

Coronavirus Daily SitRep Dashboard

Tuesday, 27 April 2021



Contact:

Deborah Cundey

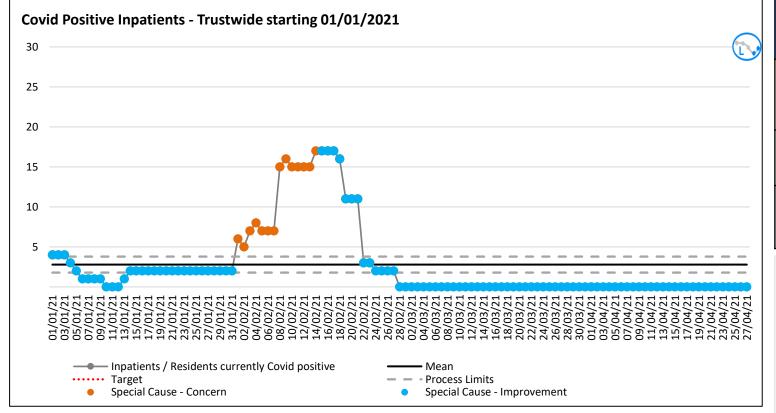
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Inpatient/Residential Bed State | Tuesday, 27 April 2021

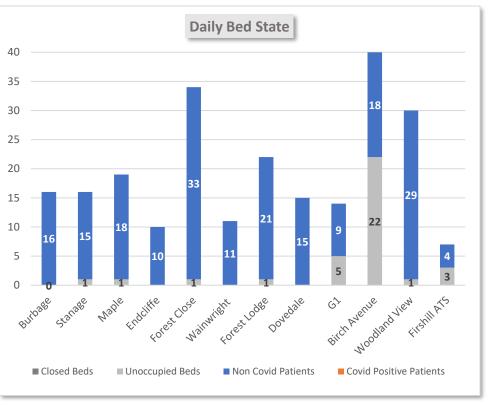




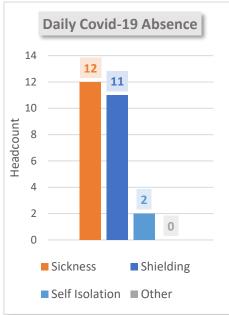
As at 27th April 2021:

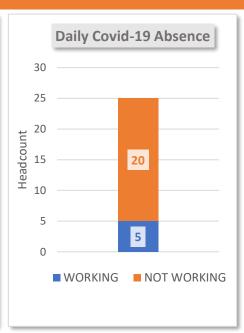
Currently no inpatients recorded as Covid positive

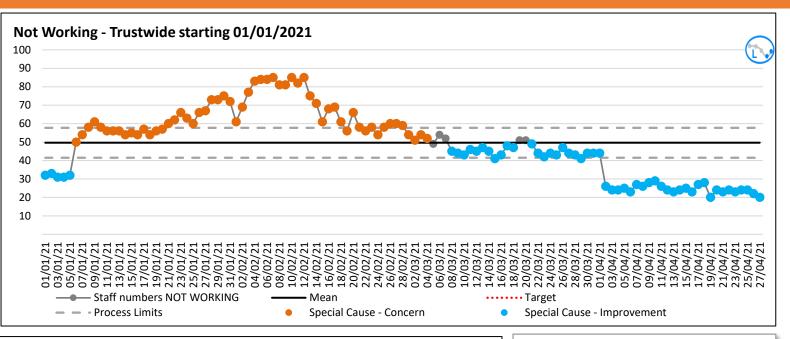
Tuesday, 27 April 2021								
Covid Positive Inpatients/ Residents	0							
Recoveries	0							
Deaths	0							

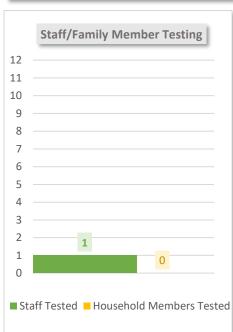


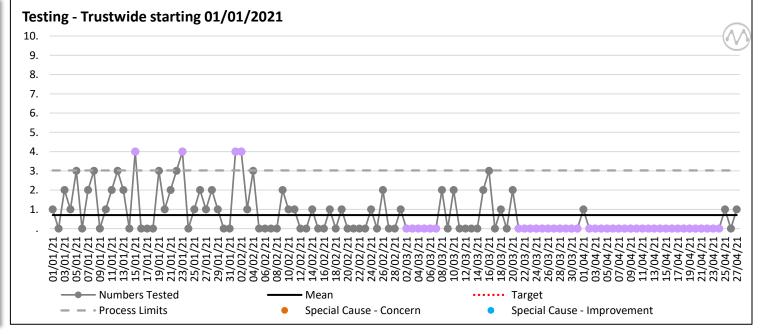
Workforce | Tuesday, 27 April 2021











Narrative

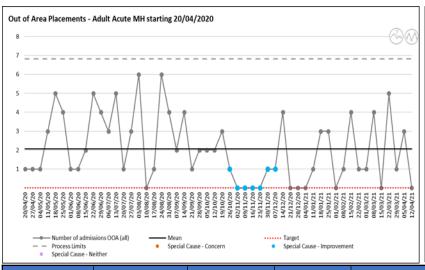
0 staff due to return in next 24 hours.

