Delayed Transfers of Care Statistics for England 2018/19

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Contents

Executive Summary

- In 2018/19, the daily average number of delayed transfers of care per 100,000 population (aged 18+) was 10.4 which compares to 12.3 in 2017/18.

- In 2018/19, 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 3.9, which compares to 5.3 in 2017/18.

- In Quarter 4 of 2017/18, 60.7% of all delays were attributable to the NHS, which increased slightly to 61.9% in Quarter 4 of 2018/19. However, the proportion of delays attributable to the NHS did increase up to 63.0% in Quarter 1 2018/19 before slowly decreasing down to the 61.9% seen in Quarter 4.

- The proportion of acute care delays decreased slightly over the course of 2018/19. In Quarter 4 of 2017/18, 65.8% were acute care delays, decreasing to 64.4% in Quarter 4 of 2018/19.

- Delays where the patient was awaiting a care package in their own home made up the largest number of delays in 2018/19, with 20.8% of all delays being mainly due to that reason across the year.

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 2019.

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.
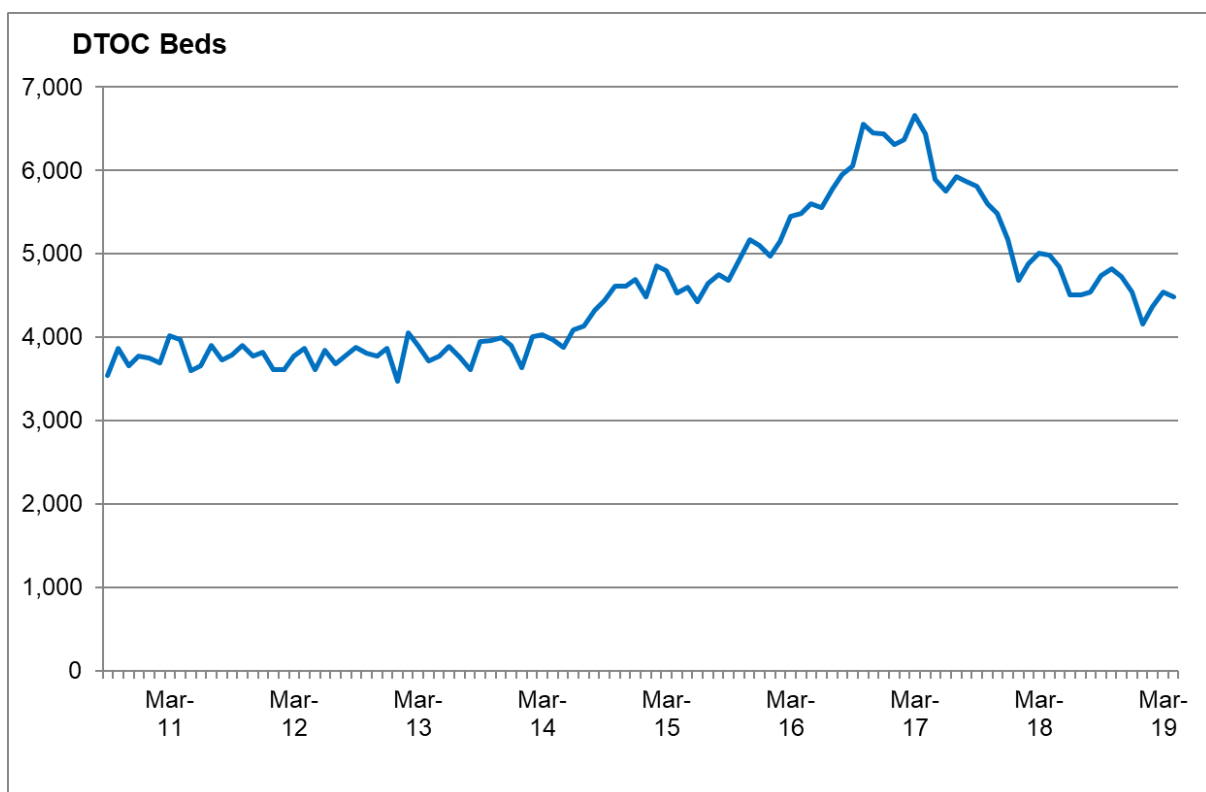
2.3. DTOC Beds
As of April 2017, patient snapshot data is no longer collected as part of the Delayed Transfers of Care collection. A new measure which represents the daily average number of beds occupied by DTOC patients is being utilised instead (DTOC Beds). This measure is calculated by dividing the number of delayed days in the month by the number of calendar days in the month. The DTOC beds figure has calculated retrospectively from 2010-11 to present.

