Delayed Discharges in NHSScotland
Annual summary of occupied bed days and census figures
Figures up to March 2017
Publication date – 05 December 2017
Introduction

This annual publication presents a summary of delayed discharge information up to March 2017.

A delayed discharge is a hospital inpatient who is clinically ready for discharge from inpatient hospital care but continues to occupy a hospital bed beyond the ready for discharge date. Timely discharge from hospital is an important indicator of quality and is a marker for person-centred, effective, integrated and harm free care.

A detailed breakdown of delayed discharges is available for 2016/17, including; the total number of bed days occupied by people delayed in their discharge from hospital and the average number of delayed discharges across monthly census points, which is collated from previously published monthly figures.

In addition, information is presented on the proportion of all hospital beds occupied by delayed discharges and the delayed discharge bed day rate per 1,000 population. Some annual comparisons are available in the tables however due to definitional changes from July 2016 these are limited.

This publication also includes the latest available estimated costs of delayed discharge for 2014/15 and 2015/16.

Data from this publication is available to view in Excel data tables on the ISD website.
Information Services Division

Delayed Discharges 2016/17 - Main Points

- In 2016/17 there were 532,423 bed days occupied by people delayed in their discharge in NHSScotland. Of these 70% were occupied by people aged 75+.

- Adjusting for the definitional changes effective from July 2016, a 3% reduction in delayed discharge bed days can be seen between 2015/16 and 2016/17.

- Approximately 1 in 12 (8.2%) occupied beds in NHSScotland were due to delayed discharges.

- The main reasons for delay are:
  - awaiting completion of care arrangements
  - awaiting care home availability
  - complex delay reasons and
  - awaiting community care assessment

- In 2015/16 the estimated cost of delayed discharges in NHSScotland was £132 million, with an estimated average daily cost of £233.
Results and Commentary

Bed days occupied by people delayed in their discharge - 2016/17

The total number of bed days occupied by people delayed in their discharge from hospital in NHS Scotland during 2016/17 was 532,423. The average number of delayed discharge beds occupied per day in 2016/17 was 1,459.

Seventy seven percent of the total number of bed days occupied by people waiting to be discharged from hospital were due to health and social care, and patient and family related reasons (412,341 of the 532,423).

The remaining 23% (120,082) are due to complex delay reasons (code 9s). These include delays due to adults with incapacity legislation.

Figure 1. Average daily number of beds occupied by people delayed in their discharge by delay reason; Scotland; 2016/17.

Figure 1 above shows the average daily number of bed days occupied by people delayed in their discharge from hospital by month and reason for delay. The dotted lines between April and June 2016 represent figures prior to the introduction of revised definitional changes which were effective from 1 July 2016 and are not directly comparable with figures post July 2016.

Therefore, looking at the trend from July 2016 onwards only, the chart shows that the average daily number of beds occupied by people delayed due to health and social care, and patient and family related reasons increased initially to a peak of 1,200 in October 2016 then decreased to 1,053 in March 2017. From July 2016 to March 2017 the daily average decreased by 6% from 1,116 to 1,053. The average daily number of beds occupied by people delayed due to complex (code 9) reasons also shows an increase from 301 in July 2016 to a peak of 352 in October 2016 then a decrease to 286 in March 2017.
NHS Lothian has the highest average daily number of beds (304), followed by NHS Lanarkshire with 205. NHS Shetland and NHS Orkney show the lowest average daily number with 3 beds occupied by people delayed in their discharge.

Edinburgh City and Highland local authorities have the highest average daily number of beds occupied by people delayed in their discharge with 199 and 125 respectively. Shetland local authority shows the lowest with an average daily number of 3.

**Age category – 2016/17**

Of the 532,423 bed days occupied by delayed discharges in 2016/17, 371,791 were occupied by people aged 75 and over, accounting for 70% of the total delayed discharge bed days (figure 2). The remaining 160,632 bed days (30%) were occupied by people aged 18-74.

**Figure 2.** Delayed discharge bed days occupied by age category; Scotland 2016/17
Comparison to previous year – Scotland level only: Adjusted figures for 2015/16 and 2016/17 to reflect July 2016 definitional changes

In order to be able to make a comparison with the previous year, Scotland level figures have been adjusted to take into account the definitional changes which were effective from July 2016. It is estimated that the impact of the definitional changes was a decrease of approximately 4% on previous monthly figures. Therefore, in order to make the annual comparison, figures from Apr 2015 – Jun 2016 have been decreased by 4%.

Adjusted figures for Scotland are presented in figure 3 for 2015/16 – 2016/17 for all delay reasons.

