

Appendix D - Delayed Transfers of Care – Monthly Digest

Introduction

This monthly digest provides a summary of delayed transfers of care performance against the Better Care Fund (BCF) target at August 2017, as well as a commentary on the weekly census data up to 26th October 2017.

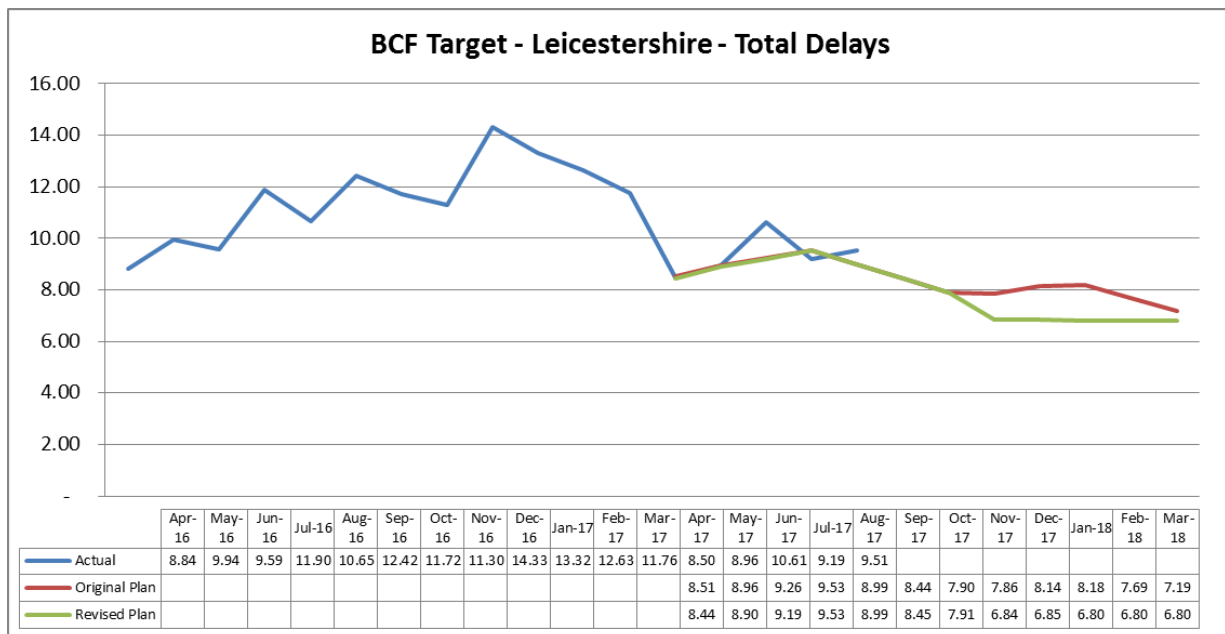
BCF guidance 2017/18

BCF planning guidance was released on 4th July 2017. The guidance contained a requirement for all areas to reduce the number of delayed transfers of care. The NHS England Mandate for 2017/18 sets a target for reducing Delayed Transfers of Care (DToc) nationally to 3.5% of occupied bed days by November 2017. This equates to the NHS and Local Government working together so that, at a national level, delayed transfers of care are no more than 9.4 days delayed per day in every 100,000 adults. For Leicestershire, this equates to delayed transfers of care being no more than 6.8 days delayed per day in every 100,000 adults.

