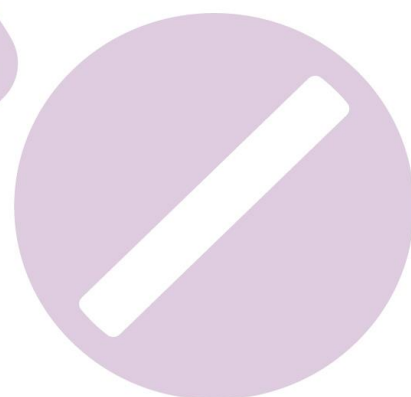
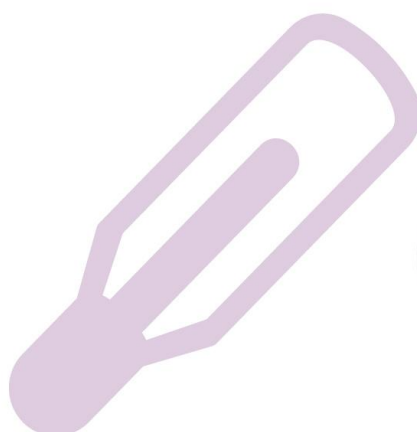




The Royal College of
Emergency Medicine

RCEM Winter Flow Project

Analysis of the data so far: 8th 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.

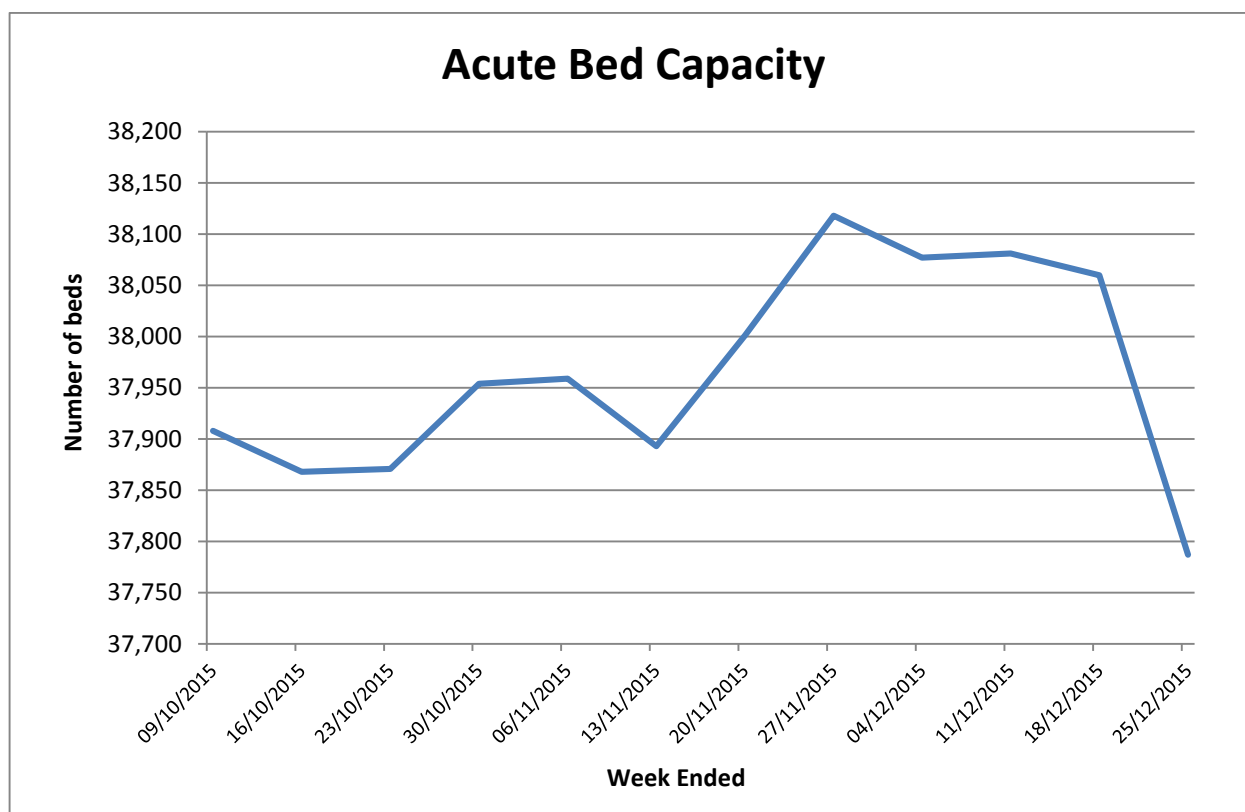
Unlike NHS England datasets there is no suggestion that our project represents a complete or permanent scrutiny of the healthcare system.

