

# Publication Report



## Delayed Discharges in NHS Scotland

Figures from July 2012 Census

Publication date – 28 August 2012



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## 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 and who continues to occupy a bed beyond the ready for discharge date. It is very important that, while the clinician in charge has ultimate responsibility for the decision to discharge, the decision must be made as part of a multi-disciplinary process and focuses on the needs of the individual patient. These patients are clinically ready to move on to a more appropriate care setting either within or out with the NHS, for example patient's home, care home.

This publication summarises the latest quarterly census results on inpatients who are delayed discharges and includes only those patients delayed on the census day. The number of bed days occupied by delayed discharge patients in the previous quarter is also presented in this publication for the first time.

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. The information contained in the publication is used for a variety of purposes including:

- Monitoring policy obligations both locally and nationally
- Helping to troubleshoot in partnership areas with specific problems
- Facilitating benchmarking with other areas
- Identifying the potential release of resources to focus on more appropriate care
- Providing useful dialogue between health and social care agencies

Please note that there has been a change in recording practice for delays in the current census which affects this publication and means that it is not always possible to make comparisons with figures from previous publications (please see paragraph below).

## 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 and the patient is appropriately discharged 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. The tables that accompany this publication include information to support the new 4 week target.

## 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 9s' and would include patients delayed due to awaiting place availability in a high level needs specialist facility and where an interim option is not appropriate, patients for whom an interim move is deemed unreasonable or where an adult may lack capacity under adults with incapacity legislation.

Code 9 cases are reported separately in this report 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) and Local Authority.

## Newly Published Data

In addition to the census data, a new data collection has been introduced that involves the collection of data on the bed days occupied 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. This publication includes summary information on the number of bed days occupied by delayed discharge patients for the period April to June 2012 for the first time.

## Changes in Recording Practice

The national target for delayed discharges specifically for those patients in short stay/acute specialties was dropped in 2012. Figures on these delays were previously included in this report. Information on short stay/acute specialties can be found at the following link: [http://www.isdscotland.org/Health-Topics/Hospital-care/Data\\_Sources\\_and\\_Clinical\\_Coding.doc](http://www.isdscotland.org/Health-Topics/Hospital-care/Data_Sources_and_Clinical_Coding.doc).

There is still a requirement to publish data on those patients with a delay of under three days. In May 2012 the 'Delayed Discharges Definitions and Data Recording Manual' was revised to incorporate these changes which will have an impact on the overall number of delayed discharges and trend information. Any impact resulting from the changes outlined has been highlighted in the relevant tables. The recording manual and a summary of the changes to the manual can be found at the following link:

<http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/Guidelines/>

This publication and subsequent census publications will now include patients who were delayed between one and three days prior to the census date. Previously these patients were not counted as part of the census. Therefore, the figures for the total number of

patients delayed and those delayed up to two weeks cannot be compared directly with other census unless any delays of three days or less are removed.

To allow for comparisons to previous publications patients delayed between one and three days prior to the census date have been removed from Figure 1 only.

## **Related Health and Social Care Information**

ISD publish other information that help measure the shift in the balance of care to ensure that older people are cared for in their own homes or in a homely setting in the community, wherever possible. The Scottish Care Home Census publication looks at the provision of care home places throughout Scotland and for individual local authorities. Trend data is available from March 2000. A link to the latest report can be found here:

<http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Care-Homes/Census/>

The NHS Continuing Care Census identifies all patients who were receiving NHS Care on the census date. NHS Continuing Care is defined as on-going, non-acute care, delivered as an inpatient, and often over an extended period, either in hospital, hospice or care home. In addition to supporting the need for information about shifting the balance of long term care for older people, this data is also used to inform on the application of the NHS Continuing Health Care guidance. A link to the latest report can be found here:

<http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/NHS-Continuing-Care/>

The Scottish government publish other information relating to service provision for older people and this can be found at the following website:

<http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/>

## Key points

### Latest Figures

At the July 2012 census there were 50 patients delayed for over 6 weeks. This compares with 13 at the April 2012 census and 95 at the July 2011 census.

At the July 2012 census, 164 patients were delayed over 4 weeks and 390 patients were delayed over 2 weeks.

Over 119,000 bed days were occupied by delayed discharge patients in NHS Scotland during the quarter April to June 2012. This accounts for around 5% of the available staffed bed days during that period.

### Principal Reason Category for Delay

The principal reason for delay may change during an individual's period of delay as arrangements for discharge are put in place. The principal reasons supplied for those who had been delayed for more than 6 weeks at the July 2012 census (50 patients) were as follows:

- 27 patients were 'awaiting place availability in a care home'.
- 12 patients were 'waiting to go home'.
- 6 patients were 'awaiting community care assessment'.
- 1 patient was 'awaiting funding for a care home placement'.
- 4 patients were delayed for 'other patient/family/carer related reasons' or as a result of 'disagreement'.

As stated in the introduction, the new target is such that by April 2013, no patient should wait more than 4 weeks from when they are clinically ready for discharge:

- For those 164 patients waiting over 4 weeks the most common reason for delay was 'Awaiting place availability in a care home' (92 patients).

### Code 9 Cases

At the July 2012 census, there were 250 patients reported as Code 9 delays (where the current maximum delay does not apply). Of these 63 per cent (157 patients) were due to the 'Adults with Incapacity Act', 19 per cent (47 patients) were due to 'Patient exercising statutory right of choice, where an interim placement is not possible or reasonable', and the remaining 18 per cent (46 patients) were either 'Awaiting place availability in a specialist residential facility', were 'Awaiting bed availability in other NHS hospital/facility/specialty' or were 'Awaiting the completeness of complex care arrangements in order to live in own home'.

Please refer to the Glossary for more details on Code 9 patients and 'Adults With Incapacity' (AWI).

## Results and Commentary

### Trends in Delayed Discharges

At the July 2012 census, there was a total of 778 delayed discharges (excluding Code 9 cases) in Scotland.

