The Royal College of Emergency Medicine

RCEM Winter Flow Project

Interim Report: 5th February 2016

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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.

50 Trusts have submitted this data on a weekly basis since early October.

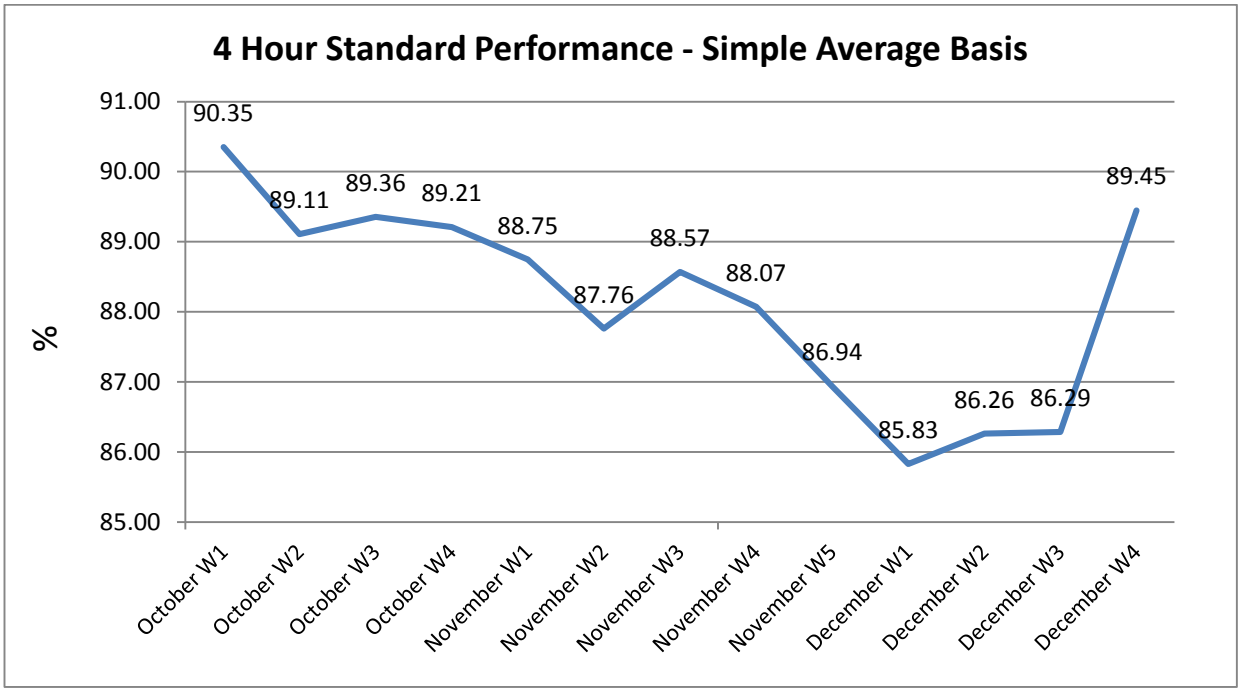
The College is grateful to the participants who represent Trusts/Boards of all sizes and geographical locations.

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 project has reached the half-way point (13 weeks) and it is timely therefore to summarise the data and our findings

