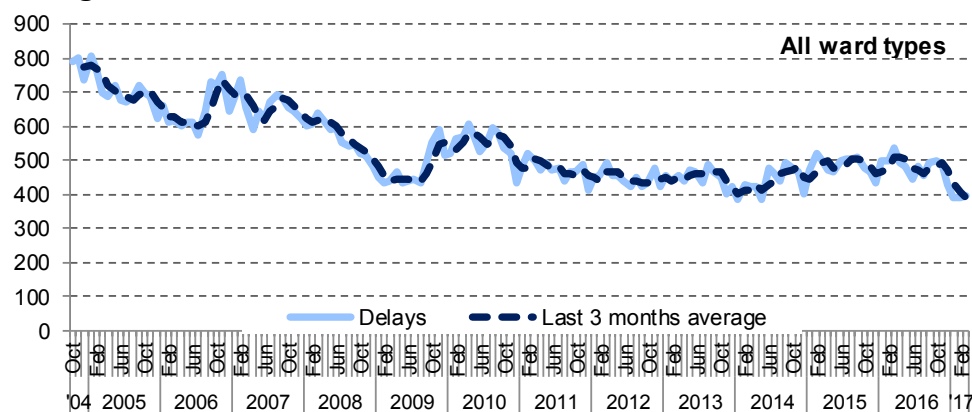## Delayed transfers of care in Wales, 2016-17

Key points

- In 2016-17, the number of delays at Welsh hospitals remained stable until October 2016, at which point they began to fall.

- In the long term, while the actual number of delays fluctuates each month, the quarterly average has come down from 775 in the quarter ended 30 December 2004 to 392 in the quarter ended 31 March 2017, the lowest on record.

- Patients delayed in mental health wards tended to be younger and have longer delays than patients delayed in acute wards.

- Of the Welsh local health boards and trusts, Betsi Cadwaladr had the highest number of delays in every month of the latest year.

- Although most delays are for patients in the older age groups, younger patients tend to have the longest delays.

- Over half of delays are for health or community care reasons.

Chart 1.1: All delayed patients, number and last three months average

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

About this release

Delayed Transfers of Care are inpatients in hospital, who are ready to move on to the next stage of care but are prevented from doing so for one or more reasons. A census of these patients is taken on the third Wednesday of each month.

This annual release series provides details on the latest complete financial year and looks at trends since the start of the monthly data collection in October 2004.

Further information is available on StatsWales, our interactive data dissemination service.

In this release

Section 1 – long term trends

Section 2 – latest year (2016-17)

Section 3 – Long term trends: 3 month rolling averages from 1 October 2009

Notes

Section 1 – long term trends

Chart 1.1 on the front page shows the total number of patients delayed on the monthly census and the 3 month rolling average. Calculating a rolling average removes short-term fluctuations and estimates the underlying trend in this monthly dataset. **Charts 1.2 and 1.3** below look at acute and mental health wards.

Chart 1.2: Patients delayed on acute wards, October 2004 onwards

- Numbers delayed on acute wards have fallen from over 200 at the end of 2004 to around 100 towards the end of 2016-17.
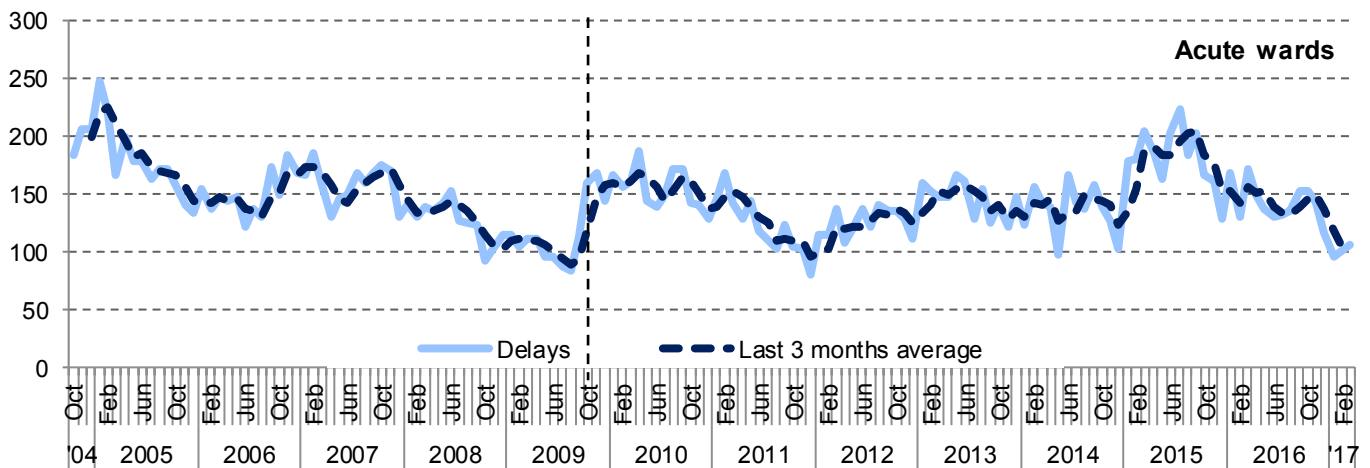
NOTE: An increase in October 2009 was probably partly due to revised procedures (see notes).

Source: Delayed Transfers of Care database

Chart 1.3: Patients delayed on mental health wards, October 2004 onwards

- The numbers delayed on mental health wards show a decline from almost 250 at the end of 2004 to around 100 over the last few years.
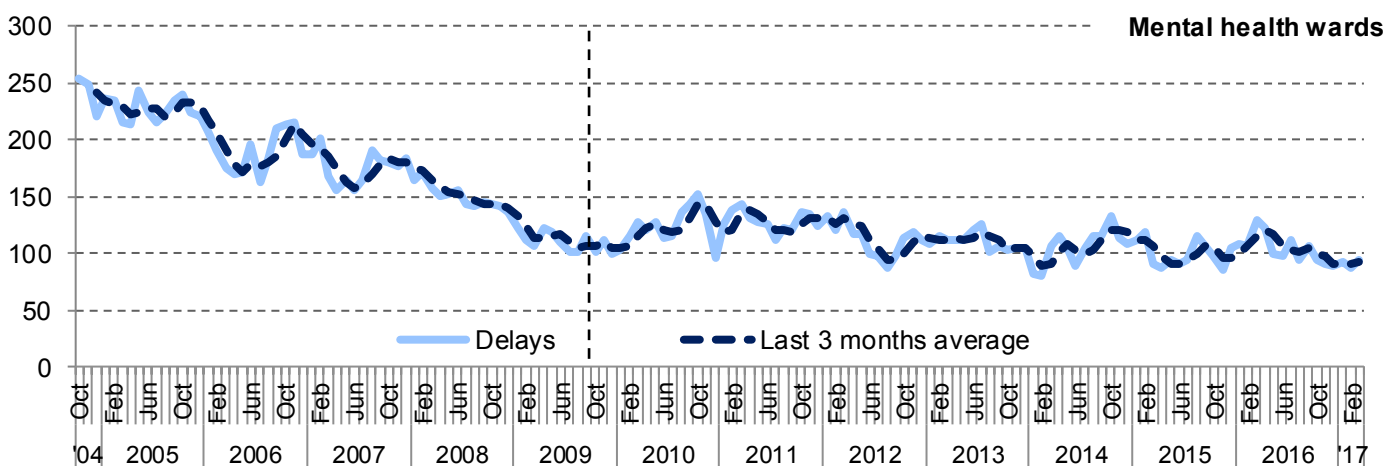
NOTE: An increase in October 2009 was probably partly due to revised procedures (see notes).

