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The BRI inquiry into paediatric cardiac surgery in Bristol (1984-1995)

Name	Ms Kathleen Mary ORCHARD
Address	c/o Avon Health Authority King Square House King Square Bristol BS2 8EE
Occupation	Senior Manager – North Somerset for Avon Health Authority

Introduction

1. This statement is made in response to the Inquiry's request for my comments on Issue N. It supplements my earlier statements concerning Block 4 evidence dated 19 August 1999, and Issues B and H dated 8 June 1999. My comments are confined to the period I was employed at the BRI as General Manager of the Directorate of Surgery from March 1991 to February 1993.
2. In making this statement I rely heavily upon the witness statement dated 20 September 1996 which I provided to the General Medical Council's inquiry, and the transcript of oral evidence provided to that Inquiry. At this stage, I have very little independent recall of events or their timing.

Issue N: The Expression of Concerns**Issue N1: The parents' perceptions, both positive and negative, of the treatment and care received by their children, including:**

- a. the nature and form of any concerns that may have been expressed;**
- b. the persons to whom they were conveyed; and**
- c. the responses to any such concerns**

3. I have no recollection of any difficulty or concern expressed by parents about the paediatric cardiac services during the time I was General Manager of the Directorate of Surgery.

Issue N2: The concerns expressed about the quality or adequacy of paediatric cardiac surgical services by Dr Stephen Bolsin; the nature of those concerns; to whom they were expressed, and when

4. In the Spring of 1992, Dr Stephen Bolsin came to my office in the Directorate. I believe it likely that he made an appointment to see me, as I recall being surprised at the request for a meeting. I do not believe I had met him prior to his request for a meeting, and it was quite an unusual event for a consultant not within the management "orbit", to request to come and see a manager. The only consultants I really dealt with were those who were also Directors or Associate Directors, and therefore involved in the management structure as well.
5. When Dr Bolsin came to my office I think that he was carrying some documents. I do not recall looking at them. As Dr Bolsin referred to 'data' during the course of our meeting, I was under the impression that the documents he had with him were the 'data' he referred to.
6. Dr Bolsin told me that he was concerned about some of the work being performed in the cardiac unit. I do not recall him making specific reference to paediatric cardiac surgery, nor to any particular surgical procedure. I recall that he was

making comparisons between the performance for some procedures in the Bristol unit compared with other United Kingdom units. He indicated that he believed that the Bristol unit was below standard on the basis of comparative outcome data. I do not recall which particular procedures he was concerned about. I do not recall that he was any more specific than that, nor that his concern was anything more than a level of 'worry'. I certainly retain no impression from either what Dr Bolsin said to me on that occasion, or how he said it, that there was a serious problem with paediatric cardiac services.

Issue N3: The nature, scope and methodology of the "confidential audit" carried out by Dr Bolsin (with the assistance of others such as Dr Black), e.g. the procedures examined; the data used, and the reasons why such sources were selected; the dates when the results were compiled, and by whom; the persons who were or were not informed that the data was being collected, and why; to whom, by what means, and when, the results were made available; and the merits of the methods adopted

7. Other than reference to comparative outcome data, I was unaware of any "confidential audit" being carried out by Dr Bolsin. I do not recall discussing any detail as to the data itself, the way in which he had gathered any data, or how he had conducted any audit. I was aware that he had data of some sort but I did not see it. I have no recollection of whether he told me who he had told about the data or to whom he had expressed his concern.

Issue N4: The response to any expression of concern made by Dr Bolsin (whether as a result of the audit data collected, or at any other time), from:

- a. **colleagues (whether anaesthetists, cardiologists, cardiac surgeons, nurses or others);**
- b. **the hospital or Trust management (or shadow management, prior to April 1991);**
- c. **the Department of Health (see further below);**
- d. **any others made aware of Dr Bolsin's views;**

