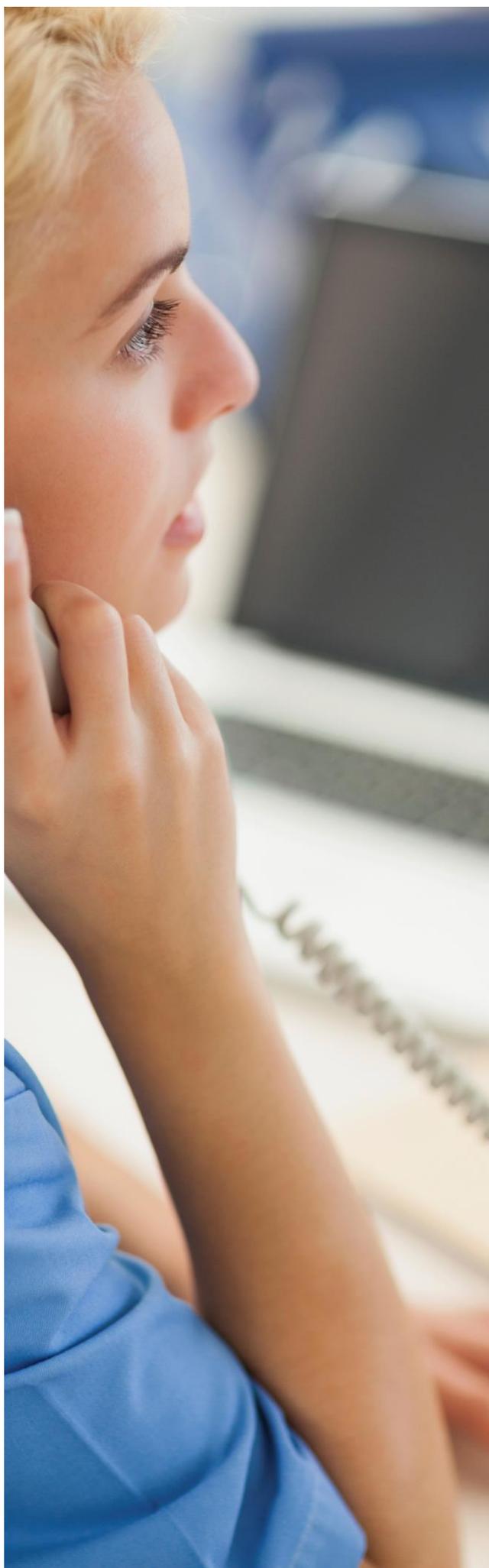


Quality Account: 2020-2021



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SECTION 1: INTRODUCTION

Statement from Chief Executive Officer

It is my honour and privilege to introduce you to Medvivo's Quality Account 2020/2021. This report outlines the ways in which we have continued to drive our vision of achieving excellence in the delivery of care.

Our previous report closed as the global pandemic was just beginning and the nation went into the first of three lockdowns. We entered unprecedented times, unsure of what lay before us both personally and professionally.

The pressure on the NHS and the country has been unlike anything we have experienced in our lifetime so far. Despite this, we have all risen to the challenge, and gone above and beyond in so many ways.

Not only have we ensured healthcare services continued to be available to those who needed it, we have been able to put measures in place to ensure we are providing this care as effectively and safely as possible, for both patient and healthcare professional alike.

The priorities we set ourselves for this period focused on service user safety, sepsis recognition, patient feedback and staff wellbeing. Much of the work we have accomplished in this time will have longstanding effects as we continue to invest in our people and service delivery.

Although we put the patient at the heart of everything we do, we cannot do this without our incredibly hard-working and highly motivated workforce. On behalf of the Executive Management Team at Medvivo, I would like to give credit to

every single person who has been with us throughout these adverse times. From those who worked on the frontline to those who shielded; and those who continue to work from home as well as those who kept the home fires burning at the office.

I'd also like to give a special mention to those colleagues who accepted the challenge of setting up new services at extremely short notice. During the past 12 months, we have set up an antibody testing service, supported local COVID vaccination clinics for vulnerable people unable to get to appointments, launched a video conferencing service, developed a COVID remote monitoring service with local partners and created new clinical response and remote triage services.

It is said that *"what we decide to do in the face of adversity is perhaps the truest measure of character"* (Ian Usher); in which case, we are working with some genuinely great people.

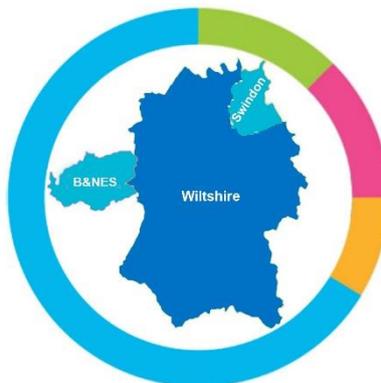
While the nation stopped on Thursdays to clap for the NHS, let us not forget what we have been through and what we're continuing to endure.

To all our work colleagues, friends, family, and system partners, long may we continue to build on everything we have learned over the past year. Stay safe; and thank you for your support.



Liz Rugg,
Chief Executive Officer





About Us

Medvivo is a provider of Integrated Urgent Care and related services in the South West of England.

Key services include the Clinical Assessment Service (CAS), In-Hours (IH) and Out Of Hours (OOH) Primary Care, Care Coordination, Access to Care, High Intensity User and Non-Clinical Response.

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

With over 350 employees, Medvivo's Headquarters is based at Fox Talbot House (FTH) in Chippenham. The call centre is located here along with office-based staff who provide support services.

Since February 2020, all support services have been working from home, leaving the main offices at FTH for limited operational services only.

Remote clinical services were relocated during this twelve-month period to accommodate patients with or without coronavirus symptoms at "hot" or "cold" bases. Urgent care services continued to operate in accordance with government guidelines from key Primary Care Centres

(PCC) in Swindon, Chippenham, Salisbury and Keynsham, supported with mobile home visits for patients unable to get to appointments.

Non-clinical response teams followed the same guidance and continued to be based from the main offices in Chippenham, Trowbridge and Amesbury.

Medvivo is led by an Executive Management Team of Directors with clinical and non-clinical expertise. They are fully engaged at a strategic and operational level to coordinate safe service delivery for patients, service users and staff with strong clinical and corporate governance.

In addition to providing clinical services, the management team has complemented existing resources by working with system partners to implement and roll out new roles and services, including:

- Anti-body testing service
- COVID oximetry at home remote monitoring and virtual ward services
- Clinical Response service
- Video consultation and remote triage service

In November 2020, Medvivo joined a new global leading digital health platform, HealthHero, to align with clinical expertise from around the world.

Statement from the Care Quality Commission

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

The current registration is to provide the regulated activities of:

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

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

An overview of the CQC inspection report is available at:

<https://www.cqc.org.uk/location/1-347335038>

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

Inspected and rated

Outstanding ☆



Dear Medvivo Group Limited

We suspended our routine inspection programme in March 2020 in response to COVID-19 and do not intend to resume it for the immediate future. We have continued to use a mix of onsite and off-site monitoring to ensure the public have assurance as to the safety and quality of the care they receive. As we emerge from the pandemic, we are further developing our monitoring approach. In accordance with this approach, we carried out a review of the data available to us about Medvivo on 08-07-2021.

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

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

We will add this text to our website to inform the public about this outcome.

We carried out a review of the data available to us about Medvivo on 08-07-2021. We have not found evidence that we need to carry out an inspection or reassess our rating at this stage.

Care Quality Commission

SECTION 2: URGENT CARE SERVICES

Integrated Urgent Care

Medvivo provides IUC services to patients who are registered with a General Practitioner (GP) within the Bath and North East Somerset, Swindon and Wiltshire (BSW) clinical commissioning areas.

Medvivo has been delivering clinical services since its inception by two local GPs in 2004. The IUC service describes a vision to deliver responsive, streamlined and patient-centred services ensuring people are managed by the right service, first time.

The Clinical Assessment Service (CAS) provides remote consultation with patients and is the central hub of Medvivo's Integrated Urgent Care Service.

Delivered 24/7 by a multidisciplinary clinical team, and supported by an expert coordination team, the CAS ensures patients receive the most appropriate care, concluding with advice, a prescription, or an appointment or referral for further assessment or treatment.

Healthcare professionals also use the CAS for advice and support to manage patient referrals.

Following overwhelmingly positive feedback, after an initial four-week pilot in July 2020, Medvivo officially launched a GoodSAM video consultation service on 16th August 2020 for use by all clinical and person-facing teams to improve access to patients.

Out of Hours (OOH) Primary Care

OOH Primary Care provides urgent care when In-Hours GP surgeries are closed, usually operating from 6:30pm-8:00am on weekdays and 24/7 on weekends and bank holidays.

Medvivo treatment centres are based at various locations across Bath and North East Somerset, Swindon and Wiltshire including Bristol/Bath, Chippenham, Salisbury and Swindon.

The NHS 111 service is a free-to-call, medical helpline to provide the most appropriate non-urgent medical advice for patient needs.

The CAS is integrated and co-located with the NHS 111 service.

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



Clinical Assessment Service and Out of Hours Service

The CAS is the central hub of the Integrated Urgent Care service and consists of a multidisciplinary team of health professionals providing enhanced clinical support to people contacted NHS 111.

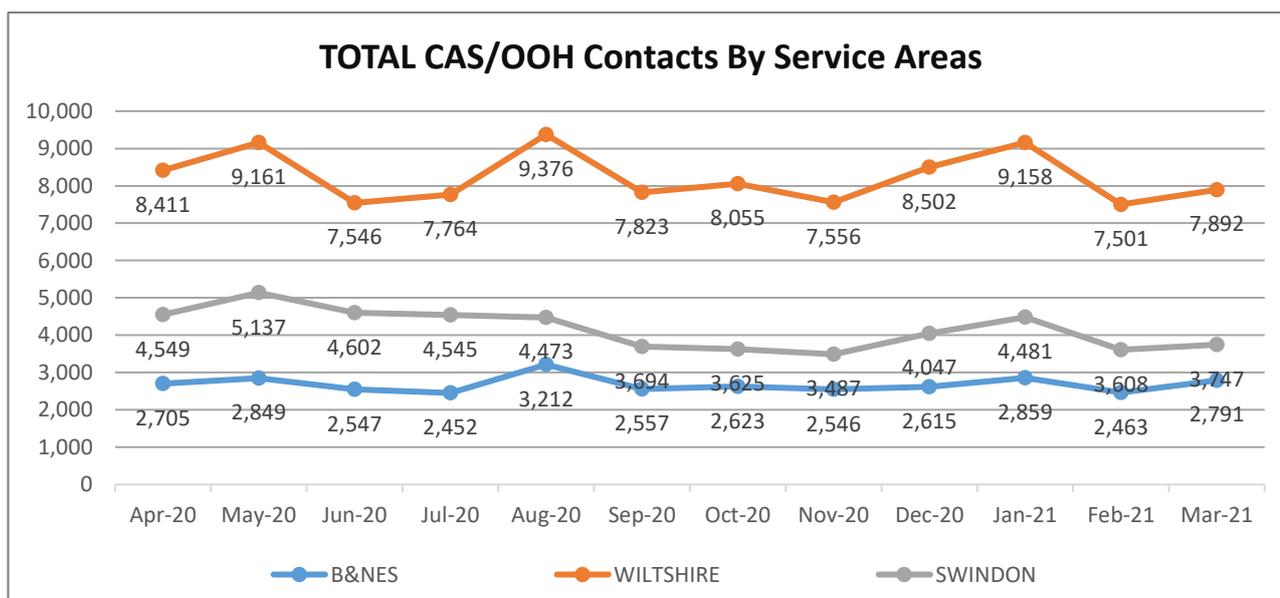
All activity into the CAS is monitored to review performance, outcomes and staffing levels.

The charts below outline the monthly contacts into the Medvivo Clinical Assessment Service (MCAS) across the BSW area, and specific commissioning areas, along with the respective contact outcomes, whether the contact resulted in a treatment centre consultation or a home visit, during the out of hours period.

