

HEALTH SCRUTINY PANEL

Date: Tuesday 20th April, 2021
Time: 4.00 pm
Venue: Virtual meeting

AGENDA

Please note: this is a virtual meeting.

The meeting will be live-streamed via the Council's [Youtube channel](#) at 4.00 pm on Tuesday 20th April, 2021

1. Apologies for Absence
2. Declarations of Interest
3. Minutes- Health Scrutiny Panel - 2 February 2021 3 - 4
4. Minutes - Health Scrutiny Panel - 16 February 2021
To Follow
5. CQC Report - Tees, Esk & Wear Valley NHS Foundation Trust 5 - 18

Brent Kilmurray, Chief Executive at TEWV, and Dominic Gardener, Director of Operations will be in attendance to update Members on the report, progress made since the inspection and to respond to queries from Members.
6. Covid-19 Update 19 - 50

Mark Adams, Director of Public Health (South Tees) and Craig Blair, Director of Strategy & Commissioning (Tees Valley CCG) will be in attendance to provide an update on COVID-19 and the local Public Health / NHS response.

7. Chair's OSB Update

The Chair will present a verbal update on the matters that were considered at the meeting of the Overview and Scrutiny Board held on 8 April 2021.

8. Any other urgent items which in the opinion of the Chair, may be considered

Charlotte Benjamin
Director of Legal and Governance Services

Town Hall
Middlesbrough
Monday 12 April 2021

MEMBERSHIP

Councillors J McTigue (Chair), D Coupe (Vice-Chair), B Cooper, A Hellaoui, B Hubbard, T Mawston, D Rooney, M Storey and P Storey

Assistance in accessing information

Should you have any queries on accessing the Agenda and associated information please contact Caroline Breheny, 01642 729752, caroline_breheny@middlesbrough.gov.uk

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on Tuesday 2 February 2021.

PRESENT: Councillors J McTigue (Chair), D Coupe (Vice-Chair), B Cooper, A Hellaoui, B Hubbard, T Mawston, D Rooney and M Storey

ALSO IN ATTENDANCE: J Tapper (Chief Inspector) (Cleveland Police)

OFFICERS: C Breheny and J Bowden

APOLOGIES FOR ABSENCE: Councillors P Storey

20/47 **DECLARATIONS OF INTEREST**

There were no declarations of interest received at this point in the meeting.

20/48 **PROJECT ADDER (ADDICTION, DIVERSION, DISRUPTION, ENFORCEMENT AND RECOVERY)**

The Council's Advanced Public Health Practitioner and Chief Inspector Tapper from Cleveland Police were in attendance at the meeting to provide an update in respect of Project ADDER and the impact that this national announcement would have in relation to the Panel's current review on the topic of Opioid Dependency. The Panel was advised that on 20 January 2021 the Government had announced a £148m investment in an intensive, whole system approach to tackling the problem of illegal drugs. In addition a further £28m of funding had been made available for 'Project ADDER' (Addiction, Diversion, Disruption, Enforcement and Recovery), which combined targeted and tougher policing with enhanced treatment and recovery services.

The aim of Project ADDER was to bring together partners including the police, local councils and health services. The project would be funded for 3 years in 5 areas with some of the highest rates of drug misuse: Blackpool, Hastings, Middlesbrough, Norwich and Swansea Bay. It was noted that Middlesbrough had the potential to access £4.8m of funding between 2020/21 and the end of March 2022. Over a period of just over two years, the project aimed to deliver reductions in the:

- rate of drug-related deaths
- drug-related offending
- prevalence of drug use

The interventions due to be funded through project ADDER were outlined in the interventions table provided at Appendix 1 of the submitted report. It was emphasised that it was reinvigorating to have the opportunity to look at what additional provision could be invested in. It was advised that Cleveland Police had operated the Heroin and Crack Cocaine Action Area (HACAA) and it was very much a case of delivering as much as possible in partnership. In terms of the other areas selected for Project ADDER Middlesbrough had developed excellent synergy with the leaders in other areas and communication was taking place outside of national meetings in order to make the most of this opportunity. In addition excellent relationships had been developed with Home Office (HO) and Public Health England (PHE) colleagues and the interventions reflected national strategy.

It was advised that Project ADDER would effectively run from 1 April 2021 until the end of March 2023. Capacity had been lost over recent years, particularly in relation to prevention and early intervention services, and Project ADDER would provide the opportunity to move a really good, strong and focussed approach upstream. Previously the focus had been intervening at the crisis end but this level of investment would allow lower level interventions

to take place.

Chief Inspector Tapper advised that Chief Inspector Scott Cowie was currently taking a report for approval that would hopefully enable frontline Police Officers to carry Nasal Naloxone kits, which was very much welcomed by the Panel. There was also plans to locate Naloxone kits in key areas with guidance provided, as well as Nasal Naloxone kits. Another key piece of work was focussed on addressing the increasing prevalence of cocaine use in the area. Evidence from around the world had shown that substitute prescribing, which previously had not been a route open to clinical partners, could offer real benefits and work would be undertaken in respect of this option. A dedicated transformation worker for vulnerable females would also be employed and the Hospital and Intervention Liaison Team (HILT) would return to James Cook Hospital after having lost that service for the last 2 years.

Reference was made to the positive work undertaken in Blackpool in respect of the Jobs, Friends and Houses (JFH) project, which had been very much focused on prison leavers and had seen some really positive results. Professor Best had been heavily involved in that work and the leads for Project ADDER in Middlesbrough were keen to replicate some of those initiatives.

In terms of the secondary housing proposals it was explained that often individuals could experience difficulties in moving from the recovery community into longer term accommodation. One of the possible solutions was based on the Oxford House principles, an American initiative, that enabled people in recovery to live collectively and provide support to one another in their recovery journey. With regard to a capital investment in such a facility it was advised that the team would be looking for a minimum of an 8 bedded facility. Depending on an individual's recovery journey they may remain there for a period of between 6 months and 2 years.

The panel expressed the view that it was really pleased that the Council and Cleveland Police had collectively secured the funding for the project and congratulated everyone concerned. This was an exciting project and the Panel was fully supportive of making it a success.

AGREED that the information provided be included in the Panel's final report on the topic of Opioid Dependency: What happens next? and the points put forward by Members be included in the drafting of the Panel's conclusions and recommendations.

20/49

OVERVIEW & SCRUTINY BOARD - AN UPDATE

A verbal update was provided in relation to the business conducted at the Overview and Scrutiny Board meetings held on 27 and 29 January 2021, namely:-

27 January 2021

Budget Consultation

29 January 2021

Call-In – Nunthorpe Grange Farm Disposal

AGREED that the information provided be noted.

Tees, Esk and Wear Valleys NHS Foundation Trust

Acute wards for adults of working age and psychiatric intensive care units

Inspection report

West Park Hospital
Edward Pease Way
Darlington
DL2 2TS
Tel: 01325552000
www.tewv.nhs.uk

Date of inspection visit: 20 - 22 January 2021
Date of publication: 26/03/2021

Ratings

Overall rating for this service Inadequate 

Are services safe?	Inadequate 
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Are services well-led?	Inadequate 
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Our findings

Acute wards for adults of working age and psychiatric intensive care units

Inadequate ● ↓↓

We carried out this unannounced focused inspection because we received information giving us concerns about the safety and quality of the services. The inspection was prompted by an incident that had a serious impact on a person using the service. This indicated potential concerns about the management of risk in the service. While we did not look at the circumstances of the specific incident, we did look at associated risks.

We inspected five wards from the acute wards for adults of working age and psychiatric intensive care unit services. The service provides treatment for people who are acutely unwell and whose mental health problems cannot be treated and supported safely or effectively at home. The trust provides the service across 14 wards. During this focussed inspection we inspected the following five wards to include at least one ward from each locality:

- Bransdale ward – 14 bed female acute admission ward at Roseberry Park
- Stockdale ward – 18 bed male acute admission ward at Roseberry Park
- Elm ward – 20 bed female acute admission ward at West Park Hospital
- Danby ward – 13 bed male acute admission ward at Cross Lane Hospital
- Overdale ward – 18 bed female acute admission ward at Roseberry Park

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

This was a focussed inspection looking at the safe and well led key questions. We did not rate key questions at this inspection. However, due to enforcement action taken in safe and well led these key questions have been limited to inadequate.

