

## University Hospitals of Leicester NHS Trust

**REPORT TO:** Health and Wellbeing Scrutiny Commission

**REPORT FROM:** Mark Wightman, Director of Strategy and Communications

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**SUBJECT:** Delayed Transfers of Care University Hospitals of Leicester NHS Trust.

**DATE:** 21<sup>st</sup> February 2019.

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### 1. Introduction

This paper provides an overview of 'delayed transfers of care' (DTOCs) within the University Hospitals of Leicester NHS Trust and identifies improvement actions planned with system partners to continue to reduce the 'delays' that impact on the patients journey further.

#### 1.1. What is a Delayed Transfer of Care?

A 'delayed transfer of care' occurs when a patient is ready to leave a hospital or similar care provider but is still occupying a bed (whether acute or non-acute, including community and mental health care). Delays can occur when patients are being discharged home or to a supported care facility, such as a residential or nursing home, or are awaiting transfer to a community hospital or hospice.

NHS England, the body responsible for monitoring delayed transfers of care nationally, defines a patient as being ready for transfer when:

- a clinical decision has been made that the patient is ready for transfer, and
- a multidisciplinary team has decided that the patient is ready for transfer, and
- the patient is safe to discharge/transfer.

As soon as a patient meets these three conditions and remains in a bed, the 'clock' starts and they are classified as 'a delayed transfer'.

The definition of delayed transfers of care used by NHS England is very specific. For example, data on delayed transfers does not include delays in transferring a patient between different wards in the same hospital, or between different hospitals, if the patient still requires acute hospital treatment.

#### 1.2. How are Delayed Transfers of Care measured?

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

Each month NHS England publishes two measures of delayed transfers:

- The total number of bed days taken up by all delayed patients across the whole calendar month.
- The average daily number of delayed transfers across the month. Referred to as 'delayed transfer of care beds', this measure is calculated by dividing the number of delayed days during the month by the number of calendar days in the month.

All hospitals are required to collect delayed transfer data for adults (aged over 18 years) and provide it to NHS England, together with the reasons for these delays.

There are three broad categories:

- reasons related to social care
- reasons related to health care (non-acute)
- reasons related to delays in both health and social care.

	Attributable to NHS	Attributable to Local Authority (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	✓	✗	✗

See Appendix 1: NHS England Data Collection December 2018 for East Midlands comparative performance data.

### 1.3. Why are delayed Transfers of care important?

Keeping patients in hospital longer than required can have long term detrimental effects on the individual and their families, and can place additional strain on health and social care resources. Prolonged stays can affect patient morale, mobility, and increase the risk of hospital acquired infections. Effects on mobility can be particularly felt by older patients. For every 10 days of bed rest in hospital, the equivalent of 10 years of muscle ageing occurs in people over 80 years old, and building this muscle strength back up takes twice as long as it does to deteriorate.

As well as leading to a detrimental loss of independence, this can also mean that patients may require additional health and social care support as a result. A delay in discharging patients also affects the flow of patients through a hospital.

Reducing 'delayed transfers of care' has been a key focus of recent national policies, such as the Better Care Fund (a pooled budget to help councils and NHS organisations to plan and work together to deliver local services). The NHS England 2017/18 mandate sets the expectation that DTOC (NHS, adult social care and jointly attributable combined) should be reduced by September 2017 to 3.5% of occupied hospital beds, or expressed from a local authority perspective, not more than 9.4 people in total delayed in hospital per 100,000 adults.

