Delayed Discharges in NHSScotland

Annual summary of occupied bed days and census figures

Figures up to March 2018

11 September 2018
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# Contents

Introduction .......................................................................................................................... 3  
Delayed Discharges 2017/18 - Main Points ......................................................................... 4  
Results and Commentary ...................................................................................................... 5  
Glossary ............................................................................................................................... 16  
Contact ............................................................................................................................... 19  
Further Information ........................................................................................................... 19  
NHS Performs ..................................................................................................................... 19  
Rate this publication .......................................................................................................... 19  
Appendices .......................................................................................................................... 20  
A1 – Background Information ........................................................................................... 20  
A2 – Publication Metadata (including revisions details) ...................................................... 23  
A3 – Early Access details (including Pre-Release Access) .................................................. 25  
A4 – ISD and Official Statistics .......................................................................................... 26
Introduction

This annual publication presents a summary of delayed discharge information up to March 2018.

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

A detailed breakdown of delayed discharges is available for 2017/18, 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 aged 75 and over. Some annual comparisons are available in the tables however due to definitional changes from July 2016 these are limited and restricted to Scotland level.

This publication also includes the latest available estimated costs of delayed discharge for 2016/17.

Data from this publication is available to view in Excel data tables on the ISD website.
Delayed Discharges 2017/18 - Main Points

- In 2017/18 there were 494,123 bed days occupied by people delayed in their discharge in NHSScotland. Of these 69% were occupied by people aged 75 years and over.

- Adjusting for the definitional changes effective from July 2016, a 6% reduction in delayed discharge bed days can be seen between 2016/17 and 2017/18.

- Approximately 1 in 13 (7.8%) occupied beds in NHSScotland were due to delayed discharges.

- The reasons for delay are:
  - awaiting completion of care arrangements
  - awaiting place availability
  - complex delay reasons
  - awaiting community care assessment
  - other including funding, transport, patient and family related reasons

- In 2016/17 the estimated cost of delayed discharges in NHSScotland was £125 million, with an estimated average daily bed day cost of £234.
Results and Commentary

Bed days occupied by people delayed in their discharge - 2017/18

The total number of bed days occupied by people delayed in their discharge from hospital in NHSScotland during 2017/18 was 494,123. The average number of delayed discharge beds occupied per day in 2017/18 was 1,354. Seventy eight 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 (385,458 of the 494,123). The remaining 22% (108,665) 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; 2017/18.

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 chart shows that while there was an increase in the average daily number of beds occupied by people delayed due to health and social care, and patient and family related reasons from 1,026 people in April 2017 to 1,095 in March 2018; this has fluctuated over the months with October and November 2017 having the highest average daily number of bed days occupied (1,138 and 1,130 respectively).

The average daily number of beds occupied by people delayed due to complex (code 9) reasons shows a decrease of 17% from 338 in April 2017 to 280 in March 2018.

In 2017/18, NHS Lothian has the highest average daily number of beds occupied by people who were delayed (329), followed by NHS Lanarkshire with 198. NHS Orkney showed the lowest average daily number with 2 beds occupied by people delayed in their discharge.
NHS Dumfries and Galloway was the mainland board with the lowest average daily number with 33 beds occupied by people delayed in their discharge.

City of Edinburgh and South Lanarkshire local authorities have the highest average daily number of beds occupied by people delayed in their discharge with 211 and 113 respectively. Shetland, Orkney and Inverclyde local authorities show the lowest with an average daily number of 4.

Age category – 2017/18

Of the 494,123 bed days occupied by delayed discharges in 2017/18, 341,438 were occupied by people aged 75 and over, accounting for 69% of the total delayed discharge bed days (Figure 2). The remaining 152,685 bed days (31%) were occupied by people aged 18-74.

Figure 2. Delayed discharge bed days occupied by age category; Scotland 2017/18
Number of bed days occupied by delayed discharges in 2017/18 compared to the previous year. Scotland level only: Adjusted figures for 2016/17 reflect definitional changes effective July 2016.