Our rating of services went down. We rated them as inadequate because:

- We issued a warning notice under Section 29A of the Health and Social Care Act in relation to this service. This limited the rating of this service to inadequate.
- The systems the trust had in place were not robust enough to comprehensively assess and mitigate patient risk on the wards.
- There was a lack of understanding from staff regarding the risk assessment process and what was expected of them when updating documentation. The harm minimisation policy the trust had in place did not provide a structured framework or sufficient guidance to assist staff in carrying out risk assessments for patients effectively.
- There were gaps in information and discrepancies in patient risk documentation across the five wards we visited. Scoring of patient risk did not always reflect the narrative in the patient risk profile and the documented handover of patient risk between staff was inconsistent or information was omitted.
- Staff were not aware of what the trusts' 'Observation and Engagement' policy stipulated regarding night-time checks of patients. None of the wards we visited were following the trusts' own policy in planning and documenting patient observations during the night.

Our findings

- The mechanisms the trust had in place to monitor, audit and ensure oversight of the patient risk assessment process were not effective and were not sufficient to identify areas for improvement.
- The trust did not have an effective procedure and process in place to review and learn from serious incidents.

How we carried out the inspection

Before the inspection visit, we reviewed information that we held about the service.

During the inspection, the team:

- Visited three wards at Roseberry Park, one ward at Cross Lane Hospital and one ward at West Park hospital.
- Spoke to 23 members of staff including clinical managers, a consultant, qualified nurses and health care assistants.
- Attended four multi-disciplinary handover meetings.
- Spoke with two patients.
- Reviewed 16 patient care records.

You can find further information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

What people who use the service say

We spoke to two patients during our inspection who told us they felt safe at the service and did not have any complaints about their care.

Is the service safe?

Inadequate ● ↓↓

Our rating of safe went down. We rated it as inadequate because:

- We issued a warning notice under Section 29A of the Health and Social Care Act in relation to this service. This limited the rating in this key question to inadequate.
- Staff had not regularly updated thorough environmental risk assessments of all ward areas and removed or reduced all risks identified. The environmental risk assessment on Danby ward was due to be reviewed in August 2020, the review did not take place until December 2020. At the time of our inspection the risk assessment had not been authorised by the trusts' quality assurance group. The environmental risk assessment was therefore still unavailable for staff on the ward to refer to, in relation to reducing or mitigating any recent environmental risks.
- Staff did not assess and manage risks to patients well or use a tool that was robust enough to assess patient risk effectively. We looked at 16 care records and risk assessments had not been updated with recent incidents or identified risk on nine of these care records.
- There were three different meetings in place with separate functions where patient risk was discussed between the multi-disciplinary team and nursing team. However, we found that the information in handovers and risk documentation did not match for 11 of the 16 patients we reviewed.

Our findings

- Patient intervention plans were not always being updated following a change in risk or change in prescribed level of observation. We found evidence of this across three wards, on four occasions.
- Staff were unaware of the need for a specific night-time intervention plan. We reviewed 16 patient care records during our visit and the recording of night-time observation plans was either omitted or inconsistent across all wards.
- Observation sheets for two patients on enhanced observations due to risk, did not specify the level of prescribed observations for the patient, or the identified risk. This meant that we were not assured all staff had access to information that was essential to keeping patients safe.
- The wards did not have a good track record on safety. The service did not manage patient safety incidents well. We found that risks relating to a recent serious incident did not appear on the environmental risk section of handover meetings and did not form part of a discussion in multi-disciplinary meetings. The trusts' audit processes did not ensure that risks identified from patient risk assessment and recent incidents were included in handover documentation.

Is the service well-led?

Inadequate ● ↓↓

Our rating of well-led went down. We rated it as inadequate because:

- We issued a warning notice under Section 29A of the Health and Social Care Act in relation to this service. This limited the rating in this key question to inadequate.
- Our findings from the safe key question demonstrated that governance processes did not operate effectively, and that risk was not managed well. The trusts' audit process did not ensure that the documentation staff used for assessing and mitigating patient risk included up to date and consistent information.
- The trust governance systems failed to ensure that staff understood and complied with the trust 'Observation and Engagement' policy to maintain patient safety. The observation and engagement audit that was in place at the time of our inspection did not ensure that hourly checks were being completed for patients on general observations, or that night-time observation plans were in place for patients.
- Staff had not received training or guidance to allow them to effectively assess, mitigate and document patient risk. Staff told us that separately from the harm minimisation training they completed as part of the trust induction programme, they had not received any further training or guidance specific to the completion of risk assessments. Staff had not received training following the implementation of the trusts' in-house risk assessment tool.
- Leaders had failed to ensure that staff knew what was expected of them when assessing and documenting patient risk. This was evident when reviewing the care records as the completion and level of detail in risk assessments was inconsistent across all wards and patients.
- Ward teams did not have easy access to the information they needed to provide safe and effective care. The trust had failed to take sufficient action to ensure their systems and processes supported staff to keep patients safe.
- Lessons learned were not shared effectively with the service to ensure patient safety and drive improvement. All the staff we spoke to were unable to describe any specific communication they had received from leaders to alert them to areas of risk following a recent serious incident. We asked 19 members of staff to give an example of shared learning following this recent incident, although some staff were aware of the incident, not all staff could describe any changes to practice as a result of learning from the incident.

Our findings

Areas for improvement

We found areas for improvement including breaches of legal requirements that the trust must put right.

Action the trust **MUST** take is necessary to comply with its legal obligations.

Action the trust **MUST** take to improve:

- The trust must ensure they have systems and processes in place to effectively assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.
- The trust must ensure that all staff receive the appropriate training to carry out patient risk assessments appropriately and consistently.
- The trust must ensure that staff understand and comply with the trust 'Observation and Engagement' policy required to maintain patient safety.
- The trust must ensure that they have an effective procedure and process in place to review and learn from serious incidents.
- The trust must ensure that clear processes are in place to audit and identify areas of improvement required in risk management practice and documentation.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector, and one other CQC inspector. The inspection team was overseen by Brian Cranna, Head of Hospital Inspection.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

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Care Quality Commission (CQC) inspection update

April 2021

The CQC inspections in January

- In January, CQC inspectors visited:
 - three wards at Roseberry Park
 - one ward at Cross Lane Hospital and
 - one ward at West Park Hospital
- The CQC had concerns about our risk management processes, which they felt were complex and difficult to follow.
- Due to these concerns, and subsequent enforcement action, the CQC has rated our acute wards for adults of working age and psychiatric intensive care units 'inadequate' for both safe and well-led.
- This rating is an individual service rating and does not affect our overall trust CQC rating which remains 'requires improvement'.

Actions

- The report highlights issues we had already identified as needing improvement
- Whilst we were working to address these issues we have also taken immediate actions - a huge amount of work has taken place since the January inspections.
- This is fundamentally about doing all that we can to make our services as safe as they can be - ultimately improving the experience for people who use our services, their families and carers and our staff.

Actions

- These actions include:
 - Rapid quality improvement events have been held, involving people from a range of different teams and disciplines, to look at how we can improve risk management and introduce ways to simplify processes
 - Audit of every inpatient record to ensure there was an up to date risk assessment
 - Masterclasses and support for staff in using the new processes
 - 100% inpatient wards using new safety summary/safety plan for risk assessment and management
 - Currently reviewing community safety summary/safety plans with a roadmap for high and medium risk community patients (some services such as IAPT have individual arrangements for risk assessment)
 - Updated the supportive observation and engagement procedure
 - Reviewed and streamlined environmental risk process
 - Introduced improved training for staff around harm minimisation and risk management
 - Introduced a practice development team on our inpatient wards
 - Reviewed staffing and Board has approved additional front line staff posts

Assurance and oversight

- We have provided assurance to the Care Quality Commission (CQC) that effective systems are in place in our wards to help keep patients safe - and that further improvements are already underway.
- The Trust's improvement programme is being overseen and reviewed by an external quality assurance board which includes representatives from NHS England and Improvement, commissioners and the CQC.
- New assurance schedule launched 8th April includes ongoing supportive audit and programme of improvement
- Directors visits monthly focussed on learning from incidents
- Plan for peer review in May and external stakeholders

Further actions

- In addition to the ongoing improvement work we are:
 - Spending £3.6 million on recruiting 80 more care staff across our inpatient wards – with further investment planned across wider services in the future.
 - Making significant investment in technology (such as electronic patient record, including CITO, and systems such as Oxehealth) that will free up staff to spend more time on patient care.
- Launch of Our Journey To Change

Covid-19 Update

NHS Tees Valley Clinical Commissioning Group



COVID-19 Vaccination Update



Key milestones- Phase one- Cohorts 1-9

November
2020

- NHSE/I requested general practice to make urgent preparations, to contribute to a potential covid-19 vaccination programme, through an Enhanced Service [ES]
- Practices, working as Primary Care Network groupings, had to 'designate' one site, per PCN grouping to receive the vaccine and consumables
- Designated site applications were submitted to the CCG and application were recommended to NHS England/ Improvement [NHSE/I] for approval [13 sites]

