

# Publication Report



## Delayed Discharges in NHS Scotland

Figures from April 2012 Census

Publication date – 29 May 2012



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## About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

**Purpose:** To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

**Mission:** Better Information, Better Decisions, Better Health

**Vision:** To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

## Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (i.e. assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (i.e. legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (i.e. still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

## Introduction

A 'delayed discharge' is a hospital inpatient who has been judged clinically ready for discharge by the responsible clinician, in consultation with all agencies involved in planning the patient's discharge, who continues to occupy a bed beyond the ready for discharge date. These patients are clinically ready to move on to a more appropriate care setting either within or outwith the NHS e.g. patient's home, care home etc.

This publication summarises the latest census results on inpatients who are delayed discharges. The information was collected as part of a quarterly census and includes only those patients delayed on the census day.

The publication has been designed to support local agencies in the arrangements they make for the patient's timely, appropriate and safe transfer to the next stage of care.

## Background

For most patients, following completion of health and social care assessments, the necessary care, support and accommodation arrangements are put in place in the community without any delay in the patient's safe and appropriate discharge from hospital.

A delayed discharge occurs when a patient, clinically ready for discharge, cannot leave the hospital because the other necessary care, support or accommodation for them is not readily accessible and/or funding is not available e.g. to purchase a care home place.

## National Targets associated with Delayed Discharges

Until recently, the national target was that no patient should be delayed in hospital for longer than 6 weeks from when they were clinically ready for discharge, This target was first met in April 2008 and continues to be the national 'standard' which is applied to delays.

In October 2011, two new targets were announced by the Scottish Government. These stated that by April 2013, no patient should wait more than 4 weeks from when they are clinically ready for discharge and subsequently by April 2015 no patient should wait more than 2 weeks until discharge. In some of the following Figures, information is presented to reflect these new targets (see Figures 1, 3).

## Code 9s

It is recognised that there are some patients whose discharge will take longer to arrange and therefore the standard maximum delay is not applicable. These cases are classified as 'Code 9's and includes patients such as 'Adults with Incapacity' (see Glossary). Code 9 cases are reported separately in this report and labelled to differentiate them from those cases where the standard maximum delay applies.

## **Presentation of Results**

This report presents information on the number of delayed discharges for the following geographical areas: Scotland, NHS Board (of treatment), Local Authority Partner and Community Health (and Care) Partnership is also presented.

## **Future Publication**

In addition to the census data, a new data collection has been introduced that involves the collection of data on the bed days accumulated by all patients experiencing a delay, not just those delayed at a particular census point. This is being collected as part of the new national reporting requirements recommended by the Delayed Discharge Expert group and agreed by the Cabinet Secretary. The next publication, due to be published in August, will include summary statistics from this new collection.

The next quarterly census will include those patients who have been delayed for between one and three days. These patients have previously been excluded from the census. Changes have also been made to the 'Delayed Discharges Definitions and Data Recording Manual' which may have an impact on trends information. Any potential impacts will be highlighted in relevant tables.

## Key points

### Latest Figures

At the April 2012 census there were 13 patients delayed for over 6 weeks. This compares with 54 at the January 2012 census and 12 at the April 2011 census.

At the April 2012 census, there were a total of 534 delayed discharges (excluding Code 9 cases – see below) in Scotland, compared with 571 at the January 2012 census and 665 at the April 2011 census.

At the April 2012 census, 108 patients were delayed over 4 weeks and 315 patients were delayed over 2 weeks.

### Principal Reason Category for Delay

The principal reason for delay may change throughout the individuals' period of delay as arrangements for discharge are put in place. The principal reasons applying for those who had been delayed over the 6 weeks at the April 2012 census (13 patients) were as follows

- Seven patients were 'awaiting place availability in a care home'.
- Three patients were delayed for 'other patient/family/carer related reasons'.
- Two patients were 'waiting to go home'.
- One patient was 'awaiting funding for a care home placement'.

As stated in the introduction by April 2013, no patient should wait more than 4 weeks from when they are clinically ready for discharge.

- For those 108 patients waiting over 4 weeks the main reason for delay was awaiting 'place availability in a care home', 48 patients.

### Code 9 Cases

At the April 2012 census, there were a further 272 patients reported as Code 9 delays (where the current maximum delay does not apply). Of these 57% (156 patients) were due to the 'Adults with Incapacity Act', 20% (54 patients) were due to 'patient exercising statutory right of choice, where an interim placement is not possible or reasonable', 13% (35 patients) were Code 9 (no secondary code) and the remaining 10% (27 patients) were either 'awaiting place availability in a specialist residential facility' or were 'awaiting bed availability in other NHS hospital/facility/specialty'.

Please refer to the Glossary for more details on Code 9 patients and AWI.

