



Quality Account

2022/23

Quality Account Contents

Part One

- 4 CEO Statement
- 5 About Vita Health Group
- 6 2022/23 statistics
- 7 Our geographical and clinical speciality expansion coverage

Part Two

- 9 2023/24 quality improvement priorities
- 11 Achievement against 2022/23 quality improvement priorities
- 16 Executive Management Team statement of assurance
- 22 Registered Manager statement of assurance
- 23 Head of Infection Prevention & Control statement of assurance
- 24 Head of Safeguarding statement of assurance
- 25 Thrive Mentoring Programme Facilitator statement
- 26 Spotlight on Tania's development journey

Part Three

- 28 Enriching the service-user experience
- 30 Optimising service-user safety
- 30 Improving clinical effectiveness
- 32 Statements from Commissioners:
- 33 Working with key partners:
 - Working with Equality Action
- 36 Appendix 1 – Local Audits
- 37 Appendix 2 – Our Executive Management Team





Part One

Part One:

Statement from our CEO

Welcome to Vita Health Groups 2022/23 Quality Account, covering musculoskeletal (MSK) physiotherapy, mental health Talking Therapies and Dermatology services we provide on behalf of the NHS. It reflects the quality of services provided during the last 12 months and importantly sets out our plans for further quality improvements and priorities in the coming year.

'Making People Better' is our purpose, and last year we elevated the mental and physical health of 309,425 NHS patients an increase of 190,588 from the previous year. We mobilised 3 new community services including our first Dermatology service, a fundamental milestone in our healthcare strategy. We expanded and redesigned some existing mental and physical health services, working with key partners to maximise patient choice, engagement, and accessibility. We remain a trusted partner to 16 Integrated Care Boards.

We recap successes and continuous improvement throughout all services. We have seen employee development and learning through a broad portfolio including Insights, THRIVE, Edward Jenner program, apprenticeships, EDI training and women leaders' workshops, alongside the launch of our People Strategy. I am passionate about providing our people with every possible opportunity for growth and succession planning.

Our Equality, Diversity, and Inclusion (EDI) agenda has evolved, to include 6 EDI networks, team expansion, and revised strategic objectives to improve patient health outcomes, access to and experience of services, a represented and supported workforce and inclusive leadership. Our guaranteed interview schemes for people with protected characteristics and veterans has been positively received.

We underwent our first dermatology quality monitoring call with the Care Quality Commission (CQC) who regulate all health and social care services

in England. The inspector measured our progress against 5 key areas: Safe, Effective, Caring, Responsive and Well-led and was satisfied by our service provision. Whilst we haven't been fully inspected yet, we welcome CQC's future visit.

We are on track to implement the Patient Safety Incident Response Framework (PSIRF) and Learning from Patient Safety Events (LfPSE) within the national autumn deadline. We have invested in a Risk Management system with key partner Radar Healthcare and commence implementation in May 2023. I look forward to seeing the full extent of this system's functionality in the coming months.

We have made excellent progress against our existing priorities, and set 3 more for the next 12 months, focussing on quality improvement areas including project management, communication and wellbeing platforms and analytics in our Dermatology services.

I would like to personally thank every employee for their continuous focus, enthusiasm, and commitment to deliver safe, high-quality services for our patients and customers.

This Quality Account has been endorsed by our Executive Management Team (EMT). I confirm that the content to the best of my knowledge reflects an accurate and fair view of the quality of our services and performance.

I happily share this Quality Account with you and hope you enjoy reading it as much as I have.



Derrick Farrell
CEO



Part One: About Vita Health Group

Vita Health Group is a leading UK healthcare provider. We are dedicated to making people better, by providing integrated physical and mental health services to employers and insurers, the NHS, and private service users.

With over 35-years' experience delivering best in class physical and mental health, Vita Health Group has unique insight into delivering holistic, person-centred care. We are committed to our company values:

Leadership – We lead the way through innovation and continuous improvement

People centred – We support, develop and value each other, so together we can make a difference

Customer focused – We are passionate about going above and beyond for our customers

Quality – We hold each other accountable and strive to deliver excellence

Integrity – We treat each other with respect and honesty

Our physical health services include community musculoskeletal (MSK) physiotherapy services and community dermatology services. Our mental health services include cognitive behavioural therapy (CBT), guided self-help and group therapy sessions.

Our success has been recognised through prestigious national and international awards including Health Investor, Covid Response and The Patient Experience Network (PEN).

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

Awards (2021)	Category	Recognising
Health Investor Awards (2021)	Winner – IT Innovator of the Year	Our investment in innovative technology
Health Investor Awards (2021)	Winner - Primary Care Provider of the Year	Continuing to provide innovation and deliver excellence, despite the impact and pressure of COVID-19
COVID Response Awards (2021)	Winner - Best COVID-19 Response in Healthcare (over £15 million turnover)	Our rapid and innovative reaction to the pandemic
Patient Experience Network Awards (2021)	Winner - Partnership Working to Improve the Experience	Our work to develop an innovative digital chatbot to elevate the service-user experience within primary care psychological therapy
International Digital Experience Awards (2021)	Runner up – Best use of Artificial Intelligence	Our innovative approach to using artificial intelligence within our primary care mental health services
Leading Healthcare Awards (2021)	Highly commended – Partnership of the Year	Partnership working to develop an innovative digital chatbot to increase access to primary care mental health services, and elevate the experience

Part One:

2022/23 statistics

22945

Mandatory training
courses completed

3 new

NHS community healthcare
services launched

130,975

NHS referrals received

945

Bespoke training courses completed

54%

Expansion in estates coverage

309,425

NHS appointments delivered

73

Employees TUPE transferred

18%

Workforce growth

During the reporting period, VHG have responded to increase the need for NHS talking therapy provision, by implementing a number of initiatives to improve patient experience and maintain quality standards. Specifically, we have:

- Implemented a new digital triage platform at the front door of our services to improve early detection and management of clinical risk and enhanced the information gathering process to better inform clinical assessments.
- Implemented an Integrated Wellbeing and Support (IWS) team into all our services, to provide a range of wellbeing interventions for people who are waiting for psychological therapy and improve people experience of waiting within the services.
- Implementation of additional LTC pathways with an increased psychological focus to support the delivery of talking therapy for people with co-morbid physical health problems.

These initiatives helped us to deliver treatment to over **80,000 people** in the reporting period whilst maintaining a recovery standard above the national average and expected recovery standard.

51.1%

NHS Talking Therapy
clinical recovery

68.3%

NHS Talking Therapy
reliable improvement

521 staff were able to focus on improving their personal impact by completing a workshop introducing them to Insights Discovery, a psychometric tool based on the psychology of Carl Jung. Insights Discovery is built to help people understand themselves, recognise and appreciate differences in others, and make the most of the relationships that affect them in the workplace.

Part One:

Our geographical and clinical speciality expansion coverage

During the reporting period we provided physical and mental community healthcare services to 16 Integrated Care Boards (ICBs) nationally, which included mobilising:

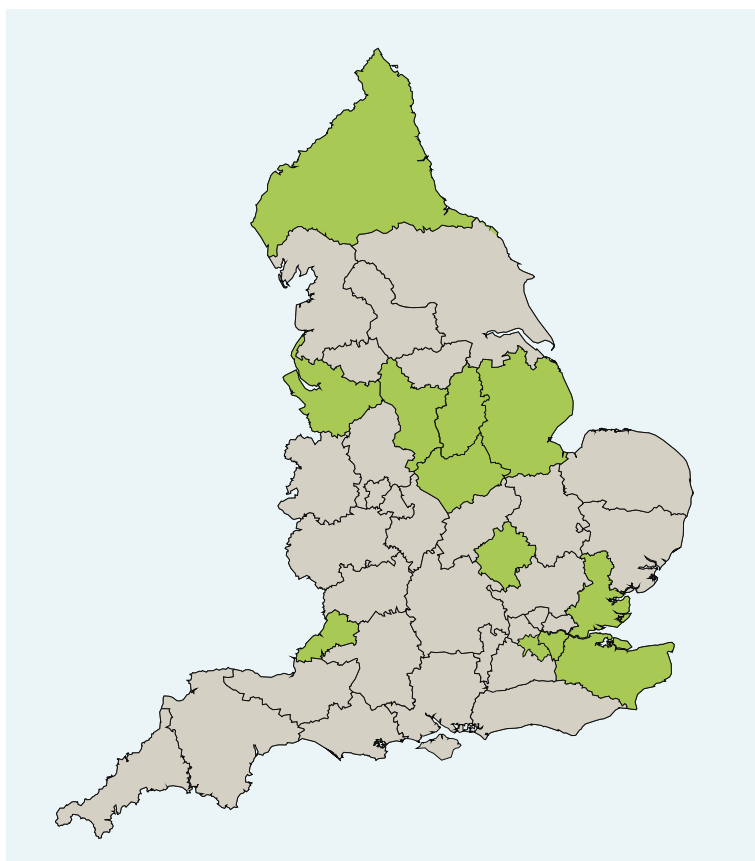
-  A community MSK physiotherapy service for the Croydon region of South East London ICB, which was launched on 1st October 2022, which involved the TUPE transfer of 9 staff
-  An NHS Talking Therapies service for the Newcastle region of North-East and North Cumbria ICB, which was launched on 1st August 2022, which involved the TUPE transfer of 62 staff
-  A community dermatology service for the Southport, Formby and South Sefton regions of Cheshire & Merseyside ICB, which involved the TUPE Transfer of 2 staff
-  An NHS Talking Therapies Service for Nottingham and Nottinghamshire ICB, which will commence during the next reporting period
-  A community MSK physiotherapy service for the Wandsworth region of South West London ICB, which will commence during the next reporting period

During the reporting period, we increased our estates coverage by 54%, and provided our NHS services from 111 estates. This will be further expanded during the next reporting period as demand for face-to-face services continue to rise, and to support delivery of our NHS Talking Therapies Service for Nottingham and Nottinghamshire ICB, our community MSK physiotherapy service for the Wandsworth region of South-West London ICB, and any other newly launched services.

As an established provider of mental and physical health services to a large range of non-NHS organisations, we also have:

-  510 MSK Network Clinics
-  638 remote Cognitive Behavioural Therapists and 550 remote Counsellors delivering psychological therapy services
-  299 Cognitive Behavioural Therapists and 343 Counsellors delivering face-to-face psychological therapy services.

This ensures we have excellent national coverage, bringing care closer to home.





Part Two

Part Two:

2023/24 quality improvement priorities

The three new quality improvement priorities detailed in this section will ensure Vita Health Group achieves measurable quality and safety improvements, particularly within its NHS services. These will run alongside existing two years priorities for the introduction of the Patient Safety Incident Response Framework. We have listened to feedback received from service-users, stakeholders, and ICB's to support our key priority improvement decisions

Priority 1: Improve how VHG manages its transformation programme to ensure the delivery of the overall strategy

To 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 2023/24 we will implement a range of initiatives to improve our Transformation Teams portfolio, supporting change and project management including how we mobilise new contracts.

Key initiative	How we will measure successful implementation
Select a project management tool to be used within VHG's Transformation team and upload the current transformation portfolio	Scope, review and potentially implement a project management system for all mobilisations and transformations
Invest in external training where required to build system champions and train the trainers	Visible use of a PM tool within each project, by quarter 4. Consistent reporting methods at project level and to Board.
Complete training on the tool for all stakeholders that work on mobilisations/projects across VHG on how to use the selected project management tool.	Project managers and transformation leads feedback on reduced time spent on manual reporting
Utilising chosen PM tool to resource plan for short and medium term projects	Additional digital tool developed to enhance service-user support

Priority 2: Improve internal communication and wellbeing across VHG

To 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 2023/24 we will implement a range of communication initiatives to support colleague discussions and sharing of information, which will further improve care within our service provision.

Key initiative	How we will measure successful implementation
Implement a new internal communication strategy and engage with all staff for clear visibility and understanding.	Review/compare staff survey results from previous year at team and service level, and wider governance, operational boards and EMT. Communicate changes/developments and future commitments responding to key themes to all staff via range of communication channels (email/Yammer/intranet etc.)
Scope a central platform function for all heads of departments to document key updates for managers to access in real time and disseminate to their team members.	Monitor the impact this has on influence and engagement scores within staff survey.
Implement 'little gems' portal where all colleagues can have direct dialogue with the transformation team and offer ideas, suggestions or raise issues that need support/resolving.	Record the number of times staff members interact with the portal / split across all services to see variation.
Invest in wellbeing initiatives and resource	Recruit designated health and wellbeing roles. Improve staff wellbeing score on annual staff survey

Part Two:

2022/23 Quality improvement priorities

Priority 3: Improve the visibility of data within our community dermatology services, so operational and clinical decisions can be more data driven, when appropriate.

To enhance quality of life for people with long-term conditions (**Domain 2**), 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 2023/24 we will implement a range of data driven initiatives to further improve analytics and digitally enabled care within our service provision.

Key initiative	How we will measure successful implementation
Implement strategic reporting from our SystemOne instance	Ability to capture data in our data lake. Obtain positive feedback from NHS Operations Director, Commissioners and other Key Stakeholders on the quality of our data
Build real time PowerBi dashboards for monthly KPI dashboard	PowerBi is functional and all relevant staff have been trained and use it regularly
Build real time PowerBi dashboards for daily internal performance and quality reports	PowerBi is functional and all relevant staff have been trained and use it regularly

Part Two:

Achievement against 2022/23 quality improvement priorities

Priority 1: Over the next two years, continue to invest in improved technology and digitally enabled care to enhance the service-user journey

Key initiative	Success measures	Progress achieved	Status
Work collaboratively with our technology providers to further develop the efficiency and effectiveness of our current digital support tools	An improved digital pathway launched within our Talking Therapies services, providing greater system integration, increased accessibility, and earlier risk detection	1. Worked with key stakeholders within our Talking Therapies services to introduce new digital platform provided by WYSA. 2. Successfully rolled out across all 9 Talking Therapies services providing therapists with enhanced volume of clinical information prior to conducting assessment. 3. Proven to improve/achieve efficiencies and better pathway placements.	
Co-produce an enhanced computerised cognitive behavioural therapy (cCBT) platform, which utilises artificial intelligence to provide tailored self-management, which is seamless with service-user's ongoing treatment	An improved online CBT platform launched within our Talking Therapies services	1. Reviewed digital triage offer from two providers and identified that cCBT on SilverCloud demonstrates better outcomes however so we have enhanced SilverCloud provision instead. 2. Discussions with alternative provider ongoing and platform still being considered.	
Develop a digital therapist support package, providing an extensive resource library and supported service-user care model	Additional digital tool developed to enhance service-user support	1. Above dependent on provider chosen 2. 3 elements to alternative provider: (1) digital triage pathway (2) cCBT app based which provides cCBT and (3) a library of resources. The app provides a platform for therapy for patients; the app can be open for therapy during a session including access to the resource library. However, as detailed above, the cCBT part is not ready, and existing SilverCloud provides improved outcomes.	
Develop additional tools within SystmOne to enhance efficiency of our MSK Patient Administration System	Additional capabilities developed within SystmOne, including developing robotic process automation (RPA) functionality which redirects resource to priority tasks	1. As part of our continuous improvement initiatives, we have been exploring ways to improve pathways and enhance efficiencies for clinical/administrative staff. 2. SystmOne is in use as a clinical system across existing services and offers a robot process automation system, which we are still exploring. 3. We have invested in both Accurx and Mjog systems; Mjog improves the booking process with a 'book your own appointment' function and we are working with Accurx to initiate a book your own appointment with a reminder sent to patients 24 hours prior to their appointment. The current version of Mjog doesn't have the functionality to send an appointment reminder 24 hours before, so we are evaluating the costs associated with upgrading to a premium version and/or investing in Accurx + version of the system.	

