

# Statistical Bulletin





## Delayed Transfers of Care in Wales: 2017–18

27 September 2018 SB 58/2018

Chart 1: Total number of delayed transfers of care in Wales and three month rolling average, October 2004 onwards



#### **Key Points**

- Over the longer term, there has been a reduction in the number of delayed transfers of care, mainly due to falls in mental health ward delays. The number of delays in 2017-18 are at similar levels to those seen in 2016-17.
- Betsi Cadwaladr, Abertawe Bro Morgannwg and Aneurin Bevan had the highest number of delays in most months of 2017-18;
- Abertawe Bro Morgannwg and Aneurin Bevan had the highest rates per 10,000 population aged over 75 in 2017-18; historically Cardiff and Vale and Cwm Taf had higher rates but they have reduced in recent years.

## About this bulletin

This Statistical Bulletin presents summary information on the reported numbers of delays within transfers of care in NHS Wales.

A delay occurs when a patient is ready for either discharge or the next stage of their health care cycle and is delayed for other reasons, which are given in more detail.

This information is published monthly along with other key indicators as part of the <u>NHS</u> <u>Activity and Performance</u> <u>Summary.</u>

### In this bulletin

Introduction	4
Summary	5
DTOCs in 2017-18	6
Long term trends	12
Health Boards	17
Key Quality	
Information	31

## Contents

About this bulletin	1
In this bulletin	1
Key Points	1
Contents	2
Introduction	4
Summary	5
Section 1: Delayed transfers of care in Wales, 2017-18	6
Table 1: Number of delays each month, by age band, 2017-18	6
Chart 2: Number of delayed transfers of care, by ward type and month, 2017-18	7
Chart 3: Proportion of delays by ward type and age band, 2017-18	8
Table 2: Delays by length of delay band and month, 2017-18	8
Chart 4: Proportion of delays by ward type and length of delay, 2017-18	9
Table 3: Numbers of delays by reason for delay, by month, 2017-18	9
Chart 5: Proportion of delays by ward type, by principle reason of delay, 2017-18	0
Chart 6: Proportion of age groups by length of delay, 2017-18	0
Chart 7: Proportion of principle reason for delay by age group, 2017-18	1
Chart 8: Selected local authorities and Wales rate of delay per 10,000 population over the age of 75, by month, 2017-18	1
Section 2: Long term trends for Delayed Transfers of Care in Wales1	2
Chart 9: Delays and 3 month rolling average of delays on census dates, October 2004 onwards12	2
Chart 10: Delays and 3 month rolling average within acute wards by month, October 2004 onwards1	3
Chart 11: Delays and 3 month rolling average within mental health wards by month, October 2004 onwards	4
Chart 12: Percentage of NHS beds occupied by a delayed patient, by ward type, October 2004 onwards	s 5
Table 4: Average daily available beds in NHS Wales, by ward type and financial year, 2004-05 onwards         1	չ 5
Chart 13: Number of days delayed at each census point, October 2004 onwards	6
Section 3: Delayed transfers of care within health boards1	7
Map 1: Local Health Board and Local Authorities in Wales1	7
Table 5: Delayed transfers of care by month and health board, 2017-18	8
Chart 14: Proportion of delays, by ward type and health board, 2017-18	8
Chart 15: Proportion of population in Wales over the age of 75 by local health board area, mid-year estimates for 2017	9
Chart 16: Rate of delay per 10,000 population over 75 by each health board, October 2009 onwards2	0
Table 6: Rates of delay per 10,000 population over 75 by local health board and month, 2017-182	1
Betsi Cadwaladr health board2	2
Chart 17: Delays by ward type at Betsi Cadwaladr health board, 3 month rolling average from December 2009	2
Chart 18: Proportion of total delays at each census point occurring in Betsi Cadwaladr by month, 2017-182	2
Aneurin Bevan health board	3

Chart 19: Delays by ward type at Aneurin Bevan health board, 3 month rolling average from Decem 2009	ıber 23
Chart 20: Proportion of total delays at each census point for Aneurin Bevan by month, 2017-18	23
Abertawe Bro Morgannwg health board	24
Chart 21: Delays by ward type at Abertawe Bro Morgannwg health board, 3 month rolling average f December 2009	rom 24
Chart 22: Proportion of total delays at each census point in Abertawe Bro Morgannwg by month, 20 18	)17- 24
Hywel Dda health board	25
Chart 23: Delays by ward type at Hywel Dda health board, 3 month rolling average from December 2009	25
Chart 24: Proportion of total delays at each census point in Hywel Dda by month, 2017-18	25
Cardiff and Vale health board	26
Chart 25: Delays by ward type in Cardiff and Vale health board, 3 month rolling average from Decer 2009	mber 26
Chart 26: Proportion of total delays at each census point in Cardiff and Vale by month, 2017-18	26
Cwm Taf health board	27
Chart 27: Delays by ward type in Cwm Taf health board, 3 month rolling average from December 2009	27
Chart 28: Proportion of total delays at each census point in Cwm Taf by month, 2017-18	27
Powys health board	28
Chart 29 Delays by ward type at Powys health board, 3-month rolling average from December 2009	928
Chart 30: Proportion of total delays at each census point in Powys by month, 2017-18	28
Notes	29
Background	29
Delayed Transfers of Care	29
Missing value types	30
Key Quality Information	31
Revisions	31
Coverage	31
Number of days delayed at each census date	31
Data sources	31
Users and uses of these statistics:	32
Comparability	32
National Statistics status	33
Well-being of Future Generations Act (WFG)	33
Further details	34
Next update	34
We want your feedback:	34
Open Government Licence	34