## Results and Commentary

### Trends in Delayed Discharges

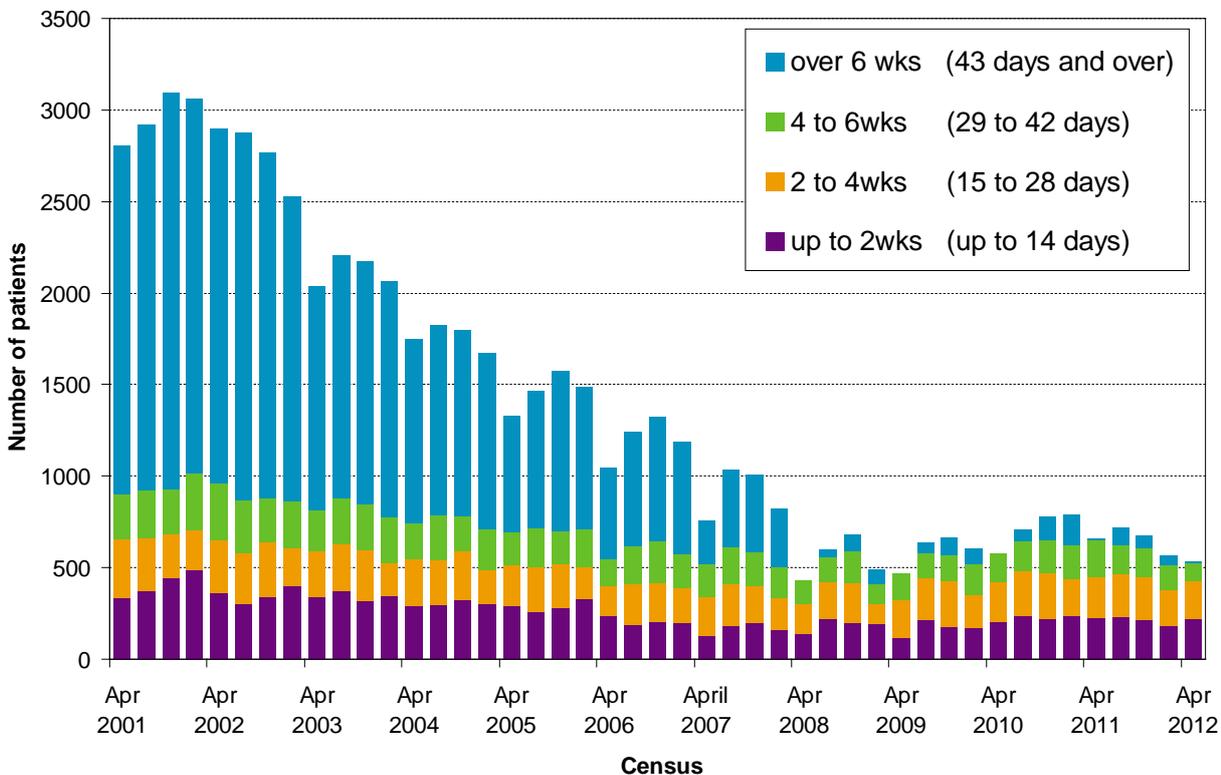
Figure 1 presents the trend in the number of delayed discharges. Historically the number of delayed discharges decreased from its peak of 3096 in October 2001 to 434 in April 2008 when the zero target for delays over 6 weeks was first met. Since April 2008 the number of delays has fluctuated and there is some seasonality evident in the trend.

It is useful to compare the current quarter with the previous quarters’s census data, to observe recent changes, as well as with the same point last year (to remove any potential seasonal effect).

- At the April 2012 census there were 13 patients delayed for over 6 weeks. This compares with 54 at the January 2012 census and 12 at the April 2011 census.
- At the April 2012 census, there were a total of 534 delayed discharges in Scotland, compared with 571 at the January 2012 census and 665 at the April 2011 census.
- At the April 2012 census, 108 patients were delayed over 4 weeks and 315 patients were delayed over 2 weeks.

Table 1 shows this breakdown by NHS board and Local Authority Partner. Table 4 gives a more detailed breakdown by NHS board Local Authority Partner and Community Health (and Care) Partnership. [Link to all figures/tables](#)

