Publication Report

Delayed Discharges in NHS Scotland

Figures from July 2014 Census

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A National Statistics Publication for Scotland

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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 for 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

Prior to April 2013, 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. The current target, which came into effect in April 2013, stated that 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 as a delayed discharge.

These delay periods are the national ‘standard’ delay periods which are applied to delays.

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 period 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.

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.

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/

In June 2013, in response to concerns raised in the media regarding the application of the NHS Continuing Health Care guidance contained in CEL 6(2008) by Health Boards in Scotland, the Cabinet Secretary for Health and Wellbeing commissioned an independent panel to review the delivery, monitoring and governance of NHS Continuing Healthcare in Scotland. The independent review of NHS Continuing Care was published in May 2014 (http://www.scotland.gov.uk/Publications/2014/03/2480) and makes a number of recommendations about how this type of care is provided, including recommendations about the data collection method. The Scottish Government have accepted the recommendations and committed to review the current guidance in time for implementation from April 2015.

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

149,226 bed days were occupied by delayed discharge patients in NHS Scotland during the quarter April to June 2014.

At the July 2014 census there were 274 patients delayed over 4 weeks. This compares with 173 at the April 2014 census and 118 at the July 2013 census.

At the July 2014 census there were 175 patients delayed for over 6 weeks. This compares with 107 at the April 2014 census and 59 at the July 2013 census.

At the July 2014 census there were 518 patients delayed over 2 weeks. This compares with 418 at the April 2014 census and 312 at the July 2013 census.

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 4 weeks at the July 2014 census (274 patients) were as follows:

- 128 patients were 'awaiting place availability in a care home'.
- 67 patients were 'waiting to go home'.
- 20 patients were 'awaiting community care assessment'.
- 20 patients were 'awaiting funding for a care home placement'.
- 2 patients were 'awaiting healthcare arrangements'.
- 37 patients were delayed for 'other patient/family/carer related reasons', 'legal/financial' reasons or as a result of 'disagreement'.

Code 9 Cases

At the July 2014 census, there were 308 patients reported as Code 9 delays (where the current maximum delay does not apply). Of these 58 per cent (179 patients) were due to the 'Adults with Incapacity Act', 18 per cent (56 patients) were due to 'Patient exercising statutory right of choice, where an interim placement is not possible or reasonable', and the remaining 24 per cent (73 patients) were either 'Awaiting the completion of complex care arrangements in order to live in own home', 'Awaiting place availability in a specialist residential facility', or 'Awaiting bed availability in other NHS hospital/specialty/facility'. Please refer to the Glossary for more details on Code 9 patients and 'Adults With Incapacity' (AWI).

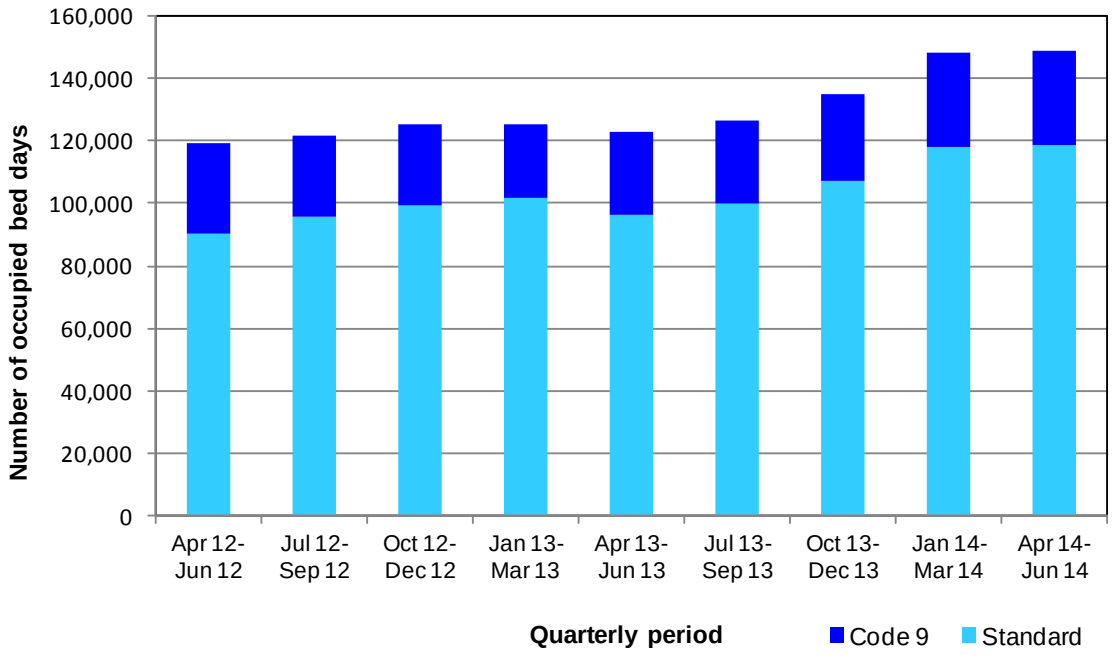
Results and Commentary

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 April to June 2014 was 149,226 compared to 148,079 in the previous quarter (January to March 2014), an increase of nearly 1%.

Figure 1 shows the trend in total quarterly number of bed days occupied by delayed discharge patients from April 2012 to June 2014. During this period, the total number of bed days attributable to standard delays increased by 31%, while code 9 delays increased by 6%. Standard delays have increased from 90,425 bed days in April - June 2012 to 118,745 in April - June 2014, while code 9 delays have increased from 28,847 to 30,481 bed days for the same period.

