Connect Health
Quality Account 2016-17

Community MSK (NHS) Services
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Introduction

Connect is the largest specialist provider of community musculoskeletal (MSK) services in England, with a national footprint covering a GP registered patient population of more than 3.3 million on behalf of 16 NHS commissioners. Our established Single Point of Access (SPOA) currently manages over 250,000 patient contacts per annum and continues to expand as we are increasingly recognized for the provision of high quality, safe, cost-effective and innovative approaches to care for their NHS patients.

Our consultant-led, multi-disciplinary teams operate to the highest clinical standards, supported by the latest in technology, so patients have swift access to services and receive seamless care. Using bespoke systems, patient referrals are quickly processed through our Referral Management 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 outcomes and patient experience, where better care in the community is delivered locally and conveniently and ensuring unnecessary hospital appointments are avoided.

Our services are evidence-based and include self-management tools for patients, telephone and web-based advice, access to diagnostics, face-to-face assessment and treatment and up to date information resources for patients and GPs. This is supported by informatics services providing unrivalled insight into the clinical outcomes resulting from our services.

Current Services Provided

Connect is a specialist Musculoskeletal (MSK) care provider delivering:

- **Community MSK services for the NHS in England**
- **Occupational Health Physiotherapy services for employers and their employees across the UK**

Our NHS community MSK services include the following:

- Established Referral Access and Signposting Service operating as a single point of access (SPOA), supported by a central Referral Management Centre (RMC)
- A patient telephone triage, assessment and advice service (“Physioline”)
- Multidisciplinary Team (MDT) clinical triage
- GP advice line accessing daily clinical advice
- Practice based physiotherapy including self-referral by patients
- Community MSK Specialist assessment and treatment services known as “CATS”
- Community-based Specialist Consultant outpatient services including Sport & Exercise Medicine, Orthopaedics, Rheumatology and Chronic Pain
- Community-based mobile musculoskeletal diagnostic ultrasound, joint and soft tissue injections (including ultrasound-guided injections)
- Neurophysiology service for Carpal Tunnel Syndrome
- Rehabilitation
- Podiatry and orthotic prescription and supply

Our Occupational Health Physiotherapy services deliver the following:

- Assessment and Treatment Services commissioned by employers for their employees
- Onsite and offsite occupational physiotherapy and ergonomic solutions
- Pro-active (preventative) management of MSK disorders to support wellbeing and ‘fit for work’ initiatives
- Advice and education (employee and management training)
1.1 Executive Chair’s Statement

As a provider of healthcare services to NHS patients, our Quality Account is an annual report published about the quality of services we provide. This Quality Account takes into consideration the Community Musculoskeletal (MSK) Services we provide to the NHS, in particular those delivered to patients during the 2016/17 period.

As well as showing our commitment to providing the best quality community services, the Quality Account also provides an opportunity to look at what we have achieved and also identifies areas where we can make improvements next year.

We continue to collect a great deal of information on the quality of all of our services, within the ‘three areas of quality’ defined by the Department of Health:

- Safety
- Clinical effectiveness
- Patient experience

We have used information to examine our performance and to determine where further improvements can be made. Areas for improvement and lessons learned from 2016/17 have now been built into our annual objectives and incorporated into recent revisions of our Clinical Governance Framework, and Clinical Strategy for 2017/18, which are aligned to the Care Quality Commissions (CQC) Key Questions and Key Lines of Enquiry (KLoE’s).

At a time when demand is growing and budgets are shrinking, we continue to maintain excellent standards of patient care, offering a range of quality, patient-focused services with low waiting times that consistently produce positive feedback from patients and GPs alike.

Over the last few years, we have found that successful partnerships with NHS Trusts or other organizations, can be more efficient and productive by integrating clinical pathways. Through our own established partnerships, we’ve proven that collectively organizations can cost-effectively adopt new models of care and adapt new methodology, to improve patient experience and outcomes.

Our staff are the backbone of our business and if patient and GP satisfaction is a true measure of how they deliver care, then we should all be pleased with the success and the feedback we have achieved to date.

We believe our Clinical Governance Objectives and Clinical Strategy reflect the needs of patients, commissioners and the people we work with, all of whom have contributed in different ways, to developing and informing our services over the years, as well as our 2017/18 objectives.

Andrew Walton
Executive Chairman
1.2 Medical Director’s Statement

2016-17 has seen a period of rapid growth at Connect both in terms of the number of episodes of care provided by the organisation (now circa 250,000 per annum) but also the infrastructure both clinical workforce and non-clinical.

My responsibility as Medical Director is to ensure that during this growth, at a time when budgets in the NHS and corporate sector are challenged, that standards of care not only don’t fall but actually improve.

The key to achieving a better deal for patients when finances are reducing is to improve efficiency both in the operational organisation of clinical care and in the product itself – care to patients.

Connects new values (Dynamic, Pioneering, People-Centred and Quality) convey how Connect intends to meet the challenges of satisfying the key stakeholders namely, Connect, commissioners, patients, taxpayers and our staff.

Like the wider healthcare community, we recognise that change is essential. As a clinically-led organisation however, change cannot occur based on a whim or an idea that enters anyone's head and seems like a good idea. One key message in teaching our clinicians is to apply “clinical reasoning” to progressing patient care. That reasoning must be based on a firm evidence-base where available. Where not available we have a responsibility to inform and improve that evidence base.

This clinical principle must not be lost operationally or politically in healthcare.

A theme that dominates this Quality Account is ‘data’. In all walks of life there are people who “talk a good talk” but without data to back up any view, argument or to inform process or behaviour, clinical or otherwise, we can travel down paths with no basis and invite failure.

Connect has prided itself over many years, in seeking excellence in patient care, developing its staff to full potential, whilst expecting hard work and efficiency. Previous measures of success used, have been educational qualifications, trying to apply evidence where available, seeing patients quickly after referral, positive comments from patients and referrers, and a feeling that we are doing the right thing. Unfortunately, none of these things really evidence that we are helping patients either in the short or longer term. Data available in healthcare is surprisingly sparse and where it is emerging, some surprises are appearing – i.e. standard treatments are not as good as we have been led to believe.

Connects development of a live (daily updating) data warehouse is a pivotal occurrence in our development. This report outlines how all the data will be used in the next 12 months and beyond. The data will no longer sit in some IT system disregarded and unused. Data that is broken down to individual clinician will allow positive and meaningful reflection and criticism for all of us and a true and evidence based learning environment will develop We all, myself included, will need to let some things go, share our best practice with others and learn from our peers. We must share, and learn in a positive and transparent environment.

