The Royal College of Emergency Medicine

RCEM Winter Flow Project

Analysis of the data so far: 27th 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. These data helped to provide a better understanding of system pressures and four hour standard performance.

The findings enabled 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 are 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 just sample of Trusts/Boards, albeit a large and representative one.

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.

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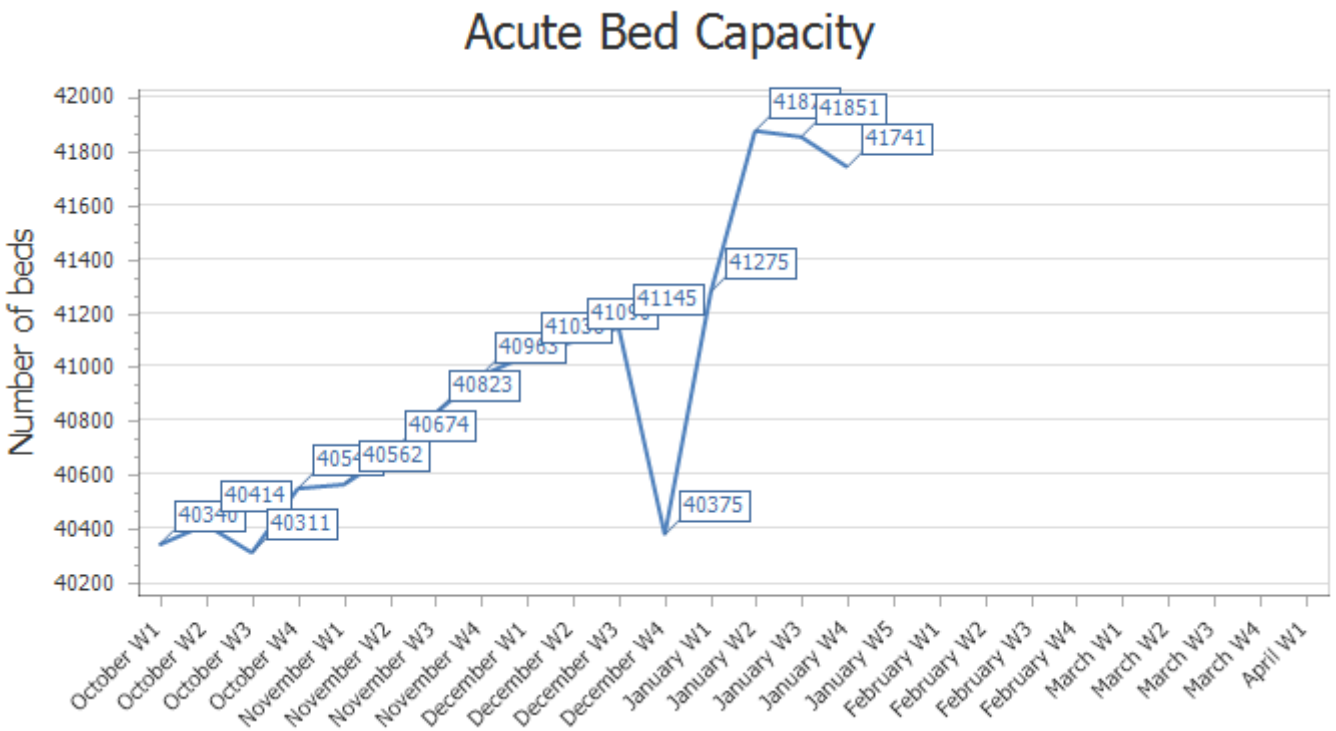
Graph of acute beds in service



Active Bed Management

In the fourth week of January the number of beds within the project group decreased to 41,741 down from 41,851 the previous week. In total, there has been a 3.80% 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	13	22	8	7

