

Board of Directors - Public

29 October 2020

Paper title:	Winter Planning	Agenda item 7
Presented by:	Phillipa Hubbard, Director of Nursing, Professions and Care Standards	
Prepared by:	Phillipa Hubbard, Director of Nursing, Professions and Care Standards and James Cooke Assistant General Manager	

Purpose of the report		
The purpose of the paper is to provide an update on Bradford District Care Foundation Trust's (BDCFT) contributions in response to the increasing anticipated demand associated with severe weather, and the ongoing COVID-19 pandemic ensuring sufficient planning is in place.	For approval	
	For discussion	
	For information	x

Executive summary		
<p>BDCFT plans are based on the principle of the system vision and aim which is to support people to be Happy, Healthy and at Home with the focus on preventing unnecessary hospital attendance and appropriate support in returning them home quickly and safely.</p> <p>This paper outlines how BDCFT will work with key partners to:</p> <ul style="list-style-type: none"> ensure services and pathways effectively manage demand and keep patients at home; where admission is necessary, patients are facilitated to return to usual place of residence as quickly as possible; ensure that all front facing staff are offered and receive a flu vaccination to prevent the spread of infection and safeguard service users and staff; through these actions reduce the risk to service users and staff of contracting COVID-19; and further work on capacity and demand for community and mental health services was undertaken in October with the outputs included within this report. 		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	State below 'Yes' or 'No'	If yes please set out what action has been taken to address this in your paper
	No	

Recommendation
<p>The Trust Board is asked to:</p> <ul style="list-style-type: none"> Acknowledge the progress made on the winter preparedness plans for the Trust, including the COVID-19 response and how the system across Bradford and Craven will work collaboratively to reduce the impact on service users.

Strategic vision				
Please mark those that apply with an X				
Providing excellent quality services and seamless access	Creating the best place to work	Supporting people to live to their fullest potential	Financial sustainability growth and innovation	Governance and well-led
x		x		

Care Quality Commission domains				
Please mark those that apply with an X				
Safe	Effective	Responsive	Caring	Well Led
x	x	x	x	s

Relationship to the Board Assurance Framework (BAF)	The work contained with this report links to the following strategic risk(s) as identified in the BAF: <ul style="list-style-type: none">
Links to the Corporate Risk Register (CRR)	The work contained with this report links to the following corporate risk(s) as identified in the CRR: <ul style="list-style-type: none">
Compliance and regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: <ul style="list-style-type: none">

Board of Directors

29 October 2020

Winter Planning

1. Purpose

The purpose of the paper is to provide an update on Bradford District Care Foundation Trust's (BDCFT) contributions in response to the increasing anticipated demand associated with severe weather, and the ongoing COVID-19 pandemic ensuring sufficient planning is in place, this had been presented to Board September 2020, further update to the Quality and Safety Committee October 2020, with further work on demand and capacity of services being undertaken in October 2020 for a further paper to be presented at Trust Board.

2. Introduction

Winter is a time when the health and care system typically experience a peak in demand. This is, in part because levels of illnesses such as norovirus and influenza peak. These conditions frequently affect some of the most vulnerable people in our population and contribute to the increased need for health and care services over the winter. This is combined with several bank holidays over the Christmas and New Year period.

2020 has seen unprecedented challenges for the health and social care system with the advent of the COVID-19 pandemic. COVID-19 challenged service delivery and system resilience. It also brought about system collaboration to support and address presenting issues within the Bradford District and Craven. Nationally it is acknowledged that COVID-19 is likely to remain present within society with the probability of future spikes in infection at a local and national level. It is anticipated that the likelihood of an increased number of infections is linked to the winter period.

There has been a significant amount of learning associated with the COVID-19 pandemic, much of which has been translated into new practices that will either continue indefinitely or can be quickly re-enacted in response to future outbreaks. Winter planning arrangements for 2020 will focus heavily on contingency planning associated with spikes in COVID-19 infections alongside seasonal variations in demand. There will be a greater emphasis on preventative measures including widening the target cohort for flu vaccinations.

A significant challenge for 2020 winter planning will be how the system continues working toward phase 3 recovery plans i.e. reinstating pre COVID services/levels of activity whilst responding to any future outbreaks.

BDCFT plans are not written in isolation but are an integral part of our overall system surge and escalation plan which sets out the procedures to manage surges in demand across the Bradford District and Craven health and social care economy all year round. Although there are specific adverse conditions which are likely to occur during the winter period, and services which become more critical to managing demand during this time, the actions outlined in the winter plan have been enacted in support of the COVID-19 response.

3. Review of winter 2019/20 & the COVID 19 pandemic

2019/20 was a mild winter with no extreme weather events. Seasonal flu and Diarrhoea & Vomiting were not above expected levels.

However, as in 2018/19, A&E performance at both Airedale NHS Foundation Trust (ANHSFT) and Bradford Teaching Hospital Foundation Trust (BTHFT) continued to be challenging during the winter period.

