

HEALTH SELECT COMMITTEE PRESENTATION

Quality Priorities Update

12.01.20





OUR PEOPLE + OUR SERVICES = ALTOGETHER BETTER



NHS111



**CLINICAL
ASSESSMENT
SERVICE**



**GP OUT OF
HOURS**



**ACCESS TO
CARE**



**URGENT CARE
@HOME**



ALTOGETHER BETTER

medvivo 
integrating health and care

WHAT ARE WE DOING?

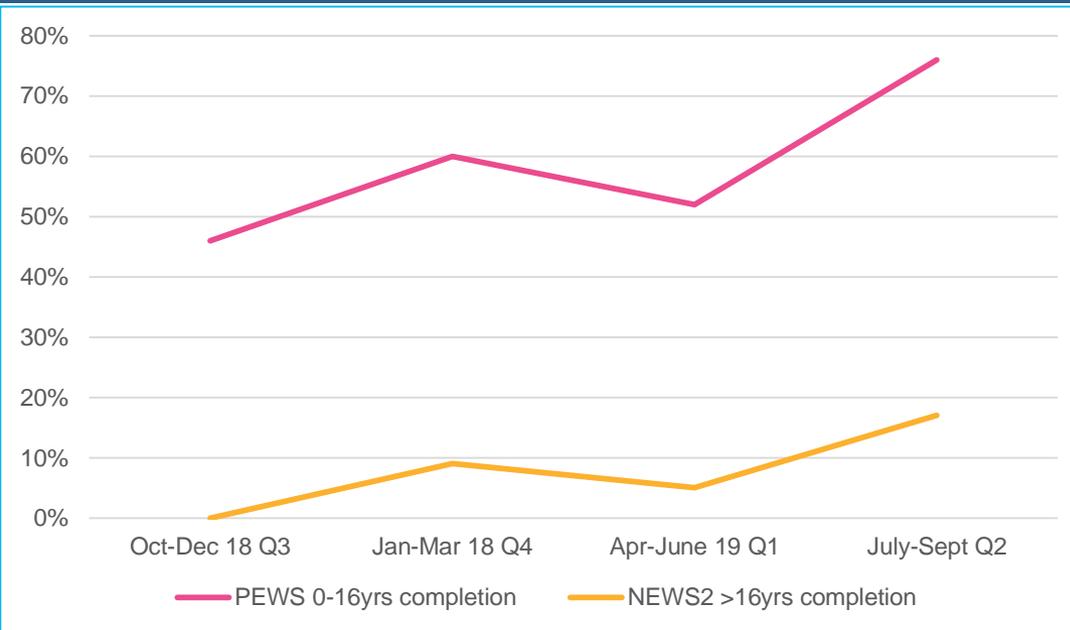
In **November 2019**, we:

- Answered **24,495** 111 calls
- Took **4,782** calls from Healthcare Professionals
- 999 Referrals – **11.57%** (<national average 14.2 %)
- Emergency department dispositions – **7.17%** (< national average 9.2%)
- Completed **2,088** Access to Care consultations
- Undertook **596** Urgent Care@Home visits

Quality Priorities 19/20 - Priority 1

Priority 1 - To Improve the management of adults with suspected sepsis when an ambulance is requested or a hospital assessment is arranged using the National Early Warning Score.

National Early Warning Score and Paediatric Early Warning Score compliance



The numbers audited have changed over these periods. We were initially auditing 50 consultations involving children <1yr old, plus 20 consultations of children age 1-16yrs each Quarter (May 2018-Mar 2019). From April 2019 onwards we audited 20 consultations of children aged 0-16yrs each Quarter.

NEWS2 score audit numbers also changed. We audited 20 consultations involving adults >16yrs each Quarter from April 2018 until during Q1 when we received the revised Quality Schedule. Therefore, from July onwards (Q2) we began auditing 50 consultations each Quarter.

This chart illustrates an improvement in the use of PEWS and NEWS2 in patients who are admitted to hospital or who require an ambulance.

Previously we had planned to create a pop-up box within Aداstra prompting clinicians to complete a score when the outcome of an admission or ambulance was selected. It was hoped that this would improve compliance. Unfortunately, Aداstra is an inflexible system when it comes to templates, they have been unable to do this. We have to work with the Aداstra Software as it is used by 111.

We are currently looking at what else we can do to promote its use further, but it does appear that our strategies of providing feedback via Clinical Guardian and promotion on the Staff Intranet have been having an effect. 5

NEWS and PEWS compliance

NEWS2 - Free App Released

Watch Favourite

Print >

Published: 16/10/2019 Last Updated: 16/10/2019

NEWS2 is designed for use in adults aged 16 years and above,

This is a National Early Warning Score calculation application, a joint development between the Royal College of Physicians (RCP) and the North West London Collaboration for Leadership in Applied Health Research and Care (NWL CLAHRC).

You can find it here with more information: <https://play.google.com/store/apps/details?id=com.ocbmedia.apps.news>



Please note:

- NEWS2 is designed for use in adults aged 16 years and above.
- NEWS2 is not recommended for use in children, during pregnancy or spinal cord injury.

Clinical Guardian

We have invested in software (Clinical Guardian) that enables us to monitor consultations within the Aadastra computer system used by clinicians against quality standards. Our audit processes are supported by this database. This provides us with a systematic approach to governance and is a paperless solution.

An audit group made up of GPs, Nurse Practitioners and Pharmacists monitors 2% of all consultations undertaken by our clinicians using the data supplied by Clinical Guardian.

Clinicians who receive feedback from the audit group are able to reply using the software and if a response is needed then this is composed during a Clinical Guardian Peer Review Session.

All cases which are deemed to require reflection from the clinician are tracked, so that responses can be followed up.

This two way dialogue between the auditing team and the clinicians is a really useful addition to the auditing process and so far has been well received and encouraged more detailed discussion of cases.

Quality Priorities 19/20 - Priority 2

Priority 2 - Improve our service user engagement and our understanding of the patient journey throughout integrated urgent care.

We are working with a range of quantitative, qualitative and experiential methodologies to capture, understand, improve and measure Service User experience including real time monitoring.

This work is the full time responsibility of Michelle Coleman, Patient Experience Coordinator.

Service User Survey Results

iPad Survey

Medvivo has installed iPads at some of our bases for patients to provide us with feedback about their welcome/reception, courtesy/helpfulness of clinician, overall care and the friends & family test survey. Patients & staff have been consistent at using the iPads in Swindon – for example during Apr-Jun 2019, 163 patients completed the survey and of these 96.5% rated their overall experience as high. The uptake of the survey at the other bases is much reduced, for example during the same time period 19 were completed in Warminster with 97% rating their overall experience as high. Comments include: “excellent treatment” and “fantastic support very clear explanation”.

ACTION: We are in the process of reviewing iPads at the other bases. The receptionist at Warminster, who is mainly there, is able to set it up and will encourage more patients to complete it. Training has also been given so that more than one person knows how to download the data from the iPads (which is unable to be done remotely). For logistical reasons it is not possible to have an iPad at Trowbridge and there aren't enough onsite clinics to warrant having one at Paulton. The project continues.

Children's Feedback Survey

These surveys are available at reception for patients to fill in or take away. The number of surveys completed have increased from 28 during Jan-Mar 2019 to 139 during Jul-Sept 2019 (the most recent quarter). Results for Apr-Sept 2019 show 96% would recommend this service to family and friends. 59% of those who completed the survey were female. 90.25% of comments were positive. The constructive comments had one main theme, examples: “You could improve on having a bit more entertainment for children like crayons and books and a few toys” “It was boring” “Would like some toys to play with when waiting” “need toys in reception”.