3. National Trends

3.1. This section analyses monthly DTOC data that has been collected and published since August 2010.

3.2. As of April 2017, DTOC beds have been introduced, replacing the patient snapshot. The DTOC beds value has been calculated retrospectively to allow comparisons since the collection began. The number of DTOC beds remained relatively stable until May 2014, when the number of DTOC beds gradually began to increase, reaching a peak in February 2017 at 6,660. Since then, the number of DTOC beds has been gradually decreasing. In March 2019, the number of DTOC beds stands at 4,478.
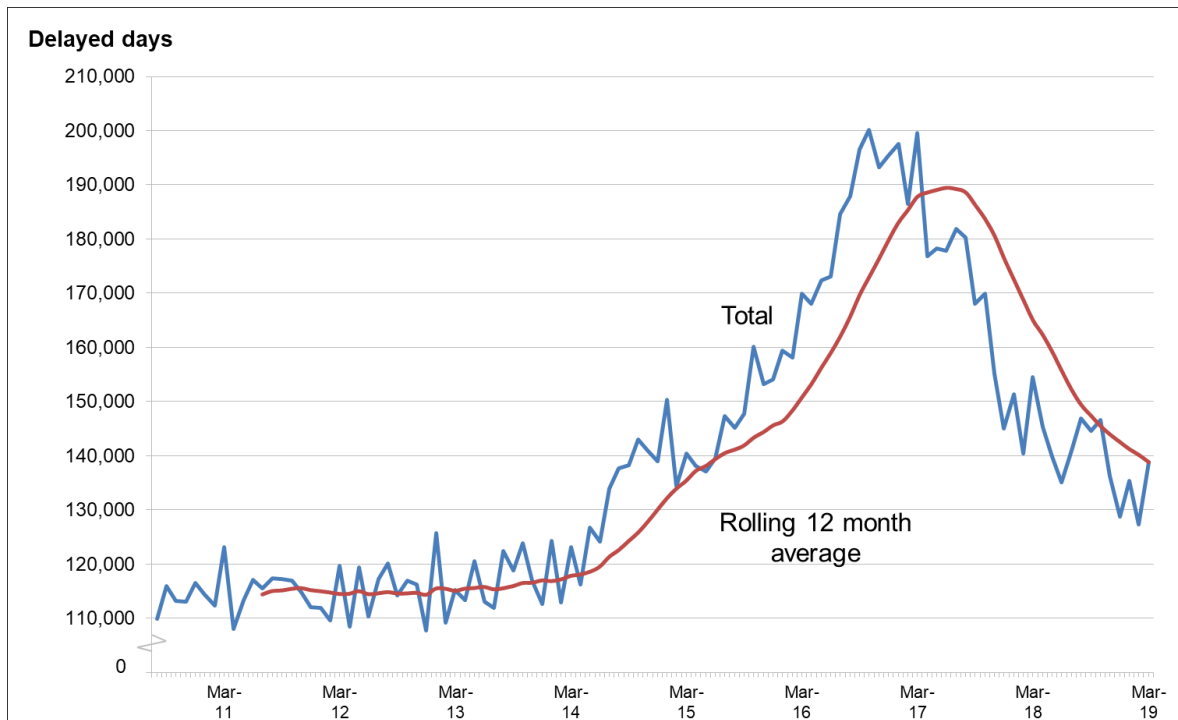
Chart 1: Number of DToC beds

3.3. The total number of delayed days in 2018/19 is 1,665,725. This is an improvement on the 1,979,475 days lost in 2017/18. Delayed days per month can be seen in Chart 2.
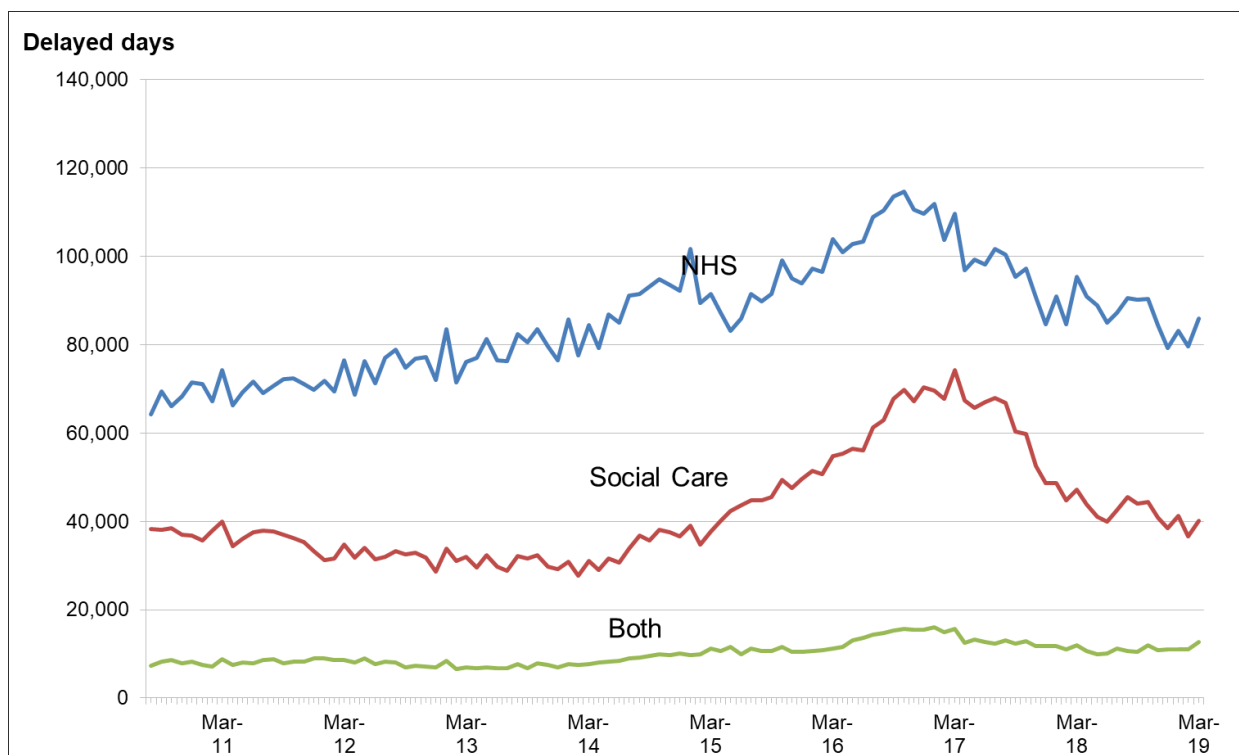
Chart 2: Total number of delayed days

