About this Release
This publication provides information taken from the April 2015 census of patients who were judged to be clinically ready for discharge but who were still occupying a bed on the census day in April 2015. It also presents the number of bed days occupied by delayed discharge patients during the period January to March 2015.

Key Points

Occupied Bed Days

- During the quarter January to March 2015, 151,098 bed days were occupied by delayed discharge patients. This compares with 168,526 during the quarter October to December 2014, a reduction of 10%, and 148,079 during the quarter January to March 2014, which is an increase of 2%.

- Almost three quarters of total delayed discharge bed days are occupied by patients aged 75 and over.

April 2015 Census

- At the April 2015 census, 357 patients were delayed over two weeks. Two weeks is the national target for delayed discharge. The target was met by two NHS Boards and twelve Local Authorities. By comparison, at the January 2015 census, 517 patients were delayed and 418 were delayed at the April 2014 census.

- At the April 2015 census, 200 patients were delayed over four weeks. This compares with 329 at the January 2015 census and 173 at the April 2014 census.

- 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 two weeks at the April 2015 census (357 patients) were as follows.
- Awaiting place availability in a care home – 151 patients.
- Waiting to go home – 111 patients.
- Awaiting community care assessment – 59 patients.
- Awaiting funding for a care home placement - 10 patients.
- Awaiting healthcare arrangements - 6 patients.
- Other reasons such as disagreements – 20 patients.

- There were 338 patients reported as ‘Code 9’ delays where the current maximum delay does not apply. Of these, 67 per cent were due to the ‘Adults with Incapacity Act’.

**Background**

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

Some patients discharge will take longer to arrange and therefore the standard maximum delay is not applicable. Cases classified as ‘Code 9s’ 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.

From April 2015 onwards, the national target states that no patient should wait more than two weeks from when they are clinically ready for discharge. Prior to that, the target was four weeks.

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**Further Information**

Further information can be found in the Full Publication Report.

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