medvivo

integrating health and care

Quality Account

2018 to 2019

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INTRODUCTION

What is a Quality Account?

Welcome to Medvivo's Quality Account.

We hope that you will find it an interesting read and that it provides you with a good understanding of the work we have already done and some of the things we intend to do, to further improve quality, going forwards.

A Quality Account is an annual report about the quality of services delivered by providers of NHS services. It aims to make all organisations providing healthcare focus on quality and to show how they ensure 'consistency of purpose'.

This Quality Account presents Medvivo's achievements in relation to effectiveness, safety and experience as well as demonstrating our commitment to providing consistent, evidence-based, high quality care to those who use our services.

It shows how we regularly scrutinise every service we provide with a view to improving, ensuring that outcomes are the best they can be. It gives a balanced view of what we are good at and where we need to improve.

It follows the format and content laid out in Department of Health Guidance. This is the first year that Medvivo has been required to produce these annual reports due to the nature of the contract that we now hold, quality is (and has always been) of the greatest importance to us.

We are therefore keen to share this information with those that use and commission our services.

Michelle Reader
Chief Operating Officer

Statement from the Executive Chair

In today's environment the provision of quality health and care is challenging.

One of these challenges is the recruitment and retention of high calibre staff, mainly due to the shortage across all of the roles we are seeking to fill. This certainly makes filling our rotas very difficult!

At Medvivo we believe that motivated and committed staff are caring and responsive staff. Recent staff engagement surveys demonstrate that our staff have bought into our culture and ethos. It is the people delivering the services that we can be proud of, services that we would be happy for our friends and families to use.

To deliver high quality, people, resources and processes need to be well managed. We are continually improving the way we manage the business and seek to ensure that everyone is clear about what they need to do and the part they play in the overall purpose of the organisation.

We need to ensure that the services we deliver are safe. We are continually improving our risk and safety systems and we encourage the reporting of incidents.

Medvivo continues to be absolutely committed to delivering high quality care. We are an organisation that is building a long term sustainable business approach and the underlying foundation of this is high quality care.

To the best of my knowledge the information in this document is accurate.

Andrew Gardner
Executive Chair

Statement from the Managing Director

In recent years Medvivo's remit has grown.

From the supply of Out of Hours services in Wiltshire to the provision of an innovative Integrated Urgent Care service covering Bath and North East Somerset, Swindon and Wiltshire for one million people.

Medvivo also provides a Telecare service in the South West of England, a Responder service in South East London and works with Hampshire County Council to provide Telecare monitoring for vulnerable people.

As our services have broadened, both in terms of remit and geographically, we continue to strive to embed the same ethos in our expanding teams.

Medvivo staff benefit from comprehensive training to ensure they are able to perform their duties to the very best of their abilities.

By keeping our staff safe and their knowledge and skills up to date, we know they will be engaged to provide the very best of services.

I am proud to lead a team who are so service user and patient focussed. Our staff regularly go the extra mile to ensure those we have the privilege of caring for are safe and well.

Our aim is simply to treat our service users and patients as we would want our own family looked after.

Liz Rugg
Managing Director

About Medvivo

Medvivo started life as Wiltshire Medical Services in 2004, when GPs ceased being responsible for delivering care once their Practice had closed.

At that time, we had a single contract to provide services for a small area in Wiltshire. Since then, we have grown steadily, we have cultivated a workforce between 500 and 600 strong, including some 147 sessional GPs.

The area over which we now operate has expanded and we are providing services across the Strategic Transformation Partnership footprint covering Bath and North East Somerset, Swindon and Wiltshire. We began delivering Swindon's SUCCESS clinics covering Children, Young People's and Adults in 2017.

2018 was a particularly busy year for us. Following the successful bid to become the provider of the Integrated Urgent Care service for Bath and North East Somerset (BaNES), Swindon and Wiltshire we began a complex mobilisation plan in October 2017 in readiness for go live in May 2018.

Medvivo also became the 'step in' provider for Swindon's GP Out of Hours service in February 2018, We also bid for and were awarded the Swindon Primary Care Access Hub tender which will see us bring together SUCCESS and GP Out of Hours, as well as primary care for the homeless population and some enhanced services.

So, as of today, we are providing:

- NHS 111 through a formal partnership with our subcontractor Vocare
- GP Out of Hours and Clinical Assessment services across BaNES, Swindon and Wiltshire
- Access to Care, Acute Trust Liaison, Telecare Monitoring and Installation and Urgent Care and Response at Home across Wiltshire, and
- GP Out of Hours and SUCCESS in Swindon

Medvivo's Approach to Governance

Medvivo provides integrated health and care services. 'Governance' is embedded into all services we provide.

We believe in continuously improving the quality of our services and maintaining high standards of care by creating a culture where we value our staff and invest in their training and development.

We provide services in line with best practice and current evidence, sharing good practice and learning from mistakes is key to our progress.

Our aim is to continue to improve in the domains in which we are regulated by the Care Quality Commission.

- Responsive
- Well-led
- Safe
- Effective
- Caring

Integrated governance is the cornerstone of quality - it is a coordinating principle which ensures that the interdependence and interconnectivity of all its domains namely corporate, finance, clinical, risk, research, information and staff are integrated.

In Medvivo we have an open and "no blame" culture and there is clear accountability at all levels for governance and its supporting systems.

Our Clinical Governance framework ensures we remain accountable for quality assurance, quality improvement and risk and incident management. It is based on the supportive strength of 'seven pillars', and also recognises the importance of clinical leadership.

It includes:

- Patient, carer experience and involvement
- Risk Management
- Clinical Audit
- Clinical Effectiveness
- Staff and Staff Management
- Education, Training and Development
- Information management

Internally, the quality of service provision is reported to the Board through our Quality and Risk Committees.

Externally, we are held accountable for all aspects of Clinical Governance through our contract and performance meetings with Commissioners.

Dr Shabari Hosur MBBS, MRCGP, DFSRH, FRCP (Edin)
Medical Director

CORPORATE GOVERNANCE

"...is the means by which Boards lead and direct their organisations so that decision-making is effective and the right outcomes are delivered. This means delivering safe, effective services in a caring and compassionate environment in a way that is responsive to the changing needs of patients and service users."

INTEGRATED QUALITY GOVERNANCE DOMAINS

	OPERATIONS	CLINICAL	INFORMATION	FINANCIAL	HR	BUSINESS DEVELOPMENT
WELL-LED?	*"Our leadership, management and governance assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture."*					
SAFE?	*"We protect people from abuse and avoidable harm."*					
EFFECTIVE?	*"The care, treatment and support we deliver achieves good outcomes, promotes a good quality of life and is based on the best available evidence."*					
RESPONSIVE?	*"We organise our services so that they meet people's needs."*					
CARING?	*"Our staff involve and treat people with compassion, kindness, dignity and respect."*					
IMPROVING?	*"We will work with all of our stakeholders to listen to the views of people who use services and their carers."*					

Medvivo's Vision and Values

Our Vision

".....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

Our Values

- Customer focus
- Excellence
- Innovation
- Ownership
- Teamwork
- Trust
- Respect

Our focus on the customer means that services are designed in consultation with those who may use them and are therefore simple and easy to access: the response to an individual's needs, as defined by the individual, is consistent.

Our vision, mission and values are realised within an organisational culture which embraces quality, creativity and innovation. Mutual trust and respect are key features of our approach.

Our emphasis is on excellence – every member of the Medvivo Team 'owns' the integrated governance framework within which services are developed and delivered.

Our 'Organisational Values' exert significant influence over our priorities and performance as we strive for continuous improvement as an exemplar provider and employer.

Medvivo's Services

NHS 111

NHS 111 is a free-to-call non-emergency medical helpline operating in England, Scotland and parts of Wales.

Medvivo provide a fully integrated NHS 111 service for people in Bath and North East Somerset (BaNES), Swindon and Wiltshire from our purpose built central offices in Chippenham, Wiltshire.

The service is available 24 hours a day, every day of the year and is intended for 'urgent but not life-threatening' health issues and complements the long-established 999 emergency telephone number for more serious matters. NHS 111 operators are able to dispatch ambulances when appropriate using the NHS Pathways triage system, but the NHS 111 service should not be used for medical emergencies.

NHS Pathways is a suite of clinical assessment content for triaging telephone calls from the public, based on the symptoms they report when they call. NHS Pathways enables a specially designed clinical assessment to be carried out by the trained person answering the call. Once the clinical assessment has been completed a clinical skill set and a defined timescale will be identified for the patient. At the end of the assessment if an emergency ambulance is not required, an automatic search is carried out on the integrated Directory of Service to locate an appropriate service in the patient's local area, which offers the specific clinical skills needed within the time frame required.

CALL 111

vocare
Quality care partners

GP Out of Hours and Clinical Assessment services across BaNES, Swindon and Wiltshire

Medvivo, delivers person-centred and clinically led integrated care services. Integrated care is a way of supporting people to live healthy, happy and independent lives - and means combining different parts of the health and social care system so they work together to provide a slicker, smoother service that ensures the right care is given in the right place and at the right time.

The services provided by Medvivo can be split into the following areas:

- BaNES Swindon and Wiltshire Integrated Urgent Care Service
- Clinical Assessment Service - (CAS) also called the clinical hub
- BaNES and Wiltshire Out of Hours Service
- Primary Care Support
- Out of Hours support – Erlstoke Prison, Cotswold House and Marlborough House
- Fully integrated support via Urgent Care @Home / responders

Medvivo began providing GP Out of Hours (OOH) Services in 2004 and has been the pan-Wiltshire provider since 2010. In May 2018

following a lengthy procurement process, Medvivo was awarded the Integrated Urgent Care contract for BaNES, Swindon and Wiltshire, and services included NHS 111, provided by our partners Vocare, the Clinical Assessment Service and GP Out of Hours for BaNES and Wiltshire.

There are lots of changes to the new Integrated Urgent Care service, however, every change is underpinned by the principle that pathways will be personalised, ensuring that the right care is provided for people as close to home as practical.

GP Out of Hours Service

KEY SERVICE LOCATIONS

1. **Royal United Hospitals Bath**
2. **Salisbury District Hospital**
3. **Trowbridge Community Hospital**
4. **Devizes Community Hospital**
5. **Paulton Community Hospital**
6. **Warminster Community Hospital**
7. **Chippenham Community Hospital**
8. **Savernake Community Hospital**
9. **Moredon Medical Centre**
10. **Swindon Health Centre**

STAFF ROLES:

- **GPs**
- **Prescribing Nurse Practitioners**
- **Prescribing Pharmacists**
- **Paramedics**
- **Receptionists and Drivers**

HOURS OF OPERATION, PREMISES AND EQUIPMENT AND VEHICLES

- **Overall coverage: Monday-Friday 1830-0800 and Saturday/Sunday/Bank Holidays 24/7**
- **Service locations chosen are all within Medvivo and Vocare's existing provision therefore premised and equipment in place**
- **Vehicles: fleet of up to 8 4x4 vehicles with additional pool car availability e.g. Paravan**

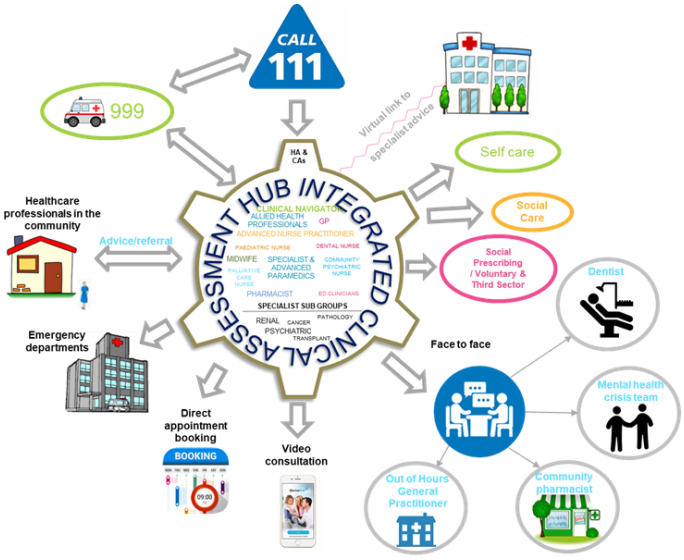
POTENTIAL FUTURE DEVELOPMENTS:

- **As urgent care provision changes, the configuration of bases may changes. The location of our services will also flex with the development of other service, such as Urgent Care Centres. We will be happy to work openly with service users, commissioners and other providers to optimise delivery locations throughout the contract.**

Medvivo Home Visiting Fleet

The Clinical Assessment Service

The Clinical Assessment Service (CAS) is co-located with NHS 111 and better able to support Health Advisors (non-clinicians), sharing resource and knowledge, with the ability to flex to cope with peaks in demand.



The Clinical Assessment Service consists of a team of professionals including GPs, Nurse Practitioners, paramedics, nurses, pharmacists and dental nurses who provide enhanced clinical support to call handlers and patients ringing NHS 111.

Clinicians provide additional clinical assessment via telephone triage, improving the journey and experience for our patients by ensuring they can pass through to services quickly and efficiently.

The team promotes self-care, provides advice and support for patients at home facilitating onward referral where necessary to a range of primary and secondary care services.

Where input is required from other clinicians, such as dental specialists, mental health specialists or pharmacists, an onward referral is made to a separate service.

By being able to increase the number of patients who are treated and discharged in the community, the CAS helps to reduce pressures on emergency departments and other NHS services.

Interactive Voice Response (IVR) is deployed so that callers are streamed to the most appropriate service first time and are offered a list of options:

- Dental pain or dental symptoms – Option 1
- Repeat medication queries – Option 2
- Symptoms that are new or worsening – Option 3
- All other queries - Option 4

We have designed and built bespoke Pathways

- Dental Nurses using an agreed question set provide specialist triage for patients at peak times
- Repeat medication queries are dealt with quickly by an appropriately skilled clinician.
- Patients over 80 will not be subject to a full NHS Pathways Assessment via NHS 111 instead they will be rapidly directed into the CAS for clinical assessment.
- Callers regarding a patient under five years of age will be offered a face to face appointment or the opportunity to speak to a CAS clinician.
- Patients at the end of their life will be given the option to directly call the CAS, avoiding the need for lengthy NHS 111 triage out of hours. When a palliative patient gets through to the service, they will be asked a number of key questions to ensure that they receive the most appropriate outcome for their need.

Clinical Assessment Service (CAS) Triage and GP Out of Hours Contacts by Service Area:

Total Number of Cases BaNES	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Number of CAS Triage	3,440	2,946	2,990	2,962	3,155	3,132	3,193	3,696	3,429	3,059	3,621
Number of GP Out of Hours Contacts	1,049	935	942	877	1,018	940	962	1,240	1,094	997	1,210

Total Number of Cases Wiltshire	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Number of CAS Triage	9,993	8,676	8,941	8,886	8,571	8,471	8,178	10,719	9,672	8,757	9,767
Number of GP Out of Hours Contacts	3,931	3,397	3,579	3,585	3,751	3,662	3,737	5,078	4,232	3,779	4,354

Total Number of Cases Swindon	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Number of CAS Triage	3,627	3,244	3,327	3248	3,312	3,334	3,348	4,101	3,869	3,428	4,074
Number of GP Out of Hours Contacts	1,293	1,089	1,133	1,109	1,295	1,544	1,565	1,918	1,608	1,338	1,649

Non-Medical Prescribers

Medvivo is delighted to have a range of Non-medical prescribing healthcare professionals in the team who are independent prescribers and can prescribe medicines for patients.

Independent prescribers are practitioners responsible and accountable for the assessment of patients with previously undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing.

Advanced Nurse Practitioners

Advanced Nurse Practitioners (ANPs) who are also non-medical prescribers have been a key part of the Medvivo clinical team for many years and the expansion of the team reflects the success of the role in delivering efficient and effective care to patients. The combination of NMPs and GPs is the model that Medvivo is most confident with and will continue to develop.

ANPs are registered nurses who have undertaken additional specific study and many achieve this to at least first degree (Honours) level.

Legislation and professional accountability places certain restrictions in some areas of care delivery and as such this should be acknowledged and taken into account when aiming to deliver the right care, in the right place at the right time for patients.

Prescribing Pharmacists

- Clinical rota fill is a challenge for any provider of healthcare services, demand for GPs and Nurse Practitioners remains significantly high and will only continue get higher as supply struggles to keep up. Prescribing pharmacists create an opportunity, making available another effective pool of clinical resource towards achieving consistently high levels of rota fill, in fact prescribing pharmacists supply resource when demand is at its highest, specifically Fridays, Saturdays and Sundays.
- Prescribing pharmacists are able to target key cases suited to their abilities including complex, time-consuming repeat medication requests allowing GPs and Nurse Practitioners to focus on other cases.
- Currently Medvivo has eight prescribing pharmacists supporting Integrated Urgent Care with another two completing a two year trainee programme. During this two year programme pharmacists are required to complete the prescribing module as well as a module in Urgent Care; they are also seconded to Vocare to gain valuable urgent care and telephone triage experience. The ultimate objective is to have prescribing pharmacists working in both primary community pharmacies as well as within urgent care with second-to-none experience of the Directory of Service and urgent care management of undifferentiated conditions with the skills to treat and prescribe at source.

Total number of cases completed by Prescribing Pharmacists										
May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Total
267	293	200	201	180	141	185	381	309	370	2,527

A Prescribing Pharmacist's View - *Sri Kantamneni*

I work for Medvivo's OOH Service alongside GPs and Nurse Practitioners completing telephone assessments, diagnosing minor ailments and prescribing appropriate therapies.

Whilst there has previously been an emphasis on Pharmacists working in GP surgeries to

manage chronic medical conditions, medicines optimisation, medication reviews and supporting QOF (Quality and Outcomes Framework), the Pharmacists role in OOH was not given enough thought!

