

Inpatient Census 2017

Mental Health and Learning Disability Patients: Out of NHS Scotland Placements Census (Part 2)

Document Version 2017/1.0



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- Collections:**
1. Mental Health and Learning Disability Inpatient Bed Census (Part 1)
 2. Mental Health and Learning Disability Patients: Out of NHS Scotland Placements Census (Part 2)
 3. Hospital Based Complex Clinical Care Census (*for patients who are not occupying Mental Health, Addiction and Learning Disability Inpatient Beds*) (Part 3)

SG deadline: 31st May 2017

Coverage: Census date: Midnight, (end of) 30th March 2017

Document Details

Issue History

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0.1		Ellen Lynch (on behalf of Working Group)			
0.2		Ellen Lynch and Guy McGivern (on behalf of Working Group)			
1.0		Ellen Lynch and Guy McGivern (on behalf of Working Group)	NHS Boards		

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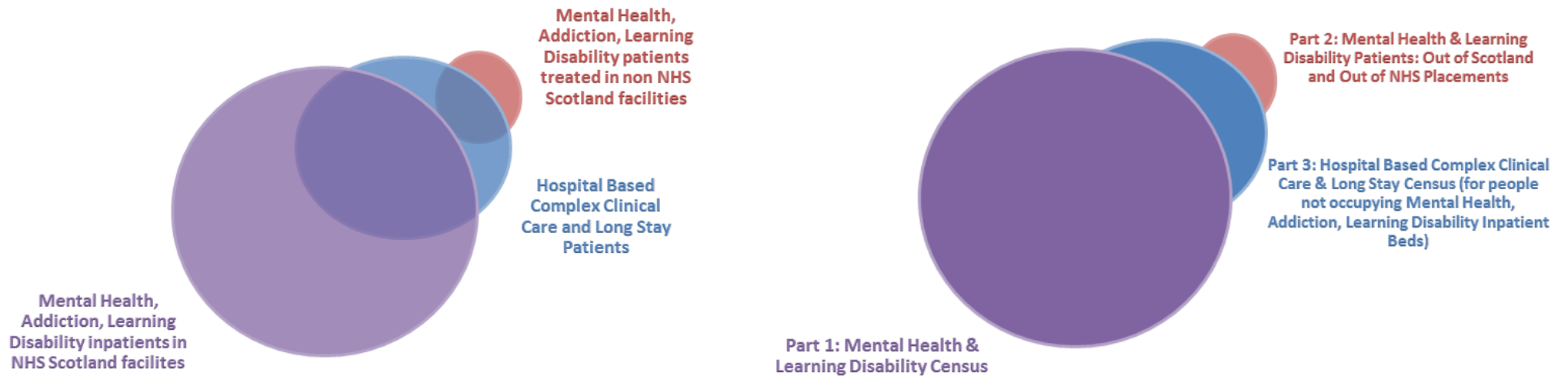
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Scope of the Inpatient Census

The Inpatient Census consists of 3 parts:

1. **Mental Health and Learning Disability Inpatient Bed Census (Part 1)**
2. **Mental Health, Addiction and Learning Disability Patients: Out of NHS Scotland Placements Census (Part 2)**
3. **Hospital Based Complex Clinical Care & Long Stay Census (for patients who are not occupying Mental Health, Addiction and Learning Disability Inpatient Beds) (Part 3)**

Those completing any aspect of the Inpatient Census should carefully read the inclusion and exclusion criteria for the 3 parts to the census. Patients should only appear in one part of the census.



Mental Health and Learning Disability Inpatient Bed Census (Part 1) Inclusion Criteria

Information to be returned for every patient who is occupying a **psychiatric, addiction or learning disability inpatient bed** on the census date (midnight, (end of) 30th March 2017).

The Mental Health and Learning Disability Bed Census should include every dementia, learning disability, addiction, mental health, child mental health and forensic inpatient who is occupying psychiatric, addiction or learning disability bed on the census date.

Each NHS Board is responsible for supplying data for the **psychiatric, addiction or learning disability inpatient beds** within the NHS facilities in their area irrespective of where the patient being treated is from. For example, if a NHS Forth Valley patient is being treated in a NHS Greater Glasgow & Clyde psychiatric bed, then NHS Greater Glasgow & Clyde would be responsible for returning the information for that patient.

Inpatient bed must be within the NHS Scotland estate.

- Excluded are NHS Scotland funded patients who are treated:
 - outwith Scotland (e.g. in NHS England facilities)
 - in local authority, private and voluntary sector care homes
 - in private hospitals

Guidance notes and other key documents for the '*Mental Health and Learning Disability Inpatient Bed Census (Part 1)*' can be found here: <http://www.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/Census2017>.

Mental Health, Addiction and Learning Disability Patients: Out of NHS Scotland Placements Census (Part 2) Inclusion Criteria

Information must be returned on every learning disability, addiction or mental health patient who NHS Scotland funds, but is treated either out of Scotland or out of NHS (e.g. in a private care home or private hospital) on the census day (midnight, (end of) 30th March 2017).