Source: Delayed Transfers of Care database

Section 1 – long term trends

Chart 1.4 shows the delays as a percentage of bed numbers since October 2009 years, split by mental health patients and acute and other.

- Since October 2009, acute and other patients delayed in hospital have occupied around 3% - 5% of available beds each month, with the most recent months close to record lows.

- In comparison, patients delayed on mental health wards have occupied between 4% and 8% of available mental health beds each month.

Chart 1.4: Delayed patients as a percentage of bed numbers.
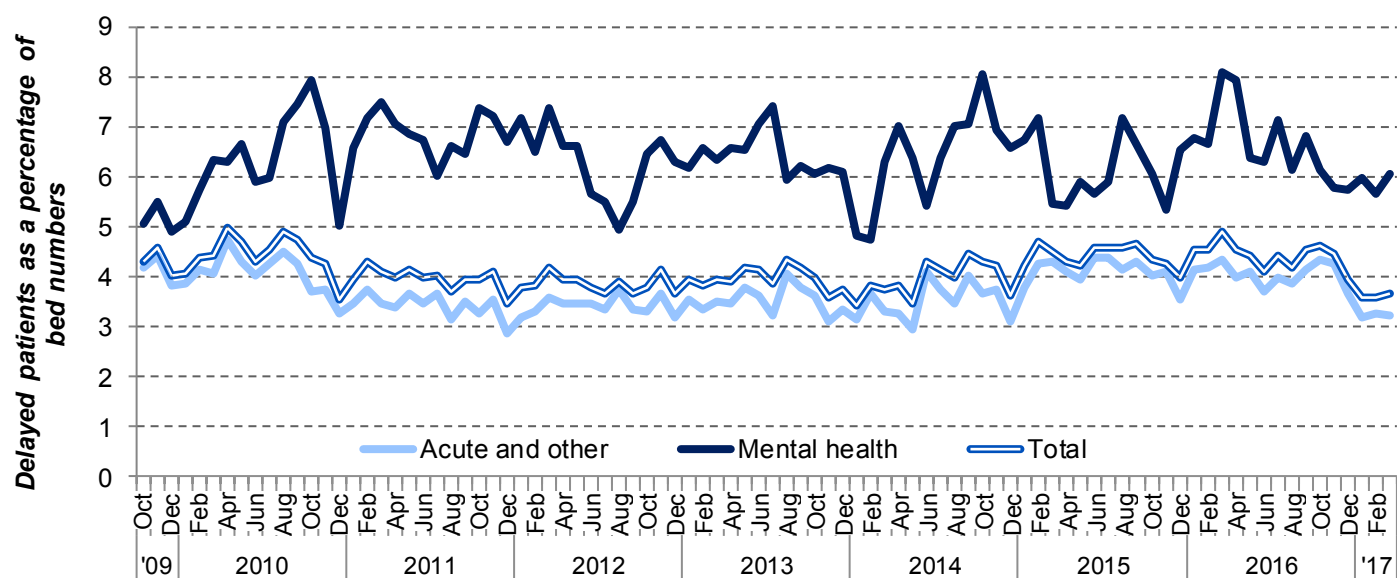
Source: Delayed Transfers of Care database and QueSt 1 return

Table 1.1: Average daily available beds, 2009-10 onwards

Year	Mental health	All other	Total beds
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
% change from 2009-10 to 2016-17	-23%	-14%	-15%

Source: QS1 (NWIS)

- Table 1.1 shows the average daily available mental health beds and all other beds for the last 8 years, and the percentage change from 2009-10 to 2016-17.

- During this period, bed numbers fell by 15 per cent in total, but the number of delayed patients also fell, so that the ratio of delays to beds remained broadly constant.

Chart 1.5 shows the number of bed days lost to delayed transfers of care at each monthly census since October 2004

Chart 1.5: Number of days delayed, October 2004 onwards

- The total number of bed days lost to delays at each census date decreased overall between late 2006 and early 2014. Since then, there has been a gradual increase, although it has decreased sharply in early 2017.

- The number of bed days lost in acute and other wards was higher than mental health until late 2011, but they have since been reasonably similar.
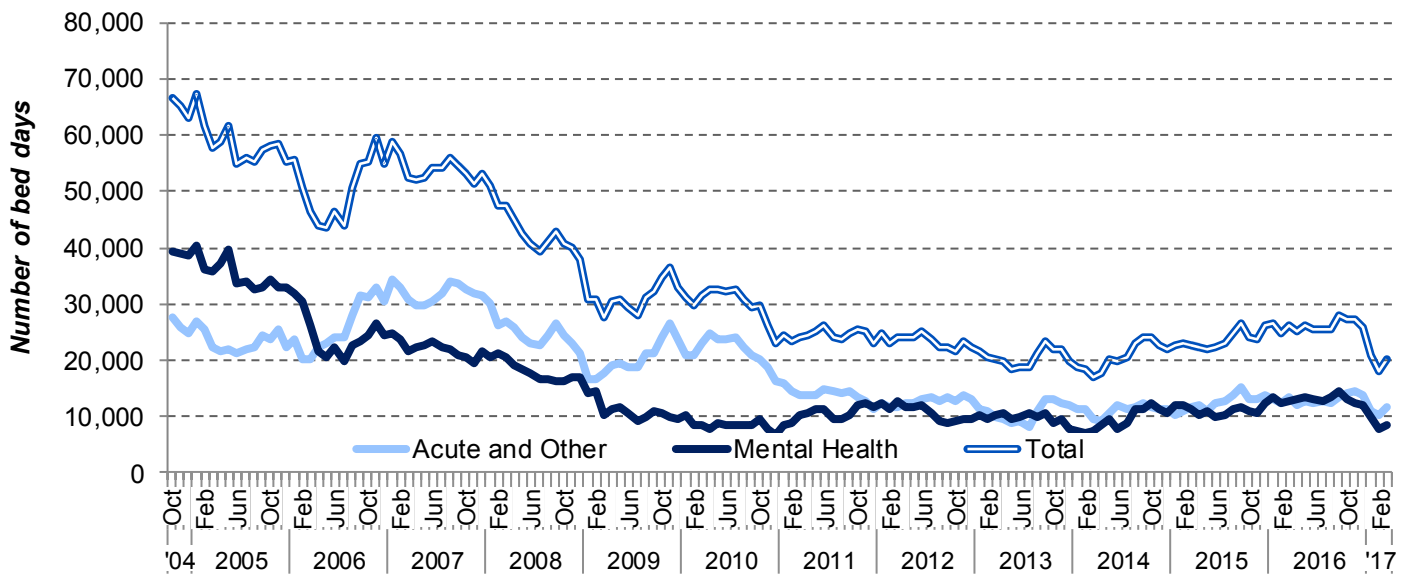
Source: Delayed Transfers of Care database

Section 1 – long term trends

Charts 1.6a and 1.6b shows the number of delays per 10,000 population over 75 by local authority of residence since December 2004. Chart 1.6a shows the 5 LA's with the highest average rate of delays in 2016-17, while Chart 1.6b shows the bottom 5. Rates are calculated using the mid-year population estimates publish by the Office for National Statistics. Once again, 3 month rolling averages have been used to reduce short-term fluctuations

Chart 1.6a: Rate of delays per 10,000 population, top 5 LA's

- The rate of delays among patients residing at Welsh LHB's has been declining gradually since December 2004, although there were small increases in late 2006 and late 2009.