ACTION: The number of surveys completed by those who are 16 or over has increased from 1 person during Jan-Mar, to 3 in Apr-Jun and 8 during July-Sept. At a Reception Team meeting it was acknowledged that the survey's design is geared more to younger people and therefore over 16s will now be given the QR code cards so that they can provide their views online via their mobile phone if they wish. The topic of toys has been included in a working group and while we are unable to provide toys (due to Health and Safety concerns) we are keen to make the consultation rooms more child friendly and options have been costed.

OOH Feedback Cards

These surveys are given to patients by Clinicians following a home visit. During Apr-Jun 2019 we received 60 responses (6 more than Jan-Mar 2019). Then during July-Sept 2019 the numbers increased significantly to 206. The combined responses for Apr-Sept 2019 tell us 98% said they would recommend this service to friends & family (up from 89% in Jan-Mar 2019), 97% agreed they were treated with dignity and respect (up from 94% in Jan-Mar 2019). We received 145 handwritten comments, of these 96% were positive (up from 82% in Jan-Mar 2019). Of the 6 constructive comments, 3 related to length of wait but we did not have enough information in each case to look into them individually. One constructive comment related to a prescription concern which gave us enough information to investigate, see following slide for details.

ACTION: The increase in current satisfaction could be attributed to being out of the ‘Winter Pressures’ period or it may be that as we now have a larger sample we could be receiving a more accurate picture. It will be interesting to see how the next 6 months data compares. Also when we do the next print run for the feedback cards we will include additional questions which will provide us with more details. This will be especially helpful to investigate any constructive feedback. In the meantime, we have set up a working group to review all aspects of managing patients' expectations around timeframes, which includes disposition times given to patients for call backs & home visits and regarding any waiting times when being given an appointment. The first meeting has been held with a follow-up meeting to be scheduled.

In Hours Feedback Cards 'Success Clinic Swindon'

Following a Swindon Receptionists meeting, it was agreed from August 2019 to make feedback cards available to the ‘in hours’ patients for the Success Clinic at Swindon. This has meant we have received an additional 68 feedback cards in Aug-Sept 2019. The results show 97% were positive. Of the 2 which were constructive, one selected ‘unsure’ as their answer for two of the questions and they related to ‘feeling involved in decisions’ and ‘understanding what would happen next’. The other one selected ‘disagree’ as their answer for the two questions relating to ‘feeling involved in decisions’ and ‘being treated with dignity & respect’. Both cards were shared with the clinicians and their Clinical Lead to take forward.

ACTION: There has been a 250% increase overall in the number of surveys received in the last 6 months (of all types) compared to previously and while this is very much welcomed it has impacted our process time. For this reason we have reviewed the process and made some initial changes, with more on their way. Neither will directly affect the patient but will enable our in-house process to become manageable.

Constructive Comment Investigation Process - Example

We would really value your feedback about the GP Out of Hours Service.

Please tick the options below which you feel best reflect the experience of your appointment or home visit today.

I felt involved in decisions made surrounding my care:

Strongly Agree Agree Disagree Strongly Disagree Unsure

I understand what will happen next:

Strongly Agree Agree Disagree Strongly Disagree Unsure

The clinician explained my treatment clearly:

Strongly Agree Agree Disagree Strongly Disagree Unsure

I received the support I required today:

Strongly Agree Agree Disagree Strongly Disagree Unsure

I was treated with dignity and respect:

Strongly Agree Agree Disagree Strongly Disagree Unsure

Would you recommend this service to your friends and family?

Yes No

Comments & suggestions:

WAS A LITTLE CONCERNED THAT A PRESCRIPTION
COULDN'T BE WRITTEN AS THEY HAD NO
PRESCRIPTION PAD BUT WAS ASSURED THAT
DIAMORPHINE WAS CARRIED.

"Was a little concerned that a prescription couldn't be written as they had no prescription pad but was assured that diamorphine was carried."

BACKGROUND:

- Home visit carried out on 1 September 2019 at 06.35hrs by GP.
- After consultation patient was asked to complete Feedback Card by GP which was returned to Medvivo in the pre-paid envelope provided.
- Feedback card received by Quality Team on Fri 6 September 2019
- GP had written his name on the card and date of the home visit which provided enough information to investigate.
- Case opened in the feedback section of Datix INC:3332.
- Constructive comment sent to two Clinical Leads (Tue 10 September 2019) and discussion took place.
- It was agreed for one of them to take the investigation forward
- Clinical Lead made contact with GP involved for feedback, but found he was on leave for two weeks.
- Feedback was received by Clinical Lead on 13 October 2019 from GP involved.

OUTCOME OF INVESTIGATION:

The initial concern was raised from the patient feedback in a complaint that morphine was carried. This raised concern internally that the clinician might have been carrying his own stock of medication. It turns out he was reassuring them that the car carried morphine if any more was needed for a palliative patient.

He had been unable to prescribe further supplies due to leaving the prescription pad at the base. This was a late visit and they had started unpacking the car. The Clinical Lead determined that the GP has given a satisfactory response and felt the case could be closed

ACTION:

The Clinical Lead stated in the case notes: No specific learning theme. It was unfortunate that the prescription pad was left at the base but this was an unusual incident due to unloading the car for the end of the shift then deciding to fit in another visit to avoid delay for a palliative patient, rather than waiting for the daytime GP to take over.

Urgent Care at Home

These surveys are given to Responders to hand to patients after a home visit. Apr-Sept 2019 we received 14 completed feedback cards. Interestingly 75% of the responses rated ALL areas on the card as 'strongly' agree. The areas measured are: I felt involved in decisions made surrounding my care. I felt the Responder considered their needs, responders explained their actions clearly, I received the support I required and all patients felt they were treated with dignity & respect. 100% would recommend this service to friends and family.

ACTION: We recognise that in the last 9 months we have only received 20 completed feedback cards, therefore we have looked at other options to obtain feedback in addition to the cards. We are in the process of including satisfaction questions to our standard welfare check (which is usually carried out over the telephone)—results of this will be shown in the next report.

Complaints Process Feedback Survey

These surveys are sent in the post to all complainants 8-10 weeks following receipt of our final response letter. Complainants have the option to send it back in the post or complete the survey online following the link provided. During Jan-Jun 2019 we did not receive any responses. Therefore we revised the survey to a more succinct 7 questions across one page. We have since received one completed survey (in the new format) which told us they felt their concerns were taken seriously & the response was personal to them. At a recent Complaint Manager meeting (arranged by Wiltshire Health and Care), Great Western Hospital confirmed they send out similar surveys and in their experience if complainants are happy with the process they are much less likely to fill in the survey.

ACTION: The revised survey has only been running since July 2019. We look forward to reviewing it again in 3 months.

QR code on Poster and on 'how did we do' cards

The cards and posters are available at reception and display a QR code which enables patients to use their iPhone to provide us with feedback via a short survey held on our website. The poster is also in GP surgery waiting rooms. The questions are the same as those asked on the OOH Feedback Cards. We have received 7 responses during Apr-Sept 2019. 6 gave positive feedback and would recommend our service to family and friends. One patient offered to be part of future engagement opportunities and will be asked to join our 'Group of 50'. One of the comments was constructive but we were unable to act upon this feedback as we did not have enough meaningful information.

