

Report of the Ashworth Hospital Inquiry Working Group

Response from Sir Louis Blom-Cooper

Now that I have had the opportunity of reading the College's above entitled Report I thought it would be helpful to let you have my comments, which are fully endorsed by my three colleagues on the Ashworth Inquiry Team.

We warmly welcomed the establishment of the Working Group, and we applaud many of the recommendations contained in its Report. Our appreciation is tempered, however, by our identification of a number of fundamental errors of fact about the Inquiry and the Report, and some comments about the Mental Health Act Commission which we feel are mistaken. As you may know, when it was established, I offered to meet the Working Group. The offer was turned down, I think, on the basis that the Group had decided as a matter of policy not to meet with anybody outside its membership. While I understand this general approach, I think it has resulted in the unfortunate incorporation into the Group Report of the matters I refer to below.

At page 1 – *Introduction*, the Group expresses concern that patients were named in the Report. The Report states: "This is, of course, not an unusual practice in these kinds of inquiries, but it is one which the Group considers should have been suspended in these particular cases, in which the issues discussed were of a confidential and intimate nature and could have caused distress to the patient and their relatives".

The Inquiry Team did, in fact, give this matter a great deal of thought, but the patients as individuals were not only accepting of publicity but pleased to be identified. Only those who understood and agreed to be seen in public were asked to attend hearings. All the patients' witnesses who gave evidence to the Inquiry were legally represented by a senior member of the junior Bar and reputable solicitors. (Oliver Thorold, instructed by Pannone, Napier & Co.). The witnesses were specifically asked to waive any confidentiality in documentation of the medical records, and did so. They also willingly gave their names and (where discharged) their present whereabouts. None applied to have his or her identity kept out of the Report. In fact, the only application by any witness to remain anonymous

was a nurse, Mr Peter Williams, who defied a subpoena to give evidence to answer allegations of improper behaviour towards a woman patient.

If the Group had asked the Committee of Inquiry for an explanation of its actions of naming patients, as with other incidents listed below, erroneous adverse conclusions might have been avoided in the Working Group Report.

At page 6 under *Standards of Medical Practices at Ashworth Hospital* the Group states that "the Inquiry concentrated on the cases of 4 patients, identified by the media . . .".

The Inquiry which arose out of the Channel 4 TV programme on 4 March, 1991, a 'Special Hospital', identified only two of the four cases. The cases of Geoffrey Steele and Gary Harrington were studied as a result of the Committee's investigation of documentary evidence.

At page 17, under para 5(v), *Corporate Responsibility: The Role of Other Bodies*, the Group states "the Working Group noted that the Committee of Inquiry was composed of four members of the Mental Health Act Commission (MHAC). The MHAC is a statutory body, charged principally with the visiting and interviewing of detained patients and with the investigation of complaints. However, during the period since its inception in 1983 the Commission did not succeed in detecting the low standards of care in the hospital. It is a view of the Working Group that future inquiries of this sort should be conducted with the assistance of bodies that are truly independent of the procedures they are required to access".

I have no difficulty with the first three sentences of the above extract from the Working Group Report. The innuendo in the fourth sentence is that the four members of the Committee of Inquiry could not be – and, even, were not – independent and objective about the performance of the Commission in protecting patients at Ashworth. The Group fails to make two points.

- (a) The intention of the Secretary of State for Health was initially to appoint the Commission to conduct the Inquiry, but this was not possible legally; hence the members were appointed in their personal

capacity. The fact that the Commission has a statutory duty to investigate complaints by patients dissatisfied with the way in which their complaints had been primarily investigated by hospital management means that the Commission will inevitably be involved in assessing its own procedures. Moreover, none of the four members of the Committee Inquiry had been a visiting Commissioner to Ashworth.

- (b) No mention is made in the Working Group Report that the Inquiry Report was in fact highly critical of the Commission and made recommendations which the Commission has responded to with a new style of visiting Special Hospitals and a review of its Complaints Policy.

At page 21, paragraph 4(v), under *Corporate Responsibility: The Role of Other Bodies* the Working Group report states that "the College believes that it was unfortunate that the members of the Inquiry included three who had

responsible roles within the Mental Health Act Commission, a body which, with others, had failed to remedy deficiencies in the care of patients at Ashworth Hospital. The College should recommend to the Department of Health that future Committees of Inquiry, which are statutorily appointed to address serious complaints concerning standards of psychiatric care, should include representation from bodies who are independent of the procedures that are in place for assessing such care".

The Commission has no remit to remedy the deficiencies in the care of patients at Ashworth Hospital. The Commission is a watchdog body, not a manager or inspector, with powers to give directions to management. The most that could be said is that the Commission failed to draw the attention of the Secretary of State and the public to the ill-treatment of Ashworth patients, and this was said by the Committee of Inquiry in its Report.

SIR LOUIS BLOM-COOPER, *Chairman, Mental Health Act Commission*

Senior house officer, staff grade, and registrar manpower quotas in England and Wales

Executive Letter EL(94)17 was issued by the NHS Management Executive on 18 February 1994. Its title was 'The New Deal: plan for action'. Perhaps because of this title it appears that many psychiatrists have been unaware of its recommendations on senior house officer and staff grade posts. Reports reaching the College indicate that it has been implemented in various ways in different regions. However, psychiatrists should be aware that there is now, in most regions, more flexibility in the possibility of creating new SHO posts than previously so that, provided local funding can be obtained, it may be possible to discuss with the Regional Manpower Committee or the Postgraduate Dean the

creation of new posts providing they have educational approval, fulfil a service need and would not distort the manpower structure in the region.

As far as registrars are concerned, the College has been able to demonstrate to JPAC that the continuing reduction in quotas of registrars in line with *Achieving a Balance* will result in insufficient trainees to fill predicted consultant vacancies. In view of this the registrar numbers in the psychiatric specialties have been frozen at the current level.

DAVID STORER, *Chairman, Manpower Committee, Royal College of Psychiatrists*