The Royal College of Emergency Medicine

RCEM Winter Flow Project

Analysis of the data so far: 12th 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.

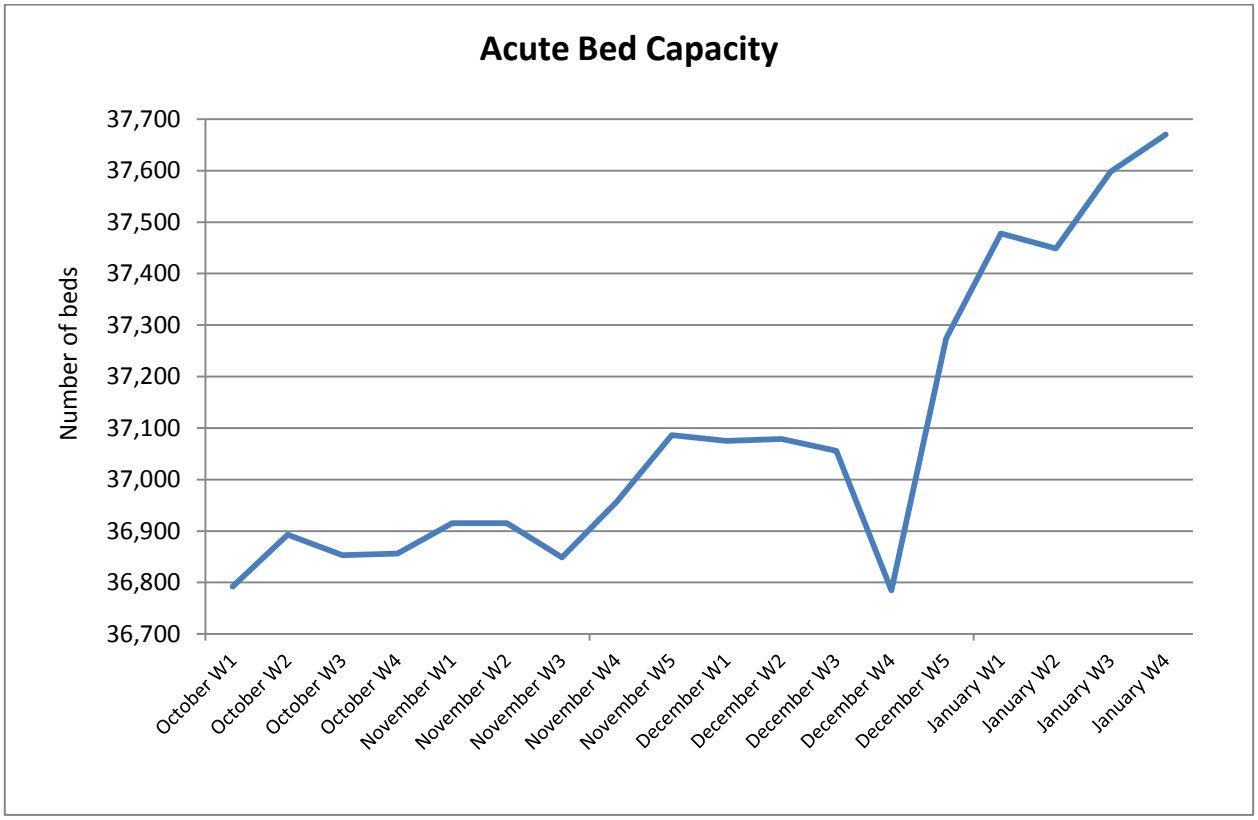
Our data includes all four countries of the UK though the majority of participating sites lie within England. It is also a sample of such Trusts/Boards, albeit a large and representative sample.

