Why are we Under Such Pressure?

Possible Reasons:

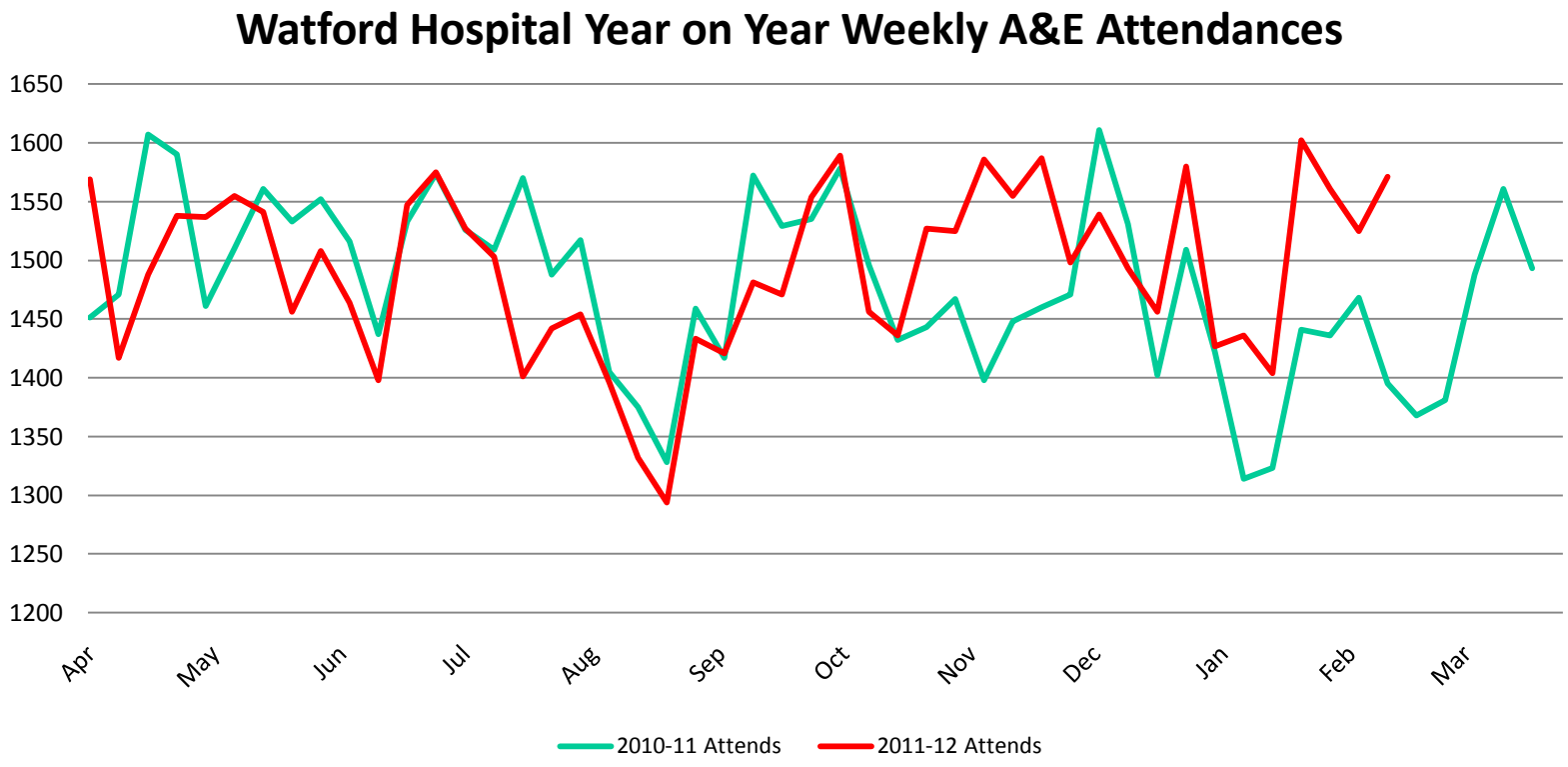
- More patients?
- Sicker patients?
- Never been enough beds?
- Inefficiency / generating demand?

NB: This is provisional data and it comes with some health warnings!

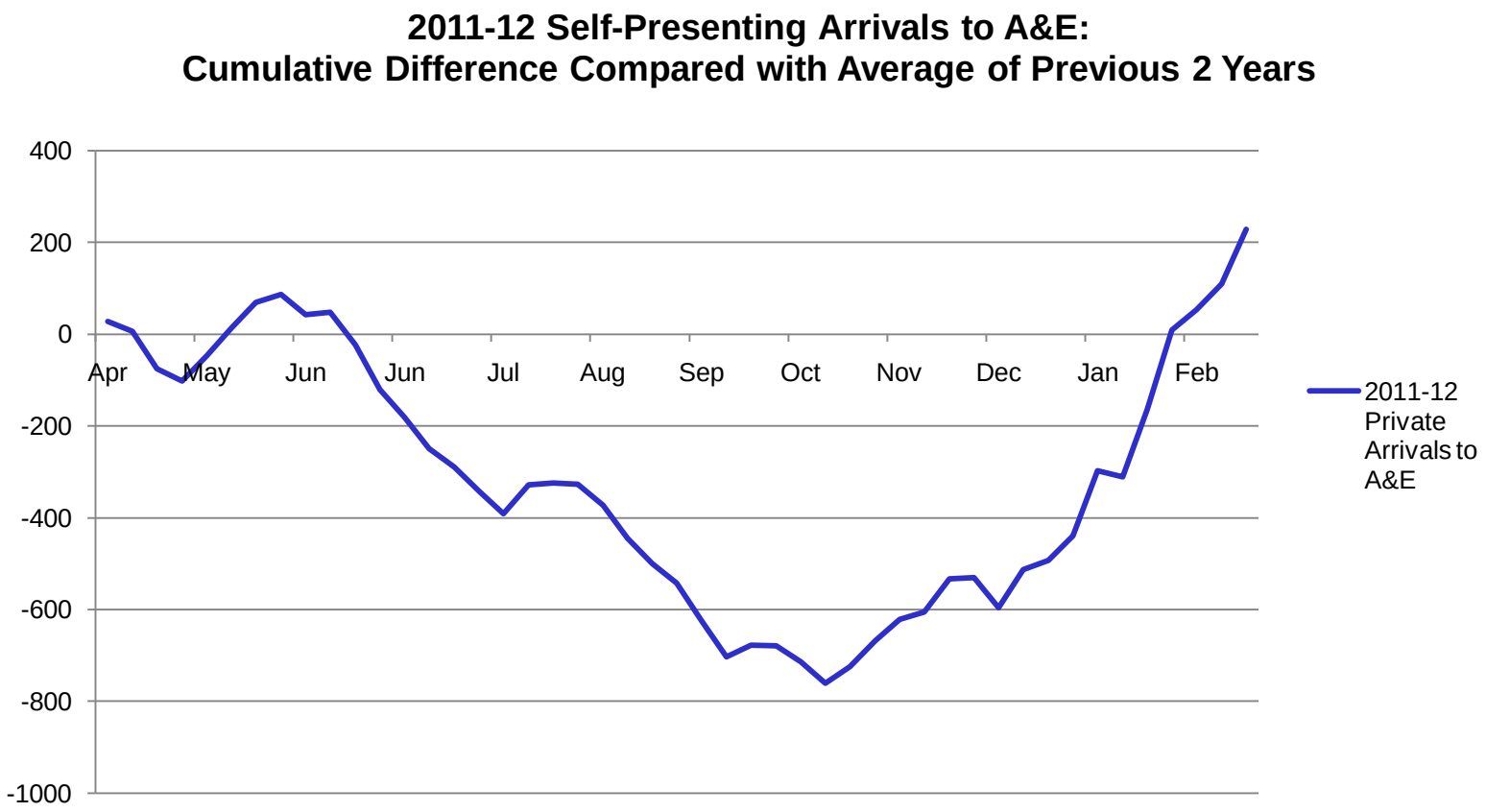
It lays some anecdote to rest, BUT . . . .

. . . it doesn’t always give definitive answers!

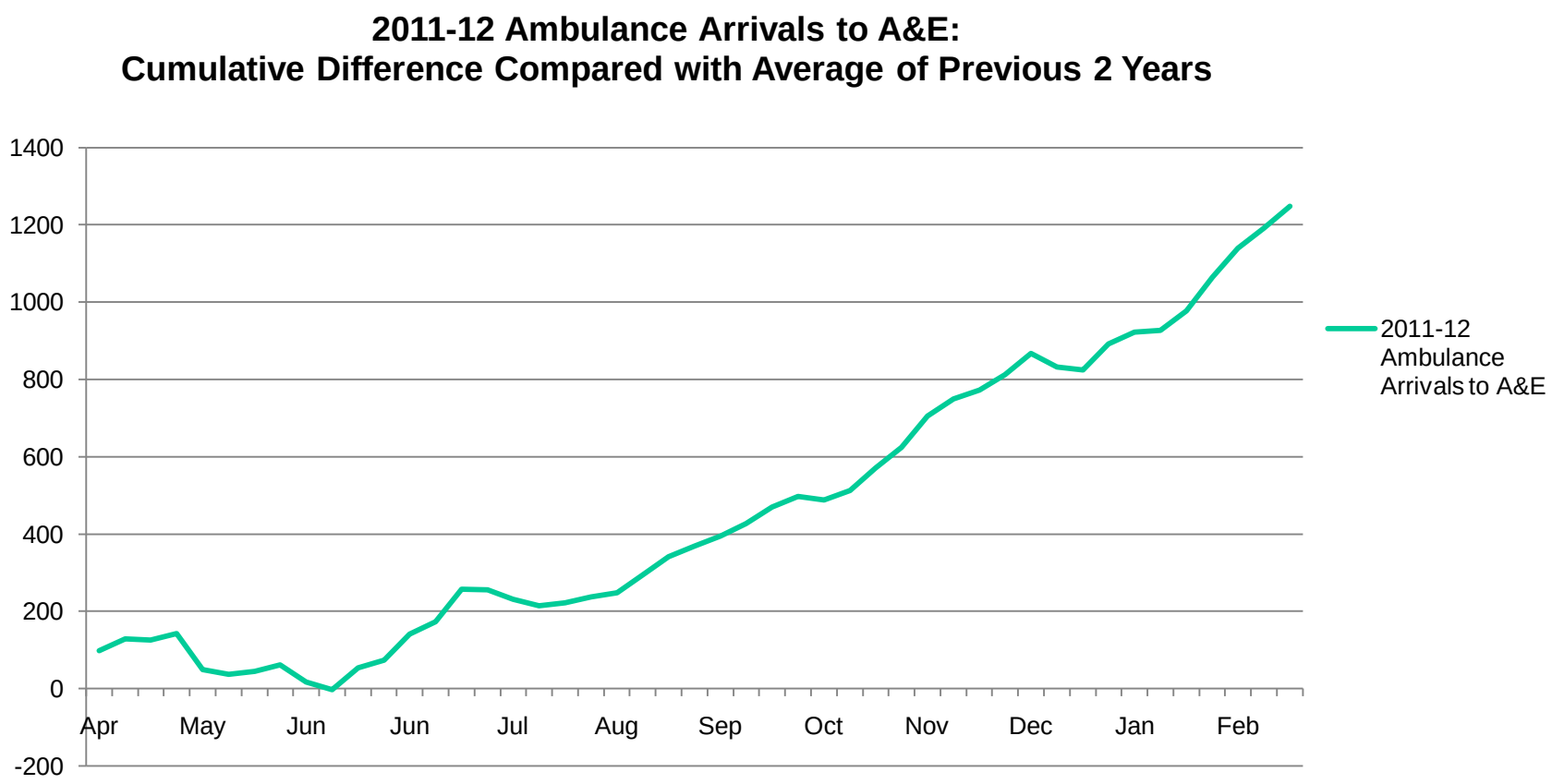
More patients?


