



**Connect Health**

**Annual Quality Account 2022/2023**

Community NHS, MSK, Persistent  
Pain, Rheumatology & Mental Health  
Services



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# Introduction

Connect Health is an NHS provider organisation delivering community-based physical and mental health services across the UK. We are the largest specialist provider of community musculoskeletal (MSK) services in England, inclusive of rheumatology and persistent pain. We deliver services across 22 ICB areas and our established Single Point of Access (SPOA) Patient Care Coordination centre currently manages over 350,000 patient referrals per annum. We continue to expand and are increasingly recognised for the provision of high quality, safe, cost-effective, and innovative approaches to care for NHS patients.

Our consultant-led, multi-disciplinary teams operate to the highest clinical standards, supported by the latest technology to enable patients to have quick and equitable access to services. We use bespoke systems, with patient referrals being quickly processed through our Patient Care Coordination centre, where we ensure patients are seen by the right people, in the right place, at the right time. This is crucial to improving clinical outcomes and overall patient experience, where better care in the community is delivered locally and conveniently thus ensuring any unnecessary hospital appointments are avoided.

All our services are evidence-based and include self-management tools for patients, telephone/video and web-based advice and guidance, access to diagnostics, face-to-face and virtual assessment, treatment, and rehabilitation options, as well as up to date information resources for patients and GPs. This is supported by informatics services, providing unrivalled data insight into the clinical, operational, and financial outcomes from our services.

Connect Health services include the following:

- Established Referral Access and Signposting Service operating as a single point of access (SPOA), supported by central Patient Care Coordination (PCC)
- Patient choice regarding their preferred consultation medium; face to face, video or telephone.
- A clinically developed Chatbot MSK Triage tool: “PhysioNow®”
- Multidisciplinary Team (MDT) clinical triage
- GP advice line and eRS advice and guidance function
- Tier 1 MSK services that are physiotherapy-led and aimed at the rehabilitation of patients with MSK conditions.
- Community MSK Specialist assessment and treatment services known as “CATS” or Clinical Interface Service
- Specialist Hand Therapy, Podiatry, Women’s Health, and postural stability services
- Community-based Specialist Consultant outpatient services including Sport & Exercise Medicine and Orthopaedics
- Community Rheumatology and Osteoporosis (Denosumab injection therapy) services
- Interdisciplinary Persistent Pain Services
- Interventional pain management procedures delivered nationwide by a mobile fleet of bespoke clinical units.
- Community-based mobile musculoskeletal diagnostic ultrasound, joint and soft tissue injections (including ultrasound-guided injections)
- A public health campaign, “Flippin’ Pain™” that engages both public and professional audiences in a contemporary understanding of pain science and the biopsychosocial model of health, <https://www.flippinpain.co.uk/>
- Community Mental Health - IAPT and IAPT compliant Counselling services

## 1.1 Statement on Quality from the CEO



I am pleased to present our annual Quality Account for the year ending March 2023.

The preparation of this report provides an important opportunity for us to reflect on our performance and achievements over the last year, identifying the things we have done well, and the areas where we can improve. This then sets the scene for identifying priorities and objectives over the year to come.

As a national provider of community healthcare services, we have a unique perspective on the different needs and experiences of patients and colleagues in working in many places across the country. Gathering these experiences and sharing the lessons across our services remains an important aspect of our approach to delivering, assuring, and improving quality.

In common with much of healthcare, the last year has been dominated by efforts to recover from the impact of the Covid-19 pandemic on our patients, colleagues and therefore the services we provide. Foremost among these has been a focus on reducing appointment waiting times and ensuring that face-to-face care is provided where this is appropriate. Whilst there is still work to do, I am pleased to report that average first-appointment waiting times across our services have reduced significantly and we continue to see a trend of improvement. That said, I acknowledge that in some parts of the country and for some patients, the waiting times are longer than we would like, so this will remain a principal objective for us.

The related issue of ensuring colleague well-being has been ever-present over the last year. Our patient-facing colleagues, both clinicians and care coordinators, have worked with huge commitment and focus to facilitate improved access to our services and I would like to take this opportunity to thank them for their endeavours. Our most recent colleague engagement survey reflects the initiatives and efforts we have undertaken to support our colleagues, showing a significant improvement over the last year.

Despite all the post Covid-19 challenges, I am reassured by the feedback we receive from our patients. The NHS Friends and Family Test is the cornerstone of our patient feedback and has remained well ahead of sector averages throughout the last three years. We support more than 350,000 patients each year and on average across our services, almost nine out ten patients would be happy to recommend our services to others. Again, we are seeing an upward trend in this feedback. Our Patient Reported Outcome Measures also continue to track above sector norms.

Further assurance comes from our engagement with the Care Quality Commission, who assessed our services in mid-2021 and at the end of 2022, rating us overall as Good, while Outstanding in the Well-Led domain on both occasions. When taken alongside our continuing ISO9001, ISO27001 and Cyber-Essentials accreditations, it is pleasing to see the results of our continuing investment in quality control and governance.

Our Pioneering, Dynamic, People-Centred and Quality-Focused values continue to guide our approach and priorities. Over the next year we will maintain the emphasis on improved access for patients, investment and development of our colleagues and learning from our own experiences as well as those of our peers across healthcare. Given the pressures on NHS services, we remain committed to supporting our NHS partners, serving our patients, and jointly developing innovative approaches to delivering care of the highest quality.

**Mike Turner, CEO**

## 1.2 Chief Medical Officer's Statement



As the largest provider of community MSK services to the NHS, every year brings change, some dictated externally but for Connect Health much is generated internally to fit with our values of Quality, Pioneering, People-centred and Dynamic.

We welcome some important and relevant developments externally from the NHS England “Best MSK” project which aimed to encourage adoption across ICBs of standard community MSK pathways and data collection to evidence standards in those pathways. It was reassuring that our existing pathways in MSK, Rheumatology and Chronic Pain required little attention to meet those standards and our data capability has been in place for several years to support service development and the quality agenda in those areas. Being able to benchmark against other services will be very welcome when all providers can come together and share outcomes, learning and development ideas in partnership.

Partnerships across pathways remain important for us at Connect Health. During 2022 we successfully launched a new large MSK service in Oxfordshire in partnership with local Primary Care providers and with great support from the local NHS Trust. Despite well documented staffing challenges in all healthcare settings, we launched in Oxford in October 2022, on time and fully staffed. Six months into this service we have already had incredibly positive feedback from the ICB plus Oxford Health Overview and Scrutiny Committee (HOSC – patient representative organisation) who stated the new service already provided “excellent, seamless care.” The partnership working with primary care has been extremely valuable in us being able to achieve this. Whilst we are confident and have a proven track record of providing high quality community services, the local knowledge provided by primary and /or secondary care partnerships further enhances the services we provide.

Our data capability has, in the last year, gone through a major revision. In 2017 our data warehouse was developed and has served us, our services, and our patients well. In 2017 it was seen as innovative and pioneering. The data we collected was presented at national and international conferences and the MSK data we had accumulated was described by Professor Peter Brukner of La Trobe University Melbourne as “undoubtedly the largest in the world”. This data has been used extensively for audit, research, and peer reviewed publications. However, like all things in life and more so in respect of technology, the data warehouse has grown old and slowed down. To keep us at the forefront we are near completion of an extensive redesign of our data collection and data warehouse. Our PROMS (patient recorded outcome measures) moved to electronic remote collection in phase-1 providing a more reliable (unaffected by clinician presence) patient feedback on clinical quality.

We have been able to collect more measures and add collection outcomes at 3 and 12 months rather than just at the traditional post-discharge point. Early indicators suggest that the 3-month data looks better than the post discharge data. This supports our hypothesis that a personalised, holistic approach and drive to self-management should show improving outcomes with time rather than the reducing benefit seen for passive treatments of injections and operations which is still much used in many pathways. As our data capacity evolves, we will be able to share more.

Finally, health inequalities have been a key focus for the NHS and for Connect Health this year. Each of our services has a health inequality action plan in place which is bespoke to reflect the individualised needs for that local community.

We are planning, in line with our pioneering value and using our internal data capability, to pilot a more proactive approach to assessing health needs given the challenges for patients in accessing services despite clear need. At the time of writing, we are seeking an ICB/ICS partner to work with us to apply the “integrated” function in this regard as determinants of health are recognised as the most important. We note that while it is positive to demonstrate good outcomes in the population who access services, it is equally important to recognise the deficiencies for the greater numbers who do not – we are keen to make further progress in improving access guided by the experience of those people/ groups. This will be exciting and key in coming years and something we are determined to make progress in. I hope next year’s report reflects this and reports a greater interest in this work.