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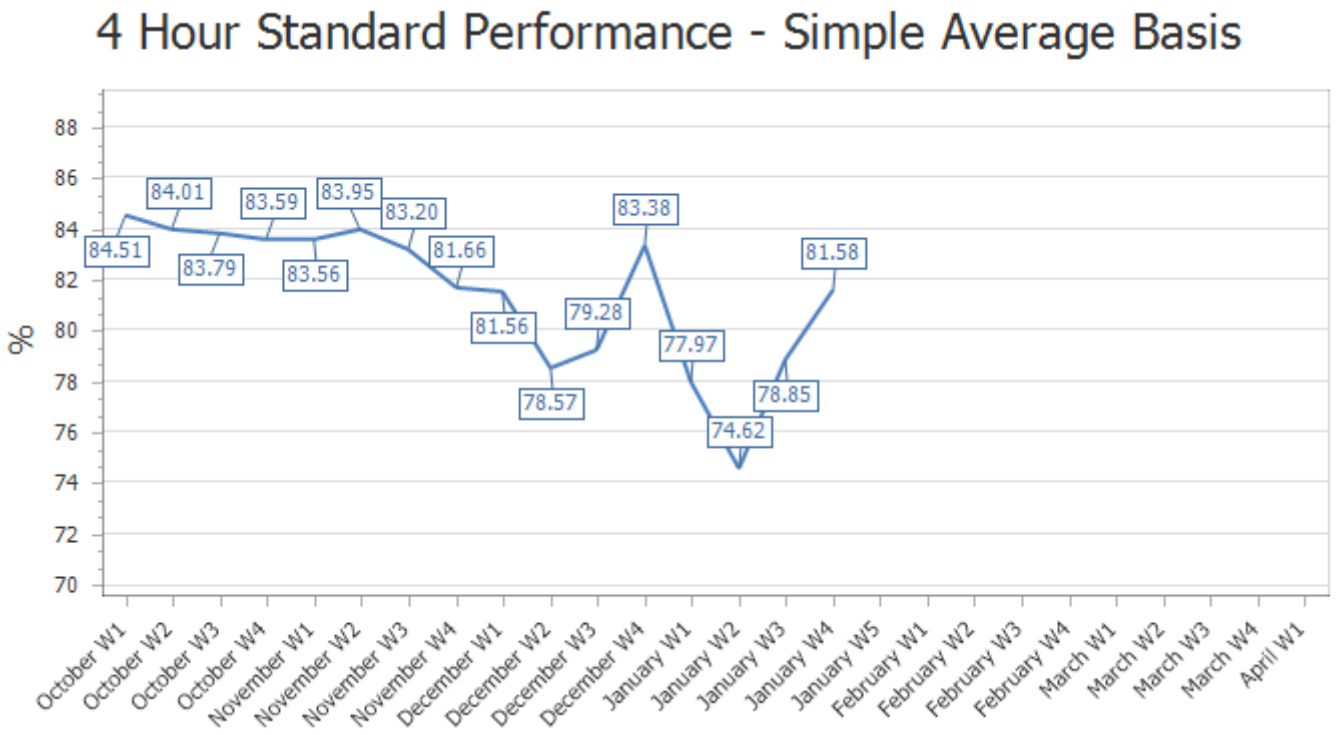
