



## Appendices

### Appendix 1: CAMHS Sit – Rep - Data Collection Fields – Definitions / Guidance

Field Title	Definition and/or Guidance
<b>Admission Referrals</b>	
GAU Female	The number of admission referrals to this bed type– <b>at the time of reporting</b> – from all settings
GAU Male	
PICU Female	This will include accepted repatriations from other Mental Health Trusts, Private Mental Health Bed Providers and Acute Trusts bed bases.
PICU Male	
Eating Disorder - Female	This should be a reflection of all CAMHS admission referrals from the admission referrals and repatriation element of the module (for these specialities).
Eating Disorder - Male	
Child Inpatient - Female	
Child Inpatient - Male	
	<p>Please note as the time points for submission will capture in-day admission referrals at those specific time points and up to 1700hrs, this will not reflect the cumulative actuals for that day.</p> <p>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).</p> <p>The tab to be used is the 1700hr tab, in this case as a proxy for 2359hrs.</p>
Number of Admissions Waiting Over 24hrs (All Types)	The number of patients already counted within the above admission referral fields that have waited over 24hrs for admission irrespective of which setting these patients are currently waiting in.
Total Admission Referrals	Self-Calculating field from data entered within all fields above excluding waits >24hrs.

Field Title	Definition and/or Guidance
<b>Discharges</b>	
Total Completed Discharges Today	<p>The number of cumulative completed discharges for the calendar day at the time of reporting.  <b>At the input level this is from the Trust / provider bed base.</b></p> <p>Please note as the time points for submission will capture in-day completed discharges at those specific time points and up to 1700hrs, this will not reflect the cumulative actuals for that day.  <b>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).</b>  <b>The tab to be used is the 1700hr tab, in this case as a proxy for 2359hrs.</b></p>
Patients Fit for Discharge	This is the number as a total of all CAMHS patients across all GAU/PICU/Eating Disorder/Children beds that are at the time of reporting ready for discharge but that are for any reason unable to be discharged.
<b>Core Bed Base</b>	
Bed Occupancy %	This section self-calculates occupancy as an overall percentage (%) of the core bed base v Empty beds inputted moderated by numbers of beds closed to admission.
Core Bed Base	<p>This is the overall number of beds <b>within</b> a Trust/ provider (for the defined fields) at the time of reporting (for the speciality types below)</p> <p>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 each bed type reported</p>
GAU Female – Core Bed Base	<p>This is the number of overall beds that are designated for this speciality type at time of reporting</p> <p>Note 1: This should number does not normally vary.</p> <p>Should beds be re-allocated for operational and capacity reasons (e.g., ‘flex’ of beds from male to female) or additional Trust capacity be provided, then this data should be updated to accurately reflect the Trust/Provider position.</p> <p>Note 2: These numbers auto-roll over from the previous day/time submission.</p>
GAU Male – Core Bed Base	
PICU Female – Core Bed Base	
PICU Male - Core Bed Base	
Eating Disorder – Female – Core Bed Base	
Eating Disorder – Male – Core Bed Base – Core Bed Base	
Child Inpatient – Female – Core Bed Base	
Child Inpatient – Male – Core Bed Base	
Number of Flexi Beds – Core Bed Base	

Field Title	Definition and/or Guidance
GAU Female - Empty Beds	<p>This is the number of beds that a Trust/Provider will show as empty and available for admission within each of these bed types at the time of reporting.</p> <p>Note 1: The number of patients on home leave should be taken into consideration in this section (subject to local arrangements and policies)</p> <p>Note 2: This <b>should not</b> be moderated for patients awaiting admission <b>until</b> those admissions are <b>complete</b> and the patient has been admitted to a bed.</p> <p>Note 3: AWOL beds are considered empty after 24hrs of a patient being AWOL.</p>
GAU Male – Empty Beds	
PICU Female - Empty Beds	
PICU Male – Empty Beds	
Eating Disorder – Female – Empty Beds	
Eating Disorder – Male – Empty Beds	
Child Inpatient – Female – Empty Beds	
Child Inpatient – Male – Empty Beds	
Number of Flexi Beds – Empty Beds	
GAU Female – Beds Closed to Admission	<p>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, Infection Prevention and Control, and Other Reason (please specify) e.g. staffing</p>
GAU Male – Beds Closed to Admission	
PICU Female - Beds Closed to Admission	
PICU Male – Beds Closed to Admission	
Eating Disorder – Female – Beds Closed to Admission	
Eating Disorder – Male – Beds Closed to Admission	
Child Inpatient – Female – Beds Closed to Admission	
Child Inpatient – Male – Beds Closed to Admission	
Number of Flexi Beds – Beds Closed to Admission	
Total Beds Closed to Admission	<p>This section self calculates from the cumulative data within the closed bed section</p>

Field Title	Definition and/or Guidance
<b>Out of Area Placements</b>	
<b>Patients Placed Outside of the NCF of the Host Collaborative</b>	<p>This is the number of patients of the reporting collaborative (and constituent trust/organisation) currently placed outside of the natural clinical flow of that collaborative</p> <p>Natural Clinical Flow is dependent upon the type of service required, and patient location/residence across provider collaborative, regional and England wide services</p>
<b>Outside of Collaborative Placements Placed Within Collaborative Beds</b>	<p>This is the number of patients of other provider collaboratives / trusts currently placed within the reporting collaboratives beds.</p> <p>Natural Clinical Flow is dependent upon the type of service required, and patient location/residence across provider collaborative, regional and England wide services</p>
<b>OPEL level</b>	<p>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.</p> <p>The indicative OPEL is auto calculated from data submitted within the following fields:</p> <ul style="list-style-type: none"> <li>Bed Occupancy %</li> <li>Patients waiting to be admitted from all settings</li> <li>Total discharged (No.)</li> <li>Fit for discharge (No.)</li> <li>Number of patients placed outside of natural clinical flow (No.)</li> <li>Beds closed to admission (No.)</li> </ul> <p>Please note these fields and those associated with their calculations must be completed fully for accurate OPEL calculation.</p> <p><a href="https://www.england.nhs.uk/wp-content/uploads/2019/02/operational-pressures-escalation-levels-framework-v2.pdf">https://www.england.nhs.uk/wp-content/uploads/2019/02/operational-pressures-escalation-levels-framework-v2.pdf</a></p>

Other Information	Definition and / or Guidance
<b>CAMHS 12hr Breaches</b>	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
<b>Staffing Issues</b>	This commentary should include staffing issues which may impact or are impacting patient safety/ operational delivery – Mitigation and actions should be also included.
<b>Infection Control</b>	This commentary should include staffing issues which may impact or are impacting patient safety / operational delivery – Mitigation and actions should be also included.
<b>Issues / Risks (for the next 3 days)</b>	This commentary identifies known potential issues or risks that that may impact patient safety / operational delivery operational delivery/capacity across the following 3 days
<b>Actions to Mitigate and Manage the Issues and Risks (for the next three 3 days)</b>	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–
<b>Additional Comments</b>	Anything additional information that is pertinent to operational delivery/risks for shared situational awareness across the Trust/Provider/Collaborative and Strategic Mental Health/ICS/Surge stakeholders.