

Investigation into the Association of Jimmy Savile with Stoke Mandeville Hospital

A Report for Buckinghamshire
Healthcare NHS Trust

Report Authors:

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Chief Executive Health and Social Care Advisory Service
and Independent Lead Investigator

Mrs Christine Dent:
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“... as time has gone on I've put it to the back of my mind and anyway thought it was only me. The more that I've learned, the more unconscious thoughts come out and I've started to feel should I have spoken out? Should I have done this? I feel quite guilty. Before I didn't feel it; I was embarrassed and I felt ashamed and all these other things but I didn't feel responsible for other people. Somehow or other over this whole process I began to feel a little bit responsible for what had happened to other people.”

Victim 26

“I just hope anything I say helps somebody somewhere down the line.”

Victim 40

“I have nothing to gain one way or the other except I do not like injustice.”

Victim 32

“...it's a great hospital. It is wonderful in terms of rehab and approach to spinal cord injury; world class still I believe. That was part of the issue if you like with the whole Jimmy Savile thing because you knew how difficult it was to get in there even then, and you just didn't want to really rock the boat. It didn't take long to realise how integrated, for want of a better word, he was with everything. He was omnipresent.”

Victim 51

“That's what's so sad, there are so many messed up lives - although people have built up lives, you have children, you make a life, it ruins everything, your relationships with another human being - the things you are supposed to have.”

Victim 20

“I did not know what had happened. I did not understand what had happened. I knew it felt wrong and I felt dirty and I went to clean myself and, I just wanted to wash myself again and again... I did not understand what he had done... I could not even explain to myself what had happened.”

Victim 46

Foreword

1. When allegations about Savile's abuse of children being cared for in the NHS came to the attention of the country in October 2012 we were asked to investigate his association with Stoke Mandeville hospital. There are three key questions arising from the Terms of Reference that the Investigation was asked to address,
 - 1 What happened?
 - 2 How was it allowed to happen? And,
 - 3 Could it happen again?

What happened?

2. Between 1969 and 1992 Savile sexually abused 60 individuals connected with Stoke Mandeville Hospital. These victims ranged in age from 8 to 40 years. The victims were patients, staff, visitors, volunteers and charity fundraisers. The sexual abuse ranged from inappropriate touching to rape. Savile was an opportunistic predator who could also on occasions show a high degree of premeditation when planning attacks on his victims. Between 1972 and 1985 nine informal verbal reports were made about the abuse by his victims and in addition one formal complaint was made. The Investigation found that none of the informal complaints were either taken seriously or escalated to senior management. The one formal complaint was dropped by the complainant's father due to her serious ill health. Consequently no intelligence about Savile's behaviour was gathered over the years and no action was taken.

How was it allowed to happen?

3. In 1969 Savile came to Stoke Mandeville Hospital as a voluntary porter. He was appointed with no checks, monitoring or supervision in place. He was given accommodation on the hospital site and had 24-hour seven day a week access to all parts of the hospital building complex. From an early stage his disruptive behaviour and constant sexual innuendo caused annoyance and distress to the junior staff within the hospital. However his behaviour was explained away as being part of his eccentric celebrity persona. Savile was feted by senior managers as an important asset to the organisation where he was quickly established as an integral part of hospital life. It would appear that at no stage were senior managers made aware of either his sexual offending or his unsatisfactory portering performance and poor moral behaviour.
4. From 1980 Savile's relationship with Stoke Mandeville Hospital underwent a significant change when he was appointed by Government Ministers and the Department of Health and Social Security (DHSS) to fundraise for, and lead the commissioning process of, the new National Spinal Injuries Centre (NSIC). This placed Savile in a position of authority. He had no previous experience of managing a project of this kind and no checks or balances were put in place. Whilst Savile ensured the NSIC was rebuilt on time and within budget no formal planning processes

were deployed and from the outset it was apparent that the NSIC was not financially viable in the long-term. Savile became an ever increasingly difficult and trouble-making influence at the hospital. There were two major consequences. First: there was a dependence upon Savile's charitable funds for the next twenty years which ensured his continued position of power and influence at the hospital which was often detrimental to service management. Second: Savile was able to access a new cohort of victims for his sexual abuse in the guise of young charity fundraisers to the hospital.

5. Victims felt unable at the time to report Savile's behaviour. This was because they feared they would not be believed as Savile was seen as being a powerful and influential figure.

Could it happen again?

6. The Stoke Mandeville Hospital NHS Trust Board elect (1991) and formally appointed NHS Trust Board (1994) tackled Savile 'head on' from 1991 and, whilst it was to take several years, were able to control Savile and diminish his authority. The placing of statutory powers at local service provider level allowed the NHS Trust to address what had become an unworkable situation.
7. At the same time, the Hospital introduced more restrictions and stringent processes, thanks in part to clear and unambiguous national guidance on procedures for complaints, whistleblowing, security, staff checks and volunteering. These factors combined to create a climate that was no longer conducive to a continuation of either Savile's managerial authority or his opportunistic sexual abuse.
8. The current Buckinghamshire Healthcare NHS Trust has undergone a stringent process of review and investigation over the past two years in relation to safeguarding and governance. The Trust has worked with independent external agencies and this Investigation to ensure that its processes are fit for purpose and provides a safe environment for patients, staff and visitors.
9. It must be noted however that all NHS services should be alert to predatory sexual offenders like Savile who can be placed in a position of trust and authority. Individuals like Savile operate covertly and use their influence to further their own ends in such a manner that may not be immediately obvious to those around them. Policies and safeguards are in place nationally to protect society's children and vulnerable adults. All workers in the NHS have a duty to ensure these are adhered to at all times. The failure to do so could lead to a similar situation happening again.

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Part 1

Introduction

1 Preface

- 1.1 The Investigation into the association of Jimmy Savile (referred to as Savile in this report) with Stoke Mandeville Hospital was commissioned by the Buckinghamshire Healthcare NHS Trust pursuant to its Serious Incident Policy in January 2013.¹ The Investigation was asked to examine the circumstances associated with allegations relating to Savile's sexual behaviour at Stoke Mandeville Hospital. These allegations were made by 60 individuals who comprised patients, staff and visitors to the Hospital between *circa* 1968 and 1992. Of these, one allegation could not be investigated owing to an ongoing police inquiry, one individual withdrew from the process, and another was withdrawn by his family following his death. The Investigation was also asked to examine the circumstances associated with Savile's charitable fundraising and commissioning activities for the National Spinal Injuries Centre (NSIC) for which the Hospital is renowned worldwide.
- 1.2 An important part of the Investigation has been to examine the organisation's current child and vulnerable adult safeguarding arrangements in order to understand whether they are fit for purpose and able to ensure the levels of protection they were designed to achieve. This is aimed at ensuring that lessons are identified, learned and applied to prevent something of a similar nature from happening again.
- 1.3 The lessons for learning that the Investigation affords are of significance, both to the Buckinghamshire Healthcare NHS Trust and to the wider NHS as a whole. The allegations made against Savile are prolific and include some which are of the utmost seriousness. It is evident that as a celebrity volunteer he was allowed unprecedented and unsupervised access to Stoke Mandeville Hospital which is an NHS facility.
- 1.4 It is a matter of public interest to understand how such circumstances arose and how they were allowed to continue for over four decades. It is also a matter of public interest to understand whether anyone employed within the NHS knew of Savile's sexual abuse activities and hence was complicit with them. The issues at the centre of these questions form the subject of the Investigation. Investigations of this sort should aim to increase public confidence in statutory health service providers and to promote organisational competence.

¹ Buckinghamshire Healthcare NHS Trust, *An Organisation-wide Policy for the Management of Incidents, Including the Management of Serious Incidents* (January 2011)

2 Acknowledgements

2.1. Victims of Savile

- 2.1 The Investigation would like to extend its sincere thanks to the people who have come forward to talk about the sexual abuse they experienced during encounters with Savile at Stoke Mandeville Hospital.
- 2.2 Many of these people came forward to the Investigation not to speak out on their own behalf, but in the spirit of corroboration in order to support others who for whatever reason may not have been able to come forward themselves. An overriding wish of the victims we spoke to was to ensure that important lessons are learned in order to prevent the same thing from happening again to anyone else. Each individual who came forward to the Investigation in person also gave a significant amount of their time to the process. We are grateful to them for this.

2.2. Patients of the National Spinal Injuries Centre

- 2.3 The National Spinal Injuries Centre (NSIC) at Stoke Mandeville Hospital has a long history and reputation for excellence. Since 1979 the NSIC has been closely connected with Savile. Many of the patients at the NSIC have had a life-long association with the service and several came forward to speak with the Investigation. Their motivation was to promote positively services for paraplegics and tetraplegics and to state clearly that the legacy of Dr Ludwig Guttmann, the founder of the NSIC, remains the ethos behind all of the care and treatment currently provided.
- 2.4 These individuals came forward, independently of the Buckinghamshire Healthcare NHS Trust, to the Investigation as an 'expert patient' voice to provide assurance on behalf of the service so that any person in the future with a new spinal injury can receive their care and treatment with a high degree of confidence.

2.3. Support Agencies

- 2.5 During the course of the Investigation many agencies and organisations provided assistance. The Investigation would like to thank the Oxford Health NHS Foundation Trust and the Tavistock and Portman NHS Foundation Trust for a professional, sensitive and timely level of support ensuring that the victims of abuse identified during this Investigation have had access to specialist mental health services. We would also like to thank both local and national charities working with the victims of sexual abuse which have provided a consistent level of guidance, information and support to victims and their families.
- 2.6 The Metropolitan Police and Thames Valley Police Services have assisted the Investigation. Thames Valley Police in particular has provided assistance in relation to victim identification, consent and information sharing, and support. We have also been grateful for a coordinated working approach regarding NHS witness identification and clearance

processes. The support provided to the Investigation has made a significant contribution to the accuracy of the information contained within this report.

2.4. Witnesses

- 2.7 An Investigation of this kind does not have statutory powers. Consequently witnesses were asked to come forward voluntarily. Those current and former NHS and Department of Health employees who attended for interview to provide evidence were asked to provide information about clinical and managerial practice. We are grateful to all those who gave evidence directly, and to those who have supported them. We would also like to thank the Trust's senior management who have granted access to facilities and individuals throughout this process.
- 2.8 We also thank various members of the public and other witnesses who came forward to provide evidence.

3 Introduction

3.1. Investigation Inception

Background to the Breaking Story

- 3.1 Savile was known as a disc jockey, television presenter and charitable fundraiser. In September and October 2012, almost one year after his death, allegations were made public that Savile had sexually abused children, under-age adolescents and adults.
- 3.2 On 3 October 2012 an ITV documentary *Exposure: The Other Side of Jimmy Savile* produced by Mark Williams-Thomas was broadcast. This programme featured five women who gave accounts of being sexually abused by Savile during the 1970s.
- 3.3 By 11 October 2012 *Telegraph* reporter Martin Evans stated that 13 police forces across the United Kingdom had received reports of sexual abuse involving Savile. At this stage three NHS hospitals, Broadmoor, Leeds General Infirmary and Stoke Mandeville had “... become the focus of allegations, with suggestions that Savile regularly abused vulnerable patients”.²
- 3.4 On 19 October 2012 the Metropolitan Police Service launched a formal criminal investigation known as Operation Yewtree. The investigation was to focus upon historical allegations of sexual abuse reportedly perpetrated by Savile and other individuals, some of whom were still living. The BBC News UK website stated that “[Commander] Peter Spindler said a ‘staggering’ number of victims had come forward. The NSPCC children’s charity said Savile may have been ‘one of the most prolific sex offenders’ it had come across”.³ At this stage it was reported that 200 victims had come forward. It was announced on this day that the BBC would be undertaking an inquiry. It was also announced that investigations would be taking place at Broadmoor Hospital, Leeds General Infirmary and Stoke Mandeville Hospital.
- 3.5 By 11 December 2012 the BBC News UK website reported that the number of victims coming forward to Operation Yewtree exceeded 500 (representing the total number of allegations made against Savile and others). Scotland Yard stated that “... it hoped to provide as clear a picture as possible of Savile’s offending, giving a voice to those who have come forward and helping shape future child protection safeguards”.⁴ By 19 December it was reported that these figures had escalated to 589. 450 were identified as being related to Savile.

2 www.telegraph.co.uk/news/uknews/crime/9601922/Sir-Jimmy-Savile-fourth-British-TV-personality-accused-in-sex-allegations.html

3 www.bbc.co.uk/news/uk-20006049

4 www.bbc.co.uk/news/uk-20686219

The *Giving Victims a Voice* Report

- 3.6 The *Giving Victims a Voice* report was published on 11 January 2013. This was a report into the work that had been undertaken jointly between the Metropolitan Police Service and the NSPCC. The report said that since the inception of Operation Yewtree on 5 October 2012 600 people had come forward to provide information. The total number of allegations relating to Savile was estimated to be 450. 214 criminal offences were recorded across 28 police force areas.⁵ At the time of publication 22 offences by Savile were identified as having taken place at Stoke Mandeville Hospital between 1965 and 1988. Another offence was identified as having taken place at Wycombe General Hospital (now part of Buckinghamshire Healthcare NHS Trust) but this was later found to be unrelated to Savile.⁶ The report found that the offences were “*mainly opportunistic*” in nature.⁷ It should be noted that allegations were not investigated, but assessed based on the victims’ accounts alone.
- 3.7 73 per cent of the cases reported involved individuals under the age of 18 years. The age ranges given for victims at the time of the abuse were between 8 and 47 years. 82 per cent of the victims were female. The report concluded:

“It is now clear that Savile was hiding in plain sight and using his celebrity status and fund-raising activity to gain uncontrolled access to vulnerable people across six decades. For a variety of reasons the vast majority of his victims did not feel they could speak out and it’s apparent that some of the small number who did had their accounts dismissed by those in authority including parents and carers.”⁸

3.2. National Context for the Stoke Mandeville Hospital Investigation

The National Oversight Lead

- 3.8 On 29 October 2012 the Rt. Hon. Jeremy Hunt MP (Secretary of State for Health) appointed Kate Lampard to an oversight role relating to the three NHS internal investigations into the circumstances associated with Savile’s activities at Broadmoor Hospital, Leeds General Infirmary and Stoke Mandeville Hospital.
- 3.9 On 5 November 2012 Kate Lampard wrote to the Chief Executive of the Buckinghamshire Healthcare NHS Trust of which Stoke Mandeville Hospital is currently a part. This letter served to advise the NHS Trust it

5 Metropolitan Police Service and NSPCC, *Giving Victims a Voice: Joint Report into Sexual Allegations Made Against Jimmy Savile* (January 2013), P 4

6 *Ibid.* P 37

7 *Ibid.* P 5

8 *Ibid.* P 6

would be required to undertake an investigation. The Investigation, known locally as the 'Speaking Out Investigation' was commissioned as a direct result and commenced in January 2013.

Initial Work with the Police and Operation Yewtree

- 3.10** At an early stage in the investigation process work was undertaken with the Metropolitan Police Service and Operation Yewtree to identify the victims of abuse pertaining to Stoke Mandeville Hospital. Following victim consent being obtained the Metropolitan Police Service disclosed victim information relating to the Stoke Mandeville Hospital Investigation on 19 February and 31 March 2013. Thames Valley Police also disclosed victim information that was held by them. During October and November 2013 additional documentation was provided by the Metropolitan Police Service.
- 3.11** Throughout the investigation process working relationships were maintained with both police forces to ensure victim support, witness identification, clearance, and issues of criminality were managed in an appropriate manner. The Investigation was mindful of the fact that Operation Yewtree was a live police investigation and that processes had to be aligned in order to prevent it from becoming compromised.

Professional Regulatory Bodies

- 3.12** On 12 October 2012 the Nursing and Midwifery Council wrote to the Chief Executive of the Buckinghamshire Healthcare NHS Trust seeking assurance that any nurse or midwife found to be implicated in any untoward activity would be referred to them directly. The Trust confirmed that all due process would be followed in accordance with police and professional regulatory procedure. These processes and procedures were also agreed with regard to all other professional groups and clinical disciplines where necessary.

3.3. Links to the Other NHS Investigations

- 3.13** The three Independent Investigation Leads for Broadmoor Hospital, Leeds General Infirmary and Stoke Mandeville Hospital, whilst working independently, have ensured that the following has taken place:
- identification of victim support processes;
 - discussion and corroboration of the chronology of Savile's activities;
 - discussion of emerging themes;
 - identification of joint witnesses and joint interview procedures;
 - identification of primary and secondary literature pertinent to any one of the three Investigations.
- 3.14** At the time of writing this report it was known that Savile had allegations of sexual abuse made against him relating to a number of other hospital sites across the country. The Investigation worked in conjunction with four of them.

3.4. Commissioning Processes

- 3.15** On 10 January 2013 HASCAS Health and Social Care Advisory Service was appointed to undertake the Stoke Mandeville Hospital Investigation. The Independent Lead Investigator was named as Dr Androulla Johnstone.
- 3.16** A decision was taken in December 2012 by the Buckinghamshire Healthcare NHS Trust, the Buckinghamshire Safeguarding Children Board and the Buckinghamshire Safeguarding Vulnerable Adults Board to conduct a safeguarding audit that would examine practice between 2005 and the present day. It was the intention that this audit would form part of the Jimmy Savile Stoke Mandeville Hospital Investigation which would address historical safeguarding issues up until 2005.
- 3.17** At the same time a decision was taken by the Buckinghamshire Healthcare NHS Trust Board to commission Ernst and Young (a company that provides independent financial services and advice) to provide a detailed finance review in relation to its management of charitable trust fund practices and previous associations with charitable funds received from the 'Jimmy Savile Stoke Mandeville Hospital Trust' and the 'Jimmy Savile Charitable Trust'. This review formed part of the Jimmy Savile Stoke Mandeville Investigation.

3.5. Investigation Team Members

Selection of the Investigation Team

- 3.18** Dr Androulla Johnstone, Chief Executive of HASCAS Health and Social Care Advisory Service (see Appendix 1), was appointed as the Lead Investigator. The supporting Investigation Team comprised individuals who worked independently of the Buckinghamshire Healthcare NHS Trust and Stoke Mandeville Hospital and were either employed or contracted directly by HASCAS. The individuals who worked on this case are listed below. The Investigation Team was supported initially by a secretariat provided by the Buckinghamshire Healthcare NHS Trust. Biographies are set out in Appendix 1.

Independent Investigation Lead

- | | |
|------------------------|--|
| Dr Androulla Johnstone | <ul style="list-style-type: none">• Chief Executive, HASCAS Health and Social Care Advisory Service and Independent Investigation Lead |
|------------------------|--|

Investigation Team Members

- | | |
|-------------------|---|
| Ms Sylvia Thomson | <ul style="list-style-type: none">• Specialist Advisor, regarding HM Treasury and Civil Service |
| Mrs Kate Bailes | <ul style="list-style-type: none">• Director of Quality and Service Improvement, HASCAS Health and Social Care Advisory Service |
| Mr Ian Allured | <ul style="list-style-type: none">• HASCAS Health and Social Care Advisory Service Associate |

- | | |
|--------------------|--|
| Mrs Christine Dent | • HASCAS Health and Social Care Advisory Service Associate |
| Mr Greg Britton | • Investigation Manager |

3.6. Oversight and Quality Assurance Processes

- 3.19** Several layers of quality assurance were built into the investigation process. These included both national and local oversight.

National Oversight

- 3.20** The national oversight process was led by Kate Lampard with the support of Ed Marsden and Verita (a firm with experience of investigation process). The purpose of national oversight was to ensure that a robust process was followed by the Stoke Mandeville Hospital Investigation and that all lessons of national relevance were identified and prepared for dissemination.

Local Oversight Panel

- 3.21** The role of the Local Oversight Panel (LOP) was to ensure an independent peer review of the investigation process. Biographies are set out in Appendix 2. A guidance sheet provided at the inception of the Investigation stated that:

“The LOP provides an important layer of local scrutiny, to assure the Trust Board [Buckinghamshire Healthcare NHS Trust] directly that the Investigation is thorough and robust. The LOP may not limit the scope of the Investigation. However, the LOP may require additional areas or issues to be investigated (within the Terms of Reference).”

Local Oversight Panel Chair

- | | |
|--------------------|---|
| Mr Keith Gilchrist | • Non-Executive Director of Buckinghamshire Healthcare NHS Trust until April 2014 |
|--------------------|---|

Local Oversight Panel Members

- | | |
|---------------------------|--------------------------------------|
| Sheila Damon | • Independent Oversight Panel Member |
| Mrs Elizabeth Railton CBE | • Independent Oversight Panel Member |

4 Terms of Reference

4.1 The Investigation was commissioned pursuant to the Buckinghamshire Healthcare NHS Trust's Serious Incident Policy in January 2013. However it was recognised from the outset that the investigation process would have to be held at arm's length from the NHS Trust's Board and independent of all usual NHS oversight processes. It was also recognised that the Investigation represented the second tier of a two-tier process overseen nationally by Kate Lampard and commissioned directly by the Secretary of State for Health.

4.1. Terms of Reference for the Jimmy Savile Stoke Mandeville Hospital Investigation

Investigation into Matters Relating to Savile

4.2 The Board of Buckinghamshire Healthcare NHS Trust (BHT) has commissioned this Investigation into Savile's association with Stoke Mandeville Hospital and other hospitals under the management of BHT and its predecessor bodies following allegations that he sexually abused patients during his voluntary or fundraising activities there.

4.3 BHT will work with independent oversight from Kate Lampard, appointed by the Secretary of State for Health to oversee the NHS and Department of Health Investigations, to produce a report that will:

- 1 Thoroughly examine and account for Savile's association with Stoke Mandeville Hospital and other hospitals under the control of BHT or its predecessor bodies, including approval for any roles and the decision-making process relating to these.
- 2 Consider the access arrangements and any privileges accorded to Savile, the reasons for these and whether they were subject to usual or appropriate supervision and oversight. Consider the extent to which any such special access and/or privileges and/or lack of supervision and oversight resulted from Savile's celebrity, or fundraising role within the organisation.
- 3 Review relevant policies, practices and procedures which were in place during his association with Stoke Mandeville and other hospitals under the control of BHT or its predecessor bodies and compliance with these.
- 4 Investigate past and current complaints and incidents concerning Savile's behaviour at Stoke Mandeville Hospital or other hospitals under the control of BHT or its predecessor bodies including: where incident(s) occurred, who was involved, what occurred, whether these complaints or incidents were appropriately reported, investigated and addressed, and, if not, the reasons for this.

- 5 The Investigation does not have the power to impose disciplinary sanctions or make findings as to criminal or civil liability: where evidence is obtained of conduct that indicates the commission of criminal and/or disciplinary offences, the police and/or relevant employers will be informed.
- 6 Where complaints or incidents were not reported, or not investigated, or where no appropriate action was taken, consider the reasons for this including organisational culture and practices and the part played, if any, by Savile's celebrity or fundraising role within the organisation.
- 7 Consider Savile's fundraising activities associated with Stoke Mandeville and other hospitals under the control of BHT or its predecessor bodies and any issues that arose in relation to the governance, accountability for and the use of the funds.
- 8 In the light of findings of fact in respect of the above, consider whether BHT's current safeguarding, complaints, whistleblowing and other policies and processes relating to the matters mentioned above are fit for purpose.
- 9 Identify recommendations for further action.

Board approved

4 December 2012

Additional Term of Reference Agreed in June 2013

- 10 To examine the nature of the relationship between Savile and the Department of Health and the Health Authorities and NHS Trusts responsible for Stoke Mandeville Hospital regarding:
 - the commissioning of the National Spinal Injuries Centre;
 - the management of Charitable Trust Funds and any issues that arose in relation to the governance, accountability for and subsequent use of the funds;
 - the access arrangements, and any privileges and management oversight permissions accorded to Savile.

5 Investigation Method

5.1. Scope and Limitations

- 5.1 An Investigation of this kind is charged with examining events that have occurred and determining whether any lessons can be learned as a result. The recent *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry* (2013) pointed out some of the limitations of any investigation or inquiry process that sits outside a court of law.

“ The task... is not to determine an allegation or a charge, and its findings are not determinative of civil or criminal liability... it may as a matter of judgement identify criticisms it considers can be made of individuals or organisations arising from those events, but such findings are not binding on those criticised.”⁹

- 5.2 The Investigation was required to examine a set of circumstances that occurred between 1968, the time Savile first came to Stoke Mandeville Hospital, and the time of his death on 29 October 2011. The wide chronological span that the Investigation encompassed, whilst not unique, is unusual and presented a number of challenges. These challenges included the following factors:

- 1 Many of the witnesses who the Investigation wished to call were dead.
- 2 Many of the witnesses the Investigation called were of advanced years and were asked to recall events from 1968 onwards which they found difficult to do with accuracy.
- 3 The accounts of sexual abuse heard by the Investigation focused upon events that took place between 1968 and 1992. The retrieval of historical memories on the part of both victims and witnesses proved problematic as it was impossible in most cases to identify accurately the dates when the abuse occurred, the specific locations in which it took place, and the names or designations of relevant NHS personnel to assist in our investigation process.
- 4 The identification and tracing of witnesses was a complex task due to the (often) long time interval between the end of a person's employment, or retirement, and the present day. The destruction of personnel files, when coupled with the poor retrieval of historical memory on the part of many victims and witnesses, meant that it was impossible to either identify or locate a significant number of individuals who were of potential interest.

9 Francis R, *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry: Executive Summary* (February 2013) P 26

- 5 The sourcing of documentation was a complex task for several reasons:
- successive NHS and Department of Health re-organisations between 1968 and 2011 created a dispersed document archive scattered across many geographical locations;
 - some documents had been stored in ‘unofficial’ locations, such as loft spaces, and the retrieval of such documentation required a diligent search of the Stoke Mandeville Hospital site and of any other building where records of any kind may have been stored;
 - many of the documents relevant to the Investigation fell outside the limits of current Department of Health storage-instruction guidance and had been destroyed in keeping with current good practice.

5.2. Document Search, Selection and Management Processes

Search

- 5.3 The requirement for a comprehensive document review was stipulated by Kate Lampard at the inception of the Investigation. The sourcing of documents required liaison and research involving input from the following organisations:
- 1 Buckinghamshire Healthcare NHS Trust
 - 2 NHS England: The Legacy Management Team
 - 3 The Department of Health
 - 4 HM Treasury
 - 5 Metropolitan Police Service
 - 6 Thames Valley Police
 - 7 Capsticks Solicitors
 - 8 The Charity Commission
 - 9 The Jimmy Savile Stoke Mandeville Hospital Trust
 - 10 The Jimmy Savile Charitable Trust
 - 11 The National Archives
 - 12 The Oxfordshire History Centre
 - 13 Buckinghamshire County Archive
- 5.4 At an early stage the Investigation established that much of the relevant documentation had been legitimately destroyed (in keeping with Department of Health and Data Protection Act 1998 guidance).
- 5.5 It was also found that historical documentation, relating to the 1960s, 1970s and 1980s in particular, was written at a time when record-keeping requirements were of a different specification to those that are in place today. This meant that surviving documents were not always consistent

in either quality or content. Many documents were written in a 'minute format' with references to other documents (policies and business plans for example) which no longer existed. Many documents were not signed and several were not on letter-headed paper which made origin difficult to trace.

- 5.6 To ensure the documentation search process was not filtered prior to examination by the Investigation a request was made for **all** documentation pre-dating 2005 relating to Stoke Mandeville Hospital to be located. Documents post 2005 were simple to locate as they fell broadly within the retention guidance for documentation held by NHS bodies and formed part of a 'live' documentation strategy at the Buckinghamshire Healthcare NHS Trust. Appendix 3 sets out an account in summary of the documentation search processes deployed.

Selection

- 5.7 Once documentation was located the Investigation undertook a three-stage selection process.
- 1 **Stage 1:** comprised a comprehensive hand sifting and page counting of all documents to gauge date range and relevance. During the course of the Investigation *circa* 250,000 pages of documentation were located and hand sifted.
 - 2 **Stage 2:** required documents to be designated either of 'no interest' or 'of interest'. All documents 'of interest' were sent for electronic scanning, pagination and referencing within the Investigation document management system. During the course of the Investigation *circa* 65,000 pages of documents fell into this category.
 - 3 **Stage 3:** focused upon reading through selected documentation and placing information on a timeline which recorded evidence.
- 5.8 As the narrative chronology developed it was possible to identify gaps in the information not provided by surviving documentation. This served to inform the questions that had to be asked of witnesses and also served to focus and refine the continuing search for documentation.

5.3. Documents Review

Contemporaneous Documentation

- 5.9 The Investigation identified this as:
- any document generated internally by either Stoke Mandeville Hospital or Buckinghamshire Healthcare NHS Trust (for example clinical records, Board papers and policy documentation);
 - any document generated internally by other NHS bodies and the Department of Health and Social Security (for example Medical Advisory Committee minutes and planning and strategy documentation);
 - Hansard papers;
 - correspondence of any kind;

- deeds and accountancy reports at the Charity Commission;
- Savile's autobiography, *Love is an Uphill Thing* (1976);
- Metropolitan Police Service and Thames Valley Police documentation;
- victim and witness written statements;
- victim and witness interview transcripts;
- Health Service Circulars or Guidance papers published and circulated by the Department of Health and Social Security;
- regulatory body and Royal College codes of practice;
- newspaper and magazine cuttings and articles.

Supporting Documentation

- 5.10 The Investigation identified the following:
- journal articles;
 - books written and published about Savile;
 - films and documentaries about Savile such as *Exposure: The Other Side of Jimmy Savile*;
 - seminar presentations from King's College London;
 - books/articles written and published regarding culture, celebrity and the NHS etc.;
 - other investigation reports in the public domain such as the *Giving Victims a Voice* report;
 - performance and regulatory reports relating to the current governance processes of the Buckinghamshire Healthcare NHS Trust.
- 5.11 An analysis of the supporting documentation was conducted to identify potential witnesses, to develop questions to be asked, and to challenge and triangulate Investigation findings. It was apparent the Investigation would be conducting an analysis that would have to rely upon poorly surviving contemporaneous documentation and evidence from victims and witnesses.
- 5.12 Contemporaneous documentation was difficult to locate and work was ongoing over a 12-month period to assemble an archive. However the Investigation found that a comprehensive timeline could be constructed with the assistance of victim and witness statement and interview testimony. No references were found within the contemporaneous documentation that made any mention of Savile's sexual abuse behaviour.
- 5.13 Most of the information accessed by the Investigation about Savile's sexual behaviour was not in the public domain. Information came to the Investigation in two ways. **First:** directly via victims and witnesses in the form of written statements and interview transcripts. **Second:** from police liaison.

Cultural and Societal Context (Historical and Present Day)

- 5.14 It was necessary for the Investigation to have an in-depth understanding of several subject areas with a date range between 1960 and the present day. They were as follows:
- sexual crime legislation;
 - sexual abuse: attitudes and awareness;
 - sexual harassment in the workplace: attitudes and awareness;
 - whistleblowing and reporting procedures within the NHS;
 - complaints, disciplinary and grievance procedures within the NHS;
 - bullying and harassment procedures;
 - regulatory body codes of professional conduct;
 - voluntary worker management processes;
 - mortuary management processes and national regulatory practice;
 - Charitable Trust Fund guidance;
 - Charitable Trust Fund guidance relating to the NHS;
 - child protection and safeguarding guidance, legislation and procedure;
 - protection of vulnerable adults guidance and procedure;
 - governance and assurance processes within the NHS.
- 5.15 Surviving contemporaneous documentation, relating to Stoke Mandeville Hospital in particular, and the Oxford Regional Health Authority in general, was incomplete with a poor rate of survival prior to 2005. Victim and witness interview transcripts, whilst at times vague, yielded a rich source of information in relation to policy and procedure, although this information was of an anecdotal nature.

Accountability within the NHS

- 5.16 To meet the terms of reference for the Investigation it was necessary to review documentation pertaining to NHS governance and assurance processes. The National Archives provided a significant source of relevant documentation. Surviving documentation relating to the history of Stoke Mandeville Hospital and other related NHS bodies was sparse. The exception to this related to the charitable fundraising appeal led by Savile between 1980 and 1983, the commissioning process of the NSIC, and the subsequent management of the centre.

Data Protection and Record Management Practice

- 5.17 The Department of Health retention schedule (Department of Health Records Management: NHS Code of Practice 2006) sets out the minimum requirements for NHS provider services to follow.¹⁰ The guidance is detailed and comprehensive with regards to all categories of patient records. Each NHS organisation is advised to set its own

¹⁰ Department of Health, *Records Management: NHS Code of Practice (2006)*, <https://www.gov.uk/government/publications/records-management-nhs-code-of-practice>

retention schedule in accordance with its own particular circumstances. NHS providers are advised not to apply a shorter destruction schedule than recommended.

- 5.18** The Department of Health guidance for the retention of non-clinical records states that no record should be retained by an NHS body for longer than a 30-year period without seeking advice from the National Archives. It is recommended that NHS Trust Board and formal committee minutes be retained for a period of 30 years but most other administrative records can be disposed of after 10 years and most finance records after six. Personnel files should be destroyed six years after the date of employment termination.¹¹
- 5.19** The Investigation found the current Buckinghamshire Healthcare NHS Trust's Records Management Strategy and practice to be in keeping with Department of Health guidance.

Document Data Protection and Sign off Processes

- 5.20** The Investigation was mindful of the fact that a significant number of the documents accessed were not in the public domain (such as clinical records and closed NHS archives). Prior to the publication of this report permissions had to be sought from, and alerts given to, all interested parties.

5.4. Witness Search, Selection and Management Processes

Scope and Limitations

- 5.21** An investigation of this kind has no statutory powers to call witnesses to give evidence. All of the witnesses who came forward for interview did so voluntarily.

Initial Communication Processes

- 5.22** The Buckinghamshire Healthcare NHS Trust sent out information and a call for potential witnesses throughout the course of the Investigation via team briefings and staff bulletins. This resulted in several witnesses coming forward of their own volition to offer information.
- 5.23** The Trust website provided information about the Investigation and informed both Trust staff and members of the public how to contribute. In conjunction with this approach an advertisement was placed in the local newspaper for three successive weeks inviting people to come forward with any relevant information they might have. The Trust sent information flyers to local community-based agencies and organisations (such as the Citizens' Advice Bureau) providing information about the Investigation.

¹¹ *Ibid.*

- 5.24 On 28 February and 7 March 2013 two open drop-in ‘surgeries’ were held at Stoke Mandeville Hospital by members of the Investigation Team. These surgeries were advertised within the Trust and provided an opportunity for staff to discuss the Investigation in private and to decide whether they had evidence or information of interest. This resulted in several individuals coming forward, some of whom were identified as witnesses who had important information for the Investigation and were invited for interview.
- 5.25 On 14 April 2013 Kate Lampard wrote a letter to all chairs and chief executives of NHS Trusts and NHS Foundation Trusts in England. Copies were also sent to chairs and chief executives of Clinical Commissioning Groups, Local Authorities and NHS England regional directors. The letter invited NHS employees to come forward regarding the following matters:
- safeguarding and governance processes;
 - celebrities – access and fund-raising activities;
 - complaints and whistleblowing in relation to sexual abuse on NHS premises;
 - any information relating to Savile, including information relating to NHS and Department of Health culture that might have facilitated his sexual abuse.

Search and Selection

- 5.26 A total of 355 witnesses were identified by the Investigation. At the outset it was decided to divide potential witnesses into one of six categories. The six categories were as follows:

Category 1: corporate witnesses from the Buckinghamshire Healthcare NHS Trust (past and present); former NHS statutory organisations; and the Department of Health. A total of 47 witnesses were in this category:

- 27 were identified, traced and interviewed;
- six were dead;
- seven sent statements and did not need to be interviewed due to having no information of further relevance;
- seven could not be traced;
- none refused to be interviewed.

Category 2: heads of service, clinical leads and long-serving members of staff who worked at Stoke Mandeville Hospital between 1968 and the present day. A total of 121 witnesses were in this category:

- 84 were identified, traced and interviewed;
- six were dead;
- four were too elderly or frail to be interviewed;
- 13 sent statements and did not need to be interviewed due to having no information of further relevance;
- 12 could not be traced;
- two witnesses refused to be interviewed.

Category 3: witnesses who were self-selecting and came forward because they thought they had information to give to the Investigation. A total of 72 witnesses were in this category.

Category 4: witnesses who were called to answer specific allegations made about them in connection with Savile's sexual behaviour. A total of nine witnesses were in this category, three of whom could be identified, traced and interviewed by the Investigation.

Category 5: victims of Savile's sexual abuse. A total of 60 witnesses were in this category:

- 37 were interviewed;
- one died shortly after coming forward to Operation Yewtree;
- 19 provided statements but did not wish to be interviewed;
- three were withdrawn from the process: one of her own volition; one due to an active police investigation; and another was withdrawn by his family following his death.

Category 6: non-NHS witnesses, including former Government ministers, who were identified as having information about Savile's association with Stoke Mandeville Hospital. A total of 46 witnesses were in this category:

- six were interviewed;
- six were dead;
- 17 provided statements and no interview was required;
- 14 could not be traced;
- one did not respond to the Investigation;
- one did not provide evidence;
- one could not provide evidence.

5.27 The identification and selection of witnesses was an iterative process. It was a relatively simple task to identify key NHS corporate witnesses from 1995 to the present day. The period between 1968 and 1995 proved to be more challenging for a number of reasons. **First:** the records for many post holders were created before electronic records. This meant that names could only be identified by hard copy documentary analysis and many key records had been destroyed. **Second:** in order to triangulate the search process the Investigation asked current and former NHS employees if they could remember the names of former colleagues. This process was successful to a degree but was limited by the fact that recall was restricted to the organisations in which people had worked and the people they had worked with.

5.28 Once individuals had been identified the process of locating them commenced. The NHS is not required to retain personnel folders for longer than six years after a person's employment is terminated. This meant it was not possible to access an archived store which could yield addresses and contact numbers. NHS Pensions and the Investigation Secretariat worked on this and in many instances addresses were found. Due to the passage of time, several of the witnesses identified were dead.

Working with the Police

- 5.29 During the course of the Investigation a live police inquiry, Operation Yewtree, was ongoing. It was important to develop procedures which ensured the criminal justice process was not compromised whilst at the same time enabling the NHS to complete its own investigation. To this end a system was developed to ensure all witnesses of potential interest to both investigation processes were identified so police clearance could be obtained. Any witness of continued interest to the police could not be interviewed by the Investigation.

Relevant Legal Requirements

- 5.30 From the outset of the Investigation there was an expectation that the report would be published. The Investigation adopted the relevant legal processes where relevant during the course of its work.

Support

- 5.31 Witness support is a primary concern when conducting an investigation of this kind. Witnesses can experience high levels of distress which can lead to an intolerable degree of anxiety. There is evidence that witnesses who whistleblow can be subject to bullying and harassment and that fear of reprisal can prevent individuals from either coming forward, or from telling the truth.¹² Many of the witnesses to the Investigation were of advanced years and several were frail. This meant the Investigation took additional steps to support them. Prior to witnesses being contacted support processes were put in place and each witness was advised how to access them.

Written Communication

- 5.32 All witnesses were written to and provided with the terms of reference for the Investigation and a witness advice information sheet. Each letter clarified key questions for the witness to consider when preparing a statement and/or coming for interview. All witnesses were invited to make direct contact with the Independent Lead Investigator in private for additional information and advice.

Witness Statements

- 5.33 Witnesses were asked to produce a written statement; this was for three reasons. **First:** to support the retrieval of memories. **Second:** a review of statements could ascertain whether or not a witness was required to attend an interview. **Third:** a review of written statements clarified the direction that interviews needed to take and the additional questions to be asked.

¹² www.ajustnhs.com/case-histories-of-victimised-nhs-staff/

Interviews

- 5.34** Witnesses were given, where possible, between two and four weeks to prepare for interview. The majority of interviews were face-to-face meetings but telephone interviews were also conducted. A significant proportion of the witnesses were elderly and/or frail and they were offered the opportunity to be interviewed either at their home or a place nearby of their choosing. All interviews, whether conducted as face-to-face meetings or over the telephone, were led by two members of the Investigation Team. Witnesses were invited to bring a professional colleague or union representative with them for support. Any other kind of support presence (solicitor, friend etc.) was negotiated with the Independent Lead Investigator due to the confidential and sensitive nature of the topic under discussion.

Transcripts

- 5.35** Each witness was advised that their interview would be recorded by a professional stenography service. Each witness was offered the opportunity to read and amend their interview transcript and to confirm accuracy.

Scott and Factual Accuracy Processes

- 5.36** Each witness who is subject to criticism in this report was contacted in writing with any points of criticism made about them prior to publication of the report. Additional interviews were also offered. All individuals who were named in this report and had direct quotations ascribed to them were also notified in writing.

5.5. Victim Involvement and Support

Victim Search and Identification Processes

- 5.37** The call for victims of abuse to come forward followed the same processes as the call for witnesses set out above. Some contacted the Independent Lead Investigator directly. Some came forward through litigation and claims processes via the Buckinghamshire Healthcare NHS Trust. The remainder came forward via the Metropolitan Police Service and Thames Valley Police.

Consent and Confidentiality

- 5.38** Each statutory agency worked together with due care and consideration being given to consent and confidentiality issues (with particular reference to live police inquiries). All information sharing was managed by each statutory agency with legal oversight to ensure that no breaches occurred in relation to the Data Protection Act 1998. Individual victims were asked for consent prior to any information being shared. At the end of the Investigation process each victim was written to by the Independent Lead Investigator to confirm whether they wished to be named in the report, or whether they preferred complete anonymity.

Support

- 5.39 Throughout the course of the Investigation the psychological safety and wellbeing of victims were of paramount importance. A multi-tiered approach was taken to victim support which ranged from providing basic 'one-off' service access (typically via charities and organisations specialising in sexual abuse/crisis centres), through to expert trauma-based therapy interventions (provided by tertiary specialist mental health teams).

Written Communication

- 5.40 Each victim was sent a letter of introduction, the Investigation terms of reference, an advice guide for witnesses and a list of contact details for support organisations. The introductory letter gave an invitation for the victim to be interviewed by the Investigation and made provision for direct contact to be made with the Independent Lead Investigator.

Interviews

- 5.41 Of the 37 victims who came forward to be interviewed, 36 were women and these individuals were all interviewed by female members of the Investigation Team, save one, who originally came forward as a witness but whose designation as a victim was given during her interview. The male victim was provided the opportunity to be interviewed by an all-male team, which he refused.
- 5.42 The victims lived in different locations across the country. Interviews were conducted at Amersham Hospital, in people's homes or over the telephone according to the victims' preference. No interviews were offered at the Stoke Mandeville Hospital base.

Transcripts

- 5.43 Each victim was advised that their interview would be recorded by a professional stenography service. Only one victim requested that her interview not be transcribed in this manner and handwritten notes were made instead. Each victim was invited to revise and reflect upon the transcript which they were asked to amend and sign. Victims were also invited to use their transcripts to aid any further investigation or inquiry processes they may face; some victims used their transcripts as a starting point for their therapy sessions.

Factual Accuracy Processes

- 5.44 Each victim was written to prior to this report being published with an exact version of the vignette written about them. Each victim had the opportunity to oversee this process and ensure that what was said in the report was both accurate and representative of what they told the Investigation.

5.6. Liaison with the Buckinghamshire Healthcare NHS Trust

- 5.45** The Investigation was commissioned by the NHS Trust and a ‘fire wall’ was maintained between the work of the Investigation and the NHS Trust Board. The Investigation conducted its work in private and communicated headline findings only towards the end of the investigation process. During the course of the Investigation corporate members of the Trust Board were called as witnesses. The national and local oversight teams ensured quality monitoring processes were deployed and held at arm’s length from the NHS Trust Board. This guaranteed that the work was completed in a satisfactory manner whilst maintaining the total integrity of the Investigation’s independence. Buckinghamshire Healthcare NHS Trust received the report after all due process was completed and was not permitted to exert any influence over the Investigation or the report findings and conclusions.

