

Notes on the culture of Broadmoor and other special hospitals, comparison with traditional psychiatric hospitals and the likely problems of whistle-blowing and diagnostic overshadowing within these cultures

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Introduction

These notes have been selected from a wider bibliography as they appear to encapsulate the relevant cultures under examination. The sources are briefly addressed in the text or footnotes. Following the examination of hospital cultures I have included a timeline to help with contextualization. Any outstanding questions I shall endeavour to address in person. The accompanying PowerPoint presentation summarises the issues that these extracts support.

Culture in special hospitals / Broadmoor

The following list provides examples of the culture within Broadmoor for the period c. 1970s-1981.¹ Its source was based on the evidence of former staff and patients and was televised before publication in book form. Whilst no source is completely without its bias, it is arguably important to take account of the recollections of those who may not traditionally have had a voice. These accounts may then be compared with the findings of official inquiries – where accusations have equally been levelled of bias towards the staff and the system.

- Accusations by patients of staff pilfering visitor's gift.
- Key culture: keys represent power
- Admission procedure (described by Goffman as a ritual) involved stripping, bathing and isolating new patients). [Different in traditional psychiatric hospitals – there patients would receive a thorough physical examination to eliminate differential diagnoses, but otherwise joined other patients].
- Diagnoses withheld from patients who are desperate to know what is wrong with them.

¹ *The Times*, 60,962, 24 June 1982; (David Cohen – producer of *I was in Broadmoor* was screened that night on ITV. He was also the author of the book which followed the programme: *Broadmoor*); David Cohen, *Broadmoor*, (London: Psychology News Press, 1981); pp.15-17, 47-50, 54-565, 77-80.

- Lack of privacy during visiting time – staff eavesdropped - also lack of privacy in dormitories patients observed washing and using the lavatory – often jibed at whilst naked by staff – considered part of the culture and explained to a student nurse that patients didn't mind; single rooms can be used for punishment (seclusion) or as a privilege. Women patients tend to have own rooms.
- Many patients – as many as a third, not visited.
- Parents of Diana Irons complained that Broadmoor refused to see she needed education at fifteen.
- Bed time for patients 9pm –patients were locked in whether in single rooms or in dormitories.
- Nurses could isolate a patient (solitary confinement) without reference to a doctor; female patients were left naked on occasions and deprived of sanitary towels, glasses and hearing aids.
- 33 former patients of Broadmoor claimed either to have suffered or witnessed acts of brutality... 'boot therapy'.
- Broadmoor, however, had attracted less criticism than Rampton for alleged brutality.
- A nurse (Pincott) witnessed a man being kicked in the testicles by staff.
- Incident of missing spoon following a meal - patients were stripped and one searched anally – threatened with heavy mob if he refused.
- 'Broadmoor nurses tend to be in-bred; many trained at the hospital and have never been anywhere else... Such family backbone means the traditions in the hospital take considerable cracking'. [Similar situation to other more remote county psychiatric hospitals, but to a greater extent in Broadmoor].
- New ideas [e.g. improved training – including developing therapeutic skills, managing working hours – thereby reducing overtime payments] by management were often not put forward in case Prison Officer's Association (POA) objected. [POA very powerful].
- Gender segregation. Also males nursed males and females nursed females although there were some instances of male nurses on female wards. POA believed female nurses would be threatened on male wards and male nurses would be accused of sexual assault on female wards. In traditional psychiatric hospitals most wards were mixed as were the nurses.

- Occasionally male and female patients bumped in to each other whilst each was escorted on their way to 'work' – one male patient Ishmael said, 'We could whistle at them and that was a treat.'
- Allegations, by nurses from Broadmoor of abuse of drugs including a patient being over prescribed serenase (sic) well above BNF limits [serenace = haloperidol, a strong anti-psychotic and sedative]. The response to these accusations by the Hospital and the Department of Health was: 'first of all one was a student nurse and the other was simply a nurse. They were in no position to judge against consultants'.

