

**Gloucestershire Health Overview and
Scrutiny Committee (HOSC)
30 November 2021**

**NHS Gloucestershire Clinical Commissioning Group (GCCG)
Clinical Chair's and Accountable Officer's Report**

1. Introduction

Section A provides a general NHS Gloucestershire Clinical Commissioning Group (GCCG) commissioner update, incorporating national consultations. **Section B** provides a commissioner update focussing on primary medical care. **Section C** provides Trusts' updates from: Gloucestershire Health and Care NHS Foundation Trust (GHC) and Gloucestershire Hospitals NHS Foundation Trust (GHT) and South Western Ambulance Service NHS Foundation Trust (SWAST)

Integrated Care System (ICS)

ICS Lead Report is provided as a separate agenda item.

**2. Section A: Local NHS Commissioner Update,
Gloucestershire Clinical Commissioning Group (GCCG)**

These items are for information and noting.

Please note some of the items reported below may also feature in more detail in other reports prepared for HOSC e.g. ICS Lead Report, wherever possible duplication is avoided.

2.1 COVID-19

An update on the county's COVID 19 response can be found in the ICS Lead Report.

2.2 Elective Recovery & Targeted Investment Funding

As part of 2021/22 operational planning, the Government confirmed a national £700m Targeted Investment Fund (TIF) to aid elective recovery across the NHS over the second half of 2021/22. Gloucestershire ICS submitted a significant

number of bids against this fund and have been successful in having 11 bids approved by the regional team for funding.

The schemes put forward by Gloucestershire total £6.756m, of which £6.483m is capital to fund equipment, digital developments and physical infrastructure. The schemes approved are:

- Staff and equipment to support Tier 3/4 weight management recovery;
- Enhanced Business Intelligence (BI) to support elective recovery;
- A surgical robot (Da Vinci) to provide additional urology and gynae robotic capacity;
- Diabetic Eye Screening equipment;
- Additional cardiac echo equipment and a digital reporting system;
- New surgical equipment at Cirencester Community Hospital which will enable ENT daycase procedures to be undertaken in this facility;
- Creation of an additional procedure room in gynaecology outpatients;
- Capital to increasing physical outpatient capacity at GHFT;
- Funding to support a range of digital developments which will support electronic booking, waiting list management and boost clinical productivity through mobile devices and an online portal;
- Additional staffing in Speech and Language Therapy (SaLT) for the children and young people service;
- Funding to support clinical and social prescribing input to our customer care hub.

All these schemes will be delivered in the next 5 months and will have a significant impact on our elective recovery programme, helping to reducing long waits for patients and support staff to deliver the best possible care for patients.

2.3 **Enhancing Community Offers - Enhancing the Digital Capabilities of External Care Providers**

Work has begun to understand the current digital capabilities of care providers with a view to developing long-term sustainable strategies to enhance their digital maturity. The existing digital systems and projects that are used by external providers have been mapped and discussed at a joint GCC / CCG Working Group which included the Gloucestershire Care Providers Association. The aim of the Working Group is to bring together those working in this area to help aid coordination, so any specific element of the market is not overburdened at any one time. This early analysis has identified that only 38% of providers use nhsmail, which offers a secure form of information exchange. With funding for digital capabilities available, work is currently ongoing to consider and recommend ways in which training or support might target and increase this level.

2.4 **EIO (Enhanced Independence Offer) Employment Model**

Gloucestershire Health and Care NHS Foundation Trust has commenced recruitment of 32 Reablement/Rehab Officers (ROs) and 7 therapists, with a plan to phase recruitment over the next 3 months. This will mean an increase of (circa) twenty packages per week out of hospital. Response to advert has been favourable in the first week. Interviews have commenced.

Beds/Pathways

Modelling is being carried out to look at the relationship and number of EIO beds to EIO Home First packages. There is now a two weekly Pathways meeting where pathways 0-3 are to be formalised and then the agreed structure and methodology reported back to execs with processes and access criteria for the following. This work is likely to be ongoing and with a view to a longer-term strategy, it will also be fed by shorter term work around flow, demand and capacity.

