



U B H T
TEACHING CARE

The United Bristol Healthcare NHS Trust

Directorate of Anaesthesia, Level 7
Bristol Royal Infirmary, Bristol BS2 8HW

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18th November 1999

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Ms Charlotte Martin
Solicitor to the Inquiry
The Bristol Royal Infirmary Inquiry
2-10 Temple Way
BRISTOL
BS2 0BY

Dear Ms Martin

Re: Paediatric Cardiac Surgery - Bristol Royal Infirmary Inquiry

Further to Ms Austin's letter of 4th November I am enclosing my comments on Steve Bolsin's statement. I have no recollection of attending a meeting of cardiac anaesthetists arranged by Dr Bolsin at any time as he implies on page 4, lines 37-41 of his statement. However, I wonder whether the meeting to which he refers is the same one that I refer to in my enclosed supplemental statement.

Yours sincerely



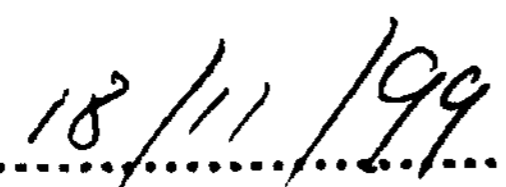
DR N BRIAN WILLIAMS FRCA
Consultant Anaesthetist

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BRI Inquiry into paediatric cardiac surgical services in Bristol 1984 - 1995**Supplemental statement by Dr N B Williams**

- 1 I can recall two meetings that I convened with the cardiac anaesthetists as a group. The first was in the first half of 1990, in an office adjacent to the cardiac surgical theatres, to select a lead consultant for the cardiac group. The second was some considerable time after receiving a copy of UBHT 0052 0290. I remember the location well but not the date.
- 2 My recollection is that the meeting was called to discuss a number of issues. At the time there was change in the pattern and workload of, and projections for, cardiac surgery. We needed to determine how our Directorate would deliver our anaesthetic service. We also discussed how the Directorate should respond to the widespread, and in the main, condemnatory reaction to UBHT 0052 0290. It was agreed that future concerns about paediatric cardiac surgical mortality would be expressed by the cardiac anaesthetists as a group, usually through their lead clinician rather than through Dr Steve Bolsin as an individual. This was because we wished to protect Steve Bolsin from being singled out as a troublemaker. My recollection of this meeting is that whilst concern was expressed for the level of paediatric cardiac mortality, no firm data was produced, and the requirement for collecting and ultimately producing it was communicated to Steve Bolsin.
- 3 I also agreed as Clinical Director to report directly to the Clinical Director of Cardiac Surgery, Mr James Wisheart, not only the concerns of paediatric cardiac mortality but also conclusions with regard to meeting the changing needs of cardiac surgery and anaesthesia. I held a number of meetings with Mr Wisheart covering these issues.

Dr N B Williams
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Signature
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Date