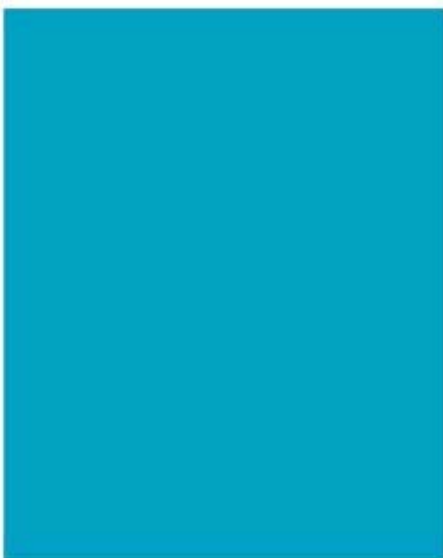


Delayed Transfers of Care Statistics for England 2012/13



Delayed Transfers of Care Statistics for England

2012/13 Annual Report

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Prepared by

Analytical Service (Operations)

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Executive Summary

- In 2012/13, the daily average number of delayed transfers of care per 100,000 population (aged 18+) was 9.5, which compares to 9.7 in 2011/12.
- In 2012/13, the daily average number of delayed transfers of care attributable to social care (and both) per 100,000 population (aged 18+) was 3.3, which compares to 3.7 in 2011/12.
- There were a total of 1,383,537 delayed days in 2012/13, which represents 3.1% of all occupied bed days, including non-consultant led beds. This was the same in 2011/12.
- The proportion of delays attributable to the NHS has increased throughout the year. In quarter 4 of 2011/12, 64% of all delays were attributable to the NHS, which increased to 66% in quarter 4 of 2012/13.
- Patients waiting for further non-acute NHS care is the main reason for delays. This caused 20% of delays during the year.
- The number of acute care delays has increased throughout the year. In quarter 4 of 2011/12, 59% were acute care delays, which increased to 61% in quarter 4 of 2012/13.

1. Introduction

- 1.1. This report presents a summary of English delayed transfers of care statistics up to March 2013.
- 1.2. A delayed transfer of care from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart from such care and is still occupying a bed. Reducing Delayed Transfers of Care is at the heart of the challenge of delivering integrated services, especially continuity of care for older people in hospitals.
- 1.3. No one should be made to stay in hospital longer than necessary. The NHS and social care must work together to ensure patients have the support they need on leaving hospital. The new Clinical Commissioning Groups will bring together GPs, specialist doctors and nurses to shape the best joined-up local care for patients, helping to avoid unnecessary delays. Being delayed in hospital can lead to a loss of mobility, mental and physical function, and ultimately a person's independence and ability to return to work or their home. Such delays can also affect wider service delivery and performance across the whole health and social care system.
- 1.4. Delayed Transfers of Care is part of the Adult Social Care Outcomes Framework (ASCOF), which is a tool used to monitor the state of adult social care both locally and nationally. Nationally, ASCOF intends to give an indication of the strengths of social care, which will support the Government in reporting to the public and parliament, and influence policy development. Locally, ASCOF is intended to enable comparisons between different areas such as councils, and for outstanding performers to share learning and best practice. Further details are available:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/141642/ASCOF_2013_Handbook.pdf
- 1.5. In the 2010 Spending Review, the Government allocated £7.2 billion over four years for adult social care. This included money transferred from the NHS in each year. The White Paper, Caring for our future: reforming care and support, announced a further £300 million over 2 years from the NHS. Additional funding of £300m per year to 2014/15 is also available to support reablement and timely and safe hospital discharge. Further details are available in annex 5.3.
- 1.6. The Government will be remaking and updating the provisions of the Community Care (Delayed Discharges) Act 2003 in the Care Bill, currently before Parliament.
- 1.7. The Government Statistical Service (GSS) statistician with overall responsibility for the data in this report is:

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Analytical Service (Operations),
NHS England
Room 8E10, Quarry House, Quarry Hill, Leeds LS2 7UE
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2. Key Terms

The following are key terms used in this report. For a more comprehensive list of terminology please see the glossary in the Annex.

2.1. Delayed Day

A delayed day occurs when a patient has been delayed one day after they were medically fit to be transferred/discharged. If the patient is delayed for a further day, then another delayed day occurs. The total number of delayed days for a single patient is the number of days from when they were medically ready to be transferred to the date they were transferred or discharged.

2.2. Delayed Transfer of Care (DTOC)

A delayed transfer of care occurs when a patient is deemed medically fit to depart from their current care, but is unable due to non-clinical reasons.

2.3. Local Authority measure

The Local Authority measure is the average number of patients delayed on any given day, as a proportion of the population. This is the main measure used throughout this report and is residence based.