December/
January 2021

- Practices had to sign up to the final published ES by 23:59 on 7th December 2020 [All 80 practices/ 14 PCNs (working as 13 'groupings') signed up]
- PCN groupings went live in delivering the vaccination programme in 'waves', with the first PCN groupings going live on 14th December 2020
- Two pharmacy sites were approved to deliver vaccinations by NHSE/I

February/
March 2021

- Additional community pharmacy sites were proposed by NHSE/I on 5th February 2021 to provide the covid-19 vaccination programme
- Four additional pharmacy sites were approved to deliver vaccinations by NHSE/I and went live on 8th March 2021
- Two 'mass vaccination centres' went live across Tees- 1st March- Darlington Arena, 22nd March Riverside Stadium, Middlesbrough



PCN groupings- Sites and go live dates

PCN grouping	Site	Go live date
Hartlepool Health	Victoria Medical Centre, Hartlepool	w/c 17 th December
One Life	One Life Centre, Hartlepool	w/c 14 th December
Hartlepool Network	Hartlepool Town Hall, Hartlepool	w/c 17 th December
North Stockton	Queens Park Medical Centre, Hartlepool	w/c 14 th December
Stockton	Riverside Practice, Stockton on Tees	w/c 28 th December
BYTES	Barwick Medical Centre, Ingleby Barwick	w/c 4 th January
Billingham and Norton	Abbey Health Centre, Billingham	w/c 4 th January
Greater M'bro/ Holgate	Linthorpe Branch [NOHV], Middlesbrough	w/c 21 st December
Central M'bro	Thorntree Surgery, Middlesbrough	w/c 11 th January
Eston	Low Grange Medical Village, Middlesbrough	w/c 28 th December
Redcar Coastal	Redcar Primary Care Hospital, Redcar	w/c 28 th December
East Cleveland Group	The Garth, Guisborough	w/c 11 th January
Darlington	Feethams, Darlington	w/c 4 th January



Vaccination Cohorts

Cohorts 1-9, as advised by the joint committee on vaccination and immunisation [JCVI] were covered in phase one of the vaccination programme, BY which cohorts were announced in date order, commencing with cohort 1 and 2

Cohort	Date eligible for vaccine	Expected date all patients in cohort offered a vaccine
1- Residents in a care home for older adults and their carers	21/12/2021	24/01/2021
2- All those 80 years of age and over and frontline health and social care workers	14/12/2020	31/01/2021
3- All those 75 years of age and over	22/01/2021	15/02/2021
4- All those 70 years of age and over and clinically extremely vulnerable individuals	22/01/2021	15/02/2021
5- All those 65 years of age and over	15/02/2021	15/04/2021
6- All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality	15/02/2021	15/04/2021
7- All those 60 years of age and over	01/03/2021	15/04/2021
8- All those 55 years of age and over	07/03/2021	15/04/2021
9- All those 50 years of age and over	17/03/2021	15/04/2021

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Key milestones- Phase Two- Cohorts 10-12

March 2021

- March- NHSE/I notified PCNs of an update to the COVID-19 Vaccination Programme 2020/21 ES Specification, covering phase 2 cohorts 10-12 [ages 18-49]
- Cohort 10 40-49, cohort 11 30-39 cohort 12 18-29
- 19th March- PCNs wishing to opt in to providing the vaccination programme to cohort 10-12 had to set out their expression of interest by completing a template and returning this to the CC
- GP practices wishing to opt out of providing vaccination programme to cohorts 10 to 12 (but continue to provide services under the ES to cohorts 1 to 9) had to opt out to the CCG in writing also by this date, or sooner where possible
- 19th-23rd March- The CCG met with PCNs who had submitted an expression of interest in delivering vaccinations to cohorts 10-12 to gain assurance on the application
- 23rd March- All expressions of interest received were submitted to NHSE/I
- 31st March- All received expressions of interest were submitted to NHSE/I for approval

April 2021

- 13th April- Cohort 10 [45-49 only at present] opened to receive vaccination via PCNs and mass vaccination/ community pharmacy



Inequalities update

- Dr Walker, as Medical Director for the CCG and overall Vaccination Programme Lead, has been working with PCN groupings and system leaders via the vaccination board to continue to develop the response to ensuring vaccine uptake in hard to reach groups e.g. BAME, Homeless, Asylum Seekers, LD, Other faith groups
- To date [as at 19th April 21] two temporary vaccination clinics have been held in Mosques in Stockton on Tees and Middlesbrough vaccinating cumulatively over 468 patients
- Additional temporary clinics will be established to continue to support the vaccine roll out to the community
- £22k awarded to CCG to support inequalities plans- spend plans to be agreed via vaccination board



Vaccination uptake - Data as at 18th April 2021 (Priority groups 1-9)

PCN	P1-9 Totals								
	Registered	Vaccinated		Outstanding		% Vaccinated		Declined	Declined %
		1st Dose	2nd dose	1st Dose	2nd dose	1st Dose	2nd dose		
Darlington PCN	52,426	44,507	12,108	7,919	40,318	84.9%	23.1%	154	0.3%
Billingham & Norton PCN	25,081	22,236	7,646	2,845	17,435	88.7%	30.5%	221	0.9%
Bytes PCN	24,086	21,324	6,697	2,762	17,389	88.5%	27.8%	140	0.6%
Hartlepool Health PCN	14,449	12,288	3,057	2,161	11,392	85.0%	21.2%	221	1.5%
Hartlepool Network PCN	15,232	13,218	3,496	2,014	11,736	86.8%	23.0%	141	0.9%
North Stockton PCN	20,817	17,942	4,987	2,875	15,830	86.2%	24.0%	142	0.7%
One Life Hatlepool PCN	16,478	14,135	3,271	2,343	13,207	85.8%	19.9%	106	0.6%
Stockton PCN	22,775	19,473	5,428	3,302	17,347	85.5%	23.8%	207	0.9%
Central Middlesbrough PCN	18,362	14,794	4,544	3,568	13,818	80.6%	24.7%	240	1.3%
Eston PCN	21,492	18,347	7,020	3,145	14,472	85.4%	32.7%	195	0.9%
Greater Middlesbrough PCN / Holgate PCN	45,671	38,236	11,566	7,435	34,105	83.7%	25.3%	337	0.7%
Redcar Coastal PCN	28,522	24,956	7,763	3,566	20,759	87.5%	27.2%	171	0.6%
The East Cleveland Group PCN	22,250	19,830	6,002	2,420	16,248	89.1%	27.0%	104	0.5%
PCN Total	327,641	281,286	83,585	46,355	244,056	85.9%	25.5%	2,379	0.7%
NENC Total	1,407,468	1,226,899	380,992	180,569	1,788,460	87.2%	27.1%	10,938	0.8%

- 364,871 vaccinations have been delivered to patients across the Tees Valley (281,286 1st doses and 83,585 2nd doses)
- 1st vaccinations have been given 281,286 of 327,641 (85.9%) patients in P1-9 – this compares to a NENC position of 87.2%
- 2nd vaccinations have been given 83,585 of 327,641 (25.5%) patients in P1-9 – this compares to a NENC position of 27.1%
- Across our 13 PCN groupings vaccination uptake rates vary from 80.6% (Central Middlesbrough) to 89.1% (East Cleveland) for 1st doses
- A further 2,379 patients have declined the vaccination, this is 0.7% of the P1-9 population – this compares to a NENC position of 0.8%



Ongoing actions and response

- All PCN sites are now delivering 1st and 2nd doses to patients in cohorts 1-9
 - The CCG continues to support the planning of these vaccinations by reviewing the proposed deliveries from NHSE/I and working closely with PCN sites to ensure that vaccine delivery matches site requirements, especially in relation to 2nd dose vaccinations, which must be given by 12 weeks. In doing so the CCG uses vaccination data, supplied by the region to inform total doses required
 - *Note-* Vaccination delivery and planning for mass vaccination and community pharmacy is undertaken by NHSE/I
- The CCG prepares a weekly briefing report which is circulated to PCNs and the system to provide an overview of key updated guidance/ policy and the operational response to the programme
- The CCG continues to work with PCNs, NHSE/I, the LMC and the LPC to review any additional pharmacy applications to ensure maximum coverage for patients in cohorts 10 – 12
- The Communication Team continues to promote key messages about the vaccine programme and also provide opportunities for PCNs and the CCG to share the progress they are making through key media channels
- Dialogue and planning continues with the five Local Authorities to ensure plans are in place for patients in health inclusion groups [e.g. homeless, travellers, BAME] to access the vaccine, and the CCG will support PCNs to establish additional temporary vaccination clinics via providing clinical advice and guidance on site suitability
- The CCG continues to respond to requests for information from the regional vaccination team, wherever possible, collating this information on behalf of PCNs to reduce the burden on already busy clinical and operational teams