**Figure 1 NHS Delayed Discharges by delay; Scotland; April 2001 to April 2012**



Source: Delayed Discharges Census

## Reasons for Delay Trends

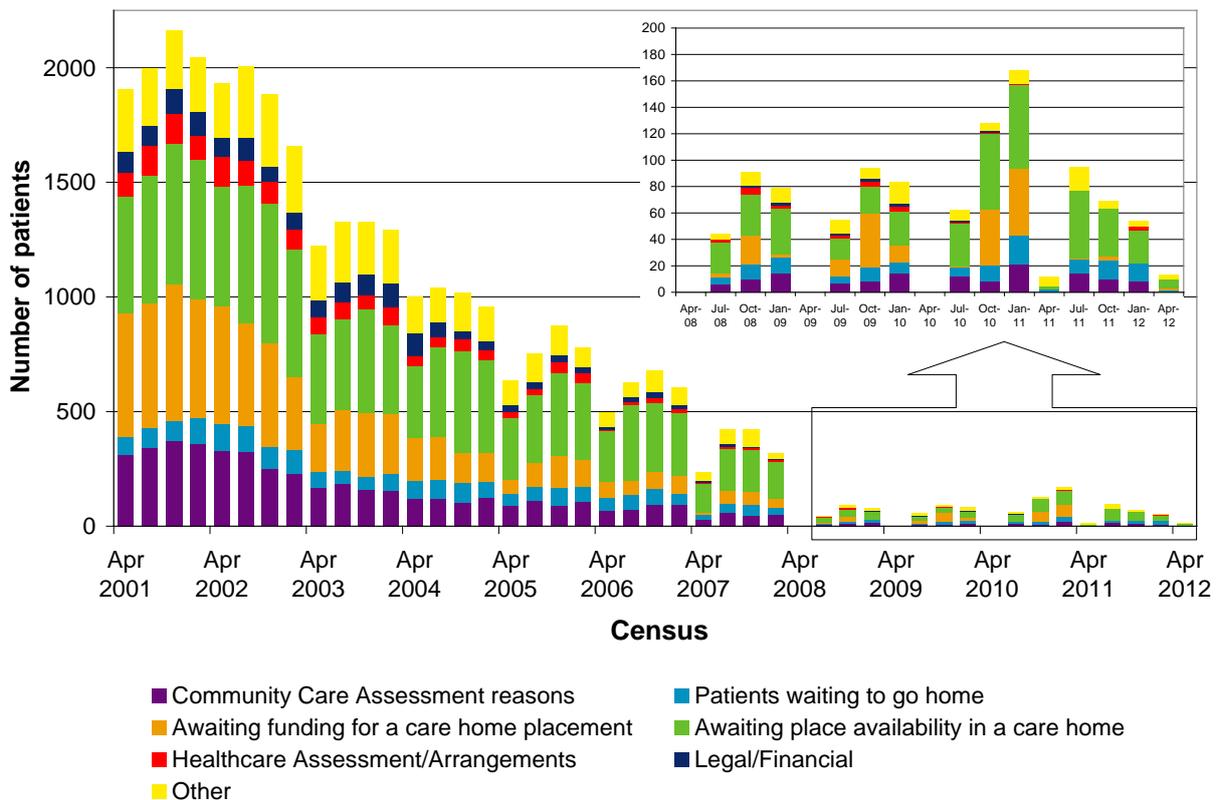
Figure 2 shows the breakdown for over 6 week delays by reason for delay, the inset enlarges April 2008 onwards.

The principal reason for delay may change throughout the individuals' period of delay as arrangements for discharge are put in place. For example, 'awaiting assessment' may be the first identified principal reason for a patient then subsequently, the principal reason may change to awaiting the finalisation of the safe discharge arrangements.

At the April 2012 census, of the 13 patients waiting to be discharged and delayed over 6 weeks, the main reason for delay was reported as 'Awaiting place availability in a care home' (7 patients), 'Other reasons' (3 patients), 'Patients waiting to go home' (2 patients) and 'Awaiting funding for a care home placement' (1 patient).

In comparison, at the April 2011 census, of the 12 patients waiting to be discharged the main reason for delay was reported as 'Other reasons' (7 patients), as 'Awaiting place availability in a care home' (3 patients) and 'Patients waiting to go home' (2 patients).

**Figure 2 NHS Delayed Discharges over six weeks by reason for delay; Scotland; April 2001 to April 2012**



Source: Delayed Discharges Census  
[Link to all figures/tables](#)

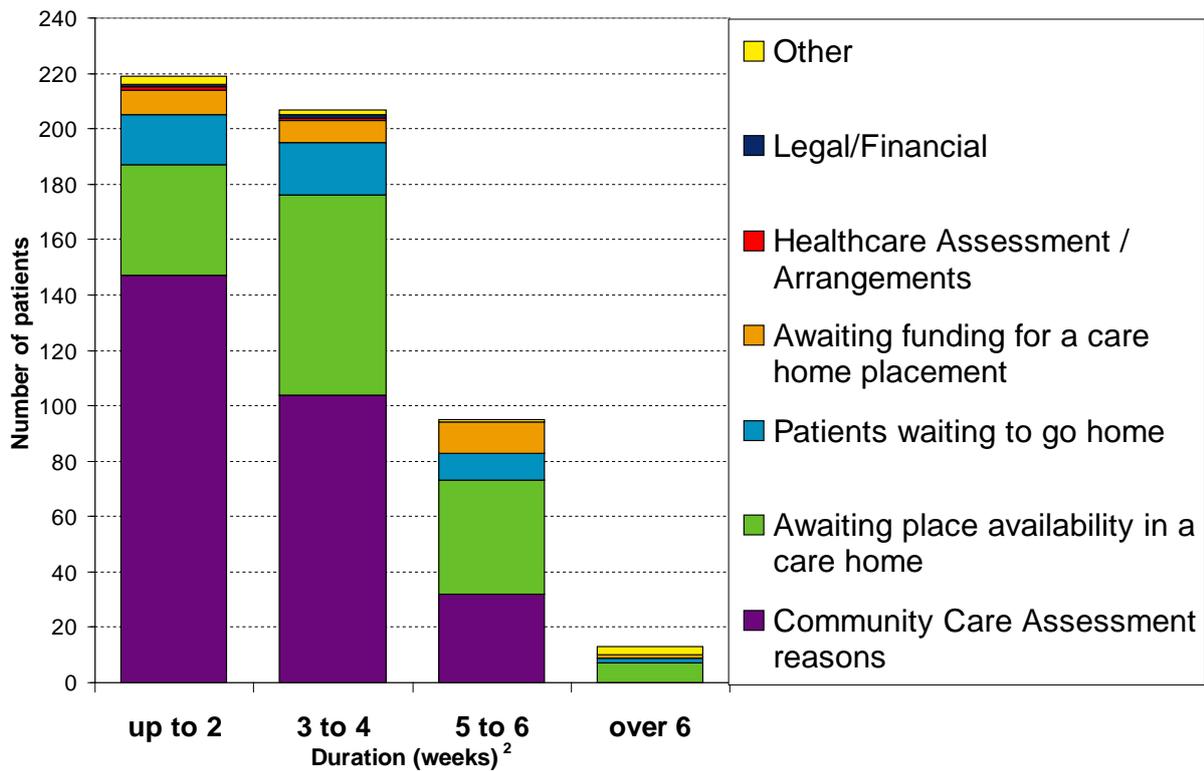
### Reasons and Duration of Delay at the April 2012 census

