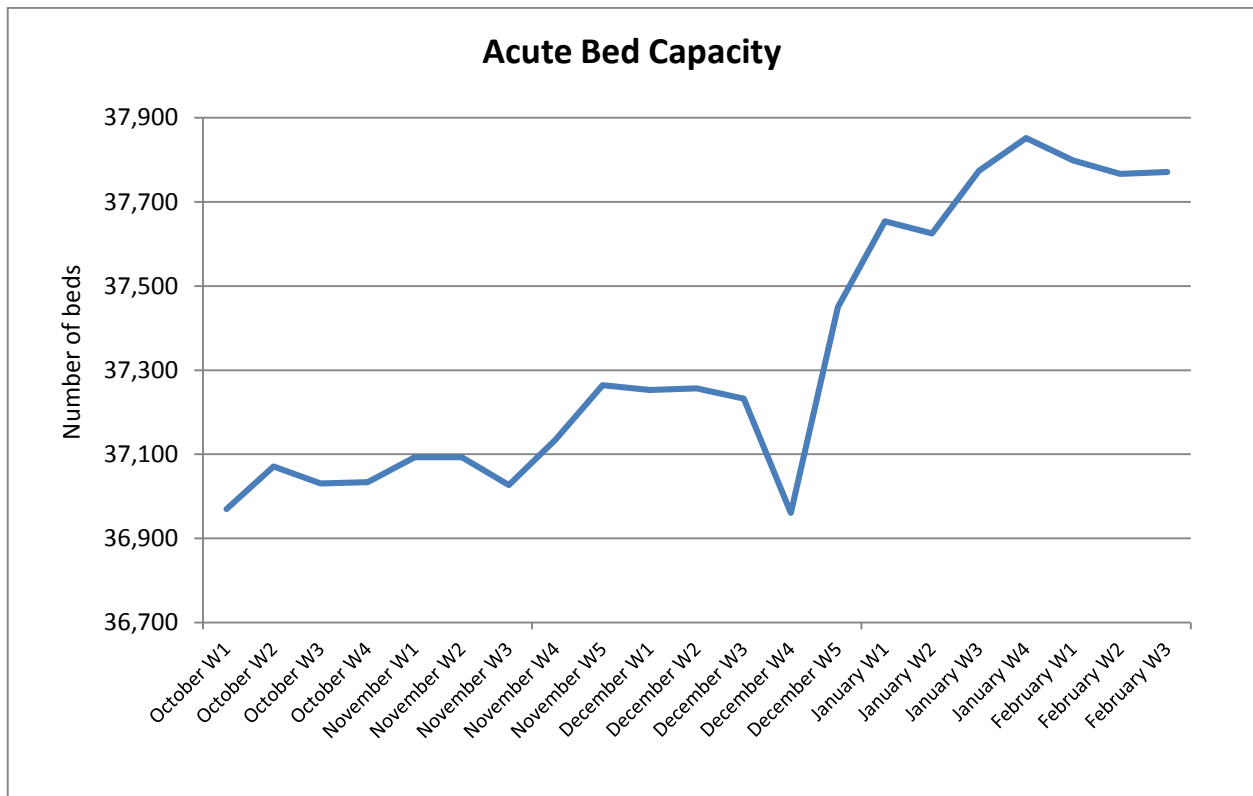
Unlike NHS England datasets there is no suggestion that our project represents a complete or permanent scrutiny of the healthcare system.

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.