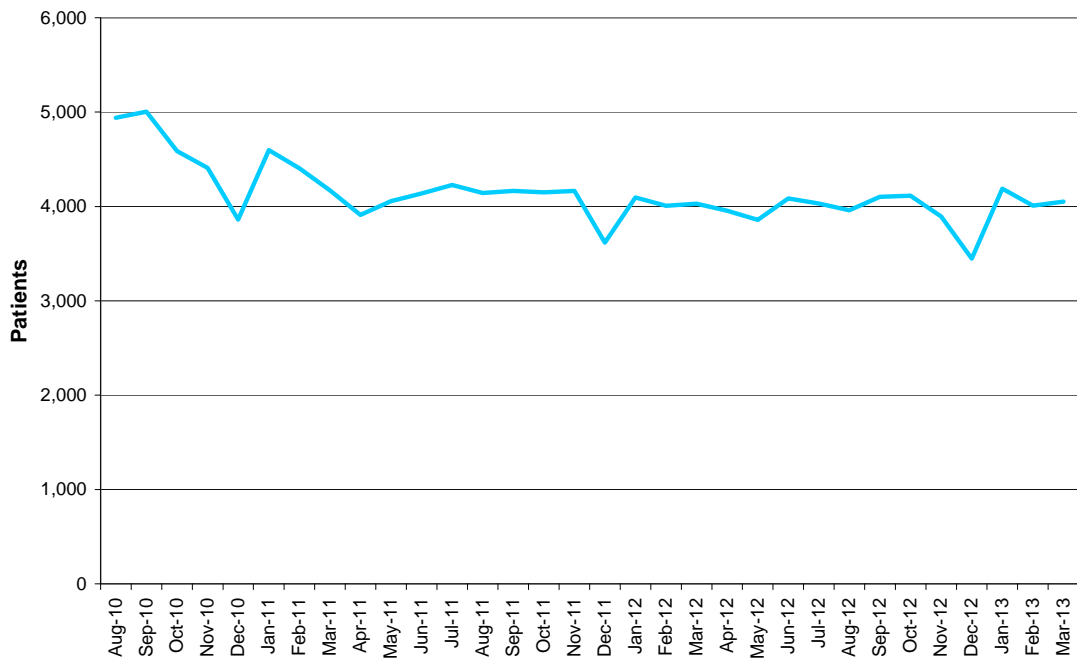
2.4. Provider measure

The provider measure is the average daily number of bed days lost due to delayed transfers of care, as a proportion of the daily average number of occupied bed days.

3. National Trends

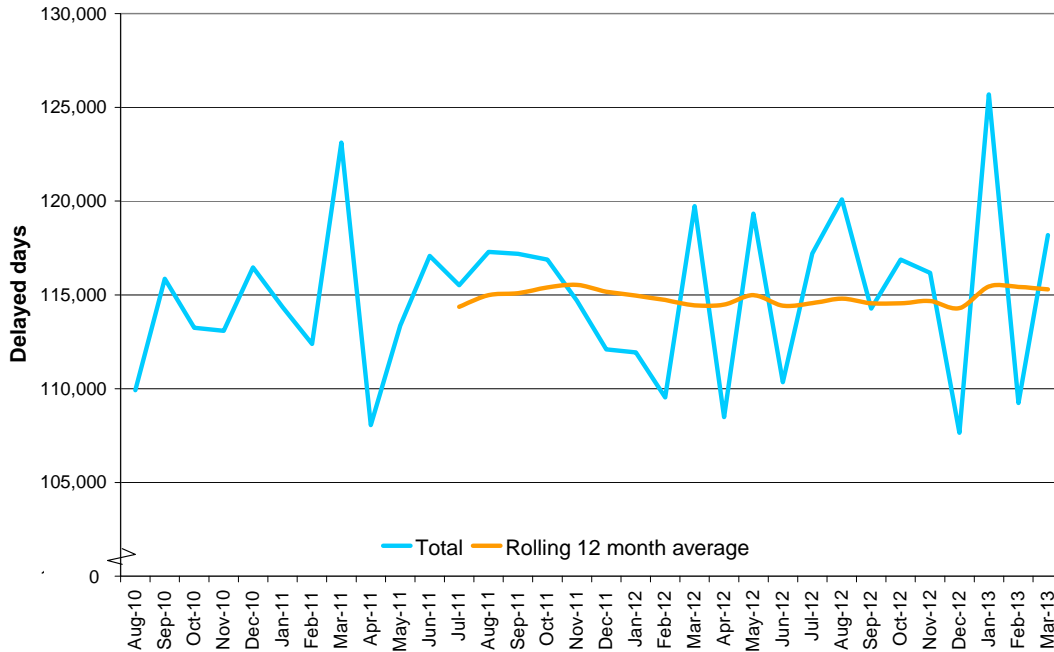
- 3.1. This section analyses monthly DTOC data that has been collected and published since August 2010.
- 3.2. The number of patients experiencing a delay on the last Thursday of each month has remained stable throughout 2012/13. The only exception is the December snapshot, which is seasonally low due to bank holidays (Chart 1).

Chart 1: Number of patients delayed at midnight on the last Thursday of each month



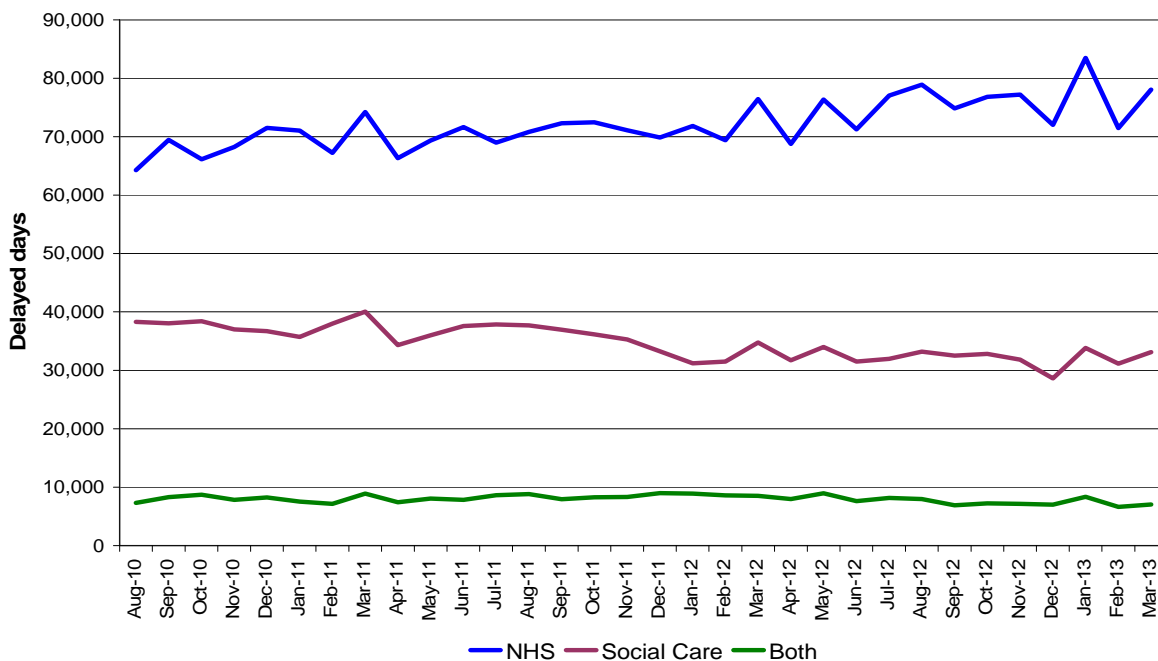
3.3. The number of delayed days can fluctuate greatly from month to month. However, the underlying trend, shown by the 12 month rolling average has been fairly stable over the past year (Chart 2).

