

your healthcare

Quality
Accounts
2015/16

At the heart of the community



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Foreword

Welcome

We would like to present our annual quality accounts. We're delighted you've taken the time to find out a little more about us.

At Your Healthcare (YH), we are proud of our patient safety and quality of our service delivery so whilst it's true of course that the Health Act 2009 requires us, as a provider of NHS healthcare services in England, to publish annual Quality Accounts – we continue to see this as a fantastic opportunity to keep you informed on how we're striving to provide the best possible care in our local community.

This account covers a variety of quality strands and demonstrates compliance with the Care Quality Commission's (CQC) Fundamental Standards - we're delighted to share how we're continuing

to innovate in providing integrated care. As a leading public sector 'mutual', where surpluses are reinvested, you'll also see how we're working hard to ensure cost effectiveness whilst being able to improve quality for those that matter most - our service users.

We remain committed to ensuring that as an organisation we continue to learn from both people who use our services and our staff surveys. We have invested in our staff, recognising the skills and attributions that lie within our skilled workforce. We have continued to work with our commissioners and partners to inform the Customer Journey and the work stream called Kingston Coordinated Care.

We are pleased that during 2015/16 our staff engagement score remained at 85% (20% above the norm) and in our Friends and Family questionnaire: 95% of respondents said they would recommend Your Healthcare. The following Quality Account brings these and other statistics to life and demonstrates our continued focus on delivering high quality and safe care.



Section 1

About *your* healthcare

We were the first London NHS organisation to be established as a social enterprise in 2010 and have continued to provide and invest in a wide range of community based health and social care services for local people, being led by what they tell us is most needed and where.

Now celebrating our sixth year of trading, the choice of 'mutualism' and the benefits of being a public sector health and social care provider remain apparent. Utilising the model of mutualism helps deliver better social return on our commissioner's investment and furthermore helps support efficiency gains within the economy. This model also assumes the adoption of happy workplace methodology as we diligently work to realise greater autonomy within the whole workforce and a reduction in the need for a costly layer of unnecessary management. This approach is enhanced when developed in tandem with co-production.

We have and will continue to use co-production as an engine of change that offers to transform the dynamic between the public and public service workers. This method will be the universally adopted approach for the development of services and will be coupled with a continued desire to engage and empower our service users, their families and our staff. The report of the work of the King's Fund: 'Improving NHS Care by Engaging Staff and Devolving Decision-Making' strongly supports the direction of travel we have taken as an organisation.



Our Objectives

- **To be a progressive organisation** providing and investing in a wide range of community based integrated health and social care services for local people in their homes or as close to home as possible.
- **To work in partnership** with the people who use our services, their carers, the local community, our commissioners and other service providers to deliver coordinated care at the best value and to the highest standard.
- **To be the employer of choice** for a well-trained, well developed and valued work force.

Section 2 Performance statistics

Key Statistics for 2015/16:

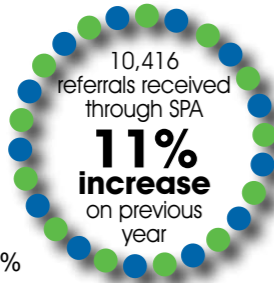
33,379 local people were offered care and support on 221,742 occasions.

On 80,961 occasions community care was supplemented with additional action by Your Healthcare staff.

10,416 referrals were received through our Single Point of Access (SPA), which was an 11% increase from the previous year.

14 Nursing Homes, 4 Residential Homes and 4 Sheltered Homes were visited by our Care Home Support (IMPACT) Team. A CQC Inspector remarked that the team's expertise was: "a great asset and invaluable to them as inspectors".

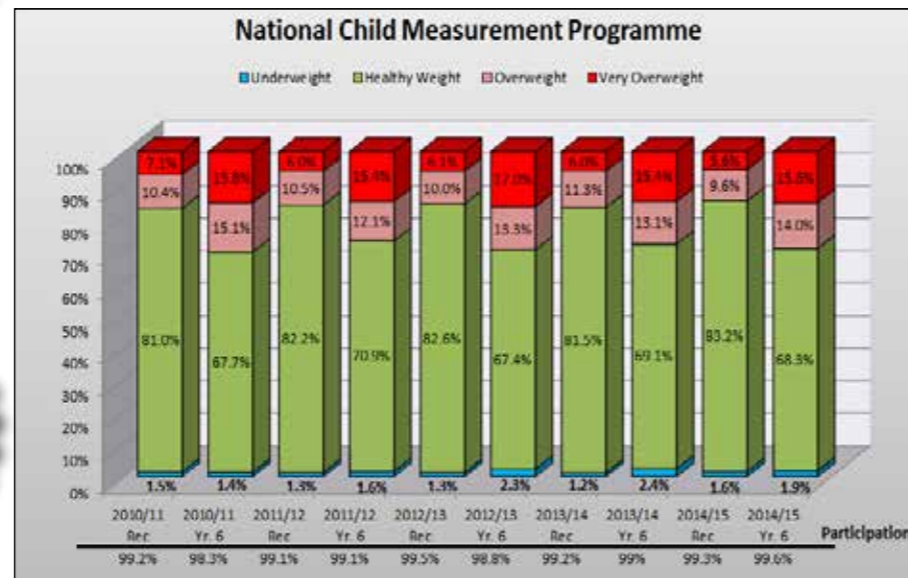
Our Rapid Response Team received 2,310 referrals in 2015/16, representing a 50% increase from the previous year.



