



Quality Account

2020/21

Quality Account Contents

Part One

- 4 Statement from our CEO
- 5 About Vita Health Group
- 6 Our Executive Management Team
- 9 Our values
- 11 2020/21 statistics
- 12 Our coverage
- 13 Co-producing a 24/7 Support and Connect Helpline

Part Two

- 16 2021/22 Quality improvement priorities
- 18 Achievement against 2020/21 quality improvement priorities
- 23 Executive Management Team statement of assurance
- 28 Registered Manager statement of assurance
- 29 Infection, Prevention and Control (IPC) statement of assurance
- 30 Head of Safeguarding statement of assurance

Part Three

- 32 Enriching the service-user experience
- 34 Optimising service-user safety
- 35 Improving clinical effectiveness
- 35 Driving forwards innovation and growth
- 37 Statement from a key partner

Appendix 1 – Local Audits





Part One

Part One:

Statement from our CEO

Welcome to our second Quality Account covering both the musculoskeletal (MSK) physiotherapy and mental health services that we have provided on behalf of the NHS during 2020/21. The report illustrates how we measure and gain assurance about the quality of our services and demonstrates our quality improvement plan for the forthcoming year.

Quality of care, service-user safety and the constant drive for excellence remains central to everything Vita Health Group does. However, like all healthcare providers, we have faced challenges during 2020/21. At this point last year, it seemed an unlikely concept that COVID-19 would be an ongoing risk twelve months on. I remember those initial few weeks of lockdown; I felt slightly shell shocked and understandably concerned about how we would respond to the escalating threat, ensuring the ongoing safety of service-users and employees, whilst continuing to deliver our quality strategy.

Those challenges allowed us to reset our priorities through different ways of working, which led to unexpected improvements; a stronger focus on our environmental and sustainability impact, an elevation of our equality, diversity and inclusion initiatives, and significant efficiencies arising from service re-design in all market areas, including our NHS services.

Over the reporting period, despite COVID-19 restrictions, we have successfully mobilised three new Improving Access to Psychological Therapies (IAPT) services, introduced new innovative digital technology to improve accessibility to our IAPT services, and appointed our first Chief Medical Officer (CMO) to our Executive Management Team to strengthen our clinical governance agenda. We have also identified areas for improvement, with a primary focus on our Care Quality Commission's (CQC's) regulated services, introducing new quality objectives and a robust clinical governance strategy that aligns with the CQC Key Questions and Key Lines of Enquiry (KLoE's).

Over the last few years, we have found that forming partnerships with the right organisations has helped us deliver more efficient and productive services by supporting delivery of integrated clinical and non-clinical pathways. Through our partnership working, we have proven that collectively, organisations can cost effectively deliver new models of care and methodologies to improve service-user experience and outcomes; our future co-production plans will further embed this approach.

Everyone at Vita Health Group is responsible for the delivery of clinical excellence; our organisational culture ensures service-users remain at the heart of everything we do. We recognise our colleagues are key to our success, and successful teamwork plays a fundamental part in meeting service-user expectations.

I would like to personally thank all Vita Health Group colleagues for their commitment to our values, vision, high standards, and for their hard work and passionate contribution to the improvements we have strived to embed to enhance the experience of every one of our service-users.

This Quality Account has been endorsed by our Executive Management Team, NHS Board and Governance, Quality and Risk Committee. I confirm that to the best of my knowledge, the content reflects an accurate and fair view of the quality of our services and performance. I am very proud of our achievements so far, and Vita Health Group's reputation in the delivery of safe and high-quality care. I feel privileged to share our Quality Account with you.

Derrick Farrell
CEO




Part One: About Vita Health Group

Vita Health Group is a growing and dynamic healthcare provider with 34 years' success delivering holistic, service-user centred physical and mental health solutions to employers, insurers, the NHS, and private service-users.

We are a national provider and have grown significantly over the last 34 years. This growth and success have been achieved through a persistent focus on quality, development of customer-centric service propositions supported by innovative technology and carefully chosen partners, and investment in our people, so together we make a difference.

Vita Health Group celebrates life. Improving lives physically and mentally drives everything we do.



Part One: Our Executive Management Team



Derrick Farrell – CEO

Derrick is our CEO. He is an accountant by profession and has held senior positions in the corporate health sector for the last twenty years. Derrick has successfully held various executive positions, managing senior teams and cross function groups. He is well known for his ability to drive positive customer-focussed business change through a commitment to investment in innovation and continuous improvement, and building dynamic and effective teams, which make a difference.



Stuart Paterson – Deputy CEO

Stuart is our Deputy CEO. He is a qualified Chartered Physiotherapist with over thirty years' experience, the last twenty years spent in leadership and entrepreneurial positions. He is passionate about driving forwards high-quality care and is an elected Council member of the Chartered Society of Physiotherapy (CSP). In his healthcare leadership positions, Stuart has collected awards for Clinical Excellence (Best Service in the UK as awarded by the CSP), Staff Engagement (Sunday Times Top 100 Companies to Work for) and Customer Service (London Business Customer Service Award).



Ishmael Beckford – Market Director (Private)

Ishmael is our Market Director within our Private Services market and a member of the Board. He has a clinical background, qualifying as a physiotherapist in 2006. He holds a Diploma in Orthopaedic Medicine, and a Masters in Leadership and Management in Health. Ishmael gained experience working as an occupational health physiotherapist for several years, alongside working in musculoskeletal private practice. He then progressed into management and leadership, fulfilling Clinic Manager, Head of Service and Operational Lead positions. Ishmael is a co-opted member of the Chartered Society of Physiotherapy Council and sits on its Education Awards Panel.



Mark Armour – Market Director (Corporate)

Mark is our Market Director within our Corporate Services market and a member of the Board. He is an experienced leader in healthcare and holds overall responsibility for Vita Health Group's Corporate Health Directorate, which includes our Employee Assistance Programme, Psychological Therapy and Musculoskeletal services. Mark joined RehabWorks (now part of Vita Health Group) in 2006, moving to the role of Clinical Director (MSK) in 2012. He held responsibility for clinical governance and quality across Musculoskeletal services which achieved SEQOHS accreditation in 2017. Mark served as Honorary Chair of ACPOHE (Association of Chartered Physiotherapists in Occupational Health and Ergonomics) between 2014-2018. Mark was a guest lecturer on the "Effects of work on health and fitness for work" module at the Institute of occupational and environmental medicine within Birmingham University (2010-2020). He has also occupied a seat on the National Council for Work and Health and the SEQOHS Steering Group.

Part One: Our Executive Management Team



Mark Driver – Market Director (NHS)

Mark is our Market Director within our NHS market and a member of the Board. Mark is an experienced physiotherapist with a background in both NHS and corporate settings and leads the strategic direction of Vita Health Group's NHS portfolio. Whilst working within commercial roles over the last eight years, Mark has successfully tendered for NHS services within MSK and mental health, designing innovative service delivery models and ensuring optimal service delivery for over 40 CCG's nationwide. Mark has a passion for working with his team to design clinical and commercial service models that exceed customer requirements, creating new commercial opportunities and providing exceptional service transformation and delivery.



Joanne Longstaffe – Chief Medical Officer

Jo is our Chief Medical Officer and a member of the Board. Jo is a GP by profession, with over thirty-years' primary care clinical experience. She was an NHS GP Partner for 13-years before leaving the NHS to set up one of the UK's first registered private GP services. She still works part-time in her own business whilst advising on several medical advisory and clinical governance committees. Jo brings to Vita Health Group her extensive medical experience, along with a practical understanding of the commercial opportunities and challenges in healthcare.



Caroline Farren-Hines - HR Director

Caroline is our HR Director and a member of the Board. She has nineteen years' experience in HR and business and is a member of the CIPD. Caroline has a proven track record in leading the HR function and driving change, whilst contributing to the strategic direction of our organisation. Having worked across various sectors, including IT, Media, and Telecoms, she takes a holistic view of HR and can successfully deliver diverse projects across the business that achieve continuous improvement. Her real passion is employee engagement and demonstrably improving engagement and communication. The impact of this across our diverse multi-site business has been a key cornerstone to improving business performance.



Mat Fahey – Director of Transformation (Corporate)

Mat is our Director of Transformation within our Corporate Services market and a member of the Board. He has over twenty years' experience in business and operational services. Mat commenced his work life with the Royal Australian Air Force, and from there understood the importance of team working and leadership. Since moving to the UK in 1997 he has successfully led multiple departments from Finance, and IT, to Estates and Call Centres across different regions within the UK.

Part One: Our Executive Management Team



Andy Clark – Sales Director (Corporate)

Andy is our Sales Director within our Corporate Services market and a member of the Board. He has over eighteen years' experience in the Corporate Healthcare industry. Andy has a proven track record within customer relationship management and business development, leading the sales and account management functions, whilst contributing to the overall strategy of the organisation. Andy's passion is to provide effective customer solutions that exceed expectations, whilst delivering profitable growth for the business.