Part Two:

Achievement against 2022/23 quality improvement priorities

I Priority 2: Support Commissioners to achieve wider objectives

Key initiative	Success measures	Progress achieved	Status
Launch and deliver GP Collaboration Project to support Basildon and Brentwood Commissioner's achieve their national Serious Mental Illness (SMI) physical health check targets	Launch and deliver GP Collaboration Project to support Basildon and Brentwood Commissioner's achieve their national Serious Mental Illness (SMI) physical health check targets	1. In March 2022 we mobilised the service working collaboratively with the ICB to deliver a GP collaboration project to improve the GP referral process and increase engagement. 2. Service expansion to provide greater resilience in the workforce. 3. Annual target is to complete 60% SMI health checks. Due to changes in staff/workforce numbers, no health checks were undertaken for 3 months. We redirected resources from other services to support non-clinical work associated with booking/administration process for patients. And despite workforce challenges, at end of March 2023, we had undertaken 55% of health checks against the 60% target. 4. It was agreed in March that the QoF points for the GP would be suspended so although we missed the target, there was no implication/impact to the GP practice.	
Expand the capacity of our Step 4 service, and increase the skillset of the team to include EMDR and CAT specialties, supporting Basildon and Brentwood Commissioner's objective to provide population with appropriate, and timely care, closer to home	Increase in the number of more complex mental health service-users appropriately seen by our Step 4 Team, with positive clinical outcomes and service-user experience	1. Expanded service to increase numbers of patients being seen. 2. Service went live in September 2021; 3. Expansion agreement put in place in September 2022. As part of this expansion, we have a multi-disciplinary team including Assistant Psychologists, Senior Psychologist, HEE trainees, a seconded Talking Therapies clinician, CAT therapist with overall skill and experience levels including CAT/EMDR and complementing existing modalities of CBT, DBT and MBT. 4. Increased access, offering group and one-to-one provision in via remote and face-to-face delivery. 5. In January 2023, we started a DBT skills group (hybrid delivery to suit patient choice). In March 2023, we started an MBT face-to-face group. 6. Two more groups in development; a transdiagnostic CBT group and pre-treatment trauma stabilisation group. Lead facilitator is qualified and is co-facilitated by Assistant Psychologists freeing up clinical capacity as two qualified facilitators are not required.	

Part Two:

Achievement against 2022/23 quality improvement priorities

I Priority 2: Support Commissioners to achieve wider objectives

Key initiative	Success measures	Progress achieved	Status
Launch 'Enhanced Step 3 Model' Pilot, supporting service-user empowerment	Only service-users that have demonstrated active involvement in their treatment following assessment, are placed on the waiting list	1. Our Step 3 engagement piece is designed to socialise patients to the therapy that VHG has referred them to. This allows patients a 'taster' of the therapy they'll receive and the opportunity to decide if it's suitable for them or otherwise. 2. Our 'waiting well' policy applies here; a webinar is provided to the patient at the front end of their journey with access to a range of webinars/one-to-ones/guided self-help materials to give patients the tools/skills to start self-managing their mood with direction on how to achieve this prior to starting their actual treatment. Our stress and mood management webinar, for example, can be bespoke/tailored to suit patient needs. These can be framed in a CBT way whilst people are waiting for their treatment forming part of their care plan, socialising people to CBT, how it works, and how it forms a stop gap whilst they await the start of their treatment. 3. Feedback has been positive with the service fully embedded in our Leicester service with other services having this service available for 6 months.	
Embed our core mental health provision within our new dermatology pathways, supporting parity of esteem between mental and physical health	Number of dermatology service-users identified with common mental health conditions, and offered appropriate mental health support, including those prescribed isotretinoin, which has known mental health side effects	1. We have developed 3 psychodermatology webinars in collaboration with our Talking Therapies clinical leadership team - to be launched in quarter 2 for our Sefton patients. 2. We are currently looking at development of mental health support around patients in our cohort who are receiving a difficult diagnosis. 3. Due to an increase in the cohort of patients, we are using risk profiling to ascertain the holistic needs to the service user and determine additional interventions around smoking cessation and other lifestyle factors.	
Launch chronic pain pathways, providing stepped care to live well with pain	Coproduce pathways with service-users with lived experience and secondary care pain management team, and embed within service models	1. We've reviewed the system pain classes that we offer and updated content to include some holistic wellbeing content such as sleep hygiene. 2. Reviewing and updating of content is ongoing.	

Part Two:

Achievement against 2022/23 quality improvement priorities

Priority 3: Expand the reach and specialities of our training provision

Key initiative	Success measures	Progress achieved	Status
Broaden specialised clinical training offering	Women's Health In-Service training designed and launched, followed by implementing Women's Health treatment pathway	1. We have launched our Women's Health In-Service training in our MSK services. 2. Dedicated a trained Women's Health clinician for In-service training. 3. Referrals are filtered through in an informal way with no dedicated pathway. Quality improvement in next 6 months is to formalise the pathway. 4. Other training falls under broader specialised training offering injection therapy training for MSK and ultrasonography training at the same time. 5. Future activities will include joining up MSK/ mental health space with a focus on robust persistent pain pathway.	✓
Enhance MSK section of the Vita Hub	MSK section of Vita Hub enhanced to include interactive clinical pathways utilised within one-to-one supervision and group In-Service training, and detailed and accurate Power BI data to inform clinician one to ones and future training	1. At the start of reporting period we created an MSK index focussed on improving/providing a clear route/pathway for clinicians. 2. This remains in progress, and further updates are required before completion.	✓
Increase number of Talking Therapies Trainees appointed to help address the national shortage in the Talking Therapies workforce, and increase number that remain with Vita Health Group post-graduation	Increase in number of Talking Therapies Trainees appointed through both HEE Trainees and apprenticeships. Vita Health Group Training Lead appointed, dedicated to Trainee onboarding and their support and development during Traineeship		

Part Two:

Achievement against 2022/23 quality improvement priorities

Priority 4: Continue to improve our patient safety culture, systems, and behaviours

Key initiative	Success measures	Progress achieved	Status
Adopt the Patient Safety Incident Response Framework (PSIRF) to include: • Broader scope with proportionate safety management responses • Tightly defined investigation approach • Improved experience for all those affected	PSIRF in place, replacing the existing Serious Incident Framework (SIF) and the three key parts of the PSIRF document adopted: • Part A: Preparing for incidents • Part B: Responding to incidents • Part C: The governance arrangements (including key organisational roles and responsibilities) necessary to provide an effective response	• Working group in place • Collaboration with multiple ICB's across our NHS network • Documentation in development • Risk Management System (Radar) due to be imminently mobilised • Event module in Radar covering PSIRF and Learning from Patient Safety Events (LfPSE) will be launched in July 2023 • Training plan underway • Recruitment of 2 x Patient Safety Officers planned	In progress as part of a 2-year plan. On target to be implemented fully by Autumn 2023.
Learn from early adopters of PSIRF	Utilise shared national experiences from the early adopters of PSIRF to inform learning	NHS Futures and NHSE Patient Safety sites provide guidance and learning from adopters, toolkits, and a plethora of supporting information.	
Introduce a new patient safety risk management system (2-year plan)	Patient safety risk management system in place capturing patient safety data from incidents, complaints, risks, and concerns, ensuring a 'no wrong door' approach. All colleagues trained on system use, which is embedded into day-to-day practice. Patient safety and risk data aggregated and made available to better	Radar Risk Management system will be launched during April/May 2023 and will include PSIRF and Learning from Patient Safety Events (LfPSE). Phase One launch plan includes: • Events - July 23 • Risk Registers – Aug 23 • Document management – Aug 23 • Audit management – Sept 23	Current mobilisation – on target

Part Two:

Statement of assurance

Executive Management Team statement of assurance

During 2022/23 Vita Health Group provided community physiotherapy, Musculoskeletal Clinical Assessment and Treatment Services (MCATS) and NHS Talking Therapies Services to 15 Integrated Care Boards (ICB's), 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.