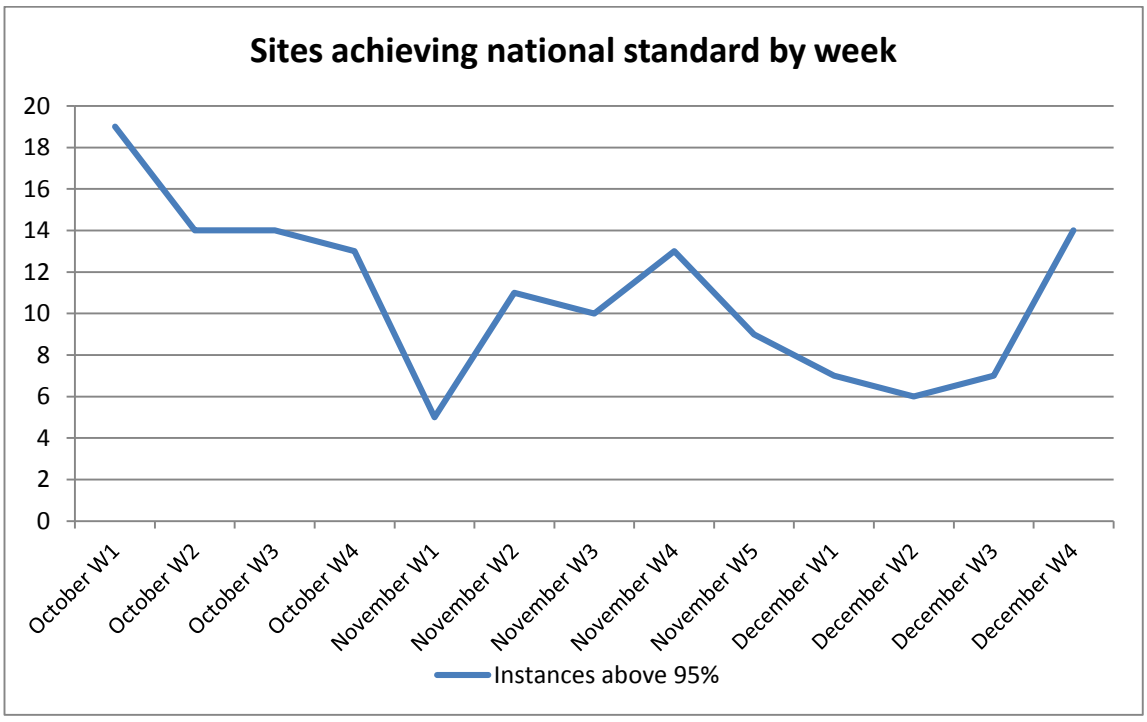
4 Hour Performance



The trend shows a decline in Four Hour Standard performance for the first 10 weeks of the study, followed by two steady weeks and a partial recovery in Christmas week. However, it is important to appreciate the week by week movements by site.

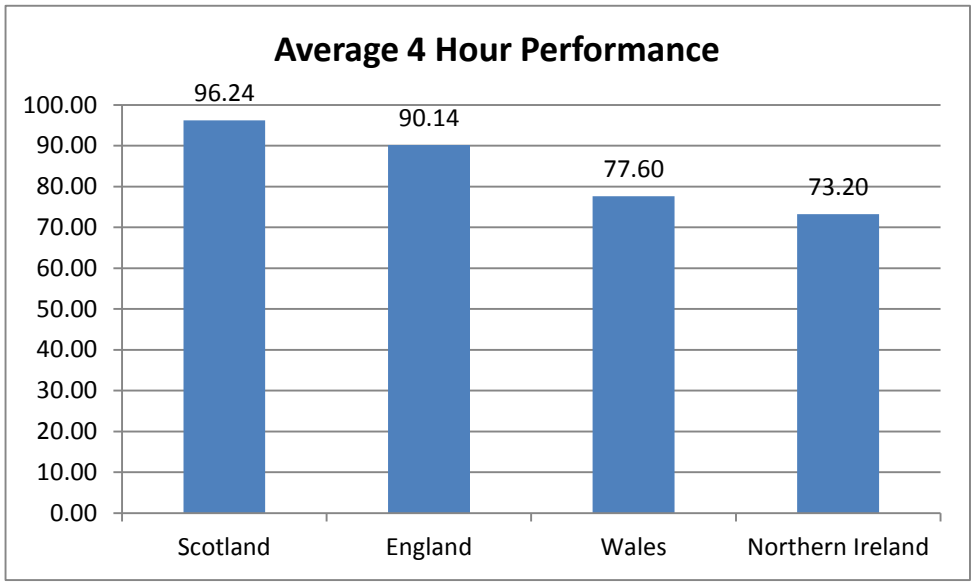
Each week we have reported performance across the 50 contributing sites. Average performance was 88.15%, the range however was 60.02% to 99.47%
The general decline in performance to week 12 is clear; week 5 it should be noted was the week of school half term in many areas of the country.