DARLINGTON

-  LOCAL VACCINATION SERVICES (GP LED)
 1. FITTINGS HOUSE 041 580
-  MASS VACCINATION SITES
 2. DARLINGTON ARINA 017 118
-  PHARMACY SITES
 3. COCCLETON PHARMACY 043 901

STOCKTON ON TEES

-  LOCAL VACCINATION SERVICES (GP LED)
 1. QUEENS PARK MEDICAL CENTRE 1558 2444
 2. RIVERSIDE MEDICAL PRACTICE 1518 2747
 3. MARSH HOUSE MEDICAL PRACTICE 1523 2165
 4. THORNTON & BARWICK MEDICAL GROUP 1517 801
-  PHARMACY SITES
 5. HARBURD PHARMACY 1559 770


HARTLEPOOL

-  LOCAL VACCINATION SERVICES (GP LED)
 1. ONE SITE 1524 7700
 2. HARTLEPOOL TOWN HALL 1524 8444
 3. VICTORIA MEDICAL CENTRE 1526 8818
-  PHARMACY SITES
 4. ROOFS 1524 001

MIDDLESBROUGH

-  LOCAL VACCINATION SERVICES (GP LED)
 - Holgate and Greater Middlesbrough**
 1. ENTROPIC SURGERY 151 041
 - Edon Primary Care Network**
 2. LOW GRANGE HEALTH VILLAGE 156 610
 - Central Middlesbrough**
 3. THORNHILL SURGERY 151 980
-  MASS VACCINATION SITES
 4. STANESIDE STADIUM 151 685
-  PHARMACY SITES
 5. ACRIAM PHARMACY 155 518

REDCAR AND CLEVELAND

-  LOCAL VACCINATION SERVICES (GP LED)
 1. REDCAR PRIMARY CARE HOSPITAL 1518 4000
 2. THE GARTH 1514 201
-  PHARMACY SITES
 3. KINGSTON PHARMACY 1512 2165
 4. SAUNDERS PHARMACY 1512 541

Mass vaccination/pharmacy sites - Patients who are eligible can access these sites by going online www.nhs.uk/covid-vaccination or by dialling 119

Local vaccination services (GP led) - Groups of General Practices working together from one local vaccination site. Do not contact your surgery to book an appointment.

People should not turn up to any site without an appointment.



COVID-19 REMOTE MONITORING SERVICES



PULSE OXIMETRY @ HOME (Step Up, Primary Care led)

- Total referred: 1173
- Total admitted: 956 (292 MBR & R&C)
- Total discharged to date: 944

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“It has made a difference, you were my comfort blanket knowing that you were looking after me and monitoring my readings. So that if needed you would have contacted me to go to hospital – if I didn’t have you I would have just stayed at home no matter how I felt as I didn’t want to be a bother.”

COVID VIRTUAL WARD (Step Down, Secondary Care led)

- Total managed remotely via the ward to date: 559



- Activity for both services has fallen this correlates with a fall in infection rates, increased vaccination coverage in eligible/at risk cohort, fewer COVID-19 hospital admissions.
- Recognition of the need to maintain service offer to support with future COVID-19 infection rate surges.
- Local social media campaign planned to encourage uptake of offer using former patients stories.
- Both nationally and locally the model is now being looked at to be expanded to support other areas of work including Long Term Conditions, Frailty and monitoring patient deterioration for example Community Acquired Pneumonia.

POST COVID-19 REHABILITATION & LONG COVID ASSESSMENT SERVICES



POST COVID REHABILITATION

Aim – Improved quality of life for people who have had COVID-19

Background

- Estimated 1 in 10 people will suffer ongoing symptoms.
- Symptoms: clusters, often overlapping which may change over time including *generalised pain, fatigue, shortness of breath, brain fog, anxiety and depression*.
- Post COVID-19 Syndrome ‘Long COVID’ defined as symptoms persisting for 12 weeks or more.
- Guidance issued in November from NHSE requiring establishment of Assessment Clinics.
- Local assessment services launched in January 2021; referral via GP to either Consultant led MDT (for those with abnormal chest xray and complex physiology) or Community SPA.
- GPs will undertake initial assessment and investigations.

Activity

- Referrals to date 49 SPA Community Assessment Service and 107 to Specialist Long COVID Consultant led MDT Clinic.
- Following assessment patients referred to existing services for therapeutic input, rehabilitation, psychological support, specialist investigation or treatment.

Scope of work

- Implement patient pathways in line with guidance.
- Facilitate integrated pathway delivery.
- Share learning across the system (ICP and NE&NC).
- Improve understanding of patients needs.
- Identify workforce and service gaps.
- Work with wider partners to ensure the holistic needs of patients are met.
- Facilitate positive patient experience and endorse self management.
- Contribute to the development of the evidence base.

#YourCovidRecovery

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NHS Tees Valley CCG
February 20 · 🌐

Your Covid Recovery 🙄
If you've had coronavirus you may still be experiencing symptoms.
Find out how the new
<https://crowd.in/FRWD>

NHS Tees Valley CCG
27m · 🌐

Getting back to work after hav
After the stresses – both physio
COVID-19 infection and/or Lor
work. You may still be strugglin
work for financial or social reas
work until you are well enough
possible to return on a phased
if you feel fit enough for some

Occupational Health Professio
produced a helpful guide for w
manage absence and get back
Long-COVID: https://teesvalley19_return_to_work...

TEESVALLEYCCG.NHS.UK
teesvalleyccg.nhs.uk

YouTube GB

Search

Help and advice to recover from Covid-19

H&SH PHD
Hartlepool & Stockton Health

RECOVER

Psy

This booklet has been cre
psychological experiences e
support

H&SH PHD
Hartlepool & Stockton Health

RECOVERY AFTER COVID-19

Supporting Your Breathing, Your Body and Pacing Yourself.

This booklet can help you with things that we often see after having a bad illness. You can use this for to help you get better after COVID-19.

If you need further info or help, please contact the team that have been visiting you at home.

Stress
Size

Problems You May Have During and After Illness

<https://teesvalleyccg.nhs.uk/recovering-from-covid-19-what-should-you-expect/>

Covid-19 Elective Recovery



Elective Recovery

Background

- National impact of Covid-19 on the Elective programme has been significant
- STHFT supported in excess of 4000 patients with Covid-19 over the course of the last year
- Around two thirds of all Covid-19 related admissions at STHFT took place during the winter
- Throughout the pandemic c23,000 operations took place including 14,500 planned surgeries

Expectations

- National expectation that;
 - By the end of April 2021 Elective Activity will be recovered to 70% of pre pandemic levels
 - By the end of July 2021 Elective activity will be recovered to 85% of pre pandemic levels

Current position

- As at 19th April STHFT providing Covid-19 care to 21 Patients, 5 of which were receiving critical care
- STHFT providing a full elective programme

Action being taken

- NHS system and partners working together to develop operational plans for 2021-22
- Key aspects include understanding impact on Health Inequalities and our workforce
- Action specifically related to addressing the needs of anybody whose non-urgent care has been disrupted by the pandemic:
 - Undertaking waiting list initiatives within NHS hospitals and facilities
 - Maximising the use of independent sector
 - Waiting list validation and clinical prioritisation of patients on existing lists
 - Offering patients alternative choice of provider for their treatment

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Middlesbrough COVID-19 Update

20th April 2021



North East/National Summary



North East LA COVID Cases - Tested in Current 7 and Previous 7 Day Periods

North East LA	Current 7-Day Period (10th - 16th Apr)		Previous 7-Day Period (3rd - 9th Apr)		% Change Rate
	Number	Rate	Number	Rate	
Hartlepool	40	43	46	49	-13.0%
Newcastle upon Tyne	105	35	102	34	2.9%
Middlesbrough	42	30	47	33	-10.6%
Darlington	30	28	46	43	-34.8%
Stockton-on-Tees	46	23	81	41	-43.2%
Redcar & Cleveland	32	23	20	15	60.0%
Northumberland	62	19	83	26	-25.3%
County Durham	100	19	121	23	-17.4%
North Tyneside	37	18	82	39	-54.9%
South Tyneside	26	17	17	11	52.9%
Gateshead	33	16	39	19	-15.4%
Sunderland	39	14	91	33	-57.1%

