The Royal College of Emergency Medicine

RCEM Winter Flow Project

Analysis of the data so far: 26th February 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.

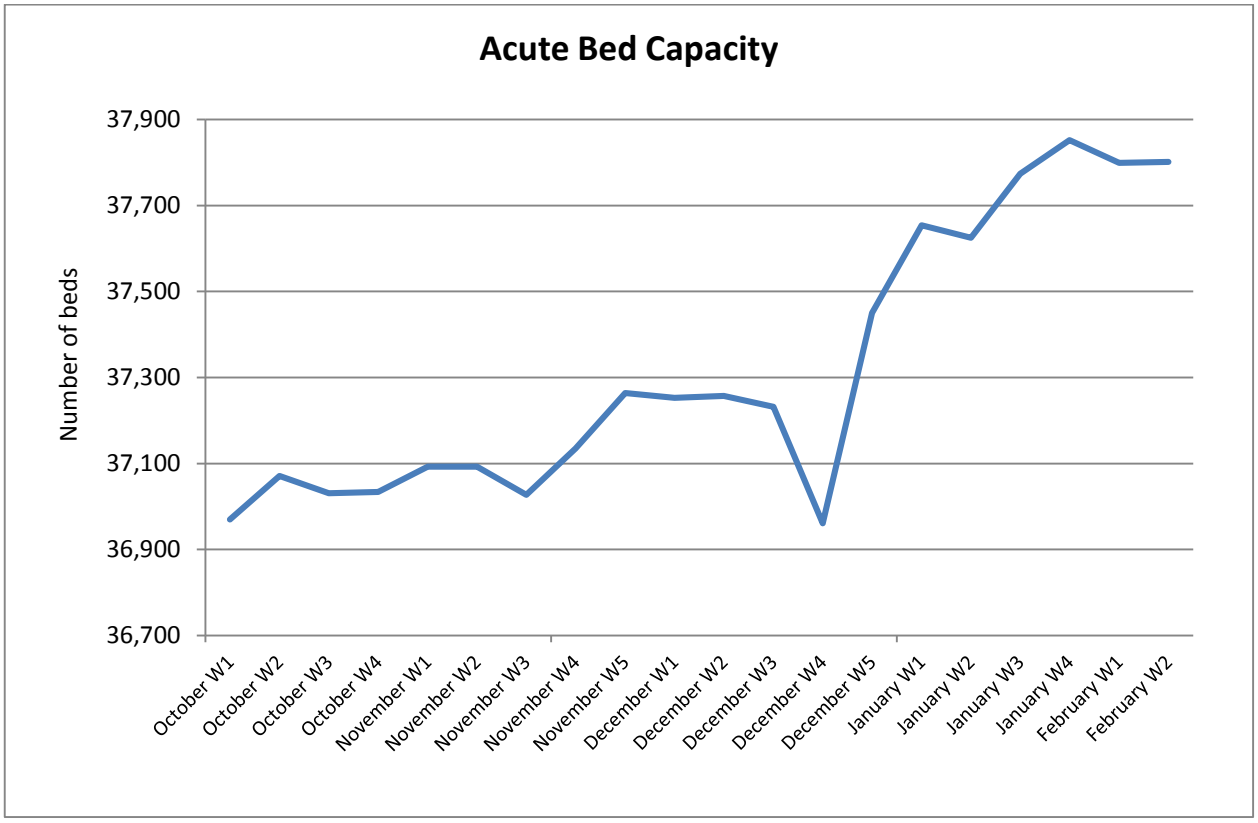
Our data includes all four countries of the UK though the majority of participating sites lie within England. It is also a sample of such Trusts/Boards, albeit a large and representative sample.

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.

