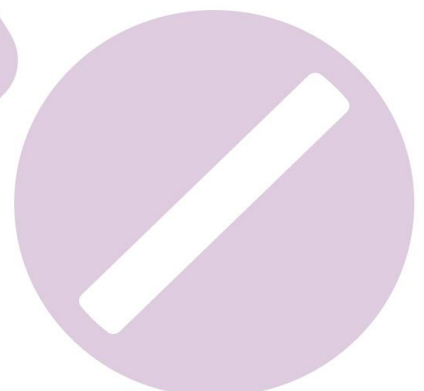
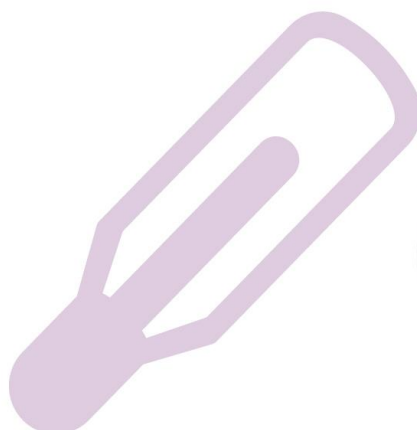




The Royal College of
Emergency Medicine

RCEM Winter Flow Project

Analysis of the data so far: 15th 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.

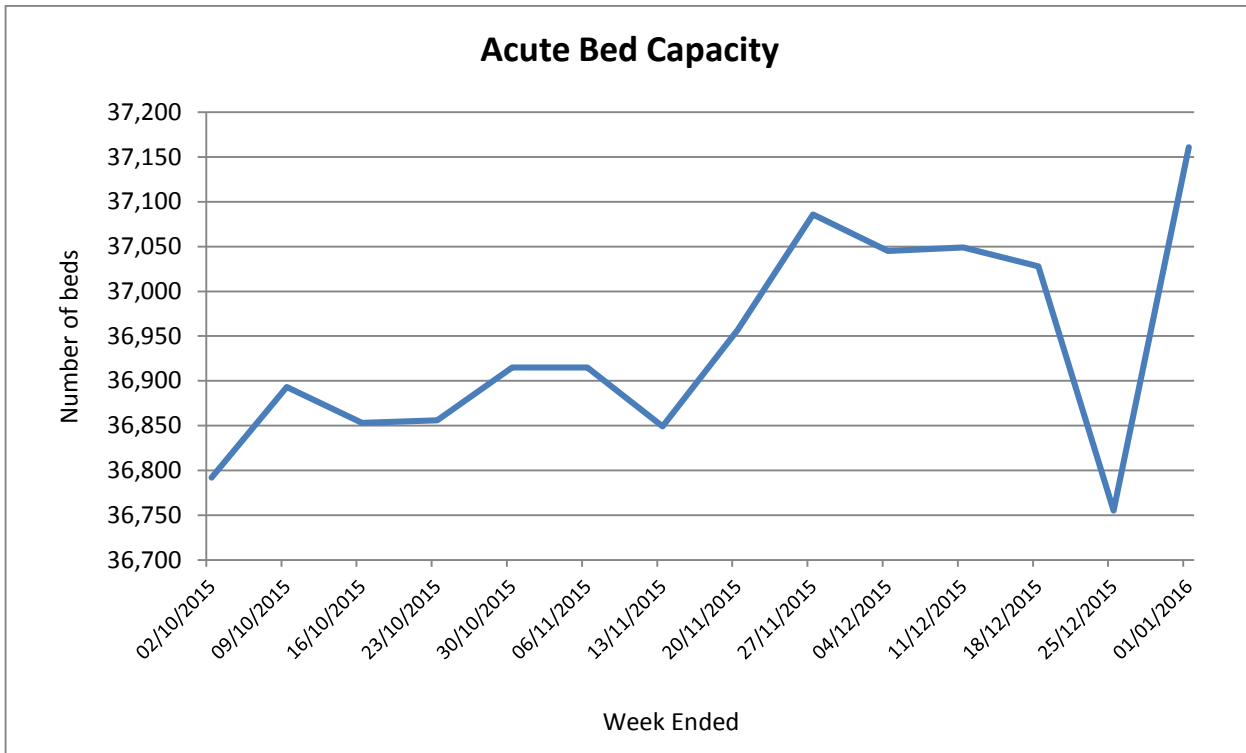
Unlike NHS England datasets there is no suggestion that our project represents a complete or permanent scrutiny of the healthcare system.

