

Monthly Delayed Transfer of Care SitReps

Definitions and guidance

Version 1.08

Version control

Version	Date issued	Changes made
1.00	18 December 2006	
1.01	31 March 2008	<ul style="list-style-type: none"> • Indicator of response to pressures on system (G1) has been removed from the collection. • The derived fields have been removed from the guidance. • Cat A and B details recorded lines are now voluntary. • New line added - number of category B calls responded to within 19 minutes of call connection to control room.
1.02	18 January 2010	<ul style="list-style-type: none"> • Paediatric Critical Care fields have been updated to Paediatric Intensive Care. • Paediatric Intensive Care definitions have been updated.
1.03	21 July 2010	<ul style="list-style-type: none"> • Updated contacts. • Removed Trust and Ambulance Guidance. • Updated definition of Reason C.
1.04	29 Nov 2010	<ul style="list-style-type: none"> • Revised to make the definitions clearer to avoid confusion and misinterpretation.
1.05	21 Mar 2011	<ul style="list-style-type: none"> • Examples added.
1.06	13 July 2011	<ul style="list-style-type: none"> • Correction to examples.
1.07	8 April 2013	<ul style="list-style-type: none"> • Removed references to PCTs and SHAs. • Revised to make the definitions clearer to avoid confusion and misinterpretation.
1.08	8 April 2015	<ul style="list-style-type: none"> • Revised to reflect the amendments made by the Care Act 2014 and its Regulations.

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Delayed transfers of care of acute and non-acute (including community and mental health) patients

1. Background

Information regarding delayed transfers of care is collected for acute and non-acute (including community and mental health) patients on the Monthly Delayed Transfers SitRep return. The focus of this return is to identify patients who are in the wrong care setting for their current level of need and it includes patients in all NHS settings irrespective of who is responsible for the delay.

Therefore, this guidance on the recording of delayed transfers applies to **both acute and non-acute** (including community and mental health) patients. This is irrespective of whether the delay is potentially reimbursable and which organisation is responsible for the delay. The data collected on this form should include all delays that occur.

Care Act 2014

This Monthly Delayed Transfers SitRep return has been amended to reflect changes made by the provisions of the Care Act 2014 and the Care and Support (Discharge of Hospital Patients) Regulations 2014 in relation to the reimbursement regime for delayed discharge of hospital patients with care and support needs.

This guidance should be read in conjunction with the new Care and Support Statutory Guidance issued under the Care Act. This can be found here:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf

The Act updates and re-enacts the provisions of the Community Care (Delayed Discharges etc.) Act 2003 that relate to delayed discharges of NHS hospital patients from acute care. The NHS is still required to notify relevant local authorities of a patient's likely need for care and support and (where appropriate) carer's support, where the patient is unlikely to be safely discharged from hospital without arrangements for such support being put in place first (an assessment notice). The NHS also has to give at least 24 hours' notice of when it intends to discharge the patient (a discharge notice). From 1 April 2015, if a local authority has not carried out an assessment or put in place care and support or (where applicable) carer's support, and that is the sole reason for the patient not being safely discharged, the NHS body has a discretion as to whether to seek **reimbursement from the relevant local authority** for each day an acute patient's discharge is delayed.

In contrast to the recording of delays, the assessment and discharge notifications required under the Care Act¹ only apply to NHS patients receiving **acute care**.

¹ See Schedule 3 to the Care Act and the Care and Support (Discharge of Hospital Patients) Regulations 2014 (S.I. 2014/2823)

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Given the different scope for SitRep reporting and Care Act notifications, relevant NHS bodies will need to monitor the following separately for acute and non-acute (including community and mental health) patients:

- Which local authority is responsible for each patient delayed
- Number of patients whose discharge is delayed – subdivided by responsible local authority
- Number of days delayed (including reimbursable days) – subdivided by responsible local authority
- Agency responsible for the delay (NHS, social services, or both)
- Reason for delay

Local monitoring will need to take place on a **daily** basis in order to calculate any reimbursement charges payable for any delays in discharges of acute care caused by a local authority not undertaking assessment or putting in place any arrangements to meet care and support in time.

