vita health group
Part of Spire Healthcare

Quality Account

2025/26

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Part One:

Vita Health Group Introduction

Vita Health Group is a major UK provider of integrated physical and mental health services, delivering high-quality care across the NHS, workplace health, insurance, and private sectors. With close to 30 years of experience, we work in partnership with the NHS to provide services including NHS Talking Therapies, musculoskeletal physiotherapy, dermatology, and weight management across multiple ICB regions. Our care is delivered by highly trained professionals committed to excellent clinical standards and patient experience. Underpinned by strong clinical governance, evidence-based practice, and a focus on continuous improvement, we are dedicated to ensuring our services are safe, effective, well-led, and person-centred. Everything we do is driven by our purpose of Making People Better.

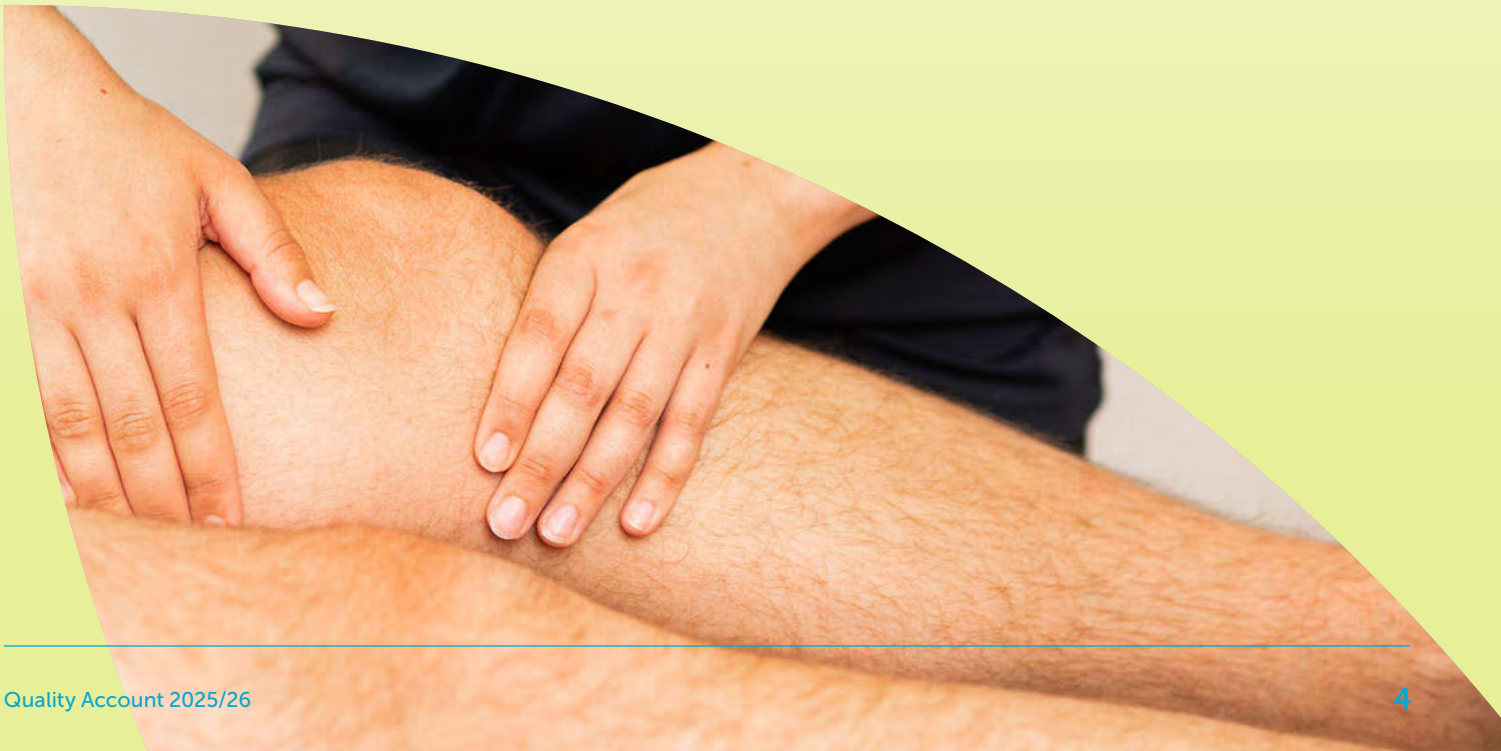
Our holistic, person-centred approach is reflected across our wide range of services:

- **Musculoskeletal (MSK):** Our physical health services support people with pain, stiffness, injury, or long-term conditions through a comprehensive musculoskeletal (MSK) offer. Delivered by a team of clinical experts committed to high standards of care and service, we provide a range of treatments including physiotherapy, exercise classes, acupuncture, and injection therapy, helping individuals recover, manage their condition, and return to their best.

- **Dermatology:** Our expert team provides high-quality clinical care and a positive patient experience, carefully assessing individual requirements and develop tailored treatment plans. We specialise in the diagnosis and treatment of a wide range of skin conditions, offering clear, easy-to-understand advice and ongoing support to help patients manage their skin health effectively.

- **Mental Health:** Our NHS Talking Therapies services support people experiencing anxiety, depression, PTSD, low mood, and excessive worry. We take the time to understand each individual's needs and provide a range of evidence-based treatments, including cognitive behavioural therapy (CBT), guided self-help, and group therapy. Alongside this, we offer advice and guidance on local community support services to help people improve their wellbeing and get back on track.

- **Weight Management:** Clinician led, tailored weight management support delivered via a hybrid model of one-to-one and group sessions, available as part of an injectables pathway or as standalone conservative management.



Part One:

Our Awards

Our success has been recognised through national awards as detailed below.

Awards	Category	Outcome
Quality and Excellence Awards 2025	Best Partner (individual award) NHS Essex Partnership University	**Highly Commended**
HSJ Digital Awards 2025	Reducing Health Inequalities Through Digital	**Finalist**
Lloyds British Business Excellence Awards 2025	Sustainable Business of the Year	**Finalist**
Social Value Awards 2025	Social Value Accountability & Reporting	**Finalist**
Social Value Quality Mark	Healthcare Award	**Bronze**

Part One:

Our Purpose, Our Vision and Our Values

Our Purpose

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

Our Vision

To be the UK's leading provider of primary and preventative care, serving all people with effective solutions that enable healthier and more fulfilled lives.

Our Values

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

- **Leadership** – We lead the way through innovation and continuous improvement
- **People centred** – We support, develop and value each other, so together we can make a difference
- **Customer focused** – We are passionate about going above and beyond for our customers
- **Quality** – We hold each other accountable and strive to deliver excellence
- **Integrity** – We treat each other with respect and honesty

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

Part One:

Statement from our Chief Executive Officer

I am pleased to present our Quality Account for 2025/26, which outlines the progress we have made in continuing to deliver high-quality, safe and effective care across Vita Health Group. Over the past year, we have sustained our focus on improving access, outcomes and experience, while responding to growing demand and supporting our workforce through a period of continued organisational development.

We have continued to grow as an organisation, successfully securing new contracts and extending our reach to serve more communities across the country. This growth reflects the confidence that commissioners and partners place in our services and strengthens our ability to deliver high-quality care at scale.

Our Talking Therapies, Musculoskeletal and Dermatology services have maintained strong performance and continue to deliver effective, evidence-based care. We have also seen meaningful improvements in access, supported by targeted engagement initiatives that have increased self-referrals, particularly among underserved groups, and helped more people recognise when support is right for them.

We have strengthened our digital and data capabilities, ensuring that our systems remain secure, resilient and responsive. Continued investment in this area reflects our commitment to safeguarding information and using data to drive quality improvement.

We have also prioritised innovation in how we deliver and embed change, enhancing collaboration and supporting the effective implementation of service developments across the organisation.

Our people remain central to delivering quality care. This year, we have continued to invest in workforce development through apprenticeships and leadership programmes, while also ensuring continued emphasis on equity, inclusion and health and wellbeing. Feedback from colleagues has directly informed our approach, we remain committed to building a supportive, inclusive culture where staff can thrive.

While we are proud of the progress made, we remain focused on further improving outcomes and supporting recovery for the people who use our services, staying true to our mission statement 'Making People Better'. We will continue to work closely with our partners to reduce inequalities, enhance experience, and ensure that individuals receive the right care at the right time

I would like to thank all our colleagues for their continued dedication and commitment, and our partners for their ongoing collaboration. Together, we will build on these foundations to deliver even better care in the year ahead..

Derrick Farrell
CEO

Part One:

2025 to 2026 Statistics

Our Services:

A total of 15 ICBs served across all NHS services.

9
mental health Talking Therapy services

208,009
IAPT referrals received

611,201
attended IAPT appointments

4
community MSK healthcare services

45,300
community MSK healthcare services referrals received

79,087
community MSK healthcare services attended appointments

3
community dermatology healthcare services

17,351
community dermatology healthcare services referrals received

29,816
community dermatology healthcare services attended appointments

1833
referrals received for Weight Management Services*

15
individual appointments attended in Weight Management Services*

972
Weight Management classes held

* VHG commenced WMS in August 2025 therefore the data is from 1st Aug '25 – 31st March '26 activity

Our People:

8%
workforce growth

30%
of all hires were internal promotions

91
Employees joined the company under Transfer of Undertakings (Protection of Employment) (TUPE) process

30,810
mandatory training sessions delivered

9,492
non-mandatory training sessions delivered

215
new colleagues completed Insights Training

23
Insights workshops delivered

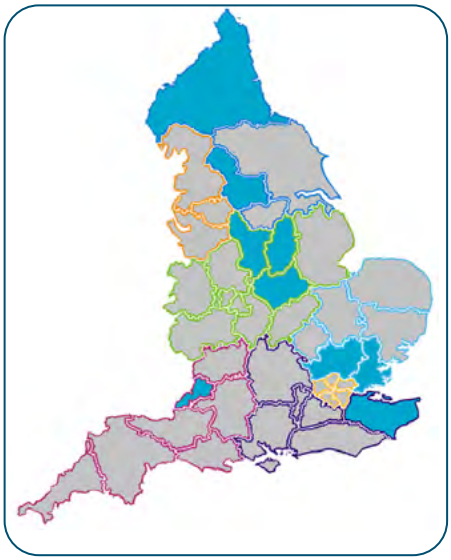
30
colleagues are enrolled on or have completed an Apprenticeship Programme

89
colleagues have attended or are currently on our successful Thrive Mentoring Programme, Aspire Healthcare Leadership Development Programme and/or our new Leadership Essentials course

142
places for Trainee Psychological Wellbeing Practitioners and Trainee High Intensity Therapists committed to in 2025

Part One:

Our Geographical Locations



NHS Talking Therapies

North East and Yorkshire Region

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

Midlands Region

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

South West Region

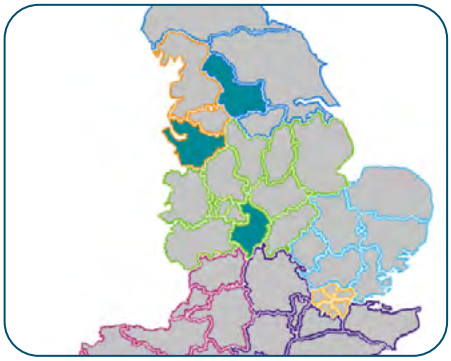
Bristol, North Somerset and South Gloucestershire (BNSSG) ICB

East of England Region

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

South East Region

Kent and Medway ICB



NHS Dermatology

North East and Yorkshire Region

West Yorkshire – Calderdale Integrated Care Area

Midlands Region

Coventry and Warwickshire ICB

North West Region

Cheshire and Merseyside ICB – Sefton Integrated Care Area

NHS MSK

North West Region

Oldham ICB, part of the Greater Manchester ICB –
Pennine Integrated Care Area
South East Region
Kent and Medway ICB – Sittingbourne and Rainham Integrated Care Area

London Region

South East London ICB - Bromley Integrated Care Area
South East London ICB - Lambeth Integrated Care Area
South West London ICB – Croydon Integrated Care Area
South West London ICB – Wandsworth Integrated Care Area

NHS Weight Management Services

South East Region

Hampshire and Isle of Wight ICB

Part One:

Estates Facilities and Health & Safety

2025-2026 quality initiatives

The Estates and Health & Safety team have implemented a more robust auditing system across the portfolio. It encourages a more consistent approach to benchmarking all estate types and the target of auditing 40% of sites was achieved.

This has led to more measurable outcomes for the local business units delivering the services which ultimately leads to safer environments, with any identified improvements required at the audit stage logged and followed up with an appropriate action plan

Auditing produced 824 actions in 2025 of which 69% were completed in 2025 and 24% in the first part of 2026, leaving only 7% still in progress.

Actions

One of the key audit findings highlighted opportunities to improve fire marshal and first aider coverage following staff turnover across the estate.

An initiative, supported by business units, was implemented to strengthen coverage. This has delivered significant improvements over the year and is now monitored by the Health and Safety team.

	Number of trained Staff		
	May-25	Apr-26	Increase
Emergency First Aid at Work	49	103	110%
Fire Marshals	90	127	41%

The department completed training on the Computerised Maintenance Management System in 2025. Implementation is progressing through a phased approach, with 25% of the estate now transitioned and full rollout expected by the end of 2026. This will strengthen planned maintenance management and establish a centralised store for statutory compliance documentation.

Our Central team members encourage a culture of Safety for all the services we support; this has resulted in two more colleagues successfully completing IOSH Managing Safely courses in 2025 further implementing our safety culture commitment.

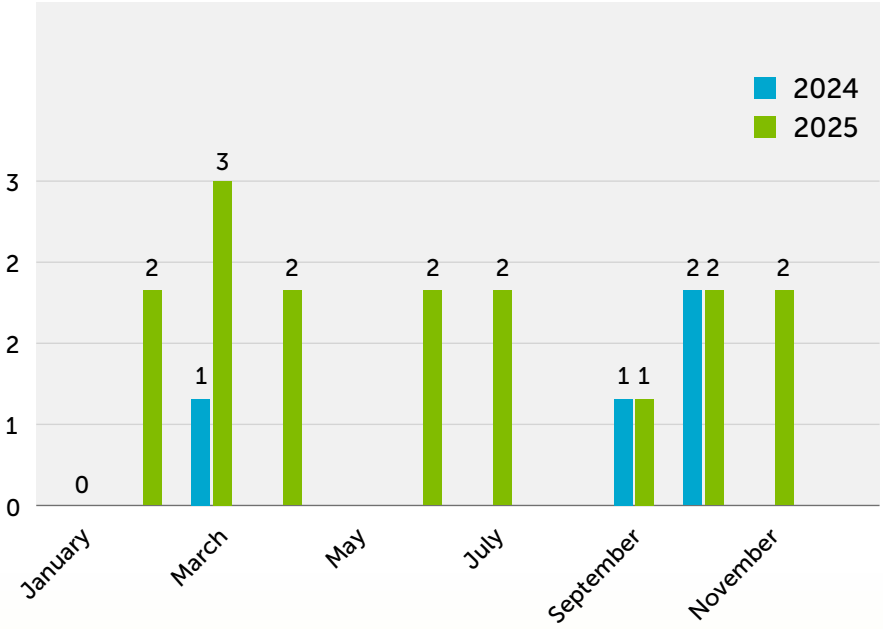
In 2025 twelve colleagues attended seventeen Spire Healthcare trainings on personal development and keeping up to date with changes in policy.

