



your healthcare

Quality Accounts

April 2024 - March 2025

At the heart of the community

Welcome to our Quality Accounts

At Your Healthcare we are proud to deliver safe, effective, caring and well-led community health and social care services in Kingston Upon Thames, and learning disability and autism services in Richmond Upon Thames

This annual Quality Account provides a welcome opportunity to look back at some highlights of the year.

The launch of our Patient Safety Incident Response Policy and Plan in April 2024 was a significant development and one that was received well across the organisation. It reflects a new NHS approach to improving patient safety culture and effect meaningful change, by using a systems approach to investigation when things go wrong. The approach often includes a learning response meeting to consider the views of the wide group of staff directly involved in the delivery of care, who understand the context within which it is delivered, with the voice of the service user also included where possible. I've been impressed by the enthusiasm with which staff members have accessed the training needed to fully understand and adopt this new approach.

As a social enterprise, we are proud of nurturing a culture of openness and honesty, where staff are encouraged to raise concerns if they arise. This year we adopted the NHS Freedom to Speak Up Policy and recruited a new Freedom to Speak up Guardian, an independent and impartial role. Our Guardian is introduced to all new staff members

at induction, conducts site visits and his availability is also widely publicised to members. While a number of staff members have used this service, we are pleased that no concerns have needed escalation to board lead or managing director level.

Audits are an important aspect of our quality processes, helping to improve services for users against approved guidance. During this year we have developed our audit system to support a more robust approach to monitoring by setting up a Quality Improvement (QI) database and associated QI registration system. This supports data capture of all QI activity being delivered within the organisation, including audits, service development reviews and QI work plans. The QI Hub is easy to use and has been welcomed by staff members, many of whom are keen to expand their skills in this area. There are many examples of good practice described in this report and it is not possible to mention all of them. I would like, however, to highlight the following achievements, and congratulate colleagues for their sustained commitment to maintaining safe and high-quality services for our local community.

- Our Patient-led Assessment of the Clinical Environment audit (PLACE) returned scores of 98.6% for cleanliness and 95.74% for Privacy, Dignity and Respect.
- In 2024-25 we had a significant reduction in our number of falls per



Ed Montgomery *Managing Director*

1000 bed days on our inpatient unit to 3.91, well below the average of 6.63 across England.

- We received 3246 compliments, a further increase of around 16% on 2023-24. From the 284,140 service user contacts in 2024-25, we dealt with, and learned from, 11 complaints.
- Delivering urgent care to people in their own homes can prevent unnecessary visits to emergency departments and improve outcomes. The last available data from April 2024 to January 2025 demonstrated that although we have the second highest volume of referrals for urgent care response across South West London, we achieve the target two-hour response 99% of the time, the highest percentage in the region.

I can confirm, to the best of my knowledge, that the information contained within this report is an accurate reflection of quality and performance during 2023-24.

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About us

We're guided by our local community and our staff members

Established in 2010, Your Healthcare CIC is a social enterprise that delivers integrated health and social care services for residents in the Royal Borough of Kingston, and learning disability and autism services for adults in the London Borough of Richmond.

As a Community Interest Company (CIC) we reinvest any surplus that we generate back into our frontline services thereby benefitting our community. We were the first London NHS organisation to be established as a social enterprise (a Mutual) in 2010, and since then we have continued to invest in, and provide, a wide range of health and social care services, guided by what our local community, and our staff members, tell us is most needed.

We support our community

Our community is at the heart of everything we do. We are a socially responsible organisation with the ability to respond quickly and deliver integrated care that achieves the best outcomes for service users and their families.

Our support services are vital to us. From Learning & Development through to Facilities and IT, they provide an efficient yet innovative platform for our frontline teams.

Our frontline services provide a range of health and social care services for babies, children, parents, young adults, through to older people, and including those with the most complex needs. Our teams offer a person-centred approach, ultimately helping the individual to feel as comfortable as possible.

We value our people

Everyone is valued, and is encouraged to 'have a voice' and to come together to own our environment so that it is one in which we can all learn and thrive, providing a positive platform for us to deliver the best health and social care for our community.

We care about our staff members and their wellbeing is important to us. We ensure help and guidance is available, including confidential psychological wellbeing support.

The essential principles of equality and inclusion are embedded within the very fabric of our culture. We make the reasonable adjustments required to ensure everybody feels treated fairly and with respect, and embrace the rich variety of views that diversity brings. Our ultimate aim is for all our staff members to feel included, be connected, enjoy work and deliver the best services possible for our community and for each other.

We work in partnership

We value our relationships with commissioners, stakeholders and other local partners which ensure that the care we deliver is of the highest quality and is responsive to the needs of our local community.



Meeting the needs of our service users



Our Community

During 2024-25 YH returned to a more straightforward period of delivery, recovering from the greatest effects of the pandemic period but continuing to work within a context impacted by it, and by the effects of NHS funding pressures coupled with an ongoing 'cost of living crisis'.

The implications of these issues continued to be felt across the organisation's services, relating to both the breadth of patient and service user need and notably in our children's services, which experienced sustained issues of psychological deterioration, and in the under 5s, issues with delayed developmental attainment.

Our new hybrid service delivery models, where relevant, possible and practical to deliver, were sustained and developed, which continued to support demand for, and access to, many of our services. This included assessments by some of our neurodevelopmental teams in relation to an increasing number of adult referrals for Attention Deficit Hyperactivity Disorder (ADHD) and autism assessments.

We also needed, and will continue to need, to adapt, plan and change to reflect the new government administration's direction of travel for healthcare, with an emphasis on

community-based provision, focussed on prevention, being prioritised at this time. We continued to work with our system partners who latterly merged to become Kingston and Richmond NHS Foundation Trust, to support these aims.

Our Key Responses

In April, the organisation, as a provider of NHS funded care, launched its Patient Safety Incident Response Policy (PSIR) and Plan, which was approved by South West London Integrated Care Board (SWLICB) and the YH Board.

The aim of this new NHS approach is to improve the patient safety culture of organisations and effect meaningful changes by using a systems approach to investigation when things go wrong. This approach focuses on understanding the complex interactions in healthcare systems that contribute to errors rather than assigning blame to individuals. .

The PSIR Policy and Plan were launched through a sequence of workshops organised in a way that supported access by the widest group of YH staff members and was delivered at three YH sites with high levels of attendance. The new approach has subsequently been rolled out and informs a wide range of practices, processes, learning responses and the structure of governance reporting.

Alongside this Policy and Plan we work actively with our Patient Safety Partners, whose role is to empower patients and their carers to be involved in their own safety, as well as being partners alongside staff, supporting improvements to patient safety outcomes in NHS and NHS provider organisations.

Our infection control service, supported by wider members of the organisation, continued to prioritise the safety of service users and staff under its care. In relation to Covid 19, PPE continued to be provided, when needed, to ensure the risks to staff and service users were minimised, and testing and isolation regimes remained compliant with national guidance. Staff were encouraged to uptake Covid 19 vaccinations from community providers and uptake was monitored for submission back to SWL ICB.