**Dr Graeme Wilkes, Consultant (SEM)**  
**Chief Medical Officer**

## 1.3 Statement of Assurance

We confirm that this, our Quality Account for 2022-2023, presents a true picture of the quality of services we provide, that the information is reliable and accurate and there are proper controls over the collection and reporting of data.

We confirm that this Quality Account conforms to the Department of Health guidance and is open to scrutiny and review.



1<sup>st</sup> June 2023  
**Mike Turner**  
**CEO**



1<sup>st</sup> June 2023  
**Dr Graeme Wilkes, Consultant (SEM)**  
**Chief Medical Officer**

## 1.4 Connect Health's COVID-19 Pandemic Response

In February 2020, as the Coronavirus pandemic hit the UK, Connect Health quickly established our methodology for supporting our colleagues and patients. Decisions were made in the Connect Coronavirus Planning Group (CCPG) and involved Connect Health's Board and Senior Leadership Team. During 2022-2023, like all healthcare providers, we have been undertaking service recovery in respect of the pandemic.

During the pandemic we had an incident response plan which we used to ensure a flexible, effective response to an increased impact while ensuring safety of colleagues and patients, minimising the interruption to our service delivery model. This allowed us to coordinate our activities across services nationally and look at ways we could support the NHS response, potentially beyond delivering our commissioned services.

Our colleagues' safety was of paramount importance throughout the pandemic, and we continued to follow Government guidance and often took a more cautious approach to safeguard our colleagues and patients.

As the pandemic progressed, Connect Health worked hard to ensure we could continue to provide care to patients where there was demand. To support this aim, we took various approaches:

- Where clinically appropriate, F2F appointments were offered in our NHS services, and we found that demand increased steadily across all services as time progressed.
- We offered a suite of virtual resources including telephone & video appointments, Physitrack programmes for self-management, live rehab sessions on Facebook and virtual group sessions including pain management resources.
- We continually implemented all COVID-19 precautions such as the patient screening questions, new venues were risk assessed and COVID safety measures put in place before use and colleague COVID-19 risk assessments were completed.
- All government and NHS guidelines were followed, including those relating to PPE, social distancing, testing and response to a positive COVID-19 case.

In order to ensure our colleagues were informed and supported, we continued with our communication strategy, involving regular messages from our Chief Medical Office and these messages were varied in their format – email, live Q&A session, video message and also varied in the topics covered, updating colleagues about the business performance and outlook, providing guidance and information about the COVID-19 situation such as, Lateral Flow Testing, accessing vaccines etc. We also involved colleagues in shaping the return to work at the appropriate time and introduced a Hybrid Working Policy to give colleagues the flexibility to choose their working pattern & locations.

We continue to practice heightened infection prevention and control procedures and routinely update colleagues re COVID-19 status in their local community.

## 1.5 Further Information and Feedback

If you would like any of the following:

- to give us feedback on any aspect of this Quality Account
- a hard copy of this quality account
- a copy to read it in a different language.
- to talk to someone about your experiences of our community MSK services
- to find out more about how to access our services.

Please email [access@connecthealth.co.uk](mailto:access@connecthealth.co.uk) or phone 0191 250 4580.

### Service specific Information

For each of our NHS services, the website details:

- Services on offer
- Meet the team – photos and bios.
- Patient guides and information in PDF to download.
- Detailed information about each clinic – full contact information, directions, parking, opening hours, what to do on arrival, additional services, frequently asked questions.
- Patient resources – informative and educational videos, PDFs, and links to credible websites

If you have any questions or require assistance in accessing our website, please email: [integratedgovernance@connecthealth.co.uk](mailto:integratedgovernance@connecthealth.co.uk) or phone 0191 250 4580.



## 1.6 Connect Health's Green Plan

Connect Health's Green Plan has been created and uploaded to our website where it can be located via the following link: [Connect Health Green Plan - Connect Health](#).

## 1.7 Quality Assurance and Quality Management

Quality Assurance at Connect Health is a key priority. Our service standards are benchmarked against local and national regulatory and legal requirements, as well as those defined through specific bodies and organisations such as the Chartered Society of Physiotherapy (CSP), the Nursing and Midwifery Council (NMC), the General Medical Council (GMC), the Health and Care Professions Council (HCPC), the Care Quality Commission (CQC) and the NHS Information Centre, NHS Digital.

We undertake routine structured audits of our services, as well as external certification and inspections. Our quality audits are aligned to the ISO 9001 standard; these mirror the requirements for CQC compliance as well as guidance from centres of excellence, for example the National Institute for Health and Care Excellence (NICE).

We aim to deliver consistently high standards to all our stakeholders, not least to the patients who put their trust in our care.

We published our Freedom to Speak Up Policy this year and relaunched our Freedom to Speak Up Guardians scheme. We did this to impress upon our colleagues the importance of speaking up whenever they have concerns, learning from any incidents and feedback and apologising openly when we are at fault. This will allow us to improve services for the future benefit of those who receive our care.

### 1.7.1 ISO Accreditation

Connect Health have successfully attained ISO9001:2015 certification since 2017, for the provision of MSK, rheumatology and pain management services. It is an internationally recognised quality standard, which requires a business to monitor, measure and improve performance and service delivery, with set criteria for documentation, evaluation, and implementation of services.

We are proud of this achievement as it demonstrates the desire and focus on continuous improvement to benefit our 3 stakeholders: colleagues, patients, and taxpayers. It is further proof of the competence, efficiency, evidence-based practice and dedication of Connect Health and all colleagues, supporting our vision and strategic objectives.

The following notable positive findings were identified from the last audit, carried out in July 2022:

- The culture of continuous improvement remains strong with good evidence demonstrated of improvements since the last assessment which are outlined below and ongoing planned projects focussing on Digitally Enabled Care and improvements with reporting and management information.

- Overall, there appears a very thorough approach to risk management with the risk register now fully operational on Datix. Following training and awareness sessions, improvements in how risks are being identified, addressed, and monitored was noted. The introduction of a Risk Management Committee and confirmation of responsibilities and accountabilities with risk management have further enhanced the risk culture within the organisation.
- A recent staff survey, the "Hive" survey, was undertaken to identify improvements and following this there is good evidence of communicating improvements which have been implemented as a result from "You said we did" information and the Chief Executive Officer briefings. Examples include a pay increase, a focus on enhancing internal communications and reintroducing social events.
- The Incident Reporting and Investigation process continues to be robust with Datix working well to record all incidents and good evidence of detailed investigations seen. A new Incident Review Panel was introduced last year to provide a consistent approach to review potential serious incidents and a monitoring section has been added to Datix to review the close, to ensure effectiveness. Theming incidents has also been introduced to identify any trends and areas which require a particular focus. Ongoing training on the system has been undertaken and improvements have been noted as a result.

## 1.8 Regulatory Compliance

### 1.8.1 Care Quality Commission (CQC) Inspections and Compliance

The Connect Health Group hold 2 CQC regulated provider arms:

- Connect Health Ltd
- Connect Health Pain Services – NW CATS

We have a robust approach to internal quality assurance monitoring so that we can benchmark ourselves internally and externally. Assuring excellent quality service delivery is of primary importance to Connect Health. Evidencing quality assurance allows us to govern, regulate and improve the services provided by our administrative, clinical, and managerial/leadership colleagues.

Connect Health Ltd is registered with the (CQC) under the following Regulated Activities:

**Our current CQC rating is Good overall with Outstanding in the Well-Led domain.** As such, no enforcement notices or improvement plans have been issued by CQC to Connect Health and we have no ongoing CQC investigations.

| CQC Registration   | Reference Number |
|--|------------------|
| CQC Organisation Identification number                             | 1-151592833      |
| 1. Transport services, triage and medical advice provided remotely | FR25212_2_2      |
| 2. Diagnostic and screening procedures                             | FR25212_2_3      |
| 3. Treatment of disease, disorder, or injury                       | FR25212_2_1      |

Since our registration with the CQC in 2011, Connect Health has had 3 inspections, all of which demonstrated Connect Health have met the required CQC standards.

For our most recent (May 2021) report, see [Connect Health Limited \(cqc.org.uk\)](https://www.cqc.org.uk/public/inspectedorganisations/127869588).