The COVID-19 pandemic put the whole system under pressure with the associated impact on staffing – those who contracted COVID-19 or symptoms, those that had to shield for personal or family health reasons, or in response to child care needs presenting with school closure. In addition, COVID -19 has had a negative impact on the emotional wellbeing of staff who like the general population have had to adjust to these unprecedented circumstances.

Although hospital bed occupancy within ANHSFT and BTHFT has been reduced during the pandemic, both acute Trusts have remained under pressure as they have adapted service provision to manage patients with and within COVID-19, and reduced staffing levels.

Due to the increasing levels of demand being placed on acute hospital capacity currently as COVID-19 incident rates are rising locally further work will be undertaken with the Trust to access the impact on BDCFT services.

Capacity & Demand Management

- In response to COVID-19 BDCFT and systems partners enacted command and control structures to oversee and lead the associated response. The frequency of meetings has recently been stepped up in response to increasing COVID-19 rates both locally and nationally.
- During the COVID-19 pandemic, business continuity plans were enacted across all BDCFT and system services that allowed efforts to be concentrated on priority areas. These decisions were in line with nationally issued priority guidance. A further check and challenge session took place the week

commencing the 12th October which will include key members of the Board to ensure that a level of overview and scrutiny was applied, whilst maintaining the delivery of safe, effective, quality services.

- BDCFT have developed and participated in multiple initiatives in direct response to the COVID-19 pandemic. These include: the development of a COVID-19 home visiting service for adults aimed at reducing the spread of infection to service users and staff; the children's COVID integrated teamwork with Children's Social Care, from September education will join the team. This was initially aimed at reducing footfall/spread of infections but has now evolved to provide essential visiting, and support for high risk child protection visits / cases; in response to national guidance BDCFT employed staff who visit care homes receive a weekly swab to reduce the risk of contaminating care home residents and staff; BDCFT redeployed staff have provided swabbing pathways for the general public, Trust employed staff and people moving into residential care settings; multiple services have adapted practices to incorporate digital technology to enable virtual consultations that have supported ongoing care and treatment whilst reducing the risk of infection to service users.
- Demand for community services has increased throughout the pandemic, in particular the requirement for end of life care, a proportion of which was to support people with COVID-19. This challenge was exacerbated through the speed in which service users with COVID-19 died. Demand was also impacted through changes in other parts of the system for example: when hospital outpatient services were discontinued alongside of business continuity plans, work historically undertaken in an acute hospital setting was 'picked up' by community nursing services; primary care ceased routine face to face care, therefore ambulatory service users who were traditionally seen by practice nurses were 'picked up' by community services.
- Demand into mental health services during COVID has been variable. Referrals into Improving Access to Psychological Therapies (IAPT) and community mental health services significantly decreased. As we have moved through COVID we have seen a gradual increase in referrals into these services however in services like IAPT they have yet to return to pre COVID levels. Demand into our acute mental health pathway has been clearly impacted during COVID. Calls into First Response Service (FRS) remained the same however the nature of calls changed in that we have seen more calls to FRS requiring a FRS intervention as opposed to telephone support and signposting. At the start of lockdown restrictions, we saw a reduction in admissions to acute inpatient services with occupancy levels dropping below 80%. As we moved through April and since this time, we have seen a return to pre COVID levels in terms of demand and occupancy levels. Alongside this return to high occupancy and admission requirement we have also noted a significant change in acuity and complexity. More admissions are occurring under the Mental Health Act. Section 136 detentions have doubled further indicated higher levels of acuity

and complexity and most significantly the requirements for PICU has significantly increased with unprecedented PICU bed requirements, -

- outstripping local bed capacity. This picture of growing demand and acuity has been mirrored across our ICS provider partners. Bed occupancy levels have been further compounded by Inpatient cohorting and isolation requirements which has reduced overall bed capacity available across the system. It is evident that the lower referral rates into community-based mental health (MH) services and people presenting later to MH services is impacting on the acuity and demand noted within the acute MH pathway. BDCFT have worked as a system with partners to develop a series of initiatives to address the noted impacts of COVID and associated capacity & demand issues, to include a Street Triage Team in partnership with Police and Local Authority (LA), Voluntary and Community Sector (VCS) response to supporting Frequent Callers, VCS and BDCFT post discharge support. Services have adapted their offer to support digital consultation and telehealth alongside the continued offer of face to face contact. As an Integrated Care System (ICS) we have collaborated around the issue of bed capacity and the impact of COVID in terms of MH demand and cohorting. A plan is being developed to look at how bed capacity can be maximised across the ICS and what additional bed capacity is required to meet the demand but also offset the lost capacity resulting from isolation and cohorting requirements.
- Throughout the pandemic a systemwide 'dashboard' has been produced to monitor demand across the 'system' with key metrics mapping disease prevalence, bed occupancy, service demand, staffing levels etc. This is accompanied by a daily report that details new cases of COVID within the care home sector and outbreaks in other local 'establishments' e.g. workplaces or schools. Care home performance has been monitored separately via a newly implemented electronic 'care home tracker'.

