Delayed Discharges
Definitions and data recording manual

Effective from the July 2009 census

Information Services
A Division of NHS National Services Scotland
CONTENTS

1 Introduction .................................................................................................................. 3
  1.1 Policy context ........................................................................................................ 3
  1.2 Background .......................................................................................................... 3

2 Definitions
  2.1 Ready for discharge date ......................................................................................... 5
  2.2 Inpatient discharge ................................................................................................. 5
  2.3 Delayed discharge ................................................................................................. 5
  2.4 Zero delay ............................................................................................................... 6
  2.5 Patients delayed for more than 6 weeks ............................................................... 6
  2.6 Recommissioning / Reprovisioning ....................................................................... 7
  2.7 Planned discharges ............................................................................................... 7
  2.8 Short Stay beds ..................................................................................................... 7
  2.9 Complex Needs .................................................................................................... 8
  2.10 Change in Patients Health Circumstances ......................................................... 10
  2.11 Health care reason delays .................................................................................. 10

3 Recording Practice
  3.1 Census Date – Quarterly ....................................................................................... 11
  3.2 Census Date – Monthly ......................................................................................... 11
  3.3 Fully verified data ................................................................................................ 11
  3.4 Data quality ........................................................................................................... 12
  3.5 Guidance for the recording of Quarterly Delayed Discharge Data ...................... 12
  3.6 Guidance for the recording of Monthly Delayed Discharge Data ....................... 13

4 Quarterly data items
  4.1 Location ................................................................................................................ 14
  4.2 Patient ID ............................................................................................................... 14
  4.3 Postcode ................................................................................................................ 14
  4.4 Local Authority Code ......................................................................................... 15
  4.5 Date of Birth ........................................................................................................ 16
  4.6 Specialty ............................................................................................................... 17
  4.7 Self-Funder ........................................................................................................... 19
  4.8 Date of Referral for Social Care Assessment ....................................................... 19
  4.9 Ready for Discharge Date .................................................................................... 20
  4.10 Principal Reason for Delay in Discharge ........................................................... 20
  4.11 Geriatric Medicine ............................................................................................ 23

5 Supplementary Guidance
  5.1 Processing Timetable ........................................................................................... 24
  5.2 Submission of Data .............................................................................................. 24
  5.3 Publication of small numbers .............................................................................. 25
  5.4 Delayed Discharges Community ........................................................................ 25

6 Contacts .................................................................................................................... 26

Appendices

Appendix 1 – Local verification form for quarterly censuses ........................................... 27
Appendix 2 – Notification of complex needs template ..................................................... 29
1 Introduction

The purpose of this paper is to provide guidance to NHS Boards and Local Authority Partners on definitions, the monthly and quarterly census procedures and information surrounding Scottish Government targets. The National Advisory Group on Delayed Discharges Information (formerly known as the Editorial Multi-Agency Working Group or EMAWG) has agreed all the revisions following consultation at both Partnership and national level.

The advice and guidance set out in this paper is to be applied with effect from July 2009.

The National Advisory Group comprises representatives from NHS Boards, Local Authority Partners, Analytical Services and Policy Divisions of the Scottish Government Health Directorates (SGHD), ISD Scotland and Association of Directors of Social Work (ADSW). In addition to regular quarterly meetings, the Group provides a source of ongoing reference and advice on issues relating to Delayed Discharges information.

1.1 Policy context

Scottish Ministers launched the Delayed Discharge Action Plan in March 2002. The Plan contained a number of short-term and long-term measures to reduce the number of patients inappropriately delayed in hospital. It was supported by £20m of additional resources made available to local authority/NHS partnerships and demanded measurable outcomes against targets set for each area. Subsequent Spending Reviews increased this funding to £30m per year.

Targets

Revised targets were set by Ministers for future years. These were:

- For 2006-07, to reduce all delays over 6 weeks by 50%;
- For 2006-07, to free up 50% of all beds occupied by delayed patients in short-stay beds;
- For 2007-08, to reduce to zero those patients delayed over 6 weeks; and
- For 2007-08, to reduce to zero those delayed in short-stay beds.

The April 2008 census showed that no patients were delayed for more than the agreed 6 week discharge planning period. It also showed that no-one was delayed in the much needed short-stay (acute) sector.

1.2 Background

A delayed discharge is a hospital inpatient who has been judged clinically ready for discharge by the responsible clinician in consultation with all agencies involved in planning that patient’s discharge, and who continues to occupy the bed beyond the ready for discharge date. This definition was formulated and agreed by a Multi-Agency Working Group comprising representatives from NHS Boards, GPs, the Community Care and Social Work Services Divisions of the SGHD, ISD Scotland and Social Work Departments.
The definition however has been interpreted differently across the country and these revised guidelines are intended to create national consistency while allowing for local circumstances.

It is very important that, while the clinician in charge has responsibility for the decision to discharge, the decision must be made as part of a multi-disciplinary process and focuses on the needs of the individual patient.

The present arrangements for the national collection and publication of delayed discharge data (also known as Patients Ready for Discharge) was first introduced in 2000. The approach adopted was to provide a comprehensive review of all in-patient facilities to establish the frequency and durations of delay. It also placed an emphasis on identifying the specific reasons for any delays to enable appropriate remedial action to be taken locally and inform policy and strategic thinking at national level.

Comprehensive Delayed Discharges data is collected and published nationally in the form of a quarterly census. From August 2005 ISD Scotland, in the light of recommendations from a National Tri-partite Working Party, introduced a monthly census, with a restricted data-set, for those months falling between quarterly censuses. The monthly census information is used for management information purposes only and is not published. Data recording on delayed discharges is to continue to be undertaken locally on a regular or ongoing “real-time” basis. This will assist joint working by allowing identification of delayed discharges from when they first occur and the reason(s) for delay.

NHS Boards are required as part of the quarterly census arrangements to provide a commentary on progress. This commentary should be submitted simultaneously to both ISD and Brian Slater at the Scottish Government.
2 Definitions

2.1 Ready-for-discharge date (NB: words in bold denote an associated term which is defined in its own right)

Please see Health and Social Care Data Dictionary http://www.datadictionary.scot.nhs.uk

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.

Notes:
1. 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”.
2. “A more appropriate care setting” covers all appropriate destinations outwith short-stay specialties and outwith the NHS (patient’s home, nursing home etc).
3. 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.
4. 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 beds, the original Ready for Discharge date should be recorded.

