

about corrective action and confidentiality. Subsequent feedback reports concentrate more on the results of monitoring in individual specialties. This also applied to the other three main provider units (Southmead, Frenchay and Weston) with whom we held service agreements.

Amongst the specialties at UBHT, the monitoring reports from cardiac surgery (which was then a sub directorate within general surgery) was of a good standard. Issues of interest within the April to October 1991 report include the policy of pre-operative information and counselling, and information to parents about facilities for care of children on Ward 5.

As Bristol and Weston Health Authority was acting as "dominant purchaser" regarding negotiating and monitoring quality standards for 1991-92, copies of the monitoring reports and subsequently the patient satisfaction survey of Ward 5 were sent to all Health Authorities in the South West Region (letters A33452-A33459).

1992-93

Although section 3.1.8 describes the different types of quality monitoring which took place and although key Patient's Charter standards, patient complaints and clinical audit all involved separate and distinctive approaches, the monitoring reports are mainly to do with processes of patient care. The feedback from Bristol and District Health Authority to UBHT on April to September 1992 (which I wrote myself) noted that too high a proportion of outpatient clinics were starting late, and some patients were waiting longer than 13 weeks for their first outpatient appointment [A33383]. In their end of year report for 1992-93, the cardiac surgery directorate reported that performance on both these standards had improved [A33400, A33402].

The end of year feedback report for 1992-93, which was written by my colleague, Linda Williamson, notes that we had received an audit of operative mortality by Parsonnet Score [A33390] with apparently good results. This audit would have been passed to Dr Ian Baker for comments.

The nursing staff in cardiac surgery were active throughout the period defining nursing care standards and monitoring them. The 1992-93 report describes several of these including an audit of cardiac theatres using the National Association of Theatre Nurses Audit documents [A33408-A33414].

1993-94

The monitoring reports from UBHT's surgical directorate for 1993-94 concentrate on quantitative reporting on process standards set by Bristol and District Health Authority such as waiting times in outpatient clinics. This can be attributed to two factors; firstly on intensification of national monitoring on The Patient's Charter and waiting times and secondly a change of directorate general manager and of report writing style.

During 1993-94, the UBHT's monitoring reports begin to report a shift from uni-professional audit (medical, nursing, professions allied to medicine) to multi-professional "clinical" audit [A33309].