

Commentary on West Middlesex University Hospital NHS Trust Quality Accounts 2014-2015

Healthwatch Richmond found that the report has been well written using clear English. Considerable detail has been provided under each heading, even in cases where the hospital had not encountered any problems, such as with naso-gastric insertions. We would appreciate more clarity in the justifications for some of the targets, particularly where targets have not been met but progress has been made. There is an opportunity to simplify it however, as there is substantive repetition between the sections of past and future priorities, if this is acceptable within the nationally prescribed requirements.

We note that the Trust fell short on targets for incidents, such as falls and hospital acquired infections. There was an increase in falls, despite a priority to reduce them, and although this did not represent an increase in falls per 1000 bed days, it is necessary to maintain this focus going forward. Some detail on what is meant by 'regular' audits regarding falls prevention would be welcome. Similarly the Trust did not reach its target for reducing hospital acquired infections, and it would be informative to know the proportion of eligible staff that have completed and training. We are pleased that these priorities will be continued in 2015/16, and would like to see timescales set against the actions which will be taken. We were also pleased to see reference to work we conducted with the hospital and trust that the actions undertaken and their results will be given further attention in next year's report. It was encouraging to see that the plan to introduce bay nursing has been included for the coming year: we hope that this will have further reaching consequences for meeting patient needs within the inpatient wards rather than purely a reduction in falls.

The progress on reducing catheter use should be commended, and we hope that the Trust will continue with this focus, while ensuring dignity and wellbeing for patients who suffer from incontinence. We expect that the Trust will improve its responsiveness to patients' personal needs overall, and that this should show improvements in the quality indicator measures, particularly following the work we conducted with the hospital in November 2014.

It would be helpful to know whether the work to adopt the Macmillan values based standards in cancer pathways will go ahead for 2015/16, as it is disappointing that this was not achieved in the 2014/15 period. However, it was encouraging to see that the target to provide Holistic Needs Assessments for diagnosed cancer patients was achieved.

Despite the wide ranging programme to reduce pressure ulcers producing positive results, the compliance rate in training was disappointing at 34% where the target was 90%, and we hope that, whilst this priority is not being continued to the 2015/16 period, the compliance for training in prevention of pressure ulcers improves. The Trust emphasises training and education as an action for several of its improvement initiatives, and we expect the Trust to report the proportion of eligible staff completing this training to demonstrate progress against the action plans. For example, we note the progress that has been made in establishing clinical supervision for staff, and it would be helpful to know the proportion of eligible staff who are now supervised under this programme. Similarly, we acknowledge the progress in improving the end of life experience, but would like to see the results against the stated aim to deliver training to frontline staff.



We are encouraged by the progress that has been made in learning from complaints and incidents: however, the timeliness of responding to complaints should be improved. There has been progress on improving the discharge process but we would like to see the results of the compliance audit against pathways set out in the discharge policy. We are disappointed that, while the Trust worked with Hounslow to support the Extended Hospital Social Work Service, there was little mention of work with Richmond on any similar programs. As we noted in our work with the hospital, the discharge process is a challenging area for patients and the hospital and we hope that this will continue to be worked on and improved, particularly regarding Richmond patients.

While the hospital has priorities for Acute Kidney Injury and Sepsis, both of which are also CQUINS measures, we are disappointed that there is no stated priority for the identification and care of patients with dementia. With regard to the actions that are planned, we would like to see metrics and their benchmark measures and comparable measures reported on next year to demonstrate progress.

Overall we were pleased with the Trust's achievements over the past year. We support their aims for the coming 12 months and support the aim to meet any missed targets from the 2014/15 period. Additionally, we look forward to working together again with the Trust in the future to improve patient experience.

