

# **Connect Health**

## **Annual Quality Account 2020/21**

Community MSK (NHS) Services



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## Introduction

Connect Health is the largest specialist provider of community musculoskeletal (MSK) services in England, inclusive of Rheumatology and persistent pain. We deliver services across 26 CCG 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 have swift access to services and receive seamless care. Using bespoke systems, patient referrals are quickly processed through our Patient Care Coordination centre, where we ensure patients with musculoskeletal conditions are seen by the right people, in the right place, at the right time. This is crucial to improving clinical outcomes and patient experience, where better care in the community is delivered locally and conveniently and ensuring any unnecessary hospital appointments are avoided.

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)
- A patient telephone/video triage, assessment and advice service ("Physioline")
- A clinically-led Chatbot MSK Triage tool named "PhysioNow®"
- Multidisciplinary Team (MDT) clinical triage
- GP advice line and eRS advice and guidance function
- Practice based rehabilitation and physiotherapy including self-referral by patients
- Specialist Hand Therapy, Podiatry, Women's Health and Hydrotherapy services
- Community MSK Specialist assessment and treatment services known as "CATS" or Clinical Interface Service
- Community-based Specialist Consultant outpatient services including Sport & Exercise Medicine and Orthopaedics
- Community Rheumatology and Osteoporosis (Denosumab injection therapy) services
- Interdisciplinary Persistent Pain Services
- A chronic pain focused public health campaign, "Flippin' Pain™" service <https://www.flippinpain.co.uk/>
- Community-based mobile musculoskeletal diagnostic ultrasound, joint and soft tissue injections (including ultrasound-guided injections)
- Neurophysiology service for Carpal Tunnel Syndrome
- Gym-based rehabilitation

## 1.1 Statement on Quality from the Chief Operating Officer

Connect Health is pleased to provide our Quality Account for 2020/21. This document explains how we have delivered high quality care across our community services and highlights several specific achievements over the last twelve months. It also provides us an opportunity to highlight those areas we want to focus on over the next twelve months.

This has been an exciting and challenging period, not least given the impact of COVID-19 on our services and the communities we support, toward the end of the 2020/21 reporting year. However, we have made significant progress in developing the services we provide, to ensure that they provide the best outcomes for our patients.



We are pleased to have introduced a number of new initiatives and capabilities, including:

- PhysioNow®, our digital triage tool, which allows patients to share information about their condition via an intuitive 'Chat Bot', at a time to suit them, helping our clinicians to provide the most appropriate support as quickly as possible
- Improvements to the way we engage our patients and communities in the development and delivery of our services, coordinated by our Head of Patient Experience
- The launch of our Clinical Academy, to support the continued learning and development of our clinical colleagues, enabling them to provide the highest quality, evidenced-based care
- The introduction of a new IT system, Datix, to underpin our governance processes. Datix is widely used across the NHS and is already improving the way we manage and report incidents and complaints
- The launch of 'Flippin' Pain™'. A public health campaign taking a community engagement approach to raising awareness and improving understanding of chronic pain, countering the stigma and misunderstanding (public and professional) that predominates in this field. The innovative campaign is receiving positive recognition from patients and clinicians and will be developed further in the next year

We continue to collect, analyse and review a broad range of information on the quality of all our services, within the 'three areas of quality' defined by the Department of Health:

- **Safety**
- **Clinical effectiveness**
- **Patient experience**

We use this information to manage the delivery of our services, to identify areas for improvement, to support the training and development of our colleagues and to measure our progress. We have invested significantly in our data and reporting capabilities, which continues to be transformative for the way we work.

We are continuing to establish highly effective partnerships with NHS and third sector organisations. The combination of skills and resources this provides allows us to deliver high quality whilst also managing the financial pressures that are common across the healthcare system. We fully expect to deliver more services in partnership as we go forward. Connect Health is committed to continual improvement, listening and responding to the experiences of our patients and partners and using this insight to develop and refresh our Clinical Governance Objectives and Clinical Strategy.

**Mike Turner,**  
**Chief Operating Officer**

## 1.2 Chief Medical Officer's Statement

As I write this statement in April 2021, we are hopefully exiting from the worst of COVID-19 as a nation and in healthcare where all providers have had to renew strategy, adapt and evolve.

Given our values include Pioneering and Dynamic (the others are People-Centred and Quality) in addition to keeping up activity in our community services throughout, our minds turned to recovery and reset almost from day-1. Whilst we were an adopter of remote consultations by telephone from 1999 via PhysioLine® - telephone consulting – we have progressed PhysioNow®, our clinically-led Chatbot tool from early version to an efficient and accurate tool highly rated by patients who used it for getting them to the right place first time. All of this has enabled Connect Health to maintain community services throughout COVID-19 and contribute to reducing backlog for our Secondary Care providers as elective services resume. It is an excellent advance to take forward as we come back to a new “business as usual” to meet with the renewed expectation of the public on remote consultations.



As this report outlines, despite this unexpected pandemic we have made considerable progress in delivering effective patient-centred care. We continue to benefit from our well-used 10/10 clinical support tools evident in our consistent annual improvement in clinical outcomes (EQ5D) reported in our live Data Warehouse. Whilst there was a national break in collecting outcomes at the height of Lockdown 1, we returned to our excellent record of collecting data and are seeing a mean of +0.20 already suggesting previous quality service delivery standards remain in place despite the changes enforced. This data is being shared with NHS Digital and presented to as many outlets as possible including through our increasing published research, documented later.

One of the pleasing ongoing trends is that Connect Health continue to move to being a multi-disciplinary provider. We will commence an IAPT compliant Counselling service in Hertfordshire in June 2021, which will assist the local IAPT service in reaching the 25% coverage dictated by national IAPT targets. Our extension into mental health service provision is a natural one given we already see many such patients in our MSK and especially Pain services. In addition, our extensive experience in Long Term Conditions is relevant to the focus in IAPT to address inequity in physical health in those with mental health problems and the converse for those with physical health issues and unaddressed psychosocial issues. We are making a positive move to Personalised Care to fit with the national agenda on this.

Our counselling service will provide much needed support to those experiencing depression and anxiety related symptoms. We will provide timely input both face-to-face and online offering our clients variety in the mechanisms through which they receive therapy. We will be working extensively with GP's and the local Trust to help meet the current demand and importantly improve access for those typically underserved by counselling services. To the latter point we will focus on 'outreach' into communities so that we improve awareness of local services available and help more people get the care they need when they need it.

Having started in the NHS in 1993 as a sole physiotherapy provider, we now include as colleagues growing numbers of nurses, psychologists, rehabilitation therapists, occupational therapists, counsellors and a variety of doctors either “GP with Extended Role” or medical consultants.



Given our growing and increasingly diverse service delivery, our investment in a Clinical Academy is already paying dividends. In addition to excellent internal educator resources, we are providing some eminent external speakers for our colleagues and opening the Academy up to external partners who provide integrated services with us.

Of particular mention is Flippin' Pain™ ([www.flippinpain.co.uk](http://www.flippinpain.co.uk)), which is a pioneering initiative to increase public awareness of modern concepts in Chronic Pain self-management. Initially designed as part of our Lincolnshire Pain service during COVID-19, this has become a nationally recognised resource for both health professionals and people with persistent pain. The number of patients joining and actively contributing to Flippin' Pain™ has been incredible and a key part of the success. In the next year we will be considering the next step for Flippin' Pain™ with possible partnerships of other national organisations interested in Pain to help disseminate the resource to more people and health professionals. If successful, this could amount to true revolution in Pain understanding and self-management.

So, whilst COVID-19 has undoubtedly changed how services will be delivered in the future, our community based, data-rich evidence-based approach continues to produce excellent patient outcomes, an agenda we will pursue further in the coming year to help meet the NHS Long Term Plan.

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

## 1.3 Statement of Assurance

We confirm that this, our Quality Account for 2020/21, 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> May 2021  
**Mike Turner**  
**Chief Operating Officer**



1<sup>st</sup> May 2021  
**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 Executive and Senior Management Team.

On the 2 March 2020, we formed the CCPG to provide a coordinated response to the evolving situation and to support the containment & delay of COVID-19 in our colleagues and patients. It was our intention to minimise the impact of the virus on our colleagues for as long as possible, to allow us to continue providing care to our patients. The remit also covered emergency planning, in the event that the virus does infect significant numbers of colleagues, impacting our ability to provide care to our patients in the normal timescale. We constantly reviewed guidance from PHE, WHO, IHPN and NHSE, as well as other relevant bodies, and used this to shape our response to the incident.

The CCPG created an Incident Response plan which outlined how we would and did deal with an increased impact on service delivery from COVID-19. The aim was 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, the CCPG decided very early in March that homeworking would be our preferred option for all colleagues. Mobilising our workforce for homeworking was a top priority. This firstly involved individually risk assessing all colleagues for home working capability, both physically and mentally. For some colleagues this was just not possible, and therefore alternative arrangements were made for them i.e. making office space safe, taking holidays and/or unpaid leave. Several colleague volunteers were redeployed into the NHS nightingale hospital for training. These colleagues had requested to support the front-line NHS and were supported by Connect Health to do this.

Throughout the pandemic, 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

A COVID-19 MSK Risk Stratification Tool was developed to assist clinicians prioritising face to face care of patients. The tool was published in the BMJ and was used in NHS Trusts, MSK, Orthopaedic and Physiotherapy services nationally.

In order to ensure our colleagues were informed and supported, we launched a communication strategy, involving regular messages from our Chief Medical Officer, Director of Clinical Delivery,



and Executive and Senior Management Team members, 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 Test & Trace, Lateral Flow Testing, accessing vaccines etc and giving updates about what the future work place & pattern of work may look like. We also provided well-being resources for colleagues to access in various formats and included some well-being checks in regular touchpoint meetings held between colleague & line manager.



## 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 [generalenquiries@connecthealth.co.uk](mailto:generalenquiries@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, please email: [integratedgovernance@connecthealth.co.uk](mailto:integratedgovernance@connecthealth.co.uk)



## 1.6 Quality Assurance and Quality Management

Quality Assurance at Connect Health is our number one 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 accreditation and inspections. Our quality audits are aligned to our ISO 9001 standard, with whom we are registered. 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.

Our Whistle Blowing Policy and Duty of Candour Policy were reviewed and updated this year and continue to underpin our commitment to just culture, where we 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, in order that we can improve services for the future benefit of those who receive our care.



### 1.6.1 ISO Accreditation

Connect Health successfully attained our first ISO9001:2015 recertification audit in 2020, for the provision of MSK, rheumatology and pain management services, after being certified initially in 2017. 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 auditor spoke positively about the achievements of the business, adding:

Connect Health's response to COVID-19 has been highlighted as outstanding, with particular praise for the speed in which people were enabled to work from home and the colleague well-being programme including remote assessments, exercise videos and regular colleague communications including weekly executive video updates.

Highlighted good practice includes:

- The work around reward and recognition, i.e. Thank You Thursdays, e-cards and Bees Knees colleague nominated awards. This has been backed up by some outstanding results in the last Great Place to Work survey where Connect Health saw improvements across all areas
- Connect Health's service redesign of the businesses' Patient Coordination Centre to realise quality improvements, better patient experience, efficiencies and clear career progression pathways for colleagues
- The introduction of Datix, a system allowing the business to manage complaints, incidents and risk. A number of records were sampled and all were of good quality and completed within the timeframe required
- Evidence of positive customer feedback, such as the Friends and Family Test, Great Place to Work® programme, improvement in NHS Choices score and the approach to patient feedback during COVID-19.

## 1.7 Regulatory Compliance

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

Connect Health are a CQC regulated provider of Community Musculoskeletal (MSK), Rheumatology, Podiatry and pain services to NHS patients. We have a robust approach to internal quality assurance monitoring so that we can benchmark ourselves internally and externally. Assuring good 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 has undergone significant positive change throughout 2020/21 in regard to its approach to governance and risk management. We have transformed how our people, processes, technology and data work effectively together to provide insight, assurance and learning, from service through to our Board of Directors.



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

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. As such, no enforcement notices or improvement plans have been issued by CQC to Connect Health and we have no ongoing CQC investigations.