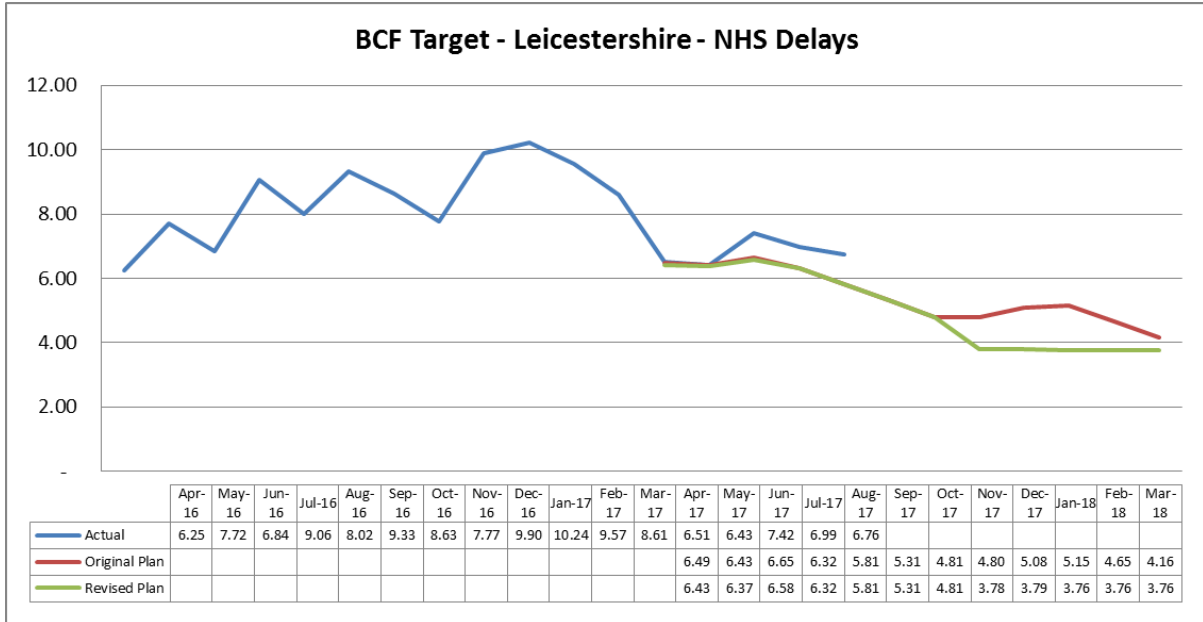
Revised trajectories were submitted to NHS England on 12 October 2017 to hit the 6.8 target by November 2017. This report shows performance against both the originally proposed trajectory and the revised trajectory.

Actual performance against the BCF targets

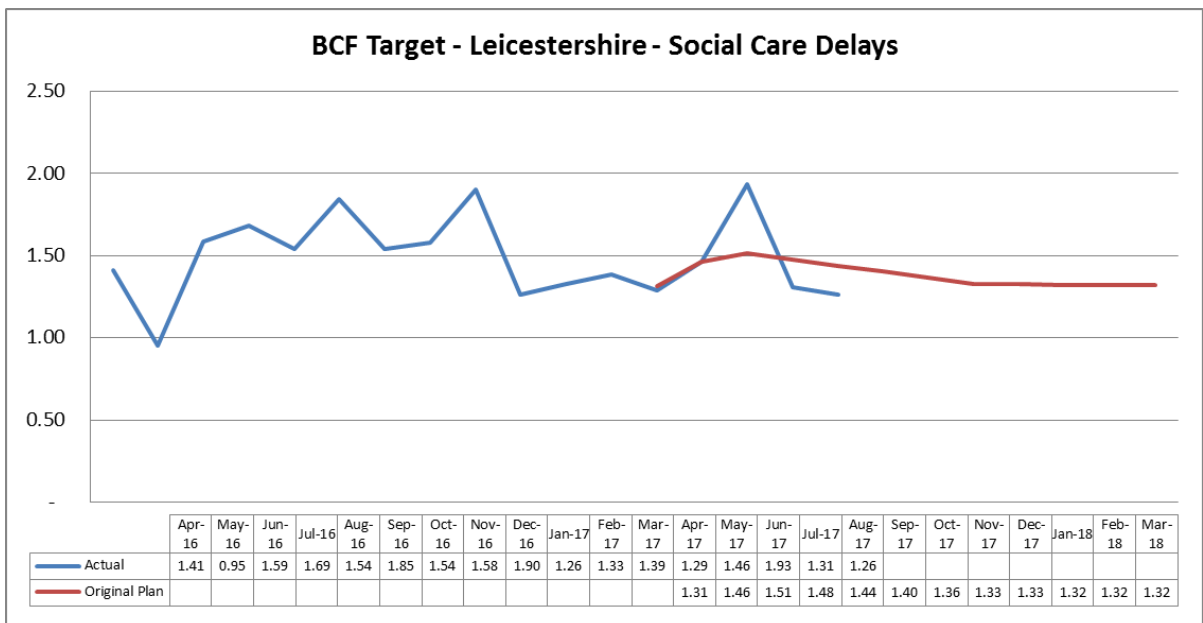
In August there were 1,611 days delayed, a rate of 294.95 per 100,000 population against a target of 278.57. Or 9.51 average days delayed per day per 100,000 population against a target of 8.99. This is worse than the target and is RAGed as red in recognition of that performance.