Admission Avoidance & Discharge

- Throughout the pandemic, BDCFT have worked with system partners to reduce the number of people requiring hospital admission. This includes membership of the Care at Home and COVID workstream that has supported the following initiatives: De-prescribing – aimed at reducing the likelihood of adverse side effects; the establishment of the 'immedicare' and 'my care 24' digital platforms that support virtual care. Coordinated via the Airedale Digital Care Hub and available to all care homes within the district, and many vulnerable people in their own homes; the establishment of a 'super rota' – senior clinicians including GP's, Geriatricians and community mental health practitioners who can support advanced decision making to enable service users to avoid unnecessary hospital admissions and developing governance arrangements to support care home staff to share care with community nursing staff when identified as appropriate – thereby reducing the risk of introducing COVID-19 into a care home setting.

- In response to the COVID-19 Hospital Discharge service requirements publication, BDCFT established an out of hospital multidisciplinary service working in partnership with the local authority and both acute hospital Trusts. The focus on this work was to prevent avoidable hospital admissions and facilitate timely discharge for services users with complex needs. The team also
- helped coordinate a response to care homes with a COVID outbreak. In response to this guidance, the fast track service supporting end of life care extended its hours of operation enabling more service users to remain in their own home

Workforce

- Workforce remained a continuous challenge for services through the winter period, especially during the recent pandemic. Staff were redeployed from within BDCFT and from the Clinical Commissioning Group (CCG). BDCFT staff redeployed internally included Speech Therapists, Specialist Nurses, members of the homeless and new arrivals team and Podiatrists who joined district nursing and palliative care teams, plus Dental staff including the oral health team and children's vaccinations team who have supported the COVID home visiting service and COVID swabbing service. Externally a small number of staff were redeployed from the CCG to district nursing and the fast track – end of life care service. These staff returned to their substantive positions at the end of Aug 2020.
- BDCFT also identified community nursing staff in adults and children's services with Intensive Care Unit (ICU) experience to be redeployed to the 'pop up' Harrogate Nightingale hospital and to support local acute hospital ICU's. Identified staff underwent preliminary training, however due to decreasing demand for ICU beds they were never redeployed. Staff from the Wakefield 0-19 service were redeployed into Mid Yorks Hospital Trust to support the acute paediatric services

System Management

- Placed based Health and Social care meetings were established to support a shared awareness of, and timely response to any service delivery issues. This includes the provision of mutual aid. In response to the improved local and national position, the frequency of these meetings has reduced to reflect 'usual' winter planning arrangements.

BDCFT Physical Health Community Picture

Locally within BDCFT, District Nursing and End of Life Care Services have experienced a significant increase in demand including services associated with end of life care compared with 2019 as demonstrated in Tables and narrative below.