The Equipment and Assistive Technology (AT) Review

1. The Equipment and Assistive Technology (AT) Review highlighted the need to increase productivity and deliver a priority-led community equipment service. The agreed changes, all of which were designed to comply with key NHS pathways, were informed and guided through close stakeholder involvement. Ongoing review and adjustment of priorities is being informed through learning gained from feedback and experience.

2. In order to deliver against these priorities operational changes have been embedding within the local equipment provider, Gloucester Industrial Services (GIS), since April this year and continue to demonstrate measurable improvements in the maximisation of resources. In September and October 2021, the service experienced a high volume of COVID-19 related absences and is experiencing the same pressures as other services to effectively recruit. There are supply chain issues at a national level and in addition some assessors have over-ordered equipment in large amounts, due to perceived concerns about the ordering process; this has led to a slight decline in performance over the past few months. Stakeholders are working together to mitigate risks and ensure good communications are in place as we approach winter.

3. The outcomes of the Telecare (AT) Review will be reported in December 2021 and will now include recommendations regarding the response services required to meet need, based on analysis of all available data and working closely with stakeholders.

2.5 **ICS implementation guidance on working with people and communities** <https://www.england.nhs.uk/publication/integrated-care-systems-guidance/>

The NHSE/I Guidance above was published at the beginning of September 2021 and will be updated in April 2022, once legislation has completed its route through Parliament. The ICS Design Framework sets the expectation that partners in an integrated care system (ICS) should agree how to listen consistently to, and collectively act on, the experience and aspirations of local people and communities. This guidance sets out 10 principles for how integrated care boards (ICBs) can develop their approaches to working with people and communities, and the expectations.

Key points

- A strong and effective ICS will have a deep understanding of all the people and communities it serves.
- The insights and diverse thinking of people and communities are essential to enabling ICSs to tackle health inequalities and the other challenges faced by health and care systems.

- The creation of statutory ICS arrangements brings fresh opportunities to strengthen work with people and communities, building on existing relationships, networks and activities.

Actions required:

- ICBs are expected to develop a system-wide strategy for engaging with people and communities by 18 March 2022, using the 10 principles in this document as a starting point.
- ICB constitutions are expected to include principles and arrangements for how the ICB will work with people and communities.
- ICBs should work with partners across the ICS to develop arrangements for ensuring that integrated care partnerships (ICPs) and place-based partnerships have representation from local people and communities in priority-setting and decision-making forums.
- ICBs are expected to gather intelligence about the experience and aspirations of people who use care and support and have clear approaches to using these insights to inform decision-making and quality governance.

The intention is to co-develop our approach to working with people and communities with local people and staff over the next few months in readiness for the ICS launch next spring. Further information can be found on the ***Get Involved in Gloucestershire*** online participation platform from 1 December 2021 <https://getinvolved.glos.nhs.uk/>

ICS Development will be a main agenda item for the January 2022 meeting of HOSC.

2.6 Gloucestershire Winter campaigns

The NHS and care partners in the county have launched high profile local winter campaigns focusing on helping people to stay healthy and well and signposting to the right advice and care when they need it.

[Click or Click First \(healthcare options campaign\)](#)

Click or Call First builds on last year's successful campaign highlighting the benefits of going online or calling first if your illness or injury is not life threatening.

In Gloucestershire, we want to simplify the way people access advice and support - including through 'easy to remember' digital and phone options. The further development of the 111 service this year is a real step forward. The phone service can provide expert advice from nurses and doctors and can book people into local services when needed.

The local asap.glos.nhs.uk website and ASAP Glos NHS App also offer care advice as well as information on all local services and when to use them e.g. Community Pharmacy, GP surgery, the Gloucester Health Access Centre, Community Minor Injury and Illness Units and A&E.

If you have an illness that won't go away, after self-care or advice from the pharmacy, you are advised to Click or Call your GP surgery through their website, the NHS App or by phone.