ACTION: We will look to amend the questions on the survey to make them specific for more meaningful data, especially when a comment is constructive. The QR codes are now being handed out to those who are 16 and over by reception – see Children's Feedback Survey section on a previous slide.

Vocare text messaging survey

Previously Vocare conducted a service user survey by asking all callers if they would be happy to take part in a survey at a future date, however the uptake from service users was minimal. Therefore Vocare implemented a text messaging service instead. During Apr-Jun 2019, 9300 text messages requesting feedback have been sent and of these Vocare have received 1132 responses (12.17%). The results are shown by disposition i.e.: Ambulance, Emergency Department, GP, Out of Hours Service and Self Care. Patients are asked to rate their satisfaction regarding Accessibility, Politeness, Reassurance, Listening, Explanation and Advice. So far the results tell us that patients, on average, are satisfied with all dispositions by rating them all 9 out of 10 or above. However, to make the information more meaningful Vocare has since included an additional comment section. The results for September have shown that adding the comment option is really valuable. They received 22 comments and 15 were positive. Of those that were constructive we could not identify a theme. One mentioned their challenges in obtaining a dental appointment and another described the lack of Mental Health services available to them.

ACTION: To ask Vocare to provide the comment feedback on a weekly basis to enable the 'compliments' to be part of Appreciative Inquiry at Risk Committee Meetings and enable us to take prompt action (wherever possible) on any 'constructive' comments.

Other methods

For comments, compliments & complaint, patients are able to send us feedback by letter, telephone, e-mail, website feedback form and via social media (Facebook & Twitter).

National Annual GP Patient Survey Results 2019

Previously we collected and reviewed the National GP Patient Survey results for 2017 & 2018 for each area: Wiltshire, BaNES and Swindon - specifically the questions relating to the GP Out of Hours Service. The results for Wiltshire gave more meaningful data as we did not provide the service for Swindon & BaNES for this period. The Wiltshire results show that for both years 38% of patients felt the service when their surgery was closed was 'very' good, compared to BaNES in 2018 of 32% and Swindon at just 22%.

We have now reviewed the comparable results for 2019:

WILTSHIRE: 79% of patients rated overall satisfaction as fairly or very good. We scored 2% higher at 40% for 'very good' compared to 2018

BaNES: 70% of patients rated overall satisfaction as fairly or very good. We scored 3% higher at 35% for 'very good' compared to 2018

SWINDON: 63% of patients rated overall satisfaction as fairly or very good. We scored 7% higher at 29% for 'very' good compared to 2018

SUMMARY:

Whilst the survey is not specific to the NHS 111 and GP Out of Hours service, it does show that the majority of patients surveyed (on average 67% for our STP) had contacted the NHS service (during out of hours) *by telephone* which is our service (see BaNES chart below as an example).

The results show improvement across each commissioning area of the STP, with Wiltshire showing results that were 10% higher than the national average. We did not hold the contract for BaNES and Swindon which related to the 2018 results.

Regarding the time taken to receive care or advice when the practice is closed, in BaNES 72% & Wiltshire 74% of patients felt the length of time was 'about right' – which is higher than the national average of 66%. Swindon patients rated this at 63% - could their answer have been influenced by the challenging factors of the 'in hours provision in Swindon?

When asked if they had confidence and trust in the people they saw, 95% in Wiltshire said yes, which is higher than the national average of 91%

Finally, we have compared the Wiltshire results with Bristol, North Somerset and South Gloucestershire CCG (covered by Brisdoc) and the satisfaction results are higher for Medvivo in each area





Tedvivo supporting the project



Karen Graham (left) meeting Donna Bayliss (CCG)

LAUNCH OF WILTSHIRE RED BAG INITIATIVE

Wiltshire Clinical Commissioning Group launched a new innovative 'red bag' scheme on 1st August 2019 at Braemar Lodge in Salisbury via a Garden Party. Attended by our Access to Care Service Leads, Lynn Cook and Lynn Organ, GP Relationship Manager (Karen Graham) and Corporate Communications Coordinator (Karen Manning), we joined representatives from SWASFT, nursing/care homes, GWH and SFT to celebrate the launch of this initiative in Wiltshire.

The red bag enables a smooth handover from the care home to the ambulance and then to the hospital staff. The bag holds all of the patient's information and personal belongings together in one place, thereby ensuring all people providing care have access to appropriate information in a timely manner, reducing the risk for any loss of belongings. There is also a "this is me" document which provides information about the patient's needs, interests, like and dislikes, helping those who are providing care to do so on a more personalised level.

It's important our clinical and response teams are aware of this initiative, particularly as they are regularly supporting patients who move between care homes and hospitals, and back again. It has been a pleasure to be involved in the project as it has developed. We have shared more details about the event on Webvivo, our staff intranet, for others to read.

SUPPORTED LIVING AT HIGHER GREEN FARM

Based in Wiltshire, [Higher Green Farm](#) provides a supported living environment for young adults with special needs. Through Wiltshire Council we have been supporting their residents with our Telecare and Responder services. Recently four residents who have autism and learning disabilities moved to a shared house away from the farm, although the 24 hour support continued.

On 23 April 2019 we invited two more of their residents (also with autism and learning disabilities) to join us for tea and cake at Fox Talbot House (Chippenham) to celebrate their move into a bungalow. They will continue to receive Telecare & Responder support to help them retain their independence and to help this transition. Because they were not confident talking on the telephone, regular 'test' calls have been made by Nicky Kinge, Telecare Private Pay Service Lead (top left of first photo) so that they may gain trust in the service and feel confident to use the equipment when needed.

As the Responder team will be on hand to help out should the need arise, we also introduced them to members of the team.



Presentation in Warminster – 16 April 2019

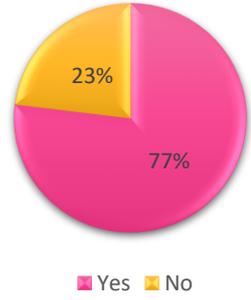
The Avenue Surgery Patient Participation Group Meeting

Medvivo Urgent Care Service Lead arranged for us to attend their next PPG meeting. To give an overview of Medvivo services, including NHS 111. The surgery's Practice Manager and one of the Partners was also in attendance. After answering their questions they completed a patient survey, the results are shown here.



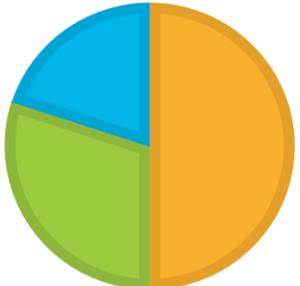
Dave Reeves, Chairman of the PPG with Clinical Manager (Vocare) and Patient Engagement Coordinator (Medvivo)

Have you made contact with the NHS 111 service before?

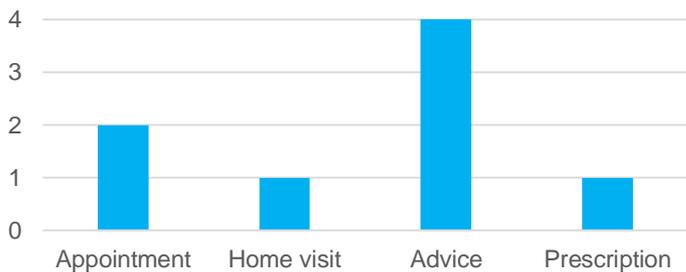


WHAT DAY OF THE WEEK DID YOU TELEPHONE?

