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**NHS Information  
Standards Board**

Subject:

**Data Standards:  
Registered Care Homes**Implementation Date: **1 September 2003**

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**DATA SET CHANGE CONTROL PROCEDURE**

**This paper gives notification of changes to be included in the NHS Data Dictionary and the NHS CDS Manual as appropriate. These will be consolidated into the publications in due course.**

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**Summary of Changes:**

Changes to the NHS Data Dictionary to support the Care Standards Act 2000, and the subsequent regulatory work of the National Standards Care Commission.

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The NHS Information Standards Board (NHS ISB) is responsible for approving information standards. The NHS ISB is supported by the NHS Information Standards Advisory Board

The packaging of standards document is under review. Any changes will be notified in due course.

<http://www.nhsia.nhs.uk/dscn/pages/default.asp> and on the NHSnet at:  
<http://nwww.nhsia.nhs.uk/dscn/pages/default.asp>

### NHS Information Authority

#### Data Standards and Information Programme

<b>Reference:</b>	Change Request 371
<b>Version No:</b>	1.17
<b>Subject:</b>	Registered Care Homes
<b>Type of Change:</b>	Revision of NHS data standards
<b>Effective Date:</b>	1 September 2003
<b>Reason for Change:</b>	The Care Standards Act has changed the registration and inspection of care homes.

#### Background:

The National Care Standards Commission is a new, independent body set up under the Care Standards Act 2000 to regulate social and private and voluntary health care services throughout England.

From 1st April 2002 the NCSC took over responsibility for registration and inspection of services. The Commission will have powers of enforcement to ensure that care services are run in accordance with regulations and national minimum standards which have been set by Government.

Under the new legislation, many services that have not previously been regulated will now be required to register with the NCSC. They include local authority managed residential homes, domiciliary care services, independent fostering agencies and many independent health care establishments.

RH(N) is currently not being issued while the future of the return is being discussed.

#### Summary of changes:

##### **Class Definitions**

<a href="#">ABSENCE WITHOUT LEAVE</a>	Change to Description
<a href="#">CARE HOME REGISTRATION</a>	New Class
<a href="#">CARE HOME SERVICE</a>	New Class
<a href="#">CARE HOME SERVICE USER</a>	New Class
<a href="#">CARE HOME SITE</a>	New Class
<a href="#">CARE HOME STAY</a>	New Class
<a href="#">CHILDRENS HOME REGISTRATION</a>	New Class
<a href="#">CHILDRENS HOME SERVICE</a>	New Class
<a href="#">CHILDRENS HOME SERVICE USER</a>	New Class
<a href="#">COMMUNITY PHARMACY SITE</a>	Change to Relationships
<a href="#">COMMUNITY PHARMACY SITE CONTRACT</a>	New Class
<a href="#">CONSULTANT</a>	Change to Relationships
<a href="#">CONSULTANT EPISODE (HOSPITAL PROVIDER)</a>	Change to Description
<a href="#">GROUP HOME</a>	Deleted
<a href="#">HOME LEAVE</a>	Change to Description
<a href="#">HOME LEAVE</a>	Change to Relationships
<a href="#">HOSPITAL PROVIDER</a>	Change to Description
<a href="#">HOSPITAL PROVIDER SPELL</a>	Change to Description
<a href="#">HOSPITAL PROVIDER SPELL</a>	Change to Relationships
<a href="#">HOSPITAL SITE</a>	Change to Description
<a href="#">HOSPITAL SITE</a>	Change to Attributes
<a href="#">INDEPENDENT HEALTH CARE FACILITY</a>	New Class

<a href="#">INDEPENDENT HEALTH CARE REGISTRATION</a>	New Class
<a href="#">INDEPENDENT HEALTH CARE SERVICE</a>	New Class
<a href="#">LEAVE OF ABSENCE</a>	Change to Description
<a href="#">LEGAL STATUS</a>	Change to Description
<a href="#">LEGAL STATUS</a>	Change to Attributes
<a href="#">LEGAL STATUS</a>	Change to Relationships
<a href="#">LEGAL STATUS CLASSIFICATION</a>	Deleted
<a href="#">MENTAL HEALTH CARE SPELL</a>	Change to Description
<a href="#">MENTAL NURSING HOME ADMITTED PATIENTS</a>	Deleted
<a href="#">MENTAL NURSING HOME LEGAL STATUS CHANGE</a>	Deleted
<a href="#">MENTAL NURSING HOME RESIDENTS</a>	Deleted
<a href="#">MIDWIFE EPISODE</a>	Change to Description
<a href="#">MIDWIFE EPISODE</a>	Change to Relationships
<a href="#">NURSING EPISODE</a>	Change to Description
<a href="#">NURSING EPISODE</a>	Change to Relationships
<a href="#">NURSING HOME</a>	Deleted
<a href="#">NURSING HOME OPERATIONAL PLAN</a>	Deleted
<a href="#">NURSING HOME STAY (CONSULTANT CARE)</a>	Change to Name
<a href="#">NURSING HOME STAY (CONSULTANT CARE) renamed <a href="#">CARE HOME STAY (CONSULTANT CARE)</a></a>	Change to Description
<a href="#">NURSING HOME STAY (CONSULTANT CARE) renamed <a href="#">CARE HOME STAY (CONSULTANT CARE)</a></a>	Change to Attributes
<a href="#">NURSING HOME STAY (CONSULTANT CARE)</a>	Change to Relationships
<a href="#">NURSING HOME STAY (MIDWIFE CARE)</a>	Change to Name
<a href="#">NURSING HOME STAY (MIDWIFE CARE) renamed <a href="#">CARE HOME STAY (MIDWIFE CARE)</a></a>	Change to Description
<a href="#">NURSING HOME STAY (MIDWIFE CARE) renamed <a href="#">CARE HOME STAY (MIDWIFE CARE)</a></a>	Change to Attributes
<a href="#">NURSING HOME STAY (MIDWIFE CARE) renamed <a href="#">CARE HOME STAY (MIDWIFE CARE)</a></a>	Change to Relationships
<a href="#">NURSING HOME STAY (NURSING CARE)</a>	Change to Name
<a href="#">NURSING HOME STAY (NURSING CARE) renamed <a href="#">CARE HOME STAY (NURSING CARE)</a></a>	Change to Description
<a href="#">NURSING HOME STAY (NURSING CARE) renamed <a href="#">CARE HOME STAY (NURSING CARE)</a></a>	Change to Attributes
<a href="#">NURSING HOME STAY (NURSING CARE) renamed <a href="#">CARE HOME STAY (NURSING CARE)</a></a>	Change to Relationships
<a href="#">ORGANISATION SITE</a>	Change to Attributes
<a href="#">ORGANISATION SITE</a>	Change to Relationships
<a href="#">ORGANISATION SITE BED AVAILABILITY</a>	Change to Description
<a href="#">ORGANISATION SITE BED OCCUPANCY</a>	Change to Description
<a href="#">ORGANISATION SITE REGISTRATION</a>	Change to Description
<a href="#">PATIENT</a>	Change to Relationships
<a href="#">REGISTERED SITE BED OCCUPANCY</a>	Deleted
<a href="#">REGISTERED SITE INSPECTION</a>	Deleted
<a href="#">REGISTERED SITE INTENDED BED USE</a>	Deleted
<a href="#">REGISTERED SITE NURSES IN POST</a>	Deleted
<a href="#">RESIDENTIAL CARE HOME</a>	Deleted
<a href="#">RESIDENTIAL CARE OR GROUP HOME PLAN</a>	Deleted
<a href="#">RESIDENTIAL CARE OR GROUP HOME STAY</a>	Change to Name
<a href="#">RESIDENTIAL CARE OR GROUP HOME STAY renamed <a href="#">CARE HOME STAY (RESIDENTIAL)</a></a>	Change to Super Type
<a href="#">RESIDENTIAL CARE OR GROUP HOME STAY renamed <a href="#">CARE HOME STAY</a></a>	Change to Attributes

<a href="#">(RESIDENTIAL)</a>	
<a href="#">RESIDENTIAL CARE OR GROUP HOME STAY</a> renamed <a href="#">CARE HOME STAY</a>	Change to Relationships
<a href="#">(RESIDENTIAL)</a>	
<a href="#">RIGHT OF ADMISSION</a>	Change to Description
<a href="#">SERVICE PROVIDED</a>	Change to Relationships

### **Attribute Definitions**

<a href="#">AGE GROUP INTENDED</a>	Change to Description
<a href="#">CARE HOME SERVICE CATEGORY</a>	New Attribute
<a href="#">CARE HOME SERVICE USER NUMBER OVER 65</a>	New Attribute
<a href="#">CARE HOME SERVICE USER NUMBER UNDER 65</a>	New Attribute
<a href="#">CARE HOME SERVICE USER TYPE</a>	New Attribute
<a href="#">CARER SUPPORT INDICATOR</a>	Change to Description
<a href="#">CHILDRENS HOME SERVICE CATEGORY</a>	New Attribute
<a href="#">CHILDRENS HOME SERVICE USER TYPE</a>	New Attribute
<a href="#">COUNTY</a>	Deleted
<a href="#">DELIVERY FACILITIES AVAILABLE</a>	Change to Description
<a href="#">DISCHARGE DESTINATION</a>	Change to Description
<a href="#">FULL-TIME AGENCY OR BANK STAFF</a>	Deleted
<a href="#">FULL-TIME PERMANENT STAFF IN POST</a>	Deleted
<a href="#">HOSPITAL SITE TOTAL BEDS</a>	Deleted
<a href="#">INDEPENDENT HEALTH CARE FACILITY TYPE</a>	New Attribute
<a href="#">INDEPENDENT HEALTH CARE PATIENT NUMBER</a>	New Attribute
<a href="#">INDEPENDENT HEALTH CARE SERVICE CATEGORY</a>	New Attribute
<a href="#">INSPECTION DATE</a>	Deleted
<a href="#">INTENDED BED DAYS NHS PATIENTS</a>	Deleted
<a href="#">INTENDED BED DAYS NON-NHS PATIENTS</a>	Deleted
<a href="#">LASER SITE INDICATOR</a>	Deleted
<a href="#">LEGAL STATUS CHANGE QUANTITY</a>	Deleted
<a href="#">LEGAL STATUS CLASSIFICATION CODE</a>	Change to Description
<a href="#">LOCAL AUTHORITY</a>	Deleted
<a href="#">LOCAL AUTHORITY REGISTERED</a>	Deleted
<a href="#">MAIN PRE-ANNOUNCED INSPECTION</a>	Deleted
<a href="#">MENTAL HEALTH ACT REGISTERED</a>	Deleted
<a href="#">MENTAL NURSING HOME ADMISSIONS FEMALE</a>	Deleted
<a href="#">MENTAL NURSING HOME ADMISSIONS MALE</a>	Deleted
<a href="#">MENTAL NURSING HOME INDICATOR</a>	Deleted
<a href="#">NON-NHS COMMUNITY BED USE</a>	Change to Description
<a href="#">NUMBER OF REGISTERED BEDS</a>	Deleted
<a href="#">ORGANISATION SITE CLASSIFICATION</a>	Change to Description
<a href="#">ORGANISATION SITE REGISTERED TYPE</a>	Change to Description
<a href="#">ORGANISATION SITE REGISTRATION DATE</a>	Change to Description
<a href="#">ORGANISATION SITE TYPE</a>	Deleted
<a href="#">PART-TIME AGENCY OR BANK STAFF</a>	Deleted
<a href="#">PART-TIME PERMANENT STAFF IN POST</a>	Deleted
<a href="#">PART-TIME WTE AGENCY OR BANK STAFF</a>	Deleted
<a href="#">PART-TIME WTE PERMANENT IN POST</a>	Deleted
<a href="#">PHARMACY INDICATOR</a>	Deleted
<a href="#">PROVIDING CARE TO CHILDREN</a>	New Attribute
<a href="#">REGISTERED SITE BEDS OCCUPIED</a>	Deleted
<a href="#">REGISTERED SITE PATIENT AGE GROUP</a>	Deleted

<a href="#">REGISTERED SITE PATIENT GROUP</a>	Deleted
<a href="#">REGISTERED SITE PATIENT TYPE</a>	Deleted
<a href="#">RESIDENT MEDICAL PRACTITIONER INDICATOR</a>	Deleted
<a href="#">RESIDENTS FEMALES DETAINED</a>	Deleted
<a href="#">RESIDENTS FEMALES NOT DETAINED</a>	Deleted
<a href="#">RESIDENTS MALES DETAINED</a>	Deleted
<a href="#">RESIDENTS MALES NOT DETAINED</a>	Deleted
<a href="#">SEX OF PATIENTS</a>	Change to Description
<a href="#">SOURCE OF ADMISSION</a>	Change to Description

### **Data Elements**

<a href="#">ADMISSIONS (MENTAL HEALTH)</a>	Change to Description
<a href="#">BED DAYS (MENTAL HEALTH)</a>	Change to Description
<a href="#">BED DAYS (MENTAL HEALTH INTENSIVE)</a>	Change to Description
<a href="#">BED DAYS (MENTAL HEALTH MEDIUM SECURE)</a>	Change to Description
<a href="#">BED DAYS (MENTAL HEALTH NHS COMMUNITY CARE)</a>	Change to Description
<a href="#">COMMUNITY SURVIVAL TIMES LIST (MENTAL HEALTH)</a>	Change to Description
<a href="#">DISCHARGES (MENTAL HEALTH)</a>	Change to Description
<a href="#">FIRST CONTACT TIMES LIST (MENTAL HEALTH)</a>	Change to Description
<a href="#">HOSPITAL STAYS LIST (MENTAL HEALTH)</a>	Change to Description
<a href="#">MENTAL HEALTH CARE AND LEGAL STATUS HISTORY</a>	Change to Description
<a href="#">RESIDENTIAL MH NON-NHS COMMUNITY CARE INDICATOR</a>	Change to Description

### **Central Returns**

<a href="#">RH(N)</a>	Deleted
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### **Central Return Forms**

<a href="#">KH03 4</a>	Change to Guidance Text
<a href="#">KP90 3</a>	Change to Guidance Text
<a href="#">RH(N) 2</a>	Change to Guidance Text
<a href="#">RH(N) 3</a>	Change to Guidance Text
<a href="#">RH(N) 4</a>	Change to Guidance Text
<a href="#">RH(N) 5</a>	Change to Guidance Text
<a href="#">RH(N) 6</a>	Change to Guidance Text
<a href="#">RH(N) 7</a>	Change to Guidance Text

### **Diagrams**

<a href="#">CM110 COMMUNITY - NURSING CARE IN THE COMMUNITY</a>	
<a href="#">HP100 ADMITTED PATIENT NURSING CARE</a>	
<a href="#">HP110 ADMITTED PATIENT STAYS</a>	
<a href="#">HP140 ADMISSION AND DISCHARGE</a>	
<a href="#">HP300 NURSING EPISODES</a>	
<a href="#">HP310 MIDWIFE EPISODES</a>	
<a href="#">HP330 REGISTERED SITES</a>	
<a href="#">PC110 COMMUNITY PHARMACIES</a>	
<a href="#">RH(N) PREMISES REGISTERED UNDER PART II OF THE REGISTERED HOMES ACT 1984</a>	Deleted

### **Supporting Information**

<a href="#">CM110</a>	Change to Supporting Information
<a href="#">GLOSSARY OF TERMS</a>	Change to Supporting

<a href="#">GN020</a>	Information
<a href="#">HP070</a>	Change to Supporting Information
<a href="#">HP100</a>	Change to Supporting Information
<a href="#">HP110</a>	Change to Supporting Information
<a href="#">HP120</a>	Change to Supporting Information
<a href="#">HP140</a>	Change to Supporting Information
<a href="#">HP300</a>	Change to Supporting Information
<a href="#">HP310</a>	Change to Supporting Information
<a href="#">HP330</a>	Change to Supporting Information
<a href="#">MH040</a>	Change to Supporting Information
<a href="#">MISCELLANEOUS</a>	Change to Supporting Information
<a href="#">MISCELLANEOUS</a>	Change to Supporting Information
<a href="#">MUTUALLY EXCLUSIVE RELATIONSHIPS</a>	Change to Supporting Information
<a href="#">PC110</a>	Change to Supporting Information
<a href="#">REDUCED ARC - MUTUALLY EXCLUSIVE RELATIONSHIPS</a>	Change to Supporting Information
<a href="#">RELATIONSHIP NAMES</a>	Change to Supporting Information

**Name:** Model 1  
**Date:** 10 October 2003  
**Sponsor:** Data and Information Standards Programme

**Note:** Additions shown in highlighted with a blue background. Deletions are shown using strikeout.

## ABSENCE WITHOUT LEAVE

Change to Class: Change to Description

~~A period of ABSENCE WITHOUT LEAVE occurs when [PATIENTS](#) who are for the time being liable to be detained in hospital under Part II of the Mental Health Act 1983, absent themselves from hospital without leave being granted, or absent themselves without permission from any place where they are required to reside in accordance with conditions imposed on granted [LEAVE OF ABSENCE](#), or fail to return to hospital by midnight on the day specified for return from granted LEAVE OF ABSENCE.~~ A period of ABSENCE WITHOUT LEAVE occurs when [PATIENTS](#) who are for the time being liable to be detained in hospital under Part II of the Mental Health Act 1983, absent themselves from hospital without leave being granted, or absent themselves without permission from any place where they are required to reside in accordance with conditions imposed on granted [LEAVE OF ABSENCE](#), or fail to return to hospital by midnight on the day specified for return from granted LEAVE OF ABSENCE.

The PATIENT will still be liable to be taken into custody until the end of a period of six months beginning from the first day of absence or the end of the period for which the PATIENT is liable to be detained or subject to guardianship, whichever is the later.

The period of ABSENCE WITHOUT LEAVE starts on the day the PATIENTS absent themselves from hospital, or absent themselves from required place of residence or the day following the LEAVE OF ABSENCE planned return date. Where PATIENTS absent themselves for a period less than a day and return on the same day, an occurrence of ABSENCE WITHOUT LEAVE should not be recorded.

~~PATIENTS who have absented themselves from hospital, nursing home or residential care home or group home and fail to return within 28 days from the first day of absence will be discharged from their current HOSPITAL PROVIDER SPELL or NURSING HOME STAY (NURSING CARE), or their RESIDENTIAL CARE OR GROUP HOME STAY be ended.~~ PATIENTS who have absented themselves from hospital or care home and fail to return within 28 days from the first day of absence will be discharged from their current HOSPITAL PROVIDER SPELL or CARE HOME STAY.

The period of ABSENCE WITHOUT LEAVE ends when the PATIENT:

- returns voluntarily
- is taken into custody
- fails to return within six months beginning from the first day of absence or by the end of the period for which they are liable to be detained or subject to guardianship, whichever is the later

**This class is also known by these names:**

Context	Alias
plural	ABSENCES WITHOUT LEAVE

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## CARE HOME REGISTRATION

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Change to Class: New Class

### CARE HOME REGISTRATION

A type of [ORGANISATION SITE REGISTRATION](#).

The registration of an establishment registered with the National Care Standards Commission as a care home on a [CARE HOME SITE](#).

Any establishment in which treatment or nursing (or both) are provided for persons liable to be detained under the Mental Health Act 1983 cannot be registered as a care home and is either a NHS hospital or must be registered as an independent hospital.

References:

National Care Standards Commission registration April 2002.

**This class is also known by these names:**

Context	Alias
plural	CARE HOME REGISTRATIONS

Attributes of this Class are:

[PROVIDING CARE TO CHILDREN](#)

Each **CARE HOME REGISTRATION**

may be established with one or more [CARE HOME SERVICE](#)

may be established with one or more [CARE HOME SERVICE USER](#)

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## CARE HOME SERVICE

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Change to Class: New Class

### CARE HOME SERVICE

The category of service, such as providing personal care or nursing care, intended to be provided by a care home as part of the [CARE HOME REGISTRATION](#).

References:

National Care Standards Commission registration April 2002.

This class is also known by these names:

Context	Alias
plural	CARE HOME SERVICES

Attributes of this Class are:

K [CARE HOME SERVICE CATEGORY](#)

Each **CARE HOME SERVICE**

K must be a service of one and only one [CARE HOME REGISTRATION](#)

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## CARE HOME SERVICE USER

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Change to Class: New Class

### CARE HOME SERVICE USER

The type and number of service users of a particular age, such as terminally ill under 65 or old age, intended to use the care home as part of the [CARE HOME REGISTRATION](#).

References:

National Care Standards Commission registration April 2002.

This class is also known by these names:

Context	Alias
plural	CARE HOME SERVICE USERS

Attributes of this Class are:

- K [CARE HOME SERVICE USER TYPE](#)
- [CARE HOME SERVICE USER NUMBER OVER 65](#)
- [CARE HOME SERVICE USER NUMBER UNDER 65](#)

Each [CARE HOME SERVICE USER](#)

- K must be a user type of one and only one [CARE HOME REGISTRATION](#)

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## CARE HOME SITE

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Change to Class: New Class

### CARE HOME SITE

A type of [ORGANISATION SITE](#).

The site of an establishment registered with the National Care Standards Commission as a care home which provides accommodation, together with nursing or personal care, for the following persons:

- a person who is or has been ill
- a person who is disabled or infirm
- a person who is or has been dependent on alcohol or drugs
- a person who has or has had a mental disorder (this includes mental illness as well as psychopathic disorders)

[CARE HOME SITES](#) include group homes not normally staffed by nurses but providing accommodation and personal care, nursing homes which provide full time nursing care and residential care homes staffed 24 hours a day providing board and general personal care to vulnerable residents who require on-going care and supervision.

A nursing home is staffed by [NURSES](#) or [MIDWIVES](#) 24 hours a day, providing services for client/patients requiring residential nursing care. Medical care continues to be the responsibility of the client/ patient's [GENERAL MEDICAL PRACTITIONER](#). The premises may be used for nursing people suffering from sickness, injury or infirmity; pregnant women or women after childbirth or for nursing of mentally disordered patients. Exceptionally some [PATIENTS](#) may remain under the care of a [CONSULTANT](#), i.e. [CONSULTANT EPISODES \(HOSPITAL PROVIDER\)](#) may occur in care homes. This is likely to be where the complexity or intensity of their clinical care (whether medical, nursing or other), or the need for frequent not easily predictable interventions, requires the regular supervision of a [CONSULTANT](#).

Any establishment in which treatment or nursing (or both) are provided for persons liable to be detained under the Mental Health Act 1983 cannot be a [CARE HOME SITE](#) and is either a NHS hospital or must be registered as an independent hospital.

References:

National Care Standards Commission registration April 2002.

**This class is also known by these names:**

Context	Alias
plural	CARE HOME SITES

*This class has no attributes.*

*Each CARE HOME SITE*

may be the site of one or more [CARE HOME STAY](#)

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## CARE HOME STAY

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Change to Class: New Class

### CARE HOME STAY

A period of time a [PATIENT](#) is accommodated at a CARE HOME SITE.

Any stay in an establishment in which treatment or nursing (or both) are provided for persons liable to be detained under the Mental Health Act 1983 cannot be a CARE HOME STAY and is either a NHS or independent [HOSPITAL STAY](#).

A CARE HOME STAY may be a [CARE HOME STAY \(CONSULTANT CARE\)](#), [CARE HOME STAY \(NURSING CARE\)](#), [CARE HOME STAY \(MIDWIFE CARE\)](#) or [CARE HOME STAY \(RESIDENTIAL\)](#) depending on responsibility of care.

**This class is also known by these names:**

Context	Alias
plural	CARE HOME STAYS

*Attributes of this Class are:*

- K [START DATE](#)
- O [END DATE](#)

*Each CARE HOME STAY*

- K must be staying at one and only one [CARE HOME SITE](#)
- K must be the stay of one and only one [PATIENT](#)
- may be provided as one and only one [SERVICE PROVIDED](#)

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## CHILDRENS HOME REGISTRATION

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Change to Class: New Class

## CHILDRENS HOME REGISTRATION

A type of [ORGANISATION SITE REGISTRATION](#).

An establishment registered with the National Care Standards Commission as a children's home which provides care and accommodation wholly or mainly for children.

An establishment is not a children's home merely because a child is cared for and accommodated there by a parent or relative or by a foster parent.

A school may be registered as a children's home if accommodation is provided for children at the school for more than 295 days during a twelve month period.

References:

National Care Standards Commission registration April 2002.

**This class is also known by these names:**

Context	Alias
plural	CHILDRENS HOME REGISTRATIONS

*This class has no attributes.*

*Each CHILDRENS HOME REGISTRATION*

may be established with one or more [CHILDRENS HOME SERVICE](#)

may be established with one or more [CHILDRENS HOME SERVICE USER](#)

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## CHILDRENS HOME SERVICE

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Change to Class: New Class

## CHILDRENS HOME SERVICE

The category of service, such as a secure unit or residential special school, intended to be provided by a children's home as part of a [CHILDRENS HOME REGISTRATION](#).

References:

National Care Standards Commission registration April 2002.

**This class is also known by these names:**

Context	Alias
plural	CHILDRENS HOME SERVICES

*Attributes of this Class are:*

K [CHILDRENS HOME SERVICE CATEGORY](#)

*Each CHILDRENS HOME SERVICE*

K must be a service of one and only one [CHILDRENS HOME REGISTRATION](#)

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## CHILDRENS HOME SERVICE USER

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Change to Class: New Class

### CHILDRENS HOME SERVICE USER

The type of service users, such as physically disabled or drug dependent, intended to use the children's home as part of a [CHILDRENS HOME REGISTRATION](#).

References:

National Care Standards Commission registration April 2002.

**This class is also known by these names:**

Context	Alias
plural	CHILDRENS HOME SERVICE USERS

*Attributes of this Class are:*

K [CHILDRENS HOME SERVICE USER TYPE](#)

*Each CHILDRENS HOME SERVICE USER*

K must be a user type of one and only one [CHILDRENS HOME REGISTRATION](#)

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## COMMUNITY PHARMACY SITE

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Change to Class: Change to Relationships

*Each COMMUNITY PHARMACY SITE*

may be providing one or more [COMMUNITY PHARMACY ADDITIONAL HOURS](#)

may be reopened as one or more COMMUNITY PHARMACY SITE

may be a reopening of one COMMUNITY PHARMACY SITE

may be the subject of one or more [COMMUNITY PHARMACY SITE APPLICATION](#)

~~may be the giver of advice to one or more [NURSING HOME](#)~~

~~may be the giver of advice to one or more [RESIDENTIAL CARE HOME](#)~~

may be provider for one or more [COMMUNITY PHARMACY SITE CONTRACT](#)

may be the collector during one or more [WASTE MEDICINES QUANTITY PERIOD](#)

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# COMMUNITY PHARMACY SITE CONTRACT

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Change to Class: New Class

## COMMUNITY PHARMACY SITE CONTRACT

A contract for the provision of general pharmaceutical advice between a COMMUNITY PHARMACY SITE and a [CARE HOME SITE](#).

This class is also known by these names:

Context	Alias
plural	COMMUNITY PHARMACY SITE CONTRACTS

Attributes of this Class are:

- K [START DATE](#)
- O [END DATE](#)

Each COMMUNITY PHARMACY SITE CONTRACT

- K must be contract for one and only one [COMMUNITY PHARMACY SITE](#)
- K must be contracted by one and only one [ORGANISATION SITE](#)

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# CONSULTANT

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Change to Class: Change to Relationships

Each CONSULTANT

- must be contracted as main specialty by a provider for one and only one [SPECIALTY](#)
- may be responsible for one or more [ANTI-CANCER DRUG PROGRAMME](#)
- may be related to one or more [CONSULTANT CLINIC](#)
- may be related to one or more [CONSULTANT OUT-PATIENT EPISODE](#)
- may be contracted for one or more [CONSULTANT SPECIALTY FUNCTION](#)
- may be related to one or more [DOMICILIARY CONSULTATION](#)
- may be related to one or more [ELECTIVE ADMISSION LIST ENTRY](#)
- may be responsible for one or more [FACE TO FACE CONTACT OPTICAL](#)
- may be related to one or more [ISOTOPE PROCEDURE DEPARTMENT](#)
- ~~may be responsible for one or more [NURSING HOME STAY \(CONSULTANT CARE\)](#)~~
- may be related to one or more [OPERATING THEATRE SESSION](#)
- may be related to one or more [OPERATING THEATRE SESSION](#)
- may be related to one or more [PATHOLOGY DEPARTMENT](#)
- may be related to one or more [PATIENT PROCEDURE](#)
- may be related to one or more [PHYSIOLOGICAL MEASUREMENT DEPARTMENT](#)
- may be related to one or more [RADIOLOGY DEPARTMENT](#)
- may be responsible for one or more [RADIOTHERAPY TREATMENT COURSE](#)
- may be related to one or more [REFERRAL REQUEST](#)
- may be related to one or more [RIGHT OF ADMISSION](#)

- may be related to one or more [SHARED CARE CONSULTANT](#)
- may be related to one or more [SHARED CARE OUT-PATIENT CONSULTANT](#)
- may be related to one or more [SHARED CLINIC CONSULTANT](#)
- may be related to one or more [THEATRE CASE](#)
- may be related to one or more [WARD INTENDED BED USE](#)

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## CONSULTANT EPISODE (HOSPITAL PROVIDER)

Change to Class: Change to Description

~~The time a PATIENT spends in the continuous care of one CONSULTANT using HOSPITAL SITE or NURSING HOME bed(s) of one HEALTH CARE PROVIDER or, in the case of shared care, in the care of two or more CONSULTANTS.~~ The time a PATIENT spends in the continuous care of one CONSULTANT using HOSPITAL SITE or CARE HOME SITE bed(s) of one HEALTH CARE PROVIDER or, in the case of shared care, in the care of two or more CONSULTANTS. Where care is provided by two or more CONSULTANTS within the same episode, one CONSULTANT will take overriding responsibility for the patient and only one CONSULTANT EPISODE (HOSPITAL PROVIDER) is recorded. Additional CONSULTANTS participating in the care of PATIENT are defined as SHARED CARE CONSULTANTS. A CONSULTANT EPISODE (HOSPITAL PROVIDER) includes those episodes for which a GMP is acting as a CONSULTANT.

A PATIENT going on HOME LEAVE, or LEAVE OF ABSENCE for 28 days or less, or has a current period of ABSENCE WITHOUT LEAVE of 28 days or less, does not interrupt the CONSULTANT EPISODE (HOSPITAL PROVIDER).

A PATIENT may not have concurrent CONSULTANT EPISODES (HOSPITAL PROVIDER) but can have CONSULTANT OUT-PATIENT EPISODES overlapping with a CONSULTANT EPISODE (HOSPITAL PROVIDER). A CONSULTANT EPISODE (HOSPITAL PROVIDER) must not overlap with a NURSING EPISODE for the same PATIENT.

Any time spent as a LODGED PATIENT before being admitted to a WARD is included in the first CONSULTANT EPISODE (HOSPITAL PROVIDER).

A CONSULTANT transfer occurs when the responsibility for a PATIENT transfers from one CONSULTANT (or GMP acting as a CONSULTANT) to another within a HOSPITAL PROVIDER SPELL. In this case one CONSULTANT EPISODE (HOSPITAL PROVIDER) will end and another one begin.

~~A transfer of responsibility may occur from a CONSULTANT to the PATIENT's own GMP (not acting as CONSULTANT) with the PATIENT still in a WARD or NURSING HOME to receive nursing care.~~ A transfer of responsibility may occur from a CONSULTANT to the PATIENT's own GMP (not acting as CONSULTANT) with the PATIENT still in a WARD or CARE HOME SITE to receive nursing care. In this case the CONSULTANT EPISODE (HOSPITAL PROVIDER) will end and a NURSING EPISODE will begin.