- The rate of delays at Torfaen rose sharply through 2006 and 2007 before coming down. There was also a smaller increase in 2014 although once again, the figures have since been decreasing overall.
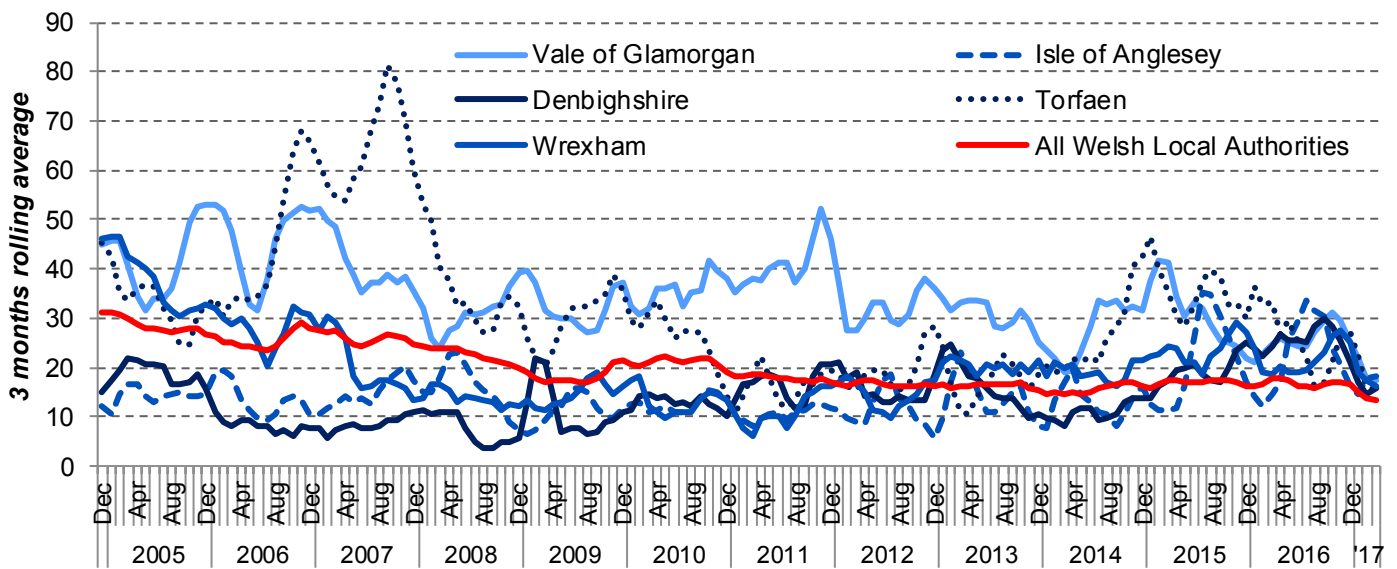
Source: Delayed Transfers of Care database

Chart 1.6b: Rate of delays per 10,000 population, bottom 5 LA's

- The rate of delays in Merthyr Tydfil fluctuates and was much higher than the Welsh average. However since peaking in May 2010 it has fallen significantly.
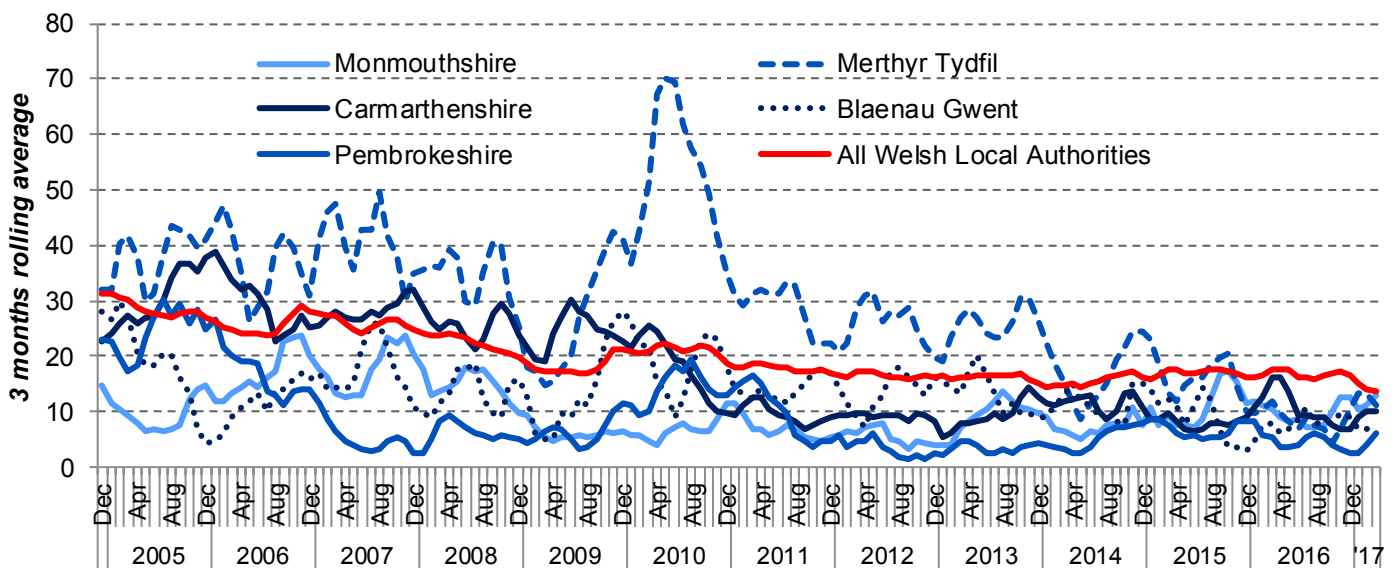
Source: Delayed Transfers of Care database

Section 2 – latest year

Table 2.1 shows the number of patients delayed in each month of the latest year by Local Health Board, while Chart 2.1 shows the percentage of those patients delayed in the year by ward type.

Table 2.1: By Local Health Board

| | LHB Provider | | | | | | | | |
	Betsi Cadwaladr University	Powys Teaching	Hywel Dda University	ABMU (a)	Cwm Taf University	Aneurin Bevan University	Cardiff and Vale University	Velindre	Wales
Monthly charts (b)									
Apr '16	151	27	33	74	39	76	94	1	495
May '16	141	27	27	72	40	97	78	0	482
Jun '16	137	19	34	75	39	65	75	0	444
Jul '16	157	19	38	71	46	70	81	0	482
Aug '16	176	14	25	72	29	56	82	1	455
Sep '16	169	23	33	78	36	66	86	0	491
Oct '16	153	23	27	81	42	96	78	0	500
Nov '16	152	24	25	77	39	90	78	0	485
Dec '16	128	15	32	79	34	81	61	0	430
Jan '17	87	25	36	69	39	64	70	0	390
Feb '17	121	14	28	70	26	86	46	0	391
Mar '17	105	15	44	71	30	72	58	1	396

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

Source: Delayed Transfers of Care database

- Over 2016-17, the highest number of delays was in October 2016, while the lowest occurred in January 2017.