A more positive recollection was pronounced by Peter Thompson for whom Broadmoor had been a resting place and refuge, although he stated that the staff had initially been a problem for him:

Earning their trust takes time, and in the early days some of them treat patients as if they are unwanted animals. One is conscious of the fact that they regard patients as potentially violent criminals, likely at any time to assault them physically; not for nothing are they paid danger money.²

- In the late 60s and early 70s Peter Thompson worked with the Nationwide Festival of Light (NFOL) campaigning against, inter alia, inappropriate sexual content of film trailers (Soldier Blue) preceding U rated films where children would see them. He had also written *Bound for Broadmoor* and campaigned for volunteers to help in this area of mental health. These activities gained him invitations to appear on radio and television programmes.

One such was a 'Speak Easy' programme with Jimmy Savile. Off the air, Jimmy said I should give up voluntary work and concentrate on earning a living for the sake of my family.³

Dr McGrath's son, the author Patrick McGrath was brought up in the grounds of Broadmoor and recalls that the problem his father faced. Many of his recollections stem from his early

² Peter Thompson, *Back From Broadmoor*, (Oxford: Mowbrays, 1974); pp. 2, 7. Thompson was also the author of *Bound for Broadmoor*; before he went to Broadmoor he was a high profile public relations executive for a large industrial organization. He became involved with the Nationwide Festival of Light campaigning against the permissive society (Mary Whitehouse and Cliff Richards were among its members) and started a mental health charity, The Matthew Trust.

³ Thompson *Back from Broadmoor*, pp. 83-86.

childhood as well as later discussions with his father, but the impact of his age on his perception must also be considered:

... at least in the early days, was that in his efforts to institute reform he had to deal not only with a conservative old guard within Broadmoor itself, but with political masters in Whitehall no less resistant to change. One exception, curiously, was Enoch Powell.... [He described Broadmoor as] ... a stratified, structured and very orderly community under the firm hand of a benevolent despot, Pat McGrath. As for the patients on the working party, the salutary effect of a steady job in the fresh air was a feature of "milieu therapy" which, as far as I could ever discover, meant giving people something to do and expecting them to be punctual about it. It was seen as good preparation for an eventual return to the community.⁴

The Earl of Longford addressing the House of Lords in a debate following the Ashworth Inquiry spoke positively of the staff:

I come to the staff. It should be mentioned that nearly all the staff are nurses and nearly all are members of the Prison Officers Association as a result of what I think can be called an historical accident. They are not, therefore, like prison officers, who often have a short period of training before becoming prison officers. These are qualified nurses. They face the most difficult human problems imaginable and they need to be nurses who are also trained in proper prison security. I could not imagine being able to cope with their problems at any time in my life. I do not know whether many noble Lords think that they could make a good job of it. If so, they are fortunate, because they must have a lot of self-confidence.⁵

However, in a House of Lords debate in 1998 about government policy for the future of Special Hospitals, Lord Dholakia said:

I also picked up an editorial printed in the British Medical Journal of May 1997. It talked about the Ashford Hospital inquiry which investigated the circumstances

⁴ Patrick McGrath 'A Boy's Own Broadmoor', *Intelligent Life*, Sept /Oct 2012: <http://moreintelligentlife.co.uk/content/ideas/a-boys-own-broadmoor?page=full> accessed 30/04/2013

⁵ House of Lords debate: *HL Deb 18 November 1992 vol 540 cc687-710* <http://hansard.millbanksystems.com/lords/1992/nov/18/ashworth-hospital> accessed 28/04/2013

surrounding four specimen untoward incidents: a patient's sudden death; an alleged sexual assault by staff on a patient; and serious physical assaults. It said that the events spanned several years. The inquiry panel found a culture of denigration of patients; frequent physical and mental bullying of patients by staff; over-racist attitudes; and staff membership of Right-wing racist political groups; victimisation and bullying of RCN members; poor quality of nursing care; the frequent use of seclusion as a punishment; a rigid, over-restrictive regime; the circulation of hate mail and offensive literature to patients and victimised staff; a lack of therapeutic optimism; and poor clinical teamwork.⁶

