

Publication Report



Delayed Discharges in NHS Scotland

Figures from April 2011 Census

Publication date – 31 May 2011



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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.

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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.

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- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
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Introduction

This publication summarises the latest statistics on NHS inpatients who are 'delayed discharges' (formerly known as patients ready for discharge). This data is taken from a 'snapshot' of NHS inpatients as at the April 2011 census.

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 in the patient's safe and appropriate discharge 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, to purchase a care home place, for example.

'Delayed discharges' data has been collected nationally since September 2000 according to national standard definitions and data recording criteria laid out in Management Executive Letter (MEL)(2000)07, issued in February 2000 by the Scottish Executive Health Department (SEHD). These definitions have evolved since their inception and the latest version is in the [Definitions and data recording manual](#).

The national definitions allow for a consistent approach to a patient being considered 'ready for discharge' i.e. the patient is clinically ready to move on to the next stage of care. Appendix A1 and Appendix A2 provide more information on the general approach and data definitions.

For most Local Authority Partners there is an accepted period beyond the clinically ready for discharge date during which all assessment and follow-on arrangements are put in place. The common period for local discharge planning is six weeks. From the April 2004 census the main focus of the report has been on the numbers of patients who have been waiting more than six weeks, as at the census date.

Census Dates

Since national recording began in 2000, the date of the quarterly census has generally been the 15th of the month in question. However, it is known that in some areas of Scotland there is local benefit in undertaking the national census on a date other than the 15th. Following discussions at the National Advisory Group on Delayed Discharges Information (formerly EMAWG) the date when the national census is undertaken can be determined by local organisations. ISD calculates any related statistics (for example, figures on duration of delay) from the actual census dates used. The areas where the April 2011 census was taken on a date other than the 15th are:

NHS Shetland	12 April 2011
NHS Lothian	13 April 2011
NHS Highland	14 April 2011

Changes from previous publication

Since reporting began in 2000, changes have been made in the definition and recording of data which has resulted in changes to the presentation of the report. In some instances the revisions have been made to reflect the introduction of revised Scottish Executive targets. These changes have been the subject of a wide-ranging consultation and have been agreed by the National Advisory Group on Delayed Discharges.

Appendix A4 includes details of some of the changes that have been introduced. For more advice please contact ISD.

Code 9 Cases

Patients delayed due to awaiting place/bed availability in a specialist residential facility where no facilities exist (codes 9/24DX, 9/24EX and 9/42X), or due to requirements of the Adults with Incapacity Act (code 9/51X) or who are exercising statutory right of choice where an interim placement is not possible or reasonable (code 9/71X) or whose discharge is too complex to facilitate within 6 weeks (code 9) or who are well but cannot be discharged due to care home/facility or ward closure (codes 9/26X, 9/46X) are classed as code 9 cases.

All these cases, excluding Adults with Incapacity with delays less than six months and those who are well but cannot be discharged due to care home/facility or ward closure, are formally reported to ISD and the Scottish Government on a code 9 form.

Two new code 9 categories have been introduced from the July 2010 census. In these cases the patient is well but cannot be discharged due to care home/facility or ward closure (codes 9/26X, 9/46X). The use of these codes is still to be evaluated.

Full details of the codes and forms can be found in the Definitions and data recording manual which is published on the ISD website at [<http://www.isdscotland.org/isd/2359.html>].

Code 9 cases are reported as a supplement to this report in Appendix A5.

Out of area cases

There are a small number of patients experiencing a delay in discharge who are residents of local authorities outwith the NHS Board Areas in which they are being treated. These are classified as out-of-area cases. Information on the number of out of area cases, excluding Code 9 cases, by NHS Board of treatment is presented in Appendix A6.

Key points

Scotland

- There were 12 patients delayed for over 6 weeks in the April 2011 census. This compares with 168 at the January 2011 census and zero at the April 2010 census.
- At the April 2011 census, there were a total of 665 delayed discharges in Scotland, compared with 790 at the January 2011 census, and 579 at the April 2010 census.
- The median duration to the census point for all delayed discharges was 21 days (26 days at the January 2011 census, and 19 days at the April 2010 census).
- The number of patients experiencing delays in short stay specialties in Scotland has decreased since January 2011. There were 57 at the April 2011 census compared to 87 at January 2011 and 53 at the April 2010 census.

NHS Board and Local Authority Partner

- Twelve NHS Boards had no patients delayed outwith the 6 week discharge planning period at the April 2011 census. This compares to the January 2011 census when two NHS boards had no patients delayed outwith the 6 week discharge planning period and at the April 2010 census when all NHS boards had no patients delayed outwith the 6 week discharge planning period.
- Thirty Local Authority Partner areas had no patients delayed outwith the 6 week discharge planning period at the April 2011 census. This compares to the January 2011 census when fifteen Local Authority Partners had no patients delayed outwith the 6 week discharge planning period and at the April 2010 census when all Local Authority Partners had no patients delayed outwith the 6 week discharge planning.

Principal Reason Category for Delay

- 'Community Care Assessment reasons' was the most common reason for delay in the April 2011 census. In the April 2011 census there were 367 patients recorded within this reason group compared to 387 in the January 2011 census and 317 at the April 2010 census.
- 'Awaiting place availability in a care home' was the second most common reason for delay in the April 2011 census. In the April 2011 census there were 188 patients recorded within this reason group compared to 195 in the January 2011 census and 151 at the April 2010 census.