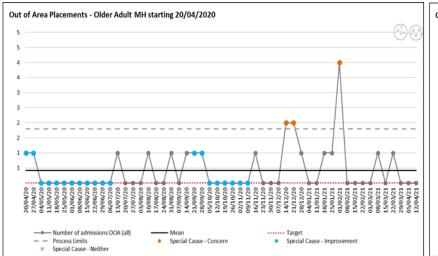
0 staff due to return in next 48 hours.

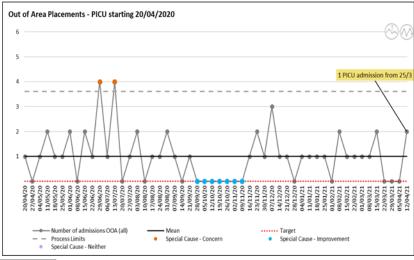
Covid Outbreaks

There is currently no reported cluster outbreak amongst staff.

Out of Area Placements | As at week commencing 19th April 2021







AP as at 19/04/21	Туре	Date of Admission	Gender	Placement	Note
		25/08/2020	M	Priory Norwich	
		31/01/2021	M	Cygnet Stevenage	Appropriate: Safeguarding
		18/02/2021	. F	Cygnet - Middlesex	
		26/02/2021	. M	Cygnet - Churchill	
		03/03/2021	M	Cygnet - Colchester	
		04/03/2021	F	Osprey Court, Rotherham	Appropriate: Relative of SHSC staff member.
		05/03/2021	F	Cygnet - Sevenoaks	
		08/03/2021	M	Priory - Ellingham, Norwich	
		13/03/2021	F	Fieldhead Hospital, Wakefield	Registered to Sheffield GP, however visiting relative in Wakefield at time of admission via HTT
19	Adult Acute	14/03/2021	М	Cygnet - Colchester	
		22/03/2021	M	Cygnet - Colchester	
		24/03/2021	M	Priory - Lakeside View	
		24/03/2021	. M	Cygnet - Colchester	
		27/03/2021	M	Priory - Middleton St George	
		28/03/2021	. M	Priory - Middleton St George	
		30/03/2021	. M	Priory - Bristol	Transfer from PICU to Adult Acute
		09/04/2021	. F	Priory - Bristol	
		11/04/2021	. M	Huntercombe Group - Roehampton	
		11/04/2021	. F	Cygnet - Middlesex	
2	Older Adult	01/10/2020	M	Priory - Dewsbury	
2	Older Adult	26/01/2021	М	Priory - Dewsbury	SHSC Older Adult wards current Covid outbreak, closed to admissions
		11/02/2021	M	Cygnet - Stevenage	
		20/02/2021	M	Cygnet - Cheadle	
		12/03/2021	. M	Elysium - Thornford Park	Appropriate: Safeguarding (others)
7	PICU	19/03/2021	. M	Cygnet - Darlington	Transfer from Acute to PICU
		20/03/2021	M	Priory - West Sussex	Appropriate: Safeguarding
		25/03/2021	. M	Cygnet - Maidstone	
		16/04/2021	M	Cygnet - Maidstone	

AIM

Service users who require inpatient admission should have access to a Sheffield bed.

Target: 0 *inappropriate* out of area placements

NARRATIVE

As at 19/04/21 there were a total of 28 service users in out of area beds (see detail left). 4 of these are appropriately placed in non Sheffield beds.

In the week ending 18/04/21 a total of 1 service users were admitted out of area; 1 PICU placements. The figures also show a PICU placement from w/e 28/3 which had been omitted previously.

SPC charts above show numbers of OOA admissions per week by bed type since 1/4/20.

Covid Vaccination | Tuesday, 27 April 2021

<u>AIM</u>

We will protect our service users and colleagues by offering Covid 19 vaccinations to all eligible staff.

NARRATIVE

Vaccinations have been offered to all staff in the JCVI groups 1 to 4 and all SHSC staff have the opportunity to join the reserve list to be offered a vaccination if there is capacity in our hub. Vaccinations have primarily been carried out through Sheffield Teaching Hospitals and Sheffield Children's Hospital, as well as through primary care networks.