The Mental Health, Addiction and Learning Disability Patients: Out of NHS Scotland Placements Census should include every dementia, learning disability, addiction, mental health, child mental health and forensic inpatient who is occupying a bed out of Scotland or out with the NHS on the census day. Mental health, addiction or learning disability should be their primary diagnosis.

Each NHS Board is responsible for supplying data for the **psychiatric, addiction or learning disability inpatients who they are responsible for overseeing the care package and who receive treatment out of NHS Scotland** (e.g. in a private care home, local authority care home, private hospital, NHS England).

Information on patients who receive funding from NHS National Service Scotland for treatment out with Scotland or out of the NHS should be provided by the NHS Board who is responsible for overseeing the care package. This will usually be the territorial health board.

Guidance notes and other key documents for the ***'Mental Health, Addiction and Learning Disability Patients: Out of NHS Scotland Placements Census (Part 2)'*** can be found here: <http://www.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/Census2017>.

Hospital Based Complex Clinical Care & Long Stay Census (Part 3) Inclusion Criteria

****Updated guidance from the previous census****

Information to be returned for **every general acute inpatient** who:

- Is receiving Hospital Based Complex Clinical Care (HBCCC) as at the census date (midnight (end of) 30th March 2017).
OR
- Has been in hospital for at least 6 months (regardless if they are in receipt of HBCCC) and do not have a ready for discharge date as at the census date (midnight (end of) 30th March 2017).

For the Hospital Based Complex Clinical Care & Long Stay Census (part 3), the **patient will not have a ready for discharge date** (i.e. they cannot be a delayed discharge patient).

HBCCC is defined as:

- The **patient is eligible for HBCCC** (as decided by the responsible consultant or equivalent specialist informed by the Multi-Disciplinary Team, see [http://www.sehd.scot.nhs.uk/dl/DL\(2015\)11.pdf](http://www.sehd.scot.nhs.uk/dl/DL(2015)11.pdf) for further information). Essentially, **Hospital Based Complex Clinical Care refers to people who cannot have their care needs met in any setting other than hospital and require long-term complex clinical care.**

The Hospital Based Complex Clinical Care & Long Stay Census only includes patients who are receiving their treatment in a hospital:

- Within NHS Scotland fully funded and managed facilities (e.g. acute general hospitals, community hospitals), but see the 'excludes' section below.
- Out with NHS Scotland facilities but the patients are fully funded by NHS Scotland (e.g. they are treated in hospitals in other countries (e.g. a NHS England hospital), they are treated in a private hospital), but see the 'excludes' section below.

The above criteria must be met for inclusion in the Hospital Based Complex Clinical Care & Long Stay Census (part 3).

Exclude:

- Patients who are receiving HBCCC in psychiatric, addiction or learning disability inpatient beds as they will be recorded separately as part of the *'Mental health & Learning Disability Bed Census'* (part 1).
- Patients who have been in hospital for at least 6 months in psychiatric, addiction or learning disability inpatient beds as they will be recorded separately as part of the *'Mental health & Learning Disability Bed Census'* (part 1).
- Mental health, addiction or learning disability patients who are receiving HBCCC in non NHS Scotland facilities as they will be recorded separately as part of the *'Mental Health, Addiction and Learning Disability Patients: Out of NHS Scotland Placements Census'* (part 2).
- Mental health, addiction or learning disability patients who are being treated in non NHS Scotland facilities and have been having inpatient treatment for at least 6 months, as they will be recorded separately as part of the *'Mental Health, Addiction and Learning Disability Patients: Out of NHS Scotland Placements Census'* (part 2).
- Patients who are in care homes or hospices, regardless if they have part/all of their care paid for by NHS Scotland.

Guidance notes and other key documents for the ***'Hospital Based Complex Clinical Care & Long Stay Census (Part 3)'*** can be found here: <http://www.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/Census2017>.

Mental Health, Addiction and Learning Disability Patients: Out of NHS Scotland Placements Census (Part 2): Introduction and FAQs

IMPORTANT: This document provides guidance notes for the '*Mental Health, Addiction and Learning Disability Patients: Out of NHS Scotland Placements Census (Part 2)*' **only**. If you are responsible for completing the '*Mental Health and Learning Disability Inpatient Bed Census (Part 1)*' and/or '*Hospital Based Complex Clinical Care & Long Stay Census (for patients who are not occupying Mental Health, Addiction and Learning Disability Inpatient Beds) (Part 3)*' then please refer to their separate guidance notes which are available here: <http://www.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/Census2017>.

Why are the Scottish Government and NHS Scotland undertaking a census?