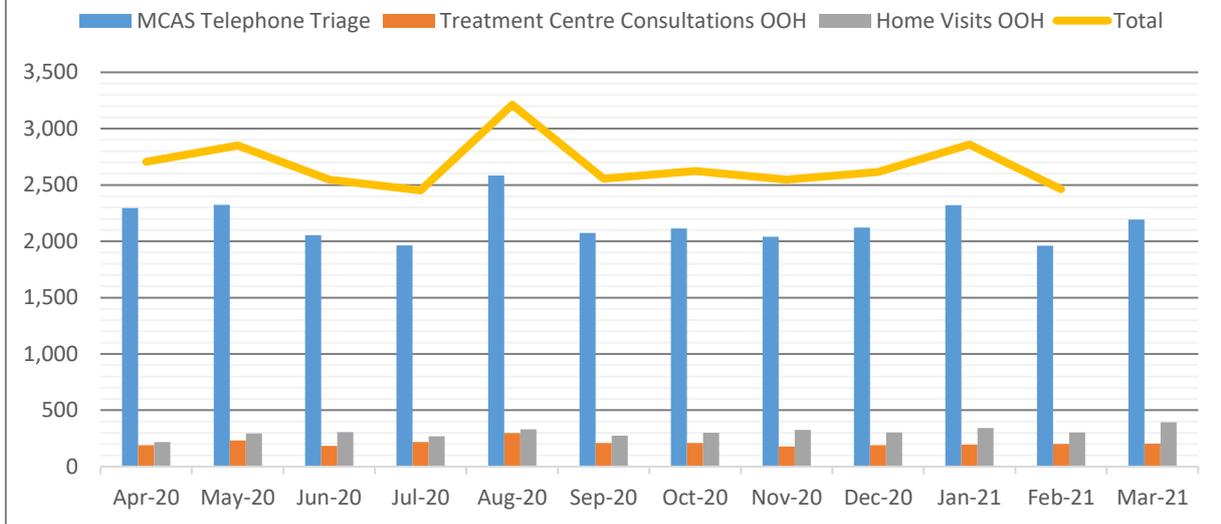
Over the reporting period, the service experienced an increased level of contacts, which is in line with what was being experienced across all health care service providers during the pandemic.

Despite the increased contacts, the service managed a consistent approach to referring patients for home visits or treatment centre consultations across each area.

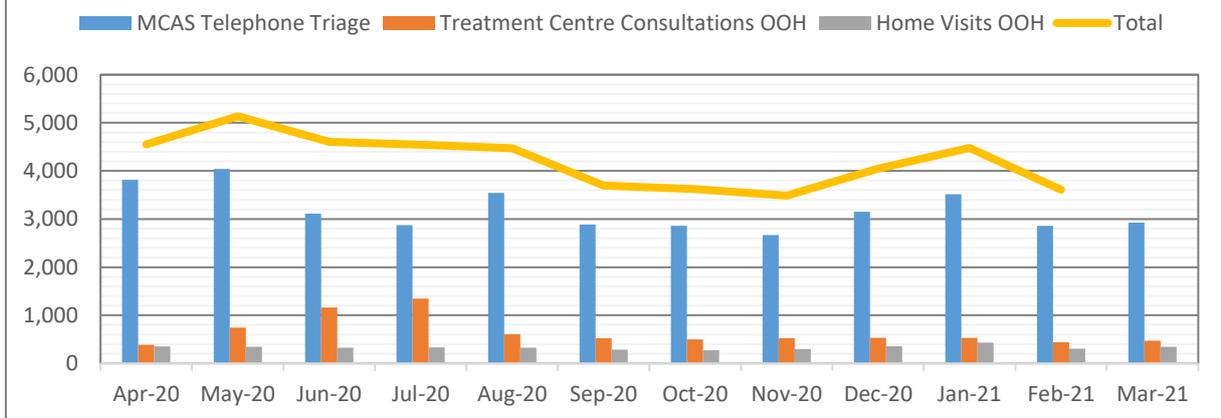
This was achieved through the implementation of additional resources such as video consultation to support telephone triage.



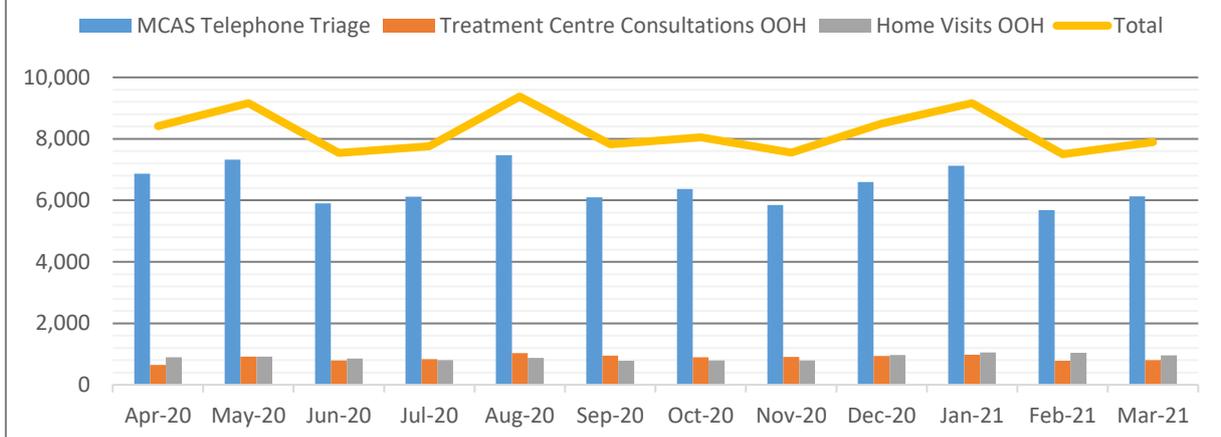
BaNES CAS/OOH Contacts (2020-21)



Swindon CAS/OOH Contacts (2020-21)



Wiltshire CAS/OOH Contacts (2020-21)



Mental Health Triage Service

Avon and Wiltshire Mental Health Partnership (AWP) successfully bid for funding for additional mental health provision across the BaNES, Swindon and Wiltshire area.

One element of this provision involved the delivery of improved out of hours access to mental health services in the region.

Working closely with Commissioners and subject matter experts from NHS 111 and AWP to develop a cohesive out of hours provision for mental health, AWP Mental Health Practitioners are now co-located in Medvivo's Clinical Assessment Service, providing additional support to clinicians and patients.

Access to the current mental health provision during the out of hours period can be unclear creating additional pressure on clinical resources and delays timely responses to those in crisis.

Clinicians often face having no clear pathway for less serious cases who nonetheless may be in a state of distress.

This new development improves patient experience by involving mental health practitioners to identify, triage and close cases involving relevant mental health presentations. They can also support clinicians as expert advisors to aid their decision-making process.

Other benefits include:

- A centrally coordinated service involving key agencies, AWP, Vocare (NHS 111) and Medvivo
- Improved speed and quality of assessment for people facing mental health crisis
- Integrated expertise to manage complex mental health cases
- Improved awareness of available mental health services in the region
- Better access to community services (such as crisis beds, cafes and home visits by the Mental Health Practitioners for urgent cases)
- Reduced pressure on out of hours clinicians
- Reduced Emergency Department and Ambulance referrals

“Having their (AWP) specialised knowledge is more beneficial than I can put into words.” IUC Clinician.

“The team has a greater knowledge of how and when to access other services.” IUC Clinician.

Clinical Response Service

At the start of the pandemic, Medvivo's mobile visiting resource urgently needed to increase to meet the unprecedented rapid growth in demand for services, both in terms of people and transport.

Clinical resource was complemented by using non-prescribing clinicians who hold a professional healthcare registration. Originally this included non-operational clinicians such as members of Medvivo's management teams and responders from other organisations that had closed, for example local Minor Injuries Units (MIUs), who were redeployed to support the increased activity.

With further recruitment during the year, the initial handful of Clinical Responders quickly grew to a dedicated team of 28; and continues to grow. The team of Clinical Responders now includes frontline paramedics, Nurse Practitioners, and Access to Care clinicians.

The Clinical Responders are an extension of the clinical team working with a senior clinician who manages the case and management plan.

Working this way has significantly improved productivity, three times as many patients can be seen in the time it would take for the senior clinician to visit one at a time. This has been vital during the pandemic crisis, ensuring many more

patients have been supported by Medvivo's most experienced senior clinical decision makers, treated in person by the Clinical Responder.

Access to Care Nurse, Lesley Edwards, comments: *"With the experience I already had as a nurse working in the community, when I was no longer able to work in my normal role due to COVID-19, I wanted to be able to support the team in whatever way I could. We work closely with the senior clinicians, and it has been insightful to talk through everything from diagnosis to identifying the best management plan."*

One of Medvivo's Clinical Leads, Dr Steph Ansell, has a genuine passion for visiting patients to provide care in their own homes. Impressed with the level of knowledge, patient care and work ethic of the Clinical Responders, Dr Ansell is looking forward to continuing working with the team to make this model even more effective and sustainable beyond the coronavirus pandemic.

Meet a Senior Clinical Responder Lead

The Clinical Responders are despatched to a range of cases where a senior clinician has identified a need for further investigation before making a final clinical assessment. Cases may range from managing infections to providing safeguarding or self-management advice.

The senior clinician takes the lead in the case management and ownership, with support from the Clinical Responders who are despatched to visit patients.

Dr Ansell explains: *"In some cases when you triage a call to the urgent care service, it can be clear that medical help is*



needed; other times a home visit is arranged because you are just missing a

Supervisor (CRS) writing the notes for the remote consultation.



little extra information.

This takes up valuable time and resource, which perhaps could have been avoided. By having the Clinical Responders despatched to do further assessments with the patient, you can work effectively with them remotely to develop an appropriate management plan. Whether that's taking a fuller medical history, observations or by just being able to see the patient."

Once a management plan has been agreed between the Clinical Responders and the senior clinician, appropriate actions are taken. Whether this is hospital admission, medication prescription, referral back to their own GP or self-care advice, the action required is taken without delay.

Clinical Responder Auditing

As a newly developed part of the IUC service, initial audits were exploratory. The Patient Engagement Coordinator spoke to patients who had been visited by a Clinical Responder and that was overwhelmingly positive.

The Clinical Guardian tool used for other clinical audits was not feasible due to consultations being completed by multiple people and the Clinical Responder

It was essential to identify a method for auditing these consultations for quality assurance, so in June 2020 exploratory audits were completed.

Early results were encouraging with 81% (39/48) of consultations audited indicating well-managed care.

The main theme identified in the feedback related to documentation, which is similar to findings in standard clinical audits.

As the first audits of this new service, it is understandable that there was an increased need to provide feedback on what expected standards of documentation are for these consultations. Feedback was sent to all Clinical Responder Supervisors for all cases where needed.

As a result of this process an audit tool has been designed and implemented on Clinical Guardian, and cases were then manually added to provide an audit of each combination of clinicians who worked each month.

In August 2020, we started routinely auditing these consultations via Clinical Guardian. 89% of the cases were marked as 'Proficient.'

Swindon SUCCESS Clinics

Medvivo provides the Improved Access Service for Swindon, known as the SUCCESS Clinics.

This service delivers additional in-hours face-to-face consultation capacity for patients requiring 'on the day' urgent care when there is limited capacity at GP practices. This acts as an overflow support service for the NHS in Swindon.

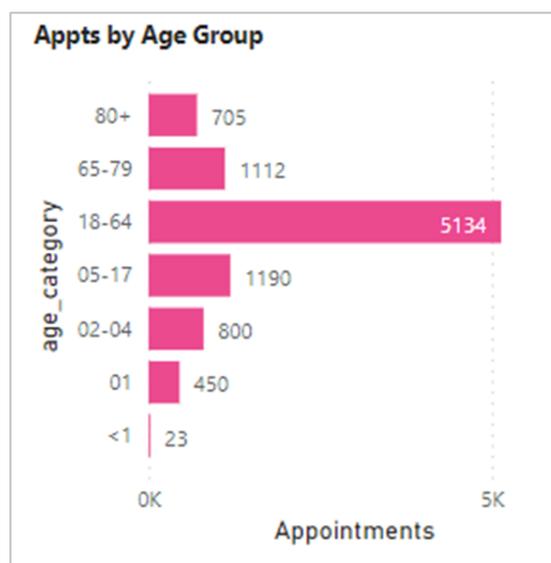
The SUCCESS clinics run during fixed hours, seven days a week, and are currently based in Moredon Medical Centre and Taw Hill Medical Practice. The clinics are facilitated by both GPs and Nurse Practitioners.

Appointments to the service are made by any Swindon-based GP surgery when their patient (adult, child or young person) has an ailment or condition that needs to be seen more urgently than a routine appointment which their surgery cannot accommodate until a later date.

The clinicians are supported by a team of receptionists at the clinics, and the

Integrated Urgent Care team at the main office, to coordinate the patient's appointment, arrival at the clinic and ensure, where appropriate, relevant information is communicated between the clinic and the patient's GP surgery.