For our most recent (June 2018) report, see

[https://www.cqc.org.uk/sites/default/files/new\\_reports/AAAH3249.pdf](https://www.cqc.org.uk/sites/default/files/new_reports/AAAH3249.pdf)

The categories inspected by CQC and overall summary of the inspection can be seen in the table below:

CQC Standard Inspected	Date of Inspection	Standard met
<b>Are Services Safe</b> CQC found that this service was providing safe care in accordance with the relevant regulations. <ul style="list-style-type: none"> <li>The service had systems to keep patients safe and safeguarded from abuse</li> <li>There was an operational system to manage infection prevention and control</li> <li>The service learned and made improvements when things went wrong</li> <li>There were systems to assess, monitor and manage risks to patient safety</li> <li>The systems for handling medicines were appropriate and safe</li> </ul>	27 <sup>th</sup> & 30 <sup>th</sup> April 2018 and 1 <sup>st</sup> , 2 <sup>nd</sup> & 3 <sup>rd</sup> May 2018	✓
<b>Are Services Effective</b> CQC found that this service was providing effective care in accordance with the relevant regulations. <ul style="list-style-type: none"> <li>The service had systems to keep clinicians up to date with current evidence-based practice and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff were involved in the development of NICE guidelines</li> <li>The safe use of innovative approaches to care and how it was delivered were encouraged</li> <li>The service had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. All staff were engaged in activities to monitor and improve quality and outcomes</li> </ul>	8 <sup>th</sup> June 2018	✓

<ul style="list-style-type: none"> <li>The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high quality care</li> <li>The service obtained consent to care and treatment in line with legislation and guidance</li> </ul>		
<b>Are Services Caring</b> CQC found that this service was providing caring services in accordance with the relevant regulations <ul style="list-style-type: none"> <li>Staff treated patients with kindness, respect and compassion. Staff we spoke with were aware of their responsibility to respect people's diversity and human rights</li> <li>The service respected and promoted patients' privacy and dignity</li> <li>The vast majority of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced</li> </ul>	8 <sup>th</sup> June 2018	✓
<b>Are Services Responsive to Peoples' Needs</b> CQC found that this service was providing responsive care in accordance with the relevant regulations. <ul style="list-style-type: none"> <li>The service organised and delivered services to meet patients' needs. They took account of patients' needs and preferences</li> <li>Patients were able to access care and treatment from the service within an acceptable time scale for their needs</li> <li>The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care</li> </ul>	8 <sup>th</sup> June 2018	✓
<b>Are Services Well Led</b> CQC found that this service was providing well-led care in accordance with the relevant regulations. <ul style="list-style-type: none"> <li>The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care</li> <li>The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients</li> <li>The service had a culture of high-quality sustainable care</li> <li>Governance and performance management arrangements were proactively reviewed and reflected best practice</li> <li>There were clear and effective processes for managing risks, issues and performance</li> <li>The service acted on appropriate and accurate information</li> <li>The service involved patients, the public, staff and external partners to support high-quality sustainable services</li> <li>There were comprehensive systems and processes for learning, continuous improvement and innovation</li> </ul>	8 <sup>th</sup> June 2018	✓



### **NHS Digital Compliance (DSP Toolkit)**

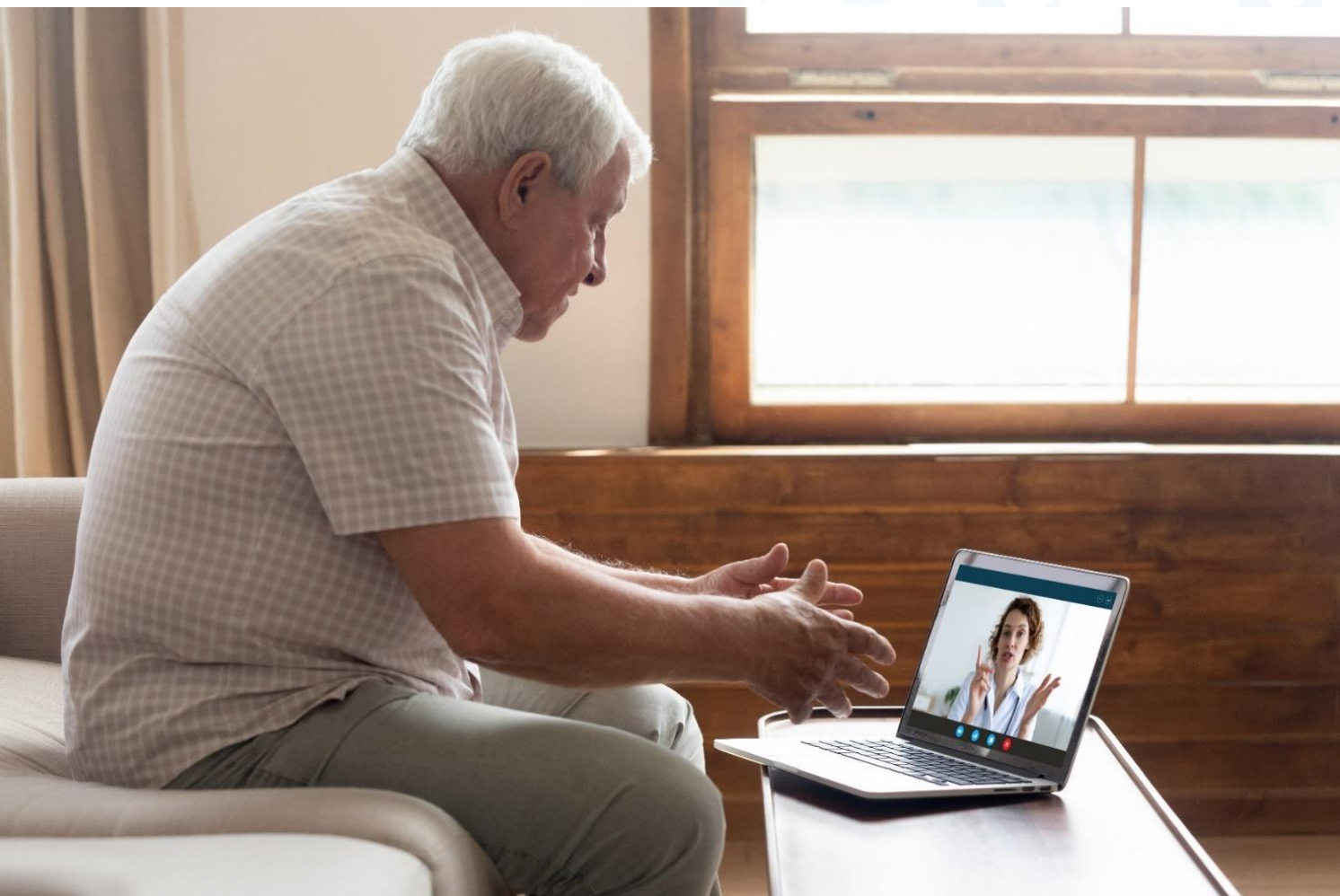
Connect Health is registered with NHS Digital and undertakes annual accreditation to ensure that the IT systems, processes and colleagues involved with handling patient data, information and records are safe, security is maintained and handled in line with regulatory and good practice standards. This is achieved via the Data Security and Protection (DSP) Toolkit, which replaced the previous Information Governance (IGSoC) toolkit in April 2018. 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 2020/21 standards in March 2021.

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 also achieves annual accreditation for Cyber Essentials, with the latest being completed in April 2021.

### **NHS Provider Licence (NHS Improvement (formerly Monitor))**

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.



## 1.8 Contribution to National Audit Databases and Research

Connect Health are committed to being involved in relevant national audit programmes and we contribute to the National Clinical Audit and Patient Outcomes Programme (NCAPOP), which includes the National Joint Registry (NJR).

As a national healthcare provider of community MSK physiotherapy, specialist MSK services and Persistent Pain and Rheumatology services, Connect Health have developed market-leading data reporting capability. Our live Data Warehouse updates daily providing easily accessible data dashboards with a wealth of contemporaneous data informing continuous improvement, reduction in 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 musculoskeletal service provision, 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.

### **MSK Versus Arthritis MSK Champions Programme**

The vision for the MSK Versus Arthritis MSK Champions Programme is to develop and cultivate a UK-wide community of multi-disciplinary learners, leaders and influencers of change in musculoskeletal health services, with the aim of improving the quality of lives for people affected by musculoskeletal conditions. Together with Ashridge Executive Education, Versus Arthritis have created a bespoke leadership initiative, which will take individuals through an 18-month development programme to become Champions of musculoskeletal care. The programme is tailored to meet individual leadership development needs and ensure that Champions are supported and coached to drive tangible improvements in MSK services within their local health systems and/or at a national level.

## 1.9 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 floor-to-Board-to-floor on all areas of risk to patient safety, clinical effectiveness and patient experience. These include:

- Integrated Quality, Audit and Compliance Group

- Clinical Governance Group
- Clinical Operations Group
- Clinical Audit/Guidelines/Research Group
- Medicines Management Group
- National Safeguarding Panel
- Patient Safety and Quality Group

The board gains assurance on the effectiveness of the clinical governance processes via our assurance committee, the Integrated Quality, Audit and Compliance Committee (IQACC) that is chaired by an independent Non-Executive Director.

### **Developments in Clinical Governance**

Over the course of 2020-21, Connect Health completed a large implementation project for Datix Cloud IQ, an industry leading web-based patient safety and risk platform. Datix is used across the NHS in approximately 80% of NHS trusts and is seen as the gold standard for monitoring of incidents and complaints. Connect Health went live with Datix in April 2020 and have already seen improvements in quality of reporting and monitoring of patient safety incidents. Datix has allowed us to introduce more specific reporting on key specialist areas, for example, health and safety, information governance and safeguarding which was not possible with the previous system.

Connect Health has also completed a full review of the Incidents Management policy to align it with the Datix system and to ensure systems for sharing lessons learnt are more robust. The serious incident process has also been reviewed and updated to make sure that Connect Health manages root cause analysis investigations in time and with meaningful actions, to improve patient safety and experience.

Connect Health have also implemented the Feedback module on Datix Cloud IQ to manage formal complaints, informal complaints, healthcare professional feedback and compliments. The system will be used to strengthen Connect Health's commitment to improved patient experience. The Complaints Policy has also been reviewed in this financial year to tighten up policies and process and to advance the clinical governance agenda. Complaint training has been rolled out to service managers and there has been an improvement in the quality of complaint responses and the management of the complaints process.

The culture of risk management has continued to develop throughout the organisation during the year. Risk registers form 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.

Over the coming year, Connect Health will work to adopt the new Patient Safety Investigations Response Framework (PSIRF) as released by NHS Improvement in early 2020. Much of the work involving Datix and integrating our clinical governance work onto one platform will be moving to support the new framework. Connect Health is growing every year and the Integrated Governance team will be at the forefront of supporting this growth so that it is sustainable and continues to be safe for patients. Connect Health has shown a strong commitment to strengthening clinical governance arrangements over the last year investing in the Datix platform and in the management team for the Integrated Governance department. Great progress has been made and this is set to continue in the new financial year.



## 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:

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

Audits completed and learnt from across the organisation and in each region in 2019/20 were:

- Clinical Record Quality
- Infection control
- Medicines Management - injection therapy
- Medicines Management - prescriptions
- Diagnostic imaging referrals safety and quality
- Triage quality
- Secondary care outcomes
- Confirmed serious diagnoses
- Safeguarding children and adults at risk
- Quality of incidents
- Quality of complaints
- Physio Partner Report Quality Assurance
- Fitness for Work/Return to Work programmes
- Workplace Assessments

The quality of our services is reviewed at our Patient Safety and Quality Group which reports monthly at Connect Health's Clinical Governance Group meeting, and at local and regional Clinical Operations Group and Contract Service Review meetings with the Clinical Commissioning Groups (CCGs). Improving quality audit and reporting is further discussed in section 2.

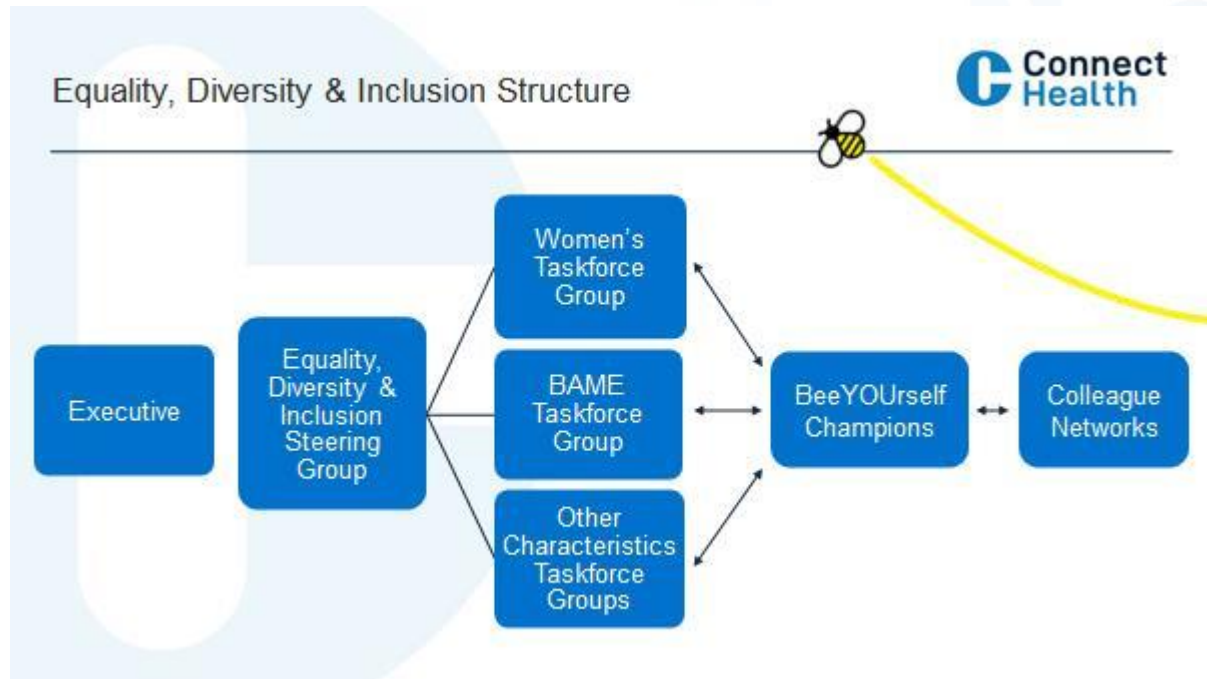
## Equality, Diversity, Inclusion (EDI)

Connect Health is committed to developing, supporting, and sustaining a diverse workforce that is representative of the communities served and to delivering healthcare services that respects and responds to the diversity of the local populations served. We do not discriminate on grounds of gender, gender identity, race, ethnic origin, colour, nationality, national origin, disability, sexual orientation, religion, or age.

We are dedicated to creating a culture of belonging in which the equality of opportunity, diversity and inclusion are actively promoted and in which unlawful discrimination is not tolerated. We recognise that the experiences and needs of all individuals are unique and we strive to value and respect the diversity of our colleagues, patients and the public. The organisation Lead for Equality,



Diversity and Inclusion (EDI) is our Group Executive Chairman supported by the EDI Steering group, BeeYOUrself Taskforces and BeeYOUrself Colleague Networks. The Equality, Diversity and Inclusion Structure is represented below:



Implementing our Equalities Duties, Connect Health has defined the following equality objectives for 2021-2026

- **Bee Service Equal** - The diverse needs of all Connect Health patients & communities are met equally. All patients, the public and communities feel positive about using Connect Health's services
- **Bee Workforce Equal** - Develop and retain a fully diverse Connect Health workforce at all levels and within all occupations.
- **Bee Equal, Diverse & Inclusive by Mainstreaming** – EDI is fully integrated into all activities and everyone who works at Connect Health actively promotes EDI through their day-to-day work. EDI is at the heart of everything the organisation does.
- **Bee Progressive of EDI through Governance, policy, and decision-making** – Governance, policy and decision making supports the progression and advancement of equality, diversity, and inclusion as well as the protection of human rights.