Watford Hospital Year on Year Weekly A&E Attendances
1650
1600
1550
1500
1450
1400
1350
1300
1250
1200
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
2010-11 Attends
2011-12 Attends

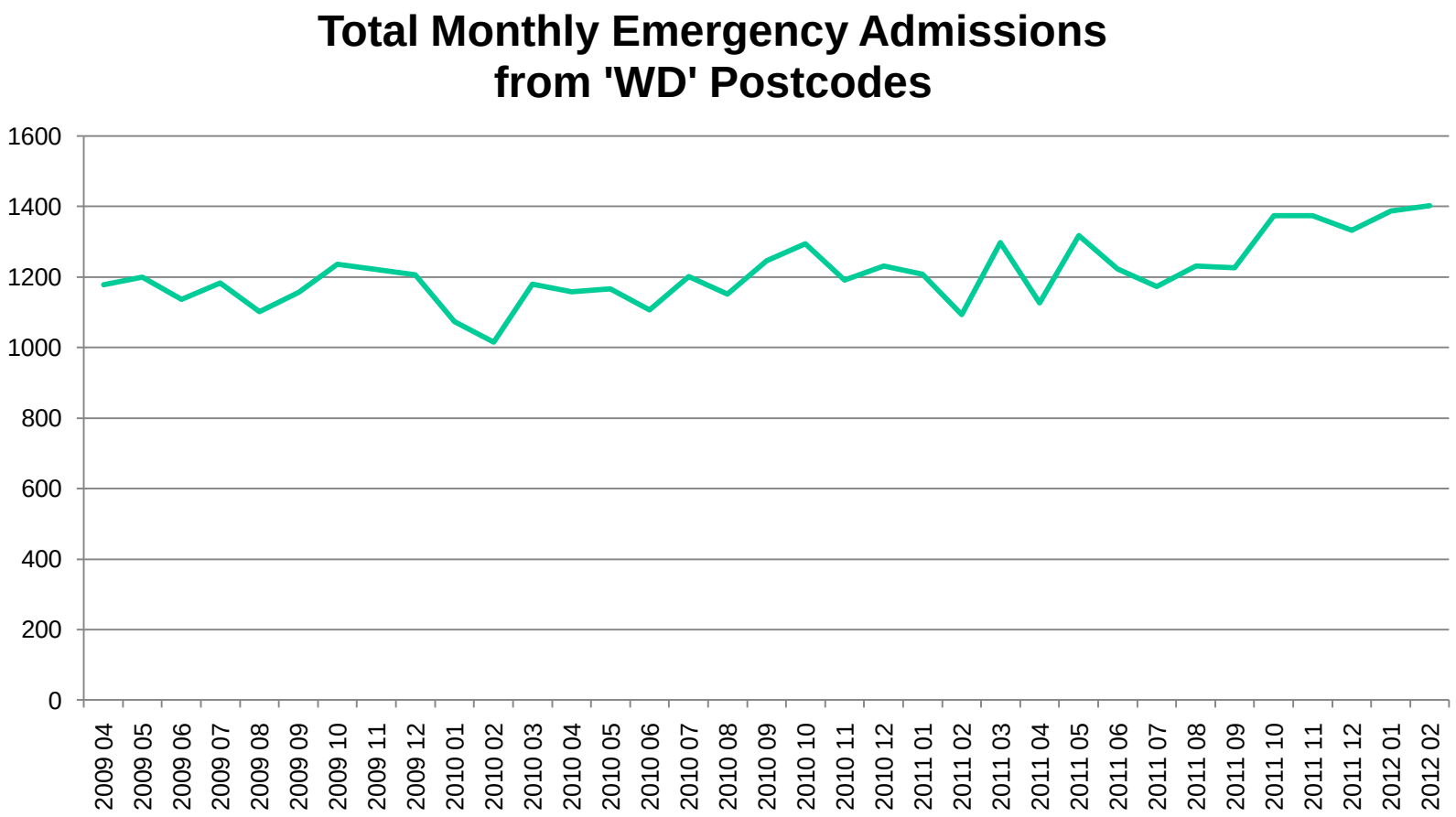
Self-Presenting A&E Arrivals



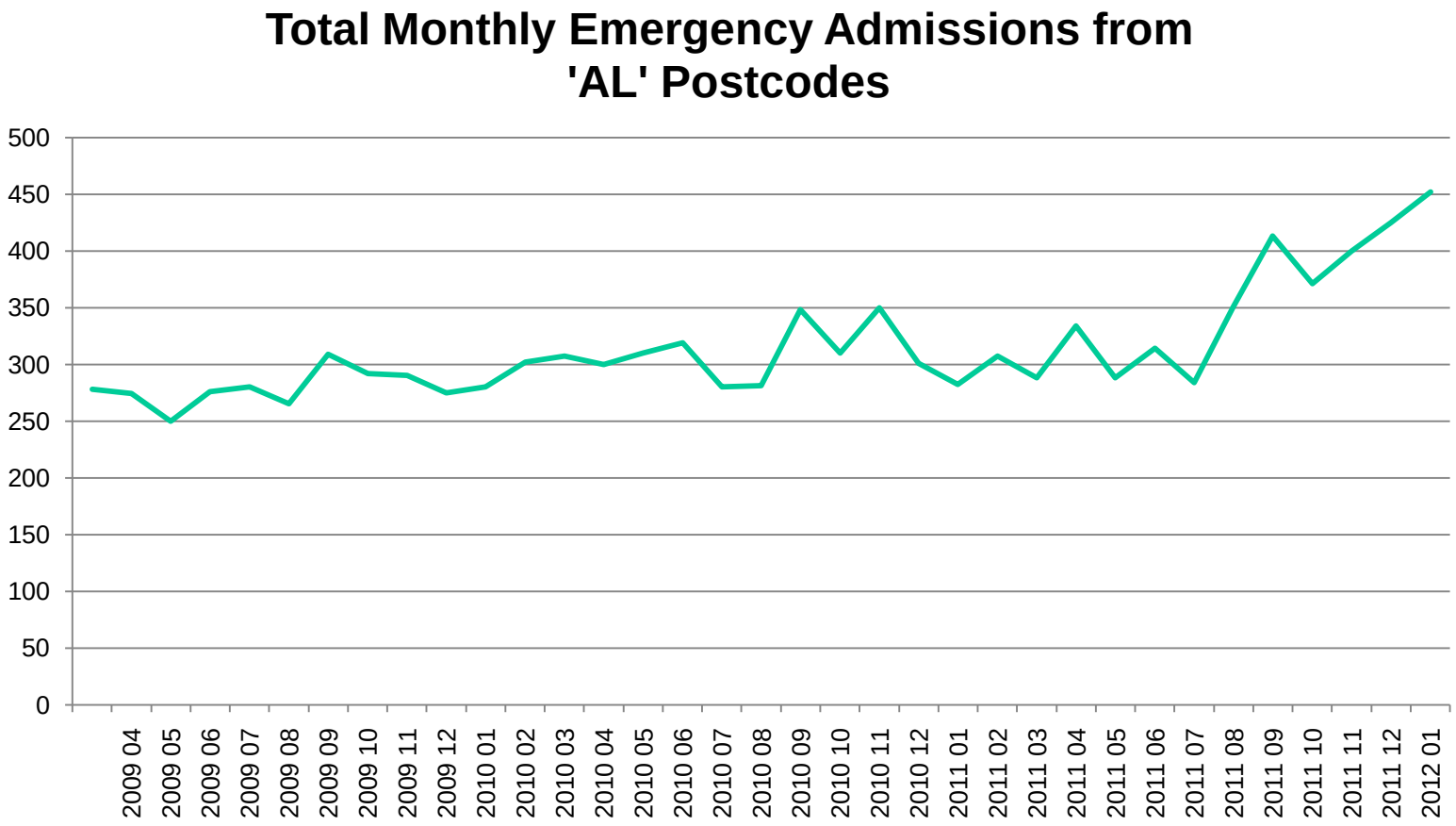
Ambulance A&E Arrivals

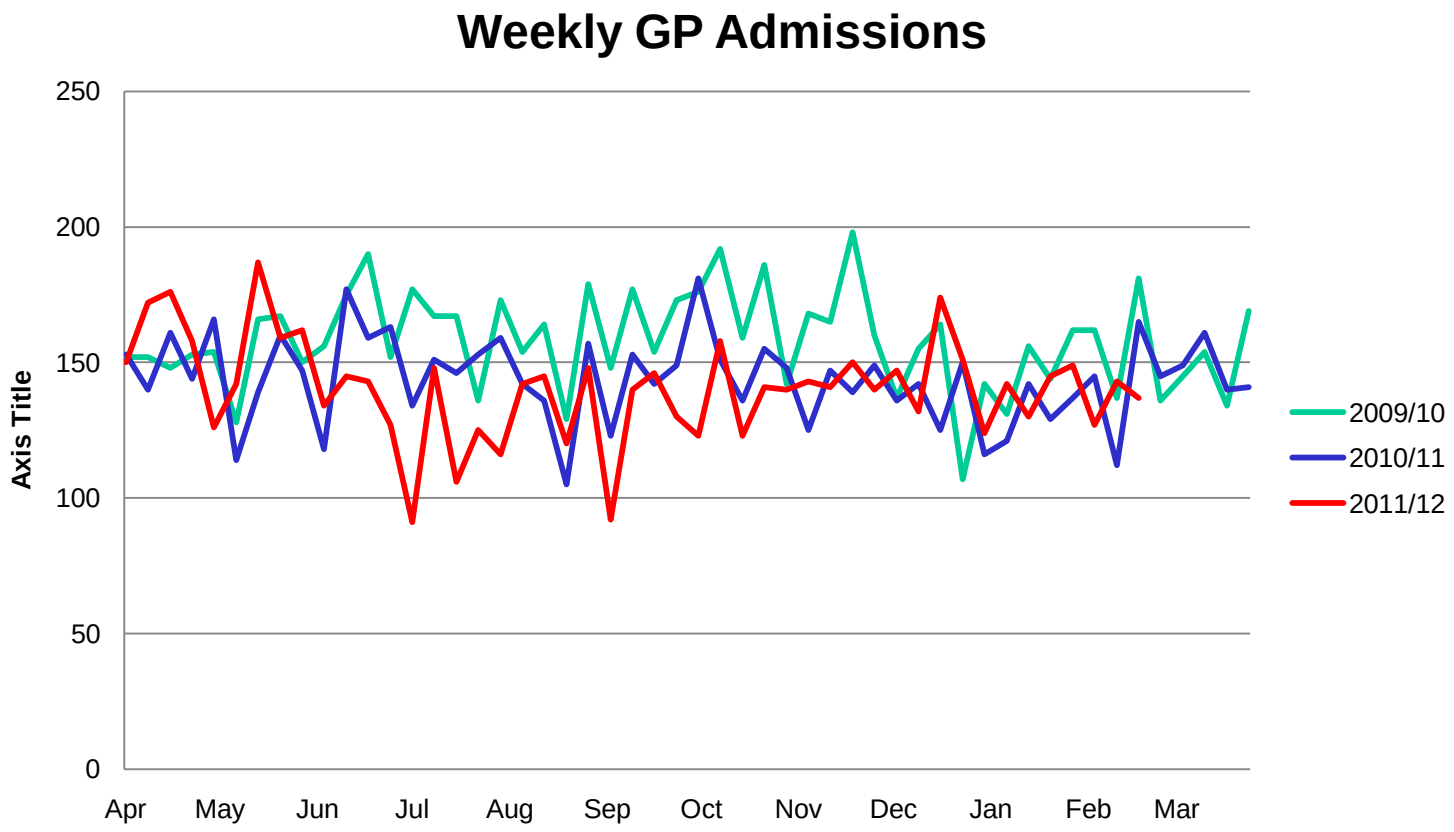


Postcode Analysis

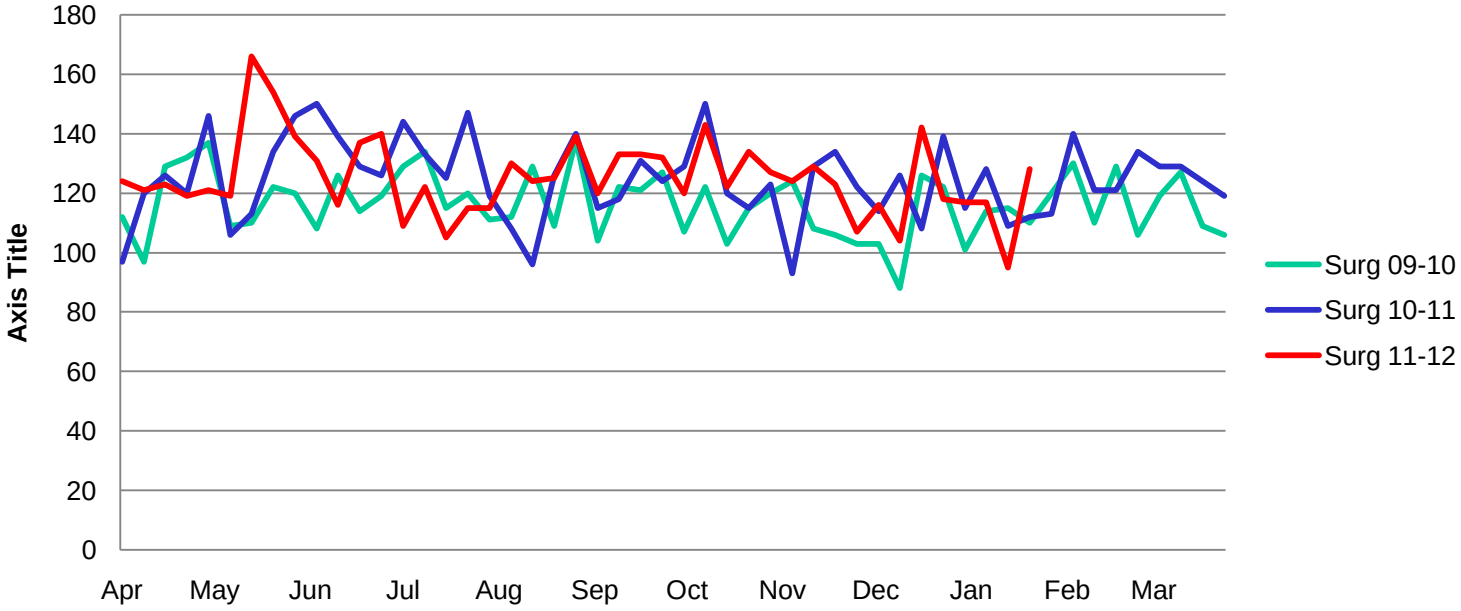


Postcode Analysis

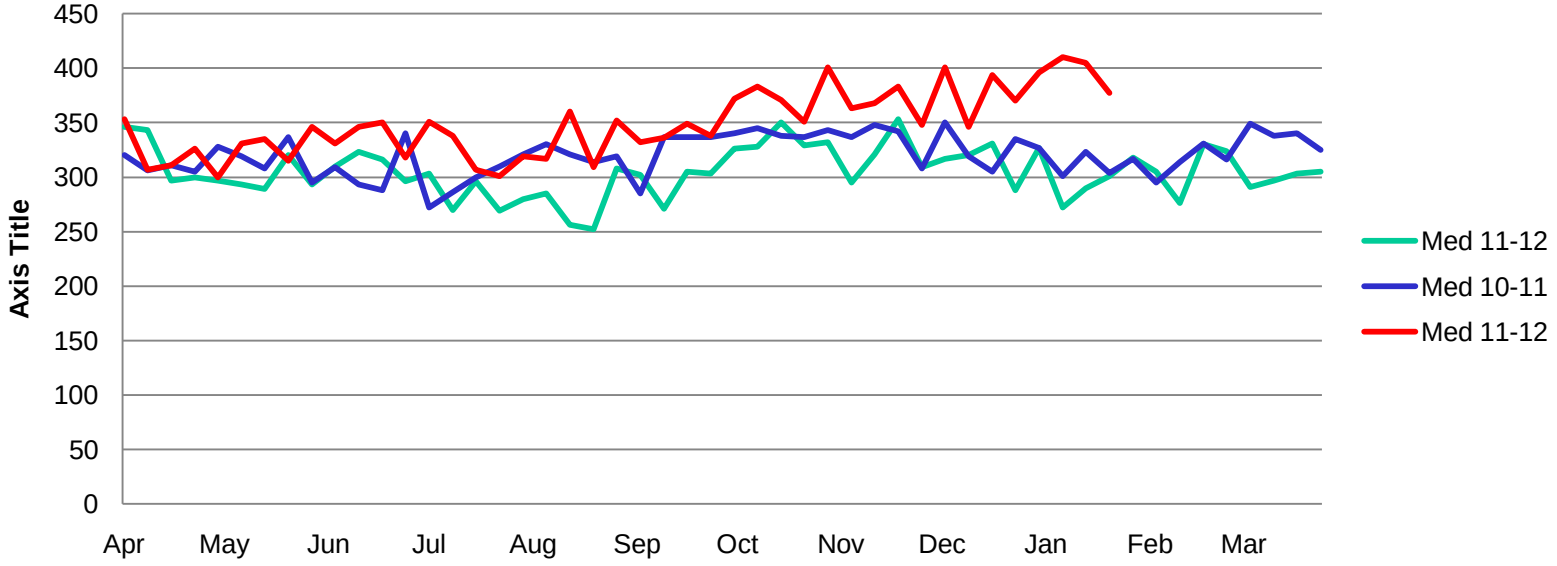



