

Medvivo Quality Accounts 2023 - 2024



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Executive Statements

Chief Executive Officer Statement



A handwritten signature in blue ink, appearing to read 'Liz Rugg'.

Liz Rugg
CEO

As we present our 2023-2024 Quality Account, it is with a renewed commitment to excellence and a forward-looking vision that I address you today as the CEO of Medvivo. This document reflects and evidences our ongoing dedication to providing outstanding healthcare services and our relentless pursuit of service improvement and innovation.

The past year has been one of consolidation and growth, building on the foundations laid in the previous period. We have continued to navigate the complexities of healthcare delivery with agility and a patient-first approach, ensuring that our services not only meet but exceed the expectations of those we serve.

Our team, the heart of Medvivo, has once again risen to the occasion, showcasing remarkable resilience and dedication amidst a landscape of ever-changing challenges. Their tireless efforts have ensured the continuity of accessible, high-quality urgent care services, for which the Medvivo Exec and Senior Management Team remain profoundly grateful.

In this year's Quality Account, we highlight the strides we have made in service improvements and business developments, our performance against the set priorities, and the new objectives we aim to achieve in the upcoming year. We celebrate our achievements and set our sights on new horizons, driven by our unwavering commitment to our communities.

We have embraced innovation, integrating cutting-edge technologies and evidence-based practices to stay at the forefront of medical advancements. Our focus on optimising patient flows and enhancing the patient experience through compassionate, personalised care has yielded significant benefits for both the system and individual patients.

Our organisational culture continues to thrive on inclusivity and diversity, fostering an environment where every member's unique perspective and talent contribute to our collective success. This culture of collaboration and innovation is pivotal in enhancing our care delivery.

Looking ahead, we are cognisant of the evolving health and social care landscape and the new challenges it presents. We are prepared to face these challenges with determination and strategic foresight. By strengthening our partnerships with stakeholders—patients, staff, regulatory bodies, system partners, and local communities—we are poised to adapt and innovate, ensuring that our services remain synonymous with quality and excellence.

As we embark on this new chapter, our Quality Account stands as a testament to our enduring promise to deliver outstanding services and our aspiration to lead the way in healthcare innovation and quality.



S Lavelle
Dr Sue Lavelle
Medical Director

It is a pleasure to once again reflect with pride on year of positive achievements.

Medvivo continues to provide high quality healthcare to the population of BaNES, Swindon, and Wiltshire. As always, we owe that success to the dedication and resilience of our clinical and non-clinical workforce, working cooperatively, always with the patient at the centre of what we do.

We work closely with our system partners, working alongside our colleagues in the community teams, the acute trusts and the ambulance service, in order to support the wider system, which has remained under significant pressure on a regular basis.

Our role in the development and provision of the Care Coordination service has been acknowledged nationally by NHSE as model for others to emulate, and the service maintains a high level of success in finding the most appropriate place and provision of care for patients who are unlikely to benefit from an admission to hospital. In recognition of this we were awarded the HSJ Gold Award for “Most Effective Contribution to Integrated Healthcare”.

We have a strong Clinical Leadership Team who ensure that we provide effective care with a high standard of clinical governance. We are also now a faculty of the University of the West of England, supporting the development of nurses, paramedics and other associated healthcare professionals to achieve Independent Prescribing qualifications or progress to masters-level Advanced Clinical Practitioner status. We are also supporting the BSW community pharmacists in gaining Independent Prescribing qualifications in support of the national Pharmacy First programme.

We continue to have a robust recruitment stream of clinicians wanting to work with Medvivo, many of whom mention our excellent reputation as a healthcare provider.

I am looking forward to the coming year as we continue to grow and develop in our contribution to the healthcare needs of the BSW population and our system partners.



Company Overview

Medvivo is an organisation dedicated to delivering exceptional care through a range of person-centered health and care services. Our vision of achieving excellence in care delivery is realised through our commitment to quality, innovation, accessibility, and responsiveness. We tailor our services to meet individual needs, supported by a team of well-qualified, motivated, and professional staff.

Since our inception in 2004 as Wiltshire Medical Services (WMS), Medvivo has grown from a single contract provider to a robust Integrated Urgent Care (IUC) service provider in the South West of England. Our evolution into Medvivo in 2013 marked a significant milestone in our journey, reflecting our steady growth and the cultivation of a strong workforce that now exceeds 500 team members.

Our leadership team, comprising executive and associate directors with both clinical and non-clinical expertise, ensures the safe and coordinated delivery of services. We pride ourselves on our strong clinical and corporate governance, which is central to our operations.

In 2018, Medvivo was awarded the Integrated Urgent Care contract for Bath and North East Somerset (BaNES), Swindon, and Wiltshire (BSW), incorporating various related services. Our key services include:

- Clinical Assessment Service (CAS),
- Out of Hours (OOH),
- Access to Care (ATC),
- Non-Clinical Response,
- High Intensity User (HIU) Service,
- Care Coordination.

Our collaboration with system partners, such as local acute hospitals and the South Western Ambulance Service, allows us to continually develop and deliver new services that best support the needs of our patients and the local health and care system. We are agile in enhancing our workforce and infrastructure to quickly roll out additional services, such as the Care Coordination Service.

Medvivo's headquarters are located at Fox Talbot House (FTH) in Chippenham, along with our call-centre and office-based support staff. We have embraced a hybrid working model, maintaining a core workforce presence across all locations to ensure operational excellence around the clock.

Our commitment to quality was recognised in 2019 when Medvivo became one of the first urgent care service providers in the UK to receive a second consecutive outstanding rating by the Care Quality Commission (CQC). This accolade affirms our dedication to providing the highest quality care and developing services that align with the needs of our communities.

As we look to the future, Medvivo remains steadfast in its mission to deliver outstanding care and to be a beacon of innovation and quality in the healthcare industry.



**Fox Talbot House, Chippenham*

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

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



Simplify

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



Own

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



Aspire

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



Respect

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

Care Quality Commission Statement



The Care Quality Commission (CQC) is the independent regulator of health and social care in England. It ensures health and social care services provide people with safe, effective, compassionate, and high-quality care, and encourages services to improve.

Medvivo is registered with the CQC, which is a testament to our commitment to these standards. Being registered with the CQC is a legal requirement and means that we adhere to the fundamental standards of safety and quality. It also signifies that we are subject to regular inspections to ensure compliance with these standards.

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>.



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

Medvivo Group Limited

We suspended our routine inspection programme in March 2020 in response to Covid-19 and do not intend to resume it for the immediate future. We have continued to use a mix of onsite and off-site monitoring to ensure the public have assurance as to the safety and quality of the care they receive. As we emerge from the pandemic we are further developing our monitoring approach. In accordance with this approach we carried out a review of the data available to us about Medvivo on 08-06-2023.

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

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

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

We carried out a review of the data available to us about Medvivo on 08-06-2023. We have not found evidence that we need to carry out an inspection or reassess our rating at this stage.

Care Quality Commission

Service Overview

Integrated Urgent Care



The Integrated Urgent Care (IUC) Service provides timely and efficient care for patients who require urgent medical attention.

Medvivo offers a comprehensive IUC service to individuals registered with a General Practitioner within the Bath and North East Somerset, Swindon, and Wiltshire (BSW) Integrated Care System. Our IUC service embodies a commitment to deliver efficient, unified, and patient-focused care, ensuring individuals receive the correct service promptly.

The essential elements of an effective IUC service include:

- **NHS 111:** The service can be accessed through NHS 111 online, or via the NHS 111 helpline, where trained health advisors assess patients' needs and provide appropriate advice or refer them to the right level of care.
- **Clinical Assessment Service:** This service involves clinical professionals (such as nurses, paramedics, pharmacists, or GPs) who assess patients remotely and provide advice, diagnosis, and treatment recommendations.
- **Out-of-Hours Urgent Care:** Provides access to clinical face-to-face assessment for urgent care needs, outside of regular primary care opening hours.



NHS 111 is a free-to-contact medical helpline which provides the most appropriate non-emergency medical advice for patient needs. Demand on the service has been consistently high with between 22,000-31,000 contacts received per month.

In April 2023, the NHS 111 service underwent a significant transition with Practice Plus Group (PPG) taking over its operation. PPG's collaboration with Medvivo has been pivotal in this endeavour, ensuring a seamless integration of services within the local region.

PPG operates a large call-centre based in Bristol, which is complemented by team members co-located with Medvivo at Fox Talbot House in Chippenham. This co-location strategy leverages the combined local knowledge and expertise of both organisations, fostering a co-operative environment that benefits the both organisations.

A testament to the successful mobilisation of the new local 111 provider is the seamless implementation process that occurred without any disruption to service or patient care. This achievement highlights the effective teamwork between PPG and Medvivo, setting a precedent for ongoing collaboration and partnership.

Furthermore, the collaborative efforts extend beyond operational aspects, with shared learning sessions and discussions on case studies being conducted to understand pressures across all system services. These initiatives are part of a broader strategy to promote care coordination and ensure a holistic approach to patient care.

“PPG has a proven track record in providing a solid urgent care service, and at a time when NHS 111 is helping more people than ever before, their invaluable experience will be a huge benefit to both staff and patients. I look forward to forging a long and positive working relationship with the PPG team and know their arrival in our region will be a positive step forward.” - Gill May, Chief Nurse, Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board.



Clinical Assessment Service

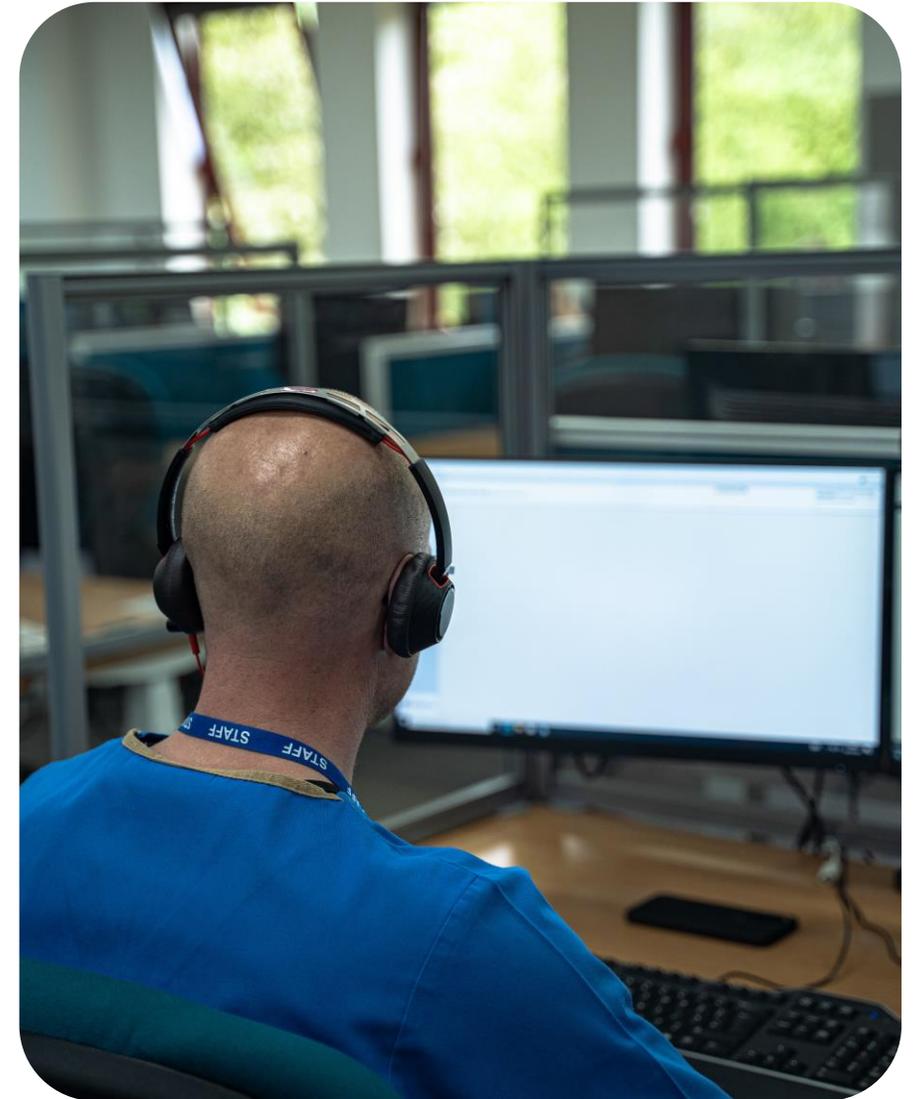


Clinical Assessment Service (CAS), operational 24/7, is steered by a multidisciplinary clinical team, with non-clinical coordinators providing essential expert support. CAS is the next step for cases escalated from NHS 111 that require a senior clinical review, ensuring patients are directed to the most appropriate care.

Healthcare professionals also have a direct line to the CAS for clinical advice and support to manage patient referrals. The service outcomes range from providing advice, issuing prescriptions, scheduling appointments, to referring patients for onward further assessments.

While most assessments are conducted via telephone, our clinicians can also perform video consultations with patients over their mobile device. In addition to providing a layer of convenience by reducing the need for some face-to-face appointments, video consultation increase patient safety with the ability to escalate concerns more rapidly by having a visual on the patient much earlier.

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



Out-of-Hours Urgent Care



This service operates when in-hours GP surgeries are closed, from 18:00 to 08:00 on weekdays, and 24/7 on weekends and bank holidays. Cases are passed to the CAS via NHS 111, and if needed, patients will have a face-to-face appointment at one of the treatment centres from which Medvivo is located, or alternatively, a home visit may be arranged.

The clinical team, comprising of General Practitioners (GPs) and Advanced Clinical Practitioners (ACP), is further complemented with the support of Clinical Responders. These highly qualified, non-prescribing medical professionals collaborate with a senior clinician within the CAS to supervise the care of patients who require face-to-face consultations during home visits.

Medvivo have out-of-hours treatment centres located across BSW at the following sites:

- Chippenham Community Hospital: Chippenham SN15 2AJ
- Keynsham Health Centre: St Clements Rd, Keynsham, Bristol BS31 1AF
- Moredon Medical Centre: Moredon Rd, Swindon SN2 2JG
- Salisbury Medical Practice: Fountain Way, Wiltshire, Wilton Rd, Salisbury SP2 7FD



CAS & OOH



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total
CAS Consultations	11,469	10,196	9,094	9,823	8,875	9,514	10,308	10,246	13,576	11,500	10,538	13,056	128,195
Base Consultations	1,393	1,232	982	1,071	1,005	1,041	1,229	1,310	1,612	1,303	1,273	1,643	15,094
Home Visit Consultations	1,270	895	808	881	786	822	895	892	1,054	870	862	949	10,984



The Care Coordination service provides timely support for the ambulance service to access alternatives to the Emergency Department where clinically appropriate, ensuring patients are seen in the setting most suited to their needs. Managed by a multidisciplinary and multiagency team of clinicians (including GPs and Advanced Clinical Practitioners), the Care Coordination service is based at Medvivo's head office.

Care Coordination operates 08.00 - 20.00. After these hours, the calls are handled by our Out Of Hours services.

Care Coordination Model

- An organisationally agnostic, system wide service.
- Staffed by a mix of Advanced Clinical Practitioners (ACPs), General Practitioners (GPs) and Emergency Department (ED) consultants and overseen at all times by an onsite clinical lead.
- Linked to, and supported by, each of the place based hubs within each locality. Staff from the locality and community teams either work from the central hub or are accessed remotely.
- Receives referrals via ambulance Computer Aided Dispatch (CAD), Paramedics on Scene, Health Care Professionals, Care Homes, and patients on the End of Life Register, either directly or from the community teams that it supports.
- No exclusion criteria, the team provide support for patients across the age, speciality and acuity spectrum
- Specialist Paramedic co-located with the team has access to the Ambulance Service case load and can pull appropriate cases to avoid ambulance dispatch.

Care Coordination Principles

- Provide care in the most appropriate setting: For example, at home utilising the Urgent Community Response (UCR); or at an Urgent Treatment Centre
- Facilitate early clinical conversations to optimise clinician and patient contact time
- Utilising a personalised approach – increasing patient satisfaction and reducing inequalities
- Develop a truly integrated workforce model to improve access and flow
- Connect the patient to the right care needs
- Provide timely access to the correct care pathway, reducing stops along the way
- Adaptable, multiprofessional workforce
- Working across traditional boundaries – true integrated working

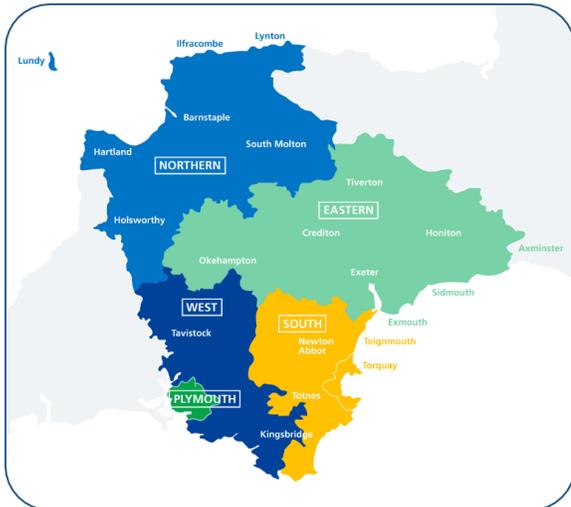


BSW: The BSW Care Coordination Service has been operational since December 2022 and continues to be a strategic priority for the Bath and North-East Somerset, Swindon, and Wiltshire Integrated Care Board.

