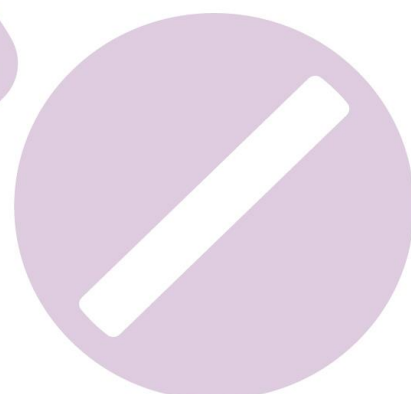
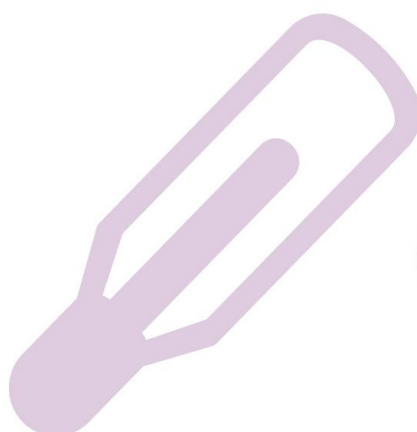


RCEM Winter Flow Project

Analysis of the data so far: 22nd January 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.

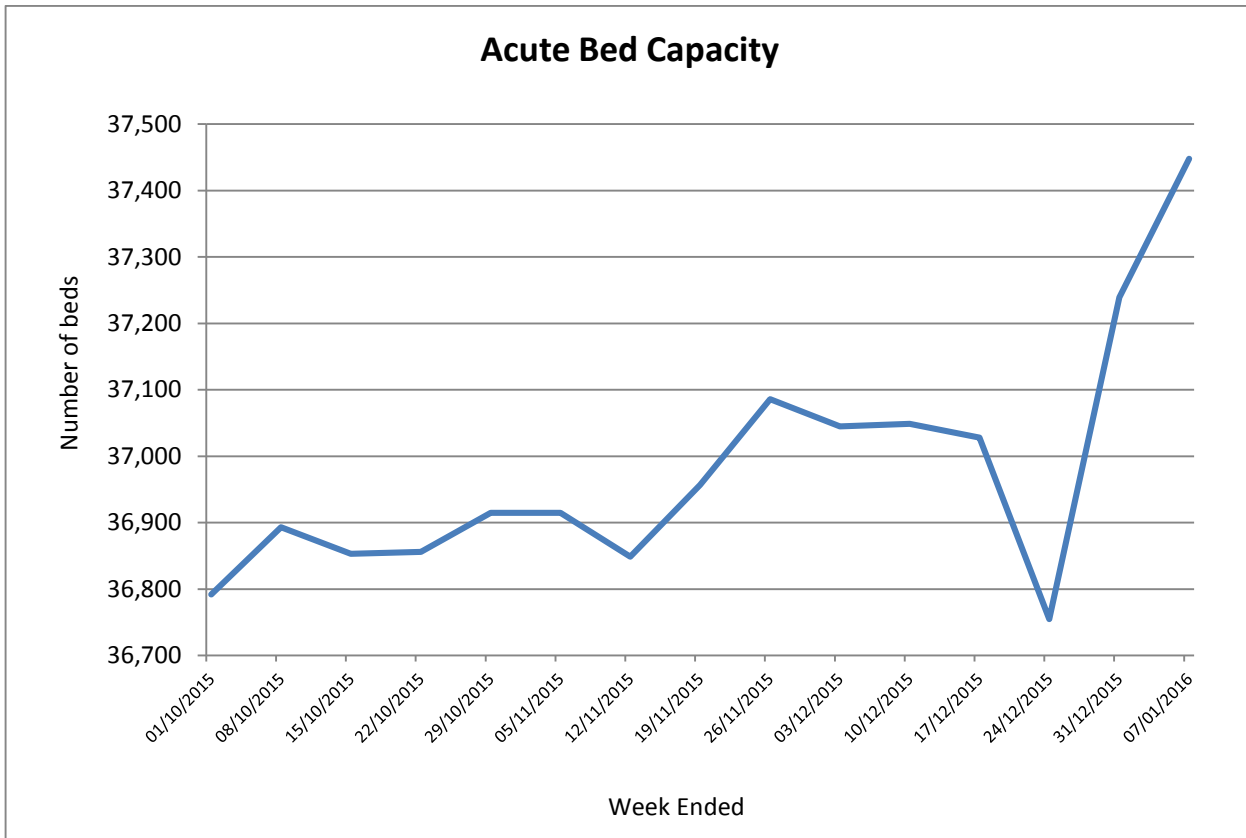
Unlike NHS England datasets there is no suggestion that our project represents a complete or permanent scrutiny of the healthcare system.

