Inpatient Census 2016

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

Document Version 2016/0.3

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Produced by   Health Analytical Services Division (ASD) (Scottish Government)

Collections:

1. **Mental Health and Learning Disability Inpatient Bed Census**

2. Mental Health and Learning Disability Patients: Out of NHS Scotland Placements Census

3. Hospital Based Complex Clinical Care Census *(for patients who are not occupying Mental Health, Addiction and Learning Disability Inpatient Beds)*

SG deadline: **31st May 2016**

Coverage: **Census date: Midnight, (end of) 31st March 2016**

Document Details

Issue History

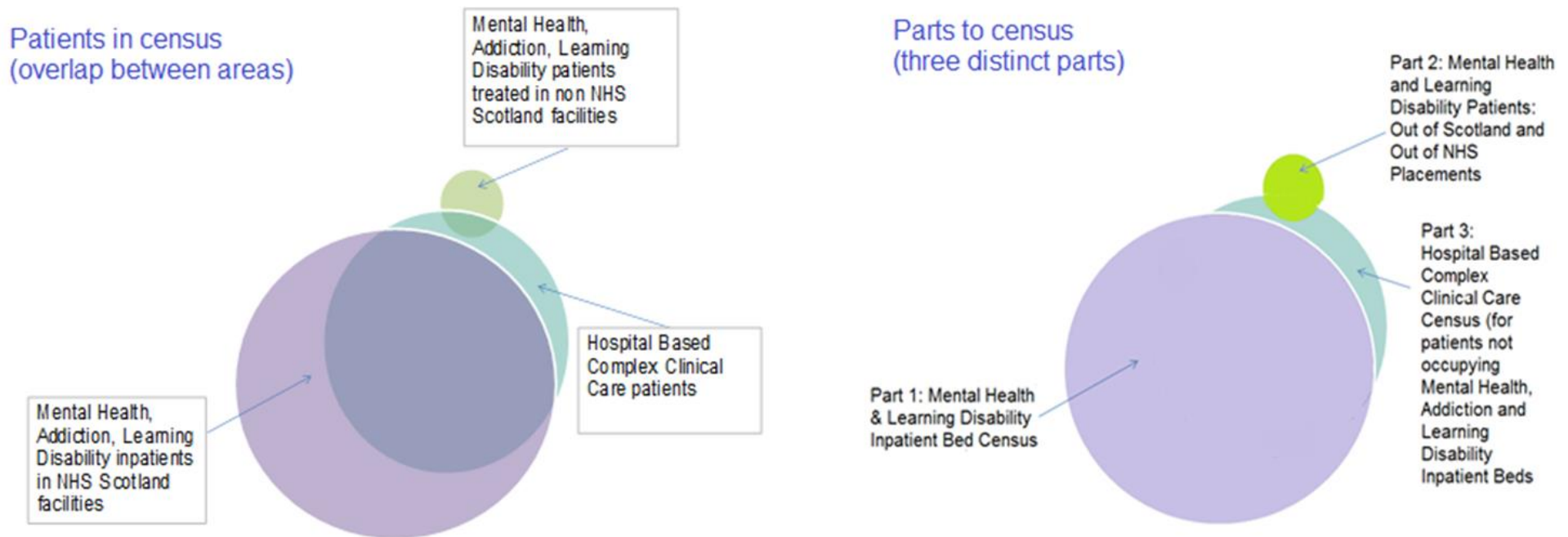| Version	Status	Authors	Issue Date	Issued To	Comments / changes
0.1		Ellen Lynch (on behalf of Working Group), Health Analytical Services Division (Scottish Government)	3rd Nov 2015		
0.2		Ellen Lynch			Minor additions to some of the defintions to improve clarity.
0.3		David Scott			Added a column to indicate the tab in the XML spreadsheet to be completed for the corresponding question.

Contents

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 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.

Patients in census
(overlap between areas)

Mental Health, Addiction, Learning Disability patients treated in non NHS Scotland facilities

Hospital Based Complex Clinical Care patients

Mental Health, Addiction, Learning Disability inpatients in NHS Scotland facilities

Parts to census
(three distinct parts)

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

Part 3: Hospital Based Complex Clinical Care Census (for patients not occupying Mental Health, Addiction and Learning Disability Inpatient Beds

Part 1: Mental Health & Learning Disability Inpatient Bed 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) 31st March 2016).

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 an 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/Census2016

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) 31st March 2016).

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/Census2016

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

Information to be returned for every patient who is receiving Hospital Based Complex Clinical Care (HBCCC) as at the census date (midnight (end of) 31st March 2016).

For the Hospital Based Complex Clinical Care Census (part 3), the **patient will <u>not</u> 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 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 (all patients who have been in hospital for 6 months or more should have been assessed for HBCCC). **OR**

- The **patient has been in hospital for at least 6 months**.

This <u>includes</u> patients who are receiving their treatment:

- Within NHS Scotland facilities (e.g. acute general hospitals, community hospitals), but see the 'excludes' section below.

- Out with NHS Scotland facilities but are funded by NHS Scotland (e.g. care homes, hospices, facilities in England), but see the 'excludes' section below.

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

<u>**Exclude:**</u>

- 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).

- 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).

Guidance notes and other key documents for the *'Hospital Based Complex Clinical Care Census (Part 3)'* can be found here: http://www.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/Census2016

Mental Health and Learning Disability Inpatient Bed Census (Part 1): Introduction and FAQs

IMPORTANT: This document provides guidance notes for the '***Mental Health and Learning Disability Inpatient Bed Census (Part 1)'*** **only**. If you are responsible for completing the '***Mental Health, Addiction and Learning Disability Patients: Out of NHS Scotland Placements Census (Part 2)'*** and/or '***Hospital Based Complex Clinical Care 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/Census2016

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, if we need to provide more appropriate training for those people who are treating and caring for our patients. Furthermore, the analysis also lets 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
- Third sector
- Patients
- Public
- Approved researchers working in the areas of mental health, addiction or learning disabilities.

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

Health Analytical Services Division (ASD) is one of a number of Analytical Services Divisions in the Scottish Government. Health Analytical Services Division'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 practice[1] 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?

David Scott
Health Analytical Services Division
Scottish Government
Telephone: 0131 244 3435
e-mail: SWStat@scotland.gsi.gov.uk

Ellen Lynch
Health Analytical Services Division
Scottish Government
0131 244 4093
SWStat@scotland.gsi.gov.uk

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[1] http://www.statisticsauthority.gov.uk/assessment/code-of-practice

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

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

When will the census happen?

Midnight, (end of) 31st March 2016

When do I have to submit the data by?
31st May 2016

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 and Learning Disability Inpatient Bed Census (Part 1)*. 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/Census2016

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 (currently estimated Dec 2015/Jan 2016). 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 and Learning Disability Inpatient Bed Census (Part 1): Census Questions and Definitions

Please note, that where a code is provided in the table below (for example in Q5, '01' for an Acute Ward), then the data validation and collection tool (ProcXed.Net) will accept '01' **OR** 'Acute'.