The service is aimed at reducing unnecessary Emergency Department visits by providing timely support for ambulance crews to access alternative care settings where clinically appropriate. The service supports ambulance crews by offering a discussion with a senior clinical decision maker to determine the most suitable admission route or community services referral for non-time-critical patients.

Additionally, since the establishment of a connection between the Ambulance Service's patient management system and Medvivo's Adastra platform, it has facilitated the direct transfer of appropriate cases to the CAS, streamlining the process and alleviating the Ambulance Service's workload, thereby enhancing patient experience and strengthening inter-organisational collaboration.

The service has been recognised for its effectiveness, winning a gold award in the HSJ Partnership Awards 2024 for Most Effective Contribution to Integrated Health Care.



Devon: Building on the success of the BSW Care Coordination Service, the model was adopted in Devon to enhance care coordination and reduce unnecessary Emergency Department visits.

The Devon Care Coordination Service, operational since December 2023, swiftly adapted the BSW model to provide an interim service for the Devon Integrated Care Board just before Christmas. This service has supported over 4,000 patients, with only 19% requiring onward conveyance to an Emergency Department, demonstrating its effectiveness in managing patient care within the community.

The service's rapid implementation and positive outcomes have led to a request for its continuation until the end of September 2024, reflecting the confidence in the model's ability to provide efficient and patient-centred care.

The BSW model's success in Devon highlights the potential for such care coordination services to be replicated in other regions, promoting better health outcomes and more integrated care systems.



INPUTS

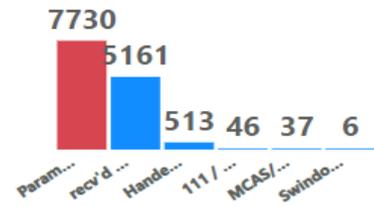
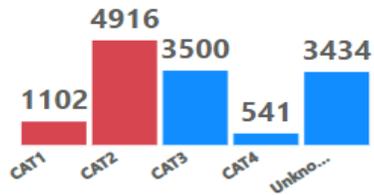
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TO

31/03, Sun 20:00

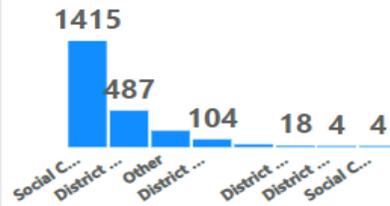
13,493

Referrals



2286

Already known to community services



OUTCOMES

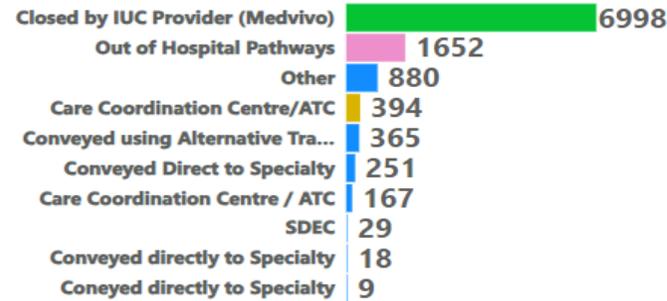
2061

Conveyed To ED

Referrals Conveyed



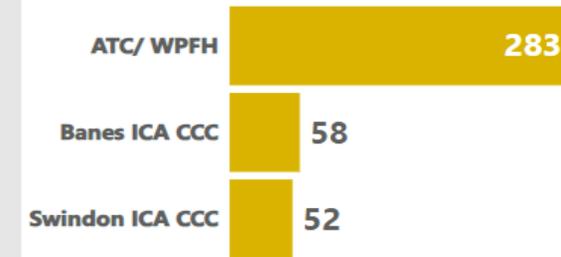
Non-Conveyance Outcomes



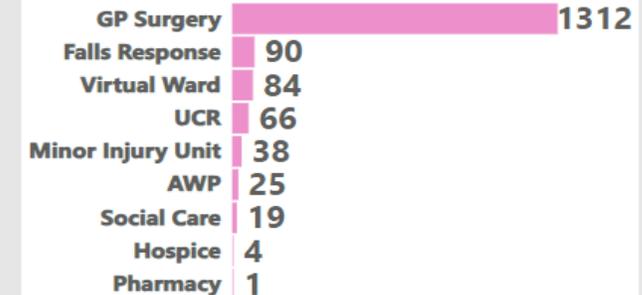
Non-Conveyance Preferred Pathway Availability



Care Coordination Centre/ATC

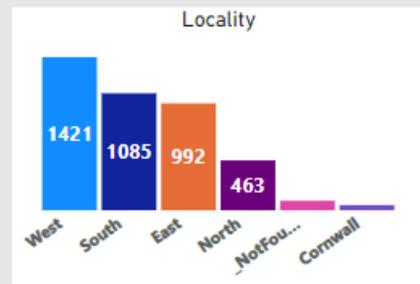
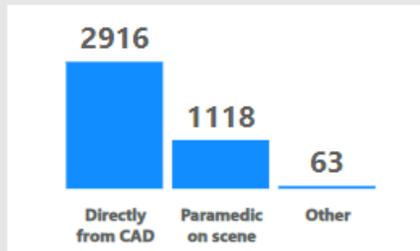
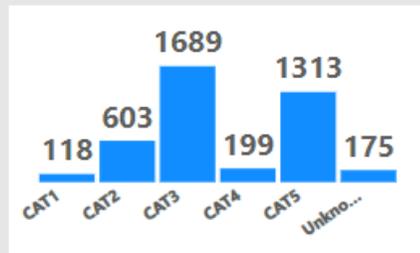


Out of Hospital Pathways

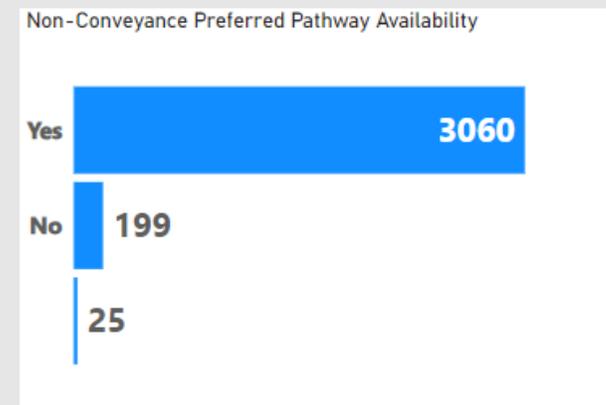
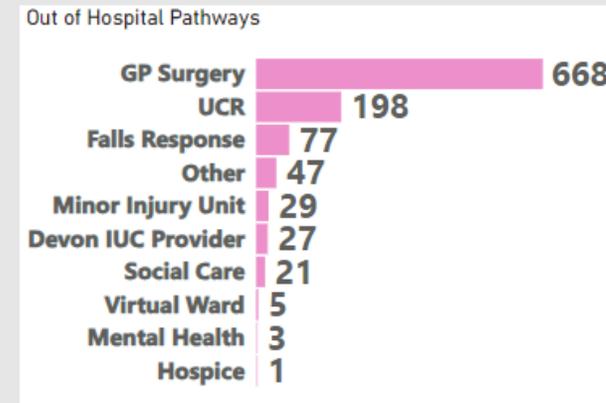
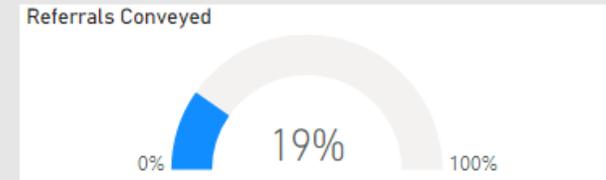
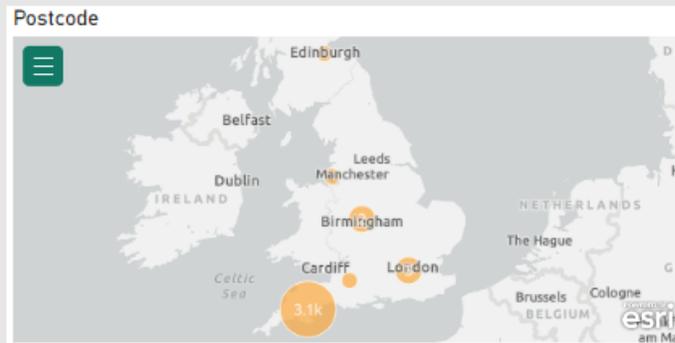
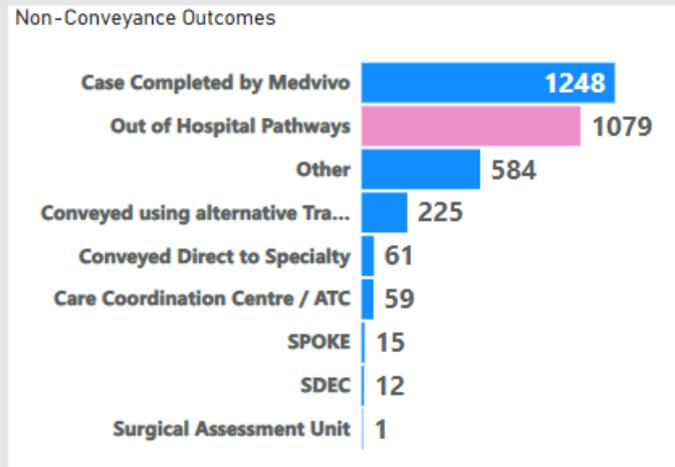
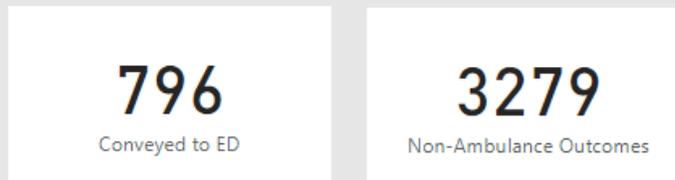




INPUTS



OUTCOMES



Access to Care (ATC) is a service that helps patients access the right care at the right time.

As the Single Point of Access (SPA) for Wiltshire, the service has a team of skilled clinicians, including Nurses, Paramedics, Occupational Therapists and other Allied Healthcare Professionals, who help to coordinate care.

With comprehensive knowledge and expertise of the local healthcare system, the team helps to prevent acute hospital admissions and expedites discharges, while also providing support for referring the patient to community health teams.

The team assesses patients from 8am to 9pm on weekdays and 8am to 6pm on weekends and bank holidays. Outside these hours, Medvivo's Out of Hours staff provide the service.

Admission Avoidance

The SPA is key in finding ways to ensure that patients get the right care in the most suitable place and avoid being admitted to hospital when not needed. The SPA acts as a link between health and social care providers identifying the best and most optimal patient pathways.

The term 'admission avoidance' is often used, it is important to keep in mind that we all have a responsibility to try and make sure that patients are treated at home or close to home whenever appropriate and possible.

Case Management

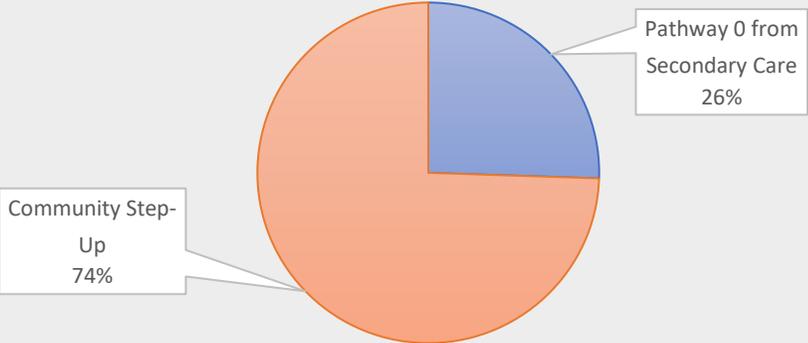
A key role of the Single Point of Access is to work as a link and coordination system that works together with community health services, community hospitals, voluntary services and social care services, making sure the patient gets the right care from the right service at the right time.

It is not just a signposting service; the clinical staff evaluate the needs of each patient and plan the treatment of each case in detail before transferring it to the most suitable agency.

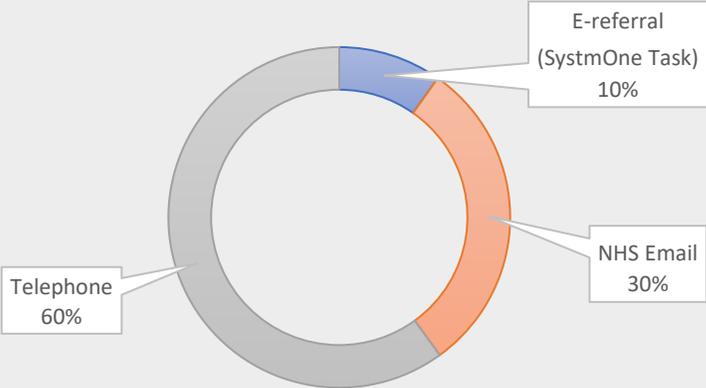




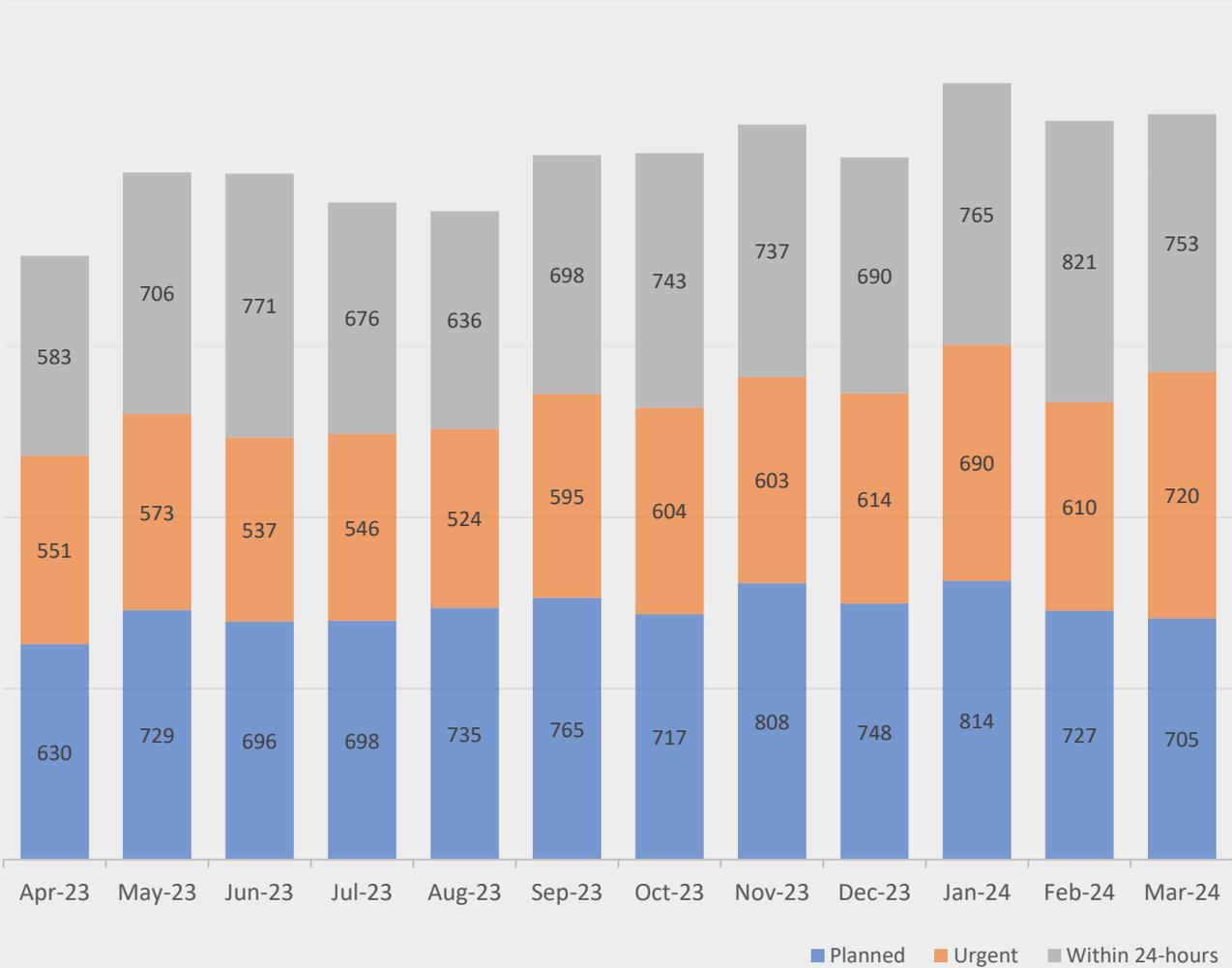
ATC Referral Source



ATC Referral Method



Total ATC Referrals



Non-Clinical Response



The Non-Clinical Response Service operates 24/7 every day of the year providing community care and support to people living within the Wiltshire area. All our core services are supported with a mobile care response team. Providing urgent care, support and reassurance at home anytime day or night, our responders liaise with the region's telecare alarm monitoring provider, Appello, and can obtain advice from our clinical teams to assist with all aspects of general health and social care.

Operating from three locations, the Service is delivered by a highly capable team with a skill-set including personal care, end of life care, people handling, observations and remote monitoring. Accredited by the TEC (Technology Enabled Care) Services Association (TSA), the Service is audited annually to ensure it continues to meet or exceed the TSA Quality Standards Framework. Achieving this accreditation testifies to the high quality of service provided by this team.