If you think you may need A&E or to get the right service 24/7, you are encouraged to click 111.nhs.uk or call 111. This year a local assessment and advice service run by doctors and nurses will be working alongside the 111 phone service to offer additional expert support.

The 111 phone service can also book an appointment for you into local services e.g. GP surgeries, Community Minor Injury and Illness Units or one of the two A&E Departments if needed.

We are well aware that it can be difficult to know for sure which service to use if you are ill or injured and it's not life threatening. The key messages highlighted in this campaign should really help people get the right care at the right time, in the right place and we're really pleased to support it.

We want to thank the great majority of local people who are accessing services appropriately and responding to the Click or Call First campaign messages. It is important that we all play our part and carefully consider the range of healthcare options available this winter, particularly for minor injury and illness.

Stay Well This Winter (#StayWellGlos)

The health and care community in Gloucestershire has also launched a campaign to help people stay healthy and well this winter. The checklist covers everything from vital messages about getting your vaccinations when offered to staying active, keeping your home warm, eating well and where to get mental health advice and support.

There is also advice on looking out for loved ones and neighbours and seeking advice from the pharmacist as soon as you start to feel unwell, particularly important if you have a long term health condition. Stay Well This Winter campaign advice can be found at onegloucestershire.net/stay-well-this-winter

The campaigns will be highly visible on social media (with a range of resources), door to door through the Local Answer and through the local media.

3. Department of Health and Social Care and NHS England Consultations

3.1 Information regarding Department of Health and Social Care consultations is available via the GOV.UK website:

https://www.gov.uk/government/publications?publication_filter_option=consultations

3.2 Information regarding NHS England consultations is available via the NHS England website: <https://www.engage.england.nhs.uk/>

The Department of Health and NHS England websites also include responses to closed consultations.

3.3 **Department of Health and Social Care**

Access to all government departments and many other agencies and public bodies have been merged into GOV.UK

Here you can see all news and communications, statistics and consultations. Find out how government services are performing and how satisfied users are <https://www.gov.uk/>

4. Section B: Gloucestershire Clinical Commissioning Group (GCCG) primary medical care commissioning update

These items are for information and noting.

4.1 Winter Access Fund

In October 2021 NHSE/I announced their “Plan for Improving Access and Supporting General Practice” to include a new £250m Winter Access Fund.

In response to NHSE GCCG submitted a Winter Access Plan as a whole Gloucestershire narrative that covers all 71 practices in the county to allow us to access our share of the Winter Access Fund (c£2.7m). This is an optional rather than mandated programme and we expect to hear the outcome in mid-November. In the meantime, our practices remain committed to delivering the highest level of service to their patients.

4.2 Primary Care Network Directly Enhanced Service (PCN DES)

The new ‘in year’ variation of the Network DES contract went live in October 2021. From 1st October 2021 the revised contract included the ‘CVD Prevention and Diagnosis’ & ‘Tackling Neighbourhood Health Inequalities’ specifications. These will be followed by a gradual introduction of the two remaining specifications ‘Personalised Care’ in April 2022 and ‘Anticipatory Care’ by September 2022.

New Investment and Impact Fund (IIF) indicators for the remainder of 21/22 also went live on 1st October alongside detail of additional IIF indicators to commence in 22/23. Nationally delivery of these indicators is worth £150m to PCNs in 2021/22 and £225m in 2022/23.

As reported previously the variation to the PCN DES confirmed the new investment in PCN leadership and management support, which nationally is worth £43m in 2021/22 and will be used by Clinical Directors to create new capacity to support the work of the PCN. The PCN requirement to deliver a single, combined extended access offer funded through the Network Contract DES has been postponed until October 2022, with further details awaiting publication.

At the end of October all 15 Gloucestershire PCNs had successfully submitted their 2022/23 to 23/24 Additional Role Reimbursement (ARR) Workforce Plans to meet national requirements.

