

Delayed Discharges in NHSScotland

Annual summary of occupied bed days and census figures

Figures up to March 2016

Publication date – 28 June 2016



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Introduction

This is the first annual publication of delayed discharge information and presents a summary of the number of bed days occupied by delayed discharge patients and the number of patients classified as a delayed discharge at each monthly census point. Figures are presented up to March 2016.

A delayed discharge is a hospital patient that is clinically ready for discharge from inpatient hospital care but continues to occupy a hospital bed beyond the ready for discharge date. Timely discharge from hospital is an important indicator of quality and is a marker for person centred, effective, integrated and harm free care.

Data from this publication is available to view on [interactive dashboards](#) on the ISD website along with a glossary and background information.

Data are collated from previous monthly publications in order to create annual comparisons. In addition information is also presented on the proportion of total occupied bed days that are occupied by delayed discharge patients and estimated costs for 2013/14.

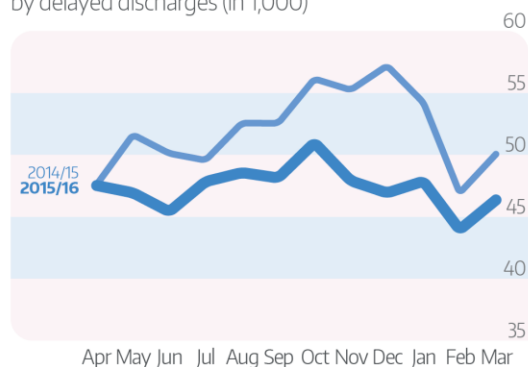
Delayed Discharges 2015/16 - Main Points

567,853 bed days

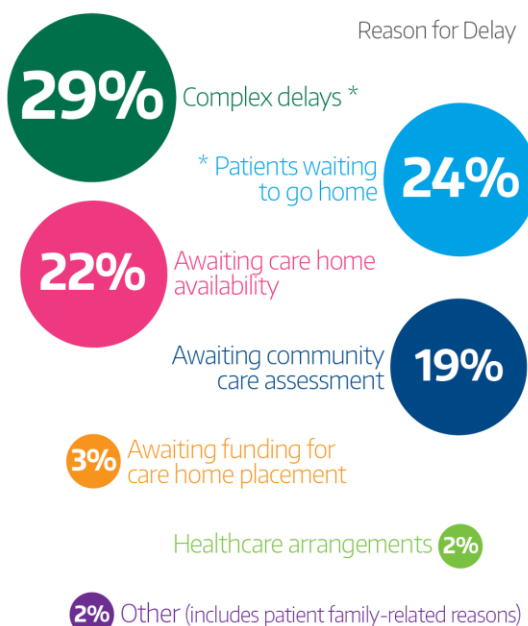
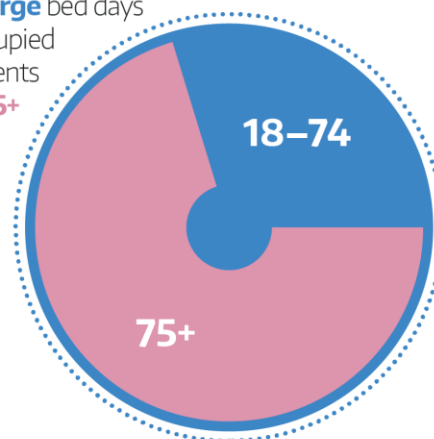


were occupied by **delayed discharge** patients in NHSScotland

Total number of bed days occupied by delayed discharges (in 1,000)



Nearly **3/4** of **delayed discharge** bed days are occupied by patients aged **75+**



1 in **12** occupied bed days are due to **delayed discharges** in 2015



Estimated cost of delayed discharges in 2013/14

£114m



average daily cost:

£214



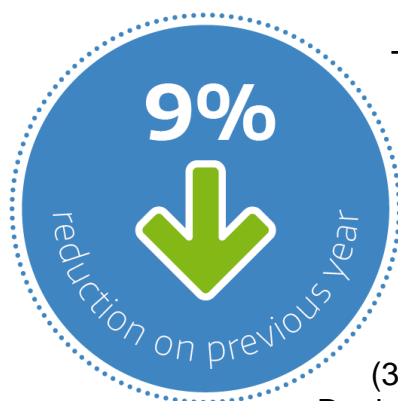
*Patients waiting to go home: Patients waiting for care arrangements to be put in place in order to go home

* Complex delays: Includes patients delayed due to adults with incapacity legislation

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

Results and Commentary

Bed Days Occupied by Delayed Discharge Patients – 2015/16



The total number of bed days occupied by delayed discharge patients in NHSScotland was **567,853** compared to **623,438** the previous year indicating a **9% reduction**.

A number of partnerships experienced a reduction in bed days occupied by delayed discharge patients. The following experienced a decrease greater than the Scottish average (9%); Shetland Islands (56% reduction), Inverclyde (54%), West Dunbartonshire (38%), East Renfrewshire (38%), North Ayrshire (35%), Glasgow City (31%), Angus (30%), Midlothian (25%), East Dunbartonshire (24%), East Ayrshire (24%), Dumfries and Galloway (21%), East Lothian (20%), Aberdeen (19%), Falkirk (18%), West Lothian (17%), Aberdeenshire (17%), Renfrewshire (16%) and Stirling (10%).

However the number of bed days occupied by delayed discharge patients has increased in Orkney (42% increase), Perth and Kinross (26%), Dundee City (23%), North Lanarkshire (21%), Highland (11%), Clackmannanshire (8%), South Ayrshire, South Lanarkshire and Fife (5%), and Argyll and Bute (3%).