Part 2

Evidence Base

6 Victim Accounts and Experience

- 6.1** 60 victims of Savile’s sexual abuse at Stoke Mandeville Hospital are known to the Investigation. The Investigation used information from 57 victims in this report (for the reasons set out in paragraph 1.1. three of the 60 had to be excluded). Of the 57 victims two came to the attention of the Investigation at too late-a-stage for full inclusion into this report chapter. However their accounts have been investigated in full and the information provided by them has been included in the statistical data in chapter 13. 37 victims came forward for interview, one died during the Investigation, and the remaining 19 chose to contribute written statements only. Where a victim is named in the report this is at their request. The accounts set out below describe the details of the sexual abuse each victim received from Savile in their own words. The Investigation liaised with each victim, in accordance with their wishes, to ensure that the accounts provided in this report were a faithful representation of their stated experience. Some of the accounts are short; this is at the request of the victims concerned.
- 6.2** The following accounts of victims’ experiences are set out in chronological order of the incidents occurring. So far as the Investigation is aware none of the victims are known to each other and all of the accounts were provided without any collusion between them. Having considered all of the evidence we found the victims’ accounts to be credible and we accept them.
- 6.3** Most of the victims came through to the Investigation via the Metropolitan Police Service and Thames Valley Police. All of the victim accounts that came through this route were recorded as notifiable crimes. This was because:
- on the balance of probability it was more likely than not a crime had occurred;
 - the incident amounted to a notifiable crime known in law;
 - there was no credible evidence to the contrary (such as any information from a reliable source that clearly showed no crime had occurred).
- 6.4** The Investigation was advised by the police that they also applied the following tests:
- corroboration where possible (for example: clinical records to confirm the victim’s account of being in hospital at the time);
 - corroboration with other victim accounts;
 - confirmation that the reported offence did not occur after the date of Savile’s death;
 - a genuine belief that had Savile been alive the allegation would have formed part of a criminal prosecution against him.
- 6.5** The Investigation found in relation to all of the victims (including those not referred by the police) that:
- a consistent *modus operandi* could be built up based on the victims’ accounts and that the accounts corroborated each other;

- there was no collusion between victims;
 - there was no evidence to the contrary to discredit any of the victims' accounts.
- 6.6** Some of the victims were confused about dates and on occasions a few provided inconsistent accounts. However it should be understood that this is entirely normal and recognised as such by both sexual abuse experts and the Crown Prosecution Service. In itself this is not an indication that an account is false and is a frequent feature of statements given by individuals who are reporting events from a long time ago.¹³ Alison Levitt QC, Principal Legal Advisor to the Director of Public Prosecutions, wrote a report in March 2013 which said “... *damaging myths and stereotypes which are associated with these cases. One such misplaced belief is that false allegations of rape... are rife*”.¹⁴ Alison Levitt’s research shows that false allegations are rare and current thinking stipulates that victims should be believed unless there is evidence to suggest otherwise. In the case of the Stoke Mandeville Hospital victims no such evidence existed.
- 6.7** The Investigation could not find clinical records for each of the patient victims as most of these had been destroyed. Personnel records for staff victims (who no longer worked at the Hospital) had also been destroyed and visitor victims left no traceable evidence behind them to show that they had ever been to the Hospital.
- 6.8** The accounts below provide a summary of the evidence provided by each victim. Analyses and examination of the sexual abuse are set out in chapter 13. It should be noted that these accounts contain all of the pertinent information that each of the victims remembers. Where they can be remembered names and ward locations are given. If this information is absent it is because the victim could not remember and no further information could be found either by them (when asking for recollections from parents, for example), by the police (when conducting their investigations) or by the Investigation (after searching for clinical records, hospital personnel records etc.).

Victim 1 (aged 10-11 years), a visitor to the Hospital

- 6.9** Victim 1 was interviewed by the Investigation.
- 6.10** Around 1968 Victim 1 visited Stoke Mandeville Hospital with an entertainment group. The group was to be recorded for the *Savile’s Travels* BBC radio show. Before the show was recorded the group had lunch in a big hall. Victim 1 was sitting at the end of a table and Savile asked her to get up and sit on his lap. He sat her down but had his hand in the way so that she sat on it. He put his hand in her knickers and

¹³ The Crown Prosecution Service: *Guidelines on Prosecuting Cases of Child Sexual Abuse*, and other CPS guidance

¹⁴ Levitt A and the Crown Prosecution Service Equality and Diversity Unit *Charging Perverting the Course of Justice and Wasting Police Time in Cases Involving Allegedly False Rape and Domestic Violence Allegations (March 2013)*.

digitally penetrated her vagina. Victim 1 tried to get up but he pulled on her arm and penetrated her again. Victim 1 managed to get away from Savile by asking to go to the toilet.

- 6.11 Victim 1 did not report the incident to anyone at the time.

Victim 2 (aged 13 years), a visitor to the Hospital

- 6.12 Victim 2 contributed a written statement.

6.13 Some time in 1970 Victim 2's mother was injured in an accident and sent to Stoke Mandeville Hospital. Victim 2 recalls Savile being present around the Hospital all of the time as a porter. Victim 2 recalls him seeming like an old man but larger than life. Savile invited her to the Hospital radio room; she was 13 years of age. Once there Savile sat her on his lap. He pinned her in place and put his hand inside her dress and touched her bra. Victim 2 recalls mentioning something of what occurred to a Sister on her mother's ward; however she cannot remember what exactly she told her. She believes it was something like she *"did not want to see Jimmy Savile again"*.

- 6.14 Victim 2 did tell her father who did not believe her. Her father wanted her to keep quiet as he was worried his wife would be sent away from Stoke Mandeville Hospital.

Victim 3 (aged between 11 and 15 years at the time of the abuse), a visitor to the Hospital

- 6.15 Victim 3 was interviewed by the Investigation.

6.16 Between the ages of 8 and 15 years Victim 3 visited her brother who was a patient at Stoke Mandeville Hospital. The visits took place between 1965 and 1973, Victim 3 cannot recall specific times or dates. She saw Savile regularly around the Hospital. He would pick her up, hug her, kiss her and sit her on his lap. His hands would always be all over her body including her bottom. He also *"felt around"* the rest of her body. Victim 3's family tried to keep him away from her but as she grew older she went to visit her brother on her own without her family and on these occasions he paid her more attention. When Victim 3 spoke to the Investigation she denied that Savile had touched her in a sexual way *"down below"*.

- 6.17 Victim 3 did not report the incidents to anyone at the time.

Victim 4 (aged 16 years), a patient at the Hospital

- 6.18 Victim 4 gave consent for her police report to be used by the Investigation.

6.19 Victim 4 was an inpatient during the summer of 1971. She was 16 years old and had plastic surgery on her nose. Savile came to her bed space and pulled the curtains shut. They had a brief chat about her operation. The victim asked Savile for a kiss. As he did so he *"grabbed"* her breast.

- 6.20 Whilst in hospital the victim witnessed Savile assault another patient a couple of days later. He had his hand up a young patient's hospital gown and was kissing her neck. The victim told her parents who did not believe her.
- 6.21 Victim 4 did not report the incident to anyone else at the Hospital at the time.

Victim 5 (aged 13 years), a patient at the Hospital

- 6.22 Victim 5 was interviewed by the Investigation.
- 6.23 This incident took place some time between September and December 1972. At the age of 13 years Victim 5 arrived at Stoke Mandeville Hospital in September 1972 and stayed for three months at the NSIC. Whilst she was there Savile was a frequent visitor and would walk around the Hospital in a pair of white porter trousers. On one occasion when she was outside the gym in her wheelchair Savile approached her and began to kiss her placing his tongue down her throat as he did so. He then walked away.
- 6.24 Victim 5 told both her family and the ward staff (not named by victim) who "*ignored*" her.

Victim 6 (aged 14-15 years), a patient at the Hospital

- 6.25 Victim 6 gave consent for her police report to be used by the Investigation.
- 6.26 The report stated that Savile digitally penetrated Victim's 6's vagina in 1973 when she was a patient at the Hospital. Savile did this by putting his hands under Victim's 6's blankets whilst she was being nursed in bed.
- 6.27 Victim 6 did not tell anyone because she was afraid she would get into trouble and be made to feel stupid.

Victim 7 (aged around 18 years), a patient at the Hospital

- 6.28 Victim 7 was interviewed by the Investigation.
- 6.29 In 1973 Victim 7 was a patient at Stoke Mandeville Hospital. She was sitting on the end of her bed when Savile climbed in through the open window; lunging forward he kissed Victim 7 pushing his tongue down her throat. He asked her a lot of inappropriate sexual questions until a group of nurses walked onto the ward and led him away (it does not appear that the nurses were aware of what he was doing to Victim 7). Victim 7 was around 18 years of age at the time; she had burns to her hands and had been heavily sedated. The incident with Savile left her feeling frightened and vulnerable as she had not been able to fight him off.

- 6.30 A little later on Savile reappeared and kissed Victim 7 again. He said he would return later which he did not do. Savile seemed to know all about her private life which embarrassed her greatly, the implication being that he had read her clinical records. She did not encounter Savile on her own again.
- 6.31 Victim 7 mentioned the incident “*informally*” in conversation to staff and her parents and (later) to patients.

Victim 8 (aged in her twenties), a visitor to the Hospital

- 6.32 Victim 8 was interviewed by the Investigation.
- 6.33 In the spring of 1973 Victim 8 took her 12-month-old son into Stoke Mandeville Hospital for an operation. She was given a side room to stay in near her son’s ward. After she had put her son to bed she returned to her side room and a nurse brought Savile into the room to sit with her and cheer her up. At this time she was heavily pregnant with her second child. The nurse left the room and Savile put his hands on her swollen belly trying to feel the baby’s limbs. He also said that she had “*a couple of good milk tanks*” and grabbed her breasts one in each hand. She shouted at him and he apologised saying that most ladies liked a little fondle. He apologised again and then left.
- 6.34 Victim 8 did not report the incident at the time.

Victim 9 (aged 19 years), a patient at the Hospital

- 6.35 Victim 9 was interviewed by the Investigation.
- 6.36 Victim 9 was 19 years of age at the time of the accident that severed her spine in August 1973. She had been in the NSIC for some eight months and the incident with Savile took place towards the end of her stay. Savile took Victim 9 out for dinner at a restaurant to thank her for her fundraising work whilst a patient.
- 6.37 At the restaurant Savile was very embarrassing wearing a tracksuit, smoking his cigar and talking with a loud voice. He was boorish and rude. Whilst at the restaurant he suddenly stuck his hand up Victim 9’s skirt between her legs and tried to grope her. She could not easily get away because she was in a wheelchair. Savile took her to the restaurant and back to the ward in a car which was driven by a third party. Once in the car he tried to kiss her and stuck his tongue down her throat. She made it quite clear she did not want anything to do with him. Victim 9 felt that it was the presence of the driver that protected her from any further assault.
- 6.38 The ward nursing staff had tried to warn her before she went that Savile had a reputation, and when Victim 9 returned to the ward she told the nursing staff (not named by Victim 9) what had happened. It appeared to be an open secret that Savile was a “*sex pest*”.

- 6.39** Victim 9 recalls the NSIC culture was very open and patient and professional boundaries were blurred with staff dating patients and often marrying them (this was corroborated by several other witnesses to the Investigation).

Victim 10 (aged 9 years), a participant at a fundraising event

- 6.40** Victim 10 gave consent for his police report to be used by the Investigation.
- 6.41** Victim 10 attended a fundraising event on behalf of Stoke Mandeville Hospital (not conducted on the hospital site). Victim 10 had wandered away from his parents and was asked by Savile if he would like to look inside his Rolls Royce. Victim 10 was asked to get in the back of the car, which had darkened windows. Once inside Savile reached down and put his hands down the front of Victim 10's tracksuit bottoms and fondled him. Victim 10 grabbed the door handle and "*jumped out*" of the car. He ran to find his parents.
- 6.42** Victim 10 did not report the incident at the time.

Victim 11 (aged 13/14 years), a visitor to the Hospital

- 6.43** Victim 11 gave consent for her police report to be used by the Investigation.
- 6.44** Some time between 1973 and 1974 Victim 11's sister was a patient on the spinal unit. Victim 11 was around 13 or 14 years old at the time and visited her sister on a regular basis. Savile was in the habit of coming onto the ward and sitting her on his knee. Savile regularly invited Victim 11 back to his caravan to see his *Jim'll Fix It* medals (*Jim'll Fix It* was a television programme that Savile presented) but she refused as she found him "*creepy*". Savile touched her breasts over clothing on one occasion.
- 6.45** Victim 11 did not report the incident at the time.

Victim 12 (aged between 12 and 14 years), a patient at the Hospital

- 6.46** Victim 12 was interviewed by the Investigation.
- 6.47** Victim 12 experienced many hospital admissions throughout her childhood and young adult years where she met Savile on many occasions. She has memories of Savile cuddling and touching her from an age as young as six years (*circa* 1967). This recollection may be accurate but there is no evidence to suggest Savile came to Stoke Mandeville prior to 1969 save on one occasion in late 1968 when he recorded *Savile's Travels* for BBC Radio. Some time between 1973 and 1975 when Victim 12 was between 12 and 14 years old she experienced four specific encounters with Savile.

- 6.48** During the first encounter Savile came onto Victim 12's ward and lunged at her tickling and nuzzling her neck. A member of staff (Victim 12 cannot remember who) told Savile to get off her and he walked away. On two other occasions in what was known as the Jimmy Savile lounge he approached Victim 12 and kissed her on the mouth putting his tongue down her throat and his hands up her skirt. Victim 12 told a nurse on the ward (she cannot remember her name) who told her she would not be going back to the lounge alone again.
- 6.49** At around the age of 14 years Victim 12 remembers Savile bringing her a record by her favourite pop group. She went into the spinal unit office where Savile sat her on his knee and kissed her on the mouth once again putting his tongue down her throat before handing the record over to her. Victim 12 recalls that Savile was always everywhere around the Hospital and that he had free access to the children's wards.

Victim 13 (aged between 9 and 11 years), a visitor to the Hospital

- 6.50** Victim 13 gave consent for his police report to be used by the Investigation.
- 6.51** Victim 13's mother was an employee at Stoke Mandeville Hospital and worked there for some 23 years. Between 1973 and 1975 Victim 13 and his sister visited their mother at the Hospital. Savile would often take them to his private room or to the Porters' Lodge. He would gather up all the children and give them sweets. Savile would invite Victim 13 to the porters' office and tell him he was a naughty boy for eating all the sweets. He would put Victim 13 across his knee, pull down his trousers and underpants, "*grope his backside*" and spank him. This happened on about 10 occasions. Savile always told him not to tell his parents. Victim 13 reported that on one occasion Savile's Secretary Janet Cope (*née* Rowe) walked into the Porters' Lodge and found him assaulting Victim 13. She just turned around and walked out.
- 6.52** Victim 13 told his Headmaster who "*laughed it off*". Victim 13 would have been between the ages of 9 and 11 at this time.

Victim 14 (aged 18 years), a patient at the Hospital

- 6.53** Victim 14 contributed a written statement.
- 6.54** Victim 14 was 18 years old at the time of the incident some time in 1975. She was very low in mood whilst in hospital and was put on a drip and stayed in bed for a couple of days. She was then able to walk around the Hospital. Her clothes had been taken away as staff were worried she might abscond and she walked around the Hospital in a nightgown and blue cotton dressing gown. She did not have her bra on.
- 6.55** She felt angry and vulnerable at having her clothes taken away. She remembers being in the dayroom of what she thinks was the children's ward. Savile came over and "*leered*" down her nightdress in a "*smarmy*"

way and said something like *“hello, hello what have we here then, there doesn't seem to be much wrong with you”*. He said *“what a nice pair”*. Victim 14 was upset and got up and left the room.

- 6.56 She cannot remember if it was the same day, but Victim 14 was walking the corridors in her nightclothes when Savile came up to her. He angled her into the wall leering at her and *“groped”* her breasts through her nightgown. She was disgusted with him and said he was a horrible man. She managed to get away.
- 6.57 Victim 14 told no one about the incident at the time as she was too worried and embarrassed about what had happened.

Victim 15 (aged 15 years), a patient at the Hospital

- 6.58 Victim 15 was interviewed by the Investigation.
- 6.59 During March/April 1975 Victim 15 was admitted to ward 12 at Stoke Mandeville Hospital following a severe weight loss. On the day of the incident Victim 15 had left the ward alone to visit the WRVS café. It was a warm day and Savile came in dressed in skimpy shorts and a T-shirt. The fabric was thin and revealing. He smelt sweaty. He said that Victim 15 looked like a girl who could do with a good meal and that he would be happy to take her out for dinner. He put his arm around her and held her very closely against his body. Victim 15 was around 15 years of age.
- 6.60 Victim 15 did not report the incident at the time.

Victim 16 (aged 13 years), a patient at the Hospital

- 6.61 Victim 16 was interviewed by the Investigation.
- 6.62 In June 1975 Victim 16 was admitted to Stoke Mandeville for an operation, she was 13 years old at the time. She was admitted to an adult ward. She spent some of her time wandering around the corridors and met Savile at the main reception of the *“unit”* (unspecified which unit). She asked for his autograph as she was *“star struck”*. He later went to her ward to give her his autograph. He kissed her and stuck his tongue in her mouth. After giving her his autograph he asked for another kiss which Victim 16 gave to him. Savile did not leave the ward immediately and stayed to talk to the other patients.
- 6.63 Victim 16 did not tell anyone about this incident at the time it occurred.

Victim 17 (aged 25 years), a patient at the Hospital

- 6.64 Victim 17 gave consent for her police report to be used by the Investigation.
- 6.65 In January 1976 Victim 17 was a patient at Stoke Mandeville Hospital; she was 25 years at the time. Savile came into her room, climbed into bed with her and ran his hand up her leg from the knee. She said something like *“I don't think so”* at which point he put his arms around her neck and

his tongue in her ear. She pushed him away, he then autographed one of her get well soon cards. Victim 17 spoke to staff about the incident who laughed it off saying he was always like that.

- 6.66 There is no further information available about which ward this took place on or to whom the incident was reported.

Victim 18 (no further details provided)

- 6.67 Some time in 1976 Victim 18 was raped and physically assaulted by Savile. Victim 18 did not report the incident at the time. This report was given to the Investigation by the police.

- 6.68 There are no other details available to the Investigation about this case.

Victim 19 (aged 23 years), a member of staff at the Hospital

- 6.69 Victim 19 was interviewed by the Investigation.

- 6.70 Victim 19 worked as a diagnostic radiographer at Stoke Mandeville Hospital between 1976 and 1978. She was around 23 years of age at the time and was accommodated in one of the new nurses' homes. Savile appeared to have free access around the Hospital and had his own accommodation in one of the older buildings. Savile visited Victim 19 at her accommodation on two occasions. Victim 19 met Savile for the first time one evening; she noted that Savile often walked around the Hospital at night supposedly assisting the porters "*I never saw him creeping about on his own*". On this occasion she was aware of the fact the other staff she was with did not like him much as they said something like "*Oh God, here he comes*". Savile was chatty and asked if she would take him out in her American car. Victim 19 took Savile out in her car and nothing untoward happened.

- 6.71 Savile then suggested taking Victim 19 out for supper in his Rolls Royce as he suggested one good turn deserved another. Savile took her to a Chinese restaurant and then took her back to the nurses' home afterwards. When they were in the communal television room Savile began to "*grope*" her breast. There were other people in the television room but it was dark and they could not see what Savile was doing. Victim 19 managed to manoeuvre Savile away and was able to persuade him to leave; as he left he kissed her pushing his tongue into her mouth. On several occasions afterwards Savile would try to ask her out but Victim 19 refused. He eventually gave up asking her.

- 6.72 A nurse that Victim 19 spoke to said that Savile would often push his way into their rooms and that he was known to be a dirty old man. No one ever indicated that Savile had actually abused them; he was regarded as a pain, nothing more. Victim 19 told no one in an official capacity as she did not think she had anything to complain about at the time and was not aware of any complaints procedures. Victim 19 also stated that Savile's brother (uncertain which one) used to wander around the Hospital also dressed in a tracksuit. The common view was that he cut a rather pathetic figure.

Victim 20 (aged 12 years), a patient at the Hospital

- 6.73** Victim 20 was interviewed by the Investigation.
- 6.74** In January 1977 Victim 20 was admitted into Stoke Mandeville Hospital aged 12 years to have her tonsils out. She was not nursed on a children's ward but in an adult ward full of elderly people. Victim 20 remembers the ward smelling of vomit and faeces and did not like being there. Following her surgery she was told that she could go to the television room which was down an external corridor. That evening, early, she walked there in her nightdress. On her way a porter approached and asked her where she was going. When she told him he said he would go with her. Another person came out of the television room as they entered and the room was then empty. Victim 20 sat on a chair and the porter asked her if she had a boyfriend. He then knelt down in front of her and pulled his trousers down. Victim 20 was not wearing any knickers and the porter swiftly raped her penetrating her vaginally with his penis. Victim 20 said it was over very quickly. He stood up, pulled his trousers up and wiped down the seat she was still sitting on.
- 6.75** The porter was described as being a white-haired man who was wearing a gold chain and a white coat. He was smoking a cigar and smelt strongly of cigars and body odour. At this time as her family did not watch television she did not know who Savile was.
- 6.76** Victim 20 returned to her ward and told a nurse that "*the porter hurt me, down here*". She was told not to say anything otherwise she (the nurse) would get into trouble. She went to bed only to wake in the night to find the same porter at the side of her bed; he quickly put his hand between her legs and penetrated her again with his fingers.
- 6.77** Victim 20 wrote two notes, one on the torn-out page of a Bible she had found, saying that a porter had hurt her and giving her father's name, address and telephone number. She posted these notes in a red post box in the corridor outside of the ward and hoped someone would contact her father. No one did.
- 6.78** A few years after Victim 20 left the Hospital she realised who her attacker was. Twenty years following the attack (in 1997), she wrote to Savile's Secretary, Janet Cope, (*née* Rowe) explaining what had happened to her. When she got no reply she wrote again. Victim 20 also described visiting the Trust Fund Office to take yet another letter to Janet Cope (who was not there). She never got a response.

Victim 21 (aged 11 years), a patient at the Hospital

- 6.79** Victim 21 was interviewed by the Investigation.
- 6.80** In the summer of 1977 Victim 21 was nursed on ward 7 X following an operation for skin cancer. She was a patient for a period of some four months and required a skin graft. She remembers that it was summer as it was very hot. She was in the treatment room with a young student nurse who was cleaning her wound. The window was open and Savile

popped his head through because he had heard Victim 21 crying. He came into the treatment room. Victim 21 was naked from the waist down. The nurse (not named) had to leave the room for some reason and closed the door leaving Savile alone with Victim 21. He gripped her tightly so she could not move and rubbed his penis against her arm. He then tried to penetrate her vagina digitally. Victim 21 screamed in pain and the nurse returned. Savile left swiftly. Victim 21 was hysterical and crying. Sister Cherry (now dead) came in and told her to be quiet, that Savile would not do such a dreadful thing and that he raised a great deal of money for the Hospital. Victim 21 told her father (now dead) when he came to visit her that evening. She heard angry voices raised between her father and Sister Cherry. Her father took the matter to the "Registrar". Savile did not come near her again. Victim 21's father "decided that due to my ill health, age and not wishing to distress me further, not to pursue the complaint to its conclusion".

- 6.81 Victim 21 described the children's ward being a 'run through' for gardeners and porters *en route* to other parts of the Hospital. She remembers the ground floor ward having doors open to the garden through which people came and went. The children enjoyed the company and these people brought them sweets and talked to them. There was little privacy or dignity as all children would be washed without curtains being put around the beds and wounds would be examined in full view of the other patients. Victim 21 found this embarrassing as the ward was a mixed-sex with babies at one end and the older children at the other. From memory Victim 21 described the ward as being very busy with few nursing staff present. Victim 21 stated that Savile's office at that time was across the corridor to the children's ward. She also described Savile as being like a "king" coming onto the ward four times whilst she was a patient there.

Victim 22 (aged 15 years), a patient at the Hospital

- 6.82 Victim 22 gave consent for her police report to be used by the Investigation.
- 6.83 Victim 22 had an accident during Easter 1977 when she was 15 years old. She required micro-surgery on her hand and was admitted to Stoke Mandeville Hospital. Victim 22 had to remain at the Hospital for several months to receive physiotherapy. After the surgery she was placed in a house in the grounds with three male patients who made her feel uncomfortable. She was then placed on a women's ward. Victim 22's family lived several miles away and so she did not receive visitors often.
- 6.84 A few days before she was due to be discharged Savile came onto the ward. He appeared to have a big personality and was confident. Savile invited Victim 22 to the café near the reception of the hospital. The café was closed and Savile suggested that they went back to his room for a hot drink. At this point Savile was treating Victim 22 appropriately like a child. Once in Savile's room there was nowhere to sit but on his bed. Savile asked her if she had ever had sex with her boyfriend and appeared to be excited when she said no. Savile suggested that they

have sex; she was in awe of him. He quickly stripped naked and penetrated her and ejaculated inside her. After 15 minutes he said he needed to get her back to the ward as they would be wondering where she was. Victim 22 never said anything to anyone about what had happened. Savile had given her his telephone number. She called it several times as he had promised to take her to his studio in London. She never saw him again.

Victim 23 (aged 13 years), a visitor to the Hospital

- 6.85 Victim 23 was interviewed by the Investigation.
- 6.86 Some time in 1977 Victim 23 won a beauty contest at the age of 13 years. She was taken by the Round Table representatives to Stoke Mandeville Hospital to present a cheque to Savile. Once she arrived the delegation was put into a room. Savile came up to Victim 23 who was standing in a corner; he stood with his back to the rest of the room. He kissed her placing his tongue into her mouth and with his free hand (the other was holding a cigar) rubbed Victim 23's breast over her clothing. He then put his cigar into his mouth and carried on rubbing both of Victim 23's breasts with his thumbs. He said she was a pretty little thing and suggested that they meet up.
- 6.87 Victim 23 did not tell anyone about this incident at the time it occurred.

Victim 24 (aged between 11 and 16 years), a visitor to the Hospital

- 6.88 Victim 24 was interviewed by the Investigation.
- 6.89 Between 1978 and 1983 Victim 24 was systematically abused by Savile in the Hospital chapel presbytery during services. During a five-year period Victim 24 attended the chapel in the hospital grounds every Sunday with her family. When the abuse began Victim 24 was 11 years old. Her family were devout Roman Catholics. Victim 24 used to pass round the collection plate which she had to collect from the presbytery. On a regular basis, at least twice a month, Savile would attend the chapel. He would stand in the presbytery and watch the service from behind a curtain and this is where the abuse took place. He systematically abused Victim 24 for a period of five years. He was often accompanied by another man, described as wearing a suit, who watched. The abuse took the form of rubbing her body and putting his fingers in her vagina.
- 6.90 Victim 24 felt unable to tell anyone. She noted how bad he smelled and that he could do whatever he wanted and that she could not stop him. *"Every time I went in that room I just knew that he would touch me wherever he wanted to touch me"*.
- 6.91 Victim 24 did not report the incidents at the time.

Victim 25 (aged 17 years), a member of staff at the Hospital

- 6.92 Victim 25 was interviewed by the Investigation.
- 6.93 Victim 25 worked as a cleaner in the accommodation block in which Savile lived. She knew him well and had regular conversations with him. One day while Victim 25 was washing up at the sink Savile came up behind her and put his hands up the front of her jumper. She elbowed him off but Savile was to continue to do this on several more occasions.
- 6.94 Victim 25 told her father who thought that Savile was “*harmless*”. She also told “*the Sister*” whose name she could not remember who said “*don’t be silly*”. A Staff Nurse who worked with Victim 25 knew Savile was over familiar and tried to protect her. Victim 25 reported that all of the nurses in the Occupational Health Block (which was directly below his accommodation) “*detested*” Savile. Despite this nothing was done by them to confront Savile with his behaviour.

Victim 26 (aged 28 years), a visitor to the Hospital

- 6.95 Victim 26 was interviewed by the Investigation.
- 6.96 Some time in 1979 or 1980 Victim 26 met Savile at Stoke Mandeville Hospital whilst she was working for a radio station. She came to the Stoke Mandeville site to interview Savile. When packing the equipment away at the end of the interview Savile gripped her breast roughly and grabbed her face.
- 6.97 On a second occasion Victim 26 went back to Stoke Mandeville Hospital for her radio work. Once again she had to interview Savile. She went to his caravan located in the hospital grounds because she thought she would be chaperoned by a female colleague of Savile’s. Once Victim 26 got into the caravan Savile’s female colleague left and he lunged towards her with great rapidity. He pinned her with his arms trapping her in his embrace and he touched her vagina roughly through her jeans. Victim 26 fought hard and escaped. She was left feeling shaken and embarrassed.
- 6.98 Consequently Victim 26 did not report the incidents at the time.

Victim 27 (aged under 11 years), a visitor to the Hospital

- 6.99 Victim 27 gave consent for her police report to be used by the Investigation.
- 6.100 Late 1979/early 1980 Victim 27 was chosen to present a fundraising cheque from her school to Savile at Stoke Mandeville Hospital. Whilst the school party were in a room Savile placed his hand on Victim 27’s bottom and squeezed it.
- 6.101 Victim 27 disclosed the incident to her teacher and parents who did not believe her.

Victim 28 (aged around 30 years), a visitor to the Hospital

- 6.102 Victim 28 contributed a written statement.
- 6.103 Sometime between 1980 and 1981 Victim 28 completed some fundraising for Stoke Mandeville Hospital. She attended the Hospital to present Savile with her cheque. She was around 30 years of age at the time. Victim 28's daughter, aged about 3 years, sat on Savile's lap and he said he would "*tickle her belly*" but did not touch her inappropriately. As Victim 28 went to leave Savile stood up to kiss her and put his tongue down her throat. She felt it was highly inappropriate.
- 6.104 Victim 28 did not report it at the time but has come forward now as she felt it was the correct thing to do.

Victim 29 (aged 17 years), a member of staff at the Hospital

- 6.105 Victim 29 was interviewed by the Investigation.
- 6.106 Victim 29 commenced working at Stoke Mandeville Hospital in 1980 as a care assistant when she was 17 years old. She went on to undertake her nurse training at the Hospital and lived in the nurses' accommodation. Victim 29 met Savile and became involved with his fundraising (taking photographs and showing people around). Victim 29 stated that Savile was famous and she was in awe of him. On at least three occasions she was asked to go to his room. Initially she felt appreciated and important. "*Savile would just take hold of me and put my hands where he wanted them. Or he would remove my clothes (not all of them) and put me in the position he wanted. Each time he had sex with me, he used no protection. He did not seem to care that I may get pregnant. He would instruct me and I would do as he asked. I don't remember saying no to him, in fact I don't remember saying anything at all. I remember how awful he smelled, how he would talk while he was doing things to me and feeling confused when I left with a box of Roses chocolates in my hand. I would go back to my room and tell my friend what had happened*". After a while Victim 29 tried to avoid Savile and he would often try to get her to go back to his room.
- 6.107 Other than her friend she never told anyone else about what had happened.

Victim 30 (aged 14 years), a visitor to the Hospital

- 6.108 Victim 30 allowed basic information to be passed to the Investigation by the Thames Valley Police.
- 6.109 Some time in 1980 Victim 30 was propositioned by Savile in a toilet at Stoke Mandeville Hospital. The victim was asked to perform a sex act. Victim 30 refused.
- 6.110 The victim did not report the incident at the time.

Victim 31 (aged around 13 years), a visitor to the Hospital

- 6.111 Victim 31 was interviewed by the Investigation.
- 6.112 Some time between 1980 and 1981 Victim 31 visited Stoke Mandeville Hospital with her school to donate money. They were taken into a room where Savile was sat on a chair behind a screen. It was decided that photographs would be taken one-by-one with the students. When it was Victim 31's turn Savile started to kiss her finger tips and moved upwards to her neck. He then slipped his tongue into her ear. She remembers both ears being wet. She felt disgusted but when her teacher returned she said nothing.
- 6.113 When she returned home (she was living at a children's home) she remembers telling other people and that both she and these other people laughed it off. She was around 13 years of age at the time.

Victim 32 (aged in her late twenties), a visitor to the Hospital

- 6.114 Victim 32 was interviewed by the Investigation.
- 6.115 Victim 32 was a registered nurse and some time in 1980/81 attended a head injuries course at Stoke Mandeville Hospital. Savile engaged her in conversation and was tactile. He invited her to meet him in his office which was a room, near to where her fellow course members were standing to show her the new building plans. She went with Savile. He was tactile, stroking her hair, shoulders and neck. She was uncomfortable with the situation. Savile was wearing tracksuit bottoms. She could see his penis poking out and it was apparent that Savile was "*fiddling*" with it and was aroused. The course tutor found them taking Victim 32 back to her class. The tutor was reported to have said that "*we have to tolerate him because he makes so much money*". The tutor reportedly said to Savile "*you know the rules*" implying that his behaviour was inappropriate. Victim 32 cannot remember the name of the tutor with whom she had this conversation.
- 6.116 At lunchtime on the day of the incident Savile appeared once again to invite Victim 32 to see the Hospital helipad. The course tutor intervened and told Savile to go away, he continued to linger and would not leave Victim 32 alone. The Tutor asked Victim 32 if she wanted to report him, but Victim 32 declined.

Victim 33 (aged 13 years), a patient at the Hospital

- 6.117 Victim 33 was interviewed by the Investigation.
- 6.118 Some time in 1981 Victim 33 was admitted to Stoke Mandeville at the age of 13 years following an overdose. She remembers being nursed in an eight-bedded ward and that she was the lone patient there for the

duration of her stay. Victim 33 does not remember nursing staff being present on a regular basis during this period. Savile came onto the ward and asked her if she had had sex and would she give him oral sex. Savile then fondled her breasts asking her if she enjoyed it. At this point Victim 33's parents came onto the ward and Savile chatted to them and then left as if nothing had happened. Victim 33 did not see him again. She believes that he would have gone further had her parents not arrived.

6.119 Victim 33 told no one at the time.

Victim 34 (aged around 17 years), a visitor to the Hospital

6.120 Victim 34 was interviewed by the Investigation.

6.121 In April 1981 Victim 34 was a guest invited to Stoke Mandeville Hospital to present a donation. She was very excited about this opportunity. On arrival she was greeted by staff and camera crews (designation unknown) were present. Victim 34 described herself as young and innocent and totally overwhelmed when Savile walked in.

6.122 Victim 34 and other visitors were taken to look around the spinal unit. Savile draped his arm around her shoulders. He stroked her right breast from the side. He did this twice with all of the other people present. Victim 34 felt totally intimidated and wanted to go home. The camera crew however requested a photograph be taken of her sitting on Savile's lap. She complied and Savile slid his hand down the back of her trousers and put his fingers "*inside*" her vagina. She tried to get away but he applied pressure upon her. The camera crew were laughing and she felt certain they knew what he was up to.

6.123 Victim 34 decided not to tell anyone as she did not think they would believe her. In the end she told her boyfriend who thought she was making it up.

Victim 35 (aged between 11 and 12 years), a visitor to the Hospital

6.124 Victim 35 was interviewed by the Investigation.

6.125 Victim 35 recalls an incident taking place some time between 1981 and 1983. Victim 35 was a Girl Guide and was part of a group who raised money for Stoke Mandeville Hospital and who got to meet Savile. At the time of the incident she was around 11 or 12 years old. She cannot remember the month or time of year. During the meeting Savile sat on a "*throne-type chair*" the children gathered around him and he put his arms around them. Victim 35 felt his hand on the cheek of her bottom. He moved his hand up the side of her body to her breast area. He rested his hand on her bottom and the side of her breast area for around five seconds each time. Victim 35 was uncomfortable and felt his behaviour to be wrong.

- 6.126 Victim 35 did not say anything or report the incident as she thought at the time celebrities were of “good standing”.

Victim 36 (aged 8 years), a patient at the Hospital

- 6.127 Victim 36 contributed a written statement.
- 6.128 Some time in 1981 Victim 36 attended Stoke Mandeville Hospital aged 8 years, to have a tonsillectomy. Following his operation Victim 36 was told by a nurse that someone special was visiting. Savile subsequently appeared from behind the bed curtain and left the curtain around Victim 36’s bedside closed. Savile sat on a chair beside Victim 36’s bed and squeezed hold of his hand. Savile immediately placed his hand beneath the bed sheet and touched Victim 36 on his penis, over his pyjamas. Savile continued to touch Victim 36’s penis as it became erect and exposed through his pyjamas. Victim 36 was distressed at what had happened and reported the matter to his mother when she visited shortly after. Victim 36’s mother did not believe him.

Victim 37 (aged 15 years), a patient at the Hospital

- 6.129 Victim 37 was interviewed by the Investigation.
- 6.130 In January 1982 Victim 37 was admitted to ward 4 X with a spinal injury; he was 15 years of age. The ward comprised around 20 beds with adult and child, male and female patients mixed. In the early hours of the morning (at around 02.00-03.00) Victim 37 became aware that Savile had come onto the ward. Savile appeared to be talking to a female patient and had also appeared to have placed his hand on her groin. Savile then came over to Victim 37 and placed his hand under the blankets onto his penis closing his hand around it. Savile then smiled and left the ward, he was wearing his trademark tracksuit. Savile came back to the ward the following day and talked to the patients and Victim 37’s mother as if nothing had happened the night before.
- 6.131 Victim 37 did not report the incident at the time because it seemed to have been such an unlikely thing to have happened. He wondered whether he had imagined it as an effect of the medication he was on. Since the allegations about Savile became known in October 2012 he realised that the incident was not a figment of his imagination.

Elaine Jones – Victim 38 (aged in her early thirties), a visitor to the Hospital

- 6.132 Victim 38 was interviewed by the Investigation.
- 6.133 Some time in the early 1980s Victim 38 was waiting in the visitors’ waiting room to see her boyfriend who was a patient on the burns unit. She remembers hearing a commotion outside of the door and saw Savile and an entourage coming down the corridor. She did not like Savile very

much and so ducked back into the waiting room. She found that Savile was suddenly behind her and two men stood outside to stop people coming in.

- 6.134** Savile pinned her against the wall lying upon her trapping her arms and pushing his knee between her legs. He ran his free hand up her side and on her breast whilst holding onto his cigar with the other. He managed to push his tongue into her mouth. He said something like “*what have we got here then*”? Victim 38 managed to push him away. She called him a “*dirty bastard*”. He left the room. During the incident no one else entered the room.
- 6.135** Victim 38 told her boyfriend about the incident and no one else.

Victim 39 (aged 40 years), a visitor to the Hospital

- 6.136** Victim 39 was interviewed by the Investigation.
- 6.137** In August 1982 Victim 39 visited her brother at the Stoke Mandeville Hospital NSIC. At the time of the incident Victim 39 was 40 years of age. It was a warm day and the ward was on the ground floor. The door at the end of the ward was open to let in some fresh air. Victim 39 was sitting on a straight-backed dining room chair. Through the door she could see three men slowing down from a run. They were dressed in “*little shorts and singlets*”. Savile was one of them. Victim 39 had met him on several occasions before and knew he was “*revered*” for raising money. Savile came onto the ward and made a “*beeline*” for her. He said something like “*oh my goodness*” and straddled Victim 39’s legs. He pressed his body against her in a “*simulated sex act*”. Savile was very scantily clad and his bare, perspiring legs were pressed against Victim 39. He put both hands on her shoulders and his head down by her neck and said “*I would like to take you outside and f**k you*”. Victim 39’s face and chest were dampened by his sweat, which she had to go and wash off after she managed to push Savile away. Her brother witnessed the incident as did other male patients making the whole episode extremely embarrassing.
- 6.138** Victim 39 noted that Savile appeared to have complete access to the NSIC all times of the day and night. However she never saw him anywhere else around the Hospital. Victim 39 did not report the incident at the time.

Sharon Daniels – Victim 40 (aged between 12 and 13 years), a patient at the Hospital

- 6.139** Victim 40 was interviewed by the Investigation.
- 6.140** Some time late in 1982 Victim 40 was admitted to Stoke Mandeville Hospital with appendicitis. She was between 12 and 13 years old and remembers being placed on an adult ward with older ladies. One night Savile came onto the ward to visit a very poorly patient. He came onto

the ward with a group of people; Victim 40 does not know whether they were hospital staff or not. Savile remained on the ward until 01.00-02.00. Savile and his group were very loud and kept everyone awake.

- 6.141** Savile came over to Victim 40's bed and began to straighten her blankets. Victim 40 was half-asleep but remembers Savile putting his hands under her bedclothes. A nurse came over and asked him to stop. When talking to the Investigation Victim 40 could not recall whether Savile touched her but has been left with a feeling that something was wrong. When providing evidence to the police she recalled Savile touching her breasts.
- 6.142** Victim 40 did not discuss the incident with anyone at the time.

Victim 41 (aged in her early twenties), a visitor to the Hospital

- 6.143** Victim 41 was interviewed by the Investigation.
- 6.144** Victim 41 was a patient at Stoke Mandeville Hospital in 1979 when she had her appendix removed. She went on to volunteer with the Hospital radio. She states that she was a volunteer within the Hospital talking to patients and freely accessing the wards even though she was never interviewed or officially recruited to this role. She described spending most of her free time at the Hospital "*working*" and at social events. During this time she became a part of Savile's fundraising team and was given personalised T-shirts and sweatshirts with the fundraising logo on them. She described Savile as being friendly and she worked alongside him for a period of some three years. He arranged to meet her in London. She was present during the recording of one of his radio broadcasts and on another occasion she went onto the *Jim'll Fix It* set.
- 6.145** One evening late 1982/early 1983 Savile invited her to his room in the accommodation block in which he stayed. She was 21 years old at the time. Victim 41 had a new camera and was keen to take a picture of Savile. He posed for her in the bath (fully clothed). Then they ended up in Savile's room sitting on his bed. Without any warning he lunged at her and put his tongue in her mouth. He smelt strongly of cigars. He pushed her onto the bed and she could not get away because of the weight of his body upon her. She did not consent to the assault. Savile then went on to rape her.
- 6.146** Victim 41 decided not to tell anyone about the incident and stopped volunteering at the Hospital.

Victim 42 (aged 17 years), a member of staff at the Hospital

- 6.147** Victim 42 was interviewed by the Investigation.
- 6.148** Victim 42 was employed at Stoke Mandeville Hospital within the kitchen at the Spinal Unit. During October 1983 Victim 42 spoke to Savile on several occasions about her personal circumstances. She was star struck

and in awe of him however, she remembers that he was very much part of the Hospital and after a while she no longer regarded his presence as being unusual. Savile suggested that she go to his flat to meet some new people and make friends; Victim 42 was very excited.

- 6.149 When she got there no one else was present and she sat on his bed waiting for them to arrive. Savile offered her a chocolate which she declined. Savile grabbed her shoulders and pushed her back onto the bed. Savile tried to force his tongue into her mouth and touched her breasts. She pushed him off and ran out of the flat. Victim 42 told her parents who thought she had had a lucky escape.
- 6.150 The following day Savile saw Victim 42 and offered her a £5 note which she refused, he tapped the side of his nose in a 'do not tell' gesture and walked away.
- 6.151 She did not report the incident to anyone else at the time.

