

Could be better co-ordinated, as at present there is the possibility of highly disorganised with conflicting decisions between the surgical senior registrar and the SHO who do rounds at 8.00 am, the anaesthetists who see the patients at 9.00 am, (and the - Gen. intensivists who work three days a week.) has been developed and is planned to develop this further.

#### BACKGROUND OF CURRENT PROBLEM

From 1989 concerns about the surgical results of the paediatric cardiac surgeons have been raised by members of the anaesthetic department. Dr Bolsin undertook an audit of the paediatric cardiac surgical results from 1990-1992. The auditing showed: (1) that the results of the arterial Switch operation were poor; (2) the results of Bristol for more classical conditions, such as tetralogy of Fallot, AV canal and VSD, were worse than the national average; and (3) that one surgeon had results statistically worse than the other one.

In 1993 one paediatric cardiac surgeon went to the Children's Hospital in Birmingham to improve his technique on the Switch operation.

Professor Angelini, who joined the Trust in 1992, was informed as well as Professor Farndon (Professor of Surgery) of the results of the audit. A joint meeting between the cardiac surgeons, the paediatric cardiologists and the cardiac anaesthetists was called and the surgeons reassured their colleagues that the results were improving.

Several members of the staff who were interviewed during the visit confirmed that the surgeons ~~failed to report and update their results~~ until the day before our visit. Meanwhile, the results of the neonatal arterial Switch failed to improve and sometime in 1994 four cardiac anaesthetists agreed that they could no longer anaesthetise patients for a neonatal arterial Switch.

On 19 July 1994 Dr P Doyle (Senior Medical Officer, DoH) visited Bristol and was shown the results of the audit (we assume that those were the 1990-1992 results). Three alternatives were proposed by Dr Doyle: inform the Secretary of State, ask Mr John Parker as President of the Cardiac Society to conduct an inquiry, or ask the President of the Royal College of Surgeons to conduct an inquiry. We understand that Mr John Parker was contacted to deal with the matter.

On 24 July 1994 Professor Angelini and Professor Farndon informed the UBHT Chairman of the problem with paediatric cardiac surgery.

The following calendar of events was obtained in part from the interviews but mainly from a detailed report written by Dr Bolsin.

Against this background  
In January 1995 a non-infant Switch was put on the surgical schedule. The wisdom of operating on this patient was discussed by a committee with representatives of all parties involved and an agreement was reached to proceed with the operation. The