SystemOne has been used for all SUCCESS consultations in Swindon since August 2020. This allows clinicians to be able to access to the patients' Primary Care notes.



Total Appointments for Adults 18 and Over

Rota type	202008	202009	202010	202011	202012	202101	202102	202103	Total
Home Visit	67	84	99	123	148	198	163	145	1027
Moredon Medical Centre	435	520	344	323	285	294	307	538	3046
Taw Hill medical Practice	199	296	345	394	329	508	423	380	2874
Total	701	900	788	840	762	1000	893	1063	6947

Total Appointments for Children and Young Persons 17 and under

Rota type	202008	202009	202010	202011	202012	202101	202102	202103	Total
Home Visit	3	3	3	5	6	2	1	7	30
Moredon Medical Centre	110	141	101	85	74	63	80	144	798
Taw Hill medical Practice	83	288	240	249	231	150	149	244	1634
Total	196	432	344	339	311	215	230	395	2462

SECTION 3: ACCESS TO CARE SERVICES

Access to Care

Access to Care is Medvivo's Single Point of Access (SPA) service for Wiltshire only.

The service involves coordinating care delivery and managing patients through the healthcare system using a team that includes nurses, paramedics, physiotherapists, occupational therapists and assistant practitioners. Acute Trust Liaison (ATL) clinicians are part of this team and are normally based at the three local acute hospitals, Great Western Hospital, Swindon, Royal United Hospitals Bath and Salisbury District Hospital.

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

Valuable support in the community was provided in this period using the Urgent Care at Home service by facilitating 20 hospital discharges and preventing 649 acute hospital admissions.

61 packages of care were also reduced whilst on the caseload, making handover to mainstream services more achievable.

The team audits call recordings and SystemOne notes each month. During this 12-month period, there was 100% compliance and an average score of 87%.

Areas highlighted for improvement or reflection relate mostly around not advising the call was being recorded and confirmation of two types of identification. Following reflective practice, very few clinicians fail two consecutive months.

Period	E-Ref	NHS Email	Telephone	Community Step Up	Total Referrals
Apr 2020	9%	29%	62%	80%	1,198
May 2020	10%	28%	62%	77%	1,267
Jun 2020	12%	29%	59%	75%	1,656
Jul 2020	11%	28%	61%	75%	1,622
Aug 2020	10%	29%	62%	74%	1,467
Sep 2020	12%	29%	62%	73%	1,583
Oct 2020	10%	26%	64%	75%	1,547
Nov 2020	13%	26%	62%	76%	1,563
Dec 2020	11%	30%	59%	74%	1,563
Jan 2021	11%	26%	62%	77%	1,566
Feb 2021	10%	25%	64%	74%	1,419
Mar 2021	12%	28%	60%	75%	1,784

Non-Clinical Response Service

Medvivo's Response Service works 24/7 and is regulated by both the Care Quality Commission (CQC) and TEC (Technology Enabled Care) Services Association (TSA).

The Response Service is delivered by a team of highly trained, non-clinical responders with a skill set which includes personal care, end of life care, people handling (including lift and assist), observations and remote monitoring.

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

The team also delivers the Urgent Care @ Home (UC@H) Service in Wiltshire, providing emergency care to avoid hospital admission whilst ATC arrange the provision of mainstream services such as social or domiciliary care.

Urgent Care at Home (UC@H)

Often it is appropriate for service users to remain at home during a period of illness or when a crisis has occurred, but they require an increased level of domiciliary support to enable them to do so.

To ensure this can be initiated immediately, and where traditional or mainstream services are unable to provide this support quickly, intermediate care is provided by the Response Service who operate from three bases across the county.

Support provided ranges from one-off support visits for up to 24-hour care and is initially in place for 72 hours.

Dear Team, I wanted to thank you so very much for the wonderful care you gave to my son. You treated him with such compassion and dignity. I loved it when you took the time to paint his nails in his favourite colour black.

You all have a very special gift with caring for people and their families. The support you gave us in last few days of his life was invaluable. I will never forget you.

Telecare Monitoring

The Appello logo is displayed in white lowercase letters on a solid orange rectangular background.

This service is provided in Wiltshire in terms of monitoring and installation of telecare equipment.

It provides a continuous link to emergency and non-emergency assistance 24/7, 365 days of the year.

Medvivo remains the primary contractor for Wiltshire and since December 2019 has sub-contracted the delivery of this service to Appello.

The contract is overseen in part by the Medvivo Quality Team to ensure that the safety of the services continues to be monitored and learning from compliments, incidents and complaints continues.

High Intensity User Service

The High Intensity User (HIU) service provides support and guidance to people who may find they are using healthcare services more frequently than usual.

As part of a two-year pilot, Medvivo was commissioned by the BSW CCG in 2019 to provide this service in Bath and North East Somerset (BaNES), and Swindon.

NHS services identify people in the area who have attended the Emergency Department the most frequently.

Their details are shared with the HIU Leads who make contact with them to offer support and discuss how their wellbeing could be improved. This may include signposting to other services that may better meet their needs, supporting to liaise with medical professionals, encouraging them to join local community groups or finding new ways to engage with people.

Often people have difficulty expressing their problems and finding how to get the right support for their wellbeing. The HIU Leads work collaboratively, actively listening and “walking alongside” them to try and promote wellbeing while ensuring their healthcare needs are being met.

Medvivo’s Chief Operating Officer explains that: *“We are committed to improving patient care and this was noted as an ‘outstanding’ area of practice during our CQC inspection. Through collaboration, with our public, private and voluntary sector partners, we aim to deliver meaningful and improved outcomes for the benefit of everyone.”*

“In the time since my return from hospital the support I have received has been invaluable to me.

This has included both emotional support advice and encouragement, as well as practical help such as arranging a plumber and taking me to the shops when I have been unable to walk far and lacking in confidence to do so.

Without this support I would have struggled with many things.”

“Just knowing the support is there and available is really reassuring. It takes away the anxiety because we haven’t got family or friends locally.

It is far more about the psychological benefits having someone to phone up and check I am ok and coping makes a big difference.”

“After losing my husband you were at the end of the phone when no one else was, you made sure I was ok and had the appropriate support from other people and services, that meant a lot”

“Before I met you, I had no life, now I have a purpose and a way forward, a new start and a home that I won’t be scared to live in. I mean something now, thank you.”

The first patient lists were received in January 2020. Up until April 2021, 418 people were flagged to the service and the HIU team has been intensely working with 28% of these.

Overall, there has been a general decline in HIU “people we support” (PWS) contacting the IUC service, more so with those contacting the Great Western Hospital (GWH). Ambulance despatch is the top outcome for cases featuring in the BaNES list, whereas Swindon had a higher proportion of self-care and primary care until March 2021 where there is a significant increase in ambulance despatches.

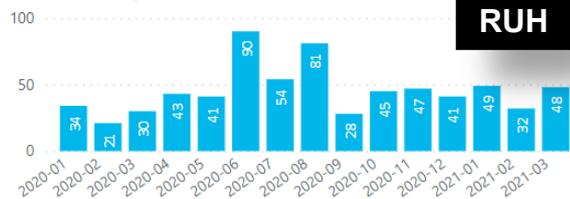
There is ongoing work to address this as the HIU Leads are working with the HIU team for NHS 111 and out of hours services. An intervention has included adding special notes to Aadastra and utilising AWP resource within the out of hours clinical assessment service.

The HIU data below shows the IUC cases for people who were supported by the team and those who were not. There is a downward trend in overall cases to IUC for people being support.

In contrast there is an increase in cases for those people who were not supported by the service.

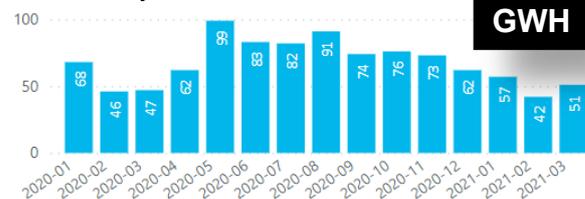


Case volumes by Month



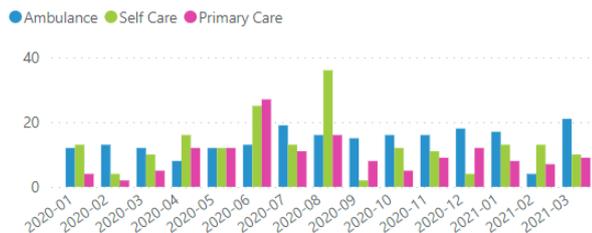
RUH

Case volumes by Month

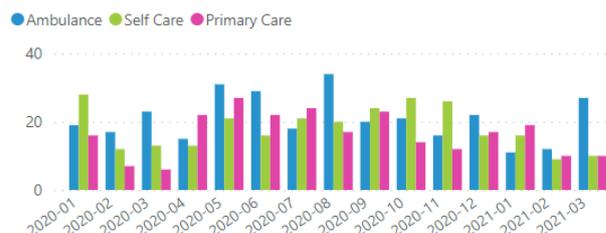


GWH

Top 3 Case Outcomes



Top 3 Case Outcomes



Early Key Themes

- Reducing attendances to Emergency Departments (EDs).
- Once relationships are established and support is ongoing it also leads to a downward trend in accessing 111 and out of hours services.
- Considerable progress in the positive cross team relationships with the HIU leads and AWP.
- COVID-19 has had significant impact on the HIU support pilot.

Specific impacts of COVID-19

- Engagement may be less than expected due to reluctance to take part owing to the pandemic.
- An increase in those declining support due to their perceived genuine health issues.
- Less opportunity for HIU Leads to fully engage with key members of the ED departments.
- Face to face appointments have been less accessible for primary care and mental health services increasing reliance on ED and out of hours services.

- Forming relationships across services, charities and voluntary organisations have been more challenging and harder to achieve for our newly appointed coaches.

The process of building relationships with people supported has been slower due to the pandemic reducing face to face contact and time has had to be invested in GoodSAM, MS Teams, Zoom, WhatsApp, doorstep visits and postal activities. This is key following periods of social isolation.

There has been a lower level of discharges possible from the HIU service due to a current lack of community and voluntary services to introduce and signpost people to. Where groups and services have started to re-open they are predominantly digital, and a significant number of people worked with are digitally excluded through lack of equipment, internet or skill.

Good support provision has been assured for those already engaged with the HIU Leads but delays in discharging people reduces the capacity for them to enrol new people to the service.

It is likely that NHS waiting lists due to COVID delays may impact on all services including primary care and out of hours for some time to come.

Meet the HIU Service Leads

Working within the HIU service takes a special kind of person with a range of skills that helps people to feel supported, while navigating often complex health and social care environments.

Being able to work closely with each other and system-wide multi-disciplinary teams, is imperative, while also nurturing relationships and building networks.

Through optimal joint working at all levels, the HIU Service Leads aim to provide an integrated level of support that is tailored for the person and the services potentially being over-used.



Victoria has worked in and volunteered in numerous roles in the Health and Social Care sector for the last 25+ years.

One of the people Victoria supports says:

“Victoria is very personable, a calm devoted person to those who she works with. She establishes an excellent rapport with her clients enabling them to feel safe and important in their time when working with her one-to-one.

Victoria encourages those she works with to pursue activities and passions to give them a purpose, a feeling of importance and a contribution to the world.”



Sasko has a background of 12 years in health and social care which span emergency services and a community role in a local Health Centre.

He is patient focused and determined to help those he works with find the right support. Sasko adds:

“I am very much a people person and know from my own experience life can be challenging. We all need a helping hand at times, and I aim to build trust and close relationships to support and assist those I work with to find solutions that work.”



Nicky has worked within Social Care for the past 20+ years.

She is keen to ensure that the people she works with can be supported in accessing the right care to meet their needs. When talking about her role, Nicky says:

“I enjoy building relationships with the people I am supporting and building trust, this is key to sourcing the right support for that person when they are experiencing more challenging times.”

SECTION 4: COVID SERVICES

COVID Oximetry @home Service

Since the start of the coronavirus pandemic, NHS England has advised that medical intervention is necessary if oxygen saturation levels begin to fall.

During the first wave of the pandemic, some patients developed “silent hypoxia” where oxygen levels fall but there are no obvious symptoms such as shortness of breath or feeling very unwell.

The British Medical Journal reports fairly strong evidence that *“if oxygen saturation fell to 94% or 93% the mortality risk increased to around 13%, and if it fell below that level the risk would increase to about 28%.”*

NHS England provides pulse oximeters for a scheme whereby patients can monitor their saturation levels at home to spot any deterioration.