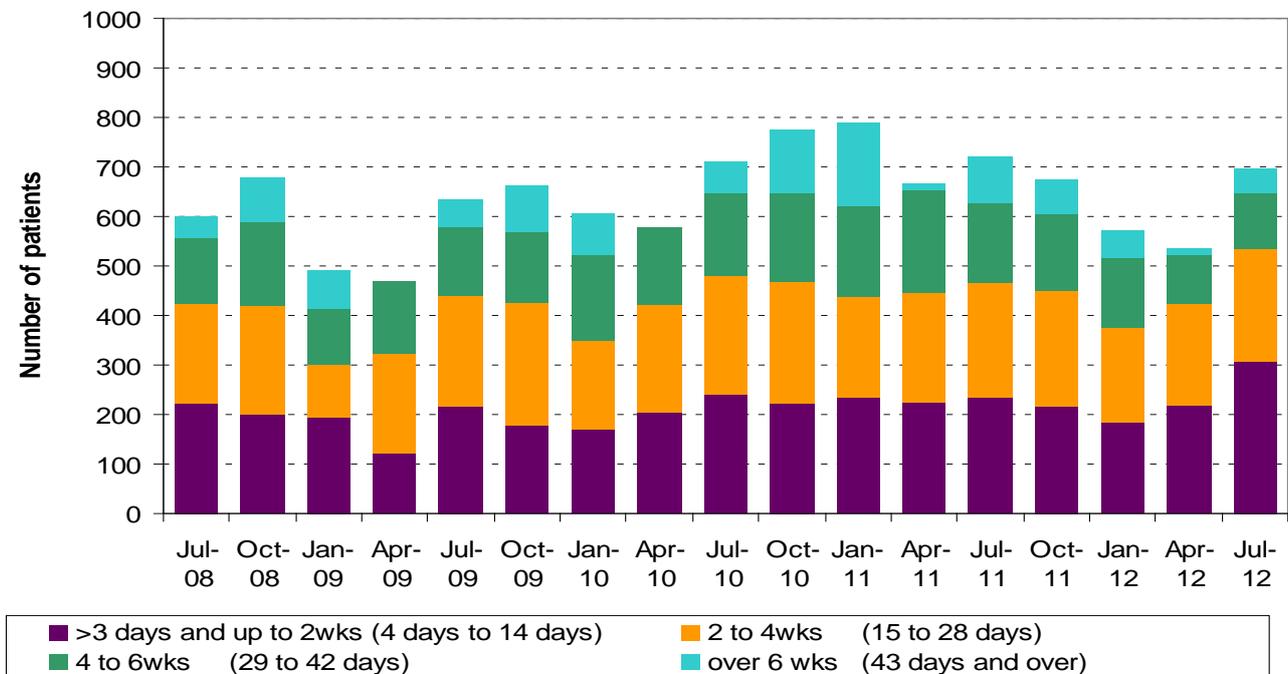
Table 1 shows this breakdown by NHS Board and Local Authority. Table 4 gives a more detailed breakdown by NHS Board and Local Authority. [Link to all figures/tables](#)

Figure 1 below **excludes** those patients who were delayed for three days or less so that the figures are comparable with previous census points.

Figure 1 shows that as at July 2012 there was a total of 697 delayed discharges (excluding code 9 and delays of three days or less) in Scotland. For those patients who have been delayed over four weeks and six weeks it is useful to compare the current quarter with the previous quarter's census data, to observe recent changes, as well as with the same census point in the previous year (to remove any potential seasonal effect). In relation to the national targets Figure 1 shows that:

- At the July 2012 census there were 50 patients delayed for over 6 weeks. This compares with 13 at the April 2012 census and 95 at the July 2011 census.
- At the July 2012 census there were 164 patients were delayed over 4 weeks. This compares with 108 at the April 2012 census and 257 at the July 2011 census.
- At the July 2012 census 390 patients were delayed over 2 weeks.

**Figure 1 NHS Delayed Discharges by Delay; Scotland; July 2008 to July 2012**



Source: ISD Scotland

July 2012 figures exclude patients who were delayed between one and three days prior to the census date.

A historical trend from April 2001 can be found in Figure 1a. [Link to all figures/tables](#)

## Reasons for Delay Trends

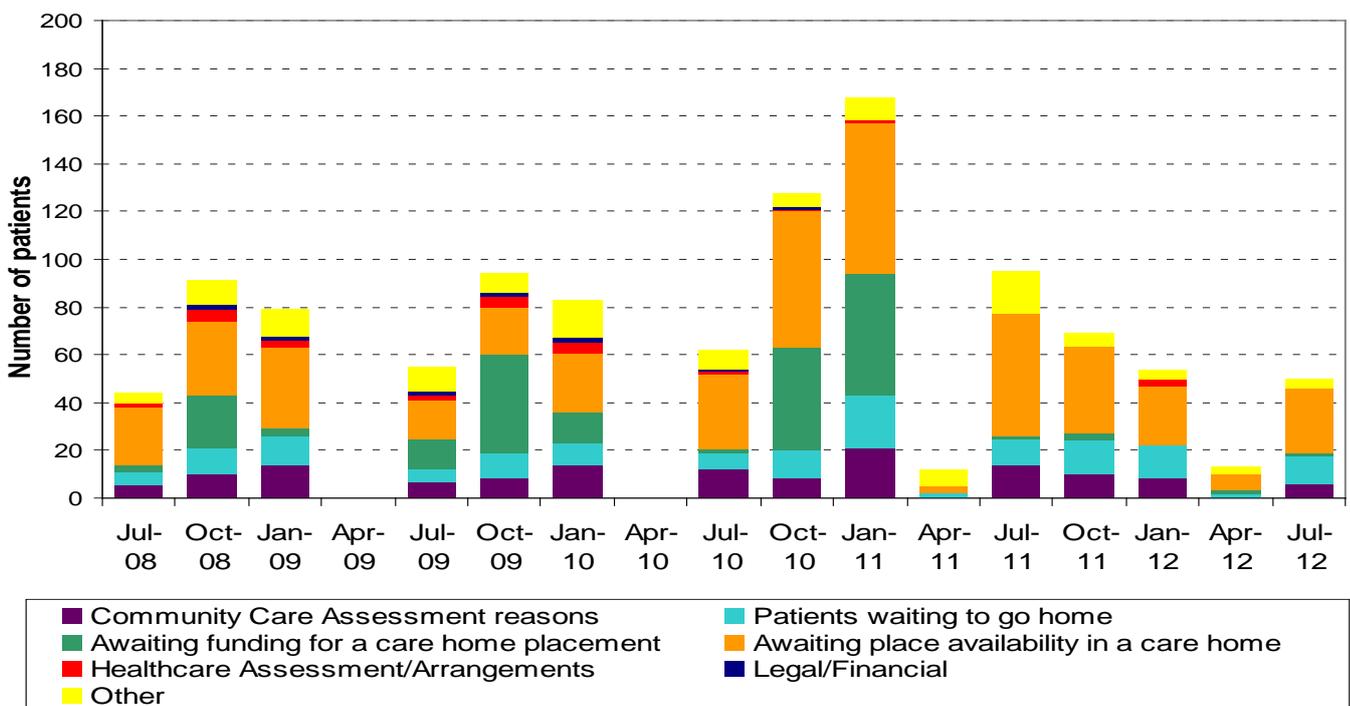
Figure 2 shows the breakdown for over 6 week delays by reason for delay. The principal reason for delay may change during an individual’s period of delay as arrangements for discharge are put in place. For example, ‘awaiting assessment’ may be the first identified principal reason for a patient, then subsequently, the principal reason may change to awaiting the finalisation of the safe discharge arrangements.

