



Quality Account 2021-2022

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SECTION 1: INTRODUCTION

Chief Executive Officer Statement

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

The Quality Account follows a structure to enable direct comparison with other service providers. In this year's account, we provide a general overview of who we are and what we do, what service improvements and business developments have taken place during the period, how we have performed against defined priorities and what priorities we will focus on for the coming 12-month period.

This report is the second consecutive one produced during the coronavirus pandemic, which it gives me immense pleasure to introduce as a reminder of the incredible things Medvivo has achieved over the past year, and to plan our priorities for the coming year.

The ongoing, and at times increasing challenges that all service providers have faced during this period cannot be underestimated; and we are incredibly proud and grateful for the commitment, dedication, and loyalty of our workforce.

New services set up during the first year have been improved and continue to be developed to meet patient needs. Our service user feedback provides honest reminders about the difference we are making to people's lives, and occasionally presents opportunities for professional development and learning.

The past twelve months has seen some significant changes internally too with more integrated working with key partners, a change of business owner and new systems being embedded. Despite these challenges, every Medvivo Team, from Support Services to the Frontline, has kept the patient at the heart of everything we do. Our staff constantly go above and beyond what is expected of them, and this has become increasingly evident as they have adapted to these changes while continuing to deliver a high-quality service that has been under consistently high pressure all year round. The sacrifices they have made, and the immense hard work put in, has helped innumerable patients and colleagues. I and the Executive Management Team are incredibly proud and honoured to work alongside such incredible people.

My sincere thanks to everyone who has continued to support our hard work, including staff and system partners.



A handwritten signature in black ink, appearing to read 'Liz Rugg', written in a cursive style.

Liz Rugg
Chief Executive Officer

Medical Director Statement

Having come to the role of Medical Director in November 2019, at the start of the Coronavirus pandemic, I am immensely proud of how Medvivo has risen to the many additional challenges this presented to an already busy service, and the part that I have been able to play in that. The clinical and non-clinical teams have shown great resilience, in often very trying circumstances, and I am glad that we have been able to support our system partners in primary and secondary care and provide the best service possible to the patients of BSW.

During this time we have had to adapt, often quite rapidly, to changing circumstances and extremely high demand. I have been supported in meeting these challenges by the incredible Clinical Leadership Team, that has also grown and developed during this time.

GP Lead Steph Ansell has remained as reliable, flexible and hard-working as ever, drawing on her many years of experience and expertise as a GP in Bath, to support and guide our clinicians.

We also have two new Clinical leads who have helped to strengthen and diversify the workforce, which has been crucial with the significant challenges we have had with rota fill. Jan Jennings, Associate Director of Clinical Services, and Anna Neary, Head of Enhanced and Advanced Clinical Practice, are both highly qualified and experienced Advanced Clinical Practitioners. Amongst their many other skills, they have played a key role in developing the non-GP workforce and providing clinical and pastoral support to the clinical team.

The Access to Care Team, headed up by Lynn Cook and Lynn Organ, has maintained its important part in providing our interface with the community teams and the acute trusts. The Lynns have both been involved, along with the other Clinical Leads, in supporting the development of the non-prescribing clinical team into the Clinical Responder, Non-prescribing Triage, and Covid Oximetry at Home Clinical Advisor roles, all of which have been crucial in maintaining safe patient care during the pandemic.

The Covid Oximetry at Home Service was set up very quickly and has provided an invaluable service in keeping patients safe and, importantly, reassured during difficult and worrying times. The service has always adapted very rapidly to changing circumstances, most recently incorporating the Covid antiviral CMDU service, reducing the volume of cases directed to the already stretched Acute Hospital Trusts.

The Clinical Responder role was another innovative adaptation which has provided significant resilience with the demand for home visits. Non-prescribing clinicians have been mobilised on home visits to assess patients with the support and oversight of a senior clinician based in the call centre.

We have also developed the role of the Clinical Navigator, a senior clinical presence in the call centre, on-hand to support the Urgent Care Coordinators as well as the Clinicians. The Clinical Navigator has provided essential oversight to maintain safety of the triage queue, particularly when demand has presented us with queues far higher than we have ever seen before, often combined with a less than optimal number of clinicians in the rota due to lack of available workforce. We have also supported our system partners in the Acute Hospital Trusts by the Navigator liaising with clinicians for any potential admissions, looking at more appropriate care pathways or management options.

Clinical Governance has always been paramount at Medvivo and the Clinical Leadership team works closely with the Quality team in maintaining safe and effective standards of care. Clinical audit is key in this and we have maintained constructive feedback for our clinicians throughout the pandemic, to ensure they feel engaged and supported in providing high quality care in very challenging circumstances.

In summary, I am proud to have led this dedicated, industrious, and caring team through these ongoing challenges and feel confident in saying that we have been able to provide as safe and effective service as possible for the patients of BSW.



Dr Sue Lavelle BSc MBChB MRCGP
Medical Director

Associate Director of Clinical Services Statement

It has been an honor to join Medvivo, enabling me to combine my passion for advanced clinical practice with practice development.

With a variety of staff changes, the Clinical Leadership team has had to adapt and work with the teams on the frontline to ensure we are continuing to provide first-class services, while offering support and supervision to those who need it.

We could not achieve what we have without our amazingly hard-working clinicians, and I am hugely grateful for their support as I've settled into the role.

As the new Associate Director of Clinical Services, I am keen to set out a framework to ensure our teams are adequately supported with access to a formalised schedule of coaching and clinical training, which, with the appointment of Anna Neary as Head of Enhanced/Advanced Clinical Practitioners, will be achievable in the coming year.

Thank you also to those on the Leadership team who have been so hugely supportive, both in terms of my development here and those I am, and will be, working with.



Janet Jennings
Associate Director of Clinical Services

Statement from DHU

We are heading into a new era across the NHS and social care, so we are especially pleased to contribute to Medvivo's Quality Account for 2021/22 - in recognition of our new collaboration. Our companies share a similar mission, and every day we support our people to deliver compassionate, high-quality patient care to people who seek help from the NHS111 service – now including those living in the Bath, North East Somerset, and Wiltshire area. DHU is an experienced NHS111 provider, rated outstanding by the Care Quality Commission. We are currently responsible for just over 17% of all the NHS111 calls across the country – delivering these services to a population of around ten million. We also receive calls for Derbyshire, Nottinghamshire, Northamptonshire, Leicestershire, Rutland, Lincolnshire, Milton Keynes and beyond, including around ten percent of the population of North and South East London – through our association with the London Ambulance Service. Our support of Medvivo was due to start in April 2022, however we stepped in five months earlier than expected, which was a challenge to achieve. Nevertheless, we met the timeframe and were pleased to be able to safeguard NHS111 services for this area of the South West.

To support this new contract, we opened a fourth advice centre in Chippenham. A number of colleagues joined us – moving over to DHU through a TUPE transfer agreement. They have been a very welcome addition to our NHS111 teams, and we are continuing to recruit into this centre, providing local opportunities for employment.

The second year of the COVID-19 pandemic has proved to be equally as testing as the first - and NHS111 services across the country have experienced a great deal of volatility, affecting patients and colleagues alike. In addition, national announcements and short notice changes have had both a positive and negative impact on NHS111 services.

It has been an exceedingly difficult time to forecast expected call volumes, as well as planning the staffing capacity required to match demand. Nevertheless, against this challenging background we have achieved some good results overall.

Between April 1, 2021, and March 31, 2022, our four NHS111 advice centres in Derby, Chesterfield, Leicester and Chippenham:

- Answered at total of 2,065,594 calls - an increase of 25.5% on the previous year.
- Responded to these calls in an average time of 96 seconds.
- Answered 73.5% of calls in 60 seconds against a national standard of 95%.
- Achieved an abandoned call rate (after 30 seconds) of a 5.1% average, against the local target of 5%.

We are incredibly proud of our DHU NHS111 teams. Like everyone across the company they have continued to show incredible commitment and dedication to our critical service and to

our patients, and they have been a real support to each other. We hope that our Medvivo colleagues can see that at DHU our people's health and wellbeing is a key focus for us.

The pandemic's impact has certainly been felt by our NHS111 teams. Calls to our advice centres can often be lengthy, emotionally draining and complex. We have put offers in place to help to strengthen people's resilience, mental health and their health and safety in the workplace. This includes regular communication, reflective supervision, psychotherapy sessions, access to Westfield Health (which includes counselling provision) and mental health support.

With NHS111 increasingly the first port of call for urgent medical advice, our value as a partner in the health systems we support is proving invaluable and we look forward to strengthening our new relationship with Medvivo in the coming year.

Above all, we will continue to deliver compassionate care to people at a time when they are often anxious and worried. Our NHS111 colleagues provide that first vital link to healthcare services and throughout the past year we have seen first-hand the difference they make every day. This is testament to the hard work demonstrated by everyone working in or supporting our NHS111 service. It is also backed-up by our patients - as this year 86% of them said they were 'satisfied or very satisfied' with our service. Our thanks to everyone who helped to make this happen.

You can find out more about DHU Healthcare in our own Quality Account 2021/22 at www.dhuhealthcare.com. In the meantime, we look forward to 2022/23 with anticipation and to see what the year will bring!



Pauline Hand
Managing Director, DHU111



David Hurne
Deputy Director, DHU111

About Medvivo

Commissioned by the Bath and North East Somerset (BaNES), Swindon and Wiltshire Clinical Commissioning Group (BSW CCG) in May 2018, Medvivo provides Integrated Urgent Care (IUC) and other related services.

The latest inspection by the Care Quality Commission (CQC) in 2019 rated Medvivo's urgent care services as 'outstanding' for the second consecutive time:

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

Among its other services, Medvivo also provides In and Out of Hours Primary Care Coordination, Access to Care, High Intensity User, Clinical and Non-Clinical Response (also known as Mobile Telecare) services.

The Technology Enabled Care Services Association (TSA) regulates the Mobile Telecare services, and in this year's comprehensive audit, recommended continued certification to the TSA Quality Standards Framework:

“Governance is very structured and defined with clear parameters and accountability... the team are customer centric and make full use of the tools they have to provide a safe service for customers.”

Among its 350+ workforce, most members of staff involved in the provision of support services have continued to work from home to reduce the risk of a COVID-19 outbreak and to protect our staff. Remote clinical services have continued to operate in line with government guidelines, with patients being seen in “hot” or “cold” bases depending on whether they have coronavirus symptoms.

Medvivo has continued to work with local system partners, such as the acute hospitals and mental health partnerships, to continue to enhance service provision and incorporate the same level of quality assurance measures that are in place for existing services.

Ownership of Medvivo changed in November 2020 to HealthHero, a global leading digital health platform. While the change has had limited impact on service delivery, there has been a lot of investment in the development and implementation of a new company culture, with new company values being adopted:

Simplify:

- Look for ways to remove complexity and make life easier for our patients, clients, and colleagues.
- Create clarity so we can focus on what is critical and don't get side-tracked by things that don't add value.

- Aim to work smarter, not harder to try to find practical, sensible solutions.

Own:

- Take accountability, honor our commitments, and get things done, with a focus on outcomes.
- Be proactive and find ways to remove barriers to achieve our goals.
- Take initiative to propose solutions for issues or concerns that impact patients, clients, or colleagues.

Aspire:

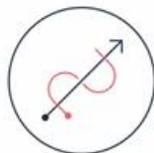
- Aim high and take pride in our work – delivering the best in whatever we do and focusing on results.
- Be ambitious to create impact as a company and be a trailblazer in digital telehealth.
- Strive to create a great place to work and give people opportunities to grow and develop.

Respect:

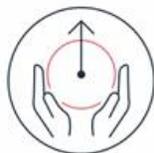
- Value diverse talent, experiences and perspectives and create an environment where people can be themselves.
- Look out for one another and are committed to creating a friendly and supportive environment.
- Show empathy and understanding to patients, clients, and colleagues.
- Trust and empower our people to do the right thing.

Culture champions run initiatives to embed this new workplace culture.