Weekly GP Admissions
250
200
150
100
50
0
Axis Title
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
2009/10
2010/11
2011/12

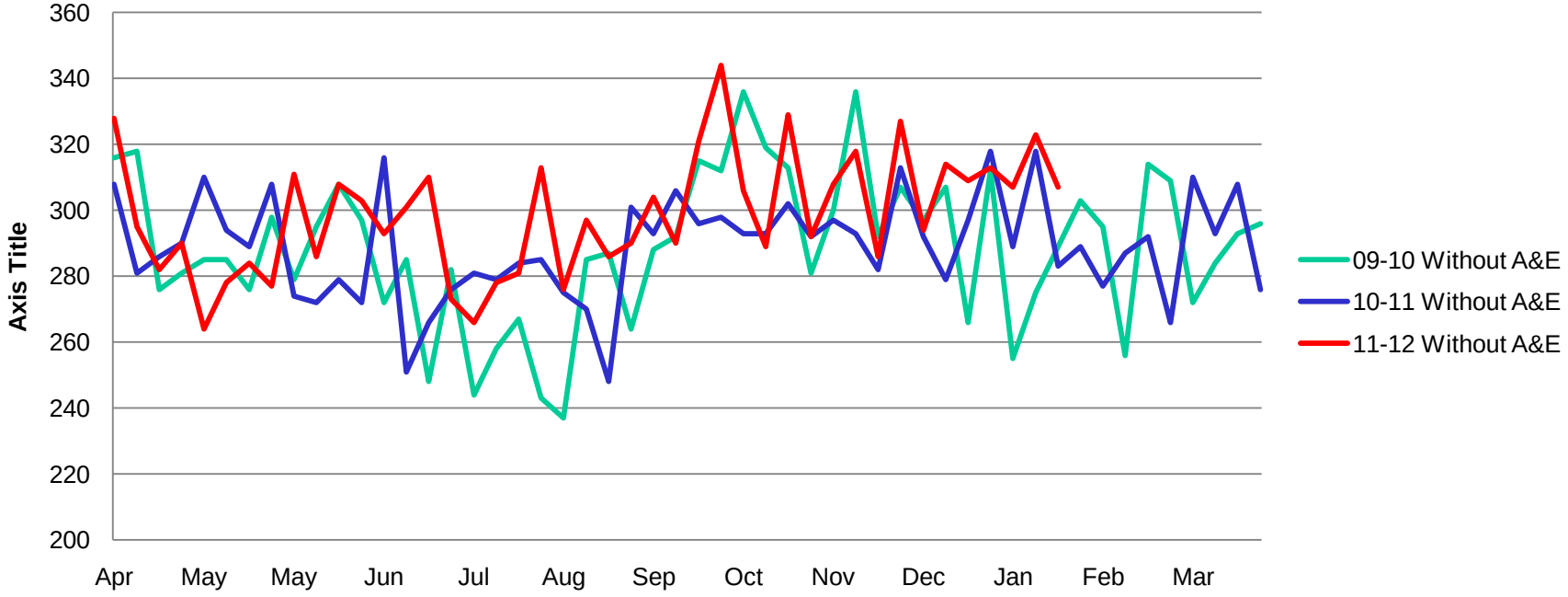
Year on Year Weekly Emergency Surgical Admissions at Watford Hospital



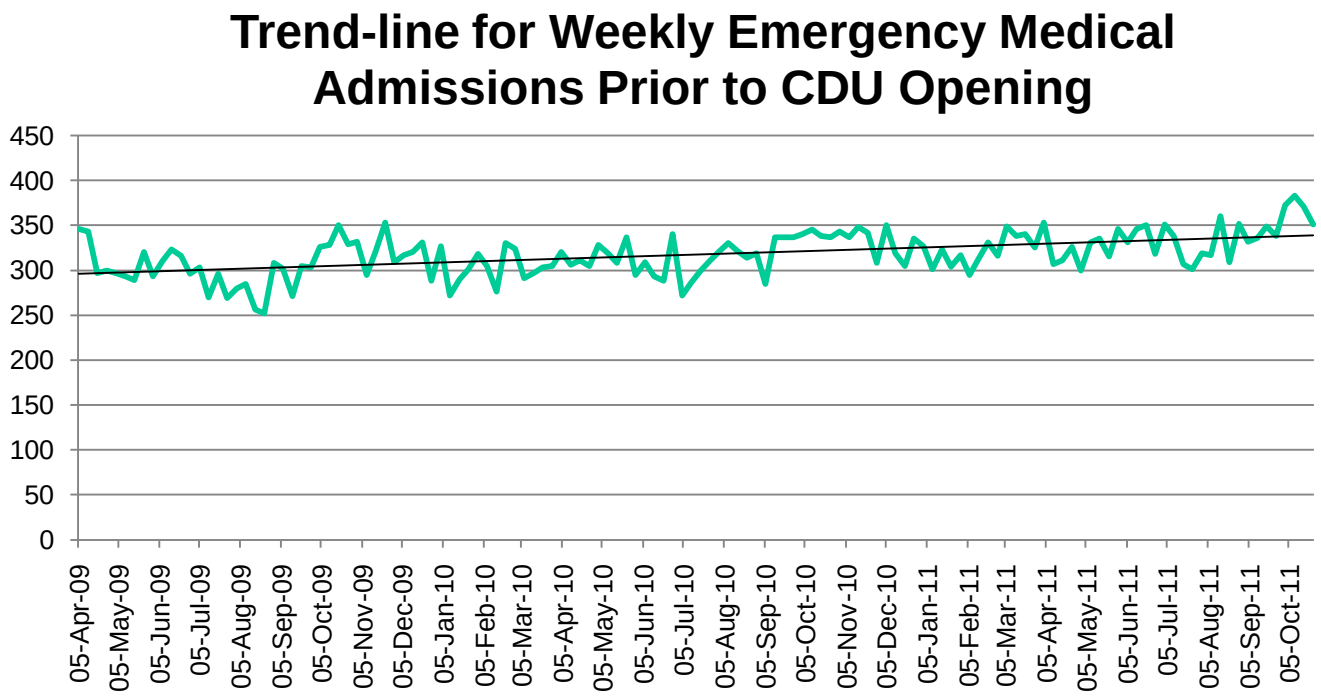
Year on Year Weekly Medicine & Care of Elderly Admissions at Watford Hospital

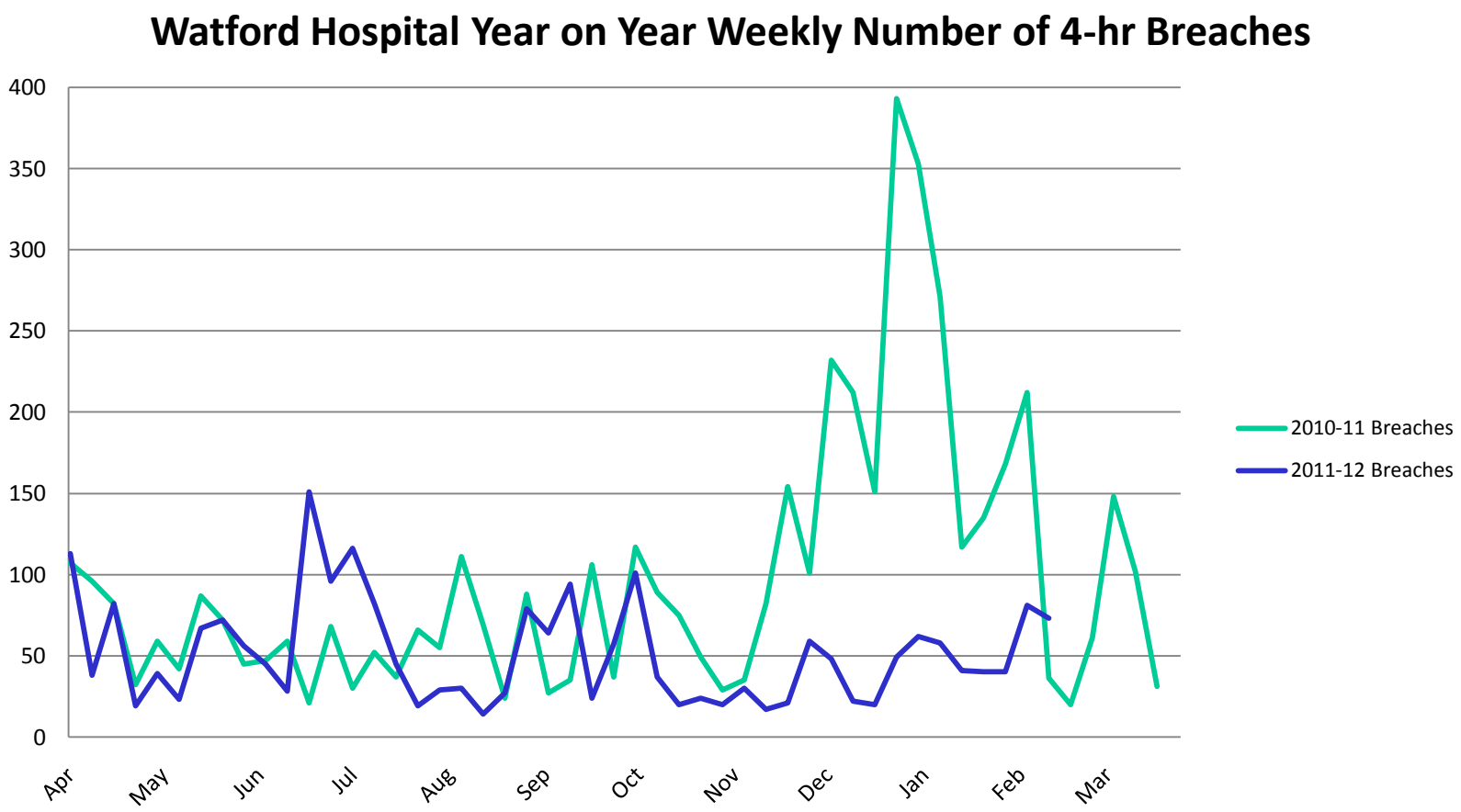


Weekly Medical Admissions at WGH, Excluding Admissions Under A&E



What is our true trend?