Connect Health Pain Services – NW CATs is registered with the (CQC) under the following Regulated Activities:

**Our current CQC rating is Good overall with Outstanding in the Well-Led domain.** As such, no enforcement notices or improvement plans have been issued by CQC to Connect Health and we have no ongoing CQC investigations.

| CQC Registration                             | Reference Number |
|--|------------------|
| CQC Organisation Identification number       | 1-127869588      |
| 4. Diagnostic and screening procedures       | FR25212_2_3      |
| 5. Treatment of disease, disorder, or injury | FR25212_2_1      |

Connect Health Pain Services – NW CATs was inspected in December 2022.

For our most recent (Dec 2022) report, see [Connect Health Limited \(cqc.org.uk\)](https://www.cqc.org.uk/public/inspectedorganisations/127869588).

## 1.8.2 NHS Digital Compliance (DSP Toolkit)

Connect Health is registered with NHS Digital and undertakes annual accreditation to ensure that the IT systems, processes, and colleagues involved with handling patient data, information and records are safe, security is maintained and handled in line with regulatory and good practice standards. This is achieved via the Data Security and Protection (DSP) Toolkit. The DSP Toolkit is an online self-assessment tool that enables organisations to measure and publish their performance against the National Data Guardian's ten data security standards. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly.

Connect Health received a DSP assessment status of 'Standards Met' against the 2022/2023 standards in February 2023. This provides patients and commissioners with confidence that all data and records held and/or transferred by Connect Health are in line with NHS Standards and in keeping with the Data Protection Act and the General Data Protection Regulations (as of May 2018).

Connect Health have successfully renewed its Cyber Essentials certification in March 2023. In November 2022 we also implemented monthly vulnerability scanning of our externally facing infrastructure by a third-party CREST accredited Penetration Tester.

## 1.8.3 NHS Provider Licence (NHS Improvement)

In November 2016, Connect Health became registered with Monitor which provided us with an NHS Provider Licence to deliver services for our NHS contracts. Confirmation of adherence is

submitted via self-certification against G6 Licence Conditions, which is required annually, 2 months after the end of Connect Health's financial year in August. Since 2016, Connect Health has met all the requirements from NHS Improvement (formally Monitor) and met all the relevant criteria for ongoing registration and approval of our NHS Provider Licence.

## 1.9 Contribution to National Audit Databases and Research

Connect Health are long committed to the undertaking of a meaningful and robust clinical audit programme. This year has seen us move to a more comprehensive programme on a bi-annual basis that allows for not only more audits to be completed but also ensure they are meaningful and drive both assurance and improvement.

Our market-leading data reporting capability through our live Data Warehouse which updates daily, provides easily accessible data dashboards with a wealth of contemporaneous data informing continuous improvement, reduction in unwarranted clinical treatment variation and hence better outcomes for patients. Data can be individualised to meet the needs of clinicians, commissioners, internal governance, and performance monitoring. Benchmarking of clinicians, services, and regional and national service provision, adjusted for local demographics, is key to ensuring service performance, quality and safety is maximised to benefit patients, taxpayers, and colleagues.

Given our data rich environment, research, and external dissemination of the learning we gain is important to us and allows benchmarking amongst providers.

### **Research Output**

Connect Health continues to establish itself as an organisation publishing research on a regular basis, with the outcomes used to understand the impact on clinical delivery and the development of effective patient treatment programmes, at a local and national level. This work is led by our QIPP group. The remit of this group is to provide strategic oversight to our research, QI, audit programme and guideline utilisation.

Throughout 2022-23, Connect have continued to remain research active through the initiation and delivery of own research, ongoing and new collaborations with various universities, and the introduction of embedded research programmes such as PhD studentships.

## 1.10 Clinical Governance

At Connect Health, clinical governance is at the heart of our business and our culture. It is used to support our patient-professional partnership, to ensure consistent delivery of high quality, safe and effective services, with excellent clinical outcomes and patient experience. We are passionate about protecting patient safety and being innovative with our systems and processes.

The Clinical Governance Framework (CGF) provides the organisation with cohesive structures within which clinical practice is delivered and measured. It also provides a vehicle for the safe implementation of change, based on service needs, incorporating colleague and patient feedback and evidence-based practice. This allows the organisation to effectively meet the needs of its stakeholders including patients, commissioners, GPs, and colleagues.

Our clinical leadership structure allows local ownership and accountability of clinical governance. Our meeting structure enables the reporting, monitoring, and learning from Board to Floor and Floor to Board on all areas of risk to patient safety, clinical effectiveness, and patient experience. These include:

- 1.10.1 Integrated Quality, Audit and Compliance Group
- 1.10.2 Clinical Governance Committee
- 1.10.3 Clinical Audit/Guidelines/Research Group (QIPP)
- 1.10.4 Medicines Management Group
- 1.10.5 National Safeguarding Panel
- 1.10.6 Risk Management Committee

The board gains assurance on the effectiveness of all clinical governance processes via our assurance committee, the Integrated Quality, Audit and Compliance Committee (IQACC). An independent Non-Executive Director chairs this. A regular report is received by the Board which includes Patient Stories and on occasions patients attending in person. The leadership team has also undertaken regular walkabouts of our services to increase visibility and to increase awareness of any issues affecting local services.

### **Developments in Clinical Governance**

Over the course of 2022-23, Connect Health has made good progress in the management of Patient Safety, Patient Feedback and Risk. In November 2022, the Clinical Governance Team was restructured to ensure job roles aligned with our Clinical Governance priorities. This led to a demonstrable improvement in the quality of investigations as well as our responsiveness to Patient Safety Incidents and Patient Complaints.

Several awareness and training sessions were delivered throughout 2022/23 to improve the quality of investigations within the organisation which were well received and have led to clear improvements in actions taken because of Patient Safety Incidents and Complaints.

The management of complaints continued to improve in 2022/2023, supported by the recruitment of a dedicated Patient Feedback Coordinator and increased engagement from all areas of the organisation. Regular Complaints Lessons Learned and Actions reports are shared with the wider business monthly, and all key themes discussed at our Clinical Governance Committee.

The culture of risk management is well embedded within the Senior Leadership Team in Connect Health. The Risk Register forms the basis of each governance meeting and are central to the effective functioning of the day-to-day business. There are formal links between the incidents and complaint actions and risk management to ensure mitigation is monitored. In this financial year the national Risk Management Committee ensures ongoing monitoring of controls at Director level of the organisation. We have also developed an organisational Board Assurance Framework (BAF) which is being used to inform future objectives and strategy.

Connect Health is committed to adopting the new Patient Safety Investigations Response Framework (PSIRF). Throughout 2022/23, Connect Health has engaged with our ICB partners and is an active participant in the relevant regional Patient Safety Networks. Connect Health is confident that PSIRF will be implemented in time for the Autumn 2023 deadline and continues to make progress on the agreed implementation plan. We have also engaged directly with Independent Healthcare Providers Network (IHPN) to support the implementation of PSIRF nationally among independent providers of NHS funded care.

## Quality Assurance and Our Audit Programme

Connect Health's quality assurance and audit programmes provide Connect Health and our service commissioners with the opportunity to:

- 1.10.7 Measure performance against local and contractual quality standards
- 1.10.8 Benchmark quality standards between services for comparison
- 1.10.9 Benchmark against external standards (where these are published)
- 1.10.10 Identify service improvements to meet or improve standards of care.
- 1.10.11 Participate in future national audit and research - such as through Healthcare Quality Improvement Partnerships (HQIP)

Our audit cycle feeds into our process for continuous improvement, ensuring standards are maintained, delivery is re-evaluated, and future healthcare models are developed from the lessons we have learnt or evidence from external sources, to derive continued benefits for patients, commissioners, and colleagues.

The quality of our services is reviewed quarterly at Connect Health's Clinical Governance Committee meetings, as well as at local and regional groups, Contract Service Review meetings with the ICBs.

Audits completed and learnt from across the organisation and in each region in 2022/2023 were:

- Clinical Documentation Audit
- Infection Prevention and Control Audit
- Medicines Management - Injection Therapy Audit
- Diagnostic Imaging Referrals Safety and Quality Audit
- Triage Quality Audit
- Right Place, Right Time (MSK, Rheum, Pain, ESWT)
- Confirmed Serious Diagnosis Audit
- Safeguarding Children and Adults at Risk Audit
- Data Quality Audit – incidents and complaints
- Physio Partner Report Quality Assurance
- Radiation Dosage Audit

Improving quality audit and reporting is further discussed in section 2.

