

# Connect Health Limited

## Inspection report

The Light Box  
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Outstanding	

# Overall summary

This service is rated as Good overall and Outstanding for the well-led key question. (At the previous inspection (04/2018 to 05/2018) the service was not rated due to Care Quality Commission's methodology at that time but found to be compliant in all key questions)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Outstanding

We carried out an announced comprehensive inspection at Connect Health Limited. This was as part of our inspection programme as Independent Health services were previously unrated.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Connect Health Limited provides physiotherapy services, which are not within CQC's scope of registration. Therefore, we did not inspect or report on these services.

The Director of NHS Services is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- The leadership, management and governance of the organisation assured the delivery of high-quality and person-centred care, supported learning and innovation, and promoted an open and fair culture. They responded to incidents and learned lessons that they shared across the organisation, for example with the implementation of a new clinical governance structure.
- We found very high levels of staff satisfaction and confidence in their seniors.
- Leaders collaborated with external partners in order to improve their service.
- Leaders demonstrated that they were committed to improving patient care, they had set up a quality improvement group and had a strong focus on staff training and development.

# Overall summary

- The provider had a strong focus on continuous improvement and innovation, with the aim of improving the quality of the services they delivered.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

## Background to Connect Health Limited

Connect Health Limited has one registered location based in Newcastle where regulated activities are managed from. This is the Head Office incorporating the call centre and staff here manage calls and signpost patients to the correct service. The address is;

The Light Box

Quorum Business Park

Benton Lane

Newcastle-upon-Tyne

Tyne and Wear

NE12 8EU

<https://www.connecthealth.co.uk/>

Patients are seen at locations nationally in venues such as GP practices/health centres/acute trusts and gyms. Services are also delivered from five Connect Health Limited managed sites which are landlord owned. Four of these sites are in Lincolnshire and one in Hemel Hempstead. We visited the registered location only at this inspection due to Covid-19 restrictions. The registered location is predominately non clinical office space including a call centre and physio line. There is one clinical room that is used for occupational health services provided for Connect Health staff.

Connect Health Limited is an independent provider of integrated community MSK (musculoskeletal) and physiotherapy services in the UK (including orthopaedics, pain, rheumatology, well-being) serving over 350k NHS patients per year. Physiotherapy services are outside the scope of regulation under the Health and Social Care Act 2008 and as such, we did not inspect them.

Connect Health Limited treats patients of all ages. Connect Health Limited provides a specialised Community Pain Management Service (CPMS). The pain service offers patients appointments that are accessible offering patient choice across different sites, resources to support and sustain self-help, access to a multidisciplinary team (including physiotherapists, psychologists, nurses, doctors, pharmacists and occupational therapists), and integration with other community physical and mental health providers including voluntary sector groups.

Connect Health Limited's rheumatology service provides patient appointments close to home. This service provides aspects relating to the management of long-term conditions, comprehensive assessment of health risks including heart disease, stroke, risk of breaking a bone and access to a range of exercise classes designed specifically for people with arthritis. The service has a dedicated call team Monday – Friday between 8.30am – 5pm.

Connect Health Limited has seen a substantial growth in its business offering in the last year. The provider employs a range of staff including doctors, nurses, call handlers, administrative staff and management.

Connect Health Limited is registered with CQC for the regulated activities of Treatment of disease, disorder or injury, Diagnostic and screening procedures, Transport services, triage and medical advice provided remotely,

Connect Health Limited works closely with primary, community, third sector and secondary care partners using local guidance and pathways.

### **How we inspected this service**

We gathered and reviewed information prior to the inspection from stakeholders, provider information returned to us, questionnaires and notifications received from patients about the service.

During the inspection methods we used were, we interviewed staff via teams calls, reviewed documents and made observations during the site visit.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

**We rated the service as good for providing safe services.**

**The service had instigated many safety processes recently but we were unable to assess the impact of these measures due to their infancy. The service had a focus on openness, transparency and learning when things went wrong.**

## Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The provider had recently reviewed their safeguarding process to improve the system in place. This now included ten designated safeguarding officers in locality areas that staff could access for support with any queries and to help with safeguarding referrals. This was in addition to the national safeguarding lead in the service.
- The service worked with other agencies to support patients and protect them from neglect and abuse. We were told of examples during the Covid-19 pandemic from staff that included training and increased awareness of patients who may present with mental health problems. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The Director of Clinical Delivery was appointed as the Director of infection prevention and control and provided leadership and guidance to staff in the organisation.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

## Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed via a digital real time platform. There was an effective system in place for dealing with surges in demand.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need.
- Systems were in place to manage people who experienced long waits.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff, the service assessed and monitored the impact on safety.

