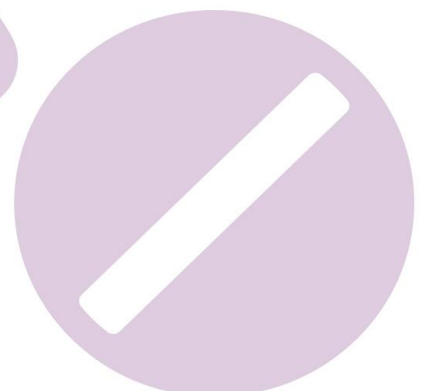
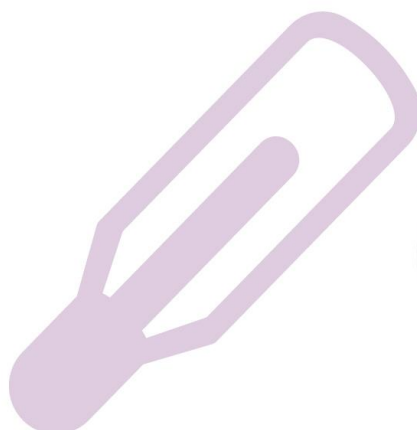




The Royal College of
Emergency Medicine

RCEM Winter Flow Project

Analysis of the data so far: 5th 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.

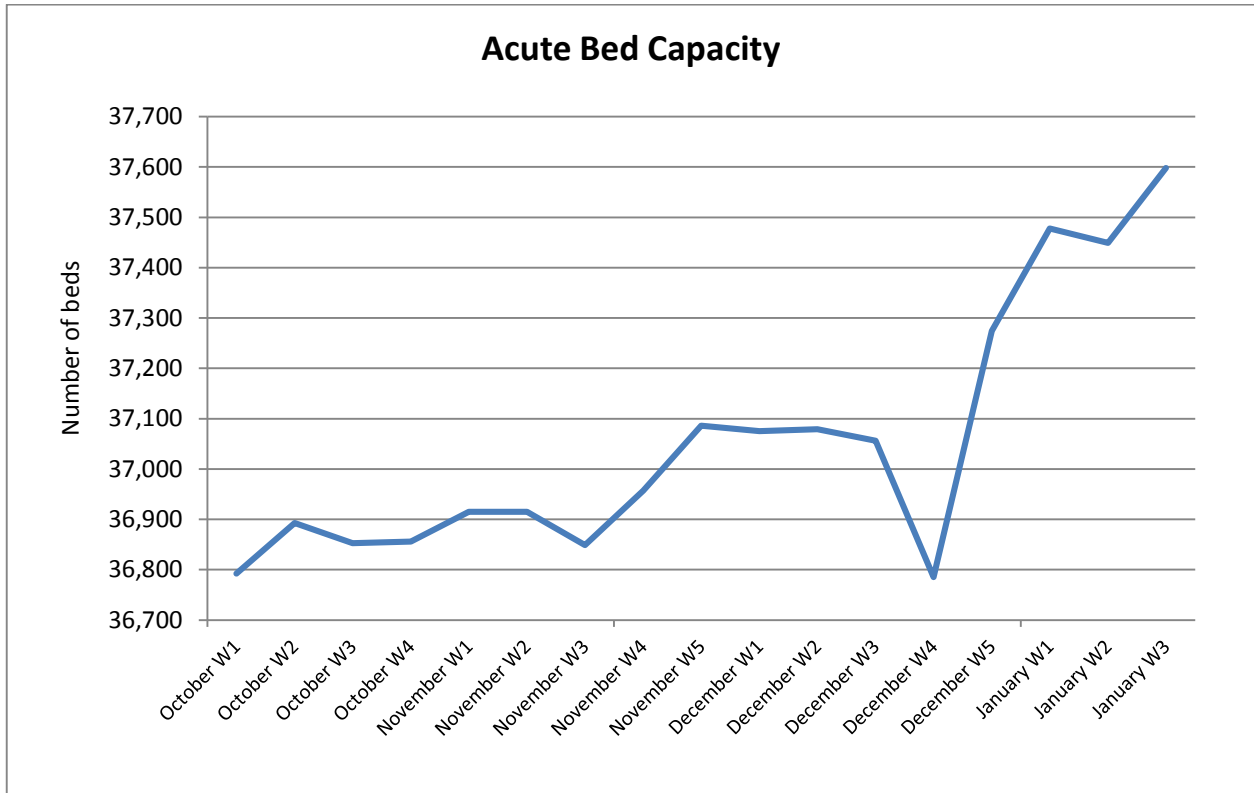
Unlike NHS England datasets there is no suggestion that our project represents a complete or permanent scrutiny of the healthcare system.