School Nursing

Our School Nurses have once again achieved an outstanding result regarding the National Childhood Measurement Campaign (NCMP). This programme aims to measure the height and weight of children to assess overweight and obesity levels in children attending primary schools. This data is then used nationally to support local public health initiatives and inform the local planning and delivery of services for children.

Within Reception year the nursery nurses weighed and measured 99.3% of children, in year 3, 99.4% and in year 6, 99.6%. The average in England was 94%. This puts YH's school nursing team in the top 2% in the country in terms of numbers of children weighed and measured.



Friends and Families Questionnaire

In 2015/16 we had a lower return rate on our Friends and Families Questionnaire from the previous year. Nevertheless, of those returning their questionnaires 95% of respondents were either "Extremely likely" or "Likely" to recommend YH services to family and friends. 96% of people rated their overall experience with us as Excellent/Good.

Health Visiting Team

Throughout 2015 the Infant Feeding Team were busy preparing all staff in the Health Visiting team, and colleagues within Achieving for Children, for the Stage 2 of the Unicef Baby Friendly Accreditation. This award means that all staff have been educated according to their role, and that this training has prepared staff to care for mothers and families effectively.



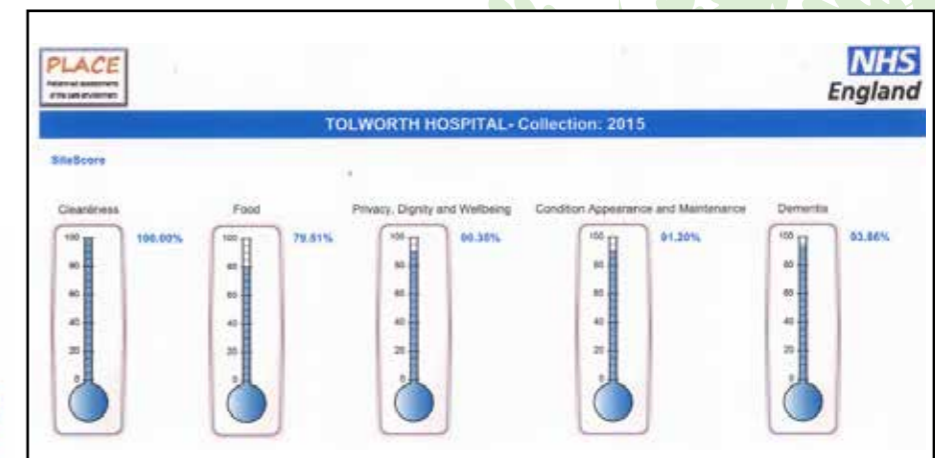
The Patient-Led Assessment of the Environment (PLACE)

This mandatory assessment aims to improve upon the standards of cleanliness across all hospitals, hospices and social enterprises providing NHS care (commenced in 2013). The PLACE assessment covers a number of areas such as the general cleanliness of the environment (as this can be linked to lower infection rates), the meal content and delivery of service, privacy and dignity considerations and finally the décor and maintenance of the environment to ensure that a patient's stay is as safe and comfortable as possible. It focuses entirely on the care environment and does not cover clinical care provision or how well staff are doing their job.

The Cedars Unit scored very highly in most of the categories identified above, but there was a drop in the results for the Food category (down to 79.51

from 91.06 from the previous year). The condition, appearance and maintenance score dropped slightly. A contributing factor is that there is no alternative to access Elm Ward other than walking through Chestnut Ward. As the building is being scheduled for redevelopment, we have been advised no access improvements will be made.

In 2015 the assessments were extended to include criteria on how well healthcare providers' premises are equipped to meet the needs of caring for patients with dementia. It should however be noted that this does not represent a comprehensive assessment relating to dementia, rather it focussed on a limited range of aspects with strong environmental or buildings-associated components.



Infection Control Summary

YH is committed to the robust prevention and control of infection processes at all times. There are many ways we embed and monitor compliance to the Standard Principles of Infection Prevention Control.

Evidence tells us that by removing jewellery, watches and nail art, the risk of the transfer of infection can be much reduced. Therefore we regularly undertake compliance checks to what is called 'Bare below the Elbow'. This requirement for all clinical staff is discussed at training sessions and staff are encouraged to escalate any concerns on compliance to the Infection Prevention and Control Specialist or the Board Lead.

Audits have been completed across all our sites throughout the year.

