1 Introduction

The Trust is required to collect and report information in relation to delayed transfers of care.

Delayed Transfers of Care reflects the provisions of the Community Care (Delayed Discharges, etc.) Act 2003. The Act introduced responsibilities for the NHS to notify social services of a patient’s likely need for community care services on discharge, and to give 24 hours notice of actual discharge. The Act also requires local authorities to reimburse the NHS Trust for each day an acute patient’s discharge is delayed where the sole reason for that delay is the responsibility of social services, either in making an assessment for community care services or in providing those services. These reimbursements only apply to delayed transfers of acute patients.

Trusts therefore need to monitor the following separately for acute and non-acute patients:

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

Local monitoring will need to take place on a daily basis in order to calculate any reimbursement charges payable. However, SITREP returns will continue only to be required on a monthly basis by Strategic Health Authorities and the Department of Health.

The Delayed Transfers of care and reimbursement definitions of acute care are consistent in that they both refer to patients and not beds. Reimbursement applies to delays affecting those patients admitted for, and who have been receiving, acute care. In the understanding that acute care is not always provided from an acute bed, the focus of reimbursement stresses the type of care the patient has received at the hospital, not the bed he or she has been allocated to.

2 Scope

This procedure applies to all inpatient wards providing care to patients aged 16 years and over.
3 Aims

The aim of the procedure is to ensure a clear and robust understanding of the definitions and mechanisms in place for monitoring Delayed Transfers of Care.

4 Duties (Roles and responsibilities)

Roles and responsibilities of the following
- Trust Board – to receive reports in relation to Delayed Transfers of Care
- Patient Services – responsible for implementation of procedure
- Directorate Managers and Directorate Directors – to ensure clinical areas follow reporting procedure
- Matrons & Ward staff – to provide accurate and timely information in relation to delayed transfers of care

5 Definitions

Definition of a Delayed Transfer of Care

A delayed transfer of care from acute or non-acute care occurs when a patient is ready to depart from such care and is still occupying a bed. 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 the 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.

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.

6 Procedure for Monitoring of Delayed Transfers of Care

6.1 Data Requested from the Wards

Each Tuesday the wards will be contacted by the Emergency Care Facilitator and/or another member of Patient Services and they will be requested to provide the following information regarding patients who are delayed in their transfer of care in order for the Patient Services team to complete a delayed transfer of care returns through Unify. The information requested will include the following parameters:

- Hospital site
• Ward
• Medical Record Number
• Patient last name and first name
• Patient date of birth
• Multi-disciplinary fit date
• Reason for Delay (See Appendix 2)

In order to have the relevant information at hand, appendix 1 can be used to fill in the required information fields.

**Source**

- **Wards – phone call**
  Collection of delayed transfers of care via a phone call to all acute and non-acute adult wards across the Trust is co-ordinated by the Emergency Care Facilitator every Tuesday (or the first working day after a bank holiday). (See Appendix I)

6.2 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 and is source from the electronic patient record.
- The patient’s actual Discharge date is gained from the electronic patient record.
- The number of days delay is calculated as the number of days during the period of reporting. If the patient is discharged during this period the number of days delay is calculated as the number of days between the survey date and the date of discharge.

6.3 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 delayed transfers definition.

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

Once all the data has been entered correctly the information is forwarded to relevant social services colleagues for comments and validation. On receipt of comments further alterations and removals are made to the report as necessary.

6.5 Reporting

The delayed transfers of care figures are required as part of the mandatory monthly SITREP return to the Department of Health (submitted on the dates provided by the Department of Health to report activity from the previous month) via the following web link: [http://nww.unify2.dh.nhs.uk/unify/interface/homepage.aspx](http://nww.unify2.dh.nhs.uk/unify/interface/homepage.aspx) (N.B. Only staff with a Unify account can log in to the system)

Figures are reported by area of residence. For each area, the number of patients on the last Thursday of the reporting period plus the sum of days delayed for all patients in the reporting period need to be reported by reason and by responsibility authority / organisation. Social Services Colleagues must have agreed the data before submission.

7 Training

Each ward gains an understanding of Delayed Transfers of Care through the policy definition and through learning from clinical colleagues.

8 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.

