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# Quality Accounts 2016-17

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# PART 1

A statement on Quality from Andrew Gardner, CEO

# A STATEMENT ON QUALITY FROM ANDREW GARDNER, CEO

Providing quality health and care is extremely challenging. Whether it is a Care Home, Domiciliary Care, an Acute Hospital or a GP Practice, all experience similar challenges. The biggest challenge we all face is recruiting quality staff, mainly due to of the shortage across all of the roles we are seeking to fill; this certainly makes staffing rotas very difficult! It also has a positive effect, however, as it means that as an organisation we want to retain our staff, we want to keep them engaged and we want to create a culture and an environment that people want to join.

At Medvivo we believe that motivated and committed staff will be caring and responsive staff. However many policies and procedures an organisation may have, these do not replace engaged and dedicated staff. Our recent staff engagement survey was very positive and reflected that our staff have bought into our culture and ethos which I believe will protect our ability to deliver quality services. 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 believe we are continually improving the way we manage the business and our Corporate Objectives are cascaded from the Executive Management Team to the Line Managers and their teams. Each of our objectives are measured and reported on a regular basis so that should issues arise, actions are agreed promptly. Well managed means that everyone is clear about what they need to do and also clear about the part they play in the overall purpose and objectives of the organisation. Weekly Operational Reviews, Monthly Exec Management meetings and regular staff briefings and lunches ensure that everyone is kept abreast of the plans, and our progress against them.

Effective delivery of services has had a greater focus as result of the skills shortage. We have completed stringent efficiency reviews of all our processes, to empirically review the processes, using Erlang formulas for looking at the resources needed to deliver services. Erlang was a Danish Mathematician who developed queuing theories which have now been developed into sophisticated techniques for calculating how to resource call centres or any service which has service level times which need to be meet and therefore queues develop. Using these techniques Medvivo has been able to precisely match resources to demand. In some cases this has indicated that more people were needed, and has ensured that a very effective service is delivered.

Overarching all of the above is the need to ensure that the services we deliver are safe. We are therefore continually improving our risk and safety systems. We encourage the reporting of incidents and we support investigations which do not attach blame, but focus on how we can do better in the future.

To summarise, we are absolutely committed to delivering high quality care. As the CEO I am clear to all staff that quality comes above everything else and is of the upmost importance. We are an organisation that is building a long term sustainable business approach and the underlying foundation of this is high quality care.



**Andrew Gardner**  
Chief Executive Officer



# **PART 2**

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**Introduction to Quality**

**About Medvivo**

**Vision and Value**

**Approach to Governance**

**CQC**



**Michelle Reader**  
Director of Quality &  
Business Development

Welcome to Medvivo's first 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. Although Primary Care (GP) services are currently exempt from the requirement to produce these annual reports, 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.

## ABOUT MEDVIVO

Medvivo, formerly known as Wiltshire Medical Services, delivers person-centred and clinically led integrated care services.

The services provided by Medvivo can be split into four areas:

### **GP Out of Hours services**

Medvivo provides GP Out of Hours Services for every person who is registered with a Wiltshire GP or is currently within Wiltshire's borders.

### **Single Point of Access (SPA)**

Access to Care (AtC) is Medvivo's brand for the Single Point of Access (SPA) operated in Wiltshire. Access to Care is the single point of access for Community Services in Wiltshire providing a clinical screening service for community health referrals.

AtC also coordinate Medvivo's award winning Urgent Care at Home service. Urgent Care @ Home is an integrated rapid health & social care response option providing care for up to 72 hours to support service users in crisis in their own home.

### **Telecare**

Medvivo's Telecare service supports in excess of 35,000 service users in their own home. Telecare supports vulnerable people of all ages including those who simply need the reassurance that help is always at hand. Monitoring is provided for both local authority funded and private customers. Our Telecare services are delivered from two monitoring centres, one in Chippenham and one in Dorchester. The call centres respond to >80,000 calls per month.

### **Responder Services**

Medvivo's Responder services work in conjunction with Telecare and operate 24/7. The team of social care responders are often the first contact for service users who may require reassurance, assistance or referral on to medical services. Responder teams support the Urgent Care @ Home scheme by attending service users' homes and providing up to 72 hours of emergency care to avoid admission. In instances of non-injury falls, Responders may be asked by Ambulance Control to attend to assist the fallen person.

# OUR 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.

# APPROACH TO GOVERNANCE

We have adopted an integrated approach to 'Governance' which ensures that the services we deliver are:

- Safe
- Caring
- Responsive
- Effective
- Well-led
- **AND IMPROVING**

Integrated governance is the cornerstone of quality - it is a coordinating principle which ensures that the interdependence and interconnectivity of all its domains: corporate, finance, clinical, risk, research, information and staff, are identified. There is clear accountability at all levels for governance and its supporting systems.



Our Clinical Governance framework is based on the supportive strength of 'seven pillars', and also recognises the importance of clinical leadership. It includes:

- **Patient and Carer involvement**
- **Risk Management**
- **Clinical Audit**
- **Clinical Effectiveness**
- **Staff and Staff Management**
- **Education, Training and Development**
- **Use of Information**

These areas are described in detail in later sections.

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 NHS Wiltshire CCG.



**Dr Jamie Brosch**  
Medical Director

# CQC REGISTRATION

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.

Medvivo has not participated in any special reviews or investigations by the CQC during 2015 / '16.

At our last unannounced, scheduled inspection in 2013, we were found to be fully compliant with the five standards reviewed: respecting and involving people who use services, care and welfare of people who use services, safeguarding people who use services from abuse, staffing and assessing and monitoring the quality of service provision.

Our Inspection Report states:

*“We visited the call centre during the day and into the evening. We spoke with the management team and with staff. We listened to some telephone calls and looked at clinical records. We spoke the following day to people who had used the out of hours service or their relatives. People were all very positive about the service they had received. One person told us they were ‘delighted with the service’. Another person told us ‘the doctor was absolutely amazing’.*

*People told us they were treated with respect and we observed this to be the case. People were spoken to politely and with empathy and patience. People told us their needs were met promptly. One relative told us how delighted they were that their child was seen by a doctor only one hour after contacting NHS 111.*

*Staff understood their responsibility to safeguard vulnerable adults and children and they knew how to report concerns, both internally and to external agencies.*

*Staffing levels were constantly monitored to ensure that the service could respond to expected and unexpected levels of demand on the service. There were robust contingency plans for periods of high demand, such as holiday periods, or other situations where risks, such as adverse weather or a health pandemic, threatened service provision.*

*There were effective systems in place to monitor quality and safety and a culture in which complaints and incidents were welcomed as opportunities to make improvements”.*



# **PART 3**

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**GP Out of Hours service**

**Access to Care**

**Telecare Monitoring**

**Telecare Response Service**



## OPERATIONAL DELIVERY OVERVIEW

Medvivo delivers frontline services via four key operational service lines. Previously services were delivered via two operational areas; the SPA / OOH and Telecare incorporating the Response Team. In February 2015 a review of operational delivery was completed and the decision taken to restructure the services in order to increase resilience and to facilitate increased integrated working between them.



**Liz Rugg**  
Director of Operations

Each service now has a dedicated Service Lead as well as a Team Lead / Deputy Lead structure. The leads, their deputies and the operational teams are working together in order to deliver services that are well-led, safe, effective, responsive and caring.

The four key services are supported by Liz Rugg, Director of Operations and Ben Lloyd, Chief Operating Officer.



**Ben Lloyd**  
Chief Operating Officer

## GP OUT OF HOURS SERVICE

Medvivo began providing GP OOH Services in 2004 and has been the pan-Wiltshire provider since 2010. Following triage, calls are passed to us from NHS 111 usually with a disposition assigned: this may include an appointment at a Primary Care Centre, a home visit by an experienced clinician or self-care advice. We offer PCC appointments at six bases across Wiltshire and have agreements in place with neighbouring providers to offer accessible care to those living on the County border.

We also provide OOH medical cover for:

- **All of Wiltshire's Community Hospitals (plus RMO level 1 (enhanced) medical cover)**
- **Charter House Mental Health In-patient Unit**
- **All military personnel based in Wiltshire**
- **HMP Erlestoke**