3.4. Since August 2010, the number of delayed days attributable to each organisation/sector has been changing gradually. Across 2018/19, the number of delays attributable to NHS and Social Care sectors decreased, but the number of delays attributable to both increased (Chart 3).
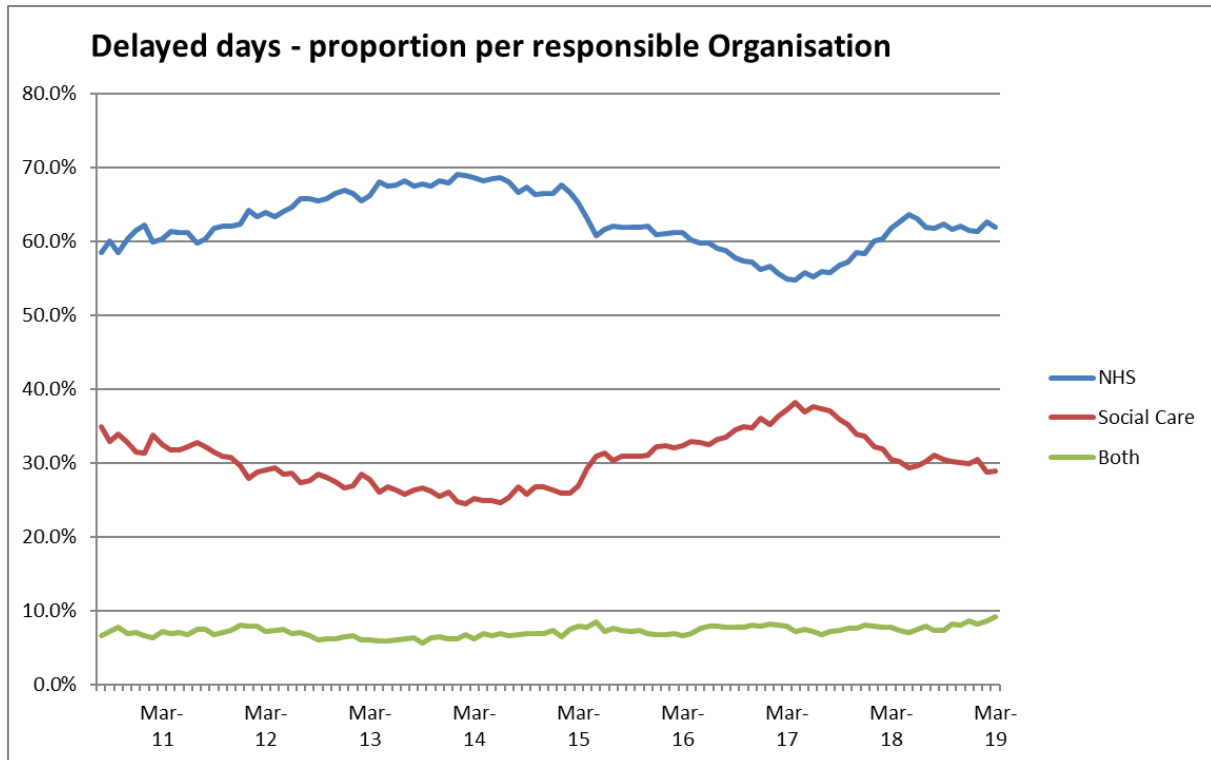
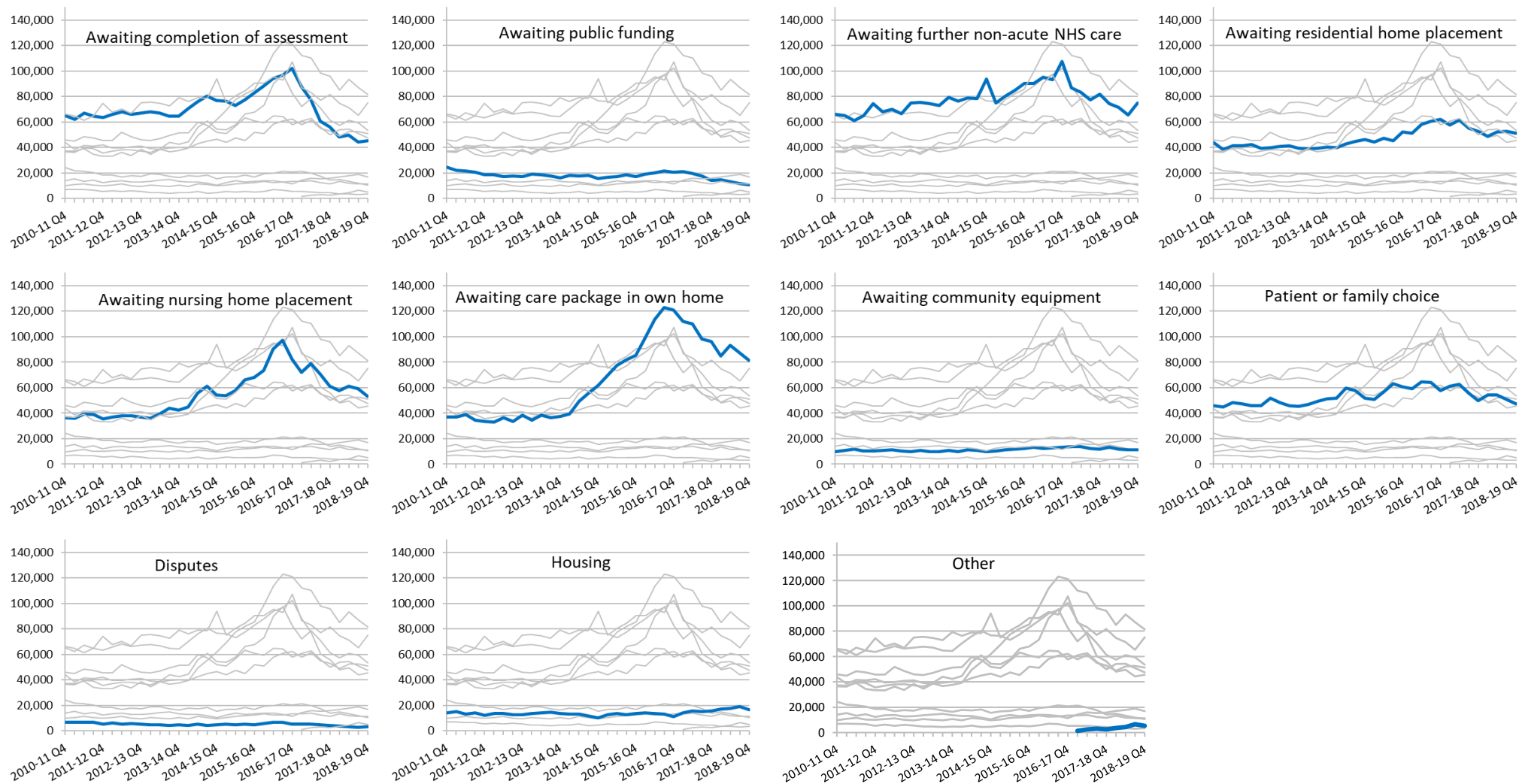**Chart 3: Total number of delayed days attributable to each organisation**