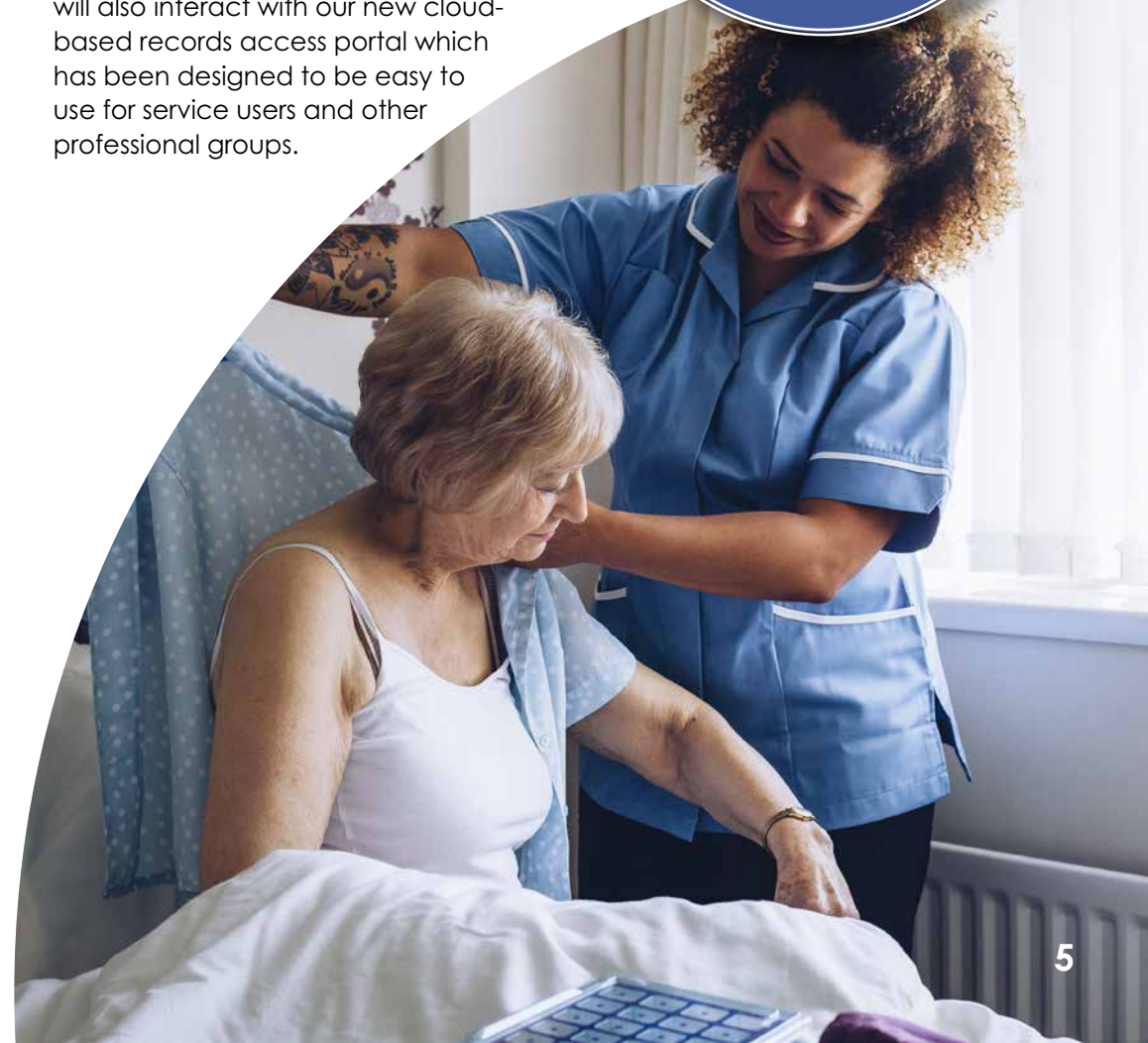
The most vulnerable adults and children in our care continued to be prioritised during the year, and we began a pilot project supporting the development of peer educator 6th form students working with Year 7 students using a Mental Health Foundation resource, designed to support improvements in mental health and wellbeing outcomes. We also continued to actively participate in the Learning from Lives and Deaths reporting (LeDeR), prioritising

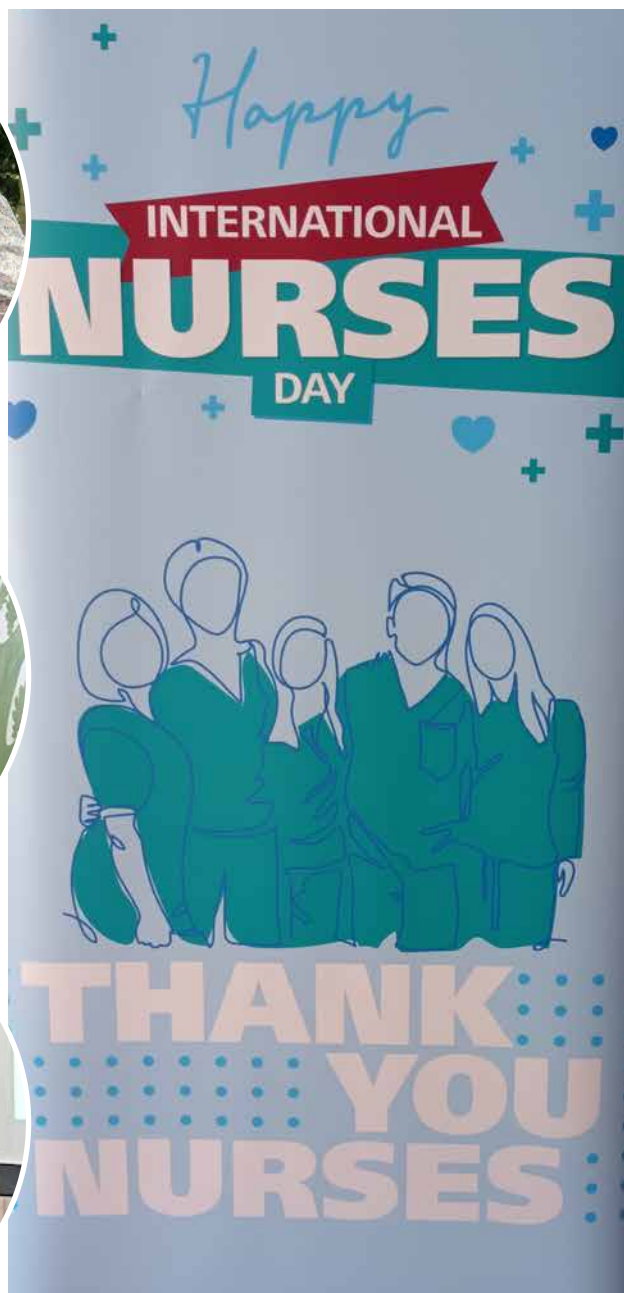
the needs of our service users who have a learning disability and/ or who are autistic. This ensured that we were supporting the review of care received by a group known to have poorer health outcomes. Our proactive approaches for this and other service user groups were outlined in our Equality Diversity and Inclusion Action Plan. These included increasing the accessibility of a range of our communications for people, including our feedback questionnaires and access to records requests information. We also increased our staff members' uptake of Oliver McGowan training, which focusses on improving care in health and social care settings, for individuals with Learning disabilities and/or who are autistic. We supported our Patient Safety Partners to review the accessibility of our services for people who might find this more challenging, and included their views in the assessment.

We published our Patient and Public Engagement and Involvement Strategy during 2024-2025 and at the end of the year the associated action plan was in its final consultation stage with our Membership Council. This has been designed to inform service delivery developments that best meet the needs of our users and wider community.

Our YH website has undergone a comprehensive upgrading process during 2024-25 and will, when launched in early 2025-26, support easier access to information about the organisation and its services, referral pathways and feedback options. It has been designed to comply with the NHS accessibility standards and has been tested by YH members, our Patient Safety Partners and service users. It will also interact with our new cloud-based records access portal which has been designed to be easy to use for service users and other professional groups.

In April, the organisation, as a provider of NHS-funded care, launched its **Patient Safety Incident Response Policy (PSIR) and Plan**





Awards and Recognition

During the year we were well represented at the Kingston and Richmond nursing conference. Two staff were commended for innovation related to new projects or processes that have resulted in a real difference to patient care.

One commendation related to improving the identification of health needs and the subsequent engagement of vulnerable young people with School Health Service. The other recognised the quality of leadership within the Leg Ulcer Service which extended beyond the YH team and included the quality of support provided to students placed within the organisation. Our Rapid Response Service was also recognised for its promotion and improvement work, relating to the use of the deteriorating patient score NEWS2 in the community setting and the Cardiac Rehabilitation Service was recognised for its patient-focussed teamwork with Kingston Talking Therapies.

We were very proud to have one of our community nurses named as a 'Rising Star' - a nurse who has been qualified for less than five years and demonstrates exceptional qualities that embody the best of nursing/ midwifery and the leadership skills to inspire others to follow their example. Her work with universities, trying to encourage recruitment, was specifically mentioned.

Our newly appointed end-of-life lead was at the forefront of a range of innovative projects, both within YH and as part of a secondment within the Kingston Hospital setting during the year and was recognised nationally. She received an award from the Royal College of GPs/ Marie Curie: Best Daffodil Standards End of-Life Care General Practice Clinical Team Member of the Year. It recognised her dedication to patients and families and her commitment to meaningful and consistent quality improvement in end-of-life care, in collaboration with Kingston GP practices.

Gaining recognition for the role we play in our local community is especially important to us. We were delighted to welcome our local MP, Sir Ed Davey, to our offices in January. Sir Ed has a particular interest in Community Interest Companies (CICs) and was keen to find out how the Your Healthcare model of working could be adopted by more organisations. He was struck by the level of supportive feedback we receive from service-users and the positive results from our staff members survey, and interested in the link between these findings and our organisational mission to empower staff members to deliver the best possible outcomes.