**Sally Powderly**  
OOH Service Lead

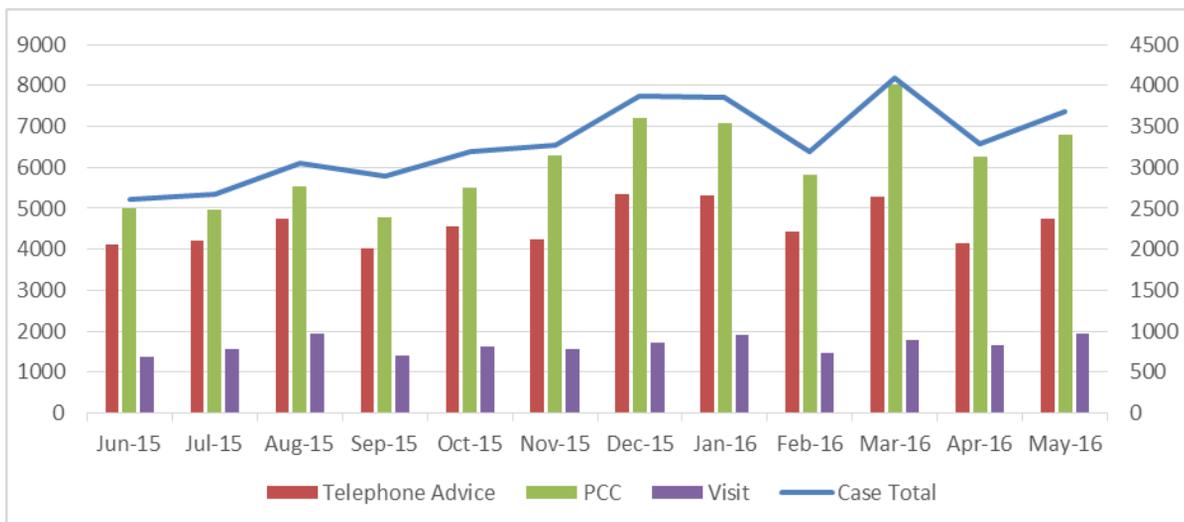
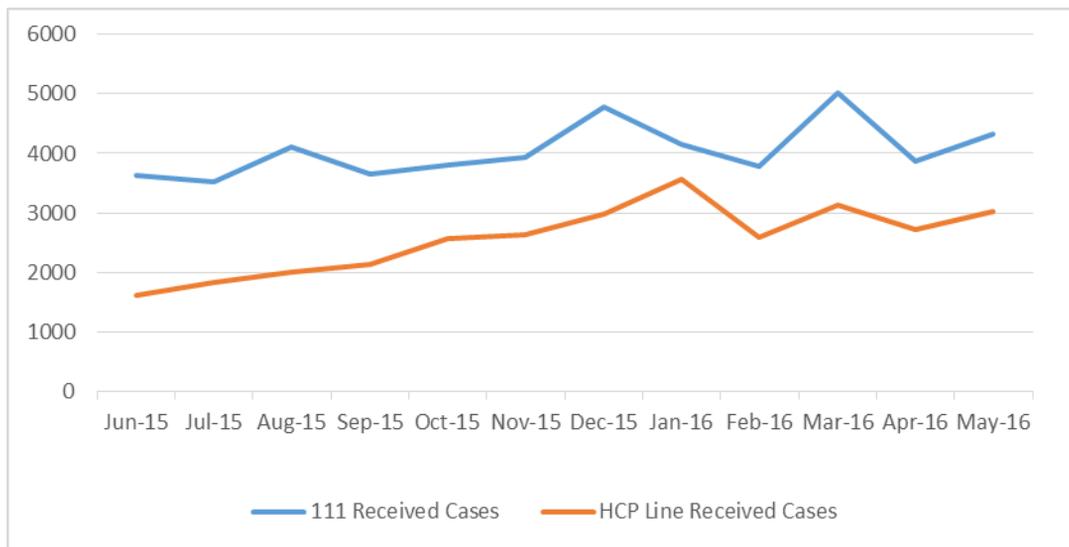
Operational delivery is overseen by a dedicated, highly trained, team of 24/7 SPA Coordinators utilising SystemOne. They are supported around the clock by senior management, including On Call Managers and Directors. They ensure that every facet of the service is actively managed: providing a layer of oversight and facilitation. This is crucial in developing and delivering an efficient service that is easily accessible, truly integrated and of the highest quality.

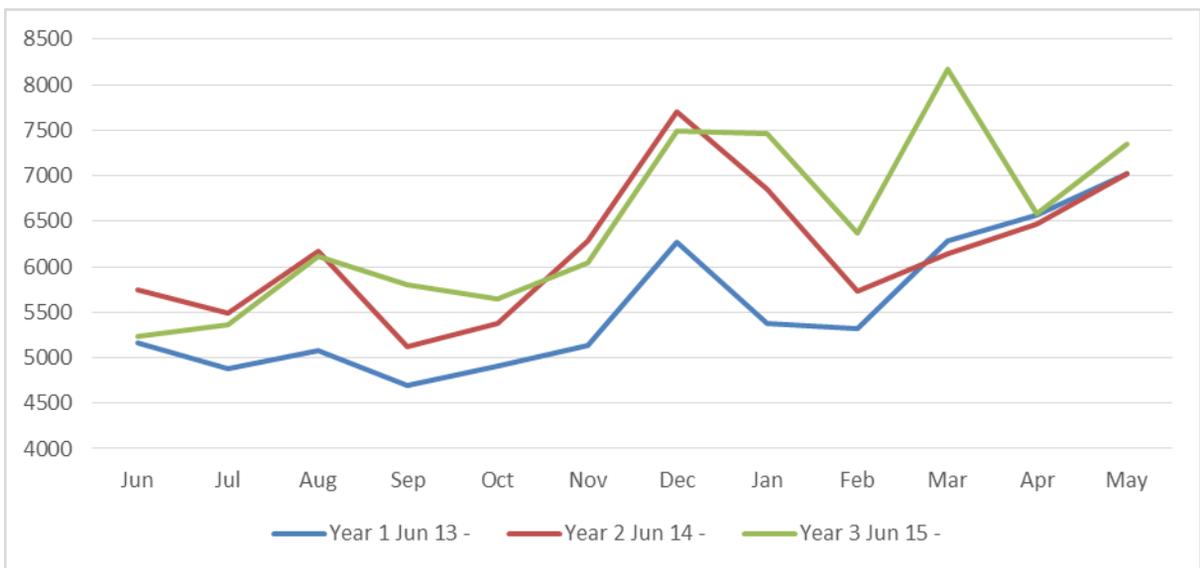
# GP OUT OF HOURS SERVICE - ACTIVITY & PERFORMANCE

The following graphs detail activity within the GP Out of Hours Service between June 2015 and May 2016. Overall the service has experienced a 5% uplift in activity when compared to the previous year and a 16% uplift on the year before.

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
111 Received Cases	3626	3521	4105	3660	3806	3930	4776	4156	3775	5029	3867	4325
HCP Line Received Cases	1605	1839	2007	2138	2571	2628	2980	3562	2599	3139	2713	3028
<b>Combined Total</b>	<b>5231</b>	<b>5360</b>	<b>6112</b>	<b>5798</b>	<b>6377</b>	<b>6558</b>	<b>7756</b>	<b>7718</b>	<b>6374</b>	<b>8168</b>	<b>6580</b>	<b>7353</b>
Telephone Advice	2055	2098	2377	2014	2271	2124	2680	2663	2213	2634	2076	2380
PCC	2493	2486	2760	2386	2757	3138	3604	3535	2916	4005	3127	3405
Visit	683	776	975	702	808	789	867	951	736	897	821	971

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
<b>Combined Telephone Call Volume</b>	6928	6805	6851	6430	6898	6948	7962	8200	6923	7971	7389	7008





## SYSTMONE

In September 2015, at the request of Wiltshire CCG, Medvivo transferred our GP Out of Hours (OOH) and Single Point of Access IT platform from Adastra to TPP SystemOne.

SystemOne is fundamentally an in-hours product; whilst the OOH module is better than TPP's first iteration it still has some basic flaws meaning that it requires significantly more resource in terms of overseeing OOH sessions. The most costly problem is the additional coordinator resource required to oversee the OOH service utilising the system. It is simply impossible for one coordinator to manage a shift due to the number of units required and the additional steps that are required to reach the same end result. As result we had to instigate some major changes to ensure that we continued to meet the challenges of service delivery, especially over the winter.

SystemOne's ability to work remotely and its reporting capability present further significant challenges.

Key Issues Are:

- SystemOne does not currently have an official offline version for out of hours (a system is currently in testing) which means that they system does not work unless there is good signal. In a rural county like Wiltshire, where signal is often poor, this means that the recording of visiting statistics are very challenging.
- SystemOne offers very good flexibility from a clinician's point of view. There are a number of different ways to enter the patient's record and to record information. Although from a single user perspective this is a positive, it makes recoding against specific time stamps in relation to case flow. If clinicians go directly into the patient record, as they do in hours, without going via the OOH case the timings of their assessment stages are not recorded.

***Whilst delivering the service on SystemOne has created significant operational delivery challenges for Medvivo, it has had a very positive impact on patient care and the system overall. Now services including the patient's registered GP, the GP OOH, the SPA, Dorothy House Hospice and Adult Community Services are utilising the system we have the foundation to be able to provide a far greater level of collaborative patient care through better access to information.***

## SYSTEMONE CONT.

For example, when shared by patient's registered practice, and when explicit consent is given by the patient, OOH clinicians are able to view the patient's full record. This enhances continuity of care and supports decision making. Our senior clinical decision makers have the information they need to understand patient's wishes and the clinical pathways already in place. They use this information to inform their decision making and often this means they can keep patients at home. This information also supports the whole system in terms of accessing appropriate care pathways and importantly avoiding inappropriate admissions.

Further work is required to harmonise how the system is operated, to ensure all functionality is used to its full potential and that services are linked so information is shared appropriately. Medvivo is working with the CCG and allied services to maximise the benefits for the system. This includes work to build bespoke reporting capability that can take a direct feed of information from SystemOne in order to provide the required data. In the interim substantial manual checking is underway

### Looking Ahead

- **Individual clinician dashboards**
- **MiView Reporting Suite**
- **Base location / travel time review**
- **MDT Development**

## NURSE PRACTITIONERS

Key highlights include:

- 6 bi-monthly NP meetings covering Clinical Governance covering areas such as teaching, clinical reflection/peer review discussion of local and national guidelines, new Medvivo memos and policies
- 6 Bi-monthly NP study days covering relevant topics to the Out of Hours clinical setting such as Cardiology, Surgical emergencies, pregnancy and Gynaecology, paediatric and neonate emergencies, non-medical prescribing update, antibiotic usage and indications
- Introduction of Clinical Supervision including a re-written policy
- The NP team has grown around 30% in this time period including 8 new starters
- Progression of 1 Developmental to 'full NP'
- Appointment of 1 Developmental NP with following a bespoke educational pathway
- Monthly clinical case review audits (5 per month for new starters until signed off post induction)
- Contractual provision of Clinical cover on 2 community wards – used as NP training and development
- Negotiation of University modules for NP development
- Various in-house training including Verification of death, medical clerking, syringe driver
- Links to external training such as catheterisation

### **NP Induction**

- Review of induction: a three tiered pathway of support including a tiered salary married to completion of in-house clinical objectives
- Review of Induction packs at bases

### **Compliance of National and Local Quality Drivers**

- Introduction of policy and process of supporting NPs through the NP revalidation system
- Introduction of NEWS and PEWS to Medvivo. Audit around NEWS usage within Medvivo documentation
- Introduction of Antibiotic Stewardship to Medvivo
- Review of processes to capture and action all relevant Patient safety alerts

### Looking Ahead

- **1 new NP appointed June**
- **2 new developmental NPs appointed early July**
- **NP study days will be quarterly from now on**
- **Review of NP skills and competencies**
- **Continuation of in-house training sessions**
- **Bi-monthly NP meetings to continue**

# PRESCRIBING PHARMACISTS

Since December 2015 we have been trialling the inclusion of a Prescribing Pharmacists as part of our telephone assessment team.