Victim 43 (aged between 11 and 12 years), a visitor to the Hospital

- 6.152 Victim 43 contributed a written statement.
- 6.153 Victim 43 went to sing at Stoke Mandeville Hospital with her choir. She was ushered into a room by her teacher (now dead) to meet Savile. The teacher remained in the room whilst Savile sexually assaulted her and orally and vaginally raped her.
- 6.154 Victim 43 did not report this to anyone at the time. At the time of writing the report this case was subject to both police and safeguarding investigations. Nothing more can be written here due to these ongoing processes.

Victim 44 (aged 24 years), a visitor to the Hospital

- 6.155 Victim 44 was interviewed by the Investigation.
- 6.156 Victim 44's husband was admitted to the NSIC when he broke his neck in 1984. Victim 44 was vulnerable at the time and Savile became friendly with her and appeared to be supportive of her situation. One day he took Victim 44 up to his office where he very quickly "*made a move*" and she was in such a state of shock she ended up having sex with Savile. It happened very quickly and it was so unexpected that she did not stop what was happening. Victim 44 does not claim that Savile raped her but she believes he was abusive in that he took advantage of her during a traumatic period of her life under the guise of friendship.

Victim 45 (an adult), a member of staff at the Hospital

- 6.157 Victim 45 was interviewed by the Investigation.

- 6.158** In 1984/1985 Victim 45 worked as a staff nurse on the children's burns ward 7 X. On the day of the incident she was working a late shift, 12.30 to 20.30. She was aware that Savile was on site that day. At this time she was working with two charities (not linked to Savile). Victim 45 had arranged to meet with Savile to discuss his potential assistance with her charities. They met in the League of Friends coffee shop. They discussed matters in the garden courtyard and Savile appeared to be interested in her charities. At the conclusion of the conversation Savile put his hand up her skirt on her leg. Victim 45 pushed his hand away and told her husband when she went home.
- 6.159** Victim 45 did not officially report the incident and no witnesses were present; but she mentioned what had happened to colleagues who told her Savile did this to everyone.

Victim 46 (aged 11 years), a child volunteer at the Hospital

- 6.160** Victim 46 was interviewed by the Investigation.
- 6.161** During 1984 Victim 46 volunteered at Stoke Mandeville Hospital with her church group and regularly visited patients. The incident with Savile occurred on her 11th birthday. On this day she went on her own to the cafeteria to buy a cup of tea. Savile was there and she asked him for his autograph. Savile was wearing a tracksuit and was joking around with the cafeteria staff. He wanted to know why she deserved an autograph and she explained she was a volunteer and that it was her birthday. Savile asked her how old she was. At this point he pretended he could not hear her reply until she was stood right in front of him. He pulled down her top and said she was a big girl for her age; Victim 46 was not wearing a bra and was well developed. The cafeteria staff moved away and could not see what was happening. It was a Saturday and things were quiet.
- 6.162** Once Victim 46 had found a pen Savile invited her round to the other side of the cafeteria counter to be on the same side of it as him. He pinned Victim 46 against the counter and whilst he signed the autograph he put one hand up her dress and inside her knickers. He placed his fingers inside her vagina. He then withdrew them and wiped his fingers down Victim 46's leg. Savile had hurt her as he was wearing heavy rings and bracelets.
- 6.163** Victim 46 never told anyone what had happened to her. As a child volunteer she had no ID and no formal processes were put into place for her. She did not visit the Hospital again.

Victim 47 (aged 24 years), a patient at the Hospital

- 6.164** Victim 47 was interviewed by the Investigation.

- 6.165** In December 1984 Victim 47 suffered an accident; she was 24 years of age at the time. She was taken to Stoke Mandeville Hospital in January 1985. The accident caused an initial paralysis and she was confined to bed for four weeks. Victim 47 remembers Savile coming onto her ward one evening at around 20.00 – 21.00. He approached her bed and grabbed her breast roughly. No one else observed Savile's actions. Victim 47 could not move. Victim 47 was vulnerable and traumatised at the time due to her accident and was at a low ebb in her life. Savile did not go near her again and she remembers keeping a low profile whenever he was around after the incident.
- 6.166** Victim 47 told no one at the time as she was worried it would affect her treatment and that no one would believe her as Savile was a major celebrity. She was afraid she would be asked to leave the Hospital.

Victim 48 (aged 23 years), a visitor to the Hospital. Victim 48 has died since providing information to the Investigation

- 6.167** Victim 48 contributed a written statement.
- 6.168** In the summer of 1985 Victim 48 visited her mother-in-law at Stoke Mandeville Hospital. Victim 48 was 23 years old at the time. On one occasion she learned that Savile was visiting a children's ward (not specified by the victim). She was a fan and she decided to go and see him. She found him on a children's ward and she held out her hand for him to shake.
- 6.169** Savile did not let go of her hand. Savile grabbed her breast so hard that it hurt. Victim 48 was startled. She noticed how bad Savile smelt, a mixture of body odour and cigar smoke. He held her tightly and put his hand up her skirt inside her knickers and put a finger in her vagina. During this time he was scanning the ward to see if anyone was looking. He then put a second finger inside her vagina and hurt her causing her to cry. As soon as he removed his fingers he let her go.
- 6.170** Victim 48 ran off the ward, but not before she told a nurse (name unknown by the victim) that Savile had put his hand up her skirt. The nurse looked away and took no notice of her.
- 6.171** Victim 48 did not tell anyone else at the time, although she visited her GP shortly afterwards as a result of the assault.

Victim 49 (aged 15 years), a visitor to the Hospital

- 6.172** Victim 49 contributed a written statement.
- 6.173** Some time in 1986 Victim 49 then aged 15 met Savile at a private party. For the next five years he would turn up at her home and would invite her to attend radio and television shows. In 1986 Savile asked Victim 49 to visit patients with him on a trip to Stoke Mandeville Hospital. Victim

49 recalls meeting Janet Cope (*née* Rowe), Savile's Secretary, who on this occasion inexplicably suggested that Savile should not be crossed and that she would always back him no matter what.

6.174 After visiting patients Savile took Victim 49 to his accommodation for a cup of tea. Once in his room Savile tried to get his hands inside Victim 49's pants, pulled down his tracksuit bottoms and tried to rape her. Savile said that he knew she wanted this. Victim 49 fought back and escaped. She ran down the corridor and outside the building; she was then able to make a telephone call home.

6.175 Victim 49 confided in her family and a close friend at the time.

Victim 50 (an adult), a visitor to the Hospital

6.176 Victim 50 contributed a written statement.

6.177 In September 1987 Victim 50 accompanied her son who was receiving treatment at Stoke Mandeville Hospital. Whilst she was alone in the waiting room Savile came in and placed his hand on her knee. Savile tried to kiss Victim 50. Her son came into the waiting room and interrupted them. Savile stopped trying to kiss Victim 50 and told him that he had a lovely mother. Savile then left the room.

6.178 Victim 50 did not report the incident at the time.

Victim 51 (aged 30 years), a patient at the Hospital

6.179 Victim 51 was interviewed by the Investigation.

6.180 During late 1987 Victim 51 was a patient at Stoke Mandeville Hospital. Victim 51 had been in an accident and was in the NSIC. She recalls Savile was "*omnipresent*" on the unit, a porter, a befriender, and a volunteer. He had unlimited access everywhere. In November 1987 Savile stuck his tongue in Victim 51's ear. She was not happy about it but everyone else was laughing. A few weeks later in mid-December Victim 51 woke up to find Savile sitting by her bedside stroking her hand. She felt very uncomfortable and asked him not to do that again.

6.181 On Christmas Day 1987 Victim 51 was being nursed in a two-bedded room and Savile bought her an extra present which was a foam rubber model penis. Savile said to her "*wouldn't you like to see the real thing*"? Even though Victim 51 was 30 years of age and married she was distressed about the incident. She told her husband who later took Savile into another room and spoke to him about the incident. Victim 51 does not know what the two men said but Savile never came near her again.

6.182 Victim 51 recalls not wanting to rock the boat as she knew being at Stoke Mandeville was a privilege and she was worried she would be asked to leave if she said bad things about Savile. She recalls Stoke Mandeville being very different from other hospitals, for example, the sheets were

canary yellow and the reception looked more like “*somebody’s psychedelic house*” everyone was aware how lucky they were to be treated there.

- 6.183** Savile would take patients in beds to X-ray and would often take patients in wheelchairs to internal appointments on his own with no other member of staff present. Staff were aware of his boisterous behaviour and no one appeared to challenge this. Victim 51 recalls that Savile would often take groups of VIPs around the ward and that the patients did not like this feeling that they were exhibits in a zoo.

Victim 52 (aged between 30 and 32 years), a visitor to the Hospital

- 6.184** Victim 52 was interviewed by the Investigation.
- 6.185** Some time between 1987 and 1989 Victim 52 met Savile when the radio station she worked for visited Stoke Mandeville Hospital; at this time she was between 30 and 32 years of age. Jimmy Savile was the guest celebrity for the event which was organised by the Hospital. Victim 52 observed that when greeting people Savile shook the men’s hands but tried to hug and kiss her when she was introduced. She pulled away and Savile appeared to be angry.
- 6.186** Later on in the day of the event Savile asked Victim 52 to go with him to his office, she thought nothing of it at the time. Once there Savile closed the door and talked to her in a sexual manner. He put his hand up her top; as Victim 52 tried to pull away he touched her breast. He kissed her forcing his tongue into her mouth. Savile pushed his hands down Victim 52’s leggings and tried to penetrate her digitally. Savile then placed Victim 52’s hand onto his erect penis. Victim 52 was in a state of shock.
- 6.187** Savile became very angry with Victim 52. He told her that she could not tell anyone as they would not believe her due to his celebrity status.
- 6.188** Consequently she told no one at the time and has only recently come forward. Victim 52 was left feeling ashamed and blamed herself for what had happened.

Victim 53 (aged between 18 and 21 years), a member of staff at the Hospital

- 6.189** Victim 53 contributed a written statement.
- 6.190** During September and October 1988 Victim 53 was a student Occupational Therapist on placement at Stoke Mandeville Hospital. Whilst on this placement she lived in the old staff sick bay and lived in the same accommodation block as Savile. Victim 53 had been for a shower and had a towel wrapped around her. Whilst on her way to her room from the bathroom the lights went out and Savile suddenly appeared in front of her. He began to kiss her up her arm in the dark. She told him that the lights were out and he said he would get his men to “*fix it*”. Savile went off to ‘fix’ the lights. Victim 53 quickly went into

her room and closed the door behind her. She remains convinced that Savile was responsible for tripping the lights and that was a premeditated approach taken by him.

- 6.191** Victim 53 did not report the incident formally to anyone at the time but did tell her boyfriend.

Victim 54 (aged 19 years), a patient at the Hospital

- 6.192** Victim 54 was interviewed by the Investigation.
- 6.193** Victim 54 received treatment at Stoke Mandeville Hospital in 1990. During this period she met Savile and a period of friendship ensued. Savile appeared to have genuine feelings of affection for Victim 54. However he made constant unwanted sexual advances towards Victim 54 and would inappropriately touch her in a sexual manner on many occasions. Victim 54 was always able to prevent Savile from having full sexual intercourse with her. She found herself feeling conflicted as Savile would often appear to be kind and supportive, during a time when everyone thought she was seriously ill, and yet he made repeated unwanted sexual advances towards her. This has had a long-lasting negative effect on Victim 54 who was ill and vulnerable at the time.
- 6.194** Victim 54 told no one at the time the abuse took place.

Victim 55 (an Adult), a visitor to the Hospital

- 6.195** Victim 55 approached the NSPCC who passed limited details (due to confidentiality) to the Investigation.
- 6.196** Victim 55 was indecently assaulted by Savile when she visited the hospital.
- 6.197** It would appear that she told no one about the assault at the time.

7 Buckinghamshire Healthcare NHS Trust: Background Information

7.1. Historical Overview of Stoke Mandeville Hospital and the National Spinal Injuries Centre (NSIC)

The History of Stoke Mandeville Hospital and the NSIC

Early Establishment

- 7.1** The Hospital was built in the 1830s on the parish border between Stoke Mandeville and Aylesbury. The hospital site was large comprising some 90 acres which allowed for new isolation hospital facilities to be added in 1933.¹⁵ In 1940 the Hospital was commandeered as part of the war effort and was used to treat military casualties. At this time Stoke Mandeville Hospital was subject to a rapid period of expansion and 14 large single-storey wooden huts were built to accommodate the required service provision.

Inception of the NSIC

- 7.2** Up until the Second World War individuals who suffered from spinal injuries resulting in paraplegia or tetraplegia had a poor prognosis. Government statistics for soldiers who became paraplegic following spinal injuries received in the First World War showed that 80 per cent of these individuals were dead within three years of the injury occurring. The most significant cause of death was sepsis due to both pressure ulcers and urinary tract infections.¹⁶
- 7.3** During the Second World War Dr Ludwig Guttmann set up the spinal injuries unit at Stoke Mandeville as part of a chain of centres across the country. Dr Guttmann was an advocate of the Munro regimen which required two-hourly repositioning of patients, a holistic approach and an emphasis on rehabilitation.
- 7.4** The Stoke Mandeville NSIC was opened in March 1944. The centre started out with 24 beds and one patient; within six months the centre had admitted 50 patients. Such was the success of Stoke Mandeville that over the next few years other national centres were closed and their patients transferred to it. Dr Guttmann, to this day still referred to as 'Poppa', was a person who inspired hope in both his patients and his staff.
- 7.5** No mention can be made of either Stoke Mandeville Hospital or Dr Guttmann without reference to the Paralympic Games. Dr Guttmann is known as the 'father' of the Paralympic Games with good cause. Sport was seen as a central part of the Stoke Mandeville recovery and

¹⁵ Buckinghamshire Record Office

¹⁶ DH Documents 07 P 167

rehabilitation programme. Dr Guttmann held the Stoke Mandeville Games in July 1948 to coincide with the Olympic Games. It is said that at this point the Paralympic Games were born.

The National Spinal Injuries Centre Prior to 1983 Rebuild

- 7.6 In 1953 Stoke Mandeville Hospital transferred from the Ministry of Pensions and became an NHS hospital. It was around this time that civilian patients were admitted to the centre from locations across the south of England. A policy of early admission to the centre was adopted as it was recognised this maximised clinical outcome. By 1966 the centre comprised 190 beds with 50 per cent of patients being admitted within two days of injury. The average length of stay was three years. Even with specialist intervention the mortality rate for these individuals stood at 12 per cent due to respiratory failure and pulmonary embolism.
- 7.7 Between 1970 and 1974 out of the 100 patients admitted to the centre 42 had been received within 48 hours of their injury occurring. However between 1976 and 1980 only 18 patients had been admitted within this critical early treatment window. This was due to a reduction in the number of beds at the centre which had resulted in the reduction of admissions. However it was also acknowledged that the reduction of admissions was due to the growing sophistication of accident and emergency departments throughout the NHS making rapid admission to specialist spinal injuries centres less urgent.¹⁷ By 1977 another cause for concern was that patients requiring urgent readmission due to complications such as renal failure and intractable pressure ulcers could not be provided with a bed. It was recognised that with specialist nursing care and an adequate number of beds, complications could be prevented and paralysed individuals could remain healthy. During this period over 700 spinal injury patients were admitted each year and over 2,000 spinal injury patients were seen at the outpatient clinic.¹⁸
- 7.8 In January 1979 five of the wooden hut ceilings at Stoke Mandeville Hospital collapsed due to flooding. Out of four wards rendered completely useless three were at the NSIC.¹⁹ For the next 10 months politicians and NHS officials discussed the future of the Stoke Mandeville NSIC. In the autumn of 1979 decision making focused on the raising of public funds to rebuild a new centre. On 23 January 1980 the official public appeal was launched at Church House Westminster. The NSIC was duly rebuilt and opened by HRH the Prince of Wales on 23 April 1983 following a successful and well-publicised fund-raising campaign headed by Savile.

Stoke Mandeville Hospital

- 7.9 Due to the fame of the NSIC it is often forgotten that Stoke Mandeville Hospital has never been, and currently is not, a spinal injuries centre *per se* but a large acute hospital providing a full range of NHS services. In the early 1970s Stoke Mandeville Hospital was a vast complex of some

17 DH Documents 07 PP 169-170

18 DH Documents 07 P 98

19 RO. L372: 36 Hansard House of Commons

600–700 inpatient beds. Predominantly at ground level, the wards were of Nightingale design which, whilst making only limited concessions to patient privacy, did enable the ward staff to see, and be seen, down their length. Stoke Mandeville Hospital continued to comprise a series of wooden hatted wards up until the major Private Finance Initiative (PFI) build opened in 2006.

Management Arrangements Prior to the Inception of NHS Trust Status in 1994

- 7.10 The Oxford Regional Hospital Board had direct management oversight of Stoke Mandeville Hospital until 1974. In 1974 the NHS underwent a reorganisation when 14 Regional Health Authorities were established, the Oxford Regional Health Authority amongst them. In addition, the Buckinghamshire Area Health Authority was set up. The day-to-day administration of the NHS was conducted via District Management Teams responsible for day-to-day administration.
- 7.11 In 1982 the Buckinghamshire Area Health Authority became the Aylesbury Vale Health Authority prior to becoming the Buckinghamshire Health Authority in 1993. It is important to note that between 1953 and 1994 Stoke Mandeville Hospital was not a statutory body in its own right. This meant that the administrators and senior clinicians at the Hospital managed clinical and operational affairs only. Strategic decisions were taken externally.
- 7.12 In April 1994 Stoke Mandeville Hospital became the Stoke Mandeville Hospital NHS Trust and received a statutory mandate to manage its own services at a local level.

7.2. Buckinghamshire Healthcare NHS Trust

- 7.13 In 2003 the Buckinghamshire Healthcare NHS Trust was established (incorporating the Stoke Mandeville Hospital NHS Trust). It currently serves a population of 500,000 and provides an integrated range of services across different sites. The NHS Trust employs *circa* 6,000 staff many of whom work in health centres, leisure centres, schools and patients' own homes across Buckinghamshire, Thame (Oxfordshire), Tring (Hertfordshire) and Leighton Buzzard (Bedfordshire). Specialist services include regional dermatology services, the allergy and skin cancer centre, the burns care and plastics sub-regional centre, cardiac services and the NSIC at Stoke Mandeville Hospital.

7.3. Current Overview of the National Spinal Injuries Centre

- 7.14 The NSIC provides acute and rehabilitation care for patients with spinal cord injury and non-traumatic spinal cord lesions of acute onset. Patients are referred from all over the United Kingdom and from many countries around the world. The service provides lifelong follow-up for all patients through the centre's outpatient department. Alongside the full range of treatments offered to patients, the centre provides ongoing care and

assessment for children with spinal cord injury, a posture and seating clinic, gait analysis, driving assessments and a computer workshop. The NSIC strives to be at the forefront of clinical education and research development in all matters relating to spinal cord injury, incorporating links with universities and other spinal centres both nationally and internationally.

8 The Management Context of the NHS 1965 to the Present Day

- 8.1** This chapter provides information on how the NHS has been structured in relation to Stoke Mandeville Hospital over the past four decades.
- 8.2** The NHS was created in July 1948 following the passing of the National Health Service Act (1946). A public information leaflet entitled *The New National Health Service* (the official public guide to the NHS Act) was issued by the Ministry of Health and confirmed that everyone would be entitled to all forms of hospital treatment with no direct charge made at the point of use.²⁰ A total of 14 Regional Hospital Boards were created, supported by Hospital Management Committees responsible for hospitals within their boundaries. Hospitals were funded through resources allocated from the Regional Hospital Boards, which were managed by the Hospital Management Committees under the leadership of a Group Secretary. The hospitals each had a hospital secretary, a medical administrator and a matron, who together had day-to-day responsibility for managing the hospital.

8.1. The Administrative and Management Structure of the NHS 1960 – 1974

- 8.3** In the 1960s, hospitals were still managed under the system described above. Hospitals that had been grouped together under Hospital Management Committees often had very different histories and cultures. The structures reinforced existing inequalities between administrative, nursing and medical staff, and it was often the case that the authority of medical staff overrode that of nurses and administrators, creating tensions. From as early as the 1950s concerns had been growing about the cost of the NHS, and debates about the value of NHS bureaucratic management systems were ongoing. Hospital Management Committees had to report regularly to Regional Hospital Boards on the financial management of the hospitals in their area, while Regional Hospital Board sub-committees approved the medical establishment figures and appointments to senior clinical positions in individual hospitals.
- 8.4** Medical resistance to the creation of the NHS had been robust. The Chairman of the British Medical Association at the time was concerned that, by nationalising both the charity hospitals and the former poor law hospitals run by local authorities, medical independence would be undermined. Doctors feared their new role, with a salaried income, would reduce them to the status of mere civil servants. This legacy was to permeate the culture of NHS hospitals for the next 40 years. The Investigation found evidence of how this unresolved medical versus management ‘power struggle’ at Stoke Mandeville Hospital often played into the hands of Savile when trying to control the NSIC.

²⁰ Central Office of Information. *Public Leaflet for the NHS: The New National Health Service* (February 1948)

- 8.5 In 1962 *A Hospital Plan for England and Wales* was issued. This plan set out a 10-year strategy with proposals for the modernisation of the hospital system and a programme of hospital building.²¹ By 1964 there was an increasing demand for health services; there had been significant policy changes and tensions within the administrative system were increasing. The National Health Service Reorganisation Act (July 1973) was issued following a White Paper in 1972 that set out proposals for developing stronger and more effective management of the NHS.
- 8.6 Minutes of a meeting of the Buckinghamshire Area Health Authority Medical Advisory Committee on 3 October 1972 noted the Committee's lack of confidence in the new arrangements that were being proposed, in particular the proposal that the medical profession would have to take part in management processes at district level, with the consequent additional pressures on their time.²²

8.2. The Administrative and Management Structure of the NHS 1974 – 1982

- 8.7 The National Health Service Reorganisation Act was passed in 1974. The regional management tier was retained and 14 Regional Health Authorities were established; a key area of responsibility was integrated planning and the management of capital projects. The aim of the Act was to establish effective management of the NHS in order to achieve the best use of resources. Local Area Health Authorities and District Management Teams were set up. Hospitals, community nursing services, health centres and general practices were put under the control of the Area Health Authorities with day-to-day administration conducted by District Management Teams.
- 8.8 At each of these levels, consensus management was introduced and multi-disciplinary teams were put in place, bringing together administrative, medical and nursing professions. District Management Teams included a finance director and two elected doctors, a consultant and a GP. This model of management proved effective in some cases, rebalancing lay and medical powers, and in some hospitals was instrumental in service development. Difficulties were encountered when the ability to veto change was exercised by doctors, for example by blocking rationalisation plans or bed allocations. Hospitals were still directly funded through resource allocations made from Regional Health Authorities to Area Health Authorities.

8.3. The Administrative and Management Structure of the NHS 1983 – 1991

- 8.9 By 1982 there was increasing concern about the need for a more effective use of the workforce and related resources in the NHS. The Griffiths Management Inquiry was set up and recommended action for the NHS to achieve more effective management and to establish at all

21 Ministry of Health. *A Hospital Plan for England and Wales* (1962)

22 Medical Advisory Committee minutes 4/72

levels (including hospitals) a single individual, the general manager, with whom responsibility and accountability lay. General managers were put in place at regional, district and unit (hospital) levels, with stronger authority and increased control over clinical services. In parallel, new management roles for doctors were promoted and, in hospitals, the introduction of clinical directorates helped strengthen medical involvement in the management of hospitals. Local Area Health Authorities became District Health Authorities in 1982 and Buckinghamshire Area Health Authority became Aylesbury Vale District Health Authority.

- 8.10** Following the implementation of this approach it was noted that there was a wide degree of local variation regarding its effectiveness and that success was often reliant on the personal qualities and skills of individual managers. The continued focus on the need to deliver value for money within balanced budgets meant that there could be tensions between management and clinicians. Hospitals continued to receive their funding via the resource allocations made by Regional Health Authorities.

8.4. Competitive Markets and NHS Trusts 1991 – 2000s

- 8.11** Reforms were introduced by *Working for Patients* (1989). The NHS and Community Care Act (1990) resulted in hospital management being transferred out of the control of District Health Authorities and established the concept of NHS Trusts. These new NHS Trusts were responsible for providing patient care and were self-governing organisations managed by Boards with statutory duties. Boards were made up of lay non-executive directors and executive directors, most of whom were general managers or clinical professionals. NHS Trusts were now accountable directly to the Secretary of State, with both managers and doctors held to account for the performance of their organisation. Stoke Mandeville Hospital became an NHS Trust in 1994.
- 8.12** In 1996, the number of Regional Health Authorities was reduced from 14 to eight, and District Health Authorities were merged with Family Health Services Authorities to create new Health Authorities. There was now a shift away from the direct funding of hospitals to formal contractual arrangements for services provided between Health Authorities (who were allocated resources based on their population size) and NHS Trusts. NHS Trusts faced real challenges from targets imposed by the Department of Health to improve performance, as well as the requirement to continue to drive down costs, improve services and manage complex processes for service reconfiguration.
- 8.13** The Chief Executive of the newly created Stoke Mandeville Hospital NHS Trust told the Investigation *“up until I was the Chief Executive – which was in April 1994 – I was accountable to the Aylesbury Vale Local Health Authority and then the Buckinghamshire Health Authority, so my accountability and my ability to challenge Jimmy was limited”*.²³ After

Trust status had been granted, the Board had statutory powers and no longer had to take instruction about internal matters from external bodies.

8.5. The Administrative and Management Structure of the NHS 2002 – 2013

8.14 In 2002 there was a further reorganisation of the NHS management structure, with Health Authorities being abolished and new Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs) established. Responsibility for contracting with NHS Trusts was transferred to PCTs as commissioners of services. The initial 28 SHAs were subsequently reduced to 10 in 2006, and most PCTs were merged to form larger organisations. Both SHAs and PCTs had Boards with statutory powers, comprising both lay and professional members.

8.15 The Health and Social Care Act (2003) saw the introduction of NHS Foundation Trusts, which were no longer accountable to the Secretary of State. A programme was put in place to support all NHS Trusts in achieving NHS Foundation Trust status. NHS Foundation Trusts were regulated by an organisation called Monitor and were accountable to local communities through their members and governors, as well as to PCTs as commissioners of their services. The increasing emphasis on achieving targets within significant financial constraints resulted in some hospitals/Trusts merging in order to be in a stronger position within an increasingly competitive market. There are some NHS Trusts that have not yet achieved NHS Foundation Trust status, the Buckinghamshire Healthcare NHS Trust amongst them.

8.6. Implementation of the Health and Social Care Act (2012) 2014

8.16 The Health and Social Care Act (2012) introduced further managerial changes within the NHS. SHAs and PCTs were abolished in March 2013 and a new NHS Commissioning Board (NHS England) was established. In addition, Clinical Commissioning Groups were put in place and are now responsible, along with NHS England, for commissioning services from NHS Trusts and NHS Foundation Trusts. A number of performance frameworks have been established to monitor the quality of services and there is now a greater emphasis on listening to patients and acting on concerns.

9 Narrative Chronology of Savile's Association with Stoke Mandeville Hospital

- 9.1** This chronology was written based upon documentary sources and victim and witness statements and transcripts. The period between 1969 and 1979 relies almost entirely upon evidence taken from victims and witnesses, as the documentary record in relation to Savile for this period is virtually non-existent. Consequently the chronology contains many quotations, statements and transcripts from witnesses. A note of caution is required regarding the inherent difficulty of using information primarily based on the retrieval of historic memories. The Investigation has endeavoured to ensure that the evidence presented is as precise as possible. However, it should be borne in mind that certain incidents may not have been attributed to the correct year with total accuracy, although the veracity of the accounts themselves is not in doubt.
- 9.2** There is a robust documentary trail regarding NHS activities from 1979 until the time of Savile's death in 2011. The Investigation can narrate events occurring during this time with a high degree of confidence.
- 9.3** The narrative chronology is a factual account of the information that has been presented to the Investigation.

9.1. Personal History and Background Relating to Savile Prior to his First Contact with Stoke Mandeville Hospital

- 9.4** Savile was born in Leeds on 31 October 1926, the youngest of seven children. He was to become famous as a disc jockey, television presenter and charitable fundraiser. Savile reported that his childhood was one of hardship and that his family had little in the way of disposable income. In his autobiography, *Love is an Uphill Thing*, he describes his childhood and early adolescence as being full of "escapades" in nightclubs and illegal activities such as bootlegging and black-market trading during the Second World War. He said "I was the confidant of murderers, whores, black marketers, crooks of every trade".²⁴ It would seem that he was exposed to early sexualisation and he describes his first sexual encounter at the age of 12 with a woman of 20. It is impossible to know how much of this account is fabricated, but it would appear from reading through his autobiography that he was surrounded by sexual activity, both his own and that of others, from a young age.
- 9.5** At the outbreak of the Second World War, when Savile would have been around 13 years old, he worked as a drummer at the Leeds Mecca, earning five shillings a week. He left school at 14 and was subsequently called up in 1944 (aged 18) to work down the mines as a Bevin Boy. Seven years later Savile was injured in an explosion at the Waterloo

²⁴ Savile J. *Love is an Uphill Thing* (1976) c. 1974, PP 11-13

Colliery in Leeds, and it was thought he might never walk again due to spinal injuries. However, he made a complete recovery and in later life went on to enjoy a period of time as a professional wrestler. He is known to have fought some 107 professional fights, of which he won seven. Savile was also well known for his interests in marathon running and cycling.

- 9.6 Throughout the 1950s and 1960s Savile's career as a disc jockey developed. He worked in nightclubs and eventually became involved in managing them. During this period he developed a reputation for his eccentric style of dressing, which was to remain a consistent feature of his public persona for the rest of his life.
- 9.7 Between 1958 and 1967 Savile worked for Radio Luxembourg. He presented the first episode of *Top of the Pops* for the BBC in 1964, and in June 1968 he joined BBC Radio 1, where he presented *Savile's Travels*, a programme broadcast every Sunday in which he travelled around the United Kingdom talking to members of the public. Between 1969 and 1973 he also presented *Speakeasy*, a radio discussion programme for teenagers. During this time Savile was gaining a reputation for himself as a voluntary worker and charitable fundraiser. He had by this time worked as a voluntary porter for several years at the Leeds General Infirmary, and in 1972 he received an OBE for his charitable work. It was during the late 1960s that Savile became associated with Stoke Mandeville Hospital in Buckinghamshire.

9.2. Savile's Association with Stoke Mandeville Hospital

1968


- 9.8 It is uncertain exactly when Savile came to Stoke Mandeville for the first time. However, he visited some time late in 1968 with *Savile's Travels* to award prizes at the Hospital.²⁵

Incident with Victim 1 (aged 10 - 11 years), a visitor to the Hospital

- 9.9 **20 April 1968.** An appeal was launched for the sports stadium at Stoke Mandeville Hospital. It was estimated that the total cost of the rebuild would be in the region of £350,000. Donations were made to the Secretary General of the Paraplegic Sports Endowment Fund at Stoke Mandeville Hospital.

1969 - 1971

- 9.10 An office worker at the Hospital at this time said:

 *He [Savile] came in 1969 through the Red Cross Walk at the sports stadium. The sports stadium was opened in July [sic] by the Queen in 1969. About the September, Jim came. There was*

25 www.independent.co.uk/news/obituaries/sir-jimmy-savile-disc-jockey-television-presenter-and-tireless-fundraiser-for-charity-6252764.html

a walk. Everyone was involved with the sports stadium; we'd all buy a brick, because Dr Guttmann was probably one of the first people to do an appeal, if you could call it that. You all paid a pound for a brick, bearing in mind I earned £3 a week then, so the pound was quite a lot.”²⁶

9.11 A patient at the Hospital at this time told the Investigation:

“*Our recollection is that Jimmy Savile came to the hospital in 1969... He carried out portering duties and used the Porters' Lodge as his office or 'base' within the hospital. At the time people assumed he was working voluntarily out of the goodness of his heart. Such a unique position opened the whole hospital to him. My understanding was that he had access to the keys of all areas.*”²⁷

9.12 During this time it appears that Savile started working as a voluntary porter, preferring night duty. Mr Gilles, a friend of Savile's who had been the Head Porter at Leeds General Infirmary, had taken up the Head Porter post at Stoke Mandeville and had apparently brought Savile with him.²⁸ It was reported by two other witnesses who worked at the Hospital during this time that Savile was known to be “creepy” and that he had a fondness for taking bodies to the mortuary. It would appear during this period that this was one of Savile's main functions within the Hospital in his capacity as porter.²⁹

9.13 No written records exist for this period in relation to Savile. His status as a voluntary porter would appear to have been an informal arrangement. Witnesses recall him living in his dormobile which he parked in the hospital grounds.³⁰ Savile was reported to be close to the portering staff and the Head Porter had access to every key in the Hospital. In the evenings Savile would often join the night team but would drift away if the conversation moved away from him. In the early days Savile would arrive at the Hospital every 10 days or so and would sleep in his dormobile. He would usually arrive in the middle of the night and stay for a couple of days.³¹ Witnesses who worked at the Hospital during this period have a general recollection that he worked two or so nights a week.

26 Transcript from W116

27 Statement from W139

28 Transcript and statement from W139

29 Transcripts from W58 and W133

30 Transcript from W133

31 Transcript from W25

Incident with Victim 2 (aged 15 years), a visitor to the Hospital

Incidents with Victim 3 (aged between 12 and 15 years), a visitor to the Hospital

Incident with Victim 4 (aged 16 years), a patient at the Hospital

1972

- 9.14 In March 1972 Savile was awarded the Order of the British Empire (OBE). At this time he was becoming an accepted part of Stoke Mandeville Hospital. He could, however, be perceived by those around him as loud and inconsiderate. An Occupational Therapist who worked at the Hospital at this time recalled:

“ He would come in and take over on the ward. Just his personality was flamboyant I suppose, but I do remember one occasion when he came onto the rheumatology ward and we had a little old lady who'd been admitted for an operation under great problems because her husband was ill and had dementia. She was on the phone to him and he [Savile] grabbed the phone and talked gobbledegook down it. He was so upset, the old boy on the phone, and she was so upset that, in fact, she had to be discharged because she needed to go and support him again... I know that he wasn't encouraged on the ward after that.”³²

- 9.15 It is some time prior to this period that Savile was given accommodation on the hospital site. Mr Paul Trimble was appointed as the Stoke Mandeville Hospital Administrator/General Services Administrator in 1973, a post he was to hold until 1983. At interview he said:

“ He [Savile] had a small room on the fringes of the site... I didn't think it anything unusual. It had obviously been going on for a number of years.”³³

- 9.16 It was apparent that this arrangement pre-dated Mr Trimble's appointment. The Investigation asked Mr Trimble whether the allocation of accommodation to Savile was reasonable. He said:

“ Yes because at the time he obviously I would assume kept a few track suits, that kind of thing, changes of clothing there. They were only tiny rooms within that accommodation anyway. It was not as if he had a suite of rooms; it would just be a single room of the kind that would be used for perhaps newly-qualified staff.”³⁴

- 9.17 The accommodation given to Savile was located in what was known as the 'staff sick bay'. It is not known when the accommodation was given to him, or by whom. This was a standalone building which comprised medical facilities for staff on the ground floor and accommodation for

32 Transcript from W71

33 Transcript from W158

34 *Ibid.*

female students on the first floor. The staff accommodation comprised six small individual bedrooms with access to a communal bathroom, kitchen, sitting room and toilet. There was also a small self-contained flat for the on-call doctor. During this period Savile was allocated one of the single rooms.

Incident with Victim 5 (aged 12 years), a patient at the Hospital

1973

Incident with Victim 6 (aged 14 years), a patient at the Hospital

- 9.18 Rumours were beginning to circulate about Savile being a “sex pest” who harassed young female staff. A pupil nurse from 1973 recalled:

“JS was well known amongst the nurses then as randy, and many were wary of him and felt uncomfortable. He did make me feel quite nervous, and I had an uncomfortable sense of the power he seemed to wield. I am still in touch with colleagues that remember being warned about him and how he made them feel.”³⁵

- 9.19 The Duty Night Nursing Officer at Stoke Mandeville at this time said:

“The site was an open complex, impossible to lock down and even the individual wards had unlocked doors. Only many years later when as General Services Manager was I able to install, with some resistance, a digital ward door locking system which eventually became standard and accepted. Night security came from a Porter and Office Team response, later via a Security Patrol contract. However it should be remembered that predominantly the hospital consisted of wards and departments off four long corridors. At night unusual activity could be seen from one end to the other and the Night Office Team was very active moving between wards.”³⁶

Incident with Victim 7 (aged around 19 years), a patient at the Hospital

Incident with Victim 8 (aged in her twenties), a visitor to the Hospital

Incident with Victim 9 (aged 19 years), a patient at the Hospital

- 9.20 It was during 1973 that Savile commenced the ‘Clunk Click’ television campaign. This campaign advocated the use of seatbelts in cars and served to increase his reputation at Stoke Mandeville.
- 9.21 **2 October 1973.** Stoke Mandeville Hospital introduced an ‘unrestricted’ visiting policy in line with Department of Health and Social Security (DHSS) recommendations. Unrestricted visiting was to be at the discretion of ward sisters, and children were to be allowed to visit their

35 Transcript from W77

36 Transcript from W25

parents daily, with a maximum of two children present at any one time.³⁷ Witnesses to the Investigation described the culture of the Hospital as being very open during this period. Few members of staff wore name badges and all wards, with the exception of the burns and plastics and intensive care units, had open access.

- 9.22 4 December 1973.** A Divisional Executive meeting was held at which it was noted that complaints at Stoke Mandeville Hospital were dealt with by administrators, with the assistance of medical and nursing staff. It was pointed out that the existing rules and regulations regarding complaints processes were not always followed.³⁸ A witness who was asked to recall complaints processes said *“The trouble is, I can’t remember things really clearly, dates and things. There weren’t policies, there weren’t the same structures as there are nowadays”*.³⁹

Incident with Victim 10 (aged 9 years), a visitor to an off-site Stoke Mandeville Hospital fundraising event

Incident with Victim 11 (aged 13/14 years), a visitor to the Hospital

Incident with Victim 12 (aged between 12 and 14 years), a patient at the Hospital

Incidents with Victim 13 (aged between 9 and 11 years), a visitor to the Hospital

1974 – 1975

- 9.23** An Officer at the Community Health Council (the local NHS watchdog of the time) said:

*“ I started to go round Stoke Mandeville on inspection visits in the mid-70s, accompanying the members of the Community Health Council. We could and had done, drop in if we felt that things needed to be observed, especially at night time, usually we picked up things from what patients told us, either they came into our office or they told us on previous visits.”*⁴⁰

- 9.24** According to this witness, no complaints about Savile’s behaviour had been reported to the Community Health Council at this time.
- 9.25** Mr David Clay, who was the Aylesbury Vale District Health Authority Sector Administrator between 1975 and 1984, told the Investigation that at the time he joined the organisation Savile was regarded as *“a much valued friend of the hospital who not only appeared to bring joy and hope to sick patients... but was also inspirational in coming up with ideas in raising money for new diagnostic or therapeutic equipment”*.⁴¹ Mr Clay said that it was *“inferred”* by Mr Roger Titley, the Aylesbury and Milton Keynes Health District Administrator, that he (Mr Clay) should continue to allow Savile free access to the Hospital’s wards and departments, a

37 Divisional Executive meetings February 1971 – March 1974 Ref 8

38 Divisional Executive meetings February 1971 – March 1974 Ref 13

39 Transcript from W71

40 Transcript from W84

41 Transcript and statement from W29

habit that had already been established. Savile *“had already been provided with a small bedroom above the staff sick bay for overnight stays when visiting”*.⁴²

- 9.26 Mr Clay recalls the fact that Savile was on good terms with Mr Titley, and that on occasions this presented difficulties. *“I can think of at least one event where I went against what he [Savile] was suggesting and my boss was not at all happy... When Jimmy went and complained to my boss of something I might have proposed or tried to carry out, in my view for the benefit of the organisation, the hospital, and he would, much to my extreme irritation, tend to support Jimmy”*.⁴³

Incident with Victim 14 (aged 18 years), a patient at the Hospital

- 9.27 A staff nurse at Stoke Mandeville Hospital during this period remembers Savile working as a voluntary porter. She said:

“ *He was a nightmare... You'd get patients ready for theatre, you would sedate them, and he would come in and excite them so that when they got to theatre they were difficult to intubate. The theatre MDA [operating theatre staff] said 'Could you stop him from bringing the patients to theatre because they get too excited... He was vile. His conversations always had innuendos.* **”**⁴⁴

Incident with Victim 15 (aged 15 years), a patient at the Hospital

Incident with Victim 16 (aged 13 years), a patient at the Hospital

- 9.28 Witnesses recollected that security systems at Stoke Mandeville during this time were informal. Child patients, if ambulant, were allowed to wander around the Hospital unescorted, particularly if they were being nursed on adult wards. A Paediatric Consultant during this period explained that children were usually treated on dedicated children's wards, with the exception of those with spinal injuries and those undergoing ear, nose and throat (ENT) surgery. Complaints in the 1970s and 1980s were mostly managed at ward or department level, and were often left to the discretion of the appropriate senior doctor. If there was a serious complaint, the Hospital (prior to receiving Trust status) would probably have called in the Oxford Regional Office to deal with it, especially if it related to medical misconduct.⁴⁵ Prior to 1990 the children's wards were open and anyone could access them without a key or pass card.

