Quality Account

2024/25

Quality Account
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Part One:

Vita Health Group Introduction

Vita Health Group is a major UK provider of integrated physical and mental health services, delivering care through the NHS, to employers, insurers, and private individuals. With nearly 40 years of experience, we are a major provider of NHS Talking Therapies in the UK and are dedicated to our mission of "Making People Better."

Our holistic, person-centred approach is reflected across our wide range of services:

Physical Health: Our physical health services range from physiotherapy to exercise classes and treatments, such as acupuncture and injection therapy.

Mental Health: Evidence-based therapies such as cognitive behavioural therapy (CBT), guided self-help, and group therapy.

Dermatology: Our expert team delivers excellent clinical care and customer service, creating tailored treatment plans with clear, supportive skin condition treatment and advice.

We bring deep expertise and compassionate care to improve lives and support long-term well-being.

Part One:
Our Awards

Our success has been recognised through prestigious national awards including Health Investor, Health Service Journal (HSJ), Personnel Today, and Quality and Excellence.

Awards	Category	Outcome
Health Investor Awards 2024	Primary care provider of the year	**WINNER**
Personnel Today Awards 2024	HR Impact Aware	**Finalist**
HSJ Partnership Awards 2024	Best Healthcare Partnership with the NHS	**Finalist**
Quality and Excellence Awards	Best Partner (individual award) NHS Essex Partnership University	**Highly Commended**
HSJ Digital Awards 2025	Reducing Health Inequalities Through Digital	**Finalist**

Part One:

Our Purpose, Our Vision and Our Values

Our Purpose

We are committed to "making people better". We celebrate life and all that comes with it. Improving lives drives everything we do.

Our Vision

To be the UK's leading healthcare provider of physical and mental health solutions.
We love helping people. From quick advice, such as the employee assistance programme (EAP), to in-depth treatment and outcomes-based planning, our dream is to help people live healthier, happier lives.

Our Values

Our vision is underpinned by our values, where we align our behaviour to the following core values and principles:

- **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

Whether supporting the NHS, working with employers and organisations, or with individuals, we have spent more than 30 years developing our healthcare practices.

Part One:

Statement from our Chief Executive Officer

Welcome to Vita Health Group's 2024 to 2025 Quality Account, demonstrating and evidencing the high-quality services we deliver on behalf of the NHS, covering musculoskeletal (MSK) physiotherapy, mental health Talking Therapies and community dermatology services. This Quality Account reflects on the period from April 2024 to March 2025, as well as establishing our goals and intentions for future quality improvement, service growth and our priority focus areas for the coming year.

Our primary aim at Vita Health Group is "Making People Better", and this purpose is at the forefront of everything we do, through clinical review, quality improvement, and service expansion to reflecting on previous practice and lessons learned.

It has been an exciting year for us in Talking Therapies with the continued excellent work throughout our existing services. Our portfolio grew in April 2024 as we expanded our presence in the NHS Talking Therapies market further with the launch of our Kent and Medway service, in partnership with With You. This first year of operation saw the service ranking 25th (out of 207 providers) nationally for reliable recovery (based on end of year NHS IAPT v2.1 submission meta-data files provided by NHS England and NHS Digital). A great achievement and one we aim to improve further on in the coming year. Following this success, Vita Health Group was awarded the Derby and Derbyshire NHS Talking Therapies contract, further establishing us as a major provider in the UK, with mobilisation planning commencing towards the end of the year. I look forward to providing further feedback in next year's Quality Account following Go Live of the service in July 2025, aiming to replicate the success of all our other Talking Therapy services.

Community dermatology is a service area that continues to thrive across our 3 established services, with the successful implementation this year of numerous patient-led initiatives giving patients greater control over their appointment booking and follow up options.

Clinical services have not been our only area of development this year, with our core support services also going from strength to strength to enable our staff to deliver the excellent services we do. We have implemented several initiatives this year to improve the experience of many colleagues from under-represented minority groups. The health and well-being of our staff remains a priority focus, our staff listening groups continue with great success and attendance allowing us to evidence "you said, we did" actions.

Vita Health Group celebrated the social value and sustainability efforts our colleagues achieved, over and above the commissioned clinical delivery and patient care services, with an additional social value of £14,204,106 being identified across our organisation, including an increase in employee volunteer hours from the previous reporting year and a carbon footprint reduction.

We have made excellent progress on the quality improvement initiatives set out for this year and have identified a further 4 areas for development and focus over the next 12 months, including digital triage for Talking Therapies, restructuring service to enable operational management and clinical supervision tasks to be clearly delineated between different roles, the development and implementation of Leadership Development Strategy and the migration of all business intelligence reporting to a Universal Datal Model. Exciting times ahead in the next 12 months.

Without the continued dedication, professionalism, enthusiasm and commitment from employees throughout the Vita Health Group community, we could not deliver the high quality and safe services we do to our patients and customers. I, therefore, personally thank each and every individual for their efforts to ensure we continue "Making People Better" through quality services delivered with integrity, putting people at the centre of their care, guided by effective leadership.

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 our performance and the quality of our services.

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

Derrick Farrell
CEO

Part One:
2024 to 2025 Statistics

Our Services:

A total of 15 ICBs served across all NHS services.

9
mental health Talking Therapies services

172,985
mental health Talking Therapies referrals received

513,704
mental health Talking Therapies attended appointments

39,973 Employment Advisor services attended appointments

3
community MSK healthcare services

24,424
community MSK healthcare services referrals received

40,610
community MSK healthcare services attended appointments

3
community dermatology healthcare services

8,137
community dermatology healthcare services referrals received

26,848
community dermatology healthcare services attended appointments

Our People:

8.22%
workforce growth

129
internal promotions

150
employees who joined the company under the Transfer of Undertakings (Protection of Employment) (TUPE) process

27,734
mandatory training sessions delivered

4,905
non-mandatory training sessions delivered

450
new colleagues completed Insights Training

34
Insights workshops delivered

16
colleagues completed the Apprenticeship Programme

117
colleagues have attended or are currently on our successful Thrive Mentoring programme, Aspire Healthcare Leadership Development Programme and/or our new Leadership Essentials course

130
Trainees, apprenticeships, and/or long-term condition top-up training places have been committed to

Part One:
Our Geographical Locations
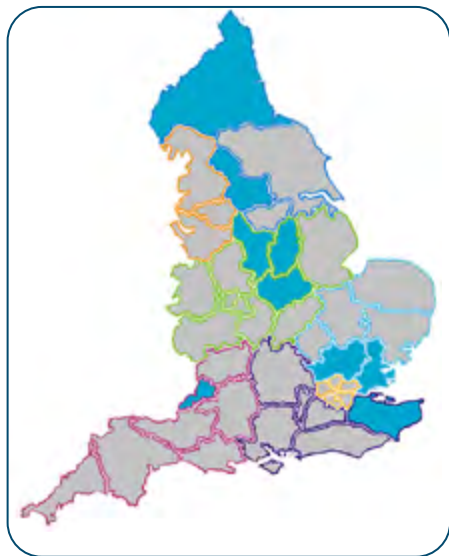
NHS Talking Therapies

East and Yorkshire Region

North East and North Cumbria ICB – Newcastle Integrated Care Area
West Yorkshire – Calderdale Integrated Care Area

Midlands Region

Derby and Derbyshire ICB
Nottingham and Nottinghamshire ICB
Leicester, Leicestershire and Rutland (LLR) ICB

South West Region

Bristol, North Somerset and South Gloucestershire (BNSSG) ICB

East of England Region

Hertfordshire and West Essex ICB – West Essex Integrated Care Area
Mid and South Essex ICB – Basildon and Brentwood Integrated Care Area

South East Region

Kent and Medway ICB

NHS Dermatology

East and Yorkshire Region

West Yorkshire – Calderdale Integrated Care Area

Midlands Region

Coventry and Warwickshire ICB

North West Region

Cheshire and Merseyside ICB – Sefton Integrated Care Area

NHS MSK

North West Region

Oldham ICB, part of the Greater Manchester ICB –
Pennine Integrated Care Area

South East Region

Kent and Medway ICB – Sittingbourne and Rainham Integrated Care Area

London Region

South East London ICB
South West London ICB – Croydon Integrated Care Area
South West London ICB – Wandsworth Integrated Care Area

Part One:

Estates Facilities and Health & Safety

2024 to 2025 quality initiatives

- To strengthen accountability across local and central service estates, we have launched a new central Facilities, Health and Safety structure within Vita Health Group. This will better support local services, and drive statutory compliance across our estates, providing clearer visibility through inspections and site quality walkarounds.

- Ongoing integration with the Spire Healthcare estates, facilities and health and safety teams are taking place to ensure we have a consistent approach across the businesses. Involving analysis exercises to minimise any gaps and drive improvement with the introduction of new policies and procedures being rolled out to align with Spire Healthcare as much as practicably possible.

- Vita Health Group has access to further training opportunities provided by Spire Healthcare. The sharing of some of their training courses has improved competency within the department and wider teams, which is increasing skill set and adding value to the business.

- Offering discretionary Institute of Occupational Safety and Health (IOSH) Managing safety training to certain colleagues in the wider business units will help promote a better safety culture within the organisation.

- Engaging and aligning with Spire Healthcare carbon reduction goals and sharing providers for support on our carbon net zero journey, including reporting and tracking of goals and initiatives.

2024 to 2025 challenges and mitigations

Continued growth in the estate's portfolio due to successful award of contracts including NHS Talking Therapy services was challenging to the Estates Facilities and Health and Safety department.

This was mitigated by restructuring and resourcing several key roles to the department, enabling Vita Health Group business services to transform whilst being supported more effectively by the central Facilities and Health and Safety team.

2025 to 2026 future quality initiatives

- Integration project of computerised maintenance systems to develop more efficient work practices, including improved visibility of quality and compliance across estates and equipment.

- Continued integration and implementation of Spire Healthcare policies.

- Improved Facilities and Health and Safety communications via a quarterly newsletter.

- Development of a detailed Health and Safety delivery plan enabling more effective tracking and record of completion for all initiatives.

Part One:
Talking Therapies Services

Vita Health Group listened to service user and customer feedback and increased its Talking Therapy provision by implementing and continuing quality improvement initiatives, including:

Patient and carer race equality framework (PCREF)

Continuing the work commenced in 2023 to 2024 on improving engagement with ethnic minority communities (EMC), Vita Health Group implemented the NHS England patient and carer race equality framework (PCREF) audits across all NHS mental health Taking Therapy services in March 2025. The framework was implemented by way of all mental health Talking Therapy services submission of evidence, and data measuring existing anti-racism measures already in place during meetings involving service representatives and members from both the clinical governance and equality, diversity and inclusion teams. This evidence, at the time of publishing, is being audited, reviewed and examined to set the current benchmark of current anti-racism activity within the services with an aim to reduce racial inequalities for both patients and staff. With this benchmarked data in place, Vita Health Group will then establish detailed and concrete action plans to further reduce any and all racial inequalities. These improvements will be implemented throughout 2025.

Older People Engagement Work

Following the previous pilot model implemented last year by our Bristol, North Somerset and South Gloucestershire NHS Talking Therapies service, learnings have been shared with all other Vita Health Group mental health services. These learnings include the establishment of service level Older People's Champions to ensure older people's needs are represented and considered in discussion on service development and improvement. The referral and signposting pathways established locally within the Bristol, North Somerset and South Gloucestershire service, specific to older people within the service, has been shared with all other Talking Therapy services for adaptation and implementation, to aid and improve the service delivered to and experience of our older patients.

Maintaining high recovery rates

Vita Health Group NHS Talking Therapies services have maintained a recovery standard equal to or above the national average and expected recovery standard.

🌿 **51.5%** NHS Talking Therapy clinical recovery.

🌿 **70%** NHS Talking Therapy reliable improvement

Data source: NHS IAPT v2.1 submission meta-data files provided by NHS England and NHS Digital.

Part One:
Talking Therapies Services

National Positions

Recovery

Recovery in NHS Talking Therapies is measured in terms of 'caseness' – a term which means a referral has severe enough symptoms of anxiety or depression to be regarded as a clinical case. A referral has moved to recovery if they were defined as a clinical case at the start of their treatment ('at caseness') and not as a clinical case at the end of their treatment, measured by scores from questionnaires tailored to their specific condition. The NHS target for recovery 2024 to 2025 was 50% of people completing treatment to be in recovery, with Vita Health Group working to an internal KPI of 55% for recovery.

Of the 207 national providers, throughout the year of 2024 to 2025, Vita Health Group had a minimum of one NHS Talking Therapies service within the top 10 providers for Recovery* each month, with Basildon and Brentwood topping the list a total of 10 out of the 12 months.

All Vita Health Group NHS Talking Therapy services routinely (at least 9 months of the year) placed within the top third of providers for Recovery.

Data source: NHS IAPT v2.1 submission meta-data files provided by NHS England and NHS Digital

Reliable Improvement

A referral has shown reliable improvement if there is a significant improvement in their condition following a course of treatment, measured by the difference between their first and last scores on questionnaires tailored to their specific condition. The NHS England target is that 67% of eligible referrals to NHS Talking Therapies services should move to reliable improvement, with Vita Health Group working to an internal KPI of 70% for recovery.

Vita Health Group NHS Talking Therapies service routinely ranked, monthly, within the top 50 providers of a total of 207 for reliable recovery. Three of the Vita Health Group's nine services, Bristol, North Somerset and South Gloucestershire, Nottingham and Nottinghamshire, and West Essex service maintained a top 50 ranking throughout the entire year.

