A Tale of Two Inquiries: Sans Everything and Ely

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Abstract
The government acknowledged scandalously poor care of long-stay patients in National Health Service (NHS) hospitals in 1969. This followed the Ely Hospital inquiry, which emerged in the aftermath of revelations of abuse at seven hospitals described in Barbara Robb’s book Sans Everything: A Case to Answer (1967). Allegations in Sans Everything and at Ely were similar. However, the inquiry committees which investigated, ‘disproved’ those in Sans Everything and upheld those at Ely. The Ely inquiry became pivotal to NHS policy reform for long-stay mental illness and mental handicap hospitals, and for giving patients and their families a greater voice if they had concerns about inadequacies. This paper explains the relationship between Sans Everything and ‘Ely’ and analyses the impact of Robb’s work—her high-profile press campaign, networking, and determination to achieve improvement—which triggered revelations at Ely and elsewhere, and helped shape the course and constructive outcome of the Ely inquiry.

Keywords: Barbara Robb, Sans Everything, Ely Hospital, abuse in hospitals, long-stay care, National Health Service

Introduction
Several initiatives to improve National Health Service (NHS) psychiatric services in England and Wales, between the late 1950s and mid-1960s, did not achieve their goals. These included Minister of Health Enoch Powell’s ‘water tower’ speech in 1961, which declared the Ministry’s intention to halve the 136,000 in-patient beds in psychiatric hospitals by 1976 and to replace them with community and district general hospital services. Rates of bed reduction, however, were similar in the eight years before and the eight years after 1961, suggesting that Powell’s well intended policies had little impact. In 1965, Barbara Robb, previously unknown to NHS authorities, identified abusive and undignified treatment of older people on long-stay hospital wards. In 1967, she published Sans Everything: A Case to Answer, alleging widespread abuse and offering suggestions to remedy the situation. The Ministry of Health established inquiries to investigate the allegations. However, the inquiry committees discredited the witnesses and rejected their evidence. The Sans Everything inquiries, therefore, did not achieve the changes Robb aimed for. By contrast, an inquiry into similar charges of abuse of people with ‘mental subnormality’ (using the official terminology of the day) in long-stay wards at Ely Hospital, Cardiff, took place in 1967–8. Following the report from this inquiry in March 1969, the government finally began to implement changes to modernise services and make care more humane.

Until recently, commentators did not causally link Sans Everything to ‘Ely’ (the shorthand term used to refer to the inquiry and related events) despite their close temporality. Ian Butler and Mark Drakeford stated: ‘Ely marked the start … of an avalanche of scandal in mental health’; John Martin wrote of the ‘strange coincidence’ that Ely followed so soon after Sans Everything; and Charles Webster, official historian of the NHS, argued that Ely ‘suddenly precipitated long-stay hospitals to the head of the policy agenda’. This paper seeks to explain the relationship between Sans Everything and Ely, why the former failed to achieve its goals and the latter succeeded in instigating change. It argues that Robb’s work inspired the avalanche of scandals, helped reframe the political and public mindset about NHS imperfections, and laid the groundwork for Ely to become a cause célèbre leading to
reform. We will explore the background and outcome of the *Sans Everything* inquiries which were summarised in a single White Paper, then relate this to Ely; a tale of two inquiry processes, or a tale of two White Papers.

**Barbara Robb and *Sans Everything***

Barbara Robb (1912–76), a psychotherapist, adopted the cause of older people, mainly in psychiatric hospital long-stay wards, after she visited an acquaintance in that predicament at Friern Hospital, London, in 1965. Problems included: staff hitting, teasing and tormenting patients; overcrowding and understaffing; inadequate food; lack of privacy for personal care and bathing; lack of personal possessions including dentures, spectacles and hearing aids; and patients fearing punishment if they spoke up. Robb raised these matters with hospital staff and then with the regional (Regional Hospital Board: RHB) NHS authorities. She expected to see improvements, but nothing happened.