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

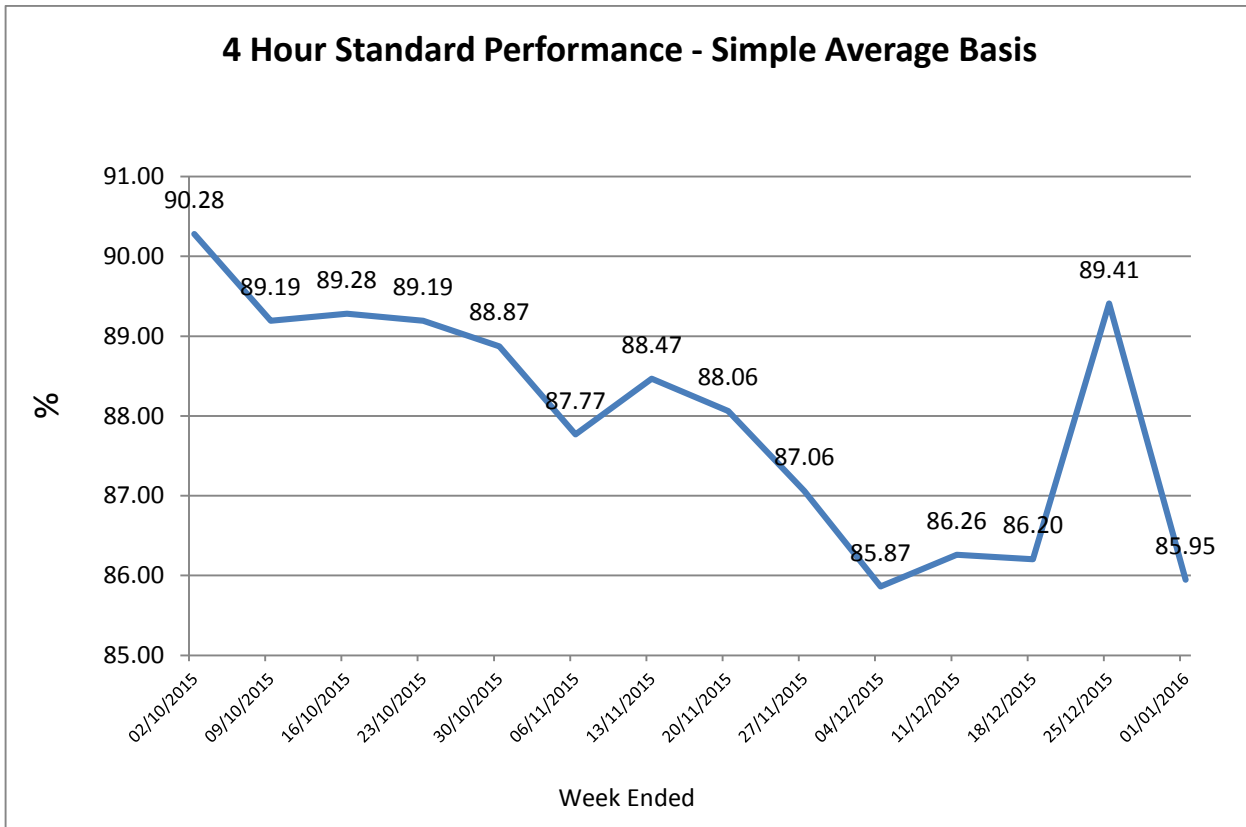
The available data shows that in the week ending 1st January the number of acute beds in service has increased overall following the reduction of the previous week. Overall 26 sites have increased their capacity, 2 reduced and 23 showed no change.

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	38	1	2	5

The participating sites have been able to increase their bed stock by 2.4% to better meet demand since data collection started in October.

