

ran into great difficulty over arrangements for the transfer. A Senior Nurse had to accompany Ryan with the equipment when he was transferred, but there needed to be someone of equivalent standing remaining in the SCBU, and it seemed that they could not find the necessary staff. At one point we even offered to pay for an Agency Nurse ourselves as no progress was being made. It also then appeared that there was no ambulance available in the whole area with the equipment needed for such a Transfer. It was a horrific situation for everyone concerned, until eventually a suitable ambulance was located. This was the beginning of our education to the fact that the NHS, at the time, was desperately underfunded, so much so that Ryan's life was put at risk. At the BCH Dr Joffe confirmed his initial diagnosis, having used a more sophisticated scanner. We were so reassured to find that Dr Joffe was so calm caring and concerned for the well being of the whole family, and for the first time since Ryan's problem became apparent, we felt a sense of security. He explained in detail what we were seeing on the scanner screen and the procedure that he would perform within the next hour. He made a hole in the partition of the top two chambers of the heart. Afterwards Mr Joffe told us that it had all gone well.

6. Notwithstanding that Ryan remained extremely sick, he was then taken back to Southmead Hospital by ambulance, apparently due to a lack of space at the BCH. Some of the nurses expressed concern at this move as any movement was a risk to Ryan's life.
7. After about a week to ten days in Southmead SCBU, we were able to take Ryan home. We then continued to see Dr Joffe at the BCH at regular intervals in the Outpatients Department. He continued to show great