Results and Commentary

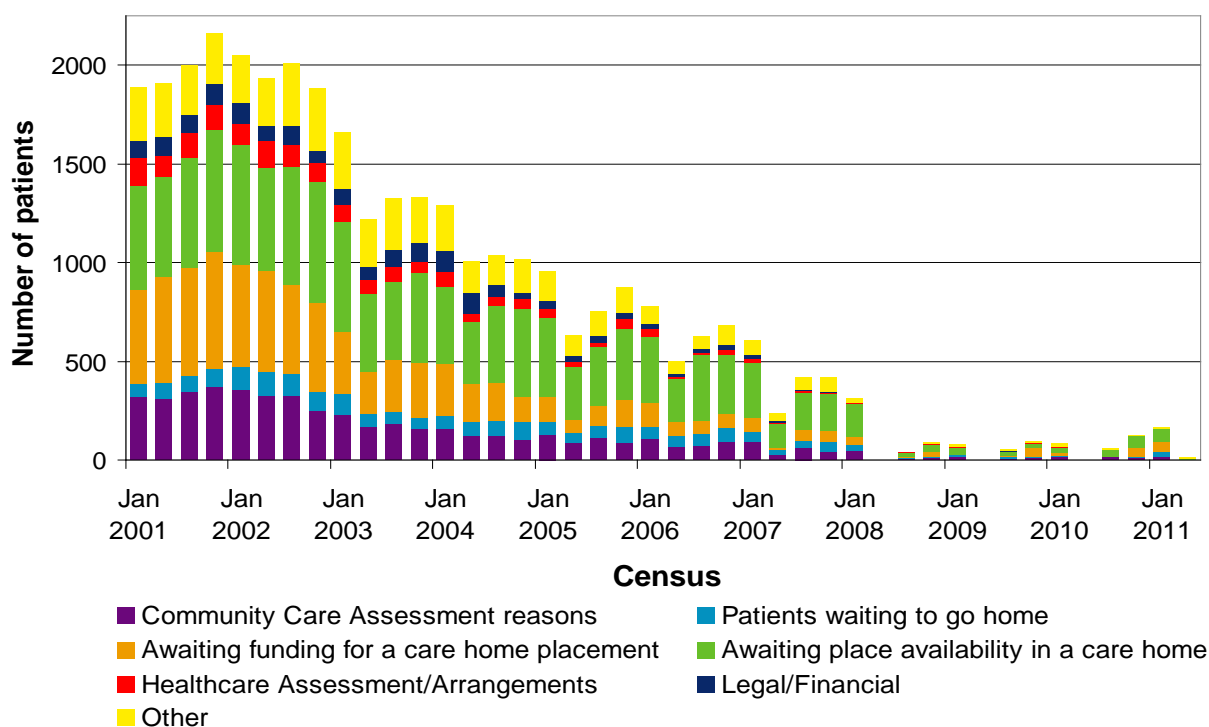
The information on delayed discharges contained in this report is derived from a series of quarterly censuses and should be interpreted with care. All 'ready for discharge' arrangements across Scotland reflect a variety of local factors, including local joint care agency discharge planning agreements. Further details are provided in Appendix A1. These factors should always be taken into account when making statistical comparisons.

Trends in Delayed Discharges

There has been a considerable decrease in the number of patients waiting outwith the six week discharge planning period over the last six years. The October 2001 census shows the point where the figures were at their highest, there were 2,162 patients delayed outwith the six week discharge planning period.

There were 12 patients delayed for over 6 weeks in the April 2011 census. This compares with 168 at the January 2011 census and zero at the April 2010 census.

Chart 1 NHS Delayed Discharges that are outwith the six week discharge planning period by principal reason for delay; Scotland; January 2001 to April 2011



Other includes Disagreements; Other patient/carer/family related reasons; Principal reason not agreed; and Principal reason not recorded.

The reason codes 24DX, 24EX and 42X (awaiting place or bed availability where no appropriate facilities exist) now act as secondary codes to Complex Needs. [See introduction to this report and appendix A5]. Prior to the April 2003 census these codes were included under codes 24D, 24E and 42 (awaiting place or bed availability). Therefore cannot be taken out of the census totals prior to April 2003 census.

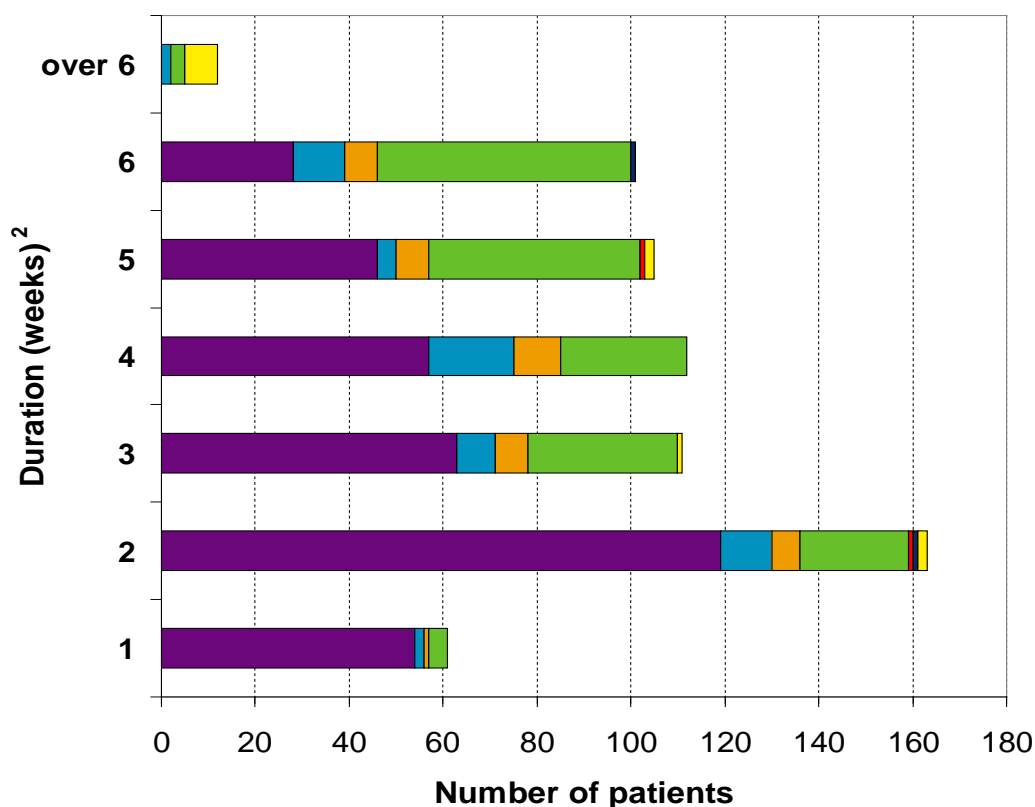
The reason code 51X (Adults with Incapacity Act) now acts as a secondary code to Code 9 [See introduction to this report and appendix A5]. Prior to the July 2004 census these codes were included under code 51 (legal issues). Therefore cannot be taken out of the census totals prior to July 2004 census.