Emma Weighill-Baskerville – Commercial Director (NHS)

Emma is our Commercial Director within our NHS market and a member of the Board. She is a qualified psychotherapist (UKCP) and accredited CBT therapist (BABCP) and has over sixteen years' operational and clinical experience within primary care mental health in the third sector, NHS, and corporate environments. Emma has worked within national Improving Access to Psychological Therapies (IAPT) services since inception in 2009 and has chaired NHS transformation teams developing better depression pathways for mental health and suicide prevention. Emma has been involved in the procurement process for several IAPT services nationally, striving for continuous improvement in service design and delivery.



Jon Clover – Chief Financial Officer

Jon is our Chief Financial Officer and a member of the Board. He is a Chartered Accountant with over twenty years' experience in finance, commercial and strategy roles. Most of his career has been spent within the healthcare sector, working for, and advising several leading private healthcare companies and the NHS. Jon is passionate about developing and optimising high performing teams who work within the business to deliver an exceptional customer experience. He has a proven track-record of delivering innovative customer solutions and sustainable growth.



Corin Margeston – Projects Director

Corin is our Projects Director and a member of the Board. He has thirty years' experience in the wellness and primary care sector, within projects and transformation programme roles. Corin started his career working for a corporate wellbeing provider and was part of a leadership team that built the business to become one of the UK's largest providers in the sector. He subsequently spent eleven years at Nuffield Health delivering key strategic projects and managing transformation programmes. He leads on all Vita Health Group projects, striving to optimise our delivery solutions so together we make a difference. Strong customer and people focus ensure our transformation and change agenda reflects Vita Health Group's strategic purpose.

Part One:

Our purpose, vision, and values

Our company purpose is 'to make people better.' Our vision is to be the UK's leading provider of physical and mental healthcare solutions. Our company values provide the vital building blocks to ensure we fulfil our purpose and achieve our vision.

Leadership:

We lead the way through innovation and continuous improvement

Customer-focussed:

We are passionate about going above and beyond for our customers

Quality:

We hold each other accountable and strive to deliver excellence

People-centered:

We support, develop and value each other, so together we make a difference

Integrity:

We treat each other with respect and honesty



Part One:

Our purpose, vision, and values

“

At Vita Health Group we understand that how we work is just as important as the work we do. We have high expectations regarding the quality of our work, and we measure ourselves against these high standards. We treat our colleagues with respect and realise that being honest with ourselves and others is the best way to work. **Integrity** is at the heart of everything we do.

Alex Lewis – Senior HR Advisor

”

“

Within Vita Health Group we prioritise our equality, diversity and inclusion responsibilities and ensure we are **customer-focussed**. This makes us responsive, and ensures our services are designed to meet the wide-ranging needs of the diverse range of clients and service-users we provide services to.

Nemore Hook – Equality, Diversity, and Inclusion Co-ordinator

”

“

In the IT Department we adopt multifaceted and dynamic methods to ensure **quality**. These methods include thorough scoping, impact analysis, testing, phased roll outs, and strictly monitored warranty periods. We keep track of lessons learned, incorporating these into our processes and workflows, enhancing the quality of our service.

Brynna Howes – IT Business Analyst

”

“

The team of Partnership Liaison Officers at Vita Health Group work in close collaboration, listening and valuing each other's ideas and experiences. This ensures the things that work well in one of our NHS services can be adopted in our other NHS services, always with a commitment to provide high-quality and accessible **people-centred** care. I feel supported and valued in my role at Vita Health Group, with significant opportunities to develop my skills.

Aimee Wray – Partnership Liaison Officer

”

“

Leadership at Vita Health Group is modelled throughout our senior leadership team by leaders who genuinely listen to their colleagues, our service-users, and wider stakeholders through regular surveys, focus groups or simply by making time for individuals. Our leaders are passionate about co-producing change and are not afraid to trial new approaches, so we continually make improvements to our service delivery and our working environment.

Tom Stenning – NHS HR Lead

”

Part One:

2020/21 statistics

Total population of CCG's served by our NHS services:

5,421,441

Number of Clinical Trainees added to our workforce:

87

Number of Clinical Trainees qualified:

24

% workforce growth despite COVID-19:

44%

Number of internal promotions:

52

Number of NHS referrals received:

76,892



Number of NHS appointments delivered:

195,701



Part One:

Our coverage

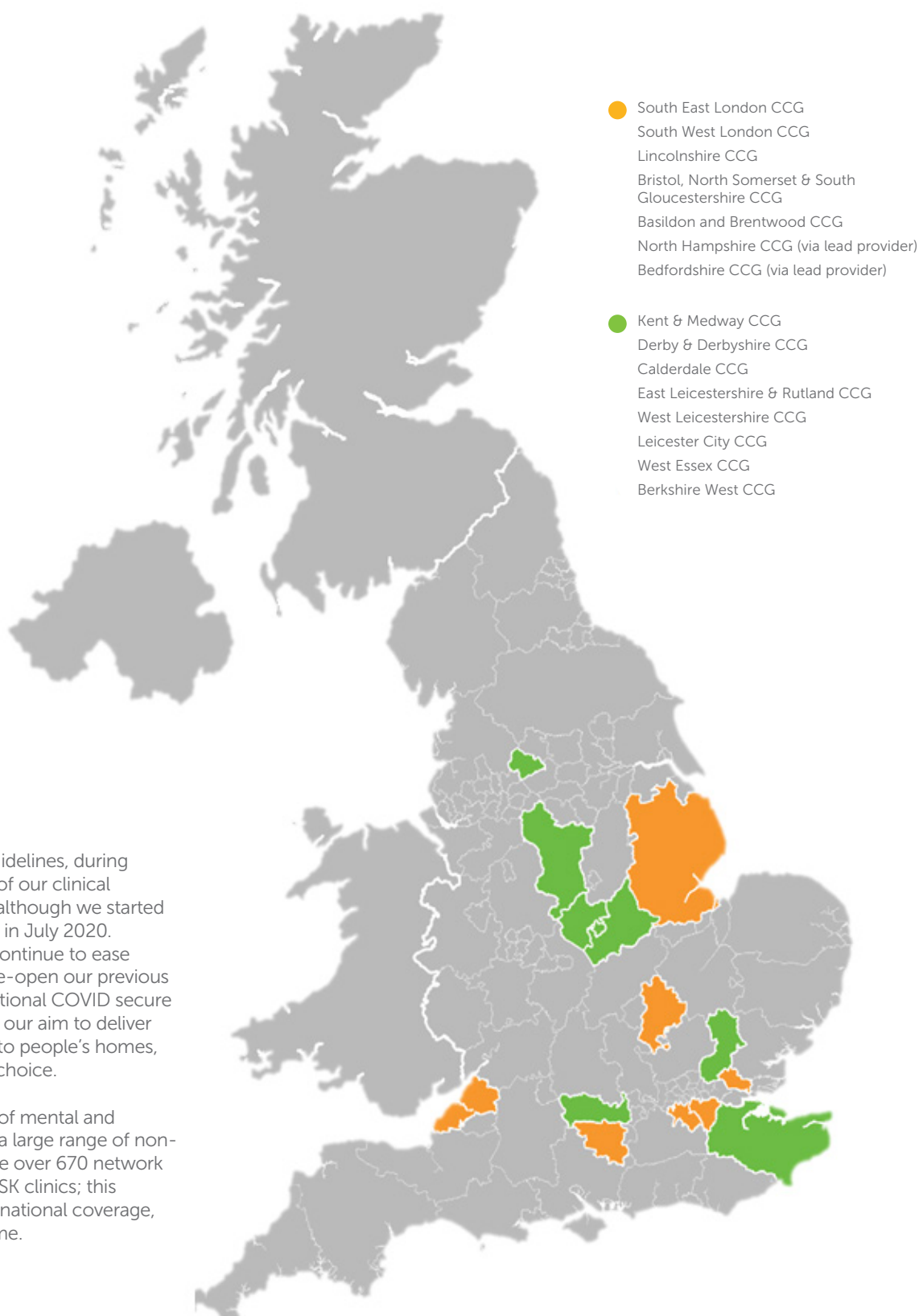
During the reporting period we have secured community healthcare contracts with eight new Clinical Commissioning Groups.

● 2019/20

● 2020/21

In line with government guidelines, during the reporting period most of our clinical delivery has been remote, although we started to re-open our MSK clinics in July 2020. As COVID-19 restrictions continue to ease throughout 2021, we will re-open our previous NHS clinics, and open additional COVID secure clinics. This is in support of our aim to deliver accessible services, closer to people's homes, empowering service-user choice.

As an established provider of mental and physical health services to a large range of non-NHS organisations, we have over 670 network therapists, and over 600 MSK clinics; this ensures we have excellent national coverage, bringing care closer to home.



Part One:

Co-producing a 24/7 Support and Connect Helpline

I Background

On 3rd April 2020, NHS England and NHS Improvement requested all Clinical Commissioning Groups (CCGs) and Mental Health Trusts offer immediate 24/7 urgent mental health telephone support, advice, and triage in response to the significant increase in demand for mental health support as a direct consequence of COVID-19.