4.3 **Integrated Locality Partnerships & Population Health Management**

The six Integrated Locality Partnerships (ILPs) in Gloucestershire continue to meet regularly as a group of partners and community stakeholders with the aim of collectively delivering agreed priorities in each geography. Several ILPs are in the process of reviewing their priorities to agree new cohorts for intervention or consolidating and reprioritising existing areas of focus in line with updated data and local intelligence about population need. As an example, the Forest of Dean ILP held a workshop session to review population health data and have determined three key areas for further review and refinement. The areas under consideration are substance abuse, pre-diabetes and Type 2 Diabetes and Ageing Well including: frailty, dementia, carers and social isolation. Additionally, FOD ILP members will continue their already identified work with Children and Young People.

A Place Based Partnership Transition Group has been established to manage this workstream as part of the ICS Transition programme. The group, which met for the first time in October 2021, has wide senior system representation and will additionally agree and have oversight of the strategy for ILP development beyond April 2022.

Population Health Management (PHM) Champions continue to provide clinical leadership to one or more ILP priority working groups in their respective localities. Most are now looking at ways of supporting greater uptake of PHM in Primary Care to more effectively deliver existing priorities such as those related to the PCN DES. Greater support is being offered to PHM Champions including links with Locality Management and Business Intelligence colleagues.

4.4 **Workforce support and development**

Working with the Social Prescribing Link Worker (SPLW) GP lead and Ambassadors, the Primary Care Training Hub (PCTH) has set up supervision provision for all SPLW's within the county. Supervision was identified as a key area of support in a recent SPLW survey and will support retention in role in addition to SPLW wellbeing. Supervision will be provided monthly on a one to one and group basis for any SPLW wishing to engage. The supervision is being provided by a number of psychotherapists with a specialism in both Adult and Children and Young People's support. Regular review and evaluation are included. Discussions are underway on how SPLW supervision will be provided longer term with potential for either Mental Health Practitioners or Occupational Therapists to facilitate this.

The PCTH recently issued an annual Workforce Survey to all individual practices. The survey focuses on a number of areas and is designed to understand upcoming workforce challenges including the range of practice roles, vacancies, number of leavers and planned retirements. In addition, questions around sickness and workforce challenges related to the COVID-19 pandemic were included. The outcomes of the survey will support delivery of a robust workforce strategy noting identified areas of risk.

Gloucestershire PCTH was successful in securing 100% of Health Education England (HEE) Continuing Professional Development funding for PCNs for Nursing and Allied Health Professional training and development. The PCTH is in the process of distributing funds to PCNs and will be reporting back to HEE on PCN usage quarterly. CPD funds from last year were used to provide a very successful and well attended sexual health training programme for nursing staff with remaining funding being used to deliver additional courses in early 2022.

The PCTH is continuing to progress development of a local Additional Role Reimbursement (ARR) educational programme, which will go live from early 2022. A key objective will be to create interest in ARR roles not yet recruited (or where only low numbers are in post) via increased understanding of the roles' potential, scope and how these will work with existing ARR roles in practice. Our initial focus will be on Personalised Care roles, in particular Health and Wellbeing Coaches, working with Healthy Lifestyles Gloucestershire to outline opportunities.

The CCG's workforce team is in the process of developing a specification for Gloucestershire's GP Flexible Pool. The ambition for these flexible staff pools is to increase capacity in general practice and create a new offer for local GPs (and in future other Primary Care staff) wanting to work flexibly. Other benefits include easier access to temporary staff, less burdensome sourcing and booking arrangements, peer support, mentoring and a digital solution 'enabler'. Whilst Gloucestershire established a flexible staff pool to support the COVID-19 vaccination programme in Local Vaccination Sites and has a commissioned Parachute Nursing Service and a Parachute Pharmacy Service we don't yet have a fully functioning Flexible Pool. Requirements for the GP Flexible pool have been developed in conjunction with local Locums and practices and an invitation to tender will be issued in the coming weeks with the ambition to have the pool in place early in 2022.

4.5 Primary Care estate

Construction work is now underway on Stroud's new medical centre, which will deliver GP services to more than 15,000 patients in the heart of the town. This is a £6.5m total refurbishment and partial rebuild of a retail unit on King Street. It will house what is now Stroud Valley Family Practice and Locking Hill Surgery, who hope to merge contractually to form Five Valleys Medical Practice from April 2022. The facility will also include a pharmacy and additional space for a range of other health and service providers. The building is expected to open by the Autumn of 2022.