Robb kept a diary of her visits, each entry verified by friends who accompanied her. In April 1965 she sent the diary to Kenneth Robinson, Minister of Health, with a request that he investigate. He did nothing. Repeatedly snubbed by the authorities, Robb compiled a letter to the *Times*, published on 10 November 1965. The eleven signatories included: three peers; Audrey Harvey, a campaigner whose writing about poverty inspired the drama-documentary *Cathy Come Home*; and Brian Abel-Smith, an economist and professor at the London School of Economics. Abel-Smith networked extensively with academics, health professionals, and social justice pressure groups and campaigners, including Robb. He also advised Robinson, and his successor, Richard Crossman, Secretary of State for Social Services (1968–70) at the Department of Health and Social Security (DHSS, successor to the Ministry of Health in 1968).

The *Times* letter summarised, in under 140 words, the undignified and abusive care Robb observed and the Ministry’s silence when informed about it, and it requested more evidence. Robb received hundreds of letters. A few of these, alongside her diary, appeared in *Sans Everything*, together with proposals to ameliorate the situation, written by experts: Abel-Smith proposed a NHS inspectorate, ombudsman and more effective complaints procedures; Tony Whitehead described his psychogeriatric assessment and treatment service which helped older people stay as healthy and independent as possible in their own homes; and Peter Thomson, an architect, outlined plans to build homes on surplus psychiatric hospital land to generate income to finance the other schemes. The hospitals described in *Sans Everything* straddled the country: St. Lawrence’s, Cornwall; Cowley Road, Oxford; Friern and Banstead serving the London area; and Storthes Hall, Springfield and St James’ in northern England.

‘Fairly well rigged’: the *Sans Everything* inquiries

While Robb intended to protect patients, the Ministry aimed to protect staff and ‘to restore public confidence’ (House of Commons, 26 June 1967), a standpoint which did not bode well for impartial inquiries. The Council on Tribunals, an advisory public body established in 1958, aimed to ensure that inquiries were open, fair, impartial, efficient, timely and accessible. It recommended that in circumstances which occasion a nationwide crisis of confidence, as *Sans Everything* had done, parliament should establish inquiries under the Council’s jurisdiction, as permitted by the NHS Act, 1946, section 70 (s.70). However, between 1948 and 1967 the Ministry used s.70 only for administrative matters, tending to explain away complaints about care or treatment without investigation. For *Sans Everything*, the Ministry demonstrated its prejudice by assuming that the book’s claims were unsound rather than serious, so it did not use s.70. Instead, it delegated the organisation of inquiries to the RHBs which had responsibility for managing the hospitals being investigated. Each RHB appointed its own inquiry committee chairman. The chairmen were instructed to conduct the inquiry ‘in complete privacy’ and they had no authority to summon witnesses or to take
evidence on oath. To evaluate allegations, each committee set its own standards, based largely on the opinions of senior staff within the hospital being investigated, rather than on independent criteria. If senior staff advocated a harsh, undignified or out-of-date approach, committees generally accepted it to benchmark their analyses, even if similar behaviours were unacceptable in comparable institutions.

The committees abounded with logical fallacies likely to affect their judgement. They discredited complainants if they lacked formal qualification, were new to the hospital, or were low in its official hierarchy, rather than evaluate their evidence impartially. They described hard-to-believe allegations as exaggerations and therefore only worthy of dismissal. Sometimes, the committees qualified their judgements according to what they thought rather than what they knew. For example, from the transcript of St. Lawrence’s inquiry (my italics): ‘Sister has … the habit of swearing at patients … we do not think she would ever deliberately ill-treat any of the patients’. Sometimes committees vindicated malpractice by saying it was unintentional or understandable, caused by understaffing, overwork or stress. They used leading questions (‘You have never seen anything like that at all, have you?’) and, upheld, rather than questioned, the mantra that the NHS was ‘the best health service in the world’ with ‘excellent’ mental health services. Other irregularities included: for Friern Hospital, the RHB altered the report after the inquiry committee signed it; and for St Lawrence’s, the Ministry entrusted the RHB to summarise the inquiry report for publication.

