



COVID-19 EPRR Acute Daily Discharge SitRep

Technical specification

Version 2, 5 May 2021

Introduction

This is a revised version of guidance previously relating to the COVID-19 EPRR Acute Daily Discharge SitRep, to reflect changes to this data collection.

We have added additional, revised content – highlighted in yellow – to reflect the development of new options to discharge people from acute hospitals:

- to COVID virtual wards (CVWs), as described in the [CVW Standard Operating Procedure](#). Therefore, a new question 12 has been added to this collection. For more information on this please see the [letter of 13 January](#) recommending that all integrated care systems (ICSs) immediately establish COVID virtual wards.
- to hotels as temporary residences, as they are medically fit for discharge but currently unable to return to their own home. Therefore, an additional discharge destination option – ‘Hotel as temporary residence’ – has been added to questions 4 and 7 of this collection. For more information on this please see the [letter of 20 January](#) on improving discharge patient flow from acute settings.

It is important this is a clinically driven data collection not one that should be done from information that may be an interpretation of the medical opinion from another information source.

Thank you again for your help in collecting this data. Outputs of this SitRep are regularly reviewed by local, regional and national teams and your returns are helping to drive the effective implementation of wider Discharge to Assess policies, leading to better care for patients and service users.

Background

1. The COVID acute daily discharge situation report (the SitRep) commenced on 8 April 2020 and collects data on the inpatient population of each acute trust and their discharge status each day by submitting a template through the Strategic Data Collection Service (SDCS) portal.
2. Initial revisions the content of this SitRep were announced in section 11 of the Hospital Discharge Service: Policy and Operating Model guidance, issued on 21 August 2020, and submission of revised data commenced on in September 2020. Subsequent amends have been made in December 2020 and January 2021 to reflect policy changes to support discharge of people from hospital.
3. Due to further policy and operational reasons further revisions are required. This guide outlines how to complete the SitRep and associated revised content.

Submission process

4. The SitRep template needs to be populated by all acute trusts with a type 1 A&E department and the Nightingale hospitals but excluding the specialist children's trusts Sheffield Children's NHS Foundation Trust and Alder Hey Children's NHS Foundation Trust, and Birmingham Women's and Children's NHS Foundation Trust.
5. Please note that, in order to avoid double counting, organisations should not submit data on behalf of any other trust – those trusts will now be submitting their own data directly.
6. Daily reports must be signed off by a duty director, or other senior manager, appointed to this role by the trust's chief executive. It is the responsibility of each trust to ensure its return is accurate and reflects the real position for the relevant time period.
7. Collection of data for questions 1 to 7, 10, 11 and new question 12 should take place 7 days a week, in line with the return to COVID-19 incident arrangements.¹ Questions 8 and 9 are weekly collections and should be submitted on SDCS each Friday by 11am.
8. The deadline for this collection is 11am, and there will be no opportunity to amend the data.

¹ See: https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/11/KW_Level_4-letter_4Nov.pdf

Guidance notes on data items

9. The full, revised set of questions for this data collection are reproduced below, with commentary in bold.
10. We are seeking data for all individuals, and several questions (5, 6, 7 and 8) also ask about those with a length of stay of 21 days or over. One question (9) asks about those with a length of stay of 14 days or over. Three questions (10, 11 and 12) ask for data relating to people whose length of stays is both 14 days and over, and 21 days and over.
11. It is worth noting that **those with a length of stay of 14 days or over are a subset of total patients and will be counted within them, and those with a length of stay of 21 days or over are a subset of total patients and also a subset of the number of patients with a length of stay of 14 days or over.**
12. As per the above, data relating to question numbers 1-7 and 10-12 should be **collected daily** and the data submitted on SDCS by 11am the following day. Data for Questions 8 and 9 should be **collected on a weekly basis** and should be submitted on SDCS each Friday by 11am.
13. During the submission period from 8-11am each day, trusts are expected to submit data as at 5pm the previous day.

Contacts and resources

14. Please direct queries relating to this collection to:
england.communityhealthservicesdata@nhs.net
15. An Excel workbook has been produced to assist trusts to complete this data return, and an updated improved version of this will be supplied to nominated SitRep leads within providers.
16. The Excel workbook has been carefully designed to quickly fill in at the morning and afternoon board rounds under the guidance of clinicians, in order to keep the burden of collecting this important data to a minimum (though trusts can use other systems they may already have in place – the use of the Excel workbook is not mandatory).
17. We are aware that, during the lifecycle of this SitRep, many trusts have integrated the collection of data for this collection into their Patient Administration or Electronic Patient Record systems. This practice is very much encouraged as it helps to enhance the information on individual patient records, to help inform decisions on their care and treatment.

