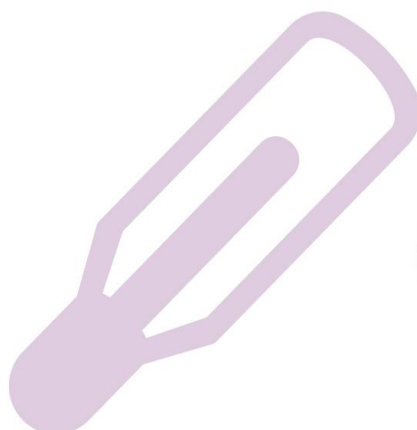




The Royal College of
Emergency Medicine

RCEM Winter Flow Project

Analysis of the data so far: 4 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.

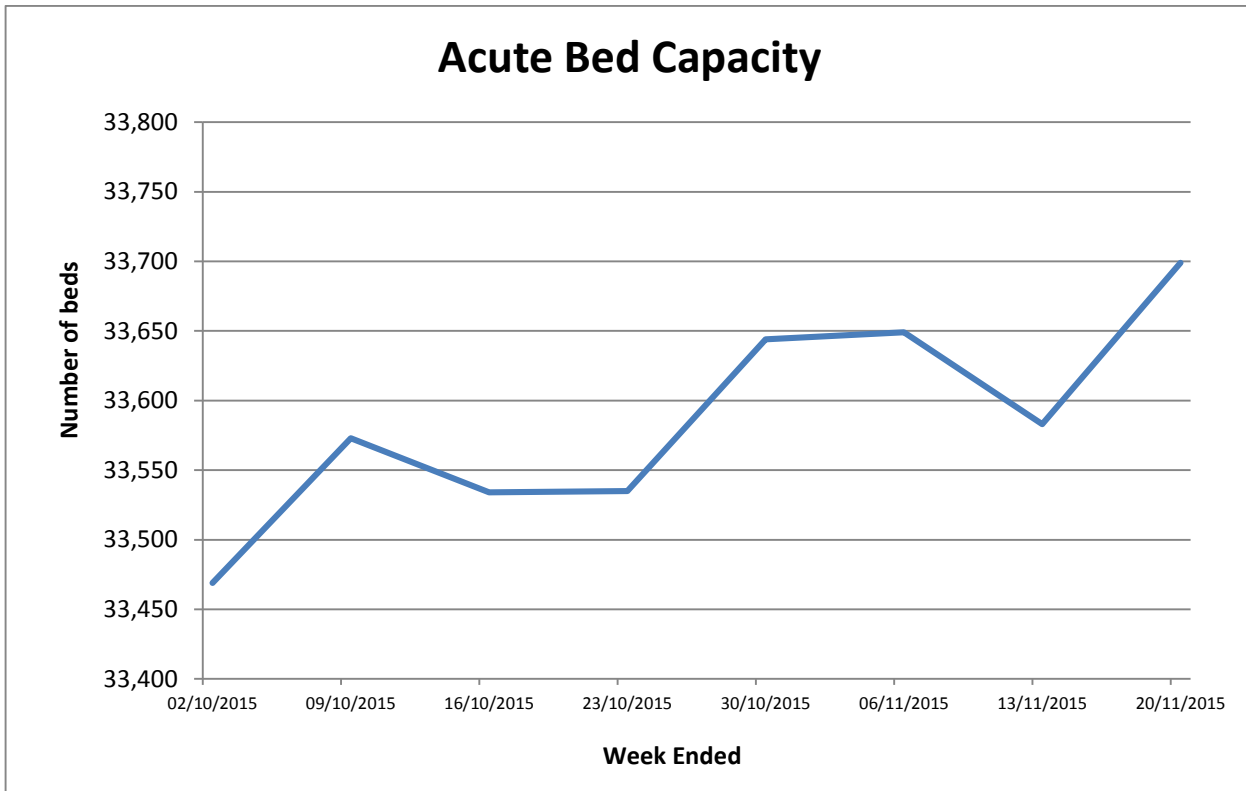
Unlike NHS England datasets there is no suggestion that our project represents a complete or permanent scrutiny of the healthcare system.