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



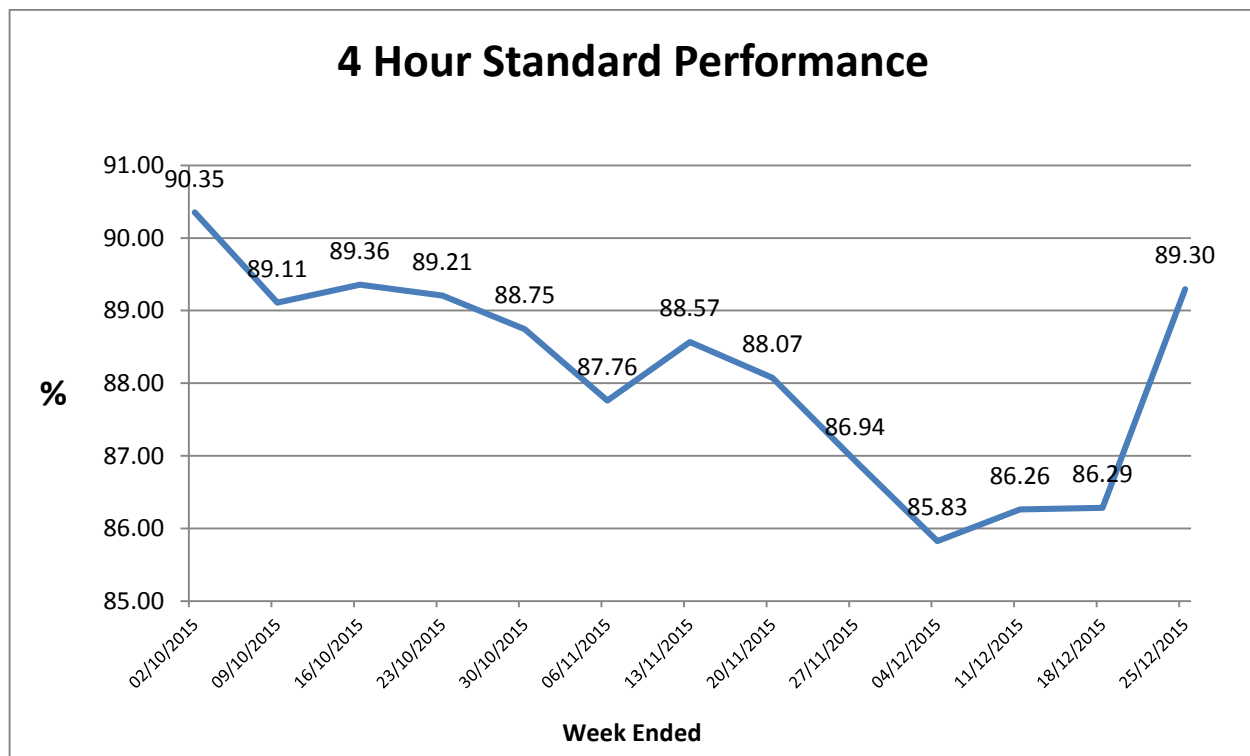
Active Bed Management

The available data shows that the number of acute beds in service was reduced in the week ending 25th December to the lowest level so far recorded over the duration of the project. This reflects planned reductions in capacity in anticipation of the changing demand profile in the week before Christmas day. Overall, 18 sites showed a reduction with only 6 sites increasing bed stock in the week.