As Bristol, North Somerset, and South Gloucestershire's Improving Access to Psychological Therapies (IAPT) provider, Vita Health Group was asked to submit a proposal to provide the CCG's adult population with telephone mental health support via a 24/7 open access helpline. Our proposal detailed our approach to ensure the service would be:

- ✔ Accessible and widely publicised through an effective marketing, communications, engagement strategy and plan, and utilised for immediate support with emotional or practical issues, instead of people attending at A&E or calling NHS 111 or 999.
- ✔ Inclusive, with provision made to meet a broad range of needs, including providing instant oral language translation and service access via textphone; supports our passion to provide accessible healthcare services.
- ✔ Manned by BACP Counsellors trained to provide instant advice and support for people who would like to discuss a problem or receive emotional support. This includes using our database of over 300 local and national organisations to signpost people to for support with a range of issues including debt, loneliness, relationships, and other common life worries.

Vita Health Group worked in close collaboration with Bristol Independent Mental Health Network to co-design the helpline with people with a lived experience of mental health.

Key elements of the service that were co-designed included:

- ✔ Name of the service '24/7 Support and Connect Helpline' to reflect the helpline is for those needing immediate emotional support.
- ✔ Marketing materials to ensure advertised as an inclusive service and provide reassurance around confidentiality.
- ✔ Problem descriptor list for effective signposting.

“

I actually feel that this project is a great example of co-production and proof that working at pace on a short timescale project doesn't have to exclude lived experience involvement...I genuinely think this project has provided huge opportunity for diverse and representative lived experience. It's great to be part of.

IMHN Member

”

“

I am proud to say that people with lived experience of mental health problems have been closely involved in the development of the 24/7 Support and Connect Helpline.

Tom Renhard – IMHN CEO

”



Part One:

Co-producing a 24/7 Support and Connect Helpline

I Service launch and uptake

We launched the confidential 24/7 Support and Connect Helpline on 13th July 2020. During the reporting period, 3,406 calls were received into the Helpline.



It is very understandable that due to the pandemic and the extra pressures that it has brought, many people are feeling unsettled from recent life changes or uncertain about the future. The helpline is there for anyone who may be struggling, whether they have concerns over employment as the furlough scheme comes to an end, finances, health worries or issues with family or bereavement. It's here to provide people with a first port of call for any issues that may be concerning them so that they can be given immediate help as well as advice on where to get further help

Dr Umber Malik - BNSSG Clinical Lead for Mental Health



We engaged an external organisation to conduct a Mystery Shopper Programme to assess the quality of our Support and Connect Helpline. During the reporting period, 50 Mystery Shopper Calls were made to the Helpline.



The therapist was warm, empathetic and friendly in tone throughout the call and put me at ease.



I found the service to be supportive, informative, positive and professional.



**Bristol, North Somerset
and South Gloucestershire**
Clinical Commissioning Group





Part Two

Part Two:

2021/22 Quality improvement priorities

The four quality improvement priorities detailed in this section will ensure Vita Health Group achieves measurable quality and safety improvements, particularly within its NHS services. We have listened to feedback received from service-users, stakeholders, and external organisations such as Healthwatch and Independent Mental Health Network to support our key priority improvement decisions.

Priority 1: Continue to invest in improved technology and digitally enabled care

To enhance quality of life for people with long-term conditions (**Domain 2**), help people recover from episodes of ill-health and injury (**Domain 3**), ensure people have a positive experience of care (**Domain 4**), and provide treatment and care for people in a safe environment and protect them from avoidable harm (**Domain 5**), during 2021/22 we will implement a range of initiatives to further improve the technology and digitally enabled care within our service provision.

| Key initiative | How we will measure successful implementation |
|--|--|
| Continue to develop Power BI technology to support our delivery of data informed Services. | Additional capabilities developed within Power BI to provide a clear view of all performance areas to guide development and quality improvement. |
| Use lessons learned from Phio pilot to fully launch Phio within our MSK Services, providing an innovative access route into MSK, and digital triage so service-users access the right care, at the right time. | Phio launched within our Bromley MSK Services, with positive service-user feedback. |
| Continue to work in partnership with Limbic to develop additional digital support tools. | Additional digital tools developed and embedded within service delivery models to enhance the service-user pathway and provide ongoing service-user support. |
| Expand use of virtual reality technology across our IAPT Services. | Virtual reality technology launched in additional IAPT Services, with service-users using it to support treatment for anxiety related phobias. |

Priority 2: Enhance equality, diversity, and inclusion (EDI) for employees, service-users and our wider stakeholders

To enhance quality of life for people with long-term conditions (**Domain 2**), help people recover from episodes of ill-health and injury (**Domain 3**), ensure people have a positive experience of care (**Domain 4**), during 2021/22 we will implement a range of initiatives to enhance EDI for employees, service-users, and our wider stakeholders.

| Key initiative | How we will measure successful implementation |
|---|---|
| Work in collaboration with Independent Mental Health Network to drive forwards our co-production agenda. | Individuals complete co-production training to enhance our workforce and partner organisation's approach to co-production, with positive feedback provided. Service level Co-production Steering Groups established to support co-production events with a range of stakeholders, with service improvements co-designed. |
| Enhance our reporting procedures enabling workforce trends to be closely monitored to guide EDI improvements. | <p>EDI monitoring data continually analysed and used to improve representation and progression:</p> <ul style="list-style-type: none"> • EDI in recruitment data • EDI in reported incidents • EDI in workforce data (protected characteristics) and employee survey feedback. <p>Action plan with defined timescales created to rectify identified issues, with progress monitored.</p> |
| Invest in workforce training to improve how we engage with diverse groups, enhancing the experience of service-users with a protected characteristic. | Workforce complete training. Process to analyse service-user experience survey results by protected characteristic implemented. |

Part Two:

2021/22 Quality improvement priorities

Priority 3: Enhance access to primary care mental health services and non-IAPT pathways

To prevent people from dying prematurely (**Domain 1**), enhance quality of life for people with long-term conditions (**Domain 2**), help people recover from episodes of ill-health and injury (**Domain 3**), and ensure people have a positive experience of care (**Domain 4**), during 2021/22 we will implement a range of initiatives to enhance access to primary care mental health services and non-IAPT pathways.

| Key initiative | How we will measure successful implementation |
|---|---|
| Launch Mental Health First Contact Practitioner (FCP) model across all Basildon and Brentwood CCG Primary Care Networks (PCNs). | Mental Health FCP Model launched in all Basildon and Brentwood PCNs. Service-users provided with quicker access to appropriate mental health services and report a positive service-user experience. GPs spend less time on mental health consultations. |
| Launch Healthy Living Healthy Minds Programme within our Bristol, North Somerset, and South Gloucestershire IAPT Service. | Strong programme uptake, with positive service-user feedback. Reduced pressure on the core IAPT service by offering the right care at the right time and potentially negating the need to access CBT. |
| Recruit additional Wellbeing Navigators into our Bristol, North Somerset, and South Gloucestershire IAPT Service workforce to increase volume of service-users accessing supplementary support alongside psychological treatment. | Additional Wellbeing Navigators appointed to provide active signposting and support focussed on individual social determinants of health, with a subsequent increase in service-users accessing wrap-around support. Data will be reviewed comparing those who complete IAPT treatment with and without wrap-around support, examining clinical outcomes and duration of service-user journeys. |

Priority 4: Enhance how we use the public, service-user, carer, and employee voice to guide service development, service re-design and quality improvement


To ensure people have a positive experience of care (**Domain 3**), during 2021/22 we will implement a range of initiatives to enhance how we use the public, service-user, and employee voice to guide service development and re-design, and quality improvement. In addition to the initiatives listed below, our co-production initiative listed in Priority 2 will also enhance how we use the public, service-user, and carer voice to guide service development, service re-design and quality improvement.

| Key initiative | How we will measure successful implementation |
|---|---|
| Roll out Enhanced Service-user Feedback Programme across all our NHS services. | Enhanced Service-user Feedback Programme rolled out across all our NHS services, with feedback used to guide service development, re-design, and quality improvement. |
| Establish DiverseAbility Staff Network to raise awareness of range of disabilities and impairments, to drive forwards improvements for all, supported by targeted workforce training. | Disability Liaison Officer recruited. DiverseAbility Staff Network formed to increase knowledge and awareness about disabilities and impairments. Individuals attend specific training. |

Part Two:

Achievement against 2020/21 quality improvement priorities

I Priority 1: Implement new initiatives to improve service-user safety

| Key initiative | Success measures | Progress achieved | Status |
|--|--|--|---|
| Appoint a dedicated Health and Safety Officer. | Suitably qualified individual recruited, appointed, inducted, and carrying out their role. | <ul style="list-style-type: none"> Health and Safety Officer recruited, and in post by April 2020. |  |
| <p>“ Since joining Vita Health Group, I have been pivotal to improving health and safety across Vita Health Group. This has been achieved through a range of initiatives including launching an extended audit schedule in response to COVID-19 and delivering Fire Marshall training to nominated colleagues. I have also launched a Governance, Quality and Risk Group dedicated to facilities, health and safety and infection, prevention, and control. This has ensured these matters are always at the top of our governance agenda. Ensuring the safety of our staff, service-users and the public doesn't happen by accident, it results from an absolute focus on continually improving in these key areas – Lauren Oram – Health and Safety Officer</p> | | | |
| Sign up to Safety Pledge to demonstrate commitment to service-user safety. | Signed up to Sign up to Safety Pledge and demonstrable adherence to pledges made. | <ul style="list-style-type: none"> Sign up to Safety Pledge became inactive during the reporting period; adherence to five safety pledges achieved through revised Risk Management Framework. |  |
| Conduct full review of Risk Management Framework. | Risk Management Framework reviewed, and project plan created to define priorities. | <ul style="list-style-type: none"> Full review of Risk Management Framework conducted. Findings used to create Transformation Project Plan. Revised Risk Registers and Risk Assessments launched. 'Introduction to Risk Management' training launched. Two additional modules will be launched during the next reporting period. |  |
| <p>“ I thought the risk management training was really well delivered. It took a holistic view of identifying, assessing and managing risk, and how these processes are embedded within Vita Health Group. The training will support people to take risk management seriously and ensure people take proactive steps to safeguard both colleague and service user safety – Craig Bromyard – BNSSG Facilities</p> | | | |
| <p>“ The course provided a great refresher on risk management and is a great tool to continue embedding a risk management culture among Vita Health Group colleagues. It's always good to talk through, using real life examples, why risk management is so important, particularly in healthcare – Georgie Hoare – NHS Compliance Manager</p> | | | |

89% of respondents confirmed they strongly agreed or agree with the following statement:

“ I am confident in how to seek support for reporting safeguarding concerns ”

88% of respondents confirmed they strongly agreed or agree with the following statement:

“ I am confident in how to seek support when reporting complaints and incidents ”

Part Two:

Achievement against 2020/21 quality improvement priorities

I Priority 1: Implement new initiatives to improve service-user safety

| Key initiative | Success measures | Progress achieved | Status |
|---|---|--|--------|
| Launch service-user Safety Impact Assessments (SIAs) within services. | SIAs added to Health and Safety Agenda. | <ul style="list-style-type: none"> COVID-19 restrictions have prevented progress; on-site snap checks and quality audits will be implemented during the next reporting period. | → |
| Assess service-user safety culture within Vita Health Group. | Staff survey conducted to assess opinion regarding safety culture and feedback used to guide staff training. | <ul style="list-style-type: none"> Staff survey including questions to gauge opinion about safety culture conducted: feedback overwhelmingly positive. Staff induction enhanced to reinforce robust approach to complaints, incidents, concerns, supported further by new mandatory training modules on Mental Capacity Act and PREVENT Level 3. Additional Child Sexual Exploitation training module will be launched during the next reporting period. | ✓ |
| Launch new mandatory training module: Human Factors in Healthcare. | Content of new module created by Learning and Development Team and new module launched as a part of mandatory training | <ul style="list-style-type: none"> Content of training module 'Risk Management incorporating Human Factors' developed and will be launched during Q1 of the next reporting period. | ✓ |
| Ensure lessons learned from COVID-19 are used to inform future practice across all business areas and shared with wider stakeholders. | Evidence changes to practice from lessons learned and implement an annual 'table-top' business continuity planning session. | <ul style="list-style-type: none"> COVID-19 business continuity plan in place and effective across all services, with audits scheduled for Q1 of the next reporting period. Ongoing measurement of impact of changes imposed due to COVID-19. | ✓ |



Part Two:

Achievement against 2020/21 quality improvement priorities




I Priority 2: Invest in improved technology and digitally enabled care

| Key initiative | Success measures | Progress achieved | Status |
|---|--|---|---|
| Launch new accessible, and informative Vita Health Group Intranet. | New Vita Health Group intranet available to workforce. Intranet Steering Group established to drive content, and feedback from staff survey used to drive continuous improvement. | <ul style="list-style-type: none"> • 'Vitrinet' launched April 2020; includes full suite of current company policies and procedures. • Vitrinet Steering Group launched February 2021. • Vitrinet Steering Group launched staff survey March 2021; results will be used during next reporting period to enhance content. |  |
|  <p>Our Vita Health Group Intranet Steering Group is dedicated to encouraging internal collaboration to ensure the Intranet is a useful, engaging and up to date resource tool for all staff, both new and existing. – Sean Langley – Head of Marketing and Group Lead</p> | | | |
| Use innovative technology to deliver NHS treatments via webinar. | Successful launch of Microsoft TEAMS live webinars and video consultations, across our IAPT and MSK Services. | <ul style="list-style-type: none"> • MSK service-users have video consultations via Microsoft TEAMS by April 2020. • IAPT service-users have live group treatment via Microsoft TEAMS by May 2020; includes COVID-19 webinars on social isolation, worry, health, physical long-term conditions linked to COVID-19. • Limbic technology successfully piloted to streamline access to treatment via webinar and rolled out in other IAPT services. • Virtual assessment hubs successfully piloted; will be expanded during the next reporting period. • Virtual reality technology successfully piloted; will be expanded during the next reporting period. |  |
| Launch online educational seminars to empower people to look after their mental and physical health during COVID-19 crisis, so together we make a difference. | Successful launch of online educational seminars, Intranet with links to credible and accurate government and NHS resources, and Office 365 for access to the office suite online and offline. | <ul style="list-style-type: none"> • Pre-recorded educational seminars live and on website. • Wellbeing Hub added to new Vitrinet containing range of resources to support our workforce through the COVID-19 pandemic. • Office 365 launched. |  |
| Strengthen IM&T infrastructure to support remote workforce. | VPN capacity increased to accommodate future workforce growth. | <ul style="list-style-type: none"> • VPN extended to accommodate workforce growth, coupled with full commercial upgrade of laptops, software, and user accounts; has enabled us to recruit with confidence knowing staff have key tools to work securely on and off site, which is vital during COVID-19 pandemic. |  |

Part Two:

Achievement against 2020/21 quality improvement priorities

I Priority 3: Enhance workforce learning and development


| Key initiative | Success measures | Progress achieved | Status |
|---|---|--|---|
| Improve induction program for all new staff. | Revised induction programme launched to enrich the induction process. | <ul style="list-style-type: none"> Revised induction module launched March 2021. |  |
| Enhance mandatory training modules. | Existing modules reviewed and new modules created and launched via innovative eLearning platform. | <ul style="list-style-type: none"> All 18 existing mandatory modules reviewed to verify aligned with e-Learning for Health content; improvements made to various modules to make them more engaging. Additional mandatory training modules launched – Mental Capacity Act, PREVENT Level 3, Autism Awareness, and Conflict Resolution. Child Sexual Exploitation module will be launched during the next reporting period. Safeguarding Team launched additional CPD to enhance workforce knowledge, supported by quarterly Safeguarding Bulletins; not launched as additional mandatory modules due to Safeguarding Team re-structure and priority assessment. Additional team member appointed to Learning and Development Team. |  |
| Enhance internal training for IAPT clinicians to aid staff retention. | Increase in Psychological Wellbeing Practitioners taking up Senior Psychological Wellbeing Practitioner roles and career development opportunities to become High Intensity Therapists. | <ul style="list-style-type: none"> 8 Psychological Wellbeing Practitioners moved into Senior Psychological Wellbeing Practitioner roles. Over 20 Psychological Wellbeing Practitioners took up Champion roles, delivering in-service training to enhance workforce knowledge about specialist areas, including specific disorders. |  |



Part Two:

Achievement against 2020/21 quality improvement priorities

I Priority 3: Enhance workforce learning and development

| Key initiative | Success measures | Progress achieved | Status |
|--|--|---|---|
| Additional upskilling of workforce using innovative initiatives. | Annual away days for clinical teams launched, along with additional training for non-clinical teams. | <ul style="list-style-type: none"> Annual away days launched in compliance with COVID-19 social distancing restrictions. 120 managers enrolled on re-launched remote GOALS Programme, to enhance understanding of how different parts of business interact, with a focus on people, process, operations, and performance. 121 employees completed remote Insights training; supports our workforce to have greater insight into themselves, guiding individual self-development, and improving interactions with colleagues. This training will be rolled out to our entire workforce during the next reporting period. Staff selected onto Chartered Society of Physiotherapy (CSP) Leadership Development Programme. Staff selected onto the Edward Jenner Leadership Programme, with participation encouraged through our staff networks. 5 clinicians working towards Advanced Practice Physiotherapy, with 4 signed-off. |  |



Since joining VHG in November 2020, I've welcomed the chance to attend the GOALS programme. It's provided me with a good platform to establish wider connections with colleagues, and time to reflect on my management style. It's been great to see a mixture of platforms used to deliver the sessions to meet different learning needs – **Natalie Huggens – BNSSG Head of Service**