Accident reporting has improved through enhanced awareness and consistent communication via quarterly department newsletters. This is evidenced by a significant increase in reporting, supported by the expansion of the business and workforce.

Facilities, Health and Safety team on a volunteering day.

Part One:

Work related accidents 2024 & 2025



2025

Slips, trips and falls – 9 (56%)
Sharps injury – 1
Electrical contact – 1
Ill health – 2
COSHH – 1
Cut/Abrasion – 2

16 work related accidents in 2025 a 300% increase in reported accidents vs 2024

2025-2026 challenges and mitigations

Growth in the estate portfolio, following successful contract awards and mobilisation into the department, has created additional operational challenges. These have been addressed through the introduction of temporary and permanent resources, combined with prioritised workload management.

2025-2026 future quality initiatives:

- Further integration with Spire healthcare to align policies and identify opportunities for growth and support.
- Growing the wider Health and Safety team to recruit more colleagues and support the growing estate.
- Wider use of electronic audit tools for tracking and reporting action progress.
- Align and review the induction process for estates and how this is managed across the wider business.

Part One:

Mental Health Services

Vita Health Group NHS Talking Therapies Outcomes Overview

Across Vita Health Group's (VHG) NHS Talking Therapies (TT) services, nine services were assessed against national performance standards during the year. Collectively, our services met or exceeded all key targets, achieving 51% Recovery (target 50%), 69% Reliable Improvement (target 67%), and 49% Reliable Recovery (target 48%). This reflects a strong overall quality of care and positive outcomes for people accessing services.

Several services delivered particularly high performance. Bristol, North Somerset and South Gloucestershire (BNSSG) achieved 51% Reliable Recovery, ranking first across all South West services. West Essex exceeded its target with 54% and maintained its position within the top 15 services nationally. Basildon and Brentwood continued to perform exceptionally, achieving 57% Reliable Recovery and remaining consistently within the top 10 services across England.

Key Performance Indicators

Recovery: After nearly two decades of focussing on Recovery, in 2025 to 2026, there was a change in focus in NHSE from the Recovery metric to Reliable Recovery. This represented a shift in focus from access volumes to quality and effectiveness of treatment. Furthermore, Reliable Recovery emphasises both meaningful and sustained improvement in a person's condition.

Reliable Improvement: A referral has shown reliable improvement if there is a significant improvement in their condition following a course of treatment, measured by the difference between their first and last scores on questionnaires tailored to their specific condition. Performance remained strong in VHG, with 69% of patients showing a statistically significant improvement in their symptoms, exceeding the national target. Five VHG services Kent and Medway, Basildon and Brentwood, BNSSG, Nottinghamshire and West Essex were ranked within the top 50 providers nationally for Reliable Improvement. 48% of eligible referrals to NHS Talking Therapies services should move to reliable recovery, with Vita Health Group working to an internal KPI of 50% for recovery.

Reliable Recovery: is when a referral meets the criteria for both the recovery and reliable improvement, and there has also been a significant improvement in their condition. VHG achieved 49% overall inclusive of dropouts, above the national target. With Basildon and Brentwood, West Essex and BNSSG all ranked within the top 50 services in England (NHS Digital from IAPT submissions).

Looking ahead, national expectations will continue to rise, with a target of 51% set for 2026/2027.

Exclusive of drop-outs Reliable Recovery across all our TT services was 72%.

Robust improvement plans have been embedded to ensure that all NHS TT services continue to achieve and improve national Reliable Recovery targets for 2026/2027. These plans focus on sharing best practice from high-performing services (BNSSG, West Essex, and Basildon & Brentwood), strengthening clinical training, and enhancing clinical leadership to drive excellence in outcomes across all services.

Part One:
Mental Health Services

NHS Talking Therapies in Derby and Derbyshire

NHS Talking Therapies in Derby and Derbyshire successfully launched in July 2025. While mobilisation presented challenges, experience from previous partnerships supported a smooth transition. The team quickly established a cohesive service, delivering high standards of care from the outset.

Despite inheriting a waiting list of 8,500 patients, the service has achieved its highest performance since mobilisation, with Reliable Recovery at 49% and Reliable Improvement at 69.8%, both above the national average.

Alongside strong clinical outcomes, the service has continued to develop its wider offer, including Employment Support and the integration of Health and Wellbeing Coaches to provide more holistic care.

In 2026/2027, the focus will be on sustaining clinical performance while significantly reducing long waits for treatment, particularly for those waiting over 90 days, in line with the NHS ambition for Completed Courses of Treatment (CCoT).

Strengthening Access and Engagement in Kent and Medway

NHS Talking Therapies in Kent and Medway has introduced a range of initiatives to make it easier for people to access and engage with therapy.

A 100-day improvement programme, supported by NHS England, increased the use of the SilverCloud digital CBT platform. By addressing misconceptions and improving staff confidence, uptake increased from 8% to 12% of eligible patients. Work is ongoing to reduce drop-out rates before treatment begins.

To improve access for older adults, the service has partnered with four Age UK sites, offering support with referrals, outreach, face-to-face sessions in familiar settings, befriending calls, and access to digital tools. This approach is helping more older people engage with support.

Digital innovation has also supported improved access. The digital front door access referral tool, introduced in May, enables more effective triage by gathering detailed information during self-referral. Early results are encouraging, with a high number of patients choosing the tool with an extremely high completion rate.

In addition, the digital front door app is being rolled out to support patients while they wait for treatment. It provides CBT-based tools, psychoeducation, and optional AI support, helping patients feel prepared and reducing drop-out between assessment and treatment.

Working with communities to improve access and service experience

In line with the Patient and Carer Race Equality Framework (PCREF), Vita Health Group continues to strengthen its approach to reducing inequalities and improving access for diverse communities.

Partnership Liaison Officers (PLOs) play a key role in building relationships with community organisations, stakeholders, and primary care. Through outreach, education, and co-production, they support improved awareness, reduce stigma, and address barriers to access

During 2025/2026, PLOs co-hosted engagement events across services to better understand the experiences of underserved communities. Feedback highlighted the importance of cultural awareness, face-to-face provision, language support, shorter waiting times, and stronger presence within trusted community settings.

This feedback has informed a range of improvements, including:

- Development of materials in over 20 languages
- Increased awareness and use of interpreter services
- Expanded face-to-face provision
- Additional co-production events, including targeted sessions for men and older adults
- Plans to enhance cultural awareness training for staff

Ongoing working groups ensure that community feedback continues to shape service delivery and improvement.

Part One:

Mental Health Services

Improving Access Through Targeted Engagement

Supporting timely access to care remains a core priority across our NHS services, aiming to improve engagement and encourage self-referral by helping individuals recognise when support is relevant to them.

The Marketing team worked in partnership with the Director of Customer Strategy to deliver the Look Who's Talking campaign within the Leicester, Leicestershire and Rutland (LLR) Talking Therapies service. Together, they focused on creating a "That's me!" moment, a point where someone sees themselves in the message and feels confident to take the first step towards better mental health. To achieve this, they used real testimonials from different patients, each beginning with "I talk because...". These authentic voices gave the campaign credibility and helped people relate to the message, breaking down barriers and making support feel accessible.

Outcomes and impact:

- The campaign reached over 700,000 people online (advertisement impressions)
- Self-referrals rose by over 15%, reaching 2,714 in October – the highest monthly referral volume ever recorded in LLR
- Referrals among men rose by 51%, while referrals from older adults grew by 17%, and referrals from ethnic minority communities grew by 7%
- Unsuitable referrals fell by 1.3%
- Almost 80% of referrals were completed through our digital front door AI chatbot, highlighting the growing role of digital innovation in improving access, streamlining the referral journey and transforming mental health care

Referral data is analysed across the LLR service and therefore demonstrates a correlational relationship with the campaign.

Following this success, the campaign model is being rolled out across additional services, supporting continued improvements in access, equity and service uptake.

Targeted Engagement: Men's mental health

As part of wider community engagement, Talking Therapies teams in Basildon, Brentwood, Billericay and Wickford partnered with Men's Sheds to explore how to better support men's mental health.

The event brought together local stakeholders, including community groups, councillors, care providers, businesses, and carers, alongside Men's Sheds representatives and local political leaders. Discussions focused on reducing stigma and improving access to support. A key outcome was the development of 'Being Mentally Well' courses and resources designed to provide accessible, private support and encourage earlier engagement with mental health services. This initiative will be developed further during 2026.

Additional actions include increasing visibility through local networks and maintaining ongoing collaboration with community partners to sustain momentum.

Looking ahead:

Across all services, partnership working, co-production, and innovation remain central to improving access, experience, and outcomes. Continued collaboration with communities will ensure services are inclusive, responsive, and aligned with the needs of local populations.

Part One:

Physical Health Services

Dermatology

The Vita Health Group (VHG) Dermatology pathway supports the NHS ambition to transform healthcare delivery by providing high-quality assessment, diagnosis, treatment, and ongoing management closer to home. Aligned with the NHS 10-Year Health Plan, the service improves timely access to specialist dermatology care within community settings, reducing unnecessary hospital attendance and enhancing patient experience.

The service delivers two core pathways: skin cancer assessment and chronic skin disease management. With skin cancer incidence rising across the UK, there is growing demand for rapid access to specialist assessment, early diagnosis, and timely intervention. VHG Dermatology meets this need through efficient referral management, expert clinical assessment, and streamlined pathways that support early detection, improve outcomes, and reduce pressure on acute services. Alongside this, the service provides comprehensive care for patients with chronic and inflammatory skin conditions such as eczema, psoriasis, acne, and rosacea. Through proactive management, patient education, treatment optimisation, and ongoing specialist support, patients achieve improved disease control, better quality of life, and reduced reliance on hospital-based care.

Integrated referral pathways, digital triage, teledermatology, and multidisciplinary working ensure patients receive the right care, in the right place, at the right time. This approach enables earlier intervention, faster diagnosis, and effective management of both routine and urgent conditions, helping prevent deterioration and avoid unnecessary escalation.

Quality, patient safety, and continuous improvement are central to the service. Care delivered in the community is underpinned by robust governance, regular audit, staff development, patient feedback, and comprehensive risk management. Oversight from the CQC Registered Manager, Sophia Brown, ensures compliance with Care Quality Commission Fundamental Standards, maintaining services that are safe, effective, caring, responsive, and well-led. A strong culture of accountability and learning drives ongoing service improvement for patients and system partners.

VHG Dermatology is delivered by a highly skilled, medically led workforce, including experienced dermatology specialists. Under the leadership of Lead Dermatologist Toby Nelson, the service provides evidence-based care across a wide range of conditions, supporting high clinical standards, consistent outcomes, and reduced variation in care.

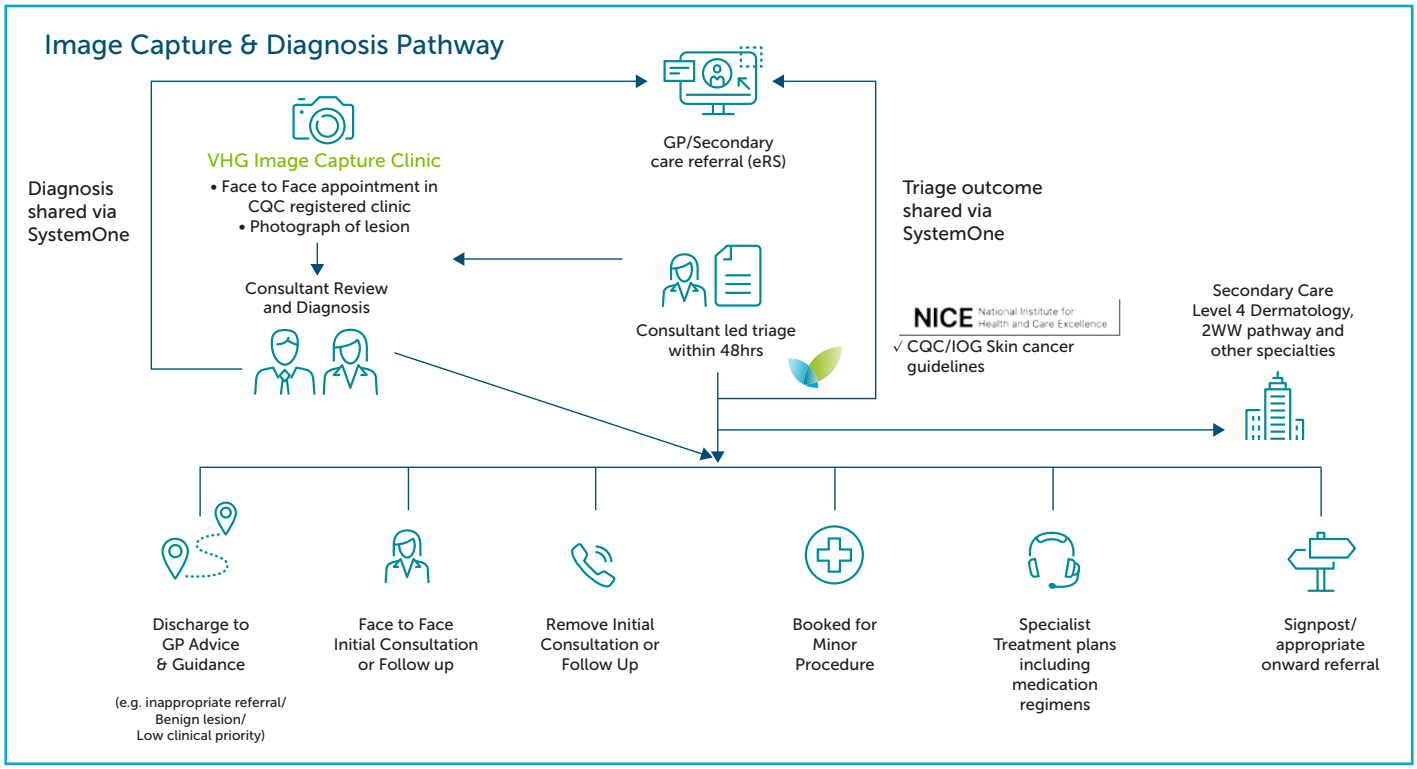
The organisation is committed to equity, diversity, and inclusion, recognising that dermatological conditions and access to care vary across populations. A diverse workforce enables culturally competent, patient-centred care that reflects the communities served. By reducing barriers and promoting equitable access, the service supports the NHS commitment to tackling health inequalities.

By bringing specialist expertise into community settings, VHG Dermatology reduces outpatient demand, shortens waiting times, and improves local access. Flexible models of care support self-management, continuity, and stronger collaboration across primary, community, and acute services.

The service also embraces digital innovation through teledermatology, digital imaging, virtual consultations, and streamlined referral processes. These tools improve efficiency, enhance access to specialist advice, and support faster clinical decision-making while maintaining high standards of care.

Part One:

Physical Health Services



Overall, VHG Dermatology reflects the NHS shift towards prevention, early intervention, digital innovation, and integrated community care. Through expert leadership, strong governance, and a focus on quality and inclusion, the service delivers safe, accessible, and high-quality dermatology care closer to home.

