

Cardiac function was in the province of the surgical team and respiratory function in that of the anaesthetic team. The members of one team seemed largely to act independently of those of the other team and it appeared that there was no formal co-ordination, rounds of the Intensive Care Unit being carried out separately rather than jointly. Moreover there was no indication of any routine and regular involvement of a paediatrician, a paediatric cardiologist or an intensive care specialist and thus nobody to watch over the general well being of a patient.

Whilst Mr Wisheart would accept overall responsibility for the care of patients on whom he had operated we formed the impression that the division of responsibilities minute by minute hour by hour and day by day was not at all clearly defined and it was left to the duty Senior House Officer (in Cardiac Surgery) to assess the patient's condition and, relatively inexperienced as he was to decide whether more experienced medical staff should be summoned and, if so, whether he should approach the anaesthetic registrar on call or the cardiac surgical registrar on call.

Our feeling was that this was an unsatisfactory and unsafe system.

In the [REDACTED] case independent expert opinion is divided on causation and critical of post operative management.

In the case of X the claim concerns inadequate protection of exposed eyes but there is as yet insufficient information to enable a view to be taken as to whether any failure was on the part of the medical or of the nursing staff or both. We are uncertain whether there are valid grounds for criticism of Intensive Care Unit services in the [REDACTED] deceased case.

As a result of all this publicity more claims are likely to be launched and my task as the solicitor for the Trust (or for the Health Authority in any earlier cases) will be rendered more difficult if there is friction or perceived conflict of interests between members of the medical staff.

We have a difficult inquest coming up next week involving Dr Bolsin. In this inquest there will be an enquiry into the chain of events which lead to the wrong blood being taken by Dr Bolsin for infusion into the patient on the operating table. The events here are different to the events in the [REDACTED] and the [REDACTED] deceased case but it may be that media attention will be addressed to procedures and responsibilities. The public will not make the fine distinctions that we are satisfied that we can make.

The purpose of this letter is first to be frank because in a situation like this the duty of a solicitor is to be frank and to communicate views in a particular way.

However, the views are communicated with the intent that they should be used for the purpose of a progressive debate on this subject rather than an enquiry into any past events.