Watford Hospital Year on Year Weekly Number of 4-hr Breaches
400
350
300
250
200
150
100
50
0
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
2010-11 Breaches
2011-12 Breaches

Why do we Breach?

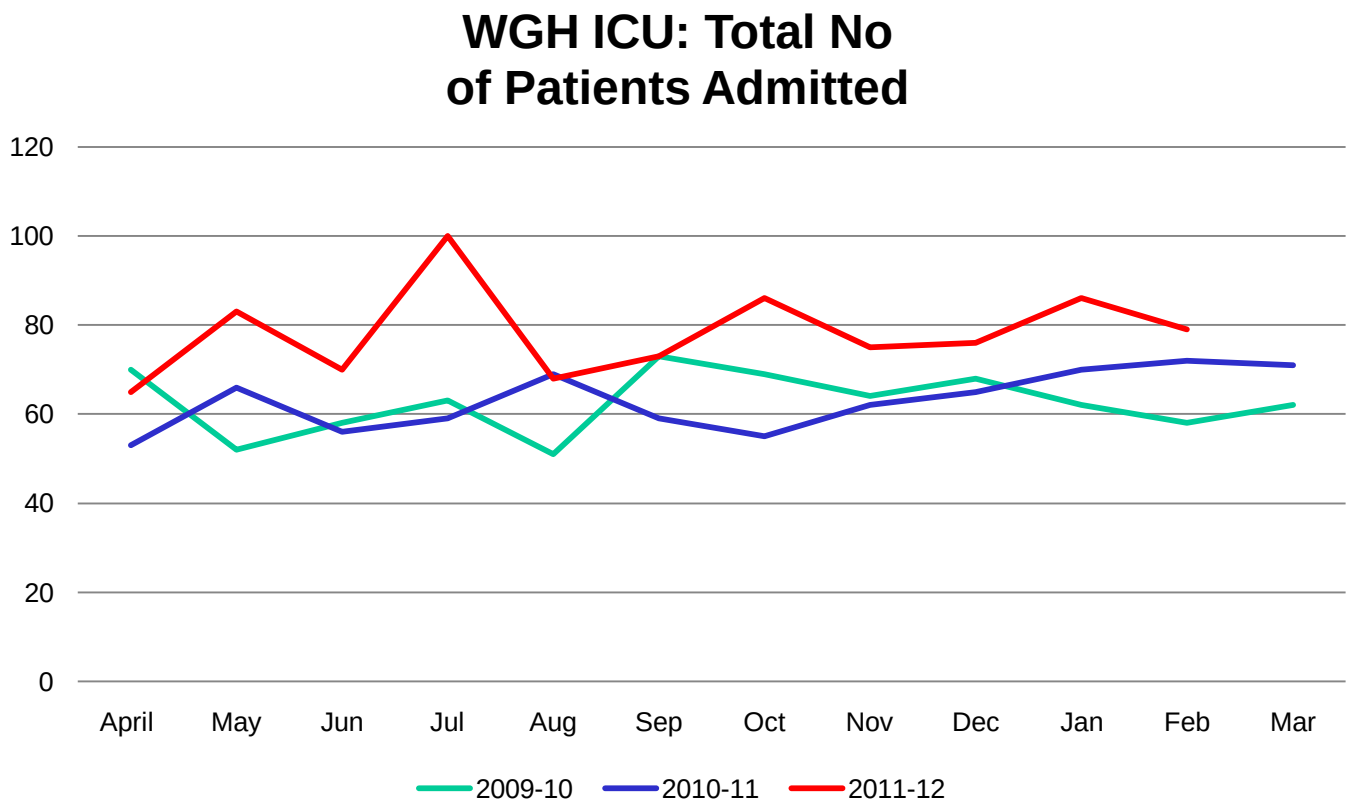
Jun-Aug 2011 - WGH 4hr Breaches	
by day 2011	
Mon Total	171
Tue Total	177
Wed Total	120
Thu Total	74
Fri Total	99
Sat Total	45
Sun Total	74
by top reason...	
Waiting for Bed	321
Delay seeing Clinician	252
Waiting for Psychiatrists	58
Clinical Need	48
Continuing Treatment Needs	45

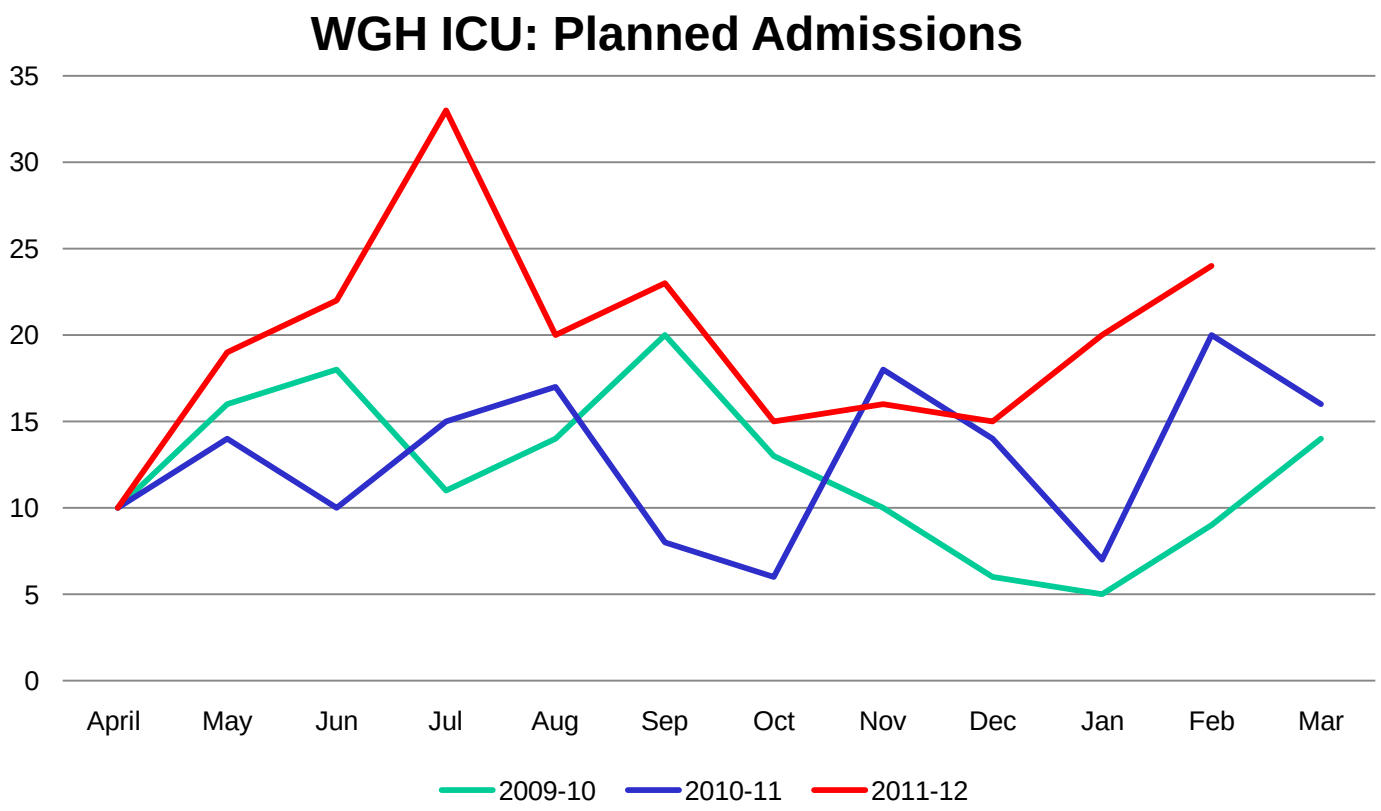
More Patients?

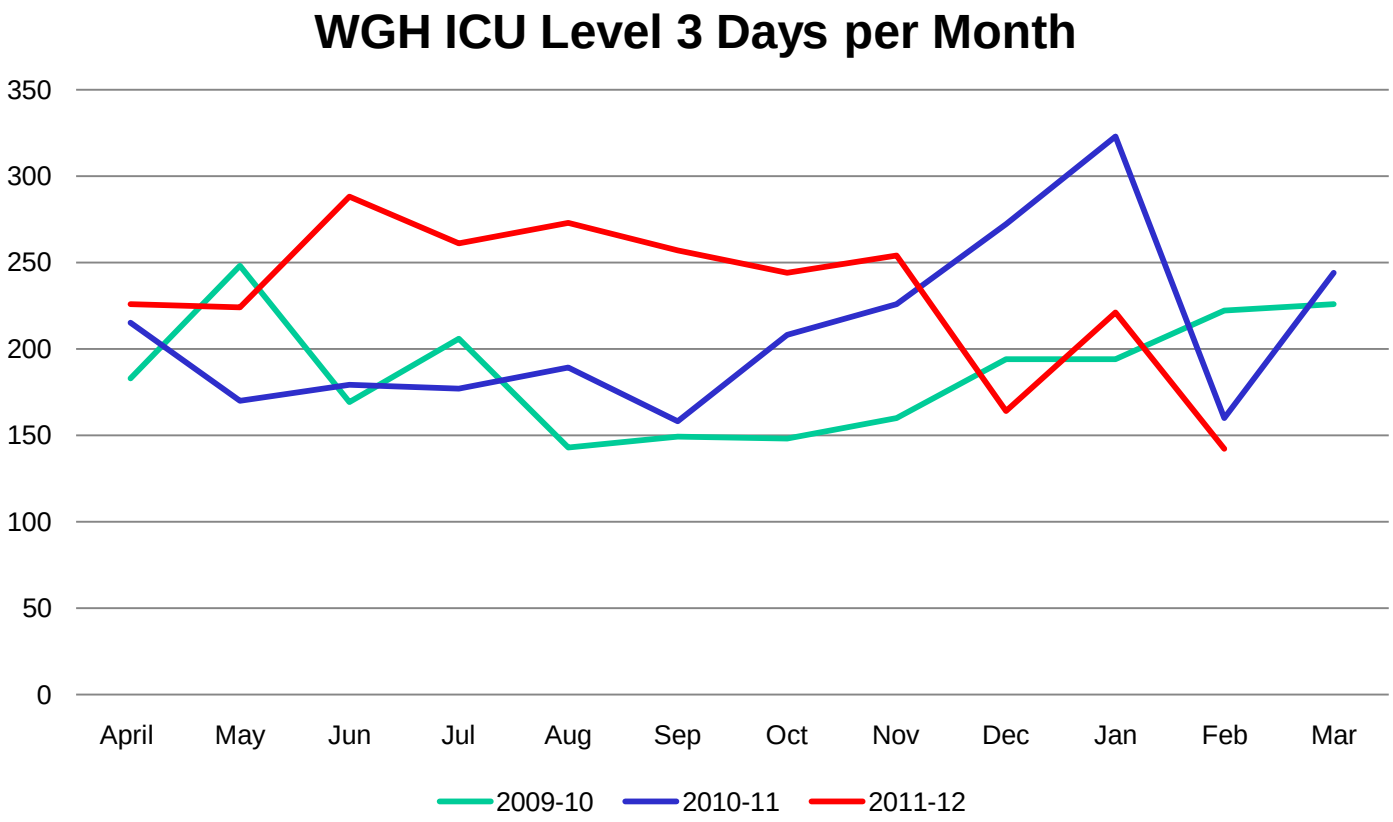
Yes:

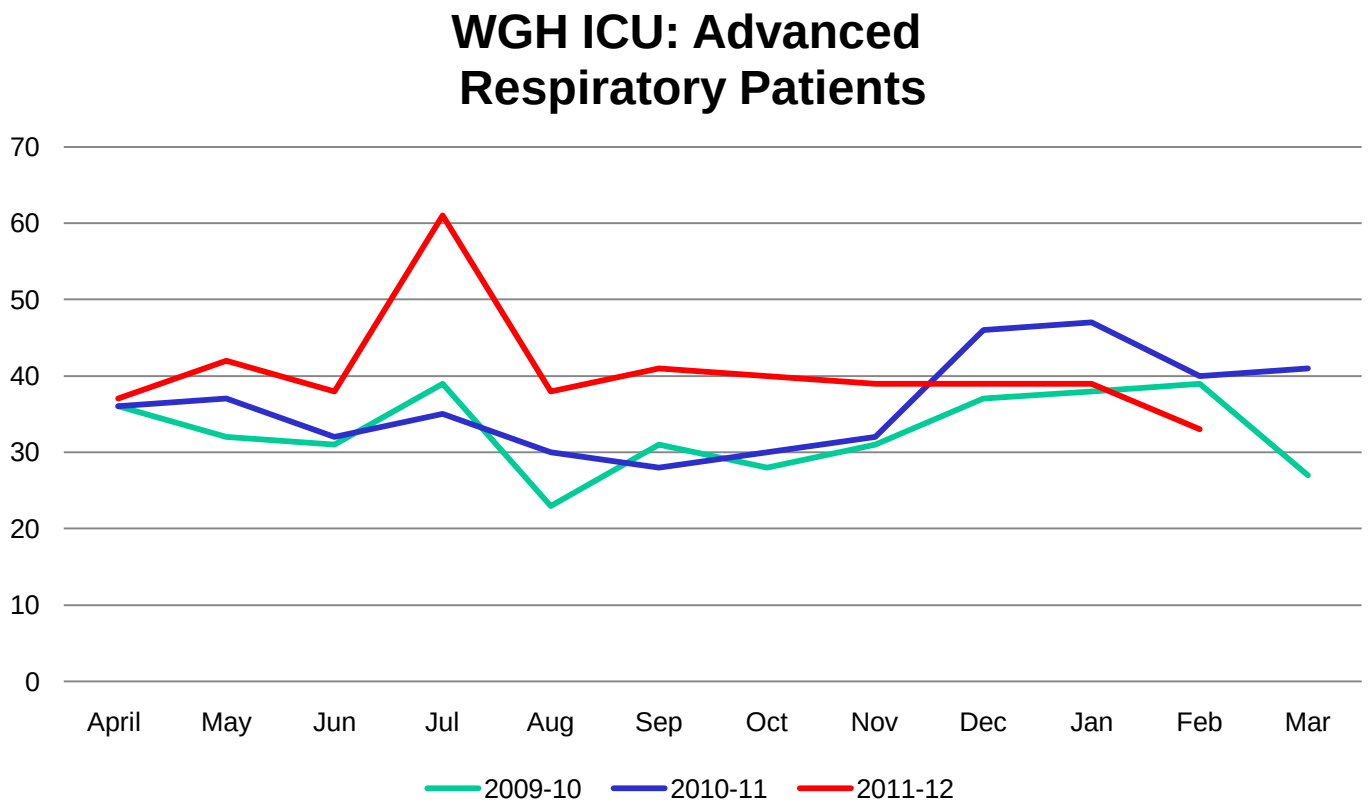
- We are seeing more medical patients.
- Steady increase in ambulance arrivals.
- Recent increase from St Albans area.
- Opening of CDU has increased the number of admissions, but was this ‘suppressed’ demand?!

Sicker patients?

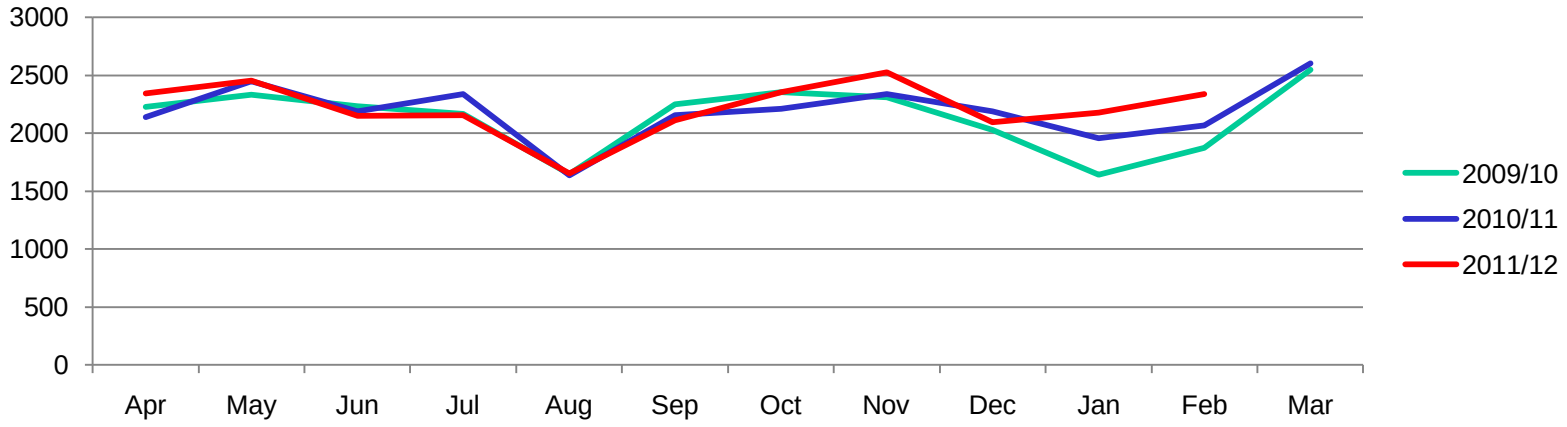

WGH ICU: Total No of Patients Admitted
120
100
80
60
40
20
0
April
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
2009-10
2010-11
2011-12


WGH ICU: Planned Admissions
35
30
25
20
15
10
5
0
April
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
2009-10
2010-11
2011-12

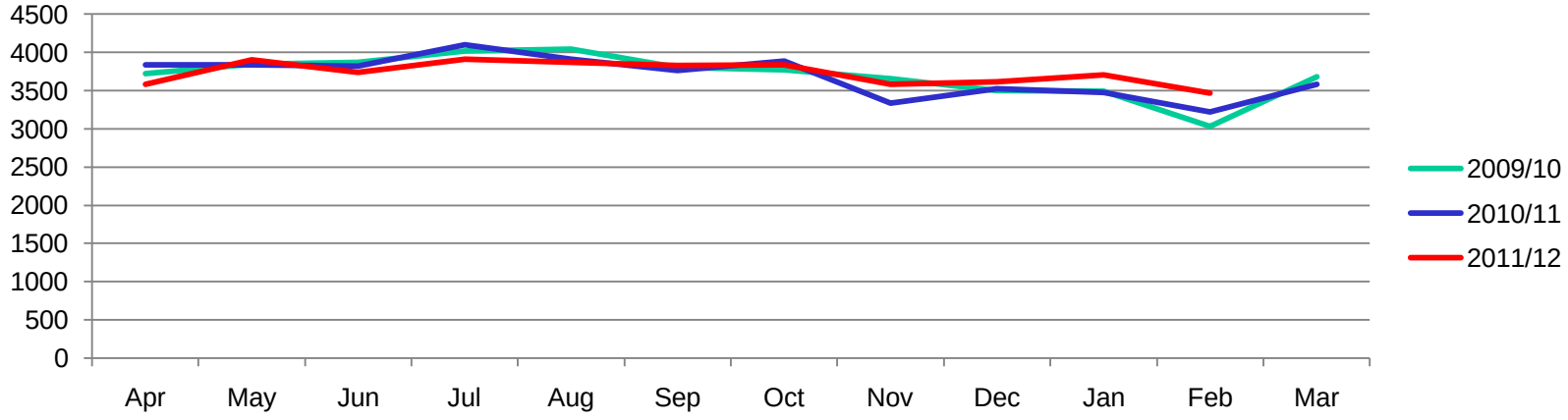

WGH ICU Level 3 Days per Month
350
300
250
200
150
100
50
0
April
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
2009-10
2010-11
2011-12


WGH ICU: Advanced Respiratory Patients
70
60
50
40
30
20
10
0
April
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
2009-10
2010-11
2011-12

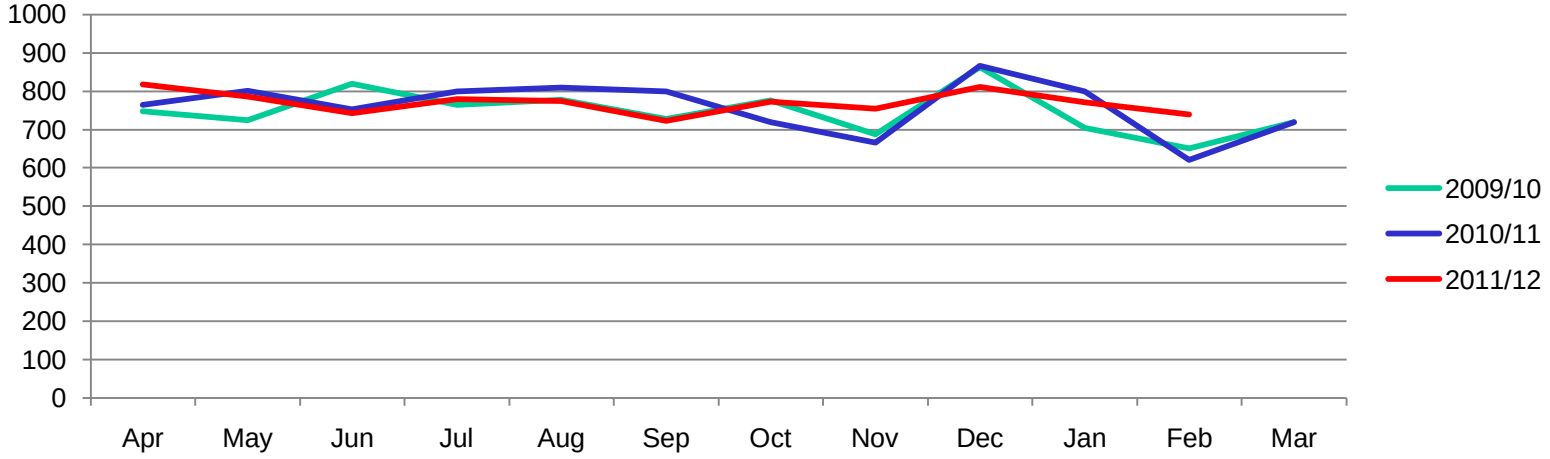
Age Band Attendance in A&E: 0 to 16



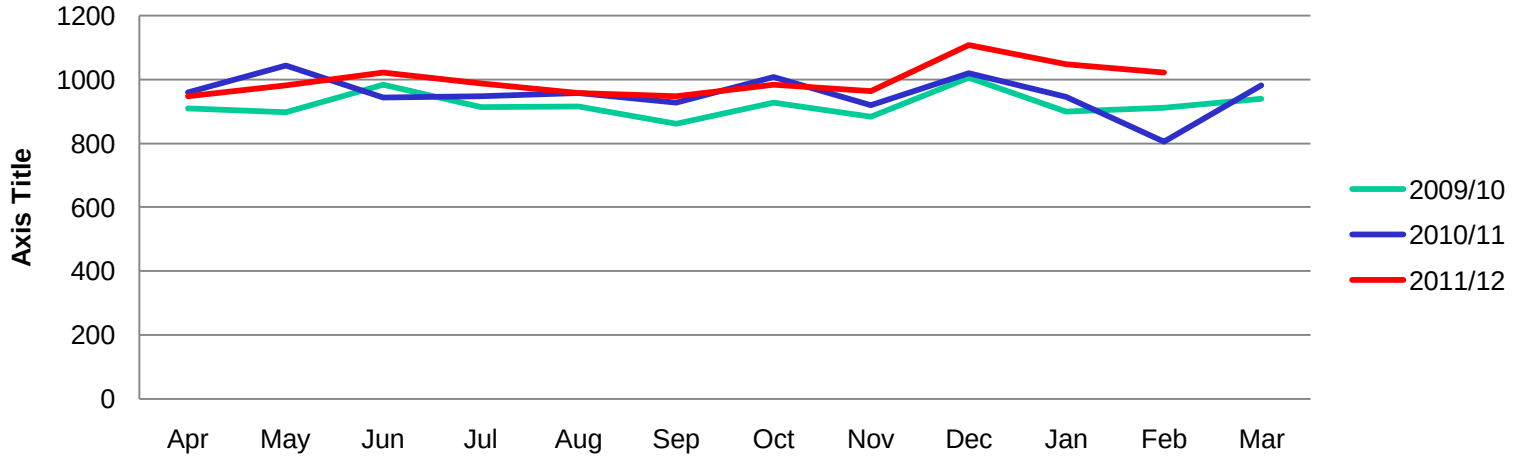
Age Band Attendance in A&E: 17 to 59



Age Band Attendance in A&E: 60 to 74



Age Band Attendance in A&E: 75 and Over



Sicker Patients?