2.2 Inpatient discharge

An inpatient discharge marks the end of linked inpatient episodes and occurs when the patient:

• is discharged to a location external to the NHS
• is transferred to a more appropriate care setting in another NHS in-patient service

2.3 Delayed Discharge (NB: words in bold denote an associated term which is defined in its own right)

Please see Health and Social Care Data Dictionary http://www.datadictionary.scot.nhs.uk

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.

Notes:
1. This definition covers all hospital specialties and significant facilities.
2. Partnerships are asked to put in place local arrangements whereby it can be established on the basis of multi-disciplinary agreement that a patient’s discharge/transfer of care is being delayed for one or other of the foregoing reasons and, accordingly, should be included in the quarterly/monthly census return.
3. Multi-agency discharge processes can be complex - many agencies can be involved in the care of and discharge planning for any individual hospital patient, and account must be taken of the patient’s own wishes and family/carer issues.
4. Discharge planning for frail older people should take account of the guidance featured in Community Care Division Circulars "Choice of Accommodation - Discharge from Hospital" (CCD 8/2003) and "Framework for the Production of Joint Hospital Discharge Protocols" (CCD 9/2003).
5. It is important to note that early referral to social work for community care assessment (and early placement of the referral with a social worker) is emphasised in the good practice guidance referred to in note 4 above, if a prompt discharge is to be achieved.
6. The agencies involved in hospital discharge planning may vary from patient to patient.

2.4 Zero Delay (effective from May 2006 census)

A zero delay is defined as a patient whose ready-for-discharge date is within 3 working days from the census date (i.e. their duration of delay is 3 working days or less). This is considered an acceptable period of time for making arrangements to move patients to their next stage of care. A patient who has a delay of 3 working days or less should be excluded from the monthly and quarterly census data returns.

2.5 Patients delayed for 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:-

1. the completion of the community care assessment may take place
2. the patient may be discharged from hospital
3. the patient may be transferred to another health specialty if their assessed need determines this
4. 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 6 weeks and those delayed for more than 6 weeks.

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

Delayed discharges data excludes patients awaiting relocation to another NHS or social care facility as part of a reprovisioning programme. For the purposes of the delayed discharge census, reprovisioning is considered to be in place where there is a formal (funded) agreement between the relevant health and/or social work agencies. This agreement will be that an NHS bed will close or be the subject of a change of specialty (and/or facility designation) consequent upon the discharge of a patient who is identified as part of a reprovisioning programme.

Facilities that are still subject to negotiation regarding a reprovisioning agreement should not (for the purposes of delayed discharges definitions) be considered as such until a formal (funded) agreement is in place. Patients who are occupying a bed in such facilities and who are clinically ready to move on to a more appropriate stage of care but are prevented from doing so by one or more reasons for delay in discharge, should continue to be included in the national quarterly delayed discharge census data.

Patients in such facilities who have been assessed as requiring, and are receiving NHS continuing health care are not considered to be delayed discharges and should not be included in the quarterly census.

2.7 Planned Discharges (effective from May 2006 census)

Patients whose discharge has been planned and who have an agreed discharge date within 3 working days of the census date do not fall within the definition of a delayed discharge. Such cases should be excluded from the census.

A patient who has a planned discharge with an agreed projected discharge date and is in the process of having home visits to assist in their rehabilitation to move back home does not fall within the definition of a delayed discharge. Such cases should be excluded from the census.

A patient who is at home on trial to ascertain whether it is safe and reasonable to be discharged should not be classed as ready for discharge and should be excluded from the census.

2.8 Short Stay beds

The term Short-Stay Specialties was introduced from the May 2006 census. We need to avoid variations in local interpretation of what is regarded as a short-stay facility for the purposes of measuring delayed discharges. This issue was discussed at some length with partnerships and it was agreed that the 35 NHS specialties listed below appropriately reflect the main facilities which should be deemed short-stay for the sole purposes of the quarterly ISD delayed discharge census.
**Short Stay Specialties**

Cardiac Surgery  
Cardiology  
Cardiothoracic Surgery  
Clinical Oncology  
Clinical Radiology  
Dermatology  
Diabetes  
Ear, Nose & Throat (ENT)  
Endocrinology  
Endocrinology & Diabetes  
Gastroenterology  
General Medicine  
General Surgery  
General Surgery (excl Vascular)  
Genito-Urinary Medicine  
Gynaecology  
Haematology  
Homeopathy  
Infectious Diseases  
Medical Oncology  
Medical Paediatrics  
Neurology  
Neurosurgery  
Ophthalmology  
Oral Surgery  
Paediatric Surgery  
Palliative Medicine  
Plastic Surgery  
Renal Medicine (Nephrology)  
Respiratory Medicine  
Rheumatology  
Thoracic Surgery  
Trauma & Orthopaedic Surgery  
Urology  
Vascular Surgery  

* A small number of specialties can be classed as short-stay that are not included in the above list. These specialties are identified in italics in section 4.6. These specialties are not expected to have delayed discharges recorded under them on a regular basis.

### 2.9 Complex needs

ISD in conjunction with the Scottish Government and health and local authority partners reviewed the application of the definition as to what constitutes a ‘delayed discharge’ and presentation of the census data. Arising from this, it was agreed that patients delayed due to awaiting place/bed availability in a specialist residential facility where no facilities exist or due to requirements of the Adults with Incapacity Act would be taken out of census totals and reported on separately. These codes should be categorised under ‘Complex Needs’. A new principal reason code and recording advice was been introduced (see section 4.10 for guidance). Complex needs should continue to be recorded in the census data.
2.91 Reason codes 24DX, 24EX and 42X (patients awaiting place/bed availability in specialist residential facilities where no appropriate facilities exist). These codes were introduced from the April 2003 census to separately identify and monitor the number of patients delayed whilst awaiting placement in Specialist Residential Facilities where no facilities exist within the NHS Board area rather than there being limited availability. These codes should only be recorded as secondary reason codes to complex needs.

2.92 A new code 71X was introduced from the October 2007 census to cover limited 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. In all other choice cases (code 71) the underlying principle remains that remaining in hospital is not an option.

2.93 Reason code 51X (patients delayed due to the requirements of the ‘Adults with Incapacity Act’). This code was introduced from the July 2004 census to separately identify and monitor the number of patients delayed due to the requirements of the Adults with Incapacity Act. It is recognised that those delayed due to the requirements of the act may generally experience a delay longer than which would normally be expected. This code should only be recorded as secondary reason to complex needs.

Reason code 51X should be applied as soon as it becomes clear that the Adults with Incapacity Act process is to be undertaken. Once the process has been completed the patient would revert to another reason code and the length of delay would recommence with a new ready for discharge date.