Map my mole – Efficiency in Dermatology

Service users concerned about a mole or skin change can access rapid consultant review via secure imaging, receiving diagnosis and next steps within 24–48 hours — avoiding long waits and unnecessary appointments. Benefits include:

- Earlier detection improves skin cancer outcomes
- Faster diagnosis and treatment decisions
- Reduced waiting times by avoiding GP-to-specialist pathways
- Fewer unnecessary GP visits and hospital referrals
- Safer care, with lesions reviewed before removal
- Reduced anxiety with results in days, not weeks
- Convenient access (clinic or remote)
- Ongoing monitoring of mole changes
- Brings specialist care closer to patients and supports NHS community care priorities
- Improves clinic efficiency and capacity

Impact:

- Significant reduction in unnecessary hospital dermatology referrals
- Median time to treatment: under 10 days

This enables faster reassurance for patients and more capacity for urgent cases.

Patient experience:

- Average 4.9 Trustpilot Score
- 94% of patients rate the service as "Good" or "Very Good"
- "Very professional and speedy. I received my results within 24 hours. Cannot fault them." – Patient review

Part One:

Physical Health Services

Weight Management

As our Primary Care offering continues to develop and grow, we are now delivering a Tier 3 Weight Management Service for Hampshire & Isle of Wight Integrated Care Board (ICB).

Our ambition is to be more present in the weight management market, both within the NHS and the self-pay space, we have relaunched the service as a delivery partner for our colleagues at Spire, who continue to manage the contract. With the excellent knowledge and expertise of our clinicians, we can continue to support eligible patients with their behaviours towards diet, nutrition and exercise.

Musculoskeletal Services (MSK)

The South London MSK service delivers community musculoskeletal care across South East and South West London, working in close partnership with Integrated Care Boards, primary care and secondary care providers. During 2025/26, our quality improvement programme has focused on safe, effective, responsive and well led care; supported by robust governance, learning from incidents and targeted service improvement initiatives.

Quality priorities are identified through data, clinical audit, incident reporting, patient and staff feedback, and CQC mock inspection findings. These priorities are monitored through our MSK Quality Improvement Plan (QIP), with oversight via Quality Governance Groups and Provider Clinical Governance structures.

Strengthening Safeguarding Practice

Safeguarding has been a key area of focus in South London MSK, recognising historically low reporting rates within MSK services nationally. During the year we:

- Completed a Safeguarding Assurance Audit across South London MSK, reviewing leadership, training, reporting processes, Mental Capacity Act practice and escalation pathways
- Provided Level 4 safeguarding training for all Clinical Leads, strengthening local leadership and decisionmaking
- Introduction of structured safeguarding discussion and supervision, alongside targeted training to improve professional curiosity and confidence in recognising and reporting concerns

These actions have improved assurance, governance oversight and staff confidence, supporting a stronger safeguarding culture across the service.

Part One:

Physical Health Services

Improving Clinical Safety and Medicines Governance

Following CQC mock inspection findings and reported incidents, targeted improvements were implemented across injection therapy and medicines management:

- Standardisation of joint injection safety processes, including consent, Mental Capacity Act assessment documentation and anaphylaxis preparedness
- Updated patient information resources and clinical templates to support consistent documentation
- Establishment of Medicines Management and Patient Group Directive (PGD) Committees, embedding clearer accountability, review cycles and escalation routes

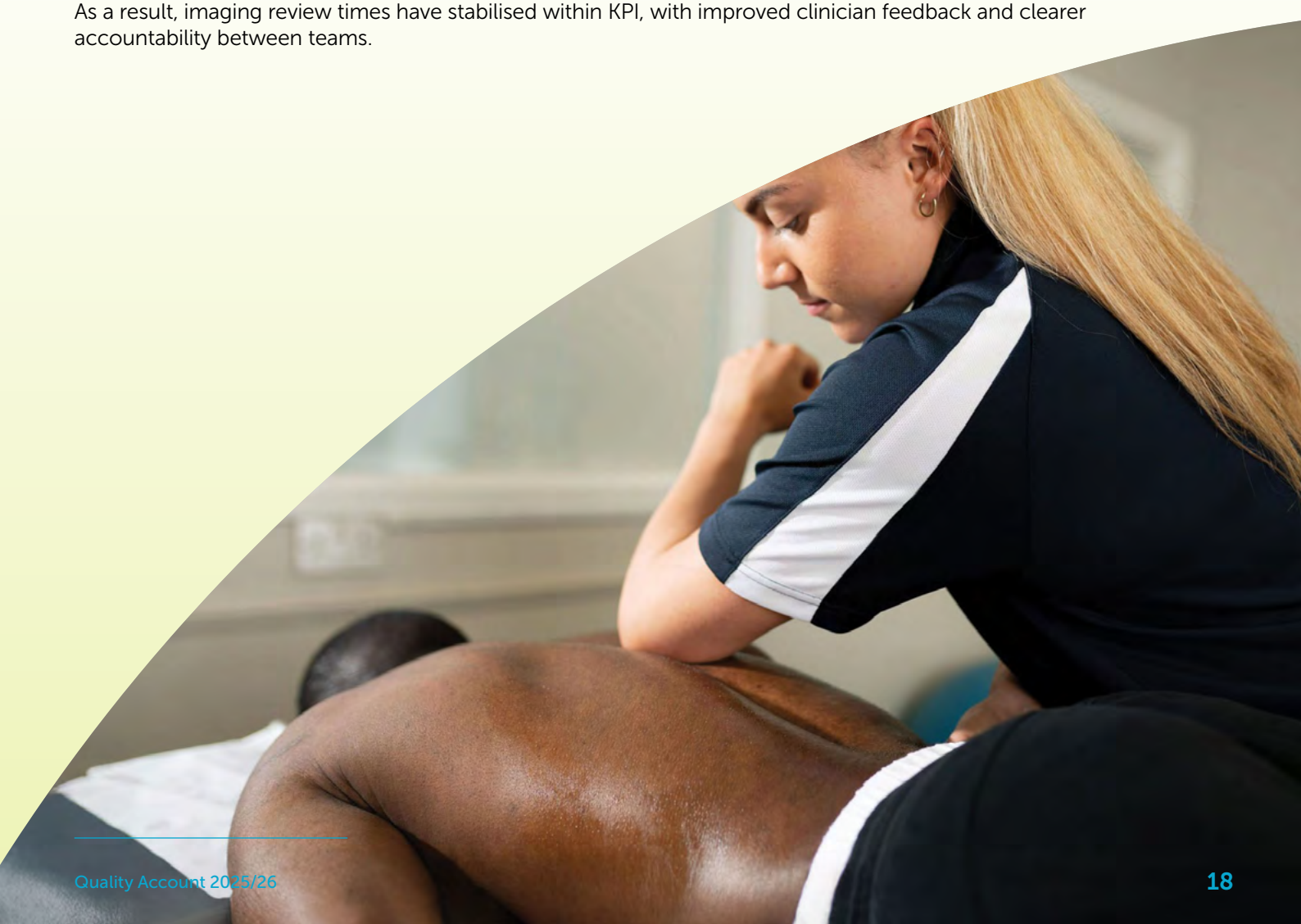
These changes provide greater consistency, reduced variation in practice and improved safety assurance.

Diagnostic and Imaging Pathway Improvements

Diagnostic imaging pathways were reviewed following delays in image review and administrative inefficiencies. Improvements included:

- Revised clinical workflows with improved structure of protected diary time
- Updated Standard Operating Procedures and improved clinician–admin interfaces
- Peer review approach to investigation requests

As a result, imaging review times have stabilised within KPI, with improved clinician feedback and clearer accountability between teams.



Part One:

Physical Health Services

Reducing Unwarranted Variation in Pathways

Several QI projects focused on ensuring patients receive the right care, at the right time, including:

- Development of Musculoskeletal Clinical Assessment and Treatment Service (MCATs) clinical query pathways, enabling junior clinicians to access senior advice earlier, reducing unnecessary imaging and inappropriate referrals
- Introduction of "waiting well" resources for patients awaiting service input, supporting selfmanagement and shared decisionmaking
- Ongoing work to improve triage and telephone assessment capacity, addressing workforce fragility and demand pressures, particularly in Bromley and Croydon
- Regular peer supported clinical case discussion sessions

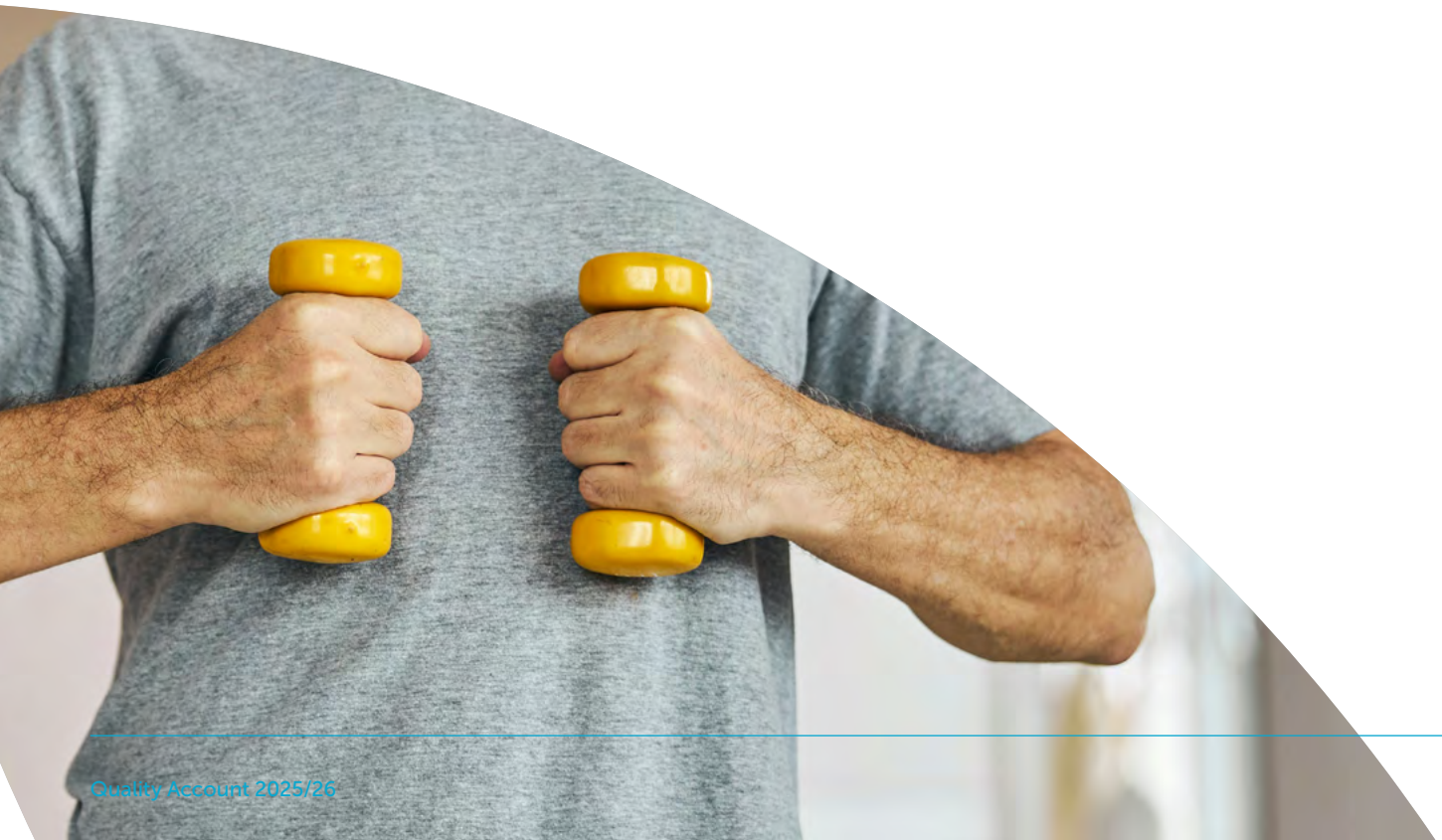
These initiatives support earlier clinical decisionmaking and more efficient use of specialist resources.

Learning from Patient Feedback

Patient feedback continues to be actively reviewed and used to drive improvement. During the year:

- Technical issues affecting Friends and Family Test (FFT) response rates were identified and resolved, resulting in a significant improvement in response capture
- Targeted reviews of waiting areas and reception processes followed patient feedback and mock CQC findings, with trials of staffed reception models and accessibility improvements underway
- Work commenced to improve proactive identification of accessibility and reasonable adjustment needs, strengthening equitable access in line with CQC expectations

These actions demonstrate a responsive approach to patient experience and inclusion.



Part One:

Physical Health Services

Investing in Clinical Development

A clear theme from staff feedback was the need for improved career development and progression. In response, South London MSK has:

- Begun work on a structured competency framework across MSK roles, clarifying expectations, progression and development pathways
- Established an MSK Learning and Development Committee, with clear terms of reference and links into wider organisational governance
- Increased opportunities for shared learning, clinical supervision and audit participation

This supports retention, professional confidence and overall quality of care.

Strengthening Governance and "Closing the Loop"

To ensure learning leads to improvement, we focused on improving governance visibility and communication:

- Strengthened audit planning and tracking to reduce overdue audits and improve assurance
- Improved incident and nearmiss reporting consistency, with clearer definitions and learning feedback
- Embedded "You Said, We Did" approaches for both staff and patients, improving transparency and engagement

Quality improvement actions are tracked through the MSK QIP and reviewed regularly at governance meetings, ensuring risks are identified early and progress is monitored.

Friends and Family Feedback

We had 9,414 responses to the Friends and Family Feedback questionnaire across all South London NHS MSK services for 2025/26. 88% of responses had an overall rating of 'Good' or 'Very Good'.

Friends and Family feedback over the year highlights a predominantly positive experience of MSK services, with patients consistently valuing the professionalism, knowledge, and compassionate approach of clinicians. Many respondents reported feeling listened to, receiving clear explanations, and benefiting from tailored advice and exercise programmes that supported recovery and improved confidence in managing their conditions. However, there were reported concerns around access and pathways, wait times, appointment cancellations and telephone consultations (which some patients felt were less effective than facetoface assessment). While care quality during direct clinical interactions is widely praised, improving timeliness, continuity, and clarity of the patient journey is being addressed via direct actions and quality improvement projects.

Part One:

Physical Health Services

Listening to Women – Insights from South London's Women's Health Day

A Women's Health Day was held at Central Court, aligned with International Women's Day, to explore access, barriers, and real experiences of care. Conversations with women working in and visiting the site brought data to life and highlighted key challenges.

Across Vita's South London MSK services, DNA rates remain stable at 10–12%. However, deeper analysis showed that around 30% of patients under 45 miss appointments, with women accounting for 70% of these.

These insights raise an important question: are women disengaging from care, or are services not designed around their needs? Findings from the event reflect national evidence and reinforce the need for service change.

The message is clear; women are not missing appointments due to lack of engagement, but because services don't fit around real lives.

