

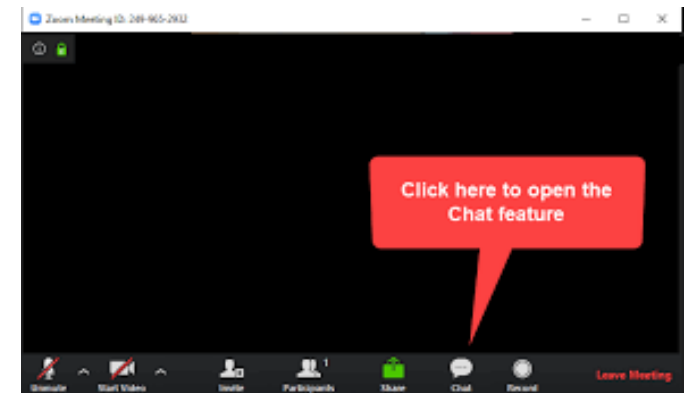
Please follow the instructions below

Please can you make sure you are on **mute** as you join the call



Write in the **chat room** your name, your care home and location

The care home support call will start promptly at **10.30** am

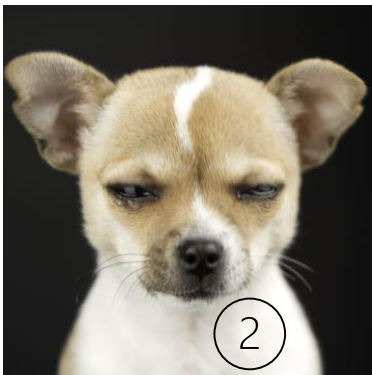
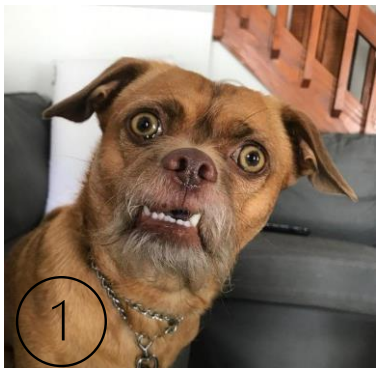




GSF Care Homes COVID -19 Support Call 9

Monday 24th May 2021
10.30 -11.30 am

Julie Armstrong Wilson & Ginny Allen,



Plan

1. Welcome and Introduction

2. Update –

- Vaccinations
- Long Covid
- Lateral Flows
- Face masks
- Post Lockdown

3. Wellbeing

4. Next Support Call

Media Headlines



Summary

- More than 50m Covid jabs have now been delivered in England, Health Secretary Matt Hancock says
- Surge testing has begun in parts of west London and North Tyneside, and is already under way in other parts of England
- The UK reports another six Covid deaths on Saturday, and 2,694 more cases
- From Sunday, people travelling from the UK will not be allowed to enter Germany
- The decision is down to a rise in cases of the Indian variant in the UK
- German citizens and residents, plus people with an exceptional reason, can still enter - but face a two-week quarantine
- In England, those aged 32 and 33 can book in for their first vaccine from today

Media Headlines



WHO- Global view

Globally, as of 2:08pm CEST, 11 April 2021, there have been 134,957,021 confirmed cases of COVID-19, including 2,918,752 deaths, reported to WHO. As of 8 April 2021, a total of 669,248,795 vaccine doses have been administered.

Global Situation

134,957,021

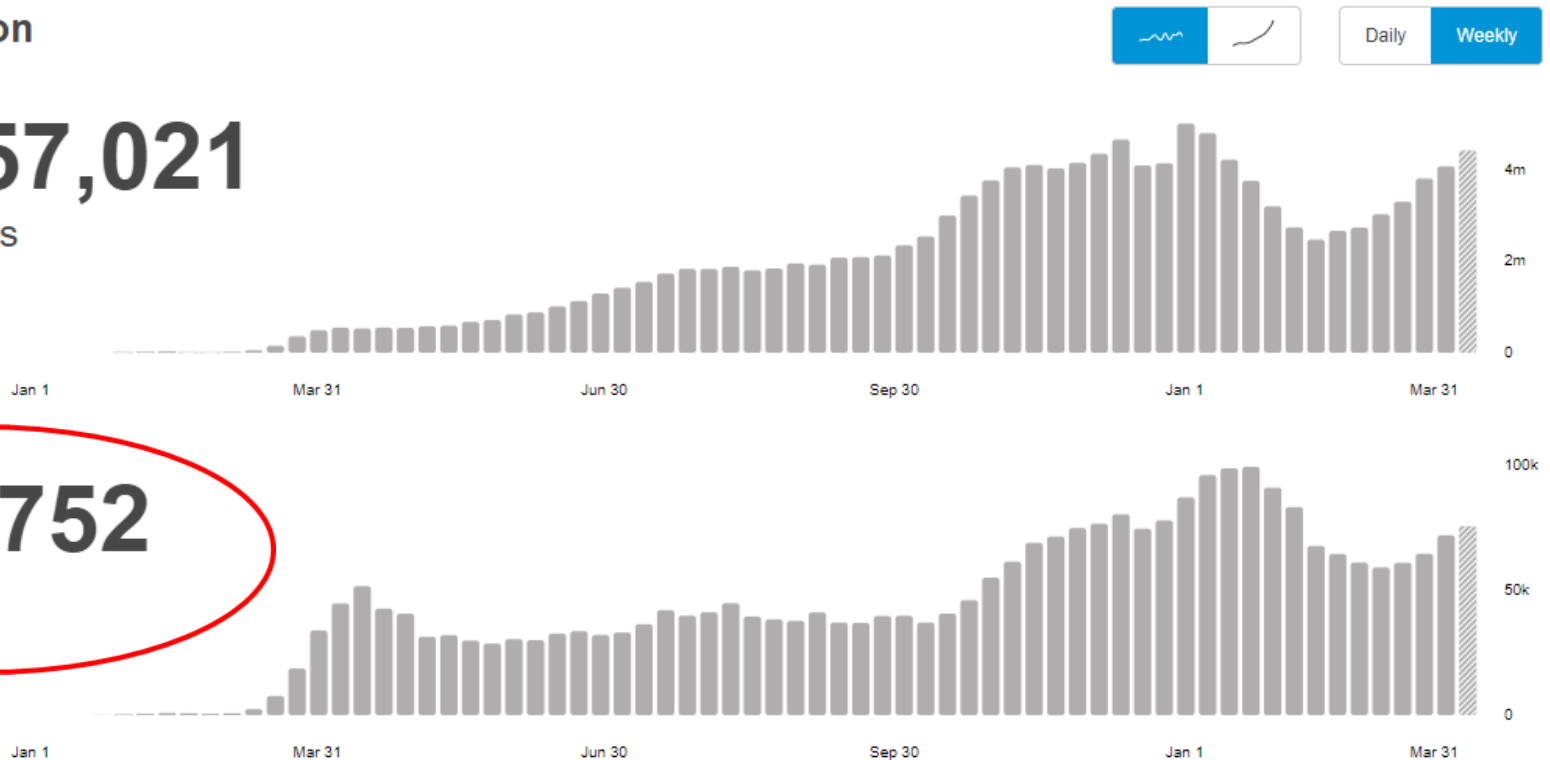
confirmed cases

2,918,752

deaths

Source: World Health Organization

Data may be incomplete for the current day or week.



WHO- Global view

Globally, as of 3:28pm CEST, 19 May 2021, there have been 163,869,893 confirmed cases of COVID-19, including 3,398,302 deaths, reported to WHO. As of 18 May 2021, a total of 1,407,945,776 vaccine doses have been administered.