The census collects information which is used by the Scottish Government and NHS Scotland to help plan for services in the short, medium and long term. For example, the information helps us understand if we have sufficient number of inpatient beds or if we need to provide more appropriate training for those people who are treating and caring for our patients. Furthermore, the analysis also lets the Scottish Government and NHS Boards understand if and why there are variations in how services are delivered across Scotland. Finally, the information is used by the Scottish Government to inform policy development and is used to evidence legislation.

Who will use information from the census?

Statistical analysis from the census is used by many people and organisations. For example:

- NHS Scotland
- Scottish Government
- Mental Health Welfare Commission
- Integration Partnerships
- Royal College of Psychiatrists
- Patients
- Public
- Approved researchers working in the areas of mental health, addiction or learning disabilities.

Which part of the Scottish Government is responsible for the census?

Health & Social Care Analysis Division (HSCA) is one of a number of Analytical Services Divisions in the Scottish Government. HSCA's main objective is to continue to build the statistical, economic and research evidence base for health and care in Scotland, and to provide analytical support, briefing and advice to support policy development and service planning.

The census is the responsibility of independent government statisticians who report to the Chief Statistician. The statisticians have a professional code of practice¹ which will be followed for this census. In addition, the census is also the responsibility of the Principal Medical Officer for Mental health (Scottish Government) as it contains health information.

The Scotxed Unit provide data collection and validation support for a number of statistical returns across the Scottish Government, including this census.

Scottish Government Policy Officers and Ministers have no access to the dataset, they only receive statistical analysis.

How is the data kept secure by the Scottish Government?

Information about how the Scottish Government collects, stores and restricts access to the datasets can be found in the Privacy Impact Assessment: <http://www.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/Census2016/PIA>

Who can I contact if I want to ask questions on the guidance notes?

Guy McGivern
Health & Social Care Analysis Division
Scottish Government
Telephone: 0131 244 5523
e-mail: SWStat@scotland.gsi.gov.uk

Ellen Lynch
Health & Social Care Analysis Division
Scottish Government
0131 244 4093
SWStat@scotland.gsi.gov.uk

Who can I contact if I want to ask questions on IT/ ProcXed.Net?

¹ <http://www.statisticsauthority.gov.uk/assessment/code-of-practice>

Raymond Buckley / Stewart McIntosh
ScotXed Unit
Scottish Government
Telephone: 0131 244 0233
e-mail: ScotXed.ITSupport@gov.scot

When will the census happen?

Midnight, (end of) 30th March 2017

When do I have to submit the data by?

31st May 2017

Purpose of this document

These notes have been prepared by the Scottish Government and NHS Scotland to assist NHS Board and MIS (Management Information Systems) developer and support staff to complete the '***Mental Health, Addiction and Learning Disability Patients: Out of NHS Scotland Placements Census (Part 2)***'. The document provides information on the requirements for and the uses to be made of data.

All key documents (for example, Guidance Notes, IT information, FAQs) to support the census can be found here:
<http://www.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/Census2017>.

There are 3 methods for NHS Boards to return data to the Scottish Government:

- Manually via eForm
- Bulk upload via XML spreadsheet template
- Bulk upload via XML file (Will require Health Board IT person to create MIS extract)

All 3 methods use the Scottish Government's secure data collection web tool: ProcXed.Net . Data will not be accepted by any other method. For NHS Boards which choose to use either the eForm or the XML spreadsheet template, or the MIS extract, precise details of the format of items - such as dates - are part of this guidance. It is very important to familiarise yourself with the expected format before completing any data. Software developers will ensure that values held in the MIS are converted to the format specified in the appropriate

schema. A schema for the collection will be made available to those health boards who are interested in XML file upload method. The schema will be available when the requirements and the web platform developments are complete. Please contact Raymond Buckley on the details above should you be considering the XML file upload method.

NHS Boards should ensure that all data on mental health, addiction and learning disability inpatients held in NHS Board MIS is maintained, up-to-date and accurate. Validation checks are included within the web platform to help health boards identify data quality issues that require addressing at source. Good practice suggests that this can often be managed best by procedures and planning which spread the workload throughout the year. This can lead to advantages in dealing with the census in March / April.

Mental Health, Addiction and Learning Disability Patients: Out of NHS Scotland Placements Census (Part 2): Questions and Definitions

Please note, that where a code is provided in the table below (for example in Q4, '2' for NHS England), then the data validation and collection tool (ProcXed.Net) will accept '2' **OR** 'NHS England'.