The adjusted Scotland bed day figure for 2016/17 for all delay reasons was 527,099 compared to 545,139 in 2015/16 indicating a 3% reduction. The average daily number of beds occupied by delayed discharge patients reduced from 1,494 in 2015/16 to 1,444 in 2016/17.

**Figure 3. Average daily number of days occupied by delayed discharge patients; All delay reasons; Scotland adjusted figures; 2015/16 - 2016/17**

Figure 3 above shows the Scottish daily average number of beds occupied by delayed discharges across each month for 2016/17 compared to the previous adjusted financial year.

The chart shows the average daily number of beds occupied due to delayed discharge has decreased during 2016/17 from 1,407 in April 2016 to 1,383 in March 2017. For both 2015/16 and 2016/17 the figures peaked in October then decreased again to March. Although a seasonal trend is evident, the chart shows that the average daily number of beds occupied by delayed discharges is less in 2016/17 compared to 2015/16 in all but one month (December).
Delayed discharge bed day rate per 1,000 population aged 75+

In 2016/17 the Scottish delayed discharge bed day rate per 1,000 population aged 75+ was 841.

Figure 4 shows that:

- Comhairle nan Eilean Siar and Highland local authorities show the highest rates of delayed discharge bed days per 1,000 population aged 75+ with a rate of 2,194 and 1,580 respectively.
- Renfrewshire and East Dunbartonshire local authorities show the lowest rates of delayed discharge bed days per 1,000 population aged 75+ with a rate of 107 and 186 respectively.

**Figure 4:** Delayed discharge bed day rate per 1,000 population aged 75+ by local authority of residence; 2016/17
Proportion of all occupied beds

During 2016/17, approximately 1 in 12 (8.2%) occupied beds in NHSScotland were due to delayed discharges.

Figure 5 below suggests that NHS Western Isles has the highest proportion of occupied beds that are due to delayed discharges with 28.6% of beds occupied by delayed discharges. Additionally, NHS Highland, NHS Lanarkshire, NHS Lothian, NHS Grampian, NHS Shetland, NHS Fife, NHS Tayside and NHS Forth Valley all show a higher percentage than the Scottish average of 8.2%. NHS Greater Glasgow and Clyde show the lowest percentage with 3.5% of their occupied beds due to delayed discharge.

**Figure 5**: Delayed discharge bed days as a proportion of all occupied bed days by NHS board of treatment; Scotland 2016/17

Source: Delayed discharge bed days and ISD(S)1 data return (http://www.isdscotland.org/Health-Topics/Hospital-Care/Beds/)
Census figures

Revised data definitions and national data requirements came into effect on 1 July 2016. These align census information and associated bed days and ensure more robust and consistent reporting across Scotland. From July 2016, delays in non hospital locations and delays for healthcare reasons are not included in delayed discharge figures. The census date from July 2016 onwards reflects the position as at the last Thursday of the month (previously 15th of the month) and previously, people discharged within three working days of the census were not included in delayed discharge count however from July 2016 these are included.

Due to the definitional change, census figures described below are for the period July 2016 to March 2017 and therefore are based on the revised definitional changes only. Figures for April – June 2016 (based on the definitions prior to July 2016) are available in the data tables.

Reason for delay

In Scotland, awaiting completion of care arrangements is the most frequent reason for delayed discharge with an average number of 467 delays (32%) reported as the principal reason for delay across all census points during the period. This is illustrated in Figure 6 below. 391 (27%) of delays are due to people waiting for care home availability and 309 (21%) are due to complex delay reasons, which includes delays under adults with incapacity legislation. Waiting community care assessment accounts for 15% of delay reasons, other reasons (including patient and family related delays) account for 4% and delays awaiting funding for care home placements account for 1%.

Figure 6: Number of delayed discharges by reason; Scotland; Jul 2016 - Mar 2017

* Complex delays include delays due to adults with incapacity legislation
Health board of treatment and local authority of residence

In Scotland an average number of 1,452 patients were delayed across all census points from July 2016 - March 2017. On average, 1,090 delays (75%) were attributable to health and social care reasons with 309 (21%) attributable to complex delay (code 9) reasons and 54 (4%) due to patient and family related reasons.

Figure 7 provides a health board of treatment comparison showing NHS Lothian with the highest number of delayed discharges across each census point from July 2016 to March 2017 with an average of 314 and NHS Orkney the lowest with an average of 2 delays.