Only 10% of sites consistently achieved the 95% standard over the three months

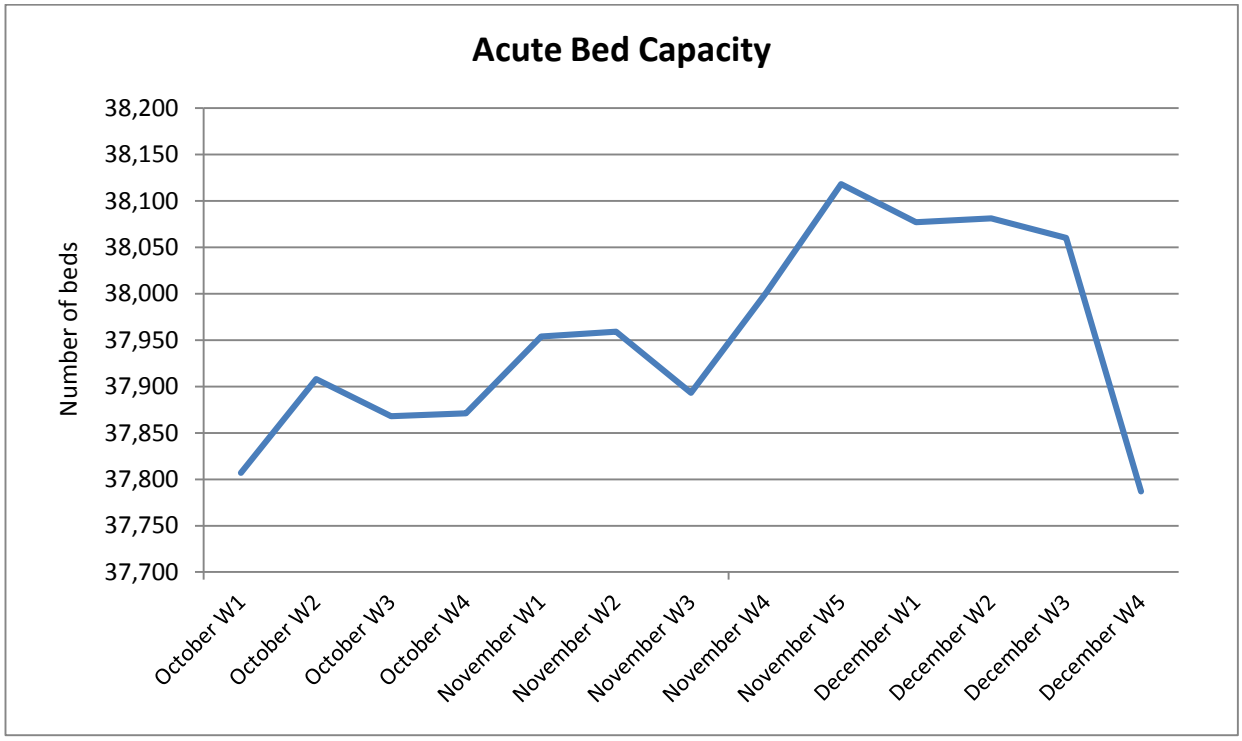


However, more than 50% of the hospitals/trusts achieved an average performance in excess of 90% over the three months.