Data source: NHS IAPT v2.1 submission meta-data files provided by NHS England and NHS Digital

Reliable Recovery

A referral has reliably recovered if they meet the criteria for both the recovery and reliable improvement measures. That is, they have moved from being a clinical case at the start of treatment to not being a clinical case at the end of treatment, and there has also been a significant improvement in their condition. The NHS England target is that 48% of eligible referrals to NHS Talking Therapies services should move to reliable recovery, with Vita Health Group working to an internal KPI of 50% for recovery.

The Basildon and Brentwood NHS Talking Therapies service remained within the top 50 providers for reliable recovery throughout 2024 to 2025. All Vita Health Group NHS Talking Therapy services routinely ranked within the top 75 providers of the 207.

Data source: NHS IAPT v2.1 submission meta-data files provided by NHS England and NHS Digital

Part One:

Talking Therapies Services

Local level initiatives and the Partnership Liaison Officer role

Our Partnership Liaison Officer (PLO) teams have been working within their local services to embed the NHS patient and carer race equality framework across all mental health services. This work has involved attending community-based events and developing actions on positive change to diverse communities within our catchment areas.

The PLO team regular partake in engagement events within local communities and the GP sector, as well as attending popular annual events such as PRIDE and Freshers events at university and colleges.

In order to engage with GP practices to ensure NHS Talking Therapies are referred to and accessed appropriately, the PLO team continue to educate GP practices on NHS Talking Therapies aimed around the inclusion and exclusion criteria to avoid delays in care due to inappropriate referrals. We provide regular updates on what therapies, webinars and pathways we offer within our services. This time is also used to discuss waiting lists and allow GP practices to discuss patients and seek advice.

During 2024 to 2025 the community engagement activity, in line with our KPIs, has focused on our 'core groups' of older adults, men and diverse communities. In part, this has been through the promotion of awareness days/months such as World Mental Health Day, Stress Awareness Month and International Men's Day.

The aim and focus of the PLO team is to reach out to otherwise hard to reach patient and provider populations. To break down the stigma and barriers to all patients, but with an emphasis on hard-to-reach patient populations, assessing mental health services. This activity helps raise the awareness of mental health in general but also highlights what services the NHS can offer to patients who may be struggling. This, in turn, normalises therapy, aiding those seeking support and allowing NHS Talking Therapies to make a difference in their life.

These engagement sessions also allow the PLO team to gather feedback on services delivered by Vita Health Group, which in turn aids us to develop new and build on existing good practice, to further improve upon the services we deliver.

Our national coverage

During the reporting period, we provided physical and mental community healthcare services to 9 ICBs nationally. This included mobilising the Kent and Medway NHS Talking Therapies service, which included the Transfer of Undertakings Protection of Employment Regulations (TUPE) transfer into Vita Health Group of 153 staff from the previous providers (data provided by HR).

Part One:

Talking Therapies Services

New Talking Therapies Contract Awarded

NHS Talking Therapies in Kent and Medway successfully launched in April 2024. It has been a challenging mobilisation year in parts namely due to inheriting over 10,000 clients from the previous contract, as well as the contract focus changing from access to completed treatments. However despite that, the team have worked incredibly hard to come together as one service and deliver the high standards of care to the people of Kent and Medway. The service has worked well to develop its non-clinical pathways including Employment Support and integrating our Health and Well-being Coaches. Reliable recovery

is currently 51% in March 2025 and Reliable Improvement is currently 71%, both above the national average. The focus for 2025 to 2026 is to maintain our strong clinical performance and significantly reduce the number of clients waiting over 90 days for treatment and achieve our completed courses of treatment target of 23,186, supporting more people in Kent and Medway to receive evidence based psychological therapies.

Data source: NHS IAPT v2.1 submission meta-data files provided by NHS England and NHS Digital

New Talking Therapies Contract bids

During 2024, Vita Health Group entered into a competitive bid procedure and in the final quarter of the 2024 to 2025 year, was awarded the Derby and Derbyshire NHS Talking Therapies contract, further confirming Vita Health Group's status as a major provider of NHS Talking Therapies in England. Initial mobilisation and planning work commenced immediately, moving towards service go live during 2025.

In 2024, Vita Health Group were informed that the Mid and South Essex ICB was going to launch a competitive procurement for the provision of NHS Talking Therapy services across all four of their integrated care areas (Basildon and Brentwood, Mid Essex, South East Essex and Thurrock) by one provider. Currently, the 4 integrated care areas' NHS Talking Therapy services are provided by four independent providers, of which Vita Health Group is currently one, providing services to the Basildon and Brentwood

area. Vita Health Group collated and submitted a competitive bid to provide NHS Talking Therapy services to the whole of the ICB and, at the time of publishing, the outcome decision from the ICB is still awaited.

Over the past 12 months, we've seen a significant increase in referrals across all of our NHS Talking Therapy services. The year-end total for 2024 to 2025 was 170,165 referrals compared to 128,262 for the previous, demonstrating an increase of 25% referrals received. In response, we've expanded our clinic coverage nationwide to support growing demand, enhancing capacity in key areas and addressing gaps in remote therapies to ensure access to specialist treatment with highest clinical needs.

Data source: Internal patient management system reporting on referrals received across all NHS Talking Therapy services.

NHS community mental healthcare

We have increased our coverage of NHS community mental healthcare nationally with the procurement of additional contracts. This has required an overall increase in mental health practitioners across the company. Current staffing figures are:

- **901** Remote Network Cognitive Behavioural Therapists
- **701** Remote Network Counsellors delivering psychological therapy services
- **399** Network Cognitive Behavioural Therapists delivering face to face
- **434** Network Counsellors delivering face-to-face psychological therapy services

Part One:
Talking Therapies Services

NHS community MSK healthcare

Spire Manchester has been added to Pennine MSKs surgical sites for NHS surgery at Independent Providers. It improves access to high quality care (CQC Outstanding) through Patient Choice to a further site improving speed of care and geographical choice.

The Bromley Community Health and Well-being Day was a successful event aimed at providing accessible, preventative health services to residents in an approachable and welcoming setting. Here are some key highlights:

Event Overview:
The event was delivered in partnership with the ICB and local healthcare organisations. It included various health screenings, direct MSK advice, and positive patient engagement

Feedback and Satisfaction:
Attendees provided feedback on their satisfaction with the event. Many were very satisfied with the overall experience, the variety of providers, and the holistic approach to health and well-being

Community Services:
The event featured various community services such as bereavement counselling, mental well-being support, low impact exercise classes, and the Fresh Start/Mytime programme

The collaboration with the ICB and participating healthcare providers laid a strong foundation for future initiatives, ensuring a steady patient flow and in-depth, personalised interactions.

Dermatology successful implementation of Patient Initiated Follow-Up

To enhance the patient experience, we have successfully implemented and embedded Patient Initiated Follow-Up (PIFU). This initiative involves the development of a new pathway where patients arrange their follow-up appointments as needed rather than attending routine, pre-scheduled appointments This initiative empowers patients by giving them greater control over their follow-up appointments, allowing them to schedule visits based on their individual needs and preferences. This pathway is available to patients deemed clinically appropriate and the follow-up period is agreed between the patient and clinician in advance. This initiative is being closely monitored to establish any improvements in clinical outcomes as a result. Patient feedback is being actively sought to demonstrate any increase in satisfaction following this initiative's implementation. We envisage providing a full report in the 2025 to 2026 Quality Account, including feedback received from patients.

Additionally, we have made significant improvements in cryotherapy services. By investing in mobile cryotherapy cannisters, we can now offer this treatment in all clinics, across all sites. This expansion ensures that patients have access to cryotherapy regardless of their location, enhancing convenience and accessibility. The mobile cannisters also allow for more flexible and efficient service delivery, improving the overall patient experience.

Following a thorough review of the patient pathway, we have enabled patients to book their own appointments via a convenient link. This innovation provides patients with greater choice and flexibility, allowing them to select appointment times that best suit their schedules. It also streamlines the administrative process, reducing the workload on staff and minimising wait times for patients.

To further strengthen our clinical quality, we hold weekly multidisciplinary team (MDT) meetings. These meetings bring together colleagues from various specialties to discuss cases, share insights, and collaborate on treatment plans. This collaborative approach ensures that patients receive comprehensive and well-coordinated care, enabling continuous improvement in our services.

Part One:

Equality, Diversity & Inclusion (EDI) and Sustainability

Over the reporting period, Vita Health Group has continued to build upon its existing work to embed equality, diversity, and inclusion.

Spotlight on disability

Disability has been a continued area of focus over the last 12 months, with several initiatives carried out to improve the experience of disabled colleagues and reduce the barriers faced in accessing opportunities. This work included several actions that followed on from the findings of our last Workforce Disability Equality Standard data, where certain areas of experiential inequality were identified. Activities completed to address this included, but weren't limited to:

- Ongoing promotion of our positive action schemes to reduce barriers disabled job applicants might face.
- Expansion of our range of colleague and manager accessible disability related internal resources.
- Updating Disability Awareness training.
- Creation and delivery of Leadership Essentials training offered for all new and existing managers, including EDI expertise and advice.
- Continual review and update of our reasonable adjustment policy.
- EDI Team inclusion in TUPE process, meeting colleagues with reasonable adjustments prior to TUPE wherever possible to ensure adjustments remain in place and any software required is available for them upon their start date.
- Inclusion of EDI (inc. disability) related subject matter in manager training programmes and internal training campaign on the issue of micro aggressions.
- Re-socialising and raising awareness of the Hidden Disability Sunflower Policy.

Part One:

Equality, Diversity & Inclusion (EDI) and Sustainability

Spotlight on ethnicity

Our Workforce Race Equality Standard (WRES) data informed the actions that we needed to take regarding issues that exist for our colleagues concerning racial inequality. Actions included, but weren't limited to:

- Ongoing promotion of our ethnicity related recruitment positive action scheme.

- Increasing access to diverse recruitment platforms.

- Highlighting the Zero Tolerance policy and other relevant policies during EDI Induction.

- Improving compliance around EDI informed recruitment strategies, including higher rates of diverse interview panels and improved process compliance monitoring.

- Piloting of the delivery of anti-racism training, with planned wider roll out.

- Delivering a training campaign around micro aggressions as well as celebrating Black History Month. This included the dissemination of resources to all staff via email, our staff social network Viva Engage, and a personal colleague blog which generated significant organisational engagement.

Claudette Colvin: A Trailblazer in the Fight for Equality

Black History Month 2024

We also began development of our patient and carer race equality framework. The initial step was putting together a project team involving EDI, Clinical Governance and Partnership Liaison Officer representation.

Whilst also identifying community partners, assessing gaps in our practice, designing positive practice auditing and most importantly undertaking stakeholder co-production sessions. Plans are in place to build on the good work undertaken so far, which has been focused on centring service users at the heart of our service development.

Part One:

Equality, Diversity & Inclusion (EDI) and Sustainability

Diversity Networks

Our networks continue to provide safe spaces for colleagues from minority or under-represented groups and those who may face inequalities.

The remaining focus of these groups is to offer peer support, highlight key issues, influence organisational policy, raise awareness and provide education opportunities. Our networks have also helped us access a range of external speakers for events to ensure we remain outward-looking for guidance on areas we want to improve.

Topics covered include:

- Sexual Harassment Policy Consultation.
- Staff Survey results feedback.
- Menopause Working Group.
- Redefining the Work/Life Balance.
- LGBT Foundation and NHS England Talking Therapies Positive Practice Guidance Webinar.

We recognise that the demand for accessing certain networks fluctuates over the year, a likely indication of changing need and requirements of the workforce. Noting this, we plan to review the networks' structure and overarching offering.

Equality Delivery System (EDS)

Our 2024 EDS audit was completed and uploaded to our external websites Equality, Diversity and Inclusion page in February 2025. The report collected and presented data from 10 services across our NHS mental health Talking Therapies, NHS community MSK healthcare services, and NHS community dermatology healthcare services

Our final score rose from 18 (developing) last year to 22 (achieving), representing a marked improvement. We felt that the fact that we were able to bring more supporting evidence, as well as reaching out to a wider selection of internal and external stakeholders aided us in this.

An action plan has been produced and will represent priorities in 2025 for within the EDI team, for those involved in EDS delivery in the future, as well as be prioritised by the executive management team.

Part One:

Equality, Diversity & Inclusion (EDI) and Sustainability

Health and Well-being

Work on our Health and Well-being agenda has progressed across this reporting period, and we are focused on delivering a comprehensive action plan in 2025.

The preparation for this has been underpinned by engagement with colleagues across the organisation, to ensure we can capture as much information as possible to inform our health and well-being actions.

Supporting and tapping into existing Well-being Champions and Mental Health Advocates has also helped generate ideas on how to support the wider business both centrally and locally. Several team members have received Employers Against Abuse (EAA) training to become EAA Advocates.

We began the practice of ongoing Listening Groups, these began in services that had recently undergone TUPE or restructure as a way for colleagues to raise concerns and feedback but have been so successful that these will be extended across the organisation, with the plan for all service areas to have the opportunity to join listening groups on at least a yearly basis.

We launched a 12-month calendar of events comprised of activities and awareness raising campaigns, as below:

- Guest speakers.
- Competitions.
- 'Lunch and learn' education sessions.

- Monthly listening groups as part of our 'Talk to Us' campaign.
- Well-being support and induction training for all new starters.

Our "Well-being Hub" has also been revamped and contains a host of resources for colleagues to explore including a newly designed well-being action plan, Vita Health Group podcasts, details on our employee assistance programme and digital well-being resources. This work follows a significant investment in resource in this space, including the establishment of a new Health and Well-being Manager and Health and Well-being Practitioner roles.