- 6 out of 7 health boards decreased towards the end of the year, with Hywel Dda being the exception.

Chart 2.1: Percentage of patients delayed by ward type and Local Health Board, 2016-17
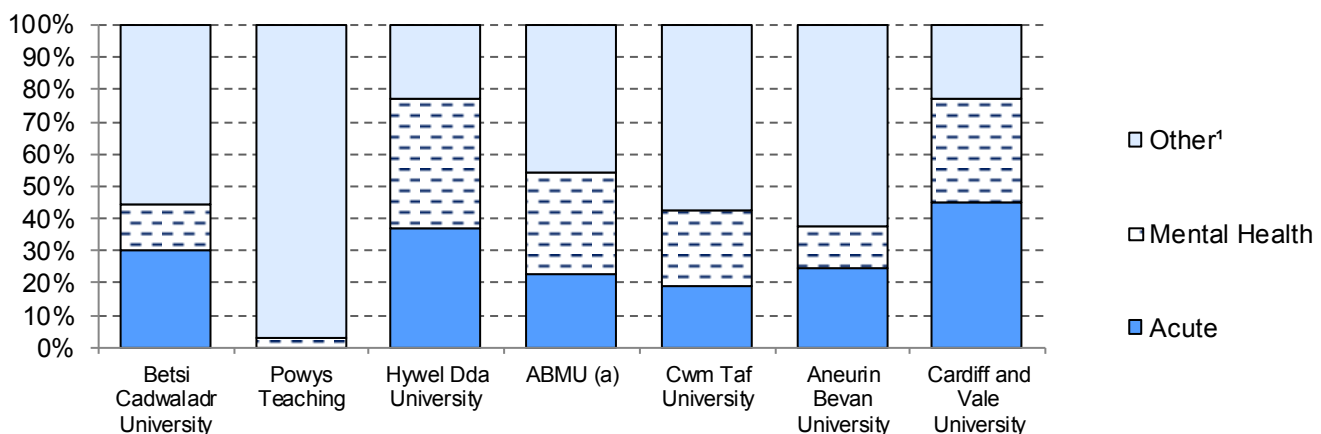
(a) Abertawe Bro Morgannwg University

[1] Community, rehabilitation and other wards

Source: Delayed Transfers of Care database

- Patients on acute wards accounted for almost 50 per cent of the delays in Cardiff & Vale.

- Patients on mental health wards accounted for over 40 per cent of the delays in Hywel Dda and over 30 per cent of the delays in Abertawe Bro Morgannwg.

- More than 95 per cent of the delays in Powys are on community, rehabilitation and other wards.

Section 2 – latest year

Table 2.2 shows the number of patients delayed in in each month of the latest year by age group, while Chart 2.2 shows the percentage of those patients delayed in the year by ward type.

Table 2.2: By age group

	Under 65	65-74	75-84	85-89	90+	All Ages
Monthly charts (b)						
Apr '16	106	71	142	99	77	495
May '16	99	59	142	85	97	482
Jun '16	92	54	126	89	83	444
Jul '16	86	72	146	91	87	482
Aug '16	63	60	146	95	91	455
Sep '16	83	72	158	103	75	491
Oct '16	78	64	171	107	80	500
Nov '16	82	63	145	105	90	485
Dec '16	88	57	125	84	76	430
Jan '17	78	57	123	69	63	390
Feb '17	70	59	106	80	76	391
Mar '17	79	55	104	82	76	396

(Age Band column heading spans Under 65, 65-74, 75-84, 85-89, 90+)

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

Source: Delayed Transfers of Care database

- Patients aged between 75 and 84 had the highest number of patients delayed in each month of the year, while the 65 to 74 age group had the lowest

Chart 2.2: Percentage of patients delayed by ward type and age group, 2016-17
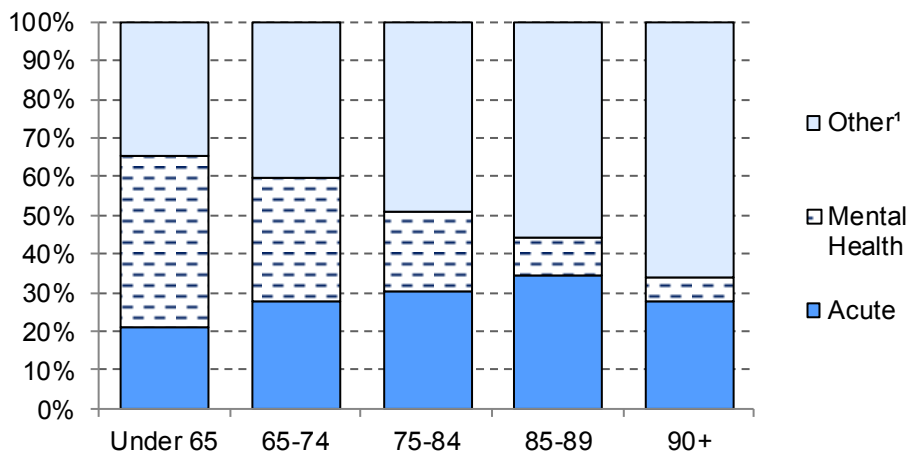
¹ Community, rehabilitation and other wards

Source: Delayed Transfers of Care database

- Over 40 per cent of delayed patients aged under 65 were in mental health wards, compared with just over 6 per cent of delayed patients aged over 90;

- In the 90+ age group, almost 70 per cent of patients are delayed on community, rehabilitation and other wards.

Table 2.3 shows the number of patients delayed in in each month of the latest year by length of delay, while Chart 2.3 shows the percentage of those patients delayed in the year by ward type.

Table 2.3: By length of delay

| | Length of Delay | | | | | | Median |
	0 - 3 weeks	4 - 6 weeks	7 - 12 weeks	13 - 26 weeks	26 + weeks	Total	delay (days)
Monthly charts (b)							
Apr '16	236	91	97	48	23	495	**23**
May '16	213	98	98	48	25	482	**27**
Jun '16	170	103	83	65	23	444	**28**
Jul '16	224	100	75	61	22	482	**24**
Aug '16	192	104	74	61	24	455	**27**
Sep '16	211	110	85	55	30	491	**29**
Oct '16	235	106	73	62	24	500	**23**
Nov '16	196	119	87	55	28	485	**27**
Dec '16	159	109	87	44	31	430	**30**
Jan '17	195	60	67	45	23	390	**22**
Feb '17	191	93	53	40	14	391	**22**
Mar '17	176	90	73	39	18	396	**27**

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

Source:Delayed Transfers of Care database

- The longest median delay (30 days) occurred in December 2016, which was immediately followed by the shortest median delays (22 days) occurring in January and February 2017.

