

**The BRI Inquiry into Paediatric Cardiac Surgical Services 1984 – 1995**

Name Margaret MAISEY

Address c/o Beachcroft Wansbroughs  
10-22 Victoria Street  
BRISTOL BS99 7UD

Occupation Retired

I offer the following final statement to the Inquiry.

**Introduction**

I wish to emphasise 4 key points: which I then elaborate below:

- (1) As a professional nurse, I was never involved in any medical matters and this was very much the culture of the whole NHS during my career. In particular, I had no knowledge of or involvement in outcomes of paediatric cardiac surgery in Bristol. These were the province of the medical staff.
- (2) The first time I became aware of any problems in paediatric cardiac surgery was in early January 1995, when Dr Roylance mentioned a telephone call and asked me to arrange for Alan Carter (who reported to me) to produce some figures for him. Even then, I did not become involved in the issues or arrangements, save to the limited extent that Dr Roylance reported to the Board, as reflected in the Minutes.
- (3) The history of nursing in the NHS over the relevant period involved the removal of layers of senior, experienced nurses in direct supervisory roles, and the divorcing of remaining senior Nursing Advisers from any direct clinical responsibility. There is no doubt in my mind that this was detrimental to the availability and quality of support available to clinical nurses on the wards, and that this must have had a knock-on effect on the quality of patient care.
- (4) The Inquiry has heard a range of comment, some of it very critical, about the culture and management style in Bristol. I observe that few of those who worked directly with me have been asked to provide statements or to give oral evidence to the Inquiry on my personal management style. Of those who have given oral evidence, Rachel Ferris stands out as highly critical of me personally. Apart from the personal hurt I feel about what has been said, I recognise that the criticism of me is largely irrelevant

to the issues under consideration, as I had no knowledge of or involvement in paediatric cardiac surgery. Therefore, I would prefer not to comment further on this aspect.

**No knowledge of or involvement in paediatric cardiac surgery**

1. The first occasion on which I was made aware of any clinical issue or concern associated with paediatric cardiac services at Bristol was on the occasion when, during the morning on a date early in 1995, Dr John Roylance came into my office at UBHT headquarters to inform me that he had just received a telephone call from a doctor at the Department of Health requesting him to stop a heart operation on a child which was to be carried out at Bristol. I also confirm that I had never heard of Dr Bolsin's audit and, to this day, I have never seen his or anyone else's figures relating to paediatric cardiac surgical outcomes.

**Ambit of my nursing adviser roles in context**

2. The post for which I applied in 1986 and to which I was appointed at Bristol and Weston Health Authority was as Unit General Manager, South Unit. It was only at a later stage that I was asked if I would also undertake the role of Nurse Adviser to the HA in addition to being UGM, South. This apparently casual approach to the provision of nursing advice at a HA in 1986 should be seen against the political and professional background associated with the implementation of the Griffiths' Report and General Management in 1984. I wish to make clear to the Inquiry my belief that most of the witnesses to the Inquiry who gave a view about nursing appear to have come from a background which did not ensure a comprehensive and senior experience of nursing in the period commencing in 1984. I offer these detailed factual comments below.
3. Prior to 1984, individual patients' nursing care had been delivered by Registered Nurses with Enrolled Nurses, student nurses, auxiliary nurses or nursing assistants. These nurses and assistants were carefully monitored by a hierarchy of staff nurses and ward sisters, who were themselves directly monitored several times a day by Assistant Matrons (who later became Nursing Officers), who would visit the wards and clinical areas several times each day, talking to and observing the patients and

their care. The Assistant Matrons (later Nursing Officers) were, in turn, responsible for producing written reports to the Deputy Matron, (later the Senior Nursing Officer) who in turn would also visit the wards and clinical areas, though perhaps only once weekly. These latter persons were responsible to Matron, (latterly the Divisional Nursing Officer), who, together with the Medical/Surgical Superintendent, managed the hospital with the assistance of an Administrator.