Part One:

Equality, Diversity & Inclusion (EDI) and Sustainability

Social Value: The Journey of Good Business

Social Value is the social, economic, and environmental contribution we make to the communities in which we work; above and beyond the services we're contracted to deliver.

We're now entering the second year of our Social Value journey – driven by the ultimate goal to become the Social Value Leader in Healthcare by 2026. In February 2023, we scoped out and planned our Social Value journey as:

Sustainability & Social Value Strategy

Sustainability & Social Value at VHG is our holistic approach to making a positive contribution to the environment, society, and economy by making people better. It is how we deliver on our purpose.

Making people better

BETTER PLANET	BETTER COMMUNITIES	BETTER OPPORTUNITIES	BETTER OPERATIONS
Taking climate action	*Promoting resilient, healthy populations*	*Supporting people to reach their potential*	*Delivering a generative operating model*
• Managing waste sustainability	• Supporting communities to build resilience	• Equal opportunities	• Working with the third sector as key partners
• Energy efficiency	• Supporting communities to reduce health inequality	• Providing upskilling and training	• Promoting diversity in the workplace
• Carbon management		• Developing life skills	• Staff well-being
• Restoring our climate through de-carbonisation			• Responsible supply chain

We launched a 12-month calendar of events comprised of activities and awareness raising campaigns, as below:

- Establishing a partnership with Social Value Portal®, offering external consultancy; a digital platform to centralise and analyse all our Social Value data; and conduct independent audits of our Social Value data for accuracy and transparency.

- Creating a Social Value Working Group with representatives across Vita Health Group.

- Participating in a full-day workshop run by Social Value Portal to lay the foundations for our Social Value Strategy.

- Hiring a dedicated Social Value Coordinator.

Since then, we've moved forward to embed, grow, and mature our Social Value impact.

Part One:

Equality, Diversity & Inclusion (EDI) and Sustainability

Looking Back: what we achieved in 2024 to 2025

Significant developments and achievements from the last year include:

- **Launching our Social Value Strategy:** Following on from early planning and development in 2023, we finalised and officially launched our Social Value Strategy; offering clear direction for our focus, goals, and activities across a three-year period.

- **Onboarding Social Value Champions:** 16 team members across Vita Health Group have volunteered to be Social Value Champions, dedicating time to essential Social Value data collection, reporting, and governance. Our champions play a crucial role in driving our target-driven Social Value approach forward.

- **Measuring Our Impact:** We gathered tangible, reportable data on the great work we already do across Vita Health Group services. Our commitment to supporting people, communities, and the planet is evident in the validated* £14,204,106 of Social Value identified across our existing services and activities.

  Data source: data externally validated by Social Value Portal providing value. The monetary value is generated using the National TOMs framework

- **Launching Sustainability and Social Value Training:** We developed a mandatory training module providing a fundamental understanding of Sustainability and Social Value, as well as Vita Health Group's approach to delivering impact beyond profit. Since its launch in the second half of the year, we achieved a completion rate of 93% within 6 months of launching.

  Data source: local learning management system record of all mandatory training including this new module, monitored by internal learning and development team.

- **Increasing employee volunteering initiative uptake:** Employee volunteering commitment increased from 233 hours in 2023 to 2024, to 405 hours in 2024 to 2025, reflecting increased dialogue and engagement with Social Value.

  Data source: Volunteer programmes approved and recorded on colleague performance, well being and development submissions held and recorded by HR.

*Data validation refers to the creation, delivery and generation of social value impact that has been officially audited and validated by the Social Value Portal. This ensures accuracy, adherence to best practices, and a true reflection of the value generated for people, communities, and the environment.

Pictured is our social value activity across 2024; volunteering, community outreach, internal training, and other activities we do to make our people, communities, and planet better.

In just one year, we have made remarkable strides in embedding social value into our operations. Vita Health Group's journey towards becoming a leader in social value is marked by strategic initiatives, dedicated efforts, and measurable achievements. From launching a comprehensive strategy to significantly increasing staff engagement and volunteering, the journey is well underway. The generation of over £14 million in social value in 2024 to 2025 highlights the tangible impact of our commitment to "making people better". With a clear vision and dedicated team, Vita Health Group is well-positioned to make a lasting positive impact on society and the environment, enhancing its reputation and contributing to a sustainable and equitable future for all stakeholders.

Data source: data externally validated by Social Value Portal providing value. The monetary value is generated using the National TOMs framework.

Part One:

Equality, Diversity & Inclusion (EDI) and Sustainability

Accessible Recruitment

Vita Health Group continues to recognise the importance of employing a diverse workforce to represent the populations we serve. From experience, we know there are certain populations who face significant barriers accessing work, and our positive action schemes help to reduce these barriers.

These groups include:

- Armed Forces Covenant Scheme.
- Disability Confident Scheme (DCS)
- Ethnicity Matters Scheme (EMS)
- Gender Matters Scheme (GMS)

2024 to 2025 figures for Disability, Ethnicity and Gender schemes:

Year	Month	Disability Confident Scheme		Ethnicity Matters Scheme		Gender Matters Scheme		Interview Scheme Candidates (NHS)	
2024	April	75	72%	60	70%	2	100%	64	67%
	May	78	60%	20	50%	3	33%	75	56%
	June	75	63%	11	82%	11	82%	60	57%
	July	80	69%	34	41%	0	n/a	60	65%
	August	48	58%	13	25%	7	83%	17	71%
	September	71	55%	22	82%	2	50%	49	65%
	October	130	73%	45	96%	21	100%	64	69%
	November	120	50%	10	70%	4	0%	42	88%
	December	86	2%	30	0%	22	0%	5	100%
Average per month		**91**		**29**		**8**		**—**	
2025	January	73	81%	58	64%	8	38%	60	88%
	February	98	61%	24	75%	4	75%	51	67%
	March	86	88%	49	94%	2	50%	56	98%
	April	134	50%	43	65%	16	94%	–	–
Average per month		**98**		**44**		**8**		**—**	

* % Refers to compliance. DCS, EMS and GMS figures show the number of candidates applied. Interview scheme candidate figures consist of those that were monitored.

Data source: Applicant tracking system (ATS) used by Recruitment Team

We also recently reviewed our recruitment and selection policies and continued to provide training and support for hiring managers on EDI informed recruitment practices. This included covering topics such as reasonable adjustments at interviews.

Part One:

Equality, Diversity & Inclusion (EDI) and Sustainability

Freedom to Speak Up

Throughout the 2024 to 2025 reporting period, we continued to embed our Speak Up culture to ensure good practice; colleagues were provided with the support to raise concerns or highlight opportunities for improvement.

Integral to our way of working and critical to ensuring the best patient safety and outcomes possible, we introduced mandatory Freedom to Speak Up training for all colleagues, supported and aligned with national Speak Up campaigns such as "Speak Up Month," and delivered internal awareness-raising initiatives.

Learning opportunities and changes from the Speak Up process were varied. Within the last twelve months, the Freedom to Speak Up Team worked closely with our NHS Talking Therapies teams, who have worked with service users who have been unwell, abusive, or at risk.

Actions included:

- Working with senior leaders in the development of process changes and communication pieces.

- The review of escalation processes to include additional points of escalation where duty support is not immediately available.

- The introduction of additional training for clinicians and managers.

Vita Volunteers

The Vita Health Group Volunteering Support Scheme, now in its second year, continues to empower colleagues to make a difference in their communities. This initiative allows all Vita Health Group employees to take one day per calendar year out of their normal working hours to contribute to a non-profit voluntary or community action, project, or organisation. The choice of activity is left entirely to each colleague, giving them the freedom to volunteer their time to a cause they identify with. Here are some of the highlights from our 2024 Volunteering Scheme.

Participation and Impact

In 2024, 83 Vita Health Group colleagues applied to use their volunteer day, with some choosing to combine their efforts on collaborative projects to maximise their impact. In total, 405 hours were dedicated to 42 unique projects and activities, resulting in what accounts as £6,205 of social value delivered for people, communities, and the planet.

Data source: data externally validated by Social Value Portal providing value. £17.48 proxy value per volunteer hour. Not all submitted evidence was accepted. Validated value was quoted by independent reviewer as £6,205

Part One:

Equality, Diversity & Inclusion (EDI) and Sustainability

Volunteering highlight

Facilities Team Beach Clean: Our Facilities Team demonstrated their commitment to sustainability by organising a team beach clean-up.

On a chilly day in October, the team removed 5 bags of plastic and general waste from the shoreline of Herne Bay, Kent, while also enjoying some group bonding time and brisk exercise. One of the colleagues said, "Would definitely get another date booked in for the next year, the team felt they made a difference to the area, and it was a great achievement."

Benefits of Volunteering

The benefits of our Volunteering Scheme are wide-ranging, depending on the projects our colleagues choose. 100% of the received feedback in 2024 indicated that participants learned something new and would recommend the scheme to their colleagues. This feedback highlights that volunteering time contributes to continued learning and allows our colleagues to give back to their valued causes and communities. Developing our colleagues and supporting their well-being is core to our values at Vita Health Group and forms part of our goals under our Sustainability and Social Value plan.

Feedback

98% of participants would agree that the volunteering activity was a positive experience and would recommend the volunteering activity to others.

Volunteered at Overgate Hospice

"Having a day dedicated to helping and giving back to your community is a positive experience. Thank you for the opportunity to do this each year. Such a rewarding experience".

Part One:
Equality, Diversity & Inclusion (EDI) and Sustainability

Pioneering a Greener Future - Vita Health Group's Sustainability Ambition

At Vita Health Group, sustainability and social value lies at the heart of everything we do. Our sustainability ambition is not just a goal but a guiding principle that shapes our operations and strategies.

We have set a target across our Scope 1 and 2 emissions, where we aim to achieve net zero by 2030 - reflecting our proactive and initiative-taking stance towards environmental stewardship. This ambition is embedded with our core values of leadership, integrity, and operating with a people-centred approach, ensuring that our growth and success are aligned with the well-being of our planet and society.

Our 2024 highlights include:

- Reduction of 15.6 tCO2e* for Scope 1 and 2 compared to our baseline.
- Collectively walking over 24,451 miles as part of our 4 week Walking Challenge promoting sustainable travel alongside health and well-being.
- Launching a pilot e-bike as a sustainable travel option in one of our services, led by a local colleague.

- Launching our in-house mandatory Sustainability Training, which hit a 93% completion rate within 6 months of launch.
- Dedicating 405 hours to volunteering, including 156 hours dedicated to support for environmental conservation and ecosystem management.

*Tonne of carbon dioxide equivalent

Data source: Independently calculated as part of the Carbon Report produced by Sustainable Energy First on behalf of Vita Health Group.

This was a year of engagement with sustainability, and we are excited to continue our journey toward creating a greener future in 2025.

Charting Our Path to Net-Zero

Following the acquisition by Spire Healthcare in late 2023, Vita Health Group remains committed to and accountable to its own sustainability ambitions and targets, sharing Vita Health Group - specific data and carbon reporting outside of our parent company's annual reports.

The Vita Health Group 2024 carbon report, prepared by Sustainable Energy First, outlines our progress towards our net-zero target. New to our 2024 report is the change in our baseline year from 2021 to 2023.

This is because in 2021:

- Our Scope 3 reporting was not complete. We now have more comprehensive Scope 3 reporting that captures the whole value chain.
- There were blind spots in some of our business activity data. We now have access to more comprehensive and representative data around our business-as-usual activities, filling gaps that were not present in 2021.

- Due to the business impacts of COVID, 2021 was a very abnormal year for the business. The following two years of operations has reinforced that 2021 was not representative of "normal" business, and therefore, not an appropriate year for a baseline.

At the same time, we were able to recalculate the 2023 emissions, including all the above mentioned, ensuring the baseline reflects Vita Health Group's true business as usual. The subsequent carbon report section will provide the restated 2023 data.

Part One:

Equality, Diversity & Inclusion (EDI) and Sustainability

Carbon Report Highlights

Collectively, our 2024 reduction in Scope 1 and Scope 2 carbon emissions equals 30.1% or 15.6 tCO2e* of carbon reduced compared to our baseline year (2023).

*Tonne of carbon dioxide equivalent

The emissions we have control over follow the downward trend we've seen over the years. This has been mainly possible due to switching to renewable energy suppliers and following our ESOS audit recommendations. Some of these include:

- Changing to LED lights, which are more energy efficient.
- Implementing controls on heating.
- Installing hourly meters to better track our consumption.
- Implementing an Energy Management Policy.
- Launching company-wide mandatory Sustainability Training.

While we see reductions in Scope 1 and 2, the indirect emissions from the value chain saw an increase of 21% compared to baseline. Our value chain is broad and requires further focus for us to reach our goal of net-zero emissions by 2050. Vita Health Group's total emissions, including all material Scope 1, 2 and 3 data sources, were 20% higher than our baseline year, totalling 3,590 tCO2e.*

*Tonne of carbon dioxide equivalent

Data source: Independently calculated as part of the Carbon Report produced by Sustainable Energy First on behalf of Vita Health Group

Walking for Greener Future

In our ongoing commitment to sustainability and promoting a healthier planet, we launched a company-wide Walking Challenge in 2024.

This challenge not only encouraged physical activity and well-being among our colleagues but also highlighted the importance of reducing our carbon footprint by choosing a sustainable mode of transport.

Launched on 25th March, Vita Health Group's first-ever Walking Challenge saw over 200 colleagues (34 teams of six participants each), committed to taking part. The enthusiasm was palpable, from creative team names to beautiful photos captured during walks, and the spirit of camaraderie that flourished throughout the challenge.