Chart 2.3: Percentage of patients delayed by ward type and length of delay, 2016-17

Legend: Other¹, Mental Health, Acute

¹ Community, rehabilitation and other wards
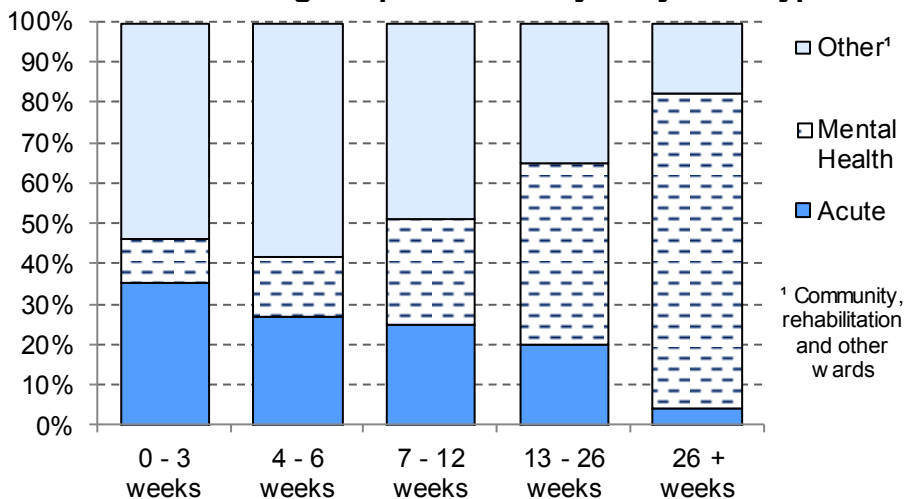
Source: Delayed Transfers of Care database

- Almost 80 per cent of the patients delayed over 26 weeks are on mental health wards

- Patients delayed on acute and community, rehabilitation and other wards have shorter delays than those delayed on mental health wards

Section 2 – latest year

Table 2.4 shows the number of patients delayed in each month of the latest year by age group and principal reason for delay, while **Chart 2.4** shows the percentage of those patients delayed in the year by ward type.

Table 2.4: By principal reason for delay

	Health care	Community care	Selection of care home	Waiting for availability	Protection issues	Other	Total
Monthly charts (b)							
Apr '16	141	129	68	71	32	54	495
May '16	163	115	63	61	29	51	482
Jun '16	129	103	61	64	32	55	444
Jul '16	137	120	56	86	26	57	482
Aug '16	131	79	71	98	28	48	455
Sep '16	145	110	67	85	28	56	491
Oct '16	132	108	84	81	25	70	500
Nov '16	122	127	80	83	21	52	485
Dec '16	99	109	57	95	25	45	430
Jan '17	118	101	48	55	23	45	390
Feb '17	130	85	62	52	17	45	391
Mar '17	125	89	52	59	19	52	396

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

Source: Delayed Transfers of Care database

- For most of 2016-17, the highest number of delays at Welsh hospitals were for health care reasons, although this was briefly overtaken by community care reasons at the end of 2016.

- All reasons saw a fall in the number of delays over 2016-17.

Chart 2.4: Percentage of patients delayed by ward type and delay reason, 2016-17
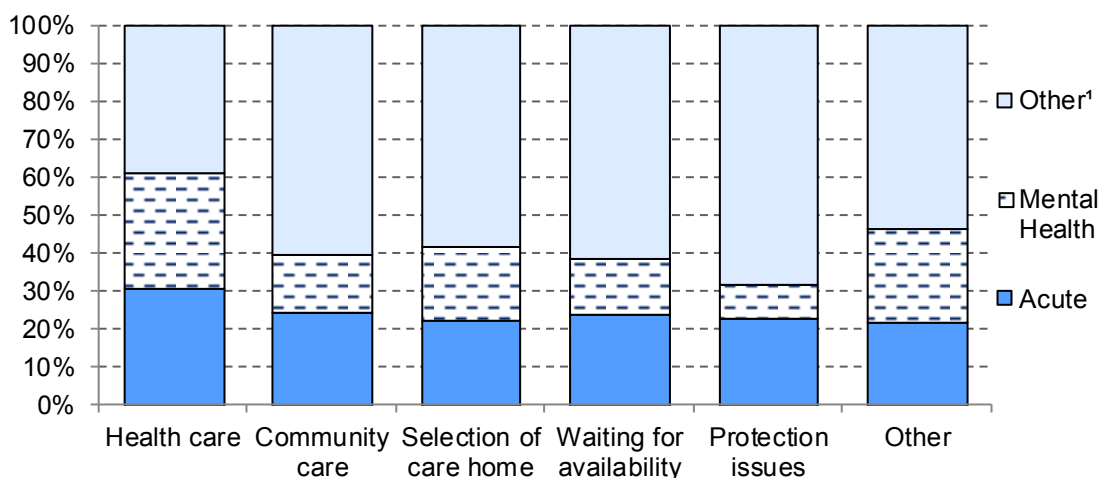
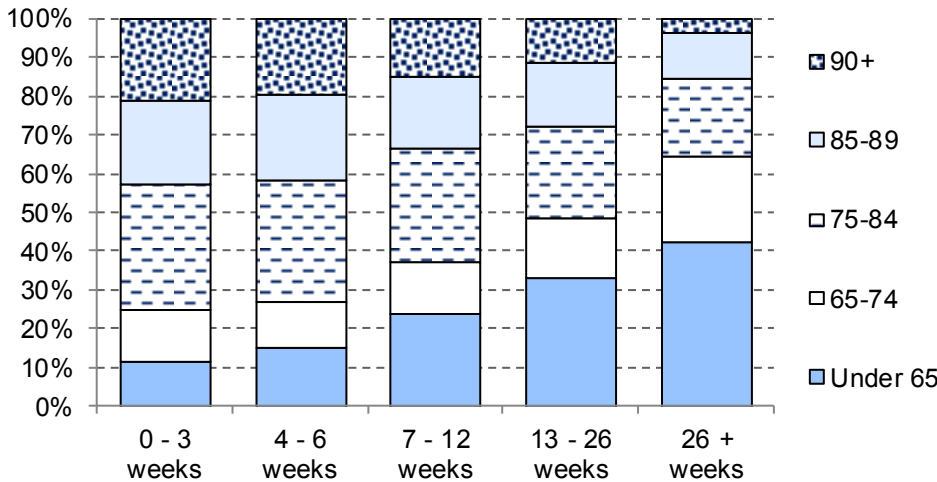- Patients delayed for health care or other reasons were more likely to be on mental health wards.