Chart 2: Total number of delayed days



3.4. From August 2010, the total number of delayed days attributable to each organisation/sector has been changing gradually. During 2012/13, there has been an increase in the number of delays attributable to NHS (Chart 3).

Chart 3: Total number of delayed days attributable to each organisation



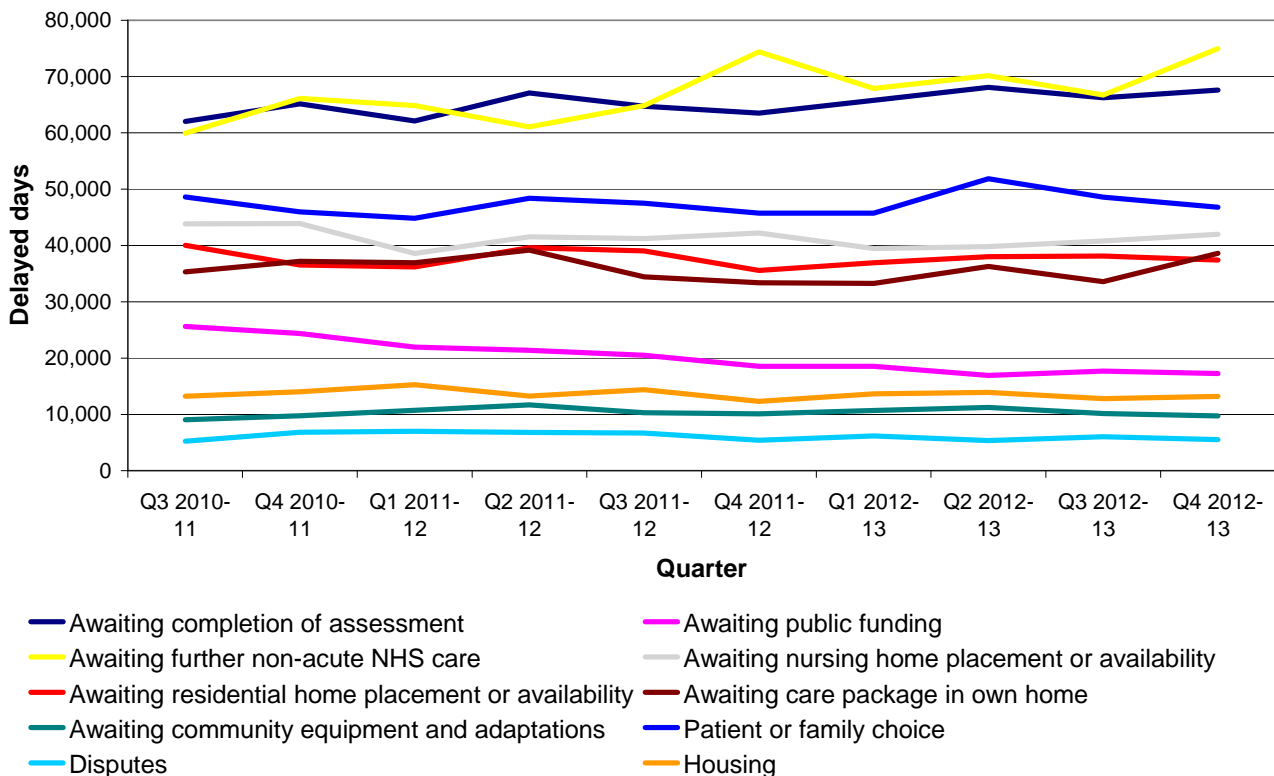
3.5. By considering the proportion of delays attributable to each organisation/sector, it becomes clear a greater proportion of delays have become attributable to the NHS. In quarter 4 of 2011/12, 63.8% of the delays were attributable to the NHS, which increased to 66.0% in quarter 4 of 2012/13 (Table 1).

Table 1: Proportion of delayed days attributable to each organisation

Quarter	NHS	Social care	Both
2010/11 Q3	60.1%	32.7%	7.2%
2010/11 Q4	60.7%	32.5%	6.7%
2011/12 Q1	61.2%	31.9%	6.9%
2011/12 Q2	60.6%	32.1%	7.3%
2011/12 Q3	62.1%	30.5%	7.4%
2011/12 Q4	63.8%	28.6%	7.6%
2012/13 Q1	64.0%	28.8%	7.3%
2012/13 Q2	65.6%	27.8%	6.6%
2012/13 Q3	66.3%	27.4%	6.3%
2012/13 Q4	66.0%	27.8%	6.2%

3.6. From August 2010 onwards, the underlying trend in each type of reason for delay has been relatively stable. There has been a slight increase in delays due to patients awaiting further non-acute NHS Care and a slight decrease in delays due patients to awaiting public funding.