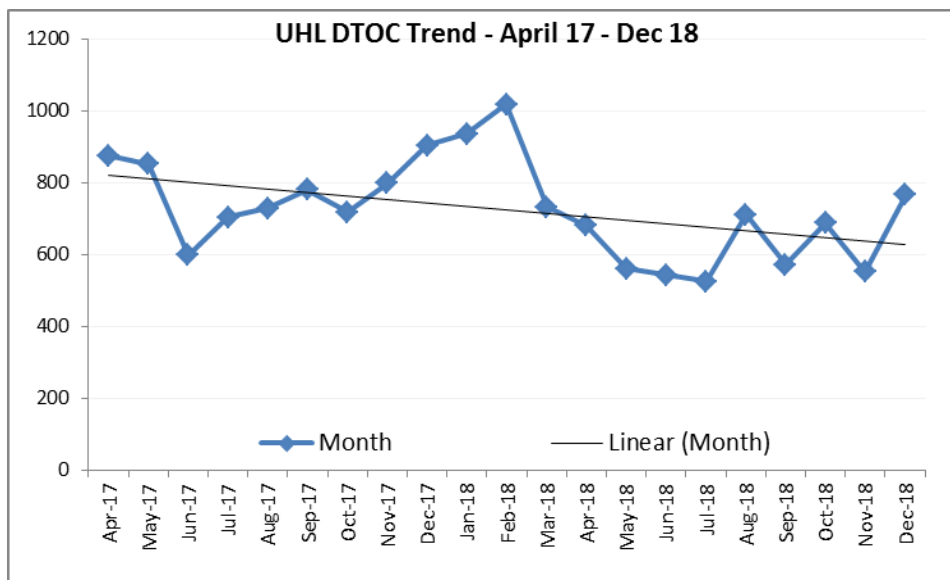
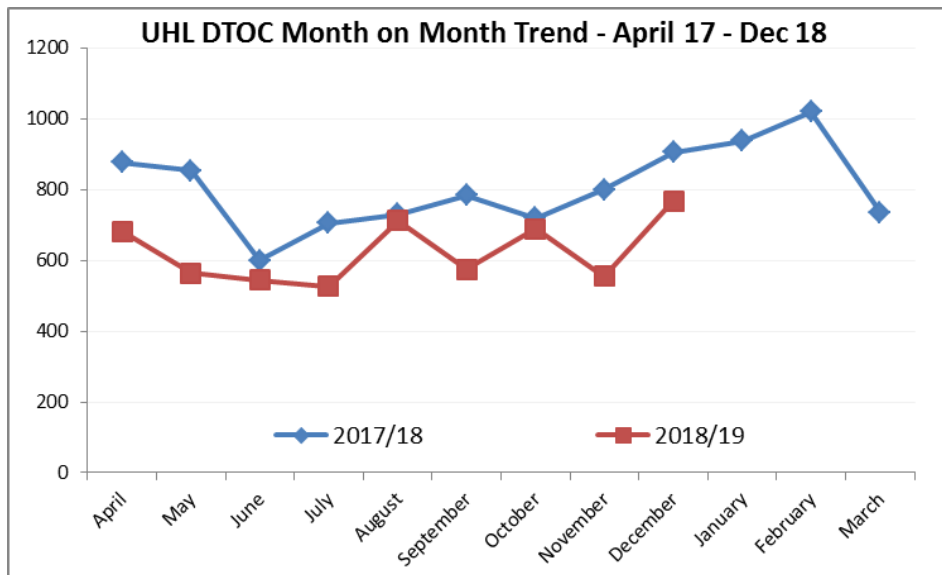
## 2. UHL Current Position

### 2.1. Trend in Bed days Lost through DTOC

The Trusts total bed days lost through patients identified as DTOCs for the first nine months of the year 2018/19 have shown a decrease in 648 bed days. There has been a consistent monthly improvement in bed days lost in comparison to the same period in 2017/18.

#### UHL DTOC - April 2017 - December 2018

Report Month	April	May	June	July	August	September	October	November	December	January	February	March	Grand Total
2017/18	877	853	600	705	730	783	719	800	906	937	1,020	735	9,665
2018/19	682	563	544	527	712	574	689	554	768				5,613



