

SECTION VI

THE COMMUNITY HEALTH COUNCIL

1. When the Health Service was reorganised in April 1974 a Community Health Council (CHC) was established in each District to represent the local community's interest and to be a means of making the Area Health Authority aware of local opinion and of any deficiencies or difficulties brought to the Council's notice.

2. This was a new concept and it would have been surprising if it had not taken a little time for the relationship between CHCs and Authorities to settle down. The CHC most concerned with Normansfield was the Kingston, Richmond and Esher CHC, whose Chairman the Reverend F E Giles gave evidence to us. Either the Area Administrator, Mr Taylor, or his most senior assistant attended the CHC's meetings and towards the end of 1975 the CHC was granted observer status at AHA meetings. Mr Giles told us that he found Mr Taylor most co-operative. Nevertheless there are strong indications that the CHC is not yet wholly satisfied with the way in which they are consulted on planning matters.

3. The attention of the CHC was first drawn to Normansfield when the Chairman received a letter from Mrs Vera Graves, the Dental Hygienist, saying she felt her services were being wasted there. (The detailed story giving rise to this is set out in Section XII.) He subsequently discussed the matter with her and she told him that she was going to resign, as she did in October 1974.

4. Her letter of resignation was discussed at a meeting of the CHC and on 7 November Mr Giles wrote to Mr H W Payne, the Chairman of the AHA, expressing the concern of the CHC about various matters raised by Mrs Graves and by members who had personal experience of Normansfield who, with one exception, "agreed that patients within this establishment are not receiving the standard of treatment which should rightly be expected".

5. On 11 November 1974 Mr Giles, together with three other members of the CHC, visited Normansfield. He told us that, while they found the standard of cleanliness high and with remarkably little smell, and while the personnel of the hospital were working solidly and were friendly and welcoming, he was nonetheless appalled by what they saw. The CHC thereupon decided that "Normansfield was to receive priority for the attention and effort of the Council".

6. A report written after that visit covers much with which we deal elsewhere; we include extracts here as these show that the CHC members were readily able to detect deficiencies which those more closely concerned, and with a statutory duty to do so, apparently failed to do:

"The patients appeared to have no possessions of their own with the exception of a few high grade patients in Conifers, who have their own funds available. Purpose-built children's lockers were empty . . .

There was no therapy of any kind to be seen going on in the wards and it seemed that the patients are expected to just sit for the greatest part of the time . . .

As far as we could see the lavatories lacked towels, soap and toilet paper. The only toothbrushes seen were at Conifers and these were all sharing one communal bowl...

In conclusion, we feel that the most distressing thing, as we see it, [is] the total lack of stimulation due to the complete absence of all types of therapists on the wards, with the exception of the one part-time physiotherapist. We think immediate attention should be given to recruitment of these staff. In the longer term attention should be given to the main building".

The Area Health Authority was made aware of these findings, and Mr Taylor thereafter explained the Authority's policy to a meeting of the CHC.

7. By February 1975 two further groups of CHC members had toured Normansfield and had expressed their distress to their Chairman, not least because no action appeared too have been taken on the matters raised previously with the AHA. One group gave the following account of findings specific to the children's ward:

- "1. Not one toilet had been flushed after use.
2. One toilet completely blocked.
3. Several toilets with stool on the floor.
4. Hand-rails and walls of lavatories severely marked with faeces.
5. Beds not made by 3 pm.
6. Stool on sheets and pillows which looked like being re-used.
7. One child lying naked and unattended on his bed, who was able to get out of bed and urinate on the floor: his only other source of occupation being the occasional bellow.
8. Curtains off their hooks, pyjamas under beds, dust and dirt.
9. This time two filthy towels were by the toilet sinks, but still no soap".

Mr Giles wrote to Lady Robson, the Chairman of the RHA, explaining his Council's concern; he copied his letter to the Secretary of State and to the AHA Chairman. The Regional Administrator replied explaining that most of the matters raised were the concern of the AHA. After some discussion with the CHC, Mr Taylor on behalf of the AHA sent a point-by-point reply in May 1975. It is germane to point out that on our final visit in May 1978 we saw beds elsewhere in the hospital in the same condition as those described in item 6 of the CHC report. When we saw them the beds had already been made up for re-use.

8. The CHC received information from other sources. The Richmond Society for Mentally Handicapped Children was also interested in Normansfield and convened a meeting early in February 1975 in order to consider the further role and development of the hospital*. At this meeting considerable disquiet was expressed as to the conditions prevailing at Normansfield itself. At about the same time the Society began to receive specific complaints about Normansfield from various sources, some of which were disturbing. On 1 March 1975 the Society sent a copy of the minutes of the February meeting to Mr Taylor who

*We reproduce evidence relating to the more general conclusions of that meeting in Appendix 2.

replied suggesting that the Society should work through the CHC. Similar advice was given by the then Minister of State at the Department, Dr David Owen MP, to Sir Anthony Royle MP, the President of the Society, who was similarly concerned.

9. Early in 1975 the CHC set up a Working Party to consider the care of the mentally and physically handicapped. The Chairman of this Working Party had personal experience of looking after a mentally handicapped child and had been a member of the Richmond Society for Mentally Handicapped Children for ten years. The Working Party visited a number of other units so that they had criteria by which to judge the standard of care and the environment at Normansfield. In June 1975 they produced a report for the CHC making a number of recommendations for improvements which were broadly in line with the principles of "Better Services". The report concluded as follows:

"The recommendations set out in the Report may seem difficult to achieve and without doubt will take time to implement. However, they are generally consistent with current thought on the care of the mentally handicapped and have been demonstrated to Members of the Community Health Council as being successful. Naturally, there will be a need to adapt ideas developed in other places and for schemes to be evolved at Normansfield Hospital. With truly constructive leadership shown by the Senior Officers of the Hospital however, all this, and more, can be achieved".

This report was sent to the Regional and Area Administrators, but as before there was no major improvement nor was there any apparent attempt to adopt many of the suggestions made.

10. Thereafter the Working Party continued to visit Normansfield at regular intervals, reporting each time to the CHC. They noted any improvements, drew attention to short-comings and made a number of suggestions which were put to the Area Administrator as they arose. These covered such matters as the way the children were occupied during an outbreak of hepatitis which put their ward in quarantine and prevented their attendance at school. They also drew attention to the way the hydrotherapy pool was falling into disuse. A team from the CHC visited Graylingwell Hospital to see a unit similar to the 69-bed unit which was at that time (September 1975) proposed for Normansfield and expressed the firm view that it was quite unsuitable and not in accord with the guidelines in "Better Services for the Mentally Handicapped". This was indeed so, as the Authorities should have known, and the plan was subsequently abandoned.

11. In April 1976 the Working Party produced a further report for consideration by the CHC but before any action could be taken on it the strike took place. The report was reworded in the form of a questionnaire and sent to Mr Payne who replied briefly in June and at greater length in July. In September 1976 the CHC adopted a paper entitled "Normansfield Hospital: A Critical Appreciation", prepared at the request of the Chairman of the Regional Inquiry. This paper carefully and fairly set out the whole history of the Council's involvement in Normansfield as well as providing an accurate assessment of the position there, and it was in due course made available to us. We express our gratitude

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