Figure 1: Total number of bed days occupied by Delayed Discharge patients in Scotland by Quarter; April 2012 to June 2014



Source: ISD Scotland

Link to all bed days occupied figures/tables

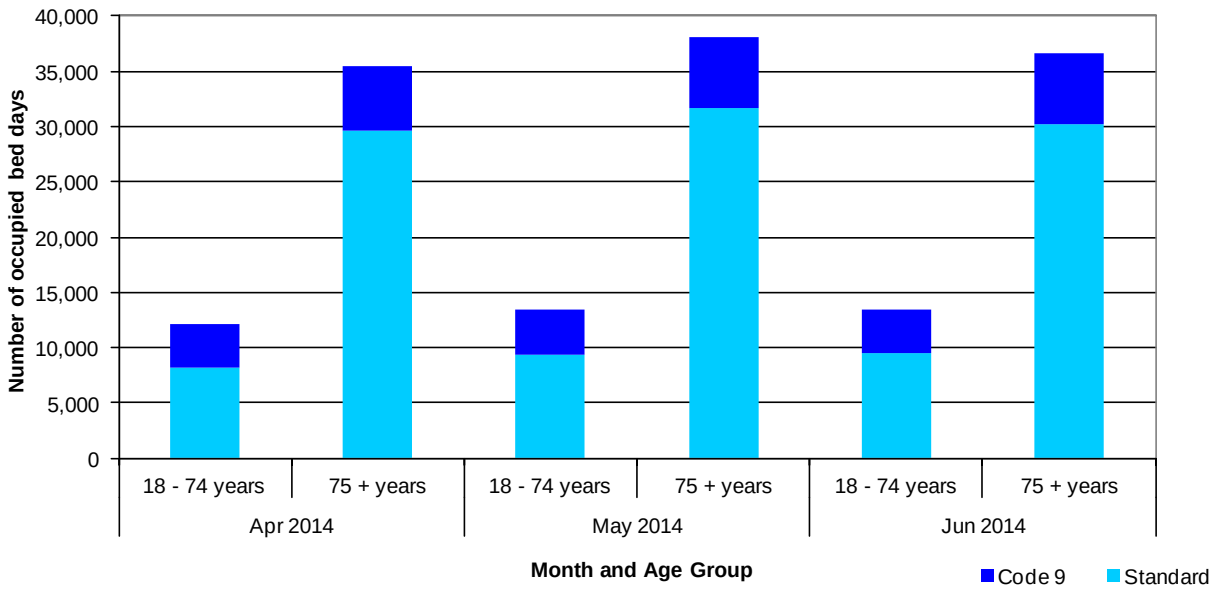
Figure 2 shows the total number of bed days occupied by delayed discharge patients from April to June 2014 and provides a breakdown by age group and type of delay i.e. 'standard' (where the standard maximum delay applies) and Code 9 delays.

Figure 2 shows that, on average, there are approximately 36,750 occupied bed days for the 75+ age group and around 13,000 occupied bed days for the 18-74 age group per month between April and June 2014. This equates to almost three quarters of bed days occupied by delayed discharge patients aged 75 and over.

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

Chart showing the number of bed days occupied in Scotland by delayed discharge patients in April, May and June 2014 split by age group (18-74 and 75 plus) and 'standard' and Code 9 delays.

Figure 2: Number of Bed Days Occupied by Delayed Discharge Patients in Scotland by Month, Category and Age Group: April to June 2014

