UNITED BRISTOL HEALTHCARE NHS TRUST

PATIENT CARE STANDARDS COMMITTEE

Notes of the meeting held on Tuesday 1st July 1997 at 8.30 a.m. in the Board Room, Trust Headquarters

Present: Professor R Dixon (in the chair)
Mr G Williams
Dr V Barley
Mrs P Fields
Dr M Lemon
Mr H Ross
Mr R Chapman
Mr J Garrett
Ms L Salmon

In Attendance: Mrs M Cooke - observer
Dr H Newman - Clinical Director, Directorate of Oncology
Mr A Hooper - IHCS/Health Records Manager, BRI
Mrs V Gregson - Health Records Manager, BEH
Mrs M Cockram, Medical Records Manager, BRCH

1. **Apologies:** Mr I Stone Mr R Gleave Mrs B Baldwin

2. **Audit Report : Dr Hugh Newman, Clinical Director, Bristol Oncology Centre**

Dr Newman told the meeting how a comprehensive programme of audit was in situ to maintain good standards of care in the Oncology Centre and improve them where possible. The Quality Assurance Programme included groups peripheral to the BOC. Protocols for Chemotherapy were reviewed on an annual basis; the procedures were local but many protocols were those used nationally and shown to be best current practice. Good dialogue between medics and other professionals was important. Dr Newman outlined steps which were taken to prevent mishaps in Radiotherapy and explained that monitoring 'as required' by Oncologists was restrained by staffing levels; however this was an area where a shift of work might be seen as it was likely that Therapy Radiographers were in a position to take on more of the monitoring role in this aspect.

Dr Chris Price was the Clinical Audit Coordinator for the centre. Dr Newman said hard outcome measures were difficult to identify and were an inherent weakness of audit systems but progress was being made towards achieving this. He thought the UK in general was probably lagging in identifying the 'soft end' outcomes. Proposed audit activities were decided by quorum and, although purchaser input was considered important, Avon Health had provided almost nil. Although a psycho-social support pilot had been attempted some time ago there was little audit along those lines at present; the benefit of training doctors in communication skills could be evaluated by obtaining patients' assessment before and after such training.

Over the next 2/3 years Dr Newman hoped that systems now in place would enable more data to be gathered, but there was a resource element which had to be addressed. Hugh Ross noted that a series of demonstrations of clinical systems had been arranged by John Aird to assist in identifying the best way forward.

The Progress Forms were monitored three times weekly by Dr Newman with the Superintendent Radiographer and the Nurse Manager: he was encouraged that few