# Are services safe?

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Appropriate and safe use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines minimised risks. The service kept prescription stationery securely and monitored its use. Arrangements were also in place to ensure medicines were stored appropriately.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately.

## Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts. Safety alerts were dealt with by the clinical governance team and the dedicated inbox was checked daily. They were then cascaded as necessary to appropriate staff for action.

## Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. This was in line with NHS England serious incident framework. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. The service had set up a new governance structure to manage any significant events. This included initial review within 48 hours, and reviews at 21 and 40 days with a final report within 60 days. Examples included;
  - Change instigated without review or senior level authorisation – it was identified that there was a gap in the change control process. This resulted in a change management process being implemented across the organisation. The service had systems in place to test the process and found it to be robust following the change.
  - Diagnostics tracking processes were found not to be robust resulting in a review of the process. New Standard Operating Procedures were put in place and training took place for clinicians and administrative staff.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

# Are services safe?

- The provider took part in end to end reviews with other organisations. Learning was used to make improvements to the service.

- 1.



# Are services effective?

**We rated the service as good for providing effective services.**

## **Effective needs assessment, care and treatment**

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines appropriate to their speciality and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Telephone assessments were carried out using a defined operating model. Staff were aware of the operating model which included the transfer of calls from call handler to clinician.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Connect Health Limited told us that services were designed based on population data that included details on protected characteristics. The service held patient engagement and feedback forums to support ongoing service development. For example;

- Clinicians were trained in mental capacity awareness and how to improve communication to support understanding and retention of information.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. There was a system in place to identify frequent callers and patients with particular needs, for example palliative care patients.
- Connect Health Limited had introduced the Black and Asian Minority Ethnic (BAME) network as part of their Equality Diversity and Inclusion strategy this year. Early analysis indicated that this has helped improve social and cultural awareness in the organisation.
- When staff were not able to make a direct appointment on behalf of the patient, clear referral processes were in place. These were agreed with senior staff and clear explanation was given to the patient or person calling on their behalf.
- Technology and equipment were used to improve treatment and to support patients' independence. This included a range of digital tools to monitor performance.
- Staff assessed and managed patients' pain where appropriate.

## **Monitoring care and treatment**

The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example;

They had a variety of dashboards to support live, data-driven decision making and trend monitoring. For example with regards to staff rotas.

Where appropriate, clinicians took part in local and national improvement initiatives. For example;

The service took part in national benchmarking and the latest result for EQ5D (which measures 16 national benchmarks for quality of life for patients with musculoskeletal problems) was 0.2 which was better than the national figure of 0.16.

# Are services effective?

- The service made use of national guidance and had implemented guidance based on evidence based practice.
- Where the service was not meeting their target, the provider had recently put actions in place to improve performance in this area. Performance of the service was visible and digitally managed. This included a clinical dashboard where staff could see their own performance data and live platforms showing appointments and outcomes, NHSE dashboards were utilised to identify future risk and performance. The service had worked with NHSE to pilot their Statistical Process Chart dashboard and have incorporated this into their own monthly operations dashboard. This monitored trends and risk scores and tells them when a target is not achievable without intervention. The evaluation of this tool will take place when there are 18 data points in the data set, at the moment there are 11 (data set added each month).
- The service used information about care and treatment to make improvements.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, following instigation of text reminders, the level of patients who did not attend an appointment in one area dropped from 10% to 3% over the course of six months.
- The service was actively involved in quality improvement activity. This included community engagement and developing services that met patient's needs. For example, for those areas where the patient demographic experienced more back pain than other areas there was an increased service provision. Where appropriate, clinicians took part in local and national improvement initiatives. For example, with NHSE statistical process chart.