Published 26 February 2016

Graph of acute beds in service



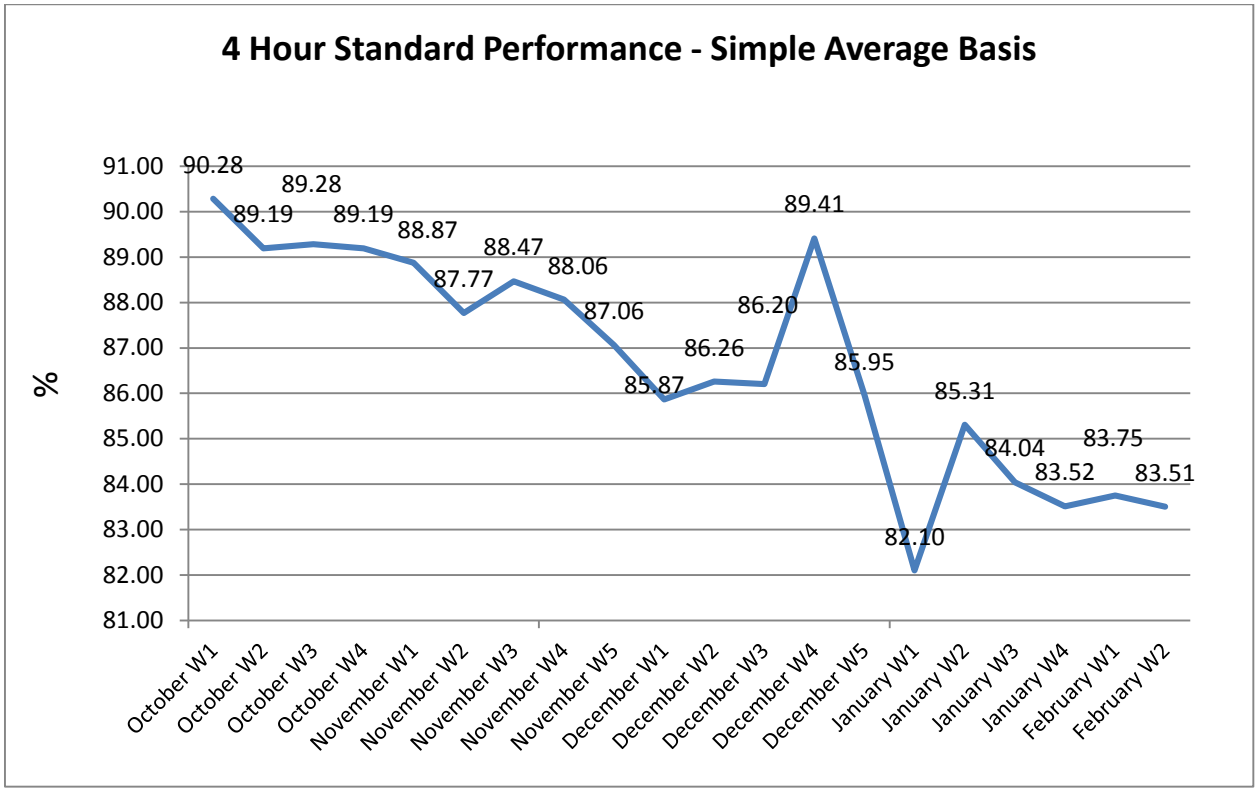
Active Bed Management

Acute beds has remained at the level of week 19 at just over 37,800; an equal number of sites recorded increases and decreases this week. The total of the maximum increase in aggregate bed stock has increased slightly to 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	3	27	10	3	8

Graph of 4 hour performance by week since October



The 4 hour performance value is marginally down on the performance of the previous week at 83.51%. There has now been a 4 week run in the range of c83.5% to 84%. However, the site picture is again mixed with 20 sites posting an improvement but 28 a decline.