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

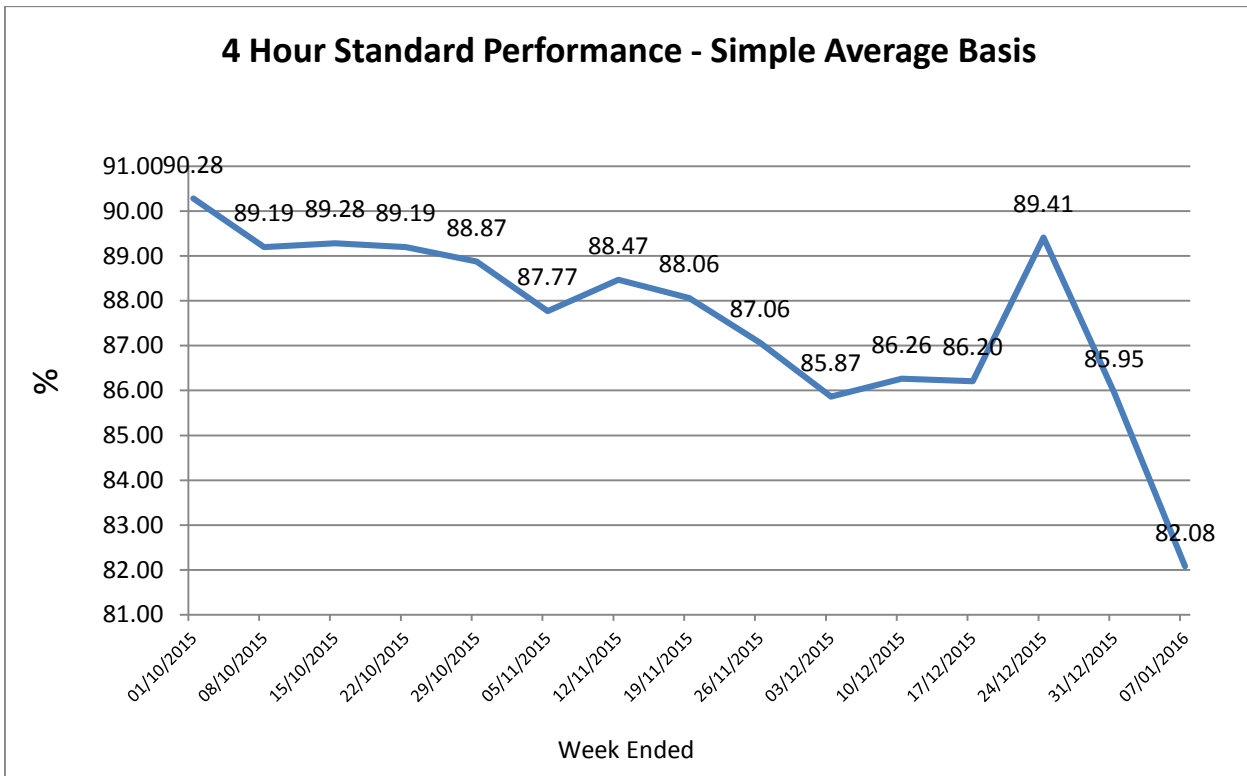
The available data shows that in the week ending 7st January the number of acute beds in service has continued to increase. Overall 20 sites increased capacity, 6 reduced and 25 showed no change.

The extent to which the participating trusts have adjusted their bed stock to meet demand over the course of the project is shown in the table below.

	No adjusting	0 – 5%	5 – 10%	10 – 15%	15 – 20%
Number of sites	5	37	1	3	5

The participating sites have been able to increase their bed stock by 2.7% to better meet demand since data collection started in October.