42 *Ibid.*

43 *Ibid.*

44 Transcript from W111

45 Transcript from W20

- 9.29 A night staff nurse who worked during this period said *“I suppose you would say we had no security. Probably our primary source of security, should we need it, would be the porters. As I did almost ten years on night duty, during that time I don’t believe we had anything other than porters”*.⁴⁶

Incident with Victim 17 (aged 25 years), a patient at the Hospital

1976 – 1977

- 9.30 A Social Worker who held cases at Stoke Mandeville during this period told the Investigation that there was only one incident relating to Savile that she knew of. This was reported to Social Services by ward staff. A 14 year-old girl had been admitted to the children’s medical ward following an overdose. Savile visited her and brought her flowers. The ward staff thought that this was totally inappropriate, and Savile was told not to visit this girl again. Nothing else of an untoward manner was ever raised with social workers regarding Savile during this period.⁴⁷

Incident with Victim 18 (no further details provided)

- 9.31 A student nurse who worked at Stoke Mandeville Hospital in 1976 said:

*“...as nurses we just thought ‘get off the ward’, because he [Savile] was so loud and we were trying to nurse our patients... I would say that, even though I probably was a lot more timid than I am now, I wouldn’t ever be frightened to raise a concern if I was worried about somebody. I was a very dedicated, conscientious nurse who was very passionate about what I did, and if ever I was worried I wouldn’t have had a problem going to somebody.”*⁴⁸

Incident with Victim 19 (aged 23 years), a member of staff at the Hospital

Incident with Victim 20 (aged 12 years), a patient at the Hospital

Incident with Victim 21 (aged 11 years), a patient at the Hospital

Incident with Victim 22 (aged 15 years), a patient at the Hospital

Incident with Victim 23 (aged 13 years), a visitor to the Hospital

- 9.32 During this period the local newspapers reported that a crisis in staffing levels had led to the closure of 24 surgical beds and the admission of emergency cases only. It was noted that, if the situation continued, even emergencies would have to be turned away.⁴⁹ A recruitment campaign for nurses was launched as they were desperately needed at Stoke

46 Transcript from W106

47 Transcript from W8

48 Transcript from W34

49 RO. L372: 36 Bucks Free Press

Mandeville Hospital. The Hospital was short of 60 nurses, although this was not due to funds being restricted. The reason given was that many nurses preferred to raise families and to work part-time hours.⁵⁰

1978

- 9.33 A Student Nurse who worked at Stoke Mandeville Hospital during this period said:

“ Back then, I thought he had quite a positive effect. If he came onto the wards, he would talk to patients, he would make a big loud fuss, bringing flowers from one side of the ward to the other if somebody didn't have any. In general, where he went, no matter how sick the patients were, there was a lightened atmosphere. He did something on that ward, which might have only lasted 20 minutes but it gave the patients something to talk to their relatives about. In general, it seemed quite a positive experience from the patients' point of view... I can remember him bringing an oxygen cylinder one evening and swapping the oxygen cylinder, but he would use the opportunity to have a chat. He would never just do anything quietly. He seemed to like to let you know he was there I think.”⁵¹

Incidents with Victim 24 (aged between 11 and 16 years), a visitor to the Hospital

1979

- 9.34 **13 January 1979.** A spinal ward at Stoke Mandeville Hospital was evacuated due to water coming through the ceiling.⁵²
- 9.35 **17 January 1979.** Sagging ceilings were noticed on other wards at the NSIC. In total four wards were rendered useless at Stoke Mandeville Hospital; three of these were on the spinal unit. The patients were evacuated to empty wards elsewhere in the Hospital. The situation was discussed in the House of Commons; however it was unclear where the money was going to come from to carry out repairs. It was decided that the Oxford Regional Health Authority would meet in order to agree what further action should be taken. The Government was reluctant to provide the money for the refurbishments.⁵³
- 9.36 **2 February 1979.** The fact that the wooden huts at the NSIC were in a grave condition was discussed in the House of Commons. Mr Timothy Raison, MP for Aylesbury, raised the subject.⁵⁴
- 9.37 In the summer of 1979 the Buckinghamshire Area Health Authority faced a financial crisis. It was noted that there were no plans for empty beds at the NSIC to be used for other types of patients. There was also a

50 RO. L372: 36 *Milton Keynes Express*

51 Transcript from W40

52 RO. L372: 36 *Hansard House of Commons*

53 *Ibid.*

54 *Ibid.*

shortage of nursing staff, which had been exacerbated by a recruitment freeze: *“The general shortage of nursing staff exacerbated by the ‘freeze’ on recruitment has led to a current situation where 2 wards in the NSIC are closed and only 110 staffed beds are available”*. Throughout 1979 the average bed occupancy at the NSIC had been 110 (out of 220 beds). The likely breach of cash limits for the Authority area was estimated to be £2 million. The backlog of maintenance repairs at Stoke Mandeville was estimated to require £2 million. The possibility of a voluntary fundraising project had been mooted for the autumn of 1979. The poor condition of the buildings at Stoke Mandeville was identified as affecting staff morale. The plan had always been for a total rebuild of Stoke Mandeville Hospital once the new build at Milton Keynes had been completed.⁵⁵

- 9.38** At this time it was estimated that the NSIC treated on average 700 “new” patients each year, along with 2,000 “old” patients in Outpatients. The average length of stay was estimated to be 190 days. It was identified that £6 million would be needed to build a new unit with 110–120 beds and to replace staff accommodation. It was noted that, working together, the Aylesbury and Milton Keynes Health District, the Area Health Authority and the Oxford Regional Health Authority had formed a project group to plan a new NSIC. They were exploring a means of planning the unit in 1980 and opening it in 1984. The only thing holding back these plans was a lack of money.⁵⁶
- 9.39** **9 August 1979.** A letter was written to Dr Gerard Vaughan, the Minister of State for Health, by Baroness Masham (Chair of the National Spinal Injuries Association (NSIA)) to say that Patrick Jenkin (Secretary of State for Social Services) suggested a meeting take place to discuss the future and rebuilding of the Stoke Mandeville NSIC. She was writing in response to a letter sent to her by Mr Titley, the Aylesbury and Milton Keynes Health District Administrator. Mr Titley had written to Baroness Masham the week before stating that the financial situation at Stoke Mandeville was critical in line with much of the rest of country.⁵⁷
- 9.40** **10 September 1979.** By this stage a high degree of political interest had been raised regarding the NSIC. A letter had been sent from Savile to Mr Jenkin, inviting himself to tea to discuss fundraising for the NSIC. A DHSS internal memorandum described the future of the NSIC as being “*nebulous*” at this stage. The Oxford Regional Health Authority had decided to reduce services at Stoke Mandeville as part of a cut in expenditure, and the question was “*how big would we wish Stoke Mandeville [NSIC] to be if money was not a problem?*”⁵⁸
- 9.41** **19 November 1979.** At a meeting at the DHSS, Mr Jenkin made it clear that Ministers wanted Stoke Mandeville Hospital to retain its special place as a national spinal injuries centre. Savile had apparently said that he thought the money to build the new unit could be raised through public fundraising, not only the capital costs, but the ongoing revenue costs as well. It was noted that Ministers wanted to give the initiative

55 DH Documents 06 PP 48 – 57

56 DH Documents 06 PP 66 – 67

57 DH Documents 06 PP 271 – 274

58 DH Documents 06 P 275

their full support. It was also noted that there was opposition from some quarters to building the unit at Stoke Mandeville, as this project could be seen as detrimental to other national spinal injuries centres and its development was being planned out of the proper national context. There were suggestions that “*Jimmy Savile*” funds should be distributed nationally across all the other national spinal injuries centres and should not be confined to Stoke Mandeville.⁵⁹

Incident with Victim 25 (aged 17 years), a member of staff at the Hospital

- 9.42 21 November 1979.** Mr Douglas McMinn, a Buckinghamshire benefactor, made a donation of £150,000 towards the rebuilding of the NSIC. The conditions for the donation were as follows:
- 1** There had to be a national appeal.
 - 2** The offer had to be accepted within a few weeks or it would be withdrawn.
 - 3** Should Mr McMinn die within 12 months, the Authority (Regional Office) would pay the capital transfer tax.⁶⁰
- 9.43** Between **21 and 27 November 1979** a steering committee was set up to take forward the donation made by Mr McMinn. James Collier (DHSS) and Lady Mallalieu (Chair of the Buckinghamshire Area Health Authority) were to serve on it. Dr Vaughan, the Minister for Health, had announced that he was putting Mr Collier in charge of the private funding arrangements.⁶¹
- 9.44 30 November 1979.** Dr Vaughan wrote to Mr Collier to say that he was anxious to keep the momentum of the project going and that Savile was pushing ahead fast. Dr Vaughan wanted Mr Collier to help Savile succeed in his efforts. Dr Vaughan suggested that he meet the steering committee and that the notes of meetings be sent to him, together with a monthly progress report from both Mr Collier and Savile. Dr Vaughan asked to be kept informed regarding any obstacles, which he would help to remove.⁶²
- 9.45** On the same day a meeting was held at the DHSS. It was noted (not stated by whom) that Savile did not want his role to be tied down and that he was known to want to act on his own not being a “*committee man*”.⁶³
- 9.46 4 December 1979.** A meeting was held at the DHSS at which Mr Collier was present. The possibility of rebuilding the NSIC at Stoke Mandeville by acquiring donations was discussed. Savile had requested that it be a “*two-man show*” (presumably referring to Savile and Mr Collier), with subsidiary contributions from other fundraisers. It was recorded that charitable status needed to be established as quickly as possible. A possible patron had been identified as HRH Princess Michael of Kent. It

59 DH Documents 06 PP 215 – 217

60 DH Documents 04 PP 51

61 DH Documents 04 PP 50–52 DH Documents 06 P 167

62 DH Documents 06 P 147

63 DH Documents 06 PP 158 – 162

was acknowledged that there were no provisions under existing NHS legislation for the establishment of Trustees for the building of the NSIC. There were three options:

- 1 An independent Charitable Trust Fund could be set up.
- 2 Donations could be made to the Regional Health Authority for the sole purpose of building the NSIC.
- 3 The NSIA could be invited to act as custodians and Trustees for the Fund.

9.47 It was thought that option 2 would find no favour with Savile and that option 3 would be unacceptable, as the NSIA would want any donations made to be available to every spinal injuries unit in the country. Option 1 was therefore felt to be the most acceptable way forward.

9.48 Points to watch were identified as follows:

- 1 The relationship between the Trust Fund and the Regional and Area Health Authorities would need to be formalised.
- 2 Once constructed the NSIC would revert to the ownership of the Secretary of State.
- 3 Solicitors would be required to draw up a Charitable Trust deed.⁶⁴

9.49 **5 December 1979.** Mr Collier wrote an internal DHSS memorandum saying:

“ We don't need minutes of the discussions we have – let's make history and not bother about recording it! But to make sure that we know who is going to do what it may be helpful to list the decisions which I think we took. ”

9.50 This “list” confirmed that a firm view was to be taken regarding the size of the NSIC prior to Christmas 1979 by the DHSS and the Regional and District Authorities. It was also noted that the Department's relationship with the fundraisers needed to be established. A briefing to Ministers was planned to ensure that they had the answers to certain questions prior to the proposed fund launch in January 1980. Potential costs needed to be ascertained, but Mr Collier did not want this to be revealed to the Oxford Regional Health Authority.⁶⁵

9.51 When interviewed by the Investigation Mr Collier said:

*“ My instinct told me that if Jimmy Savile was wanting to do something, the less he had a Minister breathing down his neck the better, so I said ‘Look Minister, let me see if I can get to know Jimmy to see what help he needs’, and Vaughan said ‘Yes, you do that’, so really I was under instruction from Ministers to see what I could do to help. ”*⁶⁶

64 DH Documents 06 P 138 and PP 148 – 151

65 DH Documents 06 P 145

66 Transcript from W31

- 9.52 20 December 1979.** A Stoke Mandeville appeal meeting was held. It was recorded in a *“Notes of the Meeting”* minute that Mr Collier was present and led the meeting. He said that the appeal would probably be launched on 23 January 1980 at the House of Lords. Trustees of the charity were likely to be recruited from amongst major well-known fundraisers, and there would also be a parallel group formed to advise the Trustees. A key role for this group would be to solve planning and building issues. The DHSS was to think of ways to maximise the NHS contribution to the design brief as the project progressed.⁶⁷

Incident with Victim 26 (aged 28 years), a visitor to the Hospital

Incident with Victim 27 (aged under 11 years), a visitor to the Hospital

Incident with Victim 28 (aged around 30 years), a visitor to the Hospital

Incidents with Victim 29 (aged 17 years), a member of staff at the Hospital

1980

- 9.53** The Investigation was told by a clinical supervisor who worked at the Hospital that occupational therapy students had informed her of sexually inappropriate behaviour by Savile at their accommodation block. The supervisor tried to escalate these concerns and was *“reprimanded for interfering”*.⁶⁸
- 9.54** The Investigation was told by a male staff nurse who worked at Stoke Mandeville Hospital that Savile's public persona as a fundraiser was at odds with the views held by many people, and that Savile was *“universally loathed”* by the nursing staff at the Hospital. Female nurses were disgusted by him kissing and groping them under the guise of *“old-fashioned chivalry”*. They also hated his frequent attempts to persuade them to join him in his motor caravan. *“While Savile's lecherous actions towards adult female nurses were the source of frequent comment in the hospital, I cannot recall having heard any reference made to the abuse of patients or children”*. This inappropriate behaviour was not reported to managers as other witnesses told the Investigation that this general inappropriate level of behaviour was not considered to be uncommon at the time.⁶⁹
- 9.55 11 January 1980.** It was reported in the *Bucks Advertiser* that the NSIC appeal was to be launched on 23 January 1980. *“Mr Fix It”* was reported as saying that he would devote most of his time over the next two years to the project. Savile said that he would have to cease doing 80 per cent of his current work in order to support the £10 million appeal. The newspaper reported that Mr Jenkin, the Secretary of State, had struck a deal with Savile, saying that if Savile raised the £10 million, he would keep the NSIC open.⁷⁰

67 DH Documents 06 PP 133 - 134

68 Transcript from W71

69 Statement from W3

70 DH Documents 04 P 49, *Bucks Advertiser*

- 9.56 23 January 1980.** The Stoke Mandeville Hospital appeal was launched in Church House, Westminster, where Savile formally received the donation of £150,000 from Mr McMinn. A formal DHSS press briefing prepared for the Minister for Health, Dr Vaughan, welcomed the initiative as an example of what a partnership between government and the public could achieve. It was seen as being right and fitting for the Government to seek help in this way at a time of severe economic restraint. The welfare of disabled people was not seen as being the duty of government alone. The intent was for the statutory and voluntary sectors to complement each other.⁷¹
- 9.57** At the time of the appeal launch financial contributions were managed by the Buckinghamshire Area Health Authority. Plans were in place to set up a separate appeal fund. A Liaison Group was to be set up to ensure effective communication between NHS Health Authority planners and appeal fundraisers.⁷²
- 9.58** A Trainee at the DHSS during this time told the Investigation:

“ *I remember being approached by the personnel department to say that Jimmy Savile had asked the Secretary of State, who was then Patrick Jenkin, to support him in raising the funds to replace the Stoke Mandeville Spinal Injuries Unit... and I was asked if I would take that on... I was there to keep an eye on him and to also make sure that the liaison between him and the Department was maintained on a regular basis and to help him when he had people coming to see him who wanted to raise money and just to make that a smooth process...*

... He was one of the biggest personalities around at the time; he was accepted as a maverick and the Department of Health wanted to make sure, and this was something that the Secretary of State wanted to be sure of, that if he was part of something that Savile was organising that nothing untoward was happening and that we could pull back any untoward activities. For me, one of the things that I had to do mostly was just to curb him and what he was saying to people so that the Secretary of State didn't end up with any egg on his face about the whole process. **”**⁷³

- 9.59 28 January 1980.** Minutes recorded the first sub-group meeting regarding the NSIC rebuild, which was held between Regional and Area Health Authorities and Stoke Mandeville Hospital managers. Savile was noted to have attended for a short period in order to provide an update on fundraising activities. Dr Rue (Regional Medical Officer) had met with the DHSS and other regional representatives to decide on bed numbers. It was decided that 110-120 beds were required at the NSIC (other regions were planning spinal injuries centres at the time). It was acknowledged that Stoke Mandeville Hospital was not due for building work updates until 1984/85 and that the new NSIC would be built before

71 DH Documents 06 PP 12 - 14

72 DH Documents 06 PP 68 - 69

73 Transcript from W137

these updates had been carried out, placing stress on the existing system. It was emphasised that once the NSIC was built, it would have to manage within its existing revenue monies. Some of the charitable funds raised would be required to provide revenue for the NSIC in the future. It was also noted that DHSS senior officers might need to assist with the appeal process, given that the appeal represented a break with usual practice.⁷⁴

- 9.60 6 February 1980.** An internal memorandum was sent to the Chair of the Oxford Regional Health Authority to say that Geoffrey Rainbird of Fitzroy Robinson & Partners was the designated architect for the NSIC project. It was noted that the firm was competent but had no hospital building experience. The plans that had been drafted did not appear to take into account the new build's relationship with the rest of the hospital complex or any planned future development of the site. The memorandum went on to say that the architect's plans were simplistic and that he had not considered their impact on the wider hospital. It was also noted that the decision to contract Trollope and Colls had been made even though another contractor had expressed interest in the project. Concern was expressed that the intention to reduce capital costs might cause problems in the future. It was thought that the architects would require a great deal of assistance with the hospital design. The architect at this stage had been introduced to the project by Savile.⁷⁵
- 9.61** On this same day Savile met with Margaret Thatcher at 10 Downing Street for a presentation ceremony in connection with the National Society for the Prevention of Cruelty to Children (NSPCC). Mrs Thatcher stated that the banks were going to report significant profits and that she would like them to donate some of these profits to Stoke Mandeville. Banks and insurance companies were regarded by her as significant potential donors. A visit was planned with the Bank Chairmen, to be led by Ministers; Savile asked if he could also attend. Dr Vaughan (Minister for Health) wrote a letter to be sent to potential bank donors. In the event the banks declined to offer financial support.⁷⁶
- 9.62** Savile wrote to Margaret Thatcher, the Prime Minister, to say:

*“ Dear Prime Minister, I waited a week before writing to thank you for my lunch invitation because I had such a superb time I didn't want to be too effusive. My girl patients pretended to be madly jealous and wanted to know what you wore and what you ate. All the paralysed lads called me 'Sir James' all week. They all love you, me too!! Jimmy Savile OBE xxx. ”*⁷⁷



74 DH Documents 04 PP 46 - 48

75 DH Documents 04 P 45

76 DH Documents 06 PP 27 - 30

77 The National Archive Notes P 20. PREM 19/878

9.63 27 February 1980. A meeting of the Stoke Mandeville Liaison Group was held. It was noted that:

 *The architectural firm of Geoffrey Rainbird which had been responsible for building the Post Graduate Medical Centre at Stoke Mandeville was in touch with Jimmy Savile about the Spinal Unit project. The firm was willing to undertake the project and would want to handle contracting and payment arrangements themselves in the hope that they could persuade some contractors to waive or reduce their fees.* ⁷⁸

9.64 At this stage the appeal fund stood at £300,000, with many fundraising activities planned for the future.

9.65 6 March 1980. A letter written to Margaret Thatcher by Dr Vaughan stated that *“with your encouragement Jimmy Savile has made an excellent start with his campaign to raise money to re-build Stoke Mandeville. The fund is approaching £300,000”*. He gave assurance to the Prime Minister that she would be kept in touch with future developments.⁷⁹

9.66 2 April 1980. A meeting took place at the Oxford Regional Health Authority. Mr Rainbird, the architect for the NSIC project, was present. He explained that the scheme would be financed by non-exchequer monies raised as the result of a public appeal launched by Savile. A team was to be set up for the appeal and the scheme. It would be headed by Lord Matthews (Chair of Trollope and Colls, who had been identified as the contractors for the project). Building work was due to commence in August 1980. A brief for the project was required urgently.

9.67 It was decided that the new NSIC should comprise 120 beds. As the average length of stay for NSIC patients was estimated to be 180 days, it was agreed that the unit should be as non-institutional as possible. It was also noted that the new unit would require additional X-ray and operating theatre facilities; this issue would be addressed at a later date. It was agreed that the Regional Team would advise the Project Team on the acceptable standards for an NHS build.⁸⁰

9.68 8 May 1980. A memorandum was sent within the Oxford Regional Health Authority to say that the DHSS would not be requiring the NSIC architect to make any formal submissions to the Regional Health Authority’s works department for any stages of the scheme, or to comply with regional procedures.⁸¹

9.69 On this same day a meeting was held at the Regional Office to discuss the development of the NSIC and the relationship between the DHSS and the Regional and Area Health Authorities in relation to Savile. It was noted that Charity Trustees were to be appointed and that they would carry all capital financial responsibility. The Regional Health Authority was to act as advisor to the Trustees regarding the building contract,

78 DH Documents 04 PP 43 – 44

79 The National Archive Notes P 15, PREM 19/878

80 DH Documents 04 PP 38 – 40

81 DH Documents 04 P 37

and the DHSS would call for minimal assurances. It was noted that the Liaison Group (now established at DHSS level) would advise if there were any disagreements between the project group (the Charity Trustees) and the Health Authorities.⁸²

- 9.70 June 1980.** A meeting of the Stoke Mandeville Liaison Group was held at the DHSS. It was reported that the contractor was eager to push ahead but required a specific client to deal with. It was also reported that the Charitable Trust deed was being drafted and that, in the meantime, the Oxford Regional Health Authority would act as agents for the Trustees (with backing from the DHSS). The design brief was circulated and it was thought that the Project Team had done a very good job. The Regional Health Authority sought assurance that the DHSS would stand behind them in the contracting and construction of the unit. The issue of revenue costs was raised, as was the question of the future ownership of the facility. It was agreed that the new centre would be part of the NHS and would be managed by the Area Health Authority in the usual manner.⁸³

Incident with Victim 30 (aged 14 years), a visitor to the Hospital

- 9.71 2 July 1980.** The decision was taken to move things forward while the Charitable Trustees were being appointed. The Liaison Group wanted the planners and designers to have as much freedom as possible to create the new unit, subject to agreement on its usage and ongoing revenue costs.⁸⁴
- 9.72 20 November 1980.** A newspaper article in the *Bucks Herald* commented that the success of the NSIC fundraising campaign was having a negative effect on the Hospital as a whole. As millions of pounds started to roll in, the rest of the Hospital was being forgotten. Long-awaited improvements to the wooden huts were not being made. The Oxford Regional Health Authority had made the decision not to proceed with the planned redevelopment of the rest of the Hospital at this time.⁸⁵
- 9.73 30 December 1980.** Mr Collier wrote informally on behalf of the Fund Trustees and the DHSS to Gordon Roberts (Chair of the Oxford Regional Health Authority) to say that work was due to commence on the hospital roads in January 1981. The letter stated "*The intention is to empower the Trustees, without undue restriction – in lay language to build a new National Spinal Injuries Unit, to be handed over on completion to the appropriate Health Authority*". The letter also stated that, once completed, the NSIC would be handed to the Oxford Regional Health Authority. In the meantime £750,000 was needed to commence the work. The enabling works were to be the Oxford Regional Authority's contribution to the project.

82 DH Documents 04 PP 35 – 36

83 DH Documents 07 PP 229 – 230

84 DH Documents 04 P 33

85 RO. L372: 36 *Bucks Herald*

- 9.74 A letter was sent from Tony Leahy (designation unspecified) to Mr Cooke, Administrator of the Oxford Regional Health Authority. The letter stated that, at a meeting held on 23 December with the Minister, it had been agreed that an additional £2 million would be made available by the DHSS to allow the NSIC to proceed. A total of £750,000 was to be set aside for road works and £1.25 million for replacing most of the South House residential block. This information was to be kept confidential; the news was going to have a significant bearing on the capital programme and it was not seen how this information could be kept away from either the Area or District Authorities.⁸⁶

Incident with Victim 31 (aged around 13 years), a visitor to the Hospital

Incident with Victim 32 (aged in her early twenties), a visitor to the Hospital

1981

- 9.75 **28 January 1981.** The Private Secretary at 10 Downing Street wrote to Jeremy Knight, Private Secretary at the DHSS, to say that *“Jimmy Savile had a private word with the Prime Minister this morning to show her the architect’s plans for Stoke Mandeville Hospital”*. Savile raised the possibility of government support for the appeal as a goodwill gesture. No commitment was made at this time.⁸⁷ A letter was sent from 10 Downing Street to Mr Pattison (designation unspecified) to say that Margaret Thatcher was considering giving a *“Government Grant”* to the Stoke Mandeville Hospital appeal. The Prime Minister had asked Savile if he was thinking of a figure of £1 million. Savile responded to say that he would be grateful for any sum.⁸⁸
- 9.76 **16 February 1981.** Mr Knight wrote to the Private Secretary at Downing Street to say that Dr Vaughan thought it would be a mistake for NHS money to be put into the Stoke Mandeville appeal. It was thought that any donation should be a symbolic gesture only, such as the donation of the first brick.⁸⁹
- 9.77 **6 March 1981.** Mr Knight wrote to the Private Secretary at Downing Street. The letter enquired about the possibility of some form of government support for the Stoke Mandeville appeal. Mr Knight wrote *“I understand the Prime Minister is to see Jimmy Savile again on Sunday”*. It was written that Dr Vaughan was seeking a way of supporting the appeal.⁹⁰
- 9.78 **8 March 1981.** Savile had lunch with Margaret Thatcher at Chequers.⁹¹ On **9 March 1981** a memorandum was written to ask her whether she had made any promises during this meeting. The author of the memorandum

86 DH Documents 04 P 30

87 The National Archive Notes P 11, PREM 19/878

88 The National Archive Notes P 12, PREM 19/878

89 The National Archive Notes P 10, PREM 19/878

90 The National Archive Notes P 9, PREM 19/878

91 The National Archive Notes P 8, PREM 19/878

(signature illegible) wanted to know if she had offered Savile money for the Stoke Mandeville appeal, and also whether she had agreed to appear on *Jim'll Fix It*.⁹²

- 9.79** On **25 March 1981** a letter was written (signature illegible) to Margaret Thatcher. The letter noted that when the Prime Minister had met with Savile for lunch at Chequers (date not specified) she had told him that she would try to “*get a Government contribution for Stoke Mandeville Hospital*”. The author of the letter wanted to know what exactly the Prime Minister had in mind. A handwritten footnote stated that Mr Jenkin, the Secretary of State for Social Services, would be “*warned*”.⁹³

Incident with Victim 33 (aged 13 years), a patient at the Hospital

Incident with Victim 34 (aged around 17 years), a visitor to the Hospital

- 9.80** A night sister who worked at Stoke Mandeville Hospital between 1978 and 1985 said:

“ I was invited by one of my night nursing colleagues to become one of Jimmy's team who were raising money for the new spinal unit. I agreed to do this, firstly because it was, in my opinion, a very good cause and secondly the role was to be at the hospital site with Jimmy to greet people who were making donations and, as many of them were celebrities, it meant I could take my family along which made our two sons very happy. There was never any hint at this time that the Jimmy Savile we knew... could be sexually abusing any patient.”⁹⁴

Incident with Victim 35 (aged between 11 and 12 years), a visitor to the Hospital

Incident with Victim 36 (aged 8 years), a patient at the Hospital

- 9.81** **2 July 1981.** The first meeting of the NSIC Trustees designate was held. Mr Rainbird, Savile, Lord Matthews and Mr Collier (the four Trustees) were present. A letter was sent by Mr Rainbird to Mr Roberts (Chairman of the Oxford Regional Health Authority) to say that a letter had been sent to Trollope and Colls, the building contractor. It was hoped that the work would commence on 1 August and that the Regional Health Authority would give permission and formal agreement.⁹⁵
- 9.82** **22 July 1981.** Mr Collier wrote to Lady Mallalieu (Chair of the Area Health Authority) to apologise for not convening a Liaison Group. He stated “*I may say that we rather jumped the gun by issuing a Letter of Intent to Trollope & Colls before we had the formal agreement of the RHA to*

⁹² *Ibid.*

⁹³ The National Archive Notes P 7, PREM 19/878

⁹⁴ Transcript from W106

⁹⁵ DH Documents 04 PP 20 – 21

*building on that site. Hopefully they will be willing to overlook that!... And we do of course intend that, when the physical building is completed, it should be handed over to the NHS to be commissioned and run”.*⁹⁶

9.83 Mr Collier told the Investigation:

*“ He [Savile] was an unusual character, a show-off, a bull-s****r, very capable in a lot of ways... Whatever his oddities might have been, running a thing like this he made sure it ran properly. He appointed good architects, he appointed good accountants, he listened to what they said, that sort of thing...
...it is a matter of public record that the Trust was successful in raising money and in building a new unit. Savile devoted considerable energy to raising money for the Trust... and many donors were clearly inspired by him... Savile was the driving force behind the Trust. I and other Trustees were however consulted by him on key decisions. Two signatures were required to disperse the funds of the charity, and I would countersign cheques which had been drawn by Savile... The accounts of the charity were audited annually, and accounts were filed with the Charity Commissioners.”*

9.84 The Investigation asked Mr Collier what arrangements the DHSS had put in place to oversee the initial phase of the fundraising and commissioning of the centre. Mr Collier responded:

*“ They didn’t... Well, put it like this: I regarded myself as following Ministers’ requests to do what was necessary. One instinct I always had was that if some Departmental Official started knocking on Jimmy Savile’s door, goodbye. He wouldn’t co-operate, so one has to get the chap who is raising the money – and he was raising the money in vast quantities – to do it his way, if I can put it like that.”*⁹⁷

9.85 **30 July 1981.** A letter was sent from the Regional Works Officer to Mr Rainbird to ask whether copies of instructions could be sent to the Regional Office. The letter said:

“ As the Region is not a party to the contract, and will not be involved in the running of the contract. It will be your responsibility to ensure that the scheme is built in accordance with the agreed design layouts and not to permit any changes – either emanating from the Design Team or from requests by Users – without first obtaining approval from the Region. As you are aware, it is the intention of the Region to obtain, within the next few months, formal agreement by the Joint Planning Team to the scheme design including the detailed room layouts. At that stage the brief and scheme will be frozen and no changes will be permitted unless exceptionally approved by the Region.

96 DH Documents O4 PP 18 – 19

97 Transcript from W31

Will you please ensure that all members of the Design Team are made aware of these matters.”

- 9.86** The letter also stated that the design development was progressing smoothly.⁹⁸
- 9.87** **2 September 1981.** The Jimmy Savile Stoke Mandeville Hospital Trust was registered under the Charities Act 1960 (Registration of Charities) on 2 September 1981, with the registration number 283127.⁹⁹ The deeds set out that the Trustees had the absolute discretion to raise funds and to enter into building and other contracts for the rebuilding of the NSIC.¹⁰⁰
- 9.88** **15 October 1981.** Lady Mallalieu wrote to Mr Collier to ask whether the newly appointed Trustees of the “*Jimmy Savile Spinal Building Appeal Fund*” could authorise the first payment due to the architects, a sum of around £70,000. At this time a fund of some £3 million had been raised and was being managed by the Area Health Authority. It was explained that the Area Treasurer and Area Board were acting as Trustees to the fund and would be happy to do so until such time as they received instructions from the newly appointed charity.¹⁰¹
- 9.89** **24 November 1981.** Savile laid the Stoke Mandeville foundation stone with HRH The Duke of Edinburgh.¹⁰² Lord Elton, the Parliamentary Under Secretary of State, was invited. It was noted by the DHSS that it was too late for them to have any real input into the briefing process by this stage, as arrangements had been made without reference to them.¹⁰³
- 9.90** **30 December 1981.** A letter to Margaret Thatcher stated that Norman Fowler (the new Secretary of State for Social Services) had agreed to make available the sum of between £500,000 and £1 million for the Stoke Mandeville appeal. It was agreed that an announcement would be made the following day. A final decision was still to be taken as to the exact amount of the donation; however, it was noted that the figure would be within the DHSS's existing provision and would not require Treasury agreement.¹⁰⁴ The following day David Clark from the DHSS (designation unspecified) wrote a letter to the Prime Minister to say that, as 1981 had been the Year of the Disabled, it was fitting that the Government should give special recognition to this cause. To this end Norman Fowler had agreed to donate the sum of £500,000 to the Jimmy Savile Stoke Mandeville Hospital appeal.
- 9.91** Margaret Thatcher decided to announce her provisional decision that the Government would contribute £1 million to the “*Jimmy Savile appeal*”. In the event the actual sum donated from DHSS funds was £500,000.¹⁰⁵

98 DH Documents 04 P 12

99 CE Docs File 09 P 81

100 Jimmy Savile Stoke Mandeville Hospital Trust, Trust Deeds (1981)

101 DH Documents 04 PP 9 – 10

102 Photograph and foundation stone Trust Fund Office

103 DH Documents 06 P 7

104 The National Archive Notes P 6, PREM 19/878

105 The National Archive Notes P 5, PREM 19/878; DH Documents 07 P 74

Incident with Victim 37 (aged 15 years), a patient at the Hospital

Incident with Victim 38 (aged in her early thirties), a visitor to the Hospital

- 9.92** **11 July 1982.** Savile was invited to the Stoke Mandeville NSIC topping-out ceremony. He was photographed putting the last of the 58,000 roof tiles in place.¹⁰⁶
- 9.93** A worker in the Rheumatology Department at Stoke Mandeville during this time told the Investigation:

“ *I was never involved with Jimmy Savile although I saw him around the hospital and was introduced to him at a staff social event. I did not witness any incident involving inappropriate behaviour by Jimmy Savile. There was talk in Rheumatology and other hospital departments that some members of staff, both single and married, met up with Jimmy Savile for liaisons. No one thought this was unusual as in all factories and offices there are opportunities to have such ‘affairs’. Hospitals and medical schools are no exception. On a personal level he did not come across as predatory although he did have a reputation. Talk about known consensual relationships was commonplace but I never heard any suggestion that they were issues with patients or children. I have no hesitation in saying that if there had been suggestions of inappropriate behaviour with patients or children it would have been talked about and I firmly believe it would have been reported.* **”**¹⁰⁷

Incident with Victim 39 (aged 40 years), a visitor to the Hospital

Incident with Victim 40 (aged between 12 and 13 years), a patient at the Hospital

Incident with Victim 41 (aged in her early twenties), a visitor to the Hospital

1983

- 9.94** The Investigation was told by a witness who had a room in the same accommodation block as Savile that during this period he was present for between one and three days every week. Savile would sometimes bring young women back to his accommodation, which at this time was a small single room.¹⁰⁸
- 9.95** **16 March 1983.** A DHSS letter was sent by Mrs Fosh (designation unspecified) to Mr Cooke (Administrator of the Oxford Regional Health Authority). This stated that there were growing difficulties with overspend problems at the Aylesbury Vale District Health Authority, which were threatening to affect the opening of the NSIC.

¹⁰⁶ Invitation Trust Fund Office; RO. L372: 36 *Buckinghamshire Examiner*

¹⁰⁷ Statement from W63

¹⁰⁸ Transcript from W10

- 9.96** On **17 March** an article in the *Daily Telegraph* stated that nurses and ancillary staff at Stoke Mandeville were pressing for a ban on the opening of the NSIC. The protesters were from five unions in the Aylesbury Health Area, and were fearful of job losses in the light of an imminent £1.5 million worth of cuts. It was reported that the Health Authority was only in the red due to the rebuilding of the NSIC. In the article, Mr Titley (the District Health Authority Administrator) stated that the overspend was in the region of £700,000 and that staff cuts would have to take place.¹⁰⁹
- 9.97** On **29 March** a letter was sent to the District Authority Works Officer on behalf of the Regional Architect to arrange a date for an informal inspection of the NSIC and a date for the official handover to the District Authority.¹¹⁰
- 9.98** **7 April 1983.** A letter was sent from the NSIC's architects to the Regional Health Authority, stating:

*“ Further to your letter dated 29th March 1983, we can confirm that the date fixed for the official handover of the centre is 18th April 1983. The Practical Completion Certificate will be issued with lists of outstanding items of work which will include both defects and works not complete. Other items will be postponed until mid-July to avoid any unnecessary damage and theft during the Fitting Out Contract. The Trustees have agreed to maintain Brian Barber of Trollope & Colls and a working party to complete these works and to help where necessary the Stoke Mandeville Commissioning Team until the Royal Opening on 3rd August 1983.”*¹¹¹

- 9.99** **18 April 1983.** Savile was present when the newly built NSIC was officially handed over to the Aylesbury Vale District Health Authority for commissioning on behalf of the NHS and Stoke Mandeville Hospital. The centre comprised a 120-bed unit with five wards. The unit was of a steel frame construction, clad in purple multi-facing bricks. The new building covered a gross floor area of 8,890m² and cost £6,270,500 to build at a cost of £40,159 per bed.¹¹²
- 9.100** A letter was sent to Mr Titley on behalf of Mr Cooke to say that the NSIC had been completed:

*“ As from the completion date referred to above the whole of the above mentioned works is handed over to your Authority, subject to the satisfactory completion of the items as listed on the schedule during or at the end of the defects liability period. A copy of the schedule will be forwarded to you in due course. The responsibility for these works and their maintenance is now transferred to your Authority.”*¹¹³

109 DH Documents 07 P 7

110 DH Documents 04 P 7

111 DH Documents 04 P 7

112 NSIC factsheet from a private collection

113 DH Documents 04 P 6

9.101 27 July 1983. *The Guardian* newspaper wrote that the opening of the new NSIC would create financial difficulties prior to 1 April 1984, at which point the Government had promised to start funding all of the nation's spinal injury units. In the meantime it was reported that the additional running costs of the new unit would place severe additional pressures on the rest of the Stoke Mandeville Hospital provision which was accommodated in wooden huts and was experiencing severe cuts. It was acknowledged that the Hospital was going to struggle to staff the new unit. The article stated that the new build had been a little grandiose and that the NHS would not be able to afford the ongoing upkeep of either the building or the services it offered without the help of charitable funds.¹¹⁴

9.102 3 August 1983. The new NSIC was officially opened by HRH The Prince of Wales, accompanied by HRH The Princess of Wales. Savile was present. David Clay, who was the General Manager of the NSIC between 1984 and 1995, stated that:

*“Clearly he [Savile] got a lot of kudos from the new Spinal Injury Centre. When that was built, he behaved as if he was God in the place in an objectionable way... It was Jimmy Savile's kingdom... What was unfortunate was he gave the impression it was his money, where it wasn't, it was the general public's money. The revenue costs of running it [the NSIC] were more than had it been built by the NHS, and it was my understanding that the Jimmy Savile Trust continued to give some support to that additional running cost.”*¹¹⁵

Incident with Victim 42 (aged 17 years), a member of staff at the Hospital

Incident with Victim 43 (aged 11/12 years), a visitor to the Hospital

Incident with Victim 44 (aged 24 years), a visitor to the Hospital

Incident with Victim 45 (an adult), a member of staff at the Hospital

Incident with Victim 46 (aged 11 years), a child volunteer at the Hospital

1984

9.103 1 November 1984. Savile was discussed in relation to the New Year's Honours List and a Knighthood by the “Committee” (presumably the Honours Committee). Misgivings were expressed, even though it was recognised that Savile had carried out valuable work at Stoke Mandeville Hospital. It was thought that Savile had given some unfortunate interviews to *The Sun* newspaper about his sexual promiscuity and that he would exploit his Knighthood, bringing the system into disrepute.¹¹⁶

114 RO. L372: 36 *The Guardian*, 27 July 1983

115 Transcript from W29

116 National Archive documents; www.bbc.co.uk/news/uk-politics-23355531

Incident with Victim 47 (aged 24 years), a patient at the Hospital

1985

- 9.104 A female student who had a room in the same accommodation block as Savile at Stoke Mandeville Hospital at this time told the Investigation:

“ At any one time, I think there were seven of us there, one of whom was Jimmy Savile, so he shared the flat with the rest of us which was part of his thing. He wanted to be part of the staff group and he made a big thing of the fact that he was resident with other staff and he didn't have separate quarters. Because it was the summer holiday period and he had a number of fundraising events during the summer, he was there a lot when I was there, though I understand that he wasn't always present as much as he was when we were there. He was very much around and about and a part of the flat, which was a little intrusive at times.

I suppose my overriding memory beyond the challenges of him living in the flat was that he was really disliked at Stoke Mandeville, which was a big shock to me. I had seen the TV persona who, from a media point of view, was doing a lot of good, and it was very apparent that he was disliked intensely by the staff at Stoke Mandeville. I can't remember anybody saying anything good about him. Part of the reason for that was the way he related to staff and particularly how he related to the people who were using the services. He would regularly bring visitors round the ward, he wouldn't say who they were, and he would talk about the patients in quite a lot of detail in front of the patients but would never introduce them, or be courteous and say, 'This is Joe Blogs, I have brought him round, he is interested in Stoke Mandeville because...'. He just used to bring crowds of people round.”

- 9.105 This witness also reflected that Savile could not be challenged by staff at the Hospital:

“ A good example of that is he funded a new carpet for the main entrance of the hospital but it was too thick, so that people in self-propelling wheelchairs couldn't self-propel on it, because the carpet was too thick. However, nobody was able to challenge him about not having that carpet, because he was funding it and, therefore, we had to have the thicker carpet, even though people were disadvantaged by it.”¹¹⁷

Incident with Victim 48 (aged 23 years), a visitor to the Hospital

- 9.106 **24 September 1985.** Concern was expressed by the Medical Advisory Committee at the lack of available rented accommodation in the Aylesbury area for hospital staff. This was adding to recruitment

difficulties.¹¹⁸ This concern was to be a major issue over the next few months. It would appear that Savile's accommodation at Stoke Mandeville Hospital was reviewed at this stage by the Committee; he stayed in residence.

Incident with Victim 49 (aged 15 years), a visitor to the Hospital

- 9.107 18 April 1986.** Margaret Thatcher enquired of officials (no names given) whether Savile would be considered for the Birthday Honours List, and said that she would like his name to continue to be considered in the future.¹¹⁹
- 9.108** Within a heavily redacted National Archives document, it can be read that on **10 November** Savile's Knighthood was discussed again in relation to the New Year's Honours List. It was recorded that on this occasion the Prime Minister did not press for the Knighthood to be conferred. It was noted that Savile was perceived by many to be a "*strange and complex man*". It was noted that he had done a great deal of good but had made a number of unfortunate comments in public. A response from Downing Street stated that Margaret Thatcher was "*disappointed*" and wondered when Savile would cease to be "*pushed aside*" for an honour.¹²⁰

1987

- 9.109** A witness who came to work in the Radiology Department at this time told the Investigation:

“ *I didn't like him. With women he was a bit full-on. It didn't bother me too much because I can handle that but he wasn't somebody I would like to have been left on my own in a room with, I found him quite creepy. Having said that, I had no reason to think he would actually do anything. I never heard any rumours or saw anything untoward. He just made you feel uncomfortable. He was quite eccentric and I think part of that was why he was a celebrity, but also because he was a celebrity and he – took advantage is not really the right term, but he played on that.*

Q. You said that he was full-on with women. Can you describe what you mean?

A. He'd grab hold of your arm and kiss you all the way up your arm. He'd always do it in front of people and just be flirtatious.

Q. Was he very loud?

A. He could be. He was always drawing attention to himself and what he was doing and making sure, if there was a group of people around, that he was the focus of attention. **”**¹²¹

118 Medical Advisory Committee Folder April 1982–December 1989. Ref 16

119 National Archive documents; www.bbc.co.uk/news/uk-politics-23355531

120 *Ibid.*

121 Transcript from W142

Incident with Victim 50 (an adult), a visitor to the Hospital**Incident with Victim 51 (aged 30 years), a patient at the Hospital****Incident with Victim 52 (aged between 30 and 32 years), a visitor to the Hospital****1988**

- 9.110** Allan Bailey, the Aylesbury Vale District Health Authority Unit General Manager for Acute Services (which included Stoke Mandeville) from February 1988 to September 1990, stated that no complaints were ever raised to him about Savile during this time. On coming into post he was told by the Chair of the Health Authority that Savile was held in high regard and that he was seen as a major asset. Savile was always respectful and appropriate in his dealings with the Authority. It was known at this time that Savile had begun to work on a new project at Broadmoor Hospital, and it was also known that he had many interests other than Stoke Mandeville Hospital. Mr Bailey acknowledged that Savile was well connected politically.¹²²
- 9.111** **15 April 1988.** Within a heavily redacted National Archives document it can be read that Savile's name came up for consideration for a Knighthood in the 1988 Birthday Honours List. Civil servants felt that he should not be recommended. His self-confessed promiscuity led senior officials to believe that a Knighthood would not be acceptable in the eyes of the public.¹²³
- 9.112** Margaret Harrison, Director of Nursing and Consumer Services (Acute Unit) between 1986 and 1993, said:

“ *Around 1988/1989 with the appointment of a new UGM [Unit General Manager] I became responsible for the investigation of all complaints throughout the hospital on behalf of the UGM. There was an established complaints procedure in place which to the best of my knowledge followed national guidelines for good practice. Verbal complaints were notated and then followed up in exactly the same way as written complaints. All complainants were offered the opportunity of a meeting either at their home where necessary or at the hospital as a part of any conflict resolution. Complainants were also advised of the procedure to follow if they wished to pursue issues further... Jimmy Savile was not a person whose company I sought; if you were in agreement with him he was 'all sweetness' if you did not he could become quite rude and offensive.*¹²⁴

To me he was such a pretentious man, he made my skin creep, but that was just a personal feeling. I couldn't say that was based on any allegations. For example, Princess Diana came with the G7 Wives and Jimmy somehow managed to wheedle

122 Statement from W6

123 National Archive documents; www.bbc.co.uk/news/uk-politics-23355531

124 Statement from W76

his way into this visit and he bought them all a present. I was appalled – and the present was really centred at Diana not the other dignitaries' wives – but he gave them all a presentation basket of Memoire Cherie by Elizabeth Arden. Now to me, no man who isn't in a close relationship gives a relatively strange woman such a personal present as toiletries but that was the sort of thing he did...

