

provided to them by the Director of Information Technology, Alan Carter. Dr Roylance would attend from time to time. Mr Wisheart attended regularly as the representative of cardiac surgery. My first contact with Mr Wisheart was at these group meetings, before the Trust was established.

28. I had attended a few educational meetings at Gloucester HA where junior medical practitioners presented a patient with a particular clinical problem and doctors discussed how best the patient might be investigated and treated.
29. At Bristol, I attended meetings of the Medical Audit Committee, and its successor the Clinical Audit Committee, until shortly before I retired. At the outset, the meetings of the Medical (later Clinical) Audit Committee which I attended dealt with funding, with the possible processes of recording audit events, the mechanical process by which the annual report would be generated, e.g. by computer. The meetings never discussed outcomes. They certainly did not discuss relationships between practitioners, or clinical performance in any way.
30. Generally, these committees were considering management matters related to clinical practice. For example, I recall that the chairman of the anaesthetic division raised the subject of cancelling Friday afternoon surgical operations so that they could meet with the surgeons to discuss audit matters. The Medical Audit Committee eventually agreed only that this matter should be referred to the meeting of the Clinical Directors. We would see summarised "audit" reports. We were aware that certain specialities with common interests and concerns met to discuss specified topics, but we were not party to any of their debates, only to the agreed outcome of the debates and what future actions had been decided. Neither in this limited form of audit, nor in any other context did I ever hear of, let alone see, data produced by Dr Bolsin, or the paediatric cardiac surgeons although Dr Bolsin was a member of the Audit Committee for a while.
31. My primary concern when I was employed at Bristol in all the posts which I held was that the nursing care was of the highest standard, that nurses were trained and had available to them all that they required to carry out their duties correctly and in accordance with our professional standards. I tried to ensure that proper records were