2.94 It was previously agreed that from the May 2006 census Directors of Social Work, NHS Board Chief Executives or their nominated representatives may, in limited circumstances, highlight certain patients separately from the main census results. This arrangement will only apply to partnerships that are unable, for reasons beyond their control, to secure a patient’s safe, timely and appropriate discharge from hospital. Any patients falling into this category should be categorised under the new coding for complex needs. The Chief Executive or nominated representative must produce their reasons for any patients reported separately. This requirement will now extend to all code 9 patients excluding those described under 2.93. Details of the approved exemptions should be submitted simultaneously to both ISD and Brian Slater at the Scottish Government at the time of the census providing clear justifiable reasons for applying the code and details of what actions are being pursued to facilitate discharge of the individuals concerned. This will enable the Scottish Government to monitor such cases and assess the progress in developing alternative facilities.
2.10 Change in patients health circumstances  (effective from May 2006)

Principal reason code 33 (change in patients health circumstances) was introduced if a patient, awaiting discharge, became unwell e.g. flu or infection (including MRSA) and it was not anticipated that there would be a need to amend the agreed discharge plan, albeit that the patient would not be considered well enough to be discharged for several days. In such circumstances the patient remained on the census and the original date of referral to social work and ready for discharge date would be recorded.

Following a review of the application of the definition as to what constitutes a ‘delayed discharge’ and presentation of the census data, these cases were removed from census totals from the April 2005 census and reported separately.

It was subsequently agreed by the National Advisory Group on Delayed Discharges Information that as such cases would not be fit to discharge at the census date they should no longer be reported as delayed discharges. If a patient becomes unwell they should be removed from the census. Reason code 33 should no longer be recorded in the census data.

There has been concern that this may lead to patients losing their priority for community care services. It has been agreed that if a period of illness is longer than three days before they are clinically fit for discharge the delayed discharge ‘clock’ will stop and then re-start when the patient is again ready for discharge. If the period is three days or less they should retain the original ready for discharge date. This decision should be made by the consultant / GP responsible for the inpatient care. It is important that as far as is possible and reasonable the patient’s priority for any local service provision remains unchanged. When there is a major deterioration in a patient’s condition, with no immediate chance of a safe discharge from hospital, then that should be classed as the end of one episode of care and a new ready for discharge date applied when the patient is again fit to be discharged.

2.11 Health Care Reason delays

Patients awaiting transfer to non short-stay specialty in another NHS setting should only be counted as delayed discharges where they are clinically stable and the Multi-Disciplinary Team has concluded that their clinical improvement/rehabilitation potential has been exhausted or where they would benefit from ongoing rehabilitation but this is unable to be provided in their current setting.

The distinction should be that patients awaiting transfer to receive more appropriate care are a delayed discharge but patients awaiting transfer but in receipt of appropriate care are not a delayed discharge.
3 Recording Practice

3.1 Census Date - Quarterly

A date for each quarterly census will be set by ISD in advance – this date will generally be the 15th of the month. However, in some areas there is local benefit in undertaking the national census on a date other than the 15th. For this reason, Partnerships can select a date up to 7 calendar days prior to the census date, or the Monday following if this falls at the weekend. When a recognised public holiday falls on the Monday the census can be taken the following day. **Under no circumstances can NHS Boards undertake the census outwith these timescales.**

Notes:

1. NHS board areas who wish to undertake the census on a ‘local’ date should advise ISD either by email or telephone before they submit the data or include a note in the data file. If no notification is received ISD will assume the census will be conducted on the 15th.

2. only one census date should be used per NHS board area.

Local dates that are used in the recording of the national delayed discharge census will be identified in the publication. The calculation of any related statistics (for example, figures on duration of delay) will use actual census dates.

3.2 Census Date - Monthly

For the monthly census we will also allow partnerships to select a date up to 7 days prior to the census date (15th of the month) or the Monday following if this falls at the weekend. Areas should notify ISD when submitting their census data if they have selected a date other than the 15th. We will identify any ‘local’ dates that are used on the Monthly Management Information tables.

3.3 Fully Verified Data

From the October 2005 census it was agreed that all areas would submit fully verified data to ISD for the quarterly census. This process involves detailed validation, verification and inter-agency agreement of the data taking place before submission to ISD. Currently each NHS Board submits a local verification ‘sign-off’ form to ISD with their census data, signed by NHS Board and Local Authority Partner representatives on behalf of Chief Executives and Directors of Social Work.

Now that all areas have developed local processes to be able to verify data locally it has been agreed by the National Advisory Group on Delayed Discharges Information that from the July 2006 quarterly census ISD will not require areas to submit signatures to ISD. A verification form (see Appendix 1) containing the relevant numbers should be submitted to ISD from each NHS Board area. One form should be submitted from each NHS Board and emailed to ISD by the submission date for your census data. **It is the responsibility of**
each NHS Board and Local Authority Partner to ensure all processes to agree census data locally are carried out and that the correct data is submitted to ISD.

ISD are aware that there will be a small number of cases in NHS Boards that are for Local Authority Partners outwith their NHS Board area. ISD will continue to verify these cases by issuing verification tables to Local Authority Partners for agreement. NHS Boards should submit these cases to ISD a week after the census date to allow ISD time to issue the tables.

3.4 Data Quality

For the purposes of comparison and trend analysis it is essential that there is a uniform and consistent interpretation and application of the definitions and data recording rules set out in this paper by all Partnerships. Any further revisions or points of clarification will require to be agreed by the National Advisory Group on Delayed Discharges Information.

ISD visited the majority of NHS Board and Local Authority Partners during 2005 to work with partnerships to ensure that high quality data on delayed discharges is collected and maintained. In the event that a Partnership becomes aware of the need for a change in local recording arrangements (e.g. as a result of improved quality assurance measures or from improved interpretation of national definitions), it is important that ISD is advised as soon as possible and prior to the submission of any census returns.

3.5 Guidance for the Recording of Quarterly Delayed Discharge Data

For the quarterly census data the following mandatory fields should be recorded in an Excel spreadsheet, one patient record per row and one data item per column. If a particular data item is unavailable or not applicable for a delayed discharge patient, leave it blank in the spreadsheet; do not exclude patients from the census because of incomplete data.