The following are extracts from a literature review of Forensic Psychiatric Nursing:

- [In Forensic services there is:] Little understanding of what constitutes treatment... In high security inpatient services the custodial role is intricately fused with the caring perspective... Complexity surrounding the notion of personality disorder, its measurement, classification, therapeutic management and prognosis. Fallon Inquiry Report (1999) has seriously questioned the professional ability to address this problem... 'prizonization' of the secure psychiatric services... Failure to address, over the past two decades, such issues as the perceived inadequacies of the RMN and RNMH syllabi to skill a nursing workforce to cater for mentally disordered offenders is clearly a major concern (Dale et al. 1995). ... If the RMN and RNMH syllabi are, in themselves, inadequate for skilling a workforce, they have also been found to be grossly inadequate as qualifications for nurses managing the services. ... Mason (1993) researched the nursing culture in a high security setting and identified a small group of negative staff, a small group of positive staff, and a much larger 'toggle' group of nursing staff who would switch allegiances to whoever was in charge at the time. If a negative person was in charge, then the 'toggle' staff would be negative, and vice versa. ... Morrison (1990) studied a psychiatric nursing culture and identified a number of types of nursing staff. For example, those that like to 'put on a show' in which they appear positive, therapeutic and considerate of patients needs and rights, but behind the scenes they are domineering, rough and inconsiderate. Morrison (1990) also identified the 'superman', which refers to the strongest and toughest nurse on the ward, who is known for his/her ability to 'handle' any patient that steps out of line. This seminal paper is as

⁶ *HL Deb 09 April 1998 vol 588 cc901*

relevant today as it was a decade ago when it was published and clearly shows the impact that a nursing culture can have on the delivery of care.⁷

The following points suggest that the culture and power relations in Broadmoor were not dissimilar to other special hospitals.

The aftermath of the Ashworth Hospital Inquiry of 1992 found masculinity still dominated the wards. The ruling of only one female nurse per shift per ward meant that the qualified female nurse had to move on, to accommodate a female student nurse, and sexual harassment by some male nurses made life unpleasant for these students.⁸

Fallon Report (1999)

There was a catalogue of problems noted in the personality disorder unit at Ashworth, including a 7-year-old girl being groomed for paedophile purposes during regular visits to patients.⁹

- There was a strong sense on the wards that clinical leadership emanated from the Ward Manager and Team Leaders. ...The ward staff generally did not see clinical leadership as emanating from the RMOs, and many expressed a desire for a greater degree of medical input. ... Whilst the Clinical Nurse Manager had put much effort into trying to formulate a model of practice for the Unit and train people in core competencies, the RMOs had been little involved in taking this work forward. ... [their] administrative workload, in any case, made it difficult for them to be very involved. There were only two RMOs devoted to the PDU at the time, where five or six were needed. Relatively little time was spent by the RMOs in trying to understand the psychological lives of patients. The new consultants who had been attracted to the Hospital worked on the Mental Illness side; ...it was the older consultants who had been in the Hospital for a long time who gravitated towards the PDU. At the time of the visit [1997] very good work by nurses and psychologists was compensating for the lack of equivalently good medical input.

⁷ T. Mason, 'Forensic psychiatric nursing: a literature review and thematic analysis of role tensions' *Journal of Psychiatric and Mental Health Nursing*, 2002, 9, pp. 511–520.

⁸ Joel Richman and David Mercer, Rites of purification: the aftermath of the Ashworth Hospital Inquiry of 1992, *The Journal of Forensic Psychiatry* Vol 11 No 3 December 2000 621–646.

