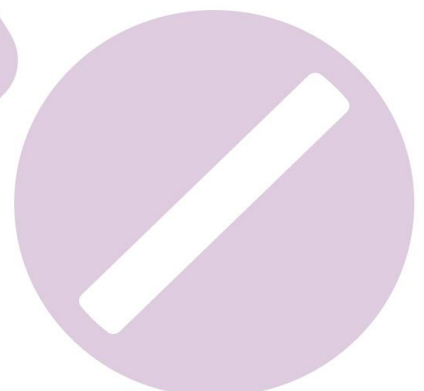
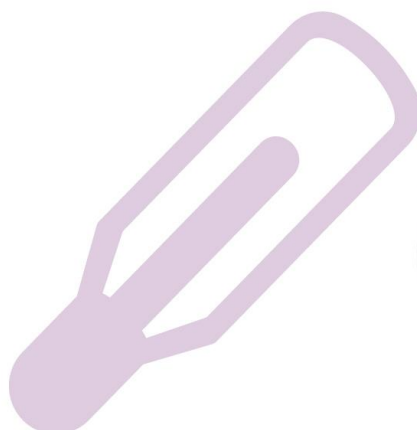




The Royal College of  
Emergency Medicine

# RCEM Winter Flow Project

Analysis of the data so far: 11 December 2015



## 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.

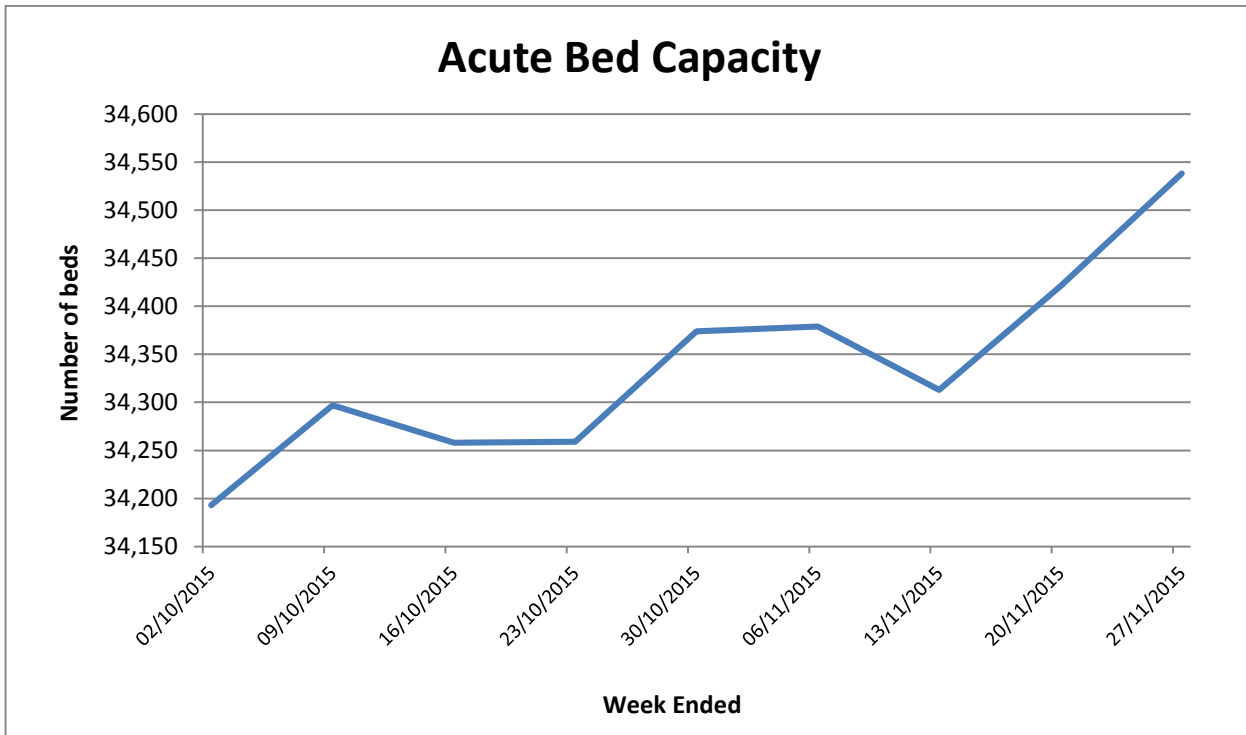
Unlike NHS England datasets there is no suggestion that our project represents a complete or permanent scrutiny of the healthcare system.

