

Delayed Transfers of Care Statistics for England 2016/17



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Executive Summary

- In 2016/17, the daily average number of delayed transfers of care per 100,000 population (aged 18+) was 14.9, which compares to 12.0 in 2015/16.
- In 2016/17, the daily average number of delayed transfers of care attributable to social care only or both NHS and social care per 100,000 population (aged 18+) was 6.3, which compares to 4.6 in 2015/16.
- The proportion of delays attributable to the NHS only has decreased throughout the year. In quarter 4 of 2015/16, 61.1% of all delays were attributable to the NHS, which decreased to 55.8% in quarter 4 of 2016/17.
- The proportion of acute care delays has increased over the year. In quarter 4 of 2015/16, 65.9% were acute care delays, which increased to 66.5% in quarter 4 of 2016/17. The proportion of acute care delays peaked in Q2 2016-17 and has since begun decreasing.
- Delays where the patient was awaiting a care package in their own home made up the largest number of delays in 2016/17, with 20.3% of all delays being mainly due to that reason.

1. Introduction

- 1.1. This report provides an overview of English delayed transfers of care statistics for the 12 months up to and including March 2017.
- 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. Delayed transfers of care can occur for a range of reasons.
- 1.3. The Government Statistical Service (GSS) statistician with overall responsibility for the data in this report is:

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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 ready 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.

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 delayed at midnight on the last Thursday of the month increased during 2016/17. This is a continuation of the trend that started in 2013/14. January 2017 saw the largest number of “snapshot” patients reported in any month since monthly data collection began in August 2010. There was a fall in the number of snapshot patients in December, which is in line with seasonal trends (Chart 1).