## Introduction

The delayed transfers of care statistics show monthly data on the number of delays that occur in transfers of care within NHS Wales. They are reported by NHS local health boards (LHBs) and collected by the NHS Wales Informatics Service (NWIS). We take a snap shot of delays on the census date each month (3<sup>rd</sup> Wednesday of the month). The data is validated by health boards, local authorities and NWIS before we receive it.

A delayed transfer of care happens when a patient is ready to progress to the next stage of their health care cycle, or be discharged but is unable to. The analysis looks into the main reasons why patients are delayed, the length of delay, the type of ward where the delay takes place, the local health board, the local authority and the age-group of the patient to add value to the analysis.

The length of delay is calculated from the date the delay began until the census date. If the delay lasts over several census dates then the same patient will be shown in every submission they are still delayed for, with a longer wait each time.

The numbers of delayed transfers of care are used to measure delivery of <u>The NHS Outcomes</u> <u>Framework 2017-18</u>. The targets for delayed transfers of care in NHS Wales are:

- No less than a 5 per cent reduction in the total number of delayed transfers of care within non-mental health ward when compared to the same period 12 months ago.
- No less than a 10 per cent reduction in the total number of delayed transfers of care within mental-health wards when compared to the same period 12 months ago.

There is a lot of month on month volatility in the census, particularly in local authorities and health boards; because of this a three month rolling average is sometimes used to show the overall trend.

The analysis focuses on delays at each census date within the 2017-18 financial year, but looks back over a longer time series to show long-term trends. Data for delayed transfers of care are available back to 2004 on <u>StatsWales</u>. This bulletin focuses from October 2004 onwards for long term analysis and from October 2009 for health board analysis as this was when they were first established from previous NHS Trusts.

Context is provided to add value to some of the analysis including health board profiles in <u>Section</u>  $\underline{3}$  to highlight how different demographics can affect delays.

All data is sourced from the Delayed transfers of care (DTOC) database, NHS Wales Informatics Services (NWIS) unless otherwise stated.

### Summary

#### Delayed transfers of care in 2017-18

- The numbers of delays in 2017-18 are at similar levels to those seen in 2016-17.
- Delays varied throughout the year, from a low of 387 in April 2017, to 462 in September 2017.
- The total number of bed days lost at each census point is lower than it was in 2016-17, meaning that the average lengths of delays are shorter than they were last year. Median delay length was shorter in 7 months for 2017-18 compared to 2016-17; longer in 3 months; and the same for 2 months.
- Most delays in 2017-18 originated from Community, rehabilitation and other type wards, followed by Acute wards; the least delays originated from within Mental Health wards.

#### Long term trends in delayed transfers of care

- Delays are much lower than they were when data was first collected.
- Most delays involve patients over the age of 75.
- The percentage of NHS beds occupied by a delay has remained stable despite of falling delays. This is because the total number of available NHS beds has decreased over the same period. It is higher within Mental Health wards when compared to Non-Mental Health wards.
- The rate of delay (per 10,000 people aged over 75) for Wales is lower than it was when data was first collected.

#### Delayed transfers of care within health boards

- Betsi Cadwaladr, Abertawe Bro Morgannwg and Aneurin Bevan had the highest number of delays in most months of 2017-18;
- Abertawe Bro Morgannwg and Aneurin Bevan had the highest rates per 10,000 population aged over 75 in 2017-18; historically Cardiff and Vale and Cwm Taf had higher rates but they have reduced in recent years.
- Three of the eight health boards and trust reduced their number of delays from the start of the year; these were Abertawe Bro Morgannwg, Cwm Taf and Cardiff and Vale. The remaining five ended the year with more delays than at the start.

## Section 1: Delayed transfers of care in Wales, 2017-18

This section focusses on the delays that occurred throughout the latest financial year. The delays have been broken down by patient age group, reason for delay, length of delay and ward type. The <u>health board profiles</u> show more information by health board.

			Age Band			
	Under 65	65-74	75-84	85-89	90+	All Ages
Monthly charts (a)	~~~		~~~	~~	~~~	$\overline{\mathcal{M}}$
Apr '17	61	58	120	76	72	387
May'17	64	59	126	99	78	426
Jun '17	57	56	124	92	85	414
Jul '17	48	68	125	94	77	412
Aug '17	53	58	138	90	83	422
Sep '17	68	71	148	94	81	462
Oct '17	74	59	148	94	85	460
Nov'17	83	65	145	93	71	457
Dec '17	65	67	127	93	73	425
Jan '18	61	62	141	98	80	442
Feb '18	77	54	117	85	58	391
Mar '18	62	56	101	91	89	399

#### Table 1: Number of delays each month, by age band, 2017-18

(a) The vertical axis for the charts is the same for each age band, but the all ages chart uses a different scale

**Summary:** Patients in the age band 75-84 had the highest number of delays in each month of 2017-18. As the <u>population of Wales has aged over time</u> the percentage of older patients has increased whilst the youngest patients has decreased. Most delayed transfers of care happen in older aged patients, with less than 20 per cent of delays each month coming from those under 65.