There have been no attributed cases of MRSA bacteraemia or Clostridium Difficile in 2015/16. However, on 23rd September 2015 we reported one outbreak of Norovirus in our residential care home, Amy Woodgate, which lasted for 3 weeks. 19 of the residents in 2 out of the 4 units within the home were affected. In addition 7 members of staff were affected. Local Authority Public Health were informed and worked closely with the home.

Reported Incidents

We take incidents very seriously. All incidents are captured on our electronic recording system called Datix. This ensures that incidents are recorded accurately and are fully auditable. Incidents are dealt with as soon as they are reported with regular reports prepared for our Integrated Governance Committee which then feeds into our Audit and Assurance Board.

As part of our contractual requirements we produce quarterly quality reports for our Commissioners. We use a variety of mechanisms to share learning and embed best practice amongst our staff such as our Quality Matters newsletter.

Falls

Our highest level of incidents in 2015 is around falls which have been reported at our Amy Woodgate residential and day care centre. This is due to the residents' progressive dementia conditions which can by definition increase their risk of falling.

We also operate the Eden Alternative social model of care to maintain independence and dignity and prevent loneliness/boredom/helplessness and this can lead to an increase in the number of falls.

Australian research has also shown there is an increased prevalence of falls when Eden principles are used.

Documented falls risk assessments and appropriate falls prevention strategies are in place, and risk factors and interventions are considered for each resident on admission, post fall and when their condition changes. To ensure the safety of all people who use our services, we consistently review all incident reports to ensure the shared learning and support for all staff and to inform our falls management and prevention programme.

Complaints and Compliments

As with incidents, we are committed to ensure all informal and formal complaints are addressed in a timely manner and managed promptly and effectively.

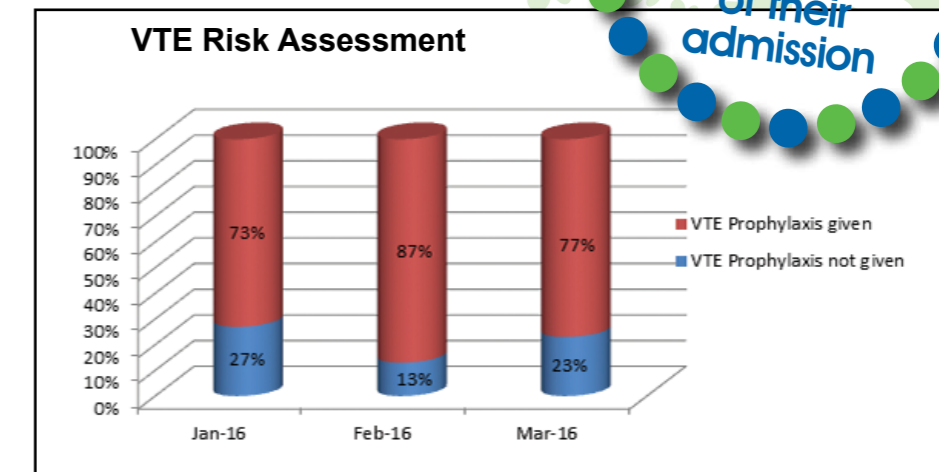
YH has a dedicated Customer Care Liaison Officer who investigates and communicates with people when complaints are made. A report is also prepared for our Board and is shared with the commissioner of our services.

In the last year we have had one new case referred to the Ombudsman and, there was one from the previous year which is still ongoing. In the new case, the Ombudsman recommended that our record keeping be reviewed; action has been taken to comply with this recommendation.

Venous Thromboembolism (VTE) risk assessment for all inpatient Service Users

Participating in the national Safety Thermometer programme has had a direct quality and safety impact for our patients, as we are able to identify those at risk by using the VTE Risk assessment.

A snap shot survey was carried out during Q4 of 2015. The VTE data was collected against the 79 admissions during the period. 100% of patients had the VTE assessment within 24 hrs of their admission. The table below demonstrates the ratio that then received VTE treatment.



Section 3 Audit

Continuing Healthcare

YH is commissioned by Kingston Clinical Commissioning Group (Kingston CCG) to provide a clinically effective assessment service, prioritising patient safety and quality issues, to determine complex care packages requiring Continuing Health Care (CHC) Funding.

The YH nursing team work as part of the multi-disciplinary team comprised of social care and CCG colleagues to support the delivery of CHC, which also requires close working with families to support their understanding of the assessment and outcomes.

In a recent Deep Dive Audit of CHC commissioned by Kingston CCG, we collectively achieved nearly 100% green RAG rating on our assurance and operational processes.

Child Safeguarding

This year YH participated in the Kingston local safeguarding children's board domestic abuse and multi-agency audit.

Recommendations from the audit which as partners we are working to meet were:

- All agencies to ensure that domestic abuse referrals lead to timely multi-agency strategy meetings and initial child protection conferences and any matters requiring escalation are expedited;
- Consideration to be given to child protection plans being made for the category of physical abuse for children aged under 5 in domestic abuse cases;
- All agencies to consider domestic abuse risks and ensure interventions take place to discourage repeat referrals and repeat child protection planning around domestic abuse – this relates to timely step downs from child protection and child in need plans to universal support services.