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

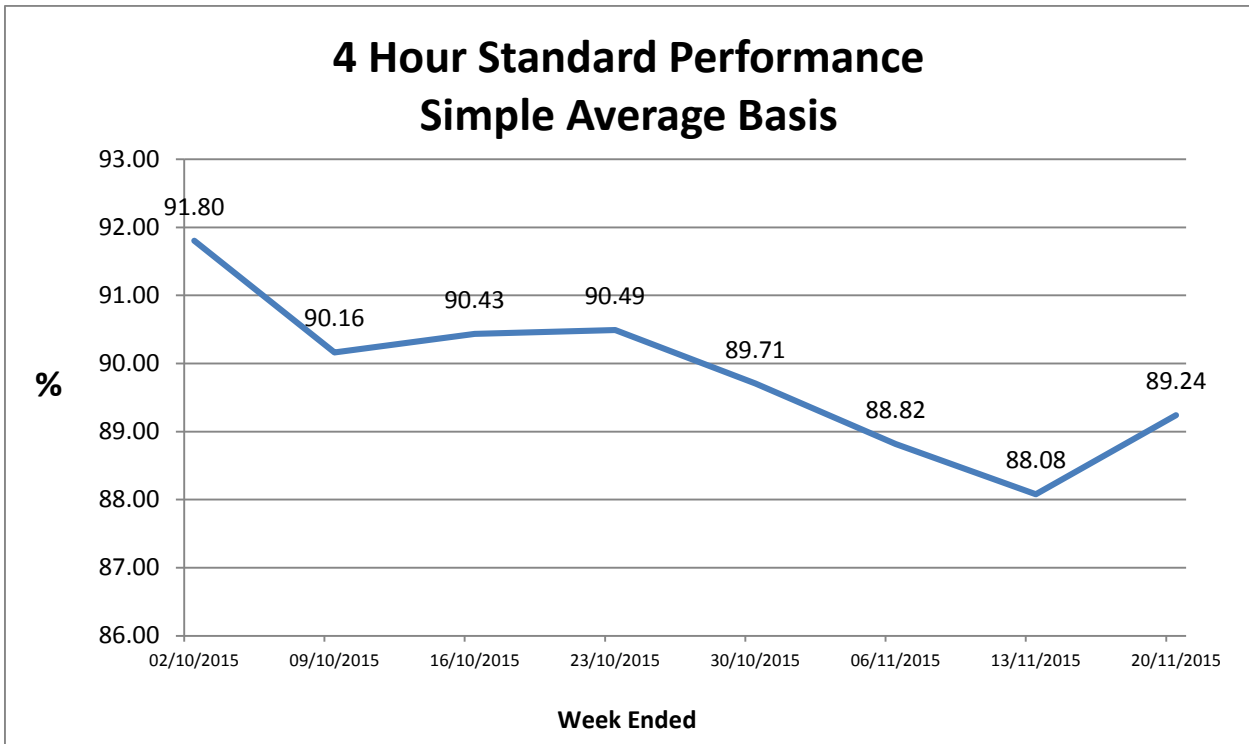
Many sites are adjusting their acute bed stock to meet changing demand – 78% of the sites in our survey period did so to some extent.

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	10	28	2	4	2

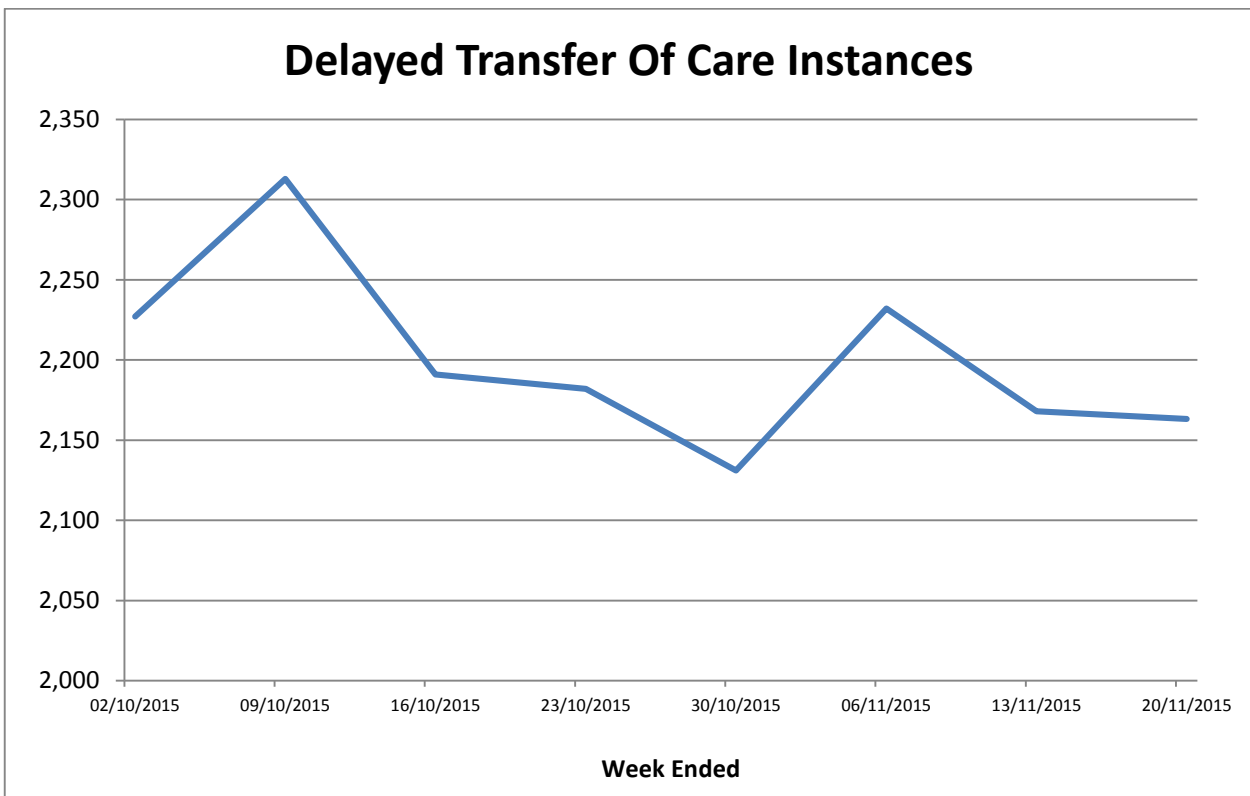
However, although the number of available beds has consistently increased across our participating sites to date this is an increase of no more than 1%. This suggests that the extent to which there is additional capacity available is limited.