The Ministry published a single, eighty-two-page White Paper containing abridged reports of the Sans Everything inquiries. In July 1968, Robinson announced in the House of Commons: ‘I deeply regret the anxieties which have been caused … by the publication … of so many allegations which are now authoritatively discredited. … the publication of the White Paper should discourage anyone from making … ill-founded and irresponsible allegations in future.’ Robinson attacked Robb but did not mention the forty-eight general recommendations which the inquiry committees made, such as the need to lengthen visiting hours, up-grade wards, provide better food, and improve staff levels and staff training. The foreword to the White Paper did not indicate how the recommendations would be put into practice; neither was there a conclusion or summary to draw the recommendations together or create an implementation strategy. Robinson demonstrated the NHS’s defensiveness towards criticism and inclination to conceal problems. The full picture was only available to those who read the White Paper. Robinson’s ‘whitewash’ speech took place after the Ely inquiry hearings, but before publication of its report. His words would have provoked concern about the reception of the report, and allowed those concerned about Ely to consider their strategy.

Crossman commented in his diary on 12 November 1969 that the Sans Everything inquiries were ‘fairly well rigged’. Max Bel- off, Professor of Government and Public Administration at Oxford, wrote more generally about inquiries in the Times in September 1967: ‘the danger with our close-knit political-administrative network is that most inquiries are so manned that they turn out to be nothing but the system looking at itself, and finding more to admire than to blame.’ Beloff’s comments followed publication of the report into the 1966 Aberfan disaster, the colliery tip landslide which killed 116 children and twenty-eight adults, twenty miles north of Ely. Although the Aberfan inquiry blamed the National Coal Board (the statutory authority which ran the nationalised coal mining industry) for its inept management of matters for which it was responsible and accountable, no Coal Board leaders were prosecuted or lost their jobs for jeopardising the lives of Aberfan residents. In summary, leaders of public bodies could be negligent and emerge materially unscathed.

The Council on Tribunals investigated Robb’s complaints about Robinson’s handling of the Sans Everything inquiries. It criticised Robinson for not using s.70 and for not ensuring common procedures and uniform criteria for making judgements. Standards of care, for example, could be ethnically complex to determine, such as when distinguishing between necessary restraint and unwarranted harshness. In the Council’s view,
reported in the press, attention to these matters would have enabled more equitable treatment of witnesses and allegations, and influenced outcomes. The New Law Journal congratulated the Council for its ‘trenchant criticism’ of Robinson. Personal letters to Robb included one from the editor of New Scientist: ‘you have dented the bureaucratic shell’. Dents in defences helped prime the government and public to the possibility that the NHS had flaws. Robinson received the feedback from the Council after establishing the Ely inquiry. Thus Ely was not under s.70, but had the same status as its Sans Everything predecessors, with the same terms of reference and organisation delegated to the RHB.

Concerns at Ely: early warnings in the 1960s

At Ely, members of the Hospital Management Committee (HMC: the voluntary, lay committee appointed by the Ministry to run a hospital) inspected monthly, according to protocol, and compiled brief reports indicating cursory scrutiny. The reports lacked evidence of discussion with staff or patients and mainly addressed the physical environment and standards of care observed. In the early 1960s, the HMC generally voiced approval and praised the care that staff gave to patients. The positive became interspersed with minor criticisms and then, with a marked change in tone, to clear concern. During 1965, one report noted that ‘Every effort should be made to reduce the overcrowding in this hospital, urgently’. Another commented that one ward had only one toilet for forty-five patients, and ‘The staffing situation is deteriorating and calls for urgent attention’. Shockingly, around the same time, the Ministry inspected Ely and filed a deplorable report about it without taking remedial action, another indication of the Ministry’s tendency to ignore or overlook defects in long stay hospital care rather than tackle them.10

Triggered by impending publication of Sans Everything in 1967, the Ministry instructed all RHBs to make ‘searching enquiries’ to ensure that there were no grounds for complaints in their hospitals.

Ely’s HMC informed the Welsh Hospital Board (WHB: Wales’ RHB) that: ‘We are, of course, assured by the senior officers … that there is no inhumanity in the treatment of patients … and if the number of complaints which are made direct to the Committee … is a yard-stick, we can feel assured that this is so.’11 The hospital’s ‘senior officers’, who included the medical superintendent and matron, appeared unaware of deficits or they accepted extremely low standards. Their reassurance was compatible with Robb’s contention that HMCs and RHBs accepted, rather than queried, views of senior staff about adequacy of care, and that inspection reports and number of complaints were inaccurate as markers of quality.