Working with our System Partners

Urgent Community Response services are a commitment in the NHS Long Term Plan to provide urgent care to people in their homes if their health and wellbeing suddenly deteriorates.

Our performance in delivering an urgent care response to people in their own homes has been of a high quality and has also been effective at meeting the required time frames. The last available data set running from April 2024 to January 2025 demonstrated that we have the second highest volume of referrals across South West London but the best response rate, achieving the requirement 99% of the time. This is well recognised within South West London. Our records show that the Rapid Response Service prevented unnecessary hospital admissions for around 84% of people they supported.

As planned, we have also worked alongside our partners at KRFT throughout the year supporting a deconditioning workstream. Deconditioning is often a consequence of inpatient stays or other experiences where activity levels reduce. Its consequence is a shortened life expectancy, decline in functional performance, isolation,

APRIL 2024 - JAN 2025
Data demonstrated that we have the **second highest volume of referrals across South West London but the best response rate achieving the requirement 99% of the time.**

reduced independence and wellbeing and delayed discharge, both from inpatient settings and community teams. Our active participation and leadership provided by a range of professionals and leads and one of our Patient Safety Partners has supported a range of quality improvement activities across the year. We led on an Eat Drink Dress Move approach with a focus on information flow across organisations, promoting an environment conducive to reducing risk, improving staff, patient and carer knowledge, alongside a communication campaign to raise awareness of the approach. We participated in a thank you event at the end of the year where both our involvement and the support and expertise that we had provided was positively acknowledged.

your healthcare

Quality Accounts

April 2024 - March 2025

In line with the Care Quality Commission's (CQC) transition to a new Single Assessment Framework in 2023-24, we have followed the CQC new Key Questions model for this section of our report:

Are we Safe?

PAGE 8-15

Are we Effective?

PAGE 16-19

Are we Caring?

PAGE 20-23

Are we Responsive?

PAGE 20-23

Are we Well-led?

PAGE 24-25



Are we Safe?

We are committed to ensuring that our service users and staff members are kept safe and protected from avoidable harm.

Our hybrid delivery design is now well established for our staff members, and across our range of service provisions, and continues to support broadened access for our service users.

Infection Control

High quality infection prevention and control is essential, to ensure that our staff members deliver safe and effective care to our service users. This provision continues to be of the utmost importance.

Overall responsibility for this area is held by our director of infection prevention and control, delegated authority is given to the infection prevention and control lead who in turn supports the IPC Operational group. This group of frontline service leads provides support and guidance to their colleagues and ensure best practice is shared across the organisation.

A robust infection prevention learning programme runs throughout the year and is offered to all of our staff members.

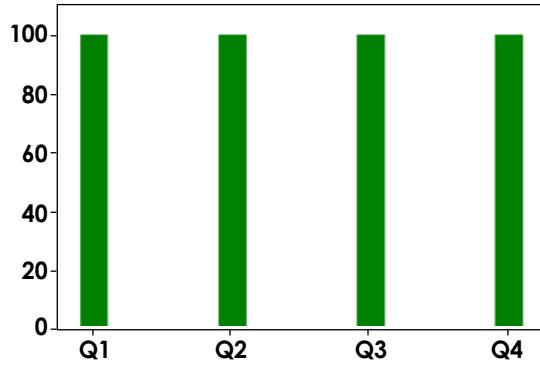
The number of Quality Concerns raised against us by other organisations remained low with five in the year.

Compliance with the IPC elements of the Social Care Act 2008 are monitored through a range of audits, including Environmental, Personal Protective Equipment (PPE) use, Hand Hygiene and Bare Below the Elbow.

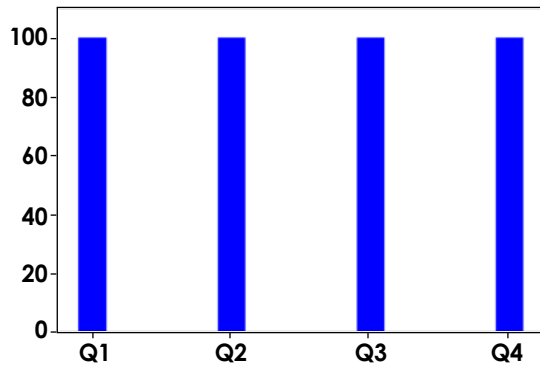
The infection prevention lead and frontline service lead, maintained regular contact with the South West London Infection Prevention team. They provided updates to the senior leadership and frontline service teams and ensured that government guidance and directives were effectively implemented across the organisation, through policy and process updates, environmental risk assessments, and vitally, inpatient infection prevention and management, including that related to Covid-19.

IPC audits, conducted to support safe outcomes for service users, are an ongoing priority for all service areas and following an IPC audit improvement

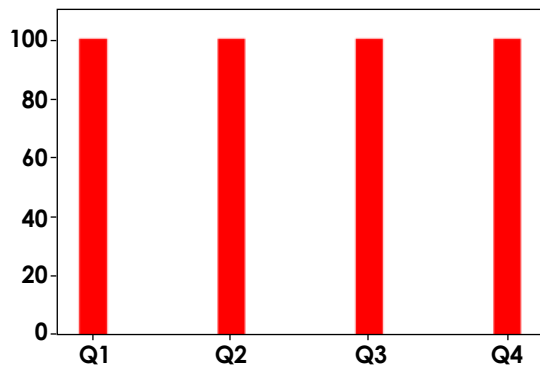
Hand Hygiene on Cedars Inpatient Unit 24-25



Bare Below the Elbow on Cedars Inpatient Unit 24-25



Gloves on Cedars Inpatient Unit 24-25



plan, put in place at the end of the previous year, compliance rates continued to improve and be sustained. Areas requiring improvement are also highlighted through this approach and these are addressed with safety action plans, monitored through the IPC Operational Group and the Joint IPC Committee held with Kingston and Richmond NHS Foundation Trust. Our compliance against core IPC requirements has been well maintained.

Patient-Led Assessment of the Clinical Environment (PLACE)

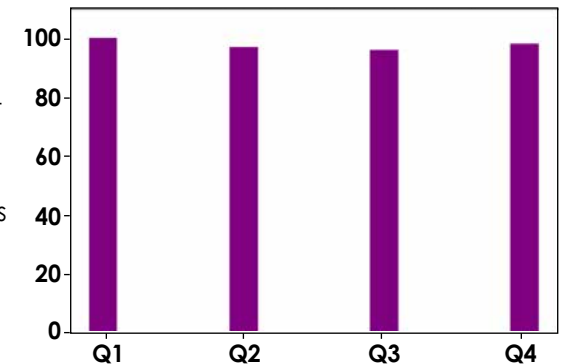
This annual assessment provides motivation for improvement for organisations, by providing a clear message, directly from patients, about how the environment or services might be enhanced within NHS and NHS provider organisations.

Conducted in our inpatient unit, it had been paused from 2020 -2022 due to pandemic restrictions, capacity issues and staffing challenges, then delivered in a 'light' rather than national format in 2022-23, and then remained paused due to staff sickness in 2023-24. During the period of pause, local environmental audits continued to be run for all YH settings where patient/ service user care was delivered, with good outcomes. The results of this audit compared favourably with those of our local system



partners and highlights include a score of 98.6% for cleanliness and 95.74% for Privacy, Dignity and Respect. In all areas, the ward achieved over or near to 90%. The key areas requiring improvement related to food and the dementia friendliness of the setting, in part related to the estate's provisions made by the landlord. Where relevant and required, the IPC lead engaged with the YH front of house team and they in turn with the provider, to discuss these issues. Where they lay with YH, the outcomes were communicated to YH staff members to address, where practical and possible.

Clinical Environmental on Cedars Inpatient Unit 24-25



Monitoring pressure ulcers and moisture lesions

Pressure ulcer prevention and management is one of our top clinical safety priorities. In 2024-25, six category four pressure ulcers were reported by Your Healthcare and three of these were attributable to YH, all of which related to patients in community settings and none within our inpatient setting.