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as safeguarding, information governance and complaint handling.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- All staff at Connect Health Limited were able to access their Statutory and Mandatory training as well as Health and Safety and relevant leadership modules via an e-learning platform known as 'The Hub'. This platform allowed easy allocation and tracking of e-learning training throughout the business.
- Connect Health Limited had set up an educational facility for staff known as the Academy. This 5-year plan (2020 – 2025) was recently introduced and delivered post graduate education and continued professional development (CPD) outside of higher education institutes (HEI's) in the healthcare industry. It refers to education that is delivered through the National Education Team via remote and face to face means. Connect Health Limited aim for all education both clinical and non-clinical to be delivered through this medium to maintain quality and consistency in content and delivery to improve patient care. Each session is delivered by a member of the Academy Faculty, which is made up of 70 Connect Health Limited colleagues from a multiprofessional background.
- Connect Health Limited also made use of virtual classrooms for informal learning.
- The service also utilised social media for colleagues to post useful information that staff members could engage with at any time.
- The provider facilitated undergraduate placements to help develop staff for the future.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

# Are services effective?

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

## **Coordinating care and treatment**

Staff worked together and worked well with other organisations to deliver effective care and treatment.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other services, for example their GP and secondary care Consultant. Staff communicated promptly with patient's registered GP's so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. There were established pathways for staff to follow to ensure callers were referred to other services for support as required, for example mental health services.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments and transfers to other services. Staff were empowered to make direct referrals and appointments for patients with other services.

## **Helping patients to live healthier lives**

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- The service identified patients who may be in need of extra support, this included support for patients with mental health needs.
- The service had a strong focus on holistic care and signposted patients to social prescribing and self-management plans.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given, for example for patient with long term conditions.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## **Consent to care and treatment**

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.

# Are services caring?

**We rated the service as good for caring.**

## **Kindness, respect and compassion**

Due to Covid-19 restrictions we did not see staff interaction with patients but were told that staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. Call handlers gave people who phoned into the service clear information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as those who had mental health needs. Staff told us that they had been trained to identify patients with mental health needs.
- The results of the NHS Friends and Family Test showed that 90% of those who responded would recommend Connect Health Limited.
- Connect Health Limited provided care to diverse populations with protected characteristics and diverse needs and with diverse socioeconomic statuses. In order to ensure that that the service delivery was inclusive they had created an equality, diversity and inclusion promise with targets to improve diversity and inclusion within the organisation and to improve cultural awareness and acceptance. This was called the Bee Yourself campaign. This was in its infancy and the impact was not yet demonstrable.

## **Involvement in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given). Connect Health Limited offered the following;

For patients who did not have English as a first language;

- On demand digital interpretation and in services with high demand they have interpreters on wheels in hub sites.
- Access to core patient resources in several languages and the website is translatable.
- Enabled advocate self-referral
- Digital online self-referral and digital triage tool – not available in other languages at the moment but some patients can read but not speak English and have found it helpful.

For those with hearing and speech problems;

- hearing loops are in all clinics.
- Provide digital or face to face British Sign Language interpreters.
- Text relay service rolled out for virtual conversation – this could be used when contacting the Patient Care Coordination Centre (PCC) or during a non-face to face consultation with a clinician.
- Enabled advocate self-referral.
- Digital online self-referral and digital triage tool.

For those with sight impairment;

- Patient resources in audio format.
- Enabled advocate self-referral.

# Are services caring?

Disabled access;

- All the sites were assessed for accessibility.

Health Literacy -

- All patient material and communication were tested in line with health literacy guidance.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The provider performed regular patient surveys and sent every patient a text survey following an episode of care. The survey results demonstrated that patients felt listened to and supported by staff. The most recent data indicated that 91% of patients surveyed were happy with their experience with Connect Health Limited (May 2021, response rate 35%, 29 patients, all comments positive)

## **Privacy and dignity**

The service respected and promoted patients' privacy and dignity.