Connect Health will regularly review its EDI Promises to ensure that the organisation is making progress against these objectives and this is reported through the EDI Steering group.

### Connect Health's Commitment Statement to the Accessible Information Standard (AIS)

People with a disability, impairment or sensory loss have rights in relation to the information provided by services. From the 1 August 2016 NHS England have created the Accessible Information Standard which the NHS and adult social care services are legally obliged to meet. As part of the Accessible Information Standard, Connect Health will adhere to 5 requirements as set out by the standard. Connect Health will:

1. Ask patients if they have any information or communication needs and find out how to meet their needs
2. Record those needs in a pre-defined template

3. Highlight a patient's file so it is clear that they have information or communication needs and clearly explain how those needs should be met
4. Share information about a patient's needs with other NHS and adult social care providers, when they have consent or permission to do so
5. Make sure that patients get information in an accessible way and communication support if they need it.

Many of these rights are already enshrined in law. The Standard makes them more explicit and highlights a requirement to ask about and record information or communication needs. The existence of the standard also increases awareness of these rights amongst commissioners and providers. Examples of Connect Health's progress towards the Standard include:

- All our websites/online material use Recite Me software which makes the website not only accessible but useable by all, covering type and size of font, colour theme, screen masks, language, audio and magnification:
  - translation of website material into 100+ languages, including 35 also available in text to speech tool
  - Screen reader function & tools for visually impaired users
  - Reading tools & dictionary provides assistance for users with reading or learning difficulties
  - Styling tools allow users to adjust colours, font type/size and spacing to ensure content is clear and easy to read in a format that works for them
- All our services use Interpretation services via a number of methods, empowering spoken understanding via video, phone or a face-to-face interpreter
- Closed captions are available for the user to enable on our Connect Health published video content on our website and via patient programme links

## Section 2

Review of our Quality  
Performance & Quality  
Improvements for  
2019/20 (Key Successes  
and Achievements)



## 2.1 Review of National Actions & Improvement Plans from 2019/20

We continue to deliver through continuous improvement and in late August 2020 we introduced our Quality Improvement, Project & Policy Group (QIPP).

### 2.1.1 Improving Quality Audit and Quality Reporting

A review of our Research Management Group, and NICE Guidelines and Audit Group in early 2020, saw an opportunity to build on the work of the groups. As a result, we established a Quality Improvement, Project & Policy (QIPP) Group that would look to triangulate Research, Audit, and Policy. The introduction of QIPP also aligned with the MSK Core Capabilities Framework (2018) and Advanced Clinical Practice Framework (2019) to identify the need for all practitioners at 'Advanced' level to be able to demonstrate research literacy. The QIPP group forms an integral part of our governance framework.

Our approach to quality improvement (QI) is one of both audit and research, with the findings of the latter informing the future with a mechanism to understand the impact. The research infrastructure at Connect Health and impact of clinical practice guidelines across MSK, Rheumatology and Pain is driven by QIPP. It provides oversight and co-ordination of clinical audit activity across clinical delivery and fosters a multi-professional culture of quality improvement and innovation, working collaboratively and strategically with our Special Interest Groups [SIG] and Developing Consultants.

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.

The QIPP Group has been instrumental in driving innovation and involving our clinical colleagues to participate in QI projects and deliver some outstanding results and solutions that are improving clinical quality, systems thinking and quality of life for our patients.

Key findings include:

- Score shift data shows that overall, our patients show improvements in health-related quality of life following clinical intervention within our services, nationally on average we show a shift of 0.20 over the year
- For the second year we have not seen a difference between North and South of the country with both regions average a score shift of 0.20
- Wolverhampton is again this year consistently our highest performing service with outcomes averaging +0.25
- All other services sit above the research benchmark of +0.16
- Within our pain services, 71% of patients demonstrated a clinically meaningful improvement in pain self-efficacy as measured on the PSEQ

### 2.1.2 Improve Clinical Effectiveness through Evidence Based Treatment

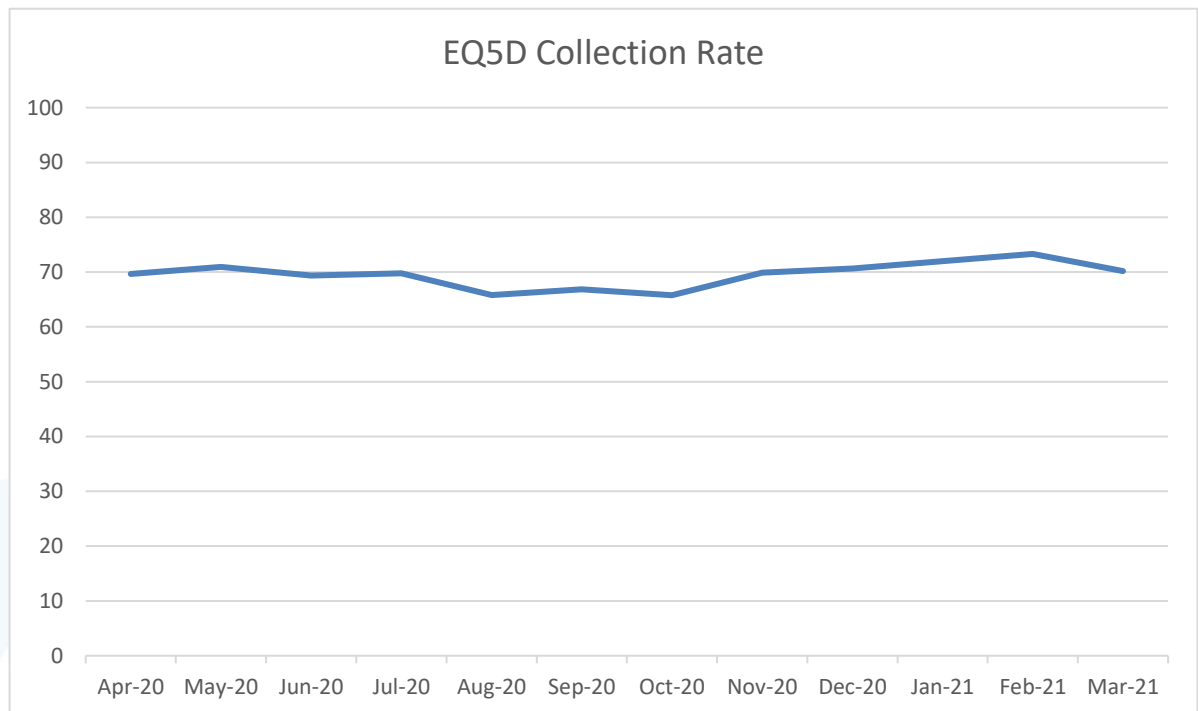
Connect Health clinicians have access to our unique and innovative 10/10 clinical support

tools to guide them in reducing unwarranted clinical variation and ensuring all patients receive evidence informed care. All fifteen tools have been reviewed and updated. We monitor our outcomes via the collection of EQ5D patient reported outcome data.

Performance feedback can be given at clinician service, regional and national level for each of the 15 conditions for which we have support tools. We have also maintained our focus on ensuring that collection rates are maximised to ensure accuracy and credibility of, the data.

The following slides for 2020/21 EQ5D results illustrate our progress:

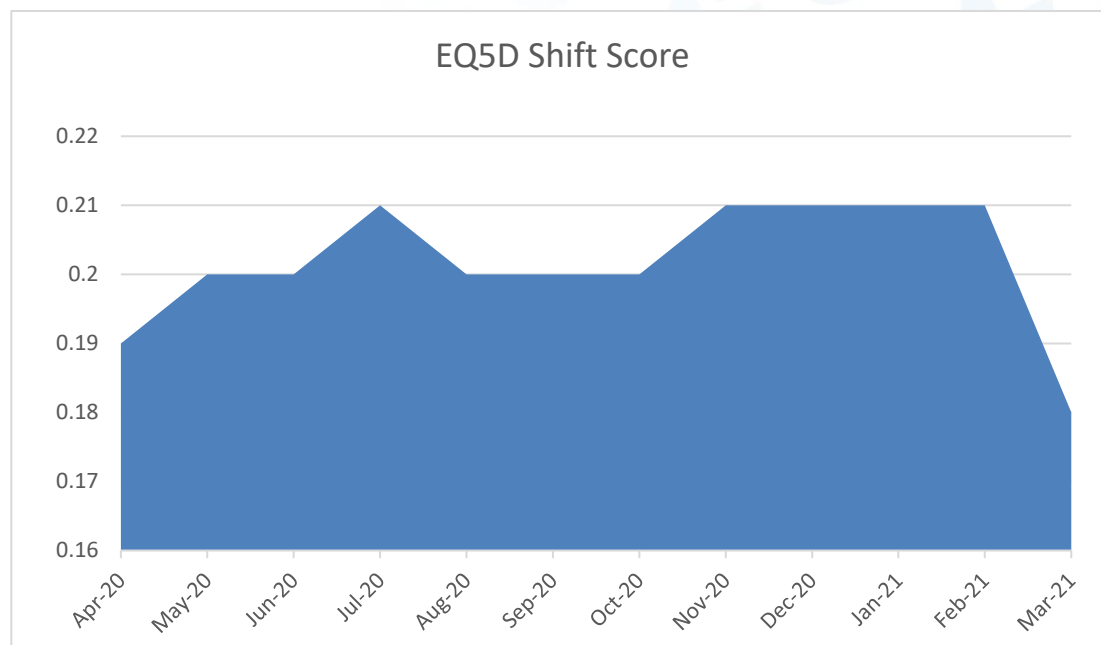
**Figure 1 – Service-wide Collection Rates**



The above graph demonstrates the collection rates nationally over the last year inclusive of service restrictions required due to the COVID-19 pandemic. As of March 2020, our services had provided a virtual first delivery model and between April – July were only seeing people for follow up based on urgent clinical need. Most patients were provided with supported self-management guidance where a virtual first, and predominantly digital clinical delivery model was in place. Whilst the national average has reduced from 71% to 69.5%, just below our internal 70% target, which we consider to be excellent considering the impact of the pandemic restrictions to our service delivery.



**Figure 2 – EQ5D Score Shift Changes**



The above chart shows the average monthly score shift across all our contracts. This averages 0.20, a slight drop off from 2019-20, however this includes the pandemic service restrictions as discussed above.

### **Connect Health Pain Services**

Within our pain services, we routinely collect the Pain Self-Efficacy Questionnaire (PSEQ) which is a 10-item questionnaire developed to assess the confidence people with ongoing pain have in performing activities whilst in pain. An improvement of greater than 5.5 points is considered to be clinically meaningful for the person in pain. 71% of patients demonstrated a clinically meaningful improvement in pain self-efficacy as measured on the PSEQ, with the majority of patients achieving this being managed from within our Lincolnshire service.

## **2.2 Result of Our Clinical Audits**

At the beginning of 2020/21, an audit strategy and timetable were devised (audit priorities) based on the results of last year's audit. A repeat of all audits from 2019/20 were included, however, with a change in methodology to improve robustness (e.g., clinicians auditing another service and providing feedback) and the inclusion of new templates used to write-up the results with a section on root cause analysis. Each service was required to complete a local audit with national analysis completed thereafter. The results for each service can be seen in table 1 below, with some areas not meeting the required standards. However, audits are designed to investigate areas where there may be underperformance (rather than successes), to drive up clinical standards (NICE, 2002). An audit strategy will be devised for 2021/22 based on the results of 2020/21, focusing on areas that require improvement:

**Table 1:**

Audit	Result	Completion
Clinical records (95% target)	94.59%	100%
Diagnostic imaging quality (90% target)	86.44%	100%
Injection (100% target)	92.6%	100%
Medicines prescribing (100% target)	100%	100%
Infection control (100% target)	99.9%	100%
Triage quality (95% target)	94.3%	100%

Both service level and national reports were written with action plans implemented to improve future clinical practice. The use of RCAs helped to investigate why targets were not met in some areas and to formulate action plans. All action plans were implemented at local and national level, with re-audits taking place at 3-6 months where required. High-level themes were discussed in the Regional Clinical Leads meetings and Clinical Governance Group.

### **Clinical Records Audit**

The Clinical Records audit was completed in the second quarter of the year (October - December 2020). The aim of the audit was to:

- Identify areas for colleague improvement, service improvement or policy improvement
- Review whether clinicians' clinical records meet the quality as outlined in Connect Health's clinical records policy

Random data selection and extraction of 10 patient records per clinician was gathered by the Business Intelligence Team, with the audit completed by Clinical and Team Leads for each service. Once complete, individual feedback was provided to each clinician on their performance with areas of excellence and areas for considered improvement in practice identified.

- The results achieved were just under the target of 95% with two areas requiring improvement: Documentation of leisure activities/hobbies
- Evidence of shared decision making

Root cause analysis helped formulate an action plan to support clinicians to ensure this is clearly documented in the notes in future.

### **Diagnostic Imaging Audit**

The Diagnostic Imaging Audit was completed in the third quarter of the year (January – March 2021). A new methodology was introduced, with services auditing each other to improve robustness. In addition, a new set of standards, Connect Health's Imaging guidelines based on current research and national guidelines (Royal College of Radiology, EULAR) was used to audit against. The aims were:

- To evaluate quality of diagnostic imaging referrals made against Connect Health's diagnostic guidelines for quality
- To fulfil our organisational requirements under IR(ME)R Regulation 8 (Clinical Audit requirements) and Regulation 4 (Employers Responsibilities)

Fifteen diagnostic requests were audited per clinician against Connect Health's diagnostic guidelines (x 5 Ultrasound, x 5 MRI, x 5 x-ray).

The results achieved were just under the target of 90%. A root cause analysis highlighted that improved awareness and understanding of Connect Health's Diagnostic Guidelines is required amongst clinicians. Local service dissemination of these guidelines has been recommended, rather than national release across Connect Health.

