

adjustments had to be made. Teams worked closely and mechanisms were in place to minimise the risk of incidents

On survival rates, Dr Newman had no reason to believe that the BOC figures were very different from other centres. The problems over providing such data, particularly for the period between 1989 and 1991, were discussed and Hugh Ross said these needed to be resolved as the provision of survival data was necessary. The MDI system was now providing good data and also capturing 'lost information' from the 5 years; however 'like for like' comparisons were not possible at this stage. Hugh Ross said there was a need to be robust in addressing the issues of Quality and Assurance.

Professor Dixon thanked Dr Newman for his presentation to the Committee and for the work which the department had put into Clinical Audit. A copy of the OHPs used by Dr Newman would be placed on file.

3. Notes of Last Meeting

There was one amendment to the notes of the last meeting :

3. Matters Arising : should commence *Audit : Roger Chapman confirmed....*

The notes were then accepted as a correct record and signed by the Chairman.

4. Matters Arising

i) Consent to Post Mortems & Tissue Retrieval

Marius Lemon had not yet had the opportunity to propose the subject of seeking consent to post mortems and tissue retrieval as an agenda item for PGMEC. Victor Barley had raised the subject with senior staff, who felt that it was handled adequately already and displayed no enthusiasm for becoming more involved. It was noted that people were less easily persuaded to accept post mortems and the public as well as medics needed to be educated. Pat Fields stressed the importance of this need being addressed, particularly in the area of heart valves; Hugh Ross suggested that, to this end, the way in which other Trusts had been more successful should be identified.

Hugh Ross had followed up the Viewing Room issue and reported that, as the problems over installing a ramp were difficult to overcome, the alternative route, although not satisfactory, would have to remain at present. It was only used one or twice a year at present.

ii) Clinical Audit

Roger Chapman and Marius Lemon had discussed potential improvement in audit. It had been raised at a clinical audit convenors meeting and four convenors had already responded by contacting Roger Chapman.

iii) Patient Survey and Information Cross-Trust studies

Victor Barley reported that the Steering Committee saw no benefit in a broader distribution of patient surveys. At present they were provided to Clinical Directors, who passed them on as they thought appropriate. It was noted that these should be of interest to a wider audience throughout the Trust.