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

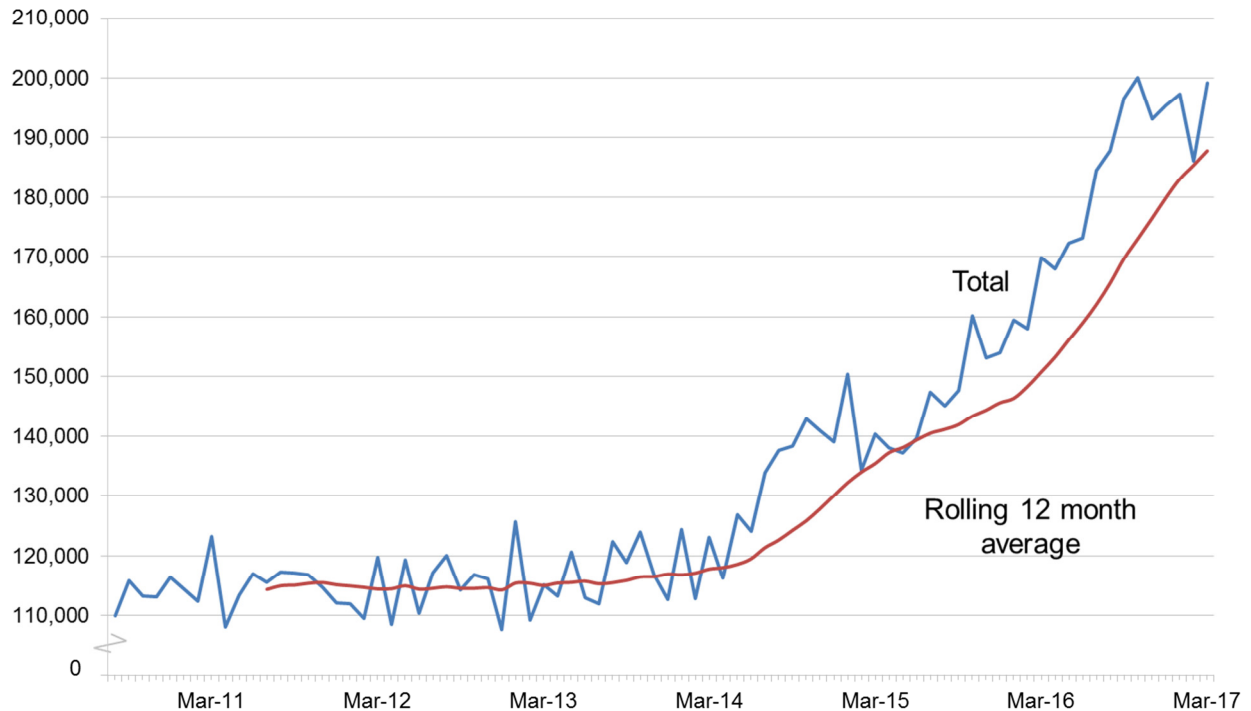


- 3.3. The number of delayed days in the month also increased in 2016/17. This trend can be seen in the 12 month rolling average figure. The number of delayed days in a single month peaked in October 2016 at 200,095 delayed days. The rate of increase seen in the number of delayed days during 2016/17 is faster than that seen in 2015/16 (Chart 2).

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Chart 2: Total number of delayed days

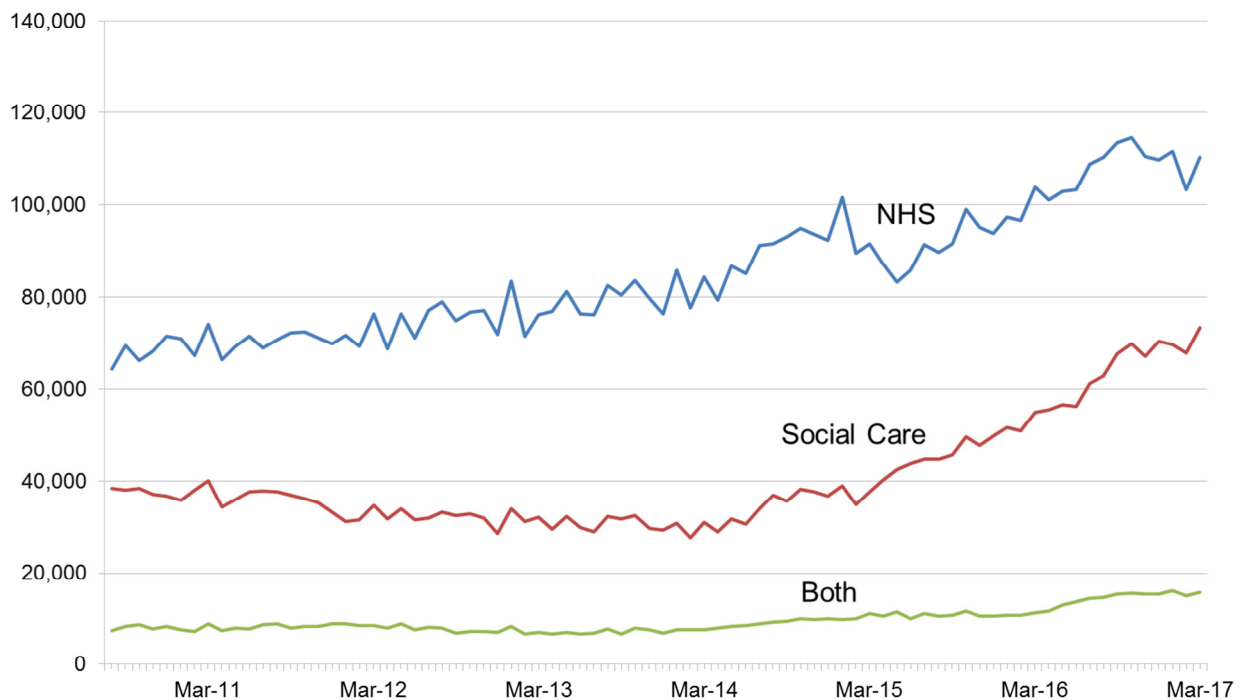
Delayed days



- 3.4. Since August 2010, the number of delayed days attributable to each organisation/sector has been changing gradually. In 2016/17, the number of delays attributable to NHS, Social Care and both sectors all increased (Chart 3).

