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operations were carried out during the year, and half of those operated on were under 1 year. Another paediatric cardiac surgeon was being sought, and also additional nursing staff. A fourth theatre was to be provided within the existing suite.

g. Guy's

A substantial number of new born referrals had to be turned away, though the throughput of neonates for surgery during the course of the year had increased. Once again, there was heavy reliance on "soft" monies. It was hoped that a third surgeon would be appointed. Concern was expressed about providing good data on the workload returns for the SRSAC.

h. Bristol

The children's hospital dealt with Supra-Regional specialties of various kinds. The Surgical work was carried out at the Bristol Royal Infirmary which treated only adults. Additional staff were needed since there was only one fully dedicated paediatric cardiac surgeon and there was a shortage of nursing staff. A large amount of 'soft' money had been used for the purchase of equipment; on the surgical side: the RHA was embarking on an extensive programme of expansion, and plans for the development of paediatric surgery lay within the development of cardiac surgery generally, which had obvious nursing and manpower implications.

i. Southampton

Workload was limited since neonates had to compete with adults awaiting cardiac surgery and Paediatric back-up was inadequate.

'Soft' money was used to provide equipment, and expansion of the service was limited by the amount of money available.

4. Parameters of the Service

Members again discussed the definition of the specialty and agreed to accept the Departmental definition as put forward in the letter sent out to regions on 17 April 1984, that neonatal and infant cardiac surgery included operations and related investigations, including relevant cardiological work, on children under the age of one year.

5. Discussion on the Questionnaire for the Supra-Regional Services Advisory Group

5.1 Expenditure sheet: members agreed that they should have an opportunity to identify 'soft' capital on the form.

5.2 Workload sheet: members were concerned that the questionnaire did not identify the size of the waiting list and admissions refused, and thought that out-patient attendances should be included as well.