

# Publication Report



## Delayed Discharges in NHS Scotland

Figures from January 2013 Census

Publication date – 26 February 2013



## Contents

Contents.....	1
Introduction .....	2
Background .....	2
National Targets Associated with Delayed Discharges .....	2
Code 9s .....	3
Presentation of Results .....	3
Recently Published Data .....	3
Changes in Recording Practice .....	3
Related Health and Social Care Information .....	4
Results and Commentary.....	6
Bed Days Occupied by Patients Ready for Discharge and Code 9 Cases.....	6
Trends in Delayed Discharges .....	8
Reasons for Delay Trends.....	9
Short stay delays .....	10
Code 9 Cases.....	12
Glossary.....	14
List of Tables.....	17
Contact.....	20
Further Information.....	20
Rate this publication.....	20
A1 – Background Information .....	21
A3 – Early Access details (including Pre-Release Access) .....	24
A4 – ISD and Official Statistics.....	25

## 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 quarterly reporting period is also presented in this publication.

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

## 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 targets.

## 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 (see paragraph above for maximum standard delay periods). 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.

## Recently Published Data

In addition to the census data, additional information has been gathered on the number of bed days occupied by all patients experiencing a delay, not just those delayed at a particular census point. This information has been gathered as part of the 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 October to December 2012.

### Link to tables and charts on the ISD Website

[Link to bed days occupied tables and charts](#)

[Link to census tables and charts - Standard delays](#)

[Link to census tables and charts - Code 9 delays](#)

## 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).

When the above target was dropped there was 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/>

From the July 2012 census onwards, the publications 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 earlier censuses unless any delays of three days or less are removed.

This can be done by choosing the specific delay period (which excludes 1-3 day delays) from the drop down menu within the tables. [Link to all figures/tables](#)

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

ISD publishes other information that helps to 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 publishes 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**

Approximately 125,000 bed days were occupied by delayed discharge patients in NHS Scotland during the quarter October to December 2012.

At the January 2013 census there were 57 patients delayed for over 6 weeks. This compares with 95 at the October 2012 census and 54 at the January 2012 census.

At the January 2013 census, 174 patients were delayed over 4 weeks and 325 patients were delayed over 2 weeks.

### **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 January 2013 census (57 patients) were as follows:

- 19 patients were 'awaiting place availability in a care home'.
- 18 patients were 'waiting to go home'.
- 9 patients were 'awaiting community care assessment'.
- 11 patients were delayed for 'other patient/family/carer related reasons', 'legal/financial' 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 174 patients waiting over 4 weeks the most common reason for delay was 'Awaiting place availability in a care home' (66 patients).

### **Code 9 Cases**

At the January 2013 census, there were 215 patients reported as Code 9 delays (where the current maximum delay does not apply). Of these 67 per cent (144 patients) were due to the 'Adults with Incapacity Act', 15 per cent (33 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 (38 patients) were either 'Awaiting place availability in a specialist residential facility', 'Awaiting bed availability in other NHS hospital/facility/specialty' or 'Awaiting the completion 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

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

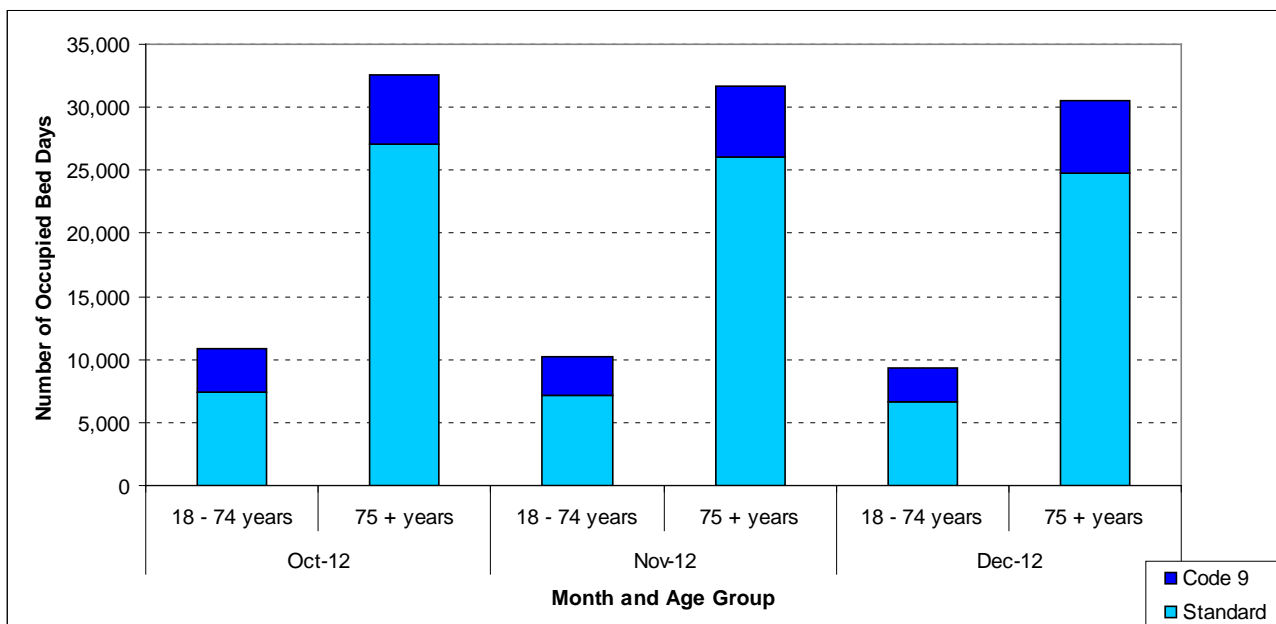
The total number of bed days occupied by delayed discharge patients in NHS Scotland in the period October to December 2012 was 125,091 compared to 121,948 in the previous quarter (July to September 2012), an increase of approximately 2.5%.