Participation in clinical audits and clinical research

Remote Monitoring of Rheumatoid Arthritis (REMORA)

In our Pennine MSK service, an application to NIHR Programme Grants for Applied Research (PI Will Dixon) for our REMORA programme was successful. REMORA remains the only published example internationally of tracked daily symptoms integrated into an EHR. The pilot study in 2015-2017 at Salford showed the benefits of symptom tracking for both patients and clinicians, with data graphed and integrated into the electronic health record (EHR) available during the consultation. Since then, a more scalable infrastructure was developed to allow us to run this at multiple sites, and we opened the feasibility arm of the study to recruitment of adults with RA on 9th January 2023.

We have achieved our recruitment target of thirty patients, and backfilled two withdrawals. We are now reviewing patients who are symptom tracking in clinic and assessing the impact on the consultation. There will be optional consent for clinic consultations to be observed and/or recorded if both patient and clinician provide consent.

We also recruited four participants who decline symptom tracking to an interview to identify barriers to digital inclusion. The target for decliners was six but we achieved our tracking target early due to the positive response from patients and therefore unable to identify the additional two. Three Urdu-speaking patients were also recruited to interviews to understand barriers, explore co-design and support required to promote digital inclusion.

Outcome and Prognosis of Supported Self-management in Thumb Base Osteoarthritis: A Prospective Cohort Study aims to investigate the outcomes, prognosis, and experiences of care in patients receiving usual NHS care which consists of a supported self-management programme, and to generate recommendations for optimising care for thumb base OA). This is a prospective longitudinal cohort study linked with a qualitative interview and focus group study. Four NHS sites will recruit 150 people with symptomatic Thumb base OA. The primary outcome is the AUSCAN hand pain scale, additionally baseline assessments will be carried out for measures of hand function, quality of life and known musculoskeletal prognostic factors. The study endpoint is six months. Outcome assessments will be conducted by postal/online survey (as applicable) at three and six months. The qualitative and quantitative results from this study will be integrated and presented to a stakeholder group meeting, where participants will be guided to generate recommendations for future care. This NIHR funded study is currently pending ethics approval and has an anticipated start date of May 2023.

Research partner	Purpose	Outcomes	
Exeter University	How to adapt Talking Therapies interventions to make them more effective to service-users with personality disorders	Outcome data pending; measured using Standardised Assessment of Personality (SAPAS) Questionnaire. An update will be provided in our 2022-23 Quality Account	Trial of enhanced protocol for people who score on SAPAS. Service engaged and HI team trained. Data has been collected but not yet analysed.
Exeter University	Impact of using Mindfulness based Cognitive Therapy (MBCT) for service-users who have been treated for depression, but not reached clinical recovery	Initial pilot ongoing. An update will be provided in our 2022-23 Quality Account	Pilot was put on hold due to Covid-19 pandemic and has not yet restarted. It is likely it will be superseded.

Research partner	Purpose	Outcomes	
Health Integration Team	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	This research was initially scheduled for our 2019/20 reporting report. Due to the impact of COVID-19 on University of Essex, the start of this research project was delayed. Ongoing impact of COVID-19 delayed data analysis	Ongoing – Project: Outreach/information sessions about talking therapies for common mental health conditions to reach under-represented ethnic minority communities, and improve access and acceptability, run by outreach workers recruited from those communities, funded by NHS Charities Together. Aims: To increase the awareness of primary care mental health (Talking Therapies) services amongst under-represented communities in Bristol; to assess the cultural suitability of Talking Therapies services and their pathway, making adaptations where appropriate, to explore barriers to accessibility in under-represented ethnic minority communities. 2022-2023: 1. Discuss our project plan with the outreach workers and agree on the best approach to implementing and evaluating the project. 2. Contact and collaborate with well-established community hubs (e.g. Malcolm X Centre, Wellspring Centre, Easton Community Centre, Faith-Based buildings, and more) to approach the targeting communities.
			3. The outreach workers will take the lead and facilitate informal conversations with the targeted communities about accessing Talking Therapies services (e.g. preconceptions, barriers, resistances, and stigmas), answer questions, hear and feed-back concerns to the wider project Team. 4. The next step would be holding culturally appropriate focus groups run by the outreach workers with input from the team. The information from these groups will be analysed and fed back to Talking Therapies Service Transformation Lead, Rick Cooper, who will cascade to the Senior Management Team. The gathered information will also be used to co-produce Talking Therapies information sessions to ensure we are meeting the needs of our priority groups. Now producing outputs to disseminate round the system.
University of Bristol	Establish of an Talking Therapies 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	This research was initially scheduled for our 2019/20 reporting report. Due to the impact of COVID-19 on University of Bristol, the start of this research project was delayed. The new pathway went live in March 2021, and data is being collected. Bristol University are in the process of writing up this research. An update will be provided in our 2022-23 Quality Account.	Study has concluded and the findings from the evaluation have been shared with key stakeholders including – service user representatives, Bristol University, VHG NHS Board, BNSSG Senior Management Team and the ICB contract & performance meeting for Talking Therapies. The study confirmed there is some evidence that the new Talking Therapies services with a non-clinical pathway (Wellbeing navigation & Healthy living/healthy minds) has better mental health outcomes for service users than the previous Talking Therapies services delivered in the Bristol, North Somerset & South Glos areas. However, no large differences between the new service and the geographical comparator (Brentwood and Basildon) were noted.

Part Two:

Statement of assurance

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', 'diagnostic and screening procedures' and 'minor surgery.' Vita Health Group does not have any conditions placed on its registration. The CQC has not taken any enforcement action against Vita Health Group during 2022/23. Vita Health Group has not participated in any CQC special reviews or investigations during the reporting period.

Our newly launched Sefton, Southport and Formby service underwent a CQC assurance monitoring call in February 2022. The inspector was complimentary of the service and advised that there are no regulatory concerns of note. The service adequately met all of the five key questions, are VHG safe, effective, caring, responsive and well led. In the next reporting period we will be carrying out mock inspections of sites and services that carry out regulated activities, using CQC's new approach to regulating services.

I Secondary uses services

During 2022/23, Vita Health Group did not submit records to the 'Secondary Uses Services' for inclusion in the Hospital Episode Statistics.

I Payment by results

During 2022/23, Vita Health Group was not subject to the Audit Commission's payment by results clinical coding audit.



Part Two:

Statement of assurance

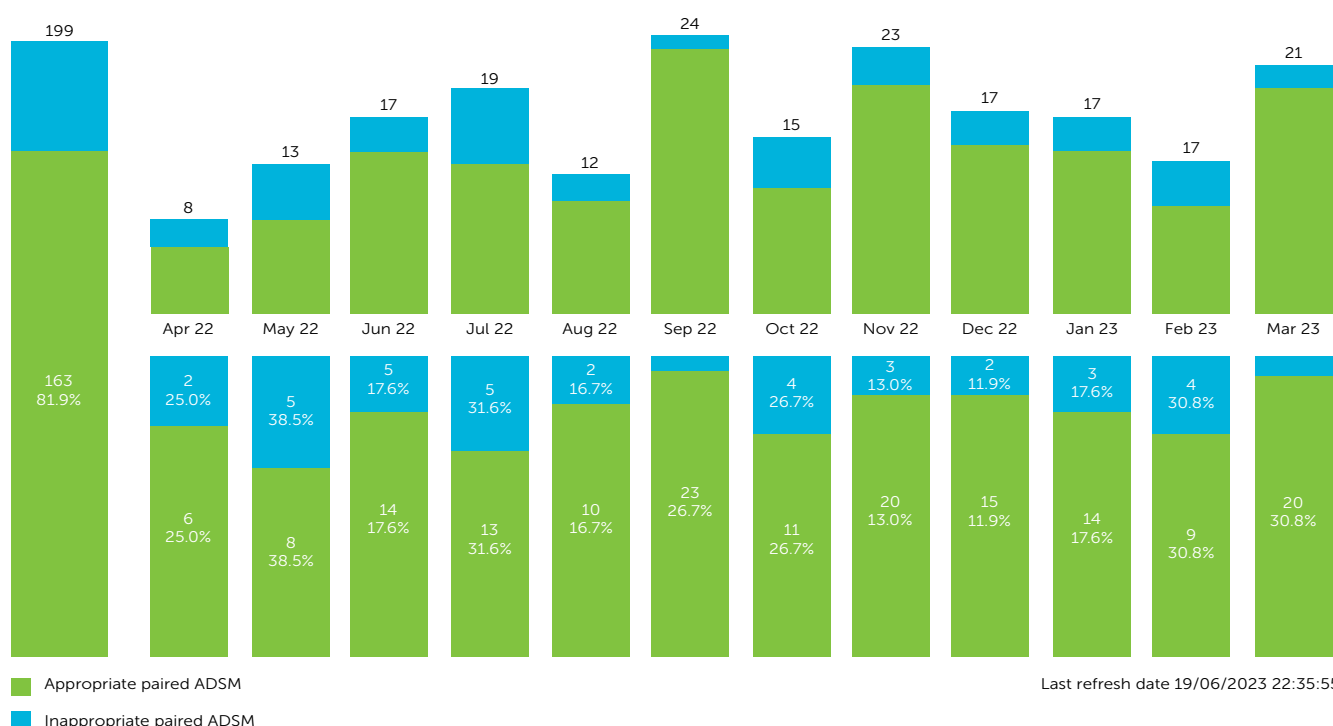
I Commissioning for quality and innovation payment framework (CQUIN)