4. This and similar management processes meant that experienced Registered Nurses were informed at every level as to the nature, treatment and progress of the nursing care and condition of every patient. Where difficulties arose in the wards and clinical areas, an authoritative voice was sure to be heard at the "top table", and swift remedial action was likely to follow. With variations this, or a similar regime, managed individual patient care for most of the present century, certainly from about 1919 onwards until 1984, when patient care largely ceased to be managed by any person above the grade of ward sister. That is not to say that failures of the previous system did not from time to time occur. But, usually, such failures took place in the most under-resourced parts of the health service: one thinks of Normansfield, for example, where care for the mentally handicapped, as the service for those with learning difficulties was then known, fell well below any acceptable standard.
5. Between May 1984 and October 1984 the Regional Health Authority teams of management, nurse, doctor, administrator, treasurer, acting in direct line management to their colleagues at District Health Authorities, were swept away and replaced by one Regional General Manager in each Region who was by no means required to be experienced in the health service or in the management of the delivery of clinical health care services. A similar cull took place in District Health Authorities from about October 1984, with similar results. The process of implementation of General Management used a brief document for guidance. This document merely said that GM's were in charge of delivering the service virtually however they so wished, and that in professional health matters they might take advice from a health professional. Any decision that they then took would be theirs, whether they had accepted the professional advice or not.

6. In a DoHSS study circulated in a modified form to the Regional Nursing Advisers in 1987 (although the original had been written in November 1986) it was stated that some nurse advisers in DHAs held extremely junior posts, some being of staff nurse grade. The report also said that the majority of District Nurse Advisers held posts which were not part of line management of the nursing process, so that no nurse was managerially accountable to them. In effect, individual patient care ceased to be a process devised and carried out by skilled nurses working with those in training at ward level, directly and frequently observed by a hierarchy of experienced clinical nurse practitioners. Instead, it became a process of care carried out, almost, in isolation, even within the hospitals' own clinical areas. In some recognition of the changing attitudes to the management of nurses and the nursing process, in November 1984 the UKCC for Nurses, Midwives and Health Visitors, produced a second edition, only a year after the first, of its Code of Professional Conduct. The Code was subsequently amended and broadened. It specified that each Registered Nurse was directly and personally accountable for all their actions and inactions.
7. Meanwhile, the role of the Nurse Adviser ranged, in some DHAs, from a position where the individual's personality was such that they could still influence clinical matters to some extent, to others where the role of the Nurse Adviser appeared to be that of a part-time supernumerary. However, it would appear from those who had a greater direct knowledge than myself at this time, that the majority of Nurse Advisers operated with control of little or no budget, few if any staff, and were largely kept out of the loop to do with any significant issues concerned with the management and delivery of the health service. The significant exceptions occurred where DGMs were also Registered Nurses. Between 1989 and 1991, when the proposals were being drawn up to implement what subsequently became known as Trusts, the role of a nurse was formally written in as one of the minimum set of Trust Board Executives. Thus, for the first time since 1984 a statutory and structural requirement for a senior nurse re-entered the NHS. However, this person had no powers, no staff, no budget, and not much control over the delivery of individual nursing care.
8. My job, after October 1989, became UGM, Central Unit at Bristol. I retained the role as Nurse Adviser to the HA. For the reasons given elsewhere I was additionally required to remain the UGM for the South Unit and to assist in the preparations for

the Shadow Trust. From 1 April 1991, I was appointed Director of Operations and Nurse Adviser to the Trust. In this latter role I had an assistant but no budget, and I did not manage the delivery of individual nursing care. The predominant role, in terms of time and responsibilities, was as Director of Operations.