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
P1:Q1	Organisation unique ID	This is the code for the organisation which is uploading the data into Procxed.net. It will either be the health board code (if your health board is uploading one dataset covering several hospitals) or it will be the location code of an individual hospital. This means that if you are a hospital, you will enter your hospital location code as the Organisation Unique Id as well as the location code (see directly below). If you are unsure, please contact Raymond Buckley (raymond.buckley@gov.scot) For reference, Annex 2 contains a list of location codes. If a particular location is not included within the list, please select 'other' (code 98). Health Board codes are below: S08000001 NHS Ayrshire & Arran S08000002 NHS Borders S08000003 NHS Dumfries & Galloway S08000004 NHS Fife S08000005 NHS Forth Valley S08000006 NHS Grampian		The location code should be entered with no spaces between the characters e.g. A101H. Any letters in this code need to be in upper case.	DataProvider

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		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 S08100008 The State Hospital			
P1:Q2	Location code	This is the code for the location where the patient is undergoing NHS health care.	This may be the same as the Organisation Unique ID for the Mental Health and Learning Disability Bed Census.	Any letters in this code need to be in upper case.	Location, Ward
P1:Q3	Location code other detail	If selected 'other' in 'Location code', provide details of location as free text.			Location
P1:Q4	Ward	Name of Ward/Number A ward is a group of beds with associated treatment facilities which is managed by a senior nurse. It may comprise a number of rooms or one room may be divided into a number of wards.	As per Continuing Care Census Guidance Document (CCCGD) http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/NHS-Continuing-Care/		Ward, Patient Details
P1:Q5	Ward Type	01 Acute 02 IPCU (Intensive Psychiatric Care Unit)	As per MH Benchmarking Project Technical Appendix		Ward

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		03 Rehabilitation (non addiction) 04 Addiction Rehabilitation 05 Addiction detox 06 Continuing care / long stay / recovery (non dementia) 07 Perinatal 08 Forensic (non Learning Disability) 09 Forensic (Learning Disability) 10 Dementia Assessment 11 Dementia care & treatment 12 Children's Unit 13 Young people's unit 14 Learning Disability unit (non Forensic) 15 Eating Disorder 98 Other (please specify)	http://www.scotland.gov.uk/Resource/Doc/212523/0056527.pdf Additional categories included by Working Group (2015).		
P1:Q6	Ward Type other detail	If select 'other' in 'Ward Type', provide details of the type of ward as free text.			Ward
P1:Q7	Security Level of Ward	1 High Security 2 Medium Security 3 Low Security 4 Intensive Psychiatric Care Unit (IPCU) 5 Open forensic Ward 6 General Psychiatric Ward 7 Community Facility			Ward
P1:Q8	Number of Available Beds	The total number of beds available in Ward, regardless if they are occupied or not. Available beds: (allocated + borrowed) – (lent			Ward

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		+ temporary) beds			
P1:Q09	Number of Occupied Beds	Number of beds occupied in the Ward at the census date			Ward
P1:Q10	Patient identifier number (e.g. PIMS 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	This must be completed	Fatal error. Cannot submit data unless this has been completed.	PatientDetails, MultipleResponses
P1:Q11	CHI	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. 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 tenth digit is always even for females and odd for males.	This information will be encrypted one way once the data has been uploaded to Procxed.Net to protect patient privacy. This means the Scottish Government will not be able to see the CHI number, but instead a string of numbers. The encryption method will be shared with the CHI Team at ISD Scotland to enable data linkage (e.g. to SMR04) in the future.	10-digit number	PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
P1:Q12	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.	This is additional information for quality assurance purposes and to enable matching to other data. This information will be encrypted one way once the data has been uploaded to Procxed.Net to protect patient privacy. This means the Scottish Government will not be able to see the patient's forename, but instead a string of numbers. The encryption method will be shared with the CHI Team at ISD Scotland to enable data linkage (e.g. to SMR04) in the future.		PatientDetails
P1:Q13	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.	This is additional information for quality assurance purposes and to enable matching to other data. This data item is **Not Mandatory**.		PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
			This information will be encrypted one way once the data has been uploaded to Procxed.Net to protect patient privacy. This means the Scottish Government will not be able to see the patient's middle name, but instead a string of numbers. The encryption method will be shared with the CHI Team at ISD Scotland to enable data linkage (e.g. to SMR04) in the future.		
P1:Q14	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.	This is additional information for quality assurance purposes and to enable matching to other data. This information will be encrypted one way once the data has been uploaded to Procxed.Net to protect		PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
			patient privacy. This means the Scottish Government will not be able to see the patient's surname, but instead a string of numbers. The encryption method will be shared with the CHI Team at ISD Scotland to enable data linkage (e.g. to SMR04) in the future.		
P1:Q15	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. 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 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 be entered in the format DD/MM/CCYY, using either dashes (-) or backslashes (/) as the separator, e.g. 09-02-1942 or 09/02/1942 for 9th February 1942. 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

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
			It is essential that date of birth is completed as accurately as possible to enable analysis by age to be undertaken.		
P1:Q16	Gender	1 - Male 2 - Female 98 – Other 99 – Not known			PatientDetails
P1:Q17	Ethnicity	**Codes and Values: Ethnicity Code** **1 - White** 1A - White Scottish 1B - White Other British 1C - White Irish 1K - White Gypsy/Traveller 1L - White Polish 1Z - Other white ethnic group 2A - Any mixed or multiple ethnic groups **3 - Asian, Asian Scottish or Asian British** 3F - Pakistani, Pakistani Scottish or Pakistani British 3G - Indian, Indian Scottish or Indian British 3H - Bangladeshi, Bangladeshi Scottish or Bangladeshi British 3J - Chinese, Chinese Scottish or Chinese British 3Z - Other Asian, Asian Scottish or Asian British			PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		4D - African, African Scottish or African British 4Y - Other African 5C - Caribbean, Caribbean Scottish or Caribbean British 5D - Black, Black Scottish or Black British 5Y - Other Caribbean or Black 6A - Arab, Arab Scottish or Arab British 6Z - Other ethnic group 94 - Refused/Not provided by patient 99 - Not Known			
P1:Q18	Marital Status	A - Never married nor registered civil partnership B - Married C - Registered civil partnership D - Separated, but still married E - Separated, but still in civil partnership F - Divorced G - Dissolved civil partnership H - Widowed J - Surviving civil partner Y - Other Z - Not known	Self-reported legal status. This should not reflect social status or living arrangements		PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
P1:Q19	Marital Status other detail	If answer 'Other' to 'Marital Status', provide details of marital status as free text.			PatientDetails
P1:Q20	Dependants	1 - Child(ren) under 5 2 - Child(ren) aged 5 - under 16 3 - Child(ren) 16-18 in full time education 4 - Partner (see comments) 5 – Working Age Adult (aged 16 – under 65) 6 - Elderly Relative(s) (aged 65+) (see comments) 97 - None 98 - Other 99 - Not Known ***Can select more than 1 category***	Includes financial dependents and/or people who require care (for example due to a disability or health reasons). Select 'Partner' only if the patient acts as their carer or if the partner is financially dependent on the patient. Select 'Working Age Adult' only if the patient acts as their carer or if the adult is financially dependent on the patient (exclude partner and exclude those aged 16-18 in full time education) Select 'Elderly Relative' only if the patient acts as their carer or if the partner is financially dependent on the patient.		MultipleResponses