The extent to which the participating trusts are adjusting their bed stock to meet demand is shown in the table below.

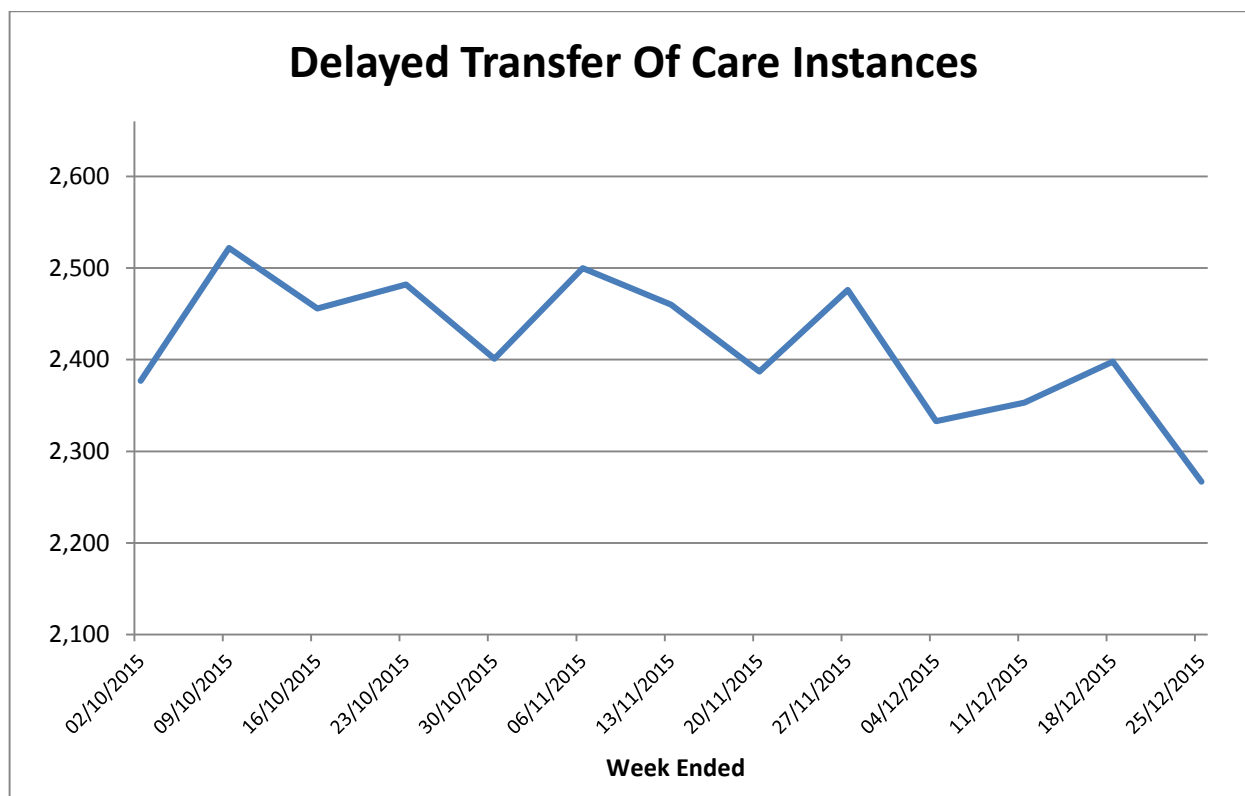
	No adjusting	0 – 5%	5 – 10%	10 – 15%	15 – 20%
Number of sites	6	39	0	3	4

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.