Our initial data from 2016-17 suggests that clinical outcomes from “conservative” rehabilitation services are favourable. Internally and externally I believe we intuitively knew this but haven’t
been in a position to “shout this out”. Sharing such data with patients in making their decision for care should encourage self-management and move the public away from passive and expensive treatments. This is also key to the financial management of all services. Inherent in this is to improve further and our “10/10 Clinical Guideline” project sets a new standard for our staff and the data should evidence the benefit. Lack of benefit should lead to change in the evidence, as part of our continuous improvement cycle.

A key partnership in all of this are the Higher Educational Establishments – i.e. Universities. There is a huge appetite for data in this arena and a need for “Impact factor” in research. Connect hopes to supply this impact factor in 2017-18.

All-in-all this should be an exciting place to be in the next few years. Our career structure added to the learning opportunities is attracting some great people to work with us in the NHS and in our Occupational Health Physiotherapy services too.

Healthcare is under challenge across the world and not just in the UK. Healthcare providers need to respond with change, maximising the benefits to patients and the taxpayer alike. Connect will continue to strive to contribute to that change in 2017-18.

I invite you to come and see what we are doing!

Dr Graeme Wilkes, Consultant (SEM)
Medical Director
1.3 Statement of Assurance

We confirm that this, our Quality Account for 2016/17, 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.

30th June 2017
Andrew Walton
Executive Chairman

30th June 2017
Dr Graeme Wilkes, Consultant (SEM)
Medical Director
1.4 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 customerservices@connectphc.co.uk or phone 0191 2504580
1.5 Quality Assurance and Quality Management

Quality Assurance at Connect 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 General Medical Council (GMC), the Health and Care Professions Council (HCPC), the Care Quality Commission (CQC) and the NHS Information Centre ‘NHS Digital’ (formerly HSCIC).

We undertake routine structured audits of our services, as well as external accreditation and inspections. Our quality audits are aligned to ISO 9001 standards and mirror the requirements for CQC compliance as well as other National Clinical Quality Standards (e.g. NICE).

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

Our ‘Whistle Blowing Policy’ and ‘Duty of Candour’ underpins our ‘no blame culture’ where we impress upon our staff the importance of speaking up whenever they have concerns, learning from any errors or mistakes we make and apologising when we are at fault, so that we can improve services for the future benefit of those who receive our care.
1.6 Regulatory Compliance

Care Quality Commission (CQC) Inspections and Compliance

Assuring good quality services delivery is of primary importance to Connect. Evidencing quality assurance, allows us to govern, regulate and improve the services provided by our patient care advisors, health care practitioners, physiotherapists and doctors across the company.

Connect are a Care Quality Commission (CQC) regulated provider of Community Musculoskeletal (MSK) services to NHS patients. We have a robust approach to internal quality assurance monitoring so that we can benchmark ourselves internally and also externally.

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

<table>
<thead>
<tr>
<th>CQC Registration</th>
<th>Reference Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>CQC Organisation Identification number</td>
<td>1-151592833.</td>
</tr>
<tr>
<td>1. Transport services, triage and medical advice provided remotely</td>
<td>FR25212_2_2</td>
</tr>
<tr>
<td>2. Diagnostic and screening procedures</td>
<td>FR25212_2_3</td>
</tr>
<tr>
<td>3. Treatment of disease, disorder or injury</td>
<td>FR25212_2_1</td>
</tr>
</tbody>
</table>

Since our registration with the CQC in 2011, Connect has had 2 inspections, once in Feb 2013 and also in Jan 2014, both of which demonstrated Connect to have ‘met the required CQC standards’. As such, no enforcement notices or improvement plans have been issued by CQC on Connect and we have no ongoing CQC investigations.

For our most recent (2014) report see: [http://www.cqc.org.uk/sites/default/files/old_reports/1-181584100_Connect_Physical_Health_Ltd_INS1-672647664_Scheduled_26-02-2014.pdf](http://www.cqc.org.uk/sites/default/files/old_reports/1-181584100_Connect_Physical_Health_Ltd_INS1-672647664_Scheduled_26-02-2014.pdf)

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

<table>
<thead>
<tr>
<th>CQC Standard Inspected</th>
<th>Date of Inspection</th>
<th>Standard met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care and Welfare of People who use the service</td>
<td>28/02/2013</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>24/01/2014</td>
<td></td>
</tr>
<tr>
<td>Consent to care and treatment</td>
<td>24/01/2014</td>
<td>✓</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>24/01/2014</td>
<td>✓</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>24/01/2014</td>
<td>✓</td>
</tr>
<tr>
<td>Maintaining Records</td>
<td>24/01/2014</td>
<td>✓</td>
</tr>
<tr>
<td>Respecting and involving people who use services</td>
<td>28/02/2013</td>
<td>✓</td>
</tr>
<tr>
<td>Safeguarding people from abuse</td>
<td>28/02/2013</td>
<td>✓</td>
</tr>
<tr>
<td>Managing complaints</td>
<td>28/02/2013</td>
<td>✓</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>28/02/2013</td>
<td>✓</td>
</tr>
</tbody>
</table>
NHS Digital Compliance (IGSoC)

Connect is registered with the NHS Information Centre 'NHS Digital' (formerly HSCIC) and undertakes annual accreditation to ensure that the IT systems, processes and staff involved with patient data, information and records are safe, secure and handled in line with regulatory and good practice standards.

Connect has maintained its IGSoC accreditation of 'Level 2 Business Partner' status every year since 2011. This provides patients and commissioners with confidence that all data and records held and/or transferred by Connect are in line with NHS Standards and in keeping with the Data Protection Act.

Monitor Licence

In November 2016 Connect became registered with ‘Monitor’ and have a Monitor License with respect to our NHS contracts. Connect will ensure that it meets the requirements and complies with all the relevant criteria for ongoing registration and approval of our Monitor License.
1.7 Contribution to National Audit Databases

Connect are committed to being involved in national audit programmes where services are applicable. Within our service provision types the following are contribution expectations of the National Clinical Audit and Patient Outcomes Programme (NCAPOP) includes the National Joint Registry (NJR). These audit contributions are expected of ourselves and our subcontractors where/as applicable with expectations clearly outlined in subcontracting agreements.

As a national healthcare provider of community MSK physiotherapy, specialist MSK services, Chronic Pain and Rheumatology services, Connect have developed, in 2016, the capability to benchmark its services with our Data Warehouse, to review quality and safety. This is an essential exercise to compare with standards, set new standards and ask questions about variations in practice, to challenge practice and to improve service performance.

