VIVALDI Adult Social Care Engagement Collective (ASCEC) Meeting 13 – 14th January 2025
Meeting available to listen again [Please visit the website](#)

Attending:	Zoe Fry	-	Director, The Outstanding Society (OS) and leading on the Vivaldi 'Engagement Workstream'
	Laura Shallcross	-	Public Health Doctor by background, working as a Professor at UCL and led the original VIVALDI study
	Mike Slator	-	Project Support Specialist for The OS and Pharmacist
	Rob Hargreaves	-	Information Service Manager, Skills for Care
	Anna-Marie Hale	-	Exemplar
	Maria Krutikov	-	UCL
	Amanda Speight	-	Exemplar
	Serena Jennings	-	Exemplar
	Marie Norval	-	Exemplar
	Caron Sanders-Crook	-	Operations Manager, Canford Healthcare
	Kate Meacock	-	Founding member of the campaign group Rights for Residents and had mum in a care home
	Samantha Meade	-	Exemplar
	Elisa Ruiz	-	Research Fellow, UCL
	Ceri Steele	-	Relative through Use MY Data
	Graeme Child	-	Senior Surveillance Transformation Lead, UKHSA
	Debbie Smith	-	Health and Safety Manager, Infection Prevention and Control Lead, Risedale Estates Care Homes
	Lianne Ford	-	Head of Nursing, Exemplar Health Care
	Diane Mayhew	-	Co-founder and Campaign Manager, Rights for Residents
	Sarah Ibrahim	-	Exemplar
	Danielle Conway-Cox	-	Exemplar
	Alan Fry	-	Head of Operations, the OS
	Lucy Knight	-	VIVALDI Social Care Programme Coordinator, the OS
	Sonia Pritchard	-	EA, the OS
	Hollie Lindley	-	Sheffcare
	Joanna Carruthers	-	Exemplar
	Victoria Longstaff	-	HC-One
	Thabani Jaffet	-	
	Anna Lockett	-	Exemplar
	Louise Beaumont	-	Sheffcare
	Sue Buxton	-	Majesticare
	Paige Hart	-	The Close
	Jayne Otterwell	-	Exemplar
	Lowela **Alcazaren**	-	Manager of Summerlands Care Home
	Katherine Swainston	-	Examplar
	Helen Cheney	-	Health Protection Lead, Public Health (East Sussex)
	Asa Johnson	-	Anchor

	Delia Tabacaru	-	Exemplar
	Jordan Crompton	-	Exemplar
	Hollie Semmens	-	Exemplar
	Katie Leonard	-	Exemplar
	Sarah Heather Stewart		
	Judith Morgan Worrall	-	Stow Health Care
	Borscha Azmi	-	UCL
	Sharon Normington	-	Exemplar
	Linah Mamvura	-	Exemplar
Apologies:	James Robson	-	Exemplar
	Sean Mooney		
	Arnoupe Jhass	-	PhD Student working with VIVALDI and GP working in West London
	Luke Skelton	-	Exemplar
	Steve Leavis	-	Exemplar
	Krisztina Rekai	-	UCL
	Kim Payne	-	Exemplar
	Nicola Hutchinson	-	Co-Production Collective

Next Meeting: Tuesday 10th February 2025, 11.00am-12.00pm.

Overview of VIVALDI – [Click here to find out more](#)

Note Summary:

1. Onboarding and Participation:
   - The number of onboarded care homes has increased significantly, representing around 7.8% of the country's total care home beds.
   - There is a desire to continue engaging a diverse range of providers, including smaller care homes and those specialising in different areas.
   - Efforts are being made to involve more residents and relatives in the project on a regular basis.

2. Data Integration and Dashboard:
   - The UK Health Security Agency is leading the development of a dashboard to report data back to care homes, residents, and families.
   - Two of the three digital providers (Camascope, and Nourish) are nearly ready to start accepting data from care homes by the target date of January 27/28.
   - The project team is working to ensure a smooth data integration process and provide support to care homes.

3. Benchmarking and Comparisons:
   - A benchmarking group is being formed to help determine how to appropriately compare and analyse data across different types of care homes (e.g., size, specialisation).
   - The goal is to enable meaningful comparisons and identify areas for improvement within similar care home settings.

4. Resident and Relative Engagement:
   - Residents and relatives raised questions about the potential benefits of the project and their ability to opt-out.
   - There is a recognition of the importance of clear and concise communication to ensure residents and families understand the project and its implications.
   - Feedback was provided on the need for more accessible information formats, such as a one-page summary.

5. Collaboration and Commitment:
   - The project is a collaborative effort involving various stakeholders, including care providers, residents, relatives, and research partners.
   - There is a strong commitment from the project team to continue engaging with all participants and incorporating their feedback to drive the project forward.

Q&A

Q.Will this study help me to stay at home if I am ill with infection instead of going to a hospital?"

A.We absolutely hope so, that is exactly what we are trying to do. If we can find ways to stop people getting infections, if we can find ways so if you get an infection it's not so serious, both those things whould help to reduce health and people needing to go into care homes.

Q.What difference would it make to me in this project?"
A.If we can stop infections or if we can make them less often. That means fewer outbreaks. That means less frequently to care homes need to close in winter, when we've got bugs going around, like flu, like norovirus. So hopefully it will mean that you get to see your family members and friends on a consistent basis, and we have fewer care home closures.

Q.Why would somebody opt out? What are the reasons why? Why would anybody?

A.Personal choice

Q.The information for care home residents ran into four pages. I think four pages is really too long. Can we get on a single page? One page?

A.So we've got lots of different versions, so that people don't have to read four pages unless they want to. So you should be able to get the short version too. We've also got video.

Q. We have a large proportion of service users who do not have the capacity to consent to participating in the Vivaldi study. How would this be addressed ?

A. The Vivaldi study has gone through an ethical approval process, including obtaining a Section 251 exemption, which allows the study to automatically opt-in all residents, with the option to opt-out for those who do not want to participate
- This approach is intended to be more inclusive and avoid excluding residents who may not have the capacity to provide traditional informed consent.