Having now worked for Medvivo for a few months, completing telephone assessments and dealing with cases, I think Pharmacist's skills are perfectly suited to this urgent care setting. Some of the cases are ideal for pharmacists, thereby freeing up the General Practitioners to handle the really complex cases that can present to Urgent Care, including palliative and terminal care, and acute escalations of existing conditions and illnesses.

The cases I deal with include a range of minor ailments as well as emergency repeat prescription requests and medication enquiries. I am able to complete the majority of cases over the phone but if needed I can seek guidance from one of the on-site GPs or arrange for the patient to have an appointment or a home visits. It's a really supportive environment to work in.

There has never been a better opportunity for Pharmacists to join the OOH service. We can really make an invaluable contribution to Urgent Care and continue our development as autonomous practitioners.

Looking ahead

Trial continuation and expansion with the following:

- Increased audit including prescribing practices and NHS 111 disposition completion
- Increase Telephone Assessment Team
- Review potential to trial face to face pharmacy role

Access to Care

Access to Care was developed from the need for a referral mechanism to support the Wiltshire community team and community hospital bed management process. It now provides a 24/7 referral management system utilising SystmOne as the primary information management system which facilitates improved information sharing with local partners.

Access to Care transitioned to SystmOne in September 2015 and experienced some initial reporting challenges. The majority of these have been overcome by introducing questionnaires which feed directly into a reporting spreadsheet ensuring that activity can be monitored more closely.

Access to Care supports the Wiltshire health and social care community by offering professionals the opportunity to access alternative pathways to secondary care, to support timely discharge by employing a multidisciplinary clinical team to triage and signpost referrals into a range of primary care facilities.

This multidisciplinary team extends into the three acute hospitals: Salisbury Foundation Trust, Great Western Hospital Trust and the Royal United Hospital. Acute Trust Liaison staff (ATL) who work within the acute hospitals are able to support community teams and the Wiltshire Patient Flow Hub with further information that can then facilitate hospital discharges.

The population served by Access to Care is 479,992 and growing and is an aging one. There are 57 GP practices, 17 community teams, and three acute providers with only one being within the Wiltshire geographical boundary.

On 3rd December 2018 responsibility for waiting list management and bed allocation for community health beds (community hospitals and intermediate care) transferred to Wiltshire Health and Care and this element is now managed from the Wiltshire Patient Flow Hub (WPFH) with collaboration and liaison between both services and Acute Trust Liaison staff being key in providing valuable information between the acute hospital settings and community services.

Access to Care Clinical Leads work closely with the three acute hospitals, Wiltshire Health and Care and Wiltshire Council and keep an active involvement in many local project groups and programme initiatives. This close working relationship allows for modification and expansion of existing services, necessary in the changing landscape of healthcare.

Acute Trust Liaison

Maintaining patient flow through the three acute hospitals serving Wiltshire is a top priority for the Clinical Commissioning Group (CCG) and Wiltshire Council and is a key driver within the Better Care Plan.

Access to Care provides clinicians with an expert knowledge of all patient pathways and full understanding of the community services available. Medvivo has three teams, working seven days per week in each of the three acute hospitals. These teams have more recently become incorporated into the Integrated Discharge Service teams within the hospital trusts, each working differently to each other. This role encompasses much more that the traditional "liaison" role by facilitating discharge across the whole health system. Support is provided to hospital staff in identifying the type of patient who can be managed at home and resources available to enable this. The clinicians also act as a conduit between the hospital staff, local social care providers and the Wiltshire Patient Flow Hub (WPFH) reducing the risk of cases falling between health and social care organisations, having the ability to be a patient advocate and ensuring a "joined up" approach is adopted. Due to their experience and expertise they are able to "professionally challenge" discharge pathways – ensuring the patient remains at the centre of all care pathways.

Urgent Care at Home (UC@H)

Jointly commissioned by Wiltshire Clinical Commissioning Group and Wiltshire Council, Urgent Care at Home provides an integrated, rapid health and social care response for people experiencing a crisis in their own home. Urgent Care at Home was included in the new Integrated Urgent Contract (IUC) which commenced on 1st May 2018.

Access to Care assesses and coordinates support for service users and deploys our own mobile Response Service, within one hour from the receipt of referral. Responders actively support service users in the period immediately after referral whilst Access to Care refers into mainstream service pathways to provide care such as community teams and adult social care. Access to Care then coordinates a dedicated domiciliary care support team in order to safely "hold" the patient in the community until mainstream care and support can commence. This mix of dedicated on-the-ground support and centralised clinical oversight provides an effective and efficient system that avoids inappropriate admissions, expedites hospital discharges and supports palliative patients within their own homes.

Urgent Care at Home provides a valuable support mechanism across Wiltshire. Due to the level of centralised clinical oversight it is

often possible to reduce support packages from the initial level of support required for patient`s whilst they are on the Urgent Care at Home caseload by enabling service users to regain their independence during the period of care. This also has a positive impact for the mainstream services taking over the care.

From April 2018 to February 2019, the Urgent Care at Home team managed to provide valuable support in the community by:

Facilitating 234 hospital discharges

Preventing 616 acute hospital admissions

Telecare Monitoring and Installation

Our Telecare Monitoring Service provides people with a continuous link to emergency and non-emergency assistance 24/7, 365 days of the year. Technology is used within people's homes to promote independence and to enable them to live in their preferred location. This continuous, safe and responsive service provides peace of mind to individuals and their families, friends and carers.

Working to agreed standard operating procedures and protocols, our highly trained teams respond to all alarm calls ensuring a timely and consistent response. Our staff deliver excellent customer service and a personally tailored response that meets their individual needs. The team will always go 'the extra mile' to add value to their relationship with service users and carers.

The Telecare monitoring service benefits from integration into Medvivo's clinical services, which makes us stand out from other traditional providers in the sector. This provides opportunities to manage risk more effectively and draw comprehensive learning from compliments, incidents and complaints.

Having access to Medvivo's response service means we are able to send assistance quickly and take pressure away from informal carers and the emergency services. The response team is able to assist with people who have fallen but are not injured; working with the ambulance service means that an assessment of potential injury is undertaken before our teams are despatched and we can reach people quickly thereby reducing hospital admissions. It is a known fact that when people fall they can suffer as a result of spending an extended time on the floor which can happen if an ambulance is delayed.

To receive alarm calls, the service uses Verklizan's UMO call handling platform. The system communicates with equipment that is installed within people's homes and links alerts to the person's record. Once the alert is linked, all details required to safely assist the person are immediately available to the call handler. The platform interprets information sent by the equipment which tells the call handler what type of alert has been received.

For example, whether a fall has been detected or a smoke detector has activated. Verklizan are not tied to any equipment manufacturer and has a partner programme that allows the service to offer a variety of options that can meet people's specific needs.

The platform is designed to interpret information sent from equipment in people's homes and inform our team what sensor has been activated and for whom. We are then able to try and communicate with the person through a loudspeaker in the main unit in their home so we can ascertain what assistance may be needed.

Progress has been made during this year in readiness for the digital switch away from analogue phone lines.

GP Out of Hours and Extended Access in Swindon

Swindon CCG created SUCCESS (Swindon Urgent Care Centre and Expedited Surgery Scheme) to relieve the pressure on their in-house surgeries.

Two clinics are offered: Children and Young Person's Clinic and also Adults Clinic. Both of these services are delivered from Moredon Health Centre and Swindon Health Centre and operate seven days a week.

Appointments are offered on a same day basis to provide urgent care to patients registered with Swindon practices.

QUALITY ACHIEVEMENTS 2018/19

This Quality Account is the first that Medvivo has been required to do and as such we have not shared our quality priorities publicly before in this way.

Going forward this document will highlight our goals for next year however this is an opportunity to share our achievements so far in 2018/19.

Early success for Medvivo included a stable transition and go live on May 1st 2018 involving new systems, integrated NHS 111 for the first time and provision of services to double the geography and population of our previous service.

We have increased the quality of delivery throughout our new footprint and the service has already yielded significant improvements in patient safety by managing patients with urgent care needs closer to home, rather than in a hospital (Accident and Emergency or inpatient).

This has been achieved by working as an integrated team ensuring that referrals passed to the Ambulance Service and to the Emergency Department are only made when most appropriate.

We have already embedded a number of service innovations both directly related to the Integrated Urgent Care service and in allied services. The table on the next page lists our developments some of which are given greater coverage further in this document.

Three that we would like to highlight are:

- The Oysta Project
- The Responder Observations Training, and
- GP In Hours Resilience.

Oysta is a Global Positioning System (GPS), one touch SOS alarm button and falls sensor that connects to our Telecare Service. We have made a number of units available to our Access to Care and Response Teams for provision to appropriate patients on the Urgent Care at Home Service. This can bridge the gap between planned face to face care.

Service Innovation

INTERNAL IUC DEVELOPMENT WORKSTREAMS

ADASTRA TEMPLATES

- National Early Warning Score (NEWS) / Paediatric Early Warning Score (PEWS)
- Palliative
- Healthcare Professional (HCP)
- Safeguarding
- Chaperoning
- BCAP medicines formulary

IT SYSTEM DEVELOPMENT

- Child Protection Information Service
- Special Patient Notes
- Remote Triage
- Electronic Prescribing Service (EPS)
- BlackPear End of Life (EOL) View
- Multisystem Access (Adastra, SystmOne, EMIS)
- Oysta (mobile telecare)

AMBULANCE AND ED WORKSTREAMS

- Validation Effectiveness Review
- HCP line promotion
- Category 2 Risk Profiling
- Directory of Service profiling review

ROLE DEVELOPMENT

- Clinical Assessment Service Pharmacists and Pharmacy Integration Fund Development Pharmacists
- Mental health scoping project
- Non-prescriber triage project
- Responder observations training
- Paediatric Consultant in SUCCESS Children's and Young Person's Clinic
- Emergency Department Consultant Project
- Clinical Navigation
- Ongoing rota reviews

ALLIED DEVELOPMENT WORKSTREAMS

IN HOURS GP RESILIENCE

- Regular pre-planned sessions to support vulnerable practices
- Ad hoc support in times of crisis

DISTRICT NURSING SUPPORT

- HCP line promotion
- Swindon Overnight District Nurse joint working and resilience support
- Death verification

PROSPECT HOUSE RESOURCE

- Sessional resource provided to support gaps in clinical provision
- Shared learning and support opportunity

RMO @ COMMUNITY HOSPITALS

- Regular Resident Medical Officer (RMO) resource provided at Warminster Community Hospital
- Ad hoc support at Savernake Community Hospital to bridge gaps in clinical provision

Quality Goals Agreed with Commissioners

Local Clinical Audits

As part of the contract with the Clinical Commissioning Group Medvivo undertook a number of local clinical audits.

They are part of the schedule of quality set by the CCG and this ensures that clinicians are actively engaged in audit and ensures patient care is given in line with NICE guidance and quality standards.

The reports of 18 local clinical audits were reviewed by Medvivo in 2018/19 and we intend to take the following actions to improve the quality of healthcare provided.

Local Clinical and Non-Clinical Audit Reports	Reviewed By	Action Taken / Further Action to be Taken
Infection Prevention and Control	Quality Committee	Medvivo work in premises hosted by other providers, key infection control issues identified during audit were in relation to the environment and safe management of sharps. Action included sharing all audit results with host providers, ensuring posters visible to highlight the 5 moments of hand hygiene and issuing guidance to staff on correct disposal of waste and reminders of safe management of sharps. Further action will include auditing clinicians during face to face care. World Hand Hygiene Awareness Day was campaigned across our services on 5th May. 60 staff were assessed for the effectiveness of their hand washing technique. Leaflets and guidance was shared with all staff on infection prevention and control.
Antimicrobial Stewardship	Quality Committee	Three antibiotic audits have been carried out. Feedback was provided to all clinicians in relation to their prescribing if not matching best practice and local guidance. Antibiotic Awareness Day on 18th November 2018 involved promotional awareness. A dedicated Antibiotic Stewardship module was created as e-learning.
Medication Audits (Antibiotics)	Medicines Management Committee and Antimicrobial Stewardship Committee	Three audits of antibiotics prescribed following either face to face or telephone triage consultations have been carried out since the beginning May (2018): • Trimethoprim • Co-amoxiclav • Phenoxymethylpenicillin

Trimethoprim	All cases prescribed Trimethoprim in May-June 2018 (25 cases) were audited. Feedback was provided to all clinicians with cases which did not reflect Wiltshire Antibiotic Guidelines (best practice). Promotional guidance published on Webvivo (staff intranet) and sent to all clinicians via the Weekly Clinical Digest. The May edition of Royal College of General Practitioners (RCGP) Treat Antibiotics Responsibly (TARGET) newsletter also promoted which included a piece of work about treatment of Urinary Tract Infections.
Co-amoxiclav	Audited twice, once in May-June 2018 (24 cases) and repeated in December 2018 (31 cases). The May-June 2018 audit identified that this broad spectrum antibiotic was being prescribed too often. Feedback given to all clinicians who did not prescribe according to best practice. An article published about Co-amoxiclav on the staff intranet, and sent copies to all clinicians via email. This audit was repeated in December 2018 and there was a significant improvement, 90% of cases audited matched best practice.
Phenoxymethylpenicillin	30 cases prescribed Phenoxymethylpenicillin were audited in March 2019 when there is a peak of prescribing of this antibiotic due to seasonal illnesses. 100% of cases had selected the appropriate antibiotic. 62% of cases audited did not use a scoring tool such as FeverPain or Centor scoring. Further information was provided to clinicians via the staff intranet and via email to reinforce the use of these tools for the management of acute sore throat.

Local Clinical and Non-Clinical Audit Reports	Reviewed By	Action Taken / Further Action to be Taken
Medication Audits (Non Antibiotics)	Medicines Management Committee	See below
Zopiclone	**Dec 2018 Audit** Zopiclone was prescribed 12 times during December 2018, 100% audited. 91% of cases audited matched best practice, this will therefore be re-audited as per the Medication Audit Schedule.	
Ventolin/Salbutamol inhaler	**Jan 2019 Audit** 30 randomly selected cases. These cases were reviewed to see if they were prescribed according to NICE Best Practice and the British National Formulary (BNF). Feedback was sent to a clinician about one case in relation to the prescribing of Ventolin/Salbutamol. Otherwise prescribing of this inhaler was in line with best practice and the BNF.	
Morphine/Diamorphine	**Feb 2019 Audit** 30 cases randomly audited. 91% of cases audited matched best practice. This will therefore be re-audited in 2010. There were two cases sent to the Group Audit Review so that they could be provided with feedback asking the clinicians to reflect on their prescribing. Neither case was a concern.	

Local Clinical and Non-Clinical Audit Reports	Reviewed By	Action Taken / Further Action to be Taken
National Early Warning Score (NEWS2) and Paediatric Early Warning Score (PEWS)		
Audit of PEWS score in <1yrs PEWS is a screening tool which gives a score based on the following parameters: Pulse, Respiratory Rate, Oxygen Saturation, Alertness, previous chronic illness, any breathing difficulties, temperature and clinicians gut feeling. The score gives an indication of severity and urgency.	Quality Committee	**Audited Monthly May 2018-Mar 2019** 17 randomly selected cases each month were audited. Most cases were managed safely and appropriately. Feedback was sent to all clinicians who had not completed a PEWS score in the cases audited. Ongoing action planned includes promoting PEWS and engaging with clinicians in order to address any barriers to completing the screening tool. Initially we were required as part of the CCG Quality Schedule to complete PEWS in all patients <1yrs old, even in completely well children. From January 2019 onwards the CCG agreed that we should be aiming to complete PEWS in all <1yrs who require a hospital admission or ambulance as it is most useful when used in ongoing monitoring to identify deterioration. A Sepsis Committee was formed in February 2019 which helps promote the use of Sepsis screening tools such as PEWS.
Audit of PEWS age 1-16yrs (who require ambulance or hospital admission)	Quality Committee	**Audited Monthly May 2018-Mar 2019** 7 cases per month. Most cases were managed safely and appropriately. Feedback provided to all clinicians identified through audit as not completing a PEWS score when a hospital admission or ambulance was required. We are aiming for the clinical software that we use to provide a prompt to clinicians to complete a PEWS when an ambulance or admission is selected as the outcome of the consultation. The CCGs quality target set is <95% of all cases needing hospital admission or ambulance must have a PEWS score documented. PEWS has not been fully implemented in General Practice locally, most of our clinicians' main employment is in General Practice. Until it is implemented locally we feel it is unlikely that we will meet the CCG's target of <95%. We are working hard to achieve this. We did find however that where patients required a hospital admission or an ambulance clinical observations (pulse, breathing, temperature) had been documented but not scored. Medvivo has agreed with the CCG that clinical judgement is still the most crucial element of consultations however we are working hard to increase the use of PEWS scoring to patient safety during transition of care.

Auditing the use of NEWS2 in patients who require an admission or 999 ambulance. NEWS2 scores include: Respiratory Rate, Oxygen Saturation, Blood Pressure, Pulse, Consciousness level and Temperature. Using a NEWS2 tool calculates a scale which gives an indication of the urgency and severity of the patients' condition.	Quality Committee	**Audited Monthly May 2018-March 2019** 7 cases per month. Most cases are found to have been managed safely and appropriately. On-going action plans include promoting NEWS2 which includes engaging with clinicians in order to address any barriers to completing the tool. A Sepsis Committee was formed in February 2019. All of the clinicians audited who hadn't completed a NEWS2 score were sent feedback explaining the requirement to complete NEW2 in this patient group. We are aiming for the clinical software that we use to provide a prompt to clinicians to complete a NEWS2 when an ambulance or admission is selected as the outcome of the consultation.
Outcomes for those with a PEWS score of 3 or above <16yrs	Quality Committee	**Audited Monthly May 2018-March 2019** 4 cases per month. The majority of cases were managed appropriately and safely even though PEWS was not completed regularly in this group. (See action planned above)
Outcomes for those with a NEWS2 score of 5 or above >16yrs	Quality Committee	**Challenges** 19 cases were audited May-August 2018. Clinical Guardian is a dynamic online database which facilitates the governance process. It is used to audit consultations on Adastra which is a Clinical Patient Management system used by Medvivo. From September onwards there was a glitch in uploading NEWS2 scores which meant that Clinical Guardian could not pull the NEWS2 score into the consultation. This was as a result of Adastra updating their software. This was not identified until March 2019. This was investigated as a clinical incident within the Risk Committee. This has been fixed and Clinical Guardian has put procedures in place to monitor Adastra regularly to check for changes.
NEWS2 scores for Urgent Care at Home (Response Service)	Quality Committee	Two training sessions have been completed for Responders working in this service and there is now evidence that NEWS2 scores are being completed. Going forward this will be a regular audit to monitor the improvements.