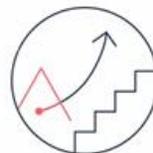
A new quarterly S.O.A.R. awards initiative helps to reward and recognise staff who are nominated by their peers as shining examples of these values.



Simplify



Own



Aspire



Respect

**HEALTH
HERO®**

Together, we SOAR

The NHS111 element of the IUC service also changed during this period, with DHU Health Care starting to deliver this service from November 2021.

A 'not-for-profit' community interest company, DHU provides a diverse range of health services across several counties.

Their NHS111 services in other areas have been rated as 'outstanding' by the CQC - the Chippenham call centre has not yet been inspected.

“ Quality in NHS 111 delivery is not just about how quickly the call is answered. It's about outcomes, experience, and responsiveness, all the things that set DHU apart. I look forward to working with them and believe that by bringing two 'CQC outstanding' providers together in this way we'll achieve even greater things for our patients across Bath and North East Somerset, Swindon and Wiltshire.



Michelle Reader, Medvivo Chief Operating Officer

CQC Statement from the Care Quality Commission (CQC)

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

The current registration is to provide the regulated activities of:

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

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 ☆



Note: Follow up correspondence from the CQC highlights that, despite not carrying out a complete inspection of services since 2019, they have continued to monitor the service and at this point find no justification to carry out a full inspection.

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 03-02-2022.

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.

If you have concerns about Medvivo, you can give feedback on this service.

Care Quality Commission

2021/2022 CQC continued to deliver inspections within the Covid-19 response parameters that had been in place 2020/2021. In January 2021, CQC and Medvivo scheduled an introductory meeting, enabling our new CQC inspector, and manager to be introduced to key Medvivo stakeholders.

Following this meeting 3 monthly meetings have been scheduled and a further evening facilitated Teams evening was arranged to provide an overview of our services.

The CQC received 2 enquiries late March 2022, these were anonymous and related to clinical provision. Medvivo were able to satisfy the CQC in our response.

SECTION 2: SERVICE OVERVIEW

Medvivo has been delivering clinical services since its inception by two local GPs in 2004. The vision is to deliver responsive, streamlined and patient-centered services, and Medvivo continuously looks for ways to enhance this provision.

Integrated Urgent Care (IUC)

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.

This service begins with a call to 111 or visit to <https://111.nhs.uk> which, along with contacts from other healthcare professionals, feed into a Clinical Assessment Service (CAS).

- **NHS111**

This is a free-to-contact medical helpline to provide the most appropriate non-emergency medical advice for patient needs.

Since the pandemic there have been consistently high contacts to the 111 service, with between 15,000-25,000 contacts received per month.

National campaigns incorporated messaging to advise patients to visit 111 online first to get help and guidance on general health matters.

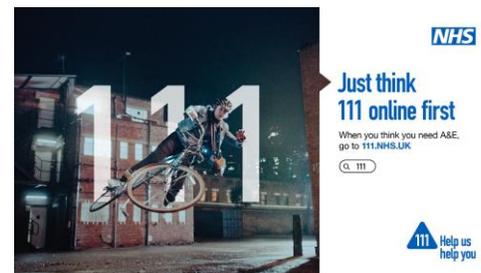
Online users will be redirected to the CAS for follow up as appropriate for their needs.

- **Clinical Assessment Service (CAS)**

Delivered 24 hours a day, seven days a week, the CAS is integrated within the 111 service. Run by a multidisciplinary clinical team, and supported by an expert coordination team, the CAS ensures patients receive the most appropriate care. Healthcare professionals (HCPs) also use the CAS for advice and support to manage patient referrals using a dedicated phone number.

Contact with the CAS leads to a variety of outcomes including advice, a prescription, an appointment with a clinician (either at home or a local treatment centre) or referral for further assessment with another service (own GP, ambulance, hospital or minor injuries unit, for example).

Assessment is mostly carried out by telephone; however, clinicians have access to the GoodSAM platform for consulting with patients by video over their mobile device. This can help to reduce the need for some face-to-face appointments or can escalate concerns more rapidly by having a visual on the patient much earlier.



- **Out of Hours (OOH) Primary Care**

This service operates when In Hours GP surgeries are closed, usually operating from 6:30pm-8:00am on weekdays and 24/7 on weekends and bank holidays.

Cases are passed to the CAS via NHS111, and if needed, patients will have a face-to-face appointment at one of the Primary Care Centres (PCC) from which Medvivo is co-located, or a home visit.

During the pandemic, Medvivo trialled using a team of Clinical Responders to create additional capacity for seeing patients in their own home.

- **Clinical Responders**

Clinical Responders are highly qualified, non-prescribing clinicians, who work with a senior clinician in the CAS to oversee the management of patients being seen face-to-face. The success of this pilot has led to this team becoming a permanent part of the workforce, growing from half a dozen to a team of 30 plus Clinical Responders.

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total
Consultations	*	12,973	10,667	11,146	11,183	10,701	12,386	12,972	14,346	14,379	11,579	12,257	134,589
PCC Visits	*	2,018	1,585	1,449	1,442	1,331	1,361	1,167	1,365	1,956	1,470	1,454	16,598
Home Visits	*	1,884	1,521	1,509	1,516	1,491	1,701	1,403	1,617	1,949	1,395	1,590	17,576

* Data unavailable

Mental Health Triage

Avon and Wiltshire Mental Health Partnership (AWP)

Practitioners are co-located within Medvivo’s CAS, providing improved OOH access to mental health services in the region.



This element of Medvivo’s service improves patient experience by involving mental health practitioners to identify, triage and close cases involving relevant mental health presentations.

Additionally, AWP practitioners support clinicians as expert advisors to aid their decision-making process within the CAS.





“They have so much patience and quickly build a rapport with patients who are in crisis. They write very thorough notes and a very essential part of the service!”

Urgent Care Support Team Member





“Having their specialised knowledge to talk cases through with and gain insight is more beneficial than I can put into words.”

Urgent Care Advanced Clinical Practitioner

- **Urgent Care at Home (UC@H)**

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

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

By providing emergency care hospital admissions can be avoided, while ATC arrange the provision of mainstream services such as social or domiciliary care.

- **Telecare Response**

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

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



High Intensity User (HIU)

Medvivo continues to provide support and guidance to people in Swindon and Bath who may find they are using healthcare services more frequently than usual.

A team of three leads contact those identified through NHS services, to offer support and discuss how their wellbeing could be improved. This may include signposting to other services that may better meet their needs, helping to liaise with medical professionals, encouraging them to join local community groups or finding new ways to engage with people.

The HIU Leads (now known as Community Connectors) support people by providing personalised care to empower them as experts in their own lives and to connect with their communities. The aim is to give people more choice and control and allow them to be an active partner in decisions relating to their health and wellbeing.

COVID-19 Remote Monitoring

Implemented during the pandemic, COVID-19 remote monitoring services support the NHS England scheme to enable patients to remain at home while monitoring their oxygen saturation levels to spot any deterioration.

Since Medvivo was commissioned to run this service locally by the BSW CCG in November 2020, more than 12,000 patients have been monitored. During this time the service also

expanded to support the local acute hospitals by providing a virtual ward service, to enable patients to continue to be monitored remotely when discharged from hospital.

Referred patients receive a pulse oximeter to monitor blood oxygen readings, along with instructions for the monitoring process and a diary with guidance should symptoms worsen.

More than 90% of patients on the service were discharged back to their own GP after 14 days having recovered, and just 3% were admitted to hospital due to escalation of symptoms.

Discharge_outcome	Cases
Discharged back to GP after 14 days and recovered	9207
Admitted to acute hospital due to escalation of symptoms	299
Discharged to own GP as unsuitable for COaH service	192
Referred back to GP for further investigation	74
Patient self-discharge	66
Admitted to acute hospital due to another condition	26

The COVID-19 Remote Monitoring consisted of two types of service:

- **COVID Oximetry at Home (CO@h) Service**

Referrals to the service come from multiple points in the system, including the NHS from those testing positive for coronavirus, GPs, Urgent Treatment Centres (UTC), NHS111, Ambulance Service, Emergency Department, COVID Assessment Units (CAU), maternity units and community midwives.

With a dedicated CO@h team, the patient's condition is then monitored, sometimes up to four times each day, either by submitting regular readings over the telephone, text, email or during consultations with clinicians.

Patients remain on the service until symptoms improve and the CO@h team is in agreement, they are well enough to stop, or they are referred into other services.

- **COVID Virtual Wards**

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

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

SECTION 3: SERVICE DEVELOPMENTS

Services evolve as feedback is gathered from a variety of sources. From patients and service users to staff and system-wide partners, this feedback enables services to be improved and/or developed to ensure the health care system continues to provide safe and high-quality patient care.

Medvivo has been directly involved with three key local service developments in this period.

COVID-19 Medicines Delivery Unit (CMDU)

The CMDU gives new COVID-19 treatments for patients at the highest risk in the community. Treatments involve intravenous infusion of neutralising monoclonal antibodies (nMABs) or oral antiviral treatments.

In preparation for the potential impact of the omicron variant and other winter pressures, in December 2021, Medvivo undertook the clinical assessment of patients potentially eligible for therapeutic COVID treatment on behalf of the local Acute Trusts.

Referrals were received from the Webview platform, other healthcare professionals and specialists. These were reviewed by Medvivo clinicians to ensure eligibility criteria was met in terms of time scale and clinical condition before being sent to the acute hospitals.

In the period 19th December 2021 to 27th March 2022, 1,329 referrals were received, of which 42% (567) for RUH, 18% (234) SFT and 40% for GWH.

Not all referrals were eligible for the treatment and the following chart provides a breakdown of the referral outcomes by acute trust.



The most common reason for not receiving treatment is because symptoms were by then improving. Additionally, some referrals were deemed not eligible by the acute trust in relation to the patient's medical condition and/or the type of medication they were already taking.

Two-Hour Urgent Community Response

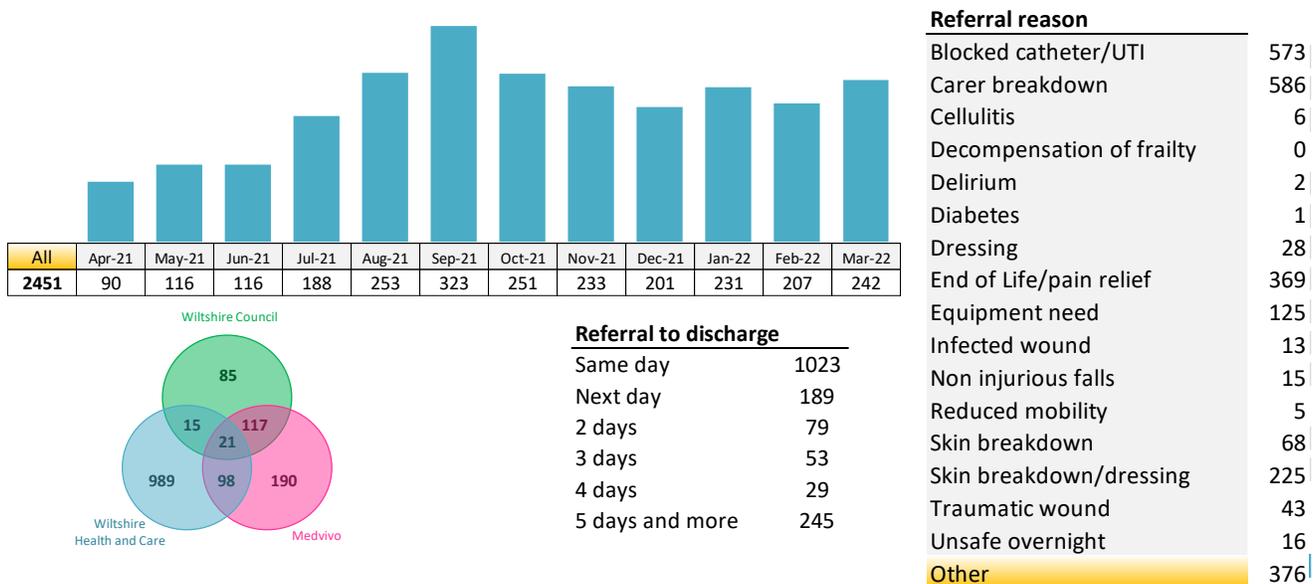
Two-hour, Rapid Response is a new term for a joint commissioning project for a collaborative piece of work using Wiltshire Health and Care, Wiltshire Council and Medvivo. The purpose is to provide a community response within 2 hours from the receipt of the referral to the provider, with the primary intention of avoiding acute hospital admission.