Internal Audit

Each year YH works with our approved Internal Auditors to develop an internal audit strategy that through unbiased external analysis provides additional scrutiny and assurance for the organisation.

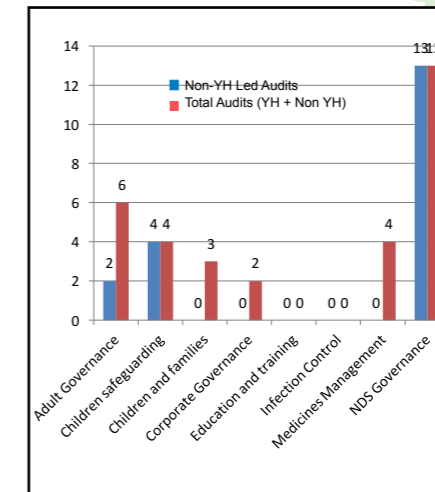
The following table describes the audits completed this year.

Location Visits x 2 to measure the management of risk within Front Line Services (DDL1 and DDL2)	Benefits Realisation-from Project Management
Organisational Risk Management	Financial Ledger and Feeder Systems

Service Level Audits

YH staff have led on some 32 audits in 2015/16. This demonstrates our commitment to driving quality and safety by means of proactively measuring against national and local standards as outlined across our large policy portfolio. The standards used to identify the need / purpose of all audits is focused around recognised best practice standards. To enable services to lead on their own audits, audit training has been provided throughout the year. Teams are also encouraged to share with their local area governance groups any audits they are involved in with outside agencies, and ensure they are captured on the overarching audit calendar. These audits, whilst taking up valuable time and commitment, help to identify areas of improvements within services.

A snap shot clinical records audit of 5 services, revealed that although data entry quality was good there were concerns regarding the use of acronyms and/or jargon though this was only evident in under half of the records audited. In order to meet professional and Information Governance Toolkit requirements there is, in 2016/17, an organisational wide record keeping audit repeated quarterly throughout the year to ensure there is improvement in health and social care record keeping. The chart shows different service areas engaged in audit across YH that has either been led by YH or by external contractors.



The National Audit of Intermediate Care (NAIC)

The National Audit of Intermediate Care (NAIC) is a partnership between the British Geriatrics Society, the NHS Benchmarking Network, the Association of Directors of Adult Social Services, AGILE - Chartered Physiotherapists working with older people, the College of Occupational Therapists - Specialist Section Older People, the Royal College of Physicians (London), the Royal College of Nursing, The Patients

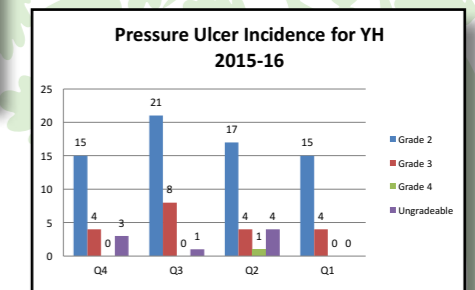
Association and the Royal College of Speech and Language Therapists. This has been running for 3 years and now covers 75 CCGs, 124 providers, 472 services and over 12000 service users' responses in 2014.

Our Intermediate Care and Reablement Services participated in this audit for the 2nd year and have reviewed the outputs of this national audit to inform future service development.

Monitoring of Pressure Ulcers

The Pressure Ulcer Review Group (PURG) meets weekly to monitor and ensure people receive quality interventions and treatment in a timely manner. The group closely monitors the incidence of all pressure ulcers so that these can be managed effectively.

During 2015/16 the PURG panel enhanced learning by supporting the lead clinician in undertaking and reviewing the root cause analysis. This has supported the incorporation of lessons learnt and action plans more readily into teams, and across the organisation. On completion of the RCA, and once signed off at Board Lead Level, the RCA's are presented by the lead clinician (with their team present when possible) to the PURG panel. This has enhanced reflection, discussion and team wide learning.



The chart above shows the grades of pressure ulcers as reported by quarters throughout the year:

Section 4 Care Quality Commission



YH is registered with the Care Quality Commission (CQC).

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) introduced the new Fundamental Standards (2015), which describe requirements that reflect the recommendations made by Sir Robert Francis following his inquiry into care at Mid Staffordshire NHS Foundation Trust.

- There were 3 CQC inspections within YH services over the 12 months:
- Wesley Lodge - Overall rating: **Requires Improvement** (despite the report recognising quality and safe care)
 - Reablement Service - Overall rating: **Good**
 - Amy Woodgate - Overall rating: **Good**

Inspection	Date of Report	Date of Rating	Safe	Effective	Caring	Responsive	Well-led
Wesley Lodge	27/05/2015	29/09/2015	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
Amy Woodgate	27-29/10/2015	01/12/2016	Good	Good	Good	Good	Outstanding☆
Reablement (Domiciliary Care Agency)	10/11/2015	09/12/2015	Good	Good	Good	Good	Good

Wesley Lodge implemented an action plan following their inspection and have worked to ensure the recommendations from the inspection were fully implemented.