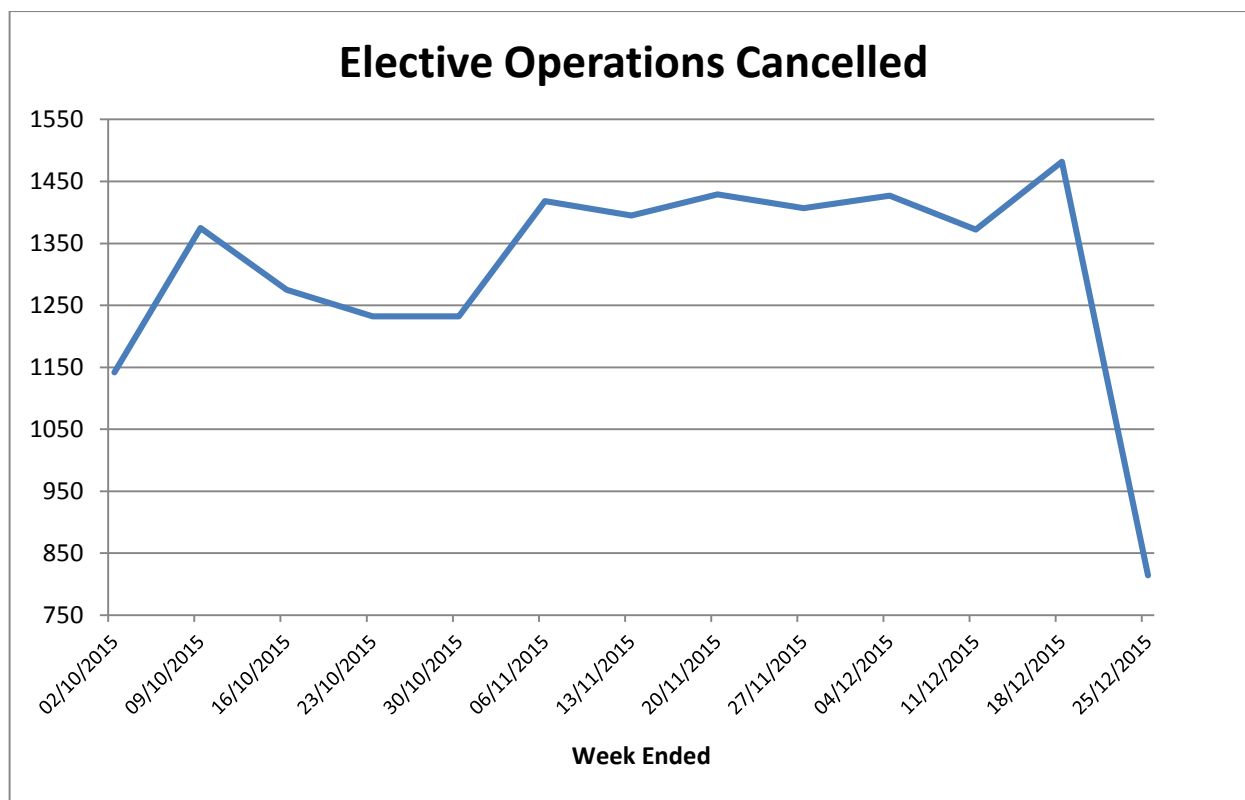
Graph of Delayed Transfers of Care (DETOCs) by week since October



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 are having some success. In week 13 – in the light of revised data - this value has fallen to its lowest level over the reporting period with just under 2,267 delays recorded.

The significance of DETOCs continues to vary widely with different providers indicating that the proportion of beds affected ranged from 0% to 19.6%. The overall proportion of DETOC has now been reduced to 6% of total.

Graph of cancelled elective operations since October



Elective operations cancelled in the week have dropped significantly to 814 from the peak of 1,482 in the previous week. This reflects the fact that fewer elective operations are planned for the week ending 25th December. A total of 17,000 elective operations have been cancelled over the 13 week period. The overall average each site cancelled is now at 26 operations. per week over the period. The maximum in any one week is 177.

Overall

Taken as a whole, the data submitted over the 13 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 not been reflected in a corresponding improvement in 4 hour standard performance. The improvement in 4 hour performance for the week ending 25th December is a result of the changing demand profile in the week before Christmas day.