When pressure areas and moisture lesions are discovered, they are reported through the required reporting channels and, where they meet the relevant criteria, are raised as a safeguard with the local authority. Previously, category 4 pressure ulcers were reported to the SWL ICB as Serious Incidents and explored through a root cause analysis. However, this process has now changed as part of the organisation's Patient Safety Incident Response Policy and Plan. Incidents are now reviewed instead through new locally defined processes that take a more systemic view, underpinned by the evidence-based understanding that no one thing leads to the occurrence of an incident. This approach includes the facilitation of a learning response meeting where required, to support new learning. These meetings consider the views of a wider group of staff involved directly in the delivery of care, who understand the context within which it is delivered and can therefore



Venous Thromboembolism (VTE) risk assessment for inpatient service users

A patient's risk of developing a VTE has a direct safety impact on them, therefore we undertake snapshot audits of our inpatient service.

This has continued to demonstrate very high compliance, with an average across the year of 100% of patients having VTE assessments completed within 24 hours of admission.

Our
Patient
Safety Incident
Reporting Policy
and Plan
went live in
2025

contribute to an understanding of any system gaps. This approach supports the enactment of meaningful, practical and realistic action plans that actively engage service users and do not attempt to remove all risk, which is unrealistic, but rather to reduce risk to As Low As is Reasonably Practicable (ALARP) within the finite resources and capacity of the organisation.

Our incident reporting system distinctly captures all categories of moisture lesions and pressure ulcers, including those that are unstageable as per the *NPUAP/EPAUP/PPPIA (2014) international classification tool. This is due to be updated in 2025. In cases where more than one lesion is present, each lesion is reported separately to support accurate data capture and clinical investigation.

(*National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance).

Incidents

In 2024-25 the total number of valid incidents reported at Your Healthcare was 1426. Of these valid reported incidents 1238 were patient safety incidents and 25.36% were attributable to us.

Staff continued to report things that could have gone wrong (near misses) and did go wrong (incidents). This enabled review and learning to take place which supported improvements in the quality and safety of service provision.

In 2024-25, near misses, those incidents which nearly led to harm occurring, accounted for 13.97% of all reported patient safety incidents. This represented a slight increase from 2023-24, highlighting our high-quality reporting and learning culture. Following a thematic review of near miss incidents at the end of the year, the key themes represented in the data, related to issues with access and admission to our services. Training on the reporting of incidents and near misses is provided during the Your Healthcare new staff induction and this learning is complemented by a wide range of information available on the Service Effectiveness Quality Hub, which contains comprehensive information and resources related to patient safety and quality improvement activity.

When incidents or near misses occur, team and service leads make a risk assessment using an agreed matrix,

investigate the incident and support the delivery of action plans designed to address identified gaps in our delivery. In line with the new requirements outlined in our Patient Safety Incident Response Policy and Plan, this may also involve facilitating their team members to engage in a learning response meeting, contributing to a wider understanding of the reasons for the incident's occurrence and drafting safety actions to support a reduction in its reoccurrence.

The action plans put in place relating to incident learning, to address any required practice changes, are shared at team meetings and committees and through internal communications and training. The YH patient safety specialist has facilitated 11 learning response meetings during 2024-25 and one thematic review, all of which led to the drafting of practical and achievable safety actions.

Incidents that lead to major or catastrophic harm are rare; however, staff members are trained to be vigilant, ensuring that if one might have occurred it is identified early and reviewed, where relevant, by our specialist Medicines Management or Pressure Ulcer Review Groups, our safeguarding team and by our patient safety specialist. Immediate action is taken to mitigate against any immediate risks and then the incident is reported to the relevant external bodies and investigated. This supports learning and the opportunity to reduce

the risk of future incidents occurring. YH has not had any incidents in 2024-25 that required a nationally required or locally decided Patient Safety Incident Investigation, a process required by our Patient Safety Incident Response Policy. In April 2024 our Patient Safety Incident Response Policy and plan went live, following sign off by the SWL ICB and our Board. This requires a new approach to investigating all patient safety incidents, and no longer requires any incident to be defined as a Serious Incident, which previously required commissioner reporting. The organisation has, as it is required to do, developed its own investigatory processes which focus on learning and take a systems approach. Staff have accessed the required training and our plan has been developed and widely promoted across the organisation, to support the required patient safety cultural changes.

The new patient safety improvement approach accepts that risk is inevitable and looks at the whole system in order to reduce the risk and likelihood of patient incidents reoccurring, by looking at all of the factors that contributed to the risks. A 'systems' or 'big picture' approach to risk considers all relevant factors, aiming to maximise the frequency of things going right and minimise the frequency of things going wrong. This evidence-based approach leads to meaningful change and improvement, at a local and wider level.



50%
of our staff
chose to attend
supplementary patient
safety workshops,
demonstrating their
commitment to
improving our patient
safety culture

Safeguarding Adults and Children

Your Healthcare has a long-established safeguarding structure and culture. The safeguarding team, consisting of lead adult safeguarding nurses and a 'named nurse' and assistant for children's safeguarding, supervise and train YH members and specific specialist staff from partner organisations.

The specialist safeguarding practitioners provide the organisation with assurance that it is meeting its responsibilities, through audits and the scrutiny of cases. They report into a Joint Safeguarding Committee operating collaboratively between Your Healthcare and Hounslow and Richmond Community Healthcare during the first half of the year and then between the newly formed Kingston and Richmond NHS Foundation Trust in the latter half. This committee subsequently reports into the Your Healthcare Audit and Assurance Board.



A new 0-19 specialist safeguarding nurse works across both the Health Visiting and School Health Services

Key Achievements for 2024-25

The service has continued to support YH members to manage complex safeguarding needs this year, developed the safeguarding information hub and run a highly successful Level 3 Safeguarding Day. Provision is now complemented and enhanced by a new 0-19 specialist safeguarding nurse who works across both the Health Visiting and School Health Services.

To support ease of access to a range of information related to safeguarding for our staff, a safeguarding hub which was launched in 2023-24 on our intranet, was developed further. This creates a useful space for YH Members to access a wide range of safeguarding information to improve their knowledge and inform best practice in the recognition of safeguarding issues and delivery of support related to safeguarding needs.

Safeguarding Supervision

All staff are able to ask for advice directly from the safeguarding team who maintain an 'open-door policy' on and offline. This was enhanced this year by a 'return to office' decision within the team, which has anecdotally improved the perceived accessibility of the team.

Formal children's safeguarding and, as required, adult safeguarding supervision is provided face-to-face and through virtual routes, to suit the needs and capacity of staff and the supervision team. Through the support provided by the safeguarding team and service leads, YH members are supported to be fully equipped to take the necessary actions, to promote the safety of service users.

YH members who work directly with children and their families receive safeguarding supervision, as stipulated in our Children's Safeguarding Supervision Policy. As supervisors, the safeguarding team receive additional training and access personal and group supervision, to support the quality of their provision.

A new specialist 0-19 safeguarding nurse commenced in role in 2024-25. They work across the Health Visiting and School Health Services, holding complex case work, attending relevant and related external safeguarding meetings and providing supervision for non-clinical school health team members. These are people who, as part of their

role, may interact with, and support, vulnerable children and young people. Focussed support and opportunities for learning and development are provided in the sessions.

Partnership Working

We are active partners with the Adults Safeguarding Board and Children's Partnership Boards, with practitioners completing joint audits with the Kingston and Richmond Partnership Board (KRSCP).

We contribute to discussions and support the embedding of recommendations that come from these workstreams. We also work closely with our core health and social care partners and following a joint workstream during 2023-24 to support the implementation of the Persons in Positions of Trust (PiPoT) recommendations, our YH policy, Managing Allegations about People in Positions of Trust was published this year. The learning related to it was then embedded with relevant teams. This supports our approach when we need to manage allegations about staff who work with vulnerable adults.

Scoping work on Liberty Protection Safeguards (LPS), which are an aspect of the Mental Capacity Act, designed to provide protection to people over 16 who need to be deprived of their liberty, was not, as previously anticipated, implemented in 2024-25, after several government delays. The

Deprivation of Liberty Safeguards (DoLS) system remains in place.

Joint supervision with our partners in social care is encouraged and attendance at multi-agency case and strategy discussions is encouraged for adult cases, and required for children's cases. This approach aims to support safer outcomes for our service users. Involvement in the children's multi-agency strategy discussions is vital, supporting effective decision making about children at risk, but the continuous increase in these discussions across the last four years has been marked, rising from 84 in 2019-20 to 312 in 2022-23 and increasing further to 469 in 2023-24. In 2024-25 there was a significant reduction to 332, however this still represents a significant increase from levels in preceding years. The challenges this poses to the Health Visiting and School Health Services, continues to be supported by the children's safeguarding team, and this has been complemented by the support of a specialist 0-19 safeguarding nurse.