Figure 1 shows the total number of bed days occupied by patients who have been designated as delayed discharges between the period October 2012 and December 2012 and provides a breakdown of the number of bed days occupied by 'standard' delays (where the standard maximum delay applies) and Code 9 delays by age group.

Figure 1 shows that just over 75% of the total bed days occupied are for delayed discharge patients aged 75+.

Eighty two per cent of bed days occupied for delayed discharge patients aged 75+ are for standard delays compared to 70 percent for patients aged 18 to 74 years.

**Figure 1: Number of Bed Days Occupied by Delayed Discharge Patients in Scotland by Month, Category and Age Group: October to December 2012**



Source: ISD Scotland

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

Total bed day numbers have been undercounted in the last 3 quarterly reporting periods because of a technical problem with the reporting system. This affects the number of bed days attributed to certain code 9 delays only. The estimated undercount for the October to December 2012 figures is less than 2% of the total quarterly number of bed days. This issue has now been rectified in the reporting system therefore from January 2013 data onwards will include all bed days.

Figure 2 shows the trend in total number of bed days occupied by delayed discharge patients from April 2012 to December 2012. The number of bed days attributed to standard delays has increased from 29,292 in April 2012 to 31,444 in December 2012.

**Figure 2: Total number of bed days occupied by Delayed Discharge patients: Scotland; April to December 2012**

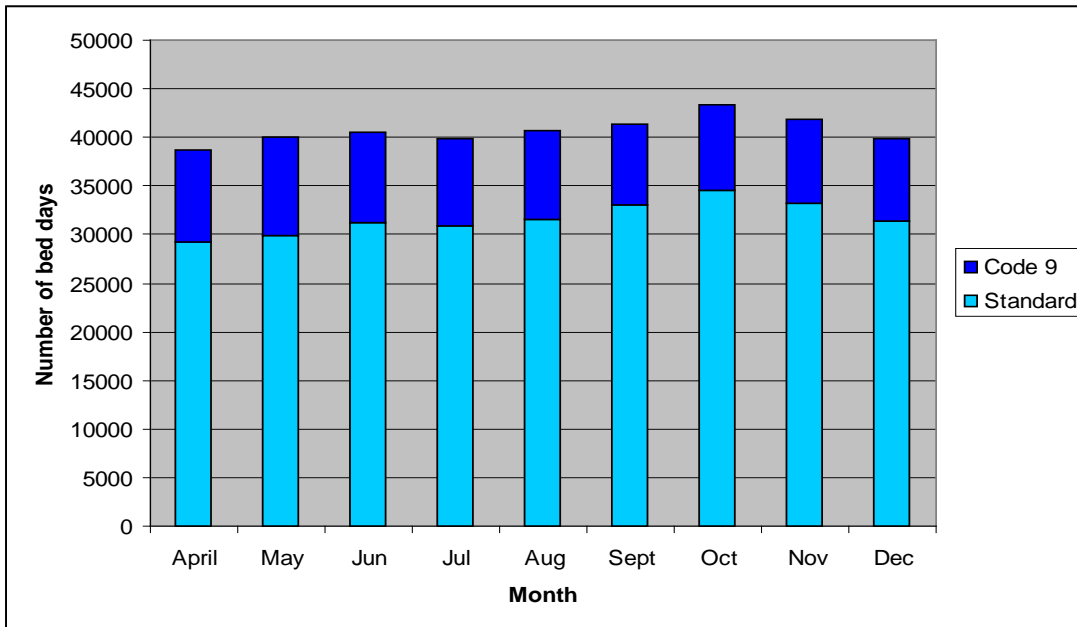
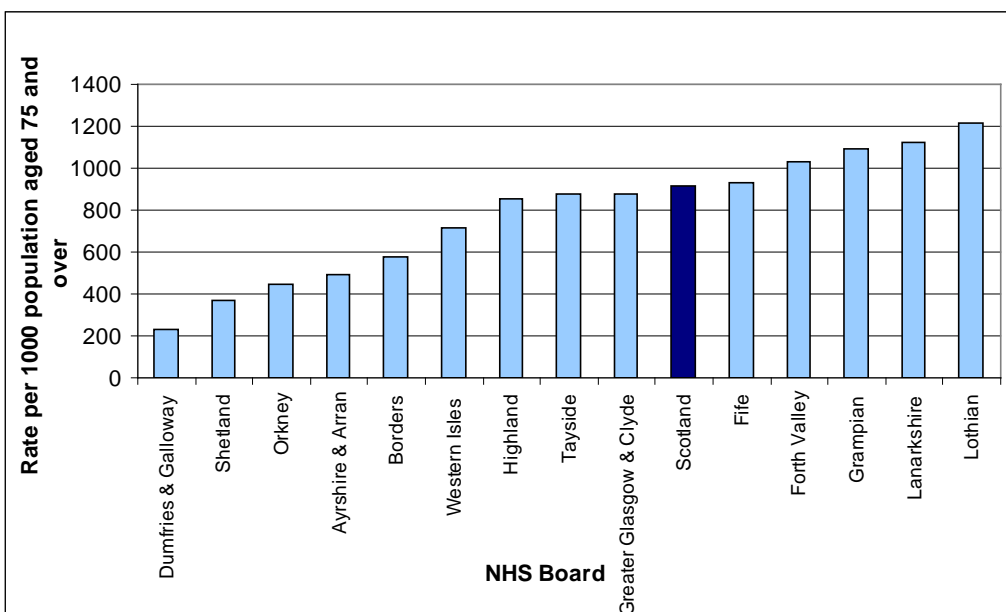


Figure 3 shows the rate of bed days occupied by delayed discharges per population. The rate for Scotland is 917 bed days per 1000 population aged 75+. NHS Dumfries and Galloway has the lowest rate (231 bed days per 1000 population aged 75+) and NHS Lothian has the highest rate (1218 bed days per 1000 population aged 75+).