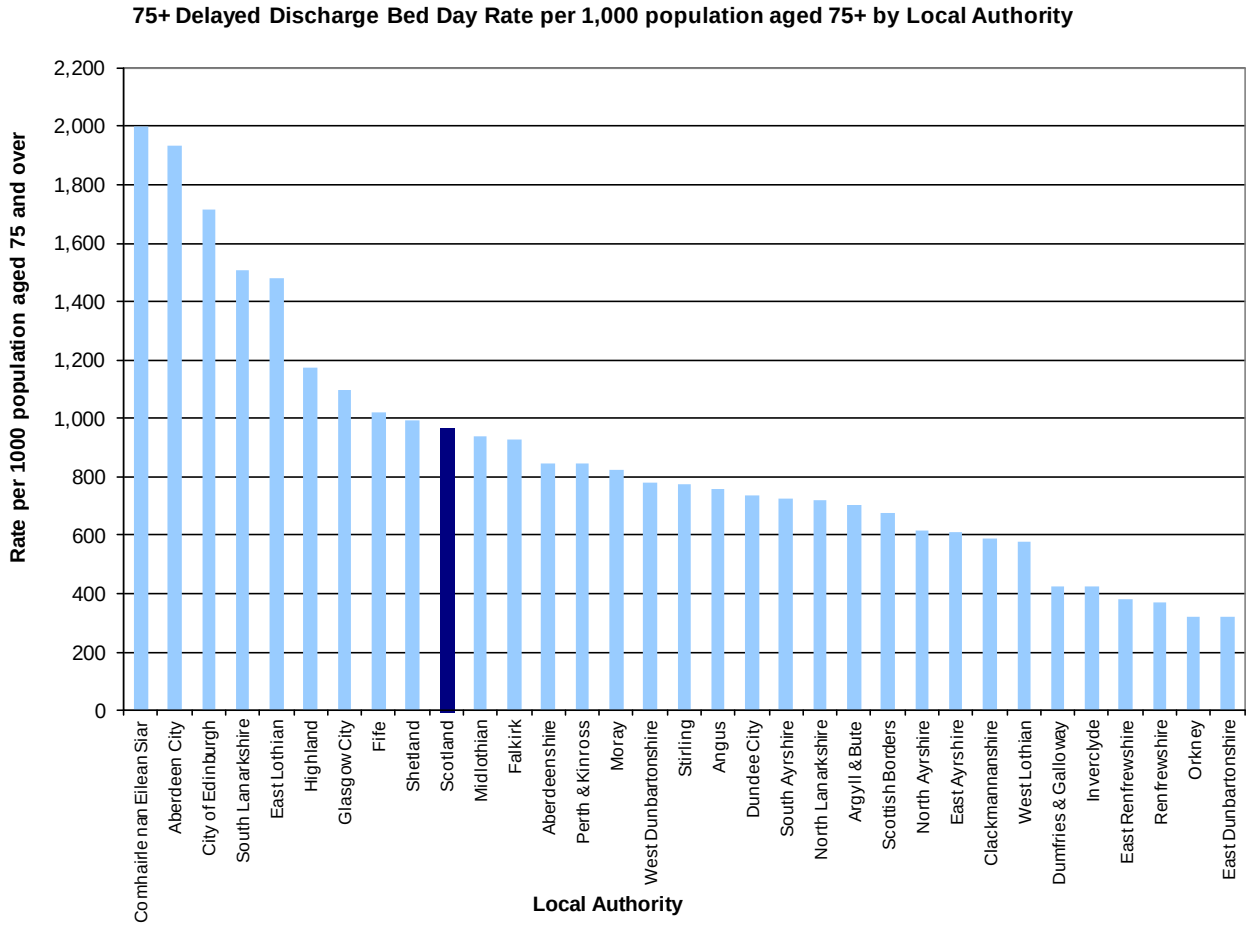


Source: ISD Scotland

Link to all bed days occupied figures/tables

Figure 3 shows the annual rate of bed days occupied by delayed discharges aged 75+, per 1,000 population aged 75+, for the year July 2013 to June 2014 by Local Authority area. The rate for Scotland is 967 bed days per 1,000 population aged 75+. East Dunbartonshire has the lowest rate (320 bed days per 1,000 population aged 75+) and Comhairle nan Eilean Siar has the highest rate (2,001 bed days per 1,000 population aged 75+).

Figure 3: Rate of bed days occupied by delayed discharges per 1000 population; aged 75+ years; by Local Authority; July 2013 to June 2014



Source: ISD Scotland, based on 2013 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).

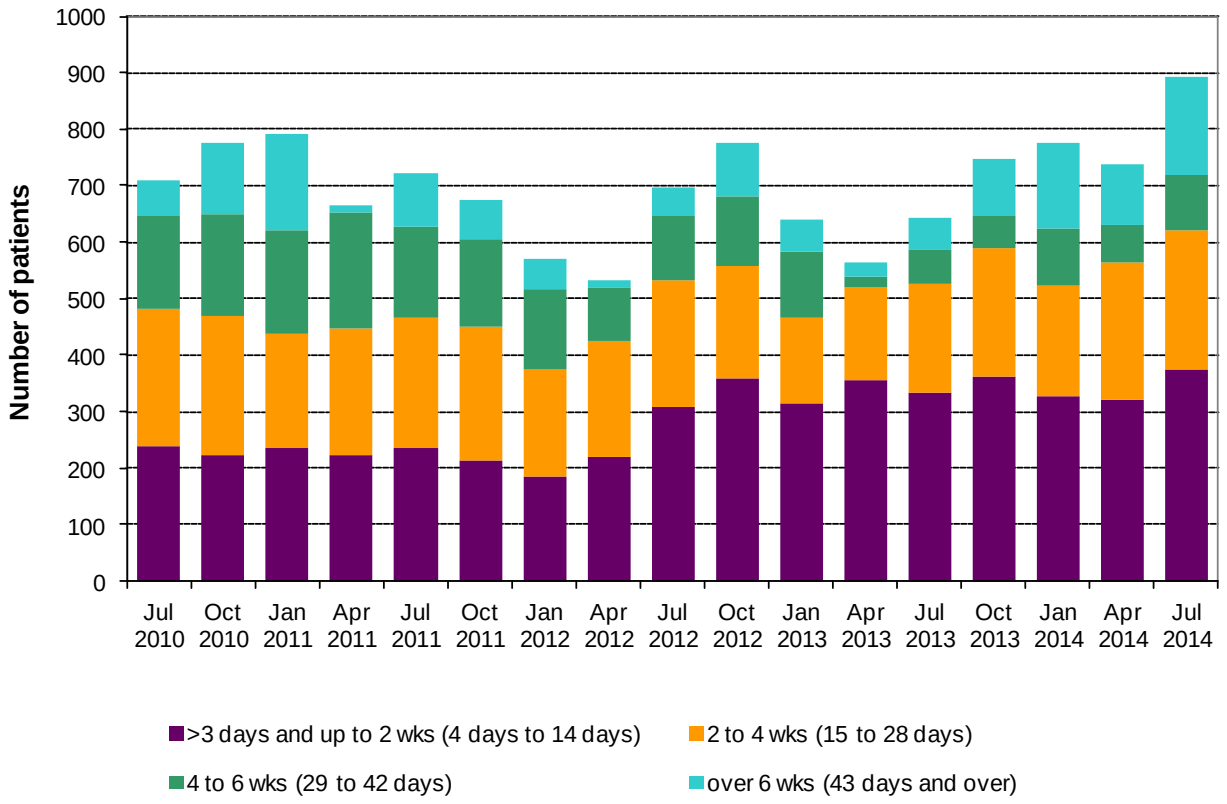
Figure 4 shows that at the July 2014 census there was a total of 894 delayed discharges (excluding code 9 and delays of three days or less) in Scotland. This compares to 738 in April 2014 and 644 in July 2013.

