

I explained to him that I had no knowledge of the various NHS professional and management systems for dealing with the sort of situation he described. My civil service experience was in manpower planning and in policy, as noted above. After hearing his views, I advised him that the issue was for local resolution and not for the DoH.

I did not make then, nor have I since made, any judgment as to the rightness of Dr Bolsin's opinion. My view was that if there was a concern about clinical practice then professional systems such as medical audit should enable professionals to address it.

I do not remember how his name came to be mentioned in the conversation, but we spoke of John Farndon, the clinical director of surgery at BRI at the time. (This post would give him a role both professionally and managerially in surgical matters.) I had not met Professor Farndon at that time, but I knew that I was going to meet him at a DH working party of which we were both members. I said to Dr Bolsin that I could speak to Professor Farndon after the meeting he and I were attending to say that I was aware of some concerns and to suggest that it was matter that the Trust needed to sort out. Dr Bolsin agreed I could do that. I spoke to Professor Farndon in private about a couple of weeks later, immediately after the working party. I told him it was not a matter for the DOH. I do not recall any particular reaction from him.

I heard nothing from Dr Bolsin or anyone else from BRI on this matter until I handed over cardiac services to Dr Doyle in April 1994.

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