Section 5 Celebrating our services

Amy Woodgate

What a busy year it has been for our staff, we have been working with Chessington Community College, to provide opportunities for students to get involved in the day to day life at Amy Woodgate. There were also reciprocal visits from Amy Woodgate to the school for our day service users and residents. These visits were very well received and enabled the residents to attend special events at the school, and to have time in a school mixing with the students.

There was a further series of sessions at Amy Woodgate by Roundabout Dramatherapy funded by League of Friends. This provided excellent therapeutic support for residents, and day service users, with very positive results for several people who would not otherwise have had access to any sort of therapeutic interventions.

Duty of Candour

As an organisation, YH is committed to "Being Open" and candid and we are open and transparent about all our care delivery and treatment, including when things go wrong. We willingly share this information with patients and their families, carers and our commissioners.

By far my favourite bit of feedback from anyone all year was the pupil saying to their teacher after a visit to Amy that they had really enjoyed it but it didn't really count because "Amy isn't an old people's home"

George Tong,
Day Care Centre Manager
Amy Woodgate

Queen's Award

The Queen's Nursing Institute (QNI) working alongside the Nursing and Midwifery Council and Department of Health, exists to promote best practice in Community Nursing and raise the profile of Community Nursing. We are very proud at YH to have 4 Queen's Nurses.

The QNI are commissioned each year to produce informative and relevant publications; Queen's Nurses have the chance to be involved and contribute through workshops around the country, and two of our Queen's Nurses were involved in 2015/16 in contributing to the QNI publications 'Discharge Planning: Best Practice in Transitions of Care' and 'District Nurse Education Report'.

Investing in a new Community Dementia Nurse Specialist role

As a response to the launch of the Royal Borough of Kingston's Dementia Strategy, YH saw the opportunity and need for developing this new post. The Strategy highlighted the need for further dementia training for frontline staff, and for a specialist nurse who could carry out holistic assessments of people with dementia. Her role delivers co-ordinated person-centred care, minimising the stress being felt by the person with dementia and their families/carers.

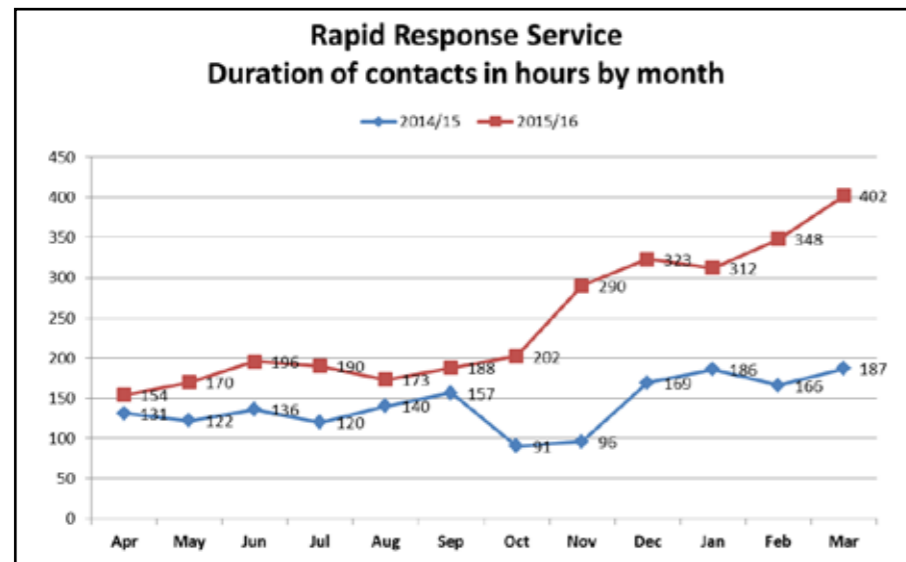
Rapid Response Team

The Rapid Response service has grown from strength to strength over the last year, and following additional investment from the commissioner, has demonstrated significant increases in activity from previous years. This has been achieved by continued promotion of service to General Practice and Services within Your Healthcare.

The service received 766 more referrals (a 50% increase) in 2015/16 compared to the previous year. Internal on-ward

referrals play an important role in managing to keep people at home, these include the district nurse teams, reablement teams, falls service and the current home care agencies used by Royal Borough of Kingston.

We have also promoted the service within Kingston Hospital, to support early safe discharge and this initiative, as well as the care pathway developed with the London Ambulance Service, will be carried forward into the coming year.



In direct correlation to the number of increased referrals, has been the increase in duration of the contacts in hours by the team.

Partnership Working and Reporting

In keeping with one of our key objectives, we continue to develop strong partnership working across all the health and social care partners. This helps us to ensure our local service users can access the best possible outcomes and quality of service.

Training

In ensuring quality outcomes for service users, carers and their families YH provides and supports staff with their continuing professional development.

