

Publication Guidance for the Discharge Ready Date Monthly Publication

December 2023

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Introduction

The UEC Recovery Plan ([30/01/2023](#)) committed to publishing, by the start of winter 2023, a metric or suite of metrics based on the new 'discharge ready date' data field that all acute trusts were required to start recording from April 2023. The discharge ready date records the start date of the final period that the patient no longer meets the 'Criteria to Reside*' in a hospital bed for their episode of care.

The key aims for this commitment are to publish new information that allows us to better measure and understand discharge delays.

Previous published data has been based on the number of patients in hospital on a given day who are medically optimised for discharge but have not been discharged by the end of that day.

The new dataset shows what proportion of people are discharged on the day they are medically optimised for discharge, and a breakdown of the different lengths of stay beyond this date.

The intention is to provide better data on how long patients are waiting to leave hospital after their discharge ready date so that local systems can work together to reduce those waits.

This publication will be classed as an Official Statistic in Development and include only those trusts providing acceptable data throughout the reporting period.

The suite of metrics report on the percentage of discharges within certain thresholds, the total bed days after discharge ready date for patients discharged within certain thresholds and the average days from Discharge Ready Date to date of discharge (excluding 0 day delays).

The publication includes trust level data and data disaggregated by Upper Tier Local Authority (UTLA), and then by trust. This data shows the percentage of discharges within certain thresholds and bed days lost for UTLA residents (based on the postcode of the patient) discharged from those trusts in the last month. This is irrespective of whether those individuals are being discharged into care arranged or funded by the UTLA. Where trusts discharging into a given UTLA have not returned acceptable data this month, these are shown separately.

This is an important publication and helps to drive the effective implementation of wider Hospital Discharge policies, leading to better care for patients and service users. It will increase understanding of the comparative number of patients discharged at different points in relation to the date on which they become medically optimised discharge (their discharge-ready date) and help local systems decide where to target efforts to reduce delayed discharges and improve outcomes for patients.

*Criteria to reside definitions are available in [Annex D](#) of the Hospital Discharge and Community Support Guidance

Source

Data in the publication are based on a discharge cohort from a SUS (Secondary Uses Service) monthly extract taken after the Reconciliation Inclusion date (see the [SUS+ Submission Timetable](#) for details).

Exclusion Criteria

The data in the publication has the following exclusion criteria, in line with the discharge ready date (DRD) submission criteria:

- Patients under 16 years old
- Length of stay of 0 days
- [Method of Admission](#) other than elective or emergency (codes 31, 32, 82, 83)
- Those who die in hospital and those transferred to other hospitals/hospices ([Destination of Discharge](#) codes 51, 52, 87, 88, 79 or [Method of Discharge](#) codes 4, 5)
- Treatment function groups not equal to “specific acute” (see Annexe for details)

Data Quality

Within the publication, all acute providers are listed with a classification of whether they are submitting data which meets the acceptance criteria throughout the reporting period. There are four checks in place to determine this classification. If any of them are classed as “Not accepted” then the provider is classified as such.

The following acceptance criteria have been applied:

- Proportion of discharges where the DRD is equal to the discharge date. Where this is equal to 100%, this is regarded as “Unacceptable”.
- Proportion of discharges where the DRD is impossible, i.e. It is either before admission or after discharge. Where this is over 5%, this is regarded as “Unacceptable”.
- Average delay (in days), for those with delays of at least 1 day. This is the difference between the DRD and the discharge date. Where this is less than 2, or greater than 30, this is regarded as “Unacceptable”.
- The proportion of bed days that occurred after the DRD. Where this is less than 2.5%, or greater than 60%, this is regarded as “Unacceptable”.

NHS England is monitoring the quality of submitted data and working closely with regional colleagues to drive improvement.

Some trusts have a performance that naturally falls outside the above Acceptance Criteria.

This is most likely the case for trusts providing specialist services (Type 2).

In such situations these trusts might be included as exceptions.

Guidance notes on data items

The full set of metrics within the publication are listed below. These metrics are presented at national and provider level.

- Number of providers submitting acceptable data
- % of providers submitting acceptable data

% of patients discharged where

- Date of discharge is same as Discharge Ready Date
- Date of Discharge is 1+ days after Discharge Ready Date

% of patients discharged after their Discharge Ready Date but discharged within

- 1 day
- 2-3 days
- 4-6 days
- 7-13 days
- 14-20 days
- 21 days or more

Total bed days after Discharge Ready Date for patients discharged within

- 1 day
- 2-3 days
- 4-6 days
- 7-13 days
- 14-20 days
- 21 days or more

- Average days from Discharge Ready Date to date of discharge (excluding 0 day delays)

Upper tier local authority (UTLA) data is included also. Providers, who submit acceptable data and contribute to the UTLA discharges, are listed beside the UTLA and a % contribution figure is shown as well as the metrics above, except for the average days metric.