**Figure 3: Rate of bed days occupied by delayed discharges per 1000 population; aged 75+ years; NHS Board**



Source: ISD Scotland, based on 2011 mid year population estimates

More detailed information on bed days occupied can be found in the glossary and following tables: [Link to all bed days occupied figures/tables](#)



## Trends in Delayed Discharges

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).

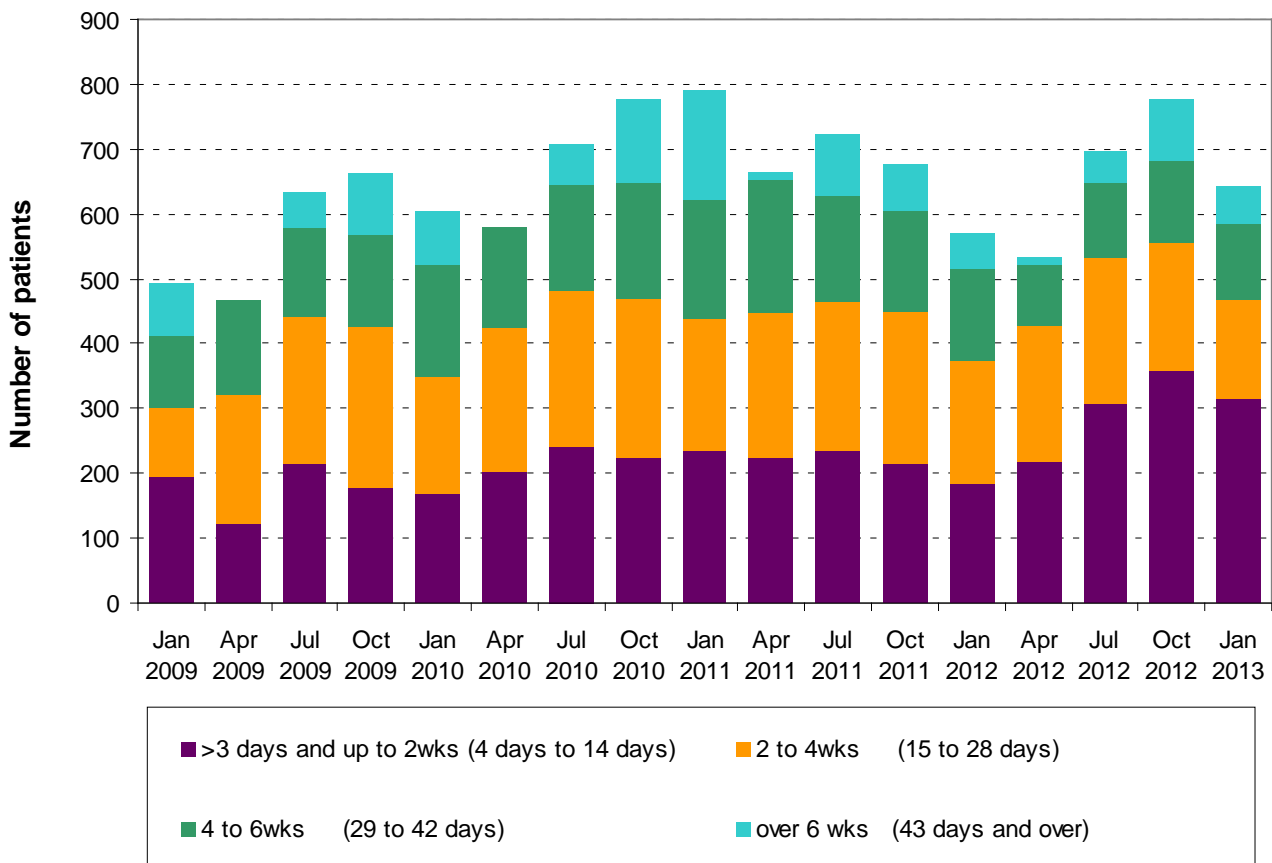
Figure 4 shows that at the January 2013 census there was a total of 641 delayed discharges (excluding code 9 and delays of three days or less) in Scotland. This compares to 777 in October 2012 and 571 in January 2012.

In relation to the national targets Figure 4 shows that:

- At the January 2013 census there were 57 patients delayed over 6 weeks. This compares with 95 at the October 2012 census and 54 at the January 2012 census.
- At the January 2013 census there were 174 patients delayed over 4 weeks. This compares with 220 at the October 2012 census and 197 at the January 2012 census.
- At the January 2013 census 325 patients were delayed over 2 weeks. This compares with 419 at the October 2012 census and 387 at the January 2012 census.