⁹ John Warden, 'Ashworth report confirms problems with special hospitals' *British Medical Journal* (BMJ), 1999, 318(7178), p. 211.

- There was a discrepancy between the positive philosophies of treatment espoused by the nursing staff, and the patients' descriptions of how they experienced their Patient Care Teams. The majority of patients had predominantly negative views about their experience of care and treatment, describing a sense of mistrust, decisions being made without consultation, and staff being unavailable or lacking time.
- The problem of medical leadership was a key weakness identified by Sir Louis Blom-Cooper and his recommendation 44 called on the SHSA to tackle the problem. We saw a minute dating from July 1992 written by Dr Dilys Jones, then a Senior Medical Officer of the Department of Health in which she commented that:

the 'villains of the piece' do not come out as primarily the POA, but the weak management (in general/medical and nursing terms). There is no effectual management support, the professional disciplines are fragmented and there is no leadership. No sense of purpose (certainly not therapeutic purpose) comes through at all. There is no staff structure.

Later in the same minute she wrote that medical leadership was:

really non-existent at the Ashworth site. Many consultants had negative and anti-therapeutic attitudes and a tendency to collude with the prevailing culture, probably as a means of survival.

- Telephone conversation between Dr Reed (former Senior Principal Medical Officer, DoH) and Professor Taylor (Head of Medical Services SHSA) who commented to him about the Ashworth consultants as follows:
 - Doctor 1: moderately capable but with a serious alcohol problem which they were keeping an eye on.
 - Doctor 2: moderately capable but feeble.
 - Doctor 3: appalling. Action would have to be taken.
 - Doctor 4: never there and had an appalling record of not meeting deadlines; a decent man out of his depth.
 - Doctor 5: weak. Lacking in leadership and inclining as the wind blows.

- Doctor 6: made very poor provision for patients on the ward. Did not appear to recognize many of their needs.
- Doctor 7: lazy.
- Doctor 8: unstable and not clinically good.
- There were three competent doctors.
- Re nursing staff: It is therefore of some relief that the picture on the PDU at Ashworth is less bleak. We know that some staff were corrupt, the most notable example being Enrolled Nurse James Corrigan, Mr Daggett's escort on the day he absconded. We heard much about the failings of individual nurses. But we also heard praise for the job nurses were doing.¹⁰

Culture in traditional psychiatric hospitals

Liz Piney – who contributed to the programme about Broadmoor and Cohen’s book – said that staff at St James’ Hospital in Portsmouth used Broadmoor as a threat.¹¹ [This was common practice].

Derek McCarthy’s book *Certified and Detained* was written about his experience as a student nurse. His intention was:

to break through the wall of silence that existed for fifty years about what life was really like in an English Psychiatric Hospital in the late 50’s and early 60’s. I believe that the grim facts contained in this book can only represent what was then the tip of a very much larger iceberg.¹²

He described having witnessed the practice of ‘blacking out’ patients:

Bob leaps from his chair with a “fuck you,” he drags Tommy away from the windows and rams him up against the wall. He then cross his hands and slides them inside the collar of Tommy’s jacket. He then quickly jerks his hands forward and turns his wrists

¹⁰ DoH, Report of the Committee of Inquiry into the Personality Disorder Unit, Ashworth Special Hospital (Fallon Report), 1999, Cm 4194 – ii, London: HMSO.

¹¹ Cohen, *Broadmoor*, p.28.