~~A transfer of responsibility from the PATIENT's own GMP to a CONSULTANT while the PATIENT is in a WARD or NURSING HOME for nursing care will end the NURSING EPISODE and begin a CONSULTANT EPISODE (HOSPITAL PROVIDER).~~ A transfer of responsibility from the PATIENT's own GMP to a CONSULTANT while the PATIENT is in a WARD or CARE HOME SITE for nursing care will end the NURSING EPISODE and begin a CONSULTANT EPISODE (HOSPITAL PROVIDER).

**This class is also known by these names:**

Context	Alias
plural	CONSULTANT EPISODES (HOSPITAL PROVIDER)

[top](#)

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## GROUP HOME

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Change to Class: Deleted

Deleted

[top](#)

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## HOME LEAVE

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Change to Class: Change to Description

~~HOME LEAVE occurs when a [PATIENT](#) who is not liable to be detained under Part II of the Mental Health Act 1983 and who is using a bed in a [WARD](#) or [NURSING HOME](#) spends a period of time outside hospital/nursing home, usually at home, with the intention of returning to the same type of [WARD](#) or [NURSING HOME](#) to continue the same [CONSULTANT EPISODE \(HOSPITAL PROVIDER\)](#), [MIDWIFE EPISODE](#) or [NURSING EPISODE](#).~~ HOME LEAVE occurs when a [PATIENT](#) who is not liable to be detained under Part II of the Mental Health Act 1983 and who is using a bed in a [WARD](#) or care home spends a period of time outside hospital/care home, usually at home, with the intention of returning to the same type of [WARD](#) or care home to continue the same [CONSULTANT EPISODE \(HOSPITAL PROVIDER\)](#), [MIDWIFE EPISODE](#) or [NURSING EPISODE](#).

A [PATIENT](#) liable to be detained in hospital under Part II of the Mental Health Act 1983 and as amended by the Mental Health (Patients in the Community) Act 1985, should be granted [LEAVE OF ABSENCE](#) instead of HOME LEAVE.

For a [PATIENT](#) under a [NURSING EPISODE](#) or a [MIDWIFE EPISODE](#) the period of time is at the discretion of the responsible nurse. The period of time for all other [PATIENTS](#) should be a maximum of Saturday, Sunday, NHS, bank and public holidays plus another three days. ~~If a [PATIENT](#) does not return on the day specified and has failed to make alternative arrangements with hospital/nursing home staff, such a [PATIENT](#) should be considered discharged from that day.~~ If a [PATIENT](#) does not return on the day specified and has failed to make alternative arrangements with hospital/care home staff, such a [PATIENT](#) should be considered discharged from that day. The date on which a [PATIENT](#) leaves the [WARD](#) to go on HOME LEAVE closes the preceding [WARD STAY](#).

**This class is also known by these names:**

Context	Alias
plural	HOME LEAVES

[top](#)

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## HOME LEAVE

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Change to Class: Change to Relationships

Each HOME LEAVE

K must be related to one and only one [PATIENT](#)  
~~must be if not from hospital from one and only one [NURSING HOME](#)~~  
~~or must be if not from nursing home from one and only one [WARD](#)~~  
must be if not from nursing home from one and only one [WARD](#)  
must be if not from hospital from one and only one [ORGANISATION SITE](#)  
may be related to one and only one [HOSPITAL PROVIDER SPELL](#)

[top](#)

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## HOSPITAL PROVIDER

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Change to Class: Change to Description

~~A [HEALTH CARE PROVIDER](#) providing services from:-~~ A [HEALTH CARE PROVIDER](#) providing services from:-

- ~~a. A private hospital, home or clinic registered under section 23 of the Registered Homes Act 1984~~
- a. A [CARE HOME SITE](#)
- ~~b. A separately managed NHS unit (including [NHS TRUSTS](#)) for [PATIENTS](#) using a hospital bed, or for [PATIENTS](#) using a [NURSING HOME](#) bed under the care of a [CONSULTANT](#)~~
- b. A separately managed NHS unit (including [NHS TRUSTS](#)) for [PATIENTS](#) using a hospital bed, or for [PATIENTS](#) using a care home bed under the care of a [CONSULTANT](#)

~~Note: Private, registered clinics will include those providing treatment which may not be strictly health care, eg hair transplant. This is currently the case, and activity would not be required from such clinics unless a contract was placed with them.~~

This class is also known by these names:

Context	Alias
plural	HOSPITAL PROVIDERS

[top](#)

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## HOSPITAL PROVIDER SPELL

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Change to Class: Change to Description

~~The total continuous stay of a [PATIENT](#) using a bed on premises controlled by a [HEALTH CARE PROVIDER](#) during which medical care is the responsibility of one or more [CONSULTANTS](#), or the [PATIENT](#) is receiving care under one or more [NURSING EPISODES](#) or [MIDWIFE EPISODES](#) in a [WARD](#).~~ The total continuous stay of a [PATIENT](#) using a bed on premises controlled by a [HEALTH CARE PROVIDER](#) during which medical care is the responsibility of one or more [CONSULTANTS](#), or the [PATIENT](#) is receiving care under one or more [NURSING EPISODES](#) or [MIDWIFE EPISODES](#) in a [WARD](#). During [NURSING EPISODES](#) and [MIDWIFE EPISODES](#) general medical care is the responsibility of their own GMP, who is not acting as a consultant .

The HOSPITAL PROVIDER SPELL starts when a [CONSULTANT](#), [NURSE](#) or [MIDWIFE](#) assumes responsibility for care following the decision to admit the [PATIENT](#). This may be before formal admission

procedures have been completed and the PATIENT transferred to a WARD. For example, if a PATIENT is brought into hospital as an emergency and dies in the operating theatre before being transferred to a ward, the PATIENT would have started a HOSPITAL PROVIDER SPELL.

In some circumstances a PATIENT may take [HOME LEAVE](#), or [LEAVE OF ABSENCE](#) for a period of 28 days or less, or have a current period of [ABSENCE WITHOUT LEAVE](#) of 28 days or less, which does not interrupt the HOSPITAL PROVIDER SPELL, [CONSULTANT EPISODE \(HOSPITAL PROVIDER\)](#), NURSING EPISODE, MIDWIFE EPISODE or [HOSPITAL STAY](#).

Each admission as part of a series of regular day/night admissions generates a separate HOSPITAL PROVIDER SPELL and CONSULTANT EPISODE (HOSPITAL PROVIDER). An admission is the start of the PATIENT's HOSPITAL PROVIDER SPELL and the first [CONSULTANT EPISODES \(HOSPITAL PROVIDER\)](#), MIDWIFE EPISODE or NURSING EPISODE within the spell. If the PATIENT is on a [HOSPITAL SITE](#) the admission will also start the first HOSPITAL STAY and, unless the PATIENT has to spend time as a [LODGED PATIENT](#), the admission will also start the first [WARD STAY](#) within that HOSPITAL PROVIDER SPELL. ~~If the PATIENT is in a [NURSING HOME](#) the admission will start the first [NURSING HOME STAY \(CONSULTANT CARE\)](#) within the HOSPITAL PROVIDER SPELL.~~ If the PATIENT is in a care home the admission will start the first [CARE HOME STAY \(CONSULTANT CARE\)](#) within the HOSPITAL PROVIDER SPELL. Any admission of a person liable to be detained under the Mental Health Act 1983 cannot be in a care home and must be a HOSPITAL PROVIDER SPELL

~~A discharge will be the end of the last [CONSULTANT EPISODE \(HOSPITAL PROVIDER\)](#), [MIDWIFE EPISODE](#) or [NURSING EPISODE](#), and the end of the last [NURSING HOME STAY \(CONSULTANT CARE\)](#) or [HOSPITAL STAY](#) and [WARD STAY](#) within that HOSPITAL PROVIDER SPELL.~~ A discharge will be the end of the last [CONSULTANT EPISODE \(HOSPITAL PROVIDER\)](#), [MIDWIFE EPISODE](#) or [NURSING EPISODE](#), and the end of the last [CARE HOME STAY \(CONSULTANT CARE\)](#) or [HOSPITAL STAY](#) and [WARD STAY](#) within that HOSPITAL PROVIDER SPELL.

If there is any time spent as a LODGED PATIENT before transfer to a WARD this is included in the HOSPITAL PROVIDER SPELL.

***This class is also known by these names:***

Context	Alias
plural	HOSPITAL PROVIDER SPELLS

[top](#)

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## HOSPITAL PROVIDER SPELL

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Change to Class: Change to Relationships

*Each HOSPITAL PROVIDER SPELL*

- K must be related to one and only one [PATIENT](#)
- may be related to one and only one [DECISION TO ADMIT](#)
- or may be related to one and only one [ELECTIVE ADMISSION LIST ENTRY](#)
- must be provided by one and only one [HOSPITAL PROVIDER](#)
- may be related to one or more [ADMINISTRATIVE CATEGORY IN SPELL](#)
- may be related to one or more [CARE HOME STAY \(CONSULTANT CARE\)](#)
- may be related to one or more [CONSULTANT EPISODE \(HOSPITAL PROVIDER\)](#)
- may be related to one or more [HOME LEAVE](#)
- may be related to one or more [HOSPITAL STAY](#)
- may be related to one or more [LODGED PATIENT](#)

may be related to one or more [MIDWIFE EPISODE](#)  
may be related to one or more [NEONATAL LEVEL OF CARE PERIOD](#)  
may be related to one or more [NURSING EPISODE](#)  
~~may be related to one or more [NURSING HOME STAY \(CONSULTANT CARE\)](#)~~  
may be related to one and only one [PREGNANCY EPISODE](#)  
may be related to one or more [WARD STAY](#)

[top](#)

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## HOSPITAL SITE

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Change to Class: Change to Description

A type of [ORGANISATION SITE](#).

A HOSPITAL SITE is an ORGANISATION SITE that is a hospital. It should contain at least one bed routinely used by [PATIENTS](#) overnight. However, a dental hospital which does not have beds routinely used by PATIENTS overnight may be classified as a HOSPITAL SITE if it includes at least one bed routinely used by PATIENTS by day. A hospital is an establishment for which the main purpose is to provide medical or psychiatric treatment for illness or mental disorder or palliative care.

A hospital is run by a general manager and contracted staff within an organisational hierarchy of [SERVICE POINTS](#). Each SERVICE POINT serves a specific function and uses accommodation, equipment and money to provide residential care or allied and supporting services for PATIENTS.

A hospital which provides high security psychiatric services in high security accommodation for PATIENTS liable to be detained in hospital under provisions of the Mental Health Act 1983, who require treatment under conditions of special security on account of their dangerous, violent or criminal propensities, must be part of an NHS trust approved by the Secretary of State for the purpose of providing such services.

Any establishment in which treatment or nursing (or both) are provided for persons liable to be detained under the Mental Health Act 1983 is a [HOSPITAL SITE](#).

The site may or may not be classed as a NHS site.

**This class is also known by these names:**

Context	Alias
plural	HOSPITAL SITES

[top](#)

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## HOSPITAL SITE

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Change to Class: Change to Attributes

*Attributes of this Class are:*

- [CCAD HOSPITAL IDENTIFIER](#)
- [DELIVERY FACILITIES AVAILABLE](#)

- [HIGH SECURITY PSYCHIATRIC ACCOMMODATION](#)  
if approved high security accommodation provided on the hospital site
- [HOSPITAL SITE TOTAL BEDS](#)  
if not NHS site

[top](#)

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## INDEPENDENT HEALTH CARE FACILITY

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Change to Class: New Class

### INDEPENDENT HEALTH CARE FACILITY

A category of independent health care establishment that is part of the [INDEPENDENT HEALTH CARE REGISTRATION](#).

References:

National Care Standards Commission registration April 2002.

This class is also known by these names:

Context	Alias
plural	INDEPENDENT HEALTH CARE FACILITIES

Attributes of this Class are:

K [INDEPENDENT HEALTH CARE FACILITY TYPE](#)

Each [INDEPENDENT HEALTH CARE FACILITY](#)

K must be a facility of one and only one [INDEPENDENT HEALTH CARE REGISTRATION](#)

[top](#)

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## INDEPENDENT HEALTH CARE REGISTRATION

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Change to Class: New Class

### INDEPENDENT HEALTH CARE REGISTRATION

A type of [ORGANISATION SITE REGISTRATION](#).

This may be the registration of an independent hospital, an independent clinic or an independent medical agency which is not owned or managed by the NHS.

An independent hospital is an establishment the main purpose of which is to provide medical or psychiatric treatment for illness or mental disorder or palliative care; or in which any of the [INDEPENDENT HEALTH CARE SERVICES](#) are provided (whether or not other services are also provided).

It is also any establishment in which treatment or nursing (or both) is provided for persons liable to be detained under the Mental Health Act 1983.

An establishment must register as an independent hospital if it provides treatment under anaesthesia or sedation, even if this is on a day case basis. If the establishment does not provide overnight beds for any patient and does not provide treatment under general anaesthesia or sedation, then the establishment should be registered as an independent clinic.

An independent clinic is an establishment in which services are provided by medical [HEALTH CARE PROFESSIONALS](#).

An independent medical agency is an undertaking which is not an independent clinic which consists of or includes the provision of services by medical [HEALTH CARE PROFESSIONALS](#).

References:

National Care Standards Commission registration April 2002.

**This class is also known by these names:**

Context	Alias
plural	INDEPENDENT HEALTH CARE REGISTRATIONS

*This class has no attributes.*

*Each INDEPENDENT HEALTH CARE REGISTRATION*

may be established with one or more [INDEPENDENT HEALTH CARE FACILITY](#)

may be established with one or more [INDEPENDENT HEALTH CARE SERVICE](#)

[top](#)

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## INDEPENDENT HEALTH CARE SERVICE

Change to Class: New Class

## INDEPENDENT HEALTH CARE SERVICE

The type of service and numbers of patients intended to be provided as part of an [INDEPENDENT HEALTH CARE REGISTRATION](#).

References:

National Care Standards Commission registration April 2002.

**This class is also known by these names:**

Context	Alias
plural	INDEPENDENT HEALTH CARE SERVICES

*Attributes of this Class are:*

K [INDEPENDENT HEALTH CARE SERVICE CATEGORY](#)  
[INDEPENDENT HEALTH CARE PATIENT NUMBER](#)

*Each INDEPENDENT HEALTH CARE SERVICE*

K must be a service provided by one and only one [INDEPENDENT HEALTH CARE REGISTRATION](#)

## LEAVE OF ABSENCE

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Change to Class: Change to Description

LEAVE OF ABSENCE only applies to [PATIENTS](#) liable to be detained in hospital under Part II of the Mental Health Act 1983 and as amended by the Mental Health (Patients in the Community) Act 1995.

The granting of LEAVE OF ABSENCE can only be authorised by the Responsible Medical Officer for the PATIENT. The granted period of absence from hospital may be indefinite, a specified occasion or for any specified period and be escorted or unescorted. Where leave is granted for a specified period, that period may be extended by further leave granted in absence of the PATIENT. If the period of leave is extended, the current LEAVE OF ABSENCE will be ended, and a new one started.

~~A LEAVE OF ABSENCE for a period up to a maximum of 28 days from the start date, will not interrupt the [CONSULTANT EPISODE \(HOSPITAL PROVIDER\)](#), [NURSING HOME STAY \(CONSULTANT CARE\)](#), [NURSING HOME STAY \(NURSING CARE\)](#) or [RESIDENTIAL CARE OR GROUP HOME STAY](#). A LEAVE OF ABSENCE for a period greater than 28 days from the start date, will entail the PATIENT being discharged from the current [HOSPITAL PROVIDER SPELL](#) or [NURSING HOME STAYS \(NURSING CARE\)](#), or their [RESIDENTIAL CARE OR GROUP HOME STAY](#) being ended.~~ A LEAVE OF ABSENCE for a period up to a maximum of 28 days from the start date, will not interrupt the [CONSULTANT EPISODE \(HOSPITAL PROVIDER\)](#), [CARE HOME STAY \(CONSULTANT CARE\)](#), [CARE HOME STAY \(NURSING CARE\)](#) or [CARE HOME STAY \(RESIDENTIAL\)](#). A LEAVE OF ABSENCE for a period greater than 28 days from the start date, will entail the PATIENT being discharged from the current [HOSPITAL PROVIDER SPELL](#) or [CARE HOME STAYS \(NURSING CARE\)](#), or their [CARE HOME STAY \(RESIDENTIAL\)](#) being ended.

During the LEAVE OF ABSENCE, the Responsible Medical Officer continues to be responsible for the organisation and management of the PATIENT's continuing health and social care needs.

If a PATIENT does not return by midnight on the day specified, then the LEAVE OF ABSENCE will be ended and a period of [ABSENCE WITHOUT LEAVE](#) started.

**This class is also known by these names:**

Context	Alias
plural	LEAVES OF ABSENCE

## LEGAL STATUS

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Change to Class: Change to Description

~~The status required for any [PATIENT](#) who is formally detained under the Mental Health Act, or any PATIENT who is not formally detained, but has previously had a period of detention in the same [HOSPITAL PROVIDER SPELL](#), or any PATIENT under the care of a [CONSULTANT](#) in the psychiatric specialties whether or not formally detained.~~ The status required for any [PATIENT](#) who is formally detained under the Mental Health Act, or any PATIENT who is not formally detained, but has previously had a period of detention in the same [HOSPITAL PROVIDER SPELL](#), or any PATIENT under the care of a [CONSULTANT](#) in the psychiatric specialties whether or not formally detained.

Any change in [LEGAL STATUS CLASSIFICATION CODE](#) requires a new [LEGAL STATUS](#) to be recorded.

This class is also known by these names:

Context	Alias
plural	LEGAL STATUSES

[top](#)

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## LEGAL STATUS

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Change to Class: Change to Attributes

Attributes of this Class are:

- K [LEGAL STATUS CLASSIFICATION CODE](#)
- K [START DATE](#)
- O [END DATE](#)
- O [END TIME](#)
- [LEGAL STATUS RESTRICTIVENESS](#)
- [MENTAL CATEGORY](#)
- [START TIME](#)  
to be recorded if systems permit

[top](#)

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## LEGAL STATUS

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Change to Class: Change to Relationships

Each *LEGAL STATUS*

- K must be recorded for one and only one [PATIENT](#)
- must be related to one and only one [LEGAL STATUS CLASSIFICATION](#)

[top](#)

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## LEGAL STATUS CLASSIFICATION

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Change to Class: Deleted

Deleted

[top](#)

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## MENTAL HEALTH CARE SPELL

Change to Class: Change to Description

A type of [CARE SPELL](#).

A continuous period of care or assessment for an adult (including elderly) [PATIENT](#) provided by a [HEALTH CARE PROVIDER](#)'s specialist mental health services. This includes the care or assessment of adult and elderly PATIENTS with drug or alcohol dependence but excludes child and adolescent psychiatry PATIENTS and PATIENTS whose only mental disorder is a learning disability. The specialist mental health services are delivered by mental health professionals, some of whom may receive referrals directly. Examples of mental health professionals would include consultants, clinical psychologists, community psychiatric nurses and mental health social workers any of whom could be nominated and allocated as the care coordinator to the PATIENT.

A MENTAL HEALTH CARE SPELL is initiated by a referral, or the temporary or permanent transfer of main responsibility for provision of mental health care for the PATIENT from another HEALTH CARE PROVIDER.

For referrals, the MENTAL HEALTH CARE SPELL commences with an initial assessment which will determine whether treatment or care by the HEALTH CARE PROVIDER's specialist mental health services is appropriate. If not appropriate, then the MENTAL HEALTH CARE SPELL will end. If treatment or care is required then this will usually be provided as part of the Care Programme Approach. Treatment or care provided as part of the Care Programme Approach will involve one or more [CARE PROGRAMME APPROACH EPISODES](#) each with one or more [CARE PROGRAMME APPROACH REVIEWS](#).

~~The MENTAL HEALTH CARE SPELL addresses the mental health care of the PATIENT and as such may comprise a series of episodes, attendances, contacts or stays each of which will be recorded, for example [CONSULTANT OUT-PATIENT EPISODES](#), [CONSULTANT EPISODES \(HOSPITAL PROVIDER\)](#), [COMMUNITY EPISODES](#), [NURSING HOME STAY \(NURSING CARE\)](#) and [FACE TO FACE CONTACTS COMMUNITY CARES](#) etc. These are recorded in addition to [CARE PROGRAMME APPROACH EPISODES](#).~~  
The MENTAL HEALTH CARE SPELL addresses the mental health care of the PATIENT and as such may comprise a series of episodes, attendances, contacts or stays each of which will be recorded, for example [CONSULTANT OUT-PATIENT EPISODES](#), [CONSULTANT EPISODES \(HOSPITAL PROVIDER\)](#), [COMMUNITY EPISODES](#), [CARE HOME STAY \(NURSING CARE\)](#) and [FACE TO FACE CONTACTS COMMUNITY CARES](#) etc. These are recorded in addition to [CARE PROGRAMME APPROACH EPISODES](#).

Treatment requiring the temporary transfer of the PATIENT to another HEALTH CARE PROVIDER with the main responsibility for provision of mental health care also being transferred, will end the current CARE PROGRAMME APPROACH EPISODE and initiate a [MENTAL HEALTH CARE SPELL SUSPENSION](#). In cases of temporary transfer to another HEALTH CARE PROVIDER for physical care without the main responsibility for mental health care being transferred, both the current CARE PROGRAMME APPROACH EPISODE and the MENTAL HEALTH CARE SPELL will continue and the MENTAL HEALTH CARE SPELL will not be suspended.

Treatment requiring the permanent transfer of the PATIENT to another HEALTH CARE PROVIDER will initiate the ending of the current CARE PROGRAMME APPROACH EPISODE and the MENTAL HEALTH CARE SPELL.

The MENTAL HEALTH CARE SPELL ends when all associated episodes, attendances or days are explicitly closed or ended by default where a PATIENT has received in-patient care terminated other than by transfer or death or had a current period of [ABSENCE WITHOUT LEAVE](#) (but still liable to detention), within the preceding 3 months.

**This class is also known by these names:**

Context	Alias
plural	MENTAL HEALTH CARE SPELLS

[top](#)

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## MENTAL NURSING HOME ADMITTED PATIENTS

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Change to Class: Deleted

Deleted

[top](#)

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## MENTAL NURSING HOME LEGAL STATUS CHANGE

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Change to Class: Deleted

Deleted

[top](#)

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## MENTAL NURSING HOME RESIDENTS

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Change to Class: Deleted

Deleted

[top](#)

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## MIDWIFE EPISODE

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Change to Class: Change to Description

~~A continuous period of time a client ([PATIENT](#)) uses a bed or delivery facility as part of a [HOSPITAL PROVIDER SPELL](#) or [NURSING HOME STAY \(MIDWIFE CARE\)](#), under the direct care of a [MIDWIFE](#). A~~ continuous period of time a client ([PATIENT](#)) uses a bed or delivery facility as part of a [HOSPITAL PROVIDER SPELL](#) or [CARE HOME STAY \(MIDWIFE CARE\)](#), under the direct care of a [MIDWIFE](#). This may be during a [PREGNANCY EPISODE](#) for the mother but may also be for a baby following a [REGISTRABLE BIRTH](#).

The MIDWIFE with overall responsibility for a MIDWIFE EPISODE must be identified. If the responsible MIDWIFE changes then a new MIDWIFE or [CONSULTANT EPISODE \(HOSPITAL PROVIDER\)](#) begins. An intervention by a healthcare professional with responsibility for a particular procedure does not end the episode. The episode would end only if overall responsibility for the patient is transferred.

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**This class is also known by these names:**

Context	Alias
plural	MIDWIFE EPISODES

[top](#)

## MIDWIFE EPISODE

Change to Class: Change to Relationships

*Each MIDWIFE EPISODE*

- K must be related to one and only one [PATIENT](#)  
~~or must be within one and only one [HOSPITAL PROVIDER SPELL](#)~~  
~~or must be within one and only one [NURSING HOME STAY \(MIDWIFE CARE\)](#)~~  
must be within one and only one [CARE HOME STAY \(MIDWIFE CARE\)](#)  
must be within one and only one [HOSPITAL PROVIDER SPELL](#)  
must be related to one and only one [MIDWIFE](#)  
may be related to one or more [DAY CARE ATTENDANCE](#)  
may be related to one or more [LABOUR AND DELIVERY](#)  
may be to one and only one [PREGNANCY EPISODE](#)  
may be related to one and only one [SERVICE PROVIDED](#)

[top](#)

## NURSING EPISODE

Change to Class: Change to Description

~~A continuous period of residential nursing care for a client ([PATIENT](#)) given on site 24 hours a day, with a nominated [NURSE](#) responsible for and available to the client/patients in circumstances when the responsibility for medical care is provided by the [PATIENT's own GMP](#).~~ A continuous period of residential nursing care for a client ([PATIENT](#)) given on site 24 hours a day, with a nominated [NURSE](#) responsible for and available to the client/patients in circumstances when the responsibility for medical care is provided by the [PATIENT's own GMP](#).

The [NURSES](#) with overall responsibility for a [NURSING EPISODE](#) must be identified. If the responsible [NURSES](#) changes then a new [NURSING EPISODE](#) begins.

~~During a [NURSING EPISODE](#) the [PATIENT](#) is either in a [NURSING HOME](#) or in one or more [WARDS](#) of a [HOSPITAL SITE](#).~~ During a [NURSING EPISODE](#) the [PATIENT](#) is either in a care home or in one or more [WARDS](#) of a [HOSPITAL SITE](#). In some circumstances a [PATIENT](#) may take [HOME LEAVE](#), or [LEAVE OF ABSENCE](#) for 28 days or less, or has a current period of [ABSENCE WITHOUT LEAVE](#) of 28 days or less, which does not interrupt the [NURSING EPISODE](#).

**This class is also known by these names:**

Context	Alias
plural	NURSING EPISODES

[top](#)

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## NURSING EPISODE

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Change to Class: Change to Relationships

Each *NURSING EPISODE*

- K must be related to one and only one [PATIENT](#)  
~~must be if patient in hospital within one and only one [HOSPITAL PROVIDER SPELL](#)~~  
~~or must be if patient in nursing home within one and only one [NURSING HOME STAY \(NURSING CARE\)](#)~~  
must be if patient in nursing home within one and only one [CARE HOME STAY \(NURSING CARE\)](#)  
or must be if patient in hospital within one and only one [HOSPITAL PROVIDER SPELL](#)  
must be related to one and only one [NURSE](#)  
may be related to one or more [DAY CARE ATTENDANCE](#)  
may be if in hospital and as a result of an RTA, part of one and only one [ROAD TRAFFIC ACCIDENT TREATMENT](#)  
may be related to one and only one [SERVICE PROVIDED](#)

[top](#)

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## NURSING HOME

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Change to Class: Deleted

Deleted

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## NURSING HOME OPERATIONAL PLAN

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Change to Class: Deleted

Deleted

[top](#)

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## NURSING HOME STAY (CONSULTANT CARE)

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Change to Class: Change to Name

~~NURSING HOME STAY (CONSULTANT CARE)~~

[CARE HOME STAY \(CONSULTANT CARE\)](#)

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## NURSING HOME STAY (CONSULTANT CARE) renamed CARE HOME STAY (CONSULTANT CARE)

Change to Class: Change to Description

~~A period of time a [PATIENT](#) using a bed stays in one [NURSING HOME](#) with medical care the responsibility of a [CONSULTANT](#).~~ A period of time a [PATIENT](#) using a bed stays in one [CARE HOME SITE](#) with medical care the responsibility of a [CONSULTANT](#) who transferred the [PATIENT](#) to the care home. This is within a [HOSPITAL PROVIDER SPELL](#).

This class is also known by these names:

Context	Alias
<del>plural</del>	<del>NURSING HOME STAYS (CONSULTANT CARE)</del>
plural	CARE HOME STAYS (CONSULTANT CARE)

[top](#)

---

## NURSING HOME STAY (CONSULTANT CARE) renamed CARE HOME STAY (CONSULTANT CARE)

Change to Class: Change to Attributes

~~Attributes of this Class are:~~

- ~~⌘ [START DATE](#)~~
- ~~⊖ [END DATE](#)~~

~~This class has no attributes.~~

[top](#)

---

## NURSING HOME STAY (CONSULTANT CARE)

Change to Class: Change to Relationships

~~Each [NURSING HOME STAY \(CONSULTANT CARE\)](#) [CARE HOME STAY \(CONSULTANT CARE\)](#)~~  
~~⌘ must be related to one and only one [HOSPITAL PROVIDER SPELL](#)~~  
~~must be the responsibility of one and only one [CONSULTANT](#)~~  
~~must be related to one and only one [HOSPITAL PROVIDER SPELL](#)~~  
~~must be related to one and only one [NURSING HOME](#)~~  
~~may be provided as one and only one [SERVICE PROVIDED](#)~~

[top](#)

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## NURSING HOME STAY (MIDWIFE CARE)

---

Change to Class: Change to Name

## ~~NURSING HOME STAY (MIDWIFE CARE)~~

## CARE HOME STAY (MIDWIFE CARE)

[top](#)

---

## NURSING HOME STAY (MIDWIFE CARE) renamed CARE HOME STAY (MIDWIFE CARE)

---

Change to Class: Change to Description

A period of time that a [PATIENT](#) stays in one [NURSING HOME](#) with care provided during one or more ~~MIDWIFE EPISODES~~. A period of time that a [PATIENT](#) stays in one [\[DELETED\]](#) with care provided during one or more [MIDWIFE EPISODES](#).

This class is also known by these names:

Context	Alias
plural	NURSING HOME STAYS (MIDWIFE CARE)

[top](#)

---

## NURSING HOME STAY (MIDWIFE CARE) renamed CARE HOME STAY (MIDWIFE CARE)

---

Change to Class: Change to Attributes

Attributes of this Class are:

- ⌘ [START DATE](#)
- [ADMINISTRATIVE CATEGORY](#)
- [DISCHARGE DESTINATION](#)
- ⊖ [END DATE](#)
- [SOURCE OF ADMISSION](#)

[top](#)

---

## NURSING HOME STAY (MIDWIFE CARE) renamed CARE HOME STAY (MIDWIFE CARE)

---

Change to Class: Change to Relationships

~~Each **NURSING HOME STAY (MIDWIFE CARE)** Each **CARE HOME STAY (MIDWIFE CARE)**~~

~~✖ must be related to one and only one **PATIENT**  
must be related to one and only one **NURSING HOME**  
may be related to one or more **MIDWIFE EPISODE**~~

[top](#)

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## **NURSING HOME STAY (NURSING CARE)**

---

Change to Class: Change to Name

~~**NURSING HOME STAY (NURSING CARE)**~~

**CARE HOME STAY (NURSING CARE)**

[top](#)

---

**NURSING HOME STAY (NURSING CARE) renamed CARE HOME STAY (NURSING CARE)**

---

Change to Class: Change to Description

A type of **CARE HOME STAY**.