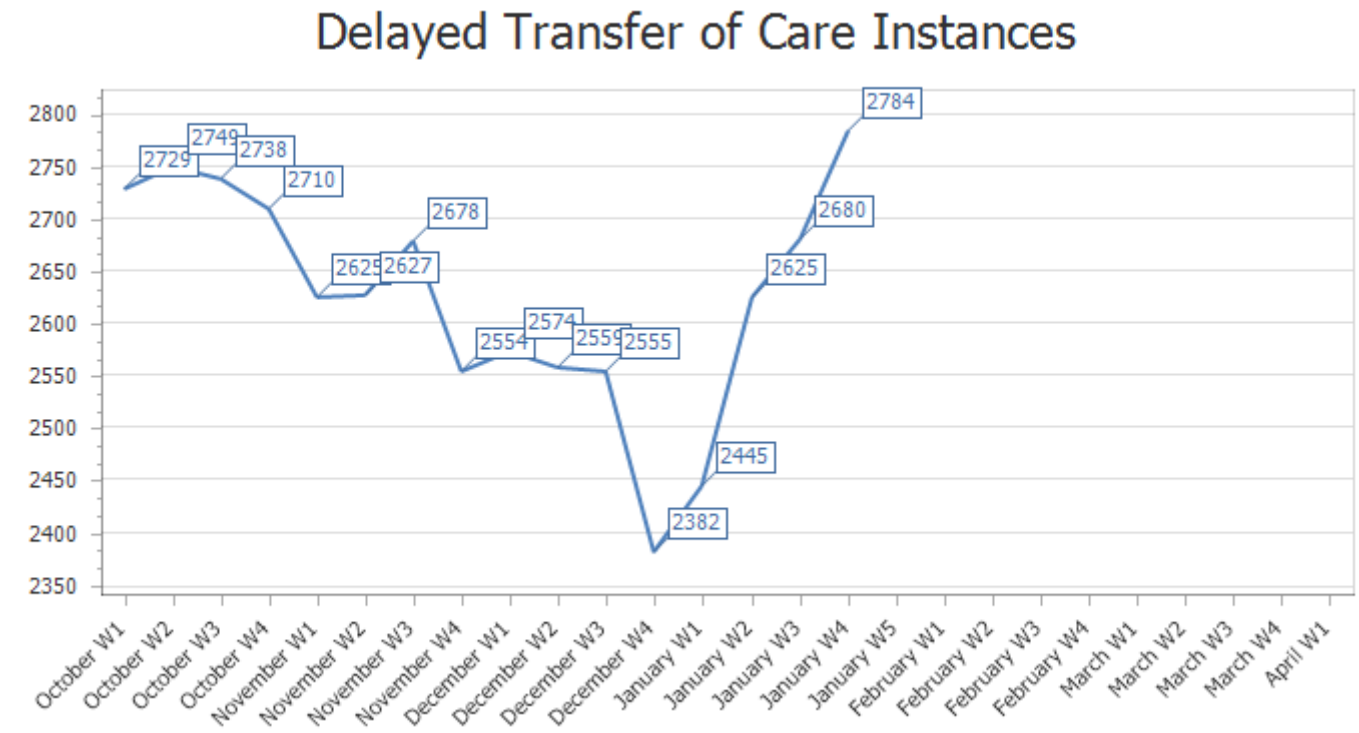
Graph of four hour performance by week since October