8. As the General Manager of the Directorate of Surgery, my response to what Dr Bolsin told me in the Spring of 1992 was that this should be shared with the Clinical Director (Mr Baird) and the Associate Clinical Director (Mr Wisheart). His concerns were about clinical issues which I was not in a position to judge. Within the UBHT it was regarded as vital to clinical independence that such matters were dealt with by Clinical Directors. Their role was to provide clinical strategic leadership. I did feel that it was important that Dr Bolsin was worried and that he had spoken to me about it. I recall being left with the impression that Dr Bolsin was trying to talk to all sorts of people. I was sympathetic to his concern. I made it clear to him that I did not consider this to be a management matter. I am sure I left Dr Bolsin with the understanding that because I regarded it as a clinical matter, I would pass the information on. I felt that the information should be given to the relevant Clinical Directors, although I am unable to recall now whether I identified these to Dr Bolsin at the time.
9. At the time of Dr Bolsin's visit, my work as General Manager ensured that I met at least weekly with Roger Baird, the Clinical Director of Directorate of Surgery, and also James Wisheart. I also met informally with both colleagues quite regularly. Because I was accountable to Roger Baird as Clinical Director of the Directorate of Surgery, I felt he was the right person to pass the information to. In addition however, I felt that James Wisheart should be advised, on the basis that he was accountable for the performance of cardiac surgery at the BRI and if there were any problems in the cardiac surgery unit, then he had to be aware of them.
10. Within a week or so of Dr Bolsin meeting me, I spoke with Roger Baird and, separately, with James Wisheart, to pass on the details of the conversation that I had had with Dr Bolsin. I do not recall making specific appointments with either Mr Baird or Mr Wisheart as, whilst Dr Bolsin's visit was the sort of thing that I would mention within a few days of its occurrence, the impression that Dr Bolsin's conversation made upon me was not one which made me request urgent meetings.

11. I do not recall the details of the conversation with Mr Baird or Mr Wisheart. As already indicated, what I had been told was fairly general and unsupported by figures given to me. I believe I had the impression at the time that Mr Baird was already aware in general of the issues discussed. When I spoke to Mr Wisheart I was similarly left with the impression that he was already aware of the issues Dr Bolsin had raised with me. My memory of both conversations with Mr Baird and Mr Wisheart, is that the gist of their reaction was that Dr Bolsin was only looking at one aspect of the data. They believed that the difference in performance between the Bristol unit and other United Kingdom units was to do with the case mix. In other words Bristol, as the specialist regional unit in the South West, was accepting patients which other units might not have accepted. The entire issue of case mix was an issue generally in cardiac surgery at that time. Therefore this explanation gave me no further cause for thought about Dr Bolsin's views.
12. Roger Baird and James Wisheart had not seemed surprised or unduly concerned by what I had told them. I recall that the conclusion in my mind was that Dr Bolsin's concerns related to a clinical debate about audit, and the interpretation of results. The debate was solely between the clinicians, who appeared to have a fundamental difference of opinion about what constituted acceptable performance in the Bristol cardiac unit, on the basis of the outcomes and the case mix. Such a clinical debate was not something I as a manager could judge. I was entirely content that advising Roger Baird and James Wisheart of Dr Bolsin's comments to me was an appropriate course of action. They had the expertise to use this information appropriately. I certainly did not feel competent to analyse clinical data myself. My role would only have required me to look further into Dr Bolsin's concerns if the Clinical Directors had judged that action was necessary.

Issue N5: Whether such responses (or the lack of them) was adequate and appropriate; and, if not, the nature and importance of any inadequacies or deficiencies

13. I felt I had done what was appropriate on the basis of the limited information given to me. It was for others to consider the matter further if they felt it was necessary

to do so. I have to stress that I had in no sense been left with an impression by Dr Bolsin of the problems being as serious as has subsequently become apparent.

Issue N6: If the response was inadequate or inappropriate, the reasons for these inadequacies or deficiencies

14. See N5

Issue N7: Whether other personnel employed within, or associated with, the BRI expressed concerns upon the performance of the paediatric cardiac surgery unit; and if so, to whom; as a result of what event or events; in what terms; and when

15. I do not recall anyone else at the BRI expressing concerns to me about the mortality or morbidity rates of the paediatric cardiac surgery unit whilst I was General Manager for the Directorate of Surgery.