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
P2:Q1	Organisation Unique ID	<p>The NHS Board code which is responsible for overseeing the care of the patient, irrespective of the location where the patient is being treated.</p> <p>Example: S08000010 (NHS Lothian) is overseeing the care of the patient, but the patient is receiving treatment at The Priory Hospital, North London. Code S08000010 should be entered in this field.</p> <p>S08000001 NHS Ayrshire & Arran S08000002 NHS Borders S08000003 NHS Dumfries & Galloway S08000004 NHS Fife S08000005 NHS Forth Valley S08000006 NHS Grampian S08000007 NHS Greater Glasgow & Clyde S08000008 NHS Highland S08000009 NHS Lanarkshire S08000010 NHS Lothian</p>		Any letters in this code need to be in upper case.	DataProvider

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		S08000011 NHS Orkney Islands S08000012 NHS Shetland Islands S08000013 NHS Tayside S08000014 NHS Western Isles S08100008 The State Hospital			
P2:Q2	Out of Scotland/NHS Placement	The facility that is providing care/treatment for the patient. In the example above, 'The Priory Hospital, North London' should be entered in this field. If the facility is not on the list then please select 'other (please specify)'.	See Annex 1 for the list of locations.		Locations
P2:Q3	Out of Scotland/NHS Placement other detail	If the facility that is providing care/treatment is not on the list in Annex 1 (i.e. the 'Out of Scotland/NHS Placement' field has been left blank), provide details of location as free text (include the full address and postcode).			Locations
P2:Q4	Sector of place of treatment	2 - NHS England 3 - Local Authority 4 - Private 5 - Voluntary 6 - Other (please specify)			Locations
P2:Q5	Sector of place of treatment (other please)	Free text			Locations