Asthma	Quality Committee	**Audited Monthly May 2018-March 2019** Approximately 5 cases are randomly selected per month for audit. A total of 62 consultations have been audited in relation to Asthma. Cases were audited looking at whether the prescribing dose and length of course were accurate, and whether the case overall matched evidence based guidance (British Thoracic Society (BTS/SIGN), 2016; NICE, 2017). Of the 62 cases, 19 were sent to Group Review. During Group Review a minimum of three clinicians review each case individually. These 19 were sent feedback about their consultations, the most common reason for referral to Group Review was in relation to documentation. Best practice information along with the Audit results were published on the Staff Intranet and emailed to all clinicians.
Triage Audits (incorporates Triage <1yrs, Triage aged 1-5yrs, Adult Triage)	Quality Committee	**Audited Monthly May 2018- March 2019** 20 cases audited per month. 11% of cases audited (22) were sent to Group Review. This was so that feedback on the consultation could be provided to the clinician. This audit looks at whether the patient was re-triaged unnecessarily, whether the clinical advice matched NICE Guidance, and whether the calls were managed within their disposition time (the times assigned at each stage of assessment).
End of Life / Palliative Care	Quality Committee	**Audited Monthly May 2018 – March 2019** As an IUC provider Medvivo has limited ability to be involved with in-hours preparations such as advanced directives or preferred place of care, this is usually carried out as part of the end of life care plan agreed between the patient and their GP who know them well. As an urgent care provider Medvivo staff remain diligent in seeking to carry out the patients' wishes when we are required to consult with them. **October-December 2018 15 cases randomly selected for audit** 93% of cases audited successfully demonstrated a good quality of care. In one case we were unable to ascertain if there was shared decision making as there was not enough detail in the documentation. In one case a telephone triage was audited, it could not be demonstrated that there had been good communication, shared decision making, involvement of carers and individualised care as the full care episode took place in the subsequent home visit. It was felt that the audit could be improved and therefore a further **16 cases from January 2019 - March 2019** were randomly selected and audited via Clinical Guardian. 75% of cases audited successfully demonstrated a good quality of care (of the 16 audited four were sent to Group Review). These four cases were sent as the documentation was inadequate to ascertain if communication was good, with shared decision making and involvement of carers. It was however judged that care was appropriate.

High Impact Service Users Audits	Quality Committee	**The bi-annual quality report to the CCG is due in August 2019 so the first audit will be reported at that point in time.** Includes capturing how many of our identified High Impact Service Users (HISU) have additional notes in their Summary Care Record, our engagement with other healthcare providers, action plans and progress against actions. We report on the top ten users of the services each month and the action taken which includes writing to the GP to inform them of the number of consultations with urgent care. An increase in contact with urgent care services can be an indication the patient has increased needs to address and we work together to agree a support plan for the patient for both the in hours and out of hours' time periods. During the last year Medvivo has worked with Vocare our NHS 111 subcontractor and developed a HISU meeting with representatives from across Wiltshire, BaNES and Swindon. This group meet bi-monthly to discuss patients who access multiple services. We are aiming to identify and create action plans for our HISU within one month of receiving the audit data from the data base.

Audit of Telephone Triage, Consultation and Contact

A large part of the work that we do is through contact with patients and service users on the telephone. To continuously improve the quality of these contacts audits take place every month in each service.

Telecare Call Audits		
Quality Schedule Section	**Auditors**	**Scores: May 2018 – Mar 2019**
Schedule 4 Item 23	Team Leads	Total Average Scores: • OOH Calls: 70.54% • Alarm Calls: 97.09% • 67.09% of audits due were completed
		Action Taken
		• Team focus of audits on door access requests to ensure identity is fully verified; and false alarms to ensure service user welfare is fully ascertained before the call was closed. • Efforts are continuing to increase compliance • Focus has been on ensuring service user welfare is fully ascertained before the call is closed. • Focus has been on reviewing calls involving fire panel resets as there has been a recent trend where not all actions have been followed through on a small number of these calls. • A theme was identified where warden messages were not always being recorded. This has been addressed with individuals involved. The Team Leaders have been focusing on worsening advice to ensure this is provided prior to closing a call involving a medical issue. • There was a focus on cases where an ambulance needed to be dispatched for a non-emergency reason, to ensure all other avenues had been explored before the decision was made to call 999. The outcome was positive and no significant issues were identified. • There was a focus on checking that access details were provided where ambulances were dispatched. • The team also checked that welfare was fully ascertained, including checking to confirm why the specific sensor was activated.

Access to Care Call Audits

Quality Schedule Section	Auditors	Scores: 2018 – March 2019
Schedule 4 Item 23 & 24	Deputy Clinical Leads	Total Average Scores: • Average scores: 82.36% • 100% of audits due were completed
		Action Taken
		• There are now six clinicians undertaking peer call reviewing. These are still being checked by the clinical leads to ensure standards and quality are maintained. • Commencing May 2018 the call audit tool was changed to reflect consent to access the patient record and inform outgoing calls that the line is recorded. Clinicians have been sent the new call audit tool in advance to manage their expectations and an aid memoir has been placed on each desk. • The audit scoring system has been revised and will be assessed by the Quality team. It is planned to raise the pass mark to 95% and to make confirming patient identity and requesting consent a mandatory compliance to ensure excellence. • From August 2018 the additional mandatory compliance and raised pass mark of 95% commenced. The clinicians have been aware of this since June 2018. If they do not comply with the mandatory compliance, confirming patient identity, introducing themselves, stating the reason for call, requesting consent, documenting who they have spoken to and demonstrating the use of clinical judgement and decision making this will result in a failed audit. • Some of the auditors are not completing all the feedback sections so we will be addressing this by holding a training session with the auditors to address the lack of feedback given to the clinicians. • Commencing March 2019 any clinician who fails their call audit will be asked to complete reflective practice.

SPA (Single Point of Access) Coordinators and Assistants Call Audits

Quality Schedule Section	Auditors	Scores: 2018 – March 2019
Schedule 4 Item 23 & 24	Team Leads	Total Average Scores: • Average scores: 90.66% • 85.5% of audits due were completed
		Action Taken
		• Common themes include worsening advice not being provided fully, this will be actioned with a reminder to the team and monitored in upcoming audits.

Wiltshire Responder Contact Audits

Quality Schedule Section	Auditors	Scores: 2018 – March 2019
Schedule 4 Item 23 & 24	Team Leads/Senior and Selected Responders	Total Average Scores: • Average scores: 93.54% • 97.81% of audits due were completed
		Action Taken
		• A common theme noted is where notes are not completed in a timely manner and/or missing elements of documentation. • The risk assessment form is now being more obviously applied to all calls which supports their decision making should this be questioned. • The average score has dropped largely owing to the teams now cross auditing which has unearthed some anomalies between teams. This aims to improve the quality of auditing. • The audit Standard Operating Procedure and assessment process is under review alongside the implementation of training. As part of this we will consider having mandatory fields within the audit tool.

NHS 111 Call Audits

Quality Schedule Section	Auditors	Scores: 2018 – March 2019
Schedule 4 Item 23 & 24	Vocare Coaches (auditors)	Audit Results: • An average of 47 individuals Health Advisors per month were audited. During this time period 83% of audits were found to be compliant, 9% were partially compliant, 8% being non-compliant. • An average of 16 Clinical Advisors were audited per month. During this time 90% of their consultations were compliant with the standards, 3% had partial compliance and 7% were non-compliant. • An Average of 5 Agency Clinicians were audited per month. 80% achieved compliance with the standards, 11% achieved partial compliance and 9% were non-compliant.
		Action Taken
		• Statistics were low in all call handler categories for the first few months of the new contract. This was due to training up a higher than normal proportion of staff in a short time. Most of the cases of partial compliance were during the first few months when staff were receiving extra support and training. • When staff are found to be non-compliant with audit standards the process implemented is as follows: Individuals are given development plans which they work though with trained coaches. These plans are written with the individual, involve SMART goals and give clear guidelines for expected improved practice.

Clinician Audits via Clinical Guardian (CG)		
Quality Schedule Section	**Auditors**	**Scores: May 2018 – March 2019**
Schedule 4 Item 23 & 24	Clinical Guardian Auditors	Outcome of Audits: • Percentage of consultations marked as Proficient: 90% • Percentage of consultations marked as for Reflection: 9% • Percentage of consultations marked as a Concern: 0.29% • 100% of audits were completed.
		Action Taken
		June: The team have embraced Clinical Guardian (CG) and additional clinicians will be trained to use the system to join the audit team in the coming weeks. The peer review sessions are well attended and the format encourages healthy discussion around each case. There is a low threshold for escalation to peer review. The auditing of different clinician group reflects rota fill. **July:** A memo was shared on Webvivo (staff intranet) and sent to all clinicians in the weekly Clinical Digest which advised staff on learning gained from the audits. The following was included: • Notes can often be unclear and give only a limited history • Concise notes are often best • Bullet points are useful and might make it easier/quicker for you to note down information • Make sure you include previous medical history and drug history. • It is worth documenting any specific safety netting and worsening advice, especially with telephone consultations. • Where clinically appropriate please include PEWS and NEWS2 • Include references to any red flags where necessary. **August:** We altered the scoring descriptions to make it easier for auditors. Previously during scoring the following could be selected: excellent, good, satisfactory, for reflection and concern. Now the choices are simplified to proficient, for reflection or concern. There have also been 'snippets' created so that positive feedback can be swiftly made during routine audits. It was felt that simplifying the scoring choices may seem to lack praise for good practice, hence why more detailed comments are being introduced. • Clinical Guardian (CG) allows the Governance Team to have tracked conversations, this allows us to respond as a group to any individual query to ensure a fair and measured response. • There has been positive feedback from clinicians who can download their audit scores to use during their appraisals, or for re-validation. • Being marked for Reflection is a way of providing feedback to clinicians, the most common theme is insufficient documentation. Another area where a lot of feedback is provided is in the use of PEWS and NEWS2. • Following initial feedback from our CQC visit we have reviewed auditing in relation to consultations carried out for a number of services we provide via SystmOne, EMIS and Adastra (clinical computer software systems in use). CG was designed for Adastra, but we are working closely with them and will be trialling the audit of consultations through SystmOne on CG as soon as the links into CG can be made with each of the systems. • March: We launched the Non-Standard Audit Training Tracker module (e-learning) for CG. This has enabled more clinicians to be competent in carrying out the additional specific audits (such as PEWS use or Asthma).

Commissioning for Quality and Innovation (CQUIN)

CQUIN stands for Commissioning for Quality and Innovation. It is designed to encourage providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare.

The CQUIN targets are conditional on achieving the improvements that have been agreed with commissioners and are therefore linked to a payment framework.

The goals in the table below were agreed for achievement in the 12 month period starting in May 2018.

CQUIN Quality Improvement targets set for Medvivo for 2018/19

Quality Improvement Target	Progress towards achievements	% Achieved	2018/9 Income Earned
CQUIN 1a Improvement of health and wellbeing of NHS staff	• Flu Awareness campaign where staff are offered a free vaccination • Improved working environment with breakout areas and sit/stand desks • Regular One to Ones with our staff, incorporating a wellbeing check • An Employee assistance programme which is confidential 24/7 counselling and is available to all staff • Mental Health First Aiders • Campaigns including Smoking Awareness, Get Moving Britain, Diabetes Awareness and Back Care • Simply health/Sodexho Lifestyle Hub • Two Tick Disability Employer • Mindful Employer • Celebrating Success Fund – an award for great team work • Long Service Awards • Star Awards - where staff can nominate their colleagues for excellent work • We provide free fruit for our staff in all of our offices A baseline staff survey was undertaken in June 2018 to understand whether staff felt positive action was being taken in areas such as health and wellbeing in particular whether staff were experiencing musculoskeletal problems or had felt unwell as a result of work stress. Success in this CQUIN is dependent on results of the next	This will be determined from the staff survey results which will be known in July 2019 100%	£59,280

Quality Improvement Target	Progress towards achievements	% Achieved	2018/9 Income Earned
CQUIN 1b Improving the uptake of flu vaccinations for front line staff within Providers	Our flu campaign began in September of 2018 and continued through until March 2019. The Flu Committee achieved fantastic results and 88% of frontline staff received the flu vaccination. A combination of lively communication, social media campaigns, competitions and great teamwork ensured we exceeded the CQUIN target of 70%.	100%	£59,280
CQUIN 2 Reducing Inappropriate 999 Referrals and Accident and Emergency Dispositions	This CQUIN is designed to improve patient safety by ensuring only those patients that need to go to either the ambulance service or A&E are referred; where an alternate service is available it should be used. Success is influenced by: • Elements that the provider has the ability to directly influence e.g. training, validation processes and pathways • Elements that the provider can inform but is unable to directly influence e.g. Directory of Service (DoS) profile mapping for external services • Elements that are completely outside of the providers ability to influence e.g. seasonal changes to the case mix. However we have made good progress in understanding the flow of cases from NHS 111 and anticipate ongoing improvements as the service matures, processes bed in and teams become more experienced.	100%	£177,841

Care Quality Commission Inspection

Medvivo is required to register its service location and activities with the Care Quality Commission.

We have one registered location:

- Fox Talbot House, Chippenham, Wiltshire

Our current registration is to provide the regulated activities of:

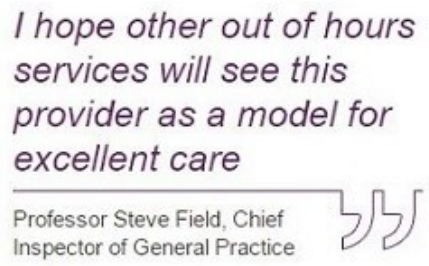
- Diagnostic and Screening Procedures
- Personal Care
- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury

Medvivo has no conditions on its registration and the CQC has not taken any enforcement action against the organisation.

At our announced inspection in 2017 Medvivo was given an Outstanding rating. This inspection took place prior to the start of the new Integrated Urgent Care contract on 1st May 2018.

Medvivo was subject to an inspection by the Care Quality Commission in February 2019. This early inspection was prompted by the new services that have been delivered since 1st May 2018.

We are pleased to announce that on 5th April, 2019, Medvivo has again been awarded an outstanding rating by the Care Quality Commission.



PART 2A Priorities for Improvement and Statements of Assurance from the Board

This section describes progress against the internal quality priorities set during mobilisation of the Integrated Urgent Care contract that began 1st May 2018.

Medvivo was not required to publish quality accounts for 2018/19 and therefore the quality priorities were developed with patients, families and carers, local GPs, commissioners, urgent care and community providers and local hospices. We held public and professional face to face meetings and met with statutory and voluntary groups. We listened to our staff and talked with Health and Wellbeing Boards in Wiltshire. We met with charities providing care for the homeless in Swindon and met with community service providers in BaNES. We agreed to link them with the Care Quality Commission five key lines of enquiry for all the services it inspects.

These are:

1) **Responsive:** services are organised so that they meet your needs.
2) **Well-led:** the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.
3) **Safe:** you are protected from abuse and avoidable harm.
4) **Effective:** your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.
5) **Caring:** staff involve and treat you with compassion, kindness, dignity and respect.

We are delighted that significant progress has been made in each area identified in 2018 which has had a hugely positive effect on patient care across the organisation.

Quality Improvements and Innovations

Innovation and Improvement Change	Why	How	Outcomes
Introduction of new Clinical Lead roles *In order to match the requirements of the new Bath and North East Somerset, Swindon and Wiltshire Integrated Urgent Care (BSWIUC) service, the clinical rota was expanded and a significant number of new clinicians were recruited.* *In order to ensure all clinicians were well led, supported and safe, three new Clinical Lead positions were created, one for each of the key areas of BaNES, Swindon and Wiltshire.*	• Ensure clinicians had a clear point of contact for support and information • Provide leadership from an experienced GP familiar with Urgent Care and the local area • Ensure clinicians were safe, effective and following best practice through regular training, audits and reviews • To enable better support with the delivery of the service	• Recruitment of additional clinical leads • Recruitment from established, respected GPs from each of the three key areas of *BaNES, Swindon and Wiltshire*	Successful recruitment of clinical leadership to each of the three counties. This gives local GPs working with Medvivo support from a senior GP with experience of the county, the local surgeries and hospitals. All GPs work to the same processes and policies ensuring good clinical governance and service user safety. Recruitment and retention - GPs have told us that they work for us because of the support they receive that they cannot get in other organisations.