Source - GOV.UK COVID Dashboard

National LA COVID Cases - 13th Apr 2021

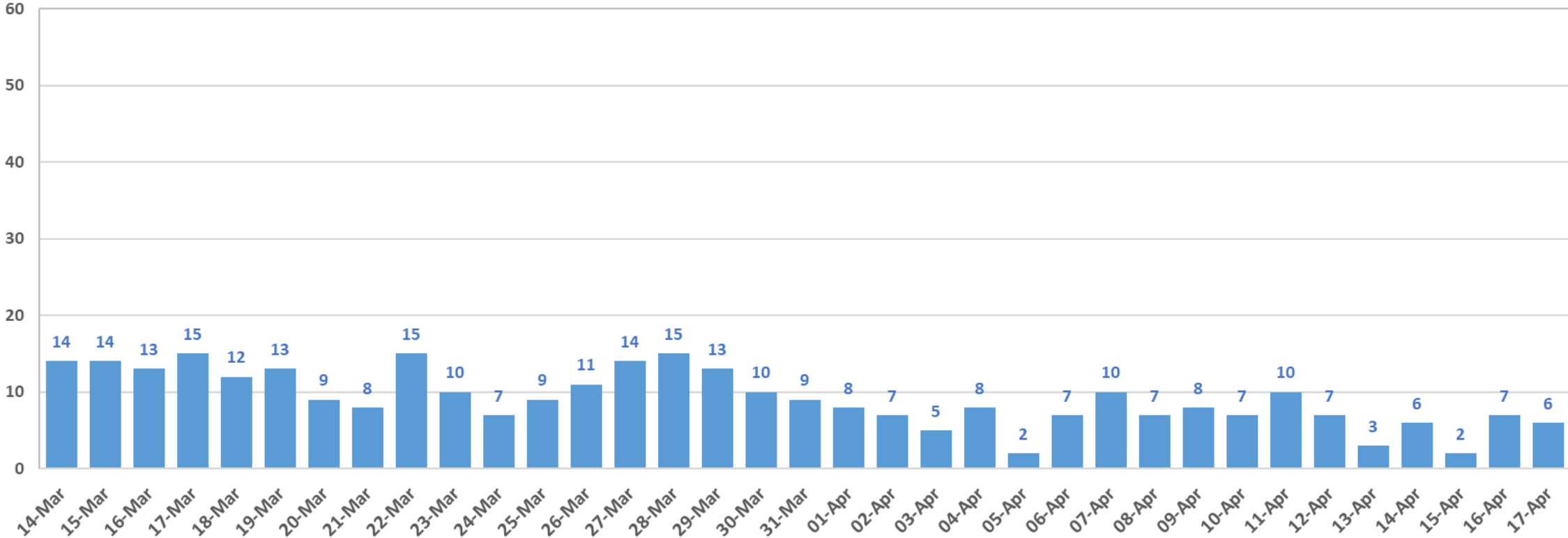
Local Authority		Rate per 100,000
1	Luton	100
2	Doncaster	87
3	Bradford	86
4	Barnsley	79
5	Rotherham	78
6	Kirklees	74
7	Leicester	73
8	Wakefield	72
9	North Lincolnshire	70
10	Kingston upon Hull, City of	69
11	Slough	67
12	Peterborough	63
13	Oldham	60
14	Sheffield	59
15	Manchester	57
16	Blackburn with Darwen	56
17	Rochdale	54
18	Leeds	52
19	Stoke-on-Trent	50
20	Bolton	49

35	Middlesbrough	37
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COVID Daily Cases



Middlesbrough COVID Cases by Specimen Test Date



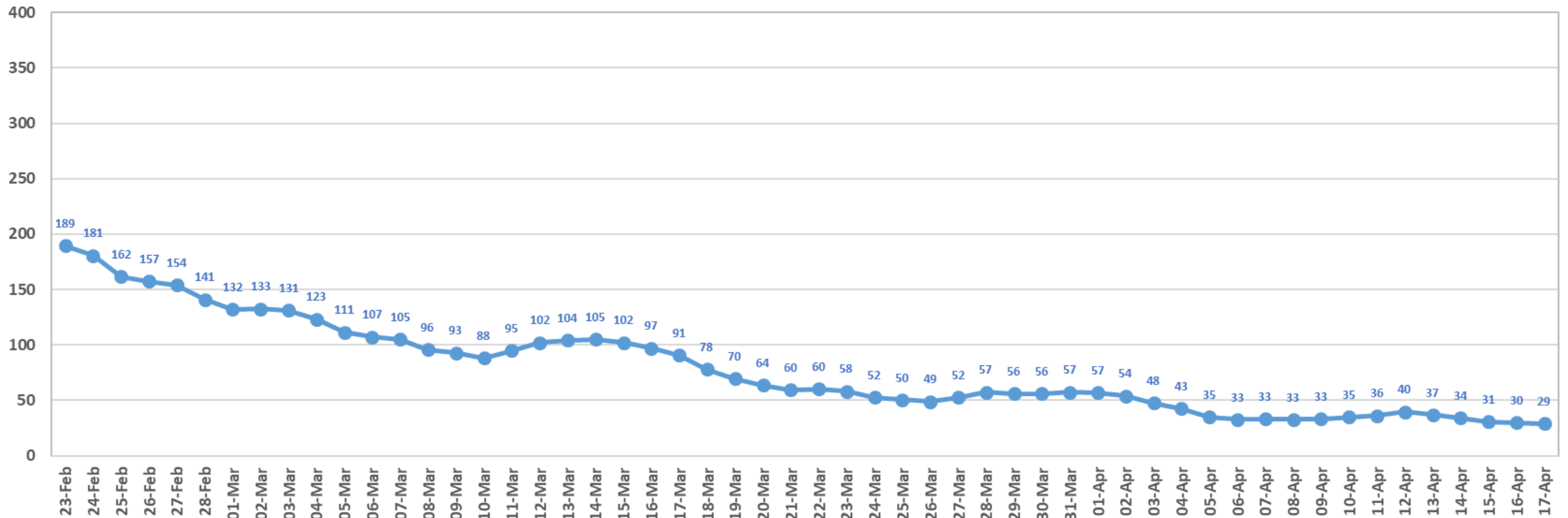
COVID Case Rate



Rate of Middlesbrough Cases based on Specimen Test Date - Rolling 7 Day Average

Rate per 100,000

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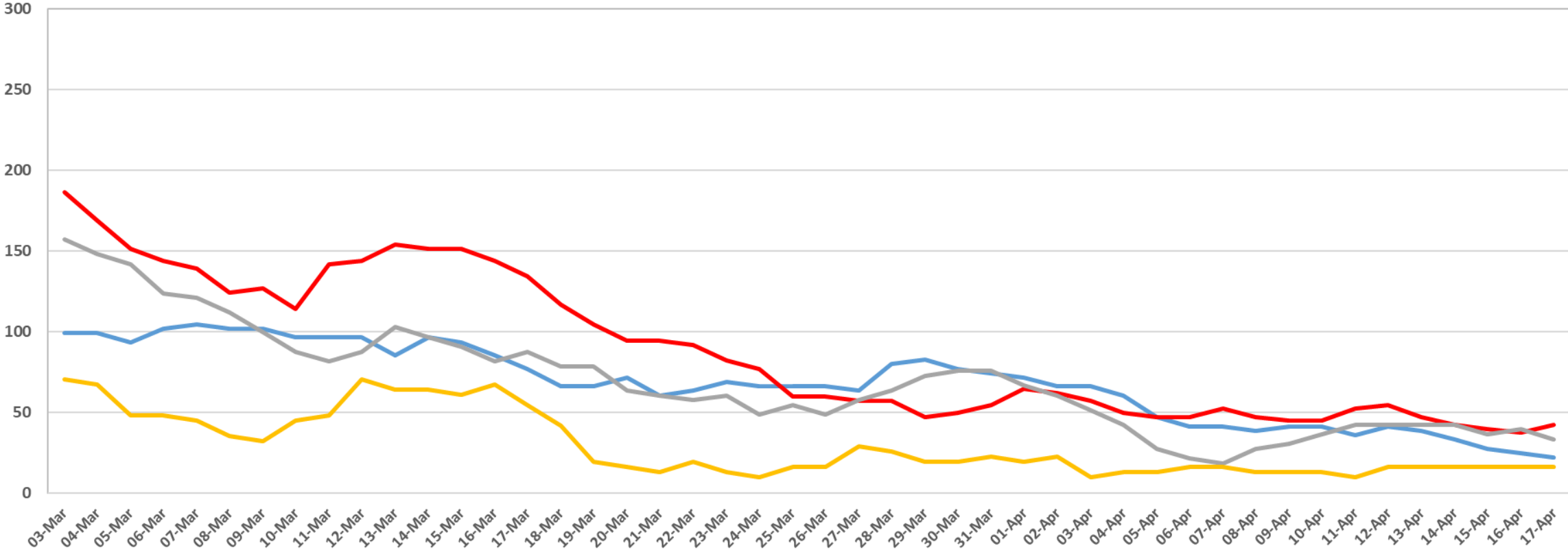
COVID Case Rate – Age Groups



