The Royal College of Emergency Medicine

RCEM Winter Flow Project

Analysis of the data so far: 20th January 2017

Introduction

In 2015 we launched the 'Winter Flow Project' in an effort to highlight the difficulties facing an NHS struggling with unprecedented financial difficulties and insufficient resources.

The project looked at patient flow within Emergency Departments over the winter. It was a great success because of the generosity of its contributors, with over 50 NHS Trusts and Health Boards from across the UK submitting data over a six month period. This data helped to provide a better understanding system pressures and four hour standard performance.

This enabled the RCEM to broaden the debate around emergency medicine beyond the usual narrow focus on the four hour standard, and meant that providers, commissioners, the national press, and Governments in each of the nations of the UK were better informed about the challenges faced by staff working on the NHS frontline.

Given the success of the project, the College decided to repeat 'Winter Flow' for 2016/17. As was the case in 2015, 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 is aggregated to ensure the focus of consideration is the wider health care system rather than the performance of individual Trusts/Boards. Over 50 Trusts/Boards encompassing more than 60 separate sites have submitted this data on a weekly basis since the beginning of October.

Published on a Friday of the week following 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.

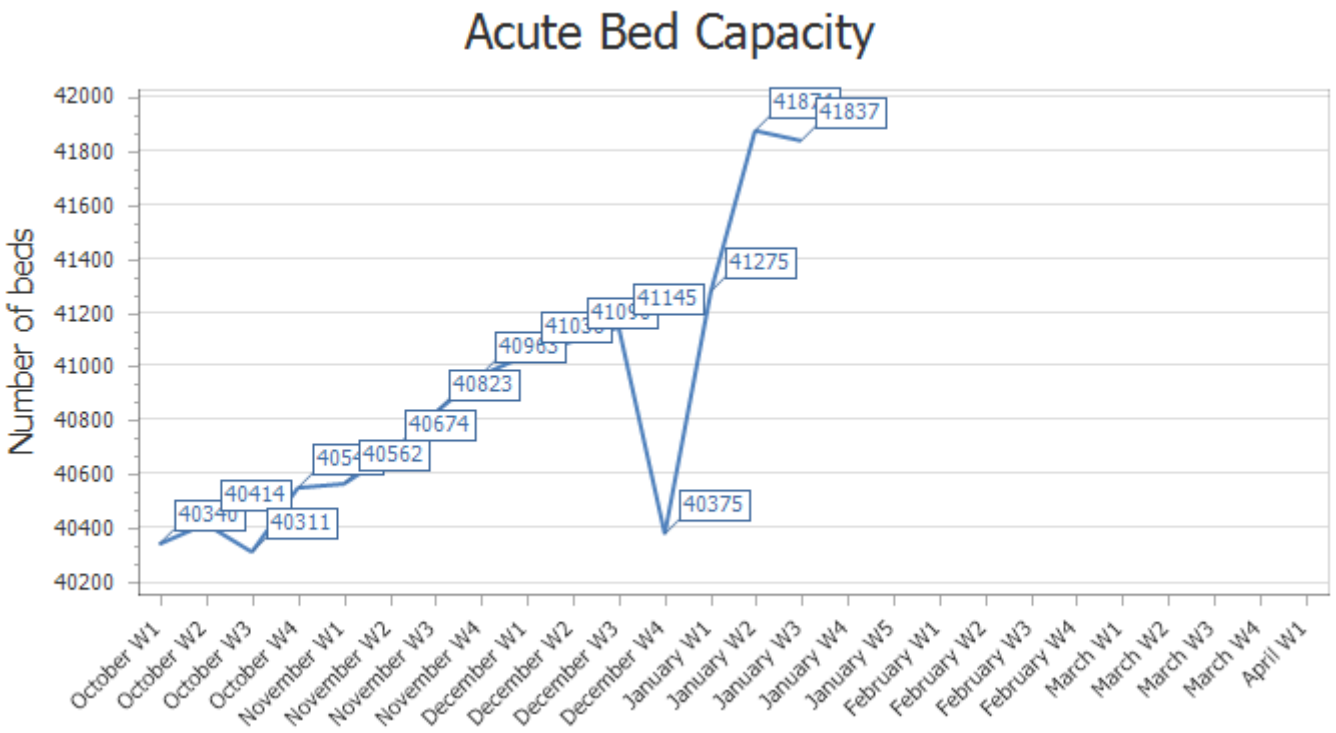
Unlike NHS England datasets there is no suggestion that our project represents a complete or permanent scrutiny of the healthcare system. Our data includes all four countries of the UK though the majority of participating sites lie within England. It is a sample of such Trusts/Boards, albeit a large 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 following tables.