Figure 1: Bed days occupied by delayed discharge patients; Scotland; 2012/13 - 2015/16

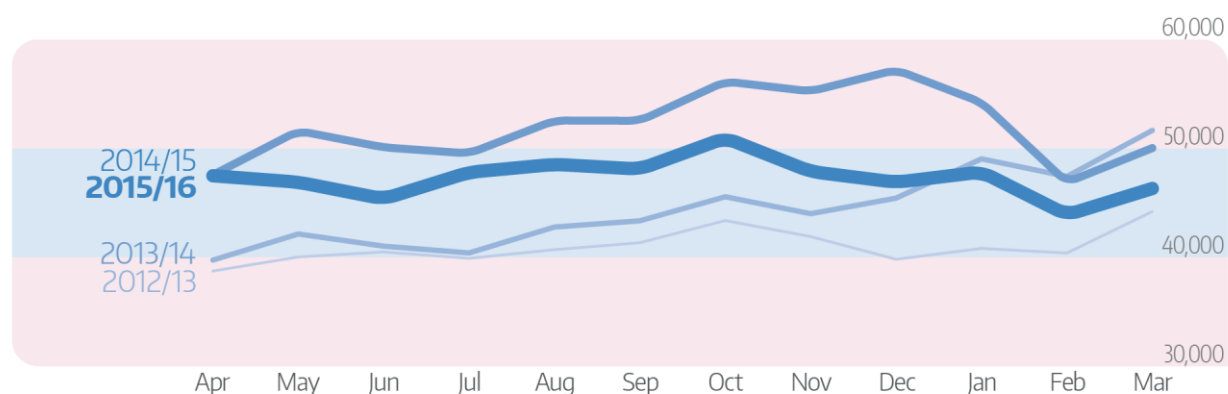


Figure 1 above shows the trend of the total number of bed days occupied by delayed discharge patients in each month for Scotland compared to previous financial years.

The chart shows the number of days spent in hospital due to delays has decreased during 2015/16 from 47,476 in April 2015 to 46,309 in March 2016; a decrease of 1,167 bed days. The trend indicates that the number of bed days occupied by delays has decreased overall from 2014/15, but still remains higher than in 2012/13 and 2013/14.

Figure 2: Bed days occupied by patients delayed for standard reasons; Scotland; 2012/13 - 2015/16

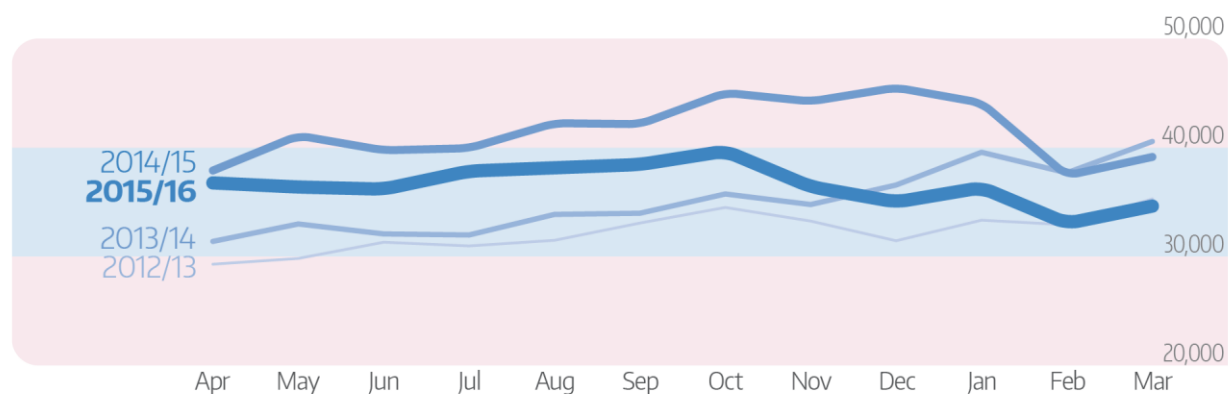


Figure 2 shows the trend of the total number of bed days occupied patients delayed for standard reasons and indicates that:

- during 2015/16 the numbers have decreased from 36,757 in April 2015 to 34,628 in March 2016; a reduction of 2,129 bed days.
- the total number of bed days occupied by standard delays in 2015/16 is lower than in 2014/15.
- in March 2016 there were 34,628 bed days occupied by patients delayed for standard reasons which is the lowest figure recorded in March over the four year period.

Figure 3: Bed days occupied by patients delayed for complex (code 9) reasons; Scotland; 2012/13 - 2015/16

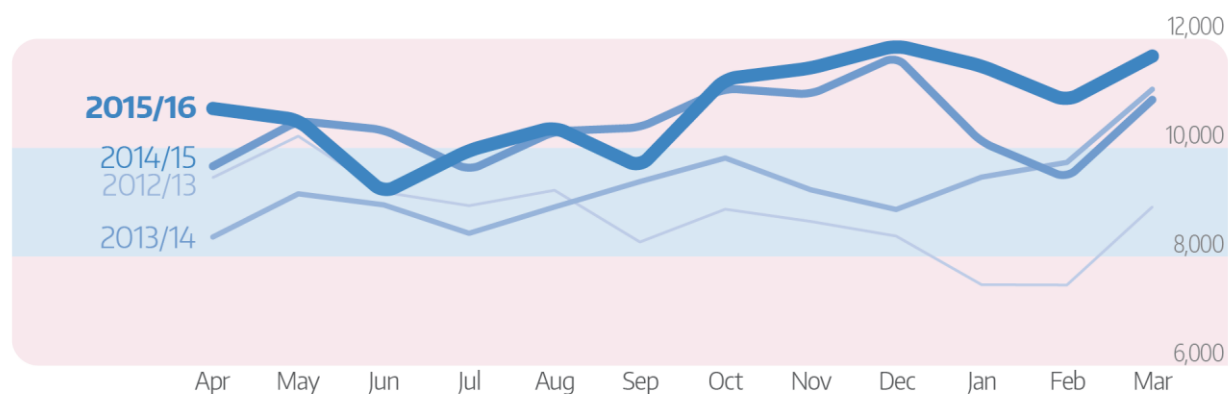


Figure 3 shows the trend of bed days occupied by patients delayed for complex (code 9) reasons and indicates that:

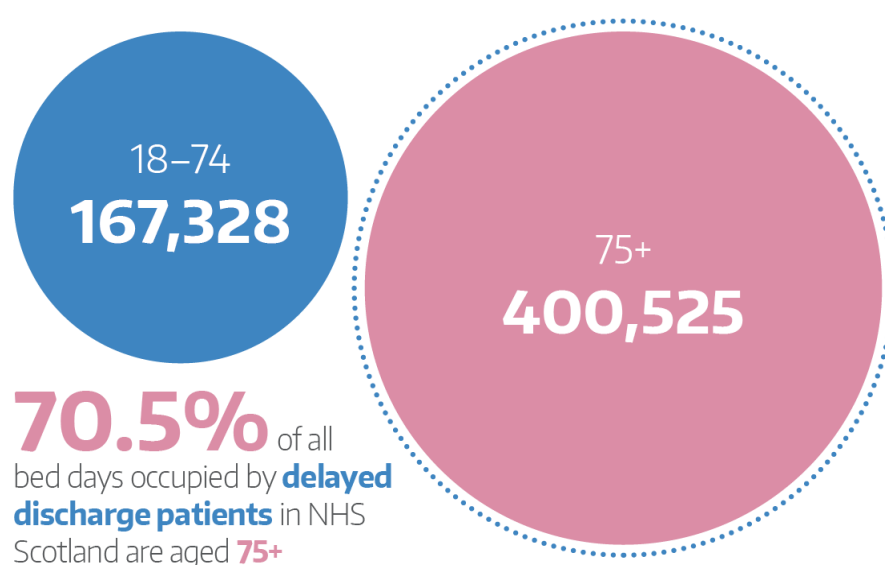
- during 2015/16 the numbers have risen from 10,719 in April 2015 to 11,681 in March 2016, which is the highest recorded number of bed days occupied by code 9 delays over the four year period shown.
- in 2015/16, there were 11,681 code 9 bed days compared to 10,879 in 2014/15, 11,072 in 2013/14 and 8,912 in 2012/13.
- As standard delays decrease over the winter months, bed days occupied by code 9 delays appear to increase over this period from 9,644 in September 2015 to 11,887 in December 2015 where code 9 delays appear to peak. This is also the case in 2014/15 where code 9 delays peak at 11,679 delays in December 2014.

Age category – 2015/16

Of the 567,853 bed days occupied by delayed discharge patients, 400,525 were occupied by patients aged 75 and over, accounting for 70.5% of the bed days occupied by delayed discharge patients (Figure 4). The remaining 167,328 bed days (29.5%) were occupied by patients aged 18-74 years.

80% of bed days occupied by delayed patients aged 75+ are attributable to standard delay reasons, with the remaining 20% attributable to complex (code 9) delays.

Figure 4: Bed days occupied by delayed discharge patients by age category; Scotland; 2015/16



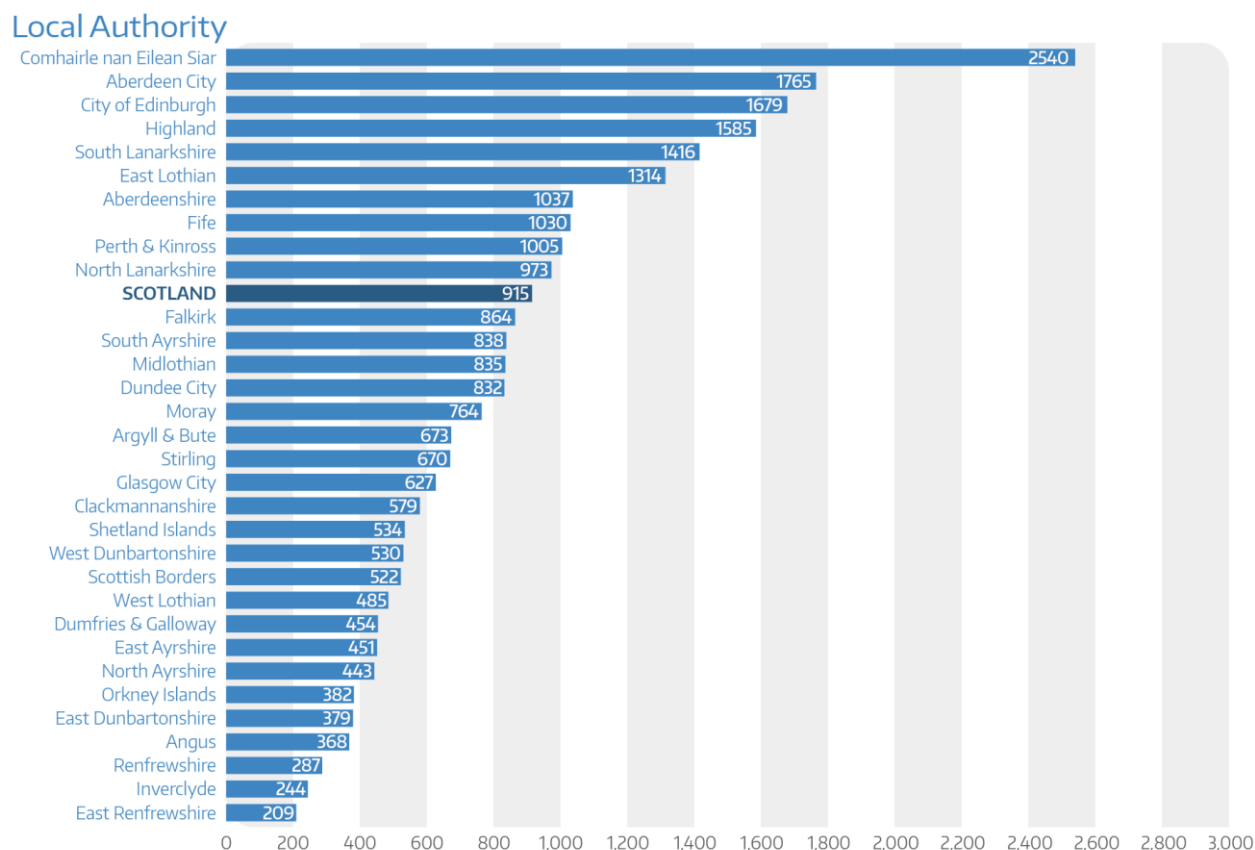
Bed day rate per 1,000 population aged 75+