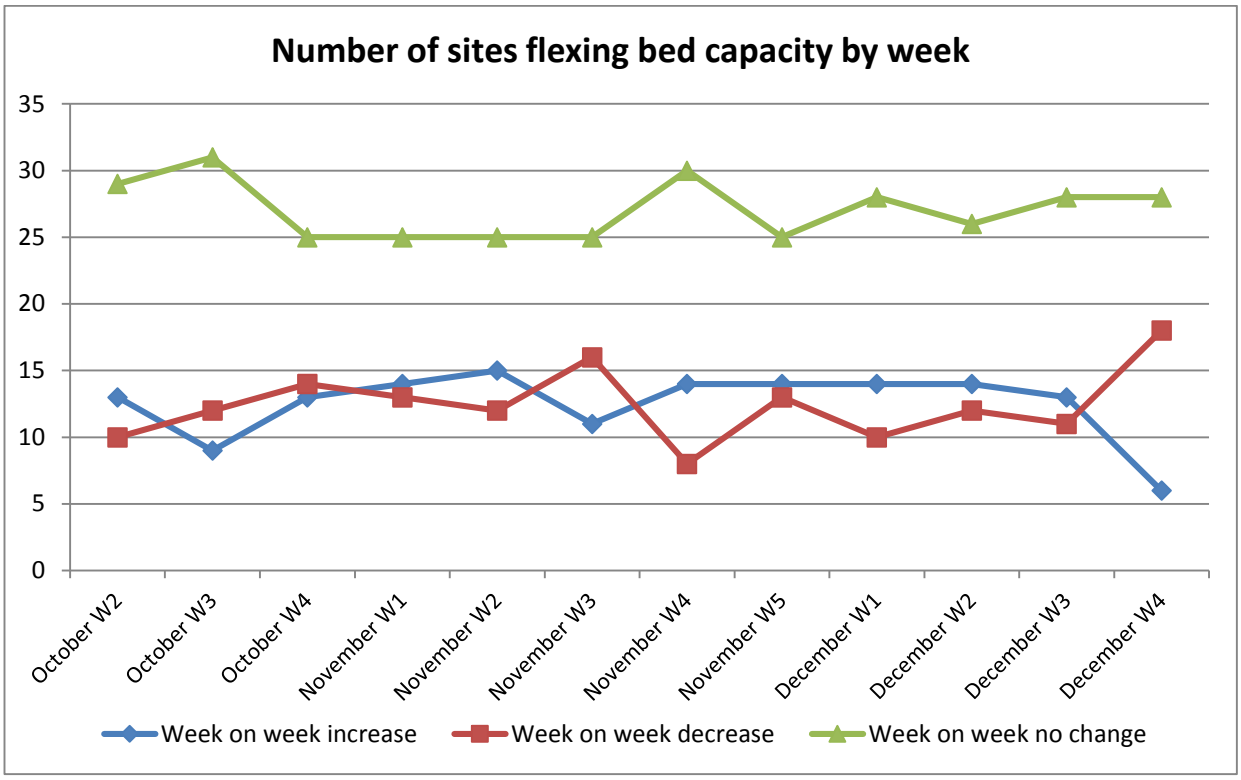
Comparison of three month average performance in England, Wales, Scotland and Northern Ireland:



Acute Bed Stock



The Trusts/Boards contributing to the project vary in size from 143 beds to 1,955 acute beds. The number of available beds varied each week. As some sites reported increases and decreases in acute bed capacity



No clear trend of acute bed capacity can be discerned save in week 13 where 18 sites reduced capacity over the Christmas holiday.