At the July 2012 census, of the 50 patients waiting to be discharged who were delayed over 6 weeks the main reason for delay were reported as ‘Awaiting place availability in a care home’ (27 patients). The other reasons were reported as ‘Patients waiting to go home’ (12 patients), ‘Awaiting Community Care Assessment (6 patients), ‘Awaiting funding for a care home placement’ (1 patient) and ‘Other reasons’ (4 patients).

In comparison, at the July 2011 census, of the 95 patients waiting to be discharged the main reason for delay was reported, as ‘Awaiting place availability in a care home’ (51 patients). The other reasons were reported as ‘Awaiting Community Care Assessment (14 patients), ‘Patients waiting to go home’ (11 patients), ‘Awaiting funding for a care home placement’ (1 patient) and ‘Other reasons’ (18 patients).

Figure 2 shows the number of delayed discharge patients tends to be lowest at the April census each year, which is used for assessment of the target. It is also possible that resources are more readily available at the start of the financial year. The census point for January 2011 stands out as exceptional and was highest of all the January census points. This could in part be due to the adverse weather conditions during that winter.

**Figure 2 NHS Delayed Discharges Over Six Weeks by Reason for Delay; Scotland; July 2008 to July 2012**

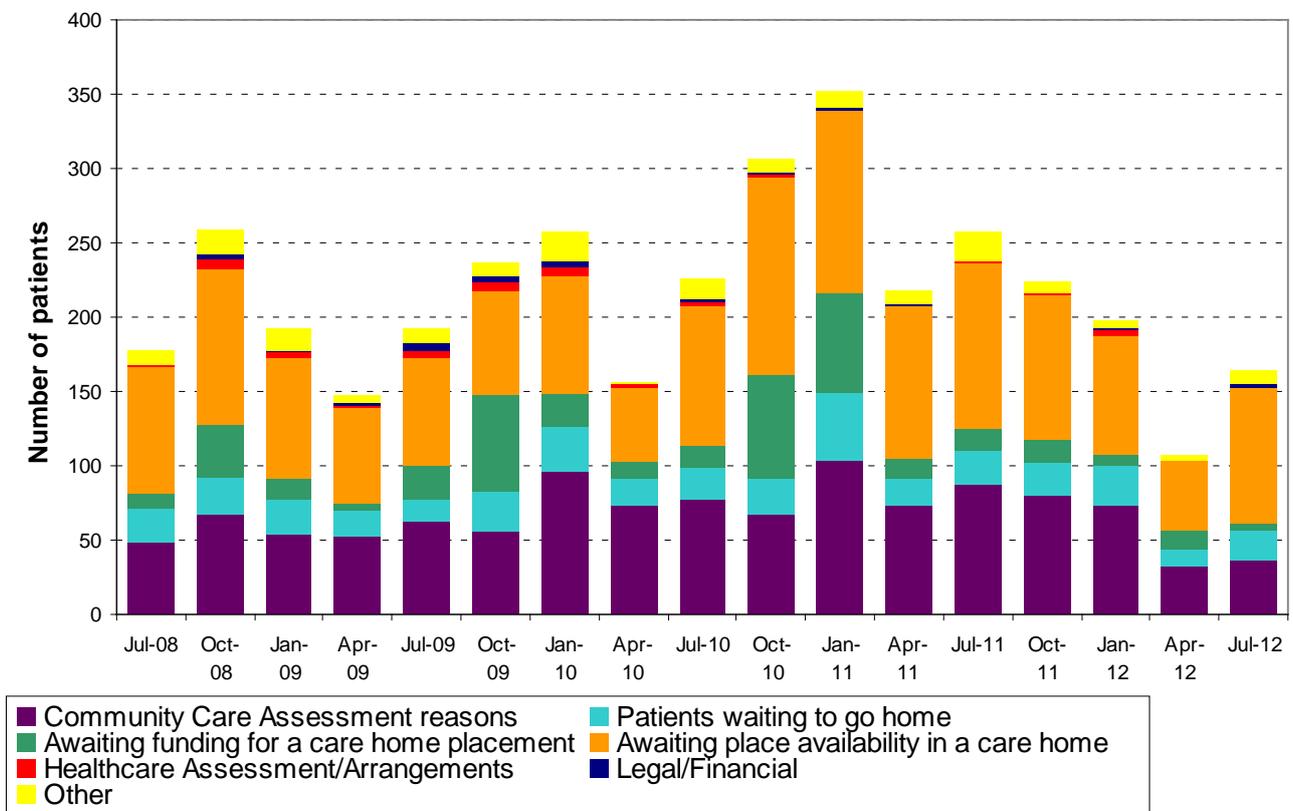


Source: ISD Scotland  
[Link to all figures/tables](#)

Figure 3 shows the breakdown for over 4 week delays by reason for delay, 164 patients in July 2012. This figure includes those delayed over six weeks. Similar to those patients delayed over six weeks the main reason for delay is 'Awaiting place availability in a care home' (92 patients). Thirty-six patients were 'Awaiting Community Care Assessment'

In comparison, at the July 2011 census, of the 257 patients delayed over four weeks waiting to be discharged the main reasons for delay were reported as 'Awaiting place availability in a care home' (111 patients), and 'Awaiting Community Care Assessment' (87 patients).

