

Response to the document "Visit of cardiac services directorate of the United Bristol Hospitals NHS Trust: Friday 10 February" dated 24. 2. 95.

This response summarises the conclusions of a meeting held on 2. 3. 95 attended by Dr Hyam Joffe (Paediatric Cardiologist), Dr Christopher Monk (Clinical Director of anaesthesia: cardiac anaesthetist), Professor John Vann Jones (Clinical Director of Cardiology: "adult" cardiologist and general physician) and Dr Gabriel Laszlo (Chairman, HMC and physician in general/respiratory medicine).

1. We thank the visitors for the time they have taken to amass a large amount of information and for their thoughtful report. We are happy with their advice in general. Some areas of the report merit comment and amplification.

2. Page 2; top line. Continuity of care is provided by the consultant surgeons. The care is multidisciplinary, which implies that there are many voices including microbiologists. It is intended that there will be whole time intensive care cover at BRCH. *Does this depict a weakness in the current situation at BAI?*

3. The audit undertaken in 1992 was incomplete and unidisciplinary and it is accepted here and there throughout the report that its findings could only point towards the need for more detailed study in certain areas (see page 5, top, points 2-4).

4. Page 2; para 9 (bottom). The sequence of events is recollected as follows:

i. After receiving advice from a Medical Officer in the DoH and consultation with the President of the Cardiac Society, it was decided that **certain neonatal operations** would cease temporarily

ii. The results in older children were judged to be acceptable

iii. An age limit of 1 year was set above which the procedure would continue

iv. A child aged 18 months approximately whose condition was deteriorating proceeded to surgery after consultation between a number of cardiological anaesthetists, physicians and surgeons. This child had a very serious malformation not predicted preoperatively and therefore started with a very high risk.

v. This child died. Subsequent comments made it necessary to obtain independent advice on the steps that should now follow. The report under discussion followed within a few weeks.

5. Page 3; "Perceptions; 2": It is accepted that there are several views of the sequence of events and of the conclusions that should have been drawn from the results, **but these views are**