

Medvivo Quality Account 2022 - 2023



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SECTION 1: Introduction

Company Overview

Chief Executive Officer Statement



Each year, all providers of NHS healthcare services are required to produce a Quality Account. This document informs the public and other stakeholders about the quality of the services being provided. The Quality Account follows a structure to facilitate triangulation with other NHS providers.

It is with great pleasure, and a deep sense of responsibility, that I address you today as the CEO of Medvivo, as we publish our 2022-2023 Quality Account. In this year's account, we provide a general overview of who we are and what we do, what service improvements and business developments have taken place in the last year, how we have performed against defined priorities and what priorities we will focus on for the coming 12-month period. I am honoured to share with you our commitment, achievements, and aspirations in delivering outstanding services to our communities.

Throughout the past year we, along with our system partners, have continued to face significant challenges including, but not limited to; ever-increasing demand for urgent care services, reducing availability of workforce and the impact of NHS and Local Authority financial pressures.

Despite these hurdles, our exceptional team, from Support Services to the Frontline, has demonstrated resilience, adaptability, and an unwavering commitment to patient wellbeing. Their dedication and expertise have been instrumental in ensuring that our services remain accessible and of the highest quality. The Medvivo Exec and Senior Management Team are incredibly proud to work with a team that continuously go the extra mile to support patients and their colleagues.

Our Quality Account serves as a testament to the culture that underpins our organisation, encompassing patient-centeredness, collaboration, innovation, and continuous improvement. Our service user feedback provides honest reminders about the difference we are making to people's lives and presents opportunities for professional development and learning. Through an ongoing process of evaluation, feedback, and learning, we are constantly refining our services to meet the evolving needs of our patients and deliver care that is both efficient and effective.

We strive for excellence in every aspect of our service delivery, from optimising patient flows whilst enhancing the patient experience through compassionate and personalised care to providing services that deliver true system, as well as individual patient benefits. By leveraging cutting-edge technologies and evidence-based practices, we aim to stay at the forefront of medical advancements and ensure the best possible outcomes for our patients.

Equally important is our commitment to fostering a culture of inclusivity and diversity within our organisation. By embracing the unique perspectives and talents of our workforce, we create an environment that nurtures innovation, encourages collaboration, and ultimately enhances the delivery of care.

As we look to the future, we recognise that the landscape of health and social care is constantly evolving. New challenges will undoubtedly arise, and we must be prepared to meet them head-on. By maintaining close partnerships with our stakeholders, including patients, staff, regulatory bodies, system partners and local communities, we will continue to adapt and improve, ensuring that our urgent care services remain at the forefront of quality and innovation.

In conclusion, I would like to express my gratitude to each and every member of the Medvivo Team for their unwavering dedication, professionalism, and commitment to our shared vision. Together, we will continue to uphold the highest standards of care, drive positive change, and make a lasting impact on the health and wellbeing of our communities.



Liz Rugg
Chief Executive Officer

Medical Director Statement

I am proud to report that Medvivo has come through another challenging year, successfully managing to maintain provision of high-quality services to the patients of Bath and North East Somerset, Swindon and Wiltshire.

During this time, we experienced the ongoing pressures of the COVID pandemic with unprecedented numbers of cases on our Clinical Assessment Service queue, striving to manage these demands whilst keeping patient safety and quality of care paramount, alongside providing support to the wider system which was experiencing immense pressures on the Ambulance service, the Emergency Departments and the rest of Secondary Care, and the Community services.

Medvivo played a key role in setting up and supporting the Care Coordination service, which has had a significant impact on providing patients with the most appropriate care in the most appropriate place for them, and, in doing this, Medvivo also helped to give some much-needed additional resilience to the wider healthcare community.

We have a strong Clinical Leadership team who, amongst many other things, have encouraged engagement and strengthened the workforce by leading by example and enthusiastically supporting the development of clinicians towards achieving qualifications in prescribing and advanced clinical practice. The Clinical Responders have continued to provide invaluable input into the home visiting element of the service and many of them have successfully completed triage training, providing important additional support to the Clinical Assessment Service queue.

The clinical rota underwent some redesign following analysis of consultation data, with the aim of better matching clinical resource to demand during this period of some workforce challenges, and which so far seems to have been effective. We have retained a core loyal workforce and maintained a steady recruitment stream, which I believe reflects the appeal of working with Medvivo, undoubtedly enhanced by the friendly and supportive ethos of the workplace.

We could not have achieved all of this without the skill and dedication of our incredible clinical and non-clinical teams working alongside each other. As we emerge from the pandemic, hopefully back towards a more normal existence, I am optimistic that Medvivo will maintain its place as a valued and respected partner of the BSW healthcare community.

Sue Lavelle

Dr Sue Lavelle BSc MBChB MRCGP

Medical Director



About Medvivo



Medvivo is a provider of Integrated Urgent Care (IUC) and related services, located in the South West of England. Medvivo started life in 2004 as Wiltshire Medical Services (WMS), initially with a single contract to provide services for a small area in Wiltshire. In 2013, WMS became Medvivo as it is known today and has continued to steadily grow, cultivating a strong workforce with over 400+ team members.

Medvivo is led by a management team of executive and associate directors with both clinical and non-clinical expertise. They are fully engaged at a strategic and operational level to coordinate safe service delivery for patients, service users and staff with strong clinical and corporate governance.

In May 2018, following a competitive process, Medvivo was awarded the Integrated Urgent Care contract incorporating other related services across Bath and North East Somerset (BaNES), Swindon and Wiltshire (BSW).

Key services delivered include:

- Clinical Assessment Service (CAS)
- Out of Hours (OOH) Primary Care
- COVID Oximetry at Home (CO@h), COVID Virtual Wards & COVID-19 Medicines Delivery Unit (CMDU)
- Access to Care (ATC)
- Non-Clinical Response
- High Intensity User (HIU) Service
- Care Coordination

In addition to providing these core services, by working with system partners such as local acute hospitals and the South Western Ambulance Service, Medvivo continually develops and delivers new services to best support the needs of local patients and the local health and care system as a whole. As and when required, Medvivo enhances its existing workforce and infrastructure to quickly roll out additional services such as the new Care Coordination Service.

Medvivo has several bases located across BaNES, Swindon and Wiltshire, with the main Headquarters based at Fox Talbot House (FTH) in Chippenham. The call centre is located here along with office-based staff who provide support services such as Rota management, Human Resources, IT Technical Support and the Quality Team.

Initially as a response to the COVID pandemic, Medvivo has now fully implemented a hybrid approach with a mixture of office and home working. A core workforce presence is always maintained across all locations, ensuring the same level of operational excellence is delivered 24/7.

In 2019, Medvivo became one of the first urgent care service providers in the UK to receive a second consecutive outstanding rating by the Care Quality Commission (CQC). This demonstrates an ongoing commitment to provide the highest quality care to those with health and social care needs, while developing services that best suit the needs of the local communities.

“There was a strong focus on continuous learning and improvement at all levels of the organisation and the culture ensured all staff were engaged to deliver high-quality person-centred care.”

In November 2020 Medvivo joined the HealthHero Group, a European leading digital health provider bringing together clinical and technical expertise from around the world.

Shared Values

Medvivo is part of the HealthHero Group. We have therefore adopted the HealthHero values (SOAR) which guide the company belief that "by simplifying healthcare, we can improve billions of lives"

Our vision is to achieve excellence in the delivery of care. This is achieved through the provision of person-centred health and care services which are:

- ✓ Of the highest quality
- ✓ Supported by innovative, evidence-based, cost-effective technology
- ✓ Accessible, consistent and responsive
- ✓ Delivered as close to home as is clinically appropriate
- ✓ Tailored to meet individual need
- ✓ Championed by well qualified, motivated and professional staff



Simplify

We look for ways to remove complexity and make life easier for our patients. Simplicity creates clarity, so we can focus on what is critical and adds value. We aim to work smarter, not harder.



Own

We take accountability, honour our commitments and get things done with a focus on outcomes. We're proactive, removing barriers and proposing solutions for concerns that impact patients, clients and colleagues.



Aspire

We aim high, and take pride in our work. After all, we're here because we want to deliver the best in what we do, creating impact and blazing a trail in healthcare. Motivated by results and opportunities, we strive to create a great place to work and give our people room to grow.



Respect

We value diverse talent, experiences and perspectives, creating supportive environments where people can be themselves. We show empathy to patients, clients and colleagues and empower our people to do the right thing.

Together, we SOAR



Care Quality Commission Statement

Medvivo has one registered location: Fox Talbot House, Chippenham, Wiltshire, and was last inspected by the CQC during January 2019.

The current registration is to provide the regulated activities of:

- Personal care
- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury



Safe	Good ●
Effective	Good ●
Caring	Outstanding ☆
Responsive	Outstanding ☆
Well-led	Outstanding ☆

Inspected and rated

Outstanding ☆



Medvivo has no conditions on its registration and the CQC has not taken any enforcement action against the organisation. An overview of the CQC inspection report is available at: <https://www.cqc.org.uk/location/1-347335038>.

Dear Medvivo Group Limited

We suspended our routine inspection programme in March 2020 in response to Covid-19 and do not intend to resume it for the immediate future. We have continued to use a mix of onsite and off-site monitoring to ensure the public have assurance as to the safety and quality of the care they receive. As we emerge from the pandemic we are further developing our monitoring approach. In accordance with this approach we carried out a review of the data available to us about Medvivo on 09-03-2023.

We have not found evidence that we need to carry out an inspection or reassess our rating at this stage. This could change at any time if we receive new information. We will continue to monitor data about this service.

Please note, this does not amount to an assessment of the rating for this service under section 46 of the Health and Social Care Act 2008.

We carried out a review of the data available to us about Medvivo on 09-03-2023. We have not found evidence that we need to carry out an inspection or reassess our rating at this stage.

Care Quality Commission

SECTION 2: Medvivo Services

Service Overviews

Integrated Urgent Care

Medvivo provides Integrated Urgent Care services to patients who are registered with a General Practitioner (GP) within the Bath and North East Somerset, Swindon and Wiltshire Integrated Care System. The IUC service describes a vision to deliver responsive, streamlined and patient-centred services ensuring people are managed by the right service, first time.

NHS 111

This is a free-to-contact medical helpline to provide the most appropriate non-emergency medical advice for patient needs. Since the COVID pandemic there has been consistently high contacts to the 111 service, with between 25,000-37,000 contacts received per month.

The provision of this service forms part of the BSW IUC contract and during the reporting period was provided by DHU Healthcare.

As well as a large call-centre based in Derby, DHU also has NHS 111 team members co-located with Medvivo at Fox Talbot House in Chippenham.



Clinical Assessment Service (CAS)

The CAS is a 24/7 service led by a multidisciplinary clinical team, supported by a team of expert non-clinical coordinators. Receiving cases from NHS 111 when a senior clinical review is required, the CAS ensures patients receive the most appropriate care. Healthcare professionals (HCPs) also use the CAS for advice and support to manage patient referrals using a dedicated direct line. Contact with the CAS leads to a variety of outcomes including advice, a prescription, an appointment or referral for further assessment with another service. Assessment is mostly carried out by telephone; however, clinicians have access to perform video consultations with patients over their mobile device. This can help to reduce the need for some face-to-face appointments or can escalate concerns more rapidly by having a visual on the patient much earlier.

Avon and Wiltshire Mental Health Partnership (AWP) Practitioners are co-located within the CAS, providing improved access to mental health services in the region. This element of Medvivo's service improves patient experience by involving mental health practitioners to identify, triage and close cases involving relevant mental health presentations. Additionally, AWP practitioners act as expert advisors to aid other clinicians with their decision-making process.

Out of Hours (OOH) Primary Care

This service operates when In-Hours GP surgeries are closed, from 6:00pm-8:00am on weekdays, and 24/7 on weekends and bank holidays. Cases are passed to the CAS via NHS 111, and if needed, patients will have a face-to-face appointment at one of the treatment centres from which Medvivo is located across BSW, or a home visit.

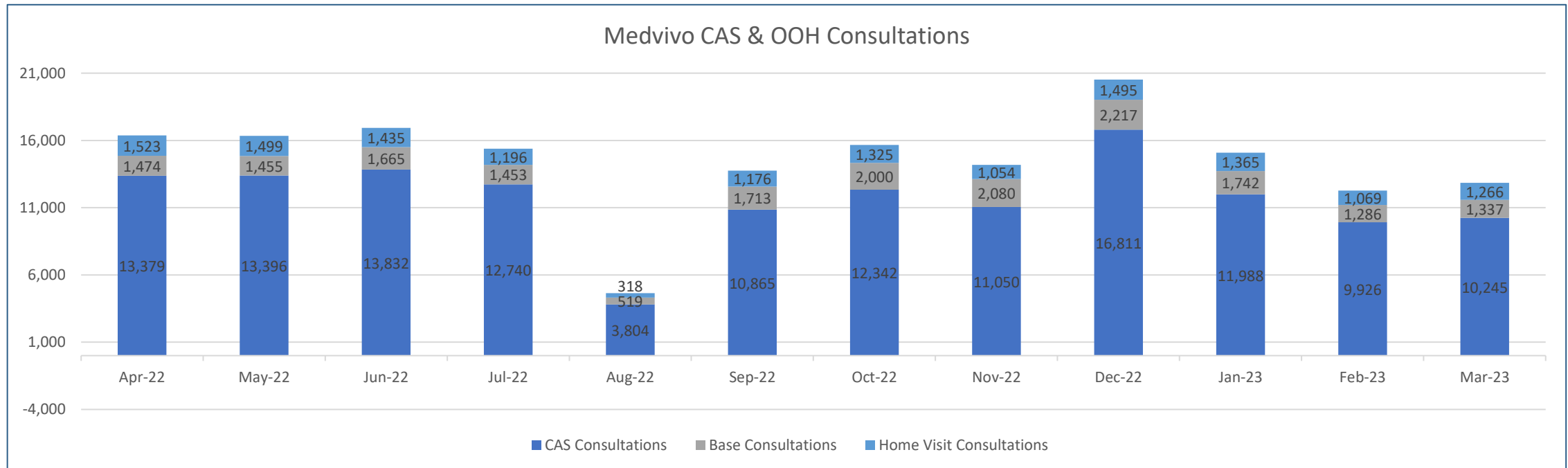
In addition to GPs and Advanced Nurse Practitioners (ANPs), the clinical team are further supported by Clinical Responders. Clinical Responders are highly qualified, non-prescribing clinicians, who work with a senior clinician in the CAS to oversee the management of patients being seen face-to-face by a home visit.



Integrated Urgent Care



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total
CAS Consultations	13,379	13,396	13,832	12,740	3,804	10,865	12,342	11,050	16,811	11,988	9,926	10,245	140,378
Base Consultations	1,474	1,455	1,665	1,453	519	1,713	2,000	2,080	2,217	1,742	1,286	1,337	18,941
Home Visit Consultations	1,523	1,499	1,435	1,196	318	1,176	1,325	1,054	1,495	1,365	1,069	1,266	14,721



*Aug-22 figures are not fully representative of the IUC activity as Adastra was unavailable for much of the month during a national business continuity event where Medvivo instead operated using SystemOne.

Access to Care

Access to Care (ATC) is Medvivo’s Single Point of Access (SPA) service for Wiltshire only. The service involves coordinating care delivery and managing patients through the healthcare system using a team that includes nurses, paramedics, occupational therapists and assistant practitioners.

As a remote clinical assessment service, the team helps to prevent acute hospital admissions and expedites discharges, while also providing support for referring the patient to community health teams.

Between the hours of 8.30am - 9pm (Monday to Friday) and 9am - 5pm (Saturday, Sunday and bank holidays) the integrated care hub is fully manned by dedicated ATC clinical staff. Outside these core hours the service is provided by Medvivo’s Out of Hours clinical staff.

Admission Avoidance

The SPA plays a pivotal role in identifying pathways to ensure that patients are treated in the most appropriate location thereby avoiding unnecessary acute hospital admission. In doing so the SPA acts as an interface between health and social care providers.

Although the term ‘admission avoidance’ is often used it is important to remember all of us have a duty to try and make sure that wherever possible, patients are treated within their own homes or as near to them as practicable.

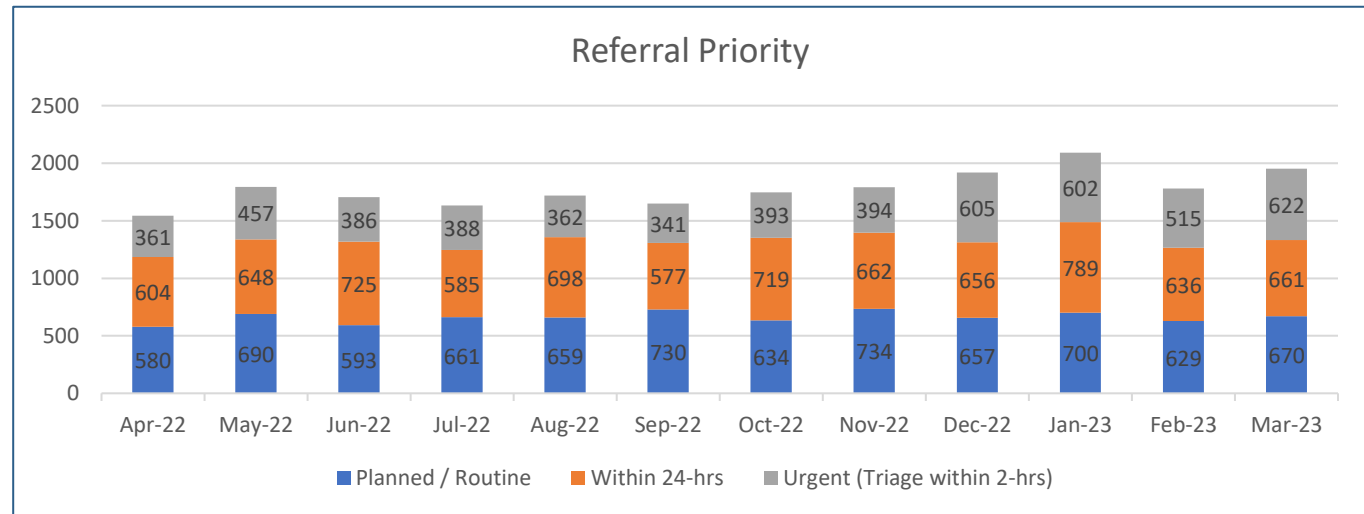
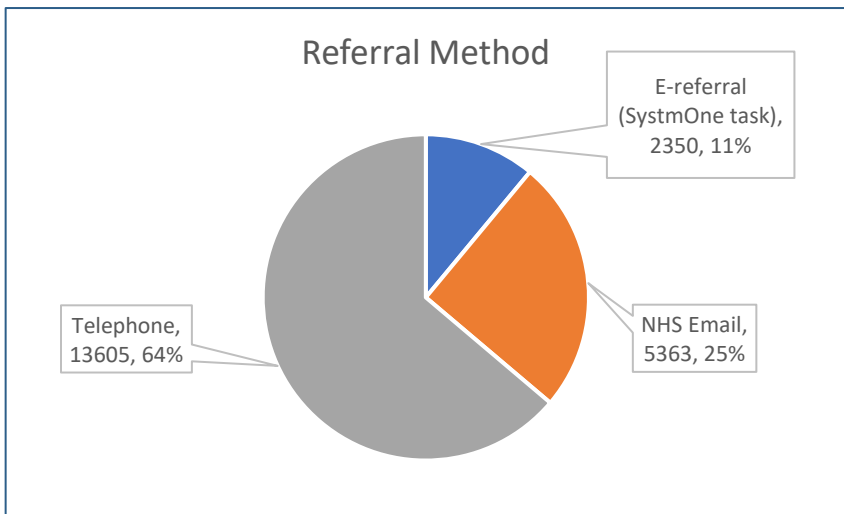
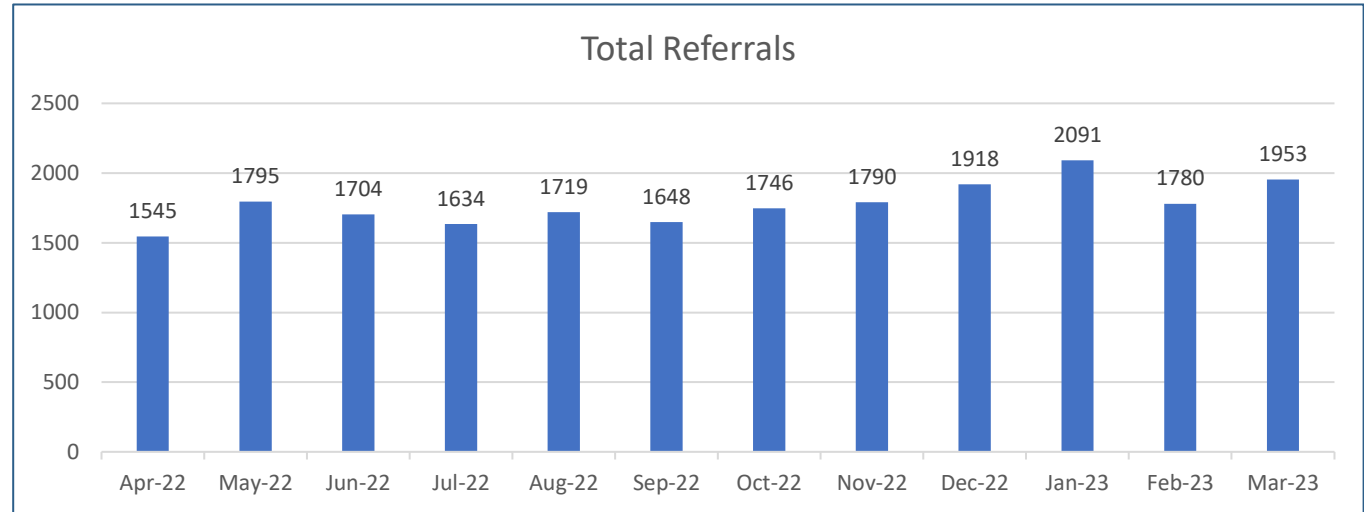
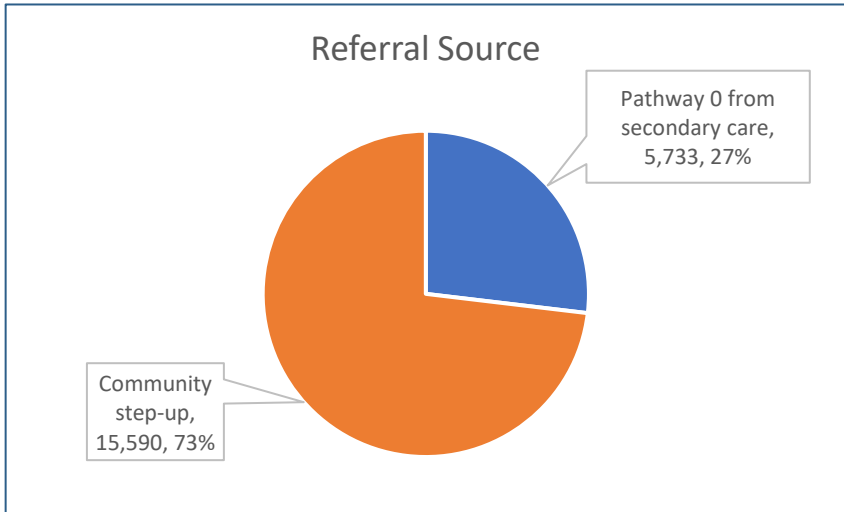
Case Management

One of the primary purposes of the Single Point of Access is to act as a referral and coordination mechanism working collaboratively with community health services, community hospitals, voluntary services and social care services, ensuring the patient receives the right care by the right service at the right time.