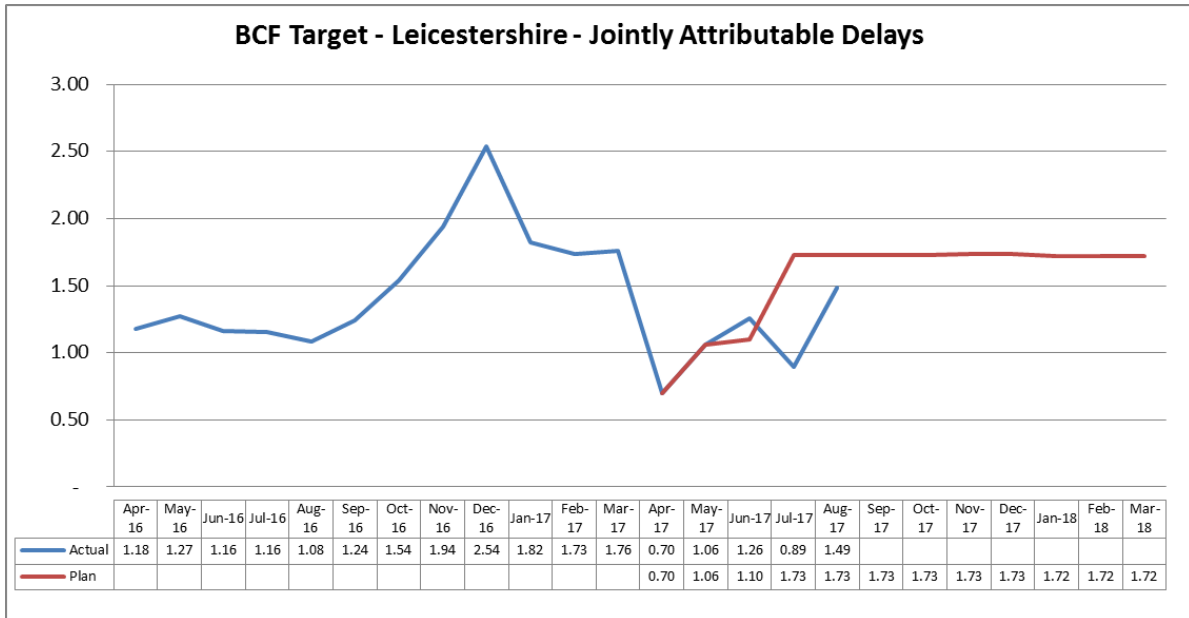
71% of these delays were attributable to the NHS. In August there were 1,145 days delayed that were attributable to the NHS, a rate of 209.64 per 100,000 population against a target of 180.26. Or 6.76 average days delayed per day per 100,000 population against a target of 5.81. This is statistically significantly different to the target and would be RAGed as red in recognition of that performance.



13% of these delays were attributable to social care. In August there were 214 days delayed that were attributable to social care, a rate of 39.18 per 100,000 population against a target of 44.61. Or 1.26 average days delayed per day per 100,000 population against a target of 1.44. This is better than the target and would be RAGed as green in recognition of that performance.



16% of these delays were jointly attributable. In August there were 252 days delayed that were jointly attributable, a rate of 46.14 per 100,000 population against a target of 53.69. Or 1.49 average days delayed per day per 100,000 population against a target of 1.73. This is better than the target and would be RAGed as green in recognition of that performance.