SitRep returns for both acute and non-acute patients will continue only to be required on a **monthly** basis. However, daily monitoring should take place in order to record the number of delayed days each month for the SitRep. There may also be times, for example during winter, where this data would need to be reported daily.

The Delayed Transfers SitRep and reimbursement definitions of acute care are consistent in that they both refer to patients and not beds. Reimbursement applies to delays affecting those patients admitted for, and who have been receiving, acute care. In the understanding that acute care is not always provided from an acute bed, the focus of reimbursement stresses the type of care the patient has received at the hospital, not the bed he or she has been allocated to. The return covers patients in inpatient NHS beds.

2. Timing of Delayed Transfers SitRep

2.1 Monthly snapshot

Some items reported in the monthly SitRep are snapshots at a particular point in time (rather than a cumulative total during the period). The snapshot counts should report the position at midnight (24:00) on the last Thursday of the calendar month. In other words, the snapshot should be taken at the end of Thursday / start of Friday.

Snapshots at midnight on the last Thursday of the month are reported for the following items:

- **(a)** Number of patients whose transfer is delayed at midnight on the last Thursday of the month

2.2 Monthly total of all delayed days

This should include the delayed days for all patients delayed in the month, including patients not present at the time of the monthly snapshot. The monthly SitRep reporting period is a calendar month. The reporting period covers from 00.00 on the 1st calendar day of the month to 23:59 on the last calendar day of the month.

A total count between these times should be reported for the following items:

- **(b)** Number of days delayed within the month for **all** patients delayed throughout the month

3. Definition of a Delayed Transfer

A SitRep 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.

A patient is ready for transfer when:

- a. A clinical decision has been made that patient is ready for transfer **AND**
- b. A multi-disciplinary team decision has been made that patient is ready for transfer **AND**
- c. The patient is safe to discharge/transfer.

A multi-disciplinary team in this context includes nursing and other health and care and support professionals, caring for that patient.

Where delays occur for people of no fixed abode, the crucial issue is to identify the local authority responsible for providing them with care and support services. If they are admitted to hospital from a public place then the postcode of that place should be used to identify the responsible local authority.

For asylum seekers or other patients from overseas, they should be listed under the local authority in which they currently reside. It is the responsibility of the local authority to decide whether they are eligible for social services. The basic principle is that, where local authorities are responsible for providing care and support services for an individual, the NHS body may seek reimbursement for any delays attributable to social care should they wish to do so.

4. Number of Patients whose Transfer of Care is Delayed

The Monthly SitRep Delayed Transfers (MSitDT) return is split into two sections; one for non-acute patients and one for acute patients. The first question in both sections is on the number of patients whose transfer of care is delayed. This should be a snapshot count of the number of patients delayed at midnight on the last Thursday of the reporting period (a calendar month). Being a snapshot, it will only include patients that are currently delayed at that point in time (midnight on Thursday). The columns for this question are labelled (a).

Data in columns **(a)** - a snapshot at midnight on the last Thursday in the reporting month, of the number of patients currently delayed at that point in time. Therefore, this would not include any other patients that have been delayed in that month.

The number of patients whose transfer of care is delayed is also split by whom the delay is attributable to (attributable to NHS; attributable to Care and Support; and attributable to both) and the reasons for the delay (see Section 7).

All data must also be subdivided by the local authority responsible for the patient's care and support needs. This is the local authority where the patient is ordinarily resident or, if it appears that the patient is of no settled residence, the local authority in whose area the hospital is situated.

5. Number of Days Delayed within the Month

The MSitDT return is split into two sections; one for non-acute patients and one for acute patients. The second question in both sections is on the number of days delayed within the month. This should be the total number of 'delayed days' during the reporting period (a calendar month). This will include the days accrued by patients identified in the return as being delayed transfers at the time of the snapshot (a), plus any days accrued during the month for patients delayed at other points in the month. Please note that this includes weekends and public holidays. These rules apply for when a notice is deemed to have been received regardless of whether it is a week day, weekend or public holiday. This is to reflect the policy expectations that both the NHS and local authorities should have arrangements in place for providing services 7 days a week. The columns for this question are labelled (b).