**Figure 3 NHS Delayed Discharges Over Four Weeks by Reason for Delay; Scotland; July 2008 to July 2012**



Source: ISD Scotland  
[Link to all figures/tables](#)

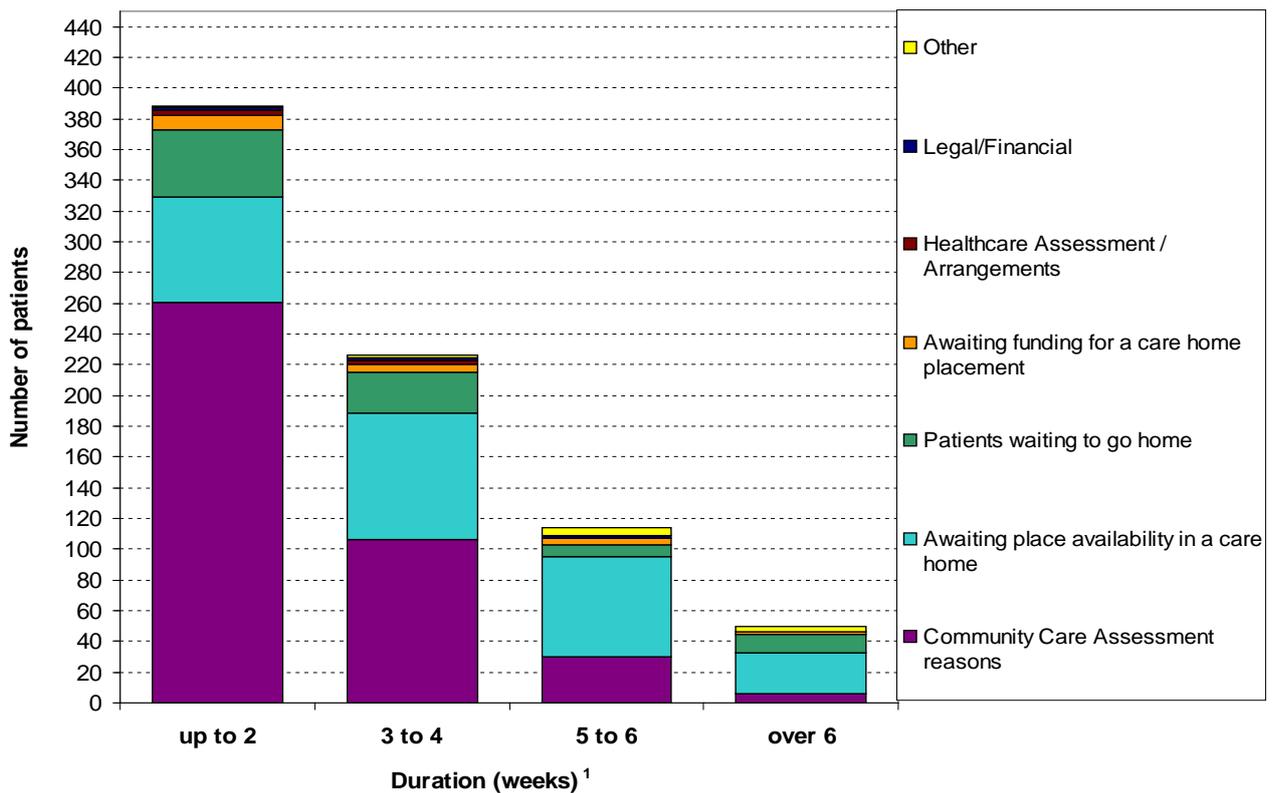
## Reasons and Duration of Delay at the July 2012 census

Figure 4 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 per cent 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, only 12 per cent of patients were 'Awaiting a Community Care Assessment'.

The percentage of patients awaiting place availability in a care home was 18 per cent for those patients delayed under 2 weeks compared to 57 per cent for those patients delayed between 5 and 6 weeks.

Table 2 shows detailed 'reason for delay' information for Scotland and Table 3 gives information on all delays by NHS Board and Local Authority. [Link to all figures/tables](#)

**Figure 4 NHS Delayed Discharges Numbers by Principal Reason Group and Duration of Delay<sup>1</sup> Scotland; as at July 2012 census**



1. Duration calculated from Ready for Discharge Date to the present census date. Expressed in whole weeks (e.g. up to, and including, two weeks).

Following the change in recording practice this figure includes 81 patients who were delayed between one and three days prior to the census date. These patients were not included in previous census points.