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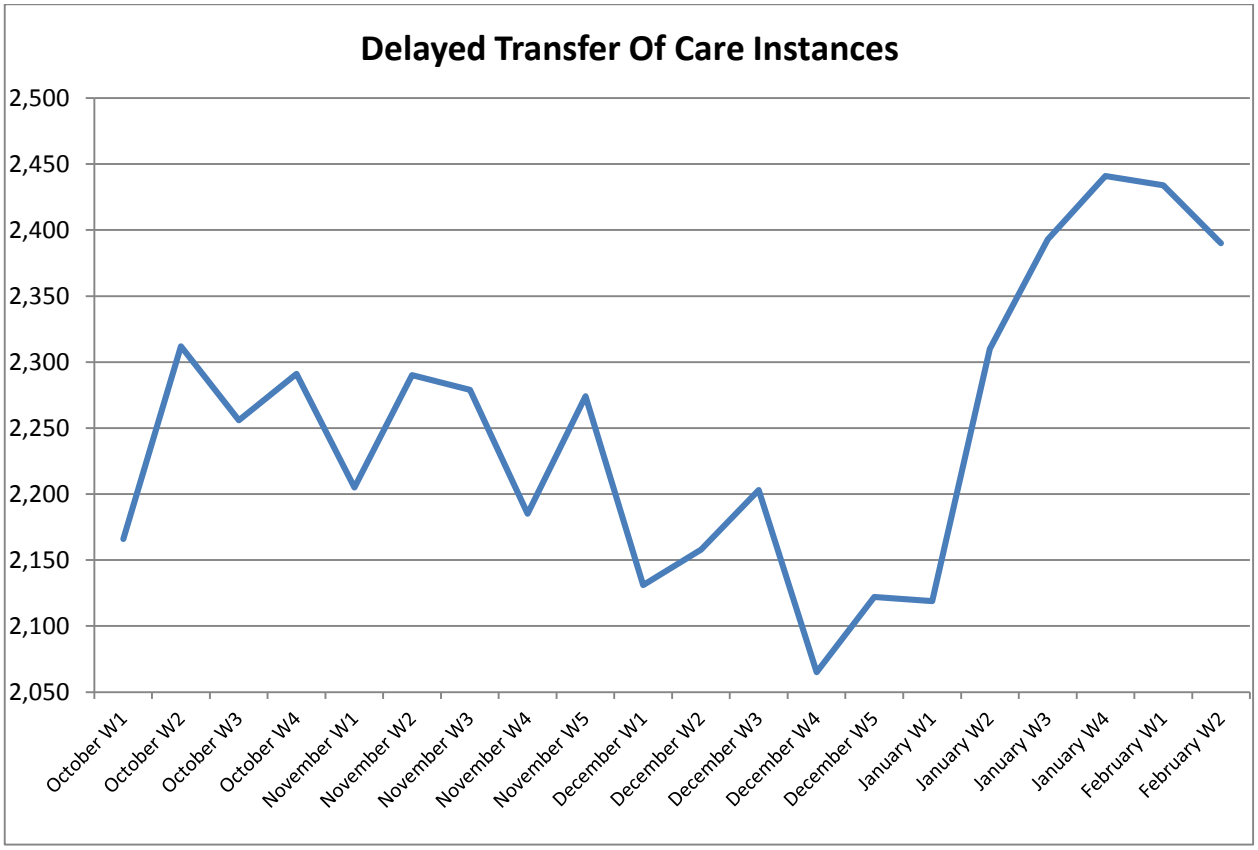
Graph of Delayed Transfers of Care (DETOCs) by week since October



This number at 2,390 for the week is the fourth week at around the same level. 25 sites recorded an increase from the previous week whereas 23 sites a decrease.

The overall proportion of DTOC of total bed stock in week 20 reduced by 0.2% to 6.3%. The range of this measure across the contributors this week was from 0.5% to 18% of acute bed stock tied up by transfer delays at the point of measurement.