Staff have easy access to all mandatory, job specific and developmental training on National Learning Management System (NLMS) which is accessible through Employee Self Service (ESS). Using the system they can review their training records, compliance status, receive notifications to attend training and manage bookings themselves.

Managers are able to view their individual staff's learning history through ESS to ensure mandatory training is up to date. The mandatory training is delivered in two forms: classroom and via e-learning. Some training sessions are offered in both forms of learning with recommendations of when to attend e-learning or classroom sessions. What has also ensured that staff are offered the right training for their job roles is the introduction of the Compliance Matrix on ESS as it links a set of learning competencies to different job roles. This year we have experienced technical issues and we have worked with the contractor to resolve these. The technical issues have affected our ability to report accurately staff completion of their required training.

Kingston Coordinated Care

During 2015/16 we continued to work with our borough partners on the Kingston Coordinated Care Project for the Integrated Customer Journey. The vision for adults in Kingston upon Thames – providers and commissioners together:

- Creating a new culture that focuses on outcomes and not current professional roles and disciplines and organisational boundaries and budgets – it's about skills and capabilities and not where I work or my qualification.
- Enabling truly customer-centred care that supports people with complex needs to achieve the best possible quality of life and the goals that matter to them with an increased focus on prevention, proactive care and self-reliance.

Kingston Coordinated Care, the integrated customer journey, which has been informed by the listening exercise undertaken in the latter half of 2014/15, has told us that customers expressed a range of needs.

The key messages emerging from this were that people in Kingston say they needed organisations to:

Understand me – listen to me, understand me and help me understand

Enable me to have control – offer me choices, work with me to develop my care

Be coordinated – make it easy for me to have my needs met, ask me only once

Be consistent in quality – make my care feel the same, whoever I see

YH is one of the local partners in realising and delivering a completely Person Centred Model using the key principles:

Realising the opportunity in what customers have said will come from addressing a number of significant aspects in the current model

The most significant benefits will be delivered by taking a wholesale approach – structuring a change programme which seeks to fundamentally transform the current health and social care model and the corresponding outcomes for customers.

The most important principle is that the outcome is a **'customer centred' model**

We will continue to listen to and work with our local community to ensure new ways of working are taken forward.

Section 6 Commissioning quality for innovations (CQUINS)

The key aim of the **Commissioning for Quality and Innovation (CQUIN)** framework is to **secure improvements in the quality of services and better outcomes for patients**, whilst also maintaining **strong financial management**.

CQUIN monies are used to incentivise providers such as Your Healthcare (YH) to deliver quality and innovation improvements above our Standard Contract. The table below summarises the agreed CQUINs for 2015/16 which were achieved by YH.

Local CQUIN 2015-16	Total % achieved
7 Day Working 2015/16 1 Elements of the 2015/16 Local SWL Commissioning Collaborative <ul style="list-style-type: none"> Goal 1 – 7 Day Community Service Staffing Seven day cover of specific community services Maximising existing capacity in community services Goal 2 – 7 Day Responsiveness of Community Services 1.1% of referrals to specific services (e.g. intermediate care beds) where the patient was seen within specified access/response times – weekend and weekday 1.2% of discharge plans within 24 hours with input from Community Services Goal 3 – Reduction in Delayed Transfers of Care and Delayed Days - will not be pursued within this Local CQUIN, as within whole system workstreams Goal 4 – Reduction in Non-Elective Admissions - will not be pursued within this Local CQUIN, as within BCF whole system workstreams 2 2015/16 Local CCG CQUIN Indicator supporting the provision of effective 7 day working <ul style="list-style-type: none"> Seamless and timely access to community health services that are high quality, clinically appropriate and value for money Integrated partnership alignment with secondary care; a fundamental requirement to support the wider local health economy. 	100%
National CQUIN	Total % Achieved
Dementia and Delirium <ul style="list-style-type: none"> Find, Assess, Investigate, Refer and Inform (FAIRI) Unify submission in order to incentivise providers to improve care for patients with dementia or delirium during episodes of emergency unplanned care Staff Training – To ensure that appropriate dementia training is available to staff through a locally determined training programme Supporting Carers – To ensure carers of people with dementia and delirium feel adequately supported. 	100%

Section 7 Safeguarding

Adult Safeguarding

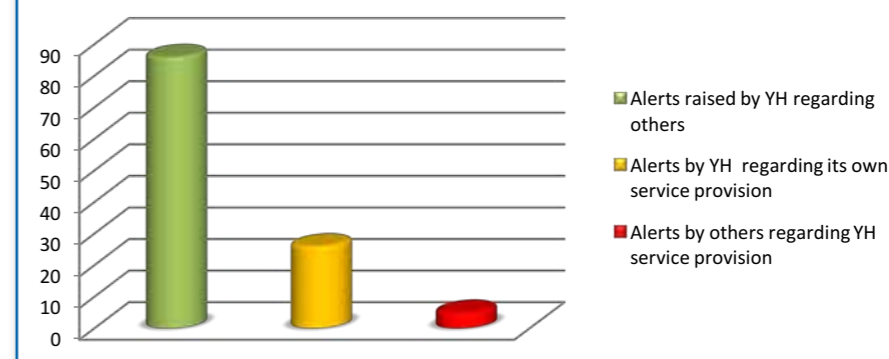
The Care Act (DH, 2014) identifies 6 keyprinciples to Adult Safeguarding: Empowerment, Protection, Prevention, Proportionality, Partnerships and Accountability. Within 2015-16 YH has started the work with local partners to bring these principles into its core practice and build on the work carried out in previous years.