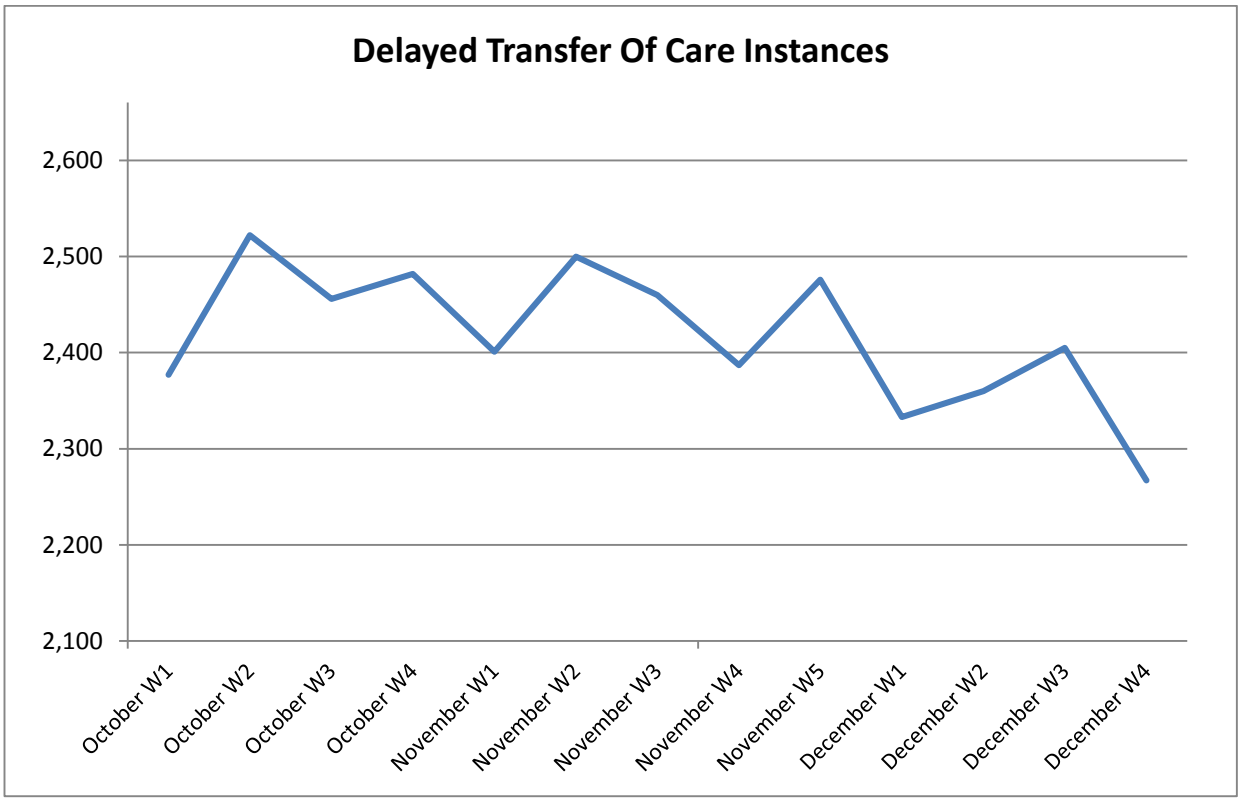
Over the course of the project so far the data shows a 2% increase in the overall number of acute beds in service.

Whilst some Trusts/Boards achieved significant increases in available bed stock, others did not.