## Equality, Diversity, Inclusion (EDI)

At Connect Health, we recognise that equality, diversity, and inclusion (EDI) are essential to providing high-quality healthcare services that meet the needs of all individuals. We understand that society's views on EDI have evolved, and we have taken steps to rebase ourselves accordingly. As part of this continued commitment, we have established a new EDI Committee and appointed ambassadors throughout our organisation to champion EDI.

The EDI Committee is convened to ensure that in line with good practice and current legislation Connect Health commits to EDI to the benefit of patients and colleagues. We are committed to ensure that the health needs of the diverse patient communities we serve are met. The EDI Committee provides strategic direction, leadership, and support for delivery of Connect Health's EDI initiatives and for compliance with legislative and regulatory requirements relating to the Equality Diversity Inclusion and Human Rights agenda. The Committees role is to ensure all colleagues feel

safe and can flourish in a workplace free from discrimination.

We understand the importance of embedding EDI throughout our organisation, and we are committed to delivering on patient and workforce inclusivity in bite-sized chunks. To this end, we have developed a revised EDS2022 plan that will guide our efforts to move forward with EDI. We are committed to ongoing learning and growth in this area and look forward to continuing to make progress toward a more equitable, diverse, and inclusive healthcare environment for all.



## **Section 2**

# **Review of Quality Performance & Improvements for 2020/2021**



## 2.0 Assuring and Improving Clinical Effectiveness and Patient Experience

Performance feedback is given at clinician, service and national level via supervision, team meeting, quarterly Quality Reports informed by multiple metrics, e.g., Incidents, complaints, compliments, Audit results, Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMS). We identify themes and through root cause analysis identify service and national level actions and implement them.

### 10/10 Clinical Support Tools

Our 10 out of 10 (10/10) clinical support tools were originally developed in 2016 to guide colleagues in reducing unwarranted clinical variation and ensuring all patients receive evidence informed care. Details of these can be found here – <https://www.connecthealth.co.uk/connect-clinical-guidelines/>.

The tools developed have since been reviewed and evolved. There was a significant update in 2020 and content was reviewed again in 2022.

In 2022/23 there has been the addition of a new clinical support tool developed regarding chronic primary pain, on the background of recent publications of NICE guidance related to this. Support tools relating to Complex Regional Pain Syndrome (CRPS) and Chronic Fatigue Syndrome (CFS/ME) have been developed and will be rolled out in 2023/24.

## 2.1 Measuring Clinical Outcomes (MSK / Pain / Rheum)

Addressing Health Inequalities by using data to improve exposure to our services for communities and individuals who traditionally do not access services is a key new focus for Connect Health moving forward. This importantly includes health literacy and outreach work e.g., The Flippin' Pain public health campaign, which hosts community events to change the way the public views pain, as well as traditional appointment attendance. Alongside demographic data our new capability with a range of outcomes and a revised more powerful data warehouse, we will be able not only to demonstrate quality in our service delivery but start interrogation on who accesses our services, who does not and direct outreach activities.

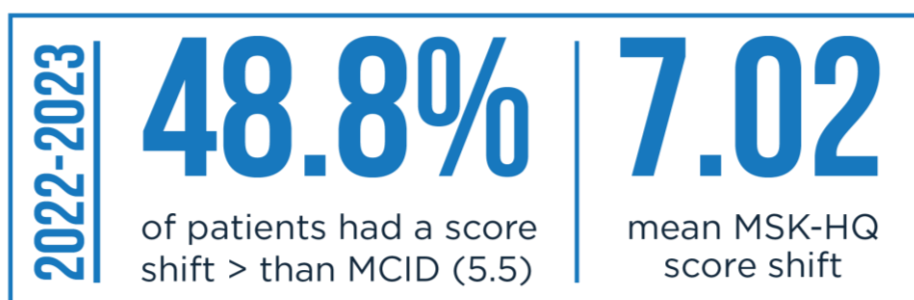
In January 2022, we changed what and how we collect data and outcome metrics to assure, inform and further improve the design and quality of our clinical care. We believe this will maintain us as an organisation at the forefront of collecting and importantly using data to learn and use that learning to improve clinical pathways and hence patient care. Based on our longstanding and well-developed data capability, we were the first provider of community MSK services to fully adopt the proposed national MSK dataset from Best MSK Health and Keele University. During the past 12 months we have introduced an enhanced suite of Pain PROMS (Patient Reported Outcome Measures).

Our enhanced suite of metrics includes PROMS, PREMS (Patient Reported Experience Measures) and baseline demographic, expectation, and clinical factors. These are captured electronically ahead of appointments via weblink accessed by either email or text or in appointments, if patients have been unable to complete them electronically. We collect these before first assessment, at discharge and at 3 and 12-months post discharge. Importantly, PROMS are completed by patients remote from their clinician removing biases that can occur

and providing a new degree of reliability and confidence in these outcomes. Despite this move to remote collection, we have a national response rate of approximately 60% for MSKHQ with ~140,000 completed datasets in 2022-2023. We are now collaborating with people with lived experience to co-produce solutions to further optimise completion rates, improve access, and reduce inequalities.

To ensure our outcomes reflect the whole community, our outcomes measure questions can be read out to patients, completed in 120+ different languages on a smartphone or laptop or via voice recording, with the person choosing their preference.

Clinicians have access to individual patient initial PROM scores and their responses via SystemOne at first attendance to help individualise the consultation to follow. We have visibility of descriptors, demographics, and PROM data via dashboards and KPIs are reviewed monthly and quarterly to identify and address themes or area of concern, we also provide commissioners with PROM and other data on a monthly and quarterly basis. As our data sets mature and grow, we will have the ability to fully harness the potential (e.g., for benchmarking using case mix adjustment, prediction, analysis of who does best from what and who is needs could be better met). In the next phase of our PROM Program of work we will apply this learning to Rheumatology.



## 2.2 Measuring Patient Experience

Providing excellent patient-centred care is at the heart of Connect Health's clinical philosophy of healthcare, as well as its clinical strategy. This means providing a positive patient experience as well as good clinical outcomes of care. As testimony to that, we are proud to have partnered with the Personalised Care Institute (PCI) this year as we look to continuously improve the patient experience.

### [Putting patients at the centre with Personalised Care - Connect Health](#)

We measure this through the Friends and Family Test (FFT) which is collected by an independent source and patients can submit their responses at any point during their care journey.

Once again, we set service-wide performance objectives (>85% of people accessing our services proving positive response) to encourage all clinical and operational colleagues to focus on improving patient experience.

In 2022/23 across all our services, 85.76% of our 40,169 respondents would recommend our services to friends or family. Only 6.7% would not. This is based on a 33.0% response rate. All the above metrics are consistent with those reported in last year's Quality Account.



### 364 Day Overview

| Survey Status                             | No. of Discharges | % of Total | Question 1                         | Ratings Received | Response Rate | Question 2                         | Comments Received | Response Rate |
|---|-------------------|------------|------------------------------------|------------------|---------------|------------------------------------|-------------------|---------------|
| Survey Sent                               | 115538            | 94.40%     | IVM                                | 2925             | 02.39%        | IVM                                | 1977              | 01.62%        |
| Excluded due to Survey Fatigue Protection | 3927              | 3.21%      | Online Survey Once Patient is home | 3696             | 03.02%        | SMS to IVM                         | 89                | 00.07%        |
| FFT open survey                           | 3747              | 3.06%      | SMS                                | 33548            | 27.41%        | Online Survey Once Patient is home | 3364              | 02.75%        |
| Excluded due to opt-out                   | 2508              | 2.05%      | <b>Totals</b>                      | <b>40169</b>     | <b>32.82%</b> | SMS                                | 27123             | 22.16%        |
| Message not scheduled due to error        | 417               | 0.34%      |                                    |                  |               | <b>Totals</b>                      | <b>32553</b>      | <b>26.60%</b> |
| Survey Pending                            | 1                 | 0.00%      |                                    |                  |               |                                    |                   |               |

Responses can be broken down by contract, service-line (virtual consultation, MSK, CATs, pain, rheumatology, etc.) and by individual clinician. We analyse responses in this way, which means we can provide positive, meaningful feedback to clinicians on their performance, from their patients' individual perspectives.

