

act when low blood oxygen presented post-operatively; and, failure to assess reasons for poor cardiac output. Reviewers commented that they could find little evidence of the presence of Paediatric Cardiologists on the ITU at BRI.

POST MORTEM (Aspect M)

3.10 If the guidelines on grading of “adequacy” had been strictly observed, none of the post mortems would have been graded less than 4 because the post mortem could obviously not have influenced outcome in any way. The reviewers did regard the post mortems as an important aspect of the overall care because audit and the assessment of care depend on good pathological back-up. The gradings reflect this approach.

3.11 Reviewers reported on thirty nine post mortems (including post mortems on the three children who died more than 30 days after surgery). Grades 1 and 2 were assigned in the cases of eight children, all of whom had died within 30 days of their last cardiac surgical procedure. In commenting on post-mortems, the terms "inadequate" or "poor quality" appeared on four occasions but "adequate" appeared in many more.

3.12 The post mortem reports were less helpful to clinicians reviewing the clinical records than they had expected. They commented that there did not appear to be sufficient information exchanged between the clinical team and the pathologists either before or during the post mortem and suggested in some cases that the pathologist did not appear to have had an appreciation of the operation or of the anatomy.