~~A period of time that a **PATIENT** stays in one **NURSING HOME** with care provided, during that time, during one or more **NURSING EPISODES**. A period of time that a **PATIENT** stays in one care home with care provided, during that time, during one or more **NURSING EPISODES**.~~

**This class is also known by these names:**

Context	Alias
plural	<del>NURSING HOME STAYS (NURSING CARE)</del>
plural	CARE HOME STAYS (NURSING CARE)

[top](#)

---

**NURSING HOME STAY (NURSING CARE) renamed CARE HOME STAY (NURSING CARE)**

---

Change to Class: Change to Attributes

*Attributes of this Class are:*

- ⌘ [START DATE](#)
- [ADMINISTRATIVE CATEGORY](#)
- [DISCHARGE DESTINATION](#)
- ⊖ [END DATE](#)
- [SOURCE OF ADMISSION](#)

[top](#)

## NURSING HOME STAY (NURSING CARE) renamed CARE HOME STAY (NURSING CARE)

Change to Class: Change to Relationships

~~Each NURSING HOME STAY (NURSING CARE)~~ **Each CARE HOME STAY (NURSING CARE)**

- ⌘ ~~must be related to one and only one~~ [PATIENT](#)
- ~~must be related to one and only one~~ [NURSING HOME](#)
- ~~must be related to one and only one~~ [SERVICE PROVIDED](#)
- may be related to one or more [NURSING EPISODE](#)

[top](#)

## ORGANISATION SITE

Change to Class: Change to Attributes

Attributes of this Class are:

- K [ORGANISATION SITE CODE](#)
- [CENSUS DATE](#)
- ⊖ [COUNTY](#)
- ⊖ [LASER SITE INDICATOR](#)  
if classified as a Registered/Chartered site
- ⊖ [LOCAL AUTHORITY](#)
- ⊖ [LOCAL AUTHORITY REGISTERED](#)  
if registered under Part I of the Registered Homes Act 1984
- ⊖ [MENTAL HEALTH ACT REGISTERED](#)  
if classified as a Registered/Chartered site
- [ORGANISATION SITE CLASSIFICATION](#)
- [ORGANISATION SITE NAME](#)
- [ORGANISATION SITE REGISTERED TYPE](#)
- ~~[ORGANISATION SITE TYPE](#)~~
- ⊖ [PHARMACY INDICATOR](#)  
if classified as a Registered/Chartered site
- ⊖ [RESIDENT MEDICAL PRACTITIONER INDICATOR](#)  
if classified as a Registered/Chartered site
- [SECURE ACCOMMODATION TYPE](#)  
if entire site facilities are used for secure accommodation

[top](#)

---

## ORGANISATION SITE

---

Change to Class: Change to Relationships

Each ORGANISATION SITE

- K must be operated and managed by one and only one [ORGANISATION](#)
- must be a site with one and only one [ADDRESS ASSOCIATION](#)
- may be related to one or more [LOCATION](#)
- ~~may be related to one or more [MENTAL NURSING HOME LEGAL STATUS CHANGE](#)~~
- may be related to one or more [ORGANISATION SITE BED AVAILABILITY](#)
- may be related to one or more [ORGANISATION SITE BED OCCUPANCY](#)
- may be registered by one or more [ORGANISATION SITE REGISTRATION](#)
- may be related to one or more [OUT-PATIENT ATTENDANCE CONSULTANT](#)
- may be related to one or more [PROFESSIONAL STAFF GROUP CONTACT](#)
- ~~may be reported as having one or more [REGISTERED SITE BED OCCUPANCY](#)~~
- ~~may be a registered site which has one or more [REGISTERED SITE INSPECTION](#)~~
- ~~may be registered for one or more [REGISTERED SITE INTENDED BED USE](#)~~
- ~~may be related to one or more [REGISTERED SITE NURSES IN POST](#)~~
- may be related to one or more [RESIDENTIAL CARE OR GROUP HOME STAY](#)
- may be related to one or more [RIGHT OF ADMISSION](#)
- may be related to one or more [SERVICE POINT](#)

[top](#)

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## ORGANISATION SITE BED AVAILABILITY

---

Change to Class: Change to Description

~~The record of a number of bed days available in a [NURSING HOME](#), [RESIDENTIAL CARE HOME](#) or [GROUP HOME](#) during a period of time.~~

The number of bed days available in an [ORGANISATION SITE](#) during a period of time.

**This class is also known by these names:**

Context	Alias
plural	ORGANISATION SITE BED AVAILABILITIES

[top](#)

---

## ORGANISATION SITE BED OCCUPANCY

---

Change to Class: Change to Description

~~The record of a number of bed days occupied in a [NURSING HOME](#), [RESIDENTIAL CARE HOME](#) or [GROUP HOME](#) during a period of time.~~

The number of bed days occupied in an [ORGANISATION SITE](#) during a period of time.

**This class is also known by these names:**

Context	Alias
plural	ORGANISATION SITE BED OCCUPANCIES

[top](#)

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## ORGANISATION SITE REGISTRATION

---

Change to Class: Change to Description

~~A registration of a voluntary or private [ORGANISATION SITE](#) registered under Section 23 of Part II of the Registered Homes Act 1984. An [ORGANISATION SITE](#) may have several registrations but only one registration per classification.~~ A registration of an [ORGANISATION SITE](#) with the National Care Standards Commission (NCSC) under the Care Standards Act 2000.

This may be a residential or nursing home, children's home, private and voluntary hospital or clinic, residential family centre, domiciliary care agency, nurses agency, a fostering agency, an adoption agency or other establishment registration.

A residential family centre is an establishment at which;

- accommodation is provided for children and their parents
- the parents' capacity to respond to the children's needs and to safeguard their welfare is monitored or assessed, and
- the parents are given such advice, guidance or counselling as is considered necessary.

A domiciliary care agency is an undertaking which consists of or includes arranging the provision of personal care in their own homes for persons who by reason of illness, infirmity or disability are unable to provide it for themselves without assistance.

A fostering agency is an undertaking which discharges functions of Local Authorities in connection with the placing of children with foster parents or a voluntary organisation which places children with foster parents under section 59(1) of the Children Act 1989.

A nurses agency is an employment agency or employment business which supplies, or provides services for the purpose of supplying, [NURSES](#).

**This class is also known by these names:**

Context	Alias
plural	ORGANISATION SITE REGISTRATIONS

[top](#)

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## PATIENT

---

Change to Class: Change to Relationships

Each *PATIENT*

may be absent for one or more [ABSENCE WITHOUT LEAVE](#)  
may be related to one or more [ACCIDENT AND EMERGENCY EPISODE](#)  
may be the subject of one or more [CANCER CARE SPELL](#)  
may be subject to one or more [CARE HOME STAY](#)  
may be associated with one or more [CLINICAL INTERVENTION](#)  
may be related to one or more [COMMUNITY EPISODE](#)  
may be the subject of one or more [CONSULTANT EPISODE \(ACUTE HOME-BASED\)](#)  
may be related to one or more [CONSULTANT OUT-PATIENT EPISODE](#)  
may be related to one or more [DECISION TO ADMIT](#)  
may be related to one or more [DENTAL EPISODE](#)  
may be related to one [DISABLEMENT APPLIANCE](#)  
may be related to one or more [DISABLEMENT APPLIANCE REPAIR](#)  
may be in receipt of one or more [DISPENSED ITEM](#)  
may be related to one or more [DOMICILIARY CONSULTATION](#)  
may be related to one or more [ELECTIVE ADMISSION LIST ENTRY](#)  
may be related to one or more [EMERGENCY DENTAL ATTENDANCE](#)  
may be related to one or more [FACE TO FACE CONTACT DENTAL](#)  
may be the subject of one or more [FACE TO FACE CONTACT OPTICAL](#)  
may be related to one or more [GENITO-URINARY EPISODE](#)  
may be related to one or more [HOME DIALYSIS EPISODE](#)  
may be related to one or more [HOME LEAVE](#)  
may be the subject of one or more [HONOS SCORE FOR PERSON](#)  
may be related to one or more [HOSPITAL PROVIDER SPELL](#)  
may be granted leave for one or more [LEAVE OF ABSENCE](#)  
may be related to one or more [LEGAL STATUS](#)  
may be related to one or more [LITHOTRIPSY COURSE ATTENDANCE](#)  
may be related to one or more [MATERNITY DOMICILIARY VISIT](#)  
may be subject to one or more [MENTAL HEALTH CARE SPELL](#)  
may be related to one or more [MIDWIFE EPISODE](#)  
may be related to one or more [NURSING EPISODE](#)  
~~may be related to one or more [NURSING HOME STAY \(MIDWIFE CARE\)](#)~~  
~~may be related to one or more [NURSING HOME STAY \(NURSING CARE\)](#)~~  
may be in receipt of health care services under one or more [OUT OF AREA TREATMENT](#)  
may be related to one or more [OUT-PATIENT APPOINTMENT](#)  
may be related to one or more [PATIENT JOURNEY](#)  
may be issued with one or more [POWERED WHEELCHAIR](#)  
may be related to one or more [PREGNANCY EPISODE](#)  
may be in receipt of one or more [PRESCRIPTION](#)  
may be related to one or more [PROFESSIONAL STAFF GROUP EPISODE](#)  
may be related to one or more [RADIOTHERAPY TREATMENT COURSE](#)  
may be related to one or more [REFERRAL FOR BIOPSY](#)  
may be related to one or more [REFERRAL FOR BREAST ASSESSMENT](#)  
may be related to one or more [REFERRAL FOR BREAST TREATMENT](#)  
may be related to one or more [REFERRAL FOR SCREENING TEST](#)  
may be related to one or more [REFERRAL REQUEST](#)  
may be related to one or more [REGULAR ATTENDER EPISODE](#)

may be related to one or more [REQUEST FOR DIAGNOSTIC TEST](#)  
~~may be related to one or more [RESIDENTIAL CARE OR GROUP HOME STAY](#)~~  
may be the subject of one or more [ROAD TRAFFIC ACCIDENT TREATMENT](#)  
may be identified as needing one or more [SECURE ACCOMMODATION REQUIREMENT](#)  
may be related to one or more [SERVICE REPORT HEADER](#)  
may be have one or more [TELEPHONE CONTACT NHS DIRECT \(MENTAL HEALTH\)](#)  
may be related to one or more [THEATRE CASE](#)  
may be associated with one or more [TOBACCO USAGE](#)  
may be related to one or more [WARD ATTENDANCE](#)  
may be issued with one or more [WHEELCHAIR SERVICES VOUCHER](#)

[top](#)

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## REGISTERED SITE BED OCCUPANCY

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Change to Class: Deleted

Deleted

[top](#)

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## REGISTERED SITE INSPECTION

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Change to Class: Deleted

Deleted

[top](#)

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## REGISTERED SITE INTENDED BED USE

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Change to Class: Deleted

Deleted

[top](#)

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## REGISTERED SITE NURSES IN POST

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Change to Class: Deleted

Deleted

[top](#)

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## RESIDENTIAL CARE HOME

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Change to Class: Deleted

Deleted

[top](#)

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## RESIDENTIAL CARE OR GROUP HOME PLAN

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Change to Class: Deleted

Deleted

[top](#)

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## RESIDENTIAL CARE OR GROUP HOME STAY

---

Change to Class: Change to Name

### ~~RESIDENTIAL CARE OR GROUP HOME STAY~~

### CARE HOME STAY (RESIDENTIAL)

[top](#)

---

## RESIDENTIAL CARE OR GROUP HOME STAY renamed CARE HOME STAY (RESIDENTIAL)

---

Change to Class: Change to Super Type, Change to Description, Change to Description

A period of time a **PATIENT** is resident in a ~~RESIDENTIAL CARE HOME~~ or ~~GROUP HOME~~. A type of **CARE HOME STAY**.

A period of time a **PATIENT** is resident in a care home. Residential accommodation provides board to the residents. Such premises are provided for vulnerable persons (eg children, the elderly, the physically disabled, those with dependence on alcohol/drugs and those with learning disabilities or who are mentally ill) who require on-going care and supervision in the circumstances where nursing care would normally be inappropriate.

This class is also known by these names:

Context	Alias

<del>plural</del>	<del>RESIDENTIAL CARE OR GROUP HOME STAYS</del>
plural	CARE HOME STAYS (RESIDENTIAL)

[top](#)

## RESIDENTIAL CARE OR GROUP HOME STAY renamed CARE HOME STAY (RESIDENTIAL)

Change to Class: Change to Attributes

Attributes of this Class are:

- ✎ ~~START DATE~~
- BROAD PATIENT GROUP
- ⊖ ~~END DATE~~

[top](#)

## RESIDENTIAL CARE OR GROUP HOME STAY renamed CARE HOME STAY (RESIDENTIAL)

Change to Class: Change to Relationships

~~Each RESIDENTIAL CARE OR GROUP HOME STAY~~  
This class has no relationships.

- ✎ ~~must be related to one and only one~~ PATIENT
- ~~must be staying at one and only one~~ ORGANISATION SITE
- ~~may be provided as one and only one~~ SERVICE PROVIDED

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## RIGHT OF ADMISSION

Change to Class: Change to Description

~~An arrangement by a HEALTH CARE PROVIDER giving Medical or Nursing Staff the right to admit a PATIENT to a hospital bed or NURSING HOME.~~ An arrangement by a HEALTH CARE PROVIDER giving Medical or Nursing Staff the right to admit a PATIENT to a hospital bed or ORGANISATION SITE.

This class is also known by these names:

Context	Alias
plural	RIGHTS OF ADMISSION

## SERVICE PROVIDED

---

Change to Class: Change to Relationships

Each *SERVICE PROVIDED*

- K must be a treatment or service provided by one and only one [HEALTH CARE PROVIDER](#)  
may be part of one and only one [HEALTH PROGRAMME](#)  
or may be related to one and only one [SURVEILLANCE PROGRAMME STAGE](#)  
may be related to one or more [GROUP SESSION](#)  
or may be related to one or more [HEALTH PROMOTION OTHER ACTIVITY](#)  
or may be related to one or more [PERSON IN A CONTACT TRACING PROGRAMME](#)  
or may be related to one or more [PERSON IN A SCREENING PROGRAMME](#)  
may be related to one or more [ACCIDENT AND EMERGENCY DEPARTMENT](#)  
may be related to one or more [ACCIDENT AND EMERGENCY EPISODE](#)  
may be related to one or more [ADMINISTRATIVE CATEGORY IN EPISODE](#)  
may be related to one or more [ADMINISTRATIVE CATEGORY IN SPELL](#)  
may be related to one or more [AMBULANCE SERVICE](#)  
may be provided as one or more [ANTI-CANCER DRUG PROGRAMME](#)  
may be related to one or more [AUDIOLOGY ATTENDANCE](#)  
may be provided as one or more [CARE HOME STAY](#)  
may be provided within one and only one [CARE PLAN](#)  
may be provided as one or more [CARE PROGRAMME APPROACH EPISODE](#)  
may be for care responsibility part of one and only one [CARE SPELL](#)  
may be related to one or more [CLINICAL INTERVENTION](#)  
may be related to one or more [CLINIC ATTENDANCE NON-CONSULTANT](#)  
may be related to one or more [COMMUNITY EPISODE](#)  
may be provided as one or more [CONSULTANT EPISODE \(ACUTE HOME-BASED\)](#)  
may be related to one or more [CONSULTANT EPISODE \(HOSPITAL PROVIDER\)](#)  
may be provided as one or more [CONSULTANT OUT-PATIENT EPISODE](#)  
may be related to one or more [DENTAL EPISODE](#)  
may be related to one or more [DENTAL STAFF MEMBER IN PROGRAMME](#)  
may be related to one or more [DOMICILIARY CONSULTATION](#)  
may be related to one or more [DRUG MISUSE EPISODE](#)  
may be related to one or more [ELECTIVE ADMISSION LIST ENTRY](#)  
may be related to one or more [FACE TO FACE CONTACT OPTICAL](#)  
may be provided as one or more [FACE TO FACE CONTACT SOCIAL WORKER](#)  
may be related to one or more [FAMILY PLANNING DOMICILIARY VISIT](#)  
may be related to one or more [HEALTH PROMOTION ACTIVITY HIV AND AIDS](#)  
may be related to one or more [HEALTHY PERSON STAY](#)  
may be related to one or more [HOME ASSESSMENT VISIT](#)  
may be related to one or more [HOME DIALYSIS EPISODE](#)  
may be provided as one or more [HOME HELP VISIT](#)  
may be related to one or more [IMMUNISATION PROGRAMME FOR PERSON](#)  
may be related to one or more [LABOUR AND DELIVERY](#)  
may be related to one or more [LITHOTRIPSY COURSE ATTENDANCE](#)  
may be provided in one and only one [LOCATION](#)  
may be related to one or more [MATERNITY DOMICILIARY VISIT](#)  
may be related to one or more [MIDWIFE EPISODE](#)

may be related to one or more [NHS SERVICE AGREEMENT CHANGE](#)  
may be related to one or more [NURSE OR MIDWIFE CONTACT](#)  
may be related to one or more [NURSING EPISODE](#)  
~~may be provided as one or more [NURSING HOME STAY \(CONSULTANT CARE\)](#)~~  
~~may be related to one or more [NURSING HOME STAY \(NURSING CARE\)](#)~~  
may be related to one or more [OUT-PATIENT CLINIC](#)  
may be related to one or more [OVERSEAS VISITOR STATUS](#)  
may be provided as one or more [PALLIATIVE CARE EPISODE](#)  
may be related to one or more [PATIENT JOURNEY](#)  
may be related to one or more [PERSON IN ADVICE AND SUPPORT PROGRAMME](#)  
may be related to one or more [PERSON IN A SURVEILLANCE STAGE](#)  
may be related to one or more [PERSON OBSERVATION](#)  
may be providing one or more [PERSON SMOKING CESSATION EPISODE](#)  
may be related to one and only one [PLANNED CANCER TREATMENT](#)  
may be related to one or more [POST MORTEM](#)  
may be related to one or more [PROFESSIONAL STAFF GROUP EPISODE](#)  
may be related to one or more [PROFESSIONAL STAFF GROUP SERVICE](#)  
may be related to one or more [RADIOTHERAPY TREATMENT COURSE](#)  
may be initiated by one and only one [REFERRAL REQUEST](#)  
may be provided as one or more [REGULAR ATTENDER EPISODE](#)  
may be related to one or more [REQUEST FOR DIAGNOSTIC TEST](#)  
~~may be provided as one or more [RESIDENTIAL CARE OR GROUP HOME STAY](#)~~  
may be subdivided into one or more [SERVICE PROVIDED](#)  
may be a subdivision of one [SERVICE PROVIDED](#)  
may be related to one or more [SERVICE PROVIDED UNDER AGREEMENT](#)  
may be provided at one or more [SERVICE PROVISION POINT](#)  
may be related to one or more [SERVICE REPORTED](#)  
may be reported by one and only one [SERVICE REPORT HEADER](#)  
may be provided as one or more [SHELTERED WORK ATTENDANCE](#)  
may be part of one and only one [SMOKING CESSATION SERVICE](#)  
may be provided as one or more [SOCIAL SERVICES STATUTORY ASSESSMENT](#)  
may be related to one or more [VASECTOMY PERFORMED](#)  
may be related to one or more [WARD ATTENDANCE](#)  
may be related to one or more [WARD STAY](#)

[top](#)

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## AGE GROUP INTENDED

---

Change to Attribute: Change to Description

~~The age group of patients intended to use a [WARD](#) or [NURSING HOME](#) indicated in the operational plans.~~  
The age group of patients intended to use a [WARD](#) indicated in the operational plan.

*Classification:*

- a. Neonates
- b. Children and/or adolescents
- c. Elderly
- d. Any age

This attribute is also known by these names:

Context	Alias
plural	AGE GROUPS INTENDED

[top](#)

---

## CARE HOME SERVICE CATEGORY

---

Change to Attribute: New Attribute

### CARE HOME SERVICE CATEGORY

A category of service to be provided by a care home.

*National Codes:*

PC	Care home providing personal care
N	Care home providing nursing
AP	Care home providing adult placement
NM	Care home not providing medicines or medical treatment

References:

National Care Standards Commission registration April 2002.

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## CARE HOME SERVICE USER NUMBER OVER 65

---

Change to Attribute: New Attribute

### CARE HOME SERVICE USER NUMBER OVER 65

The intended number of a particular [CARE HOME SERVICE USER TYPE](#) who will be over 65 years of age.

References:

National Care Standards Commission registration April 2002.

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## CARE HOME SERVICE USER NUMBER UNDER 65

---

Change to Attribute: New Attribute

### CARE HOME SERVICE USER NUMBER UNDER 65

The intended number of a particular [CARE HOME SERVICE USER TYPE](#) who will be under 65 years of age.

References:  
National Care Standards Commission registration April 2002.

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## CARE HOME SERVICE USER TYPE

---

Change to Attribute: New Attribute

### CARE HOME SERVICE USER TYPE

A type of user who will be provided for by a care home.

*National Codes:*

- DE Dementia
- MD Mental disorder, excluding learning disability or dementia
- LD Learning disability
- PD Physical disability
- D Past or present drug dependence
- A Past or present alcohol dependence
- TI Terminally ill
- SI Sensory impairment
- OP Old age, not falling within any of the categories above

References:  
National Care Standards Commission registration April 2002.

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## CARER SUPPORT INDICATOR

---

Change to Attribute: Change to Description

An indication of whether or not carer support is available to the [PATIENT](#) at their normal residence. ~~This does not include any paid support or support from a voluntary organisation, unless the PATIENT is normally resident in a [NURSING HOME](#), [GROUP HOME](#) or [RESIDENTIAL CARE HOME](#).~~ This does not include any paid support or support from a voluntary organisation, unless the PATIENT is normally resident in a care home.

*National Codes:*

- 01 Yes
- 02 No

**This attribute is also known by these names:**

Context	Alias
plural	CARER SUPPORT INDICATORS

[top](#)

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## CHILDRENS HOME SERVICE CATEGORY

---

Change to Attribute: New Attribute

### CHILDRENS HOME SERVICE CATEGORY

A category of service to be provided by a children's home.

#### National Codes:

- CH Children's Home (not in any of the categories below)
- SU Children's Home with a Secure Unit
- HH Half-way House Children's Home (for children aged 16 or over)
- SCH Residential Special School (accommodating any child over 295 days a year)
- SCB Boarding School (other than a special school - accommodating any child over 295 days a year)

#### References:

National Care Standards Commission registration April 2002.

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## CHILDRENS HOME SERVICE USER TYPE

---

Change to Attribute: New Attribute

### CHILDRENS HOME SERVICE USER TYPE

A type of user who will be provided for by a children's home.

#### National Codes:

- X Children (with none of the following conditions)
- EBD Children with emotional or behavioural difficulties
- PD Children with physical disabilities
- LD Children with learning disabilities disability
- MD Children with mental disorders, excluding learning disability
- D Children with present drug dependence
- A Children with present alcohol dependence
- SI Children with sensory impairment

#### References:

National Care Standards Commission registration April 2002.

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## COUNTY

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Change to Attribute: Deleted

Deleted

[top](#)

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## DELIVERY FACILITIES AVAILABLE

---

Change to Attribute: Change to Description

~~An indication of whether or not delivery facilities are available at [HOSPITAL SITES](#) or [NURSING HOMES](#).~~ An indication of whether or not delivery facilities are available at the [HOSPITAL SITE](#) or [CARE HOME SITE](#).

*Classification:*

- a. Yes
- b. No

**This attribute is also known by these names:**

Context	Alias
plural	DELIVERY FACILITIES AVAILABLE

[top](#)

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## DISCHARGE DESTINATION

---

Change to Attribute: Change to Description

The destination of a patient on completion of a [HOSPITAL PROVIDER SPELL](#), or a note that the patient died or was a still birth.

*National Codes:*

- 19 Usual place of residence unless listed below, for example, a private dwelling whether owner occupied or owned by local authority, housing association or other landlord. This includes wardened accommodation but not residential accommodation where health care is provided. It also includes patients with no fixed abode.
- 29 Temporary place of residence when usually resident elsewhere (includes hotel, residential educational establishment)
- 30 Repatriation from high security psychiatric accommodation in an NHS hospital provider (NHS trust)
- 37 Court
- 38 Penal establishment or police station
- 48 High Security Psychiatric Hospital, Scotland
- 49 NHS hospital provider - high security psychiatric accommodation
- 50 NHS hospital provider - medium secure unit
- 51 NHS hospital provider - ward for general patients or the younger physically disabled
- 52 NHS hospital provider - ward for maternity patients or neonates
- 53 NHS hospital provider - ward for patients who are mentally ill or have learning disabilities
- 54 ~~NHS run NURSING HOME, RESIDENTIAL CARE HOME or GROUP HOME~~  
NHS run care home
- 65 ~~Local Authority Part 3 residential accommodation ie where care is provided~~

- 65 Local Authority residential accommodation ie where care is provided
- 66 Local Authority foster care but not in Part 3 residential accommodation
- 66 Local Authority foster care
- 79 Not applicable - patient died or still birth
- 84 Non-NHS run hospital - medium secure unit
- 85 Non-NHS (other than Local Authority) run RESIDENTIAL CARE HOME
- 85 Non-NHS (other than Local Authority) run care home
- 86 Non-NHS (other than Local Authority) run NURSING HOME
- 87 Non-NHS run hospital
- 88 Non-NHS (other than Local Authority) run Hospice

**This attribute is also known by these names:**

Context	Alias
plural	DISCHARGE DESTINATIONS

[top](#)

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## **FULL-TIME AGENCY OR BANK STAFF**

Change to Attribute: Deleted

Deleted

[top](#)

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## **FULL-TIME PERMANENT STAFF IN POST**

Change to Attribute: Deleted

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[top](#)

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## **HOSPITAL SITE TOTAL BEDS**

Change to Attribute: Deleted

Deleted

[top](#)

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## **INDEPENDENT HEALTH CARE FACILITY TYPE**

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Change to Attribute: New Attribute

## INDEPENDENT HEALTH CARE FACILITY TYPE

The type of facility to be provided as part of the [INDEPENDENT HEALTH CARE REGISTRATION](#).

### *National Codes:*

- IH Independent Hospital - an establishment which provides treatment under anaesthesia or sedation, even if this is on a day case basis
- IC Independent Clinic - an establishment which does not provide overnight beds for any patient and does not provide treatment under general anaesthesia or sedation
- IMA Independent Medical Agency

References: National Care Standards Commission registration April 2002.

[top](#)

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## INDEPENDENT HEALTH CARE PATIENT NUMBER

Change to Attribute: New Attribute

## INDEPENDENT HEALTH CARE PATIENT NUMBER

The normal complement of [PATIENTS](#) to be provided for with an [INDEPENDENT HEALTH CARE SERVICE](#).

### References:

National Care Standards Commission registration April 2002.

[top](#)

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## INDEPENDENT HEALTH CARE SERVICE CATEGORY

Change to Attribute: New Attribute

## INDEPENDENT HEALTH CARE SERVICE CATEGORY

A category of service to be provided as part of the [INDEPENDENT HEALTH CARE REGISTRATION](#).

### *National Codes:*

- AH Acute hospital (with overnight beds)
- AD Acute hospital (day surgery only)
- (DS)
- MH Mental Health treatment establishment, not including those where people are liable to be detained
- MH Mental Health establishment taking people liable to be detained
- (D)
- H(A) Hospice for adults
- H(C) Hospice for children
- MC Maternity hospital/clinic
- TOP Abortion clinic
- PD Private doctor - walk in medical centres
- (M)

- PD Private doctor - independent medical agencies (IMA)
- PD Private doctor - (other)
- PT(L) Establishment using Class 3B or Class 4 lasers
- PT(IL) Establishment using intense light sources
- PT(D) Establishment providing dialysis
- PT(E) Establishment using endoscopy
- PT Establishment providing in vitro fertilisation (IVF)
- PT Establishment providing hyperbaric oxygen treatment (HBO)

References: National Care Standards Commission registration April 2002.

[top](#)

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## INSPECTION DATE

Change to Attribute: Deleted

Deleted

[top](#)

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## INTENDED BED DAYS NHS PATIENTS

Change to Attribute: Deleted

Deleted

[top](#)

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## INTENDED BED DAYS NON-NHS PATIENTS

Change to Attribute: Deleted

Deleted

[top](#)

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## LASER SITE INDICATOR

Change to Attribute: Deleted

Deleted

[top](#)

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## LEGAL STATUS CHANGE QUANTITY

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Change to Attribute: Deleted

Deleted

[top](#)

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## LEGAL STATUS CLASSIFICATION CODE

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Change to Attribute: Change to Description

A classification of **LEGAL STATUS CLASSIFICATION**. A classification of **LEGAL STATUS**. The classification 'informal' is used for those **PATIENTS** who are not formally detained or not receiving supervised aftercare.

*National Codes:*

- 01 Informal
- 02 Formally detained under Mental Health Act Section 2
- 03 Formally detained under Mental Health Act Section 3
- 04 Formally detained under Mental Health Act Section 4
- 05 Formally detained under Mental Health Act Section 5(2)
- 06 Formally detained under Mental Health Act Section 5(4)
- 07 Formally detained under Mental Health Act Section 35
- 08 Formally detained under Mental Health Act Section 36
- 09 Formally detained under Mental Health Act Section 37 with section 41 restrictions
- 10 Formally detained under Mental Health Act Section 37
- 12 Formally detained under Mental Health Act Section 38
- 13 Formally detained under Mental Health Act Section 44
- 14 Formally detained under Mental Health Act Section 46
- 15 Formally detained under Mental Health Act Section 47 with section 49 restrictions
- 16 Formally detained under Mental Health Act Section 47
- 17 Formally detained under Mental Health Act Section 48 with section 49 restrictions
- 18 Formally detained under Mental Health Act Section 48
- 19 Formally detained under Mental Health Act Section 135
- 20 Formally detained under Mental Health Act Section 136
- 31 Formally detained under Criminal Procedure (Insanity) Act 1964 as amended by the Criminal Procedures (Insanity and Unfitness to Plead) Act 1991
- 32 Formally detained under other acts
- 33 Supervised Discharge (Mental Health (Patients in the Community) Act 1995)
- 34 Formally detained under Mental Health Act Section 45A
- 35 Subject to guardianship under Mental Health Act Section 7
- 36 Subject to guardianship under Mental Health Act Section 37

**This attribute is also known by these names:**

Context	Alias

[top](#)

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## **LOCAL AUTHORITY**

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Change to Attribute: Deleted

Deleted

[top](#)

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## **LOCAL AUTHORITY REGISTERED**

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Change to Attribute: Deleted

Deleted

[top](#)

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## **MAIN PRE-ANNOUNCED INSPECTION**

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Change to Attribute: Deleted

Deleted

[top](#)

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## **MENTAL HEALTH ACT REGISTERED**

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Change to Attribute: Deleted

Deleted

[top](#)

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## **MENTAL NURSING HOME ADMISSIONS FEMALE**

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Change to Attribute: Deleted

Deleted

[top](#)

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## MENTAL NURSING HOME ADMISSIONS MALE

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Change to Attribute: Deleted

Deleted

[top](#)

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## MENTAL NURSING HOME INDICATOR

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Change to Attribute: Deleted

Deleted

[top](#)

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## NON-NHS COMMUNITY BED USE

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Change to Attribute: Change to Description

An indication of whether or not a patient's care plan, established during a [CARE PROGRAMME APPROACH REVIEW](#), includes stays in residential care facilities which are not funded by the NHS. ~~Such facilities include NURSING HOMES, RESIDENTIAL CARE HOMES, GROUP HOMES, residential drug and alcohol treatment units and short stay crisis hostels.~~ Such facilities include care homes, residential drug and alcohol treatment units and short stay crisis hostels. Stays which are for periods of planned respite care should not be included.

