# Appendix K - Care Group Daily Sitrep Template

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| Care Group Details | |
| Care Group: | Date: |
| Name & Role: | Time: |
| Telephone: |  |
| Email: |  |
| * Form to be completed daily by Care Group Silver Commands * Care Group to send forms to [rdash.emergencyplanning@nhs.net](mailto:rdash.emergencyplanning@nhs.net) by 1030am * Please complete all fields. If there is nothing to report, or the information request is not applicable, please insert NIL or N/A. | |
| SITREP | |
| Operational Issues | |
| Are you experiencing any **serious** operational difficulties (e.g. service closure)? Y/N (If yes, please provide details) |  |
| Do you have any issues you wish to escalate? |  |
| Patient Related Issues. Please detail:   * Inpatient constraints (i.e. closed beds) * Patients to come in who cannot be accepted immediately and why * Surge in demand * Community pressures |  |
| Staffing Issues. Please detail   * Teams with high absence rates impacting on service delivery * Individual staffing concerns |  |
| Partner Agency/Locality Issues. Please detail:   * All DToCs * Interface issues |  |
| Support Services Issues (i.e. domestic, IT, estates etc) |  |