This is a national model including elements of both health (e.g. blocked catheter/urinary tract infections, end of life pain relief, skin/wound care, delirium), managed by Advanced Clinical Practitioners at Wiltshire Health and Care, and providing rapid social care assessment by Wiltshire Council, to avoid hospital admission or social care (carer breakdown). Following an initial three-month trial in March 2021 in the Warminster and Westbury areas, the service was then fully rolled out across Wiltshire in August 2021.

Medvivo acts as the single point of access, receiving the referrals through the Access to Care line, Out of Hours, as well as through NHS111 as part of the national scope. Medvivo also provides the Urgent Care at Home element for some of the carer breakdown referrals (where capacity allowed) using the existing 72-hour Urgent Care at Home model.

The following statistics are from a shared dashboard produced by Wiltshire Health and Care, Wiltshire Council and Medvivo:

2,451 referrals were received during this period affecting 1,515 different individuals. The referrals were managed by each or a combination of system partners, with blocked catheter / urinary tract infection and carer breakdown being the most common referral reason, and the majority of cases were discharged the same day.



Managed Quarantine Service

As part of the national effort during the pandemic, alongside the introduction of travel restrictions from red-listed countries to prevent new variants of coronavirus entering the UK, the government launched a new quarantine hotel scheme.

All arrivals from any red-listed countries were directed to self-isolate at a hotel chosen by the government, for a minimum of 11 days. As the Urgent Care provider for the area and involvement with the COVID-19 remote monitoring service, Medvivo was directly involved in setting up and implementing this service.

The service went live, initially with one Swindon based hotel in May 2021, quickly followed with another two supporting local hotels. With 24/7 paramedic onsite cover, additional support was provided with access to their own 24/7 GP helpline. If the health concerns could not be resolved, the paramedic could contact Medvivo's COVID Oximetry at Home service and be directed to the Clinical Leads for triage or signposting. Should the service be busy or unavailable, overnight for example, cases would be diverted to the Urgent Care team.

- **Support for Afghanistan Families**

In September 2021, thousands of people began to flee Afghanistan after the Taliban seized back control of the country. As families began to arrive in the UK, they were allocated to hotels as part of the managed quarantine service.

With Medvivo supporting local hotels, health care providers across the area joined forces to raise funds and gather donations for families who were arriving in the country with no more than the clothes they were wearing.

Together, packages of care and school bags were prepared and delivered to the hotels for the families to use as they began their new life in the UK.



SECTION 4: BUSINESS DEVELOPMENTS

To be able to support service developments within the system, Medvivo recognises the need to ensure the internal business model is regularly reviewed and developed.

Whether implementing a new system or adapting an existing model, improved efficiency and access to latest resources are key to being able to operate a high-quality operational service.

New Fleet

As a provider of urgent care services as part of the IUC contract and non-clinical response service, Medvivo runs a fleet of vehicles to ensure patient-focused services can be provided across BSW, home to 940,000 people.

It is important that healthcare is available to these people safely and reliably, and in as environmentally friendly a manner as possible.

Following a review of options and collecting feedback from the driving teams, the decision was made to renew the fleet with Toyota Rav 4, automatic, self-charging hybrid 4x4 models. The rollout of the fleet took place in March 2022, and feedback has been overwhelmingly positive by the teams.



“The spec of the vehicles provides an air of comfort and quality. The LED roof lights are quite literally brilliant. And a big thumbs up from the clinicians for the heated seats. It's a smart fleet. Thanks for the investment in good quality vehicles.”

Medvivo Urgent Care Driver



“It really is appreciated that Medvivo continues to provide employees with transport, enabling us to complete at ease and comfort, the caring and rewarding job that we love.”

Medvivo Non-Clinical Responder

NHS111 Service

As part of the mobilisation of the NHS111 service to DHU Health Care, Medvivo implemented a number of additional system changes to ensure increased efficiency within the IUC contract.

Whilst DHU's headquarters are based in Derby, a strong presence at Medvivo's local call centre has been retained to ensure a close working relationship, collaboration and the preservation of key local knowledge.

The level of engagement, support and transparency working with DHU has been hugely positive. This enables the IUC service to be further developed to provide the best patient experience during challenging periods of extremely high demand.

- **Adastra**

As part of the new service provision, a new redesigned version of the Adastra clinical patient management system was applied. This included the implementation of the Pathways Clinical Consultation Support (PaCCS) functionality.

As part of a national drive across all urgent care providers, PaCCS provides NHS Pathways content in a consultation format (rather than a question-and-answer format) and supports immediate case resolutions for ongoing support through the Directory of Service (DoS) – for example, ambulance dispatch, home or other treatment centre appointments.

- **Emergency Department Validations**

Another key process change involves Medvivo taking primary responsibility for Emergency Department and ambulance validations.

Having clear ownership of these referrals provides improved safety for patients. In early trials of ED validation, up to 95% of cases were downgraded, reducing pressure on the system as well as ensuring the patient gets the most appropriate care, quickly.

Ceridian Dayforce

In April 2021, Medvivo combined its four separate systems for HR, Rota, Training and Payroll into one new integrated system, Dayforce.

As a one-stop shop for employee management, the company and employees have easy access to a single system of record in one place, available online or via mobile application.

The integration of the previous systems was overseen by a project team, with modules launching over a period of several months to enable teams to become familiar with new ways of working and accessing their rota, training, payroll and personnel records.

“ With our fast-paced and complex workplace, Dayforce helps us to better plan and optimise staff scheduling, eliminate our reliance on paper-based processes, and fully modernise our payroll and talent management systems to drive quantifiable value across the organisation. ”



Nicky Wood, Medvivo HR Director

Urgent Care Assistants (UCA)

In December 2019, Medvivo trialed a new role in the Salisbury area which would combine the existing driver and receptionist roles. During 2020, this operating model was further refined to incorporate additional responsibilities in relation to managing the base equipment, medicines, and consumables.

Introduction of the new role was delayed due to COVID-19, so the consultation for adopting this model was re-launched in 2021 and in October 2021 the new model was implemented with a comprehensive induction and training programme for existing and new team members.

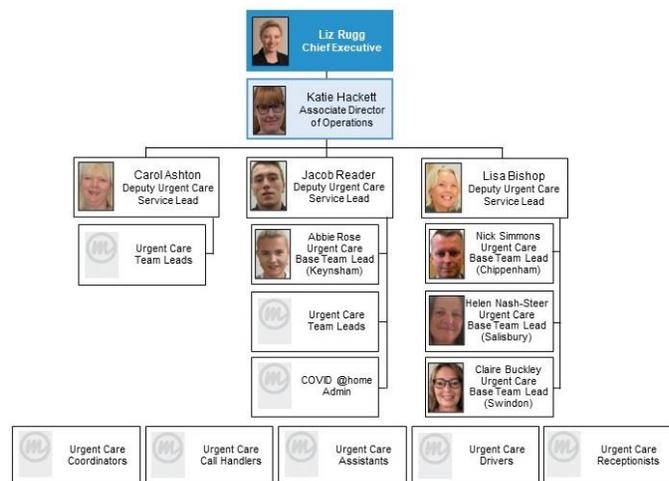
The programme has been successful with numerous benefits to the overall service provided in Salisbury, including:

- Improved ownership of processes
- Better team working
- Enhanced patient and clinician experience at the base
- Increased visibility and access to line manager - in terms of one-to-one review meetings and ongoing training needs

As a result of this success, the operating model is planned to be rolled out across the other bases where a treatment centre is managed as part of the IUC service.

IUC Team Structure

Having effective operational leadership is key when facing ever-growing challenges and demands on the service. In June 2021, a revised operational structure was established. Headed up by the Associate Director of Operations, three Deputy Urgent Care Service Leads were appointed with an additional four Team Leads to the existing four in post. This would lend more support to the non-clinical teams working in the call centre (coordinators and call handlers) and at the treatment centres (drivers, receptionists, and Urgent Care Assistants).



Each Deputy Service Lead and Team Lead has a key area of focus and responsibility. This improves operational service delivery and provides additional resilience and flexibility for the teams.

Internal Communications

The purpose of internal communication is to provide an effective flow of information between an organisation's departments and colleagues. As services develop and processes are improved, communication becomes essential to ensure employees can perform their jobs well, and the service is operated at a high-quality level.

Medvivo has a comprehensive communication strategy that ensures staff can keep up to date with latest news and updates. As there can be a significant amount of information shared, Medvivo has implemented key themes into the communications planning process to ensure staff are receiving relevant and appropriate information.

- **Round-Up:** the general business email update sent at least monthly to all staff.
- **Clinical Digest:** a bi-weekly email that rounds up the latest clinical news and updates for all clinical employees and sessional doctors – call centre and base staff also receive this for awareness.
- **Bitesize Base Buzz:** a new bi-weekly email that highlights the latest non-clinical updates and reminders relevant to those working at and with the remote urgent care bases.
- **Wellbeing Wednesday:** a new weekly email to all staff with a focus on wellbeing matters that can range from topical mental health themed articles, to links to wellbeing webinars, resources and upcoming events. Managers receive a monthly version that is focused on wellbeing matters that support them to be able to better manage their team's wellbeing.



Distribution: UCA, Driver and Reception Teams, Base Supervisors and IUC Senior Management Team

Dear Colleague

As we continue to get used to Dayforce, please be assured the project team are working to resolve some of the reported issues, for example seeing schedules, team annual leave requests and other rotas. There are updates planned for both the Rota and Training Teams next week, so keep an eye for that. Otherwise please do continue to flag anything that is causing you concern.

In other brief news this week...

- 1. Facilities Manager Appointed**
We are delighted to welcome Stephen Fisher to the team. He is making his way around the bases to get a better understanding of our operations. Please say hello and if there's anything he or the team can help with, get in touch.
[Read more >>](#)
- 2. Medicine Management**
An incident has recently been reported whereby a box of medication contained more contents than indicated on the packaging. This has various consequences as part of our medicines management processes and clinicians should not be doing this at all - let alone mixing batches with different expiry dates.
We do monitor this and acknowledge it is a clinical responsibility. By sharing details of the incident, others can also be aware of this, and potentially query it if you see it happening.
[Read more >>](#)
- 3. Zero Tolerance**
"Medvivo staff should be able to come to work without fear of violence, abuse or harassment from colleagues, service users, patients or their relatives."
We have been made aware of cases where this may be happening. Please be reminded we have a Zero Tolerance Policy and we are committed to dealing with any incidents where staff are being affected.
If you encounter such acts or any form of anti-social behaviour while at work, please ensure this is reported to a line manager or team lead using our incident reporting system, [Datalix](#). If you have any concerns at all about your safety or that of your colleagues, report it and call the local police on 101 if it is a non-emergency situation, 999 in cases of emergency.
[Read more >>](#)



Distribution: All Medvivo Staff

Dear Colleague

Often regarded as Hump Day (H), the midpoint of a typical working week, I thought I'd jump on last year's HealthHero bandwagon and use Wednesday as a time for focusing on your wellbeing. Whether it's a round-up of wellbeing updates, or like today, a positivity email filled with gratitude and compliments, I hope you find something here that lifts your spirits or just gives you a few moments to re-set your mind in between heavy workloads, busy schedules, calls and appointments.

Take time to re-set your mind:



"I see so much to be grateful for when I take the time to look."