## Aims

- Trial / demonstrate the role of Pharmacy within the OOH urgent care setting
- Initially pilot the role of a Prescribing Pharmacist in the multidisciplinary 'clinical hub'
- Establish how best the OOH Service can link with, promote and support the community pharmacy network

## Model

- Part of the MDT Telephone Assessment Team
- Case selection from central triage screen
- Option to:
  - Close following advice
  - Close following advice + treatment
  - Refer for continued telephone assessment with GP
  - Refer for face to face assessment at Primary Care Centre
  - Refer for face to face assessment via Home Visit
- Start December 2015: Saturday 1000-1500
- March 2016: Saturday & Sunday 1000-1500
- May 2016: Saturday extension 0900-1800

## The Team

- Three zero hours fixed term with more joining at present
- Mandatory training requirements
- In-house training including NP & GP joint sessions
- Self-selected shifts
- Thorough audit and support process

## The Results So Far - 26<sup>th</sup> December – 31<sup>st</sup> May:

- 214 Hours Completed
- 750 cases triaged / assessed
- Regular case audit by Medical Team including Medical Director reporting an excellent standard of assessment & advice / treatment
- No related incidents or complaints

Av TA Length	Visits Requested %	PCC Requested %	Closed As Triage %	Rpt Med / Med Enquiry	Symptomatic
8.6	3%	11%	86%	36%	64%

# PRESCRIBING PHARMACISTS CONT.

## **A Prescribing Pharmacists 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, 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 & expansion:**

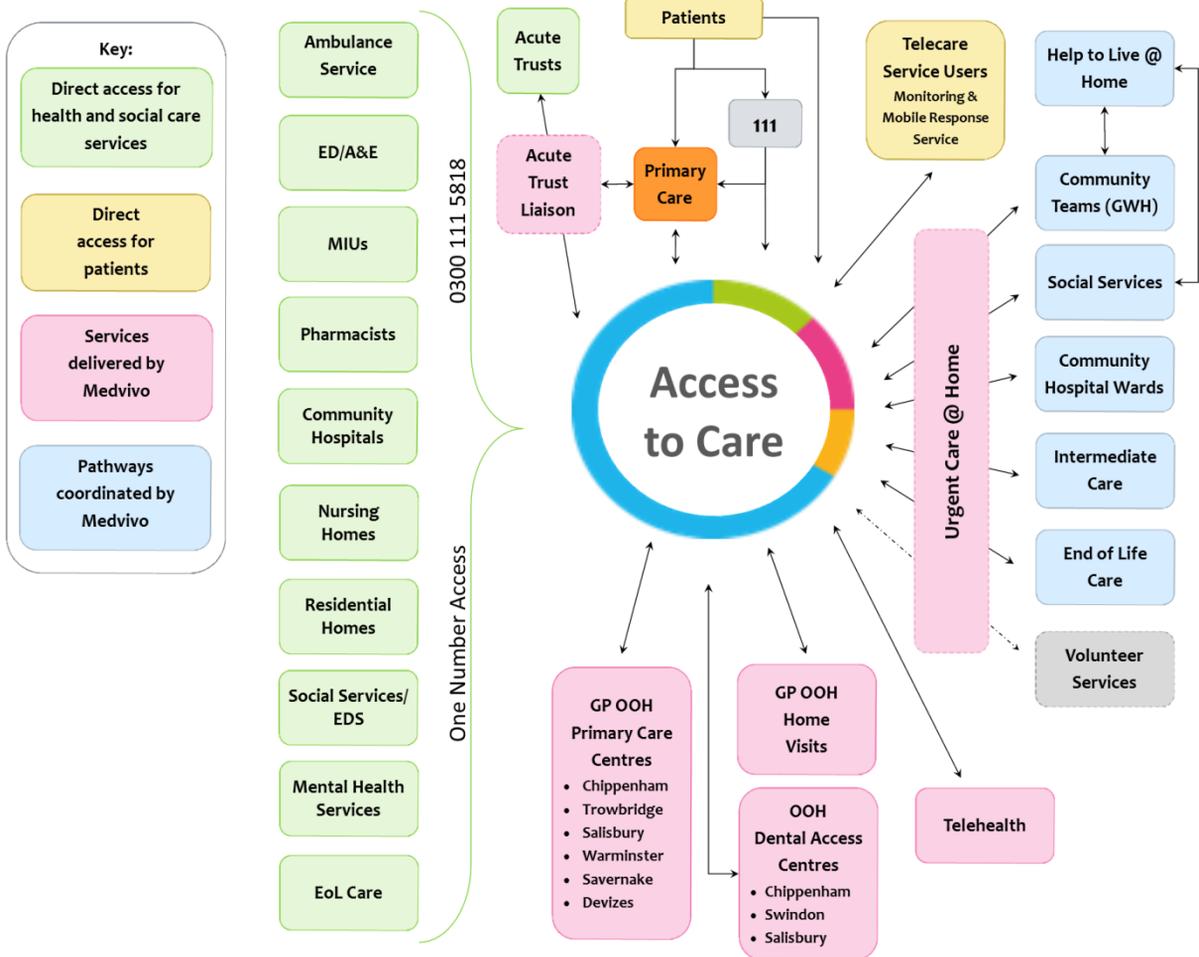
- Increased audit including prescribing practices & 111 disposition completion
- Increase Telephone Assessment Team & extend beyond September
- Review potential to trial face to face pharmacy role

# ACCESS TO CARE

Access to Care is an Urgent Care Hub which provides a Wiltshire-wide Single Point of Access (SPA) and GP Out of Hours (OOH) service. It is fully integrated with Wiltshire's Telecare Monitoring and Response Service and is co-located with the Council's Emergency Duty Service.

This 24/7 single point of access (SPA) is the integrator of community provision within Wiltshire. It manages all referrals into the community from primary and secondary care and delivers a number of key initiatives including Urgent Care @ Home, acute trust liaison and the Healthcare Professional (HCP) support line. The service is delivered by a multidisciplinary team of clinicians including Nurses, Physiotherapists, Occupational Therapists, Paramedics and Assistant Practitioners.

***A recent ECIST review singled out AtC describing it "...a flexible and innovative communication hub, light on its feet both in facilitating early discharge and keeping patients out of hospital through its Rapid Response Teams. We have recommended this service, as a model to be copied elsewhere."***



## SINGLE POINT OF ACCESS (SPA)

The SPA was born from the need for a referral mechanism to support the community teams and the community hospital bed management process. It now provides a comprehensive 24/7 referral management system. Utilising SystmOne as the primary information management system facilitates improved information sharing with local partners.

The SPA supports the health and social care community by offering professionals the opportunity to access alternative pathways to secondary care, to support timely discharge in order to release acute capacity and in providing an overview of the 'whole system'.

Like the OOH, ATC transitioned to SystmOne in September and experienced similar reporting challenges. The majority of these have now been overcome and activity can now be monitored very closely.

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
<b>Total Referrals</b>	2481	2493	2087					2563	2483	2370	2421	2258
<b>Case Type:</b>												
ATC Simple								999	1067	1035	1112	1013
ATC Complex								1526	1387	1314	1287	1222
Non Injury Falls								38	29	21	22	23
<b>Follow Up:</b>												
Referred to Community Team								2010	2013	1907	1977	1877
Referred to Community Hospital Bed - Step Up								29	13	19	23	12
Referred to Community Hospital Bed - Step Down								139	114	113	111	93
Referred to Urgent Care at Home								21	6	12	4	5
Transferred to ICT Bed - Step Up								5	8	3	7	5
Transferred to ICT Bed - Step Down								19	42	41	66	56
<b>Priority:</b>												
ATC Urgent								342	332	348	314	252
ATC Soon								669	706	644	658	608
ATC Routine								1354	1267	1252	1323	1286

## SINGLE POINT OF ACCESS (SPA) CONT.

Work continues to introduce an agreed set of Service Quality Requirements (SQR) into Access to Care. At present these are internal targets as they are no contracted key performance indicators but will enable us to monitor and evidence how the team are working when combined with qualitative information such as call audits. The provisional SQRs are:

SQR	Description	Internal Target	
SQR 1	<i>% calls answered</i>	< 60 Seconds	95.00%
SQR 2	<i>SIMPLE referrals dealt with within agreed time frames.</i>		
	Urgent	< 4 Hours	95.00%
	Soon	< 12 Hours	95.00%
	Routine	< 24 Hours	95.00%
SQR 3	<i>COMPLEX referrals dealt with within the agreed time frames.</i>		
	Urgent	< 4 Hours	95.00%
	Soon	< 12 Hours	95.00%
	Routine	< 24 Hours	95.00%
SQR 4	<i>SIMPLE referrals dealt with within 1 hour</i>	< 1 Hour	95.00%

Work is on-going with the data team to ensure the reports are measuring the correct metrics and with the operational team to ensure workload / tasks are being prioritised appropriately.

## ACUTE TRUST LIAISON

Maintaining patient flow through the three acute hospitals serving Wiltshire is a top priority for the 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 a full understanding of the community services available. Medvivo has three teams working seven days per week in each of the three acute hospitals. This role encompasses much more than the traditional 'liaison' role by facilitating discharge across the whole system. Support is provided to hospital staff in identifying the type of patient who can be managed at home and the resources available to enable this.

The clinicians also act as a conduit between hospital staff and local social care providers, reducing the risk of cases falling between health and social care organisations ensuring a 'joined up' approach is adopted.

# URGENT CARE @ HOME

Jointly commissioned by Wiltshire CCG and Wiltshire Council, UC@H provides an integrated, rapid health and social care response for people experiencing a crisis in their own home.

The SPA assesses and coordinates support for service users and deploys our Mobile Response Service, within one hour from receipt of referral. Responders actively support service users in the period immediately after referral whilst the SPA refers into 'traditional' care pathways such as the Community Teams and H2L@H providers. The SPA then coordinates a dedicated UC@H domiciliary care support team in order to '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 and expedites hospital discharges.

**Since the pilot commenced in November 2013, Medvivo has received over 2000 referrals; over 1500 admissions have been avoided and over 250 discharges have been facilitated. This demonstrates clear benefits for both the service user and the local health and social care economy.**

The service has achieved national acclaim, it:

- Has been published as a best-practice case study on the Kings Fund website.
- Was shortlisted for the Local Government Chronicle (LGC) awards, in the Health and Social Care category.
- Won Wiltshire's Adult Social Care Award Success in Partnership award.