Innovation and Improvement Change	Why	How	Outcomes
Vulnerable Persons Resettlement Scheme *At the request of Wiltshire Council and NHS England, Medvivo regularly provides clinical support for refugee escort duties.* *The Rota Team is able to source additional clinical cover to help meet and greet the visitors at the airport, to ensure they are medically fit to travel to their new home and accompany them on their final journey.*	• Support patient welfare • To ensure patients have adequate care and support • To support local partners and services	• Utilising our clinical resource the Rota Team is able to obtain additional GP and Nurse Practitioner cover in short notice to support • Led by Non-Medical Prescribing Clinical Lead, Richard Bowyer	Nurse Practitioners have successfully provided medical escort to support repatriation of six individuals or families in 2018 and four in 2019. This is very rewarding work for the nurses and adds to the diversity of the role and enhances job satisfaction.
Introduction of new Clinical Navigator role *With the implementation of the BSWIUC service, we saw increased workload and activity, particularly at peak times (i.e. Friday, Saturday and Sunday). It was quickly recognised that the Coordinator Team required more clinical support during these highly demanding periods.* *A new Clinical Navigator role was introduced at these peaked times to support the Coordinator team, making clinical decisions when facing competing demands due to increased workload.* *The Clinical Navigators are the most experienced GPs working in the service and have a 360* view of the entire operation including NHS 111.*	• To enable increased clinical support with the delivery of the service at peak times • To ensure Home Visits are effectively managed and clinically safe • To ensure triage lists are effectively managed and clinically safe • To provide increase support to the Coordinator and Clinical teams by providing clear access to experienced clinical advice	• Workshops held with members of the Coordinator and Clinical teams • GPs experienced with Urgent care and Medvivo recruited to trial new role • New role tested through a trial process prior to full implementation	A team of six very experienced Clinical Navigators are now trained and focus on patient safety during busy shifts. Delegating and managing the flow of patients. Integration with NHS 111 has improved communication and helps to prioritise and manage urgent cases. This role is now business as usual with one Navigator on duty during peak times.
Adastra Training and Video Standard Operating Procedures *The implementation of the new BSWIUC service demanded the switch from SystmOne to Adastra. Due to the majority of GP surgeries utilising SystmOne this meant a significant amount of training was required.* *Delivery of training was challenging due to the mixture of different team roles and high number of sessional staff working at different locations across BaNES, Swindon and Wiltshire*	• Ensure the new system was used effectively • Ensure the new system was safe and fit for purpose • Ensure individuals were well trained and felt supported during a significant period of change	• Training responsibilities divided amongst identified key individuals • Face to face training provided across a number of different dates and locations • Creation of both written and video Standard Operating Procedures uploaded onto our intranet to provide clear, accessible guides	This training is now business as usual and takes place alternate Saturdays for all new clinical staff. This is part of the induction process and must be attended. This ensures that staff makes the best use of the clinical systems ensuring good access to shared patient records.

Innovation and Improvement Change	Why	How	Outcomes
NEWS (National Early Warning Score) and PEWS (Paediatric Early Warning Score) Adastra Template *During the implementation of the BSWIUC service and the switch from SystmOne to Adastra, it was highlighted that a NEWS and PEWS tool would support clinical assessment and improve patient safety.* *Members from both Medvivo and Vocare collaborated to design and create both a NEWS and PEWS template on Adastra to help guide and support clinicians during consultations. This involved reviewing national and local NEWS and PEWS scoring systems to produce a safe amalgamated Medvivo PEWS template for the service.*	• Improves patient safety • To support clinical decision making during consultations	• Medvivo and Vocare team members collaborated to create Adastra NEWS and PEWS templates • Adastra templates automatically pop up to prompt clinicians for key, high-risk cases • Template automatically selects correct template for specific age groups • Information and guidance created in line with national and local policies, published on our intranet	Use of the template has been slow despite training and continued awareness raising. Small increase in uptake in 2018/19 but this may be due to technical problems in the first months after introduction. Progress will be audited throughout 2019/20.
Electronic Prescribing (EPS) *EPS has been in use in Primary Care for a number of years meaning many of our clinicians were already familiar with the principle. However until recently EPS was not available to Urgent Care. With the start of the BSWIUC service and the switch to Adastra, recent system upgrades meant that we were now able to take advantage of EPS.* *Workshops and a trail period was completed prior to full implementation.*	• Improving the effeteness of prescribing by removing the need for paper and reducing administration time for prescribers and support staff • Provides a secure transferring process with robust audit process	• Workshops conducted including members from the IT, clinical and operational teams • Trial period completed with key, experienced clinicians prior to full implementation • Face to face training provided • Guides and Standard Operating Procedures created and published on our intranet.	Go live for EPS was delayed until March 2019. EPS has improved patient experience. Access to prescriptions is quicker as they are electronically transferred to the pharmacy of choice. Challenges have occurred when pharmacy staff are not trained to use the system. Prescription security is improved with less likelihood of drugs falling into the wrong hands.
Pathways for Under 5s and Over 80s *During the designing and creation of the BSWIUC service, it was identified that NHS Pathways has limited effectiveness for patients under 5 and over 80. As a result, the process for which Medvivo and Vocare utilise NHS Pathways and the Directory of Service has been adapted to help direct patients to the most safe and appropriate care as efficiently as possible.*	• Direct patients efficiently and effectively to the most appropriate level of care • Ensure patients remain safe throughout the process • Avoid unnecessary delay in patient care • Maximise use of resource	• NHS Pathways and Directory of Service adapted • All under 5s offered face to face appointments • All over 80s complete NHS Pathways Module 1 only and then passed through to the Clinical Assessment Service from telephone advice from a clinician.	Parents/guardians of under 5s have responded positively with feedback stating that they appreciate the offer of a face to face appointment and that they have a choice. Over 80s pathway improves patient safety, focusses where comfort calls might be necessary and highlights if other services can help more quickly, e.g. community nurses.

Innovation and Improvement Change	Why	How	Outcomes
Clinical Guardian This is a software platform to undertake clinical audits, introduced to ensure that regular audits are undertaken of every clinician working within BSWIUC	• This allows for regular audits of all clinicians, to ensure that they are following agreed pathways and practices and NICE guidelines.	• 2% of all cases from known and trusted clinicians • 100% of first 10 cases from new clinicians • 10% of cases for next 20 cases • Sliding scale of review for those clinicians who have been flagged, which has led to removal from rota • Cases that are flagged are reviewed weekly at Clinical Guardian meeting by Clinical Leads and Medical Director	Clinicians receive timely feedback where improvements can be made or when a consultation has been done well. Quality of consultation is measured against best practice. Where performance is poor clinicians are supported but if improvement is not seen then those clinicians are removed from the Rota.
Surgery Triage Support Service *Medvivo is able to provide to a number of local GP surgeries with off-site additional triage support when those practices are unable to meet demands, The service is able, at very short notice, to provide rapid, same day support in order to help local partners and ensure patients can receive the care they require.* *Utilising SystmOne the patients receive seamless clinical support as per their normal surgery experience.*	• To support local surgeries and partner services with unexpected demand or when clinical staffing levels fall below expectations • To ensure patients have adequate access for support • To provide immediate support when a practice loses power, or a building due to flood etc.	• Live demonstrations and training provided to participating surgeries with supporting documentation • Training provided to Medvivo Coordinator and clinical teams • Additional resource (i.e. GPs and NPs) available at short notice to support triage service. • Remote clinicians able to work from home.	Assisted numerous GP practices to continue to see patients when unexpected shortfalls in clinicians are seen or in some cases where sudden events have caused problems e.g. flooding. GP practices have been able to book learning events and staff training knowing that they can access Surgery Triage Support.

Priority 1: Responsive

The BaNES, Swindon and Wiltshire Integrated Urgent Care Service

"Medvivo has a fantastic collaborative approach to stakeholder management and throughout the mobilisation, this was essential to building a valued positive working relationship with NHS England. This has allowed us to have open and honest conversations between provider, regulator and commissioners furthering the transformation of patient care for BaNES, Swindon and Wiltshire."

Keith Hardy, Integrated Urgent Care Transformation Lead NHS England (South West) Operations and Delivery (05.06.18)

We were awarded the Integrated Urgent Care (IUC) contract for BaNES, Swindon and Wiltshire in October 2017 and spent the next 6 months mobilising the services. This involved taking on the NHS 111 and Clinical Assessment Services, as well as the BaNES GP Out of Hours service. Throughout the mobilisation, we were commended by commissioners for our comprehensive approach, our attention to detail and our meticulous documentation.

The service launched on 1st May, 2018, and whilst it is not without challenges, it is already being hailed as the only truly integrated example currently in operation, anywhere. As a result, we were invited to meet with NHS England's Integrated Urgent Care Leads in January 2019, in order to share our learning.

What Are We Doing That Is Different?

We designed our service with the end user in mind – we engaged with people (patients, carers and other stakeholders) throughout the mobilisation and listened to what they want (and need) from an integrated service. We used what we heard to develop a number of bespoke pathways to enhance the patient (and carer) experience for people who are under 5 years, 80 years and over and those people who are at the end of their life.

NHS Pathways

NHS Pathways is a suite of clinical assessment content for triaging telephone calls from the public, based on the symptoms they report when they call. NHS Pathways enables a specially designed clinical assessment to be carried out by the trained person answering the call. Once the clinical assessment has been completed a clinical skill set and a defined timescale will be identified for the patient. At the end of the assessment if an emergency ambulance is not required, an automatic search is carried out on the integrated Directory of Service to locate an appropriate service in the patient's local area, which offers the specific clinical skills needed within the time frame required.

Bespoke Pathways for Bath and North East Somerset, Swindon and Wiltshire

Children under 5 years – We undertake a full Pathways assessment for every case that results in a primary care disposition. NHS Pathways ask questions about sepsis at an early stage in the assessment and we ensure

that we do not lose this opportunity to improve patient safety. A choice of a directly booked appointment or clinical assessment over the telephone is offered.

People over 80 Years of Age – we know that this is a complex group of people and that NHS Pathways does not manage their needs optimally. When a patient over 80 years of age, or their carer, contacts the service, NHS 111 Health Advisors complete the first module of an NHS Pathways assessment. If an emergency ambulance disposition is reached, this is dispatched without delay. All other disposition types are transferred for continued assessment over the telephone via a clinician within the Clinical Assessment Service.

Improvement

From the outset, we were keen to understand how we were doing, are the pathways we have co-designed working? In July 2018, only 3 months into the new contract, we commissioned the Primary Care Foundation, to review our model, in its entirety. This work is now complete and we will use the findings along with our own quality assurance processes to continuously improve the service we are delivering.

Meeting People's Needs

We feel strongly that those at the end of their life should not have to navigate the NHS 111 telephony system. We know that this cohort of patients, and their carers, need rapid access to clinical support and advice, often in very distressing circumstances. We have therefore given them direct access to our service.

In January 2018, we held a multiagency workshop with all of the local hospices, community service providers and commissioners to agree a safe and effective process.

Patients access our service via a dedicated number and their call is routed directly to our Clinical Assessment Service. An NHS Pathways assessment is not completed, instead call handlers access the 'palliative' questions within Adastra and by asking these, ensure that patients receive the most appropriate outcome for their need.

According to NHS England, we are the only Integrated Urgent Care provider that offers direct access to patients and carers in this way.

"We just wanted to pass on our many thanks and appreciation for the team members of Medvivo who recently responded to the urgent calls we made for assistance for our father, at the end of his life.

Your caring, compassion and timely response was outstanding and everyone from the telephone centre, doctors and carers truly was professional and a credit to your service. Whilst dad passed away, his last days were made so much more comfortable because of the wonderful service you provided."

Daughter of palliative patient, BaNES

Mental Health

We have been working with our local mental health provider to co-design an improved pathway for patients. As a result of some exciting and collaborative working, we are moving forward with a project to scope the inclusion of mental health support within the Clinical Assessment Service (CAS), in order to improve the patient experience, reduce the need for crisis intervention, explore supporting 24/7 'street triage' through remote physical health checks prior to conveyance to a place of safety, develop a

joint approach to 'high intensity users' – using shared management plans to achieve the best outcomes for people avoiding 'hand-offs' to other services.

We are also collaborating with the Improved Access to Psychological Therapies (IAPT) Services including Talking Therapies.

Information is available within the Clinical Assessment Service so that staff can offer wellbeing services to those with mild to moderate depression or anxiety. We are now in a position to take this a step further and include the IAPT services within the Directory of Service, making these services available to even more patients who contact NHS 111.

High Intensity Service Users

We recognise that many high intensity users have genuine needs - suffering with long-term medical or social problems. We have therefore adopted an approach to identifying and managing frequent and repeat callers to our services which sees us working with partner providers to ensure care arrangements and alternative pathways are in place to meet the needs of individual service users.

Our Clinical Audit and Effectiveness Lead coordinates the process and meets regularly with other organisations, South Western Ambulance Service NHS Foundation Trust, Vocare, community matrons as well attending the Royal United Hospital Bath (RUH) and their monthly High Impact Service User Meetings.

We log all high intensity users in a customised section on Datix our Risk Management Database to support proactive management, this includes a time stamped record of all actions taken. Any known frequent caller who 'disappears' is reviewed swiftly to understand why; they may need a more urgent contact. We now focus on episodes of care rather than number of contacts only.

What Next?

An exploratory meeting took place in November 2018 with representatives from 3 local acute hospital trusts, South Western Ambulance Service and Avon and Wiltshire Mental Health Partnership. Moving forwards, it was agreed to meet regularly across the Sustainability and Transformation Partnership (STP) footprint so that we can provide a consistent response to patients who are accessing multiple services.

Medvivo was a key contributor in the multidisciplinary team work undertaken to address the extraordinarily difficult demands placed on the whole health care system by an extra-ordinary patient.

Medvivo contributed additional time and resource, beyond the needs to satisfy their contractual commitments, including specialist GP skills and time, to ensure this MDT work was ultimately extremely successful.

Dr William Grummit, Cross Plain Health Centre

Priority 2: Well-Led

Clinical leadership is not a new concept and the critical importance of it to delivery of excellence and improved patient outcomes is now increasingly recognised by clinicians, managers and politicians within the U.K and internationally.

Medvivo has embraced that concept and have invested in our leadership structure.

Strengthening Clinical Leadership and Governance Arrangements

We recognise the importance of clinical leadership in ensuring the delivery of high quality, person-centred care and maintaining effective governance.

In order to deliver the Integrated Urgent Care contract, we have therefore invested heavily in our clinical leaders and the supporting 'quality' infrastructure.

We have a new Medical Director, Dr Shabari Hosur. Dr Hosur has been working as GP with us since 2012. As well as doing regular out of hours work, she is also a Clinical Navigator. She is an OOH Clinical Supervisor and regularly has GP trainees with her. Her clinical interests include urgent care, diabetes, elderly care, dementia, palliative care, actively involved in implementing the "NHS Diabetes Prevention Programme" across the Southwest. For her continued contribution in the field of medicine in the community she was awarded "Fellowship in Royal College of Physicians" in 2016.

Dr Shabari Hosur, Medical Director

Dr Hosur is supported by GP Clinical Leads, who are responsible for developing a robust and effective interface with primary care across the geographical area for which they are responsible, as well as ensuring that safe and effective care pathways are in place. They also focus on patient outcomes. Our Clinical Leads are:

Dr Hannah Leyden, Wiltshire

Dr Stephanie Ansell, BaNES

We have also expanded our Quality Team, to include a:

- Clinical Audit and Effectiveness Lead
- Patient Engagement Coordinator
- Safeguarding Lead
- Quality Administrator

Many members of the Quality Team are registered clinicians (advanced nurse practitioners, paramedics) who work within the Integrated Urgent Care service. This is important because it means that our

operational delivery is fully supported by our governance arrangements – quality is fully embedded, rather than being a 'separate' function.

We have significantly strengthened our approach to clinical audit and use a system of audit called Clinical Guardian which is explained in more detail in the 'Priority 4: Effective' section below.

Impact of Clinical Leadership

- Further streamlining of interview and induction process for new GPs - GP Relationship Manager plays a vital role
- Ownership of all issues arising from GPs who are employed with us or in hours GPs who want to provide feedback regarding the care their patients receive from us
- Support GPs in appraisal and revalidation process
- Monitor GP performance
- Compliments, concerns and complaints from patients and their families
- Supporting the Quality Team in investigating, finding solutions and changing practices / policies arising from incidents, reported through 'Datix'
- Play active role in auditing 2% of all clinical consultations supported by 'Clinical Guardian'
- All of the Clinical Leads are clinical supervisors and strongly believe in training the healthcare workforce of tomorrow
- Coordinate training events which Medvivo hosts
- Play an important role in building relationships with clinicians from other organisations for integrated and innovative projects e.g. RUH ED Consultant Project
- Integral part of Pharmacy Integration Fund and Non-Medical Prescribing projects

Working with System Partners

Throughout the mobilisation of the Integrated Urgent Care service, we were conscious that the existing system was confusing with variation in terms of service, name, location, and opening hours. This doesn't provide an optimal experience for people neither does it help to manage demand.

Our aim is to see, treat and complete care for the majority of patients in a single attendance. Where this isn't possible, we work with our partners, some of whom are pictured below, to deliver a coherent streamlined service that makes optimal use of available resources and supports people in a caring and compassionate manner.

We are just embarking on a pilot with one of the RUH's Emergency Department Consultants. Whilst our Clinical Assessment Service (CAS) is multidisciplinary, made up of GPs, pharmacists and nurse practitioners, it is very primary care focussed.

Our contract increasingly requires us to validate ambulance and Emergency Department dispositions from NHS 111 and we believe bringing a consultant into the Clinical Assessment Service will be hugely beneficial. Not only does their skillset lend itself to assessing emergency outcomes, they are well placed to provide additional support and advice to ambulance crews on scene and will be an invaluable source of expert support to our primary care clinicians.

We have been working with South Western Ambulance Service Foundation Trust to encourage ambulance crews to refer patients to the Clinical Assessment Service so that our teams can support their decision making. We designed a sticker to be put in every ambulance with our contact details to give a further prompt to crews.

In December 2018 we were awarded the contract to deliver GP Out of Hours and Extended Access services in Swindon, this also includes providing the homelessness service. We want to be able to offer more than traditional 'primary care' so in order to really understand the specific needs of this cohort, we have already met with Threshold and the Salvation Army. Both organisations were very pleased that we had made the time to talk with them, and have agreed to support us in our planning.