By taking this approach, we can:

- Benchmark against external standards and internally between services
- Identify training needs and service improvements to meet agreed standards of care (individuals, teams/regions and national services)

Where community direct listing has been completed from the community contract, our partnership or subcontracted hospitals and foundation trust (FT) providers submit data onto NJR. We confirm that this has been completed for:

- Newcastle (Newcastle upon Tyne Hospital FT)
- Nottingham (Circle)
- North Kirklees and Wakefield (BMI Huddersfield, Spire Methley, Spire Elland, Mid Yorkshire Hospitals)
1.8 Clinical Governance at Connect

At Connect, Clinical Governance is at the heart of our business, our culture and our ways of working. 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.

Our Clinical Governance Framework (CGF) and standards set by Connect in relation to quality assurance, organisational accountability and appropriate governance infrastructure; including communication and reporting mechanisms. It further proposes a streamlined efficient manner by which clinical governance can be implemented and operationally managed in our healthcare service setting to meet the national standards set by Department of Health (Equity, excellent and liberating the NHS 2010).

A Clinical Governance Framework (CGF) provides the organisation with cohesive structure within which clinical practice should be delivered and measured. Ultimately, the Clinical Governance Framework and its infrastructure at Connect help us to achieve healthcare quality, the definition below as defined by Lord Darzi:

The CGF is divided into domains of clinical governance, that are aligned with Care Quality Commissions’ (CQC) Key Lines of Enquiry (KLoE). Further, these incorporate CQC, Monitor and Local commissioner (NHS Contract) requirements. The domains include:

- **Patient Safety and Risk Management**
- **Clinical Quality and Effectiveness**
- **Patient Experience and Engagement**
- **Service Quality and Performance**
- **Leadership and Engagement**
- **Staffing and Staff Wellbeing**
- **Regulatory Compliance**
Under each domain of clinical governance, we have a series of systems, policies, processes and procedures, that underpin the delivery of the objectives set out in each of the domains. Staff are accountable (individually or collectively) for delivery against the requirements within each domain and performance is measured through regular audit and monitoring of compliance against these requirements.

Clinical Governance Framework Domains

Our clinical leadership structure allows local ownership and accountability of Clinical Governance by analysing, monitoring and reporting to ensure that standards of services meet local commissioner and national regulatory requirements.

Centrally, we have a number of subcommittees with niche responsibility to monitor, regulate and govern specialist areas of areas of risk to patient safety, clinical effectiveness or patient experience. These include:

- Clinical Governance Group
- Clinical Steering Group
- Medicines Management Group
- National Safeguarding Panel

Connect’s quality assurance and audit programmes, provide Connect 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 learned or evidence from external sources, in order to derive continued benefits for patients, commissioners and staff.

The quality of our services is reviewed quarterly at Connect’s Clinical Governance Group meetings, as well as at local and regional Clinical Steering Group and Contract Service Review meetings with the Clinical Commissioning Groups (CCGs).

We will showcase examples of the audits we have undertaken in 2016/17 as well as the findings, here in this Quality Account.
Section 2

Review of our Quality Performance & Quality Improvements for 2016/17 (Key Successes and Achievements)
2.1 Update on our ‘Key’ Developments and Improvement Priorities

In last year’s Quality Account, we cited three distinct Key Areas for Development and Improvement Priorities for 2016/17. These included:

1. Improve Regulatory Compliance and Audit Reporting
2. Improve Clinical Effectiveness through Evidence Based Treatment (Guidelines and Rationale)
   - 10/10 Project
   - Clinical Outcome Tools
   - Research
3. Develop Career Opportunities & Manage Talent

A summary of the progress made on the above, over the past year, are as follows:

2.1.1 Improve Regulatory Compliance and Audit Reporting

Connect has continued to maintain its registration with the Care Quality Commission (CQC) and restructured our Clinical Governance Framework and Quality Management Systems so that they are aligned with the new CQC ‘Key Questions’, Standards and Key Lines of Enquiry (KLoE). This has been embedded across the organisation and will be used to demonstrate our performance and compliance against the following categories:

<table>
<thead>
<tr>
<th>Are services safe?</th>
<th>By safe, we mean that people are protected from abuse and avoidable harm.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are services effective?</td>
<td>By effective, we mean that people’s care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.</td>
</tr>
<tr>
<td>Are services caring?</td>
<td>By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.</td>
</tr>
<tr>
<td>Are services responsive?</td>
<td>By responsive, we mean that services are organised so that they meet people’s needs.</td>
</tr>
<tr>
<td>Are services well led?</td>
<td>By well led, we mean that the leadership, management and governance of the organisation assure the delivery of high quality, person-centred care, support learning and innovation, and promote an open and fair culture.</td>
</tr>
</tbody>
</table>

New systems are operational for the collection of data and evidence of our audits as well as greater accountability, so as to ensure compliance within our Clinical Governance Framework.

This has been achieved through the creation and development of the following:

- Our revised Clinical Governance Framework
• Reporting modules for more efficient capture and visibility of ‘quality performance measures’
• Greater level and number of Audits undertaken
• Data warehouse creation and dashboard performance reporting is starting to come through
• A Monitor License (we will now build a framework for reporting against Monitor requirements)

Our new data warehouse is complete and provides Connect with a powerful tool for audit. Time for processing of data has been reduced from hours to minutes thus increasing the volume and reliability of audit which can be completed in all services.

We can now produce data at a push of a button for any specified time period dating back to 2015.

During early 2017, we have benchmarked compliance with key regulations using the following NICE tools:

- Safeguarding Adults
- Medicines Management
- Controlled drug governance

We have been working throughout the last 12 months to prepare for assessment and registration for ISO9001 and in so doing developing our Quality Management System (QMS).

Although we believe our quality and safety standards across the business meet with the required standards (regulatory, commissioner and contractual), we have set objectives this year to further Improve Regulatory, Compliance & Audit Reporting in 2017/18. These will be developed both internally (as we build our data warehouse and bespoke reporting systems/modules), as well as externally, through purchase of compliance management software systems.

One thing we set out to achieve but didn’t last year, was the development of a Bespoke Compliance Tool to measure ‘real time’ performance, in line with Care Quality Commissions (CQC) Key Questions and Key Lines of Enquiry(KLoE), as used in their inspections. Although our data and evidence is there, a bespoke system will allow for fast access to the required information. This will be a development which we now hope to achieve in 2017/18.

2.1.2 Improve Clinical Effectiveness through Evidence Based Treatment (Guidelines and Rationale)

- 10/10 Project
- Clinical Outcome Tools
- Research

10/10 Project

Connect have launched the Clinical Guidelines project with great success across its national NHS and Occupational Health contracts. We supported 10 “Clinical Champions” in Connect,
mentored by our clinical leadership team, to complete completed clinical guidelines and accompanying patient information leaflets which were launched in practice last year.

