Delayed Discharges in NHSScotland

Annual summary of occupied bed days and census figures - data to March 2020

Publication date: 19 May 2020
This is a National Statistics publication

National Statistics status means that the official statistics meet the highest standards of trustworthiness, quality and public value. They are identified by the quality mark shown above.

The UK Statistics Authority has designated these statistics as National Statistics signifying compliance with the Code of Practice for Statistics.

Once statistics have been designated as National Statistics, it is a statutory requirement that the Code of Practice shall continue to be observed.

The statistics last underwent a full assessment by the Office for Statistics Regulation (OSR) against the Code of Practice in September 2011. The OSR is the regulatory arm of the UK Statistics Authority.

Find out more about the Code of Practice at:

Find out more about National Statistics at:
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Introduction

This annual publication presents a summary of delayed discharge information up to March 2020.

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 2019/20, 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. The data relate to people aged 18 years and over.

Information is also presented on the delayed discharge bed day rate per 1,000 population aged 75 and over.

It should be noted that figures for March 2020 will have been impacted by measures put in place to respond to COVID-19. This may account for a large proportion of the reduction in both census and bed days occupied figures between February and March 2020.

While information is presented in this publication on the proportion of all hospital beds occupied by delayed discharges and the estimated costs of delayed discharges, these figures remain unchanged from the September 2019 release and will be updated in a planned revision due to be published in October 2020. The proportion of all hospital beds occupied by delayed discharges will be updated to include 2019/20 data, and costs information will be updated to include 2018/19 data.

Data from this publication are available from the publication page on our website.
Main Points

• In 2019/20, people delayed in their discharge accounted for 542,204 bed days in NHSScotland. Of these, two thirds (67%) were occupied by people aged 75 years and over.

• There has been a 4% increase in the average daily number of delayed discharge beds occupied between 2018/19 and 2019/20.

• 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

Note due to rounding the percentages do not add up to 100%

• Delayed discharge figures in March 2020 were affected by measures put in place to respond to COVID-19. A large reduction can be seen in figures for health and social care reasons between February and March 2020.
In 2019/20, people delayed in their discharge accounted for 542,204 bed days occupied in NHSScotland. The average daily number of delayed discharge beds occupied in 2019/20 was 1,481.

Of the total number of bed days occupied by delayed discharges, 80% were due to health and social care, and patient and family related reasons (434,833). The remaining 20% (107,371) were due to complex delay reasons (code 9s). These include delays due to adults with incapacity legislation. Further breakdown of these figures are available by health board of treatment and local authority of residence in the data tables.

Figure 1. Average daily number of beds occupied by people delayed in their discharge by delay reason; Scotland; 2019/20

Figure 1 above shows the average daily number of beds occupied by people delayed in their discharge from hospital by month and reason for delay. The chart shows that while the average daily number of beds occupied by people delayed due to health and social care reasons was similar between April 2019 (1,057) and March 2020 (1,067); this has fluctuated over the course of the year with November 2019, January and February 2020 having the highest average daily number of bed days occupied (1,187, 1,185 and 1,257 respectively). It should be noted that the figures for March 2020 will have been impacted by measures put in place to respond to COVID-19. This may account for a large proportion of the reduction in the average daily number of beds occupied by people delayed in their discharge for health and social care reasons between February and March 2020.
The average daily number of beds occupied by people delayed due to complex (code 9) reasons has shown an increase of 31% from 264 in April 2019 to 346 in March 2020. The average daily number of beds occupied by people delayed due to patient and family related reasons was steady between April 2019 and March 2020 (note this breakdown of reason for delay for the average daily number of beds is not available in the excel tables).

The average daily number of beds occupied by people delayed in their discharge varies across the Health Boards. In 2019/20, NHS Lothian had the highest average daily number of beds occupied by people who were delayed (256), followed by NHS Greater Glasgow & Clyde with 226 and NHS Lanarkshire with 221. NHS Orkney showed the lowest average daily number with 2 beds occupied per day by people delayed in their discharge.

City of Edinburgh local authority had the highest average daily number of beds occupied by people delayed in their discharge in 2019/20 with 170, followed by South Lanarkshire (127), Glasgow City (124) and Highland (116). Shetland (4), Inverclyde (4) and Orkney (4) local authorities had the lowest average daily number of beds occupied by people delayed in their discharge during this time period.

Age category – 2019/20

Of the 542,204 bed days occupied by delayed discharges in 2019/20, there were 360,733 occupied by people aged 75 and over, accounting for 67% of the total delayed discharge bed days (Figure 2). The remaining 181,471 bed days (33%) were occupied by people aged 18-74.

