Delayed Transfers of Care
Quality Report

Background

What are these statistics?

The delayed transfers of care Statistical Release shows monthly data on the numbers of people experiencing a delay in the arrangements for them to leave hospital, for example to go home, or to move to another more appropriate facility within the NHS, eg from an acute bed to a rehabilitation bed.

A monthly **census** or count of the numbers of patients whose transfer is delayed is made in each hospital by each Health Board. The numbers are agreed with the local authority responsible for the patient. This is usually the authority where the patient was living before entering hospital, but may sometimes be the authority from which the patient was admitted, eg if the patient's home address is not known. The statistics are classified by the **principal reason for delay**, **type of ward**, and **next stage of care**.

The **reason for delay** is assigned by staff in the Health Board, in agreement with local authority colleagues where social care issues are involved, from a centrally prescribed list. The list of reasons and other guidance on when patients should be regarded as delayed is published on the NHS Wales intranet.

The patient's **ward type** is recorded by staff in the Health Board. The publication breaks down the numbers of patients between Mental Health wards and others (including acute, community and rehabilitation). This split is shown because users of these statistics have commented that the reasons for delays to patients in Mental Health wards are often fundamentally different from the reasons for delays in other acute and community hospitals.

The **next stage of care** is not a data entry item, but a derived item based on a classification of implied destination based on the reasons for delay. For example, delays due to community care arrangements are allocated to the stage "waiting to leave hospital", but so is the healthcare reason "Awaiting assessment by discharge liaison". "Awaiting the opinion of another consultant" is allocated to stage "Move within the NHS". The list of reasons for delay and their allocation to each stage is available from our StatsWales website.

The figures in the release represent the count of patients with a delay on the census date. They do not include patients who may be subject to a delay in between the census dates.

The aims of this statistical release are to:

- provide a summary of the numbers of delayed transfers of care in NHS hospitals in Wales;
- provide trend data for total numbers, reasons for delay and the stage at which patients are delayed in Wales;

- signpost the more detailed tables by local authority area and by NHS Local Health Board and Trust held on StatsWales and provide additional explanation and key quality information.

The latest version is linked from our [delayed transfers of care](#) theme page.

Source of the data:

The Delayed Transfers of Care database is maintained by the NHS Wales Informatics Service and records up to date information across Wales on the numbers of patients delayed. There is a census of delayed patients each month which provides a "snapshot" of the numbers for the census date incorporating any amendments received up to the date of extraction.

Definitions:

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. "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).

Key Quality Information

National Statistics are produced to high professional standards set out in the Code of Practice for Official Statistics. They undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from any political interference.

Users and uses:

We believe the key users of these statistics are:
- Ministers and their advisors;
- Assembly members and Members Research Service in the National Assembly for Wales;
- NHS Wales;
- Communities and Local Government;
- Local government unitary authorities (elected members and officials);
- Students, academics and universities;
- Other areas of the Welsh Government;
- Other government departments; and
- Individual citizens and private companies.

The statistics are used in a variety of ways. Some examples of these include:
- Advice to Ministers;
- To assess NHS Wales performance against targets and standards;
- To inform service improvement projects for areas of focus and opportunities for quality improvement;
- For NHS Local Health Boards, to benchmark themselves against other local health boards;
- To help determine the service the public may receive from NHS Wales.

If you are a user and do not feel the above list adequately covers you, or if you would like to be added to our circulation list, please let us know by e-mailing stats.healthinfo@wales.gsi.gov.uk

Data processing cycle

Data collection – The major source of data for this release is an administrative system, 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 enters a record for each patient with a delayed transfer. The census date is the third Wednesday of each month. Three weeks are allowed for validation by the relevant LHB and local authorities before the data is downloaded by the Statistical Directorate as an Excel spreadsheet. The monthly statistical extract includes non personally-identifiable items required for the statistical release.

Validation and verification – Data is then transferred to an ACCESS database; any queries on the new data in the context of the time series are discussed with policy colleagues and data suppliers in LHBs and Trusts.

Publication - The statistics published by the Health Statistics and Analysis Unit are produced from the database and also use population estimates from the Office for National Statistics and hospital bed numbers from the NHS Wales Informatics Service. Producing the release is a mainly automated process, but key points and commentary are produced separately. The information on the release is checked against the data supplied. The information presented in StatsWales is produced automatically, thus reducing the likelihood of error.

The data for the latest census is frozen each month and not updated even if the live database is updated for administrative reasons.

Quality

Health Statistics and Analysis Unit adhere to a quality strategy and this is in line with Principle 4 of the Code of Practice for Official Statistics. Specifically, the list below provides information according to the European Statistical System's six dimensions of quality.

Relevance

The degree to which the statistical product meets user needs for both coverage and content.

Because the Delayed Transfers of Care census is a monthly snapshot, it is suitable for measuring the 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 resources that are taken up by patients whose transfer is delayed.