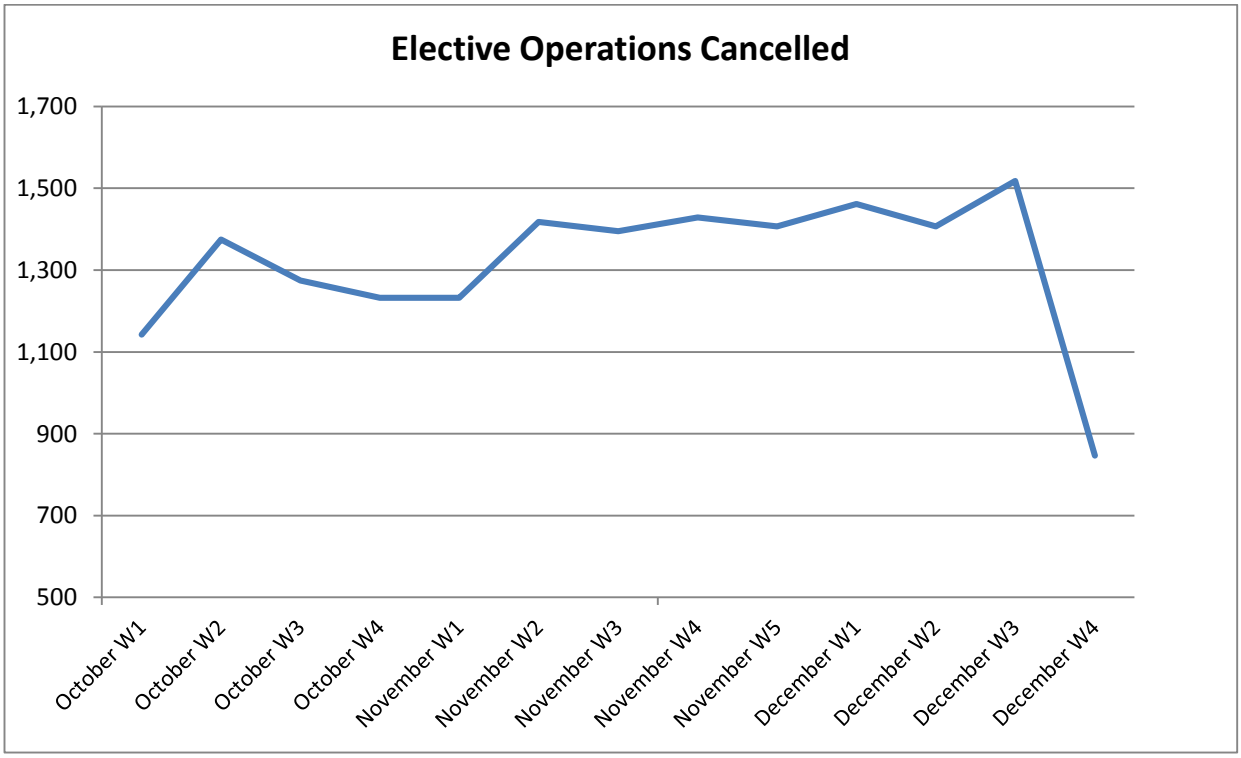
% increase in acute beds	0%	0 – 5%	5 – 10%	10 – 15%	15 – 20%
Number of Trusts/Boards	6	33	6	3	4

Delayed Transfers of Care (DTOC)

The overall proportion of acute beds occupied by DTOC patients averaged 6.4% in the 12 weeks prior to Christmas. December showed a significant improvement in both the absolute and relative number of beds occupied by patients who were medically fit to leave.