## 2.3 Improving Quality Audit and Quality Reporting

Our QIPP (Quality Improvement Projects and Policy) group lead our approach to quality improvement (QI) across the organisation. QIPP provides oversight and co-ordination of clinical audit activity across clinical delivery and fosters a multi-professional culture of QI and innovation, working collaboratively and strategically across business functions including Operations, Governance and Clinical Delivery.

The QIPP group also ensures that recommendations are made regarding respective infrastructure, in terms of research and associated clinical audit that reflects the requirements of NHS providers under NHS Health Research Authority (NHS HRA). Our approach to QI allows Connect Health's clinical research strategy to be delivered effectively by monitoring projects and publications in accordance with ethical principles.

In 2021 we updated our audit plan and robustness of our methodologies associated to our different audits. We introduced 2 new audits in 2022/23 – Referrals to ED (measuring against the standards of care outlined within our internal policy) and Low Back Pain (measuring against the standards of care outlined by the corresponding NICE guidelines).

The results for each audit can be seen in the table below.

| Audit (22/23)                    | Internal Quality Standard | Attainment |
|----------------------------------|---------------------------|------------|
| Infection Prevention and Control | 100%                      | 99%        |
| Clinical Records                 | 90%                       | 93%        |
| Injection Therapy (MSK)          | 100%                      | 97%        |
| Prescribing (Rheum/Pain)         | 100%                      | 97%        |
| Clinical triage                  | 90%                       | 98%        |
| Diagnostic Requesting            | 95%                       | 88%        |
| Referrals to ED*                 | 100%                      | 64%        |
| Low Back Pain**                  | 90%                       | 71%        |

For those audits where performance fell below the expected internal quality standard, action plans aligned to an improvement cycle have been developed and implemented. This will ensure that the findings from one audit cycle through to the re-audit.

Below are key lessons learned and actions from those audits:

**Diagnostic Imaging:** This audit showed that imaging rates were increasing as part of COVID recovery and at times not guideline compliant. To address this, we initiated quarterly optimisation sessions as a national clinical lead group, with focused supervision, education, and re-audit.

**\*Referrals to ED:** The key learning from this audit is that to achieve the 100% standard is difficult as these presentations are difficult to identify clinically with certainty and if we were seeing 100% performance there is a risk, we would likely be missing appropriate cases. Therefore, we ensure clear themes are discussed between senior clinicians pre-referral re the appropriateness of a referral so encouraging the use of internal on-call rota to support decision making.

**\*\*Low Back Pain:** Our performance benchmarks favourably with the external literature. Key areas of focus are to review CPPP implementation and encourage uptake of gym/group exercise sessions through referral optimisation.

## 2.4. Supervision

All clinicians have regular and robust clinical supervision by one or more appropriate supervisors as per the Connect Health Policy. This is inclusive of the FCP supervisory requirements as outlined by the HEE Roadmap to Practice. Whilst clinical supervision can be individual or group based, there is a minimum requirement set for individual and direct observation of practice. An e-Form is completed for every clinical supervision session, with a dashboard available to the relevant leaders within the organisation to monitor adherence against the policy and capture and act on any organisational learning. Clinical supervision training is accessed via the Connect Health Academy, and we have piloted several group peer supervision models (e.g., SHAPE, Modified Action Learning Sets) as well as face-to-face and virtual delivery.

## 2.5 Research and Quality Improvement

### 2.5.1 Research

Having committed to increasing our research activity several years ago, we are now in a position where our output is both substantial and sustained. In the last five years we have published 32 peer-reviewed papers in a variety of medical, rheumatological, pain and rehabilitation journals. To continue to foster a research culture, this year has focused on growing capability and opportunity for research involvement.

This has taken the form of renewing existing collaborations and creating new partnerships that have provided multiple opportunities for our clinicians to be involved in various stages of research: design, delivery, participation, recruitment, analysis, dissemination. Through our national reach and vast number of patients seen per annum, we possess a unique opportunity to be both an

effective and efficient recruitment centre for research studies. We are in turn an active recruitment centre for numerous University-led research studies, including those on the NIHR portfolio. As well as having several current PhD candidates, a key development for us this year was the first joint-funded PhD studentship that we launched with the University of Essex. This studentship allows a clinician to have ring-fenced time in their week to complete a PhD alongside clinical practice to realise the benefits of integrated clinical academic roles.

### **2.5.2 Quality Improvement**

For the third year in a row, all service leads have had a shared objective to initiate and deliver a quality improvement project that aligns service need to organisational strategy. This reflects the embedding of QI principles within our culture following an initial focus on training and understanding these principles. Significantly, at the end of each year this culminates in a showcase event where the impact, output and learning of each project is shared across all services so that that improvement can be maximised.

Following our progress with QI and the internal and external impact, we were invited to present on our journey and lessons learnt to help others achieve the same in their organisations. These invites were from the IHPN and QI4Evidence network from the Q-Community. In 2022-23 we initiated a rolling programme of Task and Finish groups led by clinicians, aimed at QI priority areas. As well as delivering tangible outputs these will provide a change management and leadership opportunity for clinicians.

#### **2.5.2.1. Optimal Pain Project**

Connect Health have been providing stand alone and integrated pain services for several years. Whilst those services serve different patient populations and commissioner specifications vary, even accounting for this, there was variation in some aspects of service provision. Tackling unjustified or unwarranted variation was highlighted as a priority objective within both the NHS Mandate (2018) and the Five Year Forward View (NHS England, 2014). We therefore completed a programme of work called Optimal Pain Pathway (OPP) to define levels of pain care and model activity and costs. We have mapped existing services against this and completed gap analysis and recommended changes. We are now implementing OPP via quality improvement initiatives.

## **2.6 Health Inequalities and Public Health**

Health Inequalities in terms of access, experience and outcomes have been a key area of focus across Connect for 2022-23. To ensure Connect contributed an active and collaborative role in the steps required to address health inequalities, three significant actions were implemented. The first was the inclusion of addressing health inequalities within clinical strategy; the second was to plan and deliver a health inequalities study day for all clinicians with representation from NHSE and ARMA; and the third was the development of local action plans within each service.

Aligned to Health Inequalities is Public Health. Connect has continued to actively support primary, secondary, and tertiary prevention through clinical development, local collaboration and making every contact count (MECC). Additionally, 2022-23 saw a ramping up in Flippin Pain initiatives and scope with various public education events, rural outreach and pelotons and a broadening of clinical focus toward arthritis and fibromyalgia.

## 2.7 Contribution to External Policy and Practice

Connect Health have presented (invited speakers, poster presentations, facilitated workshops) at several virtual and in-person conferences and study days (e.g., 12<sup>th</sup> Congress of the European Pain Federation (EFIC), Primary Care Society for Gastroenterology (PCSG) Annual Scientific Meeting, BASEM Conference 2022, Westminster Health Forum Policy Conference, MSK Conference 2022, Physiotherapy Pain Association, Institute of Osteopathy Strategy refresh, European Society of Shoulder and Elbow Rehabilitation). We deliver sessions on post graduate CPD courses (e.g., Revision Course for the FSEM PCRMM diploma in MSK Medicine) as well as contributing to the delivery of undergraduate and postgraduate university curricula (e.g., Manchester, Keele, Brunel, Bradford, Teesside Universities).

In addition, Connect Health contribute to external national policy and practice developments through committee and project group membership (e.g., British Pain Society Pain Management Guidelines, NICE Adoption and Impact Reference Panel, Physiotherapy Pain Association).

### 2.7.1 Connect Health Education & Communication

Connect Health have continued the Connect Health Change series of thought-leadership webinars, hosting a further 5 events during the 2022-23 period, along with 2 webinars promoting our graduate programme. We have continued to work closely with our customers and produced a range of case studies, press releases, blogs and patient stories featuring our outcomes and innovations. We have also continued our 'Life at Connect' series of colleague stories, producing 15 people features from colleagues across our MDT range of roles. Further details and links can be found here - <https://www.connecthealth.co.uk/connect-health-education-communication-2022-23/>.

## 2.8 Increasing Access to Psychological Therapies (IAPT)

Core to Connect Health's clinical ethos understand optimal health encompasses both physical and mental health. We continue to develop and grow our IAPT services to support those experiencing depression and anxiety using evidence based psychological treatment.

