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8 July 2022

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Sent via email to:

John Govett, Chair of the Cornwall and Isles of Scilly Integrated Care Board

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Kate Shields, Chief Executive, Cornwall and Isles of Scilly Integrated Care Board

([kateshields@nhs.net](mailto:kateshields@nhs.net))

## **Delayed Discharges – risk and opportunity**

Dear John and Kate,

We are writing jointly to you in our capacities as Chairwoman and Chief Executive of Royal Cornwall Hospitals NHS Trust (RCHT). The establishment of our ICB provides a unique opportunity for all parts of our health and care system to work and transform together to address the key health inequalities and health and care challenges that we face. We were encouraged by the system-wide engagement and innovation at the True North event last week with potentially significant opportunities identified for further system transformation. We are both optimistic about the potential we have for long term change and we write to you, with a request for your to share this letter with all ICB members, in the spirit of partnership working in the best interests of patients, residents and communities across Cornwall and the Isles of Scilly.

It is very clear to us that acute hospital and ambulance services in Cornwall are being directly and severely impacted by the current crisis in social care capacity in the Duchy. Over the last two years the number of acute hospital beds occupied by patients who are waiting for social care or other community support almost doubled since 2019/20 and the stark fact of this increase is that part of Royal Cornwall Hospital is now operating as a proxy aged care home or domiciliary care facility. Over 100 of our acute hospital beds are now not available for our emergency patients as they are occupied by people who have completed their acute hospital care and are waiting for some form of social or community care before they can be discharged.



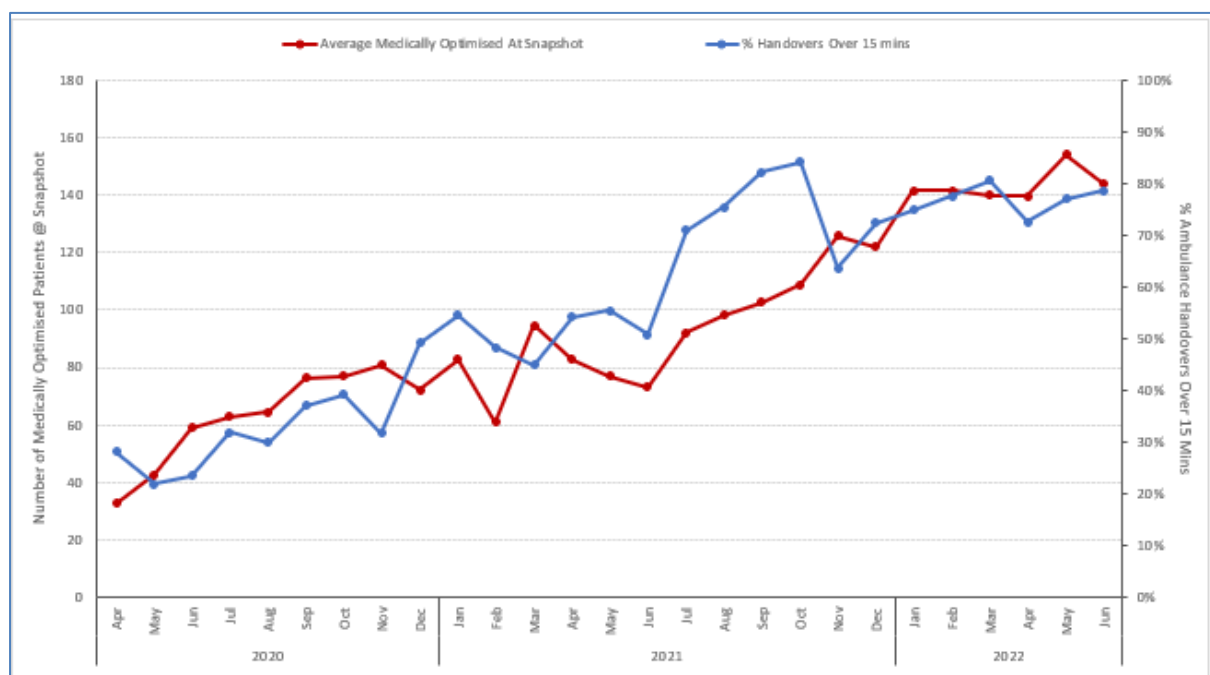
**Chairwoman:** Dr Mairi McLean

**Chief Executive:** Mr Steve Williamson

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When we include the number of hospital beds similarly occupied in hospitals operated by Cornwall Partnership NHS Foundation Trust, it is clear that our hospital system in Cornwall cannot operate effectively with this level of social care occupancy in our hospital beds. Right now this is having a devastating impact on ambulance response times, Emergency Department (ED) waiting times, and increasingly on our emergency and urgent clinical services. Further urgent system-wide action is necessary now to enable our ambulance service, emergency department (ED) and acute hospital services to provide the emergency service our communities require.

The graphs below show a direct correlation between increasing numbers of medically optimised patients waiting for social care in RCHT hospital beds and the increasing volume of ambulance delays. The chart shows over 15 minute ambulance delays, however the same correlation is demonstrated if we compare over 60 minute ambulance delays, ED waits of over 12 hours, or many other emergency performance measures.