Over the past year, significant investment has been made regarding data visibility to individual clinician level. Additionally, greater "live" visibility of patient reported outcome measures, implementing a wider range of diagnostic coding (ICD10) improvements and treatment coding systems have enabled us to internally interrogate the data produced by clinical consultations more efficiently and effectively.

The Clinical Guidelines outline treatments by traffic light system, to be delivered as

- **GREEN**: first line care (based on strong evidence of clinical effectiveness)
- **AMBER**: those to be considered where less clear but some clinical effectiveness evidence
- **RED**: those to avoid with evidence of clinical ineffectiveness or not supported by NICE for example.

This has included for example, NICE low back pain and sciatica guidelines of November 2016 and Connect have completed the baseline assessment tool with good results as a direct result of this project and organisational objective.

This project has enhanced our approach to clinical audit for internal quality assurance and has served as a platform for our research strategy at Connect.

The launch of this as a project within Connects’ clinical team of physiotherapists, ESPs, rehabilitation therapist, GPs with a special interest (GPwSI) was well received and sessions were delivered in each team across our national contracts by our Consultant and Clinical Lead Physiotherapists.
During 2017-18 we will develop clinical guidelines for another five clinical conditions to add to the current ten and launch with our clinical team.

As an organisation, we will expect to see improvements in clinical outcomes related to use of these guidelines, related to reduction in clinical variation and use of evidence. All the treatments outlined in the guidance will be coded providing a unique feedback mechanism to clinicians on how their choice of treatment with the patient influences the clinical outcome.

**Clinical Outcome Tools**

Within the past 12 months, Connect have successfully rolled out the collection of EQ5D in all of its NHS and Occupational health contracts. Live data can be analysed by service for quality assurance and also contribute towards research and clinical audit for service improvements and also individual clinician continuous professional development (CPD).

Within our core MSK physiotherapy and CATS services we continue to evaluate effective collection rates (quantity) and shift in score of EQ5D post treatment (quality) on EQ5D. For its community pain management and community rheumatology clinics, we continue to utilise EQ5D but are further reviewing other outcome measures that are more specific to these patient cohorts.

This information is utilised for internal quality assurance and continuous quality improvement schemes and information is shared with local commissioners by contract level and also used at internal team meeting to help design training programmes. Interestingly we have noted variances across our national contracts and will consider interrogating this further over coming
months to understand its relevance and pose appropriate research questions as to why this is the case. This may inform significant research proposals retrospective or prospectively.

The choice of clinical outcome tools for use in community physiotherapy and MSK services will be reviewed in Connect during 2017-18. Research outlined below suggests that EQ5D alone is not sensitive enough to detect clinical change across the whole range of patient presentations. This is particularly evident in patients where presentation is of pain but maintained quality of life.

Connect will re-evaluate clinical outcome tools once again and specifically assess the robustness of the very new tool MSK-HQ which is being widely promoted nationally.

Research

Connect have formal partnerships with Northumbria University, Leeds Becket University and St Georges University pertaining to research. We recognise the value that a robust academic approach to clinical problem solving with Universities can add to clinical service delivery. The association with local Higher Education Institutes (HEIs) benefits the organisation and also individuals within the team at Connect.

During 2016-17 we achieved:

1. Development of a research strategy to ensure effectiveness and relevance of research activity
2. Funding established internally to support research activity
3. Funding in partnership with Leeds Beckett University a PhD student who over three years will study the effect of aging on muscle function
4. Two research projects completed in partnership with the University of Northumbria and submitted for publication reporting favourable Quality of Life (EQ5D) change for patients attending our physiotherapy services. The mean change in quality of life was significantly higher than previously published, for physiotherapy intervention.

The process of consolidating our strategy and implementing successful relationships with HEIs has proven to be a useful exercise for Connect as an organisation. As we look ahead, in the future, this will link with the clinician career pathway, as we’ve recognised the benefit that these increased skills and knowledge bring to our organisation. Research will continue to be a strong part of Connect’s quality agenda to answer pertinent queries that the NHS and occupational health faces regarding providing optimal clinical care for patients and best value for money for commissioners on the health economic impact of MSK services in the NHS market.

2.1.3 Develop Career Opportunities & Manage Talent

We have spent some time in 2016/17 developing relationships with Universities and exploring opportunities for working together more closely, in undergraduate and post-graduate training modules. We intend to develop these relationships with Universities further in 2017/18, to promote career opportunities for Allied Health Professionals, Rehabilitation Therapists and Physiotherapy assistants and build the talent pipeline for the future, as well as providing individuals with the support on how to consider their career progression and develop their talents.
During 2016, Connect Health has formalised an internal career structure with opportunities for clinical staff to develop a portfolio of (or single specialist interest in) general musculoskeletal care, single joint specialisation, pain management, occupational health physiotherapy, research, operational management or health & wellbeing promotion. This will support our physiotherapists in line with the recent CSP guidance on Advanced Clinical Practice and in so doing offer a more holistic range of options and care for patients, underpinned by high quality and safety standards.

During 2016-17 Connect has recognised that the university degree training and skills of Sport Therapists provide a fit for NHS community MSK services. Their rehabilitation training lends itself to our services and operation of ‘group sessions’ in particular.

Through applying Connects standards around competency assessment and clinical supervision, we are now utilising Sport Therapists alongside physiotherapists to contribute to a wider multi-disciplinary team. To recognise this, we have also developed a career pathway for “Rehabilitation therapists” within Connect:
During 2016-17 we have also reformed our ‘Clinical Leadership Structure’ to include regionally appointed Consultant Physiotherapists to lead regional teams. Specialist practitioners within these roles can be accessed from any clinical interest area.

Connect aims to work on developing all our Clinicians, Allied Health Professionals and Rehabilitation Therapists, and Patient Care Advisors, viewing them as the cornerstone of multi-disciplinary MSK teams. This development of highly skilled clinical & support staff, based in the community, will provide solutions to some of the challenges in delivering musculoskeletal health in the future and move the NHS away from hospital based care for MSK conditions, to a more proactive, community MSK service, in line with evidence based approaches.
2.2 Data Warehouse

A key driver for change internally, and through publications and presentations externally is our new Data Warehouse. This modern facility allows interrogation of the large volume of data produced in all our services across the UK, on a daily basis including:

➢ Diagnosis made
➢ Treatment used
➢ Diagnostics performed
➢ Referrals to other providers e.g. secondary care
➢ Collection rates of PROMS (patient experience) per clinician
➢ Clinical outcomes (patient improvement scores) e.g. EQ5D change (during and after interventions)

Developed in-house by our Data Intelligence department, the instant access to a wide range of data will contribute to improvement in our services for the benefit of our key stakeholders in the following ways:

1. **Patients** – our data will demonstrate a range of performance metrics relevant to patient care and inevitably some clinical variation will be identified. Clinical variation in terms of treatment used can be linked to patient clinical outcomes. We can start to identify trends in clinical behaviour and which one’s lead to poor outcomes, so that we can develop and encourage different clinical behaviours (showing good outcomes). Clearly driving clinical outcomes will benefit patient care.