[1] Community, rehabilitation and other wards

Source: Delayed Transfers of Care database

Charts 2.5-2.7 show the percentage of patients delayed in 2016-17 by age band, length of delay and principal reason for delay.
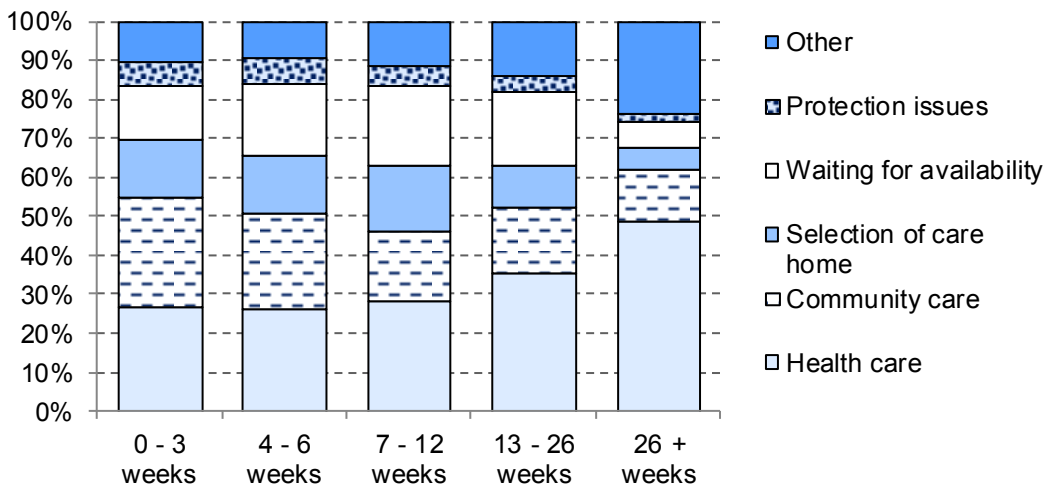
Chart 2.5: By length of delay and age, 2016-17

Source: Delayed Transfers of Care database

- Longer delays are predominantly experienced by younger patients – over 40 per cent of the patients delayed for over 26 weeks were aged under 65, compared to just over 10 per cent of patients delayed for 3 weeks or less.

Chart 2.6: By reason and length of delay, 2016-17

Source: Delayed Transfers of Care database

- Almost 50 per cent of delays over 26 weeks were for health care reasons, compared to 27 per cent of delays 3 weeks and under.

- Protection issues, such as mental capacity or deprivation of liberty related issues etc, account for a relatively small proportion (up to 7 per cent) of delays in all categories of delay length.

Chart 2.7: By age group and principal reason for delay, 2016-17
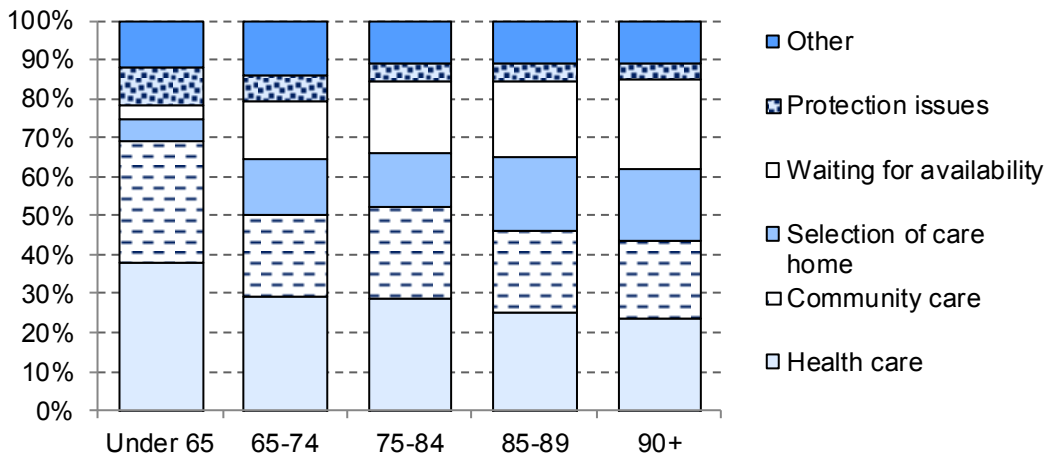

Source: Delayed Transfers of Care database

- Patients in younger age groups were more likely to be delayed for health and community care reasons.

The charts in this section show the trends over time of patients experiencing a delayed transfer of care. **Charts 3.1a to 3.1g** show the number of delays by LHB and ward, while **charts 3.2 to 3.4** show the changes at Wales level by principal reason, age and length of delay. 3 month rolling averages are used to show trends with less fluctuation than month by month figures (see notes for a discussion of the choice of average). The monthly data are available on StatsWales.

Chart 3.1a: Delays by ward type, Abertawe Bro Morgannwg
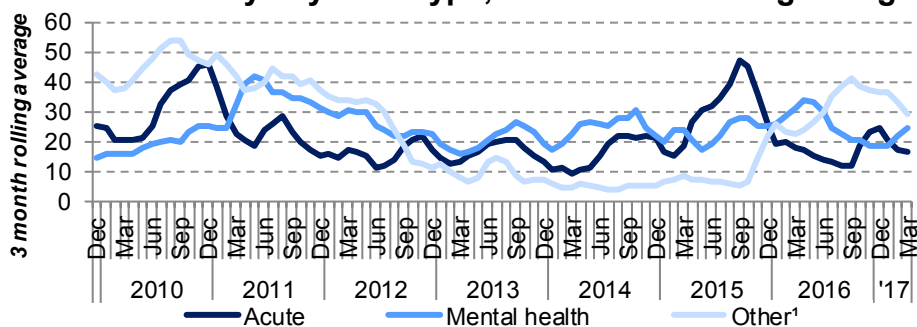
Abertawe Bro Morgannwg showed a fluctuating pattern across all ward types.

A rapid increase in acute delays took place in the early part of 2015 but has since decreased back to levels prior to 2015. Other delays are now the most prevalent, having been increasing since late 2015.

Chart 3.1b: Delays by ward type, Aneurin Bevan
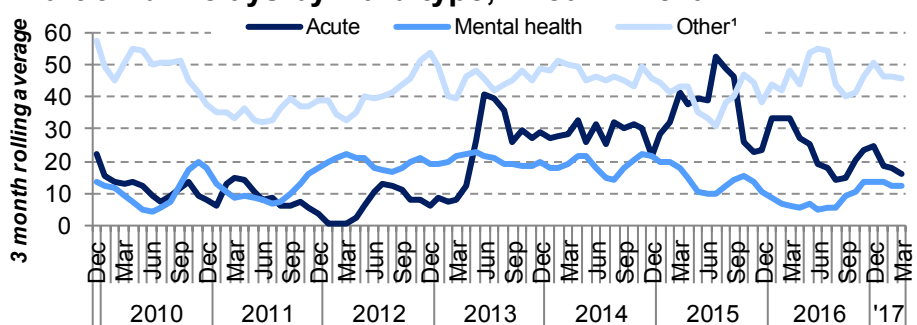
Aneurin Bevan showed a steady increase in acute delays until mid 2015, but - with some fluctuation – have decreased since that time. 'Other' delays (such as community and rehabilitation) have been consistently high relative to the other delay reasons.

