

Note on Material Relating to Matters Outside Terms of Reference

1. The Inquiry received a small amount of material that referred to matters outside the Inquiry's terms of reference. It included representations from:
 - parents of children who received paediatric heart surgery either in Bristol before 1984 or after 1995, or elsewhere in the UK;
 - adults who received heart surgery in Bristol during the 1980s and 1990s.

This material, in the form of letters, responses to the Inquiry's Questionnaires and a few statements, was examined by the Inquiry's Legal Team.

2. Summary of Note. The Inquiry received submissions from a number of parents and patients whose care fell outside the Inquiry's Terms of Reference. The children of some of the parents had died. Some parents and patients had questions about their care similar to those raised in relation to children whose care fell within the years studied by the Inquiry. Some spoke very highly of the care received. There was nothing in this material, however, to lead to the conclusion that the Inquiry's Terms of Reference should be extended to cover paediatric cardiac surgical patients who received care at the BRI/BRHSC prior to 1984 or after 1995, or paediatric cardiac surgical patients who received care elsewhere. Nor were there any grounds to seek an extension to include adult patients who received heart surgery in Bristol.
3. Contents of Evidence. The overall conclusion to be drawn from the material that fell outside the Terms of Reference is that it raised or echoed themes similar to those in the material submitted by parents and patients whose care fell *within* the Terms of Reference. The submissions were divided between being supportive of the doctors concerned (and critical of the GMC proceedings), and being critical of the care received. Some parents of children who died, or relatives of adult patients who died, were distressed by the media's criticism of Mr Wisheart and Mr Dhasmana, and had been left wanting to know whether their relative or child received substandard care or might have been saved had they been treated at another hospital.
4. The rationale for the Terms of Reference The Inquiry's Terms of Reference were determined for it in 1998 by the Secretary of State for Health. The starting point, 1984, coincides with the first year in which paediatric cardiac surgery was funded as a supra-regional speciality. The final year, 1995, coincides with the point at which concerns about paediatric cardiac surgery at Bristol came fully into the public domain.
5. Surgery prior to 1984. Some parents argued that to start the Inquiry in 1984 was to 'open a book halfway' and to fail to investigate whether or not Mr Wisheart should ever have been appointed to the BRI. They suggested that the quality of his surgery from the beginning of his career at Bristol should be examined.

On this matter, it may be noted that the Inquiry Panel considered the circumstances of Mr Wisheart's appointment. It also studied in depth the comparative statistical data available from 1984 onwards. The advice from the Inquiry's expert statisticians was that such data as could be used for comparative purposes could only be relied upon, if at all, for the years after 1991. For the period before that the comparative data was unreliable. To have extended the Inquiry backwards in time would have yielded little of value, in terms of understanding the performance of the surgical service by means of the study of outcomes. Thus, it seems unlikely that further insight would be gained by seeking to extend the period under study back into the past.

Other individuals who, as patients had survived surgery and done well during the early years, wished to draw the Inquiry's attention to the long record of satisfactory care that they had received at the BRI. As to this, the Inquiry received evidence from those whose association with the BRI began as early as 1984, or even earlier, but whose surgery was performed within the period of the Terms of Reference. The earlier evidence did not add any new points or issues to those already well covered in the statements received by the Inquiry. Nor could any conclusions reliably be drawn from the numbers of parents or patients who wished to write in support of, or to criticise, any person or body.

6. Operations on Adult Patients. The comments that came from adult patients were, in the main, supportive of the surgeons and of the hospital. However, this was not uniformly so: some representations came from relatives of adults who had died, and who now raised questions about the quality of the care that was received. Plainly, they were distressed and worried.

However, there was nothing in this material to lead to the conclusion that an investigation of adult cardiac surgery would be likely to raise points about the organisation and monitoring of care, and the experience of patients, that would be materially different from those raised by the experience of the children and their carers. As one of the main purposes of the Inquiry was to make recommendations for the future, it seemed unlikely that further insights would be derived from an investigation of the totality of adult heart surgery between 1984 and 1995.

Conclusion The Panel conducted the Inquiry according to the original Terms of Reference set in 1998. Submissions which fell outside these Terms of Reference were all carefully reviewed by the Legal Team, but the themes represented therein were not sufficient to justify a request to extend the Terms of Reference. That said, the Panel considered that the underlying themes explored within the Terms of Reference are relevant, not merely to the time frame under review, but also to adult acute services and to the NHS more generally.

BRI Inquiry

May 2001