



Delayed Discharge National Data Requirements

Effective from 1st July 2016 (supersedes May 2012 version)

Version 1.0



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1 National data requirements

This document **must** be read in conjunction with the **Delayed Discharge Data Definitions Manual** effective from 1st July 2016 and can be found: <http://isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/Guidelines/>

From July 2016 NHS Boards are required to submit one national data return to ISD containing:

- Details of ALL patients delayed for one or more days within the calendar month. The reporting period covers from 00:00 on the 1st calendar day of the month to 23:59 on the last calendar day of the month.

Submission of the full data download will allow the following to be calculated:

- **Bed days occupied** by ALL patients classified as a delayed discharge and delayed for one or more days within the calendar month.
- **Census snapshot** position as at the last Thursday of the calendar month at 00:00 hours. This will report the total number of patients who are delayed as at the start of the last Thursday of the month.
- **Support** the measurement of the 72 hour health and social care outcome indicator. <http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Outcomes/Indicators>

2 Quality assurance and verification

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 by all partnerships.

Should a partnership need to make changes to local recording arrangements (e.g. as a result of improved quality assurance measures or from improved interpretation of national definitions) ISD must be advised as soon as possible, and prior to the submission of any data returns.

Any further revisions or points of clarification will be agreed by the National Advisory Group for Delayed Discharges Information.

It is the responsibility of each NHS Board and local authority partner to ensure all processes to agree data locally are carried out and that validated data are submitted within the national timescales to ISD.

A local verification form should be completed along with the full data download on a monthly basis.

Detailed reasons for code 9 delays should be submitted to ISD on quarterly basis.

The relevant forms and guidelines for completion can be found on the ISD website at <http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/Guidelines/>

3 Data extract

The following data items fields should be returned in the full data download for all patients delayed for one day or more within the specified calendar month:

- . Hospital location code
- . Community Health Index (CHI) number
- . Postcode of residence
- . 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
- . Secondary reason for delay in discharge
- . Out of area case indicator
- . Original admission date
- . Gender
- . Date of discharge
- . Discharge reason

Data definitions for each data item can be found in Section 6.

Data contained in the full data download:

- . Should be returned on a monthly basis in an Excel spreadsheet or comma separated file.
- . Should be returned at delay episode level i.e. it is possible for the same patient to have more than one delay episode within the specified period.
- . Reflect the reason for delay as at the discharge date for patients discharged within the calendar month
- . Reflect the reason for delay as at the report run date for patients not discharged within the period
- . If a particular data item is unavailable or not applicable it should be left blank; do not exclude records because of incomplete data.
- . Code 100 records should be included in the full data download but these figures will not be published.

Partnerships using EDISON and the Business Objects reporting system may use the standard Business Objects report available to extract the required information for the full data extract.

Detailed instructions of how to run the report are available on the [ISD website](#) or by emailing NSS.DelayedDischarges@nhs.net.

4 Census snapshot

The full data download will allow ISD to identify the number of patients delayed at the census point.

From July 2016, the census snapshot will report the position as at the last Thursday of the month at 00:00 hours. This is the position at the start of Thursday.

For all patients meeting the definition of a delayed discharge the census snapshot will:

1. **Include** all adults aged 18 years and over as at their Ready for Discharge (RDD) date, in all specialties and significant facilities
2. **Include** patients who were discharged on the last Thursday of the month (as the assumption is that they were delayed as at 00:00 hours on that day)
3. **Exclude** patients where the RDD is the same as the last Thursday of the month (as the assumption is that they were not delayed as at 00:00 hours on that day)
4. **Exclude** patients delayed for the following reasons: 26X, 46X and 100
5. Assign patients with blank reason for delay codes to code 11A (awaiting assessment)

Previous guidance excluded patients from the census snapshot who were discharged within three working days of the census date. In order to provide continuing trend information the full data download will allow ISD to also identify those patients who were discharged within three days of the census point i.e. patients who were discharged up to, but not including, the Tuesday following the census point.

5 Bed days occupied

The total number of days a patient spends delayed in hospital following their ready for discharge date.