### **Injection Audit**

The Injection Audit was completed in the first quarter (July – September 2020). Auditing injection therapy and medicines standards for documentation is outlined as an Essential Clinical Audit in Connect Health's Clinical Governance Framework. Those audited are Physiotherapists (who administer medicines under PGDs), Non-medical prescribers, and doctors in the service (x 10 injections per clinician). The aims were to evaluate quality of clinical records for injections administered by all clinicians including consenting and adherence to the PGD and company policy with key focus areas being:

- Documentation standards (e.g., drug type, batch number, precautions/contraindications screened, expiry date and site of injection recorded for all patients)
- Compliance with the selection of drugs against the requirements of the PGD – physiotherapists only

### **Results:**

The target was 100% compliance against the standards with an average score across all services of 92.6%

### **Medicines Prescribing Audit**

The Medicines Prescribing Audit was completed in the fourth quarter (April – June 2021). Auditing medicines standards for documentation is outlined as an Essential Clinical Audit in Connect Health's Clinical Governance Framework. This is a yearly audit.

Within Connect Health, prescribers are medical and non-medical independent prescribers working in Rheumatology and Pain Management. Any clinician that issued a prescription has been captured in this audit. The aims of this audit were to evaluate the quality of decision making on medicines prescribed, with a focus on the following areas:

- Adherence to national guidelines (e.g. NICE) and local formularies (e.g. CCG based)
- Review of prescribing against safety standards (e.g. titration and prescription length)
- Documentation standards (drug type, form of drug)

There was 100% compliance against all audit standards as per the table below:

KLOE	Medicines prescribing audit standards	Standard expected	Standard achieved
Is care safe?	Agreement with NICE guidelines	100%	100%
	Adherence to local formulary	100%	100%
	Length of prescription matches local agreement?	100%	100%
	Medication titrated appropriately?	100%	100%

### Infection Control Audit

Providing a clean and safe environment is a key priority for healthcare and is a core standard in the World Health Organisation, Department of Health and British law requirements for all workers including Environment Protection Act (EPA) and the Health & Safety Executive (HSE).

An infection control audit was carried out locally within each service. Due to the COVID-19 pandemic, additional standards were audited such as wearing masks and donning and doffing. Every clinician doing face-to-face clinics were audited in the first and fourth quarter on their adherence with infection control requirements (e.g. hand washing, wearing of aprons and masks). If the clinician did not meet the required standards, feedback was given immediately, and they were re-audited with the next patient.

All clinicians passed the infection control audit in all services, with minimal requiring re-audit.

### Triage quality Audit

Clinical Triage is a part of the commissioned pathway for patients in all Connect Health's MSK services. All triage colleagues' competencies are maintained through audit, clinical supervision, direct line management and regular training. This type of audit is one of Connect Health's Essential Clinical Audits as outlined in the Clinical Governance Framework. The triaging clinician team is made up of Advanced Practice Physiotherapists (APP), Physiotherapists, Rheumatologists and Sports and Exercise Medics. The aim was to review the quality of decision making in accordance with Connect Health's Triage SOP (based on national guidelines and research).

Twenty triages were picked at random for audit (x 5 referred to CATS (tier II), x 5 to physiotherapy, x 5 rejected back to the referrer and x 5 to secondary care). Agreement with the triage decision and onward management was audited, in accordance with Connect Health's Triage SOP.

The national average revealed 94.3% compliance against the Triage SOP, narrowly missing the 95% target. Agreement with the triage decision was lower in the south region, bringing the result down. More work will be done to raise awareness of the SOP and the guidelines on triage within it. As it is new for 2020/21, not all clinicians have complete familiarity.

## National Serious Diagnosis Audit

The National Serious Diagnosis Audit is a recurring annual audit that reviews our management of serious pathologies confirmed on the results of diagnostic imaging. Reviewing our current practice enables us to see if there are any lessons to be learnt to improve delivery of care and ensure patient safety. The last audit was completed in quarter four of 2019-20, with this year's audit currently being completed.

Serious diagnosis is defined as a time sensitive serious medical or musculoskeletal diagnosis. This is based on imaging or haematological investigation reports or from clinical red flags from examination. This year, this audit has been completed nationally within Connect Health's services to benchmark services and collate findings for quality assurance and safety. This audit covers several areas under CQC regulations key lines of enquiry including: **Safe, Effective** and **Well-Led**. The aim of the audit was:

- 1) To evaluate the serious musculoskeletal diagnoses that are seen within MSK services and review the effectiveness of:
  - Quality of new referral triage – from GP referral into service
  - Quality of the clinical assessments during Physio & CATS clinical assessment
  - Quality of post investigation triage – Post diagnostic investigation
- 2) To evaluate the efficiency of the operational pathway for these serious diagnosis – for timely movement of information between providers at varying stages:
  - Post clinic - diagnostic provider
  - Diagnostic provider back to Patient Care Centre (PCC)
  - Internal action – post investigation triage time- until onward referral

The total number of serious diagnosis found across the organisation was 116, with most in South Tyneside. South West Essex (SWEx) and Herts Valley are the two biggest contracts. The average time taken from report date to receiving date, which relies on the diagnostic provider, was 10.5 days, with only 0.12 days taken on average to triage the result.

In 2019-20 there were a total of 116 serious diagnoses which has reduced from 123 last year (there were 76 in 2017-18), representing a 5.7% decrease. The findings of the audit are:

**Priority Appointments** - There has been an increase in red flags (sign of a sinister pathology) on referral but there were a minimal number of referrals that should have been rejected/directed onwards at triage. In next year's audit it is recommended that how quickly these patients are seen in the service is reviewed.

**Spinal serious diagnosis** - There has been no rise in lumbar spine metastatic diagnosis this year (6 cases).

**Percentage triaged on the same day** – All serious diagnosis were done on the same day, except 16 out of 116 were triaged in 1-2 days and only 1 was triaged longer, at 3 days.

**Overall Pathway time** - The overall pathway of care for patients exceeds the NHSE target of 62 days (for cancer care) although some two services are meeting this time, and three are near. The average time across all services is 79.1 days. On examination, in some services the overall length of time from first registration to a serious diagnosis being made is due to waiting times for the first appointment. Wait times from diagnostic report to received was 10.5 days, so there is no delay in that respect.



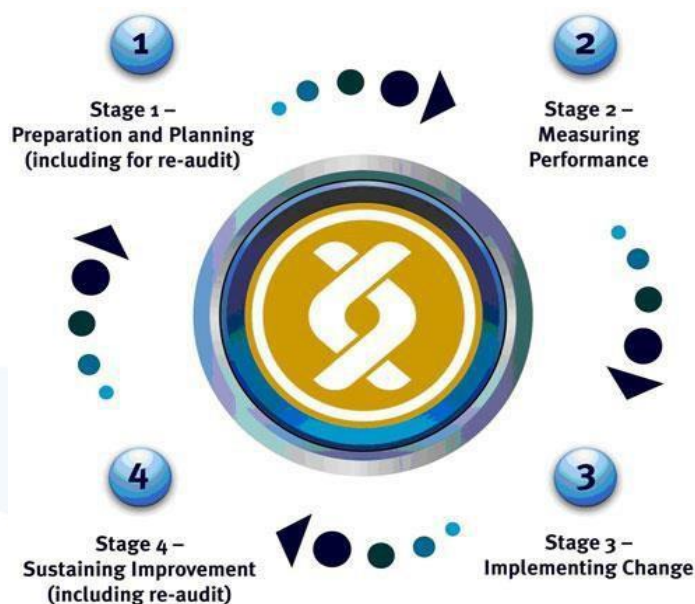
The recommendations from the audit are:

- Priority appointments are to be used when triaging to reduce wait times
- Clinicians were encouraged to review and reflect on cases they were involved with
- Clinicians must be alert to the features of suspected cancer and suspected MSCC and act accordingly as per NICE guidelines (Urgent Care Guides reflect local pathways) rather than investigating these patients

## 2.2.1 Clinical Effectiveness Audits

We undertake several Clinical Audits to evaluate the safety and effectiveness of the services we deliver. Our Audit Methodology is based on the following model:

### Patient Reported Outcome Measures (PROMS) – EQ5D



Measuring and recording the outcomes of patients' clinical care is essential for service providers to ensure that the care delivered is optimally effective.

We have seen significant improvement in the past 12 months at Connect Health regarding the method by which PROMs is gathered from healthcare systems. This information can then be evaluated at a personal, regional or national level for benchmarking and reflective continuous professional development for clinicians.

We are evaluating additional PROMs for use in our services based on emerging scientific evidence/new tools and/or separate tools for niche groups of patients (such as rheumatology services).

### Key findings include:

- Score shift data shows that overall, our patients show improvements in health-related quality of life following management within our services with a National Standard score shift set at 0.16
- As an example, across the year there is a National Score Shift of 0.20, with Regional variation recorded as North = 0.19 and South = 0.20

- Highest scores are recorded in Wolverhampton = 0.25 and Brent = 0.23, with the lowest scores recorded at North Kirklees = 0.15, Camden = 0.17 and Herts Valley = 0.17

#### **What does this tell us about clinical effectiveness?**

- This audit provides evidence that for most of our patients, their quality of life (outcomes) has improved whilst in our services
- In addition, the improvement rates are higher than that which is reported in scientific literature regarding MSK services in the UK
- Improving collection rates consistently across our services remains a priority to gather as much information as possible, on as many patients as possible
- The variation between regions, services and clinicians based on service specifics, gym rehab capacity, speed of access and demographic will look to be addressed via The Academy in terms of learning and development and sharing of knowledge and best practice

## 2.3 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.

During 2019/20 we placed a focus on two areas of patient feedback. The first is Friends and Family Test (FFT) which is collected by an independent source (as implemented in 2018/19). The second is the NHS choices website on which any service-user can access and leave feedback.

Our feedback on the NHS Choices website has progressed from being an average 2 stars at the start of the year, to being 3.5 stars now. A strong and independent indication that user experience has improved during the year.

With regards to FFT, we can break feedback down by contract, service-line (virtual consultation, physiotherapy, CATs, pain, rheumatology, etc) and by individual clinician. Once again, we set service-wide benchmarks in terms of performance objectives (based on 2018/19 results) to encourage all clinical and operational colleagues to focus on improving patient experience. We continue to break down both the response rates and quality scores by service, location and clinician, which means we can provide positive, meaningful feedback to clinicians on their performance, from their patients' perspective.

Across all our services 85.15% of our 37,791 respondents (compared to 85.25% of our 29,579 respondents in 2018/19) would recommend our services to friends or family. Only 7.72% would not. This is based on a 30% response rate of 121,691 surveyed patients. All the above metrics are consistent with those reported in last year's Quality Account.

**30%**

Response Rate



**Positive: 85.15%**

**Negative: 7.72%**

Ratings



## 366 Day Overview

Survey Status	No. of Discharges	% of Total
Survey Sent	121691	95.30%
Excluded due to Survey Fatigue Protection	3935	3.08%
Excluded due to opt-out	1611	1.26%
Message not scheduled due to error	455	0.36%

Question 1	Ratings Received	Response Rate
IVM	6611	05.18%
SMS	31180	24.42%
<b>Totals</b>	<b>37791</b>	<b>29.60%</b>

Question 2	Comments Received	Response Rate
IVM	4305	03.37%
SMS to IVM	410	00.32%
SMS	25417	19.90%
<b>Totals</b>	<b>30132</b>	<b>23.60%</b>

### Positive

- Staff attitude = 14,258 mentions
- Implementation of care = 6,574 mentions

### Negative

- Staff attitude = 1,548 mentions
- Environment = 1,382 mentions

## 2.4 Contributions to Regional Quality Development, National Conferences and Research

With the development of our data warehouse and our ever-increasing patient numbers, our clinical leadership team have been able to not only focus on using this for internal improvement but start to look at disseminating learning to benefit the wider Musculoskeletal provider and commissioner world both in the UK and world-wide. To enable this, we have, through partnerships, made our data available to the researchers and students at:

- St Georges University London
- Queen Mary University London (QMUL)
- Northumbria University
- Keele University
- Oxford University
- Royal National Orthopaedic Hospital, Stanmore

Details of some of the projects underway or planned with the above institutions can be found in section 2.4.2.

Connect Health can influence care at source, in the community across our numerous NHS and occupational contracts. We see that we have a responsibility to do this for our key stakeholders of:

- Patients
- UK taxpayers and Employers for our Occupational contracts
- Our colleagues

Connect Health colleagues are engaged in supporting all our local Sustainable Transformation Partnerships (STPs). A prime example of this includes Matthew Wyatt, Consultant Physiotherapist

and Clinical Lead South being elected chair of the North West London Musculoskeletal Clinical Network Education Group and a Member of the Networks Steering Group.