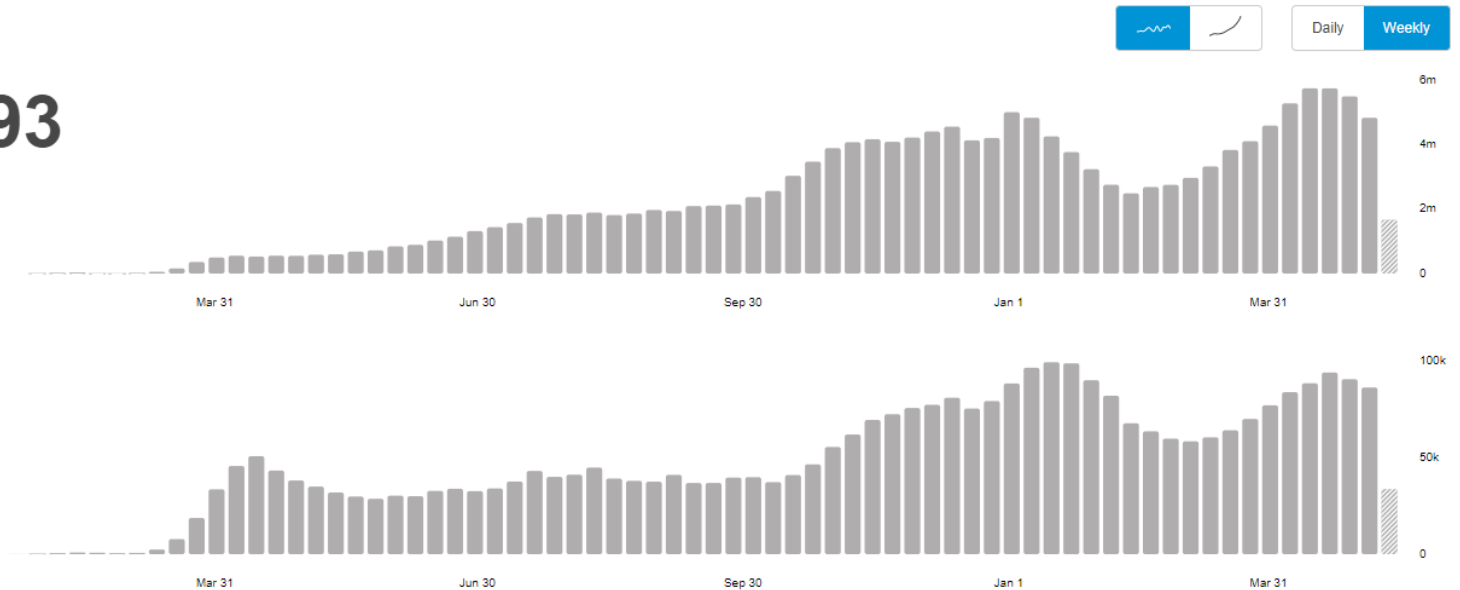
Global Situation

163,869,893
confirmed cases

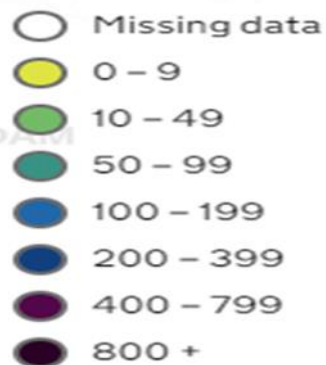
3,398,302
deaths

Source: World Health Organization

▨ Data may be incomplete for the current day or week.



UTLA rate



Gateshead

Seven days to 06 April 2021

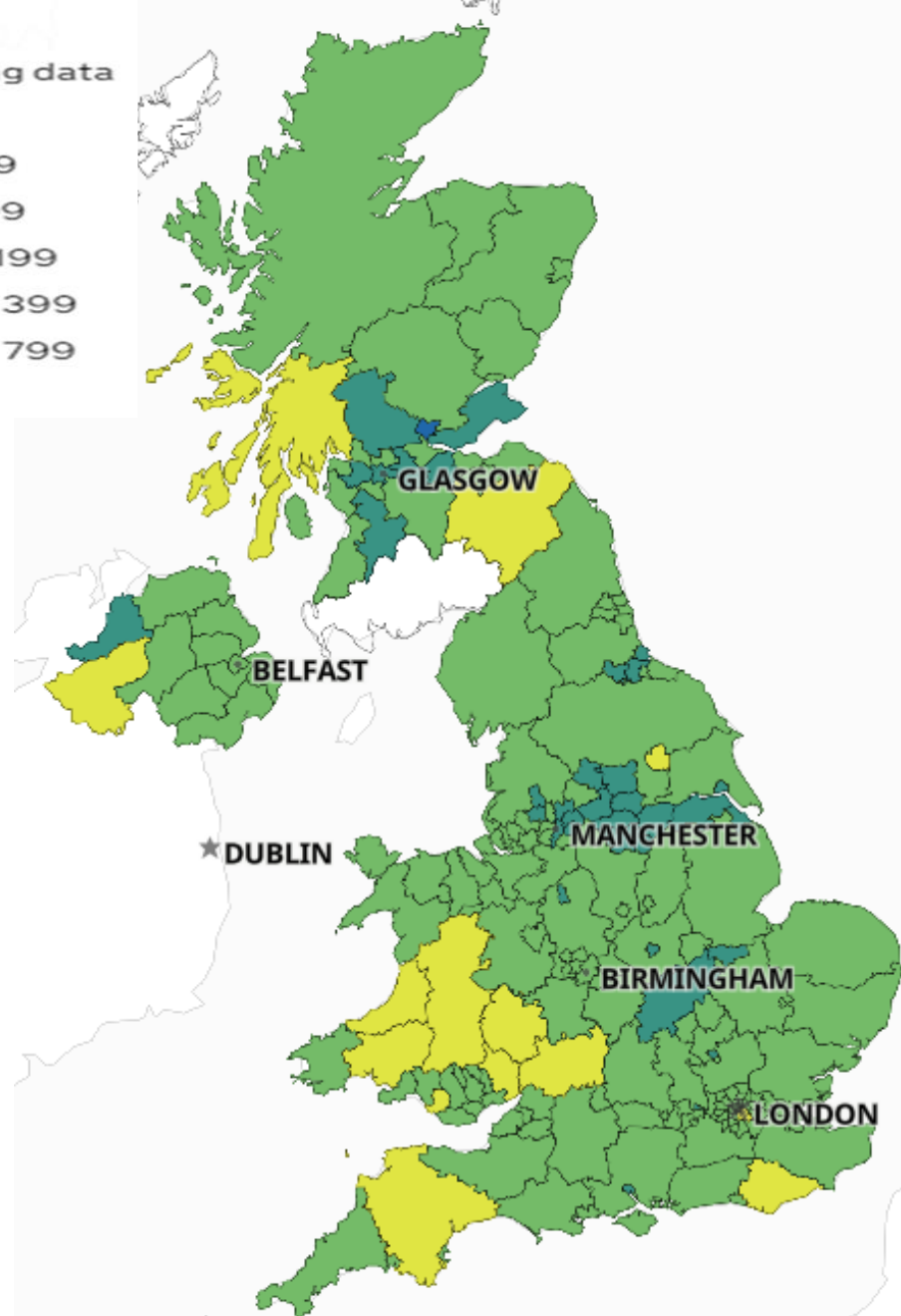
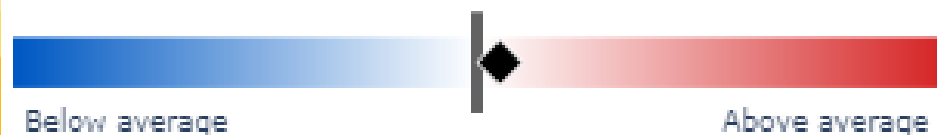
Total cases