In 2015/16 the Scotland delayed discharge bed day rate per 1,000 population aged 75+ was 915. This compares to a rate of 1,041 per 1,000 population in 2014/15 and 917 in 2013/14.

Figure 5 shows that:

- Comhairle nan Eilean Siar local authority had the highest rate of bed days occupied by delayed discharge patients per 1,000 population aged 75+ with a rate of 2,540.
- East Renfrewshire local authority shows the lowest rate of delayed discharge bed days per 1,000 population aged 75+ with a rate of 209.

Figure 5: Delayed discharge bed rate per 1,000 population by local authority of residence; 2015/16



Proportion of all occupied bed days

During 2015, 1 in 12 (8.2%) occupied beds in NHSScotland were due to delayed discharges.



Figure 6 below suggests that NHS Western Isles has the highest proportion of occupied beds that are due to delayed discharges with nearly 3 in 10 (28%) beds occupied by delayed discharge patients. Additionally, NHS Shetland, NHS Grampian, NHS Fife and NHS Lanarkshire all show a proportion higher than the Scottish average. NHS Greater Glasgow and Clyde however show the lowest proportion with 4% of occupied beds due to delayed discharges.

Figure 6: Delayed discharge bed days as a proportion of all occupied bed days by NHS board of treatment; Scotland; January – December 2015.



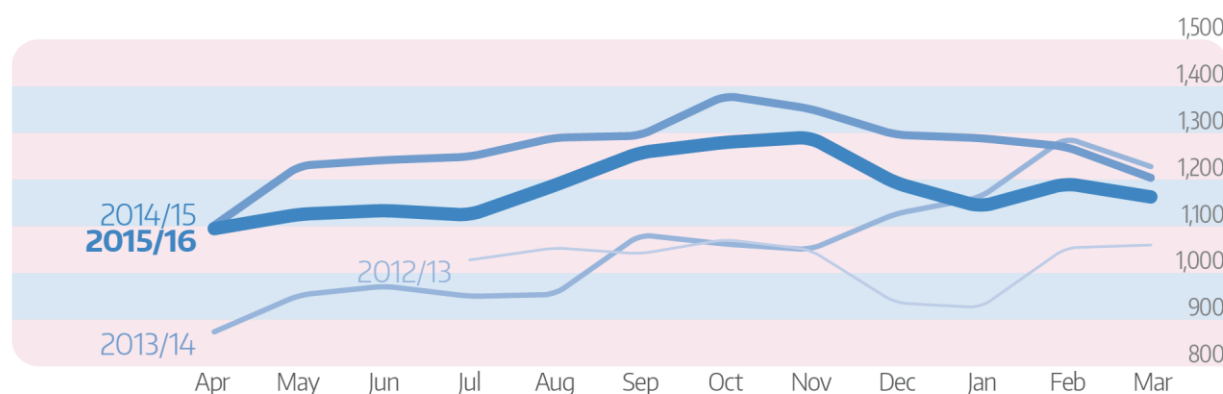
Source: Delayed discharge monthly bed days and ISD(S)1 data return (<http://www.isdscotland.org/Health-Topics/Hospital-Care/Beds/>)

Note: Data for total occupied beds were not available for NHS Highland in 2015 due to data submissions issues following the implementation of a new patient management system. Therefore the Scotland average presented in this chart does not include delayed discharge or total occupied bed days for NHS Highland.

Census figures

The number of delayed discharges at each census point from July 2012 to March 2016 is shown in the charts below and presented for all reasons for delay, standard reasons and complex (code 9) reasons.

Figure 7: Number of delayed discharges at each census point; All reasons for delay; Scotland; July 2012 – March 2016



The chart shows an overall decrease in the number of delays between 2014/15 and 2015/16. During 2015/16 the number of delays increased from 1,095 at the April 2015 census to 1,163 at the March 2016 census.