- Staff always respected confidentiality.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

# Are services responsive to people's needs?

**We rated the service as good for providing responsive services.**

## **Responding to and meeting people's needs**

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of its population and tailored services in response to those needs. For example, the service in South Tyneside had identified that patients may be in extra need of literacy support and tailored services accordingly. We were told about another area where the provider had identified it as an outlier for back pain and increased services in this area to accommodate this. The provider engaged with commissioners to secure improvements to services where these were identified.
- The provider improved services where possible in response to unmet needs. For example, they were introducing a counselling service in response to mental health needs uncovered during the pandemic.
- The provider supported public health campaigns such as 'Flippin pain'.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. This included patients who were subject to safeguarding issues or on the end of life pathway.
- The facilities and premises were appropriate for the services delivered.
- The service was responsive to the needs of people in vulnerable circumstances.
- The service made reasonable adjustments when people found it hard to access the service.

## **Timely access to the service**

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients were able to access care and treatment at a time to suit them. The service operated from Monday to Friday 9am to 5pm.
- Referrals for rheumatology, musculoskeletal problems and pain were made by GPs and were then clinically triaged to ensure the correct service was provided.
- Where the service was not meeting the targets they had set with regards to performance, the provider was aware of these areas and we saw evidence that attempts were being made to address them. For example, the service used the 'make every contact count' policy and focussed on wellbeing, holistic care as opposed to only the medical model approach.
- Waiting times, delays and cancellations were minimal and managed appropriately. This was monitored by the service who utilised digital performance dashboards, most recent figures indicated that the average wait to intervention was 19 days. Where people were waiting a long time for an assessment or treatment there were arrangements in place to manage the waiting list and to support people while they waited. This included signposting to national guidance and community groups.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way, via the clinical system.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## **Listening and learning from concerns and complaints**

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.

# Are services responsive to people's needs?

- The complaint policy and procedures were in line with recognised guidance. 197 formal complaints were received in the last year; this equated to 0.5 per 1000 patients. The service also monitored informal complaints (286, 0.8 per 1000 patients) and looked for trends and themes. The service used the datix model which is a web-based incident reporting and risk management software programme for healthcare and social care organisations. Each complaint was assigned a handler and an investigator who was trained in investigations through the Academy. We reviewed the complaints policy and found that this was appropriate.
- The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. An example of this was following a complaint regarding the clarity and quality of patient letters and clinician's communication with patients both issues were analysed and improved via focus groups with patients and GPs and best practice. These areas were added to the audit list for the following year to re-analyse the success of the interventions.

# Are services well-led?

**We rated the service as outstanding for being well-led. The leadership, management and governance of the organisation assured the delivery of high-quality and person-centred care, supported learning and innovation, and promoted an open and fair culture. We were given examples of numerous innovations that had been implemented in the service during the past year. We found leaders to be innovative, collaborative and forward thinking.**

## Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care. Connect Health Limited had grown substantially in the past year and had reassessed and restructured many systems and processes.

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use. Staff told us that leaders were driven and passionate about the service they provided.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- Staff Survey results from December 2020 showed very high levels of staff satisfaction, for example;

Connect Health is a Great Place to Work

90% positive

I trust the following to deliver on its promises

Executive – 90%

Senior Management Team – 90%

My line manager – 98%

The following display Connect Health's values

Executive – 92.5%

Senior Management Team – 93%

My line manager – 98%

The following involve people in decision that affect their job or working environment

Executive – 82%

Senior Management Team – 86%



# Are services well-led?

My line manager – 97%

## Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values.

## Culture

The service had a culture of high-quality sustainable care.

- We had feedback from six non-clinical members of staff and two nursing staff. Staff told us they felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider had shared lessons learned about an incidents they had investigated, and we were shown actions following this, including a clinical restructure and recruitment of a clinical lead, and changes to national policy included to the whistleblowing policy.
- We were told that leaders had provided support to the whole team regarding putting policy in to practice around elements of clinical governance: incident management, risk management and policy access. We were shown examples in all those areas.
- Work done by leaders and managers at the service included;
  - Communication about Role Clarity.
  - Ensuring that there was an investigation timeframe and increasing training in this area.
  - Improving induction processes.
  - Reviewing policy management.

