

**E9: If there were delays in surgery, the effect (if any) of such delays upon the outcome for the children affected.**

24. If more of the theatre staff were working late and rostered together the following morning, this had an impact on the following morning's list. If this occurred, that morning's operation would be postponed until the theatre staff arrived. I don't believe that delaying an elective operation by a few hours had an impact on the outcome of the surgery.

**E10: The qualifications, training, experience and skills of the paediatric cardiologists.**

25. I am unable to comment.

**E11: The service provided by paediatric cardiologists in diagnosing or describing:**

- a. the structure and anatomy of the child's heart and lungs;
- b. the clinical condition of the child;
- c. the nature of the surgical procedure required, and any complications that might be encountered by the surgeon;
- d. the speed or urgency with which any intervention was required.

26. I am unable to comment except that all cardiological investigations were recorded in the patient's notes, which accompanied them to theatre.

**E12: The protocols or clinical guidelines, machinery, equipment or technical services (e.g. radiological interpretation) available to cardiologists to assist them in this task.**

27. I am unable to comment.

**E13: Pre-operative assessment and preparation procedures, including meetings at which treatment and operations were discussed and planned.**

28. As I have stated previously, theatre staff had no input into pre-operative assessment of patients.