Figure 8: Number of delayed discharges at each census point; Standard reasons; Scotland; July 2012 – March 2016

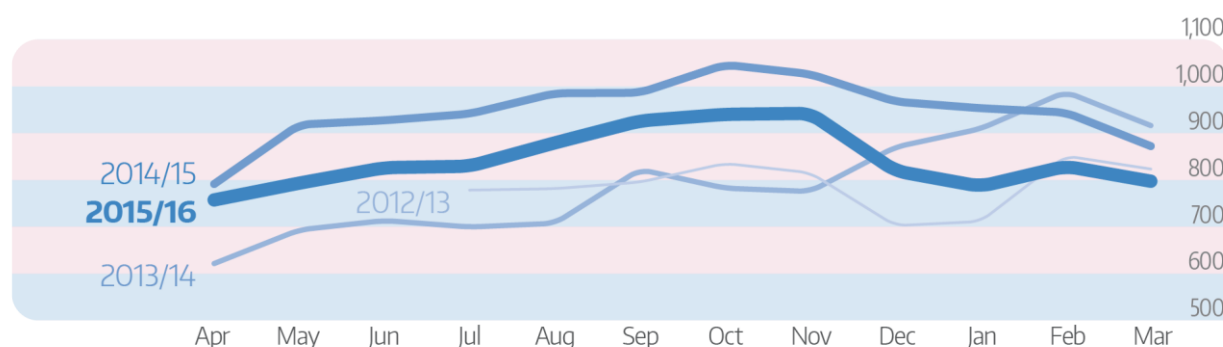


Figure 8 above shows an overall decrease at Scotland level in the number of standard delays reported at each census point during 2015/16 from 2014/15. The number of standard delays reported at the March 2016 census (797) is the lowest figure recorded for that specific month over the four year period presented.

Figure 9: Number of delayed discharges at each census point; Complex (code 9) reasons; Scotland; July 2012 – March 2016

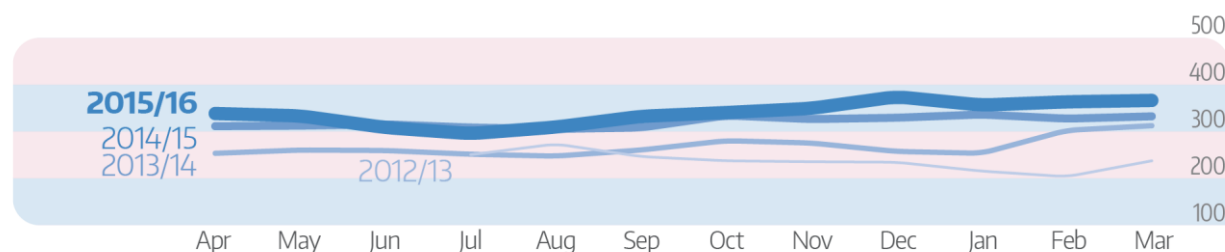


Figure 9 shows that complex code 9 delays have increased slightly during 2015/16 from 338 delayed discharges at the April 2015 census to 366 delayed discharges at the March 2016 census. A slight increase across all census points in the previous year can also be seen.

Health board of treatment and local authority of residence – 2015/16

In Scotland an average number of 1,182 patients were delayed across all census points in 2015/16. This is a 6.5% reduction on the previous year's census average of 1,267.

On average, 844 delays (71%) were attributable to standard delays and 338 (29%) attributable to complex (code 9) delays, in comparison to an average of 946 (75%) standard and 320 (25%) code 9 delays in the previous year.

Figure 10 gives a health board comparison showing that NHS Lothian had the highest number of delayed discharges at each census point with an average of 213 and NHS Orkney the lowest with an average of 2 delays.

NHS Lothian also displays the highest average number of standard delays for this time period (175 delays). NHS Greater Glasgow and Clyde have the highest average number of code 9 delays (78 delays), accounting for 52% off all delays. NHS Shetland are the only health board to report no code 9 delays during this time period.

Figure 10: Average number of delayed discharges across all census points by health board of treatment; 2015/16