50 ↓ -40 (-44.4%)

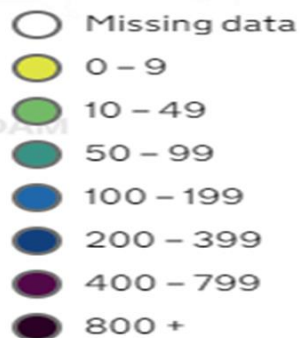
Rolling rate

24.7

Case rate compared to
the UK average



UTLA rate



Gateshead

Seven days to 15 May 2021

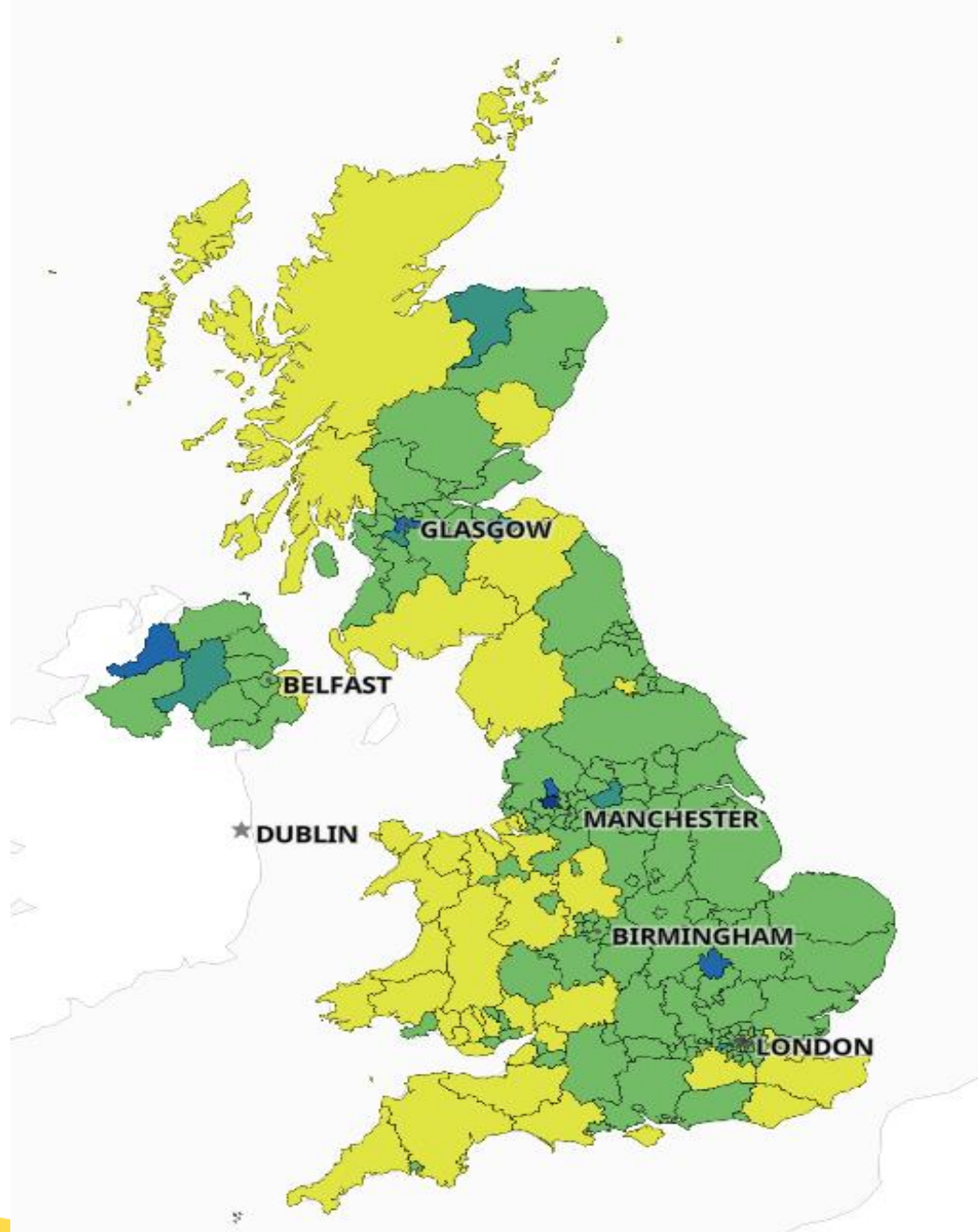
Total cases

26 ↑ 2 (8.3%)