National Quarterly Census Dataset:

- Hospital Location Code
- Community Health Index Number (Patient ID)
- Postcode
- Local Authority Code
- Date of Birth
- Specialty Code
- Date of referral for social care assessment
- Ready-for-discharge Date
- Principal Reason for Delay In Discharge at Census Point
- Geriatric Medicine (see section 4.11 for guidance)
Example of Excel file layout:

<table>
<thead>
<tr>
<th>Hosp code</th>
<th>CHI number</th>
<th>Postcode</th>
<th>LA</th>
<th>Date of Birth</th>
<th>Spec for assessment</th>
<th>date of referral</th>
<th>ready-for-discharge date</th>
<th>Reason(s) for delay at census point</th>
<th>Ger med</th>
</tr>
</thead>
<tbody>
<tr>
<td>S314H</td>
<td>218754934 2</td>
<td>EH47DE</td>
<td>14</td>
<td>11/04/1929</td>
<td>AB</td>
<td>26/05/2000</td>
<td>15/06/2000</td>
<td>24B 51 61 Yes</td>
<td></td>
</tr>
<tr>
<td>S226H</td>
<td>121152764 7</td>
<td>G49FY</td>
<td>14</td>
<td>04/11/1931</td>
<td>AB</td>
<td>02/03/2000</td>
<td>23/03/2000</td>
<td>71 24C No</td>
<td></td>
</tr>
<tr>
<td>H202H</td>
<td>543864281 3</td>
<td>IV26FX</td>
<td>12</td>
<td>12/08/1952</td>
<td>G4</td>
<td>29/06/2000</td>
<td>51</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:

1. A Data extract in the above format (Excel file) should be submitted to ISD via SWIFT. Quarterly timetables will be issued to partnerships by ISD, outlining submission dates and other timescales.
2. Data must be 'signed off' locally prior to submission to ISD and submitted with a local verification form.
3. The complex needs cases (reason code 9) should be included in the data extract and accompanied by appropriate narrative on a separate complex needs form. This should be submitted to both ISD and Brian Slater at SGHD.

3.6 Guidance for the Production of the Monthly Delayed Discharge Extract

ISD began collecting aggregated monthly census data at the August 2005 census for non-quarterly census months only. This monthly census data is used for Management Information purposes. From July 2008 ISD replaced this summary data collection with a data extract which has the same layout as the file sent in for the quarterly census. A schedule of monthly submission dates will be issued to areas. The monthly submission date is usually 2 weeks after the census date. The guidance contained in section 3.5 above, for the production of the quarterly census data, should be applied to this extract. However, ISD do not require the verification form or complex needs form to be submitted with the monthly data.
4 Quarterly Data Items

4.1 Location

**DEFINITION**
*This is the reference number of any building or set of buildings where events pertinent to NHS Scotland take place. Locations include hospitals, health centres, GP surgeries, clinics, NHS board offices, nursing homes, schools and patient/client’s home.*

http://www.datadictionary.scot.nhs.uk

4.11 The location code should be entered with no spaces between characters;

```
Health Board Number
A101H = A 1 0 1 H
```

4.12 This records the location where the patient is undergoing a delay in discharge.

4.2 CHI (Community Health Index)

**DEFINITION**
The **Community Health Index** (CHI) is a population register, which is used in Scotland for health care purposes. The CHI number uniquely identifies a person on the index.

http://www.datadictionary.scot.nhs.uk

4.21 Community Health Index (CHI) should be recorded on every record - advice should be sought from your Medical Records Manager if no CHI is available.

4.22 Each CHI has a unique 10 digit number (CHI number) which consists the date of birth and four other numbers. The entry should be left justified with no spaces between characters.

It is essential that the CHI is completed as accurately and as consistently as possible at each census snapshot as this data item may be used as an identifier in linking one census data to another.

4.3 Postcode

**DEFINITION**
The code allocated by the Post Office to identify a group of postal delivery points.

http://www.datadictionary.scot.nhs.uk

4.31 Record the postcode of the patient’s home address.

4.32 The postcode should be left justified with no spaces between characters.
Examples

Kirkcaldy KY4 8DW = KY48DW

Edinburgh EH12 8JH = EH128JH

Glasgow G4 6HR = G46HR

4.33 If a postcode cannot be found using the Postcode Directory, the appropriate Postcode Enquiry office should be contacted.

4.34 Address not known. Where a patient’s address is not known and all reasonable means of attempting to trace the address have been exhausted the following entry should be put in the postcode field:

NK010AA

4.35 No fixed abode. NF11AB should be recorded for the postcode.

4.4 Local Authority Partner Code

DEFINITION

The code which identifies the local authority partner involved in the patient’s post hospital discharge planning.

Local Authority Partner is a mandatory data item. Previously ISD derived the local authority of residence (usually the Local Authority responsible for the patient’s post-hospital care) from the patient’s postcode. However, this derivation proved to be inappropriate in a small number of cases (due to border postcodes/cross border movement etc) in identifying the correct Local Authority Partner. So that the data can be ‘signed-off’ locally prior to submission to ISD (see section 3.3 for guidance) and can be used and published at Local Authority Partner level, it is essential that this information is accurate and recorded for all cases if possible.

Listing of Local Authority Partner codes and corresponding Council Names

<table>
<thead>
<tr>
<th>Local Authority Partner Code</th>
<th>Council Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Aberdeen</td>
</tr>
<tr>
<td>02</td>
<td>Aberdeenshire</td>
</tr>
<tr>
<td>03</td>
<td>Angus</td>
</tr>
<tr>
<td>04</td>
<td>Argyll &amp; Bute</td>
</tr>
<tr>
<td>05</td>
<td>Scottish Borders</td>
</tr>
<tr>
<td>06</td>
<td>Clackmannanshire</td>
</tr>
<tr>
<td>07</td>
<td>West Dunbartonshire</td>
</tr>
<tr>
<td>08</td>
<td>Dumfries &amp; Galloway</td>
</tr>
<tr>
<td>09</td>
<td>Dundee City</td>
</tr>
<tr>
<td>10</td>
<td>East Ayrshire</td>
</tr>
<tr>
<td>11</td>
<td>East Dunbartonshire</td>
</tr>
</tbody>
</table>
Identifying responsible Local Authority Partner

The postcode and address of a person’s normal residence will be the primary indicator of responsible local authority partner.

If a person is admitted whilst temporarily staying at an address in another local authority partnership area then the permanent address still dictates the responsible local authority partnership.

If the person has two addresses, then the address they regard as their current home would dictate the responsible local authority partner, e.g. the person has an address in authority A but has moved to authority B to live, then authority B is responsible. However, if the person has an address in authority A but is temporary in authority B (holiday, respite etc) then authority A is responsible.

