








Sunderland COVID-19



Update – 09/03/2022

Summary

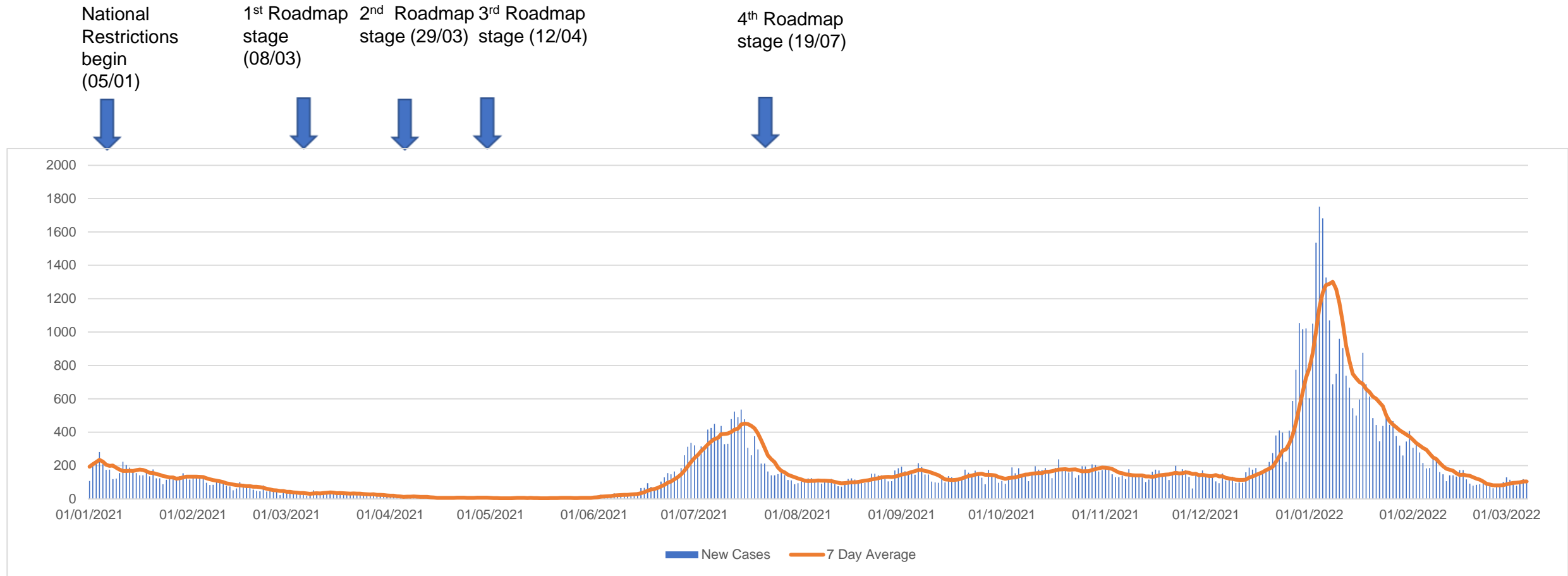
PCR Tests in Previous 7 days (local sites)	PCR Tests in Most Recent 7 days (local sites)	Current PCR test Positivity Rate	LFD Tests in Previous 7 Days (schools)	LFD Tests in Most Recent 7 days (schools)
611 (18/02-24/02)	469 (25/02-03/03) 	20.4% (NE = 13.6%, England = 11.8%)	1,204 (18/02-24/02)	1,067 (25/02-03/03) 

	Cumulative Total	Most Recent 7 Day Average	7 Day Rate of Positive Cases / 100,000	Rank of 7 Day Rate in NE	Notes
New Cases	88,752	105.0 (28/02-06/03) 	240.4 (25/02-03/03) 	4th 	Cumulative total at 08/03/2021.

	Latest Number of Inpatients	Current in ICU	Notes
Covid-19 Related Hospital Activity	65 (-3) at 09/03 	2 (=) at 09/03 	During the peak period of wave 2, there were typically 100-150 inpatients.