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 12 February 2016

Graph of acute beds in service



Active Bed Management

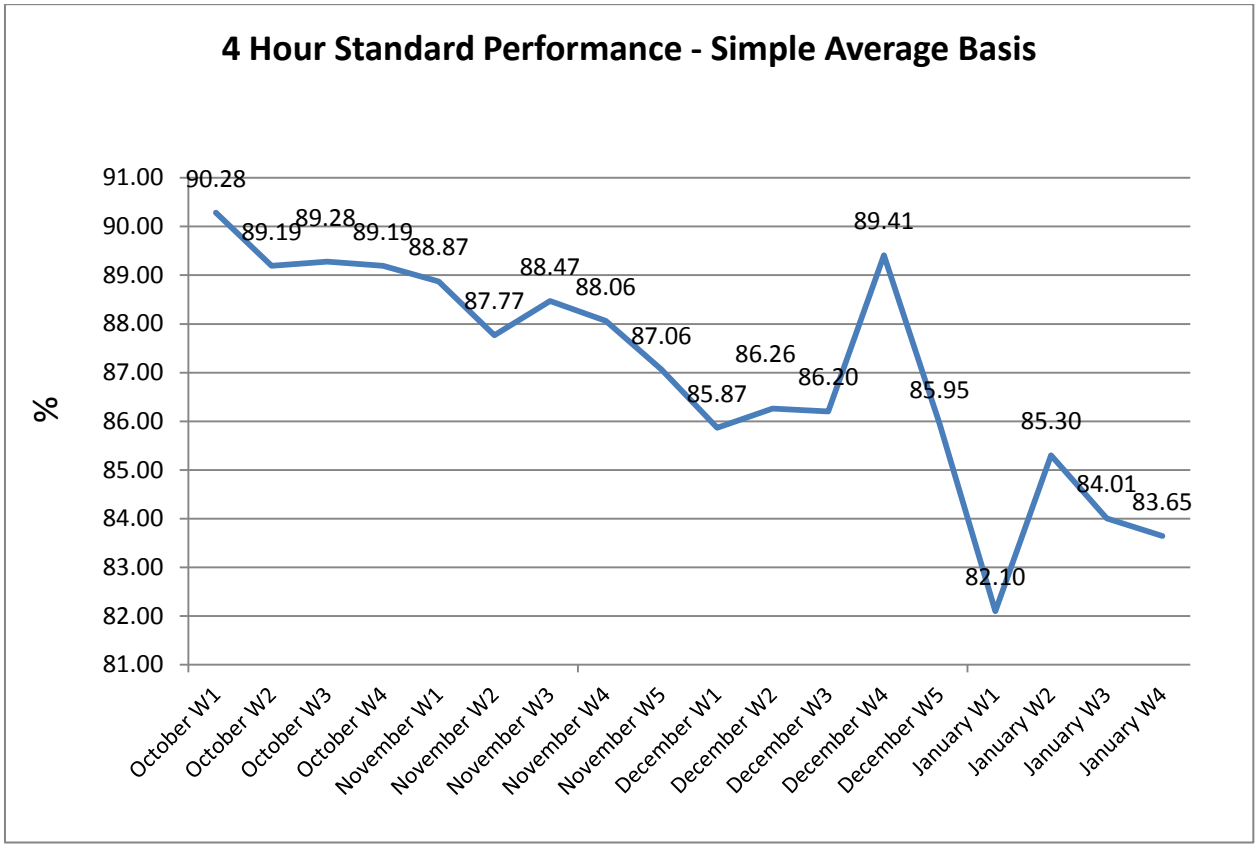
Acute beds have increased to another new high of c37,700 in week 18; 15 sites increased capacity and 10 reduced. The total of the maximum increase in aggregate bed stock has increased from 3.2% to 3.4% from the project starting point.

