Appendices

Appendix 1: Mental Health Sit – Rep - Data Collection Fields – Definitions / Guidance

Field Title	Definition and/or Guidance
Admission Referrals	
Acute Male – Admission Referrals	The number of admission referrals to this bed type– **at the time of reporting** – from all settings
Acute Female – Admission Referrals	
Older Adult Male – Admission Referrals	This will include accepted repatriations from other Mental Health Trusts, Private Mental Health Bed Providers and Acute Trusts bed bases.
Older Adult Female – Admission Referrals	
PICU Male – Admission Referrals	This should be a reflection of all adult admission referrals from the admission referrals and repatriation element of the module (for these specialities).
PICU Female	
Step Down/Crisis House Bed – Male – Admission Referrals	**Please note as the system captures in-day admission referrals at specific time points up to 1800hrs, this will not reflect the cumulative actuals for the day.**
Step Down/Crisis House Bed – Female – Admission Referrals	**Actual total admissions will need to be retrospectively overwritten the next calendar day for the previous day (e.g. on a Tuesday, update each field to the actual number on Mondays data collection form).** **The tab to be used is the 1800hr tab, in this case as a proxy for 2359hrs.**

Field Title	Definition and/or Guidance
Acute Male – Discharged Today	The number of cumulative completed discharges for each of these bed types – **at the time of reporting.**
Acute Female – Discharged Today	
Older Adult Male – Discharged Today	**This is from the Trust Bed base.**
Older Adult Female – Discharged Today	
PICU Male – Discharged Today	**Please note as the system captures the cumulative completed discharges at specific time points up to 1800hrs, this will not reflect the cumulative actuals for the day.**
PICU Female – Discharged Today	
Step Down/Crisis House Bed – Male – Discharged Today	**Actual total completed discharges will need to be retrospectively overwritten the next calendar day for the previous day (e.g. on a Tuesday, update each field to the actual number on Mondays data collection form).**
Step Down/Crisis House Bed – Female – Discharged Today	**The tab to be used is the 1800hr tab, in this case as a proxy for 2359hrs.**
Number of Trust adult patients placed in a mental health bed outside of the Trust	This is the number of all adult patients (all patients aged 18+ with no upper age limit) of a Trust, who are currently admitted into Mental Health placements outside of that Trust the time of reporting. This will include those patients within both private and NHS provision
Number of adult patients in Trust Beds from outside of the Trust	This is the number of adult patients (all patients aged 18+ with no upper age limit) who are not the responsibility of the Trust but are currently placed within the Trust Bed Base, at the time of reporting
Bed Occupancy %	This section self-calculates occupancy as an overall percentage (%) of the core bed base v Empty beds inputted moderated by numbers beds closed to admission.
Core Bed Base	This is the overall number of beds **within** a Trust (for the defined fields) at the time of reporting (for the speciality types below) Note 1: This section self-calculates from data inputs in core bed fields: Note 2: This includes all escalation, unfunded and flex beds – allocated under speciality types below.

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Field Title	Definition and/or Guidance
Acute Male – Core Bed Base	This is the number of overall beds that are designated for this speciality type at time of reporting
Acute Female – Core Bed Base	
Older Adult Male – Core Bed Base	Note 1: This should number does not normally vary.
Older Adult Female – Core Bed Base	
PICU Male – Core Bed Base	Should beds be re-allocated for operational and capacity reasons (e.g. 'flex' of beds from male to female) or additional
PICU Female – Core Bed Base	Trust capacity be provided, then this data should be updated to accurately reflect the Trust position.
Step Down/Crisis House Bed – Male – Core Bed Base	
	Note 2: These numbers auto-roll over from the previous day/time submission.
Step Down/Crisis House Bed – Female – Core Bed Base	
Acute Male – Empty Beds	This is the number of beds that a Trust will show as empty and available for admission within each of these speciality areas at the time of reporting.
Acute Female – Empty Beds	
Older Adult Male – Empty Beds	
Older Adult Female – Empty Beds	Note 1: The number of patients on home leave should be taken into consideration in this section (subject to local arrangements and policies)
PICU Male – Empty Beds	
PICU Female – Empty Beds	
Step Down/Crisis House Bed – Male – Empty Beds	Note 2: This **should not** be moderated for patients awaiting admission **until** those admissions are **complete** and the patient has been admitted to a bed.
Step Down/Crisis House Bed – Female – Empty Beds	
Step Down/Crisis House Bed – Female – Empty Beds	Note 3: AWOL beds are considered empty after 24hrs of a patient being AWOL.