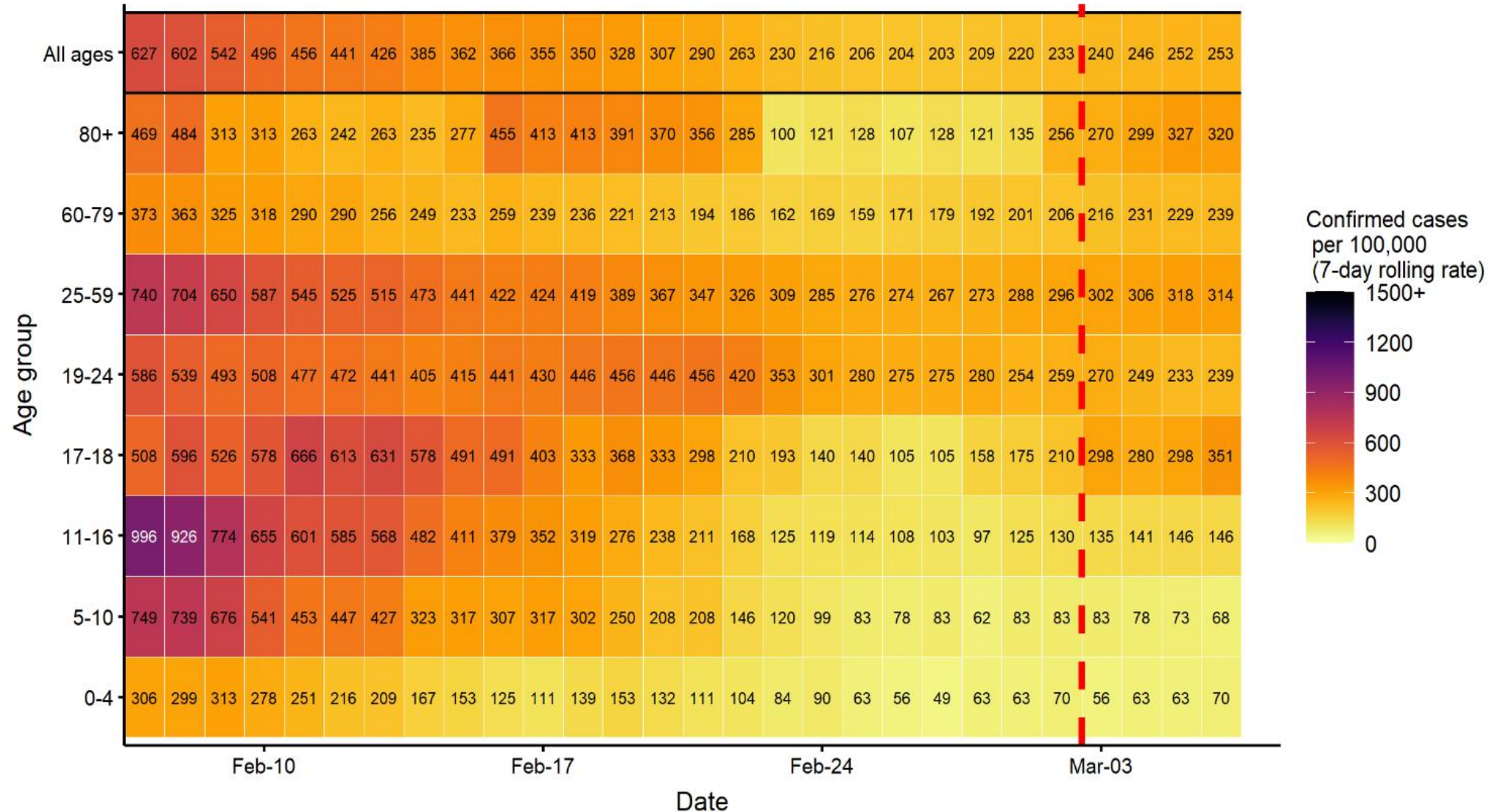
	Total Occurrences in the Last 14 Days	Average Occurrences Per Day	Cumulative Total	Notes
Covid-19 Related Deaths	9 (11/02-24/02) 	<1 (11/02-24/02) 	1,135 (registered by 03/03)	

Case Data from 01/01/2021 – All Ages



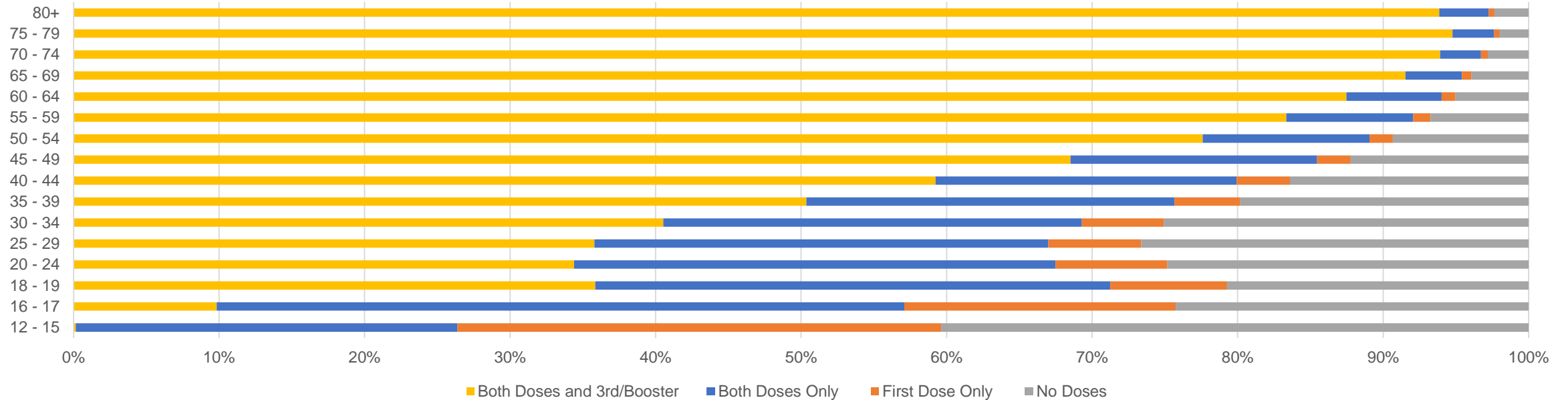
Cumulative total of 88,752 cases reported to 08/03/2022.