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	4	27	9	5	6

Published 12 February 2016

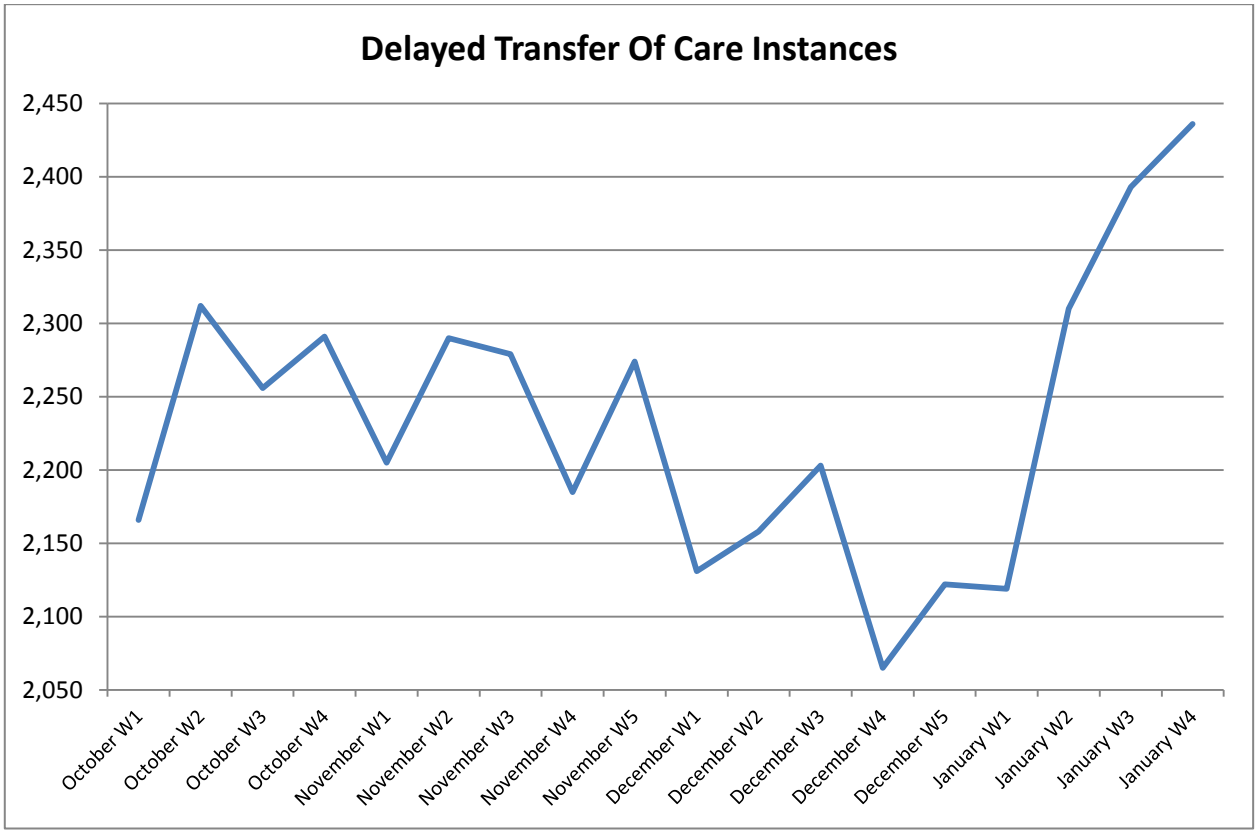
Graph of 4 hour performance by week since October



The 4 hour performance value has fallen back slightly to 83.65% this week. 18 sites posted an improvement and 27 declined.