Yes:

- Increased volume of patients through ICU.
- Increased volume of patients over 75.

<u>However</u>

No H1M1

Sustained bad weather

Underlying Capacity?

Capita Review: Bed Capacity

Service Area	1: 2011-12 Baseline No of Beds	2: Bed Changes Needed to Achieve Occupancy Targets with Current Length of Stay	3: Bed Changes Anticipated as Result of Quality Improvements Agreed for 2011-12	4: Bed Changes Needed if Length of Stay is in 75th Percentile for all Conditions	5: Total Number of Beds Needed if Length of Stay is in Top Quartile and all Quality Improvements are achieved ie 1 +(2+3+4)
HHGH – Stroke & Sub Acute Beds	28	9	0	-3	34
SACH – Surgery	42	-4	-3	-5	30
WGH					
Children	18	3	0	-4	17
Maternity	55	0	0	-3	52
Medicine	282	25	-3	-29	275
Gynae	27	-4	0	-6	17
Orthopaedic	51	5	-4	-3	49
Adult Critical Care	18	0	0	0	18
Surgery	80	4	0	-9	75
WGH - Total Beds	531	33	-7	-54	503
WHHT Position	**601**	**38**	**-10**	**-62**	**567**
WHHT Position Excluding Children, Maternity & Adult Critical care Beds	**528**	**35**	**-10**	**-55**	**498**

Capita Review: Plan to Meet Shortfall

Item	Impact on bed pool
Watford bed shortfall identified by Tribal Secta	-33
Impact of increased stroke activity at WGH	-2
Impact of new Clinical Decision Unit at WGH on overall bed pool	3
Impact of changes to medical & surgical working practices for winter 2011-12	4
Red Suite	18
Further increase Hemel beds from 37 to 44 at peak times	7
Final Position for Winter 2011-12	-3

Underlying Capacity?

We do not understand this sufficiently well and need to plan more proactivety:

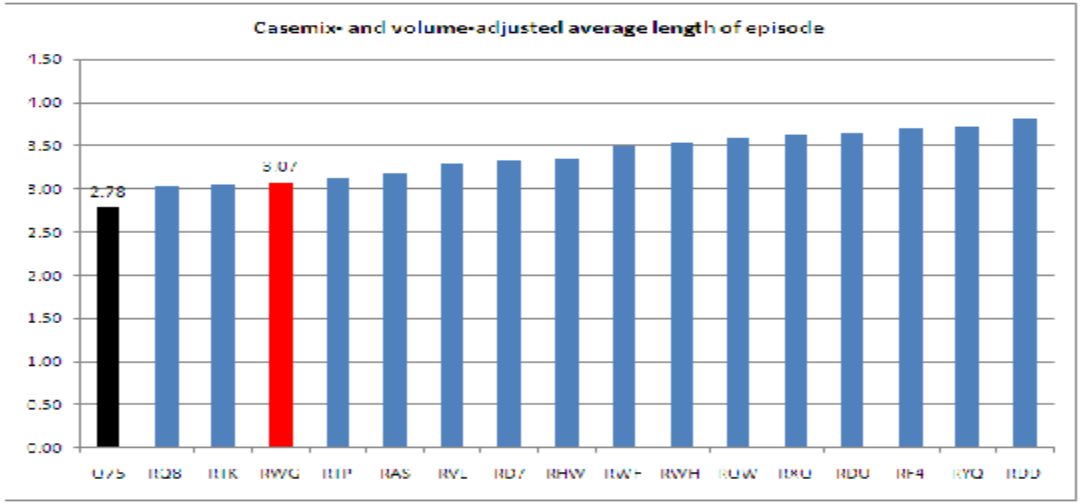
- Analysis of capacity needed.
- What has happened this winter?

  We cannot continue to have outliers in cath lab and to move patients as often as we do for capacity reasons.
- Need locally agreed capacity model.

Are we Inefficient / Generating Demand?

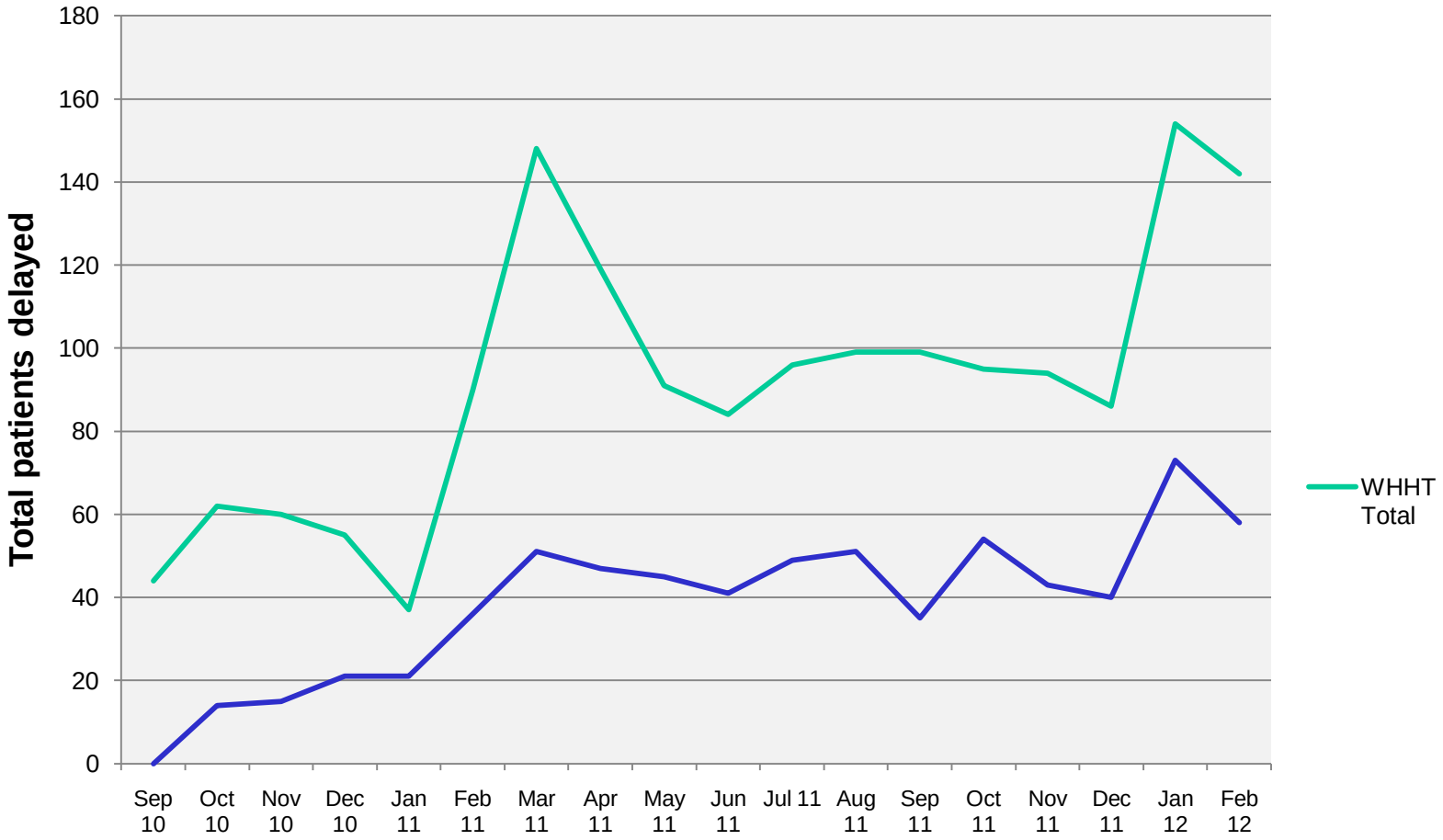
Capita Review: LOS

Initial outputs – length of stay benchmarking



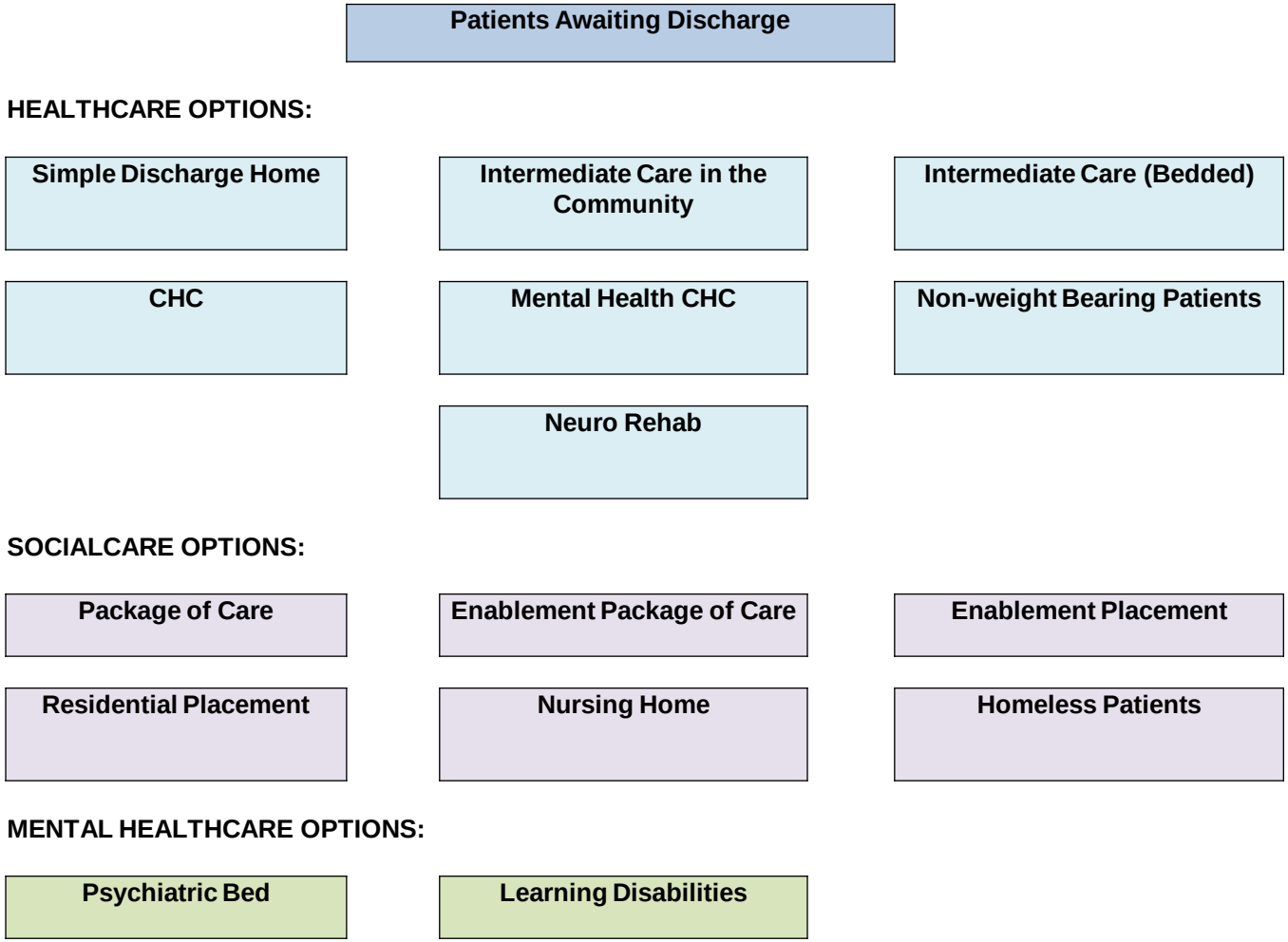
Length of stay performance is amongst the best in the peer group