Reasons for Delayed Discharge

Chart 2 (below) shows that at the April 2011 census, of the 653 patients delayed under 6 weeks, over half (367, 56.2%) were delayed due to 'Community care assessment reasons', 185 (28.3%) were 'Awaiting place availability in a care home', 54 (8.3%) were 'Waiting to go home', 38 (5.8%) were 'Awaiting funding for a care home placement', 5 (0.8%) were 'Waiting for Other reasons', 2 (0.3%) were 'Waiting for healthcare assessment/arrangement reasons' and 2 (0.3%) were 'Legal/Financial' reasons.

Of the 12 patients delayed over 6 weeks, over half (7, 58.3%) were delayed due to 'Waiting for Other reasons', 3 (25.0%) were 'Awaiting place availability in a care home' and 2 (16.7%) were 'Waiting to go home'.

Chart 2 Delayed Discharges Numbers by Principal Reason Group and duration of delay Scotland; as at April 2011 census



Other includes Disagreements; Other patient/carer/family related reasons; Principal reason not agreed; and Principal reason not recorded.

Duration calculated from Ready for Discharge Date to April 2011 census date. Expressed in whole weeks (e.g. up to, and including, two weeks).

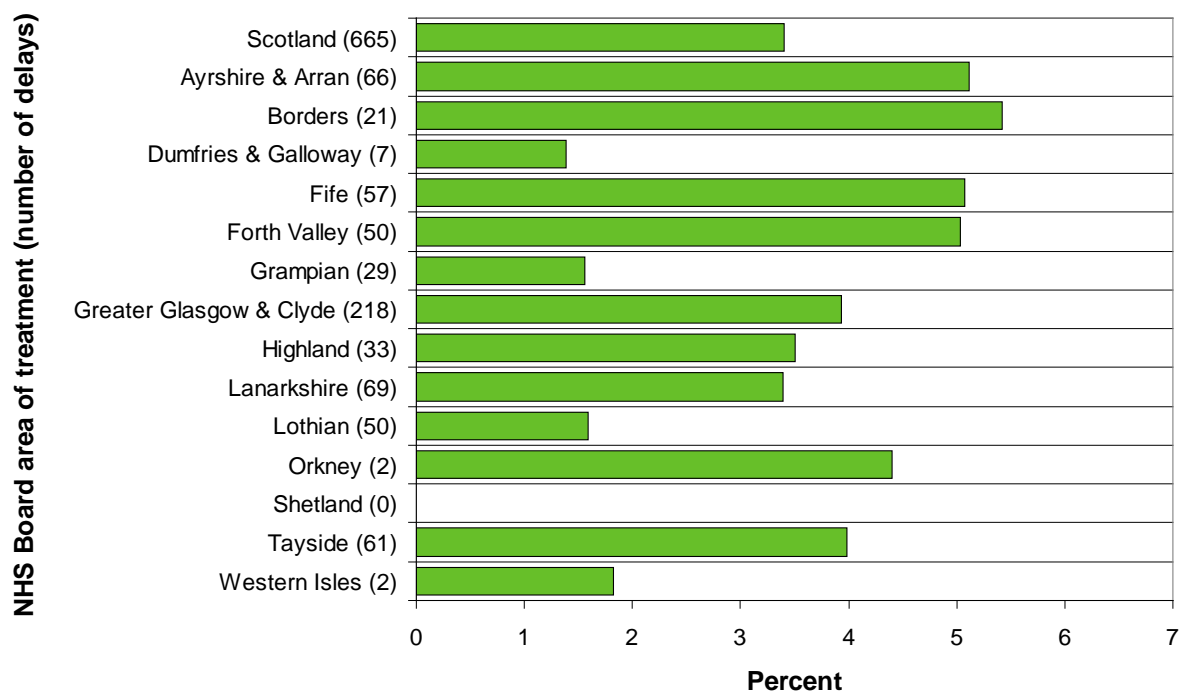
Beds occupied by patients ready for discharge

The factors behind the variation in the proportions of beds occupied by patients ready for discharge across NHS Board areas will include differences in specialty provision profile, bed availability, case mix, local discharge planning agreements and the availability of local care facilities (care home places etc). This means that caution should be applied to any comparisons made between NHS Boards.