The challenge concluded on Earth Day, 21st April. Collectively, participants almost walked the circumference of the Earth, amassing an incredible total of 54,872,366 steps, equivalent to approximately 24,451 miles.

The impact of the Walking Challenge extended beyond physical activity. It fostered a sense of community, improved mental health, and encouraged sustainable practices. Colleagues reported significant personal achievements, such as weight loss, improved mood, and enhanced well-being.

We will repeat this challenge in April 2025 and aim to outdo our level of engagement last year.

Part One:

Learning and Development (L&D)

Several quality improvement initiatives and key developments were achieved during 2024 to 2025:

Learning Management System (LMS)

- Further system improvements by upgrading our digital learning platform and local learning management system.
  - The new platform is more user-friendly, intuitive, and tailored to the needs of our employees, enabling them to engage with training more efficiently amidst their demanding schedules.

- Approx 617 courses available to everyone, ranging from clinical, compliance training to modules in equality and diversity and personal well-being.

- Partnered with E-learning for Healthcare and Department of Work and Pensions Money Guiders Service which allows us to use their content directly on our learning management platform.

- Initiated an Accessibility project to review courses to improve accessibility to all Staff.

Mandatory training and professional development

- We continue to achieve outstanding organisational wide Compliance Training with an average of 99 % compliance.

- Four new Mandatory Training Modules were added this year: Freedom to Speak Up, Sexual Harassment, Sustainability and Social Value, and Infection Prevention Control Level 1 and Level 2.

- An increase from 50 to 100 Continuing Professional Development (CPD) events were made available for staff.

Supporting new colleagues with their Induction

- Improved approach to induction and mandatory training for new staff, moving from a one-month intensive completion model to a phased approach spread over three months.

- The phased approach allows staff to settle into their roles while gradually building their competencies, resulting in higher completion rates, from 97% to 100% completion, with more positive feedback on the mandatory training experience.

- Introduced L&D Induction sessions for new joiners to familiarise themselves with the local learning management system and run through the mandatory training process.

Part One:
Learning and Development (L&D)

Development of our Talent and Leadership Development

This year, we have continued to drive better opportunities and professional growth by offering a range of leadership development and professional development programmes.

- Approximately 16 colleagues are enrolled on or have completed an Apprenticeship Programme.
  - These range from Psychological Well-being Practitioner (PWP) Apprenticeships to Level 5 Mary Seacole Leadership Academy Programme
- In addition, approximately 117 colleagues have attended or are currently on our successful Thrive Mentoring programme, Aspire Healthcare Leadership Development Programme and/or our new Leadership Essentials course.
- Trainee and Apprenticeship Pathways
  - We continued to build on our relationships with Universities to further develop recruitment pathways for Trainees/Apprenticeships. In 2024, we committed to 130 Trainees and Apprenticeships, and long-term condition top-up training.

NHS Statistics

This year, we have continued to drive better opportunities and professional growth by offering a range of leadership development and professional development programmes.

- Mandatory training courses completed by in time period **27,734**
- Number of staff completed a mandatory training course in time period **1,559**
- Non-mandatory training courses completed in time period **4,905**
- Number of staff completed a non-mandatory training course in time period **1,257**
- Current mandatory completion % **99%**
- Continue to achieve outstanding Organisational Wide Compliance Training with an average of **99%**
- Number of staff completed Insights Discovery in time period **450**
- Number of Insights sessions in time period **34**

Data source: local learning management system record of all training – internal and external, mandatory and optional.

Part Two

Part Two:
Achievement against 2024 to 2025 quality improvement priorities

For the year 2024 to 2025 there were three new quality improvement priorities identified to enable Vita Health Group to achieve measurable quality improvements within its services. We listened to feedback received from service-users, stakeholders, and ICB's to support our key priority improvement decisions.

Priority 1 (2024 to 2025): Implement Robotic Process Automation (RPA) system enabling efficient utilisation of artificial intelligence, to minimise manual tasks, improve efficiencies and support administration processes

Key Initiative	How we will measure successful implementation	Progress Achieved	Success Measures	Status
Implement RPA system to automate repetitive rule-based tasks and reduce manual tasks that staff would usually undertake.	RPA in place and in use. IT skill set development to support emerging technology.	Implemented for MSK dermatology.	The production of GP Letters for the derm and MSK NHS services have reduced from 8 weeks to 3 days to process and issue letters to patients. This has meant we have been able to remove the patient letter back log.	Complete
Ensure RPA software can fully interact with digital systems (replicating human tasks).	Use statistical data to evidence how RPA interacts with Vita Health Group's internal systems, when entering data.	Implemented for MSK dermatology.	GP Letters have reduced from 8 weeks to 3 days to process and we also track the exceptions where the letters have failed. Performance of the bot's are also monitored to ensure they are performant.	Complete
Identify the amount of time/efficiencies saved in AI tasks, that have enabled a human to redirect their time elsewhere.	Statistical analysis of efficiencies and time saved.	Implemented for MSK dermatology.	Full time equivalent (FTE) effort saving of 0.42 of an FTE per month, equal to 67 hours.	Complete
	Staff testimonials on more efficient utilisation of their time.	Implemented for MSK dermatology.	Verbal testimonial from Emma Corden who leads dermatology is that this is working well and there is now no backlog on the issuing of dermatology patient letters.	Complete
	Provision of metadata and insights into the automated task, enabling learning for continuous improvement.	Implemented for MSK dermatology.	We now have access from the supplier to the portal which will give us insights into letter processing time and any exceptions/failures so that we are able to further tune. Implementation of e-RS referrals is in progress where this will be repeated.	Complete

Part Two:

Achievement against 2024 to 2025 quality improvement priorities

Priority 2 (2024 to 2025): Develop and mobilise a bespoke Human Resources system which is automated, insightful, efficient and enables the HR Team to carry out their work more effectively

Key Initiative	How we will measure successful implementation	Progress Achieved	Success Measures	Status
Plan, develop and implement a bespoke HR system to manage organisational Human Resources.	System in place.	Achieved.	Payroll went live as of 1 January 2025. Payrolls have been processed successfully since, with payslips and leaver P45s being uploaded to the Employee platform "MyView". As of 1 April 2025, all overtime submissions which will feed automatically, directly into the payrolls each month. We are on target to roll this out for overtime worked on and after 1st April.	Ongoing Progress
System enables efficiencies, is user friendly, provides data trends and analysis.	Audits of key data from within the system including: • Payroll • Payslips • Next of kin/ personal details	Achieved.	Can be viewed and edited as agreed in the initial stages of system build. Data / dashboards are not as available as expected and many task are still a manual process for HR. Many of the periods of leave recorded in "MyView" are now pulled into payroll via a process which generates the appropriate adjustments automatically. The need to manually record and calculate these adjustments has been removed. We complete a review and a sense check of all absences to ensure accuracy.	Complete
	Absence.	Partially Achieved.	Employees have more options to request different types of leave including carer's unpaid etc. through the system without having to go to HR.	Ongoing Progress
	Disciplinary/ Grievance processes.	Partially Achieved.	Processes can be recorded, no data trend or analysis yet.	Ongoing Progress

Part Two:

Achievement against 2024 to 2025 quality improvement priorities

Priority 2 (2024 to 2025): *Continued*

Key Initiative	How we will measure successful implementation	Progress Achieved	Success Measures	Status
System reduces manual processes.	Feedback from team regarding use of their time.	Not Achieved	Due to send out a survey to HR Admin team to gather data.	Ongoing Progress
	Audit of time saving efficiencies.	This has not yet been started from a payroll perspective, due to short staff and year end deadline commitments. You may wish to contact Tanya Ramsay for an update from a HR perspective.	Not completed yet.	Not Started
	Insights from system offering data analysis of whole HR processes that have been automated.	Sickness process has been improved but cannot be fully automated. Overtime has not yet been automated but is due to be completed within the next few months. Work has commenced on this but there are a few areas which require more work to iron out any issues. Please also refer to HR for an update from their perspective.	No processes have been automated as present due to no implantation of Power BI; sickness process has been improved.	Ongoing Progress

Part Two:

Achievement against 2024 to 2025 quality improvement priorities

Priority 3 (2024 to 2025): Utilisation of AI Copilot tools to release capacity within staff roles

Key Initiative	How we will measure successful implementation	Progress Achieved	Success Measures	Status
Use Microsoft AI Copilot tool to support Microsoft 365 users with automation features for Word, Excel, PowerPoint, Outlook and Teams.	Introduce Copilot within Vita Health Group to support staff when using Microsoft 365 tools. Establish through staff survey the impact that this has on their daily tasks. Use it to generate reports and gain insights into staff requirements within each service. Audit effectiveness of its use. Staff survey and or questionnaire.	Executive management team have had Co Pilot deployed to their devices. Time efficiencies have been captured during pilot. This is not being deployed as part of a wider rollout due to cost constraints and so will be deployed on an exception basis. Wider Steff survey is therefore not applicable.	Presentation generation and report/meeting summaries are primarily where this is deployed.	Complete

Part Two:

Quality Improvement plans for 2025 to 2026

The four new quality improvement priorities detailed in this section will ensure Vita Health Group achieves measurable quality improvements within its services. We have listened to feedback received from service-users, stakeholders, and ICBs to support our key priority improvement decisions.

> **Priority 1 (2025 to 2026): Creation of a digital triage front door (via Limbic) for NHS Talking Therapies facilitating an improved patient journey and increased efficiency in the use of clinical assessment time.**

Key Initiative	How we will measure successful implementation
Development of digital triage tool to screen for basic eligibility and suitability.	Completion of digital tool flow, signed off by Mental Health Clinical Director.
Development and creation of information video to accompany new digital front door.	Completion of video, available on website.
Identify alternative access routes for those unable to access via digital routes.	Alternative routes mapped and associated referral forms created.
Pilot of new tool to test usability & underlying assumptions.	Data analysis of pilot: • Percentage of patients accessing via digital referral route • Appropriate screening out of cases not meeting eligibility or suitability criteria (frequency) • Associated calculation of assessment time saved • Percentage of cases triaged to duty for risk review Frequency of complaints/feedback analysis
Implementation of digital triage tool across all services, including alternative access routes & information video	Data analysis of digital triage front door: • Percentage of patients accessing via digital referral route • Appropriate screening out of cases not meeting eligibility or suitability criteria (frequency) • Associated calculation of assessment time saved Percentage of cases triaged to duty for risk review • Percentage of cases that may require an 'assisted referral' to aid decision regarding staffing for such a route. • Frequency of complaints/feedback analysis • Overall increase in assessment to treatment conversion rates.

Part Two:

Quality Improvement plans for 2025 to 2026

Priority 2 (2025 to 2026): All services to be structured according to an optimal Target Operating Model with operational management and clinical supervision tasks clearly delineated between different roles. Dedicated clinical oversight working alongside dedicated operational management to ensure efficiencies are maximised whilst maintaining clinical outcomes and quality

Key Initiative	How we will measure successful implementation
Development of and transition to Operational Team Manager roles and Clinical Supervisor roles across services, supported by restructured senior management teams.	Transition of staff to new roles (i.e. roles filled), minimising redundancies
Implementation of operational focus and metrics of success for team managers.	• Analysis of patient facing time (increase) • Analysis of completed treatment rates (increase)
Implementation of clinical recovery-focused supervision and meta-supervision structures for clinical supervisors.	• Analysis of Reliable Recovery and Reliable Improvement rates (achieving national KPIs) • Analysis of completed treatment rates (increase) • Analysis of clinical audit outcomes (increased compliance)

Priority 3 (2025 to 2026): Develop and implement a Leadership Development Strategy which offers leadership skills training to strengthen inclusive leadership capabilities across Vita Health Group.

Key Initiative	How we will measure successful implementation
Leadership Insights review across Vita Health Group to identify leadership levels in Vita Health Group, review current leadership offerings and attendance per service area.	Develop a leadership development framework and strategy
Plan, develop and implement leadership skills training for leaders at various levels: developing managers, middle managers and future leaders.	• Deliver the Pathway to Leadership programme for new managers • Deliver Leadership Essentials for middle managers along with Action Learning Sets • Design and deliver a minimum of 2 Leading with Impact Modules for middle managers
Ensure continuous quality review and improvements are in place for leadership offerings.	• Feedback from delegates on learning offerings • Programme evaluation • Changes and improvement made based on evaluation

Part Two:

Quality Improvement plans for 2025 to 2026

Priority 4 (2025 to 2026): Vita Health Group is undertaking a migration of all business intelligence reporting and data analysis capability to a strategic data platform and a Universal Data Model [UDM].

Key Initiative	How we will measure successful implementation
Implementation and migration of UDM into Vita Health Group.	• Used an accumulation of known data models in the healthcare industry to define the minimum viable product for the UDM. • Purchased a new Data platform, based on the latest Microsoft Fabric technology, to ensure the processing capability to grow the UDM.
The UDM will enable Vita Health Group to use data more efficiently and remove silos of information by mapping to a single set of data definitions which will therefore enhance the data discoverability by having one set of definitions to interrogate data across the organisation, and/or to share with other service partners. Greater discoverability will also enable a greater level of generative insights to enhance or evidence against the services provided by Vita Health Group.	• Enhance the UDM with additional required entities as we migrate existing reporting and/or add new reporting to the UDM and Data platform. • Enhance the discoverability of data by providing the capability for our internal teams to analyse the data we hold, whilst protecting/removing personal information from the analysis pool as required.