NHS Lothian also displays the highest average number of delays for health and social care reasons for this time period (279 delays) with NHS Highland displaying the highest average number of delays for patient and family related reasons for the same time period (15 delays). NHS Greater Glasgow and Clyde has the highest average number of delays for code 9 reasons (51 delays), accounting for 30.5% of their total average delays. NHS Shetland is the only health board to report no code 9 delays during this time period.

**Figure 7:** Average number of delayed discharges across monthly census points by health board of treatment; Jul 2016 - Mar 2017
Figure 8 below shows the average number of delays across all census points between July 2016 and March 2017 by local authority of residence. The chart shows that City of Edinburgh has the highest average number of delayed discharges across all census points during this period, with an average of 208 delays.

City of Edinburgh also has the highest average number of delays for health and social care reasons from July 2016 to March 2017 with an average of 186 delays accounting for 89.5% of their total average delays during this time period. Highland has the highest average number of delays for patient and family related reasons (13 delays) and Highland and Glasgow City have the highest average number of delays for code 9 reasons with 41 and 35 delays respectively.

Figure 8: Average number of delayed discharges across monthly census points by local authority of residence; Jul 2016 – Mar 2017
Costs – 2014/15 and 2015/16

The latest available cost information for delayed discharges is for 2015/16.

In 2015/16 the estimated cost of delayed discharges in NHSScotland was £132 million, with an estimated average daily cost of £233.

In comparison, the estimated cost of delayed discharges in 2014/15 was £133 million and an estimated average daily cost of £213.
Glossary

Delayed discharge

For most people, 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 person is appropriately discharged from hospital.

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

A delayed discharge is a hospital inpatient (aged 18 and over) who has been judged clinically ready for discharge by the responsible clinician in consultation with all agencies involved in planning that person’s discharge, and who continues to occupy a bed beyond the ready for discharge date.

Ready for discharge

The ready for discharge date (RDD) is the date on which a hospital inpatient is clinical 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 person.

Bed days occupied

The number of days people spend delayed in hospital following their ready for discharge date.

For national reporting purposes it is necessary to attribute bed days to the month(s) when they occurred. For example the number of bed days occurring in a particular month may be divided by the number of days in the month to give the average daily number of beds that were occupied in that month by delayed discharges. ISD considers this daily average a better statistic for comparing month on month differences as the number of days in a month varies.

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 discharges:
- 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.
**Reason for delay**

This is the reason why the person has remained in the bed awaiting the finalisation of arrangements for their safe transfer. For national reporting, the principal reason for delay applying to the person delayed 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 people 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 person was deemed ready for discharge until the census point that the patient has remained in the bed awaiting the finalisation of arrangements for their safe transfer.

**Code 9/complex delay reasons**

It is acknowledged that some discharge arrangements may be more complex due to the specific care needs of the patient. Complex delays have been captured as code 9 from 2006. These would include people 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, people for whom an interim move is deemed unreasonable or where an adult may lack capacity under adults with incapacity (AWI) legislation.

**Adults with Incapacity (AWI)**

People 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 discharge census. It is recognised these people 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.

**ISD(S)1**

This publication uses the hospital bed information gathered through ISD(S)1. ISD(S)1 is routine quarterly aggregated information for monitoring activity in hospitals, and activity carried out in health centres and clinics in NHSScotland. Information collected (on monthly returns) relates to hospital beds, inpatients, outpatients, day cases, day patients, haemodialysis patients, ward attendees, patients seen by AHPs (Allied Health Professionals) and other technical department staff and cancellations. Further information can be found [http://www.isdscotland.org/Health-Topics/Hospital-Care/Beds/](http://www.isdscotland.org/Health-Topics/Hospital-Care/Beds/).
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Further Information
Further information can be found on the ISD website

NHS Performs
A selection of information from this publication is included in NHS Performs. NHS Performs is a website that brings together a range of information on how hospitals and NHS Boards within NHSScotland are performing.

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Appendices

A1 – Background Information

Information Services Division (ISD) publish data on delayed discharges to support local partnerships plan and deliver services to provide a timely, appropriate and safe transfer to the next stage of care for all hospital inpatients in all specialties. The data published consists of:

- the total number of bed days occupied by delayed discharges in a calendar month
- the number of adult patients delayed at a monthly census point

This information 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
- providing useful dialogue between health and social care agencies

Definitional changes

Revised data definitions and national data requirements came into effect on 1 July 2016. These align census information and associated bed days and ensure more robust and consistent reporting across Scotland.

The changes from July 2016 include:

- Delays in non hospital locations are not included in figures from July 2016.
- Delays for healthcare reasons are not included in figures from July 2016.
- The census date from July 2016 onwards reflects the position as at the last Thursday of the month (previously 15th of the month).
- The number of people discharged within three working days of the census date is included from July 2016.