Working with the BSW CCG and local partners, Medvivo was commissioned in 2020 to provide a COVID Oximetry @home (CO@h) service for this area.

Originally reliant on referrals from GPs in the community, the service was rapidly adapted to a proactive operational model, receiving the positive COVID-19 cases across the BSW region, from the NHS Digital team. This enabled the team to support and offer guidance to patients earlier in their COVID-19 journey, detecting early deterioration and silent hypoxia in patients.

As a proactive model, this allowed safe, individualised patient care in a primary care setting and empowered patients to

seek further help via a dedicated CO@h helpline.

Patients can be onboarded from multiple points in the system; NHS digital list, GP, Urgent Treatment Centres (UTC), 111, Ambulance service, ED, COVID Assessment Units (CAU), maternity units and community midwives etc.

Patients referred to this service receive a pulse oximeter to monitor blood oxygen readings. Working with the CO@h team, the patient’s condition is then monitored sometimes up to four times each day either by submitting regular readings over the telephone, text or by email or during consultations with clinicians. They are also encouraged to maintain a COVID-19 diary alongside their consultations.

The monitoring continues until symptoms have improved and the CO@h team is happy they are well enough to stop.

Patients must remain at home during this period and follow the latest advice for the following ten days or until the symptoms have gone.

The Clinical Project Lead for the service is an Advanced Clinical Practitioner (ACP), and the service is managed daily by a Clinical Lead, who are experienced GPs and ACPs, and Clinical Advisors who are registered healthcare professionals from a range of backgrounds, including paramedics and nurses.

The clinical team is supported by a dedicated CO@h administration team, including drivers who deliver monitoring packs to these vulnerable patients.

COVID Virtual Wards

Alongside the CO@h service, a COVID Virtual Ward (CVW) was also set up, accepting referrals from the three acute hospital trusts across the BSW area to support early discharge.

This extended service enables patients in hospital with a COVID-related illness to return home safely as soon as possible, where they continue to be regularly monitored each day with a pulse oximeter and a team of clinicians.

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

As the pandemic continued, the need for these remote monitoring services heightened as the number of people being onboarded onto these services increased.

Patients Onboarded

PatientPathway	2020-11	2020-12	2021-01	2021-02	2021-03
COVID Oximetry@Home	8	46	161	104	231
COVID Virtual Ward		7	49	30	12
Total	8	53	210	134	243

receives. All patient feedback is regularly reviewed, and an internal recognition award is given each month.

In June 2020, this was presented to the whole CO@h team, including clinicians, drivers and administration colleagues. Below is a selection of just a small portion of the comments received:

“Thank you so much for keeping me out of hospital. You provided an amazing service; I am so grateful that you were there for me.”

“I thought it was just going to be a 'call centre' but you were really supportive and there for me. I can only sing its praises.”

“It was really nice to have people checking up on me. Everyone was really lovely, no one was mechanical, all caring.”

“So impressed with the support I have had and my family too. I knew someone was there if I needed them.”

Risk Committee Recognition Award



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

COVID Oximetry at Home Team

“

I felt they were all really sympathetic and helpful. I was really grateful. It was good. I do live on my own but my son is staying temporarily but works during the day, I could collapse and he'd never know, being upstairs. They were all very proactive, when they booked the GP, they'd call back to confirm they'd asked him to come. The GP did me a prescription within an hour, son picked it up from the pharmacy. It was great that THEY booked the doctor, it was really helpful - I didn't have to do it. They booked me into the RUH, 9am. Everything was just booked and I felt like someone was really looking after me. I thought it was just going to be a 'call centre' but they were really supportive and there for me. I can only sing its praises.

He wanted me to pass on his most sincere thanks to everyone in the CO@h. Not only to those who have called and monitored him but to all the behind-the-scenes staff as well. He said the morning his brother died we were there for him and at times during the acute phase of his illness he wasn't sure if he would make it either. He said if it wasn't for us, he's not sure he would have. He wishes to thank everyone and even joked that we were his stalkers and laughed as we had told him off for driving (when he could hardly breathe!). He's so grateful and appreciative of our care and that his now home and happy for discharge from our service. From all of us I wished him a good recovery and it was a pleasure to assist him through his covid journey.



Thank you for your incredible hard work and for providing such a supportive and appreciated service. A real example of exemplary patient care

Carole Williams, Director of Quality & Nursing

25 March 2021



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

Antibody Testing Service

Supporting the antibody testing programme roll out for NHS staff and patients, Medvivo developed and delivered an Antibody Testing Service across Bath and North East Somerset, Swindon and Wiltshire.

Medvivo collaborated with a number of partners including Wiltshire Health and Care, local acute hospital trusts, Virgin and SWAST in order to pull together a phlebotomy resource and rapidly mobilise this service.

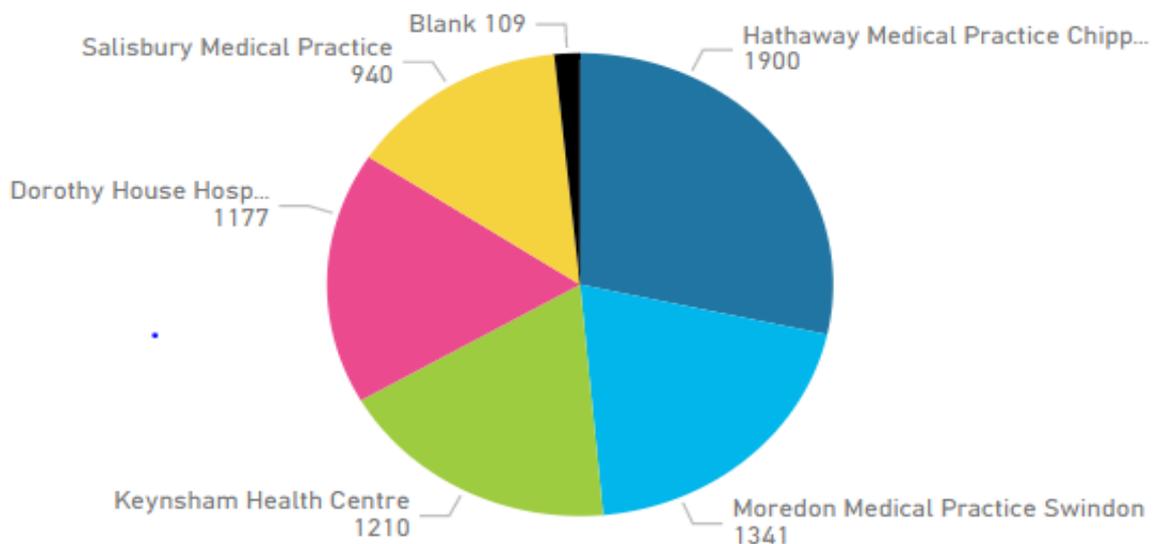
Medvivo set up a dedicated 24/7 telephone number as well as an electronic referral system to streamline the process making it as easy as possible for patients and staff to access the service.

The Antibody Testing Service played an instrumental role during the early stages of the pandemic. Results helped to provide key information on the prevalence of COVID and to help better understand how the disease spreads.

ATS Status by Organisation - Excludes cancelled bookings

ATS_organisation	Results provided	Total
Virgin BaNES	747	747
Wiltshire Primary Care	709	711
NHSE	572	572
Nursing or Residential Home Staff Wiltshire	568	569
Social Care Wiltshire	428	428
Domiciliary Care Staff Wiltshire	286	286
AWP	222	222
Dorothy House Hospice	220	220
BaNES Primary Care	183	183
Medvivo	177	177
Virgin Children's Healthcare Wiltshire	154	154
Dental	128	128
Nursing or Residential Home Staff Swindon	128	128
BSW CCG	123	123
Swindon Primary Care	116	116
Community Pharmacy	114	114
Ezec	96	96
Opticians	89	89
Social Care Swindon	79	79
Army	39	39
Domiciliary Care Staff Swindon	28	28
Social Care BaNES	28	28
Nursing or Residential Home Staff BaNES	26	26
Vocare	22	22
Domiciliary Care Staff BaNES	21	21
NHS Blood and Transplant Service	12	12
BEMS	10	10
Prospect House Hospice	4	4
Total	5329	5332

Clinic Preference



SECTION 5: INFECTION PREVENTION AND CONTROL

Medvivo holds a monthly Infection Prevention and Control (IP&C) meetings which are chaired by the Associate Director of Clinical Services.

Throughout the pandemic, extraordinary IP&C meetings were held every two weeks to review and implement changes in response to government guidance, in addition to discussion on daily operational calls and meetings.

The meetings ensured patients as well as the workforce were kept as safe as possible while guidance was adhered to. The team provided feedback, monitored processes and assessed the effectiveness of measures being implemented.

In response to Government Guidance in April 2020:

- Teams supported to work from home, where possible, as an alternative to coming in to work.
 - Laptops sourced and set up to increase the amount of patient consultations being delivered over the telephone, and as many of these from home where possible.
 - Call centre layout changed to increase the space between desks, screens were also introduced.
 - Additional kitchen/rest areas opened.
 - Face masks provided for those working in the call centre for use when social distancing difficult.
 - Regular guidance provided from the HR team.
- Information provided to line managers to enable them to provide advice on potential absence and managing this.
 - Partners liaised with to ensure distancing is maximised where facilities were shared
 - Champions introduced to promote social distancing and safe practice.
 - Regular communications to reinforce the importance of good and consistent hand hygiene and other essential guidance to prevent the spread of infection.



During January and February 2020, IP&C audits were carried out in the shared premises Medvivo operated from. Action plans were developed for the RUH, Chippenham Community Hospital, Salisbury District Hospital and Swindon Health Centre.

From mid-March 2020, the IUC service relocated from these bases and as a result action plans were not completed.

From the early days of COVID-19, the emphasis was clearly on the front line to ensure patient safety and, along with moving bases on a number of occasions, IP&C audits initially took a back seat.

Once the relocation of the bases was finalised, it was agreed to carry out specific COVID-19 audits across the range of premises delivering Medvivo services, including the call centre.

A mini audit was initially set up to ensure services were operating to the highest possible standard. This included assessing social distancing, use of personal protective equipment, site entry/exit plans, cleanliness, tidiness and equipment and access to isolation rooms. The audits had very positive results.

Personal Protection Equipment (PPE)

As with all health care providers, Medvivo initially had difficulty obtaining levels of PPE required to ensure the health and safety of our employees and patients.

At the same time as being offered wonderful support from the local community and the CCG, a local school and owners of 3D equipment provided an initial supply of visors for the patient-facing teams to use.

Other Medvivo teams also created visors from Type 11R face masks and acetate



sheets to provide an extra level of safety while PPE availability was challenging.

Medvivo also leased a small van in March 2020 to carry out daily PPE deliveries to all bases throughout BaNES, Swindon & Wiltshire. This continued until sufficient PPE levels had been acquired.

At the same a daily base PPE stock return was implemented to ensure sufficient stock levels were maintained. This system enabled Medvivo to support colleagues at Virgin Care in Keynsham.

Vaccination Programme

At the end of 2020, two infectious viruses were set to challenge the impending winter season.

Staff were encouraged to get a flu vaccination to protect themselves, their family, patients and work colleagues.

And similarly, once COVID vaccinations were available this was also a service managed with appointment bookings.

Of patient facing staff groups, this included Contracted GPs, Allied Health Care Professionals (AHCP's) Responders and Access to Care Acute Trust Liaison:

93% Received the flu' vaccine

92% Received the COVID-19 vaccine

SECTION 6: QUALITY ASSURANCE

Incident Reporting

Medvivo is committed to establishing a supportive, open and learning culture that encourages staff to report incidents and near misses.

The aim is not to apportion blame but to identify and share learning, mitigate further occurrence and improve practice.

All staff have a responsibility to ensure they report any incident or near miss they have been involved in or witnessed.

Reporting incidents allows Medvivo to:

- Review system processes and identify any failures
- Establish the events/facts of each incident

- Improve patient care and services, and share collaboratively with other stakeholders
- Mitigation and controls are in place to prevent recurrence
- Identify trends and their causes
- Develop models of good practice

From April 2020 to March 2021, 2,293 incidents were reported in total, of which 888 were reported as safeguarding.

Where themes are noted, workshops and focus groups are established to review and action changes to improve, share learning and reinforce best practice, considering human factors.