Part Two:

Statement of Assurance from our Executive Management Team

During 2024 to 2025 Vita Health Group provided community physiotherapy, Musculoskeletal Clinical Assessment and Treatment Services (MCATS), Dermatology services and NHS Talking Therapies Services to 15 Integrated Care Boards (ICBs), 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.

A diagram demonstrating the structure of the Executive Management Team can be found in *Appendix 1.*

Part Two:

Care Quality Commission (CQC)

Vita Health Group is regulated by the Care Quality Commission (CQC) and is registered with CQC to provide healthcare services. All inspected locations are rated 'Good' by the CQC.

As part of our vigilance, auditing framework and quality assurance, the central clinical team oversees a national programme of clinical reviews, according to the approach taken at regulatory inspections.

We have also embarked on further team workshops on the Single Assessment Framework, engaging everyone to be part of the best in practice outcomes, supported by the Radar Healthcare Risk, Quality & Compliance Software (Radar) CQC dashboard, offering a greater overview and clarity of Vita Health Group's compliance evidence and people feedback.

Inspected and rated

Good

Care Quality Commission

Secondary uses services

During 2024 to 2025, Vita Health Group did not submit records to the 'Secondary Uses Services' for inclusion in the Hospital Episode Statistics as we do not deliver any services applicable for submission of this data.

Payment by results

During 2024 to 2025, Vita Health Group was not subject to the Audit Commission's payment by results clinical coding audit as we do not deliver any services applicable for submission of this data.

Part Two:

Statement of Assurance from our CQC Registered Managers

Vita health Group has successfully expanded its service offerings to include MSK and community dermatology services.

Specialist Healthcare Practitioners have been appointed as Registered Managers to manage these services and are providing a robust, specialist focus on quality and service specific outcomes for patients and families who access these services.

Quality Developments in MSK Services:

- Continue to partner with Phio Access to deliver advanced digital triage, enhancing access and accurate pathway placement.

- Developed our Persistent Pain Offering to include a remotely accessible offering, allowing flexible and accessible offering for patients.

- Introduced a remote Advanced Practice Physiotherapy Service, providing accessible and timely input across the UK.

- Maintained a broad spectrum of research activities to support service improvement and clinical innovation.

- Integrated Employment Advisors into MSK pathways to help individuals stay in work.

- Launched an MSK Service supporting individuals on long-term sick leave in collaboration with ICB, local services, and the Department of Work and Pensions.

- Utilised digital technologies to support symptom management and collaborated with National Universities and Physitrack® for evidence-based self-management.

- Defined and scaled MSK Community Hub days to increase access to integrated support, including physical activity, social prescribing, and health coaching.

- Analysed population health data with the support of our Partnership Liaison Officers (PLOs) to create services that address health inequalities and meet local needs.

- Developed an Introduction to Women's Health in MSK course for clinicians to improve diagnosis and treatment of female patients.

- Established the Vita Learning Academy to consolidate learning materials, creating an accessible and flexible learning environment.

- Presented at national events including Therapy Expo, Brit Spine, BMUS, and the British Society of Rheumatology Spotlight Series.

- Expanded partnerships with universities such as Solent University, Keele University, and Glasgow Caledonian University to support student development and research.

Part Two:

Statement of Assurance from our CQC Registered Managers

Quality Developments in Dermatology:

- Recruitment drive at National Dermatology Forums, including British Dermatology Nursing Group, to recruit staff from further afield, which has brought a specialist skill mix into the service.

- Implementation of ICE blood test results sharing data across all providers, including secondary care, demonstrating safe and effective joined up care.

- Utilised digital technologies to support digital triage, enhancing access and accurate pathway placement, supporting national early skin cancer detection initiatives.

- Analysed population health data with the support of our PLO to create services that address health inequalities and meet local needs.

- Psychological link established with skin and mind, joint mental health, and skin pathways now in place.

- Dermatology learn at lunch academy was developed to support continued professional development and learning within the department.

- Book your own appointments, providing patient choice and improving access to dermatology care.

- Safeguarding clinical supervision embedded across the services to keep patients safe and free from harm.

- Apprentice schemes up and running to equip managers with officially recognised leadership skills.

- Minor Operations skin surgery courses undertaken with partnerships with Cardiff and Hertfordshire Universities Dermatology centres of excellence.

- Isotretinoin National Guidance 2024 is embedded across Dermatology following patient review group new recommendations.

- We supported the government pledge to prevent medicines being prescribed unnecessarily reducing over prescribing of medicines. Our Dermatology Specialist Pharmacist set out a series of practical and cultural changes to make sure patients get the most appropriate treatment for their needs while also ensuring clinicians' time is well spent. This includes shared decision making with patients about starting or stopping a medicine, better use of technology, ways to review prescriptions and more.

- Implementation of Weekly Clinical Team huddles and MDT Meetings, improving patient care.

Part Two:

Statement of Assurance from our CQC Registered Managers

Quality Developments Across All Services:

- Added a CQC expert consultant to support external reviews and ensure best practices.

- We have implemented a new Computerised Maintenance Management System called Pirana®, streamlining maintenance operations and improving asset utilisation.

- Introduced a Head of Communication role in response to staff survey feedback to improve communication.

- Expanded our transformation initiatives to support continued innovation across the business including RPA to reduce the administrative demands on clinicians and administrators.

We continue to prioritise workforce welfare, learning, and development by introducing more radiology peer review sessions, internal and external MDTs, and forums to share learning and good practices. Our improvement in data collection and movement towards a Unified Data Model has deepened our focus on quality improvement. We also maintain staff away days and a volunteering support scheme to foster team cohesion.

Jessica Little
National Clinical Lead

Sophia Brown
Dermatology Lead Nurse

Part Two:

Statement of Assurance from our Head of Infection, Prevention and Control

Infection, prevention, and control remains an integral and core part of Vita Health's Group's focus to ensure quality of patient experience as well as helping to reduce the risk of infections.

With a new year ahead and a new infection, prevention and control lead in place it has allowed Vita Health Group an opportunity to strategically re-evaluate its approach to infection, prevention and control and its key areas for improvement.

Over the 2024-to-2025-year, Vita Health Group and its colleagues have worked hard to ensure infection, prevention and control practices were maintained. 99% of colleagues were compliant with infection, prevention and control mandatory training, which has been maintained since 2023 to 2024. It also saw the appointment of three local infection prevention control champions, focused on our CQC regulated activities and locations.

Internal clinical reviews were held at CQC registered locations utilising the new Single Assessment Framework to benchmark current practices and highlight areas for improvement initiatives. These clinical reviews had a focus on infection control measures such as sharps management, waste disposal, hand hygiene, cleaning schedules, aseptic approaches and more. Areas of improvement have been integrated into comprehensive 2025-to-2026-year plan.

Priorities of the 2025-to-2026-year plan include enhancing and expanding the infection prevention control champions network, to drive improvements in infection prevention and control.

We aim to reduce healthcare-associated infections (HCAIs) across Vita Health Group. This will be achieved by ensuring prescribing practices support antimicrobial resistance. We will also review infection control and prevention communications, including campaigns such as winter flu awareness.

Our approach includes surveillance and reporting to identify and reduce risks to improve patient safety. We will review significant infection-related incidents and outbreaks and monitor progress on related action plans through Radar, our risk management software.

Regular site visits will be carried out in collaboration with clinical teams, facilities, and health and safety. These will be triangulated with audits and evaluations to measure effectiveness. Continuous monitoring will ensure adherence to CQC standards and drive our pursuit of achieving "outstanding" in infection prevention and control.

We look forward to strengthening our partnerships with ICBs and their infection prevention and control leads over the coming year. Together, we will ensure assurance is managed effectively, share system-wide learning, and drive improvements through a collaborative, multi-system approach to quality.

Janet Mugadza
Infection Prevention and Control Lead

Part Two:

Statement of Assurance from our Head of Safeguarding

Effective safeguarding is fundamental to achieving our mission of Making People Better and delivering high quality healthcare.

We are committed to working with all people to understand what being safe means to them. In collaboration with our local authorities ('partners'), our focus is on providing support to those who may feel unsafe or experience abuse and/or neglect, whilst promoting their welfare and respecting their human rights.

Our Safeguarding Team operates an integrated model with safeguarding expertise embedded within every service, supported by central Safeguarding Leads. This includes a Head of Safeguarding, with named individuals responsible for both Adult and Child Safeguarding and Prevent. All services are further supported by Regional Safeguarding Leads for each service within provision for mental health Talking Therapy, MSK and dermatology, and locally by a named safeguarding lead who sits within the local service and who will act as the first point of escalation.

All safeguarding leads are level 4 trained, and all patient facing staff are trained as a minimum to level 3 in Child, Adult and Prevent modules and through 2024 to 2025, company-wide compliance figures have averaged at over 98% for all these modules.

In addition to training, all staff have access to regular supervision, with a network of level 4 trained leads available for ad-hoc support, including duty support for mental health services. During 2024, Dermatology and MSK services also introduced regular reflective practice groups to maintain a focus on best practice and learning from safeguarding events.

To enhance oversight and audit capability, reporting of safeguarding events was moved onto Radar with an updated process for logging of safeguarding concerns. This has provided clearer identification of events that have been escalated externally to either local authority or police and provides a dashboard for board reporting and trend analysis within Vita Health Group's safeguarding event profile.

Vita Health Group provide comprehensive safeguarding policies for both Adult and Child Safeguarding. These are subject to regular reviews procedures and have been externally audited, showing continued compliance for our NHS stakeholders.

Philip Adkins
Head of Safeguarding
Director of Clinical Services.

Part Two:

Participation in clinical audits and clinical research

As part of routine quality control measures Vita Health Group operates a robust schedule of local audits covering all aspects of clinical and non-clinical activity within the company. A full list of the audits undertaken within the organisation can be found in *Appendix 2.*

Clinical research at Pennine MSK is led by Dr James Bluett, and we aim to embed research across the organisation ensuring patients are offered the opportunity to access high-quality cutting-edge research. We are continuing to expand our capacity to deliver research. As part of the team we have a Band 6 research nurse, with another part time nurse recently interviewed and awaiting to take up their post. Also, a Clinical Specialist Hand Therapist, who is a National Institute for Health and Care Research (NIHR) Associate Principal Investigator. Pennine MSK is a member of the NIHR Greater Manchester Research Site Initiative (RSI). We successfully fulfilled the key performance indicators of the scheme and will receive pump-priming infrastructure support.

The tables below provide a snapshot of the data obtained along with explanatory narratives of the results and clinical conclusions.

Pennine MSK (PMSK) Service audits

National Early Inflammatory Arthritis Audit (NEIAA)

This is a national audit for patients seen in specialist rheumatology departments with a confirmed diagnosis of Early Inflammatory Arthritis (Rheumatoid arthritis, Psoriatic arthritis, Axial spondyloarthropathy). The aim is to improve the quality of care for people living with inflammatory arthritis by assessing the performance of rheumatology units across England and Wales against NICE (National Institute for Health and Care Excellence) Quality Standards, with a benchmark of 80%. For the last year Pennine MSK performance for the number of patients seen within three weeks is 67% and commenced DMARDs (Disease-Modifying Anti-Rheumatic Drugs) within six weeks is 62%.

Table 1 summarises each quarter NEIAA audit performance in comparison with the five previous years. There are improvements in the achievement of NICE Quality Standards over the past year for patients seen within 3 weeks of referral.

Table 1:

		Jan - Mar 2024	Apr - Jun 2024	Jul - Sep 2024	Oct - Dec 2024
	Total number recruited	15	19	12	7
1	Number of patients referred within 3 working days	10	13	11	6
		-67%	-87%	-91%	-86%
2	Number of patients seen within 3 weeks	12	8	7	6
		-80%	-53%	-58%	-86%
	Number of eligible for Early Inflammatory Arthritis follow up	11	12	10	5
		-73%	-63%	-83%	-71%
3	Number of started Disease-Modifying Anti-Rheumatic Drugs (DMARD) within 6 weeks	10	8	7	4
		-91%	-67%	-70%	-80%

There has been a reduction in number of patients recruited to NEIAA in the final quarter.

Part Two:

Participation in clinical audits and clinical research

Early Inflammatory Arthritis Clinic

A once weekly **Early Inflammatory Arthritis Clinic (EIA)** was introduced on the 17 November 2022 as a service improvement initiative to speed up the patient pathway. Patients are triaged directly into one of the allocated slots with either a Rheumatologist, Registrar or GP with Extended Roles. Table 2 shows how this has impacted on access to clinicians, including same day Ultrasound and drug education if required.

Table 2:

	Oct - Dec 2023	Jan - Mar 2024	Apr - June 2024	July - Sept 2024
No of patients seen in Early Inflammatory Arthritis clinic (n)	46	39	47	43
Diagnosis of Early Inflammatory Arthritis (n)	11 (24%)	9 (23%)	8 (17%)	11 (26%)
Pending diagnosis (n)	2	3*	2*	0
Referred for Ultrasound Scanning (USS) (n)	12 (26%)	5 (13%)	15 (32%)	11 (26%)
Same day Ultrasound Scanning (USS) (n)	7 (58%)	1 (20%)	7 (47%)	5 (45%)
Waiting time to 1st appointment (days)	Average 19	Average 15	Average 17	Average 17
	Range 3-77	Range 1-29	Range 1-41	Range 1-44
Number of same day drug education appointments used (n) exc HDCL	0/8 (0%)	2/7 (29%)	2/5 (40%)	0/9 (0%)
	Average 17	Average 5	Average 18	Average 16
	Range 1-35	Range 0-11	Range 0-49	Range 7-47

* Pending investigations.

No data was available for quarter 3 and quarter 4, due to competing service demands.