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

Urgent Care at Home (UC@H)

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

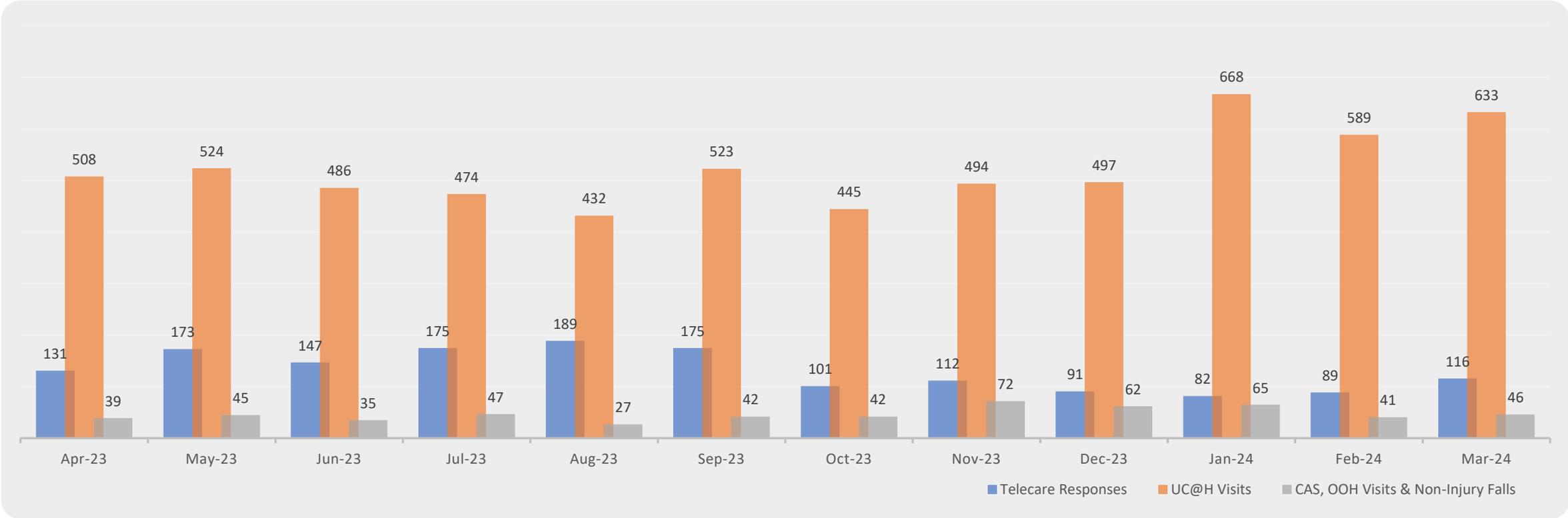
Medvivo directly provides the Telecare Response service, and collaborates with Appello who, as of May 2024, are directly commissioned to provide the Telecare alarm monitoring service. Together the two organisations deliver high quality support to people who access the service.



Non-Clinical Response



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total
Telecare Responses	131	173	147	175	189	175	101	112	91	82	89	116	1,581
UC@H Visits	508	524	486	474	432	523	445	494	497	668	589	633	6,273
OOH & Non-Injury Falls	39	45	35	47	27	42	42	72	62	65	41	46	563



High Intensity User Service



The High Intensity User (HIU) Service in Bath and North East Somerset, and Swindon was commissioned from Medvivo in 2019. The service works together with Wiltshire Centre for Independent Living (WCIL), which provides the service in Wiltshire, to support and guide people who may use healthcare services more often than usual.

NHS services identify the people in the area who have visited the Emergency Departments (ED) most frequently. The team uses the personalised care model and supports high intensity users with the aim of improving their experience and outcomes and reducing ED visits and other areas of high impact.

The team has three Community Connectors, who contact people to offer support and talk about how to improve their wellbeing using a "what matters to me" approach. This could involve helping people to access other services that may suit their needs better, communicating with medical professionals, joining local community groups or finding new ways to connect with people.

Sometimes people struggle to express their problems and find the right support for their wellbeing. The Community Connectors work together, listening actively and 'walking alongside' people, making sure they are seen as a whole person with skills, strengths and attributes, as well as making sure their healthcare needs are met. This change in relationship encourages everyone to work together and make decisions together.

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

NHS England HIU Service Principles:

- Identify the top 50 people who make most high intensity use of A&E identified utilising A&E data systems
- Personalised and direct contact from a HIU lead focusing on the individual's issues, identifying, de-medicalising, de-criminalising and humanising their needs to uncover the 'real' reason for attending A&E or an admission
- De-escalates the issue as many individuals use health care frequently due to an escalation in their social, emotional, financial, or family issues, an unmet need
- Discharge from the project to community or voluntary support services. Community or voluntary support services are available when the individual needs on-going support but not at the intensity or level of the HIU Lead. Many are reconnected to their community with renewed friends and purpose.
- Manages relapse occurring when individuals begin to feel isolated again or can no longer cope with a change in situation. They may begin attending A&E again, individuals contact the HIU lead directly who picks up their issue and helps them, rather than feeling the only option is to reattend A&E.
- Quality of intervention. Higher quality more personalised and effective interventions create positive outcomes for individuals and deliver financial savings to the system with increased pace.



Stacie is one of the Swindon HIU Community Connectors. She has worked in health and social care for more than 15 years within Bath and Wiltshire which has included non-clinical work in ED departments, giving her valuable insight to some of the challenges presented to the service. Throughout her career, Stacie has worked with people from all walks of life and having taken an interest in the HIU service and seeing what the service can offer to support individuals she immediately knew it was something she wanted to be a part of.

“Being a community connector is a challenging role but very fulfilling – supporting individuals, building trust and overcoming barriers to see positive outcomes for them is great.”



Nicky is the senior HIU Community Connector and supports Swindon in her role. She has worked within social care for more than 20 years and is keen to ensure that the people she works with can be supported in accessing the right care to meet their needs. When talking about her role, Nicky says:

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



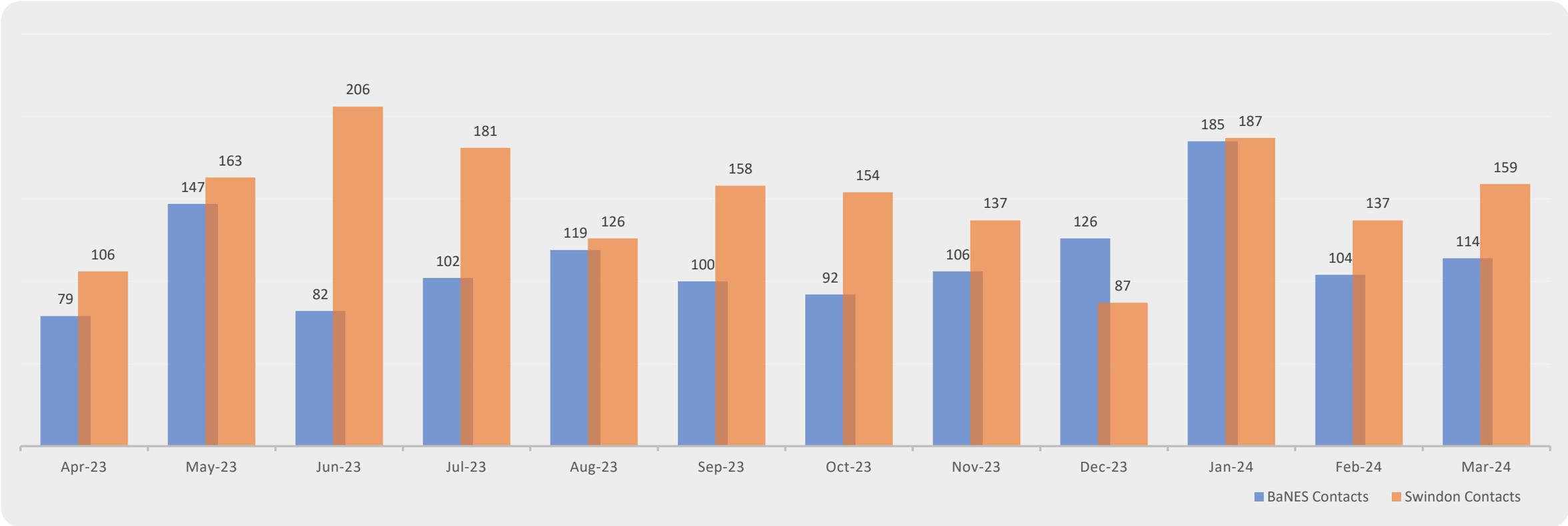
Steve is the BaNES HIU Community Connector. He started his career in the music business in sound engineering and as a musician. Later he worked for more than 15 years in the NHS for the Opportunity Support Team in the West Midlands. This was within the Opportunity Support Team, supporting people with severe challenging behaviour and learning difficulties. He has also worked within a secure mental health ward and then went on to mentor young adults who were out of school and education to integrate them into their communities.

“The challenges and unpredictable nature of the job role are outweighed when the people we support reduce ED attendances and ultimately make positive life changes”

High Intensity User Service



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total
BaNES Contacts	79	147	82	102	119	100	92	106	126	185	104	114	1,356
Swindon Contacts	106	163	206	181	126	158	154	137	87	187	137	159	1801



Quality Assurance

Quality underpins all aspects of our operations.

Medvivo strives to achieve the highest quality in all aspects of our operations, and we work hard to ensure we provide services and solutions that deliver safety, professionalism and the highest user satisfaction. We actively measure our performance and seek feedback from our service users and customers.

Our governance model focuses on continuous interaction with teams and individuals. We empower Quality Team members to lead from the front, working holistically with operational and clinical patient-facing teams. This approach ensures quality is not just a buzzword but an intrinsic part of operations, deeply ingrained in every aspect of the organisation.

All new starters receive quality and governance training as part of their induction programme, delivered directly by their respective line manager and a member of the Quality Team. Collaboration and engagement are continued with regular interaction at team meetings, departmental secondments, multidisciplinary workshops, end-to-end reviews, and representation on the Employee Forum. Clinical Curiosity sessions are held as a forum for staff to join and openly discuss learning from real, anonymised cases of interest.

Staff are regularly updated with changes to the governance model via our internal communications team, Executive staff briefings and updates to intranet sites. All staff are encouraged to ask questions at regular Q&A sessions to gain a full understanding of our service and governance model.

Quality Committee

Assurances on all aspects of governance is via the Quality Committee, confirming appropriate processes are in place to identify risks and ensure they are managed accordingly. The committee is attended by a full multidisciplinary team to share learning, monitor progress and facilitate rich collaboration for continuous improvement. Regular items on the agenda include:

- Safeguarding
- Health and safety
- Non-clinical audits
- Recruitment and retention
- Data protection and Information Security
- Incident management and business continuity
- Service development projects
- Patient engagement
- Staff management
- Risk management
- Training and staff documentation compliance

Clinical Effectiveness Committee

The Clinical Effectiveness Committee plays a vital role in enhancing the quality and efficacy of Medvivo's clinical services. By examining latest research, evidence-based guidelines, feedback from staff and best practices, the Committee identifies areas for improvement and implements strategies to optimise patient experience and outcomes. Each with a dedicated Clinical Lead, regular items on the agenda include:

- IP&C
- Antimicrobial resistance
- Medicines management
- Sepsis and deteriorating patients
- NICE guidance
- Practice development
- End of life (EoL) care
- Central Alerting System alerts
- HPAN alerts
- Learning difficulties
- Frequent callers and High intensity users
- Clinical pathways and clinical audits

Fundamental to patient safety is the Risk Committee. Responsibilities are to provide assurance by reviewing and scrutinising risks and patient safety concerns ensuring robust controls are in place. The Committee sets the tone for the rest of the organisation, leading by example, applying the principles of a learning and just culture.

Chaired by the Associate Director of Quality, the Risk Committee meets every Thursday and is attended by senior representatives across the partnership, including the Chief Operating Officer and Medical Director. As well as representatives from the leadership team, managers are encouraged to include frontline staff who possess a wealth of hands-on experience and practical insight. Involving frontline staff creates a sense of ownership and engagement, further strengthening the culture of quality across all levels.

Medvivo's philosophy is that all complaints, incidents and near misses provide learning opportunities. Staff are encouraged and equipped through training to report incidents freely, each one receiving a detailed investigation from appropriate staff. All reported learning events, including safeguarding, are reviewed at the Risk Committee. All high-risk events, or events of a repeat nature are discussed in detail. Every event raised is given a Lead-Handler who is then responsible for feeding back completed actions to the Committee; cases are not removed from the agenda until closed.

The Lead-Handler is responsible for ensuring investigation findings are provided to the individual, or team, who reported the learning event. Datix supports this by automatically emailing the recorded summary to the reporter, but 1-2-1 feedback is critical. This acknowledges their contribution to the partnership's safety and improvement efforts, while also demonstrating how their input has led to meaningful actions and service developments. It also provides an opportunity for additional detail or further clarification which can enhance the investigation.



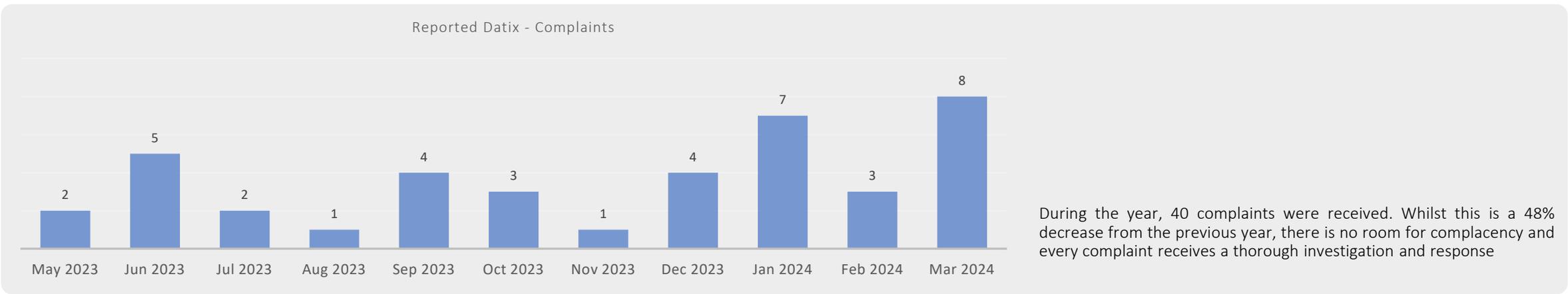
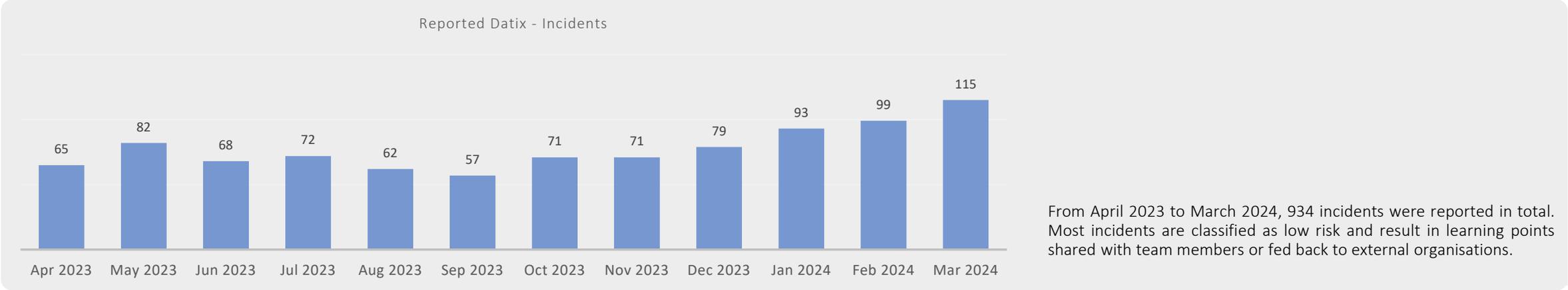
Medvivo is transitioning from the Serious Incident Framework to the Patient Safety Incident Response Framework (PSIRF) and has a live PSIRF plan. All patient safety incidents receive a full and thorough investigation and as part of the transition to PSIRF, Medvivo utilises a range of system-based approaches including the SEIPS model.

A vital component of the Risk Committee is application of the appreciative inquiry model, to discover untapped positive potential and to uncover existing strengths within the organisation. It is important to not only discuss and learn from identified areas for improvement, but also from examples of good practice.

Patient testimonials and compliments are shared at the committee and a team is nominated to receive a Recognition Award for exceptional feedback that best reflects our vision and shared values.



We have a strong culture of reporting. When staff feel encouraged and supported in reporting incidents or near-misses, it creates an open environment of transparency and accountability. To achieve this, Medivo utilises Datix as the partnership’s web-based event management systems. Datix supports the reliable and consistent recording of learning events which enhances our safety, quality and performance standards by identifying, addressing and preventing issues in a timely manner.



In our continuous effort to enhance the quality of care we provide; we have conducted thorough Patient Safety Incident Investigations (PSIIs) throughout the past year. These investigations are pivotal in identifying opportunities for learning and improvement, focusing on enhancing healthcare systems rather than attributing individual blame.

The primary objective of a PSII is to offer a comprehensive explanation of how organisational systems and processes may have contributed to a patient safety incident. By examining system factors such as tools, technologies, environments, tasks, and work processes, we can pinpoint actions that will lead to significant improvements in patient safety. Our PSIIs commence promptly after an incident and are typically concluded within three months, although this period can be extended if necessary to accommodate the needs of those affected, including patients, families, carers, and staff.

In the event that a PSII uncovers substantial risks necessitating immediate action, we ensure that these actions are implemented without delay. Further safety actions for system improvement may be introduced subsequently, following a safety improvement plan derived from the findings of multiple investigations or other learning responses. The investigations are spearheaded by a senior lead investigator, trained to conduct investigations with a focus on learning. Our investigators adhere to the guidelines outlined in the Patient Safety Incident Response Framework and the national Patient Safety Incident Response Standards.