Chart 3.1c: Delays by ward type, Betsi Cadwaladr
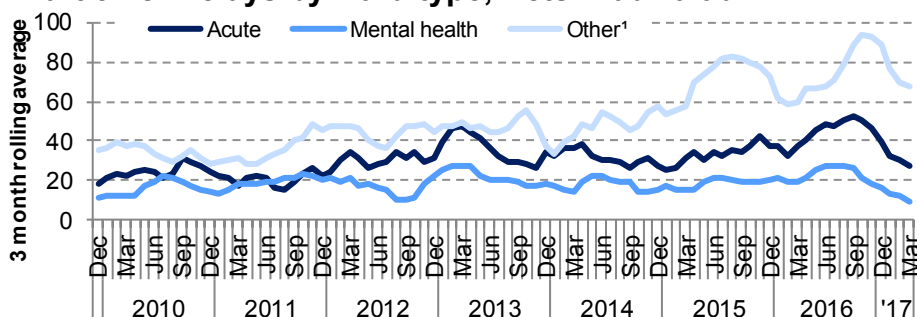
Betsi Cadwaladr has shown broadly constant acute and mental health delays compared with an increase over the last two years in the category of 'Other', which is the largest for this health board.

Chart 3.1d: Delays by ward type, Cardiff & Vale
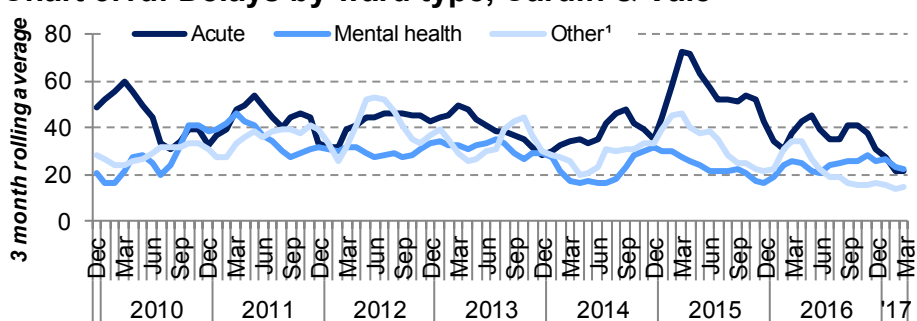
Cardiff and Vale has one of the higher proportions of acute delays compared to other health boards. After a peak in early 2015 the number in this category has declined.

¹ Other = community, rehabilitation and other wards

Chart 3.1e: Delays by ward type, Cwm Taf
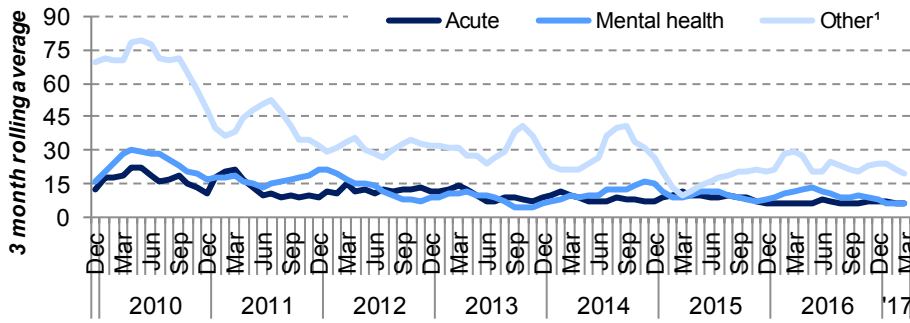
Numbers of delays in Cwm Taf have been principally in the 'Other' category which has gradually fallen since 2010, though still higher than acute and mental health.

Chart 3.1f: Delays by ward type, Hywel Dda
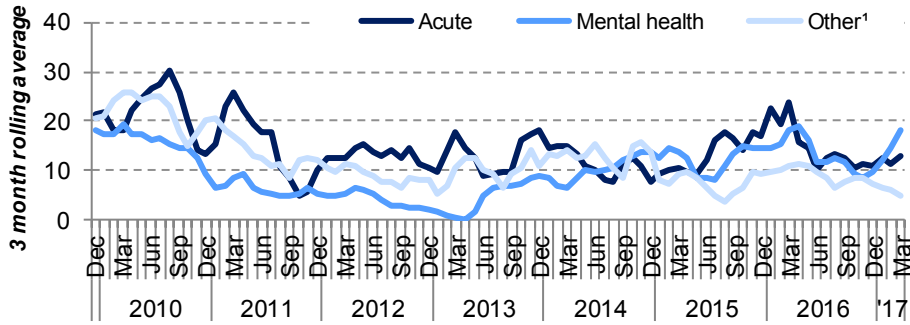
With marked fluctuations, all categories in Hywel Dda showed a decline from 2010 until 2013, followed by increases across all ward types. Recently though, the number of delayed patients has fallen for acute and other wards.

Chart 3.1g: Delays by ward type, Powys
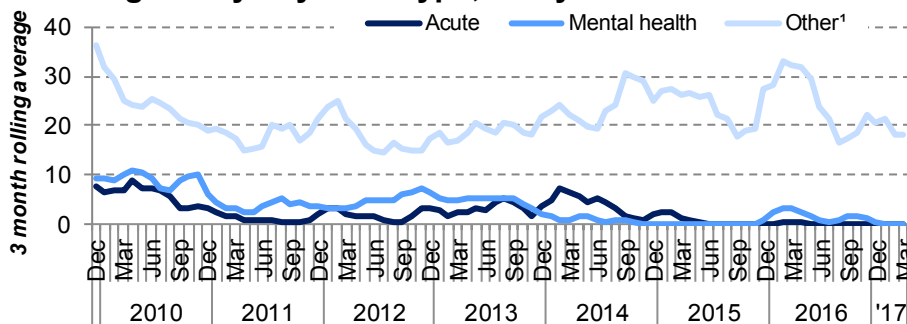
Because of the distribution of hospital facilities in Wales, Powys only has significant numbers of delays in the 'Other' category. With some fluctuation, numbers are now at a similar level to 2011.

¹ Other = community, rehabilitation and other wards

Source: Delayed Transfers of Care database

Chart 3.2 Delays by principal reason for delay

(a) Health care	(b) Community care	(c) Care home	(d) Protection issues

Delays for healthcare reasons fell from around 200 at the end of 2009 to around 120 in mid 2014; the numbers then rose markedly until the early part of 2015 but have since started to come down again.

Delays for community care reasons fluctuate between 100 and 140 each month, while the numbers delayed choosing a care home or waiting for an available place regularly account for between 120 and 150 delays.

Delays for protection issues, though small in number, have risen slightly, especially in the last two years.
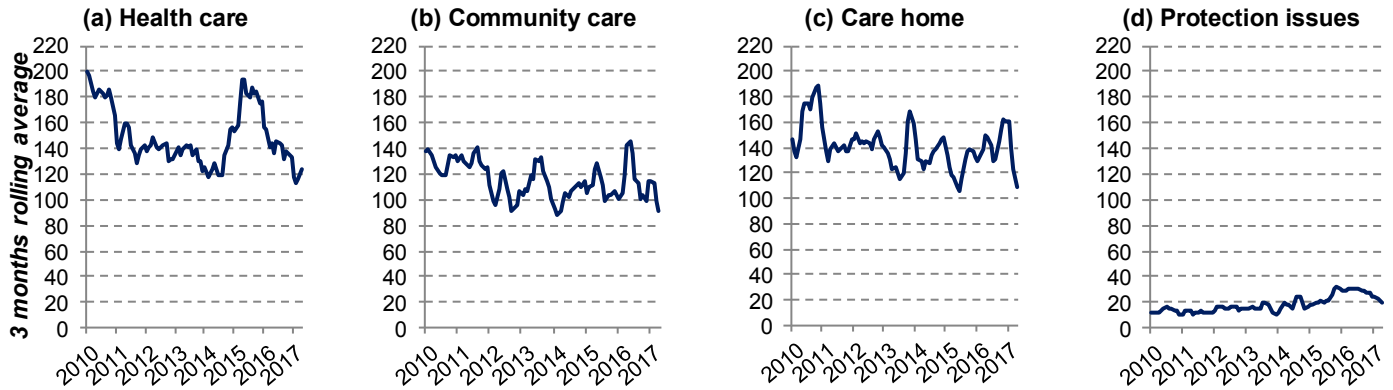
There are also around 40-50 'other' patients each month.