	Apr-20	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar-21	YTD Total	YTD Average
Total Number of Incidents logged	156	177	196	176	223	207	199	125	208	208	195	223	2293	191.1
RIDDOR Reportable Incidents	0	0	0	0	0	0	0	0	0	0	0	1	1	0.08
Incidents logged by Service														
Urgent Care	66	93	97	64	98	95	95	51	100	106	107	98	1070	89.2
Telecare	0	0	2	2	1	2	2	0	4	4	3	3	23	1.9
Response	26	9	7	9	21	14	16	7	39	28	22	28	226	18.8
Access to Care	3	3	4	6	8	2	3	6	5	4	9	2	55	4.6
Corporate Services	2	3	0	4	2	0	2	3	3	0	0	0	19	1.6
Vocare 111	59	69	86	91	93	94	81	58	57	66	53	92	899	74.9
Safeguarding Incidents Logged by Service														
Urgent Care	31	28	17	19	29	34	17	21	39	41	49	41	366	30.5
Telecare	0	0	2	2	1	2	2	0	4	2	3	3	21	1.8
Response	10	2	0	2	8	7	3	10	10	7	9	8	76	6.3
Access to Care	2	1	0	0	3	0	0	2	1	0	1	1	11	0.9
Corporate Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Vocare 111	22	26	54	43	42	45	31	36	17	30	23	45	414	34.5
Total number of safeguarding Incidents raised (Medvivo & Vocare combined)	65	57	73	66	83	88	53	69	71	80	85	98	888	74.0
% of total incidents raised which were safeguarding concerns	42%	32%	37%	38%	37%	43%	27%	55%	34%	38%	44%	44%	470%	39%
Total number of incidents reported in month that were flagged to Risk Committee	11	27	18	16	16	15	15	16	16	19	23	23	215	17.9

*1 case RIDDOR from Nov (delayed reporting on Datix)

Serious Incidents

Serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, they warrant using additional resources to mount a comprehensive response.

Eleven notifications were submitted between April 2020 and March 2021. Ten were confirmed as serious incidents, with one downgraded. All were fully investigated with learning identified.

2020-2021 Themes

- Safeguarding non-accidental injuries (3)
- Technical incident (2)
- Clinical call back delayed (1)
- Multi-agency provider understanding and coordination of collaborative service delivery (2)
- Delay in call back (1)
- Incomplete clinical assessment (1)

Medvivo has a strong and culture for the reporting of incidents, including serious incidents or potential serious incidents.

Once identified, these incidents are discussed at the earliest opportunity to ensure any immediate actions are to mitigate risk of re-occurrence.

Medvivo recognises the importance of being open and transparent, providing as much support as possible to patients and families by listening and understanding what is needed to help them with the grieving process.

This is underpinned in Medvivo's '*Being Open and Duty of Candour*' Policy.



Medvivo also recognises and respects those patients and families who prefer not to share or engage in the review process.

Supporting teams involved in the reviews is important, particularly where there is an adverse outcome. This is provided by line managers, the Quality Team and through Clinical Supervision.

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD
Number of SIs reported within the month	0	2	0	2	2	0	0	0	2	1	1	1	11
STEIS Reference #1		2020/8668		2020/14146	2020/15462				2020/23925	2021/1069	2021/2859	2021/6851	
STEIS Reference #2		2020/8661		2020/13759	2020/14838				2020/23196				

End to End Reviews

Last year, Medvivo focused on completing multi-disciplinary End to End Thematic Reviews quarterly over the next twelve months. Two reviews were completed during this period.

The purpose of a Thematic End to End meeting is to identify, investigate, share learning and respond to issues. External agencies are invited to understand the lead up to the event and share what happened afterwards.

This approach means any further learning can be identified together, through a multi-agency approach, and patients and the CCG can receive feedback on the entire journey rather than specific incidents.

A Case Review

One review involved a 96-year-old lady, who had recently moved to be closer to her niece. Past medical history included gastro oesophageal reflux, essential hypertension, mild chronic obstructive pulmonary disease and general anxiety disorder.

The niece's lasting memory of her aunt was that of her having fallen and spending an unknown amount of time on the floor, therefore questioning actions taken by the mobile responders the evening before.

An Older Person's Nurse from Westbury Group Practice and Occupational Therapists from Westbury Community Team attended the review meeting.

Examples of positive practice:

- There was a multi-disciplinary approach to the service user's overall care and each service providing care was responsive and patient centred.

- All engagement with the niece was very good and had been supported to be Aunt's advocate.
- Challenging behaviours were documented across all services, which were in relation to the service user's reluctance to move from the chair to the bed and equipment aids were ordered on the day, before the order deadline, ensuring prompt delivery.
- The service user was warm to touch when found on the floor so the fall must have been recent and had not been on the floor too long.
- The service user was good in herself that morning and nothing indicated she would pass later on.

Examples of areas for development:

- It was identified some questions had not been asked, including ones relating to pain intensity, suspected collapse, trauma to head, neck or back, unusual behaviour, breathing ability, chest pain, bleeding, loss of consciousness, fracture evidence.
- Reflection on the case highlighted that the use of iStumble on the aunt's phone would have prompted asking essential questions including how long the person has been on floor.
- Access to a hoist may have improved the moving and handling for the service user, however Medvivo staff would require access to training information and user guides.
- Following feedback received from the niece regarding the two responders' approach, dementia training and

specific challenging behaviour training has been organised.

- Review the non-injury falls pathway used with the local ambulance service, SWAST, and update the training package used to improve service delivery.

Examples of the conclusions reached:

- Overall care was superb.
- Joined up working between the services.
- Each service took every effort to follow process and did the best they could for the service user, which included pre-empting her future needs.

The niece was complimentary of the overall support her aunt had received from the service.

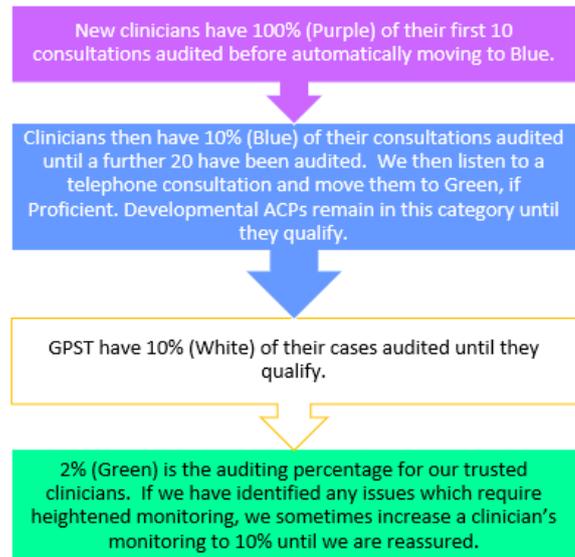
Clinical Guardian

Clinical Guardian is a systematic approach to clinical governance by using an online database to facilitate the governance process.

Clinical Guardian can help spot emerging trends and allows action to be taken before problems manifest.

Timeline of a case in Clinical Guardian:

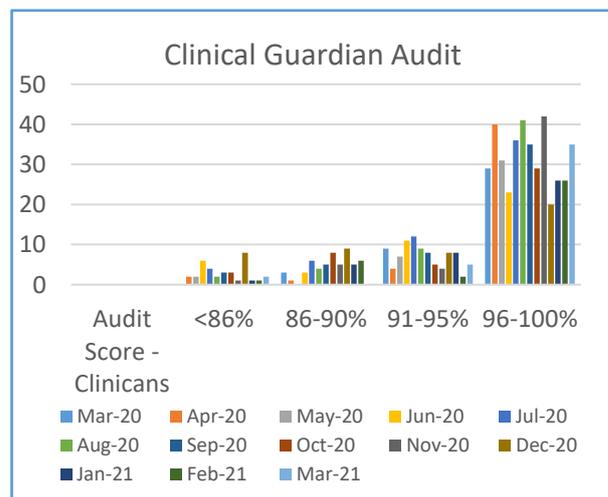
- Data is uploaded into Clinical Guardian.
- Cases and clinicians are identified (both clinician and patient anonymised).
- Cases are presented for rapid review based on the clinicians' colour categorisation (colour denotes 5-100% of cases to be audited based on risk stratification).
- Auditors score those cases, passing to group review if unsure.
- Audit group (minimum 3 clinicians) discusses those referred cases using RCGP audit tool and decides result/action.
- Clinicians are notified of any comments on their cases – and may be directed to reply.
- Auditors are notified of clinician replies, and can add their own reply, which notifies the clinician.
- Clinicians can download their own feedback comments / case outcomes as useful information for their appraisal.
- Organisations can report on various measures of performance and productivity, as well as common areas for improvement.



During the pandemic, with CCG approval, while the focus has been more on providing clinical care, the level of auditing has been reduced.

Audits have continued, particularly of those clinicians who are new to the IUC service and for the new services.

The chart below shows audit results are consistently high across the year in the 96-100% score. Areas identified for improvement are shared with clinicians for further reflection and feedback.



Safeguarding

Staff structure and leadership

Safeguarding continues to form part of the Quality Team with ongoing investment in new appointments.

In March 2021, the team recruited internally to appoint a new Quality and Patient Safety Manager and a dedicated Safeguarding Support Officer.

Both team members have experience in operational delivery. This therefore brings a wealth of experience and knowledge, resulting in quality improvement initiatives and excellent interactions with our operational teams.

The Safeguarding Support Officer role is a temporary role for six-months and the main responsibility is to have a day-to-day focus on the operational side of safeguarding, daily contact with social care/children's support services/mental health/ GP practices.

The role gives more time for the Safeguarding Lead to focus on staff advice and strategic actions to improve and drive change for the staff and the organisation, improving the outcomes for patients and families. With a new clinical responder home visiting service, the Safeguarding Lead has ensured these clinicians are not only provided with training but has also attending their bi-weekly meetings to discuss specific safeguarding areas.

Incident reporting in adults

During the period April 2020 to March 2021, there were 533 adult safeguarding concerns with 28 joint adult and child referrals, this is a 49% increase on the previous year's referral rate.

The reporting period was during lockdown so there will be impact from COVID. Mental Health concerns accounted for a significant proportion of the referrals for support.

Medvivo is supported by a dedicated team of mental health practitioners from Avon and Wiltshire Mental Health Partnership (AWP). This provides an increased level of support for patients known to AWP services; they are also available to provide advice and support to clinicians when managing patients presenting with mental health concerns/crisis.

Incident reporting in children

During the reporting period, there were 334 referrals for children.

Overall, the total number of referrals received was 895, this is a significant increase in previous years. This equates to the largest referral rate the IUC has had within this contract.

There has been significant work on recognising safeguarding of non-accidental incidents with an emphasis on professional curiosity. A letter was sent to clinical staff highlighting a theme in Serious Incidents around Non-Accidental Injury (NAI). It is likely that this may have had an impact on numbers, however the COVID lockdown will also have contributed as mental health concerns remain high.

Many referrals related to self-harm or self-poisoning with an increase in behaviour concerns from parents trying to access support, with some of the children already under investigation by Child and

Adolescent Mental Health Services (CAMHS).

There was a substantial increase in NAI referrals with many of these cases requiring no further action after examination from Paediatrics and follow up by Children's Social Care.

Safeguarding Referrals – Adults and Children

At the beginning of the pandemic, staff were regularly updated with information to support decisions making, such as:

- Parents and adults reporting they are scared they might catch COVID at hospital or GP and they are confused by being asked to “stay at home” leading to incomplete care plans, missed symptoms and vaccinations.
- 60% reduction in children attending A&Es and 72% reduction in routine outpatient clinics, leading to late presented symptoms.
- In lockdown, sadly home can be more dangerous than ever for some children and adults; home is not always a protective factor.
- The increased emotional distress of isolation and loneliness.
- 20% increase in honour-based abuse being self-reported when partner is not present at bloods and scans.
- 50% increase in high-risk domestic abuse referrals.

- An 800% increase in alcohol sales reported by supermarkets.



- Noted increase with food poverty and a few adults dying from starvation.
- Missing teenagers from care placements who do not feel safe in their COVID placement.
- Children offering themselves for domestic servitude to get money into their homes.
- Increased reports of internet scams, exploitation and child sexual exploitation.
- Chief Constables reporting concerns about the increase of interfamilial sexual exploitation.
- Lack of requests for any domestic homicide reviews when the national panel having 15 requests a month.

Safeguarding Training

Training levels are below compliance during this time by between 2%- 5%.

There have been changes to staff levels over the reporting year which also includes probationary staff who will have completed initial induction training but not training required within the role.

The Deputy Clinical Services Lead for Vocare followed up with those staff required to complete their training as did the Medvivo training department.

Staff resumed face-to-face (via MS Teams) adults safeguarding training which will increase training compliance. When it is considered safe to do so, classroom teaching may be resumed.