Age-specific case rates per 100,000 people in Sunderland – 07/02/2022-06/03/2022



Covid-19 Vaccination Programme

Vaccination Uptake by Age Band - 08/03/2022



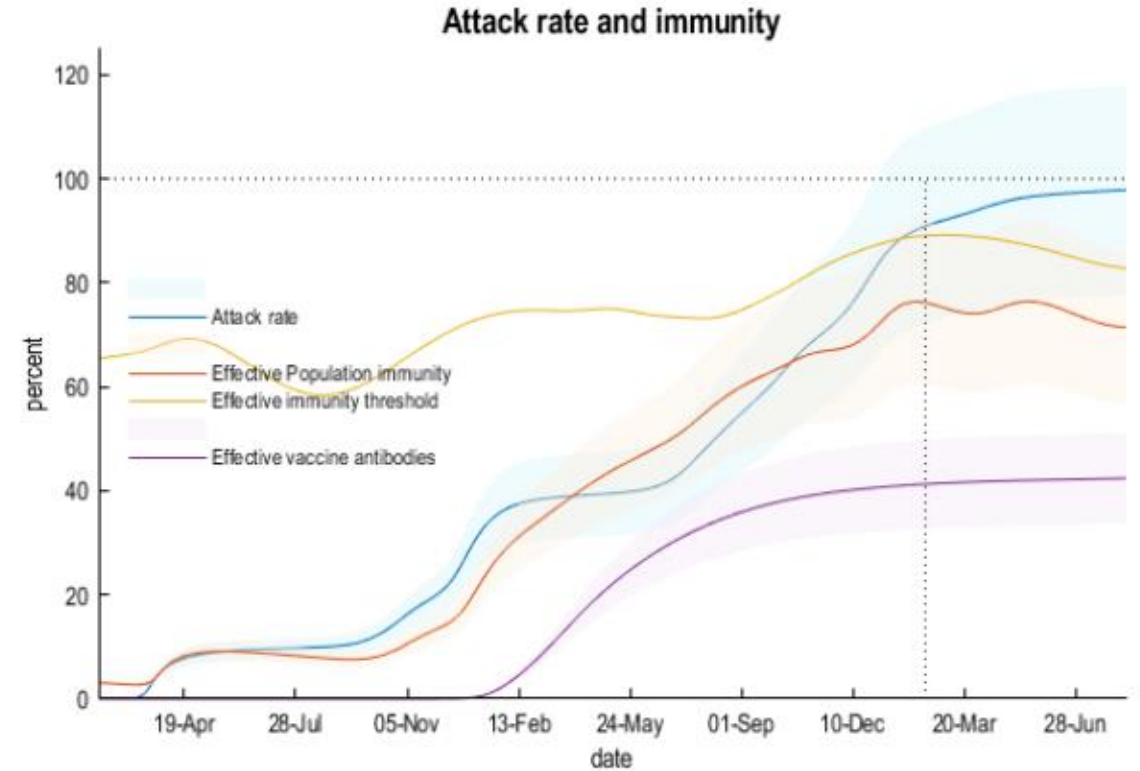
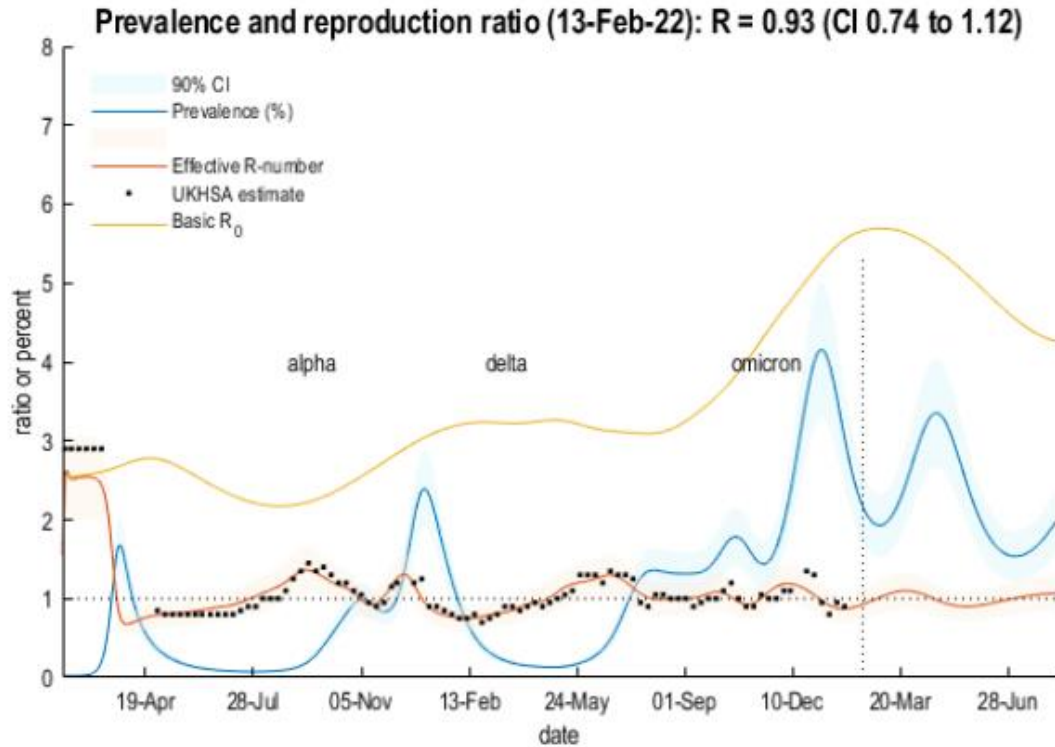
- A total of 37,783 eligible people remain unvaccinated.
- Predominantly within those <50

Age Band	Number Unvaccinated
80+	325
75 - 79	209
70 - 74	436
65 - 69	642
60 - 64	973
55 - 59	1412
50 - 54	1946
45 - 49	2172
40 - 44	2921
35 - 39	3918
30 - 34	5347
25 - 29	5301
20 - 24	4169
18 - 19	1217
16 - 17	1491
12 - 15	5304

- Rollout of vaccination to 5-11 year olds at risk began from w/c 31/01/2022.
- To be further extended to all 5-11 year olds from April 2022
- Also over 75s and those over the age of 12 at risk to be offered a booster from April 2022

Possible Scenarios

1. Best = eradication (very unlikely)
2. Endemic = infections are stable and predictable (currently appears likely)
3. Worst = new Variant of Concern with severe disease profile and/or ability to escape natural and vaccine induced immunity (possible, but unknown)



- Hospital admissions across the UK estimated to have peaked on 18 January 2022. Continued to rise slightly locally until the end of January. Recent weeks have seen an unstable position, with some decreases followed by increases.
- R number for England is 0.8 to 1.0. For NE and Yorkshire it is 0.6-0.9 with growth between -6 and -3 per day. As such, case rates are have generally been falling. However, they have increased locally in the most recent days.
- Nationally, deaths appear to have peaked at around 250 per day and are projected to continue at a relatively low level during March 2022.
- Currently, this model indicates an increase in prevalence beginning in late March.