In relation to adult safeguarding training and following a training review, we aligned our safeguarding training requirements in the latter part of the year with those of Kingston and Richmond NHS Foundation Trust. The provisions are made face-to-face, complemented by a day of online delivery accessed via our online learning portal and the NHS England Future Learn portal.

Later in the year the process of adding alerts to patient and service user records was expanded to include the Vulnerable Adults Multi-Agency panel (VAMA) and Vulnerable Adolescents Supported into Adulthood panel (VASA), modelling a process in place for service users referred to the Multi Agency Risk Assessment Conferences (MARAC). The aim of this approach is to increase awareness of people known to the safeguarding team, through the high-risk panels that they attend, and will provide information about the actions YH members must take if they have concerns in relation to the people who have alerts added to their records.

Complementary mental health supervision continues for the School Health Service, provided by our specialist mental health partners from Achieving for Children. This meets the needs of their work, with a sustained increase in the number of children and young people with mental health problems, who can be a risk to themselves and others. The service provides a range of proactive responses to these needs, through school-based drop-ins, its Primary and Secondary Mental Health Ambassador programme and through a range of resilience work streams. In the year it delivered understanding anxiety sessions to 118 children and 663 sessions of one to one support for children experiencing emotional wellbeing challenges.



Falls

We closely monitor the incidence of falls occurring in our services, to ensure the safety of our service users. They are supported in their environments, whether being cared for as an inpatient, or at home, to minimise their risk of falling.

In 2024-25 we had a significant reduction in our number of falls per 1000 occupied bed days on our inpatient unit of 3.91, below the most recent England average of 6.63.

As part of our Patient Safety Incident Response Policy and Plan going live, we provided training workshops in our inpatient setting, on the reporting, managing and investigation of falls. This includes, where necessary, the convening of a swarm huddle, a form of learning response technique which brings together the people present at the time of the fall along with specialists and includes, where possible, the voice of the patient. Another technique for considering falls was also used during the year, a thematic falls review. This identified some potential environmental issues, which if addressed, might reduce potential risks for patients. These were acted upon. In addition, a new approach is being taken by the ward in terms of including the context for the patient pre-fall and this has informed some practical safety actions that have been proactively put in place.

Learning from Deaths (Mortality Review)

During the year the Medical Certificate of Cause of Death Regulations came into force. These reforms, along with the associated Medical Examiner process, require all deaths not requiring a referral to the coroner to be reviewed by a Medical Examiner.

This provision is being made to YH in relation to any deaths on its inpatient unit, by Kingston and Richmond NHS Foundation Trust. The relevant YH policies were updated to incorporate the changes and the newly appointed end-of-life lead supported the embedding of the learning required, amongst the community nursing teams.

YH continues to use a case review form, adapted from the Preventable Incidents, Survival and Mortality (PRISM) methodology, to review inpatient deaths and this was also updated where required and in relation to the death certification reforms.

These reviews where required, are supported by the ward manager, lead for service effectiveness, commissioned general practitioner and an end-of-life specialist.

During 2024-25 there were no deaths on the inpatient unit.

78.9%
of YH members
have now attended
Oliver McGowan training
which aims to improve
the support we provide to
people who are autistic
and who have a
learning disability

LeDeR- Learning from Lives and Deaths

Research has shown that on average, people with a learning disability and autistic people die earlier than members of the wider population and do not receive the same quality of care.

LeDeR reviews the deaths of people within these groups, looking at key episodes of health and social care that they received. It supports an understanding of what excellent practice looks like and highlights development areas which then inform service improvements. This process is designed to reduce inequalities in care provision and reduce the number of people dying sooner than they should.

Notifying LeDeR about these deaths is not mandated but there is a strong expectation, supported by the Care Quality Commission (CQC), that health and social care service providers will do so. YH complies with this expectation and notifies LeDeR in the event of the death of service users, open to its services, and participates in regional steering groups.

In their annual report, published in late 2024, 11 of the 88 reviewed deaths for South West London were from Kingston and Richmond and of these 73% had had an annual health check, which aims to identify health needs and escalate service users for health promotion screening. This was against a national average of 72%.

As in 2024-25, no required improvement activity has been identified by the South West London steering group related to submissions by YH services, however we are actively considering how reporting the deaths of autistic people without a learning disability and so not open to our learning disability team, can be supported across our wider organisational teams. An action plan is in place coordinated by our service effectiveness lead and a lead from our Neurodevelopmental Service.

No required improvement activity has been identified by the South West

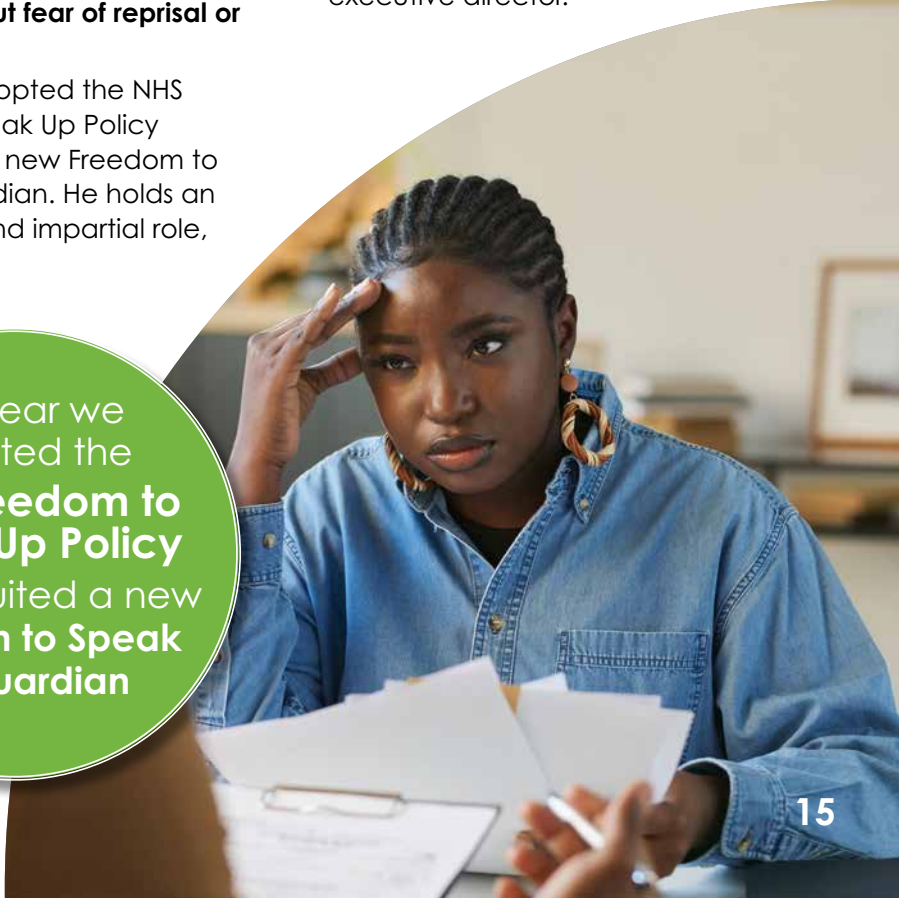
London steering group for YH services, related to our submissions. However, a number of our teams, including the Urgent Care and Support Service who support residential care homes, our Rapid Response Service, who support deteriorating patients and our Learning Disability Team have all been praised for their responsiveness and high quality multi-disciplinary working practices.

Freedom to Speak Up
Our culture is one of openness and honesty, where staff are able to raise concerns without fear of reprisal or victimisation.

This year we adopted the NHS Freedom to Speak Up Policy and recruited a new Freedom to Speak up Guardian. He holds an independent and impartial role,

which he introduces in our monthly new member induction as well as conducting some on and offsite service visits, so staff are familiar with him and with his role. His availability is also widely publicised to members across the organisation through a range of channels, on and offline. Staff can raise concerns to him about poor practice, or wrongdoing that could cause harm to service users, their carers or colleagues. Concerns can also be escalated to a board lead or to the managing director or a non-executive director.

This year we adopted the **NHS Freedom to Speak Up Policy** and recruited a new **Freedom to Speak up Guardian**





Are we Effective?

We continue to place great importance on providing our service users with high quality care through the delivery of effective services.

Our staff members continuously learn new skills, develop new ways of working and embrace the use of digital technologies to meet the needs of our patients and service users in the most efficient way.

Quality Improvement Work

To ensure that we provide better care and better value by reducing waste and prioritising effective treatments, we need to ensure that we create an environment in which change and improvement can be successful.