During 2020/21 we have constantly disseminated key learning and messages from our data and philosophy of care. This has included dissemination education via our academy to ensure that clinical and operational education was delivered through our faculty remotely despite the COVID-19 pandemic. The use of infographics via social media and on our website as well as presenting these around the UK are demonstrated through the examples below:

#### 2.4.1 Contribution to National Conferences/Education

##### **Andrew Walton - Group Executive Director**

- European Health Management Association (EHMA), Digital, 17<sup>th</sup>-19<sup>th</sup> November 2000 – Improving access to Psychological Therapist

##### **Dr Graeme Wilkes - Chief Medical Officer**

- MSK Reform national conference (virtual): Rehabilitation - Understanding, Funding and Delivering June 2020 – Panellist - session released as PhysioMatters podcast July 2020

##### **Dr Marwan Al-Dawoud - Director of Clinical Delivery**

- British Society of Rehabilitation Medicine and University of Leeds National MSK Medicine and Rehabilitation Course – speaker – February 2020 - The Shoulder

##### **Rob Tyer - Research Lead**

- Therapy Live 2020 (June) - Cauda Equina Syndrome, Navigating Muddy Waters
- BASRaT Feb 2021 - Cauda Equina Syndrome, Navigating Muddy Waters

##### **Gail Sowden – Consultant Physiotherapist**

- Invited Speaker: Digital Health and Persistent Pain. International Chronic Pain Virtual Summit 4<sup>th</sup>-5<sup>th</sup> February 2021
- Invited Speaker: Pain Management in the Time of COVID-19. Faculty of Pain Medicine of the Royal College of Anaesthetists. 22<sup>nd</sup> December
- Invited Speaker: Pain Psychology for Non-Psychologists using Acceptance and Commitment Therapy Physiotherapy Pain Association. 13.1.21
- Invited Speaker: Pain in the time of COVID-19. CSP NE Webinar 13.10.20.
- Convenor and presenter of a Focused Symposium. Pain Psychology for Non-Psychologists using Acceptance and Commitment Therapy VPUK 13.11.20
- Delivered curricula to national and international postgraduate students relating to pain for Manchester Metropolitan University and Coventry University

#### 2.4.2 Connect Health: Education and Communication

##### **Significant milestones**

- December 2020 – The Academy was launched to support clinical and operational colleagues
- April 2020 - Launch of PhysioNow® a clinically-led Chat-Bot support tool
- February 2020 – 10/10 Clinical Support Tools reviewed and published
- May 2020 - Connect Health partners with Heath Management Limited to deliver on new NHS England Occupational Health framework during COVID-19



- May 2020 – Launch of Flippin' Pain™ website – a public health campaign aimed to change the way we think about, talk about and treat persistent pain. The website was co-produced by those affected by pain and healthcare professionals
- Connect Health e-health/digital pain innovations were highly rated by the NHS Change Challenge, before finally making it into the final list of the most impactful pain related innovations. See link:  
<https://bestmsk.crowdicity.com/blog/category/219908>

### **Connect Health Change Webinar Series – Education and learning**

In July, Connect Health launched a brand new “Connect Health Change” webinar series to make and embed transformation in healthcare. Aimed at system leaders and clinicians across the NHS, the webinars provide practical solutions to the challenging issues we are all grappling with. A wide range of important topics have been covered such as clinical psychology, service redesign, COVID-19 rehabilitation, First Contact Practitioners (FCPs), education, quality improvement and pain. See link to past webinars, agendas, speakers and recordings: [www.connecthealth.co.uk/connect-health-change/](http://www.connecthealth.co.uk/connect-health-change/)

### **Supporting our NHS partners**

Over the last year Connect Health has been working closely with our NHS partners in a number of ways to support patients and colleagues. This includes supporting the Nightingale hospitals, redeploying clinicians on the front line and vaccination centres. In total 27 people have been redeployed.

### **Facebook Live**

Constantly reviewing how we support our patients' and colleagues' safety effectively, has been our number one priority. **Facebook Live** enables the delivery of virtual group rehabilitation, exercise and education sessions to patients and the public via the Connect Health Facebook pages. These have proved tremendously successful.

### **Patient feedback**

A patient from St Albans has suffered from Knee Osteoarthritis for years. She says:

When lockdown struck, the language school where I worked as an English teacher closed so I moved my work online as much as I could, which has exacerbated a sedentary lifestyle. It felt like it was getting harder to move from my chair due to the pain in my knee and I was actually becoming quite unstable walking to and from the shop. Then I found out about the Facebook Live exercise sessions. It felt like I had an official physio in my home. Without these exercises, I would have had more pain and less mobility.

### **COVID-19 Commissioner support**

Connect Health stepped in to offer support to NHS commissioners utilising our capacity to tackle waiting lists and embed transformation during/after COVID-19. With the suspension of services and re-deployment of many colleagues during the current crisis, Trusts were anticipating significant increased demand on MSK, pain and rehab services. Support includes rehab for patients, virtual/teleconsultations, digital pathways and primary care support.

### **Frameworks – supporting capacity**

Connect Health was successful on 3 NHS new frameworks - NHS England Occupational Health framework; in NHS England's Health Systems Support Framework (HSSF)



Agreement and Outsourced Clinical Services framework, adding capacity and expertise to stretched services.

#### **Digital innovation - PhysioNow®**

Connect Health rolled out a new digital triage solution in early 2020. This has been extended recently, with Connect Health supporting the NHS orthopaedic waiting list in the London area, whereby 1000 patients have access to our PhysioNow® clinically-led Chatbot tool, free of charge. This has already picked up urgent needs, making available ongoing physiotherapy during the time they are waiting for elective care.

#### **Innovative digital care project with Welsh Government and NHS Wales COVID-19 Digital Solutions Fund – evaluation Aug-Dec 2020**

In a move to help support the 887,000 people in Wales (which represents a third of the population) who suffer with musculoskeletal (MSK) conditions such as arthritis and back pain, the Life Sciences Hub Wales and the Welsh Government selected Connect Health to roll-out PhysioNow® through their Digital Solutions Fund.

The project supported over 1000 patients from August to December 2020. Every Health Board within Wales were approached and almost all indicated a willingness to become involved, resulting in Cwm Taf Morgannwg and Hywel Dda Health Boards being selected to take part in the project. Connect Health, worked alongside partners EQL and PhysioSpace Cardiff, to rapidly provide the PhysioNow® technology within NHS environments, with a potential for scaling up across Wales.

#### **Mental Health/IAPT**

Working with the Good Governance Institute (GGI), Connect Health launched a IAPT (Improving Access to Psychological Therapies) BAP (board assurance prompt) via a live virtual roundtable on Tues 8 Sept [www.connecthealth.co.uk/news/ggi-iapt-bap/](http://www.connecthealth.co.uk/news/ggi-iapt-bap/). This briefing is targeted at NHS commissioners and providers of IAPT services to support the planning and management of IAPT/mental health services.

#### **HSJ Partnership Award finalists**

Connect Health was successful in the HSJ Partnership Awards which are now taking place in June 2021, being nominated as finalists for two of its services:

#### **Contributions to third party publications**

In July Connect Health featured in **IHPN report, Working Together During COVID-19**, how NHS and independent sector partnerships are ensuring patients get the care they need; with its virtual student placements programme (tying in with NHS 72<sup>nd</sup> birthday). In December, a second report was launched by IHPN on **Working in Independent Sector**. Connect Health were featured in the Culture section, Creating a Healthy, Inclusive and Compassionate Culture, with Emily Byatt, Service Manager's story:

Connect Health has a can-do culture, that's really focused on continual improvement and investing in its people.

#### **Flippin' Pain™**

Flippin' Pain™ is a public health campaign powered by Connect Health. It has a clear goal; to engage the public and health professionals and change the way they think about, talk about and treat persistent pain. Initially launched in Lincolnshire in Sept 2019 with the support of the local Clinical Commissioning Groups and coinciding with the launch of a newly commissioned Community Pain Management Service, Flippin' Pain™ went virtual and multinational in response to the pandemic-related restrictions and now engages



millions of people who live with persistent pain and those who treat it across the UK and beyond.

The campaign is built around a number of key campaign messages focused on raising awareness of the problem of persistent pain, spreading the word about a modern scientific understanding of pain and giving people knowledge, skills and hope for a better way forward.

Over the last year, the importance of keeping these key messages going has been strengthened due to the impact of COVID-19 on healthcare services, lifestyle factors and support. We have achieved this through the launch of a series of online webinars reaching in excess of 5000 participants to date.

The campaign has continued to grow over the last year, even with the challenges of 2020 resulting in the postponement of a community outreach tour across Lincolnshire. Over 3000 delegates signed up to our online webinar in February, Pain Science for Non-Pain Specialists, targeted at healthcare professionals looking for a better understanding of the complexities of pain science. In addition, over 1600 members of the public registered for our patient-centred event in April, I Wish I Knew Then What I Know Now, created for people living with pain by people living with pain. We first began our series of webinars in October 2020 by adapting our popular Pain: Do You Get It? event series for a virtual audience, reaching a further 300+ attendees and taking our event messaging outside of the Lincolnshire locality.

Flippin' Pain™ also received a boost through 2 charity partner features in September, in Pain Matters and Versus Arthritis, reaching over 7000 health professionals/GPs and a further feature with Versus Arthritis in December.

## 2.4.3 Research at Connect Health

### Research committee update

Projects to date and in process:

Project	Collaborators	Stage	Impact assessment.
Prospective cohort study of base of thumb OA	University of Oxford	Write up	Impact within MSK and Ortho as there is a poor amount of epidemiological data available on this common condition.
Retrospective cohort study of wrist pain	University of Oxford	Conference call in February to finalise project design / title.	
Use of Artificial Intelligence/Prospective Modelling for identification of Red Flags	Queen Mary's University, London	NDA by QMUL, in data shaping stage.	With the future of healthcare looking to be largely integrated automated systems, and the absence of databases to help train this subject, this could have a large impact both nationally and globally.
Retrospective cohort study of Greater Trochanteric Pain Syndrome	University of Birmingham	Published <a href="https://onlinelibrary.wiley.com/doi/abs/10.1002/msc.1419?af=R">https://onlinelibrary.wiley.com/doi/abs/10.1002/msc.1419?af=R</a>	A condition with high QOL impact, with factors beyond purely mechanical. Common condition in clinic, and difficult to resolve, so multimodal approaches are needed.
Retrospective cohort study of Cauda Equina Syndrome	Western Sussex Hospitals NHS Foundation Trust  The Royal Marsden NHS Foundation Trust	Data analysis	Potentially high impact factor. Rare condition with high QOL impact, with high litigation considerations.  Could be influential beyond MSK (Spinal Ortho/Neuro/Emergency med/GP).
Primary cohort study of the use of Ultrasonography in the management of elbow pain.	None	Data analysis	No previous studies on this topic, but part of a larger movement to assessing other body parts in this manner. Results likely to impact frontline MSK and GP practice if shared well enough.

An international survey of all clinicians involved with MSK delivery investigating when and how the neck is examined in those with shoulder/arm pain	Keele	Accepted for publication in Musculoskeletal Care	Common reason for physios to refer on is missing neck as source of shoulder pain. Impact will be on frontline clinical practice.
Effects of Head and Neck Positions on Blood Flow in the Vertebral, Internal Carotid, and Intracranial Arteries: A Systematic Review	Research Group on Healthy Aging, Allied Health Care and Nursing, Hanze University of Applied Sciences, Groningen, the Netherlands.  Division of Physiotherapy and Rehabilitation Sciences, University of Nottingham, Nottingham, UK.	Published <a href="https://www.iospt.org/doi/full/10.2519/iospt.2019.8578">https://www.iospt.org/doi/full/10.2519/iospt.2019.8578</a>	Will likely be considered in the international guidelines by IFOMPT. Potential for high impact.
Cauda Equina; A Clinical Vignette	Teesside University  Northumbria Health Care Trust	Research design phase.	Will help to gauge clinical practice and impact on training of physios.
Case Study: Bilateral spontaneous Achilles rupture in a patient with recent Fluroquinolone use.	Seth O'Neill	Early stages planning.	Very rare but will highlight the importance of wider questioning around "MSK" conditions.
Research infrastructure	N/A	1 <sup>st</sup> draft completed. Ready to be taken to research committee and senior management to sign off and implement.	The aim of this process will be to have a structured framework for colleagues to plan a research project, and aid decisions regarding the level of support required for each project.

		Expanding the term “research” to include work not readily designed for academic publication. Service evaluation, audit and analysis of data quality for example.	Changes to the inclusion of other research types has the potential to impact on internal processes.
Research Team site	N/A	Under review with Steve Nawoor.	Place to centrally store relevant information regarding research process, projects, publications, and host a discussion board.  This will make it easier for colleagues to locate the necessary information to plan a research project.
Research Study Day	N/A	Planning content: Research pillar of the new competencies’ framework. <ul style="list-style-type: none"> <li>• Research literacy</li> <li>• Research dissemination</li> <li>• Research participation</li> <li>• Auditing against EBP</li> <li>• QI using EBP</li> </ul>	Expectations of APP (and Senior physios to a degree) to be working at a M-level regarding their ability to locate, appraise and implement research into practice.  More colleagues operating at this level has the potential to improve quality of care patients receive and reduce unwarranted variation in clinical practice.

As of the last committee meeting, it was agreed:

- Audit will be considered part of research



- Collaboration with other bodies will not be limited to existing working agreements and will instead be based on expertise of an organisation

Lead by our Research Lead, a group of clinicians who have expressed an interest in research have been gathered into a “research champions” email team. Their informal role is to help with integration of research into practice but also to identify areas worth exploring in research. Student projects will also help to form the basis of future research projects.

### **Publications in peer reviewed journals**

Holden MA, Callaghan M, Felson D, Birrell F, Nicholls E, Jowett S, Kigozi J, McBeth J, Borrelli B, Jinks C, Foster NE, Dziedzic K, Mallen C, Ingram C, Sutton A, Lawton S, Halliday N, Hartshorne L, Williams H, Browell R, Hudson H, Marshall M, **Sowden G**, Herron D, Asamane E, Peat G. Clinical and cost-effectiveness of bracing in symptomatic knee osteoarthritis management: protocol for a multicentre, primary care, randomised, parallel-group, superiority trial. *BMJ Open*. 2021 Mar 26;11(3):e048196. doi: 10.1136/bmjopen-2020-048196. PMID: 33771832.

Vowles, K. E., Kruger, E. S., Bailey, R. W., **Sowden, G.**, Ashworth, J., Hickman, J., & McCracken, L. M. (2020). Initial evaluation of the Chronic Pain Acceptance Questionnaire-2. *European Journal of Pain*, 24, 2027-2036

Øiestad BR, Aanesen F, Løchting I, Storheim K, Tingulstad A, Rysstad TL, Småstuen MC, Tveter AT, **Sowden G**, Wynne-Jones G, Fors EA, van Tulder M, Berg RC, Foster NE and Grotle M. Study protocol for a randomized controlled trial of the effectiveness of adding motivational interviewing or stratified vocational advice intervention to usual case management on return to work for people with musculoskeletal disorders. The MI-NAV study. *BMC Musculoskeletal Disorders* (2020) 21:496. DOI: <https://bmcmusculoskeletdisord.biomedcentral.com/track/pdf/10.1186/s12891-020-03475-z>

### **Involvement in clinical trials**

Gail Sowden- Co-applicant. Work And Vocational Advice (WAVE) in primary care: a randomised controlled trial.  
<https://fundingawards.nihr.ac.uk/award/17/94/49>

Gail Sowden. Collaborator. PROvision of braces for Patients with knee OsteoArthritis (PROP OA): a randomised controlled trial.  
<https://fundingawards.nihr.ac.uk/award/16/160/03>

Gail Sowden. Collaborator. Stratified care RCT in a Danish Primary Care Population.