Announcements 21st February 2022 (1)

Today, 21/02/2022 the Government:

- Removed the guidance for staff and students in most education and childcare settings to undertake twice weekly asymptomatic testing.

From 24/02/2022 the Government:

- Removed the legal requirement to self-isolate following a positive test. Adults and children who test positive continue to be advised to stay at home and avoid contact with other people for at least 5 full days and then continue to follow the guidance until they have received 2 negative test results on consecutive days.
- No longer asks fully vaccinated close contacts and those aged under 18 to test daily for 7 days, and removed the legal requirement for close contacts who are not fully vaccinated to self-isolate.
- Ended self-isolation support payments, national funding for practical support and the medicine delivery service.
- Ended routine contact tracing. Contacts are no longer required to self-isolate or advised to take daily tests.
- Ended the legal obligation for individuals to tell their employers when they are required to self-isolate. Revoked The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations.

Announcements 21st February 2022 (2)

From 24/03/2022, the Government will:

- Remove the COVID-19 provisions within the Statutory Sick Pay and Employment and Support Allowance regulations.

From 01/04/2022, the Government will:

- Remove the current guidance on voluntary COVID-status certification in domestic settings and no longer recommend that certain venues use the NHS COVID Pass.
- Remove the health and safety requirement for every employer to explicitly consider COVID-19 in their risk assessments & replace 'Working Safely' guidance with new public health guidance.
- Consolidate guidance to the public and businesses, in line with public health advice.
- Update guidance setting out the ongoing steps that people with COVID-19 should take to minimise contact with other people. This will align with the changes to testing.
- No longer provide free universal symptomatic and asymptomatic testing for the general public in England. There will be some limited ongoing free testing:
 - Limited symptomatic testing available for a small number of at-risk groups - the Government will set out further details on which groups will be eligible.
 - Free symptomatic testing will remain available to social care staff (NHS to decide for themselves).

Announcements 21st February 2022 (3)

Adult Social Care:

- Supporting and encouraging the take-up of vaccines amongst care recipients and staff, including any further doses that may be recommended by JCVI for COVID-19 and other infections;
- Guidance on precautions for visitors and workers in adult social care; and
- Providing access to free PPE to the end of March 2023 or until the UK IPC guidance on PPE usage for COVID-19 is amended or superseded (whichever is sooner).

Vulnerable people:

- Booster vaccination 75+, older people in care homes & immunosuppressed people
- Antivirals & therapeutics

Recommended behaviours

As England moves to the next phase of living with COVID-19, the Government will continue to rely on the public to adapt their behaviour. The public can reduce the risk of catching and passing on COVID-19 by:

- Getting vaccinated;
- Letting fresh air in if meeting indoors, or meeting outside;
- Wearing a face covering in crowded and enclosed spaces, especially where coming into contact with people they do not usually meet and when rates of transmission are high;
- Trying to stay at home if unwell;
- Taking a test if displaying COVID-19 symptoms, and staying at home and avoiding contact with other people if testing positive;
- Washing hands and following advice to “Catch it, Bin it, Kill it”.

LA7 covid-19 Current Priorities

1. Equitable and rapid deployment of covid and flu vaccination programmes
2. Encouraging good infection prevention and control measures including hand washing, respiratory hygiene, good ventilation and face coverings where appropriate
3. Coordinated Test, Trace and Isolate programme and management of outbreaks via Local Outbreak Management Plans
4. Taking our communities with us - protection of vulnerable individuals in the community;
5. Continued monitoring and surveillance
6. To re-focus our work on health inequalities

Living with covid: a framework for reducing harm

1. Communications plan
2. Prevention
 - Supporting vaccination programme and addressing inequalities
 - Maintaining precautions such as hygiene and ventilation
 - Face coverings in public places, with respiratory symptoms
 - Support to the vulnerable
 - Support to settings – care homes, schools
 - Covid Security – encouraging measures
3. Testing
 - More targeted approach
4. Contact tracing
 - Capacity for outbreaks and advice for cases / contacts
5. Data and surveillance
 - Identifying local outbreaks
 - Reviewing data e.g. excess deaths
6. Surge Planning and Winter Planning

Sunderland System Covid-19 Update

Overview and Scrutiny Committee
9 March 2022

David Chandler
Chief Officer/Chief Finance Officer



Will cover:

- Performance update
- Winter scheme summary
- Latest position for the vaccination programme



Performance Update

Referral to Treatment (RTT) - performance continues to be in a **strong** position

- CCG continues to be the highest performer in NENC ICS.
- Over 52 week waiters = Jan'22 – 248 v 649 this time last year (decrease on last month)
- Over 18 week waiters = Jan'22 – 5,006 v 2,885 this time last year (decrease on last month)
- Additional activity commissioned from Independent Sector using additional national funding available
- Seasonal urgent care pressures subsiding and not having a significant impact on performance
- Plans now being developed for 2022/23 with a focus on further reductions of long waiters.

Diagnostic testing - performance pressures in services like echocardiography and imaging

- Additional workforce in place for echocardiography with additional capacity commissioned by providers using national funding. Additional workforce also secured recurrently. Capacity has increased as planned in echocardiography and reductions in the waiting list are now being seen.

Accident and Emergency (A&E) four hour wait performance **stabilised** in January'22 and has shown some improvement into February'22

- Partnership approach to managing flow and pressures in the system
- Additional resources deployed to key parts of urgent care system, and surge arrangements remain in place to focus on system flow.
- Winter plans agreed which includes additional funding to support increase resources across the system
- Workforce Issues – risk of Omicron and impact of isolation



Performance Update

Cancer performance remains **challenging** and is comparable now to pre-pandemic levels and performance:

- Cancer referral performance volatile continues to improve with 2WW performance the highest in the ICS. Referrals continue to be higher than pre-pandemic levels.
- Action plans in place – Northern Cancer Alliance working with providers and local areas around campaigns to increase referrals into cancer services. National and local campaigns scheduled in over the coming months to encourage people to come forward if they have concerns
- Additional funding provided to deliver cancer improvement plans across the ICS focusing on case finding and rapid diagnostics. New developments around targeted lung health checks due to start in April alongside a number of national cancer campaigns.