Figure 3 demonstrates that the principal reason for delay observed depends partly on how long the individual has been delayed at the census point. For instance the principal reason for delay for 67% of patients who had been delayed two weeks or less at the census point was 'Awaiting a Community Care Assessment'. For those patients who had been delayed over 6 weeks, no one was 'Awaiting a Community Care Assessment'.

The percentage of patients awaiting place availability in a care home increases as their length of delay increases - 18% of under 2 week patients, 35% of 2 to 4 week patients, 43% of 4 to 6 week patients and 54% of patients over 6 weeks reported being delayed due to awaiting place availability in a care home.

Table 2 shows detailed 'reason for delay' information for Scotland and Table 3 gives information on all delays by NHS Board, Local Authority Partner and Community Health (and Care) Partnership.

**Figure 3 NHS Delayed Discharges Numbers by Principal Reason Group and duration of delay<sup>1</sup> Scotland; as at April 2012 census**



Source: Delayed Discharges Census  
[Link to all figures/tables](#)

## Code 9 Cases

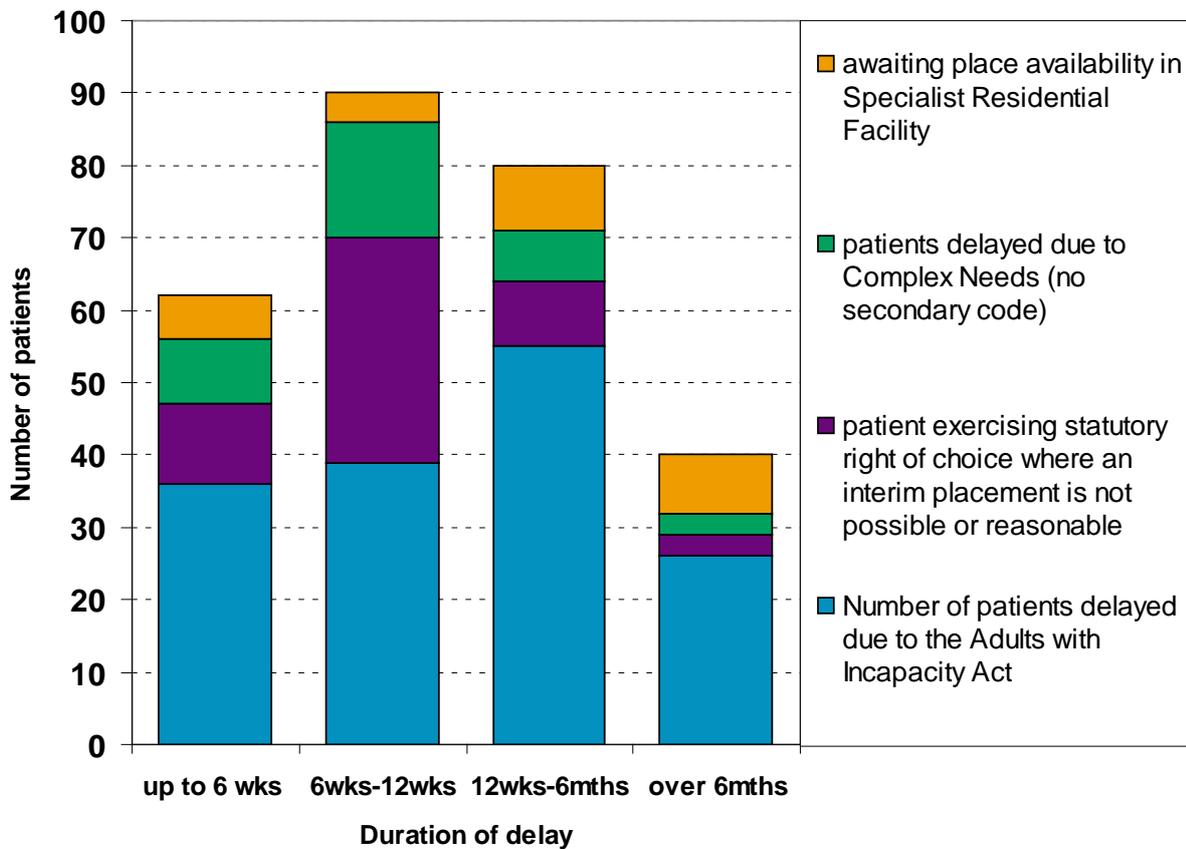
Code 9 cases are where the standard maximum is not applicable, (see Glossary for further information on Code 9s and 'Adults with Incapacity').