Table 1 - Number of people care for as end of life

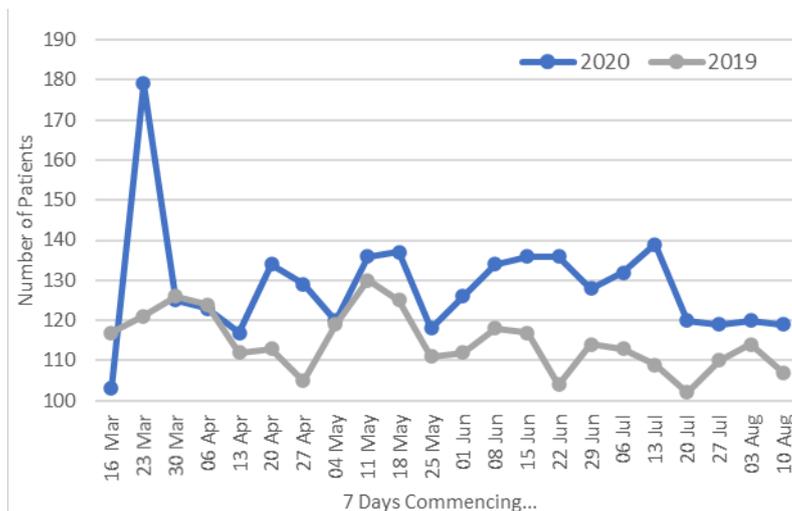
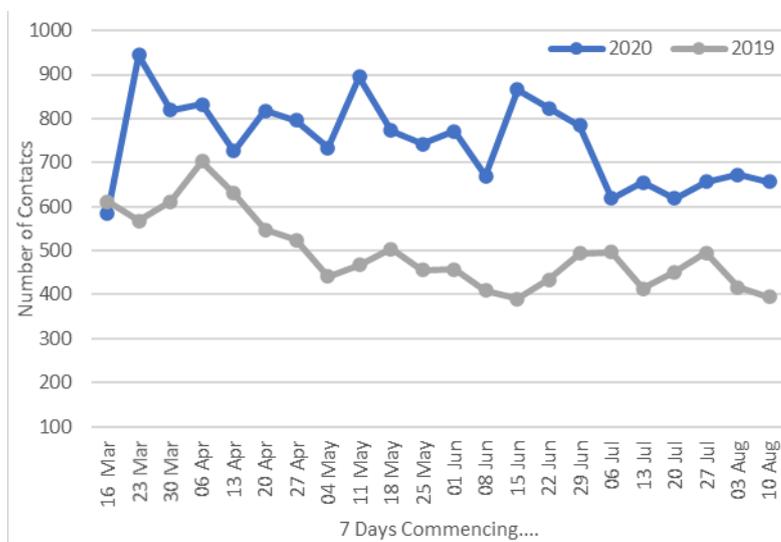
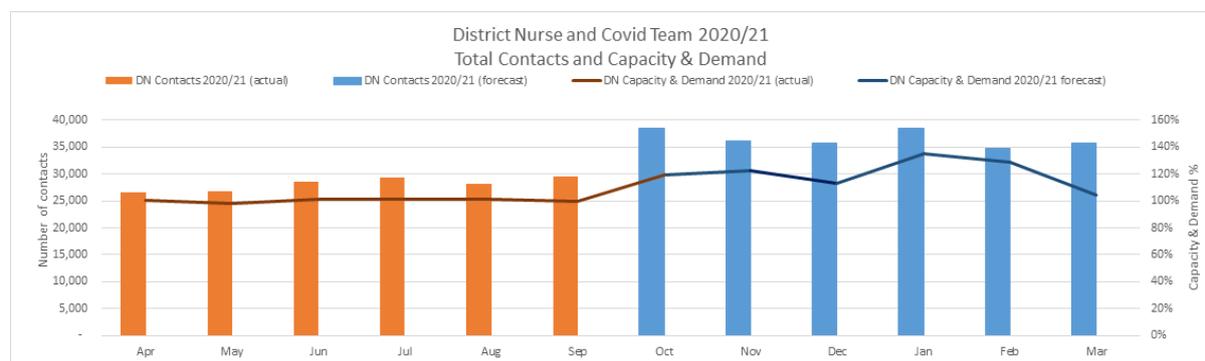


Table 2 – Number of contacts with people at the end of life



District Nursing



The forecast contacts and capacity and demand scores are based on an assumed 20% increase from October 2020 to March 2021.

During April 2020 to September 2020 telephone contacts have increased and there has been fewer face to face contacts than would usually be undertaken. This is for several reasons:

- Triage processes to reduce non-essential visits to reduce infection risks.
- Fewer elective procedures that would normally generate follow up work for district nursing.
- Patients/carers being encouraged to self-care where possible to reduce footfall in patient homes.
- Some long-standing clients have died because of the pandemic.

Where face to face visits are taking place, these are more complex and require additional time for checking patient's COVID status and donning/doffing the required PPE.

COVID-19 Home Visiting Team

Some community nursing staff have been redeployed to the COVID-19 Home Visiting Team. Monthly contact figures relating to this team are included below.

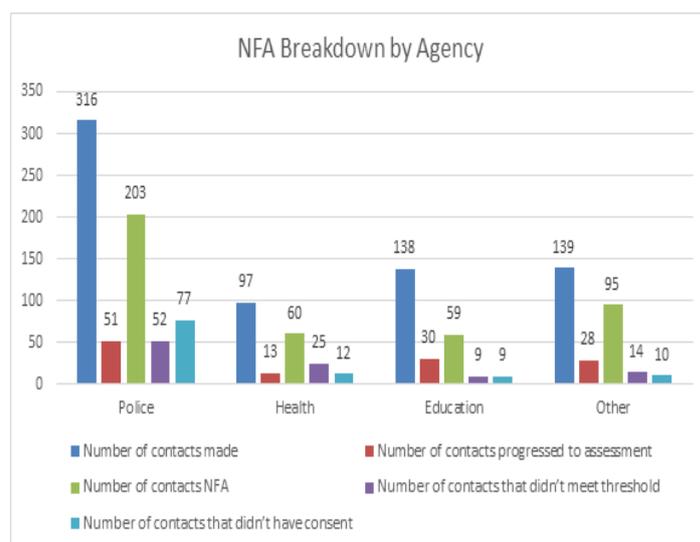
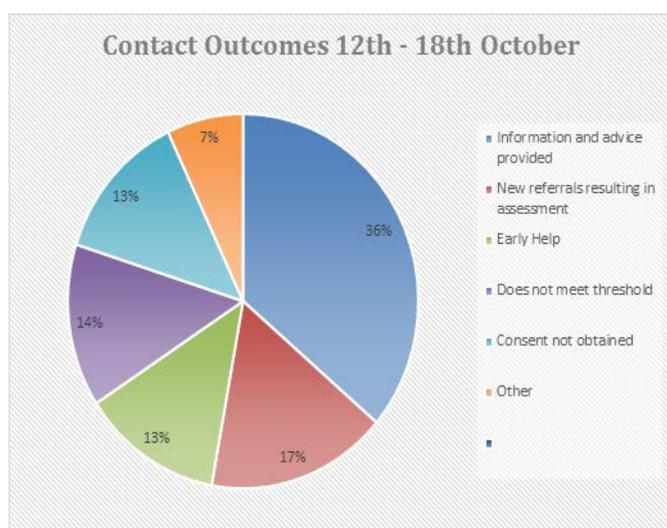
Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20 (forecast)
546	1042	762	478	321	443	750

0-19 services

Children community services support service users' in schools, residential homes and respite settings. As of yet visiting staff are not eligible for weekly swabs afforded to community staff visiting adult residential facilities.