Figure 2. Delayed discharge bed days occupied by age category; Scotland; 2019/20

![Figure 2: Delayed discharge bed days occupied by age category](source: Public Health Scotland Delayed Discharge data)
Comparison to previous years

Due to the fact that 2019/20 was a leap year, it is not possible to compare the total number of delayed bed days to previous years. However, it is possible to compare the average daily number of beds occupied by delayed discharges across years. The average daily number of delayed beds in Scotland for all delay reasons in 2019/20 was 1,481 compared to 1,430 in 2018/19 (a 4% increase) and 1,354 in 2017/18 (a 9% increase).

Figure 3. Average daily number of beds occupied by delayed discharges; All delay reasons; Scotland adjusted figures; 2016/17 – 2019/20

2016-17 adjusted to reflect revised definitions across the whole year

2017-18
2018-19
2019-20

Figure 3 shows the average daily number of beds occupied by delayed discharges across each month for 2016/17 to 2019/20. The figures for 2016/17 have been adjusted to take into account the definitional changes which were effective from July 2016, further details of which can be found in the data tables. In each year presented, the average number of bed days occupied by delayed discharges peak during September to November, with the exception of 2019/20 where bed days peaked in January and February. The average daily number of beds occupied by delayed discharges was higher in nine months out of twelve in 2019/20 compared to 2018/19. It should be noted that the figures for March 2020 will have been impacted by measures put in place to respond to COVID-19. This may account for a large
proportion of the reduction in the average daily number of beds occupied by people delayed in their discharge between February and March 2020.

In 2019/20, the average daily number of beds occupied due to delayed discharges ranged from 1,366 (April 2019) to 1,616 (February 2020).

Delayed discharge bed days attributed to mental health specialties

In 2019/20, there were 100,746 (19%) delayed discharge bed days in Scotland attributable to mental health specialties with the remaining 441,458 (81%) attributable to other specialties not including mental health.

Figure 4 shows that in 2019/20, NHS Tayside was the health board of treatment that had the highest proportion of delayed discharge bed days attributable to mental health specialties with 33% and, of the mainland NHS Boards, NHS Lothian had the lowest proportion with 13% of delayed discharge bed days attributable to mental health specialties.

Figure 4: Delayed discharge bed days attributed to mental health specialties by health board; all delay reasons; 2019/20

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.

Source: Public Health Scotland Delayed Discharge data

Figures by local authority of residence are available in the data tables.
Delayed discharge bed day rate per 1,000 population aged 75 and over

In 2019/20, the Scottish delayed discharge bed day rate per 1,000 population aged 75 and over was 774 compared to 793 in 2018/19.

Figure 5 shows that:

- South Ayrshire and Comhairle nan Eilean Siar local authorities had the highest rates of delayed discharge bed days per 1,000 population aged 75 and over with rates of 1,699 and 1,510 respectively.

- East Renfrewshire and Inverclyde local authorities had the lowest rates of delayed discharge bed days per 1,000 population aged 75 and over with rates of 156 and 162 respectively.

**Figure 5: Delayed discharge bed day rate per 1,000 population aged 75 and over by local authority of residence; 2019/20**

Proportion of all occupied beds – Section last updated 17 September 2019

The number of occupied beds for 2019/20 is not yet available therefore it is not possible to update the proportion of all occupied beds due to delayed discharges. A planned revision of this section in the publication will be released in October 2020 to include these data.

During 2018/19, approximately 1 in 12 (8.5%) beds in NHSScotland were occupied by people who were delayed in their discharge.

Figure 6 below shows that NHS Western Isles had the highest proportion of occupied beds that were due to delayed discharges with 25.3% of beds occupied by delayed discharges. Additionally, NHS Highland, NHS Shetland, NHS Lothian, NHS Lanarkshire, NHS Borders, NHS Forth Valley, NHS Ayrshire and Arran, NHS Fife and NHS Dumfries and Galloway all had a higher percentage than the Scottish average of 8.5%. NHS Orkney had the lowest percentage with 1.6% of their occupied beds due to delayed discharge.