Bed days occupied are calculated as the number of bed days occupied for all patients meeting the definition of a delayed discharge in each calendar month and will:

- **Include** all adults, aged 18 years and over as at their Ready for Discharge (RDD) date, in all specialties and significant facilities
- **Include** patients delayed for all health and social care, patient and family related and code 9 reasons

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- **Include** patients who have been delayed for one day or more within the calendar month
- **Include** patients who were discharged on the 1st of the month (as the assumption is they were delayed at 00.00 on that day)
- **Exclude** patients where their RDD is the last day of the month (as the assumption is that they were not delayed as at 00:00 hours on that day)
- **Exclude** code 100s
- Reflect the reason for delay as at the discharge date for patients discharged within the calendar month
- Reflect the reason for delay as at the report run date for patients not discharged within the period
- Assign bed days occupied for patients with blank reason for delay codes to code 11A (awaiting assessment)

Appendix A gives further clarification around the calculation of bed days occupied.

6 Data item definitions

6.1 Location

The location of the patient experiencing a delay in discharge.

This is a mandatory data item.

A location is any building or set of buildings where events pertinent to the NHSScotland take place. Locations include hospitals, health centres, GP surgeries, clinics, NHS board offices, nursing homes and schools. Each location has a location code (formerly Institution code). This is a five character code which is maintained by ISD and National Records Scotland (NRS). (<http://www.ndc.scot.nhs.uk/Dictionary-A-Z/Definitions/index.asp?Search=L&ID=310&Title=Location>).

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

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

	Health Assigned	Type
	Board	Number
A101H =	A	101 H

6.2 CHI (Community Health Index)

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.ndc.scot.nhs.uk/Dictionary-A-Z/Definitions/index.asp?Search=C&ID=128&Title=CHI%20Number>

This is a mandatory data item and should be recorded for every record - advice should be sought from your CHI Administrator/Medical Records Manager/Practitioner Services Division if no CHI is available. EDISON related CHI advice can be sought from Joe Donnelly at joseph.donnelly@nhs.net

Each CHI record has a unique 10 digit number (CHI number) which consists of 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 consistently as possible as this data item may be used as an identifier for data linkage.

6.3 Postcode of Residence

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

Record the postcode of the patient's home address. The postcode should be left justified with no spaces between characters.

Examples

Kirkcaldy KY4 8DW = KY48DW

Edinburgh EH12 8JH = EH128JH

Glasgow G4 6HR = G46HR

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

- 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
- If a patient has no fixed abode, then the following entry should be recorded for the postcode: NF11AB

Either of the above could be used in the event of a homeless patient or a patient with a foreign address of residence until a CHI number is generated.

Please note each NHS Board should have a process in place to generate a CHI number in these circumstances.

6.4 Local Authority Partner Code / Local Authority Responsible

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

This is a mandatory data item.

Identifying Responsible Local Authority Partner

The postcode and address of a person's normal residence will be the primary indicator of the responsible local authority partner. A code list can be found in Appendix B.

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 local authority A but has moved to local authority B to live, then local authority B is responsible. However, if the person has an address in local authority A but is temporarily in local authority B (holiday, respite etc) then local authority A is responsible.

In the event of a dispute, ‘Ordinary residence’ guidelines should be applied in all cases. These state that “the individual’s needs should be met by the local authority in which the individual is physically present (the local authority of the moment) at the earliest opportunity and disputes about payment should not result in delays in meeting need”.

<http://www.gov.scot/Topics/Health/Support-Social-Care/Financial-Help/OrdinaryResidence>

For **Homelessness** or a **patient with a foreign address** refer to section 6.4 above.

6.5 Date of Birth

The date on which a person was born or is officially deemed to have been born, as recorded on the Birth Certificate.

<http://www.ndc.scot.nhs.uk/Dictionary-A-Z/Definitions/index.asp?Search=D&ID=186&Title=Date%20of%20Birth>

This is a mandatory data item.

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

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

	Day	Month	Year
9th February 1942	09/	02/	1942

6.6 Specialty

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.

This is a mandatory data item.

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.

The specialty/discipline codes can be found in the Appendix which relate ONLY to those codes which are valid in Scottish Morbidity Record (SMR) Record Types 01 and 04.

A full list of specialty/discipline codes can be found in Appendix C and in the Health and Social Care Data Dictionary:

<http://www.ndc.scot.nhs.uk/Dictionary-A-Z/Definitions/index.asp?Search=S&ID=473&Title=Specialty/Discipline>

6.7 Date of Referral for Social Care Assessment

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 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.

