## Richmond upon Thames Quality Accounts 2014 - 2015

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Healthwatch Richmond welcomes the account and is pleased to see that all the priorities set out from 2014/15 were achieved. We acknowledge the progress which the Trust has made during the reporting period in correcting many of the problems which it faced at the start of the period.

Healthwatch Richmond finds that the format is not particularly user friendly, forcing the reader to compare and cross-reference sections to gain a full picture. The report is also extremely repetitive, although this may be due to the nationally prescribed requirements. If the audience is meant to be wider than commissioners and regulators, this should be addressed in future. We also found that there is little supporting evidence within the body of the report to demonstrate what the Trust achieved against their targets. We would appreciate seeing more detail both on the many achievements of the previous year, as well as on the areas of improvement that will be a focus going forward.

We acknowledge the progress that has been made on service feedback and congratulate the Trust on their recognition in the Patient Experience Network Awards. We were pleased to see the Trust's approach and focus to manage and learn from serious incidents and are also pleased to see that some progress has been made with staff engagement: however it is important that this is maintained and we were surprised that it was not listed as a priority for 2015/16.

We recognise that it is a challenge for the Trust to deliver services across five different boroughs and work with five local authorities but we are disappointed that there have been no pilots of service improvement in the borough of Richmond. We also were disappointed by the level of engagement with GPs especially outside the Wandsworth area, demonstrated by the low response to the survey in priority 3. We hope these issues will be resolved in the near future.

We welcome the continued focus on coordinated discharge, physical health, learning disabilities and communication with GPs. Nonetheless, we would appreciate seeing clearer targets for the future priorities. We note that there is e-training available to staff on learning disabilities: however, the report was not clear on the proportion of eligible staff who had undertaken the training. Additionally, it would be helpful to understand why there are no plans for the use of web consultations with GPs. We are delighted that research funding has been secured for the peer worker programme to support the discharge process and look forward to seeing the benefits of this for service users as the research progresses. Additionally, we congratulate the Trust in developing an impressive research department that will benefit patients locally and nationally in the longer term.

We are very pleased that a comprehensive project around discharge is being developed and we welcome the Trust's commitment in looking at the reasons for readmission. It is pleasing to note that there is a focus on helping to ensure that appropriate care is given before discharge and that proper discharge procedures are followed, and we look forward to supporting the Trust through this work.

We are pleased that some focus is being given through the CQUIN targets to CAMHS service improvement, especially as the Trust has restructured its CAMHS services in the past year. The transition to adult services is a particularly crucial area to improve patient experience and is where many young people feel let down. Healthwatch Richmond will be conducting surveys to test service user and carer experience of these services during 2015 and we hope to be able to make a positive contribution to the work of the Trust through our findings.