The Insights course was very thought provoking. It highlighted that we are all different, and how you communicate with others can have a great effect on the way the message is perceived and its subsequent motivational consequences. I had genuinely not considered this previously and will certainly be mindful of it now – **Steve Patterson – B&B Head of Operations**



Having never done any form of profiling training before, I was unsure of what to expect from the Insights training, but it greatly surpassed my expectations! Although remote, the session was excellently delivered, and useful resources were provided following the session. The training has helped me recognise blind spots that I was not aware of before and encouraged me to reflect on how I communicate with colleagues to reach a shared goal – **Jamie Garner – MSK Service Lead**



I am delighted the CSP selected me onto their Leadership Programme, which I started at University of Central Lancashire in March 2021, with a member of Vita Health Group's Executive Management Team as my mentor. I am confident the course will support my personal development, and further develop my individual leadership style so I can progress my career at Vita Health Group, whilst supporting others to enhance their leadership qualities – **Georgie Hoare – NHS Compliance Manager**

Part Two:

Statement of assurance

I Executive Management Team statement of assurance


During 2020/21 Vita Health Group provided community physiotherapy, Musculoskeletal Clinical Assessment and Treatment Services (MCATS) and Improving Access to Psychological Therapies (IAPT) Services to 10 Clinical Commissioning Groups, either directly, or via a subcontracting arrangement with a Lead Provider. Vita Health Group has reviewed all available data regarding the quality of the NHS services we have delivered.

I Enquiries

During the reporting period 2020/21, no national audits and no confidential enquires covered the NHS Services that Vita Health Group provided. Within Appendix 1, we have provided further detail regarding the local audits we have performed during the reporting period 2020/21.

All local audit reports were reviewed throughout our governance structure. As a result of audit findings, we have implemented the following changes to reduce risk and improve quality:

-  Our bloods audit demonstrated a variety of types and reasons for requests. The team developed and implemented a series of best practice guides according to the evidence base and cascaded these appropriately to ensure the right tests were being requested for well evidenced reasons.
-  Our serious diagnosis audit highlighted that feedback on whether a case was confirmed as a serious diagnosis was not always provided. This is important for clinician pattern recognition, group learning and subsequently improving service-user safety. Following this audit, this is now encouraged and followed up on regularly, and will be monitored in our next audit cycle.
-  During the reporting period, our IAPT Clinical Records audit has helped maintain a high standard of record keeping. The audits have highlighted instances of poor adherence to assessment proformas. As a result, we have revised our proforma to make it more intuitive and user friendly, and we have implemented enhanced audit schedules for all new staff to support understanding and compliance with Vita Health Group's high standards of record keeping.

-  Our newly implemented cyclical COVID-19 audits on premises, equipment, and colleague practices (which ensure statutory and legislative changes, NICE guidance and COVID-19 secure environments are achieved and maintained throughout the pandemic) led to:

- Our non-clinical colleagues receiving a crash course in clinical procedures specific to infection prevention and control, including the use of personal protective equipment.
- Significant learning across our whole organisation.
- Forward planning: once we move out of high alert levels (levels 4/5), we will capture the impact of new ways of working arising from COVID-19 and implement improvements resultant from imposed changes.



Part Two:

Statement of assurance

I Participation in clinical research

Outcomes from 2019/20 clinical research

| Research partner | Purpose | Outcomes |
|-----------------------|--|--|
| Severn Trent Water | Where MSK service-users display mild to moderate common mental health disorders, treat their mental health condition concurrently with their MSK condition. | <ul style="list-style-type: none"> 29% of service-users referred for MSK had a common mental health condition, of which 32% related to depression. 38% of these service-users agreed to psychological therapies treatment. 64% of service-users who agreed to treatment completed an initial assessment. 46% of service-users who completed an initial assessment completed a course of treatment, with average 3.8 PHQ and 3.3 GAD scores on discharge, demonstrating discharged service-users were in reliable recovery. |
| University of Essex | Establish if specific questions asked during telephone assessment / triage accurately predict which pathway people follow. Use data to develop an accurate digital triage tool which can be used by corporate service-users at the beginning of their journey, avoiding lengthy initial assessments that lead to the same outcome. | Due to the impact of COVID-19 on University of Essex, the start of this research project was delayed. Data has been collected but is in the early analysis stage. |
| University of Bristol | Establish if an IAPT Service that blends high quality clinical support with community-based interventions delivers enhanced mental health outcomes compared to clinical outcomes achieved through clinical support alone, and whether a particular cohort benefits the most. | Due to the impact of COVID-19 on University of Bristol, the start of this research project was delayed until January 2021, and the initial data will not be available for analysis until November 2021. |

2020/21 clinical research

Due to the impact of COVID-19, our 2019/20 clinical research was pushed into 2020/21. In addition to the clinical research with Severn Trent Water, University of Essex, and University of Bristol, we have worked with Limbic to carry out research into the use of artificial intelligence in mental healthcare.

I Care Quality Commission (CQC)

Vita Health Group is required to register with the CQC for the regulated activities 'treatment of disease, disorder or injury' and 'diagnostic and screening procedures.' Vita Health Group does not have any conditions placed on its registration and there have not been any inspections to report on. The CQC has not taken any enforcement action against Vita Health Group during 2020/21. Vita Health Group has not participated in any CQC special reviews or investigations during the reporting period.

In February 2021, an interim telephone monitoring activity virtual meeting took place with the CQC assessor from Primary Medical Services and Integrated Care Inspection Directorate. We are currently awaiting the outcome and report.

We recognise that psychological therapies are not currently a regulated activity requiring CQC provider registration, but considering the Five-Year Forward View on Mental Health, this may change soon. We will continue to monitor this during the 2021/22 reporting period.

Part Two:

Statement of assurance

I Secondary uses services

During 2020/21, Vita Health Group did not submit records to the 'Secondary Uses Services' for inclusion in the Hospital Episode Statistics.

I Payment by results

During 2020/21, Vita Health Group was not subject to the Audit Commission's payment by results clinical coding audit.

I Commissioning for quality and innovation payment framework (CQUIN)





Within our Basildon and Brentwood IAPT service, our 2020/21 CQUIN scheme related to maximising workforce uptake of flu vaccinations to protect our staff and those they encounter. Although COVID-19 meant that Vita Health Group's 2020/21 income was not conditional upon achieving this CQUIN, just over 50% of this workforce received their flu vaccination despite the focus being on COVID-19 vaccination uptake.

Within our Bromley Community MSK and Orthotics Service (Bromley CCG became part of South East London CCG in April 2020), CQUINs were deferred due to COVID-19.




I Duty of Candour

We have a Duty of Candour Policy, an Ethical Business Policy (which details our approach to Whistleblowing), a Whistleblowing Procedure, and a Serious Incident Policy. They are all in alignment with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20: Duty of Candour and are available to our workforce via our Intranet. These policies are supported by a dedicated email address which staff can use to raise concerns directly with our CEO. During the next reporting period our Freedom to Speak up Guardians will be fully trained to give support and advice to members of our workforce who raise concerns.

In-line with our annual review cycle, we reviewed these policies during the reporting period. Our Serious Incident Policy was updated to include:

-  A revised risk management grading.
-  Additional detail regarding the roles and responsibilities of those involved in the investigation process.
-  Information about the additional support provided to staff during immediate response meetings where fitness to practice may be an issue.
-  More detail about the reporting escalation procedure of business continuity incidents to our Executive Management Team.

Furthermore, a review of our Risk Management Framework identified several ways we could enhance the training and supervision we provide to our staff to support delivery of our framework. As a result, we:

-  Introduced 'Train the Trainer' risk management training to ensure our risk management modules are interactive, maximising training engagement.
-  Arranged for our Chief Medical Officer and clinical members of our Governance Team to attend 'clinical away days' to deliver interactive risk management training to our clinical workforce. The training incorporates human factors, shared learning, reflective practice and accelerates our clinical governance agenda.
-  Delivered onsite interactive training to our non-clinical workforce, proportionate to their role.

Part Two:

Statement of assurance

I Data quality

During the reporting period we have recruited four additional Data Analysts / Operations Analysts. Our team of data experts are an integral part of our NHS Business Governance Team; they join weekly Business Governance meetings to provide up to date contractual performance data, which is used to guide service developments.



I joined Vita Health Group in September 2020 as a Data Analyst for their Kent and Medway IAPT Service. I enjoy working alongside a team dedicated to ensuring high-quality outcomes for service-users. Data Analyst roles are vital to Vita Health Group – we ensure high quality data is available, which displays where we are at, and where we want to be, guiding continuous improvement.

Jessica Goodman – Data Analyst






I joined Vita Health Group in May 2020 as an Operations Analyst for their NHS IAPT AQP services. I provide the high-quality management information (MI) that supports our AQP services to monitor their achievement against key targets and identify areas for improvement. I enjoy working with such a range of experienced and passionate people and seeing every day how the work Vita Health Group does helps people.