Be Aware of the Difference You Make

"The Responders have been wonderful. They have so much knowledge and you all know exactly what you're doing. I'm chuffed to bits with the service." [Telecare Responders](#)

"Every time I call, everyone I speak to use always really helpful, super friendly, kind and caring. You are absolutely wonderful." [Access to Care](#)

"The clinician provided a very thorough assessment of my condition and took time to explain the cause, treatment as well as other steps I should consider to improve my general wellbeing. One of the best experiences with a medical professional I have had in a number of years and one that reflects very well on your organisation." [IUC Clinical](#)

SECTION 5: QUALITY ASSURANCE

Throughout this report, there is reference to the delivery of high-quality services. Medvivo has a robust governance framework in place which incorporates quality assurance for every area of service being provided.

This quality assurance encompasses the activities and series of measures that are designed to ensure continuous improvement in the quality of health care services.

Risk and Quality Committees

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

- **Risk Committee:**

This Committee provides a structured approach to managing risks to ensure they are escalated as appropriate. Representation is diverse and includes colleagues from the CCG, DHU and Appello.

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

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

Over the past year, rewards have been presented to the High Intensity User, Urgent Care at Home and COVID Oximetry at Home teams.

Risk Committee Recognition Award



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

Urgent Care at Home & Response

" I would like to thank all of the carers who provided really wonderful end of life care to my wife, who sadly passed away. They were all unfailingly cheerful and helpful and carried out their duties with exemplary efficiency. Nothing was too much trouble and I cannot believe that this level of care was provided without charge under the NHS umbrella. I couldn't have managed without them. "

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



Michael Smith, Risk Committee Chair

5 May 2022 (For March 2022)



- **Quality Committee:**

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

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

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

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.

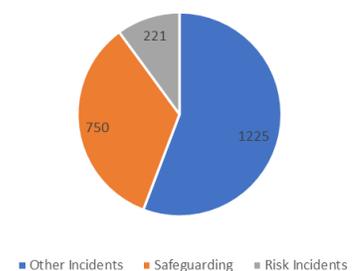
Reporting incidents allows Medvivo to:

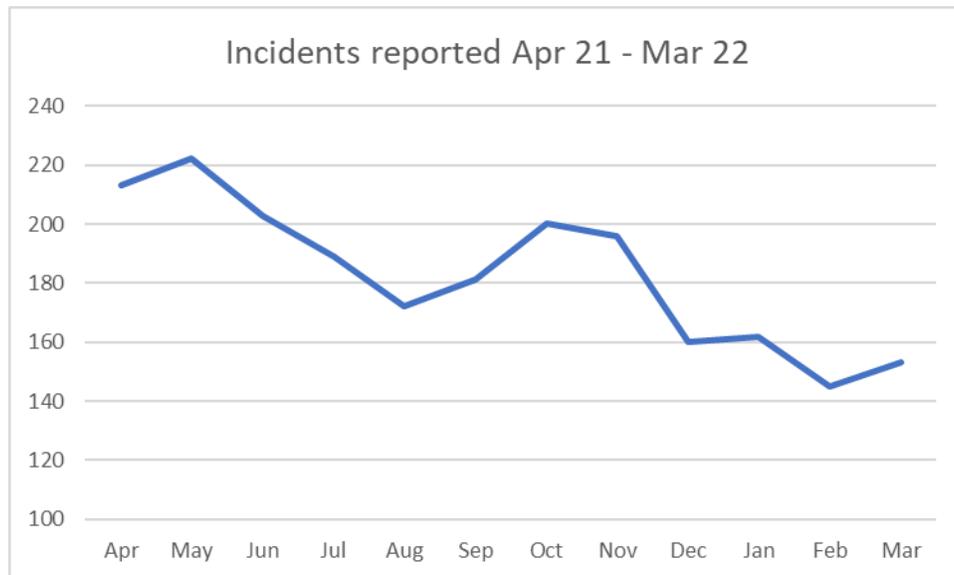
- review system processes and identify any failures.
- establish the events/facts of each incident.
- improve patient care and services and share collaboratively with other stakeholders.
- ensure mitigation and controls are in place to prevent recurrence.
- identify trends and their causes.
- develop models of good practice.

From April 2021 to March 2022, 2,196 incidents were reported in total, of which 750 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.

Following mitigations and actions taken during the pandemic, in which a sharp increase in incidents was experienced due to the pressures placed on all health services, there has been a decrease on the numbers reported over the past year.

Total Incidents Apr 21 - Mar 22 (2196)





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.

Seven serious incident reports were submitted between April 2021 and March 2022. All were fully investigated with learning identified. Of these seven, three were serious incidents raised by another organization, where Medvivo / NHS111 needed to investigate an element of the wider provision of care.

2021-2022 Themes

- Clinical Assessment
- Technical Incidents
- Delay in patient receiving call back/visit due to CAS Activity Levels
- Incorrect pathways assessment
- Incorrect process followed on patient call back

Medvivo has a strong 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 taken to mitigate the risk of re-occurrence.

Recognising the importance of being open and transparent, Medvivo provides as much support as possible to patients and families by listening and understanding what is needed to help them with the grieving process. This is underpinned in Medvivo's 'Being Open and Duty

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

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

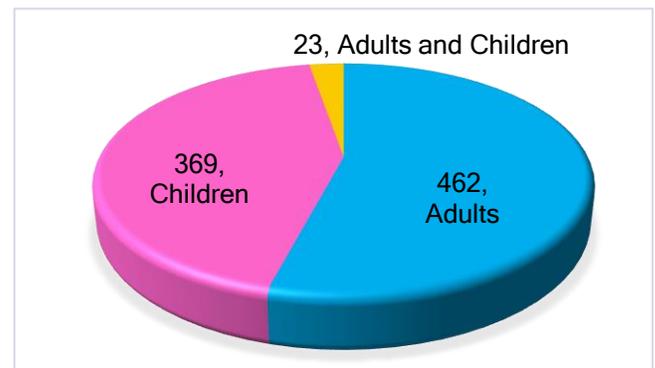
Safeguarding

Safeguarding has remained a high priority for Medvivo this year. To ensure the team has continued to provide high-quality education, information, and support to staff, the temporary role of Safeguarding Support Officer was made permanent.

Incident Reporting

During the period April 2021 to March 2022, a total of 831 safeguarding cases were referred to the team, of which:

- 462 were adult referrals (55%)
- 369 were children's referrals (44%)
- 23 involved both adults and children



Themes

- **Mental Health**

There has been a significant increase in referrals for adult's and children's mental health concerns. Of the young people requiring support from the IUC, a high percentage of the cases are known to mental health services already or are on waiting lists for some support for a significant amount of time.

During these consultations, it is often parents asking for advice in relation to support services.

- **Non-Accidental Injury**

This is likely to be a common theme for the IUC for some time due to the previous serious incidents during 2020-2021.

87% of these cases were "No further action required" but were appropriately flagged to the Multi-Agency Safeguarding Hub for an objective overview of the case.

- **Feedback to Staff**

To improve the safeguarding practice of Medvivo's clinical staff it was identified that feedback about the cases needed to be more detailed and constructive.

To achieve this, more resource was required to support the Safeguarding Lead with the operational aspects of safeguarding. The Safeguarding Support Officer leads a new process that ensures the outcome of every safeguarding referral is fed directly back to individual practitioners. Examples of feedback can be seen below:

“Good afternoon, thank you for making a safeguarding referral in respect of the above-named patient. Please see below for details of the outcome of the referral: OGP aware. T/C (transferred call) to Wiltshire Advice and Contact team - the outcome of the referral was that it was inconclusive.

Enquiry was ceased at individual's request. However, this referral has fed into further investigations which are looking into systems within the Care Home. If there is anything further that you would like to know about this case, please let me know.”

“Thank you for making a safeguarding referral in respect of the above family. Please see below for details of the outcome of the referral: OGP (own GP) aware. T/C from the allocated SW (Support Worker) working with the family.

Children are subject to full care order living with Mum. Respite care was arranged (complications due to COVID status) but wider family/network support in to help with the boys. Partner stepped in and SS (Social Services) visited daily until carers could come in at the end of the covid period.

Longstanding health issues now. Ongoing support for this family. Intensive in-house support for CS (service user initials) and the boys. If there is anything further that you would like to know about this case, please let me know. Many thanks.”

Each staff member is also offered a direct follow up by the Safeguarding Team for low and medium risk cases. Those cases that are deemed high risk, or for cases that are particularly emotive, the staff member will have a direct contact by the Safeguarding Team or line manager the same or next working day.

Golden “thank you” gifts have been sent to members of staff who have shown great clinical and non-clinical judgement when referring cases and for excellent documentation that has been immensely helpful in the management of referred cases.



- **Central Resource Area**

Medvivo's intranet is the central repository for all staff communication and resources. Following feedback from staff about being able to find safeguarding-related information more quickly, a new focused area was created.

With clear navigation from the home page and drop-down menus, all safeguarding-related information, training courses, templates, policies, procedures, and links to local agencies are clearly mapped in this new section.

Safeguarding

- Safeguarding Home
- Safeguarding News
- Safeguarding Training & Courses
- Safeguarding Forum

Resources

- External Links
- Policies & Publications
- Safeguarding Templates

Administration

Welcome!

Our Safeguarding Team works with you to help protect adults, young adults and children in the BSW area. Here we will share latest news, resources and training information from ourselves and local partnerships.

If you have any queries, please get in touch or use the discussion forum.

Kryette Hillier, Safeguarding Lead

Debbie Parsons, Safeguarding Support Officer

Latest News

Health and Safeguarding Refugees and People Seeking Asylum

Rapid read to support health care workers and partners who may be in contact ...

Useful Templates

- Neglect screening Tool
Complete to assist in...
by Kryette Hillier
8 months ago
- Parents Protect
Traffic light tools for...
by Kryette Hillier
8 months ago
- Wiltshire Multi-agency Hoarding Protocol
Updated June 2021.
by Kryette Hillier
8 months ago

Safeguarding Courses

- Conferences and Core Groups Training: Roles and Responsibilities
A course in supporting the...
by Debbie Parsons
5 days ago
- SVPP Training
New course dates and webinars.

In the latest news section, the Safeguarding Team also uses this area to share research, webinars/conferences, newsletters, case reviews and audit reports from other agencies.

Supported by the Communications Team, Medvivo supports national and local awareness campaigns, for example the NHS Sexual Violence Awareness campaign to raise awareness of Sexual Assault Referral Centres (SARCs), and the UK government 'Stop Abuse Together' campaign.

Content of the campaigns was shared internally and externally across social media.



Central Alerting System

Medvivo continues to receive alerts through various channels including MHRA and GOV.UK for drug safety, medicine defects and recalls as well as safety alerts and field safety notices.

Separate electronic records are managed within Medvivo for the recording of these alerts.

Each alert received attracts varying degrees of input dependent upon its nature:

- **Immediate action** – for example, a quarantine alert that requires stock to be checked and confirmation advised as to whether Medvivo and its workplaces are affected. An example of this would be the recall of Fang Tian FT masks.
- **Immediate advisory action** – these alerts require no immediate action; however, it is a high priority for sharing with the clinical teams (e.g., recognition of the Variant B.1.1.529).
- **Advisory action** – where Medvivo is not directly affected, however the information may be useful to clinicians and is therefore shared in a low priority manner (via the staff intranet and the bi-weekly Clinical Digest email). An example of this would be an alert relating to antivirals and neutralising monoclonal antibodies in the treatment of COVID-19 in hospitalised patients.