It is far more than a simple signposting service; the clinical staff assess the needs of each patient and plan the management of each case in detail before sending it to the most appropriate agency.



Access to Care



Non-Clinical Response

The Non-Clinical Response Service operates 24/7 providing community care and support to people living within the Wiltshire area. Operating from three locations, the Service is delivered by a highly capable team with a skill-set including personal care, end of life care, people handling, observations and remote monitoring. Regulated by the TEC (Technology Enabled Care) Services Association (TSA), a comprehensive audit was completed in September 2022, recommending Medvivo's continued certification to the TSA Quality Standards Framework, which testifies to the high quality of service provided by this team.

Supported by both ATC and CAS services, Non-clinical Responders are despatched to support service users in their own homes. The team also delivers the Urgent Care at Home (UC@H) Service in Wiltshire, providing emergency care to avoid hospital admission whilst ATC arrange the provision of mainstream services such as social care.

Urgent Care at Home (UC@H)

Where traditional or mainstream services are unable to provide support for service users to remain at home during a period of illness or where a crisis has occurred, intermediate care is provided by this Response Service.

Support provided ranges from one-off support visits up to 24-hour care, and is initially in place for 72 hours. By providing emergency care, hospital admissions can be avoided while ATC arrange the provision of mainstream services, such as social or domiciliary care.

Telecare Response

The team can also be dispatched to support service users in their own homes. This could be because of a request for support through a service user's telecare unit, by the CAS or OOH Service or Ambulance Service.

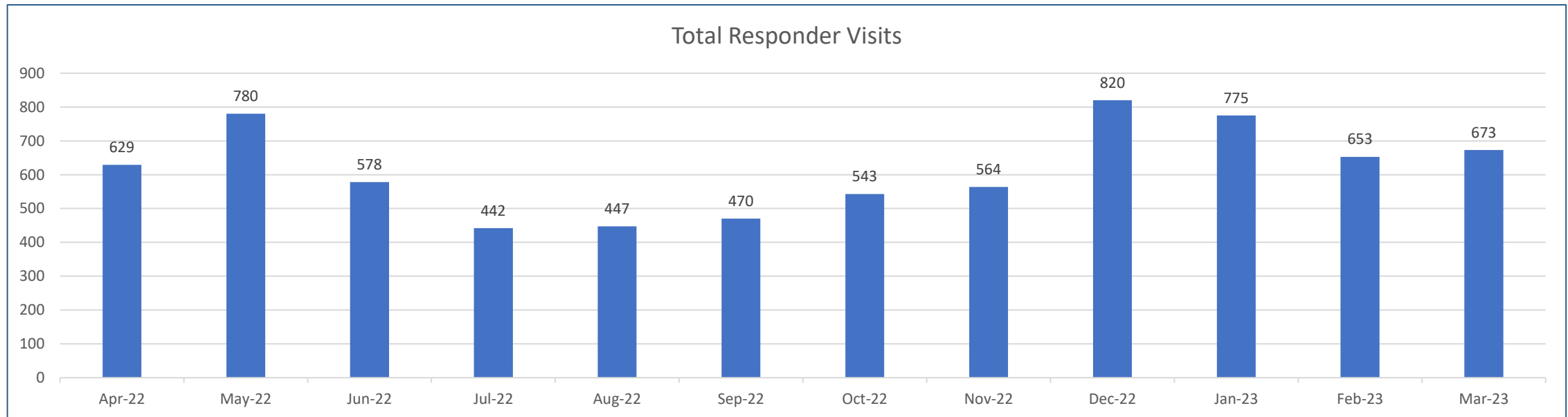
Whilst Medvivo directly provides the Telecare Response service, the Telecare Monitoring service in Wiltshire has been subcontracted to Appello since December 2019. This contract is overseen in part by Medvivo's Quality Team and the Associate Director for Service Improvement.



Non-Clinical Response



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total
Telecare Responses	101	131	108	109	95	76	110	87	141	114	95	128	1295
UC@H Visits	523	642	467	329	348	392	424	458	629	616	527	512	5867
CAS & OOH Visits	2	1	3	2	1	1	3	11	40	39	26	28	157
Non-Injury Falls	3	6	0	2	3	1	6	8	10	6	5	5	55



High Intensity User Service

In 2019, Medvivo was commissioned to host the High Intensity User (HIU) Service in Bath and North East Somerset, and Swindon. Working collaboratively with Wiltshire Centre for Independent Living (WCIL), which provides the service for Wiltshire, the BSW HIU service delivers support and guidance to people who may find they are using healthcare services more frequently than usual.

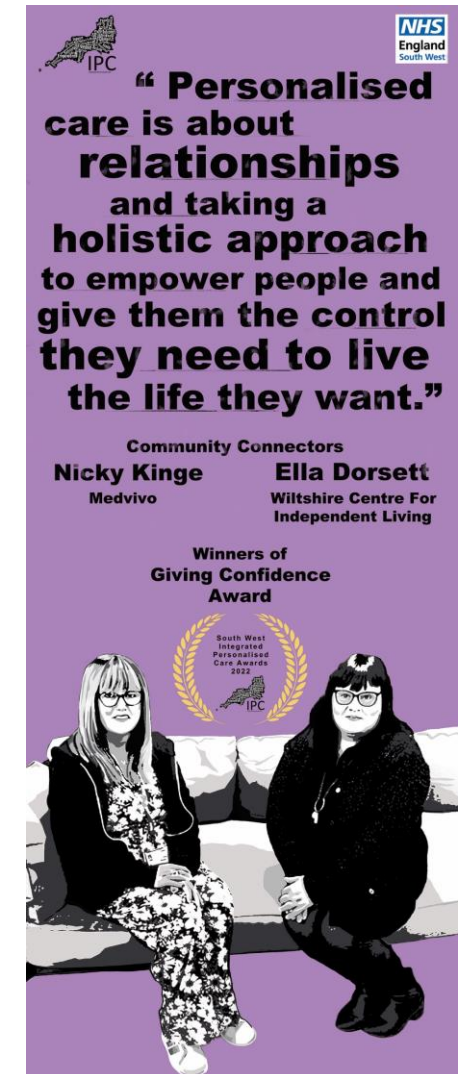
NHS services identify the people in the area who have attended the Emergency Departments (ED) the most frequently. By supporting high intensity users and using the personalised care model, the team strive to help improve people's experience and outcomes at the same time as achieving improvement in the system in terms of reducing ED attendances and other areas of high impact.

With a team consisting of three Community Connectors, contact is made to offer support and discuss how their wellbeing could be improved using a "what matters to me" approach. This may include advocating for people to engage other services that may better meet their needs, helping to liaise with medical professionals, encouraging them to join local community groups or finding new ways to engage with people.

Often people have difficulty expressing their problems and finding how to get the right support for their wellbeing. The Community Connectors work collaboratively, actively listening and 'walking alongside' people, making sure they are being seen as a whole person with skills, strengths and attributes, as well as making sure their healthcare needs are being met. This shift in relationship promotes everyone to work together and shared decision-making.

Community Connectors support people by providing personalised care to empower them as experts in their own lives and to connect with their communities. The aim is to give people more choice and control, as well as allowing them to be an active partner in decisions relating to their health and wellbeing. This model moves away from doing things for and to people, to doing things in partnership with people and giving more choice and control to people about their health and care.

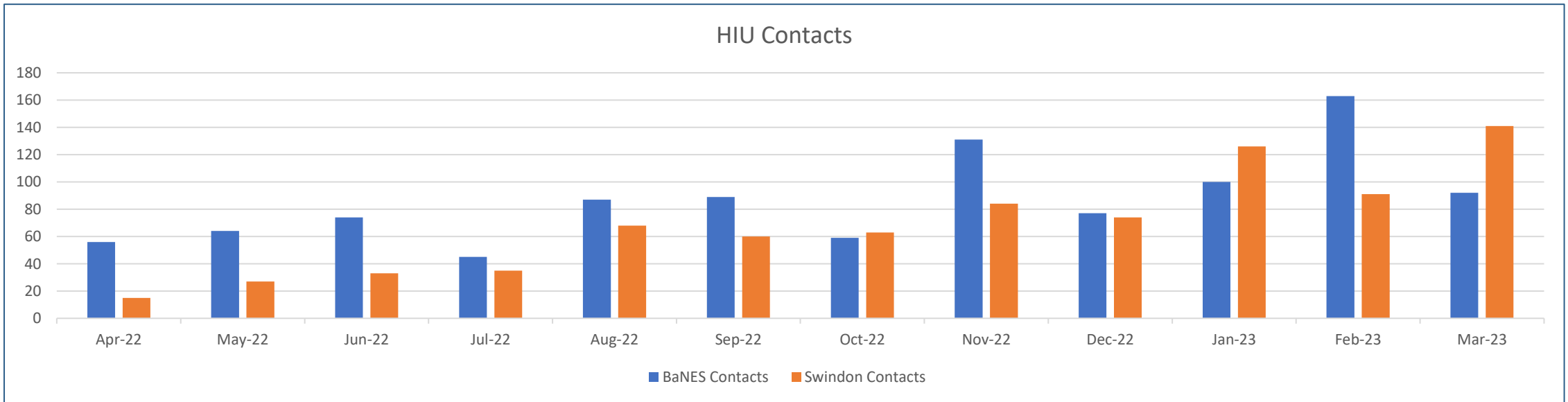
The BSW HIU service was entered into the NHS England South West Personalised Care Awards (SWIPC). With more than 150 entries, Medvivo and Wiltshire CIL jointly won the award for the Giving Confidence category – testament to the amazing work they do.



High Intensity User Service



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total
BaNES Contacts	56	64	74	45	87	89	59	131	77	100	163	92	1,037
Swindon Contacts	15	27	33	35	68	60	63	84	74	126	91	141	817



COVID Remote Monitoring

Implemented during the pandemic, COVID remote monitoring services support the NHS England scheme to enable patients to remain at home while monitoring their oxygen saturation levels to spot any deterioration. Referred patients receive a pulse oximeter to monitor blood oxygen readings, along with instructions for the monitoring process and a diary with guidance should symptoms worsen. The COVID-19 Remote Monitoring consisted of three types of service, COVID Oximetry at Home (CO@h) Service, COVID Virtual Wards and COVID-19 Medicines Delivery Unit (CMDU).

Of the 3,432 patients onboarded to the service between April and December 2022, over 98% of patients on the service were discharged back to their own GP after 14 days having recovered, and less than 1% were admitted to hospital due to escalation of symptoms.

COVID Oximetry at Home (CO@h) Service

Referrals to the service come from multiple points in the system for those testing positive for coronavirus including from GPs, Urgent Treatment Centres (UTC), NHS 111, Ambulance Service, Emergency Departments, COVID Assessment Units (CAU), maternity units and community midwives.

With a dedicated CO@h team, the patient's condition is then monitored, sometimes up to four times each day, either by submitting regular readings over the telephone, by text, email or during video consultations with clinicians. Patients remain on the service until symptoms improve and the CO@h team is in agreement that they are well enough to stop, or they are referred into other services.

COVID Virtual Wards

In a similar way to the CO@h service, patients in hospital with a COVID-related illness are discharged and are to be regularly monitored each day with a pulse oximeter with the support of a team of clinicians.

Weekly virtual ward rounds between the Clinical Project Lead and Consultants from the acute hospitals take place, sharing responsibility for patient care.



COVID Medicines Delivery Unit (CMDU)

The CMDU gives treatments for patients at the highest risk in the community. Treatments involve intravenous infusion of neutralising monoclonal antibodies (nMABs) or oral antiviral treatments.

In December 2021, Medvivo undertook the clinical assessment of patients potentially eligible for therapeutic COVID treatment on behalf of the local Acute Trusts. Referrals were received from the Webview platform, other healthcare professionals and specialists. These were reviewed by Medvivo clinicians to ensure eligibility criteria was met in terms of time scale and clinical condition before being sent to the acute hospitals.

SECTION 3: Quality Assurance

Safeguarding, Incident Management & Patient Experience

Risk & Quality Committees

Medvivo has a robust governance framework in place, incorporating quality assurance for every area of service being provided. This quality assurance encompasses the activities and series of measures that are designed to ensure continuous improvement in the quality of health care services.

Despite the constant service pressures, Medvivo has continued to ensure the weekly Risk Committee and 2-monthly Quality Committee meetings are held regularly. These meetings demonstrate an ongoing commitment to learning and ensuring robust governance and quality improvement is maintained.

Quality Committee

With a focus on quality monitoring and governance throughout the organisation, the Quality Committee reports to, and is accountable to, the Executive Management Team which has corporate responsibility for clinical governance.

The Quality Committee aims to provide the Executive with assurances around Quality and Governance within Medvivo service lines, to ensure that there are appropriate processes in place to identify risks and ensure they are managed accordingly.

The framework of the seven pillars of Clinical Governance is supported within this structure, with input at the 2-monthly meetings to cover updates on clinical effectiveness, information, risk management, education and training, audit, patient and public involvement and staff management.

Risk Committee

This Committee provides a structured approach to managing incidents and risks to ensure they are escalated as appropriate. Representation is diverse, including senior representatives from all service areas such as the Executive Management Team (EMT) as well as colleagues from the Integrated Care Board (ICB).

Incidents and complaints are reviewed in detail to maximise learning opportunities, agree actions and ongoing monitoring requirements.

Compliments received are also reviewed and a team is nominated to receive a Risk Committee Recognition Reward for exceptional feedback which best reflects Medvivo's shared values.





Risk Committee Recognition Award



In appreciation of the great customer experience and feedback received,
the Risk Committee would like to recognise the work of the:

HIU Lead

“

The Risk Committee wanted to recognise and thank the HIU Lead for the great work within the HIU service. The care and support they have provided to one particular service-user has resulted in working closely with not only Medvivo's Safeguarding Team but also with the Bradford Forced Marriage and Honour Based Abuse Charity and both the Bradford and Wiltshire Police Services. Thank you HIU Team for your incredible work and the helping to keep safe the people we support.

”

The Risk Committee were keen for you to receive this award as recognition for the excellent care you provide to patients – especially in such unprecedented, challenging and demanding times.

Thank you – we couldn't do it without you!



Michael Smith

Michael Smith, Risk Committee Chair

05-JAN-23

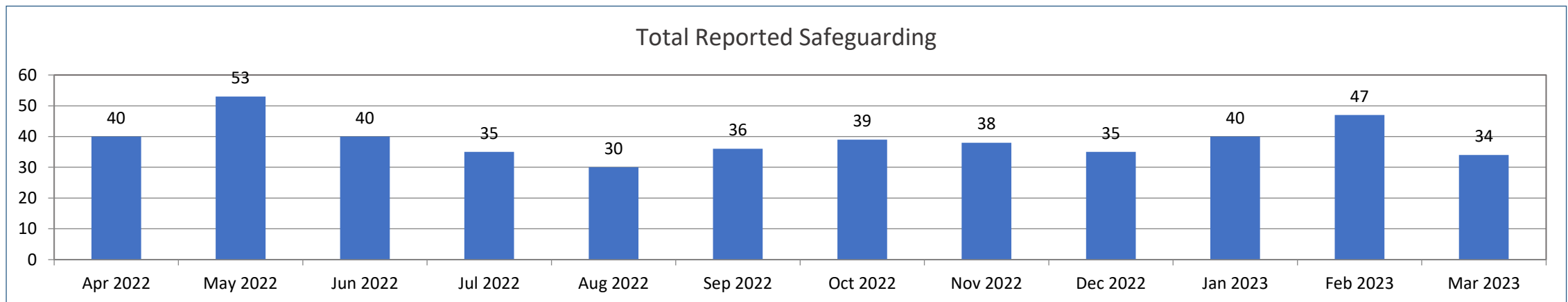


All new compliments are usually shared at Risk Committee meetings. These meetings are attended by a multi-disciplinary team of Clinical Leads, Service Leads and members of the Quality & Information Governance Teams. Receiving compliments enables us to acknowledge and 'build on' examples of good work.

Safeguarding

The Safeguarding Team is made up of Krystle Cariad (Safeguarding Lead & Nurse Practitioner) and Debbie Parsons (Safeguarding Support Officer). As well as being responsible for training compliance and that Medvivo processes are clear and safe, the team follow up on the outcome of every referral to ensure that good quality feedback is provided to our referring colleagues. This helps to keep safeguarding person-centred and to allow reflective practice to improve our processes and referrals. We receive regular feedback showing appreciation of this level of feedback and have included some examples below:

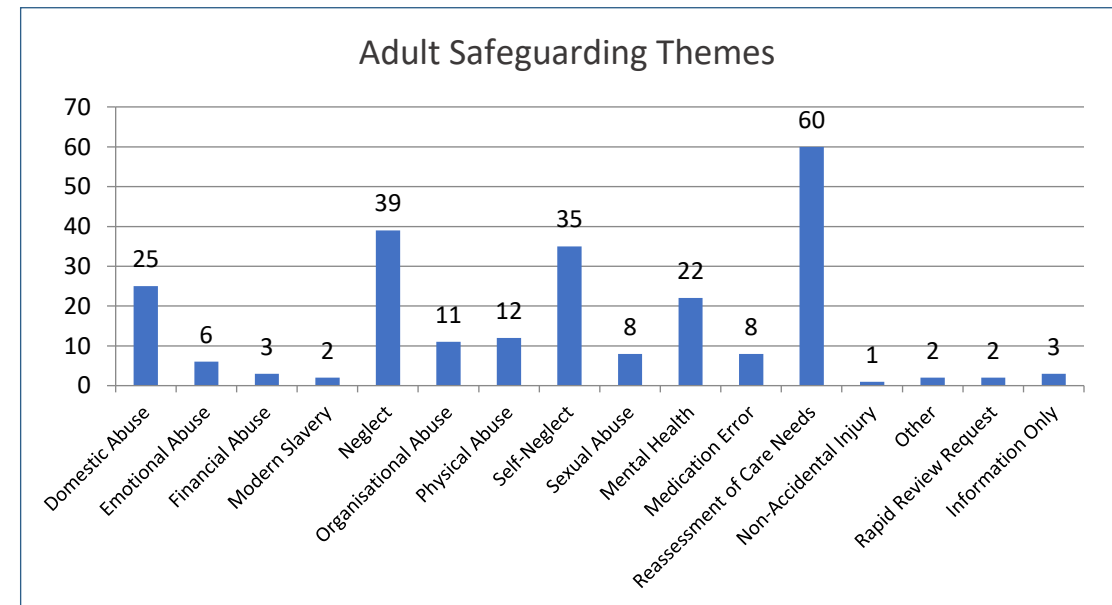
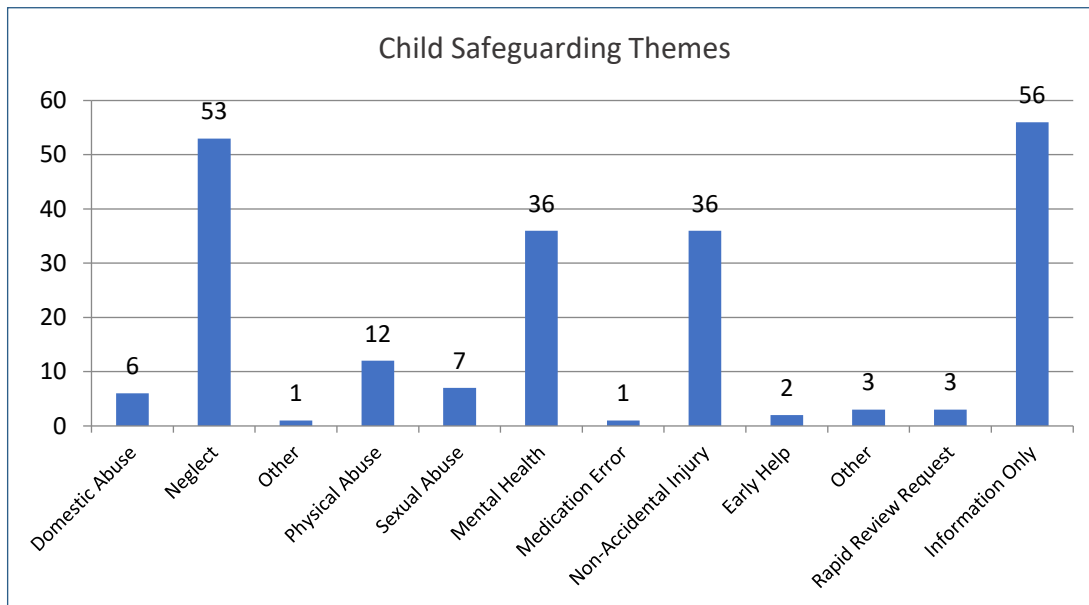
- *“Helpful to get this feedback and its reassuring to know they have been followed up”*
- *“Thanks for letting me know. It was really helpful to reflect on that case as a learning point. Many thanks for your help”*
- *“Your feedback is always very welcome and appreciated”*
- *“Thank you for this feedback. It is so helpful to get feedback and I am very grateful for the professional, competent, sensitive and caring way in which you communicate such things and write your emails and support clinicians like myself. Thank you”*
- *“Thank you for taking the time to give feedback. It is really appreciated, and I will be using it towards revalidation next February”*



Safeguarding

The number of referrals generated in 2022-2023 by ourselves and our partner NHS 111 provider was 1,308 (606 child referrals and 702 adult referrals) compared to 1,041 the previous year (485 child referrals and 556 adult referrals). We changed NHS 111 provider in November 2021, so the previous year contained partial data by Vocare and partial data by DHU Healthcare. Qualitatively, Medvivo noted and reported increased acuity in a lot of referrals, particularly within mental health. Consequently, increased welfare checks and offers of safeguarding supervision were made to individual practitioners. Medvivo is also planning clinical curiosity sessions where practitioners can discuss obstacles faced and best practices.

