

# Process and definitions for the coronavirus daily situation report web form

March 2020

The coronavirus daily situation report (sitrep) collects data on confirmed cases of COVID-19, as well as death and discharge information, as well as staff absence information. This guide outlines how to complete the sitrep.

## Process

The template will need to be populated by all acute, mental health and community trusts. If your organisation/site doesn't have any of the requested type of beds/patients/absences please enter a zero.. Acute trusts with type 1 A&E departments will need to submit site level returns, all other trusts will submit at trust level. 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 in terms of pressure for that time period.

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

The collection will run 7 days a week, so uploads will run over the weekend, to the same timetable as during the week.

## Contacts

**For definitional enquiries:** Please contact your regional Single Point of Contact in the first instance, at one of these email addresses:

London Incident Inbox	<a href="mailto:england.london-covid19@nhs.net">england.london-covid19@nhs.net</a>
South East Incident Inbox	<a href="mailto:england.se-incident@nhs.net">england.se-incident@nhs.net</a>
South West Inbox	<a href="mailto:england.sw-incident1@nhs.net">england.sw-incident1@nhs.net</a>
Midlands Incident Inbox	<a href="mailto:england.mids-incident@nhs.net">england.mids-incident@nhs.net</a>
East of England Incident Inbox	<a href="mailto:england.eastofengland-covid19@nhs.net">england.eastofengland-covid19@nhs.net</a>
North West Incident Inbox	<a href="mailto:england.eprnw@nhs.net">england.eprnw@nhs.net</a>
North East and Yorkshire Incident Inbox	<a href="mailto:england.eprney@nhs.net">england.eprney@nhs.net</a>

If you have any technical issues with your submission, please email the data collections team at [emergency.collections@nhs.net](mailto:emergency.collections@nhs.net)

## Reporting period

The 24-hour reporting period is defined as midnight (00:00:00) to 23:59:59 on the day before reporting.

The snapshot figures should relate to the position as at 8am on the day of reporting.

Guidance notes on data items

## Patient information

The following data items are to be collected split into the following age groups:

- Total
- 0-5
- 6-17
- 18-64
- 65-84
- 85+

**A confirmed covid-19 patient is any patient admitted to the trust who has tested positive for COVID-19.**

- 1. Number of **confirmed COVID-19** patients in HDU at 0800?

Count any patients in the relevant age range who were in any HDU bed. For critical care beds definitions see below.

- 2. Number of **confirmed COVID-19** patients in ITU at 0800?

Count any patients in the relevant age range who were in any HDU bed. For critical care beds definitions see below.

An Adult HDU/ICU bed is defined as an adult critical care (ITU, HDU or other) beds for critical care patients (**Levels 2 and 3 only**) as per the daily/monthly sitrep defection (below):

The definitions of critical care levels are:

Level 1 – Patients at risk of their condition deteriorating or those recently relocated from higher levels of care, whose needs can be met on an acute ward with additional advice and support from the critical care team. (NB These patients are NOT included in SitRep returns).

Level 2 – Patients requiring more detailed observation or intervention including support for a single failing organ system or post operative care and those “stepping down” from higher levels of care. Also known as High Dependency.

Level 3 – Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organ systems. This level includes all complex patients requiring support for multi-organ failure. Also known as Intensive Care.

A paediatric intensive bed is defined as Paediatric intensive care at level 3, also known as paediatric advanced critical care. In order to provide the appropriate level of care for paediatric intensive care (level 3)\*, a minimum nurse to patient ratio of 1:1 is required. The total number of available neonatal intensive care cots (or beds) on day of reporting.

Neonatal intensive care cots should also be included.

The total number of occupied neonatal intensive care cots (or beds) on day of reporting.

- 3. Number of **confirmed COVID-19** patients in Infectious Disease Unit beds at 0800?

This includes beds in a funded infectious disease unit only. This should not include beds counted as part of the ICU/ITU return, or beds in side rooms.

- 4. Number of **confirmed COVID-19** patients in any other beds at 0800?

Include any patient in the age category in any hospital bed not counted in the two questions above. For community and mental health trusts who have no HDU/ICU beds, all beds containing confirmed COVID-18 patients should be reported in this category – so it will include MH, LD and community beds.

