

1987. The initial documentation discusses with Mr Dhasmana, Dr Joffe, Dr Jordan, Mr Wisheart, Ms Stoneham and Mr Nix my draft letter to the Welsh Office. I canvassed their opinions on the contents of the draft letter, again co-ordinating the financial and epidemiological information available to me to explain the request for funding. It can be seen that the initial letter was sent to Dr Reynolds, the Chief Administrative Medical Officer of East Dyfed Health Authority on 2 November 1987 (document UBHT 0062/0360 dated 2 November 1987). This set out the difficulty in terms of resources, and identified the intention to restrict the number of referrals for 1988, to the levels previously agreed in 1985, unless appropriate funding from the referring body could be provided. It would appear that no particular response was received and as a result a further letter, the draft of which is document UBHT 0165/0020 dated 18 December 1987, was sent to Mr Owen, Director of the NHS in Wales, which confirmed that further action would be taken, such that as from 1 February 1998 the BRI would be unable to receive any new patients aged over 1 year from Wales. Children under the age of 1 were felt to be less of a problem as agreement from the DHSS for supra-regional funding seemed more likely.

50. In terms of referrals elsewhere, the document HA(A) 0119/0051 dated 6 October 1987 has a bearing as it discusses the waiting list initiative in existence around Autumn of 1987. In general there are often waiting list initiatives in hospitals because waiting lists are always of concern. The document in question was to Dr Roylance and advised of my concerns about not hitting our targets of 50 patients for onward transfer to The Brompton Hospital for cardiac surgery. There was a question over whether the patients were reluctant to go to London, and this was potentially more so with paediatrics as a local hospital would be favoured by the visiting family. The waiting list initiative was not in any way limited to paediatric cardiology but was across the board. I recall at some point around that time attending a meeting at The Brompton. In all probability that would have been to discuss the numbers and types of patients to be referred from the BRI. The issue in October 1987 was that a deal had been struck with The Brompton to take a certain number of cases under the waiting list initiative and the BRI was not referring as

agreed. I would have been involved in the negotiations with The Brompton, but I am unsure as to other people who would have been dealing with this. Apart from the difficulty of referring the patients who are unwilling to go to London, I think our inability to transfer as many patients was to a large extent due to having fewer admissions for cardiological investigations, having limited them due to building works going on at that time.

51. With the referrals issue there was also an ongoing resources issue, incorporating both funding and staffing levels. An example of the sorts of concerns I needed to address in my role can be found in document HA(A) 0120/0057, dated 13 December 1988, which refers to an intended meeting to discuss cardiology services in general (this is not specific to paediatrics) on the basis of a financial shortfall for 1988/1989. This sort of exercise was carried out across the board covering other areas within the Central Unit with the support of financial departments and planners etc. Again, the process was to ask someone like Dr Ian Baker to study the likely need in terms of the history already available, and then cross reference that with Graham Nix and other managers and clinicians. The purpose was to deal with medical staffing (predominantly dealt with by Dr Ian Baker) and, in this case, to flag up the fact that the number of procedures carried out was going to outstrip resources.
52. In all such situations there is a continual balancing act by those who allocate budgets. One inevitably has to consider looking to constrain this service, for example by restricting the number of incoming cases (as was the case with the Welsh referral of paediatric cardiology cases). The only options are to either get more resources or to take on fewer cases. At a meeting (the one that must have followed the memo on 13 December 1988, document HA(A)0120/0057 dated 13 December 1988) there would have been various discussions with clinicians about prioritising cases and looking at other options, such as The Brompton referral deal, as well as looking for finance and resources.