9. During 1996, after discussion with the then new Chief Executive, Hugh Ross, I ceased to be the Director of Operations and Nurse Adviser to the Trust, and became instead Director of Nursing. At that point in time, the role of Director of Nursing was at an early stage in its evolution and, in Bristol at least, had no definition of role and function that might be recognised as either Nursing Advisor or as a Director of Nursing today: but in its essentials appears to me in retrospect to have been a crossover between the two during the short period that I held the post of Director of Nursing. As I understand the role of Director of Nursing today, one of its main attributes is to work in close co-operation and liaison with the Director of Medicine to ensure the delivery of safe clinical care and the maintaining of professional standards. This activity was not an attribute of the role of either the Nursing Advisor between 1986 and 1996 nor did it form a part of the description of my role as the Director of Nursing at Bristol when I took up this role in 1996. In any case, I was still in the role of Nursing Advisor and Director of Operations until the end of 1995, the date at which I understand is at the end of the period which is of interest to the Inquiry.
10. In summary, between 1986 and 1996 I held no post in which I was responsible for managing the delivery of individual patient nursing care, nor was I responsible for directly managing any nurse other than my assistant as, first, Nurse Adviser and, secondly, Director of Nursing. I worked as a general manager, who happened also to be a nurse. It is important to stress that I was not responsible for, nor did I deal with, any medical matters in any of these posts.
11. In the culture of the NHS between 1984 and the middle 1990s, say 1995, the notion that the delivery of individual nursing care should be managed by and responsible to an experienced Registered Nurse above the level of ward sister was unacceptable. Although the move towards at least setting the policies and environment in which individual nursing care is carried out has been made with the provision and development of the post of Director of Nursing, I remain of the view that merely

making the individual registered nurse responsible for her practice is inadequate for ensuring a safe and acceptable standard of nursing care for the entirety of the patient population.

12. In my submission, the Inquiry cannot afford, when considering its findings, to ignore the lacuna in effective nursing leadership which was deliberately introduced into the structure and function of the NHS between 1984 and the present. I am not advocating a return to the blight of a stifling nursing hierarchy but, rather, a form of clinical management which does not rely on clinical governance of nursing to ensure that the needs of individual patients' nursing care are met, whatever their age or condition.

### **Culture and management style in Bristol**

13. Because a considerable part of the evidence of certain witnesses includes extensive examination of the subject for the Inquiry, I turn now to the issues of the culture and management style at Bristol, especially after April 1991, at UBHT. I have read many witness statements and the majority of the relevant transcripts from the oral evidence. There appear to be two witnesses who spoke most to these issues, if one excludes those other witnesses who spoke to the issue, which is closed to me, of medical management. The two witnesses were Steve Boardman and Rachel Ferris. It appears to me that a number of generalised assertions were made which were not corroborated by others or substantiated by reference to documents or the evidence of other managers. It is with considerable humility that I respectfully suggest that although there were many occasions when opinion was given as fact, there remain several occasions of specific assertions made which, although opportunities presented themselves, do not appear to have been fully taken up or tested by the Inquiry.
14. Taking the larger point first, there were a hundred or so managers who were members of the MDG. I am sorry to say that it would appear that not even two or three, let alone a reasonable sample such as 10%, were called to give evidence on these points. Likewise, there were about 20 or 30 experienced senior nurses who worked with me in DNAC and TNAC and were clearly well placed to observe and comment on the culture and management of the Trust. A few have volunteered statements to the Inquiry, but no such statements have, to my knowledge, been sought out, and none of these senior nurses has given oral evidence. With direct reference to the evidence of

Steve Boardman, it is unfortunate that those other executive officers, such as Ian Stone, Tony Parr and John Watson, among others, did not give oral evidence as to the culture of the organisation.

15. I raise only one specific issue in the oral evidence of Rachel Ferris among the many uncorroborated assertions that she made, and that is about the complaint she made about me personally being "abusing and undermining" of persons, and "destructive". Rachel stated in evidence that she had made complaints about me specifically, characterising me as described to: Robert McKinlay, Chairman; John Roylance, Chief Executive; Graham Nix, Deputy Chief Executive and Director of Finance; and Ian Stone, Director of Personnel. It is unfortunate that the question "Did Rachel Ferris complain to you that Margaret Maisey abused and undermined staff and was destructive?" and, if yes, the supplementary "Did you speak and record that you had spoken to Margaret Maisey on this subject and at what date?" was not put to each of these witnesses. I attach as an Annex the relevant extracts from the transcripts with my comments.