In April 2012, there were 272 patients reported as Code 9 delays. Of these 57% were due to the 'Adults with Incapacity Act', 20% were due to 'Patient exercising statutory right of choice, where an interim placement is not possible or reasonable', 13% were 'Code 9 (no secondary code)' and the remaining 10% were either 'awaiting place availability in a specialist residential facility' or were 'awaiting bed availability in other NHS hospital/facility/specialty'.

In April 2012, 62 (23%) of Code 9 patients had been delayed for less than 6 weeks and 40 patients (15%) delayed for more than 6 months.

Figure 4 presents the reason and duration of delay for all code 9 cases. It shows that for each duration of delay category, delays due to the Adults with Incapacity Act is the most common reason for delay.

**Figure 4 Number of code 9 patients ready for discharge delayed in Scotland, by reason<sup>1</sup> and length of delay; as at April 2012 census.**



<sup>1</sup> The Specialist Residential Facility reason codes have been grouped  
 Source: Delayed Discharges Census  
[Link to all figures/tables](#)

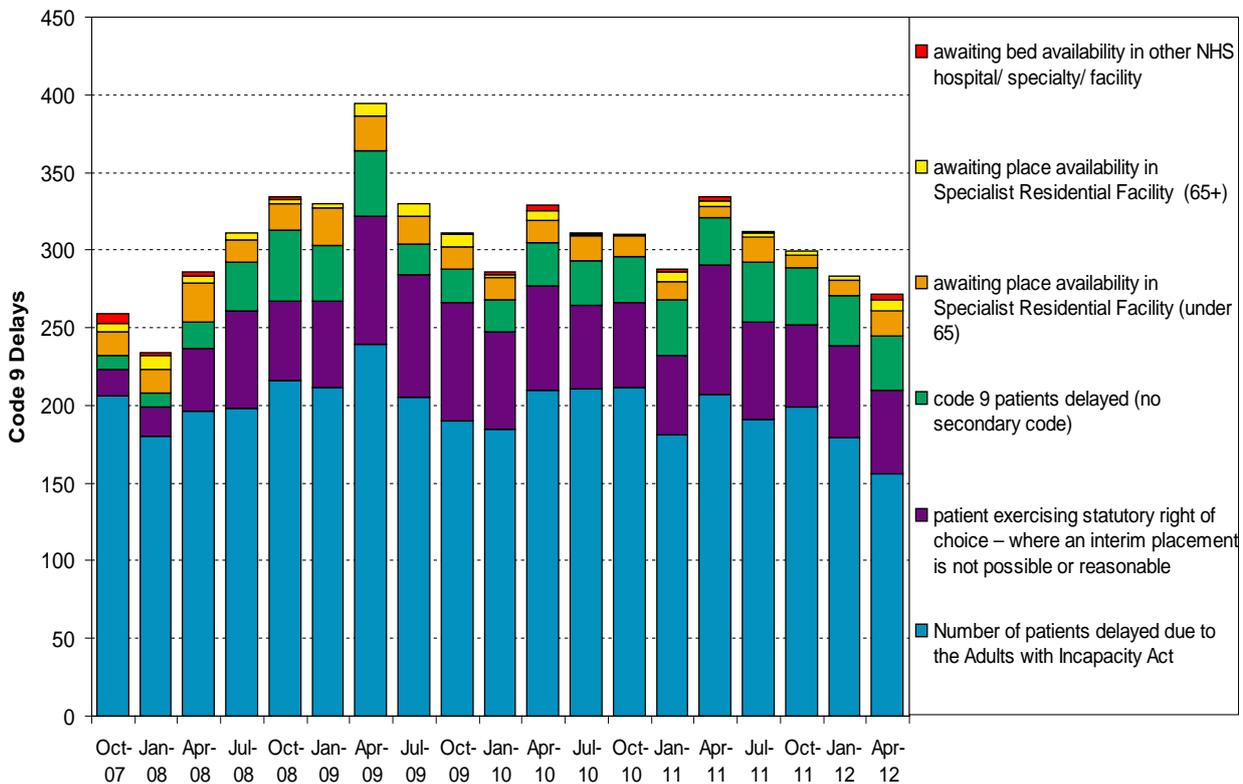
Trends in Code 9s

Figure 5 shows trend data for all Code 9 patients along with the reason for delay.