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.

Graph of acute beds in service



Active Bed Management

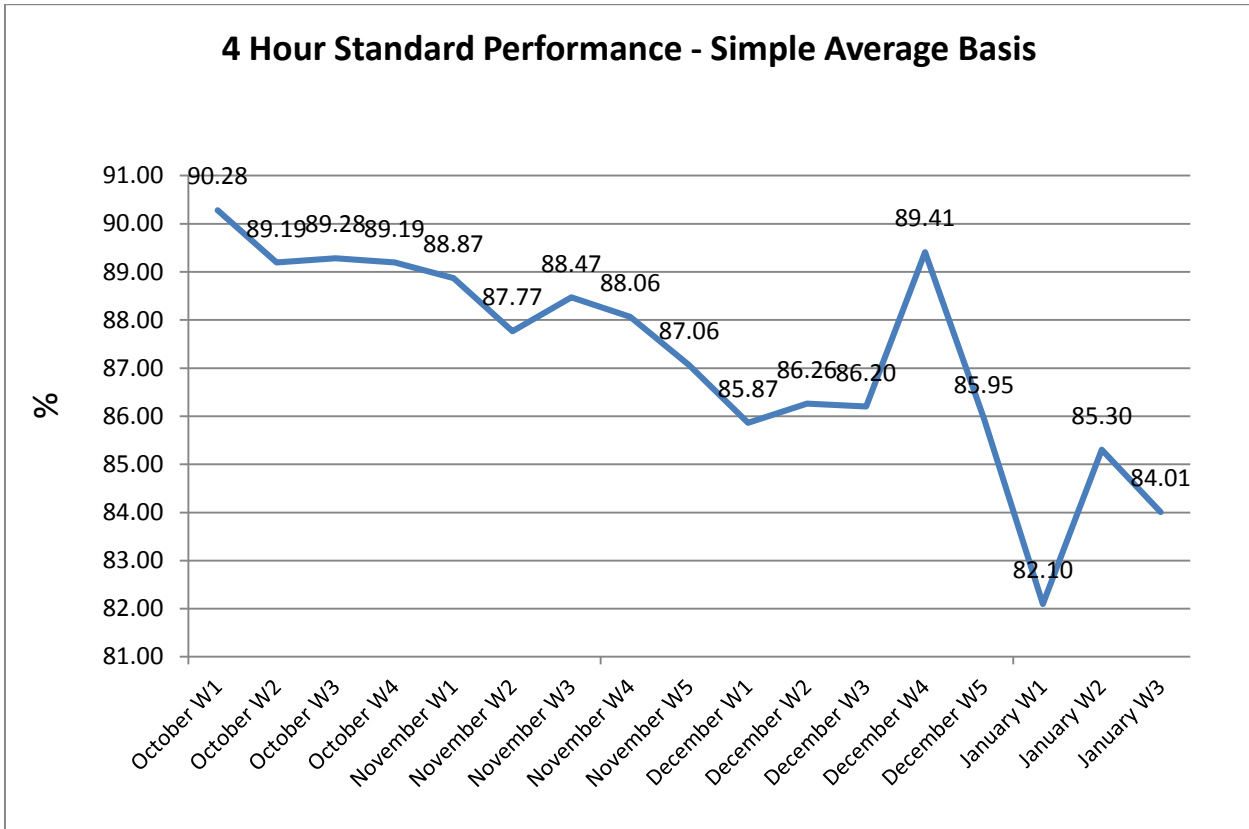
Acute beds have increased to a new high of c.37,600 in week 17; 16 sites increased capacity and 11 reduced.