## New models of care

Connect Health deliver gym rehabilitation for patients in several services in partnership with Greenwich Leisure Limited (GLL). In services where GLL do not have a presence, the model is mirrored with local gyms and leisure centres.

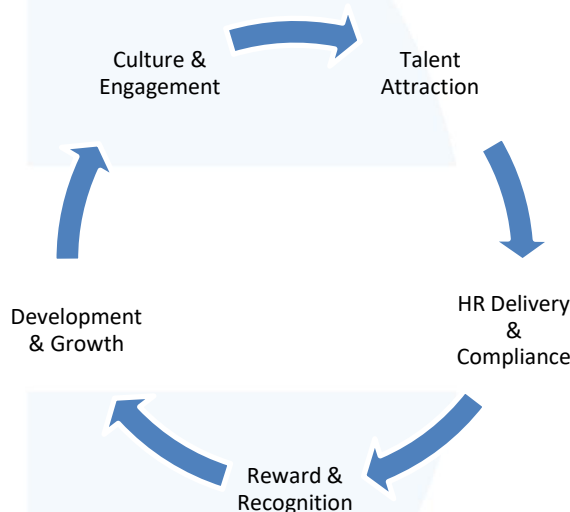
- MDT approach to rehab: Using Physios, Rehab therapists, Exercise on Prescription/Long Term Condition Coordinators and Fitness Instructors
- Goals
  - Patient centre care close to home
  - De-medicalisation of care
  - Promote long term mental and physical health and well-being
  - Primary and secondary prevention
  - Shared decision making
  - Self-care
  - Patient empowerment
- Outcomes
  - 30% of patients using the service join the gyms long term
  - 90% of service users report positive satisfaction
  - EQ5D shift scores of +0.21
  - Access time from GP referral to gym access as low as 9 days

## 2.5 Our Commitment to Our Colleagues

### Outstanding People

**“To ensure we attract and retain colleagues who are engaged and valued and exceed expectations through living our values”.**

Our People Strategy is driven through 5 key strategic themes as demonstrated below:



Connect Health currently employs around 680 colleagues on a national basis and employ multi-professional clinicians and a range of non-clinical roles. These include our Patient Care Coordination Centre and support functions including Finance & Estates, HR, IM&T and Governance.

Improving the lives of patients is what we are here to do and having motivated and engaged colleagues across the organisation is vital to our success. Over the last five years Connect Health has seen significant growth and change which impacts our colleagues and our approach to People activity. This has resulted in a refreshed People strategy. Strategic Human Resource Management has a key role to play in supporting Connect Health to develop a sustainable, fit for purpose and high-quality workforce for the future thus contributing to the organisation's success and delivery of the 5 in 5 strategy:

**1. Talent Attraction - To attract outstanding and talented colleagues to Connect Health who enable us to deliver on our vision of helping people to improve their quality of life.**

Our dedicated Resourcing team, work in partnership with leaders across Connect Health to deliver a proactive resourcing service enabling services and departments to be staffed to plan and fit for the future. This is achieved through:

- A candidate focused recruitment experience in which candidates feel valued, informed and would recommend Connect Health as an employer. Our service is delivered in line with our values based 'Candidate Promises'
- The use of technology to deliver a modern recruitment approach including the use of our HR system together with video interviewing/screening. The use of our HR system will be enhanced to allow for further manager self-service and video interviewing will be expanded to be utilised to assess clinical competence
- A first-class approach to graduate recruitment. We will review our graduate programmes considering our multi professional workforce for example, Psychology
- Focused resourcing plans for hard to fill roles or for moving into new markets or attracting new skill sets, for example IAPT
- Talent banking for the future in anticipation of new skillsets
- Delivery of a Great 1<sup>st</sup> Year onboarding journey as a retention tool
- The above is delivered through working with the business to truly understanding resourcing requirements in the context of budgets and business change

**2. HR Delivery and Compliance - To deliver a proactive and colleague centred HR service to Connect Health focused on compliance, technology and a commercial approach.**

Through our People team we ensure all governance and compliance requirements relating to workforce are met together with providing a customer focused approach to our internal stakeholders. This is achieved through:

- Robust monitoring of all workforce compliance. This includes pre-screening of new starters, DBS checking, professional registrations, revalidation, qualifications, mandatory learning and so forth. A recent internal audit outlined the strength of our approach
- Continued review of compliance in relation to our multi professional workforce and future workforce made up through diversification and/or acquisition
- Delivery of a compliant and colleague focused HR, payroll and pensions service utilising HR Service Desk technology
- A commercial approach to HR including absence management, disciplinary, business restructuring and TUPE. This is supported by manager upskill and coaching

- Adherence to employment law and regulatory requirements including CQC with horizon scanning to be fit for the future. This includes the impact of new immigration schemes and future legal changes
- The implementation of a new HR & Payroll system has driven efficiencies and a self-service culture. We will continue to review all transactional process to seek efficiencies including RPA

**3. Development and Growth - To enable a learning culture across Connect Health where colleagues can grow and develop their careers, feel fulfilled in their role and are led by inspirational leaders.**

A National Clinical Education Lead was appointed to drive the education agenda throughout the business across all clinical and operational aspects of Connect Health.

Since the appointment, 11 national curriculum streams have been established for all MSK clinicians and operational leaders. Each curriculum stream is mapped onto key professional competency frameworks from both internal and external sources. This drives the direction and meaning of the education delivered and ensures our colleagues have the right skills to fulfil their job role. It also provides a clear progression for MSK clinicians through the business from new graduate to advanced practitioner and beyond.

The attendance and interaction of the session has been excellent and allows a continual culture of learning to evolve. In 2021 there are over 178 live interactive sessions planned, to be delivered by 70 multi-professional faculty members across more than 7 different professions.

To accompany the development of these programmes, a digital infrastructure has been put in place that includes an Academy website ([www.connectclinicalacademy.com](http://www.connectclinicalacademy.com)) and the utilisation of Google Classrooms. These platforms allow learners to extend their learning experience and offer opportunities to test their knowledge through multiple choice questionnaires and reflection.

Through collaboration with clinical and operational leaders, 5% blocked time was agreed for all clinical and operational colleagues (outside of the graduate programme which is afforded 10%) to undertake onward professional development. This time is to be pro-rata so improves the equity of access to learning for all regardless of how many hours or what days they work for the business. There is also a shift in the culture to include things such as supervision, peer learning and reflections as an important part of onward development as opposed to just taught sessions. Colleagues are able to utilise their 5% across all 4 pillars of practice and have freedom over how they utilise their blocked time for development.

The National Clinical Education Lead will spearhead further developments to progress the multi-professional, inclusive, comprehensive blended programme of learning. There is a plan to involve other stakeholders such as patients to drive further innovation and relevance to practice through the education programme. Further work with HEIs and other key external stakeholders such as the MACP is underway to develop currency for completion of the Academy content, adding to the motivation of our clinical and operational colleagues to continue to develop.

We have particularly aligned our education to have relevance to Health Education England's Roadmap to Advanced practice. This puts us in an excellent position to ensure our colleagues have every opportunity to compete their portfolios for First Contact Practice and Advanced Practice alike in the time frames set out by HEE.

All the above should drive the clinical and operational quality within the business and aid with recruitment and retention.

The development of our colleagues is of significant importance, and our strategy is to grow and develop our colleagues to be the very best they can be. Through growth, our colleagues can fulfil their career aspirations therefore reducing attrition and increasing engagement. This is achieved through:

- A suite of learning available through our Learning Management System. This provides on demand and accessible learning and will continue to be enhanced through new product offerings
- Leadership learning including People Manager induction and a number of bespoke courses delivered virtually. This will be enhanced to cover three streams – People Manager Core Skills, Creating an Inclusive Workforce and Talent Management. Through this learning our aim is to have inspirational leadership in all areas of Connect Health
- We also aim to enhance our leadership offering further with the development of a Future Leaders programme to harness our talent
- As remote working becomes the norm we will continue to enhance our digital learning offer through mediums such as live streams, videos and podcasts
- Delivery of apprenticeships across Connect Health utilising our levy pot. These include leadership courses, Advanced clinical practice and technical apprenticeships in areas such as Finance and IM&T. Our aim is to broaden this and utilise apprenticeships within PCC to support the new target operating model
- Our performance management approach Bee Who You Want to Be (implemented in 2019) is focused on the concept of job crafting which allows for meaningful conversation around 4 quarterly themes – career, wellbeing, feedback/relationships and reward/recognition. We continue to review and enhance this programme and have seen demonstrable differences in colleague engagement since implementation
- Continuous learning is also achieved through events such as leadership conference together with coaching and mentoring programmes. Our aim is to enhance our approach to coaching and mentoring in the next 12 months
- Talent management approach to be implemented to harness and retain talent

#### **4. Reward and Recognition - To deliver a leading-edge approach to reward and recognition focused on total reward including pay, a personalised approach to benefits and a culture of recognition and thank you.**

Through our Bee Inspired brand we have a comprehensive offer with regards reward and recognition which has been enhanced over the last three years. Our approach includes:

- Broad benefits package including unique benefits such as a birthday day off, access to our Bee Rewarded benefits site and holiday buy and sell
- The introduction of pension salary sacrifice in 2020
- The introduction of a personalised benefits offering in 2020. This will be enhanced further as we know that a tailored approach to benefits is being seen as a competitive and market leading offer
- We will continue to innovate in the area of benefits particularly around wellbeing
- A culture of recognition and thank you. This is achieved through formal and informal methods including e-cards, Thank You Thursday, Bees Knees awards and our annual Bee Celebrated recognition event (which for 2020 was a virtual event Bee Merry)
- A strong focus on wellbeing including dedicated wellbeing touchpoints, a mental health support offering and promotion of physical activity. Our focus will be to continue to enhance our offer with regards colleague resilience and working through change



## 5. Culture and Engagement - To foster a strong sense of community and team across the organisation in which colleagues feel valued, engaged and inspired.

Our people culture is underpinned by our Bee Inspired brand and our four values as outlined below:

Value	Descriptor
<b>People Centred</b>	Listening, caring, understanding and respecting our patients, colleagues and stakeholders Being open, honest, trustworthy and transparent
<b>Pioneering</b>	Innovative and forward-thinking market leaders, having the courage to be bold
<b>Dynamic</b>	Energetic with a can-do approach, flexible and agile. Having the strength and determination to succeed. Adaptable and focused on our priorities
<b>Quality</b>	Constantly providing excellence and a cost effective and competitive service, offering value for money

These values run as a golden thread through our approach to attraction and selection, recognition and performance management.

### Key cultural initiatives include:

- Colleague Voice – the feedback of our colleagues is of utmost importance and this is sought through our Great Place to Work survey and regular ‘pulse’ surveying such as wellbeing surveys during the COVID-19 pandemic. In 2020, 90% of our colleagues rated Connect in the Great Place to Work survey as a great place to work
- We will enhance our approach to colleague voice through the establishment of a new colleague ‘forum’ representing the voice of clinical and non-clinical colleagues
- Multi professional workforce strategy – as we grow and diversify our focus is on ensuring that our approach is non-Physio centric so all feel included
- Diversity and Inclusion focus including the establishment of a new Steering Group. A key priority is to lead this from a people perspective to ensure we have a representative workforce who feel valued and included and that we embrace the impact that diversity of thinking and background can bring.
- New ways of working are emerging following the COVID-19 pandemic and our approach will be to move to a more agile workforce model with a blend of office/face to face work and virtual. Our leaders need to be able to lead remotely and our focus on developing the right parameters and support to enable to this new type of workforce
- Effective Teams – our focus will be on engaged and effective teams working together towards common goals
- Colleague communications – through the introduction of Workplace we have a social media platform to communicate with our colleagues and we are delivering communications through varied methods including video and written. A key focus now needs to be the streamlining of messaging to avoid information overload and to ensure key messages are heard. With remote working, the importance of this is particularly strong
- Cultural and engagement planning will be a priority as we continue to grow, diversify and acquire and this need to be considered in the context of the new world of agile and remote working

## Section 3

Quality Developments and  
Improvement Priorities for  
2020/21



## 3.1 National Improvements & Developments

### 3.1.1 Clinical Care

#### **10/10 Clinical Support Tools**

Clinicians developed our 10 out of 10 (10/10) clinical support tools in 2016 using the best available evidence for each clinical condition. The aims of the clinical support tools are to:

- reduce unwarranted variation in treatments for common MSK conditions nationally
- ensure that we were offering evidence-informed treatments to our patients
- aid clinicians by compiling high quality evidence and recommendations into an easy to use and accessible format

The initial 10 guidelines were published in 2017. This was extended to the five next most common MSK conditions, so we now have 15 clinical support tools covering:

- Frozen Shoulder
- Carpal Tunnel Syndrome
- Osteoarthritis Base of Thumb
- De Quervain's Tenosynovitis
- Ankle ligament injury
- Low back pain
- Neck pain
- Hip Osteoarthritis
- Knee Osteoarthritis
- Greater trochanteric pain syndrome
- Patellofemoral pain
- Sub-acromial pain syndrome
- Lateral epicondylitis
- Plantar fasciitis
- Achilles' tendinopathy

These clinical support tools have RAG-rated management options where green treatments have clear evidence of clinical effectiveness and minimal known risk; amber have treatments where the evidence of clinical effectiveness is less clear and improbable risk; and red are treatments that have an absence of evidence of clinical effectiveness and/or there is a probable risk associated with the intervention.