Data in columns **(b)** - the total number of delayed days for **all** patients that have been delayed in the reporting month.

The number of delayed days in the month is also split by who the delay is attributable to (attributable to NHS; attributable to Social Care; and attributable to both) and the reasons for the delay (see Section 7). Only the number of delayed days attributable to care and support delays in respect of hospital patients receiving acute care will qualify for reimbursement charges.

For a delay to qualify as reimbursable, an 'Assessment Notice' under paragraph 1(1) of Schedule 3 and "Discharge notice' under paragraph 2(1) of Schedule 3 must be issued. Delays do not have to be reimbursed, or qualify for reimbursement, to count as Social Care delays.

All data must also be subdivided by the local authority that has care and support responsibility for the patient, which is the local authority where the patient ordinarily resides.

6. General Information

There is an expectation that delays to transfers of care will be minimised through the following steps:

- Discharge planning begins on admission to hospital or in the early stages of recovery
- There are no built-in delays in the process of deciding that a person will no longer benefit from acute care and is safe to be transferred to a non-acute (including community and mental health) setting
- That the NHS and Social Services will jointly review policies and protocols around discharge, including handling of choice of accommodation; and have systems and processes for assessment, safe transfer and placement, as part of their capacity planning
- These steps should be guided by good professional practice and safe, person-centred transfers. Although an acute ward is not appropriate once an acute episode is over, joint planning is needed to ensure that appropriate care is available in other settings.

These figures are being collected for all adults (over 18s) in the Monthly Delayed Transfer of Care SitReps (MSitDT).

7. Reasons for Delayed Transfer of Care

Both the number of patients whose transfer of care is delayed (a) and the number of days delayed within the month (b) are subdivided by the reasons for delay:

	Attributable to NHS	Attributable to Social Care	Attributable to both
A. Awaiting completion of assessment	✓	✓	✓
B. Awaiting public funding	✓	✓	✓
C. Awaiting further non-acute (including community and mental health) NHS care (including intermediate care, rehabilitation services etc)	✓	✗	✗
D i). Awaiting residential home placement or availability	✓	✓	✗
D ii). Awaiting nursing home placement or availability	✓	✓	✓
E. Awaiting care package in own home	✓	✓	✓
F. Awaiting community equipment and adaptations	✓	✓	✓
G. Patient or Family choice	✓	✓	✗
H. Disputes	✓	✓	✗
I. Housing – patients not covered by Care Act	✓	✗	✗

A patient should only be counted in ONE category of delay, this category should be the one most appropriately describing their reason for delay and total numbers allocated to reasons for delay should equal the number of patients delayed. The table also shows which reasons can be attributed to NHS, social care and both.

On the other hand, the delayed days for a given patient can be split across the reasons for the delay. For example, if the total length of delay is 10 days, the first two days were due to waiting for the assessment to be completed and the following eight days were due to waiting for a nursing home placement, then the delayed days will be split across reason A and Dii.

Data for the indicators covering reasons for delay should include ALL adults who have been receiving treatment and are awaiting discharge, not just those aged 75 and over.

A) Delay awaiting assessment

All patients whose transfer is delayed due to them awaiting completion of an assessment of their future care needs and an identification of an appropriate care setting. This can include any assessment by health and/or social care professionals of a patient's future care needs. Therefore, delays can be due to either: NHS, Social Services or a combination of both. NHS bodies will want to identify with their Social Services partners where in the process, and why, delays are occurring.

NHS bodies need to monitor locally the amount of time taken to arrange assessment. Good practice would suggest this process should be in place prior to the decision to discharge being made.

B) Delays awaiting public funding

All patients whose assessment is complete but transfer has been delayed due to awaiting Social Services funding (e.g. for residential or home care), or NHS funding (e.g. for nursing care or continuing healthcare). This should also include cases where Social Services and NHS have failed to agree funding for a joint package or an individual is disputing a decision over fully funded NHS continuing care in the independent sector. It does not include delays due to arranging other NHS services (residential or community) – see below.