CQUIN in the reporting period for some of our contracts included:

- ✓ Shared decision making (SDM) capturing:
- ✓ Provision of in-service training (IST) on SDM for all staff
- ✓ Complaints & feedback data comparison pre and post SDM training
- ✓ SDM audits
- ✓ Staff attendance at SDM workshop
- ✓ A locally agreed incentive scheme that is based on accessible treatment, including the provision of weekend and evening clinic appointments
- ✓ Improved engagement with GetuBetter to help integrate the app into the MSK pathway
- ✓ Encourage uptake of influenza vaccinations

Our Anxiety Disorder Specific Measures (ADSM) in our NHS Derby service aims to achieve 65% of referrals finishing a course of treatment, with paired scores recorded in the specified ADSM. Below is the dashboard showing compliance between 1 April 2022 to 31 March 2023 with the green bars showing the % of appropriate paired ADSM's per month. The total for 22/23 was 81.9%.

Referrals ended in the period that finished a course of treatment and had appropriate ADSM scores VHG Derby



Part Two:

Statement of assurance

I Speaking Up

During the reporting period we have enriched our established Freedom to Speak Up Guardian roles, and worked tirelessly to embed a culture where individuals confidently raise concerns in confidence, capturing all concerns about fellow colleagues, service-user safety, or quality issues, enabling Vita Health Group to identify opportunities to improve standards of care, our working environments, and colleague wellbeing. We have also produced our Speak Up Policy. During the next reporting period we will appoint Freedom to Speak Up Champions within our NHS services.

I Data quality

During the reporting period we have recruited 6 additional Data Analysts and 7 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 Data Security and Protection Toolkit (DSPT)

We submitted our 2022/23 DSPT assessment on 6th June 2022. We met all mandatory requirements.

Vita Health Group uses the toolkit reporting mechanism to create action plans. During the reporting period, our primary focus has been to uplift from Cyber Essentials to Cyber Essentials Plus. Enhanced certification is on target to be achieved within the next reporting period. We are on track for the revised April DSPT 2023 submission.

I NHS Improvement (Monitor – NHS Provider Licence)

During the reporting period VHG have met all required standards within the NHS Provider Licencing Agreement and renewed its licence in February 2023. Through this quality assurance process, we are measured against high quality, safe and financially sustainable care and held to account by NHSI should our services fall below expected standards.

I Learning & Development (L&D)

We are currently restructuring our L&D team and plan to recruit a Head of L&D to drive strategy over the next 12 months. Quality efficiencies have been made in our existing Learning Management System, initially in an upgrade for better digitally enabled system management, but also to better equip colleagues with automated analytical data and training compliance. These efficiencies have enabled automated reporting and a reduction in manual tasks. Already feedback from managers and colleagues have been positive.



Thanks so much for coming back to me about these points, this is so helpful and great to hear! I will make sure our team is aware of these changes which will save so much time. Team Manager



I Apprenticeships and Trainee Pathways

We will continue to build on our relationships with Universities, to further develop recruitment pathways for Trainees/ Apprenticeships, maximise guest lecturing opportunities to promote careers in Talking Therapies and attending job-fairs. In 2023 we have committed to 151 Trainees and Apprenticeships, and long term condition top-up training.

Part Two:

Statement of assurance

I People Services Team (previously EDI Team)

Over 2022 the team has grown and changed in response to the growing demand across the business, both in terms of work volumes, work complexity and work urgency. This includes a slight increase in headcount from 4.6 FTE to 5.2 FTE and onboarding an elevated level of subject matter and strategic expertise. Our networks have also increased to six:

Carers Network

LGBTQIA+ Network

Diverse Ability Network

Race Equality Network

Faith Network

WITA (Women's) Network

I Equality Delivery System 2 (EDS2)

In 2022 we looked back at staff experiences using the available data from the 2021 staff survey and other information pools. Key findings included that:

- Employees with a Disability scored lower than employees with no Disability on overall wellbeing, civility, flexible working, personal development, perceived fairness, and influence.
- Percentage of colleagues experiencing bullying, harassment or abuse from patients, relatives, or the public in the reporting period reduced across all groups.
- Racially minoritised colleagues were twice as likely to experience discrimination from a manager/team leader and other colleagues than white colleagues.
- There was an overall increase in racially minoritised colleagues' perception of equal opportunities, however this still lags white colleagues.

We re-promoted the organisations Zero Tolerance Policy. This was in part informed by our WRES, WDES and staff survey data, where it was highlighted that although there had been a decrease, colleagues were still facing inappropriate behaviours.

The purpose of this policy is to inform Vita Health Group colleagues of the measures in place to manage incidents of violent, threatening, abusive or discriminatory behaviour and empowering colleagues to know they will be supported when speaking up by the identification and implementation of suitable controls. The policy was highlighted across multiple internal platforms and training workshops offered to managers whose role in enacting the policy is essential.



VHG is focussed on the areas where the data does not represent appropriate workforce diversity or experience and are committed to using this information to identify opportunities for improvement and address highlighted issues. An action plan is in place to improve areas of identified inequality in the next 12 months.

EDI Training and Workshops

Disability awareness

LGBTQIA+ awareness

EDI informed recruitment

Zero Tolerance

Part Two:

Statement of assurance

I Registered Manager statement of assurance

We maintained our registration with the Care Quality Commission (CQC) for 'diagnostic and screening procedures' and 'treatment of disease, disorder or injury' but have relocated the registered site to Central Court in Orpington. In 2022, with the easing of COVID-19 restrictions we were able to refocus on patient access. This included expanding group therapy to support more of our patient population; we added groups for individuals with very limited mobility and long-lasting spine pain. Alongside this, we bolstered our digital tools so people waiting for care could be more active and informed. Point of care ultrasonography and ultrasound guided procedures have also been reinforced with the purchase of a new device and widening training opportunities, providing service-users with faster access to diagnostic information and, when indicated, pain-relieving injections. Similarly, through workforce training, we have grown women's health expertise within our workforce, improving care for service-users experiencing pain associated with pregnancy.

Digital triage, Phio, has been honed over the last year to provide a sophisticated self-assessment tool that service-users can use at any time or place. Digital triage is used by over half of our service-users and provides sign posting to Musculoskeletal (MSK) and non-MSK resources.

The first contact practitioner (FCP) footprint has grown in Southeast London, providing people with expert MSK support closer to home. FCP has been a key workstream for the newly formed ICS, where we have been active participants, sharing experience and learning to improve and standardise MSK care across Southeast London. The FCP training outlined by HEE has provided our clinicians

with excellent opportunities for clinical growth, which we have supported. Two Vita clinicians completed their training requirements and have progressed to become FCP Supervisors.