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

Delayed days



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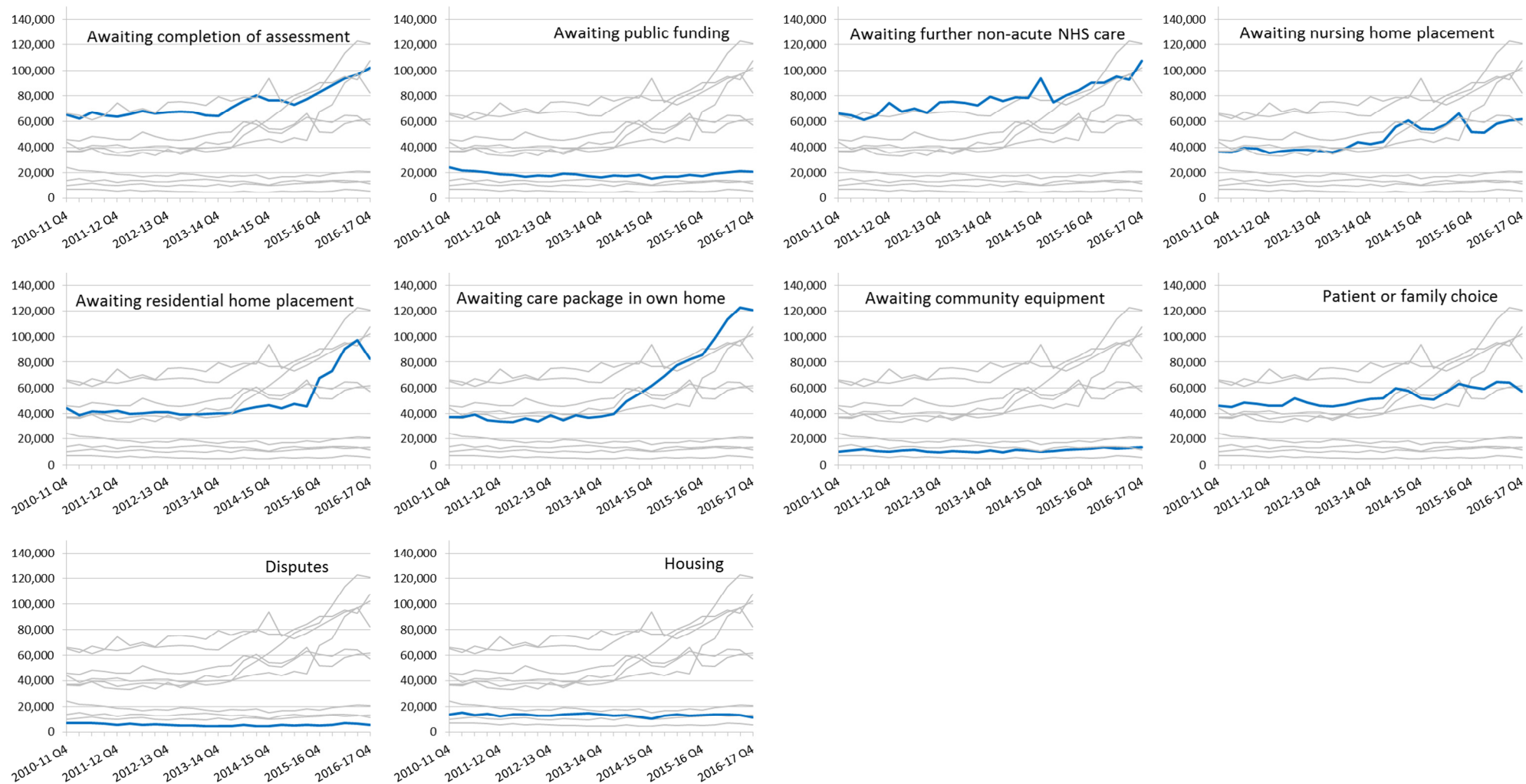
- 3.5. The proportion of delays that were attributable to the NHS decreased in 2016/17. In the 4th quarter of 2015/16, 61.1% of delays were attributable to the NHS. This decreased to 55.8% in the 4th quarter of 2016/17. Between those two quarters, the proportion of delays attributable to Social Services increased from 32.2% to 36.2% (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% | 27.7% | 6.3% |
| 2013/14 Q1 | 67.7% | 26.4% | 5.9% |
| 2013/14 Q2 | 67.7% | 26.2% | 6.0% |
| 2013/14 Q3 | 67.8% | 25.9% | 6.3% |
| 2013/14 Q4 | 68.8% | 24.8% | 6.3% |
| 2014/15 Q1 | 68.4% | 24.8% | 6.8% |
| 2014/15 Q2 | 67.3% | 25.9% | 6.7% |
| 2014/15 Q3 | 66.4% | 26.6% | 7.0% |
| 2014/15 Q4 | 66.5% | 26.2% | 7.3% |
| 2015/16 Q1 | 61.8% | 30.5% | 7.7% |
| 2015/16 Q2 | 61.9% | 30.7% | 7.4% |
| 2015/16 Q3 | 61.6% | 31.4% | 7.0% |
| 2015/16 Q4 | 61.1% | 32.2% | 6.7% |
| 2016/17 Q1 | 59.8% | 32.7% | 7.5% |
| 2016/17 Q2 | 58.5% | 33.7% | 7.8% |
| 2016/17 Q3 | 56.9% | 35.2% | 7.9% |
| 2016/17 Q4 | 55.8% | 36.2% | 8.0% |