Chart 4: Total number of delayed days by reason



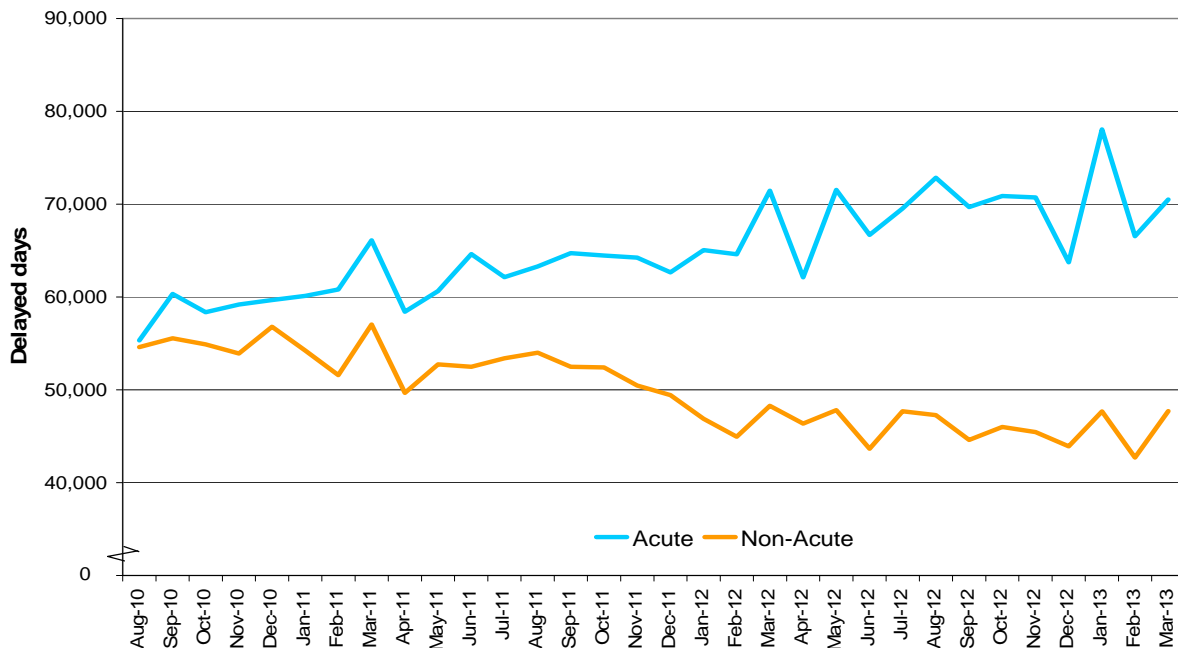
3.7. Patients awaiting further non-acute NHS care was the main reason for the highest proportion of delays in 2012-13 with 20.2% of all delays.

Table 2: Total delayed days by reason for 2012-13

Reason	Delayed days	Proportion of total delays
Awaiting further non-acute NHS care	279,736	20.2%
Awaiting completion of assessment	267,703	19.3%
Patient or family choice	192,959	13.9%
Awaiting residential home placement or availability	162,056	11.7%
Awaiting nursing home placement or availability	150,445	10.9%
Awaiting care package in own home	141,705	10.2%
Awaiting public funding	70,426	5.1%
Housing	53,584	3.9%
Awaiting community equipment and adaptations	41,789	3.0%
Disputes	23,134	1.7%

3.8. Since August 2010, the number of acute care delays has been gradually increasing (Chart 6), while the number of non-acute delays has decreased. However, during 2012/13 the number of non-acute delays has begun to stabilise.

Chart 6: Total number of delayed days by type from August 2010 onwards



3.9. The proportion of delays that were acute care delays has increased from 58.9% in quarter 4 2011/12 to 60.9% in quarter 4 2012-13.

Table 3: Proportion of delays occurring in acute and non-acute care

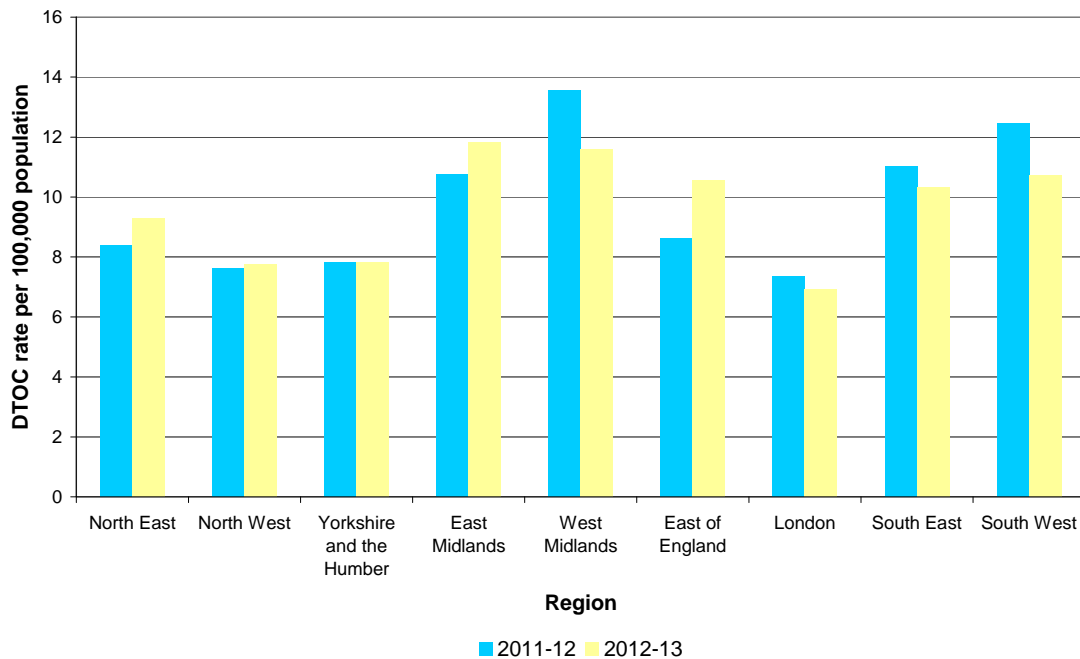
Quarter	Acute care	Non-acute care
2010/11 Q3	51.7%	48.3%
2010/11 Q4	53.5%	46.5%
2011/12 Q1	54.3%	45.7%
2011/12 Q2	54.3%	45.7%
2011/12 Q3	55.7%	44.3%
2011/12 Q4	58.9%	41.1%
2012/13 Q1	59.2%	40.8%
2012/13 Q2	60.3%	39.7%
2012/13 Q3	60.3%	39.7%
2012/13 Q4	60.9%	39.1%

4. Current Performance

4.1. Regional Comparison

- 4.1.1. The performance of different regions of England can be compared through the daily average number of delayed transfers of care per 100,000 population (aged 18+). This indicator is part of the Adult Social Care Outcomes Framework (ASCOF).
- 4.1.2. In 2012/13, the national daily average rate of delayed transfers of care for all delays was 9.5, which compares to 9.7¹ in 2011-12.
- 4.1.3. There is less regional variation in the daily rate of delayed transfers of care per 100,000 in 2012/13, where rates ranged from 6.9 to 11.8. This compares to 2011/12, where rates ranged from 7.3 to 13.5 (Chart 7).