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
P1:Q21	Dependants other detail	If answer 'Other' to 'Dependants', provide details of dependants as free text.			PatientDetails
P1:Q22	Language	Preferred Language (if other than English) e.g. British Sign Language, Spanish, German, assisted communication. If the person is unable to communicate then enter 'None'.	Free text Leave blank if the patient's preferred language is English.		PatientDetails
P1:Q23	Employment Status	1 - Child 2 - Employed 3 - ESF/Sheltered 4 - House Husband 5 - Housewife 6 - In Work - Early Post Recruitment 7 - In Work - Long Term Support 8 - Not Allowed To Work 9 - Pathway - Other 10 - Positive Activity 11 - Retired 12 - Student 13 - Un-Employed 14 - Volunteer 15 - Work Preparation - Initial Stages 16 - Work Preparation - Later Stages 99 - Not Known			PatientDetails
P1:Q24	Status of Living	Categories taken from the Scottish Welfare Fund data specification:			PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
	circumstances as at Census	01 Local authority tenancy 02 Private rented tenancy 03 Own property – owning/buying/selling 04 Parental / family home / relatives 05 Friends / partners 06 Armed services accommodation 07 Prison or detention centre 08 Hospital or other medical establishment 09 Children's residential accommodation (looked after by the local authority) or foster care 10 Supported accommodation 11 Hostel 12 Bed and breakfast 13 Caravan / mobile home 14 Sheltered housing 15 Homeless 16 Residential / care home 98 Other 99 Not known / refused			
P1:Q25	Living Circumstances other detail	If answer 'Other' to 'Living Circumstances', provide details of the patient's living circumstances as free text.			PatientDetails
P1:Q26	Postcode of Patient's home	Up to 8 characters. Will show the patient's Postcode on admission.	This is the postcode of the private home, care home or hospice where		PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
	address prior to admission		the patient resided when they were admitted. 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 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. | | |

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
P1:Q27	Postcode of patient's home address on date of census if changed from admission	Up to 8 characters. Will show the patient's Postcode at the time of the census.	Can include hospital postcode if relevant. The postcode should be left justified and include the space, e.g. KY4 8DW, G4 6HR.		PatientDetails
P1:Q28	Health Board Responsible for Funding	The NHS Board area where the patient usually resides. The current configuration of NHS Boards came into being on 1st April 2006. At this time, NHS Argyll & Clyde was dissolved. NHS Greater Glasgow and NHS Highland both took over parts of the former NHS Argyll and Clyde. In cases where the patient does not usually reside in Scotland, codes have been assigned for these specific circumstances. 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			PatientDetails

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 S08200001 England/Wales/Northern Ireland S08200002 No Fixed Abode S08200003 Not Known S08200004 Outside U.K. SD001 National Services Division			
P1:Q29	Is the patient in receipt of Hospital Based Complex Clinical Care (HBCCC)?	HBCCC patients <u>cannot</u> 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 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 (all patients who have been in hospital for 6 months or more should have been assessed for HBCCC). OR	Check with Patient's consultant or equivalent specialist if the patient is in receipt of HBCCC.	Check there is no ready for discharge. Check against date of admission.	PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		• The patient has been in hospital for at least 6 months. 1 Yes 0 No			
P1:Q30	Subject to other legislation	If there is a legal requirement for the patient to be receiving care or treatment, what legislation does this come under? 96 – Not applicable 1 - The Adult Support and Protection (Scotland) Act 2007 2 - Adults with incapacity (Scotland) Act 2000 3A - Mental Health Act - Emergency Detention Certificate 3B - Mental Health Act - Short Term Detention Certificate (28 days) 3C - Mental Health Act - Compulsory Treatment Order 3D - Mental Health Act - Community Based Treatment Order 3E - Mental Health Act - Transfer for Treatment Direction (*Section 136*) 3F – Mental Health Act - Nurse holding powers	As at time of census .		MultipleResponses

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		4A - Criminal Procedure Act - Compulsory Order (*Section 57A*) 4B - Criminal Procedure Act - Assessment Order (*Section 52B-J*) 4C - Criminal Procedure Act - Treatment Order (*Section 52K-S*) 4D - Criminal Procedure Act - Interim Compulsio Order (*Section 53 & 57(2)(bb)*) 4E - Criminal Procedure Act - Temporary Compulsion Order 4F - Criminal Procedure Act - Hospital Direction (*Section 59A*) 4G - Criminal Procedure Act - Compulsion Order and Restriction Order (*Section 57(2) (a) and (b)*) 4H - Criminal Procedure Act - Restriction Order (*Section 59*) 5 – Regulation of Care (Scotland) Act 2001 98 – Other legislation ***Can select more than 1 legislation***			
P1:Q31	Protected patients	At the request of the Caldicott Guardians we have to be able to flag any records in our dataset which require extra consideration prior to giving access to any researchers in safe havens. Due to the sensitive information contained in the dataset, any researcher (e.g.	Scottish Government will combine this information with responses to the 'Subject to other legislation' question.		PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		from academia) who applies for access will have their application carefully scrutinised. There may be a small number of records on the dataset which require extra consideration, for example: • The address of place of treatment is not in the public domain (e.g. there are a small number of care homes which this applies to) • The patient is at risk of harm by another person(s) • Their identity could be disclosed because they are the only patient either being treated at a facility, or they are the only patient which your health board sends to a facility. • Other reason 1 Yes 0 No			
P1:Q32	Is the patient being managed primarily by forensic services?	1 Yes 0 No			PatientDetails
P1:Q33	Security	Has the patient been accepted for treatment in a ward setting with a different level of security? 1 Yes 0 No	Must be completed, do not leave blank.		PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		96 – Not applicable			
P1:Q34	Security other detail	If answer 'Yes' to 'Security', give the accepted level of security. 1 – High Security 2 – Medium Security 3 – Low Security 4 – Intensive Psychiatric Care Unit (IPCU) 5 – Open Forensic Ward 6 – General Psychiatric Ward 7 – Community Facility 96 – Not applicable	Only shows on eform if answered yes to Q33.		PatientDetails
P1:Q35	Security date	If answer 'Yes' to 'Security', give the date for when the patient was accepted for treatment in a ward setting with a different level of security.	This will enable us to calculate waiting time for transfer (as at the census). All dates must be entered in the format DD/MM/CCYY or DD-MM-CCYYY, using either dashes (-) or backslashes (/) as the separator, e.g. 09-06-2014 or 09/06/2014 for 9th June 2014. All dates must consist of eight digits by entering preceding		PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
			zeros for single digits in day or month and the full four-digit year must be recorded.

Only shows on eform if answered yes to Q33. | | |
| P1:Q36 | Long Term Need (2 years) | Within the next two years from the census date, which of the following service types/levels do you anticipate the patient requiring:

1 – High Security
2 – Medium Security
3 – Low Security
4 – Intensive Psychiatric Care Unit (IPCU)
5 – Open Forensic Ward
6 – General Psychiatric Ward
7 – Community Facility
8 - Prison
96 – Not Applicable
99 – Not Known | **This data item is only to be completed for forensic patients (i.e. Q32=yes).** | | PatientDetails |
| P1:Q37 | Long Term Need (5 years) | Within the next five years from the census date, which of the following service types/levels do you anticipate the patient requiring:

1 – High Security
2 – Medium Security | **This data item is only to be completed for forensic patients (i.e. Q32=yes).** | | PatientDetails |