- 3.6. Since August 2010, the underlying trend in each type of reason for delay has shown slight variations. In 2016/17, there were increases in the number of delayed days for nine out of ten reasons for delay. The largest increase was seen in delays due to patients awaiting residential home placement or availability, increasing by 68% from 2015/16. The only decrease was seen in housing delays for patients who are not covered by the Care Act, decreasing by 1% from 2015/16.

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Chart 4: Total number of delayed days by reason



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- 3.7. Delays where the patient was awaiting a care package in their own home made up the largest number of delays in 2016/17, with 20.3% of all delays being mainly due to that reason.

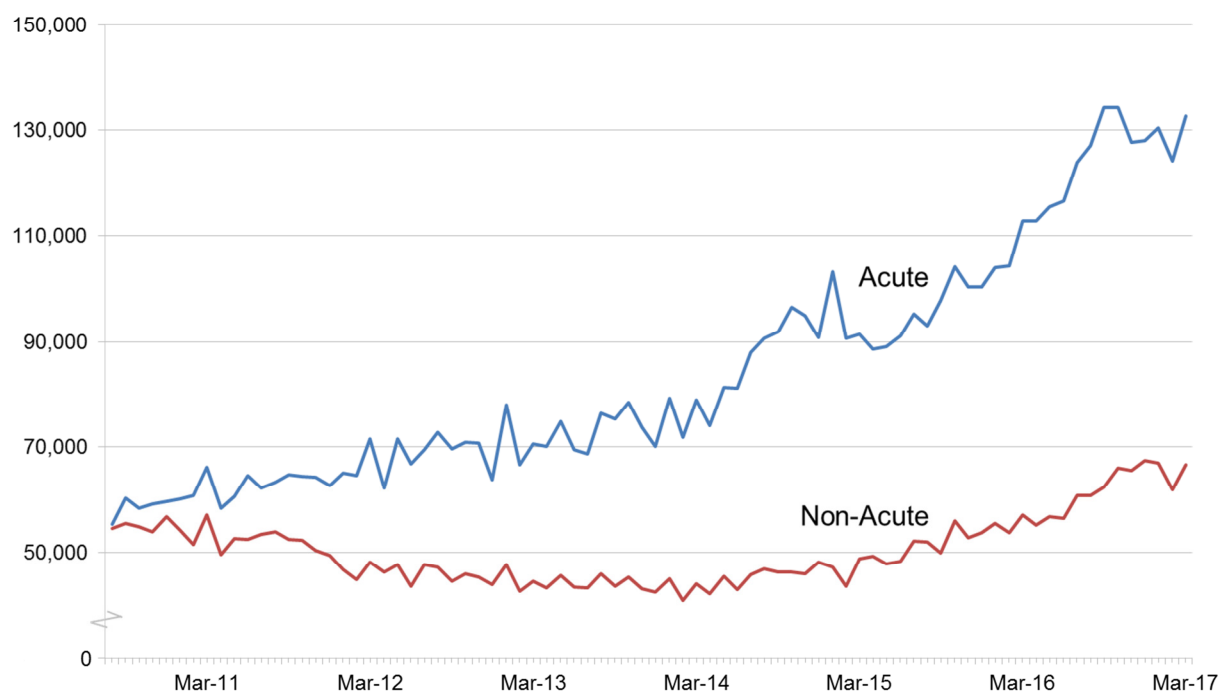
Table 2: Total delayed days by reason for 2016/17