C) Delay awaiting further NHS care, including intermediate care

All patients whose assessment is complete but transfer is delayed due to awaiting further NHS care, i.e. any non-acute (including community and mental health) care, including intermediate care. Also continuing health care fully funded by the NHS in the independent sector. It also includes where a decision has been made to defer a decision on continuing health care eligibility, and to provide NHS-funded care (in a care home, the patient's own home or other settings) until an eligibility decision is made but the transfer into this care is delayed.

Acute delayed transfers of care:

Include all delays of patients leaving acute care. This includes patients waiting to move to non-acute care within the same NHS body. Do **not** include delays of patients continuing to receive acute care moving from one bed to another, even if these beds are in different NHS bodies.

Non-acute (including community and mental health) delayed transfers of care:

Include all delays of patients leaving non-acute (including community and mental health) care. This includes patients waiting to move to other types of non-acute (including community and mental health) care within the same NHS body. Do **not** include delays of patients continuing to receive the same type of non-acute (including community or mental health) care moving from one bed to another, even if these beds are in different NHS bodies.

These should not include delays in providing NHS-funded care provided in the patient's own home, such as that provided by a District Nurse (rather than a conscious decision to defer consideration of eligibility for continuing health care). These delays should be recorded under 'E' – delay due to awaiting care package in own home. See below for details.

D) Delay awaiting Residential/Nursing Home Placement/Availability

All patients whose assessment is complete but transfer is delayed due to awaiting Nursing/Residential home placement, because of lack of availability of a suitable place to meet their assessed care needs.

This does not include patients where Social Services funding has been agreed, but they or their family are exercising their right to choose a home under the Direction on Choice. These patients should be counted under category G.

E) Delay due to awaiting care package in own home

All patients whose assessment is complete but transfer is delayed due to awaiting a package of care in their own home.

The delay should be logged as the responsibility of the agency responsible for providing the service that is delayed. This should be possible to ascertain even where agencies operate in partnership, as statutory responsibilities for care do not change under partnership arrangements. NHS input to a home care package might include the services of a district nurse or CPN, an occupational therapist or physiotherapist.

The 'further non-acute (including community and mental health) NHS care' box should be used to record NHS services where these are not provided in the patient's home, examples of which might include intermediate care, rehabilitative care, care provided in a community hospital, or fully-funded NHS continuing care.

The delay should *only* be logged as the responsibility of *both* agencies where both NHS and local authority services are delayed.

F) Delays due to awaiting community equipment and adaptations

All patients whose assessment is complete but transfer is delayed due to awaiting the supply of items of community equipment. (Note that from 1 April 2015, the Care and Support (Charging and Assessment of resources) Regulations 2014 stipulate that all items of community equipment and minor adaptations must be provided free of charge.)

Where equipment is provided via a service delivered in partnership between the NHS and the local authority, it should nonetheless be possible to identify the cause of any delay, and the parties responsible. Where delays are solely the responsibility of the local authority, such delays should be included in the attributable to social care columns.

G) Delay due to patient or family exercising choice

All patients whose assessment is complete and who have been made a reasonable offer of services, but who have refused that offer. It would also include delays incurred by patients who will be funding their own care e.g. through insisting on placement in a home with no foreseeable vacancies.

Note that the Direction on Choice should not be used as a reason to delay a patient's discharge. The provisions of the Direction on Choice continue to apply to patients leaving hospital for a place in a care home. Health and care and support systems should put in place locally agreed protocols on patient information incorporating how the issue of patient choice will be dealt with. These should make it clear that an acute setting is not an appropriate place to wait and alternatives will be offered.

Where social services are responsible for providing services and a person's preferred home of choice is not immediately available, they should offer an interim package of care. All interim arrangements should be based solely on the patients assessed needs and sustain or improve their level of independence. If no alternative is provided which can meet the patient's needs, social services are liable for reimbursement.

Where patients have been offered appropriate services, either on an interim or permanent basis, by the local authority but are creating an unreasonable delay as above, such delays are not held to be the responsibility of the local authority and thus do not incur reimbursement charges. The responsibility for discharging the patient reverts to the NHS body. Such delays should be recorded in the column 'Attributable to the NHS'.