Infection Prevention and Control (IPC)

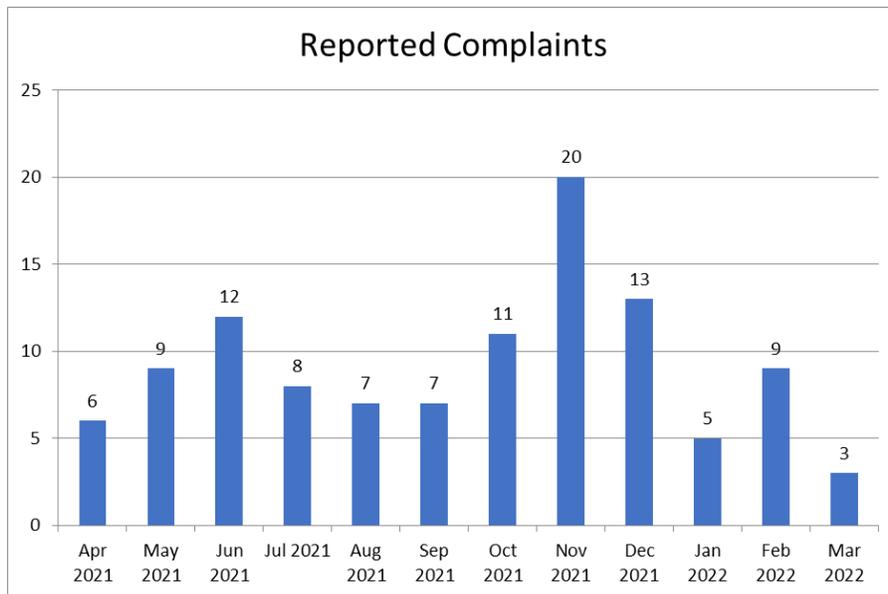
To ensure patients, service users and its workforce are kept as safe as possible, Medvivo's IPC Committee have continued to meet monthly, with occasional extraordinary impromptu meetings where government guidance has changed rapidly. During the year, Medvivo has taken appropriate actions and reviewed working practices:

- Working from home for those who can has continued to be encouraged, with a view to moving to a hybrid model.
- Face mask wearing in communal areas and patient-facing locations has been mandatory.
- The Hands Face Space campaign has continued to be promoted across the business and co-located workplaces.
- Reminders have been shared regularly about the importance of taking annual leave and managing mental wellbeing (including links to resources and webinars).
- Flu and COVID-19 vaccination and booster uptake was closely managed to ensure staff were appropriately protected for the winter season.
- The annual influenza vaccination programme was supported with a hand hygiene campaign which included an awareness quiz and observational handwashing audit – the results were excellent, scoring between 84-100% with the main areas for improvement being having hands fully wet before applying soap and not meeting the bare below the elbow criteria (clinical staff only).

Complaints

The chart below shows the number of complaints received between April 2021 and March 2022. During the year, 110 complaints were received. Whilst this is a small number compared to the number of contacts made by patients into our service (for example 0.026% 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 higher than last year (57). The main reason for the increased number of complaints is related to the impact of the pandemic and overall increased pressure across the health and care system.

Medvivo continues to experience increased activity and demand not experienced prior to the COVID-19 pandemic. The increase is noted across many NHS providers including primary care, ambulance services, and the acute hospital trusts. This demand impacts the ability to deliver the care and advice to patients and service-users within appropriate timeframes.

As a result of these pressures, delay in call-back is the most prominent complaint theme. Multiple teams and taskforces are collaborating across the BSW area to specifically look at how best to meet, manage and navigate this new higher demand.

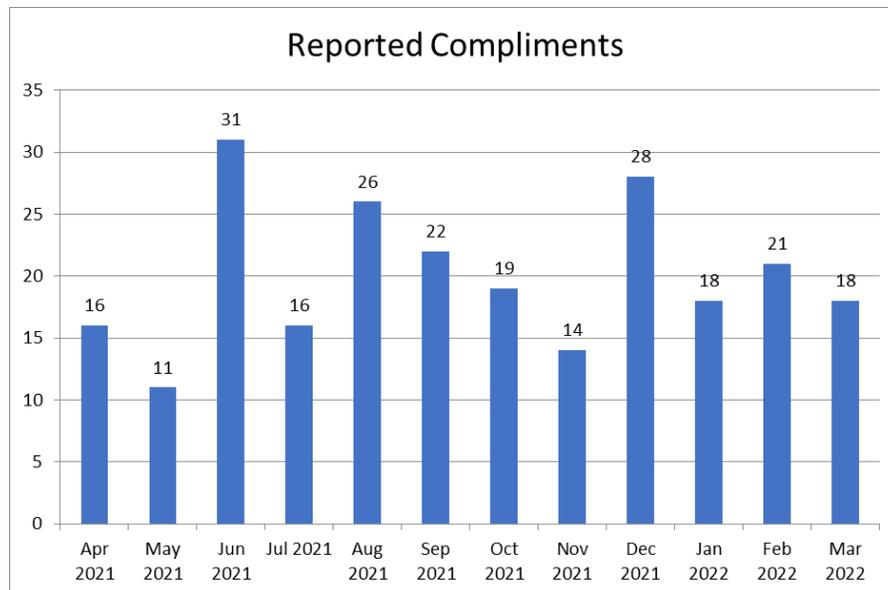
Plaudits and Service User Feedback

Many of the standard channels for providing feedback have been unavailable during this reporting period due to strict infection control measures. Therefore, the amount of feedback received remains significantly reduced on pre-pandemic periods.

Feedback has predominantly been received through correspondence direct with Medvivo, either by sending a letter or during the patient discharge process, or online via an anonymous form on Medvivo's website. Additional feedback has also been received through a postal survey sent to users of the HIU service.

An information leaflet about how to provide feedback is also available at www.medvivo.com.

The chart below shows the number of compliments received between April 2021 and March 2022. For every one complaint, Medvivo receives 2.2 unprompted compliments.






“111 have been amazing. If they had not provided the support and persevered to get things organised for my husband, he would not be here now... they saved his life.”

NHS 111 Service User





“(The clinician) was utterly amazing in assessing our 3-year-old and her care and service was second to none.”

Integrated Urgent Care Service User





“Every time I call, everyone I speak to is always really helpful, super friendly, kind and caring. You are absolutely wonderful.”

Member of the Prospect Hospice Team about Access to Care





“I have never met such an amazing caring group of people... every single person that came in made me feel overwhelmed with how kind and caring you all are.”

Response Service User

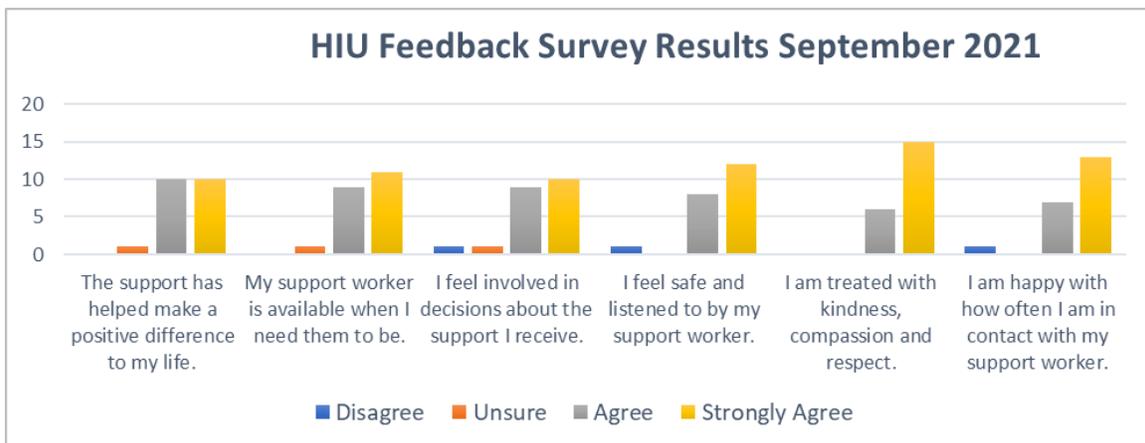


• **HIU Service Feedback**

This survey was sent out in September 2021 to those people being supported at that time by the HIU Service. Of 70 surveys sent out, there were 21 responses (30%).

Most people felt that they agreed or strongly agreed with all aspects of the service, from it making a positive difference to their life to being treated with kindness, compassion and respect.

The survey also concluded that out of the 21 responses all 21 people would recommend the service to friends and family.



SECTION 6: LOCAL AUDIT DATA

Audits are carried out across all areas of Medvivo to ensure staff are actively engaged and that patient care is of a high quality. These audits provide opportunities for learning and development, while ensuring the patient experience continues to improve. Monthly reports are shared and reviewed at Quality Committee meetings for further input.

During the reporting period, the post of a Clinical Effectiveness Lead at Medvivo has been unfilled. Clinical audits have nonetheless continued with the use of the Clinical Guardian Audit System; however, the expansion into other areas has been postponed (e.g. early warning signs, sepsis and antimicrobial stewardship).

NHS111

All NHS111 staff who are employed to use NHS Pathways have one audit each if post induction, or three if within the induction period or have had audits of concern previously. This is reviewed monthly by the senior management team to determine continuation of this process. These audits are performed either from a call recording or side by side.

Audit data from Vocare (April to November 2021) and from DHU (November 2021-March 2022) is available from each of their Quality Account reports.

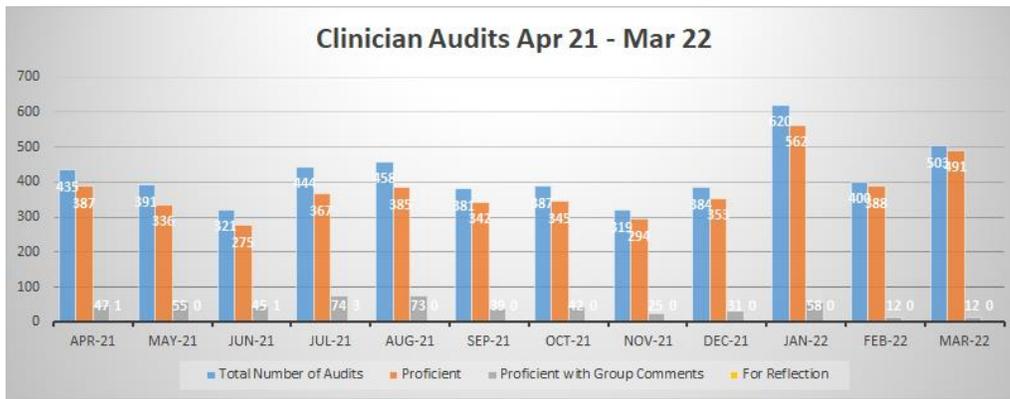
Clinical Guardian

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

The audit team is made up of seven GPs, three Advanced Nurse Practitioners, two Pharmacists, two Clinical Responders and one AWP Team Lead. Using the Clinical Guardian Audit System, once cases have been reviewed, emails are automatically sent directly to the clinician to see the score and feedback.

Any concerns are raised directly with the auditing team, which is then passed to the Medical Director and Clinical Leads for further follow up with the clinician involved.

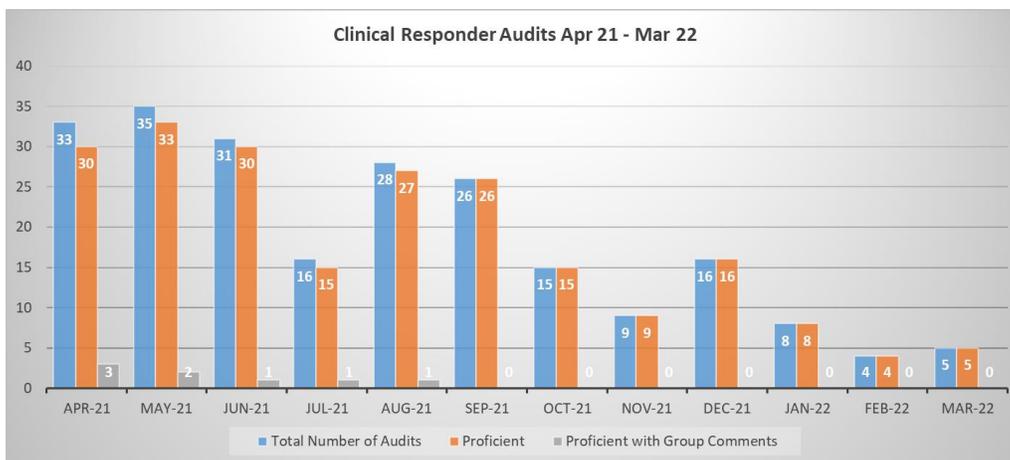
- **Positive feedback:** well documented and well-structured notes
- **Feedback for reflection:** reminders to document confirmation of patient identification, worsening or safety-netting advice, exclude red flags, include previous medical and/or drug history and link to local antibiotic guidance.