### Conclusions

16. I have learned much that was new to me from the written statements and some of the oral evidence brought forward by the Inquiry about paediatric cardiac services in the period under review. No nurse can be anything but moved by the circumstances in which these parents found themselves when having to cope with their grief, distress and anxieties. I hope that I may be permitted to express my heartfelt sympathy. The sadness attendant upon the death of any child is also always painful to those who have been involved in their care. Although I have never nursed children, as a result of this Inquiry I have come to a greater understanding of the demands made on those who do.

Signed.....  
MARGARET MAISEY

Dated.....20.1.2000.....

H:\Word\sey\ubt001-jea98005\Maisey stat 18-01-2000

**Annex to the Final Statement of Margaret Maisey to the Inquiry into Paediatric Cardiac Surgery at Bristol Hospitals 1984-1995**

In her evidence of 10<sup>th</sup> June, 1999, at line 0095 and following, Rachel stated she spoke about her view of my behaviour and complained. Rachel stated:-

"I have spoken to Ian Stone. At the time I spoke to Ian Stone about the difficulties. I also approached Dr Roylance, particularly about concerns about Margaret Maisey, and I was unable to do anything about it.

Q. When was this?

A. I spoke to Dr Roylance in May or June of 1994, because I was concerned about Margaret Maisey's behaviour, which I felt was unprofessional and destructive, and I asked him to speak to her and intervene in some way, and he did not feel that that was the right thing to do.

Q. This was before you went to cardiac services?

A. This was before I went to cardiac services. I cannot remember specific examples. I know I spoke to Ian Stone probably in 1990 or 1991 about Margaret's style and the view was, "Well, that is the way it is", so -- you know, it was very difficult to change.

Q. You say in 1990 or 1991?

A. It may have been later than that.

Q. It may be important because of course the Trust --

A. We were a Trust, then.

Q. The Trust came in in 1991. It would not have been around in 1990?

A. I think we were a Trust, so it must have been 1991, or maybe later.

THE CHAIRMAN: Mr Maclean, may I just clarify an answer, as I recall you referred to non-executive directors?

MR MACLEAN: Yes.

THE CHAIRMAN: Perhaps we could hear an answer about non-executive directors.

MR MACLEAN: I asked about non-executive directors or the Director of Personnel?

A. I did speak to the Chairman, Mr McKinley, on one occasion about concerns that I had, but it was felt that -- I mean, it is not really the way to address problems within the Trust, but I talked to Mr McKinley as well. No, I did not approach any other non-executive directors."

To the best of my knowledge there is nothing in any witness statements other than that of Steve Boardman which suggests that the Trusts' style of management was in any way in line with the evidence given by her. I am concerned that the opportunity has not been taken when relevant witnesses, including Rachel herself were not asked to fully refute/rescind this misleading impression. I had hoped this would be dealt with adequately in the examination of the former chairman of UBHT, Mr R McKinlay, or, indeed, John Roylance in his re-appearance at the Inquiry. In her evidence of 10<sup>th</sup> June, 1999, at line 0095 and following, Rachel stated she spoke about her view of my behaviour and complained. Rachel stated:-

"I have spoken to Ian Stone. At the time I spoke to Ian Stone about the difficulties. I also approached Dr Roylance, particularly about concerns about Margaret Maisey, and I was unable to do anything about it.

Q. When was this?

A. I spoke to Dr Roylance in May or June of 1994, because I was concerned about Margaret Maisey's behaviour, which I felt was unprofessional and destructive, and I asked him to speak to her and intervene in some way, and he did not feel that that was the right thing to do.

Q. This was before you went to cardiac services?

A. This was before I went to cardiac services. I cannot remember specific examples. I know I spoke to Ian Stone probably in 1990 or 1991 about Margaret's style and the view was, "Well, that is the way it is", so -- you know, it was very difficult to change.

Q. You say in 1990 or 1991?

A. It may have been later than that.

Q. It may be important because of course the Trust --

A. We were a Trust, then.

Q. The Trust came in in 1991. It would not have been around in 1990?

A. I think we were a Trust, so it must have been 1991, or maybe later.

THE CHAIRMAN: Mr Maclean, may I just clarify an answer, as I recall you referred to non-executive directors?