### History

The IAPT programme was developed as a way of systematically organising the delivery of and access to psychological therapies within the NHS. The national implementation of the IAPT programme started in 2008 following the successful outcome of two pilot projects in 2006. IAPT has steadily grown since 2008 so that over 1.5 million people were able to access services in 2019/2020. The Five Year Forward View for Mental Health and The NHS Long Term Plan commit the NHS to further expand the IAPT programme so that 1.9 million people per annum will be able to access the services by the end of 2023/2024.

### What are IAPT Services?

IAPT services have the following 3 key elements:

1. Evidence based psychological therapies at the appropriate 'dose' (number of sessions): this is to ensure that the recommended NICE treatments are matched to the mental health problem and that the intensity and duration of delivery is designed to optimise outcome.
2. Appropriate trained and supervised workforce: where high quality care is delivered by clinicians who are trained to an agreed level of competence and accredited in the specific

therapies they deliver and who receive weekly, outcome focused supervision by a senior practitioner.

3. Routine outcome monitoring: where session by session routine measures are administered so that patients and the treating clinicians can have up to date information on clinical progress.

### **IAPT Structure**

Our IAPT services are delivered using a stepped care model. It is based on the principle that people should be offered the least intrusive intervention appropriate to their needs first. People experiencing mild depression or anxiety may benefit from a course of low intensity delivered by psychological wellbeing practitioners (PWP). Individuals who do not reach full recovery at this level can be 'stepped up' and offered a course of high intensity treatment delivered by BABCP accredited Cognitive Behavioural Therapists and BACP accredited counsellors.

### **Conditions Treated in our IAPT Services**

We provide support for adults with depression and anxiety disorders that can be managed effectively in a uni-professional context. NICE, recommended treatments are delivered by a single competent clinician, with or without concurrent pharmacological treatment, which is typically managed by the GP.

We provide Core IAPT services for people with the following common mental health problems:

- Depression
- Generalised anxiety disorder
- Agoraphobia
- Body dysmorphia
- Health anxiety
- Obsessive Compulsive Disorder
- Panic Disorder
- PTSD
- Social Anxiety
- Specific phobias.

Outside our Core IAPT service we also deliver IAPT compliant counselling for depression. The service is delivered by BACP accredited counsellors who have received additional IAPT approved training. We also have ambitions to deliver services to people experiencing Long Term Conditions (LTCs) and Medically Unexplained Conditions (MUS) in line with The Five Year Forward Plan. We will develop IAPT-LTC services that focus on people who have LTC in the context of depression and anxiety.

### **Monitoring Clinical outcomes and activity**

Clinical outcome measures are collected at every single session. This is a key characteristic of an IAPT service. Before IAPT, most psychological therapy services only aimed to collect symptom measures at the beginning and at the end of treatment. However as not all patients finish therapy when expected, a large amount of data was missing. The IAPT programme solves this problem by making session by session data collection a mandatory aspect of service delivery. The purpose of IAPT data collection is as follows:

- Ensures equitable use of IAPT services.
- Monitoring and supporting the delivery of NICE- recommended care.
- Providing information about progress to clinicians
- Helps people chart their progress towards recovery.
- Enhances engagement in collaborative decision-making.
- Supports Supervision
- Enhances the overall quality and cost effectiveness of the service.

- Patient Experience Questionnaires
- Waiting Time Standards
- Recovery Standards

## 2.9 Our Commitment to Our Colleagues

### 2.9.1 Developing Colleagues

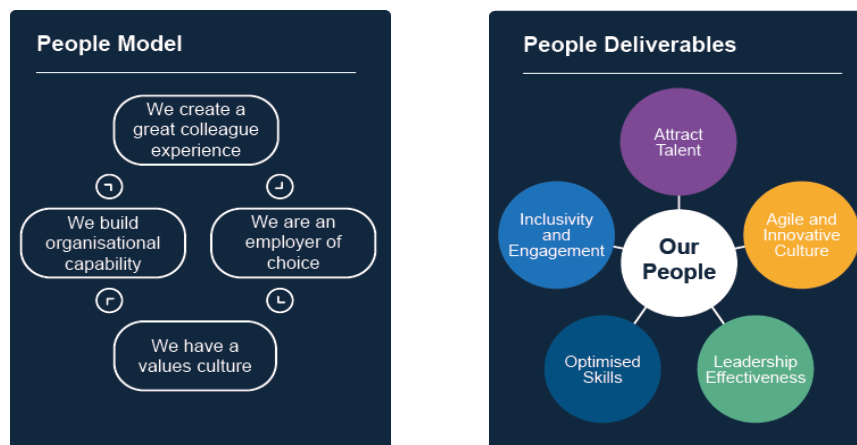
#### Multi-professional Workforce

Connect Health has a national workforce of 848 colleagues (507 clinical and 347 support colleagues), which has grown from 774 colleagues in the last year enabling us to reach communities across the UK. In addition, to achieve a fully flexible, multidisciplinary workforce we also have 48 bank colleagues, 42 locums and 30 sessional workers.

In 2022/23 we restructured our Senior Leadership Team and organisation structure to enhance our clinical governance, leadership, and services to patients. This has further strengthened Connect Health to have scalable multidisciplinary services that help us to grow or adapt to support the needs of patients in geographical areas, a range of health conditions and occupations.

In 2022/23 we also restructured our People Team and strengthened leadership through recruiting a new Chief People Officer, Head of People & Development, and a new Head of Resourcing & People Services. We have developed a clear 2-year People Plan with the strategic aim being to have the right people with the right skills, now and for the future to deliver growth, excellence in patient care and innovation.

The People Plan outlines the 'People Model' we work to that drives our intentions and the 'People Deliverables' we will deliver to enable our future direction and operational planning and priorities.



- **Attract Talent:** We aspire to be a great place to work with high quality candidates and colleagues who support our Company and brand. We will be an employer of choice!
- **Agile and Innovative Culture:** We live our values, respond to change, and adapt through flexibility and responsiveness. Our colleagues' individual needs will be considered and supported!
- **Leadership Effectiveness:** Our leaders will be encouraged to collaborate and be empowered to make decisions and accept reasonability for company performance. Our leaders will be inspiring role models of our values!

- **Optimised Skills:** We aspire to be a great place to work with high quality candidates and colleagues who support our Company and brand. We will be an employer of choice!
- **Inclusivity and Engagement:** Our workforce will embrace diversity with a culture of inclusivity that puts wellbeing first and enables a colleague voice. Our colleagues will be supported to be their best!

Our qualified and competent clinical professionals and our support colleagues work together to deliver excellence in patient care through our four core values of: people centred, dynamic, quality and pioneering. All of our clinical professionals have the necessary professional registrations in place, and we monitor their delivery of patient care through close supervision.

### **Colleague Surveys**

We hold colleague pulse surveys based on our 4 values. Of note, in our 'Quality' value survey in September 2022 (65% response rate), our colleagues rated us 8 of 10, for setting high standards for the work we deliver to patients. In our 'People Centred' survey of February 2023, our response rate increased to 68% and our colleagues told us they find their manager to be supportive and approachable (8.8 of 10), that they have a clear understanding of what is expected of them (8.5 of 10), and they feel trusted and empowered to carry out their role (8.1 of 10). These results show that we have a high performing workforce, focused on delivering excellence in patient care.

### **Celebrating Success**

At Connect Health we celebrate success through our annual award ceremonies held across the UK. We invited colleagues to nominate each other for the awards which were based on our values for as well as rising star, graduate of the year, leader of the year, team of the year, outstanding contribution, apprentice of the year and going the extra mile. Over 500 nominations were submitted, with 28 winners and 29 highly commended. Many of the nominations put forward by our colleagues recognised the service our colleagues provide to patients, improving patient lives and their dedication to Connect Health values.

### **Colleague Voice**

To deliver better patient outcomes and a positive colleague experience at Connect Health we have a network of colleague focus groups and support. For example, we have a dedicated Freedom to Speak Up Guardian and Speak up Ambassadors for colleagues to raise concerns, and we have colleague groups for engagement, health and safety and equality, diversity, and inclusion, who meet to improve patient care and the colleague experience.

### **Attracting Talent**

From July 2022 to March 2023, our Resourcing Team have made 376 (347 FTE) external candidate, permanent or fixed term, job offers. Our approach to recruitment has been and continues to be, to ensure we have the right colleagues in the role to ensure safe and excellent care and support for the diverse needs of our patients. We continue to achieve this through a robust and consistent screening and interview process that is both values led and ensures the clinical competencies of new colleagues to our standards of operation. To future proof our workforce pipeline, recruiting to potential will come into stronger focus, whilst continuing to ensure a robust and consistent process that assures clinical competence.