## Code 9 Cases

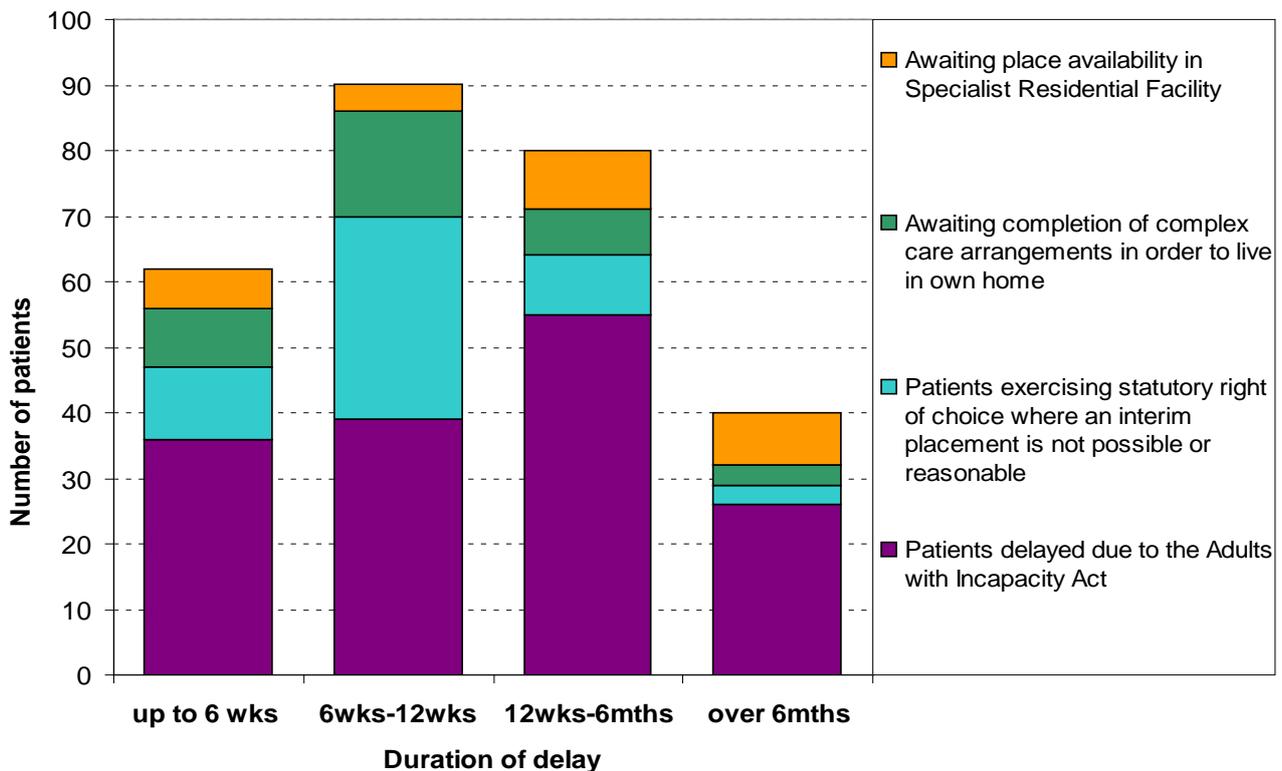
As mentioned earlier in this report Code 9 cases are those for which the standard maximum is not applicable.

In July 2012, there were 250 patients reported as Code 9 delays. Of these 63 per cent were due to the 'Adults with Incapacity Act', 19 per cent were due to 'Patient exercising statutory right of choice, where an interim placement is not possible or reasonable', and the remaining 18 per cent were either 'Awaiting place availability in a specialist residential facility', 'Awaiting completion of complex care arrangements in order to live in their own home' or 'Awaiting bed availability in other NHS hospital/facility/specialty' or 'Awaiting completion of complex care arrangements in order to live in their own home'.

In July 2012, 61 (24 per cent) of Code 9 patients had been delayed for less than 6 weeks and 36 patients (14 per cent) delayed for more than 6 months.

Figure 5 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 5 Number of Code 9 Patients Ready for Discharge Delayed in Scotland, by Reason<sup>1</sup> and Length of Delay; as at July 2012 Census.**



<sup>1</sup> The Specialist Residential Facility reason codes have been grouped

Following the change in recording practice this figure includes 2 patients who were delayed between one and three days prior to the census date. These patients were not included in previous census points.

Source: ISD Scotland  
[Link to all figures/tables](#)

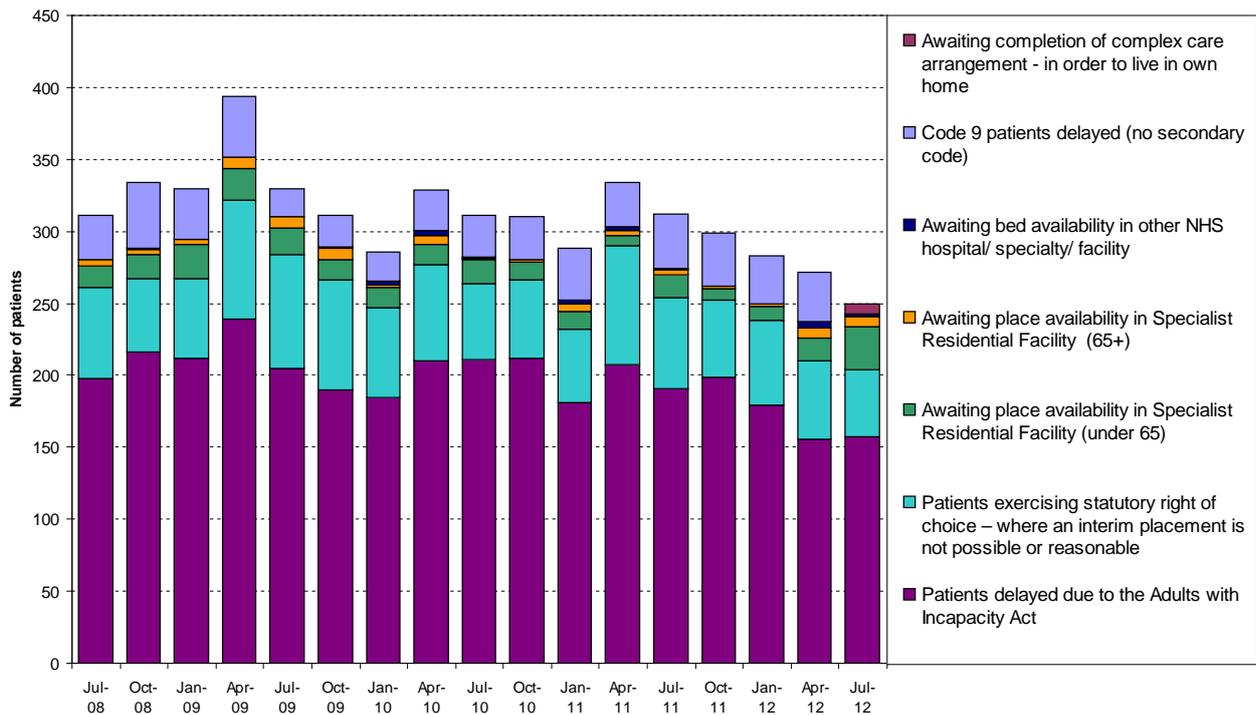
### Trends in Code 9s

Figure 6 shows trend data for all Code 9 cases along with the reason for delay. As from May 2012 all Code 9 cases require a secondary code and a new code was introduced for those patients awaiting completion of care arrangements in order to live in their own home.