## Looking Ahead June 16 – May 17

### **Joining-up Physical and Mental Health**

Access to Care is working with Avon & Wiltshire Mental Health Partnership (AWP) to make access to services simpler and more inclusive - helping to ensure that mental health is 'everyone's business'. Currently, mental and physical health needs are managed well but not often both at the same time. Bringing AWP and Access to Care together brings many benefits including a chance to rationalise the way services are delivered.

Both organisations are committed to a joint SPA giving access for health care professionals, patients and carers to services 24/7. Access to Care already works closely with the Intensive Team providing a crisis response out of hours and the Social Services Emergency Duty Services are co-located with the SPA further enhancing communication and cross boundary working.

### **Partnership with Expert 24**

We're currently undertaking a project to review the ATC assessment process in order to ensure it is as effective as possible. At the core of this work is ensuring the question sets and questioning procedures are tailored in order to support clinicians in selecting the most appropriate outcomes for patients. We're working in partnership with an organisation called Expert 24 (Dr Katrina Herren copied in) to develop a solution that will help ensure:

- A more rigorous evaluation adopting the latest medical intelligence / evidence base
- Consistent delivery at every encounter
- The most appropriate outcome for the patient is selected, given the circumstances of the referral
- Clarity of rationale to the person being referred to for the course of action being recommended
- Enhanced underlying clinical governance

### **Other future developments:**

- Further integration of the ATL role within the three acute hospitals 'Integrated Discharge Teams'
- Development of the Shift Lead and Assistant Practitioner Roles
- Cross Service Audit

# TELECARE MONITORING

Our Telecare Monitoring and Response Service is delivered 24/7, 365 days of the year and is delivered within our Urgent Care Hub. The Service provides a vital continuous link to assistance, promoting independent living for our service users and providing peace of mind and support for their 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 a personally tailored service and will always go 'the extra mile' to add value to their relationship with service users and carers.

The operational team are supported by the Telecare Service and Operational Leads and the SPA Coordinators. The unique integration of the telecare service within the an organisation that provides clinical services results the team having a wealth of resource and advice available enabling them to provide service users exemplary assistance ranging from reassurance over their units to the despatch of responders for face to face support. This seamless delivery, avoids duplication and the multiple hand-offs which are so often reported by those in receipt of services. Adopting this holistic approach enables us to provide integrated health and social care services of the highest quality. It provides true continuity of care; ensuring people do not have to repeat their story. We have developed a culture of collaborative working which is founded on ensuring what we do for our service users is solely based on what is most appropriate for them and isn't limited to what we can provide ourselves.

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
< 1 min (T: 97.5%)	97.5%	97.8%	97.1%	97.4%	97.6%	97.6%	94.0%	96.4%	97.7%	97.7%	97.8%	97.5%
< 3 min (T: 99%)	99.8%	99.7%	99.7%	99.6%	99.7%	99.8%	99.10%	99.6%	99.7%	99.8%	99.7%	99.6%

On 30th November 2015 Medvivo transitioned to a new Telecare Monitoring Platform; UMO. This decision was taken to enable the future development of the service.

## Benefits of the UMO system include:

- **Enhanced call handling capability including conference call facility for use when contacting emergency services**
- **Improved reporting potential through multi-layer reason capture during call closure and full database access for extraction of data**
- **Increased options for Disaster Recovery allowing the service to seamlessly manage situations through use of onsite facilities or by switching to our alternative site**

When transitioning we had anticipated a small dip in performance and had liaised with the Telecare Services Association (TSA) in advance. The TSA advised that it was reasonable to expect this following the change in platform, and did not consider it to be a significant risk to service users or overall service quality because of the recognised quality of service we deliver and the steps taken to minimise the impact during transition. Whilst the dip in performance was significant, we believe that this was managed well and could have resulted in a greater discrepancy if it had not been handled this way.

The following steps that were taken to mitigate this impact as far as possible and the subsequent steps being taken to re-stabilise performance.

- **Carefully structured training programmes to ensure as minimal impact of the system transition as possible**
- **Identified 'UMO Champions' within the Call Advisor Team who supported their peers through training and then into go live**
- **Maximised use of additional resource available**
- **Team leads and the senior management team utilised for operational delivery**
- **We increased the amount of floor walking support for the Call Advisors.**
- **Additional training and support to the Champions and Team Leaders so that they could support the frontline team more effectively.**
- **Added additional resource to the team to in order to maintain performance whilst receiving an increased number of simultaneous calls**
- **Additional resource was recruited to the admin team to support the administrative duties that the call advisors undertook enabling them to focus on call answering**
- **Continued system configuration to iron out any post go live development needs**

## Call Reviews

Each month call audits are completed for Call Advisors. One to one Feedback is given to individuals and key lessons learned and themes are shared with the wider team. The average score achieved within the team in Jun-16 to May-16 was 85% (81% and above is classified as a pass).

Call review themes:

- Questioning style e.g. use of leading questions
- Documentation

## Looking Ahead June 16 – May 17 - Plans for System Changes / Service Developments

Quality improvement to focus on key areas:

- Incident management
- Risk management
- Consistency of response
- Customer service
- Streamlined admin processes
- Business continuity
- Data quality assurance
- Reporting
- Innovative data analysis
- Enhanced induction and ongoing training package
- New service take on
- Frequent caller analysis
- Responder dispatch and tracking

Optimise use of UMO:

- UMO web
- My UMO
- 3<sup>rd</sup> party access to UMO
- Responder app
- Intaker app
- Engineer app
- Referral importing
- Use of UMO as central Argenti database
- Use of UMO to replace paper / electronic reporting forms
- Oysta monitoring and inclusion as private pay offering
- Erlang based resource planning tool for proactive planning of rotas

## TELECARE RESPONSE SERVICE

The Response Team are based at 4 standby locations across Wiltshire; Chippenham, Devizes, Trowbridge and Salisbury. Primarily the Responder Team are mobilised to service users' homes following the activation of an alert connected to their Telecare monitoring equipment. This could be for personal care, a medication prompt, welfare check and/or to give aid following a fall or another other event which has triggered an alarm.

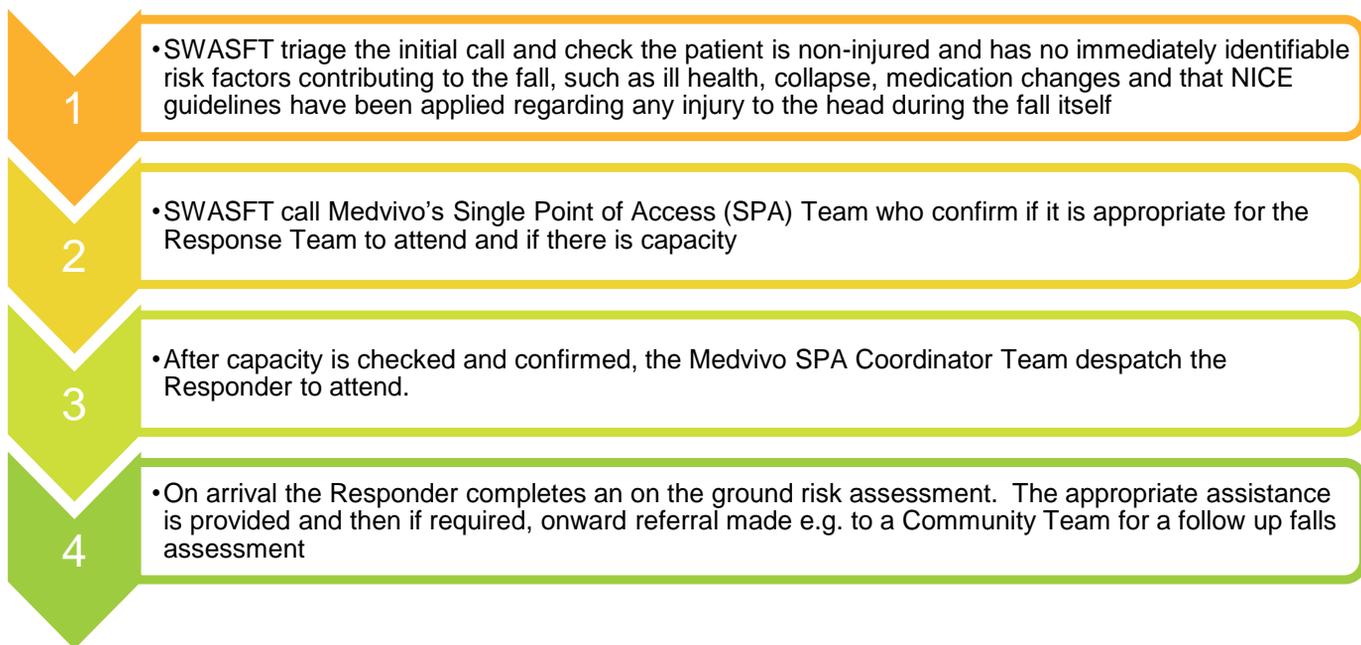


The Responders utilise the same lifting cushion and manual handling aids as the ambulance service and so are appropriately equipped to carry out this type of work. This equipment is the Mangar Elk lifting cushion, handling belt and slide sheet, all of which are routinely used by Telecare Responders to assist Telecare service users who cannot get up off the floor. The Responders are fully trained in the use of this equipment and in addition have undertaken Manual Handling, People Handling and Emergency First Aid at Work training.

As part of the UC@H Service they may also be called upon to support service users in the period immediately after referral and to assist the clinical team and the service user in establishing the most appropriate course of action. This might be to offer extended periods of care in the person's home during an episode of crisis which is expected to last no longer than 72 hours. This may be an acute illness which can be treated in the community and the only element preventing the person from being admitted is the availability of immediate social care. An example of this would be a person experiencing a urinary tract infection where the service user is expected to return to their level of independence following a course of oral antibiotics. Alternatively they may provide the domiciliary care support provided in order to 'hold' the patient in the community until mainstream care and support can commence.