Published 20 January 2017

Graph of acute beds in service



Active Bed Management

In the third week of January the number of beds within the project group decreased to 41,837 down from 41,874 the previous week. In total, there has been a 3.8% increase in the aggregate bed stock from the project starting point.

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

	No flexing	0 – 5%	5 – 10%	10 – 15%	15 – 20%
Number of sites	8	14	21	8	7

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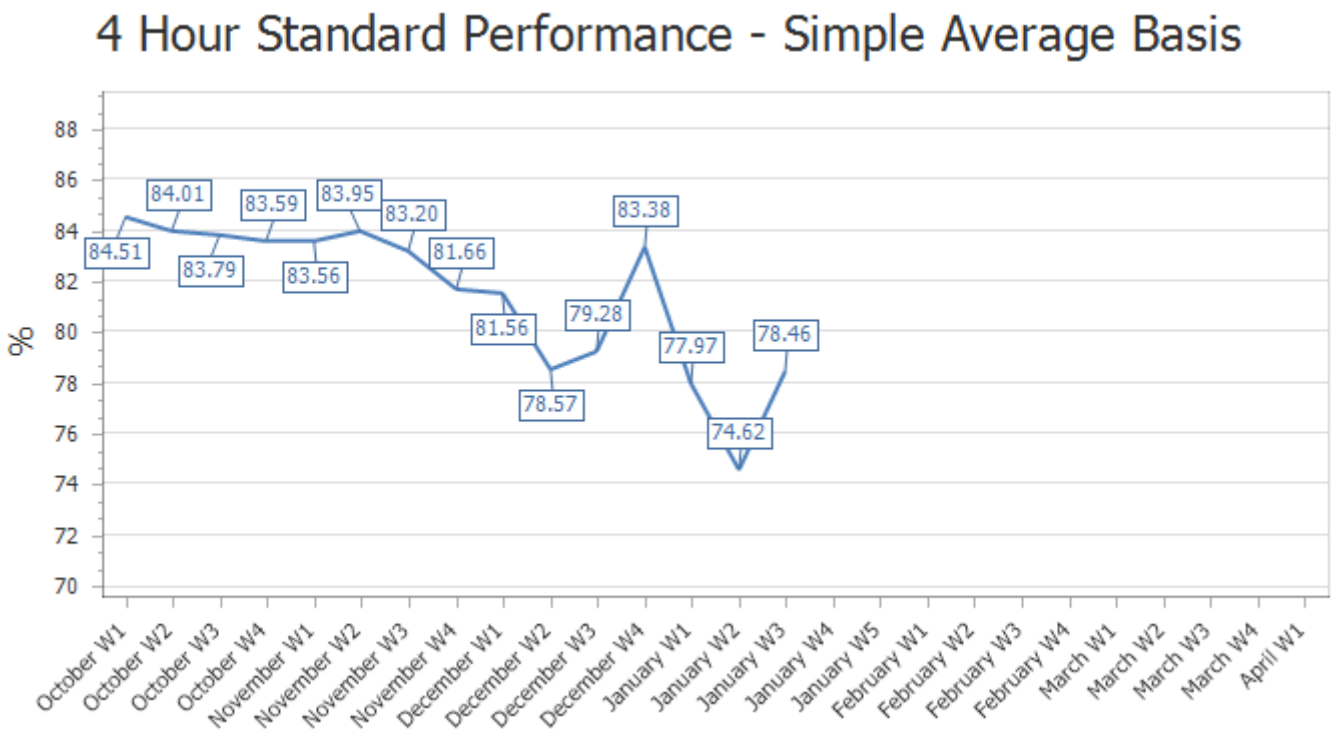
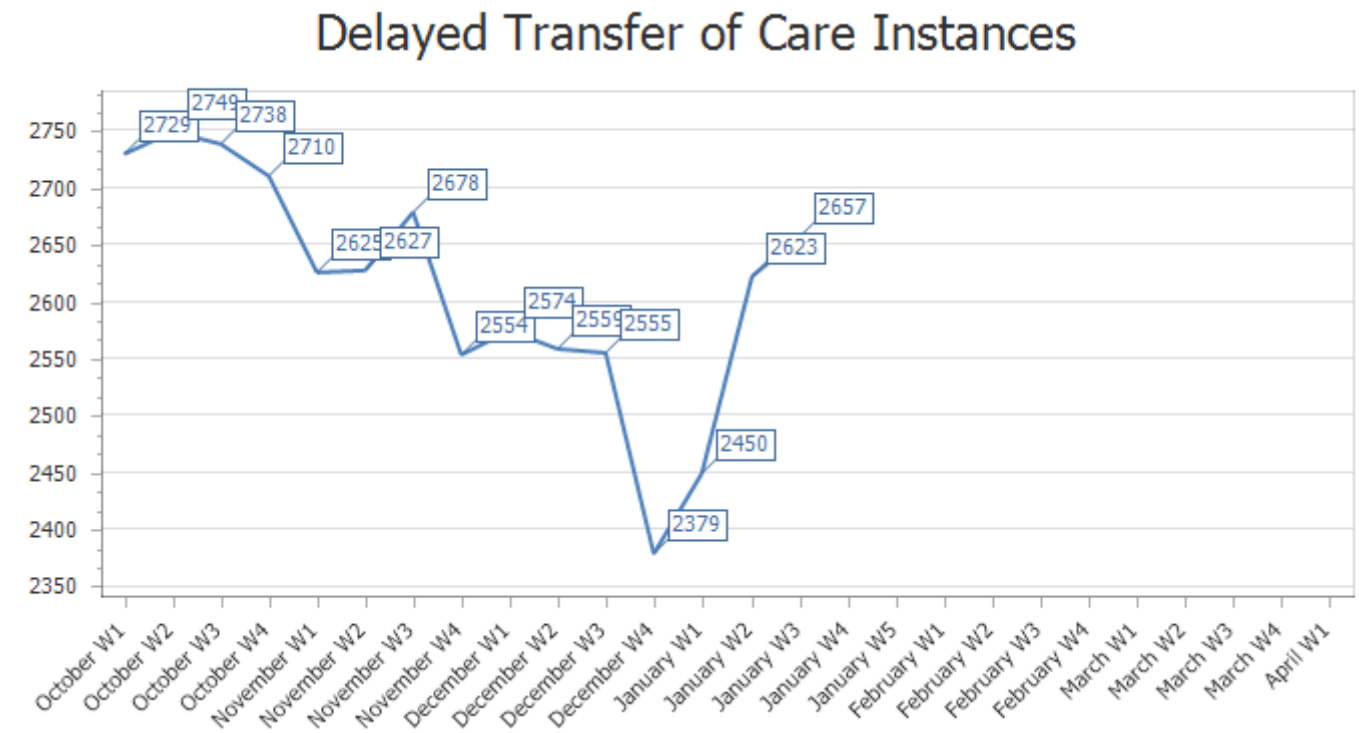
Graph of four hour performance by week since October