- % of UTLA discharges from acceptable trusts

Contacts and resources

Please direct queries relating to this collection to: england.nhsdata@nhs.net

Annexe

Treatment functions codes matching “specific acute”

100: General surgery	200: Aviation and Space Medicine Service
101: Urology	211: Paediatric urology
102: Transplantation surgery	212: Paediatric transplantation surgery
103: Breast surgery	213: Paediatric gastrointestinal surgery
104: Colorectal surgery	214: Paediatric trauma and orthopaedics
105: Hepatobiliary & pancreatic surgery	215: Paediatric ear nose and throat
106: Upper gastrointestinal surgery	216: Paediatric ophthalmology
107: Vascular surgery	217: Paediatric maxillo-facial surgery
108: Spinal surgery service	218: Paediatric neurosurgery
109: Bariatric Surgery Service	219: Paediatric plastic surgery
110: Trauma & orthopaedics	220: Paediatric burns care
111: Orthopaedic Service	221: Paediatric cardiac surgery
113: Endocrine Surgery Service	222: Paediatric thoracic surgery
115: Trauma Surgery Service	230: Paediatric Clinical Pharmacology Service
120: Ent	240: Paediatric Palliative Medicine Service
130: Ophthalmology	241: Paediatric pain management
140: Oral surgery	242: Paediatric intensive care
141: Restorative dentistry	250: Paediatric Hepatology Service
142: Paediatric dentistry	251: Paediatric gastroenterology
143: Orthodontics	252: Paediatric endocrinology
144: Maxillo-facial surgery	253: Paediatric clinical haematology
145: Oral and Maxillofacial Surgery Service	254: Paediatric audiological medicine
150: Neurosurgery	255: Paediatric clinical immunology and allergy
160: Plastic surgery	256: Paediatric infectious diseases
161: Burns care	257: Paediatric dermatology
170: Cardiothoracic surgery	258: Paediatric respiratory medicine
171: Paediatric surgery	259: Paediatric nephrology
172: Cardiac surgery	260: Paediatric medical oncology
173: Thoracic surgery	261: Paediatric metabolic disease
174: Cardiothoracic transplantation	262: Paediatric rheumatology
180: Accident & emergency	263: Paediatric diabetic medicine
190: Anaesthetics	264: Paediatric cystic fibrosis
191: Pain management	270: Paediatric Emergency Medicine Service
192: Critical care medicine	280: Paediatric interventional radiology
300: General medicine	347: Sleep Medicine Service
301: Gastroenterology	348: Post-COVID-19 Syndrome Service
302: Endocrinology	350: Infectious diseases
303: Clinical haematology	352: Tropical medicine
304: Clinical physiology	361: Nephrology
305: Clinical pharmacology	370: Medical oncology
306: Hepatology	371: Nuclear medicine
307: Diabetic medicine	400: Neurology

308: Blood and marrow transplantation
309: Haemophilia service
310: Audiological medicine
311: Clinical genetics
313: Clinical immunology and allergy service
314: Rehabilitation service
315: Palliative medicine
316: Clinical immunology
317: Allergy service
318: Intermediate care
319: Respite care
320: Cardiology
321: Paediatric cardiology
322: Clinical microbiology
323: Spinal injuries
324: Anticoagulant service
325: Sport and exercise medicine
326: Acute Internal Medicine Service
327: Cardiac rehabilitation
328: Stroke medicine
329: Transient ischaemic attack
330: Dermatology
333: Rare Disease Service
335: Inherited Metabolic Medicine Service
340: Respiratory medicine
341: Respiratory physiology
342: Programmed pulmonary rehabilitation
343: Adult cystic fibrosis
401: Clinical neurophysiology
410: Rheumatology
420: Paediatrics
421: Paediatric neurology
422: Neonatology
430: Geriatric medicine
431: Orthogeriatric Medicine Service
450: Dental medicine specialties
451: Special Care Dentistry Service
460: Medical ophthalmology
461: Ophthalmic and Vision Science Service
502: Gynaecology
503: Gynaecological oncology
505: Fetal Medicine Service
663: Podiatric surgery
670: Urological Physiology Service
673: Vascular Physiology Service
675: Cardiac Physiology Service
677: Gastrointestinal Physiology Service
800: Clinical oncology (previously radiotherapy)
811: Interventional radiology
812: Diagnostic imaging
822: Chemical pathology
834: Medical virology