Mental health services – continued high demand compared to last year for children's mental health services and **demand for Improving Access to Psychological Therapies (IAPT) continues to show some increase**

- Referrals continue to be higher than pre-pandemic levels, particularly for children's services. Despite the significant growth, the impact on waiting times has not been as significant which is positive. Focus remains on supporting children, young people and their families.
- Additional funding agreed and deployed to help provide additional resources into children's mental health services whilst transformation of pathways takes place
- Continued focus on health checks for the most vulnerable with positive performance for LD and Serious Mental Health Checks in Sunderland



General Practice Access

- General Practices continue to be busy delivering services and supporting the vaccination programme for both flu and COVID.
- Year to date attendances (face to face and non face to face) continue to be higher than in 2019/20 across the City.
- Primary care overspill clinics still operate within the city and have provided additional appointments during the week to support increased capacity
- Primary care access project underway within CCG



All Together Better Update

Overview and Scrutiny Committee

9 March 2022

Philip Foster

Managing Director

Surge Update

- In many areas across our health & care system we continue to see high levels of demand combined with increasing patient and service user need culminating in significant system pressures.
- Throughout the pandemic, all partners within the Sunderland system have worked closely together to develop a range of plans to respond to changes in need and demands on resources including Surge Plans.
- Through the pandemic we have learnt to work differently with our communities to rapidly develop new ways of working and delivery models.
- Our collective innovation and agility during Covid-19 has shown our combined capacity to work flexibly as a group of partner organisations.

Surge Update

- We have strong agreement from all partners to continue to work together as a system to improve the health and wellbeing of all our communities and to use our resources to address health inequalities and to keep people safe and well.

Our plan is to build on the learning from the last two years:-

- Developing neighbourhood working and delivery
- Developing a 'Home First' approach
- Redirect resources to address health inequalities
- Building community and staff resilience.
- Supporting the on-going COVID-19 vaccination programme

Vaccination Programme Update

Overview and Scrutiny Committee

9 March 2022



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Where we are now

- 1st doses given 213,657 84.5%
- 2nd doses given 200,292 79.5%
- Boosters given 156,256 65.5% eligible / 78% of 2nd doses
- Demand remains low – post covid window, hesitancy, apathy
- Pre-bookable/walk-in clinics continue for 12 years +
- Dedicated pre-bookable clinics for at-risk 5-11s



Updates since last meeting

- 16.2.22 JCVI advises non-urgent offer of 1st & 2nd doses of Paediatric Pfizer vaccine to healthy 5-11s
- 21.2.22 JCVI interim view is for:

Spring vaccination programme for 75+, care home residents & 12+ who are immunocompromised ;

Autumn vaccination programme for those of older age and in clinical risk groups, details of which to be released later in the year



Numbers to vaccinate

Sunderland residents that have declined vaccination : 5,199

- **12+ left for 1st dose 33,116**
- **12+ left for 2nd dose 46,698 (or 13,582 who have had 1st dose)**
- **16+ left for booster 78,029 (or 31,331 who have had 1st & 2nd dose)**
- **At risk & household contacts 5-11s ~ 1,500**
- **Healthy 5-11s 20,734 from April 2022**

For additional Spring booster – who have already had a booster

- **Care home residents 1,505**
- **80+ 12,398**
- **75-79 10,320**
- **12+ who are immunocompromised ?exact number**



Direction of the vaccination programme from April 2022 pending more information

- Current phase of the programme ends 31.3.22
- Uncertainty remains about next phase
- ? will be MVS & community pharmacies delivering the Spring Booster offer
- Local MVS – Arnison Centre & Nightingale due to close
?replacing with MVS at Doxford Park
- Only 5 community pharmacies signed up in Sunderland
- 4 out of our 6 PCN sites in Sunderland do not impact on GP surgeries and are staffed without taking staff out of primary care



What is happening to improve uptake

- Under 30s vaccine hesitancy campaign – change of heart
- Targeted calls to unvaccinated individuals supported by the LA. Calls throughout February resulting in 12% uptake in those who answered, 28% declining and the remainder undecided but given information on how to access clinics
- 8 wards of low uptake identified by LA as low uptake. Roving clinics have been held in 5 of the wards and awaiting suitable venues in the remaining 3 wards
- Continued communication with partners in schools and maternity services to promote clinics





South Tyneside and Sunderland
NHS Foundation Trust

Operational Recovery

Sean Fenwick
Director of Operations

The path to
excellence

An Overview of Operational Recovery

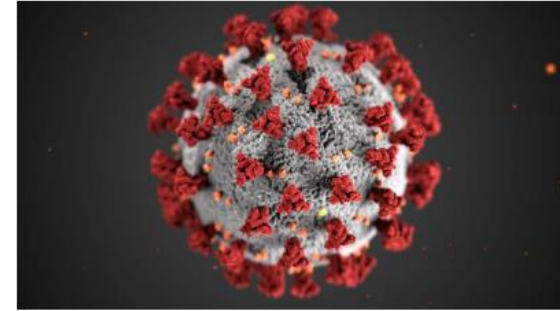
Important Dates



- Jan 30 2020 - Level 4 National Incident
- April 15th 2020 - Elective Programme Suspended for at least 3 months
(Excludes Cancer and Urgent Cases)
- Nov 5th 2020 - EPPR back to level 4
(No suspension but Critical Care priority and Circuit Break)
- March 25th 2021 - National Operational Guidance
- September 30th 2021 - Updated Guidance