We have observed vaccine hesitancy in some staff groups; we have run a series of Q&A sessions on the vaccine and have taken a targeted approach to communicating with staff to help increase uptake.

As at 29 March 2021, we estimate 77.6% (1799) of our priority staff and 76.8% (2263) of all staff have received their first dose vaccination.

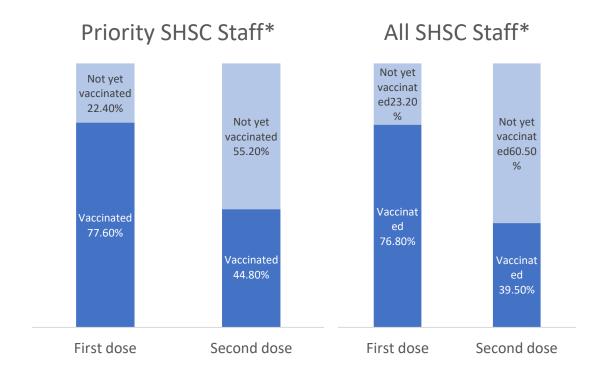
*There were data quality issues because of the number of systems that are being used to capture vaccination record. However, we are now using NIMS (National Immunisation Monitoring System) Reporting which allows us to obtain all vaccination records for our staff, no matter where the vaccination was administered. However, we have not been able to obtain vaccination records for all staff due to missing NHS numbers and there is more work to be done before we can report on agency staff, trainee medics and student nurses. We therefore have more confidence in the data than previously but there is still work to do.

It's possible that the vaccination rates may fall in the coming weeks as more staff are included and the numerators and denominators increase.

SHSC Hub

Our own vaccination hub opened on 17 February with an offer sent out to all priority staff inviting them for a vaccine. Some other SHSC staff have also been vaccinated as part of a reserve list. The first round of clinics finished on Friday 26 March and clinics for second doses are due to commence in May.

To date, there have been a total of **257** members of SHSC staff vaccinated in our hub.



Staff Vaccinations in the SHSC Hub by Week

15/02/21	22/02/21	01/03/21	08/03/21	15/03/21	22/03/21
87	78	30	40	0	22

Oxygen Availability | Tuesday, 27 April 2021

Please find details available with regards to the Trust Oxygen availabilities.

Last update provided 25/04/2021

	H	X Large (2300L)		CD Small (460L)			
	Number of			Number of			
	Cylinders	Hours of Oxy	gen available	Cylinders	Hours of Oxygen available		
	Trustwide			Trustwide			
	LARGE	Flow Rate 15	Flow Rate 4	SMALL	Flow Rate 15	Flow Rate 4	
FULL (100%)	12	30:36	115:00	31	15:30	59:25	
HALF (50%)	0	0:00 0:00 0:00		4	1:00	3:48	
LOW (25%)	0			0	0:00	0:00	

TOTALS	12	30:36	115:00	35	16:30	63:13

Emergency Planning Structures | Tuesday, 27 April 2021

Co	ovid Risk	Register - updated as at 26th April 2021	Inherent Risk Rating	Current Risk Rating	Target Risk Rating	
ID	Date Opened	Description	Rati ng	Rati ng_	Rati ng4	Responsibility
2	02/05/2020	There is a risk that: Staffing levels may be depleted to such an extent that service delivery and its quality is threatened and patient safety is compromised; Caused by: Staff or household members testing positive; Staff self-isolating due to them or members of their household being symptomatic or requiring to shield due to governance guidance on "extremely clinical vulnerable and exhaustion caused by excessive hours and peak workloads Resulting in: An impact on service delivery, quality and patient safety.		12	6	Working Safely Group
22		There us a risk that: Not all staff who are identified at greater risk or Clinically Extremely Vulnerable have had an appropriate risk assessment and plan put in place. Caused: by Staff / line managers not engaged or aware of the process and requirements for completion and time sensitive review. Resulting in: Risk to staff not having reasonable adjustments in place and patient safety.	12	6	4	Sarah Bawden
23	24/03/2021	There us a risk that: There are some clinical service areas where vaccination uptake is below the 80% average across the Trust (of at least first dose received), which puts vulnerable service users and colleagues at risk of increased harm from COVID transmission or impacts of infection. Caused: vaccine hesitancy which is concentrated in specific staff teams, in some BAME staff members, and women of child bearing age. Resulting in: Some clinical areas with below average of 80% staff vaccination rate which increases risk of transmission and harm from COVID infection.	12	9	6	Neil Robertson