There has been a decrease in the estimated percentage of occupied beds that were occupied by patients ready for discharge in Scotland, 3.4% at the April 2011 census (see Table A on the next page) compared with 4.0% at the January 2011 census (and 2.7% at the April 2010 census).

Nine NHS Health Boards with patients ready for discharge showed an decrease in the percentage of occupied beds from the January 2011 census, four showed an increase and 1 remained the same. At 5.4% NHS Borders has the largest percentage of beds occupied by delayed discharges, the remaining NHS Boards ranged from 0.0% to 5.1% at the April 2011 census.

Chart 3 Delayed Discharges¹ expressed as a percentage of Occupied Beds² by NHS Board area of treatment; as at April 2011 Census



1. Total number of patients ready for discharge, in all specialties, reported as at April 2011 census.

2. Provisional average daily number of occupied beds as at quarter ending 31 December 2010 (taken from ISD(S)1). The figures shown will not represent the exact situation as at the April 2011 census.

Table A – Chart 3 data (previous page) shown with the provisional number of occupied bed days as at December 2010, by NHS Health Board area of treatment; as at January 2011 census.

Area/Health Board	Occupied Beds	% Delayed Discharges	Health Board	Occupied Beds	% Delayed Discharges
Scotland	19537	3.4			
Ayrshire & Arran	1291	5.1	Highland	941	3.5
Borders	387	5.4	Lanarkshire	2033	3.4
Dumfries and Galloway	504	1.4	Lothian	3138	1.6
Fife	1123	5.1	Orkney	45	4.4
Forth Valley	993	5.0	Shetland	37	0.0
Grampian	1854	1.6	Tayside	1531	4.0
Greater Glasgow & Clyde	5545	3.9	Western Isles	109	1.8

More detailed findings from table 1 to table 4.

Table 1 Number of NHS delayed discharges: Number in short stay specialties: by NHS board area of treatment & Local Authority of residence; as at April 2011.

[Link to Table 1](#)

Twelve NHS Boards had no patients delayed outwith the 6 week discharge planning period at the April 2011 census. This compares to the January 2011 census when only two NHS boards had no patients delayed outwith the 6 week discharge planning period and at the April 2010 census when all NHS boards had no patients delayed outwith the 6 week discharge planning period.

The number of patients experiencing delays in short stay specialties in Scotland has decreased since January 2011. There were 57 at the April 2011 census compared to 87 at January 2011 and 53 at the April 2010 census. In April 2011 eight NHS Boards reported delays in short stay specialties; these were Ayrshire & Arran (1), Fife (6), Grampian (4), Greater Glasgow & Clyde (35), Lanarkshire (2), Lothian (2), Tayside (5), Western Isles (2). In January 2011 eight NHS Boards reported delays in short stay specialties.

The short stay specialties reported at the April 2011 census were Gastroenterology (6), General Medicine (31), General Surgery (excl. Vascular) (3), Infectious Diseases (1), Neurology (2), Palliative Medicine (1), Plastic Surgery (2), Respiratory Medicine (1), Rheumatology (1), Trauma & Orthopaedic Surgery (7) and Vascular Surgery (2).

Thirty Local Authority Partner areas had no patients delayed outwith the 6 week discharge planning period at the April 2011 census. This compares to the January 2011 census when fifteen Local Authority Partners had no patients delayed outwith the 6 week discharge planning period and at the April 2010 census when all Local Authority Partners had no patients delayed outwith the 6 week discharge planning.

Table 2 NHS Delayed Discharges: Principal reason for delay, number in short stay specialties, median and mean duration; as at April 2011.

[Link to Table 2](#)

The “reason” information shown represents the principal reason in each case on the census date. It is important to note that duration of delay is calculated from the point patients are considered clinically “ready for discharge” (and not, for example from day 43 i.e. after a duration of delay of more than 6 weeks).

Principal reason can change over time, and as a consequence each duration shown may not be wholly attributable to the reason against which it appears. For example, ‘awaiting assessment’ may be the first identified principal reason for a patient then, subsequently, the principal reason may change to become awaiting the finalisation of the safe discharge arrangements.

There were 12 patients delayed for over 6 weeks in the April 2011 census. This compares with 168 at the January 2011 census and zero at the April 2010 census.

At the April 2011 census, there were a total of 665 delayed discharges in Scotland, compared with 790 at the January 2011 census, and 579 at the April 2010 census.

The median duration to the census point for all delayed discharges was 21 days (26 days at the January 2011 census, and 19 days at the April 2010 census), while the mean duration was 22 days (32 days at the January 2011 census, and 20 days at the April 2010 census).

Table 3 Number of NHS delayed discharges: Principal reason for delay: by NHS board area of treatment, Local Authority of residence and Community Health Partnership; as at April 2011.

[Link to NHS Board and Local Authority Table 3](#)

[Link to CHP Table 3](#)

‘Community Care Assessment reasons’ was the most common reason for delay in the April 2011 census. In the April 2011 census there were 367 patients recorded within this reason group compared to 387 in the January 2011 census and 317 at the April 2010 census.

‘Awaiting place availability in a care home’ was the second most common reason for delay in the April 2011 census. In the April 2011 census there were 188 patients recorded within this reason group compared to 195 in the January 2011 census and 151 at the April 2010 census.