2. **Taxpayer** - value for money is key for both the NHS and our corporate /occupational funders. Better visibility of value will be evident from the data we will be able to supply. Where value is not present, this will be addressed. The transparency of the data may challenge the value of some traditional practice and highlight areas of good and not so good practice. Connect will utilise this to improve our own clinical care pathways and value proposition, but also share key learning with others to help improve the wider health economy. We hope to establish benchmarks that will stimulate discussion and incentivise positive change in the management of MSK Problems across the UK.

3. **Staff** – The availability of personal data from the data warehouse opens up a large source of information to guide personal development. Benchmarking against peers will identify individual and organisational strengths and weaknesses. This will encourage reflection on clinical practice and stimulate continual improvement for all staff. The instant data will also facilitate the leadership ability of Clinical Team Leads and in turn, stimulate better performance of their teams. Learning from those who are excelling in specific areas of practice within the team, is a key outcome.

Audit will become easier based on the functionality of the system to answer a multitude of questions that can be asked. Research questions should be numerous with a real opportunity to answer a great many more of these. We would wish to open our database to researchers (whilst protecting confidentiality).

Our strategy for the data is to work at local clinical team level to share good practice, remove poor practice and hence develop clinical consistency at a high standard. The increased performance of individuals translates to better team performance and this in turn translates to excellence in service-level performance.
2.3 Some Results of Our Clinical Audits

Clinical audit is an important area of clinical governance that helps to improve services, benchmark quality against standards and inform meaningful change within the service and organisation.

In addition, clinical audit can help professional development of our clinicians’ due to its known benefits to clinical staff development, maintenance of competences and safety to practice. It also ensures we maintain quality of healthcare and the delivery for safe, effective and well-led clinical services.

At Connect, we conduct a number of Clinical Audits to ensure that we are meeting the required standards for:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

A summary of some of the Key Audits undertaken in 2016-17 are provided below.

2.3.1 Patient Safety Audits

**Medicines Management Safety Audit**

Auditing compliance with medicines standards is extremely important at Connect for quality and safety assurances. We have outlined within our Clinical Governance Framework essential clinical audits regarding a range of areas of medicines management including: patient safety, medicines supply chain security, clinician compliance with formulary/patient group directive (PGD) and financial.

These audits are completed by contract level so to provide appropriate quality assurance for staff and premises by contract but are nationally reviewed in our Medicines Management Group. Some of medicines management audits and their outcomes include:

<table>
<thead>
<tr>
<th>Audit type</th>
<th>Outcome – May 2017</th>
<th>Action plans - what have we done?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injection therapy clinical audit – compliance with PGD and summary of product characteristics (SPC) by clinical staff</td>
<td>92.5% of clinician’s documentation of steroid injections for patients met Connect standards</td>
<td>Feedback was delivered in teams, focused on through training and clinical supervision&lt;br&gt;Re-audit planned in July 2017</td>
</tr>
<tr>
<td>Stock-supply chain (dispensing compliance) and central stock</td>
<td>99% match of central stock supply with actual on monthly audits (one month had variance)</td>
<td>Improved the central stock processes to reduce human error&lt;br&gt;Continue to utilise and improve training for staff on dispensing medicines software</td>
</tr>
<tr>
<td>Incidents relating to medicines are audited – trends and action plans (including adverse drug reactions (ADRs))</td>
<td>100% of incidents relating to medicines were completed in legal timelines 100% of incidents resulted in no harm to patients 100% of incidents relating to medicines where required were reported to MHRA via Yellow card scheme- ADR procedure</td>
<td>Continue to reinforce with clinicians the excellence in practice regarding managing and reporting ADRs effectively Use this information in training session to share lessons learned across our contracts</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Estates- Medicines security toolkit by venue</td>
<td>90% of our premises had the documented medicines security toolkit completed to 100% quality</td>
<td>Review of our implementation of new premises (or estates to ensure that it is always documented- although was always completed /risk assessed) All outstanding premises will be completed by 30th June 2017</td>
</tr>
<tr>
<td>Organisational policy and procedures</td>
<td>100% compliance with:  - Medicines Security toolkit- organisational (NBSA)  - Controlled drugs regulations- baseline assessment tool (NICE)  - Controlled drugs regulations- self assessment tool (CQC)  - Safe and secure handling of medicines- a team approach (Royal pharmaceutical society standards (RPSS))</td>
<td>Monitor and continued compliance in practice through Medicines management group</td>
</tr>
</tbody>
</table>

*What does this tell us about patient safety?*

- Clinicians safely administer steroid injections for MSK conditions. They document what they have done very well but require some focus on how they document certain pieces of information into medical records

- Adverse Drug Reactions (ADR’s) after steroid injections are at a low prevalence (12 out of every 10,000 injections), but when ADRs happen, staff
have adequate training to explain these risks to patients, manage these ADRs effectively and report them to MHRA/Yellow card scheme

- Our premises/estates are safe and effective for the storage of medicines. We can improve upon how we document and store this information though.

- Our monitoring systems are effective, demonstrating we meet the needs of our services and mitigate against any risks

- Out policies and procedures are working in practice and are in line with national guidelines for best practice (i.e.- NICE, RPSS)

- Greater sharing of information will help inform clinician awareness and reinforce patient safety in practice

National Safeguarding Audit

Healthcare providers have a duty to safeguard patients and promote the welfare of all service users. The regulations set out the statutory responsibilities of all services, in relation to safeguarding of children/young people and adults.

CQC regulations are captured in the CQC standards regrading “safeguarding of users from abuse” which is a criminally liable regulation for NHS healthcare providers if compliance is unsatisfactory. Delivery of this audit on internal infrastructure pertaining to safeguarding covers the following CQC areas of inspection: **safe, responsive and well-led**.

In order to quality assure that our organisational infrastructure pertaining to safeguarding effectively meets the regulation requirements, we audit and benchmark ourselves against a number of standards including those by CQC, National Society for the Prevention of Cruelty to Children (NSPCC) and Safeguarding Adults Self-assessment and Assurance Framework (SAAF) from Department of Health (DH).