## 2.2. Bed Days Lost by Council Area

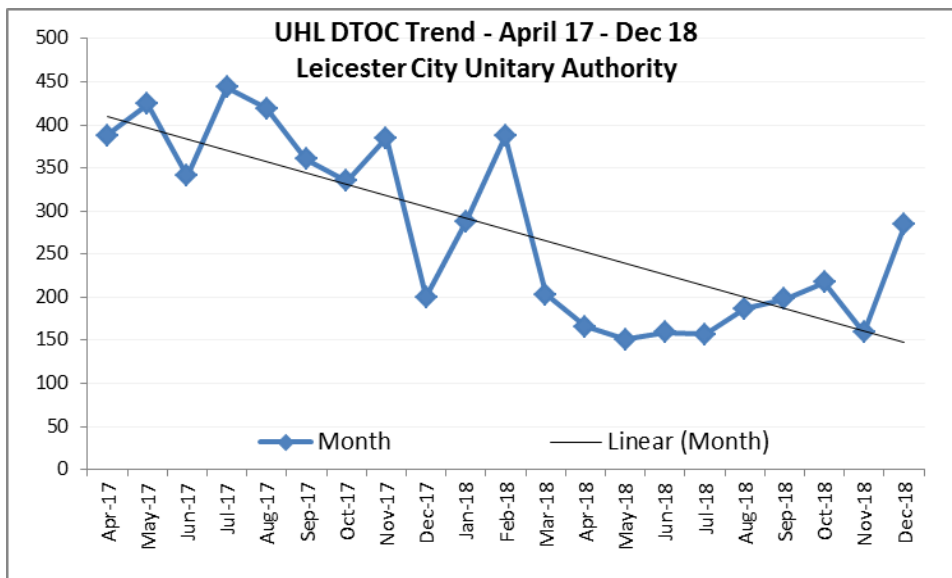
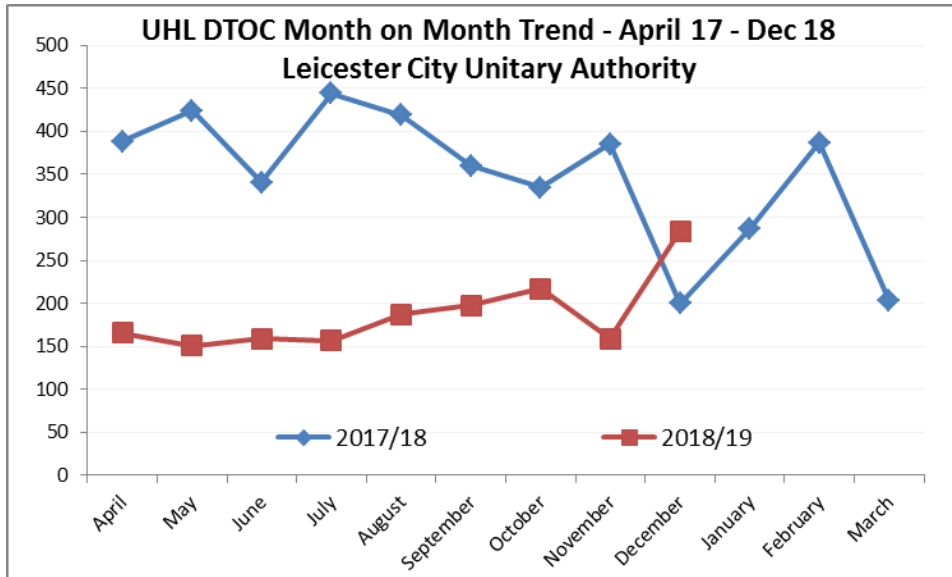
Bed days lost by Council area are tabled below:

*YTD - Apr-Dec 17 vs Apr-Dec 18 by Council Area*

Council Area	2017/18	2018/19	Variance	Variance %
Leicester City Ua	3,296	1,678	-1,618	-49%
Leicestershire	3,588	3,696	108	3%
Rutland Ua	1	2	1	100%
Other Areas	88	237	149	169%
<b>Grand Total</b>	<b>6,973</b>	<b>5,613</b>	<b>-1,360</b>	<b>-20%</b>