Figure 6: Delayed discharge bed days as a proportion of all occupied bed days by NHS health board of treatment; Scotland; 2018/19

Source: Public Health Scotland Delayed Discharge data and ISD(S)1 data return (http://www.isdscotland.org/Health-Topics/Hospital-Care/Beds/)
Census figures – 2019/20

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 2019/20, awaiting completion of care arrangements was the most frequent reason for delayed discharge in Scotland with an average number of 516 delays (35%) reporting this as the principal reason for delay across all censuses during this period. This is illustrated in Figure 7 below. An average of 343 (23%) delays were due to people waiting for care home availability and 282 (19%) delays were due to complex delay reasons, which includes delays under adults with incapacity legislation. Awaiting community care assessment accounted for 17% of delay reasons and other reasons (including patient and family related delays, awaiting funding and transport) accounted for 5% of delay reasons.

Figure 7: Proportion of delayed discharges by reason for delay; Scotland; Average number across censuses April 2019 - March 2020

- Awaiting completion of care arrangements: 35%
- Awaiting place availability: 23%
- Complex delays: 19%
- Awaiting community care assessment: 17%
- Other (includes patient family-related reasons, awaiting funding and transport): 5%

Note due to rounding the percentages do not add up to 100%.

Source: Public Health Scotland Delayed Discharge data
Health Board of Treatment and Local Authority of Residence

In Scotland, an average of 1,464 people were delayed across all censuses from April 2019 to March 2020. On average, 1,144 delays (78%) were attributable to health and social care reasons, 282 (19%) attributable to complex delay (code 9) reasons and 37 (3%) due to patient and family related reasons.

Figure 8 shows the average number of delays across all censuses in 2019/20 by health board of treatment. The chart shows that NHS Lothian had the highest number of delayed discharges across all censuses from April 2019 to March 2020 with an average of 249 and NHS Orkney the lowest with an average of two delays. NHS Borders 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 (210 delays) with NHS Greater Glasgow and Clyde having the highest average number of delays for patient and family related reasons for the same time period (13 delays). NHS Greater Glasgow and Clyde also had the highest average number of delays for code 9 reasons (58 delays). NHS Shetland was the only health board to report no code 9 delays during this time period.

**Figure 8: Average number of delayed discharges across censuses by health board of treatment; April 2019 - March 2020**

Source: Public Health Scotland Delayed Discharge data
Figure 9 shows the average number of delays across all censuses in 2019/20 by local authority of residence. The chart shows that City of Edinburgh had the highest average number of delays across all censuses during this period, with an average of 167 delays.

City of Edinburgh also had the highest average number of delays for health and social care reasons with an average of 138 delays accounting for 83% of their total average delays. Glasgow City had the highest average number of delays for patient and family related reasons with an average across all censuses of 10 delays. Glasgow City also had the highest average number of delays across all censuses for code 9 reasons with 40 delays.

**Figure 9: Average number of delayed discharges across monthly census points by local authority of residence; April 2019 – March 2020**

Source: Public Health Scotland Delayed Discharge data
Costs – 2017/18 – Section last updated 17 September 2019

The latest available cost information for delayed discharges is for 2017/18. A planned revision of this publication will be released in October 2020 to include data for 2018/19.

In 2017/18, the estimated cost of delayed discharges in NHSScotland was £122 million, with an estimated average daily cost of £248.

In comparison, the estimated cost of delayed discharges in 2016/17 was £125 million and an estimated average daily cost of £234, and 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 1.
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. 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.
Average daily number of beds occupied

The average daily number of beds occupied is calculated by dividing the total monthly/annual number of delayed discharge bed days by the number of days in the calendar month/year. PHS considers this daily average a better statistic for comparing month on month, or year on year differences when the number of days in a month/year varies.

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.

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. 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

Duration of delay is the period of time from the person’s ready for discharge to the monthly census date.

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 and data for this publication are available from the publication page on our website.

For more information on delayed discharges see the delayed discharge section of our website. For related topics, please see the health and social community care pages.

The next release of this publication will be a planned revision in October 2020. This will include 2019/20 data for the proportion of all hospital beds occupied by delayed discharges and 2018/19 costs information.

Open data

Data from this publication is available to download from the Scottish Health and Social Care Open Data Portal.

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

Let us know what you think about this publication via. the link at the bottom of this publication page on the PHS website.
Appendices

Appendix 1 – Background information

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 years 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.

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.

**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 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](https://www.scottishgovernment.gov.uk) 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 access this at www.gov.scot/health-and-social-care.

Costing Methodology

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

- Use the published number of delayed discharge bed days by local authority area
- Use the daily cost for each specialty in each health board derived by Integrated Resource Framework (IRF)’s Patient Level Costing (PLICs methodology) based on the NHS costs book
- Apply daily specialty costs to each local authority’s delayed bed days:
  - Prior to July 2016, delayed bed days are distributed across specialties based on the delayed discharge census specialty breakdown.
  - From July 2016 onwards, delayed bed days are distributed across specialties attributed to each delay record.
  - Delayed discharges are assumed to be in the health board within which the local authority sits and are costed at the health board rate.
  - Where specialty costs are unavailable at health board level, average Scotland figures are used.