Chart 2: Number of delayed transfers of care, by ward type and month, 2017-18

□Mental Health □Acute □Community, rehabilitation and other

**Summary:** Throughout 2017-18 the majority of delays originated from Community, rehabilitation and other wards, followed by Acute. The least delays originated from Mental Health wards. The most delays were seen in September 2017, whilst the least delays were seen in April 2017.





Summary: The proportion of patients waiting at mental health wards is largest for the younger age groups (under 65). The proportion decreases as age increases. The proportions for delays at Community, rehabilitation and other types of wards increases with age. The proportion of delays in Acute wards are relatively stable for age groups over 65.

Table 2: Delays by length of dela	y band and month, 2017-18
-----------------------------------	---------------------------

			Length	of Delay				Difference
								in Median
							Median	delay
	0 - 3	4 - 6	7 - 12	13 - 26	26 +		delay	(days) from
	weeks	weeks	weeks	weeks	weeks	Total	(days)	2016-17
Monthly charts (a)	$\sim\sim$	~~~_	$\sim$	~~~		M	$\mathbb{V}$	$\mathcal{W} $
Apr '17	153	89	91	37	17	387	30	+7
May '17	182	97	82	52	13	426	27	0
Jun '17	227	67	68	40	12	414	20	-8
Jul '17	184	106	72	39	11	412	26	+2
Aug '17	204	83	78	44	13	422	23	-4
Sep '17	203	97	94	56	12	462	27	-2
Oct '17	204	82	97	66	11	460	27	+4
Nov '17	177	119	77	70	14	457	27	0
Dec '17	187	77	85	51	25	425	27	-3
Jan '18	234	82	63	42	21	442	20	-2
Feb '18	207	76	51	29	28	391	20	-2
Mar '18	202	76	67	29	25	399	21	-6

(a) The vertical axis for the charts is the same for each delay band, but the total and medians charts use a different scale

**Summary:** Over half of the delays each month in 2017-18 were between 0 and 6 weeks. As the length of delay increases the number of delays decrease. The longest delays (over 26 weeks) make up less than 10 per cent of the total delays in each month. Median delay length was shorter in 7 months for 2017-18 compared to 2016-17, longer in 3 and the same for 2.





Summary: As the length of delay increases, the proportion of those delays originating from mental health wards increases. This could be due to more complex cases and specialist staff needed to safely accommodate the patients' needs.

Table 3: Numbers of delays by reason for delay, by month, 2017-18

			Delay F	Reason			
			Selection				
	Health	Community	of care	Waiting for	Protection		
	care	care	home	availability	issues	Other	Total
Monthly charts (a)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~	~	M
Apr '17	110	102	56	68	14	37	387
May '17	118	105	68	66	27	42	426
Jun '17	126	98	53	75	23	39	414
Jul '17	121	96	65	67	14	49	412
Aug '17	110	109	65	76	12	50	422
Sep '17	115	130	65	79	15	58	462
Oct '17	111	122	60	85	18	64	460
Nov '17	106	140	63	80	21	47	457
Dec '17	99	129	70	62	17	48	425
Jan '18	108	150	63	69	12	40	442
Feb '18	85	122	68	44	20	52	391
Mar '18	98	124	42	42	26	67	399

(a) The vertical axis for the charts is the same for each delay band, but the total and chart uses a different scale

**Summary:** Most delays throughout the year were due to health care and community care reasons. This is consistent with historic trends. The least delays originate for protection issues.



Summary: Of all patients delayed due to community care or protection issues, over 60 per cent were in community, rehabilitation and other wards. There were a comparatively higher proportion of patients from mental health wards when the reasons were health care or selection of care home.

Chart 6: Proportion of age groups by length of delay, 2017-18



**Summary:** As the length of delay grows, the proportion of patients under 65 increases whilst the proportion of the oldest patients decreases; the proportion of the other age groups remains fairly stable regardless of length of delay. The longer delays for the youngest age group primarily come from mental health wards.



Chart 7: Proportion of principle reason for delay by age group, 2017-18

**Summary:** As age increases, selection of care home and waiting for availability reasons for delay tends to increase. Reasons relating to health care decrease as age increases, as do reasons relating to the protection of the patient's welfare. Community care reasons are slightly higher in the youngest age group, but are relatively constant at other ages.

## Chart 8: Selected local authorities and Wales rate of delay per 10,000 population over the age of 75, by month, 2017-18



Chart 7 shows the rate of delay per 10,000 population over the age of 75 for the two local authorities with the highest average rates (Wrexham and Newport) and the two with the lowest rates (Carmarthenshire and Pembrokeshire), as well as for Wales as a whole in 2017-18.