Dennis Hobden, a Labour Member of Parliament, summed up the state of play: ‘I long ago gave up [on] Kenneth Robinson. There has been nothing but evasion and covering up by Hospital Management Committees from top to bottom’,12 a bold statement about a minister in the same party. Journalists such as C. H. Rolph (New Statesman) and Yvonne Cross (Nursing Mirror) similarly alleged government cover-ups and lying, and that a hospital culture of fear encouraged the silence of nurses.13

1967: Sans Everything, Ely and the avalanche of scandal

The News of the World published David Roxan’s article ‘Old folk beaten in hospital’, on 25 June 1967, about the ‘startling allegations’ which were due to be published in Sans Everything later that week. The revelations prompted Michael Pantelides, a nursing assistant at Ely, to write to Roxan, alleging, among other things, that staff teased, assaulted, hit and inappropriately secluded patients; pilfered their food; and lied about how patients sustained injuries. With Pantelides agreement, Roxan sent his report to the Ministry. The Ministry feared that if it neglected Pantelides’ report, Roxan would put pen to paper and discredit Robinson’s well publicised sincerity about seeking improvements. Pantelides left Ely shortly after because hospital staff were hostile towards him as his complaints incriminated them.
Staff elsewhere derived courage from Robb’s work to report inhumanities in their hospitals. In July 1967, ‘smouldering discontent among the student nurses caught alight’ at Whittingham Hospital, Lancashire. During a tutorial, they spoke of disturbing practices, including: bathing incontinent patients with a long mop; striking patients with a key strap; locking them in the coal-house; and tormenting them for amusement. The students did not particularise their allegations for fear of victimisation, and the nurse tutor did not convey their comments (which came to light after publication of the Ely report) to the hospital officers. At Farleigh Hospital, Bristol, in 1968, a new nurse, Greta Saunders, alleged ill-treatment of patients. The hospital’s chief nurse ‘thought her an emotional young woman’, sacked her and did not investigate. The same year, Robb received several pages from a ward report book, posted to her anonymously from South Ockendon Hospital, Essex, recording severe injuries to a twenty-three-year-old ‘subnormal’ patient. All these allegations (and others which did not subsequently lead to high profile inquiries) arose after Sans Everything and before the Ely report. Thus, contrary to Butler and Drakeford’s view, Sans Everything triggered the avalanche of scandal, not Ely. Disbelief, fear, cover-ups, victimisation and criminal trials, with at least four convictions, including one for manslaughter, contributed to delaying inquiries until the early 1970s.

The Ely inquiry

With the identical status of the Sans Everything and Ely inquiries, differences in outcome were largely due other factors, particularly the networking, determination and integrity of key individuals Brian Abel-Smith, Geoffrey Howe, Richard Crossman and Barbara Robb. Abel-Smith knew Howe from their student days at Cambridge, and he recommended that Howe chair the Ely inquiry. Howe was a Queen’s Counsel and Conservative politician (later, Chancellor of the Exchequer and deputy Prime Minister to Mrs Thatcher). He represented the colliery managers’ unions at the Aberfan inquiry. That experience left him acutely aware of how public authorities could ignore hazardous practices, and it influenced his chairmanship of the Ely inquiry. Unlike the Sans Everything chairmen, he challenged the Ministry if he disagreed with their procedures. When instructed not to publicly announce a private inquiry, he argued for the benefits of privacy during an inquiry, as opposed to secrecy about it, to enable witnesses to come forward. Howe also broke with the Lord Chancellor’s advice to ‘keep this kind of inquiry narrow’ and intended to investigate up to Ministry level if necessary.

The inquiry committee cautiously evaluated Pantelides’ integrity, but did not discredit his evidence, or that of other informants, on grounds of their lack of formal training or status, as happened for Sans Everything. The Ely inquiry lacked the logical fallacies and weaknesses of the Sans Everything inquiries, and it upheld many of the complaints. Nursing care was ‘old fashioned, unduly rough and [of] undesirably low standards’.