| Reason | Delayed Days | Proportion of total delays |
|---|--------------|----------------------------|
| Awaiting care package in own home | 456,447 | 20.3% |
| Awaiting further non-acute NHS care | 386,028 | 17.1% |
| Awaiting completion of assessment | 380,832 | 16.9% |
| Awaiting nursing home placement or availability | 342,982 | 15.2% |
| Patient or family choice | 245,033 | 10.9% |
| Awaiting residential home placement or availability | 231,994 | 10.3% |
| Awaiting public funding | 81,327 | 3.6% |
| Housing | 52,431 | 2.3% |
| Awaiting community equipment and adaptations | 52,121 | 2.3% |
| Disputes | 24,641 | 1.1% |

- 3.8. Since August 2010 the number of acute care delays has been increasing. This trend continued throughout 2016/17 after a sharp drop at the end of 2014/15. The number of non-acute delays had been decreasing up until 2013/14 when the number started to stabilise. In 2014/15 there was a slight increase in the number of non-acute care delays which has continued in 2016/17 (Chart 5).

Chart 5: Total number of delayed days by type from August 2010 onwards

Delayed days



- 3.9. The proportion of delays occurring in acute care has increased in 2016/17. In the 4th quarter of 2016/17, 66.5% of all delays occurred in acute care, compared to 65.9% in the

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4th quarter of 2015/16. The proportion of delays occurring in acute care peaked in Q2 2016/17.

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 | 61.4% | 38.6% |
| 2013/14 Q1 | 61.8% | 38.2% |
| 2013/14 Q2 | 62.4% | 37.6% |
| 2013/14 Q3 | 62.9% | 37.1% |
| 2013/14 Q4 | 63.9% | 36.1% |
| 2014/15 Q1 | 64.4% | 35.6% |
| 2014/15 Q2 | 66.0% | 34.0% |
| 2014/15 Q3 | 66.8% | 33.2% |
| 2014/15 Q4 | 67.1% | 32.9% |
| 2015/16 Q1 | 64.8% | 35.2% |
| 2015/16 Q2 | 65.0% | 35.0% |
| 2015/16 Q3 | 65.2% | 34.8% |
| 2015/16 Q4 | 65.9% | 34.1% |
| 2016/17 Q1 | 67.2% | 32.8% |
| 2016/17 Q2 | 67.7% | 32.3% |
| 2016/17 Q3 | 66.2% | 33.8% |
| 2016/17 Q4 | 66.5% | 33.5% |

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 2016/17, the national daily average rate of delayed transfers of care for all delays was 14.9¹, which is an increase from 12.0 in 2015/16.
- 4.1.3. There is more regional variation in the daily rate of delayed transfers of care per 100,000 in 2016/17, when rates ranged from 6.5 to 20.4. This compares to 2015/16, when rates ranged from 5.6 to 17.3 (Chart 7).