Focus of Current Guidance – 24th December 2021 (for 22/23)

- Health and Wellbeing of Staff
- Covid Vaccination
- Transformation of Elective Services
- Recovery and Restoration of Elective and Cancer Care
- Address Health Inequalities
- Transformation of Community and Urgent Care
- System Collaboration and Delivery



Modified Royal College of Surgeons



Royal College
of Surgeons
of England

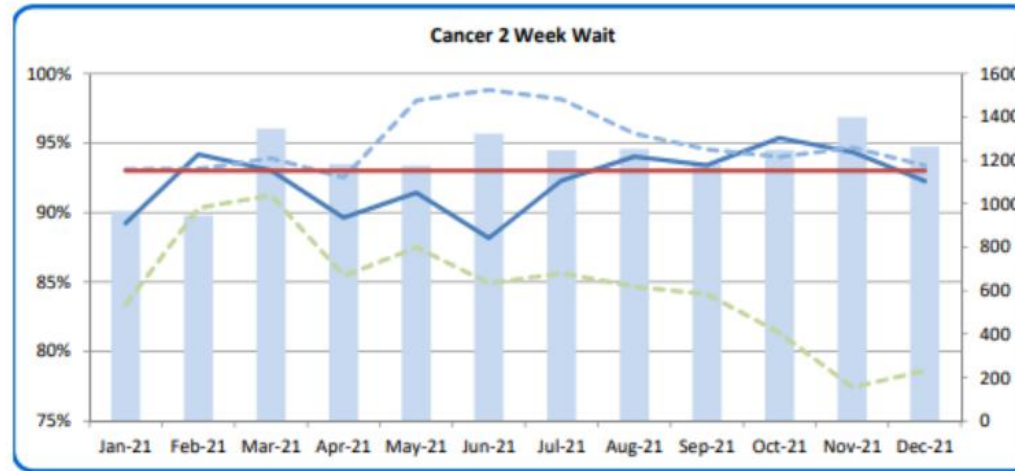
Clinical Prioritisation

- Priority level 1a Emergency – operation needed within 24 hours
- Priority level 1b Urgent – operation needed within 72 hours
- Priority level 2 – Surgery that can be deferred for up to 4 weeks
- **Priority level 3a – Surgery that can be delayed for up to 2 months**
- Priority level 3b – Surgery that can be delayed for up to 3 months
- Priority level 4 – Surgery that can be delayed for more than 3 months.
- **Priority 5 – Defer due to Covid**
- **Priority 6 – Defer due to Other Reasons**

Key Operational Deliverables

- Abolish 104 week waits
 - Reduce 52 week waits
 - Reduce OP FU by 25%
 - PIFU 5% March 23 (0.7 – 0.9%)
 - A&G – 12 per 100 (8 per 100)
-
- Diagnostics 120%
 - TLHC (CT scanners)
-
- 12 hr waits < 2%
 - Increase UTC
 - 5000 beds (virtual)

Cancer 2WW



Charts Key (note: average, standard deviation & control limits are based upon the previous 25 months rolling)

Cancer 2 Week Wait:

Trust level performance

Activity volume

National target

Previous year's performance

National performance

Cancer 2 Week Wait SPC:

Trust level performance

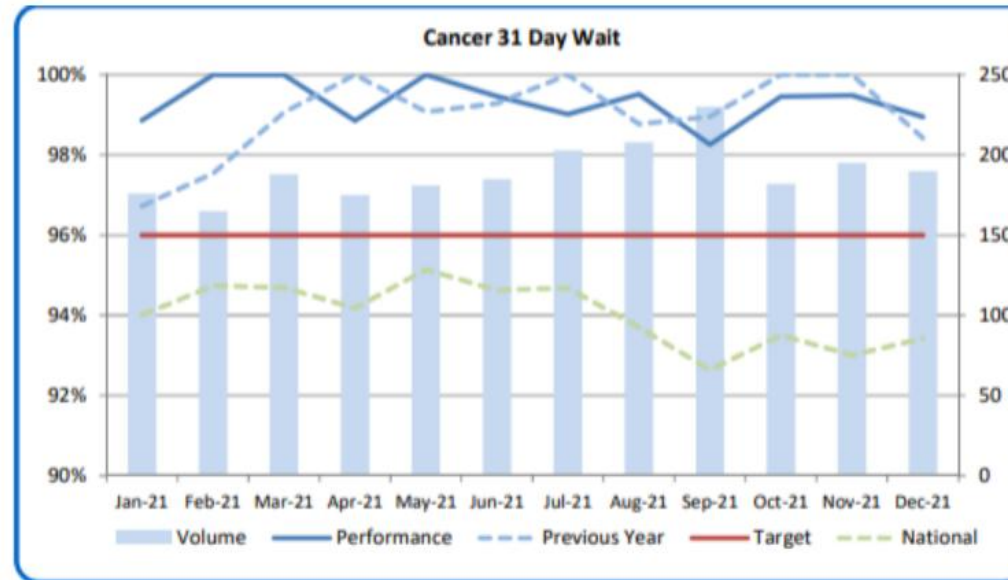
Trust average

SPC standard deviations

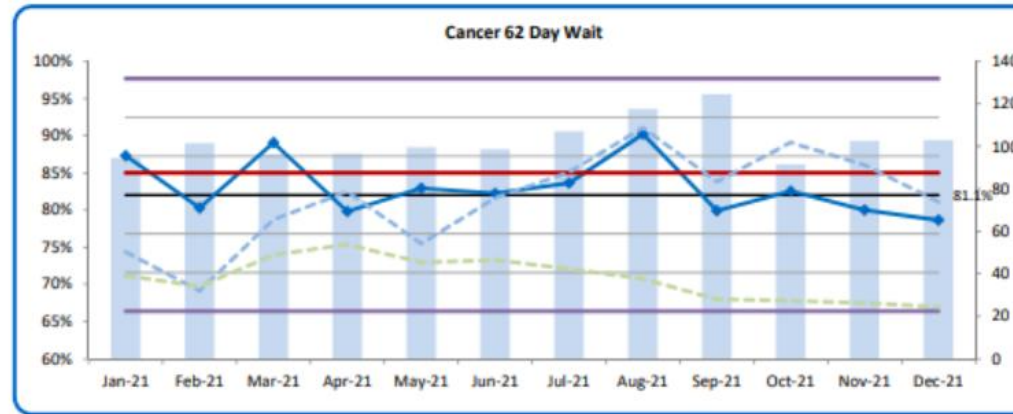
SPC control limits

SPC special cause flags

Cancer – 31 days



Cancer – 62 days



Charts Key (note: average, standard deviation & control limits are based upon the previous 25 months rolling)