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		3 – Low Security 4 – Intensive Psychiatric Care Unit (IPCU) 5 – Open Forensic Ward 6 – General Psychiatric Ward 7 – Community Facility 8 - Prison 96 – Not Applicable 99 – Not Known			
P1:Q38	Other non NHS agencies involved in care	Which non-NHS agencies are involved in providing care to the patient? 1 - Local Authority (non-criminal justice) 2 - Voluntary 3 – Private 4 – Criminal justice 97 - None 98 - Other 99 - Not Known ***Can select more than 1 category***			MultipleResponses
P1:Q39	Other "agencies" involved in care other detail	If answer 'Other' to 'Other "agencies" involved in care', provide details of the other "agencies" involved in care as free text.			PatientDetails
P1:Q40	Did the patient have a paid carer	A paid carer is defined as a carer who is being paid by the Local Authority, Health & Social			PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
	at any point during the 2 weeks prior to admission to hospital / care home?	Care Partnerships, Privately or by the Voluntary Sector to work as a carer. Exclude foster carers or paid kinship carers. 1 Yes 0 No 99 Not Known			
P1:Q41	Did the patient have unpaid care at any point during the 2 weeks prior to admission to hospital / care home?	For the purpose of this data collection, by unpaid care we mean anyone who has received unpaid care and support from family members, friends and/or neighbours. 1 Yes 0 No 99 Not Known	Unpaid care is sometimes known as informal care.		PatientDetails
P1:Q42	Is the patient on pass?	1 Yes 0 No			PatientDetails
P1:Q43	Patient on pass	If 'Yes' to 'Is the patient on pass?', provide details of where the patient is on pass to from the list. 1 Home 2 Other part of Healthcare system 3 Third Party Provider 4 Other 'Home' includes the patient's own home or a	Only show on eform if answered yes or entered code 1 to Q42.		PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		relative's/carer's home.			
P1:Q44	Patient on pass other detail	If answer 'Other' to 'Patient on pass', provide details of where the patient was on pass to as free text.			PatientDetails
P1:Q45	Admission date	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 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. **To be completed for Hospital Based Complex Clinical Care patients only**	e.g. a patient may have been treated in a general acute hospital because of a fall prior to being admitted to a psychiatric inpatient bed. The admission date would be the date of admission to the general acute hospital. **To be completed for Hospital Based Complex Clinical Care patients only** All dates must be entered in the format DD/MM/CCYY or DD-MM-CCYYY, using either dashes (-) or backslashes (/) as the separator, e.g. 09-06-2014 or 09/06/2014 for 9th June 2014. All dates must consist of eight digits by		PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
			entering preceding zeros for single digits in day or month and the full four-digit year must be recorded. This has been added in to align with the other information required for Hospital Based Complex Clinical Care patients.		
P1:Q46	Admission date to psychiatric, addiction or learning disability inpatient bed	Admission date to hospital/care home (i.e. the date at the start of the current episode in hospital/care home).	The current episode only refers to the time in hospital which the patient has been in a psychiatric, addiction or learning disability inpatient bed. It excludes any time spent in general acute hospital beds prior to being moved to a psychiatric, addiction or learning disability inpatient bed. If the patient has transferred between hospitals during the current episode, then the admission date	Must be on or before date of Census.	PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
			should refer to the date of admission to the previous hospital. If the patient was initially admitted to a different psychiatric, addiction or learning disability ward to where they currently are as at the census, then the admission date should refer to the admission date of the first psychiatric, addiction or learning disability ward which they stayed in during this episode. All dates must be entered in the format DD/MM/CCYY or DD-MM-CCYYY, using either dashes (-) or backslashes (/) as the separator, e.g. 09-06-2014 or 09/06/2014 for 9th June 2014. All dates must consist of eight digits by entering preceding zeros for single digits in		

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
			day or month and the full four-digit year must be recorded.		
P1:Q47	Admitted from (for the psychiatric, addiction or learning disability inpatient episode)	Admission/transfer from indicates the source of admission, or type of location from which a patient has been admitted 10 - Private Residence - No additional detail given 11 - Private Residence - Living alone 12 - Private Residence - Living with relatives or friends 14 - Private Residence - (supported) 18 - Private Residence - Other type (e.g. Foster Care) 19 - Private Residence - Type not known 20 - Place of Residence - Institution, no additional detail added 24 - NHS Partnership hospital 25 - Care home 28 - Place of Residence - Institution - other type 29 - Place of Residence - Institution - type not known 30 - Temporary place of residence, no additional detail needed 31 - Holiday Accommodation 32 - Student Accommodation 33 - Legal establishment, including prison 34 - No fixed abode			PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		38 - Other type of temporary residence (includes hospital residences, hotel facilities) 39 - Temporary place of residence - type not known 50 - Transfer from another Health Board/Health Care Provider - no additional detail added 51 – Transfer from another NHS provider - Accident and Emergency Ward 52 - Transfer from another NHS provider - Surgical specialty 53 - Transfer from another NHS provider - Medical specialty 54 - Transfer from another NHS provider - Obstetrics/Postnatal Cots 55 - Transfer from another NHS provider - Paediatrics 56 - Transfer from another NHS provider - Neonatal Paediatrics 57 - Transfer from another NHS provider - GP Obstetrics/Postnatal cots 58 - Transfer from another NHS provider - Other Specialty not separately identified 59 - Transfer from another Health Board/ Health Care Provider - specialty not known 5A - Transfer from another NHS provider - GP Non Obstetrics 5B - Transfer from another NHS provider - Geriatrics (except for patient on pass) 5C - Transfer from another NHS provider - Geriatrics (patient on pass)			

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		5F - Transfer from another NHS provider - Orthopaedics 40 - Transfer within the same Health Board/Health Care Provider - no additional detail added 41 – Transfer within the same provider - Accident and Emergency Ward 42 - Transfer within the same provider - Surgical specialty 43 - Transfer within the same provider - Medical specialty 44 - Transfer within the same provider - Obstetrics/Postnatal Cots 45 - Transfer within the same provider - Paediatrics 46 - Transfer within the same provider - Neonatal Paediatrics 47 - Transfer within the same provider - GP Obstetrics/Postnatal cots 48 - Transfer within the same provider - Other Specialty not separately identified 49 - Transfer within the same Health Board/ Health Care Provider - specialty not known 4A - Transfer within the same provider - GP Non Obstetrics 4B - Transfer within the same provider - Geriatrics (except for patient on pass) 4C - Transfer within the same provider - Geriatrics (patient on pass) 4F - Transfer within the same provider -			