- 5. Number of **confirmed COVID-19** patients receiving oxygen at 0800?

This is also described as the O group and includes all forms of oxygen therapy except those define below.

- 6. Number of **confirmed COVID-19** patients on non-invasive ventilation at 0800?

This is also described as the O+ group and include all forms of non-invasive ventilation

- 7. Number of **confirmed COVID-19** patients on mechanical ventilation at 0800?

This is also described as the V group.

- 8. Number of inpatients diagnosed with COVID-19 in last 24 hours

Count any patient diagnosed between midnight (00:00:00) to 23:59:59 on the day before reporting. **Diagnosed in this context relates to the point at which the result is known to the trust.**

- 9. Number of patients admitted with COVID-19 in last 24 hours

**Count in this data any person admitted in the last 24 hours who was knows to be positive at admission.**

- 10. Number of COVID-19 discharges in the past 24 hours?

Number of patents discharged in the last 24 hours, having been admitted with and/or treated for COVID-19.

- 11. Number of COVID-19 discharges to usual place of residence in the last 24 hours?

This is a subset of the previous data item.

- 12. Number of patients in your hospital that have had diagnostic swabbing for COVID-19 and are awaiting results at 0800?

Include inpatients only.

### **Staffing - Absence information**

Definitions for staff groups given below are taken from Appendix A of “A Guide to the Staff Group, Job Role and Area of Work classifications used in ESR”

Report any person off sick/self-isolating under the relevant categories below:

- Count any sickness absence (including long term sickness or self isolation (absence due to being isolated or isolated with no symptoms due to being a close contact of someone in isolation) – this figure should include the figure submitted for COVID-19 related absences.

- For COVID-19 related absences include anyone that falls into one of the COVID-19 categories on ESR – this figure should be a subset of the figure submitted above for all absences.

- 13. Number of Additional Clinical Services staff absent from work through sickness or self-isolation?

Include any Additional Clinical Services staff unable to work due sickness. For definition of Additional Clinical Services, see Annex A.

- 14. Number of COVID-19 related absences of Additional Clinical Services staff, either through sickness or self-isolation?

Include any Additional Clinical Services staff unable to work due to covid-19 related sickness or self-isolation. For definition of Additional Clinical Services, see Annex A.

- 16. Number of Additional Professional Scientific and Technical staff absent from work through sickness or self-isolation?

Include any Additional Professional Scientific and Technical staff unable to work due sickness. For definition of Additional Professional Scientific and Technical, see Annex A.

- 16. Number of COVID-19 related absences of Additional Professional Scientific and Technical staff, either through sickness or self-isolation?

Include any Additional Professional Scientific and Technical staff unable to work due to covid-19 related sickness or self-isolation. For definition of Additional Professional Scientific and Technical, see Annex A.

- 17. Number of Administrative and Clerical staff absent from work through sickness or self-isolation?

Include any Administrative and Clerical staff unable to work due sickness. For definition of Administrative and Clerical, see Annex A.

- 18. Number of COVID-19 related absences of Administrative and Clerical staff, either through sickness or self-isolation?

Include any Administrative and Clerical staff unable to work due to covid-19 related sickness or self-isolation. For definition of Administrative and Clerical, see Annex A.

- 19. Number of Allied Health Professionals absent from work through sickness or self-isolation?

Include any Allied Health Professionals unable to work due sickness. For definition of Allied Health Professionals, see Annex A.

- 20. Number of COVID-19 related absences of Allied Health Professionals, either through sickness or self-isolation?

Include any Allied Health Professionals unable to work due to covid-19 related sickness or self-isolation. For definition of Allied Health Professionals, see Annex A.

- 21. Number of Estates and Ancillary staff absent from work through sickness or self-isolation?

Include any Estates and Ancillary staff unable to work due sickness. For definition of Estates and Ancillary, see Annex A.

- 22. Number of COVID-19 related absences of Estates and Ancillary staff, either through sickness or self-isolation?

Include any Estates and Ancillary staff unable to work due to covid-19 related sickness or self-isolation. For definition of Estates and Ancillary, see Annex A.