3.5. The proportion of delays that were attributable to the NHS increased in 2018/19. In the 4th quarter of 2017/18, 60.7% of delays were attributable to the NHS. This increased to 61.9% in the 4th quarter of 2018/19. Between those two quarters, the proportion of delays attributable to Social Services decreased from 31.5% to 29.4% (Chart 4).

Chart 4: Proportion of delayed days attributable to each organisation

3.6. Since August 2010, the underlying trend in each type of reason for delay has shown slight variations. In 2018/19, the majority of reasons showed a decrease in the number of delayed days. The largest fall was seen in delays due to patients awaiting public funding (a decrease of 24.5% when comparing Quarter 4 2018/19 with Quarter 4 2017/18). Excluding the 'Other' category, which was introduced in April 2017, the only reason to show an increase in delays was 'Housing- patients not covered by the Care act'. This reason showed an increase of 7.4% when comparing Quarter 4 2018/19 with Quarter 4 2017/18.

Chart 5: Total number of delayed days by reason

3.7. Delays where the patient was awaiting a care package in their own home made up the largest number of delays in 2018/19, with 20.8% of all delays being mainly due to that reason.
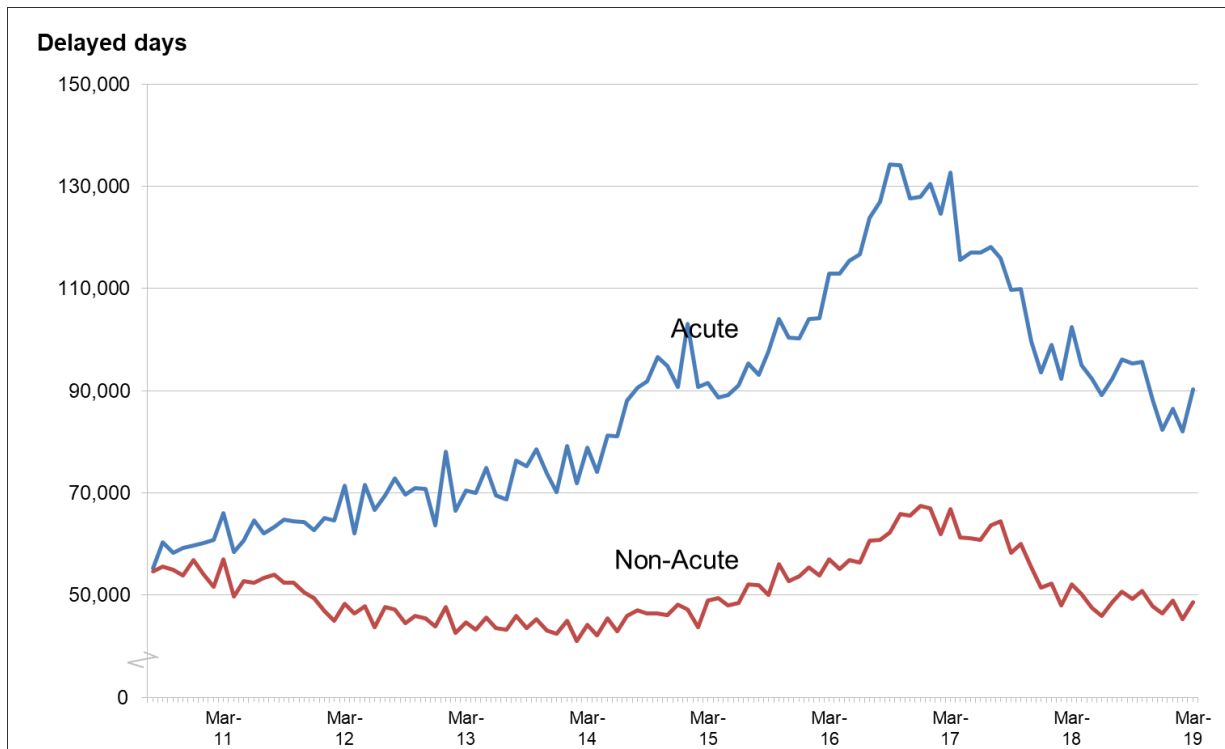
Table 1: Total delayed days by reason for 2018/19