Cancer 62 Wait:

Trust level performance

National target

National performance

SPC standard deviations

SPC special cause flags

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Activity volume

Previous year's performance

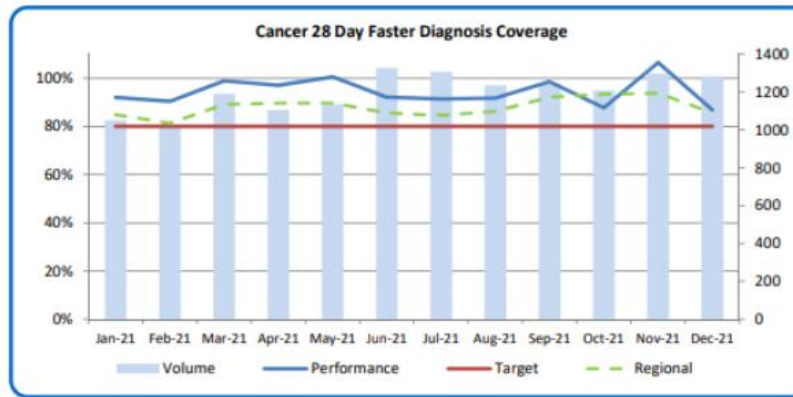
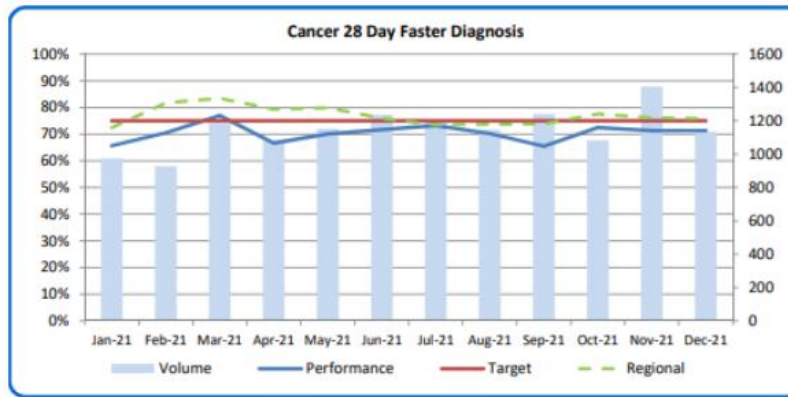
Trust average

SPC control limits

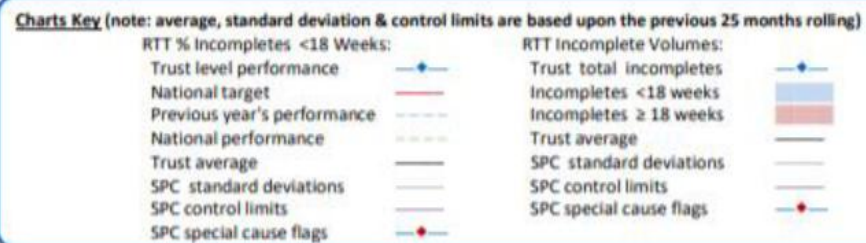
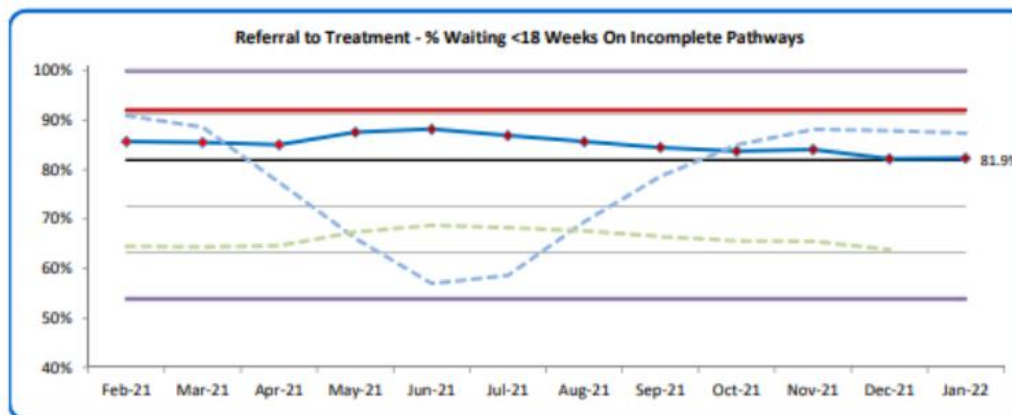
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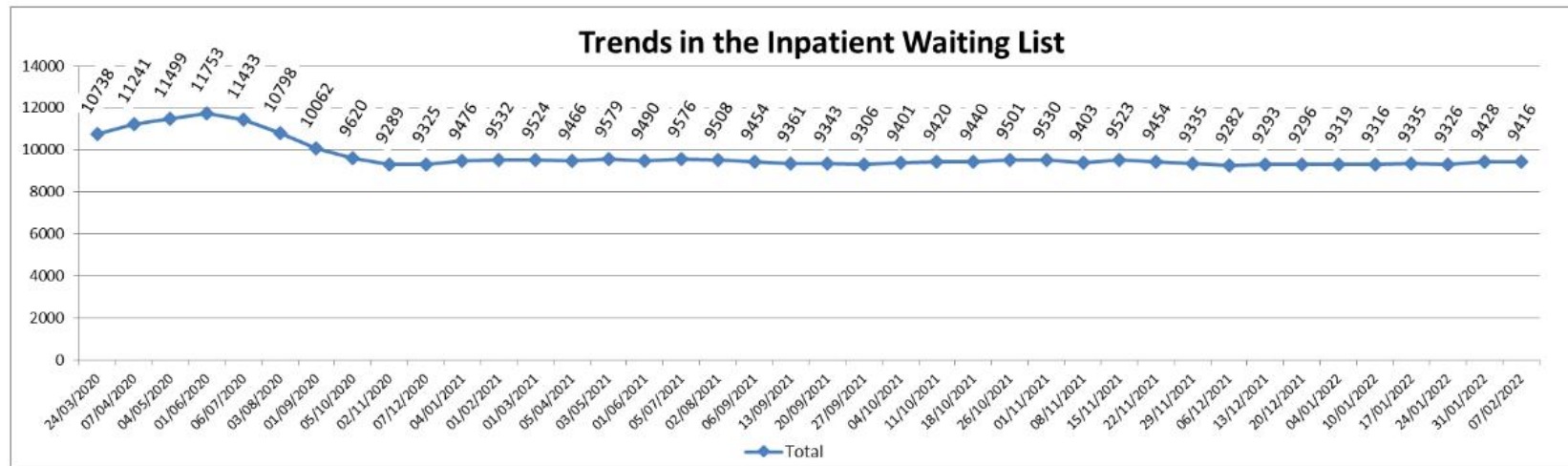
Cancer - FDS