Chart 7: Daily DTOC rate for all delays by region for 2012/13 to 2016/17¹



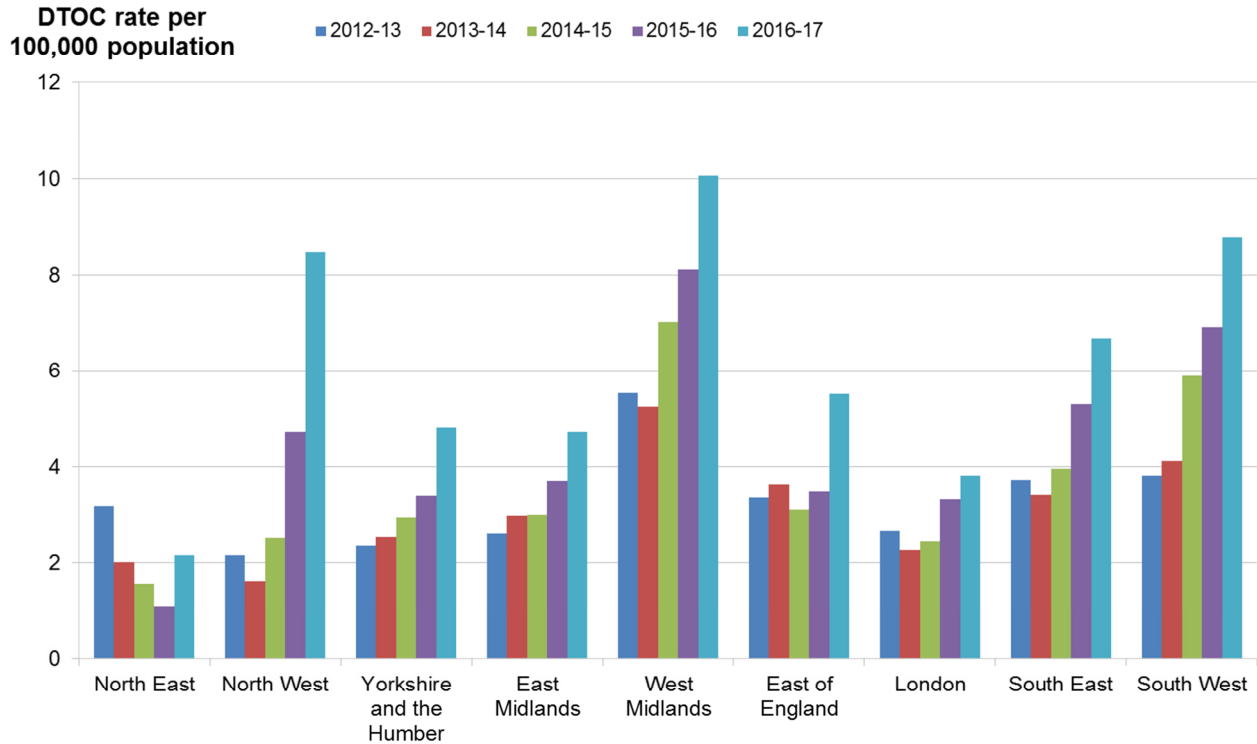
- 4.1.4. In 2016/17 the national daily average rate of delayed transfers of care attributable to social care only or both NHS and social care was 6.3¹, which is an increase from 4.6 in 2015/16.

¹ 2015 ONS Population estimates have been used in the above calculations for both 2015/16 and 2016/17

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4.1.5. There is more regional variation in the daily rate of delayed transfers per 100,000 attributable to social care only or both NHS and social care in 2016/17, where rates ranged from 2.1 to 10.1. This compares to 2015/16, where rates ranged from 1.1 to 8.1 (Chart 8).

Chart 8: Daily DTOC rate for social care delays by region for 2012/13 to 2016/17¹