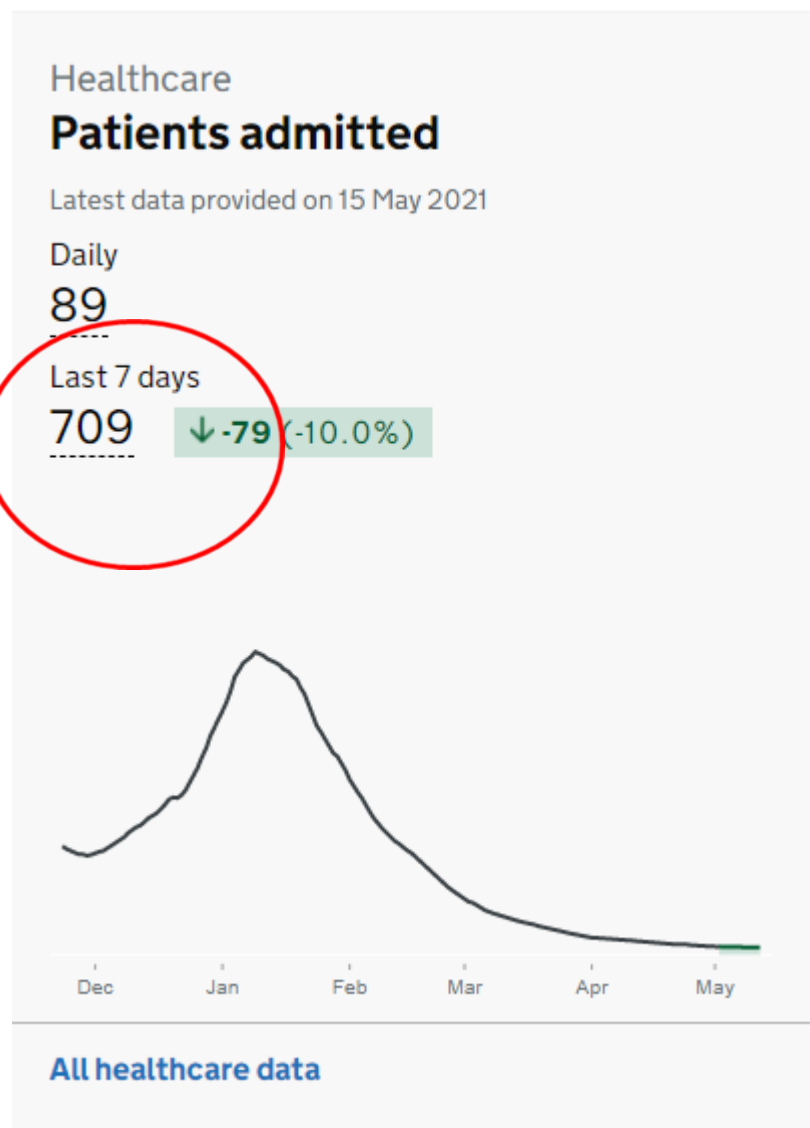
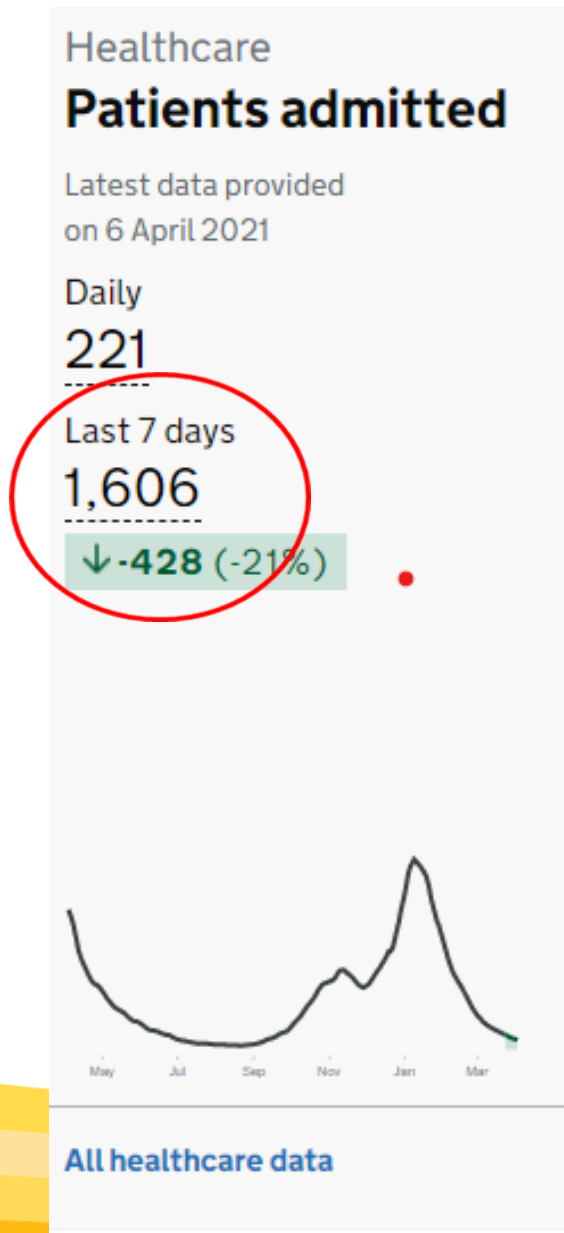
Rolling rate

12.9

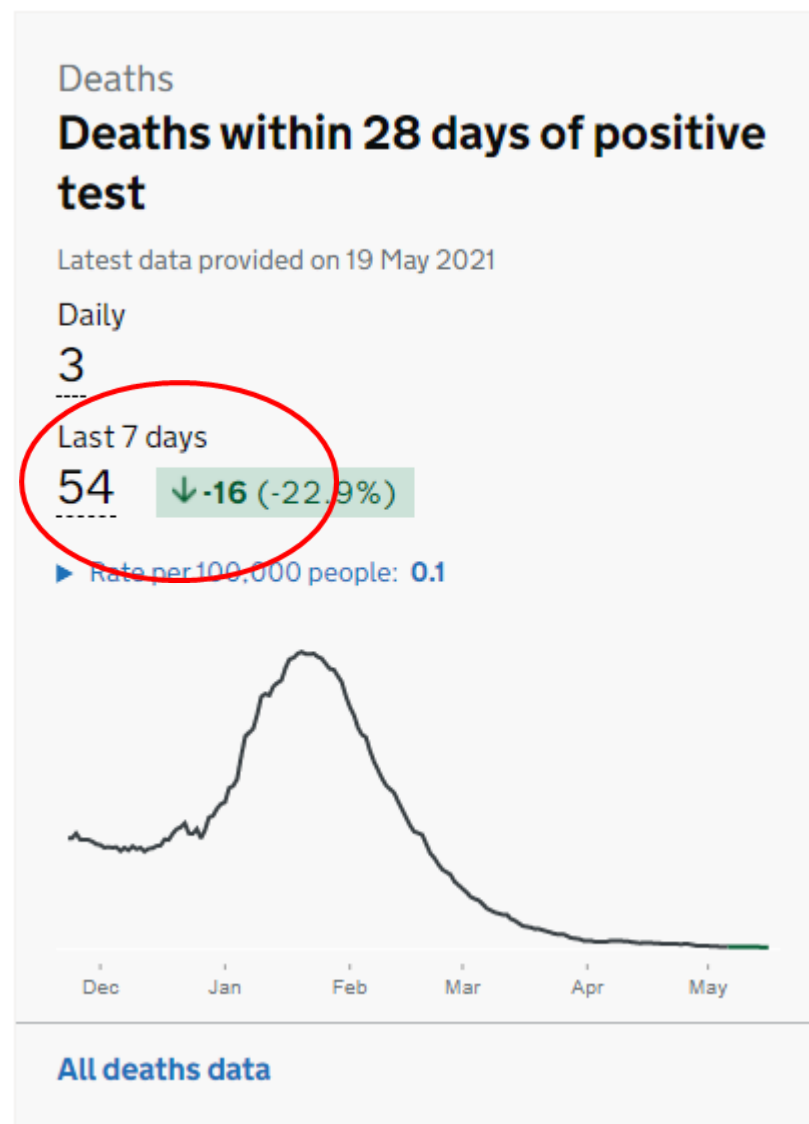
Case rate compared to
the UK average



P.H.E. data from our last call/and current – admissions



P.H.E. data from our last call/and current - deaths



Restrictions eased for care homes

- 5 named visitors –
Max. of 2 visitors at
any one time



- Self isolation, of residents, no longer required following visits
- Visits will only pause for a minimum of 14 days rather than 28 days following an outbreak

https://www.gov.uk/government/news/more-restrictions-eased-for-care-homes?_cldee=Z2lubnkuYWxsZW5AZ3NmY2VudHJlLnVr&recipientid=contact-3fa0309587f5e91180e0005056877cb9-d383175eb387464f8cee9bbb75b7e613&esid=09f0fcf8-28b3-eb11-8236-000d3a87404a

Mandatory Vaccination of health and social care workers



- Making covid-19 vaccination a contractual requirement for all staff
- The low take-up of the jab, has been highlighted when 23 cases of the South African variant were detected in a south London care home: of the 13 staff infected, only one had had a single dose of vaccine. (BBC News 2021 Apr17)
- Experts on the SAGE Social care working group advised that 80% of staff and 90% of residents would need to be vaccinated to provide a minimum level of protection against outbreaks of covid-19, but only 53% of older adult care homes in England currently met this threshold.
- Health secretary, Matt Hancock. He confirmed that the government was considering making covid-19 vaccinations mandatory for care homes staff

Poll

Do you think having the covid-19 vaccine should be a mandatory requirement for all staff to have?