**Key findings include:**

- Mandatory training levels of safeguarding of children and safeguarding of vulnerable adults is at 99%

- Staff in all of our contracts have reported safeguarding concerns to local authority multiagency safeguarding hubs (MASH) where a concern for the safety of an adult or child was identified

- Our policies and procedures are effective, reflect best practice and statutory requirements (CQC, NSPCC, SAAF and external expert opinion)

- We would benefit from breaking down themes of safeguarding concerns in our community physiotherapy services to reflect further on any lessons learned and refine any additional training requirements
**SAAF & CQC Adult safeguarding self-assessment**

<table>
<thead>
<tr>
<th>Category</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAAF- Strategy</td>
<td>100% - effective</td>
</tr>
<tr>
<td>SAAF- Systems</td>
<td>50% - excellent</td>
</tr>
<tr>
<td></td>
<td>50% - effective</td>
</tr>
<tr>
<td>SAAF- Workforce</td>
<td>35% - excellent</td>
</tr>
<tr>
<td></td>
<td>65% - effective</td>
</tr>
<tr>
<td>SAAF- Partnerships</td>
<td>100% - effective</td>
</tr>
</tbody>
</table>

*What does this tell us about patient safety?*

- Our staff mandatory training compliance is completed annually, on time and is adequate for safeguarding of children and vulnerable adults. Therefore, our staff have sufficient knowledge to identify potential safeguarding concerns.

- Our staff (clinical and administrative) can identify when they have a concern about the safety of a child or adult at risk – they demonstrated this by identifying and reporting potential concerns where needed.

- Our systems and processes in place, to make sure that children and adults are protected:
  - In general, are adequate to mitigate risk and monitor that safety procedures are followed
  - Require some adjustments to our reporting systems regarding children who WNB/DNA (which is a project under way)

- Our policies and procedures are effective, reflect best practice and have undergone external validation by external agencies and experts in the field of child and adult safeguarding

### 2.3.2 Clinical Effectiveness Audits

We undertake a number of 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)

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

At Connect, we utilise a quality of life measure called EQ5D for patients who have had treatment within our services. This is a patient reported outcome measure (PROM) where patients identify their state of their “quality of life” before and after MSK clinical treatment.

We have seen significant improvement in the past 12 months at Connect 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, 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:

- Our services demonstrate very good EQ5D scores: (quality)
- Our collection rates vary between contracts between 20-75% of patients (quantity)

What does this tell us about clinical effectiveness?

- This audit evidences that for the majority of 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 physiotherapy services in the UK.
- Improving collection rates consistently across our services is a priority to gather as much information as possible, on as many patients as possible.

Serious Diagnosis Audit

Connect regularly audit the pathway for patients who have had a sinister or medically urgent diagnosis identified within our care. A “serious diagnosis” is defined as a time sensitive and serious medical musculoskeletal diagnosis confirmed from diagnostic imaging reports (i.e.- X-ray/MRI).

This audit specifically looks at our Clinical Assessment and Treatment Services (CATS) where specialised clinicians provide assessments for patients with more complex conditions and refer for hospital urgent services (e.g. E&A) or refer for urgent diagnostic investigations.
This audit retrospectively reviews the pathway of care of patients with confirmed serious diagnoses after they’ve had a diagnostic investigation (i.e. X-ray/MRI) to identify if the referral was appropriate and the outcome of our interventions in this way.

Reviewing the pathway of care for these patients is important as it allows us to confirm whether their care has been adequate or identifies areas for service improvement.

MSCC Clinical Audit: Serious Diagnosis Audit Trend 2012-2016

- Patients with PMH of CA who had Serious Diagnosis (number)
- Patients with PMH of CA who had MSCC features as per NICE guidelines (number)
- Patients with confirmed MSCC (number)
Key findings include:

- **94%** of patients with serious diagnoses had their care directed to the correct hospital consultant on the same day as we received the diagnostic imaging report.

- **100%** of patients who had confirmed serious diagnoses met the inclusion criteria for the service (i.e., the referral was appropriate).

- However, 8 out of the 90 patients (8.9%) who had confirmed serious diagnoses, had soft red flags upon referral into the service and could have been identified as “priority” in the booking of their first appointment. Identifying these from referral would have expedited their care.

- Analysis of trends of patients with confirmed MSCC shows that the quality and safety of pathway of care has improved significantly in the past 1-2 years. We had no cases of MSCC in 2016-17 audit. This is due to introduction of Urgent Care Guides as an essential service requirement with signposting of patients with symptoms of MSCC to hospital based coordinators immediately. Extensive training of clinicians has been completed as a part of this and showed strong quality of care maintained as a result.

- The pathway of care of patients who had a confirmed serious diagnosis has become longer, compared with last year’s audit (~6.2 days). Root cause analysis reveals diagnostics delays and inter-provider communication as greatest contributing factors and in new contracts. We have in place action plans to improve this in discussion with our diagnostic providers where this applies.

What does this tell us about clinical effectiveness?

- Our clinicians are skilled at identifying serious diagnoses at Triage stage (receipt into the service) and after Comprehensive Assessment (in CATS team) — therefore they deliver safe and effective clinical care in line with national guidelines (i.e., NICE and Royal College of Radiology).

- We have adequate access to urgent hospital based services across all contracts with timely onward referrals and communication between community services and hospitals. This ensures effective and timely care for patients with serious diagnoses.

- We will need to reinforce with our clinicians at Triage stage, that they utilise our ‘Priority Appointment’ system where medically appropriate.

What does this tell us about clinical effectiveness?

- Our clinicians are skilled at identifying serious diagnoses at Triage stage (receipt into the service) and after Comprehensive Assessment (in CATS team) — therefore they deliver safe and effective clinical care
- We have adequate access to urgent hospital based services across all contracts with timely onward referrals and communication between community services and hospitals. This ensures effective and timely care for patients with serious diagnoses.

- We will need to reinforce with our clinicians at Triage stage, that they utilise our ‘Priority Appointment’ system where medically appropriate.
2.4 Contributions to Regional Quality Development Programmes and National Conferences

In 2016, our Executive Chair, Andrew Walton (a Chartered Physiotherapist by profession) was invited by Leeds Beckett University to become a Visiting Professor in 2016 in recognition of his leadership of Connect Health and the innovation it has consistently demonstrated, e.g. Use of the telephone in MSK assessment, self-referral, the increasing investment in technology to evidence operational and clinical performance.

He is actively involved in sharing Connect's learning across the MSK providers and commissioners of community MSK services. He has initiated the formation of a fledgling trade association for larger independent MSK providers, which currently represents over 3,000 physiotherapists.

NHS England/ARMA Whole system MSK (London Region Event)
April 2017

Our Executive Chair, Professor Andrew Walton presented to the London regional NHS England meeting on ‘Optimising MSK pathways’, presenting to NHS Commissioners and providers on Connect Health’s long experience of delivering NHS community MSK services dating back to 1993.