Developing the Workforce

Medvivo is committed to developing its workforce and provides opportunities for its staff at all levels across the organisation.

The annual appraisal process provides an opportunity for employees to highlight any training needs and discuss their career development. These are documented in individual Personal Development Plans which are assessed annual to development the training plan each year. Opportunities include PRINCE2 Project Management, NEBOSH, Risk Management and Coaching.

Training and Development highlights include:

- "Welcome to Medvivo", corporate induction two day programme which has been developed to offer new starters the opportunity to learn about all aspects of the organisation.
- Clinical Study Days, led by our Clinical Lead Nurse Practitioner to provide our Clinical Staff updates and development opportunities on topics relevant to their role. For example Medical Management of the Elderly and The Unwell Child.
- Safeguarding full and half day courses for operational staff and senior managers
- Nurse Practitioner and Pharmacist Development posts with the opportunity to undertake the Non-Medical Prescribing Qualification. Two Pharmacists and two Nurse Practitioners will complete their qualification
- 13 Responders are currently undertaking an apprenticeship in Level 3 Health and Social Care
- Triage training for our non-prescribers working in the Clinical Assessment Service
- Clinical Supervision training for Supervisors in order to create a proactive Clinical Supervision Framework available to all Clinical and Care staff on a regular basis.

Looking ahead, all line managers will be offered the opportunity to attend a tailor made annual Management Development programme. The purpose of the programme is to give our Line Mangers the tools and skills they require to get the best out of themselves and their teams. In addition they will have the opportunity to complete the ILM Leadership and Management qualification under the apprenticeship scheme.

Health and Wellbeing

Medvivo is committed to providing a healthy and safe working environment to support our staff in maintaining and enhancing their personal health and wellbeing at work.

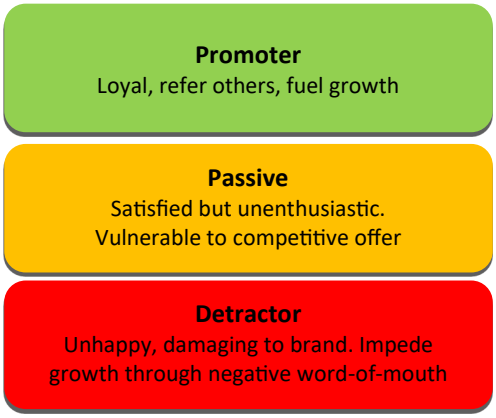
We are currently working towards the Workplace Wellbeing Charter and this year we have had the following initiatives:

- Flu Awareness campaign where staff are offered a free jab either by attending an in-house clinic or accessing their local pharmacy
- Improved working environment with breakout areas and sit/stand desks
- Regular One to Ones are held with our staff, incorporating a wellbeing check
- An Employee assistance programme which is confidential 24/7 counselling and is available to all staff
- Training 12 individuals across the workforce to be Mental Health First Aiders
- Campaigns including Smoking Awareness, Get Moving Britain, Diabetes Awareness and Back Care
- Simplyhealth/Sodexho Lifestyle Hub
- Two Tick Disability Employer
- Mindful Employer
- Celebrating Success Fund – an award for great team work
- Long Service Awards
- Star Awards - where staff can nominate their colleagues for excellent work
- Free fruit provided for staff in all of our offices

Staff Survey 2018

The 7th annual staff survey ran in June 2018 across all location and staff groups. This year we achieved a 56% response rate. As with previous staff surveys the staff survey was anonymous, the only indicators being department and location.

When monitoring staff engagement at Medvivo we take into account the Net Promoter Score. The Net Promoter Score (NPS) measures the loyalty that exists between Medvivo and our employees.



The NPS score is based on the principle Medvivo's employees can be divided into three categories:

Promoters – who are fully engaged with company and promote us to friends and family

Passives – who are satisfied but unenthusiastic about Medvivo

Detractors – who are unhappy in the workplace

The NPS score takes the percentage of staff who are promoters and subtracts the percentage who are detractors.

Medvivo's NPS score is 81.34%.

This score is very encouraging and rates very highly when compared to the average score expected in a staff survey of close to 40%. We have maintained consistently high engagement scores over the past 5 years and overall people rate Medvivo as an "Excellent", "Very Good" or "Good" place to work.

This indicates that our staff are engaged and are willing to go the extra mile for our patients and service users.

Highlights from the staff survey include:

- 72% of respondents said they would recommend Medvivo as a place to work to friends and family
- 79% said they were proud to work for Medvivo
- 72% feel they are supported by their line manager
- 72% said they have had training, learning and development in addition to their mandatory training in the last twelve months.

Whilst the staff survey is largely positive and very encouraging, there is always room for improvement. There were a number of themes that emerged from the survey and the following describes the key actions we have committed to over the next twelve months:

- Development of a communications plan which will include improved integration with our staff at remote bases and improved use of social media
- Progression of in-house management training
- Dedicated Health and Wellbeing task force

Pharmacy Integration Fund (PhIF)

In 2018 we were successful in our bid to receive Pharmacy Integration Funding (PhIF) from NHS England and Health Education England.

The Pharmacy Integration Fund is supporting our programme of work aimed at accelerating the integration of clinical pharmacy roles, including those provided by high quality community pharmacies with the appropriate skill sets, into primary care, so that they can become an embedded part of wider health and social care.

We have also made it compulsory that the Pharmacists taking part maintain part time roles in community pharmacy as well as working in the IUC so benefiting the whole system and not simply removing resource from one provider to utilise in another.

The Pharmacy Integration Fund enables us to:

- Deliver high quality, clinically-focussed pharmacy services that are integrated within wider primary care, and across NHS 111, the Clinical Assessment Service and Out Of Hours
- Integrate the principles of medicines optimisation into care pathways for long term conditions such as diabetes, chronic obstructive pulmonary disease (COPD), asthma and hypertension – this includes opportunities for health improvement and wellbeing
- Collaborate with Health Education England to make patient facing roles the norm for the pharmacy workforce
- Support the development and implementation of digital technologies for Community Pharmacy so that it has the infrastructure to achieve integration with clinical pathways
- Support clinical pharmacists to work in general practice, care homes and primary care urgent care hubs
- Evaluate pharmacy services, including those already provided by community pharmacies and those developed through the Pharmacy Integration Fund
- Work with Public Health England to develop the value proposition for community pharmacy and encourage the commissioning of local health and wellbeing services with a focus on the Healthy Living Pharmacy model.

As well as:

- Improved access for patients
- Better workforce quality, capability, retention and outcomes
- Enhanced system-wide distribution of activity to the right clinical environment
- Value for money
- The long-awaited promise of community pharmacists becoming the first contact point for urgent care to relieve pressure on GP services and emergency departments

Clinical Workforce Enhancement and Care Home Support

We applied for funding from the BaNES, Swindon and Wiltshire STP Urgent and Emergency Care Transformation Board and were successful in our bid.

We are now in the middle of a project to trial the addition of a greater range of disciplines within our Clinical Assessment Service (CAS) including district nurses and paramedics.

These clinicians will complete telephone consultations under the direct supervision and with support from GPs and advanced nurse practitioners working within the CAS.

As well as completing telephone consultations the paramedics working within the CAS also have the ability to complete home visits for appropriate patients. This includes reactive and proactive visits to Care Homes in order to support unscheduled care needs.

Priority 3: Safe

The Quality Team

Our Quality Team consists of the following dedicated staff:

- Quality and Patient Safety Lead
- Clinical Audit and Effectiveness Lead
- Non-Medical Prescribing Lead
- Safeguarding lead
- Patient Engagement Coordinator
- Quality Team Administrator

Data Security and Protection Toolkit Status

The new NHS Digital Data Security and Protection Toolkit allows Medvivo to measure and publish compliance against the National Data Guardians ten data security standards. Medvivo submitted the 2018/19 toolkit with all 100 mandatory standards met plus an additional 32 non-mandatory standards met which results in an assessment status of "Standards Met".

In addition to the Data Security and Protection Toolkit submission, Medvivo is also ISO27001 certified with a scope that includes all areas of the business including the delivery of health and care services.

Management Information Reporting

We are committed to ensuring the timely, efficient and effective production of complex management information (MI) and Key Performance Indicators data. We have invested significantly in our capability building on existing resource and supporting our growing team with new MI tools.

Our highly skilled Analytics Team makes use of a variety of technologies and expertise to enable us to provide meaningful and comprehensive management information. We have recently deployed Microsoft PowerBI – its reporting and 'dashboarding' capability provides us with powerful insight into the information we produce. It's interactive, drill-down dashboards have allowed our operational service leads to really explore and understand the data and fine tune operational processes, as well as influence training requirements. We are able to extract multiple data formats from the data warehouse and supply information in a format which is acceptable to commissioners.

Implementation of Datix

Datix was rolled out across the organisation in February 2018 to electronically capture, exchange and report on risk management information. This has produced these results:

- Deliver better outcomes for patients and service users through improved risk management processes
- Streamline incident reporting, ensuring 'ownership' at every level
- Improve ability to analyse near miss and incident information – identify trends involved with patient

Datix was implemented following extensive in-house customisation of the system to ensure it met the organisations requirements. Specific nominated staff have been trained to

make edits to the system to ensure it meets the organisation's needs going forwards.

Engagement with the system has been excellent across the organisation, leading to increased numbers of incidents reported which we see as a positive.

We anticipate developing Datix further and work with Microsoft Power BI to improve the reporting and dashboard capabilities in the system.

Incident Reporting

The delivery of health and care will always involve a degree of risk. We recognise the importance of minimising risks and to ensure that when making decisions, those doing so are deliberately electing to make judgments from a range of fully detailed and understood options.

We encourage all staff to report any untoward events as part of our open culture of 'fair blame', and aim to promote shared learning from these events.

All incidents reported by staff are logged electronically on Datix. All high risk, or incidents of a repeat nature, are raised at the weekly Risk Committee.

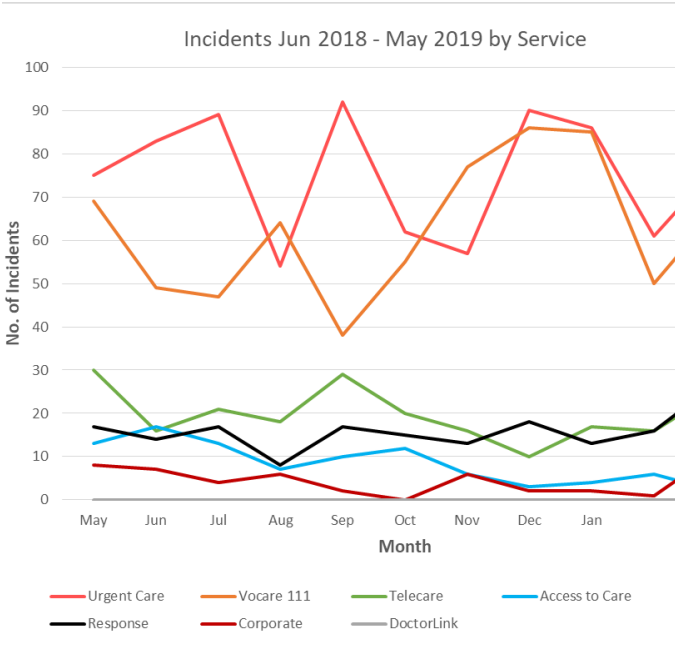
Our multidisciplinary Risk Committee is attended by all Service Leads and members of the Executive Management Team. Every incident raised is given an owner who is then responsible for feeding back completed actions to the Committee; cases are not removed from the agenda until closed.

The table below demonstrates the number of incidents reported between May 2018 and March 2019. These incidents are split by Service Area and incorporates all reported incidents within the organisation. Our Incident reporting system is currently not configured to capture patient safety incidents separately from other incidents types such as near misses. This is because all incidents including these near misses are investigated fully, in the exact same way, to ensure all learning and actions are undertaken as required to reduce risk of harm.

We can advise that there were 11 serious incidents reported between May 2018 and March 2019.

Incidents May 2018 - March 2019 by Service

Service	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Urgent Care	75	83	89	54	92	62	57	90	86	61	77	826
Vocare 111	69	49	47	64	38	55	77	86	85	50	67	687
Telecare	30	16	21	18	29	20	16	10	17	16	25	218
Access to Care	13	17	13	7	10	12	6	3	4	6	2	93
Response	17	14	17	8	17	15	13	18	13	16	27	175
Corporate	8	7	4	6	2	0	6	2	2	1	11	49
Doctorlink	0	0	0	0	0	0	0	0	0	0	0	0
Total	**212**	**186**	**191**	**157**	**188**	**164**	**175**	**209**	**207**	**150**	**209**	**2,048**



Medicines Management

This is an outline to explain the structure, purposes and objectives of the medicine management team and how we deliver this service whilst adhering to the core themes.

The Team

The team is led by the Medical Director and Director of Nursing. The Non-Medical Prescribing Clinical Lead oversees all legal components, all areas of ordering, storage and distribution of medication and relevant equipment.

When delivering Out Of Hours and Urgent Care services, patients often require medications to manage the symptoms they present with. In the first instance we utilise community pharmacies to ensure medications are issued to patients in a timely manner.

When these community pharmacies are closed the clinicians can access a limited stock from the bases: Chippenham Community Hospital, Devizes Community Hospital, Fox Talbot House in Chippenham (telephone triage only), Moredon Medical Centre in Swindon, Paulton Memorial Hospital in Paulton, Royal United Hospital in Bath, Salisbury Foundation Trust Hospital, Savernake Community Hospital, Swindon NHS Health Centre, Warminster Community Hospital and Trowbridge Community Hospital.

The term 'medicines management' is all about providing prescriptions and medications to the bases. It is a complex process of maintaining effective systems and processes so that medicines are available to patients when they need them with the information they need to manage them safely.

The core themes of medicine management are as follows:

- Patient safety
- Best practice
- Cost effectiveness
- Access
- Convenience
- Communication

Patient focus is at the core all Medvivo. Patient safety is promoted and maintained at all times.

In order to achieve the above we ensure the following:

- There is clear and accurate and timely communication between all those involved in the prescription, dispensing and administration of medicines for all individual patients and that the patient is central to this process. All legal and statutory requirements regarding the ordering, storage prescribing, dispensing, administration and disposal of medicines are complied with across a large number of bases and mobile vehicles.
- Strong channels of communication are maintained to ensure staff are educated and trained to deliver first class consultations and prescribe within national best practice guidelines such as those from the National Institute for Health and Care Excellence (NICE) and local such as the Bath, Swindon and Wiltshire Community Antibiotic guidelines.
- The number of incidents involving medicines is reduced as much as is reasonably possible.
- Unauthorised and inappropriate use of medicines is prevented.
- Standards are set for safe practice in the management and administration of medicines.
- Robust, appropriate measures are employed to ensure that all patients have convenient, safe access to medicines, in a timely way during the Out of Hours period.
- Clinical Governance is maintained throughout robust processes of auditing and supervision to capture learning, clinical

reflection and the sharing of information.

- Use of the internal intranet 'Webvivo' as a 'resource library'.
- Management of all medical equipment by ensuring an up-to-date asset registry and maintenance schedules.
- The process of receiving and management of drug and other safety alerts and product recalls.
- Formulary review.

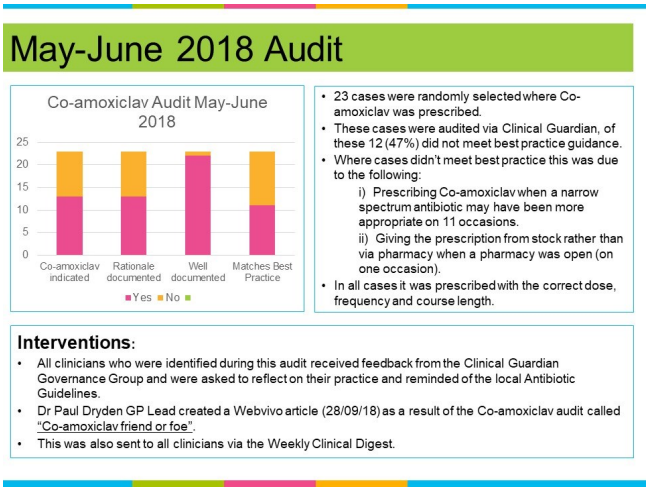
Achieving high quality standards in the management of medicines.

The management of medicines is a sub-committee of the Quality Committee and is underpinned by two main policies at Medvivo: the *Medicine Management Policy* and the *Non-Medical Prescribing Policy*.

- During the most recent Care Quality Commission visit it was commented that the management of medicines at Medvivo was "as tight as a nut".
- There are around 60 Standard Operating Procedures covering controlled medications, general medicine management, prescription security, oxygen storage and waste management.
- Due to the importance of medicine management it forms a large component of the Business Continuity plans.
- Medication errors, incidents and reporting of concerns are captured on the Risk management system called 'Datix' and outcomes are shared with the individual and then anonymised and shared with the wider team as a focus of education (see above example of penicillin featuring in the Clinical Digest).
- Regular Contract meetings with our suppliers are held to ensure value for money and timely deliveries of medicines with an appropriate shelf-life.
- Medvivo work with the national Out of Hours medication formulary. In addition we also comply with the Primary and in-patient Secondary care formularies. The Palliative care medications within the formulary were recently shared with the Clinical Commissioning Groups and the local Hospices to ensure our formulary met national best practice prescribing.