Reason	Delayed Days	Proportion of total delays
A) Awaiting completion of assessment	187,444	11.3%
B) Awaiting public funding	50,643	3.0%
C) Awaiting further non-acute NHS care	286,276	17.2%
Di) Awaiting residential home placement or availability	204,841	12.3%
Dii) Awaiting nursing home placement or availability	231,377	13.9%
E) Awaiting care package in own home	346,653	20.8%
F) Awaiting community equipment and adaptations	47,878	2.9%
G) Patient or family choice	206,655	12.4%
H) Disputes	13,541	0.8%
I) Housing – patients not covered by the Care Act	70,571	4.2%
O) Other	19,846	1.2%

3.8. Since August 2010 the number of acute care delays had increased, reaching a peak in September 2016. Since then, the number of Acute care delays has generally decreased and this decrease has continued through 2018/19. The number of Acute delays did increase slightly in March 2019, currently standing at 90,211 (Chart 6).

3.9. The number of non-acute delays had been decreasing between August 2010 and February 2014 when it reached its lowest point at 40,973 delayed days. Since February the number of Non-Acute delays continued to rise, reaching a peak in at 67,444 delays in December 2016. Since then, the number of non-acute delays has been slowly decreasing. The number of Non-Acute delays currently stands at 48,620 in March 2019 (Chart 6).

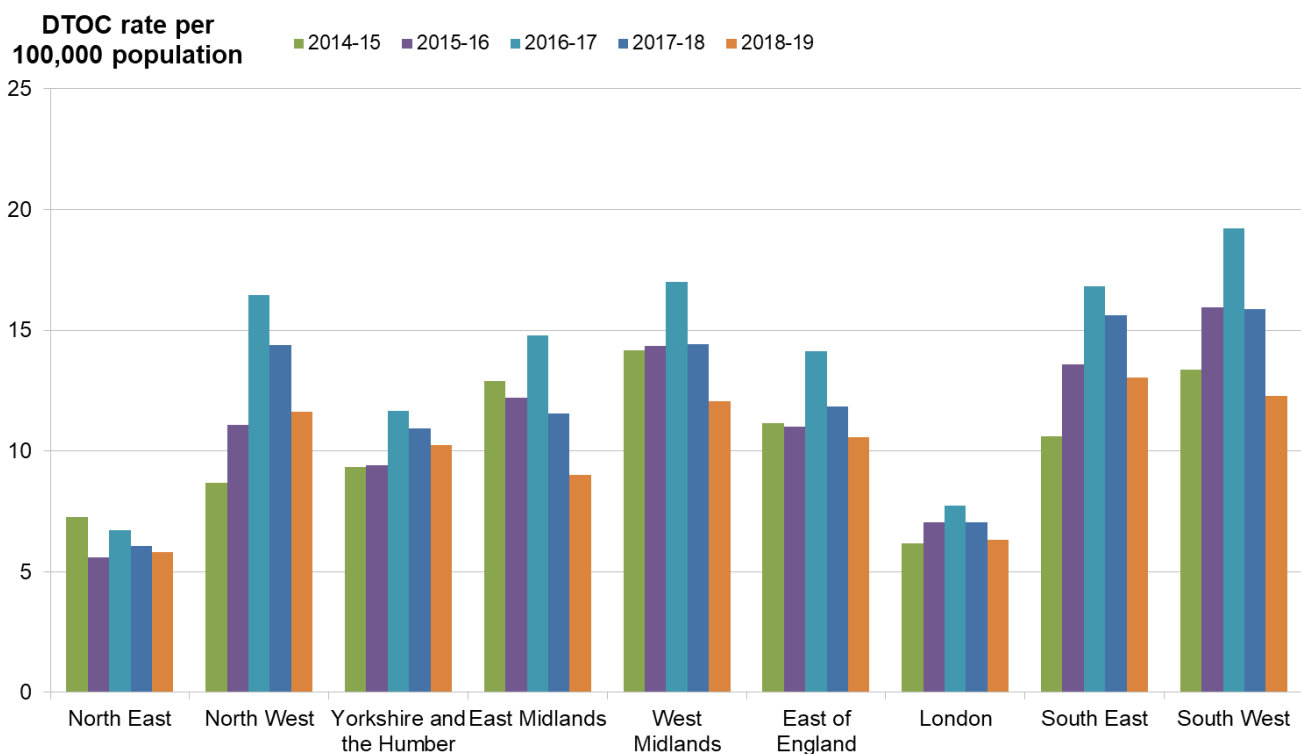**Chart 6: Total number of delayed days by type from August 2010 onwards**

