

PRIME MINISTER

Further to your conversation earlier this week with Mr. Fowler and Ken Stowe, you may want to see the papers about the squalid conditions at the Bethlem Royal and Maudsley Hospitals which Ken mentioned. The position is ~~it~~ really is as bad as he said. Certainly there are some good features at these Hospitals, but what is bad looks very bad. I do not think his minute at all intemperate.

It is relevant that these Hospitals are not the responsibility of any of the Regional Chairmen you saw last night. They come under a special health authority which is outside the Regions' responsibility. I will ask Ken Stowe to let us know in two months' time what has been done to improve matters —

*before that —
I maybe questioned
in October
ms*

N.L.W.

ms

N.L.W.

(N. L. WICKS)

26 September 1986



10 DOWNING STREET

From the Principal Private Secretary

29 September 1986

I have shown the Prime Minister your letter of 24 September about the squalid conditions at the Bethlem Royal and Maudsley Hospitals.

65/1
The Prime Minister was, like you, appalled at the report. Certainly there are some good features at the two hospitals, but what is bad looks to be very bad. She would like to know, before Parliament reassembles on 21 October, what is being done to improve matters so that she can be ready to answer any questions which MPs might put to her.

(N.L. WICKS)

Sir Kenneth Stowe, G.C.B., C.V.O.

ea



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From the Permanent Secretary

Sir Kenneth Stowe GCB CVO

Nigel Wicks, Esq.,
No. 10 Downing Street,
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24 September, 1986

Dear Nigel.

At the meeting yesterday morning with the Prime Minister, I mentioned the squalid conditions at the Bethlem Royal and Maudsley Hospitals.

You might like to see as background:

- a) the official note that was prepared after Lady Trumpington visited the Hospitals; and
- b) a copy of the note I sent yesterday to the relevant Division.

I enjoyed the P.M.'s response

*Yours ever
Ken*

*P.S. I have been taken to task for my unreasonable
minute, by those concerned!*

Miss Hensman

23/9

File
SF

BETHLEM ROYAL AND MAUDSLEY HOSPITAL

1. My first reaction to this depressing set of papers (your minute of 19 September) is to want to sack somebody: the Chairman or the domestic services supervisor or the outside contractors, or the Head of RL or the Permanent Secretary at DHSS. Does everybody in authority in the hospital and the Department understand this will not do?
2. My second reaction is to want to use the power of publicity: I would like to instruct the SHA to have an open day for the press, including TV cameras on 1 January 1987 and tell everybody concerned that this is going to happen (remember Rampton).
3. My third reaction is to want to call in the Salvation Army - from my direct observation they might be rather better at least in caring for disturbed people in a clean environment.
4. Must we wait for December for action?

KRS

23 September 1986

K R STOWE

cc 21/9

PS(L)
PS(H)
Mr Podger
Mr Hart

NOTE OF A VISIT TO BETHLEM ROYAL AND MAUDSLEY HOSPITALS: 29 JULY 1986

Baroness Trumpington accompanied by - Dr Pamela Mason
Dr John Reed

Visitors were welcomed and conducted around the hospitals by Dr Ivan Clout, Chairman of the Special Health Authority.

1 The visit followed a visit by MS(H) on 15 May 1986 and the reception of a delegation from the SHA about their financial situation (12 June 1986).

2 Bethlem Royal and Maudsley Hospitals are managed by a Special Health Authority. They contain 522 beds, 228 at Bethlem Royal and 294 at the Maudsley. The associated Institute of Psychiatry is part of the University of London. Together the hospitals and Institute form by far the largest psychiatric training and research establishment in the UK. They have a distinguished clinical, teaching and research record and the Institute was awarded an alpha + in the UGC review of research.

This visit was notable for a gross discrepancy between the clinical and research presentations which were very good and the general state of the wards and out-patients department.

3 Presentation of service and research:

3.1 Bethlem Royal Hospital - Dr Kumar: Mother and Baby Unit:

This unit serves much of SETRHA, to some extent the rest of London and also further afield. Patients stay up to one year. One limit on stay is the availability of the unit to cope with toddlers. Increasing demand was said to be leading to overcrowding.

Comment: The unit appeared pleasant and well equipped and to balance service and research needs. Problems must arise when mothers and babies are admitted from a distance for more than short spells.

- Dr MacKeith: Denis Hill Unit:

A purpose built regional secure unit acting as hub of SETRHA services. About 30% of patients are non-forensic, highly disturbed cases. Six beds are at present 'rented' by NETRHA. (Until St Thomas' demands increase and NETRHA are met elsewhere).

Comment: A very recent opening. Some design faults being overcome. Security was not oppressive. A pleasant unit.

3.2 Maudsley Hospital - Professor R H Cawley: Ward 6:

Presentation of general psychiatric care for local and distant patients with emphasis on individual nursing care and treatment programmes.

Comment: This pattern of care is now becoming widespread. It depends very much on the availability of high quality nursing staff.

- Dr S Checkley: Metabolic Ward:

One of joint hospitals' specialised units taking patients from all over the country who are resistant to usual treatments. Special interest in affective disorder and phototherapy.

- Dr J Connolly: Emergency Clinic:

A 24-hour walk-in service seeing about 6,000 patients a year; two-thirds are local patients. Appear to suffer a very high level of actual or threatened violence. Need for examination of role of this service highlighted in recent Health Advisory Service Report.

3.3 At lunch PS(L) met Eric Byers (General Manager), Professor Lishman (psychiatry and physical disease of brain), Professor Wing (social psychiatry), Dr Birley (Dean of College of Psychiatrists and Community Psychiatry), Dr J Connolly, (Emergency Clinic), Professor Isaacs (behavioural psychotherapy, community nursing).

4 Overall impression:

4.1 The clinical and research presentations demonstrated a high level of medical and nursing care with sympathetic and concerned staff.

4.2 The physical surroundings were often dirty and at times squalid. Overall the physical state of the Bethlem appeared better than the Maudsley where a new Unit General Manager will shortly take up post. The physical structure of the wards at the Maudsley is unsuitable for modern psychiatric care but only part of the problem of the physical environment at the Maudsley is due to this. The walls and floor were dirty. In the out-patients canteen area the floor was filthy. Beds in the dormitories often appeared to have been unmade for some time - either by patients or nurses. The dormitory areas are particularly overcrowded and have probably been made worse by previous 'improvements'. Some patients did not have bedside lockers and most had little or no privacy in their bed areas. In the main there were no bed curtains.

The emergency clinic was poorly furnished, stark and had no pictures on the wall.

4.3 Dr Clout (Chairman SHA) gave his analysis of the management problem. He described conditions on the wards at the Maudsley as the worst he has seen in a psychiatric unit. He blames -


- (i) a very weak management under the previous house governor (who however left a year ago),
- (ii) failure of medical leadership over the years.

Dr Clout has himself been Chairman of the SHA since 1982 - reappointed in 1986 for 2 years only. A General Manager (Eric Byers) with effect from October 1985, but as yet has inadequate supporting management in post.

5 Conclusion:

The hospitals, especially the Maudsley, give a picture of poor administration over many years. All staff now appear to blame lack of money as the main cause of their problem.

It is not clear to what extent the dirt and squalor are apparent to senior medical, nursing and administrative staff.



August 1986