In August 2022, there was a national outage of Aadastra (our patient management system). Whilst safeguarding processes did not change and business continuity plans ensured that we were able to use SystemOne for this time period, there was a period of 10-days where there were no safeguarding referrals made. This was escalated to the ICB and specific actions were taken to ensure that safeguarding remained in the forefront of clinicians' minds while they were adapting to unplanned system pressures and changes. Over 3000 children's cases were manually audited to ensure that safeguarding opportunities were not missed.



*The above charts show safeguarding themes for Medvivo reported safeguarding only and does not include NHS 111 cases.

Safeguarding

Following the feedback received from team members across the organisation, an area identified for improvement was the provision of the level 3 children’s safeguarding training.

Face-to-face safeguarding training at Medvivo is provided via the Social Care Institute for Excellence (SCIE), a UK charity and improvement agency. SCIE shares knowledge about what works in practice across social care, social work and beyond, covering adult, family and child, care and support services.

Medvivo contacted SCIE who began working with a newly appointed trainer, with the key aim to improve staff experience and engagement by tailoring the training as much as possible to Medvivo and the services we provide.

A new training programme was provided, and an initial pilot session was held on the 10th January 2023, attended by senior management and executive members of the Quality Team, all of whom provided overwhelmingly positive feedback.

Further sessions were held in February and March 2023 to continue to review the new format. After further positive feedback the new training programme is now fully embedded and as a result of this improvement work, compliance levels in these areas are expected to increase over the next reporting year.



Training Course	Numbers	Percentage
Prevent	251/270	93%
MCA	209/238	88%
Adult Safeguarding L1&2 (Online)	232/270	86%
Adult Safeguarding L3 (Online)	178/231	77%
Children’s Safeguarding L1&2 (Online)	227/270	84%
Children’s Safeguarding L3 (Online)	176/231	76%

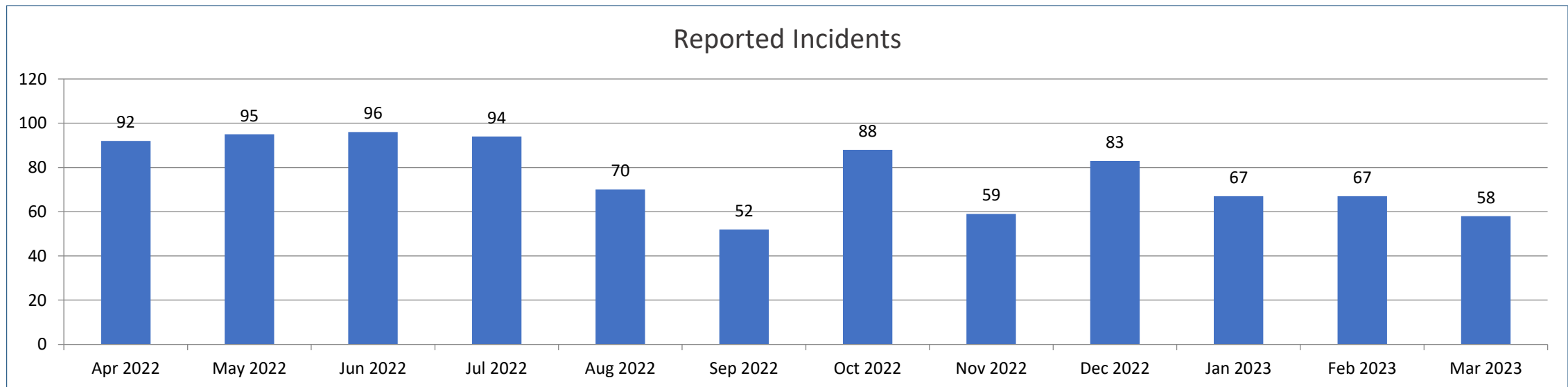
Incident Reporting

Health and social care environments are inherently complex, with various risks associated with clinical processes, technical systems, medical equipment as well as human factors. Effective incident management allows for proactive risk identification, assessment, and mitigation. By promptly addressing incidents and implementing preventative measures, Medvivo can reduce the likelihood of future occurrences and minimise harm to patients.

Incident management plays a vital role in cultivating an open and supportive culture of learning that encourages all staff groups to report any potential significant events, incidents, or near misses. By analysing incidents, root causes can be identified, leading to the implementation of improved process and system changes.

Whenever a staff member reports an incident, it is recorded electronically in our incident reporting and risk management software called Datix. Any incident identified as high-risk is escalated for discussion and immediate implementation of necessary actions or mitigations.

From April 2022 to March 2023, 921 incidents were reported in total. Medvivo has a strong reporting culture, and as such, most incidents are classified as low risk and result in learning points shared with team members or fed back to external organisations. Where themes are identified, workshops and focus groups are established to review and action changes to improve, share learning and reinforce best practice.



Serious Incidents

Serious incidents (SIs) are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, they warrant using additional resources to mount a comprehensive response. Eight serious incident reports were submitted between April 2022 and March 2023. All were fully investigated with learning identified.

Recognising the importance of being open and transparent, Medvivo provides as much support as possible to patients and families by listening and understanding what is needed to help them with the grieving process. This is underpinned in Medvivo's Being Open and Duty of Candor Policy. Medvivo also recognises and respects those patients and families who prefer not to share or engage in the review process.

Serious Incident Themes

- System wide pressure as a result of high activity
- Delay in contact for CAS consultation
- Delay in contact for home visit consultation
- Incorrect NHS pathways assessment
- Incorrect process followed on patient call back

For all reported serious incidents, a full investigation, root cause analysis and report is completed, identifying primary factors and any other incidental learning. An action plan is generated, with specific owners to ensure each action is completed in a timely manner. In addition to this, as a result of identifying the above themes, several workshops were held throughout the year involving numerous representatives from within and outside of the organisation.

Complaint Management

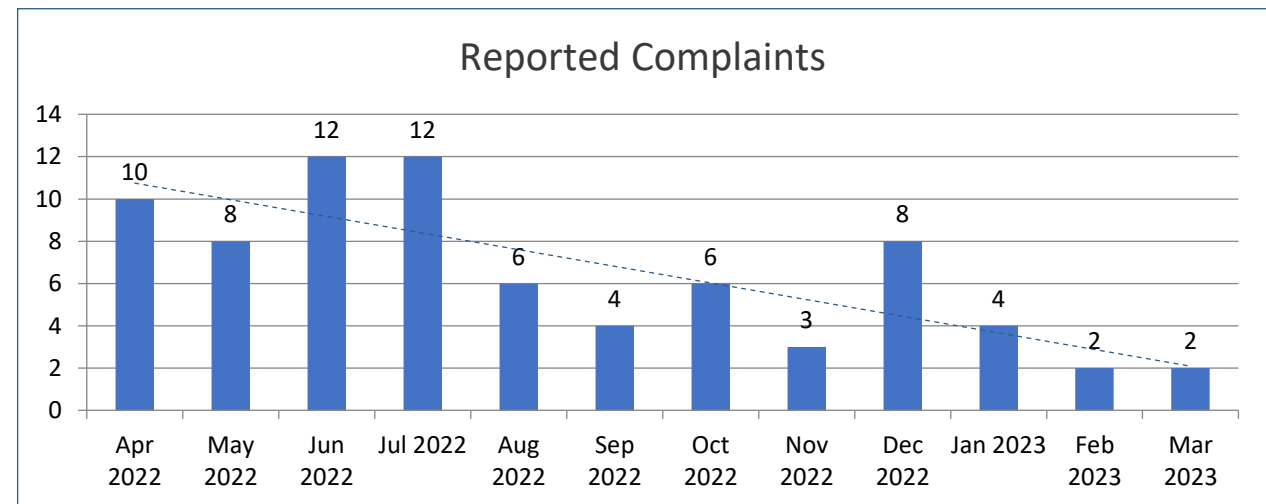
Making a complaint is one way in which service users can make their views known that their expectations have not been met. Medvivo takes complaints seriously and recognises that they provide valuable opportunities to learn, and to improve the service provided. Medvivo respects the rights of users to express dissatisfaction and equally recognises that members of staff who are the subject of complaints have a vital role and are engaged in the process in an open and supportive manner.

Medvivo has multiple methods for a complaint to be expressed. In the first instance it is encouraged for any complaints to be discussed with a member of staff at the time. Staff are trained to be as helpful as possible and try to take immediate action to address any concerns raised. If a complainant does not wish to raise their complaint with the staff involved, or this is not appropriate or possible to do so, then a complaint can be made in the following ways:

- Telephone: A verbal complaint can be made to a member of the Quality Team on 0800 6444 200 (press option '0' for reception)
- Email: Email the Quality Team directly via mg.quality@nhs.net
- Post: Address your letter of complaint to: Quality Team, Medvivo Group Ltd, Fox Talbot House, Bellinger Close, Greenways Business Park, Chippenham, Wiltshire, SN15 1BN.

During the year, 77 complaints were received. Whilst this is a 30% decrease from the previous year, there is no room for complacency. Medvivo continues to receive increased activity and demand not experienced prior to the COVID pandemic. The increase is noted across many NHS providers including primary care, ambulance services, and the acute hospital trusts. This demand impacts the ability to deliver the care and advice to patients and service-users within appropriate timeframes.

As a result of these pressures, delay in call-back is the most prominent complaint theme. Learning from complaints fed directly into multiple workshops held throughout the year and as a result reported complaint numbers decreased as the year progressed.



Learning Workshops & Thematic Reviews

Workshops and end-to-end reviews are a great opportunity for staff to dedicate time and resource to review identified gaps and key areas for improvement. Whilst several smaller workshops were held over the year, three larger workshops were held, bringing together key representatives to review themes identified throughout the year via reported incidents, serious incidents and complaints. The aim of every workshop is not to apportion blame but to identify and share learning, mitigate further occurrences and improve practice.

The emergence in 2019 of the COVID pandemic spawned unprecedented challenges to health and care services, bringing intense pressure and radical change to systems, organisations and to all of us as individuals. Service delivery and providing the same level of performance has been difficult ever since, with ramifications continuing to impact not only Medvivo but all primary, urgent and emergency healthcare providers in 2022 and 2023. Whilst this is a significant factor, contributing to many of the incident and complaint themes, and although Medvivo recognises that delivering the same level of service during unprecedented demand is not always possible, it continues to do what it can to ensure the support it provides is as person-centred, caring and as safe as possible.

Queue Management Workshop (Jan-22)

After experiencing extremely high demand over the winter and Christmas period, a workshop chaired by the Quality and Patient Safety Lead, was held specifically with the aim of embedding a strong culture of queue safety management, with well understood roles and responsibilities supported with clear and consistent processes.

After discussing key aspects, including case monitoring (consistently reviewing the list of active cases), the failure to make contact process (F2MC), and patient safety calls, the workshop resulted in changes being made to the Adastra system, a review of the Urgent Care Coordinator and Call-Handler competency matrix, as well as new training plans and procedures.

Serious Incident Thematic Review (Jul-22)

Recognising common root causes across a series of reported serious incidents, a thematic review was conducted. Chaired by the Quality and Patient Safety Lead, attendees included representatives from Medvivo, DHU Healthcare and the ICB.

Key areas discussed were NHS pathways assessment compliance, the new and worsening symptoms call-back process, and delay in contact waiting for a CAS consultation.

Following the workshop, Medvivo completed a review of the clinical rota structure pattern, to ensure it best fits the needs of patients and the service.

Post Critical Event Workshop (Jan-23)

Following significantly high activity and unprecedented demand experienced in December 2022, a post event workshop was held in January 2023. The workshop provided an opportunity for the key individuals and teams to review and capture all the key challenges, identified issues and actions taken during the period.

Chaired by the Quality Team, attendance at the workshop included representatives from all aspects of the organisation, from front-line operational delivery through to the Executive Management Team.

The workshop provided important feedback and learning points which has significantly contributed towards Medvivo's new Adastra system, currently being developed ready for go-live deployment in April 2023.

Plaudits & Patient Testimonials

Medvivo recognises the importance of collecting plaudits and their valuable contribution in assisting us to better understand the patient experience, and to influence any future service changes.

We also use them as an opportunity to recognise the good work delivered by staff while they endeavour to provide the high standard of service we continually aim to achieve.

Whilst incidents and complaints provide valuable opportunities for learning, plaudits and compliments also allow us to grow and develop by reinforcing the positive aspects from which to build upon.

All positive feedback received is shared directly with the relevant team members, their line manager as well as via the company's intranet to be shared across the organisation.



"All the staff were so cheerful and put our patient at ease. We have had nothing but kindness."

An Urgent Care Out of Hours Patient



"Our patient said he is happy with the care provided by UC@H and wanted to say that our Responders are 'exceptional people' and have made him feel 'really good.'"

A Patient supported by our UC@H Team



"Our patient's family wanted to express her gratitude for the wonderful care from the Responders – they said we were so patient. Well done everyone!"

A Patient supported by our Responder Team



"The Clinicians were so kind, understanding and patient with our very nervous 9-year-old boy. I feel very lucky to be able to use such an awesome NHS service. Credit to you all. Thank you!"

A patient seen in one of our OOH bases

Plaudits & Patient Testimonials

This patient told me that his visit made him feel completely at ease. He really appreciated that she helped him. He said our "Responder was so kind and considerate". He'd felt very embarrassed and awkward about receiving personal care support initially, but he said she was wonderful. How lovely to hear that.

Medvivo Response Service

"I would like to thank you and your colleague for getting my mum and dad sorted. We are so, so grateful and my parents and I can't thank you enough. They are a lot better, and things have been put in place to help them both, keep up the good work – you were brill!"

Medvivo UC@H Service

"We have had the most excellent care from NHS111 Medical Team and the Team at Moredon Medical Practice. We were called back within 10 minutes by a Doctor who sent a rapid referral through to A&E and the Paediatric ward. When we arrived, the nurses scooped my son out of my arms when he was lethargic and floppy. Dr's urgency on everything. I want to say a massive thank you to all NHS workers – you're all angels!"

NHS111 and Medvivo Urgent Care Out of Hours

Plaudits & Patient Testimonials

Our patient has asked us to pass on that the Responders were “excellent, efficient and incredibly kind”. She felt like she could talk to each and every one of them like they were old friends, nothing was too much trouble, and she is sad to not be seeing them again!”

Medvivo Response Service

“Without your help I think I would be in a very different situation. The Clinician knew exactly what was going on with me. You provided help and support quickly. The Clinician was straight on it and if it wasn’t for her, I wouldn’t be here now. She was so concerned, empathetic and caring and followed up with me afterwards.”

Medvivo Urgent Care Out of Hours

“I wanted to personally thank the GP who called me as a triage call for my daughter. You were kind, considerate and professional, making me feel at ease as a mother and reassured as a medic. The time taken to make no assumptions and assess thoroughly was very much appreciated. Thank you all for your hard work and providing a fantastic service, having never called 111 before it was good to know that my patients and family alike are in safe hands OOH. With best wishes & many thanks.”

Medvivo Urgent Care Out of Hours

Plaudits & Patient Testimonials

Upon leaving a visit to a patient at home, our Non-Clinical Response Team was handed a sealed thank you card. The Responders did not open the card until they returned to their base and inside was a handwritten note:

"Thank you so much for your wonderful care, a hard act to beat"

The patient had also enclosed a gift of £50. As standard policy Medvivo does not accept any gift of this nature, so after contacting the patient and confirming in writing, the gift was donated to Medvivo's Charity of the Year – Julia's House – a children's hospice.

Julia's House has written to Medvivo recently, to thank us for the donations Medvivo have made to them in 2022.

In 2022 we donated an incredible £646.00 which will make a life changing difference to local families with seriously ill children.



Julia's House
Wiltshire & Dorset Children's Hospices

**THANK YOU
MEDVIVO**

**For raising an incredible £646.00 through your
Charity of the Year fundraising in 2022**

When you raise money for Julia's House your support really does make a life-changing difference to local families with seriously ill children. We are funded by the kindness of the communities we serve, so, it's thanks to you we are able to keep our vital service going.

Thank you for your support.

For more information call: **01380 562525** or visit: **juliahouse.org**

In the heart of your community

Registered with the FUNDRAISING REGULATORY AUTHORITY

Facebook, Twitter, Instagram, LinkedIn icons



Julia's House
Wiltshire & Dorset Children's Hospices

The Medvivo Charity Team
Medvivo
Fox Talbot House, Unit 4
Greenways Business Park
Bellinger Close
CHIPPENHAM
Wiltshire
SN15 1BN

17th January 2023

Dear All members of the team at Medvivo

I am writing to thank you all for so kindly choosing to support Julia's House through 2022 and for raising a wonderful £646.00. These funds will help us to provide a lifeline of care for the most seriously ill children across Wiltshire. These children need 24 hour care for their complex and often rare medical conditions, which puts a huge amount of pressure on their families. Their conditions are often incurable and many are sadly not expected to live beyond early adulthood.

We offer clinical, emotional and practical support, and essential respite breaks to give exhausted families time out from round-the-clock care, helping to prevent them from reaching breaking point. Each family we support can tailor the care they receive in whichever way suits them best. Crucially, Julia's House supports the whole family and not just the seriously ill child – we're there for parents, siblings and grandparents.

We receive 92 per cent of our funding from our local community, we are therefore so grateful for the ongoing support of organisations like Medvivo. Thanks to support like yours, we are able to provide free respite care for the most seriously ill children and their families, wherever they need it most – in their home, at our Devizes hospice or in the heart of your community.

So thank you once again from the bottom of our hearts, we really are truly grateful.

With all good wishes,

Jo

Jo Common
Corporate Fundraiser

Care for the child, there for the family

Julia's House, Bath Road, Devizes, Wiltshire SN10 2AT
Telephone 01380 562525 Email info@juliahouse.org www.juliahouse.org

Registered with the FUNDRAISING REGULATORY AUTHORITY

Registered with the FUNDRAISING REGULATORY AUTHORITY

Company registered in England and Wales, Registered Office: Julia's House Ltd, Barclays House, 1 Wilton Road, Poole, Dorset BH15 2BB
Company Registration No. 3463868 Registered Charity No. 106725

In the heart of your community

SECTION 4: Local Audit Data

Clinical & Non-Clinical Audits

Local Audit Data

Audits help assess the quality of services by examining adherence to established standards and protocols, they identify gaps and enable corrective actions to be taken to enhance patient safety and outcomes. They provide a consistent, systematic and comprehensive assessment of the quality of both processes, and practices. Audits are conducted with the aim of identifying areas of improvement, as well as areas of good practice to build upon.

Audits are carried out across all areas of Medvivo to ensure staff are actively engaged and that patient care is of a high quality. These audits provide opportunities for learning and development, while ensuring the patient experience continues to improve.

Local clinical and non-clinical audits are managed by the teams in each service area. Senior and experienced team members from each service complete audits for their respective area. These are closely monitored by the Service Managers who have overall responsibility for audits within their service.

Reports are shared and reviewed regularly at the 2-monthly Quality Committee meetings, for group discussion and review with representatives from all areas of the organisation. Changes to the audit criteria are agreed if appropriate at this committee meeting, to ensure good governance is shared throughout at every level.



Clinical Guardian Audits

For all clinicians working within the CAS and OOH services, Medvivo utilises the Clinical Guardian audit system; a dynamic online database which facilitates the governance process and uses a systematic approach to assess clinical competence. For auditors to refer to, it presents the questions based on the Royal College of General Practitioners audit toolkit. Clinical Guardian can help spot emerging trends and allows action to be taken before problems manifest.