3.10. The proportion of delays occurring in acute care has decreased in 2018/19. In the 4th quarter of 2018/19, 64.4% of all delays occurred in acute care, compared to 65.8% in the 4th quarter of 2017/18. For comparison, the proportion of acute delays was 53.5% in Quarter 4, 2010/11.

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 2018/19, the national daily average rate of delayed transfers of care for all delays was 10.4[1], which is a decrease from 12.3 in 2017/18.

4.1.3. There is some variation between delayed transfer rate between regions. This variation is indicated in the chart below (Chart 7).

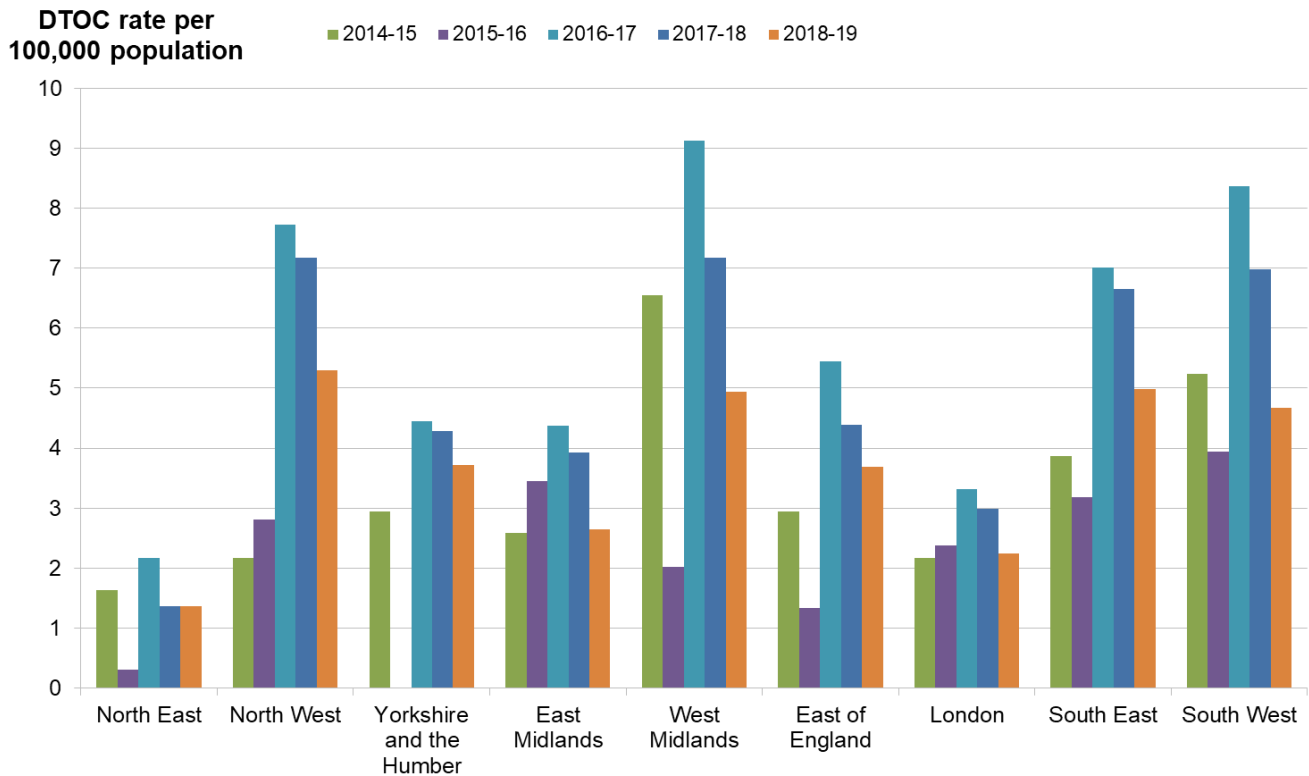**Chart 7: Daily DTOC rate for all delays by region for 2014/15 to 2018/19[1]**

4.1.4. In 2018/19 the national daily average rate of delayed transfers of care attributable to social care only or both NHS and social care was 3.9[1], which is a decrease from 5.3 in 2017/18.

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[1] 2017 ONS Population estimates have been used in the above calculations for both 2017/18 and 2018/19

4.1.5. There is some regional variation in the daily rate of delayed transfers per 100,000 attributable to social care only or both NHS and social care in 2018/19, where rates ranged from 1.4 to 5.3. This is a smaller variation than that reported in 2017/18, where rates ranged from 1.4 to 7.2 (Chart 8).

