

## PRIVATE AND CONFIDENTIAL

I was aware of the situation of the new Chairman and of his background and I was concerned about this analogy (if not covert threat) and my possible future employment in the Trust. My concerns were considerably heightened on 3/4/95 when the BMA Place Of Work Accredited Representative (POWAR; Dr David Coates) told me that Dr Roylance had used the same analogy to make the same point in an "off the record" conversation in which he had asked Dr Coates to urge me not to appear on the BBC programme. I have since appeared on the programme without overt criticism from the Trust.

The following week the Trust announced that it had made an out of court settlement of a claim brought by the parents of a child who had died following cardiac surgery at the BRI. The child had been operated on by Mr Wisheart for tetralogy of Fallot. From this it can be deduced that Dr Roylance was being at best disingenuous in these meetings. The Chief Executive must have been aware of the proposed settlement, which would also have been seen by the Chairman of the Trust Board. Therefore my case would not have been the first seen by the Chairman for the application of aerospace industry standards. I also believe that the conversation with me and the repetition with the BMA POWAR **was** intended as a threat despite Dr Roylance's denial.

### Constructive Dismissal

I learnt after this from Dr Monk (Director of Anaesthesia) that Mr Wisheart and Mr Dhasmana were unwilling to work with me as the consultant anaesthetist for their cardiac surgical lists. The initial proposal was for me to undertake anaesthesia for general surgery but I expressed some concern at the unofficial, undocumented nature of the change in my contract. I believe that this was an attempt on the part of the Trust to provide some grounds to dismiss me.

A meeting in May was called by Dr Monk, at which Dr Trevor Thomas and Professor Cedric Prys-Roberts were also present. The argument put forward by Dr Thomas and Dr Monk was that a Trust faced with two surgeons who were unable or unwilling to work with one anaesthetist would be likely to take the view that the constructive dismissal of the anaesthetist would be the least costly and damaging course. The Directorate of Anaesthesia would be unwilling or unable to offer any support to that anaesthetist. Professor Prys-Roberts did not support that view but could understand the logic employed. My view was that if those circumstances prevailed I would have no alternative but an industrial tribunal to dispute my dismissal with the