Yes or No



Open consultation

Making vaccination a condition of deployment in older adult care homes

Updated 18 May 2021

Contents

COVID-19 vaccination
programme

Uptake of vaccination in older
adult care homes

What the government has done
to encourage uptake

Policy intention

Proposed legislative change

Older adult care homes

Persons requiring vaccination

Exemptions

Implementation

The role of the Care Quality
Commission

Impact and implications of the
policy

Appendix A: proposed additional

COVID-19 vaccination programme

1. The COVID-19 vaccination programme is the biggest vaccination programme in NHS history. As of 7 April 2021, almost 27 million people have had their first COVID-19 vaccine dose in England^[footnote 1]. All people living in care homes, staff, health and social care workers, people aged 50 and over, and the clinically extremely vulnerable have been offered a vaccine. These groups account for 99% of deaths from COVID-19, meaning potentially thousands of lives will be saved. Analysis carried out by Public Health England suggests that the COVID-19 vaccination programme prevented 6,100 deaths in England up to the end of February 2021. The UK's [COVID-19 vaccines have been approved by the MHRA](#) as being safe and effective in reducing the likelihood of COVID-19 infection and preventing severe disease in those who do catch the virus.

2. There is [evidence to suggest that the vaccine also prevents those who catch the virus from infecting other people](#) too, preventing the spread. The SIREN study provides strong evidence that vaccinating working age adults will substantially reduce asymptomatic and symptomatic SARS-CoV-2 infection and therefore reduce transmission of infection in the population. This study has shown an effectiveness

<https://www.gov.uk/government/consultations/making-vaccination-a-condition-of-deployment-in-older-adult-care-homes/making-vaccination-a-condition-of-deployment-in-older-adult-care-homes>





Consultation: Making vaccination a condition of deployment

- To increase vaccine, take up, the government is considering amending the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- This would mean older adult care home providers could only use those staff who have received the COVID-19 vaccination (or those with a legitimate medical exemption) in line with government guidance.
- A consultation has been launched to seek your views. The deadline for responding is Friday 21 May 2021.

Find out more and complete the survey

<https://consultations.dhsc.gov.uk/making-vaccination-a-condition-of-deployment-in-older-adult-care-homes>

Ethnic differences in SARS-CoV-2 vaccine hesitancy in United Kingdom healthcare workers: Results from the UK-REACH prospective nationwide cohort study

- Nationwide prospective cohort study and qualitative study in a multi-ethnic cohort of clinical and non-clinical UK HCW
- 11,584 HCWs included in the cohort analysis. 23% (2704) reported vaccine hesitancy. Compared to White British HCWs (21.3% hesitant), HCWs from Black Caribbean (54.2%), Mixed White and Black Caribbean (38.1%), Black African (34.4%), Chinese (33.1%), Pakistani (30.4%), and White Other (28.7%)
- . Other independent predictors of hesitancy were younger age, female sex, higher score on a COVID-19 conspiracy beliefs scale, lower trust in employer, lack of influenza vaccine uptake in the previous season, previous COVID-19, and pregnancy.

UK Vaccine Hesitancy in Health Workers

<https://www.medrxiv.org/content/10.1101/2021.04.26.21255788v1.full.pdf>



"I've not had the vaccine and I don't plan to have it...I had concerns it is developed too quick...So I was hesitant, although I was offered working in the health environment."

[Participant 21, Project Manager]

"You had the politicians, then you had the scientists at times conveying very confusing messages...the guidance was being changed, we had uproars with regards to consistency. I was hearing lots and lots of things from the point of view of, you know, not to trust the government as to what they were putting out and that there was a lot of spin on it."

[Participant 34, Consultant Specialist Psychologist]



"There are more cases of people who are showing severe signs of the disease in my ethnicity, that's the first thing. Secondly, I know a couple of friends who've got what look like long COVID now...it's not as easy as 'Oh, if you're fit and healthy you're going to be all right'. I'm not taking that for granted."

[Participant 2, Pharmacist]

"Mandatory vaccinations will only isolate people with conscientious and scientific objections, and cause those who blindly follow the powerful people to become hateful to others."

[Participant 74, Occupational therapist]

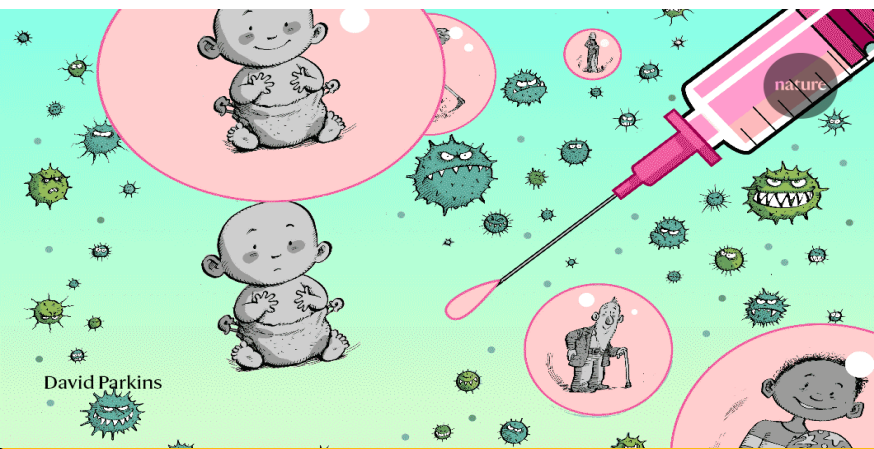
"It's a really difficult one from the point of view of persuading our ethnic minority groups, but I think we have to keep doing it and it has to be coming from us...not from the politicians say but from us."

[Participant 34, Consultant Specialist Psychologist]

Herd Immunity

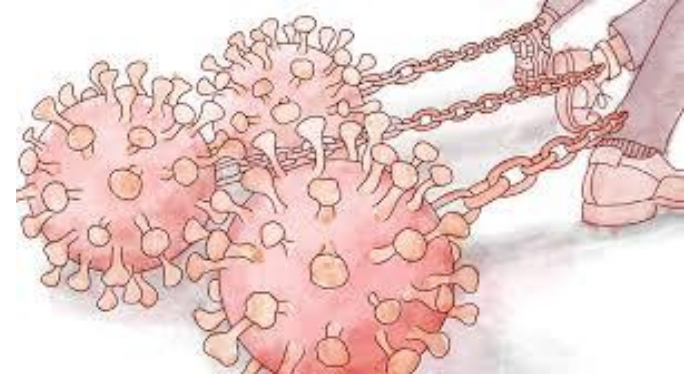
5 Things to Know

1. What Is Herd Immunity?
2. What Is the Threshold for COVID-19?
3. Does Herd Immunity Mean a Return to Normal?
4. Can We Lose Herd Immunity?
5. Is Herd Immunity Necessary to Stop the Pandemic?