Figure 6 shows that the number of Code 9 patients has decreased from 312 at the July 2011 census to 250 at the July 2012 census. The majority of this decrease is due to a reduction in the number of patients delayed due to the ‘Adults with Incapacity Act’, with 147 patients at the July 2012 census compared to 191 in the previous year. One factor contributing to this may be the new guidance published by the Scottish Government in June 2010: [discharging patients who may lack capacity](#).

The second most common Code 9 reason for delay is ‘Patient exercising statutory right of choice’ (47 patients) followed by ‘Awaiting place in a specialist residential facility for those aged under 65’ (30 patients).

**Figure 6 Number of Code 9 Patients Ready for Discharge Delayed in Scotland, by Reason for Delay; from July 2008 Census to July 2012 Census.**



Please note that from July 2012 onwards there is no longer a category for ‘Code 9 - no secondary code’ and a new code has been introduced for patients ‘Awaiting completion of complex care arrangements in order to live in their own home’

Following the change in recording practice this figure includes 2 patients who were delayed between one and three days prior to the census date. These patients were not included in previous census points.

Source: ISD Scotland  
[Link to all figures/tables](#)

## Bed Days Occupied by Patients Ready for Discharge and Code 9 Cases

This section contains information on the number of bed days occupied by patients who have been designated as delayed discharges between the period April 2012 and June 2012. Information was collected both on those cases where the standard maximum delay applies (referred to as ‘standard’) and on Code 9s. Further information on bed days occupied can be found in the glossary.

Figure 7 provides a breakdown of the number of bed days occupied by ‘standard’ and Code 9 delays and also those patients aged 75 and over and those between 18 - 74 in the quarter April to June 2012.

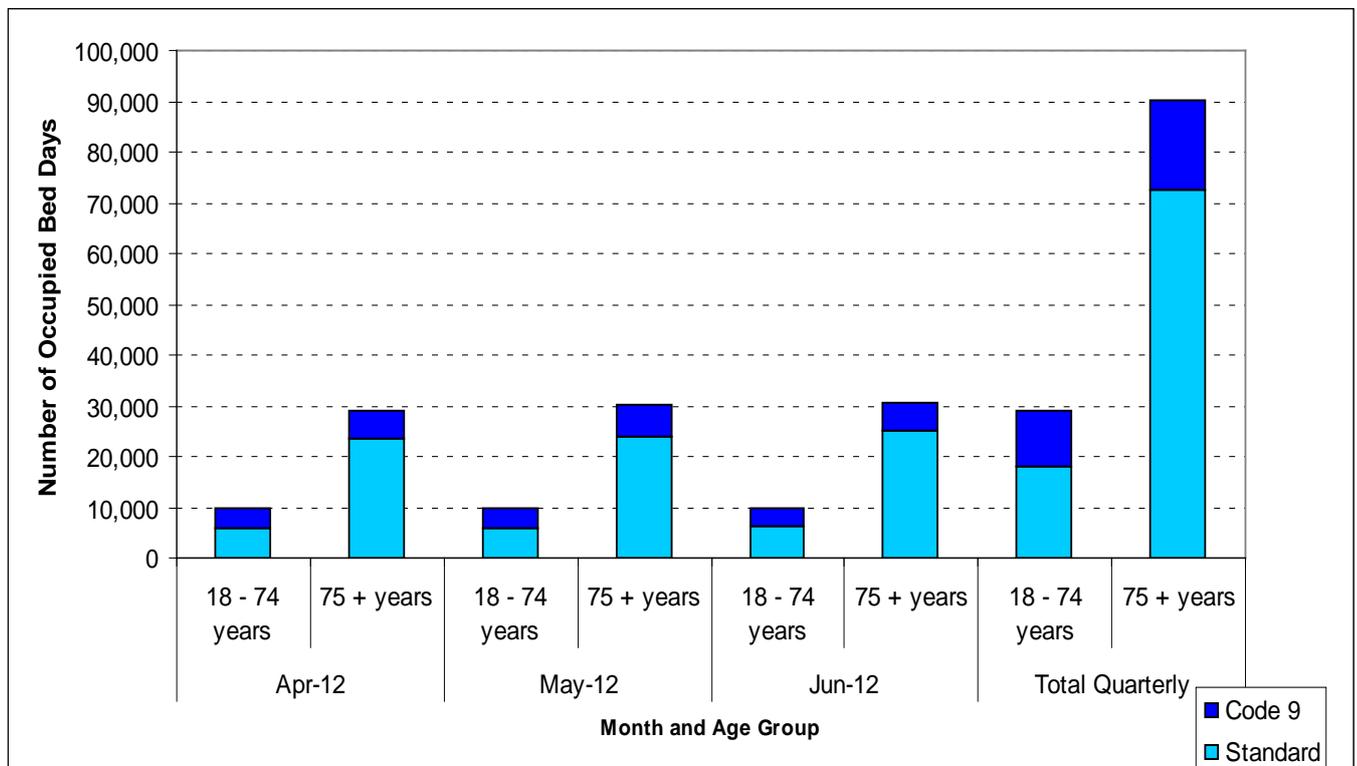
The total number of bed days occupied by delayed discharge patients in NHS Scotland in the period April – June 2012 was 119,272.

Figure 7 shows that three quarters of the total bed days occupied are for delayed discharge patients aged over 75.