Medvivo is committed to maintaining transparency and openness. We provide extensive support to patients and families, ensuring we listen and understand their needs to assist them through the grieving process, as emphasised in Medvivo's Being Open and Duty of Candor Policy.

Over the past year, from April 2023 to March 2024, we have submitted four serious incident reports. Each of these incidents has been fully investigated, with valuable learning outcomes identified. For every reported Patient Safety Incident, we conduct a comprehensive investigation and compile a detailed report. This report identifies all contributing factors and any additional incidental learning. An action plan is then developed, assigning specific owners to guarantee the timely completion of each action.

Key Learning Themes Identified Through Patient Safety Incidents:

- System-wide pressure due to high activity levels.
- Delays in contact for Clinical Assessment Service (CAS) consultations.
- Delays in contact for home visit consultations.
- Incorrect NHS pathways assessments.
- Incorrect processes followed during patient callbacks.

Learning Workshops & Thematic Reviews



Throughout the year, we have leveraged the insights gathered from incidents, including Patient Safety Incidents, and complaints to conduct multiple case reviews, end-to-end reviews, and workshops. These activities have been instrumental in identifying key areas for improvement and fostering a culture of continuous learning and development within our teams.

Winter pressures lesson learnt workshop: Each year, the NHS and Medvivo experience a surge in demand during the winter months, placing significant pressure on our services. To address this, we held a post-winter workshop with PPG to identify and action learning from the season's challenges. The workshop provided a platform for multidisciplinary teams to reflect on what worked well and what could be improved. Key successes included boosting staff moral through initiatives like 'Love to Shop' vouchers, increasing patient welfare calls with help from support services, maximising operational resources by standing-down non-essential meetings, the growth of the Clinical Navigator role and the Clinical Responder model to enhanced our response capabilities and the proactive hire and use of additional 4x4 fleet hire which ensured service continuity during adverse weather conditions.

Business continuity post event reviews: In response to unexpected and unavoidable events, such as the loss of a third-party telephony provider, we have conducted multiple business continuity workshops. These workshops are a testament to our commitment to resilience and preparedness in the face of unforeseen challenges. Following each business continuity event, we conducted a post-event review to assess our response and identify areas for improvement. These reviews culminated in larger workshops aimed at making our plans and action cards as robust as possible. Our approach ensures that we are not only prepared to respond to immediate challenges but also equipped to maintain our operations during such events. Each year an Emergency Preparedness, Resilience, and Response (EPRR) audit is conducted by the ICB and in September 2023 Medvivo were acknowledged as fully compliant.

Home visit management workshops: A series of five workshops were dedicated to improving the management of home visits. These workshops brought together clinical and operational teams to collaboratively develop an enhanced process for home visits. The outcome was a clearly defined set of roles and responsibilities, ensuring that all team members understood their part in delivering high-quality patient care. The new process also established clear communication touchpoints with patients, aiming to manage their expectations effectively and keep them fully informed throughout their care journey. This initiative was a direct response to feedback from incidents and complaints, which highlighted the need for better communication, especially when delays occurred.



Audit Data

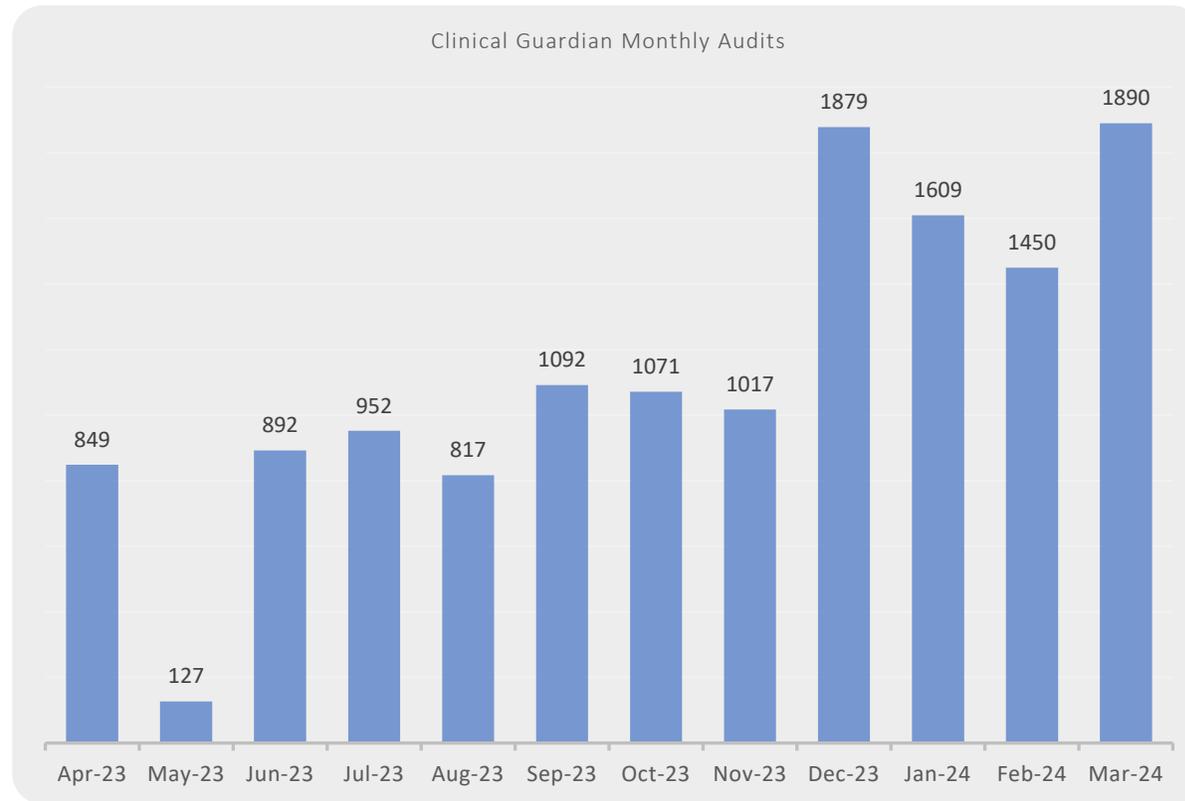
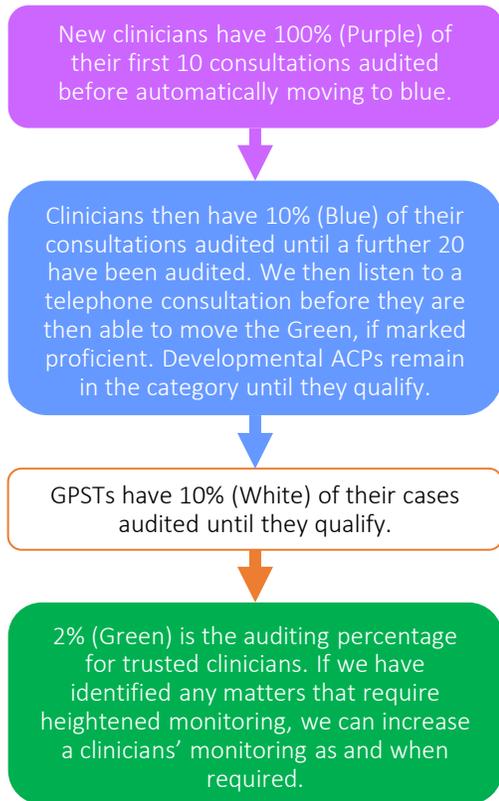


A key component of the Quality Committee and Clinical Effectiveness Committee is the review of audits. Audits are conducted across all areas of Medvivo to ensure patient care is of a high quality. Audits provide opportunities for learning and development, ensuring patient outcomes and experience continues to improve. Audit schedules are developed to be tailored to the individual needs of the service, each in line with best practice, clinical and regulatory standards and user guides to enable us to effectively measure and monitor outcomes and improvements. Audits identify good practice and areas of success and evolve to include any learning areas that arise from complaints or incidents.

Local clinical and non-clinical audits are managed by teams in each service area. Senior and experienced members from each service complete audits for their respective area. These are closely monitored by the Service Managers who have overall responsibility for audits within their service. Reports are reviewed regularly at committee meetings, open to group discussion with representatives from all areas of the organisation. Changes to audit criteria are agreed if appropriate at the Quality Committee, to ensure good governance is shared throughout.

Clinical audits within the OOH, CAS and Care Coordination services are conducted primarily via the web-based Clinical Guardian tool. Clinical Guardian uses a systematic approach to assess clinical competence, presenting the questions based on the Royal College of General Practitioners audit toolkit. Not only is feedback sent to the clinician automatically via email, but clinicians can also respond to this feedback via the platform which enables us to have open ongoing conversations with our wider clinical team. The system allows early identification of trends, so an appropriate response can be implemented before harm is caused. With a built-in report centre, it allows for easy extraction and analysis of data at an individual and organisational level.

Of the 13,645 cases audited via Clinical Guardian, 93.8% were marked as 'Proficient', 5.85% 'Proficient with Group Comments' (where minor reflective feedback is shared with the clinician), and less than 1% 'For Reflection'.



*Due to the mobilisation of a new Adastra system in May-23, a reduced number of audits were retrospectively completed across June and July 2023.

SystemOne Audits

Medvivo uses both Adastra and SystemOne for the recording of clinical consultations. Adastra is the main system for CAS and OOH services, and can send data directly to Clinical Guardian for audit.

SystemOne provides a reliable back-up system for Adastra. SystemOne is also frequently used to support with any additional services outside of the core CAS and OOH services. SystemOne data cannot go to Clinical Guardian, so manual audits are completed monthly.

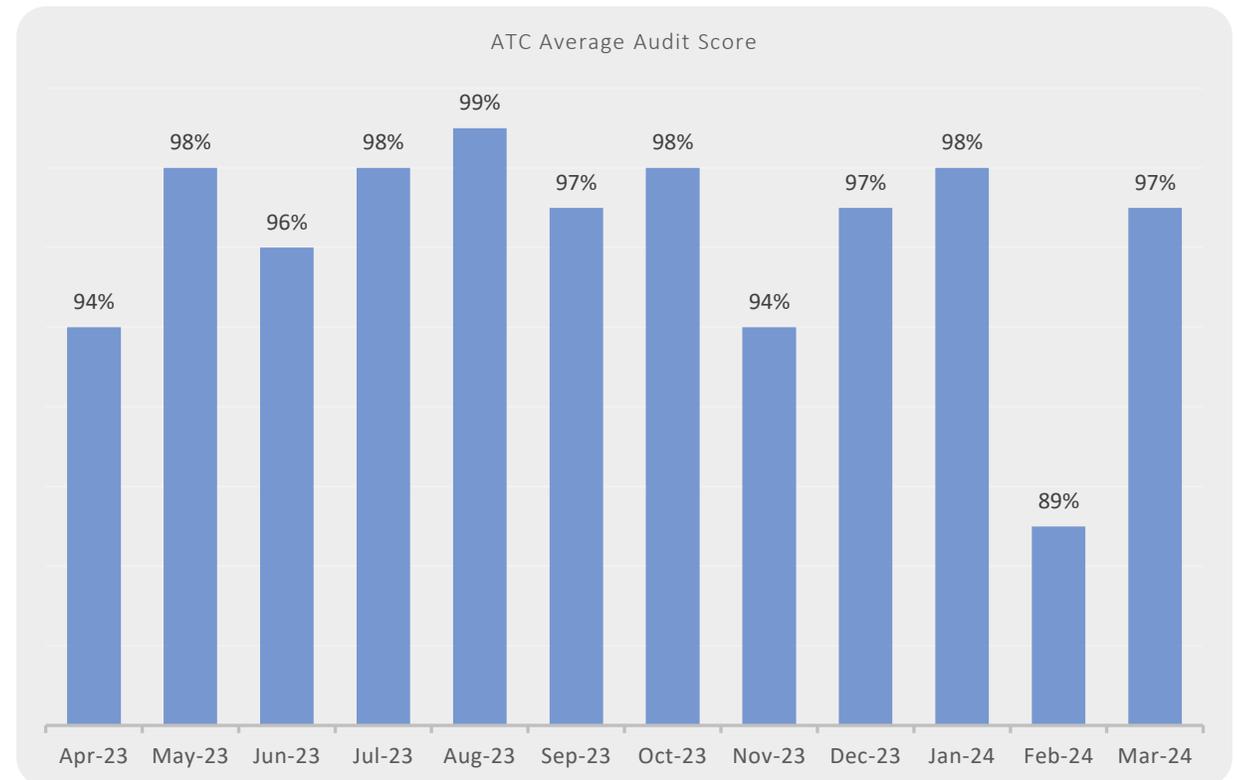
Between April 2023 and March 2024, 188 SystemOne consultations were with 95.7% of cases audited were marked 'Proficient' and 4.3% marked as "For group review".

Monthly, our ATC service clinicians undergo a comprehensive audit, which includes a call review and personalised feedback. Additionally, they receive a bimonthly audit overview report, which aggregates common themes and is presented to the Quality Committee. Clinicians whose performance falls below a 91% threshold are encouraged to engage in reflective practice to enhance their skills.

Our auditing team, composed of seasoned clinicians, rotates every four months. This rotation fosters both consistency in auditing and the identification of individual clinician themes, while also promoting the dissemination of knowledge throughout the team. To ensure fairness and uniformity in the auditing process, the Service Lead conducts a secondary review of one call per auditor each month. Moreover, the ATC auditing team performs monthly peer reviews, and convenes in a monthly meeting to deliberate on challenging calls and to discuss emerging themes and trends.

Key learning themes identified:

- Patient ID: It is crucial that clinicians verify the patient's full name, date of birth, and address. A complete confirmation ensures accuracy and safety, and a partial verification receives a lower score.
- Recorded Line Notification: Clinicians must inform patients that calls are recorded for quality and monitoring purposes. This practice maintains transparency.
- Managing the Flow of the Call: Efficient call management is essential for maintaining a structured and effective communication process.
- Documentation: Accurate documentation is key. Clinicians should utilise both dropdown and free text options to provide comprehensive information. Omitting details, especially in the final section of the screening tool, can obscure the referral's objectives and required rehab goals.
- Consent: While specific consent may not be mandatory for every interaction, it is considered best practice to request it, upholding ethical standards and patient autonomy.



Non-Clinical Responder Audits

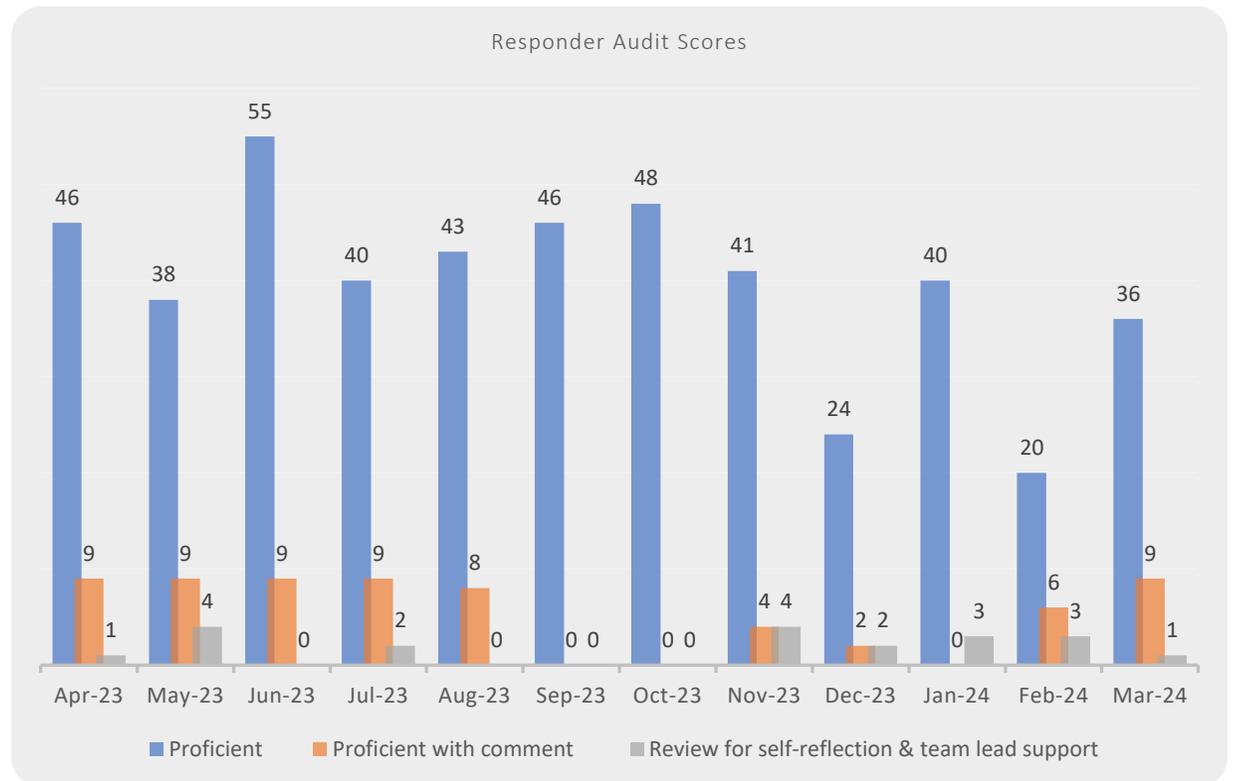


Each month, our Non-Clinical Responders undergo two comprehensive audits, conducted by either a Team Lead or designated senior team members. These audits involve a thorough review of notes within the Oracle system, which our team utilises extensively. In instances where a service-user has had a recent fall, the corresponding falls risk assessment is also included in the broader audit scope.