Middlesbrough COVID Cases by Specimen Date - Rolling 7 Day Rate by Age Group per 100,000

0-19 20-39 40-59 60+

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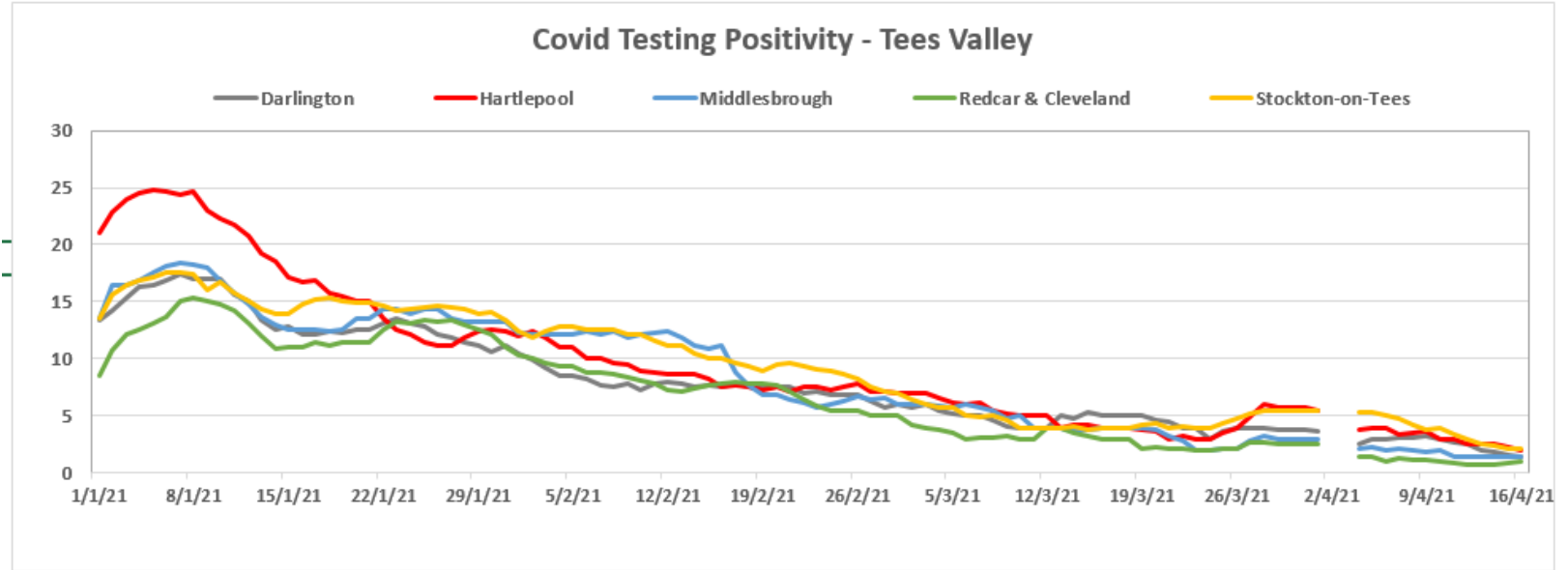


Positivity Rate

The number of positive cases detected as a percentage of tests taken



Local Authority	Positivity (%)	Change From 7 Days Previous
Darlington	1.4	-1.8
Hartlepool	2.0	-1.6
Middlesbrough	1.5	-0.3
Redcar & Cleveland	1.0	-0.1
Stockton-on-Tees	2.1	-1.7
Tees Valley	1.5	-1.1
North East	1.2	-0.6
England	1.2	-0.4



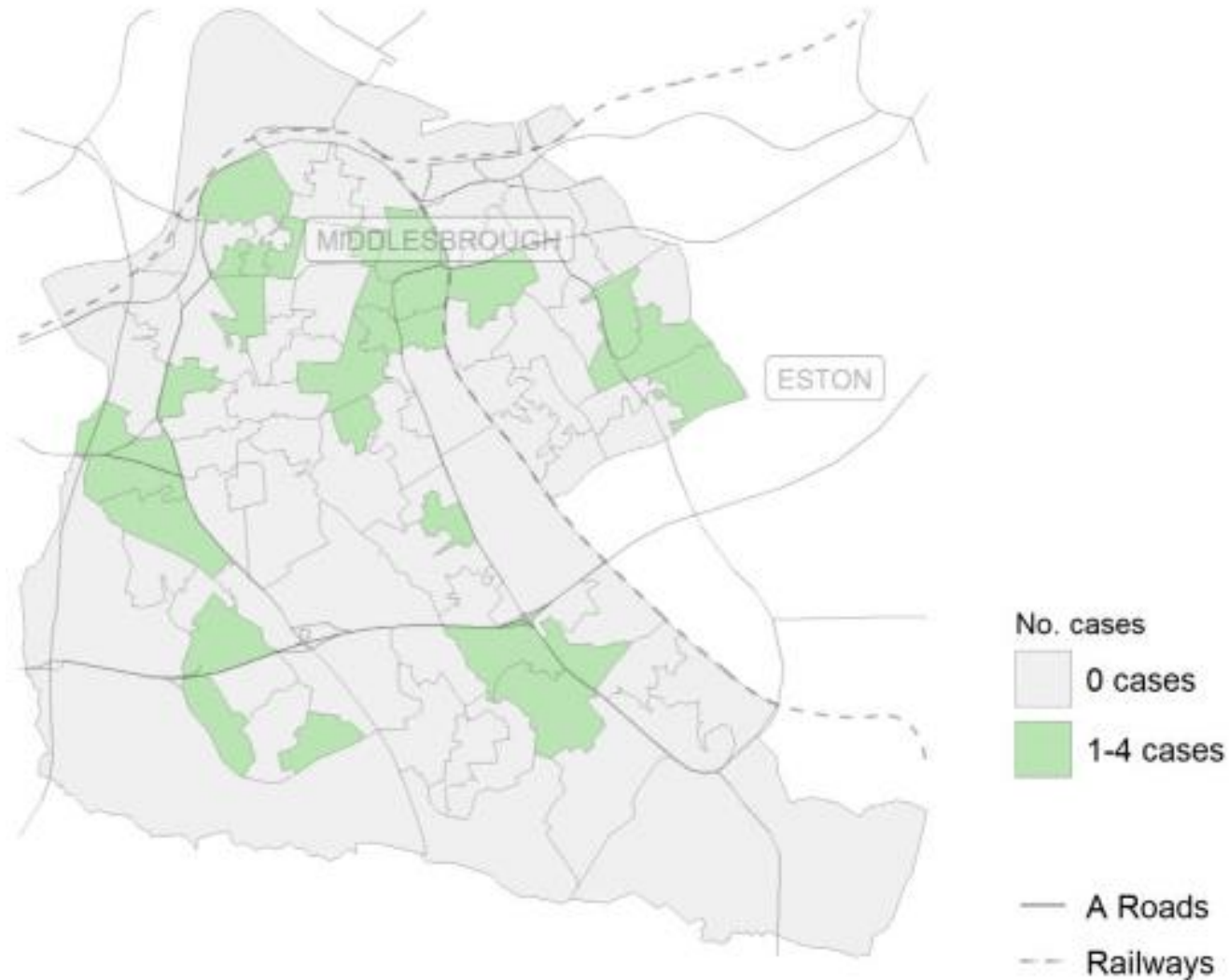
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data is based on previous 7 day tests up to 16th April 2021

Source - PHE North East COVID Surveillance Report

LSOA Map

Figure 6. Number of COVID-19 cases (Pillars 1 and 2 combined) in most recent 7-day period (April 11 to April 17 2021), by Middlesbrough LSOA.