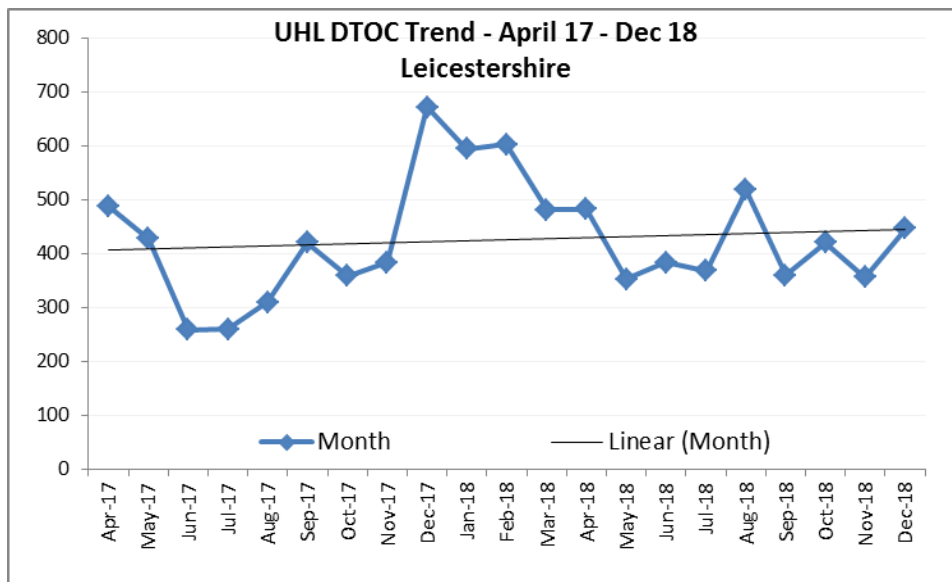
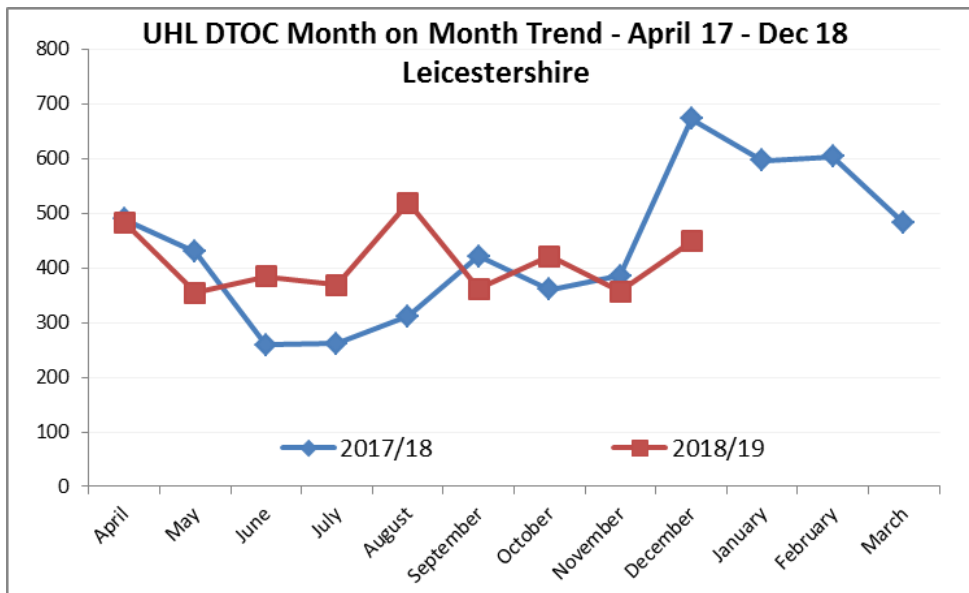
### 2.2.1. Leicester City Unitary Authority Area

The table below illustrates the significant improvements that have been made in DTOC performance since 2017/18, (Appendix 2 Compares with national performance). However since July 2018 there has been a slight increase in the number of patients being delayed.



### 2.2.2. Leicestershire Area Performance

The table below illustrates Leicestershire DTOC performance where improvements can be seen with a downward trend in delays between 2017/18. Most noticeable improvements have been since November 2018.



**2.3. Reason for Delayed Transfers of Care.**

The table below provides a monthly view of the UHL themes of DTOCs by category. The largest categories are from those patients waiting for:

- Further non-acute NHS care
- Residential Home placement
- Nursing Home placement
- Public funding and
- Domiciliary Packages

Social Care delays account for very few delayed transfers of care.

Year Month 31/01/2019

Sum of patient count		ADJUSTED UNIFY CATEGORY		
Council Area	Delayed Discharge Category	NHS	SOCIAL	Grand Total
Leicester City Ua	A - Awaiting assessments	3		3
	B - Awaiting public funding	12		12
	C - Awaiting further non-acute NHS care	48		48
	D(i) - Awaiting Residential Home placement	58		58
	D(ii) - Awaiting Nursing Home placement	34		34
	E - Awaiting Domiciliary Package	26		26
	F - Awaiting Community Equipment	3		3
	G - Awaiting patient / family choice	1		1
<b>Leicester City Ua Total</b>		<b>185</b>		<b>185</b>
Leicestershire	A - Awaiting assessments	41		41
	B - Awaiting public funding	58		58
	C - Awaiting further non-acute NHS care	83		83
	D(i) - Awaiting Residential Home placement	63		63
	D(ii) - Awaiting Nursing Home placement	78		78
	E - Awaiting Domiciliary Package	81	1	82
	F - Awaiting Community Equipment	3		3
	G - Awaiting patient / family choice	11		11
	H - Disputes		4	4
<b>Leicestershire Total</b>		<b>418</b>	<b>5</b>	<b>423</b>
Other Areas	B - Awaiting public funding	20		20
	C - Awaiting further non-acute NHS care	4		4
<b>Other Areas Total</b>		<b>24</b>		<b>24</b>
<b>Grand Total</b>		<b>627</b>	<b>5</b>	<b>632</b>