More detailed information on bed days occupied can be found in the following tables:

[Link to all bed days occupied figures/tables](#)

**Figure 7 Number of Bed Days Occupied by Delayed Discharge Patients in Scotland by Month, Category and Age Group, April – June 2012**



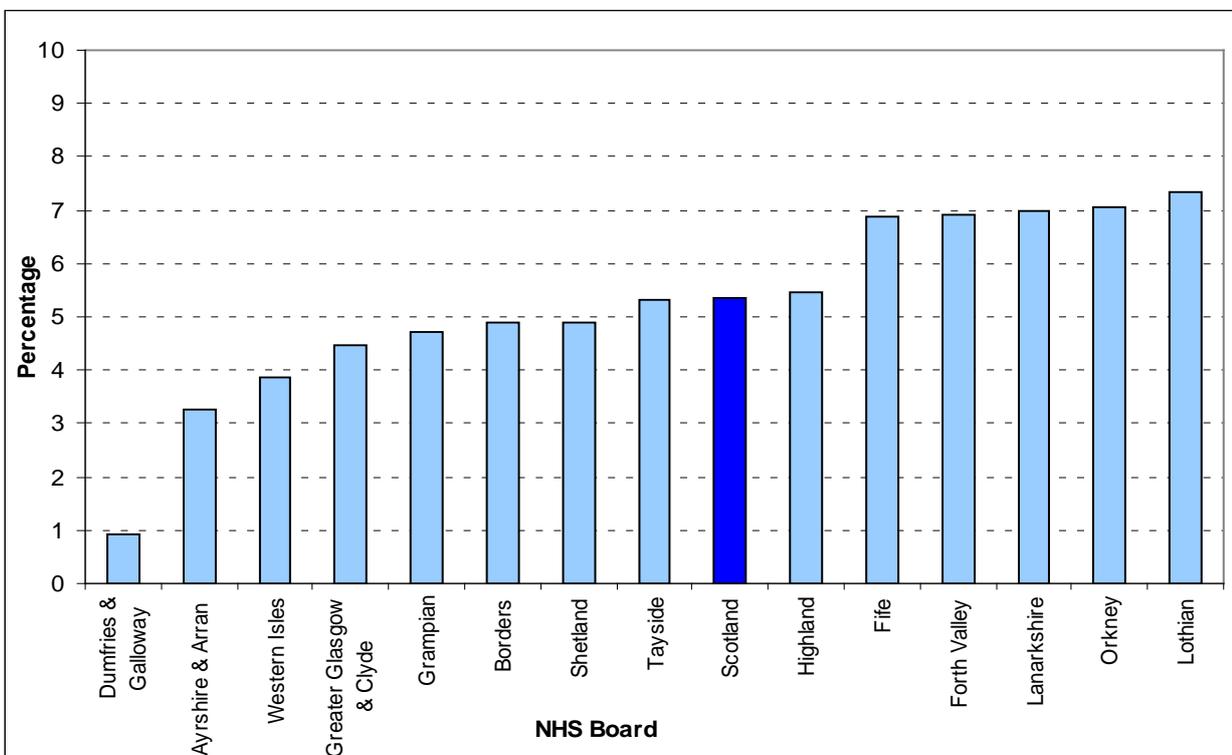
Source: ISD Scotland

[Link to all bed days occupied figures/tables](#)

Figure 8 presents information on bed days occupied by delayed discharges as a proportion of **all NHS funded inpatient beds** in Scotland which are reported to ISD (These are bed days based on ISD(S)1 figures and further information can be found at the following link): [http://www.isdscotland.org/Health-Topics/Hospital-Care/Publications/2012-03-27/Quarterly\\_trends\\_in\\_available\\_beds\\_HB\\_comparison\\_Mar12.xls](http://www.isdscotland.org/Health-Topics/Hospital-Care/Publications/2012-03-27/Quarterly_trends_in_available_beds_HB_comparison_Mar12.xls)

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 average across all Scottish Health Boards for ‘standard’ and Code 9 delays was 5.4 per cent. Of the mainland Boards NHS Dumfries and Galloway had the smallest percentage of Delayed Discharges 0.9 per cent, and NHS Lothian had the largest percentage of Delayed Discharges 7.3 per cent.

**Figure 8 - Bed Days Occupied by Delayed Discharges Patients as a Proportion of the Average Available Staffed Bed Days**



Source: ISD Scotland  
[Link to all bed days occupied figures/tables](#)

There are a small number of patients experiencing a delay who are resident in Local Authorities out with 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 8.

## 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 out with 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.

### Community Care Assessment

Community care assessments are undertaken by health and social care professionals. The aim of community care assessment is to assess the needs of patients in community settings and recommend how they would best be met. This might include getting special equipment/adaptations to the home, getting help with certain tasks (e.g. dressing, preparing meals) or moving to alternative accommodation where a person can receive more help and support. It is important to note that early referral to social work for community care assessment and early allocation of referral to an appropriate member of social work staff is emphasised as good practice if a prompt discharge is to be achieved.

### **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).

### **Code 9s**

Code 9 was introduced in July 2006, following discussions between ISD, the Scottish Government, health and local authority partners. Several conditions were agreed to be applied to the collection and presentation of delayed discharge data. This code was introduced for very limited circumstances where NHS Chief Executives and local authority Directors of Social Work (or their nominated representatives) could explain why the discharge of patients was out with their control. These would include patients delayed due to awaiting place availability in a high level needs' specialist facility where no facilities exist and where an interim option is not appropriate, patients for whom an interim move is deemed unreasonable or where an adult may lack capacity under adults with incapacity legislation.

### **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](#) .

### **Statutory Right of Choice**

Delays in hospital can be due to patients exercising their statutory right of choice, often over the destination of their ongoing care. For example a patient may want to go to a particular care home but is not able to do so because it has no spare places. Further information on this can be found at the following link:

[http://www.sehd.scot.nhs.uk/publications/CC2003\\_08.pdf](http://www.sehd.scot.nhs.uk/publications/CC2003_08.pdf)

### **Bed Days Occupied**

This set of data provide aggregate information on bed days occupied for all patients (aged 18 years and over) who have met the criteria for a delayed discharge for each month of the previous quarter e.g. in July, data on bed days occupied will be collected in the preceding April, May and June. In order to ensure consistency, a 'midnight bed count' approach is applied to each delay episode to determine which particular days should contribute to the bed day count. The 'ready for discharge' date (RDD) is not counted, as the first midnight occurring in the delay episode is attributable to the day after the RDD. The discharge date (the date the delay ended) is counted as the assumption is that the patient was delayed at 00:00 on that day. The following applies to calculating bed days occupied for delayed patients:

- Count all days that occur between the 'ready for discharge' date (RDD) and the discharge date (the date the delay ended)
- Do **not** count the 'ready for discharge' date (RDD)
- Do count the 'discharge date' (the date the delay ended)

For example, if the RDD of a patient was on the 1st of the month and the delay ended on the 5th, the number of days delayed is 4 and the days counted in this delay are the 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup>.