Chart 3.3: Delays by age group[1]

Source: Delayed Transfers of Care database
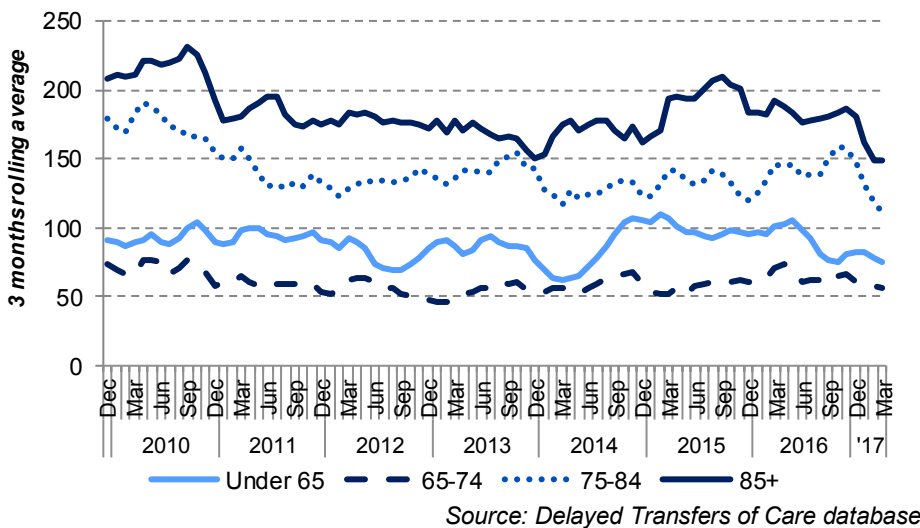
Delays in the younger age groups have remained broadly similar over the last 6 years while delays in the 75-84 age group have declined slightly.

Delays in the oldest age group[1] fell from an average of around 200 a month in early 2010 to around 150 two years ago. However the numbers have since risen again, although they have been falling in recent months.

[1] 85-89 and 90+ age groups combined

Chart 3.4: Delays by length of delay

Source: Delayed Transfers of Care database
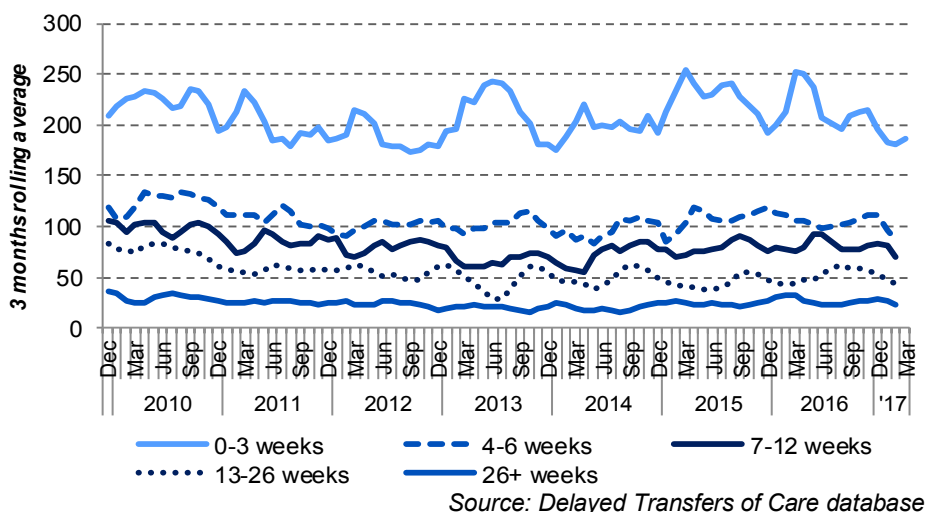
The number of patients delayed over 26 weeks dropped from an average of 30 during 2010 to around 20 during 2014 but has since risen again.

The largest number is always in the 0-3 weeks category.

Notes

Background

Following the publication of the [NHS Activity and Performance summary](#) in April 2017, this release is the first in a new series of annual publications rather than quarterly. Key statistics continue to be updated each month via the summary alongside the online StatsWales 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 3.1a-g to 3.4 in Section 3 covering the last 5 years. These averages show the trends with less fluctuation due to the month on month variability. For the charts covering the last 10 years in Section 1, 3 months rolling averages have been used to bring out the long term trends.

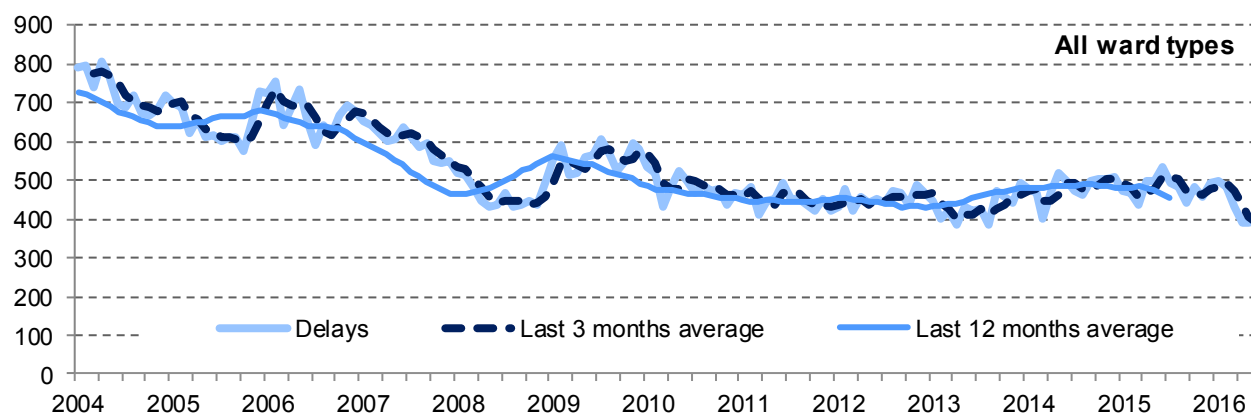The selection of 3 month averages for the charts was made so that significant variations up or down were preserved for breakdowns of the total, eg by local health board. The difference between the 3 month averages in Chart 1.1 and a 12 month average can be seen in the sample chart below:

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 lead 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 provide 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.

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; and

- 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; and

- 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.

Figures for Scotland.

National Statistics status

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

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 Official 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

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 Well-being of Wales report.

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:

December 2018 (provisional)

We want your feedback:

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

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