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

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

	Day	Month	Year
9th August 2015	09/	08/	2015

Points to note:

- 1 The date of referral for social care assessment is commonly before the patient is ready for discharge. However, it may also be on the same date as the patient is declared clinically ready for discharge by the clinician (in consultation with all agencies involved in planning the patient's discharge).
- 2 If the reason for delay in discharge is within the Patient/Carer/Family related reasons category a date of referral to social work would not be expected to be recorded.

6.8 Ready for Discharge Date (RDD)

*The date on which a hospital **inpatient** is clinically ready to be discharged from **inpatient hospital care**. See section 2.1 of the data definitions document for further clarification.*

This is a mandatory data item.

All dates must consist of eight digits by entering preceding zeros for single digits in day and month. The full year ready for discharge must be recorded.

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

	Day	Month	Year
8th March 2015	08/	03/	2015

6.9 Principal Reason for Delay in Discharge

The main reason for the delay is discharge.

This is a mandatory data item.

The PRINCIPAL reason for delay in discharge must be recorded for each delay episode and should reflect either:

- the principal reason for delay as at the discharge date for delay episodes with a discharge date

OR

- the principal reason for delay as at the date the data extract is taken for delay episodes without a discharge date.

The principal reason for delay must be agreed by all agencies involved in each patient's discharge planning.

Reason for delay codes can be found in Appendix D.

All code 9 cases require a secondary reason code to be recorded.

Should there is any ambiguity about which code to use, please contact ISD for advice (nss.delayedischarges@nhs.net).

6.10 Out of Area Case Indicator

Indicates whether the delay is an out of area case.

In cases where the local authority of residence of the patient is outwith the NHS Board area of treatment this data item should be set to "Yes" otherwise it should be left blank.

6.11 Date of discharge

The date the delay episode ended.

This may not be the date the patient was discharged from hospital. The delay episode may have ended due to a change in patient health circumstances (see the data definitions manual section 2.7) where the patient became unwell and was therefore not fit for discharge.

The date of discharge (i.e. when delay episode ended) is used in conjunction with the Ready for Discharge Date to calculate the number of bed days a patient has been delayed and also whether they were delayed as at the census point.

The date of discharge must be completed for all delay episodes that have ended.

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

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

Day Month Year

8th March 2015 08/ 03/ 2015

If the delay episode is ongoing and the patient's delay episode has not ended the date of discharge should be left blank.

6.12 Original Admission Date

The date on which the inpatient admission leading to the delay episode occurs.

This is a mandatory data item.

The Original Admission Date will allow ISD to determine whether a patient has experienced multiple delay episodes within a single hospital episode.

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

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

Day Month Year

8th March 2015 08/ 03/ 2015

6.13 Discharge Reason

The type of location to which a patient is discharged or transferred to following their delay episode.

If a patient has a date of discharge and their delay episode has ended then a discharge reason must be entered.

Codes

- | | |
|----|---|
| 01 | Placement (to a residential / nursing home) |
| 02 | Discharge home with home care |
| 03 | Discharge home |
| 04 | Death – the patient is deceased |
| 05 | Not Fit for Discharge |

6.14 Gender

The state of being male or female.

A list of gender codes can be found in the Health and Social Care Data Dictionary:

[http://www.ndc.scot.nhs.uk/Dictionary-A-Z/Definitions/index.asp?Search=G&ID=452&Title=&Title2=Gender%20\(Sex\)](http://www.ndc.scot.nhs.uk/Dictionary-A-Z/Definitions/index.asp?Search=G&ID=452&Title=&Title2=Gender%20(Sex))

Codes

- | | |
|---|---|
| 1 | Male |
| 2 | Female |
| 9 | Not specified (includes not stated by patient, or not recorded) |

7 Data submission

Timescales for data submissions can be found on the ISD website at <http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/Guidelines/>.

The full data download extract should be submitted monthly to ISD together with the local verification form. Data should be submitted to ISD in an Excel spreadsheet and must be submitted through SWIFT (Submission with Internet File Transfer), a web based application designed to allow submission of data files easily and securely, which facilitates encrypted data submissions to ISD and allows an electronic audit trail to be maintained.

The Code 9 spreadsheet should be submitted to ISD via SWIFT on a quarterly basis.

Data should be gathered by each NHS Board of treatment and are responsible for advising their localities of the ISD timetables. NHS Boards and partnerships should adhere strictly to the confidentiality guidelines agreed locally for the transmission of patient identifiable data.

The data must be submitted to ISD in line with the timescales given. Failure to adhere to the timetable may result in the national data being published without certain Partnerships' information.