## Clear evidence of clinical effectiveness

- Weight loss intervention for obese or overweight patients
- Exercise – loading programme – HSR, Ecc/Conc, SSC targeting Soleus and Gastrocnemius

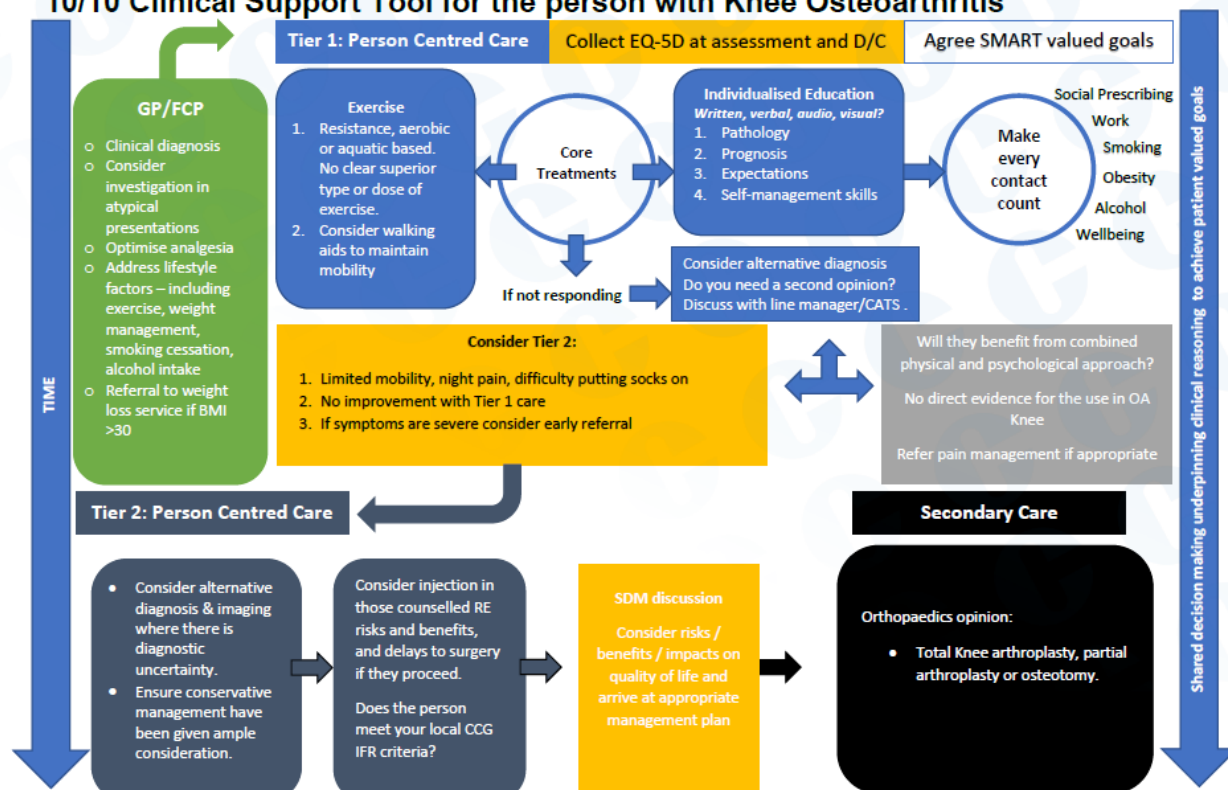
## Less certain evidence of clinical effectiveness

- Manual Therapy
- Pharmacological Management – NSAIDs (unless tear suspected)
- ESWT
- Dry Needling with injection under USG
- High Volume Injection/Retrocalcaneal bursal injection (insertional)
- Stretching
- Shock absorbing insoles/heel-raise insertional
- Surgery (if conservative fails)
- GTN Patches

## Absence of evidence of clinical effectiveness

- Complete Rest
- Night Splints
- PRP Injections
- Steroid Injection Therapy

## 10/10 Clinical Support Tool for the person with Knee Osteoarthritis



The 10/10 clinical support tools are featured in colleagues' education sessions and their use is monitored via clinical supervision and audit. Since implementing clinical support tools in the organisation, we have seen an increased EQ5D score shift across all conditions covered in the guidelines which suggests that these tools have improved patient care and outcomes.

During 2020 we performed a full review of the content and format of the clinical support tools to update them based on changes in the evidence base and a review of the appropriateness of the RAG rating criteria. We also shared them externally with Primary Care colleagues. Initial feedback is that the sharing of these tools has enhanced the knowledge and skills of colleagues in primary care to identify and manage some of the more common MSK conditions.

### **Published EQ5D Clinical Outcomes**

We published the EQ5D outcomes of a large cohort of 4,271 patients in 2017, setting a new benchmark of +0.20, meaning improvement for quality of care in physiotherapy as outlined above.

Having been performance-managing our colleagues on quantitative standards in collection rates, we are seeing collections rates for clinician discharges rising once again in 2019/20 to 69%. We plan to expand our PROM collection to include measures specific to our growing Pain and Rheumatology services. These measures should add value to our understanding of the effectiveness of these services at the patient-level.

### **Use of Patient Groups**

A plan for 2019/20 was to develop group consultations in a new innovative way. The model has been successfully used in primary care for long term conditions, but not widely practiced across most of MSK providers in the UK operating groups, including Connect Health.

Connect Health committed to pilot this new way of working in terms of group consultations in our Croydon MSK Service. The pilot went live in January 2020 for people experiencing Osteoarthritis of the knee. Since inception the pilot has expanded to include Sub-acromial shoulder pain. Initial patient and colleague feedback has been very positive. The local commissioning body has also voiced their approval with this new model of care. Our plan is to roll the new model out across all our MSK services and further investigate the impact it has on our model of service delivery from both a clinical and operational perspective.

### **New models of care**

Connect Health continues to develop new ways of providing care in a more cost-effective way in innovative contracts/pathways in partnership with Clinical Commissioning Groups (CCGs) and NHS Trusts covering:

- Community Rheumatology pathways
- Community Pain pathways

These are two areas of practice relatively un-touched by reform in comparison to the orthopaedic pathway which was stimulated by the MSK Framework document issued by the Department of Health as long ago as 2006.

Our ground-breaking entirely community-based multidisciplinary pain service which launched in 2019 continued to embed and refine throughout 2020. The new service that



we designed and delivered for NHS Lincolnshire Clinical Commissioning Group represents a significant step-change from the previous model of care for people in Lincolnshire and aligns with the best available evidence and best practice in pain assessment and management.

In addition to the achievements outlined in our previous Quality Account, in 2020 we embarked in earnest on the rollout of a public health campaign in Lincolnshire focused on providing the public and health professionals with a contemporary understanding of pain science. The Flippin' Pain™ ([www.flippinpain.co.uk](http://www.flippinpain.co.uk)) campaign, developed in-house with strong influence and mentorship from the Australian equivalent Pain Revolution movement ([www.painrevolution.org](http://www.painrevolution.org)) combines creative marketing, patient co-creation and community engagement to take the real science of pain to the population of Lincolnshire and beyond. The aspiration, which is starting to be realised as evidenced by an ever-increasing reach and favourable evaluation and feedback, is that facilitating a better understanding of pain science improves patient and public empowerment, addresses distress, stigmatisation and hopelessness and increases the uptake of high-value evidence-informed pain management approaches.

We had made plans to undertake a week-long series of public seminars and other community engagement activities in July 2020 as part of a Community Outreach Tour across the county but this unfortunately had to be postponed due to the pandemic. The tour (in essence, a campaign roadshow) was to be fronted by a bike-peloton and include numerous expert speakers, pop-up activation villages cohabited by local organisations including Steps2Change (IAPT provider), OneYou Lincolnshire and Active Lincolnshire and plenty of opportunities for public and healthcare professionals to engage in the campaign. It will now take place in September 2021.

In lieu of the postponed tour we continued the campaign work by switching greater focus to creating digital and virtual content including delivering 3 public seminars via live webinar (combined attendance > 2000).

We have collaborated with numerous physical and mental health and pain specialist groups and organisations including the British Pain Society, the charity Pain Concern, Versus Arthritis and the International Association for the Study of Pain (IASP). We have also been invited to present on the Flippin' Pain™ concept at STP/ICS boards across the country, to AHSN and to the Physiotherapy Pain Association (special interest group of the Chartered Society of Physiotherapists) amongst others.

### 3.1.2 Technology Innovation

#### **Patient App**

During 2019/20 we launched our patient App (named PhysioNow®). This was in partnership with EQL, a Google-backed NHS Digital Health London Accelerator Programme. PhysioNow® gives our patients more choice when accessing our service, alongside greater flexibility & immediate access to information and resources. PhysioNow® allows Patients to self-refer electronically, completes a symptom check and then directs patients to the correct pathway, whether that is a red flag condition which will be directed to A&E, a self-management treatment plan or a recommendation for a face-to-face appointment with a clinician.

Despite COVID-19 delaying its launch across all services, we have to date seen 15,590 patients completing PhysioNow® with 95% recommending it to their friends and family. During 2020/21 Connect Health will scale PhysioNow® across all our services as a

digital triage option for patients to access as an adjunct to our more traditional referral access pathways.

### **Virtual Consultations**

Part of the NHS 10-year plan is about optimising patient appointments. One key initiative was the use of virtual consultations. Following a period of due diligence, we accelerated the launch of our virtual consultation platform in March 2020. We have now enabled > 300 clinicians to work from home using video-based consultations tools to supplement their consultations with patients.

### **Robotic Process Automation (RPA)**

During 2020/21, our first area of focus for RPA has been in Patient Care Coordination however we are now moving into other areas of the business following a run of successful automations and have recently just completed our first process for HR recruitment – NHS jobs applications into iTrent. Our Automation team has been hard at work adding another 10 successfully delivered processes to our portfolio which include PhysioNow® and digitalised Self-Referral, four data migrations (totalling around 9000 patient records migrated to SystmOne), Historic data cleanse and a recent HR recruitment process which have all contributed to successful delivery of critical projects within the business.

Since 2019/20, we have successfully automated 20+ processes across Connect Health, saving the equivalent of 13,000 hours' worth of time and in turn, freeing up our workforce to focus on the value add, improving morale and potentially allowing quicker access to our services for our patients.

As we look forward to 2021/22, we hope to further improve the success rates of our processes, help the business move to a more digitally enabled care by utilising more sophisticated data warehouse integration and use of API's alongside introducing RPA into other areas of the business e.g., Finance and OHS.

### **Pain**

We have one stand-alone pain service as well as several integrated pain services, commissioned to meet the needs of different patient populations and situated within local care pathways. Our services provide evidence-based care provided by specialist interdisciplinary pain teams and in one service, we also employ people with lived experience. We provide patient centred and comprehensive biopsychosocial assessments. We provide, medication reviews and optimisation and identify individuals who might benefit from an intervention (e.g., injection) and provide these, refer or facilitate referral as appropriate (e.g. for interventions or invasive procedures) to nationally commissioned specialised pain services, secondary care, IAPT, drug and alcohol and other services. We support self-management, promote healthy lifestyles (e.g., pain education, goal setting and behavioural change).

We promote healthy lifestyles via information, advice and signposting (e.g., MECC) and support the public health agenda (e.g., Flippin' Pain™). In addition, we refer or signpost patients to national and local public, voluntary and third sector services and resources (e.g., social prescribing). In addition, we provide psychologically informed individual and group-based pain management and rehabilitation. Prior to COVID-19 we had developed an online pain management offer and in-response to COVID-19 we accelerated our blended digital and telehealth pain developments. We have been providing Digital and Virtual PRISM (Pain education and practical advice and tips for self-management) and

Virtual Pain Management Programmes across our pain services. These have further evolved and developed iteratively, in response to patient and clinician feedback and clinical outcomes. Connect Health e-health/digital pain innovations were highly rated by the NHS Change Challenge, before finally making it into the final list of the most impactful pain related innovations. We will continue to provide telehealth and online options, alongside our face-to-face individual and group-based provision going forwards and will select patients for the different offers based on clinical indications and patient choice.

### **Creating seamless Digital Journeys for Patients and Clinicians**

We have seen an increase in uptake of digital solutions by patients throughout 2020/21 as a result of the COVID-19 pandemic and we fully expect that the use of digital technology in healthcare is here to stay. Whilst COVID-19 has accelerated adoption of digital technology within healthcare, we have been developing and delivering digital clinical pathways for many years, with a track record of adopting technology to improve our patient engagement and drive improved access rates and clinical outcomes across our services. We established a technology framework that delivers channel choice for patients and allows pathways to be managed and administered to promote ease of access and engagement.

Central to our digital strategy is the creation of a Patient Portal which will be further developed in 2021/22 and support Patient journeys such as booking and changing appointments, as well as providing the ability to engage with therapeutic programmes and clinical pathways.

Innovative use of digital technology, we believe, differentiates Connect Health from other services. Implementing and designing all our pathways with a “Digital First” mindset, we are now using Open APIs (application programming interfaces), wrapped around a reliable, safe and secure patient management platform. Our experienced in-house Development team are increasingly using these APIs to integrate across NHS Digital and supplier capabilities delivering best of breed applications and resources that create innovative, technology supported patient pathways and care. Examples of areas where we have or are in the process of establishing links into wider NHS, Customer and Supplier capabilities include enabling referral pathways through use of NHS eRS and RAS APIs (electronic referral service), Integrating with EQL for PhysioNow® and Online Self-Referral, Integrating with SystmOne our primary patient management platform and making services available via the NHS App.

### **New Projects**

#### **Digitally Enabled Care**

The successes of our PhysioNow® roll-out, combined with a strong desire to harness the power of online, connected, services, has led to the creation of the Digitally Enabled Care project, which aims to provide patients with the opportunity to manage all aspects of their end-to-end care by a communication and service channel that is right for them. Over the last six months, we have explored what this means for Connect Health and our patients and structured a project that aims to transform the interaction between patients and providers, offering significant value in patient experience and the efficiency of our services.

