

Appendix 2: About the delayed transfers of care measures

NHS England publish figures for the total number of delayed days during the month, categorised by:

- The type of care the patient receives – acute or non-acute.
- The organisation responsible for the delay – this can be either the NHS, social care or both. For example, if the patient is awaiting a NHS continuing healthcare assessment, then the NHS is the responsible organisation.
- 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.

Prior to April 2017, NHSE also collected data on the number of patients delayed on the last Thursday of the month, by the same categories above. This measure has now been replaced by a similar measure called DTOC Beds. Calculated by dividing the number of delayed days during the month by the number of calendar days in the month this provides an average daily number of delays, enabling more appropriate comparison from month to month.

To enable local authorities to make meaningful comparisons with other areas, further measures have been created in [LG Inform](#) (link to list) to provide a rate per 100,000 population aged 18 and over. Recent targets set by NHS England used a measure of DTOC beds per 100,000 population aged 18+.

As hospitals do not have a defined population, the rate to enable comparison across different providers is presented as **delayed days as a percentage of occupied beds**. Data on occupied beds is published on a quarterly basis as a daily average. The DTOC rate for trusts is presented as DTOC beds (daily average) as a percentage of the average number of occupied overnight beds.

A summary of the types of measures produced is detailed in the table below.

Measure type	Explanation
Total delayed days	This is the actual number of bed days occupied by patients during the month who are ready to depart from care but still occupying a hospital bed. Areas with larger populations or larger hospitals would be expected have a higher number of delayed days.
DTOC beds	This is the daily average number of delayed bed days. It is calculated by dividing the total delays for the month by the number of days in the month. As above, larger areas and hospitals would be expected to have a larger number of DTOC beds. By using a daily average, any changes to the number of delayed days as a result of the length of the month are

	accounted for, allowing a more accurate month on month comparison.
Delayed days <u>or</u> DTOC beds per 100,000 population aged 18+	Taking the measures above this rate takes account of the size of the adult population and enables useful comparison between local authorities, and with the national rate as a whole.
DTOC beds as a % of occupied beds	This measure provides a meaningful comparison across Trusts as it presents the number of delays per day in the context of the overall capacity of the hospital. A national rate can also be calculated as a benchmark using the total DTOC beds and the daily average of occupied beds across England as a whole.

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.

Working this backwards using the latest data available:

Number of occupied beds as at 2017/18 Q1 for England is 113,242.

The adult population for England in 2016 is 43,482,790.

- So at 3.5% of occupied beds, the number of DTOC beds for England as a whole would be 3.5% of 113,242. This works out as 3,963 DTOC beds.
- Using the local authority population based rate this would be calculated as the total population divided by 100,000, then multiplied by 9.4 to give 4,087 DTOC beds.
- So overall, accounting for rounding this gives a national target of around 4,000 beds occupied by patients who are ready to leave hospital but still occupying a bed, per day.

Reasons for delay

	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	✓	×	×

A patient is only be counted in ONE category of delay each day, 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 above also shows which reasons can be attributed to NHS, local authority and both.

The total 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 D ii. Data for the indicators covering reasons for delay includes ALL adults who have been receiving treatment and are awaiting discharge, not just those aged 75 and over.