¹² Derek McCarthy, *Certified and Detained: The true story of life in an English mental hospital from 1957 to 1963 as seen through the eyes of a young male student nurse*, 2009, p. 5. Shanghai: China Litho

inwards towards the side of Tommy's neck. Tommy's face starts to turn blue and then purple as he blacks out and slumps to the floor.¹³

Stephen Burrow, author of *Buddleia Dance on the Asylum: A Nurse's Journey Through a Mental Hospital* [from the early 1970s] outlines the tendency for whole families to work in the hospital and to benefit from the perks that entailed including:

Subsidized booze, free discos, bands and dancing, snooker, darts, cribbage – not forgetting a bit of talent, of course.¹⁴

He also described the common practice of ordering the patients 'comforts'. These were items usually bought from the hospital shop by staff having withdrawn the money from the patients' hospital bank accounts. The items were allegedly for each individual patient's use according to his or her needs e.g. cigarettes, shampoo, sweets, but often the practice involved replenishing goods for communal use (e.g. shampoo) and cigarettes were also often smoked by staff.¹⁵

Kerr/Haslam Inquiry into sexual abuse of patients by psychiatrists:

This inquiry report published in July 2005 covered a period of alleged sexual abuse of female patients from the mid 1960s to mid 1980s by two male psychiatrists working from the same hospital. Police investigations revealed a total of 67 patients had declared themselves victims of William Kerr and at least 10 of Michael Haslam. Kerr was convicted in 2000 on one count of indecent assault. He was considered too ill to face trial but was convicted on trial of the facts. Haslam was convicted on four counts of indecent assault in 2003 and was given a 3-year prison sentence.

Although this North Yorkshire tragedy may have had extraordinary features, the inquiry panel, led by Nigel Pleming QC, concluded that sexual abuse of psychiatric patients by mental health professionals is probably endemic and widespread.¹⁶

- Many GPs, psychiatrists and nurses had heard allegations or gossip that abuse might be going on but only a few took action. The Inquiry attributed this general failure to:

¹³ McCarthy, *Certified and Detained*, p. 38.

¹⁴ Stephen Burrow, *Buddleia Dance on the Asylum, A Nurse's Journey Through a Mental Hospital*, 2010, p. 22, Ely: Melrose Books.

¹⁵ Burrow, *Buddleia Dance*, pp. 75-76.

¹⁶ Peter Kennedy, Kerr/Haslam Inquiry into sexual abuse of patients by psychiatrists, *The Psychiatrist* (2006) 30: 204-206. <http://pb.rcpsych.org/content/30/6/204> accessed 30/04/13

- colleagues putting the interests of professionals before patients
- consultants being 'all powerful'
- a lack of clarity on what (in the sphere of sexual relations) are the boundaries that define professional misconduct or criminal behaviour
- poorly developed and understood processes for dealing with rumour, unsubstantiated or withdrawn allegations.
- Donaldson (1994), when a regional medical officer in the north-east of England, had serious concerns about 6% of consultants in the region brought to his attention over a 5-year period. Psychiatrists were proportionately represented and in half of their cases the concern was of sexual behaviour with patients. Very long periods of between 2 and 20 years had elapsed from the concern first being felt by colleagues to action being taken at regional level to protect patients - usually early retirement.¹⁷

Whistleblowing

Ex Broadmoor staff and patients interviewed by Cohen maintained there was little point in pursuing complaints:

if you make a complaint against a nurse, it will be investigated ... by his fellow nurses, a Nursing Officer and a Senior Nursing officer. Two former nurses have alleged that it was not merely difficult for patients to get a fair hearing, but also that there was fear of reprisals.¹⁸

... Staff in special hospitals "gagged" by the *Official Secrets Act*.¹⁹

- Donaldson (1994): Very long periods of between 2 and 20 years had elapsed from a concern first being felt by colleagues to action being taken at regional level to protect patients - usually early retirement.²⁰

¹⁷Department of Health, *Kerr/Haslam Inquiry: Full Report*, (London: TSO, 2005); Donaldson, L. J., 'Doctors with problems in an NHS workforce', *BMJ*, 308, 1277-1282; FAHY, T. & FISHER, N. (1992) Sexual contact between doctors and patients. *BMJ*, 1994, 308, 1519-1520.

¹⁸ Cohen, *Broadmoor*, p. 22.

¹⁹ Cohen, *Broadmoor*, p. 44.