During 2021/22 we intend to develop and launch a full Digital offering to patients across all services, allowing them to self-refer, manage appointments, view personalised information about their treatment and our services and communicate with Connect Health through an online Patient Portal and other Digital messaging platforms. This will provide

patients with further choice and control over how their care is delivered and managed.

### **Everest Programme**

As part of our quality improvement programme (Everest), Connect Health looked at several areas of improvement to the patient pathway. To align with our strategy of providing outstanding care to patients and value for money to CCGs, we wanted to focus on the patient journey to make quality & productivity improvements.

There are two separate projects which focus on different aspects of the patient pathway.

- **Treatment Dosage**

The aim of this project was to reduce unwanted variation in the number of appointments a patient attended within a single episode of care (treatment dose journey), specifically focusing on instances where the number of appointments was thought to be excessive. Data and evidence proved that in a proportion of these cases a high number of appointments was not always clinically appropriate, there was no further improvement in the clinical outcome for the patient after a certain number of appointments. There was an unwanted variation in the total treatment dosage which has a detrimental impact on clinic capacity and therefore delays care to patients and increases cost to deliver our services.

The project objective was to determine the maximum number of appointments which showed significant improvement in patient outcomes in the majority of cases. In order to monitor and understand the performance, a bespoke reporting and monitoring dashboard was created, using a data feed from the Connect Health Data Warehouse. This provides a clear reporting tool, which identifies patients on pathways of more than 6 or above individual appointments within services. This is monitored by the Clinical Leads, who follow up on each instance to determine what the appropriate pathway for that patient is, based on clinical best practice. If the patient will benefit from a higher number of appointments, these will continue to happen, but will be limited to patients where it is clinically appropriate.

The Dashboard allows and encourages clinicians to pro-actively discuss patients on inefficient pathways with their Team Lead to support clinical reasoning/management via support learning as well as reduce and contain a large variation in number of appointments that may be believed to be excessive or unnecessary.

- **Get It Right First Time (GIRFT)**

The aim of the GIRFT project is to reduce inconsistency of pathways for patients, ensuring that following Triage, the patient is seen by the right team at the right time in all services. The Clinical Leadership Team developed the standards and clinical framework to support the Clinicians in ensuring every patient is always on the correct pathway at any stage in their treatment journey.

The project team developed a Dashboard, using a data feed from the Connect Health Data Warehouse which shows the Triage outcome. The dashboard was developed with input from the Clinical Leadership team who created a set of criteria for the dashboard, to give greater visibility of outcome at both Service and Clinician level across all services.



### 3.1.3 Developing Colleagues

#### **Multi-professional Workforce**

Connect Health have placed a focus on its multi-professional workforce during 2019/20. We now employ over 20 rehab therapists, close to 10 nurses, 4 doctors and 7 psychological therapists. Furthermore, we created and employed to Lead Nurse and Lead Psychologist posts to help drive the business forward and give greater recognition and a stronger voice to these groups of colleagues within Connect Health.

We adapted our colleagues' competency frameworks, developed new multi-professional core pain and rheumatology competencies, revised the supervision policy and developed related systems, processes and training and developed Academy curricula and general clinical governance to better reflect the multi-professional nature of our workforce and to ensure safe and effective care.

#### **Student Physiotherapists**

Connect Health continues to support student placements, regularly taking student physiotherapists and sports therapists on clinical placement. Up to March 2020 these were all traditional, face to face placements. The arrival of the COVID-19 pandemic caused major disruption to health care student placements with widespread cancellations. In response, Connect Health rapidly developed a virtual placement model that allowed students to complete their placements fully remotely, thus allowing them to continue their studies and graduate into the workforce at a time of pressing demand for rehabilitation services. This model of placement allowed students who had returned to their home countries during the pandemic, students with caring commitments and students who were advised to 'shield' to all complete a clinical placement despite COVID-19.

This virtual placement model was piloted in mid-May 2020 to great success and between 18<sup>th</sup> May – 31<sup>st</sup> July 2020 117 students from 7 HEIs had started a virtual placement with Connect Health. As of July 2020, a quality improvement paper on this process of rapid innovation and implementation was in draft format and the formalisation of a national student coordinator role was being considered to enable continuation of remote placement delivery at scale throughout the COVID-19 pandemic to help address the issue of a widespread placement shortfall.

#### **Subject Matter Experts (SME) – Special Interest Groups (SIGs)**

Connect Health introduced the SME concept in 2018. As the concept progressed, we learned that change was required to fully realise the benefits that people with expert technical knowledge could bring to our wider organisations. The SME post as it was during 2019/20 faced several barriers to success:

- The model only allowed the SME work to be completed as paid overtime
- The model led to us having a single point of failure for SME areas
- Work completed by SME's was not managed from a programme perspective to ensure it optimised benefit to the wider business

We ceased the SME concept mid-year and replaced it with a proposal around the creation of SIGs. The SIGs would reflect our areas of specialist delivery (MSK, Pain and Rheumatology). They would consist of a diverse group of people from different professional backgrounds but all technical experts in the SIG field. Their diversity and technical expertise would be utilised to drive forward quality and cost improvement initiatives across the specialist areas they represent. From a governance perspective, the



groups had clear reporting lines and objectives with successful achievement of the agreed objectives incentivised.

During 2020/21 we expect to see significant positive outputs from our newly formed SIGs that directly impact the quality, safety and efficiency of our services.

### **Developing Consultant Physiotherapy (DCP) Programme**

The introduction of the DCP program in 2018 was a first of its kind and a cutting-edge approach to how we invest in our Clinical and Operational Leaders of the future, which has recruited four colleagues, with three allocated to NHS Services and one to Occupational Health Services. The programme is forward thinking and was launched at a time when no clear consensus existed for consultant physiotherapists' competency or development needs. In 2020 the DCP programme evolved to more adequately reflect the multi-professional workforce and 'DCP' came to stand for Developing Consultant Programme. Seven DCPs were selected following a competitive process and embarked on a programme of learning and development, underpinned by key individual national level objectives. As the DCP has gathered momentum we have been approached by various Academic institutions and Manchester Metropolitan University will now be involving us in the pilot of the Advanced Clinical Practice [Level 8] Consultant Level program for AHPs.

The DCP centres around innovation, productivity and prevention, structured around the five pillars of **R.E.A.C.H**:

1. **R**esearch & Development
2. **E**ducation & Learning
3. **A**dvancements & Innovation
4. **C**linical Excellence & Leadership
5. **H**ealthcare and Service Design

The success of the DCP has many elements and the benefit to the organisation has been evidenced in several ways. None more so than seeing Andrew Cuff (previous DCP) move successfully into a Consultant Physiotherapist post within Connect Health. Subsequently, Andrew was successful in obtaining a fully funded PhD studentship from Keele University. This studentship covered the cost of his tuition fees and as part of his appointment into the DCP programme, Andrew was provided a day of his working week to focus on undertaking this programme of research, which focuses on clinical reasoning and decision making in Primary Care. To date, Andrew has submitted the first of the four scheduled papers from his PhD which is currently under peer review and has presented these findings at two conferences - one based in the UK and a pan-European conference held in the Netherlands.

Key projects that have been led, mentored and delivered from the DCP cohort since its inception are:

- National Diagnostic Guidance
- CATS Triage Standard Operating Procedures
- National Rheumatology Triage Guidance

## R.E.A.C.H.

Developing Consultant Programme

R

Research &  
Development

E

Education &  
Learning

A

Advancements  
& Innovation

C

Clinical  
Excellence &  
Leadership

H

Healthcare &  
Service Design

Developing Consultant Physiotherapy Programme (2020)  
Connect Health® is a registered trademark

### Advanced Clinical Practice

10 colleagues have started Advanced Clinical Practice Apprenticeship programmes at two Universities (Manchester Metropolitan University & St George's University).

The programme is aligned with the four pillars that underpin Advanced Clinical Practice, introduced by the Multi-Professional Framework of Advanced Clinical Practice by Health Education England in 2017.

Upon completion of the course, colleagues will gain an Advanced Clinical Practice Masters qualification enabling them to work as an Advanced Clinical Practitioner working within a wider health and social care environment. Colleagues will graduate with the skills and knowledge to help drive service improvements, analyse and interpret clinical tests to help make a diagnosis, and improve patient care.

### The Academy, Virtual Conference and Internal Communication during COVID-19

It was quickly recognised the ways of working would change and we needed to adapt to ensure that colleagues felt supported and informed during unprecedented times. The Senior Clinical and Operational teams quickly came together to move things forward.

- *Workplace by Facebook*

The internal communication platform, Workplace by Facebook, was introduced at pace and scale and has made a significant impact on how we communicate with colleagues across all areas of the business. The investment in a dynamic and engaging platform to enhance communication with all colleagues, has proved to be a positive and informative resource, particularly during COVID-19

- *Connect with a Coffee via The Academy*

Every morning during the peak of the pandemic we were able to offer bite sized

CPD from internal and external speakers from 7.50am to 8.10am via Microsoft Teams. Due to the feedback, we have embedded this into business as usual and due to the sessions being recorded, they can be viewed on The Academy library at times that suit colleagues if unable to attend a session.

- *Connect with a Case via The Academy*  
Clinical and Operational cases studies were presented 3 times per week towards the end of the working day to offer insight, support and exposure to the current challenges as well as interesting and routine cases that offered open discussion. Again, these are recorded to offer flexibility and access to all colleagues.
- *Virtual Conference*  
We recognised that with colleagues being unable to attend various conferences and CPD, we decided to organise and run our first Virtual Conference with 6 streams, over 30 speakers across MSK, Rheumatology, Pain, Occupational Health, Exercise, Rehab and much more. 450 colleagues were invited and the conference was hosted via Microsoft Teams, bringing our colleagues together during challenging times.
- *Virtual Student Placements*  
COVID-19 has affected many students, jeopardising graduation and their chance of fulfilling clinical placement hours. Connect Health's virtual student placement initiative was launched and commenced on the 19<sup>th</sup> May and within the space of 4 weeks, accepted 60 students in partnership with Brunel University, Kings College London, and St George's University.

This ground-breaking initiative is unique in structure and size by offering three different elements completely virtually, thus enabling students to complete a placement from wherever they may be based during the pandemic. We enabled students to shadow virtual clinics across the company, utilised The Academy resources and launched our student academy in Workplace from Facebook, our internal communications platform, giving access to teaching from 400 clinicians and a broad range of exciting educational resources. Furthermore, students ran regular Facebook Live exercise classes to support patients with their rehabilitation during COVID-19. This offered a lifeline to those students who were unable to progress with their studies and was vital to those students unable to work in Trusts during COVID-19 due to shielding themselves or a relative. The initiative also gained international appeal as some students have had to travel back home due to COVID-19, including Canada, Barcelona, Ireland and Singapore. Interestingly, patients from all over the world are joining the Facebook rehab and exercise classes.

## Glossary of Terms

### Care Quality Commission (CQC)

The Care Quality Commission is the independent regulator of health and social care in England. It regulates health and adult social care services whether provided by the NHS, local authorities, private companies or voluntary organisations. Visit: [www.cqc.org.uk](http://www.cqc.org.uk)

### Chartered Society of Physiotherapy

Chartered society of physiotherapy (CSP) is the professional governing body for physiotherapists as a profession. Further they are the trade union for physiotherapists. <http://www.csp.org.uk/>

### Clinical audits

A systematic process for setting and monitoring standards of clinical care.

'Guidelines' define what the best clinical practice should be, 'audit' investigates whether best practice is being carried out and makes recommendations for improvement.

### Community services

Health services provided in the community, for example health visiting, school nursing, community nursing, special dental services, physiotherapy, podiatry (foot care).

### Flippin Pain™

A chronic pain focused health campaign, aimed at raising awareness and improving the understanding of chronic pain.

### Healthcare

Healthcare includes all forms of healthcare provided for individuals, whether relating to physical or mental health

### Health care and professions council (HCPC)

Health care and professions council (HCPC) are the professional regulator for physiotherapists as an allied health professional. They are responsible for registration and re- registration for licence to practice for physiotherapists and ensure that all registered physiotherapists adhere to the Standards of proficiency (Fitness to practice). Further the HCPC approve the quality of training programmes and maintain a register of professionals who have met the proficiency standards to practice. <http://www.hpc-uk.org/>

### HQIP

Healthcare Quality Improvement Partnership. Visit: <http://www.hqip.org.uk/>

### Musculoskeletal (MSK)

Parts of the body involved with movement and function, such as bones, joints, muscles, ligaments, tendons, nerves.

### National Institute of Health and Clinical Excellence (NICE)

NICE provides guidance, sets quality standards and manages a national database to improve people's health and prevent and treat ill health. NICE makes recommendations to the NHS regarding:

- New and existing medicines, treatments and procedure
- Treating and caring for people with specific diseases and conditions
- How to improve people's health and prevent illness and disease Visit: [www.nice.org.uk](http://www.nice.org.uk)



**Patient Reported Outcomes (PROMs)**

PROMs assess the quality of care delivered to patients by measuring outcomes or the tangible effect of care on the patient.

**PhysioLine**

A patient telephone/video triage, assessment and advice service, providing remote consultations by telephone/video call.

**PhysioNow®**

A clinically-led Chatbot MSK Triage Tool, which allows patients to share information about their condition via an intuitive app which then directs them to the correct pathway.

**Physiotherapy**

Registered and qualified practitioners skilled in the assessment and treatment of conditions relating to the human body, that limit or impair movement and function (temporarily or permanently).

**Research**

Clinical research and clinical trials are an everyday part of the NHS. The people who do research are mostly the same doctors and other health professionals who treat people. A clinical trial is a particular type of research that tests one treatment against another. It may involve either patients or people in good health, or both.

**Safeguarding**

A term used in conjunction with measures that are taken to protect, safeguard and promote the health and welfare of children and adults at risk, ensuring they live free from harm, abuse and neglect.



**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 [generalenquiries@connecthealth.co.uk](mailto:generalenquiries@connecthealth.co.uk) or phone 0191 250 4580

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