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

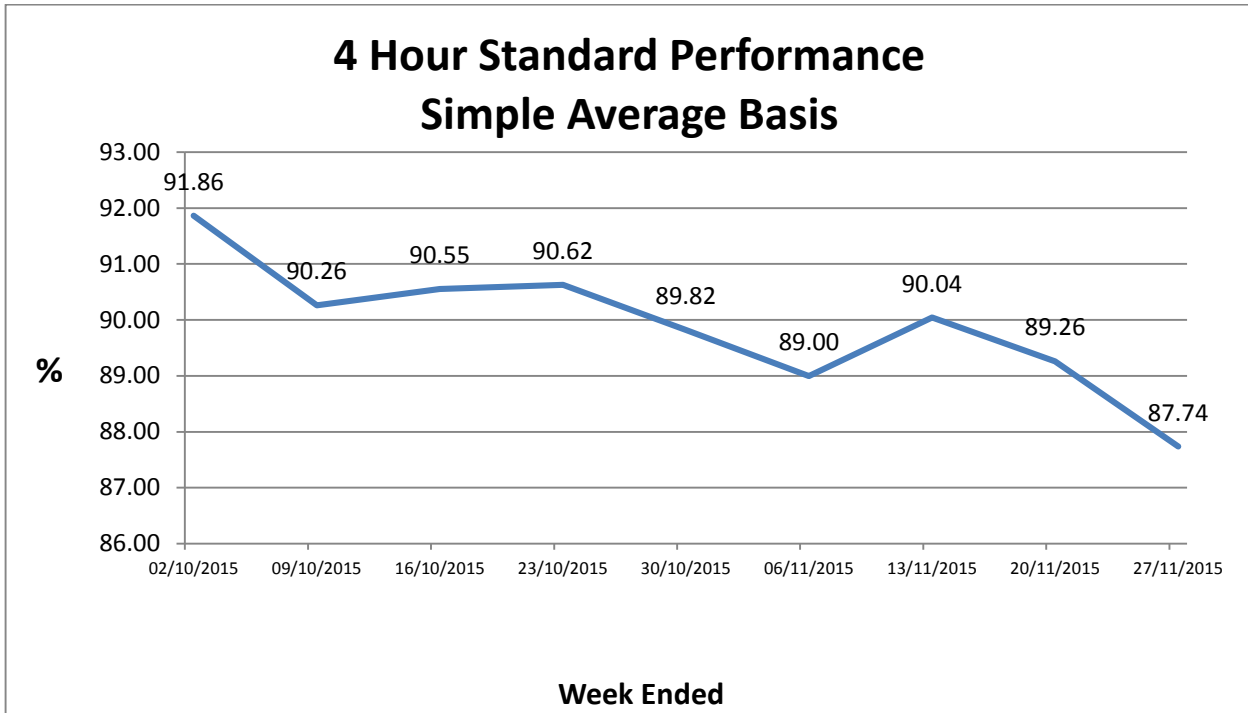
Further beds have been added to capacity in week 9 and more sites have adjusted their acute bed stock to meet changing demand – 81% of the population.

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

	No adjustment	0 – 5%	5 – 10%	10 – 15%	15 – 20%
Number of sites	9	32	1	2	3

However, although the number of available beds has consistently increased across our participating sites to date this is an increase of no more than 1.9%. This suggests that the extent to which there is additional capacity available is limited.

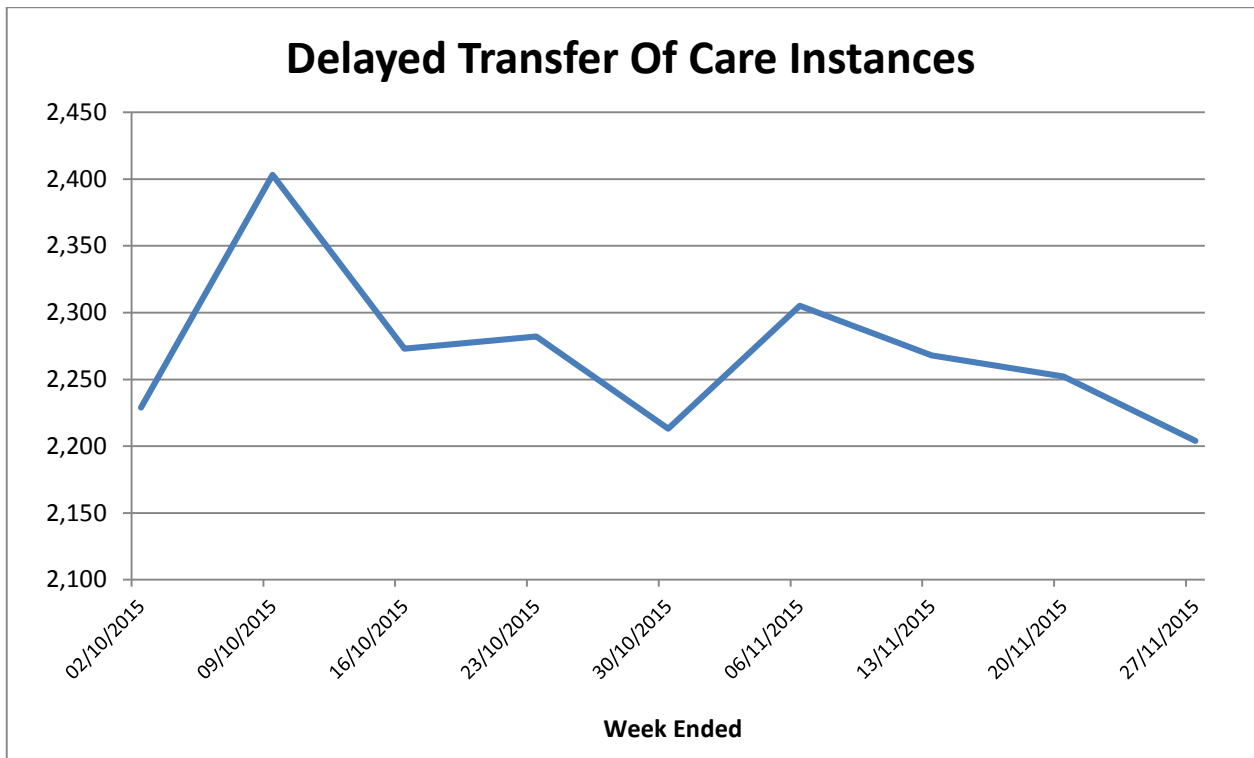
## Graph of 4 hour performance by week since October



