

Plymouth Health and Adult Social Care Overview and Scrutiny Panel Minute 17 21 June 2010 – NHS Plymouth Hospitals Trust Quality Accounts

Paul Roberts, Chief Executive of the Plymouth Hospitals Trust outlined the work of the Hospitals Trust and the key issues for the future.

- a. Plymouth Hospitals Trust served not only Plymouth but its travel to work area which was in excess of 450,000 users;
- b. the trust also provided specialist services to around two million users;
- c. the trust had a good reputation for its level of care and scored well in national indicators;
- d. the trust was concentrating on three key areas, patient safety, clinical effectiveness and customer experience.

Dr Alex Mayor, Head of Clinical Governance, provided a presentation on the Hospitals Trust Quality Accounts. It was reported that:-

- e. from the point of view of a clinician, the change of direction in strategic policy to a focus on customer experience was welcome;
- f. it was important that the trust demonstrated how it intended to improve quality, but the focus on patient experience was relatively new;
- g. Quality Accounts would enable the public to hold NHS Trusts to account for the quality of the NHS healthcare services and enabled Trust Boards to focus on quality improvement, the accounts would also assist patients and their carers to make fully informed choices about their healthcare;
- h. the Quality Accounts highlighted innovation in three key areas, patient safety, clinical effectiveness and patient experience.

In response to questions from members of the panel, it was reported that:-

- i. the increase in deaths related to Venous Thromboembolism (VTE) could be down to increased reporting. It could also be related to the number of more complex procedures which were being performed on an aging population. There were a number of processes in place to balance the risks involved with a hospital stay. There was no strong evidence to show that VTE has increased in Plymouth in particular and national lead for this area was based in Derriford Hospital;
- j. the global trigger tool highlighted high risk areas for patients. Patient's notes were reviewed by clinicians for triggers and appropriate action would be taken to address them. It was a well validated tool;

- k. waiting times, as referred to in the document, do not relate to the waiting time to see a medical professional it was the target time to get patients through the department either to a further referral or discharge. The needs of many patients who come through the accident and emergency department were complex, patients often needed to be stabilised which meant that the time through the department was greatly increased.

The Chair requested that any further questions from the panel on the general approach to producing Quality Accounts were put to both NHS Plymouth and NHS Hospitals Trust following the next presentation.

Agreed that reference to waiting times is changed to reflect the target of time through department.