The HMC was ineffective as a management body. Overcrowding, understaffing, and deficits at all levels of administration were largely responsible for the failings. The committee made forty-five recommendations affecting nursing, medical and administrative aspects of hospital function. Recommendations for local implementation included: employing more domestic staff, so nurses could nurse; giving adequate time for in-service training; building links with the local community and voluntary organisations; and creating an information booklet for patients and their families. The committee recommended instigating disciplinary proceedings against one charge nurse who ‘contrived complaints’, supporting Robb’s suspicions about staff dishonesty and victimisation. Howe acknowledged the ethical complexities of the subject matter and was ‘conscious of obscurity about the burden of proof to be applied and constantly aware of the risk of coming to unjust conclusions’. On several occasions he described events as ‘probable’, but verged towards ‘probably true’, whereas the Sans Everything committees in similar circumstances concluded ‘probably false’. Howe also made recommendations about the wider NHS. It required: a better system of investigating complaints; a body to consider ‘complaints and disciplinary matters
which had not been satisfactorily handled in some other way'; and a system of independent inspection. These aligned with Abel-Smith's proposals in *Sans Everything*.

The WHB informed the DHSS that Howe's report was 'a devastating indictment' of staff and management. The Board considered it 'not suitable for publication' because it was too long and repetitive, 'particularly in its treatment of the specific allegations'. Howe's report also embarrassed the DHSS, especially when it uncovered the filed damning report. The DHSS requested a summary for publication, as the Ministry had done for the *Sans Everything* inquiries. 'Under pressure' from the DHSS, Howe produced one. Howe referred to editorial interference, indicated that the summary did not do justice to the case, and that the DHSS and WHB sought to conceal damaging information. It would whet the appetites of journalists and would probably lead to demands for publication of the full version. Unlike the *Sans Everything* inquiries chairmen who *asked* the Ministry to publish full reports, Howe *fought* for it.

Civil servants did not want Crossman to see Howe's reports, but Abel-Smith ensured that he received both versions. Crossman regarded the content as 'explosive' and feared that if he did not publish the full version, he would 'be at the mercy' of Howe who 'would be entitled to go on the tele and talk about the report which had been supressed'. Crossman also knew that Abel-Smith would keep Robb informed of progress. Crossman regarded Robb's collaboration with the press as a 'terrible danger' to the government: 'She is a dangerous woman because people go to her, people write to her, the most terrible stories about the hospitals are collected by her. She is always ready with some great scandal to break, and there are, God knows, enough scandals to break.' Crossman's recollection of his own mother's death in a poorly run nursing home—'I could almost smell the stale smell again, and think how odious it is, and it stirred all the feelings in me'—also helped him determine his course of action.16

Critical of Robinson for his management of *Sans Everything*, Crossman, a shrewd politician, did not want to receive similar, potentially career-damaging press criticism. Ignoring his civil servants' advice, Crossman made his plan: 'The report completely vindicated the *News of the World* story and I might as well make the best of it by outright publication. But I could only publish and survive politically if in the course of my statement I announced necessary changes in policy.'17 He did not have far to look for a suitable suggestion: Abel-Smith's and Howe's proposal for an inspectorate, would fill that gap. Howe, delighted with the plan, modestly and honourably refused to join Crossman on television because he wanted to remain as the independent chairman of the inquiry, rather than introduce party politics.

Crossman announced the Ely report in the Commons on 27 March 1969, eight months after Robinson announced the *Sans Everything* White Paper. Crossman wrote in his diary at the time: 'I felt a great gulp in my throat when I started because I think I really do care about this, I do feel righteous and indignant about it, and I launched it out and read it and within 30 seconds I knew I had gripped the House.' The report, he said, was specific to certain wards at Ely, but it 'should be used at once as a basis for remedial action', including creating an inspectorate and improving long-stay provision for mentally handicapped people. The report would be 'a springboard for action rather than a setback for morale in the hospital service.' He deflected allegations of mismanagement by the existing Labour government by stating that the deficits were longstanding. He expressed a sense of collective responsibility and hinted at a revision of spending: 'We all bear responsibility for leaving it there, and unless we think of these things without blaming others we shall not get them put right. Public opinion has to face it, that if we are spending vast sums, as we are, on making wonderful new hospitals for acute illness and acute surgery, we must bear in mind the hundreds and thousands of people in these other places.' Tom Driberg MP asked if the new inspectorate would make an early visit to South Ockendon 'from which there have been some very disturbing reports', already in the public eye due to Robb's work. The press latched onto the plans for an inspectorate, and the concerns about South Ockendon. Crossman framed hospital deficits as a resolvable challenge. Robb, in the previous
four years, had set the agenda, publicised remedies, and engineered the media to drip-feed politicians, policy makers, professionals and public about abuse in hospitals, sensitising their expectations. In contrast to earlier NHS scandals, the Ely announcement was within the bounds of credibility and provoked constructive responses.

