Delayed Discharges
Background information and glossary

Last updated: 27/03/2020

Public Health Scotland (PHS) 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 people aged 18 and over delayed in their discharge from hospital 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.

The impact on reported figures following these changes can be found on the PHS website.

Previous guidance manuals can be found at http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/Guidelines/.

Publication

Data are published monthly and are available for publication within six to eight weeks of the census month. The timetable for publication is detailed [here](#).

Data are provided at three geographic levels: Scotland, NHS Board of treatment and Local Authority of residence. These can be further broken down by delay reason type (health and social care reasons / patient and family related reasons / code 9 (complex delays)), length of delay, reason for delay, age grouping and relevant time periods (e.g. calendar month, financial year, snapshot census date).

**Previously published data**

The PHS website also contains quarterly delayed discharge census information going back to September 2000 however it is important to take account of the ‘points to note’ below regarding comparability of delayed discharge information over time.

**Points to note:**
- Standard and code 9 delays were published in separate data files up until June 2015.
- Data within the publications prior to July 2016 are **not** directly comparable to figures published under revised guidance from July 2016 onwards.

All current and previously published data can be found here: [http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/Previous-Publications/](http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/Previous-Publications/)

**Delay types**

Since April 2016, following the integration of health and social care partnerships, delays are 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.

**Policy context**

Partnerships have previously worked towards discharging patients from hospital within a maximum time period of 6 weeks, reducing to 4 weeks then 2 weeks in April 2015. However, a
focus on maximum delay drives activity towards reducing the lengthiest delays, at the expense of facilitating the discharge of those closer to being able to go home. Two weeks is not ambitious enough for the majority of people who should be able to return to the community within 72 hours of being ready for discharge.

It is very clear that being delayed in hospital can be harmful and debilitating – and in the case of older people, can often prevent a return to living independently at home. Reliably achieving timely discharge from hospital is an important indicator of quality and is a marker for person centred, effective, integrated and harm free care. Older people may experience functional decline as early as 72 hours after being clinically ready for discharge and the risk increases with each day delayed in hospital. This increases the risk of harm and of a poor outcome for the individual and further increases the demand for institutional care or more intensive support at home.

National Health and Wellbeing outcomes and indicators

Delayed discharge information is included in the core integration indicators for Health and Social Care Integration which have 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

PHS 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 PHS 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/.
Glossary A-Z

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.

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. PHS 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.

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.

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.

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.

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 as at the data submission date for the person who is delayed.