**Summary:** Carmarthenshire and Pembrokeshire had the lowest average rates in 2017-18, and had lower rates of delay for every month of 2017-18. Wrexham and Newport had the highest average rate of delay in 2017-18. They both had higher than average rates for every month of 2017-18. Over the long-term rates have decreased and the number of delays in transfers of care are lower than they used to be (<u>Section 2</u>).

### Section 2: Long term trends for Delayed Transfers of Care in Wales

Chart 9 shows the number of delays at each census point since October 2004. The three month rolling average is included to reduce short term fluctuations.



## Chart 9: Delays and 3 month rolling average of delays on census dates, October 2004 onwards

**Latest Data**: Delays varied throughout the year, from a low of 387 in April 2017, to 462 in September 2017. The year ended with more delays than it began.

**Annual Change**: Compared to last year, the number of delays has generally been the same. February 2017 and 2018 both had the same number of delays. March 2017 had 0.8 per cent fewer delays when compared to March 2018. April 2017 had about one-fifth more delays than April 2016. Most months had fewer delays than the same time last year.

**10 Year Change**: Comparing to 2007-08 there are considerably less delays each month than 10 years ago. March 2018 had over a third less delays than there were in March 2008.

**Change since first year of data:** Comparing the first monthly figures with this year the number of delays has reduced considerably. There were about 40 per cent less delays in October 2017 than there were in October 2004.

NOTE: An increase in October 2009 was probably partly due to revised procedures (see notes).

Chart 10 shows the number of delays at each census point since October 2004 within acute wards only. The three month rolling average is included to reduce short term fluctuations.





NOTE: An increase in October 2009 was probably partly due to revised procedures (see notes).

**Latest Data**: Delays at acute wards varied somewhat throughout the year but was more stable than in previous years. The highest number of delays was in May 2017 with 128 delays at that census point. The lowest number of delays within acute wards occurred in June 2017 with 105 delays at that census point.

**Annual Change**: The number of delays in acute wards during 2017-18 was at a similar level to the number in 2016-17. There were fewer delays in each month between April and December 2017, but then there were more delays over the last 3 months of the financial year.

**10 Year Change**: There were fewer delays in 2017-18 than there were 10 years ago within acute wards. March 2018 had 115 delays, compared to 139 in March 2008, a reduction of 17.3 per cent.

**Change since first year of data**: There are considerably fewer delays than there were when the collection was first started in October 2004. From October 2004 to October 2017, the number of delays has reduced by around a third (33.7 per cent).

Chart 11 shows the number of delays at each census point since October 2004 within mental health wards only; the three month rolling average is included to reduce short term fluctuations.





NOTE: An increase in October 2009 was probably partly due to revised procedures (see notes).

**Latest Data**: Delays varied throughout the year, from a high of 98 in November 2017 to a low of 71 in March 2018. There were no more than 100 delays per month for mental health wards throughout 2017-18.

**Annual Change**: Delays in mental health wards were lower than last year in 10 months of the year. Only November was higher than the equivalent last year. December remained the same.

**10 Year Change**: Delays in mental health wards have generally been falling over the last 10 years. March 2018 has under half as many delays when compared with March 2008.

**Change since first year of data**: Delays have reduced considerably since the first year of collection. October 2017 had just over two-thirds fewer delays than there were in October 2004.

## Chart 12: Percentage of NHS beds occupied by a delayed patient, by ward type, October 2004 onwards



NOTE: An increase in October 2009 was probably partly due torevised procedures (see notes).

Source: Delayed transfers of care (DTOC) database and QueSt 1 return (QS1), (NWIS)

**Summary:** Since October 2004, non-mental health patients delayed in hospital have occupied around 3 to 5 per cent of available beds each month. This is similar to the trend for all patients as non-mental health patients make up the majority of the delays. The percentage of NHS beds delayed on mental health wards has reduced over time. From late 2004, the percentage of beds taken up by delays in mental health wards has reduced from being between 9 and 11 per cent of beds, to between 4 and 8 per cent.

Year	Mental	All other	Total beds
2004-05	2,314	11,703	14,018
2005-06	2,235	11,576	13,811
2006-07	2,179	11,403	13,583
2007-08	2,128	11,229	13,357
2008-09	2,078	11,038	13,116
2009-10	2,016	10,791	12,807
2010-11	1,919	10,231	12,149
2011-12	1,857	9,952	11,810
2012-13	1,768	9,729	11,497
2013-14	1,703	9,538	11,241
2014-15	1,644	9,418	11,062
2015-16	1,606	9,328	10,935
2016-17	1,553	9,304	10,857
2017-18	1,475	9,237	10,712
% change from 2004-05 to 2017-18	-36%	-21%	-24%

Table 4: Average daily available beds in NHS Wales, by ward type and financial ye	ar,
2004-05 onwards	

**Summary:** Delays as a percentage of available NHS beds have been stable over the last fourteen years. As delays have reduced over time, so have the number of NHS beds, leading to consistent ratios of delays to available beds. There has been a 24 per cent reduction in average beds overall. The decrease is larger within mental health wards (36 per cent).