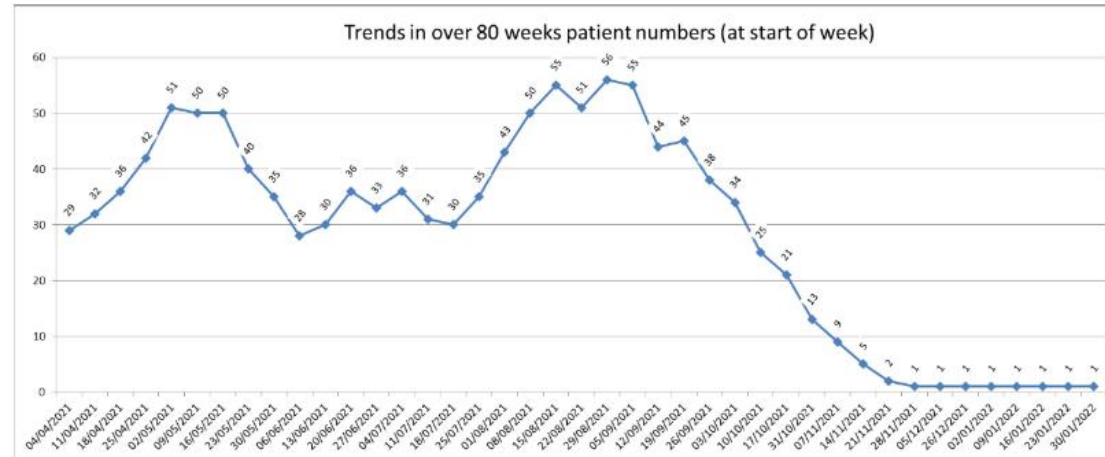
RTT



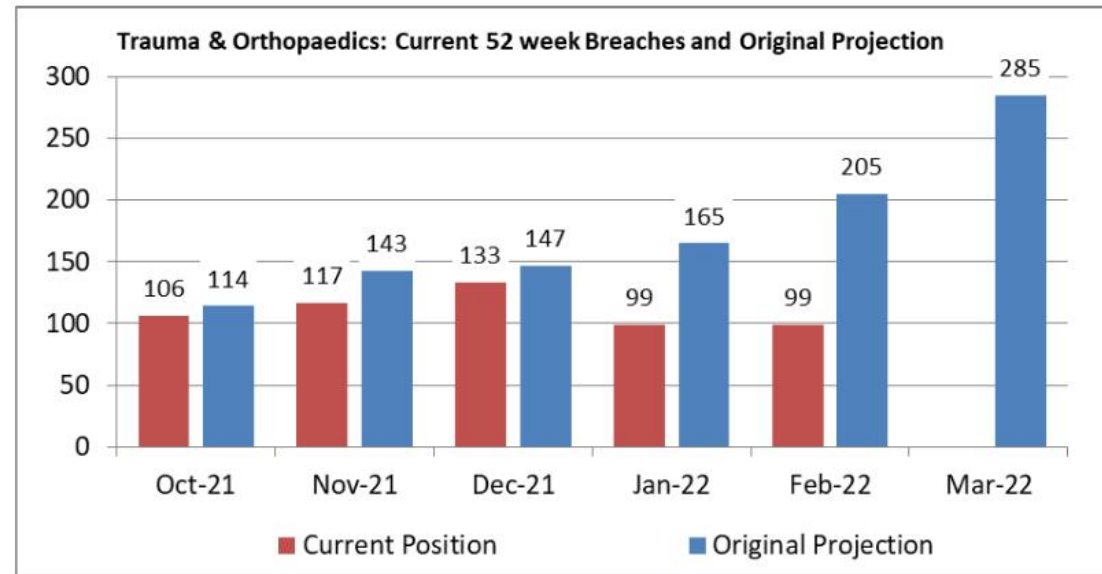
Current Position - IPWL



Current Position – Long Waiters



Current Position – Long Waiters





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Thanks

Any Questions

The path to
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