Additional audits were added to the Quality Schedule for:

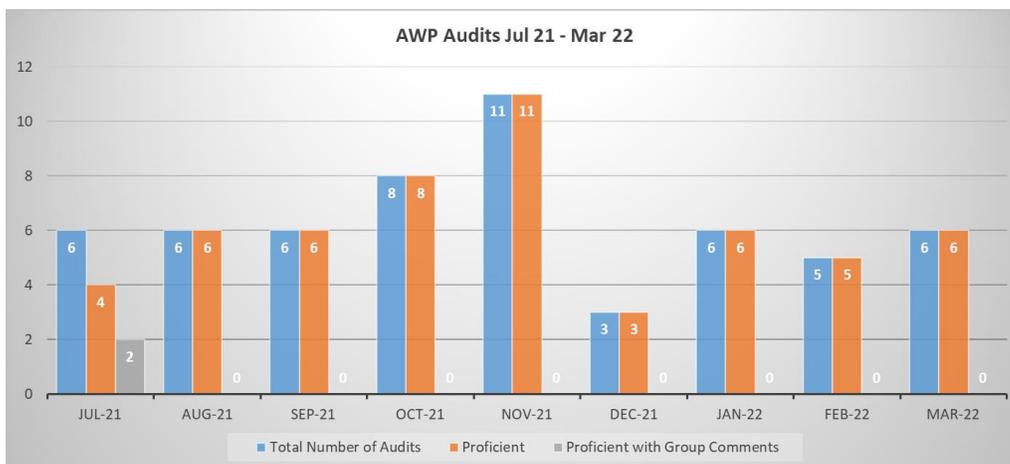
- Clinical Responders**

The overall proficiency in audit scores is to be commended for this new group of non-prescribing clinicians. These audits were new for this year, and the most common feedback for reflection related to documentation.



- AWP**

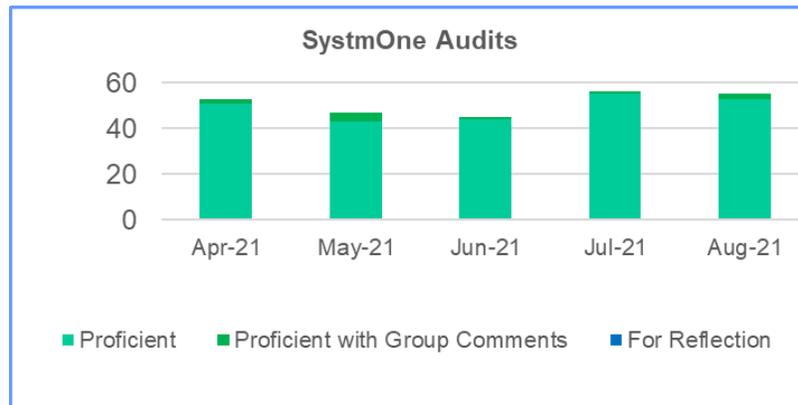
The first cases referred to group review by the AWP audit began in July and again it has been encouraging to see the consistently high levels of 'proficient' case reviews.



- **SystemOne**

Historically these audits have been more difficult to arrange with remote auditors as consultations are all face-to-face or home visits.

However a trial process was set up for the first five months of the year. It was encouraging to see such a high proportion of cases marked as 'Proficient'.

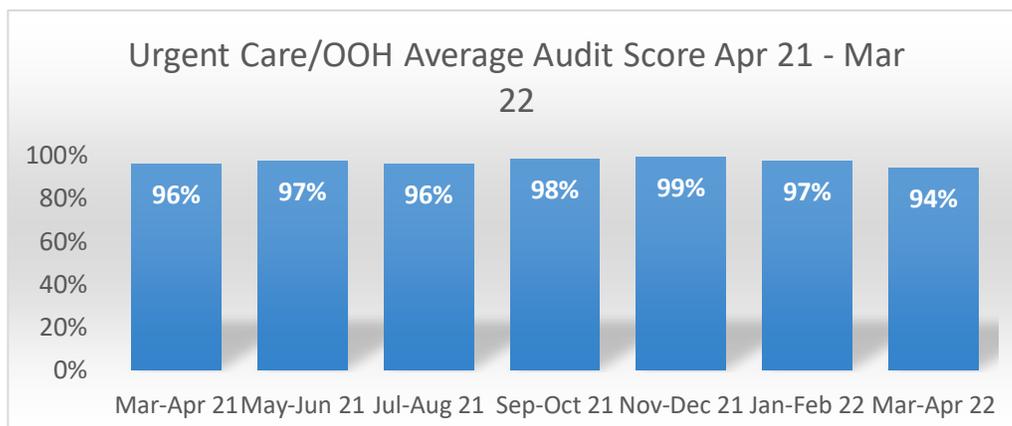


Urgent Care Coordinator and Call Handler

Each member of the team has a call recording and their system (Adastra and SystemOne) notes audited. Completed assessments are emailed to the member of staff and discussed at monthly one-to-one review meetings. Relevant learning is also shared with team and other service lines as appropriate.

Average audit scores have remained consistent over the reporting period, although the recent drop is due to a high number of recent new starters within the Urgent Care team.

The most common areas requiring improvement relates to giving worsening advice at the end of the call and confirmation of the patients' GP surgeries. These areas will be picked up within teams with more classroom-based training in the future.



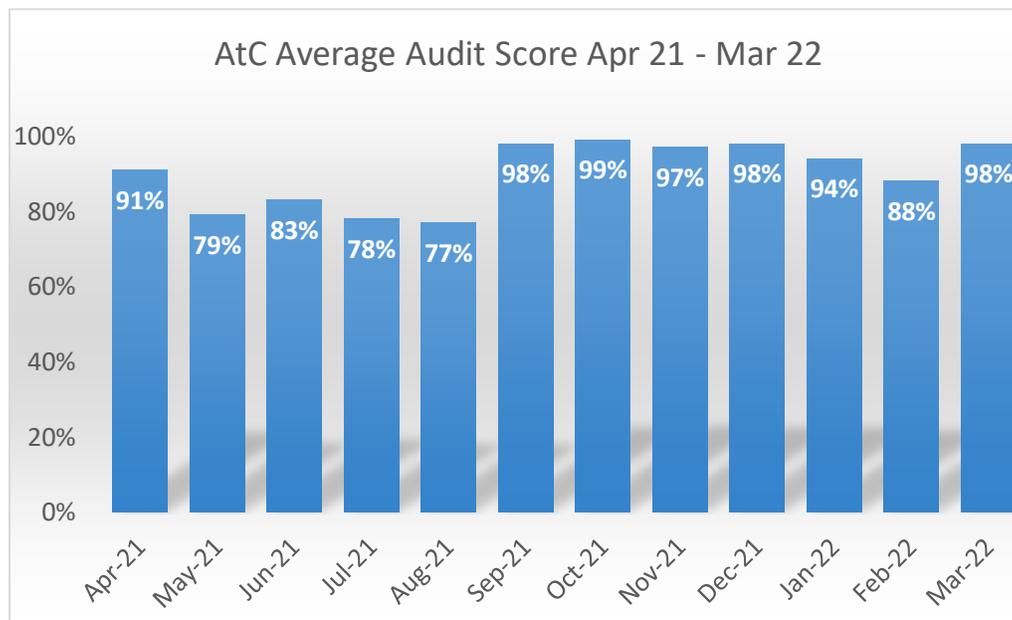
Access to Care

The clinicians in ATC receive their call audit with feedback and recording every month, along with a copy of the monthly report that goes to the Quality Committee which shows the common themes where points are deducted or reasons for fail. Any clinician scoring below 91% are asked to complete a reflective practice.

The auditors peer audit and change their call allocation every four months. The Clinical Lead also double audits one call from each auditor every month to ensure the process is fair and consistent. A monthly meeting is held to discuss any difficult calls and trends.

The call audit tool was reviewed and a change to the scoring was rolled out in October 2021 to make a fairer system. There was a further review in January 2022 to break down compliance of mandatory and non-mandatory standards.

The most common reasons for low scores were failing to confirm two types of identification and not advising that the call was being recorded. Additional points were also lost for not asking all required questions or documenting why they were not asked and having a conversation that was irrelevant to the referral and not adding additional relevant information given to them by the patient or referrer.

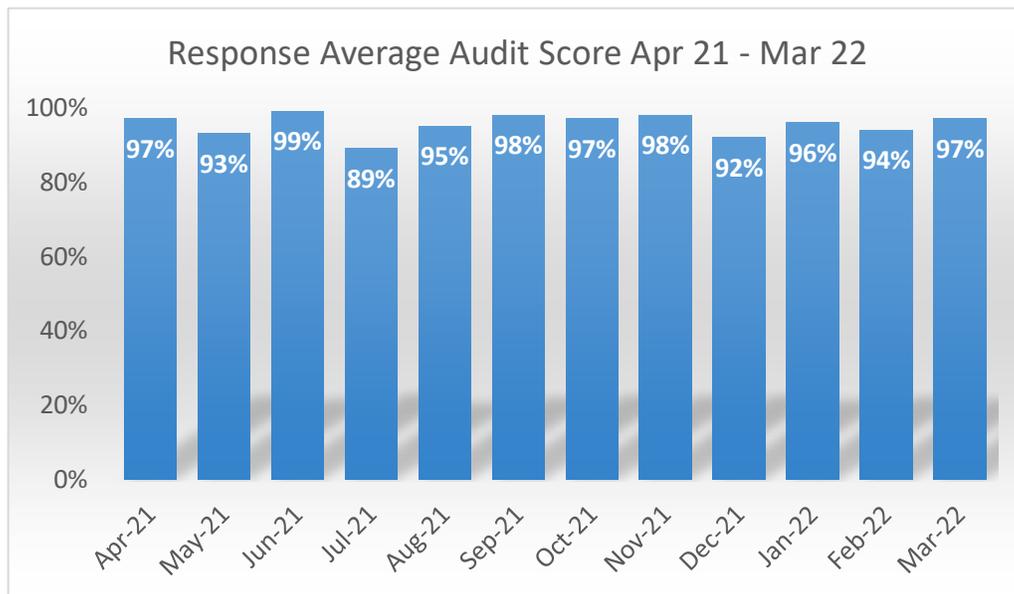


Non-Clinical Response

Two audits are carried out each month by a Team Lead and/or selected members of the team. The audit involves listening to call recordings and/or reviewing system notes.

The outcomes of the audits are discussed at regular one-to-one meetings and relevant learning is shared with the team and other service lines as appropriate.

Audit results for this period remain high with only one month dropping below 90%. The main area for improvement was documenting that worsening advice had been given.



Base Audits

Due to the pandemic, audits of the Urgent Care bases have been significantly reduced over the past two years. In January 2022, this audit process was resumed with non-scoring audits carried out during announced inspection visits of the bases and vehicles.

The audits are broken down into 25 questions that cover:

- Medicines management
- Security
- GDPR
- Emergency equipment
- Infection prevention and control
- Patient safety areas

Highlights from the audit include excellent condition of diagnostic boxes and equipment at the bases, low levels of expired medications/consumables (only 10 out of 4,000+ medications and 9 out of 8,000+ consumables checked) and excellent security across all areas.

There have been some excellent improvements since the base audits first began in 2019.

The learning outcomes from this audit have been extremely beneficial for the newly appointed Base Team Leads. Improvements are anticipated to continue as follow up rounds of unannounced scored audits are planned in April and then September.