We saw evidence that clinical governance had improved by;

- The establishment of a Rheumatology Specialist Interest Group.
- The establishment of QUIPP – a quality improvement group with a focus on audit, guidelines and research).
- The issue of staff development had been addressed via a rheumatology stream in The Academy and implementation of British Society of Rheumatology competency standards. Staff we spoke with in the service told us that this had improved their knowledge and confidence.
- Leaders involved external agencies to improve their performance and share best practice. For example;
  - They recruited an external team building organisation and two members of nursing staff provided evidence of how they felt the service and working environment had improved following interventions by leaders.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

# Are services well-led?

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. The provider had recently introduced the datix service and staff had been trained.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals and 4-6 weekly 121's. Staff were supported to meet the requirements of professional revalidation where necessary. The provider participated in performance related pay to reward improvement.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work. We were told that Connect Health Limited had implemented changes following a whistle-blower from the nursing team. The improvements included a clear governance structure, improved significant event reporting and timely analysis and regular clinical supervision.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- We were shown that Connect Health Limited had a governance meetings structure that included;

10 Board meetings annually, an integrated quality audit and compliance committee bi-monthly, an integrated quality audit and compliance group monthly, a clinical governance group monthly, quality improvement meetings, infection prevention and control meetings,

safeguarding meetings, medicines management meetings, patient safety and patient experience meetings, health and safety meetings, information governance meetings,

learning and development meetings and CQC compliance meetings. This helped ensure that staff at all levels in the organisation were valued and supported, staff were kept informed about issues across the entire service.

We saw evidence of minutes/webinars where meetings had taken place.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. Staff were aware of the newly created roles of designated safeguarding officers.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance. The service had access to numerous digital platforms to enable them to monitor risk and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.

# Are services well-led?

- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of Medicines and Healthcare Products Regulatory Agency (MHRA) alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the commissioning Clinical Commissioning Group as part of contract monitoring arrangements.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The providers had plans in place and had trained staff for major incidents.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had enough access to information.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The provider had devised various methods for staff to feedback including 'Ask the executive' drop-in sessions. We were given examples that staff at all levels were able to contact senior leaders to ask questions.
- Connect Health Limited commissioned a piece of external strategic and market research in January 2020 (pre-Covid-19), of which one element was gaining feedback from existing Clinical Commissioning Groups (CCGs) customers. Comments from CCGs included that Connect Health Limited were open and honest, forward thinking, innovative and engaged. Following this, 40 senior NHS commissioner/influencers/partners were identified and interviews were set up during April and May 2021. Findings part way through the research from the first 19 interviews were that Connect Health Limited's main strength was perceived as being innovative, digital and ambitious. The main weakness were that they were not visible everywhere. Comments included;

'The NHS Trusts were fine, but they were old school provision. Connect seemed exceptional in comparison'

'Connect had good experience, but also very much more modern thinking, aligned with the national move into that area of care.'

# Are services well-led?

'They were innovative and had an integration approach, always striving to improve quality. They always put patients first.'

- Staff were able to describe to us the systems in place to give feedback. A recent staff survey showed that 90% of staff surveyed stated that Connect Health Limited was a great place to work. Staff who worked remotely were engaged and able to provide feedback through many forums including weekly calls with the Director, regular 121's and staff meetings. We saw evidence of the most recent staff survey and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- We saw examples of sharing best practice outside of the organisation, for example;

In July 2020, 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 provided practical solutions to challenging issues. A wide range of topics had been covered such as clinical psychology, service redesign, Covid rehab, FCPs (first contact practitioners), education, quality improvement and pain.

- The service was transparent, collaborative and open with stakeholders about performance.
- We were shown evidence of positive feedback from numerous members of staff to the Chief Medical Officer in response to regular updates and emails to staff to reassure them during covid. The evidence demonstrated that staff at all levels within the organisation were able to contact senior management at any time with their concerns, questions and thoughts.
- Connect Health provided evidence of patients invited to Board meetings to share their experiences and comment on the service with the aim of improving the service.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the service. The provider had developed the role of designated safeguarding officers across the organisation who were on call for staff who required advice. The designated safeguarding officers had protected time to perform the new role. Recent improvements included processes around safeguarding, the Academy, significant event handling, clinical governance and new meetings structure including patient safety and experience discussed in different staff groups up to board level and a new safety response framework,
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. For example, an internal incident had led to a clinical governance review.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. Staff contracts included protected learning time.
- There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in, including the implementation of mental health services (counselling services) which they planned to expand.
- The service used data and intelligence to look at demand and capacity. The provider was an early adopter of 'Plot the dots' to enable them to statistically analyse trends and themes. There were systems to support improvement and innovation work.