## Graph of acute beds in service



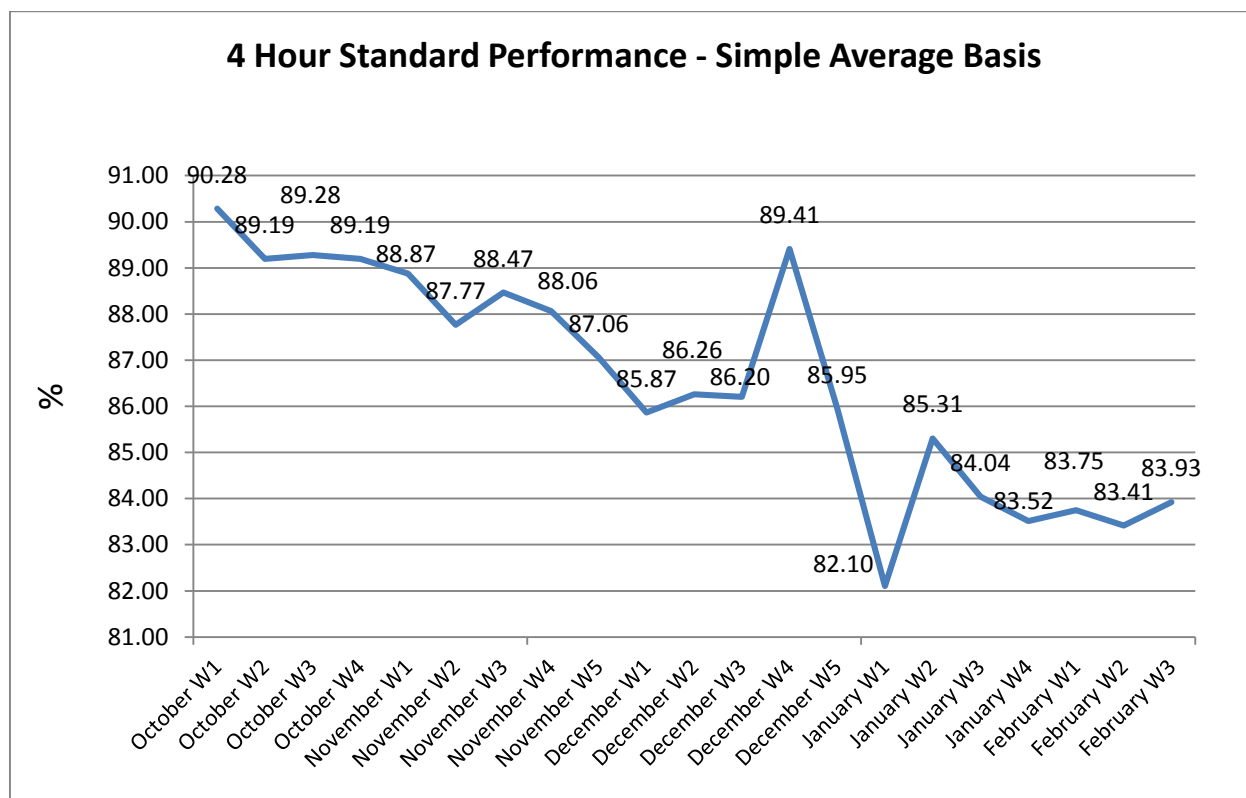
## Active Bed Management

Acute beds stock continues at the level just under 37,800; 11 sites recorded increases and 10 decreases this week. The total of the maximum increase in aggregate bed stock remains at 3.6% 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.