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 – 20%
Number of sites	4	27	11	4	5

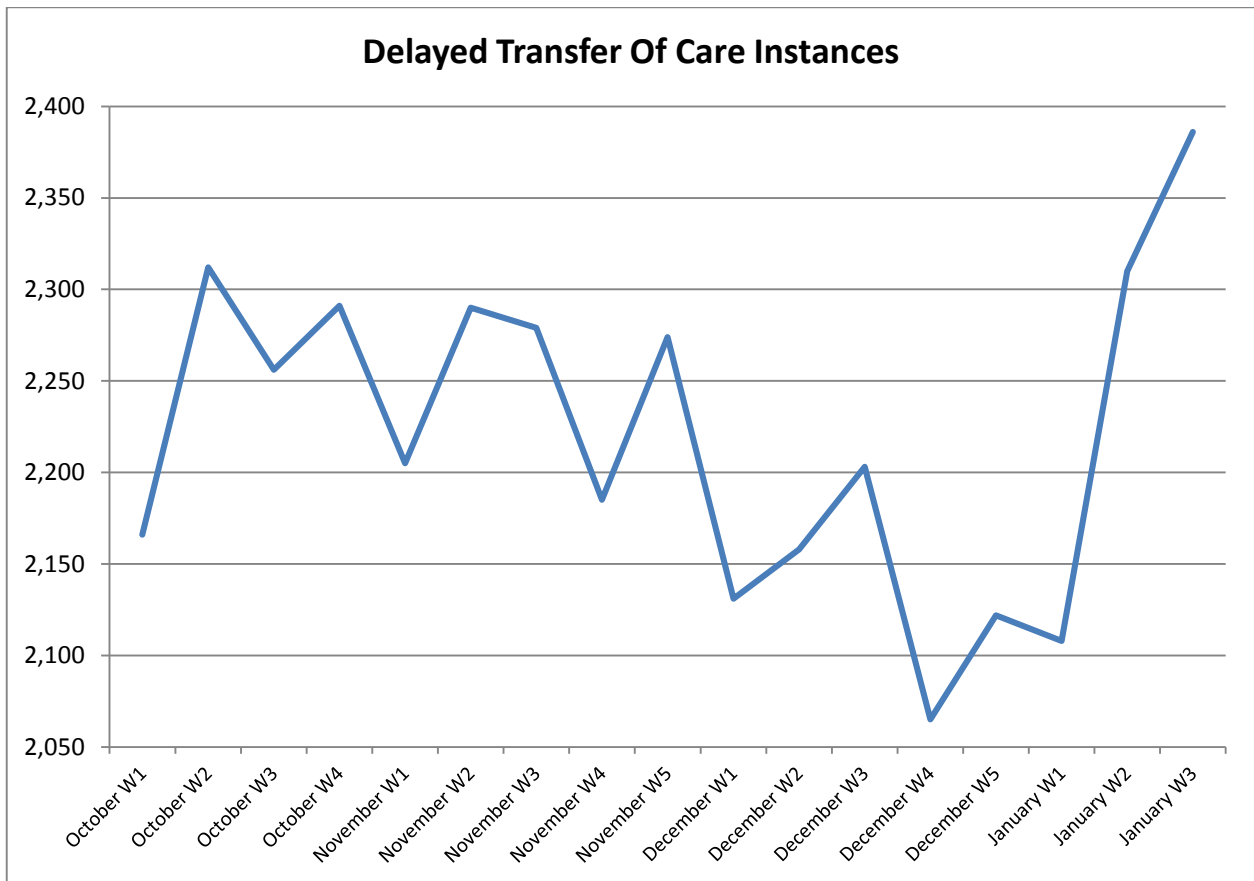
The total of the maximum increase in aggregate bed stock has increased from 2.9% to 3.2% from the project starting point.

Graph of 4 hour performance by week since October



The 4 hour performance value has fallen back to 84.01% this week. 18 sites posted an improvement and 30 declined.