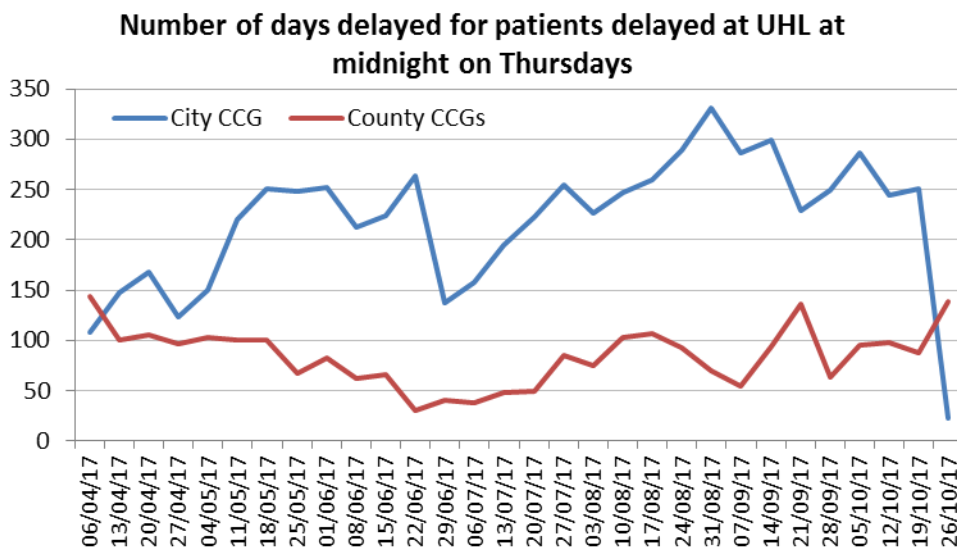
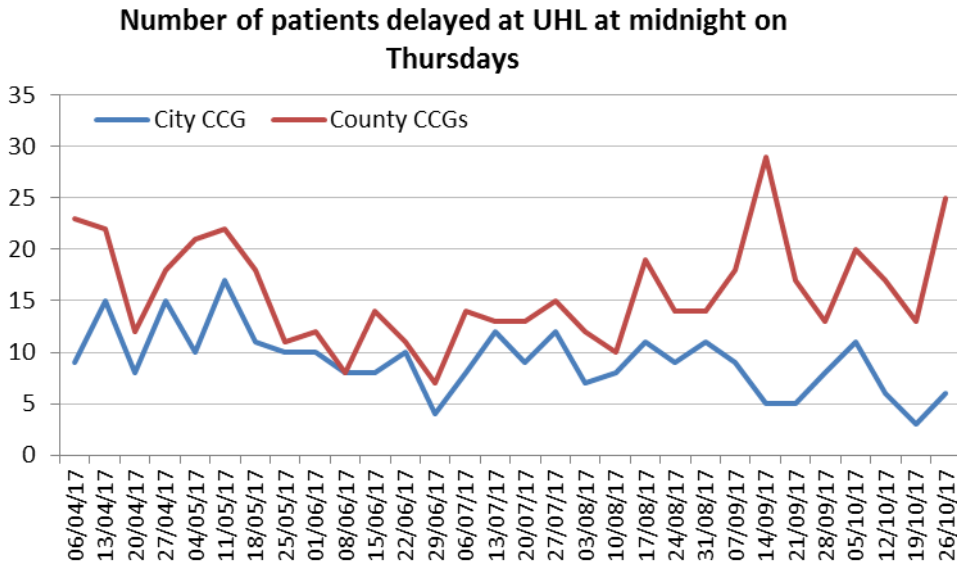


Real-time performance

Up to date data regarding patients that are delayed is made available via Midlands & Lancashire Commissioning Support Unit. This data is a census of weekly patients that are delayed at local providers only (University Hospitals of Leicester (UHL) NHS Trust and Leicestershire Partnership Trust (LPT)). The BCF target is for all providers where Leicestershire residents are delayed. It relates to the numbers of all days delayed for patients during the month, as opposed to the numbers of patients delayed or the numbers of days those patients are delayed as recorded by the weekly census returns. It is not possible to aggregate the weekly census figures as that would mean double-counting patients who had been waiting over a week.