Issue N8: The response to any concern expressed by any staff employed within, or associated with, the BRI, from:

a. colleagues;

b. the Regional or District Health Authorities;

c. the hospital or Trust management (or shadow management, prior to April 1991);

d. the Department of Health (see further below);

e. professional or statutory bodies (e.g. the Royal Colleges);

to the extent that any of these bodies were contacted or approached

16. I am unable to comment on this issue.

Issue N9: Whether such responses (or the lack of them were adequate and appropriate; and, if not, the nature and importance of any inadequacies or deficiencies

17. I am unable to comment on this issue.

Issue N10: If the responses were inadequate or inappropriate, the reasons for these inadequacies or faults

18. I am unable to comment on this issue.

Issue N11: The nature of the concerns about paediatric cardiac surgery at the BRI (if any) related to:

- a. **the Hospital Audit Committee;**
- b. **the Hospital Medical Committee;**
- c. **the Chief Executive of the Trust;**
- d. **the Trust Board**

19. I am unable to comment on this issue.

Issue N12: The other sources of information to which these bodies had access (e.g. audit data, newspaper or magazine articles), that might reasonably have suggested cause for either concern about, or investigation of, paediatric cardiac surgical services

20. I do not believe there were any other sources of information which were available during my time as General Manager of the Directorate of Surgery. I am unable to comment on this issue.

Issue N13: The extent to which these potential sources of information were in fact considered

21. See N12.

Issue N14: How (if at all) the bodies described at 11(a)-(d) reacted to any concerns expressed to them

22. See N12.

Issue N15: Whether such responses (or the lack of them) were appropriate

23. See N12.

Issue N16: The formal or informal managerial, disciplinary, or regulatory structures existing within the BRI, through which issues of the adequacy of paediatric cardiac surgical services and/or issues of professional inadequacies or incompetence could have been raised and addressed; and the strengths and weaknesses of these systems

24. I was aware of the professional disciplinary route of the "Three Wise Men". I had only basic knowledge of the existence of this process. I never had occasion to ⁱⁿvoke the mechanism and therefore had no detailed knowledge of it. On the basis of what Dr Bolsin had told me in spring 1992, and the responses of Mr Baird and Mr Wisheart, I had no reason to consider invoking any of these structures or processes.

Issue N17: Whether any of these mechanisms or structures were invoked; and, if not, why not

25. I am unable to comment on this.

Issue N18: Whether any of these mechanisms or structures should have been invoked

26. I am unable to comment on this.

when I was in post. My recollection of the meeting was simply that we were discussing the need to retain the level of supra-regional funding as it would be virtually impossible to carry on without that funding. I am unable to recall any other details which might be relevant to this issue.

Issue N23: Whether in 1984-1995 the district or regional health authorities were, or should have been concerned, about the performance of the paediatric cardiac surgical unit at the BRI, as a result of the information held by such bodies and/or their powers and responsibilities

32. I am unable to comment on this issue.

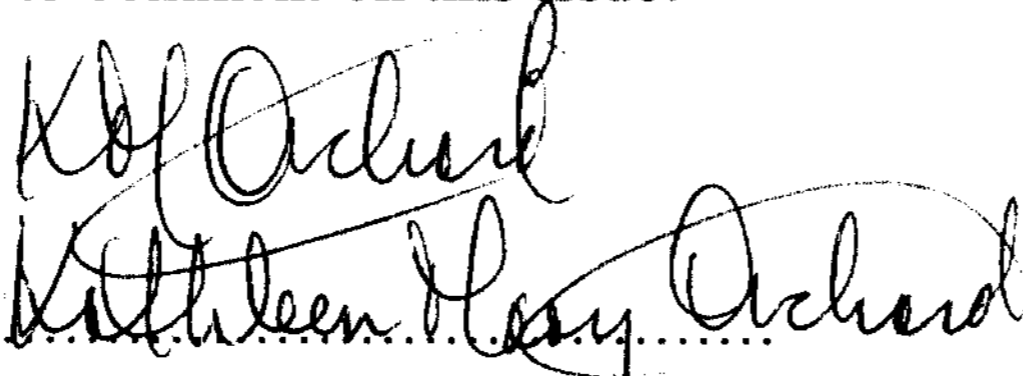
Issue N24: Whether in 1984-1995, healthcare professionals in other hospitals or healthcare organisations had expressed concerns about paediatric cardiac services at the BRI; and, if so, to whom had such concerns been expressed and with what results (if any)

33. I am unable to comment on this issue.

Issue N25: Whether in 1984-1995 other professional associations (such as the Royal Colleges) or statutory bodies, were, or should have been concerned, about the performance of the paediatric cardiac surgical unit at the BRI, as a result of the information held by such bodies and/or their powers and responsibilities

34. I am unable to comment on this issue.

SIGNED :


KATHLEEN MARY ORCHARD

DATED :

19/11/99