...He certainly never kissed my hand, that's all I can say, but I didn't let him in my space. I didn't like him from the outset. With his television programmes I thought he was a pretentious prat quite frankly, excuse the language, but that was my view of Savile and it didn't change. Kissing people's hands and hugging them; no, I was never party to that. I can't honestly remember witnessing anything like that or him even attempting to do anything like that in my presence. JJ¹²⁵

Incident with Victim 53 (aged between 18 and 21 years), a member of staff at the Hospital

1990

Incident with Victim 54 (aged 19 years), a patient at the Hospital

9.113 **November 1990.** Savile received his Knighthood.

1991

9.114 Ken Cunningham, who was the Stoke Mandeville Unit General Manager between January 1991 and 31 March 1994, and Chief Executive of the Stoke Mandeville Hospital NHS Trust between 1 April 1994 and 31 December 2000, told the Investigation:

“...when I came to Stoke Mandeville I was Unit General Manager... I had this very odd, almost surreal, experience of having this national icon – as he was, let's not pretend, Jimmy was a national icon – in the hospital, who seemed to have almost the freedom of the hospital, that's what was implied when I came here. We had this rather extraordinary situation of him having these offices in the National Spinal Injuries Centre, which he apparently had the only access to... I met him quite early when I went to Stoke Mandeville, and I'll never forget my first meeting with Jimmy. I was there about a week and I had a phone call from Janet through to my PA saying, Jimmy would like to see you sometime, he's in the hospital today, if you want a good chat, can you pop up and see him. He came, I would suppose, every fortnight or so, the Rolls Royce would appear and Jimmy would be in the hospital. It's a big hospital; it covered 80 acres at that time, so I didn't always know when he was there, unless someone told me...

... I went up to see him, I went up to the Spinal Unit, which I had obviously been to, and I had seen the door that said 'Trustee's Office', or whatever it says, but this was the first time I met him, and he was sitting back in his chair with his cigar, and his big glasses on, with his feet up on the desk. From my recollection he was talking to the Duchess of York, and I was kept waiting for a few minutes while he finished his conversation, private conversation. On the desk in front of him was a folder with my name on it, and some newspaper things, because it had been reported that I was coming to Stoke Mandeville in the local press, so he already knew something about me and his first words to me were, 'So you're the new fat cat'... He said to me, if you want anything, if you want to meet anyone, if you want to do anything, tell me, I can fix it. I have to say, at no time in my tenure did I ever go and ask him for anything, with one exception – later, much later in my career, I asked him to support the purchase of an MRI scanner for the radiology department, which he refused to do; that was the only time I asked him for anything.

I wanted to manage the hospital, and I wanted to make sure that what he did buy was a) useful and b) affordable, in terms of running costs, and that wasn't always the case, so there was this dichotomy. It worried me that there was someone who could buy the loyalty and friendship of senior staff, and that's effectively what he was doing... I couldn't deny that without him the National Spinal Injuries Centre would not have existed... That was Jimmy's gift to the hospital, and you had to give him the credit for that, and I accepted that. What I didn't accept was that he had a right to tell me how to manage the hospital.]]¹²⁶

- 9.115 18 July 1991.** As part of the G7 Summit, the wives of the world leaders came to visit Stoke Mandeville Hospital. Barbara Bush and Norma Major were amongst them and visited the Stoke Mandeville NSIC; Savile accompanied them.

1992

Incident with Victim 55 (an adult), a visitor to the Hospital

- 9.116 6 May 1992.** A letter was written to John Lusher by Stuart Burgess (Chairman of the Oxford Regional Health Authority) inviting him to become the Chair Elect for the new Stoke Mandeville Hospital NHS Trust. The letter documented a potential reduction in funding to Stoke Mandeville Hospital following the expansion of the nearby Milton Keynes Hospital. The Authority advised that a possible consequent reduction of funding to Aylesbury Vale District Health Authority, and therefore to Stoke Mandeville Hospital, would occur. Stoke Mandeville Hospital was

being advised to consider what services it should “offer up” in order to remain viable and was informed that its business plan should reflect this.¹²⁷

9.117 23 July 1992. Savile was reported in the local newspaper to be bringing in better food for the spinal injuries patients. He did this in conjunction with a Consultant at the NSIC. Savile described the existing food as “hospital stodge” and made the claim that long-stay patients were in danger of malnutrition, something that Mr Cunningham, the Unit General Manager, denied. Savile was reported to be paying for this service (presumably from his Charitable Trust Funds), which was provided through a contract with the Forte Hotels Group.¹²⁸

9.118 A ward sister who worked at the NSIC in the 1990s told the Investigation:

“ *When I was ward sister on St Joseph, he would come around the ward on a regular basis. In those days, every couple of weeks I guess he would come round, I couldn't tell you exactly that it was every couple of weeks, but it would be on a fairly regular basis. He would come round in his usual flamboyant way, in his tracksuit and, in those days, he used to have a cigar in his mouth, and so on. He would go round and chat to patients. Of course, he must have been in his sixties then and many of the young patients didn't know who he was because they had not grown up with Jim'll Fix It and the Clunk/Click adverts, and Top of the Pops. Many of the young patients didn't really know who he was and they would ask, 'Who is that bloke who comes round?' We would have to explain who he was and what he had done to help with fundraising and so on.*

I remember that the staff on the wards used to say, 'Oh gosh, here he comes. Just be busy, and then he won't come and tell you silly stories.' Because that's what he would do, he would just come up and say, 'I've got a story to tell you'. It would be some jokey thing. He would never interfere with people doing their work and so, if the nurses were busy doing things, he would never interfere with that but he would just let them get on with it. However, if you weren't doing a great deal and if you looked as though you had some spare time, or if there were people having a chat, he would chat and tell a silly joke. He would then just go off. He wouldn't be there for long. The nurses used to say that if you were busy, he wouldn't bother you. I never heard anything other than that, that he would just tell stupid stories and so on. **”**¹²⁹

9.119 10 August 1992. Mr Burgess (Chairman of the Oxford Regional Health Authority) wrote to Savile. He stated that, due to Savile's close association with the NSIC, he was being kept informed about the plans for the Hospital to move forward as an NHS Trust. A Trust Development Board was in the process of being set up. It was noted that these plans


127 DH Documents 2 PP 19 – 20

128 RO. L372: 36 newspaper cutting origin unspecified

129 Transcript from W67

had been discussed with Dr Brian Mawhinney, the Minister of State for Health, and that Mr Lusher would be taking up the Chairmanship of the Board.¹³⁰

9.120 18 August 1992. The Stoke Mandeville Hospital Executive Board recorded:

 *At present the Hospital is an open site with free access to most areas. The principle that doors should be locked, at least at night, is well rehearsed and fully supported as an expectation in the NAHAT security manual. Recent events in hospitals clearly indicate a need to protect patients and staff. Trials at Stoke Mandeville Hospital on Wards 14, 14X and the Special Care Baby Unit with a security access system involving Ward door locks which have the following facilities have been well received:*

- *magnetic door locks*
- *digital code access*
- *telephone/intercom connection from door to nurses station*
- *emergency remote and local release*

This bid is to provide such facilities throughout the site to Wards and/or groups of Wards. Competitive formal quotations indicate that the cost will be £29,000 inclusive of VAT. ¹³¹

9.121 A ward sister who worked at the NSIC in the 1990s told the Investigation *“I know that he [Savile] used to wear a badge which had Robert de Niro on it. He used to think he was very clever, going round saying that he was Robert de Niro and I think that used to cause some issues with the security team as it was then. He would insist on wearing a badge saying Robert de Niro”*.¹³²

9.122 19 November 1992. It was reported in the *Bucks Herald* that Mr Cunningham had asked the Oxford Regional Health Authority for £20 million to redevelop the Stoke Mandeville site. Doctors had united to protest against the proposed cuts: 72 beds and 70 staff posts were said to be affected. The future of Stoke Mandeville Hospital was to be discussed by Ministers. At this stage it was reported in the article that the Hospital would be closed and re-sited elsewhere.¹³³

1993

9.123 26 January 1993. It was announced that Stoke Mandeville Hospital would become an NHS Trust on 1 April 1993. (In the event this did not happen until the following year because of funding problems).

9.124 1993. The General Service Manager at Stoke Mandeville Hospital between 1989 and 1996 told the Investigation:

130 DH Documents 2 P 13

131 AB JS-18 Part 11 P 174

132 Transcript from W67

133 RO. L372: 36 *Bucks Herald*

“ Some time after inheriting the role of Administrator for the Charitable Funds, the Unit General Manager Mr Ken Cunningham presented me with two files relating to Savile’s external charities, which were outside our control, with the request that I review them for any discrepancies. The inference being that there was cause for concern. Although surprised at how little they contained (only a few tens of thousands when our internal Spinal Charity had over £500,000) there was little to discover because of limited detail. I was further constrained by the lack of information from the Charity Commission, to whom no annual accounts had been submitted for some years. I understand that the Finance Department was also involved in this investigation but any outcome was not shared with me.

The speed and success of the Spinal Unit Appeal and subsequent build was very much down to Jimmy Savile’s involvement and he was clearly courted and favoured at very senior levels. As time went on, it was my impression that he was viewed less favourably by top management and recognised as a potential ‘loose cannon’. But because he had the ear of the press and politicians and was outside normal controls was someone that had to be managed carefully and with a degree of pragmatism. Had they been able to find sufficient reason I have no doubt some would have liked to have discontinued the relationship.”¹³⁴

9.125 22 March 1993. The Stoke Mandeville Hospital Head of Estates wrote to the Stoke Mandeville Solicitors, Clarkes, regarding:

“ “OWNERSHIP” OF SPINAL INJURIES UNIT, STOKE MANDEVILLE: Further to our recent discussions, we have searched through files and I attach copies of some reasonably relevant documents. They appear to me to confirm that the Charitable Trust was to raise the money and be responsible for construction but to then hand over the building to the NHS.”¹³⁵

9.126 Savile had begun to challenge the ownership of the NSIC, given the NHS Trust status about to be conferred on the Hospital. This dispute was to last the best part of seven years. Mr Cunningham (Stoke Mandeville Unit General Manager between January 1991 and 31 March 1994, and Chief Executive of the Stoke Mandeville Hospital NHS Trust between 1 April 1994 and 31 December 2000) stated:

“ Jimmy Savile believed that he (through his Charitable Trust) owned and managed the NSIC or at least had the right to dictate decisions to me. This contention eventually led to the Trust having to seek Counsel Opinion to confirm that the NSIC

134 Statement from W25

135 DH Documents O4 P 5

was indeed wholly owned and managed through the Stoke Mandeville Hospital Trust. The dispute was well publicised at the time but Jimmy Savile never accepted the ruling.”¹³⁶

- 9.127 5 April 1993.** A letter was written to the Head of Estates at the Oxford Regional Health Authority by Clarkes Solicitors in preparation for Stoke Mandeville Hospital receiving NHS Trust status. It stated “As you say, the papers show that the charitable trust raised the money but handed over the building to the NHS on its completion”. The letter continued:

“*The letter from Mr Collier of the DHSS (one of the Trustees) to Sir Gordon Roberts of 30 December 1980 contains the following paragraph:*

‘First you will wish to know that Ashurst, Morris & Crisp have been asked to prepare a trust deed and they are in touch with the Charity Commissioners. The intention is to empower the trustees, without undue restriction – in lay language to build a new National Spinal Injuries Unit, to be handed over on completion to the appropriate Health Authority...’ We do not seem to have a copy of the trust deed but there is nothing in the papers to suggest that this intention was altered.”¹³⁷

- 9.128** The letter made it clear that the fundraising was not carried out by a Health Authority but by an independent charity. The purpose of that charity was fulfilled by building the NSIC and handing it over to the Health Authority on its completion. The NSIC was built on NHS land and from a legal point of view formed part of that land. There was no evidence to suggest that there were any restrictions placed on the NHS concerning its freedom to use the building gifted to it. Whilst it was acknowledged that the situation could not be clarified with absolute certainty, it was thought that the land could be transferred to the new NHS Trust.
- 9.129 8 May 1993.** A letter was written by Nick Crawley (NHS Executive Anglia & Oxford, Estates Property Department) to Mr Cunningham (Stoke Mandeville Hospital NHS Trust Chief Executive designate) and Mr Lusher (Stoke Mandeville Hospital NHS Trust Chair designate). The letter made it clear that ownership issues regarding the NSIC were ongoing. It stated:

“*As you know we have already consulted solicitors and have passed to them copies of various correspondences written at the time the unit was conceived. Their view is that although there is uncertainty surrounding the precise legal question of the ownership, nevertheless the property can be transferred to your Trust subject to whatever rights and “ownership” are now enjoyed by the Charity.*

However unless the issues are resolved the problem is sure to persist as a running sore.

Now that we are about to embark on the process of transferring

136 Transcript from W43

137 DH Documents 04 PP 2 – 4

legal title of the hospital to your Trust this is the time to get to grips with the problem once and for all. I recommend that we should seek Counsel's opinion on the ownership issues straight away. At the same time it may also be appropriate to seek an opinion on the management issues and how the NHS and Charity should be organised at their interface. I am not sufficiently familiar with any of this detail but it may be that these two issues inter-relate and could conveniently be tackled together.

I will get solicitors moving on an appropriate brief to Counsel on the title issue. May we discuss the management issue if you think it would be appropriate to try and kill both birds with one stone.”¹³⁸

- 9.130 21 May 1993.** The new Buckinghamshire Health Authority, which was formed in April 1993, carried out an internal audit into the Jimmy Savile Stoke Mandeville Hospital Trust. This was in response to concerns that the fund was still in existence and was held separately from hospital management processes. It was found that:

“*There were 110 entries on the Income and Collection sheets in the period checked. Of these, 102 have been confirmed as paid to the correct account. Queries on 3 items are outstanding and being followed up. In 5 cases the documentation held does not conclusively establish the donor's wishes for the source of the donation; i.e. Stoke Mandeville Hospital Trust funds or the Jimmy Savile Trust. It has been agreed that, with immediate effect, the Secretary to the Trustee will take copies of envelopes, cards, the actual cheque or whatever other evidence was received on which the decision was based, for retention on file.*”

No matters of substantial concern were highlighted.¹³⁹

- 9.131** The Administrative Services Manager between 1993 and 2003 told the Investigation:

“*It was just the way he was dressed and the way he flounced around. He thought the Spinal Injuries was his place and would not let us do anything to it – it was just that sort of thing... He got up my nose because he wanted to say, 'That was my Centre and you can't do anything to it', and, 'You can't use my money to do anything to it because it's mine', and 'I'll withdraw all the Trust's funds if you do anything to that'... When you talked about Spinal, you tried to include Jimmy because Jimmy had a lot of influence and he had the Trust funds, so we wanted really his approval and trying to get some of these Trust funds to help, because that is what it was for. A lot of people gave money to those Trust funds, to help the Spinal Injuries Centre.*”¹⁴⁰

138 DH Documents 03 P 15

139 CE Docs File 07 PP 56 – 58

140 Transcript from W103

- 9.132 Mr Lusher, the Stoke Mandeville Hospital NHS Trust Chair designate from 1992 to April 1994, said:

“ I had been there as Chairman or Chairman-elect for a little while and Savile was in the hospital, that I didn't even know, and he entered my rather grand office one day. He thrust the door wide open and my opening contact with him was ‘you can get your f***ing tanks off my f***ing lawn, Sunshine. I run this place’.”¹⁴¹

- 9.133 **15 October 1993.** An Oxford Regional Health Authority meeting was held regarding the transfer of assets to the Stoke Mandeville Hospital NHS Trust. The minutes of the meeting stated:

“ Jimmy Savile seems to have dropped claim on outstanding ownership but wants to keep control of the Trust fund. Trust don't [sic] want to write a letter laying out their claim to the property as they may well later want to lay claim to the residue of the Trust fund. They merely wish to transfer the Spinal Injuries Unit into Trust status.”

- 9.134 The above meeting also recorded “Jimmy Savile Rooms: Again best not formalised”.¹⁴²

- 9.135 **19 November 1993.** Another Oxford Regional Health Authority meeting was held regarding the transfer of assets to the Stoke Mandeville Hospital NHS Trust. The minutes of the meeting stated:

“ Spinal Injuries: KC [Ken Cunningham] wants to change the use maybe in the future with Board backing. Trust funds are being dealt with through the Charity Commissioner. There will be no reference to Trust Fund in the Asset Transfer document as it is an external arrangement.”¹⁴³

- 9.136 While the issue of ownership looked to be resolved, Savile carried on behaving as though he owned the NSIC. The Head of Facilities between 1994 and 2008 said:

“ ... if you wanted to do anything in the building then you needed to put the plans through Jimmy, period. To modify the dining room, develop the dining room, any of the adaptations that happened in that unit over the time that Savile was there; all those plans would have had to have gone through Jimmy.”

- 9.137 The Stoke Mandeville General Services Manager told the Investigation that the NSIC was a high-quality building which was easy to maintain, if expensive to run.¹⁴⁴

141 Transcript from W100

142 DH Documents 03 PP 4 – 10

143 DH Documents 03 PP 11 – 14

144 Transcript from W25

1994

- 9.138** **1 April 1994.** The Stoke Mandeville Hospital NHS Trust was established. This meant that the Hospital became a statutory organisation in its own right and was no longer directly managed by any other NHS body. Mr Cunningham, who by that time had been appointed Chief Executive, recalled:

“When I became Chief Executive, I became a Trustee of the Hospital Trust fund, I became the accountable officer. One of the first things I did was examine the books of the Trust funds which were passed to me from the Health Authorities. I had some concerns that some money had been passed from the Hospital Trust fund to Savile’s Trust fund, and this was an arrangement that had gone on for some years, where money that had been sent to the hospital had been assumed for the Spinal Centre, or had been designated for the Spinal Centre, and was automatically transferred to Jimmy because he looked after the charity for the Spinal Centre, that was the arrangement.

I felt we controlled him, certainly from 1994, I felt we put a chain on him and we did restrict his movement much more.”¹⁴⁵

- 9.139** Sir Anthony Joliffe, who became the Chair of the new Stoke Mandeville Hospital NHS Trust in 1994 (following Mr Lusher’s resignation), told the Investigation:

“I had very little to do with Savile other than one or two very stormy meetings. He would burst into my office and say ‘No, I’m going to alter things in my hospital’. That was how he always treated Stoke. It was his hospital. I used to say ‘Jimmy, this is not your hospital. You are working in the Paraplegic Department and you have no impact and nothing to do with this main hospital. I’m in charge of the hospital; I’m in charge of you too as far as that is concerned...

... I probably didn’t see him more than four or five times the whole time I was there. I went over to see him on a couple of occasions and he was extremely arrogant. On one occasion we were going to do some amendments, some alterations, and he said to me ‘This is my hospital and you will not interfere in this side of the hospital’. He said ‘If you do, I will get all the patients out on the lawn and call the Sun Newspaper down here and we’ll do a big demonstration’. So it was very threatening. I said ‘Well, Jimmy, if you do that, I shall do an interview with the press and tell them that you’re parking your Rolls Royce here, using the facilities of the hospital to have the car serviced, you’re having it cleaned by hospital staff’. I said ‘I’ll make a fuss about you too’. It was just total arrogance.”¹⁴⁶

145 Transcript from W43

146 Transcript from W88

9.140 Christine McFarlane, Director of Nursing at the Stoke Mandeville Hospital NHS Trust between 1994 and 2003, told the Investigation:

“ *[On Savile's behaviour in the 1990s] I'm just remembering the way the behaviour was about Jimmy Savile, they [staff] no longer had any respect for or any time for him. It's what I mean about the Jimmy that I then began to dislike was the Jimmy that was powerful because he had raised the money, he had built the spinal unit, it was his spinal unit and nobody could take that away from him. This showed in his behaviour. If you went into the spinal unit for something... he seemed to have doubled in size compared to the nice Jimmy Savile that I knew in those first years if you met him in the corridor...*

...The staff on the spinal unit originally wanted the restaurant to be called after Dr Guttman and he [Savile] wouldn't have it, it was Jimmy's and he was adamant that it would be Jimmy's restaurant. It wasn't going to be about let's have a discussion and we'll go with the majority or anything. A lot of the staff and the patients felt quite strongly about who the spinal unit belonged to, but this was Jimmy's. His golden door in his office, everything about Jimmy changed as if you were watching a movie, like people who win big amounts on the lottery and forget they have friends. You saw the changes in him. When he came to the paediatric unit with Charles and Diana, it was almost as if he was royalty as well with them, the way he walked. If you watch that bit of film of them opening the spinal unit, you can see him. I can see him because I saw the other Jimmy, and you could see that's where the power was. **”**¹⁴⁷

1995

9.141 A nurse on the NSIC during this period told the Investigation:

“ *He used to come around the wards once a week. Normally he would come around and then people would warn you he's coming around and then we'd all just disappear basically and try not to be around at the time, make ourselves look busy.*

Q. Can I ask why you felt the need to do that?

A. Because when he came around he always used to make comments. He wasn't someone that when you met him you liked him. Whenever he met the nurses he always had some derogatory comment to make, therefore a Jimmy Savile alert would go out and we'd all disappear. Sometimes the patients weren't as eager to disappear as we were, so we'd make ourselves busy. He was well-known but a lot of people didn't particularly like him because he wasn't pleasant to speak to because he always had something to say that was derogatory to women basically, so we'd always hide as much as we could. **”**¹⁴⁸

147 Transcript from W106

148 Transcript from W52

- 9.142** A patient who received treatment at the NSIC during this period told the Investigation that she remembered Savile coming onto the wards a great deal. Some patients were star struck whilst others found him to be an irritating presence. She also told us that many patients would pretend to be asleep in order to avoid him because he was annoying, but never inappropriate sexually. As Savile grew older he was accompanied on his visits by a fellow Charity Trustee and often sat in what was known as Jimmy's Café. Savile's fame was on the wane and younger patients no longer knew who he was.
- 9.143** This patient went on to become an outreach worker for the Spinal Injuries Association. She stated that there was sometimes a reluctance to accept money from the Jimmy Savile Trust as Savile would insist on controlling how the money was spent, for example buying "*zebra striped curtains and chandeliers*" and inappropriate wall art. Patients and staff at the NSIC preferred to do things in their own way and raise money from other sources during this time.¹⁴⁹
- 9.144** Some time between 1995 and 1996, a mature student nurse was working at the NSIC. She told the Investigation that on one occasion she noticed a "*hard core*" pornographic film being played on a four-bedded male ward. She was concerned to see a 13-year-old boy (who was being cared for on this adult ward) watching the film alongside the other patients. The student nurse complained and had the film stopped. She was told by other staff that it was normal for NSIC patients to watch pornography and that Savile paid for the network access to it.¹⁵⁰

1996

- 9.145** The Complaints Manager at Stoke Mandeville Hospital (circa mid-1990s to 2001) was asked by the Investigation whether anyone had ever complained to her about Savile. She said:

*“To my knowledge, no, neither written nor verbal. Now I really have searched my heart and my head on this and I have discussed it with two long-term friends who I trained with because it's bothered me. Did I ignore something? I really can say hand on heart that I didn't. Everything that came to me - and some very difficult things did - I was never one to say 'I'm not going to handle that'. I really got myself into some very sticky situations sometimes.”*¹⁵¹

- 9.146** **31 October 1996.** Mr Collier, a Trustee of the Jimmy Savile Stoke Mandeville Hospital Trust (by now retired from the DHSS) wrote to the Charity Commission to say:

“I am writing as a Trustee of the Jimmy Savile Stoke Mandeville Hospital Trust (Charity No. 283127). A review of our papers recently seemed to show that we had never submitted to

149 Transcript from W7

150 Transcript from W45

151 Transcript from W96

*you our Annual Returns, and a phone call to St. Alban's House seemed to confirm this. However, a further look at our own papers revealed that on 5th January 1990 we did send Returns for the three years ended 31st March 1986, 1987 and 1988 (your ref: JD-283127A/1/M/L). And a further look into our papers may well reveal that we sent you the Returns for other years. It seems to me however that the most sensible thing to do now is to send you a complete run of our Annual Returns from year ended March 31st 1983 - 1994 inclusive (your letter of 7th December 1989 to Ms Rowe under previous reference confirms that you had received the 1982 Accounts - the charity was registered 2nd September 1981).*¹⁵²

- 9.147** It can be assumed that the Stoke Mandeville Hospital NHS Trust had been pursuing the management of Savile's Charitable Trust Funds with the Charity Commission as part of Mr Cunningham's investigation.
- 9.148** **13 November 1996.** A letter was written to the NHS Executive Anglia & Oxford, Estates Property Department by John Coles Solicitors providing advice (it is unclear who instructed them). The ownership of the Postgraduate Centre and the NSIC was being debated in relation to the transfer of assets to the newly established NHS Trust. It was noted that the Postgraduate Centre's land title (and therefore the building itself) belonged to the Secretary of State for Health, and that it had transferred to the Trust. The NSIC's land title was also deemed to have been built on land the title to which was owned by the Secretary of State; it too had transferred to the Trust. It was acknowledged that Savile and his Charitable Trust might have made a claim regarding the ownership of equipment. The letter stated that Mr Cunningham, the NHS Trust's Chief Executive, had the relevant paperwork and that Savile's claim would be unlikely to succeed.¹⁵³

1997

- 9.149** The audited accounts for the Jimmy Savile Charitable Trust (Savile's own charity, held separate to Stoke Mandeville) recorded the charity as holding £2,190,510 as of 31 March 1997. During the course of the previous financial year the charity had paid out just £9,475 in donations.
- 9.150** The audited accounts for the Jimmy Savile Stoke Mandeville Hospital Trust recorded the charity as holding £1,265,972 as of the same date. Its total expenditure for the year stood at around £222,785.¹⁵⁴
- 9.151** **22 July 1997.** The Secretary of State for Health had reviewed all of the 43 Private Finance Initiative (PFI) schemes proposed nationally and had given only 14 the go-ahead. Stoke Mandeville Hospital was not one of these 14, and was planning to appeal the decision. The PFI scheme had been turned down in part due to a lack of strategic planning by Buckinghamshire Health Authority. At this stage most Stoke Mandeville Hospital services were being delivered out of the wartime wooden huts,

¹⁵² CE Docs File 09 P 80

¹⁵³ DH Documents 03 PP 2 - 3

¹⁵⁴ CE Docs File 06 PP 16 - 31

which were falling down and in a terrible state of repair. The Medical Advisory Committee recorded that this was affecting the morale of the Hospital's staff.¹⁵⁵

1999

- 9.152** In 1999 the ownership issues regarding the NSIC resurfaced. Savile and the Stoke Mandeville Hospital NHS Trust had a serious and protracted legal difference of opinion about the ownership of the NSIC. The sequence of events and the outcome are set out in detail below.
- 9.153** In **January 1999** Savile decided to withdraw the Jimmy Savile Stoke Mandeville Hospital Trust revenue funding from the NSIC. Relationships between Savile and the Stoke Mandeville Hospital NHS Trust Board had been uneasy for some time. In January Savile stated his intention to make Janet Cope (*née* Rowe), the Charitable Fund Secretary, redundant and to cease paying for the day-to-day repairs and maintenance of the NSIC.¹⁵⁶
- 9.154** **25 May 1999.** Mr Cunningham spoke to Savile about proposed changes to the NSIC dining room. These changes amounted to the removal of the servery (which would be replaced by a server who would come directly to the tables) and modernisation of the kitchen equipment. During this period the staff and patients at the NSIC had been made aware of the proposed changes and the reasons for them. Senior clinicians at the NSIC, whilst not liking the proposals, understood the financial reasons for them. The changes would save the NHS Trust around £100,000 a year. The same food would be served in the same place but in a different manner. Vending machines would also be made available. The fittings within the kitchen needed to be updated in keeping with modern food-handling requirements.¹⁵⁷
- 9.155** **22 June 1999.** Savile wrote to Mr Cunningham. He said:

“ *We had to have a big shake-up because things were getting out of hand financially. My Trustees are rightly concerned that the NSIC management has changed considerably over the last seventeen years. Closing beds – wards – kitchens etc. plus any hidden agendas we might not know about means that the once great NSIC is itself starting to look quite sick. All payments will now be on hold until my fellow Trustees meet at the Centre and try to salvage what is left of a world-class facility. P.S. This does not affect the hydro pool negotiation.* **”**¹⁵⁸

155 Medical Advisory Committee Folder January 1990 – December 1998, Ref 2

156 CE Docs File general summary for 1999

157 CE Docs File 06 PP 65 – 68; CE Docs File 10 PP 65 – 67

158 CE Docs File 09 P 19

- 9.156** Mr Cunningham told the Investigation that Savile was unhappy that changes were being made to the NSIC without his permission, and that as a consequence he launched a full-scale media offensive against the NHS Trust Board.¹⁵⁹ The following sequence of events demonstrates Savile's ability to summon the media in his defence.
- 9.157 24 June 1999.** The Stoke Mandeville NHS Trust Chief Executive was contacted by the *Express* and *Bucks Herald* newspapers in relation to the proposed changes to the NSIC dining room.¹⁶⁰
- 9.158 25 June 1999.** The Stoke Mandeville NHS Trust Chief Executive was contacted by *The Sun* and the *Mirror* newspapers in relation to the proposed changes to the NSIC dining room.¹⁶¹
- 9.159** It was reported in the *Express* that Savile was set to sue the Stoke Mandeville NHS Trust for £300,000 over suggested cuts to the NSIC. Savile was said to be furious that the NSIC dining room had been closed in a bid to save money.¹⁶²
- 9.160 30 June 1999.** A special report was published in the *Bucks Herald* about the closure of the NSIC dining room. Savile described it as a place of sanctuary, and stated that he still owned the deeds of the NSIC. Mr Cunningham went on record explaining that the closure would save a significant amount of money each year, which the Hospital needed to do. Savile said he would “fix it” with his lawyers.¹⁶³
- 9.161** The Stoke Mandeville NHS Trust Chief Executive was contacted by *The Guardian* newspaper in relation to the proposed changes to the NSIC dining room.¹⁶⁴
- 9.162 2 July 1999.** The Stoke Mandeville NHS Trust Chief Executive was contacted by Central TV and Three Counties Radio in relation to the proposed changes to the NSIC dining room.¹⁶⁵
- 9.163 3 July 1999.** The Stoke Mandeville NHS Trust Chief Executive was contacted by BBC South East in relation to the proposed changes to the NSIC dining room.¹⁶⁶
- 9.164 4 July 1999.** The Stoke Mandeville NHS Trust Chief Executive was contacted by the radio station Fox FM and the *Yorkshire Post* and *Bucks Advertiser* newspapers in relation to the proposed changes to the NSIC dining room.¹⁶⁷
- 9.165 7 July 1999.** The Stoke Mandeville NHS Trust Chief Executive was contacted by the *Sunday Mirror* newspaper in relation to the proposed changes to the NSIC dining room.

159 Transcript from W43

160 CE Docs File 06 PP 65 – 68

161 *Ibid.*

162 DH Documents 05 P 25

163 RO. L372: 36 *Bucks Herald*

164 CE Docs File 06 PP 65 – 68

165 *Ibid.*

166 *Ibid.*

167 *Ibid.*

- 9.166 Savile had been instrumental in creating a high degree of media interest in relation to the management of the NSIC, and had reported a number of factually incorrect statements to the press. These included the following:
- 1 Savile owned the deeds to the NSIC; this was in dispute.
 - 2 Savile claimed that the NHS Trust had caused £300,000 of damage to the NSIC kitchens; this was not true.
 - 3 Savile claimed that the NSIC kitchen (that served the dining room) had been closed; this was not true.
 - 4 Savile claimed that the NSIC patients were being fed from vending machines and with frozen food; this was not true as the patients were receiving the same food as before, just not from the kitchen servery.
 - 5 Savile claimed that he was spending between £150,000 and £250,000 per year on NSIC maintenance; this was not true.
 - 6 Savile claimed to have collected £17 million of public money for the NSIC; the NHS Trust could not account for how this had been spent.
 - 7 Savile claimed that he had sued Stoke Mandeville Hospital NHS Trust over the changes to the kitchen; this was not true.¹⁶⁸
- 9.167 **8 July 1999.** Mr Cunningham, the Chief Executive, briefed the Trust Board on the details behind the local and national media coverage. He telephoned Savile to discuss the proposals for the hydrotherapy pool and the dining room. The Trust Clinical Management Board and the Medical Advisory Committee had approved the proposed changes to the NSIC dining room. It was noted that the dining room would not be closed, nor would the food change; the only difference was that the serving hatch would be removed. It was stressed that patients would not be fed from vending machines, as had been reported in the press.¹⁶⁹
- 9.168 **9 July 1999.** The *Bucks Advertiser* reported that Savile planned to sue the Stoke Mandeville Hospital NHS Trust for £300,000 over what he alleged to be unauthorised changes to the patients' dining room at the NSIC.¹⁷⁰
- 9.169 **14 July 1999.** Savile was reported to be planning to sue the Hospital over planned cuts to the NSIC. There was disagreement as to who owned the NSIC, the NHS Trust or Savile. No writs had as yet been served. Mr Cunningham told the press that the deeds to the NSIC had been transferred to the NHS Trust by the Regional Health Authority in 1994. It was apparent that Savile had told the press about major changes to the dining room when in fact it was only the servery that had been affected. Savile claimed that the NSIC had not been handed over to the NHS by the Jimmy Savile Stoke Mandeville Hospital Trust. The NHS Trust Board took Queen's Counsel (QC) advice to confirm that it had been.¹⁷¹

168 *Ibid.*

169 Trust Board Folder January 1999– December 2000. Ref 35

170 RO. L372: 36 *Bucks Advertiser*

171 RO. L372: 36 Record Office bulletin

9.170 19 July 1999. Mr Cunningham wrote to the NHS Trust's Solicitors to say:

“ *It has always been our understanding that Jimmy Savile would support major initiatives in the Hospital which were associated with the care of spinally injured patients and he has verbally acknowledged this to several of the senior team over many years. The Hospital has, since 1983, provided a Trustees room which has been regularly used by Jimmy Savile and his secretary, who was employed through the hospital and funded through his charitable trusts...*

... During the last year Jimmy Savile indicated to me that he wished to withdraw his indirect involvement in supporting the maintenance and upkeep of the NSIC. **”**¹⁷²

9.171 20 July 1999. A letter was sent from Capitec NHS Estates (it is unclear to which NHS organisation) regarding ownership of the NSIC. The letter mentioned that some work had been conducted in 1993 to establish the centre's ownership. The position was that the Jimmy Savile Stoke Mandeville Hospital Trust had been set up to raise funds and commission the building of the NSIC; it then handed the completed NSIC over to the NHS. It was noted that the charity retained control over the residual money it held. It was advised that a QC's opinion on the matter had been sought, even though Mr Cunningham had previously avoided doing this as he wanted to keep a low profile with Savile.¹⁷³

9.172 July and August 1999. The Stoke Mandeville Hospital NHS Trust's solicitors (Garretts) wrote to the Charity Commission expressing concerns over Savile's management of the charitable funds raised on behalf of the NSIC. Savile's solicitors (Biddles) were informed of this action. Garretts also wrote to the Trustees of the Jimmy Savile Stoke Mandeville Hospital Trust.¹⁷⁴

9.173 Garretts wrote to Mr Cunningham to say that a letter had been sent on his behalf to the Charity Commission, expressing the following concerns:

- 1** Money had not been invested sensibly.
- 2** Money had been retained rather than spent.
- 3** Where money had been spent, it had not all been spent on the NSIC.¹⁷⁵

9.174 Garretts wrote to Biddles to say:

“ *As far as our clients are concerned, the ownership of the buildings and contents comprising the Spinal Centre at their hospital is now with them. Following establishment of the NHS Trust and statutory vesting procedures in 1994 when the entire hospital, without relevant exceptions, was transferred by the Department of Health.* **”**¹⁷⁶

172 CE Docs File 06 PP 72 – 75

173 DH Documents 05 P 10

174 CE Docs File 06 P 76

175 CE Docs File 06 PP 85 – 86

176 CE Docs File 06 PP 60 – 61


- 9.175 During this period the other Trustees of the Jimmy Savile Stoke Mandeville Hospital Trust made it clear that Savile was acting on his own, and that they did not share his concerns about the ownership of the NSIC.
- 9.176 **10 November 1999.** The Charity Commission wrote to Savile to say that it had been communicating with the Stoke Mandeville Hospital NHS Trust in relation to a dispute that had broken out. The Trust had given assurances that the NSIC would be exempt from any future PFI developments on the hospital site and that its current function would be protected for the next 30 years. It was noted that both of Savile's charities had amassed a large build-up of assets, which remained unspent. The Charity Commission was happy to advise on how best this money could be spent in order to please both the charity's Trustees (the Trustees of the Jimmy Savile Stoke Mandeville Hospital Trust) and the NHS Trust in whose name the money had been raised.¹⁷⁷
- 9.177 **19 November 1999.** Savile continued to fight against what he claimed to be "cuts". The headline in the *Bucks Advertiser* read "Win for Sir Jim?" It was reported that the 72-year-old champion fundraiser had teamed up with the Charity Commission to save the spinal injuries unit from being downgraded by the NHS Trust. Savile was quoted as saying that it was time for the Trust to wave the "white flag".¹⁷⁸
- 9.178 In fact, the NHS Trust had 'won the battle', as it was established that the NHS Trust and not Savile held the title to the NSIC and could make decisions regarding the fabric of the building.
- 9.179 Leading Counsel's opinion was that:
- 1 "... the freehold of the Spinal Injury Centre is vested in the NHS Trust;
 - 2 Sir James Savile and his Charitable Trust [the Jimmy Savile Stoke Mandeville Hospital Trust] do not have any proprietary rights in the Spinal Injury Unit whether of freehold, leasehold or any other nature;
 - 3 the fact that the cost of building and equipping the Centre was paid for by public subscription does not give rise to any legal restrictions upon or obligations concerning the management and use of the Centre by the NHS Trust;
 - 4 the Trustees of the Jimmy Savile [Stoke Mandeville Hospital] Trust and Jimmy Savile Charitable Trust do not have any right to direct the use, replacement, deployment, disposal and modification of the Centre and the chattels in it".¹⁷⁹
- 9.180 When Mr Cunningham spoke to the Investigation, he reflected:

“ I believe Savile also got Counsel advice, and at the very last minute he backed off. It became something that was in the national newspapers, and the day after he backed off he went to the press and he held up his hands with a banner saying, 'We won', and that was the headline. I went and challenged him

177 CE Docs File 05 PP 49 - 50


178 RO. L372: 36 *Bucks Advertiser*

179 CE Docs File 08 PP 6 - 15

about it, and I said, Jimmy, you know that's not true, and he said, it doesn't matter whether it's true or not, if it's printed in the newspapers it's what people will believe. So he was quite prepared to make the story up if he needed to, to further his own position.  ¹⁸⁰

2000

- 9.181 6 January 2000.** It was noted at a meeting of the Stoke Mandeville Hospital NHS Trust Board that Savile's lawyers (Biddles) were representing "Sir James Savile" rather than his Charitable Trusts, but that their legal fees were being paid for out of Charitable Trust Funds.¹⁸¹
- 9.182 12 April 2000.** It was reported in the *Bucks Herald* that Savile could pay (if he wanted to) for a new scanner that was required at Stoke Mandeville as his charities held a balance of some £3 million. Apparently Savile had told the Hospital to "get knotted" when asked for a contribution. Savile was not planning to be present at the launch of the appeal for the new scanner. The scanner that Savile had originally donated was due to be sent to Vietnam as it was too old for regular service at Stoke Mandeville Hospital.¹⁸²
- 9.183 16 April 2000.** Mr Cunningham wrote to the Regional Office to say that a "truce" had been reached. It was noted that the recent difficulties encountered in relation to the NSIC had been caused by a lack of clarity regarding the original arrangements for the centre's commissioning. The total bill for legal fees had reached £17,000 and it was hoped that the Regional Office would bear the costs, as the Trust held it accountable for the initial NSIC commissioning and fundraising processes.¹⁸³
- 9.184** In June 2000 an Interim Chief Executive was appointed at Stoke Mandeville Hospital NHS Trust. Sue Nicholls was in post between 2000 and 2001 and told the Investigation:

 *Jimmy Savile was not easy to deal with. He was a poor listener and a great talker. If, when you were meeting with him he agreed with you he would be pleasant and reasonably courteous, if he did not, he would be rude, offensive and aggressive. In his mind, he 'owned and managed' the NSIC and barely tolerated what he saw as interference from the Trust management. I recall during the period that I was Acting CEO receiving an in-depth report from the Spinal Injuries Association criticizing the clinical management of patients in the NSIC as being too conservative. Jimmy Savile demanded a meeting with me to discuss the report and I told him that the Board would consider the report and take professional advice on whether a more interventionist (surgical stabilisation and early rehab) approach should be considered. I recall Jimmy Savile ranting*

180 Transcript from W43

181 Trust Board Folder January 1999 - December 2000. Ref 28

182 *Bucks Herald* archive

183 CE Docs File 05 P 2

and raving at the prospect of a change in clinical approach and he essentially threatened me that if I pursued this avenue my head would roll.”¹⁸⁴

- 9.185 5 April 2001.** Dr Woodbridge, the NHS Trust Board Chairman, said it appeared that “*Sir James*” [Savile] had detached from the Hospital’s management. He considered that Savile had a valuable contribution to make and that this should be recognised. It was proposed that Savile should be asked to become the Patron of Stoke Mandeville Hospital. There was unanimous agreement to the proposal. It was also reported that Savile would like a monthly report on the Hospital.¹⁸⁵

2001 – 2002

- 9.186** In **2001** a waiting list “*scandal of fiddling figures*” had received nationwide attention. Many Board-level staff were suspended pending an investigation, following which many were to resign.¹⁸⁶
- 9.187 11 December 2002.** It was reported in the *Bucks Herald* that, despite government promises of massive spending at Stoke Mandeville Hospital, more cuts were on the horizon. The Hospital was facing a deficit of £1.6 million. It was reported that the rebuilding of the Hospital’s crumbling buildings, which had been expected to take place the following year, was facing yet more delays. It was noted that the replacement of the World War Two huts had been under discussion since the 1970s.¹⁸⁷
- 9.188 12 December 2002.** The Commission of Health Improvement (CHI) issued a blunt and critical report into Stoke Mandeville Hospital, including the NSIC. It found staff relationships to be dysfunctional and stated that patient care could suffer as a result. Clinical leadership was deemed to be deficient. Management was under strength and medical appraisal was poor. The NSIC had non-spinal patients in beds, unhelpful staff and a lack of integration with the rest of the Hospital. The CHI noted that the Trust Board did not communicate well with either patients or staff.¹⁸⁸

2004

- 9.189 4 February 2004.** The *Bucks Herald* reported that Savile, who was described as the “*patron saint of Stoke Mandeville Hospital*” was to raise £500,000 for the refurbishment of the St Francis Ward for paediatric spinal injuries. This was to be a world first in regards to a children’s specialist spinal unit.¹⁸⁹ On **4 February** a photograph of Savile on the hospital site was printed in the *Bucks Herald*. It was reported “*Sir Jimmy*

184 Transcript from W117

185 Trust Board Folder January 2001 – March 2003. Ref 46

186 RO. L372: 36 *Bucks Advertiser*

187 *Bucks Herald* archive

188 RO. L372: 36 Aylesbury online

189 RO. L372: 36 *Bucks Herald*

*Savile is all set to start work on the children's spinal centre". Plans for a four-bedded children's unit to be located in the St Francis Ward were going ahead.*¹⁹⁰

- 9.190 22 October 2004.** A photograph was taken of the NHS Trust Board, Savile and the building contractors in the children's playground following its opening. The playground was named the Westfield Ward Play Area and Savile's Trust Fund Office overlooked it.¹⁹¹
- 9.191 1 December 2005.** St Francis Ward, the world's first dedicated ward for children with spinal cord injuries, was officially opened at the NSIC. St Francis Ward catered for young people up to the age of 16. The ward had a contained outdoor and indoor play area designed with input from the children themselves, a large kitchen and plenty of room for parents or relatives to stay over. The new facility was made possible by the financial backing of Savile and additional funding and support from healthcare commissioners and Buckinghamshire Healthcare NHS Trust. It was reported that Savile told a gathering of invited guests that there was a sense of community at the NSIC. He said *"This is the only space for children in the world built round a playground. They may get better a little quicker than medicines can make them"*. The new ward was opened by Lady (Margaret) Tebbit, who attended the opening with her husband and former Conservative Party Chairman Lord Tebbit. Savile was present.¹⁹²
- 9.192** The Matron of the Children's and Neonatal ward (who has worked at Stoke Mandeville Hospital since 1983) told us:

“ I advised the team planning the conversion of St Francis into a children's ward that it should have an access control system installed at the external entry doors. A card controlled access system was in place when the ward re-opened in late 2004 and I recall advising the Ward Sister regarding the issue and control of access cards to minimise the risk of them being used by unauthorised persons.

