

The Report of the Public Inquiry
into children's heart surgery
at the Bristol Royal Infirmary
1984-1995

Learning from Bristol



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Presented to Parliament by
the Secretary of State for Health
by Command of Her Majesty
July 2001

Foreword

It is my privilege to present this Report, as Chairman of the Inquiry. I do so in the hope that it will achieve two principal aims. First, I hope that it will allow a better understanding of what happened in relation to paediatric cardiac surgery in Bristol in the 1980s and 1990s. There were failings both of organisations and of people. Some children and their parents were failed. Some parents suffered the loss of a child when it should not have happened. A tragedy took place. But it was a tragedy born of high hopes and ambitions, and peopled by dedicated, hard-working people. The hopes were too high; the ambitions too ambitious. Bristol simply overreached itself. Many patients, children and adults benefited; too many children did not. Too many children died.

A Public Inquiry cannot turn back the clock. It can, however, offer an opportunity to let all those touched by the events, in our case Bristol, be heard and to listen to others. Through this process can come understanding. We tried to provide this opportunity. The understanding we formed is set out in Section One of our Report. It speaks of an organisation which was not up to the task; of confusion and muddle as to where responsibility lay for making sure that the quality of care provided to children was good enough; and of a system of care blighted by being split between two sites, by shortages of trained staff and by inadequate facilities.

It would be reassuring to believe that it could not happen again. We cannot give that reassurance. Unless lessons are learned, it certainly could happen again, if not in the area of paediatric cardiac surgery, then in some other area of care. For this reason we have sought to identify what the lessons are and, in the light of them, to make recommendations for the future. This is the second of our aims. It is what Section Two of our Report addresses. We offer our view of the way forward for the NHS: an NHS fit for the 21st century. The scale of the enterprise is considerable. So are the time and resources which will be needed to achieve the necessary changes. We make close to 200 recommendations. They are the recommendations of all of us. This is a unanimous Report. Our job is done. It is up to others to decide how to take things forward.

For the Panel it has been a long journey. I pay tribute to the support Rebecca Howard, Brian Jarman and Mavis Maclean have given me throughout. They have tolerated the burdens which I have placed on them with exemplary patience and goodwill. We have worked harmoniously. Throughout, we have had the benefit of a quite outstanding team. It has constituted a rich array of talents: the architects and designers who created the hearing chamber and facilities in Bristol; the teams supporting us in areas such as analysis, administration and IT; the managerial abilities of the Deputy Secretary Zena Muth; the tireless efforts of Becky Jarvis in the final stages of publication; and my personal assistants who in turn managed not only me but such things as trains and hotels with great skill and good humour. Warm thanks are also due to the Inquiry's legal team: the solicitors and paralegals led by Peter Whitehurst and Counsel led by Brian Langstaff QC. They all worked prodigiously hard. I mention also our team of Experts. They helped us enormously. Their work was of the highest standards and often groundbreaking. I single out one person for particular thanks. The Inquiry was fortunate beyond words in having Una O'Brien as its Secretary. I cannot praise her too highly. Her ability, dedication and sheer unremitting hard work represent the finest traditions of public service. Without her we could not have achieved half of what we did. She is owed a singular debt of gratitude.

I hope I can be forgiven for adding an entirely personal note. During the Inquiry's hearings my brother Stuart died. He had contracted hepatitis while operating on a patient. He was a good man and a good doctor. He taught me much. I dedicate any contribution I may make to the future of the NHS to his memory.

Ian Kennedy

July 2001

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Information about reference material, sources of evidence and footnotes

(a) Reference material

Explanation of acronyms: A list of acronyms commonly referred to in the text can be found at the end of the Report in Appendix 1.

People: A list of the full names and titles of those individuals referred to in the text can be found at the end of the Report in Appendix 2.

Further reading: A bibliography of published works which have informed the Panel's work can be found in Annex B.

(b) The Annexes to the Report

There are four Annexes to the Report. They comprise the equivalent of 12,000 pages of text and are available in CD format, attached to the back of the Report.

The Annexes are:

Annex A	A factual account of the evidence heard and received during Phase One (oral hearings) of the Inquiry.
Annex B	A variety of papers including the following:– The procedures of the Inquiry Papers by Experts to the Inquiry The Clinical Case Note Review Papers on statistics.
Annex C	The Inquiry's Interim Report: <i>Removal and retention of human material.</i>
Annex D	The transcript of the oral hearings: a verbatim account of 96 days of evidence.

A more detailed list of contents of the four Annexes is in Appendix 3.

(c) Footnotes

The footnotes in the Report refer to sources of evidence, or provide an explanation, for a particular point. The types of footnote, and the routes for further exploration, are as follows:–

WIT: the prefix WIT denotes a witness statement. WIT 0578 0003 Mr White is a reference to page 3 of Mr White’s statement.
All statements can be found on the Inquiry’s website

T: the prefix T refers to the transcript. T24 p. 16 refers to day 24, page 16. **The full transcript is in Annex D. It is also available on the Inquiry website.**

Other acronyms: A variety of other acronyms occur in the footnotes, particularly in Section One. An example would be UBHT 0065 0027. This refers to a paper given to the Inquiry by the United Bristol Healthcare NHS Trust (UBHT); the number is a unique page reference number assigned by the Inquiry. A full list of all the footnote acronyms can be found in the notes to Annex A.

Common acronyms are:–

UBHT – United Bristol Healthcare NHS Trust

DoH – Department of Health

RCSE – Royal College of Surgeons of England

The vast majority of the documents referred to in Section One are available in Annexes A and B on the accompanying CD.

(d) The Inquiry’s website

The Inquiry’s website www.bristol-inquiry.org.uk will remain available for the foreseeable future. The website includes the full text of the Summary, Final Report, Annexes A–D and all background papers for Phase Two. The website is the only route of access to the statements received from 577 witnesses and to all the formal written comments made about those statements.