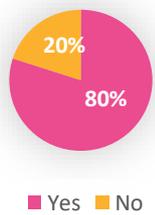
■ Mon-Fri daytime
 ■ Mon-Fri evening
■ Sat/Sun daytime or evening
 ■ I don't know



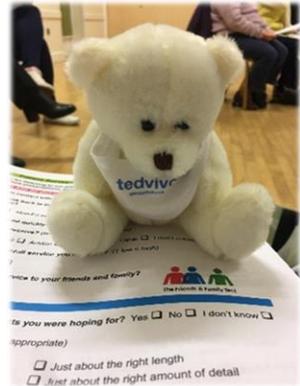
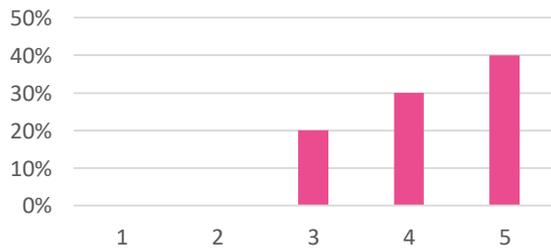
Which service did you receive?



Would you recommend this service to your friends and family?



How would you rate the overall service you received? (1 low 5 high)



Tedvivo came along to show his support & hand out the surveys 14

Hi Michelle

Many thanks to you and to Mandy for last week's presentation. I sincerely apologise for the IT glitches and I know from the comments I received later that it was a real insight into the way OOH and 111 services are being delivered.

Kind regards
David Reeves (24.4.19)

Refugee pick up from Heathrow Airport

Wiltshire Council – 19 June 2019

Medvivo is contracted to provide clinical support to Wiltshire Council as part of their resettlement scheme.



Driver (white shirt), Wiltshire Council Resettlement Scheme team member (red top), Krystle Hillier, Medvivo Nurse Practitioner/ Safeguarding Lead (closest to camera) & Michelle Coleman, Patient Engagement Coordinator (behind the camera).

16 seater Bus to take us to Heathrow to pick up a Refugee family and return them to their new home in Calne.



Arriving at Heathrow Airport to meet the family



The family: Mum & Dad, 8 year old son & 4 year old daughter. Been living in a one room apartment with their mother in law. Displaced for 60 months, moved between Syria & Lebanon. Dad experienced kidnap and torture. Once we arrived at their new home we were served Ma'moul walnut cookies (made by mother in law who they had to leave behind). Dad said: "I have not been able to provide toys for my children or allow them to go outside because it was not safe – but I have been able to give them a lot of love".

Wiltshire Council photo (Dec 2018).
 Since 2015 Wiltshire has welcomed more than 100 individuals and families since the first group of Syrian refugees arrived in December 2015 and 11 babies have now been born in the county.



20.6.19

Good morning all,

I wanted this to be my first email of the day. Thank you Krystle and Michelle for joining us yesterday. Your efficiency and professionalism was tempered with such compassion, great cultural awareness and helpfulness and as always your presence added to the family's arrival in such a lovely way. Thank you for being there and we look forward to seeing you again soon.

Thanks and kind regards.

Wiltshire Council
 Where everybody matters

Maysun Butros
 Senior Corporate Support Officer
 Vulnerable Persons Resettlement Scheme

Syrian Refugee Event – Pottern, Devizes

Wiltshire Council 8 July 2019

We were invited to attend this event by Wiltshire Council to give a presentation on what services to access and when. The Council arranged a full day of talks (with Q&A) on health related topics for the relocated families. Our objective was to make the families aware of how and where they can get healthcare services, as well as the differences between them.

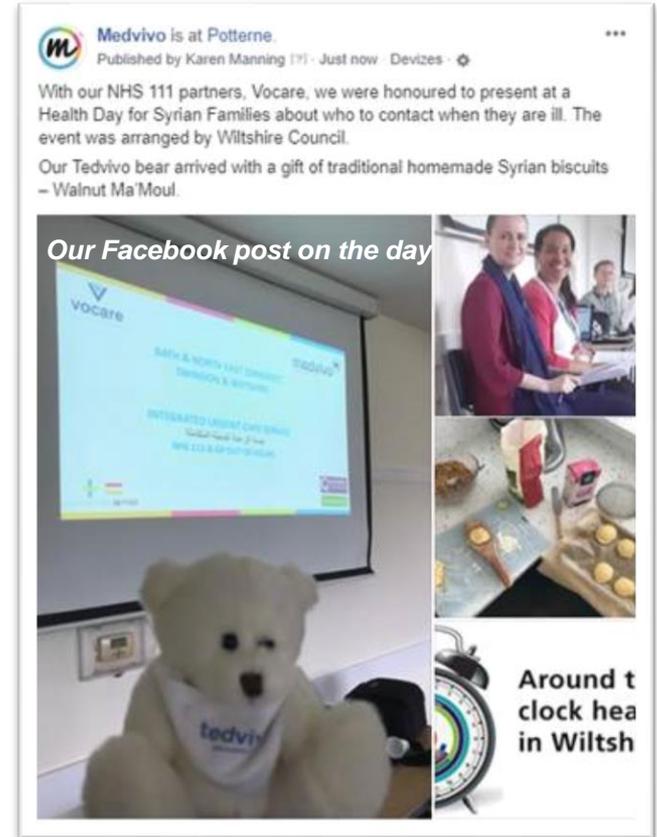
We used google translate for our slides in an attempt to ease the language difficulties that would be there for some members of the audience. Maysun from the Council's Resettlement Programme was on hand to translate during the presentation. We also took with us some traditional homemade Ma'Moul Syrian cookies made by our Patient Engagement Coordinator.



After the presentation was concluded, there was a chance for questions to be asked by the families in attendance. The majority of questions asked were around the 999 service and ambulance response times. There was one query about whether an ambulance call from NHS111 would generate a quicker response from 999, but it was reassured that this was not the case and that 999 prioritise calls based on symptoms, not on who the caller was. There was also some questions regarding translation and how they would request this from the NHS111 service. It was explained that they would need to state the language required and a translation service could be provided via language line.

Leaflets were handed out towards the end on Language Line, Complaints and the Out of Hours service, so that the families (and those supporting them) had information to take away

Presentation given by Krystal Hillier (Nurse Practitioner/Safeguarding Lead, Matthew Selby (Team Leader, Vocare) and Michelle Coleman, Patient Engagement Coordinator.



"Thank you so much for attending.... I know the presentation (and biscuits!) went down extremely well and several attendees have told me how informative it was.It was also lovely to see you again which I know some of the audience really appreciated. I know your professionalism combined with cultural awareness is a huge comfort to the families above all in that all-important initial landing which is so crucial."

From Tim Burns
Commissions Manager, Wiltshire CCG

Other Engagement Activities

Swindon

SWINDON CCG PATIENT & PUBLIC INVOLVEMENT FORUM

On 25 April 2019 we attended this meeting at the Pierre Simonet Building in Swindon. The group was set up to improve patient access, experience and outcomes by ensuring members of the public play an active part in its decision making process. Current members of the group include those from mental health, carers, diabetes, older peoples health, accessibility (eye health & hearing), prevention (public health) and homelessness. At this meeting, the topics discussed were Primary Care Networks, changes in non-emergency transport provider and preparations the CCG is making for a no deal EU exit. The CCG also shared the outcome of their engagement visit to students at New College. In the future there is an opportunity for Medvivo to join the CCG on another visit to share with the students the services provided by Medvivo. We were also given information about changes to the Walk in Centre which included that Medvivo would be providing this service. This was incorrect and steps were taken after the meeting to promptly resolve this.