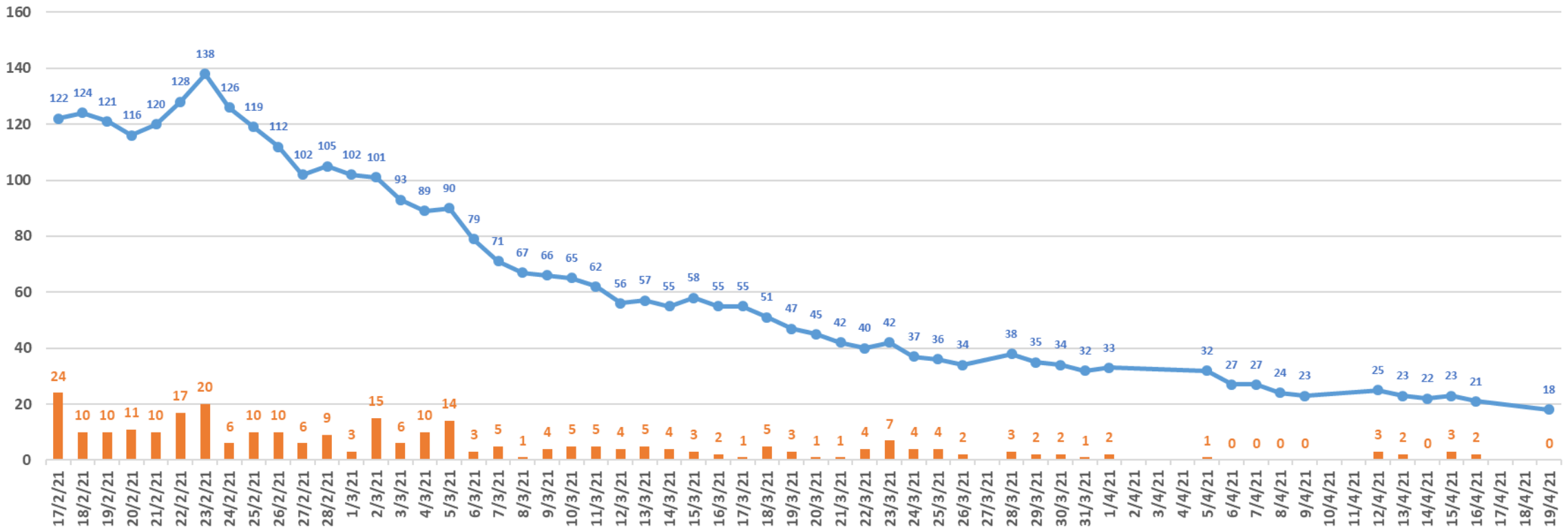
NHS – South Tees COVID Patients



South Tees Trust - COVID Patients

Admitted/Diagnosed With COVID No. COVID Patients Currently In Hospital

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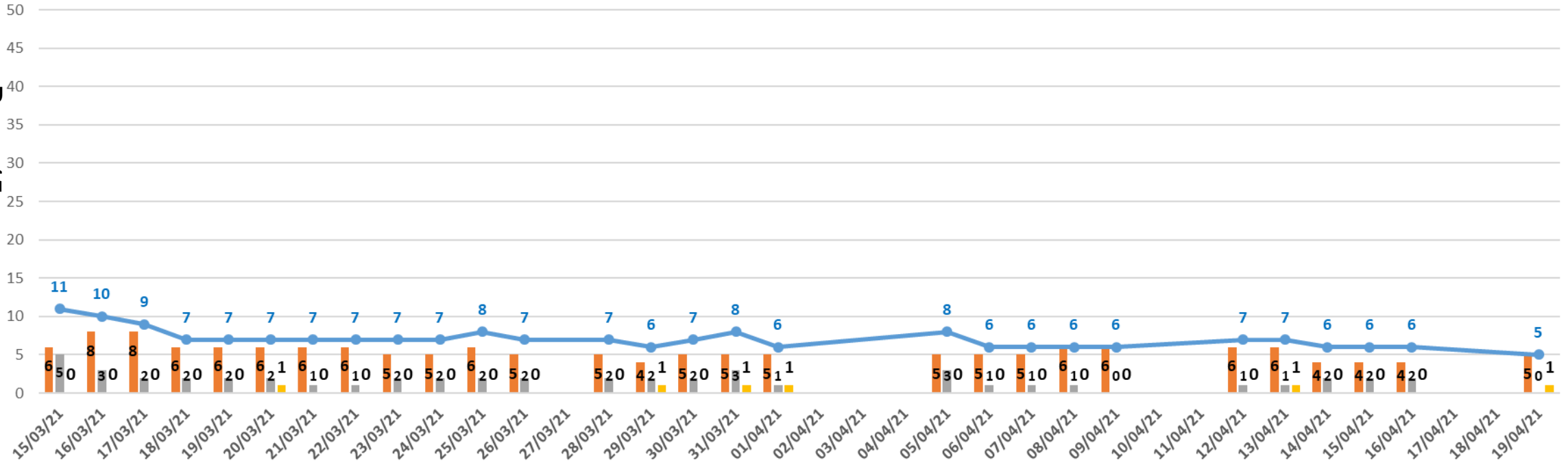
NHS – South Tees Critical Care



South Tees Trust - COVID Critical Care, Ventilated Patients & Deaths

Mechanical Vent Non-Invasive Vent Deaths (last 24hrs) Critical Care Patients

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Schools – Summary and School Testing



REPORTED ON	School	Year affected	Total St	Total pup	End Date of isolation
15/04/2021	Pennyman Primary Academy	Reception	5	14	24/04/2021
TOTAL	Currently isolating		5	14	
TOTAL	Asked to isolate since Sept 20		876	12217	
TOTAL	Number of schools currently with closed bubbles				1

School	Negatives					Positives				
	Jan	Feb	Mar	Apr	Total	Jan	Feb	Mar	Apr	Total
School Home Test Kit (Self Reported)	1821	6832	38176	9942	56771	5	18	54	18	95
030570_Middlesbrough College	484	663	8392	136	9675	2	1	5		8
038845_Nunthorpe Academy	177	183	3609		3969	1		6		7
033768_Unity City Academy	401	241	1629		2271	1				1
145774_Acklam Grange School	434	320	89		843	3		1		4
134223_The King's Academy	335	308	145		788					
130908_Macmillan Academy	241	175	90		506					
131425_Priory Woods School	96	232	75		403					
138711_Outwood Academy Ormesby		103	280		383		1			1
139823_Outwood Academy Acklam	68	165	8		241		1	2		3
143519_Hollis Academy	81	82	36		199					
147848_Outwood Academy Riverside	89	50	37		176					
142382_Trinity Catholic College	11	110	24		145					
136259_Keys Tees Valley College	12				12					
130571_The Northern School of Art		1	11		12					
142502_River Tees Middle Academy	10	1	1		12					
142487_River Tees High Academy	6				6					
Total	4266	9466	52602	10078	76412	12	21	68	18	119

School home test kits include Middlesbrough residents only. School tests include residents outside Middlesbrough attending a Middlesbrough school.