Audits

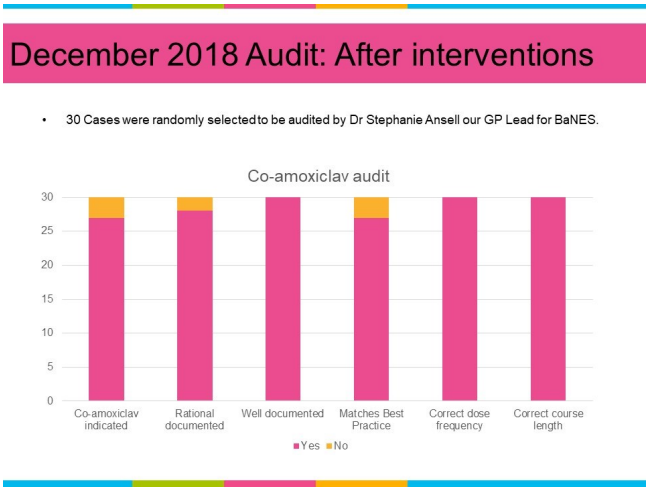
Each month we conduct a medication audit to improve practice. There is a national push on



reducing the prescribing of so-called 'broad-spectrum' antibiotics. The evidence is that broad-spectrum (broad-range) antibiotics increase the risk of antibiotic resistance as they kill everything and therefore the prescribing of 'narrow-spectrum' antibiotics should be encouraged instead.

During May-June 2018 we audited the use of a 'broad-spectrum' antibiotic called 'Co-amoxiclav' which showed that of the random 23 cases audited that month in which Co-amoxiclav was prescribed, some 12/23 or 47% of prescribing decisions could have resulted in a 'narrow-spectrum' antibiotic prescribed instead.

This resulted in a concerted educational drive by the clinical leads and the medicine management team - both teams worked closely with the Antimicrobial Stewardship team, to report the findings of the audit to the wider clinical team.



The same medication was then re-audited in December 2018 (see below), including the audit of 30 random cases of Co-amoxiclav (a broad spectrum antibiotic) being prescribed.

In December 2018 the repeat audit showed the figure dropping to only 10% where a 'narrow-spectrum' antibiotic could have been used instead.

We aim to continue this improvement in 2019/20 and continue to reduce the number of broad-spectrum antibiotics prescribed in our service.

Moving forward

Electronic Prescribing Service (EPS)

Electronic Prescribing has been commonly used in-hours within Primary care for a number of years. Medvivo is one of the first organisations to use it Out-of-Hours. Electronic prescribing (e-prescribing or e-Rx) is the computer-based electronic generation, transmission, and filling of a medical prescription, taking the place of paper and faxed prescriptions.

E-prescribing allows a physician, pharmacist, nurse practitioner, or physician assistant to use digital prescription software to electronically transmit a new prescription or renewal authorisation to a community or mail -order pharmacy. It outlines the ability to send error-free, accurate, and understandable prescriptions electronically from the healthcare provider to the pharmacy.

The antimicrobial and medicines committee are partaking in a national research programme with the NHS England and Public Health this spring around the use of an antibiotic called Phenoxymethyl Penicillin for the treatment of sore throats around the new national Royal College of General Practitioners (RCGP) toolkit and their fever/ pain risk stratification scoring tool.

The Falsified Medicine Directive (FMD) came into effect in February 2019. This is a European-wide agreement to manage medications within the European borders and of ensuring all manufacturing, distribution and issuing pharmacy.

E-prescribing is meant to reduce the risks associated with traditional prescription writing. It is also one of the major reasons for the push for electronic medical records. By sharing medical prescription information, e-prescribing seeks to connect the patient's team of healthcare providers to facilitate knowledgeable decision making and meets agreed European best practice standards.

Medvivo are 'FMD ready'.

NHS England report "Falsified medicines are "counterfeit" medicines that attempt to pass themselves off as the real deal.

Falsified medicines might contain ingredients which are poor in quality or the incorrect strength – either too high or too low. Because they have not been properly assessed to check their quality, effectiveness and safety, they could expose patients to potentially lethal health risks. We will continue to work with our suppliers to ensure that counterfeit medicines do not reach our patients.

Safeguarding

We understand and take our responsibility for safeguarding very seriously, ensuring all staff are competent in carrying out their statutory responsibilities to safeguard and promote the welfare of children and adults at risk, including adults with learning disabilities.

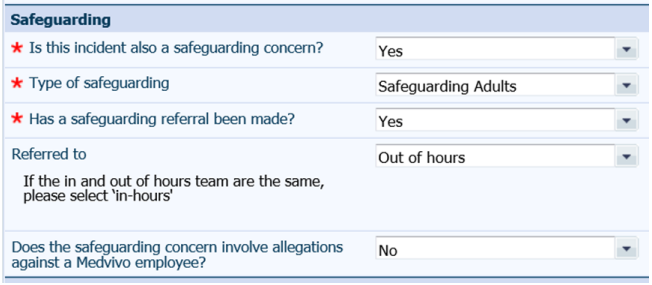
Andrew Gardner, Executive Chair, is ultimately accountable to the Board for ensuring the implementation of our policies on safeguarding children and adults. Michelle Reader, Chief Operating Officer, is the nominated senior Child and Adult Safeguarding Lead. In addition to this, we now have an organisational Safeguarding Lead.

As the provider of a wide range of care services, we have fully embedded best practice and statutory safeguarding practices into the operational management of our services. Our systems, policies, and procedures are informed by relevant Local Safeguarding Board guidelines.

We have invested in tailored face to face safeguarding training delivered by the Social Care Institute for Excellence (SCIE) for all patient-facing staff, on-call managers and on-call directors.

<u>Achievements over the last year</u>

- Recruitment of a dedicated Safeguarding Lead for the organisation
- We supported the Wiltshire Multi Agency Risk Assessment Conference (MARAC) process, providing the essential service of bridging the gap between the MARAC and Primary Care across Wiltshire.



- Our Safeguarding Policies were updated in line with legislation and best practice. The Policies now contain specific information on self-neglect, Female Genital Mutilation and Prevent.
- Involvement in two Safeguarding Adult Reviews, lead with Wiltshire Safeguarding Adults Board
- Bespoke safeguarding reporting built into Datix.

The image above shows the safeguarding questions asked on the Medvivo incident report form on Datix. The questions with red stars indicate mandatory fields. These questions prompt the referrer to complete all necessary actions to allow bespoke reporting.

"On behalf of the Chair of the MARAC, I would like to express how valuable Medvivo's attendance and engagement is and I hope that these professional relationships can continue to develop in the future. The information Medvivo brings to the table has been welcomed and has contributed greatly to the assessment and identification of risks to victims and their children".

Emma Harrold, MARAC Co-ordinator
On behalf of DI Andy Fee, Wiltshire Police, MARAC Chair

Freedom to Speak Up

Medvivo is committed to the highest possible standards of openness and responsibility. In line with that commitment, all employees with serious concerns are encouraged to come forward to voice those concerns.

Medvivo's Whistleblowing Policy is the means by which members of staff can channel any concerns. All complaints received are taken seriously and investigated fully. Complaints and concerns can be raised to an individual's Line Manager or Supervisor or the Whistleblowing Guardian.

In order for individuals to be assured that their concerns have been fully addressed, individuals will receive feedback on the outcome of any investigations and any actions that have been taken.

There are no adverse consequences for any member of staff who raises a concern in accordance with the Whistleblowing policy. We do not tolerate any criticism, harassment or victimisation of an employee who raise a genuine or mistaken concern and will deal with any such matters under the appropriate policy or procedure. Staff who express their views about service delivery issues in accordance with our policy will not be penalised.

All issues raised will be treated in confidence. Where requested, the identity of the member(s) of staff will be protected and will not be disclosed without their consent. We will work with individuals involved to ensure they are supported throughout the process. Our Whistleblowing Guardian will provide support individuals in raising their concerns and throughout any investigation.

In addition to the Whistleblowing Policy, Medvivo also has other ways in which to discuss or raise concerns. This includes regular one to ones, Clinical Supervision, the employee forum, the Grievance Policy and the Bullying and Harassment Policy.

Priority 4: Effective

Participation in Clinical Audits

We have significantly strengthened our approach to clinical audit and appointed a Clinical Audit and Effectiveness Lead, Jessica Crampton.

In this section we explain in more detail some of the Clinical Audits already highlighted in pages 22-27.

Jess is an Advanced Nurse Practitioner and continues to work within the service, clinically assessing patients remotely as well as seeing them face to face at our bases. She has completed an MSc in Advanced Clinical Practice (Nurse Practitioner Strand) with a Florence Nightingale Scholarship and has had a number of articles published. Jess is also currently in her second year of 6 years training to be a Psychotherapist. This brings a different perspective to the work she does with Medvivo.

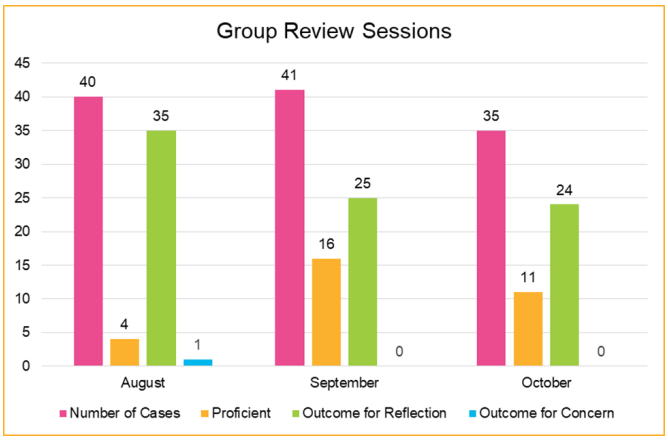
Clinical Guardian

We have also started to use an online database, Clinical Guardian, to support audit activity. Cases are identified and sent for review by our multidisciplinary Clinical Guardian Peer Review Team. Clinicians then receive feedback from the system to which they are able to respond. We have weekly Clinical Guardian Group Review Sessions

Every case requiring individual 'reflection' is tracked, so that evidence of improvement is captured. This two way dialogue between our auditing team and clinicians has been well received and encourages more detailed discussion of cases.

As a result of our consistent feedback, one GP decided not to continue working for us, and we decided another could no longer work for us. This demonstrates the effectiveness of Clinical Guardian in monitoring the quality of the care that we provide.

'Appreciative Enquiry' is an important part of the process so examples of excellent practice are also referred for review.



Adult and Paediatric Early Warning Scores

An Early Warning Score (EWS) is a tool used by clinicians to calculate how unwell a patient is. Various research articles over the last decade or so have shown the higher an Early Warning Score the greater the statistical probability of a poorer outcome for the individual. The terms used are 'National Early Warning Score' (NEWS) for adults and 'Paediatric Early Warning Scores' (PEWS) for children. These scoring tools are being used

more and more to detect the presence of potential or actual sepsis.

NEWS and PEWS have historically been in-hospital measurement tools but over the last few years various articles published and shared by NHS England and the National Institute for Health and Care Excellence (NICE) demonstrate how these scores have a vital place in the assessment and management of community patients as well, and, how these Early Warning Scores save lives when used alongside other primary Care clinical assessments. The 'take-home' message is that speedy treatment saves lives.

The score looks at 6 areas of observations and on a 1-3 measurement calculates the degree of abnormality of each observation compared to the expected range.

- Temperature
- Rate of breathing
- Heart rate (pulse)
- Blood pressure
- Level of confusion / consciousness
- Oxygen levels

Generally a score of 3 from a single observation or an overall score of 5 is a point of concern. These tools are used extensively across the GP out of hours, Access to Care and Responder services which Medvivo provides, We have developed our own e-Learning module which is mandatory for all relevant staff within these services.

Medvivo works closely with all three acute Hospitals: Salisbury, Royal United in Bath and Great Western in Swindon and the local ambulance Trust to calculate Early Warning Scores on all unwell patients we refer in to them / are referred to us and on all children under the age of 12 months who have contact with our service; those within this age group are, by nature, high risk.

This is an example of a NEWS2 scoring chart:

Physiological parameter	Score						
	3	2	1	0	1	2	3
Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25
SpO_2 Scale 1 (%)	≤91	92–93	94–95	≤96			
SpO_2 Scale 2 (%)	≤83	84–85	86–87	88–92 ≤93 on air	93–94 on oxygen	95–96 on oxygen	≥97 on oxygen
Air or oxygen?		Oxygen		Air			
Systolic blood pressure (mmHg)	≤90	91–100	101–110	111–219			≥220
Pulse (per minute)	≤40		41–50	51–90	91–110	111–130	≥131
Consciousness				Alert			CVPU
Temperature (°C)	≤35.0		35.1–36.0	36.1–38.0	38.1–39.0	≥39.1	

This year, we have completed an extensive piece of work on EWS tools that aim to screen for sepsis and to spot the deteriorating patient: the National Early Warning Scores, Paediatric Early Warning Scores (PEWS) and the Newborn Early Warning Trigger and Track (NEWTT).

We have:

- Produced an evidence-based Audit and Improvement Plan covering NHS 111, Clinical Assessment Service and Out of Hours.
- Developed a comprehensive training package including e-learning and face-to-face study days.
- Appointed a 'champion' who chairs the quarterly Sepsis Committee.
- Created a dedicated sepsis information page with links and further educational resources available on our intranet 'Webvivo'.

We are now working with local Care Homes to encourage the use of Situation Background Assessment and Response (SBAR) and NEWS when referrals are made to the Integrated Urgent Care Service.

We have also created a combined PEWS/ NEWTT tool, in consultation with the West of England Patient Safety Collaborative. Key observational parameters of NEWTT are embedded within the PEWS – this is available within Adastra for use by clinicians during consultation.

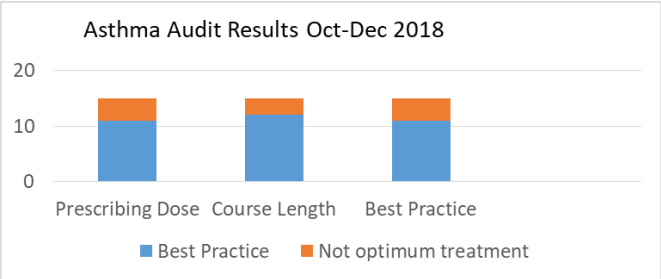
Our widespread use of EWS has been extremely positive. It provides our clinicians with an objective assessment of a patient's physiological state and supports clinical-decision making. It also helps facilitate communication at the interfaces of care e.g. when requesting ambulance transfer or hospital assessment and allows partners to prioritise resources and identify deterioration early.

We aim to increase the number of EWS scores that are documented and shared over the next 12 months. We aim for all patients where an ambulance is requested or hospital assessment is arranged to have a EWS calculated.

Asthma Audit

Clinical audit of the care of patients presenting with Asthma took place in June 2018 and again between October and December 2018 following a focussed education programme.

- Of the 15 cases audited, 73% were found to be reflecting best practice.
- The issues identified were related to documentation, and also some variability around treatment for exacerbation of COPD with 30mg of prednisolone versus 40 -50mg for an exacerbation of Asthma. Clinical judgement is required in all these cases. Feedback was given to each clinician by reflecting on the cases in relation to best practice.
- The optimum prescribing dose of medications has continued to improve, it was 68% in the 1st quarter (June) to 73% in the 3rd quarter (October and December)
- The optimum course length has gradually moved from 60% in the 1st quarter to 80% in the 3rd quarter.
- Best practice moved from 61% to 73%.



The following quality improvement initiatives have taken place:

22/08/18:

- 1st quarter Asthma Audit results published on Webvivo (staff intranet) along with details of best practice prescribing length and dosage plus reference to NICE and BTS Guidelines.

13/09/18:

- Presentation about childhood asthma published on Webvivo
- Presentation about adult asthma guidelines published on Webvivo
- Paediatric asthma inhaler guide published on Webvivo

14/01/19:

- Asthma Audit Results July-September 2018 shared on Webvivo and sent to all

Clinicians via the Weekly Clinical Digest. This included signposting to best practice and details of the correct dosages of oral steroids for Asthma Exacerbations.

- Individually any clinician identified through the audit receives feedback about their consultation in relation to best practice.
- We will continue to promote best practice to all clinicians by publishing the results of this quarter's asthma audit along with reiterating what constitutes best practice. We will also continue to provide feedback to clinicians undertaking consultations in relation to asthma and best practice.
- In addition through Clinical Guardian 3,974 (May-December) cases were individually audited. If any cases identified do not match Asthma best practice, these cases are then examined in the Group Review and the clinicians are provided with feedback and signposted to evidence about best practice.

Asthma audit will continue to be a focus in 2019/20.

Antibiotic Audits

Three audits on antibiotics have been carried out since May 2018:

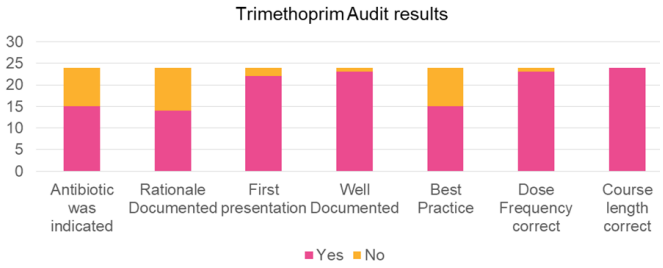
- Trimethoprim
- Co-amoxiclav
- Phenoxymethylpenicillin

Trimethoprim Audit: background

Trimethoprim is an antibiotic used to treat urinary tract infections (UTI). The audit was completed on Clinical Guardian. All cases involving Trimethoprim within a 2 month window were audited (May-June 2018).

Information gathered included: Was this antibiotic indicated? Was the rationale documented? Is it well documented? Does it reflect best practice?

Results



Interpretation

Trimethoprim is an antibiotic prescribed for urinary tract infections (UTI). For the last few years it has not been first line in the local antibiotic formularies for adults due to antimicrobial resistance, it is still in the BNF listed as treatment for UTI. Local antibiotic guidelines say that it can be prescribed if there is a low risk of resistance.

It is still first line treatment for children with a UTI.

Results of the Audit May-June 2018

- NICE (2017) state that 34% of UTIs are resistant to Trimethoprim, so this audit was carried out to capture how we are currently doing.
- 24 cases were randomly selected via Clinical Guardian.
- 9 cases did not reflect local antimicrobial guidance. 8 cases involved children where Trimethoprim is first line.
- One case marked as incorrect dose frequency was discovered to be a typographical error.