WHHT: Delayed Transfers of Care

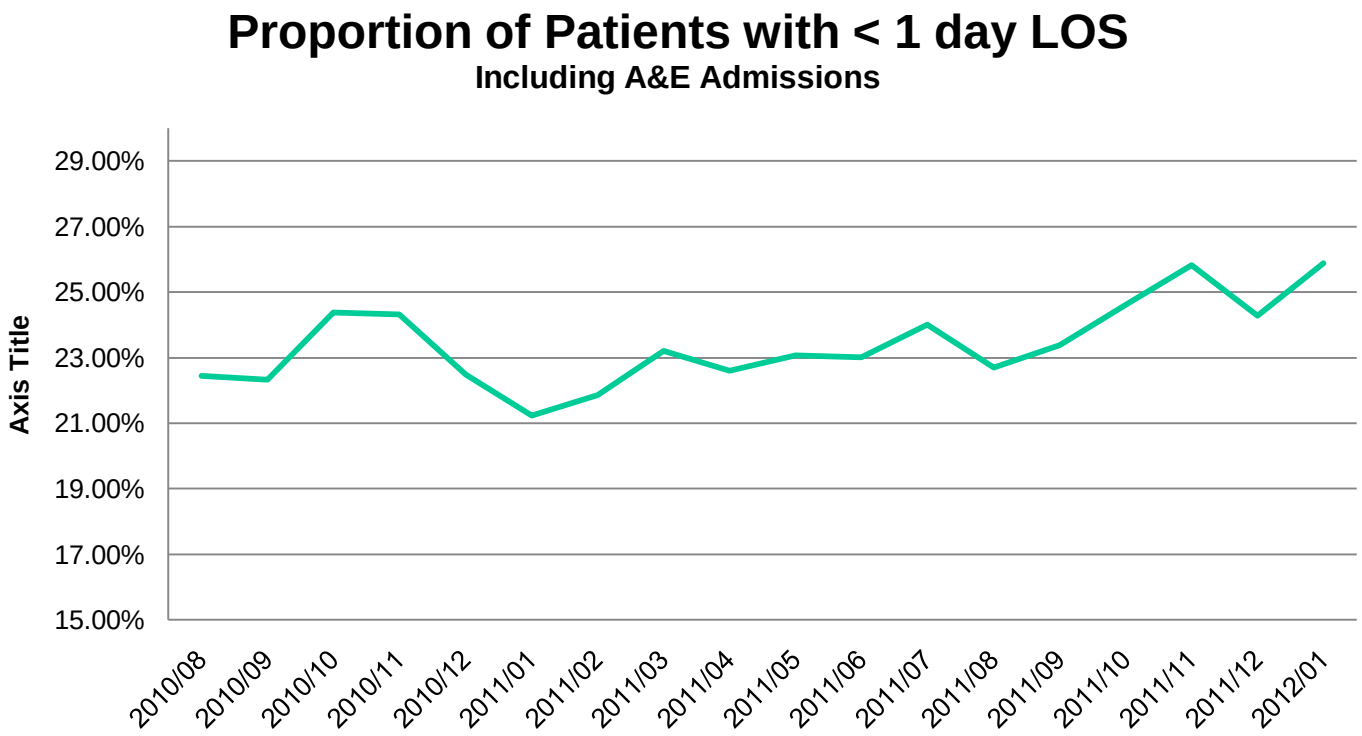


	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12
WHHT Total	44	62	60	55	37	90	148	119	91	84	96	99	99	95	94	86	154	142
HHGH (Simpson-	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

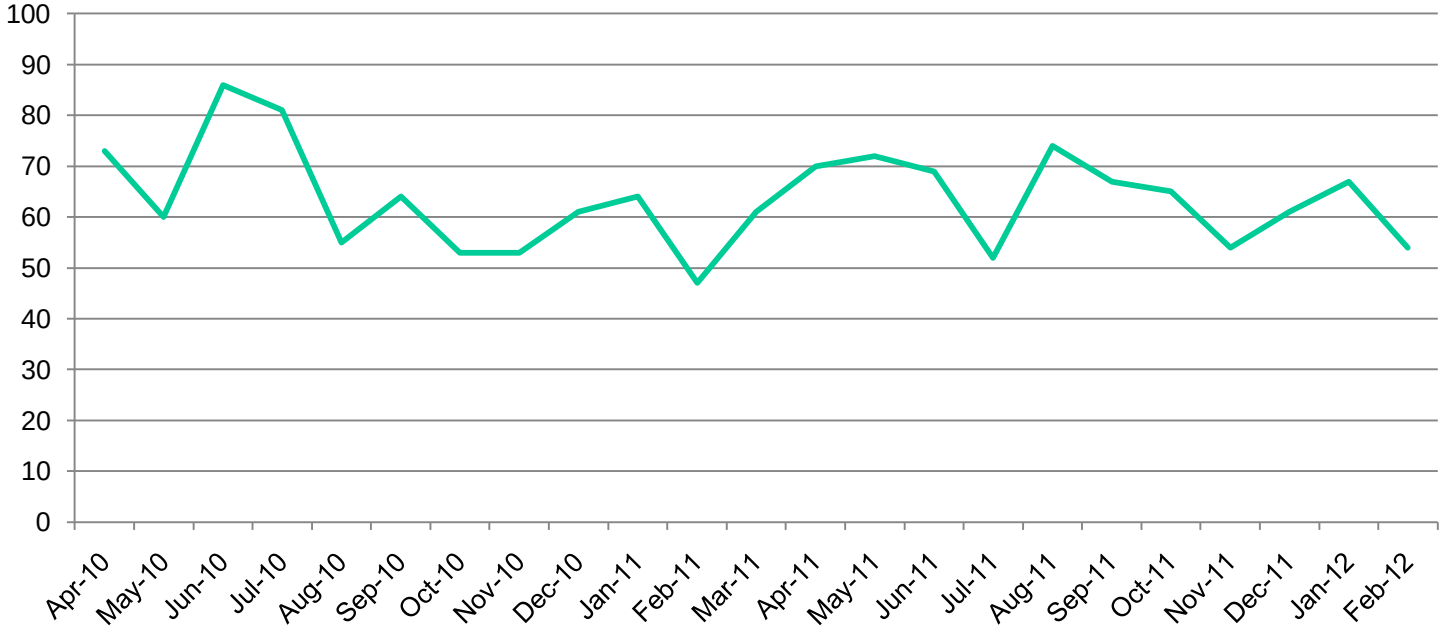
Complexity of Discharge Pathways

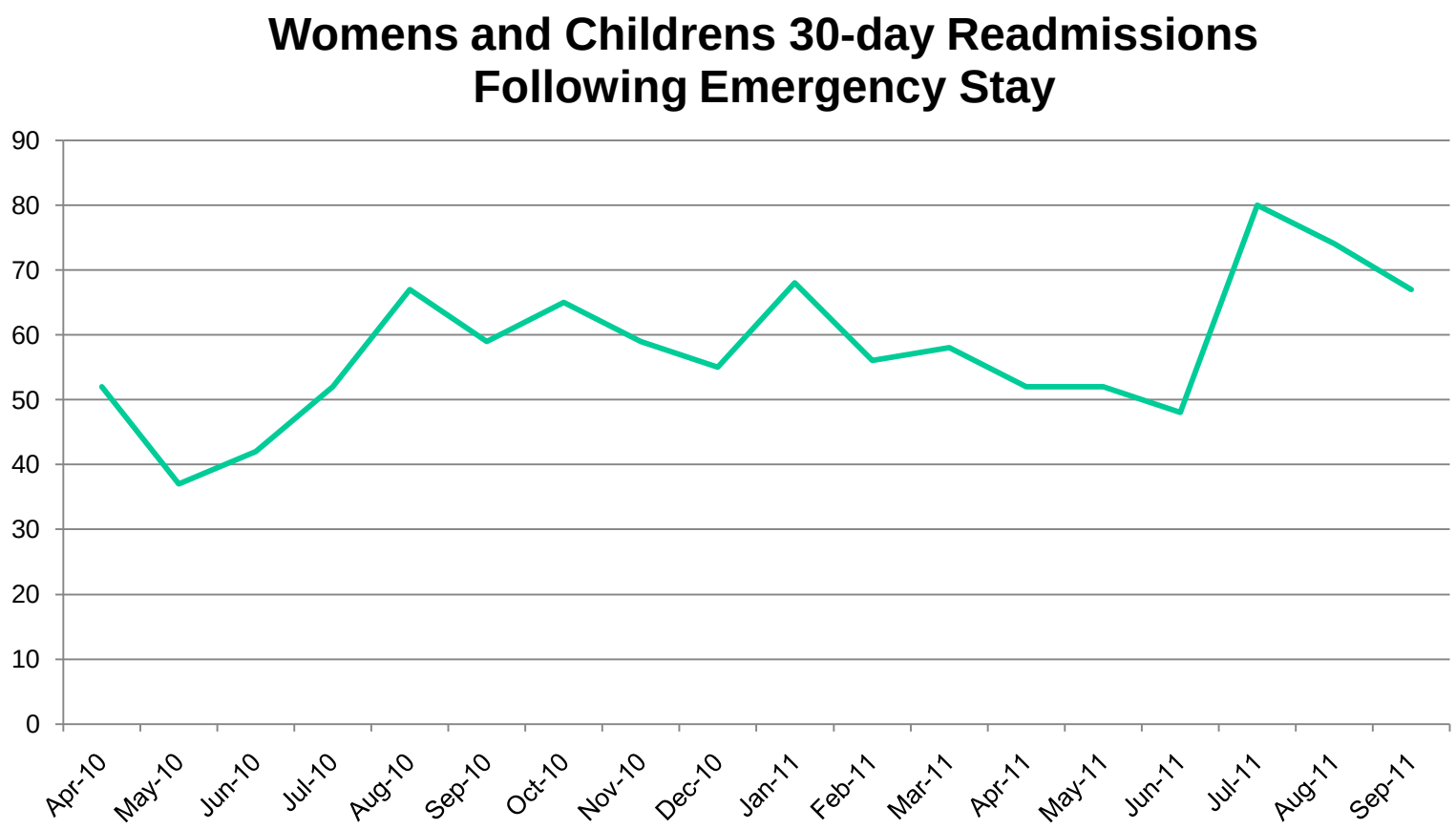


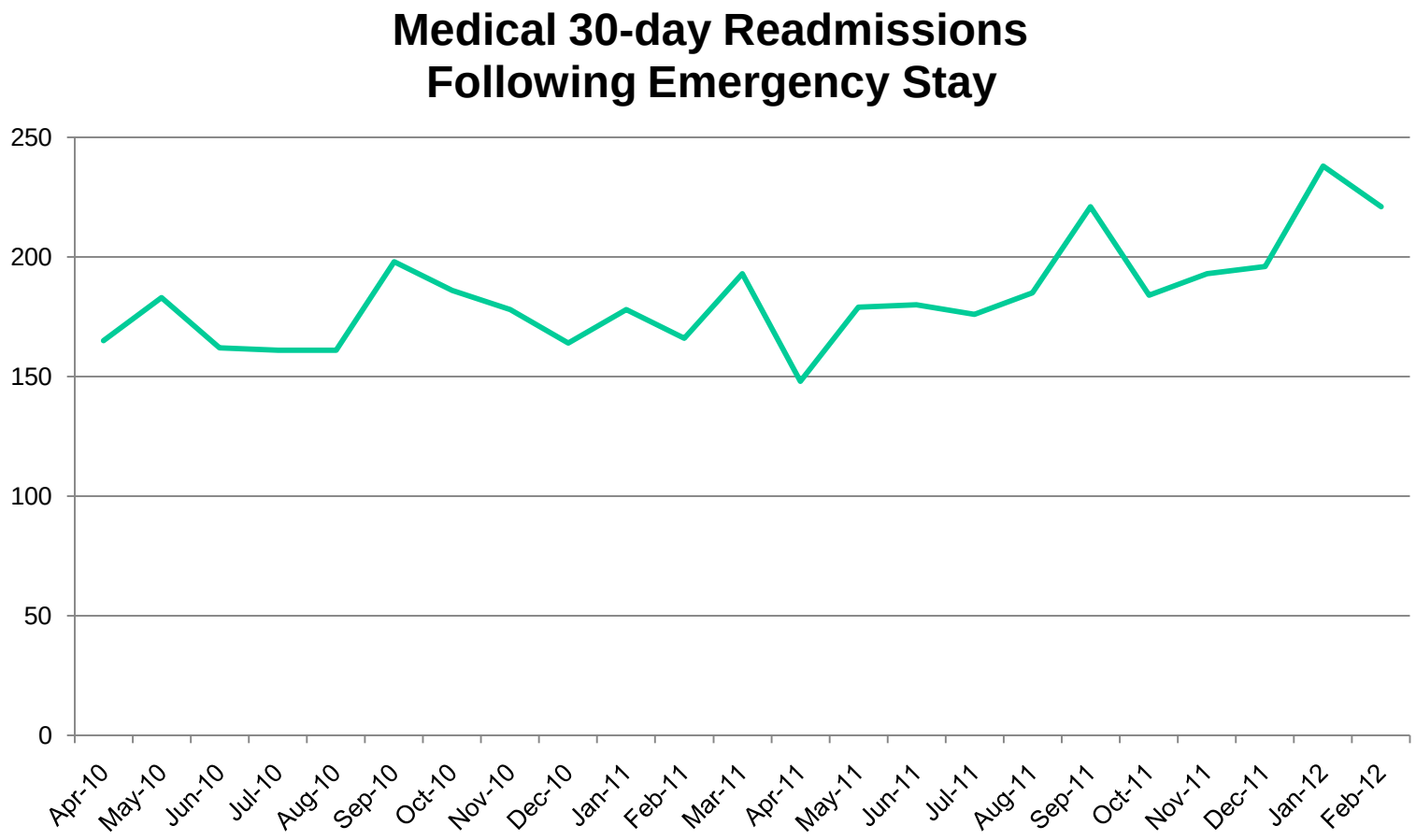
Change in Admission Threshold?