In the April 2011 census NHS Ayrshire & Arran, NHS Borders, NHS Fife, NHS Forth Valley, NHS Greater Glasgow & Clyde, NHS Lanarkshire had ‘Community Care Assessment’ as the most common reason category for delay. NHS Grampian, NHS Highland, NHS Lothian, NHS Orkney NHS Tayside and NHS Western Isles had ‘Awaiting place availability in a care home’ as their most common reason category for delay. NHS Dumfries & Galloway had ‘Patients waiting to go home’ as their most common reason category for delay. NHS Shetland had no delays.

The numbers of delayed discharges in the bottom section of this table are based on those resident in each Local Authority Partner area. Not all of these patients will have Social Work involvement in their discharge planning, or in their post-hospital care arrangements. A patient ready for discharge is not considered to have social work involvement in their discharge planning process if the principal reason for delay is in the Healthcare groups.

In the April 2011 census 'Community Care Assessment' was recorded as the main reason for delay by 15 Local Authority Partners. 'Awaiting place availability in a care home' was the main reason for delay with 11 Local Authority Partners. Two Local Authority Partners had 'Patients waiting to go home' as their main reason for delay. One Local Authority Partners had 'Awaiting Funding for a care home placement' and 'Awaiting place availability in a care home'. One Local Authority Partners had 'Awaiting place availability in a care home' and 'Healthcare Arrangements. Two Local Authority Partners had no delays.

The final part of the table includes numbers of patients by Community Health Partnership (CHP). CHP has been derived using the postcode of the patient's home address. In a small number of cases this postcode will be outwith the Local Authority and CHP responsible for the patient's post hospital discharge planning so there may be a slight differences between Local Authority and CHP tables

Table 4 Number of NHS delayed discharges: Duration of delay: by NHS Board area of treatment, Local Authority of residence and Community Health Partnership; as at April 2011 and

Appendix A6 Number of NHS delayed discharges, by NHS board area of treatment and Local authority of - residence, as at April 2011, January 2011 & April 2010.

[Link to NHS Board and Local Authority Table 4](#)

[Link to CHP Table 4](#)

[Link to Appendix A6 Table](#)

It is important to note for most patients, any delay in discharge is of a relatively short duration and such patients are therefore unlikely to appear in quarterly census figures. The varied distribution of durations may be influenced by specialty and case mix differences, differences in local discharge planning agreements and the availability of local care facilities (care home places etc). Comparisons should be made against this background.

In the April 2011 census twelve NHS Boards had zero delays outwith the 6 week discharge planning period. The largest increase in delays over 6 weeks has been in Dumfries & Galloway which had 6 cases in April 2011 compared with 3 in January 2011.

In the April 2011 census thirty Local Authorities had zero delays outwith the 6 week discharge planning period. The largest increase in delays over 6 weeks has been in Dumfries & Galloway which had 6 cases in April 2011 compared with 3 in January 2011.

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 outwith 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.

Patients delayed more than 6 weeks

It has been agreed for non-short stay facilities that there is a period of 6 weeks beyond the clinically ready for discharge date during which all assessment and follow-on arrangements are expected to be put in place. During this period:-

- the completion of the community care assessment may take place
- the patient may be discharged from hospital
- the patient may be transferred to another health specialty if their assessed need determines this
- the patient may be transferred to another health specialty to await discharge from hospital.

Ready for-discharge date

Ready-for-discharge date is the date on which a hospital inpatient is clinically ready to move on to a more appropriate care setting. This is determined by the consultant/GP responsible for the inpatient medical care in consultation with all agencies involved in planning the patient's discharge, both NHS and non-NHS (Multi-Disciplinary Team). The Team must be satisfied that it is safe and reasonable to transfer/discharge the patient. A patient who continues to occupy a hospital bed after his/her ready-for-discharge date during the SAME inpatient episode experiences a delayed discharge.

Reason

This is the reason why the patient has remained in the bed awaiting the finalisation of arrangements for his/her safe transfer. For the national census, the principal reason that applies to each patient at the census point is recorded.

Social Work Involvement

A patient ready for discharge is considered to have Social Work involvement if: EITHER - he/she has Principal Reason 'Community Care Assessment' or 'Community Care Arrangements'; OR - he/she has Principal Reason in the 'Patient/Carer/Family - related' categories, OR Principal Reason not agreed, OR Principal Reason not recorded AND a date of referral for Social Care Assessment has been recorded.

Duration

This is the period of time to the census point that the patient has remained in the bed awaiting the finalisation of arrangements for his/her safe transfer. Median/mean duration presentation, and frequency distribution. This publication presents information on durations up to the census point.

List of Charts and Tables within Workbook

Table	Name	Time period	File & size
Workbook	DD apr11 tables charts.xls	See below	Excel [1179kb]
chart1	NHS Delayed Discharges that are outwith the six week discharge planning period by principal reason for delay: Scotland.	January 2001 to April 2011	
chart2	Delayed Discharges Numbers by Principal Reason Group and duration of delay: Scotland.	as at April 2011	
chart3	Delayed Discharges expressed as a percentage of Occupied Beds by NHS Board area of treatment; Scotland.	as at April 2011	
table1	Number of NHS delayed discharges: Number in short stay specialties: by NHS board area of treatment & Local Authority of residence.	as at April 2011	
table2	NHS Delayed Discharges: Principal reason for delay, number in short stay specialties, median and mean duration.	as at April 2011	
table3	Number of NHS delayed discharges: Principal reason for delay: by NHS board area of treatment, Local Authority of residence and Community Health Partnership.	as at April 2011	
table4	Number of NHS delayed discharges: Duration of delay: by NHS Board area of treatment, Local Authority of residence and Community Health Partnership.	as at April 2011	
appendix5	Number of code 9 patients ready for discharge delayed in Scotland.	as at April 2011	
appendix6	Number of NHS delayed discharges, by NHS board area of treatment and Local authority of – residence.	as at April 2011, January 2011 & April 2010	
appendix7	Out of Area Cases by NHS Board.	as at April 2011	