YH continues to play an active role in both the Royal Borough of Kingston and London Borough of Richmond Adult Safeguarding Boards and sub-groups. The aim of which is to bring all local organisations together, with a focus on enhancing the autonomy, and safety of the local communities we provide services for. YH continues to be strongly committed to training and to supporting its staff to respond to any situation which gives rise to safeguard concerns. Specifically in 2015-16 this has included the introduction of Prevent awareness training (the government’s counter-terrorism strategy).

The chart to the right shows the number of alerts raised by our staff across the year, together with



Alerts raised by or regarding YourHealthcare 2015-16



Section 8 Staff survey

the number raised by us under self-reporting and those reported concerning our services by outside agencies. YH has seen a two fold increase in alerts raised regarding others. There has also been an increase in internal reporting which reflects a lower threshold for reporting under safeguarding.

In 2015-16 Mental Capacity Act (MCA) awareness training has continued, and the year-end training stats show 63% training achieved by relevant staff, whereas safeguarding training increased to 60% of all staff. Within YH the adult safeguarding refresher training has now been joined with children's safeguarding refresher training, whilst at the same time the training material for MCA and adult safeguarding has been written in collaboration with the local acute trust, in order to enhance consistency of messages across organisations.

Overall the profile for Safeguarding and Mental Capacity continues to rise, and as such YH can provide assurance that the rights and safety of service users is paramount to all its services.

Children Safeguarding

YH has a Named Nurse for Safeguarding Children, and a Children's Safeguarding Advisor, working specifically with YH Children and Families Services. We also support staff working primarily with adults where safeguarding children issues may arise. The Board Lead Foundation oversees the Safeguarding agenda within the organisation, and is the Chair of the YH Safeguarding Committee.

Right Staff

YH follows all national recommendations and statutory requirements in relation to vetting and barring checks. Staff working within Children and Families services have all received an enhanced disclosure and barring checks on a 3 yearly review cycle. In addition professional registration is also monitored, and there are robust recruitment processes which are carried out using the NHS Jobs IT system.

Right Training

"Right staff" also refers to the skills and experience that YH staff have. Children's safeguarding training continues to be offered to staff via e-learning and face to face teaching sessions. The YH training strategy is based on "Safeguarding Children and Young People: roles and competences for health care staff" Intercollegiate document 2014.

Supervision

Staff working directly with children and families receive supervision as per YH Safeguarding Supervision Policy 2013. Supervision data is included in quarterly KPIs, and feedback from staff indicates that they feel supervision is both challenging and supportive. Both supervisors have received specialist training in supervision. The Named Nurse Safeguarding Children receives supervision from a specialist facilitated group at The Tavistock and Portman Group, and the Children's Safeguarding Advisor is supervised by the Named Nurse.

This year **we achieved an impressive 74% response rate**. This excellent level of engagement means that we have a true reflection of the views of the majority of our staff and the results give a really good basis for discussing and deciding our priorities for the next year.

The key areas we surveyed this year were:

- Engagement
- Work enjoyment and environment
- Communication in teams and within Your Healthcare
- Career progression, promotion and development
- Support, respect and recognition
- Pride and overall satisfaction

Highlights from the Survey Results

Some of the strengths we found were that:

- Engagement of all staff is excellent (**87%**). Large numbers of staff felt that they can contribute to important team decisions, future planning and service priorities
- Staff members generally felt well supported, respected and recognised for their work (**88%**)
- There is a strong sense of pride and belief in the work that we do (**96%**)
- Staff value working for Your Healthcare (94%) and would recommend it as a good place to work (**92%**)
- Communication within teams is good (**87%**)
- Supervisors are supportive (**91%**) and interested in my career aspirations (**88%**)
- Staff feel a strong sense of belonging to their teams (**90%**)
- YH plays an important part in the local community (**95%**).



Of the 526 respondents to the survey **83% agreed or strongly agreed that Your Healthcare provides equal opportunities for career progression or promotion.**

An area of focus for the coming year will be to work with staff to understand the 19.3% respondents surveyed who perceived they had personally experienced harassment, bullying or abuse from another member of staff.

Raising concerns

In the coming year our raising concerns officer will be key in supporting this workstream.

Section 9

Our priorities 2016/17

YH priorities for quality improvement will continue to be informed by our audit programmes, customer and staff feedback and the Department of Health.