*Classification:*

- a. Yes
- b. No

**This attribute is also known by these names:**

Context	Alias
plural	NON-NHS COMMUNITY BED USES

[top](#)

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## NUMBER OF REGISTERED BEDS

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Change to Attribute: Deleted

[top](#)

## ORGANISATION SITE CLASSIFICATION

Change to Attribute: Change to Description

The classification of the [ORGANISATION SITE](#) for health care services.

### *Classification: National Codes:*

- a. ~~NHS Site~~  
~~A site operated and managed by a NHS organisation, the site must be owned or leased by the NHS organisation. Documents, such as lease documents and deeds, will be supported by the estate terrier. Places which are used on a temporary or regular basis, such as school halls, but are not registered on the estate terrier cannot be classified as a NHS Site.~~
- 01 NHS Site  
 A site operated and managed by a NHS organisation, the site must be owned or leased by the NHS organisation. Documents, such as lease documents and deeds, will be supported by the estate terrier. Places which are used on a temporary or regular basis, such as school halls, but are not registered on the estate terrier cannot be classified as a NHS Site.
- b. ~~Registered/Chartered Site – Hospital or Clinic~~  
~~A voluntary or private site where health care services are provide. This is a site that is registered under Section 23 of Part II of the Registered Homes Act 1984 or a site of an institution incorporated by Royal Charter. This includes all private premises used as hospitals, abortion clinics and any other premises used or intended to be used for: surgical procedures under anaesthesia, pregnancy termination, endoscopy, haemodialysis or peritoneal dialysis and treatment by 'specially controlled techniques'. Treatment by specially controlled techniques includes certain types of laser treatment and any other treatment designated by the Secretary of State to be a potential hazard to patients or staff. A Registered/ Chartered Hospital or Clinic Site excludes all premises controlled by a government department or local authority.~~
- 02 Care Standards Registered Site  
 A site that is registered with the National Care Standards Commission (NCSC) under the Care Standards Act 2000.
- e. ~~Registered/Chartered Site – Nursing Home~~  
~~A voluntary or private site that is registered under Section 23 of Part II of the Registered Homes Act 1984 to be used as a NURSING HOME or mental NURSING HOME. A Registered Nursing Home Site excludes all premises controlled by a government department or local authority.~~
- 03 Non NHS/Non Registered Sites.  
 This includes Residential Special Schools and Boarding Schools.
- d. ~~Registered/Chartered Site – Residential Care Home~~  
~~A voluntary or private site that is registered under Section 1 of Part I of the Registered Homes Act 1984 to be used as a RESIDENTIAL CARE HOME. A Registered Residential Care Home Site excludes all premises controlled by a government department or local authority.~~
- e. ~~Non NHS/Non Registered Sites.~~  
~~This includes RESIDENTIAL CARE HOMES or GROUP HOMES run by Local Authorities under Part III of the 1948 National Assistance Act.~~
- f. ~~Other~~
- 04 Other

This attribute is also known by these names:

Context	Alias
plural	ORGANISATION SITE CLASSIFICATIONS

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## ORGANISATION SITE REGISTERED TYPE

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Change to Attribute: Change to Description

The category of a voluntary or private [ORGANISATION SITE](#) when registered under Section 23 of Part II of the Registered Homes Act 1984. These will include general [NURSING HOMES](#), mental [NURSING HOMES](#) and [HOSPITAL SITES](#). The category of [ORGANISATION SITE REGISTRATION](#).

*Classification: National Codes:*

- ~~a.~~ General nursing
- 01 Care Home
- ~~b.~~ People with learning disabilities
- 02 Children's Home
- ~~c.~~ Mental health nursing
- 03 Independent Health Care (Independent Hospital, Independent Clinic and Independent Medical Agency)
- ~~d.~~ Specialist nursing
- 04 Residential Family Centre
- ~~e.~~ Maternity
- 05 Domiciliary Care Agency
- ~~f.~~ Specialist mental health nursing
- 06 Nurses Agency
- ~~g.~~ General specialties
- 07 Fostering Agency
- ~~h.~~ Other
- 08 Voluntary Adoption Agency
- 09 Adoption Support Agency
- 90 Other

**This attribute is also known by these names:**

Context	Alias
plural	ORGANISATION SITE REGISTERED TYPES

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## ORGANISATION SITE REGISTRATION DATE

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Change to Attribute: Change to Description

The date on which a registration under Section 23 of Part II Registered Homes Act 1984 for a [NURSING HOME](#) or [HOSPITAL SITE](#) took place. The date on which an [ORGANISATION SITE REGISTRATION](#) took place with the National Care Standards Commission (NCSC) under the Care Standards Act 2000.

**This attribute is also known by these names:**

Context	Alias
plural	ORGANISATION SITE REGISTRATION DATES

[top](#)

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## ORGANISATION SITE TYPE

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Change to Attribute: Deleted

Deleted

[top](#)

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## PART-TIME AGENCY OR BANK STAFF

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Change to Attribute: Deleted

Deleted

[top](#)

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## PART-TIME PERMANENT STAFF IN POST

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Change to Attribute: Deleted

Deleted

[top](#)

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## PART-TIME WTE AGENCY OR BANK STAFF

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Change to Attribute: Deleted

Deleted

[top](#)

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## PART-TIME WTE PERMANENT IN POST

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Change to Attribute: Deleted

Deleted

[top](#)

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## PHARMACY INDICATOR

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Change to Attribute: Deleted

Deleted

[top](#)

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## PROVIDING CARE TO CHILDREN

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Change to Attribute: New Attribute

### PROVIDING CARE TO CHILDREN

An indication of whether the care home is providing accommodation, nursing or personal care to children aged 16-17.

*National Codes:*

Y	Yes
N	No

References:

National Care Standards Commission registration April 2002.

[top](#)

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## REGISTERED SITE BEDS OCCUPIED

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Change to Attribute: Deleted

Deleted

[top](#)

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## REGISTERED SITE PATIENT AGE GROUP

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Change to Attribute: Deleted

Deleted

[top](#)

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## REGISTERED SITE PATIENT GROUP

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Change to Attribute: Deleted

Deleted

[top](#)

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## REGISTERED SITE PATIENT TYPE

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Change to Attribute: Deleted

Deleted

[top](#)

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## RESIDENT MEDICAL PRACTITIONER INDICATOR

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Change to Attribute: Deleted

Deleted

[top](#)

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## RESIDENTS FEMALES DETAINED

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Change to Attribute: Deleted

Deleted

[top](#)

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## RESIDENTS FEMALES NOT DETAINED

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Change to Attribute: Deleted

Deleted

[top](#)

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## RESIDENTS MALES DETAINED

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Change to Attribute: Deleted

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[top](#)

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## RESIDENTS MALES NOT DETAINED

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Change to Attribute: Deleted

Deleted

[top](#)

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## SEX OF PATIENTS

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Change to Attribute: Change to Description

~~The sex of patients intended to use a [WARD](#) or [NURSING HOME](#) indicated in the operational plans.~~ The sex of patients intended to use a [WARD](#) indicated in the operational plans.

*Classification:*

- a. Males
- b. Females
- c. Either sex

**This attribute is also known by these names:**

Context	Alias
plural	SEX OF PATIENTS

[top](#)

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## SOURCE OF ADMISSION

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Change to Attribute: Change to Description

~~The coded source of admission to a [HOSPITAL PROVIDER SPELL](#) or a [NURSING EPISODE](#) when the [PATIENT](#) is in a [NURSING HOME](#).~~ The coded source of admission to a [HOSPITAL PROVIDER SPELL](#) or a [NURSING EPISODE](#) when the [PATIENT](#) is in a [HOSPITAL SITE](#) or a [CARE HOME SITE](#).

*National Codes:*

- 19 Usual place of residence unless listed below, for example, a private dwelling whether owner

occupied or owned by local authority, housing association or other landlord. This includes warded accommodation but not residential accommodation where health care is provided. It also includes patients with no fixed abode.

- 29 Temporary place of residence when usually resident elsewhere (e.g. hotels, residential educational establishments)
- 39 Penal establishment, Court, or police station
- 49 NHS hospital provider - high security psychiatric accommodation in an NHS hospital provider (NHS trust)
- 51 NHS hospital provider - ward for general patients or the younger physically disabled or A & E department
- 52 NHS hospital provider - ward for maternity patients or neonates
- 53 NHS hospital provider - ward for patients who are mentally ill or have learning disabilities
- ~~54 NHS run NURSING HOME, RESIDENTIAL CARE HOME or GROUP HOME~~
- 54 NHS run care home
- ~~65 Local Authority Part 3 residential accommodation ie where care is provided~~
- 65 Local Authority residential accommodation ie where care is provided
- ~~66 Local Authority foster care but not in Part 3 residential accommodation~~
- 66 Local Authority foster care
- 79 Babies born in or on the way to hospital
- ~~85 Non-NHS (other than Local Authority) run RESIDENTIAL CARE HOME~~
- 85 Non-NHS (other than Local Authority) run care home
- ~~86 Non-NHS (other than Local Authority) run NURSING HOME~~
- 87 Non NHS run hospital
- 88 Non-NHS (other than Local Authority) run Hospice

This attribute is also known by these names:

Context	Alias
plural	SOURCE OF ADMISSIONS

[top](#)

## ADMISSIONS (MENTAL HEALTH)

Change to Data Element: Change to Description

<b>Format/length:</b>	n3
<b>HES item:</b>	
<b>National Codes:</b>	
<b>Default Codes:</b>	

### Notes:

~~ADMISSIONS (MENTAL HEALTH) is an optional data item note in the Mental Health Minimum Data Set (MHMDS) collection record.~~ ADMISSIONS (MENTAL HEALTH) is optional in the Mental Health Minimum Data Set (MHMDS) collection record. It should only be present if:

- a. one or more [HOSPITAL PROVIDER SPELL](#) within the [MENTAL HEALTH CARE SPELL](#) has a [START DATE](#) within the [REPORTING PERIOD](#)
- and
- ~~b. where the HOSPITAL PROVIDER SPELL contains at least one [CONSULTANT EPISODE \(HOSPITAL PROVIDER\)](#) and/or [NURSING HOME STAY \(CONSULTANT CARE\)](#) where the~~

~~main CONSULTANT SPECIALTY FUNCTION of the CONSULTANT is for an adult or mental illness SPECIALTY FUNCTION. The adult or mental illness SPECIALTY FUNCTIONS being 700, 710, 712, 713 and 715.~~

- b. where the HOSPITAL PROVIDER SPELL contains at least one CONSULTANT EPISODE (HOSPITAL PROVIDER) where the main CONSULTANT SPECIALTY FUNCTION of the CONSULTANT is for an adult or mental illness SPECIALTY FUNCTION. The adult or mental illness SPECIALTY FUNCTIONS being 700, 710, 712, 713 and 715. This includes both HOSPITAL STAYS and CARE HOME STAYS (CONSULTANT CARE) within the HOSPITAL PROVIDER SPELL.

It is the total number of such HOSPITAL PROVIDER SPELLS started within the REPORTING PERIOD.

This data element is also known by these names:

Context	Alias
plural	ADMISSIONS (MENTAL HEALTH)

[top](#)

## BED DAYS (MENTAL HEALTH)

Change to Data Element: Change to Description

**Format/length:** n3  
**HES item:**  
**National Codes:**  
**Default Codes:**

### Notes:

~~BED DAYS (MENTAL HEALTH) is an optional data item note in the Mental Health Minimum Data Set (MHMDS) collection record.~~ BED DAYS (MENTAL HEALTH) is optional in the Mental Health Minimum Data Set (MHMDS) collection record. It should only be present if:

- a. ~~one or more CONSULTANT EPISODE (HOSPITAL PROVIDER) and/or NURSING HOME STAY (CONSULTANT CARE) within the MENTAL HEALTH CARE SPELL has occurred during the REPORTING PERIOD~~
  - a. one or more CONSULTANT EPISODE (HOSPITAL PROVIDER) within the MENTAL HEALTH CARE SPELL has occurred during the REPORTING PERIOD
- and
- b. where the main CONSULTANT SPECIALTY FUNCTION of the CONSULTANT is for an adult or mental illness SPECIALTY FUNCTION. The adult or mental illness SPECIALTY FUNCTION being 700, 710, 712, 713 and 715.

~~It is the total number of bed days within the REPORTING PERIOD. Each period of bed days is recorded by a CONSULTANT EPISODE (HOSPITAL PROVIDER) or NURSING HOME STAY (CONSULTANT CARE) within a HOSPITAL PROVIDER SPELL and there may be more than one such episode or stay during the course of a MENTAL HEALTH CARE SPELL.~~ Each period of bed days is recorded by a CONSULTANT EPISODE (HOSPITAL PROVIDER) within a HOSPITAL PROVIDER SPELL and there may be more than one such episode or stay during the course of a MENTAL HEALTH CARE SPELL. This excludes any admissions to HOSPITAL PROVIDER SPELL where the PATIENT CLASSIFICATION is National Code 2 'Day case admission'. This includes both HOSPITAL STAYS and CARE HOME STAYS (CONSULTANT CARE) within the HOSPITAL PROVIDER SPELL.

There is a **START DATE** and **END DATE** for each **CONSULTANT EPISODE (HOSPITAL PROVIDER)** or **NURSING HOME STAY (CONSULTANT CARE)** and the calculation is based upon those bed days which have occurred during the **REPORTING PERIOD** adjusted for where periods of bed days overlap the **START DATE** and/or **END DATE** of the **REPORTING PERIOD** (this includes where the period of bed days has not yet ended). Where such overlaps occur the **START DATE** and/or **END DATE** of the **REPORTING PERIOD** should be used instead of that of the **CONSULTANT EPISODE (HOSPITAL PROVIDER)** or **NURSING HOME STAY (CONSULTANT CARE)**. There is a **START DATE** and **END DATE** for each **CONSULTANT EPISODE (HOSPITAL PROVIDER)** and the calculation is based upon those bed days which have occurred during the **REPORTING PERIOD** adjusted for where periods of bed days overlap the **START DATE** and/or **END DATE** of the **REPORTING PERIOD** (this includes where the period of bed days has not yet ended). Where such overlaps occur the **START DATE** and/or **END DATE** of the **REPORTING PERIOD** should be used instead of that of the **CONSULTANT EPISODE (HOSPITAL PROVIDER)**.

**BED DAYS (MENTAL HEALTH)** is the sum of the calculated periods of bed days and should be recorded left justified with leading zeros. The calculation should be adjusted for any periods of **LEAVE OF ABSENCE** or **ABSENCE WITHOUT LEAVE** of 28 days or less.

A **PATIENT** going on **HOME LEAVE**, or **LEAVE OF ABSENCE** for 28 days or less, or who has a current period of **ABSENCE WITHOUT LEAVE** of 28 days or less, does not interrupt the **CONSULTANT EPISODE (HOSPITAL PROVIDER)** or **NURSING HOME STAY (CONSULTANT CARE)** but are not using a bed during their period of absence. A **PATIENT** going on **HOME LEAVE**, or **LEAVE OF ABSENCE** for 28 days or less, or who has a current period of **ABSENCE WITHOUT LEAVE** of 28 days or less, does not interrupt the **CONSULTANT EPISODE (HOSPITAL PROVIDER)** but are not using a bed during their period of absence.

This data element is also known by these names:

Context	Alias
plural	BED DAYS (MENTAL HEALTH)

[top](#)

## BED DAYS (MENTAL HEALTH INTENSIVE)

Change to Data Element: Change to Description

<b>Format/length:</b>	n3
<b>HES item:</b>	
<b>National Codes:</b>	
<b>Default Codes:</b>	

Notes:

**BED DAYS (MENTAL HEALTH INTENSIVE)** is an optional data item note in the Mental Health Minimum Data Set (MHMDS) collection record. **BED DAYS (MENTAL HEALTH INTENSIVE)** is optional in the Mental Health Minimum Data Set (MHMDS) collection record. It should only be present if:

- ~~e. one or more **CONSULTANT EPISODES (HOSPITAL PROVIDER)** and/or **NURSING HOME STAYS (CONSULTANT CARE)** within the **MENTAL HEALTH CARE SPELL** has occurred during the **REPORTING PERIOD**~~
  - a. one or more **CONSULTANT EPISODES (HOSPITAL PROVIDER)** within the **MENTAL HEALTH CARE SPELL** has occurred during the **REPORTING PERIOD**
- and
- b. where the main **CONSULTANT SPECIALTY FUNCTION** of the **CONSULTANT** is for an adult or mental illness **SPECIALTY FUNCTION**. The adult or mental illness **SPECIALTY FUNCTIONS** being 700, 710,712, 713 and 715.

and

- c. where the **PATIENT** was admitted to a bed in a **WARD** with a **CLINICAL CARE INTENSITY** National Code 51'Specially designated ward for patients needing containment and more intensive management. This is not to be confused with intensive nursing where a patient may require one to one nursing while on a standard ward'.

It is the total number of bed days within the REPORTING PERIOD. ~~Each period of bed days is recorded by a CONSULTANT EPISODE (HOSPITAL PROVIDER) or NURSING HOME STAY (CONSULTANT CARE) within a HOSPITAL PROVIDER SPELL and there may be more than one such episode or stay during the course of a MENTAL HEALTH CARE SPELL.~~ Each period of bed days is recorded by a CONSULTANT EPISODE (HOSPITAL PROVIDER) within a **HOSPITAL PROVIDER SPELL** and there may be more than one such episode or stay during the course of a MENTAL HEALTH CARE SPELL. This excludes any admissions to HOSPITAL PROVIDER SPELLS where the **PATIENT CLASSIFICATION** is National Code 2 'Day case admission'. This includes both **HOSPITAL STAYS** and **CARE HOME STAYS (CONSULTANT CARE)** within the HOSPITAL PROVIDER SPELL.

~~There is a START DATE and END DATE for each CONSULTANT EPISODE (HOSPITAL PROVIDER) or NURSING HOME STAY (CONSULTANT CARE) and the calculation is based upon those bed days which have occurred during the REPORTING PERIOD adjusted for where periods of bed days overlap the START DATE and/or END DATE of the REPORTING PERIOD (this includes where the period of bed days has not yet ended). Where such overlaps occur the START DATE and/or END DATE of the REPORTING PERIOD should be used instead of that of the CONSULTANT EPISODE (HOSPITAL PROVIDER) or NURSING HOME STAY (CONSULTANT CARE).~~ There is a **START DATE** and **END DATE** for each CONSULTANT EPISODE (HOSPITAL PROVIDER) or CARE HOME STAY (CONSULTANT CARE) and the calculation is based upon those bed days which have occurred during the REPORTING PERIOD adjusted for where periods of bed days overlap the START DATE and/or END DATE of the REPORTING PERIOD (this includes where the period of bed days has not yet ended). Where such overlaps occur the START DATE and/or END DATE of the REPORTING PERIOD should be used instead of that of the CONSULTANT EPISODE (HOSPITAL PROVIDER).

BED DAYS (MENTAL HEALTH INTENSIVE) is the sum of the calculated periods of bed days and should be recorded left justified with leading zeros. The calculation should be adjusted for any periods of **LEAVE OF ABSENCE** or **ABSENCE WITHOUT LEAVE** of 28 days or less.

~~A PATIENT going on HOME LEAVE, or LEAVE OF ABSENCE for 28 days or less, or who has a current period of ABSENCE WITHOUT LEAVE of 28 days or less, does not interrupt the CONSULTANT EPISODE (HOSPITAL PROVIDER) or NURSING HOME STAY (CONSULTANT CARE) but are not using a bed during their period of absence.~~ A PATIENT going on **HOME LEAVE**, or LEAVE OF ABSENCE for 28 days or less, or who has a current period of ABSENCE WITHOUT LEAVE of 28 days or less, does not interrupt the CONSULTANT EPISODE (HOSPITAL PROVIDER) but are not using a bed during their period of absence.

This data element is also known by these names:

Context	Alias
plural	BED DAYS (MENTAL HEALTH INTENSIVE)

[top](#)

## BED DAYS (MENTAL HEALTH MEDIUM SECURE)

Change to Data Element: Change to Description

**Format/length:** n3  
**HES item:**  
**National Codes:**

**Default Codes:**

Notes:

~~BED DAYS (MENTAL HEALTH MEDIUM SECURE) is an optional data item note in the Mental Health Minimum Data Set (MHMDS) collection record. BED DAYS (MENTAL HEALTH MEDIUM SECURE) is optional in the Mental Health Minimum Data Set (MHMDS) collection record. It should only be present if:~~

- ~~a. one or more CONSULTANT EPISODE (HOSPITAL PROVIDER) and/or NURSING HOME STAY (CONSULTANT CARE) within the MENTAL HEALTH CARE SPELL has occurred during the REPORTING PERIOD~~
  - a. one or more CONSULTANT EPISODE (HOSPITAL PROVIDER) within the MENTAL HEALTH CARE SPELL has occurred during the REPORTING PERIOD
- and
- b. where the main CONSULTANT SPECIALTY FUNCTION of the CONSULTANT is for an adult or mental illness SPECIALTY FUNCTION. The adult or mental illness SPECIALTY FUNCTIONS being 700, 710,712, 713 and 715.
- and
- c. where the PATIENT was admitted to an ORGANISATION SITE, SERVICE POINT or WARD with a SECURE ACCOMMODATION TYPE classification b. 'Medium secure accommodation, a secure facility providing care at a regional level under the care of a forensic psychiatrist. This excludes high security accommodation in HOSPITAL SITE approved to provide high security psychiatric services'.

~~It is the total number of bed days within the REPORTING PERIOD. Each period of bed days is recorded by a CONSULTANT EPISODE (HOSPITAL PROVIDER) or NURSING HOME STAY (CONSULTANT CARE) within a HOSPITAL PROVIDER SPELL and there may be more than one such episode or stay during the course of a MENTAL HEALTH CARE SPELL. Each period of bed days is recorded by a CONSULTANT EPISODE (HOSPITAL PROVIDER) within a HOSPITAL PROVIDER SPELL and there may be more than one such episode or stay during the course of a MENTAL HEALTH CARE SPELL. This excludes any admissions to HOSPITAL PROVIDER SPELLS where the PATIENT CLASSIFICATION is National Code 2 'Day case admission'. This includes both HOSPITAL STAYS and CARE HOME STAYS (CONSULTANT CARE) within the HOSPITAL PROVIDER SPELL.~~

~~There is a START DATE and END DATE for each CONSULTANT EPISODE (HOSPITAL PROVIDER) or NURSING HOME STAY (CONSULTANT CARE) and the calculation is based upon those bed days which have occurred during the REPORTING PERIOD adjusted for where periods of bed days overlap the START DATE and/or END DATE of the REPORTING PERIOD (this includes where the period of bed days has not yet ended). Where such overlaps occur the START DATE and/or END DATE of the REPORTING PERIOD should be used instead of that of the CONSULTANT EPISODE (HOSPITAL PROVIDER) or NURSING HOME STAY (CONSULTANT CARE). There is a START DATE and END DATE for each CONSULTANT EPISODE (HOSPITAL PROVIDER) and the calculation is based upon those bed days which have occurred during the REPORTING PERIOD adjusted for where periods of bed days overlap the START DATE and/or END DATE of the REPORTING PERIOD (this includes where the period of bed days has not yet ended). Where such overlaps occur the START DATE and/or END DATE of the REPORTING PERIOD should be used instead of that of the CONSULTANT EPISODE (HOSPITAL PROVIDER).~~

BED DAYS (MENTAL HEALTH MEDIUM SECURE) is the sum of the calculated periods of bed days and should be recorded left justified with leading zeros. The calculation should be adjusted for any periods of LEAVE OF ABSENCE or ABSENCE WITHOUT LEAVE of 28 days or less.

~~A PATIENT going on HOME LEAVE, or LEAVE OF ABSENCE for 28 days or less, or who has a current period of ABSENCE WITHOUT LEAVE of 28 days or less, does not interrupt the CONSULTANT EPISODE (HOSPITAL PROVIDER) or NURSING HOME STAY (CONSULTANT CARE) but are not using a bed during their period of absence. A PATIENT going on HOME LEAVE, or LEAVE OF ABSENCE for 28 days or less, or who has a current period of ABSENCE WITHOUT LEAVE of 28 days or less, does not interrupt the CONSULTANT EPISODE (HOSPITAL PROVIDER) but are not using a bed during their period of absence.~~

This data element is also known by these names:

--	--

Context	Alias
plural	BED DAYS (MENTAL HEALTH MEDIUM SECURE)

[top](#)

## BED DAYS (MENTAL HEALTH NHS COMMUNITY CARE)

Change to Data Element: Change to Description

<b>Format/length:</b>	n3
<b>HES item:</b>	
<b>National Codes:</b>	
<b>Default Codes:</b>	

### Notes:

~~BED DAYS (MENTAL HEALTH NHS COMMUNITY CARE) is an optional data item note in the Mental Health Minimum Data Set (MHMDS) collection record. BED DAYS (MENTAL HEALTH NHS COMMUNITY CARE) is optional in the Mental Health Minimum Data Set (MHMDS) collection record. It should only be present if:~~

- ~~a. one or more [NURSING HOME STAY \(NURSING CARE\)](#) and/or [RESIDENTIAL CARE OR GROUP HOME STAY](#) within the [MENTAL HEALTH CARE SPELL](#) has occurred during the [REPORTING PERIOD](#)~~
  - a. one or more [CARE HOME STAY \(NURSING CARE\)](#) and/or [CARE HOME STAY \(RESIDENTIAL\)](#) within the [MENTAL HEALTH CARE SPELL](#) has occurred during the [REPORTING PERIOD](#)
- and
- b. where the [BROAD PATIENT GROUP](#) is National Code 5 'Patients with mental illness'
- and
- ~~e. where the [NURSING HOME](#), [RESIDENTIAL CARE](#) or [GROUP HOME](#) operated and managed by an NHS [ORGANISATION](#) as classified by [ORGANISATION TYPE](#)~~
  - c. where the [CARE HOME SITE](#) is operated and managed by an NHS [ORGANISATION](#) as classified by [ORGANISATION TYPE](#)

It is the total number of bed days within the REPORTING PERIOD. ~~Each period of bed days is recorded by a [NURSING HOME STAY \(NURSING CARE\)](#) or [RESIDENTIAL CARE OR GROUP HOME STAY](#) and there may be more than one such stay during the course of a [MENTAL HEALTH CARE SPELL](#). Each period of bed days is recorded by a [CARE HOME STAY \(NURSING CARE\)](#) or [CARE HOME STAY \(RESIDENTIAL\)](#) and there may be more than one such stay during the course of a [MENTAL HEALTH CARE SPELL](#).~~

There is a [START DATE](#) and [END DATE](#) for each ~~[NURSING HOME STAY \(NURSING CARE\)](#) or [RESIDENTIAL CARE OR GROUP HOME STAY](#)~~ and the calculation is based upon those bed days which have occurred during the [REPORTING PERIOD](#) adjusted for where periods of bed days overlap the [START DATE](#) and/or [END DATE](#) of the [REPORTING PERIOD](#) (this includes where the period of bed days has not yet ended). ~~Where such overlaps occur the [START DATE](#) and/or [END DATE](#) of the [REPORTING PERIOD](#) should be used instead of that of the [NURSING HOME STAY \(NURSING CARE\)](#) or [RESIDENTIAL CARE OR GROUP HOME STAY](#).~~ There is a [START DATE](#) and [END DATE](#) for each [CARE HOME STAY \(NURSING CARE\)](#) or [CARE HOME STAY \(RESIDENTIAL\)](#) and the calculation is based upon those bed days which have occurred during the [REPORTING PERIOD](#) adjusted for where periods of bed days overlap the [START DATE](#) and/or [END DATE](#) of the [REPORTING PERIOD](#) (this includes where the period of bed days has not yet ended). Where such overlaps occur the [START DATE](#) and/or [END DATE](#) of the [REPORTING PERIOD](#) should be used instead of that of the [CARE HOME STAY \(NURSING CARE\)](#) or [CARE HOME STAY \(RESIDENTIAL\)](#).

BED DAYS (MENTAL HEALTH NHS COMMUNITY CARE) is the sum of the calculated periods of bed days and should be recorded left justified with leading zeros. The calculation should be adjusted for any periods of

[LEAVE OF ABSENCE](#) or [LEAVE OF ABSENCE](#) of 28 days or less.

~~A [PATIENT](#) going on [HOME LEAVE](#), or [LEAVE OF ABSENCE](#) for 28 days or less, or who has a current period of [ABSENCE WITHOUT LEAVE](#) of 28 days or less, does not interrupt the [CONSULTANT](#) or [NURSING HOME STAY \(CONSULTANT CARE\)](#) but are not using a bed during their period of absence. A [PATIENT](#) going on [HOME LEAVE](#), or [LEAVE OF ABSENCE](#) for 28 days or less, or who has a current period of [ABSENCE WITHOUT LEAVE](#) of 28 days or less, does not interrupt the [CONSULTANT](#) or [CARE HOME STAY \(CONSULTANT CARE\)](#) but are not using a bed during their period of absence.~~

This data element is also known by these names:

Context	Alias
plural	BED DAYS (MENTAL HEALTH NHS COMMUNITY CARE)

[top](#)

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## COMMUNITY SURVIVAL TIMES LIST (MENTAL HEALTH)

Change to Data Element: [Change to Description](#)

<b>Format/length:</b>	an50
<b>HES item:</b>	
<b>National Codes:</b>	
<b>Default Codes:</b>	

### Notes:

~~COMMUNITY SURVIVAL TIMES LIST (MENTAL HEALTH) is an optional data item note in the Mental Health Minimum Data Set (MHMDS) collection record. COMMUNITY SURVIVAL TIMES LIST (MENTAL HEALTH) is optional in the Mental Health Minimum Data Set (MHMDS) collection record. It should only be present if:~~

- |   |
|---|
| <p>a. one or more periods of no <a href="#">HOSPITAL PROVIDER SPELL</a> within the <a href="#">MENTAL HEALTH CARE SPELL</a> has occurred within the <a href="#">REPORTING PERIOD</a></p> <p>and</p> <p><del>b. where one or more <a href="#">HOSPITAL PROVIDER SPELL</a> has occurred within the <a href="#">MENTAL HEALTH CARE SPELL</a>, containing at least one <a href="#">CONSULTANT EPISODE (HOSPITAL PROVIDER)</a> and/or <a href="#">NURSING HOME STAY (CONSULTANT CARE)</a> where the main <a href="#">CONSULTANT SPECIALTY FUNCTION</a> of the <a href="#">CONSULTANT</a> is for an adult or mental illness <a href="#">SPECIALTY FUNCTION</a>. The adult or mental illness <a href="#">SPECIALTY FUNCTION</a> being 700, 710,712, 713 and 715.</del></p> <p>b. where one or more <a href="#">HOSPITAL PROVIDER SPELL</a> has occurred within the <a href="#">MENTAL HEALTH CARE SPELL</a>, containing at least one <a href="#">CONSULTANT EPISODE (HOSPITAL PROVIDER)</a> where the main <a href="#">CONSULTANT SPECIALTY FUNCTION</a> of the <a href="#">CONSULTANT</a> is for an adult or mental illness <a href="#">SPECIALTY FUNCTION</a>. The adult or mental illness <a href="#">SPECIALTY FUNCTION</a> being 700, 710,712, 713 and 715.</p> |
|---|

For the list, the length in days between each [HOSPITAL PROVIDER SPELL](#) is calculated from the [DISCHARGE DATE](#) of one spell and either the [START DATE](#) of the next [HOSPITAL PROVIDER SPELL](#) which follows it, if one is recorded, or the end of the [REPORTING PERIOD](#) if not.