A more detailed breakdown by NHS Board and Local Authority can be found: [Link to all figures/tables.](#)

**Figure 4: NHS Delayed Discharges (excluding code 9s and delays of 3 days or less) by Delay period; Scotland; January 2009 to January 2013**



Source: ISD Scotland

[Link to all tables and charts](#)

## Reasons for Delay Trends

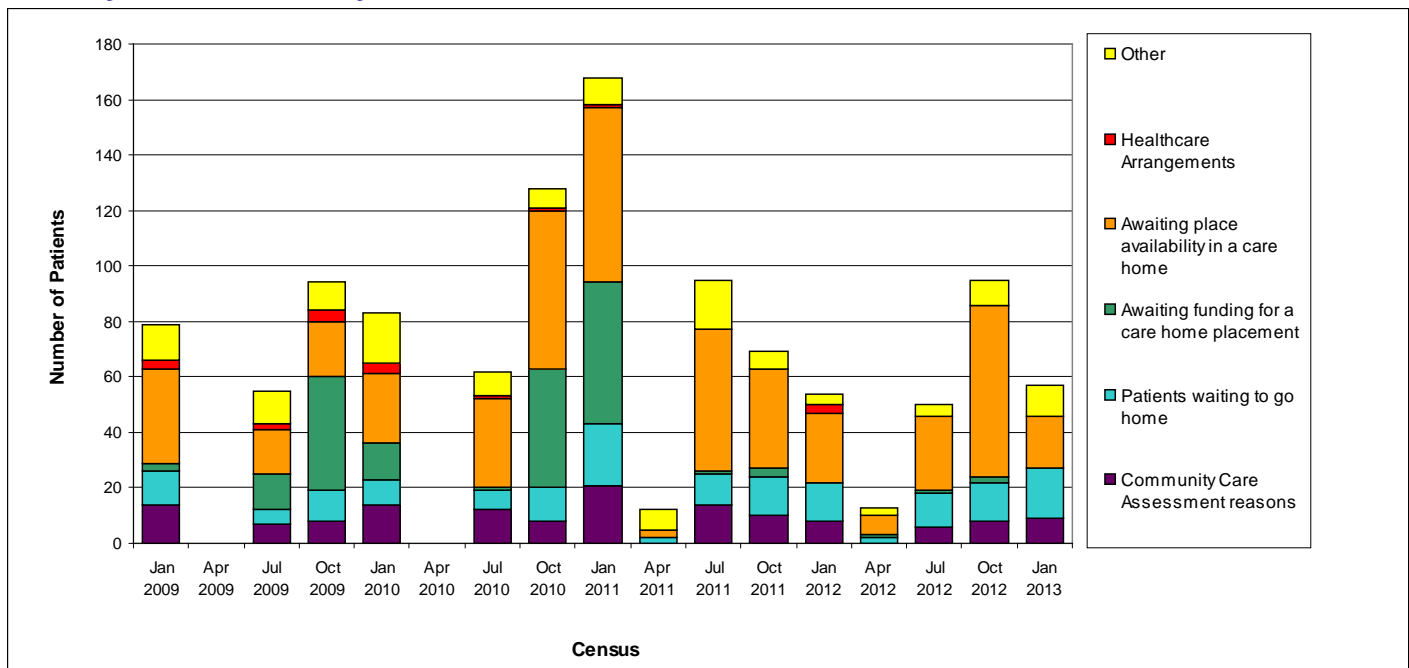
Figure 5 shows the breakdown for over 6 week delays by reason for delay. The principal reason for delay may change during an individual’s period of delay as arrangements for discharge are put in place. For example, ‘awaiting assessment’ may be the first identified principal reason for a patient and subsequently the principal reason may change to awaiting the finalisation of the safe discharge arrangements.

At the January 2013 census, of the 57 patients waiting to be discharged who were delayed over 6 weeks the main reason for delay was reported as ‘Awaiting place availability in a care home’ (19 patients (33%)). The other reasons were reported as ‘Patients waiting to go home’ (18 patients (32%)), ‘Awaiting Community Care Assessment (9 patients (16%)) and ‘Other reasons’ (11 patients (19%)).

In comparison, at the January 2012 census, of the 54 patients waiting to be discharged the main reason for delay was reported, as ‘Awaiting place availability in a care home’ (25 patients (39%)). The other reasons were reported as ‘Patients waiting to go home’ (14 patients (22%)), ‘Awaiting Community Care Assessment (8 patients (13%)), ‘Awaiting healthcare arrangements’ (3 patients (5%)) and ‘Other reasons’ (4 patients (6%)).

Figure 5 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 5: NHS Delayed Discharges Over Six Weeks by Reason for Delay; Scotland; January 2009 to January 2013**



'Other' includes Legal/Financial, Disagreements and Other patient/carer/family related reasons.