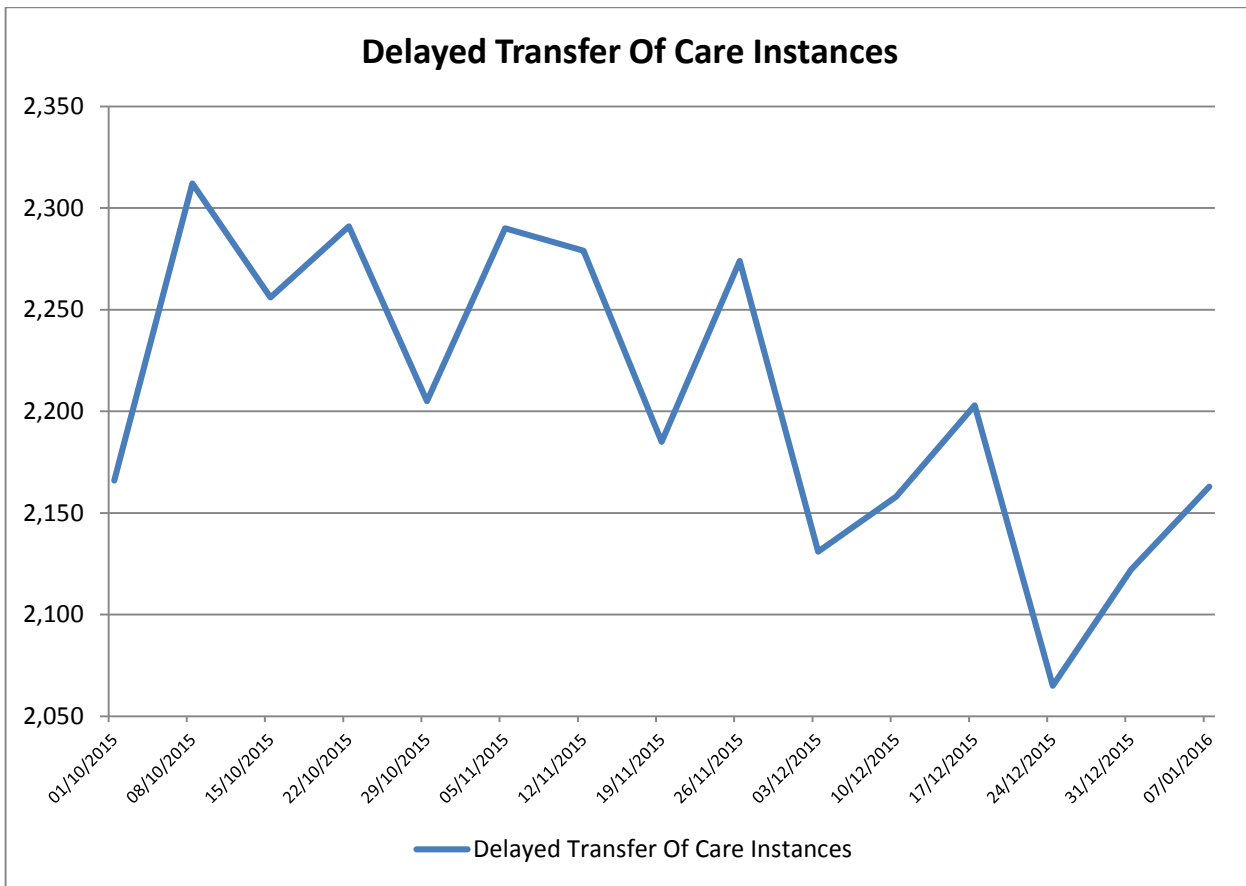
Graph of 4 hour performance by week since October



It is now clear that performance against the 4 hour standard has declined steadily since the beginning of October. The improvement in the data in the week ending 25th December is largely a result of the changing demand profile in the week before Christmas day. Performance in the same week last year – week ending 11th January – was 84.3% percent for Type 1 ED departments in the English NHS.¹

¹ NHS England [A&E Week Ending 04.01.2015 \(Revised 03.07.15\) \(XLS, 104K\)](#)
Published 22nd January 2016