H) Disputes

This should be used only to record disputes between statutory agencies, either concerning responsibility for the patient's onward care, or concerning an aspect of the discharge decision, e.g. readiness for discharge or appropriateness of the care package.

Disputes may **not** be recorded as the responsibility of both agencies. NHS bodies and local authorities are expected to operate within a culture of problem solving and partnership, where formal dispute is a last resort. The patient should not be involved in the dispute, and should always be cared for in an appropriate environment throughout the process.

Accordingly, frontline staff should allocate responsibility for the patient's care to one organisation, who may then take the dispute to formal resolution without involving the patient or affecting his/her care pathway. The delay should be recorded as the responsibility of the agency that is taking interim responsibility for the patient's care.

Where a delay is caused because of a patient's disagreement with an aspect of the care package or decision to discharge, this should **not** be listed under disputes but recorded under patient choice.

For example, a disagreement with the decision to discharge would be listed as NHS responsibility, assessment. If a patient had been offered a care package in their own home and they felt they should be offered a residential care placement, it would be listed under social services responsibility, residential care.

I) Housing – patients not covered by the Care Act

The Care Act emphasises the importance of local authorities and housing providers working together to provide suitable accommodation in order to meet people's needs for care and support. If there are delays in arranging the interim placement, the reason for delay should be recorded under that of the delayed interim package (e.g. residential care, care package in own home).

However, some patients delayed for housing reasons may not be eligible for care and support services and therefore are not the responsibility of social services. Examples could be asylum seekers or single homeless people.

Accordingly, a box covers housing delays **where these relate to people who are not eligible for care and support**. All other patients with long-term housing delays should be found an interim placement, and any delays in arranging this logged under the care package they are waiting for as discussed above.

The focus of the form is on delays to patients leaving the medical environment. Where patients are eligible for community care services, and major home adaptations or alternative housing arrangements are needed for safe discharge, social services staff should inform and work with housing counterparts to arrange the necessary services. Remaining in a medical setting whilst long-term adaptations are made, however, is not an appropriate care option. In these circumstances, social services will need to make appropriate interim provisions to enable the patient to move on from the medical environment. Social Services are deemed liable for reimbursement for delays in the arrangements of interim care and support provision in these circumstances.

The revised form reflects these arrangements. If there is likely to be a housing-related delay, social services should focus on finding an interim placement. Any delays in providing interim care should be recorded under the appropriate box on the new form, for instance, under domiciliary care or residential care, as appropriate.

Interim arrangements are of course intended to be provided on a temporary basis. If long-term arrangements of housing support are a significant problem in making discharge arrangements for patients, local authorities should ensure they have their own monitoring arrangements to inform progress.

Some patients delayed waiting for housing support are **not** eligible for community care services. This means their discharge is not the responsibility of social services and such delays are not eligible for reimbursement. In response to feedback from local authorities, we have introduced a new category 'I' on the form to cover this group of patients, who might include asylum seekers or single homeless people. Please see the section I in this guidance document for further detail.

NB. Figures on delayed transfers of care must be agreed with the Directors of Social Services, in particular those whose residents are regular users of hospital services. NHS bodies will need to have a secure and responsive system with local care and support partners, which will enable these figures to be agreed by an appropriate person acting in the authority of the Director of Social Services within the necessary timescale for returning data.

8. Examples

The trick to counting delayed days is to count 'midnights' and count the 'day' against the start of that day's delay. For example, take a patient who is ready for discharge on Thursday 26th March and discharged on Thursday 2nd April. Come midnight on the 27th the patient has become a delayed transfer and the first "day" delayed is counted against the 26th in March. So in total this patient experienced 7 delayed days with 6 delayed days in March and 1 day in April.

Here are some examples of patients who have experienced a delayed transfer during the month and how you would fill in the Monthly Delayed Transfers SitRep report for them. The March 2015 return has been used as the calendar month for these examples. As a reminder, there are two data items collected in the return:

Columns labelled A = A snapshot count of the number of patients whose transfer is delayed, taken at midnight on the last Thursday of the month.

