

Procedure for Monitoring of Delayed Transfers of Care

Effective: June 2009

Review: June 2012

Definition (taken from SITREP Definitions and Guidance)

A delayed transfer of care occurs when a patient is ready for transfer from acute care, but is still occupying a bed designated for such care. 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 social care professionals, caring for that patient in an acute setting.

Include all delays of patients leaving the acute sector. This includes patients waiting to move to a non-acute bed within the same trust. Do **not** include delays of patients moving from one acute bed to another, even if these beds are in different trusts.

For patients of no fixed abode, the council responsible for the patient is the council whose area they reside. This is irrespective of whether the patient lives on the street or in a hostel.

Asylum seekers and others from overseas should be listed under the council in which they currently reside. It is the responsibility of this council to decide whether they are eligible for social services.

Acute trusts therefore need to monitor the following:

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

Data Requested from the Wards

The wards are requested to complete a delayed transfer of care survey form (Appendix I) to inform of patients who are delayed in their transfer of care. The information submitted needs to include the following parameters:

- Hospital site
- Ward
- Medical Record Number
- Patient surname
- Patient date of birth
- Multi-disciplinary fit date
- Reason for Delay (See Appendix II)

Source

- **Wards – paper copy**

Collection of paper survey sheets from all acute adult wards across the Trust is co-ordinated by the Emergency Care Facilitator every Monday (or the first working day after a bank holiday). (See Appendix I)

Data Entry

A standard template is used for the entry of each week's reported delayed transfers of care. A new copy is made for each week and is password protected in line with the Caldicott guidelines.

For each entry:

- The area of residence needs to be correctly allocated. This is identified as the local authority assigned to the postcode
- PAS should be checked for a discharge date, which should be entered accordingly into the "actual discharge date" column.
- The number of days delay is calculated as the number of days during that week (that is from the survey date up to the following Monday – giving a maximum of 7 days delay). If the patient is discharged during this period the number of days delay are calculated as the number of days between the survey date and the date of discharge.

Removals

Delays meeting any of the criteria identified below are removed from the spreadsheet and placed in the removals sheet (as they do not meet the SITREP definition – see Appendix III pages 17-24 for a full copy of the SITREP Guidance and Definitions):

1. Patients who are only deemed **multi-disciplinary** fit for discharge on the survey date.
2. Patients who have been awaiting assessment for less than 7 days.
3. Patients who are waiting for transfer to another acute care setting.
4. Patients who are discharged on the survey date.
5. Patients under the age of 16.
6. Patients who have not been agreed as fit for discharge by the multi-disciplinary team.

Validation

Once all the data has been entered correctly the spreadsheet needs to be sent out to relevant social services colleagues, by Wednesday of the survey week, for comments and validation (Appendix IV provides an up to date list of colleagues providing validation). On receipt of comments further alterations and removals may be necessary.

Reporting

The delayed transfers of care figures are required as part of the mandatory weekly SITREP return to the Department of Health (submitted every Tuesday to report activity from the previous week) via the following web link:

<http://nww.unify2.dh.nhs.uk/unify/interface/homepage.aspx>

Figures are reported by area of residence. For each the number of patients and the sum of days delayed in that week need to be reported by reason and by responsibility. Social Services Colleagues must have agreed the data before submission.

**Reviewed by Patient Services Manager
Version 2**

APPENDIX I

A patient must fulfil the following criteria in order to be identified as a delayed discharge:

1. Agreed as multi-disciplinary team (MDT) fit by all disciplines involved in the patient's care prior to the date of the survey
2. Over the age of 16.
3. Delayed in hospital beyond their planned discharge data for non-medical reasons.
4. Must not be going for further acute care.