In Wales delayed transfers of care are used in the targets prescribed for LHBs and Trusts. Delayed transfers are also monitored as an indicator of effective care as these delays can have negative impacts on the people who suffer them and can have significant implications for their independence. Delayed transfers of care also have an impact on wider service delivery and performance across the whole health and social care system.

We maintain a live list of users and uses. We encourage users of the statistics to contact us to let us know how they use the data.

We consult with key users prior to making changes, and where possible publicise changes on the internet, at committees and other networks to consult with users more widely. We aim to respond quickly to policy changes to ensure our statistics remain relevant.

We actively review all our outputs and welcome feedback; if you would like to make any comments, please e-mail stats.healthinfo@wales.gsi.gov.uk

Accuracy

The closeness between an estimated result and an (unknown) true value.

Accuracy can be broken down into sampling and non-sampling error. Non-sampling error includes areas such as coverage error, non-response error, measurement error, processing error. The data downloaded from the DToC database has a 100% response rate and as such no estimation of the figures is calculated, and hence there is no sampling error.

Non-sampling error is reduced by standards and guidance is provided on the NHS Wales intranet about the data collections and definitions for users who enter records to the database. Where non-sampling error affects the data we provide full information for users to allow them to make informed judgements on the quality of the statistics, particularly if there are limitations of the data. All our outputs include key quality information on coverage, timing and geography.

In the unlikely event of incorrect data being published, revisions to data would be made and users informed in conjunction with the Welsh Government's Revisions, Errors and Postponements arrangements. This would include a statement in the statistics explaining the nature and extent of the revisions.

Timeliness and punctuality

Timeliness refers to the lapse of time between publication and the period to which the data refer. Punctuality refers to the time lag between the actual and planned dates of publication.

All outputs adhere to the Code of Practice by pre-announcing the date of publication through the Due Out Soon web pages. Furthermore, should the need arise to postpone an output this would follow the Welsh Government's Revisions, Errors and Postponements arrangements.

We publish releases as soon as practical after the relevant time period, usually 5 weeks after the date of each monthly Census.

Accessibility and clarity

Accessibility is the ease with which users are able to access the data, also reflecting the format(s) in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

The statistics are published in an accessible, orderly, pre-announced manner on the Welsh Government website at 9:30am on the day of publication. An RSS feed alerts registered users to this publication. Simultaneously the releases are also published on the National Statistics Publication Hub. We also publicise our outputs on Twitter. All releases are available to download for free.

More detailed data is available at the same time on the StatsWales website and this can be manipulated online or downloaded into spreadsheets for use offline.

We aim to use Plain English in our outputs and all outputs adhere to the Welsh Government's accessibility policy. Furthermore, all our headlines are published in Welsh and English.

Further information regarding the statistics can be obtained by contacting the relevant staff detailed on the release or via stats.healthinfo@wales.gsi.gov.uk

Comparability

The degree to which data can be agreed over both time and domain.

Agreed standards and definitions within Wales provide assurance that the data is consistent. Where there are changes to the data provided, this is shown clearly in the outputs. Where advance warning is known of future changes these will be pre-announced in accordance with Welsh Government arrangements. There is similar information available from other parts of the UK but the data is not exactly comparable due to local definitions and standards in each area.

Although there is broad comparability in the classification of reasons for delay, these have developed separately, with reviews of classifications for local policy reasons and some detailed codes differ between countries. Further investigation would be needed to establish whether the definitional differences have a significant impact on the comparability of the data. We do not therefore give links in the statistical release to information about other countries.

England

The number of delayed transfers of care are collected on a weekly basis via the SITREPS system and published on a monthly basis by the Department of Health (http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performancedataandstatistics/Acut eandNon-AcuteDelayedTransfersofCare/index.htm). This data source is used to support the reimbursement system in operation in England and therefore places emphasis on the number of reimbursable days.

Scotland

The DToC census is undertaken by ISD and a quarterly National Statistics Release is published. (Link to site: http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/)
The census is a quarterly count reporting all delays and providing information broadly in line with the Welsh statistics, but concentrating on those patients delayed for over 6 weeks. Patients where the delay reason was outside the control of the NHS and local government ('Code 9 cases') are counted separately.

Coherence

The degree to which data that are derived from different sources or methods, but which refer to the same phenomenon, are similar.

Every month the data are collected from the same sources and adhere to the national standard; they will therefore be coherent within and across organisations. Data collections are checked between submissions to ensure coherence of the data received.

The classification of patients by their **next stage of care** is made by grouping together records with a specified set of codes describing the principal reason for delay. It is in some degree an assumption that these groupings of reason codes do in fact correspond to the stages of "leaving hospital" or "moving within the NHS" and it is not possible to take account of the specific circumstances of each case.

Dissemination

All the data is of sufficient quality following the processes outlined above to justify publication. The high level messages are published on the first page of the relevant release and high level charts are included in the release. All the actual data provided is published on our interactive website StatsWales.

Evaluation

We always welcome feedback on any of our statistics. If you would like to make any comments, please e-mail us at stats.healthinfo@wales.gsi.gov.uk

Produced by Knowledge and Analytical Services, Welsh Government
Last reviewed: January 2012