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
	specify)				
P2:Q6	Patient identifier number (not CHI Number)	A Patient Health Record Identifier is a code (set of characters) used to uniquely identify a patient within a health register or a HEALTH RECORDS SYSTEM, e.g. PIMS			PatientDetails, MultipleResponses
P2:Q7	CHI	<p>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.</p> <p>The current CHI number consists of the 6 digit Date of Birth (DDMMYY) followed by a 3 digit sequence number and a check digit. The 9th digit is always even for females and odd for males.</p>	<p>OPTIONAL data item in this instance.</p> <p>This information will be encrypted once the data has been uploaded to ProcXed.Net to protect patient privacy.</p> <p>This means the Scottish Government will not be able to see the CHI number, but instead a string of numbers.</p> <p>The encryption method will be shared with the CHI Team at ISD Scotland to enable data linkage (e.g. to SMR04) in the future.</p>	10-digit number	PatientDetails
P2:Q8	Patient Forename	ProcXed.Net will convert into BLOCK CAPITALS for encryption purposes. NHS Boards will not need to convert to BLOCK CAPITALS in advance of uploading/manually entering data into ProcXed.Net.	<p>This is additional information for quality assurance purposes and to enable matching to other data.</p> <p>This information will be encrypted one way once the data has been uploaded to</p>		PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
			<p>Proxced.Net to protect patient privacy.</p> <p>This means the Scottish Government will not be able to see the patient's forename, but instead a string of numbers.</p> <p>The encryption method will be shared with the CHI Team at ISD Scotland to enable data linkage (e.g. to SMR04) in the future.</p>		
P2:Q9	Patient middle names	ProcXed.Net will convert into BLOCK CAPITALS for encryption purposes. NHS Boards will not need to convert to BLOCK CAPITALS in advance of uploading/manually entering data into ProcXed.Net.	<p>This is additional information for quality assurance purposes and to enable matching to other data. OPTIONAL data item.</p> <p>This information will be encrypted one way once the data has been uploaded to Proxced.Net to protect patient privacy.</p> <p>This means the Scottish Government will not be able to see the patient's middle names, but instead a string of numbers.</p> <p>The encryption method will</p>		PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
			be shared with the CHI Team at ISD Scotland to enable data linkage (e.g. to SMR04) in the future.		
P2:Q10	Patient Surname	ProcXed.Net will convert into BLOCK CAPITALS for encryption purposes. NHS Boards will not need to convert to BLOCK CAPITALS in advance of uploading/manually entering data into ProcXed.Net.	<p>This is additional information for quality assurance purposes and to enable matching to other data.</p> <p>This information will be encrypted one way once the data has been uploaded to ProcXed.Net to protect patient privacy.</p> <p>This means the Scottish Government will not be able to see the patient's surname, but instead a string of numbers.</p> <p>The encryption method will be shared with the CHI Team at ISD Scotland to enable data linkage (e.g. to SMR04) in the future.</p>		PatientDetails
P2:Q11	Date of Birth	<p>The date on which a person was born, or is officially deemed to have been born, as recorded on the Birth Certificate.</p> <p>If only the patient's age is known the year of birth should be calculated and the day and month put as zero e.g. an Age of 55 in 2000</p>	All dates must be entered in the format DD/MM/CCYY, using either dashes (-) or forward slashes (/) as the separator, e.g. 09-02-1942 or 09/02/1942 for 9 th February 1942.		PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		would be 00-00-1945. If all avenues have been explored and neither the date of birth nor age is available then the clinician's or nursing staff's estimate of age should be used to calculate the year of birth, with zero entered for the day and month of birth. If this is not possible, refer to your Health Records Manager.	All dates must consist of eight digits by entering preceding zeros for single digits in day or month and the full four-digit year must be recorded. It is essential that date of birth is completed as accurately as possible to enable analysis by age to be undertaken.		
P2:Q12	Gender	1 - Male 2 - Female 98 - Other			PatientDetails
P2:Q13	Postcode of Patient's home address	Up to 8 characters. Will show the patient's Current Postcode.	This is the postcode of the private home, care home or hospice where the patient resides as at the date of the census. Every effort should be made to accurately record this data item. The postcode should be left justified and include the space, e.g. KY4 8DW, EH12 8JH, G4 6HR. If a postcode cannot be found using the Postcode		PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
			<p>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: NK01 0AA. If the patient has no fixed abode, NF1 1AB should be recorded for the postcode.</p>		
P2:Q14	Health Board Responsible for Funding	<p>Provide details of the Health Board responsible for funding the patient's current inpatient treatment e.g. the patient's treatment may be funded by National Services Division.</p> <p>S08000001 NHS Ayrshire & Arran S08000002 NHS Borders S08000003 NHS Dumfries & Galloway S08000004 NHS Fife S08000005 NHS Forth Valley S08000006 NHS Grampian S08000007 NHS Greater Glasgow & Clyde S08000008 NHS Highland S08000009 NHS Lanarkshire S08000010 NHS Lothian S08000011 NHS Orkney Islands S08000012 NHS Shetland Islands S08000013 NHS Tayside S08000014 NHS Western Isles</p>			PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		S08100008 The State Hospital S08200001 England/Wales/Northern Ireland S08200002 No Fixed Abode S08200003 Not Known S08200004 Outside U.K. SD001 National Services Division			
P2:Q15	Local Authority Responsible for Funding	Please provide the code representing the local authority responsible for providing funding if the patient requires local authority services (e.g. social care services, housing support services). 100 Aberdeen City 110 Aberdeenshire 120 Angus 130 Argyll & Bute 150 Clackmannanshire 170 Dumfries & Galloway 180 Dundee City 190 East Ayrshire 200 East Dunbartonshire 210 East Lothian 220 East Renfrewshire 230 Edinburgh, City of 235 Eilean Siar 240 Falkirk 250 Fife 260 Glasgow City 270 Highland 280 Inverclyde 290 Midlothian 300 Moray			PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		310 North Ayrshire 320 North Lanarkshire 330 Orkney Islands 340 Perth & Kinross 350 Renfrewshire 355 Scottish Borders 360 Shetland Islands 370 South Ayrshire 380 South Lanarkshire 390 Stirling 395 West Dunbartonshire 400 West Lothian 96 Not Applicable			
P2:Q16	Placement Funding Sources in addition to NHS and Local Authority	1 - Voluntary 2 - Private 98 - Other 99 - Not Known 96 - Not Applicable			PatientDetails
P2:Q17	Placement Funding Sources in addition to NHS and Local Authority other detail	If select 'Other' in 'Placement Funding Sources in addition to NHS and Local Authority', provide details as free text.			PatientDetails
P2:Q18	Is the patient in receipt of	HBCCC patients <u>cannot</u> have a ready for discharge date (i.e. they cannot be a delayed discharge patient).	Question is not applicable for people in a care home.	Check there is no ready for discharge.	PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
	Hospital Based Complex Clinical Care (HBCCC)?	<p>HBCCC is defined as:</p> <ul style="list-style-type: none"> The patient is eligible for HBCCC (as decided by the responsible consultant or equivalent specialist informed by the Multi-Disciplinary Team, see http://www.sehd.scot.nhs.uk/dl/DL(2015)11.pdf for further information). Essentially, Hospital Based Complex Clinical Care refers to people who cannot have their care needs met in any setting other than hospital* and require long-term complex clinical care. <p>*This includes hospitals in other countries (e.g. a NHS England hospital), and private hospitals.</p> <p>For the Inpatient Census Part 2, HBCCC does not cover patients who are in care homes or hospices, regardless if they have part/all of their care paid for by NHS Scotland.</p> <p>1 - Yes 0 - No</p>			
P2:Q19	Admission date for (first) inpatient episode.	An inpatient admission is the date the patient first presents to the Emergency Department or to the hospital and undergoes the full admission procedure and is accepted by the hospital. The full admission procedure may be defined as the completion of all registration documents including the	All dates must be entered in the format DD/MM/CCYY or DD-MM-CCYY using either dashes (-) or forward slashes (/) as the separator, e.g. 09-06-2014 or 09/06/2014 for 9 th June	Must be on or before date of census.	PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		recording of the patient's name in the admission register or system. This marks the start of an inpatient episode. The patient may then be transferred to another ward, hospital, care home or hospice. The date of admission therefore may differ from the date the patient was admitted to the facility they are currently resident in.	2014. All dates must consist of eight digits by entering preceding zeros for single digits in day or month and the full four-digit year must be recorded.		
P2:Q20	Admission date to current facility	Admission Date is the date on which the patient starts their inpatient stay in the out of Scotland/out of NHS facility.	All dates must be entered in the format DD/MM/CCYY or DD-MM-CCYY using either dashes (-) or forward slashes (/) as the separator, e.g. 09-06-2014 or 09/06/2014 for 9 th June 2014. All dates must consist of eight digits by entering preceding zeros for single digits in day or month and the full four-digit year must be recorded.	Must be on or before date of census.	PatientDetails
P2:Q21	Reason for admission	Admission reason indicates the primary reason why a patient is admitted for an inpatient stay to the out of Scotland/out of NHS facility. See Annex 2 for full list of codes.			PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
P2:Q22	Is the patient being managed primarily by forensic services?	1 - Yes 0 - No			PatientDetails
P2:Q23	What was the date of the last time the patient's care was reviewed by the place providing the care <u>and</u> the NHS Scotland Board which is responsible for overseeing the patient's care?	e.g. Review could be via phone call, visit, the sharing of care plan electronically between organisations etc.	All dates must be entered in the format DD/MM/CCYY or DD-MM-CCYY using either dashes (-) or forward slashes (/) as the separator, e.g. 09-06-2014 or 09/06/2014 for 9 th June 2014. All dates must consist of eight digits by entering preceding zeros for single digits in day or month and the full four-digit year must be recorded.		PatientDetails
P2:Q24 – Q27	Mental Health/Learning Disability diagnosis/provisional diagnosis as at	A main condition (primary, under Q24) and up to three secondary conditions (Q25-27) - four conditions in total - can be recorded in the admission section. The main condition is the diagnosis most relevant to the reason for admission and should be drawn from Chapter V, ICD10 codes (F00- F99).	NHS Boards should provide the "*" where the ICD10 code requires it e.g. F00.1*. Including Dementia. Cannot accept Z code for "assessment". Please provide a provisional		PatientDetails OR MultipleResponses (if ICD10 codes only, without description, are being provided)