Where there is no [HOSPITAL PROVIDER SPELL](#) in being at the [START DATE](#) of the [REPORTING PERIOD](#) then use the [DISCHARGE DATE](#) of the last [HOSPITAL PROVIDER SPELL](#) in the [MENTAL HEALTH CARE SPELL](#) before the [START DATE](#) of the [REPORTING PERIOD](#) if any exists. Otherwise no entry in the list should be made in respect of days before the first [HOSPITAL PROVIDER SPELL](#).

Where there is no HOSPITAL PROVIDER SPELL in being at the [END DATE](#) of the REPORTING PERIOD the END DATE of the REPORTING PERIOD should be used.

A suffix is attached to each calculated period length, the suffixes are:

C -	where the <a href="#">PATIENT</a> has still not been readmitted to hospital by the end of the REPORTING PERIOD but the MENTAL HEALTH CARE SPELL is continuing
E -	where the PATIENT has still not been readmitted to hospital by the end of the REPORTING PERIOD but the MENTAL HEALTH CARE SPELL has finished before the end of the REPORTING PERIOD
P -	where the discharge date initiating the survival times is within the MENTAL HEALTH CARE SPELL but before the start of the REPORTING PERIOD
blank	where an admission terminates the survival period within the MENTAL HEALTH CARE SPELL and within the REPORTING PERIOD

The calculated length of days (plus their suffix) are recorded within the COMMUNITY SURVIVAL TIMES LIST (MENTAL HEALTH) in ascending DISCHARGE DATE of the previous HOSPITAL PROVIDER SPELL sequence.

**This data element is also known by these names:**

Context	Alias
plural	COMMUNITY SURVIVAL TIMES LISTS (MENTAL HEALTH)

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## DISCHARGES (MENTAL HEALTH)

Change to Data Element: Change to Description

<b>Format/length:</b>	n3
<b>HES item:</b>	
<b>National Codes:</b>	
<b>Default Codes:</b>	

### Notes:

~~DISCHARGES (MENTAL HEALTH) is an optional data item note in the Mental Health Minimum Data Set (MHMDS) collection record.~~ DISCHARGES (MENTAL HEALTH) is optional in the Mental Health Minimum Data Set (MHMDS) collection record. It should only be present if:

a.	one or more <a href="#">HOSPITAL PROVIDER SPELL</a> within the <a href="#">MENTAL HEALTH CARE SPELL</a> has a <a href="#">DISCHARGE DATE</a> within the <a href="#">REPORTING PERIOD</a>
and	
<del>b.</del>	<del>where the HOSPITAL PROVIDER SPELL contains at least one <a href="#">CONSULTANT EPISODE (HOSPITAL PROVIDER)</a> and/or <a href="#">NURSING HOME STAY (CONSULTANT CARE)</a> where the main <a href="#">CONSULTANT SPECIALTY FUNCTION</a> of the <a href="#">CONSULTANT</a> is for an adult or mental illness <a href="#">SPECIALTY FUNCTION</a>. The adult or mental illness <a href="#">SPECIALTY FUNCTION</a> being 700, 710,712, 713 and 715.</del>
b.	where the HOSPITAL PROVIDER SPELL contains at least one <a href="#">CONSULTANT EPISODE (HOSPITAL PROVIDER)</a> where the main <a href="#">CONSULTANT SPECIALTY FUNCTION</a> of the <a href="#">CONSULTANT</a> is for an adult or mental illness <a href="#">SPECIALTY FUNCTION</a> . The adult or mental illness <a href="#">SPECIALTY FUNCTION</a> being 700, 710,712, 713 and 715.

It is the total number of such discharges from HOSPITAL PROVIDER SPELL within the REPORTING PERIOD.

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## FIRST CONTACT TIMES LIST (MENTAL HEALTH)

Change to Data Element: Change to Description

<b>Format/length:</b>	an50
<b>HES item:</b>	
<b>National Codes:</b>	
<b>Default Codes:</b>	

### Notes:

~~FIRST CONTACT TIMES LIST (MENTAL HEALTH) is an optional data item note in the Mental Health Minimum Data Set (MHMDS) collection record.~~ FIRST CONTACT TIMES LIST (MENTAL HEALTH) is optional in the Mental Health Minimum Data Set (MHMDS) collection record. It should only be present if one or more [HOSPITAL PROVIDER SPELL](#) within the [MENTAL HEALTH CARE SPELL](#) has ended within the [REPORTING PERIOD](#).

One entry should be made in the list for each HOSPITAL PROVIDER SPELL within the MENTAL HEALTH CARE SPELL ending within the REPORTING PERIOD. The entry is the number of days elapsing from the [DISCHARGE DATE](#) of the HOSPITAL PROVIDER SPELL to the first subsequent clinical contact or to the end of the MENTAL HEALTH CARE SPELL or to the end of the REPORTING PERIOD whichever is the soonest. Clinical contacts may be any of the following:

- ~~a. a [PROFESSIONAL STAFF GROUP CONTACT](#) with a [PROFESSIONAL STAFF GROUP TYPE](#) classification of b. 'Clinical Psychology', d. 'Occupational Therapy' or e. 'Physiotherapy'~~
- a. a [PROFESSIONAL STAFF GROUP CONTACT](#) with [PROFESSIONAL STAFF GROUP TYPE](#) classification of b. 'Clinical Psychology', d. 'Occupational Therapy' or e. 'Physiotherapy'
- or
- ~~b. an [OUT-PATIENT ATTENDANCE CONSULTANT](#) with a [CONSULTANT](#) with a main [CONSULTANT SPECIALTY FUNCTION](#) of 713 'Psychotherapy'~~
- b. an [OUT-PATIENT ATTENDANCE CONSULTANT](#) with a [CONSULTANT](#) with a main [CONSULTANT SPECIALTY FUNCTION](#) of 713 'Psychotherapy'
- or
- ~~e. a [FACE TO FACE CONTACT COMMUNITY CARE](#) with [COMMUNITY NURSE STAFF GROUP](#) classification of b. 'Community Psychiatric Nurses - providing mental illness services'~~
- c. a [FACE TO FACE CONTACT COMMUNITY CARE](#) with [COMMUNITY NURSE STAFF GROUP](#) classification of b. 'Community Psychiatric Nurses - providing mental illness services'
- or
- d. a [FACE TO FACE CONTACT SOCIAL WORKER](#)
- or
- ~~e. a [DAY CARE ATTENDANCE](#) with [DAY CARE FUNCTION](#) classification e. 'Mental Illness'~~
- e. a [DAY CARE ATTENDANCE](#) with [DAY CARE FUNCTION](#) classification e. 'Mental Illness'
- or
- f. a [CONSULTANT EPISODE \(HOSPITAL PROVIDER\)](#) where the main [CONSULTANT SPECIALTY FUNCTION](#) of the [CONSULTANT](#) is for an adult or mental illness [SPECIALTY FUNCTION](#). The adult or mental illness [SPECIALTY FUNCTION](#) being

700, 710, 712, 713 and 715.

or

g. a [NURSING HOME STAY \(CONSULTANT CARE\)](#) where the main [CONSULTANT SPECIALTY FUNCTION](#) of the [CONSULTANT](#) is for an adult or mental illness [SPECIALTY FUNCTION](#). The adult or mental illness [SPECIALTY FUNCTION](#) being 700, 710, 712, 713 and 715.

A suffix is attached to each calculated period length, the suffixes are:

- D - where a following contact occurs before the end of the REPORTING PERIOD
- ~~W~~ where no contact has occurred between the DISCHARGE DATE and the end of the REPORTING PERIOD or the end of the MENTAL HEALTH CARE SPELL whichever is the sooner.
- W - where no contact has occurred between the DISCHARGE DATE and the end of the REPORTING PERIOD or the end of the MENTAL HEALTH CARE SPELL whichever is the sooner.

The calculated length of days (plus their suffix) are recorded within the FIRST CONTACT TIMES LIST (MENTAL HEALTH) in ascending contact date sequence.

This data element is also known by these names:

Context	Alias
plural	FIRST CONTACT TIMES LISTS (MENTAL HEALTH)

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## HOSPITAL STAYS LIST (MENTAL HEALTH)

Change to Data Element: Change to Description

**Format/length:** an50  
**HES item:**  
**National Codes:**  
**Default Codes:**

### Notes:

~~HOSPITAL STAYS LIST (MENTAL HEALTH) is an optional data item note in the Mental Health Minimum Data Set (MHMDS) collection record.~~ HOSPITAL STAYS LIST (MENTAL HEALTH) is optional in the Mental Health Minimum Data Set (MHMDS) collection record. It should only be present if:

- a. one or more [HOSPITAL PROVIDER SPELL](#) within the [MENTAL HEALTH CARE SPELL](#) has occurred wholly or partly within the [REPORTING PERIOD](#)  
and
- ~~b. where the HOSPITAL PROVIDER SPELL contains at least one [CONSULTANT EPISODE \(HOSPITAL PROVIDER\)](#) and/or [NURSING HOME STAY \(CONSULTANT CARE\)](#) where the main [CONSULTANT SPECIALTY FUNCTION](#) of the [CONSULTANT](#) is for an adult or mental illness [SPECIALTY FUNCTION](#). The adult or mental illness [SPECIALTY FUNCTIONS](#) being 700, 710, 712, 713 and 715.~~
- b. where the HOSPITAL PROVIDER SPELL contains at least one [CONSULTANT EPISODE \(HOSPITAL PROVIDER\)](#) where the main [CONSULTANT SPECIALTY FUNCTION](#) of the [CONSULTANT](#) is for an adult or mental illness [SPECIALTY FUNCTION](#).

illness SPECIALTY FUNCTIONS being 700, 710,712, 713 and 715.

For the list, the length in days of each HOSPITAL PROVIDER SPELL is calculated from the [START DATE](#) and [DISCHARGE DATE](#) of the HOSPITAL PROVIDER SPELL. Where there is no DISCHARGE DATE the [END DATE](#) of the [REPORTING PERIOD](#) should be used. A suffix is attached to each calculated stay length, the suffixes are:

- B where the START DATE of the HOSPITAL PROVIDER SPELL is before the START DATE of the [REPORTING PERIOD](#)
- C where the DISCHARGE DATE of the HOSPITAL PROVIDER SPELL is after the END DATE of the REPORTING PERIOD
- blank where START DATE and DISCHARGE DATE of the HOSPITAL PROVIDER SPELL are within the START DATE and END DATE of the [REPORTING PERIOD](#).

The calculated length of days (plus their suffix) are recorded within the HOSPITAL STAYS LIST (MENTAL HEALTH) in ascending START DATE of HOSPITAL PROVIDER SPELL sequence.

This data element is also known by these names:

Context	Alias
plural	HOSPITAL STAYS LISTS (MENTAL HEALTH)

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## MENTAL HEALTH CARE AND LEGAL STATUS HISTORY

Change to Data Element: Change to Description

**Format/length:** an3312  
**HES item:**  
**National Codes:**  
**Default Codes:**

### Notes:

The mental health care provided to a [PATIENT](#) and their [LEGAL STATUS](#) on each day of the [REPORTING PERIOD](#). This data is recorded within the Mental Health Minimum Data Set (MHMDS) record as a bit pattern string assembled from relevant daily activity, LEGAL STATUS and [MENTAL CATEGORY](#) data.

Each day is represented by 9 bytes with each bit set on if appropriate as follows:

Byte	Bit	Content if bit set on
+	+	<del>LEGAL STATUS CLASSIFICATION</del> : Informal
1	1	LEGAL STATUS : Informal
+	2	<del>LEGAL STATUS CLASSIFICATION</del> : Section 2
1	2	LEGAL STATUS : Section 2
+	3	<del>LEGAL STATUS CLASSIFICATION</del> : Section 3
1	3	LEGAL STATUS : Section 3
+	4	<del>LEGAL STATUS CLASSIFICATION</del> : Section 4
1	4	LEGAL STATUS : Section 4
+	5	<del>LEGAL STATUS CLASSIFICATION</del> : Section 5(2)
1	5	LEGAL STATUS : Section 5(2)

1 6 not used

+ 7 ~~LEGAL STATUS CLASSIFICATION : Section 5(4)~~

1 7 LEGAL STATUS : Section 5(4)

+ 8 ~~LEGAL STATUS CLASSIFICATION : Section 35~~

1 8 LEGAL STATUS : Section 35

2 + ~~LEGAL STATUS CLASSIFICATION : Section 36~~

2 1 LEGAL STATUS : Section 36

2 2 ~~LEGAL STATUS CLASSIFICATION : Section 37 with section 41 restrictions~~

2 2 LEGAL STATUS : Section 37 with section 41 restrictions

2 3 ~~LEGAL STATUS CLASSIFICATION : Section 37~~

2 3 LEGAL STATUS : Section 37

2 4 ~~LEGAL STATUS CLASSIFICATION : Section 38~~

2 4 LEGAL STATUS : Section 38

2 5 ~~LEGAL STATUS CLASSIFICATION : Section 44~~

2 5 LEGAL STATUS : Section 44

2 6 not used

2 7 ~~LEGAL STATUS CLASSIFICATION : Section 46~~

2 8 ~~LEGAL STATUS CLASSIFICATION : Section 47 with section 49 restrictions~~

3 + ~~LEGAL STATUS CLASSIFICATION : Section 47~~

3 2 ~~LEGAL STATUS CLASSIFICATION : Section 48 with section 49 restrictions~~

3 2 LEGAL STATUS CLASSIFICATION : Section 48

2 7 LEGAL STATUS : Section 46

2 8 LEGAL STATUS : Section 47 with section 49 restrictions

3 1 LEGAL STATUS : Section 47

3 2 LEGAL STATUS : Section 48 with section 49 restrictions

3 3 LEGAL STATUS : Section 48

3 4 ~~LEGAL STATUS CLASSIFICATION : Section 135~~

3 5 ~~LEGAL STATUS CLASSIFICATION : Section 136~~

3 4 LEGAL STATUS : Section 135

3 5 LEGAL STATUS : Section 136

3 6 not used

3 7 ~~LEGAL STATUS CLASSIFICATION : Supervised discharge~~

3 7 LEGAL STATUS : Supervised discharge

3 8 ~~LEGAL STATUS CLASSIFICATION : Criminal Procedures (Insanity) Act~~

3 8 LEGAL STATUS : Criminal Procedures (Insanity) Act

4 + ~~LEGAL STATUS CLASSIFICATION : Formally detained under other acts~~

4 1 LEGAL STATUS : Formally detained under other acts

4 2 ~~LEGAL STATUS CLASSIFICATION : Subject to Guardianship Section 7~~

4 2 LEGAL STATUS : Subject to Guardianship Section 7

4 3 ~~LEGAL STATUS CLASSIFICATION : Subject to Guardianship Section 37~~

4 3 LEGAL STATUS : Subject to Guardianship Section 37

4 4 ~~LEGAL STATUS CLASSIFICATION : Section 45A~~

4 4 LEGAL STATUS : Section 45A

4 5 not used

4 6 not used

4 7 not used

4 8 not used

5 1 MENTAL CATEGORY : Mental Illness

5 2 MENTAL CATEGORY : Mental Impairment

5 3 MENTAL CATEGORY : Severe mental impairment

5 4 MENTAL CATEGORY : Psychopathic disorder

5 5 MENTAL CATEGORY : Not specified

5 6 not used

5 7 Mental Category not applicable

5 8 Mental Category not known  
6 1 Care contact: [OUT-PATIENT ATTENDANCE CONSULTANT \(MENTAL HEALTH\)](#)  
6 2 Care contact: [CONTACTS \(COMMUNITY PSYCHIATRIC NURSE\)](#)  
6 3 Care contact: [CONTACTS \(CLINICAL PSYCHOLOGIST\)](#)  
6 4 Care contact: [CONTACTS \(OCCUPATIONAL THERAPIST\)](#)  
6 5 Care contact: [CONTACTS \(SOCIAL WORKER\)](#)  
6 6 not used  
6 7 Care contact: [OUT-PATIENT DID NOT ATTENDS \(MENTAL HEALTH\)](#)  
6 8 Care contact: [CONTACTS \(CONSULTANT PSYCHOTHERAPY\)](#)  
7 1 Care contact: [DAY CARE ATTENDANCE \(MENTAL HEALTH NHS SITE\)](#)  
7 2 Care contact: [CONTACTS \(NHS DIRECT MENTAL HEALTH\)](#)  
7 3 Care contact: not used  
7 4 Care contact: [CONTACTS \(PHYSIOTHERAPIST\)](#)  
7 5 Care contact: [CARE DAYS \(ACUTE HOME-BASED\)](#)  
7 6 not used  
7 7 Care contact: [DAY CARE DID NOT ATTENDS \(MENTAL HEALTH NHS SITE\)](#)  
7 8 Care contact: [PROCEDURE \(ECT TREATMENTS ADMINISTERED\)](#)  
8 1 Care stay: [BED DAYS \(MENTAL HEALTH\)](#)  
8 2 Care stay: [BED DAYS \(MENTAL HEALTH INTENSIVE\)](#)  
8 3 Care stay: [BED DAYS \(MENTAL HEALTH MEDIUM SECURE\)](#)  
8 4 [MENTAL HEALTH CARE TEAM TYPE](#): General Adult Psychiatry  
8 5 MENTAL HEALTH CARE TEAM TYPE: Psychiatry of old age  
8 6 not used  
8 7 MENTAL HEALTH CARE TEAM TYPE: Substance of Misuse Team  
8 8 MENTAL HEALTH CARE TEAM TYPE: Home Treatment/Crisis Resolution  
9 1 [MENTAL HEALTH CARE SPELL](#): In being  
9 2 [CPA LEVEL](#): Standard  
9 3 CPA LEVEL: Enhanced  
9 4 [CARE PROGRAMME APPROACH REVIEW](#): Held  
9 5 MENTAL HEALTH CARE TEAM TYPE: Early Intervention in Psychosis  
9 6 not used  
9 7 MENTAL HEALTH CARE TEAM TYPE: Assertive Outreach Team  
9 8 MENTAL HEALTH CARE TEAM TYPE: Other Teams

This data element is also known by these names:

Context	Alias
plural	MENTAL HEALTH CARE AND LEGAL STATUS HISTORIES

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## RESIDENTIAL MH NON-NHS COMMUNITY CARE INDICATOR

Change to Data Element: Change to Description

**Format/length:** n  
**HES item:**  
**National Codes:**  
**Default Codes:**

**Notes:**

RESIDENTIAL MH NON-NHS COMMUNITY CARE INDICATOR is an indicator of whether or not:

- ~~a. one or more NURSING HOME STAY (CONSULTANT CARE) and/or RESIDENTIAL CARE OR GROUP HOME STAY within the MENTAL HEALTH CARE SPELL has occurred during the REPORTING PERIOD~~
  - a. one or more CARE HOME STAY (NURSING CARE) and/or CARE HOME STAY (RESIDENTIAL) within the MENTAL HEALTH CARE SPELL has occurred during the REPORTING PERIOD
- and
- b. where the BROAD PATIENT GROUP is National Code 5 'Patients with mental illness' and
  - ~~e. where the NURSING HOME, RESIDENTIAL CARE HOME or GROUP HOME is operated and managed by a Non-NHS ORGANISATION as classified by ORGANISATION TYPE.~~
  - c. where the CARE HOME SITE is operated and managed by a Non-NHS ORGANISATION as classified by ORGANISATION TYPE.

Recorded as:

- ~~0 no stays in a Non-NHS NURSING HOME, RESIDENTIAL CARE HOME or GROUP HOME occurred during the REPORTING PERIOD~~
- 0 no stays in a Non-NHS care home occurred during the REPORTING PERIOD
- ~~+ one or more stays in a Non-NHS NURSING HOME, RESIDENTIAL CARE HOME or GROUP HOME occurred during the REPORTING PERIOD~~
- 1 one or more stays in a Non-NHS care home occurred during the REPORTING PERIOD

This data element is also known by these names:

Context	Alias
plural	RESIDENTIAL MH NON-NHS COMMUNITY CARE INDICATORS

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## RH(N)

Change to Central Return: Deleted

Deleted

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## KH03 4

Change to Central Return Form: Change to Guidance Text

### Central Return Form Guidance

## KH03 - Bed Availability and Occupancy

## Part 3 Residential Care

- ~~1. Part 3 of the return asks for information on available and occupied bed days in NHS managed residential care, that is, [NURSING HOMES](#), [RESIDENTIAL CARE HOMES](#) and Group Homes that are directly managed by the NHS, subdivided by [BROAD PATIENT GROUP](#) of *Patients with mental illness*, *Patients with learning disabilities* and then any other.~~
1. Part 3 of the return asks for information on available and occupied bed days in NHS-managed residential care, that is, care homes that are directly managed by the NHS, subdivided by [BROAD PATIENT GROUP](#) of *Patients with mental illness*, *Patients with learning disabilities* and then any other.

## Part 4 Wards open day only, and day cases treated in Wards open overnight

2. Part 4 of the return asks for information on the number of available and occupied bed days in [WARDS](#) open during the day only. The first category is [WARDS](#) with a [WARD DAY NIGHT INDICATOR](#) of *Open only during the day* and [AGE GROUP INTENDED](#) of *Neonates or Children and/or adolescents* and the second is with an [AGE GROUPS INTENDED](#) of *Any age*.

There is also a heading for the [WARD LISTING TOTAL DAY CASE](#) treated in [WARDS](#) open overnight.

The final line in Part 4 requires a total of [WARD LISTING TOTAL DAY CASE](#) treated in [WARDS](#) where the [WARD OPERATIONAL PLAN](#) has a [WARD DAY NIGHT INDICATORS](#) of *Only open overnight* or *Open 24 hours*.

For the purposes of recording occupied bed days in [WARDS](#) *Open only during the day*, an occupied bed day is defined as a bed which has been used for at least one day case admission during the day.

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## KP90 3

Change to Central Return Form: Change to Guidance Text

### Central Return Form Guidance

## KP90 - Admissions, Changes in Status and Detentions under the Mental Health Act

### Changes in Status Under the Mental Health Act and Patients Resident as at 31 March

#### Part 3: Number of changes during the year

1. Part 3 requests the number of informal and detained [PATIENTS](#) in hospital or at the point of discharge whose [LEGAL STATUS CLASSIFICATION CODE](#) changed during the year ending 31 March, by type of change.

#### Change and Number of changes

- ~~2. A [MENTAL NURSING HOME LEGAL STATUS CHANGE](#) summarises the number of times [PATIENTS](#) have changed [LEGAL STATUS](#) during the year. Numbers are classified by the combination of their previous [LEGAL STATUS CLASSIFICATION CODE](#) and the new classification.~~
2. The number of changes of [LEGAL STATUS](#) for [PATIENTS](#) is derived from the dates of the [CARE](#)

[HOME STAYS](#) or [HOSPITAL STAYS](#) that have occurred during the year and [START DATE](#) of each LEGAL STATUS for that period. Numbers are classified by the combination of their previous LEGAL STATUS CLASSIFICATION CODE and the new classification.

- ~~2. For each Legal Status change described, enter the [LEGAL STATUS CHANGE QUANTITY](#) that occurred during the year. All changes not specifically described should be aggregated under the All "other" changes row.~~
3. For each Legal Status change described, enter the number of LEGAL STATUS changes that occurred during the year. All changes not specifically described should be aggregated under the All "other" changes row.
4. Changes from Section 136 refer only to those PATIENTS whose place of detention was a hospital.
5. Note that changes from detention under a Section to informal status should include those who have remained in hospital as informal PATIENTS and those who were discharged from hospital at the point where they were no longer liable to detention and those whose status lapsed.

#### **Part 4: Number of Informal and Detained Patients Resident as at 31 March**

6. Part 4 requests the number of informal and detained Patients resident as at 31 March, by LEGAL STATUS CLASSIFICATION CODE, sex and [MENTAL CATEGORY](#). This should be completed in the same way as Part 1.

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## **RH(N) 2**

Change to Central Return Form: Change to Guidance Text

### **Central Return Form Guidance**

## **RH(N) Registered Homes (Nursing)**

### **Part RH(N) A/1: General Nursing Homes and Registered Beds**

- ~~1. RH(N) A/1 applies only to [ORGANISATION SITES](#) with an [ORGANISATION SITE CLASSIFICATION](#) of *Registered/Chartered Site - Nursing Home*. It excludes [NURSING HOMES](#) with [MENTAL NURSING HOME INDICATOR](#) identifying that they are Mental NURSING HOMES. These are specifically covered in RH(N) A/2. These criteria should be applied in all cases when completing the required information for this part of the return.~~
1. RH(N) A/1 applies only to [ORGANISATION SITES](#) with an [ORGANISATION SITE CLASSIFICATION](#) of *Registered/Chartered Site - Nursing Home*. It excludes [\[DELETED\]](#) with [\[DELETED\]](#) identifying that they are Mental [\[DELETED\]](#). These are specifically covered in RH(N) A/2. These criteria should be applied in all cases when completing the required information for this part of the return.

### **B: Number of premises covered by registrations (cell 01)**

- ~~2. This is the total of all [ORGANISATION SITES](#) with an [ORGANISATION SITE CLASSIFICATION](#) of *Registered/Chartered Site - Nursing Home*. It excludes [NURSING HOMES](#) with [MENTAL NURSING HOME INDICATORS](#) identifying that they are Mental [NURSING HOMES](#). These are covered in RH(N) A/2.~~
2. This is the total of all [ORGANISATION SITES](#) with an [ORGANISATION SITE CLASSIFICATION](#) of *Registered/Chartered Site - Nursing Home*. It excludes [\[DELETED\]](#) with [\[DELETED\]](#) identifying that

they are Mental [DELETED]. These are covered in RH(N) A/2.

### Number of separate registrations relating to these premises (by primary category)

3. General nursing (cell 02)

People with learning disabilities (cell 03)  
Specialist nursing (cell 04)  
Maternity (cell 05)

These require the number of ORGANISATION SITES with ORGANISATION SITE REGISTRATION TYPE classification of *General nursing, People with learning disabilities, Specialist nursing or Maternity.*

### Total Registrations (cell 06)

4. This is the total of cells 02 - 05.

### Number of registered nursing beds by intended use

- ~~5. This section of RH(N) A/1 counts the NUMBER OF REGISTERED BEDS of REGISTERED SITE INTENDED BED USE for all NURSING HOMES.~~
5. This section of RH(N) A/1 counts the [DELETED] of [DELETED] for all [DELETED].
- ~~6. Registered nursing beds are classified by REGISTERED SITE PATIENT GROUP and by REGISTERED SITE PATIENT TYPE giving totals for each REGISTERED SITE PATIENT GROUPS.~~
6. Registered nursing beds are classified by [DELETED] and by [DELETED] giving totals for each [DELETED].
- ~~7. The classifications of REGISTERED SITE PATIENT GROUPS for this section are:~~
7. The classifications of [DELETED] for this section are:

*General nursing* (cells 12, 22, 31, 41)  
*People with learning disabilities* (cells 13, 23, 32, 42)  
*Specialist nursing: Hospice* (cells 14, 24, 33, 43)  
*Specialist nursing: Brain injury* (cells 15, 25, 34, 44)  
*Specialist nursing: Physical disabilities* (cells 16, 26, 35, 45)  
*Specialist nursing: Rehabilitation* (cells 17, 27, 36, 46)  
*Specialist nursing: Renal dialysis* (cells 18, 28, 37, 47)  
*Specialist nursing: Other (to be specified)* (cells 19, 29, 38, 48)  
*Maternity* (cells 20, 39, 49)

- ~~8. The classifications of REGISTERED SITE PATIENT TYPES are *Children, Elderly and Other.*~~
8. The classifications of [DELETED] are *Children, Elderly and Other.*

### Total Nursing Beds (cells 21, 30, 40, 50)

- ~~9. This is the total of the NUMBER OF REGISTERED BEDS by REGISTERED SITE PATIENT TYPES and the total number of registered nursing beds.~~
9. This is the total of the [DELETED] by [DELETED] and the total number of registered nursing beds.

## Of which: Dual Registered Nursing Homes (cells 07 - 11, 51 - 89 and 90)

- ~~10. This applies only to those ORGANISATION SITES which have dual registration as identified by the LOCAL AUTHORITY REGISTERED indicator.~~
10. This applies only to those ORGANISATION SITES which have dual registration as identified by the [DELETED] indicator.

## Number of separate registrations relating to these premises (by primary category)

11. General nursing (cell 07)  
People with learning disabilities (cell 08)  
Specialist nursing (cell 09)  
Maternity (cell 10)

These require the number of ORGANISATION SITES with ORGANISATION SITE REGISTERED TYPE classification of *General nursing, People with learning disabilities, Specialist nursing or Maternity.*

## Total Registrations (cell 11)

12. This is the total of cells 07 - 10.

## Number of registered nursing beds by intended use

- ~~13. This section of RH(N) A/1 counts the NUMBER OF REGISTERED BEDS of REGISTERED SITE INTENDED BED USE for NURSING HOMES with dual registration.~~
13. This section of RH(N) A/1 counts the [DELETED] of [DELETED] for [DELETED] with dual registration.
- ~~14. Registered nursing beds are classified by REGISTERED SITE PATIENT GROUPS and by REGISTERED SITE PATIENT TYPES giving totals for each REGISTERED SITE PATIENT GROUPS.~~
14. Registered nursing beds are classified by [DELETED] and by [DELETED] giving totals for each [DELETED].
- ~~15. The classifications of REGISTERED SITE PATIENT GROUPS for this section are:~~
15. The classifications of [DELETED] for this section are:

*General nursing* (cells 51, 61, 70, 80)  
*People with learning disabilities* (cells 52, 62, 71, 81)  
*Specialist nursing: Hospice* (cells 53, 63, 72, 82)  
*Specialist nursing: Brain injury* (cells 54, 64, 73, 83)  
*Specialist nursing: Physical disabilities* (cells 55, 65, 74, 84)  
*Specialist nursing: Rehabilitation* (cells 56, 66, 75, 85)  
*Specialist nursing: Renal dialysis* (cells 57, 67, 76, 86)  
*Specialist nursing: Other (to be specified)* (cells 58, 68, 77, 87)  
*Maternity* (cells 59, 78, 88)

- ~~16. The classifications of REGISTERED SITE PATIENT TYPES are Children, Elderly and Other.~~
16. The classifications of [DELETED] are *Children, Elderly* and *Other*.

## Total Nursing Beds (cells 60, 69, 79, 89)

- ~~17. This is the total of the NUMBER OF REGISTERED BEDS by REGISTERED SITE PATIENT TYPES and the total number of registered nursing beds.~~
17. This is the total of the [DELETED] by [DELETED] and the total number of registered nursing beds.

### Total Residential Places in Dual Registered Homes (cell 90)

- ~~18. This applies only to those ORGANISATION SITES which have dual registration as identified by the LOCAL AUTHORITY REGISTERED indicator and counts the total NUMBER OF REGISTERED BEDS classified by REGISTERED SITE PATIENT GROUPS of Residential Care for all REGISTERED SITE PATIENT TYPES.~~
18. This applies only to those ORGANISATION SITES which have dual registration as identified by the [DELETED] indicator and counts the total [DELETED] classified by [DELETED] of Residential Care for all [DELETED]S.

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## RH(N) 3

Change to Central Return Form: Change to Guidance Text

### Central Return Form Guidance

## RH(N) Registered Homes (Nursing)

### Part RH(N) A/2: Mental Nursing Homes and Registered Beds

- ~~1. RH(N) A/2 applies only to ORGANISATION SITES with an ORGANISATION SITE CLASSIFICATION of Registered/Chartered Site - Nursing Home and are Mental NURSING HOMES as identified by MENTAL NURSING HOME INDICATOR.~~
1. RH(N) A/2 applies only to ORGANISATION SITES with an ORGANISATION SITE CLASSIFICATION of Registered/Chartered Site - Nursing Home and are Mental [DELETED] as identified by [DELETED].
2. These criteria should be applied in all cases when completing the required information on this part of the return.