South London's insight reinforces that:

- Women are reengaging, not disengaging
- Time and flexibility are key enablers
- Self management and online advice are increasing
- Complex pathways and slow followup add friction

Why This Matters for Vita:

- Expanding flexible and virtual MSK access
- Aligning with Keep Britain Working principles
- Embedding women's health capability across MSK services
- Designing services around real lives, not idealised pathways
- Simplifying access pathways

These findings highlight that equitable access is driven by service design, not patient motivation.

With nearly half of women missing appointments due to inflexible access, improvements are critical.

Part One:
Physical Health Services

Looking Ahead

The South London MSK service continues to mature its quality improvement approach, with future priorities focused on:

- Sustained recovery of access and waiting time performance
- Continued strengthening of audit, safeguarding supervision and workforce capability
- Further development of outcome measurement and PROMs

Our approach reflects a commitment to continuous improvement, openness, and partnership working, ensuring safe, effective and patient centred MSK care for South London populations.

MSK Pennine

Pennine MSK provides high-quality musculoskeletal care across multiple specialties. We deliver Orthopaedics and Persistent Pain services for the population of Oldham, and Rheumatology and Minor Hand Surgery services across Greater Manchester.

Our service is delivered by a large, highly skilled multidisciplinary team, comprising over 80 clinicians and 40 operational staff working across several community sites. The team includes Rheumatology and Orthopaedic Consultants, Specialist Nurses, Physiotherapists, Psychologists, Pharmacists, Occupational Therapists, and other allied health professionals. This integrated approach enables us to deliver coordinated, patient-centred care and achieve strong clinical outcomes.

Fracture Liaison Service (FLS)

Pennine MSK provides a Fracture Liaison Service (FLS) for the population of Oldham, supporting the identification, assessment, and management of patients at risk of fragility fractures.

In 2025, the Royal Osteoporosis Society reported that our FLS had:

- Prevented 41 fragility fractures, including 16 hip fractures
- Released 373 hospital bed days over a two-year period
- Saved £502,330 in healthcare costs

Based on current assessment and intervention rates, over a five year period our FLS has the potential to:

- Prevent 225 fragility fractures, including 101 hip fractures
- Release 2,343 hospital bed days
- Save approximately £3.1 million

These outcomes demonstrate the significant clinical, operational, and financial value of the Pennine MSK Fracture Liaison Service, alongside its contribution to improving patient safety, independence, and quality of life.

Part One:
Sustainability

Social Value

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

We continue to follow and expand our established Sustainability & Social Value Strategy, with its four key strategic pillars:

Our impact is presented in alignment with the Social Value TOM (Themes, Outcomes, Measures) System™, the UK national standard for social value measurement, and externally validated by the Social Value Portal. The TOM System™ translates our delivered impact into monetary value, which represents the value generated for the local economy.

In 2025, we generated over £41 million in social value, increase from £14.2 million in 2024. This significant growth demonstrates the impact of embedding social value activity across our business.

Part One:

Sustainability

The key actions that increased social value in 2025:

- Increased awareness of what social value is, through our in-house Sustainability and Social Value Training, achieving a 99.6% completion rate
- Embedded social value as a 'must-have' requirement across all new contracts, in line with the government's new Social Value Model
- Established a team of trained Social Value Champions to collect data at a local level, and drive engagement through team meetings
- Improved the breadth and accuracy of our data capture

Year at a Glance

- Delivered £41,036,424 of social value impact
- Achieved an all-time social value add (SVA) of 24%, surpassing the national healthcare benchmark of 16% (State of the Nation Report, 2025).*
- Dedicated 102 working days (763 hours) to volunteering, an 88% increase since 2024, out of which 36 days (270 hours) were dedicated to supporting environmental projects
- Reduced Scope 1 and 2 carbon emissions by 13 tCO2e (location-based). Helped to plant 353 native trees across the UK thanks to our partnership with Train Hugger
- Completed 987 weeks of apprenticeships across our employee base
- Spent £428,354 supporting local businesses in our supply chain
- Spent 226 hours delivering educational sessions at local schools
- Dedicated 64 hours to environmental leadership and advocacy through our voluntary Sustainability Champions
- Achieved awards: Social Value Quality Mark® (SVQM) Bronze Health Award, named a finalist for the Lloyds British Business Excellence Awards in the Sustainable Business of the Year Award category and named a finalist for the Social Value Awards 2025 in the Accountability and Reporting category

*Social value add (SVA) refers to the additional benefit that the company creates in social, economic, and environmental areas, on top of its contractual commitments. VHG's all-time SVA % covers our reporting periods to date (2024-2025).

Vita Health Group achieved the **Social Value Quality Mark® (SVQM) Health Award** – Bronze in May 2025. This nationally recognised accreditation provides independent assurance of our commitment to delivering measurable social impact and embedding social value across our operations.

The accreditation reflects work to establish clear, data-driven social value pledges, supported by defined measures to track progress and ensure accountability. This includes activity focused on improving patient wellbeing, supporting workforce health, advancing environmental sustainability, and addressing health inequalities.

Achievement of the award demonstrates our commitment to transparency, continuous improvement, and contributing to wider community outcomes. This progress has been supported by colleagues across the organisation, including dedicated sustainability and social value leads. Building on this foundation, we aim to progress to SVQM Silver in 2026, further strengthening our approach and impact.

Part One:
Sustainability

We're committed to reducing our environmental impact through practical, measurable action. To do this, we strive to embed sustainability into everyday operations.

Sustainability in Action: empowering our people to make a difference

In the second half of 2025, we launched the Sustainability in Action webinar series, developed and delivered by our Sustainability Champions. The programme aims to build awareness, embed sustainable practice, and support colleagues to understand their role in achieving organisational sustainability goals.

Three webinars were delivered during the reporting period, covering organisational priorities, the environmental benefits of digital care, and the impact of commuting and homeworking. These sessions have supported improved understanding, with self-reported knowledge increasing from an average of 5.5/10 to 8/10.

The series has contributed to growing engagement across the organisation, strengthening the network of Sustainability Champions, and encouraging colleagues to apply sustainable practices in their day-to-day work. This supports the development of a culture in which sustainability is understood, embedded, and collectively owned.

Part One:
Sustainability

2025 Carbon Footprint

In the 2025 calendar year, our total reportable greenhouse gas (GHG) emissions totalled 3,812 tCO_2e (tonnes of carbon dioxide equivalent). As shown in the table, our total location-based emissions increased by 8% compared with 2024. This figure includes all material Scope 1, 2 and 3 emission sources. Emissions directly within our operational control (location-based Scopes 1 and 2) decreased overall by 13 tCO_2e. Within this total, Scope 1 emissions fell by 22% (a reduction of 3 tCO_2e) and Scope 2 emissions declined by 41% (a reduction of 10 tCO_2e).

Scope 3 emissions continue to account for 99% of VHG's total carbon footprint. While several categories decreased yearonyear, overall Scope 3 emissions rose by 9% compared with 2024. Increases in waste and leasedasset emissions reflect continued growth in business activity as our business expands.

Greenhouse gas emissions by year:

Active category	2024 (tCO_2e)	2025 (tCO_2e)	Percentage Change (%)	Actual Change (tCO_2e)
Scope 1: Direct emissions from the operation of owned and controlled facilities and equipment				
Scope 1 Total **(tCO_2e)**	12.2	9.5	-22%	2.7
Scope 2: Indirect emissions from the production of purchased energy				
Scope 2 Location-Based Total **(tCO_2e)**	25	15	-41%	-10
Scope 2 Market-Based Total **(tCO_2e)**	41	35	-16%	-6.8
Scope 3: Indirect emissions from the value chain				
Category 1. Purchased goods and services	2394	2372	-1%	-21
Category 2. Capital goods	246	153	-38%	-93
Category 3. Fuel and energy related activities	10	7	-29%	-3
Category 4. Upstream transportation and distribution	18	13	-29%	-5
Category 5. Waste generated in operation	48	53	-11%	-5
Category 6. Business travel	207	198	-4%	-9
Category 7. Employee commuting	126	541	328%	414
Category 8. Upstream leased assets	461	475	3%	14
Scope 3 Location-Based Total **(tCO_2e)**	3511	3812	9%	302
Scope 3 Market-Based Total **(tCO_2e)**	3511	3812	9%	302
Total Gross Emissions – Location-Based **(tCO_2e)**	3547	3837	8%	289
Total Net Emissions – Market-Based **(tCO_2e)**	3564	3856.6	8%	292

As a predominantly remoteworking organisation, we experience significant yearonyear variation in Scope 3, Category 7 (Employee Commuting), highlighting the limitations of surveybased data. The data relies on employee responses and are extrapolated to represent the full workforce, which can lead to variability between reporting years.

Optional emissions, including those associated with hotel stays and teleworking, are reported separately from Scope 3, in accordance with the GHG Protocol. In 2025, emissions from hotel stays totalled 21 tCO_2e, while teleworking emissions amounted to 903 tCO_2e.

Part One:
Sustainability

Science Based Targets

Vita's parent company Spire Healthcare Group plc intends to submit its emission reduction targets to the Science Based Targets initiative (SBTi) for validation in 2026.

As a subsidiary of Spire Healthcare, our emissions fall within the Group's reporting boundary. We will therefore adopt SBTi aligned targets consistent with those of the Group. This includes adopting 2024 as the new base year and setting nearterm and netzero targets in 2026.

We have applied the operational control approach to define our GHG emissions boundary, including additional Scope 3 categories where relevant. For VHG, this boundary covers emissions associated with the operation of offices, clinics and homeworking, as well as all businessrelated transport. All material upstream and downstream Scope 3 emissions are included. As we operate solely within the UK, all reported emissions relate to UK activities.

Carbon emissions have been calculated in line with:

- The UK Government's Environmental Reporting Guidelines (2019)
- The GHG Protocol Corporate Accounting and Reporting Standard (revised edition)

Emission factors were sourced from the UK Government's GHG Conversion Factors for Company Reporting 2025. There are no material omissions from the mandatory reporting requirements.

Train Hugger: Planting trees with every train journey

We partnered with Train Hugger as our preferred travel partner in June 2024, to support our ambition to reduce carbon emissions from business travel. By booking train tickets through the company's simple platform, we're choosing a more sustainable way to travel, and planting trees with every journey. In 2024, we made 83 bookings through Train Hugger, resulting in 83 trees planted. In 2025, we more than quadrupled that impact, with 353 trees planted.

While we can't account for the tree planting as part of Vita's carbon reduction totals, we are proud to continue our partnership with Train Hugger as it delivers real, tangible environmental benefit. Every journey helps restore British woodlands and supports a more climate-resilient future for the UK.

Part One:

Equality, Diversity & Inclusion

Equality Delivery System (EDS), Workforce Race Equality Standard (WRES) & Workforce Disability Equality Standard (WDES)

Our Equality Delivery System (EDS) 2025 report achieved a score of 20, placing us in the 'Developing' category. The full report is available on our website. In response to the findings, we have developed a comprehensive action plan which incorporates feedback from EDS, WRES, WDES, Gender Pay Gap reporting, and other sources. This approach enables us to identify common themes, prioritise actions, and demonstrate progress.

Key themes from the EDS feedback included communication, accessibility of apprenticeship opportunities, and the visibility of EDI priorities among senior colleagues.

Our WRES and WDES reports for the previous reporting period have also been completed and are available on our website. Work is underway on the 2025 actions, with stakeholder engagement planned to support the development of these submissions and ensure that feedback continues to inform improvement.

National Inclusion Week

Our senior leaders demonstrated their commitment to inclusion through visible pledges, including the use of virtual badges. This visible leadership reinforces the importance of inclusion as both a priority and a shared responsibility across the organisation. By making their commitment explicit, leaders help set the tone for an inclusive culture, ensuring that inclusion is embedded at every level and that all colleagues feel valued and able to contribute.

Black History Month and Race Equality Week

During Black History Month and Race Equality Week, we created space for reflection, learning and open conversation on race, identity and inequality. Through inspiring panel discussions and dedicated learning sessions, colleagues explored topics such as mental health, resilience and the systemic barriers that impact race equality.

Both events reinforced this year's theme, Change Needs All of Us, highlighting that meaningful progress requires collective effort. The sessions provided powerful opportunities to listen, learn and challenge perspectives, reminding us that achieving race equality is not a one-off conversation, but a continuous commitment to action.

Part One:

Equality, Diversity & Inclusion

Neuro-Inclusion Working Group

At the end of last year, the Equality, Diversity and Inclusion (EDI) team launched the Neuroinclusion Working Group (NWG); a team that brings together colleagues with lived experience, clinical expertise, and operational insight to shape neuroinclusive change across the business. The NWG has evolved from establishing a shared vision and priority areas into a structured, action-focused forum that is actively shaping both cultural and operational change across the organisation. It has already influenced practical guidance for managers, defined training priorities, and contributed to ongoing improvements in policy and service design.

From early sessions, the group identified key organisational levers:

- Policy & process (including reasonable adjustments)
- Training & awareness building
- Organisational culture & communication
- Recruitment processes & colleague lifecycle
- Change management approaches

The group's work is now moving towards a more delivery-focused phase, with key priorities including creating and embedding neurodiversity training, refining reasonable adjustment processes, and continuing a co-design approach that balances pace with meaningful colleague input. There is also growing potential for the group's influence to extend into wider service development and system-level change.

Disability History Month

The Disability History Month event explored how Life, Work and Dignity shape the everyday experiences of colleagues. An impactful panel shared personal stories with honesty and openness, deepening our understanding of disability and what true inclusion and dignity at work look like.

The session created valuable space to listen, reflect and discuss how we continue building an inclusive culture. It reinforced that inclusion is an ongoing commitment; encouraging us to use inclusive language, foster respectful attitudes, and ensure every colleague feels valued and able to thrive. Ultimately, it reminded us that we each have a role to play in strengthening dignity and belonging across Vita Health Group.

Dyslexia Awareness Week

Approximately 1 in 10 people are dyslexic. While dyslexia is often associated with strengths such as creativity and problem-solving, it can also present challenges in areas including reading, processing information, memory, and organisation. This year we highlighted to colleagues the accessibility features available within Windows 11, which support reading, writing, and organisation, helping to improve day-to-day accessibility for colleagues.

Part One:

Equality, Diversity & Inclusion

Neurodiversity Celebration Week

During Neurodiversity Celebration Week, the EDI team promoted increased awareness and understanding of neurodiversity. A series of powerful lived experience were shared, including videos and written accounts from colleagues across Leicester, Leicestershire and Rutland Talking Therapies, Kent and Medway Talking Therapies, and the Corporate EAP Service. These contributions provided valuable insight into the day-to-day experiences of neurodivergent colleagues, including the challenges they may face and the practical approaches that can support a more inclusive working environment.

Reasonable Adjustments

While amendments to the reasonable adjustment process are underway, support has continued uninterrupted. In 2025, 159 requests were received via the formal process, alongside additional informal support through adjustment discussions and EDI input into return-to-work meetings. In 2026 to April, 73 formal requests have been received, with further support provided through email contact and referrals from HR and line managers.