Publishing the Ely Report was a team effort. Abel-Smith collaborated with Robb, Howe and Crossman; Crossman feared Robb; and Howe was determined to achieve justice. Howe’s biographers regarded publishing the report as his ‘toughest and most formative challenge’ against the ‘Whitehall mandarins’. Anthony Howard, editor of Crossman’s diaries, labelled publication as ‘perhaps the bravest political action’ of his career. Howe wrote, thirty years later, that Crossman ‘would never have had that opportunity had we not insisted upon our right (and duty) to submit our full… report. It has since been generally recognised that private conduct of an inquiry is acceptable only on the basis of this pattern of publicity—prior announcement and subsequent publication. For it is that publicity… which helps to ensure that inquiries of this kind make an effective contribution to fault-finding and consequent reform in the services under review.’

Ely was central to the process of reforming psychiatric hospitals because its allegations were upheld. The report vindicated Sans Everything, but Robb received no apology and did not seek one about the way the Ministry swept it under the carpet: clearing her name was unimportant relative to succeeding with her campaign. Abel-Smith coordinated the project; Robb dented the defences of NHS bureaucratic paternalism, secrecy and the myth of universal high standards of care in the NHS; Howe undermined the foundations; and Crossman took up the cudgel and demolished what remained.

After Ely: the first steps
Alongside Abel-Smith and others, such as the Patients Association, Robb contributed to Crossman’s Post-Ely Working Party (PEP). The PEP discussed a broad range of challenges, including how to handle complaints from staff, but focused mainly on improving services for mentally handicapped people, aiming to replace hospital accommodation with community alternatives. Crossman followed up on his pledges. He established an independent inspectorate, the Hospital Advisory Service (HAS), to evaluate and guide all long-stay hospitals. He personally visited long-stay hospitals and encouraged the press to report on them. His diary entry on 6 August 1969 described Chelmsley Hospital, Birmingham, as ‘Bleak, and oh their lavatory architecture, ghastly buildings, and ghastily overcrowded; I have never seen overcrowding like it, beds absolutely jammed together.’ Crossman cajoled hospital authorities, and reflected in his diary: ‘My crusade, and I’m going to win this now, there is no doubt about it, in the Birmingham area they couldn’t go on, they are going to concede, they are going to do some building… we didn’t come to conclusions, but I pressed on rations, I pressed on personal possessions, I pressed on dealing with overcrowding.’ Publicity and public opinion assisted Crossman to allocate more funding to long-stay hospitals: £4 million in 1970 was a start, but hardly enough.

Crossman’s successor, Keith Joseph (Conservative, 1970–74), continued the work. Joseph oversaw the appointment of an NHS ombudsman, a far-reaching review of NHS complaints procedures, and publication of DHSS blueprints for developing mental health services for adults under sixty-five years of age, and separate guidance for those over sixty-five. Robb summed up her view in the Daily Telegraph in June 1969: Ely ‘marked the end of the ostrich era. Doubtless the old bird still lingers, its bad habits dyed in the feather; but its days are numbered’.

Discussion
Robb’s work triggered several landmark allegations of hospital malpractice, but only Ely warranted prompt investigation because allegations reached the Ministry via the press. For Whittingham, Farleigh and South Ockendon, inquiries held under s.70 took place after Ely, thus obscuring Robb’s significant contribution to them. Robb’s campaign dropped public and government opinion, helping to erode widely held beliefs of NHS perfection, thus making the Ely revelations credible. Crossman and Abel-Smith both praised
Robb for her work which influenced NHS policy and development. Barbara Castle, Secretary of State for Social Services (1974–6), wrote to Robb in 1974: ‘Dear Barbara, ... You can feel proud at the outcome of all your efforts. Yours, Barbara’.