The findings from these audits are integral to our one-to-one meetings, where they are discussed in detail. The insights gained are not only shared with the team but also cascaded to other service lines as deemed relevant. Team members who score lower in these audits receive dedicated support through tailored development and training plans, aimed at addressing any knowledge or comprehension gaps.

Key learning themes identified:

- Documentation of Entry Methods: It is important to fully document the details around the method of entry, such as the location and code of a keysafe. This ensures that all necessary information is available for future reference and maintains the integrity of the audit trail.
- Capturing Consent for Onward Referral: Consistently capturing consent for onward referral for further support is crucial. While specific consent may not always be mandatory, obtaining it upholds ethical standards and patient autonomy, aligning with the best practice principles.



Coordinator & Call-Handler Audits



Every two months, each member of the Urgent Care Coordinator and Call-Handler Team undergoes an audit of their call recordings and system notes, using Aداstra and SystmOne. The completed assessments are then emailed to the staff member and become a topic of discussion during their monthly one-to-one review meetings.

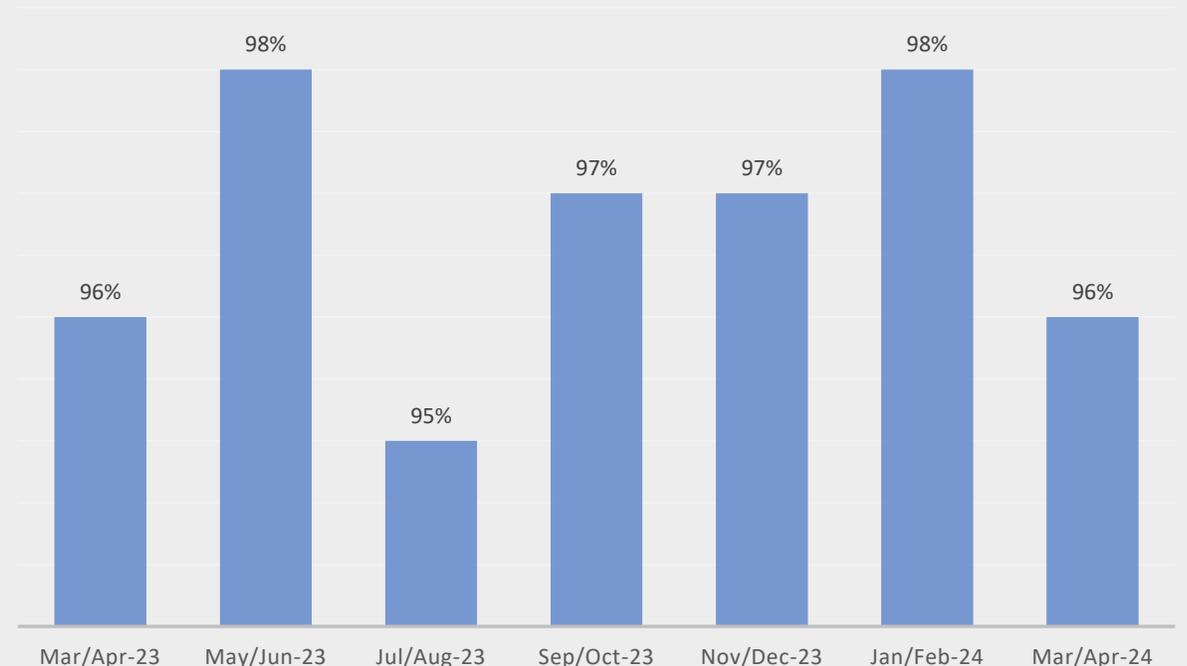
The team as a whole, as well as other service lines, benefit from the shared relevant learning. While the average audit scores have consistently remained high throughout the reporting period, any minor variations are typically due to the onboarding of new team members. These audits are instrumental in the initial training and development phase, providing a valuable learning opportunity.

Team Leads within the Urgent Care Operational Team conduct these audits and hold regular weekly and monthly meetings to discuss any observed trends and disseminate learning themes across the group.

Key learning themes identified:

- General worsening advice: Reinforcing the importance of providing clear instructions at the end of each call. This ensures that callers are fully informed of their options to recontact the HCP line, NHS 111, or seek emergency services via 999 as necessary, regardless if the caller is a patient, friend/family member, or a health care professional.
- Case documentation: It is important to fully document all information in the relevant template. This includes capturing patient demographics, caller details, and a concise yet comprehensive summary of the call's purpose.
- Active listening: Active listening allows coordinators and call-handlers to fully comprehend the issues and concerns raised by callers, ensuring that the advice and support provided are accurate and relevant. Active listening minimises the chances of misunderstandings and errors in communication, which is critical in ensuring the safety and well-being of patients. It aligns with the principles of patient-centred care, where the patient's perspective is central to all interactions and decision-making processes.

Urgent Care Coordinator & Call-Handler Average Audit Score

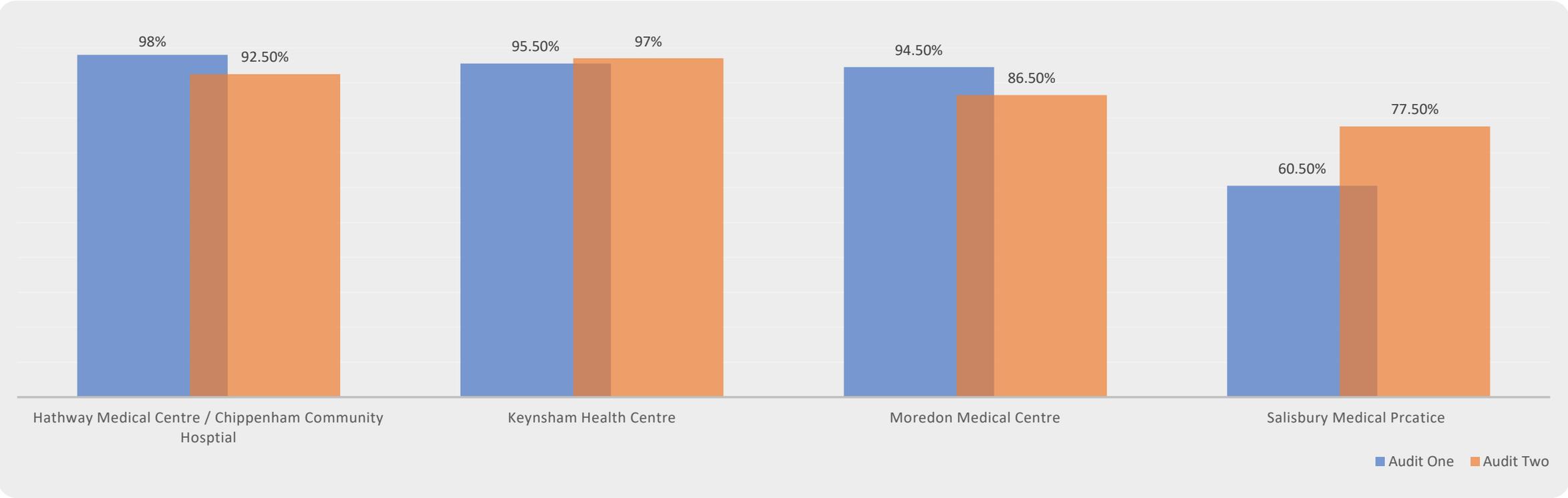


Treatment Centre Audits



Our Treatment Centre audits are conducted biannually to ensure the highest standards of care and service. The first audit cycle for the year was completed in March and April of 2023, while the second cycle took place between October and December of the same year. During this period, Medvivo made a significant transition by relocating the Chippenham-based facility from Hathaway Medical Centre to Chippenham Community Hospital. This move is part of our ongoing commitment to improve our services and accessibility for the communities we serve.

The completed audits identified lower compliance at Salisbury Medical Practice compared to other bases. This was during a period of transition, influenced by the departure of the Team Lead overseeing Salisbury. We have proactively addressed this by appointing a new Team Lead, committed to providing comprehensive and robust support to the Salisbury based team. The positive impact of this change is evident, with audit scores improving from 60.5% to 77.5%. Moving forward, we are confident that these scores will continue to rise as the new leadership takes full effect and continues to foster an environment of excellence and support.



Service Achievements

As we embark on a new reporting year, it's important to take a moment to reflect on the strides Medvivo has made towards achieving the four priority focus areas set for 2023-2024.

The Medvivo team's unwavering commitment has culminated in noteworthy achievements across all four areas. While the journey towards improvement is always ongoing, the strides made thus far are commendable. Each priority has seen significant advancements, and this progress is a clear indication of the team's collective efforts and accomplishments.

Through collaborative efforts, Medvivo has pioneered new initiatives and strengthened existing processes, resulting in a range of quality and service enhancements. Notable achievements include:

- Implementation of the Aداstra Safeguarding Referral Process
- Establishment of a PSIRF policy and plan
- Development and implementation of a dedicated Medvivo Aداstra platform
- Development of the Patient Experience Survey
- Recognition with an HSJ Gold award
- Adherence to TSA Quality Standards
- Accreditation of ISO 27001 and Cyber Essentials Plus

These milestones are a testament to the Medvivo's unwavering pursuit of excellence.

Priority 1: Safeguarding

- Ensure there is a robust safeguarding referral procedure
- Eliminate any barriers to identifying and actioning safeguarding events
- Maintain and grow processes to ensure sufficient staff support is easily accessible

Priority 2: Incident Management

- Create a new Patient Safety Incident Response Policy
- Create a new Patient Safety Incident Response Plan
- Establish a process for reporting patient safety incident via LFPSE

Priority 3: Patient Management System

- Deploy new Aداstra system for April 2023
- Simplify processes to reduce inherent risk within the system
- Provide data for analysis to contribute to service development and improvement

Priority 4: Patient Feedback

- Increase accessibility allowing patients to easily provide feedback promoting inclusivity
- Increase collection of data that can support development and improvement projects
- Maintain a strong, caring and person-centred culture across the organisation

Safeguarding



Debbie Parsons (Safeguarding Lead) and Jess Pain (Safeguarding Support Officer) make up the Medvivo Safeguarding Team. They ensure that all staff receive adequate training and follow clear and safe procedures, as well as tracking the result of each referral to provide high-quality feedback to our colleagues making the referrals. This helps to keep safeguarding focused on the person and to enable reflective practice to enhance our processes and referrals.

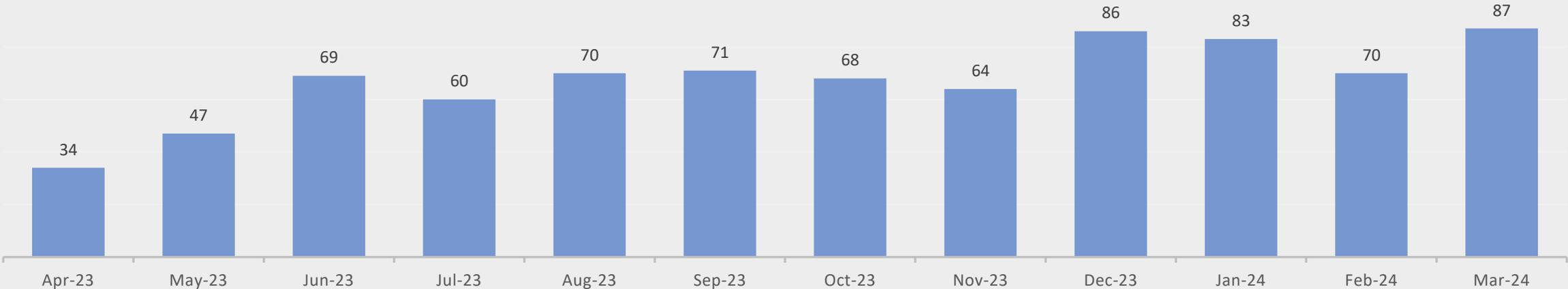


Safeguarding is everyone's responsibility. It is my role to ensure that, no matter their role, everyone is aware of the part that they play in safeguarding vulnerable adults and children, that our processes are clear and safe and that when a referral is made, clear feedback is provided.
– Debbie Parsons, Safeguarding Lead

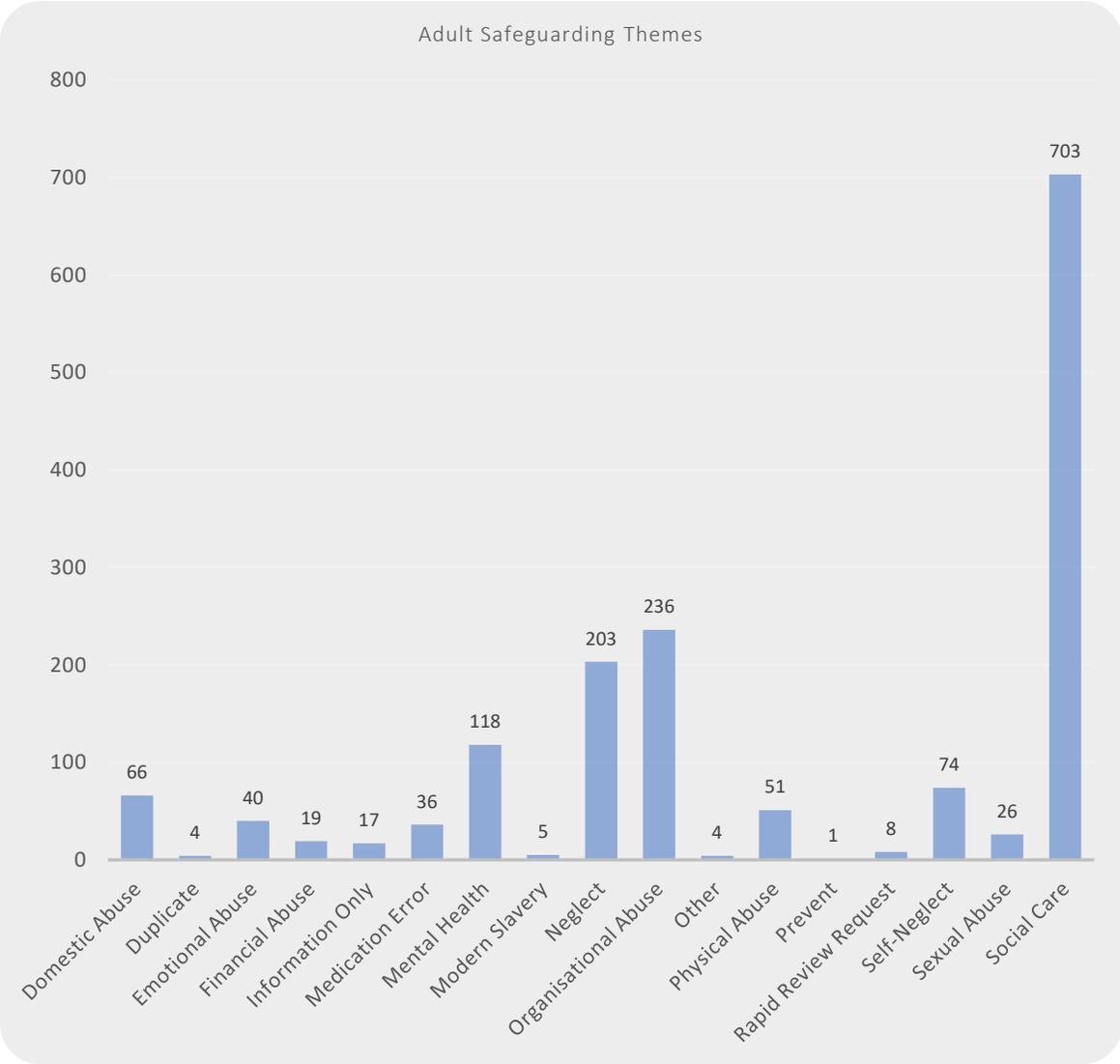
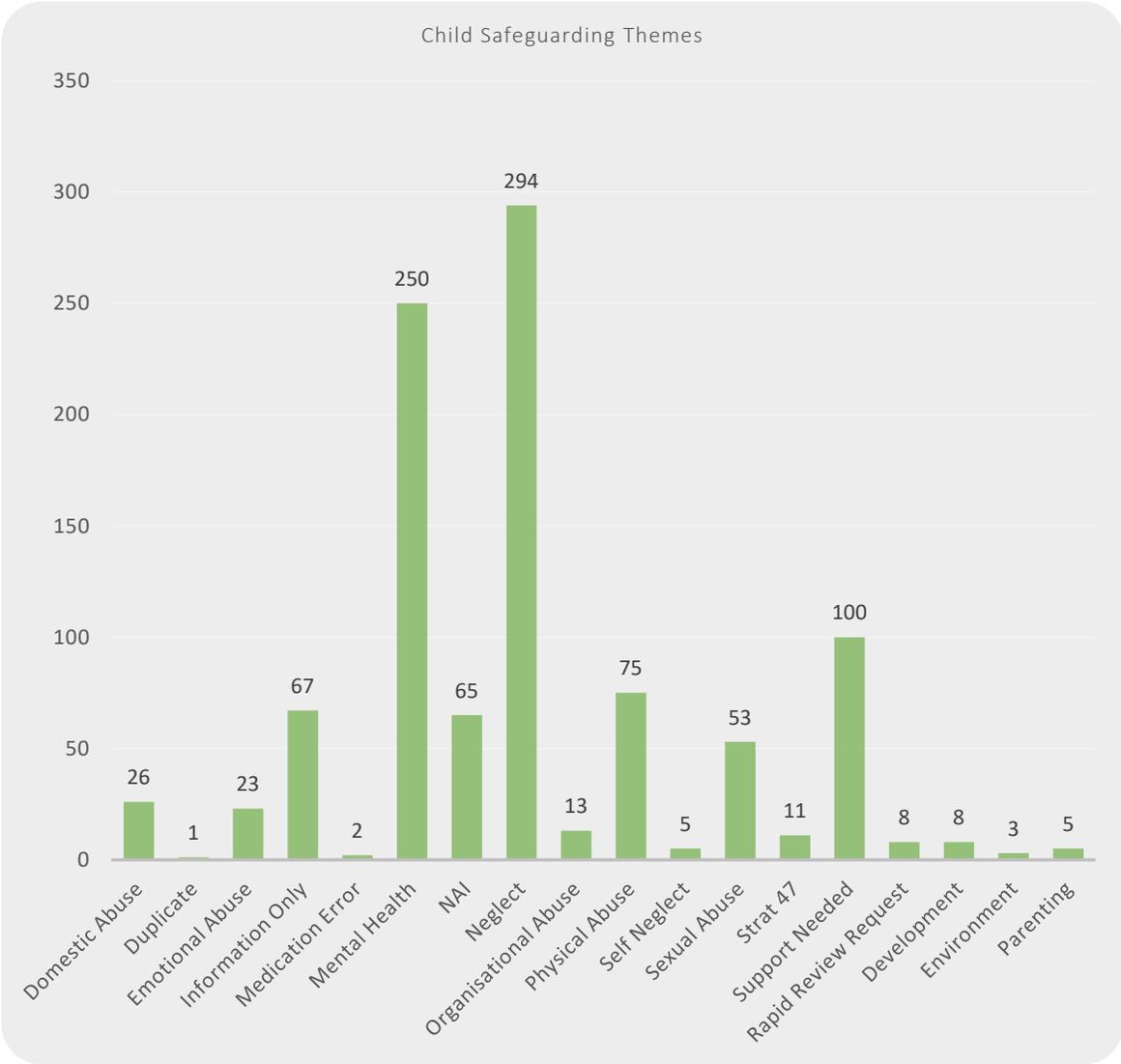


"Safeguarding is often a vital behind the scenes role. The passion for advocating for adults and children goes beyond day to day work and radiates throughout all of Medvivo." – Jess Pain, Safeguarding Support Officer

Reported Safeguarding



Safeguarding



In our continuous journey to foster a culture of safety and vigilance, the Safeguarding Team at Medvivo has been instrumental in spearheading initiatives to maintain and build upon an already strong culture of safeguarding. This year's Quality Accounts report shines a spotlight on some of the work carried out throughout the year, underscoring the importance of communication, development, and reinforcement of our robust safeguarding culture.