Elective Operations Cancelled

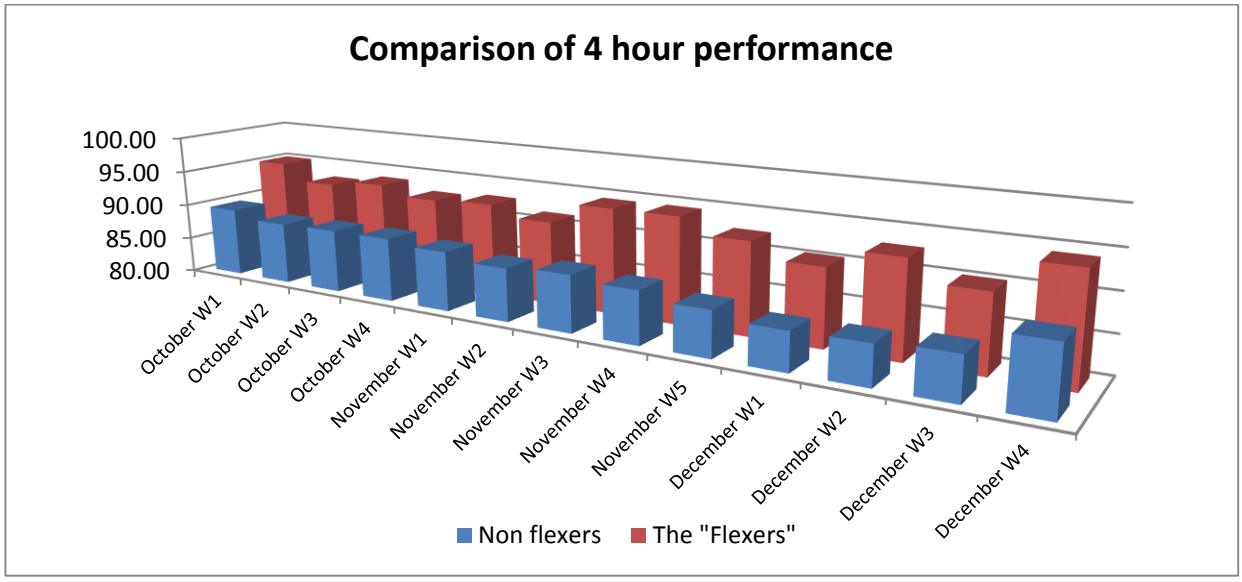


17,139 elective operations were cancelled over the 13 week period. This represents an average of 25 operations per site per week. The highest recorded weekly number at one site was 218.
The impact of Christmas with its reduced planned activity had a positive impact with a sharp decrease in cancelled elective operations.

Further Analysis

We examined the performance of the 7 sites that significantly increased their acute bed stock (by 10% to 20%) – "The Flexers" and compared their performance with the remaining sites which had minimal changes in acute bed stock (flexing <10%).

It should be noted, and it is perhaps counterintuitive, that it was the smaller hospitals that showed the greatest ability to flex their acute bed stock. Non flexer sites had an average bed capacity almost double that of the 'flexers'



Performance at "Flexer' sites was significantly better than at 'Non-flexer' sites

- 4 hour performance in the 'flexer' group consistently out-performed the non-flexers by an average of 5.3 % over the 13 weeks.
- DTOC accounted for an average 5.8% of beds at 'flexer' sites compared to 6.4% at 'non-flexer' sites
- Elective operation cancellations averaged 4 per week at 'flexer' sites and 29 per week at non-flexer sites

Comparison with the winter of 2014/15

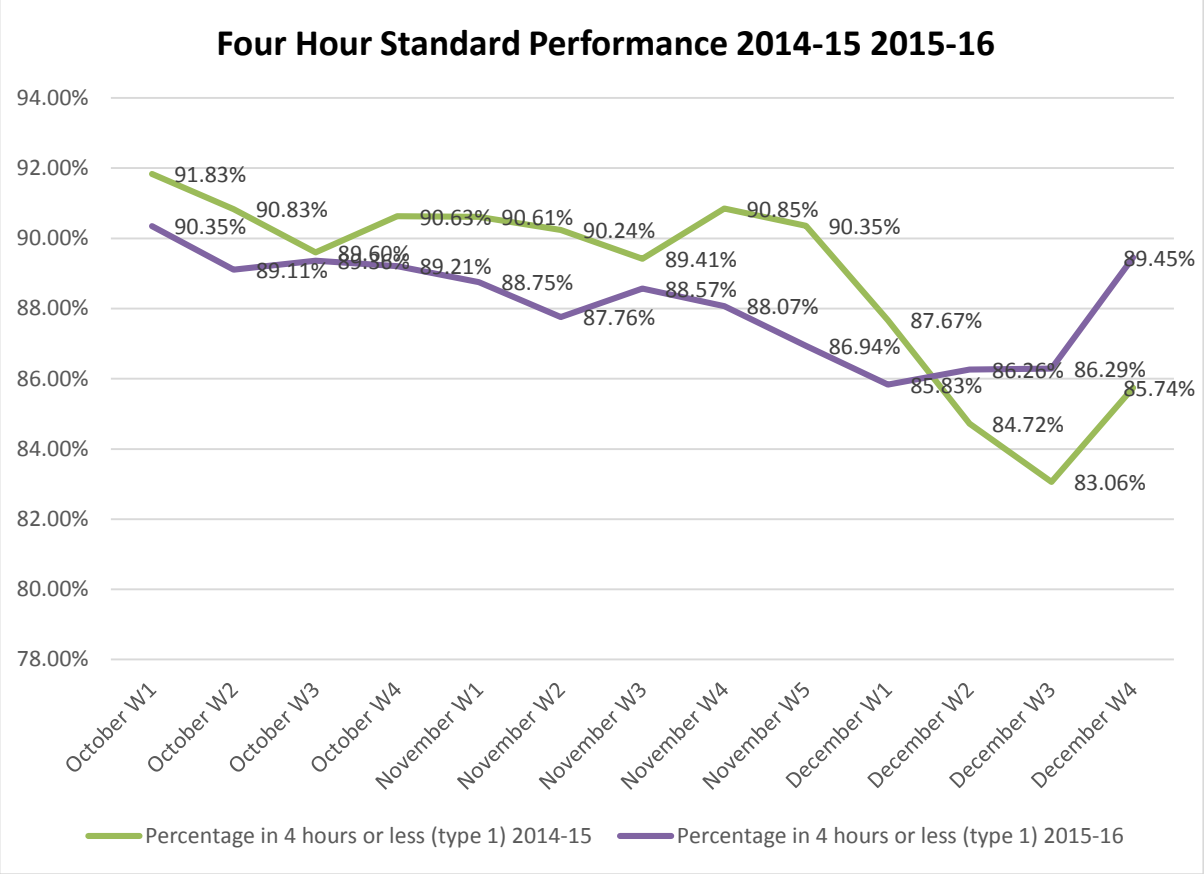
The chart below compares Four Hour Standard performance for England last winter (2014-15) with the performance of the Trusts who have contributed to the RCEM Winter Flow Project.[1]