To use SWIFT you must have a user name and password. 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, have any problems submitting your files or any other queries please contact nss.delayeddischarges@nhs.net.

File naming convention

The **file naming convention** for the monthly data submissions are as follows:

1. Naming convention for the monthly data extract file submission:

MonthlyDD_HEALTHBOARDCIPHER_yyyymm_Data.xls

2. Naming convention for the local verification form submission:

MonthlyDD_HEALTHBOARDCIPHER_yyyymm_Verification.doc

3. Naming convention for the code 9 form submission (required quarterly):

MonthlyDD_HEALTHBOARDCIPHER_yyyymm_Code9.xls

The HEALTHBOARDCIPHER is the only part of the file names that can be changed and should relate to the Health Board that is submitting the file.

Example: Data submissions from Ayrshire & Arran for July 2016 would be named:

Data extract: **MonthlyDD_A_201607_Data.xls**

Local verification form: **MonthlyDD_A_201607_Verification.doc**

Quarterly code 9 form: **MonthlyDD_A_201607_Code9.xls**

8 Publication of information

Information is published monthly by ISD on the [ISD website](#).

National Delayed Discharge information is published in accordance with the publications policy on Health and Care statistics.

Publication of delayed discharge information is subject to ISD's [disclosure control protocol](#).

9 Contacts

For any issues regarding national data requirements please contact:

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For any policy issues please contact:

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Appendix A – How bed days occupied are counted

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 number of beds that were occupied in that month by delayed discharge patients.

In order to ensure consistency, a 'midnight bed count' approach should be applied to each delay episode to determine which particular days should contribute to the bed day count. The 'ready for discharge' date (RDD) **should not** be counted, as the first midnight occurring in the delay episode is attributable to the day after the RDD. The discharge date (the date the delay ended) **should** be counted as the assumption is that the patient was delayed at 00:00 on that day.

Therefore, the following applies to calculating bed days occupied for delayed patients:

1. Count all days that occur between the RDD and the discharge date (the date the delay ended)
2. Do **not** count the RDD
3. Do count the 'discharge date' (the date the delay ended)

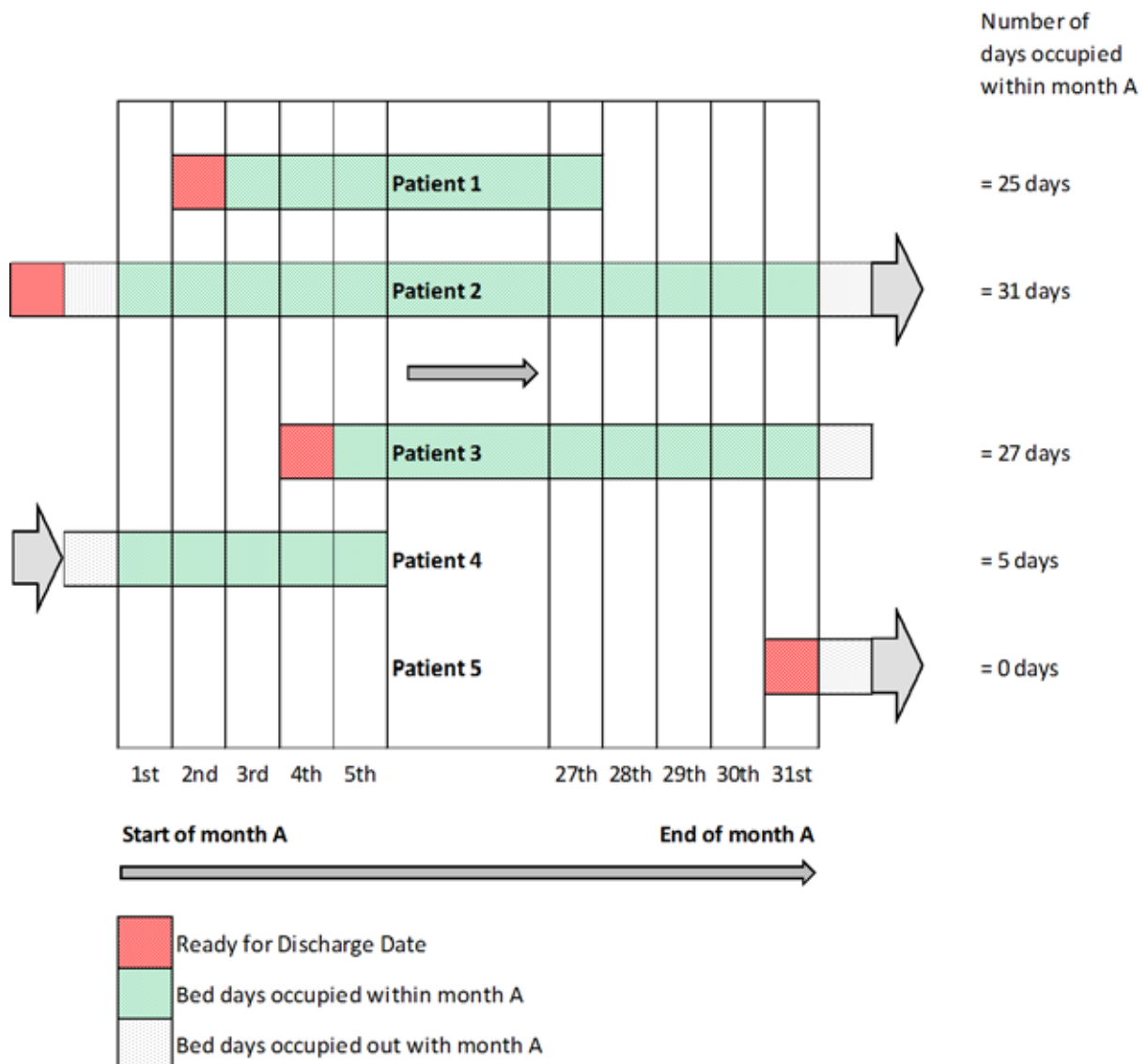
For example, if the RDD of a patient was on the 1st of the month and the delay ended on the 5th, the number of days delayed is 4 and the days counted in this delay are the 2nd, 3rd, 4th and 5th.

