

Received by email
9th March 2017

Dear Bill,

Please accept my apologies for the delay in responding to you. Unfortunately I mislaid your letter. It has certainly been the most challenging winter that I have experienced since the 4hr standard was introduced and the staff have worked tirelessly often under the most difficult of circumstances to do their best for patients. We have traditionally prided ourselves on delivering the 4 hr standard and while our performance for the financial year has been 91.7% year to date, Trust wide it did dip to 84.7% in January. I will respond to your points in the order you have listed them.

1. While we continue to work collaboratively with all of our partners across several counties, the combination of increased activity and a spike in the acuity of patients did give significant operational problems and the process of getting people out of hospital who were medically fit compounded matters. There were delays in securing timely packages of care and social care and continuing care placements. Also we had particular challenges in expediting discharge with private funders for nursing home care. A cohort of patients spent longer in hospital than they should have, which resulted in delays in admitting the incoming patients. All of our partners worked hard to support us but the constraints on funding and not having sufficient capacity to move patients was a constraint.

We did improve our flow through the ED with a number of initiatives to try and turn around patients we could treat relatively easily and we have just opened a new Ambulatory Care facility on the Frimley site which is geared to avoid inpatient admissions for a number of conditions. We also introduced a new service with Hants Social Care to provide packages of care. We now employ 10 care assistants to provide packages of care which has proved to be successful as hitherto Hants could not identify sufficient providers to offer a service at the Hants rate. We also have the Community integrated care teams who focus on pulling patients out of hospital and supporting people at home which has been successful in Surrey and Hants. These teams have also been focussed on keeping the high risk patients out of hospital.

We also took on the community services in NE Hants and have merged the hospital and community teams to help keep patients out of hospital and support high risk patients at home. This service is currently looking after 85 people.

2. We are keen to work more closely with social care to joint manage the discharge plans of complex patients. We have also opened 22 more beds on the FPH site to rebalance workload and capacity. The integrated care teams are to be implemented across Hants which should, over time, reduce hospital workload as they are focussed to managing high risk patients at home. We are restructuring our

consultant rotas to have a greater presence at weekends and evening so that there are more senior decision makers in duty to better match the inflow of work.

3. We have experienced a slow-down in the growth of attenders in ED since the start of this year, and the message of keeping away from ED unless you are very sick seems to have had an impact. Also Surrey Heath GPs have started to offer an 8 to 8 service Mon to Fri which has helped and NE Hants are about to do the same during 2017. Some people attend ED because they can't get an appointment quickly and if we can offer this enhanced service across the Trust's catchment which is in our STP, It should have a positive impact. We have a massive re-education process to undertake with the general public around using alternatives to ED.

4. The main risks to our ED performance are increases in workload and delays in getting medically fit patients out of hospital. We have enough beds if we can maintain a good patient flow through the hospital. Also, the supply of experienced ED doctors is a risk as most hospitals are finding it increasingly difficult to staff the rotas.

5. The extra money just announced in the Budget should be a shot in the arm for Social Care but I believe funding will still be tight. We need to continue the good work with social care to speed up the discharge process for patients who need packages of care and nursing home support. Also there may be some scope for a joint venture approach in providing nursing home care for patients and care packages. We can recruit care assistants quite easily and we do not seek to make a profit from such activity.

The STP is keen to roll out the 8 to 8 offering from GPs to divert activity from ED and the roll out of integrated community teams should provide more care at home and avoid admission. By working together more closely with all partners we can make better use of a pooled resource. I think there is much more we can do with the voluntary sector to collectively help us.

I hope these comments are useful in your deliberations.

Kind regards

Andrew

Sir Andrew Morris
Chief Executive,
Frimley Health Foundation Trust
Frimley Park Hospital.