Columns labelled B = Total number of days ALL patients have been delayed during the month.

- **Patient 1** - They were ready for discharge (or transfer) on Monday 23rd Mar and were discharged on Saturday 28th Mar. This patient was present in the snapshot count taken at midnight on Thursday 26th Mar. Against the applicable reason and accountability you would add "1" to column A and "5" to column B.
- **Patient 2** - They were ready for discharge on Thursday 26th Mar and were discharged on Thursday 2nd Apr. This patient was present in the snapshot count taken at midnight on Thursday 26th Mar. Against the applicable reason and accountability you would add "1" to column A and "6" to column B. (Note: they were delayed for 7 days in total – 6 of those days in Mar and 1 day in Apr)

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- **Patient 3** - They were ready for discharge on Wednesday 4th Mar and were discharged on Friday 20th Mar. This patient was not in the snapshot count taken at midnight on Thursday 26th Mar, but were delayed during March. Against the applicable reason and accountability you would add "0" to column A and "16" to column B.
- **Patient 4** - They were ready for discharge on Sunday 22nd Feb and were discharged on Friday 20th Mar. This patient was not in the snapshot count taken at midnight on Thursday 26th Mar, but was delayed during March. Against the applicable reason and accountability you would add "0" to column A and "19" to column B. (Note: this patient would have been present in the February snapshot taken on 26th Feb and had 7 delayed days during February as well.)
- **Patient 5** - They were ready for discharge on Sunday 22nd Feb and were discharged on Thursday 2nd Apr. This patient was present in the snapshot count taken at midnight on Thursday 26th Mar. Against the applicable reason and accountability you would add "1" to column A and "31" to column B. In other words, they were delayed for all 31 days of March. (Note: this patient also had 7 delayed days during February and 1 delayed day during April)
- **Patient 6** - They were ready for discharge on Sunday 29th March and have not yet been discharged (at the time you are producing the reports). This patient was not in the snapshot count taken at midnight on Thursday 26th Mar, but was delayed during March. Against the applicable reason and accountability you would add "0" to column A and "3" to column B.
- **Patient 7** - They were ready for discharge on Tuesday 31st Mar and were discharged on Wednesday 1st Apr. This patient was not in the snapshot count taken at midnight on Thursday 26th Mar, but was delayed during March. Against the applicable reason and accountability you would add "0" to column A and "1" to column B. The 1 delayed day that the patient experienced would be reported on in the March SitRep return. The patient was discharged on the 1st day of April so they did not experience any delayed days during April.

9. Annex – Data items mapped to template

Acute Delayed Transfers of Care	Attributable to NHS (i.e. includes patients making their own arrangements)		Attributable to Social Care		Attributable to Both	
	Key to columns		a) Number of patients whose transfer is delayed at midnight on the last Thursday of the month b) Number of days delayed within the month for ALL patients delayed throughout the month			
Reasons for delay - awaiting:	a)	b)	a)	b)	a)	b)
A) Completion of assessment						
B) Public Funding						
C) Further non acute NHS care (including intermediate care, rehabilitation etc)						
D) Care Home placement						
i) Residential Home						
ii) Nursing Home						
E) Care package in own home						
F) Community Equipment/adaptions						
G) Patient or family choice						
H) Disputes						
I) Housing - patients not covered by Care Act						
TOTAL	AT1	AT2	AT3	AT4	AT5	AT6

The table above shows the totals for acute delayed transfers of care. The table for non-acute delayed transfers of care has the totals: NT1, NT2, NT3, NT4, NT5 and NT6.

Data item	Data item description	From template:
D1	Number of acute patients whose transfer of care is delayed	AT1 + AT3 + AT5
D2	Number of days delayed within reporting period - acute patients	AT2 + AT4 + AT6
D3	Number of reimbursable days within reporting period - acute patients	AT4
D4	Number of non-acute (including community and mental health) patients whose transfer of care is delayed	NT1 + NT3 + NT5
D5	Number of days delayed within reporting period - non-acute (including community and mental health) patients	NT2 + NT4 + NT6
D6	Number of reimbursable days within reporting period - non-acute (including community and mental health) patients	NT4