Chart 7: Daily DTOC rate for all delays by region for 2011/12¹ and 2012/13

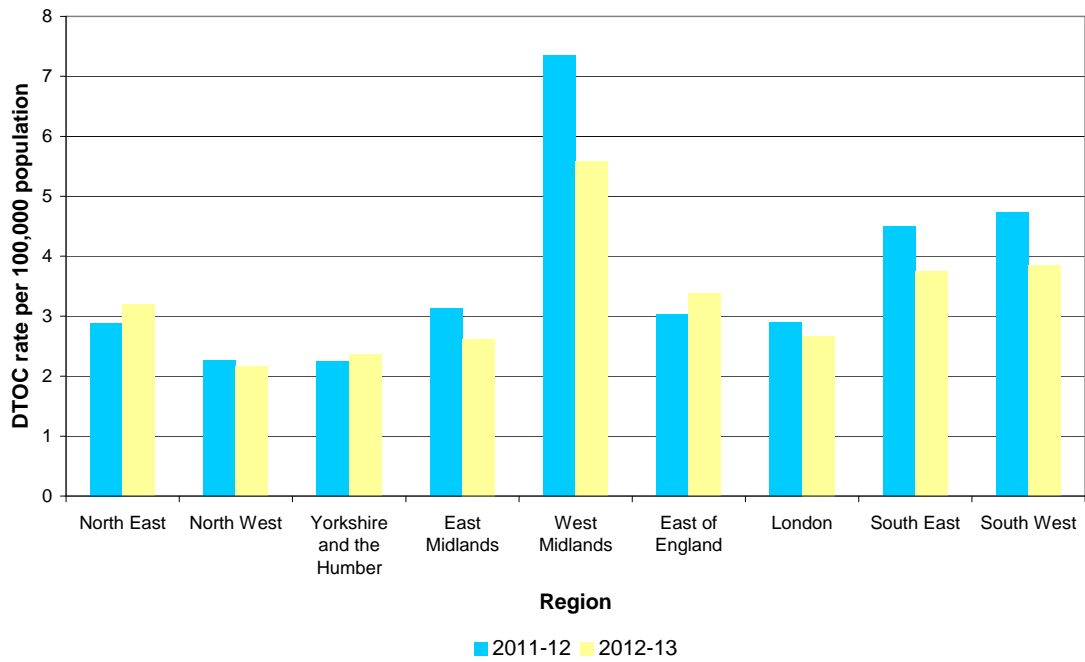


¹ 2011 ONS Population estimates have been used in the above calculations for both years.

4.1.4. In 2012/13 the national daily average rate of delayed transfers of care attributable to social care (and both) was 3.3, which compares to 3.7¹ in 2011/12.

4.1.5. There is less regional variation in the daily rate of delayed transfers per 100,000 attributable to social care in 2012-13, where rates ranged from 2.2 to 5.6. This compares to 2011/12, where rates ranged from 2.2 to 7.4 (Chart 8).

Chart 8: Daily DTOC rate for social care delays by region for 2011/12¹ and 2012/13