Since October 2007, there has been some variation in the number of patients reported as Code 9. Figure 5 shows that the number of code 9 patients has decreased from 334 as at the April 2011 census to 272 as at the April 2012 census. The vast majority of this decrease is due to a reduction in the number of patients delayed due to the ‘Adults with Incapacity Act’, with 156 patients as at the April 2012 census compared to 207 in the previous year. One factor contributing to this may be the new guidance published in June 2010: [discharging patients who may lack capacity](#).

The next most common Code 9 reason is ‘Patient exercising statutory right of choice’ followed by ‘Code 9 patients (with no secondary code)’.

**Figure 5 Number of code 9 patients ready for discharge delayed in Scotland, by reason for delay; from October 2007 census to April 2012 census.**



Source: Delayed Discharges Census  
[Link to all figures/tables](#)

## Beds occupied by patients ready for discharge and Code 9 cases

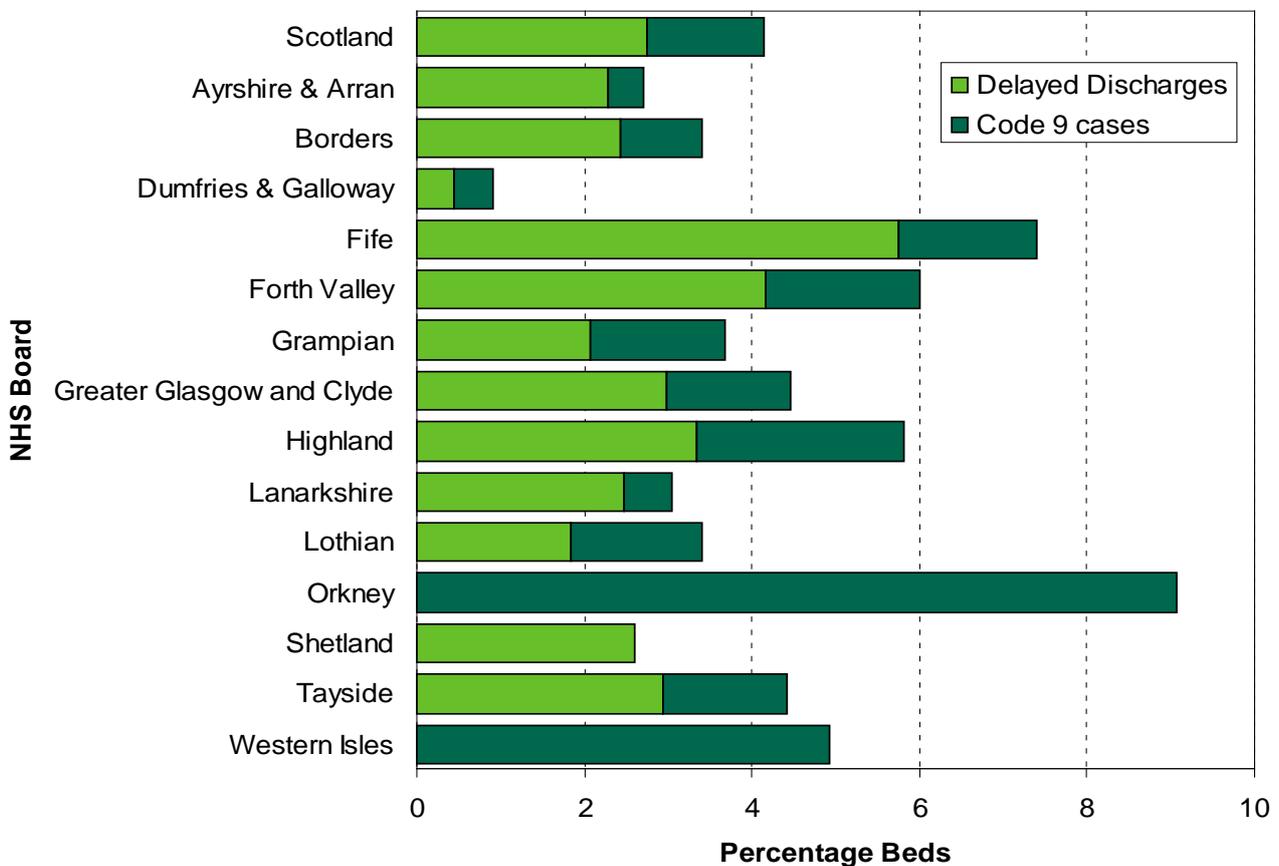
Figure 6 provides an indication of the impact of delayed discharges and Code 9 cases on bed occupancy within the fourteen NHS Board areas. The bed figure is based on **all NHS funded inpatient beds** in Scotland which are reported to ISD.

The variation in the percentage of beds occupied by patients ready for discharge across NHS Board areas may be a result of differing local practices e.g. differences in specialty provision profile, bed availability, case mix, local discharge planning agreements and the availability of local care facilities (care home places etc). Caution is therefore recommended when comparing NHS Boards.

The occupancy rates for Delayed Discharges and Code 9 cases combined range from 1% for NHS Dumfries & Galloway to 9% for NHS Orkney. The average across all Scottish Health Boards was 4%. Of the mainland Boards NHS Dumfries and Galloway had the smallest percentage of Delayed Discharges and NHS Fife had the largest percentage of Delayed Discharges.