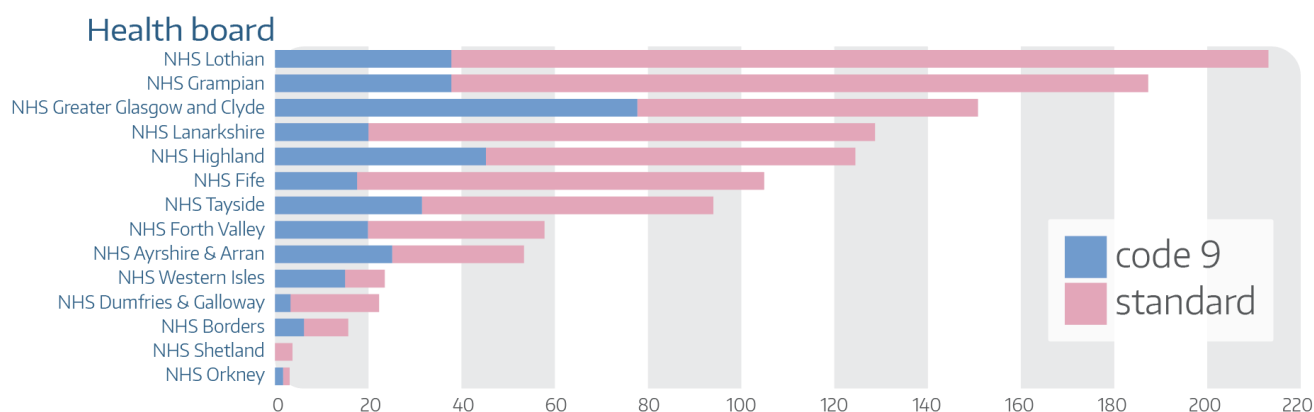
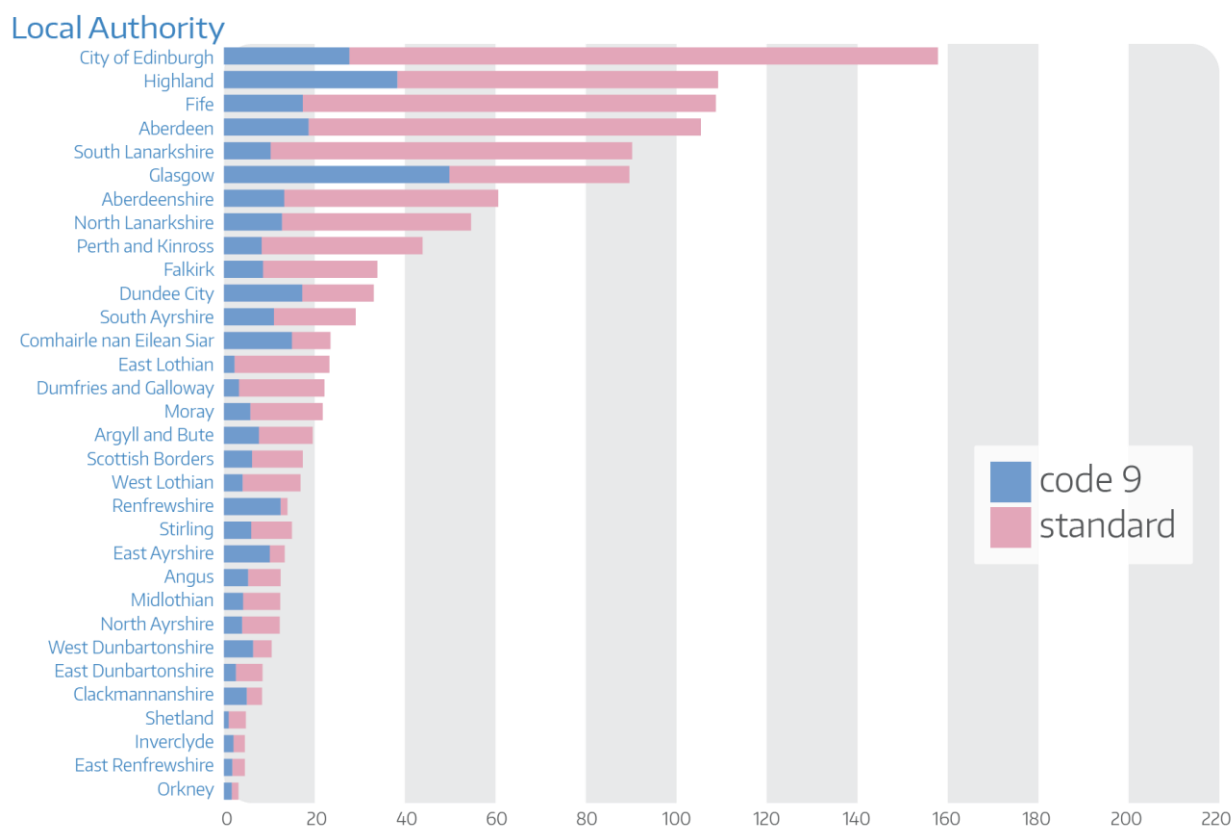


Figure 11 below shows the average number of delayed discharges across all census points within 2015/16 by local authority of residence. The chart shows that City of Edinburgh has the highest number of delayed discharges across all census points in 2015/16, with an average of 158.

Figure 11: Average number of delayed discharges across all census points by local authority of residence; 2015/16

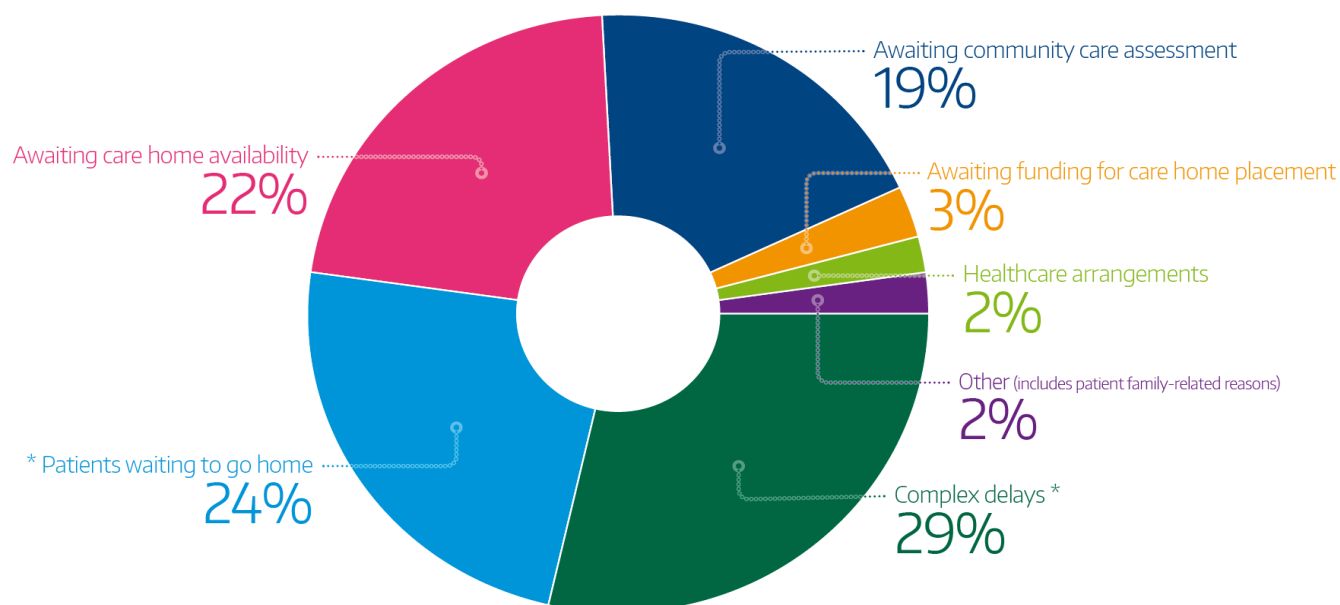


City of Edinburgh also has the highest average number of standard delays during 2015/16 with an average of 130; while City of Glasgow has the highest average of code 9 delays (50), accounting for 56% of their total average delays for 2015/16.

