

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

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In this statement I comment on issues B, H and I.

Background

1. In 1966/67 I was a Secondary School Teacher at St Kevin's, Leeds. From 1967 to 1969 I became a Lecturer in Social Studies at an adult education institute near Harare, Zimbabwe. In 1970 I joined the Society of Jesus, where I was a novice until 1972. Following this, from 1972 to 1979 I studied Philosophy and Theology at London University, taught Social Studies at St Paul's Major Seminary, South Sudan and was a Research Assistant in Nepal. In 1979 I began a course in Development Studies at Sussex University, which I completed in 1981, following which I was ordained as a Priest.
2. For a few months in 1982 I was appointed Assistant Catholic Hospital Chaplain at Manchester Royal Infirmary. From 1982 until 1986 I worked as a member of the Centre for Faith and Justice set up by the British Province in Liverpool. In 1987 I became a Research Associate for the Centre for Environmental Studies, a Social Science Research Institute. In 1990 I took a Sabbatical at Our Lady's Youth Centre, El Paso, Texas undertaking pastoral visiting and social work.
3. In 1991 I became the part-time Hospital Chaplain at the BRI (including Oncology), the Eye Hospital, St Michael's Hospital and the BRHSC; and Assistant Priest at St Mary on the Quay, Bristol. I remained in both these posts until 1996.

4. In 1997 I became Assistant Priest at St Ignatius, Stamford Hill, London. In 1998 I began to study theology at Heythrop College as a visiting student until April 1999. Early in June this year, I received permission to spend a year in Canada, in order to join a contemplative community approved by the Church at Madonna House, near Ottawa.

5. I attach at **Annex 1**, a diagram to illustrate what I recollect was the structure of the Chaplaincy service during the period 1984 to date. I confirm it also reflects my role as part-time Catholic Father at the BRI, BRHSC and St. Michael's between 1991 and 1996. When I joined the BRI as part time Hospital Chaplain, Rev. Michael Jarvie was the full time Chaplain at the BRI. He also oversaw the Chaplaincy services at all sites throughout the Trust. After his death, he was replaced in 1993 by Rev. Yeomans. Rev. Will Minnis was the Free Church part-time Minister at the BRI who was replaced by Rev. Bill Walsh in 1995.

Issue I: Treatment of Families, including the Bereaved**Issue II: The nature, extent and adequacy of the services that were established to inform, support and counsel families with children receiving surgical cardiac care at the BRI, whether before, during and after surgery**

6. As stated above, in 1991 I was appointed part-time Catholic Hospital Chaplain at the BRI, BRHSC and St. Michael's. On average I spent three or four morning sessions per week at the BRI and Oncology (based at BRHSC), totalling between 8-10 hours depending on the number of Catholic patients in the hospital and their needs. Also I spent one session per week at the BRHSC and Maternity Hospitals, that is 2 or 3 hours. I was also on 24 hour call and so had emergency calls to answer, this would average about 1 hour a week. In all, I would spend about 13 hours a week at the hospitals.
7. I also had volunteers to help me. First, there was a religious sister with nursing experience, who used to help me with visits during my morning sessions at the BRI, for about 10 hours a week. One of her tasks was to visit Catholic patients who had just come to the hospital, in order to ascertain whether they would like to have a visit from the Priest, myself, for the sacrament of the sick, or the sacrament of reconciliation, or just for a chat. When I first started at the hospital in 1991, there was already present another religious sister who used to visit the BRHSC and St Michael's for 1 session per week. She had done this job for many years; she retired early in 1992. Late in 1994, I also received voluntary help at the BRHSC and St Michael's from a laywoman, an ex-nurse, also for 1 session per week. She retired because of ill health in 1995. In addition, 2 men from the Parish of St Mary's used to help me on Sundays by taking Holy Communion to those Catholics in the hospital who had expressed a wish to receive it.
8. As well as my responsibilities to the BRI, I was also resident at St Mary on the Quay Church where I also had parish duties. St Mary's was about a 10 minute walk

from the hospital and therefore I could get there quickly when called on in an emergency.

9. My duties during this time were to visit the Catholic patients in the hospital, if they were open to receiving a visit from me, or in response to a request. Occasionally, the other Chaplains would refer a patient to me. Sometimes referrals came by telephone from local priests; for example, if a person lived outside Bristol.
10. Each time I visited the hospital, I would obtain from the Chaplain's Office (BRI or BRHSC) a computer print-out of the Catholic patients in the hospital and I would visit on that basis. Sometimes the print-out had to be picked up from the Porter's Lodge (for St Michael's) or the Porter's Lodge (for BRHSC).
11. The purpose of my visits was to offer support and spiritual consolation to parents at the BRI, and to parents and children at St Michael's and the BRHSC, to offer, where appropriate, the sacrament of the sick (for healing and recovery and also in cases of terminal sickness); the sacrament of reconciliation; or just a simple prayer, blessing or supportive chat; and to offer parents and children, where appropriate, Holy Communion. As I have already stated above, Holy Communion was taken to the hospitals on Sunday by 2 laymen from St Mary on the Quay. I was greatly assisted by the volunteers who attended to the people at the hospitals in the way I have referred to above, whom I might not otherwise have been able to visit. They were especially valuable in reporting to me, in general terms, about the condition of patients and in identifying those who particularly might wish to see the Priest. This made my visiting more efficient and saved a lot of time. I must state that my volunteers were both experienced and competent. I believe that the Anglican Chaplaincy was also helped by volunteers.
12. I believe that in 1995 a voluntary support group was founded in order to counsel and support the families of children who had died or suffered damage after cardiac surgery in the BRI and that it was called the "Circle of Friends". This was the only voluntary assistance which supported the counselling services that I am aware of,