### C: Number of premises covered by registrations (cell 01)

- ~~3. This is the total of all ORGANISATION SITES with an ORGANISATION SITE CLASSIFICATIONS of Registered/Chartered Site - Nursing Home and are Mental NURSING HOMES as identified by MENTAL NURSING HOME INDICATORS.~~
3. This is the total of all ORGANISATION SITES with an ORGANISATION SITE CLASSIFICATIONS of Registered/Chartered Site - Nursing Home and are Mental [DELETED] as identified by [DELETED].

### Number of separate registrations relating to these premises (by primary category)

4. Mental health nursing (cell 02)

People with learning disabilities (cell 03)  
Specialist mental health nursing (cell 04)

Other (to be specified) (cell 05)

These require the number of ORGANISATION SITES with [ORGANISATION SITE REGISTERED TYPE](#) classification of *Mental health nursing, People with learning disabilities, Specialist mental health nursing or Other*.

### Total Registrations (cell 06)

5. This is the total of cells 02 - 05.

### Number of premises registered to receive patients detained under the provisions of the Mental Health Act 1983 (cell 07)

- ~~6. This counts the number of ORGANISATION SITES with the [MENTAL HEALTH ACT REGISTERED](#) indicator set to Yes.~~
6. This counts the number of ORGANISATION SITES with the [\[DELETED\]](#) indicator set to Yes.

### Number of registered nursing beds by intended use

- ~~7. This section of RH(N) A/2 counts the [NUMBER OF REGISTERED BEDS](#) of [REGISTERED SITE INTENDED BED USE](#) for all Mental NURSING HOMES.~~
7. This section of RH(N) A/2 counts the [\[DELETED\]](#) of [\[DELETED\]](#) for all Mental [\[DELETED\]](#).
- ~~8. Registered nursing beds are classified by [REGISTERED SITE PATIENT GROUP](#) and by [REGISTERED SITE PATIENT TYPE](#) giving totals for each REGISTERED SITE PATIENT GROUP.~~
8. Registered nursing beds are classified by [\[DELETED\]](#) and by [\[DELETED\]](#) giving totals for each [\[DELETED\]](#).
- ~~9. The classifications of REGISTERED SITE PATIENT GROUP for this section are:~~
9. The classifications of [\[DELETED\]](#) for this section are:

*Mental health nursing (cells 14, 21, 27, 34)*

*People with learning disabilities (cells 15, 22, 28, 35)*

*Specialist mental health nursing: Alcohol and drug addiction (cells 16, 23, 29, 36)*

*Specialist mental health nursing: Eating disorders (cells 17, 24, 30, 37)*

*Specialist mental health nursing: Postnatal depression (cells 18, 31, 38)*

*Specialist mental health nursing: Other (to be specified) (cells 19, 25, 32, 39)*

- ~~10. The classifications of REGISTERED SITE PATIENT TYPES are *Children, Elderly* and *Other*.~~
10. The classifications of [\[DELETED\]](#) are *Children, Elderly* and *Other*.

### Total Nursing Beds (cells 20, 26, 33, 40)

- ~~11. This is the total of the [NUMBER OF REGISTERED BEDS](#) by [REGISTERED SITE PATIENT TYPES](#) and the total number of registered nursing beds.~~
11. This is the total of the [\[DELETED\]](#) by [\[DELETED\]](#) and the total number of registered nursing beds.

### Of which: Dual Registered Nursing Homes (cells 08 - 11, 41 - 67 and 68)

- ~~12. This applies only to those ORGANISATION SITES which have dual registration, indicated by the [LOCAL AUTHORITY REGISTERED](#) indicator.~~

12. This applies only to those ORGANISATION SITES which have dual registration, indicated by the **[DELETED]** indicator.

### **Number of separate registrations relating to these premises (by primary category)**

13. Mental health nursing (cell 08)  
People with learning disabilities (cell 09)  
Specialist mental health nursing (cell 10)  
Other (to be specified) (cell 11)

These require the number of ORGANISATION SITES with **ORGANISATION SITE REGISTERED TYPE** classification of *Mental health nursing, People with learning disabilities, Specialist mental health nursing or Other*.

### **Total Registrations (cell 12)**

14. This is the total of cells 08 - 11.

### **Number of premises registered to receive patients detained under the provisions of the Mental Health Act 1983 (cell 13)**

~~This counts the number of ORGANISATION SITES with the **MENTAL HEALTH ACT REGISTERED** indicator set to Yes.~~ This counts the number of ORGANISATION SITES with the **[DELETED]** indicator set to Yes.

### **Number of registered nursing beds by intended use**

- ~~15. This section of RH(N) A/2 counts the NUMBER OF REGISTERED BEDS of REGISTERED SITE INTENDED BED USE for all Mental NURSING HOMES.~~
15. This section of RH(N) A/2 counts the **[DELETED]** of **[DELETED]** for all Mental **[DELETED]**.
- ~~16. Registered nursing beds are classified by REGISTERED SITE PATIENT GROUP and by REGISTERED SITE PATIENT TYPES giving totals for each REGISTERED SITE PATIENT GROUP.~~
16. Registered nursing beds are classified by **[DELETED]** and by **[DELETED]** giving totals for each **[DELETED]**.
- ~~17. The classifications of REGISTERED SITE PATIENT GROUP for this section are:~~
17. The classifications of **[DELETED]** for this section are:
- Mental health nursing* (cells 41, 48, 54, 61)
  - People with learning disabilities* (cells 42, 49, 55, 62)
  - Specialist mental health nursing: alcohol and drug addiction* (cells 43, 50, 56, 63)
  - Specialist mental health nursing: eating disorders* (cells 44, 51, 57, 64)
  - Specialist mental health nursing: postnatal depression* (cells 45, 58, 65)
  - Specialist mental health nursing: other* (to be specified) (cells 46, 52, 59, 66)
- ~~18. The classifications of REGISTERED SITE PATIENT TYPES are *Children, Elderly* and *Other*.~~
18. The classifications of **[DELETED]** are **Children, Elderly** and **Other**.

### **Total Nursing Beds (cells 47, 53, 60, 67)**

- ~~19. This is the total of the NUMBER OF REGISTERED BEDS by REGISTERED SITE PATIENT TYPES~~

~~and the total number of registered nursing beds.~~

19. This is the total of the [DELETED] by [DELETED] and the total number of registered nursing beds.

### Total Residential Places in Dual Registered Homes (cell 90)

- ~~20. This applies only to those ORGANISATION SITES which have dual registration as identified by the LOCAL AUTHORITY REGISTERED indicator and counts the total NUMBER OF REGISTERED BEDS classified by REGISTERED SITE PATIENT GROUP of Residential Care for all REGISTERED SITE PATIENT TYPES.~~
20. This applies only to those ORGANISATION SITES which have dual registration as identified by the [DELETED] indicator and counts the total [DELETED] classified by [DELETED] of Residential Care for all [DELETED]S.

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## RH(N) 4

Change to Central Return Form: Change to Guidance Text

### Central Return Form Guidance

## RH(N) Registered Homes (Nursing)

### Part RH(N) A/3: Hospitals/Clinics and Registered Beds

- ~~1. RH(N) applies only to ORGANISATION SITES with an ORGANISATION SITE CLASSIFICATION of Registered/Chartered Site - Hospital or Clinic. For HOSPITAL SITES, it only includes ORGANISATION SITES with an ORGANISATION SITE TYPE classification of General and Acute Hospital - Hospitals providing acute services. It also excludes all NURSING HOMES.~~

~~These criteria should be applied in all cases when completing the required information below.~~

### ~~D: Number of premises covered by registrations (cell 01)~~

- ~~2. This is the total of all ORGANISATION SITES with an ORGANISATION SITE CLASSIFICATIONS of Registered/Chartered Site - Hospital or Clinic. For HOSPITAL SITES, it only includes ORGANISATION SITES with an ORGANISATION SITE TYPE classification of General and Acute Hospital - Hospitals providing acute services.~~

1. RH(N) applies only to ORGANISATION SITES with an ORGANISATION SITE CLASSIFICATION of Registered/Chartered Site - Hospital or Clinic. For HOSPITAL SITES, it only includes ORGANISATION SITES with an [DELETED] classification of General and Acute Hospital - Hospitals providing acute services. It also excludes all [DELETED].

These criteria should be applied in all cases when completing the required information below.

### D: Number of premises covered by registrations (cell 01)

2. This is the total of all ORGANISATION SITES with an ORGANISATION SITE CLASSIFICATIONS of Registered/Chartered Site - Hospital or Clinic. For HOSPITAL SITES, it only includes ORGANISATION SITES with an [DELETED] classification of General and Acute Hospital - Hospitals providing acute services.

## Number of separate registrations relating to these premises (by primary category)

3. mental health nursing (cell 02)

people with learning disabilities (cell 03)  
maternity (cell 04)  
general specialties (cell 05)

These require the number of ORGANISATION SITES with [ORGANISATION SITE REGISTERED TYPE](#) classification of *Mental health nursing, People with learning disabilities, Maternity or General specialties*.

## Total Registrations (cell 06)

4. This is the total of cells 02 - 05.

## Number of registered nursing beds by intended use

- ~~5. This section of RH(N) A/3 counts the [NUMBER OF REGISTERED BEDS](#) of [REGISTERED SITE INTENDED BED USE](#).~~
5. This section of RH(N) A/3 counts the [\[DELETED\]](#) of [\[DELETED\]](#).
- ~~6. Registered nursing beds are classified by [REGISTERED SITE PATIENT GROUP](#) and by [REGISTERED SITE PATIENT TYPE](#) giving totals for each [REGISTERED SITE PATIENT GROUP](#).~~
6. Registered nursing beds are classified by [\[DELETED\]](#) and by [\[DELETED\]](#) giving totals for each [\[DELETED\]](#).
- ~~7. The classification of REGISTERED SITE PATIENT GROUP for this section are:~~
7. The classification of [\[DELETED\]](#) for this section are:
  - Mental health nursing (cells 07, 12, 17, 22)*
  - People with learning disabilities (cells 08, 13, 18, 23)*
  - Maternity (cells 09, 14, 19, 24)*
  - General specialties (cells 10, 15, 20, 25)*
- ~~8. The classifications of REGISTERED SITE PATIENT TYPES are *Children, Elderly* and *Other*.~~
8. The classifications of [\[DELETED\]](#) are *Children, Elderly* and *Other*.

## Total Nursing Beds (cells 11, 16, 21, 26)

- ~~9. This is the total of the [NUMBER OF REGISTERED BEDS](#) by [REGISTERED SITE PATIENT TYPES](#) and the total number of registered nursing beds.~~
9. This is the total of the [\[DELETED\]](#) by [\[DELETED\]](#) and the total number of registered nursing beds.

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**RH(N) 5**

## Central Return Form Guidance

### RH(N) Registered Homes (Nursing)

#### Part RH(N) B: Occupied Beds and General Facilities

1. RH(N) B applies to [ORGANISATION SITES](#) with an [ORGANISATION SITE CLASSIFICATION](#) of *Registered/Chartered Site - Nursing Home* or *Registered/Chartered Site - Hospital or Clinic*.
2. The information for each registered home is recorded during the annual inspection. Where more than one inspection of a registered home is carried out during the year, the information completed on RH(N) B should be in respect of the main pre-announced inspection within the year.
- ~~3. The return requires the [INSPECTION DATE](#) of [REGISTERED SITE INSPECTION](#), the [ORGANISATION SITE CODE](#), [ORGANISATION SITE NAME](#), [ADDRESS](#) and [POSTCODE](#) of the [ORGANISATION SITE](#). In addition, the [ORGANISATION CODE](#) and [ORGANISATION NAME](#) of the Local Authority within whose area the registered home is located, is also required.~~
3. The return requires the [\[DELETED\]](#) of [\[DELETED\]](#), the [ORGANISATION SITE CODE](#), [ORGANISATION SITE NAME](#), [ADDRESS](#) and [POSTCODE](#) of the [ORGANISATION SITE](#). In addition, the [ORGANISATION CODE](#) and [ORGANISATION NAME](#) of the Local Authority within whose area the registered home is located, is also required.
- ~~4. Where more than one inspection has occurred during the year, the [REGISTERED SITE INSPECTION](#) with the latest [INSPECTION DATE](#) and with [MAIN PRE-ANNOUNCED INSPECTION](#) indicator of Yes, should be used. All the information completed on occupied beds should also be based upon details recorded during the [REGISTERED SITE INSPECTION](#).~~
4. Where more than one inspection has occurred during the year, the [\[DELETED\]](#) with the latest [\[DELETED\]](#) and with [\[DELETED\]](#) indicator of Yes, should be used. All the information completed on occupied beds should also be based upon details recorded during the [\[DELETED\]](#).

#### Type of establishment (cell 01, 02 or 03)

5. Only one type of establishment can be indicated and is determined by the following criteria:

~~Nursing home (cell 01); an [ORGANISATION SITE](#) with an [ORGANISATION SITE CLASSIFICATIONS](#) of *Registered/Chartered Site - Nursing Home* and excludes [NURSING HOMES](#) with [MENTAL NURSING HOME INDICATOR](#) identifying that they are Mental [NURSING HOMES](#).~~

Nursing home (cell 01); an [ORGANISATION SITE](#) with an [ORGANISATION SITE CLASSIFICATIONS](#) of *Registered/Chartered Site - Nursing Home* and excludes [\[DELETED\]](#) with [\[DELETED\]](#) identifying that they are Mental [\[DELETED\]](#).

~~or Mental Nursing home (cell 02); an [ORGANISATION SITE](#) with an [ORGANISATION SITE CLASSIFICATIONS](#) of *Registered/Chartered Site - Nursing Home* with [MENTAL NURSING HOME INDICATOR](#) identifying that they are a Mental [NURSING HOMES](#).~~ or Mental Nursing home (cell 02); an [ORGANISATION SITE](#) with an [ORGANISATION SITE CLASSIFICATIONS](#) of *Registered/Chartered Site - Nursing Home* with [\[DELETED\]](#) identifying that they are a Mental [\[DELETED\]](#).

or Hospital/Clinic (cell 03); an [ORGANISATION SITE](#) with an [ORGANISATION SITE CLASSIFICATIONS](#) of *Registered/Chartered Site - Hospital or Clinic*.

6. Cells 04 -17 are Yes or No boxes which indicate whether or not the establishment has the following facilities:

~~Premises are dual registered (cell 04 Yes or 05 No): the LOCAL AUTHORITY REGISTERED indicator identifies whether the ORGANISATION SITE is dual registered.~~

**Premises are dual registered** (cell 04 Yes or 05 No): the [DELETED] indicator identifies whether the ORGANISATION SITE is dual registered.

~~Medical practitioner providing 24 hour cover on premises (cell 06 Yes or 07 No): the RESIDENT MEDICAL PRACTITIONER INDICATOR identifies whether the ORGANISATION SITE has such cover. Medical practitioner providing 24 hour cover on premises (cell 06 Yes or 07 No): the [DELETED] identifies whether the ORGANISATION SITE has such cover.~~

**Evidence of a registered pharmacy on the premises** (cell 08 Yes or 09 No): the PHARMACY INDICATOR identifies whether the ORGANISATION SITE has such facilities. **Evidence of a registered pharmacy on the premises** (cell 08 Yes or 09 No): the [DELETED] identifies whether the ORGANISATION SITE has such facilities.

~~Premises registered to receive patients detained under the provisions of the Mental Health Act 1983 (cell 10 Yes or 11 No): the MENTAL HEALTH ACT REGISTERED indicator identifies whether the ORGANISATION SITE is registered to receive such patients. Note: If the premise is registered to receive such patients, then the type of establishment must be a Mental NURSING HOME as indicated by cell 02.~~

**Premises registered to receive patients detained under the provisions of the Mental Health Act 1983** (cell 10 Yes or 11 No): the [DELETED] indicator identifies whether the ORGANISATION SITE is registered to receive such patients. Note: If the premise is registered to receive such patients, then the type of establishment must be a Mental [DELETED] as indicated by cell 02.

**Operating theatre on premises** (cell 12 Yes or 13 No): this identifies whether such facilities are present or not i.e. whether a HOSPITAL SITE has SERVICE POINTS which are OPERATING THEATRES.

~~Premises registered for the provision of treatment using lasers and no other purpose (cell 14 Yes or 15 No): the LASER SITE INDICATOR with classification of *Registered for use of lasers only* identifies an ORGANISATION SITE with such facilities. Premises registered for the provision of treatment using lasers and no other purpose (cell 14 Yes or 15 No); the [DELETED] with classification of *Registered for use of lasers only* identifies an ORGANISATION SITE with such facilities.~~

**Premises registered for the provision of treatment using lasers in addition to registration on other grounds** (cell 16 Yes or 17 No); the LASER SITE INDICATORS with classification of *Registered for use of lasers and other purposes* identifies an ORGANISATION SITE with such facilities. **Premises registered for the provision of treatment using lasers in addition to registration on other grounds** (cell 16 Yes or 17 No); the [DELETED] with classification of *Registered for use of lasers and other purposes* identifies an ORGANISATION SITE with such facilities.

### **Main category of registration, registered beds and number of occupied bed days at date of inspection**

7. This section of RH(N) B counts the ~~NUMBER OF REGISTERED BEDS~~ of ~~REGISTERED SITE INTENDED BED USE~~ and the ~~REGISTERED SITE BEDS OCCUPIED~~ of ~~REGISTERED SITE BED OCCUPANCY~~.

7. This section of RH(N) B counts the [DELETED] of [DELETED] and the [DELETED] of [DELETED].

**Note:** The return requires an entry in every cell which counts the registered and occupied beds. If no count exists e.g. there are no registered beds for a particular patient type, then zero should be entered.

~~8. Registered beds are classified by REGISTERED SITE PATIENT GROUP. Occupied beds are classified by REGISTERED SITE PATIENT GROUP and by REGISTERED SITE PATIENT AGE GROUP giving totals for each REGISTERED SITE PATIENT GROUP.~~

8. Registered beds are classified by [DELETED]. Occupied beds are classified by [DELETED] and by [DELETED] giving totals for each [DELETED].

~~9. The INSPECTION DATE of REGISTERED SITE BED OCCUPANCY should be the same as the INSPECTION DATE of REGISTERED SITE INSPECTION for the inspection.~~

9. The [DELETED] of [DELETED] should be the same as the [DELETED] of [DELETED] for the inspection.

~~10. The classifications of REGISTERED SITE PATIENT GROUP for this section are:~~

10. The classifications of [DELETED] for this section are:

*General nursing/General specialties*, this being the combined count of the two separate classifications (cells 18, 32, 46, 60, 74, 88, 102)

*Mental health nursing* (cells 19, 33, 47, 61, 75, 89, 103)

*People with learning disabilities* (cells 20, 34, 48, 62, 76, 89, 104)

*Specialist nursing: Hospice* (cells 21, 35, 49, 63, 77, 90, 105)

*Specialist nursing: Brain injury* (cells 22, 36, 50, 64, 78, 91, 106)

*Specialist nursing: Physical disabilities* (cells 23, 37, 51, 65, 79, 92, 107)

*Specialist nursing: Rehabilitation* (cells 24, 38, 52, 66, 80, 93, 108)

*Specialist nursing: Renal dialysis* (cells 25, 39, 53, 67, 81, 93, 109)

*Specialist mental health nursing: Alcohol and drug addiction* (cells 26, 40, 54, 68, 82, 94, 110)

*Specialist mental health nursing: Eating disorders* (cells 27, 41, 55, 69, 83, 95, 111)

*Specialist mental health nursing: Post-natal depression* (cells 28, 42, 56, 70, 84, 96, 112)

*Other* (to be specified), this being the combined count of classifications *Specialist nursing: Other* and *Specialist mental health nursing: Other* (cells 29, 43, 57, 71, 85, 97, 113)

*Maternity* (cells 30, 44, 58, 72, 86, 98, 114)

~~11. The classifications of REGISTERED SITE PATIENT AGE GROUPS are:~~

11. The classifications of [DELETED] are:

*Under 18 years*

*18 - 64 years*

*65 - 75 years*

*75 - 84 years*

*85 years and over*

### **Total Registered Beds (cell 31)**

12. This is the total of cells 18 - 30.

### **Total Number of Occupied Beds at Date of Inspection (cells 45, 59, 73, 87, 101, 115)**

~~13. This is the total of the REGISTERED SITE BEDS OCCUPIED by REGISTERED SITE PATIENT AGE~~

~~GROUPS and the total occupied beds.~~

13. This is the total of the [DELETED] by [DELETED] and the total occupied beds.

### For dual registered homes only

- ~~14. This section applies only to those ORGANISATION SITES which have dual registration as identified by the LOCAL AUTHORITY REGISTERED.~~

14. This section applies only to those ORGANISATION SITES which have dual registration as identified by the [DELETED].

### Residential care places (cell 116)

- ~~15. This counts the NUMBER OF REGISTERED BEDS of REGISTERED SITE INTENDED BED USE classified by REGISTERED SITE PATIENT GROUP of Residential Care for all REGISTERED SITE PATIENT TYPES.~~

15. This counts the [DELETED] of [DELETED] classified by [DELETED] of Residential Care for all REGISTERED SITE PATIENT TYPES.

### Number of residents (cell 117)

- ~~16. This counts the REGISTERED SITE BEDS OCCUPIED of REGISTERED SITE BED OCCUPANCY classified by REGISTERED SITE PATIENT GROUP of Residential Care for all REGISTERED SITE PATIENT AGE GROUPS.~~

16. This counts the [DELETED] of [DELETED] classified by [DELETED] of Residential Care for all [DELETED]S.

- ~~17. The INSPECTION DATE of REGISTERED SITE BED OCCUPANCY should be the same as the INSPECTION DATE of REGISTERED SITE INSPECTION for the inspection.~~

17. The [DELETED] of [DELETED] should be the same as the [DELETED] of [DELETED] for the inspection.

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## RH(N) 6

Change to Central Return Form: Change to Guidance Text

### Central Return Form Guidance

## RH(N) Registered Homes (Nursing)

### RH(N) Summary Sheet

1. The RH(N) Summary Sheet provides a summary to the RH(N) A/1, RH(N) A/2 and RH(N) A/3 returns. These returns provide aggregated information on the registered homes on [HEALTH AUTHORITY](#) registers at the 31 March of each year.

### A: Total number of premises registered at 31 March (cell 01)

2. This is the total of all **ORGANISATION SITES** with **ORGANISATION SITE CLASSIFICATIONS** of *Registered/Chartered Site - Nursing Home* and *Registered/Chartered Site - Hospital or Clinic* on the HEALTH AUTHORITIES register at the 31 March. This is the total of cells 02 - 04.

### **B: registered as General Nursing Homes (cell 02)**

- ~~2. This is the total of all ORGANISATION SITES with an ORGANISATION SITE CLASSIFICATION of *Registered/Chartered Site - Nursing Home*. It excludes **NURSING HOMES** with **MENTAL NURSING HOME INDICATOR** identifying that they are Mental **NURSING HOMES**. The total is as recorded in cell 01 of RH(N) A/1.~~
3. This is the total of all ORGANISATION SITES with an ORGANISATION SITE CLASSIFICATION of *Registered/Chartered Site - Nursing Home*. It excludes **[DELETED]** with **[DELETED]** identifying that they are Mental **[DELETED]**. The total is as recorded in cell 01 of RH(N) A/1.

### **C: registered as Mental Nursing Homes (cell 03)**

- ~~4. This is the total of all ORGANISATION SITES with an ORGANISATION SITE CLASSIFICATION of *Registered/Chartered Site - Nursing Home* and are Mental **NURSING HOMES** as identified by **MENTAL NURSING HOME INDICATOR**. The total is as recorded in cell 01 of RH(N) A/2.~~
4. This is the total of all ORGANISATION SITES with an ORGANISATION SITE CLASSIFICATION of *Registered/Chartered Site - Nursing Home* and are Mental **[DELETED]** as identified by **[DELETED]**. The total is as recorded in cell 01 of RH(N) A/2.

### **D: registered as Hospitals/Clinics (cell 04)**

- ~~5. This is the total of all ORGANISATION SITES with an ORGANISATION SITE CLASSIFICATION of *Registered/Chartered Site - Hospital or Clinic*. For **HOSPITAL SITES**, it only includes ORGANISATION SITES with an **ORGANISATION SITE TYPE** classification of *General and Acute Hospital - Hospitals providing acute services*. The total is as recorded in cell 01 of RH(N) A/3.~~
5. This is the total of all ORGANISATION SITES with an ORGANISATION SITE CLASSIFICATION of *Registered/Chartered Site - Hospital or Clinic*. For **HOSPITAL SITES**, it only includes ORGANISATION SITES with an **[DELETED]** classification of *General and Acute Hospital - Hospitals providing acute services*. The total is as recorded in cell 01 of RH(N) A/3.
6. The second part of the Summary Sheet requires totals on the number of registered homes which are also registered with the Local Authority for the provision of residential care, Homes registered with both the HEALTH AUTHORITIES and the Local Authority are termed dual registered homes.

### **E: registered as General Nursing Homes (cell 05)**

- ~~7. This is the total of all ORGANISATION SITES with an ORGANISATION SITE CLASSIFICATION of *Registered/Chartered Site - Nursing Home* and are identified as being dual registered by **LOCAL AUTHORITY REGISTERED** indicator. It excludes **NURSING HOMES** with **MENTAL NURSING HOME INDICATOR** identifying that they are Mental **NURSING HOMES**. The total is as recorded in cell 11 of RH(N) A/1.~~
7. This is the total of all ORGANISATION SITES with an ORGANISATION SITE CLASSIFICATION of *Registered/Chartered Site - Nursing Home* and are identified as being dual registered by **[DELETED]** indicator. It excludes **[DELETED]** with **[DELETED]** identifying that they are Mental **[DELETED]**. The total is as recorded in cell 11 of RH(N) A/1.

### **F: registered as Mental Nursing Homes (cell 06)**

- ~~8. This is the total of all ORGANISATION SITES with an ORGANISATION SITE CLASSIFICATION of *Registered/Chartered Site - Nursing Home* and are Mental **NURSING HOMES** as identified by **MENTAL NURSING HOME INDICATOR** and are also identified as being dual registered by **LOCAL AUTHORITY REGISTERED** indicator. The total is as recorded in cell 12 of RH(N) A/2.~~

8. This is the total of all ORGANISATION SITES with an ORGANISATION SITE CLASSIFICATION of *Registered/Chartered Site - Nursing Home* and are Mental [DELETED] as identified by [DELETED] and are also identified as being dual registered by [DELETED] indicator. The total is as recorded in cell 12 of RH(N) A/2.

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## RH(N) 7

Change to Central Return Form: Change to Guidance Text

### Central Return Form Guidance

## RH(N) Registered Homes (Nursing)

### Part RH(N) S: Nursing Staff in Post

1. RH(N) S applies to ORGANISATION SITES with an ORGANISATION SITE CLASSIFICATION of *Registered/Chartered Site - Nursing Home* or *Registered/Chartered Site - Hospital or Clinic*.
2. The information for each registered home is recorded during the annual inspection. Where more than one inspection of a registered home is carried out during the year, the information completed on RH(N) S should be in respect of the main pre-announced inspection within the year.
- ~~3. The return requires the INSPECTION DATE of REGISTERED SITE INSPECTION, the ORGANISATION SITE CODE, ORGANISATION SITE NAME, ADDRESS and POSTCODE of the ORGANISATION SITE. In addition, the ORGANISATION CODE and ORGANISATION NAME of the Local Authority within whose area the registered home is located, is also required.~~
3. The return requires the [DELETED] of [DELETED], the ORGANISATION SITE CODE, ORGANISATION SITE NAME, ADDRESS and POSTCODE of the ORGANISATION SITE. In addition, the ORGANISATION CODE and ORGANISATION NAME of the Local Authority within whose area the registered home is located, is also required.
- ~~4. Where more than one inspection has occurred during the year, the REGISTERED SITE INSPECTION with the latest INSPECTION DATE and with MAIN PRE-ANNOUNCED INSPECTION indicator of Yes, should be used.~~
4. Where more than one inspection has occurred during the year, the [DELETED] with the latest [DELETED] and with [DELETED] indicator of Yes, should be used.

### Type of establishment (cell 01, 02 or 03)

5. Only one type of establishment can be indicated and is determined by the following criteria:

~~Nursing home (cell 01); an ORGANISATION SITE with an ORGANISATION SITE CLASSIFICATION of *Registered/Chartered Site - Nursing Home* and excludes NURSING HOMES with MENTAL NURSING HOME INDICATOR identifying that they are Mental NURSING HOMES.~~

Nursing home (cell 01); an ORGANISATION SITE with an ORGANISATION SITE CLASSIFICATION of *Registered/Chartered Site - Nursing Home* and excludes [DELETED] with [DELETED] identifying that they are Mental [DELETED].

or Mental Nursing home (cell 02); an ORGANISATION SITE with an

~~ORGANISATION SITE CLASSIFICATION of Registered/Chartered Site - Nursing Home with MENTAL NURSING HOME INDICATORS identifying that they are a Mental NURSING HOMES, or Mental Nursing home (cell 02); an ORGANISATION SITE with an ORGANISATION SITE CLASSIFICATION of Registered/Chartered Site - Nursing Home with [DELETED] identifying that they are a Mental [DELETED].~~

or Hospital/Clinic (cell 03); an ORGANISATION SITE with an ORGANISATION SITE CLASSIFICATION of *Registered/Chartered Site - Hospital or Clinic*.

## Nursing Staff and Staff in post

6. This section of RH(N) S counts the number of Registered Site Nurses In Post categorised by Nurse Type for the permanent posts within the registered home.

**Note:** The return requires an entry in every cell which counts the nursing staff. If no count exists e.g. there are no nurses for a particular nurse type, then zero should be entered.