Conclusions

- Feedback was provided to all clinicians with cases which did not reflect best practice for any of the reasons audited via Clinical Guardian.

- 04/09/18 promotional guidance published on Webvivo (staff intranet) and sent to all clinicians via the Weekly Clinical Digest.
- May edition of TARGET newsletter also promoted as above which included a piece of work about treatment of UTI.

Co-amoxiclav Audit: Background

Co-amoxiclav is a broad spectrum antibiotic recommended by local guidance for treatment of the following conditions:

- First line for Human/animal bites
- Exacerbation of COPD if at high risk of resistance
- Upper UTI in children
- Acute pyelonephritis (adults)
- Facial cellulitis (not dental)
- Sinusitis should be managed with no antibiotics but if very unwell/worsening with severe sinusitis despite first line antibiotics then can consider Co-amoxiclav

Results of Audit May-June 2018

- 23 cases were randomly selected where Co -amoxiclav was prescribed.
- These cases were audited via Clinical Guardian, of these 12 did not meet best practice guidance.
- Where cases didn't meet best practice this was due to the following:
  i) Prescribing Co-amoxiclav when a narrow spectrum antibiotic may have been more appropriate on 11 occasions.
  ii) Giving the prescription from stock rather than via pharmacy when a pharmacy was open (on one occasion).
  iii) In all cases it was prescribed with the correct dose, frequency and course length.

Conclusions

- All clinicians who were identified during this audit received feedback from the Clinical Guardian Governance Group and were asked to reflect on their practice and reminded of the local Antibiotic Guidelines.
- Article published on Webvivo by Clinical Lead GP called "Co-amoxiclav friend or foe". This was also sent to all clinicians via the Weekly Clinical Digest.

Phenoxymethylpenicillin Audit

Phenoxymethylpenicillin is listed on the local Antibiotic Guidelines for treatment of the following:

- Tonsillitis if indicated by feverpain score
- Scarlet Fever for every diagnosis
- In acute Rhinosinusitis as a back-up prescription, this should not normally require antibiotic

Audit: We audited 30 cases which were selected randomly during the July-September 2018 period using Clinical Guardian.

3 cases did not match local Antibiotic Guidance. These were all referred to the Clinical Guardian Group Review meeting with the following result:

- In one case it was identified that another antibiotic would have been more appropriate
- In one case it was felt that the delayed prescription was two short (24hrs)
- In one case it was prescribed over the phone, although the circumstance in this instance were judged to be reasonable during a Group Review
- In all cases the correct dose/frequency and course length were prescribed as per BNF

Results

- Advice was fed back to all clinicians involved, this included being referred to local Antibiotic Guidelines and using the Feverpain score to guide prescribing.
- In all of the three audits management decisions were safe and according to BNF guidelines.

Conclusions

- All doses, routes and quantities of medication were safe, in keeping with the urgency of the situation, and in line with BNF prescribing guidelines.
- Regular audits of antibiotics will be continued as part of our programme for Antimicrobial Stewardship.
- In cases were the prescription of the antibiotic did not match best practice, all of these cases were seen at the Clinical Guardian Governance Review meeting and none were deemed to be medication errors. If any medication errors are discovered in this way they will be treated as such.

Antimicrobial Stewardship

In our first year we were asked by our commissioners to demonstrate:

- An Antimicrobial Stewardship management Team/Committee
- Evidence-based antimicrobial prescribing guidelines

Quality Assurance Measures/Audits

- Education and Training
- Evidence of participation in system-wide collaboratives to reduce HCAI (healthcare associated infections) rates including antimicrobial stewardship and surveillance.

We achieved:

- Development of a quarterly Antibiotic Stewardship Committee
- Engagement of two antibiotic stewardship champions who are undertaking development roles as prescribing pharmacists with Medvivo.
- In October 2018 the antibiotic stewardship committee met with members of the CCG Quality and Pharmacy Team.
- We promoted Antibiotic Awareness Day on 18th November which involved promotional awareness.
- We are creating a dedicated Antimicrobial Stewardship module on Training Tracker, the Medvivo e-learning platform.
- Meeting Elizabeth Beech in December. Elizabeth Beech is the National Project Lead for Healthcare Acquired Infections and Antimicrobial Resistance at NHS England, she also works as a pharmacist for NHS Bath and North East Somerset Clinical Commissioning Group. She joined us to discuss new ways of auditing by using Clinical Guardian to audit for NICE Guidance use.

HANDi App

During 2018/19 our commissioners asked us to promote a Communication and Education Programme for HANDi App.

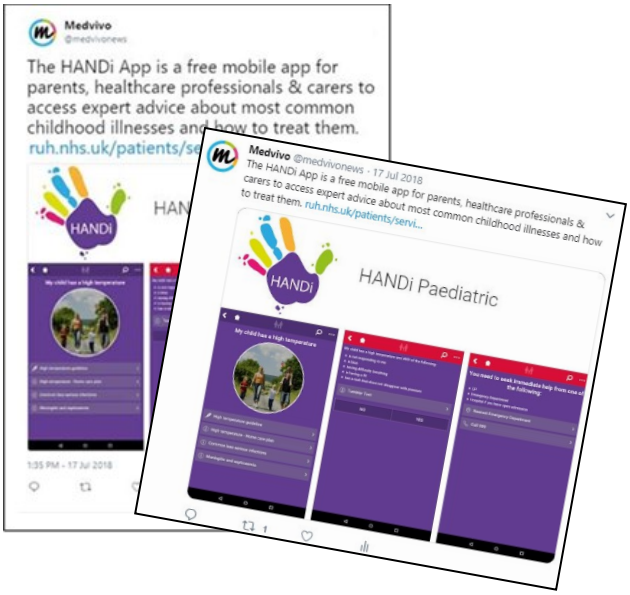
This tool enables parents, carers and healthcare professionals to access expert advice about common childhood illnesses and how to treat them via a mobile app, called HANDi App. It is free and can be downloaded to any Apple or Android smartphone or tablet.

Medvivo undertook an extensive campaign to achieve this quality initiative.

Organisation Name	Medvivo	Jess Crampton (Clinical Effectiveness Lead)	Quality and Standards Lead
Service Area	Quality Team	Phone: 0800 6444 200 Email: Jessica.crampton	
Action Plan Title	Education Programme: HANDi app communication programme for staff to encourage the use of the CCG HANDI App for paediatrics		
Start Date:	June 2018	**Finish Date:**	Ongoing
The aim of this Action Plan is to:	To ensure all Clinicians are aware of HANDi app and that it is promoted organisationally.		
Evidence Base/ Rationale for undertaking	Part of our Contractual requirement. Also a good resource for Parents and Clinicians to be aware of.		

Posters were put up in OOH waiting rooms where possible.

The HANDi App was promoted via Twitter and Facebook and staff were encouraged to download the app to their mobile phones.



Clinical Supervision

Clinical Supervision is a formal process of reflective practice and shared experiences as part of continuing professional development.

Skills for Care (2007) define 'supervision' as "an accountable process which supports, assures and develops the knowledge skills and values of an individual group or team".

Supervision helps practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex situations. It is central to the process of learning and to the scope of the expansion of practice and should be seen as a means of encouraging self-assessment and analytical and reflective skills. Supervision provides a safe and confidential environment for staff to discuss their work and importantly applies to all staff including those who are not professionally registered.

Medvivo delivers services to patients and to service users and have staff groups that are both registered e.g. nurses, paramedics and pharmacists and non-registered e.g. care staff including telecare call advisors, responders and co-ordinators. We are committed to ensuring that all staff receive supervision to

ensure that people who use our services receive high quality care at all times.

Complaints

Medvivo has developed a comprehensive approach to dealing with complaints which is fully compliant with the Care Quality Commission guidance, meets the requirements of the NHS Complaints Regulations and ensures all complaints are handled in line with the Ombudsman's Principles.

Medvivo is committed to meeting its statutory obligations by ensuring that any adverse comments or expressions of dissatisfaction voiced by a patient /service user or carer will be considered, assessed objectively with due consideration of cultural and religious sensitivities, and a reasonable course of action implemented, which is aimed at achieving a satisfactory and appropriate resolution.

The Complaints Policy and Procedure provides the framework which enables the organisation to adopt the guiding principles of complaints management.

These are:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

Medvivo respects the rights of users to express dissatisfaction but equally recognises that members of staff who are the subject of complaints have the right to have their say, and to do so in an environment which is supportive rather than threatening.

Medvivo holds a weekly Risk Committee attended by members of the Executive Management Team, Service Leads and subject-matter experts.
The Risk Committee has delegated responsibility from the Board as the lead group within the organisation for risk management.

The Risk Committee's key responsibilities are:

- To provide assurance to the Board by reviewing and scrutinising the Corporate Risk Register to ensure robust controls are in place.
- To receive assurance that departmental risks are being scrutinised and managed.

All complaints, compliments and high risk incidents are discussed at the multi-disciplinary Risk Committee and actions with named owners assigned.

Progress on each item raised is reported back to the Committee each week, and is a recurring agenda item until such a time as the incident or complaint is resolved.

The percentage of patient contacts into the service resulting in a complaint is on average: 0.17%

Datix was introduced in 2018, which explains the increase in incidents raised from February onwards. The chart on the next page shows all complaints received, both those upheld and not upheld.

Medvivo holds a monthly Quality Committee, where a standing agenda item is service developments. This links directly to service improvements made as a result of patient feedback, including complaints.

At the end of both the Quality and Risk Committee meetings we cover Appreciative Inquiry which focuses on identifying what is working well, analyse why it is working well and enable us to make changes to build on this success.

We aim to build on the Appreciate Enquiry model implemented in January 2019 and champion its use across the services we provide.

Complaints Process Review

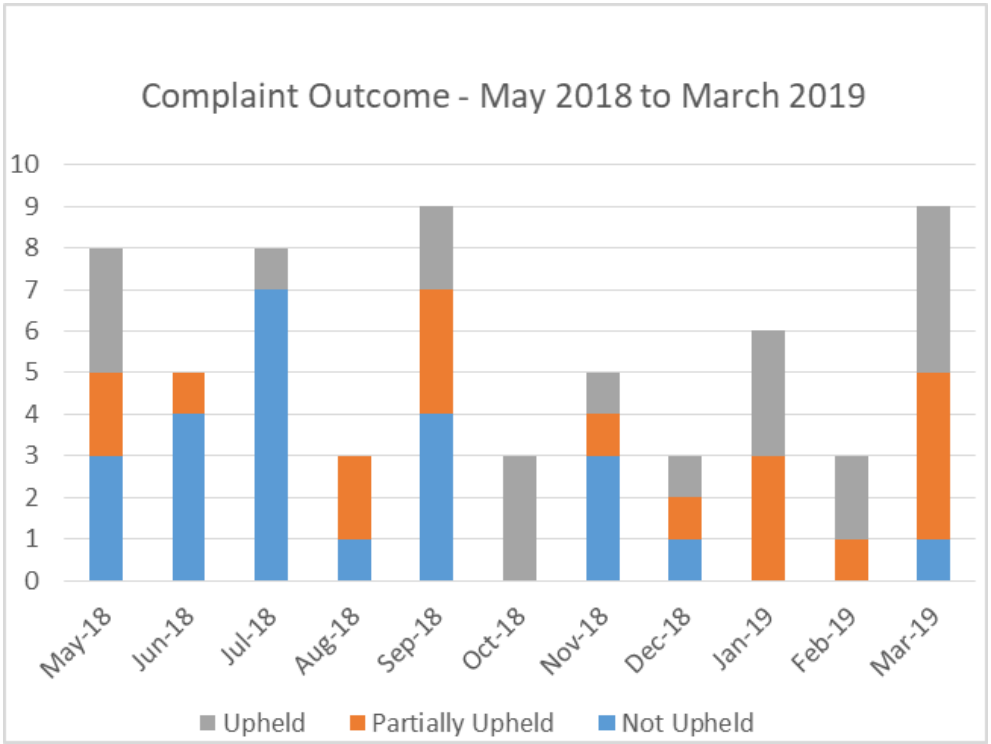
Following patient feedback we have changed the complaints process to now include the complaints leaflet with the acknowledgement letter so that complainants are aware of the complaints process.

We also telephone patients upon receipt of a complaint to obtain more information. All letters of response will include listing the answer to the patient's specific concerns.

Thematic End to End Review

Meetings have been held with external organisations to review Service User journeys through the health and social care system, from the first to last contact. The purpose of the review is to identify, investigate, share learning and respond to any issues raised for the benefit of the Service User.

We aim to undertake multi-disciplinary end to end thematic reviews quarterly over the next 12 months.



Priority 5: Caring

Service User Experience

Being Open

The publication of the Francis Inquiry in 2013 recommended many changes to the delivery of health and social care, in particular the drive to improve transparency and openness and to provide assurance to our patients that we are doing everything we can to keep them safe.

A statutory duty of candour was introduced for all non-NHS bodies registered with the CQC (including organisations providing primary care) from 1 April 2015.

We are committed to greater openness and candour, as well as developing a culture dedicated to learning and improvement, which constantly strives to reduce avoidable harm.

Open and effective communication with patients begins at the start of their journey and should continue throughout their time within the care system. This should be no different when a patient safety incident occurs, when a patient makes a complaint, or in the case of a lawsuit, claim, or litigation.

Our duty of candour is dependent upon our staff and the rigorous reporting of patient safety incidents. We therefore endorse the Francis Report recommendation 173 which promotes a culture of openness - a prerequisite to improving safety and the quality of the patient's experience.

Duty of candour incidents are routinely recorded as part of our incident reporting process and monitored through our quality systems.

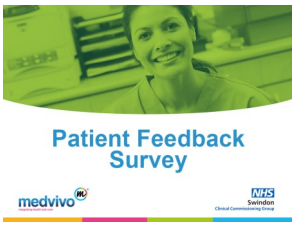
Feedback

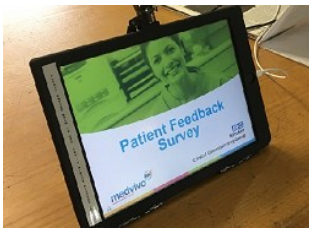
All feedback is logged on Datix, enabling real-time reporting and proactive management of all complaints, comments, concerns and compliments. We look to encourage feedback and so embrace contact by all means possible including email, online, postal, telephone and in person.

Feedback cards and business cards with a QR code that links to our online feedback form are given to all patients using our service.

A Children's Feedback survey has been created and is available for completion at all base locations. Parents have frequently reported that they appreciated having the opportunity for their Children to provide feedback on the service provided.

An electronic tablet has been introduced which gives patients the opportunity to provide feedback on the service they have received easily and contemporaneously. This tablet is currently a trial and is moved between our locations in order to gather feedback.



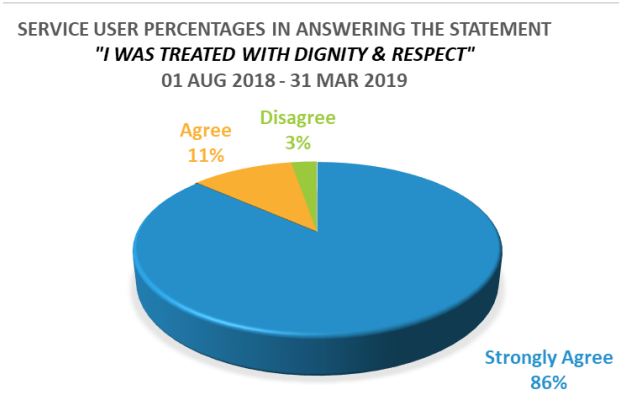


A video of the feedback tablet can be seen on the following link: https://youtu.be/1LgXlr6XKbY

Are We Caring? User, Carer and Public involvement

We have built on our current involvement and engagement activity to really understand what 'great looks like' for local people. We have used this feedback to help inform the refinement and development of our future services.

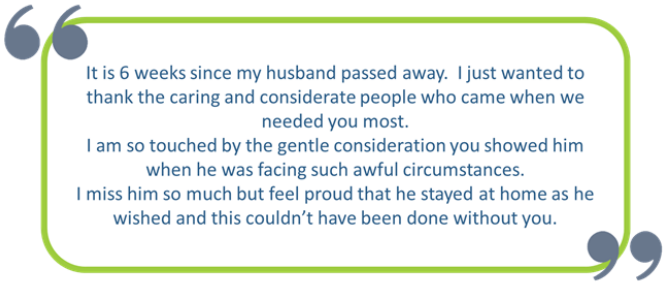
We will continue to reach out to the people that use our services and provide opportunities for continued feedback and involvement in the development of our services.

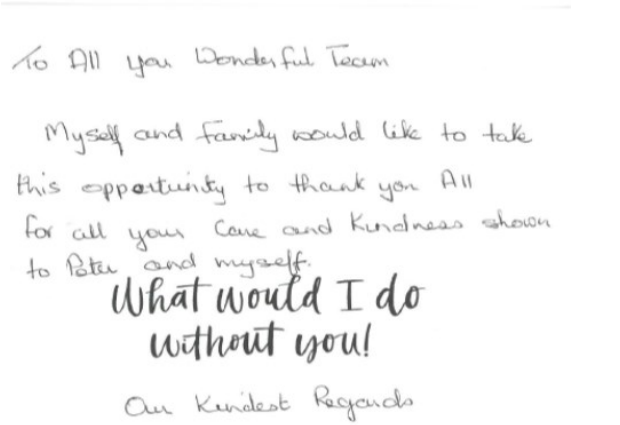


*This data was taken from our OOH customer feedback cards from 01 Aug 18 – 31 Mar 19

Compliments

In addition to dealing with complaints sympathetically and thoroughly following our standard procedures, we also have the incredible success stories which make all of our endeavours to provide the best possible care, an everyday reality. The good stuff!