There are a small number of patients experiencing a delay in discharge who are residents of local authorities outwith the NHS Board Areas in which they are being treated. These are classified as out-of-area cases. Out of area cases count towards the NHS Board of treatment in Figure 6.

**Figure 6 NHS Delayed Discharges and Code 9 Cases expressed as a percentage of Occupied Beds<sup>1</sup> by NHS Board area of treatment; as at April 2012 Census**



<sup>1</sup> Provisional average daily number of occupied beds as at quarter ending 31 December 2011

Source: Delayed Discharges Census and ISD(S)1.

[Link to all figures/tables](#)

## Glossary

### Delayed Discharge

A delayed discharge is experienced by a hospital inpatient who is clinically ready to move on to a more appropriate care setting but is prevented from doing so for various reasons. The next stage of care covers all appropriate destinations within and outwith the NHS (patient's home, nursing home etc). The date on which the patient is clinically ready to move on to the next stage of care is the ready for discharge date which is determined by the consultant/GP responsible for the inpatient care in consultation with all agencies involved in planning the patient's discharge, both NHS and non-NHS (Multi-Disciplinary Team). Thus the patient is ready-for-discharge, but the discharge is delayed due to:

- Social care reasons
- Healthcare reasons
- Patient/Carer/Family-related reasons.

### Patients delayed more than 6 weeks

It has been agreed for non-short stay facilities that there is a period of 6 weeks beyond the clinically ready for discharge date during which all assessment and follow-on arrangements are expected to be put in place. During this period:-

- the completion of the community care assessment may take place
- the patient may be discharged from hospital
- the patient may be transferred to another health specialty if their assessed need determines this
- the patient may be transferred to another health specialty to await discharge from hospital.

### Ready for-discharge date

Ready-for-discharge date is the date on which a hospital inpatient is clinically ready to move on to a more appropriate care setting. This is determined by the consultant/GP responsible for the inpatient medical care in consultation with all agencies involved in planning the patient's discharge, both NHS and non-NHS (Multi-Disciplinary Team). The Team must be satisfied that it is safe and reasonable to transfer/discharge the patient. A patient who continues to occupy a hospital bed after his/her ready-for-discharge date during the SAME inpatient episode experiences a delayed discharge.

### Reason

This is the reason why the patient has remained in the bed awaiting the finalisation of arrangements for his/her safe transfer. For the national census, the principal reason that applies to each patient at the census point is recorded.

### Social Work Involvement

A patient ready for discharge is considered to have Social Work involvement if: EITHER - he/she has Principal Reason 'Community Care Assessment' or 'Community Care Arrangements'; OR - he/she has Principal Reason in the 'Patient/Carer/Family - related' categories, OR Principal Reason not agreed, OR Principal Reason not recorded AND a date of referral for Social Care Assessment has been recorded.

### Duration

This is the period of time to the census point that the patient has remained in the bed awaiting the finalisation of arrangements for his/her safe transfer.

### **Median/mean duration presentation, and frequency distribution**

This publication presents information on durations up to the census point (see Table 2). Two summary measures are provided:

- Median duration - the middle value of any one set of duration values that are arranged in numerical order.
- Mean duration - an average duration, calculated by summing all duration values in any one set and dividing by the number of cases in that set.

The frequency distributions for duration commonly show a relatively large proportion of cases experiencing fairly short durations and a relatively small number with longer durations. The median may therefore be taken as the best indicator of a 'typical' duration for patients in a particular group (e.g. a particular NHS Board, or a particular reason category).

### **Adults with Incapacity (AWI)**

Patients who are deemed clinically ready for discharge but need to remain in hospital because they are going through the Guardianship Order process are recorded as 'Adults with Incapacity Act' (code 9/51X) within the Delayed Discharges Census. It is recognised these patients may generally experience a delay longer than that which would normally be expected due to the required legal processes and procedures encountered in these cases.

Information on the recording and use of this code within the Delayed Discharges Census can be found in the [Delayed Discharges Data Definitions and Recording Manual](#). Guidance on discharging patients who may lack capacity from hospital is in the good practice guide [discharging patients who may lack capacity](#) .

### **Code 9s**

It is recognised that there are some patients whose discharge will take longer to arrange and therefore the standard maximum delay is not applicable. .These cases are classified as 'Code 9's and includes patients such as 'Adults with Incapacity' (see Glossary). Code 9 cases are reported separately in this report and labelled to differentiate them from those cases where the standard maximum delay applies.