She shines, she leads, she inspires

To mark International Women's Day 2026, we hosted a live Q&A event featuring a panel of authentic, motivating female leaders from across the organisation. The panel shared open and thoughtful reflections on topics including confidence, vulnerability, imposter syndrome, learning from setbacks, and the role of selfbelief in professional growth. Colleague feedback highlighted the value of creating space for these conversations and the importance of sustaining this dialogue throughout the year. In response, we will continue to explore opportunities to amplify women's voices, experiences and achievements across the organisation.

Menopause Accreditation and Awareness

Over the past year, we have strengthened our approach to menopause awareness and support, culminating in accreditation as a Menopause Friendly Employer following a rigorous assessment by Henpicked. This reflects the strength of our organisational commitment and evidence-based approach.

We have prioritised building knowledge and confidence through Menopause for Managers training and wider awareness sessions for colleagues, both of which have seen strong engagement. These initiatives focus on improving understanding, enabling supportive conversations, and promoting practical support, including reasonable adjustments.

To sustain engagement, we offer regular menopause drop-in sessions, providing a safe space for peer support, alongside a dedicated communication channel to facilitate ongoing sharing of resources and experiences.

This programme of work has helped to normalise conversations about menopause, increased manager confidence, and fostered a more inclusive and supportive culture. Colleagues report feeling better supported and less isolated in managing symptoms at work. Overall, achieving Menopause Friendly Accreditation represents a significant milestone in our commitment to employee wellbeing and inclusion.

Part One:

Equality, Diversity & Inclusion

Accessible Recruitment

Vita Health Group recognises the importance of employing a diverse workforce that reflects the populations we serve. We also acknowledge that some groups face significant barriers to accessing employment, and our positive action schemes are designed to help reduce these inequalities. As a result, we continue to demonstrate a strong commitment to inclusive recruitment, with consistent application of our positive action recruitment schemes across the 2025/26 financial year.

Compliance remained generally high, particularly for Disability Confident and the NHS Interview Scheme, while Ethnicity Matters and Gender Matters showed more variability, largely reflecting smaller candidate volumes and eligibility constraints.

Scheme	Avg. Monthly Volume	Compliance Range / Avg.	Trainee recruitment	Hiring outcomes (scheme v non-scheme)
Disability Confident	~120	70% avg (up to 90%)	84–100%	24% vs 28%
Ethnicity Matters	~29	71% avg (48–71%)	29–100% *	20% vs 29%
Gender Matters	~5–18	80% avg (25–83%)		8% vs 8%
NHS Interview Scheme	78–99%	88% avg (63–100%)	78-99%	

Interview panel diversity averaged 79% overall (80% in NHS roles).

Overall, the data indicates a well-established and consistently applied EDI recruitment framework, with strong compliance in key schemes and equitable hiring outcomes. Support and training continue for hiring managers on EDI informed recruitment practices. This includes covering topics such as reasonable adjustments at interviews.

Part One:

Equality, Diversity & Inclusion

Health, Wellbeing and Inclusion

During the reporting period, staff feedback from listening groups, surveys and forums informed the development of the Health and Wellbeing strategic action plan. Key themes included the need to embed wellbeing within organisational culture, address workload and stress, strengthen compassionate leadership, and improve access to early support.

Actions taken include the continued rollout of leadership development, expansion of wellbeing support and resources, and implementation of initiatives to better manage workload. A range of wellbeing activities and targeted support offers have been delivered, alongside increased access to preventative and early intervention support. Work will continue to build on these foundations, including further staff engagement, enhanced wellbeing provision, and a sustained focus on reducing sickness absence and supporting staff wellbeing.

Freedom to Speak Up

Throughout 2025/26, we continued to strengthen and embed our Freedom to Speak Up culture, ensuring good practice across the organisation. Colleagues were supported and encouraged to raise concerns, share feedback, and identify opportunities for improvement in a safe and supportive environment.

Freedom to Speak Up remains integral to our way of working and is critical to achieving the highest standards of patient safety and outcomes. Mandatory Freedom to Speak Up training continued for all colleagues, and we built on our awareness-raising activity by aligning with national Speak Up campaigns, including Speak Up Month, alongside locally delivered initiatives.

We used feedback and concerns raised throughout the year to drive ongoing improvements to Speak Up processes. The Freedom to Speak Up Team worked closely with NHS Talking Therapies Teams, providing structured support to colleagues. These interactions reinforced the importance of clear escalation pathways, consistent application of policy, and timely access to advice and support.

Key actions during 2025/26 included:

- Revising local risk guidance to ensure alignment with organisational policy and safeguarding expectations, with updates communicated to managers to support consistent application
- Increasing awareness of relevant clinical policies within teams, supporting staff confidence in managing and escalating concerns appropriately
- Developing additional training on the use of risk assessment tools to strengthen the identification and management of risk
- Reviewing and strengthening escalation processes, including confirming additional points of escalation when concerns are raised
- Developing additional targeted Freedom to Speak Up guidance for managers to reinforce effective, timely, and compassionate responses to concerns

Part One:

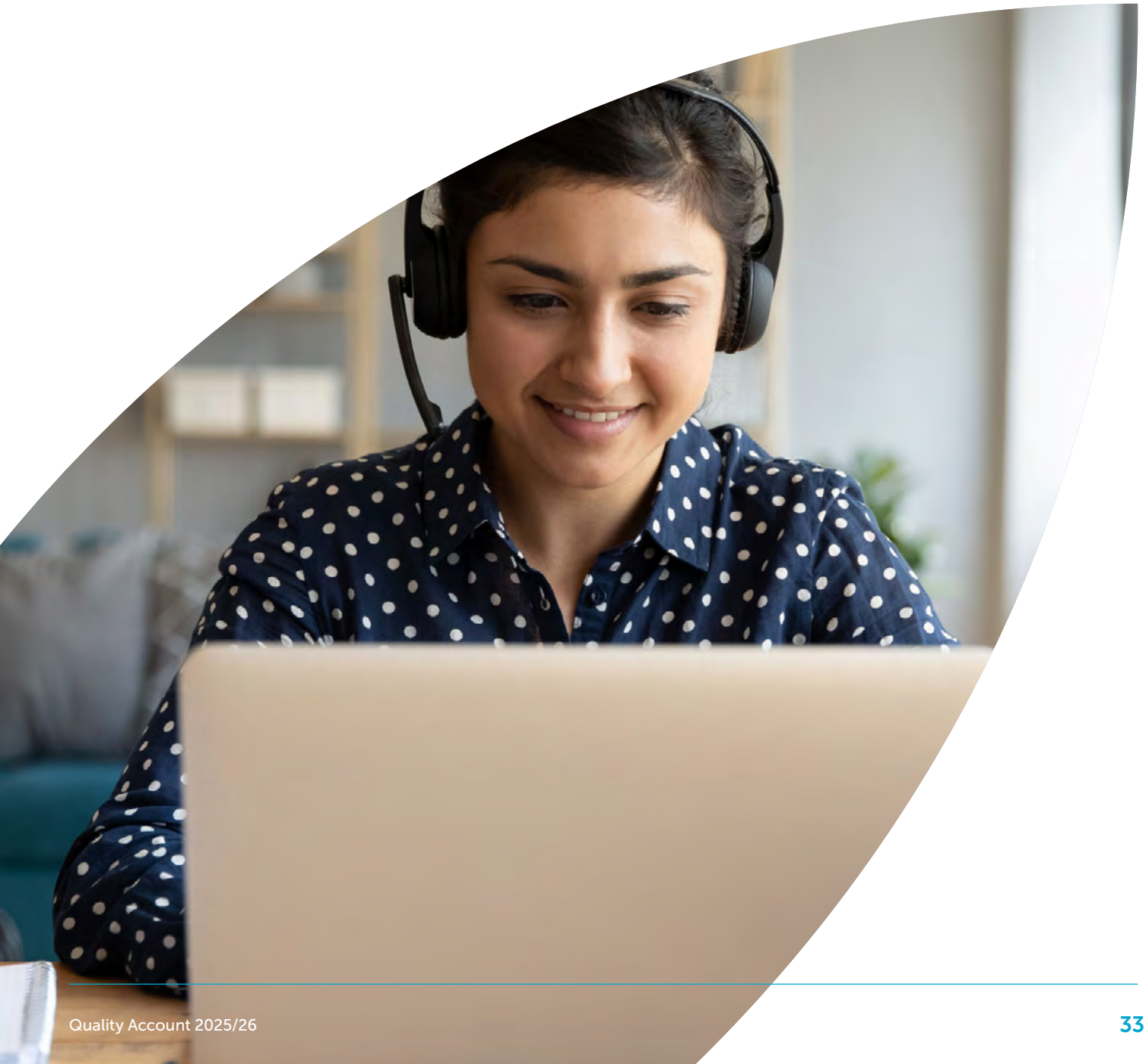
Equality, Diversity & Inclusion

Communications

Internal Communications have established a clear and consistent rhythm of organisation-wide updates for VHG colleagues throughout the year. This combines a more market-led cadence of monthly and quarterly communications with twice-yearly Primary Care Town Hall sessions, bringing teams together to connect, collaborate and share successes.

These Town Halls provide a platform for the Primary Care Board to spotlight different teams across the organisation, celebrating colleagues who are going above and beyond and making a real difference, while regular market-led updates ensure colleagues remain informed about business priorities, progress and performance against strategic goals.

The internal SharePoint News Desk is now the go-to place for colleagues to access news and upcoming events across the organisation.



Part One:

Learning and Development

Mandatory training and professional development:

- We continue to achieve outstanding organisational wide Compliance Training with an average of 98% compliance
- Two new Mandatory Training Modules were added this year: Anti Racism Training and Oliver McGowen Tier 1 (eLearning module only)
- Successfully achieved 96% completion for our (EDI) Mandatory e-learning Manager Training
- Maintained over 100 CPD events made that are available for staff

NHS Services:

- 30,810 Number of staff completed a mandatory training course in time period
- 9,492 non-mandatory training courses completed by 1,720 colleagues
- 98% organisational wide training compliance
- 215 colleagues completed Insights over 23 sessions
- 17 colleagues on Cohort 4 Thrive
- 96% completed EDI Manager training
- 99% completed LGBTQIA+ Inclusion training
- 99% attended Microaggressions webinar
- 89% completed Equality and Health Inequality Impact Assessment training
- 92% completed EDI Informed Recruitment for Managers
- 76% of our NHS leaders attended leadership training

Development of our Talent and Leadership Development

We are committed to widening access to opportunity and supporting people to develop the skills and confidence needed to reach their potential. Investing in individual potential is central to our approach. Through upskilling, targeted training and life skills development, we not only enhance career progression, but also strengthen long-term organisational capability.

We have continued to drive better opportunities and professional growth by offering a range of leadership development and professional development programmes.

- 30 colleagues are enrolled on or have completed an Apprenticeship Programme in the reporting period. These range from Psychological Wellbeing Practitioner (PWP) Apprenticeships to Level 5 Mary Seacole Leadership Academy Programme. Raising the visibility of apprenticeships as development opportunities
- We continued to build on our relationships with universities to further develop recruitment pathways for Trainees. In 2025, we committed to 142 places for Trainees PWPs and Trainee HITs

Part One:

Learning and Development

Supporting leadership at every stage:

2025 marked a major milestone with the launch of our refreshed Leadership Development Framework, designed to support Leaders at every level of the business:

- Pathway to Leadership programme, tailored specifically for new and emerging managers, whether stepping into leadership for the first time or newly joining VHG
- Leading with Impact modules were developed to enhance our existing Leadership Essentials offering and provide continued development for middle and senior leaders. These new modules focus on critical capabilities such as change leadership and influencing skills; ensuring our leaders are equipped with the tools needed to support their teams through ongoing organisational transformation
- Action Learning Sets were launched, giving leaders who had previously completed leadership programmes a space to reflect on real workplace challenges, and embed their learning through peer-led discussion
- Significant planning went into the relaunch of Aspire 2.0, our advanced Leadership Development Programme
- Elevate commenced in 2026; a development programme with bespoke training skills to support colleagues from under-represented groups

Making People Better – Primary Care Leadership Development Framework 2025 & 2026

Accountability	Purpose	Impact	Direction
New **Pathway to Leadership Programme** (New Managers) Started April 2025	**Leadership Essentials Course** (Middle & Senior Managers) *Minimum 12 months in role* Currently delivering	*New* **Leading with Impact Modules** (Middle & Senior Managers) *Management Modules Including Change Leadership, Influence Skills* Started Q2 2025	**Aspire 2.0** (Middle & Senior Managers) *Replaces Aspire programme* *Evaluation, review, including 360s and one-to-one Coaching*

Thrive Mentoring Programme:

We continued with our fourth cohort of Thrive. The programme fosters an environment of guidance, skill-sharing, and career development. Thrive is built around a series of one-to-one mentoring conversations but with a team approach. Our Thrive programme works in small teams of mentors and mentees, changing pairings every 3-4 months over a 12-month period. By ensuring access to mentorship for all staff, regardless of background or seniority, we upheld our commitment to equal opportunities, creating a stronger more inclusive support network.

Out of the NHS staff attending Thrive:

- 82% are female
- 6% have a disability
- 12% are from culturally or ethnically diverse backgrounds

Part One:

Learning and Development

Apprenticeships:

Apprenticeships were further embedded as a key approach to workforce development, supporting staff to gain recognised qualifications and develop role-specific knowledge, skills and behaviours.

An internal apprenticeship policy and centralised intranet hub were introduced to improve access to guidance, resources and opportunities, alongside targeted engagement with leaders to promote apprenticeships as a means of addressing skills gaps.

Progress has also included recognising and celebrating apprentice achievements, reinforcing a culture of learning and continuous professional development across the organisation.

Of those who completed their apprenticeships:

- 78% were female
- 44% had a disability
- 33% were from culturally or ethnically diverse backgrounds

Expanding access to apprenticeships and reducing barriers to participation has remained a key priority. The organisation has continued to develop an inclusive and flexible approach, ensuring opportunities are accessible and responsive to individual needs.

Progress includes strengthening awareness of devolved apprenticeship pathways across the UK, enabling alignment with nation-specific programmes. In 2025, the first apprentice enrolment in Wales was achieved, marking an important step in broadening equitable access to development opportunities.

Part Two

Part Two:

Achievement against 2025 to 2026 quality improvement priorities

Throughout the reporting period, progress has been regularly monitored, with a continued focus on improving outcomes, access, patient experience, and service efficiency. The tables below summarise key areas of focus, the actions taken, and the progress achieved over the year.

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

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

Part Two:

Achievement against 2025 to 2026 quality improvement priorities

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

Key Initiative	Key deliverables and measures of success	Status
Plan, develop and implement a bespoke HR system to manage organisational Human Resources.	System in Place for all HR activities – Complete Payroll have yet to launch the overtime submission – Complete	Complete
System enables efficiencies, is user friendly, provides data trends and analysis.	Absence Reporting – Complete Employees have more options to request different types of leave including carer's unpaid etc. through the system without having to go to HR – Complete Disciplinary/ Grievance processes – Partially Achieved/Ongoing Processes can be recorded: no data trend or analysis yet – Ongoing	Progressing
System reduces manual processes.	Feedback from team regarding use of their time – Complete Audit of time saving efficiencies: There are some timesaving with regards to sickness and managers having more capability, but some background tasks completed by HR are manual – Partially Achieved/Ongoing Automated insights from system offering data analysis of whole HR processes; it was decided to not progress with the Power BI or Power Automate at this time – Not Achieved/Complete	Progressing

Part Two:

Achievement against 2025 to 2026 quality improvement priorities

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

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

Part Two:

Quality improvement plans for 2026 to 2027

Early 2026 saw the resetting of Vita Health Group's priorities for the next 12-18 months. This followed a detailed review process encompassing a comprehensive year review of organisational data, thematic review, stakeholder collaboration, and executive endorsement.