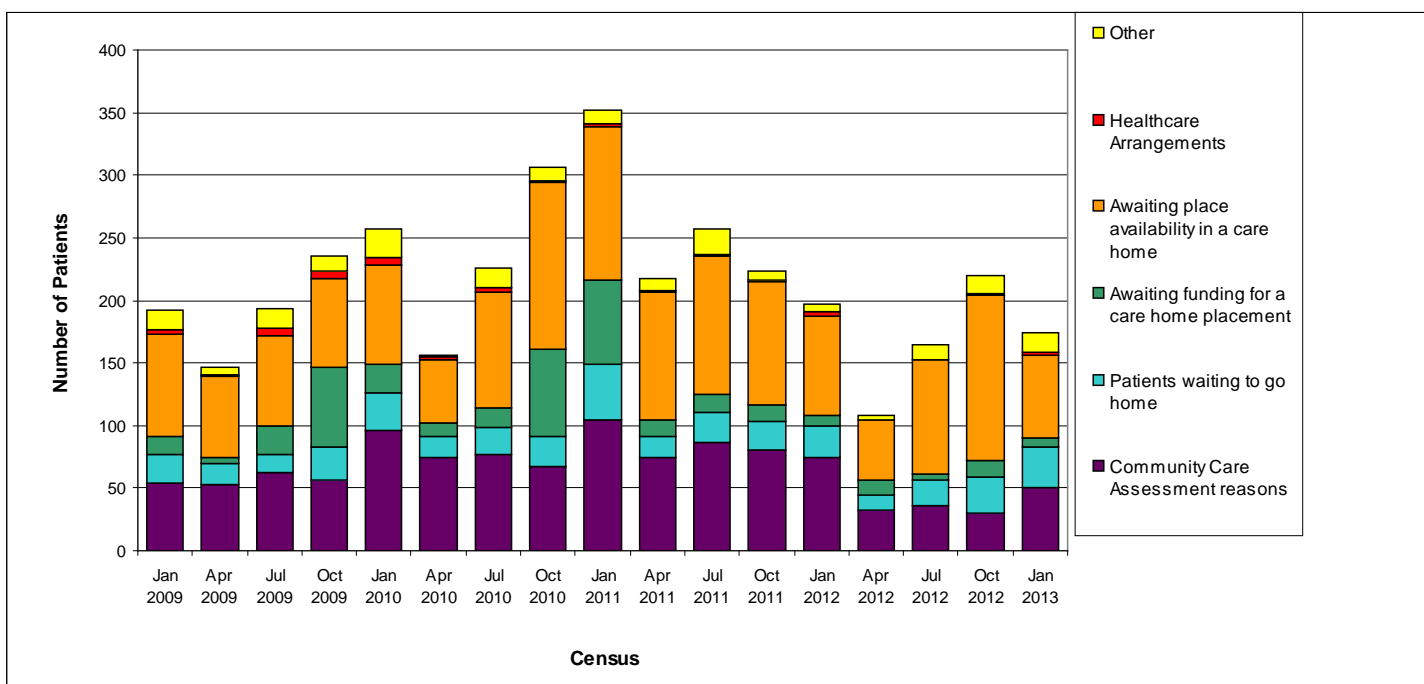
Source: ISD Scotland

[Link to all tables and charts](#)

Figure 6 gives the breakdown for delays over 4 weeks by reason for delay; there were 174 patients in January 2013. This figure includes the 57 patients delayed over six weeks. The main reason for delay is 'Awaiting place availability in a care home' (66 patients (38%)), which is similar to the proportion for those delayed over 6 weeks. 51 patients (29%) were 'Awaiting Community Care Assessment'.

In comparison, at the January 2012 census, of the 197 patients delayed over four weeks waiting to be discharged the main reasons for delay were reported as 'Awaiting place availability in a care home' (79 patients (40%)), and 'Awaiting Community Care Assessment' (74 patients (38%)).

**Figure 6: NHS Delayed Discharges Over Four Weeks by Reason for Delay; Scotland; January 2009 to January 2013**



Other includes Legal/Financial, Disagreements and Other patient/carer/family related reasons.

Source: ISD Scotland  
[Link to all tables and charts](#)

### Short stay delays

From July 2012 delays of between 1 and 3 days were gathered as part of the delayed discharge census (see note in the Introduction). At January 2013 there were 70 delays between 1 and 3 days, compared to 58 at October 2012 and 81 at July 2012.

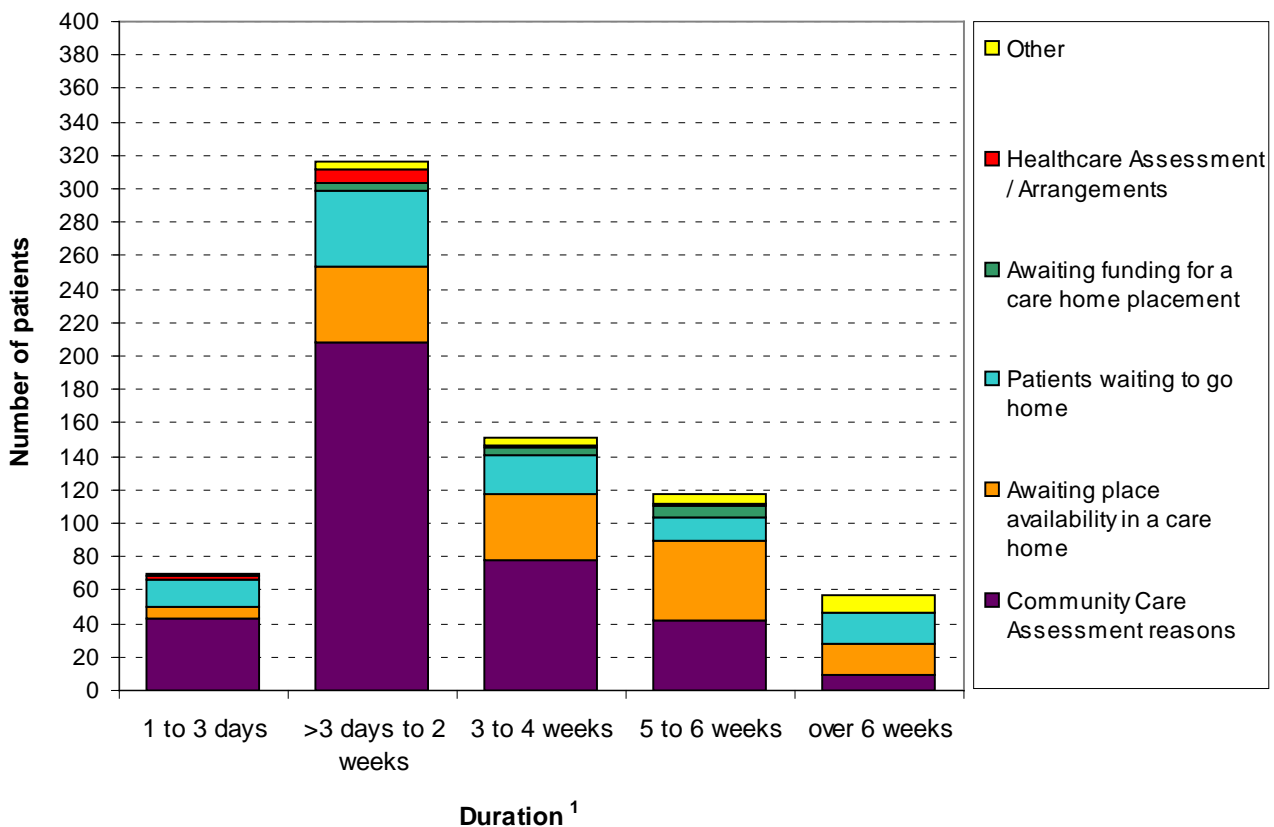
## Reasons and Duration of Delay at the January 2013 census