The biggest challenge to children's services in relation to COVID is the significant increase in the child protection (CP) – there are currently 1040 children on CP plans. The service expects a further surge in CP cases as children return to school. Coupled with this is an expectant wave of emotional health issues in children / young people.

The Integrated Front Door within social care has continued to see a high number of referrals with over 900 per week being presented. Below is a chart showing the outcomes of the contact referred indicating the increasing social, emotional need required for children and young people and additional pressure placed within both 0-19 and Child and Adolescent Mental Health Services.



Return to school - attendance at school has settled at 90% plus (92.5% this week). There has been an increase in the number of parents choosing to educate their children at home with many citing COVID as one of the factors in their decision making. Schools have been supporting parents with 0-19 services to ensure that appropriate oversight is maintained.

BDCFT Mental Health Services

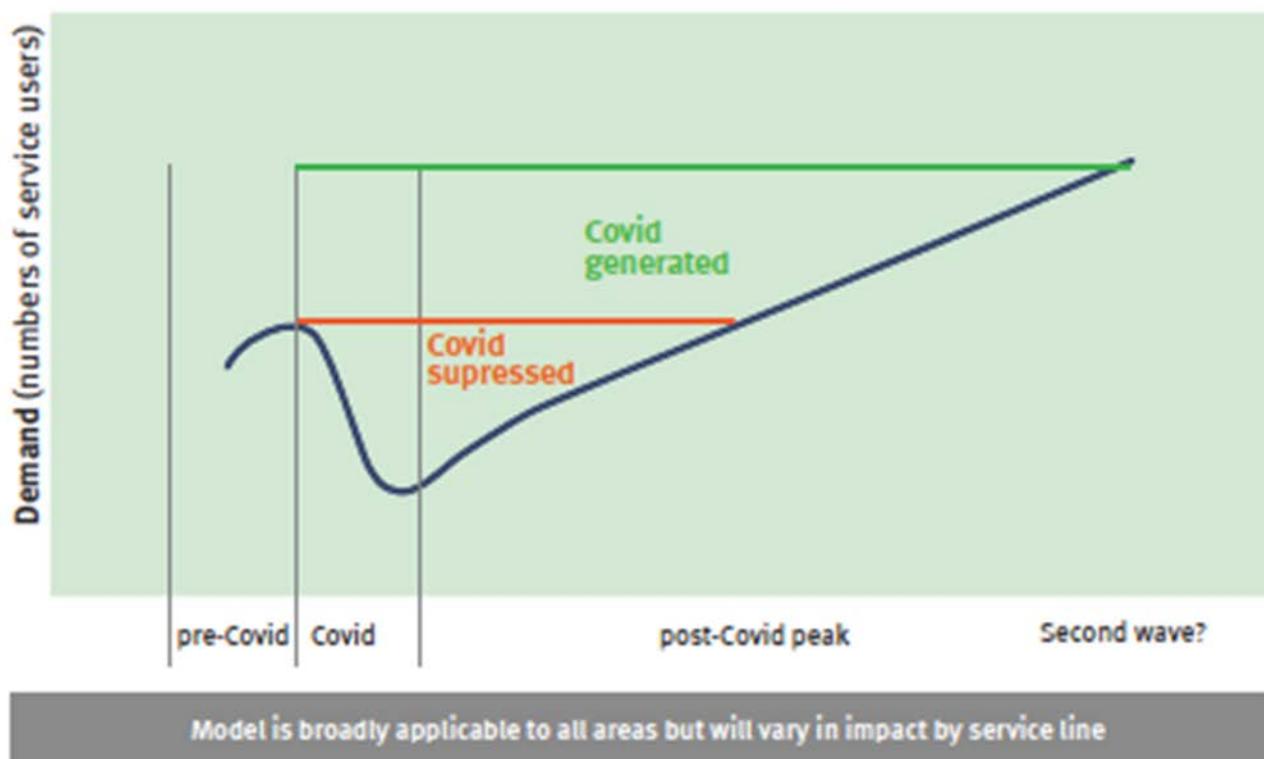
It is clearly documented and evidenced that COVID has had and will continue to have a significant impact on the mental health of our community both in terms of new presentations to mental health services but also the exacerbation of existing mental health problems for those already receiving services.