- ~~7. The INSPECTION DATE of REGISTERED SITE NURSES IN POST should be the same as the INSPECTION DATE of REGISTERED SITE INSPECTION for the inspection.~~

7. The [DELETED] of [DELETED] should be the same as the [DELETED] of [DELETED] for the inspection.

8. Nursing staff are classified by the following [NURSE TYPES](#):

*Registered General Nurse ( Registered General Nurse and Registered Nurse (Adult))* (cells 04, 15, 26, 37, 48, 59)

*Registered Mental Nurse (Registered Mental Nurse and Registered Nurse (Learning Disabled - RN))* (cells 05, 16, 27, 38, 49, 60)

*Registered Nurse for people with Learning Disabilities (Registered Nurse (Learning Disabled - RNMH) and Registered Nurse (Mental Handicap))* (cells 06, 17, 28, 39, 50, 61)

*Registered Nurse for people with Learning Disabilities (Registered Nurse (Learning Disabled - RNMH) and Registered Nurse (Mental Handicap))* (cells 06, 17, 28, 39, 50, 61)

*Registered Sick Children's Nurse (Registered Sick Children's Nurse and Registered Nurse (Children))* (cells 07, 18, 29, 40, 51, 62)

*Registered Midwife* (cells 08, 19, 30, 41, 52, 63)

*Registered Fever Nurse* (cells 09, 20, 31, 42, 53, 64)

*Registered Nurse (Enrolled Nurse (General), Enrolled Nurse (Mental), Enrolled Nurse (Learning Disabled) and Enrolled Nurse (Trained in Scotland))* (cells 10, 21, 32, 43, 54, 65)

*Registered Health Visitor* (cells 11, 22, 33, 44, 55, 66)

*Care Assistant - with NVQ* (cells 12, 23, 34, 45, 56, 67)

*Care Assistant - without NVQ* (cells 13, 24, 35, 46, 57, 68)

9. Staff in post information for each NURSE TYPES is split between permanent staff and temporary Agency/ Bank staff.

### Permanent staff in post information:

- ~~10. Number of full time staff: FULL TIME PERMANENT STAFF IN POST of REGISTERED SITE NURSES IN POST~~

10. Number of full-time staff: [DELETED] of [DELETED]

~~Number of part time staff: PART TIME PERMANENT STAFF IN POST of REGISTERED SITE NURSES IN POST~~ Number of part-time staff: [DELETED] of [DELETED]

~~Number of part time staff whole time equivalent: PART TIME WTE PERMANENT IN POST of~~

## REGISTERED SITE NURSES IN POST

### ~~Temporary Agency/Bank staff in post information:~~

Number of part-time staff whole time equivalent: ~~[DELETED]~~ of ~~[DELETED]~~

### Temporary Agency/Bank staff in post information:

~~11. Number of full time staff: ~~FULL TIME AGENCY OR BANK STAFF~~ of REGISTERED SITE NURSES IN POST~~

11. Number of full-time staff: ~~[DELETED]~~ of ~~[DELETED]~~

~~Number of part time staff: ~~PART TIME AGENCY OR BANK STAFF~~ of REGISTERED SITE NURSES IN POST~~ Number of part-time staff: ~~[DELETED]~~ of ~~[DELETED]~~

~~Number of part time staff whole time equivalent: ~~PART TIME WTE AGENCY OR BANK STAFF~~ of REGISTERED SITE NURSES IN POST~~ Number of part-time staff whole time equivalent: ~~[DELETED]~~ of ~~[DELETED]~~

**Total** (cells 14, 25, 36, 47, 58)

12. These are the totals of the staff in post information.

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## CM110 COMMUNITY - NURSING CARE IN THE COMMUNITY

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Change to Diagram:

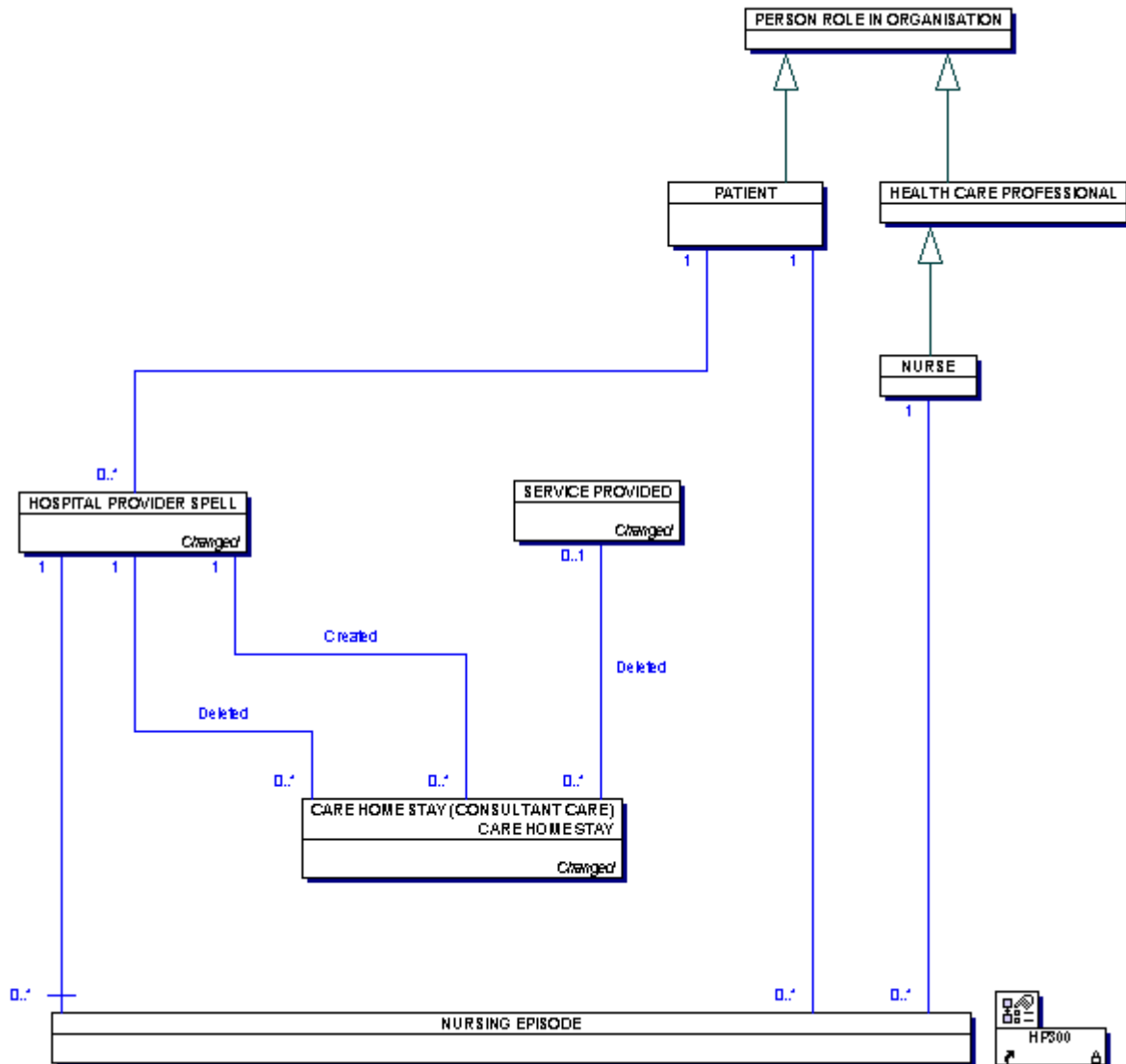
CM110 Community - Nursing Care in the Community



## HP100 ADMITTED PATIENT NURSING CARE

Change to Diagram:

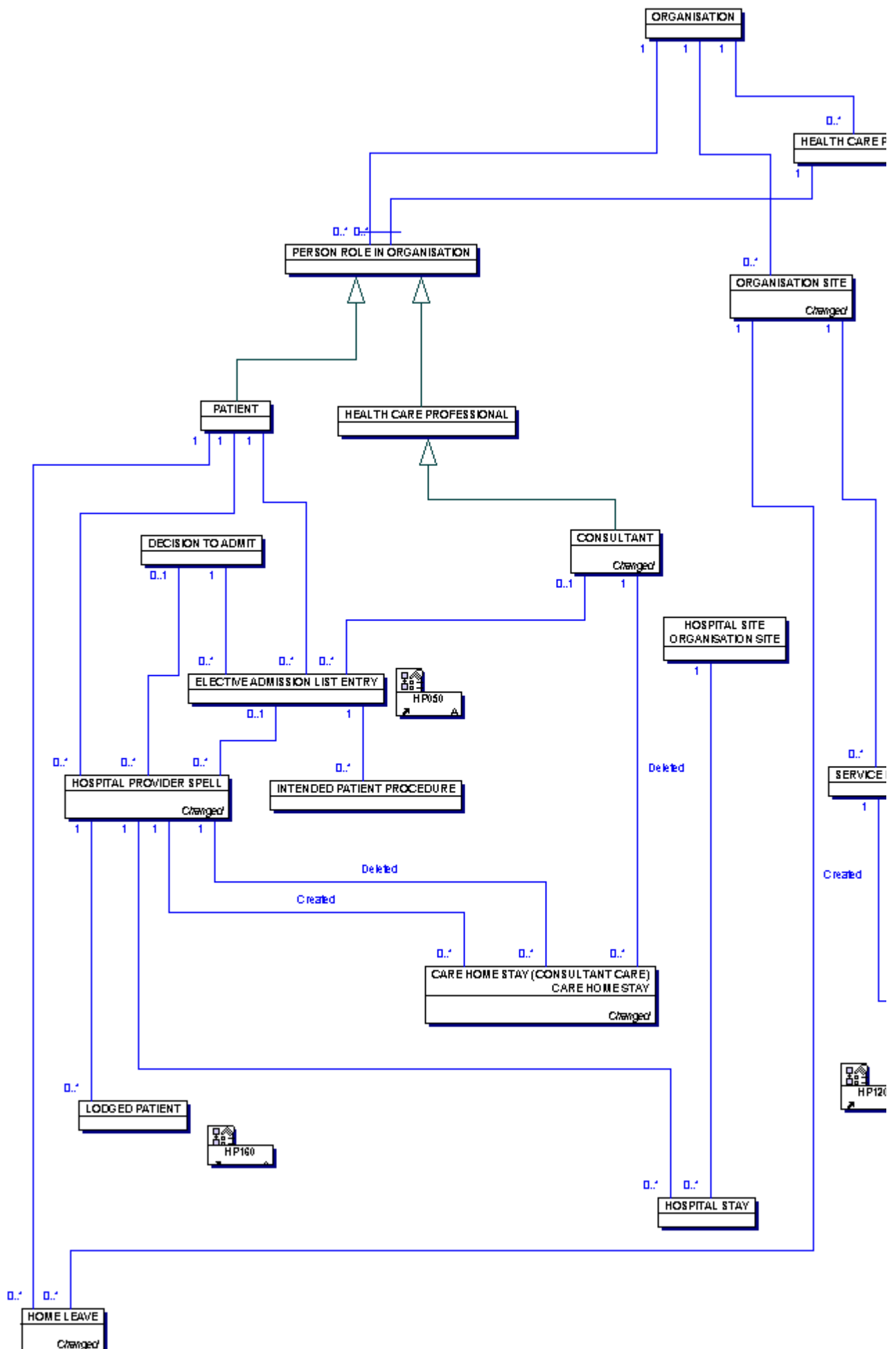
HP100 Admitted Patient Nursing Care



## HP110 ADMITTED PATIENT STAYS

Change to Diagram:

HP110 Admitted Patient Stays



[top](#)

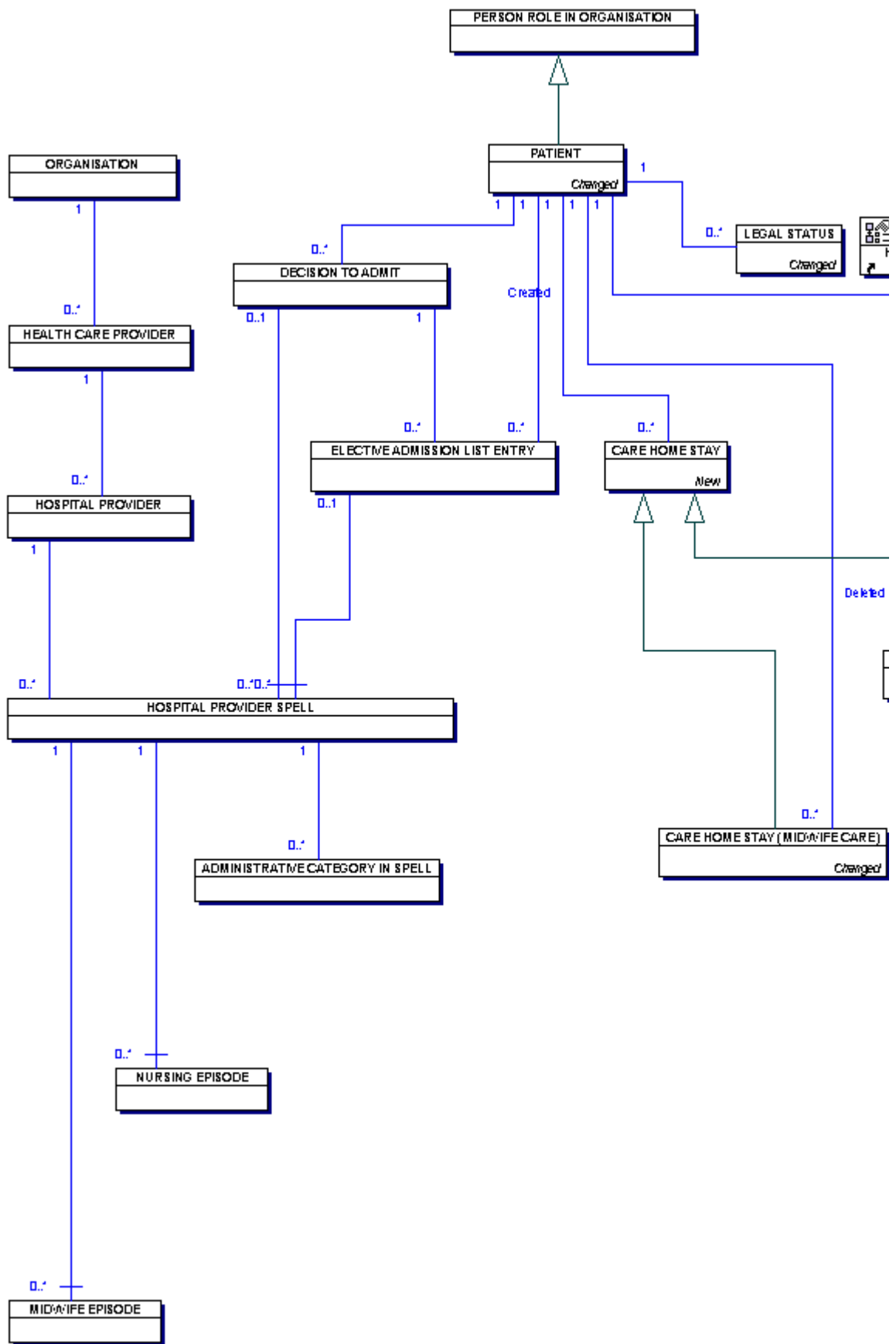
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## **HP140 ADMISSION AND DISCHARGE**

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Change to Diagram:

HP140 Admission and Discharge

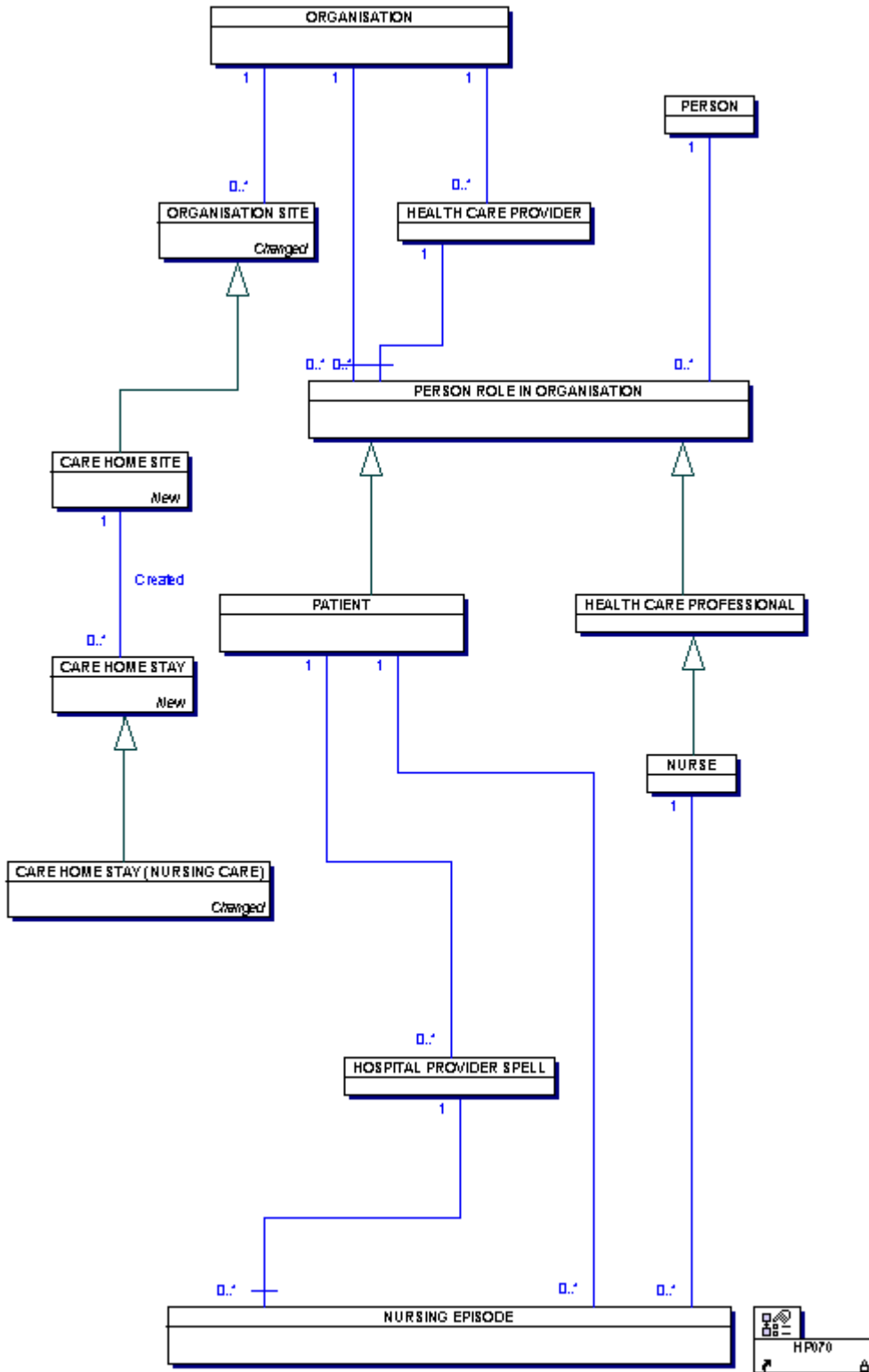


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# HP300 NURSING EPISODES

Change to Diagram:

HP300 Nursing Episodes

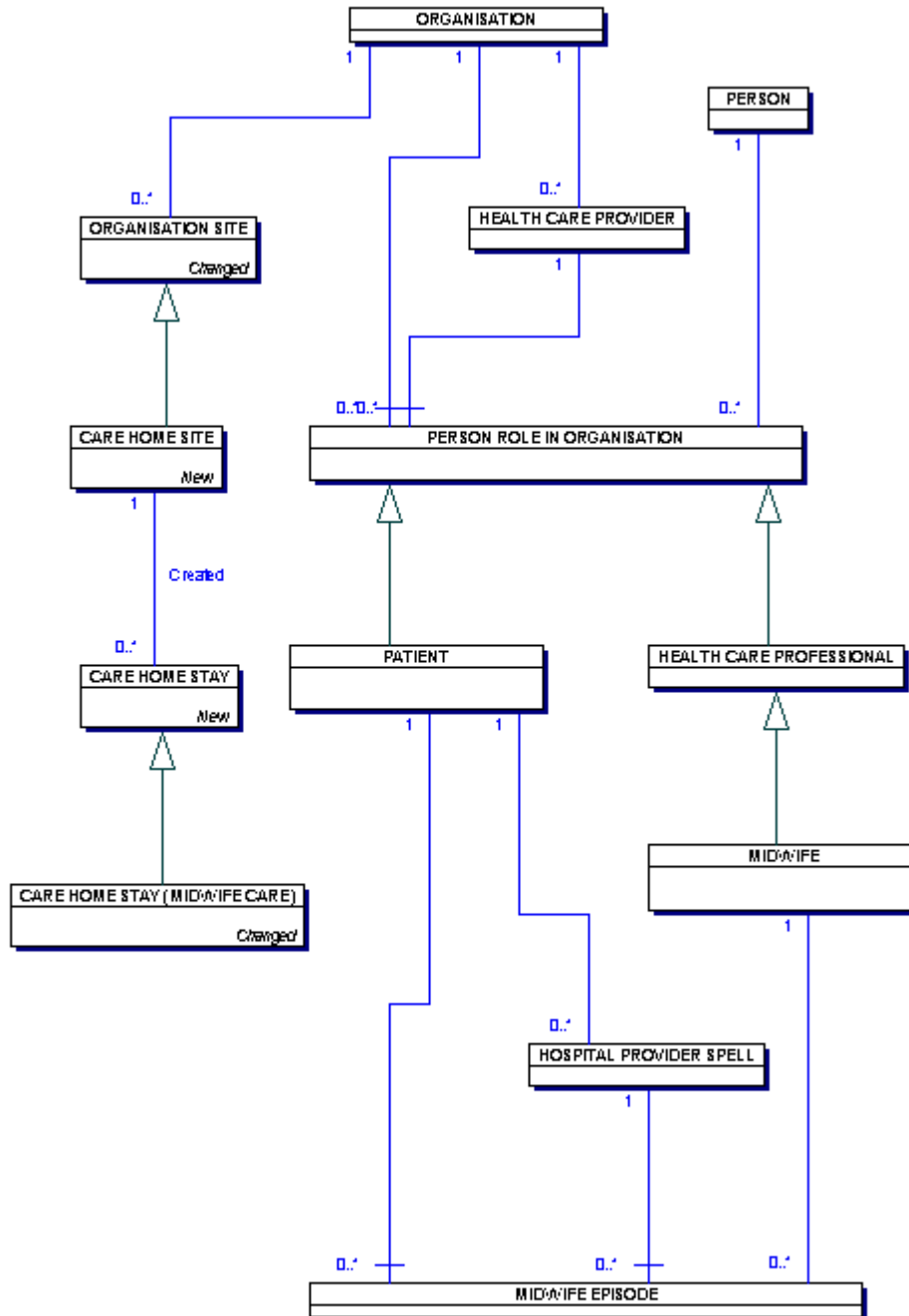


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## HP310 MIDWIFE EPISODES

Change to Diagram:

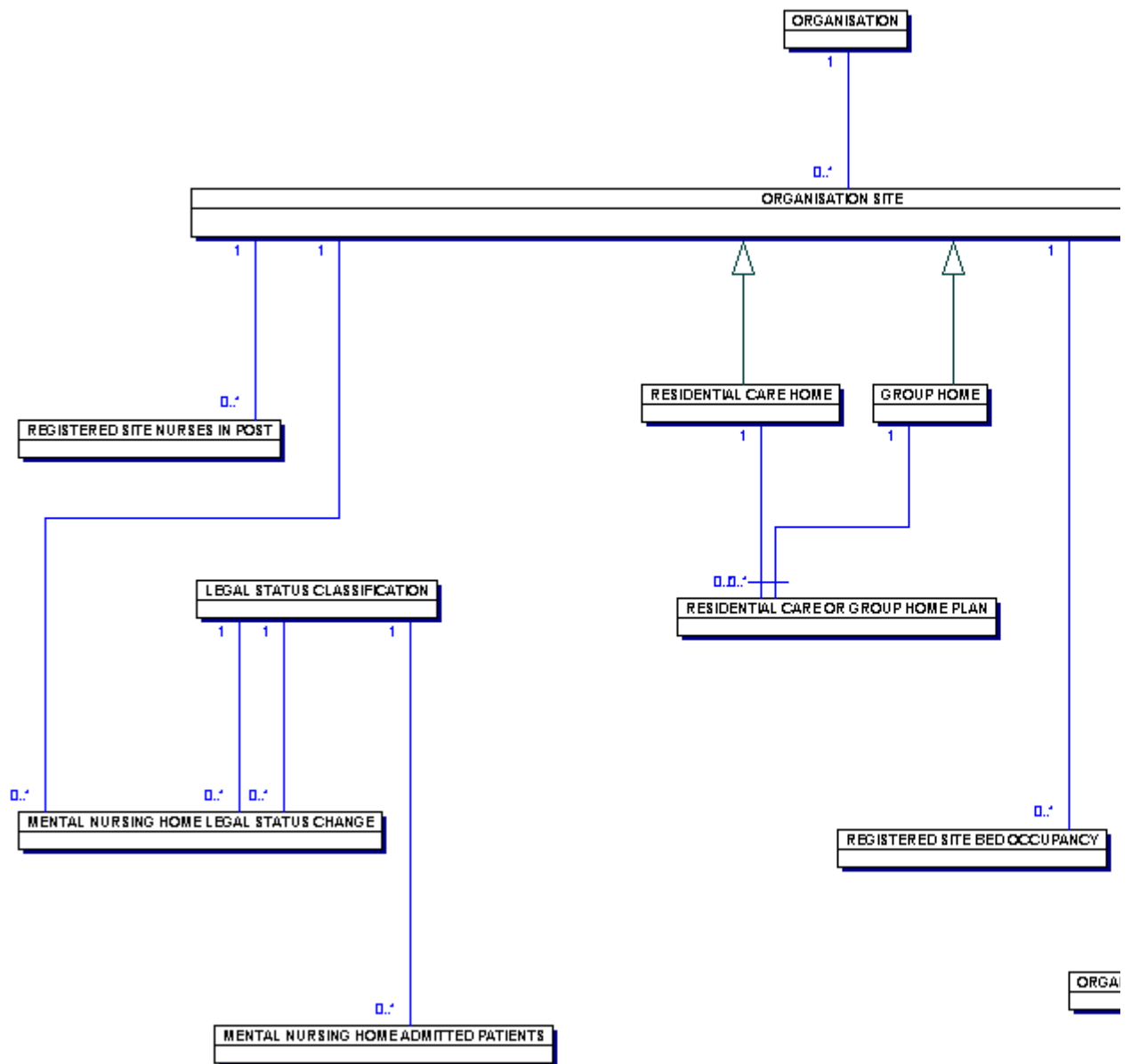
HP310 Midwife Episodes



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## HP330 REGISTERED SITES

Change to Diagram:



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## PC110 COMMUNITY PHARMACIES

Change to Diagram:

PC110 Community Pharmacies



1. This diagram shows classes relevant to nursing in the community ([NURSING IN THE COMMUNITY PROGRAMME](#)).
2. A NURSING IN THE COMMUNITY PROGRAMME will comprise many [COMMUNITY EPISODES](#). A COMMUNITY EPISODE is initiated by a referral of a [PATIENT](#). A COMMUNITY EPISODE will continue until positive discharge from care, or after six months have elapsed since the last contact or last failed appointment (in the absence of a planned review date).
3. A [FACE TO FACE CONTACT COMMUNITY CARE](#) occurs when one or more [NURSES](#) sees a [PATIENT](#), either at a clinic or during a domiciliary visit, with the objective of delivering treatment or care to that [PATIENT](#). A FACE TO FACE CONTACT COMMUNITY CARE forms part of a COMMUNITY EPISODE.
4. A COMMUNITY EPISODE is the responsibility of a particular community nurse staff group. If two or more NURSESS are responsible for the episode and they are from different community nurse staff groups, a COMMUNITY EPISODE starts for each community nurse staff group.
5. A [PATIENT](#) who is receiving care or treatment during a COMMUNITY EPISODE for the misuse of substances, will have one or more [SUBSTANCES MISUSED](#)S. Each SUBSTANCE MISUSED in a COMMUNITY EPISODE will also form part of a [DRUG MISUSE EPISODE](#) (see CM120).
- ~~6. A [PATIENT](#) may spend a period of time in a [RESIDENTIAL CARE HOME](#) or [GROUP HOME](#). Periods of attendance are recorded in [RESIDENTIAL CARE OR GROUP HOME STAYS](#) on an [ORGANISATION SITE](#).~~
6. A [PATIENT](#) may spend a period of time in a care home registered as a [CARE HOME REGISTRATION](#). Periods of attendance are recorded in [CARE HOME STAYS \(RESIDENTIAL\)](#) on an [ORGANISATION SITE](#).

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## GLOSSARY OF TERMS

Change to Supporting Information: Change to Supporting Information

### Glossary of Terms

## GLOSSARY OF TERMS

The Glossary lists commonly used terms in alphabetical order. These terms are not defined and therefore do not have an class or attribute. Each entry in the Glossary is shown with its related class and attribute where appropriate.

For example 'Booked Admission' is shown as relating to the class ELECTIVE ADMISSION LIST ENTRY. ELECTIVE ADMISSION LIST ENTRY has an attribute ELECTIVE ADMISSION TYPES and reference to the attribute definition will identify that 'Booked Admission' is one of the national code classifications of ELECTIVE ADMISSION TYPES.