David Parkins

Long Covid



- The SARS-CoV-2 pandemic in the UK has so far affected more than four million people, with more than 450,000 admitted to hospital and 30% in - hospital mortality.
<https://coronavirus.data.gov.uk/details/healthcare>
- Beneath the daily headlines of admissions, deaths, and vaccinations is, however, hidden an iceberg of long-term illness —known as long covid, post-covid syndrome, or post-covid sequelae.
- 1/3 of discharged patients were readmitted to hospital and 1/10 died. Discharged patients had higher risk of new respiratory disease (x6), major cardiovascular disease (x 3), chronic liver disease (x 2.8) chronic kidney disease (x 1.9), and diabetes (x1.5) – with risks higher in those younger than 70 and in non-white individuals (Ayoubkhani et al 2021)

Long Covid

- UK study showed that more than half of patients with covid-19 had long covid symptoms three months after discharge from hospital, with worse outcomes among those younger than 50, women, and those with higher pre-covid fitness levels. (Sigfrid et al 2021)
- As our understanding of the scale and scope of long covid improves, populations and the NHS will face a substantial burden of additional morbidity and long-term conditions as a result of covid-19



<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/11/C1248-national-guidance-post-covid-syndrome-assessment-clinics-v2.pdf>

Classification: Official

Publications approval reference: C1248



National guidance for post-COVID syndrome assessment clinics

Version 2, 26 April 2021

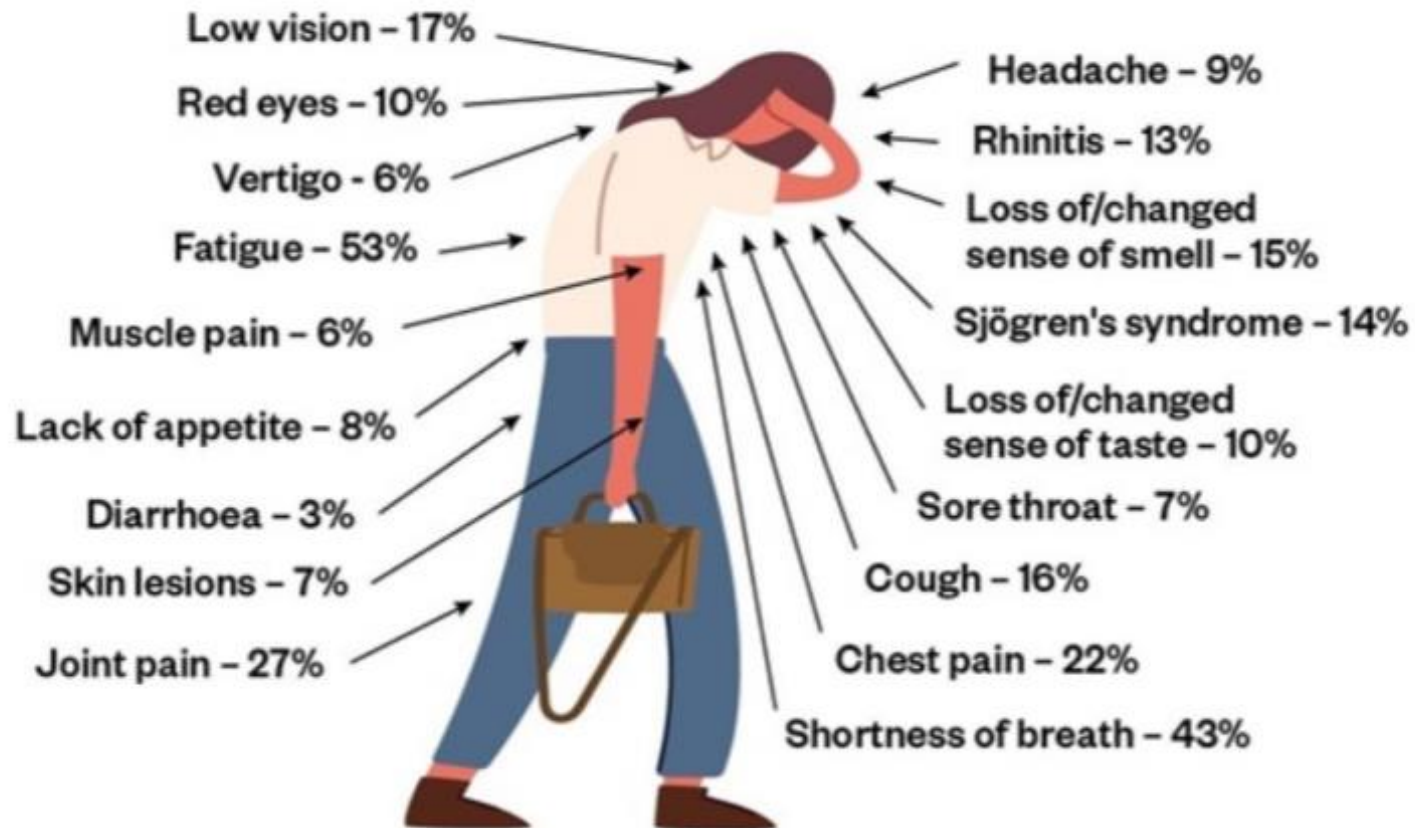


Figure: Long COVID symptoms
Source: JAMA 2020;324(6):603-605

Post-acute effects of SARS-CoV-2 infection in individuals not requiring hospital admission: a Danish population-based cohort study

Lars Christian Lund, Jesper Hallas, Henrik Nielsen, Anders Koch, Stine Hasling Mogensen, Nikolai Constantin Brun, Christian Fynbo Christiansen, Reimar Wernich Thomsen, Anton Pottegård

Summary

Background Individuals admitted to hospital for COVID-19 might have persisting symptoms (so-called long COVID) and delayed complications after discharge. However, little is known regarding the risk for those not admitted to hospital. We therefore examined prescription drug and health-care use after SARS-CoV-2 infection not requiring hospital admission.

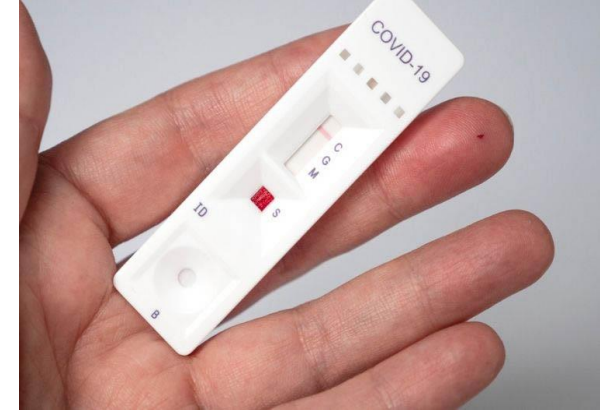
Methods This was a population-based cohort study using the Danish prescription, patient, and health insurance registries. All individuals with a positive or negative RT-PCR test for SARS-CoV-2 in Denmark between Feb 27 and May 31, 2020, were eligible for inclusion. Outcomes of interest were delayed acute complications, chronic disease, hospital visits due to persisting symptoms, and prescription drug use. We used data from non-hospitalised SARS-CoV-2-positive and matched SARS-CoV-2-negative individuals from 2 weeks to 6 months after a SARS-CoV-2 test to obtain propensity score-weighted risk differences (RDs) and risk ratios (RRs) for initiation of 14 drug groups and 27 hospital diagnoses indicative of potential post-acute effects. We also calculated prior event rate ratio-adjusted rate ratios of overall health-care use. This study is registered in the EU Electronic Register of Post-Authorisation Studies (EUPAS37658).

Findings 10 498 eligible individuals tested positive for SARS-CoV-2 in Denmark from Feb 27 to May 31, 2020, of whom 8983 (85·6%) were alive and not admitted to hospital 2 weeks after their positive test. The matched SARS-CoV-2-negative reference population not admitted to hospital consisted of 80 894 individuals. Compared with SARS-CoV-2-negative individuals, SARS-CoV-2-positive individuals were not at an increased risk of initiating new drugs (RD <0·1%) except bronchodilating agents, specifically short-acting β_2 -agonists (117 [1·7%] of 6935 positive individuals vs 743 [1·3%] of 57 206 negative individuals; RD +0·4% [95% CI 0·1–0·7]; RR 1·32 [1·09–1·60]) and triptans (33 [0·4%] of 8292 vs 198 [0·3%] of 72 828; RD +0·1% [0·0–0·3]; RR 1·55 [1·07–2·25]). There was an increased risk of receiving hospital diagnoses of dyspnoea (103 [1·2%] of 8676 vs 499 [0·7%] of 76 728; RD +0·6% [0·4–0·8]; RR 2·00 [1·62–2·48]) and venous thromboembolism (20 [0·2%] of 8785 vs 110 [0·1%] of 78 872; RD +0·1% [0·0–0·2]; RR 1·77 [1·09–2·86]) for SARS-CoV-2-positive individuals compared with negative individuals, but no increased risk of other diagnoses. Prior event rate ratio-adjusted rate ratios of overall general practitioner visits (1·18 [95% CI 1·15–1·22]) and outpatient hospital visits (1·10 [1·05–1·16]), but not hospital admission, showed increases among SARS-CoV-2-positive individuals compared with SARS-CoV-2-negative individuals.