Strategic Objective	Key Deliverables	Measures of Success
Priority 1: Transition NHS Digital Estate to a Unified Enterprise Platform Model	• Establish a single front door for patient access across services • Integrate case management and end-to-end workflows across care pathways • Develop a unified data and reporting layer	• Operational efficiency gains • Enhanced data availability • Improved patient experience
Deliver a scalable, integrated digital ecosystem that improves access, efficiency, and insight across NHS services.		
Priority 2: Transition to a Unified Data Model	• Standardised enterprise data model • Align data structures across systems • Establish data governance and quality standards	• Improved reporting consistency • Reduced manual reconciliation • Increased actionable insight
Create a single, consistent data architecture to underpin reporting, analytics, and service optimisation.		
Priority 3: Implement Ambient Voice Technology Across NHS Services	• Deploy in MSK and Dermatology • Roll out to Talking Therapies • Embed within clinical workflows	• Improved staff wellbeing • Reduced administrative workload • Increased quality of patient interaction
Leverage AI-driven ambient voice technology to reduce administrative burden and enhance clinician–patient interaction.		
Priority 4: Develop a Dedicated Neurodivergent (ADHD) Service	• 6-month pilot programme • End-to-end service pathway • VR-enabled capability	• Pilot evaluation outcomes • Patient engagement metrics • Retention and equity of access
Establish an inclusive and innovative service model supporting ADHD identification, assessment, diagnosis, and management.		

Change Network

During the reporting period, the Change Network was established to strengthen how organisational change is communicated, supported and embedded across services. This initiative responds to a period of significant growth and sustained organisational change, recognising the need to enhance consistency, engagement and staff experience during implementation.

The network supports improved communication and feedback mechanisms, while building capability across the organisation in change management approaches. It also enables greater collaboration across teams, supporting the effective use of local knowledge to inform and embed service improvements. Through this approach, the organisation aims to enhance the quality and sustainability of change initiatives, ultimately contributing to improved service delivery and outcomes for the people we support.

Part Two:

Statement of Assurance from our Executive Management Team

During 2025/26, Vita Health Group delivered Community Physiotherapy, Musculoskeletal Clinical Assessment and Treatment services (MCATs), Dermatology services, and NHS Talking Therapies across 15 Integrated Care Boards (ICBs), either directly or via subcontracting arrangements with lead providers.

The Executive Management Team has been assured of the quality and performance of these NHS services through a process of ongoing clinical governance and quality reporting for all delivery lines.

Part Two:

Care Quality Commission (CQC)

Vita Health Solutions Limited is the regulated part of Vita Health Group, registered with the Care Quality Commission (CQC) to delivery Physical Health and Muscular-Skeletal services to our patients. During 2025, we have extended our registration to include an additional location and 'Services in Slimming Clinics' regulated activity; registered to deliver the service in Hampshire.

Regulated Activities we deliver:

- Treatment of Disease, Disorder or Injury
- Diagnostics & Screening
- Surgical Procedures
- Services in Slimming Clinics

Our assurance framework consists of monthly monitoring meetings, auditing processes, feedback and quality improvement initiatives, led by our clinical and operational experts for each service. To build on this assurance, we complete internal mock inspections to measure against the Single Assessment Framework, alongside team workshops and people feedback. All the assurance activity is supported by the Radar Healthcare Risk, Quality and Compliance Software and reports from our other clinical & operational systems.

Pennine MSK Partnerships Ltd was last inspected in 2022 with a rating of 'Good' by CQC. Vita Health Solutions Limited was last inspected in 2019 where we retained 'Good' by the CQC.

Secondary uses services

Vita Health Group did not submit records to the 'Secondary Uses Services' for inclusion in the Hospital Episode Statistics during 2025 to 2026, as we do not deliver any services applicable for submission of this data.

Payment by results

Vita Health Group was not subject to the Audit Commission's payment by results clinical coding audit during 2025 to 2026 as we do not deliver any services applicable for submission of this data.

NHS Provider Licence statement

VHG's NHS Provider Licensing Agreement for this reporting period remains valid and has met all the required standards for Fit & Proper Governors & Directors, and systems for compliance. The 2023 issued licence number 200172 remains in force. This successful renewal took place in February 2026, retaining this quality assurance for high quality, safe and financially sustainable care. We continue to be held to account by NHS England should our services fall below expected standards.

Part Two:

Statement of Assurance from our CQC Registered Managers

As CQC Registered Managers, we remain fully assured that services delivered across the organisation during 2025/26 have continued to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

We are confident that quality, safety and patient experience remain at the centre of service delivery, underpinned by robust governance arrangements and a strong culture of continuous improvement.

Quality Developments Across All Services (2025/26)

During 2025/26, we have continued to strengthen quality, safety and governance across all services, with a clear focus on consistency, learning and innovation. Key quality developments include:

- Embedding CQC walk rounds and a standardised quality assessment tool across services, improving realtime visibility of quality, consistency of assurance, and shared ownership of improvement aligned to CQC Quality Statements and Key Lines of Enquiry (KLOEs)
- Development and implementation of a new Quality Improvement Framework, supported by the appointment of dedicated Quality Improvement Business Partners. This has enabled a more structured, datadriven and supported approach to improvement planning, PDSA cycles and the sustainability of change across services
- Continued strengthening of clinical and corporate governance arrangements, including peer review, multidisciplinary team working, audit programmes, learning forums and external assurance activity, ensuring learning is consistently shared and embedded across the organisation
- Expansion of transformation initiatives, including the responsible use of digital innovation, AI and ambient listening technology to support clinical documentation and notekeeping. This has improved efficiency, reduced administrative demands, and enabled clinicians to focus on patient care, while maintaining strong standards for safety, confidentiality and data governance

Part Two:

Statement of Assurance from our CQC Registered Managers

Safe, Effective and WellLed Services

We have maintained effective systems for identifying, managing and mitigating risk, supported by regular review through governance committees and leadership forums. Quality and safety data is routinely monitored, triangulated and reviewed to ensure early identification of risk and timely action.

Our approach to leadership and governance promotes openness, transparency and learning. Quality improvement is embedded across services through structured action planning, clear accountability and continuous monitoring, providing assurance that services are not only compliant but continually striving for improvement.

Our performance data, audit outcomes, patient and staff feedback, and external review provide assurance that the services delivered during 2025/26 have been:

- Safe and effective
- Person centred and responsive
- Well led, with a strong culture of learning and improvement

We confirm that appropriate systems of governance and quality oversight are in place and operating effectively. We remain committed to continuous improvement and to delivering highquality, safe and inclusive care for all patients.

Jessica Little
Quality Improvement Partner

Sophia Brown
Dermatology Lead Nurse

Part Two:

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

Throughout 2025/26 Infection Prevention and Control remained a core element in supporting safer care systems, reducing avoidable harm, and protecting patients and colleagues at VHG. Infection Prevention and Control remain overseen by the Infection Prevention and Control Lead as subject matter expert for the organisation who has accountability for ensuring compliance with the Health and Social Care Act 2008, Department of Health and Social Care guidance, and Care Quality Commission (CQC) quality standards is maintained.

2025/26 saw continued maintenance of these standards including:

- High levels of workforce compliance with infection control mandatory training; achieving 99% compliance
- Mock inspections, site audits and site visits demonstrated that care environment standards were being met
- Expert advice and guidance provided to the development of new sites/clinics
- Organisational task and finish group to improve cleanliness standards and waste management

The Infection Prevention and Control Champions Network expanded to five champions organisationally. Champions support audit activity, shared good practice and promote learning, strengthening the culture across VHG. Further development of the network is planned.

Progress was made in strengthening Anti-Microbial Stewardship and Antimicrobial Resistance arrangements. A formal lead was appointed and a yearly action plan aligned with the UK FiveYear Action Plan for Antimicrobial Resistance (2024–2029) developed. Surveillance of antimicrobial use and quarterly assurance reporting continues to support safe prescribing oversight.

Work progressed to reduce vaccine preventable disease risk through closer collaboration with Occupational Health services. This enhanced promotion of staff immunisation aims to support workforce and patient safety. We anticipate the launch of this endeavour during 2026.

Ongoing communication and educational campaigns were delivered throughout 2025/26 and will be continued in 2026/27. These included winter preparedness, antimicrobial awareness, flu awareness, vaccination awareness and hand hygiene, to name a few.

While overall infection risk remains low, with a growing service footfall we will continue to prioritise infection prevention and control. 2026/27 priorities will include ongoing implementation of the National Infection Prevention and Control Manual, establishing the National Standards of Cleanliness, expanding the Champions Network, and strengthening our Antimicrobial Resistance Framework. Overall, VHG continues to demonstrate effective infection prevention and control with a sustained focus on national priorities and continuous improvement, which will further strengthen patient safety and support Vita Health Group's purpose of improving lives.

National Standards of Cleanliness, expanding the Champions Network,
and strengthening our Antimicrobial Resistance Framework. Overall, VHG continues to demonstrate effective infection prevention and control with a sustained focus on national priorities and continuous improvement,
which will further strengthen patient safety and support Vita Health Group's purpose of improving lives.

Janet Mugadza
Infection Prevention and Control Lead

Part Two:

Statement of Assurance from our Head of Safeguarding

Effective safeguarding is fundamental to achieving our mission to be the leading trusted partner to the NHS by delivering high-quality physical and mental healthcare, powered by a resilient workforce, integrated systems, and an unwavering focus on prevention and equity.

We have a statutory responsibility to ensure that the services we deliver are able to safeguard vulnerable children, young people and adults from harm, extending to protecting our staff, our service-users, their family members and dependants from avoidable harm, whilst promoting their welfare and respecting their human rights.

Our Safeguarding Team

Our Safeguarding Team operates an integrated model with safeguarding expertise embedded within every service, supported by Central Safeguarding Leads. This includes a Head of Safeguarding, with named individuals responsible for both Adult and Child Safeguarding and PREVENT. All services are supported locally by a named safeguarding lead who sits within each service and who will act as the first point of escalation.

Our approach to leadership and governance promotes openness, transparency and learning. Quality improvement is embedded across services through structured action planning, clear accountability and continuous monitoring, providing assurance that services are not only compliant but continually striving for improvement.

Policy

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

Training

VHG provide Level 4 safeguarding training to all members of our Safeguarding Team, including all local Leads, helping them to provide business-wide safeguarding support when required.

Our mandatory safeguarding training for all staff is delivered in line with the Intercollegiate Guidance and includes level 3 training in both child and adult safeguarding for all of the clinical workforce.

All new staff undertake the requisite safeguarding training as part of VHGs mandatory induction programme, with ongoing compliance monitored by our governance team.

Supervision

All staff have access to ad-hoc safeguarding advice and support through our safeguarding team structure and points of escalation. Our mental health services are provided with additional duty support for urgent concerns, and safeguarding is routinely considered as part of a robust clinical supervision programme. All clinical colleagues within our physical health services receive quarterly safeguarding supervision.

Philip Adkins
Head of Safeguarding

Part Two:

Participation in clinical audits and clinical research

Pennine Musculoskeletal (PMSK) research activity

Our Pennine MSK service was successful in applying to the National Institute for Health and Care Research (NIHR) Research Delivery Network Wider Care Settings Funding Award.

The award aims to:

- support the delivery of research in community, residential and primary care settings
- increase the capacity and capability to deliver NIHR portfolio research through developing infrastructure

In previous years, the Research Delivery Network (RDN) has provided funding for wider care settings through regional schemes, such as the Research Site Initiative (RSI) scheme. This replaces these schemes.

British Society for Rheumatology Biologics Register for Patients with Rheumatoid Arthritis

This is an observational longitudinal study of patients with rheumatoid arthritis initiating advanced therapy. Patient recruitment is ongoing, and follow-up data collection has continued throughout this period to ensure continuity and completeness of the dataset.

Remote Monitoring of Rheumatoid Arthritis (REMORA 2)

As a landmark NHS initiative, REMORA represents a unique, multi-site study demonstrating the feasibility of importing daily patient-tracked symptom data straight into clinical electronic health record (EHR) systems. The study recruited participants with rheumatoid arthritis across 16 sites, who were randomised to either standard care or remote monitoring, with a 12-month follow-up period. Recruitment exceeded the original target, reflecting strong engagement. The study is now in the write-up phase.

oraL vErsus intrAmuscular glucocorticoiDs in rhEumatoid aRthritis: LEADER

This multisite study evaluates whether a daily oral tablet regimen or a one-off intramuscular injection of steroid is more effective in treating uncontrolled inflammation in rheumatoid disease. Steroids will be administered or prescribed on site in accordance with the study protocol with various dose regimens used to determine the optimal balance between efficacy and adverse effects. The Pennine MSK recruitment target is 16–40 patients over a 16-month recruitment period. Notably, the study's Primary Investigator is one of Pennine MSKs rheumatologists.

Expedite

Expedite is a commercial observational study is to assess the impact of Bimekizumab on disease activity in patients diagnosed with axial spondyloarthritis (axSpA) who are prescribed Bimekizumab in routine clinical practice. Primary objective: to evaluate the impact of Bimekizumab on axial disease activity as measured by achieving Ankylosing Spondylitis Disease Activity Score. Notably, the study's Primary Investigator is one of Pennine MSKs rheumatologists.

Part Two:

Participation in clinical audits and clinical research

Outcome of Treatment in Psoriatic Arthritis Study Syndicate (OUTPASS)

OUTPASS, an observational, prospective cohort study in patients with psoriatic arthritis (PsA) is about to be commenced on a biologic drug/small molecule inhibitor treatment. The main aim of OUTPASS is to determine which factors, or a combination of which factors, predict response to biologic/small molecule inhibitor therapy in PsA patients.

IMID (Immune-Mediated Inflammatory Diseases)

We are recruiting patients into the National Institute for Health Research (NIHR) BioResource. TIMIDs share common genetic, inflammatory and pathological features but also have unique, disease specific pathogenic pathways. IMID will study genetic, immune-inflammatory and clinical phenotypic subsets across IMIDs to enhance our understanding of the shared aetiopathogenesis in specific rheumatological inflammatory conditions.

Writing to patients

This study aims to explore both patient and healthcare professional (HCP) practices regarding direct written communication with patients. It will assess patients' current understanding of rheumatology terminology and review existing HCP practices. The study will also examine perspectives on writing directly to patients in greater depth and will co-produce practical resources to support HCPs in communicating effectively and clearly with patients.

Behaviour change to rEduce LOW back pain: a feasibility study (BELOW) study

This study assesses the feasibility of a future pragmatic two-arm RCT comparing Cognitive Muscular Therapy (CMT) with best-practice NHS care in patients at high risk of persistent disabling low back pain, identified from physiotherapy and pain clinic lists.