In relation to the national targets (see page 2) Figure 4 shows that:

- At the July 2014 census there were 376 patients delayed from 4 days to 2 weeks. This compares with 320 at the April 2014 census and 332 at the July 2013 census.
- At the July 2014 census 518 patients were delayed over 2 weeks. This compares with 418 at the April 2014 census and 312 at the July 2013 census.
- At the July 2014 census there were 274 patients delayed over 4 weeks. This compares with 173 at the April 2014 census and 118 at the July 2013 census. The national target is for no patient to be delayed more than 4 weeks.
- 3 Health Boards had no delays over 4 weeks at the July 2014 census.
- At the July 2014 census there were 175 patients delayed over 6 weeks. This compares with 107 at the April 2014 census and 59 at the July 2013 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; July 2010 to July 2014



Source: ISD Scotland Link to all tables and charts

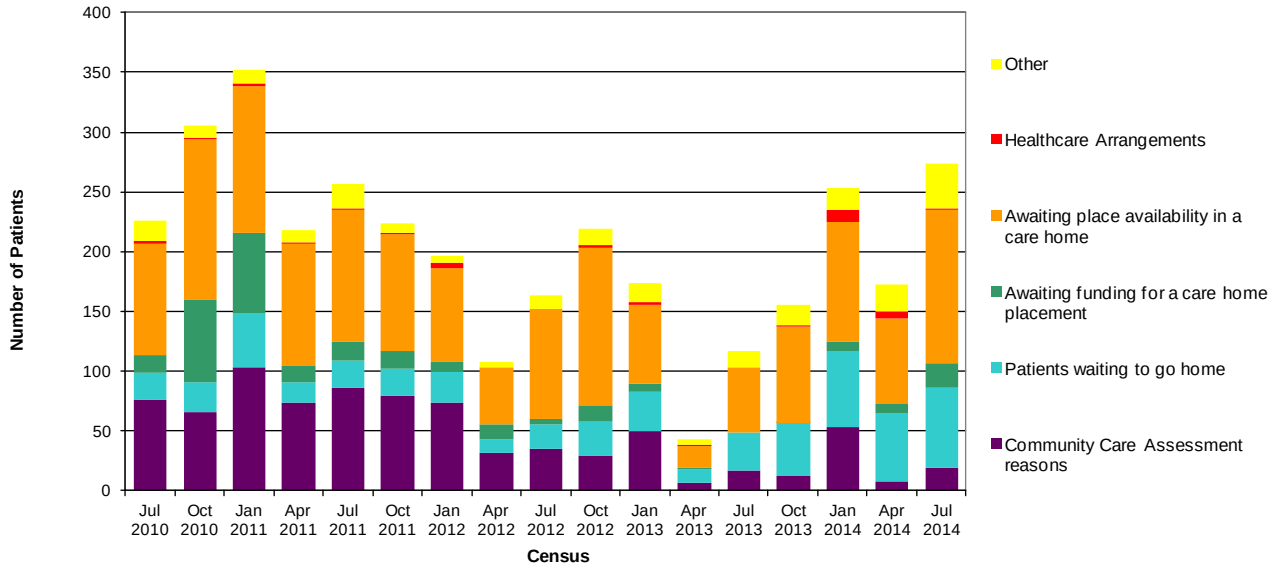
Reasons for Delay Trends

Figure 5 gives the breakdown for delays over 4 weeks 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 safe discharge arrangements.

There were 274 patients in July 2014 who were delayed over 4 weeks. This figure includes 175 patients delayed over six weeks. The main reason for delay is 'Awaiting place availability in a care home' (128 patients (47%)). The other reasons were reported as 'Patients waiting to go home' (67 patients (25%)), 'Awaiting Community Care Assessment' (20 patients (7%)), 'Awaiting funding for a care home placement' (20 patients (7%)) 'Awaiting healthcare arrangements' (2 patients (less than 1%), and 'Other reasons' (37 patients (14%)).

In comparison, at the July 2013 census, of the 118 patients delayed over four weeks waiting to be discharged the main reasons for delay were reported as 'Awaiting place availability in a care home' (54 patients (46%)), 'Patients waiting to go home' (32 patients (27%)), 'Awaiting Community Care Assessment (18 patients (15%)) and 'Other reasons' (14 patients (12%)). No patients were recorded as awaiting funding for a care home placement or awaiting healthcare arrangements.

Figure 5: NHS Delayed Discharges Over Four Weeks by Reason for Delay; Scotland; July 2010 to July 2014