- The Kerr/Haslam inquiry found: The very few patients who submitted formal written complaints all declined to take part in any formal disciplinary proceedings - sometimes after intimidation by the psychiatrist concerned ('No one will believe you against the word of a consultant').²¹
 - In 1983 Ms D worked at Clifton Psychiatric hospital and a female patient reported that she had had a sexual affair with Dr Kerr that was now over. She also said that Kerr had had sexual relations with other patients, and one had even tried to commit suicide after being abused. Ms D expected that after she reported her concerns to senior members of the nursing staff that there would be an investigation into the complaint.... In fact these staff coerced the patient into signing note withdrawing the allegations. Repeated efforts by Ms D for an investigation into the complaint were stonewalled. In fact the nursing management took action against Ms D by moving her (demoting) to a geriatric ward. She was also placed on probation to monitor her performance. Ms D then circulated to clinical staff a dossier about what she knew, only to be advised by a Dr Rugg that if it wasn't withdrawn she would be sacked.
 - Ms D's story continues and demonstrates how she was persecuted in a subsequent job where her manager had connections to Dr Kerr. Additionally Kemp argues that the inquiry chaired by Nigel Fleming QC from the outset sought to limit its impact. The inquiry was held in secret excluding the press and public. The ex-patients support group was allowed to attend but could not take notes during the proceedings. This is probably the main reason why there has been so little heard about it... On hearing of the inquiry Ms D wanted to tell her story. As the only whistleblower involved it would seem obvious that her role would be central to any inquiry. However the Inquiry was obstructive about her participation. It failed to provide her with a solicitor even though the other parties were given one. She was not offered any protection from libel or slander, nor was she offered any financial support

²⁰ DOH, Kerr/Haslam Inquiry; Donaldson 'Doctors with problems' pp. 1277 -1282; Fahy, T. & Fisher, N. 'Sexual contact between doctors and patients', *BMJ*, 1992, 308, 1519 -1520.

²¹ Peter Kennedy, Kerr/Haslam Inquiry into sexual abuse of patients by psychiatrists, *The Psychiatrist*, 2006 30: 204-206. <http://pb.rcpsych.org/content/30/6/204> accessed 30/04/13

to attend or to organise the enormous amount of documentation that was available. This meant that the whistleblower was going to be denied the right to be heard twice over.²²

Diagnostic overshadowing

Diagnostic overshadowing is a clinical judgmental bias in which one diagnosis unduly obscures or overshadows the importance of another diagnosis. It can refer to patients with mental health problems or learning disabilities whose physical health needs are overlooked because of their assumed inability to articulate or because of assumed delusional symptoms. It can also apply to those whose learning disabilities overshadow a co-morbid diagnosis of mental ill-health.²³ It is arguably equally tenable that patients with known mental disorders e.g. schizophrenia (who may exhibit delusional thinking) or those with a personality (psychopathic) disorder (one of Hare's symptoms being untruthfulness and insincerity)²⁴ are likely to have their claims of abuse disregarded.

- Cohen comments that over the previous 20 years c. 1961-1981 there had been eight official reports on special hospitals or Broadmoor in particular and no ex-patient had ever been asked to contribute or give evidence to any of them. 'Psychiatric patients, in general, are not supposed to know what is best for them. Dangerous psychiatric patients are reckoned to have even less insight.'²⁵

The following list has been taken from a website 'How Therapists Abuse Their Clients' and is applicable to the abuse of power by staff 'caring' for the mentally ill, several examples of which have been illustrated from sources supporting this document:

- Treating the client as a "diagnosis" rather than as a person
- Undermining the client's self-confidence and self-esteem and making them feel humiliated; emphasising their "deficiency" and never acknowledging their good qualities
- Rubbishing the client's own insight, understanding, ideals, goals etc. and making them doubt their own reality (gaslighting)

²² Ellen Kemp 'Abuse of Power in the NHS – the Kerr Haslam Inquiry: <http://libcom.org/news/article.php/nhs-kerr-haslam-inquiry-abuse-060406> accessed 30/04/2013

²³ Reiss, S., Levitan, G. W., & Szysko, J., 'Emotional disturbance and mental retardation: Diagnostic overshadowing' *American Journal on Mental Deficiency*, 1982, 86, 567-574.