In the fourth week of January four hour standard performance stood at 81.58%, up from 78.85% the previous week. The underlying picture shows 43 increases and 10 decreases across the project group.

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

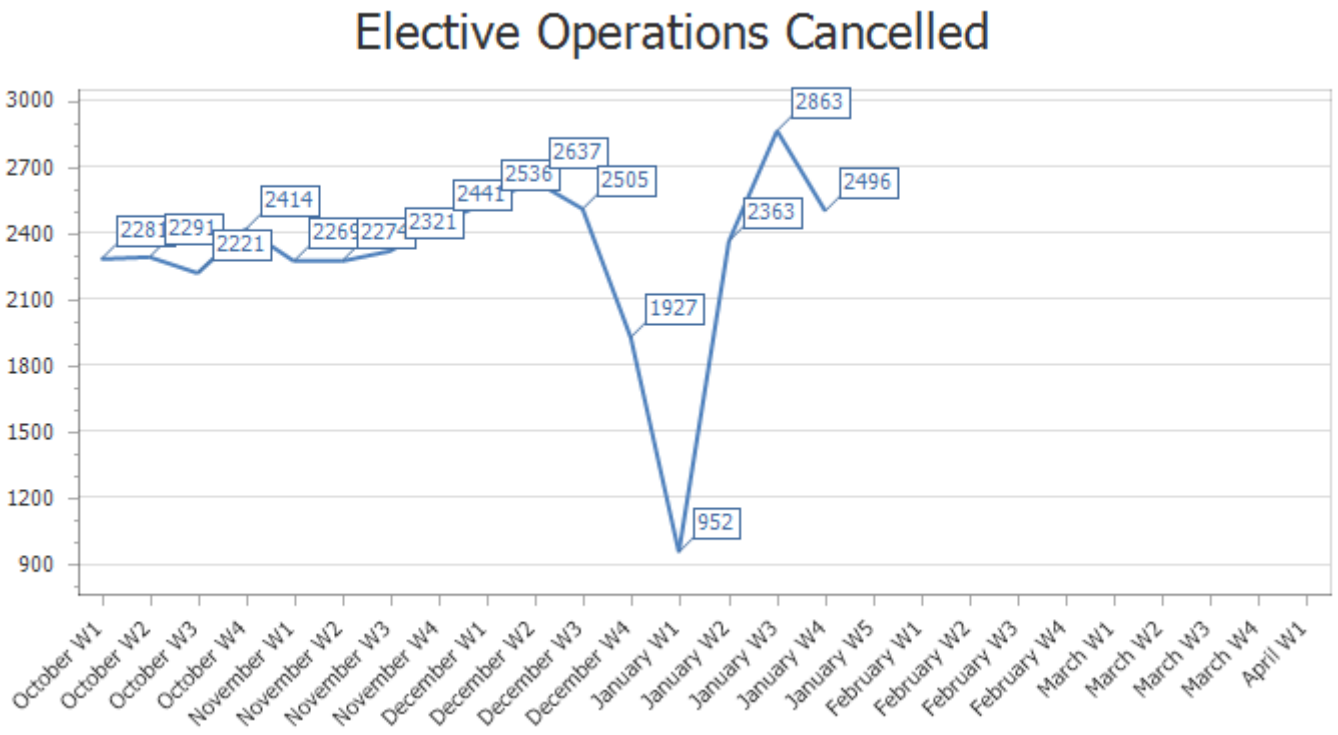


The Delayed Transfers of Care data collected over the last five weeks now shows a deeply concerning trend. The number of patients subject to DTOC has continued to climb steeply

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 meaning that increasing numbers of patients are not getting the treatment they need.

In the fourth week in January there were 2,784 recorded instances of delayed transfers up from 2,360 the previous week. This translates to 6.67% of the acute bed stock. The range across all contributors for this week minimum 0.00% - maximum 18.67%

Graph of cancelled elective operations since October



A total of 36,791 elective operations have been cancelled over the project to date. This represents an overall average of 39.65 cancelled 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 2.37 percentage point increase in four-hour standard performance reported this week is a welcome development. Nonetheless with performance 13.42% lower than that which is mandated by the NHS Constitution and 3.69% lower than at the same point last year, there seems little cause for complacency.

Secondly, as noted last week, given that the numbers of patients subject to Delayed Transfers of Care has continued to climb, there is little evidence that the well-recognised

[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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problems in social care provision are being resolved. These "blocked beds" account for nearly a fifth of the acute beds in some sites. This delay in transfers is reflected in the number of cancelled elective operations remaining at historic highs. What this means is that a significant number of patients are not getting the treatment they need when they need it.

It should also be pointed out that the decline in the number of acute beds in service, although relatively small, is likely to reflect the significant budgetary pressure being applied to NHS providers, rather than the needs of patients. As the Winter SitRep data released by NHS England shows, bed occupancy rates are now at 94.91%.[3] Whereas, research previously published in the British Medical Journal has clearly shown that bed occupancy rates above 85% place patients at 'considerable risk'. [4]

[3] Winter Daily SitRep 2016-17 Data
[4] BMJ
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