## List of Charts and Tables within Workbook

Table	Name	Time period	File & size
<b>Workbook</b>	<a href="#">DD_apr12_tables_charts.xls</a>	<b>See below</b>	<b>Excel [2596kb]</b>
Figure 1	NHS Delayed Discharges by length of delay; Scotland;	April 2001 to April 2012	
Figure 2	NHS Delayed Discharges over six weeks by reason for delay; Scotland;	April 2001 to April 2012	
Figure 3	NHS Delayed Discharges Numbers by Principal Reason Group and duration of delay Scotland;	as at April 2012 census	
Figure 4	Number of code 9 patients ready for discharge delayed in Scotland, by reason and length of delay;	as at April 2012 census	
Figure 5	Number of code 9 patients ready for discharge delayed in Scotland, by reason for delay;	from October 2007 census to April 2012 census	
Figure 6	NHS Delayed Discharges and Code 9 Cases expressed as a percentage of Occupied Beds by NHS Board area of treatment;	as at April 2012 census	
Table1	Number of NHS delayed discharges, by NHS board area of treatment and Local authority of residence,	as at April 2012 January 2012, & April 2011	
Table2	Principal reason for delay, number in short stay specialties, median and mean duration; Scotland	as at April 2012 census	
Table3 and Table3-CHP	Number of NHS delayed discharges; Principal reason group; by NHS Board area, of treatment & Local Authority of residence and Community Health Partnership;	as at April 2012 census	
Table4 and Table4-CHP	Number of NHS delayed discharges; Duration of delay; by NHS Board area, of treatment & Local Authority of residence and Community Health Partnership	as at April 2012 census	
Table5	Number of code 9 patients ready for discharge delayed in Scotland; by reason, delay group and NHS Board,	as at April 2012 census	

## Contact

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## Further Information

Further information can be found on the [ISD website](#)

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## Appendix

**A1 – Publication Metadata (including revisions details)**

<b>Metadata Indicator</b>	<b>Description</b>
Publication title	Delayed Discharges in NHSScotland
Description	This report provides the latest statistics on NHS hospital inpatients "ready for discharge" but whose discharge has been delayed, from a census of these patients. Figures are shown for Scotland and by NHS Board area of treatment , Local Authority partner and Community Health Partnership. Supplementary information on patients reported as having Complex Needs are also presented for Scotland and by NHS Board. The discharge of these patients is considered too complex to facilitate within 6 weeks and therefore they are not included in census totals but are reported separately.
Theme	Health and Social Care
Topic	Access and Waiting Times
Format	PDF and Excel
Data source(s)	ISD Scotland, Delayed Discharges Quarterly Census.
Date that data are acquired	The census takes place on or around the 15 <sup>th</sup> of the month (ISD receive the data within 8 working days of the census).  In some areas there is local benefit in undertaking the national census on a date other than the 15 <sup>th</sup> . For this reason, Partnerships can select a date up to 7 calendar days prior to the census date. Under no circumstances can NHS Boards undertake the census outwith these timescales. NHS Boards are required to inform ISD if their census has been undertaken on a date other than the 15 <sup>th</sup> .
Release date	The last Tuesday of the month following the census.
Frequency	Quarterly
Timeframe of data and timeliness	The publication is considered timely.
Continuity of data	It is not possible to identify these reasons prior to the introduction of these new codes therefore counts attributable to them cannot be taken out of the census totals for censuses prior to their introduction."
Revisions statement	Historic data is not revised and there are no planned revisions of the data.
Revisions relevant to this publication	This publication has no revisions.
Concepts and definitions	The data definition manual is published at <a href="http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/Guidelines/">http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/Guidelines/</a>
Relevance and key uses of the statistics	Key uses of Delayed Discharges information include; contribution to service planning, quality improvement and evidence based medicine; potential cost savings; supporting research activities; and providing comparative

	information.
Accuracy	The data is considered accurate. The data is validated locally and ISD carry out further validation checks on it. In consultation with NHS Boards, the data is then updated if required.
Completeness	100% of the data is used for analysis.
Comparability	Not comparable outwith Scotland.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to <a href="#">published guidelines</a> .
Coherence and clarity	All Delayed Discharges PDF reports are accessible via the ISD website at <a href="http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/">http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/</a> In addition the tables and charts presented in the most recent reports are presented within an Excel workbook.
Value type and unit of measurement	Number of people delayed.
Disclosure	The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.
Official Statistics designation	National Statistics.
UK Statistics Authority Assessment	Awaiting assessment by UK Statistics Authority.
Last published	28 February 2012
Next published	28 August 2012
Date of first publication	4 December 2000
Help email	<a href="mailto:Anne.Stott@nhs.net">Anne.Stott@nhs.net</a>
Date form completed	May 2012

## **A2 – Early Access details (including Pre-Release Access)**

### **Pre-Release Access**

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

#### **Standard Pre-Release Access:**

Scottish Government Health Department  
NHS Board Chief Executives  
NHS Board Communication leads

#### **Four Day Pre-Release Access:**

Directors of Social Work at Local Authorities  
Members of the National Advisory Group for Delayed Discharges and Continuing Care Information - NAGoDDCCi

#### **Extended Pre-Release Access**

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

Scottish Government Health Department (Analytical Services Division)

#### **Early Access for Management Information**

These statistics will also have been made available to those who needed access to 'management information', i.e. as part of the delivery of health and care:

Delayed Discharge Policy Manager within the Primary & Community Care Directorate, Partnership Improvement & Outcomes Division at Scottish Government.

#### **Early Access for Quality Assurance**

These statistics will also have been made available to those who needed access to help quality assure the publication:

Delayed Discharge Policy Manager within the Primary & Community Care Directorate, Partnership Improvement & Outcomes Division at Scottish Government.