Part Two:

Participation in clinical audits and clinical research

PMSK audit activity

National Early Inflammatory Arthritis Audit

This national mandated audit evaluates the care of patients with suspected inflammatory arthritis seen in specialist rheumatology departments across England and Wales. It aims to improve patient outcomes by measuring service performance against National Institute for Health and Care Excellence (NICE) Quality Standards.

- The audit allows us to identify areas of best practice as well as areas to focus on quality improvement to enhance timely assessment and treatment initiation

The Biologics NICE & GMMG adherence to biologics pathways internal audit

The Biologics NICE & Greater Manchester Medicines Management Group (GMMMG) adherence data is captured through Virtual Biologics MDT clinic review. All 148 patients who commenced on a biologic medication for inflammatory arthritis in the last year were treated within the NICE and GMMMG guidelines. 101 had moderate or severe Rheumatoid Arthritis; 14 had Psoriatic Arthritis and 33 had axial spondyloarthropathy.

Fracture Liaison Service Database (FLS-DB)

The Fracture Liaison Service Database (FLS-DB) is a national audit operating as a continuous audit, measuring service performance against NICE technology appraisals, osteoporosis guidance, and the Royal Osteoporosis Society (ROS) clinical standards for Fracture Liaison Services. During this period, 907 patients were identified as being at risk. Performance exceeded the national average for patients assessed within 90 days and for those offered bone protection. Additionally, targets were surpassed in three out of four of the year's quarters, for patients under 75 being offered a Dual-energy X-ray absorptiometry (DEXA) scan.

Minor Hand Surgery service

The minor hand surgery service has been extended to incorporate trigger finger release and ganglion excision procedures alongside the existing carpal tunnel surgery. We audit outcomes using a follow-up questionnaire administered three months post-surgery. Expanding our minor hand surgery service has resulted in cost savings for the Integrated Care Board (ICB) and forms part of the cost-saving initiatives we have implemented through collaborative working.

Part Two:

Participation in clinical audits and clinical research

Pain Service Review

All patients referred to the pain service are assessed using the Pain Self-Efficacy Questionnaire (PSEQ). This assessment is repeated on discharge to measure change, and a Clinical Global Impression of Improvement (CGI-I) score is recorded based on clinician evaluation. The mean improvement in PSEQ score was 11 points, with a mean CGI-I score of 2.6. Overall, 54% of patients demonstrated a clinically significant improvement in PSEQ scores, while 75% showed some level of improvement.

Collaborate

A shared decision-making tool is used to evaluate patient experience. Patients are asked to rate their consultation on a scale of 0–9 across three questions. Results have been consistently high, demonstrating excellent performance in supporting shared decision-making.

Part Two:

Participation in clinical audits and clinical research

South East London Musculoskeletal

Shared Decision Making (collaboRATE)

South London MSK services continued to demonstrate strong shared decisionmaking practice during Q3 and Q4 2025, as measured using the collaboRATE patientreported experience tool. collaboRATE assesses the extent to which patients feel supported to understand their condition, express what matters to them, and participate in decisions about their care.

Key Findings:

- Average scores across all three collaboRATE questions were above 8, out of a total score of 9, in Q3 and Q4 2025
- Freetext feedback highlighted strong clinical communication, professionalism and reassurance
- Where issues were identified, these related primarily to postconsultation followup (e.g. delayed contact or exercises not received), rather than the quality of the consultation itself

MSK Audit

A comprehensive programme of clinical audit and monitoring/service evaluation activity was undertaken across MSK services during 2025/26 to support assurance, quality improvement, and compliance with clinical governance standards.

Audit and monitoring/service evaluation activity during 2025/26 covered a broad programme of assurance and quality improvement work across South London MSK services, including Serious Diagnosis, Medicines Management, Radiology Referrals, clinical documentation, Infection Prevention and Control (IPC), Injection Therapy, Sports and Exercise Medicine (SEM) service, in-house Ultrasound service, Watched Assessments, and collaborative pathway working.

Overall audit findings demonstrated consistently strong compliance across services, with good adherence to agreed clinical pathways, documentation standards, and shared decision making; providing assurance of the delivery of safe, effective, and patient-centred care across MSK services. Outcomes and learning were routinely reviewed through governance structures, with actions implemented to support continuous service improvement and shared learning across teams.

Part Two:

Participation in clinical audits and clinical research

Dermatology

Balancing acts in Dermatology: A human factors perspective on risks of outpatient falls by Scott Lincoln

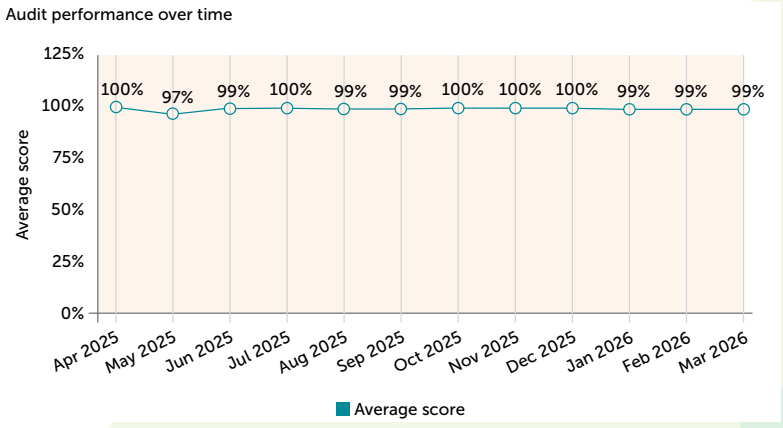
Patient safety incidents affect patients, colleague wellbeing, and organisational trust. Under the Patient Safety Incident Response Framework, the priority is learning – not blame. To improve safety, we must understand how care is delivered in practice, the challenges teams face, and the adaptations they make. Learning from reality and not blame drives safer care and meaningful improvement.

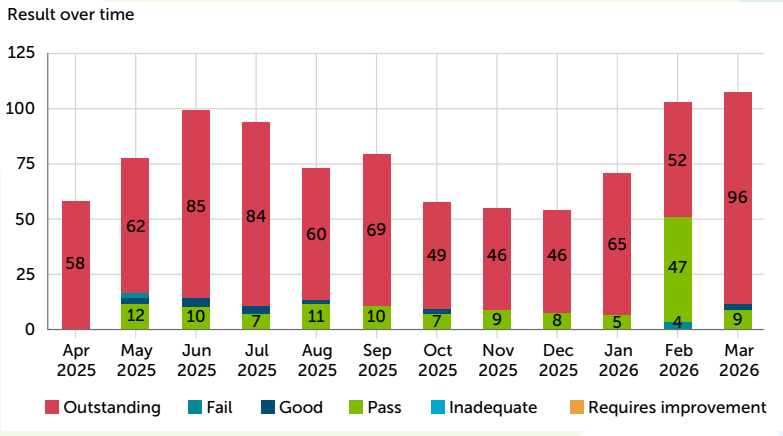
Potential fall risk factors in outpatient Dermatology settings were analysed to better understand how the system functions in practice. By analysing these factors and their interactions, we identified conditions that contribute to both positive outcomes and vulnerabilities, providing insights to support learning and continuous improvement. Potential fall risk factors was examined by applying two system-based methods (Accident Mapping and System Engineering Initiative for Patient Safety) for analysing patient safety incidents.

The interaction of a range of contributory factors was examined, which would influence patient falls risk within each level of the system leading to the development of recommendations to improve patient safety and care quality.

Dermatology Audits

Local clinical audits continue to be conducted regularly across the service, with outcomes and pass rates outlined in the table below.





Part Two:

Participation in clinical audits and clinical research

Talking Therapies Research

The below table detail outcomes projects complete within the year. There are no projects ongoing at present.

Project and Date:	Is it acceptable for Step 3 CBT practitioners to deliver the RFCBT approach at Step 3 in a group format. Commenced January 2025.
Purpose:	There are less course offerings at step 3 within NHS Talking Therapy Services, the NHS service in question has developed and implemented the first ever RFCBT course and group. Feedback from the practitioners delivering the group would support further development and progression of NHS Talking Therapy Practitioners.
Research Partner:	Exeter University
Service:	NHS Talking Therapies Basildon and Brentwood and West Essex (Pan Essex)
Stage:	Complete
Outcomes:	The research project explored whether Step 3 CBT practitioners could appropriately deliver the Rumination-Focused CBT (RFCBT) approach at Step 3 within a group format. Findings concluded that the Step 3 Rumination Course was an acceptable and effective intervention for delivery by Step 3 practitioners. Practitioners reported feeling upskilled, valued the increased variety in their roles, and described the intervention as useful for patients who attended the course.

Part Two:

Participation in clinical audits and clinical research

Project and Date:	Feasibility, acceptability and effectiveness of Bespoke Long-Term Condition (LTC) Courses in an NHS Talking Therapy Service. Commenced January 2025.
Purpose:	We want to evaluate whether patients received an adequate dose of the treatment within a group and/or course context, whether the clients who attended found the course and content useful and whether the course was efficacious regarding recovery, reliable recovery and reliable improvement.
Research Partner:	Exeter University
Service:	NHS Talking Therapies Basildon and Brentwood and West Essex (Pan Essex)
Stage:	Complete
Outcomes:	This research examined the feasibility, acceptability, and effectiveness of bespoke Diabetes LTC courses within an NHS Talking Therapies service. Participants who attended the group demonstrated significant improvements across all three standard outcome measures (PHQ-9, GAD-7, and WSAS), indicating meaningful improvements in wellbeing. Outcomes were comparable to previous research on diabetes groups within NHS Talking Therapies services, including findings from Berkshire (Wroe et al., 2018). Notably: 68% of participants moved to recovery 69% demonstrated reliable improvement 86% were discharged following completion of the course These findings suggest that the group is a valuable addition to the service. The results align with existing evidence supporting CBT as an effective intervention for individuals with long-term conditions, including diabetes (Abbas et al., 2023; Panchal et al., 2020). The course also highlights the importance of integrating physical and mental health care for people living with diabetes (Sachar et al., 2023).

Part Two:

Participation in clinical audits and clinical research

Project and Date:	**A qualitative exploration of the Psychological Well-being Practitioners (PWPs) experiences and perspectives of delivering low-intensity CBT for young adults (between 16-24 years old). Commenced January 2025.**
Purpose:	To understand the perspective of low intensity practitioners when treating young adults. Young adults prove to be an inconsistent cohort for understanding engagement and recovery. Survey and interview of therapists.
Research Partner:	Hertfordshire University
Service:	NHS Talking Therapies Basildon and Brentwood and West Essex (Pan Essex)
Stage:	Complete
Outcomes:	This qualitative study explored Psychological Wellbeing Practitioners' (PWPs) experiences and perspectives on delivering low-intensity CBT to young adults aged 16–24 years. Four key themes emerged: • Positive therapeutic experiences strengthened by relatability • Challenges associated with engagement in homework tasks • A mismatch between traditional CBT approaches and young adults' expectations • The need for targeted training and increased awareness Overall, PWPs described their work with young adults as positive and rewarding, while also highlighting notable challenges. Findings suggest that a standard CBT approach may not always be sufficient for this population. Instead, practitioners should adopt a flexible and creative approach, adapting interventions to better meet the specific needs of young adults. The study recommends further research involving young adults directly to support service development and enhance engagement and outcomes.

Talking Therapies Audits

Clinical notes audits are undertaken monthly across all NHS Talking Therapies services, with service-level trackers in place to monitor planned and completed audits and associated outcomes. Audits are conducted by Clinical Supervisors with oversight from Clinical Leads.

The audit scoring framework has been updated to algin with CQC and organisational wide standardisation, with revised guidance implemented to support consistent application.

From April 2025 to March 2026, 2,599 clinical notes audits were completed. Audit volume and scores remained stable, with over 92% achieving 'Good' or 'Outstanding' ratings.

Part Two:
Data Quality

During the current reporting period, Vita Health Group has continued to utilise its Microsoft Fabric-based data platform, which was introduced in the previous year. This platform offers a structured and governed environment for data ingestion, transformation, and reporting, while maintaining high standards of system quality, resilience, and performance.

Data Security and Protection Toolkit (DSPT)

Vita successfully completed its 2024–2025 DSPT (Version 7) submission on June 27, 2025. A key strategic objective identified in the previous reporting cycle was the transition from Cyber Essentials to Cyber Essentials Plus. Following infrastructure improvements, including enhanced endpoint configurations, strengthened boundary controls, and improved vulnerability management processes, VHG achieved Cyber Essentials Plus certification in December 2025. This independent technical verification reinforces our commitment to safeguarding patient and organisational data.

International Organisation for Standardisation (ISO)

Following the introduction of our Integrated Management System (IMS) in 2024, aligning ISO 9001:2015 (Quality Management Systems) and ISO 27001:2017 (Information Security Management Systems), Vita entered the 2025 reporting period with a focus on standards transition and system maturity.

In June 2025, we successfully completed its ISO 27001:2022 transition audit confirming that the Information Security Management System had been updated to reflect the revised control framework introduced in the 2022 standard.

In September 2025, VHG underwent its combined ISO 9001 and ISO 27001 integrated surveillance audit. The audit concluded with no non-conformities, and only three opportunities for improvement. This outcome demonstrated the maturity of the IMS and continual improvement of our quality and information security controls.

During the forthcoming reporting period, VHG will prepare for ISO 27001 recertification, and will undertake a review of emerging ISO 9001 developments to ensure continued alignment with best practice quality management principles. Vita remains committed to continual improvement, and integrated assurance across our regulatory and compliance frameworks.

Multi-Tenant Organisation (MTO)

During the reporting period, a Multi-Tenant Organisation (MTO) was established between the Spire Primary Care tenant and the wider Vita Health Group tenant. This enables secure and seamless communication across services, while maintaining appropriate organisational separation and data security.

The implementation supports improved day-to-day collaboration, enhances information sharing, and reduces reliance on external communication methods. It also provides a scalable digital infrastructure to support future service integration and organisational growth. Further rollout is planned, including the migration of additional VHG services to extend these benefits across the organisation.

Part Three

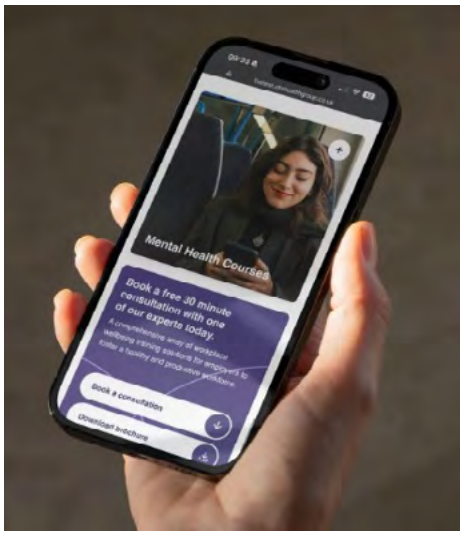
Part Three:

Enhancing service-user experience

Website upgrade launch

The organisation launched an upgraded website to improve accessibility, security and user experience. Enhancements include improved site structure to upport search visibility, strengthened security measures and resilience, and the introduction of an updated, accessibility-compliant design.