Figure 7 demonstrates that the principal reason for delay depends partly on how long the individual has been delayed at the census point. For instance the principal reason for delay for 65 per cent of patients who had been delayed two weeks or less at the January 2013 census point was 'Awaiting a Community Care Assessment'. For those patients who had been delayed over 6 weeks, only 16 per cent of patients were 'Awaiting a Community Care Assessment'.

The percentage of patients awaiting place availability in a care home was 13 per cent for those patients delayed under 2 weeks compared to 40 per cent for those patients delayed between 5 to 6 weeks.

More detailed information on 'reason for delay' information at Scotland, NHS Board and Local Authority level can be found: [Link to all figures/tables](#)

**Figure 7: NHS Delayed Discharges Numbers by Principal Reason Group and Duration of Delay<sup>1</sup> Scotland; January 2013 census**



1. Duration calculated from Ready for Discharge Date to the present census date.

Other includes Legal/Financial, Disagreements and Other patient/carer/family related reasons.

Source: ISD Scotland  
[Link to all tables and charts](#)

## Code 9 Cases

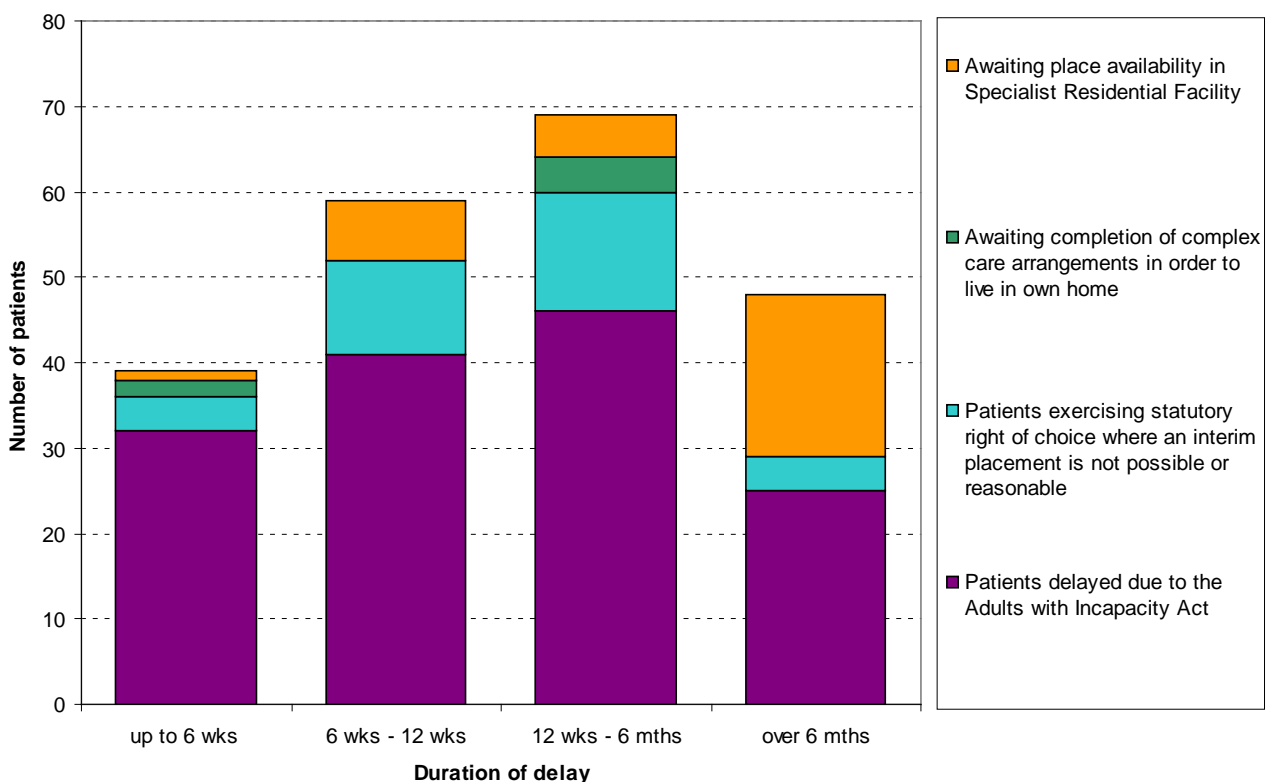
As mentioned earlier in this report Code 9 cases are those for which the standard maximum delay is not applicable.