Key work streams within this area of development will be:

- Organisationally learning from and acting on the outputs from our **staff survey** for 2015/16
- To continue to implement the ideas and principles as set out in the **Happy Manifesto** to create a workplace where our staff are motivated and energised leading to better customer satisfaction
- Working with partners to maintain the pace of change in developing our organisational operational model, that supports the direction of integration and the **benefits of mutualism**
- Ensuring that YH projects are focused on the needs of our community and can become established fully within YH

In relation to the Department of Health Everyone Counts and also the NHS England's Framework 2012/13:

- ★ **Patient Safety** - Preventing people from dying early
- ★ **Clinical Effectiveness** - Helping people to recover from episodes of ill health or following injury; Enhancing quality of life for people with long-term conditions; Treating and caring for people in a safe environment and protecting them from avoidable harm
- ★ **Patient Experience** - Ensuring that people have a positive experience of care



Driving Improvement

We are committed to improving the quality and delivery of our services, by focusing on the following areas for 2016/17:

Supporting staff

Embedding **Schwartz Rounds** or 'Rounds' that have offered a forum in which our staff can openly and honestly discuss social and emotional issues that arise in caring for patients

Prevention and management of conflict and challenging behaviours that attribute to harm caused to staff. To understand and take action to prevent the perception of bullying and harassment in the work place

Continuing to **equip all staff with the tools and skills** so they are sufficiently supported to ensure that they are competent and safe to undertake their jobs

Strengthening and supporting our Band 1-4s with a range of knowledge and skills that will enhance our community services

Supporting Service Users

Sustaining and monitoring of levels of quality and safety of care

Maintaining an open and transparent culture within the organisation

Responsiveness to incidents, complaints and service user and staff feedback, to ensure that learning and reflection is embedded within our culture to drive quality service improvements

To be a **proactive local partner** in preventing avoidable acute hospital admissions from the local community (including our local nursing homes), by fully utilising our integrated community health and social care services (e.g. Rapid Response Team) and informing and influencing health and social care integrated delivery models

Ensure that we continue to **work closely with hospitals** to support safe and timely discharges, enabling people to be cared for in the community setting

Be **key contributors of the Kingston Care Passport** to ensure clinical information on individual patients is up to date across all health and care sectors, and enable better and appropriate care to patients in our community

Section 10 Summary

We aim to be known both locally and nationally for **delivering high quality safe services**. Our core objectives we identified when establishing our mutual, remain unchanged and these are to:

Be a progressive organisation providing and investing in a wide range of community based health and social care services for local people in their homes or as close to home as possible

Work in partnership with the people who use our services, their carers, the local community, our commissioners and other service providers to deliver coordinated care at the best value and to the highest standard

Continually strive to be the **employer of choice** for a well-trained, well developed and valued work force.

External and internal reports this year have demonstrated our staff's commitment to delivering high quality and safe services that are focused on the individual.

Our service developments to date around Kingston at Home, Neurodevelopmental services, Children's Health and Neuro rehabilitation, to name a few, are all examples of clinically led services delivering change and improved outcomes for people in Kingston and Richmond.

In the coming year the integrated customer journey will be a key priority. We will work in partnership with health, social and voluntary sector organisations to achieve new ways of working that continue to be informed by the agreed principles.



your healthcare

Your Healthcare is a Community Interest Company, providing high quality, person-led health and social care services for residents in Kingston and Richmond as part of the NHS family.

www.yourhealthcare.org

Company No. 06762290

Quality Accounts

Your Healthcare

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If you require this document in any other language or format, please e-mail the Your Healthcare Customer Care Team within Front of House who will be happy to help.

چنانچه این سند را به زبان یا در قالب فرمت دیگری نیاز دارید، لطفاً از طریق ایمیل contact@yourhealthcare.org با تیم پشتیبانی مشتریان Your Healthcare تماس بگیرید تا با کمال میل به شما کمک کنند.

إذا كنت تحتاج هذه النشرة في أي لغة أو شكل أخرى، يرجى الاتصال بفريق خدمة الرعاية الصحية للعملاء الذي سيكون سعيداً للمساعدة

contact@yourhealthcare.org

이 문서를 다른 언어나 형식으로 원하신다면,

귀하의 헬스케어 고객센터

(contact@yourhealthcare.org)으로

이메일을 보내주시십시오. 기꺼이 도와 드릴 것입니다.

Jeśli chcieliby Państwo otrzymać ten dokument w dowolnym innym języku albo w innym formacie, prosimy o skontaktowanie się z zespołem ds. opieki nad klientem Your Healthcare pod adresem e-mail contact@yourhealthcare.org.

இந்த ஆவணத்தை வேறு ஏதேனும் மொழியில் அல்லது வடிவத்தில் பெற விருமபினால் contact@yourhealthcare.org எனும் முகவரியில் உங்கள் நலப்பராமரிப்பு வாடிக்கையாளர் சேவை மையத்திற்கு மின்னஞ்சல் அனுப்புங்கள். அவர்கள் உங்களுக்கு மகிழ்ச்சியுடன் உதவுவார்கள்