BaNES

AGE UK

On 3 May 2019 our Nursing Director and Patient Engagement Coordinator met Julian Kirby From Age UK, Wiltshire & Swindon who is also on the Wiltshire CCG Governing Body. During the meeting, we gave Julian an update on the services provided by Medvivo (including our Acute Liaison staff from Access to Care who go into the 3 acute hospitals, 7 days a week), together with any changes which had taken place since our last discussion with Age UK. Julian shared that Salisbury Hospital commissioned last year a 'Home from Hospital' Service from Age UK. This service has been successfully implemented by BaNES Age UK at RUH Bath and Julian is keen to replicate this at Great Western Hospital in Swindon. While it was agreed the meeting was successful it was agreed that at this moment in time there were not any joint working opportunities available but that we would meet again.

However we did agree two actions 1) Identify who our High Intensity Users were for Bath and ensure they have Age UK phone number 2) Review if we have any patients at RUH who are High Intensity Users, if so, inform Age UK. This information has been shared with those leading on our new High Intensity User contract.

Wiltshire

WILTSHIRE CARE PARTNERSHIP

On 2 May 2019 Krystle Hillier (Nurse Practitioner & Safeguarding Lead) gave a presentation with Mandy Bowpitt (Vocare Clinical Services Manager). The purpose of the talk was to inform members of residential and nursing homes the role of Integrated Urgent Care Service with NHS 111. The audience asked questions regarding our Health Professional Line (when could they use it) and asked advice about specific cases. We were also asked to elaborate on the different categories of ambulance. Following this meeting, where there wasn't time to hand out the presentation feedback form, we decided to make the survey into an online version so that for future engagement events we would be able to e-mail the survey for attendees to complete. This will also be a good option for those who prefer to think about their answers beforehand filling in the survey.

Swindon

SWINDON HEALTHWATCH

On 21 May 2019 our Patient Engagement Coordinator attended a meeting with Carol Willis, Team Manager, at Sanford House in Swindon to discuss any joint working opportunities. Carol shared the work they are doing regarding 'enter & view' visits (9 in total) and their NHS Long Term Plan Survey. Carol said they had received 643 survey responses, 230 of these were from Swindon. Comments were made about the NHS 111 service and Carol agreed to share these with us once the analysis has been done. Healthwatch is keen to work with Medvivo (for a fee) and gave the example of the client survey and report they worked on with Threshold in Swindon regarding the Homeless. Carol agreed to send their core offer costs and I would discuss it further with a member of the Executive Management Team. This has been done and we do not currently have the budget to support this.

CQUIN updates

Our Commissioners have incorporated three areas into CQUINs. More information can be found in the separate methodologies shared during Q1 submission. Here is a brief summary for each so far. Final developments will be shared in the end of year report.

Always Event®

“Always Events® are defined as “those aspects of the patient and family experience that should **always occur** when patients interact with healthcare professionals and the healthcare delivery system”.

We have created a survey based on the NHS England Toolkit to find out from our service users, who arrive for an appointment at 3 of our 10 bases, what matters to them most (one base for each commissioning area).

The survey has been created in conjunction with our reception staff and has been tested by two (real) patients to ensure the questions were understandable, appropriate and not too onerous. It has also been tested by members of the Reception Team. The questions in the survey are:

Q1 - What was most important to you during the appointment booking process?

Q3 - What is most important to you that happens during the consultation?

Q5 - Of all the things you have shared with us today - **What Matters to You Most?**”.

Q2 - What is important to you while you wait for your appointment to be seen?

Q4 - What is most important to you after the consultation?

We have also included demographic questions to ensure we are able to demonstrate asking a wide range of patients, with the aim for it to represent our service population. Since 31 October 2019, we have service user demographic data from Power BI which will help inform our survey reach.

The survey has been designed to fit on an iPad which the service user (carer/family member) can independently fill in themselves or by a member of staff. We have completed a DPIA, which has now been signed off by our Compliance Team to ensure GDPR data risks are removed or significantly reduced.

ACTION PLAN:

GANTT CHART 2019/2020								
Project: 'Always Event'	Nov	Dec	Jan	Feb	Mar	Apr	May	
Carry out the Survey	Yellow	Yellow						
Analyse the results		Green						
Compare results to the existing feedback		Green						
Identify common themes		Blue						
Create 3 proposals which could 'always happen'		Blue						
Share proposals with Medvivo wider team for their feedback			Yellow					
Share proposals with our Group of 50 ask for their feedback via a survey			Yellow					
Analyse the results			Green					
Identify what the one 'always event' will be			Blue					
Choose one area of the service to test the 'always event'			Blue					
Provide guidance/training and implement				Blue				
Obtain their feedback				Yellow				
Analyse the results					Green			
Amend the 'always event'					Yellow			
Full implementation of the 'always event'					Yellow			
Write end of year report								Blue
Key	Yellow	Green	Blue					

Group of 50

The roots of the Group of 50 concept grew from a discussion with NAPP (National Association of Patient Participation), who provide support to primary care patient participation groups. The survey can be about satisfaction with the service, or to ask for views on proposed service changes. Medvivo took this idea, expanded on it, and agreed to set up its own 'Group of 50' across the three commissioning areas.

At Engagement Events, service users have started to be asked if they would like to join the group. This question is also included at the bottom of our online patient satisfaction survey. When we need to reprint our Feedback Survey cards, this question will also be included.

We have set up an area in 'Huddle' for members of the Group to access, once the group goes 'Live'. We have reviewed the name of the group and have decided to keep the name simply as Medvivo Group of 50. Logo options for the group have been created. We have started to compile contact details from those who have already expressed an interest in joining the group. We have discussed the format of a patient newsletter we will create and send to members of the group on a quarterly basis.

We have been provided with new service user demographic data from Power BI which will help inform the 'types' of patients who will be needed for the group to ensure it matches our patient population spread.

ACTION PLAN:

GANTT CHART 2019/2020							
Project: Group of 50	Nov	Dec	Jan	Feb	Mar	Apr	May
Complete and sign off DPIA	█	█					
Write Terms of Reference for the group	█	█					
Create simple joining forms (with demographic information)		█					
Make Group of 50 information available on Website		█					
Share Group of 50 on Webvivo for the wider Medvivo Team		█					
Send introduction e-mail to current contacts to formally invite them		█					
Send 'Always Event' survey to current members			█				
Up-date all feedback cards to include joining option to Group of 50			█				
Up-date members the outcome of 'Always Event' survey				█			
Review demographics of current members identify what is missing				█			
Actively target 'missing' groups of patients to ask to join the group				█	█		
Ask members what they would like to see included in a patient newsletter					█		
Produce first quarterly patient newsletter 1.4.20						█	
Write end of year report							█
	Member contact	Prior to going Live	Going live	Other			

Appreciative Inquiry

Appreciative Inquiry (AI) is a change management approach which focuses on identifying what has gone well, analysing why it is working well and then making changes to build on this success. Medvivo have introduced Appreciative Enquiry in two ways:

Quality Committee Meetings

A case study which describes something that has gone well is prepared for each meeting (via power point presentation).

After discussing the case we agree as a group a) what went well and b) what can we do to build on this good work.