4.6 Care Quality Commission (CQC) for General Practice, mergers and changes to Primary Care Networks

CQC is currently carrying out a review of services at Brockworth Surgery and Cirencester Health Group and will publish reports once their reviews are completed.

As mentioned above, Stroud Valley Family Practice and Locking Hill Surgery are working on a merger and aim to become Five Valleys Medical Practice from 1st April 2022.

5. Section C: Local Providers' updates

This Section includes updates from Gloucestershire Health and Care Services NHS Foundation Trust (GHC) and Gloucestershire Hospitals NHS Foundation Trust (GHT)

These items are for information and noting.

5.1 Gloucestershire Health and Care NHS Foundation Trust (GHC)

5.1.1 Forest of Dean Community Hospital Update

A full planning application has been submitted for a new community hospital for the Forest of Dean. This follows feedback from the Forest of Dean community and colleagues across the NHS as well as ongoing discussion with site neighbours and further work on the design and materials. The application was submitted to Forest of Dean District Council on Friday 8 October.

The ward is made up of single rooms with *en suite* facilities to minimise the risk of cross-infection and maintain infection control standards, and a purpose-built therapy gym for rehabilitation. The design includes a Minor Injuries unit with separate adult and children waiting areas, x-ray, radiology and ultrasound services, consulting and treatment rooms for outpatient clinics, a children's clinic area, endoscopy suite and clinic space for dentistry and podiatry. The hospital is also being designed with a focus on sustainability – aiming at an Excellent rating using the construction industry's BREEAM standards – to help reduce energy consumption and support an NHS ambition of net zero carbon emissions.

5.1.2 International Nurses Join Trust

An international recruitment drive has led to 40 new nurses joining our Trust. The nurses, who are either already working in or due to arrive at our Community Hospitals, are all experienced, having previously worked in hospitals in locations including India, the Philippines, the Cayman Islands and Malta.

They have been recruited through a scheme, supported by NHS England, which ensures the process is ethical and that nurses are not being recruited from countries where they have their own shortage of qualified staff. The nurses are all trained and experienced nurses in their home countries, and when they join the Trust, they are supported with accommodation for their first 12 weeks and given a full induction programme. If they pass their objective structured clinical examination (OSCE), which the scheme also pays for, they are then able to obtain their PIN via the Nursing and Midwifery Council and are given support in finding their own accommodation, as well as ongoing pastoral support.

5.1.3 **Success in Apprenticeship Awards**

The Trust enjoyed a hugely successful night at the Gloucestershire Live Apprenticeship Awards, scooping five prizes in total, including the Employer of the Year Award.

We were proud to see Apprentice Healthcare Assistant Zoe Carter take home two awards – Outstanding Apprentice of the Year in the Health, Wellbeing, Care and Education category and the Gloucestershire Apprentice of the Year Award. As well as celebrating Zoe’s double success, we were thrilled to see Apprentice Learning and Development Administrator Evie England pick up the Outstanding Apprentice of the Year (Business, Administration and Finance) Award. Huge congratulations also go to Elle Yemm, Apprentice Administrator for the Immunisation Team, who was shortlisted for the same award. Finally, a huge well done to Apprenticeship Lead Stacey Robinson, who took home the award for Outstanding Contribution to Apprenticeships.

5.2 **Gloucestershire Hospitals NHS Foundation Trust (GHT)**

5.2.1 **COVID-19 UPDATE**

Operational Context

Both hospitals remain extremely busy with activity in urgent and emergency care more redolent of winter months. Unfortunately, the recent rise in COVID-19 related hospital admissions resulted in a return to our COVID-19 “surge response”. This included three wards being designated for COVID-19 patients and, regrettably, the cancellation of some routine surgery. Positively, as community rates have started to fall so too have COVID-19 related hospitalisations to both wards and our critical care unit although there has been no abatement in non-COVID activity levels.