Part Two:

Participation in clinical audits and clinical research

Biologics NICE and Greater Manchester Medicines Management Group (GMMMG) adherence to biologics pathways internal audit

Internal audit data is captured through the Virtual Biologics Multidisciplinary team (MDT) clinic. The clinic is run every 2 weeks, with consultants, nurses, physiotherapists, and pharmacists present.

The patient's history is presented and if adherent to NICE pathways, appropriate treatment is proposed. 100% (138) of patients who commenced on a biologic medication inflammatory arthritis between 1st April 2024 and 31st March 2025 were treated within the NICE and GMMMG guidelines. 95 had moderate or severe Rheumatoid Arthritis (RA); 20 had Psoriatic Arthritis (PsA) and 23 had axial spondyloarthropathy (AS). The data is in retrospective in response to treatment to be reassessed at 3 (PsA & AS) and 6 months (RA).

Table 3 summarises audit performance in relation to NICE response criteria. Analysis continues to be performed quarterly: three months in arrears for PsA and AS patients and 6 months in arrears for RA patients. This schedule of data analysis incorporates the maximum number of patients who have undergone review of disease activity as specified by NICE. This quarter 24 patients with RA were reviewed at biologics multidisciplinary team and agreed to commence biologic medication, at follow-up 23 had commenced the biologic medication.

Table 3:

	(RA Apr-Jun 23, PsA and AS Jul-Sep 23)	(RA Jul-Sep 23, PsA and AS Oct-Dec 23)	(RA Oct-Dec 23, PsA and AS Jan-Mar 24)	(RA Jan-Mar 24, PsA & AS Apr-Jun 24)
RA on treatment for 6 months	20	23 (26 reviewed at MDT)	21 (22 reviewed at MDT)	23 (24 reviewed at MDT)
Number of patients meeting NICE response criteria	12 (60%)	20 (87%)	9 (43%)	16 (70%)
Number of patients with inadequate response	7 (35%)	3 (13%)	11 (52%)	7 (30%)
Number of patients pending or missing assessment	1* (5%)	0	1 (5%)*	0
PSA on treatment for 3 months	4	7	5	6
Number of patients meeting NICE response criteria	2 (50%)	5 (71%)	3 (60%)	4 (67%)
Number of patients with inadequate response	0	2 (29%)	0	1 (17%)
Number of patients pending or missing assessment	2 (50%)	0	2 (40%)**	1*
AS on treatment for 3 months	2	5	7	6
Number of patients meeting NICE response criteria	1 (50%)	1 (20%)	4 (57%)	2 (33%)
Number of patients with inadequate response	1 (50%)	2 (40%)	1 (14%)	3 (50%)
Number of patients pending or missing assessment	0	2 (40%)	2 (29%)	1 (17%) *

*Scores not performed
**Delayed start of treatment

Part Two:

Participation in clinical audits and clinical research

Carpal tunnel surgery service

We have established a community based Carpal Tunnel Service (CTS) and we are delighted that our patients are now able to access care closer to home, whilst also supporting the wider recovery of elective care and reducing wait times for our patients.

Over the year we have been able to increase the number of surgeries available. During the last year, 68 procedures have been performed. There has been an average of 94% improvement in symptoms and 86% improvement in function.

Table 4 presents Outcomes from CTS surgery.

Table 4:

Surgery dates	Oct - Dec 2023	Jan - Mar 2024	Apr - June 2024	July - Sept 2024
Number of surgery (n) & Boston Score response (r)	n=12, r=8	n=10, r=7	n=13, r=7	n=8, r=6
	-67%	-70%	-54%	-75%
Improvement in symptoms	6 (75%)	6 (86%)	7 (100%)	6 (100%)
Deterioration in Symptoms	2 (25%)	1 (14%)	0	0
Unchanged Symptoms	0	0	0	0
Improvement in Function	7 (88%)	5 (71%)	6 (86%)	6 (100%)
Deterioration in Function	1 (12%)	2 (29%)	1 (14%)	0
Unchanged Function	0	0	0	0
Reported infections	0	2	0	1*

*Post operative infection resulting from wound reopening after suture removal. No evidence of infection prior to suture removal at 14 days.

Part Two:

Participation in clinical audits and clinical research

Fracture Liaison Service Database (FLS-DB)

This is a clinically led, web-based, mandated national audit of secondary fracture prevention in England and Wales as part of the Falls and Fragility Fracture Audit.

The FLS-DB is a continuous audit to measure performance against NICE technology assessments and guidance on osteoporosis, and the Royal Osteoporosis Society clinical standards for FLSs. Pennine MSK started recruiting to the database in June 2018. In the last year, 875 patients have been identified as having a fracture and entered into the database. This data is in arrears to allow the 90 day standard to be assessed. This excludes all those who opted out of national data sharing for research and audit. On average 89% had an assessment within 90 days (national average 70%), 53% received bone protection (national average 55%) and 70% of those under 75 years of age were offered a DEXA (national average 71%).

Table 5 shows Pennine MSK FLS performance in comparison with national data.

Table 5:

Surgery dates	Dec 2023 to Feb 2024	Mar – May 2024	Jun – Aug 2024	Sep – Nov 2024
Number Identified (n)	183*	249*	229	217
Number of responding patients	92%	90%	87%	91%
Assessment within 90 days	66%	84%	82%	86%
Assessment within 90 days nationally	71%	72%	70%	72%
Patients offered bone protection treatment	44%	58%	56%	54%
Bone protection treatment nationally	56%	54%	53%	54%
Under 75 offered a Dual-energy X-ray Absorptiometry (DXA) scan	66%	71%	72%	75%
Under 75 offered a Dual-energy X-ray Absorptiometry (DXA) scan nationally	71%	69%	68%	70%

*Delayed start of treatment

This data does not include patients who have opted out of national data sharing for research and audit purposes.

Part Two:

Participation in clinical audits and clinical research

Persistent Pain Service Review

The persistent pain service provides a holistic multi-disciplinary approach to support patients with persistent pain. Each quarter, patient reported outcome measures are used to assess patients' responses.

Patients Pain Self-Efficacy Questionnaire (PSEQ) from referral and discharge are compared alongside the clinical global impression (CGI) to ensure the service is having an impact on the patient pain and activity levels. Over the past 12 months a total of 480 patients have been discharged from the service. Of respondents, 53% have reported a clinically significant improvement in pain self-efficacy and the clinical global impression was of improvement in 70% of patients with 50% showing much/very much improvement.

Friends and family feedback can be captured specifically from our Persistent Pain patients, and we averaged a 90% positive response during the year.

A few recent responses are detailed below specific to our persistent pain clinics:

"The pain nurse was very understanding and listened to me I felt at ease with, she was very informative and professional gave me lots of information to follow thank you very much"

"Relaxed atmosphere and knowledgeable staff! Better than going to a hospital setting"

"The pain physio actually gave me the time of day. To explain my problems and listened attentively offering advice and alternatives where needed."

Table 6 displays the reported figures for the last 12 months.

Part Two:

Participation in clinical audits and clinical research

Table 6:

OUTCOME MEASURES	Jan - Mar 2024	Apr - Jun 2024	Jul - Sep 2024	Oct - Dec 2024
Number of patients discharged in last quarter	170	165	131	68
Number (%) of patients with Pre Pain-Self-Efficacy Questionnaire (PSEQ)	163	152	124	61
	-96%	-92%	-95%	-90%
Number (%) of patients with Post PSEQ	118	110	98	51
	-69%	-67%	-75%	-75%
Number (%) of patients with Clinical Global Impression (CGI)	107	104	95	35
	-63%	-63%	-73%	-51%
Number (%) of patients with all 3 scores	94	88	86	31
	-55%	-53%	-66%	-46%
Mean change in PSEQ	9	9	11	11
Median change in PSEQ	7	9	13	7
Number (%) of patients with Clinical Global Impression (CGI)	35	31	22	11
	-30%	-28%	-23%	-22%
Number (%) of patients who showed clinically significant improvement in PSEQ (Improvement of 8 or more)	57	58	55	24
	-49%	-53%	-58%	-47%
Number (%) of patients with Clinical Global Impression (CGI)	82	79	73	40
	-70%	-72%	-77%	-78%
Median change in CGI	2.6	2.8	2.4	2.7
Median change in CGI	3	2	2	3
Number (%) of patients showing no improvement or deterioration in CGI (4-7)	34	36	21	12
	-32%	-35%	-23%	-31%
Number (%) of patients who showed some improvement in CGI (1-3)	71	68	73	26
	-67%	-65%	-78%	-68%
Number (%) of patients who showed much/very much improvement in CGI (score of 1 or 2)	52	49	56	17
	-49%	-47%	-60%	-45%

*Delayed start of treatment

This data does not include patients who have opted out of national data sharing for research and audit purposes.

Part Two:

Participation in clinical audits and clinical research

Collaborate

This tool is intended for use by teams looking at how well they are using Shared Decision Making in practice. Following the appointment, the clinician asks the patient to anonymously rate three questions. This is performed quarterly. We have received 186 responses over the year with an average score of 8.8.

Table 7:

	Apr - Jun 2024	Jul - Sep 2024	Oct - Dec 2024	Jan - Mar 2025
Response	9	80	38	59
How much effort was made to help you understand your health issues?	9	8.59	8.84	8.64
How much effort was made to listen to the things that matter most to you about your health issues?	9	8.59	8.87	8.91
How much effort was made to include what matters most to you in choosing what to do next?	9	8.53	8.89	8.87
More information or investigations	4 (17%)	3 (17%)	1 (3%)	7 (27%)
Injections		2 (11%)	5 (17%)	1 (4%)

The British Society for Rheumatology Biologics Register (BSRBR)

The purpose of the BSRBR study is to assess whether some of the new biological treatments used in the treatment of Rheumatoid Arthritis have a greater risk of serious side effects and long-term health problems than established treatments such as methotrexate. We have recruited to the register since 2017/18. With the introduction of biologic virtual clinics, all eligible patients are identified and invited to contribute to either the BSRBR or other research studies open in this pathway.

BIOTIPRA BIOmarker-guided Treatment Decisions In Psoriatic and Rheumatoid Arthritis (BIOTIPRA)

Dr James Bluett is leading the BIOTIPRA study. The aim of BIOTIPRA is to assess the feasibility of a randomised controlled trial to determine whether providing test results on adalimumab drug levels and anti-drug antibodies with medication advice improves disease control. Each participant takes part for 12 months. An initial recruitment target of 2-3 participants was planned, but we have been able to exceed our recruitment target to support the study and have recruited 11 participants. Although recruitment is complete some participants remain in the follow-up phase.

Tapering of Biologics in Inflammatory Arthritis Patients in Remission (TAPER)

The TAPER study evaluates if the measurement of drug levels and anti-drug antibodies in blood samples of patients with rheumatoid or psoriatic arthritis is useful in guiding decisions to taper (reduce) biologic or biosimilar therapy. Recruitment to TAPER ended July 2023. Pennine MSK exceeded our recruitment target of 3, having recruited 4 participants. Follow up is now complete and awaits close out.

Part Two:

Participation in clinical audits and clinical research

Remote Monitoring of Rheumatoid Arthritis (REMORA2)

REMORA remains the only published example internationally of tracked daily symptoms integrated into an Electronic Health Record (EHR). We participated in the feasibility trial in 2023, recruiting our target of 40 participants.

The main trial is now underway with a stepped wedge design. 16 sites across the UK will be aiming to recruit 736 participants with RA over a 6-month period randomised to either standard care or remote monitoring with a 12-month follow-up period. The trial opened to health care professional recruitment in March 2024 and clinician training is underway. REMORA opened to patient recruitment in May 2024, recruiting 43 participants ahead of the target of 35-41. Recruitment is complete and we are currently in the follow-up phase. The main outcome measures are impact on disease activity and impact and patient experience.

Outcome and Prognosis of Supported Self-management in Thumb Base Osteoarthritis (TOPs)

TOPS is a Prospective Cohort Study aiming 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 osteoarthritis (OA). This is a prospective longitudinal cohort study linked with a qualitative interview and focus group study. Four NHS sites were to recruit 150 people with symptomatic Thumb base OA. The primary outcome is the AUSCAN (Australian/Canadian Osteoarthritis Hand Index) hand pain scale. Additionally, baseline assessments will be carried out for measures of hand function, quality of life and known musculoskeletal prognostic factors. Outcome assessments were conducted by postal/online survey (as applicable) at three and six months. We have recruited 32 participants. Recruitment ended before anticipated due to the overall recruitment target being achieved early. Follow-up is complete and the study is now in close out.

NHS England has recently endorsed guidance from the Academy of Medical Royal Colleges in 2018, advising health care professional (HCP)s to write clinic letters directly to patients to support patient-centred care. The Writing to Patients Project is supported by a British Society for Rheumatology Advanced Research Fellowship awarded to Dr Charlotte Sharp at UoM and collaborators including Jill Firth, Principal Investigator (PI) at PMSK. The project had three objectives across four nations.

Scoping: aims to establish patients' current understanding of rheumatology terminology and existing HCP practice. Consecutive patients (n=150) attending rheumatology clinics will be surveyed to consider patient perspectives and understanding of rheumatology terminology. A multi-regional online survey of HCPs (n=100) will establish whether HCPs currently write directly to patients; what the barriers and enablers are, and the support needed to change practice.

Exploring: aims to understand perspectives on writing directly to patients in greater depth. Qualitative data generated from interviews and focus groups with patients (n=20) and HCPs, (n=20) will be analysed thematically.