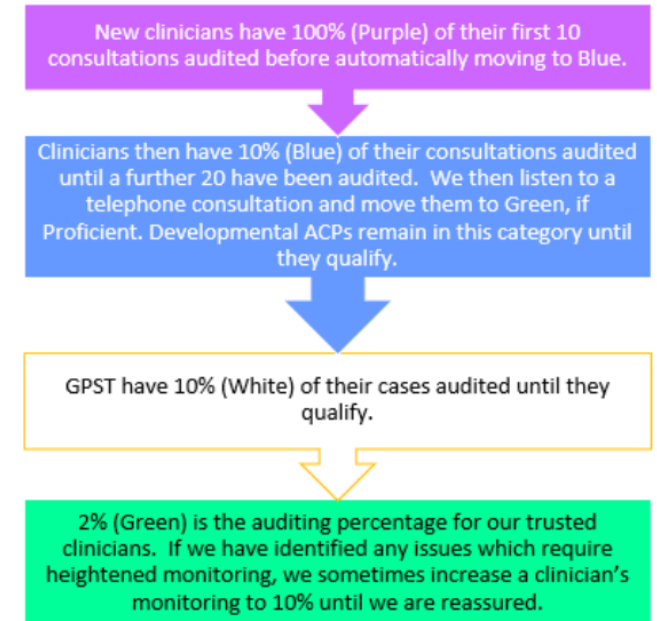
Clinicians who are new to Medvivo have 100% of their first 10 consultations audited. After which they have 10% of their consultations audited until a further 20 have been audited. If deemed 'proficient' after listening to telephone consultations, the percentage drops to 2% as trusted clinicians. The monitoring may return to 10% if concerns are identified.

Clinicians who consistently maintain an excellent standard of care are approached to join the auditor team and are provided with training to perform these additional duties. Any feedback generated is provided to the clinician for the purpose of reflection and development. The current audit team is made up of five GPs, six Advanced Nurse Practitioners, three Pharmacists, one Clinical Responder and one AWP Lead.

Once cases have been reviewed, emails are automatically sent directly to the clinician to see the score and the feedback provided. Any concerns are raised directly with the auditing team, which is then passed to the Medical Director and Clinical Leadership Team for further follow up with the clinician involved.

Between April 2022 and March 2023, 6,033 consultations were audited on the Clinical Guardian software:

- **94%** of cases audited were marked 'Proficient.'
- **6%** of consultations marked 'Proficient with Group Comments' (where minor reflective feedback is shared with the clinician).
- **Less than 1%** marked as "For Reflection".



Clinical Guardian Audits



Month	GP	NP	Registrar	Pharmacist	Paramedic	Triage Clinician	Clinical Responder	AWP	ACP	Total
Apr-22	530	142	19	46	47	8	37	6	15	850
May-22	474	152	11	71	53	19	55	3	49	887
Jun-22	609	136	17	91	30	18	66	14	60	1041
Jul-22	476	168	9	73	22	24	66	7	58	903
Aug-22	34	6	0	0	7	3	4	0	1	55
Sep-22	0	0	0	0	0	0	0	0	0	0
Oct-22	0	0	0	0	0	0	0	0	0	0
Nov-22	0	0	0	0	0	0	0	0	0	0
Dec-22	148	51	4	16	13	0	34	1	13	280
Jan-23	388	150	3	25	52	0	103	6	33	760
Feb-23	257	138	6	27	40	17	72	6	28	591
Mar-23	249	131	5	22	34	5	95	100	25	666

Due to a national business continuity event in August 2022, Medvivo was among many providers who lost access to Adastra, the primary clinical patient management system utilised for the CAS and OOH services.

Whilst Medvivo were able to maintain service delivery through effective application of business continuity plans, data was not able to be transferred direct to Clinical Guardian for audit.

In order to ensure the delivery of a safe service, auditing was maintained via a manual process utilising both Microsoft Excel and SharePoint.

Whilst Medvivo were able to operate using Adastra again within the month, data and reporting continued to be impacted for months after.

For cases between August and December 2022, Medvivo completed a total of 553 manual audits, ensuring any key learning points were escalated and fed back to the Clinical Leadership Team and any relevant clinicians.

Medvivo has a well-established manual audit process for all SystmOne audits and was therefore able to maintain audits with minimal disruption.

SystemOne Audits

In addition to Adastra, Medvivo also utilises SystemOne to record clinical consultations. SystemOne provides a reliable back-up system for Adastra and was relied upon heavily in the national business continuity event between August and December 2022. SystemOne is also frequently used to support with any additional services that Medvivo are required to support with outside of the core CAS and OOH services.

Whilst Adastra is able to feed data directly into Clinical Guardian for audit, this is not possible via SystemOne. To ensure that all consultations and systems are accounted for, Medvivo completes regular manual SystemOne audits throughout the year.

Between April 2022 and March 2023, 1,001 SystemOne consultations were audited via a manual process:

- **97.5%** of cases audited were marked 'Proficient.'
- **Less than 2.5%** marked as "For group review".



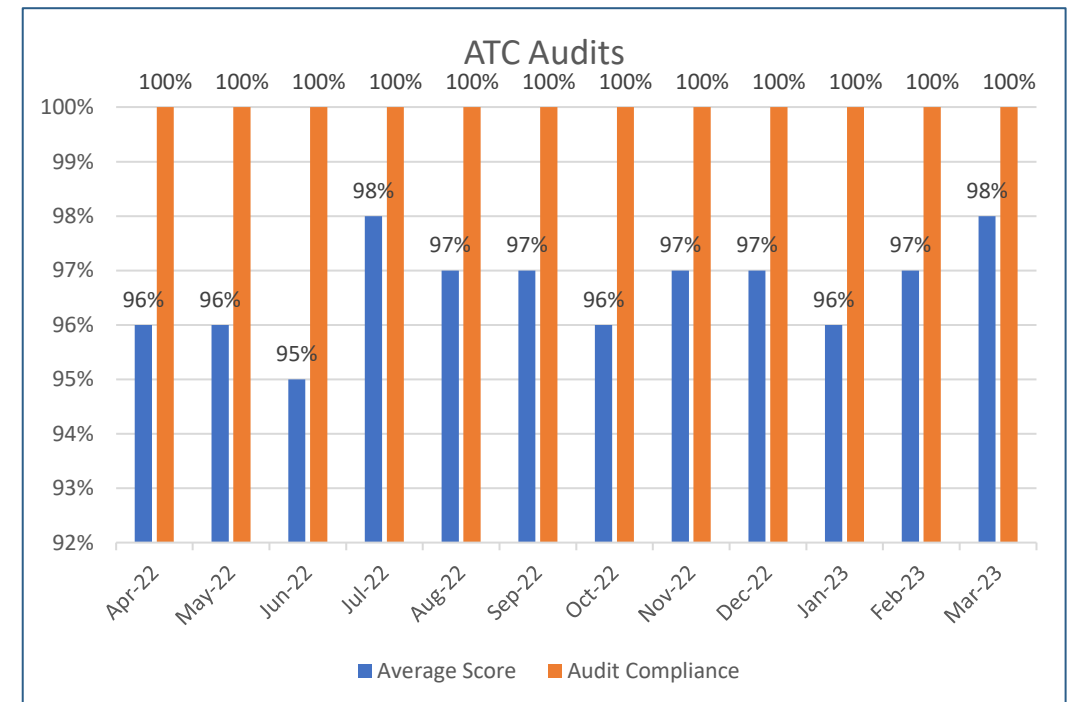
Access to Care Audits

Clinicians within the ATC service receive a call audit, recording and feedback every month. Additional to their specific audit, clinicians are also provided with a copy of the audit overview report submitted every 2-months to the Quality Committee sharing all common themes. Any clinician scoring below 91% are asked to complete a reflective practice.

The auditor team, consisting of experienced clinicians, change their allocation every four-months; this enables consistency and clinician specific themes to be identified, whilst ensuring all learning is circulated across the entire team. For one call from each auditor every month, a second review is conducted by the dedicated Service Lead, to ensure the process is fair and consistent. In addition to this, The ATC auditor team conduct monthly peer audits for each other. An auditor monthly meeting is held to discuss any difficult calls as well as any themes or trends.

Key learning themes identified:

- **Demographics:** Clinicians should confirm the full name, date of birth and address of the patient, if they only confirm two, they receive a score of one.
- **Documentation:** As well as drop-down answers there are free text boxes to add additional information, sometimes that additional information is not added and therefore marks are lost. If the referral does not relate to all the questions on the SystemOne questionnaire, the Clinician should document the relevant questions asked in the update notes. By not documenting the rehab goals in the final section of the screening tool, this makes the aim of the referral less clear.
- **Consent:** Specific consent is not always required for every call but is good practice to ask .
- **Recorded Line:** The Clinician should advise the call is being recorded for auditing and monitoring purposes on all outgoing calls.
- **Leading Questions:** By using leading questions the Clinician may not get the full picture and receive biased answers.



Non-Clinical Responder Audits

For Non-Clinical Responders, two audits are completed each month. Audits are conducted by a Team Lead or selected experienced members of the team. Audits consist of reviewing notes via the Oracle system utilised by the team. If during contact with the Response Service the service-user had experienced a recent fall, the completed falls risk assessment is audited as part of the wider audit.

The outcomes of audits are discussed at regular one-to-one meetings and relevant learning is shared with the team and other service lines as appropriate. Any low scoring team members are supported with a development and training plan to help rectify any gaps in knowledge or understanding.

At the early stages of the reporting year in May 2022, following discussion and review by the Quality committee, the Non-Clinical Responder audit process was revamped with a new and improved audit process.

Key benefits of the new audit process include:

- Ability to provide feedback automatically in a timely manner
- Enhance reporting and analysis via Power BI
- Ability to allocate and change auditors with ease

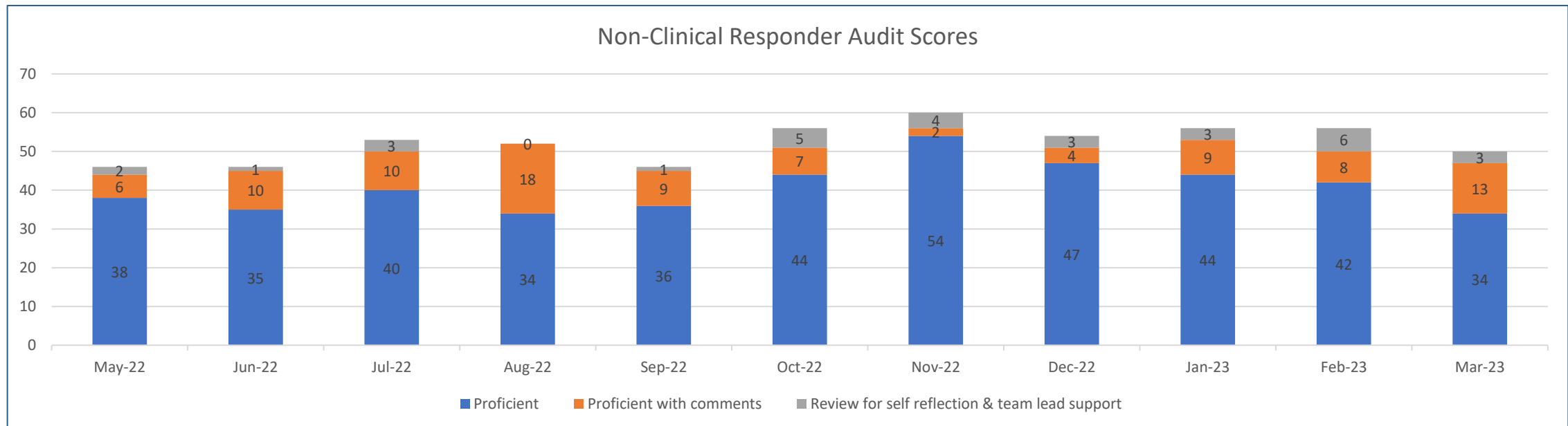
Key learning themes identified:

- **Documentation:** Ensuring the level of detail recorded within the system is sufficient to enable accurate visualisation of the visit.
- **Service Information:** Ensuring that patient after-care and calling card information is left with the service-user following a Responder visit.

Non-Clinical Responder Audits

	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Proficient	38	35	40	34	36	44	54	47	44	42	34
Proficient with comments	6	10	10	18	9	7	2	4	9	8	13
Review for self-reflection & team lead support	2	1	3	0	1	5	4	3	3	6	3
Total	46	46	53	52	46	56	60	54	56	56	50

*Data available from May 2022 onwards as the Non-Clinical Responder audit process was revamped and a new system implemented via Power BI after thorough testing



Urgent Care Coordinator & Call-Handler Audits

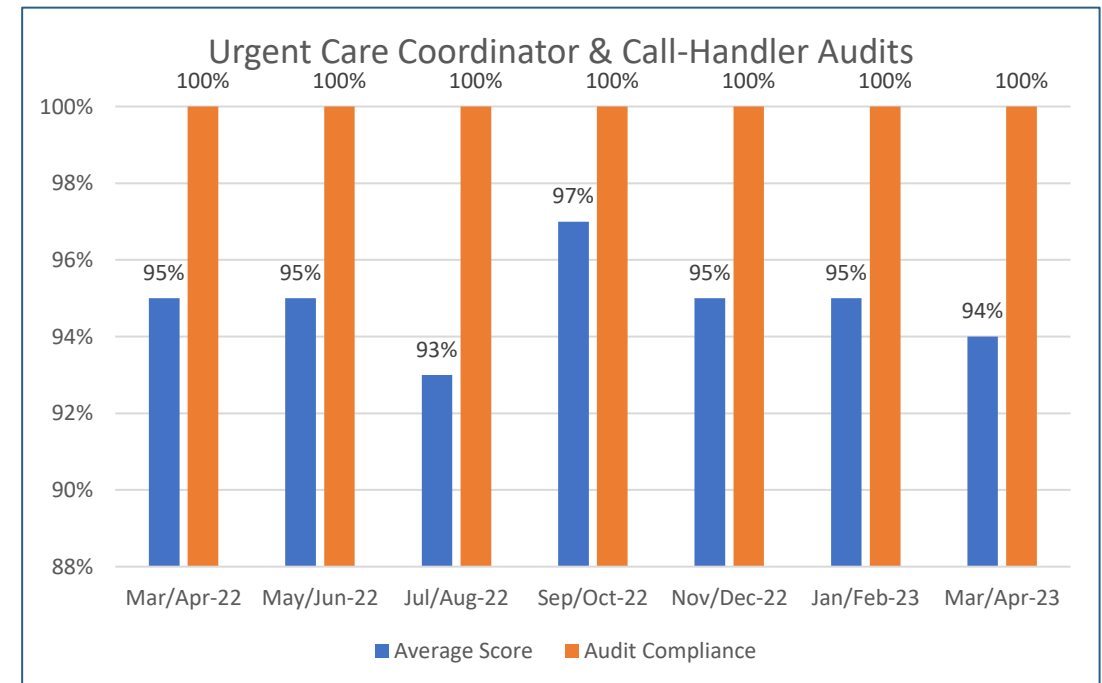
Each member of the Urgent Care Coordinator and Call-Handler Team has a call recording, and their system (Adastra and SystmOne) notes audited every 2-months. Completed assessments are emailed to the member of staff and discussed at monthly one-to-one review meetings.

Relevant learning is also shared with the team as a whole and other service lines as appropriate. Whilst average audit scores have remained consistently high over the reporting period, slight fluctuations can be largely attributed to new starters within the Urgent Care Team where there is an initial learning curve in which call audits play a key role in their initial training and development.

Audits within the Urgent Care Operational Team are conducted by the Team Leads who have regular weekly and monthly meetings where any trends and learning themes can be shared across the group.

The most common learning areas identified include:

- **Demographics:** Confirmation of demographics including the registered GP practice.
- **Current Location:** Confirmation of the patient's current location.
- **Worsening Advice:** Providing clear worsening advice at the end of the call.



Treatment Centre Audits



In early 2022, Medvivo completed a full round of base quality audits; however, these were non-scoring and the dates announced in advance. This was due to the introduction of the new Urgent Care Base Lead role which resulted in three new appointments and therefore was used as a coaching audit.

The following round was completed between June and August and was unannounced. Overall, the results were good with exceptional scores of 95%+ at Hathaway Medical Centre (HMC), New Road (NR) Surgery and Salisbury Medical Practice (SMP) and the Clinical Responder cars all passed, achieving more than 85%. Keynsham Health Centre (KHC) were amber at 76%. Moredon Medical Centre (MMC) was identified as the area with most room for improvement, scoring red with 54%. On the positive side there were excellent results on expired products, resuscitation equipment and defibrillator checks.

Our first round of audits for 2023, took place in the first quarter and the results were spectacular. With the now established Base Leads and the introduction of the Urgent Care Assistants (UCAs) in the latter half of 2022, the investment in people development has had a real positive effect on the results achieved and therefore on patient safety. The overall average score increased from 82.9% to an impressive 95.9% in the space of just six months. No significant concerns were identified in this round of base quality audits but a credible list of positives. These include no loss of points on what we consider the critical patient safety areas of expired medications and all emergency equipment (defibrillator, resuscitation, anaphylaxis, and meningitis equipment).

Treatment Centre (Base) Audits 2022-2023						
	HMC	KHC	MMC	NR	SMP	Total
2022	95.5%	76.3%	54%	96.7%	89%	82.9%
2023	98%	95.5%	94.5%	N/A*	95.5%	95.9%
Variance	-0.5%	+19.2	+40.5%	N/A*	+6.55%	+13%

*In 2023 Medvivo ceased operating from NR instead combining and locating centrally from HMC

Treatment Centre Audits

Congratulations to the entire Urgent Care Assistant Team for being awarded the Risk Committee Recognition award for February 2023.

Diligence and close teamworking with the Non-Clinical Medicines Management Lead has led to a significant improvement, with the latest treatment centre audits all achieving above 94%.

UCA audits cover all aspects of the OOH treatment centres with a key focus on the storage and maintenance of medications, consumables and equipment held within the bases and vehicles.

Risk Committee Recognition Award



In appreciation of the great customer experience and feedback received, the Risk Committee would like to recognise the work of the:

Urgent Care Assistants - Base

“

The Risk Committee wanted to recognise and thank the Urgent Care Assistant Team regarding the recent Treatment Centre Audits. Moredon Medical Centre scored 94.5%, an excellent result and a huge improvement on the previous audit. Hathaway Medical Centre scored a fantastic 98%. Salisbury Medical Practice and Keynsham Health Centre both scored an great 95.5%. This work is vitally important to ensure we provide a safe service for all our patients who attend a face-to-face appointment. A huge well done to all the Base Leads and the Non-Clinical Medicines Management Lead for this achievement which is a critical aspect to patient safety.

”

The Risk Committee were keen for you to receive this award as recognition for the excellent work and safe service you provide to patients – especially in such unprecedented, challenging and demanding times. Thank you – we couldn't do it without you!



Michael Smith, Risk Committee Chair

09-FEB-23



All new compliments are usually shared at Risk Committee meetings. These meetings are attended by a multi-disciplinary team of Clinical Leads, Service Leads and members of the Quality & Information Governance Teams. Receiving compliments enables us to acknowledge and 'build on' examples of good work.

SECTION 5: 2022-2023 Achievements

Service Developments & Improvements

2022-2023 Priorities



At the outset of the reporting year, Medvivo identified four priority focus areas for 2022-2023. It is essential to reflect upon the journey and acknowledge the progress made in the pursuit of our organisational objectives.

Whilst it is true that not all specific aims have been completed regarding our four main priorities, we firmly believe that our collective efforts have been successful and to emphasise that key actions and decisions over the course of the year have been made with these four priorities in mind. It is important to acknowledge the tremendous amount of work that has been accomplished.

In pursuit of these goals, the evolving and fluctuating demands of our services and the local health system meant that targets were adapted, recognising the importance of agility to navigate the ever-changing landscape in which we operate. Regardless, Medvivo remained committed to the principles of each of the priorities, with an underlying dedication to providing safe and person-centred care.

Through collective teamwork, innovating and developing new initiatives, as well as reinforcing existing processes, Medvivo have delivered numerous quality and service improvements including:

- Clinical rota structure review
- Home visit validations
- Ambulance industrial action support
- Comfort calls
- Care Coordination
- Clinical responder base trial
- Clinical Effectiveness Committee
- Medvivo Employee Forum
- Employee Assistance Programme
- StaySafe app
- Recruitment and retention

Medvivo 2022-2023 Priorities

Priority 1: Patient Experience

Priority 2: Clinical Effectiveness

Priority 3: Staff Safety & Experience

Priority 4: Recruitment & Retention

Clinical Rota Structure Review

Following a turbulent few years with high activity levels, changes to the service model following COVID, and the lessons learnt from the pandemic, there has been a real focus within the Medvivo Team on ensuring clinical staffing levels and rotas are aligned with demand.

To facilitate this piece of work a taskforce was assembled, led the by Associate Director of Service Improvement and Associate Director of Operations to review the clinical rota structure to achieve the following three fundamental aims and four main objectives:



Improve patient experience and reduce delays



Ensure the service provides the right clinician, at the right time, for the right patient



Ensure we make the most effective use of clinical and non-clinical resource during a time of extreme demand and recruitment challenges



Match Clinical Resource to Demand

Demand on the service has changed in recent years whilst the rota model has remained relatively static.

Medvivo has a diverse workforce to utilise flexibly and whilst Clinicians can be utilised for CAS consultations at the bases, it is less effective than dedicated CAS shifts.



Improve Processes for Analysing Demand

We have vast amounts of data and excellent Power BI reports, but there is room for improvement.

By simplifying processes, we will increase our ability to identify where we need to target our resource.



Maximise Rota-Fill Efficiency

Clinicians can book shifts which are not always the most critical for the rota, thereby creating additional work for the Rota Team by spending time moving people around. By making improvements, this will continue to strengthen the positive relationship between staff and the Rota Team.