²⁴ Hare, R. *The Hare Psychopathy Checklist-Revised* (Toronto: Multi-Health Systems, 1991)

²⁵ Cohen, *Broadmoor*, p. 73.

- Not allowing client to critically question the therapy they are being subjected to, demanding unlimited compliance and agreement and "faith" in the therapeutic process.
- Failing to act on/disbelieving/dismissing/writing off client's complaints or distress re their emotional or psychological problems...
- Dismissing a client's problem (for which they are seeking help) with "you just need to deal with it/exercise/pray/do volunteer work/be more grateful" etc.
- Refusal/inability to acknowledge the realities of the client's circumstances (e.g. insisting a client of workplace bullying return to work without proper support or changes to the situation)
- Construing client's belief system as deviant/bad for their mental health/downright delusional simply because it differs from what the therapist considers "normal" (This can also occur when e.g. male therapists encounter feminists or their supporters.)
- Breaking promises made to a client²⁶

BROADMOOR AND SPECIAL HOSPITALS TIMELINE

1863 - Founded in 1863 as a criminal lunatic asylum, Broadmoor was described in 1970 as an institution for the treatment, under conditions of special security, of patients of dangerous, violent or criminal propensities. It was intended initially to accommodate 410 patients.ⁱ

1863 - 1948 Broadmoor was run directly by the Home Office, as with prisons.ⁱⁱ

1949 -1989 Following the setting up of the National Health Service in 1949 it reported directly to DH.ⁱⁱⁱ

1957 – 1981 Dr Patrick McGrath (10th and last Physician Superintendent)^{iv}

1959 Mental Health Act – Broadmoor, Rampton and Moss Side became Special Hospitals under the Ministry of Health.^v

1960s-1970s overcrowding in Broadmoor considered dangerous.^{vi}

²⁶ Ray Hurford, 'How therapists Abuse their Clients',
<http://website.lineone.net/~vex/How%20Therapists%20Abuse.htm>
 Accessed 03/05/13

1972 – BBC film crew admitted to Broadmoor (where 20 cases of alleged brutality were the subject of a government inquiry) to film Jimmy Savile at work as honorary deputy entertainments officer. Savile had his own set of keys.^{vii}

1974 – Glancy Report (identified shortfall in hospital accommodation for disturbed patients not offering a threat or danger to the public) [Significant percentage of Broadmoor's patients had never committed an offence].

1975 – Butler Report (high security Special Hospitals had to adopt 'open door' policy [i.e. in this setting, not being locked in rooms at night] consistent with conventional county psychiatric hospitals. Initiated 'Medium Secure Units'.

1977 – 'One of the few interruptions to the grey routine are the socials... programme for the Queen's [silver] Jubilee week included...prawns and steak meals, James Bond films, a visit from Jimmy Savile and discos.'^{viii}

1978 – Female patient escaped during a tour of Broadmoor by JS. He offered to help and was put on traffic control outside the main gates.

1988- before the publication of a highly critical report into its operating procedures the entire management board of Broadmoor was suspended and the operational management of the hospital was described in a House of Lords debate in November of that year as:

in the hands of a specially formulated task force whose best known member is Dr. Jimmy Savile. Dr Savile has been involved with the work of Broadmoor Hospital for many years and is now devoting his considerable talents to ensuring that the hospital functions smoothly during this difficult interim period before the new special health authority comes into being.^{ix}

1988-1997 – Alan Franey – Chief Executive of Broadmoor

1989 – 1996 Broadmoor reported to the Special Hospitals Service Authority.^x

1992 – The London programme on London Weekend Television broadcast "Inside Broadmoor" a 60 minute documentary