Akin to physical health services, in response to restrictions, rapid changes to the way in which people receive services has had to be made with many services swiftly moving to offering digital and telephone-based interventions alongside face to face contact. This brings with it opportunities for innovation and connecting with service users in new ways however we have also found that this has created greater inequalities in access and also recovery.

We have also seen that referrals into certain services have reduced whilst seeing an increase in number and acuity into others. We have seen a significant drop in referrals into our lower level offer of service such IAPT services and Community Mental Health Team (CMHT) whilst seeing a significant increase in Section 136 arrests and inpatient

admissions. This indicates that people are not seeking help in usual ways, people are not being referred into services

such IAPT and therefore opportunities to intervene in early signs of mental health distress and difficulties are being missed, putting an increased demand on secondary mental health services, crisis and inpatient services.



Covid-supressed
People known to services who have currently ceased/postpone their engagement with these services. It is assumed these will return to services over time, however, their mental health could be changed from pre-Covid state.

Covid-generated
People not yet known to services, whose experiences of Covid, both direct and indirect, have caused them to develop a degree of mental illness.

Covid-altered interventions
Service users in this group have remained in contact with services, but have received a changed intervention, i.e. telephone and/or video call. For some, this will result in a change in their mental health.

As illustrated in the diagram above evidence is clearly indicating that we can expect to see a surge in referrals to mental health services initially as a result of the first wave of COVID and suppressed referral activity with associated impacts on mental health problems. Local modelling has been undertaken to give an indication of 'bounce back referral' numbers we are likely to see across winter. We have also identified those services where we have seen a significant increase in referrals already during COVID.

My Wellbeing College (IAPT)

65% reduction in referrals equates to 1990 suppressed referrals

Adult & Older Peoples Community Mental Health Services

50% reduction in referrals equates to 1758 suppressed referrals

Specialist Mother & Baby Service (specialist Perinatal Mental Health)

Average increase in referrals of 65% which equates to an additional 290 women and babies.

Acute Inpatients & PICU

Comparing 2019 data there has been an additional 61 admissions into acute inpatient services and an additional 35 PICU admissions (this includes Out of Area (OOA) admissions).

In addition, there is 125% increase in incidents of violence and aggression and a doubling of Section 136 arrests.

Children and Young People (CYP) Specialist Mental Health Services.

Initial reduction of 50% in referrals into CYP MH services which equates to 956 suppressed referrals. Upon reopening of schools CYP MH services have seen the suppressed referral surge with referral up by 65%.

Future Mental Health Demand

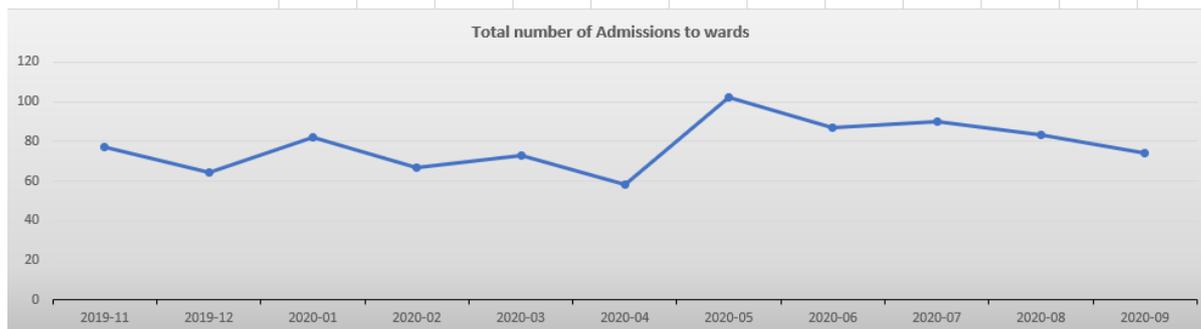
Issue	Effect	Potential local impact
Rise in <u>debt</u> once temporary measures cease (local data)	Universal credit claims (Bradford)	7,600 increase (44% up from March to April)
Financial crash (2008) (CMH)	UK 500,000 more MH problems	equates to 4,000 for Bradford District
Hong Kong SARS 2003, Financial crash (CMH)	7-10% national rise in suicides	3-4 deaths per year Bradford District
SARS 2003 patients (CMH)	12 months later (20-25% PTSD; 60% depressive disorder)	impact on 11,700 <u>known</u> COVID cases (October)
Current H&SC covid staff (BMJ)	Anxiety (50%), sleep issues (30%), burnout	impact on 3,700 H&SC staff already COVID tested
Bereavement (CMH)	7% of close relatives have complex reaction	impact on 570 <u>known</u> COVID deaths (October)

The table above is a summary of literature and evidence attempting to model the impacts of COVID and how that will change demand into mental health services. BDCFT have worked with CCG, LA and public health to complete a rapid mental health needs assessment which has been presented to BDCFT Board and also at Health Overview and Scrutiny Committee (HOSC). In October 2020 the Centre for Mental Health published a modelling tool that consolidates national research and evidence and enables local system to input their local population health data to model and predict future mental health demand and to support robust system responses and planning. The Bradford system will be undertaking this modelling work to support planning for 21/22 and beyond. This approach is also being adopted across the MH ICS to ensure system working and system wide opportunities and solutions.