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 monthly figures prior to July 2016. Therefore, in order to make the annual comparison, figures from April 2016 to June 2016 have been decreased by 4%.

Adjusted figures for Scotland are presented in figure 3 for 2016/17 and 2017/18 for all delay reasons.

The Scotland bed day figure for 2017/18 for all delay reasons was 494,123 compared to the adjusted Scotland figure of 527,099 in 2016/17 indicating a 6% reduction. The average daily number of beds occupied by delayed discharge patients reduced from 1,444 in 2016/17 to 1,354 in 2017/18.

Figure 3. Average daily number of days occupied by delayed discharge patients; All delay reasons; Scotland adjusted figures; 2016/17 - 2017/18

Figure 3 above shows the Scottish daily average number of beds occupied by delayed discharges across each month for 2017/18 compared to the adjusted 2016/17 figures. The chart shows that for 2017/18 the average number of bed days occupied due to delayed discharges ranged from 1,279 in May 2017 to 1,435 in October 2018. For both 2017/18 and 2016/17 the figures peaked in October before decreasing to January (2017/18) or March (2016/17). The chart also shows that the average daily number of days occupied by delayed discharge patients is less in 2017/18 compared to 2016/17 adjusted in all but one month (March).
Delayed discharge bed days attributed to mental health and non mental health specialties

In 2017/18, there were 96,245 (19%) delayed bed days in Scotland attributable to mental health specialties with the remaining 397,878 (81%) attributable to other specialities not including mental health.

Figure 4 shows that in 2017/18 NHS Tayside had the highest proportion of delayed bed days attributable to mental health specialities with 43% and NHS Orkney and NHS Shetland both had the lowest proportion with zero delays attributable to mental health specialties.

In the same time period, Figure 5 shows that Dundee City local authority had the highest proportion of delayed discharges due to mental health specialties with 63%. North Ayrshire had the lowest proportion with 4%.

Figure 4: Delayed discharge bed days attributed to mental health and non mental health specialties by health board; all delay reasons; April 2017-March 2018

Note: The specialty of delay represents the specialty recorded at the monthly data submission date to which all bed days within the month are assigned.
Figure 5: Delayed discharge bed days attributed to mental health and non mental health specialties by local authority; all delay reasons; April 2017-March 2018

Note: The specialty of delay represents the specialty recorded at the monthly data submission date to which all bed days within the month are assigned.
Delayed discharge bed day rate per 1,000 population aged 75+

In 2017/18 the Scottish delayed discharge bed day rate per 1,000 population aged 75+ was 762. This represents a fall of 8% from the 2016/17 adjusted rate of 832.

Figure 6 shows that:

- Comhairle nan Eilean Siar and City of Edinburgh local authorities show the highest rates of delayed discharge bed days per 1,000 population aged 75+ with a rate of 1,553 and 1,502 respectively.
- East Renfrewshire and Inverclyde local authorities show the lowest rates of delayed discharge bed days per 1,000 population aged 75+ with a rate of 117 and 172 respectively.

**Figure 6: Delayed discharge bed day rate per 1,000 population aged 75+ by local authority of residence; 2017/18**
Proportion of all occupied beds

During 2017/18, approximately 1 in 13 (7.8%) occupied beds in NHSScotland were due to delayed discharges.

Figure 7 below shows that NHS Western Isles has the highest proportion of occupied beds that are due to delayed discharges with 18.9% of beds occupied by delayed discharges. Additionally, NHS Highland, NHS Lanarkshire, NHS Lothian, NHS Shetland, NHS Borders and NHS Grampian all show a higher percentage than the Scottish average of 7.8%. NHS Greater Glasgow and Clyde show the lowest percentage with 3.1% of their occupied beds due to delayed discharge.