1992 – DoH Report of the Committee of Inquiry into Complaints about Ashworth Hospital. Vol I-II, Cm 2028- I-II. London: HMSO. (Blom-Cooper)

1992 – DoH and Home Office, Review of Health and Social Services for Mentally Disordered Offenders and Others Requiring Similar Services (Reed Report) Cm 2088. London: HMSO

1992 – The introduction of ward managers, senior to charge nurses was designed to bring greater cohesion to the running of the wards. (Fallon report identified role confusion and a number of disenchanted former charge nurses).^{xi}

1993 – Special Hospitals Services Authority, Committee of Inquiry into the Death in Broadmoor of Orville Blackwood.(Blackwood Report) London: SHSA.

1996- 2001 Broadmoor reported to the Broadmoor Hospital Authority ^{xii}

1999 – DoH, Report of the Committee of Inquiry into the Personality Disorder Unit, Ashworth Special Hospital (Fallon Report), Cm 4194 – ii, London: HMSO.

2001 - Broadmoor Hospital has been part of West London Mental Health Trust since 2001.^{xiii}

ⁱ *BMJ* 5 September 1970, Leading article 'Overcrowded Broadmoor', p. 537

ⁱⁱ David Cohen, *Broadmoor, London: Psychology News Press, 1981 p.21;*
<https://www.gov.uk/government/organisations/investigation-into-the-role-of-jimmy-savile-at-broadmoor-hospital> accessed 15/04/2013

ⁱⁱⁱ Ibid.

^{iv} Patrick McGrath 'A Boy's Own Broadmoor' *Intelligent Life* September/October 2012:
<http://moreintelligentlife.co.uk/content/ideas/a-boys-own-broadmoor?page=full> Patrick McGrath, novelist is the son of Dr Pat McGrath, Physician Superintendent Broadmoor (1957-1981). Dr Patrick McGrath (1916-1994) was the 10th and last medical superintendent appointed in 1957 working until his retirement in 1981, and in the words (arguably not without bias) of his son and namesake ' On the death of the previous incumbent he accepted the job of superintendent, and set about dragging this unwieldy, overburdened institution into the 20th century.' When he assumed office in 1957 Broadmoor was chronically overcrowded accommodating at least 800 patients.^{iv} Overcrowding tended to be worse in county psychiatric hospitals, but arguably their patients were less challenging.

^v MHA (1959) ss.97-98; Andrew Roberts, 'Mental health History Timeline'
http://studymore.org.uk/4_13_ta.htm#Broadmoor, Middlesex University.

^{vi} Patrick McGrath 'A Boy's Own Broadmoor'

^{vii} *The Times*, 58,496, 5 June 1972; A BBC film crew has been admitted to Broadmoor special state hospital, where 20 cases of alleged brutality are currently the subject of a government inquiry. ... Last month Norman Swallow's arts features department were allowed to send a crew in to the hospital to film the honorary deputy entertainments officer – Jimmy Savile the disc jockey - at work. The programme *The World of Jimmy Savile*... The team have (sic) have also filmed Savile at work in Stoke Mandeville hospital (where he also regularly serves in the canteen and jollies the patients...)... In Broadmoor they discovered that Savile has his own set of keys ("a symbol of trust which he values more than his OBE"), and interviewed the hospital superintendent Dr Patrick McGrath, about Savile's work. No patients were filmed in close-up, however.

^{viii} Cohen, *Broadmoor*, p. 93.

^{ix} The Earl of Dundee, Mentally Ill Offenders: Treatment, *HL Deb 07 November 1988 vol 501 cc 508-31* [Hansard]

^x David Cohen, *Broadmoor*, p.21.

^{xi} Fallon report 4.7.36- 4.7.40.

^{xii} David Cohen, *Broadmoor*, p.21;

^{xiii} Op. cit.