## List of Tables - Update

Table No.	Name	Time period	File & size
<b>Workbook 1</b>	<a href="#">DD_jul12_tables_charts.xls</a>	<b>See below</b>	Excel [750kb]
Figure 1	NHS Delayed Discharges by Length of Delay Scotland	July 2008 to July 2012	Excel [750kb]
Figure 1a	NHS Delayed Discharges by Length of Delay Scotland – Historical Trend	April 2001 to July 2012	Excel [750kb]
Figure 2	NHS Delayed Discharges Over Six Weeks by Reason for Delay; Scotland	July 2008 to July 2012	Excel [750kb]
Figure 3	NHS Delayed Discharges Over Four Weeks by Reason for Delay; Scotland	July 2008 to July 2012	Excel [750kb]
Figure 4	NHS Delayed Discharges Numbers by Principal Reason Group and Duration of Delay Scotland	as at July 2012 census	Excel [750kb]
Figure 5	Number of Code 9 Patients Ready for Discharge Delayed in Scotland, by Reason and Length of Delay	as at July 2012 census	Excel [750kb]
Figure 6	Number of Code 9 Patients Ready for Discharge Delayed in Scotland, by Reason for Delay	from 2008 census to July 2012 census	Excel [750kb]
Figure 7	Number of Number of Bed Days Occupied by Delayed Discharge Patients by Month, Reason and Age Group	April – June 2012	Excel [750kb]
Figure 8	Bed Days Occupied by Delayed Discharges Patients as a Proportion of the Average Available Staffed Bed Days	April – June 2012	Excel [750kb]
Table 1	Number of NHS Delayed Discharges, by NHS Board Area of Treatment and Local Authority of Residence	as at July 2012 April 2012, & July 2011	Excel [750kb]
Table 2	Principal Reason for Delay, Median and Mean Duration; Scotland	as at July 2012 census	Excel [750kb]
Table 3	Number of NHS Delayed Discharges; Principal Reason Group; by NHS Board Area of Treatment and Local Authority of Residence.	as at July 2012 census	Excel [750kb]
Table 4	Number of NHS Delayed Discharges; Duration of Delay; by NHS Board Area	as at July 2012 census	Excel [750kb]

	of Treatment and Local Authority of Residence	.	
Table 5	Number of Code 9 Patients Ready for Discharge Delayed in Scotland; by Reason, Delay Group and NHS Board.	as at July 2012 census	Excel [750kb]
<b>Workbook 2</b>	<a href="#">Beddays April June 2012.xls</a>	<b>April – June 2012</b>	Excel [790kb]
<u>Figures 1a and 1b</u>	Number of Bed Days Occupied by Delayed Discharge Patients by Month, Reason and Age Group	April – June 2012	Excel [790kb]
<u>Figure 2a</u>	Number of Bed Days Occupied by Delayed Discharge Patients by Health Board	April – June 2012	Excel [790kb]
<u>Figure 2b</u>	Number of Bed Days Occupied by Delayed Discharge Patients by Local Authority	April – June 2012	Excel [790kb]
<u>Figure 3a</u>	Percentage Standard and Code 9 Bed Days Occupied by Delayed Discharge Patients by Health Board	April – June 2012	Excel [790kb]
<u>Figure 3b</u>	Percentage Standard and Code 9 Bed Days Occupied by Delayed Discharge Patients by Local Authority	April – June 2012	Excel [790kb]
<u>Table 1a</u>	Bed Days Occupied by Delayed Discharge Patients by Month, Reason and Health Board, All Ages	April – June 2012	Excel [790kb]
<u>Table 1b</u>	Bed Days Occupied by Delayed Discharge Patients by Month, Reason and Local Authority, All Ages	April – June 2012	Excel [790kb]
<u>Table 2a</u>	Bed Days Occupied by Delayed Discharge Patients by Month, Reason and Health Board, 18 - 74 years	April – June 2012	Excel [790kb]
<u>Table 2b</u>	Bed Days Occupied by Delayed Discharge Patients by Month, Reason and Local Authority, 18 - 74 years	April – June 2012	Excel [790kb]
<u>Table 3a</u>	Bed Days Occupied by Delayed Discharge Patients by Month, Reason and Health Board, 75+ years	April – June 2012	Excel [790kb]
<u>Table 3b</u>	Bed Days Occupied by Delayed Discharge Patients by Month, Reason and Local Authority, 75+ years	April – June 2012	Excel [790kb]
<u>Table 4a</u>	Bed Days Occupied by Delayed	April – June	Excel [790kb]

	Discharge Patients, Quarterly Figures (April, May and June) By Age Group, Reason and Health Board	2012	
<u>Table 4b</u>	Bed Days Occupied by Delayed Discharge Patients, Quarterly Figures (April, May and June) By Age Group, Reason and Local Authority	April – June 2012	Excel [790kb]
<u>Table 5</u>	Bed Days Occupied by Delayed Discharge Patients as a Proportion of the Average Available Staffed Bed Days	April – June 2012	Excel [790kb]

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## Further Information

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

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Appendix

**A1 – Background Information**

## A2 – 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. The number of bed days occupied by delayed discharges patients are also presented. Figures are shown for Scotland, NHS Board area of treatment and Local Authority.
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 out with 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. The July 2012 and subsequent censuses will include patients who were delayed between one and three days prior to the census date. Previously these patients weren't included in the census. In May 2012 the 'Delayed Discharges Definitions and Data Recording Manual' was revised to incorporate these changes and may have an impact on the overall number of delayed discharges and trend information. Any potential impact resulting from the changes outlined will be highlighted in the relevant tables.
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 out with 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. Number of bed days occupied by delayed patients.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	National Statistics.
UK Statistics Authority Assessment	Awaiting assessment by UK Statistics Authority.
Last published	29 May 2012
Next published	27 November 2012
Date of first publication	4 December 2000
Help email	nss.delayeddischarges@nhs.net
Date form completed	August 2012

## **A3 – 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.

## A4 – ISD and Official Statistics

### 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](#).

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.