apart from "Friends of Families" which I believe was set up earlier in the 1980's, although I do not know anything about the workings of this group, and I did not have any contact with either of these groups, because my task, as already stated, was pastoral visiting. This was also the task of the full-time Chaplains, but I think that they had more contact than I did, with the services established to inform, support and counsel families with children receiving surgical cardiac care at the BRI.

13. During my time as part-time Chaplain I was in contact with a number of Catholic parents with children who were about to have, or had just received, cardiac surgery. My estimate is that there were about 10 such contacts. On various occasions I offered what I believe was appropriately sensitive pastoral care and support to those parents at a very stressful time in their lives. I remember on 2 occasions being called out within a period of 10 days to baptise children who were just about to go to the operating theatre. Staff were particularly prompt in contacting me after they received a request from parents to call the Chaplain. Both these children made a good recovery.

Issue I2: The nature, extent and adequacy of the services that were established to inform, support and counsel families with children who died or suffered permanent disability after receiving cardiac care at the BRI, including liaison with community and social services

14. I can add no further information apart from that set out above.

Issue I3: The financing of the support and counselling services

15. I cannot make any comment in relation to this issue.

Issue I4: The priority afforded to support and counselling work by hospital management and clinical staff

16. I am unable to comment on the priority given to support and counselling work by clinical staff since I had very little contact with them. As regards hospital management, I think that the Personnel Manager, Mr Ian Stone, was responsible for Chaplaincy as a whole in the hospitals and that, since I was a member of the Chaplaincy team, he was my Manager. My formal contacts with him were limited and I related to him through the full-time Chaplains, who were in closer contact. I am satisfied that the hospital management did give high priority to support and counselling work, and that the Personnel Department at least saw the hospital Chaplaincy as an important aspect of the support and counselling structures in the hospitals and that because of this, our work was much appreciated. In line with this, the Trust set up in 1994, regular quarterly meetings with the hospital Chaplains in order to improve liaison and services, even though so far as I can judge, these were always good.
17. As stated above, I remember being impressed by the nursing staff on a couple of occasions when I was called out to baptise children in the BRHSC before cardiac surgery, by the promptness with which they had called me, having received a request from the parents to call the Chaplain. They were helpful to me and provided a trolley with water, a scoop and a towel to help with the baptism, and they also cleared a space for me in the ward within which I could work.

Issue I5: Whether staff coming into contact with parents who were under stress because of the nature and severity of their child's condition, or who had lost children, showed appropriate sensitivity in their dealings with such parents; and, if not, the importance and effect of any such failures

18. So far as I could judge, the nursing staff at the BRHSC were sensitive in their dealings, both with parents who were stressed and with sick children. Sometimes I used to ask parents, in general terms, how they found the hospital and if they and

their children were being well cared for. On these occasions, so far as I remember, parents would invariably say that they found the nursing staff in particular to be caring and considerate; I cannot remember ever getting a different response to this question. This confirms my own impressions of the staff at the BRHSC and St Michael's. They were not acting in the way described because of a feeling that they were being somehow "observed". It seems to me also, that if there had been any insensitivity displayed by the staff, it is likely that some parents at least, would have mentioned this to me. My reason for saying this is that the Chaplains are seen by patients in a hospital, as "neutral" and not part of the administrative system, and therefore as people that parents and patients in general, can be open and frank with.

Issue H: The Split Site

Issue H1: The extent to which (if at all) the quality of care offered was adversely affected by the fact that paediatric cardiac surgery and immediate post-operative care were carried out within a cardiac theatre and ICU catering for both adults and children

Issue H2: Communication and collaboration between the ICU of the BRI and the paediatric ICU of the Children's Hospital; and transfer of children between two sites

Issue H3: The response of the clinicians and the management of the BRI to any problems created by the split site

21. It seemed to me that the needs of children receiving cardiac care were different from those of adults and that it was unfortunate that both were cared for, post operatively, on the same ward. I obtained the impression that conditions were a little cramped, making it difficult for parents to be at the bedside of sick children for long periods, and that facilities for parents to rest and relax, and be accommodated, were lacking.

SIGNED : *F. Bernard Michael Charles*

 Father Bernard Michael CHARLES

DATED : *29/8/99*

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