Training is currently completed in two sessions as prolonged time in an online platform has been found to be difficult when training subjects such as this.

Intercollegiate Guidance and Further Planned Training

The Social Care Institute for Excellence (SCIE) recommenced training and this has been initially online. This training has incorporated case studies from the IUC service, with a focus on mental health, adult care concerns and domestic abuse.

Medvivo e-learning is being reviewed by an external organisation to ensure it complies with the NHS Skills for Health platform with the outcome being that Medvivo will form part of the Training Passport that is being actioned for BSW rollout ensuring there is consistency in training for all staff.

Summary

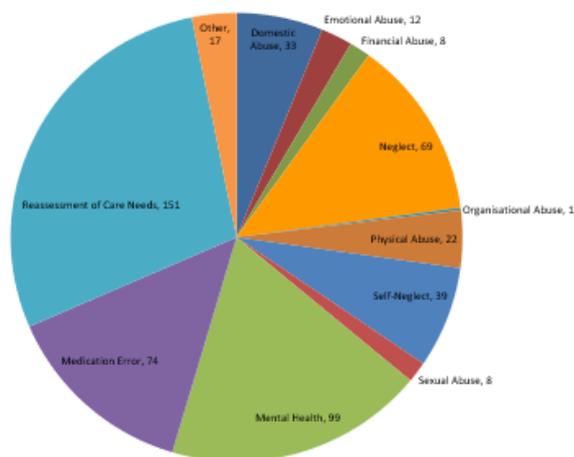
This reporting year has been complex due to many factors, the main one being the implications that COVID has put on service delivery and training. The increased risk that lockdown restrictions have put on the population has also been a major factor.

A lot of the training and support has been from a distance for both staff and patients. As these restrictions have changed, there have been some positive aspects in relation to how practice has changed. Medvivo and other health and care providers need to make time to review these aspects moving forward.

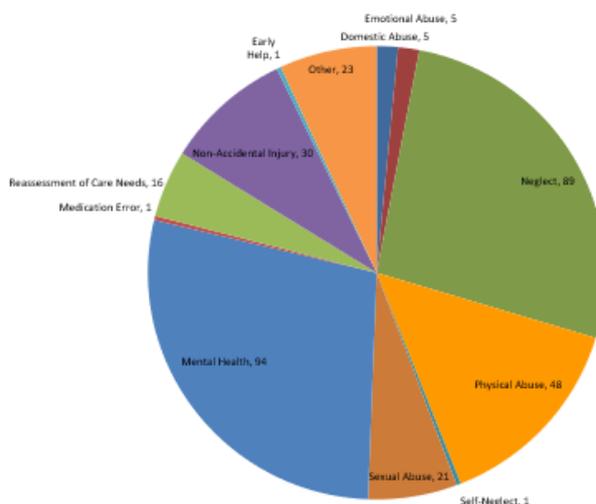
The significant increase in referrals is notable during the pandemic and the increased risk factors that staff are needing to be aware of whilst working within significantly increased demand.

Medvivo remains focused on ensuring the right support is there for patients to ensure all safeguarding and support is personal, focused, proportionate and responsive.

Safeguarding Referrals - Adults



Safeguarding Referrals - Children



Complaints

The table below shows the number of complaints received between April 2020 and March 2021.

During the year, 57 complaints were received. Whilst this is a small number compared to the number of contacts made by patients into our service (for example 0.015% contacts turn into a complaint), there is no room for complacency.

Each complaint is treated with the importance and individuality it deserves. Investigation outcomes are a necessary learning tool to enable us to continuously improve service delivery.

The number of complaints received during this year was significantly less than last year, 117 complaints.

The main reason for complaints related to the impact of the pandemic. The type of

complaint received during this period was different to previous years. For example: mainly serious incident level complaints were received, rather than the lower-level concerns usually received.

Due to the pandemic, complaint investigations were taking significantly longer, and have continued to do so, as non-operational Clinicians and administrative staff have been re-directed to assist the frontline services.

Patients have been kept informed of any delay and investigations have remained thorough and as detailed as they have always been.

For every complaint received a further four compliments are received.

	April 2020	May 2020	June 2020	July 2020	Aug 2020	Sept 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	YTD Total	YTD Average
Total Number of Complaints Received (upheld and not upheld)	3	2	3	5	7	4	6	1	10	3	7	6	57	4.8
% Patient Contacts Resulting in a Complaint	0.009	0.006	0.010	0.016	0.020	0.011	0.018	0.003	0.029	0.009	0.029	0.018	0.177	0.015
Number of Operational Complaints	1	1	1	2	2	1	0	0	1	3	2	2	16	1.3
Number of Clinical Complaints	2	1	2	3	5	3	6	1	9	0	5	4	41	3.4

Plaudits and Service User Feedback

Prior to the pandemic, there were a number of ways for service users to provide feedback about the service they have received, in addition to making a complaint.

A number of these were in-person (tablets at the bases or by hand with the completion of feedback cards handed out by the home visiting clinician). Due to the impact of the pandemic, these methods were no longer deemed to be safe and consequently this meant the amount of feedback is significantly reduced during this reporting period.

With the continued importance of understanding the service user experience, alternative engagement methods were created to demonstrate the proactive approach taken to obtain quantitative and qualitative data, including:

- Creation of an online service user group – *Group of 50*, including the introduction of patient newsletter which has been sent to members and available from the website.
- Service user feedback following receiving a video consultation.
- Completion of telephone surveys for service users who used the new Clinical Responder and HIU services.

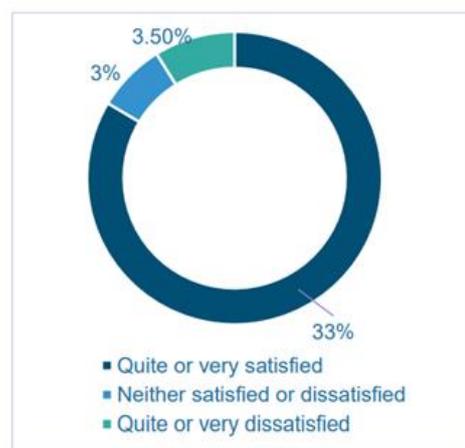
“We really want to be responsive to people’s needs and we hope that the Group of 50 will help us achieve this. We want to create a Forum which is positive and constructive and where we can be held to account, by our service users”



Michelle Reader, Chief Operating Officer

Service users continued to be able to use anonymous online feedback form available from the website. Furthermore, 111 partner Vocare continued to collect feedback via a text messaging survey.

Vocare, NHS 111, invite patients to provide feedback via a text message survey. 2,305 responses were received in this period:



All service user feedback is shared with those involved in the service delivery, and any constructive feedback is acted upon.

For example, during the Clinical Responder Survey, a service user shared that the home visiting Clinician wore PPE but asked for a black bag to put it in when they left which they felt should have been supplied. Consequently, on discussion with the Facilities Team waste bags were subsequently provided in all the vehicles.

Throughout the pandemic, the same number of unprompted compliments have continued to be received, either verbally or through thank you cards/letters. These are presented at Risk Committee meetings on a monthly basis whereby they are voted on and the winner receives a Risk Committee Recognition Award, which is shared widely on the internal intranet. Examples are shown in the next section, Patient Feedback.

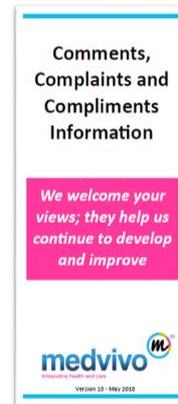
Patient Feedback

Where possible, feedback from patients has been triangulated against service outcomes as another tool to measure patient safety.

Examples have been shared throughout the Quality Account, in various sections that focus on specific service areas such as Clinical Response, HIU and CO@h.

The table below shows a breakdown of the complaints and compliments received, followed by examples of feedback.

Details of how to provide feedback is available on the Medvivo website and featured in a leaflet, available on request.



	Apr-20	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar-21	YTD Total	YTD Average
Total Number of Complaints Received (upheld and not upheld)	3	2	3	5	7	4	6	1	10	3	7	6	57	4.8
% of Patient Contacts Resulting in a Complaint	0.009%	0.006%	0.010%	0.016%	0.020%	0.011%	0.018%	0.003%	0.029%	0.009%	0.029%	0.018%	0.177%	0.015%
Number of Operational Complaints	1	1	1	2	2	1	0	0	1	3	2	2	16	1.3
Number of Clinical Complaints	2	1	2	3	5	3	6	1	9	0	5	4	41	3.4
% Complaints Acknowledged within 3 working days	100%	100%	100%	100%	100%	75%	83%	100%	100%	100%	100%	83%	1141%	95%
% Adherence with Response Timescales Agreed with Complainant	25%	50%	100%	100%	100%	75%	100%	100%	100%	100%	75%	100%	1025%	85%
Number of complaints referred to Ombudsman	0	0	0	2	0	0	0	0	0	0	0	1	3	0.3
Number of Complaints Upheld by Ombudsman	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Compliments Received	37	29	10	13	7	17	9	13	8	14	10	35	202	16.8
Number of Children's Feedback Cards received	0	0	0	1	0	0	0	0	0	0	0	0	1	0.1
Number of UC@H (Response) Feedback Cards Received	0	4	2	1	1	2	2	2	0	5	3	9	31	2.6
Number of GP "In Hours" Feedback Cards Received*	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Number of Home Visit (GP OOH) Feedback Cards Received	3	0	0	1	0	0	0	0	0	0	0	4	8	0.7
% of Patient Contacts Resulting in a Compliment	0.11%	0.09%	0.03%	0.04%	0.02%	0.05%	0.03%	0.04%	0.02%	0.04%	0.04%	0.10%	0.62%	0.05%

"Being bank holiday, no doctors to go too I called 111. They were brilliant, my son had a huge allergic reaction and the need for steroids. 111 was quick, gave good advice, doctors very good and helpful and we were seen at A & E extremely quickly. Great job 111 Wiltshire without you we would be lost! Thank you."

Urgent Care Service

Urgent Care at Home (UC@H)

Question (143 patients)	Strongly Agreed	Agreed	Do not know	Total surveys completed
Were you treated with dignity and respect by the team when they saw you?	75%	17%	8%	105

"Words are not enough but I want to say a huge thank you from myself, mum and auntie for the amazing care you gave my nan. She passed away peacefully holding my hand last night. We are so grateful for the kindness and care that you gave to her and us.

Please pass on our biggest thanks to the carers who I have met over the past 2 days whilst I have been with her. Especially the day carers and the evening carers. They are amazing and made us feel so loved and supported. I will never forget the kindness you all showed".

Urgent Care at Home Response Service

Other comments included:

- All the people were really nice
- Very friendly, good and polite
- They treated her like a human being
- They are all lovely and very sociable and helpful
- They are all brilliant and put me on an even keel
- Very efficient and lovely staff
- Excellent
- Absolutely brilliant
- All wonderful
- Responders very polite and caring with no problems - Brilliant!!
- Friendly and made me feel comfortable

Question (105 patients)	5	4	3	2	1
On a scale of 1-5, with 5 being the highest, how would you rate your overall satisfaction with the service?	99%	1%	-	-	-

High Intensity Users

Feedback was received in early 2021 from service users about how grateful they were to have someone supporting them in their lives. As a result of the outstanding feedback, the HIU team received a Risk Committee Award to recognise the

exceptional difference being made to peoples' lives.

Going forward, a more formal feedback method will be implemented for service users to highlight what specifically has been done well and to identify any areas for improvement.

Risk Committee Monthly Recognition Award

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

High Intensity User Team

“

I still have the health issues but as a result of her (Victoria's) help I have started to eat healthy and I have lost over 6 stone and I have not been back to the hospital for a very very long time and it is all down to her advice and support

He (Sasko) has been offering his help naturally when I needed moving to a new house and could not find many hands to help me in this difficult time and he continues to give a weekly support of walks and coffee... he is also helping me to redirect my career to a field more suitable to my physical condition

I have had support from Nicky to help me get back into Voluntary work following being unemployed for nearly a year, Nicky referred me to Cruise Bereavement. Nicky has supported me with all my appointments and explained things to me in a way that I understand as I don't do technical jargon!!!. I have also had support to sort out my finances and arrange repayment plans for some of my debts

”



These are three examples of 23 compliments received by this service during 2021. The Risk Committee were overwhelmed by the feedback and what it tells us about the impact Victoria, Sasko, Nicky and Lynn C are having on their clients lives. The Committee therefore asked that this incredible work be formally presented to the Executive Management Team on 26 May 2021. Congratulations on this award, it is well deserved.