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

Source: ISD Scotland

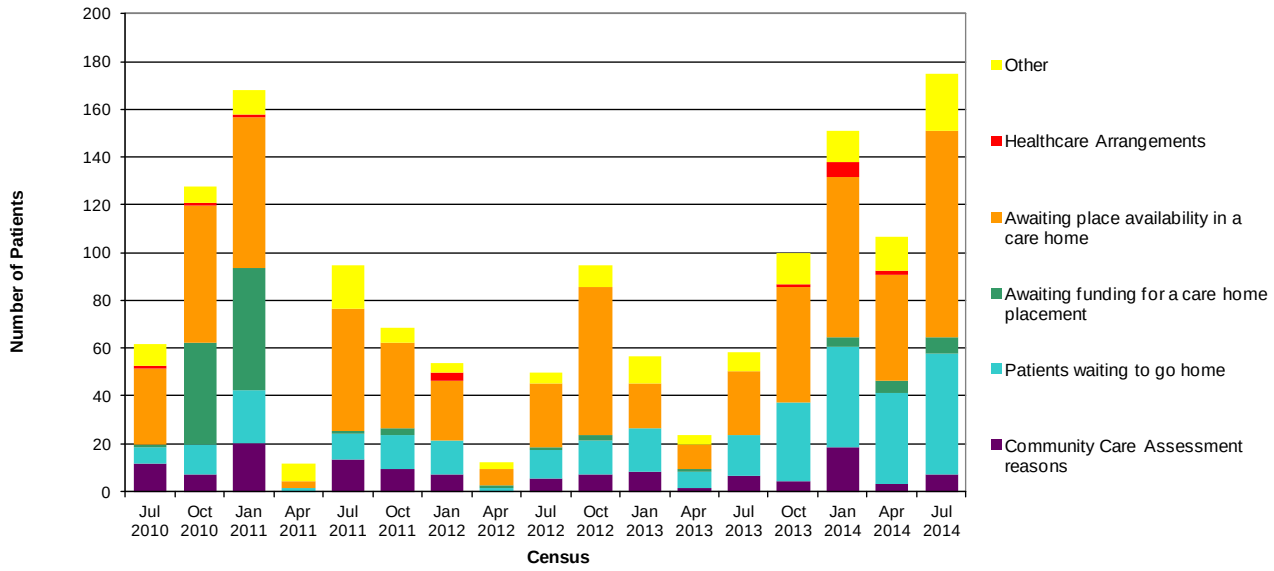
Link to all tables and charts

Figure 6 shows the breakdown for over 6 week delays by reason for delay.

At the July 2014 census, of the 175 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' (86 patients (49%)) which is similar to the proportion of those delayed over 4 weeks. The other reasons were reported as 'Patients waiting to go home' (50 patients (29%)), 'Awaiting Community Care Assessment (8 patients (5%)), 'Awaiting funding for a care home placement' (7 patients (4%)) and 'Other reasons' (24 patients (14%)).

In comparison, at the July 2013 census, of the 59 patients waiting to be discharged the main reason for delay was reported, as 'Awaiting place availability in a care home' (27 patients (46%)) which, like July 2014, is also similar to the proportion for those delayed over 4 weeks. The other reasons were reported as 'Patients waiting to go home' (17 patients (29%)), 'Awaiting Community Care Assessment' (7 patients (12%)) and 'Other reasons' (8 patients (14%)). No patients were recorded as awaiting funding for a care home placement.

Figure 6: NHS Delayed Discharges Over Six Weeks by Reason for Delay; Scotland; July 2010 to July 2014



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 July 2014 there were 47 delays between 1 and 3 days, compared to 53 at April 2014.

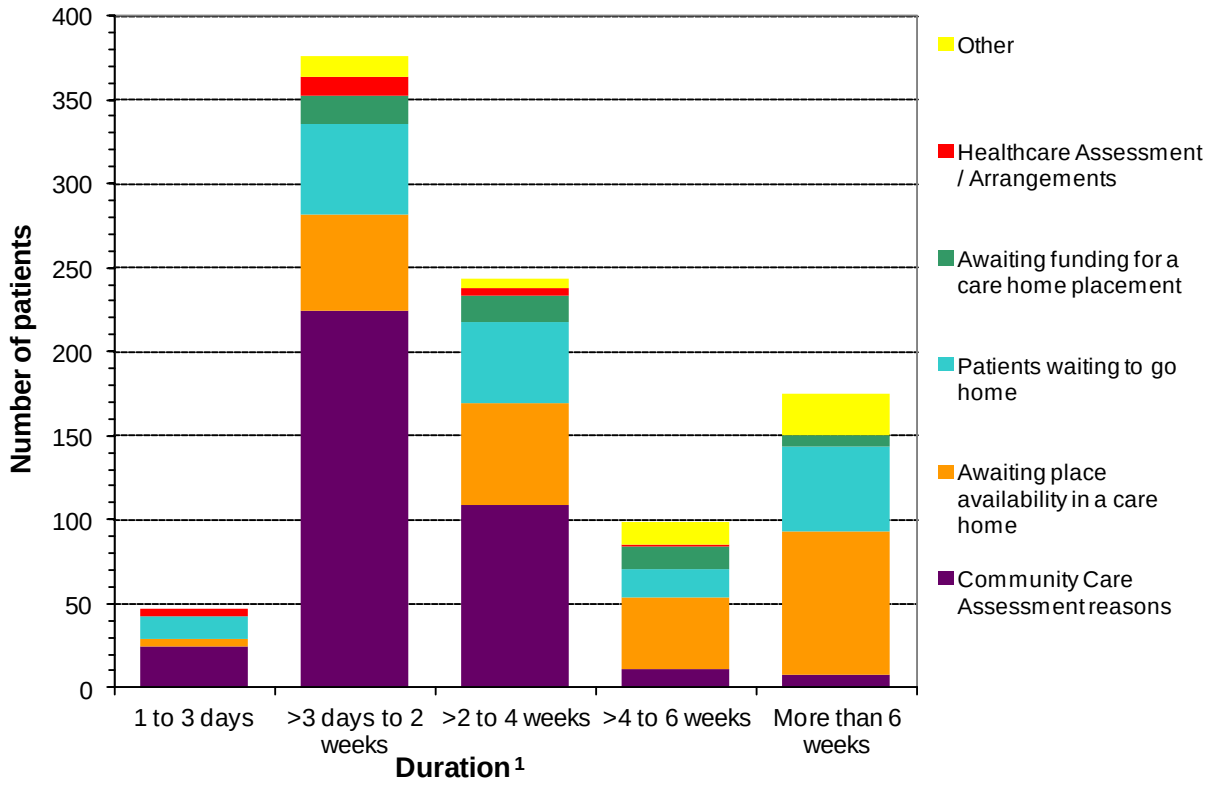
Reasons and Duration of Delay at the July 2014 census

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 59 per cent of patients who had been delayed two weeks or less at the July 2014 census point was 'Awaiting a Community Care Assessment'. For those patients who had been delayed over 4 weeks, only 7 per cent of patients were 'Awaiting a Community Care Assessment'.