Source: QS1 (NWIS)

Chart 13 shows the total number of days delayed at each census point. This is calculated by adding up the length of delay for each patient delayed on the census day. This means that a patient is counted in each month that they are still delayed.





NOTE: An increase in October 2009 was probably partly due to revised procedures (see notes).

More information about this chart available in the key quality information section.

**Latest Data**: The number of total days delayed varied throughout the year from a high of 21,682 in November 2017 to a low of 17,782 in June 2017.

**Annual Change**: Compared to last year, the total days delayed each month has been lower. As the total number of delays is at a similar level to last year, it suggests that the delays in 2017-18 are shorter than they were in 2016-17. The median length of delay was lower in 7 months of 2017-18 than in 2016-17 (<u>Table 2</u>). Note that one of the longest delays was resolved in-18 and this will have had an affect on the chart.

**10 Year Change**: Over the last 10 years, the total days delayed at each census point has reduced by around two-thirds, the total days delayed decreased by 61.3 per cent between March 2008 and March 2018.

**Change since first year of data**: There has been a reduction of over two-thirds in total days delayed since the data was first collected. October 2017 had 69.2 per cent less total delay days than October 2004.

### Section 3: Delayed transfers of care within health boards

There are 7 health boards in Wales. They were established in October 2009 and because of this, the analysis in this section shows trends from October 2009. The map below shows the different geographical areas and local authorities which make up each health board.





March 2014

				LHB Pro	ovider				
				Abertawe					
	Betsi			Bro		Aneurin	Cardiff and		
	Cadwaladr	Powys	Hywel Dda	Morgannwg	Cwm Taf	Bevan	Vale		
	University	Teaching	University	University	University	University	University	Velindre	Wales
Monthly charts	~~~			~~~		$\sim$	~~ -		M
(a)		$\sim\sim$	$\sim$		$\sim$				ΓL
Apr '17	90	17	33	71	31	68	77	0	387
May'17	99	19	26	78	39	88	76	1	426
Jun '17	112	36	32	70	26	77	60	1	414
Jul '17	120	29	40	66	31	74	51	1	412
Aug '17	102	29	31	82	37	86	54	1	422
Sep '17	121	20	39	104	40	90	48	0	462
Oct '17	115	26	47	89	43	86	54	0	460
Nov'17	102	29	41	98	48	85	53	1	457
Dec '17	104	38	34	86	28	96	38	1	425
Jan '18	117	27	53	70	23	111	41	0	442
Feb '18	104	19	37	74	24	86	46	1	391
Mar '18	113	18	44	69	16	90	47	2	399

#### Table 5: Delayed transfers of care by month and health board, 2017-18

(a) The vertical axis for the charts is the same for each health board, but the Wales chart uses a different scale

**Summary:** Three of the eight health boards and trust reduced their number of delays from the start of the year; these were Abertawe Bro Morgannwg, Cwm Taf and Cardiff and Vale. The remaining five ended the year with more delays than at the start.





**Summary:** Abertawe Bro Morgannwg had the highest proportion of mental health delays. Powys had the highest proportion of Community, rehabilitation and other ward delays. Cardiff and Vale had the highest proportion of Acute ward delays.

## Population differences between the health boards and the use of rate per 10,000 population aged over 75

As delays are more prevalent in patients aged over 75, local health boards with a higher proportion of over 75s than average are more likely to have higher numbers of delays (See <u>Table 1</u>). Chart 14 shows the proportion of the Welsh population aged over 75, broken down by health board. <u>Chart 16</u> and <u>Table 6</u> take account of this by showing the rate of delays by the population aged over 75 in each health board. Velindre is a cancer trust rather than a health board so it has not been included in the following analyses.

The use of rates explained above is consistent with the Social Services Performance Measures.

A technical document detailing the measures is available here: <u>Performance measurement</u> <u>framework</u>

## Chart 15: Proportion of population in Wales over the age of 75 by local health board area, mid-year estimates for 2017



Source: Mid-year population estimates, Office for National Statistics (ONS)

## Chart 16: Rate of delay per 10,000 population over 75 by each health board, October 2009 onwards



Sources: Delayed transfers of care (DTOC) database, NHS Wales Informatics Services (NWIS) and Mid-Year population estimates, Office for National Statistics

**Summary:** Rates are generally higher in Cardiff and Vale and Cwm Taf. Hywel Dda has a lower rate than the overall Welsh rate in every month of the chart. Rates have fallen over time: the highest rate was more than 65 per 10,000 people in April 2010; But rates have fallen to below 30 in every month of the last 2 years. Betsi Cadwaladr is the only health board to have a higher rate in March 2018 when compared with October 2009, the rate in Betsi Cadwaladr has increased by 6.4 delays per 10,000 population over 75, all other health boards and Wales have reduced their rate of delay.

