

Bed Availability and Occupancy Quarterly Return Definitions (KH03)

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## Introduction

The quarterly Bed Availability and Occupancy (KH03) collection identifies the average number of consultant-led beds for each NHS Health Care Provider which are available for, or occupied by, patients receiving NHS treatment and care.

The figures are collected as bed days, which are broken down into day only and overnight. Both available and occupied bed days are reported to the return.

Data are collected online via the Strategic Data Collection Service (SDCS). The collection opens for submission on the first working day after the end of the quarter and closes on the fifth Friday following the end of the quarter. The data are then published on the third Thursday after the closing date.

# Reporting Guidance – How to count

#### What is the definition of a bed?

Beds counted in the KH03 return must be consultant-led beds, which also fit the following hospital bed definition. As defined by the NHS data dictionary definition, a Hospital Bed includes any device that may be used to permit a patient to lie down when the need to do so is as a consequence of the patient's condition rather than the need for active intervention such as examination, diagnostic investigation, manipulation/treatment, or transport. Cots should be included in statistics about Hospital Beds where appropriate. More information on the classification of a bed can be found here:

https://www.datadictionary.nhs.uk/supporting\_information/hospital\_bed.html?hl=bed

#### How are bed numbers counted?

Data are submitted to KH03 as figures for bed days – a total figure for the number of beds available/occupied on each day, as a sum of all the days in the quarter. For example, if there were 151 beds available each day in a quarter and there were 92 days in the quarter, the number submitted to KH03 would be 92\*151 = 13,892 (please note this is an oversimplified example as it is likely that the number of beds available will vary day by day).

Data are collected as bed days and published as average beds per day (bed days / number of days in the quarter).

#### Available and Occupied Beds

- Bed availability is submitted as a sector breakdown of G&A, Mental Illness, Learning Disability and Maternity but is not broken down further by specialty. This is because an unoccupied bed may be available for several specialities to use. Although several specialities may have access to certain beds, these would usually fall within the same sector.
- **Bed occupancy** is submitted broken down by consultant main specialty (see the Annex for a list of specialties).

### Day only and Overnight Beds

- For wards open day only, an occupied bed day is defined as a bed in which the treatment or care of at least one patient has taken place during the day. Where patients from more than one specialty have occupied a day only bed during the same day, the consultant main specialty of the first patient of the day should be reported to KH03. If more than one patient has occupied a bed during the same day this should be reported as only one bed day, therefore occupancy rates should not exceed 100%.
- For wards open overnight, an occupied bed day is defined as a bed which is occupied at midnight on the day in question.

#### Inclusions and exclusions

- Inclusions All beds counted as part of this return must be consultant-led beds for NHS patients, managed by the provider only and must fit the above aforementioned definition of a hospital bed. Any escalation beds which also fit the above definitions should be included in the count. Beds must also be staffed in order to be counted.
- Exclusions The following beds should always be excluded from the count:
  - Non-consultant-led beds (for example, midwife, nurse, therapy or GP-led)
  - Beds commissioned from other providers
  - Critical care beds\*
  - Beds designated for the use of, or occupied by, well babies
  - o Residential Care beds
  - Chairs, unless they are special chairs used for procedures as described in the NHS Data Dictionary definition of a hospital bed <u>here</u>.
  - Beds occupied by private patients

- Closed beds, including beds closed due to the enhanced Infection,
  Prevention and Control (IPC). Even beds that could be opened at short notice should not be counted.
- Virtual wards
- \* Critical care beds for adult critical care, paediatric intensive care and neonatal intensive care should **not** be counted as part of the KH03 return. These beds are counted as part of the Urgent and Emergency Care Daily Situation Report (UEC SitRep) collection for which data and guidance can be found at the following links:

https://www.england.nhs.uk/statistics/statistical-work-areas/uec-sitrep/

https://www.england.nhs.uk/statistics/statistical-work-areas/bed-availability-andoccupancy/critical-care-and-general-acute-beds-urgent-and-emergency-care-dailysituation-reports/

## **Contact Details**

If you have a question not covered by this guidance or the FAQ supporting document please contact us via e-mail – <a href="mailto:england.nhsdata@nhs.net">england.nhsdata@nhs.net</a>

# Annex

# **Consultant Specialities**

Sector	Code	Consultant Main Specialty
	100	General surgery
	101	Urology
	107	Vascular Surgery
	110	Trauma & Orthopaedics
	120	Ear Nose and Throat
	130	Ophthalmology
	140	Oral Surgery
	141	Restorative Dentistry
	142	Paediatric Dentistry
	143	Orthodontics
	145	Oral & Maxillo Facial Surgery
	146	Endodontics
	147	Periodontics
	148	Prosthodontics
	149	Surgical Dentistry
	150	Neurosurgery
	160	Plastic Surgery
General	170	Cardiothoracic Surgery
& Acute	171	Paediatric Surgery
	180	Emergency Medicine
	190	Anaesthetics
	192	Intensive Care Medicine
	300	General Internal Medicine
	301	Gastroenterology
	302	Endocrinology and Diabetes
	303	Clinical Haematology
	304	Clinical Physiology
	305	Clinical Pharmacology
	310	Audio Vestibular Medicine
	311	Clinical Genetics
	313	Clinical Immunology
	314	Rehabilitation Medicine
	315	Palliative Medicine
	317	Allergy
	320	Cardiology
	321	Paediatric Cardiology

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	325	Sports and Exercise Medicine
	326	Acute Internal Medicine
	330	Dermatology
	340	Respiratory Medicine
	350	Infectious Diseases
	352	Tropical Medicine
	360	Genito-Urinary Medicine
	361	Renal Medicine
	370	Medical Oncology
	371	Nuclear Medicine
	400	Neurology
	401	Clinical Neuro-Physiology
	410	Rheumatology
	420	Paediatrics
	421	Paediatric Neurology
	430	Geriatric Medicine
	450	Dental Medicine
	451	Special Care Dentistry
	460	Medical Ophthalmology
	502	Gynaecology
	504	Community Sexual and Reproductive Health
	800	Clinical Oncology
	810	Radiology
	820	General Pathology
	821	Blood Transfusion
	822	Chemical Pathology
	823	Haematology
	824	Histopathology
	830	Immunopathology
	831	Medical Microbiology and Virology
	833	Medical Microbiology
	834	Medical Virology
	900	Community Medicine
	901	Occupational Medicine
Maternity	501	Obstetrics
Learning Disability	700	Learning disability
	710	Adult Mental Illness
Mantal	711	Child & Adolescent Psychiatry
Mental Illness	712	Forensic Psychiatry
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	715	Old Age Psychiatry