Class	Attribute
<b>Admission</b>	
<a href="#">HOSPITAL PROVIDER SPELL</a>	<a href="#">START DATE</a>
<b>Annual Census</b>	
<a href="#">HOSPITAL PROVIDER SPELL</a>	<a href="#">START DATE</a>
<a href="#">OPERATIVE PROCEDURE</a>	

<a href="#">LEGAL STATUS</a>	<a href="#">MENTAL CATEGORY</a>
<del><a href="#">LEGAL STATUS CLASSIFICATION</a></del>	<del><a href="#">LEGAL STATUS CLASSIFICATION CODES</a></del>
<a href="#">HOSPITAL PROVIDER SPELL</a>	<a href="#">DISCHARGE DATE</a>
<a href="#">PATIENT DIAGNOSIS</a>	<a href="#">DIAGNOSIS</a>
<b>Bed</b>	
<a href="#">WARD OPERATIONAL PLAN</a>	
<b>Booked Admission</b>	
<a href="#">ELECTIVE ADMISSION LIST ENTRY</a>	<a href="#">ELECTIVE ADMISSION TYPE</a>
<b>Code of General Practitioner</b>	
<a href="#">PERSON IDENTIFIER</a>	<a href="#">PERSON IDENTIFIER TYPES</a>
<b>Consultant Code</b>	
<a href="#">PERSON IDENTIFIER</a>	<a href="#">PERSON IDENTIFIER TYPES</a>
<b>Consultant Name</b>	
<a href="#">PERSON NAME</a>	
<b>Day Case Admission</b>	
<a href="#">HOSPITAL PROVIDER SPELL</a>	<a href="#">PATIENT CLASSIFICATION</a>
<b>Diagnostic Services</b>	
<a href="#">PATHOLOGY DEPARTMENT</a>	
<a href="#">RADIOLOGY DEPARTMENT</a>	
<a href="#">ISOTOPE PROCEDURE DEPARTMENT</a>	
<a href="#">PHYSIOLOGICAL MEASUREMENT DEPARTMENTS</a>	
<b>Discharge</b>	
<a href="#">HOSPITAL PROVIDER SPELL</a>	<a href="#">DISCHARGE DATE</a>
<b>Drop-In Clinic</b>	
<a href="#">REFERRAL REQUEST</a>	<a href="#">OUT-PATIENT CLINIC REFERRING INDICATOR</a>
<b>Emergency Admission</b>	
<a href="#">HOSPITAL PROVIDER SPELL</a>	<a href="#">ADMISSION METHOD</a>
<b>Emergency Journey</b>	
<a href="#">EMERGENCY TRANSPORT REQUEST</a>	
<b>General Practitioner Name</b>	
<a href="#">PERSON NAME</a>	
<b>GMC or GDC Number</b>	
<a href="#">PERSON IDENTIFIER</a>	<a href="#">PERSON IDENTIFIER TYPES</a>
<b>Local Patient Identifier</b>	
<a href="#">PERSON IDENTIFIER</a>	<a href="#">PERSON IDENTIFIER TYPES</a>
<b>Maternity Admission</b>	
<a href="#">HOSPITAL PROVIDER SPELL</a>	<a href="#">ADMISSION METHOD</a>
<b>Neonate</b>	
<a href="#">PATIENT</a>	
<b>Notional Half Day (NHD)</b>	
<a href="#">EMPLOYEE CONTRACT</a>	<a href="#">EMPLOYEE CONTRACTED NOTIONAL HALF DAYS</a>
<b>Nurse Identifier</b>	
<a href="#">PERSON IDENTIFIER</a>	<a href="#">PERSON IDENTIFIER TYPES</a>

<b>Nurse Name</b>	
<a href="#">PERSON NAME</a>	
<b>One Stop Clinic</b>	
<a href="#">REFERRAL REQUEST</a>	<a href="#">OUT-PATIENT CLINIC REFERRING INDICATOR</a>
<b>Ordinary Admission</b>	
<a href="#">HOSPITAL PROVIDER SPELL</a>	<a href="#">PATIENT CLASSIFICATION</a>
<b>Organisation Postcode</b>	
<a href="#">ADDRESS</a>	<a href="#">POSTCODE</a>
<a href="#">ADDRESS ASSOCIATION</a>	
<b>Organisation Address</b>	
<a href="#">ADDRESS ASSOCIATION</a>	<a href="#">ADDRESS ASSOCIATION TYPE</a>
<b>Patient Name</b>	
<a href="#">PERSON NAME</a>	
<b>Patients Usual Address</b>	
<a href="#">ADDRESS ASSOCIATION</a>	<a href="#">ADDRESS ASSOCIATION TYPE</a>
<b>Planned Admission</b>	
<a href="#">ELECTIVE ADMISSION LIST ENTRY</a>	<a href="#">ELECTIVE ADMISSION TYPE</a>
<b>Postcode of Usual Address</b>	
<a href="#">ADDRESS</a>	<a href="#">POSTCODE</a>
<b>Regular Day Admission</b>	
<a href="#">HOSPITAL PROVIDER SPELL</a>	<a href="#">PATIENT CLASSIFICATION</a>
<b>Sex</b>	
<a href="#">SEX</a>	
<a href="#">CLINIC ATTENDANCE FAMILY PLANNING</a>	<a href="#">FAMILY PLANNING SEX OF PATIENT</a>
<a href="#">DRUG MISUSER</a>	<a href="#">DRUG MISUSER SEX</a>
<a href="#">FAMILY PLANNING DOMICILIARY VISITS</a>	
<b>Special/Planned Journey</b>	
<a href="#">SPECIAL TRANSPORT REQUEST</a>	
<a href="#">PLANNED TRANSPORT REQUESTS</a>	<a href="#">TRANSPORT NEED</a>
<b>Telephone Number</b>	
<a href="#">TELE-COMMUNICATION CONTACT STRING</a>	<a href="#">TELE-COMMUNICATION CONTACT METHOD</a>
	<a href="#">TELE-COMMUNICATION ACCESS CODES</a>
<b>Two Man/One Man Crew</b>	
<a href="#">TRANSPORT REQUIREMENT</a>	<a href="#">TRANSPORT NEED</a>
<b>TCI (To Come In Date)</b>	
<a href="#">OFFER OF ADMISSION</a>	<a href="#">OFFERED FOR ADMISSION DATE</a>
<b>Unit of Medical Time (UMT)</b>	
<a href="#">EMPLOYEE CONTRACT</a>	<a href="#">CONTRACTED UNITS OF MEDICAL TIME BASIC</a>
	<a href="#">CONTRACTED UNITS OF MEDICAL TIME CLASS A</a>
	<a href="#">CONTRACTED UNITS OF MEDICAL TIME CLASS B</a>
<b>Urgent Journey</b>	
<a href="#">TRANSPORT REQUEST</a>	
<b>Waiting List Admission</b>	

<a href="#">HOSPITAL PROVIDER SPELL</a>	<a href="#">ADMISSION METHOD</a>
<b>Ward Transfer</b>	
<a href="#">WARD STAY</a>	<a href="#">END DATE</a>
	<a href="#">WARD STAY TERMINATION REASON</a>
<b>Whole Time Equivalent (WTE)</b>	
<a href="#">STAFFING LEVEL PLANNED</a>	

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## GN020

Change to Supporting Information: Change to Supporting Information

### Model View Diagram - Overview

## GN020 - ORGANISATION STRUCTURE

1. This diagram shows the structure of [ORGANISATIONS](#) involved in supplying and supporting health care services.
2. Each ORGANISATION may be a particular subtype such as: [STRATEGIC HEALTH AUTHORITY](#), [PRIMARY CARE TRUST](#), [NHS TRUST](#) and [GP PRACTICE](#). ORGANISATIONS may be hierarchically structured. Such structures are recorded using [ORGANISATION STRUCTURE](#). Accountability and other types of relationships between ORGANISATION, such as ownership, may also be recorded. These other types of relationship need not be hierarchical.
3. An ORGANISATION is uniquely identified within the Health Service by an [ORGANISATION CODE](#). Further [ORGANISATION IDENTIFIERS](#) that are generated by other ORGANISATIONS can be recorded.
4. An ORGANISATION acts as a [HEALTH CARE PROVIDER](#) when providing health care services. Where a HEALTH CARE PROVIDER offers hospital services, it acts as a [HOSPITAL PROVIDER](#).
5. ~~[HOSPITAL SITE](#), [RESIDENTIAL CARE HOME](#), [GROUP HOME](#) and [NURSING HOME](#) are types of [ORGANISATION SITE](#).~~
5. [HOSPITAL SITE](#) is a type of [ORGANISATION SITE](#).
6. A [PATIENT](#) may be registered with a [GENERAL PRACTITIONER](#) who may work for more than one GP PRACTICE as a [PERSON ROLE IN ORGANISATION](#). The main practice may be recorded for each [GENERAL MEDICAL PRACTITIONER](#). A [PERSON](#) may thus be registered as a PATIENT (a [PERSON ROLE IN ORGANISATION](#)) at a GP PRACTICE that may be different to the main practice for their GENERAL MEDICAL PRACTITIONER.

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## HP070

Change to Supporting Information: Change to Supporting Information

## HP070 - CONSULTANT EPISODES (HOSPITAL PROVIDER)

1. HP070 - HP140 show the classes relevant to [PATIENTS](#) using a hospital bed. Additional information relevant to maternity PATIENTS is contained in [HP150](#). HP070 is particularly concerned with [CONSULTANT EPISODES \(HOSPITAL PROVIDER\)](#).
2. A [HOSPITAL PROVIDER SPELL](#) is a continuous stay of a PATIENT using a hospital bed under the care of a [HEALTH CARE PROVIDER](#). A HOSPITAL PROVIDER SPELL will consist of one or more CONSULTANT EPISODES (HOSPITAL PROVIDER) and/or one or more [NURSING EPISODES](#).
3. ~~A CONSULTANT EPISODE (HOSPITAL PROVIDER) is a period of time for which a CONSULTANT is responsible for the care of a PATIENT who is using a hospital bed or, in some circumstances, is in a [NURSING HOME](#) (see [HP110](#)). Care of a patient during a CONSULTANT EPISODE (HOSPITAL PROVIDER) can sometimes be shared between two or more CONSULTANTS. In this case each additional CONSULTANT will be a [SHARED CARE CONSULTANT](#). A PATIENT has only one CONSULTANT EPISODE (HOSPITAL PROVIDER) at a time. Each CONSULTANT EPISODE (HOSPITAL PROVIDER) will relate to one [CONSULTANT SPECIALTY FUNCTION](#) as a “main specialty interest”, and may also have a “treatment specialty interest” associated with it. A CONSULTANT EPISODE (HOSPITAL PROVIDER) may have a [LOCAL SUB-SPECIALTY](#) defined for it. Where responsibility is shared, the [SPECIALTY FUNCTION](#) of the SHARED CARE CONSULTANTS is also required.~~
3. A CONSULTANT EPISODE (HOSPITAL PROVIDER) is a period of time for which a CONSULTANT is responsible for the care of a PATIENT who is using a hospital bed or, in some circumstances, is in a [\[DELETED\]](#) (see [HP110](#)). Care of a patient during a CONSULTANT EPISODE (HOSPITAL PROVIDER) can sometimes be shared between two or more CONSULTANTS. In this case each additional CONSULTANT will be a [SHARED CARE CONSULTANT](#). A PATIENT has only one CONSULTANT EPISODE (HOSPITAL PROVIDER) at a time. Each CONSULTANT EPISODE (HOSPITAL PROVIDER) will relate to one [CONSULTANT SPECIALTY FUNCTION](#) as a “main specialty interest”, and may also have a “treatment specialty interest” associated with it. A CONSULTANT EPISODE (HOSPITAL PROVIDER) may have a [LOCAL SUB-SPECIALTY](#) defined for it. Where responsibility is shared, the [SPECIALTY FUNCTION](#) of the SHARED CARE CONSULTANTS is also required.

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## HP100

Change to Supporting Information: Change to Supporting Information

## HP100 - ADMITTED PATIENT NURSING CARE

1. The classes in this diagram relate to patient care under a [NURSE](#) following admission.
2. ~~[NURSING EPISODES](#) may take place in hospital during a [HOSPITAL PROVIDER SPELL](#) or in a [NURSING HOME](#) (see [HP300](#)). Each [NURSING EPISODE](#) relates to one [NURSE](#) responsible.~~
2. [NURSING EPISODES](#) may take place in hospital during a [HOSPITAL PROVIDER SPELL](#) or in a care home as a [CARE HOME STAY \(NURSING CARE\)](#) (see [HP300](#)). Each [NURSING EPISODE](#) relates to one [NURSE](#) responsible.

## HP110

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Change to Supporting Information: Change to Supporting Information

### Model View Diagram - Overview

## HP110 - ADMITTED PATIENT STAYS

1. HP070-HP140 show the classes relevant to [PATIENTS](#) using a hospital bed. Additional information relevant to maternity PATIENTS is contained in [HP150](#). HP110 is particularly concerned with stays in hospital.
2. A [HOSPITAL PROVIDER SPELL](#) is a continuous stay of a PATIENT using a hospital bed under the care of a [HEALTH CARE PROVIDER](#). It may entail one or more [HOSPITAL STAYS](#) and one or more [WARD STAYS](#) during each HOSPITAL STAY (covered in [HP120](#)). During a HOSPITAL STAY a PATIENT may have one or more periods of [HOME LEAVE](#) from a [WARD](#). A bed on a WARD may be reserved for the PATIENT during HOME LEAVE, or for other reasons.
3. The HOSPITAL PROVIDER SPELL may include a period immediately following admission where the PATIENT is a [LODGED PATIENT](#). This occurs when the PATIENT has to wait (and possibly experience inappropriate care) until they can be admitted to a WARD.
4. A WARD, or group of WARDS, will form a [SERVICE POINT](#) within the organisation.
5. Each [CARE HOME STAY \(CONSULTANT CARE\)](#) must be the responsibility of a [CONSULTANT](#) and must be associated with a named [NURSE](#).
5. Each [CARE HOME STAY \(CONSULTANT CARE\)](#) must be the responsibility of a [CONSULTANT](#) and must be associated with a named [NURSE](#).

## HP120

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Change to Supporting Information: Change to Supporting Information

### Model View Diagram - Overview

## HP120 - WARDS

1. The classes in this diagram are concerned with [PATIENTS](#) attending and staying in hospital [WARDS](#).
2. A PATIENT staying in hospital has a [HOSPITAL PROVIDER SPELL](#) which may consist of one or more [WARD STAYS](#).
3. A PATIENT who is not staying in hospital may be seen (and treated) on a WARD during a [WARD ATTENDANCE](#). Ward attenders may be the subject of one or more [PATIENT PROCEDURES](#) (see [HP070](#)) each of which must have a [PATIENT PROCEDURE CLASSIFICATION](#) classified by a [READ CLASSIFICATION](#).
4. Where a person who is not ill stays in a WARD, this is recorded as a [HEALTHY PERSON STAY](#).

- ~~5. The number of beds available in a [NURSING HOME](#), [RESIDENTIAL CARE HOME](#) or [GROUP HOME](#) during a period of time is recorded using [ORGANISATION SITE BED AVAILABILITY](#).~~
5. Each WARD STAY must be the responsibility of a [NURSE](#) or a [MIDWIFE](#).

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## HP140

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Change to Supporting Information: Change to Supporting Information

### Model View Diagram - Overview

## HP140 - ADMISSION AND DISCHARGE

1. HP070- HP140 show the classes relevant to [PATIENTS](#) using a hospital bed. Additional information relevant to maternity [PATIENTS](#) is contained in [HP150](#). HP140 is particularly concerned with admission and discharge from hospital.
2. A [HOSPITAL PROVIDER SPELL](#) is a continuous stay of a [PATIENT](#) using a hospital bed under the care of a [HEALTH CARE PROVIDER](#).
3. On admission to hospital, at the start of a [HOSPITAL PROVIDER SPELL](#), a number of items of information are relevant, such as the current [ADDRESS ASSOCIATION](#) of the [PATIENT](#). If the [ADDRESS ASSOCIATION](#) of the [PATIENT](#) changes during their [HOSPITAL PROVIDER SPELL](#), both the new and the previous address are needed for contracting purposes. [PATIENTS](#) who are detained will have a [LEGAL STATUS](#) and those from abroad will have a [PERSON NATIONALITY OR RESIDENCY STATUS](#).
- ~~4. A [NURSING HOME STAY \(NURSING CARE\)](#) is where a [PATIENT](#) has one or more [NURSING EPISODES](#) staying in a [NURSING HOME](#).~~
4. A [CARE HOME STAY \(NURSING CARE\)](#) is where a [PATIENT](#) has one or more [NURSING EPISODES](#) staying in a [CARE HOME SITE](#).
- ~~5. A [NURSING HOME STAY \(MIDWIFE CARE\)](#) is where a [PATIENT](#) has one or more [MIDWIFE EPISODES](#) staying in a [NURSING HOME](#).~~
5. A [CARE HOME STAY \(MIDWIFE CARE\)](#) is where a [PATIENT](#) has one or more [MIDWIFE EPISODES](#) staying in a [CARE HOME SITE](#).

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## HP300

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Change to Supporting Information: Change to Supporting Information

### Model View Diagram - Overview

## HP300 - NURSING EPISODES

1. This diagram shows the classes relevant to [NURSING EPISODES](#).

2. A NURSING EPISODE is a period of care by a [NURSE](#) for a particular [PATIENT](#).
- ~~3. A NURSING EPISODE is related to a [HOSPITAL PROVIDER SPELL](#) if the PATIENT is in hospital or to a [NURSING HOME STAY \(NURSING CARE\)](#) if the PATIENT is in a [NURSING HOME](#).~~
- ~~4. A NURSING HOME will have a number of [NURSING HOME OPERATIONAL PLANS](#).~~
3. A NURSING EPISODE is related to a [HOSPITAL PROVIDER SPELL](#) if the PATIENT is in hospital or to a [CARE HOME STAY \(NURSING CARE\)](#) if the PATIENT is in an [ORGANISATION SITE](#) which has a [CARE HOME REGISTRATION](#).

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## HP310

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Change to Supporting Information: Change to Supporting Information

### Model View Diagram - Overview

## HP310 - MIDWIFE EPISODES

1. This diagram shows the classes relevant to [MIDWIFE EPISODES](#).
2. A MIDWIFE EPISODE is a period of care by a [MIDWIFE](#) for a particular [PATIENT](#).
- ~~3. A MIDWIFE EPISODE is related to a [HOSPITAL PROVIDER SPELL](#) if the PATIENT is in hospital or to a [NURSING HOME STAY \(MIDWIFE CARE\)](#) if the PATIENT is in a [NURSING HOME](#).~~
3. A MIDWIFE EPISODE is related to a [HOSPITAL PROVIDER SPELL](#) if the PATIENT is in hospital or to a [CARE HOME STAY \(MIDWIFE CARE\)](#) if the PATIENT is in an [ORGANISATION SITE](#) which has a [CARE HOME REGISTRATION](#).

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## HP330

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Change to Supporting Information: Change to Supporting Information

### Model View Diagram - Overview

## ~~HP330 - REGISTERED SITES~~

## HP330 - ORGANISATION SITE REGISTRATION

- ~~1. This diagram shows the information to be collected about Registered or Chartered Sites. These sites are either privately owned and registered under Section 23 of Part II of the Registered Homes Act 1984 and/or registered under Part I of the Registered Homes Act 1984.~~
1. This diagram shows the information to be collected about [ORGANISATION SITE REGISTRATIONS](#) of Nursing Homes, Residential Care Homes, Residential Group Homes, Independent Hospitals, Independent Clinics and other non NHS care services, with the National Care Standards Commission

(NCSC) under the Care Standards Act 2000.

- ~~2. An ORGANISATION SITE may be subtyped into NURSING HOMES, HOSPITAL SITES, RESIDENTIAL CARE HOMES and GROUP HOMES. A NURSING HOME or a HOSPITAL SITE registered under both Part I and Part II of the Registered Homes Act 1984 is classified as dual registered.~~
2. Each ORGANISATION may have a number of different ORGANISATION SITES each of which may have a number of ORGANISATION SITE REGISTRATIONS. In most cases an ORGANISATION SITE will only have one ORGANISATION SITE REGISTRATION of a particular type such as care home, however, in some cases there may be more, for example, a children's home may also be registered as a boarding school.
- ~~3. An ORGANISATION SITE, if registered under Part II of the Registered Homes Act 1984, may have several ORGANISATION SITE REGISTRATIONS.~~
3. An ORGANISATION SITE REGISTRATION may be a CARE HOME REGISTRATION, INDEPENDENT HEALTH CARE REGISTRATION, CHILDRENS HOME REGISTRATION or some other registration.
- ~~4. On each ORGANISATION SITE, if registered under Part II of the Registered Homes Act 1984, one or more REGISTERED SITE NURSES IN POST will be employed and each will be classified by NURSE TYPE. This classification is according to the primary role of the REGISTERED SITE NURSE IN POST within the ORGANISATION SITE.~~
4. An ORGANISATION SITE may have a number of stays associated with it. Depending on the ORGANISATION SITE REGISTRATION, these may be HOSPITAL STAYS (which includes stays in an Independent Hospital or Clinic) or CARE HOME STAYS.
- ~~5. Beds within the site may be registered for a REGISTERED SITE INTENDED BED USE, classified for children, elderly or other use.~~
5. A CARE HOME STAY may be a CARE HOME STAY (CONSULTANT CARE), CARE HOME STAY (MIDWIFE CARE), CARE HOME STAY (NURSING CARE) or CARE HOME STAY (RESIDENTIAL).
- ~~6. Where a NURSING HOME is a mental nursing home additional information is required. This is contained in MENTAL NURSING HOME ADMITTED PATIENTS and MENTAL NURSING HOME RESIDENTS. Totals are maintained of any MENTAL NURSING HOME LEGAL STATUS CHANGES.~~
6. A CARE HOME REGISTRATION may include a number of CARE HOME SERVICE USERS and CARE HOME SERVICES.
- ~~7. MENTAL NURSING HOME RESIDENTS is a total of PATIENTS resident in a mental nursing home. Totals for MENTAL NURSING HOME ADMITTED PATIENTS and MENTAL NURSING HOME RESIDENTS exclude PATIENTS covered by NHS SERVICE AGREEMENTS.~~
7. A CHILDRENS HOME REGISTRATION may include a number of CHILDRENS HOME SERVICES and CHILDRENS HOME SERVICE USERS.
- ~~8. Where the ORGANISATION SITE is a registered NURSING HOME or HOSPITAL SITE, the REGISTERED SITE BED OCCUPANCY is recorded.~~
8. An INDEPENDENT HEALTH CARE REGISTRATION may include a number of INDEPENDENT HEALTH CARE SERVICES and INDEPENDENT HEALTH CARE FACILITIES.
- ~~9. The number of beds available and occupied in a NURSING HOME, RESIDENTIAL CARE HOME or GROUP HOME during a period of time are recorded using ORGANISATION SITE BED AVAILABILITY and ORGANISATION SITE BED OCCUPANCY. When recording the number of available and occupied beds, totals are broken down by NHS and Non NHS patients.~~
10. The date of each inspection of a Registered or Chartered Site by a HEALTH AUTHORITY Registration

and Inspection Unit is recorded by a ~~REGISTERED SITE INSPECTION~~.

9. The **LEGAL STATUS** of a **PATIENT** during a spell of care can be derived from the particular **CARE HOME STAYS** or **HOSPITAL STAYS**.

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## MH040

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Change to Supporting Information: Change to Supporting Information

### Model View Diagram - Overview

## MH040 - PATIENTS AND MENTAL HEALTH CARE TEAMS

1. The care or assessment within a **MENTAL HEALTH CARE SPELL** is provided by a **MENTAL HEALTH CARE TEAM**, which may be multidisciplinary and involve both NHS and non-NHS agencies, for example Social Services of a Local Authority. A MENTAL HEALTH CARE TEAM is part of a **FUNCTIONAL GROUP** within an **ORGANISATION**.
2. A MENTAL HEALTH CARE TEAM comprises PERSONS who are **MENTAL HEALTH CARE TEAM MEMBERS** and are either employed by the **HEALTH CARE PROVIDER** providing the specialist mental health care services, or employed by another NHS or non-NHS ORGANISATION.
3. **PATIENTS** may have **SECURE ACCOMMODATION REQUIREMENTS** which are periods of time when they are identified as requiring accommodation of a higher level of security, for example a high or medium security hospital.
4. ~~PATIENTS within a MENTAL HEALTH CARE SPELL have one or more **LEGAL STATUS** over time, classified by **LEGAL STATUS CLASSIFICATION**.~~
4. **PATIENTS** within a MENTAL HEALTH CARE SPELL have one or more **LEGAL STATUS** over time, classified by **[DELETED]**.

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## MISCELLANEOUS

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### CENTRAL RETURN DIAGRAMS - MISCELLANEOUS

<a href="#">A(C)A1</a>	<a href="#">AIDS (Control) Act 1987 Statistics on Reported AIDS Cases and Deaths</a>
<a href="#">A(C)A2</a>	<a href="#">AIDS (Control) Act 1987 Statistics on First Reports of Hiv-1 Infected Persons</a>
<a href="#">EXTDRUG</a>	<a href="#">Extended Drug Misuse Database</a>
<a href="#">KA34</a>	<a href="#">Ambulance Services</a>
<a href="#">KO41(A)</a>	<a href="#">HCHS Complaints</a>
<a href="#">KO41(B)</a>	<a href="#">FHS Complaints</a>
<a href="#">KP90</a>	<a href="#">Admissions, Changes in Status and Detentions Under the Mental Health Act</a>
<a href="#">RH(N)</a>	<a href="#">Premises Registered under Part II of the Registered Homes Act 1984</a>
<a href="#">[DELETED]</a>	<a href="#">[DELETED]</a>

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## MISCELLANEOUS

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### CENTRAL RETURNS - MISCELLANEOUS

[KA34](#)      [Ambulance Services](#)

[KO41 \(A\)](#)    [HCHS Complaints](#)

[KO41 \(B\)](#)    [FHS Complaints](#)

See the [Department of Health NHS Written complaints website](#) for the most up-to-date available statistics

[KP90](#)      [Admissions, Changes in Status and Detentions under the Mental Health Act](#)

[RH\(N\)](#)      [Registered Homes \(Nursing\)](#)

[\[DELETED\]](#)    [\[DELETED\]](#)

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## MUTUALLY EXCLUSIVE RELATIONSHIPS

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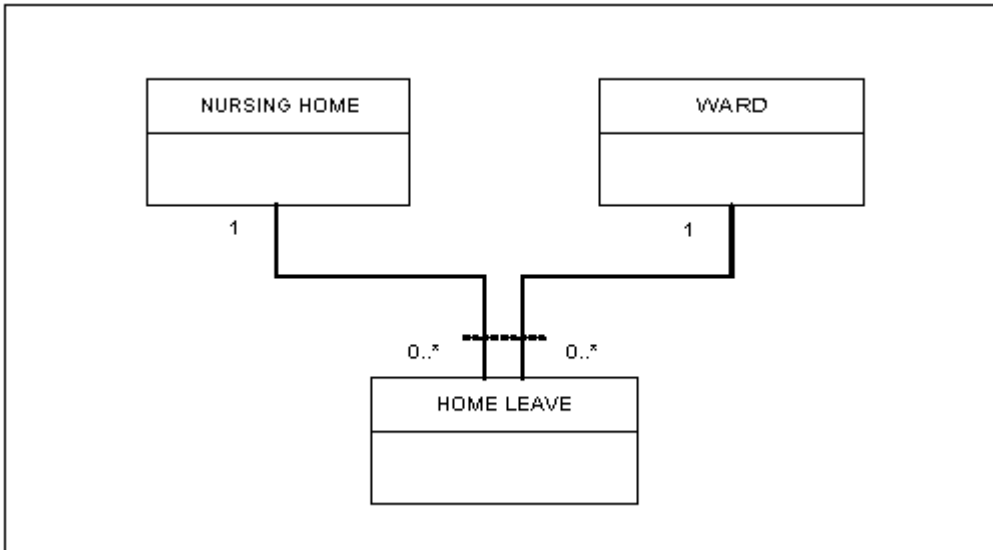
Change to Supporting Information: Change to Supporting Information

### Diagramming Conventions

## Mutually Exclusive Relationships

In some situations, relationships may be mutually exclusive, i.e. either one or other relationship may be present, but not both. ~~For example, a particular HOME LEAVE may only relate to either a NURSING HOME or a WARD, but not both as the patient can only be in one place from which the HOME LEAVE is taken.~~ For example, a particular HOME LEAVE may only relate to either a WARD or, if the PATIENT is not in a hospital, an ORGANISATION SITE, such as a care home, but not both as the patient can only be in one place from which the HOME LEAVE is taken. This 'either/or' situation is shown by an arc spanning the relationships in question.

An example of mutually exclusive relationships in diagrams is given below:



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## PC110

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### Model View Diagram - Overview

## PC110 - COMMUNITY PHARMACIES

1. [COMMUNITY PHARMACY SITE APPLICATIONS](#) are made to [PRIMARY CARE TRUSTS](#) and consent determined based on the Pharmaceutical Services Regulations. Applications are made either from existing [COMMUNITY PHARMACY SITES](#) or another [ORGANISATION](#).
2. COMMUNITY PHARMACY SITES may operate waste medicine collection schemes in which case [WASTE MEDICINES QUANTITY PERIOD](#) amounts will be recorded and reported.
3. ~~COMMUNITY PHARMACY SITES may operate formal contacts with [RESIDENTIAL CARE HOMES](#) and [NURSING HOMES](#) for the provision of general pharmaceutical advice.~~
3. COMMUNITY PHARMACY SITES may operate formal [COMMUNITY PHARMACY SITE CONTRACTS](#) with [CARE HOME SITES](#) for the provision of general pharmaceutical advice.
4. If a COMMUNITY PHARMACY SITE provides additional hours then these are recorded as [COMMUNITY PHARMACY ADDITIONAL HOURS](#). Pharmacies that operate as part of the Essential Small Pharmacies Scheme are identified by the value of the [ESSENTIAL SMALL PHARMACY INDICATOR](#).

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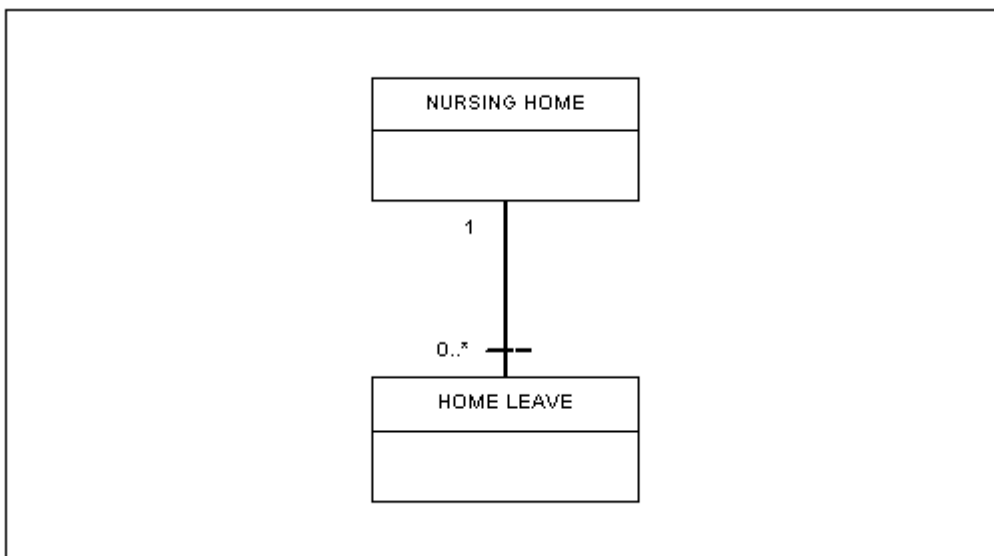
## REDUCED ARC - MUTUALLY EXCLUSIVE RELATIONSHIPS

Change to Supporting Information: Change to Supporting Information

## Reduced Arc - Mutually Exclusive Relationships

In some diagrams only one of the mutually exclusive relationships may be present, the other, being not applicable to the diagram, being omitted. For example, a particular diagram is concerned with NURSING HOMES and requires the inclusion of HOME LEAVE however, the second mutually exclusive relationship to WARD is not germane to the diagram and can be left out. For example, a particular diagram is concerned with WARDS and requires the inclusion of HOME LEAVE however, the second mutually exclusive relationship to ORGANISATION SITE is not germane to the diagram and can be left out. This omission is indicated by the straight line (arc) which normally spans the two relationships being displayed in a reduced manner.

An example of a reduced mutually exclusive relationship arc in diagrams is given below:



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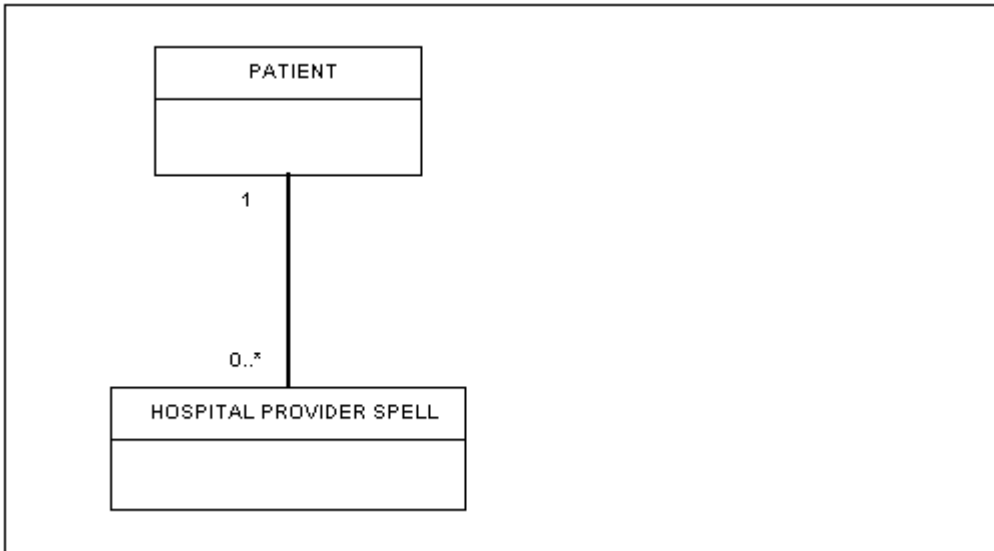
## RELATIONSHIP NAMES

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## Relationship Names

Where a relationship between entity types is named in a diagram, the name applies to the entity type to which it is nearest.

An example of a relationship name in diagrams is given below:



In the example above, the entity type definition for LEGAL STATUS will contain the following relationship information:

Each LEGAL STATUS

- K must be recorded for one and only one PATIENT
- ~~must be related to one and only one LEGAL STATUS CLASSIFICATION~~

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