Shortly after St Francis opened, the Ward Sister informed me that Jimmy Savile was unhappy because he did not have an access card. I queried why he wanted one and she responded that he believed he should have a card because the ward was converted using money from the Jimmy Savile Fund. I reiterated that access to the ward must be controlled and card issue limited to staff based on St Francis and those with a legitimate clinical need for rapid access. I advised that as Jimmy Savile was not a member of staff he must not be allowed unsupervised access to children and must be escorted by a member of staff if he visited. I informed the Hospital Security Lead of the above conversation in case he was approached directly. He assured me that an access card would not be issued to Jimmy Savile and that his team did not issue access cards without authorisation of the Ward Sister or Matron. ”

190 *Ibid.*

191 Newspaper cutting origin unspecified, Trust Fund Office

192 *Bucks Herald*, 1 December 2005

- 9.193 The Investigation asked if she could remember anybody ever mentioning Savile's behaviour to her. She said:

“ *No, not at all. Absolutely nothing. I didn't like the man but that was just based on my perceptions of him. To me he was just an elderly ex-disc jockey wandering around in a shell suit unzipped to halfway down his chest, with gold medallions on and wandering around. I just didn't like the man, but nobody at any point raised a concern to me about his behaviours. I can only think of two or three occasions when I physically saw the man on a children's ward.* **”**¹⁹³

2009

- 9.194 **1 October 2009.** Savile was interviewed at Stoke Mandeville Hospital by Surrey Police regarding an allegation of sexual abuse. This interview took place in Savile's Trust Fund Office at the Hospital, apparently without the knowledge of Hospital staff.
- 9.195 Between **2009** and **29 October 2011** (the date of Savile's death) the Investigation was told by witnesses that Savile came increasingly rarely to Stoke Mandeville. He was described as being frail and unable to climb the stairs. On his visits he usually came with another Trustee from the Jimmy Savile Stoke Mandeville Hospital Trust.

193 Transcript from W49

10 Themes from the Narrative Chronology and Initial Review of Documents

10.1 The Investigation identified emerging themes from the examination of the evidence. These themes provide the focus for the in-depth analyses set out in chapters 11, 12 and 13 and refine the issues not understood at the time that the terms of reference were set.

- 1 In total, 60 victims of Savile's abuse came forward to the Investigation. Themes for investigation were identified as:
 - whether Savile had a *modus operandi*;
 - whether victims reported incidents of abuse at the time of the abuse occurring (and if not, why not);
 - who the reports were made to;
 - what actions took place as the result of the reports being made;
 - the period of time during which Savile's sexual abuse took place and the reasons for it apparently coming to an end in 1992.

- 2 It was identified that Savile became a voluntary porter at Stoke Mandeville in 1969 and appeared to have full access to the site from an early stage of his association with the Hospital; this was to continue until the time of his death in 2011, even though controls were increasingly put in place from the early 1990s. Themes for investigation were identified as:
 - the extent of Savile's access to the Stoke Mandeville Hospital site;
 - the nature of any permissions and privileges given;
 - the nature of any management or supervision processes put in place.

- 3 Most witnesses described Savile as being sexually inappropriate around female staff. Themes for investigation were identified as:
 - the extent to which this behaviour was known, and by whom;
 - the management of this behaviour, and any action taken (if known).

- 4 It was established by the Investigation that from 1980 Savile had a significant management role within Stoke Mandeville Hospital, beyond what was previously known about his fundraising activities. Themes for investigation were identified as:
 - understanding the decision-making processes (and identifying the people who made the decisions) that placed Savile in his management role at Stoke Mandeville Hospital;
 - the nature of the role;
 - the management and supervision of Savile's role;
 - the governance processes put in place to ensure the oversight of Savile's fundraising, commissioning and management activities.

- 10.2** During the identification of these themes, it became apparent that Savile's association with Stoke Mandeville Hospital underwent several key chronological phases and that an analysis of these phases would be required in order to understand how Savile's access, authority and privilege built over time. This would be essential in order to understand Savile's sexual abuse behaviour at the Hospital in context.
- 10.3** Between 1969 and 1980 Savile's association with Stoke Mandeville Hospital was primarily one of voluntary porter and resident celebrity. Whilst he conducted some low-level fundraising, he had no formal position within the organisation. It is during this period that Savile was initially given unrestricted access to the hospital site and was provided with accommodation for his personal use. When living on the site and working as a voluntary porter, it is evident that his behaviour was often bizarre and that his general conduct was a cause for concern amongst a wide range of junior staff and middle managers at the Hospital. His poor conduct was overt and was known by many people. This is examined in chapter 11.
- 10.4** From 1980 Savile's association with Stoke Mandeville Hospital underwent a significant change. Between 1980 and 1983 Savile led a £10 million fundraising project for the NSIC and managed the commissioning process for the new building programme. From 1983 onwards Savile provided revenue and management input to the centre. Between 1980 and the early 1990s he was placed in a position of significant authority; however, this arrangement had no official basis within the NHS, and no management, monitoring or supervisory arrangements were put in place. This is examined in chapter 12.
- 10.5** From Savile's earliest association with Stoke Mandeville Hospital he sexually abused patients, staff and visitors. The Investigation identified Savile's sexual abuse behaviours on the Stoke Mandeville Hospital site as occurring between 1968 and 1992. This behaviour was covert and appears to have been known about by very few people. This is examined in chapter 13.

Part 3

Findings, Analyses and Conclusions

11 Access Arrangements, Permissions and Privileges Accorded to Savile when a Voluntary Porter at Stoke Mandeville Hospital (1969–80)

- 11.1 The examination of Savile’s voluntary porter role at Stoke Mandeville Hospital and the access and privileges he was subsequently afforded has been conducted in order to understand how it was possible for him, as a celebrity volunteer, to come into contact with the victims of his sexual abuse on an NHS hospital site.
- 11.2 It should be noted when reading this chapter that the documentary record was sparse and that the majority of the evidence came from witness statements and interviews. The sexual abuse of patients, staff and visitors by Savile at Stoke Mandeville Hospital, whilst referred to in this chapter, is examined in detail in chapter 13. The period of time under examination falls principally between 1969 and 1980; however, references are made outside this timeframe when required to provide additional contextual information.

This chapter addresses:

- *the historical policy and cultural context required to provide background information regarding volunteering and celebrity status in the 1960s and 1970s;*
- *Savile’s first appearance at Stoke Mandeville Hospital as a voluntary porter in 1969, the lack of formal process around his appointment and the subsequent unmonitored and unsupervised access he had across the hospital site;*
- *the privileges Savile enjoyed, namely his free on-site accommodation arrangements;*
- *Savile’s work as a voluntary porter, including poor performance issues and access to the mortuary;*
- *Savile’s wide-ranging poor general conduct and sexual harassment of junior female staff around the hospital in general and in staff accommodation in particular;*
- *who knew what and when about Savile’s wide-ranging poor conduct and sexual harassment of junior female staff, and what was done to manage the situation.*

11.1. Historical Policy and Cultural Context

- 11.3 This section sets out a brief history of volunteering practice, focusing in particular on the period when Savile first came to Stoke Mandeville Hospital. This provides a local and national context so that the Investigation’s findings and conclusions about Savile’s access

arrangements and privileges can be understood in perspective. A brief overview of what celebrity status meant in the 1960s and 1970s is also given.

Voluntary Service, Volunteer Activities and National Guidance for the NHS

- 11.4 Since 1948 volunteering within the NHS has taken the form of either organised contributions from societies such as locally based Leagues of Friends and the Women’s Royal Voluntary Service (WRVS), or the work of individuals who come forward to offer their time and skills in an unpaid capacity.
- 11.5 Ministry of Health guidance issued in 1962 made it clear that voluntary services were to be encouraged within NHS hospitals. It is important to note that the emphasis at this time was on **voluntary services** (organised bodies such as the Red Cross Society or the National Association of Leagues of Hospital Friends) rather than **volunteers** (people volunteering as independent individuals). The guidance said that there were gaps in service provision that needed to be filled, some of which included direct patient contact and personal care giving. However, it was clear that any person volunteering would normally be expected to do so under the aegis of a recognised voluntary service in a formalised capacity. NHS bodies were encouraged to make contact with voluntary services within their geographical areas if volunteers were required.¹⁹⁴
- 11.6 In 1968 the ‘I’m Backing Britain’ campaign was launched by the Government to boost the British economy. Volunteering and buying British-made goods were part of the ethos.¹⁹⁵ Ultimately the campaign was to fail in the wake of trade unions’ hostility and general public apathy. However, many celebrities supported the campaign and in this context Savile went to work as a voluntary porter at Leeds General Infirmary.¹⁹⁶
- 11.7 The Government continued to encourage volunteering to meet public service need. An example of this was the 1968 guidance issued by the Ministry of Health, which, whilst acknowledging the need for and value of volunteers of all ages, was specifically aimed at targeting young people to contribute to the NHS. Each hospital was instructed to provide a central point *“at which offers of voluntary service should be received and coordinated. The most appropriate point will probably be the Group Secretary except where some other officer is specifically designated for this purpose”*.¹⁹⁷
- 11.8 The existing documentary record for Stoke Mandeville Hospital and the wider Oxford Regional Hospital Board area yields no information regarding the implementation of voluntary service guidance. However it would be reasonable to assume that both HM (62) 29 (the 1962

194 Ministry of Health guidance HM (62) 29

195 http://en.wikipedia.org/wiki/I%27m_Backing_Britain

196 www.boris-johnson.com/2012/12/31/this-new-year-raise-your-glass-to-a-buy-british-campaign/

197 HM (68) 22 *Volunteering Services by Young People in Hospitals*

voluntary service guidance) and HM (68) 22 (the 1968 guidance on volunteering by young people in hospitals) had been circulated during the 1960s and were in place at the time Savile commenced his volunteering activities in Buckinghamshire. It is of note that the guidance during this period was not aimed at recruitment, screening, selection and supervision processes as would be expected today. Instead the guidance comprised a simplistic set of instructions that encouraged and enabled local services to make their own arrangements to commence a volunteering scheme.

- 11.9 Savile would have arrived at Stoke Mandeville Hospital at a time when hospitals were being actively encouraged by the Ministry of Health to recruit volunteers, who were seen nationally as being a positive asset, not only inside the NHS, but within organisations across society, both independent and public-sector.

Historic Cultural Context: Celebrity Status

- 11.10 The term ‘celebrity’ as it is understood today originates from a study called *The Image: A Guide to Pseudo-events in America* (1961), by historian and social theorist Daniel Boorstin. In it, he defines the celebrity as “a person who is known for his well-knownness”.¹⁹⁸
- 11.11 In the 1960s and 1970s the terms ‘star’ or ‘superstar’ would have been more commonly used than ‘celebrity’ to describe a famous person, and would have denoted someone who was popular and widely known by the public for some specific activity such as acting, singing or sport.¹⁹⁹ It is understood that when celebrities appear regularly on television a feeling of intimacy is generated whereby they become instantly recognisable and ‘known’ to the viewer. This is because they are broadcast directly into our homes in a consistent manner and on a regular basis.²⁰⁰
- 11.12 By the time Savile arrived at Stoke Mandeville not only would he have been regarded as a ‘star’ and ‘special’ but would also have seemed to be familiar to those around him, someone they thought they ‘knew’.

11.2. Savile’s First Appearance at Stoke Mandeville Hospital

- 11.13 Savile came to Stoke Mandeville Hospital late in 1968. It is reported widely in the press that he came to the Hospital on this occasion to award prizes; no existing documentary record remains that could provide more information about this event.
- 11.14 In April 1968 an appeal was launched by Dr Ludwig Guttmann to rebuild the sports stadium at the Hospital; the fundraising target was set at £350,000. A witness recalls that “He [Savile] came in 1969 through the Red Cross Walk at the sports stadium”, presumably to raise money for

198 Boorstin DJ, *The Image: A Guide to Pseudo-events in America* (1961)

199 Marshall DP, *Celebrity and Power: Fame in Contemporary Culture* (2013), P 12

200 *Ibid.*

the rebuilding project.²⁰¹ The sports stadium was opened by HM the Queen in August 1969, but at this time fundraising activities were still ongoing. A patient at the Hospital during this period recalled:

“ During a Sunday afternoon in September 1969, I was on the old service road near the swimming pool when I encountered and spoke to Jimmy Savile. He was carrying what I assumed to be a rather professional looking tape recorder. He was lost and clearly unfamiliar with the Stoke Mandeville Hospital site and was looking for, and asking for directions to, the Sports Stadium recently opened by HM the Queen. Clearly he was unfamiliar with Stoke Mandeville Hospital at that time in 1969.”²⁰²

- 11.15** Another patient at the National Spinal Injuries Centre (NSIC) during this period recalls that Savile’s first visit to the centre was in 1969 *“To visit a friend at the Spinal Unit, who was injured in a road traffic accident of some description and from there somebody else took him up to the Spinal Unit. We have not been able to establish who that person was, but he obviously wanted to see the Unit itself and he was taken for a conducted tour”*.²⁰³
- 11.16** The Investigation was told by witnesses that Savile had a close friendship with a Mr Gilles, the Head Porter at Stoke Mandeville Hospital, whom he had known previously as a result of his voluntary portering activities at Leeds General Infirmary. Mr Gilles had apparently worked as a porter at Leeds General Infirmary and met Savile there. It appears that Savile became a voluntary porter at Stoke Mandeville Hospital sometime in the autumn/winter of 1969 and that his presence from this time forward was a consistent feature of hospital life until the time of his death in October 2011.²⁰⁴
- 11.17** A witness recalls that Savile made the Porters’ Lodge his base in the Hospital and that he would also sleep at Mr Gilles’ home on occasions. The same witness said that *“Ironically, after he made this base, this is Jimmy, in the Porter’s Lodge, the Head Porter left”*.²⁰⁵ The departure of Mr Gilles from his post, so soon after Savile’s arrival, did not seem to impact upon the manner in which Savile was accepted into the Hospital. There are no existing documents that explain why Mr Gilles left the organisation, and as he is now dead, this Investigation could not interview him about either his friendship or his working relationship with Savile.
- 11.18** All the individuals who were party to Savile’s introduction to Stoke Mandeville Hospital, and consequent decisions made about this, are dead. Neither could the Investigation find any existing records for this period that mentioned Savile in any way.

201 Transcript from W116

202 Transcript from W4

203 Transcript from W139

204 Transcripts from W58 and W139

205 Transcript from W139

- 11.19 However, the Investigation talked to a number of people who could remember Savile's first appearance at the Hospital. A doctor who worked at the NSIC at this time reflected, when asked to consider the appropriateness of Savile's arrival, that during this period *"Even a minor celebrity was hard to get hold of"* and that his willingness to support the Hospital was probably perceived as being something of a coup with regard to future fundraising and publicity events.²⁰⁶
- 11.20 By this time Savile was a well-known celebrity figure, or, in 1960s parlance, a 'TV star'. Savile had already become famous for hosting radio programmes and television shows such as BBC1's *Top of Pops*, and Tyne Tees Television's *Young at Heart*. On 31 December 1969 he hosted the BBC/ZDF co-production *Pop Go the Sixties*, which was shown across the whole of Western Europe. To members of the public, including the patients and staff at Stoke Mandeville Hospital, Savile would have been a familiar sight in their living rooms broadcast on their television screens.
- 11.21 Paul Trimble, who was the Stoke Mandeville Hospital Administrator/General Services Administrator between August 1973 and the spring of 1983, remembers Savile being a well-established figure on the site by the time he arrived in post.

“ He was already 'at Stoke Mandeville' in inverted commas when I first arrived there. I think he had been sort of working as a porter and generally around the wards cheering the patients up, chatting to them in corridors, on wards and so on certainly when I arrived at the hospital because I was introduced to him, even though I did know him obviously from television and *Top of the Pops* and suchlike, but no, I'm sure he had been coming to the hospital for a number of years before... I had certainly heard of Jimmy Savile working as a volunteer and generally I had the impression that people, say footballers or in sports and so on, though perhaps nowhere near as much as Jimmy had got involved with local hospitals, they would help raise funds for a trust fund type of purchase.”²⁰⁷

- 11.22 On the basis of the little that is known about Savile's first arrival at Stoke Mandeville, it remains unclear to the Investigation whether any formal procedures were followed. Formal procedures, such as they were in 1969 for volunteers, would not have involved the recruitment, screening and selection processes that are currently required in a contemporary NHS environment. At best Savile would have been *"received and coordinated"* by the Hospital Administrator, in keeping with Ministry of Health guidance, and then left to get on with his work under the direction of his portering colleagues.
- 11.23 The national guidance relating to volunteers within the NHS at this time was simplistic and pre-dated any requirements for Criminal Records Bureau or Disclosure and Barring Service checks. Whilst we cannot state with certainty that Savile was formally 'processed' through the system such as it was, even had he been, the hospital-based process was not

206 Transcript from W4

207 Transcript from W158

sophisticated enough to provide more than the most basic guidance. During this period it would appear, from examining the available national policy guidance, that volunteers were usually managed through a voluntary service body which would then have a working arrangement within the NHS and through which individual volunteers would have been supervised. Savile appears to have bypassed this process.

- 11.24** Savile's appearance as a voluntary porter at Stoke Mandeville Hospital occurred at a time when volunteering was experiencing a revival, as it has done more recently with the 'Give Something Back' campaign launched by celebrities in 2007.²⁰⁸ Savile had already been reported on in the national press for his 'I'm Backing Britain' work at Leeds General Infirmary and was therefore able to elicit some credentials for any additional hospital-based work elsewhere in the country.
- 11.25** On the basis of what was known about Savile at the time, or what people thought they knew about him (his radio and television persona) he appeared to be a positive asset to Stoke Mandeville Hospital.
- 11.26** However the Investigation identified three issues that senior administrators should have taken into account when engaging with Savile at this stage.
- 11.27** **First:** while there were precedents for volunteer activities in hospitals, since the Second World War there had been few precedents for volunteers to work as quasi-employees in lieu of paid members of staff in occupations such as portering (particularly if they were volunteering as independent individuals as opposed to being part of a recognised voluntary service body). This was one of the reasons why the 'I'm Backing Britain' campaign failed in the face of significant trade union opposition.
- 11.28** **Second:** as a volunteer Savile came into a hospital environment in a role that provided him with virtually unrestricted access across the whole hospital site. As a volunteer he was placed in a position where he had the rights of access usually accorded to a full member of staff, but in the absence of the usual checks and balances that would have been expected for a paid employee (such as a contract of employment, terms and conditions of employment, a job description and a code of working conduct as set out in HM (69) 9 *Hospital Portering Services*). The requirements of contemporaneous portering guidance are examined in section 11.4 below.
- 11.29** **Third:** the Hospital Administrator of the time, or his seniors at the Area and District levels should have considered the length of term of any relationship with Savile and put into place a monitoring and review arrangement.
- 11.30** While these three issues may have been considered at the point when Savile entered the organisation, there is no evidence to suggest that any formal processes were put in place. Senior administrators who came into post a few years after Savile's arrival could not provide any information to the Investigation as to how any arrangements might have been made or what they might have been.

208 www.bibbycommunity.com/about/item/45-giving-something-back-programme.html

11.31 The Investigation heard evidence to suggest that Savile’s celebrity status, such as it was at the time, led to some kind of special arrangement being made when he first came forward to volunteer. It is evident that there was the hope that Savile’s fame would contribute to the reputation of, and potential small-scale fundraising activities for, the Hospital. At the time of his arrival it is unlikely that anyone realised how swiftly Savile would become embedded within the organisation and how intense his contribution was to become. No particular policy or procedure was specifically breached at this point, but an unusual situation was set in train whereby a celebrity volunteer was accepted into a hospital with no clear understanding from the outset of what his contribution would be and how this contribution would be made.

11.3. Accommodation Arrangements

Accommodation Assignment

11.32 It remains unclear to the Investigation exactly when Savile was given his own accommodation at Stoke Mandeville Hospital, as there are no existing records to refer to. However, witnesses to the Investigation recall Savile first coming onto the site in a dormobile in 1969. For a period of time Savile slept in his dormobile, which he parked in the hospital grounds. Witnesses told us that he also stayed on occasions with the hospital Head Porter, Mr Gilles, with whom he had worked previously at Leeds General Infirmary.²⁰⁹

11.33 A staff nurse at Stoke Mandeville Hospital between 1970 and 1975 remembers Savile asking her to “*Come to my van tonight*”, so presumably he was not given hospital accommodation when he first arrived.²¹⁰ In 1997, during an interview with American television presenter Patricia O’Connor, Savile said:

“ I went back the following week and the following week. Then they said – because they had realised I might be useful to them – they said, ‘How about we give you a room so when you come here, you can stay?’ I said, ‘Where’s the room?’ They said, ‘In the nurses’ home’, and I said, ‘You’re on, you’re on’. And I have lived in a room 12ft long and 8ft wide for the last 24 years in the nurses’ home.”²¹¹

11.34 Savile was not in fact given a room in one of the nurses’ homes. Savile was installed in a building which dated back to the Hospital’s origins in the nineteenth century, set on the outskirts of the main campus. Witnesses told us that by the time Savile lived there the ground floor of the building was used as a staff sick bay and the first floor was used as

209 Transcript from W139

210 Transcript from W133

211 www.dailymail.co.uk/news/article-2215910/Jimmy-Savile-What-Stoke-Mandeville-nurses-told-patients-Jimll-Fix-It-star-came-calling.html

an accommodation block for young female occupational therapy and radiotherapy students. To the knowledge of the Investigation Savile was never asked to pay rent.

- 11.35** The accommodation consisted of six bedrooms with access to shared bathroom, kitchen, living room and toilet facilities, with a small self-contained flat for the hospital on-call doctor. Savile was to use accommodation in this block between the time he was first assigned a room there in the early 1970s and his death in October 2011. At some point in the mid-1990s Savile moved out of his single room and into the on-call doctor's flat. Savile's original room has been described by witnesses as being sparse and institutional. One victim who was lured there said:

“ And then of course when we opened the door it was literally his bed was down here, there was like a bedside cabinet at the bottom of the corner on the left and then I think there was a chest of drawers there – I think – but the bedroom wasn't even wide enough to have a bedside cabinet next to his bed. There was no personal stuff in there apart from a jar of Roses in the corner and his bracelet and that was it. It was like 'Oh my God'. ”

- 11.36** Mr Paul Trimble, who was the Stoke Mandeville Hospital Administrator/General Services Administrator between August 1973 and the spring of 1983, was asked by the Investigation to confirm whether Savile had accommodation on the hospital site. He said:

“ Yes, he did. Yes, he had a small room on the fringes of the site. ”

- 11.37** The Investigation asked if it was usual for a volunteer to be given hospital accommodation. Mr Trimble said:

“ A. I certainly didn't see it as unusual because if somebody is going to arrive let's say from London doing a TV show late at night, go round the wards chatting to the patients who are perhaps bereaved, or the relatives of bereaved patients, patients dying, waiting for operations, that kind of thing; helping out with the porters because that was an area which gave him access to the wards and so on, I didn't think it anything unusual. It had obviously been going on for a number of years...

Q. So you didn't think it was unusual for him to be offered accommodation because of his busy lifestyle?

A. No, if you are finishing work as he would probably be doing at three o'clock, four o'clock in the morning it's a bit much to ask somebody who is giving their own free time to go off then and find a hotel accommodation. At least I would assume that that is what my – I don't know whether he was my predecessor or whoever made that decision. ”

- 11.38** The fact that Savile had accommodation on the Stoke Mandeville Hospital site was known widely to staff who worked at the Hospital during the 1970s and 1980s. This is probably because Savile spent an increasing amount of time at the Hospital during this period, some two to three days each week. Staff who worked at the Hospital between 1990 and 2011 were not as aware of Savile’s accommodation arrangements as he began to spend less time at the Hospital and was not such a visible presence around the site, preferring to confine his activities to the NSIC.
- 11.39** The provision of free accommodation at Stoke Mandeville Hospital was not without precedent. The Investigation was told that in the 1970s the sprawling hospital campus included staff accommodation facilities which exceeded demand. Stoke Mandeville Hospital did not always operate in the manner normally associated with acute general hospitals, as its history and geographical layout set it aside. For example, during the Second World War many Polish refugees had settled at the Hospital as part of an informal community and witnesses to the Investigation recalled several individuals who lived and worked at the hospital in an unofficial capacity because they had nowhere else to go. For example, Ken Cunningham, former Chief Executive of Stoke Mandeville Hospitals NHS Trust, said:

“ I knew two down and outs that lived at Stoke Mandeville when I went there, a chap called Glen – I don’t know what his second name was. He had a room in the residences, and he used to polish and clean the corridors, but he wasn’t employed, he didn’t have a name badge, everybody knew who he was, he had a bent back, and Glen used to wander up and down, very deferential, and we eventually got Social Services to help him, deal with him, because again, it was inappropriate. His home was the hospital. There was another one called Tommy, who was from Kettering, and Tommy lived in and did the same thing in the residences, the dining room.”²¹²

- 11.40** When seen against this contextual backdrop, the assignment of a room to Savile at Stoke Mandeville Hospital was not such an unusual occurrence in the 1970s within this particular organisation. However the appropriateness of placing Savile in a block with young female students did not appear to have been considered.

Suitability of Placement

- 11.41** Savile was 43 years old when he first came to Stoke Mandeville Hospital. He was a mature adult male. A nurse who was a student at the Hospital in the 1960s recalled that segregation of the sexes was rigidly enforced in staff accommodation blocks; she said *“On the first day that I came in ’65 my mother and father brought me, and my father wasn’t allowed to carry my case down to my room in the nurses’ home, because men*

212 Transcript from W43

weren't allowed in there".²¹³ Only five years later Savile was given a room in an accommodation block usually reserved for young female radiology and occupational therapy students.

- 11.42** Savile's on-site accommodation provided him with a private venue for his sexual activities both consensual and non-consensual. Whilst Savile was an adult and could be expected to have sexual relationships with consenting partners, it was perhaps not appropriate for him to be able to conduct his rather vigorous sex life in the confines of the shared accommodation in which he was living with eighteen-year-old girls, who could hear every sound through the bedroom walls. Witnesses told us that at this time Savile's sex life was very active and that he would take willing hospital nurses and secretaries back to his room for sex on a regular basis.
- 11.43** It is a matter of fact that this kind of behaviour in staff accommodation was not condoned by the Stoke Mandeville Hospital authorities during the 1970s and 1980s. A student nurse at the Hospital during the early 1980s told us *"I had lots of boyfriends, and, of course, that was against the rules, so I was told to leave the nurses' home"*.
- 11.44** This witness went on to say that she found accommodation in a shared house and that *"One of the girls that I was sharing the house with was a mature student... I ended up sharing a house with her and her partner, because they were lesbians and they were evicted from the nurses' home for similar reasons"*.²¹⁴ It would appear that whatever rules were in place did not extend to Savile.

Accommodation as a Location for Abuse

- 11.45** Savile was also able to use his accommodation as a location for his non-consensual sexual activities. Evidence shows that on occasions Savile used his accommodation with a high degree of premeditation and victims would often be 'groomed' with the promise of a cup of tea or his autograph and enticed to go there. Once inside his room victims were isolated and vulnerable. This is illustrated by several of the victim vignettes in chapter 6 and is examined in detail in chapter 13.
- 11.46** It is a fact that Savile lived alongside young female students for four decades and that several of these young women were placed in difficult and compromising situations by him. One witness who worked in a supervisory capacity to some of the student occupational therapists told the Investigation:

“ *They were very nice girls. They were normally 18 to 21; these were probably about 19, 20, and I'm sorry I can't remember their names and I can't remember the year. Their rooms were near to Jimmy Savile's in what was the staff clinic and upstairs. On this particular Friday evening they seemed very loath to leave the department and I asked them what the matter was. They looked at each other and said they were a bit apprehensive about going*

213 Transcript from W133

214 Transcript from W246

*back to their rooms. I asked them why and they said he kept coming to their rooms and wouldn't go away. I said had they encouraged him, because yes, some of them did encourage him. That's life. They said no, they didn't, and burst into tears. I was really concerned because the weekend was coming up, as to what was going to happen to them over the weekend. At that point I wasn't in the position to have offered them accommodation for the weekend. I was in charge as the head was on holiday, so I rang the allocator of rooms, and said how concerned I was. He said that was fine and he would do something about it so I felt happier, but when I went back in on Monday morning the head of department had returned and I was severely reprimanded for interfering and reporting him [Savile]. I was quite resentful and a bit fed up that that happened but in those days you accepted what was said to you. You didn't question in the same way as things are questioned now. ”*²¹⁵

- 11.47** Another example was given by a witness who was a pupil nurse at Stoke Mandeville Hospital between 1972 and 1974. She recalled that a memorandum was sent out to the students early in 1973. The witness told us that the memorandum contained “a warning about an incident involving Jimmy Savile at the nursing [sic] home and telling us not to invite him over there and in general not to get too friendly with him so far as I can remember”. This witness recalled that she collected the memorandum from the post room and that to her knowledge all of the junior nurses received a copy; she believed that the memo was sent by the Senior Nursing Officer (we were unable to confirm categorically who was in post at the time). While the witness offered a hindsight view about what the incident could have been, it was apparent that she did not know at the time what had triggered the memorandum.²¹⁶
- 11.48** The two incidents above were both reported to managers. It would appear that no sanctions were placed upon Savile, as he continued in the same accommodation for another 30 years.
- 11.49** The issue of who knew what, and when, is difficult to establish. It would appear that junior female staff were aware of Savile's behaviour in the staff accommodation blocks. It would also appear that this behaviour was reported to managers on two occasions. There are no existing documents relating to these incidents and the managers to whom the incidents were reported are either dead or not identifiable. There is no surviving documentary record or witness testimony that can explain who originally made the decision to place Savile in the staff sick bay block. Neither is there any evidence to indicate that his accommodation placement was ever reviewed in the light of his behaviour, or of it either being rescinded or changed to a more suitable location on the hospital site (such as that provided for senior staff and married couples). Witnesses who held senior positions at the Hospital during this period

215 Transcript from W71

216 Statement from W77

said when interviewed by the Investigation that they had no knowledge of any inappropriate sexual behaviour on Savile's part, including his activities in the accommodation block.

- 11.50** That nothing was done in the face of some management knowledge is illustrated by a statement provided by an Occupational Therapist who had a short residential placement at Stoke Mandeville Hospital as part of her basic training in 1988. She told us that *"I was unpacking and a nurse walked in and said 'I'm just letting you know that you need to keep your door locked when you're in your room because Jimmy Savile has a room on this corridor and he has a habit of coming along and trying all the doors and if your door's open, he'll come in'"*. The witness was told on this occasion that middle management were aware of the situation and that this warning system was the process that had been put in place to protect students in staff accommodation.²¹⁷ Clearly Savile's behaviour had continued unabated and the management strategy appears to have required junior staff members to keep themselves safe rather than dealing with Savile directly.

11.4. Savile's Sexual Harassment of Junior Female Staff

- 11.51** The Investigation received evidence to suggest that Savile's promiscuity on the Stoke Mandeville Hospital site was widely known. This evidence was drawn from interviews with numerous witnesses. Savile was also known to be a *"sex pest"* and a *"lecher"*, phrases used by several witnesses when describing his behaviour around the Hospital. These terms were used by them to describe the unwanted and continuous sexual innuendo and inappropriate touching that characterised Savile's behaviour around women.
- 11.52** In order to present a balanced view it should be noted that the culture at Stoke Mandeville Hospital during the 1970s and 1980s did not always lend itself to the reporting of sexually inappropriate behaviour in the workplace. One witness who was a nurse during this period dismissed Savile's behaviour at the time and explained that:

*"I was talking to some friends that I meet up with, three other nursing friends and we all nursed together, and we were talking about things like that. We were just saying that the culture was different. When we were in Theatres all of us reported being – not assaulted, but having problems with the Italian orderlies, who could never keep their hands to themselves, but you didn't think. It is difficult to understand in these times now. I wouldn't say you didn't think it was wrong, because you didn't particularly like it, but it was almost part-and-parcel of life. It toughened you up, that is what we all said, and it was tolerated by those more senior as well."*²¹⁸

²¹⁷ Statement from W219

²¹⁸ Transcript from W133

11.53 Most of the female witnesses interviewed by the Investigation recalled that when they were junior members of staff Savile's behaviour was overfamiliar and that he would make crude jokes, would often touch them and try to kiss them, and would proposition them on a constant basis. Whilst this behaviour was overt and known widely to junior staff it appears that Savile was more restrained around senior clinicians and managers, who can only remember Savile kissing women's hands in a flamboyant manner assumed to be part of his showbusiness persona.

11.5. Savile's Work as a Voluntary Porter and Access Arrangements

Transportation of Patients and General Work

11.54 Between 1969 and the mid-1980s Savile worked as a voluntary porter at Stoke Mandeville Hospital. Witnesses recalled that Savile was a regular worker at the Hospital and that he initially preferred to work the night shift. Portering services are required to transport objects and patients between all clinical and service areas within a hospital. Portering services are vital to any hospital service, and consequently they are required to be delivered to all clinical and service locations and at any time of the day or night, 365 days a year.

11.55 The Department of Health and Social Security (DHSS) issued a report regarding portering services in 1969.²¹⁹ It recognised that portering services were complex and that they required good management, skill and experience. The guidance stated that the Head Porter should report to a senior manager (the Hospital Secretary was cited). It also recognised that there was a need for robust recruitment and training regimens to be in place.

11.56 The report specified that porters required ongoing supervision and instruction on a day-to-day basis. It gave clear advice about the induction of new porters and the standards of conduct that were to be expected across the country. It advised that porters should receive training prior to commencing their duties and that they should be issued with smart uniforms and name badges. Conduct issues were also addressed:

“ He [a new porter] should be clearly instructed on relationships with other staff and how he should conduct himself and be of assistance to visitors to the hospital, medical and nursing staff and patients. This [last] point is of particular importance because a porter is often the first person with whom the patient or visitor makes contact on entering the hospital and much harm can be done by the expression or enthusiasm, well-intentioned, but ill-informed views and even more damage by uninterested or casual attention to a patient's needs. ”²²⁰

219 Department of Health and Social Security, *Hospital Portering Services* (1969)

220 *Ibid.* P 31

- 11.57** Witnesses said that when Savile became a voluntary porter at Stoke Mandeville Hospital it was evident that he did not cherry-pick or assume some kind of cosmetic role. Savile conducted himself as if he were a fully signed-up, paid employee. Savile fulfilled all aspects of the portering role such as the transportation of patients, both living and dead, the delivery of oxygen cylinders and the collection of laboratory specimens. On occasions, if acts of violence or aggression occurred Savile would attend with his portering colleagues as part of a security presence. It would appear that Savile relished the work. It is evident from listening to the accounts from witnesses who worked alongside Savile in the 1970s and 1980s that he was more often than not unsupervised and appeared free to wander wherever his duties took him.
- 11.58** Not everyone appreciated Savile's 'man of the people' approach to working in hospital services. It was evident that he had received no training and often did not understand (or care about) the problems that his attitude to portering caused. The following three examples are given as an illustration.
- 11.59** **Example one** comes from a witness who said that Savile was banned by a senior consultant (who could not be traced) from the burns and plastics unit for sitting on the beds, which represented an infection control risk.²²¹
- 11.60** **Example two:** comes from a staff nurse who said:

“ He was a nightmare... You'd get patients ready for theatre, you would sedate them, and he would come in and excite them so that when they got to theatre they were difficult to intubate. The theatre [staff] said 'Could you stop him from bringing the patients to theatre because they get too excited'... I think it was his status. He thought everybody would be pleased to see him because he was so famous. He was just a bit stupid really... When he would be pushing the trolley and he'd start over-steering sometimes and say 'I haven't passed my driving test yet, but then it doesn't matter, does it?', trying to get them to talk back to him, and they were quite sedated to start with and he would get them out of that state and so that by the time they reached theatre they were holding full conversations which defeated the object of getting them calm... He was just noisy. He was vile. His conversations always had innuendos...”

“...It wasn't just the patient [Savile would disturb], it was the whole ward. He would disturb the whole ward. He wasn't popular with the nurses on nights because the ward would be settled, you're trying to quietly take the patient to theatre, and he would come in and he didn't seem to have an awareness that it was night time and the lights were down and you kept your voice down, so he would come in quite loud, and he was a loud person, and perhaps he couldn't help that, but he was very noisy

and would wake the ward. He thought people would be pleased because he was famous – they'd be pleased to see him. ”²²²

11.61 Example three: comes from a male witness who worked in the Intensive Care Unit (ICU) at Stoke Mandeville Hospital in the late 1970s. He said:

“ It was more than one person saying he [Savile] was a disgusting lecher and that they didn't want anything to do with him. They said he would grope female members of staff. It was only female nurses saying it. I think there were only 3 male nurses on ICU at the time, and I was one of them. The female nurses were disgusted by his kissing and groping actions. They said that he had a particular approach under the guise of 'old-fashioned chivalry' by kissing their hands and then kissing up the bare arm... There was particular concern about his activities as a night porter for specimens. I understood that was a regular job he took on and that's why my colleagues were concerned about it. ICU is a fairly separate area and people couldn't just wander in and out. The door into ICU was locked so that anyone coming in had to ring the bell and someone had to physically go and open the door. The door would usually be opened by the most junior person available: a nurse or a care assistant (there were a couple of care assistants). The only opportunity for him to come into ICU would be if he was being a porter, pushing a bed, bringing mail or collecting specimens. I never actually saw him doing any of these things myself. However, the entrance to the ICU could not be seen from the Unit itself. ICU was a large room with patients in it and the entrance door (which was locked), was down a very short corridor, round a corner – so if you were stood with the patients you couldn't see who was at the door. So, when a night shift porter was bleeped to collect a specimen for the laboratory, it was the custom for a male nurse to be asked to hand it over, in case the porter was Jimmy Savile. I was told about this and I remember female nurses asking me to hand over the specimens for that reason. When I went to the door it never actually was him. It wasn't just one nurse who asked me to do this; it was the general feeling in ICU. My impression was that he was regarded as a regular porter and I assumed he could go anywhere a normal porter would. ”²²³

11.62 The Investigation was provided with numerous other examples of Savile's disruptive behaviour by witnesses who worked with him during this period. What struck us was the fact that no one appeared to know what to do about the situation and that between 1969 and 1980, when Savile's main roles at Stoke Mandeville were resident celebrity and voluntary porter, no intervention appears to have taken place in an official capacity. However, we were told that some ward sisters and doctors took it upon themselves to discourage him from entering the clinical areas of which they were in charge.

222 Transcript from W111

223 Statement from W3

Work in the Mortuary

- 11.63** Two witnesses gave evidence to the Investigation stating that they had heard that Savile was having sex with dead bodies in the mortuary. Rumours of Savile being a necrophiliac have also been reported by the media.
- 11.64** The first witness, a porter, who worked at the Hospital between 1974 and 1978, stated that it was common knowledge that Savile was a necrophiliac and that this was why he was “*despised*” by the other portering staff. This witness said that he did not think management were told of the suspicions about Savile’s activities because there was “*hardly any management presence on the ground*”.²²⁴ This witness was reporting hearsay and did not observe any untoward incident first-hand.
- 11.65** The second witness, an occupational therapist, recalls that some time between 1986 and 1989 “*I was treating a patient following some hand surgery. I cannot remember his name – my recollection is of an older man... and possibly a former hospital porter... This man told me that Jimmy Savile had been seen trying to have sexual intercourse with dead bodies in the hospital mortuary*”. The witness was young at the time she met this patient and had never heard that such a thing was possible, and assumed that he had made the story up. It was not until the recent allegations were made about Savile that she realised this needed reporting. It has not been possible to trace the patient in question.²²⁵
- 11.66** It should also be noted that a witness came forward who was interviewed as part of the Savile investigation by the Barnet and Chase Farm NHS Trust (the investigation report of which was published in June 2014) who reported a conversation she had had with two nurses who worked there in 1985. They apparently claimed to have witnessed Savile having sex with a dead body in the mortuary at a hospital thought to be Stoke Mandeville. This event was apparently witnessed through an external air vent. This Investigation could find no evidence to suggest that any external air vents in the mortuary (which is still standing) provide any visual egress to internal parts of the building. It was impossible to investigate this claim any further.
- 11.67** No witness when interviewed by the Investigation could recount any direct experience of Savile acting inappropriately with dead bodies in a sexual manner. However there was significant evidence to suggest that Savile probably could, and did, access the mortuary on his own out of hours. A witness who was a mortuary technician in 1969 gave evidence to this Investigation and was asked how staff accessed the mortuary. She said:

““ *It would be open all day.*

Q. Open all day, and out-of-hours, how was it locked up?

A. You would go to the porter, the porter would come over and naturally give you a key, he knew me but if you wanted a key, he would give you one.

224 Statement from W222

225 Transcript from W28

Q. Ah so the porters had the keys out-of-hours?


A. They had a case with all different keys in.

Q. Okay, so that was accessible from the porters' lodge?

A. Yes. ²²⁶


11.68 Savile worked as a porter mostly on night duty during his first few years at Stoke Mandeville Hospital. It is known that he used the porters' lodge as his base and that the master keys for the whole Hospital were kept there in a case. Witnesses recall Savile pushing the mortuary trolleys at night.

11.69 A second witness who gave evidence to this Investigation remembered:

 *He did have this thing, as you will have seen if you read my statement, about taking bodies to the mortuary, and as a Night Sister I used to still be on the ward if somebody had died, and he would often turn up with a porter, but then there were occasions when people used to remark about it, when he seemed to like taking the bodies over to the Mortuary on his own. We never really speculated much about that. We thought it was weird, and it was a bit of a shadow, but nobody ever really speculated as to exactly why he was doing what he was doing in the mortuary with the bodies. But yes, it was just, you know...*

Q. And on occasions he would come on his own?

A. *On his own, and as I said in my statement one occasion I do remember clearly, when he was pushing the mortuary trolley. Stoke Mandeville at that time was all on one level and had really long corridors, and I was walking up the corridor and he was coming towards me pushing a mortuary trolley on his own. I did stop him and say something stupid like 'Where are you going?' which was a pretty silly question really, and he said 'I am just taking this'. I said 'Why are you taking it on your own?', and he said 'Oh no, the porters are busy so I said I would do it on my own'. I said 'How are you going to get in there then?', and he held up the keys and they had given him the keys.*

That did bother me a bit, and I did mention it to my superior at the time, and he said he would have a word with the porters, the porters, you note, not Jimmy Savile, but he would have a word with the porters to tell them not to give him the keys. ²²⁷

11.70 The witness could not remember her superior's name and was not privy to any subsequent actions taken. A third witness remembers Savile taking the body of a 4-year -old child to the mortuary in a pram one night in the 1970s. A pram had to be used as the child was too big for

226 Transcript from W89

227 Transcript from W133

the trolley usually used for children and too small for the one normally used for adults. The night nursing officer (name unknown) made the arrangement and Savile collected the body on his own.²²⁸

11.71 A fourth witness told the Investigation that on occasions the key to the mortuary would be placed on the door sill so that portering staff did not have to walk long distances across the hospital at night if entry to the mortuary was required.²²⁹ If this recollection is correct then anyone who knew of this practice could have entered the mortuary alone and unsupervised.