SitRep questions

1) The number of people who meet the criteria to reside in total.

And the total then split by the number falling into the following reasons to reside categories:

- a. Physiology
- b. Treatment
- c. Recovery
- d. Function

Data for this question should be collected on a daily basis.

2) The number of people who meet the criteria to be discharged that day.

These are the people who do not meet the criteria to reside as set out in Annex A of the Hospital Discharge Service: Policy and Operating Model. The reference to 'discharged that day' refers to the period from midnight on the previous day to midnight on the current day for which the data is being collected.

Data for this question should be collected on a daily basis.

3) The number of people who have been or will be discharged by 5pm.

This refers to the patient numbers reported for question 2, and how many of those were actually discharged by 17.00 on the day for which data is being collected.

Data for this question should be collected on a daily basis.

4) Of the people who have been or will be discharged by 5pm, the number intended to be discharged to the following locations:

- a. Home
- b. Care Home
- c. Hospice
- d. Rehabilitation bed
- e. Other
- f. Designated setting
- g. Hotel as a temporary residence

For 4d please report all discharges from acute beds to rehabilitation beds, even where the person continues to be treated by the same trust.

For 4f please count all discharges to designated settings as described in the Government guidance ‘Discharge into care homes: designated settings’

Data for this question should be collected on a daily basis

- 5) Of the total number of people who have a length of stay of 21 days and over the number who:
- a. Meet the criteria to reside in total, and split by the number falling into the following reasons to reside categories:
 - i. Physiology
 - ii. Treatment
 - iii. Recovery
 - iv. Function
 - b. Meet the criteria to be discharged

For 5a, please report the number of people with a length of stay over 21 days who meet the criteria to remain in hospital, and then split this down into categories i to iv.

Data for this question should be collected on a daily basis

- 6) The number of people who have a length of stay of 21 days and over who have been or will be discharged by 5pm.

This refers to the patient numbers reported for question 5b, and how many of those were actually discharged by 5pm on the day for which data is being collected.

Data for this question should be collected on a daily basis

- 7) Of the people who have a length of stay of 21 days and over who have been or will be discharged by 5pm, the number intended to be discharged to the following locations:
- a. Home
 - b. Care Home
 - c. Hospice
 - d. Rehabilitation bed
 - e. Other
 - f. Designated setting
 - g. Hotel as a temporary residence

For 7d please report all discharges from acute beds to rehabilitation beds, even where the person continues to be treated by the same trust.

For 7f please count all discharges to designated settings as described in the Government guidance ‘Discharge into care homes: designated settings’

Data for this question should be collected on a daily basis

Data for question 8, below, should be collected by a weekly review process that is similar to the former Discharge Patient Tracking List (DPTL) process, and be submitted weekly each Friday.

- 8) Of the total number of people who have a length of stay of 21 days or over who have been judged to meet the criteria to be discharged but who continue to reside in hospital:
- a. The number of additional days in total they have remained in hospital since the meeting of the criteria to be discharged decision was made.
 - b. A breakdown showing the number of people against each of the following reasons for why they continue to reside, despite meeting the criteria to be discharged:
 - i. Declared as not meeting the criteria to reside at morning ward round and then later in day meets the criteria to reside so discharge stopped.
 - ii. Awaiting a medical decision/intervention including writing the discharge summary.
 - iii. Awaiting therapy decision to discharge (no acute medical or nursing intervention required; therapist stating that person requires further rehabilitation in the acute hospital).
 - iv. Awaiting referral to community single point of access.
 - v. Awaiting medicines to take home.
 - vi. Awaiting transport.
 - vii. Awaiting confirmation from community hub/single point of access that referral received and actioned. (The single point of access should make the decision on which pathway will best meet the needs as described by the hospital not prescribed by the hospital).
 - viii. Pathway 1: awaiting availability of resource for assessment and start of care at home.
 - ix. Pathway 2: awaiting availability of rehabilitation bed in community hospital or other bedded setting.
 - x. Pathway 3: awaiting availability of a bed in a residential or nursing home that is likely to be a permanent placement.

- xi. Awaiting community equipment and adaptations to housing.
- xii. Individual/family not in agreement with discharge plans.
- xiii. Homeless/no right of recourse to public funds/no place to discharge to.
- xiv. Safeguarding concern preventing discharge or Court of Protection.
- xv. Repatriation/transfer to another acute Trust for specialist treatment or ongoing treatment.
- xvi. No plan
- xvii. Awaiting Diagnostic test
- xviii. Remains in hospital to avoid spread of (non-COVID 19) infectious disease and because there is no other suitable location to discharge to.