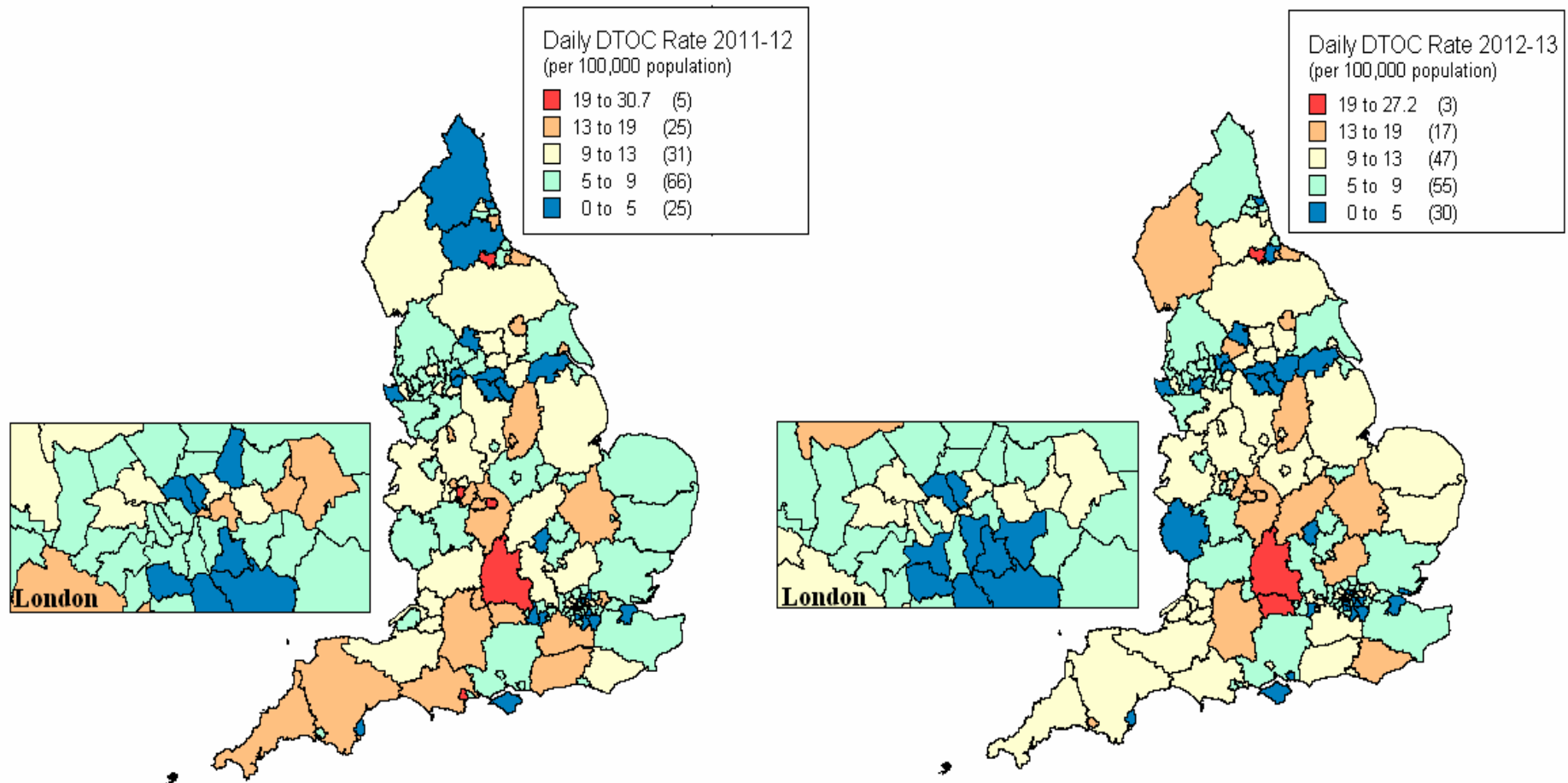


¹ 2011 ONS Population estimates have been used in the above calculations for both years.

4.2. Local Authority Comparison

4.2.1. There is regional variation between Local Authorities in the daily rate of delayed transfers of care for all delays across England. On average, the performance of Local Authorities was better in 2012/13 than in 2011/12 (Chart 9).

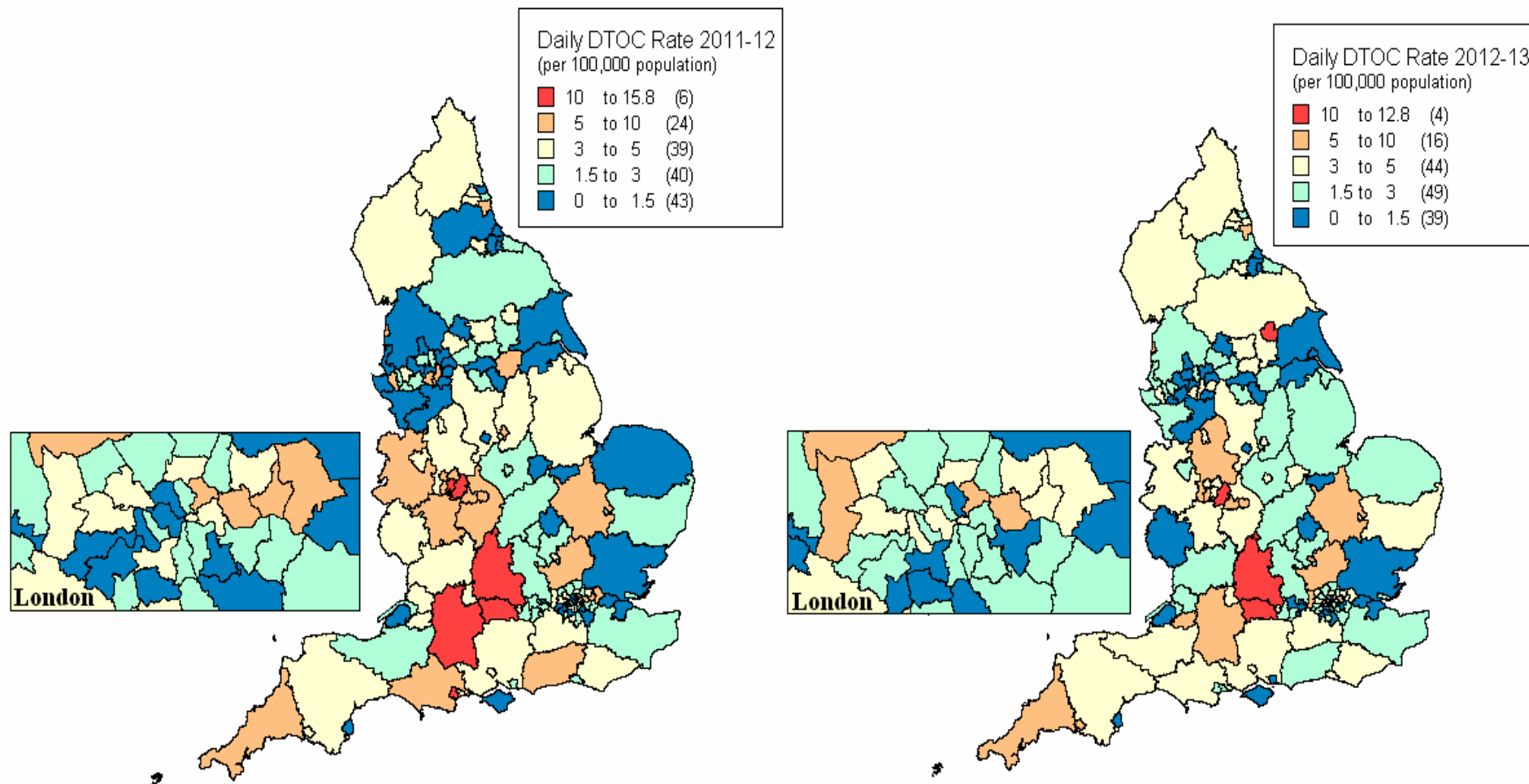
Chart 9: Daily DTOC rate attributable to all delays by Local Authority for 2011/12 and 2012/13



Rates for individual Local Authorities are published here:
<http://www.england.nhs.uk/statistics/delayed-transfers-of-care/>

4.2.2. There is regional variation between Local Authorities in the daily rate of delayed transfers of care attributable to social care across England. On average, the performance of Local Authorities was better in 2012/13 than in 2011/12 (Chart 10).