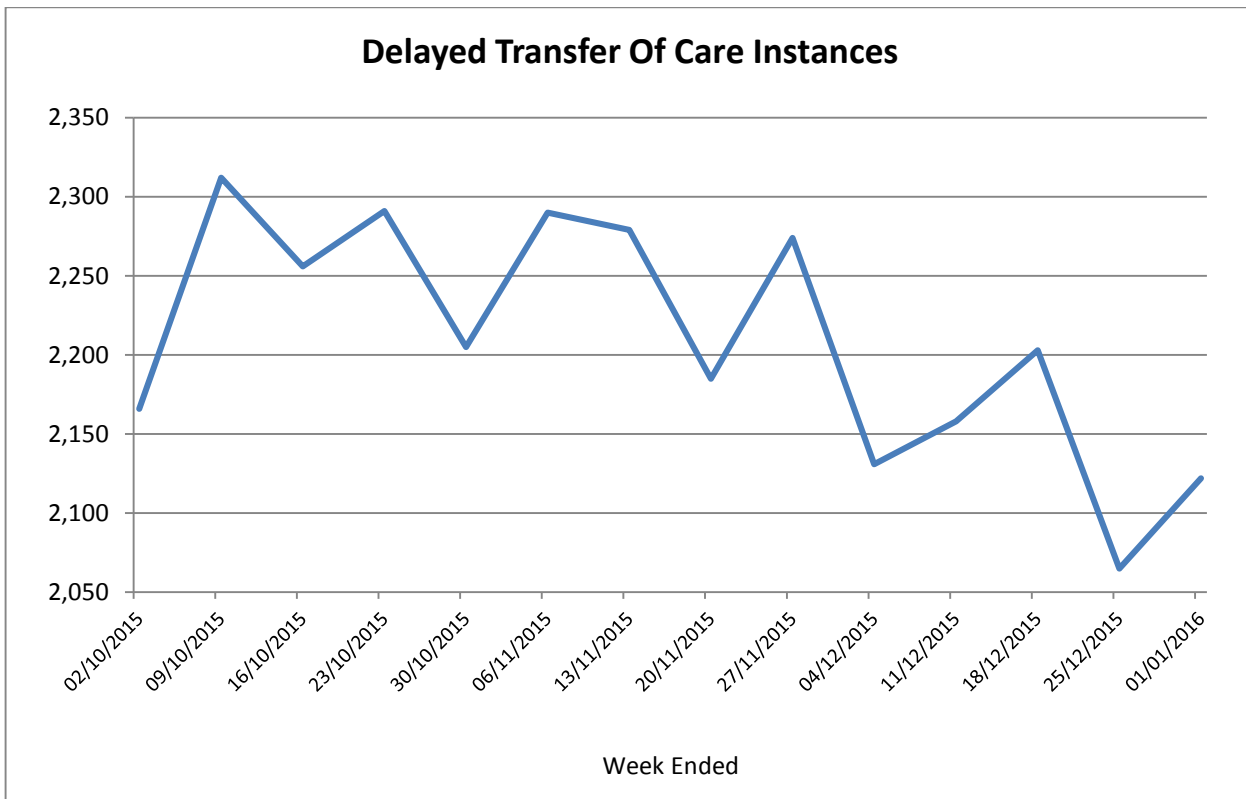
Graph of 4 hour performance by week since October



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. However, it is important to note that performance in the same week last year – week ending 4th January – was 79.9% percent for Type 1 ED departments in the English NHS.¹