Despite the challenges described above, one of our key priorities remains to ensure that patients who are clinically urgent, continue to be operated upon and our positive track record in respect of cancer surgery remains.

The majority of those admitted with COVID-19 are either unvaccinated or have waning antibody levels pending their booster vaccination; both of these factors confirm the ongoing pivotal role of vaccination against COVID-19. To date, we have had no critical care patient die who was fully vaccinated.

Visiting changes

As a result of the rise in community and hospital cases, we reluctantly took the decision to curtail visiting, with the exception of maternity and paediatrics. All patients will continue to have daily access to visitors but on a slightly more restricted basis and all visitors will be asked to confirm their negative LFT status and to only visit if they are double vaccinated and, where eligible, boosted. Families and other visitors continue to be very supportive of this flexible approach.

Elective Care

Positively elective activity levels remain strong compared to other Trusts in the region with the Trust continuing to outperform most other systems both with respect to activity volumes and the numbers of long waiting patients. The numbers of patients waiting more than 52 weeks for their care has reduced by over 50% since March 2021 and is now the second lowest in the Region in percentage terms at 2.66% of the total waiting list, after Swindon at 2.38%. The greatest percentage is 10.51%.

The Trust also has particularly strong performance in respect of diagnostic imaging waits – being one of only a handful of Trusts nationally achieving the standard of offering imaging to 99% of patients within 6 weeks of referral. This is testament to strong performance during the pandemic period and the continued hard work and commitment of staff across the organisation. There has been a small increase in the number of cancer patients waiting more than 62 days from referral to first treatment and all teams continue to prioritise this group of patients; this is attributable to a number of factors including the ongoing, although improving, impact of the deployment of the new TrakCare Laboratory Environment (TCLE) on histopathology turnaround times. We are now back to “business as usual” but it will take 62 days for these benefits to be seen in the waiting time data.

Vaccination Booster Programme

The COVID-19 booster programme is now well under way. The number of eligible people will continue to increase as more reach the six-month milestone. At present there are approximately 75,000 people eligible for their booster and 64.3% have taken up the offer – this is lower than we would like to see and reflective of slower uptake than we saw in the initial programme. Improving uptake of the booster is critical and the Trust is working hard to ensure all staff who are eligible for a booster have easy access to it.

Of the nine priority groups, uptake has been slowest in those that are considered at risk due to underlying health conditions, as opposed to age, and this group are being actively encouraged to present; we are also investigating ways in which we can offer the vaccine to patients who present and are unvaccinated or due to receive their booster. The highest uptake has been amongst the 80+ age group and health and social care workers.

Finally, the Government has recently confirmed its intention to make the requirement for NHS and wider social staff to have completed their vaccination programme mandatory with effect from the 1st April 2022. This mandate applies to all staff, clinical and non-clinical, who are in contact with patients either in hospitals, the community or their own homes. Plans are in train to ensure that the Trust limits the impact of this mandate on our workforce.

5.2.2 Key Highlights

To align with the COP26 conference in Glasgow, the Trust has its own Green Plan earlier this month. The Plan was developed through the partnership

between the Trust and its subsidiary Gloucestershire Managed Services. The Trust has also been invited to join a new county-wide initiative Climate Leadership Gloucestershire.

The links between human health, climate change and biodiversity loss are clear, and the NHS has a responsibility to take action. In December 2019 Gloucestershire Hospitals was one of the first NHS organisations to declare a Climate Emergency and it is committed to doing everything it can to address this for the benefit of patients, colleagues and local communities. Last year we secured an additional £13m of national (non-NHS) funding to further our green agenda and have bid again, this week, for a further £7m.

5.2.3 Awards

One Gloucestershire are one of five systems who have been shortlisted in the ICS of The Year category at this year's Health Service Journal Awards. In addition, the Trust Finance Team (who recently won Regional Finance Team of the Year) has been shortlisted for the National Finance Team of the Year having won the South West Regional Awards last month.