4.5 Date of Birth

DEFINITION
The date on which a person was born or is officially deemed to have been born, as recorded on the Birth Certificate.
http://www.datadictionary.scot.nhs.uk

4.51 All dates must consist of eight digits by entering preceding zeros for single digits in day or month. The full year of birth must be recorded.
Date of Birth **must** be entered in the format DD/MM/CCYY thus:

9th February 1942         09/02/1942

4.52 Patient’s age only is available

Year of birth should be calculated and day and month infilled with zero, thus:


00/00/1945

4.53 Age not known

If all avenues have been explored and neither date of birth nor age is available then the clinician’s or nursing staff’s estimate of age should be used to calculate year of birth. If this is not possible, refer to your Health Records Manager.


00/00/1935

It is essential that date of birth is completed as accurately as possible to enable analysis by age to be undertaken. This data item may also be used as an identifier in linking data from one census to another.

4.6 Specialty

**DEFINITION**

A **specialty** is defined as a division of medicine or dentistry covering a specific area of clinical activity and identified within one of the Royal Colleges or Faculties.

4.61 This field should be coded to the specialty of the consultant or GP who is in charge of the patient episode within which a delayed discharge is being experienced. If the consultant is formally recognised and contracted to work in more than one specialty then the patient’s problem or condition should dictate the specialty.

*Note that this is the ONLY rule for completing this field. The designation of the beds is not used.*

4.62 The specialty/discipline code should be left justified with no spaces between characters.

4.63 The following list of specialty/discipline codes relates to ONLY those codes which are valid in SMR Record Types 01, 04, and 50.
A full list of specialty/discipline codes can be found in the Health and Social Care Data Dictionary; [http://www.datadictionary.scot.nhs.uk/](http://www.datadictionary.scot.nhs.uk/)

**Dental specialties**
- D1 Community Dental Practice
- D2 General Dental Practice
- D3 Oral Surgery
- D4 Oral Medicine
- D5 Orthodontics
- D6 Restorative Dentistry
- D7 Dental Public Health
- D8 Paediatric Dentistry
- D9 Oral Pathology
- DA Oral Microbiology
- DB Dental & Maxillofacial Radiology
- DC Surgical Dentistry
- DD Fixed & Removable Prosthodontics

**General practice specialties**
- E1 General Practice
- E11 GP Obstetrics
- E12 GP Other than Obstetrics

**Medical specialties**
- A1 General Medicine
- A2 Cardiology
- A21 Paediatric Cardiology
- A3 Clinical Genetics
- A5 Clinical Pharmacology & Therapeutics
- A6 Infectious Diseases (Communicable Diseases)
- A7 Dermatology
- A8 Endocrinology & Diabetes
- A9 Gastroenterology
- AA Genito-Urinary Medicine
- AB Geriatric Medicine (see note 1)
- AC Homeopathy
- AD Medical Oncology
- AF Paediatrics (Medical Paediatrics)
- AG Renal Medicine (Nephrology)
- AH Neurology
- AK Occupational Medicine (Occupational Health)
- AM Palliative Medicine
- AN Public Health Medicine
- AP Rehabilitation Medicine
- AQ Respiratory Medicine
- AR Rheumatology
- AS Audiological Medicine
- AT Medical Ophthalmology
- AV Clinical Neurophysiology
- AW Allergy
- J4 Haematology
- G21 Child Psychiatry
- G22 Adolescent Psychiatry
- G3 Forensic Psychiatry
- G4 Psychiatry of Old Age
- G5 Learning Disability (Mental Handicap)
- G6 Psychotherapy

**Obstetrics and gynaecology specialties**
- F1 Obstetrics & Gynaecology
- F2 Gynaecology
- F3 Obstetrics
- F31 Obstetrics Ante-natal
- F32 Obstetrics Post-natal

**Pathology specialties**
- J1 Histopathology
- J2 Blood Transfusion
- J3 Clinical Pathology (Clinical Chemistry)
- J4 Haematology
- J5 Immunology
- J6 Medical Microbiology & Virology

**Radiology specialties**
- H1 Clinical Radiology (Diagnostic Radiology)
- H2 Clinical Oncology
- H3 Nuclear Medicine

**Surgical specialties**
- C1 General Surgery
- C11 General Surgery (excl. Vascular)
- C12 Vascular Surgery
- C2 Accident & Emergency
- C3 Anaesthetics
- C31 Pain Management
- C4 Cardiothoracic Surgery
- C41 Cardiac Surgery
- C42 Thoracic Surgery
- C5 Ear, Nose & Throat (ENT)
- C6 Neurosurgery
- C7 Ophthalmology
- C8 Trauma & Orthopaedic Surgery (Orthopaedics)
- C9 Plastic Surgery
- CA Paediatric Surgery (Surgical Paediatrics)
- CB Urology
- CC Intensive Care Medicine

**Notes:**

1. Patients under the care of a GP in a GP or community hospital must be given the specialty code E12 (GP other than Obstetrics) regardless of whether the patients are in a short stay or long stay facility.
4.7 Self Funder

Self funder has been removed and is no longer collected.

4.8 Date of Referral for Social Care Assessment

DEFINITION

The date the patient was referred to the Social Work Department for an assessment of the type of post-discharge care to be provided.

This data item should be entered for cases as a date in its own right for cases where it is appropriate. This date should not be estimated using the ready for discharge date.

4.81 All dates must consist of eight digits by entering preceding zeros for single digits in day or month. The full year of referral must be recorded.

Date of Referral must be entered in the format DD/MM/CCYY thus:

9th February 2002         09/02/2002

Notes:

1. If referral for social care assessment takes place at the time when the patient is declared clinically ready for discharge by the clinician in consultation with all agencies involved in planning the patient’s discharge, then it is quite correct for date of referral for social care assessment to be the same as or later than ready for discharge date. The date of referral for social care assessment is commonly before the patient is pronounced clinically ready for discharge.

2. If the reason for delay in discharge at the census point is within the social care reasons categories (Community Care Assessment/Arrangement) it would be expected that a date of referral for social care assessment would be recorded. A missing date of referral would be queried by ISD at the validation process.

3. If the reason for delay in discharge at the census point is within the health care reasons categories (Healthcare Assessment/Arrangements) a date of referral to social work would not be expected to be recorded.

4. If the reason for delay in discharge at the census point is within the Legal/Financial, Disagreements or Other patient/carer/family related reasons categories and there was no date of referral recorded, ISD would count such cases as not having social work involvement.
4.9 Ready for Discharge Date

**DEFINITION**

*See Section 2.1 for guidance*

4.91 Ready-for-discharge date and census date are used to measure the duration of delay experienced by the patient to date. It is therefore essential that a ready-for-discharge date is entered for every reported patient in the census data.

4.92 All dates must consist of eight digits by entering preceding zeros for single digits in day or month. **The full year of referral must be recorded.** As we are now past the year 2000 this is even more important as the default century is 20??.