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

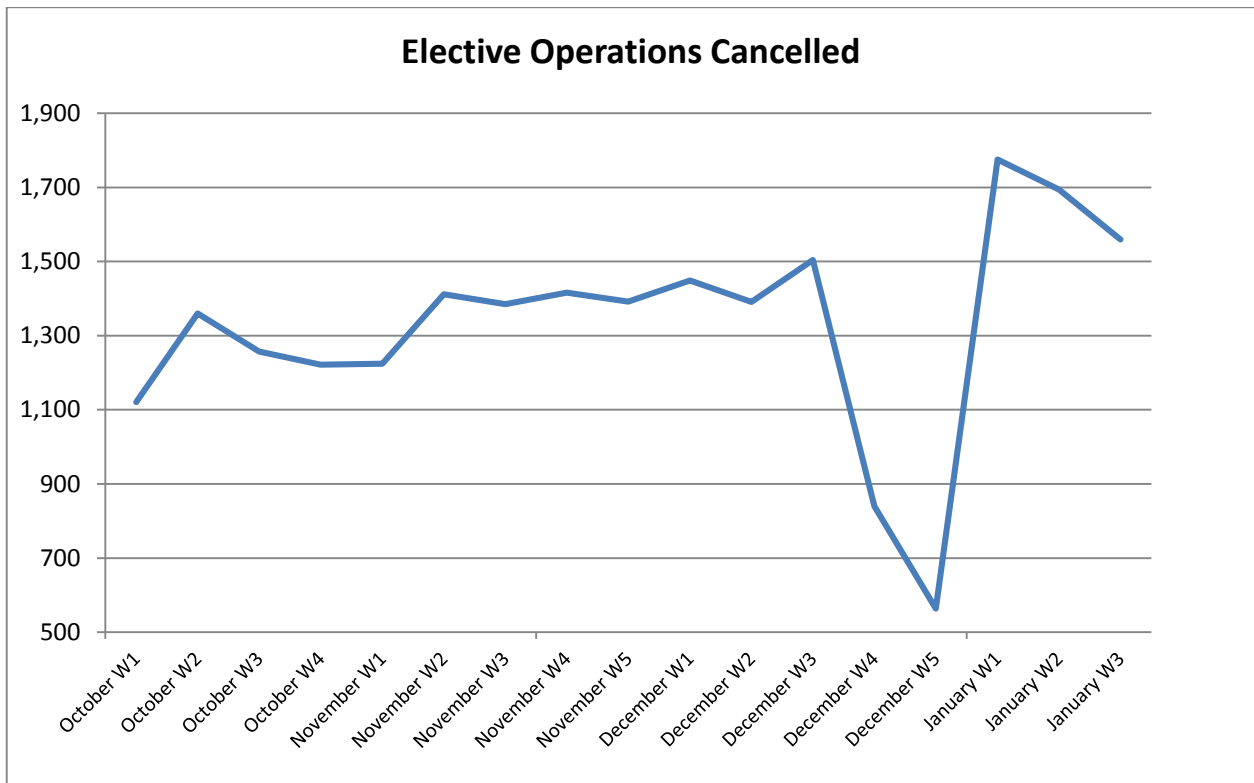


The data collected so far shows that among the sites participating in the project there has been a concerted effort to minimise and reduce the numbers of patients subject to Delayed Transfers of Care and that such efforts have had some success.

However, in week 17, there has been continuation of the increase in delayed transfers of care that we have seen since Christmas. 26 sites recorded an increase from the previous week.

The overall proportion of DETOC of total bed stock in week 17 has increased from 5.8% to 6.3%. The range of this measure across the contributors this week was from 0.5% to 15% of acute bed stock tied up by transfer delays at the point of measurement.

Graph of cancelled elective operations since October



Elective operations cancelled in the week have eased back slightly to 1,559 from the peak of week 15. A total of just over 22,500 elective operations have been cancelled over the 17 week period. The overall average each site cancelled is now 26 operations per week over the period. The maximum in any one week is 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 remains at near the peak seen last week – further evidence of the constraints imposed by the current available bed stock.

For the months of December and January, overall 4hr standard performance is 85.6%. This is virtually identical to the performance for the same period in 2014/15 (85.7%).