Co-producing aims to co-produce resources to support HCPs to write directly to patients. Patients and HCPs will work together to co-produce these resources to support the rheumatology MDT to write directly to patients.

IMID (Immune-Mediated Inflammatory Diseases) BioResource

The IMID study is part of the NIHR BioResource. IMIDs share common genetic, inflammatory and pathological features but also have unique, disease specific pathogenic pathways. IMID will study genetic, immune-inflammatory and clinical phenotypic subsets across IMIDs to enhance our understanding of the shared aetiopathogenesis in certain Rheumatological inflammatory conditions. We commenced recruitment in April 2024. We recruited 38 participants after extending our original target. PMSK has reached its extended target and has closed recruitment. The study is in close out.

Part Two:

Participation in clinical audits and clinical research

Behaviour changes to reduce lower back pain: a feasibility study, (BELOW) study

Pennine MSK is a Participant Identification Centre (PIC) for the Behaviour change to reduce lower back pain: a feasibility study, (BELOW) study.

This study will assess the feasibility of a future pragmatic two-arm RCT (Randomised Controlled Trial) designed to compare clinical and cost-effectiveness of a Cognitive Muscular Therapy (CMT) intervention with best practice NHS care for patients who are at high-risk of developing persistent, disabling low back pain. Dr Bluett is the principal investigator of the study. Patients will be identified from the physiotherapists and persistent pain clinic lists by the physiotherapy team. Potential participants will receive text invitations to participate in the study. Interested individuals will be instructed to reach out to the Salford University study team for further information. The study is due to commence in May 2025.

Oral versus intramuscular glucocorticoids in rheumatoid arthritis (LEADER)

Dr Bluett is the CI and PI of an NIHR HTA (Health Technology Assessment) commissioned trial called "The clinical and cost effectiveness of oral versus intramuscular glucocorticoids in rheumatoid arthritis: LEADER A Randomised Controlled Trial", the award is for ~£1.8 million. The study is a multi-centre, randomised, open-label, four-arm, parallel design clinical trial with internal pilot phase, economic evaluation and qualitative study of acceptability to identify the most effective and safest way of using glucocorticoids in patients with active rheumatoid arthritis (RA) who are planning on initiating, escalating or switching to an anti-rheumatic medicine (Anti-Rheumatic Drugs - DMARDs) whilst limiting toxicity and being acceptable to patients.

The LEADER trial will assess whether a daily tablet regimen or one off intramuscular (IM) injection is better at controlling the disease. Two dose levels will be tested to see which has the best balance between disease control and adverse effects. The site initiation visit is scheduled in April 2025 and is due to commence recruitment in May 2025. Potential participants will be identified in the nurse/consultant rheumatology clinics and via the advice line and invited to take part in the study. Eligible patients will be consented by the local delegated research team, and steroids will be administered and or prescribed on site. The primary outcome measure is the mean DAS-28 over 12 weeks. The Pennine MSK recruitment target is 16-40 patients over 16 months recruitment period.

Spinal Multidisciplinary Team (MDT)

Spinal MDT was developed in June 2023 to address long wait times for appointments at the specialist centre and low conversion rates to surgery. The referring clinician completes an electronic health record questionnaire, which the co-ordinating clinical specialist physiotherapist presents monthly at a meeting with a spinal surgeon to develop a care plan. In the last year 26% have had a surgical referral, 40% received conservative management, 9% referral to pain management services, 2% neurology referral, 16% required more investigation and 8% required injection. This pathway continues to reduce referral to secondary care and upskill staff on what makes an appropriate spinal referral/what secondary care interventions are offered at the tertiary centre.

Part Two:

Participation in clinical audits and clinical research

NHS Talking Therapy Research Projects

Project and Date:	**Is Rumination Focused Cognitive Behavioural Therapy (RFCBT) feasible, acceptable and effective in an NHS Talking Therapies service?** *April 2024 – April 2025.*
Purpose:	Test a novel therapeutic approach in an NHS Talking Therapy service for the treatment of depression and in accordance with new updates in NICE guidance for targeting rumination. To upskill practitioners in treating depression to improve recovery outcomes and patient choice.
Research Partner:	Exeter University
Service:	NHS Talking Therapies Basildon and Brentwood
Stage:	**Complete**
Outcomes:	30 participants indicated that RFCBT was feasible measured by +80 achieved minimum dose, 100% of participants completed within 14 sessions (including previous sessions at step 2) and high fidelity to the model from session ratings. 85% of patients rated the therapy as acceptable and would recommend, with high effectiveness rates of 78% and reliable recovery for the cohort.

Project and Date:	**If RFCBT is an acceptable therapy model to be delivered by Step 3 NHS TT practitioners.** *April 2024 – April 2025.*
Purpose:	Survey and interview of the 3 practitioners who delivered RFCBT to the 30 participants in the above project
Research Partner:	Exeter University
Service:	NHS Talking Therapies Basildon and Brentwood
Stage:	**Complete**
Outcomes:	The interviews and surveys demonstrate that RFCBT is an acceptable modality to provide at step 3. Patients were engaged and responded well on the whole. Some concern about co-morbidity or more chronic conditions.

Part Two:

Participation in clinical audits and clinical research

Project and Date:	**Is it acceptable for Step 3 CBT practitioners to deliver the RFCBT approach at Step 3 in a group format.** *January 2025.*
Purpose:	Was it acceptable to the practitioners to be trained in RFCBT and the develop and deliver a step 3 RFCBT Course and or group intervention? There are less course offerings at step 3 within NHS Talking Therapy Services, the NHS service in question has developed and implemented the first ever RFCBT course and or group and feedback from the practitioners delivering the group would support further development and progression of NHS Talking Therapy Practitioners.
Research Partner:	Exeter University
Service:	NHS Talking Therapies Basildon and Brentwood and West Essex (Pan Essex)
Stage:	**Ongoing**
Outcomes:	

Project and Date:	**Feasibility, acceptability and effectiveness of Bespoke Long-Term Condition (LTC) Courses in an NHS Talking Therapy Service** *January 2025.*
Purpose:	We want to evaluate whether patients received and adequate dose of the treatment within a group and or course context, whether the clients who attended found the course and content useful and whether the course was efficacious regarding recovery, reliable recovery and reliable improvement.
Research Partner:	Exeter University
Service:	NHS Talking Therapies Basildon and Brentwood and West Essex (Pan Essex)
Stage:	**Ongoing**
Outcomes:	

Project and Date:	**A qualitative exploration of the Psychological Well-being Practitioners (PWPs) experiences and perspectives of delivering low-intensity CBT for young adults (between the age of 16-24 years old).** *January 2025.*
Purpose:	To understand the perspective of low intensity practitioners when treating young adults. Young adults prove to be an inconsistent cohort for understanding engagement and recovery. Survey and interview of therapists.
Research Partner:	Hertfordshire University
Service:	NHS Talking Therapies Basildon and Brentwood and West Essex (Pan Essex)
Stage:	**Ongoing**
Outcomes:	

Part Two:

Participation in clinical audits and clinical research

Dermatology Clinical Audit Data

During this reporting period Vita Heath Group NHS dermatology services have not undertaken or participated in any clinical research. Vita Health Group is investigating the opportunity for a potential collaboration over the coming months to assist with this. Any research undertaken in this field will be documented in within the next reporting period.

The NHS dermatology services regularly undertake local clinical audits, with the various pass rates demonstrated in the table below:

	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	April 2025	May 2025
Dermatology outbound call audit							98.71%	100%	95.73%	100%	100%	
Dermatology email audit							100%	100%	100%	100%	100%	
Dermatology administration letter audit							100%	100%	100%	100%	100%	
Dermatology administration clinic preparation							73.44%	72.33%	100%	100%	100%	
Dermatology inbound call audit							99.71%	100%	98.94%	100%	100%	
Dermatology prescribing audit							100%	100%	100%	100%	100%	
Dermatology clinical supervision audit			100%		100%	100%	100%	100%	100%	100%	100%	
Isotretinion audit		100%	87.26%		100%	91.93%	97.07%	99%	99.21%	97.5%		100%
WHO surgical safety checklist	98.8%	95%	100%	100%	100%	95%	100%	100%	100%	100%	100%	
Hand hygiene audit	100%	100%	73.67%	0%	100%	100%	100%	100%	100%	100%	100%	
Dermatology triage audit	100%	91.75%										
Dermatology image capture audit	83.33%	95%		100%	100%	96.67%	100%	100%		100%	100%	

Part Two:
Data quality

In the last reporting period Vita Health Group updated its data platform based on Microsoft's Fabric offering, allowing a systematic framework for data organisation, transformation, and consumption.

This ensures data quality, governance, interoperability and scalability. The architecture enables creation of curated data sets that can be consumed through multiple options, while using zero trust security for authentication and encryption. This allows our analysts to review data using best in breed tooling providing up-to-date reports for contractual performance data and help provide guidance on service reviews and developments.

Data Security and Protection Toolkit (DSPT)

We submitted our 2023 to 2024 DSPT (Version 6) assessment on 28 May 2024. We met all mandatory requirements.

Vita Health Group continue to use the toolkit reporting mechanism to create action plans and address continual improvement. An outstanding objective from 2024 is the uplift from Cyber Essentials to Cyber Essentials Plus. Vita has made infrastructure changes in 2024 to allow us to address all requirements of Cyber Essentials Plus addressing enhanced security as part of the DSPT, targeting certification in June 2025. We are on track for the June DSPT 2025 submission in our next reporting period.

NHS Improvement (Monitor - NHS Provider Licence)

During the reporting period, Vita Health Group, met all required standards within the NHS Provider Licensing Agreement and commenced the renewal process in quarter 4 of the 2024 to 2025 year. Through this quality assurance process, we were measured against high quality, safe and financially sustainable care and held to account by NHS England should our services fall below expected standards. The 2023 issued licence (number 200172) remains in force until the updated licence is provided.

International Organisation for Standardisation (ISO)

In early 2024, the Information Governance team undertook a project to merge the requirements of ISO 9001:2015 – Quality Management Systems (QMS) and ISO 27001:2017 – Information Security Management (ISM) into a new Integrated Management System (IMS). This IMS was successfully established and implemented across the wider business.

In October 2024, Vita Health Group underwent an external ISO audit for accreditation to the IMS standard. The audit identified six minor non-conformities related to IMS documentation, all of which were promptly addressed and fully resolved.

Looking ahead, during the 2025 to 2026 period, Vita Health Group will focus on upgrading its ISO 27001:2017 – ISM certification to align with the ISO 27001:2022 standard by 16th June 2025.

Part Three

Part Three:

Enhancing service-user experience

Vita Health Group has recently launched a working group whose key focus is to improve service-users experience when accessing our website.

With assistance from external website expertise, the intention is to enable all service users a more intuitive navigation, optimising access to information and resources. This quality improvement project will continue throughout the next reporting period into 2024 to 2025.

Service Rating Scores:

🍃 **81%** of Talking Therapies service users rated our service as good or very good

🍃 **90%** of MSK service users rated our service as good or very good

🍃 **87%** of Dermatology service users rated our service as good or very good

Score options of very good, good, neither, poor, very poor.

''From start to finish it was an excellent experience. The call handlers I spoke with to self-refer was very calm and understanding, I then received an assessment call again the person was very pleasant and understanding. I never felt like a burden or asking silly questions. My CBT therapist was simply amazing!! Everything was explained in detail and knowing I could check in (via email) if I had a particularly difficult experience in-between sessions was fantastic. I was so at ease during my sessions and learn some fantastic strategies. I'm so grateful for all of the help I have received''

"The program was really informative, and the supporter was amazing''

''My clinician was amazing and sorted out a long-standing skin issue''

''The therapist was attentive, thoughtful and readily grasped the concepts I was describing. Her insight into my dilemmas and challenges was extremely helpful. I felt she, figuratively speaking, met me at the place I was at. Her gentle, patient and non-judgemental approach aided me enormously in figuring out directions that I was headed in, towards making sensible decisions about key areas of my life''

"The CBT therapist I worked with was kind, progressional, knowledgeable and very helpful. Made me feel comfortable discussing my mental health and well-being and I have seen a massive improvement in myself''

''I was very happy with the Dr I saw, she had a lovely nature, and we had a good chat about what was the problem and how to proceed with treatment, so I came away satisfied and ready for the next appointment''

Part Three:

Enhancing service-user experience

"My therapist was completely lovely and really reassuring during the consultation. She showed real care in answering my worries and reassured me explains everything carefully to me and I left feeling that I understood my treatment fully. Very professional throughout"

"Excellent interpersonal skills and caring attitude. Fully understood my concerns and acted immediately and effectively. An exemplary execution of care. Delighted with the experience".

"Everything was done very professionally"

"Professional physiotherapist who listened, took notice of my comments and offered solutions to the difficulties that I am facing. Seeing her really did make a difference".

"Excellent Service - appointments on time so no having to wait a long time. Very thorough appointment"

''Very informative, made me feel comfortable and welcoming, talked me through the process and put me at ease''.

''The physiotherapist who phoned me was very good and really helpful. She listened and gave lots of information and encouragement. Having discussed everything thoroughly regarding ongoing issues then explained actions for me to continue''.

''After years of this pain and unknowing of my condition. I have been labelled with something that explains the pain that I experience. I feel listened to for the first time in years and there is action being taken place. The overall care and well-being is amazing''.

Part Three:

Optimising service-user safety

Following the opportunity to restructure Vita Health Group's governance team, four distinct pillars were developed: **Safety and Risk, Experience and Feedback, Quality and Compliance,** and **Information Governance**.