Enhance staff morale

Clinicians booked to work from the bases can often be asked to focus primarily on CAS consultations. By providing clarity in the structure this this will improve clinician satisfaction with clearer expectations.

Non-clinicians at times have no clinician to support and are 'surplus'. Whilst alternative duties can be completed, it is not the primary function of their role.

Clinical Rota Structure Review

Changes to the rota structure were made incrementally throughout the year, with the most significant phase of the project completed in October 2022. Whilst the project has now been completed and closed, the clinical rotas continues to evolve and adapt as process are now in place to monitor activity as we strive to provide the best possible service for our patients.

Action Completed	Detail	Service Improvements
Review current demand and modify rota structure	Use data analysis and expert knowledge, redesign the rota model to ensure the right clinical resource is available at the right time.	<ul style="list-style-type: none"> Enhance patient experience Increase service efficiency Reduce delay in contact events Reduction in complaints and patient safety incidents Improve morale and clinical shift fill Reduce Rota Team workload Increase support to the wider health and care system
Develop tools for regular resource planning	Develop methods for analysing demand and matching resource to demand so this can become part of business as usual.	<ul style="list-style-type: none"> Increased adaptability Able to respond quickly to changes to service demand Proactive approach to resource planning
Restructure non-clinical rota	Match the non-clinical and clinical rotas.	<ul style="list-style-type: none"> Reduction in 'surplus' non-clinical shifts and operational issues relating to this Reduce staff costs Reduce Rota Team workload Improve morale
Link in with Clinical Resource Utilisation project	Ensure that the dependencies and overlaps between these projects are mapped to avoid duplication.	<ul style="list-style-type: none"> Avoid wasted time and effort Share learning across projects

Home Visit Validations

With delay in care identified as Medvivo’s most prominent incident and complaint theme, it is vital that all clinical resource is utilised as efficiently as possible.

Many of our patients that need to be seen face-to-face can attend one of our OOH bases, which have all the appropriate back up, equipment and support. However, there are some patients for whom this is not appropriate for a variety of reasons. For these, home visits can be arranged.

We recognise that home visits are, by far, the most resource intensive part of our service. These patients are often complex and vulnerable, and the time taken to travel to someone’s home can be significant. The home visiting service can therefore be under intense pressure at busy times, resulting in patients having a long wait before a clinician arrives on scene, with the risk of deterioration in the meantime.

Whilst there are many patients for whom home visits are clearly required when a face-to-face consultation is necessary (e.g. end of life care, those in care homes, those who are fully housebound etc.), there are a group of patients for whom the request for a home visit sits outside of this cohort.

To ensure that those who most need a home visit receive one in a timely manner, a trial was conducted over several months beginning in June 2022 whereby home visit requests were reviewed by a senior clinician before being allocated to a car.

After careful review and receiving positive feedback from clinical and non-clinical team members, this process had now been fully embedded within the business as a normal operating procedure.

As a result of the success of this service improvement development, a future trial will go ahead in April 2023 whereby a senior clinician will review all face-to-face treatment centre requests for two of our bases (KHC and MMC), prior to the patient being booked an appointment.



	Apr-22	May-22	Jun-22	Jul-22
Home Visit Consultations	1523	1499	1435	1196
Percentage of total consultation activity	9.3%	9.2%	8.5%	7.8%

Ambulance Industrial Action Support

As a result of a variety of key factors including a fifth wave of COVID, an unexpected Group A Streptococcus outbreak, a return to a usual flu season, and a general increase in demand, all further exacerbated by industrial strike action, the NHS 111 and Out of Hours Services experienced sustained, unprecedented, never seen before activity. With disruption caused across BSW, the entire health and social care system was under intense pressure.

Medvivo recognises the responsibility both to patients and to partners, to do what we can to support the system, even when experiencing direct, extremely high activity. As a prime example of this, December 2022 saw multiple incidents of NHS industrial action with both The Royal College of Nursing (RCN) and Ambulance Services completing strike action and staff walk-outs as a result of pay disputes with the government.

Nurses in England, Wales and Northern Ireland participated in strike action for two days (15th and 20th December 2022), their biggest walkout in the NHS's history. Ambulance strike action occurred on the 21st December 2022 across England, Northern Ireland and Wales, with a coordinated walk-out by the three main ambulance unions - Unison, GMB and Unite.

Identifying Ambulance industrial action as the key risk impacting patient experience, safety, and being a key area Medvivo could support with, the below actions were implemented:

- Increased clinical resource within the CAS and Care Coordination services in anticipation of increased demand
- Additional Clinical Responder cover gathered, including in-hours, to provide additional home visit capacity
- Increased Non-Clinical Responder resource to provide additional support for any non-injury falls
- Additional operational resource gathered via volunteers to provide non-clinical, welfare home visits
- Option for Clinical and Non-Clinical Responders to be teamed-up to provide enhanced falls support

Medvivo continues to support the system as and when needed with all industrial action events to help mitigate the impact to all patients and system partners.



Comfort Calls

In previous reports, Medvivo has highlighted the key role of patient safety comfort calls in mitigating the impact to patient experience and safety, particularly at peak demand.

The exceptionally high activity levels experienced by both the NHS 111 and OOH services in December 2022, meant comfort calls were more important than ever. As an example of the extreme pressure at a national level, in the very first week of December (5th to 11th December) the NHS received one of the highest weekly numbers of 111 calls with NHS England reporting over 700,000 calls, a 60% increase on the previous week (rising from 440,047 to 706,129). This is the highest number on record, excluding two weeks at the beginning of the covid-19 pandemic (March 2020).

Comfort calls are important for several reasons. Firstly, it assures the patient they are still on the list to be contacted. More importantly, it enables the patient's condition to be checked and if it has changed or worsened, appropriate action to be taken. This ensures their welfare, and equally if cases can be deescalated, this enables clinicians to reduce potential unnecessary pressures on the service. Additionally, if contact is not made, the case can be promptly escalated as a failed contact attempt.

Across the month of December, Medvivo completed a total of 9,889 comfort calls. To support with increased activity, members of other support service teams, including managers and directors, completed training to be able to support the service. During normal working hours, at the time of escalation, support service teams ceased non-operational activity to support comfort calls. During the out of hours periods including the Bank Holidays, numerous team members volunteered by providing additional hours to support patient safety.

A comfort call is a non-clinical contact with a patient, or a patient's carer. It is made when there has been a delay, or there is an expected delay, in them receiving a call or visit from a member of the clinical team beyond the arrangement made by NHS 111 or the Medvivo team from the initial contact with the service.

Case Date	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
12/31/2022	7	9	15	8	5	12	22	12	57	68	87	39	48	64	43	44	17	21	15	14	11	1	9	628	
12/30/2022	4		2	2	2								2	3	6	7	16	19	6	25	21	26	23	16	180
12/29/2022									2	4	10		7	2	9	2			12	10	25	13			96
12/28/2022	6	11	3	2	5		2			4	4			2			9	4	3	8	9		2	74	
12/27/2022	6	2	2	6	10	6	15	11	44	48	40	60	54	61	63	53	43	27	18	27	5	19	9	17	646
12/26/2022	3	12		13	7	12	15	11	23	19	24	26	18	48	43	39	37	17	44	15	2	15	12	9	464
12/25/2022	11	2	1	3		6	7	16	10	10	8	10	10	12	3	33	15	7	16	11	12	10	8	17	238
12/24/2022	7	11	14	15	11	11	15	35	55	69	96	80	83	54	53	41	13	16	19	14	24	18	5	14	773
12/23/2022	4	4	2	4			14	2	5	30	12	9	14	6	10	2	12	5	10	15	43	21	20	21	265
12/22/2022	10	6	5	13	6	10	23	6	8	8	4	3	16	11	12	4	2	9	25	47	21	28	14	10	301
12/21/2022	15	15	2	3	10		7	4	4	8	14	22	22	24	27	18	28	12	51	41	25	28	19	15	414
12/20/2022	1		8	2	2	1		5	18	23	13	18	4	27	11	16	18	58	21	27	29	30	22	9	363
12/19/2022	11	5	5	3	4	12	3	4	10	14	25	8	8	18	22	27	19	51	47	35	25	21	14	10	401
12/18/2022	5	8	17	1	4		8	13	18	21	28	27	40	33	33	45	28	48	42	21	27	31	19	10	527
12/17/2022		6	12	7	6	7	9	32	33	48	61	45	54	68	59	42	52	31	31	23	13	28	28	13	708
12/16/2022	10			4						4	4	2		6	12	17	17	4	16	25	25	30	29	8	213
12/15/2022	7	9	2	3	6	2	4	3	2	7	7	13	4	9	6	17	12	4	24	21	23	4	6	2	197
12/14/2022	16	1				3	9	10	5	17	17	12	16	20	17	31	10	28	34	32	37	31	18	8	372
12/13/2022	10			4			2		4			4		2	5	5	12	20	26	27	48	29	22	15	246
12/12/2022	9	5		2			3	5	9	6	2	3		2	2	9	11	4	21	26	14	4	7	8	152
12/11/2022	11	2	3	7		11	3	37	33	56	40	28	67	34	36	35	29	9	13	2	28	24	7		515
12/10/2022	1	4	4			12		6	35	58	54	47	56	58	34	35	20	15	17	12	8	13	10	4	503
12/9/2022	10	1	2	3	3	1	6	4		2	4	2	12	9	7	8	6	10	2	9	5	13			119
12/8/2022	5	3					3	2							2	3	5	5	16	19	14	16	12	8	113
12/7/2022	5	6		3			5	4	6	4				3	8		18	13	18	42	24	12	4	4	179
12/6/2022	9	6	3	2	3	2	12		4	13	4	9	9	6	8	8	7	12	15	8	13	32	13	18	216
12/5/2022															2	3	24	19	18	19	6	16	15	8	130
12/4/2022		4		6	6			18	14	20	34	26	3	11	11	8	2	8	2	4	3				180
12/3/2022	10		7	3		3	9	16	11	19	30	40	58	17	31	35	37	50	48	14	19	16	12	3	488
12/2/2022	13																3	19	25	18	5	21	6	5	115
12/1/2022			3												4		11	6	10	11	15	5	5	3	73

Non-clinical comfort calls completed per hour in December 2022

Care Coordination

The Care Coordination service provides timely support for ambulance crews to access alternatives to the Emergency Department where clinically appropriate, ensuring patients are seen in the setting most suited to their needs. Managed by a multidisciplinary and multiagency team of clinicians (including GPs, Hospital Consultants, Advanced Clinical Practitioners and Mental Health Specialists), the Care Coordination service is primarily based within Medvivo at Fox Talbot House.

In December 2022, the BaNES, Swindon, and Wiltshire ICB embarked upon an ambitious programme of work to create a central function to coordinate elements of care across the entire health system: from pre-hospital and acute admission through to discharge. Care Coordination is one of three improvement programmes which the ICB prioritised and invested in to enhance experience for patients and professionals alike.

An initial one-week trial was conducted between Monday 12th to Sunday 18th December. The aim of the trial was to support the improved navigation and utilisation of other pathways, such as Community pathways and Same Day Emergency Care (SDEC) pathways. Medvivo and our system partners worked together to provide one single point of access for ambulance crews to contact. During this week, ambulance crews called into the Care Coordination service, using the already well established Medvivo HCP line, prior to conveying any patient that is over 70 years of age and who is not time-critical. To ensure a collaborative and integrated approach, Medvivo hosted staff from the three local acutes, community services, the Directory of Services (DoS) team, Ambulance Service, AWP and other organisations, all working closely together to improve patient journeys and reduce hospital admissions where a more appropriate pathway is available.

The trial was an overwhelming success, managing to keep many patients at home with the support of other services, reducing waits outside of ED, reducing ambulance handover times, freeing up capacity within the acute sites and providing our patients with a much-improved experience. In the initial four-days alone, 91 of 125 category 2 ambulance calls were not conveyed into hospital. In total overall, 77% of contacts have had an alternative pathway to a hospital admission.

As a result of this outstanding work and achievement, the trial was extended. In the first month of operation, the Care Coordination Team managed just under 2,000 patients, sending only 18% of these to the Emergency Department – 43% were closed by Medvivo clinicians without recourse to another service. The Care Coordination service continues to operate, supporting the system and providing a better patient experience.



Feedback from Care Coordination clinicians:

“

My 20 year nursing career has spanned many specialities including Secondary Care, Community Care, Primary Care and OOH Care. With hand on heart, I can genuinely say that the Care Coordination work is by far the most important and satisfying project I have ever been involved in. I can genuinely say that this is the one thing that has demonstrated huge benefits to our system partners in secondary, ambulance service, community, social, voluntary and primary care. Most importantly, the benefits to our patients cannot be overstated. Ensuring access to senior decision makers within the Care Coordination hub means patients are receiving the right care, first time. Paramedics are able to have a clinical conversation with a colleague to decide on the most appropriate place for the patient to be managed. The support from all system partners has been astounding. We are all working together towards a common goal and the satisfaction that is gained from helping our patients to be cared for in the most appropriate way cannot be underestimated. We are all learning from each other continually, sharing knowledge and experience to gain the best possible outcomes.

Thank you CareCo for showing me how truly integrated care should be. Long may it continue!

I have been working in Care Co since the start and absolutely love it. As an ACP it allows me to safely and autonomously work to ensure the best outcomes for the patients. We have easy access to a range of services within the community which we can refer patients in to rather than them needing an ambulance or admission. Ambulances are frequently stood down before they have been dispatched, for example, non injury falls which can be dealt with in the community. This keeps the emergency service free for those patients that need it and also ensures that patients are assisted in a timely manner by the most appropriate service. It allows for excellent MDT working, where the patient remains at the heart of all decision making and, because we have extra time plus easy access to community services, we are able to think outside of the box more and keep the patient at home (if safe to do so). Paramedics calling in have all said that they find a professional conversation helpful and the majority of the time we are able to keep patients out of hospital and, if they do need admission, we are able to arrange this directly so that the crew can avoid ED thus getting their patient to the right place faster and allowing the crew to get back out on the road. I do hope that it is able to continue. It truly places the patient at the heart of all choices and bring together all of the incredible services that are available

”

Care Coordination

Feedback from Ambulance Service clinicians:

The service is bloody marvellous – needs to be a forever support service

Loving this service and all the amazing people who work there. Every single transaction with them has been an absolute joy

The support at scene is tremendously helpful ... struck gold with this one

Will this be rolled out to other counties – it seems like a tremendous success and great team effort to better patient outcomes

Used the Care Coordination Hub multiple times. Seems to have worked really well especially for two patients who without support may have needed conveying. Five patients today and not a single conveyed...

We discharged an HCP admission yesterday evening using this service. The doctor we spoke to was excellent. She had a balanced and pragmatic view of the benefits/risks. The patient and his family were over the moon. This service is an absolute gamechanger in my opinion

I have used the BSW Nav hub three times in the last 2 shifts. Each patient (all cat 1s) could have been conveyed, but after good clinical discussion with HCPs, these have been discharged on scene. This service is invaluable if we are going to manage our patients effectively

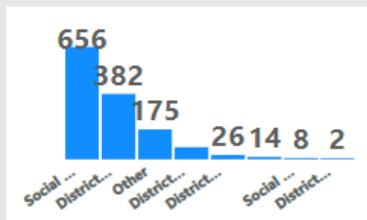
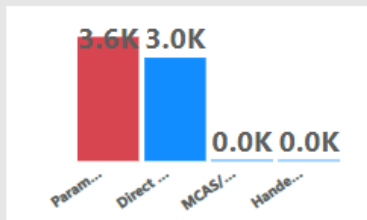
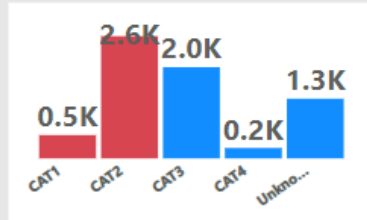
Used this yesterday – great service & able to support me leaving someone at home who otherwise may have had to go in..... This system has to be engrained as core business as the hospital situation is certainly not an overnight fix

Fab service from the lovely xxx. Enabled us to safely discharge our patient from the very long queue at xxx. Without her input we'd have remained in the queue (patient had been there since 2am and was still 6th in the queue.) Please, please, please make this a 24 hour thing – it's brilliant!

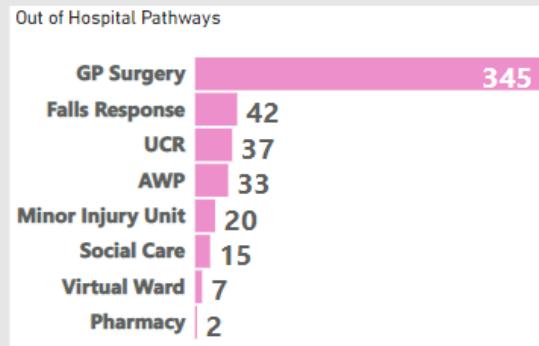
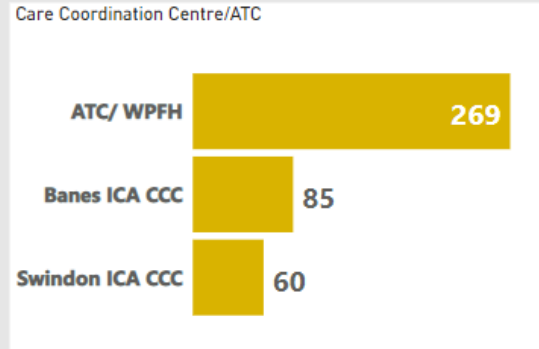
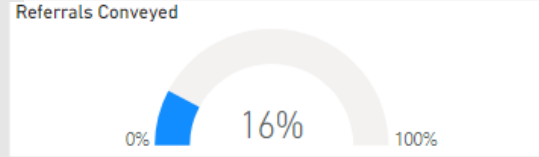
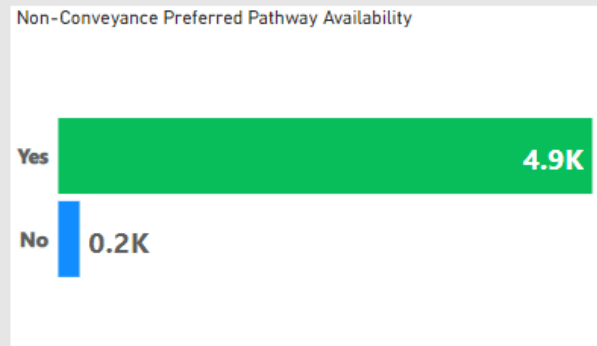
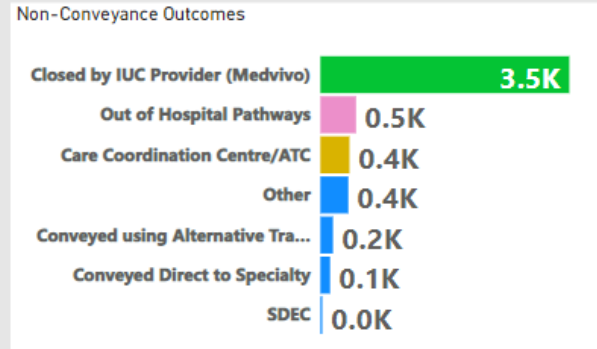
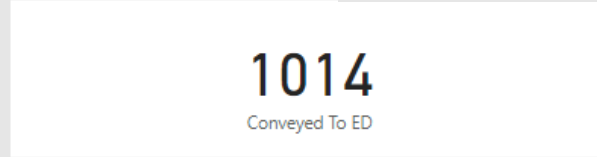
The ICB/ICS are vital for coordinating best practice and BSW is setting a high bar! However, it is all of you that are creating a social movement and changing the way we think and work that will have the greatest influence! ❤️

Care Coordination

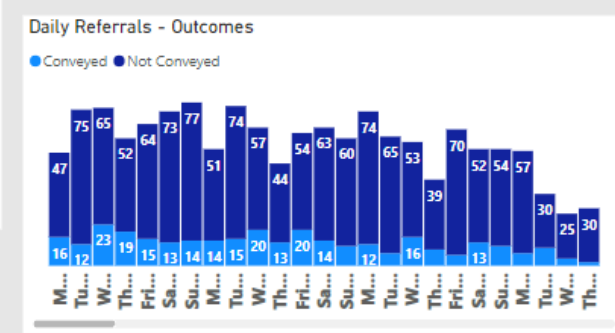
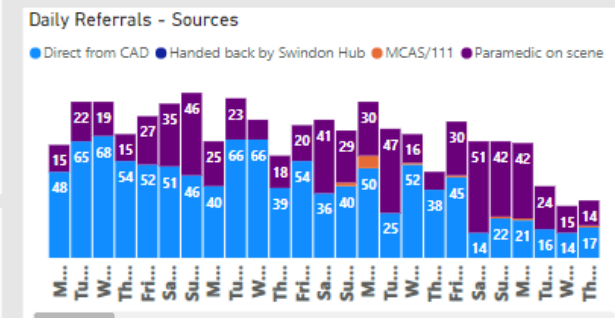
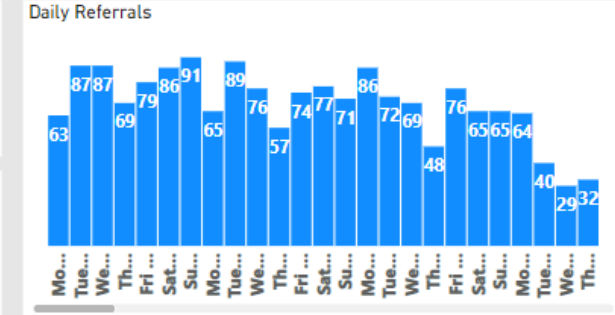
INPUTS



OUTCOMES



NOTE: Counts are based on unique SWAST incident numbers (and no longer on consultation questionnaire counts - as it is possible that a single SWAST Incident can have more than one consultation)



Clinical Responder Trial



In 2020 at the start of the pandemic, Medvivo's mobile visiting resource urgently needed to increase to meet the unprecedented rapid growth in demand for services. Clinical resource was complemented by using non-prescribing clinicians as an extension of the clinical team, working closely with a senior clinician who oversees the case and management plan. After an extremely successful trial period, the Clinical Responder role is now a fully embedded aspect of the operational service delivery model.