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		Orthopaedics 60 - Admission from other types of location etc - no additional detail added 61 - Private Hospital 62 - Hospice 68 - Other type of location 69 - Type of location - not known			
P1:Q48	Reason for admission (for the psychiatric, addiction or learning disability inpatient episode)	Admission reason indicates the primary reason why a patient is admitted for the inpatient episode 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	Aligned with SMR04 codes List may be revised in future to better reflect forensic and learning disability reasons. This will be done in conjunction with SMR04. This will make it more practical and efficient for NHS Boards. It will also enable us to present consistent analysis from both data sources about the use of the inpatient estate. We would encourage any 5C codes to be reassigned to one of		PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		5B Mental Health Admission for Respite/holiday care 5C Mental Health Admission for Learning disability	the codes from 50-58 as this will provide more detail about the admission reason. If the patient has a learning disability then this will be identified from the diagnosis information.		
P1:Q49	Source of Referral which led to admission for this psychiatric, addiction or learning disability inpatient episode	1 - A&E Department (not admitted to an A&E Ward) 2 - Community Mental Health Service 3 - Crisis Service 4 - GP 5 - Judicial (Court) 6 - Local Authority/Voluntary Agency 7 - Mental Health Out-Patients 8 - Prison/Penal Establishment 9 - Police Station/Custody Suite 10 - Referral from Non-Psychiatric Inpatient Care 11 - NHS 24 12 – Assertive Outreach Service 98 - Other 99 - Not Known	Community Mental Health Services includes Community Learning Disability Teams, Community Mental Health Teams, Community Addictions Teams, Community Children's Mental Health Teams.		PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
P1:Q50	Source of Referral other detail	If select 'Other' in 'Source of Referral', provide details of the source of referral as free text.			
P1:Q51	Did the patient have contact with any of the following unscheduled care service in the *72 hours* **prior** to admission for this psychiatric, addiction or learning disability inpatient episode?	*Select all which apply* 1 A&E 2 Crisis Teams / Crisis Services 3 General Acute Unplanned Admission 4 Psychiatric Unplanned Admission 5 Court Liaison Team 90 No 99 Not known	Definition of Crisis Team: Provides a brief intervention service to patients suffering from acute mental health distress as an alternative to hospital admission. It offers a gatekeeping function to beds through intensive interventions to support patients in their own environment. It features a multi-disciplinary (multi-agency) approach to delivering a service to its geographical area.		MultipleResponses
P1:Q52	Which professional made decision to admit?	1 - Consultant 2 - Other Medical 3 - Nurse 4 - GP 99 - Not Known			PatientDetails
P1:Q53	Current Speciality as at the census	G1 General Psychiatry G2 Child and Adolescent Psychiatry G3 Forensic Psychiatry (mental health or	**Dementia** would be included under G4 - Psychiatry of Old Age		MultipleResponses

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		learning disability) G4 Psychiatry of Old Age G5 Learning Disability (non forensic) G6 Psychotherapy G7 Early Intervention Service G8 Addictions G9 Perinatal Service G10 Eating Disorder Service G11 Private G99 Not Known **Can select more than one speciality**			
P1:Q54	Consultant name	The health professional responsible for care (HCP) is the person who carries clinical responsibility for a patient's healthcare during an episode. Name of Consultant is required	This is required for data quality assurance. **This field will be removed for submission to SG.**		PatientDetails
P1:Q55	Consultant code	The health professional responsible for care (HCP) is the person who carries clinical responsibility for a patient's healthcare during an episode. Consultant code is required	**This field will be removed for submission to SG.**	The 7 digit General Medical Council (GMC) Number allocated to each doctor is used as the consultant code. (a) GMC number can consist of 7 numeric digits (b) GMC number can consist of L and 6 numeric	PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
				digits. This is used for Limited registrations (usually overseas doctors) (c) GDC number consists of D0 and 5 numeric digits. (d) The 8 digit personal identification number (PIN) allocated to each midwife is used as the midwife code. The PIN consists of an 8 character alpha/numeric code.	
P1:Q56	Was this the initial psychiatric / learning disability / addiction Ward the patient was admitted to?	1 Yes 0 No			PatientDetails
P1:Q57	Is the patient boarding from another	1 Yes 0 No			PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
	ward within the current place of treatment?				
P1:Q58	If the patient is boarding in from another ward within the current place of treatment, what ward type should they have been treated in?	01 Acute 02 IPCU (Intensive Psychiatric Care Unit) 03 Rehabilitation (non addiction) 04 Addiction Rehabilitation 05 Addiction detox 06 Continuing care / long stay / recovery (non dementia) 07 Perinatal 08 Forensic (non Learning Disability) 09 Forensic (Learning Disability) 10 Dementia Assessment 11 Dementia care & treatment 12 Children's Unit 13 Young people's unit 14 Learning Disability unit (non Forensic) 15 Eating Disorder 16 Medical 17 Surgical 96 Not applicable (patient is not boarding) 98 Other (please specify)	Only show on eform if answered yes or entered code 1 to Q57.		PatientDetails
P1:Q59	'Other' ward type patient	If answered 'other' to 'If the patient is boarding in from another ward within the current place of			PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
	should have been treated in	treatment, what ward type should they have been treated in?', then please provide a ward type by free text.			
P1:Q60	Name of ward should have been admitted to within the current place of treatment	If answer 'Yes' to 'Boarding in from another ward from within the current place of treatment', include the name of the ward that the patient should have been admitted to. Free text.	Only show on eform if answered yes or entered code 1 to Q57.		PatientDetails
P1:Q61	Boarding in from other hospital	Is the patient out with their catchment area/postcode hospital? 1 Yes 0 No			PatientDetails
P1:Q62	Boarding in from other hospital – Hospital should have been admitted to	If answer 'Yes' to 'Boarding in from other hospital', include the location code for the hospital the patient should have been admitted to.	Only show on eform if answered yes or entered code 1 to Q61. See Annex 2 for list of location codes.		PatientDetails
P1:Q63	Boarding in from other hospital – Ward should have been admitted to	If answer 'Yes' to 'Boarding in from other hospital', include ward should have been admitted to. Free text.	Only show if answered yes or entered code 1 to Q61.		PatientDetails
P1:Q64	Previously	Whether or not the patient has had previous			PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
	Known	psychiatric inpatient hospital care. 1 - YES - readmitted following break from inpatient care 0 - NO - first admission to any psychiatric hospital 99 - Not Known			
P1:Q65	Status	The status of the patient at the **time of admission** to the episode with respect to the Mental Health (Care and Treatment) (Scotland) Act of 2003. 1 Formal 2 Informal	**Points to Note** 1. "Formal" refers to patients who have been detained under the provisions of the Mental Health (Care and Treatment) (Scotland) Act of 2003. "Informal" refers to voluntary Mental Health admissions. 2. Informal Holiday/ Respite admissions are no longer recorded by Status on Admission. Such admissions can be identified by Admission Reason "5B - Respite/holiday care".		PatientDetails
P1:Q66	**Current**	See "Status" but will show latest entry for this.			PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
	detained status (at time of census)				
P1:Q67	Level of observation at time of census	Level of observation at time of census (midnight, 31stth Mar 2016): 1 - General Observation 2 - Constant Observation 3 - Special Observation 4 – Enhanced care plan for therapeutic engagement (see notes) 96 - Not applicable	Definition from the CRAG report, 2002: 1 – General Observation Staff on duty should have knowledge of the patients' general whereabouts at all times, whether in or out of the ward. 2 – Constant Observation The staff member should be constantly aware of the precise whereabouts of the patient through visual observation or hearing. 3 – Special Observation The patient should be in sight and within arm's reach of a member of staff at all times and in all circumstances.		PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
			4 - Enhanced care plan for therapeutic engagement. **Should only be completed by those in the pilot areas.** 96 – Not applicable		
P1:Q68	Observation Level not applicable	If selected '96 – Not applicable' for the question 'Level of observation at time of census' then please specify the reason as free text.			PatientDetails
P1:Q69	How many members of staff were solely dedicated in carrying out the observation as at midnight on the census date?		Only to be completed for those on constant observation level, special observation level or 'enhanced care plan for therapeutic engagement'.		PatientDetails
P1:Q70	What was the reason for the patient being on Constant, Special or 'Enhanced	*Select all which apply* 1 – Risk of self harm 2 – Risk of harm to others 3 – Risk of absconding 4 - Risks arising from sexual dis-inhibition;	Only to be completed for those on constant observation level, special observation level or 'enhanced care plan for therapeutic engagement'.		MultipleResponses