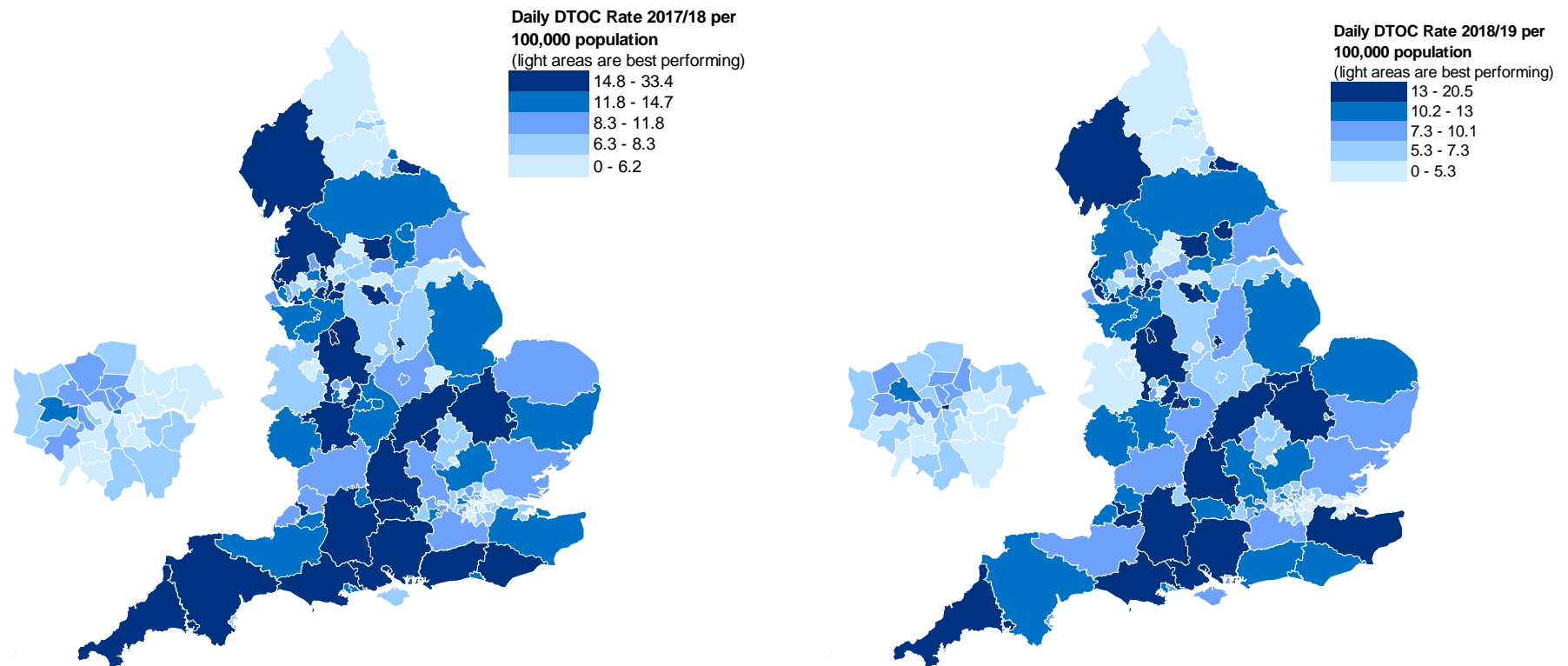**Chart 8: Daily DTOC rate for social care and both delays by region for 2014/15 to 2018/19[1]**

[1] 2017 ONS Population estimates have been used in the above calculations for both 2017/18 and 2018/19

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 better in 2018/19 than in 2017/18 (Chart 9).

Chart 9: Daily DTOC rate attributable to all delays by Local Authority for 2017/18 and 2018/19

Daily DTOC Rate 2017/18 per 100,000 population
(light areas are best performing)
- 14.8 - 33.4
- 11.8 - 14.7
- 8.3 - 11.8
- 6.3 - 8.3
- 0 - 6.2

Daily DTOC Rate 2018/19 per 100,000 population
(light areas are best performing)
- 13 - 20.5
- 10.2 - 13
- 7.3 - 10.1
- 5.3 - 7.3
- 0 - 5.3

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

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 better in 2018/19 than in 2017/18 (Chart 10).