Michael Smith, Risk Committee Chair

29 April 2021



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

COVID Oximetry@home Service

As referred to earlier, the whole team working on this service received a Risk Recognition Award in March 2021 for their hard work. A more formal feedback process will be implemented in the coming year in the form of a discharge survey.

The following are some comments already received during the discharge process:

“Pleasantly surprised how quick they came. The two ladies were brilliant. Really professional, listened to what I said. Great all round. Not a bad thing to say.”

“Kind, thoughtful and addressed the problem. If anyone is in any trouble this is the service they should call.”

He wanted me to pass on his most sincere thanks to everyone in the CO@h. Not only to those who have called and monitored him but to all the behind-the-scenes staff as well.

He said the morning his brother died we were there for him and at times during the acute phase of his illness he wasn't sure if he would make it either. He said if it wasn't for us, he's not sure he would have.

He wishes to thank everyone and even joked that we were his stalkers and laughed as we had told him off for driving (when he could hardly breathe!).

He's so grateful and appreciative of our care and that his now home and happy for discharge from our service. From all of us I wished him a good recovery and it was a pleasure to assist him through his covid journey.

Clinical Responder Service

As a new service, during this period, patient satisfaction has been based on the results of a telephone survey.

“The support was first class. I felt reassured and they were very good.”

“Absolutely top notch and I was consulted with the whole way through.”

Feedback will be incorporated into a more formal process going forward.

Question	Very Satisfied
I felt involved in decisions made surrounding my care	92%
I understood what would happen next	92%
The clinician explained my treatment clearly	92%
I received the support I required	92%
I was treated with dignity & respect	100%

SECTION 7: SERVICE IMPROVEMENTS

GoodSAM

Healthcare systems have had to look at alternative ways of improving access for service users. Being able to access a video consultation service helps to reduce patient flow and limits the risk of spreading infections for both staff and patients.

During the summer of 2020, a team of Medvivo clinicians worked with GoodSAM, who provide a video consultation service platform, to evaluate the benefits of embedding video consultation within the IUC services.

Working closely with Professor Mark Wilson, Consultant Neurosurgeon, Air Ambulance Doctor and Co-Founder of GoodSAM, it soon became apparent that there were a great number of benefits for both the patient and the clinical teams.

A 20-year-old patient in Wiltshire reported that *“it was easy to set up, just clicked on a link and I could hear and see the clinician well. It didn’t feel any different than a normal face to face appointment.”*

Being able to see patients before booking an appointment means sometimes alternative options may be more suitable, meaning that unnecessary travel and any stress or social anxiety can be avoided.

Patients therefore get quicker access to services, which results in earlier assessment and clinical decision-making and treatment.

ED Consultant Dr Nickie Jakeman explains: *“GoodSAM adds great value to those consultations involved minor injuries, which really needs a ‘visual’ to aid decision-making. I’ve been able to help patients with self-management, rather than send them to an MIU or ED simply because I’ve been unable to see their injury.”*

As a result of the trial, the video consultation service was rolled out across all urgent care clinical teams in August 2020. It continues to be well-received by patients and its use is encouraged by all person-facing teams, including the HIU and Non-Clinical Response services.

Benefits for the Clinical Teams

- Reduces risks of spreading infections
- Ability to see more patients
- Availability of online observations
- Patient seen in own surroundings
- More time to help patients with complex needs
- Reduces service pressures

Benefits for the Patient

- Quicker access to services
- Easy to arrange appointments
- Minimises need for travel
- Access to self-care advice
- Ability to be accompanied
- Reduces stress and any social anxiety



Comfort Calls

Recognising this impact to patients and recognising the increased pressure on the IUC service as a result of COVID, an enhanced "Comfort Call" service was implemented to support patients as much as possible during this challenging time.

If you've ever contacted a GP surgery and been advised a doctor will need to call you back, waiting for that call can feel like an eternity and often make you feel like you've been forgotten.

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

As with all call types, these too are audited to ensure all appropriate procedures and processes are followed. This will be implemented in a formal structured for ensuring governance standards that can be reported on going forwards.

Comfort calls are important for several reasons. Firstly, it assures the patient they are still on the list to be contacted or visited. Secondly, and most importantly, it enables the patient's condition to be checked and if it has changed or worsened, take appropriate action. This

ensures their welfare, and equally if cases can be deescalated, this enables clinicians to reduce potential unnecessary pressures on the service.

Additionally, if contact is not made, the service can be alerted more promptly and save potential delays when the clinician is due to follow up.

Originally, Urgent Care team leads, coordinators and call handlers would make comfort calls. To support with the increased activity, operational receptionists and drivers volunteered to provide support during their shifts.

During the height of the pandemic when call volumes reached unprecedented levels, members of other support service teams, including managers and directors, completed training to be able to support the service.

Sepsis Recognition

Medvivo ensured work continued to raise awareness of sepsis and the use of early warning scores amongst clinical and non-clinical teams.

Sepsis (also known as blood poisoning) is the immune system's overreaction to an infection or injury. Sepsis can result in organ failure and death, but with early diagnosis it can be treated with antibiotics.

Medvivo's Sepsis Committee reviews the latest information, which is then shared in clinical updates and in a dedicated Sepsis section on the company intranet.

NEWS2 and PEWS tools are available for clinicians to use and provide a score based upon basic observations such as blood pressure, oxygen saturation, pulse and temperature.

The non-clinical teams are also trained to record the NEWS2 or PEWS score when receiving calls via the HCP direct line.

This helps to identify patients who might have sepsis and can be useful in tracking any deterioration in their condition.

Awareness activities included:

- Supporting World Sepsis Day with staff "wearing red"
- Dedicated feature in the September Patient Newsletter.
- A festive 12-days of Sepsis campaign to highlight key messages as well as useful tools and resources



Sepsis September: Acting Quickly Can Save Lives

What is Sepsis
Sepsis (also known as blood poisoning) is the immune system's overreaction to an infection or injury. Normally our immune system fights infection – but sometimes it attacks our body's own organs and tissues. If not treated immediately, sepsis can result in organ failure and death. With early diagnosis, it can be treated with antibiotics (Sepsis Trust 2020). At least 48,000 people die from sepsis in the UK annually. That's 2 people every hour!

Symptoms
Sepsis can initially look like flu, gastroenteritis or a chest infection. There is no one sign, and symptoms differ between adults and children.

Medvivo and Sepsis
We have a Sepsis Committee that reviews latest information, which is then shared in clinical updates and in a Sepsis section on our intranet. We use NEWS2 and PEWS tools with our clinicians to provide a score based upon basic observations such as blood pressure, oxygen saturation, pulse and temperature. These scores help identify patients who might have sepsis, and can be useful in tracking any deterioration in their condition. Sepsis is Sepsis awareness month and we have hosted a range of activities for Sepsis Awareness Week. **11.19.20 Sepsis: A Life Or Death** - Joe Clayton, Clinical Effectiveness Lead

HOW TO SPOT SEPSIS IN ADULTS
Have noticed any changes in you (or another adult)? Monitor any of these signs:
• General speech or confusion
• Extreme shivering or muscle pain
• Passing no urine (in one day)
• Severe breathlessness
• It feels like you're going to die (the same or elsewhere)
Reference: <https://www.nhs.uk/conditions/sepsis/>

HOW TO SPOT SEPSIS IN CHILDREN
If your child is unwell with either a fever or very low temperature for two days in a row in the last 24 hours, and they also just don't seem to be getting better, a child under 5 may have sepsis if:
• In feeding very fast
• Has 10 or more vomits
• Looks confused, drowsy or pale
• Has a rash which doesn't fade when you press it
• Is very lethargic or difficult to wake
• Feels abnormally cold to touch

Staff news...
Fundraising Update
Our charity of the year this year is Whiteley Air Ambulance. With many of our activities cancelled due to COVID-19, staff have continued to raise money with a luck slip, online bingo events and a business raffle. The team has so far raised £330, which will be well received!

Staff Recognition
Showing gratitude and appreciation to colleagues is actively encouraged at Medvivo with our Staff Award nominations. Nominations are received by our Employee Forum to choose a Star of the Month and a Star of the Year. We recently presented Mandy in our Access to Care Team with the 2019 Star of the Year award for her commitment and dedication to doing an amazing job. Our latest Star of the Month is Carol in the Impact Care team. Carol was recognised for being an "amazingly supportive team lead", particularly during the uncertain and stressful times of the pandemic. Everyone has worked so hard meeting challenges with

Staff Feedback
commitment and focus so we adapted to the ever-changing situation. A big thank you to all on behalf of our Management Team and service users.
Patient Feedback
"Such friendly, professional staff, helpful and knowledgeable, and a real pleasure to be treated by. I was very grateful for the excellent care I received. I was very grateful for the excellent care I received. I was very grateful for the excellent care I received."
"The level of care was exceptional, we are very grateful to all staff."
Feedback is always welcomed at feedback@medvivo.co.uk

Medvivo Group Ltd, Unit 4 Fox Talbot House, Greenways Business Park, Belfrage Close, Chippenham SN15 1BN
Tel: 01245 6444 200 Email: info@medvivo.co.uk Website: www.medvivo.co.uk



The 12 Days of Sepsis

- On the 1st day of Christmas, Sepsis gave to me
Systolic blood pressure below ninety (mmHg)
- On the 2nd day of Christmas, Sepsis gave to me
A sudden confused feeling
- On the 3rd day of Christmas, Sepsis gave to me
Extreme shivering
- On the 4th day of Christmas, Sepsis gave to me
Skin colour of increased greying
- On the 5th day of Christmas, Sepsis gave to me
Body temperature below 35 degrees C
- On the 6th day of Christmas, Sepsis gave to me
A Heart rate below forty (bpm)
- On the 7th day of Christmas Sepsis got from my HCP
Quick identification to reduce mortality
- On the 8th day of Christmas Sepsis got from my HCP
Regular O2 checks through pulse oximetry
- On the 9th day of Christmas Sepsis got from my HCP
Vital signs monitoring
- On the 10th day of Christmas Sepsis got from my HCP
Hospital referral for antibiotics IV
- On the 11th day of Christmas Sepsis got from my HCP
Good communication between clinical teams
- On the 12th day of Christmas Sepsis got from my HCP
Effective treatment from high competency

Enhanced ED Validation

Following the success of two pilots prior to the launch of the NHS Think 111 campaign in December 2020, Medvivo is working with ED clinicians from the three local acute hospitals.

These clinicians support Medvivo's triage queue through the Medvivo Clinical Assessment Service (MCAS) by picking up cases tagged as "ED Validations", which are assigned by 111 through a pathways assessment.

The ED clinicians are specialists and are better qualified or experienced for assessing these cases, and have higher success rates at preventing hospital

admissions, which is the overall aim of this service.

In a recent further development, enhanced validation is accessible, whereby the Directory of Service (DoS) can be updated directly by Medvivo to enable more cases to come in as increased capability is available, depending on the number of clinicians and ED clinicians.

The data will be reviewed to assess the overall effectiveness of this area; and will be a future priority for continuous service improvement.

Group of 50

This virtual service user group encourages up to 50 members to participate by giving their views in a structured way on the NHS services provided by Medvivo.

This includes giving feedback to improve and inform service design as well as contribute to and influence the overall service user experience. Actions taken relating to such feedback will be shared in a 'you said, we did' forum.

Medvivo strives to ensure the membership of the group is reflective of the demographics of its service users and representation will be sought from any missing groups.

Members receive a service user newsletter to keep up to date with Medvivo news, service user feedback and other service developments. The first issue was published in September 2020.



"Patient centred care is at the heart of our organisation and we can only truly achieve this by engaging with our service users and listening to what they have to say." **Associate Director of Quality, Caroline Brown.**

For more information:

<https://www.medvivo.com/group-of-50/>

SECTION 8: STAFF WELLBEING

The health and wellbeing of Medvivo people is recognised as an ongoing key priority for the organisation.

As this reporting period relates to the period where the global pandemic really told hold, it was essential to prioritise looking after colleagues, otherwise how can they be expected to deliver safe, high quality patient care.

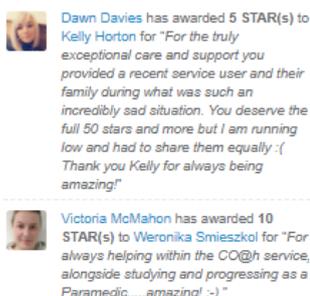
Health and Wellbeing Strategy

Seeking feedback from the Medvivo Employee Forum and the Health and Wellbeing Taskforce, various activities and initiatives were piloted in line with the draft strategy that was prepared for launching in January 2021.