Field Title	Definition and/or Guidance
Acute Male – Closed Beds	This is the number of beds (core/escalation/flex/unfunded) across these specialities that are closed (and Empty) To Admission Due To Damage / Estate Works, Infectious Prevention Control, and Other Reason (please specify) e.g. staffing
Acute Female – Closed Beds	
Older Adult Male – Closed Beds	
Older Adult Female – Closed Beds	
PICU Male – Closed Beds	
PICU Female – Closed Beds	
Step Down/Crisis House Bed – Male – Closed Beds	
Step Down/Crisis House Bed – Female – Closed Beds	
Section 136 – Core Bed Base	This is the total number of Section 136 spaces that a Trust has responsibility for or hosts. Note: This should number **not** be varied for any short-term closures or variation in capacity (e.g. numbers moderated due to clinical presentation or estate works/damage) or known incoming patients, as this is undertaken within the empty Section 136 bed section.
Section 136 – Currently Empty	This is the number of Section 136 spaces that a Trust will show as empty and available to receive patients after consideration of: ➢ Received patients currently at the suite ➢ Spaces Closed (and Empty) To Receiving Patients Due to Damage / Estate Works ➢ Spaces Closed (and Empty) To Receiving Patients Due To Infection ➢ Spaces moderated to accommodate clinical need or increased nursing/security requirements **Note 1:** Any spaces that are subject to a predicted/pending discharge should not be counted as empty until completion of that discharge. **Note 2:** This section should be updated continuously and contemporaneously to ensure a live picture of Section 136 availability, as this mission critical to supporting shared situational awareness of live Section 136 capacity.
Fit for Discharge	This is the number as a total of all adult patients across acute, older adult and PICU and step down/crisis house Trust settings, that are at the time of reporting ready for discharge but that are for any reason unable to be discharged.

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Field Title	Definition and/or Guidance
OPEL level	This is the OPEL of the trust at time of reporting. The range is 1- 4 and should be consistent with the directions of NHSE OPEL Framework and any locally agreed parameters. Additional narrative should be provided commensurate with the OPEL particularly when it is in excess of 1. This should include a high level overview of internal and external actions. The indicative OPEL is auto calculated from data submitted within the following fields: ➤ Bed Occupancy % ➤ Section 136 Suite – No. of empty suite spaces ➤ Section 136 breaches ➤ Patients waiting to be admitted from all settings (admission referrals) ➤ Completed discharges ➤ Patients fit for discharges ➤ Number of Trust adult patients placed in a mental health bed outside of the Trust ➤ Beds Closed To Admission Please note these fields and those associated with their calculations must be completed fully for accurate OPEL calculation.
Section 136 (HBPoS) Breaches	A breach occurs when a patient remains in the 136-suite after 24hrs (or 36hrs if an extension has been appropriately applied)
Patients Waiting to be Admitted (from all settings)	This section self calculates from the cumulative data within the admission referral section
Completed Discharges	This section self calculates from the cumulative data within the discharge section (excluding out of trust/non trust patient data)
Beds Closed to Admission	This section self calculates from the cumulative data within the closed bed section

Field Title	Definition and/or Guidance
12hr Breaches	Time of decision to admit (DTA) is defined as the time when a clinician decides and records a decision to admit the patient. A breach occurs when a patient leaves an ED or non-acute assessment unit after 12hrs of the DTA
Staffing Issues	This commentary should include staffing issues which may impact or are impacting patient safety/ operational delivery – Mitigation and actions should be also included.
Infection Control	This commentary should include staffing issues which may impact or are impacting patient safety / operational delivery – Mitigation and actions should be also included.
Issues / Risks (for the next 3 days)	This commentary identify known potential issues or risks that that may impact patient safety / operational delivery operational delivery/capacity across the following 3 days
Actions to Mitigate and Manage the Issues and Risks (for the next three 3 days)	This commentary should provide by way of an assurance update on mitigations and actions being undertaken on known potential issues or risks that that may impact patient safety / operational delivery operational delivery/capacity–
Additional Comments	Anything additional information that is pertinent to operational delivery/risks for shared situational awareness across the Trust and Strategic Mental Health/STP/Surge stakeholders.