<u>month</u> , 2	017-18		Lo	cal Health Bo	ard			
								-
				Abertawe Bro			Cardiff and	
	Betsi	Powys		Morgannwg		Aneurin	Vale	
	Cadwaladr	Teaching	Hywel Dda	University	Cwm Taf	Bevan	University	Wales
Monthly	<i>~~~~</i>	$\mathcal{M}$	. ^^	$\sim$	$\mathcal{N}$	$\sim \sim$	$\sim$	~~~~
Charts (a)	(a =			(				
Apr-17	12.7	10.8	8.0	15.0	12.7	13.3	21.6	13.5
May-17	14.0	12.1	6.3	16.5	16.0	17.2	. 21.4	14.9
Jun-17	15.8	22.9	7.7	14.8	10.7	15.0	16.9	14.4
Jul-17	16.9	18.4	9.7	13.9	12.7	14.4	14.3	14.4
Aug-17	14.4	18.4	7.5	17.3	15.2	16.8	15.2	14.7
Sep-17	17.1	12.7	9.4	21.9	16.4	17.5	13.5	16.1
Oct-17	16.2	16.5	11.3	18.8	17.7	16.8	15.2	16.0
Nov-17	14.4	18.4	9.9	20.7	19.7	16.6	14.9	15.9
Dec-17	14.7	24.1	8.2	18.1	11.5	18.7	10.7	14.8
Jan-18	16.5	17.2	12.8	14.8	9.4	21.6	11.5	15.4
Feb-18	14.7	12.1	8.9	15.6	9.9	16.8	12.9	13.6
Mar-18	16.0	11.4	10.6	14.6	6.6	17.5	13.2	13.9

## Table 6: Rates of delay per 10,000 population over 75 by local health board andmonth, 2017-18

(a) The vertical axis for all the charts are on the same scale

Sources: Delayed transfers of care (DTOC) database, (NWIS), Mid-Year population estimates, Office for National Statistics.

**Summary:** The rate of delay is generally lower at Hywel Dda than the Wales average; this is the case in every month of the year. Abertawe Bro Morgannwg and Aneurin Bevan generally have higher rates than the Welsh rate, this is the case for most months in 2017-18.

#### Betsi Cadwaladr health board

Betsi Cadwaladr health board is in north Wales and has the largest population of the Welsh health boards. The local authorities that fall under its responsibility are Gwynedd, Conwy, Isle of Anglesey, Denbighshire, Flintshire and Wrexham.

Key Facts
Population: 696,284
Percentage of Welsh population: 22.3%
Population aged over 75: 10.2% (70,813)
Number of Local Authorities: 6
Source: Mid-year (2017) population estimates,
Office for National Statistics (ONS).

## Chart 17: Delays by ward type at Betsi Cadwaladr health board, 3 month rolling average from December 2009



**Summary:** Most delays within Betsi Cadwaladr are in Community, rehabilitation and other type of wards, followed by Acute, with Mental Health causing the least delays. Delays in community, rehabilitation and other ward have increased from around 40 at the end of 2009 to between around 50 and 90 over the last 2 years.



## Chart 18: Proportion of total delays at each census point occurring in Betsi Cadwaladr by month, 2017-18

Summary: Betsi Cadwaladr accounted for between 22.3 and 29.1 per cent of delays in Wales in 2017-18.

#### Aneurin Bevan health board

Aneurin Bevan is the second largest health board by population. The local authorities that fall under its responsibility are: Monmouthshire, Torfaen, Caerphilly, Newport and Blaenau Gwent.

#### **Key Facts**

Population: 587,743

Percentage of Welsh population: 18.8%

Population aged over 75: 8.7% (51,311)

#### Number of Local Authorities: 5 Source: Mid-year (2017) population estimates, Office for National Statistics (ONS).

## Chart 19: Delays by ward type at Aneurin Bevan health board, 3 month rolling average from December 2009



Source: Delayed transfers of care (DTOC) database, NHS Wales Informatics Services (NWIS)

**Summary:** In the latest year, the most delays originated from Community, rehabilitation and other wards. The lowest numbers of delays were from Mental Health wards. This trend has been consistent over time. Acute ward delays have varied the most over time with a rise between 2013-14 and 2015-16 before falling again this year.

## Chart 20: Proportion of total delays at each census point for Aneurin Bevan by month, 2017-18



Summary: Aneurin Bevan accounted for between 17.6 and 25.1 per cent of delays in Wales in 2017-18.

#### Abertawe Bro Morgannwg health board

Abertawe Bro Morgannwg is the third largest health board in terms of population and is responsible for the South-West of Wales. The local authorities that fall under its responsibility are Swansea, Neath Port Talbot and Bridgend.



Chart 21: Delays by ward type at Abertawe Bro Morgannwg health board, 3 month rolling average from December 2009



**Summary:** The most delays in 2017-18 for Abertawe Bro Morgannwg were in Mental Health and Other type wards. This trend is not consistent over time, with peaks in the number of delays on acute wards in 2010-11 and 2015-16.



Chart 22: Proportion of total delays at each census point in Abertawe Bro Morgannwg by month, 2017-18

> Summary: Abertawe Bro Morgannwg accounted for between 15.8 and 22.5 per cent of delays in Wales in 2017-18.

#### Hywel Dda health board

Hywel Dda health board is responsible for the West of Wales. The local authorities that fall under its responsibility are Pembrokeshire, Ceredigion and Carmarthenshire.