Other considerations:

- Where delay episodes span more than one month the bed days should be attributed to each of the months involved. Figure 1 on the next page illustrates the scenarios that may occur when considering a particular reporting month. The calculation of occupied bed days for Patients 1 and 2 are as follows:
 - Patient 1 is ready for discharge on the 2nd of the month; this date is not included in the bed days occupied count. The discharge date is the 28th of the month, this date is included. Therefore the count of bed days occupied for Patient 1 is from the 3rd to the 27th (inclusive), which gives a total of 25 days for that patient.
 - Patient 2 is recorded as ready for discharge in the preceding month. The first day that would be counted towards bed days occupied in the given month would be the 1st. Patient 2 is not discharged until after the end of the month, therefore the bed days occupied for the month in question would be from the 1st to the 31st which gives a total of 31 days for that patient.
- If the date the delay episode ended is missing it should be assumed that the patient is still delayed and has been since the RDD.
- When a patient's condition deteriorates and they are no longer medically fit for discharge the patient is no longer delayed. The date when this occurs should contribute to the bed

day count but subsequent days should not be counted as long as the patient is not medically fit for discharge. When the patient is again deemed ready for discharge the bed day count should resume on the following day (first midnight). See section 2.7 of the data definitions manual for further guidance.

Figure 1: Example of counting bed days occupied by delayed discharge patients in a calendar month



In this example:

Total number of bed days occupied in calendar month A:	88 days
Number of days in calendar month A:	31 days
Average daily number of beds occupied in calendar month A:	$88/31 = 2.84$ beds

Appendix B – Council area codes

Local Authority Code	Council Name
01	Aberdeen
02	Aberdeenshire
03	Angus
04	Argyll & Bute
05	Scottish Borders
06	Clackmannanshire
07	West Dunbartonshire
08	Dumfries & Galloway
09	Dundee City
10	East Ayrshire
11	East Dunbartonshire
12	East Lothian
13	East Renfrewshire
14	City of Edinburgh
15	Falkirk
16	Fife
17	Glasgow City

Local Authority Code	Council Name
18	Highland
19	Inverclyde
20	Midlothian
21	Moray
22	North Ayrshire
23	North Lanarkshire
24	Orkney
25	Perth & Kinross
26	Renfrewshire
27	Shetland
28	South Ayrshire
29	South Lanarkshire
30	Stirling
31	West Lothian
32	Comhairle nan Eilean Siar
90	Other
99	Undetermined