We have continued to work hard to optimise patient safety and nurture a culture of constant learning. This year we expanded our clinical audit programme, involved Team leads more closely in audit outputs, and shared learning each month at regular training sessions. This translated into better service-user placement in our local pathways, which in turn reduces wait times and elevates the service-user experience. When things go wrong, we take the opportunity to learn. Each month, key complaint and incident themes are shared at our training sessions, and we have also invited a few service-users to speak about their experiences in small groups sessions.

Finally, we continue to work hard to support our clinicians, so they can deliver great care. In 2022 we were able to return to regular face-face training, which has improved engagement and training quality. We also held a staff away day, which focused on service engagement and well-being, and we continue to work closely with our HR teams to deliver outputs from our staff survey.

Gareth Evans
Clinical Lead




Part Two:

Statement of assurance

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

Over the last twelve months, Vita Health Group (VHG) has grown significantly as an organisation and expanded our NHS portfolio in Mental Health Talking Therapies, Musculoskeletal and Dermatology services.

To support these changes and ensure IPC remains a key focus during a period of rapid business growth we broadened our existing IPC team, added local Champions within some of our services, and plan to recruit a new full time IPC Lead within the next six months. Collectively these changes support our IPC strategy and annual IPC plan.

We have maintained compliance with the Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and introduced key changes as identified in the National Infection Prevention and Control Manual (NIPCM) published in April 2022. These changes aim to:

- Support risk management and harm reduction regarding our IPC activities
- Improve the quality of care for our service users
- Support the standardisation of national evidence-based practice
- Support the reduction in Healthcare Acquired Infections (HCIs)
- Ensure we follow a consistent approach to IPC

During the reporting period, we have strived to engage and inform our colleagues about the importance of effective IPC through hand hygiene, maintaining a clean and safe environment, and raising sharps safety awareness to prevent and control infections so together we continue to make a difference.

We have made some positive quality improvements over the last twelve-months, including:

- Implementing new IPC audits within our Dermatology minor operations clinics and clinical sites
- Optional drop-in sessions for all colleagues for case reviews, FAQs, and learning
- Facilities team, Health and Safety officer and clinical IPC team working in triangulation to ensure broad organisation wide transparency and learning for all colleagues
- Enhancing learning and development opportunities for colleagues through promotion of events and training including World Hand Hygiene Day, Infection, Prevention and Control Awareness Week and mandatory training.

Our Governance, Quality and Risk Group, which is a multi-disciplinary group and acts as the IPC conscience of the organisation, is now fully embedded and ensures IPC clinical, legislative, and regulatory compliance is achieved, whilst operating in line with our values.

It is also responsible for monitoring IPC data and quality against national and local standards.

We are committed to driving forwards continuous improvement in all that we do, and IPC is no exception. Our exciting plans for the coming year include the implementation of Radar Healthcare Risk Management System from May 2023, as our automated system for quality, safety, risk, and compliance. This system will support the Patient Safety Incident Response Framework (PSIRF) and Learning from Patient Safety Events (LfPSE) and ensure all IPC matters are addressed effectively, pro-actively and with good oversight of data trends and analytics for organisation wide learning and beyond. We are committed to improving person centred care and will actively encourage service users and wider communities the opportunity to get involved in our quality improvement initiatives in the next twelve months.

Finally, I would like to thank everyone at VHG for their ongoing contributions to the IPC agenda. We couldn't maintain such high IPC standards without your continued effort and support.

Yvonne Attwell
Head of Governance

yattwell



99%

Annual IPC mandatory training compliance

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.

Our Safeguarding Team

Our Safeguarding Team operates an integrated model with safeguarding expertise embedded within every service, supported by central Safeguarding Leads and a central safeguarding supervision framework. Over the last twelve months our Safeguarding Team has restructured to include a single Head of Safeguarding with responsibility to ensure effective safeguarding provision is in place across all services. Further changes over the last 12 months include:

- ✔ Appointed Deputy Head of Safeguarding and nominated child safeguarding lead
- ✔ Appointed four additional local Safeguarding Leads to support local delivery and implement safeguarding supervision and support for those who need it.

Our Safeguarding Team now has the following members:

- ✔ Head of Safeguarding
- ✔ Deputy Head of Safeguarding/Child Safeguarding Lead
- ✔ Regional Safeguarding Leads for each service within provision for Mental Health, MSK and Dermatology.

Safeguarding provision is supported by policy for both child and adult safeguarding. These policies have been re-written in the last twelve months to ensure continued alignment with the standards outlined in the intercollegiate document for Safeguarding, with external audit showing continued compliance for our NHS stakeholders.

Training and supervision

VHG 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 Liberty Protection Safeguards (LPS).
- ✔ PREVENT.

PREVENT training is supported by provision of a number of 'top up briefs' that provide accessible guidance for Safeguarding supervisors with the aim of updating best practice, particularly with some of the newer concerns such as Unclear Ideologies and Incels. To further support safeguarding training and awareness, we continue to publish our business wide quarterly newsletter sharing important information from the Safeguarding Team on a range of topics including policy updates, latest national alerts and best practice; most recently raising awareness of the fabricated illness and discussing how best to manage professional disagreements.

Philip Adkins
Head of Safeguarding
(Mental Health)




Part Two:

Statement of assurance

I Thrive Mentoring Programme Facilitator statement of assurance

An organisation's vision, culture and values are inextricably linked. Leaders play a central role in promoting values, but just talking about them isn't enough, the actions of leaders are what propels an organisation forward. VHG's vision to be the UK's leading healthcare provider of best in class physical and mental health solutions, is underpinned by its values. The value that has come into particular focus for our leaders over the last year is about being 'People Centred' – supporting, developing and valuing everybody in VHG so, together, we can make a difference.

I am particularly proud to have been involved with a new initiative around developing our people – the THRIVE Mentoring programme. Inspired by feedback from the VHG employee survey; born out of the passion of the Chief Executive and members of the Executive Management Team and made possible by the dedication of the senior management community, The THRIVE Mentoring Programme is making a real difference in VHG.

The THRIVE mentoring programme is built around a series of 1:1 mentoring conversations, but with a team approach. Instead of mentors and mentees linking together on an individual basis, our THRIVE programme works in small teams of mentors and mentees, changing pairings every 3-4 months. This means we can focus on a number of outcomes:

- ✔ Developing connections across VHG (keeping the feel of a close-knit team across a much larger, geographically dispersed organisation)
- ✔ Enriching learning opportunities and personal development.
- ✔ Positively promoting VHG's diverse culture and working in line with our values.
- ✔ Increasing confidence in individuals, and ourselves as a whole VHG team.

The Thrive Mentoring Programme proved to be such a success in its pilot year, that we have started the second cohort. Numbers have increased and there are already plans in place for a third year, such is its popularity. Thrive is making a difference for the mentees:

80%

of mentees said they had been able to use a different approach to tackle challenges they face

80%

of mentees felt the programme had increased their confidence

80%

reported that they had developed relationships across VHG and spent focussed time on their development.

“

Thrive has been a really positive experience for me over the last 12 months and helped with my confidence in making decisions and thinking about my professional and personal development. Listening to a variety of perspectives within the organisation has been helpful when carrying out my own role and giving me additional knowledge when communicating with my team and others. – Thrive Mentee.

”



Part Two: Statement of assurance

Thrive is also making a difference to our mentors:

94%

of mentors said they had developed their relationships across VHG, gaining valuable perspectives

90%

of mentors had more of an appreciation of the difference that they were able to make to others and had developed their own mentoring skills/ tool kit.

“

I have thoroughly enjoyed being a mentor and hopefully the mentees have also enjoyed the time and space given to explore their own situations and future careers development. Personally, I have found meeting people across the service, mentors and mentees has been really helpful in my own development within Vita. - Thrive Mentor

”

The THRIVE programme is a great example of an organisation not just talking about its values but actually doing something to bring them to life.