SECTION 7: QUALITY ACHIEVEMENTS IN 2021-2022

Medvivo identified four key priority focus areas for 2021-2022. Although it was not possible to achieve all the aims outlined in the Quality Account for 2020-2021, some progress was made, and other actions have been undertaken that ensures the maximum potential for improvement in that area.

Priority 1: Clinical Effectiveness

Implement a rolling programme of education initiatives

A training programme was rolled out for clinicians to attend sessions that focused on telephone triage, death verification and T34 syringe driver, cannulation, end of life and polypharmacy, multimorbidity and deprescribing.

To raise awareness of these opportunities and increase uptake, a quarterly **Training** newsletter was launched.

In addition to training, three virtual clinical study days were held in this reporting period. Presentations and discussions were led by subject matter experts and the sessions were well-attended, receiving positive feedback.

- **May 2021:** Blood results (when to worry, and when not), COPD and asthma management, COVID-19 in primary care settings, assessing babies under 3 months old, learning disabilities and diagnosis and management of hypertension.
- **October 2021:** Falls and frailty, update on advanced clinical practice, Addison's disease, ophthalmic assessment out of hours and looking for the sick child over the phone.
- **March 2022:** Prescribing case studies, prescribing warfarin, pain control in end-of-life care and ectopic pregnancy.

To support continued learning from complaints, a new quarterly **Complaints Bulletin** also launched this year. Sharing the outcomes from the extensive investigations that accompany Medvivo's complaint handling process, is a great way to learn from them.

TRAINING NEWSLETTER



Brought to you by Medvivo's Training Committee Vol 1 Issue 1 May 2021

Hello and welcome to the first Training Committee and Professional Development newsletter. We will be sharing news and updates from the training committee to give you a better understanding of work that is ongoing, including training courses that are available, future plans and support that you can access to help you to reach your full potential within the Medvivo group.

For the first issue we are sharing the developments that have been made since I started in the Professional Development Officer role back in March this year. I would really like to thank everyone for making me feel so welcome. It has been a rollercoaster few weeks, made more difficult by the current climate, to which we don't have the opportunity for coffee room or corridor introductions and

conversations. However, I have had a great number of you, either through Microsoft teams meetings or during my clinical shifts. Without exception, each and every one of you has instantly made me feel part of the Medvivo team and I thank you for that. I hope you find this newsletter interesting and will always welcome feedback and suggestions for future topics or improvements. Please get in touch with me by emailing med.vivo@medvivo.com

With very best wishes,
Janet Jennings
ACIP Professional Development Officer

Training Committee

The training committee meets monthly to discuss training and development for the organisation. It is made up of various members of the management team to ensure that the training needs for the whole organisation is discussed and represented.

With mandatory training, and training compliance are regular items on the agenda, all types of training are discussed and approved at the forum.

Re-introduction of Face to Face Training

The message from a number of clinicians has been loud and clear. Whilst the online sessions has increased accessibility of the courses to some training, you want to have the opportunity for face-to-face education. Whilst in those areas that do not have the facilities for on-site training.

With that in mind we will be introducing some face-to-face sessions over the coming months. Please note that we will be delivering these sessions under the COVID guidelines and therefore the number of places and location of the courses will be restricted for the time being.

Verification of Death (VoD) and McKinley T34 training

Face to face sessions for both of these subjects are recommended at the end of May at Shelton School in Chippenham. They will be offered at least, monthly sessions for staff to book onto for the annual update. Please note that we will be delivering these sessions under the COVID guidelines and therefore the number of places and location of the courses will be restricted for the time being.

The sessions will include both VoD and T34 and will run for approximately 1 hour, 5pm-6pm, with:

• 5pm-6.30pm, verification of death • 6.40pm-8pm, McKinley T34

You can book onto either the whole 4 hours, or just the part that you need. Sessions available are:

• 28th May • 22nd June • 20th July • 23rd August • 20th September • 27th October.

Please email training@medvivo.com to book your place.

Other face to face courses that are planned for the very near future are:

• Male and Female Catheterisation

• Manual Handling

• Changing and managing a Suprapubic Catheter

• Simulation training scenarios – learning from events and specific scenario training

We would like to hear from those staff members who have an inherent interest in leading. If there is anything you feel you would like to teach to your colleagues, please contact Janet or Daily to discuss.

Safeguarding Training Update

We have been working with our training provider Side to reintroduce the practical adult and children safeguarding training. Whilst you will have completed the safeguarding training, it is also a requirement for many staff to attend a course. COVID meant we had to put this on hold, however we are pleased to confirm that these will recommence in June.

Whilst the restrictions are still in place, to offer flexibility to those who require the training, and to ensure we increase the number of places on each course, these will initially be delivered remotely. Whilst this is not ideal, we feel this is the best option at the current time, until we are able to deliver courses in larger numbers on a face-to-face basis.

COMPLAINTS BULLETIN #2

Learning from Complaints

"For every complaint we get, we receive 4 compliments.

Learning from complaints is essential so we can take action to improve the service our patients receive."

Michelle Coleman, Patient Engagement Coordinator

Death Verification Notification

Background

A 93 year old patient passed away and the death verification was completed by a member of the Out of Hours clinical team.

The verification was not shared with the patient's own GP surgery which caused a significant delay in the patient's family receiving the formal death certificate.

At a time when they were grieving, the family had to make several unnecessary phone calls to obtain the document, required before any funeral arrangements could be made.

The complainant's concern

"It was horrible, health actually."

"I've just come off the phone with the GP surgery and they say they've got it now."

Learning from the investigation

It was clear from the investigation that we had not followed our normal death verification procedure and there was a lack of understanding of the process involved following the clinician's visit to verify the patient's death.

The staff involved in this case were asked to reflect on what happened and review the Standard Operating Procedure. A full apology was given to the patient's family, and the complaint upheld.

Clinician Attitude Background

A patient telephoned the NHS 111 service. She was 13 weeks pregnant, had started to bleed and wanted advice.

The complainant's concern

"Having suffered a previous miscarriage, in addition to this being a long awaited and much wanted pregnancy, I was scared and needed the advice and reassurance of a medical professional."

The doctor called back and spoke with absolute no trace of compassion or empathy."

"I was scared and needed the advice and reassurance of a medical professional."

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The subject of some of the complaints received led to the pilot of virtual '**Clinical Curiosity**' workshops. These sessions aim to review selected complex cases objectively and constructively.

The structure of the workshops enables clinicians to get together in an informal and open environment to learn about complex cases, review how they were managed and discuss, using a person/patient-centered approach, then learning how this can be applied to everyday clinical practice.

The first workshop launched in May 2021 with a focus on appropriate palliative routes, the validity of treatment escalation plans in euthanasia and the legal and ethical issues in patient care. Subsequent sessions have tackled children's mental health and injuries to under one-year-olds, and hard to diagnose conditions.

The session on hard to diagnose conditions was repeated as part of Advanced Practice Week in November 2021, whereby students of Advanced Clinical Practice at local Universities were invited to attend.

As a multi-professional team, Medvivo wanted to highlight to students how experiences can be shared to continually learn from cases, thus improving how high standards of patient care can be delivered within an integrated care system.



- **Support the provision of clinical training**

The introduction of the Practice Development role increased skills training available to clinicians and non-clinicians. Two clinicians also commenced ACP apprenticeships in September 2021, and others are completing some of the master's degree modules. This will continue unto 2022-3.

- **Ensure regular awareness-raising activities of key health topics such as sepsis, stroke and meningitis**

At a basic level, information has continued to be shared with the clinical teams. National sepsis awareness campaigns have been supported and the internal e-learning module was reviewed and updated.

Reminders about tools to support patient assessment of stroke were circulated following one of the Clinical Curiosity workshops (including the use of F.A.S.T., and the ROSIER (Recognition of Stroke in the Emergency Room) scale.

Due to changes in staff the former Sepsis Committee has been unable to progress their planned work. Medvivo recognises the importance of maintaining this work and this will be a priority for 2022-2023.

- **Formalise audits for Clinical Response and HIU services as part of existing quality assurance governance**

Audits have been formalised for the Clinical Response services, which has been included in the Audit section of this report. The HIU service audit will be carried out next year.

- **Implement and monitor use of early warning signs tool and monitor its effectiveness in patient management across multidisciplinary teams**

The proposal for implementing this for face-to-face treatment centre appointments was paused during the pandemic. This will be added as a priority for 2022-2023.

Priority 2: Patient Experience and Service User Safety

- **Grow the Group of 50**

This is Medvivo's virtual service user group, equivalent to GP practice's patient participation groups. Without a dedicated group of service users, this group was always going to be a challenge to grow without the opportunities for meeting people at meetings or local healthcare events that the pandemic restricted.

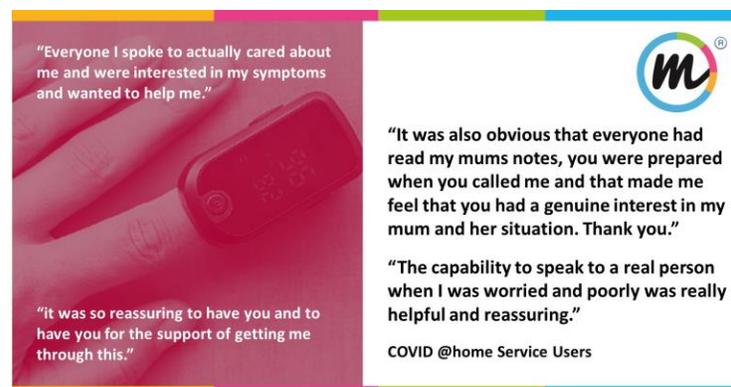
Going forwards, Medvivo will review this in line with their involvement with the setting up of a system-wide Patient Communication Hub.

- **Review patient feedback processes for new services**

As mentioned previously the feedback mechanisms have been limited, although service discharge processes (COVID Oximetry at Home and Urgent Care at Home services) and dedicated surveys (HIU service) have been useful.

COVID Oximetry at Home Discharge Service:

Of 81 patients asked, 32 said yes to completing the telephone survey. Only one person scored the overall quality of service as 3 out of 5, everyone else scored either 4 or 5.



A more proactive approach needs consideration to enable Medvivo to return to the levels of feedback being received prior to the pandemic. Consideration within part of the coming year must be given to improving these mechanisms to facilitate higher levels of feedback.

- **Develop the patient newsletter**

There have been several patient newsletters issued. The launch was soft via the Group of 50 and will be embedded into Medvivo's Communication Strategy as a valuable resource for engaging with service users and maintaining an awareness in the local communities being served.

In addition to focusing on key Medvivo business and service developments, the newsletter provides a platform for sharing staff news, reinforcing seasonal healthcare messages and supporting NHS and Public Health England campaigns.

- **Resume service user safety project**

This work started prior to the pandemic; with part one being completed. Part two has been on pause and will be reviewed in the coming year.

- **Additional activities**

Much of the focus for patient experience and service user safety has been the ongoing management of patient care. For the Urgent Care teams, this has involved managing patients with or without COVID-19 symptoms either on home visits or being seen at 'hot' or 'cold' clinics.

Tying in with the Infection Prevention and Control Committee, COVID-19 safe working guidelines have been continually reviewed and updated to ensure everyone's safety from arrival at an appointment, through to the consultation process, to leaving the appointment.

During this period, Medvivo also supported the roll out of the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) process which was unified across BSW in October 2021. A programme of communications and e-learning was rolled out to all clinical and non-clinical staff working in patient-facing roles.