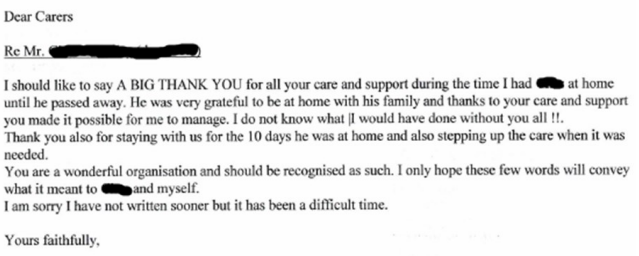



To All your Wonderful Team

Myself and family would like to take this opportunity to thank you All for all your Care and Kindness shown to Peter and myself.

What would I do without you!

Our Kindest Regards


Dear Carers

Re Mr. [redacted]

I should like to say A BIG THANK YOU for all your care and support during the time I had [redacted] at home until he passed away. He was very grateful to be at home with his family and thanks to your care and support you made it possible for me to manage. I do not know what I would have done without you all !!.
Thank you also for staying with us for the 10 days he was at home and also stepping up the care when it was needed.
You are a wonderful organisation and should be recognised as such. I only hope these few words will convey what it meant to [redacted] and myself.
I am sorry I have not written sooner but it has been a difficult time.

Yours faithfully,

Christmas Shoe Box Appeal

The Response Team is often called to people who are isolated, alone and have very little family support.

As Christmas approached, we wanted to make sure the festive season would be enjoyed by as many individuals as possible.

As such we launched Medvivo's first Shoebox Appeal to make sure our Telecare and Urgent

Care at Home service users did not feel alone, and had food if they were unable to get out.

The response and support we had from staff both at Medvivo and our NHS 111 partners, Vocare, was overwhelming. In fact, we had a problem sourcing enough shoe boxes and ended up using gift bags as well.

We delivered around 35 boxes and bags over the festive period, each filled with toiletries, tea, coffee, biscuits, chocolates, snacks, tins of soup, crackers, socks and scarves.

We visit a wide range of people with varying health needs. One young family had been going through a hard time. The mother has health problems, while the husband who looks after their 11 year old son has been suffering with severe depression. This was a difficult time of year for them but the extra Christmas boxes from Medvivo went a long way to helping.

There were many other similar gift exchanges including one Telecare service user who had been quite poorly and was in hospital recently. It was a pleasure to see him at home and smiling as he received his Christmas box. And another, who had poor eyesight, who was thrilled to hear what was in his special box and looked forward to the hot chocolate and treats.

Michelle Reader, Medvivo's Chief Operating Officer, was hugely impressed by the initiative taken to launch this appeal and for the support it received from staff, saying:

"One of our core values as a business is customer focus, building strong person centred relationships. This initiative truly shows how much we care and focus on our service users. It really is inspiring and we hope people will get involved again this year."

Technology Enabled Care and Support

We believe that technology has the potential to transform healthcare delivery. Greater adoption and more effective use, present opportunities to drive improvements in quality, efficiency and population health as well as revolutionising user experience. We continue to 'push the boundaries' in terms of identifying and deploying different technologies.

We always start with the user, technology is just an enabler to give more control to those who understand their conditions best.

Wiltshire Hospital Discharge Project

In early 2019 we embarked on a project to improve patient flow from Salisbury Hospitals NHS Foundation Trust. We are using technology as a short-term solution in place of home care to expedite hospital discharge back to a patient's own home. If successful, we plan to roll it out to all of our local acute trusts but have started with Salisbury as it has reduced access to Home First, in patient services and domiciliary care resource.

During 2018/19, Medvivo has developed a strong and exciting partnership with Oysta Technology who supply GPS devices.

Our Access to Care (AtC) and the Acute Trust Liaison (ATL) team identifies patients where part or all of their support needs can be met using an Oysta device. The ATL demonstrates Oysta and provides it to patient. The ATL then informs the Response team when the patient will be returning home. The Medvivo Responder meets the patient at home to confirm how the Oysta should be used and to carry out test calls.

Benefits of the Oysta Device?

- People can access our support from outside their homes
- People can be more independent and hence engage in activities in the community
- It reduces the number of false alarms thereby reducing unnecessary calls into our alarm receiving centres.
- Delayed discharge is avoided
- Patient returns home safely and in a timely
- Informal carers can be reassured that their loved one is safe at home
- Reduction in care visits

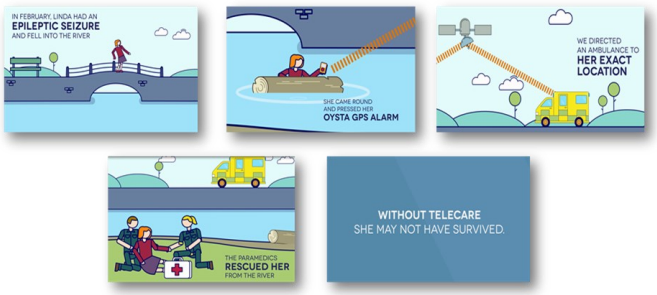
The Oysta, enables people to live a safe and independent life by connecting them to instant help and support.

Telecare and Brain in Hand

A new relationship has developed with Brain in Hand, an innovative and fast-growing company offering services to people with anxiety and other conditions.

Using a smart phone app, the person can store coping strategies that help them to manage various situations. However, if they find these strategies do not help then they can alert us and we will make contact.

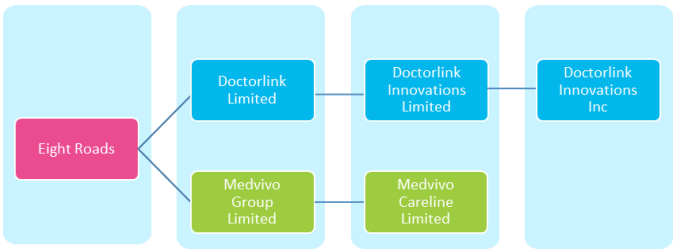
By using solution focused questioning techniques, we coach people to find their own solutions that they can then add to their app for future use.



Doctorlink

Medvivo Group Limited and Doctorlink Limited are both wholly owned by Eight Roads, the proprietary investment arm of Fidelity International Limited.

Eight Roads invested in Wiltshire Medical Services in 2013 and Doctorlink was set up in 2016 under its original name of Medvivo Digital Limited.



Doctorlink provides software to GP surgeries to help them manage their workload; patients use the symptom assessment software to check their symptoms which then delivers an outcome and advice.

"Doctorlink asks a series of relevant questions based on patient symptoms and concerns. The symptom assessment tool recommends the right action based on the symptoms.

If a medical consultation is recommended, patients have the option to of booking an appointment fitting with the symptom assessment recommendation.

The practice will receive a copy of the symptom assessment outputs just as they would following an out of hours NHS 111 consultation."

Find out more at www.doctorlink.com

PART 2 B QUALITY PRIORITIES for 2019/20

Our priorities have been identified from all areas of the business and have been developed taking into account feedback from patients, service users and carers, our employed and sessional workforce, stakeholders, commissioners and partners.

2018/19 has been our first year providing integrated urgent care and there is little known nationally about how the model will work as a fully integrated approach to care, and what its potential might be.

We will continue to be influenced by our commitment to improving the care we give in accordance with the standards set by the Care Quality Commission and have considered the NHS Five Year Forward View and the BaNES Swindon and Wiltshire Sustainability and Transformation plan to guide our priorities going forward. These priorities were discussed by the Quality Committee and agreed with the Medvivo Executive Management Team on 20th May 2019.

Our priorities for 2019/20 will be:

Priority 1:

Improve the management of adults with suspected sepsis when an ambulance is requested or a hospital assessment is arranged using the National Early Warning Score.

How will we do this?

- The Sepsis committee will deliver a programme of focused learning over the next 12 months to improve the staff's awareness and through clinical and non-clinical education.
- The mandatory undertaking of a dedicated E-Learning module,
- Auditing of NEWS scores and educational activities.
- Supporting local Care Homes to use tools including Situation Background Assessment and Response (SBAR) and NEWS when referrals are made to the Integrated Urgent Care Service.
- We aim for all patients where an ambulance is requested or hospital assessment is arranged to have a EWS calculated.

Priority 2:

Improve our service user engagement and our understanding of the patient journey throughout integrated urgent care.

How will we do this?

- We will reach out to the people that use our services and provide opportunities for continued feedback and involvement in the development of our services.
- We will build on the Appreciative Enquiry model implemented in January 2019 and champion its use across the services we provide.
- We aim to undertake multi-disciplinary end to end thematic reviews quarterly over the next 12 months
- We are committed to greater openness and candour, as well as developing a culture dedicated to learning and improvement, which constantly strives to reduce avoidable harm.
- We will support the use of technology to

provide the most appropriate service to meet the patients' needs.

Priority 3:

Develop and continually review our Antimicrobial Stewardship and prescribing to improve patient outcomes.

How will we do this?

- We will work with the National Antimicrobial Plan.
- We will undertake prescribing audits and monitor the provision of regular educational events.
- We will work with the Clinical Commissioning Group with their programmes, including the 'To dip or Not To Dip' management of urine infections.
- We will monitor the incidents involving medicines to ensure they are reduced as much as is reasonably possible.
- We will monitor unauthorised and inappropriate use of medicines against the formulary.
- We aim to reduce the number of broad-spectrum antibiotics prescribed in our service.
- Through the antimicrobial and medicines committee we will partake in a national research programme with NHS England and Public Health to look at the use of an antibiotic called Phenoxymethyl Penicillin for the treatment of sore throats in conjunction with the new national Royal College of General Practitioners (RCGP) toolkit and their fever/pain risk stratification scoring tool.
- We will continue to work with our suppliers to ensure that counterfeit medicines do not reach our patients.
- Asthma audit will continue to be a focus in 2019/20.

Priority 4:

Improve the health and wellbeing of our staff and continue to develop them with the right skills for the right people in the right place at the right time.

How will we do this?

- Undertake the annual staff survey and act on the results of the 2018/19 survey.
- Increase the number of staff to 70%+ who respond positively to the following questions in the staff survey:
  "I feel supported by my line manager"
  "I have had training, learning and development in addition to my mandatory training in the last 12 months which has enabled me to provide a better service".
- Progression of in-house management training.
- Dedicated Health and Wellbeing task force.
- Development of a communications plan which will include improved integration with our staff at remote bases.
- We are committed to ensuring that all staff receive clinical supervision to ensure that people who use our services receive high quality care at all times.

ANNEXES

Statement from the Wiltshire Clinical Commissioning Group

NHS Wiltshire Clinical Commissioning Group (CCG) has reviewed Medvivo 2018-19 Quality Account. In doing so, the CCG reviewed the account in light of key indicators and work undertaken with the provider. This evidence is further informed through Quality Assurance visits, Clinical Governance meetings, End to End reviews and meetings with the provider's quality team. To the best of our knowledge, the report appears to be factually correct.

It is the view of the CCG that the Quality Account reflects Medvivo's on-going commitment to quality improvement and addresses key issues in a focused and innovative way. Medvivo has identified local priorities for improvement in addition to the CQUIN and Local Incentive schemes.

The CCG acknowledges the good work undertaken during 2018-19 to improve the management of adults with suspected sepsis using the National Early Warning Score, which has been supported with CQUIN monies. The continued focus on the use of NEWS in 2019-20, through CQUIN/ Local Incentive Scheme, will enable Medvivo to continue quality improvement work in this area.

The provider has undertaken quality improvement work in the area of staff health and wellbeing with multiple initiatives implemented during 2018/19 including mental health first aiders, health awareness campaigns, Mindful Employer and staff awards. Medvivo achieved the 18/19 CQUIN, and the CCG welcomes work to build on the success of these schemes in 19/20.

The CCG concurs with the continued focus on improving service user engagement and developing the provider's understanding of the patient journey through integrated urgent care. This will be effected through the use and development of the Appreciative Inquiry model and the proposal and project plan related to implementing the Always Event toolkit. These work streams will be undertaken as part of the CQUIN or Local Incentive schemes in 2019/20.

Medvivo has demonstrated it's continued focus on quality improvement with the use of local audits including clinical and process audits. The results of these audits have formed the basis of action plans addressing areas of service development.

Wiltshire CCG is committed to ensuring collaborative working with Medvivo to achieve continuous improvement for patients in both their experience of care and outcomes. The CCG commends Medvivo on their rating of Outstanding following CQC inspection, and looks forward to working with the provider on the recommended areas of further improvement.

Sincerely

Linda Prosser
Interim Chief Officer

11th July 2019

Statement from the Wiltshire Council – Health Select Committee

The Wiltshire Health Select Committee welcomes the opportunity to comment on the quality account.

The committee appreciated that this was the first time Medvivo had submitted Quality Accounts.

For ease of access for members of the public the committee would suggest that a simple executive summary is included with the quality accounts, which would offer an overview of the improvements achieved in the past year against the trust's priorities for that year, as well as the areas requiring more work. Both would include numbers, i.e. showing the rate of improvement(s) achieved against the measures selected.

The executive summary could also list the quality priorities identified by the trust for the year ahead and the proposed measurements.

It should be noted that the committee received a presentation on Medvivo's first year (performance, challenges and successes) at its meeting on 30 April 2019.

Just like it was at the April meeting the committee is pleased to note the enthusiasm showing through detailed examples of success included in the quality accounts, however would suggest that some indication of what would be considered a "success rate" for the quality priorities identified for the year ahead should be included in future.

It would also be useful to have some comparator data included with the figures provided, to enable readers to ascertain the scale and significance of both successes and issues.

The committee would welcome an update being provided either at its November 2019 or January 2020 meeting to inform the committee of the progress made or plans in place to deliver the five priorities for 2019-20.

Cllr Howard Greenman
Chairman of the Health Select Committee

22nd May 2019

Statement from Healthwatch Wiltshire

Healthwatch Wiltshire welcomes the opportunity to comment Medvivo's draft Quality Account for 2018/19. Healthwatch Wiltshire is the independent champion for people who use health and social care services in Wiltshire. We're here to make sure that those running services put people at the heart of care. Our sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

We note that there is some jargon and unexplained acronyms in the draft quality account such as, DOS, SOPs and primary care disposition. This could be a barrier for the wider public.

We welcome the breakdown of each service at the beginning of the document, giving clear information on the services that you provide which are supported by images.

Healthwatch Wiltshire is pleased to see the willingness to work openly with service users and the wider public around the future location of your services and we would be

happy to support this piece of work to ensure the voice of service users is taken in to account.

We applaud the Care Quality Commission (CQC) rating of outstanding.

Healthwatch Wiltshire commends your striving for improvement and your commissioning of an independent organisation to review your model. We would be interested to hear if and how patient feedback featured in this review.

We applaud your work for patients and families who are at end of life allowing them to access the Clinical Assessment Service directly, bypassing the NHS 111 triage. From our own engagement over the years, we have been told that people want to be able to access information and advice quickly and easily.

We commend the work around high intensity users and the partnership working approach but ask if patient engagement with this group has been considered to identify what their experiences are and how this works for them.

Healthwatch Wiltshire are encouraged to see that staff survey results generally show that staff would recommend Medvivo as a place to work, that staff feel supported and have had access to learning and development.

We are pleased to see the learning from the audit on the use of broad spectrum antibiotics was taken on board and that a further audit showed this figure had dropped and that this will continue to be a priority for you over the next year.

We are pleased that patient feedback led to changes to the complaints process including a complaints leaflet and a telephone call to obtain more information.

Healthwatch Wiltshire is pleased that a children's survey has been created and that this is appreciated by parents. We wonder what the response rate is for this survey. We also welcome the opportunity for patients to provide feedback via a tablet. We are pleased that feedback you have received from patients has been used to inform and develop services and that this is ongoing. Healthwatch Wiltshire would be happy to support this going forwards.

We welcome your quality priorities for the forthcoming year and are pleased that user engagement and patient safety have a focus. Healthwatch Wiltshire would be pleased to support and advise on patient and public involvement and engagement. We look forward to following progress over the coming year.

Stacey Plumb
Manager

6th June 2019

Statement of Directors' Responsibilities for the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year. NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, Directors are

required to take steps to satisfy themselves that:

- The content of the quality report meets the requirements set out in the NHS foundation trust annual reporting manual 2018/19 and supporting guidance Detailed requirements for quality reports 2018/19.

- The content of the quality report is not inconsistent with internal and external sources of information including:

  - Board minutes and papers for the period April 2018 to May 2019.
  - Papers relating to quality reported to the Board over the period April 2018 to May 2019.
  - Feedback from commissioners dated May 2019.
  - Feedback from Healthwatch, Wiltshire dated 6th June 2019.
  - Feedback from Wiltshire Council Overview and Scrutiny Committee dated 22nd May 2019.
  - The Care Quality Commission inspection report for Medvivo Group Ltd dated 15th April 2019.

The quality report presents a balanced picture of Medvivo Group Ltd performance over the period covered:

- The performance information reported in the quality report is reliable and accurate.

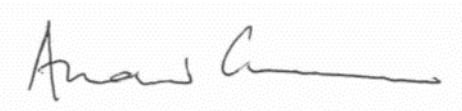
- There are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice.

- The data underpinning the measures of performance reported in the quality report is robust and reliable and conforms to the specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and prescribed definitions, is subject to appropriate scrutiny and review.

- The quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the board.



Andrew Gardner
Executive Chair

21st June 2019

CONTACT US

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Email: info@medvivo.com*

* Please note, this mailbox is for non-clinical enquiries only, and is monitored during office hours only.

Medvivo Careline

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(Monday - Friday, 9am - 5pm)

For clinical advice, please call NHS 111 (available 24/7) or if you have a medical emergency please call 999.

QUALITY HEALTHCARE +
COMMITTED STAFF
= ALTOGETHER BETTER