Ready-for-discharge date must be entered in the format DD/MM/CCYY thus:

Day Month Year

8th March 2002 08/03/2002

**Notes:**

1. Patients with a Ready-for-Discharge date equal to the census date should **not** be included in the census data.

2. Patients with a delay of less than 3 working days should **not** be included in the census data.

3. If only the month and year is known the day should be entered as the 15th – e.g. 15/08/2002.

4. Ready-for-discharge date and discharge date can be used to measure the length of time in days that a patient experiences a delay in discharge. The calculation is: “Discharge Date minus Ready-for-Discharge Date”.

5. The “next stage of care” covers all appropriate destinations within and outwith the NHS (further inpatient episode, patient’s home, nursing home etc).

4.10 Principal Reason for Delay in Discharge

**DEFINITION**

*The main reason for delay as 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.*

The delayed discharges reason for delay codes are listed on the next page.
### SOCIAL CARE REASONS

<table>
<thead>
<tr>
<th>Community Care Assessment</th>
<th>11A</th>
<th>awaiting commencement of post-hospital social care assessment (including transfer to another area team). Social care includes home care and social work OT.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11B</td>
<td>Awaiting completion of post-hospital social care assessment (including transfer to another area team). Social care includes home care and social work OT.</td>
</tr>
<tr>
<td>Community Care Arrangements</td>
<td>23C</td>
<td>non-availability of public funding to purchase Care Home Place (introduced July 2009 – was previously coded as 23)</td>
</tr>
<tr>
<td></td>
<td>23D</td>
<td>non-availability of public funding to purchase any Other Care Package (introduced July 2009)</td>
</tr>
<tr>
<td></td>
<td>24</td>
<td>awaiting place availability (not specified)</td>
</tr>
<tr>
<td></td>
<td>24A</td>
<td>awaiting place availability in Local Authority Residential Home</td>
</tr>
<tr>
<td></td>
<td>24B</td>
<td>awaiting place availability in Independent Residential Home</td>
</tr>
<tr>
<td></td>
<td>24C</td>
<td>awaiting place availability in Nursing Home (not NHS funded)</td>
</tr>
<tr>
<td></td>
<td>24D</td>
<td>awaiting place availability in Specialist Residential Facility for younger age groups (&lt;65)</td>
</tr>
<tr>
<td></td>
<td>24DX*</td>
<td>awaiting place availability in Specialist Residential Facility for younger age groups (&lt;65) when no facilities exist in the NHS Board Area</td>
</tr>
<tr>
<td></td>
<td>24E</td>
<td>awaiting place availability in Specialist Residential Facility for older age groups (65+)</td>
</tr>
<tr>
<td></td>
<td>24EX*</td>
<td>awaiting place availability in Specialist Residential Facility for older age groups (65+) when no facilities exist in the NHS Board Area</td>
</tr>
<tr>
<td></td>
<td>25A</td>
<td>awaiting completion of social care arrangements for Care Home placement</td>
</tr>
<tr>
<td></td>
<td>25D</td>
<td>awaiting completion of social care arrangements - In order to live in their own home – awaiting social support (non-availability of services)</td>
</tr>
<tr>
<td></td>
<td>25E</td>
<td>awaiting completion of social care arrangements - In order to live in their own home - awaiting procurement/delivery of equipment/adaptations fitted</td>
</tr>
<tr>
<td></td>
<td>25F</td>
<td>awaiting completion of social care arrangements - Specialist Housing provision (including sheltered housing and homeless patients)</td>
</tr>
</tbody>
</table>

### HEALTHCARE REASONS

<table>
<thead>
<tr>
<th>Healthcare Assessment</th>
<th>31</th>
<th>awaiting commencement/completion of post-hospital healthcare assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare arrangements</td>
<td>41</td>
<td>awaiting completion of healthcare arrangements (incl. awaiting equipment supplied by health only)</td>
</tr>
<tr>
<td></td>
<td>42</td>
<td>awaiting bed availability in other NHS hospital/specialty/facility [see note 2.10]</td>
</tr>
<tr>
<td></td>
<td>42X*</td>
<td>awaiting bed availability in other NHS hospital/specialty/facility when no facilities exist in the NHS Board Area</td>
</tr>
<tr>
<td></td>
<td>43</td>
<td>awaiting bed availability in non-NHS facility (e.g. hospice, NHS funded bed in Private Nursing Home)</td>
</tr>
<tr>
<td></td>
<td>44</td>
<td>awaiting availability of transport</td>
</tr>
<tr>
<td></td>
<td>45</td>
<td>awaiting routine discharge: routine administrative arrangements are complete and prospective discharge date is known</td>
</tr>
</tbody>
</table>

### PATIENT/CARER/FAMILY-RELATED REASONS

| Legal/Financial | 51  | legal issues (including intervention by patient’s lawyer) - e.g. informed consent |
|                | 51X* | Adults with Incapacity Act |
|                | 52  | financial and personal assets problem - e.g. confirming financial assessment |
| Disagreements  | 61  | internal family dispute issues (including dispute between patient and carer) |
|                | 62  | disagreement between patient/carer/family and health services |
|                | 63  | disagreement between patient/carer/family and social work services |
|                | 66  | disagreement between health and social work (formerly codes 13 and 32) |
| Other          | 71  | patient exercising statutory right of choice |
|                | 71X* | patient exercising statutory right of choice – where an interim placement is not possible or reasonable. |
|                | 72  | patient does not qualify for care |
|                | 73  | family/relatives arranging care |
|                | 74  | other patient/carer/family-related reason |
|                | 9   | Complex Needs |

*Please note codes 24DX, 24EX, 42X, 51X, 71X should only be used as a secondary code with code 9.
For the quarterly census, record the PRINCIPAL reason for delay in discharge that applies at the census point. It is recommended that principal reason is recorded to full 2 or 3 digit detail. For the national census data, ONLY principal reason at the census point is required. Also if code 9 (complex needs) is deemed to be the principal reason, then the reason they are classed as complex needs should also be recorded (see guidance below at 4.106). Partnerships may wish to record all valid reasons for delay on an ongoing basis for local use, as more than one reason may apply either sequentially or concurrently.

NB Principal reason for delay at the census point for all delayed discharges must be agreed by all agencies involved in each patient’s discharge planning, both NHS and non-NHS. If such agreement is not reached, code 66 (disagreement between health and social care) must be recorded. It is essential that notification arrangements allow for the recording of the principal reason for delay for each delayed discharge at each census point.