- **SARC (Sexual Assault Referral Centre):** The training session provided by Tanya Stubbs and Kay Harris from First Light SARC was a crucial educational opportunity for Medvivo staff. It offered comprehensive insights into the roles and responsibilities of SARC, the patient journey from initial contact to referral, and the support services available for sexual assault survivors. This knowledge is vital for Medvivo's staff to ensure that patients receive timely and sensitive care, and the recorded session ensures that all staff, regardless of their schedules, have access to this important information.
- **CLA (Children Looked After):** The bespoke training module developed by the Integrated Care Board (ICB) and implemented as a mandatory module for Level 3 children's safeguarding represents a significant step in Medvivo's commitment to the welfare of children in care. This training ensures that staff are equipped with the knowledge and skills to provide appropriate support and protection for children looked after, reflecting the organisation's dedication to safeguarding and promoting the wellbeing of these vulnerable individuals.
- **Safeguarding Newsletters:** The newsletters published in November 2023 and March 2024 are a testament to the Safeguarding Team's dedication to keeping staff updated on safeguarding practices. These newsletters included updates on policy changes, training opportunities, and shared learning from safeguarding incidents, ensuring that staff remain informed and vigilant in their safeguarding responsibilities.
- **Training and supervision:** The Safeguarding Team at Medvivo is committed to providing comprehensive training and supervision to ensure that staff are well-equipped to handle safeguarding issues. The team offers classroom-based training to cover essential safeguarding topics, which is complemented by joining team meetings to provide continuous updates and guidance. The team also offers group and individual supervision sessions. These sessions are designed to offer guidance, support, and the opportunity for staff to discuss safeguarding concerns in a collaborative environment.

In our continuous effort to enhance patient safety and streamline our processes, Medvivo has successfully implemented a new safeguarding system, integrated with the Adastra mobilisation project. This innovative system has allowed both clinical and non-clinical team members to make direct safeguarding referrals through the Adastra system.

Since August, we have observed a notable increase in referrals, indicating the project's success in reducing barriers to identifying and completing safeguarding referrals. The feedback from staff has been overwhelmingly positive, highlighting the ease and swiftness of the new process compared to previous methods.

Key Improvements:

- Instantaneous referrals: The new system facilitates immediate safeguarding actions during consultations.
- Time Efficiency: Significant clinical time is saved by eliminating the need for manual referrals.
- Detailed Information Capture: Mandatory referral questions ensure a comprehensive record for handover.
- Secure Transfer: A secure and auditable transfer method via NHS mail has been established.
- User-Friendly Design: The system guides users through the process, supporting training and familiarisation.

Positive Outcomes:

- Pre-implementation (Before August 2023): The average number of referrals made per month was 52.5. This period allowed us to establish a baseline for comparison.
- Post-implementation (Since August 2023): The average number of referrals made per month increased to 74.9. This demonstrates a clear uptrend in referral activity, indicating heightened vigilance and ease of reporting through the new system.
- Trend Observation: The data indicates a steady increase in the number of referrals as staff become more familiar with the process. This trend is a testament to the system's user-friendly design and its effectiveness in reducing barriers to safeguarding referrals.

Staff Feedback:

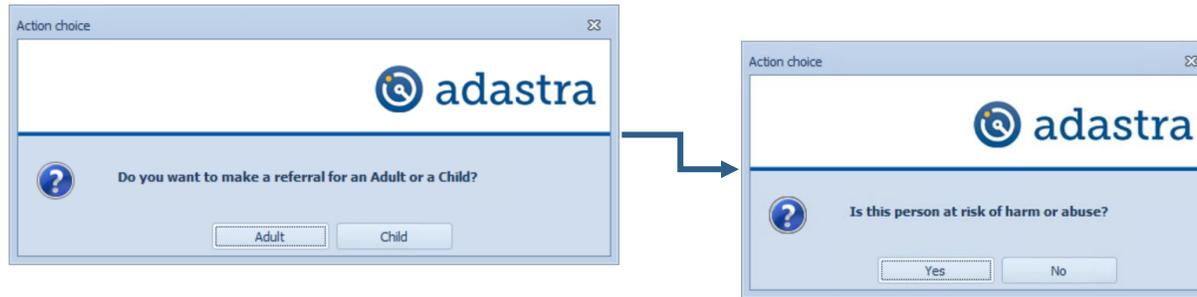
- "The new safeguarding process is so much easier & swifter than faffing around with Datix and phone calls. I'm a very happy user!"
- "I always worry if I am making appropriate referrals but would rather flag them and ensure the patient is safe. It's also really good to have the outcome."
- "Thanks for the feedback as it's always nice to know that referrals have been acted upon and gives closure."
- "Many thanks for the update and outcome. Always good to know what happens after you press send."

Adastra Safeguarding Process



Since the successful implementation of the Adastra safeguarding process in August 2023, clinical and non-clinical team members are now be able to make safeguarding referrals direct from the Adastra system.

Depending on the options they select, team members can complete one of four adult and children-specific referral templates.



Adastra Safeguarding Process



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

Case Questions

Medvivo Adult Safeguarding Referral

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

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

Details of person making this referral

Name: *

Role: *

Agency: Medvivo *

Email Address: mg.safeguarding@nhs.net *

Telephone Number: 0300 111 5818 *

Signature: *

Adult at Risk Details

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

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

Please provide a summary of the alleged abuse or neglect:

What category of abuse is this adult being subjected to?

Location or setting of alleged abuse:

Were there witnesses? Yes No X *

Has the adult at risk experienced harm? Yes No X *

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

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

Next > Cancel

Agency referral

Print

Search criteria: Directory of Services

Restrict to type: Restrict to area:

Name	Distance	Phone	Fax
▼ Safeguarding - Wiltshire			
Adult SG - Wiltshire			
▼ Safeguarding - Swindon			
Adult SG - Swindon			
▼ Safeguarding - BANES			
Adult SG - BANES			
▼ MEDVIVO Safeguarding - ...			
Adult SG - Out of Area			

Contact information

Contact details: Address | Notes

Location: Safeguarding - Wiltshire

Phone:

Fax:

No Valid Selection made for Rota Retrieval

Displaying Rotas covering the next 3 days

Select Cancel

ADULT SOCIAL CARE REFERRAL FORM

THIS REFERRAL FORM IS NOT TO BE USED FOR SAFEGUARDING CONCERNS

Patient Details:

Name: Test 3 Medvivo **Adastra Ref No:** 1000030

Home address: Medvivo Group Ltd Unit 4
Bellingier Close
Chippenham SN15 1BN **Gender:** Unknown

Date of birth:

Contact No: 07123 456789

NHS Number:

CARE CONCERN OR CONCERN FOR THE WELFARE OF AN ADULT

Date of contact with patient:

Category of concern:

Person Care Social Isolation

Mobility Issues Frequent Falls

Main Carer Unable To Continue In Their Caring Role

Support with daily activities of living

Change of needs Other

Detailed reasons for your concern:

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

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

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

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

Details of Referrer:

Name & job title: Non-Clinical Employee

Base address:

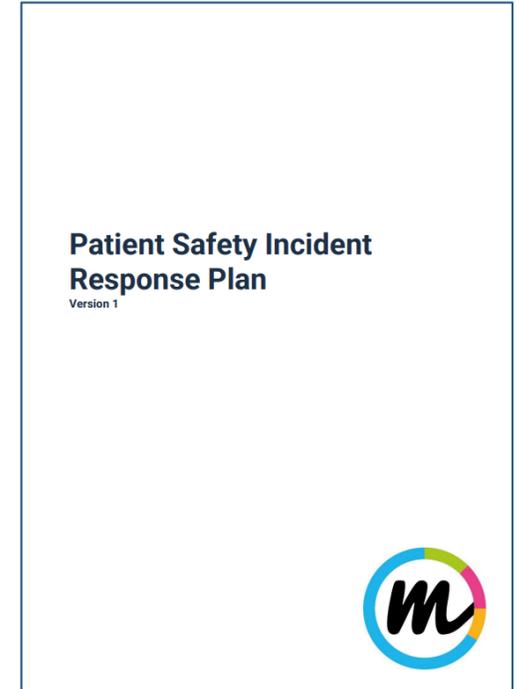
Patient Safety Incident Response Framework



This year, Medvivo has made a significant commitment to patient safety by implementing a new policy and plan in accordance with the Patient Safety Incident Response Framework (PSIRF). This framework represents a paradigm shift in the approach to patient safety incidents with a greater focusing on learning and continuous improvement

- **New PSIRF Policy and Plan:** We developed and instituted a comprehensive PSIRF policy and plan, which outlines our systematic approach to managing patient safety incidents. This policy replaces the previous Serious Incident framework. The four key aims of the PSIRF are: inclusive engagement, system-based learning, proportionate responses, and supportive oversight.
- **Cultural Transformation:** Essential to the success of PSIRF is fostering a culture where staff, patients, and families feel safe to discuss incidents. Our policy and plan have been instrumental in promoting open conversations and supporting all involved parties during patient safety investigations.
- **Monitoring and Evaluation:** We are committed to continually improving the effectiveness of our patient safety incident response. To this end, we have established robust procedures for evaluating and monitoring outcomes, ensuring that we adapt and respond to achieve our patient safety objectives.

The implementation of the PSIRF policy and plan has already begun to show positive outcomes. We have seen an increase in incident reporting, a more proactive approach to patient safety, and a stronger culture of learning and improvement. As we continue to refine our processes, we remain committed to the highest standards of patient safety and quality care.



Patient safety priorities:

By analysing organisational data and engaging with stakeholders, we have identified key patient safety priorities that align with our mission and the patients we serve.

- **Delay in care:** Occurrences of delayed clinical contact with a patient experiencing a significantly longer than expected wait for a remote and/or face-to-face consultation which could have, or did, lead to patient harm. Includes failures in correct application of the principles and procedures of Medvivo's failure to make contact policy, especially in relation to the timeliness and effective application of a risk assessment to safety manage any failed telephone and/or face-to-face patient contact.
- **Clinical Diagnosis:** Errors in incorrect clinical diagnosis (the process of identifying and detecting the nature of a disorder or illness) resulting in, or with the potential to, contribute towards patient harm or delayed recovery.
- **Case flow management:** System or user errors in case flow resulting in the failure to correctly forward cases/patients to the next desired location, resulting in patient delay in care and/or potential or actual patient harm.
- **Medication errors:** Errors in the process of prescribing, preparing, dispensing, and administering, monitoring or providing advice on medicines. Includes any errors regarding the administration, storage and movement of medicines as part of Medvivo's medicines management procedures.
- **Case documentation:** Incorrect documentation within patient records resulting in a data breach or inaccurate information, leading to ineffective patient care.



"The PSIRF represents a significant shift in the way providers respond to patient safety incidents – promoting a more proportionate and effective response for learning and improvement."

Aidan Fowler
National director of patient safety



In December 2022, Practice Plus Group (PPG) was confirmed as the new NHS 111 service provider for BaNES, Swindon, and Wiltshire, with the commencement planned for April 2023. This transition not only introduced a new local NHS 111 provider but also necessitated the adoption of a new Adastra system by Medvivo.

Adastra, a clinical system specifically aligned for provision of Integrated Urgent Care (IUC) services, became a critical component in this changeover. The mobilisation project team faced the formidable challenge of designing and implementing a Medvivo-hosted Adastra platform within a tight 5-month period.

Medvivo's in-house Adastra system was successfully launched on 25th April 2023, marking a commendable accomplishment for all parties involved. The implementation was executed flawlessly, with no reported adverse incidents or technical glitches. The successful deployment yielded several beneficial outcomes, including:

- **Change Management:** The Adastra system has streamlined the management process, enabling swift and efficient handling of change requests, supported by Medvivo's IT Team.
- **Data Access:** Enhanced direct access to data has improved the precision and promptness of data reporting, facilitating the rapid generation of new reports upon request.
- **Simplified Case Type/Tag:** A simplified case type/tag structure has significantly mitigated the risk of cases being misrouted within the system. This simplification has addressed the previously complex system that increased the risk of clinical queue misplacements, causing delays in contact. The new configuration has markedly reduced such incidents.
- **Predefined Actions:** Starting with a blank canvas provided the opportunity to re-think how cases are managed within the system. The project team developed the system so that all clinical and non-clinical actions are driven through the patient's case. This introduced a more consistent approach to case management and ensured every action has a defined purpose and is clearly recorded in the event list, removing the need for 'case edits' that were previously prone to human error.
- **Streamlined Case Flows:** Case flows that previously involved holding records both within the system and externally, were redesigned and simplified. Previously cases that required an urgent follow-up with the patient's own GP were managed using a spreadsheet and clinicians were required to notify the non-clinical team that a follow up was needed either via instant message in Adastra, verbally, or via email. This process was built into the case flow and the system and is now managed end-to-end within the system.
- **User Role Identifier:** Incident and case reviews have underscored the importance of inter-team communication. The updated Adastra system now allows users to specify their roles at the start of their shifts, such as Clinical Navigator, Clinical Responder Coordinator, Dispatcher, etc. With Medvivo operating a hybrid model of call-centre and remote-based staff, this seemingly minor enhancement has had a substantial positive impact on communication, teamwork, and productivity.
- **Security and Resilience:** The platform's security and resilience is underpinned by ISO27001, Cyber Essentials Plus, and annual Data Security Protection Toolkit. The new Adastra platform, being locally hosted, ensures stronger business continuity by reducing dependency on external systems and factors. This autonomy allows for more reliable and consistent operations, even in the face of external disruptions

The continuous development of the Adastra platform since its initial go-live has been a testament to our commitment to excellence and adaptability. With the launch of the new version, we have taken a significant leap forward in our ability to respond swiftly and effectively to changes in our operational environment. This agility is crucial, not only for addressing the evolving needs of our users but also for integrating valuable insights gained from incidents and feedback.

Since the initial mobilisation, additional enhancements have been implemented, including:

- **Ambulance Service Interoperability Toolkit (ITK) Link:** The establishment of a connection between the Ambulance Service's patient management system and Medvivo's Adastra platform has facilitated the direct transfer of appropriate cases to the CAS, streamlining the process and alleviating the Ambulance Service's workload, thereby enhancing patient experience and strengthening inter-organisational collaboration.
- **Care Coordination Case List:** This exciting and innovative service required the development of a bespoke case list with associated actions. Linking to the ITK work above, this system development enables cases to be received from SWAST with a specific Case Type and Tag into a designated Care Co case list, while the service is operating. During operating hours, allocated Care Co clinicians will work through the case list and keep records updated. The patient's own GP is then updated using PEMs. Outside of the operating hours, the cases can still be transferred by SWAST via ITK, but are instead received into our main CAS queue to be managed as per the standard ambulance validation process.
- **SMS Texting:** The Adastra system's capability to send text messages directly to patients has been leveraged to boost patient safety, experience, and staff productivity through efficient and automated processes. The following features have been introduced:
 - Prescription SMS – the pharmacy location and prescription details can be sent via SMS. This reduces the number of call backs for patients who have lost or forgotten the information.
 - Appointment SMS – details of time and location can be sent via SMS which reduces time spent relaying information over the telephone as well as reduces call backs.
 - Final failed contact SMS – when multiple attempts have been made to contact a patient, and a clinician has assessed the patient risk and confirmed the case can be closed safely, an SMS can be sent informing the patient the case has been closed and providing advice on calling back if help is still required.
 - Patient experience SMS – an SMS with a link to a patient experience questionnaire can be sent, with consent, at the end of the clinical consultation. This provides patients an anonymous and simple method for feeding back on their experience of the service.
 - Care advice SMS – (still to be implemented) – provides the opportunity to send web links to useful information about self-care and/or their diagnosis.
- **Safeguarding referral process:** Automated procedure streamlining the referral process, increasing the level of detail transferred in an easy and efficient method.