### **Compliance**

Continuous improvements in compliance and risk management are underway to ensure pre-employment compliance for all new starters to Connect Health, as well as continual compliance throughout the colleague's lifecycle, is of key focus. Our people system (iTrent) optimisation process along with exception reporting, places us in a strong position to mitigate risk and ensure compliance for all groups of colleagues throughout the full colleagues' lifecycle ensuring the safety of our patients.

## Learning and Development

We invest in learning and provide a comprehensive range of development opportunities, designed to ensure we continue to provide positive outcomes for patients, innovation, growth, and development of our colleagues to be their best in their role and to progress their career through our career pathways. Our learning provision in 2022/23 has included:

- **Mandatory training:** All colleagues are expected to complete mandatory training, to ensure that they are up to date with regulatory requirements of which in 2022/23 all modules were reviewed and refreshed to ensure they meet best practice.

## Management and leadership development

- **Senior Leadership Team:** Our SLT (10 colleagues) have received external coaching, provided by independent expert professionals to enable them to develop their leadership skills further and strategic thinking.
- **Leadership Conferences:** We held 2 conferences in the year with 60 senior leaders at each, to spend meaningful time together, enhance leadership skills, to collaborate around strategic thinking and development of patient services. Themes included: emotional intelligence, high performing teams, creating plans that underpin our strategic priorities and values.
- **Team Leader Programme:** 43 Team Leaders have accessed a blend of internal and external training, e-learning, face to face and coaching, supporting those new to role and helping others to grow in role, incorporating training on our values and equality, diversity, and inclusion.
- **People Management:** We delivered a modular training course for our leaders and managers covering the spectrum of people management policies and practices from performance management through to managing attendance, 16 training sessions were held with average of 12 colleagues per session.

## Skills, competence and continuing professional development:

- **Academy:** We have an extensive online academy, accessible to all colleagues across our national workforce whether working remote, hybrid or site based, which includes e-learning modules for clinical competence, team manager and leadership skills. All colleagues have modules assigned to them based on their job role and may also access any other modules to help with their overall development.
- **Induction:** In 2022/23 we reviewed our induction pathways to ensure all new colleagues are onboarded, understand our values and what is expected for the delivery of patient care.
- **Supporting new services:** To support new contracts we have acquired or growth of services, we have provided training to colleagues to help them carry out their roles effectively to the standards that we expect and to help them use our integrated IT systems (110 colleagues trained).
- **Patient Care Team:** Our contact centre team have received additional training to help us enhance the quality of the patient experience through their contact with us and to multi-skill our colleagues across a range of patient health needs (155 colleagues received additional training).
- **Suicide Ideation:** We delivered this training to enable them to identify vulnerable how to signpost to support (120 colleagues trained).
- **Continuing Professional Development (CPD):** Our clinicians receive 5% of their working time dedicated to CPD. We also have a training budget for CPD activities. The budget has enabled us to support 38 colleagues to attend a diverse range of training opportunities, such as webinars, conferences, university, for example: Annual Nursing Conference, British Association of Hand Therapy Level 1, International Association for Study of Pain Conference,

adults with chronic pain training, MSc in Inequality in Society as well as networking opportunities.

### Career Pathways:

- **Graduate Development Programme:** Enhancing our recruitment strategy to offer employment opportunities to recent graduates. We have a 12-week intensive training programme to support graduates to establish themselves into their role quickly, thus delivering patient services to expected standards. 48 colleagues have completed this programme in 2022/23 and have now progressed to the next stage which is the Accelerated Development Programme.
- **Accelerated Development Programme:** Extending the GDP, our graduates then undertake the ADP programme over 12 months. They receive a blend of e-learning and face to face training, overlayed with observations and feedback by experienced clinical colleagues. At the end of the programme colleagues are required to complete an exam and observed assessment of clinical competence, then becoming an Advanced MSK Clinician on passing the course. This enables us to provide improved patient services and accelerated development for our clinicians. In 2022/23, 25 colleagues passed this programme.
- **Apprenticeships:** Utilising our levy fund, we have supported our colleagues to enhance their career progression through a range of clinical and professional apprenticeships. For example, 8 colleagues are undertaking Level 7 Advanced Clinical Practitioner and 4 support colleagues are undertaking Level 3 and 4 qualifications relating to their profession.
- **MSK Learning:** Our clinical leads are developing 9 MSK modules to further enhance the development of our colleagues which will feed through to enhancing patient care and clinical pathways, which will be released in 2023/24.





## **Section 3**

# **Quality Developments & Improvement Priorities for 2022/2023**



## 3.1 National Improvements & Developments

### Operational Improvement

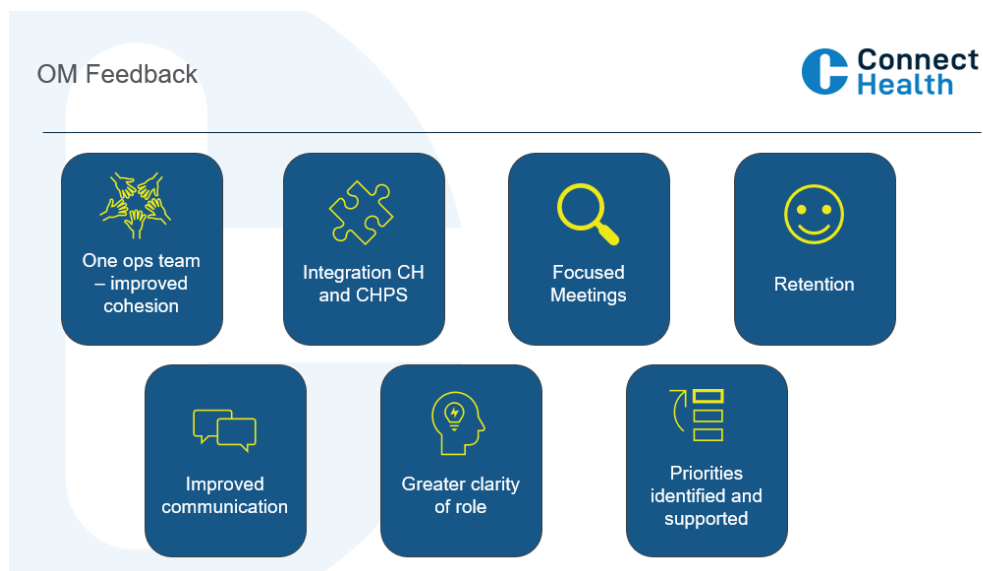
During 2022/23 we delivered 3 key national operational improvement projects:

- Project TOM
- Project Racoon
- Operational Continuous Improvement

#### Project TOM

This project was based around review and improvement of our target operating model (TOM). The ambition being to create an environment with less role variation where colleagues had role clarity, focus and autonomy to enable quicker and better decision making, improved communication across the business and ultimately have more value-add to the business daily. Through the project we refined our operating model with a move towards operational manager roles responsible for services aligned to ICS regions, giving greater focus to these roles on the delivery of safe and effective services to our NHS commissioner customers. We successfully reduced the management layers across our operation and introduced an enhanced management environment consisting of short interval controls and focussed meetings/reporting that have enabled us to be more pro-active regarding the management and improvement of our services.

Feedback from colleagues impacted by the project was shared with our Board in late 2022 is detailed below.



