

of the enquiry were agreed with the help of the President of the British Cardiac Society, Mr John Parker.

5. Professor Vann Jones was very concerned that the Department of Health had become involved. He believed that, at the time Dr Doyle had been contacted, the Trust had not exhausted local procedures. In his view, the Department had been given a biased account of the situation and only one interpretation of the audit results. In fact the paediatric cardiac surgical results were generally very good and for the "switch" operation were comparable with other units. The decision to carry out the "switch" procedure in January had been agreed by all the clinicians directly involved. He pointed to the decision to spend £1.3m on improvements to the paediatric cardiac surgery service as evidence of the Trusts commitment to improving the service.

6. Ms Nisbet pointed out that the Department of Health was part of the NHS family and members of staff should not be considered as "outsiders". She emphasised that "whistle blowing" was not only permissible but encouraged although normal channels should always be used first. Mr McKinlay said that it was important that in-house procedures should be exhausted before going outside. Dr Scally agreed but suggested that the current meeting would not have been necessary had some staff felt that they were getting nowhere. He said that the process for resolving issues relating to the interests of patients had to be seen to be open. Professor Vann Jones was very concerned that the members of staff expressing the most concern were not directly involved in paediatric cardiac on a regular basis and did not attend audit meetings. Had there been more constructive participation locally the issue could well have been resolved.

7. Dr Doyle reminded those present that, from ~~the~~ correspondence he had seen, the difference of professional opinion had existed since at least 1990 and not been resolved to the satisfaction of at least some of the parties. The report of the outside experts indicated that surgical audit results had not been produced regularly and that ~~one~~ of the surgeons had not produced results until the day before their visit. This interpretation was questioned by the clinicians present. Dr Laszlo suggested, in addition, that the audit methods available in 1990 were relatively crude and could not be relied on to provide an accurate picture. For audit to be meaningful, the procedure had to be collaborative and perhaps this had not been the case in this instance. The experts' report had been extremely useful in updating the unit's audit results.

8. Dr Joffe said that there had been regular meetings within the paediatric cardiac specialty for years. Some years previously, following one of these meetings, an unfortunate article had appeared in Private Eye. This incident had, understandably, made clinicians reluctant to make their audit results readily available. It was important to restore an atmosphere of trust and confidence within the paediatric cardiac service.

*M. ... that Annual Audit data had been provided to*