At Medvivo, we place great importance on the collection of positive patient feedback. This feedback is instrumental in shedding light on the patient experience and guiding our decisions for future service enhancements. It also serves to recognise and celebrate the exceptional efforts of our staff in delivering the high-quality service we aim for.

Positive feedback, while distinct from the learning opportunities presented by incidents and complaints, is equally valuable. It allows us to identify and reinforce the successful elements of our service. All positive feedback is promptly shared with the relevant staff and their managers and is also communicated throughout the organisation via our internal intranet system. This ensures that the positive impact of our team's work is acknowledged and appreciated across Medvivo.

Medvivo received the below card from a patient who Medvivo had been supporting via the Urgent Care at Home (UC@H) Service:

I would like to express my sincere thanks to all of you for your help, support and kindness shown to myself, and [REDACTED] over the last few weeks.

To Nick, Andy + Kate - thank you for your banter + laughter.

To Jacqui - I am doing what you suggested stand, 2 steps forwards and 2 steps back.

To Jo - thank you

I am feeling so much better and my leg and feet muscles are

definitely stronger. I am walking better and using my inhaler less on mobility. I am sleeping well and less sleepy during the day.

Thank you all once again - we miss you all very much.

You are excellent care providers.

Best Wishes to everyone.

“

I have just left an online review, but it didn't give me the opportunity to fully express my gratitude.

I was greeted straight away and seen to by Chloe who was amazing. She was so helpful and checked me over fully. She explained everything to me and fully engaged with me the whole time. She made sure that I got the care I needed at hospital which led to a diagnosis and now I have a care plan in place.

Huge thank you to Chloe she was amazing and made a horrible day a bit better for me. Thank you.

[Out of Hours Service](#)

“

Thank you, Stacie, for the support you gave me.

When I first received a letter from the hospital stating I was a high dependency patient, I was so upset, basically, I felt side lined as a 'silly old woman, with anxiety issues'. No one was listening.

Having an independent health carer who actually listened, supported me, helped physically. Who reassured me that I was not a mental patient, that my concerns were valid, that you would be with me as long as I needed.

You are a star and have gone above and beyond your job remit. Although I have not fully recovered, I can move forward, thanks to you.

[High Intensity User Service](#)

“

I work for Dorothy house in the community. I would just like to thank the call handlers who are always there at the end of the phone.

I am a lone worker, working with terminally ill patients and at times the out of hours team is all who can help me.

They always try their best and always phone me back to keep me updated when needed, so I would just like to say a big thank you.

[Out of Hours Service](#)

“

I wanted to personally thank the GP who called me as a triage call for my daughter.

You were kind, considerate and professional, making me feel at ease as a mother and reassured as a medic.

The time taken to make no assumptions and assess thoroughly was very much appreciated.

Thank you all for your hard work and providing a fantastic service, having never called 111 before it was good to know that my patients and family alike are in safe hands OOH.

[Out of Hours Service](#)

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[Out of Hours Service](#)

“

I was seen today at Chippenham Hospital for an Out of Hours appointment and the Clinician was just brilliant.

I did not feel rushed, I did feel listened to, and she was compassionate and understanding.

It was so reassuring to get some help with my cough, and she had such a lovely manner. I have filled in the feedback survey too, but I just wanted to mention her specifically.

[Out of Hours Service](#)

“

My GP phoned me when surgery hours were finished but it was agreed I should contact NHS111 as I was still suffering.

The 111 team were so helpful and reassuring and they arranged for someone to visit me at home.

Mark arrived very promptly, and he put my mind at rest. He was very professional and gave me advice as to what I need to do. He has requested that my GP contacts me tomorrow to check how I am.

Thank you Mark and all at 111 for the efficient way you acted.

[NHS 111 and Out of Hours Service](#)

“

The responders quite literally saved my life - they were kind, friendly and professional - they were so kind to my husband and myself – Thank you so much!

[Medvivo Responder Service](#)

“

I would just like to thank the Doctor who saw my son at Moredon Medical centre in Swindon. I am unsure of the Doctors name, but she examined him thoroughly and rang through to GWH straight away to get him seen at paediatrics due to a high heart rate.

Please could you pass on my most sincere thanks to the Doctor for being so helpful and doing an amazing job. I understand how busy our NHS is and how hard the staff all work under pressure the majority of the time, so I just wanted to show my appreciation as it is the least, I can do for their dedication and hard work.

Please let the doctor know we really appreciate her care given to our son, he is doing better and now on antibiotics. Even the gentleman working on reception was great, he kept asking if everything was ok and if we needed any help, please could you also pass on our thanks to him for being so caring.

[Out of Hours Service](#)

Patient Testimonials



Medvivo received an incredible handwritten card and letter from a young patient's parents, thanking us for the treatment and support provided during a face-to-face treatment centre consultation.

The patient, a 22-year-old male, had called NHS111 after feeling increasingly unwell for a week. As a result of the telephone assessment, he was seen in one of our treatment centres by a member of our advanced nurse practitioner team.

The mother wanted to share her thanks with our clinician for 'putting the wheels in motion', for taking them seriously, listening and for essentially saving her young son's life.

Good morning,

Enclosed is a card and I am truly hoping you can pass it on to the nurse who was on duty on the night of 8th April. My son's 111 referral appointment was at 23.45. Whilst we had brought him in due to severe vomiting and concerns over his colour, she took the time to really listen to our concerns especially when we mentioned the fact that he was a heart transplant patient. She immediately heard an abnormality of his heart and referred us straight to the RUTH bypassing A&E.

Her actions of that night set in motion a series of events that ended up saving our son. He was in extreme heart failure of 10% working function, liver and kidney failure as well as suspected Sepsis. The ITU consultants and team were

amazing at the RUTH and they liaised with Harefield transplant centre and within a few hours he was being ambulated down there. We were told a couple of times he was too poorly to survive but after being put on so many machines, organs started to improve.

Eight weeks later, he left Harefield to rest and get better at home.

He has a way to go yet, but we are so thankful for that appointment and as a Consultant at Bath said 'All the stars were aligned for [redacted] that night.'

I hope you are able to pass the card of thanks on. We are just so appreciative.

Many many thanks,

Medvivo supports a huge number of patients day in, day out, across all our services, and we recognise that we continue to miss opportunities to capture the incredible feedback our patients and service users share with our team.

Medvivo has well established processes for the effective management and response of concerns, complaints and compliments. However, we recognised that this element of patient feedback represents a small fraction of the total contact Medvivo has across the multiple services. As an example, across April 2023 to March 2024, Medvivo received 40 complaints when, you compare this to the 154,273 CAS and OOH consultations completed, it is a case-to-complaint ratio of 1:3,856.83. This represents only one complaint for every 3,856.83 CAS and OOH consultations completed.

Whilst all individuals will have valuable feedback to provide, not all patients want to submit a formal complaint or compliment, which left a large and significant proportion of untapped information, limiting Medvivo's scope for analysis.

To improve this situation, Medvivo's Patient Experience Officer led on a business improvement plan with the aim and objectives of:

- **Accessibility:** Increase accessibility, allowing patients to simply & easily provide their feedback via multiple methods thus promoting inclusivity
- **Data Collection:** Allow easy collection of data that can be gathered in clear, concise & effective reports to continue learning, development & improvement across the organisation
- **Person-Centred:** Build & maintain a strong, caring & person-centred culture across the organisation

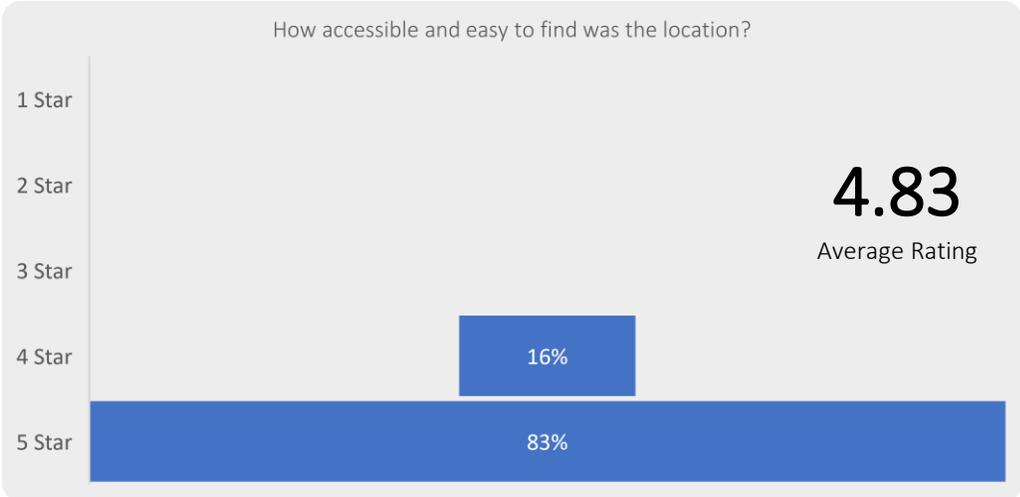
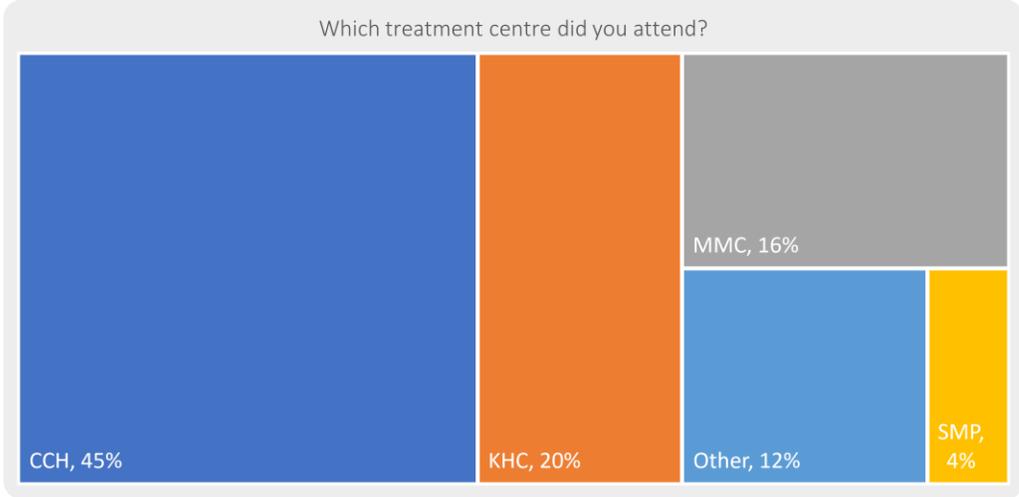
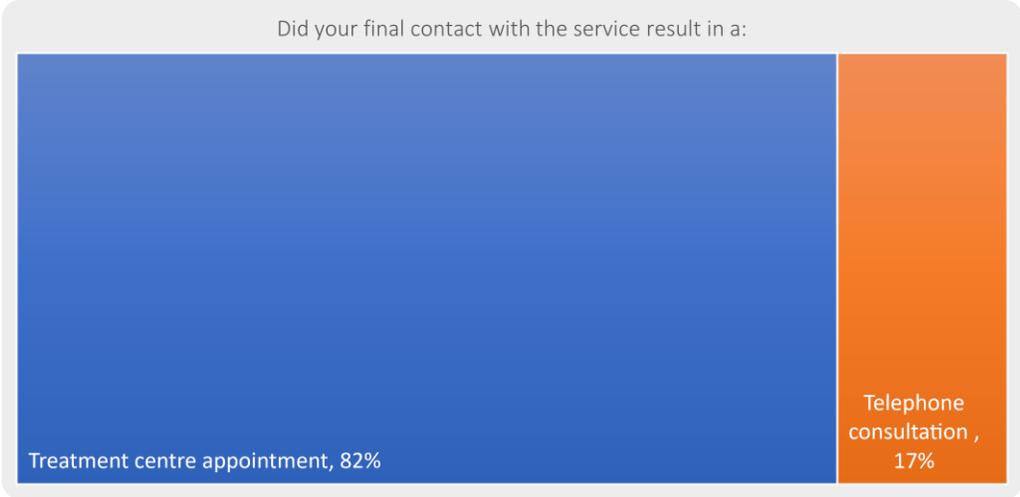
A new SharePoint form was designed and created to reduce any potential barriers, instead providing patients with a quick, simple and user-friendly process to provide feedback. To ensure the form was effective and safe to deploy approval from at the both Quality and Risk committees was confirmed prior to go-live in August 2023.

To support the new electronic patient feedback survey, revamped patient feedback posters, tablets and handout cards are were implemented at the Out-of-Hours treatment centres to make the survey as accessible as possible.

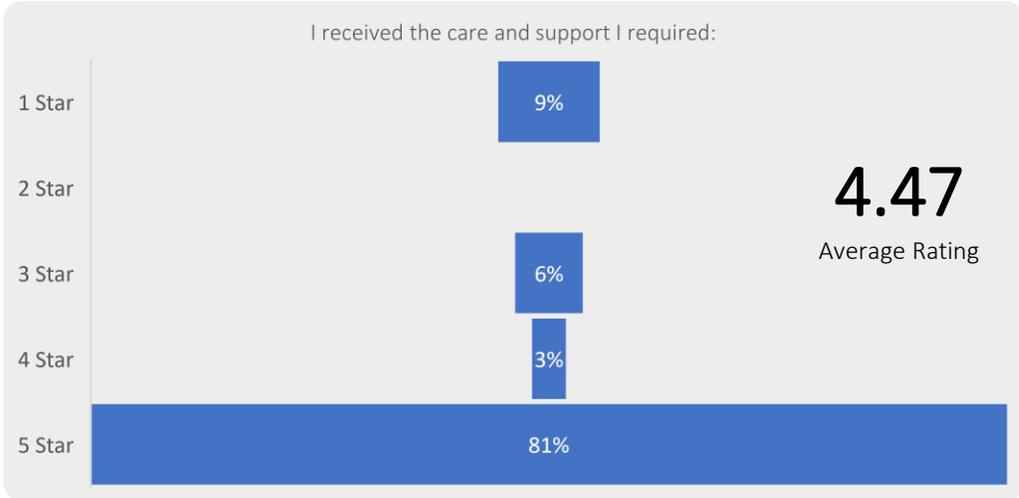
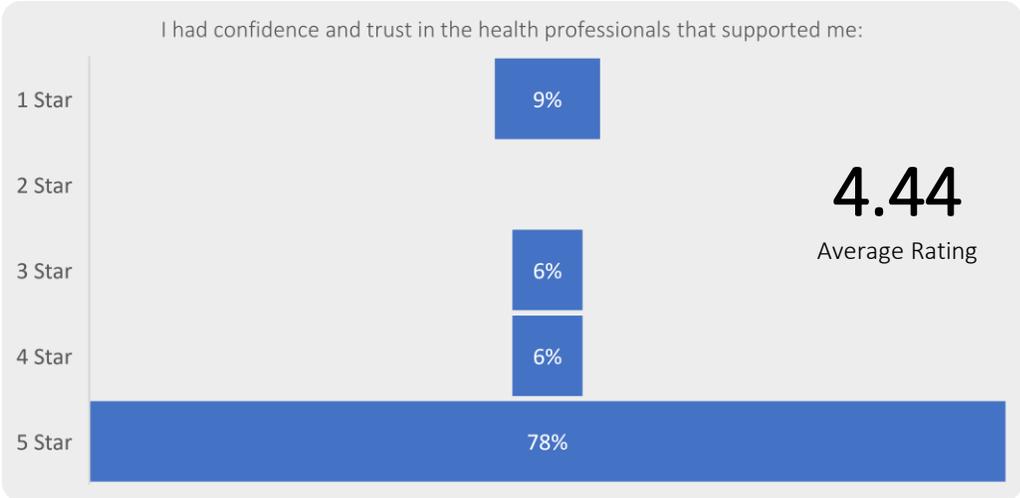
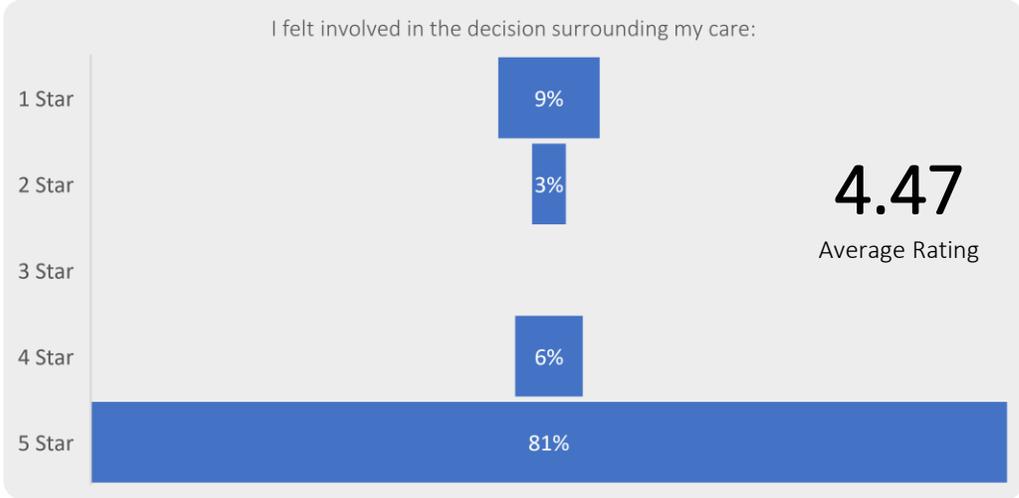
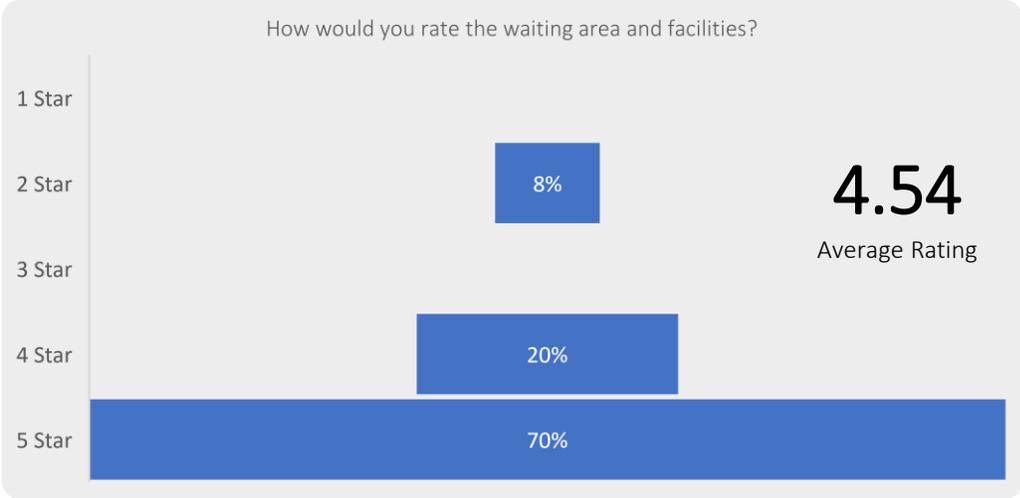
Whilst the above developments will greatly increase our feedback from face-to-face consultations, Medvivo's Patient Experience Officer and Associate Director of Service utilised functionality within the new Adastra system and we now have the ability to send SMS messages to patients who consent to receive a text with the survey URL link, which will greatly increase our feedback received from remote consultations (i.e., telephone and/or video consultations).



