Bed Availability and Occupancy Quarterly Return Definitions (KH03) – FAQs

NHS England and NHS Improvement

Frequently Asked Questions (FAQs)

1. **Is the KH03 collection based on consultant main specialty or Treatment function?**

The KH03 collection is based on consultant main specialty. The NHS Data Model and Dictionary does include a note accompanying the list of consultant main specialties and Treatment functions that states 'Treatment Function Codes should be used for all aggregate Central Returns unless otherwise stated'. The KH03 guidance states that consultant main specialty should be used.

2. **Should I count escalation beds?**

Yes, escalation beds should be included in the bed count as and when they are available or occupied. Therefore, Q4 normally has more beds available as that's when extra beds are typically opened to cover winter pressures.

3. **How should occupancy be counted for a patient on home leave?**

A bed allocated to a patient on home leave would be recorded as not available and therefore not occupied. If the bed is subsequently made available for another patient, it would be recorded as available and occupied (once occupied). In this way, occupancy never exceeds 100%.

4. **Should I include critical care beds?**

No, critical care beds are not part of the KH03 return, however, these are counted as part of the Critical Care Bed Capacity
and Urgent Operations Cancelled (MSitRep) collection. MSitRep counts adult critical care, paediatric intensive care and neonatal intensive care beds. The guidance for MSitRep can be found –at https://www.england.nhs.uk/statistics/statistical-work-areas/critical-care-capacity/ . Any beds included in the MSitRep collection should not be included in the KH03 collection and vice versa.

5. **How does my Urgent and Emergency Care (UEC) Daily SitRep bed submission relate to KH03?**

For the Urgent and Emergency Care (UEC) Daily SitRep collection, both should follow the same reporting guidelines outlined in the KH03 Return Definitions document, for example, the figure of 'Total general and acute beds open' in the Daily Sitrep should be counted in the same way as the figure of 'general and acute beds available overnight' in the KH03 collection. Both should only count beds that are currently open for immediate use and exclude beds that are closed, even if they could be made available at short notice. The only difference is the timing of the count, which is at midnight in the KH03 collection and 8am in the UEC Daily Sitrep collection. More information about the Urgent and Emergency Care (UEC) Daily SitRep can be found here: https://improvement.nhs.uk/resources/how-to-complete-daily-sitreps/

6. **Does the bed days count need to include all occupied beds during the quarter, even for those patients still in hospital at the end of the quarter?**

All occupied bed days should be reported, even for those patients who are still in hospital and have not been discharged at the end of the quarter.

7. **Should I count beds which are led by a midwife but regularly checked on by a consultant?**

Beds should be counted if they are under the overall care of a consultant, and hence recorded against the consultant main specialty on the hospital Patient Administration System (PAS). If they are fully under midwife-led treatment and care, then they should not be counted as part of the KH03 return. If there is a mixture of beds on a ward, then beds should only be counted as part of the KH03 return on days when they are available for, or occupied by, patients receiving consultant-led treatment or care.

8. **Should I count special care baby units?**

Yes, special care baby units should be included in the return as long as they are not for intensive care.

9. **A consultant with a main specialty of 501 (Obstetrics) is treating patients for gynaecology (502) conditions on a gynaecology ward – how do I record this?**

Usually bed days should be counted based on consultant specialty, however in this situation (which we understand isn't uncommon) it makes more sense to include the beds under gynaecology so to not count beds available or occupied with non-maternity patients as maternity.

10. **Should I count beds that are closed but could be made available at short notice?**

No. Only include beds that are staffed and available. Beds for which staff are not available, including due to staff sickness or self-isolation, should not be included. Equally, beds that are closed due to the enhanced Infection Prevention and Control (IPC) should not be included.