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Further Information

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

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Appendix

A1 – Basic Approach

Certain features of the data collection approach are summarised below. An awareness of these characteristics is considered essential to understanding the information that is presented in this publication:

- The date that a patient is considered 'clinically ready for discharge' (i.e. the point of clinical readiness to move on to the next stage of care, whether or not health and social care assessments have been completed) has been adopted as a common national baseline. This centres around the criterion of multi-agency agreement that there is no further requirement for the healthcare provided in that bed. The 'ready for discharge' national baseline does not preclude or encroach upon the aforementioned local discharge planning agreements.
- All the information in this publication has been designed to be of benefit to the local agencies in the arrangements they make for timely, appropriate and safe transfers to the next stage of care.

A2 – Definitions and terms

More comprehensive details on the following definitions and terms are available from ISD on request or in the [Delayed Discharges Data recording Manual](#) which is published on the ISD website.

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 outwith 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.

Patients delayed for more than six weeks

It has been agreed for non-short stay facilities that there is a period of six weeks beyond the clinically ready for discharge date during which all assessment and follow-on arrangements are expected to be put in place. During this period:-

- the completion of the community care assessment may take place
- the patient may be discharged from hospital
- the patient may be transferred to another health specialty if their assessed need determines this
- the patient may be transferred to another health specialty to await discharge from hospital

Each local Partnership agreement is designed to reflect local circumstances and arrangements for safe and appropriate transfers of patients to the next stage of care. For this reason the SGHD, recognising the complexity which can surround the discharge planning and assessment process, have advised that figures should distinguish between those who are delayed within six weeks and those delayed for more than six weeks. The figures for over six weeks should be published in comprehensive form in the quarterly figures.

Data for all patients determined by the consultant/GP responsible for their care to be clinically ready for discharge should continue to be included in the monthly and quarterly censuses from the clinically ready for discharge date.

Ready-for-discharge date

Ready-for-discharge date is the date on which a hospital inpatient is clinically ready to move on to a more appropriate care setting. This is determined by the consultant/GP responsible for the inpatient medical care in consultation with all agencies involved in planning the patient's discharge, both NHS and non-NHS (Multi-Disciplinary Team). The

Team must be satisfied that it is safe and reasonable to transfer/discharge the patient. A patient who continues to occupy a hospital bed after his/her ready-for-discharge date during the same inpatient episode experiences a delayed discharge.

- Ready-for-discharge date and discharge date are used to measure the total duration of delay experienced by the patient. The calculation is: 'Discharge Date minus Ready-for-Discharge Date'.
- 'A more appropriate care setting' covers all appropriate destinations outwith short-stay specialties and outwith the NHS (patient's home, nursing home etc).
- From a service provider's perspective an 'appropriate care setting' can be defined as a place that:
 - Meets the particular care needs of a person.
 - Meets those needs cost effectively.

If a patient who is clinically ready for discharge is being transferred for non-clinical reasons to another NHS facility whilst awaiting final discharge (which will result in the start of another NHS episode) i.e. to free up short-stay beds, the original 'Ready for Discharge date' should be recorded.

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.

Social Work Involvement

A patient ready for discharge is considered to have Social Work involvement if: EITHER - he/she has Principal Reason 'Community Care Assessment' or 'Community Care Arrangements'; OR - he/she has Principal Reason in the 'Patient/Carer/Family - related' categories, OR Principal Reason not agreed, OR Principal Reason not recorded AND a date of referral for Social Care Assessment has been recorded.

Duration

This is the period of time to the census point that the patient has remained in the bed awaiting the finalisation of arrangements for his/her safe transfer.

Median/mean duration presentation, and frequency distribution

This publication presents information on durations up to the census point. Two summary measures are provided:

- Median duration - the middle value of any one set of duration values that are arranged in numerical order.
- Mean duration - an average duration, calculated by summing all duration values in any one set and dividing by the number of cases in that set.

The frequency distributions for duration commonly show a relatively large proportion of cases experiencing fairly short durations and a relatively small number with longer durations. The median may therefore be taken as the best indicator of a 'typical' duration for patients in a particular group (eg a particular NHS Board, or a particular reason category).

A3 – Data quality

National information on patients clinically ready for discharge has been collected nationally since September 2000, and it is known that there have been variations in local interpretation of the national standards.

The data featured in this publication has undergone rigorous verification and quality assurance procedures, which will be further developed. The data provided is considered to be of a high quality; this is due largely to the efforts of staff in NHS Boards and Local Authority Partners in liaising over data validation and fully verifying data locally between NHS and social services colleagues before submission to ISD.

ISD has made every effort to facilitate ratification of the data by the agencies within the limitations imposed by the processing and publication timetable. Instances where data submitted is incomplete or lacks full detail have been minimised - the presentation of any such data in this publication is accompanied by relevant explanations. Data quality issues arising from the quality assurance and verification processes will be followed up with individual agencies.

This is a National Statistics publication. It has been produced to high professional standards set out in the National Statistics Code of Practice and Release Practice Protocol (available at http://www.statistics.gov.uk/about_ns/cop/default.asp). These statistics undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from any political interference.

A4 – Changes in Delayed Discharges Information

The following highlights the main definitional changes to delayed discharges data collection and coding changes.