## NON-INJURY FALLS SUPPORT

With the increasing pressures on the ambulance service and the need to categorise calls in priority of urgency, some people who are simply unable to get themselves up due to mobility issues have been left un-aided for far longer periods than desired. When pressured by subsequent calls, the attending crew do not have time to carry out a detailed assessment; older people often state they are uninjured as they do not want to cause a fuss and injuries or reduced mobility may only become apparent when there is time to capture this. Although often the Response Team members are out completing Telecare or Urgent Care @ Home responses, the nature of the service is such that there may be periods of downtime between calls. This time is either utilised supporting care provision at extra care facilities, where some of the teams are based, or working within the monitoring centre completing reassurance calls to Telecare service users. We also utilise this time to provide the Ambulance Service with non-injury falls support.



The following table details response volumes and performance. The TSA KPI is 90% of responses achieved within 45 minutes and 100% achieved within 60 minutes. All responses that do not meet the 60 minute target must have an exception report completed in order for the KPI to be achieved.

The main issues highlighted on exception reporting continue to be that of distance to the call. This is being worked on by expanding the team and the call advisors being asked to pro-actively move the teams to fill any gaps.

	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
<b>Scheme</b>	24	52	28	20	27	26	39	41	38	27	33	48
<b>Non Scheme</b>	193	240	243	225	279	183	176	168	189	223	209	263
<b>Total</b>	217	292	271	245	306	209	215	209	227	250	242	311
% < 45 mins	90%	93%	93%	92%	91%	92%		90%	90%	90%	89%	92%
% < 60 mins	99%	97%	99%	98%	98%	97%		97%	96%	98%	97%	98%

## Responder Audit

We are currently in the process of rolling out an audit on responder competencies. These are done on a face to face basis so are time consuming but give the Team Leads and Mentors the opportunity to review the working practices of individual team members.

### Looking Ahead June 16 – May 17

- We are moving to 6 teams throughout Wiltshire with 2 at each base 24/7. This will give capacity for Telecare Response and UC@H provision at each base. It will also give more resilience to manage requests from SWASFT for Lift & Assist and for managing our own service users who require 2 people to manage them safely.
- A screen will be introduced into the call centre in order for all vehicles to be visible at all times (inc OOHs cars & the Paravan). This will also ensure Lone Working is more effectively managed when required.
- 6 members of the Wiltshire team have been trained to be Care Certificate assessors and mentors. The team has been given the starter pack for completing the care certificate and allocated a mentor to support them through this.
- Wiltshire and Dorset Fire and rescue and delivering training to the responders on how to identify a property in need of a Fire Safety check to give a more holistic overview of a service user's situation.

# **PART 4**

## **Quality Priorities for Improvement 2016-17**

**PRIORITY 1: ARE WE SAFE? - IMPLEMENTATION OF DATIX**

**PRIORITY 2: ARE WE WELL LED & RESPONSIVE? – BEING OPEN**

**PRIORITY 3: ARE WE EFFECTIVE? – CLINICAL SUPERVISION**

**PRIORITY 4: ARE WE CARING? – USER, CARER & PUBLIC  
INVOLVEMENT**

# QUALITY IMPROVEMENT PRIORITIES FOR 2016-17

We are accountable to our patients and service users and the Quality Account provides an ideal mechanism for addressing this.

Our quality priorities for the coming year have been developed in discussion with our teams and our commissioners. They reflect feedback from service users, carers and staff, a review of themes from incidents, serious incidents requiring investigation (SIRIs), complaints and clinical audit as well as consideration of local and national changes to service commissioning and provision. They are identified below under the relevant heading.

## PRIORITY 1

### ARE WE SAFE? - IMPLEMENTATION OF DATIX

Datix will be rolled out across the organisation to electronically capture, exchange and report on risk management information.

#### AIMS

- 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

#### WHAT DOES SUCCESS LOOK LIKE?

- Implementation of Datix according to the delivery plan.
- Delivery of the training required for all staff to be able to effectively utilise the system
- Development of reporting suite to enable improved proactive risk management

## PRIORITY 2

### ARE WE WELL LED & RESPONSIVE? – BEING OPEN

We will ensure that our culture embraces the principles of Being Open and that this is embedded at every level of the organisation.

#### AIMS

- Ensure that service users, their families and carers, and staff all feel supported when safety events occur/things go wrong
- Improve the quality and consistency of communication when safety events occur
- Ensure that meaningful apologies are offered

#### WHAT DOES SUCCESS LOOK LIKE?

- Identification and delivery of a training plan to support organisation-wide learning
- Development and dissemination of Being Open and Duty of Candour Policy
- Every member of staff will understand the 'Duty of Candour' and the importance of 'Being Open'

# QUALITY IMPROVEMENT PRIORITIES FOR 2016-17 cont.....

## PRIORITY 3

### ARE WE EFFECTIVE? – CLINICAL SUPERVISION

We will relaunch a refreshed clinical supervision programme.

#### 3. AIMS

- Ensure that registered and non-registered staff have a named supervisor and that supervision occurs every 8 weeks
- Deliver better outcomes for patients and service users through by supporting staff to reflect on and challenge their own practice
- Identify development needs for staff

#### WHAT DOES SUCCESS LOOK LIKE?

- Supervision will play a significant part in increased job satisfaction and improved staff retention. This will be evidenced within the staff survey.
- The Supervision Evaluation Tool will be used to support continuous quality improvement activity.

## PRIORITY 4

### ARE WE CARING? – USER, CARER & PUBLIC INVOLVEMENT

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

#### AIMS

- Develop a wide range of feedback mechanisms which will encourage users and carers to tell us about their experiences
- Ensure these feedback channels are tailored to specific groups for example children and young people
- Develop formal working relationships with consumer representatives e.g. HealthWatch

#### WHAT DOES SUCCESS LOOK LIKE?

- We will be able to report feedback by service user group
- Feedback will be used to inform service priorities and development

# **PART 5**

## **Quality Achievements**

### **SAFE**

Safeguarding Adults and Children

Being Open

Incident Reporting

Safety Alerts

Regulatory Guidance

Medicines Management

### **EFFECTIVE**

Clinical Audit

Clinical Supervision

### **RESPONSIVE**

Complaints and Compliments

Surveys

### **CARING**

Feedback

Health & Wellbeing Event

### **WELL LED**

Developing the Workforce

Clinical Supervision

Annual Staff Survey

# SAFEGUARDING ADULTS AND CHILDREN

We understand and take our responsibility for safeguarding very seriously, ensuring that all of our 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, Chief Executive, is ultimately accountable to the Board for ensuring the implementation of our policies on safeguarding children and adults. Michelle Reader, Director of Quality & Business Development, is the nominated Child and Adult 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.

## ACHIEVEMENTS LAST YEAR

Following the introduction of the Care Act in March 2015, we updated all of our policies and procedures to ensure that they are in-line with the Care Act recommendations.

We became members of Wiltshire's Local Safeguarding Adult Board's Policies and Procedures sub-group.

We embraced the national focus on the detection and prevention of female genital mutilation as a safeguarding concern. Information was cascaded to all staff to make sure that they were able to identify children and young women at risk or who have already been affected by this practice.

Our Safeguarding Leads have undertaken additional training in a number of areas, this learning has been shared across the organisation, and includes:

- Safer Recruitment
- Deprivation of Liberty Safeguards (DOLS) and the verification of death
- Barnardo's Hidden Sentence training
- Recognition of Domestic Violence
- Human Trafficking and Modern Slavery
- Serious Case Reviews



social care  
institute for excellence

*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.*

## SAFEGUARDING ADULTS AND CHILDREN cont.

Medvivo attends Wiltshire's MARAC (Multi Agency Risk Assessment Conference) every week. The MARAC aims to support victims of domestic abuse by creating dynamic action plans to best support their needs. Medvivo sits on the Committee as the sole representative from the health community and provides a valuable contribution by feeding back to the patient's own GP following the meeting, as well as adding special patient notes for victims and high risk perpetrators. A recent CQC / Ofsted JTAI-themed inspection recently cited Medvivo's involvement with MARAC as an example of best practice.

***“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

## 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.

## 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 centrally. 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 minutes until closed.

# BEING OPEN & INCIDENT REPORTING cont.....

## ACHIEVEMENTS LAST YEAR

Following feedback from staff, our incident report form was condensed and updated. This has improved compliance with completing the forms and we have seen a marked increase in reporting.

MEDIVIVO GROUP INCIDENT REPORTING FORM																																										
<small>This form should be used for all incidents/accidents/injury caused to patients, customers, staff and other persons. INCIDENT FORMS SHOULD BE COMPLETED AS SOON AS POSSIBLE AFTER THE EVENT. On completion, this form should be forwarded to your Line Manager within two working days. If you require any assistance in completing this form please seek help from a colleague or your direct line manager.</small>																																										
Name: Details of person submitting this incident form: Job Title: Line Manager:																																										
Type of incident: Please tick all that apply: Subordinate    Accident/work related IT/tech    Technical/Equipment failure Health & Safety concern    Violent customer verbal abuse    Drink/drug related Duty of Candour    Other:																																										
Date of incident:	Time of incident:																																									
Case ID/ SI record number (if applicable):																																										
Individual affected:	Staff    Patient/ Customer    Other:																																									
Overview of the incident: What happened? When did it happen? Where did it happen? Do you know why it happened?																																										
Immediate action taken: What did you do to reduce the risk?																																										
Was anybody injured by the incident?	Staff    Patient/ Service User    Member of the public																																									
Details of any injuries sustained: <small>THIS FORM SHOULD NOW BE PASSED TO YOUR LINE MANAGER FOR THEIR INVESTIGATION</small>																																										
TO BE COMPLETED BY THE LINE MANAGER OF THE PERSON REPORTING THE INCIDENT																																										
Name:	Job Title:																																									
Date discussed at Risk Committee:																																										
Action Plan:																																										
External Agency involvement:																																										
Links to relevant policies and procedures:																																										
TO BE COMPLETED BY THE QUALITY MANAGER																																										
Risk Rating:	Score:																																									
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	1	2	3	4	5	6	7	8	9	10																																
Actions taken: Menu updated to remove    Discussed at staff meeting    Learning event																																										
Shared Learning:																																										
Incident closure: Name: Job title: Date:																																										

Our incident form was also updated to include reference to Duty of Candour.