Ely marked a turning point. It was the first NHS inquiry to identify major deficits and inhumanities in NHS provision. This was neither due to its legal status, nor to the nature of the allegations, but rather to Howe’s conduct of the inquiry and candid and transparent analysis of the evidence, coupled with full publication because Abel-Smith, Crossman, Howe and Robb were committed to improving the wellbeing of vulnerable people in those institutions. The synchronicity of perceptive and determined individuals distinguished Ely as ‘first’ and pivotal for change. Howe also addressed its ‘first-ness’, in 1999, in The Political Quarterly: ‘the first inquiry of its kind from which—albeit conducted in private—the veil of secrecy was decisively removed’. That too was due to his personal resolve.

Unfortunately, scandals and inquiries recur, and abuse today is not dependent on old hospital buildings or physical overcrowding (although they can contribute). Inquiry reports rarely refer to their predecessors and recommendations tend to re-invent the wheel. An analysis of the recommendations from successive ‘never again’ inquiries into abusive hospital care, and the extent to which they were implemented or ignored might assist consideration of alternative measures or a revision of prioritisation of implementation, to help prevent recurrence. An unequal distribution of power between people who are vulnerable, requiring care or otherwise disadvantaged, and those in authority, inevitably persists. This imbalance would ensure that past campaigners, including Robb, would be fully occupied today: Elizabeth Fry would be tackling immigration detention centres, William Wilberforce would be fighting modern slavery, and Lord Shaftesbury dealing with zero-hours contracts and ensuring payment of the living wage. All those pioneers brought inhumanities, which authorities previously ignored, into the public and political gaze, but their actions do not prevent today’s abuses.

An investigation into deaths at Gosport War Memorial Hospital, Hampshire (published in 2018) indicated ‘a disregard for human life’, and ‘when relatives complained about the safety of patients and the appropriateness of their care ... individuals and institutions ... failed to act in ways that would have better protected patients and relatives, whose interests some subordinated to the reputation of the hospital and the professions involved.’

This statement is similar to those in the Ely report, and in the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis Report) in 2013. They highlight ongoing defensive responses of NHS authorities towards criticism of its staff and system, thus failing to put their raison d’être, the wellbeing of patients, at their core. The NHS recently tried to improve its ‘whistleblowing’ process, in the 2016 Freedom to Speak Up guidance. At the time of writing this article, no comprehensive analysis of its effect has been identified. Numbers of concerns reported to NHS management have not significantly increased, and the 2017 NHS National Staff Survey found that 25 per cent of staff fear speaking up, and 40 per cent believe that nothing would be done if they raised concerns: staff culture can be a barrier to improvement.

In the mid to late 1960s, brave and inspired individuals spoke out, sometimes to their personal detriment, and campaigners and journalists ensured that the inhumanities remained under public and political scrutiny. Dilemmas of human nature remain: neither individuals nor institutions like to criticise or be criticised. We need to ensure that the voices of patients, their relatives, and new and less experienced staff, the people with a ‘new pair of eyes’ who often raise concerns —like Robb and Pantelides—are listened to, and that justifiable criticism can be open, without fear or blame for staff, to help prevent further abuse.

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Notes
2 C. Hilton, Improving Psychiatric Care for Older People: Barbara Robb’s Campaign 1965–1975,
3 The AEGIS (Aid for the Elderly in Government Institutions) archive about Barbara Robb’s campaign, is available at the London School of Economics.


9 Ibid., p. 193.

10 Ministry of Health, *Findings and Recommendations*.


15 Ibid.

16 Crossman Diaries, 16 March 1970, 166/70/SW 116–7, University of Warwick Modern Records Centre (UWMRC); Crossman Diaries, 16 July 1968, 152/68/SW (UWMRC).

17 Crossman Diaries, 10 March 1969, 127/69/SW (UWMRC).