**Summary:** In 2017-18 the most delays generally came from Acute wards but the trend varied.

Delays in Mental health wards decreased month on month whereas delays in Community,

rehabilitation and other wards increased. Over time the trends have been volatile but the number of delays in all ward types have decreased overall compared for 2009-10.





**Summary:** Hywel Dda accounted for between 6.1 and 12.0 per cent of delays in Wales in 2017-18.

#### Cardiff and Vale health board

Cardiff and Vale has the smallest proportion of over 75s in its population. The local authorities that fall under its responsibility are Cardiff and The Vale of Glamorgan.

#### Key Facts

**Population:** 493,446

Percentage of Welsh population: 15.8%

Population aged over 75: 7.2% (35,586)

### Number of Local Authorities: 2

Source: Mid-year (2017) population estimates, Office for National Statistics (ONS).





**Summary:** Most delays at Cardiff and Vale generally originate from acute wards. This has been a consistent trend over time. Delays have decreased gradually over the last two years and in 2017-18 delays were among the lowest since 2009-10.





Summary: Cardiff and Vale accounted for between 8.9 and 19.9 per cent of delays in Wales in 2017-18.

#### Cwm Taf health board

Cwm Taf has the second smallest population. The local authorities that fall under its responsibility are Rhondda Cynon Taf and Merthyr Tydfil.



Chart 27: Delays by ward type in Cwm Taf health board, 3 month rolling average from December 2009



**Summary:** Most delays at Cwm Taf come from Community, rehabilitation and other wards, this is the case for every month in 2017-18 and for almost all months from the end of 2009. The number of delays has decreased over time, falling from an average of 69 delays in Community, rehabilitation and other wards in early 2010 to 11 at the end of this financial year.



Chart 28: Proportion of total delays at each census point in Cwm Taf by month, 2017-18

**Summary:** Cwm Taf accounted for between 4.0 and 10.5 per cent of delays in Wales in 2017-18.

#### Powys health board

Powys is the smallest health board and has the highest proportion of over 75s. Powys is responsible for one local authority, Powys.

#### Key Facts

Population: 132,515

Percentage of Welsh population: 4.2%

Population aged over 75: 11.9% (15,739)

#### Number of Local Authorities: 1 Source: Mid-year (2017) population estimates,

Office for National Statistics (ONS).





**Summary:** The large majority of waits from Powys originate from Community, rehabilitation and other type wards, followed by Mental health wards. Powys had no delays on acute wards throughout 2017-18. The trend has generally been consistent over time, with a fall in delays in acute wards in 2015-16.



#### Chart 30: Proportion of total delays at each census point in Powys by month, 2017-18

### Notes

#### Background

Following the publication of the <u>NHS Activity and Performance summary</u> in April 2017, this release is the second in a new series of annual publications rather than quarterly. Key statistics continue to be updated each month via the summary alongside the online <u>StatsWales</u> updates.

There is considerable month on month variation in the delayed transfer numbers. In order to show trends over time more clearly, quarterly rolling averages have been used for charts 9, 10, 11, 17, 19, 21, 23, 25, 27 and 29 in Sections 2 and 3 covering longer term trends.

The selection of 3 month averages for the charts was made so that significant variations up or down were preserved for breakdowns of the total, e.g. by local health board. The difference between the 3-month averages in <u>Chart 9</u> and a 12-month average can be seen in the sample chart below:



#### **Delayed Transfers of Care**

The arrangements for transfer of patients to a more appropriate care setting, either between NHS hospitals or on discharge from NHS hospitals, will vary according to the needs of each patient, but can be complex and sometimes leads to delays. These are known as delayed transfers of care.

The Delayed Transfers of Care database records up-to-date information across Wales on the numbers of patients affected. There is a census of delayed patients each month. The data used in this release have been extracted from the database and provides a 'snapshot' of the numbers for the census date incorporating any amendments received up to the date of extraction. The principal reason for delay is recorded for each patient.

'Ready-for-transfer of care date' is the date on which a hospital inpatient is ready to move on to the next stage of care. This is determined by the clinician responsible for the inpatient care, in consultation with colleagues in the hospital multi-disciplinary health care team and all agencies involved in planning the patient's transfer of care (both NHS and non-NHS). A patient who continues to occupy a hospital bed after his or her ready-for-transfer of care date during the same inpatient episode experiences a delayed transfer of care. The delay is measured as the time between the 'Ready-for-transfer of care date' and the date of the census of delayed patients.

The 'next stage of care' covers all appropriate destinations within and outside the NHS, i.e. those patients who are unable to be discharged from NHS care, and also patients who are unable to be transferred within the NHS to a more appropriate bed.

The principal reason for delay is coded at a detailed level for each patient. A full list of the codes and their meanings is shown in the Annex to the release entitled 'Delayed Transfers of Care: October 2009', which is also available in the StatsWales directory for Delayed Transfers of Care. This list represented a substantial revision to the codes used before October 2009, mainly providing a more detailed breakdown, but also amending the definition so that local agreements could no longer be taken into account. These agreements allowed a certain number of days for making arrangements before the delay counted, but since October 2009 all delays are counted.