# SAFETY ALERTS

In accordance with best practice guidelines, Medvivo is signed up to receive safety alerts from a variety of sources including NHS England, Public Health England, NICE, MHRA and the Central Alerting System (CAS).

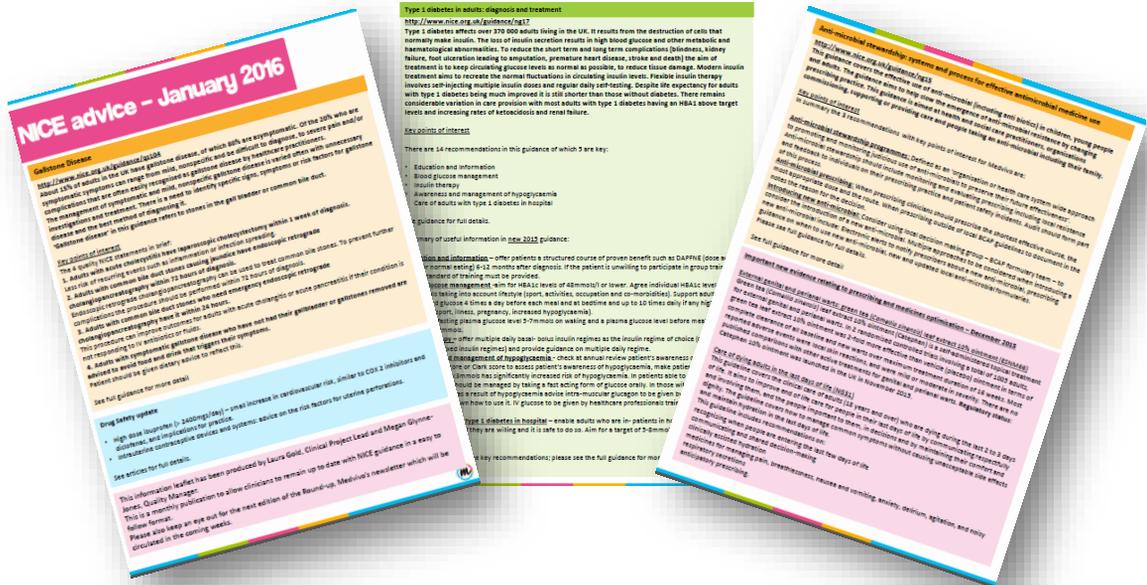
All alerts received are reviewed upon receipt, and action taken if they are deemed relevant to any of the services provided by Medvivo.

All relevant alerts are reviewed and a summary is put on the intranet for staff to review. This can be flagged as a 'mandatory read' meaning that the alert is brought to the attention of the desired staff group. This also allows reporting on the number of staff who have read the alert. If an alert is deemed to be hugely important and could have an effect on operational delivery or patient safety, then an email is sent to all relevant staff groups to ensure that they are aware of this. This is especially important among our sessional staff, a majority of whom work in other clinical settings as well as for Medvivo and so may prefer to be notified to their email inbox.

# REGULATORY GUIDANCE

Medvivo is committed to ensuring high quality care and therefore takes account of good practice guidance in all forms to achieve continuous quality improvements and value for money. The implementation of good practice guidance is an essential part of the Medvivo Clinical Governance Strategy and underpins its commitment to continuous quality improvement.

All regulatory guidance is logged centrally and then reviewed by a named clinician to determine the relevance to the services provided by Medvivo. If it is felt that the guidance is relevant, the clinician completes a review form, highlighting key messages for staff and identifying the methods in which this information will be cascaded to staff.



The key messages from relevant guidance are then compiled into a short update newsletter, which is circulated to all clinicians, an example of which is detailed above.

# MEDICINES MANAGEMENT

Medvivo maintains effective systems and processes so that medicines are available to patients when they need them with the information they need to manage them safely. Medicines will be managed and handled in a safe and secure manner at all times.

To ensure the safe and effective supply of medicines at all times, six key criteria need to be considered for all medicines transactions with patients:

- **Patient Safety**
- **Best Clinical Practice**
- **Cost Effectiveness**
- **Access**
- **Convenience**
- **Communication**



**Richard Bowyer**

Nurse Practitioner Clinical Lead  
Medicines Management Lead

Consideration of these criteria will help to ensure that:

- **All legal and statutory requirements regarding the ordering, storage prescribing, dispensing, administration and disposal of medicines are complied with.**
- **Patient safety is promoted and maintained.**
- **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 OOH period.**
- **There is clear 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.**

**There are specific challenges to managing medicines out of hours;  
WE WILL FURTHER IMPROVE QUALITY IN 2016/17 BY:**

1. **Improving patient information about the use of antibiotics when accessing urgent care**
2. **Improving the way information about prescribing activity of our clinicians is made available to them for personal reflection**
3. **Procuring a more cost effective and efficient system for purchase and stock control of our medicines**

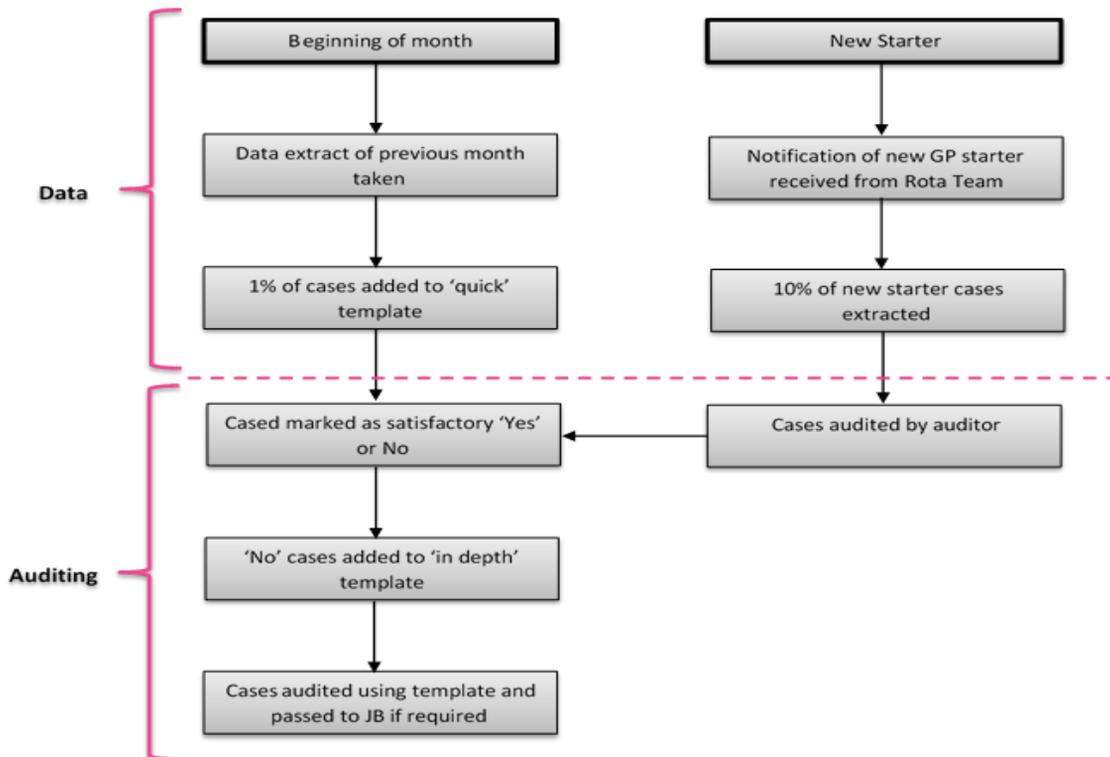
# CLINICAL AUDIT

We have developed a new process this year. Key features include:

- A more focussed tool which allows an experienced GP to do a much quicker assessment
- Setting the bar for further review low, to encourage a quick 'first-pass', safe in the knowledge that the process remains safe.
- Those cases which are not 'satisfactory' on the first pass view are examined in more detail and those which are felt to warrant direct feedback to the clinician involved are assessed more formally, using our own scoring tool (based on the RCGP tool and the Clinical Guardian model)
- Any cases scoring less than 75% are passed to the Medical Director for further review/action.
- This allows feedback to be offered to clinicians for action/reflection while they are likely to remember the case.
- By adopting this process, we are auditing at least 1% of all consultations each month.
- A higher proportion (10% monthly) of cases from 'New Starters' are processed



**Dr Jamie Brosch,  
Medical Director**



This new process has allowed us to promptly identify a higher number of low level concerns about individual consultations and feed those back to clinicians in a timely way, for reflection. Clinicians are generally grateful for honest feedback and are pleased to be able to collate performance feedback we provide as evidence of learning for their CPD/Appraisal.

## 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 deliver 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.



**Carole Williams**  
Director of Nursing

***There is full support from the Medvivo Board that 'time out' for supervision is essential***

### ACHIEVEMENTS LAST YEAR

We took some very positive steps forward last year and trained eight staff members to be clinical supervisors. We are very aware of the challenges of engaging with staff who work shifts and those who work remotely.

One way of supporting staff was to encourage them to share case studies with their teams – this provides the opportunity to share challenges as well as successes, facilitating peer learning.

A number of successful 'group' supervision sessions have also taken place however this has not been effective for all groups of staff.

# COMPLAINTS AND COMPLIMENTS

Medvivo has developed a comprehensive approach to dealing with complaints which is fully compliant with 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.