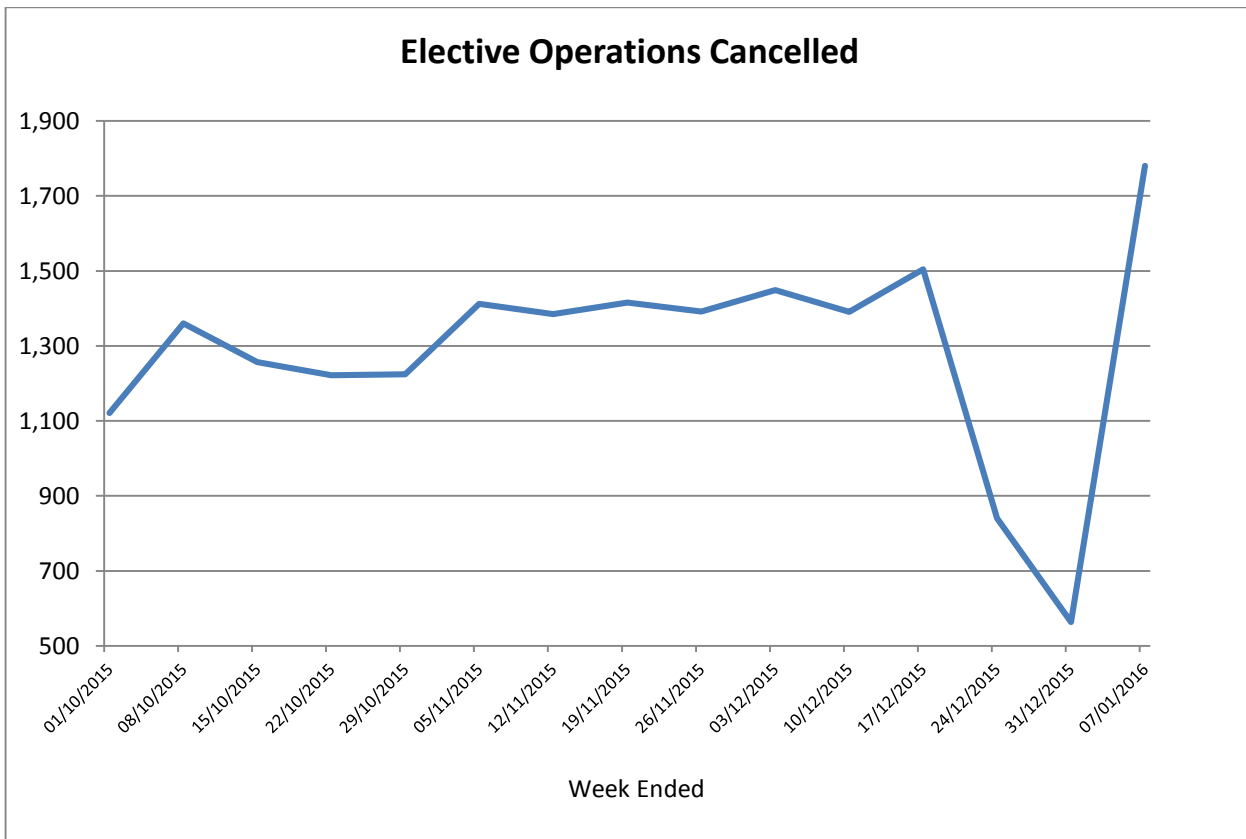
Graph of Delayed Transfers of Care (DETOCs) by week since October



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 15, there has been continuation of the increase we saw in the previous week.

The overall proportion of DTOC to total bed stock in week 15 has increased slightly to 5.8%

Graph of cancelled elective operations since October



Elective operations cancelled in the week have risen to 1,780 for the week. This is a level higher than the pre-Christmas peak of 1,504. A total of 19,317 elective operations have been cancelled over the 15 week period. The overall average per site remains at 25 operations per week over the period.

Overall

Taken as a whole, the data submitted over the 15 week period show clear trends – particularly the decline in operational performance as measured by the 4 hour standard. This decline has been ameliorated by many trusts/hospitals opening more acute beds but cancellation of elective operations has still been necessary to meet acute care pressures. January has seen the greatest number of such cancellations.