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
	care plan for therapeutic engagement'?	5 - Protection of young persons in an adult wards; 6 - Protection of vulnerable adults; 7 - Behaviour associated with eating disorders; 8 - Falls 98 – Other (please specify) *Can select more than 1 response*			
P1:Q71	'Other' reason for the patient for the patient being on Constant, Special or 'Enhanced care plan for therapeutic engagement' (please specify)	Free text			PatientDetails
P1:Q72	How long has the patient been at their current Observation Level?	1 - Less than 1 day 2 – Between 1-2 days 3 – Between 3-4 days 4 – Between 5-7 days 5 - More than 7 days	Only to be completed for those on constant observation level, special observation level or 'enhanced care plan for therapeutic engagement'.		PatientDetails
P1:Q73	Is the patient clinically	1 Yes 0 No			PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
	ready for discharge?				
P1:Q74	Delayed Discharge	Has a discharge date been set and patient still in hospital? 1 Yes 96 Not Applicable 99 Not Known	Enter 'Not Applicable' where there is no delayed discharge.		PatientDetails
P1:Q75	Delayed Discharge Date	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). If answer to 'Delayed Discharge' is 'Yes', enter the recorded ready for discharge date.	Only show on eform if answered yes or entered code 1 to Q74. Taken from Edison system All dates must be entered in the format DD/MM/CCYY or DD-MM-CCYY, using either dashes (-) or backslashes (/) as the separator, e.g. 09-06-2014 or 09/06/2014 for 9th 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

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
P1:Q76	What is the reason / What are the reasons for delayed discharge?	Provide all the relevant Delayed Discharge codes – see Annex 3.	All codes must be provided, not just the principal reason.		MultipleResponses
P1:Q77	Total Psychiatric Admissions in last year	Will show total number of Psychiatric Admissions in the year (1st Apr 2015 – 31st Mar 2016 including current admission	0 should be entered for any patients admitted before 1st Apr 2015 (i.e. patients who have been continuously in hospital/care home as an inpatient for at least a year).		PatientDetails
P1:Q78-81	Mental Health/Learning Disability diagnosis / provisional diagnosis as at census	A main condition (primary, under Q78) and up to three secondary conditions (Q79-81) - 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). See Annex 4.	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 diagnosis code.		PatientDetails OR MultipleResponses (if ICD10 codes only, without description, are being provided)
P1:Q82	Personality Disorders	1- Yes established personality disorder diagnosed 2 – No established diagnosis, but significant Personality Disorder traits suspected 3 – No personality disorder diagnosed or	In contribution to their primary diagnosis and reasons for admission, personality disorders can play a significant role in patients' reasons		PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		suspected	for admission. This often pertains to their impact on thinking, emotional regulation, behaviour and function. Maladaptive ways of interacting with and relating to others can often precipitate relational difficulties which in turn lead to breakdowns in supportive social structures and contribute to their need for admission to hospital. Please select the answer most appropriate for your patient. If an established Personality Disorder diagnosis exists, please classify that under P1:Q78-81.		
P1:Q83	ADHD	1 Yes 0 No			PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
P1:Q84	Autistic Spectrum Disorder	1 Yes 0 No			PatientDetails
P1:Q85	Sensory Impairment	1 Yes 0 No			PatientDetails
P1:Q86	Constipation	1 Yes 0 No			PatientDetails
P1:Q87-91	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 ICD10 codes can be found in Annex 4. 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 '90'.	All NHS boards will be expected to start recording ICD10 codes for non mental health conditions. From the March 2018 census only ICD10 codes will be accepted and most of the following specific co-morbidity questions will be dropped.		PatientDetails OR MultipleResponses (if ICD10 codes only, without description, are being provided)
P1:Q92	Coronary Heart Disease (as at the census date)	1 Yes 0 No Include: Atrial Fibrillation Heart Failure Congenital heart condition			PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
P1:Q93	Hypertension (as at the census date)	1a - Yes – On antihypertensives 1b - Yes – Not on antihypertensives 0 - No			PatientDetails
P1:Q94	Diabetes (as at the census date)	1 Yes 0 No			PatientDetails
P1:Q95	Stroke/TIA (Transient Ischaemic Attack) (as at the census date)	1 Yes 0 No			PatientDetails
P1:Q96	Chronic Pain condition (as at the census date)	1 Yes 0 No			PatientDetails
P1:Q97	COPD (Chronic obstructive pulmonary disease) (as at the census date)	1 Yes 0 No			PatientDetails
P1:Q98	Epilepsy (as at the census date)	1 Yes 0 No			PatientDetails
P1:Q99	Dyslipidaemia (as at the census date)	1a - Yes - On treatment medication 1b - Yes - not on treatment medication 0 - No			PatientDetails
P1:Q100	Parkinson	1 Yes			PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
	(as at the census date)	0 No Exclude: Parkinsonism, neuroleptic induced disorders			
P1:Q101	Thyroid disease (as at the census date)	1 Yes 0 No			PatientDetails
P1:Q102	Chronic kidney disease (as at the census date)	1 Yes 0 No			PatientDetails
P1:Q103	Liver disease (as at the census date)	1 Yes 0 No			PatientDetails
P1:Q104	Has the patient ever had a diagnosis of any cancer?	1 Yes 0 No			PatientDetails
P1:Q105	Smokes (Tobacco)? (In the 12 weeks prior to the census date)	1 Yes 0 No			PatientDetails
P1:Q106	Weight (most recent)	In kg Most recent weight	Enables BMI Score to be calculated		PatientDetails
P1:Q107	Height	In cm	Enables BMI Score to		PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
			be calculated		
P1:Q108	Acquired brain injury (as at the census date)	Exclude injury due to alcohol use 1 Yes 0 No			PatientDetails
P1:Q109	Alcohol acquired brain injury (as at the census date)	Injury through alcohol use 1 Yes 0 No			PatientDetails
P1:Q110	Self Harm	Did the patient self-harm in the week prior to admission? 1 - Yes – non-accidental injury 2- Yes – poisoning 3- Yes - Other (please specify) 0 – No 99 – Not known *Can select more than 1 category*	For the purpose of this data collection we define self-harm as an intentional act of self-poisoning or self-injury irrespective of the type of motivation or degree of suicidal intent. Thus it includes suicide attempts as well as acts where little or no suicidal intent is involved (e.g. where people harm themselves to reduce internal tension, distract themselves from intolerable situations, as a form of interpersonal		MultipleResponses

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
			communication of distress or other difficult feelings, or to punish themselves.) Source: Royal College of psychiatrists report: 'Self harm, suicide and Risk: Helping people who self harm', 2010. Exclusions: There are several important exclusions that this term is not intended to cover. These include harm to the self arising from excessive consumption of alcohol or recreational drugs, or from starvation arising from anorexia nervosa, or accidental harm to oneself. Source: NICE Admission is defined as at the start of the psychiatric, addiction or learning disability inpatient episode.		