Professor Walton outlined how Connect has developed efficiency in the MSK pathway through continual improvement and providing benefit to patients, the taxpayers and the staff. A selection of sides are included below:
NHS England/ARMA Whole system MSK (London Region Event)  
March 2017

Our Medical Director, Dr Graeme Wilkes, was an invited speaker at the NHS England Northern region “Whole system MSK event” in March. With an audience of providers and commissioners for NHS services, a focus on operational efficiency and clinical effectiveness linked to cost-effectiveness was presented. Evidence, including our new data warehouse, outlined the contribution Connect is making to transformation of the MSK pathway alongside other key innovators such as Sheffield Hospitals NHS Trust.

A sample of slides below illustrates the presentation:
Chief AHP Officers Conference and NW Regional AHP Committee

This conference was entitled “Delivering evidence based/informed practice, to address unexplained variances in service quality and efficiency”.

Andrew Walton, was invited to speak to both groups of service leaders about how Connect Health has improved its clinical and operational standards, how these have been evidenced and become business as usual.
Rob Tyer/Matthew Wyatt - UK tour promoting ‘exercise therapy’

In 2017, two of Connect Health’s most experienced physiotherapy educators embarked on a “national tour” promoting “exercise therapy” as the cornerstone of MSK practice.

Sessions were very well attended, with excellent feedback from physiotherapists with a wide range of backgrounds and experience.

2.5 Measuring Patient Experience

Providing excellent patient-centred care is at the heart of Connect’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.

We collect Patient Reported Experience Measures (PREM’s) across all our contracts. In the 2015/16 quality report, we discussed introducing a new system of collection, using text messaging and Interactive Voice Messaging (IVM), to give the patients a greater voice, as well as allowing us a more accurate reporting structure and the ability to respond more quickly to trends in patient comments. This system is now operational.

The new system went live in March 2017, however there was a long transition period, and so once the system was live, we surveyed a backlog of patients from December 2016, which was when we stopped the clinicians across our services from collecting paper forms.
We are now able to accurately assess response rates from patients to our survey, which is something we were unable to do in the past. We are able 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 patient’s perspective.

There have been some notable teething problems, mostly that the response rates amongst the backlog patients was much lower than anticipated, however the messages that were going ‘live’ i.e. within 24-48 hours of a patient being discharged, are showing much more positive response rates now. The current response rates with the new system are higher than our previous rates, however we are striving to get response rates up to 30%, which would be a fantastic achievement.

The chart below shows the response rated from patients (i.e. the 5 of all patients seen who responded to our satisfaction survey)

The charts below show, monthly, the percentage of patients that responded ‘ Extremely Likely’ or ‘Likely’ to the ‘Friends & Family Test’ question ‘How likely are you to recommend our service to friends and family if they needed similar care or treatment?’.
We have already taken some positive steps to improve response rates further, including a large communication exercise in all our venues – putting posters up in shared reception areas and clinic rooms to remind patients that they may be asked about the service and reinforcing the importance of their feedback.

Following feedback from patients that they were unsure which service they were being asked about, we looked closely at the wording of the messages, and changed this to make it much clearer.

We have seen a slight dip in our ‘quality scores’, as the charts below show. Research does show that quality scores are higher when patients are surveyed within clinic, (which is when we used to collect them). This would account for the dip as our patients are now being surveyed in their own time, 24-48 hours following discharge.
2.6 Our Commitment to Our Staff

Outstanding People

Connect employs around 400 people on a national basis and is diverse in terms of range of roles and origins of our staff. 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.

As a clinically led organisation, Connect relies on its staff more than most to achieve our objectives. Strategic Human Resource Management has a key role to play in supporting Connect to develop a sustainable, fit for purpose and high-quality workforce for the future, thus contributing to the organisations success.

Our HR Vision is to have Outstanding People, which is defined below:

**Outstanding People**

To ensure we attract and retain colleagues who are engaged and valued and exceed patient expectations through living our values

1. Broadening our reach, value and employer brand to a diverse range of candidates and colleagues
2. Maintaining an effective HR service focused on delivery, communication and compliance
3. Developing inspirational leadership and high performing teams across the organisation
4. Fostering a strong sense of family and connection amongst our colleagues

Key initiatives that will help us to create ‘Outstanding People in our organisation are:

**Partnerships with Universities**

In 2016, we developed a strategic partnership with Leeds Beckett University, which involves co-sponsorship of a PHD, taking student placements and access for our staff to their academic team. There will be benefits to individuals and both organisations as a whole, through shared learning.

**TUPE Process**

Our business model determines that as we continue to win new contracts, this will invariably involves gaining new members of staff under the TUPE process (staff moving over to Connect Health from the NHS, or other independent organisations). Our experience, supported by
sound knowledge of the legislation has given us the knowledge to put in place a ‘TUPE transition and implementation plan’ to ensure good engagement and a smooth transition for all staff concerned in the transfer of employment.

**Leadership Development**

In the summer of 2016 and following a training needs analysis on the leadership community, we developed 2 Leadership Development programmes; a 2-day Induction programme for Leaders and a 9-day development programme focussed on developing Leadership Skills.

These have been well received by managers across the business and will support their development to ensure they have the skills and competencies needed to understand and manage clinical, operational, legislative and ‘good practice’ requirements. This in turn will result in Connect Health being a ‘Well – Led’ organisation, who deliver quality care for patients and efficiencies for commissioners.
Culture Champions and Wellbeing Strategy

In 2016, we identified the need to appoint and develop local Culture Champions to support the business. Champions are charged with working with colleagues to promote and embed the values of Connect and actively support the Wellbeing Strategy.

Over the last 12 months, we have seen significant change in terms of organisational design, this has resulted in a refresh of our core values. The values were developed by holding focus groups with over 90% of our colleagues.

These were then refined to the 4 values below:

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

Great Place to Work

Our Annual Staff Survey is completed using the Great Place to Work Institute feedback questionnaire. 2016 saw us return an 82% completion rate. Key highlights demonstrated that:

- Connect Health is a physically safe place to work
- Connect Health treat their people fairly
- There is No discrimination in any area, (age, race, disability etc.)
- Staff are given responsibility and empowered
- Staff care about each other and it’s a friendly place to work
- Staff are proud of the work they do in the community

Key areas to develop include:

- Some staff have unclear expectations
- Some staff felt there was non-delivery on promises made
• Some staff felt there was lack of staff involvement in decision making

Crucially, to develop these areas, we have put regional action plans in place, which feed into our corporate development plan. These actions are delivered through our 'culture champions' and line managers.
Section 3

Quality Developments and Improvement Priorities for 2017/18
Quality Developments and Improvement Priorities for 2017/18

3.1 Improve Quality Audit & Quality Reporting

Although we believe our quality and safety standards across the business meet with the required standards (regulatory, commissioner and contractual), we have set objectives this year to further *Improve Regulatory, Compliance & Audit Reporting* in 2017/18.