Priority 3: Staff Wellbeing

- **Develop activities to support the Health & Wellbeing Strategy**

Medvivo's five-year strategy will focus on five key pillars: Include, Build, Boost, Support and Recognise. Activities to support these pillars over the past year have included:

- Wellbeing Warriors activity team challenge in April 2021
- StepSpotSnap challenge in May 2021
- National awareness campaigns supported (Men's Health, Black History Month, LGBT History Month, Stress Awareness, Every Mind Matters for mental health)
- Treasure trails and puzzle prize draws
- Re-set week (where staff were encouraged to only work their contracted hours)
- New co-worker feedback form trialled
- Golden 'thank you' gift trialled for managers to nominate colleagues

- Wellbeing webinars from BSW and other recognised organisations or charities
- Launch of **Wellbeing Wednesday** emails for staff to have a weekly wellbeing focus
- Time to Talk day (boxes of treats, conversation starters and motivational quotes were sent to all sites, with an invitation for home workers to join a Microsoft Teams virtual event to “talk”)



- **Review lone working and general staff safety policies**

Staff safety, including lone working, has been integrated into the Health and Safety team at Medvivo. This team gets together monthly after Risk Committee meetings to review any specific matters that have been escalated or highlighted.

During the early part of 2021, non-clinical responders were equipped with a StaySafe application that can raise an alarm manually or automatically if the person needs help. As lone workers, the team needed to feel secure and safe, and be able to raise an alarm if required. This was rolled out to other areas of the business where staff would be lone working.

Members of the Urgent Care team who carry out home visits were also reminded during the year about the importance of using the two-way radios they are supplied with for each shift. The radios provide peace of mind for their safety, but it also means that a clinician can call for urgent help in terms of equipment or medication during a visit, without having to return to the vehicle.

- **Invest in a dedicated wellbeing resource**

A Health and Wellbeing Coordinator was appointed in February 2022 to be responsible for the provision of a range of wellbeing support services, and to support managers where there are concerns regarding employee wellbeing.

In the two months of being in post, a Workplace Wellbeing project has been launched thanks to fellow HealthHero-owned mental health experts, Validium. This project offers a selection of training programs to support individuals being able to take responsibility for their own wellbeing, for managers to know how to manage mental health well, and to offer a wellbeing supporter initiative.

Recognition is key for boosting morale and new initiatives launched as part of this new role include the giving of spontaneous gifts of kindness. Managers can award a “self-care” or “pick me up” gift to members of their team. Colleagues can donate to charity in exchange for an act of kindness being sent to a co-worker with a personalised message and choice of gift.



The annual staff survey will be used to assess the impact of this new role. As the engagement levels were the lowest they have been in the last five years, Medvivo needs to invest in this area, which is a key driver to health and wellbeing in the workplace.

Priority 4: Partner Integration

- **Work collaboratively with key system partners**

Medvivo has worked more collaboratively over the past year to work on service developments and integrate better across communication channels.

- Worked with AWP to enhance access to mental health triage during the OOH period.
- Supported the trial of validating category 2 ambulance dispositions by working with ED consultants.
- Collaborated with local stakeholders including the CCG and acute hospitals to set up and manage the COVID-19 virtual ward and CMDU services.
- Ensured BSW-wide news was shared including the launch of the BSW Training Hub, BSW Academy, BSW Partnership and the BSW Integrated Care Board and System.
- Joined system partners on Communications meeting to scope and plan activities for sharing internally and across social media channels (with representation from local councils, acute hospitals, police, AWP and Wiltshire Health and Care).
- Development opportunities for securing additional clinical resource through owners, HealthHero, and being able to provide additional remote triage support.

- **Identify opportunities for enhancing existing services**

As a consequence of working with system partners, there have been various opportunities to enhance existing services. Most notably this relates to the COVID-19 remote monitoring service which has evolved into supporting virtual wards and CMDU.

SECTION 8: FUTURE PRIORITIES FOR 2022-2023

Looking to the future, Medvivo is committed to continuing to provide safe, high-quality care to all patients and service users. As the priorities for the previous year were set late in the previous period, some actions have not been completely fulfilled.

The quality priorities for the coming year take this into account and will focus on four key domains. The actions to underpin these areas will evolve during the year but will be focused on enhancing patient experience, continuing clinical development, and improving staff wellbeing and engagement levels.

Domain	Priority for improvement	Action Planning
Patient Experience	<ul style="list-style-type: none"> • Service delivery • Patient feedback • Complaints • Service user safety 	<ul style="list-style-type: none"> ➤ Hold workshops to assess key areas of interest ➤ Review current vs old processes ➤ Monitor, assess key trends ➤ Review project and requirements
Clinical Effectiveness	<ul style="list-style-type: none"> • Clinical education • Clinical treatment audits • Clinical tools monitoring 	<ul style="list-style-type: none"> ➤ Review and assess clinical training needs ➤ Investigate automation of reporting requirements ➤ Establish which tools and how this can be supported
Staff Safety & Experience	<ul style="list-style-type: none"> • Hybrid working • Employee engagement • Wellbeing resources • Supervision 	<ul style="list-style-type: none"> ➤ Quarterly feedback forum to those staff involved ➤ Review annual survey and requirements ➤ Establish key access points and contact programme ➤ Assess uptake for clinical and non-clinical sessions
Recruitment & Retention	<ul style="list-style-type: none"> • Clinical recruitment • Staff retention • Induction process • Role consolidation 	<ul style="list-style-type: none"> ➤ Review and assess process and orientation ➤ Establish retention rates and impact of service awards ➤ Evaluate existing process and plan improvements ➤ Implement roll out of UCA model

Priority 1: Patient Experience

To improve and sustain the safety of patients with enhanced focus on service delivery and feedback:

- Identify areas of concern whereby service delivery and patient experience could be improved.
- Research ways to gather service feedback, at the time of appointment or as a follow up.
- Investigate integration with the BSW Patient Communication Hub.
- Reduce the number of service complaints.
- Review the service user safety project.
- Gather feedback from the service delivery teams about what they think matters most to patients or service users – what do Medvivo do well or could do better, in the eyes of those providing the service.

Priority 2: Clinical Effectiveness

To embed a framework of training and development, that incorporates monitoring safe practice in accordance with defined national standards and recognised tools:

- Continue to develop training opportunities with the clinical and non-clinical teams who are caring for patients / service users.
- Formalise a rollout of the **Clinical Curiosity** workshops and **Complaints** bulletins.
- Re-launch of committee to focus on developing activities around key public health concerns, such as sepsis, stroke, meningitis and antimicrobial stewardship.
- Review audit programme to incorporate clinical treatment audits.
- Investigate ways to monitor use of early warning and other clinical assessment tools.

Priority 3: Staff Wellbeing and Experience

To improve staff wellbeing support and experience through a programme of focused support and regular interactions:

- Retain dedicated wellbeing resource to ensure consistent and regular communication.
- Encourage uptake of wellbeing training and support opportunities.
- Gather feedback from staff safety meetings.
- Provide an area for staff to access wellbeing resources (in a physical room or online).
- Evaluate and monitor implementation of hybrid working and seasonal vaccination uptake.
- Continue to support IPC work with hand hygiene awareness campaigns.
- Increase employee engagement levels via the annual staff survey with a view to gaining insight into the future development of wellbeing activities.

Priority 4: Recruitment and Retention

To ensure vacancies are filled promptly and staff are satisfied and remain working at Medvivo in the medium to long term:

- Review clinical recruitment and induction processes.
- Evaluate existing induction processes.
- Assess staff feedback about working at Medvivo, identify any key reasons for leaving.
- Implement the roll out of the UCA model across all Urgent Care base locations.

ANNEXES

Statement from Bath and North East Somerset, Swindon, and Wiltshire Clinical Commissioning Group on the Medvivo Group 2021-22 Quality Account

NHS Bath and North East Somerset, Swindon, and Wiltshire Clinical Commissioning Group (CCG) welcome the opportunity to review and comment on the Medvivo Group Quality Account for 2021/2022. 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 and is presented in the format required by NHSE/I presentation guidance.

The CCG recognises that 2021/2022 continued to be a challenging year due to the COVID 19 Pandemic which impacted on services provided by the Medvivo group. The CCG would like to thank Medvivo for their sustained contribution to supporting the wider health and social care system during the pandemic and the transition into COVID-19 recovery phase.

It is the view of the CCG that the Quality Account reflects Medvivo's on-going commitment to quality improvement and addressing key issues in a focused and innovative way. It is recognised that the achievement of several priorities during 2020/21 have continued to be affected by COVID-19, however, Medvivo has still been able to make achievements against many of their priorities for 2021/22, these include:

- The implementation of a rolling programme of education initiatives covering a wide range of topics including telephone triage, end of life care and a number of topics covering medicines management. In addition, the awareness activities for such key topics as sepsis, stroke and meningitis. The CCG welcomes the innovative way of education delivery through the use of Clinical curiosity workshops. The CCG (BSW Integrated Care Board (ICB) from 1st July 2022), looks forward to supporting Medvivo with their work around Sepsis as we move into an Integrated Care System (ICS).
- The development for collating and utilising patient experience data through new methodology such as the Group of 50 – Medvivo's service user group. The CCG recognises the challenges of developing this through the virtual pathways and looks forward to seeing this continue to develop in the year ahead.
- Investment in a dedicated wellbeing resource with the appointment of a health and wellbeing coordinator in February 2022 and the launch of a Workplace Wellbeing Project.
- Partner integration by working with system partners to develop services including working with Avon and Wiltshire Mental Health Partnership NHS Trust to enhance

mental health triage, collaborating with system partners to set up the COVID-19 Medicines Delivery Unit (CMDU) service and working in partnership with communications teams and system partners to scope and plan activities for social media channels to ensure consistent public messaging.

The CCG supports Medvivo's 's identified quality priorities for 2022/23.

It is recognised that several of the priorities described in this Quality Account align to the NHS priorities set out in the NHS Long Term Plan and Operational Planning Guidance with a crucial focus on staff wellbeing and workforce development. The CCG welcomes continued engagement in the agreed service improvement plan and focus on:

- Patient experience – looking to improve and sustain the safety of patients with enhanced focus on service delivery and feedback
- Clinical effectiveness - embedding a framework of training and development, building on achievements from 21/22 and the formal roll out and embedding of Clinical Curiosity workshop.
- Staff wellbeing and effectiveness through a programme of focused support and dedicated wellbeing resource
- Recruitment and retention including reviewing recruitment processes, obtaining staff feedback, and improving induction processes and support for staff.

The CCG recognises the exceptional partnership working that Medvivo has demonstrated in 2021/22, supporting the CCG with several projects including continued COVID at home service, the COVID virtual ward, COVID testing programmes and more recently the CMDU service. Furthermore, the CCG would like to acknowledge the work undertaken in the demobilisation and mobilisation of the 111 provider in November 2021 and the hard work put into the due diligence process which was needed to be managed at pace to ensure a good delivery of 111 service to the population of BaNES, Swindon and Wiltshire.

NHS Bath and North East Somerset, Swindon, and Wiltshire CCG are committed to sustaining strong working relationships with Medvivo and together with wider stakeholders will continue to build on our collaborative approach to achieve shared priorities as the Integrated Care System develops in 2022/23.

Yours sincerely



Gill May
Director of Nursing and Quality

Glossary

ATC	Access to Care
ATL	Acute Trust Liaison
AWP	Avon and Wiltshire Mental Health Partnership
BaNES	Bath and North East Somerset
BSW	BaNES Swindon and Wiltshire
CAS	Clinical Assessment Service
CAU	COVID Assessment Unit
CO@h	COVID at Home
COPD	Chronic Obstructive Pulmonary Disorder
COVID-19	Coronavirus
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
DHU	DHU Healthcare (NHS 111 provider)
ED	Emergency Department
GDPR	General Data Protection Regulation
GWH	Great Western Hospital
HIU	High Intensity User
IPC	Infection Prevention and Control
IUC	Integrated Urgent Care
NHS	National Health Service
nMABS	Neutralising monoclonal antibodies
OOH	Out of Hours
PaCCS	Pathways Clinical Consultation Support
PCC	Primary Care Centre
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
RUH	Royal United Hospital
SARC	Sexual Assault Referral Centre
SFT	Salisbury Foundation Trust
TEC	Technology Enabled Care
TSA	TEC Services Association
TUPE	Transfer of Undertakings (Protection of Employment)
UCA	Urgent Care Assistant
UTI	Urinary Tract Infection