In the third week of January four hour standard performance stood at 78.46%, up from 74.62% the previous week. The underlying picture shows 49 increases and 7 decreases across the project group. However, there are still a significant number of contributors where four hour standard performance in the 60% range.

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

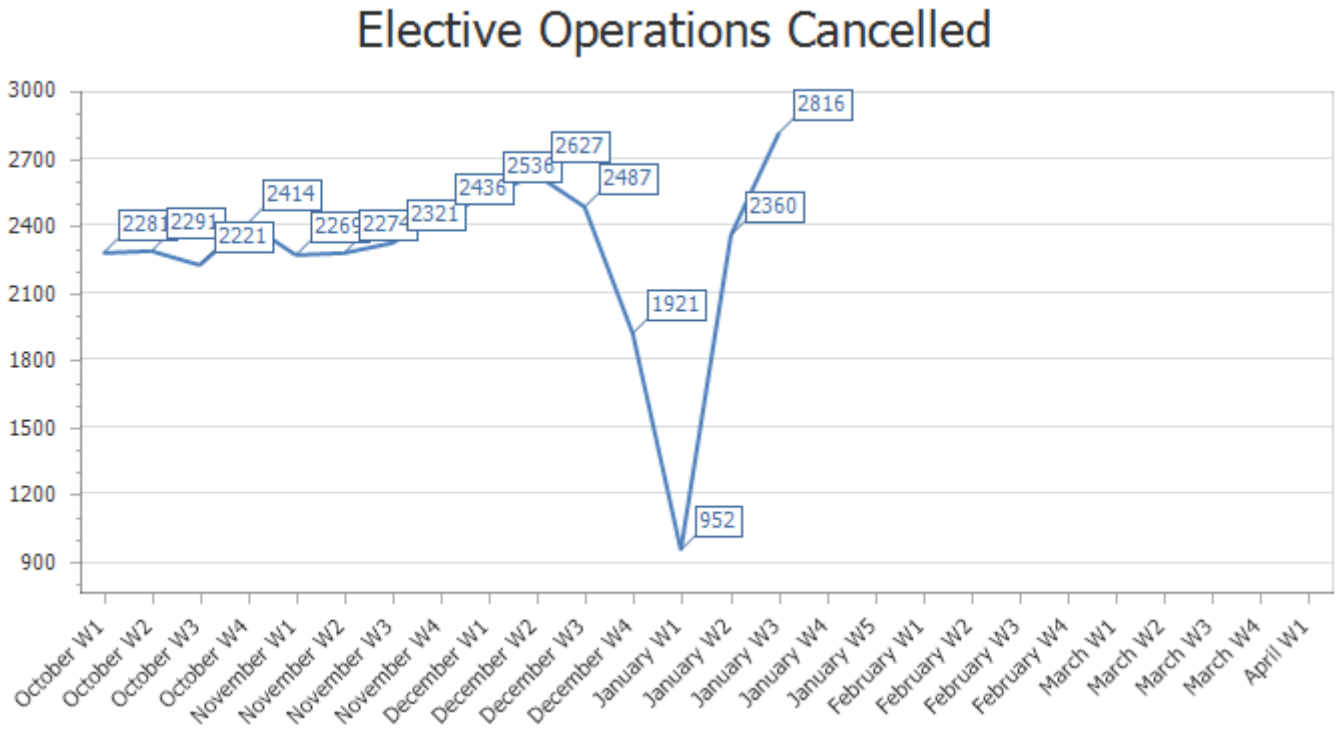


The Delayed Transfers of Care data collected so far shows that after some welcome progress in the early part of project the number of patients subject to DTOC has continued

to climb steeply since the end of December. This can only have had a detrimental effect on Four Hour Standard performance and is also reflected in the number of cancelled elective operations.

In the third week in January there were 2,657 recorded instances of delayed transfers up from 2,632 the previous week. This translates to 6.35% of the acute bed stock.

Graph of cancelled elective operations since October



A total of 34,206 elective operations have been cancelled over the project to date. This represents overall average cancelled 39.32 operations per site over the period. However, the underlying range was zero to 357 in a single week.

Overall

As has previously been stated there is well-established link between Four Hour Standard performance[1] and clinical outcomes for patients.[2] On that basis the 3.84 percentage point increase in Four Hour Standard performance reported this week can only be welcome. Nonetheless formidable problems remain. Firstly, this is still far short of agreed standards and despite this improvement, remains at levels that routinely put the safety of patients at risk.

Secondly, as the numbers of patients subject to Delayed Transfers of Care has continued to climb, there is little sign that well attested problems in social care provision are being resolved. This in turn is reflected in continued growth in the number of cancelled elective operations.

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[1] The NHS Constitution sets out that a minimum of 95 per cent of patients attending an A&E department in England must be seen, treated and then admitted or discharged in under four hours. This is commonly known as the four-hour standard. NHS Constitution

[2] The National Emergency Access Target (NEAT) and the 4-hour rule

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Finally, it is difficult to argue that this week's improvement is due to a material improvement of the resources on the ground. As we have seen, the number of acute beds in service actually declined. Rather, clinicians working on the front line have told us that wary of widely reported difficult facts on the ground, patients have decided to stay away.

While we would encourage patients to choose wisely, our emergency departments need to be properly resourced to treat their patients. Four Hour Standard performance cannot depend on achieving a lower number of attendances. This is because all previous attempts to do so have proved to be unrealistic.

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