11.72 Savile wrote several accounts of his experiences in hospital mortuaries in his autobiography *Love is an Uphill Thing* (1976). It is important to note that he only specified Stoke Mandeville Hospital in one of them. Savile wrote “*At Stoke Mandeville Hospital... I help the lads on nights and wheel away the dead bodies from the wards of the older patients*”.²³⁰

11.73 Savile also wrote:

“...at a hospital I had just called in at, I was asked by the short-staffed head porter if I could lay out the remains of an old man who had just been burned to death and his next of kin were coming within the next hour. This job I accepted because after all these years in the hospital world I am now quite good at that sort of thing.”²³¹

11.74 In his final written account of working in a mortuary, he stated:

“It is a hospital porter’s task to take the lately deceased from the ward to a temporary resting place in the mortuary. This is a serious job and most porters think of it as an honour that such a dignified task should be theirs. Now death has always interested me and during my voluntary hospital hours I have spent much time in various mortuaries.”

Savile then went on to report a conversation he had had with a hospital electrician, in which he said of the mortuary “*Actually I often come here for a crafty smoke*”.²³²

11.75 Savile’s professed respect for the dead is at odds with the recollections of one nurse who witnessed him collecting a deceased person from her ward. She said that Savile talked loudly and disrespectfully over the body:

“I once spoke to him because he came to collect a body for the mortuary and I asked him to have respect because he was

228 Statement from W77

229 Statement from W114

230 Savile J, *Love is an Uphill Thing* (1976) c. 1974, P 154

231 *Ibid.* P 118

232 *Ibid.* P 178

treating it as a bit of a joke. That was the only time he ever came to the ward to perform that task when I was aware.”²³³

- 11.76 The Investigation found that there was significant evidence to suggest that Savile had unsupervised access to the mortuary. There was no evidence however to prove that Savile ever practised necrophilia at Stoke Mandeville Hospital. Most of the individuals who worked with Savile in a portering capacity at this time are either dead or could not be traced. It was not possible to investigate these allegations any further.

11.6. General Access Arrangements and Environmental Issues

- 11.77 Before the substantial rebuild of the Hospital in 2005 the working environment at Stoke Mandeville was highly unusual for an acute hospital service. The Hospital was far from being all ‘under one roof’. Buildings were scattered over a 90-acre site and witnesses told the Investigation that it could take up to 20 minutes to traverse the grounds on foot. In this environment Savile worked as a porter and had access to most of the Hospital over any 24-hour period.
- 11.78 The sprawling environment of Stoke Mandeville Hospital operated on an open-access policy throughout the 1970s and 1980s. Witnesses, both patients and staff, remember the wards being unlocked. One witness summed it up by saying “All wards were open and mostly the doors to the wards would be left open; most wards wouldn’t even be closed by handles”.²³⁴ Stoke Mandeville Hospital was not built to any design usual for the time and resembled a small town. The environment was not secure and did not provide any degree of controlled access. The wards were large wooden huts which allowed unrestricted entry to most clinical areas, which was not usual throughout the NHS at this time.
- 11.79 The National Association of Health Authorities and Trusts (NAHAT) issued security guidance in 1982 which was updated in 1992. Even as late as 1992 the Stoke Mandeville Hospital Executive Board heard that:

““ At present the Hospital is an open site with free access to most areas. The principle that doors should be locked, at least at night, is well rehearsed and fully supported as an expectation in the NAHAT security manual. Recent events in hospitals clearly indicate a need to protect patients and staff.”²³⁵

- 11.80 The recent events being referred to were in relation to babies being snatched from maternity units elsewhere in the country.

233 Transcript from W111

234 Transcript from W106

235 AB JS-18 Part 11 P 174

- 11.81** The Stoke Mandeville Hospital Medical Advisory Committee often recorded that staff shortages throughout the 1970s and 1980s, combined with a limited security presence (until the mid-1980s), meant that activities on the hospital site were difficult to monitor. This view was supported by most witnesses to the Investigation.
- 11.82** This evidence shows that Savile came into an organisation that did not have security or controlled access as part of either its culture or its working practice. The environment was large, open and difficult to observe. Savile was carrying out all the duties of a porter in every sense and was at times given the keys to the Hospital. The following four accounts from witnesses provide some examples of the variety of access Savile enjoyed.
- 11.83** **One:** a patient at the NSIC, who later worked at the Hospital for many years, had this to say *“At the time people assumed he was working voluntarily out of the goodness of his heart. Such a unique position opened the whole hospital to him my understanding was that he had access to the keys of all areas”*.²³⁶
- 11.84** **Two:** an occupational therapist at the Hospital during the 1970s told the Investigation:

“ Yes. I always felt uncomfortable, and because he had free access, he used to go and help in the League of Friends and you would see him sitting with patients or behind the counter serving. He seemed to have free access to come and go. I remember one of the old Sisters saying that she worked in the School of Nursing and they opened the new School of Nursing and how annoyed they were that he suddenly turned up. He seemed to turn up at official things he wasn't invited to. He'd just appear.”²³⁷

- 11.85** **Three:** a nurse at the NSIC during the 1970s recalled:

“ I remember working with this young man who... had a total lesion of his spinal cord and had no movement from the neck down, and I remember Jimmy coming in with this group of about eight people, so it was an entourage, and he started talking about this individual in a lot of detail, and he obviously had access to quite a lot of clinical information, because he was able to talk about how he had his accident and why he was here. I remember the individual using a few expletives and saying he wasn't an animal, but that is how that individual felt. I could see why he felt that and I remember spending a lot of time calming him down afterwards.”²³⁸

236 Transcript from W139

237 Transcript from W71

238 Transcript from W46

- 11.86 Four:** former Director of Nursing and Patient Care at Stoke Mandeville Hospital Christine McFarlane told an ITV programme “*he was given too much freedom and staff feared he would stop fundraising if they angered him. Jimmy walked through the doors, everywhere, and because he was Jimmy Savile, nobody argued with him*”.²³⁹
- 11.87** The Investigation found that between 1969 and 1980 Savile had free and unsupervised access to most clinical and non-clinical areas within the Hospital. With this access came permissions (such as turning up uninvited at events, showing people around and reading clinical records) which he appears to have accorded himself, but which do not appear to have been challenged by the people around him. The lack of challenge at local level may be due to Savile’s access being encouraged by Roger Titley, the Aylesbury and Milton Keynes Health District Administrator (now dead), who allegedly told his colleagues to continue to allow Savile free access to the wards and departments.²⁴⁰

11.7. Early Fundraising Activities

- 11.88** Savile did not become involved in major fundraising activities at Stoke Mandeville Hospital before 1980. Whatever foothold he had within the organisation in the 1970s was not as a result of his raising vast sums of money for the Hospital. Very few witnesses could remember what Savile’s fundraising activities actually consisted of during the 1970s. There are relatively few hospital records or newspaper articles that detail any such fundraising events.
- 11.89** One witness who could remember a specific project was a doctor at the NSIC during the 1970s. He said that:

“ He [Savile] had already raised money on what, subsequently, was a petty scale. He raised a few thousand pounds. We did not see any cash in the Health Service. The Health Service was a cash free area, so if you wanted something extra that actually cost money, it was jolly difficult to get anything at all that did not come through the supply system or somehow. Nobody had any cash. It was all centrally funded in some way, which sort of worked. It was never enough. So he raised two or three thousands pounds and had one of the old huts converted into something called the Jimmy Savile Lounge, because in those days there was no Visitors’ Room, there were no toilets for visitors. There were two toilets for the whole hospital that visitors could have access to and when the cleaner went on holiday, they were locked! People were sitting waiting on milk crates in the corridors and he raised the money and built this Lounge. It cost a few thousand pounds, but it was considered an amazing amount of money.”²⁴¹

239 www.dailymail.co.uk/news/article-2226115/Jimmy-Savile-allegedly-told-Debbie-Curtis-tried-rape-Just-think-good-old-uncle-Jim.html

240 *Ibid.*

241 Transcript from W58

- 11.90** The Investigation was told that while Savile engaged in some low-level fundraising at the Hospital during this period it was not in the same league as the major appeal that he was to spearhead for the NSIC rebuild between 1980 and 1983. It would appear that his access, privileges and permissions between 1969 and 1980 were as a direct result of his celebrity status and voluntary porter role alone. The Investigation could find no direct link between Savile's ability to fundraise for the Hospital and any associated special treatment afforded to him prior to 1980.

11.8. Analysis of Findings

Portering, Access and Poor Performance

- 11.91** It has been suggested in the national press that Savile chose to become a porter *“to either boost his own ego or as a way of accessing vulnerable victims”*.²⁴² The Investigation was unable either to confirm or to deny this. It is not possible to understand what motivated Savile to spend a disproportionately large part of his life living and working on hospital premises; however, Savile is quoted as saying:

*“ I personally looked elsewhere and I worked out that a hospital, for me, was better than a disco. A disco closes. A hospital never closes so if I want to go and share myself with my patients in any one of my three hospitals at 3 in the morning, or 3 in the afternoon, it is available... a life of happiness.”*²⁴³

- 11.92** It was Savile's work as a voluntary porter that gave him unchallenged and unrestricted 24-hour access across the Stoke Mandeville Hospital site between 1969 and 1980. This self-appointed role placed him in a position of trust and granted him a high degree of acceptance and approval within the organisation. We heard that he had unrestricted access to most clinical and service areas.
- 11.93** Savile appears to have worked as a porter in the fullest manner possible and to have performed all the tasks to be expected of someone working within the service. How he learned about his role is now unknown due to the passage of time but he probably followed the example of his fellow porters. How Savile was monitored and supervised is also unknown. The paradox is that he gained access and trust by donning his formal porter persona and then flouted any rules or regulations by becoming his famous alter ego, or 'just Jimmy'.
- 11.94** The 'just Jimmy' phenomenon was something that the Investigation came across time and time again. Nearly every witness, when challenged about Savile's known behaviours (not those necessarily associated with direct sexual abuse) and unconventional approach, would be at a loss to

242 www.dailymail.co.uk/news/article-2216274/Jimmy-Savile-pictured-perched-Stoke-Mandeville-hospital-bedsides.html

243 *A Head of Our Times*, interview with Patricia O'Connor (1992) (direct quote from Savile)

explain why such bizarre occurrences went unchallenged for such a long period of time. Many witnesses would end up stating, after careful recollection, “*It was just Jimmy*”.

- 11.95 No examples of portering job descriptions survive from Stoke Mandeville Hospital for the 1970s; however, it is evident that Savile’s performance as a porter during this period was far from satisfactory when set against contemporaneous national guidance. The Investigation was told that Savile had an offensive smell due to a combination of wearing nylon tracksuits and heavy cigar smoking, and that his behaviour was often bizarre, disruptive and rude. When witnesses were asked if they would have tolerated Savile’s behaviour and unique approach from any other volunteer they all said “*probably not*”. That Savile was dealt with differently is illustrated by an example given by a Consultant, who recalled in the 1970s another volunteer known as “*Uncle Arthur*” being asked not to come to the Hospital again because his conduct had been called into doubt.²⁴⁴

Inappropriate Behaviour

- 11.96 The Investigation found that Savile was regarded widely by junior staff as a “*sex pest*” and “*lecher*”, because from his earliest association with the Hospital he was lewd and full of sexual innuendo, and inappropriately touched young female staff. Many witnesses told the investigation that they did not take Savile’s unwanted attentions seriously, and that they brushed him off and little was thought of it. Other witnesses, however, told the Investigation that at times this unwanted attention could go too far and cause distress, particularly amongst the younger women who did not know how to react. Savile’s behaviour was common knowledge amongst junior staff, and we heard that several ward sisters would discourage him from visiting their wards, implying that there was also knowledge at a more senior clinical tier in some areas.
- 11.97 The *mores* of the 1970s probably contributed to the way in which Savile’s known behaviours were regarded. Undoubtedly societal attitudes towards sexual behaviour in the 1970s were very different to those of the present day. The so-called ‘permissive society’ was a contradictory blend of overtly public sexual behaviour and prudishness. Whilst men often behaved in what today would be seen as a highly inappropriate sexual manner, the inherent prudishness of society tended to blame the recipient of the attention and/or turn a blind eye.
- 11.98 There is evidence to suggest that within the confines of Stoke Mandeville Hospital Savile’s boisterous and sexually overt behaviours were so conspicuous that they generated a great deal of gossip and rumour, and that even when set against the *mores* of the time they were seen to be excessive and problematic. The Investigation is of the view that enough was known about Savile’s personal conduct to have warranted assertive intervention at a senior level. It is evident that two incidents of inappropriate behaviour engaged in by Savile in staff accommodation were reported to middle managers but it would appear that what remedial action was taken (for example the warning memorandum sent

244 Transcript from W58

to nurses) did not lead to any actual changes to either Savile's position at the Hospital or his behaviour. It is of note that management strategies appear to have focused upon young female staff maintaining their own safety rather than on dealing with Savile directly.

- 11.99** It is difficult to understand why no action was taken against Savile, given that enough was known about his behaviour for an intervention to have been made. The Investigation heard from witnesses that, in general, nurse managers and ward sisters dealt with complaints at a local level and that they were not always escalated up to the Hospital Administrator. From the evidence available it would seem that this is what probably occurred in the case of Savile.
- 11.100** When investigating who knew about Savile's poor levels of behaviour around the Hospital, we were offered two very different views:
- 1** Witnesses who were in junior roles told the Investigation that Savile's poor performance as a porter, promiscuous behaviour and sexual harassment of female staff were known widely at Stoke Mandeville Hospital.
 - 2** Witnesses who were in senior clinical or administrative roles categorically denied that they knew of any inappropriate sexual behaviour or portering performance issues on Savile's part. David Clay, the Sector Administrator between 1975 and 1984, stated that there was not *"even a whisper"*.
- 11.101** There was no evidence brought forward to us that would refute either view. However, the dilemma presented to the Investigation was in understanding how two apparently contradictory standpoints could both be valid.
- 11.102** Due to the passage of time, the witnesses that we met could not always recall events in sufficient detail to provide us with a full understanding of who knew what and when about Savile's behaviour. Several witnesses with whom the Investigation would have liked to speak are dead. In the absence of supporting documentation and living witnesses the Investigation could only deduce that complaints management during the 1970s was silo-based and that this approach was fostered by the dispersed nature of the hospital site, which separated wards and departments one from the other. Stoke Mandeville Hospital had more in common with a small town than with a traditional acute general hospital. Communications tended to be confined to specialties, with many sections of the staff never meeting or knowing each other. This situation provided the circumstances whereby Savile was able to continue his sexually inappropriate behaviours unchallenged and unmanaged over a period of many years.
- 11.103** The Investigation could find no grievance or whistleblowing policies or procedures relating to Stoke Mandeville Hospital for this period, although there were examples of policies for the management of poor staff conduct found within the Medical Advisory Committee minutes for the 1960s and 1970s. These policies do not appear to have been shared widely.

- 11.104** A Union Convenor working at the hospital at the time said *“If a person had a problem, they would come down to my office and they would come to me first”*.²⁴⁵ The problem would then either be resolved on the spot or taken to the ward sister or department head. Any complaints or issues appear to have been dealt with at ward or department level via a uni-professional management system. This meant that during the 1970s, while complaints and concerns may have been raised, the likelihood of them ever surfacing and reaching the attention of the Hospital Administrator was low. The Investigation spoke to the two union convenors who worked at the Hospital during this period, and neither of them recalled any complaint against Savile ever being brought to them.
- 11.105** There is evidence to suggest that some middle managers and senior nursing staff were aware of conduct issues relating to Savile over a period of many years. However, the Investigation is of the view that on the basis of the evidence provided it would have been entirely possible for the complaints and concerns about Savile to have been absorbed and dissipated before reaching the attention of the Hospital Administrator. We were told by witnesses that there was a degree of pride within each ward and department in being able to manage all the day-to-day issues that arose, including complaints and disputes. It is entirely possible that this approach contributed to keeping Savile’s activities away from the attention of senior administrators.
- 11.106** This view can be supported by what is known about the national situation at the time. The Salmon Report which was published in 1966 presented a review of nursing which led to wide-ranging changes. Ultimately it led to the removal of the matron, who had had a hospital-wide range of responsibilities, and put in place a three-tiered nursing management system which had no assured place within the hospital hierarchy. Researchers today describe the results as *“painful”* and record that there was a direct impact upon the quality of patient care. Problems on wards and in other areas were no longer instantly known to hospital managers and senior nurses were placed in *“weak and lonely”* positions with few formal contacts with the senior hospital administrative tier.²⁴⁶ In 1984 the Griffiths Review recognised that things had indeed become disjointed. It said *“If Florence Nightingale were carrying her lamp through the NHS today she would be searching for the people in charge”*.

Celebrity Status and Fundraising

- 11.107** The fact that Savile could come and go as he pleased was not solely due to his role as a porter but largely dependent upon his celebrity status. His appearance throughout the Hospital in unexpected places (such as private events) could be accepted due to his celebrity persona.
- 11.108** The notion that the Hospital somehow gained a significant advantage from its association with Savile is less easy to understand, as over the course of a decade (between 1969 and 1980) Savile did not substantially assist the Hospital in any kind of major fundraising work. It would appear

²⁴⁵ Transcript from W89

²⁴⁶ Rivett G, *From Cradle to Grave: Fifty Years of the NHS* (1998)

that in true celebrity style Savile was at this stage simply ‘famous for being famous’, and both the Hospital and Health District wished to maintain the relationship for the kudos that it bestowed.

11.9. Conclusions

- 11.109** The narrative chronology in chapter 9 sets out the sequence of Savile’s sexual abuse of patients, visitors and staff and demonstrates that this commenced with immediate effect once he gained access to Stoke Mandeville Hospital. Whilst this behaviour was not necessarily known about or understood at the time (see chapters 6 and 13) enough was known about both Savile’s general, and consensual sexual, behaviour at Stoke Mandeville Hospital to have alerted staff at all levels that an unusual train of events had been set in motion that would require careful ongoing management and monitoring.
- 11.110** The lack of management and monitoring of Savile is key to the issue of his access, permissions and privileges. He was accepted into the Hospital and set down in the middle of a busy and sprawling organisation with a myriad of cultures, customs and practices. In this kind of environment Savile was able to go about his business, not only unchallenged, but also with the perception of sanction from the senior hierarchy.
- 11.111** During the 1970s challenge to Savile was not provided at an institutional level. It is evident from the witness evidence received that there were a substantial number of complaints consistently being made about both Savile’s portering abilities and his general conduct, which collectively should have led to action being taken. At least one of these complaints about his general conduct was escalated and purportedly reported to a senior nursing officer (who issued a memorandum). It is not viable to conclude that nobody knew anything; however, the Investigation cannot go beyond the evidence to determine who exactly knew what and when, due to the paucity of the information available to us.
- 11.112** The difficulty for the Investigation is in understanding how witnesses regarded Savile’s behaviour both contemporaneously and with the benefit of hindsight. It is important not to draw conclusions with a hindsight bias. It is evident from what many witnesses told us that staff accepted higher levels of sexual harassment in the workplace during the 1970s than would be accepted today. This is important when determining the difference between Savile being seen as a sex pest in the 1970s (perhaps to be tolerated) and a sexual abuser in contemporary terms (which would nowadays lead to censure and management action). There is a line to be drawn between the two descriptors which to modern eyes is almost too fine to be drawn.
- 11.113** The Investigation concludes that Savile was a celebrity who came forward to volunteer but was given the access, permissions and privileges normally accorded to formally contracted members of staff. Even by the standards of the time, this was an unprecedented situation. On the basis of what was actually known about Savile at the time, and

without the benefit of hindsight relating to the allegations now in the public domain, senior administrators at Stoke Mandeville Hospital were remiss on two counts:

- 1 A celebrity volunteer was allowed unmanaged, unmonitored and unsupervised access to an NHS site and the patients, staff and visitors within it over a period of many years, with no monitoring or management in place.
- 2 Persistent concerns about Savile's portering performance and behaviours were sufficient to have warranted a re-evaluation of his continued association with Stoke Mandeville Hospital. However, systems and management processes were not robust enough to ensure that these concerns were escalated and dealt with appropriately.

Responsibility

- 11.114 The Investigation was called into being principally to address the issue of Savile's sexual offending. The examination of his access, privileges and portering role has been conducted in order to understand how it was possible for him, as a member of the general public, to access his victims on an NHS site. Whilst Savile has to be held accountable for his own actions, the Investigation found there to be a significant responsibility on the part of the NHS. Even if no one knew the full extent of Savile's behaviours (including his sexual offending) during this period, the unofficial appointing of Savile to his position of trust within the Hospital, and the subsequent lack of the degree of management, monitoring and supervision that could reasonably have been expected during the 1970s, entailed significant omissions in terms of the duty to protect patients, members of the public and staff. The fact that there are few surviving policies for Stoke Mandeville Hospital to evidence how Savile could and should have been managed is not relevant. There was sufficient national guidance that should have been implemented at the Hospital to provide a framework for how to proceed. The 1970s was not a lawless decade and there was clear national guidance on portering, voluntary services²⁴⁷ and complaints management (sufficient evidence was found in Buckinghamshire Medical Advisory Committee minutes for the 1960s and 1970s to demonstrate that Stoke Mandeville Hospital had been provided with the relevant guidance). Had this guidance been adhered to in relation to Savile it could reasonably be expected that his association with Stoke Mandeville Hospital would have played out very differently, with his access being restricted, his direct contact with patients, staff and visitors both curtailed and supervised, and his performance monitored and managed.
- 11.115 Thanks to the free-ranging access and permissions that Savile enjoyed, an unprecedented degree of unsupervised privilege was granted to him. It was evident to the Investigation that during the 1970s Savile received special treatment from Stoke Mandeville Hospital by virtue of his celebrity. It was this factor alone that maintained him in his position at the Hospital long after significant concerns about his behaviour and

²⁴⁷ See paragraphs 11.55 and 11.56

conduct had been raised. Due to the passage of time the exact circumstances that brought Savile to Stoke Mandeville Hospital cannot be understood. However, each successive Hospital Administrator/General Services Administrator was responsible for continuing the arrangement and failing to ensure that Savile received any degree of performance management. The Hospital Administrators/General Services Administrators/Unit General Managers (all titles used during this period to denote the most senior hospital-based manager) primarily responsible were George Smith (in post prior to 1973) and Paul Trimble (in post 1973–83). Roy Taylor (in post 1984–86) and Allan Bailey (in post 1988–90) also had a responsibility to ensure that the safety of the Hospital was maintained. However, during the 1980s Savile had received authority from the DHSS for his continued presence on the hospital site; the Investigation therefore recognises that these latter individuals would not have had the power to challenge Savile, as his permissions had been given by a higher authority by this stage. Accordingly the Investigation does not criticise these two individuals for allowing the situation to continue.

- 11.116** In mitigation of Paul Trimble, the Investigation acknowledges that the National Health Service Reorganisation Act which was enacted in 1974 led to significant changes in hospital administrative practice. Whilst day-to-day management responsibilities still rested with General Services Administrators (such as Paul Trimble), a large and bureaucratic system was put in place at area and district health authority levels, which disempowered hospital-based managers and often prevented national policy guidance being made available to those ‘on the ground’.
- 11.117** The Investigation concludes that during the 1970s Savile’s reputation as a sex pest and poorly performing porter at Stoke Mandeville Hospital was an open secret amongst junior staff and some middle managers. The Investigation also concludes that complaints were probably filtered out before they reached the attention of senior administrators at the Hospital. Whilst none of the witnesses we interviewed claimed to have had any knowledge of Savile sexually abusing patients and visitors, most of the people that were interviewed acknowledged that he was “creepy” and “a lecher”. The evidence shows that the culture, systems and practice within Stoke Mandeville Hospital during this period ensured that complaints, concerns and grievances were managed in a ‘closed loop’ which prevented an open and transparent approach being taken, and that Savile was given a high degree of leeway regarding his performance and conduct due to his celebrity status.

The Investigation concludes:

First: that there was an initial lack of structure around the appointment process when Savile was taken on at Stoke Mandeville Hospital as a voluntary porter.

Second: that there was a subsequent lack of performance management and review arrangements:

- ***Between 1969 and 1980 Savile was allowed unrestricted and unmanaged access to an NHS site, namely Stoke Mandeville Hospital, in his capacity as a voluntary porter. This situation both created and***

perpetuated the circumstances by which Savile was able to have direct and unsupervised access to patients, staff and visitors – access during which his general conduct was often deemed to be inappropriate and not in keeping with that to be expected from a member of the portering staff.

- *Hospital Administrators and successive Unit General Managers had a responsibility to ensure that Savile was managed, monitored and supervised in keeping with the national and local guidance of the day regarding voluntary services and portering staff. Had this been achieved, it would have provided a route by which performance and conduct issues could have been identified.*
- *Numerous witnesses told the Investigation that reports were made about Savile’s poor portering performance and inappropriate conduct. Whilst it has not been possible to identify to whom these reports were made (with a single exception) enough was known about Savile’s behaviour by some middle managers on the Stoke Mandeville Hospital site for his continued association with the Hospital to be reviewed and/or rescinded. However, systems and management processes were not robust enough to ensure that these concerns were escalated and dealt with appropriately.*
- *Savile was given unchallenged access to and privileges within the Stoke Mandeville Hospital site by virtue of his celebrity status. His celebrity persona led the people around him to accept behaviour which would not have been tolerated from other volunteers or directly employed members of staff.*

12 Fundraising Activities and the Commissioning of the National Spinal Injuries Centre (1980–2011) and Consequent Access Arrangements, Permissions and Privileges

12.1 This chapter examines Savile’s relationship with Stoke Mandeville Hospital between 1980 and the time of his death in 2011. Each of the chapter sub-sections flows in a chronological sequence to illustrate the cumulative effect of authority and permissions that were granted to Savile over a 12-year period. Further evidence is set out in chapter 9.

This chapter addresses:

- *the historic policy context required to provide background information regarding the NHS and charitable funds between 1979 and the present day;*
- *decisions made regarding the reprovision of the National Spinal Injuries Centre (NSIC) and the setting up of the Charitable Trust Fund which Savile was to lead;*
- *NSIC planning and commissioning arrangements and departures from established governance frameworks;*
- *Savile’s role in the commissioning of the NSIC and his continued association with the centre after it was rebuilt;*
- *the management of the Charitable Trust Funds and challenges made to Savile.*

12.1. Context: Overview of the Charity Commission Requirements and Assurance Processes

12.2 This section sets out background information for the reader in relation to charitable fundraising practices in the NHS from 1948 to the present day, focusing on the issues relating to the rebuilding of the NSIC.

Charitable Fundraising in the NHS

12.3 From 1948 Aneurin Bevan placed restrictions upon both the raising and use of charitable donations for the NHS as taxation was to be the principal method of funding the core activities of the newly founded healthcare system. By the time Savile arrived at Stoke Mandeville Hospital in 1969 the NHS could receive charitable donations for patient and staff welfare activities and facilities only. The prohibition on direct fundraising was due to the fact that revenue allocations within the NHS

were distributed in relation to capital stock, and that if new facilities were established with charitable finance, then additional revenue would have to be provided out of the public purse. These restrictions were lifted at the end of 1980.

- 12.4** The national economic climate throughout 1979 was one of decline and this led to a reining in of public expenditure; the NHS experienced financial difficulties during this period which led to a cessation in building and rebuilding programmes. The Conservative Party came into power under the leadership of Margaret Thatcher in May 1979. This heralded a drive to reduce public expenditure with a focus upon harnessing voluntary effort.
- 12.5** Following the enactment of the Health Service Act 1980, Health Circular HC (80) 11 was issued by the Department of Health and Social Security (DHSS). Section 5 of the Act gave Health Authorities power to engage in fundraising activities and HC (80) 11 provided advice on the use of the new powers. Guidance issued at the time by the Oxford Regional Health Authority explained that “... it is the Government’s wish to encourage the activities of groups and individuals in support of the NHS and that it believes that as well as raising money for new facilities or services there is an intangible benefit in bringing the local health service and the community together”.²⁴⁸
- 12.6** The circular suggested that Authorities could act as co-ordinators of voluntary fundraising particularly in respect of large-scale service provision. The circular itself instructed that NHS Authorities could now not only accept charitable funds but also raise them. It would be left to each Authority’s discretion how this would be managed.²⁴⁹

12.2. The Setting up of the National Spinal Injuries Centre Appeal and Initial Commissioning Decisions

Findings

The Initial Response to the Damaged Wards at the National Spinal Injuries Centre

- 12.7** Several ceilings at the NSIC collapsed on 17 January 1979. Almost immediately three of the spinal wards were rendered useless. This particular occurrence happened at a time when the continued existence of the NSIC at Stoke Mandeville Hospital, in its then current form, had been coming under increasing external scrutiny. A national strategy was being considered and plans for new spinal injuries units to be built across the country were in train. In addition during this period the NSIC experienced significant staffing shortages and the Buckinghamshire Area Health Authority was facing a financial crisis. The clinical staff and

248 Oxford Regional Health Authority Paper 23/81, Oxford History Centre

249 HC (80) 11 December 1980 P 1

patients at the NSIC were concerned that the collapse of the buildings themselves would be the final factor in deciding either the downgrading or closure of the centre.

- 12.8** As early as 2 February 1979 the situation at the NSIC was being discussed in the House of Commons. The Labour Government at this time rejected the case to make the NSIC a special case and backed the plans of the Regional and Area Authorities for ongoing maintenance within the established regional and area procedures.²⁵⁰ Following the election of the Conservative Government letters were exchanged between Dr Gerard Vaughan, the new Minister for Health, and Baroness Masham at the National Spinal Injuries Association regarding the future of the centre. At the same time the Oxford Regional Health Authority formed a Project Group to plan a rebuild of the NSIC.²⁵¹
- 12.9** It should be noted that prior to the collapse of the ceilings at the NSIC Savile had no particular association with the centre over and above that of any other department or service at Stoke Mandeville Hospital. It is not certain how Savile came to be involved in the initial thinking around a fundraising appeal. However, by the summer of 1979 Savile appears to have been involved in talking to local benefactors and had also written to Patrick Jenkin, the Secretary of State for Social Services. By September 1979 there was a growing interest at political and senior NHS levels to rebuild the NSIC.
- 12.10** On 8 November 1979 a former patient of the NSIC organised a demonstration to raise public awareness of the plight of the centre, as despite a great deal of rhetoric nothing had been decided about its future. Early in the morning paraplegic and tetraplegic former patients of the NSIC, with assistance from able-bodied colleagues, broke into two of the devastated wards which had been padlocked up for safety and chained themselves to beds and door handles. The sit in was kept secret and commenced at around 04.00 hours with patients coming into the Hospital from miles around. Clinical staff and hospital administrators were not informed, but the press and television crews had been notified in advance. Savile was *not* involved in either the planning or execution of this protest.²⁵² The sit in raised an enormous amount of public awareness; the press arrived at around 06.00, swiftly followed by the hospital administrators who had eventually been briefed about the event. Very rapidly Ministers were both notified and involved. Dr Vaughan, the Minister for Health, visited the Hospital two weeks later.²⁵³

Government and Department of Health and Social Security Involvement

- 12.11** The decision to launch an appeal gathered momentum from 21 November 1979 when Douglas McMinn (a Buckinghamshire benefactor) made a donation of £150,000 for the rebuilding of the NSIC; although it is not recorded it is probable that this was as a reaction to

250 Buckinghamshire RO, L372:36 Hansard House of Commons

251 DH Documents O6 PP 66 - 67

252 Transcripts from W37, W139 and W175

253 *The Guardian*, 8 November 1979

the patient-led sit in. Mr McMinn's conditions for his donation being made were that there had to be a national fundraising appeal and that his offer had to be accepted within a few weeks or it would be withdrawn.²⁵⁴

- 12.12** Savile had written to Patrick Jenkin, the Secretary of State for Social Services, on 21 August 1979, apparently inviting himself to tea so that he could discuss fundraising for the NSIC. An internal DHSS memorandum described plans as “*nebulous*” at this stage but the offer of Mr McMinn's donation two months later galvanised action.²⁵⁵ Savile describes this invitation to tea with the Secretary of State in an interview with the *Daily Express* on 17 June 1980 thus (it must be noted that Savile gets several facts wrong about the sequencing of historical events):

““ *Having worked voluntarily and most happily for about a dozen years in three major but very different hospitals, Leeds Infirmary, Broadmoor and Stoke Mandeville, I suddenly got a feeling, that I'd like to take tea with the Secretary of State for Social Services.*

... So I rang his office, they said why not, and I presented myself at the Department of Health in London at the appointed time. He was out but only down the road at the House-of-Commons and that's where we finished up round a teapot.

As it happens, earlier that week, several of our ceilings had fallen in on the Stoke Mandeville spinal patients, depositing 35 years of dead flies and sundry bits of sodden wood on the luckless patients in the beds below.

Someone somewhere decreed that the half ruined National Spinal Injuries Centre would now close and cease to exist...

'... We have problems' said the Secretary of State, as he cut a chocolate cake freshly bought from the petty cash.

'Not really' says I pouring the tea. So we struck a deal. He would arrange, for the spinal unit to stay open if I would find the money for a new hospital. And that's how it all started'.”

- 12.13** Dr Vaughan, the Minister for Health, recognised that Savile was now “*pushing ahead*” fast for an appeal to be launched. Consequently he assigned James Collier (Deputy Secretary to the Department of Health and Social Security) to support Savile. A DHSS internal minute from Dr Vaughan to James Collier stated that he would help to remove obstacles if they arose.²⁵⁶

Project Set Up

- 12.14** By December 1979 there were two main factors under consideration. The first was the national spinal injuries strategy and the detail around the bed numbers required for the south of England including those at

254 DH Documents 04 P 51

255 DH Documents 06 P 275

256 DH Documents 06 P 147

Stoke Mandeville Hospital. The second was the setting up of the fundraising appeal for the Stoke Mandeville NSIC and the Charitable Trust that would be required to manage it. It is a key finding of the Investigation that the desire to keep the momentum of the fundraising appeal led the commissioning process, rather than the commissioning process leading the fundraising appeal.

Bed Numbers


- 12.15** Contemporaneous correspondence between the Oxford and South East Thames Regional Offices and the DHSS provides evidence to show that no consensus could be reached regarding the bed numbers at the NSIC should it be rebuilt. Regional Health Authority Medical Officers for Oxford and South East Thames recognised that bed numbers for the south of England were a planning matter between the two Regions and it was understood that 120 beds would be needed. The Medical Officers thought that the NSIC should comprise between 60 and 90 beds with another 30–60 beds being provided at Sidcup.²⁵⁷ Dr Rue from the Oxford Regional Health Authority expressed concerns about 120 being placed at Stoke Mandeville due to local financial difficulties, staff shortages and the poor infrastructure of the Hospital in general. The Stoke Mandeville NSIC had previously struggled to fill more than 110 beds due to these reasons.
- 12.16** The correspondence between the Regional Medical Officers was copied to the DHSS. An internal DHSS memorandum recorded the concerns felt at the DHSS that the Regional Offices would push for Savile funds to be shared across regional units and not be spent solely on the rebuilding of the NSIC. It was recorded that *“this is not, I think what Jimmy Savile has in mind”*. There were concerns at the DHSS that the spinal injuries policy would be led by the Oxford Region and that beds would be reduced at the NSIC. The memorandum described this as being undesirable.²⁵⁸
- 12.17** It was recorded in a DHSS minute that when Dr Vaughan, the Minister for Health, had visited Stoke Mandeville in November 1979 he had given assurances that *“NSIC services would fall no further”*, implying that the bed numbers *status quo* would be maintained.²⁵⁹ It was evident that Ministers expected the DHSS to intervene. A DHSS position paper was written for James Collier on 24 November 1979. The paper expressed concern that the Minister was expecting the DHSS intervention to be more *“full blown”* than it should be regarding spinal injuries strategy development. However, DHSS intervention of some kind was felt to be justified as spinal injuries represented a *“multi-regional activity”*. The paper also documented that:

“ On the size of the new Unit at Stoke Mandeville, Ministers had made it clear that as there was such disagreement generally about this, DHSS should be prepared to say clearly the way in which it envisaged SI [spinal injury] provision being developed for the South of England... [a DHSS doctor] agreed to produce a

257 DH Documents 07 P 41; DH Documents 06 P 173

258 DH Documents 06 PP 217 - 219

259 DH Documents 06 P 164 - 172

short paper ... pointing the way to a 100+ bedded unit at Stoke Mandeville. Anything less than this was known to be unacceptable to Ministers.... ²⁶⁰

12.18 The DHSS doctor calculated that 170 beds were required across the East Anglian, Oxford and four Thames Regions, 50 of which were already provided at Odstock. This meant that 120 beds were still needed. This paper did not examine the counter arguments put forward by the Regional Offices and the DHSS doctor stated that all 120 beds should be provided at Stoke Mandeville for three reasons:

- 1** Stoke Mandeville already existed.
- 2** There was no central funding for a unit at Sidcup and the fundraising appeal would only be successful if centred upon Stoke Mandeville.
- 3** Working through the national spinal injuries strategy would take too long.²⁶¹

12.19 On 2 January the bed numbers were agreed at a spinal injuries services meeting for southern England.

Appeal Fund and Charity Set Up

12.20 Initially the DHSS did not know how to set up the appeal. At this time the NHS was not allowed to either raise or receive funds for a capital project. It was acknowledged that as the legislation currently stood an appeal for the NSIC was going to be problematic. However, three options were identified:

- 1** Set up a Charitable Trust Fund.
- 2** Donations could be made to the Regional Health Authority for the sole purpose of building the NSIC.
- 3** The National Spinal Injuries Association (NSIA) could be invited to act as custodians and Trustees for the Fund.²⁶²

12.21 It was thought that option 2 would find no favour with Savile and that option 3 would be unacceptable as the NSIA would want any donations made to be available to each spinal injuries unit across the country. It was thought at this stage that option 1 would be the most acceptable way forward.

12.22 On 4 December 1979 a planning meeting was held at the DHSS. It had been discussed that Savile had requested that fundraising be a “*two-man show*” (presumably with himself and James Collier) with subsidiary contributions from other fundraisers. Mr Collier wrote on the 5 December “*I will explain that we are not yet setting up a steering committee because we want to make sure the undergrowth is clear before we invite such great people to sit round a table with us – I can*

260 DH Documents 06 PP 158 -162

261 DH Documents 06 P 137

262 DH Documents 06 PP 148 - 151

keep Dr Vaughan content on this one".²⁶³ It was noted that alongside the formation of the Charitable Trust, a Steering Group and Project Group with a secretariat would also be required.²⁶⁴ The issues identified were:

- 1 The relationship between the Fund and Regional and Area Health Authorities would need to be formalised.
- 2 Once constructed, the NSIC would revert to the ownership of the Secretary of State.
- 3 Solicitors would be required to construct a Charitable Trust deed.²⁶⁵

12.23 On 20 December 1979 an appeal meeting was held at the DHSS and a launch date was set for 23 January 1980. At this stage the plan was for the appeal to be managed under the aegis of a formal registered charity and for the Trustees to be drawn from a pool of nationally established and well-known fundraisers. There were no plans at this stage for Savile to be a Trustee. A parallel group was to be formed to advise the Trustees regarding commissioning and building issues to ensure that the NHS contribution to the design brief was maintained. This parallel group was to be comprised of Regional Authority and Area Authority senior personnel. Nothing was decided in detail at this stage.²⁶⁶ However by the 10 January 1980 a DHSS briefing note showed that thinking had changed rapidly. It stated that "*... As a first step there will be three Trustees, Mr Savile, Mr Collier and one other*".

12.24 On 23 January 1980 the Stoke Mandeville Hospital appeal was launched in Church House, Westminster. In a press release Dr Vaughan, the Minister for Health, welcomed the initiative as an example of what the partnership between Government and the public could achieve. It was seen as being right and fitting for the Government to seek help in this way in a time of severe economic restraint. The welfare of disabled people was not seen as being the duty of Government alone. The intent was for the statutory and voluntary sectors to complement each other.²⁶⁷ At this stage the financial contributions were being managed by the Buckinghamshire Area Health Authority. The *Bucks Free Press* reported "*Jim's going to fix it for spinal injuries unit*".²⁶⁸ The target for the appeal had been set at £10 million.