Performance in October and November was consistently worse this winter than last but significantly better in December.[2]

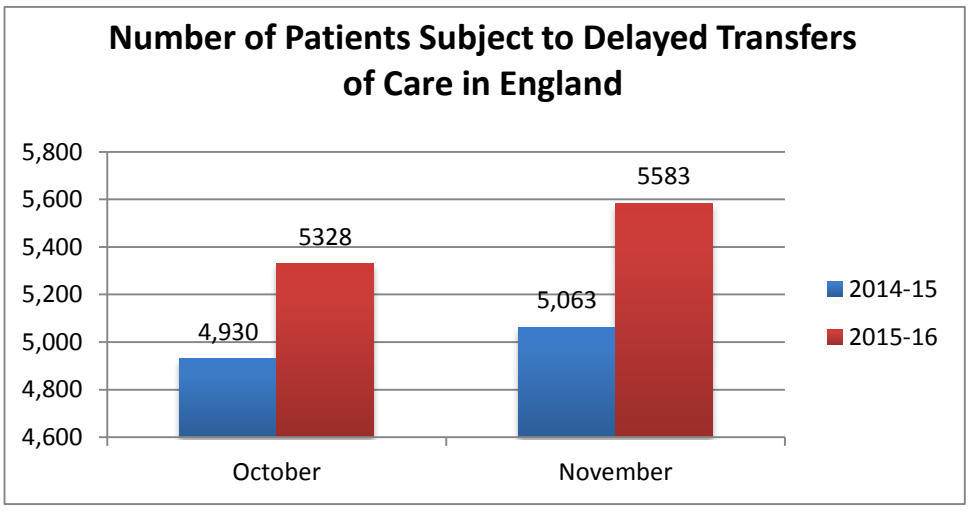
[1] NHS England https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2014/04/2015.03.29-AE-TimeseriesQBDm9.xls

[2] NHS England https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2014/04/2015.03.29-AE-TimeseriesQBDm9.xls

Figures from NHS England show attendances were little changed between the two years for the months of October and November.[3] The December figures will not be published until mid-February.[4]



Overall the Trust/Boards contributing to this study have had considerable success in reducing the numbers of patients subject to Delayed Transfers of Care. This contrasts with the performance across the wider NHS in England.[5]



[3] NHS England https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2015/08/monthly-AE-Sitrep-timeseries-November-15-vfdjk-revised.xlsx
[4] NHS England https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2012/04/12-month-plan-29-December-20152.pdf
[5] NHS England https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2016/01/DTOC-England-Timeseries-November-2015-BL7W1.xls