Appendix C - Specialty/discipline codes

Dental specialties		Medical specialties	
D1	Community Dental Practice	A1	General Medicine
D2	General Dental Practice	A2	Cardiology
D3	Oral Surgery	A3	<i>Clinical Genetics</i>
D4	<i>Oral Medicine</i>	A5	Clinical Pharmacology & Therapeutics
D5	<i>Orthodontics</i>	A6	Infectious Diseases (Communicable Diseases)
D6	Restorative Dentistry	A7	Dermatology
D7	Dental Public Health	A8	Endocrinology & Diabetes
D9	Oral Pathology	A9	Gastroenterology
DA	Oral Microbiology	AA	Genito-Urinary Medicine
DB	Dental & Maxillofacial Radiology	AB	Geriatric Medicine (see note 1)
DC	Surgical Dentistry	AC	Homeopathy
DD	Fixed & Removable Prosthodontics	AD	Medical Oncology
		AF	Paediatrics (Medical Paediatrics)
General practice specialties		AG	Renal Medicine (Nephrology)
E1	General Practice	AH	Neurology
E11	GP Obstetrics Pathology specialties	AK	Occupational Medicine (Occupational Health)
E12	GP Other than Obstetrics	AM	Palliative Medicine
		AN	Public Health Medicine
Mental health specialties		AP	Rehabilitation Medicine
G1	General Psychiatry	AQ	Respiratory Medicine
G22	Adolescent Psychiatry	AR	Rheumatology
G3	Forensic Psychiatry	AS	Audiological Medicine
G4	Psychiatry of Old Age	AT	Medical Ophthalmology
G5	Learning Disability (Mental Handicap)	AV	Clinical Neurophysiology
G6	Psychotherapy	AW	<i>Allergy</i>

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
H2	Clinical Oncology
H3	Nuclear 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.
2. The specialties identified in italics are not expected to have delayed discharges recorded under them on a regular basis.

Appendix D - Reason for delay codes

Health and Social Care Reasons		
Assessment	11A	Awaiting commencement of post-hospital social care assessment (including transfer to another area team). Social care includes home care and social work OT
	11B	Awaiting completion of post-hospital social care assessment (including transfer to another area team). Social care includes home care and social work OT
Funding	23C	Non-availability of statutory funding to purchase Care Home Place
	23D	Non-availability of statutory funding to purchase any Other Care Package
Place Availability	24A	Awaiting place availability in Local Authority Residential Home
	24B	Awaiting place availability in Independent Residential Home
	24C	Awaiting place availability in Nursing Home
	24D	Awaiting place availability in Specialist Residential Facility for younger age groups (<65)
	24DX*	Awaiting place availability in Specialist Facility for high level younger age groups (<65) where the Facility is not currently available and no interim option is appropriate
	24E	Awaiting place availability in Specialist Residential Facility for older age groups (65+)
	24EX*	Awaiting place availability in Specialist Facility for high level older age groups (65+) where the Facility is not currently available and an interim option is not appropriate
	24F	Awaiting place availability in care home (EMI/Dementia bed required)
	26X*	Care Home/facility closed
27A	Awaiting place availability in an Intermediate Care facility	
46X*	Ward closed – patient well but cannot be discharged due to closure	
Care Arrangements	25A	Awaiting completion of arrangements for Care Home placement
	25D	Awaiting completion of arrangements - in order to live in their own home – awaiting social support (non-availability of services)
	25E	Awaiting completion of arrangements - in order to live in their own home – awaiting procurement/delivery of equipment/adaptations fitted
	25F	Awaiting completion of arrangements - Re-housing provision (including sheltered housing and homeless patients)
	25X	Awaiting completion of complex care arrangements - in order to live in their own home

Patient/Carer/Family-related reasons		
Legal/Financial	51	Legal issues (including intervention by patient's lawyer) - e.g. informed consent and/or adult protection issues
	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)
	67	Disagreement between patient/carer/family and health and social care
Other	71	Patient exercising statutory right of choice
	71X*	Patient exercising statutory right of choice – 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

Transport		
Transport	44	Awaiting availability of transport

Other reasons		
Complex Needs	9	Code 9 should be used with the following secondary codes: 24DX, 24EX, 25X, 26X, 46X, 51X, 71X. All code 9 delays should have a secondary reason code.
Unpublished	100	Reprovisioning/Recommissioning (see data definitions manual section 2.3)

* Indicates secondary code 9 reason for delay code.