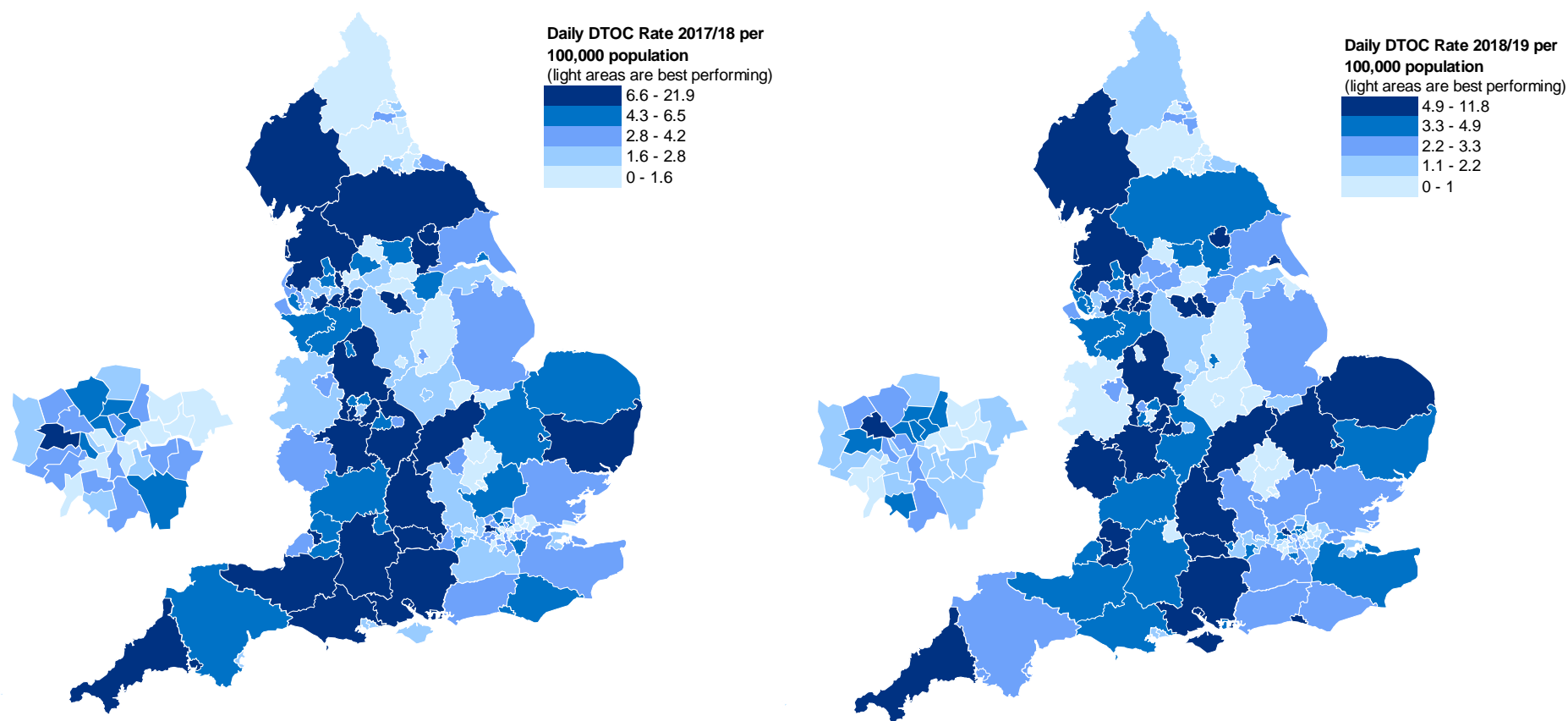**Chart 10: Daily DTOC rate attributable to Social Care and Both by Local Authority for 2017/18 and 2018/19**

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:

- Total Delayed Days: This collects the total number of delayed days within the month. All days of the month are included from the first to the last day of each month, regardless of fluctuations in month length.
- DTOC Beds: This is calculated by taking the total delayed days for each month and dividing by the total number of days in the month. This provides an average number of Beds that are delayed per day[2].

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. 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 2019:
- October 2010 – Blackpool Teaching Hospitals did not submit any data;

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[2] The DTOC beds measure replaced the 'Patient Snapshot'. The 'Patient snapshot' ceased to be collected from April 2017.

- 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
- Nov17-Feb 18 – Bridgewater Community Healthcare NHS Trust did not submit any data
- Mar 18 – Oxleas NHS Foundation Trust supplied a partial submission that did not include delays for patients from Bromley local authority.

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 9th May 2019. 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 2018/19 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 and by Local Authority. 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 monthly count of delayed discharges, using a snapshot of the total number of patients delayed on the census day. This is then split by reason. 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 days across the year (total number of delays, divided by 365). Y is the size of adult population in the area (aged 18 and over).

It should be noted that this method of calculation is different to the methodology used to calculate the Local Authority rate in the ASCOF performance indicator web files. Therefore, caution should be exercised if comparisons are made between these two resources. The methodology used in the ASCOF performance indicator web files is explained within those files.

2017 ONS population estimates have been used that are based upon the 2011 census when calculating the rate for 2017/18 and 2018/19. This is because the 2018 population estimates are not available at the time of publication. The overall rate for England is calculated by aggregating all 151 Local Authorities (and excludes patients that do not reside in England).

5.2. Glossary

DToC Beds

As of April 2017, patient snapshot data is no longer collected as part of the Delayed Transfers of Care collection. A new measure which represents the daily average number of beds occupied by DTOC patients is being utilised instead (DTOC Beds). This measure is calculated by dividing the number of delayed days in the month by the number of calendar days in the month. The DTOC beds figure has calculated retrospectively from 2010-11 to present.

Local Authority

Data are collected against each of the 151 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.

DTOC Beds
The new measure which represents the daily average number of beds occupied by DTOC patients. This measure is calculated by dividing the number of delayed days in the month by the number of calendar days in the month.

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 delayed days that have been lost due to 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 england.nhsdata@nhs.net

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.

The Government Statistical Service (GSS) statistician with overall responsibility for the data in this report is:

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