

**The BRI Inquiry into Paediatric Cardiac Services in Bristol 1984-1995**

Name	Fiona Vicki THOMAS
Address	Directorate of Cardiothoracic Services Bristol Royal Infirmary Bristol BS2 8HW
Occupation	Clinical Nurse Manager

**Introduction**

- 1 This statement is made in response to the Inquiry's request for information relating to evidence to be heard regarding Issue M. The Inquiry is already in receipt of my statement dated 17 May 1999.

**Issue M: Review of Cases and Medical and Clinical Audit**

**M1: The professional guidance available on the subjects of reviews of cases, and medical or clinical audit from 1984-1995**

- 2 I was not actually aware of any professional guidance available to review cases, medical or clinical audit up until the PATS system was implemented, which I believe was in approximately 1993. I recall that Mr Jon Hutter, Consultant (Adult) Cardiac Surgeon, introduced this system, which examined adult patients only.

**M2: The requirements placed upon clinicians by (a) professional standards and (b) contractual obligations by way of review of cases, and medical or clinical audit, during these years**

- 3 I am unable to comment as I do not have any knowledge of this.

**M3: The obligations (if any) placed on the BRI/UBHT, by the District or Regional Health Authorities and the DOH**

4 I am unable to comment as I do not have any knowledge of this.

**M4: The proper role of the hospital management, and/or the District or Regional HA management, in:**

- a) ensuring that systems of review or audit were in place, were adequately resourced and were functioning properly; and in
- b) responding to the results of any audits

5 I am unsure of the systems of audit in place before the PATS system was installed in 1993.

**M5: The systems set up by those managing paediatric cardiac surgical services at the BRI, to ensure:**

- a) review of the outcome of individual cases; and
- b) review of the outcome of series of cases

6 I was aware that the surgeons kept a record of their own cases. This was only brought to my attention when Dr Bolsin was seeking information. He made it quite clear both to myself and Lesley Salmon that he wanted information from the surgeons, so I assumed they must be keeping such data. This was in the Summer 1993, I think.

**M6: The use made of national or international information, whether from journals, research findings, registers or investigations such as the Confidential Enquiry into Peri-Operative Deaths (CEPOD)**

7 I was not aware of any national or international information relating to audit. I recall completing the CEPOD forms for children who fitted the criteria.

**M7: The individuals to whom, or institutions to which, data or results were circulated as a result of such reviews or audits, and the purpose and regularity of such an information flow**

8 I was unaware of any data or results which were circulated. As far as I was aware the surgeons kept the results to themselves. This was only brought to my attention when Dr Bolsin wanted to find out information on the outcomes of patients and the number of procedures, as mentioned above.

**M8: The constraints (if any) placed by confidentiality and/or the assurance of anonymity upon the use of audit data**

9 The individual surgeons kept their results to themselves, so I have no knowledge of this.

**M9: The advantages and disadvantages of the attitudes prevailing, at the time, to the use of audit data**

10 I am unable comment as I was not aware of the existence of audit data until the PATS system was up and running.

**M10: How well the systems of review and audit were maintained, and how they functioned in practice**

11 The only audit data I was aware of was that on the PATS system. It was only as good as the input data and that was limited due to who was loading in the data. I do recall being aware that some staff were not entering the required information. It was difficult for them as there was one PC in the theatre, and I think there may have been one in ITU, but it was a very lengthy process. The data collected was for adults only. Mr Jon Hutter introduced this system, he was very committed to it and worked hard to introduce it to the Directorate. When Robin Kinsman was employed as Information Officer, the PATS system became very effective as a new way of collecting the data was introduced to ensure accuracy throughout a patient's stay. I know that other clinical departments in the BRI are examining the possibility of using the PATS system.

**M11: Whether (a) the structures set up; and (b) the manner in which they were, in practice, operated and run, met the professional and contractual standards and obligations imposed on the clinicians and upon the BRI, at the relevant time**

12 I have no knowledge of this.

**M12: The success or otherwise of the systems of audit and review in place at the time, in:**

- a) **improving the quality of care or services;**
- b) **detecting any areas or respects in which the services provided fell short or that which was acceptable, and devising and implementing solutions**

13 I am not able to comment on systems of audit for medical staff. As for nursing audit, a level of expertise was required to undertake audit; diploma or degree nurses may have had these skills. Difficulties arose in conducting audit due to constraints of clinical work or other roles, which led to difficult decisions about what came first.

Sometimes nursing staff were so busy caring for patients, it was difficult to find time or spare pairs of hands to carry out audit.

- 14 The nursing audit that I recall taking part in was lead by a senior nurse in Trust HQ. I was to examine pressure area care and the audit was conducted once a year. Results were fed back to the clinical areas.
- 15 Another nursing audit I recall being involved in was into "professional nursing issues" and this took place once a year. This was directed by senior nursing management. It was very lengthy. I conducted the audit for ward 5A and 5B. It consisted of, I briefly recall, 10-12 questions about drug keys, nursing documentation, policy manuals etc. A large percentage of staff were asked each question, which is why it took the length of time. I do not recall receiving feedback from this audit.

Signed

*Fiona Thomas*  
.....

FIONA VICKI THOMAS

Dated

*29 October 1999*  
.....

H:\WORD\SEY\UBT001-JEA98005\FThomas m statement (Word 6)  
1.10.99 7.10.99 14.10.909