Classification: Official

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COVID-19 EPRR Community Daily Discharge SitRep

Technical specification

Version 3, 12 May 2021

Introduction

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

The following changes have been made:

- Discharge to Assess pathways have been added to question 4, which now requests both discharge destination and pathway outcomes. This aligns with the focus on pathways in the Hospital Discharge and Community Support: Policy and Operating Model

- Additional information on time of discharge is requested in questions 3 and 4. The previous metric of 17:00 hours remains but 17:01 hours – 23:59 hours has been added to enhance understanding of discharge rates and timeliness

- Wording has been amended where it was flagged as being unclear

- The questions refer to meeting or not meeting the criteria to reside, reflecting language in the Hospital Discharge and Community Support: Policy and Operating Model. References to meeting the criteria to be discharged have been removed.

- FAQs have been updated and are available on the NHS Futures platform (Community Daily Discharge SitRep FAQs)

It is important that 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.

This is an important data collection, the outputs of which are regularly reviewed by local, regional and national teams and your returns are helping to drive the effective implementation of wider Hospital Discharge policies, leading to better care for patients and service users by increasing understanding of discharge practices, the use of pathways, and demand and capacity availability. Thank you for your ongoing support in helping us to collect accurate and timely information.

Background

The Community daily discharge situation report (SitRep) commenced on 22 June 2020 and collects data on the inpatient population of Community Hospital Bed Providers and their discharge status each day using the SDCS portal. This guide outlines how to complete the SitRep.

This guide outlines how to complete the SitRep and associated revised content.

Submission process

The submission template will need to be populated by all organisations listed as providing bedded services within community hospitals for the purposes of physical health recovery and rehabilitation. This will include:

- NHS Community Trusts
- Acute Trusts that also provide community services which include community hospitals (with only their community hospital beds covered by this data collection)
- Mental Health Trusts that provide physical health community services which include community hospitals (with only their community hospital beds covered by this data collection)
- Community Interest Companies and others that provide physical health community services and community hospital beds.

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.

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.

The deadline for this collection is 11am, and there will be no opportunity to amend the data submitted.

Guidance notes on data items

The full, revised set of questions for this data collection are reproduced below, with commentary in bold. Updated Frequently Asked Questions can be found on the NHS Futures platform.

Contacts and resources

Please direct queries relating to this collection to:
england.communityhealthservicesdata@nhs.net

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.

The Excel workbook has been carefully designed to allow its 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).

SitRep questions

1) The number of patients who meet the criteria to reside in total, and split by the number falling into the following reasons to reside categories:

    a) **Highly dependent** – The person currently has a significant level of dependency that requires 24-hour support and is currently unable to return home without significantly impacting on their future long-term recovery, e.g. needing the assistance of 2-3 people to transfer and showing good progress in recovery.

    b) **Increased dependency** – The person is showing a higher level of dependency and unable to return home with the level of support available or where behavioural issues are impacting recovery.

c) **End of life care** – End of Life Care is being provided in the community bed and all other options have been discussed/patient choice decision.

d) **Waiting for information from acute Trust** – To only to be used where this is creating an issue with the ongoing interventions, e.g. clarification of a weight bearing status postoperatively is preventing ongoing input.

e) **Medically unwell** – Where the person's medical condition is delaying therapeutic intervention and progress on the pathway.

f) **No plan** – Where the patient's function will allow for continuation of their recovery at home but there is no plan, or the plan is still unclear.

Data for this question should be collected on a daily basis, ready for collation by 11:00 hours on the following day.

This is a **mandatory field, which** must be completed.

2) The number of patients who do not meet the criteria to reside 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.

Data for this question should be collected on a daily basis, ready for collation by 11:00 hours on the following day.

This is a **mandatory field, which** must be completed.

3) Of the total number of people who do not meet the criteria to reside that day:

i. The number of patients who were discharged by 17:00.
ii The number of people who were discharged between 17:01 and 23:59 hours

This is the number of patients as specified in question 2 who were actually discharged by 17:00 or or between 17:01 and 23:59.

Please note that this number will be automatically populated as the sum of the numbers submitted for the different sub-categories under question 4. This number needs to be lower or the same as the number submitted under question 2. If this number is higher it will cause an 'error' meaning that data cannot be submitted.

Questions 2 and 3 in this Community Discharge SitRep are specifically concerned with understanding discharge rates and timeliness for patients

who do not meet the criteria to reside.

Data for this question should be collected on a daily basis ready for collation by 11:00 hours on the following day.

This is a **mandatory field, which** must be completed.

4) Of the people discharged that day:

a. The number of people discharged by 17:00 hours to the following locations
b. The number of people discharged between 17:01 and 23:59 to the following locations

NOTE: letters in the green shaded boxes in the table correspond to the full definitions below. Black boxes represent out of scope combinations of care pathway and physical discharge location.

	Domestic Home	Care Home	Designated Setting	Hospice	Community Rehab Setting	Other Place	Hotel (as temp place of residence)
Pathway 0 - Home/Other - No support needed from health and social care	a					b	
Pathway 1 - Home/Hotel/Other - support for reablement, rehab, end of life care	c					d	e
Pathway 2 - not usual residence - rehab / short-term care in 24-hour bed-based setting		f	g	h	i		
Pathway 3 - admission to a care home which is likely to be permanent		j/k	l				

a) Pathway 0 – Discharge to a domestic home. No active support needed from health and social care once home

b) Pathway 0 – Discharge to a domestic setting (Other place). No active support needed from health and social care once home

c) Pathway 1 – Discharge to a domestic home. Active support needed from health and social care services for reablement, rehabilitation or end of life care at home

d) Pathway 1 – Discharge to a domestic setting (Other place). Active support needed from health and social care services for reablement, rehabilitation or end of life care at home

e) Pathway 1 – Discharge to a Hotel. Active support needed from health and social care

f) Pathway 2 – Discharge to a Care Home. For rehabilitation or short-term care in a 24-hour bed-based setting before return home

g) Pathway 2 - Discharge to a Designated Setting. For care and isolation before moving to a Care Home

h) Pathway 2 – Discharge to a Hospice. For short term 24 hour bedded support

i) Pathway 2 – Discharge to a Community Rehabilitation Bed. For rehabilitation or short-term care in a 24-hour bed-based setting before return home

j) Pathway 3 – Discharge as a new admission to a Care Home which is likely to be permanent

k) Pathway 3 – Existing Care Home resident discharged back to Care Home

l) Pathway 3 – Discharge to a Designated Setting for care and isolation before moving to a Care Home

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, ready for collation by 11:00 hours on the following day.

This is a **mandatory field**, which must be completed.

Data for question 5 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'.

5) Of the total number of people who are to be discharged to a care home, 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').

This is a **mandatory field, which** must be completed.

Data for question 6 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 are therefore being discharged to a care home for the first time.

6) Of the total number of care home residents who are to be discharged, 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.

   This is a **mandatory field, which** must be completed.