It is clear from this information that our ambulance response time has deteriorated directly in line with the increase in the number of social care residents or other delayed discharge patients who are occupying acute hospital beds. It is also the case that when we compare length of stay, our super-stranded patients (over 21-day length of stay) and stranded patients (over 7-day length of stay) are also increasing similarly in proportion to the increasing numbers of delayed discharges. Put simply, we are experiencing more patients waiting for social care once they have completed their treatment, and those patients are also waiting longer for access to that care.

Across all hospital beds (acute and community), our ICB region is close to the England average number of hospital beds per 100,000 population. However, we have around 100 fewer acute hospital beds than the average across England using the average hospital beds per 100,000 comparison (we have more community beds per 100,000 population than the England average). This shortfall of 100 fewer funded acute hospital beds for Cornwall means

that we simply have no flexibility to accommodate patients who have finished their medical treatment.

The reality of this situation is that every day we do not have emergency medical beds available for timely admission from ED as these beds are occupied by people waiting for social or other community care. This results regularly in 40 patients waiting in ED for admission, and our ambulances needing to wait to transfer patients into the ED. As a result ambulances in Cornwall are not able to respond in a timely manner. Category 2 ambulance response times should be achieved within a target of 18 minutes. As an example of the impact of our increasing numbers of patients waiting for social care, in the last week of June, the mean category 2 response time was over 2 hours. This places significant risk and leads to patient harm impacts as a result of ambulances not being able to provide rapid enough responses to urgent and emergency incidents including stroke victims and those suffering from some heart attacks.

It impacts on our only ED in Cornwall and the Isles of Scilly often having over 40 patients waiting for admission, with a stark increase in the number of people waiting admission for over 12 hours as our emergency hospital beds are occupied by those patients waiting for social care.

This situation also means that stroke patients and other specialty patients are often not able to be admitted to the relevant speciality ward for dedicated specialist treatment as those specialist beds are again occupied by patients who are waiting for social care before discharge. This has had a direct impact on reducing our excellent stroke performance which had been at the highest possible level of performance (level A) as assessed by the Sentinel Stroke National Audit Programme (SSNAP) but has reduced to the second worst level of performance (level D). This means that stroke victims are not receiving rapid enough ambulance response, are not receiving the appropriately timely access to thrombolysis, specialist assessment, time on a specialist stroke ward and other impacts which results in potentially avoidable life-long quality of life impacts for survivors of stroke.

You may be aware that NHS England has recently communicated a 100-day action request to all parts of the NHS and to all Integrated Care Boards. This includes 10 high impact actions which includes treating all delayed discharges as a potential patient harm. The level of delayed discharges we are currently experiencing is potentially incurring harm to emergency patients and those awaiting discharge in Cornwall every day and it is imperative that all parts of our health and care system take every possible action to address this.

We understand that the previous Kernow Clinical Commissioning Group transferred an additional £33m of NHS funding to Cornwall Council at the end of 2021/22 under an s256 transfer to support additional actions by the Council in 2022/23 to help address this challenge, however the position with delayed discharges continues to deteriorate and it is not clear how this very significant additional resource has been allocated. Our system also reached agreement in April 2022 to implement the national Department of Health and Social Care guidance on discharging home patients who require domiciliary care (ie 'P1' patients) for their assessment and care to be undertaken and put in place at home, rather than waiting in hospital. Despite this system agreement, the significant number of P1 patients waiting in hospital beds for their assessment and care packages to be put in place across our system has not decreased.

In progressing our ICB priorities and the 10 high impact changes required by NHS England, we would request five overarching actions from our Integrated Care Board colleagues and other system partners to support this exceptional challenge facing our acute hospital and ambulance services in our region and enable health and care to be delivered at the most appropriate place:

- Rapid implementation across all parts of our system of the 10 high impact actions identified by NHS England
- Agreement, accountability, rapid implementation and reporting of system actions to reduce the number of externally delayed patients (ie P1, P2, P3 patients and patients waiting for community hospital beds) occupying Royal Cornwall Hospitals NHS Trust beds to no more than a total of no more than 50 patients by 1 September 2022
- Agreement, accountability, implementation and reporting of actions to further reduce this to no more than a total of 50 externally delayed patients (P1, P2 and P3 patients across both RCHT and CFT hospital beds and RCHT patients waiting for community hospital beds) by 1 January 2023
- Clarity, transparency and regular reporting on the allocation and prioritisation of the additional £33m s256 NHS funding to ensure it is deployed in the most impactful way to urgently create community capacity to address this discharge challenge.
- If the additional £33m s256 transfer, better care fund, and other resources do not have the impact of reducing to no more than 50 externally delayed patients in RCHT by 1 September, a reallocation of resourcing to enable RCHT to open additional 50 hospital beds prior to the winter

RCHT is a core partner within our ICB and we are absolutely committed to progressing all of the actions we can take, and also to work tirelessly in partnership with all other parts of our health and care system to play our role in transforming our health and care system.

Kind regards



Mairi McLean  
Chair of the Board



Steve Williamson  
Chief Executive and Accountable Officer

cc via email:

Debbie Richards, Chief Executive, Cornwall Council ([debbie.richards14@nhs.net](mailto:debbie.richards14@nhs.net))

Will Warrender, Chief Executive, South West Ambulance Service NHS Foundation Trust ([william.warrender@swast.nhs.uk](mailto:william.warrender@swast.nhs.uk))

Kate Kennally, Chief Executive, Cornwall Council ([kate.kennally@cornwall.gov.uk](mailto:kate.kennally@cornwall.gov.uk))

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