Reason code 33 (change in patient’s health circumstances) is no longer classed as a delayed discharge, therefore this code has been removed. (See guidance in section 2.10).

Further advice on certain reason codes:

4.101 Reason code 23 has been expanded to include all funding reasons for delay.
   - The new code 23C (non-availability of public funding to purchase Care Home Place) has replaced code 23.
   - The new code 23D (non-availability of public funding to purchase any Other Care Package) is a new reason code. It has been introduced in order to capture cases where public funding is not available to provide the necessary care package.

4.102 Reason code 25D (awaiting completion of social care arrangements - In order to live in their own home – awaiting social support (non-availability of services)). The definition of this code was reworded in April 2009 to highlight that this code includes patients who are delayed waiting for care services due to a lack of availability of suitably qualified staff.

4.103 Reason code 25E (awaiting completion of social care arrangements in order to live in their own home – awaiting procurement/delivery of equipment/adaptations fitted). The definition of this code has been reworded to highlight that this code includes waiting for adaptations to be undertaken as well as waiting for equipment.

4.104 Reason code 41 (awaiting completion of healthcare arrangements including awaiting equipment supplied by health only). This definition of this code was reworded in February 2006 to highlight that this code includes patients waiting for equipment that is to be supplied by health only.

4.105 Reason code 45 (awaiting routine discharge). In these circumstances routine administrative arrangements are complete and prospective discharge date is known. From the May 2006 census code 45 will only be used if the planned discharged date is more than 3 days from the ready for discharge date.
**4.106 Code 9 (Complex Needs).** Where a delayed discharge patient is categorised under complex needs, record code 9 as the Principal reason for delay. In addition to this you should record the actual reason for the delay (i.e. 24DX, awaiting place availability where no facilities exist) as a secondary reason code. (See section 2.9 for guidance).

**Notes:**
1. Code 25A is for use only on occasions when no other codes within the category ‘Community Care Arrangements’ (Code 2) are suitable.

To ensure consistent recording is being applied and that ISD are aware of any areas of uncertainty, any hospital or local authority partner having difficulty assigning a reason for delay code should contact ISD for advice on the most appropriate code to record. Coding queries will be put on the delayed discharges forum for information and comments (see section 5.4).

**4.11 Geriatric Medicine**

It is necessary for analysis purposes to be able to accurately differentiate between Continuing Care and Non-continuing care settings for the specialty of Geriatric Medicine.

From the **May 2006** census all delayed discharge records for the specialty of Geriatric Medicine should indicate if the patient is experiencing a delay in discharge whilst occupying a bed in a continuing care or a non-continuing care setting. This should be based on the significant facility where the patient is, see notes below. The previous Delayed Discharge data field ‘Acute Setting’ was renamed Geriatric Medicine.

Patients in a non-continuing care facility should be recorded as ‘Yes’ and patients in a continuing care facility recorded as ‘No’ in the new data item Geriatric Medicine.

**Example:** (example constructed for illustrative purposes only)

<table>
<thead>
<tr>
<th>Hosp code</th>
<th>CHI number</th>
<th>Postcode</th>
<th>LA</th>
<th>Date of Birth</th>
<th>Spec</th>
<th>date of referral for assessment</th>
<th>ready-for-discharge date</th>
<th>Reason(s) for delay at census point</th>
<th>Ger med</th>
</tr>
</thead>
<tbody>
<tr>
<td>S314H 2</td>
<td>218754934</td>
<td>EH47DE</td>
<td>14</td>
<td>11/04/1929</td>
<td>AB</td>
<td>26/05/2000</td>
<td>15/06/2000</td>
<td>24B 51 61 Yes</td>
<td></td>
</tr>
<tr>
<td>S226H 7</td>
<td>121152764</td>
<td>G49FY</td>
<td>14</td>
<td>04/11/1931</td>
<td>AB</td>
<td>02/03/2000</td>
<td>23/03/2000</td>
<td>71 24C No</td>
<td></td>
</tr>
<tr>
<td>H202H 3</td>
<td>543864281</td>
<td>IV26FX</td>
<td>12</td>
<td>12/08/1952</td>
<td>G4</td>
<td>29/06/2000</td>
<td></td>
<td>51</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
1. Patients who are experiencing a delay in discharge whilst in a significant facility designated for Convalescent Care regardless of the specialty, should, for the purposes of the delayed discharge census, be recorded as continuing care.

2. Patients who are experiencing a delay in discharge whilst in a facility designated for, or considered to be used for, Long Stay Care of the Elderly should, for the purposes of the delayed discharge census, be recorded as continuing care.

3. This data item should be left blank for all specialties other than Geriatric Medicine.
5 Supplementary Guidance

5.1 Processing timetables

From the October 2005 census it was agreed by ISD, SGHD, NHS Boards and Local Authority Partners that the quarterly census timetable from census date to publication date could be reduced from 11 to 6 weeks. Visits to NHS Boards and Local Authority partners by ISD had highlighted that areas had developed their processes for collection, validation and verification of census data since the delayed discharges collection began in 2000.

Data for out of area cases should be submitted to ISD within 5 working days from the census date. This is to allow ISD to verify these cases. All fully verified data should be submitted to ISD within 8 working days from the census date. Quarterly timetables will be issued to areas by ISD.

Monthly census data should be submitted to ISD within two weeks of the census date. A list of submission dates will be issued to areas in advance.

5.2 Submission of Data

The census data should be collected by NHS Boards for each of their divisions. The NHS Boards are responsible for advising the divisions and hospitals of the ISD timetables. Hospitals, Divisions and NHS Boards should adhere strictly to the Confidential Guidelines agreed locally for the transmission of patient identifiable data.

The census data must be submitted to ISD by the due date. Failure to adhere to the timetable may result in the national data being published without certain Partnerships’ information.

The quarterly and monthly census data should be submitted to ISD in an Excel spreadsheet. NHS Boards should ensure that only those data items included in the Census Dataset are recorded on the spreadsheet that is submitted to ISD and that they have been entered in the correct format, see guidelines for each data item in section 4.

The Excel spreadsheet must be submitted through “SWIFT” which facilitates encrypted data submissions to ISD. ISD confidentiality guidelines do not allow ISD to receive or send confidential data via email.

SWIFT (Submission with Internet File Transfer) is a web based application designed to allow submission of data files easily and securely.

To use SWIFT you must have a user name and password. Only Delayed Discharge contacts at NHS Boards are set up to use SWIFT and have been issued with user guidelines. If you require a new member of staff to be issued a SWIFT account, please contact Production Support (NSS.imtproductionsupport@nhs.net), 0131 275 6762 at ISD.