These will be developed both internally, as we build our data warehouse and bespoke reporting systems/modules, as well as externally, through purchase of compliance management software systems.

The development of our compliance systems, tools and modules, will enhance our ability to measure ‘real time’ performance against our internal and external compliance targets, including those set by the Care Quality Commission (CQC) Key Questions and Key Lines of Enquiry (KLoE), as used in their inspections.

This will enable swift access to real time data and evidence, visible to staff, managers, inspectors and in certain instances the public, that clearly demonstrate that Connect and the services it delivers are:

- **Safe**
- **Effective**
- **Responsive**
- **Caring**
- **Well Led**

In addition, we will further develop our clinical audit team (including system quality auditors), continually evaluate our performance, identify any errors or shortcomings and apply ‘lessons learned’, to continually improve the quality of our operational management, clinical service delivery and support functions.

Summary of our key Quality Audit & Reporting improvements for 2017/18 are:

1. Improve the Systems we use to monitor & report on Safeguarding
2. Improve the Systems we use to store and report on our Clinical Audits
3. Improve the systems we use for Complaints and Incident Management
3.2 Improve Clinical Effectiveness through Evidence Based Treatment (Guidelines and Rationale)

10/10 Project

Our very successful 10/10 project in 2016-17 set up ten innovative and easy to use clinical guidelines for the ten most common community MSK presentations as voted for by our wide clinical team. The incorporation of the recommended evidence-based treatments into coding has allowed us to monitor for clinical variation and feedback to clinicians their adherence or otherwise.

Given the success of this project, we will extend the guidelines to five new diagnoses in 2017-18. We apply the same process of seeking individual clinicians to work as clinical champions to develop these guidelines. Developed alongside the guidelines are modern and easy to understand Public Information Leaflets which have been well received in the original ten.

With feedback to clinicians via clinical supervision on their use of the evidence base, using data warehouse generated individual metrics, we expect to see further benefit to patient care.

Clinical Outcome Tools

Connect have in 2016-17 demonstrated excellent outcomes using the EQ5D tool which is the most established outcome tool in the NHS. Whilst these outcomes are welcome, our research with the University of Northumbria has identified that this tool is not sensitive where definite improvement in reducing pain but in a patient who starts out with a relatively good EQ5D score i.e. they have pain but quality of life isn't too bad.

During 2017-18 we will review our choice of outcome tool(s). It is clearly important that we detect true clinical change otherwise we may deny patients the benefit of a treatment as we can't evidence the positive change which is actually there.

We have previously considered adding a second additional tool to EQ5D to address this. However there is a new tool which is being adopted by many providers in the UK and is being recommended to CCGs by NHS England – MSK-HQ. WE will progress this issue in the next 12 months and sitting with our advanced data recording capability, should contribute to more robust evidence of what treatments are effective.

Research

Our research strategy continues to develop and we have identified internal funding once more for research projects to benefit clinical care. Research focus for 2017-18 is still to be finalised but projects will include:

1. Funding of a PhD student at Leeds Beckett University who is studying aging of muscle in the elderly:

2. Studying Clinical Outcomes at 12 months post treatment/ management in Connect services. This will identify if our excellent immediate results are sustained or not and will allow comparison with 12 month surgical outcomes published.
3. Study of the subsequent need to access healthcare of the 25% of patients who accept “Physioline” (telephone only assessment, advice and self-management). The key question is whether this service truly succeeds in empowering patients to self-manage their condition.
3.3 The Management & Development of our People

The HR strategy themes as detailed below, underpins our management and development of our colleagues over the next 5 years

- **Recruitment** – ensuring we have the right staff member, with the right skills, at the right time
- **Providing a safe and effective HR service** - ensuring that our staff have the right qualifications, registration, training
- **Retention** – ensuring our services are well led and that our leaders and managers have the right capability to do their roles
- **Engagement** – ensuring that our staff are engaged in Connect and live our values

Our annual appraisal process, highlights individual, team and organisational training needs. This is then used in the budget planning process and the development of the corporate training plan. Training includes

- Contract or Role specific training
- Continuing Professional Development
- Developmental training
- Behavioural training
- Management and Leadership Development

We have recently developed our new MSK Education Network Forum. This allows us to run in excess of 24 free national CPD events on an annual basis. The CPD includes Exercise prescription, Pain management and Rheumatology to name a few. Locations planned for delivery in the next year are:

- Wolverhampton
- London
- Essex
- Manchester
- Newcastle
- Wakefield

We are also currently part of the trailblazer group for the development of the Physiotherapy apprenticeship standard. This is an exciting opportunity for a new route into the profession and we intend to utilise this route as a recruitment channel.

To support the engagement and retention of our staff, we are developing an employee value proposition, this will include a change in our communication channels, employee brand and engagement approach
Appendix 1

Glossary of Terms

Adverse incidents
Any event or circumstance arising that could have or did lead to serious unintended or unexpected harm, loss or damage.

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

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.

Commissioning for Quality and Innovation (CQUIN)
A payment framework that has been a compulsory part of the NHS contract from 2009/10. It allows local health communities to develop their own schemes to encourage quality improvement and recognise innovation by making a proportion of NHS service provider’s income conditional on locally agreed goals.

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

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
**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 on:
- New and existing medicines, treatments and procedures
- 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)

**National Patient Safety Agency (NPSA)**
The National Patient Safety Agency is an arm’s-length body of the Department of health, responsible for promoting patient safety wherever the NHS provides care.

**National patient surveys**
The National Patient Survey Programme, coordinated by the Care Quality Commission, gathers feedback from patients on different aspects of their experience of recently received care, across a variety of services/settings.

**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.

**Physiotherapy**
Registered and qualified practitioners skilled in the assessment and treatment of conditions relating to the human body, that limit or impair movement (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.

**Root Cause Analysis**
Root Cause Analysis (RCA) is the structured approach to identifying the factors which resulted in an incident. The root causes are the fundamental issues which lead to the incident happening and must be addressed to improve the delivery of care.

**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.

**Secondary Uses Service (SUS)**
The Secondary Uses Service is designed to provide anonymous patient-based data for purposes other than direct clinical care such as healthcare planning, commissioning, public health, clinical audit and governance, benchmarking, performance improvement, medical research and national policy development.
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 or phone 01912504580

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