Total number of Admissions to wards

Period: 01/11/2019 - 30/09/2020

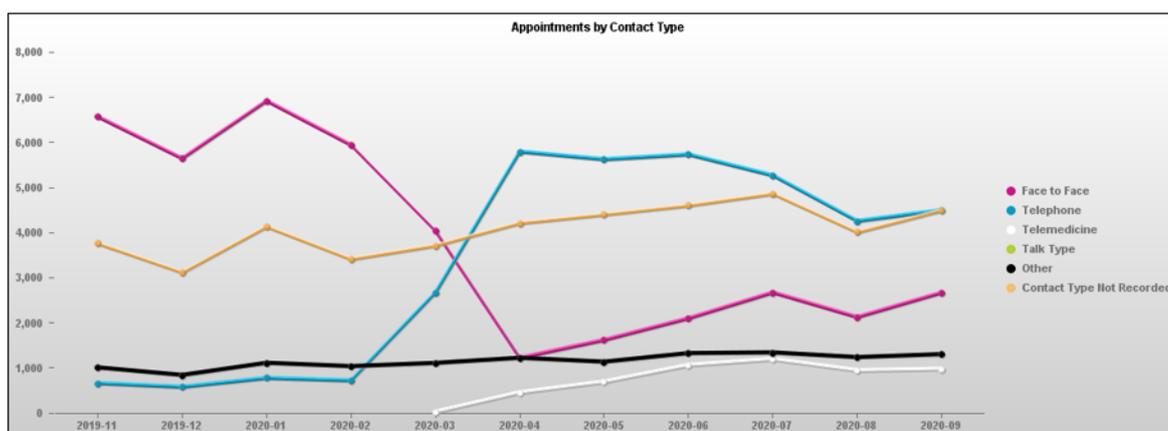
Inpatient Admissions												
	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	Total
Total number of Admissions to wards	77	64	82	67	73	58	102	87	90	83	74	857

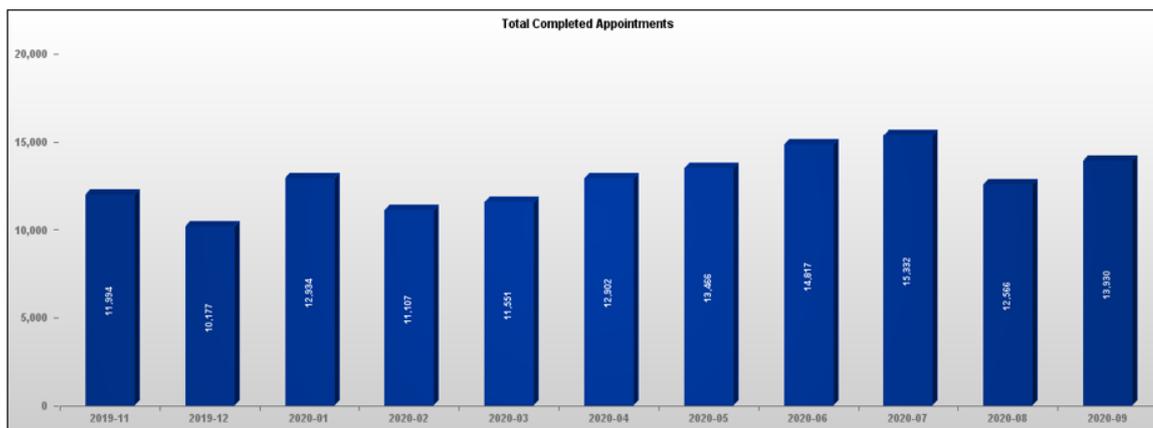


Appointments By Contact Type

Period: 01/11/2019 - 30/09/2020

Appointments by Contact Type	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09
Total Completed Appointment	11,994	10,177	12,934	11,107	11,551	12,902	13,466	14,817	15,332	12,566	13,930
Face to Face	6,567	5,642	6,918	5,941	4,041	1,221	1,617	2,098	2,671	2,124	2,667
Telephone	659	578	774	720	2,666	5,794	5,622	5,731	5,266	4,255	4,495
Telemedicine	-	-	-	-	25	456	693	1,062	1,134	944	977
Talk Type	-	-	-	-	-	-	-	-	-	-	-
Other	1,007	839	1,109	1,034	1,106	1,220	1,133	1,324	1,339	1,234	1,301
Contact Type Not Recorded	3,761	3,118	4,133	3,412	3,713	4,211	4,401	4,602	4,862	4,009	4,490





4. Winter 2020/21

Forecast for winter 2020/21

As noted in the introduction, nationally it is acknowledged that COVID is likely to remain present within society with the probability of future spikes in infection at a local and national level. It is anticipated that the likelihood of an increased number of infections is linked to the winter period.