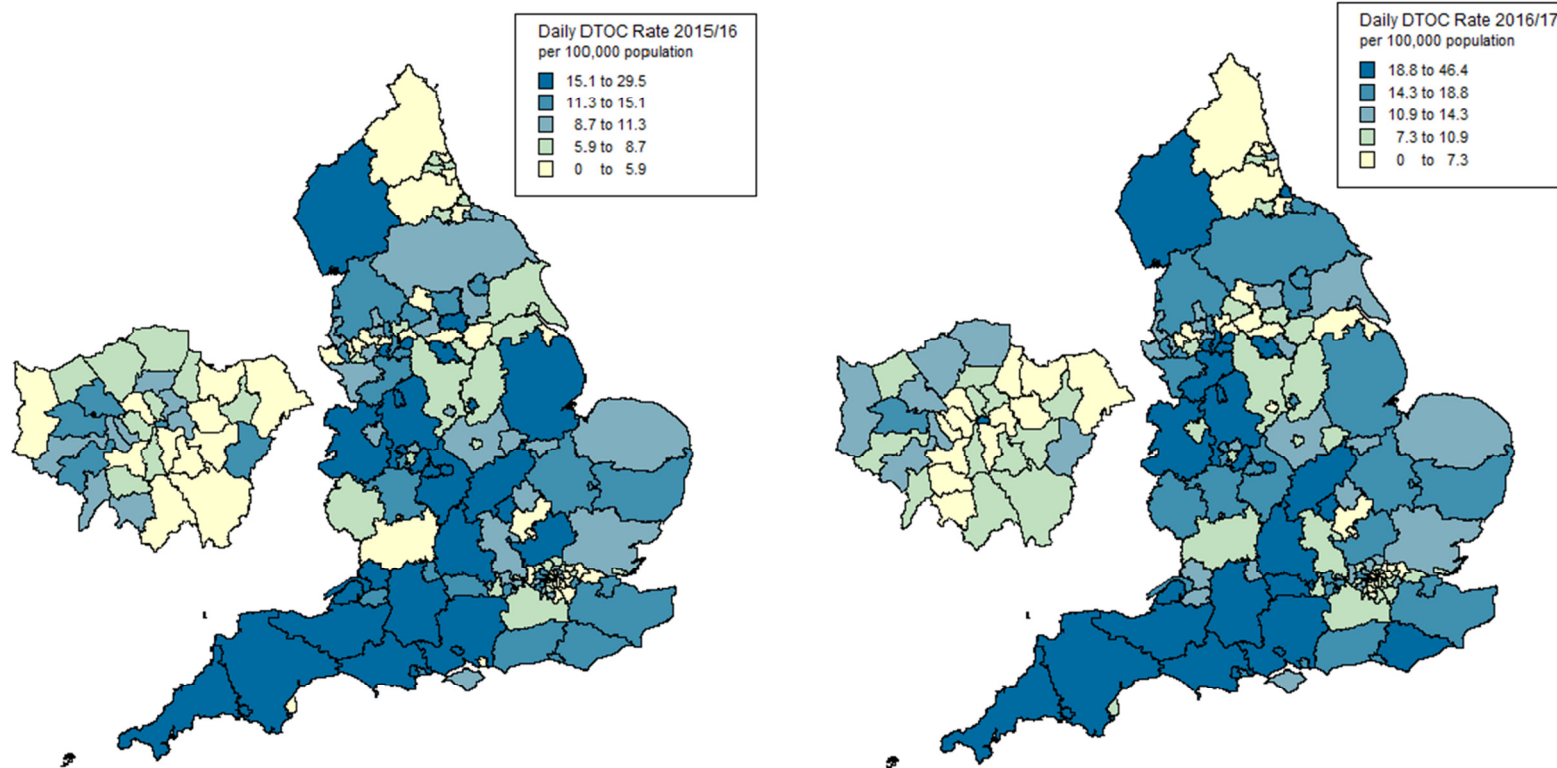


¹ 2015 ONS Population estimates have been used in the above calculations for both 2015/16 and 2016/17

4.2. Local Authority Comparison

4.2.1. There is 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 slightly worse in 2016/17 than in 2015/16 (Chart 9).

Chart 9: Daily DTOC rate attributable to all delays by Local Authority for 2015/16 and 2016/17