5.3 South Western Ambulance Service NHS Foundation Trust (SWAST)

5.3.1 Flu and COVID-19 vaccination programmes

As at 18 November 2021, 3,504 SWASFT staff and volunteers have accessed their flu vaccination and 5,817 have received both doses of the COVID-19 vaccine through dedicated Trust clinics across the South West. Flu clinics will continue until the end of November, with COVID-19 booster vaccination clinics available until 16 December 2021.

5.3.2. SWASFT staff award ceremonies

Throughout November and December 2021, the Trust is pleased to be hosting award ceremonies to recognise colleagues for their incredible achievements over the last two years. The 2020 ceremony was postponed due to the COVID-19 pandemic and, with strict infection control measures in place including lateral flow testing and the wearing of masks, we have finally been able to come together to celebrate their hard work, dedication and compassion.

5.3.3. Body worn video for front line colleagues

The Trust is continuing to experience an extremely high number of incidents of violence and aggression towards our staff. Body worn video is now available across the Trust for front line colleagues to wear a camera whilst on shift to act as deterrent and allow them to provide vital evidence to help bring perpetrators to justice when they are a victim of violence or abuse.

5.3.4. Funding to benefit the wellbeing of our people

In September 2021, the Trust was granted funding from NHS England and Improvement to directly invest in the wellbeing of our people. After a period of consultation with our people and much deliberation on how best to use these funds to benefit them, we announced five areas we would be using the funds for:

1. 'Welfare trolleys' for our clinical hub staff, providing refreshments and information on wellbeing initiatives and support available.
2. Lunch cooler bags for our front-line staff so they have access to their own food whilst on shift, if they are unable to return to station for their break.
3. A Sports and Recreational Fund for teams, departments and individuals across the Trust to apply for funding to develop sports teams and clubs in their local areas, as well as access to other wellness activities such as yoga and gym sessions, and assisting the development of a blue water therapy pilot for colleagues.
4. Supporting the relaunch of the Trust's Peer Support Guardian network for our PSGs to be better equipped to support colleagues.
5. The recruitment of a dedicated Health and Wellbeing lead to work on projects to embed proactive and preventative support throughout the organisation.

5.3.5. Support from Fire and Rescue Services

Since the start of the pandemic the Trust has been grateful to colleagues in local Fire and Rescue services who have helped with increasing levels of demand on our service by driving ambulances.

5.3.6. Virtual Restart a Heart Day 2021

On 16 October 2021 the Trust took part in Restart a Heart Day; an annual campaign which raises awareness about cardiac arrest and helps people to learn CPR, giving them lifesaving skills and the confidence to use them. The Trust published a range of CPR training videos and inspiring patient stories across our social media channels throughout the day including how to perform CPR on an adult, child and baby respectively.

5.3.7. South Western Ambulance Charity updates

NHS Charities Together funding: The charity has been working closely with Trust colleagues to ensure the NHS Charities Together funding is being deployed across the South West region.

- Lifting devices to enable CFRs to assist patients who have experienced a non-injury fall, have arrived and will soon be distributed. Enhanced observation equipment is on order and will enable us to support CFR groups with items such as pulse oximeters and BP monitors.
- Dedicated cars for CFRs and Crew Welfare Vehicles are being leased and should be with us from April 2022.
- Working with colleagues from the Trust Staying Well Service, we have supported the appointment of mental health support workers, actions for people suffering disproportionately from COVID and specialist staff forums such as the Gender Equality Network.

- A range of new digital resources have been filmed and made available to support the 'Saving Lives
- Together' and 'Restart A Heart' campaigns, to increase early intervention for 'out of hospital' cardiac arrests.

Fabulous fundraisers

A host of incredible fundraisers have raised between them many £1000s to enable the Trust to go the extra mile for our exceptional staff, fundraising heroes and the communities that SWASFT serves. These phenomenal fundraisers have been running in Half Marathons and the (Virtual) London Marathon, wing-walking (at 75 years old!), cake baking, holding NHS Big Tea parties, sponsored walking, cycling, sky-diving and more.

