

The BRI Inquiry into Paediatric Cardiac Surgery in Bristol (1984-1995)

Name	Mr Robert McKINLAY, CBE, FRFng., FRAeS, Hon D Tech, BSc., ARTC
Address	c/o United Bristol Healthcare NHS Trust Trust Headquarters Marlborough Street Bristol BS1 3NU
Occupation	Former Chairman of UBHT (1 July 1994 to 30 November 1996)

1. This statement supplements my first statement dated 16 May 1999. I have been asked to comment on Issue N, The Expression of Concerns, in greater detail and also on specific matters set out in the letter from Peter Whitehurst dated 6 August 1999 which is attached at Annex 1.

The status or role of the Board in securing and ensuring high standards of care

2. I thought that I had made it clear in my first statement that I think the Board does have a role in securing and ensuring standards of care. However, in practice it is only the medical profession which can actually deliver high standards of clinical care. The Board's role is limited to setting policy, appointing senior staff, and ensuring that comprehensive monitoring systems are in place. At the time when I was Chairman the medical audit process was developing, but standards, against which questions could be posed and followed up, did not exist in a systematic fashion.
3. Medical audit had been introduced at UBHT in the early 1990's in the form of a Medical Audit Committee which produced annual reports from 1991 onwards. After I had left the Trust it became the Clinical Audit Committee. In UBHT it was

not the custom to circulate these reports to the Board or discuss them at Board meetings. The only report which I saw in the second quarter of 1995, at my request, lacked pre-set standards and it was not possible to see whether there were areas of concern and if so what was being done about them. I formed the conclusion that the audit process was in its infancy and the Board was not seen as being part of the monitoring process.

4. The setting of the standards applicable to the various specialties and the day-to-day monitoring of the standards being achieved must, in my view, be in the hands of the medical profession. However, at least once per year, the Chief Executive, possibly through the Medical Director, should present a report to the Board which should highlight any shortcomings, and the action being taken to overcome them. This did not happen in my day, but I was working towards that goal, as described in my previous statement.

The effectiveness of the Board in securing and ensuring high standards of care

5. Since the Board was not presented with information on the standards being achieved and any problems arising, the Board was not part of the monitoring process. In my view the Board was not, therefore, in a position to be effective. In this context I would strongly emphasise that the Board cannot act as "spies" ferreting out information for themselves. There needs to be a system which reports to the Board and, as described in my first statement, I was working towards that goal through the Board Committees.

The Board's relationship with the Chief Executive

6. When I joined, the other members of the Board had known the Chief Executive for several years and there were clearly good relations. I had a friendly relationship with the Chief Executive but I was the new boy and I had a strong industrial background in aerospace.