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
	census	See Annex 3 .	diagnosis code.		
P2:Q28	Other diagnoses/ co morbidities as at census date (ICD10 codes)	Physical health morbidities should be recorded here. A main condition and up to four other conditions (five conditions in total) can be recorded. If ICD10 codes are not currently recorded, then NHS Boards should record - '100'. If 'other diagnoses-/-co morbidities' are not known then please record '99'. If the patient has no physical health morbidities then please record '0'.			PatientDetails OR MultipleResponses (if ICD10 codes only, without description, are being provided)
P2:Q29	Diagnosis as at census date – free text	If ICD10 codes are not recorded by the care home/hospital then free text diagnosis information can be provided instead. If entering more than one condition in the free text field, use a comma to separate the conditions.			PatientDetails
P2:Q30	Daily cost to NHS Scotland of Current Placement	Daily cost in 2016/17.			PatientDetails
P2:Q31	Delayed Discharge	Has a discharge date been set and patient still in hospital? 1 -Yes 96 -Not Applicable 99 -Not Known	Enter 96 ('Not Applicable') where there is no delayed discharge.		PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
P2:Q32	Delayed Discharge Date	<p>Has discharge date set and still in hospital and on EDISON and listed under ISD (Information Services Division) classification for reason for delay. 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).</p> <p>If answer to 'Delayed Discharge' is 'Yes', enter the recorded ready for discharge date.</p>	<p>Only show on eform if answered yes or entered code 1 to Q31.</p> <p>Taken from EDISON system.</p> <p>All dates must be entered in the format DD/MM/CCYY or DD-MM-CCYY, using either dashes (-) or forward slashes (/) as the separator, e.g. 09-06-2014 or 09/06/2014 for 9th June 2014.</p> <p>All dates must consist of eight digits by entering preceding zeros for single digits in day or month and the full four-digit year must be recorded.</p>	Must be on or before the census date	PatientDetails
P2:Q33	What is/are the reason/s for delayed discharge?	Provide all the relevant Delayed Discharge codes – see Annex 4 .	All codes must be provided, not just the principal reason.		PatientDetails
P2:Q34	Anticipated Discharge/Transfer back to NHS Scotland Date	<p>Anticipated date of return to home or ordinary residence or anticipated date of transfer back to NHS Scotland. If this is not available, please include the Review Date for this patient.</p> <p>This question is not applicable for</p>	This question is not applicable for patients who are a delayed discharge i.e. Question 31: Delayed Discharge = 1 (yes).	Must be on or after census date.	PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		<p>patients who are a delayed discharge i.e. Question 31: Delayed Discharge = 1 (yes).</p>	<p>All dates must be entered in the format DD/MM/CCYY, using either dashes (-) or forward slashes (/) as the separator, e.g. 09-06-2014 or 09/06/2014 for 9th June 2014.</p> <p>All dates must consist of eight digits by entering preceding zeros for single digits in day or month and the full four-digit year must be recorded.</p>		
P2:Q35	Anticipated Discharge/Transfer back to NHS Scotland Date type	<p>1 -Anticipated Discharge 2 -Anticipated Transfer back to NHS Scotland 3 -Review Date</p> <p>This question is not applicable for patients who are a delayed discharge i.e. Question 31: Delayed Discharge = 1 (yes).</p>	<p>This question is not applicable for patients who are a delayed discharge i.e. Question 31: Delayed Discharge = 1 (yes).</p> <p>All dates must be entered in the format DD/MM/CCYY, using either dashes (-) or forward slashes (/) as the separator, e.g. 09-06-2014 or 09/06/2014 for 9th June 2014.</p> <p>All dates must consist of eight digits by entering preceding zeros for single digits in day or month and</p>	Must be after the census date.	PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
			the full four-digit year must be recorded.		
P2:Q36	Placement reason	<p>Reason(s) for out of NHS Scotland placement:</p> <p>1 -Facility able to meet the patient's needs exists within NHS Scotland but there are no available beds and no alternative to admission</p> <p>2 -Facility able to meet the patient's needs does not exist within NHS Scotland and there is no alternative to admission</p> <p>3 -To enable patient to be closer to family/friends/support networks and admission is necessary</p> <p>4 - Care home bed within the NHS Board area</p> <p>98 - Other (please specify)</p> <p>Multi responses allowed</p>			MultipleResponses
P2:Q37	Placement reason other	If select 'other' in 'Placement reason', provide details of the reason as free text.		Must be present if 'Placement reason' = 98 Other (please specify).	PatientDetails