Alex Robertson – Operations Analyst



I Data Security and Protection Toolkit (DSPT)

We hold DSPT (submitted in June 2020) demonstrating our compliance with:

-  Data protection legislation, including the General Data Protection Regulations 2018 and the Data Protection Act 2018; we have a Data Protection Officer in place.
-  Care Quality Commission (CQC) Fundamental Standards, Regulation 17: Good Governance.
-  Caldicott Principles; we have a Caldicott Guardian in place.

All staff complete annual mandatory information security training, which they complete via our innovative eLearning platform, 'The Knowledge.' Completion is monitored by our Learning and Development Team and compliance is overseen by our Governance Team and Data Protection Officer. Training results are published externally to DSPT and internally to our Governance, Quality and Risk Committee to maximise completion and drive forwards continuous learning. Our next annual DSPT submission is in June 2021.

In January 2021, Vita Health Group successfully completed their 27001:2013 recertification audit. We will continue to monitor, review, and update our information security requirements to ensure we provide secure and successful delivery of Musculoskeletal and Mental Health services.

Part Two:

Statement of assurance

I Safeguarding

During the reporting period we have continued to implement change to ensure we are constantly improving how we protect our staff, our service-users and their carers, and family members from avoidable harm:

- ✔ Chief Medical Officer recruited ensuring safeguarding is a key Board agenda item.
- ✔ Two Heads of Safeguarding appointed to provide a multi-disciplinary approach.
- ✔ All Service Clinical Leads appointed to our Safeguarding Team.
- ✔ Mandatory safeguarding training enhanced by introducing PREVENT Level 3 and Autism Awareness modules.
- ✔ Quarterly Safeguarding Team meetings introduced, which includes training on specific safeguarding issues to support learning and development. These will move to bi-monthly during the next reporting period.
- ✔ Launched quarterly Safeguarding Bulletins which focus on key topics to enhance workforce knowledge.



The domestic violence training raised further awareness about the key features of recognizing domestic violence and how best to work with it, particularly in a remote environment.

**Jagdeep Ghundoo - Clinical Lead -
Kent and Medway IAPT Service**



I Monitor NHS Provider Licence

On 12th January 2021, Vita Health Solutions Limited, a subsidiary of Vita Health Group was issued its first NHS Provider Licence by Monitor/NHS Improvement.

We have supplied Monitor with assurances regarding 'fit and proper persons' checks of our Directors including Chief Executive Officer (CEO), our continued registration as a provider with the Care Quality Commission (CQC), our annual financial reports, and applicable systems for compliance with the licence conditions and related obligations. To date, we have not had any concerns raised regarding our licence.



Part Two:

Statement of assurance

I Registered Manager statement of assurance

We have maintained our registration with the Care Quality Commission (CQC) at our Crystal Palace site for 'diagnostic and screening procedures' and 'treatment of disease, disorder or injury.'

During the pandemic, the CQC has evolved their regulatory approach, using structured transitional monitoring online calls focussed on safety, how effectively a service is led, and how easily people can access the service from their standard Key Lines of Enquiry. Our call with the CQC took place on 11th February 2021 and no concerns were flagged; we await a full inspection in due course and have arranged a mock inspection for August 2021.

As the business restructured at the end of 2020 to accommodate growth, in early 2021, Mark Driver, NHS Market Director, became our Nominated Individual, and Jenny Ralls, National MSK Clinical Lead, took on the Registered Manager role.

This year has provided a huge amount of change for our colleagues and service-users. As a result of the pandemic, we have changed the core ways our services can be delivered, whilst maintaining safe high-quality care throughout.

In terms of our regulated activities, we smoothly moved all our physiotherapy initial assessments to virtual first, to include COVID-19 screening as well as documented COVID-19 risk and benefit judgements, which were a new legal requirement our colleagues were required to meet. As local hospitals became subsumed by COVID-19 sufferers, our routes into secondary care were restricted and our clinicians held on to more and more complex and severe cases. We supported them by linking up with orthopaedic and rheumatology MDT case conferences and providing complex case forums to facilitate extra supervision and reassurance in the ongoing care of service-users who would usually be accessing further diagnostics or invasive procedures.

Internally, our Emergency Preparedness Steering Group met regularly, with frequency determined by phase of pandemic and speed of change. This supported the return to safe 'face to face' practice in July 2020, supported by individual site risk assessments, recurrent use of our adjusted infection control audit tool, clinician training, diaries rebuilt to accommodate one-way systems, staggered breaks, and cleaning intervals.

We recognised an escalation in safeguarding needs within both our workforce and service-users, sharing information about the 'ask for Ani' scheme and the police's 'silent solution' when dialling 999, as well as our usual case reviews and CPD. As a leadership team it was clear that many of our colleagues continuing to work from home would need increased support. Therefore, counselling, remote exercise classes, mental health guidance, and support forums were made available, as well as regular video messages and updates from executive and senior

management, sharing personal struggles and how individuals have overcome them. Furthermore, regular welfare checks were introduced to ensure feelings about work demands were shared, with concerns heard and responded to.

Outside of COVID, our medicines management policies and processes have undergone a complete overhaul, with our first Patient Group Directives published. Furthermore, there has been a business wide focus on equality, diversity, and inclusion (EDI), including recruitment of an EDI Co-ordinator and a Disability Liaison Officer, and the formation of influential networks focussed on Black and Ethnic Minority groups, Women in Vita, and LGBTQ+. We are launching a Diverse-Ability Network during the next reporting period. Each staff network aims to provide our colleagues holding protected characteristics with a forum to voice their opinions and provide peer support in the workplace.

Finally, we have dealt with complaints and incidents, which have provided difficult times of reflection and learning, but have engendered strong remedial action and positive change. Our safety culture is demonstrably improving with increased reporting of incidents and near misses as well as an increased number of colleagues who are confident and competent in completing root cause analysis and empowered to see through remedial action. We look forward to building on this progress with greater resilience in our systems and infrastructures over the next year.

Jenny Ralls
CQC Registered Manager and
Head of MSK Quality and Safety




Part Two:

Statement of assurance

I Infection, Prevention and Control (IPC) statement of assurance

If you had told me one year ago that Vita Health Group and our nation would be continuing its fight against COVID-19, I would have considered that to be a paradox. However, COVID-19 does remain a real threat. Our overarching Business Continuity Plan and service level Business Continuity Plans remain invoked. We have continued to adopt new ways of working to support our common purpose to stand together and make a real difference in the fight against COVID-19.

IPC has played a significant role in preventing the spread of the virus, through heightened hand washing, enhanced cleaning schedules, COVID-19 secure clinics and office sites, improved room ventilation and national exposure to the use of personal protective equipment. We have worked hard to engage and inform all our colleagues, clinical and non-clinical, on the importance of effective hand hygiene and maintaining a clean environment to prevent and control infections.

Vita Health Group remains committed to complying with the requirements of the Code of Practice for Health and Adult Social care on the prevention and control of infections and related guidance. This provides a strategy for continuous quality improvement capturing risk assessment, reviewing, and developing policies and processes, ensuring resources are available at the point of care, converting policy into practice through learning and development including mandatory training, carrying out regular audits, reviewing infection control incidents, using lessons learned to drive quality improvements, and providing an annual statement to our Executive Management Team on IPC activities.

In March 2020, we formed a multidisciplinary (MDT) group which includes representation from our Facilities Department, our Health & Safety Team, and our IPC

Team. These three key areas enable Vita Health Group to triangulate our approach to IPC management. This MDT group meets monthly, and each member is responsible and accountable for their area of the business. The group reports into our Governance, Quality and Risk Committee.

Vita Health Group continues to work hard to ensure the highest standards of IPC and best practice are consistently achieved. Using lessons learned from across the healthcare industry and NICE guidelines, we have reviewed our policies, procedures, and governance structures, and strengthened our dedicated and capable teams so they continue to firmly embed IPC throughout our organisation.

The COVID-19 journey is not over. It is not clear when the pandemic will end, or what the new 'normal' might look like. However, the government road map to relax lockdown, the national vaccination programme, and lateral flow device testing make me feel assured that the road to recovery is on the horizon and our clinical and non-clinical sites will once again open their doors to everyone.

In the meantime, I feel confident the IPC measures Vita Health Group has in place will continue to keep service-users and Vita Health Group colleagues safe.

Yvonne Attwell
Head of Governance




Part Two:

Statement of assurance

I Head of Safeguarding statement of assurance

Effective safeguarding is fundamental to achieving our mission of making people better and delivering high quality healthcare. Therefore, our safeguarding provision, which is a key component of our integrated clinical governance framework, is continually reviewed to ensure we are protecting our staff, our service-users and their family members and dependants from avoidable harm, promoting their welfare and respecting their human rights.

During the reporting period we have restructured our Safeguarding Team and enhanced safeguarding communications with our workforce.

Our Safeguarding Team

Over the last 12 months, we have restructured our team to reflect the growth of our business and ensure our healthcare services have access to the necessary safeguarding expertise and supervision to support safe care delivery.