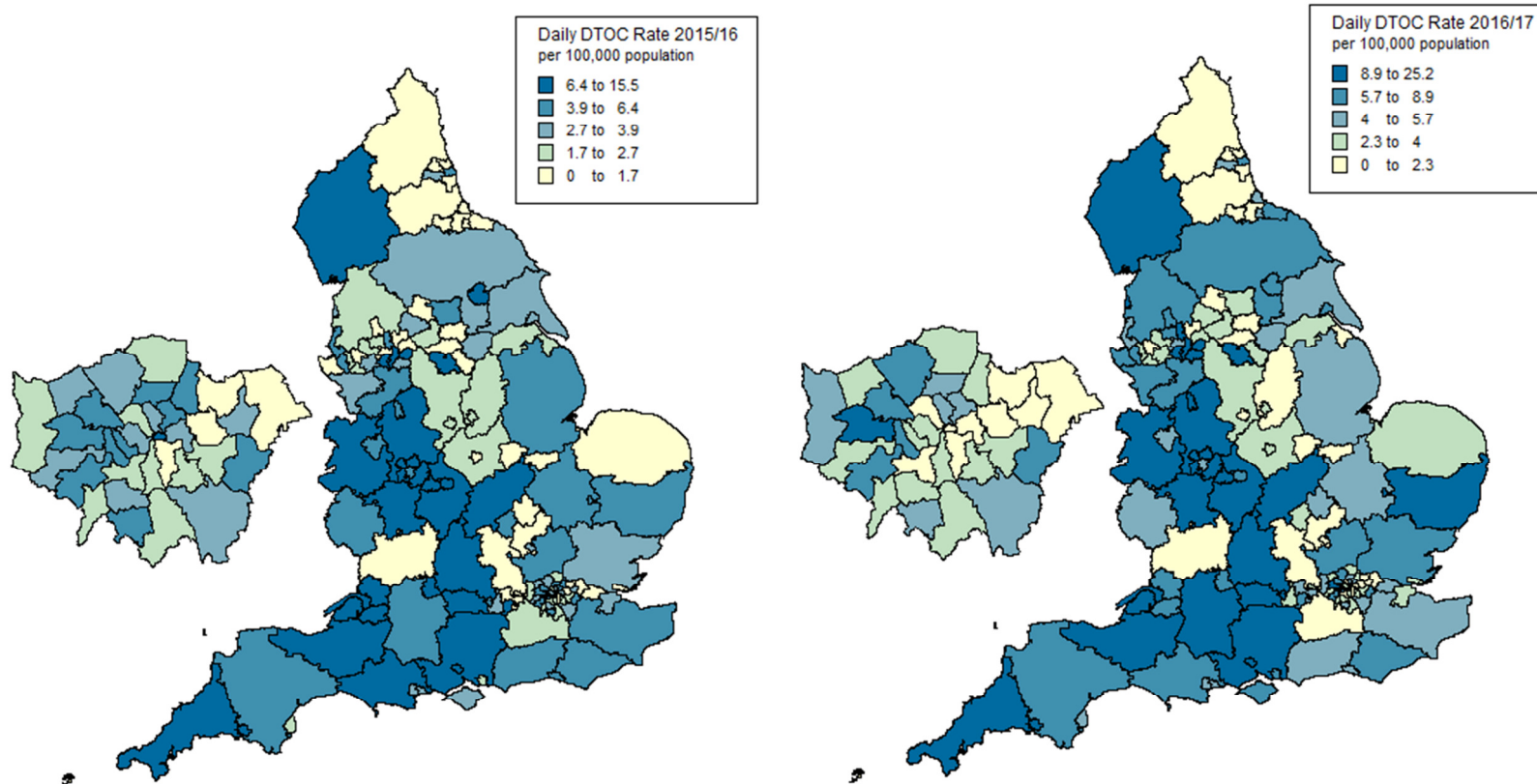


Rates for individual Local Authorities are published here:
<http://www.england.nhs.uk/statistics/delayed-transfers-of-care/>

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4.2.2. There is variation between Local Authorities in the daily rate of delayed transfers of care attributable to social care only or both NHS and social care across England. On average, the performance of Local Authorities was slightly worse in 2016/17 than in 2015/16 (Chart 10).

Chart 10: Daily DTOC rate attributable to Social Care by Local Authority for 2015/16 and 2016/17



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

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 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;
- The reason for delay.

5.1.3. NHS Trusts, NHS Foundation 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 are submitted against Local Authorities in which each delayed patient resides. Once data are submitted and 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, approximately 6 weeks after the end of the reference month. Publication occurs on a Thursday and the data are 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 5.1.8). The following data from provider organisations are currently missing for the period August 2010 to March 2017:

- 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.
- January 2014 – Barts Health NHS Trust did not submit any data.
- January 2015 – East Sussex Healthcare NHS Trust did not submit any data.
- December 2016 – Weston Area Health Trust did not submit any data
- January 2017 – Weston Area Health 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 biannual basis and in accordance with the NHS England Analytical Service's revision policy. The revisions policy can be found here:

<http://www.england.nhs.uk/statistics/code-compliance/>

5.1.9. The most recent set of revisions were published on the 11th May 2017. 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 2016/17 annual statistical report, as part of the next 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 are then split by reason, delay stage and length of delay. These statistics are published at:

<https://stats.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 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/>

Calculating Performance Indicators

- 5.1.15. 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 and over). 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 taken as the average of the 12 monthly patient snapshots. Y is the size of adult population in the area (aged 18 and over).

2013 ONS population estimates have been used that are based upon the 2011 census when calculating the rate for 2013/14 and 2014/15. This is because the 2014 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. Glossary

Local Authority

Data are 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.

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.

5.3. 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

5.4. 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 nhsengland.media@nhs.net or call 0113 825 0958 or 0113 825 0959.

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