The dedicated Safety and Risk Team focus specifically on patient safety and risk management. Within this team there are committed subject matter experts whose purpose is to support with the management of the Patient Safety Incident Response Framework (PSIRF). These team members have been trained in line with NHS England and Health Services Safety Investigation Body (HSSIB) requirements. This further shines a light on Vita Health Group's commitment and investment into patient safety.

Patient Safety Response Incident Framework

Vita Health Group started its implementation journey of PSIRF in 2022 to 2023; working closely with Kent and Medway Integrated Care Board as the lead and sign off. Our policy and plan both went live after ICB and Vita Health Group Executive board ratification on the 17th of September 2024 (aligning with World Patient Safety Day). Both PSIRF policy and plan are available on our website.

Since September 2024, we have conducted all methods of learning responses for a multitude of our priorities and services. We have relished the principles of PSIRF and the autonomy in justifying and commissioning appropriate and proportionate learning responses in line with national and local priorities. With the goal to achieve learning that will have the greatest impact for as many patients as possible and ensuring continuous improvement in patient safety.

Key milestones include:

- Development and review of policies and procedures in alignment with PSIRF
- Delivery of bespoke PSIRF training and updated incident management training
- A comprehensive review of all incident processes and work-flows to ensure full automation of the PSIRF process

Looking ahead to 2025 to 2026, Vita Health Group will be undertaking a review of its incident profile, gaining stakeholder feedback, and redeveloping the priorities for the following year.

Radar Risk Management System

Vita Health Group continue to enhance our use of Radar for greater oversight and assurance in relation to all incidents, risk management processes and quality improvement. This includes:

- Further development of real time dashboards, allowing for greater oversight of incidents and quicker identification of themes and trends as they occur.
- Automated triggers for high risk and/or patient safety incidents, notifying appropriate personnel for decisive action and review to ensure patients and colleagues are looked after swiftly when things do occur.
- Risk escalation processes

The utilisation of Radar has been a successful quality improvement initiative to assist in improving patient safety and will continue to develop as the system advances and we review our internal assurance metrics and processes.

Part Three:

2024 to 2025 Statements from Commissioners

We have supported all our ICB's whom we worked with throughout the past twelve months, with a particular focus on improving outcomes in population health, enhancing productivity and value for money, and tackling inequalities in outcomes, experience, and access. We have received the following assurance statements regarding our services.

Assurance statement from North East and North Cumbria ICB

"Vita Health Group has been providing Talking Therapies in Newcastle since August 2022 and have been able to deliver safe and effective treatment. During this time, they also have worked with primary and secondary care providers to improve and transform the wider mental health agenda across the city.

Vita Health Group are committed to delivering quality patient centred care and the ICB look forward to working with them over the forthcoming year."

Beth Jones
Commissioner for Mental Health
North East and North Cumbria Integrated Care Board

NHS
North East and North Cumbria
Integrated Care Board

Assurance statement from NHS West Yorkshire ICB

"Vita Health Group colleagues deliver an extremely valuable Talking Therapies service to the people of Calderdale. The ICB meet with them formally, quarterly for contract meetings which are productive. They will accept challenge and work hard to ensure the service delivers against its targets. The team are excellent to work with and communicate effectively."

Ryan Turnbull
Senior Contracts Manager
Adult Mental Health & Learning Disabilities
West Yorkshire Integrated Care Board

NHS
NHS West Yorkshire
Integrated Care Board

Part Three:

2024 to 2025 Statements from Commissioners

Assurance statement from NHS Mid and South Essex ICB

"From my perspective, Vita Health Group has been an excellent service to contract manage. The team consistently provides detailed, high-quality reports for monitoring purposes and has always been extremely responsive to additional requests for information outside of our scheduled contract meetings.

Vita Health Group has built strong, collaborative relationships with system partners and has demonstrated a clear and ongoing commitment to improving the mental health and well-being of residents across Mid and South Essex. Their professionalism, transparency, and proactive engagement make them a valued partner within our system."

Kehinde Adeniji
Senior Mental Health Manager
Mid and South Essex Integrated Care Board

NHS
Mid and South Essex
Integrated Care Board

Assurance statement from NHS Hertfordshire and West Essex Integrated Care Board

"Vita Health Group provides an efficient and effective Talking Therapies service for the West Essex community, consistently demonstrating strong collaboration with all our service providers across the system. Their commitment to delivering a high-quality, innovative, and outcomes-focused service has resulted in more individuals receiving timely treatment. This success has contributed to a significant reduction in waiting lists, which, as of April 2025, are at their lowest level since the service began."

Lucy O'Shea
Commissioning Support Officer
NHS Hertfordshire and West Essex Integrated Care Board

NHS
Hertfordshire and West Essex
Integrated Care Board

Part Three:

Statements from key partners

Vita Health Group work in collaboration with many partners across the private, public, and voluntary sectors to ensure our service users have access to a broad range of supportive and equitable services locally, irrespective of their personal circumstances. In this report, we hear from three partners.

Assurance Statement from Windmill City Farm

"NHS Talking Therapies patients in NHS Bristol, North Somerset ad South Gloucestershire (BNSSG) get a wonderful opportunity to attend well-being courses in three separate locations across Bristol.

There is a good range of courses on offer:

- 🍃 *Animal Care for Well-being*
- 🍃 *Cooking for Well-being*
- 🍃 *Craft for Well-being*
- 🍃 *Walking for Well-being*
- 🍃 *Woodwork for Well-being*
- 🍃 *Gardening for Well-being*

This allows people with different physical abilities and interests to engage in these well-being activities and helps manage people's journey times.

Participants consistently report a benefit to their well-being.

Many courses at Windmill City Farm are immensely popular and have waiting lists.

Where there are inadequate referrals from the IAPTUS system (Talking Therapies patient management system), the 3 farms fill any vacant places in the week preceding the course start date with mental-health referrals from long-standing referral partners. This enables any Talking Therapies-referred patients to experience all the benefits of the course structure, in particular the peer support and social interaction that accompanies a full course."

Part Three:

Statements from key partners

Assurance Statement from Everyturn Mental Health Services
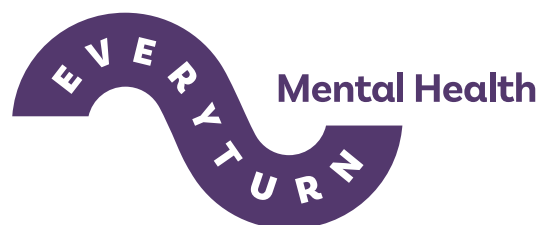
"From April 2024 to March 2025, Everyturn Mental Health has continued its collaborative partnership with Vita Health Group to deliver high-quality NHS Talking Therapies to the population of Nottingham and Nottinghamshire ICB. This joint approach has enabled us to provide accessible, evidence-based mental health support tailored to local needs. Through shared values and a commitment to continuous improvement, we have worked together to ensure positive outcomes for service users and to uphold the highest standards of care across the region.

At time this work has been challenging, as the services have had to adapt ways of working to ensure that service users receive a consistent and timely care, irrespective of which staff member they have contact with. The openness to work together, collaborate and learn on this has been evident throughout the past year. The environment created by the staff team from VHG has been conducive to the successes in the partnership, particularly with the reduction in waiting time for service users. Ideas are welcomed and discussed openly to improve the quality of care offered.

The structure of meetings and space to share issues, means that any difficulties are resolved quickly and expeditiously. What has worked well, in the past year, has been consistent alignment of roles across the two services. The has meant that relationships between the staff teams have grown positively and collaboration is embedded in all areas of service delivery. This has also meant that any incidents affecting service users are addressed together and solutions found to minimise any impact.
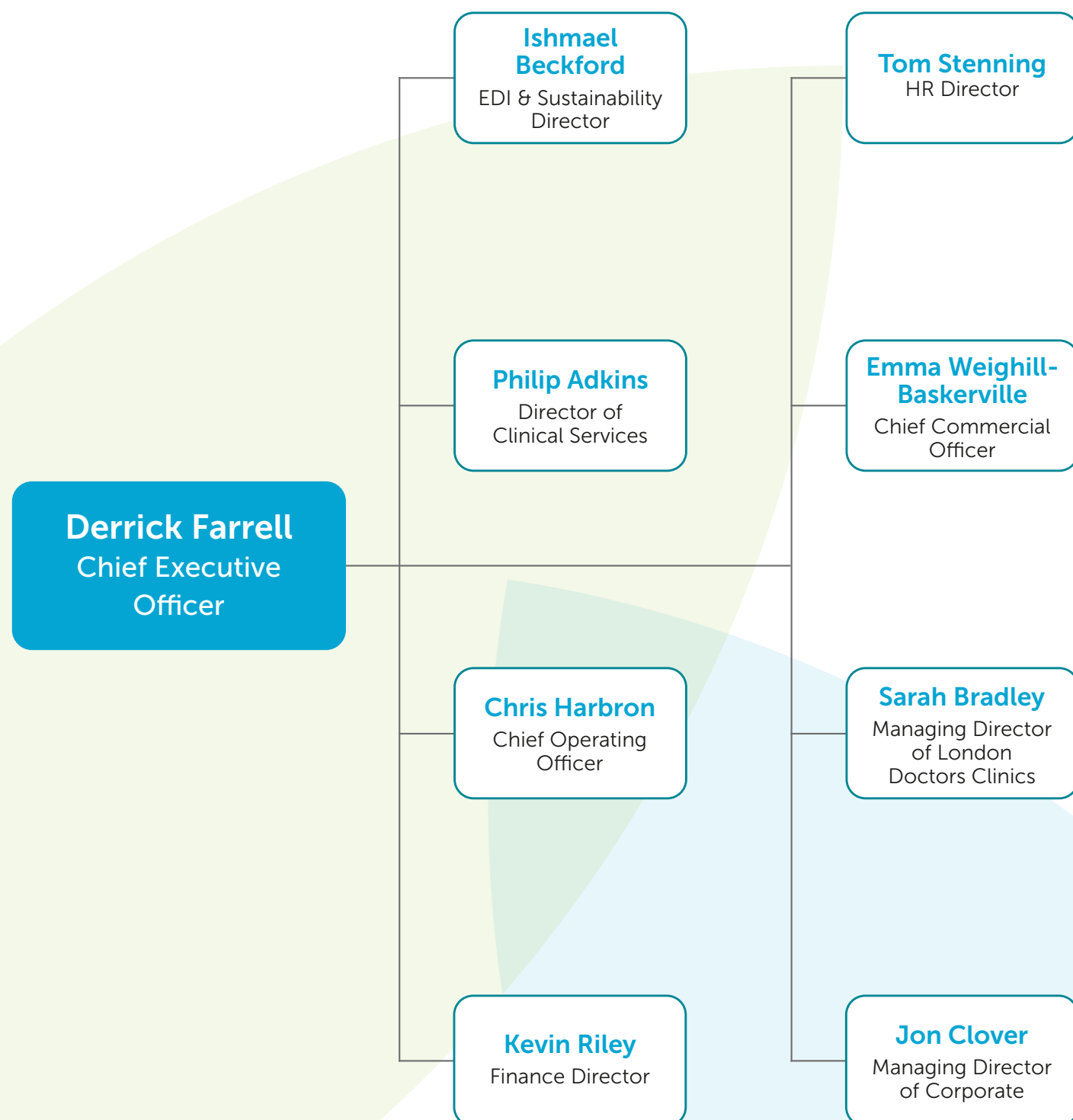
Working collaboratively has been a rich learning experience. I have felt included in decisions and my views on any changes pro-actively sought, heard and included. Vita Health Group are committed to ensuring that they offer the best quality of care to the diverse community of Nottinghamshire. It is a privilege to work with them on this project, continually improve ways of working together and innovatively support service users."

Samantha Powell
Regional Clinical Lead
Everyturn Mental Health

Appendices

Appendix 1: Our Executive Management Team

Derrick Farrell
Chief Executive Officer

Ishmael Beckford
EDI & Sustainability Director

Tom Stenning
HR Director

Philip Adkins
Director of Clinical Services

Emma Weighill-Baskerville
Chief Commercial Officer

Chris Harbron
Chief Operating Officer

Sarah Bradley
Managing Director of London Doctors Clinics

Kevin Riley
Finance Director

Jon Clover
Managing Director of Corporate

Appendices

Appendix 2: 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, Disclosure and Barring Service (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 and or accidents	Audit of incidents and or accidents and supporting processes.
Complaints	Audit of complaints and complaint supporting processes.
Clinical	Clinical reasoning in-line with NICE or relevant guidance.
Talking Therapies clinical notes Quality assurance	Audit and enhanced audit of all disciplines notes and outcomes from meetings across the whole service. Meta audits to determine if clinical notes and or 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 procedures both local and company wide.
Paper Triage (GP Referrals to Musculoskeletal Clinical Assessment Triage Service (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 Blood referral ESP/APP actions	MRI and IRMER audits for Advanced Physiotherapy Practitioners. Audit of referral pathways, and appropriateness of referrals. Determination of pathway and actions including referrals and follow ups.

Appendices

Appendix 2: Local Audits

Audit	Description
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 and LPBC	Audit of business continuity plan, local services business continuity plans, policy and procedures.
Risk Management	Audit of risk management, policies, procedures and processes.
Equity and Health Inequalities Impact Assessments (EHIA) quality audits	Audit undertaken by the Equality, Diversity and Inclusion team to verify the quality of EHIAs completed relevant to the policy or process they relate to.
Diverse Interview Panel audit	Audit by Recruitment to ensure that interview panels demonstrate diversity.

Feedback

If you would like to give us feedback on our Quality Account or on any of our services, please email: **qualityandcompliance@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: **qualityandcompliance@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/**.