Interpretation The absolute risk of severe post-acute complications after SARS-CoV-2 infection not requiring hospital admission is low. However, increases in visits to general practitioners and outpatient hospital visits could indicate COVID-19 sequelae.

<https://www.thelancet.com/action/showPdf?pii=S1473-3099%2821%2900211-5>

Lateral Flows



- Recent study (Tulloch et al, 2021), found that lateral flow tests did not reduce the number or scale of covid-19 outbreaks in England care homes
- In the pilot study, found that 6/11 homes had outbreaks of covid-19 and that only one had a positive result from lateral flow testing before the outbreak.
- Testing is just one tool we have – excellent infection control is equally if not more important
- A Cochrane review of lateral flow tests found that they were better at identifying covid-19 infection in people with symptoms than in those without

Face Masks



- Debates concerning the wearing of face coverings outside
- Estimates of indoor transmission risks compared to outdoors vary widely, but they are at least 4-20 times more likely than outdoor
- Situations where more infectious people share air with less dilution (wind and movement) for a prolonged time — such as in crowds and while queuing — will carry some risk of transmission
- Summer 2020 witnessed worldwide mass protests in support of the Black Lives Matter movement. At the time, many experts warned that such protests may fuel large transmission clusters for covid-19, but these fears were not realised

Face Masks

- Research (Sickbert-Bennet et al , 2021) states that wearing a medical procedure mask underneath a cloth mask provides the best improvement to 'fitted filtration efficiency (FFE).
- The results show that wearing a single procedure mask had 43-62 per cent mean FFE, depending on the brand, and adding a second procedure mask improved the FFE. Single cloth masks performed less efficiently than procedure masks, and while doubling a cotton mask improved FFE, it reduced breathability.



Relation between Vitamin D and COVID-19 in Aged People: A Systematic Review

Abstract [Vit D COVID and old people](#)

Background: A systematic review was performed on the association between vitamin D level and risk of COVID-19, adverse outcomes and possible benefits of supplementation in age 60 years or over.

Results: In total, 707 studies were identified, of which 11 observational studies were included in the final review.. In all four studies, patients with vitamin D supplementation had better rates of primary clinical outcomes (death, the severity of the disease, oxygen therapy requirement...). In studies comparing patients with&without vitamin D deficiency those without vitamin D deficiency had better primary clinical outcomes

Conclusion: This systematic review seems to support an ***association*** between vitamin D deficiency and the risk of COVID-19 in aged people. In addition, vitamin D deficiency appears to expose these subjects to a greater risk of adverse outcomes. Because of its simplicity of administration, and the rarity of side effects, including vitamin D in preventive strategies for certain viral diseases, it appears to be an attractive option.

Letter from Michelle Dyson, Director General for Adult Social Care Department of Health and Social Care

COVID-19: Deaths of employees and volunteers in the adult social care sector

Michelle Dyson, Director General for Adult Social Care, Department of Health and Social Care (DHSC) has [written to all local authorities and social care providers](#), encouraging employers to tell DHSC about the deaths of all workers in the adult social care sector, regardless of role or employer, including volunteers.

DHSC is committed to doing all it can to ensure that employers, families, and the people who they cared for are given the support they need. Completing this information ensures their response remains as effective as possible.

DHSC appreciate that this is another reporting requirement at an incredibly difficult moment for providers and have designed this process to be as light-touch as possible. If you have any queries regarding this process, please send them to ASCcovidinform@dhsc.gov.uk.

[You can read the letter here, which shares how you can submit this information.](#)

https://content.govdelivery.com/attachments/UKCQC/2021/05/13/file_attachments/1807446/Care%20Worker%20Deaths%20-%20Notifications%20Letter.pdf

1 in 5 People 'Could Struggle to Reintegrate After Lockdown'

- The study by London South Bank University (LSBU) and Kingston University was based on input from a representational cohort of 286 respondents to a survey carried out in February. The sample was equally split between genders, with a mean age of 46, warned of a long-lasting impact on mental health for 22% of people
- 54% strongly endorsed avoiding public transport because of a fear of contracting the SARS-CoV-2 virus
- 49% strongly endorsed avoiding touching things in public spaces
- 38% strongly endorsed avoiding going out to public places
- 14% strongly endorsed paying close attention to others displaying possible symptoms of the virus



Peter Russell. 1 in 5 People 'Could Struggle to Reintegrate After Lockdown' - Medscape - May 05, 2021.

Poll

Do you feel anxious or concerned about going back to 'normal'?

- Not going to change anything I do at present
- Feel really concerned
- Have some concerns
- Not worried at all

How is COVID changing practice?



Spiritual Resources During the COVID-19 Pandemic



Spiritual Care Resources

<https://hds.harvard.edu/life-at-hds/religious-and-spiritual-life/spiritual-resources-during-covid-19-pandemic>

Will we have another Lockdown?

- The road map out of lockdown are 'highly likely' to cause a surge of covid-19 infections.
- In most scenarios modelled, the third wave is anticipated to be smaller than the second wave seen in January 2021, with a peak occurring in summer or autumn. But the most pessimistic scenarios, modelled by scientists at the London School of Hygiene and Tropical Medicine, predict admissions and deaths of a similar scale to January 2021.



No Flu Season???

- No flu in the northern hemisphere during winter 2020/21
- No flu season to speak of in the southern hemisphere either!
- That left the WHO team with a dilemma as they developed the 2021/22 vaccine for the Northern Hemisphere
- Modeling suggests that as population immunity wanes over the course of the "missing season," big outbreaks could become more likely after life goes back to normal
- With fewer infections, the influenza viruses haven't had as many opportunities to mutate and evolve.



PRIORITIES FOR CARE OF THE DYING PERSON LEARNING PATH FOR SOCIAL CARE WORKERS

'One Chance to Get It Right' (The Leadership Alliance for the Care of Dying People (June 2014) set out the approach to caring for dying people in the last few days and hours of life identifying five Priorities for Care.

This learning path identifies core and additional recommended e-learning sessions for social care workers to enhance the quality of care for patients in the last days of life and support for their families. We have defined sessions which contain core content to support what social care workers need to know and do to provide good care for people who are dying. The sessions that the individual social care worker needs to complete depends on how competent they are already with this area of practice.