This requires us to support our members to gain access to the tools, methods and support they need to enable them to use the five YH Freedoms to support innovation and quality improvements in patient/service user care.

At the end of the year, in some service areas, we began piloting the use of AI to support information recording. This can improve accuracy and due to the efficiency of the approach, release staff to provide more face-to-face service user interventions.

The overarching ambition of the NHS is to ensure that its organisations and wider providers have the capability, capacity and the right leadership behaviours to enable staff to solve the problems that matter to them, their patients and their populations. This year we gave this additional consideration, completing an NHS impact self-assessment to establish where we are on our Quality Improvement journey. This asks organisations to consider how they are performing against five core criteria and the outcomes for us highlighted that we were well progressed in some areas with room to grow in others. This

self-assessment is informing how we are approaching Quality Improvement with the support of our members who are afforded YH Five Freedoms, the Freedom to Innovate being core to these approaches.

Audits

Audits are an important aspect of our quality processes, helping to improve services for users against approved guidance.

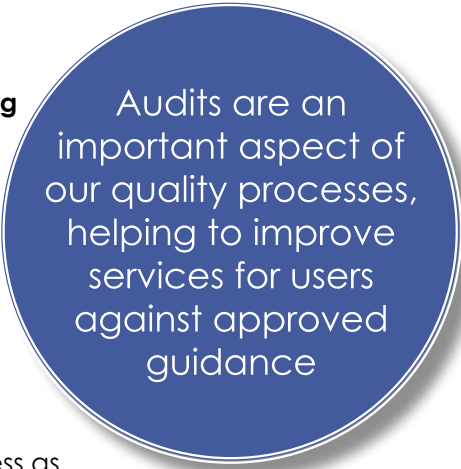
YH adheres to the National Institute for Health and Care Excellence (NICE) standards and guidance, alongside those from other regulatory and professional bodies. We use audit to support changes being made at a team, service and an organisational level.

During this year we developed our audit system to support a more robust approach to monitoring and set up a Quality Improvement (QI) database and associated QI registration system. This supports data capture of all QI activity being delivered within the organisation, including audits, service development reviews and QI workplans, for specific areas identified as requiring improvements, nationally, locally, or at an organisational or team level. The QI Hub is easy to use and generates automated reminders when a QI project is due and also when the SMART actions are due, which supports the organisation to keep audit high on its agenda and reduce the risk of action drift.

Local (Internal) audits

The ability to complete audits and service development reviews has been challenging for several years due to the Covid-19 pandemic between 2020-22 and then again in 2022-23 when we had to manage a clinical record keeping system outage.

During these periods, YH focussed on Infection Control and Prevention (IPC) audits, clinical and care record keeping and medicines management audits. More comprehensive audit activity is now business as usual at YH and its importance remains high on our membership's agenda.



Some examples of audit activity during 2024-25:

IPC

- **Environmental risk assessments - average compliance of 90% across year**
- **Bare Below the Elbow - 98% compliance**
- **Hand Hygiene - 98% compliance**

Medicines

- **Community Insulin drug chart use - 96-97% compliance in year**
- **Anti-microbial stewardship - 100% compliance in year**
- **Safe and Secure medicines - 99% compliance in year**

Other areas

- **Safeguarding supervision quality -100%**
- **NEWS2 - risen from 60-93% compliance across the year**

National Audits

Our participation in national audits including the Cardiac and Respiratory Rehabilitation Audit and Sentinel Stroke National Audit Programme (SSNAP) continued in 2024-25.

Results are published retrospectively and once again we met all required standards set by the British Association for Cardiovascular Prevention and Rehabilitation and the National Audit of Cardiac Rehabilitation.

In the SSNAP stroke audit of 2023-24, published in 2024-25, we demonstrated good outcomes, with our community neuro rehabilitation team meeting four of the six key performance indicators. These are informed by the National Clinical Guideline for Stroke and local benchmarks.

The unmet standards related to time to first contact, impacted by the fact that we are only able to provide a five day a week service and length of stay with the service. It is important to highlight that we receive a higher percentage of patients eligible for occupational therapy, physiotherapy and speech and language therapy than the national average, which results in an increased demand on our teams and an overall longer length of stay.



Equality, Diversity, Inclusion and Belonging

We are committed to promoting equality and diversity within our workforce and ensure that we are compliant with the requirements of the 2010 Equality Act and national frameworks and strategies. We adhere to the Workforce Race Equality Standards (WRES) and the Equality Delivery System (EDS2) which is a robust framework launched to assist NHS organisations and those providing NHS services to review and improve their performance for people with protected characteristics, so that services are fair and accessible to all.

The repercussions of the Covid-19 pandemic and the cost of living crisis on vulnerable people and groups, make it essential that YH easily identifies people considered to be at greater risk. This included ensuring ethnicity was recorded at the point of contact and our high rates of recording continued to be maintained during 2024-25, with sustained support from our data and information management team.

We took a new approach in 2024-25 in the way we provided supportive equality provisions for our members, after initial interest in a range of diversity network groups reduced significantly. In their place, we

provided a regular open forum section 'We're Listening' into our senior leadership Base Briefing sessions, open to all YH members, and actively sought live, pre-shared or anonymous feedback or suggestions to support changes we could make to our provisions and practice, to enhance inclusion.

We also continued to include equality diversity and inclusion questions in our annual staff survey and 97% of staff members completing it felt that we provided a safe and inclusive environment in which to work.

YH had its
highest ever
staff survey
engagement score
in 2024 rising from
89%
in the previous year to
90%

Training and Development

A range of training and development opportunities are offered and funded by YH, including apprenticeships, independent prescribing courses and Master's and undergraduate degree courses.

The Specialist Community Public Health Nurse (SCPHN) programme funded directly by NHS England, ran again in 2024-25. Across the two academic years covered we supported two health visitors and two district nurses through the programme.

Leadership development for staff was made accessible via a range of online modules including modules offered as part of the NHS Leadership Academy and via apprenticeship routes.

The learning and development team maintain a hybrid model of delivery which supports different learning styles as well as accessibility. They also provide regular training communications highlighting course availability, which supports the maintenance of mandatory training levels for staff. Training compliance levels are provided via the Electronic Staff Record portal, which supports service leads to manage the compliance levels within their teams, supporting the delivery of good quality and safe provision to service users.



Apprenticeships

During 2024-25, YH reinvested from accumulated surplus, supporting eight staff members on apprenticeships. The programmes included nursing associates, a clinical associate in psychology, occupational therapists, physiotherapists and a network engineer.



Are we Caring & Responsive?

Compassion, respect and dignity are essential and central to the way we deliver care. Our services are delivered in direct response to the needs of our service users and their families.

Building on pandemic delivery learning, we continued to maintain some online delivery as part of business as usual.

This approach supports a range of efficiencies and is based on service user feedback that has suggested that many elements of service delivery are more accessible to a range of service users, when provided in a variety of flexible formats.

Our 'Being Open and Duty of Candour' policy has ensured that our teams can be open and honest with anybody who may have been harmed as the result of a reportable incident.

Duty of Candour

Promoting a culture of openness plays an essential role in improving safety for any of our service users, as well as the healthcare services we provide.

Our 'Being Open and Duty of Candour' policy has ensured that our teams can be open and honest with anybody who may have been harmed as the result of a reportable incident. We can then explain what went wrong, apologise and provide feedback on what we have already done to support them, and what we will do to prevent similar incidents reoccurring.

This approach has been further enhanced in line with the requirements of our new Patient Safety Plan, and we actively engage our patients and service users, who are experts in their own care, from the point at which things go wrong seeking their views and sharing our learning and improvement action plans with them.

We are listening

Feedback is important as it helps us to understand how service users experience our care.

We are able to seek feedback through a range of routes on and offline and through the use of a QR code. This approach has supported feedback from a wide range of service users who access our services in different settings.



You said

Our ‘You said, we did’ approach is embedded throughout our organisation and we are committed to informing people about how their views and opinions have influenced change.



We did!

Below are some issues raised, along with our responses and actions:

In relation to our infant feeding team, February 2025

“This service is great, lucky to have in the area, it would be great if GPs could recommend the service, I only know about it because I had used it before”

We regularly update GPs with information about this service, and provide information on the Connected Kingston and YH websites. We also have a social media plan progressing for launch later in the year to support knowledge and uptake.