Figure 7: Delayed discharge bed days as a proportion of all occupied bed days by NHS board of treatment; Scotland 2017/18

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 the 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.

Reason for delay

In 2017/18, awaiting completion of care arrangements was the most frequent reason for delayed discharge in Scotland with an average number of 459 delays (34%) reporting this as the principal reason for delay across all census points during the period. This is illustrated in Figure 8 below. In addition, an average of 347 (26%) delays were due to people waiting for care home availability and 285 (21%) delays were due to complex delay reasons, which includes delays under adults with incapacity legislation. Awaiting community care assessment accounted for 15% of delay reasons, other reasons (including patient and family related delays) accounted for 3% and delays awaiting funding for care home placements accounted for 1% of delay reasons.

Figure 8: Proportion of delayed discharges by reason; Scotland; Apr 2017 - Mar 2018
Health board of treatment and local authority of residence

In Scotland an average number of 1,343 patients were delayed across all census points from April 2017 - March 2018. On average, 1,016 delays (76%) were attributable to health and social care reasons with 285 (21%) attributable to complex delay (code 9) reasons and 43 (3%) due to patient and family related reasons.

Figure 9 shows the average number of delayed discharges across all census points for each health board of treatment. From the chart it can be seen that NHS Lothian had the highest number of delayed discharges across the census points from April 2017 to March 2018 with an average of 330 and NHS Orkney and NHS Shetland the lowest with an average of 3 delays. NHS Dumfries & Galloway was the mainland board with the lowest average number of delays (33).

NHS Lothian also had the highest average number of delays for health and social care reasons for this time period (285 delays) with NHS Lanarkshire having the highest average number of delays for patient and family related reasons for the same time period (9 delays). NHS Highland had the highest average number of delays for code 9 reasons (44 delays), accounting for 38% of NHS Highland's total average delays. NHS Shetland was the only health board to report no code 9 delays during this time period.

Figure 9: Average number of delayed discharges across monthly census points by health board of treatment; Apr 2017 - Mar 2018
Figure 10 below shows the average number of delays across all census points between April 2017 and March 2018 by local authority of residence. The chart shows that City of Edinburgh had the highest average number of delayed discharges across all census points during this period, with an average of 217 delays.

City of Edinburgh also had the highest average number of delays for health and social care reasons with an average of 190 delays accounting for 88% of their total average delays during this time period. South Lanarkshire had the highest average number of delays for patient and family related reasons (6 delays) with Highland having the highest average number of delays for code 9 reasons with 39 delays.

Figure 10: Average number of delayed discharges across monthly census points by local authority of residence; Apr 2017 – Mar 2018
Costs – 2015/16 and 2016/17

The latest available cost information for delayed discharges is for 2016/17.
In 2016/17 the estimated cost of delayed discharges in NHSScotland was £125 million, with an estimated average daily cost of £234.
In comparison, the estimated cost of delayed discharges in 2015/16 was £132 million and an estimated average daily cost of £233.
Information on the costing methodology used can be found in Appendix A1.
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 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 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 is not counted, as the first midnight occurring in the delay episode is attributable to the day after the ‘ready for discharge’ date. 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 and the discharge date (the date the delay ended)
- Do not count the ‘ready for discharge’ date
- Do count the ‘discharge date’ (the date the delay ended)
For example, if the ‘ready for discharge’ date 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 is recorded to the person delayed as at the data submission date.

**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/.
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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.

Rate this publication
Please provide feedback on this publication to help us improve our services.
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

Delayed discharge information is included in the core integration indicators for Health and Social Care Integration with the following 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.

Please see the Scottish Government website for further information.

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 at 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
  - Assume bed days occupied are distributed across specialties based on the delayed discharge census specialty breakdown
  - 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)
  - 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.

## A2 – Publication Metadata (including revisions details)

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<tr>
<td>Description</td>
<td>This publication provides annual information up to March 2018 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>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>
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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](#).