CORE SESSIONS

Session No	Session Name
01_03	Benefits and risks of ACP to patients families and staff
03_09	Skills which facilitate good communication
03_22	"Am I dying?" "How long have I got" - handling challenging questions
03_26adv	"What will it be like?" - talking about the dying process
04_26	Managing distress during the dying phase

ADDITIONAL RECOMMENDED SESSIONS

Session No	Session Name
02_07	Assessment of spiritual well being
02_12	Assessing those with fluctuating mental capacity
02_14	Assessment of dying phase and after death care
04_25	Managing agitation and restlessness in the dying phase
06_06	End of life care in care homes and domiciliary care settings

Click on the session title above to log in and access it on the e-LfH Hub

<https://portal.e-lfh.org.uk/Component/Details/697956>

<https://www.e-lfh.org.uk/programmes/end-of-life-care-for-all-public-access/>



Care home residents can leave the home to visit lower risk outdoor spaces (such as parks) and attend appointments important for their wellbeing.

NMC – update

NEWS

Pressure on nurses is affecting register leaver numbers, says NMC

Support for staff well-being vital to help nurses stay as COVID-19 impact becomes clear

Kimberley Hackett - @kj_hackett
Posted 20 May 2021 - 17:59



Kimberley Hackett - @kj_hackett
Posted 20 May 2021 - 17:59



Retirement, stress and poor management are the leading reasons why nurses have left the profession in the past year, data from the nursing regulator reveals.

JUST 'B'

Support for frontline staff: 0300 303 4434
01423 856 790 (children)
01423 814 480 (adults)
info@justb.org.uk

[Home](#) [About](#) [Services](#) [Health Professionals](#) [Contact](#)

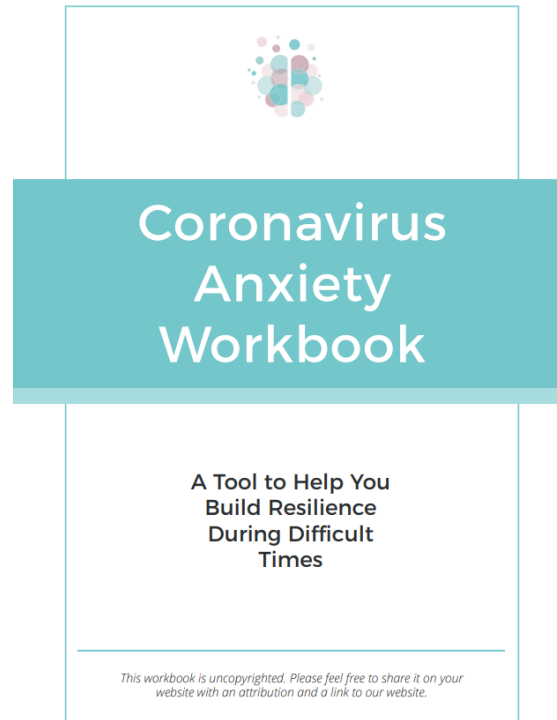


Support for frontline staff

The Hospice UK Just 'B' helpline sees our specially trained Just 'B' staff and volunteers offer emotional wellbeing, bereavement and trauma support nationally to NHS, care sector staff and emergency service workers. Available seven days a week, 8am-8pm, by calling 0300 303 4434.

SCROLL DOWN

Anxiety and self help

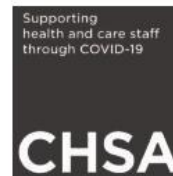


Workbook produced from the wellness society

<https://thewellnesssociety.org/wp-content/uploads/2020/04/Coronavirus-Anxiety-Workbook-1.pdf>



in partnership with
helpforce



We are grateful to the COVID-19 Healthcare Support Appeal for funding to support our vital work.

MAKE A DONATION

FRONTLINE19 SHOP

GET HELP NOW

[Home](#) [Services](#) [Therapists](#) [About](#) [Contact us](#)



[THERAPIST LOG IN](#)

Free & Confidential Psychological Support Service

For all people working in the NHS & frontline services in the UK

*hospital staff, emergency response teams, ambulance support staff, social care & care home workers, agency & bank staff across the U.K.

What's your full name? *

We respectfully request that you register with your full name but would like to assure you that other than with any allocated therapist, your name will never be shared with any other parties

What's your email address? *

What's your mobile number? *

Current job role in fighting COVID-19? *

NEXT



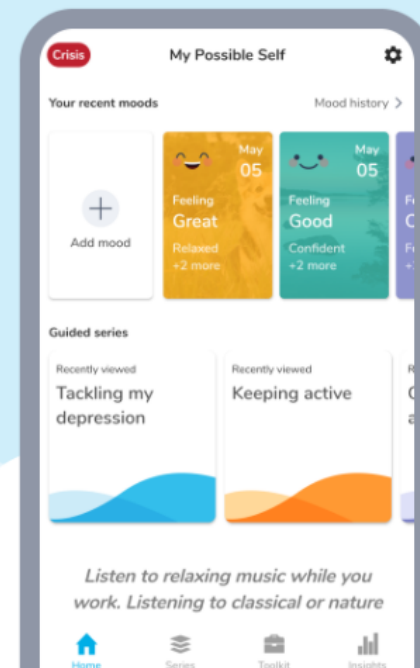
[HOW IT WORKS](#)[OUR STORY](#)[FOR WORK](#)[FOR NHS](#)[SIGN UP FOR FREE](#)[LOGIN](#)

My Possible Self

Because your mental health matters



We're also here for the workplace >



Created in partnership with world leaders in mental health

Clinically certified content from Priory Healthcare using cognitive behavioural therapy (CBT)

PRIORY PRIVATE HEALTHCARE






Grief can be overwhelming

Grief is a natural process, but it can be devastating. We are here to support you after the death of someone close.

[Get help](#)

You are not alone. We're here to support you.

 Helpline
0808 808 1677

 Cruse chat
We're here to talk



Meaningful May 2021



SATURDAY

SUNDAY



MONDAY

TUESDAY

WEDNESDAY

THURSDAY



FRIDAY



1 Make a list of what matters most to you and why

2 Do something kind for someone you really care about

3 Focus on what you can do rather than what you can't do

4 Take a step towards an important goal, however small

5 Send your friend a photo from a time you enjoyed together

6 Look for people doing good and reasons to be cheerful

7 Let someone know how much they mean to you and why

8 Set yourself a kindness mission to help others today

9 Notice the beauty in nature, even if you're stuck indoors

10 What values are important to you? Find ways to use them today

11 Be grateful for the little things, even in difficult times

12 Listen to a favourite piece of music and remember what it means to you

13 Look around for things that bring you a sense of awe and wonder

14 Find out about the values or traditions of another culture

15 Do something to contribute to your local community

16 Look up at the sky. Remember we are all part of something bigger

17 Show your gratitude to people who are helping to make things better

18 Find a way to make what you do today meaningful

19 Send a handwritten note to someone you care about

20 Reflect on what makes you feel valued and purposeful

21 Share photos of 3 things you find meaningful or memorable

22 Find a way to help a project or charity you care about

23 Share a quote you find inspiring to give others a boost

24 Recall three things you've done that you are proud of

25 Make choices that have a positive impact for others today

26 Ask someone else what matters most to them and why

27 Remember an event in your life that was really meaningful

28 Focus on how your actions make a difference for others

29 Do something special and revisit it in your memory tonight

30 Today do something to care for the natural world

31 Find three reasons to be hopeful about the future



ACTION FOR HAPPINESS

Happier · Kinder · Together

Project ECHO

starting October 2021

Inviting all accredited GSF homes to
take part – providing ongoing
learning and support



Any questions?

Next GSF Support Call

- Date: **Monday 5th July 10.30-11.30 am**
- Do let colleagues and other non GSF homes know they are welcome to join the support calls
- Resources and power points will be put on the website following the Support Call

Thank you

Together we can make a difference !



Take care and be safe

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