MR MACLEAN: Yes.

THE CHAIRMAN: Perhaps we could hear an answer about non-executive directors.

MR MACLEAN: I asked about non-executive directors or the Director of Personnel?

A. I did speak to the Chairman, Mr McKinley, on one occasion about concerns that I had, but it was felt that -- I mean, it is not really the way to address problems within the Trust, but I talked to Mr McKinley as well. No, I did not approach any other non-executive directors."

At 0095 - 6 Rachel states she spoke to John Roylance about me, in the terms she uses in this part of her evidence, during the time, I understand, that she was on extended maternity leave, in May/June 1994: that is, a few months before I sat on her appointment panel for her present post following her return to duty. If John Roylance, Ian Stone or Graham Nix had seen me behave in the way that Rachel describes there is no doubt that they would have spoken to me about it. It is also extremely unlikely that John Roylance would not have said, in terms, what he had heard and helped me to see that such behaviour was unacceptable. It is inconceivable that Ian Stone would have abrogated his responsibilities in such a way. With all these people Rachel says she approached, it is impossible to imagine that I would not have been made aware of such serious concerns.

Rachel states she spoke about me to the Chairman, Mr McKinlay. As Chairman of a public organization, I find it particularly difficult to understand why he would not have raised these concerns with me. Mr McKinlay is a very experienced manager. It is more likely that he would have concerned himself in the consideration of the actions of a senior manager if a complaint had been made to him personally.

In his examination, Mr McKinlay was asked at line 0052:-

7 Q. Do you remember specifically any discussions with  
8 Mrs Rachael Ferris about paediatric cardiac surgery or  
9 the culture in which cardiac services were delivered?  
10 A. I can remember discussions with Rachael Ferris, yes,  
11 both as part of walking around the hospital and talking  
12 to people, but also by Rachael Ferris coming to talk to

2

- 13 me, on at least one if not two occasions. I cannot  
 14 speak to a particular date, but Rachael was concerned  
 15 about the organisation of cardiac services. I think  
 16 that was primarily the subject we talked about.
- 17 Q. She referred in her statement and I think in her  
 18 evidence on 10th June 1999, Day 27, page 97, about the  
 19 "culture of fear and blame", as she put it, of the  
 20 Trust. She said she had discussions with you  
 21 specifically. Do you remember her bringing that type of  
 22 general concern about the atmosphere of the place to  
 23 you?
- 24 A. Using the terminology "fear" and "blame", no, but  
 25 concern about the atmosphere and the need to improve,
- 0053
- 1 yes.
- 2 Q. What was her concern specifically so far as you  
 3 remember?
- 4 A. I think it could be summed up as being the efficiency of  
 5 the cardiac services unit.

With the greatest of respect, Rachel actually stated in her statement of 17<sup>th</sup> May, 1999, paragraph 63, and in her evidence on the 10<sup>th</sup> June, 1999, at line 0079-23 and following, that I, Margaret Maisey, was solely responsible for producing an alleged atmosphere of fear and blame and that she had complained specifically to the Chairman and others. I ask the Inquiry now, why was the specific question not put to Mr McKinlay in his examination, "Did Ms Ferris complain to you about the behaviour of Margaret Maisey?". The question and answer as reported in the transcript clearly refer to the atmosphere of the cardiac services department and not to the alleged management atmosphere as characterised by Rachel. I believe I have been maligned with no opportunity for corrective statements or evidence to be taken from those in a position authoritatively to do so.

In the same way, I note from Rachel's oral evidence that she described the management development programme as:-

- "12 Q. Is it right that your moves to the medical and surgical  
 13 directorates which we have just seen, before you went to  
 14 cardiac services in 1994, were part of an in-house  
 15 development programme for managers that the Trust was  
 16 implementing?
- 17 A. No, that is not correct. I think the expression  
 18 "in-house development programme" is something of  
 19 a euphemism. ( line 0006)".

*McKinlay  
20 Jan 00*