As demand continues to steadily increase, Medvivo are exploring the potential to expand the Clinical Responder role to support face-to-face treatment centre consultations, in addition to home visits.

A controlled trial was completed over 6 consecutive weekends, where a selected group of Clinical Responders completed consultations working out of Hathaway Medical Centre as additional resource, again supported remotely by a senior clinician.

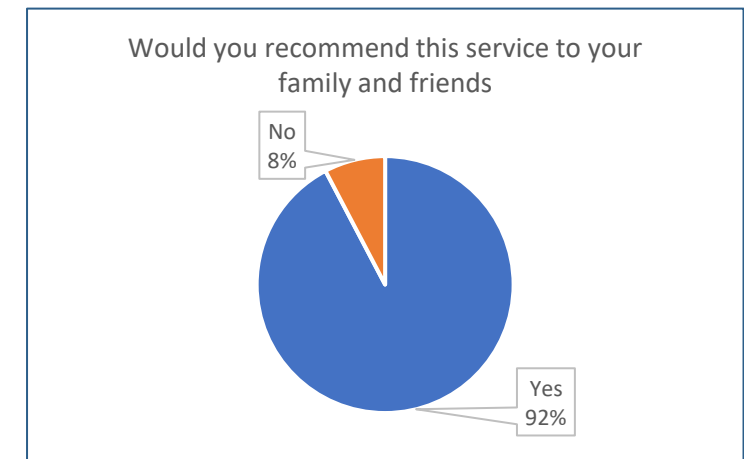
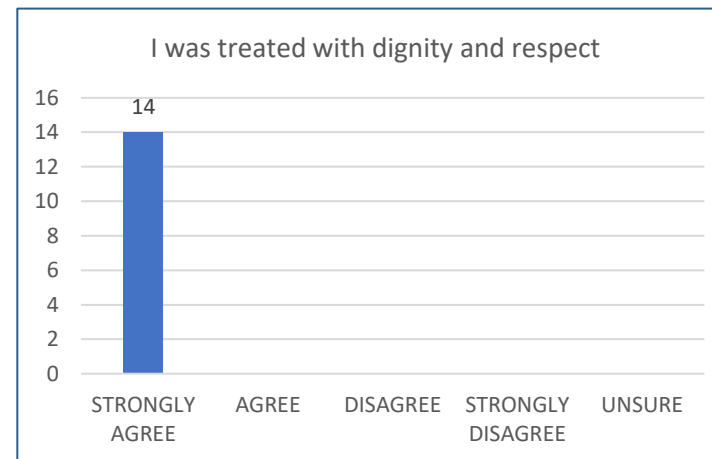
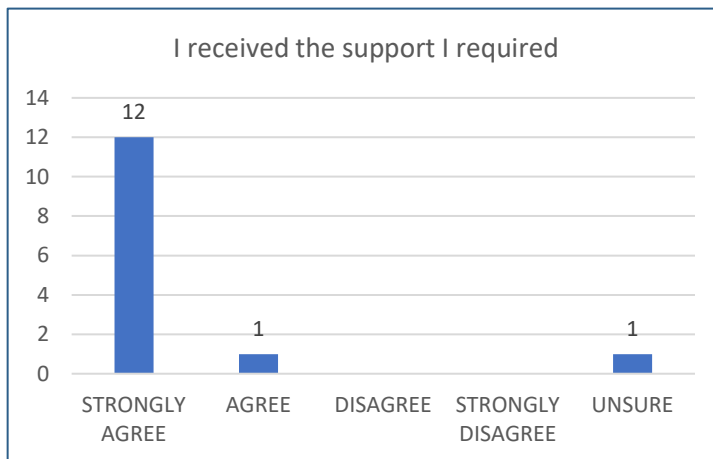
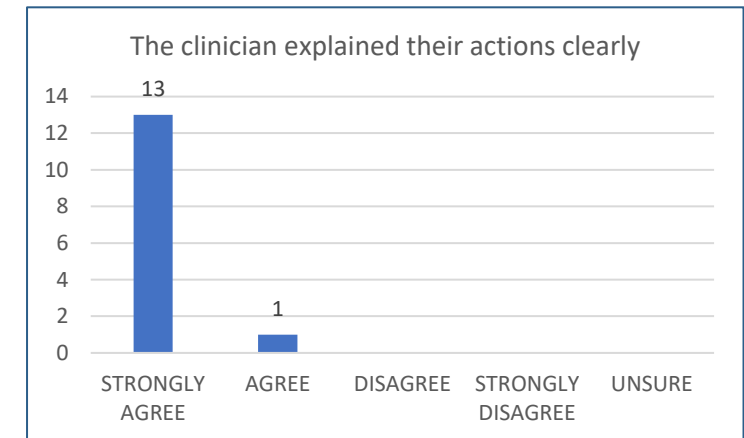
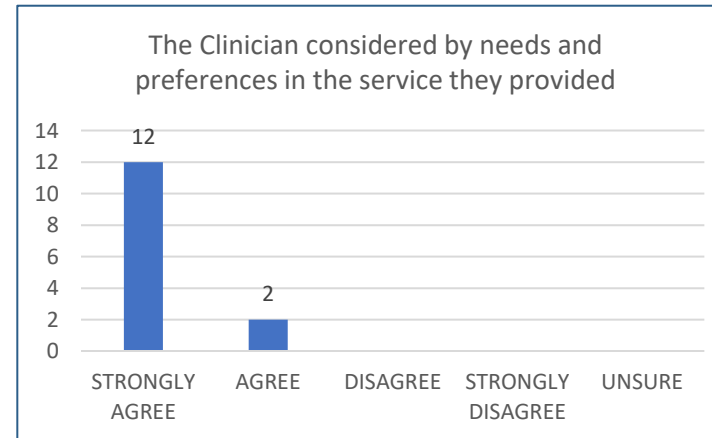
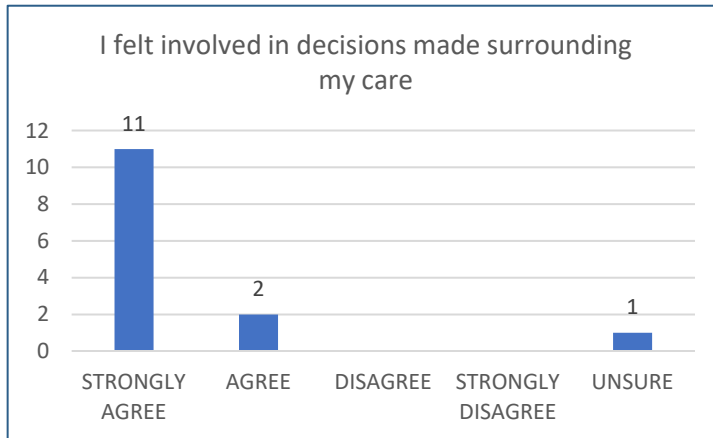
Prior to the start of the trial, workshops were provided regarding paediatrics and ear, nose and throat examinations to increase the confidence of the non-prescribing clinicians involved. They were also given the opportunity to attend a tour of the base to familiarise themselves with the rooms and equipment.

Projected Service Improvement Benefits:

- Increased flexibility within the clinical team
- New development pathway for non-prescribing clinicians
- Increased clinical recruitment and retention opportunities
- Increased staff satisfaction and moral
- Increased clinical rota fill
- Reduced agency spend
- Senior clinicians able to focus their expertise where it is most needed
- Enhanced patient care and experience

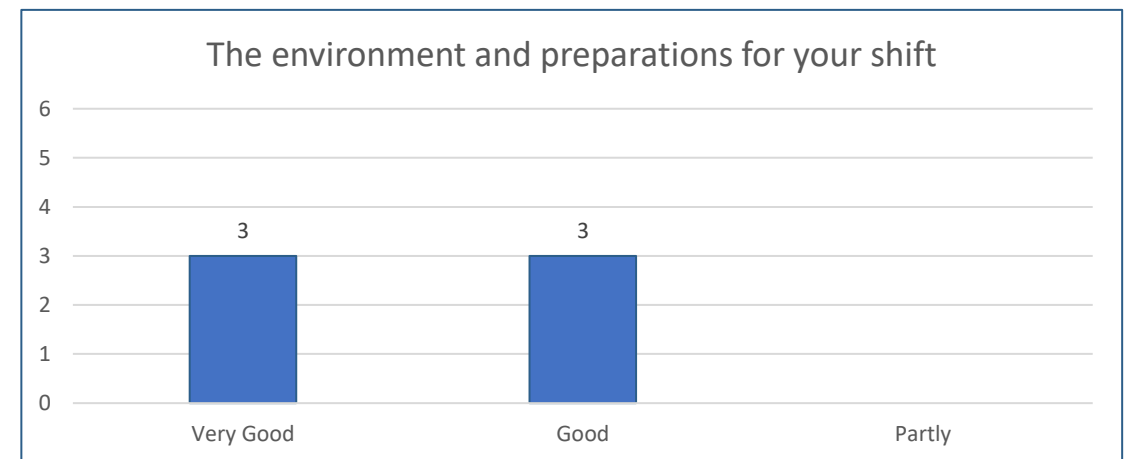
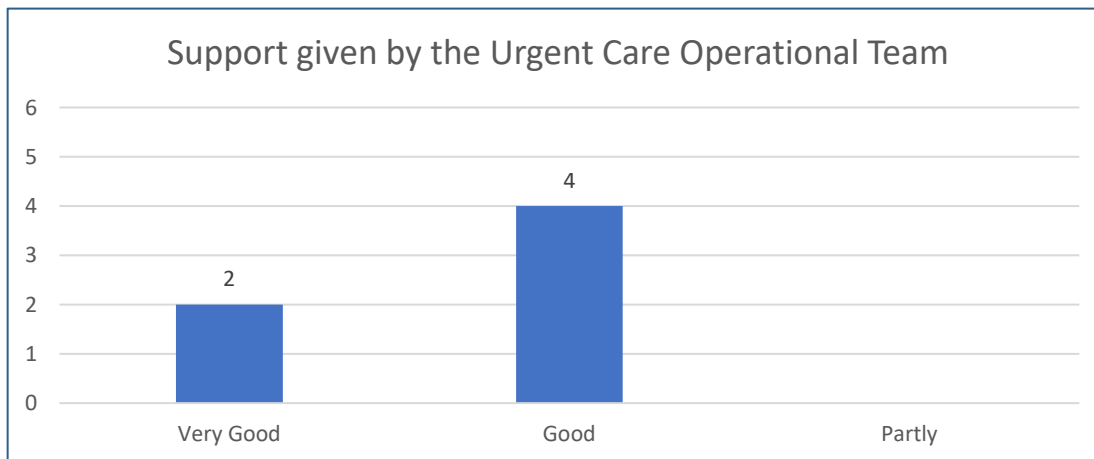
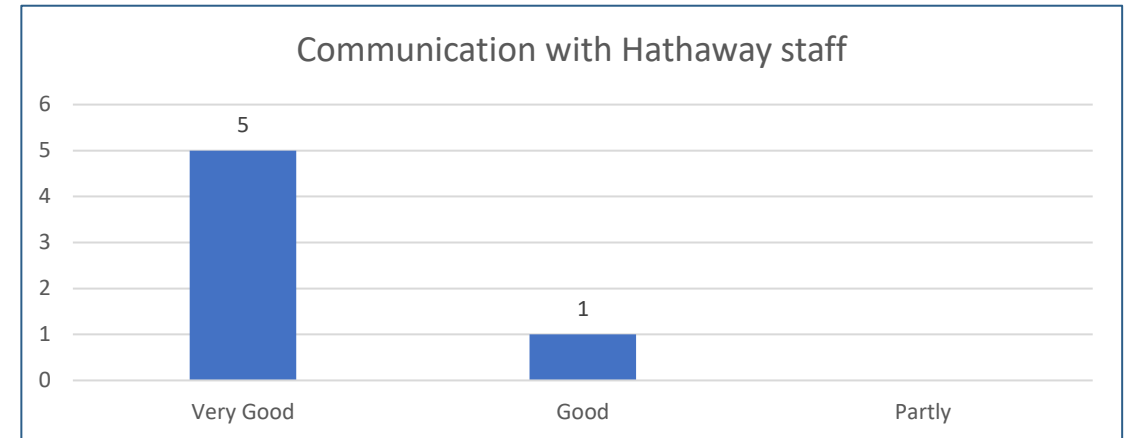
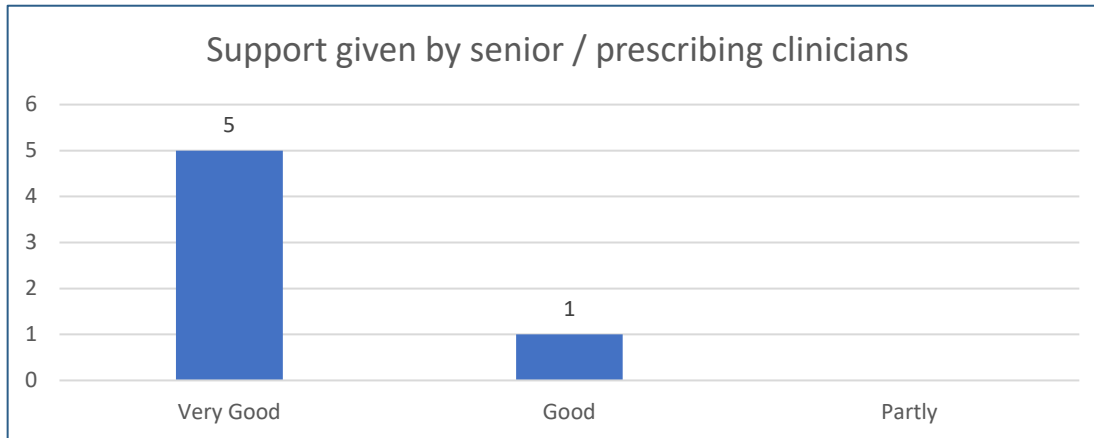
Clinical Responder Trial

As part of the trial period a sample of patient experience was collected, with 14 patients providing overwhelming positive feedback.



Clinical Responder Trial

6 clinical responders participated in the trial, all of whom provided positive feedback.



Clinical Responder Trial

Over the 6-week period, the trial provided 12 Clinical Responder base shifts (96 additional clinical hours) supporting a total of 113 patients. Led by Medvivo's Clinical Leadership and Organisational Development Manager, with all key learning and feedback captured and presented to the Executive Management Team.

Based on the positive responses, the trial is now being discussed with the operational and clinical management teams to explore next steps and the potential of Clinical Responder base shifts becoming a future permanent aspect of the clinical rota pattern.

Key Learning and Next Steps:

- **Extended Trial:** The trial could be extended to include a second period, covering a number of the upcoming bank holiday weekends, in order to review the result after a period when the service experiences especially high activity over an extended 3-day period. This has been forwarded to both the Associate Director of Operations and Medical Director to discuss potential implementation over the Summer.
- **Shift Patterns:** During weekends, to best support demand for home visits which increases throughout the day, Clinical Responders predominantly work 14:00-22:00. Feedback provided by team members during the trial, highlighted the benefit of staggering Clinical Responder times throughout the day with the additional availability of morning shifts, specifically when completing face-to-face consultations from the bases. Providing a greater range of shift times may improve Clinical Responder recruitment, allowing staff to select shifts that best match their work-life commitments. This feedback has been given to the Rota Team to explore potential changes to the standard weekend clinical rota pattern.
- **Preceptorship Training:** The trial reinforced the benefits of mentorship and providing another pathway for non-prescribing clinicians to gain first hand urgent-care experience, all under the support and guidance of a senior clinician. The trial highlighted the potential to develop a formal preceptorship programme, working alongside the Physical Assessment and Clinical Reasoning for Practice (PACR) module, to grow and nurture Medvivo trainees and newly qualified staff. Medvivo's Clinical Leadership and Organisational Development Manager continues to explore this with the idea it could be expanded and offered as a package for practitioners within the wider community, as a supervised consolidation module.

Clinical Effectiveness Committee

As part of Medvivo’s commitment as a provider of excellence, we are pleased to announce the relaunch of the Clinical Effectiveness Committee, which took place in November 2022. This committee is led in partnership by our Medical Director and Associate Director of Clinical Services. With their combined leadership and expertise, the committee plays a vital role in enhancing the quality, efficacy and efficiency of our clinical services.

The primary aim of the committee is to ensure that Medvivo delivers the highest standard of clinical care to our patients and service-users. By examining the latest research, evidence-based guidelines, feedback from staff, and best operational practices, the committee aims to identify areas for improvement and implement strategies to optimise patient experience and outcomes.

The committee, regularly attended by representatives from the ICB, is held 2-monthly and allows for greater in-depth discussion, review and analysis before also feeding into the wider organisation via the Quality Committee.

Each with a dedicated representative from the Clinical Leadership Team, regular items on the committee agenda include:

- Infection, Prevention & Control (IP&C)
- Reducing Antimicrobial Resistance
- Medicines management
- Sepsis & Deteriorating Patients
- NICE Guidance
- Clinical audits
- Practice development
- End of Life Patient (EoL) Care
- CAS Alerts
- HPAN Alerts
- Learning Difficulties
- Frequent callers & high intensity users



Dr Sue Lavelle
Medical Director



Janet Jennings
Associate Director of
Clinical Services



Clinical Effectiveness Committee

Clinical Effectiveness – Key Developments Overview

<p>Infection, Prevention & Control (IP&C) Lead: Head of Enhanced/Advanced Clinical Practitioners</p> <ul style="list-style-type: none"> Review & revamp of Medvivo IP&C Guidebook in line with national guidelines Winter vaccination monitoring utilising all available stock Engagement with local system committees to share learning Supported re-designing of HQ call-centre layout to ensure compliance with IP&C principles 	<p>Medicines management Lead: Non-Clinical Medicines Management Lead</p> <ul style="list-style-type: none"> Improved issuing of medications from stock process via Adastra, removing the requirement for written prescriptions Relaunch of base audits following specific training and coaching sessions for newly appoint Urgent Care base Leads Medication stock managed to support with additional bank holidays and in response to unexpected infection outbreaks Improvements to OOH equipment bags and storage to support treatment centres and home visits 	<p>End of Life Patient Care Lead: Practice Development Officer</p> <ul style="list-style-type: none"> Engagement with local partners to review how best to support families in cases where a burial within 24-hours is requested due to religious or cultural beliefs T34 Syringe driver training developed & delivered to Medvivo Clinical Team Confirmation of the BaNES area Verification of Death policy (VoED) Engagement with local system committees to share learning
<p>Sepsis & Deteriorating Patients Lead: Associate Director of Clinical Services</p> <ul style="list-style-type: none"> Sepsis week held in September 2022 to increase knowledge & understanding throughout the organisation Wear red for sepsis day held with community quiz to promote awareness Sepsis case studies shared via the company intranet Sepsis e-learning reviewed and re-launched to increase engagement 	<p>NICE Guidance Lead: Associate Director of Clinical Services</p> <ul style="list-style-type: none"> Conducted monthly review of all updated NICE guidance which fed into weekly communication to clinical team Implementation of NICE guidance tracker to ensure all relevant guidance is logged and shared via company intranet 	<p>Clinical Audit Lead: Medical Director</p> <ul style="list-style-type: none"> Holistic oversight of Clinical Guardian and SystmOne audits and emerging learning themes, feeding into weekly communication to clinical team Oversight of auditor group reviews Development and relaunch of regular clinical auditor team forum meeting to be implemented in 2022-2023
<p>Reducing Antimicrobial Resistance Lead: Prescribing Pharmacist</p> <ul style="list-style-type: none"> Medication specific audits via Clinical Guardian completed for penicillin, coamoxiclav, pregabalin, gabapentin, lorazepam, diazepam, temazepam & trimethoprim Distribution of Anti-Microbial Resistance information to increase awareness throughout the organisation 	<p>Practice Development Lead: Practice Development Officer</p> <ul style="list-style-type: none"> Catheterisation workshops held Leading of Teach and Treat model across BSW for training and supporting experienced pharmacists to become Independent Prescribers, gaining national recognition and a visit from Health Education England Working in conjunction with UWE to develop a PACR module at Fox Talbot House to be delivered in 2023-2024 	<p>HIU Updates Lead: Clinical Leadership & Organisational Development Manager</p> <ul style="list-style-type: none"> Organised and held 2-weekly HIU multi-agency meetings. HIU meetings to ensure continuity of care between services Developed direct, more efficient HIU referral process to improve engagement for GWH, Swindon Ongoing work to develop similar direct referral process for the RUH, Bath
<p>Learning Difficulties Lead: ATC Clinical Lead</p> <ul style="list-style-type: none"> Communicating and spreading awareness of the Oliver McGowan Initiative Working closely with the training committee to develop a process to ensure Oliver McGowan training is completed by all relevant Medvivo staff in 2022-2023 	<p>CAS Alerts Lead: Non-Clinical Medicines Management Lead</p> <ul style="list-style-type: none"> Overview presentation provided to the weekly operational meeting to distribute and share information across the organisation 	<p>HPAN Alerts Lead: Non-Clinical Medicines Management Lead</p> <ul style="list-style-type: none"> Developed tracking process via Microsoft SharePoint to ensure safe and secure process to share information to senior Clinical Leads

Teach & Treat Pilot



Health Education England (HEE) are piloting a Teach and Treat clinics initiative across the South West region. This initiative is designed to support the establishment of sustainable, system-led, prescribing supervision capacity, by creating teaching clinics that can support several pharmacists training to be prescribers from across the sectors of practice.

