

**Issue E: Pre-Operative Management of Cases**

**E1: The arrangements and services available to manager the transfer of sick children from referring hospitals to the BRI.**

**E2: Where children were managed, pre-operatively; and under which clinical speciality.**

**E3: The re-assessment of the clinical condition of children admitted for elective surgery following admission.**

**E4: The manner in which decisions to recommend surgery for a child were discussed between paediatric cardiologists and paediatric cardiac surgeons, and other members in the cardiac surgery team; and the means by which such decisions were taken.**

**E5: Who bore the ultimate responsibility of deciding whether and what surgery was appropriate for a child, who should perform it, and when it should take place.**

17. I am unable to comment on these issues in any detail as I have no knowledge. Theatre staff would not see children until they arrived pre-medicated at theatre. The type of surgery to be undertaken had already been discussed between the clinicians involved, the way forward discussed with the parents, and appropriate consent given. Theatre staff were not involved in any of these meetings.

**E6: The organisation and management of theatre lists.**

18. A monthly meeting would take place between surgeons where the monthly theatre list would be made. This was passed to the Theatre Sister who would arrange the theatre staff duty roster around the theatre list. However, each list would invariably undergo a multitude of alterations. These may have been due a shortage of beds in the ITU, a more urgent/emergency case being presented, or the fact that because an operation had overrun the previous day, there was no scrub nurse or anaesthetic assistant available to assist in that morning's operation.

19. Daily theatre lists were compiled by the Senior House Officer in cardiac surgery and sent to us the afternoon before. These were more detailed than the monthly lists so that theatre staff were able to prepare the theatres according to the type of operation to be undertaken.

**E7: The mechanisms in place in order to ensure that surgery (whether elective, urgent or emergency) took place at a time regarded by the clinicians at the time as clinically optimal or appropriate.**

20. It was the medical staff who decided when an operation would take place. As part of their role, theatre staff had to be "on call", and could respond to urgent or emergency cases if called upon by the surgeons to do so. Please see my first statement at paragraph 23.

**E8: Whether operations (particularly elective ones) were carried out at a time regarded by the clinicians in charge of the child's care as appropriate; or whether the timing of operations was affected by matters such as limitations in the number of beds available in the ICU, availability of nursing staff or other staff, or the requirements of adult cardiac surgery.**

21. I believe I have answered this. On the whole theatre staff "bent over backwards" to accommodate every patient, in particular children, whether the operation was elective or emergency, and whether it was carried out during normal operating hours or out of hours or at weekends.

22. There was an informal rule of thumb amongst the theatre staff that if an operation continued past normal operating hours but was finished before midnight, then staff who were rostered for the following morning were expected to arrive on time, ie for 7.30am. If, however, the operation continued past midnight, then they came in at a correspondingly later time. For example, if the operation finished at 1.00am, they were to come in by 8.30am.

23. Although this was generally the case, if it was found that there were not enough staff the following morning, some staff would come in for 7.30am anyway, so that that morning's operation would not be delayed. If it was appropriate, ie there were no further operations, that nurse may then have been allowed to leave earlier in the day. We were able to do this because, working in such a small team, we supported each other. As a result, the team built up a lot of goodwill.