Reasons for delay – 2015/16

In Scotland, complex/code 9 delays appear to be the most frequent reason for delay with an average number of 338 delays (29%) at each census point which can be seen in figure 12. Patients waiting to go home with relevant care arrangements and patients waiting for a place in a care home are also frequent reasons for delay with an average of 278 (24%) and 263 (22%) respectively. Other reasons for delay include patients awaiting a community care assessment (19%), awaiting funding for care home placement (3%), patients awaiting healthcare arrangements (2%) and other reasons including patients delayed due to patient and family related reasons (2%).

Figure 12: Number of delayed discharges by reason code, Scotland; 2015/16



* Patients waiting to go home: patients waiting for care arrangements to be put in place in order to go home

* Complex delays include patients delayed due to adults with incapacity legislation

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

In comparison, during the previous year the main reason for delay was awaiting a community care assessment with an average number of 337 delays (27%). Other reasons reported for 2014/15 were as follows; Complex/code 9 delays (320 delays, 25%), awaiting care home availability (280 delays, 22%), patients waiting to go home (210 delays 17%), awaiting funding for care home placement (49 delays, 4%), other including patient and family related reasons (44 delays, 3%) and healthcare arrangements (25 delays, 2%).

Costs – 2013/14

In 2013/14 the estimated cost of delayed discharges in NHSScotland was £114 million, with an estimated average daily cost of £214.

In comparison, the estimated cost of delayed discharges in 2012/13 was £94 million and an estimated average daily cost of £190.

Future cost analysis will include health board, partnership, specialty and cost per day information.

Glossary

Delayed discharge

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 a bed beyond the ready for discharge date.

Ready for discharge

The ready for discharge date (RDD) is the date on which a hospital inpatient is clinical 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 their ready for discharge date experiences a delayed discharge.

Bed days occupied

The number of days patients spend delayed in hospital following their ready for discharge date.

For national reporting purposes it is necessary to attribute bed days to the month(s) when they occurred. For example the number of bed days occurring in a particular month may be divided by the number of days in the month to give the average daily number of beds that were occupied in that month by delayed discharge patients.

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

The following applies to calculating bed days occupied for delayed patients:

- Count all days that occur between the 'ready for discharge' date (RDD) and the discharge date (the date the delay ended)
- Do **not** count the 'ready for discharge' date (RDD)
- 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.

Reason for delay

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

Community Care Assessment

Community care assessments are undertaken by health and social care professionals. The aim of community care assessment is to assess the needs of patients in community settings and recommend how they would best be met. This might include getting special equipment/adaptations to the home, getting help with certain tasks (e.g. dressing, preparing meals) or moving to alternative accommodation where a person can receive more help and support. It is important to note that early referral to social work for community care assessment and early allocation of referral to an appropriate member of social work staff is emphasised as good practice if a prompt discharge is to be achieved.

Duration

This is the period of time from when the patient was deemed ready for discharge until the census point that the patient has remained in the bed awaiting the finalisation of arrangements for their safe transfer.

Code 9/complex delays

Code 9 was introduced in July 2006, following discussions between ISD, the Scottish Government, health and local authority partners. Several conditions were agreed to be applied to the collection and presentation of delayed discharge data. This code was introduced for very limited circumstances where NHS Chief Executives and local authority Directors of Social Work (or their nominated representatives) could explain why the discharge of patients was out with their control. These would include patients delayed due to awaiting place availability in a high level needs' specialist facility where no facilities exist and where an interim option is not appropriate, patients for whom an interim move is deemed unreasonable or where an adult may lack capacity under adults with incapacity legislation.

Adults with Incapacity (AWI)

Patients who are deemed clinically ready for discharge but need to remain in hospital because they are going through the Guardianship Order process are recorded as 'Adults with Incapacity Act' (Code 9/51X) within the delayed discharge census. It is recognised these patients may generally experience a delay longer than that which would normally be expected due to the required legal processes and procedures encountered in these cases.

ISD(S)1

This publication uses the hospital bed information gathered through ISD(S)1. ISD(S)1 is routine quarterly aggregated information for monitoring activity in hospitals, and activity carried out in health centres and clinics in NHSScotland. Information collected (on monthly returns) relates to hospital beds, inpatients, outpatients, day cases, day patients, haemodialysis patients, ward attendees, patients seen by AHPs (Allied Health Professionals) and other technical department staff and cancellations. Further information can be found

<http://www.isdscotland.org/Health-Topics/Hospital-Care/Beds/>

Contact

Lisa Reddie

Principal Information Analyst

nss.delayeddischarges@nhs.net

0131 275 6117

Lauren Dickson

Senior Information Analyst

nss.delayeddischarges@nhs.net

0141 282 2348

Further Information

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

NHS Performs

A selection of information from this publication is included in [NHS Performs](#). NHS Performs is a website that brings together a range of information on how hospitals and NHS Boards within NHSScotland are performing.

Rate this publication

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Appendices

A1 – Background Information

Information Services Division (ISD) publish data on delayed discharges to support local partnerships plan and deliver services to provide a timely, appropriate and safe transfer to the next stage of care for all hospital inpatients. The data published consists of:

- the number of adult patients delayed at a monthly census point (15th of each month)
- the total number of bed days occupied by delayed discharges in a calendar month.

This information is used for a variety of purposes including:

- monitoring policy obligations both locally and nationally
- helping to troubleshoot in partnership areas with specific problems
- facilitating benchmarking with other areas
- providing useful dialogue between health and social care agencies

Measures associated with delayed discharges

A delayed discharge is a hospital inpatient who is clinically ready for discharge from inpatient hospital care and who continues to occupy a hospital bed beyond the ready for discharge date.