4

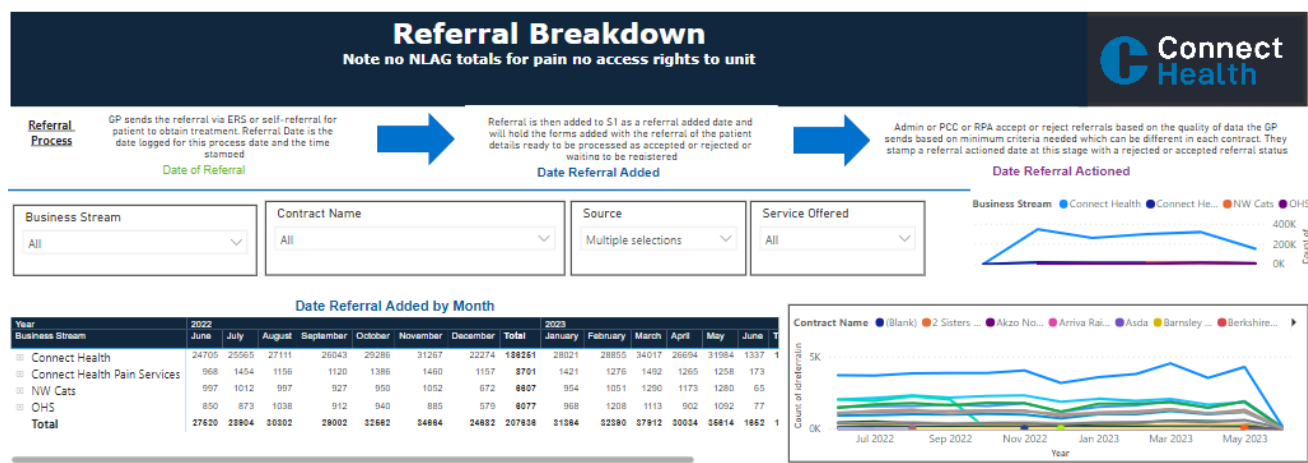
#### Project Insight

This project was designed to provide the operational directorate across the business with the data insight required to effectively run our services. Ranging from a single source of truth for all referrals and activity-based data hosted within Power BI, to more bespoke reporting on patient access, waiting lists and pathway flows across all our

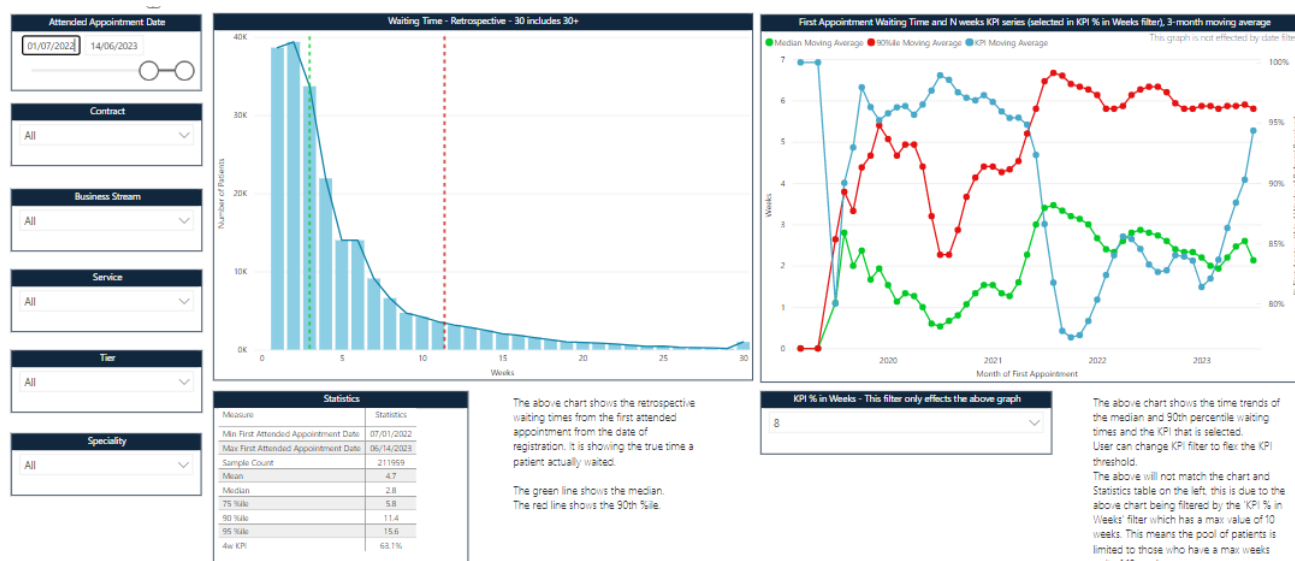
services. All these different reports were consolidated into a simple dashboard view of our services that is used to inform our short interval control management of services implemented via Project TOM.

Some examples of the reporting available to the operational directorate is provided below.

Snapshot of Referral and Activity reporting across all our services



Snapshot of waiting times dashboard for all services across Connect Health



## Operational Continuous Improvement (CI)

Following the successful launch of formalised CI across our clinical directorate we provided training to our operations managers in July 2022 on the topic of CI. This was to enable a culture of CI that included a focus on efficiency in our service delivery alongside the predominant clinical focus of improving quality and effectiveness.

Projects being progressed with a view to conclusion by the end of June 2023 include:

- Reducing clinic cancellations

- Improving referral to 1<sup>st</sup> appt drop off rates.
- Improving the booking process of longest waiter's vs shortest waiters
- Improving patient access and access KPI's in across multiple services
- Reducing blocked time in our East Kent Rheumatology Service by 22%
- Increasing gym activity in our Brent MSK contract
- Ensuring 90% of FCP referrals in South Tyneside land in the appropriate part of the MSK service
- Improve utilisation of estates in Lincs Pain and reduce cost per FTF appt by 50% (reinvesting savings to improve other estates to benefit colleagues)

### 3.1.1 Technology Innovation

Throughout 2022/2023, Connect Health has continued to drive our technology innovation; our journey of data driven automation and digital care has transformed the way we work. Using digital technology and our data warehouse as the driving force, many processes have been automated and the concept of digital care is now embedded. Rich insight from a variety of sources and systems now allows evidence-based decision making to improve operational and clinical standards to the benefit of staff and patients. Some key highlights of our innovation are outlined below.

#### **Microsoft inTune with AutoPilot**

Expanding on our cloud first approach we have migrated from using Microsoft System Centre Configuration Manager to Microsoft inTune with Autopilot. With the current SCCM method of building hardware we are required to be on our head office network.

Using this way of working it has allowed us to be more responsive to both our clinician and business needs. To contextualise this, previously if a clinician in London had an issue with their laptop which we are unable to resolve remotely, the timeline to resolve would be up to 4 days whereby we arranged for collection, rebuild, and return shipping to the staff member.

With the Autopilot method we can rebuild a laptop remotely within around 2 hours. Therefore, the clinician will be back working on the same day. This same method can also be used to remotely wipe a device should it be lost or stolen removing all data and rendering the device unusable.

Autopilot in turn reduces the time IMT spend configuring and reconfiguring operating system images for our hardware, reduces the spend on maintaining SCCM infrastructure and improves our security posture by ensuring our hardware has a standard, consistent build with set configuration and compliance policies.

#### **Digitally enabled care/patient portal**

We are currently in the process of rolling out our patient portal, the portal has huge benefits for our patients and will allow them to: book, confirm and cancel appointments, self-refer to physiotherapy, access clinic letters and care plans 24 hours a day, access to their exercise programmes, ability to complete and review their patient reported outcome questionnaires.

The project has already successfully delivered automated letter sending to GPs and patients, using email and text where appropriate which has reduced an admin burden and the physical number of letters posted and automated new patient appointment booking so that appointments are booked as soon as they become available for patients.

The portal was designed with patient engagement and as we had not found an “off the shelf product” that would meet our requirements, patient engagement was essential in shaping the function and design. The portal is designed in line with NHS digital accessibility criteria and has a single sign on function using NHS login, it uses Recite Me technology for screen reader capability and multi-language translation.

We believe the portal will allow our patients to have more ownership of their care, enabling them to view clinical letters within 24 hours of their appointment having been undertaken and have more control over their appointments.

### **Technology Continuous Improvement**

As part of our Digitally Enabled Care pathways, data has become an integral part of the service and experience we provide to patients and colleagues.

Our use of data as a tool has developed from simple reporting into a multidimensional orchestrator of business processes which fundamentally underpins the patient's experience and operational needs.

Its reliability, stability and scalability are more important than ever before as the business continues to grow. So, as part of our IM&T Delivery continuous improvement strategy, we are enhancing our technology infrastructure to protect and future proof this fundamental asset. We will be utilising the most up to date technology on the market to create a brand-new analytics platform and open new avenues of analytics, data ingestion, data sharing, real-time updates which can be leveraged by the business to understand trends, reduce waste, speed up processes, creating a data driven organisation continuously improving our services for the benefit of our patients and staff.



## Further Information and Feedback

If you would like any of the following:

- to give us feedback on any aspect of this Quality Account
- a hard copy of this quality account
- a copy to read it in a different language.
- to talk to someone about your experiences of our community MSK services
- to find out more about how to access our services.

Please email [access@connecthealth.co.uk](mailto:access@connecthealth.co.uk) or phone 0191 250 4580.

Central Office: The Light Box (Q2), Quorum Park, Benton Lane, Newcastle upon Tyne, NE12 8EU.