User journeys have been streamlined to provide clearer navigation for NHS, corporate and self-referring audiences, alongside improved mobile functionality and search capability, supporting easier access to information and services.



For the Friends & Family Service Rating Scores:

- **81%** of Talking Therapies service users rated our service as good or very good
- **89%** of MSK service users rated our service as good or very good
- **89%** of Dermatology service users rated our service as good or very good

(Score options are very good, good, neither, poor or very poor).

"Everyone I encountered was kind, friendly and efficient. I felt there was a genuine desire to help, and each one did exactly what they said they would. My CBT counsellor was clear about the process and patient and very good at explaining concepts."

"They were very supportive and easy to talk to. Good listener. Non-judgemental"

"Easy process of assessment online, reasonable waiting time for first appointment. Polite, knowledgeable and kind physiotherapist. Person centred care"

"The therapist was professional and competent and helped me immensely with my mental state."

"I was treated efficiently, with kindness and respect"

"Polite physiotherapist took the time to understand what was wrong and where the pain was coming from. Information given was clear and concise."

"Tailored to my needs each week and worked with me regarding times of appointment due to my small child."

Part Three:

Enhancing service-user experience

"Everything I wanted was covered and it made me more assured"

"Really listened to my concerns, felt like they did a thorough assessment and I came out feeling very reassured and clear on what to do next"

"The doctor was thorough, adjusted my appointment to ensure she had all the images of my skin and called me back. Talked me through the next two weeks and then a long-term plan."

"The dermatologist was very understanding. Listened to my concerns, reassured me and has agreed a plan to tackle my condition."

"The calls gave me a chance to voice how I was really feeling instead of the pretence I normally have to put forward to the world. They also gave me a chance to analyse, out loud, what I was trying to do to help myself."

"Very professional and friendly service."

"It has been nearly 4 years I have worked on MSK with Vita Health in Bromley and at the SEL ICB planned Care meetings. It has been a pleasure working with Vita health, it has always been a productive relationship which has put Bromley in a leading position regarding MSK at Place. The work Vita has done has been recognised many times at the SEL ICB meetings and put Bromley in a good position regarding how we manage patients."

Community and Primary Care Transformation Manager - South East London Integrated Care

"Member of staff at the pain clinic was incredibly attentive and did not minimise the pain I was in. He was fantastic and explained every aspect and gave support regarding going back to work. Very happy with the service provided and I believe if there were more staff like this, patients would be in a lot less pain as just being heard and not dismissed helps massively."

Part Three:

Optimising service-user safety

Optimising service-user safety

Vita Health Group continues to demonstrate its commitment to patient safety through the dedicated work of its Patient Safety and Risk Team, who consistently embody and champion the core values and principles of safe, high quality care across all areas of oversight. This commitment is reflected in the team's rigorous approach to incident investigation, risk management, it's promotion of a just culture, adherence to duty of candour, and its passion for the Patient Safety Incident Response Framework. All ensuring patients remain at the heart of what we do.

Patient Safety Incident Response Framework (PSIRF)

Following successful implementation of the PSIRF in September 2024 we are proud to continue to receive ongoing positive feedback on our policies, plan and collaborative approaches from our Integrated Care Boards, colleagues and patients demonstrating our dedication to patient safety.

Thorough reflection of the framework was conducted to identify areas to enhance and learn from the previous year's hard work. These enhancements aim to assist in transferring findings into long term systemic change.

Enhancements to the system included:

- Refinement of automated processes for efficiency and prioritisation
- Review of reporting and investigation forms to capture detail and monitor outcomes
- Access to live customized data dashboards for all services areas
- Improved mandated training including reporting, action planning, and bespoke investigation training

Risk Management and Assurance Frameworks

A proactive culture of risk management continues to be promoted throughout Vita Health Group with leadership engagement at all levels, and clear risk escalation processes utilised. Risk remains an ongoing agenda item throughout the governance structure and assurance meetings to allow focused discussion. 2026/27 will see an organisational audit of the risk management framework to highlight areas for development.

As Vita Health Group transitions as a growing healthcare business 2025/26 also saw the implementation of two centralised assurance committees overseeing two key elements of patient safety. The Mortality Review Committee and The Medicines Management Committee. Each with a key focus of subject matter reviews, assurance, and a forum for quality improvement and shared learnings.

Vita Health Group looks forward to continuing its commitment to patient safety, collaborating with wider system partners, adapting to the ongoing changes in healthcare, and building on the robust foundations created during 2025/26.

Georgina Hoare
Patient Safety and Risk Lead

Part Three:

2025 to 2026 Statements from Commissioners

Over the past twelve months, we have continued to work in partnership with our Integrated Care Boards (ICBs), with a sustained focus on improving population health outcomes, enhancing productivity and value for money, and reducing inequalities in access, experience and outcomes. Alongside this, we remain committed to continually improving the quality of care we deliver; supporting individuals to achieve better outcomes and enhancing recovery across our services.

We have received the following assurance statements regarding our services:

Assurance statement from Mid and South Essex ICB

"Mid and South Essex Integrated Care Board acknowledges VITA Health Group's delivery of NHS Talking Therapies and Psychological Therapy for Severe Mental Health Problems (PTSMHP) services during 2025/26.

During this period, VITA Health Group maintained service delivery, engaged with quality and contract assurance processes, and worked with system partners to support access to psychological therapies for people with a range of mental health needs, including those with greater complexity"

Kehinde Adeniji (Kenny)
Senior Mental Health Commissioning Manager
NHS Essex Integrated Care Board

NHS
Mid and South Essex
Integrated Care Board

Assurance statement from NHS Kent and Medway ICB

"During 2025/26, the service has continued to operate effectively, with a clear focus on improving the patient journey, including work to reduce waiting times and support timely access to care. The provider has demonstrated a proactive and innovative approach to service delivery, alongside constructive partnership working, responsiveness to commissioner feedback, and strong engagement with quality improvement activity. Performance and governance discussions have been open and transparent, supporting ongoing assurance and continuous service development over the year."

Holly Brown
Mental Health Programme Lead
NHS Kent and Medway ICB

NHS
Kent and Medway

Part Three:

2025 to 2026 Statements from Commissioners

Assurance statement from NHS Greater Manchester

"Having been the Lead Commissioner of PMSK for 11 years, I have had the pleasure of working closely with the team throughout on the continuous improvements that the service repeatedly demonstrates. The health system is facing ever growing demands and challenges, however the team always have innovative ideas as to how they can continue to offer top quality services, retain exceptional patient experience and deliver within financial constraints.

Although the service is a localised offer for Oldham patients, we are delighted that PMSK have sought, and been awarded, accreditation status as a choice provider. This accreditation enables PMSK to now accept Rheumatology and Minor Hand patients from across the Greater Manchester ICB footprint, providing increased access for patients awaiting treatment and supporting the wider recovery of elective care across the ICB.

We look forward to working with PMSK and the wider Vita Healthcare team in the maintenance of excellence through our shared dedication to deliver continued improvements for the population of Greater Manchester."

Sophie Spilsbury
Assistant Director of Delivery and Transformation (Oldham)
NHS Greater Manchester

NHS
Greater Manchester

Assurance statement from Nottingham and Nottinghamshire ICB

"The Quality Account provides comprehensive information on the quality priorities that the organisation has focused on during the year and looking forward to the 2026 – 27 Quality Priorities the commissioner is pleased that the approach focusing on safe care is being continued. The Quality Account has examples of the good work undertaken by the organisation over the past year, these put patients at the center of the care and treatment pathways. The commissioners would like to thank Vita Health, who have worked well with system partners in the local health economy to ensure patients' needs are met. NHS Nottingham and Nottinghamshire Integrated Care Board looks forward to working with the organisation over the coming year particularly in delivering the commissioners 5 Year Population Health Strategy and Strategic Commissioning Plan to further improve the quality of services available for our population in order to deliver better outcomes and the bes possible patient experience."

Rebecca Neno
Director of Quality, Safety and Improvement

NHS
Nottingham and Nottinghamshire

Part Three:

Statements from key partners

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

Assurance Statement from Everyturn Mental Health Services

"From April 2025 to March 2026, Everyturn Mental Health continued its partnership with Vita Health Group to deliver high-quality NHS Talking Therapies across Nottingham and Nottinghamshire and Derby and Derbyshire ICBs. This collaboration has supported improved access to evidence-based mental health services, aligned with local population needs. Through shared values and a joint commitment to continuous improvement, both organisations have maintained a strong focus on delivering positive outcomes and upholding consistent standards of care across the regions.

During this period, services have continued to adapt to evolving demands, ensuring that service users receive timely, consistent, and high-quality care. The partnership has demonstrated a strong culture of openness and collaboration, with effective communication and shared learning contributing to ongoing service improvements. Notably, these approaches have supported sustained reductions in waiting times and enhanced overall service responsiveness.

Established governance structures, including regular meetings and clear communication channels, have enabled the timely identification and resolution of challenges. Alignment of roles and responsibilities across both organisations has been further strengthened, resulting in improved operational cohesion and more effective joint working. This collaborative approach ensures that any incidents impacting service users are managed collectively, with appropriate actions taken to minimise risk and improve outcomes.

The partnership continues to provide a constructive environment for shared learning and development. Contributions to decision-making processes are actively encouraged and valued, supporting a culture of inclusivity and continuous improvement. The partnership with Vita Health Group remains committed to delivering high-quality, accessible care to the diverse communities of Nottinghamshire and Derbyshire. Ongoing collaboration will focus on further refining service delivery models and developing innovative approaches to meet the needs of service users."

Samantha Powell
Regional Clinical Lead
Everyturn Mental Health
Nottingham and Nottinghamshire Talking Therapies

Part Three:

Statements from key partners

Assurance Statement from Windmill City Farm

Windmill Hill City Farm is pleased to continue its long-term partnership with Vita Health supporting delivery of the Talking Therapies programme in the Bristol, North Somerset and South Gloucestershire region.

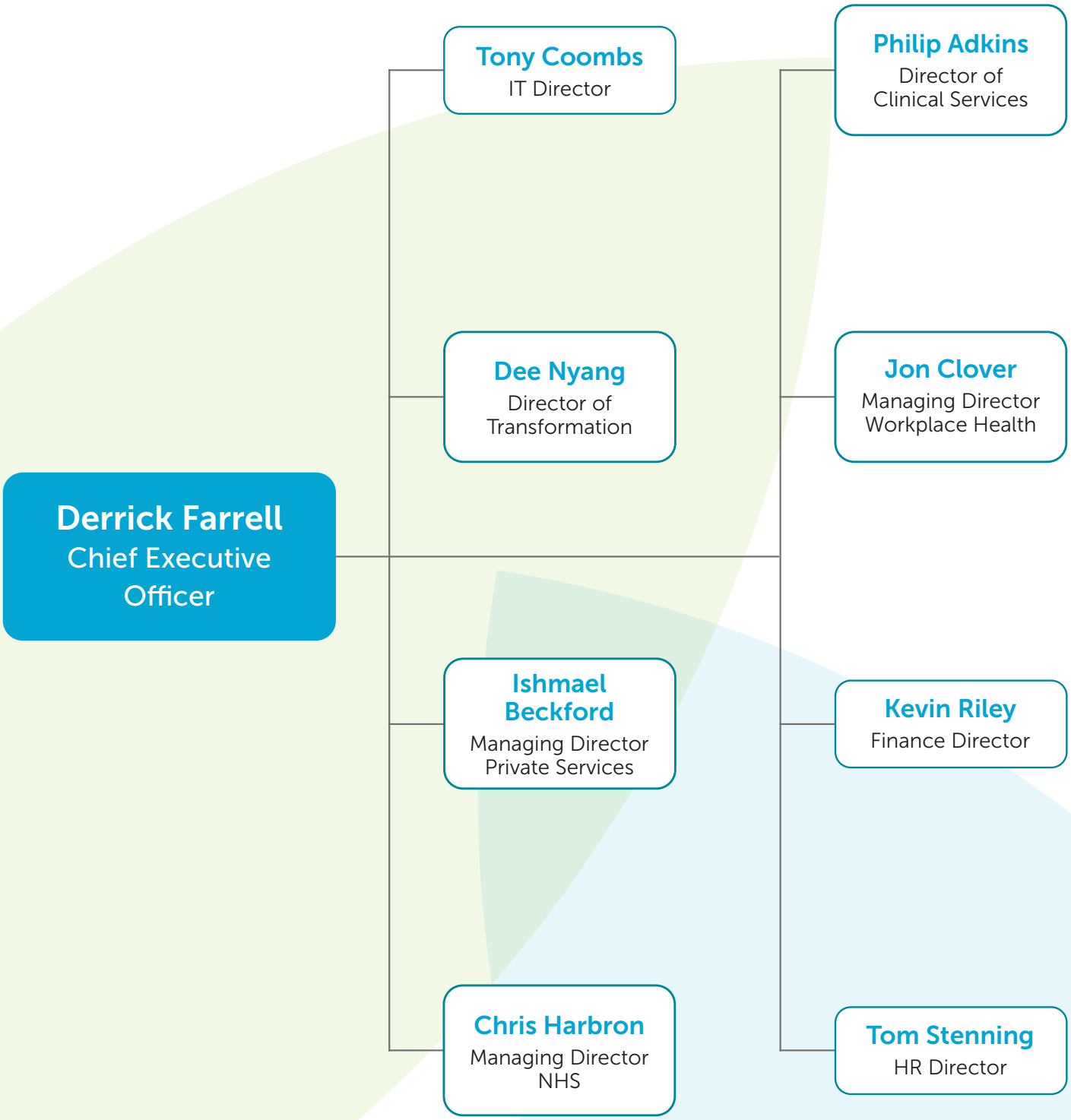
The wellbeing courses delivered by Windmill Hill City Farm (alongside its partner farms in different areas of the city at Hartcliffe and St Werburghs) offer a valuable, communitybased approach to improving mental health and overall wellbeing. The courses, which include gardening, animal care, woodworking, crafts and cooking, provide participants with practical coping strategies, opportunities for social connection, and access to restorative outdoor environments, all of which align closely with Vita Health's commitment to personcentred, preventative mental health care.

A key element of the service is its responsive and personalised approach which enables participants to tailor their activities. The social nature of the activity – working in small groups on common, purposeful activity – provides peer support and enduring connections with others.
Many participants find the connection with nature inherently restorative, particularly in the otherwise urban environment of the city.

These programmes make a positive contribution to resilience, recovery, and longterm wellbeing, and we welcome the opportunity to continue supporting local communities and complementing the clinical services offered by Vita Health.

Appendices

Appendix 1: Our Executive Management Team



Appendices

Appendix 2: Feedback

Feedback

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

If you would like to talk to someone about your experiences of Vita Health Group's services, please visit our website 'contact us' page for all our telephone numbers: **https://www.vitahealthgroup.co.uk/contact-us/**

If you would like to receive our Quality Account in any of the following ways, please email: **qualityandcompliance@vhg.co.uk:**

- A copy in a different language
- A hard copy
- A copy in a different format

If you would like to keep updated with Vita Health Group news including blogs, webinars, and podcasts, please visit our website 'news' page: **https://www.vitahealthgroup.co.uk/news/**.

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