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
P1:Q111	Other self harm	Free text	To be completed if answered yes or entered code 3 to Q110.		PatientDetails
P1:Q112	Suicidal	"Was the patient expressing suicidal ideation on admission to hospital/care home?" 1 – Yes 0 – No 99 – Not known	Admission is defined as at the start of the psychiatric, addiction or learning disability inpatient episode.		PatientDetails
P1:Q113	Prior substance abuse	Was there a history of alcohol dependence or substance abuse in the four weeks prior to admission to hospital/care home? 1 - Yes – alcohol dependence or harmful use of alcohol only 2 - Yes – substance abuse (excluding alcohol) 3 - Yes – both alcohol dependence and other substance abuse 0 - No 99 - Not known	Substance abuse includes cases where drugs controlled under the Misuse of Drugs Act 1971 have been consumed except where an individual has been prescribed those drugs; or cases where 'legal highs' or new/novel psychoactive substances (which may not be legally controlled) have been consumed. New or novel psychoactive substances: these are a range of substances		MultipleResponses

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
			sometimes called 'legal highs' that have the same effects as drugs such as cannabis, ecstasy, or cocaine. These substances can come in different forms such as herbal mixtures, powders, crystals or tablets. Admission is defined as at the start of the psychiatric, addiction or learning disability inpatient episode.		
P1:Q114	Prior Substances	Which substances were used in the four weeks prior to admission to hospital/care home? 1 - Amphetamine 2 - Cannabis 3 - Cocaine 4 - Crack 5 - Crystal Meth 6 – Ecstasy 7 - Glues, solvents, gas or aerosols 8 - Heroin 9 - Ketamine 10 - LSD 11 - Magic Mushrooms	New or novel psychoactive substances are a range of substances sometimes called 'legal highs' that have the same effects as drugs such as cannabis, ecstasy, or cocaine. These substances can come in different forms such as herbal mixtures, powders, crystals or tablets.	To be answered if P1:Q113 (Prior Substance abuse) is 2 or 3	PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		12 - Anabolic steroids without prescription 13 - New psychoactive substances 14 – Opioids other than Heroin 15 - Poppers 16 – Sedatives/ Tranquilisers 98- Other (please specify) 99 - Not known ***Can select more than 1 category***	Admission is defined as at the start of the psychiatric, addiction or learning disability inpatient episode.		
P1:Q115	Prior Substances: Other (please specify)	Free text		To be completed if P1:Q114 (Prior substances) is 98.	PatientDetails
P1:Q116	Route	What was the route of substance use? 1 – Injecting 2 – Oral 3 – Smoke or nasal 98 – Other 99 – Not known ***Can select more than 1 category***		To be answered if P1:Q113 (Prior Substance abuse) is 2 or 3	MultipleResponses
P1:Q117	Non-prescribed drug use during stay	Has the patient used non-prescribed drugs during their current admission to hospital/care home? 1 – Yes 0 – No	**Exclude patients in long stay / continuing care beds i.e. if 'ward type' (P1:Q5) = 06 Continuing care / long stay / recovery (non**		PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
		96 – Not applicable (patient in long stay / continuing care bed) 99 – Not known	**dementia) OR 'ward type' =** **11 Dementia care & treatment**		
P1:Q118	Substances during stay	Which substances were used during the current admission to hospital/care home? 01 - Amphetamine 02 - Cannabis 03 - Cocaine 04 - Crack 05 - Crystal Meth 06 – Ecstasy 07 - Glues, solvents, gas or aerosols 08 - Heroin 09 - Ketamine 10 - LSD 11 - Magic Mushrooms 12 - Anabolic steroids without prescription 13 - New psychoactive substances 14 – Opioids other than Heroin 15 - Poppers 16 – Sedatives/Tranquilisers 98- Other (please specify) 99 – Not known *Can select more than 1 category*	**Exclude patients in long stay / continuing care beds i.e. if 'ward type' (P1:Q5) = 06 Continuing care / long stay / recovery (non dementia) OR 'ward type' =** **11 Dementia care & treatment** New or novel psychoactive substances are a range of substances sometimes called 'legal highs' that have the same effects as drugs such as cannabis, ecstasy, or cocaine. These substances can come in different forms such as herbal mixtures, powders, crystals or tablets.	To be answered if P1:Q117 (Non-prescribed drug use during stay) is 1	MultipleResponses
P1:Q119	Substances	Free text		To be answered if	PatientDetails

Question number	Data Item	Definition	Comments	Validation	Tab on spreadsheet
	during stay: Other (please specify)			P1:Q118 (Substances during stay) is 98	
P1:Q120	Route during stay	What was the route of substance use during the current admission to hospital/care home? 1 – Injecting 2 – Oral 3 – Smoke or nasal 98 – Other 99 – Not known *Can select more than 1 category*	**Exclude patients in long stay / continuing care beds i.e. if 'ward type' (P1:Q5) = 06 Continuing care / long stay / recovery (non dementia) OR 'ward type' = 11 Dementia care & treatment**	To be answered if P1:Q117 (Non-prescribed drug use during stay) is 1	MultipleResponses

Annex 1: Location code

Location Code	Hospital/Care Home
NHS Ayrshire & Arran / Ayrshire & Arran geographical area for non NHS facilities	
A103H	Ayrshire Central Hospital
A105H	Kirklandside Hospital
A111H	Crosshouse Hospital
A121V	Buckreddan Care Centre
A144V	Thorntoun Care Centre Crosshouse
A201H	Ailsa Hospital
A208H	Biggart Hospital
A211H	Arrol Park Resource Centre
A213B	The Ayr Clinic
A215H	East Ayrshire Community Hospital
A215W	Daldorch House School
A240V	Cumbrae Lodge Nursing Home
NHS Borders / Borders geographical area for non NHS facilities	
B103H	Knoll Hospital
B104H	Galavale Hospital
B114H	Kelso Hospital
B118H	Hay Lodge Hospital
B120H	Borders General Hospital
B128H	Crumhaugh Hospital
B129H	Melburn Lodge
NHS Dumfries & Galloway / Dumfries & Galloway geographical area for non NHS facilities	
Y121V	Allanbank
Y126H	Acorn House (LD)
Y143H	Darataigh
Y145H	Midpark Hospital
Y1	Mannering Avenue, Dumfries
Y2	Trinity, Lockerbie
NHS Fife / Fife geographical area for non NHS facilities	
F711H	Whytemans Brae Hospital
F712H	Stratheden Hospital
F805H	Queen Margaret Hospital
F810H	Lynebank Hospital

F1	Bandrum Nursing Home, Dunfermline
NHS Forth Valley / Forth Valley geographical area for non NHS facilities	
V102H	Falkirk Community Hospital
V105H	Bo'ness Hospital
V106H	Bellsdyke Hospital
V201H	Stirling Community Hospital
V214H	Lochview Hospital
V216H	Clackmannanshire Community Healthcare Centre
V217H	Forth Valley Royal Hospital
V1	Claire House, Dunblane
NHS Grampian / Grampian geographical area for non NHS facilities	
N102H	Woodend General Hospital
N103H	City Hospital
N121R	Northfield Lodge
N151H	Aboyne Hospital
N181H	Glen O' Dee Hospital
N198H	Royal Cornhill Hospital
N331H	Inverurie Hospital
N332H	Insch & District War Memorial Hospital
N334H	Fraserburgh Hospital
N336H	Turriff Hospital
N352H	Ugie Hospital
N353H	Campbell Hospital
N429S	Richmond Fellowship
N431H	Seafield Hospital
N432H	Stephen Cottage Hospital
N434H	Leanchoil Hospital
N451H	Fleming Cottage Hospital
N492H	Rehabilitation Hospital
N495H	Pluscarden Clinic
N496H	375 Great Western Lodge
N498H	Arradoul Farm House
N498V	Auchtercrag Care Home
N499H	Elmwood
NHS Greater Glasgow & Clyde / Greater Glasgow & Clyde geographical area for non NHS facilities	
C204H	Dumbarton Joint Hospital
C206H	Vale of Leven Hospital
C310H	Ravenscraig Hospital
C313H	Inverclyde Royal Hospital
C403H	Dykebar Hospital