Not yet vaccinated		Possived first d	oso only	Received both doses		
					woses	
13	15.5%	10	11.9%	61	72.6%	
5	8.2%	11	18.0%	45	73.8%	
10	20.0%	8	16.0%	32	64.0%	
15	27.8%	2	3.7%	37	68.5%	
22	40.0%	7	12.7%	26	47.3%	
4	12.9%	1	3.2%	26	83.9%	
12	21.1%	3	5.3%	42	73.7%	
4	12.9%	7	22.6%	20	64.5%	
9	25.0%	6	16.7%	21	58.3%	
5	26.3%	1	5.3%	13	68.4%	
6	15.4%	2	5.1%	31	79.5%	
3	6.5%	3	6.5%	40	87.0%	
3	7.7%	7	17.9%	29	74.4%	
4	23.5%	1	5.9%	12	70.6%	
	Employee Count 13 5 10 15 22 4 12 4 9 5 6 3 3	5 8.2% 10 20.0% 15 27.8% 22 40.0% 4 12.9% 12 21.1% 4 12.9% 9 25.0% 5 26.3% 6 15.4% 3 6.5% 3 7.7%	Employee Count % Employee Count 13 15.5% 10 5 8.2% 11 10 20.0% 8 15 27.8% 2 22 40.0% 7 4 12.9% 1 12 21.1% 3 4 12.9% 7 9 25.0% 6 5 26.3% 1 6 15.4% 2 3 6.5% 3 3 7.7% 7	Employee Count % Employee Count % 13 15.5% 10 11.9% 5 8.2% 11 18.0% 10 20.0% 8 16.0% 15 27.8% 2 3.7% 22 40.0% 7 12.7% 4 12.9% 1 3.2% 12 21.1% 3 5.3% 4 12.9% 7 22.6% 9 25.0% 6 16.7% 5 26.3% 1 5.3% 6 15.4% 2 5.1% 3 6.5% 3 6.5% 3 7.7% 7 17.9%	Employee Count % Employee Count % Employee Count 13 15.5% 10 11.9% 61 5 8.2% 11 18.0% 45 10 20.0% 8 16.0% 32 15 27.8% 2 3.7% 37 22 40.0% 7 12.7% 26 4 12.9% 1 3.2% 26 12 21.1% 3 5.3% 42 4 12.9% 7 22.6% 20 9 25.0% 6 16.7% 21 5 26.3% 1 5.3% 13 6 15.4% 2 5.1% 31 3 6.5% 3 6.5% 40 3 7.7% 7 17.9% 29	

Covid Risk Register

The weekly Risk Register update is available, following a review and agreement from Gold Command.

The current update is as at 26th April 2021.

Business Continuity & QEIA Status

Subject to review at present, update to be made available in coming days.

Exception Reporting:

There are no exceptions to report as at 27th April 2021

The following mutual aid has been requested:

- 20,000 x Medium Gloves (non-sterile)
- 20,000 x Large Gloves (non-sterile)
- 50 x Hand Sanitiser 1000ml/800ml

SPC Explained

An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data which are unlikely to have occurred due to chance and require investigation. They can also provide assurance on whether a target or plan will reliably be met or whether the process is incapable of meeting the target without a change. Special Cause Variation is statistically significant patterns in data which may require investigation, including:

- Trend: 6 or more consecutive points trending upwards or downwards
- Shift: 7 or more consecutive points above or below the mean
- Outside control limits: One or more data points are beyond the upper or lower control limits

	The i	con which represents	Assurance Icons If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.							
ICON		3	H		H		~	₹		
DEFINITION	Common Cause Variation	Special Cause Variation where neither High nor Low is good	Special Cause Concern where Low is good	Special Cause Concern where High is good	Special Cause Improvement where High is good	Special Cause Improvement where Low is good	Target Indicator – Pass/Fail	Target Indicator – Fail	Target Indicator – Pass	
PLAIN ENGLISH	Nothing to see here!	Something's going on!	Your aim is low numbers but you have some high numbers.	Your aim is high numbers but you have some low numbers	Your aim is high numbers and you have some.	Your aim is low numbers and you have some.	The system will randomly meet and not meet the target/expectation due to common cause variation.	The system will consistently fail to meet the target/expectation.	The system will consistently achieve the target/expectation.	
ACTION REQUIRED	Consider if the level or range of variation is acceptable.	Investigate to find out what is happening/happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and celebrate the improvement or success.	Investigate to find out what is happening/ happened; what you can learn and celebrate the improvement or success.	Consider whether this is acceptable and if not, you will need to change something in the system or process.	Change something in the system or process if you want to meet the target.	Understand whether this is by design (!) and consider whether the target is still appropriate, should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.	