**Delayed Transfers of Care – Case Studies**

**Case Study 1:**

JH has been an inpatient for 3 months. The multi-disciplinary team have decided that he requires a long term placement due to his complex needs. His Care Co-ordinator has presented his care and support needs to panel and they have agreed that he requires a residential care placement and have agreed his funding in principle. The CCG and the Local Authority will fund 50:50. The Care Co-ordinator and Brokerage have struggled to find an appropriate placement and today. JH is ready and safe to transfer to a residential home if one was available.

Is this a DTOC?

If yes,

What DTOC reason would you use?

Who would you attribute the delay to?

What could have prevented it being a DTOC?

**Case study 2:**

DL has been in hospital for 2 weeks, he has his own flat and he is ready to leave hospital. He was sent on leave for 2 days prior to discharge but came back within 4 hours saying that there was no electricity in his flat and it was too cold to stay. No request for a Care Co-ordinator had been made to the Community Team.

Is this a DTOC?

If yes,

What DTOC reason would you use?

Who would you attribute the delay to?

What could have prevented it being a DTOC?
**Case study 3:**

SM is on a s37/41 MHA and a placement has been identified and funding agreed. He has been ready to be transferred for 3 days. The ward has yet to receive official confirmation that this placement has been agreed by the Ministry of Justice.

Is this a DTOC?

If yes,

What DTOC reason would you use?

Who would you attribute the delay to?

What could have prevented it being a DTOC?

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**Case study 4:**

RF requires a complex aftercare package. He was presented to the MH panel but they refused to fund the package saying that he required funding from Adult Social Care for physical health needs and potentially has Continuing Healthcare needs. The Care Co-ordinator is completing the paperwork required for those panels. RF health is fluctuating and has good days and bad days. The team are still not quite sure what will best meet RF’s needs.

Is this a DTOC?

If yes,

What DTOC reason would you use?

Who would you attribute the delay to?

What could have prevented it being a DTOC?
Case study 5:

SG had been living with his parents prior to admission. They have said that they cannot support him anymore when he is ready to be discharged and want him to have his own place. His care and support needs have been assessed under the Care Act and while he is eligible for some support this does not include requiring supported accommodation. The Housing Department are currently assessing whether they have a duty to house him under the Housing Act. The Consultant has decided that he is ready for discharge.

Is this a DTOC?

If yes,

What DTOC reason would you use?

Who would you attribute the delay to?

What could have prevented it being a DTOC?

Case study 6:

KD has no recourse to public funds. She was admitted to hospital under s2 of the MHA. She has been in hospital for 2 weeks and following assessment has care and support needs (including supported accommodation) under the Care Act. The ward team have decided that she will be ready for discharge tomorrow.

Is this a DTOC?

If yes,

What DTOC reason would you use?

Who would you attribute the delay to?

What could have prevented it being a DTOC?
**Case study 7:**

RC needs a health funded specialist placement. The CCG are not prepared to agree funding until 3 quotes have been received. One of the units who need to assess have said they cannot come for 3 weeks. RC is ready to leave hospital as soon as the placement and funding have been agreed.

Is this a DTOC?

If yes,

What DTOC reason would you use?

Who would you attribute the delay to?

What could have prevented it being a DTOC?

**Case study 8:**

PW has dementia and lacks capacity to make decisions about her future accommodation. Her needs have been assessed and a suitable home has been identified although they have no vacancies at present. She owns her own property. An application to the Court of Protection has been made.

Is this a DTOC?

If yes,

What DTOC reason would you use?

Who would you attribute the delay to?

What could have prevented it being a DTOC?
**Case study 9:**

BG has been an inpatient for 6 months. She has refused every placement offered to her as she says it is not in the right location for her as she needs to be near her family. Funding and a suitable placement has been identified and she is ready for transfer.

Is this a DTOC?

If yes,

What DTOC reason would you use?

Who would you attribute the delay to?

What could have prevented it being a DTOC?

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**Case study 10:**

WK cannot return to his home as he was targeted by drug dealers prior to admission and his life was threatened. The police have said that he cannot return as it is a crime scene. He does not need to be in hospital. The Housing Association say they have no available alternatives at the current time.

Is this a DTOC?

If yes,

What DTOC reason would you use?

Who would you attribute the delay to?

What could have prevented it being a DTOC?
**Case study 11:**

HL has a long standing illness and has been in hospital numerous times. He has been allocated to a new Care Co-ordinator who was asked to assess his needs and request funding for placement. The panel refused to fund the package as the quality of the information that was presented meant that they had insufficient detail of the care and support needs. The Care Co-ordinator has been asked to resubmit but they are have gone off sick.

Is this a DTOC?

If yes,

What DTOC reason would you use?

Who would you attribute the delay to?

What could have prevented it being a DTOC?

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**Case study 12:**

CK could return home after 23 days in hospital but following a visit just prior to discharge it was discovered that the property needed a deep clean. The ward contacted the Care Co-ordinator a week ago and they have said that they would sort it out but the ward have heard nothing since.

Is this a DTOC?

If yes,

What DTOC reason would you use?

Who would you attribute the delay to?

What could have prevented it being a DTOC?