Graph of 4 hour performance by week since October



The 4 hour standard performance chart demonstrates a significant improvement in performance towards the end of November. This may be an indication of the success of various components of winter planning that are now coming on line.

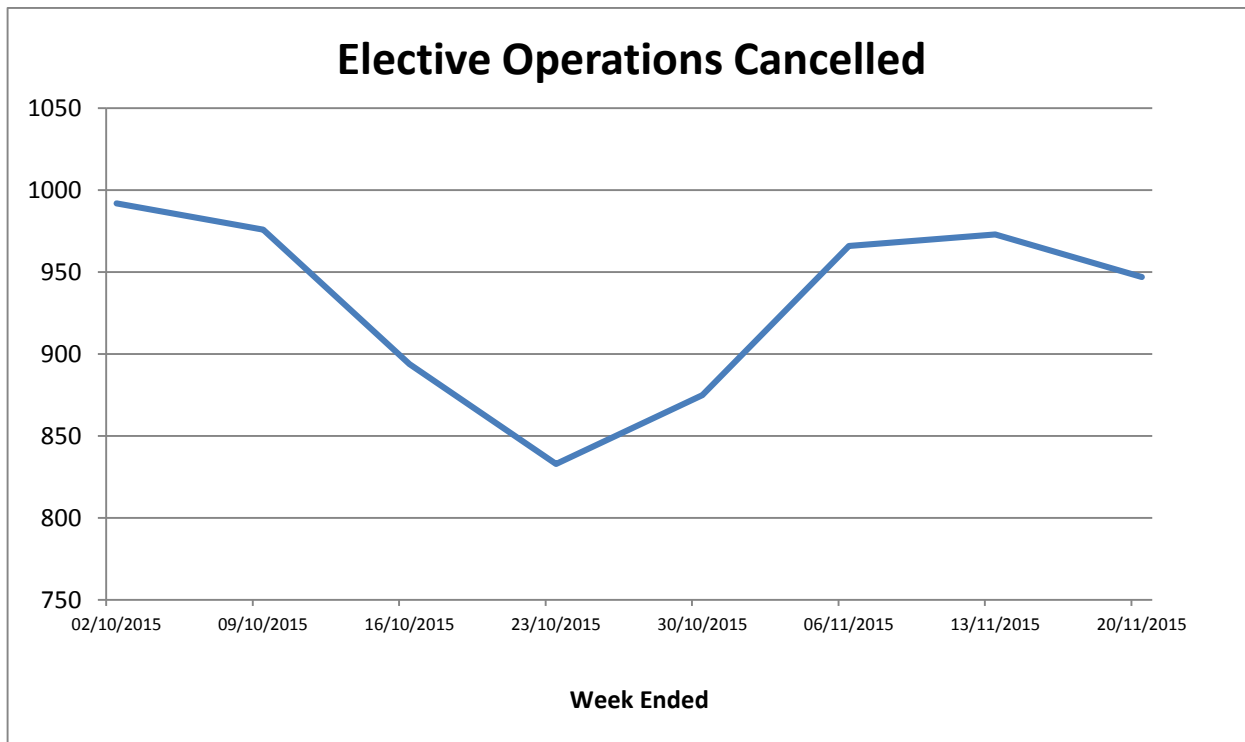
Graph of Delayed Transfers of Care (DETOCs) by week since October



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.

The significance of DETOCs continues to vary widely with different providers indicating that the proportion of beds affected ranged from 0% to 19%. Overall DETOC affected beds have accounted for 6.5% of the total bed stock over the last 8 week reporting period.

Graph of cancelled elective operations since October



A total of over 7,400 elective operations have been cancelled over the 8 week period. As an overall average each site cancelled 21 operations per week over the period. However, the underlying range was zero to 137 in a single week. Again there has been a slight improvement in this metric in the last week.

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 have had a positive impact. This is reflected in a reduction in the number of cancelled elective operations and an improvement in four hour standard performance from 88% to just over 89%.