### 3. Actions to Reduce Delayed Transfers of Care.

Continuing to reduce 'Delayed Transfers of care' is a key action within the Leicester, Leicestershire, and Rutland discharge working group action plan that all partner organisations are working towards across the system. Monthly progress updates in line with DTOCs are provided at the monthly discharge working group.

It is difficult to identify which actions specifically have had the greatest impact on reduction in delays across the patients' pathway in 2018/19 as many initiatives have been implemented to reduce the 'hidden waits' in the patients' pathway. (Discharge to Assess home, Discharge to Assess Bed Based, Hospital Transfer teams attending board rounds, Integrated Discharge team + model ( ED and the emergency Floor), commitment to the 'Home First Principles', multi-agency discharge events, or building upon the strong integrated partnership approach to working.

Key actions over the next 6-12 months include a focus on:

- **Trusted Assessment:**
  - Embed the use of an Integrated Needs Assessment Tool (a multiagency assessment tool)

- Implementation of care home trusted assessment with care home support project officer
- Roll out of 'Red Bag' scheme for sharing of information.
- Implementation of electronic sharing of information
  
- **Patient Choice:**
  - Ensure consistent enactment of the choice policy through information giving and training.
  - Support to self-funding patients through the appointment of an Information and Guidance support officer

#### **4. Conclusion**

The Health and Wellbeing Scrutiny Commission are asked to note the significant progress that has been made across the system with reducing the number of bed days occupied by DTOCs and support the key actions planned to further reduce the delays in the patient's pathway.

The Trust would also like to specifically acknowledge the hard work and commitment that has and continues to take place to reduce delays for our patients, particularly from LCCCG and the City Council's Adult Social Care colleagues.

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## Appendix 1.

**Title:** **Delayed Transfer of Care, NHS Organisations, England**  
**Summary:** Number of Delayed Days during the reporting period, Acute and Non-Acute, for NHS Organisations in England by the responsible organisation.  
**Period:** **December 2018**  
**Source:** NHS England Data Collection - MSitDT  
**Basis:** Local Authority  
**Published:** 14th February 2019  
**Revised:**  
**Status:** Published  
**Contact:** Paul Steele - england.nhsdata@nhs.net

Region	ONS Geography	Code	Name	Delayed Days			
				NHS	Social Care	Both	Total
-	-	-	<b>England</b>	79,237	38,934	11,203	129,374

DTCO Beds			
NHS	Social Care	Both	Total
2,556	1,256	361	4,173

East Midlands	E06000015	507	Derby UA	277	25	0	302
East Midlands	E10000007	506	Derbyshire	665	244	6	915
East Midlands	E06000016	509	Leicester UA	464	31*	18	513
East Midlands	E10000018	508	Leicestershire	1,001	78	166	1,245
East Midlands	E10000019	503	Lincolnshire	1,207	207	240	1,654
East Midlands	E10000021	504	Northamptonshire	921	788	192	1,901
East Midlands	E06000018	512	Nottingham UA	1,273	195	146	1,614
East Midlands	E10000024	511	Nottinghamshire	1,690	2	65	1,757
East Midlands	E06000017	510	Rutland UA	56	13	12	81

9	1	0	10
21	8	0	30
15	1	1	17
32	3	5	40
39	7	8	53
30	25	6	61
41	6	5	52
55	0	2	57
2	0	0	3

- These days are wrongly attributed to Leicester due to a SitRep error. Should be 0.

# Appendix 2

Daily DTOC beds, all, per 100,000 population aged 18+ (from Dec 2017 to Dec 2018) for Leicester & England