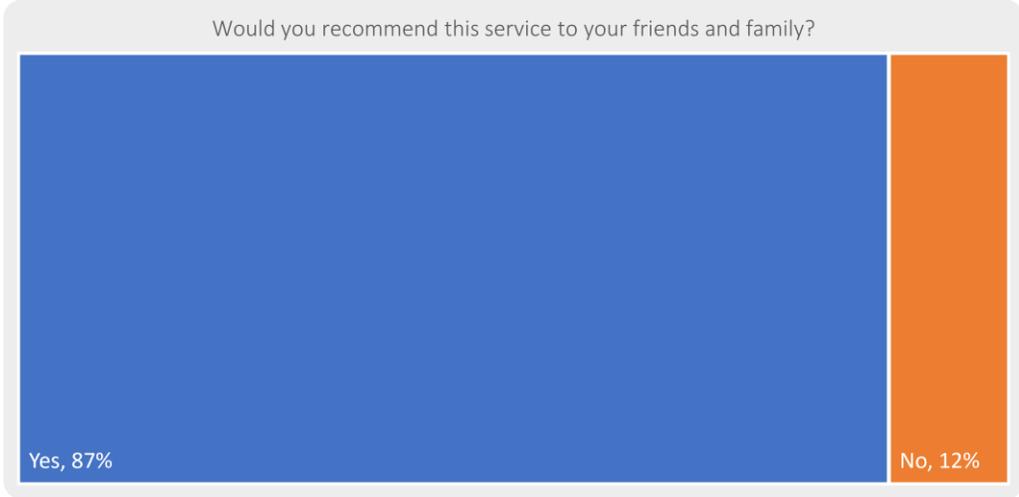
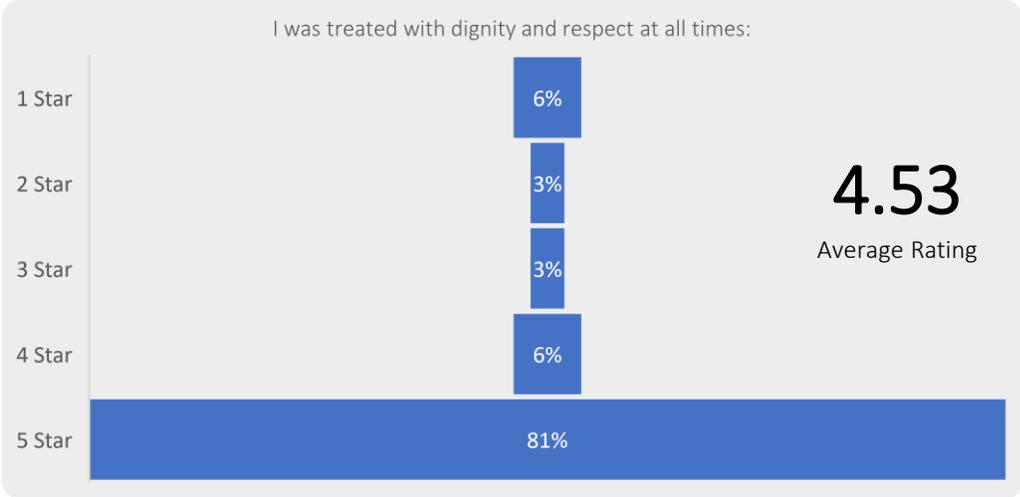
Patient Experience Survey



Patient Experience Survey



Patient Experience Survey



Medvivo is dedicated to maintaining the highest standards of care for all patients and clients. As we look ahead to the next year, we are excited to focus on several vital topics that will shape our future endeavours. They will act as benchmarks to ensure our strategic alignment, which is vital for our success and enables us to maintain our commitment to being safe, effective, caring, responsive, and well-led.

Empower Non-Prescribing Clinician

Aim: Empower the non-prescribing clinical workforce to conduct face-to-face treatment centre consultations as well as telephone consultations, which will support demand management, diversify our clinical skill mix, and enhance patient experience by maximising our workforce efficiency.

Key Actions:

- Conduct a trial using the Calderdale Framework to assess the impact.
- Establish Patient Group Directions (PGDs) and clinical guidance to support the team.
- Develop training programs to equip the team with the necessary skills for their new roles.
- Implement a feedback system to monitor the effectiveness of the expanded roles and make necessary adjustments based on real-time data.

Safeguarding Audits

Aim: Establish a formalised process for monthly audits of safeguarding referrals. This initiative aims to build upon our robust safeguarding framework, to provide clear and consistent feedback to support continual learning.

Key Actions:

- Develop a standardised audit template that captures all necessary information for a comprehensive review of safeguarding referrals.
- Schedule monthly reviews where the safeguarding team can discuss audit findings, identify trends, and recommend actions for improvement.
- Communicate audit results to all relevant stakeholders, including management and frontline staff, to promote transparency and collective responsibility.
- Incorporate feedback mechanisms to refine the process continually and address any challenges promptly.

Enhanced Meds Management

Aim: Improve medicines management through the introduction of an app-based stock management tool. This innovative approach aims to streamline the process, reduce reliance on paper records, and minimise errors associated with medication stock management. Simplify the process, making it more user-friendly and efficient, thereby reducing the number of Datix incidents related to medication management.

Key Actions:

- Develop and deploy an app-based stock management tool that is easy to use for all staff members.
- Provide comprehensive training for staff on the new system to ensure a smooth transition and adoption.
- Monitor and evaluate the impact of the app on medication management processes, aiming to reduce Datix incidents.

Awards & Recognition



Medvivo and the Care Coordination service was proud and honoured to receive gold in the HSJ Partnership Awards 2024 for Most Effective Contribution to Integrated Health Care.

The Healthcare Partnership Awards brought together 1,000 attendees to celebrate the incredible work of healthcare projects across the UK. With 188 finalist projects vying for the top spot, a panel of 91 judges had the tough task of selecting winners across 28 categories.

The award for Most Effective Contribution to Integrated Health Care recognises private and third sector partners and projects enabling the health and care sector to deliver more integrated services.

In 2022, Bath and North-East Somerset, Swindon, and Wiltshire Integrated Care Board identified care coordination as a strategic priority and, having gained agreement from all partners to proceed, embarked upon an ambitious implementation programme.

However, as with many great ideas within the NHS, it was proving difficult to deliver system-wide change. This is where Medvivo came in, as not only did the organisation provide dedicated senior leadership to move the programme forward, but it also opened its doors, bringing together multiple system partners to join up and improve the quality and experience of care for BSW's residents.

This was recognised by the judges as an ambitious implementation program achieved through fostering collaboration among system partners. The initiative has significantly enhanced both system-wide working and patient experience through integrated care delivery..

“I am thrilled to announce that Medvivo's 'BSW Care Coordination Project - Ambulance Navigation' has won the Gold Award at the HSJ Partnership Awards 2024 for Most Effective Contribution to Integrated Health and Care.

This is a great achievement for our team and our system delivery partners such as South Western Ambulance Service NHS Foundation Trust, the Community Teams and the ICB. It is a testament to the hard work and dedication of everyone involved in the project. I would like to extend my heartfelt congratulations to all the finalists.

Thank you for your continued support and commitment to delivering outstanding care to our patients.” – Liz Rugg, CEO



The Quality Standards Framework (QSF) is a set of outcome-based standards that supports organisations providing TEC products and services, based on the principles of Quality, Safety, Innovation and Continuous Improvement. The scheme is run by the independent TEC Quality and is the only UKAS accredited scheme for technology enabled care in the UK.

TEC Quality completed a thorough audit of the Response service, acknowledging Medvivo as 'Fully Compliment' across a wide range of modules including:

- User and carer experience
- User and service safety
- Effectiveness of service
- Information governance
- Partnership working and integrated services
- The workforce
- Business Continuity
- Ethics
- Performance and contract management
- Continuous improvement and innovation



Achieving reaccreditation for ISO 27001 in September 2023 is another testament to our company's unwavering commitment to information security management. ISO 27001 is an internationally recognised standard that outlines the best practices for an information security management system (ISMS). It helps organisations manage the security of assets such as financial information, intellectual property, employee details, or information entrusted by third parties.

The reaccreditation signifies that our company has systematically examined our information security risks, including threats, vulnerabilities, and impacts. It demonstrates that we have designed and implemented a coherent and comprehensive suite of information security controls and other forms of risk management to address those risks that are deemed unacceptable. Moreover, it shows our ongoing commitment to an adaptive security posture, one that can respond to evolving threats and vulnerabilities.

In essence, our reaccreditation with ISO 27001 underscores our dedication to maintaining the highest standards of data security, reflecting our core values of trust and reliability, and reinforcing our position as a leader in quality management and information security.

ISO 27001 requires that management:

- Systematically examine the organisation's information security risks, taking account of the threats, vulnerabilities, and impacts
- Design and implement a coherent and comprehensive suite of information security controls and/or other forms of risk treatment (such as risk avoidance or risk transfer) to address those risks that are deemed unacceptable
- Adopt an overarching management process to ensure that the information security controls continue to meet the organisation's information security needs on an ongoing basis.



Cyber Essentials Plus is an achievement for our company, reflecting our commitment to cybersecurity. It is an advanced level of certification that builds upon the Cyber Essentials scheme, providing a higher level of assurance through the external testing of the organisation's cybersecurity measures.

Achieving Cyber Essentials Plus certification in September 2023 demonstrates that our company has met rigorous standards to protect against a wide variety of the most common cyber-attacks. This is particularly important as cyber threats continue to evolve, and it shows our stakeholders that we take the protection of our data and systems seriously.

The Cyber Essentials Plus certification process included a thorough audit conducted by a trained assessor. The objective was to verify the implementation of all declared controls in the Cyber Essentials scheme across our organisation's network. The key aspects of the Cyber Essentials Plus audit are:

- Selection of a representative sample of our organisation's computers for an audit to ensure they are configured in accordance with the scheme's requirements.
- Execution of a vulnerability scan on these devices to confirm that patching and basic configurations meet the necessary standards.
- Performance of an external port scan on our internet-facing IP addresses to check for any apparent misconfigurations or vulnerabilities.
- Evaluation of our default email and internet browser configurations to assess their robustness against the execution of potentially malicious files.
- Documentation of the audit process through screenshots as proof of compliance with the Cyber Essentials standards.

This rigorous assessment underscores our commitment to cybersecurity and the effective implementation of protective measures within our systems.

Annexes and Appendices

Statement from Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board on Medvivo 2023-24 Quality Account

NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB) welcome the opportunity to review and comment on the Medvivo's Quality Account for 2023/ 2024. In so far as the ICB has been able to check the factual details, the view is that the Quality Account is materially accurate in line with information presented to the ICB via contractual monitoring and quality visits and is presented in the format required by NHSE presentation guidance.

It is the view of the ICB that the Quality Account reflects Medvivo's on-going commitment to quality improvement and addressing key issues in a focused and innovative way. Medvivo has been able to make achievements in their identified priorities for 2023/24: -

Priority 1: Safeguarding

The new safeguarding referral procedure and system facilitates immediate safeguarding actions during consultations, this saves clinical time and ensures a comprehensive record with mandatory questions. The system guides users through the process, supporting training and familiarisation.

Priority 2: Incident Management

Created and implemented a new Patient Safety Incident Response Policy and Patient Safety Incident Response Plan. Identified 5 patient safety priorities to be focused on for the coming year. Established a process for reporting patient safety incident via the Learn from Patient Safety Events (LFPSE) system.

Priority 3: Patient Management System

Deployed new Aadastra system in April 2023. This resulted in a number of benefits including streamlining case flows, simplifying processes to reduce inherent risk within the system and provided data for analysis to contribute to service development and improvement.

Priority 4: Patient Feedback

Increased accessibility allowing patients to simply and easily provide feedback promoting inclusivity, increased the collection of data that can support development and improvement projects and development of the Patient Experience Survey.

The ICB supports the identified Quality Priorities for 2024/2025. It is recognised that several of the priorities described in this Quality Account align to the NHS priorities set out in the NHS Long Term Plan and Operational Planning Guidance with a crucial focus on reducing inequalities. The ICB welcomes continued engagement in the agreed service improvement plan and focus on:

- Empower Non-Prescribing Clinicians. There will be a trial using the Calderdale Framework to assess the impact. There will be Patient Group Directions (PGDs) and clinical guidance developed to support the team. There will also be a training program to equip the team with the necessary skills for their new roles.
- Safeguarding Audits. Medvivo will develop a standardised audit template that captures all the necessary information allowing a comprehensive review of safeguarding referrals. The findings of the audit will be reviewed monthly to look at the findings, identify trends, and recommend actions for improvement. These will be communicated to all relevant stakeholders.
- Enhanced Meds Management. This will be by developing and deploying an app-based stock management tool that is easy to use for all staff members. There will be comprehensive training to support staff during the transition and an evaluation of the impact of the new tool.

We look forward to seeing Medvivo's progress with quality priorities identified in this Quality Account in conjunction with the continued transition to PSIRF and the implementation of the organisations Patient Safety Incident Response Plans (PSIRPs).

NHS Bath and North East Somerset, Swindon and Wiltshire ICB are committed to sustaining strong working relationships with Medvivo, and together with wider stakeholders, will continue to work collaboratively to achieve our shared priorities as the Integrated Care System further develops in 2024/25.

Yours Sincerely,



Gill May
Chief Nurse Officer
BSW ICB



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

Abbreviations



- A&E: Accident and Emergency
- ACP: Advanced Clinical Practitioners
- ANP: Advanced Nurse Practitioner
- ATC: Access to Care
- AWP: Avon and Wiltshire Mental Health Partnership
- BaNES: Bath and North East Somerset
- BSW: BaNES, Swindon and Wiltshire
- CAD: Computer Aided Dispatch
- Care Co: Care Coordination
- CAS: Clinical Assessment Service
- CLA: Children Looked After
- Covid: Coronavirus
- CQC: Care Quality Commission
- ED: Emergency Department
- EoL: End of Life
- EPRR: Emergency Preparedness, Resilience and Response
- FTH: Fox Talbot House
- GP: General Practitioner
- HIU: High Intensity User
- HPAN: Healthcare Professional Alert Notices
- HSJ: Health Service Journal
- ICB: Integrated Care Board
- IP&C: Infection, Prevention & Control
- ISO: International Organisation for Standardisation
- ITK: Interoperability Toolkit
- IUC: Integrated Urgent Care
- KHC: Keynsham Health Centre
- LFPSE: Learn From Patient Safety Events
- MMC: Moredon Medical Centre
- NHS: National Health Service
- OOH: Out of Hours
- PEMS: Post Event Messaging Service
- PPG: Practice Plus Group
- PSII: Patient Safety Incident Investigation
- PSIRF: Patient Safety Incident Response Framework
- QSF: Quality Standards Framework
- SARC: Sexual Assault Referral Centre
- SEIPS: Systems Engineering Initiative for Patient Safety
- SI: Serious incident
- SMP: Salisbury Medical Practice
- SMS: Short Message Service
- SPA: Single Point of Access
- SWAST: South Western Ambulance Service Foundation Trust
- TEC: Technology Enabled Care
- TSA: TEC Services Association
- UC@H: Urgent Care at Home
- UCA: Urgent Care Assistant
- UCR: Urgent Community Response
- UEC: Urgent and Emergency Care
- UTC: Urgent Treatment Centre
- WCIL: Wiltshire Centre for Independent Living
- WMS: Wiltshire Medical Services