¹ NHS England [A&E Week Ending 04.01.2015 \(Revised 03.07.15\) \(XLS, 104K\)](#)
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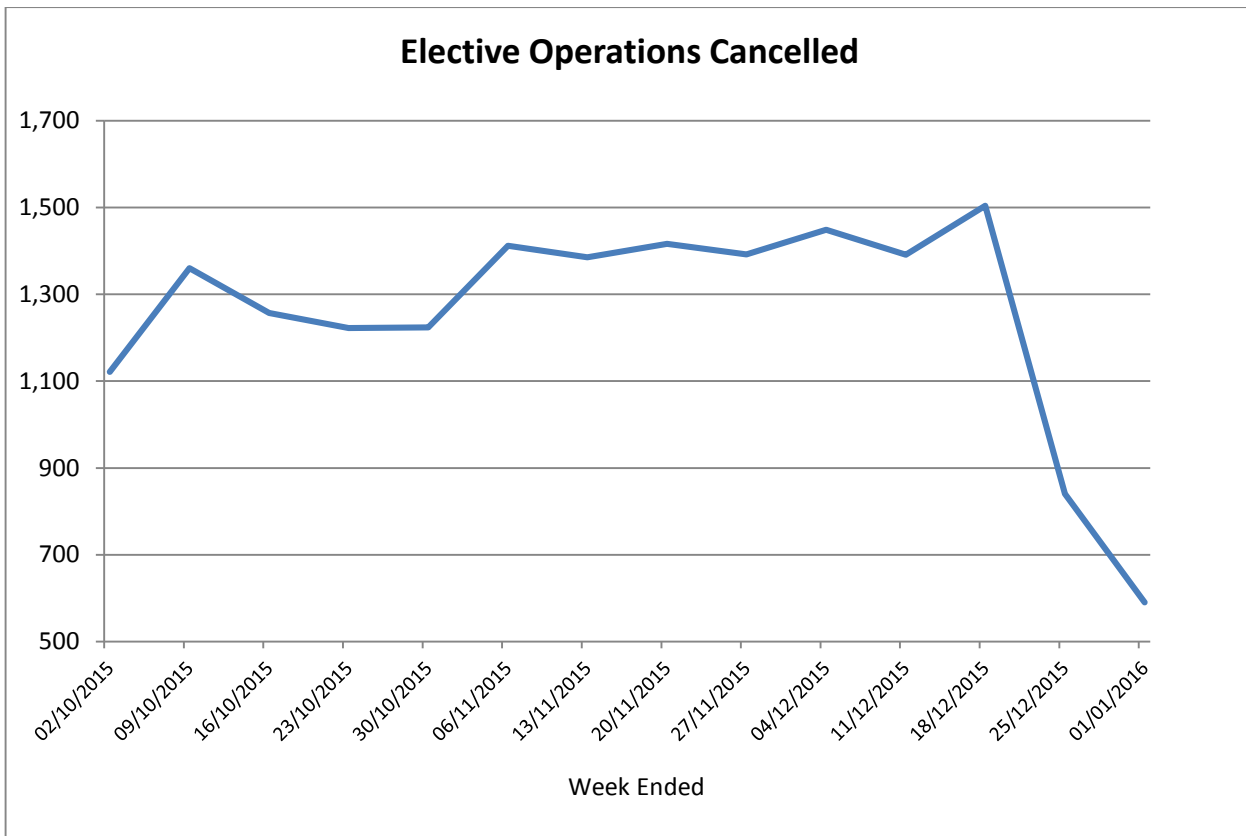
Graph of Delayed Transfers of Care (DETOCs) by week since October



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 14, this number has increased by 57 to 2,122 – the lowest point being the previous week. On a site by site basis, 26 sites increased and 22 decreased this number.

The overall proportion of DTOC to total bed stock in week 14 has increased slightly from 5.6% to 5.7%, notwithstanding the increase in beds in use. The range of this measure across the contributors this week was 0% to 17% of acute bed stock.

Graph of cancelled elective operations since October



Elective operations cancelled in the week have further dropped to 590. A total of 17,563 elective operations have been cancelled over the 14 week period. The overall average each site cancelled is now at 25 operations per week over the period. The maximum in any one week is 218.

Overall

Taken as a whole, the data submitted over the 14 week period shows that efforts both to increase the available bed stock and to minimise the numbers of patients subject to Delayed Transfers of Care have enabled improved performance against the four hour standard when compared to the winter of 2014/15. Comparing performance against this standard shows a 3% improvement in Dec 2015 compared to the previous year.²

² NHS England [A&E Week Ending 04.01.2015 \(Revised 03.07.15\) \(XLS, 104K\)](#)
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