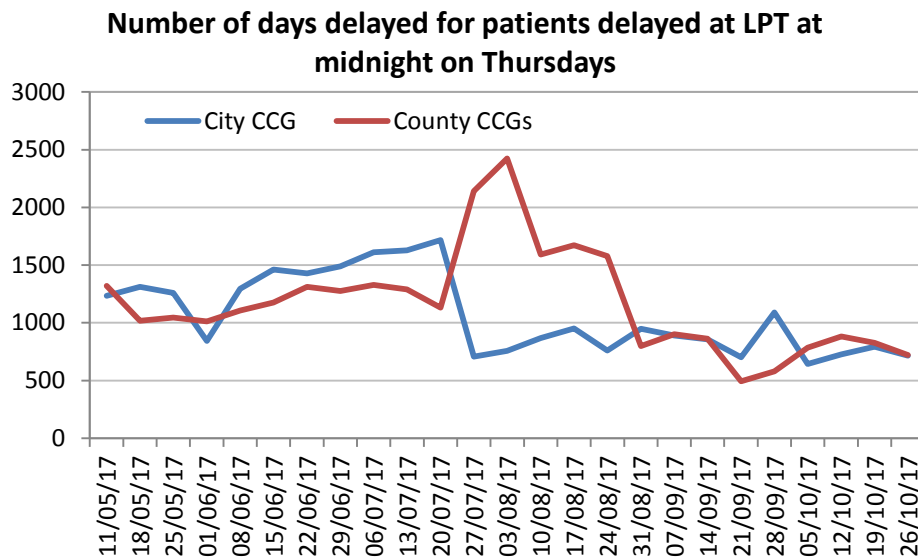
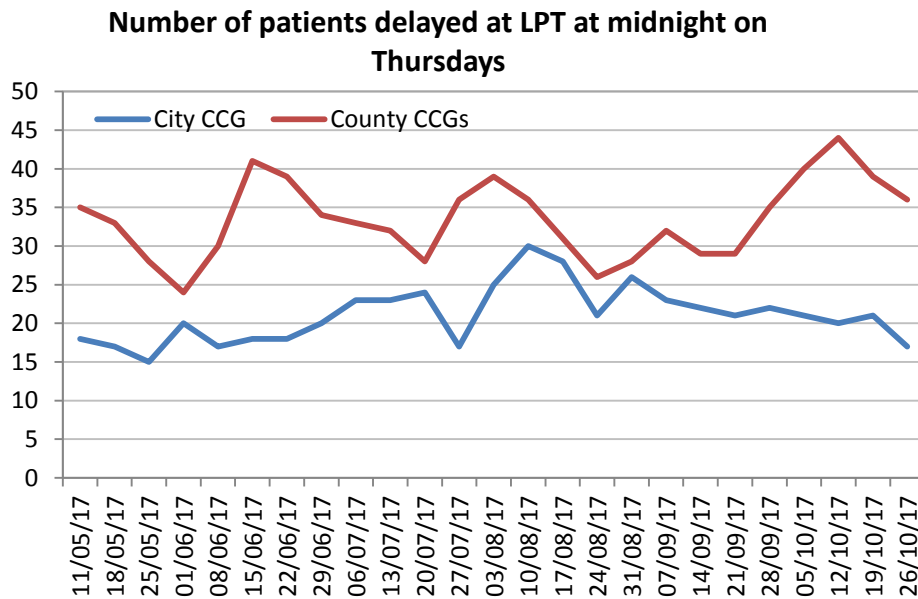
However, weekly census numbers of delayed patients, and their numbers of days delayed do provide a useful insight into what is happening more recently than the monthly reports.

Following a big increase in September, the number of Leicestershire patients delayed at UHL had decreased to more usual levels in recent weeks before an unexpected increase in the most recent week. Meanwhile, the total numbers of days that these patients have been delayed saw an increase four weeks ago, but the numbers decreased to more usual levels and before rising for the most recent weeks. The levels in September and October were higher than was observed in July for UHL.



Note: The weekly data supplied in the graphs above is provisional data, which is validated nationally on a monthly basis six weeks after the end of a given month.

At LPT, the number of patients delayed has been showing peaks and troughs since May of this year. The numbers rose in early August, but then decreased before rising again in late September/early October. The numbers have fallen slightly in the most recent two weeks. The number of bed days delayed doubled in late July/early August compared to the period June – mid-July. The numbers have reverted to lower levels in late-August/early September but have shown an increase in late September/early October before decreasing slightly in the most recent two weeks.



For the hospitals combined, the numbers of days delayed in September were lower than was observed in August and this suggests that the September monthly performance against the BCF target will improve. October's numbers again suggest an improvement on August, but it is not possible to predict if the improvement is enough to hit the required trajectory target.

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