Vicky Curtis
THRIVE Mentoring Programme Manager



I Spotlight on Tania's' development journey

"I joined Vita Health Group in October 2019, starting my journey as an Administrator within the National Service Centre (NSC). NSC is a fast-paced environment which helped me to develop my problem-solving skills whilst working under pressure and provided me with an extensive insight and knowledge into Vita's purpose and values. After 10 months I was promoted to NSC Team Lead. I gained valuable management skills, experience, and a deeper understanding of Vita's processes.

In March 2021 I was successful in the role of Compliance Support Officer in Vita's Governance Team, drawing on my experience, and skills I gained from working in health and social care as well as knowledge I gained from my roles in NSC. I could not be more thankful. This role created opportunities for me to be involved and lead on projects focussed on quality improvements and service user safety.

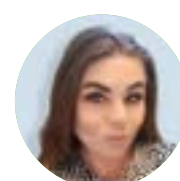
In May 2021 I joined our women's network WITA, an EDI women's group to support and grow female leadership; through being part of WITA and the support of my team, my confidence has grown, giving me opportunities to Network with colleagues from other areas of the business and step outside of my comfort zone such as chairing WITA meetings, which has undoubtedly supported my career progression. I also began my Edward Jenner Leadership Programme, with lots of support and encouragement from my team and Vita.

Being a part of the Governance Team facilitates an environment to constantly learn, develop new skills and provides plenty of CPD opportunities. In 2022 I was a

THRIVE mentee enabling me to meet four mentors during a twelve month period, all contributing in different ways to my development. In June 2022 I was promoted to Compliance & Quality Officer expanding my role to include Quality Management System (QMS) administration and external ISO-9001 audits. Most recently in March 2023 I was promoted to Senior Compliance & Quality Officer. I am very thankful for the support and opportunities that Vita offer, which have led me down this career path. I very much look forward to my next five years of growth within Vita Health Group."



Tania Clark
Senior Compliance & Quality Officer





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.

75% of Talking therapies service users rated our service as good or very good

79% of MSK service users rated our service as good or very good

85% of Dermatology service users rated our service as good or very good

“My therapist was very warm, welcoming, and friendly. He didn't make me feel uncomfortable and was very understanding. I was able to build a professional relationship with him easily. We worked at my own pace.”

“The service I received was very good, and the staff I interacted with were helpful and professional. The counselling I received helped me with my anxiety and gave me tools and skills to try and better help myself moving forward. The process was well structured and I felt able to talk openly and honestly with my counsellor who made the whole process very non intimidating and less scary by being friendly, patient and encouraging.”

“In 7 sessions Charles helped me to consider a difficult situation from different perspectives. His intelligent and thoughtful questions and guidance has really helped me cope with the situation in a way which is much healthier for me.”

“The practitioner was extremely good - knowledgeable, skilled, listened & adapted approach. She really personalised the sessions & addressed my needs. She gave relevant, practical strategies at a time I needed. The service was so accommodating re times of appointments and relative swiftness in getting provision up & running.”

“I believe the therapy had structure that was not restrictive; instead it was free-flowing and developed its own path as time progressed. It allowed me to have time to reflect on these organic discoveries in self reflection and bring further insights to the next session. Lynda was very supportive and non-judgemental; helping me to feel comfortable with her as the sessions went on.”

“Practical, goal-based therapy was very helpful in improving my mental health. The therapist was very supportive and encouraging. The support materials were very helpful. Reviewing progress at the start of each session was very useful as it allowed me to realise how much I had improved from one session to the next.”

“I was sceptical going into the CBT sessions as I didn't think it would have any effect, however my counsellor proved me wrong. I'd never identified that childhood issues may have been connected with what is happening today. That was the turning point for me, that and the coping mechanisms my counsellor gave me. I've never felt so good about myself and more importantly how I cope if I don't, which is down to my counsellor. Who is an absolute legend and to whom I am very grateful for all he did.”

“I felt listened to, understood and encouraged by my therapist, who was always friendly and supportive. I have had previous experiences with counselling that made me hesitant to try again, but this gave me a much more positive experience and changed my opinion of therapy. I'm very grateful of these counselling sessions and my therapist, Angela.”

Part Three: Enriching the service-user experience

“

I found that the sessions enabled me to unpick my current coping mechanisms and see how they weren't dealing with the anxiety. The sessions gave me the tools to rationalise with myself by approaching my anxiety in a new way.

”

“

CBT therapy was the best thing I could've done. Zahra challenged me in getting out of my comfort zone and therefore changing my mindset. I feel more confident in myself now and have the tools I need to support myself.

”

“

I was truthfully satisfied and happy with the guidance and support provided by the CBT Practitioner. He is very sensible to my needs, an excellent listener, he gave me a clear direction of how to plan relevant activities in the future to make life easier and how to cope with when my mood changes. With the booklet provided, it is very helpful it gives me a guide of what to do if I needed it anytime and in the future. Excellent.

”

“

The progress I made throughout my sessions and continue to do since has been exceptional. I have tried therapy previous to this and did not have any success like this. My therapist was so fantastic, explaining the process fully and supporting me when it came to the end.

”



Part Three:

Optimising service-user safety

| Patient Safety Strategy and Patient Safety Incident Response Framework (PSIRF)

Vita Health Group has a focused drive on reducing harm, improving patient safety, and learning from safety events. We are in our second year working towards PSIRF, and on target for implementation in Autumn 2023. The COVID-19 pandemic had an impact on operations, disrupting what was our original timeline for implementation. In line with the national strategy, we are working with ICB's nationally, utilising a new Risk Management System due to be

implemented from April/May 2023, that accommodates PSIRF and Learning from Patient Safety Events (LfPSE). We will be recruiting two dedicated Patient Safety Officers to support the framework. Our next focus will be aligning the national documentation, ensuring the new Risk Management System is embedded in both practice and culture, and developing training plans to ensure organisational learning.

Part Three:

Improving clinical effectiveness

| Our Talking Therapies Services (previously IAPT)

Within our services we have driven several quality improvement initiatives

- ✔ Pilot project within B&B to look at clinician sending rates of PEQ and offering prompts where not sent. Initial findings are a statistically significant increase in PEQ return rates, allowing for a better informed picture of patient feedback for services.
- ✔ BNSSG removed use of titles (Mr/Mrs/Ms etc) from letters and communications following feedback from patients.
- ✔ Upskilled clinicians to delivery ASR assessments and increase provision for Asylum seekers and refugees
- ✔ Waitlist list validation work for patients who previously displayed risk at assessment and not responding to contact letters.

- ✔ Increased Step2 supervision time to enable full detailed conversations as required.
- ✔ Marry up admin call audits with notes audits to ensure accurate recording of admin contacts with patients.
- ✔ Deep dive review into DNA rates and reasons
- ✔ Peer group established to support clinical audit delivery
- ✔ Session Zero: Additional session before treatment to reassess treatment requirements for those who have waited for treatment



Part Three:

Improving clinical effectiveness

I Our MSK Services

Within our services we have driven several quality improvement initiatives:

- ✔ Implemented an MSK Compliance Manager role to oversee the review of service user feedback and support quality improvement plan development
- ✔ Developed a regional clinical support network (overseen by a newly appointed regional clinical lead) across our South London services to share learning and service development initiatives
- ✔ Developed a library of 'waiting well' materials to support patients while they await an appointment and help prepare them to attend the appointment, maximising appointment benefits for patients
- ✔ Merged our customer service and administration teams to improve resilience and job variety for our staff whilst maintaining administrative KPIs/SLAs. The upskilling of our staff to understand all aspects of the service means that patients can get their queries answered by any member of the team without the need for call transfers or delays
- ✔ Implemented injection clinics, modelled on vaccination clinics, to streamline patient pathway for low-risk corticosteroid injections reducing wait times.
- ✔ Implemented automated FFT surveys to all patients in the service, seeing an increase in capture rate from 2% to 33% of all discharges. 85% of respondents report service as 'good' or 'very good'.
- ✔ Implemented clinician education and patient information programme to reduce MRI referral rate from 20% - 12% of CATS appointment outcomes.