From 2026, all newly qualified Pharmacists will also be qualified as Independent Prescribers (IPs). Based on our population need in BSW, Medvivo are commissioned to train 50 trainee pharmacists a year to meet our workforce demands, recognising the need to rapidly scale up the number of people eligible to act as Designated Prescribing Practitioners (DPPs). DPPs are needed to support the trainee pharmacist to attain their prescribing competencies in their year of work before registration. Additionally, we have a significant cohort of experienced pharmacists without this important qualification who also need to be supported.

Utilising the funding provided by HEE for alternatives to traditional supervision models, Medvivo chose to target Community Pharmacists, in-line with the national and local strategic direction for Community Pharmacists to take on an increasingly clinical role, especially around urgent care and management of minor illness to support the system. We estimated that the Teach and Treat pilot would enable Medvivo to increase DPP capacity at pace by adding another 18-20 prescribers to the system each year.

In collaboration with BSW ICB, HEE, Medvivo, the University of the West of England (UWE), and the University of Bath, worked together to provide a supportive and safe environment for the clinical aspects of the IP Course, allowing them to simulate prescribing practices in a safe environment. As a result, Medvivo are delivering an exciting and comprehensive training programme, which has received very positive feedback from learners and HEE. Medvivo have taken two cohorts of students in year one; 6 in September 2022 and 9 in March 2023. We have had significant interest from community pharmacists for these training places, and currently have a waiting list for the next cohorts.

Multidisciplinary training has been one of the biggest strengths of the pilot. Not only has it been beneficial for the students to learn clinically from a multidisciplinary team, but they have also built relationships and developed pharmacists to have a much stronger understanding of the urgent care system and the range of services available to patients. The feedback from the students shows clearly how much the students have valued the varied learning environments and the multidisciplinary training experience. The students also highlighted how much this was in contrast to their role as sole practitioners in community pharmacies and how they felt more connected to the system as members of the wider team of healthcare professionals.

Teach & Treat Pilot

"Being in a group is fantastic, as we are the only pharmacists in a pharmacy most of the time so it really helps to have a group of people doing the same training of you and the training they [Medvivo] provide is fantastic."

"We are learning more from Medvivo than from the university, the systematic training of examination skills has been invaluable to do that in real life rather than on a computer."

"We have learnt so much about other services that we didn't know existed by talking to other staff and learnt how they would approach situations. You wouldn't get that with just one DPS/DPP as they would have limited time. Here you have a group of people that can organise experiences for you and mix and match much more."

"Working in a multidisciplinary team you get to hear from people of all different backgrounds, paramedics, nurses and you shadow someone you see how they interact with patients. In community pharmacy there isn't much support so you can see how networking builds your confidence as a prescriber and you can see how pharmacists can be part of the MDT."

"The generosity of people it doesn't feel like they do this for money, they really are doing it for the right reasons. There is a genuine interest from this company...it's heart-warming."

"We've had anything we wanted in terms of experiences, working with each other's DPS & DPPs, with prescribers, going out in the cars, going to peoples' homes, worked at the bases, met with governance audit and CD lead, and the content of the days.... they have flexed the content of the days to meet our needs."

"We are doing a lot more skills than required by the university, we are getting a better experience."

Teach & Treat Pilot



There is an increasing move for OOH services to refer to community pharmacy for clinical services, and Medvivo are extremely supportive of this model. For Medvivo, investing in pharmacy workforce development means they have confidence in the skills of the pharmacists and will be able to refer reliably. Conversely, community pharmacists having a better understanding of the OOH system may mean that referrals from pharmacies are made more appropriately. Both aspects will help to reduce pressure on NHS 111 and OOH services and support the integration of community pharmacy within the wider NHS.

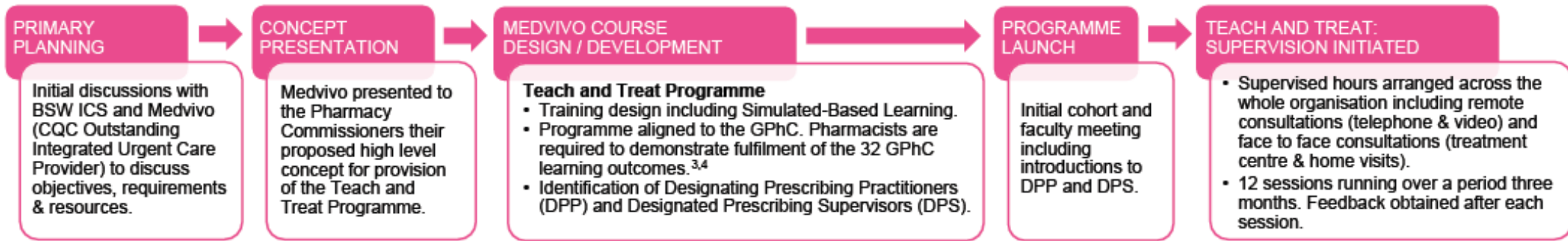
Strong links with universities are of significant benefit. Medvivo are happy to accommodate students on both the Bath and UWE courses and have particularly strong links with UWE. Medvivo will soon be a franchise for UWE, delivering the Physical Assessment and Clinical Skills module. These links mean that Medvivo have a strong understanding of the requirements of the academic courses, which influence the design of the Teach and Treat model. It also means we have been able to robustly support students.

The model provides a long-term support network for Pharmacist IPs, both through peer support networks and through ongoing access to Medvivo. Medvivo have invited the students to be part of their support networks and monthly study evenings, where, for example, case studies are reviewed. The IPs will also have access to Medvivo's Healthcare Professional Line, so should they have a clinical query in the OOH period they can call in from their pharmacy for advice and support, and if necessary, for the patient to have a CAS consultation. The prescribing students themselves identified the benefits of having peer support, and the clinical face to face sessions where they were able to support each other. They felt small group sizes for the educational sessions really enabled them to get lots of hands-on experience with clinical skills.

While progress is being made towards nationally (or locally) commissioned independent prescribing services in community pharmacy, pharmacists will be able to keep many of their skills up to date in their day-to-day work. Additionally, Medvivo use pharmacist prescribers as part of their current services, so there is an opportunity for pharmacists to continue to work with Medvivo as part of their career portfolio. As an additional benefit, greater collaborative working within the BSW system has provided additional areas where we can place MPharm students and trainee pharmacists, improving the training experience in the system and making BSW a more attractive place to train and work. We are currently exploring options to extend the model as we feel this is a sustainable, scalable and high-quality training offer which supports pharmacy integration.

Teach & Treat Pilot

Planning & Delivery Process:



Teach and Treat Sessions

Sessions included:

- History Taking, SBAR and Documentation
- Medicines Management, General Examination (including clinical observations),
- Cardiovascular System
- Respiratory System
- Gastro-intestinal and Genitourinary System
- Head, Ear, Nose and Throat system
- Neurological
- Paediatrics
- Safeguarding
- Case Study Workshop

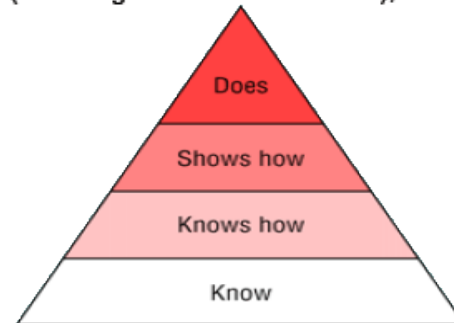
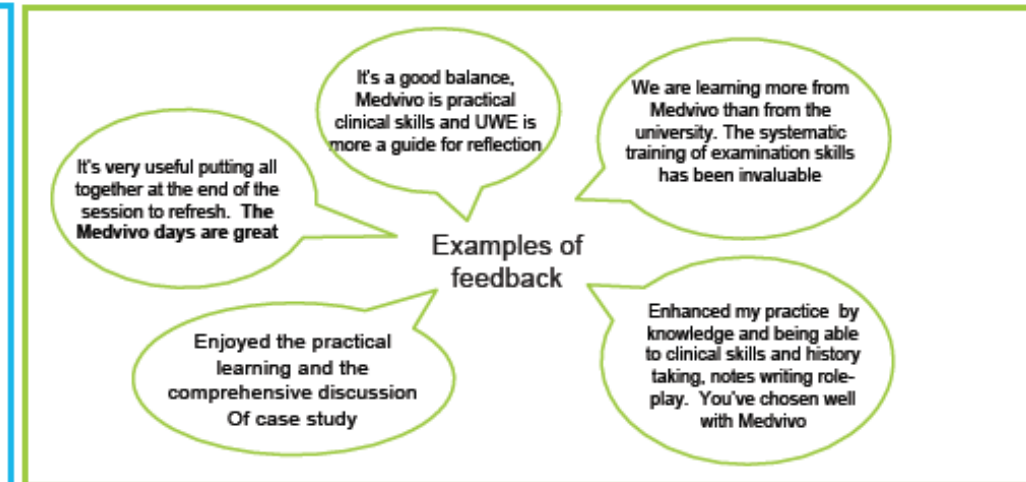


Figure one: Miller's Triangle⁵

Millers Triangle

Using the Learning outcomes in Standards for the education and training of pharmacist IPs³. In these standards Miller's Triangle (figure one) is used to set the outcome level. Miller's triangle is a knowledge and competence hierarchy describing four levels of outcome; 'knows' (has knowledge), 'knows how' (applies knowledge), 'shows how' (demonstrates competence in a limited way), and 'does' (demonstrates competence repeatedly and safely).



What next?

- Review of the Teach and Treat Clinics using the feedback and experience of the Pharmacists and Faculty.
- Cohort two in September 2023 increasing in size to support nine Pharmacists.

Medvivo Employee Forum

To develop, establish and maintain effective mechanisms for consultation and information-sharing between Medvivo and its employees, the Medvivo Employee Forum (MEF) is firmly embedded within the organisation structure and culture. MEF Representatives are elected by their staff groups from all service areas and provide a voice for the employees they represent. The MEF is consulted on new policies and initiatives and come together at regular meetings to discuss and consolidate feedback. Minutes are taken at all meetings which are cascaded and available for all employees via the company intranet. If an employee has a concern or question about the organisation, these can be addressed to their representative who will advise if MEF is able to assist them.

The MEF exists to:

- Increase employee involvement and engagement
- Enhance upward communication and consultation
- Contribute employee perspectives to the development of policy
- Give a platform for the Executive Management Team (EMT) and employees to discuss collective issues
- Increase the EMT's awareness and response to matters which are important to employees
- Provide a means for the EMT to communicate clear and concise information on company-wide issues
- Establish and maintain the mechanism for the promotion and encouragement of measures affecting the health, safety and welfare of Medvivo



Ensuring the MEF continues to contribute towards a positive working environment, a review and recommunication of MEF constitution was completed by Aaron Young, the newly appointed MEF chair in December 2022. The Chair makes sure the meetings run efficiently and supports forum members to ensure everyone has an equal opportunity to contribute.

"I was honoured to be nominated for the role of MEF Chair and I look forward to maintaining the strong levels of communication we have between managers and staff at Medvivo with the support of my fellow delegates within MEF"

Staff Survey Engagement



Over a five-week period across July and August 2022, Medvivo completed its 11th annual survey. The survey was emailed to all Medvivo staff, shared on the company intranet, and a reminder was sent to Line Managers to promote participation. The survey is anonymous with no personal demographics to help gain an accurate assessment of staff satisfaction and engagement.

Overall, there was increased response rate by 11%.

Department	Response Rate 2021	Response Rate 2022	Response Variance
Access to Care	44%	63%	+19%
Clinical (ACP, NMP, GPs, ED, CAS Pharmacists, Clinical Responders)	32%	35%	+3%
Urgent Care Assistants	28%	38%	+10%
Urgent Care Coordinators & Call-Handlers	42%	37%	-5%
Non-Clinical Response	31%	12%	-19%
Support Services	33%	54%	+21%
Medvivo Overall	33%	44%	+11%

Staff Survey Engagement

The results of the staff survey were first reviewed by the Senior and Executive Management Teams to formulate, assess, analyse and to set the initial action plan based on the results:

Department
Share survey results with Human Resources Team and prepare summary report
Share summary report initially within the MEF to help gain further understanding and input from the service representatives
Produce service area specific report for use at team specific sessions
Share reports and agree approach with individual service leads
Schedule team sessions with and least one member of the core Executive Management Team with both the Associate Director of HR and the Associate Director of Service improvement also in attendance
Communicate to all staff sharing results, including next steps and session dates
Engage MEF representatives and wellbeing taskforce to promote attendance at all sessions
Attend team session, reviewing outcomes and developing a new action plan

Staff Survey Engagement

During November 2022, members of the Associate Director and Executive Management Teams attended all department and team meetings to share the results of the survey. The purpose of these sessions was to share a summary of the results, to hear the thoughts of the teams and discuss where things were going well, and where things could be done differently or better.

Following the meetings, a live action tracker was completed and shared with all staff, which collated the key actions that arose from each of the team meetings. These actions were revisited throughout the year to action and progress each individual item.

During these sessions, the following positive feedback was shared:

- Management presence at weekends and during out of hours is really appreciated
- Communication has improved generally with still room for further improvement
- Presence of Executive Management Team at staff and service group meetings
- Operational handover process in call-centre has improved due to new processes being implemented
- Lots of support for new starters
- Recent recruitment drive has increased staffing levels which has positively impacted the teams
- People handling training is excellent
- Pay award was gratefully received
- Clinical training opportunities and support for the clinical teams is brilliant
- Hybrid working continues to improve
- Weekly clinical update email is really helpful

Staff Survey - Action Plan Overview

Action	Team	Progress
Revamp of the Star recognition awards	MEF	Completed
Develop clear process for MEF representatives to feedback business updates to constituents	MEF	Completed
Line Managers to include cross team introductions for people - including between Urgent Care treatment centres and Team Leads	Line Managers	Completed
Ensure all vacancies are shared internally with existing staff	Recruitment Team	Completed
EMT attendance at team meetings	EMT	Completed
Sharing training and development opportunities	Training Committee	Completed
Quarterly Business Briefings	EMT	Completed
Send companywide EMT monthly updates	EMT	Completed
Review minimum hours contract bonus entitlement and provide feedback – to be reviewed as part of the first quarter of 2023	EMT	In-progress
Provide uniform to UCA Team – survey being completed to establish the need and desire for team uniforms	Urgent Care Service Leads	In-progress
Review home visiting despatching process – workshop and process review currently being prepared	Urgent Care Service Leads	In-progress
Investigate adverse weather driver training – guidance provided in a recent newsletter, further options are currently being explored	Urgent Care Service Leads	In-progress
Improve handover process and general communication between treatment centre and FTH call-centre	Urgent Care Service Leads	Completed
Ensure support services are integrated more closely with operational meetings	Line Managers	Completed
Include in Responder induction process the rationale why AED is not included as part of the Response equipment	Response Leads	Completed
Review how Responder shifts are shared and located over the Christmas and New Year period – to be reviewed ready for 2023	Response Leads	In Progress
Confirm pay enhancements are being processed correctly for all Responders including new team members	Response Leads	Completed
Review the process of sending texts for vacant shifts and who is included in the distribution list	Service Leads	In Progress
Develop video tour and training guide for each of the Urgent Care treatment centres	Urgent Service Leads	In Progress
Reduce the volume of emails – weekly email updates and team newsletters have now been implemented with more work in progress	Service Leads	In Progress

Employee Assistance Programme

Everyone needs a bit of extra help sometimes. Balancing work life, social life, family life, financial life and our physical and mental health can occasionally prove a bit tricky. Medvivo staff have access to the Employee Assistance Programme (EAP) to seek expert advice, quality information, or even a shoulder to cry on, and this is available 24/7, 365 days a year.

The EAP is 100% confidential and is there to help with a range of issues that staff might need some extra help with. These issues could include (but are not limited to):

- Addiction issues (alcohol, drugs, gambling)
- Bereavement
- Debt/financial problems
- Relationships
- Work related problems
- Domestic abuse
- Family issues
- Health
- Housing
- Eldercare advice
- Childcare advice
- Legal issues

The EAP is best known for counselling, and staff have access to structured counselling sessions either over the phone or face-to-face (depending on your circumstances). The sessions are designed as an emergency measure to help staff quickly and easily.

If staff need to arrange additional sessions on a more long-term basis and are looking to get onto a waiting list for counselling, the sessions through the EAP service will help provide a bridge between their immediate need for support and the longer-term framework of a more traditional counselling programme.

24 hour counselling, lifestyle, and health and wellbeing service

Your Simplyhealth helpline allows you to call for advice on a range of medical, legal, health and wellbeing matters as well as telephone counselling. This service can be accessed 24 hours a day, 7 days a week.

Face to Face counselling

Talking to a trained counsellor can help you to overcome problems that are worrying you. You have face to face counselling sessions should you need them, which are confidential. Please check your membership certificate to see how many sessions you are entitled to.

- Advice on health and lifestyle issues
- Provision of basic medical advice and symptom information
- Pre-travel medical advice
- Basic legal advice
- Childcare and eldercare advice

Just call **0800 975 3347**



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Do you find it difficult to share your problems with friends and family?

Stress is one of the biggest causes of long term absence. That's why not discussing a problem and leaving it unresolved can often make it worse. Your employer knows this which is why they are working with Simplyhealth to pay for you to have access to the Employee Assistance Programme.

What is it?

With the Employee Assistance Programme, you are entitled to the following benefits:

24 hour counselling helpline

Your Simplyhealth helpline allows you to call for advice on a range of basic medical, legal, health and wellbeing matters as well as telephone counselling. This service can be accessed 24 hours a day, 7 days a week.

- Advice on health and lifestyle issues
- Provision of basic medical advice and symptom information
- Pre travel medical advice
- Childcare and eldercare advice

Face to face counselling

Talking to a trained counsellor can help you to overcome problems that are worrying you. Following an assessment from the telephone helpline, you can speak to a trained counsellor through face to face counselling sessions, which are confidential.

- You get up to six face to face counselling sessions, per incident

Just call **0800 975 3347**

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Stay Safe App

Safety is the utmost priority for not only our patients, but for our staff also. To ensure Medvivo has adequate lone worker systems to protect our employees, staff have access to the Stay Safe App. Due to the nature of the service Medvivo provide, staff may be at risk from accidents, injury and violence while at work. As their employer, Medvivo recognises our responsibility to ensure that they are safe while they work, travel or meet with clients alone or in remote locations. Working alone can increase their risk. The Stay Safe app gives our 24/7 Urgent Care Coordinator Team visibility of the location and safety status of lone workers in an emergency and allows them to check-in safely once they have finished a lone working or travel session. The Stay Safe app has been designed for a simple user experience. It is quick, easy to use and fits effortlessly into the working day.

Key features of the Stay Safe lone worker app:

- **Timed Sessions:** Ensures your employees have finished working safely and/or are home safe
- **Welfare Check:** Employees are requested to provide welfare checks to confirm that they are safe. Failure to do so will raise an alert
- **Panic:** Raise an immediate alert if employees are in need of assistance. A panic can be raised at any time as the app doesn't need to be active
- **Discreet Panic:** A discreet alert can be triggered using the phone's power button, Siri commands, shortcuts, or through a connected Bluetooth device
- **Duress:** If an employee is being forced to terminate the app, a 'false PIN' can be entered to appear as if the app is inactive, or alert has been cancelled
- **Fall Detection:** Automatically sends an alert to the hub when an employee suffers an impact
- **Non-Movement:** If an employee has not moved for a prolonged period, an alert is triggered in case of an accident, and they are unable to move
- **Driving Mode:** Distractions removed from an employee when they are behind the wheel of their vehicle, while still being able to raise a panic alarm



Recruitment & Retention

Clinical Recruitment

Over the last 12-months we have worked to restructure the recruitment and retention process for the onboarding of clinical staff, with a particular focus on GPs. Since August 2022, our newly implemented recruitment and retention process has enabled 24 new GPs to be recruited and onboarded. Through closer working between Recruitment, Rota Team and the GP Relationship Manager, a further 8 GPs have returned to Medvivo having previously been marked as “leavers”. In addition, we have been able to onboard a further 10 remote GPs via Health Hero’s established pool of remote clinicians.

The recruitment of Non-Prescribing Clinicians, Enhanced Clinical Practitioners (ECPs) and Advanced clinical practitioners (ACP)s has been stable over the last 12-months. We have continued to attract clinicians into each role, with recruitment efforts benefitting from a more clearly defined clinical pathway that has been established to encourage progression through the roles over time. We have been successful in onboarding ACPs and ECPs into our Urgent Care service and Care Coordination services, offering development opportunities for those who wish to work in alternative settings. The recruitment of Non-Prescribing Clinicians has been particularly strong in recent months, with a number of candidates being employed on development pathways that will progress both their clinical roles and responsibilities in the coming months. Over the last 12-months, the Non-Prescribing Clinician role has also been a successful platform for a small number of colleagues to progress towards achieving the level and role of an ECP.