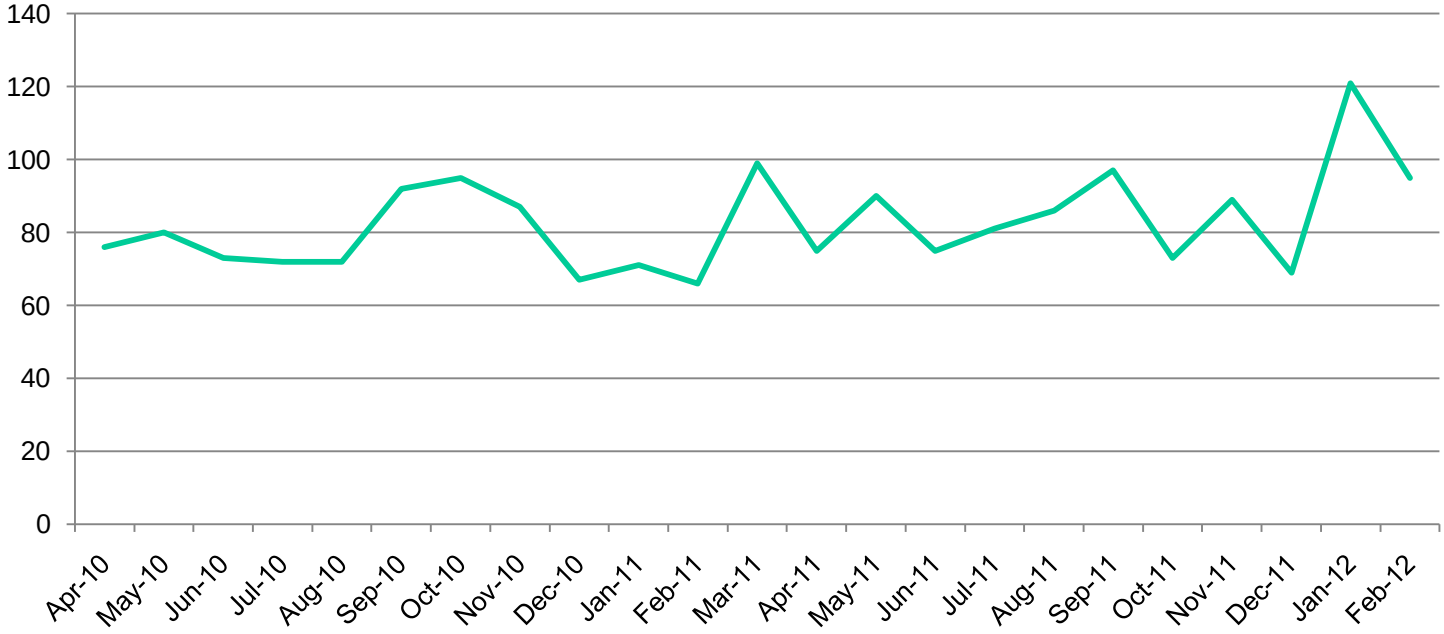
Surgical 30-day Readmissions Following Emergency Stay




Womens and Childrens 30-day Readmissions Following Emergency Stay
90
80
70
60
50
40
30
20
10
0
Apr-10
May-10
Jun-10
Jul-10
Aug-10
Sep-10
Oct-10
Nov-10
Dec-10
Jan-11
Feb-11
Mar-11
Apr-11
May-11
Jun-11
Jul-11
Aug-11
Sep-11


Medical 30-day Readmissions
Following Emergency Stay
250
200
150
100
50
0
Apr-10
May-10
Jun-10
Jul-10
Aug-10
Sep-10
Oct-10
Nov-10
Dec-10
Jan-11
Feb-11
Mar-11
Apr-11
May-11
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12

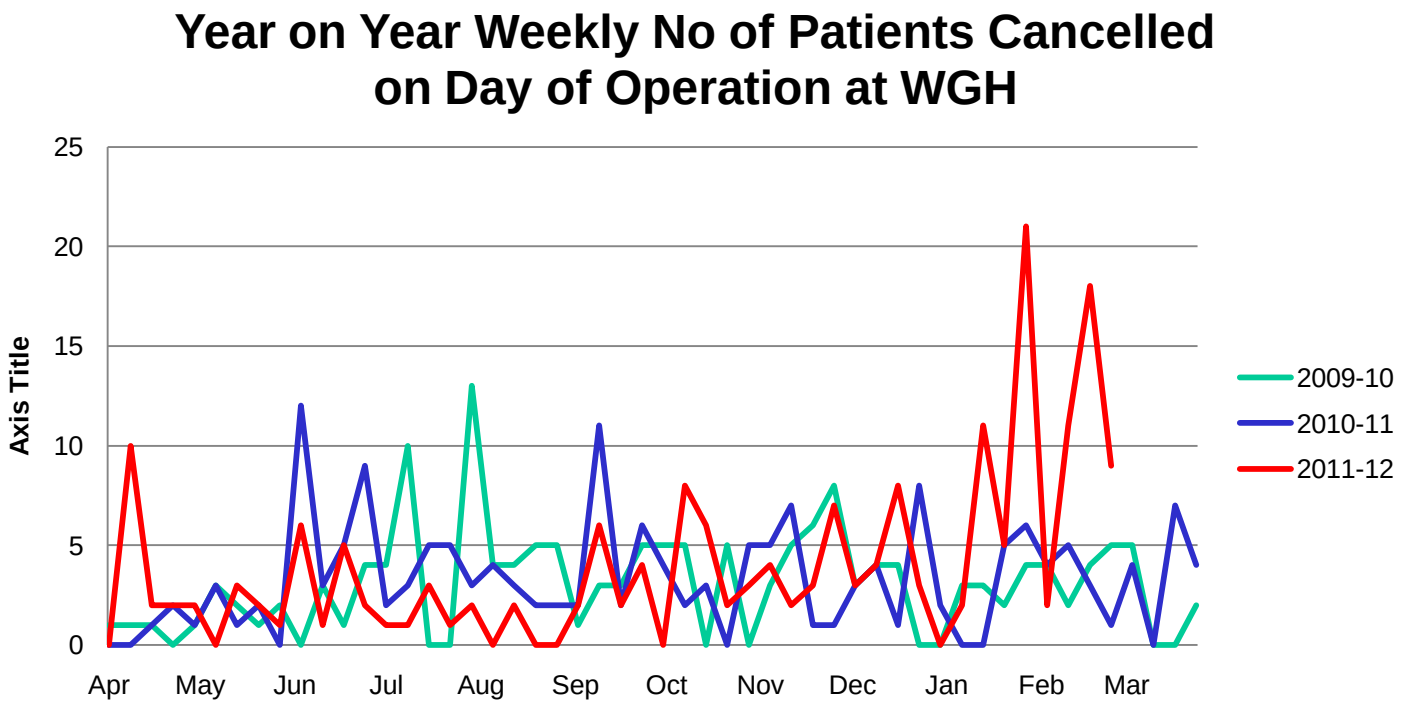
Medical Emergency 7 Day Readmissions Following Emergency Stay



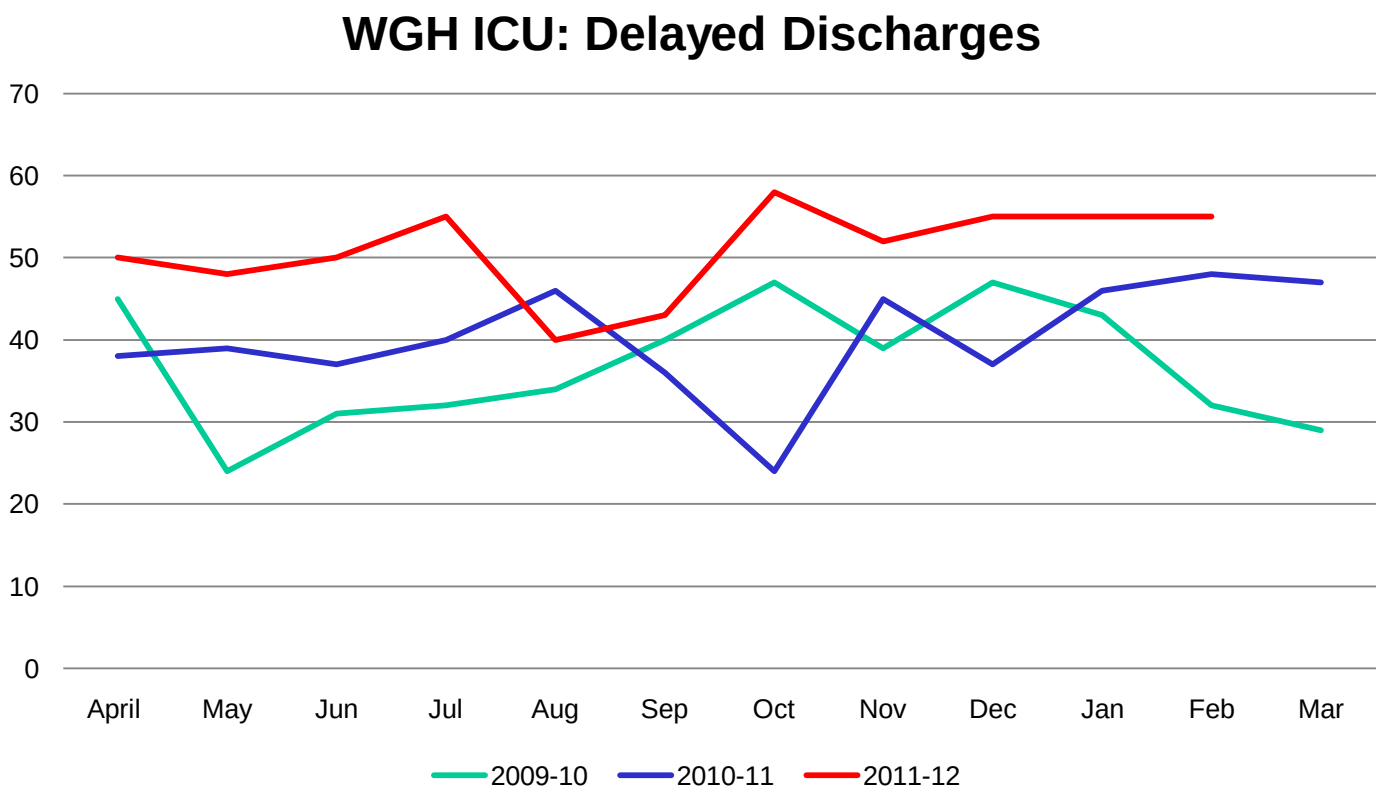
Are we Being Inefficient?

- Will always be opportunities to improve.
- LOS is comparatively good.
- No robust evidence that admissions threshold has changed, or stayed same.
- Capacity issues cause inefficiencies and most importantly adversely affect patients' experiences..

Patient Impact?



Patient Impact?



West Hertfordshire Hospitals NHS Trust

Already In Place:

2011-12 key priorities were:

- External review of bed capacity completed
- Additional beds: ICU / PMOK / AAU Red Suite
- Weekend consultant discharge rounds
- Social workers and discharge planning staff in Watford at weekend
- Additional staff in A&E
- Improved pathways for A&E psychiatric patients
- Ambulatory care ‘pilot’ clinic in AAU
- New Clinical Decision Unit in A&E

Also in progress:

- Recruiting to nurse navigator role
- Plans for review of GP heralded admissions
- Starting plans for general medicine and restoring ‘firm’ structure

Where Next?

- Capacity plan for winter 2012/13 that creates headroom
- Board to take forward decisions in May
- PCT support for plans established