I Our Dermatology Services

We were awarded community Dermatology in Sefton, Southport, and Formby in August 2022, and inherited significant wait lists, which were managed in collaboration with Commissioners. Many of our annual key performance indicators (KPI's) are in progress with expected deliverables in July 2023.

Within the short time we have operated, the service has driven several quality improvement initiatives:

- ✔ Set up dashboards and data reporting optimisation,
- ✔ Set up CQC registered location, registered manager and passed a monitoring call



Part Three:

Statements from Commissioners

I Statement from Sefton Place

Vita Health Group have been providing our community dermatology service in Sefton, Southport, and Formby since August 2022. In this short space of time the innovation, standard and quality from Vita has been exceptional.

Vita has competently managed lengthy community wait times, implemented innovative tele-dermatology clinics, and worked with Primary and Secondary Care leaders to improve and transform the wider Dermatology Services across the ICB. Vita Health Group are a team who appear to be driven by providing quality patient centred services and myself and the team are looking forward to furthering innovative quality driven work with Vita in the coming year.

Terry Hill
Commissioner Sefton Place

Part Three:

Working with key partners

I Statement from Equality Action



Equality Action's mission is to promote equality and diversity, dignity, and respect through inclusion. Equality Action has been a sub-contracted partner for the VitaMinds Leicester, Leicestershire, and Rutland (LLR) Talking Therapies Service since April 2021.

During 2022, through a series of activities and co-production events, Equality Action focussed on building strategic partnerships and positive working relationships with key local community-based organisations. This has supported them to build trust with marginalised communities. Key highlights include:

I Somali Community Centre

Equality Action facilitated, in collaboration with VitaMinds, a co-production event at Somali Community Centre in June 2022, which was held during an Eid card making activity. Eighteen people of mixed gender and backgrounds participated, and an interpreter service was available. Barriers faced by the Somali community when accessing Talking Therapies Services were explored and Project Officers referred some of the attendees to the Talking Therapies Service, for help and support with mental health and well-being.



I Zinthiya Trust

Throughout the summer of 2022, Equality Action delivered regular wellbeing sessions at Zinthiya Trust morning coffee group meetings. These included:

- ✔ Creative activities such as drawing, painting, embroidery, and designing A-Z Of Wellbeing conversation cards
- ✔ VitaMinds presentation about volunteering and recruitment to Community Champion Initiative.



I Lead Connect Care Festival

Equality Action attended Lead Connect Care Festival at Leicester Racecourse in June 2022. Over 500 people attended the event from various cultural and community backgrounds from Oadby and surrounding areas. During the events:

- ✔ Arts and crafts activities were on offer for participants to take part in.
- ✔ Project staff shared information about VitaMinds, and a lot of positive feedback was received



Part Three:

Working with key partners

Leicester Library Services - Westcotes Library

In October 2022, Equality Action delivered a special Family Fun Day at Westcotes Library to celebrate Diwali, a Hindu festival. The aim was to encourage learning together, which has many benefits, including:

- Supports children and parents to share quality time together, doing something fun and creative
- Improving interpersonal relationships

Project Officers were on hand to offer advice and information about VitaMinds Talking Therapies Service.



Service. Equality Action's Project Officers are developing their listening skills, ensuring they are empathetic and supportive, whilst guiding people through the referral process. In turn, this builds confidence in the VitaMinds Talking Therapies Service. The Project Officers have received very positive feedback; individuals appreciate someone listening to their concerns and helping them to access support they need.



Leicester Community Links - Belgrave Community Hub

Equality Action has worked collaboratively with VitaMinds on some exciting workshops to raise awareness about the VitaMinds Talking Therapies Services. These include:

- VitaMinds Mental Health Awareness Course
- 'One Stitch at a Time' weekly craft session
- Diwali card making session.
- Environmental and sustainable arts sessions

Holistic approach

Many people who attend Equality Action's office are seeking advice and support relating to a range of issues, including the rising cost of living, housing, debt, and discrimination. Many of these people are also feeling depressed and anxious. Equality Action's Caseworkers help people to address their main issue, but where appropriate and with consent from the individual, will refer them to Equality Action's VitaMinds Project Officers. The Project Officer makes them aware of VitaMinds, and what the service offers. After a short discussion, many individuals share their concerns linked to anxiety or stress and are happy to be referred to the VitaMinds Talking Therapies



Part Three:

Working with key partners

Events in partnership with Leicester Community Links

Equality Action organised a well-being event, which was held at Tesco Superstore on Park Road Loughborough on 3rd November. Nine health organisations were invited to promote their service. Some great conversations with shoppers took place, with a real focus on keeping well during uncertain times. Project Officers approached shoppers to promote and discuss the VitaMinds Talking Therapies Service. Some great connections with professionals such as GP registration service, social prescribers, and other mental health service providers around LLR were made.



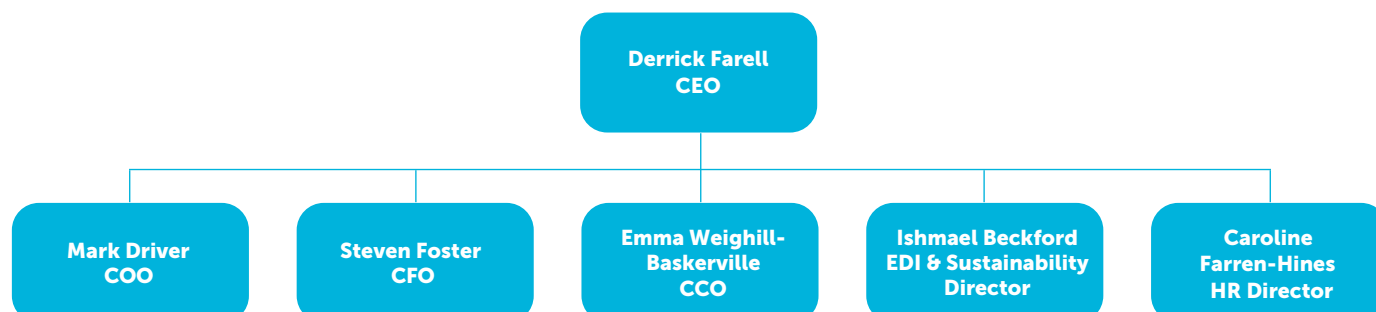
Appendix 1:

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 including COVID-19	Audit of clinics, equipment, compliance, policies and procedures, and clinical practice with a focus on COVID-19 compliance and safety.
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.
Talking Therapies 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 registers both local and overarching.
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.
Acupuncture	Clinician audits through observation and clinical notes review.
Finance	Audit of groups financial affairs ensuring compliance with UK GAAP (Generally Accepted Accounting Practice) FRS102 and in accordance with the requirements of the Companies Act 2006.
Prescribing audit	Medical prescribers and non-medical prescribers, including 'red drugs' and controlled drugs (dermatology services).
Isotretinoin	Audit of referral pathway and appropriateness of referral.
BCP & LPBC	Audit of business continuity plan, local services business continuity plans, policy and procedures.
Risk Management	Audit of risk management, policies, procedures and processes.

Appendix 2:

Our Executive Management Team



If you would like to give us feedback on our Quality Account or on any of our services, please email: feedback@vhg.co.uk

If you would like to talk to someone about your experiences of Vita Health Group's services, please visit our website 'contact us' page for all our telephone numbers: <https://www.vitahealthgroup.co.uk/contact-us/>

Information

If you would like to receive our Quality Account in any of the following ways, please email: governance@vhg.co.uk

🌿 a copy in a different language

🌿 a copy in a different format

🌿 a hard copy

If you would like to keep updated with Vita Health Group news including blogs, webinars, and podcasts, please visit our website 'news' page: <https://www.vitahealthgroup.co.uk/news/>