Non-Clinical Recruitment

Over the last 12 months, we have overcome some key recruitment challenges within both the UCA and Non-Clinical Response teams:

- **UCAs:** Following a consultation exercise in Summer 2022, a significant recruitment effort saw 12 UCAs recruited into vacant roles in the Summer and Autumn period to provide stability and structure to the revised role and rotas. Following a period of stabilisation, specific rota need was established at the Keynsham base. A considered recruitment exercise was undertaken to successfully recruit 3 part time members of staff to Keynsham to provide resilience to the service. Whilst not quite fully staffed, we find ourselves in a much stronger position than we did immediately post consultation.
- **Non-Clinical Response:** Over the last 12-months, recruitment in the mobile Response service has been steady. Over the last 12-months we have recruited 10 Mobile Responders into the service. To provide further support to the recruitment effort, the Recruitment Team have allocated designated resource to support an enhanced recruitment effort which is yielding encouraging results, with 13 candidates attracted to our open roles in a 4-week period between May and June 2023. We anticipate that successful hires from this recruitment effort will provide further resilience and support to the established team throughout the summer period and beyond.

SECTION 6: Future Improvements

Priorities & Developments for 2023-2024

2023-2024 Priorities



Medvivo is committed to continuing to provide high-quality care to all patients and service users. To ensure the quality of services provided, the priorities for the coming year will focus on the below key topics, each representing critical areas that demand our attention and future efforts. They serve as guideposts to ensure we are strategically aligned which will have significant impact on our success and allow us to continue to be safe, effective, caring, responsive and well-lead.

Priority	Aim	Key Actions
Safeguarding	<p>Since the COVID pandemic, the number of challenging complex safeguarding cases has steadily increased. In order to ensure Medvivo can respond to this escalation as effectively as possible a review and revamp of our safeguarding processes is to be completed in order to:</p> <ul style="list-style-type: none"> Ensure there is a robust understanding of safeguarding and the correct processes throughout the referral procedure Eliminate any barriers to identifying and actioning safeguarding events Maintain and grow processes and systems to ensure sufficient staff support is easily accessible 	<ul style="list-style-type: none"> Design and deploy an automated safeguarding process Create an easily accessible source of centralised information for staff via Microsoft SharePoint Coordinate and host clinical curiosity workshops throughout the year
Incident Management	<p>In 2023, NHS England will replace the current National Reporting and Learning System (NRLS) with the new Learn From Patient Safety Events (LFPSE) service. The aims of the new LFPSE service includes making it easier for a wider number of health and care organisations to record patient safety events and to introduce consistent and powerful reporting and analysis nationally and locally.</p> <p>Additionally in 2023 the Serious Incident framework will be replaced by The Patient Safety Incident Response Framework (PSIRF). PSIRF fundamentally shifts how the NHS responds to patient safety incidents for learning and improvement. PSIRF is not an investigation framework that prescribes what to investigate, instead, PSIRF:</p> <ul style="list-style-type: none"> advocates a co-ordinated and data-driven approach to patient safety incidents response that prioritises compassionate engagement with those affected embeds patient safety incident response within a wider system of improvement prompts a significant cultural shift towards systematic patient safety management 	<ul style="list-style-type: none"> Create a new Patient Safety Incident Response Policy Create a new Patient Safety Incident Response Plan Establish a clear process for reporting patient safety incident via LFPSE Update the Adverse Incident Reporting, Investigation and Learning Policy
Patient Management System	<p>Design and deploy a new Medvivo hosted Adastra system for use within the CAS and OOH service. Ensure the system is able to:</p> <ul style="list-style-type: none"> Provide robust data for useful reporting and analysis to contribute to service development and improvement Respond flexibly to the needs of patients and the local system as demand and activity changes Simplify processes to reduce inherent risk within the system 	<ul style="list-style-type: none"> Deploy new system April 2023 Create a system architecture document Create an effective change management process Establish Patient Management System review committee
Patient Feedback	<p>Update existing or create new processes to enable patients to provide feedback to Medvivo in order to:</p> <ul style="list-style-type: none"> Increase accessibility allowing patients to simply and easily provide their feedback via multiple different methods promoting inclusivity Allow easy collection of data that can be gathered in clear, concise and effective reports to continue learning, development and improvement across the organisation Build and maintain a strong, caring and person-centred culture across the organisation 	<ul style="list-style-type: none"> Design and develop a patient feedback survey Establish patient feedback tablets at the treatment centres Revamp and re-establish clinician and children feedback cards for the OOH service Update Complaints Management Policy

Future Projects

Within Medvivo, projects for service development are supervised, led and facilitated by Medvivo's Associate Director of Service Improvement. There are several key projects already in progress for delivery in the upcoming year, including mobilisation of a new NHS 111 provider, development of a Medvivo locally hosted Aداstra system, creation of a streamlined automated safeguarding process as well as preparation to support the Oliver McGowan training.

Other projects currently in progress or in the pipeline for 2023 include:

Ongoing Project:

- **Project Apollo:** To improve patient experience by tackling challenges that impact on clinicians' ability to work efficiently and effectively on shift. Areas of focus include enhancing support from the non-clinical team; further developing the Clinical Navigator role; and creating a suite of reports that enable the management team to proactively monitor clinical utilisation and identify issues that impact on productivity.

Upcoming Projects

- **Physical Assessment and Clinical Reasoning (PACR):** Medvivo will be teaching the PACR module in conjunction with UWE at Fox Talbot House from September 2023. Medvivo is developing our faculty of staff who will be teaching on the module. The course teaches simulated physical assessment and will be a huge benefit to our own pool of clinicians as well as the workforce in the wider system. We will deliver 3 modules a year and assess students on site.
- **Ambulance Service Interoperability Toolkit Link:** To create a link between the Ambulance Service's patient management system and Medvivo's Aداstra platform to enable the Ambulance Service to send appropriate cases to the CAS using a safer and more streamlined process. This will reduce pressure on the Ambulance Service, provide a better experience for the patient, and further develop the working relationship between our organisations.
- **Video Consultations:** Remote video consultations are a valuable service asset that is currently underutilised and still has room for further engagement. This project will focus on increasing the use of video consultation, firmly embedding it into standard clinical working practice.



David Tomlin
Associate Director of
Service Improvement

“Continuous improvement is integral to the success of any organisation, and Medvivo has successfully delivered considerable change over the last 12 months to benefit patients and the workforce ”

Adastra Mobilisation



In late December 2022, Practice Plus Group (PPG) was confirmed as the new NHS 111 provider for BaNES, Swindon and Wiltshire, with a go-live date set for the 25th April 2023. Not only will there be a change to the local NHS 111 provider, Medvivo will also need to implement a new clinical patient management system as a result.

With a limited window to design and deploy a new system, the mobilisation project team, led by the Associate Director of Service Improvement, has already begun designing and preparing a Medvivo hosted version of the Adastra platform.



Working closely with Adastra Advanced, a comprehensive planning process was implemented for the Adastra build. Key members of the project team included:

- Chief Information Officer
- Associate Director of Quality
- Medical Director
- Deputy Urgent Care Service Lead
- Associate Director of Clinical Services
- Senior Service Desk Analyst

Previously Medvivo's platform was hosted by DHU Healthcare, but the decision was made to host the new platform locally. This provides numerous benefits including key improvements in the follow areas:

- **Change Management:** A simplified management process better able to react to change requests in a timely and responsive manner. A controlled process supported by Medvivo's IT Team reducing the risk of unexpected errors or consequences.
- **Data Access:** Direct access to information increasing the accuracy and timeliness of the data reports. Able to quickly generate new reports upon request.
- **Bespoke System:** System designed to fit Medvivo's specific processes and requirements including case types, clinical templates and user access rights, all to increase the efficiency and effectiveness of the front-line operational and clinical teams.

As part of the mobilisation project, specific areas of development and service improvement include (but are not limited to):

- **Case Type/Tag:** A simplified case type and case tag structure to be developed that will greatly reduce the risk of cases being inadvertently relocated within the system. Previous logged Datix incidents have highlighted that the complex system currently built into DHU's version of Adastra increases the risk of cases being unintentionally moved from one clinical queue to another, which as a result can cause potential delays in contact. This configuration improvement will help eliminate occurrences of human error as well as unintended consequences when making future configuration changes.
- **PEMS Process:** Post event messaging services (PEMS) is a complex technical process that sends Medvivo Adastra cases notes direct to the patient's respective GP practice. Knowledge and understanding of the process is inconsistent across the urgent care and primary care community as a whole. The Medvivo operational team are using this system change as an opportunity to recommunicate about PEMS and confirm delivery methods with each individual GP practice.
- **User Role Identifier:** Incident and case reviews consistently highlight the importance of communication between teams. In order to help team-members identify who is available and who is the best, quickest source to seek advice and support from, the new Adastra system will enable users to identify their role when they start their allocated shift (e.g. Clinical Navigator, Clinical Responder Coordinator, Despatcher, etc.). Medvivo now operate a hybrid model with call-centre and remote based staff, this relatively small improvement will none the less have a significant positive impact to communication, team-work and productivity.
- **Special Note Flag:** Medvivo, as does many other health and social care providers, experience a number of high intensity users (HIUs). These patients can often benefit from a consistent approach and provision of care. A potential flag on the Clinical Assessment Service (CAS) queue is currently being assessed with the sole purpose of enabling clinicians to identify cases where additional background knowledge (e.g. GP connect, SystmOne record access, Adastra special notes, etc.) and regular clinician contact may be beneficial for the patient.

- **Despatch Process:** To coordinate all available resource as effectively and efficiently as possible, Medvivo utilises a core operational leadership team consisting of an Urgent Care Shift Lead, Clinical Navigator and Urgent Care Despatcher. These key individuals collaborate to distribute the resource to best match the service demands at any given time. Times of high activity and extreme pressure can make this an extremely difficult challenge. To provide care in a timely manner to most appropriately meet the patient's needs, the Adastra despatching model is being revisited. A new process is currently being explored with the aim of facilitating the transfer speed between the clinical and non-clinical teams and avoid any unnecessary delays.
- **SMS Texting:** Adastra offers the ability to send texts direct to patients via the system. This functionality has the possibility to increase patient safety, patient experience and staff productivity with efficient and automated processes. This area is being explored further and discussions are ongoing around the potential key benefits in three areas:
 - Signposting – Following consultations can the system help direct patients to other sources for information and support to facilitate their ongoing care?
 - Appointment details – Can communication be improved, and administrative time reduced by sending clear written appointment details and directions?
 - Failed contacts – Can patient safety be improved with automated texts to patients when a failed contact has been attempted?
- **Automated Safeguarding Process:** Making safeguarding referrals is often a time intensive procedure but vital to ensuring crucial information is appropriately shared with the relevant agencies. Medvivo are designing our own process that will be built into the system, enabling users to complete an on-line form. This will automatically send the relevant information to all the relevant organisations. This user-friendly process will greatly reduce unnecessary delays, quicken average consultation times and guide users to provide greater detail when making referrals both in and out of hours.

Adastra Safeguarding Process

Effective safeguarding is a critical component of patient safety. To ensure Medvivo's processes are as efficient as possible, the Safeguarding Team have been working closely with the Adastra mobilisation project to create a new and innovative system to streamline the entire process.


With the aim to implement the change after the new Adastra system launch on the 25th April 2023, clinical and non-clinical team members will be able to make safeguarding referrals direct from the Adastra system. Whilst completing a consultation, team members will be directed to complete one of four adult and children-specific referral templates, depending on the options they select.



Adastra Safeguarding Process

Once all the required information has been captured in the referral template, the appropriate organisation is selected, and an agency referral can be completed. All the relevant information will then be sent securely via NHS mail and will be received in a clear and easy to understand format.

Case Questions



Medvivo Adult Safeguarding Referral

Does this referral relate to the person on the current case? Yes No *

Date and time of incident: 16-Apr-23 16:08 BST

Details of person making this referral

Name: *

Role: *

Agency: Medvivo *

Email Address: mg.safeguarding@nhs.net *

Telephone Number: 0300 111 5818 *

Signature: *

Adult at Risk Details

Is the adult at risk aware of the referral? Yes No *

Has the adult at risk given consent for this referral to be made? Yes No *

Please provide a summary of the alleged abuse or neglect

What category of abuse is this adult being subjected to?

Location or setting of alleged abuse

Were there witnesses? Yes No *

Has the adult at risk experienced harm? Yes No *

Is the adult at risk unable to protect themselves from harm because of their care/support needs? Yes No *

Are there any immediate risks to safety? Call 999 for anyone in immediate danger Yes No *

Agency referral

Print

Search criteria: Directory of Services

Search criteria: Restrict to type: Restrict to area: Start typing to search... Start typing to search...

Name	Distance	Phone	Fax
<ul style="list-style-type: none"> ▼ Safeguarding - Wiltshire <ul style="list-style-type: none"> Adult SG - Wiltshire ▼ Safeguarding - Swindon <ul style="list-style-type: none"> Adult SG - Swindon ▼ Safeguarding - BathNES <ul style="list-style-type: none"> Adult SG - BathNES ▼ MEDVIVO Safeguarding - ... <ul style="list-style-type: none"> Adult SG - Out of Area 			

Contact information

Contact details: Address Notes

Location: Safeguarding - Wiltshire

Phone:

Fax:

No Valid Selection made for Rota Retrieval
Displaying Rotas covering the next 3 days

ADULT SOCIAL CARE REFERRAL FORM

THIS REFERRAL FORM IS NOT TO BE USED FOR SAFEGUARDING CONCERNS

Patient Details:

Name:	Test 3 Medvivo	Adastra Ref No:	1000030
Home address:	Medvivo Group Ltd Unit 4 Bellinger Close Chippenham SN15 1BN	Gender:	Unknown
NHS Number:		Date of birth:	
		Contact No:	07123 456789

CARE CONCERN OR CONCERN FOR THE WELFARE OF AN ADULT

Date of contact with patient:

Category of concern:

Person Care Social Isolation

Mobility Issues Frequent Falls

Main Carer Unable To Continue In Their Caring Role

Support with daily activities of living

Change of needs Other

Detailed reasons for your concern

Is the person aware of the referral? Yes No IF NO PLEASE EXPLAIN WHY

Have they consented to the referral? Yes No IF NO PLEASE EXPLAIN WHY

Do they have capacity under the MCA to consent? Yes No Not Known

What does the person want as a result of the referral?

Details of Referrer:

Name & job title: Non-Clinical Employee

Base address:

Adastra Safeguarding Process

The new process is being designed with the three key priorities below:

1. Maintain or increase patient safety
2. Increase the level of referral information captured and recorded for handover
3. Reduce barriers to safeguarding referrals being completed

Once final configuration and testing and has been completed and the new process is fully deployed, the key predicted benefits include:

- Instantaneous referrals
- Significant clinical time saved
- Mandatory referral questions ensuring high level of detail
- Secure transfer method with audit trail via NHS mail
- User-friendly, self-guiding system to support team training and familiarisation

To support the implementation for this new process, a written guide and four video guides are being completed, all of which will be available via Medvivo intranet and SharePoint sites. Additionally, all Quality team members will be given direct training by the Safeguarding Support Officer prior to go-live to ensure there is plenty of available person-to-person support as and when required.

Oliver McGowan Training

In 2023 all staff will now be required to complete Oliver McGowan Learning Disability and Autism Training. Led by the Clinical Lead for ATC and supported by the Training Committee, Medvivo are collaborating and working jointly with our colleagues in BSW in order to access and provide this training to staff.

What is Oliver McGowan Training?

The Oliver McGowan Mandatory Training on Learning Disability and Autism is named after Oliver McGowan, whose story and death have shone a light on the need for health and social care staff to have better training in understanding, communicating with and treating people with a learning disability and autistic people. You can read more about Oliver's story and his family's campaign [here](#).

Research has shown that on average, people with a learning disability and autistic people die earlier and do not receive the same quality of care as people without a learning disability or who are not autistic. This innovative training has been developed from the beginning with expertise from people with a learning disability and autistic people as well as their families and carers and its delivery has been led by Health Education England, NHS England, DHSC, Skills for Care and the Local Government Association. The training also aims to ensure the health and care workforce has the right skills and knowledge to provide safe, compassionate, informed care to autistic people and people with learning disabilities.

From the 1st July 2022, the government introduced a requirement for CQC registered service providers to ensure their employees receive learning disability and autism training appropriate to their role. The Oliver McGowan Mandatory Training on Learning Disability and Autism is the standardised training developed for this.



Annexes

Statement from Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board on Medvivo's 2022-23 Quality Account

NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB) welcome the opportunity to review and comment on Medvivo's Quality Account for 2022/ 2023. In so far as the ICB has been able to check the factual details, the view is that the Quality Account is materially accurate in line with information presented to the ICB via contractual monitoring and quality visits and is presented in the format required by NHSE/I presentation guidance.

The ICB recognises that 2022/2023 has continued to be a difficult year due to the workforce pressures and the continued recovery of services following the COVID-19 Pandemic. The ICB would like to thank Medvivo for their continued contribution to supporting the wider health and social care system during the COVID-19 recovery phase.

It is the view of the ICB that the Quality Account reflects Medvivo's on-going commitment to quality improvement and addressing key issues in a focused and innovative way. Although achievement of some priorities during 2022/23 have continued to be affected by COVID-19, Medvivo has still been able to make achievements against all their priorities for 2022/23 including:

1. Clinical Rota Structure Review including using data and expert knowledge to review demand modify the rota structure ensuring the right clinical resource is available at the right time and matching this with the non-clinical rotas; developing tools to analyse demand and embedding these so that regular resource planning is business as usual (BAU); and avoiding duplication of work and enabling shared learning by linking the review with the Clinical Resource Utilisation project.
2. Home Visit Validations – a trial where all home visit requests were reviewed by a clinician before being allocated to a car to ensure that those most in need would receive a visit within a timely manner was completed. This received positive feedback from staff and has been embedded as BAU.
3. Comfort Calls – Improvements were made to patient safety and experience by delivering comfort calls to patients who are waiting for a response from the service Training was provided to other support service teams including managers and directors so that support can be provided during periods of escalation.
4. Care Coordination – through collaboration with partner organisations to support the wider health and care system of BaNES, Swindon and Wiltshire the Care Coordination Centre was established, providing a single point of contact for ambulance services to improve patient journeys and reduce hospital admissions where appropriate.

BSW ICB Statement



The ICB supports Medvivo's identified Quality Priorities for 2023/2024. It is recognised that several of the priorities described in this Quality Account align to the NHS priorities set out in the NHS Long Term Plan and Operational Planning Guidance with a crucial focus on reducing inequalities. The ICB welcomes continued engagement in the agreed service improvement plan and focus on:

1. Reviewing and updating safeguarding processes to ensure there is a more robust understanding of safeguarding and correct processes; removing barriers to identifying and acting on safeguarding events and developing processes to ensure there is easy to access and sufficient staff support.
2. Design and implementation of a new Aadastra system that is hosted by Medvivo for use within the CAS and OOH service. This will provide robust data that can contribute to service improvements, flexibly respond to the needs of both the local system and patients and simplify processes to reduce risk in the system.
3. Update or create new processes to enable patients to provide feedback to Medvivo including improving accessibility promoting inclusivity, ensuring easy collection of data that can be used to learn and make improvements and to build and maintain a strong, caring and person-centred culture within Medvivo.

We look forward to seeing progress with quality priorities identified in this Quality Account in conjunction with the continued transition to PSIRF and the formulation of the organisations Patient Safety Incident Response Plans (PSIRPs). We would encourage alignment to focus improvement in key areas.

NHS Bath and North East Somerset, Swindon and Wiltshire ICB are committed to sustaining strong working relationships with Medvivo, and together with wider stakeholders, will continue to work collaboratively to achieve our shared priorities as the Integrated Care System further develops in 2023/24.

Yours sincerely

Gill May

Chief Nurse Officer BSW ICB



**Bath and North East Somerset,
Swindon and Wiltshire**
Integrated Care Board

Glossary

ACP	Advanced Clinical Practitioners	EoL	End of Life	NR	New Road Surgery
ANP	Advanced Nurse Practitioner	F2MC	Failure to Make Contact	NRLS	National Reporting and Learning System
ATC	Access to Care	FTH	Fox Talbot House	OOH	Out of Hours
AWP	Avon and Wiltshire Mental Health Partnership	GP	General Practitioner	PACR	Physical Assessment and Clinical Reasoning for Practice
BaNES	Bath and North East Somerset	HCP	Healthcare professionals	PEMS	Post Event Messaging Service
BSW	Bath and North East Somerset, Swindon and Wiltshire	HEE	Health Education England	PPG	Practice Plus Group
Care Co	Care Coordination	HIU	High Intensity User	PSIRF	Patient Safety Incident Response Framework
CAS	Clinical Assessment Service	HMC	Hathaway Medical Centre	RCN	The Royal College of Nursing
CAU	COVID Assessment Units	HPAN	Healthcare Professional Alert Notices	SDEC	Same Day Emergency Care
CCG	Clinical Commissioning Group	ICB	Integrated Care Board	SCIE	Social Care Institute for Excellence
CIL	Centre for Independent Living	IP	Independent Prescriber	SI	Serious incident
CMDU	COVID-19 Medicines Delivery Unit	IP&C	Infection, Prevention & Control	SMP	Salisbury Medical Practice
COVID	Coronavirus	IUC	Integrated Urgent Care	SPA	Single Point of Access
CO@h	COVID Oximetry at Home	KHC	Keynsham Health Centre	SWIPC	South West Personalised Care Awards
CQC	Care Quality Commission	LFPSE	Learn From Patient Safety Events	TEC	Technology Enabled Care
DoS	Directory of Services	MDT	Multidisciplinary Team	TSA	TEC Services Association
DPP	Designated Prescribing Practitioner	MEF	Medvivo Employee Forum	UC@H	Urgent Care at Home
EAP	Employee Assistance Programme	MMC	Moredon Medical Centre	UCA	Urgent Care Assistant
ECP	Enhanced Clinical Practitioner	NHS	National Health Service	UTC	Urgent Treatment Centre
ED	Emergency Department	nMABs	neutralising monoclonal antibodies	UWE	University of the West of England
EMT	Executive Management Team	NMP	Non-Medical Prescriber	WMS	Wiltshire Medical Services