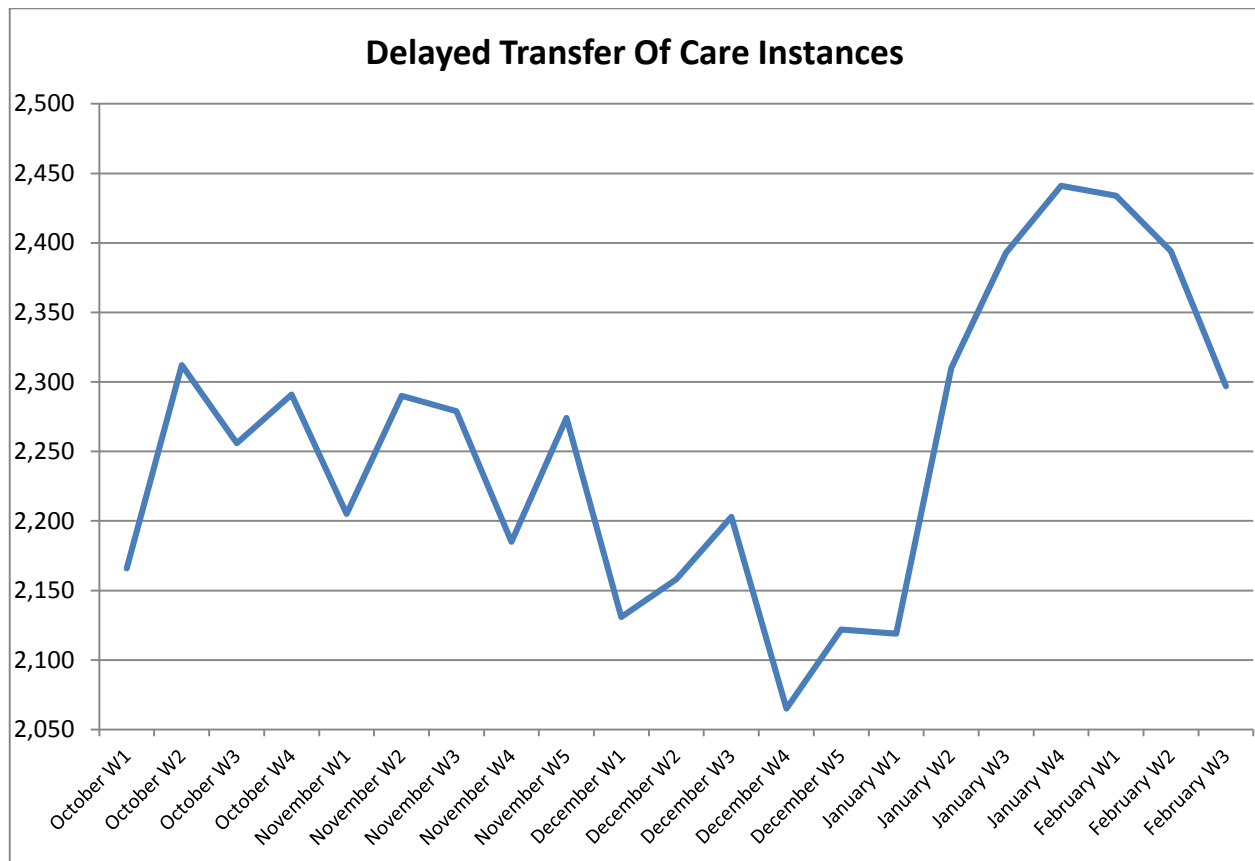
	No flexing	0 – 5%	5 – 10%	10 – 15%	15% plus
Number of sites	2	28	10	3	8

## Graph of 4 hour performance by week since October



The 4 hour performance value is up by half a percentage point from the previous week. The run in the range of c83.5% to 84% is now 5 weeks. However, the site picture is again mixed with 25 sites posting an improvement and 23 a decline.