Chart 10: Daily DTOC rate attributable to Social Care by Local Authority for 2011/12 and 2012/13



Rates for individual Local Authorities are published here:
<http://www.england.nhs.uk/statistics/delayed-transfers-of-care/>

4.3. Provider Performance

4.3.1. At national level, there were 1,383,537 delayed days in 2012/13, which represents 3.1% of all occupied bed days, including non-consultant led beds.

4.3.2. However, there is variation between Strategic Health Authorities (SHAs), where the figure ranges from 2.1% to 4.6% (Chart 11).

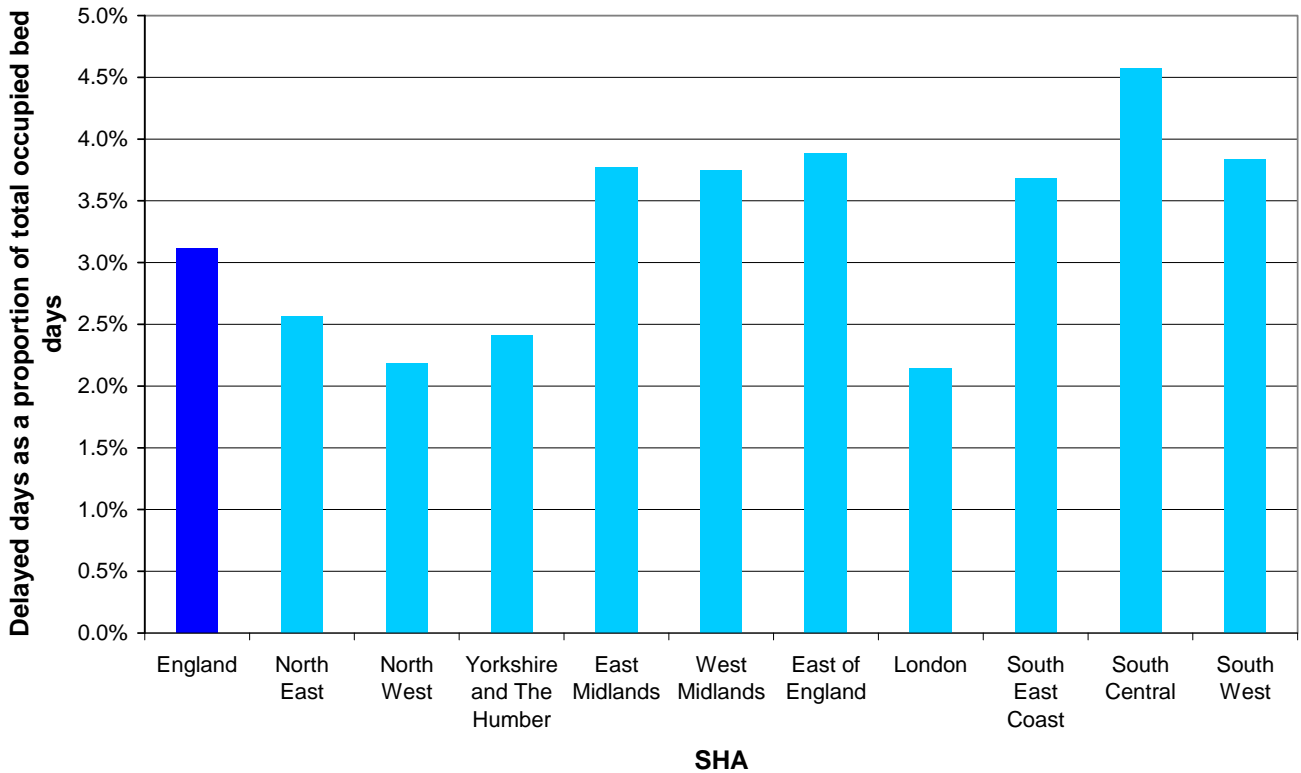


Chart 11: Delayed days as a proportion of occupied bed days by SHA for 2012-13

5. Annex

5.1. Methodology

5.1.1. NHS England compiles monthly delayed transfers of care data through a central return that is split into two parts:

- Patient Snapshot: This collects the number of patients whose transfer of care is delayed at midnight on the last Thursday of each month (census day).
- Total Delayed Days: This collects the total number of delayed days within the month. This part will therefore include patients that were delayed at the time of the snapshot, plus in addition other patients, who were delayed during the month, but were not delayed at the time of the snapshot.

5.1.2. A delayed transfer of care is then categorised as follows by:

- The type of care the patient receives – acute or non-acute;
- The organisation responsible for the delay – NHS, Social Care or Both; and
- The reason for delay.

5.1.3. NHS Trusts, NHS Foundation Trusts, Primary Care Trusts and Social Enterprises submit data monthly to NHS England via Unify2. Unify2 is NHS England's standard online tool for the collection and sharing of NHS performance data. Data is submitted against Local Authorities in which each delayed patient resides. Once data is submitted is signed-off, NHS England performs central validation checks to ensure good data quality.

Data availability

5.1.4. Delayed transfers of care data are published to a pre-announced timetable, roughly 4 weeks after the end of the reference month. Publication occurs on a Friday and the data is published on the NHS England website here:

<http://www.england.nhs.uk/statistics/delayed-transfers-of-care/>

Data coverage

5.1.5. The delayed transfers of care return has ROCR (Review of Central Returns) and Monitor approval and therefore data submission is mandatory for all NHS trusts that provide in-patient services. Where NHS services have transferred to Independent Sector providers, these organisations also submit delayed transfers of care data.

5.1.6. Occasionally a provider organisation is unable to submit delayed transfers of care in time for monthly publication, for example, due to technical issues such as the impact of introducing a new computing system. Provider organisations are encouraged to report data retrospectively for the missing month(s) as part of the regular revisions process (see 4.1.8). The following data from provider organisations are currently missing for the period August 2010 to March 2013:

- October 2010 – Blackpool Teaching Hospitals did not submit any data;
- May 2011 – Oxfordshire Learning Disability NHS Trust did not submit any data;
- August 2012 – Bridgewater Community Healthcare NHS Trust did not submit any data.