Delay types

Since April 2016, following the integration of health and social care partnerships, delays is reported in three main categories:

- **Health and social care reasons**: where a person remains inappropriately in hospital after treatment is complete and is awaiting appropriate arrangements to be made by the health and social care partnership for safe discharge.
- **Patient, family and carer related reasons**: this includes delays due to legal reasons and disagreements.
- **Code 9 / complex reasons**: It is acknowledged that some discharge arrangements may be more complex due to the specific care needs of the person. Complex delays have been captured as code 9 from 2006.

Average annual census figures

Annual census figures are based on an average of the number of delays at each monthly census point within the specified year.
National Health and Wellbeing outcomes and indicators

There are 23 core integration indicators for Health and Social Care Integration. Two of these national indicators relate to delayed discharge information. Please see the Scottish Government website.

Indicator 19 ‘Number of days people spend in hospital when they are ready to be discharged, per 1,000 population’ is devised to monitor the number of people waiting unnecessarily for more appropriate care to be provided after treatment in hospital.

Indicator 22 ‘Percentage of people who are discharged from hospital within 72 hours of being ready’ is currently under development. This indicator aims to report on and increase the number of people discharged from hospital within 72 hours of being ready. There is evidence that people waiting for more than 72 hours have worse outcomes than those who go home sooner. Previous approaches to reducing delays have been to focus on a target – first 6 weeks, then 4 and then 2, but the Delayed Discharge Task Force agreed that in future, focussing on increasing the % who can be discharged as soon as possible while allowing for the fact that there will be individual reasons that this is not appropriate will result in greater improvement.

National Health and Wellbeing Outcomes:

- People, including those with disabilities or long term conditions or who are frail are able to live as far as reasonably practicable, independently and at home or in a homely setting in their community.
- People who use health and social care services have positive experiences of those services and have their dignity respected.
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- Resources are used effectively and efficiently in the provision of health and social care services.

Related health and social care information

ISD publishes a range of information that helps to measure the shift in the balance of care, ensuring that older people are cared for in their own homes or in a homely setting in the community, wherever possible. Please see the Health and Social Community Care pages of the ISD website.

The Scottish Government also publishes information relating to service provision for older people. You can locate this from www.scotland.gov.uk/Topics/Statistics/Browse/Health/.

Costing Methodology

Delayed discharge costing is carried out based on the following steps:

- Take published number of bed days occupied by delayed discharges by Local Authority area
- Take average daily cost for each specialty in each NHS Board derived by Integrated Resource Framework (IRF)’s Patient Level Costing (PLICs methodology) based on the NHS Costs book
• Apply daily costs to each Local Authority’s bed days occupied
  o Assume bed days occupied are distributed across specialties based on the delayed discharge census specialty breakdown
  o Assume delayed discharges are in the NHS Board within which the Local Authority sits (e.g. Aberdeenshire, Aberdeen City and Moray delayed discharges are all costed at the NHS Grampian average rate)
  o Where specialty costs are unavailable at Board level, average Scotland figures are used.

**Bed days occupied by delayed discharges** - The proportion of census delays accounted for by each specialty, applied to the number of bed days for that local council area.

**Total resource consumption** - The number of bed days by specialty multiplied by the daily cost of that specialty.

**Average cost per day** - The total resource consumption divided by the number of bed days calculated for that specialty.

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<td>This publication provides annual information up to March 2017 and includes information on the total number of bed days occupied by people delayed in their discharge from hospital and the average number of people delayed at the census points within the given year. Figures are shown for Scotland, NHS Board area of treatment and Local Authority of residence for people aged 18 and over.</td>
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<td>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></td>
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<td><strong>Relevance and key uses of the statistics</strong></td>
<td>Key uses of delayed discharge information include: contribution to service planning, quality improvement and evidence based medicine, potential cost savings, supporting research activities, and providing comparative information.</td>
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<td><strong>Accuracy</strong></td>
<td>The data is considered accurate. Data are validated locally by partnerships. ISD carry out further validation checks in consultation with NHS Boards.</td>
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<td>It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.</td>
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<td>All delayed discharge reports are accessible via the ISD website. Tables and charts are presented within an interactive Excel workbook with drop down boxes.</td>
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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.

Standard Pre-Release Access:
- Scottish Government Health Department
- NHS Board Chief Executives
- NHS Board Communication leads
- Directors of Social Work
- Chief Officers of Integrated Joint Boards formed under the Public Bodies (Joint Working) (Scotland) Act 2014

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, 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, 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.

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.