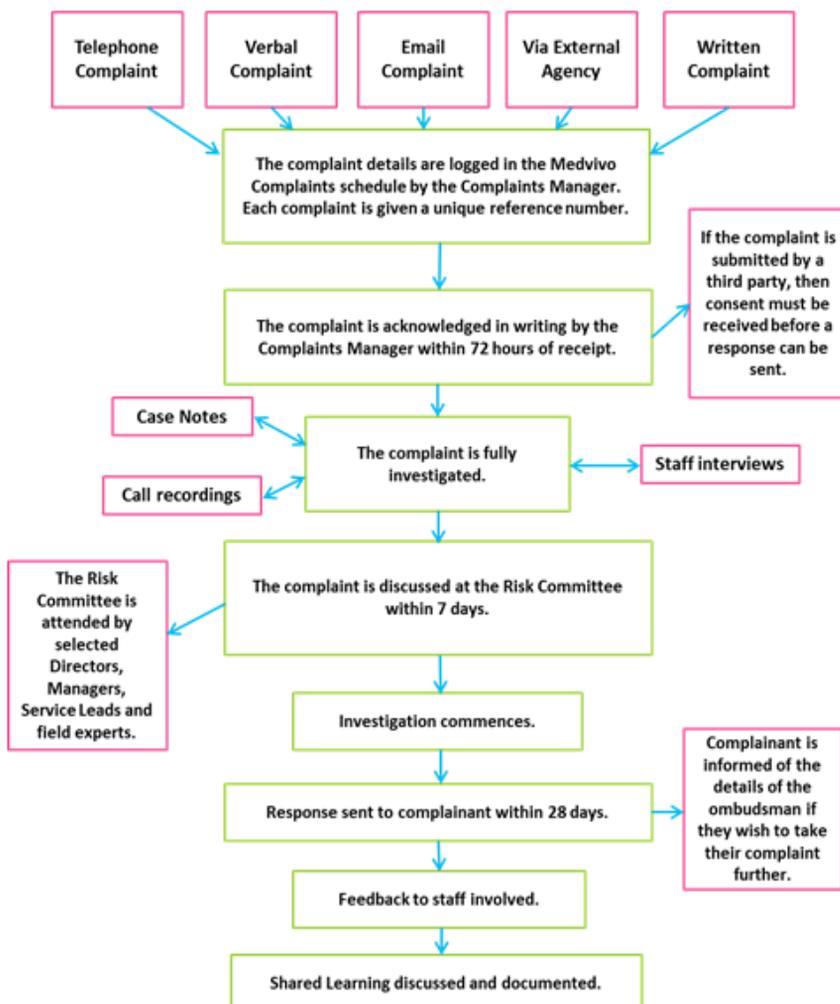
Medvivo is committed to meeting its statutory obligations by ensuring that any adverse comments or expressions of dissatisfaction voiced by a patient /service user or carer will be considered, assessed objectively with due consideration of cultural and religious sensitivities, and a reasonable course 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 Complaints Process



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.

# COMPLAINTS AND COMPLIMENTS – GP OOH & SPA

In order to provide more clarity on complaints and compliments, these have been separated into two service areas; GP OOH & SPA and Telecare Services.

This has enabled clear reporting on patient contacts in comparison to complaints received; as detailed in the table below this is always below 0.1%, with complaints being deemed upheld being generated from 0.03% of patient contacts.

Of note, the number of compliments received is over 350% more than the number of upheld complaints throughout the year, a testament to the person-centred service provided by Medvivo staff.

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Total
No. of patient cases	5360	6112	5419	5649	6037	7492	7458	6374	8168	8168	6578	7353	80168
Clinical complaints	4	1	1	0	0	2	2	0	1	4	2	1	18
Operational complaints	1	2	4	2	2	4	3	5	0	1	1	0	25
Dental complaints	0	0	1	0	0	0	0	0	0	0	0	0	1
Total	5	3	6	2	2	6	5	5	1	5	3	1	44
% complaints to cases	0.09%	0.05%	0.11%	0.04%	0.03%	0.08%	0.06%	0.07%	0.01%	0.06%	0.04%	0.01%	0.05%
Complaints upheld	2	1	3	0	2	1	3	3	0	3	1	1	20
% complaints upheld	0.04%	0.02%	0.06%	0%	0.03%	0.01%	0.04%	0.04%	0%	0.03%	0.01%	0.01%	0.03%
Compliments	7	6	8	2	2	6	7	6	8	6	3	10	71

*I would very much like to say a big thank you for the support I was given regarding a relative during last weekend. Starting with the Coordinator for her advice and guidance, Dr Rosie Wolstenholme for putting my mind at rest and then the "call out" Dr Simon Nelson for visiting us in the evening and supporting us during this unsettling time and for arranging the overnight care through Urgent Care @ Home. It was amazing. I think Medvivo as a company was outstanding and the service they provide is also outstanding. Again thank you all for your amazing help.*

**Relative of a palliative patient**

*I write to applaud and thank the medical service that helped me so efficiently on the afternoon of Saturday 28<sup>th</sup> May. The whole process from my wife calling 111 to the incredibly caring Doctor visiting me at home, who identified and treated the problem, was superb and a credit to all those involved and to the NHS as an organisation. I would be grateful if you could pass on my immense thanks to all involved.*

**Patient HE**

*ATC is always helpful, understanding and focused on achieving safe and quick discharges for patients.*

**Front door senior physiotherapist at Great Western Hospital**

*I would like to pass on my gratitude and thanks to your ATL staff at the GWH and the staff who deal with the intermediate care beds at your headquarters in Chippenham. There was a lot of confusion on the ward by the nursing staff as to what assistance my Mum required on discharge, due to the superb efforts by your team my Mum is in day care for 2 weeks and then she will be looked after by me and the hopefully back to her own home. To be honest without the help, assistance and determination of your staff we would be and lost and confused. My Mum is doing really well and day care staff are very kind and efficient. Again many thanks to your superb staff.*

**Daughter of patient AM**

# COMPLAINTS AND COMPLIMENTS – TELECARE SERVICES

Medvivo have two Telecare monitoring centres and an additional four Telecare mobile responder bases. Between them, the monitoring centres have over 36,550 Telecare connections, as well as answering local Council and Housing Association OOH lines.

The below table details incoming and outgoing calls for both monitoring centres, and shows the incredibly low percentage of these interactions that generate a complaint, on average 0.003%. This is testament to the high quality service provided by the Medvivo Telecare team.

The number of compliments received by the team is over double the number of upheld complaints, evidencing the high level of satisfaction from our service users and their families.

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Total
Dorchester incoming	28350	26208	27153	27093	26712	30591	26339	24713	28668	18485	23993	24952	313257
Dorchester outgoing	12311	12770	11659	12901	13080	13773	13707	8400	13256	11497	11894	11461	146709
Dorchester OOH & Nurse calls incoming	10199	10567	9433	9822	9323	10160	10063	6885	12992	10419	10543	9965	120371
Dorchester OOH & Nurse calls outgoing	N/A	924	749	990	991	3654							
Chippenham incoming	26366	26107	25572	26832	27618	25761	28082	27727	28279	26289	32597	33387	334617
Chippenham outgoing	13726	13724	13686	14019	14070	16665	17274	16845	17256	16013	17569	17788	188635
Chippenham OOH incoming	N/A	N/A	N/A	N/A	N/A	674	805	850	753	544	671	573	4870
Chippenham OOH outgoing	N/A	N/A	N/A	N/A	N/A	N/A	229	300	280	179	208	229	1425
<b>Total Contacts</b>	<b>90952</b>	<b>89376</b>	<b>87503</b>	<b>90667</b>	<b>90803</b>	<b>97624</b>	<b>96499</b>	<b>85720</b>	<b>102408</b>	<b>84175</b>	<b>98465</b>	<b>99346</b>	<b>1113538</b>
<b>Total Complaints</b>	<b>2</b>	<b>0</b>	<b>3</b>	<b>6</b>	<b>7</b>	<b>3</b>	<b>3</b>	<b>5</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>5</b>	<b>41</b>
<b>% Complaints to Contacts</b>	<b>0.002%</b>	<b>0.000%</b>	<b>0.003%</b>	<b>0.006%</b>	<b>0.007%</b>	<b>0.003%</b>	<b>0.003%</b>	<b>0.005%</b>	<b>0.003%</b>	<b>0.002%</b>	<b>0.001%</b>	<b>0.005%</b>	<b>0.003%</b>
<b>Total Upheld Complaints</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>20</b>
<b>% Upheld Complaints to Contacts</b>	<b>0.001%</b>	<b>0.000%</b>	<b>0.001%</b>	<b>0.004%</b>	<b>0.003%</b>	<b>0.001%</b>	<b>0.002%</b>	<b>0.003%</b>	<b>0.001%</b>	<b>0.001%</b>	<b>0.001%</b>	<b>0.002%</b>	<b>0.001%</b>
<b>Compliments</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>5</b>	<b>4</b>	<b>7</b>	<b>1</b>	<b>3</b>	<b>6</b>	<b>1</b>	<b>9</b>	<b>12</b>	<b>50</b>

*‘The service you provide is very safe and now feel far better in my self knowing you are there. It makes me feel very relaxed and safe in my house.’*

**Mrs S, Service User**

*I just want to say thank you for all your help last night, I was very poorly and am so grateful that Life Line really was a life line.*

**Mrs G, Service User**

*Mum will be going in to respite and I do not think she will be returning home. I would like to thank you all immensely; I believe you went above and beyond the call of duty and provided Mum with much needed help to keep her at home as long as possible.*

**VS, daughter of Service User**

*I have decided the best place for dad is in a care home, where he will get the care and support he needs. I want to say a massive thank you for being such a ‘god send’, the Medvivo Telecare team are brilliant and have really helped our family out. The service is amazing.*

**MM, Son of Service User**

*I was very impressed by the knowledge and calibre of the Medvivo call centre staff and supervisors. I think they run a very superior operation and their training (in principles and behaviours) equips the operators to deal with any situation with their informed discretion. It enables them to be flexible and deliver person centred care.*

**Commissioner, Hampshire Telecare following a deep-dive Quality Assurance Audit.**

# SERVICE USER INFORMATION AND FEEDBACK

Medvivo is committed to providing a high quality service and also informing our patients around the services we provide and how they can provide feedback to us. Feedback is welcomed in a variety of forms, including via our website. All feedback provided by patients and service users is logged centrally and discussed at our monthly Quality Committee to enable meaningful action to be taken.

## A Guide to the GP Out of Hours Service

A guide to accessing urgent medical care when your GP surgery is closed

The Out of Hours period is between 6.30 pm and 8.00 am on weekdays, 24 hours at weekends and Bank Holidays

The GP Out of Hours service can be accessed by calling 111

Medvivo provides a GP Out of Hours service when your GP surgery is closed.

We provide a service for patients in Wiltshire experiencing medical problems that cannot wait until the next time your surgery is open.