Our Safeguarding Team now has the following members:

- ✔ Chief Medical Officer (CMO) - Head of Safeguarding
- ✔ MSK National Clinical Lead - Head of Safeguarding (MSK)
- ✔ Mental Health National Clinical Lead - Head of Safeguarding (Mental Health)
- ✔ Clinical Leads from each of our physical and mental health services. They have a prominent role in providing local safeguarding supervision, and ensure we continue to follow a multi-disciplinary approach to safeguarding.

Our Safeguarding Team has met quarterly during the reporting period to facilitate safeguarding supervision and share case studies. This will increase to bi-monthly during the next reporting period. Additionally, safeguarding continuous professional development (CPD) is provided during these meetings to share best practice, discuss serious case reviews, and facilitate discussion on specific topics, supported by external speakers. This maintains a high level of competence, and an awareness about national trends, including an awareness of the relationship between lockdown and an increase in domestic violence, along with different categories of abuse.

To support the dissemination of this information, the Safeguarding Team now produce quarterly bulletins to share their learning with the wider business.

Enhanced level of safeguarding training

Our mandatory safeguarding training is in line with the Intercollegiate Document to ensure our staff complete safeguarding training proportionate to their role at Vita Health Group. Completion is monitored closely by our Learning and Development Team and our internal governance structure.

We now provide Level 4 safeguarding training to all members of our Safeguarding Team, including all Clinical Leads, helping them to provide business-wide safeguarding support when required. Our mandatory safeguarding training for all staff includes:

- ✔ Safeguarding children and young people (levels 1-3 dependent on role).
- ✔ Safeguarding adults at risk (levels 1-3 dependent on role).
- ✔ Mental Capacity Act, including Deprivation of Liberty Safeguards.
- ✔ PREVENT.

Most of our safeguarding training is delivered via our eLearning platform, optimising innovation in training delivery. This makes our training accessible to our geographically spread workforce. It also provides bite-sized learning, helping improve knowledge, especially about more intensive subject matters.

Philip Adkins
Head of Safeguarding (Mental Health)



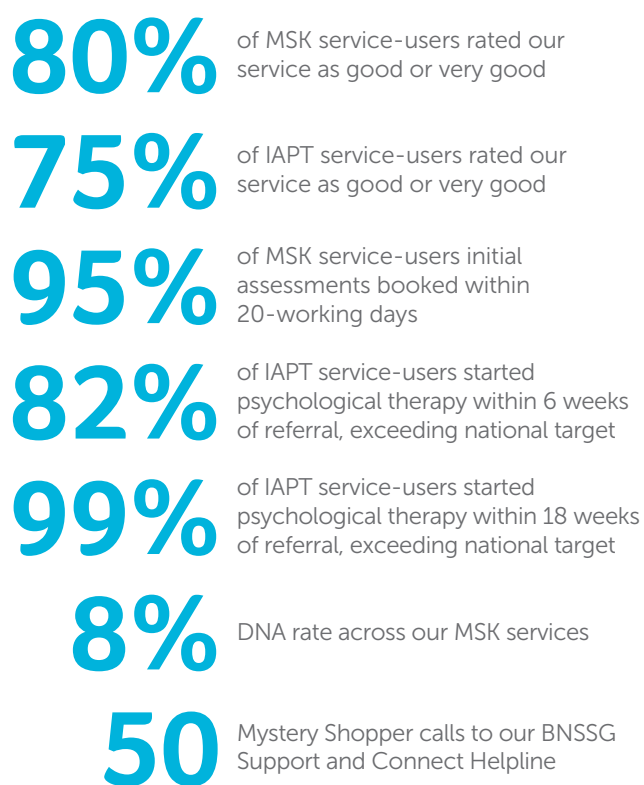



Part Three

Part Three:

Enriching the service-user experience

During the reporting period we have worked hard to provide a positive experience for our service-users, including ensuring minimal waiting times for appointments.



“From start to finish I felt the whole service was carried out professionally. The six-week course I had was extremely helpful and the counsellors covered all problem areas in a supportive and caring way with good strategies for overcoming problems but with no pressure.”

“I am so very thankful for the support I have received through this service. I feel that I have a much greater understanding about my anxiety and ways it affects me. I feel that I have more of an awareness of my behaviours and thus I can now learn through practice to prevent these behaviours from affecting me in the negative ways that it has done in the past.

My therapist was amazing, she listened to all my concerns and helped me become more confident about speaking about them openly. I feel very fortunate to have had this service. Thank you.”

“All round very professional service.”

“Exceptionally helpful service and it really helped me reflect and improve my wellbeing. Thank you so much.”

“Fantastic service that has helped me massively with coping with many areas of my life.”

“I didn't see a future without anxiety and depression and not being able to cope but now I have the tools to move forward and be more involved in my family life and know I can do this with the help you have given me.”

“Empathetic, thorough and thoughtful physiotherapist.”

“My physio was very empathetic, listened to my issues and addressed them in a very professional manner.”

Part Three:

Enriching the service-user experience

Extended Service-user Feedback Programme

During the reporting period we piloted an Extended Service-user Feedback Programme in our Bristol, North Somerset, and South Gloucestershire IAPT Service. Involvement was encouraged through revising our friends and family survey to ask service-users to leave their contact details if they were interested in taking part in future feedback events and encouraging participants in co-production events to be involved.

We engaged the services of an external organisation to conduct these feedback interviews. Since December 2020, eight interviews have been conducted, with improvements made to our assessment form, and additional support introduced to service-users whilst they are on our waiting list, and once they have been discharged from our service.

During the next reporting period, our Extended Service-user Feedback Programme will be rolled out across our other NHS Services.



Ongoing commitment to co-production

Throughout the reporting period we have used the service-user voice to drive forwards continuous improvement in the quality of our services. This has included engaging with BAME communities to co-produce improvements to our marketing collateral to make it more inclusive, enhancing service accessibility.

During the next reporting period we will be working closely with Bristol Independent Mental Health Network (IMHN), our external expert co-production advisor, to drive forwards our co-production agenda by:

- ✔ Enhancing our knowledge about co-production through a series of interactive bite-sized learning sessions, and ongoing coaching support for key individuals.
- ✔ Developing Co-production Steering Groups within each of our NHS services.
- ✔ Facilitating co-production events within all our NHS services.



We are working in partnership with Vita Health Group to support their ambition to be a sector leader in co-production with people with lived experience of mental health.

We are pleased to be working with an organisation with a strong commitment to co-production and getting it right. We look forward to going on this journey together.

Tom Renhard
CEO of Independent Mental Health
Network



Part Three: Optimising service-user safety

During the reporting period, one of Vita Health Group's key initiatives was our safety agenda, not only for the people that are touched by our services, but also our colleagues who embed a safety culture into daily activities.

Our safety initiatives have demonstrated excellent progress, despite forced changes in the way we work resultant from the COVID-19 pandemic. This is demonstrated in progress achieved against our 2019/20 priority initiative: Implement new initiatives to improve service-user safety.

There is research to demonstrate a direct correlation being staff wellbeing and service-user safety. Our enhanced staff wellbeing initiatives introduced during the reporting period in response to COVID-19 have supported our service-user safety agenda. This includes launching our electronic Staff

Wellbeing Hub, a range of Staff Diversity Networks, and providing access to online classes focussed on movement, flexibility, balance, and mindfulness.

In the forthcoming year we intend to further embed key elements taken from the NHS Patient Safety Strategy. These already form part of our safety agenda, although some areas will require more work than others over the next twelve months. We aim to optimise risk aversity, drive quality improvements, enhance training and development for our colleagues, and embrace enhanced technologies. One innovation is the development of our quality tile dashboard within Power BI. It will encapsulate key safety information including risk registers, claims, incidents, accidents, and safer compliance checks in a single innovative summary and instrumental quality tool for improved analysis and transparency.

Part Three: Improving clinical effectiveness

Our IAPT Services

During the last reporting period, we implemented several initiatives to improve our clinical effectiveness, specifically we:

- Engaged Nick Hool, the IAPT High Intensity Training Course Director at Chester University, to provide Continuing Professional Development (CPD) training to enhance the supervision skills of our internally qualified supervisors and ensure a unified approach to supervision.
- Increased the frequency of our clinical supervision within STEP 2 and STEP 3 treatment.
- Implemented a process for our senior therapists to review clinical outcome data on a weekly basis so any issues are quickly identified and rectified before they have an opportunity to negatively impact clinical recovery.
- Recruited additional clinicians to reduce the time between assessment and the start of treatment, as waiting times have a direct impact on clinical recovery.
- As confirmed in our last Quality Account, we were confident these initiatives would improve our clinical effectiveness in our IAPT services, and they did. We improved our clinical recovery rate by 11% and our reliable improvement rate by 7% during the reporting period.

52%

clinical recovery,
exceeding
national target

69%

reliable
improvement

“

Earlier this year I attended a Vita Health Group CPD event focussed on improving clinical and case management supervision skills of both high and low intensity therapists. It was facilitated by an experienced CBT Lecturer and clinical supervisor. The training covered theoretical perspectives, how to structure supervision sessions, and how to effectively deliver one to one and group supervision. I personally found the workshop to be extremely informative – it enhanced my clinical skills to ensure I provide good quality supervision.