The percentage of patients awaiting place availability in a care home was 15 per cent for those patients delayed under 2 weeks compared to 47 per cent for those patients delayed over 4 weeks.

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

Figure 7: NHS Delayed Discharges Numbers by Principal Reason Group and Duration of Delay[1]; Scotland; July 2014 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.

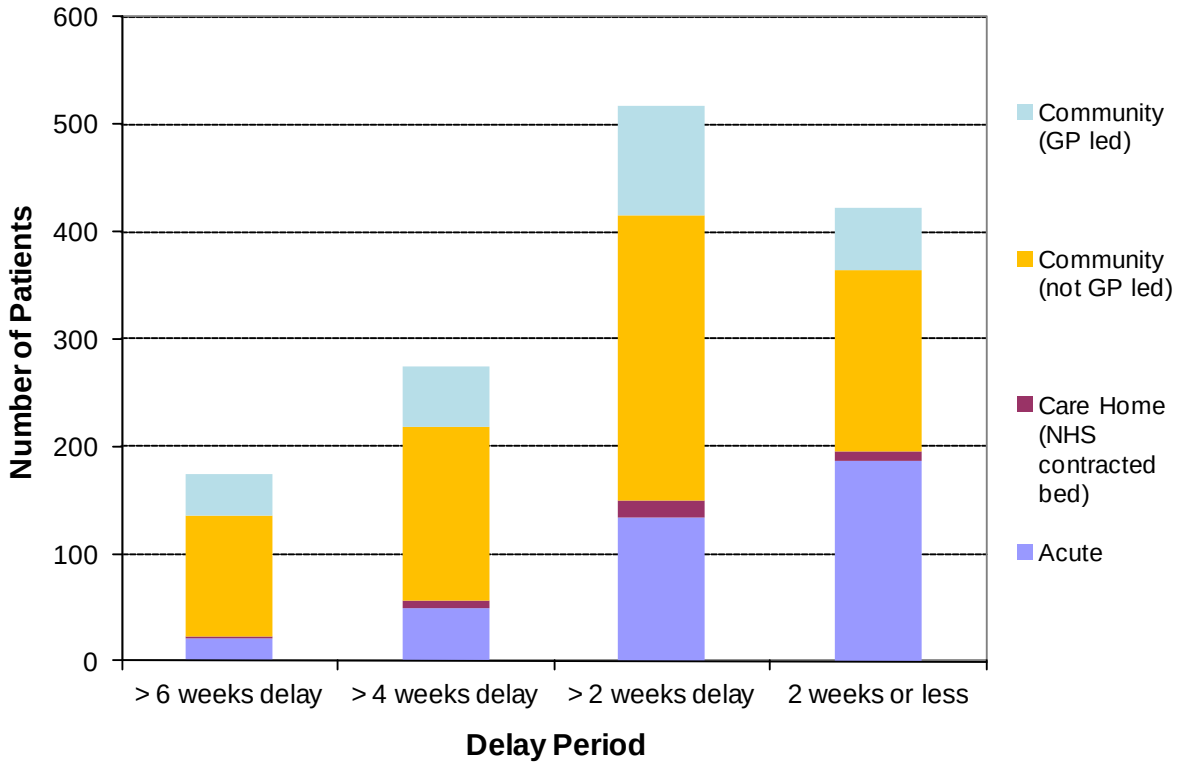
Source: ISD Scotland

Link to all tables and charts

Type of Location of Delay

Figure 8 shows that at the July 2014 census, 319 (34%) of delays were in an acute hospital location, compared to 596 (63%) in a community location.

Figure 8: NHS Delayed Discharge Patients by Type of Location of Delay[1] and Delay Period; Scotland; as at July 2014



1. Definitions used for the type of location of delay in figure 8:

Acute - Delay location is in the specified list of Acute hospitals found in Link to all tables and charts

Care Home - Delay location is an NHS funded bed in a Care Home

Community (GP led) – Delays that are assigned to the specialty "GP other than obstetrics"

Community (not GP led) – Delay location is not in the list of Acute hospitals (see above), is not a care home and the delay is not assigned to the specialty GP other than obstetrics