HOSPITAL	
WARD	
WEEK COMMENCING	
NAME OF STAFF COMPLETING FORM	

PATIENT SURNAME	PATIENT DoB	MEDICAL RECORD NUMBER	MDT FIT DATE	DELAY REASON CODE	COMMENTS

Reason Codes:

1. Awaiting completion of assessment >7 days
2. Awaiting further non-acute NHS care (including intermediate care, rehab care, continuing care)
3. Awaiting residential/nursing home placement/availability
4. Awaiting domiciliary package
5. Patient or Family choice
 - a. Initial Period Making a choice
 - b. Patient chosen suitable accommodation but not available
6. Disputes
7. Housing
8. Other

APPENDIX II

(Taken from SITREP Definitions and Guidance

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4070311)

Reasons for delayed transfer of care

Total number of patients, on Thursday of the reporting period, who are:

1. Awaiting completion of assessment
2. Awaiting further (non acute) NHS care (including intermediate care, rehabilitation services).
3. Awaiting residential/nursing home placement/availability
4. Awaiting domiciliary package
5. Patient or Family choice.
 - a. Initial period making a choice
 - b. Patient chosen suitable accommodation but not available
6. Disputes.
7. Housing – patients not covered by NHS and Community Care Act
8. Other

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.

Data for the indicators covering reasons for delay should include ALL adults who have been receiving acute care (excluding maternity, psychiatry and learning disabilities) awaiting discharge, not just those aged 75 and over.

1. Delay awaiting assessment

All patients whose transfer is delayed due to them waiting completion of an assessment of their future care needs and identifying 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. Trusts will want to identify with their Social Services partners where in the process, and why, delays are occurring. Any existing local agreements about built-in time to undertake assessments before delay is counted no longer apply.

Trusts 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.

2. Delays awaiting further non-acute NHS care, including intermediate care

All patients whose assessment is complete but transfer is delayed due to awaiting further non-acute NHS care, i.e. any non-acute health care, including intermediate care. Also continuing health care fully funded by the NHS in the independent sector. This should not include delays in providing NHS care provided in the patient's own home,

such as that provided by a District Nurse. These delays should be recorded under '4-Delay due to awaiting domiciliary package'. See below for details.

3. 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).

4. Delay due to awaiting domiciliary package

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, which 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 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.

5. 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 social care 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 bed is not an appropriate place to wait and the alternatives that 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'.

6. 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 councils 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, which 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 own home and they felt they should be offered a residential care placement, it would be listed under social services responsibility, residential care.

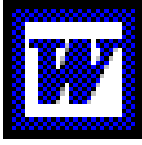
7. Housing – patients not covered by NHS and Community Care Act

This is a new category introduced after feedback. The guidance accompanying the Community Care (Delayed Discharges etc.) Act 2003 requires social services departments to make appropriate interim arrangements for patients delayed waiting for housing, rather than allow them to remain in hospital when they are fit to move on. If there are delays in arranging the interim placement, their 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 community care services and therefore are not the responsibility of social services. Examples could be asylum seekers or single homeless people.

We have therefore introduced a new box to cover housing delays **where these relate to people who are not eligible for community care services**. 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.

APPENDIX III



"SITREPS 2004 -
definitions.doc"

(Double click on link to open up Word Document).

APPENDIX IV

DELAYED DISCHARGES VALIDATION CONTACTS

All delays go to:

Sue Cummings: sue.cummings@nuth.nhs.uk

All delays due to “Awaiting NHS Care” go to:

Patient Services Co-ordinators: patient.services@nuth.nhs.uk

All Newcastle SSD delays at the FH and WGH go to:

Aideen Murphy: aideen.murphy@newcastle.gov.uk

Linda Thirkeld: Linda.thirkeld@newcastle.gov.uk

All Newcastle SSD delays at the NGH go to:

Claire Alder: claire.alder@newcastle.gov.uk

All Newcastle SSD delays at the RVI go to:

Elizabeth Howliston: elizabeth.howliston@newcastle.gov.uk

All North Tyneside SSD delays go to:

Georgia Douglas: georgia.douglas@northtyneside.gov.uk

All Gateshead SSD Delays go to:

Katherine Stewart: katherine.stewart@ghnt.nhs.uk

Maureen Stainthorpe: maureen.stainthorpe@ghnt.nhs.uk

All Northumberland SSD Delays go to:

Kay Rogerson: kay.rogerson@northumberlandcaretrust.nhs.uk

All Sunderland SSD delays go to:

Norman Wilson: norman.wilson@sunderland.gov.uk

All Durham SSD delays go to:

Alison Cooke alison.cooke@sdurham.gov.uk