C406H	Johnstone Hospital
C407H	Merchiston Hospital
C418H	Royal Alexandra Hospital
C419H	Larkfield Unit
C420H	Blythswood House
G105V	Greenfield Park Care Centre
G111H	Parkhead Hospital
G203V	Four Hills Care Home
G206H	Ruchill Hospital
G207H	Stobhill Hospital
G302H	Leverndale Hospital
G303H	Mearnskirk Hospital
G307H	Mansionhouse Unit
G315V	Rowantree Nursing Home
G317V	Rodger Park Partnership
G405H	Southern General Hospital
G424V	Darnley Court Nursing Home
G501H	Blawarthill Hospital
G501K	St Margaret's Hospice
G503H	Drumchapel Hospital
G505H	Gartnavel Royal Hospital
G516H	Gartnavel General Hospital
G541V	Birdston Nursing Home
G544V	Almond View
G557V	Rowantree/Rodger ParkCare Home
G606H	Overtoun Court
G608H	Waterloo Close
G610H	Pineview
G611H	Netherton
G612H	Rowanbank
G613H	Skye House
G1	Royal Hospital for Sick Children
G2	Priory at Bonsecour
G3	Surehaven, Drumchapel
NHS Highland / Highland geographical area for non NHS facilities	
C101H	Argyll & Bute Hospital
H108H	Migdale Hospital
H221H	St Vincent's Hospital
H223H	New Craigs Hospital Inverness
H224H	Mid-Argyll Community Hospital
NHS Lanarkshire / Lanarkshire geographical area for non NHS facilities	
L103H	Coathill Hospital
L106H	Monklands Hospital

L112V	Cumbernauld Care Home
L203H	Cleland Hospital
L213V	Hatton Lea Care Home
L216H	Kirklands Hospital
L218H	Airbles Road Centre
L302H	Hairmyres Hospital
L305H	Udston Hospital
L307H	Caird House
L308H	Wishaw General Hospital
NHS Lothian / Lothian geographical area for non NHS facilities	
S102H	Belhaven Hospital
S103H	Corstorphine Hospital
S107H	Edenhall Hospital
S108H	Edington Cottage Hospital
S109H	Herdmanflat Hospital
S113H	Roodlands Hospital
S114H	Royal Victoria Hospital
S116H	Western General Hospital
S146V	Belgrave Lodge Nursing Home
S153V	Murrayfield Nursing Home
S201H	Astely Ainslie Hospital
S209H	Liberton Hospital
S210H	Loanhead Hospital
S214H	Rosslynlee Hospital
S217H	Royal Edinburgh Hospital
S226H	Royal Infirmary of Edinburgh
S234H	William Fraser Unit
S235H	The Islay Centre
S304B	Craigshill Health Centre
S305H	St Michael's Hospital
S306H	Tippethill Hospital
S308H	St John's Hospital
S310H	Ferryfield House
S312H	Primrose Lodge
S312H1	Glen Lomond
S312H2	Carnethy House
S312H3	Camus Tigh
S312H4	Alpha Hospital (Private)
S312H5	Dunedin
S312R	Craigshill Care Home
S313H	Ellen's Glen House
S315H	Findlay House
S318H	Midlothian Community Hospital
S327V	Murraypark Nursing Home
S385C	Leonard Cheshire Home

S1	Huntercombe Hospital
S2	Castle Craig Hospital
NHS Tayside / Tayside geographical area for non NHS facilities	
T115H	Strathmartine Hospital
T122H	Dudhope House
T215H	Murray Royal Hospital
T304H	Arbroath Infirmary
T312H	Stracathro Hospital
T313H	Whitehills Hospital
T316H	Crieff Community Hospital
T317H	Carseview Centre
T320H	Pitlochry Community Hospital
T322H	Kingsway Care Centre
T330V	Monroe House
T1	Ninewells Hospital, Dundee
T18	Discovery Unit, Clement Park Care Home
T2	Levenglen Nursing Home, Glenlomond
NHS Western Isles / Western Isles geographical area for non NHS facilities	
W106H	St Brendans Barra Western Isles
W107H	Western Isles Hospital
W108H	Uist & Barra Hosp Western Isles
State Hospital	
D101H	State Hospital, Carstairs
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: Delayed Discharge Reasons

Extract from full guidance: http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/Guidelines/delayed-discharges-manual-120613.pdf

Social Care Reasons - Community Care 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

Social Care Reasons - Community Care Arrangements

23C - Non-availability of local authority funding to purchase Care Home Place
23D - Non-availability of local authority funding to purchase any Other Care Package
24A - Awaiting place availability in Local Authority Residential Home
24B - Awaiting place availability in Independent Residential Home
24C - Awaiting place availability in Nursing Home (not NHS funded)
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)
25A - Awaiting completion of social care arrangements for Care Home placement
25D - Awaiting completion of social care arrangements - In order to live in their own home – awaiting social support (non-availability of services)
25E - Awaiting completion of social care arrangements - In order to live in their own home – awaiting procurement/delivery of equipment/ adaptations fitted
25F - Awaiting completion of social care arrangements -Specialist Housing provision (including sheltered housing and homeless patients)
25X - Awaiting completion of complex care arrangements- in order to live in their own home
26X* - Care Home/facility closed – patient well but cannot be discharged at point of census

Healthcare arrangements

41- Awaiting completion of healthcare arrangements (incl. awaiting equipment supplied by health only)
41A - Non-availability of NHS funding to purchase care home place
41B - Non-availability of NHS funding to purchase any other care package
42 - Awaiting bed availability in other NHS hospital/specialty/facility [see note 2.10]
42X* - Awaiting bed availability in other NHS hospital/specialty/facility when no facilities exist in the NHS Board Area
43 - Awaiting bed availability in non-NHS facility (e.g. hospice, NHS funded bed in Private Nursing Home)
44 - Awaiting availability of transport
46X* - Ward closed – patient well but cannot be discharged/transferred due to closure at point of census
Patient / Carer / Family-related reasons
51 - Legal issues (including intervention by patient's lawyer) - e.g. informed consent

51X* - Adults with Incapacity Act

52 - Financial and personal assets problem - e.g. confirming financial assessment

61 - Internal family dispute issues (including dispute between patient and carer)

62 - Disagreement between patient/carer/family and health services

63 - Disagreement between patient/carer/family and social work services

67 - Disagreement between patient/carer/family and health/social work

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

Other reasons

81 - Disagreement over funding between health and social care

82 - Disagreement over assessment between health and social care

9 - Code 9 should be used with the following codes: 24DX, 24EX, 25X, 26X, 42X, 46X, 51X, 71X. In all cases, code 9 should have a secondary reason code.

100 – Reprovisioning / Recommissioning (see section 2.4)

200 – Awaiting coding (Note this code is not based on ISD's list)

Annex 4: 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 Inpatient Bed Census 2016" defines the format, potential values and number of occurrences of each data item in the collection.
- The document "Data Specification: Learning Disability and Mental Health Patients: Out of NHS Scotland Placements Census 2016" defines the format, potential values and number of occurrences of each data item in the collection.