In relation to aquatic therapy, run by our community neuro rehabilitation team, May 2024:

“We wondered if it would be possible to have more poolside seating, useful whilst waiting for class commencement and for placing bags and items whilst in the pool. Could assistance in dressing be provided afterwards?”

Currently there are two long benches for use but the team plan to add an additional bench to increase the space available. Unfortunately, our staff cannot support with dressing and we therefore provide advice about bringing a friend or family member to the class to support, in our class leaflet. When service users/patients start with the aquatic therapy group we ensure that they are reminded about these requirements and limitations.



Service user feedback numbers increased to **3,413** maintaining and exceeding the **50% increase** in 2023-24

Concerns and Complaints

Informal complaints (concerns) are managed at a service level, escalating them to the attention of our service effectiveness team when additional support is required. In 2023-24, a new concerns process was launched. This was designed to enable the logging of informal complaints, managed at a service level, on an easy to use app, supporting a greater understanding of any themes emerging across the organisation. This app became well used and embedded across the year.

At the end of 2024-25, due to required revisions to NHS complaints management processes, the way we considered complaints changed. The differential concept informal/formal was removed and from January to March 2025 we complied with these changes and started to consider expressions of dissatisfaction, not as informal or formal but as complaints we could 'swiftly resolve' at a service level within five working days. If this was unsuccessful we would then 'take a closer look'.

In order to achieve this, we updated our policy, communicated with our teams and repurposed our concerns app to support compliance with the new requirements.

From the 284,140 service user contacts we had in 2024-25, we dealt with 38 informal complaints or 'concerns' (seven of these under the new requirements - i.e. swiftly resolved) **and responded to 11 complaints** (one of these under the new requirements 'needing a closer look').

All complaints that we receive are reviewed, investigated and responded to as quickly and efficiently as possible by the relevant services with the support of our service effectiveness team. This supports a speedy resolution of the issue that is to the satisfaction of those raising concerns.

The Parliamentary and Health Service Ombudsman (PHSO) provides an independent complaint decision service for complaints that cannot be resolved by organisations providing NHS funded care.

In 2024-25 no complaints were escalated to the PSHO, however, an outstanding escalation from 2023-24 was resolved, through the provision of a small Severity of Injustice payment, which is the new approach to some cases. The handling of complaints is monitored through our governance structures to ensure oversight and an understanding of themes that may need organisational consideration.

Feedback from service users

The Friends and Family Test is a standardised service user experience survey which we use to collect patient experiences of care.

Many service areas collect their own service user feedback, in addition to the delivery of this survey, to support an ongoing review of specific aspects of their care.

Service User Feedback

“You looked after my mother when she had a stroke and the improvement we saw since you treated her was amazing. The training and strategies to cope with her condition were brilliant and the whole team worked together to deliver the best care. You also explained things clearly and were honest about her condition and outcomes which was very much valued. You are a truly amazing team.”

Occupational Therapy .

“I enjoyed spending time with the facilitators who were hugely respected by everyone in the group and made us feel comfortable and able to be open without feeling judged. This helped myself and other parents bond and form a close support group and friendship. It’s been the most positive impactful time spent and I’ve appreciated it immensely.”

Health Visiting Service HENRY Healthy Lifestyle Programme

Staff Wellbeing

We had a staff survey score of 93% this year, in relation to our support for staff wellbeing.

Our staff members continue to have access to online therapeutic support via our wellbeing provider and we provide support to staff through other organisational initiatives including our very well attended monthly Menopause Matters group. This initiative proactively considers the needs of the organisation's workforce, whose largest staff group (85%) are female and most likely to be experiencing the symptoms of the menopause. Access to these services and initiatives continued to be supported by service leads, highlighting the importance we place on maintaining staff wellbeing.

We received
3,246
compliments –
a further increase of
around
16%
on 2023-24



Are we Well-Led?

We operate a rigorous governance framework where our committees report and provide assurance to the YH Main Board through our Integrated Governance Committee, chaired by our managing director.

The organisation's committees remain in a fully hybrid format, supported by the interactive technology available for staff at YH. This has supported ongoing ease of access and time and cost efficiencies.

External audit of our ISO 27001 accredited Data Centre

Your Healthcare Data and Information Technology Services' hosting service transitioned to IEC/ISO27001:2022

In 2024-25 YH maintained and transitioned to ISO 27001:2022 accreditation which relates to the security of any data held in our data centre and which is subject to an annual external audit.

Data Security and Protection Toolkit

We exceeded the required standards in our 2023-24 Data Security and Protection Toolkit submission.

This annual self-assessment offers

assurance that, as an organisation, our data security practices are good and provide assurance that personal information is handled correctly and safely. Our Toolkit was also audited independently by RSM and provided a high level of confidence and a satisfactory assurance rating.

Alongside this, YH also holds a Cyber Essentials Plus accreditation.

Data Quality

We understand the importance of data quality and adhere to organisational and regulatory requirements. By meeting these regulations, we are able to demonstrate that the data we hold is accurate, and we are able to use it to demonstrate performance improvements and to support future planning.

Our data systems ensure that our service leads, board and external stakeholders have the right information to make decisions and action plan.

We are also part of local shared care record keeping systems which support safer and swifter interventions and outcomes for our service users.

Digital Innovation

All YH members who require it, have access to the digital equipment that they need to perform their roles on and offsite, enabling them to work, where relevant and appropriate, in

a hybrid way. This has continued to support flexible working, workstream efficiencies and attendance at partner meetings.

In addition, the organisation's upgraded digital interfaces in its meeting spaces meet the ongoing requirement for hybrid meetings, and improve the visual and sound quality which supports more meaningful and participatory sessions with internal staff and external partners.

Annual Members' Survey 2024

As an organisation we have good response rates to our annual members' survey. Engagement scores have followed a pleasing upward trajectory from 88% in 2021-22, to 90% in 2024. Engagement scores are calculated from specific questions and measure how committed employees are to the organisation's success.

YH members have Five Freedoms, one of which is the 'Freedom to ask questions' and there are a variety of routes they can use to do this and to provide feedback about their work-based experiences. This includes the ability to ask questions in person, online or anonymously in the 'We're Listening' slot at the regular Base Briefing. Members are also supported through their supervision and one-to-ones, to explore concerns and challenges that

may need to be supported by their supervisor and/or manager.

Membership Council

YH is a membership organisation, and the input and views of members are enacted through the YH Membership Council (MC).

The MC comprises an elected membership from across the organisation and a non-executive representative. The MC focuses on the needs of staff, service users and the wider community and supports a range of YH functions which includes the review of action plans associated with organisational strategies. The MC ensures that the YH senior management team is held to account in meeting its commitment to deliver social value and community benefit. It meets quarterly and provides reports to the YH Main Board.

Futures Forum

YH offers all members an opportunity to contribute to the future direction of the organisation through our Futures Forum which highlights success and promotes collaboration and innovation.

It supports the organisational membership to feel involved and included. Access is supported by a hybrid delivery and the availability of post-forum recordings.



YH members have Five Freedoms, one of which is the 'Freedom to ask questions' and there are a variety of routes they can use to do this and to provide feedback.

Looking ahead

We will continue to evolve and change to reflect the evolving picture of health and social care, responding to the requirements of the NHS Patient Safety Plan and our stakeholders, including commissioners and regulators.

- ✓ We will continue to prioritise the safety of our service users and staff, embedding our systems approach to improving patient safety outcomes and will review our Patient Safety Plan within the first six months of the year, to ensure our approach is effective and focussed on the incidents requiring the greatest attention.
- ✓ We will publish our Patient and Public Involvement and Engagement Action Plan, supporting our teams to proactively engage with it, monitoring outcomes through the relevant committees and groups.
- ✓ We will remain committed to addressing inequalities in health, improving our recording of the reasonable adjustment needs of our service users, and improving the accessibility of all the information that we provide to our service users, their families and carers, to promote equality of access and improved health outcomes.
- ✓ We will further develop our quality improvement activity within the organisation, supporting our membership to work with their Five Freedoms to innovate, identifying problems that need solutions which improve outcomes and service experience, and provide financial efficiencies.
- ✓ We will continue to work actively with our partners across South West London to develop integrated care systems that align with the newly required approaches defined locally and nationally.
- ✓ We will align with KRFT and support reconditioning as a proactive and continuous approach to improving outcomes for service users across YH who, without signposting to information and locality-based provisions that support improved activity levels, are at greater risk of deconditioning.

Appendix

Comments received from Kingston and Richmond NHS Foundation Trust, South West London Integrated Care Board and Healthwatch Kingston, following receipt of Your Healthcare Quality Account 2024-2025.