Code 9 Cases

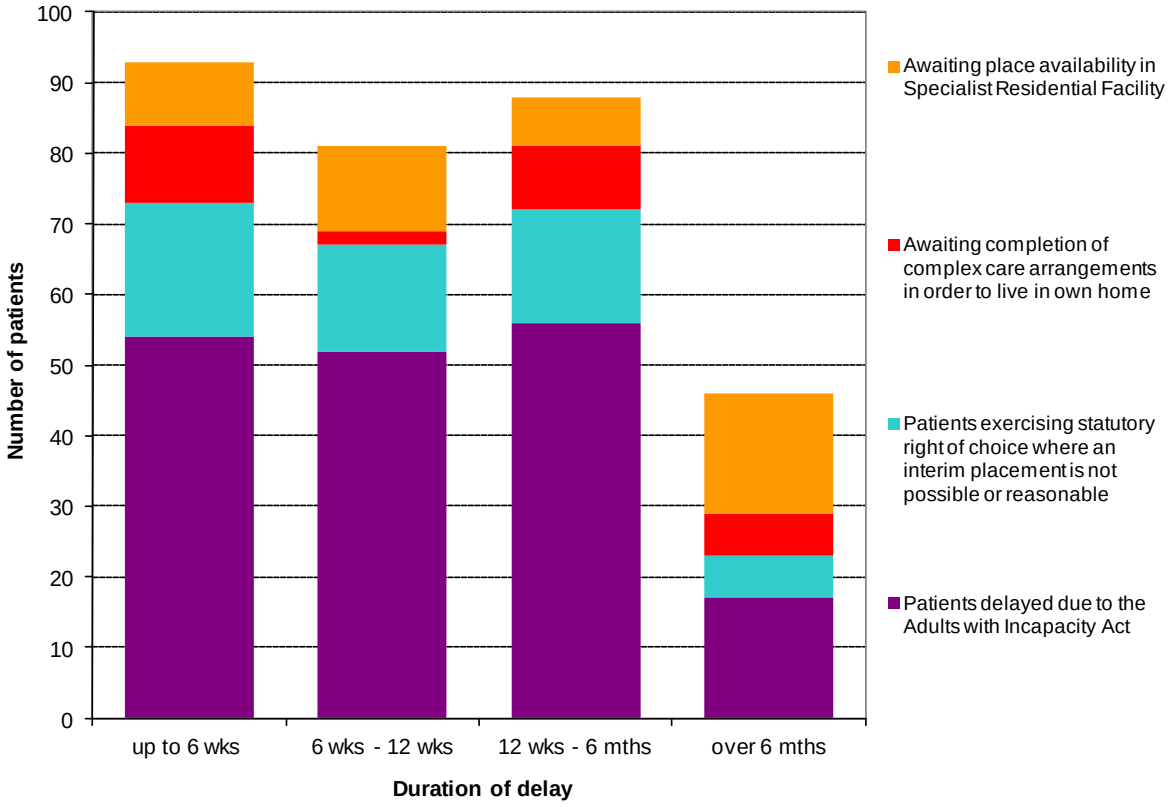
As mentioned earlier in this report on page 3, Code 9 cases are those for which the standard maximum delay is not applicable.

In July 2014, there were 308 patients reported as Code 9 delays. Of these, 58 per cent were due to the 'Adults with Incapacity Act', 18 per cent were due to 'Patient exercising statutory right of choice, where an interim placement is not possible or reasonable', and the remaining 24 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/specialty/facility'.

Figure 9 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.

In July 2014, 93 (30%) Code 9 patients had been delayed for less than 6 weeks and 46 patients (15%) had been delayed for more than 6 months.

Figure 9: Number of Code 9 Patients Ready for Discharge Delayed in Scotland, by Reason[1] and Length of Delay (including delays of 3 days or less); July 2014



1. The Specialist Residential Facility reason codes have been grouped together.

This figure includes delays of 3 days or less.

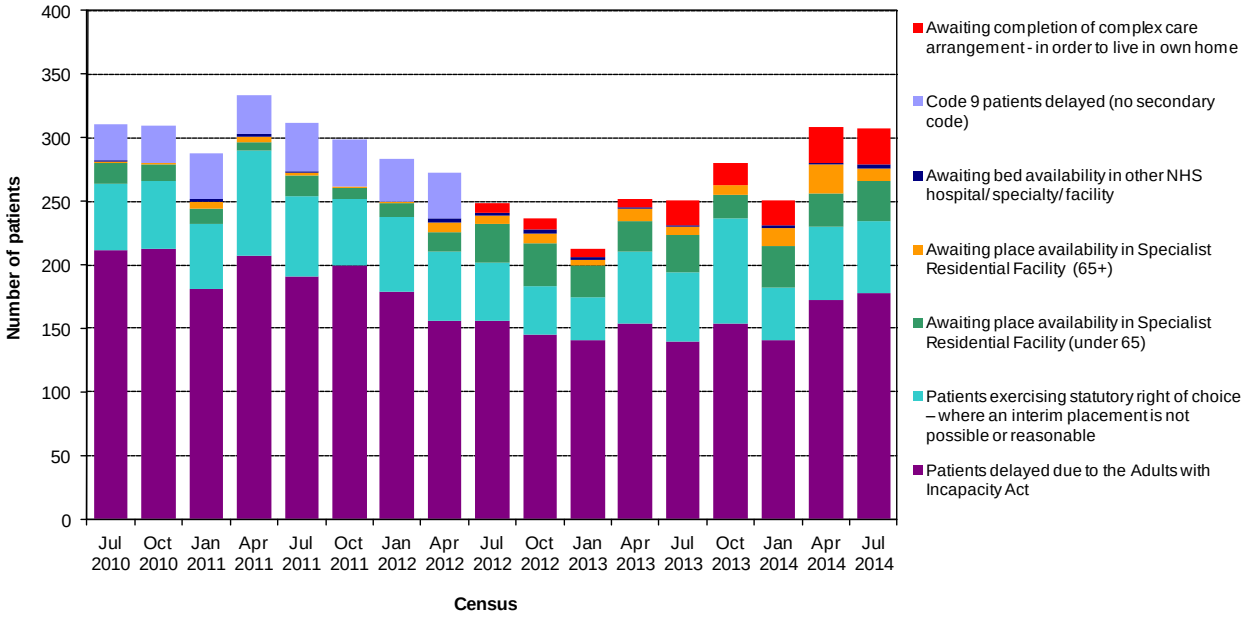
Source: ISD Scotland. Link to all tables and charts

Trend in Code 9s

Figure 10 shows trend data for Code 9 delays along with the reason for delay. It shows the total number of Code 9 delays has fallen slightly since July 2010 (1%) however shows an increase of over 20 percent since July 2013.