During Apr-Sept 2019, 4 cases have been discussed. The topics have been:

- Access to Care supporting a Vulnerable Adult
- OOH GP resolving medication concerns for End of Life patient
- Complaints process (case was not upheld)
- Supportive measures for a member of staff with dyslexia while completing the Care Certificate

We have encouraged cases to be presented by different departments to spread the learning and understanding of Appreciative Inquiry throughout Medvivo. At the end of each meeting actions are agreed, recorded and reviewed at the next meeting.

More detail will be shared in the year end report.

Risk Committee Meetings

Compliments received the previous week from service users, via prompted methods (feedback cards & survey's) and unprompted methods (thank you cards, phone calls & other messages) are collated and the totals are presented via a pie chart to the Risk Committee and discussed as part of Appreciative Inquiry, which is placed on the agenda at the end of the weekly meeting.

For each service, the most noteworthy compliments are individually presented and during the meeting we discuss if there is anything we could do to build on this good work. Some compliments do not provide enough specific information to enable us to 'build upon' but they do demonstrate occasions where the patient was very satisfied, which the team very much appreciate.

All actions are noted during the meeting and the Patient Engagement Coordinator, outside of the meeting, ensures they are completed.

Since 12 September 2019 we have also introduced a weekly Risk Committee Award so that each week the Risk Committee chose the most impressive compliment (voted by show of hands) and the person/team are awarded a certificate from the Risk Committee (see example on the left). A photo of them receiving the award is shared on Webvivo (intranet) and the certificate is put on display in reception at FTH. Since 1 November 2019, it was decided the award would become monthly, with the best compliments from each week being put to the monthly vote.

Staff have received the introduction of the award really well and it has promoted more general discussion around 'good work'.

More information will be shared about Appreciative Inquiry at Risk Committee in the year end report.



medvivo
Integrating health and care

Risk Committee Recognition Award

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

Response Team

“ His mum said since Responders have taken over care (patient name) has improved so much and happier in himself. It is his birthday and the responder sang him happy birthday which made his day. She could not be happier with the care. ”

Well done to everyone involved in delivering this great service. The Risk Committee recognised the person centered care (joining in and celebrating his birthday) together with the steps that had been taken to work with the different needs of the travelling community. A truly well-deserved award!

 Michelle Coleman, on behalf of Risk Committee 26th September 2019 

All new compliments are shared at weekly Risk Committee meetings as part of Appreciative Inquiry. These meetings are attended by a multi-disciplinary team of Clinical Leads, Service Leads and members of the Quality & Information Governance Teams. Appreciative Inquiry looks at ways in which we can 'build on' examples of good work.

Thematic End to End Review

Thematic End to End Reviews were first introduced at Medvivo in October 2018. A methodology paper explains the process. The key purpose of Thematic Review:

“Identify, investigate, share learning and respond to issues raised within the Integrated Urgent Care Service. This is with the inclusion of external partners across the system. The process takes into account the whole service user journey from the first to last contact, including all contacts and involvement by each healthcare provider organisation.”

Topics are chosen in response to themes or specific cases identified through the Medvivo Feedback reporting process and issues raised by partners and stakeholders. Cases are often complex and are multi factorial. The meetings are held for 2 hours, 4 times per year and 1 or 2 cases are discussed at each. Attendees are provided with an Information pack and call recordings are listened to during the meeting.

On average 10 people attend the meeting from Medvivo (multi-disciplinary) and 2 from our Vocare our NHS 111 Partners. Relevant external organisations have been invited to attend and in the last year these have included:

- | | |
|---|---|
| <ul style="list-style-type: none">• Commissioners - Wiltshire CCG Quality• Chief Officer Community Pharmacy• Ladymead Care Home | <ul style="list-style-type: none">• Paramedics from SWAST (Ambulance Service)• Avon & Wiltshire Mental Health Partnership• Senior Community Nurse |
|---|---|

An example of key learning/action points from the meetings have included

- MDT meeting held with a patients own GP
- Further understanding of Mental Health Crisis Team and Mental Health service information provided to Medvivo staff
- Further exploration of case with clinician involved after the meeting (Medvivo & external organisation staff)
- Commissioners reviewing with Primary Care Networks regarding handling of abnormal blood results after 18.30 hrs
- Medvivo prioritising abnormal lab results earlier in the evening, wherever possible
- Medvivo Paravan to now carry an Oysta for personal safety
- Medvivo flu break out in Care Home process enhanced & feedback shared with Public Health
- Directory of Service incorrect for Swindon for which pharmacies can provide emergency supply of medication
- NHS 111 changed phrase used when talking with patients about ‘emergency supply’ of medication
- Medvivo staff provided with clarity on Frasier and Gillick competencies when dealing with emergency contraception requests.
- Commissioners ensuring Care Homes have the direct number for our Health Professional Line, rather calling NHS 111.
- NHS 111 to review mapping process for District Nurse requests

In summary - we have found it a challenge to encourage other organisations to engage but once they do they have provided excellent feedback. An extra benefit of talking through a case with external organisations is the better understanding of process and systems we all gain, which ultimately improves the patients journey going forwards in all partner organisations.

Our Quality Priorities 19/20 - Priority 3

Priority 3 - Develop and continually review our Antimicrobial Stewardship and prescribing to improve patient outcomes

Appropriate prescribing of broad spectrum antibiotics in out of hours urgent care

Broad-spectrum antibiotics are invaluable in the control of modern healthcare-associated infections (HAIs); however, limiting their overuse represents an equally important means of preventing **healthcare associated infections** that are increasingly caused by multidrug-resistant organisms.

We receive data from the CCG about the Broad Spectrum Antibiotic prescribing that we undertake.

The CCG data indicates that about 12% of the antibiotics prescribed OOH are Broad Spectrum.

More than 40% of the prescriptions during OOH are antibacterial agent related, this is due to the nature of the work we provide.

We constantly monitor our prescribing of broad spectrum antibiotics as part of an annual programme using Clinical Guardian.

Broad Spectrum Antibiotics - Priority 3

Broad Spectrum Antibiotic audits during Q1 & Q2.

These include auditing 30 consultations where patients were prescribed:

- **Ciprofloxacin** (May) 55% matched best practice: Educational intervention and repeat audit in 3 months
- **Co-amoxiclav** (June) 77% matched best practice: Results published on intranet, to re-audit as per schedule
- Repeat of **Ciprofloxacin** (August) 60% matched best practice: To target intervention with highest prescribers and repeat in 3 months
- **Trimethoprim** (Aug) 57% matched best practice: Educational intervention and repeat audit in 3 months
- **Cefalexin** (Sept) 80% matched best practice: Results published on intranet, to re-audit as per schedule

We audited 2,769 consultations during Q1 & Q2 and provided feedback to clinicians if not prescribing as per the formulary.