Managing Capacity and Demand

Since demand for services is likely to be significant again over the 2020/21 winter period, providers require continued planning at both an Organisational and System level to maintain service provision and to address the potential for any problems that may arise in the future period. Detailed below are some of the initiatives linked to BDCFT services.

Managing Demand

Flu Immunisation: Increasing the uptake of flu immunisation for high risk groups and staff is a priority for the system to keep people well, prevent A&E attendances and hospital admissions and ensure the system is not faced with even more pressure from avoidable staff sickness. The influenza campaign for 2020 will be expanded to include people 'over 50' and school pupils in 'year 7'. BDCFT community nurses are to providing flu vaccination to house bound patients and their carers across the Bradford district, including those in residential settings. The Children's immunisation team will likely administer the vaccination to year 7 pupils.

Community Nursing: A range of community services, predominantly provided by BDCFT provides support to sustain patients within their own homes including district nursing services and community matrons. During periods of peak demand and /or adverse conditions, priority will be given to End of Life, time critical administration of medicines and urgent interventions in line with business continuity plans.

Community services are developing collaborative working arrangements with primary care to deliver enhanced care to people in care homes, and anticipatory care for vulnerable people living within their own homes. Oversight of delivery will be at a primary care network level. It is expected that as these relationships develop and evolve, this will enable improved coordinated responses to changes in local needs identified through population health management and presenting demand such as that experienced through COVID and winter.

Mental Health Care Home Liaison: Part of the pandemic response has been an enhanced community offer from our Community OPMH teams into Care Homes to prevent admission to hospital. This offer will continue across the remainder of this year to support the continued COVID response and also anticipated winter pressures.

Mental Health Pathway, Liaison and First Response: Through COVID additional capacity has been flexed across the pathway to meet demand. Initiatives developed through COVID to manage the increased acute presentations will continue through winter to support admission and Eating Disorders (ED) avoidance. This includes the Street Triage Team co located with the police, increased FRS capacity during peak hours and continued integrated working with VCS in the Safer Spaces.

Multi-Agency Integrated Discharge (MAID) Teams: Working within BTHFT the MAID team works with secondary care, social care and VCS providers to facilitate timely, safe and effective discharge from hospital.

(see appendix 1 for further details)

5. Partnership Working

In preparation for winter 2020/21, key system partners attended a winter planning workshop on the 17th September 2020. The workshop considered what had worked well in previous years, potential challenges for key providers and agreed next steps. This years' workshop also considered the system approach to delivering the Hospital Discharge Services Policy and Operating Model issued August 2020. This specifically aims to facilitate rapid hospital discharges.

A system wide winter call attended by health, social care and third sector providers will continue throughout the winter period. This forms a conduit for sharing organisational pressures, and a method for agreeing mutual support with regards to any concerns arising.

The Bradford District and Craven Winter Plan 2020/21 was updated following the workshop on the 17th September. This is jointly owned by all the partners

across the system. The BDCFT Winter Operational Plan will also been updated for 2020 and forms an appendix within the system plan.

6. Flu Vaccination Programme

High rates of flu add to demand pressures, worsen patient flow and can spread infection to staff. In winter 2017/18, flu-related non-elective hospital admissions were over three times higher than the three previous winters.

BDCFT continues to promote flu vaccines uptake within the workforce.

In 2019/20 the Trust achieved 85.5% influenza vaccine uptake by the end of February 2020. This year Trusts are being asked to vaccinate all frontline healthcare workers.

This year's influenza campaign is being guided by the needs of the current COVID pandemic which requires the management of social distancing and numbers within buildings at any one time. Vaccines will be received in small batches throughout October. Initially the influenza vaccine will be offered via a managed booking system to clinics. This will ensure we can manage numbers within the clinics and the availability of the vaccine. In addition, the following will be part of the campaign:

- Staff members offered pre-booked appointments
- The flu vaccine team will visit inpatient areas to offer the vaccine
- Teams being able to book a suitable date and time for the whole team to be vaccinated in the workplace
- Early morning and evening sessions for shift workers
- Sessions at lunchtime
- Offering the vaccine at staff meetings
- The NHS flu video is played at all infection prevention training sessions
- A message on pay slips
- Weekly communications via e-update
- Weekly screen savers with influenza myths and updates on the campaign
- Use of Social media including Facebook and Twitter

NHS England and NHS Improvement Winter Volunteering Programme 2020/2021

NHS England and NHS Improvement have invited trusts to submit expressions of interest to support its Winter Volunteering Programme. Trusts can apply for a maximum of £20,000 to deliver additional volunteering activity between November 2020 and March 2021. NHSE/I have identified the following priority areas for bids: restoration of NHS services; enhancing A&E capacity; discharge support; supporting staff wellbeing and safety; and improving patient experience and safety. The Trust will be submitting a bid (by the deadline of 4 November) around patient experience, using volunteers to support the collection of patient feedback and identify areas for further quality improvement.

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Date paper written: 22 October 2020