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

**Delayed discharge bed days** – The annual number of delayed discharge bed days.

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

Further information regarding Integrated Resource Framework costing is available at:

## Appendix 2 – Publication Metadata

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<th>Metadata Indicator</th>
<th>Description</th>
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<tr>
<td>Publication title</td>
<td>Delayed Discharges in NHS Scotland – Annual Publication</td>
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<tr>
<td>Description</td>
<td>This publication provides annual information up to March 2020 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 of treatment and Local Authority of residence for people aged 18 and over.</td>
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<td>Delayed Discharges</td>
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<td>Date that data are acquired</td>
<td>The number of patients delayed as at a monthly census snapshot taken on the last Thursday of the month. The number of bed days occupied by people delayed in their discharge in the calendar month of the census.</td>
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<tr>
<td>Release date</td>
<td>19 May 2020</td>
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<tr>
<td>Frequency</td>
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<tr>
<td>Timeframe of data and timeliness</td>
<td>The publication is considered timely.</td>
</tr>
<tr>
<td>Continuity of data</td>
<td>NHS Boards submit delayed discharge information to PHS for national reporting purposes. Some NHS Boards used the EDISON system to record people delayed in their discharge from hospital. During 2018 EDISON was retired and affected Boards migrated to their own local system solutions. NHS Boards are still required to report on delayed discharges as specified in the data definitions and national reporting requirements effective 1 July 2016, therefore figures remain comparable and we do not expect any reduction in the quality of the data. Revised data definitions manual and national data requirements were effective 1 July 2016. For detailed changes to the definitions since 2005, see page 2 of the latest Delayed Discharge Definitions Manual effective 1st July 2016. A summary of the changes and impact on national reporting can be found here. Limited trend information is available pre and post July 2016 due to the definitional changes and relevant notes have been added to the published tables to explain this.</td>
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<tr>
<td>Revisions statement</td>
<td>Figures contained within this publication may be subject to change in future publications. NHS occupied beds information is revised at each publication to reflect the latest available data submitted to PHS. See PHS Statistical Revisions Policy.</td>
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<tr>
<td>Revisions relevant to this publication</td>
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### Relevance and key uses of the statistics

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.

### Accuracy

The data is considered accurate. Data are validated locally by partnerships. PHS carry out further validation checks in consultation with NHS Boards.

### Completeness

All data are used for analysis.

### Comparability

Data are not comparable out with Scotland. Limited trend information is available pre and post July 2016 due to the definitional changes effective from 1 July 2016. Relevant notes have been added to the published tables to explain this.

### Accessibility

It is the policy of Public Health Scotland to make its web sites and products accessible according to published guidelines.

### Coherence and clarity

All delayed discharge reports are accessible via the PHS website. Tables and charts are presented within an interactive Excel workbook with drop down boxes.

### Value type and unit of measurement

- Monthly and annual total number of bed days occupied by people delayed in their discharge from hospital.
- Average number of people delayed across all census points within a given year.
- Rate of delayed bed days per 1,000 population.
- Delayed bed days as a proportion of total occupied bed days.

### Disclosure

The PHS protocol on Statistical Disclosure Protocol is followed.

### Official Statistics designation

National Statistics

### UK Statistics Authority Assessment

The statistics last underwent a full assessment by the Office for Statistics Regulation (OSR) against the Code of Practice in September 2011.

### Last published

17 September 2019

### Next published

October 2020

### Date of first publication

28 June 2016

### Help email

phs.delayeddischarges@nhs.net

### Date form completed

7 May 2020
Appendix 3 – Early access details

Pre-Release Access
Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", PHS is 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
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’, ie 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.
Appendix 4 – PHS and Official Statistics

About Public Health Scotland (PHS)

PHS is a knowledge-based and intelligence driven organisation with a critical reliance on data and information to enable it to be an independent voice for the public’s health, leading collaboratively and effectively across the Scottish public health system, accountable at local and national levels, and providing leadership and focus for achieving better health and wellbeing outcomes for the population. Our statistics comply with the Code of Practice for Statistics in terms of trustworthiness, high quality and public value. This also means that we keep data secure at all stages, through collection, processing, analysis and output production, and adhere to the ‘five safes’.