Although publication was delayed, the following key initiatives were launched during the year:

- A new STAR (Special Thanks And Recognition) initiative launched in January 2021 to award colleagues points for going the extra mile which can be redeemed for gifts.

New STAR Awards



- National health awareness campaigns supported: work-life balance, healthy eating, mental health, and stress.

- Mental health awareness campaign where email templates were available to "spread a little kindness."

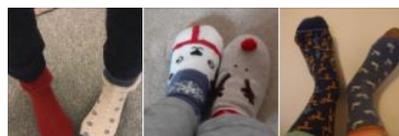


- Infection prevention and control advice and reminders for keeping safe during the pandemic.
- Wellbeing check-ups incorporated into one-to-one meetings and Medvivo's 'Managing Stress and Mental Wellbeing in the Workplace' policy.
- Promotion of free wellbeing webinars available through the company healthcare schemes.
- Launch of Wellbeing Wednesdays for sharing wellbeing tips and resources.
- Perkbox launched as a staff benefit for a range of benefits and rewards.

Inclusion Campaign

Launched at an all-staff company virtual meeting in October 2020, key members of the Health and Wellbeing Taskforce took responsibility for engaging with colleagues to support inclusivity activities such as:

- Anti-bullying awareness week - staff supported 'Odd Socks Day' and a selection of resources were shared, such as toolkits for parents, how to tackle bullying in the workplace and frequently asked questions.



- Coffee mornings were held with shielders who returned to work and tips shared for helping to prepared them for dealing with any anxieties.
- A shielding colleague sent a thank you gift of a hand crocheted heart with a message to all members of staff.



- On World Kindness Day in November 2020, staff nominated colleagues to receive a gift of kindness with a personalised hand-written note.



- To beat the winter blues, in January 2021, weekly puzzle competitions ran for three months, and colleagues suggested favourite music for a Playlist Friday activity.
- The most engaging and inclusive activity was a motivational gallery, used for sharing uplifting quotes, compliments and... pet photos!



- Despite the pandemic, colleagues were keen to continue fundraising. With virtual bingo and raffles, the teams rallied to raise funds for

Wiltshire Air Ambulance during 2020, this went a long way to keeping everyone connected.



Effective Working Practice

Medvivo's workforce has always had a remote working element, with the pandemic this was dramatically increased.

Keeping everyone connected was essential, so tailored activities were vital to ensure everyone was supported and could work productively:

- All staff emails with weekly HR updates as guidance changed.
- Monthly virtual all staff meetings to share business updates and news.



- Improved access to IT support for setting up computer packages and ongoing help for technical queries.
- Virtual drop-in sessions were arranged for colleagues to have "kitchen" equivalent chats during lockdown periods including weekends.
- Line managers ensured team members had the opportunity for regular catch ups in addition to team meetings.

SECTION 9: FUTURE PRIORITIES

Statement of Director Responsibilities

2020/21 was a year of unprecedented challenge for the IUC, a theme across the NHS system that has continued to bring new challenges in response to both the pandemic and the ability for patients to access healthcare.

The Quality Account is presented differently this year due to the limitations of our teams being able to contribute. However, during the year, we have been able to reflect on many achievements with many patient, staff and service-related initiatives being implemented with considerably reduced timeframes.

The workforce adapted and focused on targeting key, often fluctuating, priorities.

Our quality priorities were achieved in incredibly innovative and creative ways which certainly were not as envisaged.

The Pandemic certainly lead us into a completely different phase in delivering a 'new health care.' By no means, at any time, did this prevent us from asking ourselves *"is it the right thing for our patients?"*

Initiatives such as the implementation of a ground-breaking COVID Oximetry@ home service saw patients who tested positive with COVID being offered an excellent monitoring service, without which many patients would have been isolated and left anxious.

The ever-changing guidance and knowledge about COVID saw our clinical leadership ensuring latest guidance was frequently reviewed and communicated. Our continued robust governance structure ensured our patients and clinicians delivered a safe service.

Our HIU Leads supported remotely where normal support pathways were not being

provided. Without the provision of our HIU Leads, some of our most vulnerable patient groups would have been left alone with many unmet needs. Doing things and using alternative methods meant different but beneficial remote support was able to be provided.

The IMT Teams worked tirelessly to ensure most of our workforce could work remotely and could support additional services such as GoodSAM video consultation so clinicians could still assess patients face-to-face, reducing the need for patients to travel to appointments and therefore be managed at home.

The initiatives have had quality governance and patient safety sign off, often within short turnarounds to ensure we responded to the rapid changes in health care that were required to ensure everyone's safety.

We have continued our key meeting structure with remote attendance, keeping our workforce safe and reducing footfall into our call centre.

Significant effort has been made, and continues to be discussed, to ensure we support the wellbeing of all colleagues. Providing the safest possible working environment remains a key priority.

Although the Quality Account is presented differently, it is a reflective report that demonstrates our commitment to being a responsive, innovative, caring, well-lead, safe and effective organisation.

The Quality Account presents a balanced picture of the organisation's performance over 2020/21:

- The performance information reported in the Quality Account is reliable and accurate.

- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, 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 Account is robust and reliable.
- Data underpinning the performance measures conforms to specified data quality standards and prescribed definitions and is subject to appropriate scrutiny and review.
- The Quality Account has been prepared in accordance with Department of Health guidance.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of:

Chief Executive Officer



.....

Chief Operating Officer



.....

Quality Priorities for 2021-2022

Medvivo's response to the COVID-19 pandemic during 2020-2021, meant there was a greater focus on service improvement and staff wellbeing during this period.

To ensure the quality of services continue to be safe, effective, caring, responsive and well-led, the priorities for the coming year will focus on the key areas of clinical effectiveness, staff wellbeing, patient experience and safety, and partner integration.

Priority 1: Clinical Effectiveness

A combination of strong clinical leadership and clinical development is key to assuring an ongoing programme of education, shared learning and auditing:

- Implement a rolling programme of education initiatives.
- Ensure regular awareness raising activities of key health topics such as sepsis, stroke and meningitis.
- Formalise audits for Clinical Response and HIU services as part of existing quality assurance governance.
- Implement and monitor use of early warning signs tool and monitor its effectiveness in patient management across multidisciplinary teams.

Priority 2: Patient Experience & Service User Safety

Patient feedback is key in the ongoing development of IUC services. To ensure this remains a key priority, the focus for next year will focus on:

- Growing the Group of 50 forum.
- The evaluation and review of patients who use the Clinical Response, HIU and Comfort Call services.

- Developing the patient newsletter into a format that engages more with patients and service users.
- Resuming the service user safety project and other research work.

Priority 3: Staff Wellbeing

With the formal launch of Medvivo's Health and Wellbeing Strategy, this priority will draw on the NHS People Promise to ensure staff are working in "a supported, safe and secure workplace":

- Develop activities to support the five pillars in the Strategy: Include, Build, Boost, Support and Recognise.
- Review lone working and general staff safety policies, including risk assessments.
- Invest in a dedicated resource, forums and workspaces to enable staff to take ownership for health and wellbeing.

Priority 4: Partner Integration

With the NHS Integrated Care System (ICS) and change of control at Medvivo with HealthHero Group, Medvivo must prioritise this area in the coming year to establish clear and consistent messaging to support staff and patients:

- Work collaboratively with partners for sharing external and internal messages about system-wide pressures.
- Identify opportunities for transforming services that will add value to patients and the organisations involved, this may include the enhancement of existing services (AWP) or the development of new services or roles (HealthHero).

ANNEXE

Statement from Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group on Medvivo 2020/21 Quality Account



**Bath and North East Somerset,
Swindon and Wiltshire**
Clinical Commissioning Group

NHS Bath and North East Somerset, Swindon, and Wiltshire Clinical Commissioning Group (CCG) welcomes the opportunity to review and comment on the Medvivo Quality Account for 2020/2021. In so far as the CCG has been able to check the factual details, the view is that the Quality Account is materially accurate in line with information presented to the CCG via quality reporting routes in this exceptional year and is presented in the format required by NHSE/I 2020/21 presentation guidance.

The CCG supports the organisation's identified quality priorities for 2021/22.

The CCG would like to thank Medvivo for their collective response to the COVID-19 pandemic and their contribution to supporting the wider health and social care system in this remarkable year.

It is the view of the CCG that the Quality Account reflects the organisation's on-going commitment to quality improvement and addressing key issues in a focused and innovative way. Medvivo have outlined achievement in:

- Implementing GoodSAM video consultation platform as an alternative way of improving access for services users in response to the need for

virtual consultation due to the COVID 19 pandemic.

- Developing an enhanced comfort call service to support patients and proactively manage patient safety risk at time of unprecedented demand.
- Continue work relating to sepsis and the use of early warning scores through awareness activities.
- Development of the Enhanced ED validation service for the review of patients by ED clinicians remotely to prevent hospital admission.

The CCG also recognises the role and achievements Medvivo in the roll out of the Covid Oximetry @home service, COVID Virtual Wards and the Covid Antibody testing service and Medvivo should be commended for their positive patient feedback for these services.

The CCG welcomes continued focus on:

- Clinical effectiveness with the planned implementation of education initiatives and implementation of early warning signs tool and monitoring of effectiveness and the continued use of Clinical Guardian to spot emerging trends.

- Developing the Group of 50 forum and development of patient feedback across all the services Medvivo provide.
- Staff Wellbeing and the continued work relating to Medvivo's Health and Wellbeing Strategy including the investment in dedicated resources for staff.

The CCG would also like to acknowledge the work of Medvivo in learning from incidents and the robust response to a theme of Non accidental injury in children and safeguarding.

In addition, the CCG recognized that Medvivo continues to take steps to learn from patient safety events and monitor this through robust governance processes, providing assurance that the organisation is addressing any identified areas of improvement and embedding the learning to ensure appropriate actions are taken to avoid reoccurrence.

The CCG supports the continued use of End to End Reviews to identify, investigate and share learning in response to issues.

The CCG also recognises the organisation's commitment to the implementation of the requirements set out within the national NHS Patient Safety Strategy in 21/22 and 22/23 and looks forward to progressing and embedding learning across the BSW system.

NHS Bath and North East Somerset, Swindon and Wiltshire CCG is committed to sustaining strong working relationships with Medvivo and together with wider

stakeholders, aims to continue collaborative working that can support achievement of the identified priorities for 2021/22 across the whole health and social care system.

Yours sincerely



Gill May
Director of Nursing and Quality

GLOSSARY

A&E:	Accident and Emergency	HCP:	Healthcare Professional
ACP:	Advanced Clinical Practitioner	HQ:	Headquarters
Adastra:	Clinical patient management system	IM&T:	Information Management & Technology
AI:	Appreciative Inquiry	IH:	In Hours
AHSN:	Academic Health Science Networks	IUC:	Integrated Urgent Care
AMS:	Antimicrobial Stewardship	LIS:	Local Incentive Scheme
AMR:	Antimicrobial Resistance	MCAS:	Medvivo Clinical Assessment Service
ATC:	Access to Care	MIU:	Minor Injuries Unit
ATL:	Acute Trust Liaison	MS:	Microsoft
ATS:	Antibody Testing Service	NAI:	Non-Accidental Injury
AWP:	Avon and Wiltshire Mental Health Partnership NHS Trust	NHS:	National Health Service
BaNES:	Bath and North-East Somerset	NHSE/I:	NHS England/Improvement
BSW:	BaNES, Swindon and Wiltshire	OOH:	Out of Hours
CAMHS:	Child and Adolescent Mental Health Services	PHE:	Public Health England
CAS:	Clinical Assessment Services	PWS:	People We Support
CAU:	Clinical Assessment Unit	RUH:	Royal United Hospitals Bath
CCG:	Clinical Commissioning Group	SCIE:	Social Care Institute of Excellence
COVID-19:	Coronavirus	SPA:	Single Point of Access
CO@h:	Covid Oximetry at Home	STAR:	Special Thanks And Recognition
CQC:	Care Quality Commission	SUCCESS:	Swindon Urgent Care Centre and Expedited Surgery Scheme
CRS:	Clinical Responder Supervisor	SWAST:	South West Ambulance Service
CVW:	COVID Virtual Ward	TEC:	Technology Enabled Care
ED:	Emergency Department	TSA:	TEC Services Association
FTH:	Fox Talbot House	UC@h:	Urgent Care at home
GP:	General Practice / General Practitioner		
GWH:	Great Western Hospital (Swindon)		



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