Data for question 9 should also be collected by a weekly review process that is similar to the former Discharge Patient Tracking List (DPTL) process and be submitted weekly each Friday.

- 9) Of the total number of patients who have a length of stay of 14 days or over who have been judged to meet the criteria to be discharged but who continue to reside in hospital:
- a. The number of additional days in total they have remained in hospital since the meeting of the criteria to be discharged decision was made.
 - b. A breakdown showing the number of patients against each of the following reasons for why they continue to reside, despite meeting the criteria to be discharged:
 - i. Declared as not meeting the criteria to reside at morning ward round and then later in day meets the criteria to reside so discharge stopped.
 - ii. Awaiting a medical decision/intervention including writing the discharge summary.
 - iii. Awaiting therapy decision to discharge (no acute medical or nursing intervention required; therapist stating that person requires further rehabilitation in the acute hospital).
 - iv. Awaiting referral to community single point of access.
 - v. Awaiting medicines to take home.
 - vi. Awaiting transport.
 - vii. Awaiting confirmation from community hub/single point of access that referral received and actioned. (The single point of access should make the decision on which pathway will best meet the needs as described by the hospital not prescribed by the hospital).
 - viii. Pathway 1: awaiting availability of resource for assessment and start of care at home.

- ix. Pathway 2: awaiting availability of rehabilitation bed in community hospital or other bedded setting.
- x. Pathway 3: awaiting availability of a bed in a residential or nursing home that is likely to be a permanent placement.
- xi. Awaiting community equipment and adaptations to housing.
- xii. Individual/family not in agreement with discharge plans.
- xiii. Homeless/no right of recourse to public funds/no place to discharge to.
- xiv. Safeguarding concern preventing discharge or Court of Protection.
- xv. Repatriation/transfer to another acute Trust for specialist treatment or ongoing treatment.
- xvi. No plan
- xvii. Awaiting Diagnostic test
- xviii. Remains in hospital to avoid spread of (non-COVID 19) infectious disease and because there is no other suitable location to discharge to

Data for question 10 relates to Government policy on discharge of people to care homes and requirements around COVID-19 testing prior to discharge – set out in ‘Discharge into care homes: designated settings’.

Data should be collected on a daily basis

- 10) Of the total number of people who are to be discharged to a care home:
- a. The **total** number who continue to reside in hospital because they have not received a COVID-19 test result within 48 hours of their prospective discharge (unless this is not required under the terms of ‘Discharge into care homes: designated settings’)
 - b. The number who continue to reside in hospital because they have not received a COVID-19 test result within 48 hours of their prospective discharge (unless this is not required under the terms of ‘Discharge into care homes: designated settings’):
 - i. Who have a length of stay of 14 days and over
 - ii. Who have a length of stay of 21 days and over

Question 10b(i) should include the number of people in question 10b(ii)

Data for question 11 relates to Government policy on discharge of care home residents with a COVID-19 positive test to designated settings – set out in ‘Discharge into care homes: designated settings’.

These designated settings will be used for those who would otherwise be returning to the care home from where they were admitted, or for the small proportion of individuals who are unable to go home and therefore being discharged to a care home for the first time.

Data should be collected on a daily basis.

- 11) Of the total number of care home residents who are to be discharged:
- a. The **total** number who have received a positive COVID-19 test result and who continue to reside in hospital because they are awaiting a place in a designated setting
 - b. The number who have received a positive COVID-19 test result and who continue to reside in hospital because they are awaiting a place in a designated setting:
 - i. Who have a length of stay of 14 days and over
 - ii. Who have a length of stay of 21 days and over

Question 11b(i) should include the number of people in question 11b(ii)

Data for question 12 relates to the establishment of COVID virtual wards to support early hospital discharge – set out in [CVW Standard Operating Procedure](#).

Data should be collected on a daily basis

- 12) Of the people who have been or will be discharged by 5pm:
- a. The total number intended to be discharged to a COVID virtual ward
 - b. The number intended to be discharged to a COVID virtual ward:
 - i. Who have a length of stay of 14 days and over
 - ii. Who have a length of stay of 21 days and over

Question 12b(i) should include the number of people in question 12b(ii).

Patients reported in question 12 as being discharged to a COVID virtual ward should also be reported in question 4 as being discharged to the relevant location.