Annex 1: Location code

Location Code	Hospital/Care Home
Non-NHS Facilities in Scotland	
A213B	The Ayr Clinic
A240V	Cumbræe Lodge Nursing Home
F1	Bandrum Nursing Home, Dunfermline
G2	The Priory, Glasgow
G3	Surehaven, Drumchapel
S1	Huntercombe Hospital, Edinburgh
S2	Castle Craig Hospital, West Linton
T18	Clement Park Care Home
T2	Levenglen Nursing Home, Glenlomond
T330V	Monroe House, Dundee
V1	Clare House, Dunblane
Y1	Mannering Avenue, Dumfries
Y2	Trinity, Lockerbie
Facilities Outwith Scotland	
S312H4	Alpha Hospital, Bury
OW01	Brighton Nuffield Hospital
OW02	Danshell, Birmingham
OW03	Farndon Unit, Raphael Healthcare, Nottinghamshire
OW04	Hertfordshire NHS Foundation Trust
OW05	John Denmark Unit, Manchester
OW06	Manchester NHS Trust
OW07	National Autistic Service, Lancaster
OW08	Newbus Grange, Northumbria
OW09	Northgate Hospital, Northumberland
OW10	Northumberland, Tyne & Wear NHS Trust
OW11	Nottinghamshire Healthcare NHS Trust
OW12	Oaklands Residential Service, Hexham
OW13	Partnerships in care - Spinney
OW14	Partnerships in care, Calverton Hill
OW15	South London and Maudsley NHS Foundation Trust
OW16	South West London & St George's Mental Health NHS Trust
OW17	St Andrews Healthcare, Northampton
OW18	St Mary's Hospital, Warrington
OW19	Stockton Hall Hospital. York
OW20	Tavistock and Portman NHS Foundation Trust
OW21	Tees & Esk Valley NHS
OW22	The Dene, Partnerships in Care
OW23	The Priory Hospital, North London
OW24	The Retreat, York
OW25	Wells Unit
OW26	Westlane Hospital, Westwood Centre, Middlesbrough

Other

98

Other (please specify)

Annex 2: Admission Reason

- 10 Acute Admission no additional detail added
- 11 Acute Admission for treatment
- 12 Acute Admission for Pre-operative preparation
- 13 Acute Admission for Observation
- 14 Acute Admission for Radiotherapy/Chemotherapy
- 15 Acute Admission for Rehabilitation
- 16 Acute Admission for Convalescence
- 17 Acute Admission for Self-medication training
- 18 Other type of Acute Admission
- 19 Acute Admission, type not known

- 1A Acute Admission for Professional examinations (i.e. medical staff undergoing exams)
- 1B Acute Readmission for treatment, same condition (e.g. incomplete abortion following complete abortion episode)
- 1C Acute Admission for Self-inflicted injury
- 1D Acute Admission for Assessment
- 1E Acute Admission for Accidental Injury
- 1F Acute Admission for Other injury
- 1G Acute Admission for Clinical drug trials
- 1H Acute Admission for Assault
- 1J Acute Admission for Respite care
- 1K Acute Admission for Investigation

- 40 Geriatric Admission, no additional detail added
- 41 Geriatric Admission for Continuing Care
- 42 Geriatric Admission for Respite Care - planned
- 43 Geriatric Admission for Respite Care - non-elective
- 44 Geriatric Admission awaiting local authority residential home
- 45 Geriatric Admission awaiting private residential home
- 46 Geriatric Admission awaiting voluntary residential home
- 47 Geriatric Admission awaiting nursing home care
- 48 Other type of geriatric admission
- 49 Geriatric admission, type not known
- 4A Geriatric Admission for Assessment