To Dip or Not to Dip – Priority 3

‘To Dip or Not to Dip’

The dip or not to dip is a programme linked to the NICE Quality Standard on diagnosing infections in the elderly. This is particularly important for managing patients living in care homes. Its key recommendation is to improve antibiotic use in frail older people by:

- Recognising sepsis
- Increasing understanding about asymptomatic bacteriuria
- **Reduction of dipstick use in over 65s**

To Dip or Not to Dip - Priority 3

- In Quarter 1 we developed an audit tool to measure compliance with guidance
- In Quarter 2 we audited 10 cases. Going forward we will audit 15 each quarter and this will form part of the CQUIN and LIS data
- We are working with our Informatics Team and with Microsoft Software called Power BI and should soon be able to measure compliance with 'To Dip or Not to Dip' for all those over 65yrs with a diagnosis of UTI.
- We are working with the CCG to provide clinicians and scenarios at an event aimed at Nursing Home Education. Planned for 12/02/20. Our sepsis Champion Dr Step Ansel will be spending the day talking with care home staff and ensuring they understand what happens if they dip urine and give a result to a GP working in urgent care.
- We recommend to our clinicians to avoid the use of antibiotics if a care home staff member calls with a positive dipstick but the person is asymptomatic.
- Other reasons for confusion in older frail patients are considered by using:
 - **PINCH ME**
 - (Pain, other Infection, poor Nutrition, Constipation, poor Hydration, other Medication, Environment change.)
- All of this information is made available to our staff through induction, AMS e-learning, staff intranet and weekly Clinical Digest

Priority 3

To support the work for priority 3 our Antimicrobial Stewardship Committee has been crucial in supporting the following initiatives:

Education

We have just updated our Antimicrobial Stewardship e-learning which now includes scenarios and case studies from the TARGET Toolkit.

During Q1 & Q2 we audited 2769 consultations via our auditing software Clinical Guardian. Auditors provide feedback in relation to Antimicrobial Stewardship on cases where it is needed.

We have provided articles as resources for our clinicians which have been published on the staff intranet and sent to them in our 'Clinical Digest' communication.

Future developments

We are currently working with our Informatics team to create AI audits of acute sore throat consultations against NICE Guidance with Power BI. This will allow us to see live data on for instance: how many consultations resulted in a prescription? How many consultations features a FeverPain score? And what was prescribed? We will also be using Power BI in our audits for 'To Dip or Not to Dip', and to monitor the use of NEWS2 and PEWS scoring.

We have also been asked to participate in Antimicrobial Stewardship OOH research by Imperial College and have agreed and are awaiting further information.

What next?

Planned audits:

- Amoxicillin in under 12yrs (Nov)
- Repeat Ciprofloxacin (Dec)
- NG84 NICE Guidance on acute sore throats via Power BI (Jan)

Evidence of Antimicrobial Stewardship Activity

Ciprofloxacin Audit - April 2019

Supporting report following the audit on ciprofloxacin prescribing.



Ciprofloxacin Audit

April 2019

Written by Jess Crampton
Clinical Effectiveness Lead

The audit on ciprofloxacin prescribing carried out in April this year identified 14 cases which failed to adhere to best practice guidance, 8 of which related to the treatment of acute pyelonephritis. NICE guidance on the treatment of acute pyelonephritis does not specify a first line antibiotic for this condition but lists the following as first choices for men and non-pregnant women aged 18 years and over: cefalexin, co-amoxiclav, trimethoprim and pivmecillinam. NICE advise to use co-amoxiclav and trimethoprim only if culture results are available and confirm susceptibility to these agents. NICE further advise to consider safety issues when using ciprofloxacin. It is therefore reasonable to conclude that the most appropriate first line agent for acute pyelonephritis in the out-of-hours setting is cefalexin (provided there are no contraindications or history of penicillin sensitivity).

The committee discussion on the choice of antibiotic cites E.coli resistance to the 4 antibiotics recommended as first choices. Responsible for 60-80% of cases, E.coli is the main causative organism of acute pyelonephritis. The national E.coli resistance based on urine specimens are: 9.5% for cefalexin, 10.6% for ciprofloxacin, 19.8% for co-amoxiclav and 30.3% for trimethoprim. This data further supports the use of cefalexin as the first choice antibiotic where clinically appropriate.

Ciprofloxacin remains a valuable option for the treatment of acute pyelonephritis and the committee agreed that it should remain a first-choice option to cover what can be a complex infection given that resistant gram-negative organisms are of particular concern in this condition.

It is important to note however that fluoroquinolones such as ciprofloxacin have safety concerns which need to be considered when prescribing. Following an EU-wide review of the safety of fluoroquinolones, new restrictions and precautions were implemented for their use. In March this year the MHRA highlighted these in its Drug Safety Update.

Trimethoprim and UTIs

Why Trimethoprim should NOT be routinely prescribed for UTIs.

Currently, Trimethoprim has high rate of resistance and therefore should not routinely be prescribed as first choice for the treatment of UTI. The NICE committee discusses that based on evidence there are no major differences in clinical effectiveness between classes of antibiotics, however they have agreed that minimising the risk of resistance should largely drive the choice of antibiotic.

Resistant bacteria in UTIs is most concerning and therefore, best practice includes: checking any previous urine culture and susceptibility results; antibiotic prescribing should always be checked and antibiotics chosen accordingly. In the OOHs, instant access to MSU may prove to be difficult and therefore option to call microbiology to check previous sample can help with appropriateness of the antibiotic. Generally, a narrow spectrum antibiotic should be used as a first choice and broad-spectrum antibiotic reserved for second choice when narrow spectrum antibiotics are ineffective. Broad-spectrum antibiotics (e.g. co-amoxiclav, quinolones and cephalosporins) should be avoided as they increase the risk of *Clostridium difficile* infection, MRSA and resistant UTIs.

The following table shows E. Coli NOT susceptible to antibiotics in South West Q1 2019.

E. Coli not susceptible to Antibiotics E Coli (Urinary)	E Coli (Urinary)	
	SW	England
Nitrofurantoin	2.8%	2.5%
Trimethoprim	27.8%	29.3%
Pivmecillinam	5.9%	7.0%
Cefalexin	7.8%	9.8%

Currently, Trimethoprim has a significant higher resistant rate in comparison to other antibiotics in the local formulary for UTIs. Prescribers should be aware of local resistance data as it varies from area to area. Using local resistance data is a good tool when making prescribing decisions for empirical treatment and observing resistance trends in each area that are likely to change again in the future.

When can Trimethoprim be prescribed?

Trimethoprim can be prescribed as first choice if Nitrofurantoin is contraindicated or if patient is "trimethoprim naive". Nitrofurantoin is contraindicated in:

- Renal impairment (may be used with caution if eGFR 30-44ml/min/1.73m² as a short course 3-7 days, if potential benefit outweighs the risk.)
- Liver impairment (reports of hepatotoxicity when used as prophylaxis)
- Pulmonary symptoms (monitor lung function especially in the elderly if pulmonary symptoms develop when used as prophylaxis)

Trimethoprim can only be prescribed as a first choice agent if a lower risk of resistance is likely. Low resistance may be more likely if:

Pivmecillinam

An article about the benefits of Pivmecillinam.

With emergence of multidrug resistant bacteria and antimicrobial drug discovery running dry, it is important we understand what we have available in our clinical formulary to determine how best they can be used.

Pivmecillinam is an oral antibiotic, discovered in the 1970's that has excellent clinical efficacy for treatment of UTIs. Pivmecillinam is recommended by European Society for Clinical Microbiology & Infectious Disease and European Association of Urology as a treatment for UTIs. Traditionally, Nordic countries have long-term clinical experience and thus, supporting its clinical efficacy for this drug.

Currently, UK guidelines have added this drug as second line choice to the national formulary for the treatment of UTI. Nationally for England, the resistance rate for Pivmecillinam is 7.5%, which is low in comparison to Trimethoprim (30.3%) adding benefit.

When can Pivmecillinam be prescribed?

For Lower UTI, Pivmecillinam can be prescribed as second choice if the following first line choices are contraindicated or not tolerated:

Co-amoxiclav Audit June 2019

Presentation of results with commentary.