The 4 hour standard performance chart now shows a decline since the middle of November, rather than, as previously, a slight improvement towards the end of the same month. This reflects data revisions made by our contributors based on further information.

It is now clear that performance against the 4 hour standard has declined steadily since the beginning of October. What this tells us is that despite the significant efforts made by Trusts/Boards to improve performance through winter planning, the system as a whole has struggled to maintain performance against a backdrop of rising demand.

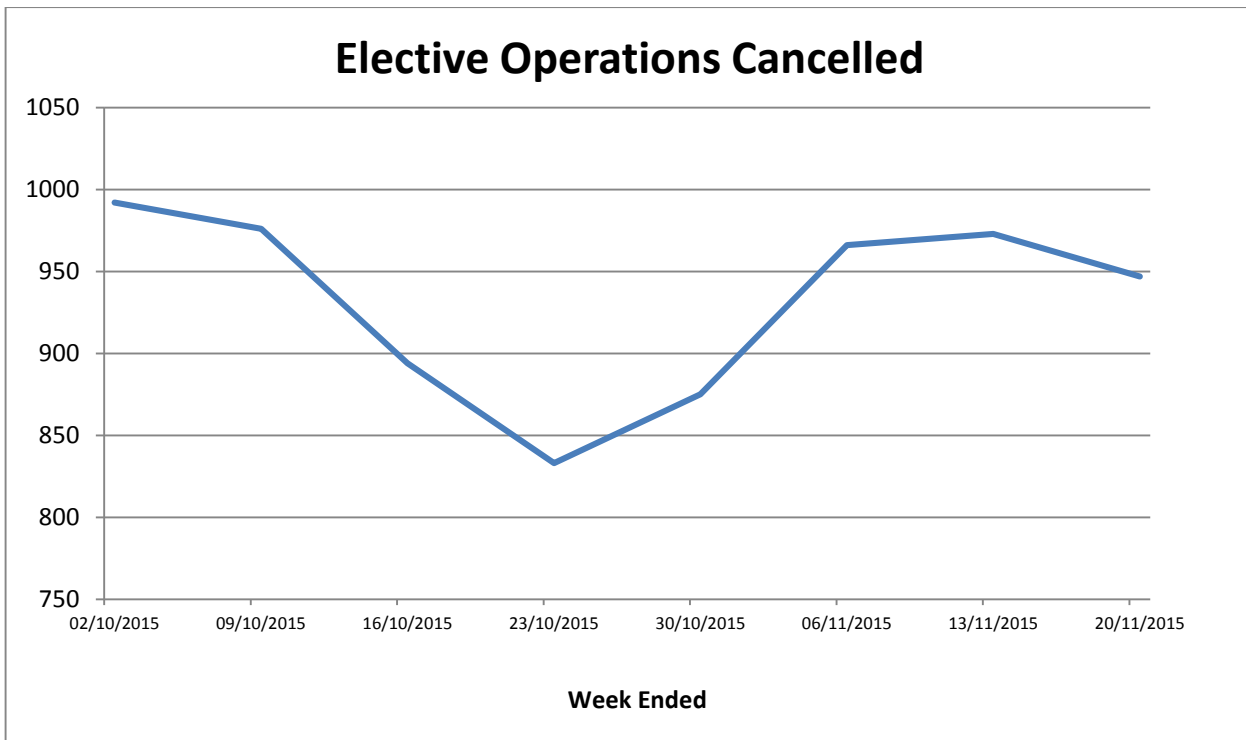
## Graph of Delayed Transfers of Care (DETOCs) by week since October



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. This value has now fallen to its lowest level over the reporting period with just over 2,200 delays.

The significance of DETOCs continues to vary widely with different providers indicating that the proportion of beds affected ranged from 0% to 19%. However, as the result of the increased number of beds and the reduction in DTOC, the overall proportion of DTOC has slightly reduced to 6.4% of total bed stock from 6.5% the previous week.

## Graph of cancelled elective operations since October



A total of over 8,500 elective operations have been cancelled over the 9 week period. As an overall average each site cancelled 21 operations per week over the period.

### Overall

When viewing these measures together, this data shows that efforts both to increase the available bed stock and to minimise the numbers of patients subject to Delayed Transfers of Care are not being reflected in a corresponding improvement in 4 hour standard performance. This indicates that the system as currently configured and operated has insufficient capacity and capability to respond to rising demand.