- 50 Mental Health Admission, no additional detail added
- 51 Mental Health Admission for Diagnostic
- 52 Mental Health Admission for Therapeutic/Clinical crisis
- 53 Mental Health Admission for Self-inflicted injury
- 54 Mental Health Admission for Poisoning
- 55 Mental Health Admission for Accidental injury
- 56 Mental Health Admission for Other injury
- 57 Mental Health Admission for Rehabilitation
- 58 Mental Health Admission for Other type of psychiatric admission
- 5A Mental Health Admission for Admission after extended pass
- 5B Mental Health Admission for Respite/holiday care
- 5C Mental Health Admission for Learning disability

Annex 3: ICD10 Codes (International Classification of Diseases)

Available on the World Health Organisation website:

<http://apps.who.int/classifications/icd10/browse/2010/en>

Also available in

- The document “[Data Specification: Mental Health and Learning Disability Patients: Out of NHS Scotland Placements Census \(Part 2\), 2016](#)” defines the format, potential values and number of occurrences of each data item in the collection.

Annex 4: Reason for Delayed Discharge

Extract from full guidance: <http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/Guidelines/docs/Delayed-discharge-National-Data-Requirements-FINAL.pdf>

Health and Social Care Reasons		
<ul style="list-style-type: none"> Assessment 	<ul style="list-style-type: none"> 11A 11B 	<ul style="list-style-type: none"> Awaiting commencement of post-hospital social care assessment (including transfer to another area team). Social care includes home care and social work OT Awaiting completion of post-hospital social care assessment (including transfer to another area team). Social care includes home care and social work OT
<ul style="list-style-type: none"> Funding 	<ul style="list-style-type: none"> 23C 23D 	<ul style="list-style-type: none"> Non-availability of statutory funding to purchase Care Home Place Non-availability of statutory funding to purchase any Other Care Package
<ul style="list-style-type: none"> Place Availability 	<ul style="list-style-type: none"> 24A 24B 24C 24D 24DX* 24E 24EX* 24F 26X* 27A 46X* 	<ul style="list-style-type: none"> Awaiting place availability in Local Authority Residential Home Awaiting place availability in Independent Residential Home Awaiting place availability in Nursing Home Awaiting place availability in Specialist Residential Facility for younger age groups (<65) 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 Awaiting place availability in Specialist Residential Facility for older age groups (65+) 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 Awaiting place availability in care home (EMI/Dementia bed required) Care Home/facility closed Awaiting place availability in an Intermediate Care facility Ward closed – patient well but cannot be discharged due to closure

<ul style="list-style-type: none"> Care Arrangements 	<ul style="list-style-type: none"> 25A 25D 25E 25F 25X 	<ul style="list-style-type: none"> Awaiting completion of arrangements for Care Home placement Awaiting completion of arrangements - in order to live in their own home – awaiting social support (non-availability of services) Awaiting completion of arrangements - in order to live in their own home – awaiting procurement/delivery of equipment/adaptations fitted Awaiting completion of arrangements - Re-housing provision (including sheltered housing and homeless patients) Awaiting completion of complex care arrangements - in order to live in their own home
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Patient/Carer/Family-related reasons		
<ul style="list-style-type: none"> Legal/Financial 	<ul style="list-style-type: none"> 51 51X* 52 	<ul style="list-style-type: none"> Legal issues (including intervention by patient’s lawyer) - e.g. informed consent and/or adult protection issues Adults with Incapacity Act Financial and personal assets problem - e.g. confirming financial assessment
<ul style="list-style-type: none"> Disagreements 	<ul style="list-style-type: none"> 61 67 	<ul style="list-style-type: none"> Internal family dispute issues (including dispute between patient and carer) Disagreement between patient/carer/family and health and social care
<ul style="list-style-type: none"> Other 	<ul style="list-style-type: none"> 71 71X* 72 73 74 	<ul style="list-style-type: none"> Patient exercising statutory right of choice Patient exercising statutory right of choice – interim placement is not possible or reasonable Patient does not qualify for care Family/relatives arranging care Other patient/carer/family-related reason

Transport		
<ul style="list-style-type: none"> Transport 	<ul style="list-style-type: none"> 44 	<ul style="list-style-type: none"> Awaiting availability of transport

Other reasons		

<ul style="list-style-type: none"> • Complex Needs 	<ul style="list-style-type: none"> • 9 	<ul style="list-style-type: none"> • 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.
<ul style="list-style-type: none"> • Unpublished 	<ul style="list-style-type: none"> • 100 	<ul style="list-style-type: none"> • Re-provisioning/Re-commissioning (see data definitions manual section 2.3)

* Indicates secondary code 9 reason for delay code.