Tests up to 13th April 2021

Community Testing

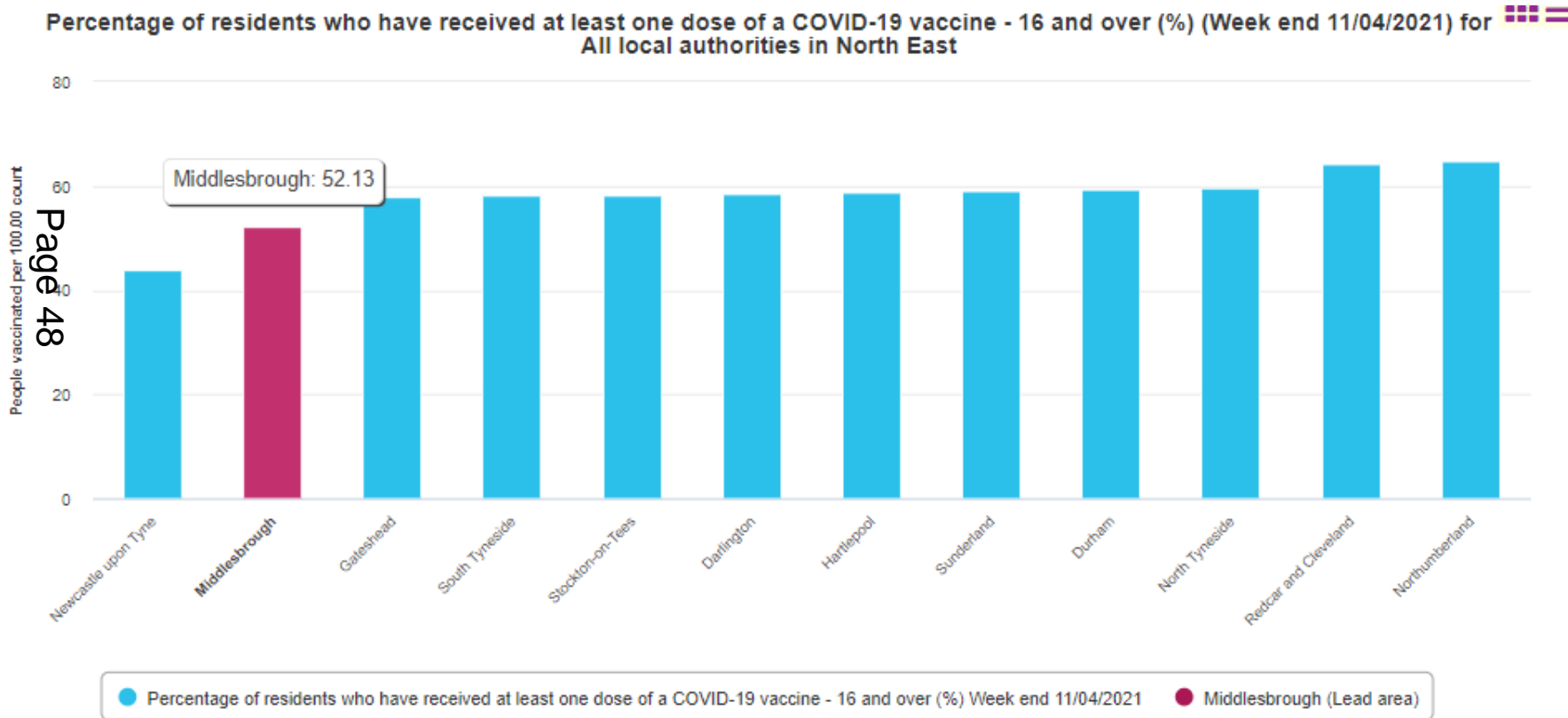


SITE ID	SITE ID	TOTAL TESTS TO DATE	TOTAL POSITIVES TO DATE	STOCK OF LFDS	Address	Number of test bays	Anticipated number of tests per week
Middlesbrough Sports Village	MSVG	1957	7	2575	Alan Peacock Way, Middlesbrough, TS4 3AE	5	700
Newport Hub	NSCH	876	4	1475	St Paul's Road, Middlesbrough, TS1 5NQ	5	700
North Ormesby Hub	NOHE	1015	12	3375	2 Derwent Street, North Ormesby, Middlesbrough, TS3 6JB	3	420

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Day	Date	Sports Village			North Ormesby Hub			Newport Hub		
		Daily Test Number	Positive	Collection Test Kits	Daily Test Number	Positive	Collection Test Kits	Daily Test Number	Positive	Collection Test Kits
Mon	22/03/2021	0			33					
Tue	23/03/2021	0			36			23		
Wed	24/03/2021	30			14			35		
Thu	25/03/2021	23			20			12		
Fri	26/03/2021	25			22			11		
Sat	27/03/2021	45						9		
Sun	28/03/2021	36								
TOTALS		159	0	0	125	0	0	90	0	0
Mon	29/03/2021	0			46					
Tue	30/03/2021	0			17			22		
Wed	31/03/2021	23			11			19		
Thu	01/04/2021	35			20					
Fri	02/04/2021									
Sat	03/04/2021									
Sun	04/04/2021									
TOTALS		58	0	0	94	0	0	41	0	0
Mon	05/04/2021									
Tue	06/04/2021	88		0	36		20	24		33
Wed	07/04/2021	63		10	12		17	16		6
Thu	08/04/2021	49		4	19		24	7		2
Fri	09/04/2021	52		11	13		26	5		2
Sat	10/04/2021			10				0		6
Sun	11/04/2021			6						
TOTALS		252	0	41	80	0	87	52	0	49

Vaccination Uptake Rates – 16+



Middlesbrough – 52.1%

(66,661 of 127,873)

Ranked 91 of 152

England – 53.4%

Vaccination Uptake Rates – Age Groups



Vaccination Group	Vaccinated	% of Population
Dose 1: Total	69,014	49.0%
Dose 2: Total	21,602	15.3%
Dose 1: 50-54	7,519	86.3%
Dose 2: 50-54	1,461	16.8%
Dose 1: 55-59	8,594	95.7%
Dose 2: 55-59	1,627	18.1%
Dose 1: 60-64	8,213	101.3%
Dose 2: 60-64	1,296	16.0%
Dose 1: 65-69	6,867	103.2%
Dose 2: 65-69	923	13.9%
Dose 1: 70-74	6,173	102.8%
Dose 2: 70-74	2,514	41.9%
Dose 1: 75-79	4,193	100.3%
Dose 2: 75-79	2,495	59.7%
Dose 1: 80+	6,074	97.1%
Dose 2: 80+	4,831	77.2%
Dose 1: Care Home 65+	755	
Dose 2: Care Home 65+	480	

**Data up to 19th April 2021*

***Population figures based on ONS mid 2019 estimates*

Vaccination Uptake Rates – MSOAs



MSOA Name	Total			50-54		55-59		60-64		65-69		70-74		75-79		80+	
	Pop*	50+ %	Dose 1	Pop.	Dose 1	Pop.	Dose 1	Pop.	Dose 1	Pop.	Dose 1	Pop.	Dose 1	Pop.	Dose 1	Pop.	Dose 1
Middlesbrough Central	13,252	16.1%	25.8%	478	77.2%	377	89.4%	416	85.6%	283	97.9%	211	108.5%	148	93.9%	215	99.5%
Ayresome	9,664	19.8%	25.9%	418	71.8%	409	75.8%	342	95.6%	236	101.7%	203	88.7%	140	89.3%	162	109.9%
North Ormesby & Brambles	5,944	31.0%	40.8%	348	78.2%	380	88.2%	348	87.9%	240	102.5%	221	89.1%	130	90.0%	173	89.6%
Newport & Maze Park	6,733	30.5%	43.6%	389	90.7%	435	95.6%	378	96.3%	275	100.7%	202	108.4%	148	91.2%	229	84.7%
Linthorpe East & Albert Park	5,919	31.5%	44.8%	355	83.9%	356	94.7%	338	91.4%	264	109.8%	217	107.8%	129	107.0%	203	108.4%
Linthorpe West	9,788	32.6%	45.6%	677	77.4%	590	98.3%	511	107.0%	424	100.9%	370	108.4%	257	101.6%	357	105.0%
Beechwood & James Cook	5,686	32.9%	46.0%	383	78.1%	344	92.2%	284	104.2%	209	101.0%	232	92.2%	153	92.2%	263	90.1%
Belwick Hills	7,406	31.4%	46.1%	441	87.8%	457	102.2%	452	100.0%	291	116.5%	240	96.7%	142	101.4%	299	80.3%
Park End	6,104	31.1%	46.6%	407	87.7%	356	104.2%	361	100.0%	259	103.5%	199	107.0%	94	112.8%	220	84.5%
Park Vale	5,562	33.0%	49.0%	343	80.8%	434	89.6%	292	118.5%	268	105.2%	179	107.8%	149	102.0%	172	98.8%
Thorntree	9,221	37.7%	51.0%	651	88.6%	694	91.9%	608	100.3%	479	107.7%	362	109.9%	293	86.7%	386	106.5%
Easterside	5,395	40.4%	52.1%	309	82.5%	444	93.5%	383	108.6%	336	91.4%	224	119.2%	154	103.2%	328	86.3%
Acklam	5,992	40.3%	55.2%	448	93.1%	437	101.4%	317	108.2%	283	111.0%	319	92.5%	282	89.4%	327	105.2%
Stainton & Hemlington	9,261	40.5%	56.7%	538	100.2%	620	97.1%	613	104.4%	635	96.5%	514	108.9%	320	107.2%	515	96.3%
Coulby Newham	8,528	44.6%	58.5%	681	83.7%	725	97.0%	661	96.4%	478	108.8%	460	106.3%	285	98.2%	511	87.7%
Kader	5,067	45.6%	59.4%	345	82.3%	348	95.1%	349	112.6%	297	93.6%	294	97.6%	253	107.5%	424	95.0%
Marton West	5,298	49.1%	61.1%	421	85.7%	445	95.3%	379	103.7%	325	108.0%	357	101.7%	291	89.3%	383	102.6%
Nunthorpe & Marton East	10,232	45.1%	61.9%	708	93.6%	721	97.2%	662	104.1%	637	105.2%	693	100.9%	501	108.6%	697	97.3%
Trimdon	5,928	47.9%	67.1%	373	96.5%	404	109.9%	412	99.8%	435	99.3%	510	97.3%	310	117.4%	394	112.7%
Total	140,980	34.7%	48.0%	8,713	85.6%	8,976	95.4%	8,106	101.1%	6,654	103.1%	6,007	102.6%	4,179	100.2%	6,258	97.0%

Data up to 15th April 2021

* ONS Mid-2019 population estimates by MSOA area