In January 2013, there were 215 patients reported as Code 9 delays. Of these 67 per cent were due to the 'Adults with Incapacity Act', 15 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 bed availability in other NHS hospital/facility/specialty' or 'Awaiting completion of complex care arrangements in order to live in their own home'.

In January 2013, 39 (18 per cent) of Code 9 patients had been delayed for less than 6 weeks and 48 patients (22 per cent) delayed for more than 6 months.

Figure 8 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 8: Number of Code 9 Patients Ready for Discharge Delayed in Scotland, by Reason<sup>1</sup> and Length of Delay (including delays of 3 days or less); January 2013 Census**



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

This figure includes delays of 3 days or less.

Source: ISD Scotland  
[Link to all tables and charts](#)

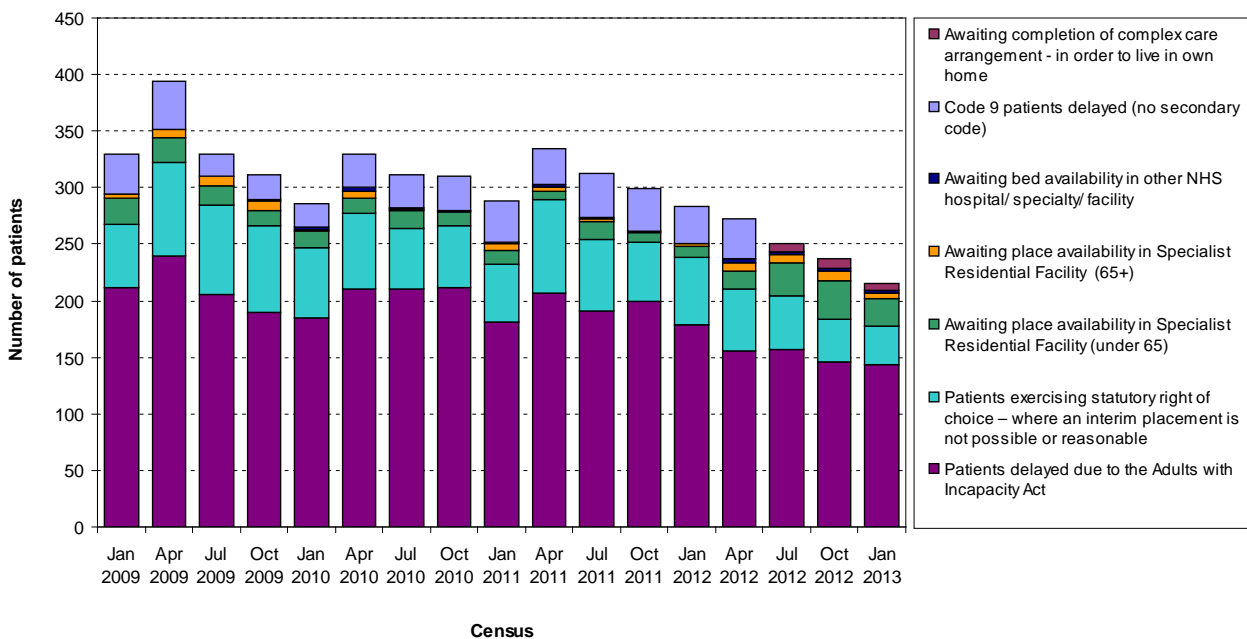
### Trend in Code 9s

Figure 9 shows trend data for all Code 9 cases along with the reason for delay. From July 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 9 shows that the number of Code 9 patients has decreased by 24 per cent between the January 2012 census and the January 2013 census. This decrease is mainly due to a reduction in the number of patients delayed due to 'Patient exercising statutory right of choice', which has decreased from 21 per cent in January 2012 to 15 per cent in January 2013.

The second most common Code 9 reason for delay is 'Patient exercising statutory right of choice' (33 patients) followed by 'Awaiting place in a specialist residential facility for those aged under 65' (25 patients).

**Figure 9: Number of Code 9 Patients Ready for Discharge Delayed in Scotland, by Reason for Delay; from January 2009 Census to January 2013 Census.**



Please note that from July 2012 onwards there is no longer a category for 'Code 9 - no secondary code'. From July 2012 a new code was introduced for patients 'Awaiting completion of complex care arrangements in order to live in their own home'

As this figure shows trend information it does not include delays of 3 days or less as introduced from the July 2012 census. Further information can be found in tables 8 and 9 - [Link to all tables and charts](#)

Source: ISD Scotland

## 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.

### Bed Days Occupied

The number of bed days occupied is gathered 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 October, data on bed days occupied will be collected in the preceding July, August and September.

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>.

The number of bed days occupied by some patients delayed under the 'Adults with Incapacity Act' (AWIs, code9/51X) has been undercounted for 2 quarterly reporting periods because of a technical problem with the system used to record delayed discharges. This affects the number of bed days attributed to specific Code 9/51X delays only where the ready for discharge date has been updated during the reporting period. The estimated undercount for the October to December 2012 figures is less than 2% of the total quarterly number of bed days. This issue has now been rectified in the reporting system therefore from January 2013 data onwards will include all bed days.