Ed Montgomery, Managing Director,
Your Healthcare CIC
Monday July 14th 2025

Dear Ed

Firstly, I would like to thank YHC for its continued involvement in the Quality Governance Committee at the KRFT. We all find it useful to be able to coordinate and triangulate the Community and Hospital services across Kingston and Richmond.

We note YHC's continued recovery from the Pandemic effects, your continued collaboration with system partners. We note the difficulties and mitigations being put in place to aid in the reduction and improvement to access for ADHD/ASD assessments, particularly in discussions with the KRFT QGC. We are supportive of the introduction of the pilot project with the peer educator in schools using the Mental Health Foundation resource. We look forward to seeing the proposed action plan following the publication of your Patient and Public Engagement and Involvement Strategy. We commend you on the Urgent Community Response and the quantity of referrals and the numbers on the avoidance of admissions.

- Safe
1. We note the work done on IPC on Cedars and the good data metrics, and the 100% compliance on the VTE assessments.
 2. We look forward to seeing the mitigations for improvements in the Food and Dementia friendliness following your Patient-Led Assessment of the Clinical Environment.
 3. We are pleased to see the implementation of the PSIR Policy to implement a system approach and learning, and it will be good to see if this has helped with learning for the Category 4 Pressure Ulcers. We commend YHC on the reporting of the near misses and looking at the PSIR learning, and note there have been no PSiIs.
 4. We commend YHC on the approach of employing a new Safeguarding Nurse across 0-19 Health Visiting and School Health Services, which will increase the contribution to multi-agency case discussion.
 5. We are pleased to see the adoption of the NHS FTSU Policy and the new FTSU Guardian.

- Effective
1. We commend YHC on the development of an audit system to support more robust monitoring and the setup of the QI database and Registration. We are pleased to see, following the upset from the Pandemic, that the audit cycle is back to BAU.
 2. We note that the unmet standards for the SSNAP Audit were time to first contact, and this is reflective of the 5 day working week for YHC.
 3. We commend YHC on its new approach to EDI with the open forum (including anonymised feedback). We note the good results from EDI feedback on the staff survey and look forward to seeing the outcomes of YHC's new approach to EDI.

- Caring
1. We commend YHC on the new approach to informal complaints to be able to look at themes and learning. We note the local resolution and no referrals to the Parliamentary and Health Service Ombudsman.
 2. We note the good results from the Staff Survey regarding Staff Wellbeing and an increase in compliments for YHC.

- Well Led
1. We note the progress made in the Data Security and Quality and the Hybrid Digital Systems.

We feel that the Quality Accounts for YHC for the year 2024-25, reflect a good set of Quality Accounts and have created the foundation in place to be able to continue and develop the collaboration with system partners to be able to help deliver the ambitions in the 10 year plan.

Kind regards,
Naz

DR NAZIM JIVANI, GP, MBChB, DCH, MSc Sports Med, AvMed
Chair, Quality Governance Committee
Kingston and Richmond NHS Foundation Trust
Non-executive director Kingston and Richmond NHS Foundation Trust.



NHS South West London
Integrated Care Board

Elaine Clancy, Chief Nursing Officer
South West London ICB
2nd Floor, 120 The Broadway
Wimbledon SW19 1RH
16th July 2025

Ed Montgomery, Managing Director
Your Healthcare CIC
Email: ed.montgomery@yourhealthcare.org

Re: Quality Account 2024/25 for Your Healthcare Community Interest Company

Dear Ed,

Thank you for sharing the Your Healthcare CIC 2024/25 Quality Account with Southwest London Integrated Care Board (SWL ICB). Having reviewed your Quality Account, we are pleased to see the progress and commitment made by Your Healthcare in maintaining exceptional quality of care for patients including the ongoing improvements in services.

The Quality Report for 2024/25 encapsulates Your Healthcare CIC unwavering commitment to delivering patient safety, positive patient experience and clinical effectiveness. This is underpinned by your robust quality improvement initiatives and a culture of continuous learning.

It is evidenced in the excellent performance across multiple domains in 2024/25 as seen in your outstanding reporting of 100% compliance with VTE assessments completed within 24 hours of admission, a significant reduction in falls per 1000 bed days on the inpatient unit to 3.91, well below the national average of 6.63 and your achievement on the patient-led assessment of the clinical environment (PLACE) initiative which scored 98.6% for cleanliness and 95.74% for dignity and respect.

The ICB commends your outstanding urgent care response performance. You had the second highest volume of urgent care referrals across South West London but achieved a 99% two-hour response rate, the highest in the region. This prevented unnecessary hospital admissions in 84% of cases and underpins both local and national priorities to shift care out of hospital into the community and closer to home.

Congratulations to your staff members who received commendations and national recognition, including a 'Rising Star' community nurse and the end-of-life lead who received an award from the Royal College of GPs/Marie Curie.

We fully support Your Healthcare's adoption of the NHS Freedom to Speak Up Policy and recruitment to a new Guardian, to foster a culture of openness where staff are encouraged to raise concerns. In addition, the annual staff survey of those who completed this demonstrates 97% of staff members feel the organisation provides a safe and inclusive environment in which to work.

We note the published Patient and Public Engagement and Involvement Strategy and enhanced patient experience which demonstrated a 16% increase in compliments from the previous year.

The ICB recommends that the Trust considers the following actions within their key priorities:

- Continued focus is needed on sustained issues of psychological deterioration in children's services and delayed developmental attainment in children under age 5.
- To address inequities in access to neuro-developmental services. Although demand for ADHD and autism assessments have increased, gaps remain in provision—particularly for autistic individuals without learning disabilities. Plans to address this should be fast-tracked and broadened across services.
- To improve timeliness and access in community stroke rehabilitation, as the SSNAP audit highlighted challenges in timely first contact and longer-than average length of stay due to limited-service availability (five days a week). Expanding access and capacity may enhance outcomes.

We look forward to continued work with Your Healthcare CIC under our partnership arrangements and strengthening our collaborative approach to system quality improvement.

Yours sincerely

Elaine Clancy
Chief Nursing Officer, NHS South West London
South West London Integrated Care Board
E: elaine.clancy@swlondon.nhs.uk



**Statement from Healthwatch Kingston Upon Thames on
Your Healthcare CIC's Quality Account 2024-2025**

Healthwatch Kingston upon Thames welcomes the Your Healthcare Quality Accounts (April 2024-March 2025). Once again, we have appreciated the openness and responsiveness of the YH leadership team to engage with us, whether we are sharing the views, experiences, and concerns of local people about their care or, while scrutinising plans for service transformation.

We welcome Your Healthcare's commitment to service user feedback, as it helps providers understand how service users experience care. We look forward to your Patient and Public Involvement and Engagement Action Plan being published and applaud your 'You said, we did' approach, as it is crucially important that people are told how their views and opinions have influenced change.

Thank you again to everyone at Your Healthcare for continuing to put community at the heart of the integrated health and social care services you provide for Kingston residents.

Stephen Bitti
Chief Executive Officer

your healthcare

Established in 2010, we are a social enterprise that delivers integrated health and social care services for residents in the Royal Borough of Kingston, and learning disability and autism services for adults in the London Borough of Richmond.

If you require this document in any other language or format, please email the Your Healthcare customer care team 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 고객관리팀 (contact@yourhealthcare.org)으로 이메일을 보내주시십시오. 기꺼이 도와 드릴 것입니다.

Jeśli chcesz 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 விரும்பினால் contact@yourhealthcare.org எனும் முகவரியில் உங்கள் நலப்பராமரிப்பு வாடிக்கையாளர் சேவை மையத்திற்கு மின்னஞ்சல் அனுப்பங்கள். அவர்கள் உங்களுக்கு மகிழ்ச்சியுடன் உதவுவார்கள்

Your Healthcare CIC

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22 Hollyfield Road,
Surbiton, Surrey KT5 9AL
T: 020 8339 8000

www.yourhealthcare.org



Company no. 06762290

Our Locations

1. Cedars at Grace Anderson, Teddington Memorial Hospital
2. Hollyfield House
3. Sheridan House
4. Surbiton Health Centre

We run services from the locations below as well as other community sites, such as local schools.



Sheridan House

ROYAL BOROUGH OF KINGSTON

Richmond

Twickenham

Teddington

Kingston

Molesey



Cedars at Grace Anderson, Teddington Memorial Hospital



Surbiton Health Centre



Hollyfield House