The detailed reasons for delay are grouped as follows for the Statistical Release:

- community care (formerly social care) 1.01; 2.01; 2.02; 2.03; 2.04; 2.05; 2.06
- healthcare 3.01; 3.02; 3.03; 3.04; 3.05; 4.01; 4.02; 4.03; 4.04; 4.05
- selection of care home 7.03.01 to 7.03.08
- waiting for availability of care home place 7.03.09 to 7.03.16
- protection related issues (including unable to discharge to safe environment) 7.04, 7.05
- other 5.01; 5.02; 5.03; 6.01; 7.01; 7.02; 7.06
- principal reason not agreed (formerly not known) 8.01

The time bands used for the length of delay to the census date are as follows:

0 – 3 weeks	Between 0 and 21 days.
4 – 6 weeks	Between 22 and 42 days.
7 – 12 weeks	Between 43 and 84 days.
13 – 26 weeks	Between 85 and 182 days.
26 + weeks	Over 182 days.

#### **Missing value types**

. The data item is not applicable.

## Key quality information

#### Revisions

There are no planned revisions to the published delayed transfers of care data, which incorporates changes agreed by the NHS and local authorities between the census date and the closing date for validation. From time to time a few amendments are received outside this period and these will be incorporated at the earliest opportunity so that the latest published data is accurate. Amendments will be notified in the next data release.

#### Coverage

All patients delayed on the monthly census date (the third Wednesday) in NHS Wales hospitals irrespective of area of residence, are included in this release. Online tables include historical tables from March 2004 based on the local authority of residence of the patients and tables from October 2009 based on the revised NHS structure in Wales effective from 1 October 2009.

Because the Delayed Transfers of Care census is a monthly snapshot, it is suitable for measuring the overall trend in numbers of delayed transfers. As it does not include delays that start and finish between census dates, it does not give a complete picture of the numbers of patients whose transfer is delayed.

#### Number of days delayed at each census date

<u>Chart 13</u> shows the total number of days delayed at each census date. It is calculated by adding up the length of delay for all delays active on the census date. This method can't be used for calculating the total bed days lost in a month. It has the following limitations:

Delays shorter than the month between census dates are not included and don't get used in the totals.

If someone were delayed for longer than a month, they will be counted several times until their delay is resolved.

The benefit to this method system is that it shows both the number of delays and the lengths of delay.

#### Data sources

The main source of data for this release is the Delayed Transfers of Care (DToC) database. The DToC database is an all-Wales census system operated by the NHS Wales Informatics Service to which each NHS Local Health Board reports delayed transfer of care activity after validation and agreement with the relevant local authority social services. Figures are signed off by both the LHB and the local authority.

Additional sources used are:

The annual statistical first release entitled 'NHS Beds';

and for online population rates, the ONS mid year estimates of the population.

These additional data sources are updated when more up-to-date information is available.

#### Users and uses of these statistics:

We believe the key users of Delayed Transfers of Care statistics are:

- Ministers
- the Members Research Service in the National Assembly for Wales
- other areas of the Welsh Government
- other government departments
- National Health Service organisations
- local authorities
- students, academics and universities
- individual citizens and private companies.

The statistics are used in a variety of ways. Some examples of the uses include:

- advice to Ministers
- to inform debate in the National Assembly for Wales and beyond
- to monitor and evaluate performance and activity in the NHS.

#### Comparability

Similar statistics are collected in England and Scotland, but the details may differ and the detailed guidance available from each country's website should be consulted before using these statistics as comparative measures.

Figures for England are available from the NHS England website.

Figures for Scotland are available from the **ISD Scotland website**.

## **National Statistics status**

The <u>United Kingdom Statistics Authority</u> has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the <u>Code of Practice for Statistics</u>.

National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

All official statistics should comply with all aspects of the Code of Practice for Statistics. They are awarded National Statistics status following an assessment by the UK Statistics Authority's regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is Welsh Government's responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

## Well-being of Future Generations Act (WFG)

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural well-being of Wales. The Act puts in place seven well-being goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators ("national indicators") that must be applied for the purpose of measuring progress towards the achievement of the Well-being goals, and (b) lay a copy of the national indicators before the National Assembly. The 46 national indicators were laid in March 2016.

Information on the indicators, along with narratives for each of the well-being goals and associated technical information is available in the <u>Well-being of Wales report</u>.

Further information on the Well-being of Future Generations (Wales) Act 2015.

The statistics included in this release could also provide supporting narrative to the national indicators and be used by public services boards in relation to their local well-being assessments and local well-being plans.

## **Further details**

This release is available at: http://gov.wales/statistics-and-research/delayed-transfers-care/?lang=en

Further information on methods and quality can be found in the Quality report.

## Next update

September 2019 (provisional)

### We want your feedback

We welcome any feedback on any aspect of these statistics which can be provided by email to <u>stats.healthinfo@gov.wales</u>

### **Open Government Licence**

All content is available under the Open Government Licence v3.0, except where otherwise stated.