## Do you require a Translator?



Potrzebuje tłumacza

مجھے مترجم کی ضرورت ہے

J'ai besoin d'un traducteur

أنا بحاجة إلى مترجم

Preciso de um tradutor

我需要一個翻譯

Мне нужен переводчик

Necesito un traductor

Mae arnaf angen cyfieithydd

Имам нужда от преводач

Benötigen Sie einen Übersetzer

मैं एक अनुवादक की जरूरत

## Comments, Complaints and Compliments



We welcome your views, they help us to continue to develop and improve



## Do you require a Chaperone?

Medvivo attaches the highest importance to ensuring that a culture that values patient privacy and dignity exists within the organisation.

This leaflet provides information on the responsibilities of a chaperone and how to request that a chaperone is present during your consultation with the GP Out of Hours Service.



Above are examples of the patient information leaflets which are available at all of our Primary Care Centre bases. These leaflets have been developed and reviewed in conjunction with our stakeholders; the leaflet offering a translator, for example, was developed following a meeting with West Wilts Multi-Faith Group whose members felt that they would feel more confident accessing health care services if they were aware of the translation service before they saw the clinician.

We would really value your feedback about the GP Out of Hours service. Please circle the answer below which you feel best reflects the experience of your appointment or home visit today.

My name is \_\_\_\_\_

I visited you at home on: \_\_\_\_\_

You attended an appointment with me on: \_\_\_\_\_

If you feel that your symptoms have worsened or changed since this visit, please seek further medical advice. If your GP practice is open, you should contact them first; if they are not then please ring 111.

Always ring 999 in an emergency.

Medvivo and NHS 111 are two separate organisations who work together closely to help manage your urgent care needs when your own surgery is closed. NHS 111, delivered by Care UK, receives all incoming calls and completes an initial telephone assessment. Following that initial assessment, Medvivo coordinates all cases that need further clinical input.

Medical records created as a result of your appointment or home visit today are kept electronically and forwarded to your own surgery by 8.00 am to ensure that your GP is kept informed of your consultation.

We are always looking for ways to improve our service, and your opinion matters to us. Please take the time to complete the questionnaire to the right and send back to us via freepost. We welcome all comments and suggestions, and

🏠 Fox Talbot House, Greenways Business Park, Chippenham, Wiltshire, SN15 1BN

☎ 0800 6444 200 🌐 www.medvivo.com 📧 info@medvivo.com

I felt involved in decisions made surrounding my care:  
 Strongly Agree   Agree   Disagree   Strongly disagree   Unsure

I understand what will happen next:  
 Strongly Agree   Agree   Disagree   Strongly disagree   Unsure

The clinician explained my treatment clearly:  
 Strongly Agree   Agree   Disagree   Strongly disagree   Unsure

I received the support I required today:  
 Strongly Agree   Agree   Disagree   Strongly disagree   Unsure

I was treated with dignity and respect:  
 Strongly Agree   Agree   Disagree   Strongly disagree   Unsure

Would you recommend this service to your friends and family?  
 Yes   No

Comments & suggestions:  
 \_\_\_\_\_

In order to gather feedback from patients, our clinicians leave an information and feedback card with patients who we visit at home. This was developed following our annual engagement event, where service users stated that they would like to have some written information following a home visit. The feedback form can be torn in two, one side contains information for the patient, while the other side enables the patient to provide feedback about the service received on a freepost postcard.

# MEDVIVO HEALTH & WELLBEING ENGAGEMENT EVENT

On 18<sup>th</sup> November, Medvivo held a community engagement event, attracting over 70 local residents. The theme was Health and Wellbeing; recognising that mental health and wellbeing are important factors for physical health. This kind of event is important to Medvivo. Taking a population view helps us to identify how best to provide health and social care services; ensuring they are capable of meeting different people's needs. Our teams and our delivery partners were able to spend time with service users and carers and hear what they have to say. The feedback was overwhelmingly positive for the content of the day and overall those that attended learned a significant amount of new information about the services that were profiled.



## Health & Wellbeing Event



**Devizes Corn Exchange, Market Place, Devizes SN10 1HS**  
on  
**Wednesday 18<sup>th</sup> November**  
10.30 to 14.30, coffee from 09.45, free buffet lunch

**Programme**

09.45 – 10.30	Arrival & coffee	
10.30 – 10.40	Welcome & introduction, Ben Lloyd, Medvivo	
10.40 – 11.15	Telecare demonstration	
11.15 – 11.45	Workshop 1	} <ul style="list-style-type: none"><li>➤ Pharmacy</li><li>➤ Out of Hours Medical Assistance</li><li>➤ Ambulance Service</li></ul>
11.45 – 12.15	Workshop 2	
12.15 – 12.45	Workshop 3	
12.45 – 12.50	Laura Cunningham, Wiltshire Health Trainers	
12.50 – 13.30	Lunch	
13.30 – 14.00	Cookery demonstration	
14.00 – 14.20	Dr Dan Meron	
14.20 – 14.30	Feedback & close, Carole Williams, Medvivo	



It was decided in the planning process that it would be beneficial to invite our delivery partners to the engagement event, so that all out of hours care could be covered throughout the day. We therefore invited South West Ambulance Service (SWAST), Care UK (111 service provider) and the Local Pharmaceutical Committee (LPC) to join us in delivering workshops throughout the day. Wiltshire Council's Health Trainer and Stop Smoking Advisor in the area also requested to attend.



Medvivo wanted to gather some quantitative feedback regarding the event as well as the more qualitative feedback obtained by speaking with delegates and attendees. A feedback form was created and reviewed by Wiltshire Service Users Network to ensure that it would be accessible for as many attendees as possible. In total, 33 feedback forms were completed, although some attendees chose not to answer every question. The feedback provided was overwhelmingly positive, with a huge amount of praise for Dr Dan's talk. One attendee noted:

***The content was very interesting and informative. A very relaxed and enjoyable day.***

## 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 PDPs which are assessed annual to development the training plan each year. Opportunities include Prince 2 Project Management, NEBOSH, Risk Management and Coaching.

Highlights include:

- “Welcome to Medvivo”, corporate induction day has been developed to offer new starters the opportunity to learn about all aspects of the organisation.
- Clinical Study Days, lead 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.
- Achievement of Investors in People Bronze Award in November 2015
- Safeguarding full and half day courses for operational staff and senior managers
- 6 members of the Telecare Team were supported to complete the NVQ Level 3 in Customer Care.
- 5 Responders undertook Care Certificate Assessor training to enable them to support Responders through the Care Certificate.
- Clinical Staff within Access to Care have undertaken a university module in Mentoring.
- First Developmental NP completed their qualification in April 2016 with the second due to complete in November. A two further places offered for the next 12 month period.

Looking ahead, all line managers will be offered the opportunity to attend a tailor made Management Development programme in early 2017. The purpose of the programme is to give our Line Managers the tools and skills they require to get the best out of themselves and their teams.

## INVESTORS IN PEOPLE

Medvivo achieved Investors in People status in early November 2015.

Our assessor, Glenn Duggleby, recognised the high level of engagement with our values capturing the comment “the values of Medvivo are almost a true replica of the values of the NHS and those of all true health professionals”.

Many people also described the Medvivo of today as “more professional” and “more structured”. This wasn’t seen as a condemnation of historic structures or culture but recognised the need to evolve to meet the demands of our clients and other stakeholders. It was recognised that we have an “open and family-like approach to people management, communication and engagement”.



### Leading firm wins top award

MEDVIVO Group Ltd in Chippenham has been awarded the Investors in People Standard after demonstrating their commitment to realising the potential of employees.

Medvivo is a leading provider of GP Out of Hours and Telecare Services across the UK and has sites throughout Wiltshire and a workforce of over 200.

Nicky Wood, HR director, said: “We are delighted to achieve Investor in People. This recognises the commitment and enthusiasm of our staff to the delivery of high class care to the community.”

“This accreditation is testament to the value that the company places on the development of its staff and ensuring that we have the best people in the right role.”

“Good people make a great business and we are proud to invest in our staff.”

Investors in People is the UK’s leading accreditation for business improvement through people management, and provides a wealth of resources for businesses to innovate, improve and grow.

# STAFF SURVEY 2016

The 3<sup>rd</sup> annual staff survey ran in February 2016 across all location and staff groups. This year we achieved a 58% response rate. As will 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 work place

## Promoter

Loyal, refer others, fuel growth

## Passive

Satisfied but unenthusiastic. Vulnerable to competitive offer

## Detractor

Unhappy, damaging to brand. Impede growth through negative word-of-mouth

The NPS score takes the percentage of staff who are promoters and subtracts the percentage who are detractors. Medvivo's NPS score is 80% - which is a 1% increase on 2016. This score is very encouraging and rates very highly when compared to the average score expected in a staff survey of close to 40%.

***This indicates that our staff are very loyal to Medvivo and enjoy a positive working relationship.***

The net promoter score is under pinned by certain key questions which aim to measure staff engagement. The result of the questions of particular interest are as follows:

- **86% of staff rated Medvivo as a good or excellent place to work**
- **81% of staff would recommend Medvivo as a place to work**
- **96% of staff know what is expected of them**
- **94% of staff care about the future of Medvivo**
- **90% of staff stated they were prepared to go the extra mile for Medvivo**
- **79% of staff agreed that they had the opportunity to do what they do best every day**
- **88% of staff agree that they are given the authority to carry out their duties and 78% agree that they have the authority to make decisions to improve the way they work**
- **and 70% of staff feel part of the Medvivo "family"**

Whilst the staff survey is largely positive and very encouraging, there is always room for improvement. There were a number of key themes that emerged from some of the free text and responses given. These can be summarized as follows:

- **Line managers need support to develop their people management skills.**
- **Medvivo needs to raise its profile and "market what we do". The need to update the website was a common theme.**
- **There was general concern regarding the lack of GP and clinical resources to support the current service.**
- **The staff mix on shifts and the shift patterns were also another area of concern.**
- **There was a common thread regarding greater recognition of staff in terms of both rewarding loyalty and recognising staff for their hard work**

The Executive will be focusing on these areas in the coming 12 months and an update will be provided in the next annual Quality Accounts.