

Independent Inquiry into Histopathology Services at
University Hospitals Bristol NHS Foundation Trust

**Statement from Robert Woolley,
Chief Executive of University Hospitals Bristol NHS Foundation Trust**

On behalf of the board of University Hospitals Bristol NHS Foundation Trust, I welcome the report of the Independent Inquiry into histopathology services at the Trust.

May I begin by apologising without reservation for the harm caused to patients by diagnostic failures at the Trust? As the report shows, there have been very few serious diagnostic errors over an 8 year period with a serious adverse outcome for the patients concerned but I sincerely regret that there have been any patients harmed at all.

I also apologise for the fact that, as the Inquiry has found, we did not promptly and thoroughly investigate concerns about our services at the time that those concerns arose. If we had done, it is clear that professional and public confidence in our services could have been maintained and an inquiry of this scope and cost could have been avoided.

Once concerns had escalated, however, to the point where public confidence was in danger of being undermined, the Trust Board were determined to secure external, independent scrutiny both of our histopathology practice and our management of those concerns.

It is reassuring to me and fellow members of the Trust Board that this exhaustive inquiry has found no evidence to suggest that the histopathology department at University Hospitals Bristol provides anything other than a safe service. Current and future patients can be reassured that concerns about their diagnosis are unwarranted.

They can also have confidence that the Trust will learn from this Inquiry and will act upon all of the recommendations of the panel.

I have already agreed with my colleague, Ruth Brunt, Chief Executive of North Bristol NHS Trust, that we will integrate the two histopathology departments in Bristol, as recommended. We will advertise for a joint clinical director of histopathology services as the first step in that integration. A job description has been agreed and has already been submitted to the Royal College of Pathologists for their view.

More than that, the two Trusts are committed to ending professional rivalry which works against the interests of patients. We now have a formal Partnership Agreement, approved by both Boards in November 2010, enshrining principles of co-operation between us and outlining a number of areas for joint working beyond histopathology.

The Trusts will develop a joint plan to deliver the recommendations in the Inquiry report that apply to us both. The principle that all future consultant appointments in histopathology should be joint appointments has already been agreed. Joint protocols between the organisations will address the panel's recommendations around multi-disciplinary team meetings, double reporting, increased specialisation, improved cross-site working and how to raise concerns about diagnosis. I should note that University Hospitals Bristol has already introduced double reporting for complex respiratory histopathology cases.

Inside University Hospitals Bristol, we have already started to make improvements to address the specific concerns of the Inquiry panel about the culture, attitude and working practices in the histopathology department.

Three new consultant histopathologist posts have been created at UH Bristol since 2009. The medical staff have made positive adjustments to their working practices, audits and professional development activities. New reporting software in use allows accurate reporting and audit of the use of internal and external second opinions on difficult cases. Funding has been identified for immediate improvements to the laboratory and staff areas. Slides are routinely made available for external review at 24 hours notice.

UH Bristol will engage proactively and openly with the media to reinforce positive relationships with patients. The Trust has published the report in full on our website at 1pm today. A patient helpline is in place.

An excellent paediatric and perinatal pathology service is provided at UHBristol by three specialist consultants. The Trust is already working, with the assistance of specialised commissioners, to develop a wider paediatric and perinatal pathology network with the departments in Southampton and Oxford.

In addition, I have implemented mandatory central logging of any formal concern about clinical services or patient safety inside the Trust so that such concerns cannot remain under the sole supervision of one director. North Bristol Trust will adopt similar arrangements.

What the Inquiry report reminds us is that the system is most safe when all parts of it contribute in a spirit of openness and collaboration, putting the patient's interests first. We are determined to learn from the mistakes we have made and we will implement the recommendations of the Inquiry panel working closely with our partners in North Bristol Trust.

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