### 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**

Two summary measures are provided to present information on durations up to the census point

- 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)

## List of Tables

Table No.	Name	Time period	File & size
<b>Workbook 1a</b>	<a href="#">DD jan13 tables charts A standard.xls</a>	<b>See below</b>	Excel [8Mb]
Tab 1	These tables and charts present information over time on delayed discharges by length of delay. The table provides an option to select an NHS Board/Local Authority and to make comparisons with another NHS Board/Local Authority.	Jan 2009 to Jan 2013	
Tab 1a	Historical trend of delayed discharges (excluding code 9s and delays of 3 or less)	Apr 2001 to Jan 2013	
Tab 2	These tables and charts present information over time on delayed discharges by length of delay. The table provides an option to select an NHS Board/Local Authority and a target.	Jan 2009 to Jan 2013	
Tab 3	This chart presents trend information on delayed discharges patients by the principal reason for delay. The table provides an option to select a specific delay period (i.e. all delays, six weeks, four weeks) as well as an NHS Board or Scotland as a whole.	Jan 2009 to Jan 2013	
Tab 4	This table presents information from the current census on delayed discharges by the principal reason for delay. The table provides the option to select a delay period (i.e. all delays, <4 weeks, <6 weeks).	Jan 2009 to Jan 2013	
Tab 5	This table provides a comparison between the current census, the last quarterly census, and the census in the previous year for that month. The table provides the option to select a delay period (i.e. all delays, <4 weeks, <6 weeks) and a principal reason group for delay.	Jan 2009 to Jan 2013	
Tab 6	This table provides a breakdown of the reasons for delay at Scotland level. It provides the option to select a delay period.	Jan 2009 to Jan 2013	
Tab 7	This table provides information on the duration of delay at Scotland level.	Jan 2009 to Jan 2013	
<b>Workbook 1b</b>	<a href="#">DD jan13 tables charts B code9.xls</a>	<b>See below</b>	Excel [3Mb]
Tab 8	This table provides trend data for Code 9 patients (see Glossary for definition). This	Jan 2009 to Jan 2013	

	table provides trend data by type of code 9 patient and by delay period.		
Tab 9	This table provides Scotland level data on Code 9 patients by reason of delay.	Jan 2009 to Jan 2013	
Tab 10	This table provides Scotland level data on Code 9 patients for the latest census period.	Jan 2009 to Jan 2013	
<b>Workbook 2</b>	<a href="#">Beddays October December 2012.xls</a>	<b>April – December 2012</b>	Excel [880Kb]
<u>Figures 1a and 1b</u>	Number of Bed Days Occupied by Delayed Discharge Patients by Month, Reason and Age Group	October – December 2012	
<u>Figure 2a</u>	Number of Bed Days Occupied by Delayed Discharge Patients by Health Board	October – December 2012	
<u>Figure 2b</u>	Number of Bed Days Occupied by Delayed Discharge Patients by Local Authority	October – December 2012	
<u>Figure 3a</u>	Percentage Standard and Code 9 Bed Days Occupied by Delayed Discharge Patients by Health Board	October – December 2012	
<u>Figure 3b</u>	Percentage Standard and Code 9 Bed Days Occupied by Delayed Discharge Patients by Local Authority	October – December 2012	
<u>Table 1a</u>	Bed Days Occupied by Delayed Discharge Patients by Month, Reason and Health Board, All Ages	October – December 2012	
<u>Table 1b</u>	Bed Days Occupied by Delayed Discharge Patients by Month, Reason and Local Authority, All Ages	October – December 2012	
<u>Table 2a</u>	Bed Days Occupied by Delayed Discharge Patients by Month, Reason and Health Board, 18 - 74 years	October – December 2012	
<u>Table 2b</u>	Bed Days Occupied by Delayed Discharge Patients by Month, Reason and Local Authority, 18 - 74 years	October – December 2012	
<u>Table 3a</u>	Bed Days Occupied by Delayed Discharge Patients by Month, Reason and Health Board, 75+ years	October – December 2012	

<u>Table 3b</u>	Bed Days Occupied by Delayed Discharge Patients by Month, Reason and Local Authority, 75+ years	October – December 2012	
<u>Table 4a</u>	Bed Days Occupied by Delayed Discharge Patients, Quarterly Figures (April, May and June) By Age Group, Reason and Health Board	October – December 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	October – December 2012	
<u>Table 5</u>	Bed Days Occupied by Delayed Discharges Patients - Rate per 1000 population aged 75+	October – December 2012	
<u>Table 6</u>	Total Bed Days Occupied by Delayed Discharges Patients - Trend data from April 2012	April – December 2012	

## Contact

### **Lisa Reddie**

Principal Information Analyst

[nss.delayedischarges@nhs.net](mailto:nss.delayedischarges@nhs.net)

0131 275 6117

### **Martin McKenna**

Senior Information Analyst

[nss.delayedischarges@nhs.net](mailto:nss.delayedischarges@nhs.net)

0141 282 2179

## Further Information

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

## Rate this publication

[Click here](#) to provide feedback and rate this publication.

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 information on the number of bed days occupied by delayed discharges patients and 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, 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 Bed Days Occupied and Quarterly Census.
Date that data are acquired	The bed days occupied information presented is the number of days occupied by delayed discharge patients in the preceding quarter. The quarterly census takes place on or around the 15th of the month. 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	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. The July 2012 and subsequent censuses include patients who were delayed between one and three days prior to the census date. Previously these patients weren't included in the census.
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	27 November 2012
Next published	28 May 2013
Date of first publication	4 December 2000
Help email	nss.delayeddischarges@nhs.net
Date form completed	12 February 2013



## **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.