Published 12 February 2016

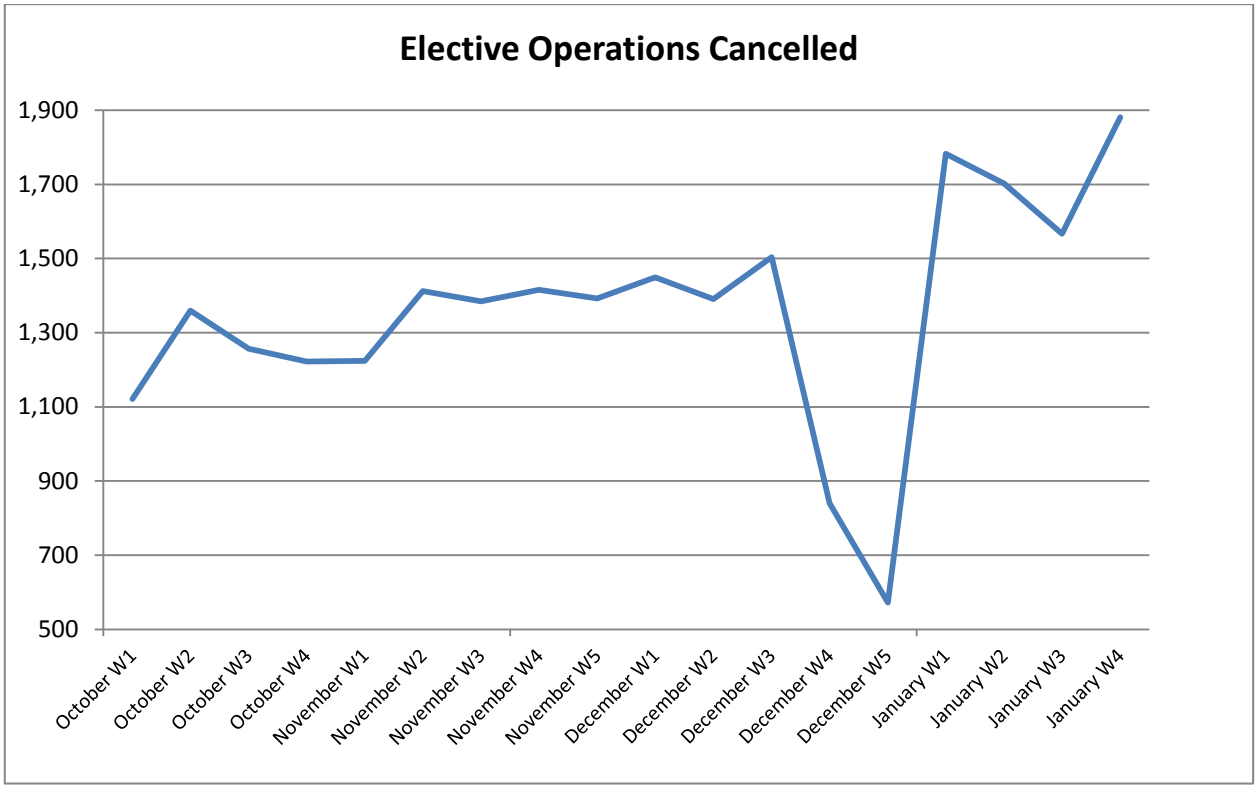
Graph of Delayed Transfers of Care (DETOCs) by week since October



This number has increased marginally since last week to 2,436 for the week. 23 sites recorded an increase from the previous week whereas 19 sites a decrease.

Published 12 February 2016

Graph of cancelled elective operations since October



Following 2 weeks in which elective operation cancellations reduced, in week 18 the number rebounded to record a new high of just under 1,900. A total of c24,500 elective operations have been cancelled over the 18 week period. The overall average each site cancelled has increased slightly to 27 operations per week over the period. The maximum in any one week remains at 228.

Overall

It is evident that the system has become substantially constrained by the number of patients occupying beds who no longer have acute medical needs.

Hospitals have increased their acute bed stock and this has helped ameliorate the consequent drop in performance. Similarly elective operation cancellations have reached a new peak.

Throughout January performance has remained under pressure. Over the 4 months of the study there is a steady downward trend line. This has significant consequences for both patients attending and staff working in emergency departments. Self evidently plans to cope with seasonal pressures have been inadequate to the task. In this respect not only are A&E departments the barometer of wider failings they are also the victims.

Published 12 February 2016