The most common reason for Code 9 delays over time is 'Patients delayed due to the Adults with Incapacity Act'. Since July 2010 the number of these delays has fallen by 16 per cent. The second most common reason for Code 9 delays is 'Patient exercising statutory right of choice' which has increased by 6 per cent since July 2010. The number of patients 'Awaiting place availability in Specialist Residential Facility (under 65)' has increased by 100 per cent since July 2010 and by 10 per cent since July 2013.

Figure 10: Number of Code 9 Patients Ready for Discharge Delayed in Scotland (excluding delays of 3 days or less), by Reason for Delay; from July 2010 to July 2014



Please note that from July 2012 onwards there was 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 2nd, 3rd, 4th and 5th.

The number of bed days occupied by some patients delayed under the 'Adults with Incapacity Act' (AWIs, code9/51X) were undercounted for the following quarterly reporting periods, Apr – Jun 2012, Jul – Sep 2012 and Oct – Dec 2012, due to a technical problem with the system used to record delayed discharges. This affected the number of bed days in those periods attributed to specific Code 9/51X delays where the ready for discharge date has been updated during the reporting period. The estimated undercount for the October to December 2012 figures was 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 onwards data will include all bed days.

Patients delayed more than the standard maximum delay period
It has been agreed for non-short stay facilities that there is a period of 4 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 and

- 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 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.

Duration
This is the period of time from when the patient was deemed ready for discharge until the census point that the patient has remained in the bed awaiting the finalisation of arrangements for his/her safe transfer.

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/mels/CEL2013_32.pdf

List of Tables

Table No.	Name	Time period	File & size
Workbook 1a	**DD_jul14_tables_charts_A_standard.xls**	**See below**	Excel [4Mb]
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.	Jul 2010 to Jul 2014	
Tab 1a	Historical trend of delayed discharges (excluding code 9s and delays of 3 days or less)	Jul 2001 to Jul 2014	
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.	Jul 2010 to Jul 2014	
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.	Jul 2010 to Jul 2014	
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).	Jul 2010 to Jul 2014	
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.	Jul 2013 to Jul 2014	
Tab 6	This table provides a breakdown of the reasons for delay at Scotland level. It provides the option to select a delay period.	Jul 2010 to Jul 2014	
Tab 7	This table provides information on the duration of delay at Scotland level.	Jul 2010 to Jul 2014	
Tab 8	This table provides information on the type of location of delay at Scotland and HB level.	Oct 2013 to Jul 2014	

Workbook 1b	**DD_jul14_tables_charts_B_code9.xls**	**See below**	Excel [3Mb]
Tab 9	This table provides trend data for Code 9 patients (see Glossary for definition). This table provides trend data by type of code 9 patient and by delay period.	Jul 2010 to Jul 2014	
Tab 10	This table provides Scotland level data on Code 9 patients by reason of delay.	Jul 2010 to Jul 2014	
Tab 11	This table provides Scotland level data on Code 9 patients for the latest census period.	Jul 2014	
Tab 12	This table provides information on the type of location of delay at Scotland	Jul 2013 to Jul 2014	
Workbook 2	**BedDays_Occupied_Tables_To_June_2014.xls**	**Apr 2012 – Jun 2014**	Excel [2Mb]
Table 1 Trend	Bed Days Occupied by Delayed Discharge Patients by Month, Quarter, Age Group, Reason and Health Board/Local Authority	Apr 2012 - Jun 2014	
Table 2 by Age and Reason	Bed Days Occupied by Delayed Discharge Patients, Quarterly Figures By Age Group, Reason and Health Board/Local Authority	Apr 2012 - Jun 2014	
Table 3 Bed Day Rates	Bed Days Occupied by Delayed Discharges Patients - Rate per 1000 population aged 75+, by Health Board/ Local Authority	Jul 2013 - Jun 2014	
Chart 1	Number of Bed Days Occupied by Delayed Discharge Patients by Month, Reason and Age Group. Available by Health Board/Local Authority.	Apr 2012 - Jun 2014	
Chart 2	Number of Bed Days Occupied by Delayed Discharge Patients by Health Board/Local Authority and reason. Available by month/quarter and age group.	Apr 2012 - Jun 2014	
Chart 3	Percentage Standard and Code 9 Bed Days Occupied by Delayed Discharge Patients by Health Board and Local Authority. Available by time period and age group.	Apr 2012 - Jun 2014	
Chart 4	Number of Bed Days Occupied by Delayed Discharge Patients by Month and reason. Available by Health Board/Local Authority and age group.	Apr 2012 - Jun 2014	

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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)

Metadata Indicator	Description
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 gathered is the number of days occupied by delayed discharge patients in the preceding quarter. The quarterly census takes place on the 15th of the month. Prior to the April 2013 census partnerships were able to select a date up to 7 calendar days prior to the 15th and were required to inform ISD is their census was undertaken on a date other than the 15th. Under no circumstances can NHS Boards undertake the census out with these timescales.
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 http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/Guidelines/
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 published guidelines.
Coherence and clarity	All Delayed Discharges PDF reports are accessible via the ISD website at http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/ 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	Assessment undertaken in November 2012 by UK Statistics Authority.
Last published	27 May 2014
Next published	25 November 2014
Date of first publication	4 December 2000
Help email	nss.delayeddischarges@nhs.net
Date form completed	06 August 2014

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

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’, ie 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 (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie 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.

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

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