- 5.1.7. The impact of missing data from these few provider organisations has minimal impact at England level.

Data revisions

- 5.1.8. Revisions to published figures are released on a six-monthly basis and in accordance with the NHS England Analytical Service (Operations) team's revision policy. The revisions policy can be found here:
<http://www.england.nhs.uk/statistics/code-compliance/#Unifypolicy>
- 5.1.9. The most recent set of revisions were published on the 26 April 2013. The delayed transfers of care data contained in this report is subject to further revision.
- 5.1.10. NHS England may receive and publish revisions to Delayed Transfers of Care data contained in the 2012/13 annual statistical report, as part of the next 6-monthly revisions round. However, this annual report will not be updated and re-released to take into account any future changes.

Data comparability

- 5.1.11. Monthly data has been published since August 2010. Prior to August 2010, data was collected weekly and was un-validated management information.
- 5.1.12. The data can also be compared to delayed transfers of care data from Wales, collected by the Welsh Government and data from Scotland, collected from Information Services Division (ISD) Scotland.
- 5.1.13. The Welsh Government collects and publishes delayed transfers of care data on a monthly basis. They collect a monthly snapshot of the number of patients delayed on the census day. This data is then split by reason, delay stage and length of delay. These statistics are published at:
<https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/NHS-Performance/Delayed-Transfers-of-Care>
- 5.1.14. ISD Scotland publish a quarterly census, which is a snapshot of the total number of patients delayed on the census day. This is then split by reason and length of delay. ISD Scotland have also started to publish the total number of bed days lost due to a delayed transfer of care in each quarter from the start of 2012/13. Data can be found here:
<http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/>

5.2. Calculating Performance Indicators

- 5.2.1. The Local Authority based performance indicator used in this report is the daily average number of delayed transfers of care per 100,000 population (aged 18+). It is calculated as follows:

$$\left(\frac{X}{Y}\right) \times 100,000$$

In the above calculation, X is the average number of delayed transfers of care (for those aged 18 and over) on a particular day taken over the year. This is the average of the 12 monthly patient snapshots. Y is the size of adult population in the area (aged 18 and over). 2011 ONS population estimates have been used that are based upon the 2011 census when calculating the rate for 2011/12 and 2012/13. This is because the 2012 population estimates are not available at the time of publication. The overall rate for England is calculated by aggregating all 152 Local Authorities (and excludes patients that do not reside in England).

- 5.2.2. The provider based performance indicator is average number of delayed transfers of care per day as a proportion of the average number of occupied beds per day. It is calculated as follows:

$$\left(\frac{X/365}{Y/365}\right)$$

In the above calculation, X is the total number of delayed days throughout the year. Y is the total number of occupied bed days throughout the year, calculated by summing the number of consultant-led occupied bed days (KH03) and non-consultant-led occupied bed days (QNC) returns. This is usually expressed as a percentage. Please note that 366 should be used instead of 365 if calculating the indicator over a leap year.

5.3. Breakdown of money transferred to Social Care

£ million	2010/11	2011/12	2012/13	2013/14	2014/15
Funding for commissioners to transfer to Social Care (announced in spending review)	-	648	622	759	700
Winter Pressures Money (announced in-year)	162	150	100	-	-
Additional funding announced in white paper	-	-	-	100	200
Further funding of £300m per year to support reablement and timely and safe hospital discharge	70	150	300	300	300
Total NHS Resources for Social Care	232	948	1,022	1,159	1,200

5.4. Glossary

Bed day

For wards open overnight an occupied bed day is defined as one which is occupied at midnight on the day in question. Only overnight beds are included when calculating the provider based indicator.

Local Authority

Data is collected against each of the 152 Local Authorities with social services responsibility. In some areas, there is a county council responsible for social services, whereas in other areas, several district councils are responsible for social services.

Reason for Delay

The reason that the patient in question is experiencing a delayed transfer of care. For example, the patient is awaiting a nursing home placement or availability.

Regions (Former GORs)

Government Offices for the Regions were established across England in 1994 and are built up of complete counties/unitary authorities. After the Comprehensive Spending Review, it was confirmed that the GORs would close on 31 March 2011, shifting focus away from regions to local areas. However, to maintain a regional level geography for statistical purposes, the GSS Regional and Geography Committee agreed that from 1 April 2011, the former GORs should be referred to as 'Regions'. These areas retained the names, codes and boundaries of the former GORs.

Responsible Organisation

The organisation that is responsible for delaying a patient's transfer. This can be either the NHS, social care or both. For example, if the patient is awaiting a NHS continuing healthcare assessment, then NHS is the responsible organisation.

Patient Snapshot

The number of patients experiencing a delayed transfer of care at midnight on the last Thursday of the reporting month (census day).

Provider

An organisation that provides NHS treatment or care, for example, an NHS acute trust, mental health trust, community provider, or an independent sector organisation.

Strategic Health Authority (SHA)

England was split into ten SHAs, which were dissolved on 31 March 2013. SHAs were responsible for planning improvements to health services in their local area and ensured that national priorities were integrated into local health service plans.

Total Delayed Days

The total number of bed days that have been lost due delayed transfers of care.

Type of Care

The type of care that the patient in question is receiving. This can be either acute or non-acute care.

5.5. Feedback Welcomed

We welcome feedback on the content and presentation of delayed transfers of care statistics within this annual statistical report and those published on the NHS England website. If anyone has any comments on this, or any other issues regarding delayed transfers of care data and statistics, then please email Unify2@dh.gsi.gov.uk

5.6. Additional Information

Full details of delayed transfers of care data for individual organisations are available at: <http://www.england.nhs.uk/statistics/delayed-transfers-of-care/>

For press enquiries please e-mail the NHS England media team at nhscb.media@nhs.net or call 07768 901293

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