Delay types - Standard

Partnerships have previously worked towards discharging patients from hospital within a maximum time period, defined by the Scottish Government as follows:

2011/12	6 weeks
2013/14	4 weeks
2015/16	2 weeks

From April 2016 there will be a move towards measuring the number of patients delayed for less than 72 hours.

Delay types – Code 9 (complex)

It is acknowledged that some discharge arrangements may be more complex due to the specific care needs of the patient. Complex delays have been captured as code 9 from 2006.

Average annual census figures

Annual census figures are based on an average of the total number of delays at each monthly census point within the specified year.

Related health and social care information

ISD publishes a range of information that helps to measure the shift in the balance of care, ensuring that older people are cared for in their own homes or in a homely setting in the community, wherever possible. Please see the [Health and Social Community Care pages of the ISD website](#).

The Scottish Government also publishes information relating to service provision for older people. You can locate this from www.scotland.gov.uk/Topics/Statistics/Browse/Health/. Further information on delayed discharges can also be found on the Scottish Government's [Joint Improvement Team website](#).

Costing Methodology

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

- Take published number of bed days occupied by delayed discharges by Local Authority area
- Take average daily cost for each specialty in each NHS Board derived by Integrated Resource Framework (IRF)'s Patient Level Costing (PLICS methodology) based on the NHS Costs book
- Apply daily costs to each Local Authority's bed days occupied
 - Assume bed days occupied are distributed across specialties based on the delayed discharge census specialty breakdown
 - Assume delayed discharges are in the NHS Board within which the Local Authority sits (e.g. Aberdeenshire, Aberdeen City and Moray delayed discharges are all costed at the NHS Grampian average rate)
 - Where specialty costs are unavailable at Board level, average Scotland figures are used.

SMR04 data quality issues - SMR04 data consists of admission and discharge records. Currently, for some boards, the SMR04 data appears to contain historic open records that should have been discharged. Total calculated occupied bed days in SMR04 can therefore be much higher for some sites than the occupied bed days reported in the Costs Book, as these open records are treated as current residents and consequently have long lengths of stay.

The various PLICS calculated unit costs, e.g. nursing cost per day, that make up the overall delayed discharge direct cost per day all use SMR occupied bed days as the denominator; this is to ensure that the total costs resulting from SMR activity multiplied by PLICS unit costs reconciles back to the Costs Book at hospital and specialty level. For affected hospitals and specialties (with over-estimated SMR occupied bed days) this delayed discharge "per day" cost could therefore be much lower than an equivalent "per day" cost derived using Costs Book activity instead. This has been raised with the ISD data monitoring team and they are currently working to resolve the SMR04 data quality issues.

Age Band - Delayed Discharges data is not collected for individuals aged under 18. As a result the All Ages age band includes only those aged 18 and over.

Bed days occupied by delayed discharges - The proportion of delays accounted for by each specialty, applied to the number of bed days for that local council area.

Total cost of delay - The number of bed days by specialty multiplied by the daily cost of that specialty.

Average resource consumption per day - The total cost divided by number of bed days calculated for that specialty.

Note: where there is no unit cost available for the area, the Scottish cost is applied. Where no specialty can be applied to bed days occupied, the unit cost for geriatric medicine is applied. This affects less than 1% of total bed days.

Further information regarding Integrated Resource Framework costing is available at:
<http://www.isdscotland.org/Tableau/IRF-Mapping-Summary-of-PLICS-costing-methodology.pdf>

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Delayed Discharges in NHS Scotland – Annual publication
Description	This report provides information on the number of bed days occupied by delayed discharges patients and the latest statistics on NHS hospital inpatients "ready for discharge" but whose discharge has been delayed, from a census of these patients. Figures are shown for Scotland, NHS Board area of treatment and Local Authority.
Theme	Health and Social Care
Topic	Delayed Discharges
Format	PDF/ Tableau dashboards
Data source(s)	ISD Scotland, Delayed Discharges Bed Days Occupied and Monthly Census.
Date that data are acquired	
Release date	28 June 2016
Frequency	Annual
Timeframe of data and timeliness	The publication is considered timely.
Continuity of data	
Revisions statement	Historic data is not revised and there are no planned revisions of the data.
Revisions relevant to this publication	This publication has no revisions.
Concepts and definitions	The data definition manual is published at http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/Guidelines/
Relevance and key uses of the statistics	Key uses of delayed discharge information include: contribution to service planning, quality improvement and evidence based medicine, potential cost savings, supporting research activities, and providing comparative information.
Accuracy	Monthly data are validated locally and verified before submission to ISD who carry out further validation checks in consultation with NHS Boards.
Completeness	
Comparability	Not comparable out with Scotland.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	All Delayed Discharges PDF reports are accessible via the ISD website at http://www.isdscotland.org/Health-

	Topics/Health-and-Social-Community-Care/Delayed-Discharges/ In addition tables and charts are presented in tableau dashboards embedded on the website.
Value type and unit of measurement	Number of people delayed at the census point. Average number of people delayed across all census points within a given year. Number of bed days occupied by delayed patients.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	National Statistics.
UK Statistics Authority Assessment	Assessment undertaken in November 2012 by UK Statistics Authority.
Last published	n/a
Next published	tbc
Date of first publication	28 June 2016
Help email	nss.delayeddischarges@nhs.net
Date form completed	13 June 2016

A3 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Health Department

NHS Board Chief Executives

NHS Board Communication leads

Directors of Social Work

Chief Officers of Integrated Joint Boards formed under the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)

Early Access for Management Information

These statistics will also have been made available to those who needed access to 'management information', i.e. as part of the delivery of health and care:

Delayed Discharge Policy Manager, Scottish Government.

Early Access for Quality Assurance

These statistics will also have been made available to those who needed access to help quality assure the publication:

Delayed Discharge Policy Manager, Scottish Government.

A4 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

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