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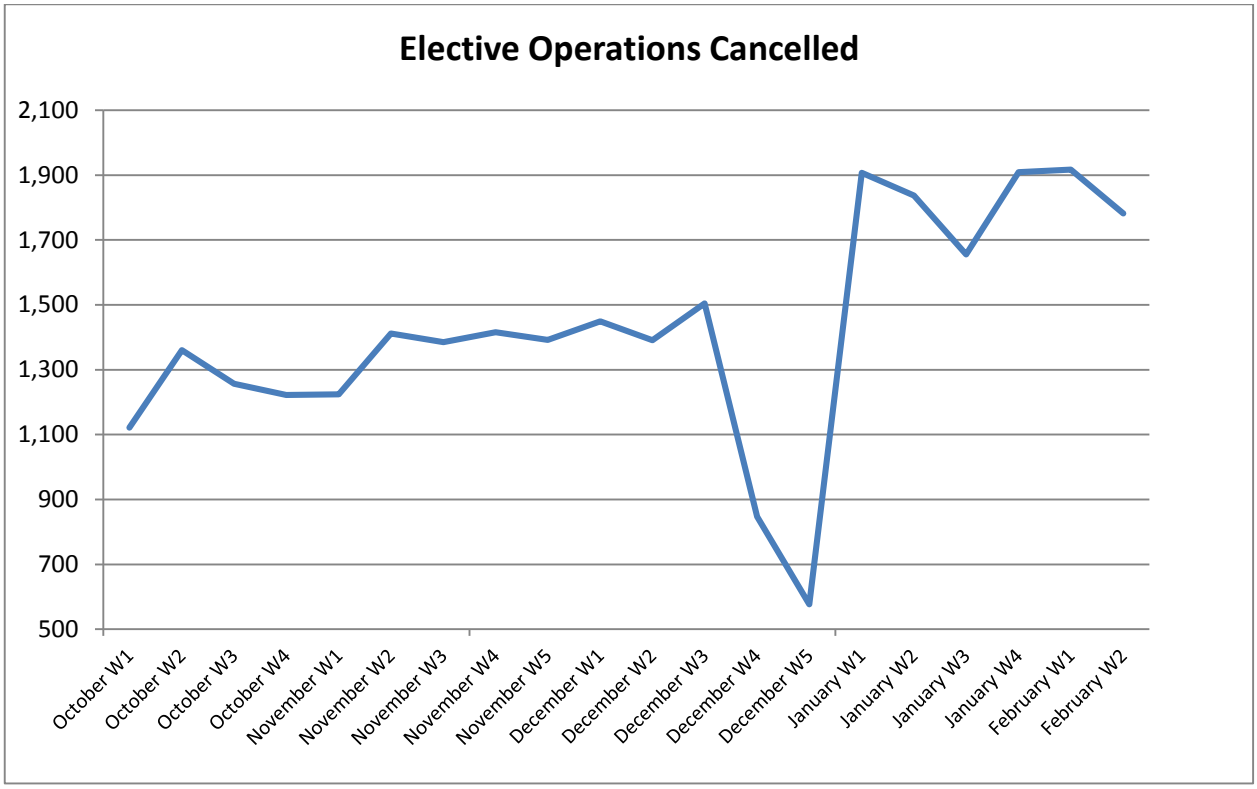
Graph of cancelled elective operations since October



Elective operation cancellations recorded were 1,782 in week 20 – a reduction of 135 on the previous week. A total of just over 28,500 elective operations have been cancelled over the 20 week period. The overall average each site cancelled is now 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. There is clear evidence that hospitals have maximised their acute bed stock in the run up to Christmas. Christmas is also associated with a fall in delayed transfers of care and is always associated with a reduction in elective activity. Taken together this allows a brief recovery in four hour standard performance to pre-winter levels. Thereafter the rise in delayed transfers of care and the resumption of normal levels of elective activity within a fixed/maximised bed stock sees performance continue to decline, albeit less steeply than before.

The King's Fund recently reported that 'performance against the A&E target is especially sensitive to the number of patients waiting to be admitted to a hospital bed. The total number of emergency admissions rose in December 2015 when compared to a year earlier. With more people arriving at hospital needing emergency admission, hospitals also struggled to discharge them promptly at the end of their stay. Delayed discharges rose significantly, whether measured by the number of patients delayed (up 11.9 per cent) or the number of days lost in delayed discharge (up 10.8 per cent) when compared to December last year'

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Figures released by NHS England show that over the last 5 years the number of type 1 attendances has risen by 611,250. Over the same period admissions have risen by 443,059. This is significant for two key reasons. Firstly rising attendances are equivalent to 6 medium sized emergency departments – none of which have been commissioned. Secondly the overall admission rate for type 1 departments is around 27% yet the admission rate for the attendance growth cohort is 72% i.e. the annual growth in attendances relates to a patient group that is much more complex/ sick than the average case mix with almost three in four requiring admission.

It is clear that hospitals A&E performance although well below what is acceptable has none the less been better than might reasonably have been expected given the huge pressures put upon them in terms of case-volume and case-mix.

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