Co-amoxiclav is a broad-spectrum beta-lactamase antibiotic combining amoxicillin and clavulanic acid (the latter component preventing amoxicillin degradation by beta-lactamase enzymes thereby extending amoxicillin's spectrum of activity)¹.

It is a vital part of our arsenal against the ever growing threat of antimicrobial resistance. NICE guidance² and the BSW formulary³ list co-amoxiclav as alternate options to first-line agents for several infections, usually recommended when narrow-spectrum agents have proved ineffective or are inappropriate (due to allergy, contraindication or sensitivity analysis). The exception to this is for the treatment of facial cellulitis and animal/human bites where co-amoxiclav is recommended first line. Guidance issued on the management of infections in primary care advises to avoid the use of broad spectrum agents such as co-amoxiclav as they increase the risk of MRSA, resistant UTIs and *Clostridium difficile*³.

In June this year there were 139 consultations across Medivo which resulted in a prescription for co-amoxiclav. Of these, 52 were randomly selected from Clinical Guardian and audited. Of the audited cases, 40 (76%) resulted in the most appropriate antibiotic being prescribed while in the remaining 12 cases (24%) an alternative antibiotic would have been more appropriate.

This is reassuring and confirms that in the majority of cases we are prescribing co-amoxiclav appropriately. Interestingly, formulary guidance was only adhered to in 33% of cases but on further examination by the Audit team it was concluded that overall 76% of cases resulted in appropriate prescribing. This demonstrates the importance of clear documentation and rationale when deviating from recommended guidance.

Cefalexin and UTI

Result of the Cefalexin Audit carried out in September 2019.

We completed an audit of 30 cases where Cefalexin was prescribed during September.

The single biggest finding was that it was prescribed 5 times for a straightforward UTI when Nitrofurantoin or Pivmecillinam would have been a more appropriate choice.

You can find the local antibiotic guidelines here: <https://prescribing.wiltshireccg.nhs.uk/prescribing-guidance-by-bnf-chapter/Infections>

Below is a presentation which describes the audit results in more detail.

Ciprofloxacin Audit August 2019

It is however important to note that Ciprofloxacin was prescribed only 35 times in August, during this time Medivo provided 15,229 consultations, which is still a low prescribing rate. Due to the poor results of the audit in August, we will be repeating it in December 2019 after our interventions, and we hope to see an improvement.

One of our OOH Pharmacists Greg O'Kane produced an informative article about Ciprofloxacin following the last audit: [Ciprofloxacin Audit - April 2019](#).

And here are the latest local antibiotic guidelines: [Management of Infection Guidance](#)

Please let me know if you have any queries.

New Audit to Replace Asthma

Our Quality Account states that Medvivo would continue to audit Asthma throughout 19/20.

However, during the negotiations with the CCG for new CQUINs in Year 2 it was agreed that the topic of acute back pain was a more appropriate piece of work in urgent care.

Going forward we will therefore audit against best practice guidance as follows:

“Service users over 16, with new acute lower back pain and sciatica will be assessed, symptoms explored and managed in line with current national standards and guidelines”

Quality Priorities 19/20 - Priority 4

Priority 4 - Improve the health and wellbeing of our staff and continue to develop them with the right skills for the right people in the right place at the right time

Medvivo last surveyed its employees in June 2018. Employees told us they wanted:

1. Improved line management
2. Improving patient engagement
3. Improvements to our working environments

In response Medvivo has:

- Invested in a bespoke Leading Together programme delivered by True North for all team leaders and line managers
- Developed the Medvivo Manager Competencies Framework which is supported with 15 bite-sized courses to increase line managers skill set
- Introduced mandatory one to one meetings for all staff to improve communication and encourage open two-way conversations about work, development and wellbeing
- Employed a Patient Engagement Coordinator, Michelle Coleman, who started in November 2018. Michelle's sole focus is improving our engagement with our service users
- Installed noise absorption panels placed within the telecare area at FTH
- Secured the use of the top car park at FTH
- Completed remedial build work at the Dorchester office
- Set up a new responder base in Amesbury
- Sourced a new fleet of vehicles

Staff Survey Results- Priority 4

Medvivo undertook the 2019 staff survey in June 2019.

We have seen an increase in positive responses to 20 of our questions this year including 3 of the 4 line manager questions.

The response rate has also increased this year from 47% to 55% showing further engagement with the survey and its actions.

Survey Results			% Positive Medvivo 2019
Say	01	I would recommend my organisation as a great place to work?	79%
	02	I feel committed to the organisations goals	86%
Stay	03	I feel a strong sense of belonging to my organisation	68%
	07	I am proud to work for this organisation	81%
Strive	04	Working for my organisation makes make me want to do the best job I can	85%
	06	My organisation motivates me to go beyond what I would in a similar role elsewhere	57%
Employee Engagement Index			76%

Staff Survey Results- Priority 4

Survey Questions			% Positive
Say	01	I would recommend my organisation as a great place to work?	79%
	02	I feel committed to the organisations goals	86%
Stay	03	I feel a strong sense of belonging to my organisation	68%
	07	I am proud to work for this organisation	81%
Strive	04	Working for my organisation makes make me want to do the best job I can	85%
	06	My organisation motivates me to go beyond what I would in a similar role elsewhere	57%
Employee Engagement Index			76%

The number who responded positively to all 6 of these questions (and therefore can be seen as “fully engaged” respondents) was 106, representing 47% of the total number of respondents. No staff responded negatively to all questions and therefore can be seen as “fully disengaged”.

Staff Survey Results- Priority 4

Personal Development

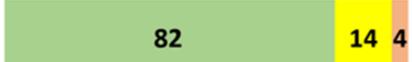
Section Average:

61% positive

		% Positive	% Neutral	% Negative	% Positive 2019	% Positive 2018
16	Have you had received any training, learning or development in the last 12 months aside from Mandatory training?	54	3	43	54% ↓	76%
17	The training I received; helps me to do my job more effectively	69	25	7	69% ↓	85%
18	It helps me stay up to date with professional requirements	69	26	4	69% ↓	83%
19	It helps me deliver a better patient / service user experience	67	27	6	67% ↓	87%
20	My line manager is receptive to training opportunities	64	32	4	64% ↓	73%
21	There are sufficient opportunities for training and development	55	26	18	55% ↓	62%
22	I have sufficient time to undertake the training I require	47	31	22	47%	n/a

Staff Survey Results- Priority 4

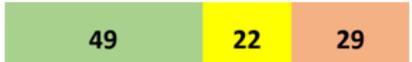
Communication

13	I feel supported by my line manager and senior staff		78% ↑	70%
43	Immediate line managers encourage you to work as a team		75% ↑	73%
44	Regular and clear feedback about your work is provided		64% ↑	58%
45	Line managers are supportive in a personal crisis		82% ↑	67%

Section Average:

66% positive

Health & Wellbeing

		% Positive	% Neutral	% Negative	% Positive 2019	% Positive 2018
55	My line manager recognises and acknowledges when I have done my job well		73%	n/a		
56	I feel valued and recognised for the work I do		65%	n/a		
57	Considering my duties and responsibilities, I am satisfied with the total reward package I receive		49%	n/a		

Section Average:

62% positive

Happiest Workplace Winners 2019



We are proud to be Happiest Workplace Winners 2019 as awarded by Laughology

THANK YOU



CONTACT

Carole Williams

Director of Nursing & Quality

carole.williams@medvivo.com



Outstanding 