If you have any problems submitting your file through SWIFT, please contact ISD Production Support (NSS.imtproductionsupport@nhs.net), 0131 275 6762.
5.3 Publication of small numbers

ISD have a protocol for dealing with the possible identification of small numbers. It was felt that, for delayed discharges, a data item that could be seen as being more confidential or sensitive is the patient’s reason for delay. Tables have been redesigned to show only principal reason group by NHS Board and Local Authority, in order to minimise the risk of data disclosure.

5.4 Delayed Discharges Community

A delayed discharges information community was set up by ISD in August 2007. This community replaces the ‘forum’ and its purpose is to facilitate discussion, collaboration, and support the sharing of information on delayed discharges. ISD will routinely update the area with useful information and resources, including minutes of the National Advisory Group on Delayed Discharges Information quarterly meetings. If you have any comments on what other information would be useful, please let ISD know. All NHS Board and Local Authority Partners have been invited to join. If you would like to have access to the community, please contact the delayed discharges team at ISD.
6 Contacts

NHS National Services Scotland - Information Services Division

Anne Stott
Phone – 0131 275 6820
Email – mailto:Anne.Stott@nhs.net

Scottish Government Health Directorates

Brian Slater
Phone – 0131 244 3635
Email – mailto:Brian.Slater@scotland.gsi.gov.uk
Local verification form for quarterly censuses

Local Verification of \{Enter NHS Board name\} NHS Board data
Patients Ready for Discharge in NHSScotland; \{Enter month and year\} census

Local validation involves all detailed validation, verification and inter-agency agreement of the data taking place locally, upon which the NHS Board and its partner Authorities sign-off the data as ‘agreed’ before onward transmission from the NHS Board to ISD. The data will therefore be forwarded to ISD, fully validated and verified by both NHS and social services colleagues. Please note that this will result in the data being published by ISD without the data being returned to the NHS Board/Local Authority Partners for final verification.

Section 1 – NHS Board total (include complex needs and all local authority partners you are submitting data for).

<table>
<thead>
<tr>
<th>NHS Board</th>
<th>Total no. of cases</th>
<th>No. of cases for complex needs</th>
<th>Date census taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS (Enter NHS Board name)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section 2 – Numbers for the Local Authority Partners that are verifying data locally (include complex needs).

<table>
<thead>
<tr>
<th>Local Authority Partners</th>
<th>Total no. of cases (including Healthcare reasons)</th>
<th>No. of cases with social work involvement</th>
<th>No. of cases for complex needs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<tr>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section 3 – Numbers for the Local Authority Partners who are outwith your area (ISD will verify these cases, include complex needs).

<table>
<thead>
<tr>
<th>Local Authority Partner</th>
<th>Total no. of cases (including Healthcare reasons)</th>
<th>No. of cases with social work involvement</th>
<th>No. of cases for complex needs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Patients Ready for Discharge is an ISD Scotland National Statistics release
http://www.isdscotland.org/delayed_discharges

For further information or any enquiries please contact Anne Stott 0131 275 6820
Guidelines for completing form

1. Amend this form each quarter, add in your NHS Board name and the relevant census month.

2. One form should be completed by each NHS Board and emailed to Anne Stott by the submission date for the census data. This form does not need to be signed.

3. All delayed discharges as at the census date should be included on this form. This includes the complex needs cases. These cases will continue to be excluded from census totals and reported on separately, however, we still need to have these cases verified.

4. Section 1 – NHS Board total. This should include all cases within your area hospitals, including those for Local Authority Partners outwith your area.

5. Section 2 – Local Authority Partners. Enter each Local Authority Partner that you will be submitting fully signed off data for.

6. Section 3 – Other Local Authority Partners. Enter each Local Partner for data that has not been verified prior to be submitted. This should only be the LA’s that are outwith your NHS Board area. **This data should be submitted to ISD by the first date on the two track timetable.** This is to allow us time to send out verification tables to Local Authority Partners to get these cases verified.

7. Cases that have healthcare reasons are not considered to have social work involvement. We do not ask Local Authority Partners to verify cases that do not have social work involvement, however, we would like all cases to be included on this form so that we can check this form matches to the data that is submitted.
Notification of Complex Needs Patients Delayed in {Enter name NHS Board}
Patients Ready for Discharge in NHSScotland; {Enter month and year}
census

Directors of Social Work, NHS Board Chief Executives or their nominated representatives should use this form to detail the reason for inclusion under Complex Needs and to report these cases formally to ISD and the Scottish Government.

Please provide detailed information for:
Complex Needs (No secondary code) - cases that partnerships are unable to, for reasons beyond their control, secure a patient’s safe, timely and appropriate discharge from hospital.
Complex Needs (24DX, 24EX, or 42X) - patients awaiting place/bed availability in specialist residential facilities where no appropriate facilities exist.
Complex Needs (71X) - patients exercising statutory right of choice - where an interim placement is not possible or reasonable.
Do not include patients delayed due to the adults with incapacity act (Complex Needs (51X)).

Section 1 - Reason for inclusion under Complex Needs and what is being done to facilitate discharge

<table>
<thead>
<tr>
<th>LA code</th>
<th>Patient ID</th>
<th>Agreed by:</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code</td>
<td>Reason</td>
<td>What is being done</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Reason</td>
<td>What is being done</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Reason</td>
<td>What is being done</td>
<td></td>
</tr>
</tbody>
</table>

Patients Ready for Discharge is an ISD Scotland National Statistics release
http://www.isdscotland.org/delayed_discharges

For further information or any enquiries please contact Anne Stott 0131 275 6820
Section 2 - Guidelines for completing form

8. Amend this form each quarterly census, add in your NHS Board name and the relevant month.

9. A form should be completed when a patient is delayed due to Complex Needs (No secondary code, 24DX, 24EX, 42X or 71X). Please use additional forms if necessary and send by fax or email to Anne Stott, ISD (Fax number 0131 275 7504, email: Anne.Stott@isd.csa.scot.nhs.uk) by the submission date for the census data. A copy should be sent by fax or email to Brian Slater, SGHD (fax number 0131 244 3502, email: Brian.Slater@scotland.gsi.gov.uk)

10. All delayed discharges that are Complex Needs (No secondary code, 24DX, 24EX, 42X or 71X) as at the census date should be included on this form. These cases will be excluded from census totals and reported on separately.

11. Do not include cases that are coded Complex Needs with a secondary code of 51X.

12. Please refer to the latest Definitions and Data Recording Manual for a definition of Complex Needs (No secondary code, 24DX, 24EX, 42X or 71X) at http://www.isdscotland.org/isd/2359.html