July 2010:

The following new codes have been introduced:

24F Awaiting place availability in care home (EMI/Dementia bed required).

9/26X Care Home/facility closed – patient well but cannot be discharged at point of census.

41A Non-availability of NHS funding to purchase care home place.

41B Non-availability of NHS funding to purchase any other care package.

9/46X Ward closed – patient well but cannot be discharged/transferred due to closure at point of census.

67 Disagreement between patient/carer/family and health/social work

81 Disagreement over funding between health and social care.

82 Disagreement over assessment between health and social care.

83 Other disagreement between health and social care.

The following codes have been withdrawn:

31 awaiting commencement/completion of post-hospital healthcare assessment.

45 awaiting routine discharge: routine administrative arrangements are complete and prospective discharge date is known.

66 Disagreement between health and social Work.

October 2007:

A new code 9 category was introduced (code 71X) for patients exercising statutory right of choice – where an interim placement is not possible or reasonable. This code covers a limited number of cases where an interim move under the choice of accommodation guidance is deemed to be unreasonable for the patient. This may be where reasons of extreme distances or transport infrastructures make visiting residents impossible. This code should only be applied where remaining in a hospital setting is the only viable alternative.

All Code 9 (excluding those delayed due to requirements of the Adults with Incapacity Act - code 51X), are formally reported to ISD and the Scottish Government by Directors of Social Work, NHS Board Chief Executives or their nominated representatives. A narrative of what is being done to facilitate discharge for the patient should also be provided. All Code 9 cases are reported separately as a supplement to this report [see Appendix A5].

July 2006:

Code 9 was introduced. This allows patients delayed due to awaiting place/bed availability in a specialist residential facility where no facilities exist (codes 24DX, 24EX and 42X), or due to requirements of the Adults with Incapacity Act (code 51X) to be categorised under Code 9. These patients continued to be reported separately; but the reason codes 24DX, 24EX, 42X and 51X now operate as secondary reason codes to Code 9.

From July 2006, cases where partnerships are unable, for reasons beyond their control, to secure a patient's safe, timely and appropriate discharge from hospital will also be shown under the category Code 9 but with no secondary code. These cases were previously included in the census totals but are now reported separately.

Directors of Social Work, NHS Board Chief Executives or their nominated representatives will report these cases formally to ISD and the Scottish Government. All Code 9 cases are reported separately as a supplement to this report [see Appendix A5].

Patients whose 'clinical readiness for discharge' has only been ascertained within 3 working days or less preceding the census date, categorised as 'Zero delay' cases, are no longer deemed to be delayed discharges and as a result are not included in the census. At the same time patients whose planned discharge date is within 3 working days of the census were also no longer deemed to be delayed discharges and were also omitted from the census.

Principal reason code 33 (change in patients health circumstances i.e. patient too ill at the time of the census to be discharged) was previously reported on separately in the report. From the October 2006 census the definition of a delayed discharge has been amended to exclude such cases and census reports are being adjusted accordingly. This change has no effect on the numbers of delayed discharges reported in the main report.

A5 – Code 9 Cases

[Link to Code 9 Cases Table](#)

Patients awaiting place or bed availability where no appropriate facilities exist, or where an interim placement is not possible or reasonable, or where there is no secondary code or where patient is well but cannot be discharged due to care home/facility or ward closure.

From the July 2006 census, patients categorised as 'Code 9' have been reported separately. The category Code 9 includes cases where partnerships are unable to, for reasons beyond their control, secure a patient's safe, timely and appropriate discharge from hospital. Patients falling into this category are highlighted under Code 9(no secondary code). Directors of Social Work, NHS Board Chief Executives or their nominated representatives have reported these cases formally to ISD and the Scottish Government. Prior to the July 2006 census these cases were included in the census totals [see 'Appendix A4 Changes in Delayed Discharges Information'].

At the April 2011 census 31 cases were categorised as Code 9 (no secondary code) compared with 36 cases at the January 2011 census (and 28 cases at the April 2010 census).

Prior to the April 2005 census patients awaiting place or bed availability where no appropriate facilities exist were included in the census totals. At the July 2006 census they have been reclassified as 'Code 9' [see 'Appendix A4 Changes in Delayed Discharges Information'].

At the April 2011 census there were 11 cases awaiting place availability in Specialist Residential Facilities where no appropriate facilities exist compared with 18 at the January 2011 census (there were 20 cases at the April 2010 census).

There was 2 case awaiting bed availability in other NHS hospital/specialty/facility where no appropriate facilities exist at the April 2011 census compared with 2 cases at the January 2011 census (there were 4 cases at the April 2010 census).

A total of 13 cases were awaiting place or bed availability where no appropriate facilities exist at the April 2011 census. Two of these cases had been delayed for one year or more. One of these cases was awaiting place availability in Specialist Residential Facility for younger age groups (under 65) and the other case was awaiting bed availability in other NHS hospital/specialty/facility.

From the October 2007 census a new Code 9 category has been introduced for patients exercising statutory right of choice - where an interim placement is not possible or reasonable. This code covers a limited number of cases where an interim move under the choice of accommodation guidance is deemed to be unreasonable for the patient. At the April 2011 census there were 83 cases compared with 51 cases at the January 2011 census (and 67 cases at the April 2010 census).

Patients delayed due to the Adults with Incapacity Act at the time of the census

Prior to the July 2005 census these cases were included in the census totals. At the July 2006 census they have been reclassified as 'Code 9' [see 'Appendix A4 Changes in Delayed Discharges Information'].