Greg Johnson – Senior High Intensity Therapist

”

“

I attended a Vita Health Group CPD event on Supervision for High and Low-Intensity therapists. The course was run by Nick Hool, an experienced University lecturer and clinical supervisor. The training was excellent. I learnt how to structure and facilitate supervision and learned the theoretical aspects underpinning supervision.

Sean Saunders - High-Intensity Cognitive Behavioural Therapist & EMDR Therapist

”

Part Three: Improving clinical effectiveness

Our MSK Services

During the reporting period, we implemented several initiatives to improve our clinical effectiveness, specifically we:

- Created and implemented best practice guidelines for bloods requests.
- Added watched assessments into our routine audits on all clinicians.
- Provided individual performance dashboards, detailing performance against KPIs, to identify training and development opportunities.
- Created clinical 'call-in sessions' which provide the opportunity for remote and onsite teams to access ad-hoc supervision and case-based learning opportunities.
- Implemented a Cancer Escalation Pathway to ensure that all physiotherapists, regardless of level of experience, are supported to seek appropriate advice and guidance when someone presents with a new MSK problem and a history of cancer.

We can report the following during the reporting period:

100%

of MSK service-users offered outcome measure EQ-5D-5L during their Initial Assessment

82%

of MSK service-users completed outcome measure EQ-5D-5L during their discharge appointment

82%

of MSK service-users reported positive improvement, which is a 10% increase compared to the last reporting period

Part Three: Driving forwards innovation and growth

Despite the COVID-19 related challenges businesses have faced and strived to overcome, Vita Health Group has continued to identify improved ways of operating, which embrace opportunities for innovation and growth.

Launched chatbot technology within our IAPT Services

During the reporting period we launched VitaAccess, powered by Limbic, in four of our IAPT services. It is an innovative triage and assessment chatbot, which sits on our service website to capture referrals, digitally triage service-users, and direct them to the most appropriate pathway utilising artificial intelligence technology and clinical algorithms.

During 2021/22 we will continue to work in close partnership with Limbic to develop additional digital tools and embed these within our service delivery models to enhance the service-user pathway and provide ongoing service-user support.

1,882

service-users utilised VitaAccess to self-refer to IAPT

Part Three:

Driving forwards innovation and growth

Developed links with NHS Leadership Academy

We have developed links with the NHS Leadership Academy. Members of our workforce can enrol on their Edward Jenner Leadership Programme, which is a highly practical and service-user focussed course, supporting individuals to enhance their leadership skills, leading to enhanced quality of care.



The Edward Jenner Programme has helped me gain a better understanding of moving from a clinical role into a team lead role. It is taught using real NHS examples which make the course relevant and engaging. Completing this course has been very useful for helping me to manage my new team and the service, and I'd highly recommend it.

Janey Bosker – Healthy Living, Healthy Minds Lead



Embracing innovation to deliver high-quality remote treatment

Throughout the reporting period we have embraced innovation to ensure we continue to deliver high-quality care to our service-users.

3,823

of IAPT service-users received treatment via live webinar

5 IAPT

service-users utilised our virtual assessment hubs to access mental health support and treatment



Part Three:

Statement from a key partner

Statement from Sam Lloyd-Smith, Health and Social Care Manager of Windmill Hill City Farm

Windmill Hill City Farm is a key community partner with VitaMinds in the delivery of the BNSSG IAPT programme. The partnership was built at the inception of the bid in 2019 and has been evolving since.

The 'City Farm' offer is a collaboration of the three reputable Bristol city farms, with each offering its own take on nature-based interventions yet working within a similar evidence-based therapeutic framework that unites all our work. The city farms have a range of therapeutic courses on offer that include animal care, horticulture, carpentry, woodland conservation, cooking, and walking. Courses run for between 6-12 weeks with participants attending sessions one day per week.

The City Farm programmes aim to:

- ✔ Provide social contact and enable people to rebuild networks and give opportunities to make new connections.
- ✔ Increase confidence and build resilience.
- ✔ Introduce participants to a range of new ideas and techniques to help them improve their levels of self-esteem and self-confidence.
- ✔ Improve physical and mental health through regular and meaningful activity.
- ✔ Teach participants specific skills around gardening, cooking and creative handywork, empowering them in their daily lives.
- ✔ Instil a sense of achievement and pride in helping to make a well-loved community venue and supporting it to thrive.

I Working through COVID-19

Like most health and wellbeing services, the city farms have had their fair share of disruption over the past 12 months as we, like everyone else, have waded through the ever-shifting guidelines and restrictions brought on by the pandemic.

Fortunately, the level of disruption on our therapeutic services has been minimal as we have, for the most part continued to deliver face-to-face programmes during the pandemic. During the first lockdown when this was not possible, we flipped our model over to one of virtual support. Service-users received weekly support through phone calls, zoom walks, a newsletter, and nature craft kits.

Although this could never truly substitute for our face-to-face work, it helped people stay connected to the farm and each other, which from the feedback we gathered, played a vital role in sustaining peoples wellbeing.

Our health and social care services are predominantly based outdoors using the model of nature-based interventions for recovery which has meant that, overall, we have been able to continue running these services and have adapted our programmes where needed, to meet government guidelines. With additional measures in place such as pre and post tool washing, social distancing, reduced group sizes and 'bring your own tea', service-users reported feeling safe and were extremely thankful for the opportunity to attend their wellbeing provision each week when most other things had been suspended, indefinitely.

I Service-user feedback

As well as the Work and Social Adjustment Scale scores that are recorded at the start and end of our interventions, we collect qualitative feedback that is so effective in bringing a person's experience to life. M recently completed an Animal Care for Wellbeing course at Windmill Hill City Farm and here is how she found it.

“

For the last few weeks, I have consciously made myself get dressed, leave my room, and go outside almost every free day to work/potter in my garden, which keeps my mind occupied as well as providing gentle exercise. I have set small, short term goals and managed to achieve them, and I am feeling pleased with the results.

I fall asleep much earlier than I used to, and therefore I wake up much earlier than I used to, which makes me feel a little more in tune with the planet. I would just like to add my genuinely heart-felt gratitude for being given the opportunity to participate in the course - it's been a wonderful experience, so thank you, thank you, thank you, thank you, thank you to all people (and creatures) involved.

”

Appendix 1:

Local audits

| Audit | Description |
|---|---|
| Information Security / Quality Management Systems | Audit of our systems and services ensuring our compliance with ISO 27001 standards. |
| | Audit of our systems and services ensuring our compliance with ISO 9001 standards. |
| Lone working | Audit of lone working clinics and policies. |
| Safeguarding | Audit of safeguarding cases, safeguarding reporting processes, policies, supervision, and mandatory training. |
| Infection prevention and control | Audit of clinics, equipment, compliance, policies and procedures, and clinical practice. |
| Hand hygiene | Audit of environment, equipment and compliance with hand hygiene technique, policies, and procedures. |
| Employee compliance | Audit of mandatory compliance requirements including professional registration, DBS clearance, insurance, and mandatory training. |
| Information governance | Audit of data protection and information governance compliance. |
| Administration support | Audit of call quality, email quality, and customer services. |
| Clinical notes | Audit of the standard of treatment notes and record keeping. |
| Incidents/accidents | Audit of incidents/accidents and supporting processes. |
| Complaints | Audit of complaints and complaint processes. |
| Clinical | Clinical reasoning in-line with NICE or relevant guidance. |
| IAPTs clinical notes | Audit and enhanced audit of all disciplines notes and outcomes from meetings across the whole service. |
| Quality assurance | Meta audits to determine if clinical notes / treatment have been conducted appropriately. |
| Triage | Audit of clinical guidelines, care plans, chaperone, and appointments. |
| Governance, quality, and safety clinical visits | Overarching audit encapsulating all aspects of quality and safety within a clinical environment, including equipment, medicines management, and Infection, Prevention and Control. This also includes interviews with colleagues and service-users and triangulating the results. |
| Document control | Audit of our document control register. |
| Paper Triage (GP Referrals to MCATS, T&O, Rheumatology and Pain management) | Peer audits for consistency and appropriateness of decision-making. |
| Audit Register / Schedule | Compliance audit. |
| Serious diagnosis and red flags | Non-conformances to flag under, over or missed diagnosis. |
| Injection therapy notes and competence | Clinician audits through observation and clinical notes review including medicines management. |
| Radiology referral quality | MRI and IRMER audits for Advanced Physiotherapy Practitioners. |
| Blood referral | Audit of referral pathways, and appropriateness of referrals. |
| ESP/APP actions | Determination of pathway and actions including referrals and follow ups. |
| Clinical observation / call review | Clinical reasoning in-line with NICE guidance, service-user communication, and shared decision-making tools (SDMTs). |
| Medicines management | Audit of the management of injectable medicines ensuring compliance with policies and processes. |