9 Monitoring Compliance

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure for Monitoring of Delayed Transfers of Care</td>
<td>Delayed Transfers of Care are reported externally through Unify on a Monthly basis. Internal reporting of Delayed Transfers of Care is quarterly and Annually through the Discharge Working Group</td>
</tr>
<tr>
<td></td>
<td>Patient Services Manager</td>
</tr>
<tr>
<td></td>
<td>Discharge Working Group – notes of meeting identified quarterly and annual reviews</td>
</tr>
<tr>
<td></td>
<td>Quarterly / annually</td>
</tr>
</tbody>
</table>
10 Consultation and Review

The Procedure for Monitoring of Delayed Transfers of Care is in keeping with the Department of Health, Monthly Delayed Transfer of Care SitRep, Definitions and guidance, Version 1.06.

Comments in relation to this procedure were sought from members of the Discharge Working Group which is also the approving committee.

11 Implementation (including raising awareness)

Directorate Managers and Matrons will be advised via the Trust Policy newsletter of this revised document for cascade within their area of management responsibility.

12 References

Department of Health, Monthly Delayed Transfer of Care SitRep, Definitions and guidance, Version 1.06.

Community Care (Delayed Discharges, etc.) Act 2003, DoH, 2003.
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.

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 2
(Taken from Monthly Delayed Transfer of Care SitRep, Definitions and guidance, Version 1.06.)

Reasons for delayed transfer of care

Both the number of patients whose transfer of care is delayed (a) and the number of days delayed within the month (b) are subdivided by the reasons for delay:

<table>
<thead>
<tr>
<th>Reason for Delay</th>
<th>Attributable to NHS</th>
<th>Attributable to Social Care</th>
<th>Attributable to both</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Awaiting completion of assessment</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>B. Awaiting public funding</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>C. Awaiting further non-acute (including PCT and mental health) NHS care (including intermediate care, rehabilitation services etc)</td>
<td>✓</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>D i). Awaiting residential home placement or availability</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>D ii). Awaiting nursing home placement or availability</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>E. Awaiting care package in own home</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>F. Awaiting community equipment and adaptations</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>G. Patient or Family choice</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>H. Disputes</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>I. Housing – patients not covered by NHS and Community Care Act</td>
<td>✓</td>
<td>✗</td>
<td>✗</td>
</tr>
</tbody>
</table>

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. The table also shows which reasons can be attributed to NHS, Social Care and both.

Data for the indicators covering reasons for delay should include ALL adults who have been receiving treatment and are awaiting discharge, not just those aged 75 and over.

A) Delay awaiting assessment
All patients whose transfer is delayed due to them awaiting completion of an assessment of their future care needs and an identification of 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.

B) Delays awaiting public funding
All patients whose assessment is complete but transfer has been delayed due to awaiting Social Services funding (e.g. for residential or home care), or NHS funding (e.g. for nursing care or continuing healthcare). This should also include cases where Social Services and NHS have failed to agree funding for a joint package or an individual is disputing a decision over fully funded NHS continuing care in the independent sector. It does not include delays due to arranging other NHS services (residential or community) – see below.

C) Delay awaiting further NHS care, including intermediate care
All patients whose assessment is complete but transfer is delayed due to awaiting further NHS care, i.e. any non-acute (including PCT and mental health) care, including intermediate care. Also continuing health care fully funded by the NHS in the independent sector. It also includes where a decision has been made to defer a decision on continuing health care eligibility, and to provide NHS-funded care (in a care home, the patient’s own home or other settings) until an eligibility decision is made but the transfer into this care is delayed.

Acute delayed transfers of care:
Include all delays of patients leaving acute care. This includes patients waiting to move to non-acute care within the same trust. Do not include delays of patients continuing to receive acute care moving from one bed to another, even if these beds are in different trusts.

Non-acute (including PCT and mental health) delayed transfers of care:
Include all delays of patients leaving non-acute (including PCT and mental health) care. This includes patients waiting to move to other types of non-acute (including PCT and mental health) care within the same trust. Do not include delays of patients continuing to receive the same type of non-acute (including PCT or mental health) care moving from one bed to another, even if these beds are in different trusts.

These should not include delays in providing NHS-funded care provided in the patient’s own home, such as that provided by a District Nurse (rather than a conscious decision to defer consideration of eligibility for continuing health care). These delays should be recorded under ‘E’ – delay due to awaiting care package in own home. See below for details.
D) 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. These patients should be counted under category G.