At the April 2011 census there were 207 cases ready for discharge delayed due to the Adults with Incapacity Act compared with 181 at the January 2011 census (there were 210 cases at the April 2010 census).

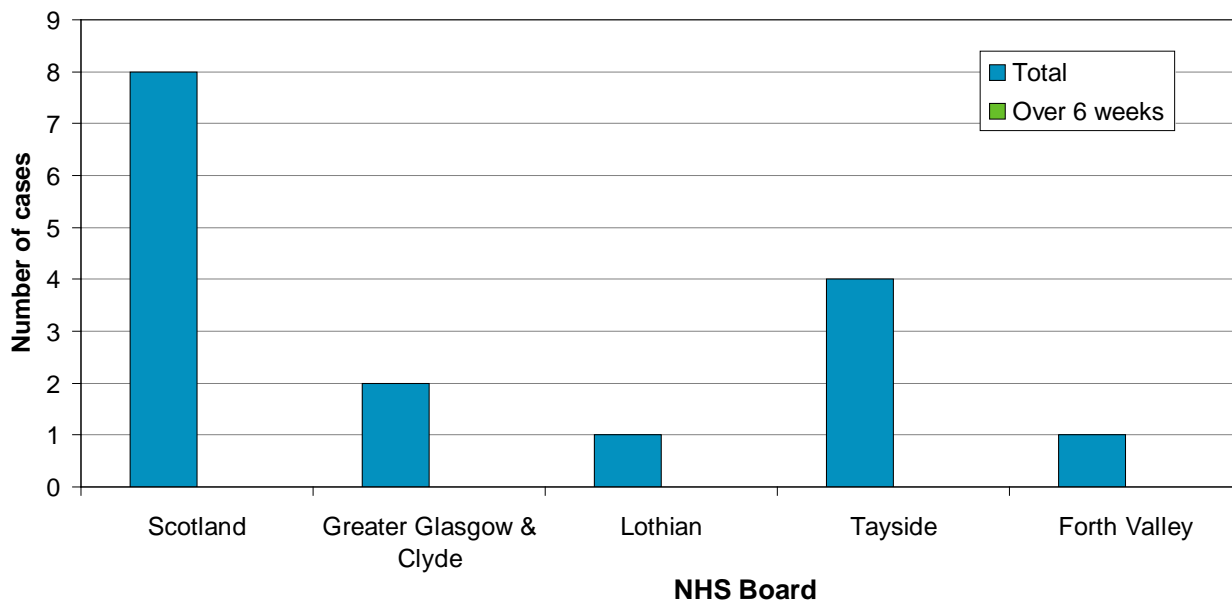
As at the April 2011 census 40 cases had been delayed within six weeks, 73 cases had been delayed from 7-12 weeks, 64 cases had been delayed from 3-5 months, 16 cases had been delayed from 6-8 months, 10 cases had been delayed from 9-11 months and 4 cases had been delayed for one year or more.

A6 – Out of Area Cases.

At each quarterly census the majority of cases are verified locally by the partnership in the NHS board area. Cases that have a Local Authority Partner outwith the board area are subject to a verification process to ensure that the Local Authority agree the case is their responsibility before the information is published.

Out of area cases currently count towards the zero standard of the NHS Board of treatment. The chart below shows the number of out of area cases at the April 2011 census.

Chart 4 Out of Area Cases by NHS Board as at April 2011 census.



A7 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title Description	Delayed Discharges in NHSScotland This report provides 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 and by NHS Board area of treatment , Local Authority partner and Community Health Partnership. Supplementary information on patients reported as having Complex Needs are also presented for Scotland and by NHS Board. The discharge of these patients is considered too complex to facilitate within 6 weeks and therefore they are not included in census totals but are reported separately.
Theme	Health and Social Care
Topic	Access and Waiting Times
Format	PDF and Excel
Data source(s)	ISD Scotland, Delayed Discharges Quarterly Census
Date that data is acquired	The census takes place on or around the 15th of the month (ISD receive the data within 8 working days of the census)
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	"Data collection for reason codes 24DX, 24EX and 42X started April 2003. Data collection for reason code 9 started July 2006. Data collection for reason code 71X started October 2007."
Revisions statement	It is not possible to identify these reasons therefore counts attributable to them cannot be taken out of the census totals for censuses prior to their introduction."
Concepts and definitions	Historic data is not revised and there are no planned revisions of the data. 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

<p>Completeness: Comparability Accessibility</p>	<p>required. 100% of the data is used for analysis. Not comparable outwith Scotland. It is the policy of ISD Scotland to make its web products accessible according to published guideline. See attached link for further details: http://www.isdscotland.org/About-ISD/Accessibility/</p>
<p>Coherence and clarity</p>	<p>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.</p>
<p>Value type and unit of measure Disclosure</p>	<p>Number of people delayed. The ISD protocol on Statistical Disclosure Protocol is followed: http://www.isdscotland.org/Products-and-Services/Data-Protection-and-Confidentiality/</p>
<p>Official Statistics designation UK Statistics Authority Assessment</p>	<p>National Statistics. Awaiting assessment by UK Statistics Authority.</p>
<p>Help email Date form completed</p>	<p>Anne.Stott@nhs.net Mar 11</p>

A8 – 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:

Scottish Government Health Department (Analytical Services Division)

This extended Pre-Release Access 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).

Four Days Pre-Release Access:

Directors of Social Work at Local Authorities
Members of the National Advisory Group for Delayed Discharges and Continuing Care Information - NAGoDDCCI

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.

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.