Outrun an ambulance

This is a virtual event that challenges competitors to conquer the mileage an emergency ambulance covers in one shift – they can run, walk, scoot, swim, cycle or self-propel in any other way they choose. After the initial success with this event in 2021, the Trust is launching it again in early 2022, but now as a national campaign uniting six of the regional ambulance charities in our first collaborative fundraising event.

Driving success

The Trust has continued to support the SWASFT Crew Welfare Car initiative, providing hard-working staff with tea, coffee and biscuits during their hospital handovers. Refreshments have been funded by a grant from NHS Charities Together and donations received from local organisations. The Charity has provided bursaries that enabled some CFRs to take their C1 driving test and progress into roles as Emergency Care Assistants (ECAs).

Gifts galore

The ongoing COVID-19 pandemic drove companies to donate large numbers of food and drink gifts for people which the charity helped to distribute – all gratefully received.

Thank you to all the fundraisers and supporters!

5.3.8. Community First Responders

- 506 Volunteer Community First Responders
- 53 ECA Community First Responders
- 6 Tri Service Safety Officers
- 63 Clinical Staff Responders (Paramedics/Technicians)
- 247 of the Community First Responders have also been trained in falls, supporting patients with non-injury falls.

Crew Welfare Car

SWAST asked our local Community Responder teams to support with staffing welfare cars. The welfare cars are providing much needed support for the

paramedic crews waiting to handover patients outside busy Emergency Departments. They are providing both refreshments and an element of emotional support for our frontline colleagues.

This initiative was received well by crews who have gone out of their way to pass on their thanks to the responders and the South Western Ambulance Charity. This initiative has provided an opportunity for them to maintain contact with the frontline crews. The scheme was then extended during the continued pressures.

The hospitals covered are:

Bournemouth, Bristol Royal Infirmary, Southmead, Derriford, Dorchester County Hospital, Gloucestershire Royal Hospital, Great Western Hospital Swindon, Royal United Hospital Bath, Poole General Hospital, Royal Cornwall Hospital Trust.

Our volunteers have provided a total of 4721 hours across all cars since May 2021. Welfare Stations have also been set up in both Bristol and Exeter Clinical Hubs.

5.3.9 Trust Award Ceremonies

The Trust is pleased to report that the work of the Responders has once again been recognised. The following Commendations are to be awarded in 2021:

Chief Executive Commendation 2020

- Pete Otley, Bow, Devon
- Mike and Ruth Read, Lechlade, Gloucestershire
- Alex Easton, Chew Stoke, Bristol and Somerset
- Chris Lamb, Wimborne, Dorset
- Nigel D'Arcy, Hayle, Cornwall
- Robert Faulkner, Swindon, Wiltshire

Chief Executive Commendation 2021

- Jack Bushnell, Penzance, Cornwall
- Andrew Painter, Holsworthy, Devon
- Geoffrey Edwards, Braunton, Devon
- Nigel Toms, Modbury, Devon
- Duncan Massey, Congresbury, Bristol and Somerset
- Caroline Cook, Coalpit Heath, Gloucestershire
- Geoff Bell, Frampton Cotterell, Gloucestershire
- Brian Penny, Midsomer Norton, Wiltshire
- Justin Batstone, Wimborne, Dorset

CFR Group Award 2020

- Great Torrington, Devon
- Quedgeley and Tuffley, Gloucestershire
- Lulworth, Dorset
- Bude, Cornwall
- Salisbury, Wiltshire

CFR Group Award 2021

- Bishops Cleeve, Gloucestershire
- Croyde, Devon

Long Service Certificates

2020

- 10 Years – 5 CFRs
- 15 Years – 10 CFRs

2021

- 10 Years – 23 CFRs
- 15 Years – 14 CFRs
- 20 Years – 3 CFRs

6. Recommendations

This report is provided for information and HCOSC Members are invited to note the contents.

Dr Andrew Seymour
Clinical Chair
NHS Gloucestershire CCG

Mary Hutton
Accountable Officer
NHS Gloucestershire CCG

25 November 2021