E) Delay due to awaiting care package in own home
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 that 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 (including PCT and mental health) 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.

F) Delays due to awaiting community equipment and adaptations
All patients whose assessment is complete but transfer is delayed due to awaiting the supply of items of community equipment. (Note that the Community Care (Delayed Discharges etc.) Act (Qualifying Services) England) Regulations 2003 stipulate that all items of community equipment and minor adaptations must be provided free of charge.)

Where equipment is provided via a service delivered in partnership between the NHS and the local authority, it should nonetheless be possible to identify the cause of any delay, and the parties responsible. Where delays are solely the responsibility of the council, such delays should be included in the attributable to Social Care columns.

G) 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 setting is not an appropriate place to wait and alternatives 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 patient’s 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’.

H) 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, who 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 their own home and they felt they should be offered a residential care placement, it would be listed under social services responsibility, residential care.

I) Housing – patients not covered by NHS and Community Care Act
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, the reason for delay should be recorded under that of the delayed interim package (eg 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.

The focus of the form is on delays to patients leaving the medical environment. Where patients are eligible for community care services, and major home adaptations or alternative housing arrangements are needed for safe discharge, social services staff should inform and work with housing counterparts to arrange the necessary services. Remaining in a medical setting whilst long-term adaptations are made, however, is not an appropriate care option. In these circumstances, social services will need to make appropriate interim provisions to enable the patient to move on from the medical environment. Social Services are deemed liable for reimbursement for delays in the arrangements of interim social care provision in these circumstances.

The revised form reflects these arrangements. If there is likely to be a housing-related delay, social services should focus on finding an interim placement. Any delays in providing interim care should be recorded under the appropriate box on the new form, for instance, under domiciliary care or residential care, as appropriate.

Interim arrangements are of course intended to be provided on a temporary basis. If long-term arrangements of housing support are a significant problem in making discharge arrangements for patients, councils should ensure they have their own monitoring arrangements to inform progress.

Some patients delayed waiting for housing support are **not** eligible for community care services. This means their discharge is not the responsibility of social services and such delays are not eligible for reimbursement. In response to feedback from councils, we have introduced a new category 'I' on the form to cover this group of patients, who might include asylum seekers or single homeless people. Please see the section I in this guidance document for further detail.
Other
This section of the form was removed because it was being used inconsistently across the country. For instance, some organisations included significant ‘free text’ explanations of individual delays. The new version of the form should cover the main reasons for delays – SITREPs are intended to give a brief national overview only. Most genuine “other” reasons fall generally under patient choice or disputes. If specific individual cases need further elaboration they should be recorded under the nearest appropriate category and discussed at a local level.
The Newcastle upon Tyne Hospitals NHS Foundation Trust

**Equality Analysis Form A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

**PART 1**

1. **Assessment Date:** 27/02/2015

2. **Name of policy / strategy / service:**
   - Procedure for Monitoring of Delayed Transfers of Care

3. **Name and designation of Author:**
   - Dot Kyle, Patient Services Manager

4. **Names & designations of those involved in the impact analysis screening process:**

5. **Is this a:**
   - Policy x
   - Strategy
   - Service

   **Is this:**
   - New
   - Revised x

   **Who is affected**
   - Employees x
   - Service Users x
   - Wider Community x

6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** *(These can be cut and pasted from your policy)*
   
   The aim of the procedure is to ensure a clear and robust understanding of the definitions and mechanisms in place for monitoring Delayed Transfers of Care.

7. **Does this policy, strategy, or service have any equality implications?** Yes □ No x

   **If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:**
   
   This policy is a process for monitoring delayed transfers of care, rather than patient care. This has been discussed with Lucy Hall.
8. **Summary of evidence related to protected characteristics**

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex (male/ female)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion and Belief</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>National guidance defines delayed transfers of care as people aged 16 years and over</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender Re-assignment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage and Civil Partnership</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternity / Pregnancy</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. **Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?**

___________________________________________________________________________________________

10. **Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.**

Do you require further engagement?  Yes [ ]  No [X]

11. **Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?**

No
PART 2

Name: Dot Kyle

Date of completion: 27/02/2015

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)