- 23. Number of Healthcare Scientists absent from work through sickness or self-isolation?

Include any Healthcare Scientists unable to work due sickness. For definition of Healthcare Scientists, see Annex A.

- 24. Number of COVID-19 related absences of Healthcare Scientists, either through sickness or self-isolation?

Include any Healthcare Scientists unable to work due to covid-19 related sickness or self-isolation. For definition of Healthcare Scientists, see Annex A.

- 25. Number of Medical and Dental staff absent from work through sickness or self-isolation?

Include any Medical and Dental staff unable to work due sickness. For definition of Medical and Dental, see Annex A.

- 26. Number of COVID-19 related absences of Medical and Dental staff, either through sickness or self-isolation?

Include any Medical and Dental staff unable to work due to covid-19 related sickness or self-isolation. For definition of Medical and Dental, see Annex A.

- 27. Number of Nursing and Midwifery registered staff absent from work through sickness or self-isolation?

Include any Nursing and Midwifery registered staff unable to work due sickness. For definition of Nursing and Midwifery registered, see Annex A.

- 28. Number of COVID-19 related absences of Nursing and Midwifery registered staff, either through sickness or self-isolation?

Include any Nursing and Midwifery registered staff unable to work due to covid-19 related sickness or self-isolation. For definition of Nursing and Midwifery registered, see Annex A.

- 29. Number of Students absent from work through sickness or self-isolation?

Include any Students unable to work due sickness. For definition of Students, see Annex A.

- 30. Number of COVID-19 related absences of Students, either through sickness or self-isolation?

Include any Students unable to work due to covid-19 related sickness or self-isolation. For definition of Students, see Annex A.

### **Other**

- 31. Do you have any other operational issues associated with COVID-19 **(if yes, an exception report should be submitted via EPRR on the COVID-19 situation report template)**?

Respond Yes to this question if your trust has operational issues other than the staffing absences reported above. This should include any changes to services that have had to occur due eg bed closures or type changes, closure of theatres recovery for ITU space, supply chain issues, communications issues, etc. The template is available from your regional EPRR team or from your EPRR lead in your organisation.

## Annex A

Staff Group	Definition	Example Job Roles
Additional Clinical Services	Staff directly supporting those in clinical roles. Support to nursing, AHPs, Healthcare Scientists and other Scientific staff are included. Have significant patient contact as part of their role	Call Operator, Emergency Care Assistant, Healthcare Assistant, Nursery Nurse
Additional Professional Scientific and Technical	Scientific staff, including registered Pharmacists, Psychologists, Social Workers and other roles such as Technicians and Psychological Therapists	Pharmacist, Chaplain, Social Worker, Osteopath
Administrative and Clerical	Non-clinical staff, including non-clinical managers, administration officers, executive board members who do not have significant patient contact as part of their role	Accountant, Chief Executive, Clerical Worker, Receptionist
Allied Health Professionals	Registered clinical staff providing diagnostic, technical and therapeutic patient care, including Dietitians, Radiographers and Physiotherapists. Includes qualified ambulance staff such as Paramedics	Dietitian, Physiotherapist, Paramedic, Drama Therapist Specialist Practitioner
Estates and Ancillary	Non-clinical support and maintenance staff, including gardeners, plumbers, cooks and housekeepers who do not have significant patient contact as part of their role	Electrician, Housekeeper, Telephonist
Healthcare Scientists	Registered qualified and other staff working in a defined Healthcare Scientist role, including Clinical Scientists and Biomedical Scientists and Technicians working in Healthcare Science. Also includes Public Health Scientific Staff.	Healthcare Scientist, Consultant Healthcare Scientist, Healthcare Science Practitioner
Medical and Dental	Registered doctors and dentists	Consultant, Clinical Assistant, Dental Officer, Foundation Year 1, Specialty Doctor
Nursing and Midwifery Registered	Registered nurses and midwives	Staff Nurse, Midwife, Community Nurse, Modern Matron, Nurse Consultant
Students	Directly employed staff undertaking formal education, including student nurses and midwives	Student Midwife, Student Dietitian, Student Orthoptist