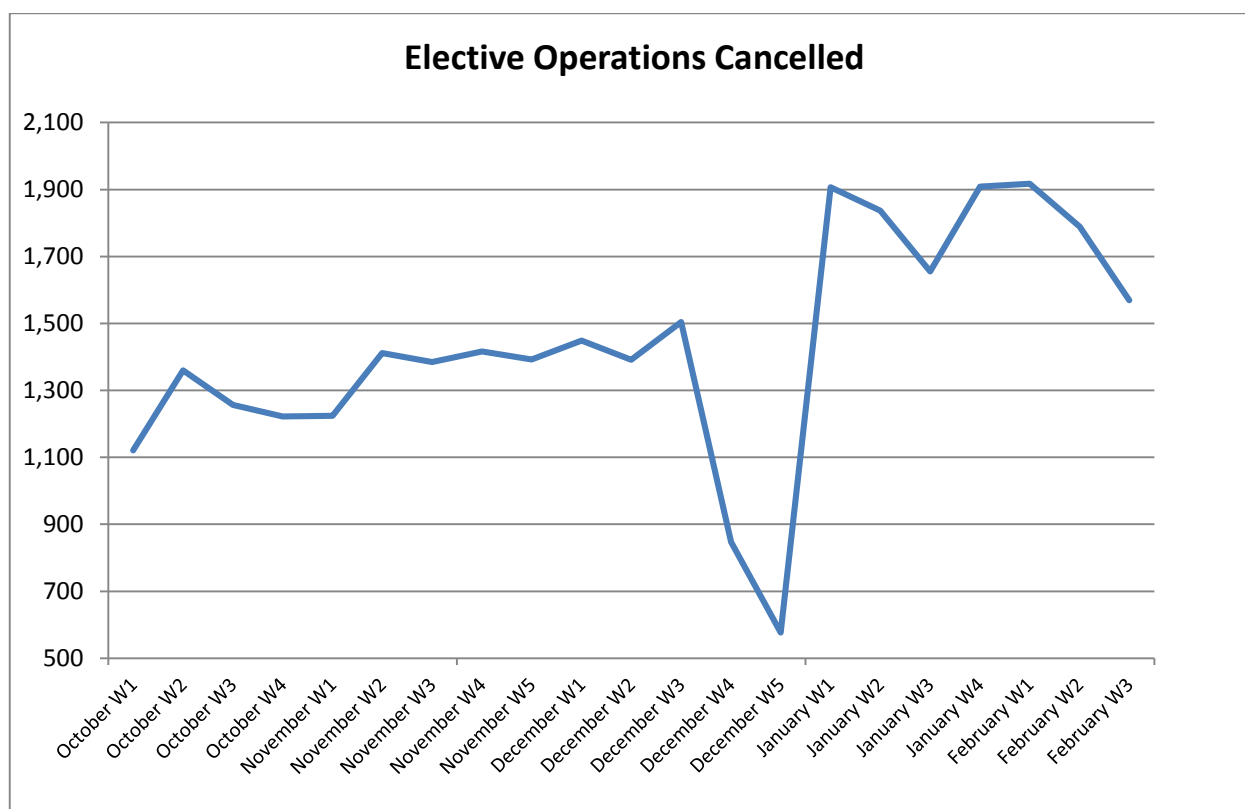
Graph of Delayed Transfers of Care (DETOCs) by week since October



This number has seen a step down of nearly 100 to a level below 2,300 for the first time in 6 weeks. However, 26 sites recorded an increase from the previous week whereas 23 sites a decrease.

The overall proportion of DTOC of total bed stock in week 21 reduced by 0.2% to 6.1%. The range of this measure across the contributors this week was from 0% to 16% of acute bed stock tied up by transfer delays at the point of measurement.

## Graph of cancelled elective operations since October



Elective operation cancellations recorded were 1,569 in week 21 – a reduction of 220 from the previous week to the lowest level recorded to date in 2016. A total of over 30,100 elective operations have been cancelled over the 21 week period. The overall average each site cancelled remains at 28 operations per week over the period and the maximum in any one week remains at 228.

### Overall

The number of acute beds in service, the number of cancelled elective operations and Four Hour Standard performance have all remained broadly stable since the beginning of the year. Nonetheless, the figures reported this week have shown a slight improvement in the numbers of cancelled electives and the number of patients subject to delayed transfers of care and this has been reflected in a marginal improvement in Four Hour Standard performance.

Data from NHS England Winter Daily Situation Reports<sup>1</sup> shows that when week ending 21<sup>st</sup> February is compared with the week ending 14<sup>th</sup> February the number of A&E attendances fell from 353,310 to 343,236. This is a decline of 2.85%. In the same period the number of emergency admissions also fell from 96,068 to 94,147. This is a decline of 2%. Both of these indicators can be expected to support Four Hour Standard performance regardless of the considerable pressures elsewhere in the hospital system.

<sup>1</sup> <https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2015/12/DailySR-Timeseries-WE-28.02.16.xlsx>