12.25 On 8 May 1980 a meeting was held at the Oxford Regional Office to discuss the development of the NSIC and the relationships between the DHSS and Regional and Area Health Authorities in relation to Savile. It was noted that Charity Trustees were to be appointed and that they would carry all capital financial responsibility. The Regional Health Authority was to act as advisor to the Trustees regarding the contract for the NSIC building. The DHSS would call for minimal assurances regarding the building. It was noted that the Stoke Mandeville Liaison Group (DHSS officials, Regional Office and an NSIC clinician) would

263 DH Docs 06 P 145

264 DH Documents 06 P 148

265 *Ibid.*

266 DH Documents 06 PP 133 - 134

267 DH Documents 06 PP 12 - 14

268 Buckinghamshire RO. L372: 36 *Bucks Free Press*

advise if there were any disagreements between the Project Group (Savile, the architect and the contractor) and the authorities (unspecified).²⁶⁹

- 12.26** In July 1980 the Liaison Group expressed concern that Charity Trustees for the appeal had still not been appointed. There was a need to move forward with the project and the Oxford Regional Health Authority sought assurance that the DHSS would stand behind them in the contracting and construction of the unit. The issue of revenue costs was raised and also any future ownership of the facility. It was agreed that the new centre would be part of the NHS and managed by the Area Health Authority in the usual manner.²⁷⁰ It seemed to be clear that the Oxford Regional Health Authority would retain control over the commissioning project while the Charity Trustees raised the money for the rebuild.
- 12.27** However, by December 1980 the situation had changed. James Collier wrote to the Chairman of the Oxford Regional Health Authority to say *“The intention is to empower the Trustees, without undue restriction – in lay language to build a new National Spinal Injuries Unit, to be handed over on completion to the appropriate Health Authority”*.²⁷¹ At this stage there was no mention of who these Trustees were to be or how they were to be recruited.
- 12.28** On 2 July 1981 the first meeting of the Trustees designate was held. The Trustee profile was very different to that originally proposed. Savile was the Chairman of the charity, which was named after him. James Collier was co-opted from the DHSS (the fact that James Collier was co-opted by the DHSS demonstrates how poorly the DHSS understood the terms of setting up an independent charity as Trustees can only be appointed as private individuals and can represent, and be responsible, only for themselves). The third Trustee was the senior architect who had been appointed for the rebuild of the NSIC. The fourth was Lord Matthews, Chairman of Trollope and Colls, the contracting firm that had been appointed for the rebuild (he was also the Chairman of Fleet Holdings, owners of the Express Group of newspapers from 1977 to 1985). There is no surviving documentation that explains the process of Trustee appointment. A letter was sent from Geoffrey Rainbird, the architect, to Mr Roberts, the Chairman of the Oxford Regional Health Authority, to say:

“ The Trustees also thought it more appropriate if they enter into a contract with Trollope & Colls for the new Spinal Unit and took full responsibility for building it. It was thought however that when the new building was completed, it would be commissioned by the ORHA, and the Trustees would like to be sure that you are content with this. No doubt these decisions will raise a number of queries and if it would be helpful James Collier

269 DH Documents 04 PP 35 – 36

270 DH Documents 07 PP 229 – 230

271 DH Documents 04 PP 31 – 32

and I would be very pleased to meet you in order to deal with the details. ”²⁷²

- 12.29** The Investigation could find no documentation that records the change of thinking that seems to have occurred between January 1980 and September 1981 when the charity was finally registered with the Charity Commission. During this period the Trustees designate took on more authority and began to make decisions that would normally be the responsibility of the Oxford Regional Health Authority. The Charitable Trust Deeds made it clear that the Trustees were in full control of all fundraising and financial management arrangements and that they also had “*the absolute discretion*” to enter into building and other contracts for the rebuilding of the NSIC. This served to remove any control of the process from Regional and Area Health Authorities, placing full authority and autonomy with the Trustees of the newly founded charity. At the same time the Liaison Group which had been part of the original oversight process ceased to exist. This presented two potential governance and assurance issues.
- 12.30** **First:** the new arrangements led to a lack of NHS oversight and governance. The oversight function that James Collier was appointed to provide came to an abrupt end when he retired from the DHSS in 1982. At the point of his retirement he was not replaced by another DHSS officer who could oversee the project. This in effect severed all formal links between the charity and any government-based oversight; it also fractured communication processes with the Regional and Area Health Authorities. It is evident from an examination of the surviving documentation that Savile’s charity began to communicate with the NHS on a ‘need to know’ basis only.
- 12.31** An example of how the Regional Health Authority was prevented from fulfilling its function as the body responsible for capital project oversight was that it was not able to influence the appointment of either the architect or the contracting firm.²⁷³ Both appointments were made in the face of regional concern. On 8 May 1980 an internal memorandum was sent within the Oxford Regional Health Authority to say that the DHSS would not be requiring the NSIC architect to make any formal submissions to the Regional Authority’s works department for any stages of the scheme or to comply with any Regional Health Authority procedures.²⁷⁴
- 12.32** Another example is when James Collier from the DHSS wrote to Lady Mallalieu, Chair of the Buckinghamshire Area Health Authority and member of the increasingly defunct Liaison Group, on 22 July 1981 to say:

“ I am conscious that it is a long time since I convened a meeting of the Liaison Group about the Stoke Mandeville Spinal Unit Project. I suspect that rumours will have reached you but that of course is not good enough. And I am writing therefore to

272 DH Documents 04 PP 20 - 21

273 DH Documents 04 P 45

274 DH Documents 04 P 37

try to pick up for you the salient points of what has happened. First of all, on the Trust itself; four Trustees have been appointed (Jimmy Savile, Lord Victor Matthews, Geoffrey Rainbird and I) and we expect the Trust finally to be registered within the next couple of weeks... I may say that we rather jumped the gun by issuing a Letter of Intent to Trollope & Colls before we had the formal agreement of the Regional Health Authority to building on that site. Hopefully they will be willing to overlook that!”²⁷⁵

12.33 The lack of oversight was not only at a regional level. The Investigation asked James Collier how the DHSS managed oversight of the initial phase of the fundraising leading to the commissioning of the NSIC. He said:

“ They didn't... Well, put it like this: I regarded myself as following Ministers' requests to do what was necessary. One instinct I always had was that if some Departmental Official started knocking on Jimmy Savile's door, goodbye. He wouldn't co-operate, so one has to get the chap who is raising the money - and he was raising the money in vast quantities - to do it his way, if I can put it like that. ”²⁷⁶

12.34 **Second:** the revised arrangements did not address probity issues. The architect and contractor agreed to work on the project on a not-for-profit basis; however, there were no inbuilt independent assurance mechanisms as they had also been appointed as Trustees of the charity which was to have full responsibility for:

- fundraising;
- managing the accounts and finances of the project;
- commissioning the NSIC;
- contracting and designing the NSIC.

12.35 The issue about probity was made more problematic by the ever decreasing levels of DHSS and NHS consultation, liaison and oversight.

12.36 The NSIC appeal was initiated outside any existing legislation at the time (January 1980), and even though the Health Service Act 1980 came into being prior to the formal establishment of the Jimmy Savile Stoke Mandeville Hospital Trust (September 1981), no attempt was made to bring the appeal into line with new legislation and Health Circular Guidance which would have ensured NHS management oversight of the charity. To compound this, the four Trustees who were eventually appointed had no links to the NHS (once James Collier had retired) and managed the project from the outset as an independent venture. There was not only a lack of consultation and oversight from DHSS and NHS bodies; the charity was allowed to function in lieu of statutory bodies.

12.37 There is no evidence to suggest that the four Trustees had any previous experience of leading an undertaking of this kind. The setting up of the appeal in this manner was an extraordinary act of permission. Whilst

275 DH Documents O4 PP 18 - 19

276 Transcript from W31

there are no documents that make explicit the decision-making process about how the charity was eventually set up it would appear that Savile's authority was given at the behest of politicians and then made possible by senior civil servants. That politicians felt themselves to be directly involved in decision making regarding the appeal can be demonstrated by the following quote from an internal DHSS memorandum written specifically to address the issue: "*The [NSIC] appeal is a joint effort sponsored by Dr Vaughan on behalf of the Secretary of State and by Jimmy Savile and it results from a mutual concern about the condition of the spinal unit*".²⁷⁷

12.3. Initial Charitable Fundraising Activities

Findings

Political Support

- 12.38** At the outset it was estimated that a total figure of £10 million would be required for the building of the NSIC. In February 1980 Savile met with Margaret Thatcher, the Prime Minister. It was recorded in a DHSS minute that she told Savile on this occasion that the banks were to shortly report significant profits and that she would like them to donate some of this to the Stoke Mandeville appeal. Banks and insurance companies were seen as being big potential donation sources. A visit was planned with the Bank Chairmen to be led by Ministers; Savile asked if he could also attend. Dr Vaughan, the Minister for Health, wrote a letter that was sent to potential donors. In the event the banks were to decline their financial support.²⁷⁸
- 12.39** Following this meeting Margaret Thatcher wrote to Savile on 25 February 1980. She suggested that the issue of the covenant system should be left with her and that she would write to him again within a few weeks. She apologised for not being able to give him an instant answer. It is not clear exactly what this letter referred to but it is apparent that the two of them had discussed covenant issues for the charity when they met earlier in the month.²⁷⁹
- 12.40** On 6 March 1980 Dr Vaughan, the Minister for Health, wrote to Margaret Thatcher. He stated that "*with your encouragement Jimmy Savile has made an excellent start with his campaign to raise money to re-build Stoke Mandeville. The fund is approaching £300,000*". An assurance was given that the Prime Minister would be kept in touch with future developments.²⁸⁰
- 12.41** On 14 April 1980 Margaret Thatcher wrote to Savile again. In this letter she said that from "*next year*" tax relief would be given at a higher rate of relief on covenanted donations.²⁸¹

277 DH Documents 07 P 236

278 DH Documents 06 PP 27 – 30

279 The National Archive Notes P 17. PREM 19/878

280 The National Archive Notes P 15. PREM 19/878

281 The National Archive Notes P 13. PREM 19/878

12.42 On 19 June 1980 the *Bucks Herald* reported that the appeal was going well and had reached over £1 million.²⁸² At this stage the funds were being banked by the Buckinghamshire Area Health Authority Treasurer on behalf of the appeal fund. This state of affairs was to continue until the setting up of the Jimmy Savile Stoke Mandeville Hospital Trust in September 1981 when banking and financial arrangements were transferred to Coutts under the aegis of the charity. At this stage the day-to-day management of the appeal was carried out at Stoke Mandeville Hospital. The Hospital Administrator in post at the time recalled:

“ My general office staff which was three and sometimes four people, they opened all the envelopes, all the money first thing in the morning. They used to come in at 7:30 [a.m.] to deal with the post for the Jimmy Savile Appeal and they would do all that before they started officially the day’s work at either 8:30 or 9:00 [a.m.], depending on when they started. If Jimmy wanted any letters done at all they were done by Janet Cope within the Spinal Unit who was Jimmy’s personal secretary.”²⁸³

12.43 On 28 January 1981 Savile visited Margaret Thatcher to show her the architect’s drawings for the NSIC. It would appear that on this occasion Savile asked her outright for Government support as a “goodwill” gesture, presumably in the form of a cash donation.²⁸⁴ Margaret Thatcher had asked him if he was thinking of a figure of £1 million. Savile had apparently responded by saying he would be grateful for any sum.²⁸⁵ Advisors to the Prime Minister (and especially Dr Vaughan, the Minister for Health) thought that any Government support should be in the form of a symbolic gesture only.²⁸⁶ The Prime Minister, however, continued to pursue a Government contribution for the appeal. Eventually on 31 December 1981, despite the Prime Minister wishing to donate £1 million, Norman Fowler, the new Secretary of State for Social Services, agreed to donate the sum of £500,000 to the Jimmy Savile Stoke Mandeville Hospital Trust appeal from the DHSS coffers.²⁸⁷ No further Government monies were made available to the appeal fund.

Support from the General Public

12.44 Money came into the appeal fund very quickly. For example, the *Daily Express* not only advertised and supported the campaign, it also raised money. Fundraising across the country ranged from Boy Scouts’ ‘bob-a-job’ activities to large-scale company donations. Letters poured into the appeal fund office which had been set up at, and administered from, Stoke Mandeville Hospital.

282 Buckinghamshire RO. L372: 36 *Bucks Herald*

283 Transcript from W158

284 The National Archive Notes P 11. PREM 19/878

285 The National Archive Notes P 12. PREM 19/878

286 The National Archive Notes P 10. PREM 19/878

287 The National Archive Notes P 5. PREM 19/878

- 12.45** Savile had a fundraising team at Stoke Mandeville Hospital comprised of staff and volunteers from the local community. This team supported the numerous ‘fun days’ which were held at the Hospital as part of the general fundraising process. These fun days would usually be attended by the media who generated additional publicity for the appeal. Former hospital staff remember these events with a great deal of affection.
- 12.46** Savile was adept at advertising the appeal and made contact with people who could support the project. An example of this is when shortly prior to the official opening of the centre, on 25 January 1983, the Editor of *Living Magazine* was invited by Savile to look around the NSIC. It was noted that the centre had cost £10 million which had been raised by Savile “with a lot of support from the public and friends”. Savile showed the Editor the unfinished decoration in the rehabilitation flat which could not be completed due to a lack of funds, which he felt was embarrassing as it would not be ready in time for the royal opening of the centre. The *Living Magazine* Editor said that her publication would “finish” the flat for Savile. *Living Magazine* went on to ensure that the flat was decorated and furnished to a very high specification in time for the centre’s official opening.²⁸⁸
- 12.47** Savile also raised donations in the form of materials. One witness explained:
- “... It wasn’t cash that Jimmy went out necessarily and acquired, not cash. He acquired the goods so whilst however many million it was that the value of that building came to – I can’t remember now – but it wasn’t all in cash and then the Health Service went out and bought the bricks and bought the things, it was donated in kind; it was donations of elements of the building.”²⁸⁹
- 12.48** It is a matter of public record that sufficient funds were raised, on schedule, to build the NSIC at Stoke Mandeville Hospital. It is without doubt that Savile’s celebrity status and determination created the drive, and maintained the focus, to succeed. Savile’s contribution to the accomplishment of this significant fundraising feat should not be minimised in any way.
- 12.49** Whilst big companies, and organisations such as the *Daily Express*, donated large sums of money (probably about half of the total raised) the success of the project depended upon the activities of the general public. One witness who was a nurse at the NSIC at the time said “... when people who had made money for the appeal would come [to the Hospital]; they were called the Open Days. We would meet them, as members of staff, to take them round the old Unit to show them why we needed the money and talk to them. Thousands and thousands of people were involved, it was incredible”.²⁹⁰ The Investigation read several thousands of donation letters which had been sent into the appeal from individuals, schools and rotary clubs etc. across the country.

288 Buckinghamshire RO. L372: 36 *Living Magazine*

289 Transcript from W25

290 Transcript from W175

12.4. National Spinal Injuries Centre Commissioning and Official Opening

Initial Commissioning Decisions

- 12.50 It was acknowledged by the DHSS and Regional Health Authority that the Stoke Mandeville Hospital site was not due for building work updates until 1984/85 and the new NSIC could be built before other modernisation had occurred, placing financial stress upon the existing system. It was emphasised that regardless of the pressures the new NSIC would have to be capable of running within existing revenue allocations. It was noted that some of the charitable funds raised would probably be required to run the NSIC in the future. Savile was confident that the additional money could be raised.
- 12.51 Ultimately a Stoke Mandeville NSIC Operational Policies and Design Brief was developed. The bed number requirement was set out within it. The new unit was to comprise 120 beds which would provide facilities for four key types of patient:
- 1 New Acute: patients who were suffering from a recent trauma to the spinal cord.
 - 2 Pathological: patients suffering from a disease or tumour of the spinal cord.
 - 3 Readmission: patients who required readmission for review, surgery or rehabilitation.
 - 4 Private: patients from abroad requiring treatment from the centre.²⁹¹

Appointment of the Architect and Contractor

- 12.52 In December 1979 the DHSS Director of Works developed costings for a 112 bedded unit. The all-inclusive costs were estimated to be £4 million for a total rebuild of the NSIC. He wrote to James Collier expressing his concerns about the architect (who had been put forward by Savile and Stoke Mandeville Hospital) regarding his lack of experience in hospital design and that if the new centre was to be a *“showpiece... assuming we can defend a showpiece project”* it would become more expensive and this should be taken into account even if the money was to be raised from voluntary contributions.
- 12.53 Concern had also been expressed by the Oxford Regional Health Authority that the architect who had been commissioned had no prior experience of building a hospital and therefore had no idea how to integrate the scheme into the wider hospital system.²⁹² It is a fact that the NSIC build came to £10 million and also required an additional £2 million of NHS money to build new roads and other support infrastructure. It would appear that, whilst Savile managed to build the

291 DH Documents 07 PP 164 - 221

292 DH Documents 04 PP 46 - 48

NSIC within the money he raised, the new building cost 60 per cent more than the unit costed up by the experienced DHSS Director of Works.

- 12.54** Mr Rainbird of Fitzroy Robinson and Partners was commissioned to design the NSIC. He had worked at Stoke Mandeville Hospital previously when he had designed the postgraduate centre, a non-medical facility. The Hospital General Services Administrator Paul Trimble suggested the company to Savile and Savile then determined to appoint Mr Rainbird; the contract did not go out to tender.
- 12.55** The patient who staged the November 1980 sit in at the NSIC and provided design ideas for the new build told the Investigation about the commissioning process. His wife who was the head nurse at the NSIC was also at the interview. The Investigation asked them if they knew how the architects were selected:

“ A1 (patient): Jimmy selected them.

A2 (wife): Jimmy selected everything.

A1: They came to the meeting; I went to all the meetings.

A2: Nothing went out to tender with Jimmy, Jimmy made the decisions and earmarked people that he wanted.”²⁹³

- 12.56** On 2 April 1980 a meeting took place at the Oxford Regional Health Authority. Mr Rainbird, the architect for the NSIC, was present. A design team was to be set up for the appeal and would be headed by Lord Matthews (Chair of Trollope and Colls who had been identified as the contractors for the NSIC). Work was due to commence in August 1980. It was noted that a brief for the project was still required urgently.²⁹⁴ Savile had personally appointed the contractors and once again the selection process was not part of a formal tendering procedure.
- 12.57** During the 1980s all NHS building projects were required to follow the Capricode guidance. Capricode provided the mandatory procedural framework for managing and processing NHS capital building schemes. The procedures comprised a series of interconnected stages as follows:
- 1 Approval in principle.
 - 2 Budget cost.
 - 3 Design.
 - 4 Tender and contract.
 - 5 Construction.
 - 6 Commissioning.
 - 7 Evaluation.

293 Transcript from W139

294 DH Documents 04 PP 38 – 40

12.58 The procedures reflected the logical sequence of events necessary to progress health building schemes from inception to completion and commissioning. They provided for clear timetabling and effective management of schemes and the ongoing monitoring and evaluation of performance.²⁹⁵ It is evident from reading the DHSS archives that Capricode and the NSIC were mentioned on three occasions. An internal minute from a meeting of DHSS officials stated that *“any capital development using entirely non-exchequer funds controlled e.g. by Trustees could by-pass Capricode and other accounting procedures and might be more flexible and rapidly implemented”*.²⁹⁶ It was also noted by DHSS officials that *“the timetable for new development at Stoke Mandeville seemed too tight... it was thought it might be achievable if Capricode procedures did not have to be involved”*.²⁹⁷ The third mention suggested that Capricode should be followed, but then stipulated that the Design Team (the Charity Trustees) would have the final say. The Investigation could find no documentation to suggest that Capricode was followed during the commissioning of the building of the NSIC.

Ongoing Financial and Other Issues

12.59 On 30 December 1980 a letter was sent from Mr Tony Leahy (designation not stated but as an internal memorandum) to Mr Cooke, Administrator of the Oxford Regional Health Authority. The letter stated that at a meeting held on 23 December 1980 with Dr Vaughan, Minister for Health, it had been agreed that an additional £2 million would be made available from the DHSS to allow the NSIC project to proceed. £750,000 was to be set aside for road works and £1,250,000 for replacing most of South House Residential Block.²⁹⁸

12.60 On the same day James Collier wrote to Mr Roberts (Chair of the Oxford Regional Health Authority) to say that work was due to commence on the roads in January 1981. He stated:

*“The RHA would also meet the cost of the new residential accommodation. You told me however, that you could see little prospect of the RHA being able to make available the resources for this in accordance with the necessary timetable; I agreed to discuss this with your people – there are various options, but you can take it that we must and will succeed in enabling you to find the £2 and a half million, in one way or another.”*²⁹⁹

12.61 While it is not possible to understand exactly what processes were in train, it is evident from the documents we have seen that the building of the NSIC was going to be far more costly and complicated than had been previously anticipated. It would appear that monies were found by the DHSS to support the scheme.

295 DHSS, *Capricode: Health Building Procedures* (1986)

296 DH Documents 06 PP 225 - 226

297 DH Documents 06 PP 158 - 162

298 DH Documents 04 P 30

299 DH Documents 04 PP 31 - 32

The Building and Opening of the National Spinal Injuries Centre

- 12.62** During this period Savile was a constant presence at the NSIC. Witnesses told the Investigation that he project managed every aspect of the building and commissioning process.
- 12.63** The roads and underlying infrastructure of the new building were commenced in January 1981 and work on the actual centre itself began in August 1981.
- 12.64** On 24 November 1981 Savile laid the foundation stone with HRH The Duke of Edinburgh; James Collier was also present at the opening. It would appear that these arrangements had been made without reference to the DHSS; however, Lord Elton had been invited (Parliamentary Under Secretary of State). It was noted by the DHSS that it was too late to have any real input to the process at this stage and a hasty briefing was prepared retrospectively.³⁰⁰
- 12.65** On 11 June 1982 the topping out ceremony took place and Savile laid the last of the 58,000 tiles on the NSIC roof.³⁰¹ This event was set against the backdrop of the new Aylesbury Vale District Health Authority perceiving that they were being “deprived” of revenue which was far off what it should have been. The Hospital Medical Advisory Committee recorded that additional funds “*should be made available immediately to re-open all closed wards*”.³⁰² How this was to be achieved was not recorded.
- 12.66** The issue regarding underfunding was raised again on 14 March 1983. Due to cash shortages plans were put forward to save money by not opening 20 of the NSIC beds. The District Health Authority believed it had been underfunded by the Regional Health Authority. The *Daily Mirror* wrote that health cuts threatened to halt the opening of the spinal unit.³⁰³ On 15 March an internal DHSS memorandum stated that “*the District believes it is being under funded by Region and the RL [DHSS team] believes there is some truth in this*”.³⁰⁴ The views stated by the unions were that the District Health Authority was only in the ‘red’ due to the NSIC building project. Roger Titley from the Aylesbury Vale District Health Authority stated that the overspend was £700,000 and that staff cuts would have to take place.³⁰⁵
- 12.67** On 16 March 1983 a DHSS letter was sent by Mrs Fosh (designation unspecified) to P Cooke (Administrator, Oxford Regional Health Authority) which said:

“... difficult decisions facing Aylesbury Vale HA in attempting to get to grips with their overspend problem and their need to realise savings in the order of £1.5m... explained that there was some speculation – which had been reported in the press – that the new spinal unit at SMH might be opened at a reduced level...”

300 DH Documents 06 P 7

301 Invitation Trust Fund Office; Buckinghamshire RO. L372: 36 *Buckinghamshire Examiner*

302 Medical Advisory Committee Folder April 1982 – December 1989. Ref 25

303 DH Documents 07 PP 8 – 9

304 *Ibid.*

305 DH Documents 07 P 7

“...This letter is by way of a marker of the Department’s direct involvement in any plans in respect of the spinal unit. As you will readily appreciate, in political and service terms the future of the unit is a very sensitive issue... services should be maintained and protected at their present levels at least until a national strategy for the specialty has been developed. I should like to impress on you that Ministers would expect to be consulted before any steps were taken in the direction of adjusting the level of services to be provided at Stoke Mandeville – in the spinal unit.”³⁰⁶

- 12.68** On 18 April 1983 the NSIC was officially handed over to the Aylesbury Vale District Health Authority for commissioning on behalf of the NHS and Stoke Mandeville Hospital. A letter was sent to Roger Titley (the District Health Authority Administrator) on behalf of the Regional Administrator (Mr Cooke) to say that the NSIC had been completed.³⁰⁷
- 12.69** On 27 July 1983 *The Guardian* wrote an article which stated that the NSIC was going to struggle to staff the new unit; and that the new build had been a little grandiose in that the NHS would not be able to afford the ongoing upkeep of either the building or the service without the intervention of ongoing charitable funds.³⁰⁸
- 12.70** Obviously it was too late in the day for any decision to be made to forestall the opening of the NSIC. The rebuilt NSIC was officially opened by HRH The Prince of Wales accompanied by HRH The Princess of Wales. Savile was present and played a major part in the ceremony which was televised across the country.
- 12.71** In September 1983 an article appeared in *The Builder* journal. It was reported that the appeal fund had originally been launched due to the fact that the Regional Health Authority could not afford the rebuild. The appeal fund target had been £10 million and the project had been managed by a specially devised contract and careful phasing of the work. An 85-week contract had been set from the outset which meant that speed as well as cost of construction was of paramount importance to Trollope and Colls. Trollope and Colls managed the contract at no profit and sub-contractors and suppliers – all of whom were chosen in competition – made similar contributions. Many of the companies conducted their own fundraising events for the project. The building costs excluding fixtures and fittings were £6,270,500. The project was managed within both costing and timeframe expectations.³⁰⁹

306 DH Documents 07 PP 4 – 5

307 DH Documents 04 P 6

308 Buckinghamshire RO. L372; 36 *The Guardian*, 27 July 1983

309 RO. L372: 36 *The Builder* 179

- 12.72** Whilst the NSIC was built to a design specification not usual for a traditional NHS build at the time, there was a limit to what the architects were allowed to suggest. This challenge came from Savile himself. James Collier recalled:

“ At one stage I do remember that the architects, Geoffrey Rainbird, produced a really all-singing all-dancing design of what the Unit would be like, what it would include, etc., way beyond any possibility of Jimmy raising the money, so he said ‘No, I won’t be able to raise this amount of money, go and do your work again’...

“... He put it to me once that ‘Everybody says that I am getting a lot out of this politically, but if I failed, if I couldn’t raise the money, I would look an absolute Charlie’, so he was aware that there was a limitation (a) on what he thought he could reasonably raise, and (b) what was needed, and the thing sort of coalesced, as it were.”³¹⁰

- 12.73** The NSIC opened with full publicity. However, financial problems were to dog the Aylesbury Vale District Health Authority, Stoke Mandeville Hospital and the NSIC for many years to come. One far-reaching consequence of this was to place a continuing dependence upon the Jimmy Savile Stoke Mandeville Hospital Trust as it was evident that the NSIC would not be able to run without its financial support.

12.5. The Management of the National Spinal Injuries Centre (1983–99): Challenges Made to Savile

- 12.74** On 1 April 1984 the NSIC at Stoke Mandeville Hospital became subject to central government funding in line with the new national spinal injuries commissioning strategy. The annual allocation for 1984/85 was £3,576,000. At this time there were 50 staff vacancies at the NSIC.³¹¹ Many of the beds at the centre were closed one year after its opening as a direct result of recruitment difficulties. The Hospital Medical Advisory Committee noted that the opening of other dedicated spinal units elsewhere in the country was also having an impact on recruitment as there was increasing competition for specialist clinical staff.³¹²
- 12.75** Witnesses told the Investigation that between 1983 and 1990, Savile demonstrated virtually uncontested authority and control at the NSIC. Whilst he occasionally donned his portering persona, he did this less and less. It had been thought that Savile’s intense interest in the NSIC would decrease once the building had been opened; this did not happen.

310 Transcript from W 31

311 Medical Advisory Committee Folder April 1982 – December 1989. Ref 18

312 Medical Advisory Committee Folder April 1982 – December 1989. Ref 19

12.76 Instead Savile took up residence in his own office suite at the NSIC from where he ‘held court’ and continued to manage the Jimmy Savile Stoke Mandeville Hospital Trust Fund. Witnesses told us that he had a throne-like chair made for him and he would sit on this to receive visitors. From an early stage Savile was of the view that he ‘owned’ the NSIC and as such had the right to manage its affairs as he saw fit. Savile was able to maintain a tight grip on affairs as the NSIC continued to be dependent upon his Charitable Trust Funds. Fundraising activities continued and money continued to be sent into the Jimmy Savile Stoke Mandeville Hospital Trust fund.

Savile’s Involvement at the National Spinal Injuries Centre

12.77 Savile had a well-appointed office on the first floor of the NSIC; a second smaller office adjoined it. We were told by witnesses that the building contractors designed the office suite in secret and had it fitted out from donations made by local companies. This was apparently done as a token of appreciation for all of the work Savile had undertaken on behalf of the NSIC; hospital management did not appear to have been consulted about this arrangement. The office suite was handed over to Savile as a ‘surprise’ on the opening of the NSIC. Savile’s office was, by the standards of the day, designed and equipped to a high specification. The room had a Berber carpet, dark wood-panelled walls, a flip-down bed which was fastened to the wall behind the wooden panelling, and a large leather sofa. The front door of the office did have a gold letter box, as reported by the media, and only Savile and his secretary had access to the suite.

12.78 Savile’s relationship with Stoke Mandeville Hospital had changed significantly by the mid-1980s. Savile no longer presented himself as a man of the people; instead he is described very differently. A manager who worked at the NSIC in the 1980s recalled:

“ Clearly he got a lot of kudos from the new Spinal Injury Centre. When that was built, he behaved as if he was God in the place in an objectionable way... the Queen arrived to see her horse trainer as an informal visit. Jimmy just loved it. He wore a long gown down to the floor... It was Jimmy Savile’s kingdom... What was unfortunate was he gave the impression it was his money, where it wasn’t, it was the general public’s money... The revenue costs of running it [NSIC] were more than had it been built by the NHS, and it was my understanding that the Jimmy Savile Trust continued to give some support to that additional running cost.”³¹³

12.79 A nurse at the Hospital recalled:

“ It was very apparent that he was disliked intensely by the staff at Stoke Mandeville. I can’t remember anybody saying anything good about him. Part of the reason for that was the way he related to staff and particularly how he related to the

313 Transcript from W29

people who were using the services. He would regularly bring visitors round the ward, he wouldn't say who they were, and he would talk about the patients in quite a lot of detail in front of the patients but would never introduce them, or be courteous and say, 'This is Joe Blogs, I have brought him round, he is interested in Stoke Mandeville because...' He just used to bring crowds of people round... I remember two of the people I worked with who took great exception to that, and were very distressed by it. They had fairly major accidents which resulted in life-changing disability, and they found that very difficult. Therefore, he was not particularly well-liked, he certainly wasn't respected and he didn't engage that much with the staff group.”³¹⁴

12.80 Bob Nicholls, the General Manager and Chief Executive of the Oxford Regional Health Authority between 1988 and 1992, said:

“*The period I was there in 1988 to 1992, my recollection is the early warmth and trumpeting the success of Stoke Mandeville, particularly the spinal injuries unit, thanks to Jimmy Savile's fundraising efforts, but then 'Oh, but he's quite difficult to manage, he's a law unto himself. He raises money but we don't have the building to put the equipment in or the revenue consequences.'* That sort of issue was arising in my time. I think it had arisen before but hadn't been satisfactorily dealt with... that it was local management who were beginning to find it very difficult to manage him and to channel his energy and charisma and fundraising activities into a way that fitted local and regional plans... the elephant in the room, the Spinal Injuries Unit, which was draining the resources of the district and not fitting the general plan.”³¹⁵

12.81 Witnesses described the difficulties in managing Savile during the 1980s and early 1990s as being immense. Prior to Stoke Mandeville Hospital becoming a shadow NHS Trust in 1993, and a formally constituted NHS Trust in April 1994, the Hospital itself was not a statutory body in its own right and was directly managed by the Regional and District Health Authorities.

12.82 From the time the NSIC was opened, and until the early 1990s, most decisions made about the centre had to be approved by Savile. Savile would make decisions about the fabric of the building and would not always listen to any advice offered to him. A good example of this is the carpet that Savile chose for the reception area of the centre. When she spoke with the Investigation, Baroness Masham, a former patient at the centre and the founder of the National Spinal Injuries Association, recalled:

“*When the new unit was built he was quite authoritative, rather egoistic. He wanted certain things. One of the things was*

314 Transcript from W46

315 Transcript from W116

a rubber fitted carpet in the entrance hall, which was extremely difficult for patients, especially tetraplegics, who were trying to wheel their wheelchairs. He had ideas and he wanted them done... but he didn't want to listen to other people. He would have a set idea and he didn't listen to other people. I set up the SIA, the Spinal Injuries Association, which is coming up for our 40th anniversary next year. We didn't want people coming in like Jimmy Savile organising the things that people with spinal injuries didn't want. I was very much involved in that, so I wasn't involved with his fundraising, in the setting up of the Spinal Unit, but one observed those things. JJ³¹⁶

- 12.83** Another patient told the Investigation that there was sometimes a reluctance to accept money from the Savile charity as Savile would insist on controlling how it was spent, for example “zebra striped curtains, chandeliers and inappropriate wall art. Patients and staff at the NSIC preferred to do things in their own way and raise money from elsewhere during this time”.³¹⁷

Challenges to Jimmy Savile's Authority: NHS Trust Status

- 12.84** In 1990 Savile received his Knighthood. Savile was at the height of his fame and power. However, despite his continued fundraising activities at Stoke Mandeville Hospital the balance of power began to shift. A battle was to ensue over a period of several years which was to reduce Savile's influence and authority.
- 12.85** In 1991 Ken Cunningham was appointed as the Unit General Manager at Stoke Mandeville Hospital. Ken Cunningham recalled:

“... When I came to Stoke Mandeville I was Unit General Manager... I had this very odd, almost surreal, experience of having this national icon... in the hospital, who seemed to have almost the freedom of the hospital, that's what was implied when I came here...

“... Up until I was the Chief Executive – which was in April 1994 – I was accountable to the Aylesbury Vale Local Health Authority and then the Buckinghamshire Health Authority, so my accountability and my ability to challenge Jimmy were limited... I didn't have a lot to do with him in these first few years, because I didn't have the accountable officer status, and I had a lot to do anyway, in the general hospital.” JJ³¹⁸

- 12.86** Ken Cunningham also reflected that:

“This was a man who had the ear of Royalty, Prime Ministers – he was invited to Chequers during my time, a couple of times, he was invited to the Palace when I was there. I was invited to Downing Street and various other things because of

316 Transcript from W183

317 Transcript from W7

318 Transcript from W43

associations with Chequers where we hosted visits from Royalty and from Prime Ministers and foreign dignitaries, and Jimmy was always involved and he was expected to be involved, he was part of the show.”³¹⁹

- 12.87 Ray Sharman, who was the General Manager of the Aylesbury Vale District Health Authority in 1991, said:

“ He was a well-known presence in the hospital, obviously. He had been working on a voluntary basis there with unusual privileges for many years... I suppose he felt it [the Centre] was his baby, and that's where the clash comes in. He didn't retire gracefully and say there you are, get on with it, enjoy it and I'll come back from time to time and see how it's going. He was a constant presence.”³²⁰

- 12.88 The Investigation was told by witnesses that this arrangement could not continue regardless of either the debt of gratitude that was owed to Savile or his continued fundraising activities.

- 12.89 On 21 March 1991 an application was made for Stoke Mandeville Hospital to become an NHS Trust. For the next 12 months cash shortages continued to plague the Hospital and on 1 December 1992 the Accident and Emergency Department had to close over the weekend because it could not afford to run. The financial position of the Hospital was to ultimately delay NHS Trust status being conferred.³²¹

- 12.90 In preparation for NHS Trust status being gained significant changes to management structures were made, the first being in May 1992 when John Lusher was appointed as Chair Elect of the shadow NHS Trust. John Lusher was an experienced and influential person who was a Director of Marks and Spencer. This era brought in a different approach to operational and strategic NHS management and the tangible sign of this was industry barons being brought in to manage the NHS. John Lusher's first meeting with Savile was of an unpleasant nature: “He [Savile] thrust the door wide open and my opening contact with him was ‘you can get your f***ing tanks off my f***ing lawn, Sunshine. I run this place’”.³²² Savile was referring to John Lusher having parked his car in a place that Savile objected to.

- 12.91 When John Lusher spoke to the Investigation he recalled:

“ I asked Savile to join the Board, of course inevitably... if you have somebody that you don't reckon very much of you get him under your thumb... Get him on the Board and make him expose himself. You don't try and shut things like him away. You bring him into the limelight... I asked him if he would and he said ‘No, I won't join the Board’”³²³

319 *Ibid.*

320 Transcript from W182

321 Buckinghamshire RO. L372: 36 *Leighton Buzzard Observer*

322 Transcript from W100

323 *Ibid.*

12.92 In January 1993 it was reported that Stoke Mandeville Hospital would become an NHS Trust on 1 April 1994 and would work as a shadow Trust from 1 April 1993.³²⁴ Stoke Mandeville Hospital continued to have significant financial difficulties.

12.93 On 5 April 1993 a letter was written to the Head of Estates, Oxford Regional Health Authority from the Authority's solicitors (Clarkes) in preparation for Stoke Mandeville Hospital receiving NHS Trust status. Concerns had been raised at Stoke Mandeville Hospital that Savile might contest the ownership of the NSIC. The letter said:

““ *As you say, the papers show that the charitable trust raised the money but handed over the building to the NHS on its completion.*””

12.94 This letter contained an enclosure from James Collier to Sir Gordon Roberts (the Regional Chair) which said that the arrangement had been for the NSIC to be handed over to the Regional Health Authority when it was completed. The letter also stated:

““ *We do not seem to have a copy of the trust deed but there is nothing in the papers to suggest that this intention was altered. The letter from Mr Rainbird of the Fitzroy Robinson Partnership to Sir Gordon Roberts of 13 July 1981 contains the following statement:*

“... It was thought, however, that when the building was completed, it would be commissioned by the ORHA... The later correspondence shows that the building was to be handed over [to the NHS] on the issue of the certificate of practical completion on 18 April 1983.””³²⁵

12.95 The letter from Clarkes made it clear that the fundraising was not carried out by a health authority but by an independent charity. The purpose of that charity was fulfilled by the building of the NSIC and the handing of it over to the Regional Health Authority on its completion. The NSIC was built on NHS land and from a legal point of view formed part of that land. There was no evidence to suggest that there were any restrictions placed upon the NHS concerning its freedom in relation to the use of the building being gifted to it. Whilst it was acknowledged that the situation could not be clarified with absolute certainty it was thought that the land could be transferred to the new NHS Trust. It was decided that Queen's Counsel opinion should be sought.³²⁶

12.96 On 15 October 1993 an Oxford Regional Health Authority meeting was held regarding the transfer of assets to the Stoke Mandeville NHS Trust. It was minuted:

““ *Jimmy Savile seems to have dropped claim on outstanding ownership but wants to keep control of the Trust fund. Trust*

324 Medical Advisory Committee Folder January 1990 - December 1998. Ref 10

325 DH Documents 04 PP 2 - 4

326 DH Documents 03 P 15

don't [sic] want to write a letter laying out their claim to the property as they may well later want to lay claim to the residue of the Trust fund. They merely wish to transfer the Spinal Injuries Unit into Trust status.”³²⁷

Another entry was made: *“Jimmy Savile Rooms: Again best not formalised”*.³²⁷

- 12.97** On 1 April 1994 Stoke Mandeville Hospital became an NHS Trust and a statutory self-governing body in its own right. Through this legal challenge a clear message had been sent by the NHS to Savile that neither he nor his Charitable Trust owned the NSIC.

Challenges to Savile’s Authority: The Proposed Private Finance Initiative Build

- 12.98** The next challenge to Savile came in the form of the proposed Private Finance Initiative (PFI) build of the remainder of the Stoke Mandeville Hospital site which was still largely comprised of deteriorating wooden-hutted wards. In the event the PFI scheme was not brought to successful fruition in the 1990s. However, whilst no agreement was reached during this period about the PFI it was the vehicle by which a strategic review of the Stoke Mandeville Hospital site was conducted. The NSIC could not be viewed as a separate ‘stand-alone’ commodity and its function was re-evaluated as part of a strategic overview.
- 12.99** On 15 April 1994 Ken Cunningham, the newly appointed Chief Executive of the Stoke Mandeville Hospital NHS Trust, exchanged correspondence with the Performance Management Directorate NHS Executive and HM Treasury. It was acknowledged by them that Stoke Mandeville Hospital needed to reduce its costs and prices and that it needed to increase its operational efficiency. It was noted that the NSIC beds were underutilised as there had been a contraction of its contract base as other regions had developed their own spinal injuries centres over the years. It was generally accepted by all parties that there was more work to do to convince *“Mr. Savile”* that the unit and beds needed to become available to non-spinal injuries patients in order to increase operational efficiency.³²⁸
- 12.100** Throughout this period the NHS Trust Board became frustrated by the empty beds in the NSIC and the need to close services elsewhere in the Hospital due to financial difficulties. A stiff resistance was put up on the part of the centre, championed by Savile, to prevent non-spinal injuries patients being admitted to the unit.
- 12.101** It was reported in various NHS Trust Board papers that financial difficulties continued and by 1996 it was being mooted that Stoke Mandeville Hospital might become a much smaller hospital and its services rationalised on the Oxford-based John Radcliffe Hospital site. There continued to be a great deal of unease about the future of the NSIC. Anxieties about the PFI proposals became enmeshed in the

327 DH Documents 03 PP 4 – 10

328 DH Documents 02 PP 4 – 5

discontent about the 'sovereign' status of the NSIC. Savile was reported to have told patients and staff that plans were afoot to demolish the centre in order to make way for a new PFI hospital building. It was evident that Savile was preparing for a fight of some kind.

- 12.102** On 13 November 1996 it was noted that ownership issues had once again been raised by Savile, this time in connection with the transfer of assets and equipment. A letter written to the NHS Executive, Anglian and Oxford Estates Property Department, from John Cole Solicitors (acting for the Region) acknowledged that there may have been a claim made by Savile and his Charitable Trust regarding the ownership of equipment but *"it was thought that it would not be appropriate at that time to raise any doubts in the mind of Jimmy Savile whether the assets were owned by the [NHS] Trust or not"*. The letter said that Ken Cunningham, the Trust Chief Executive, had the paperwork and that Savile's claim would not be likely to succeed.³²⁹
- 12.103** Savile's claim to own the equipment, fabric and fittings of the NSIC was noted by the Trust, but when the Hospital's PFI proposals were overruled by the Government in 1997 the issues of ownership were temporarily laid to one side by both parties.

Challenges to Savile's Authority: Changes to the National Spinal Injuries Centre Restaurant


- 12.104** The relationship between Savile and the Stoke Mandeville Hospital NHS Trust suddenly deteriorated for a number of reasons. A seemingly straightforward management decision about the NSIC restaurant in 1999 brought everything to a head. Stoke Mandeville Hospital continued to suffer from significant financial difficulties and the NHS Trust had to consider cash savings across the board; every conceivable saving had to be made. Senior clinicians at the NSIC, whilst not liking the proposals, understood the financial advantages. It was estimated that the changes would save the NHS Trust around £100,000 a year. Vending machines would also be made available and the ageing fittings within the kitchen updated in keeping with modern food handling requirements.³³⁰
- 12.105** Savile obviously thought about this and on 22 June 1999 he wrote to Ken Cunningham to say that both he and the Charity Trustees were concerned about changes to the NSIC and that *"All payments will now be on hold until my fellow Trustees meet"*.³³¹
- 12.106** Witnesses told the Investigation that no one was ever allowed to make any changes to the NSIC unless they asked for Savile's permission first. Whilst witnesses gave many examples, one provided by a nurse at the centre is particularly illustrative.

“ I was victim to verbal abuse from him. On the occasion of the 50th Anniversary of the NHS in 1997, I was asked by the Spinal Management Team to organise a celebration to mark the

329 DH Documents 03 PP 2 - 3

330 CE Docs File 06 PP 65 - 68 CE Docs File 10 PP 65 - 67

331 CE Docs File 09 P 19

event. An afternoon tea party for staff and patients was held in the dining room... The Spinal Unit Manager offered a banner for the front reception area, stating 50 years of the NHS. A few days later I was summoned to Jimmy Savile's office, he proceeded to abuse me verbally, using very foul language in a very loud voice. He said I had disgraced the Spinal Unit and made it look like a 'tarts boudoir'. It seems he had particularly taken offence to the banner. He stated that I should have involved him in everything to do with the celebration. He was so rude that I walked out and made no comment. ³³²

- 12.107** Knowing how Savile felt about challenges to his authority in the NSIC, his reaction to the proposed changes to the centre's restaurant was not surprising. The Hospital generally, and the NHS Trust's Chief Executive in particular, were to be subjected to a two-week media onslaught as Savile endeavoured to get the decision made about the restaurant rescinded.
- 12.108** The media was always one of Savile's first lines of attack. It is not necessary to repeat exactly how the media was involved again here as this has been set out in full in chapter 9 (see June and July 1999). Suffice to say that just about every tabloid and broadsheet newspaper in the land carried the story; radio and television also became involved.
- 12.109** It was reported in the *Daily Express*: "*Sir Jimmy; whose trust owns the deeds to the unit and pays £200,000 a year in maintenance costs, complained that he had not been told of this [the proposed changes to the restaurant]. 'I'm talking to my lawyers about suing for compensation for damage to equipment and the cost of replacing it. We know from experience that they will have to find money to reopen the kitchen'*".³³³ At this stage Savile resorted to his second line of attack, litigation. It is well documented that whenever Savile was thwarted or threatened he would resort to legal challenge. He was a master of this particular strategy, playing a game of brinkmanship in the knowledge that he could afford the fees whilst his opponents most often could not.
- 12.110** Savile reported a number of factually incorrect statements to the press, all of which had to be managed and refuted by the Stoke Mandeville Hospital NHS Trust. The principal statement that required refuting was that Savile owned the deeds to the NSIC.
- 12.111** The other Jimmy Savile Stoke Mandeville Hospital Trust Trustees were written to and they advised the NHS Trust that they did not agree with the stance that Savile was taking and that their views were not being represented. Eventually the NHS Trust obtained Leading Counsel's opinion which was to say that the freehold of the NSIC was vested in the NHS Trust and that Savile and the Jimmy Savile Stoke Mandeville Hospital Trust did not have any proprietary rights to the NSIC whether of freehold, leasehold or any other nature.³³⁴

332 Transcript from W36

333 DH Documents 05 P 25

334 CE Docs File 08 PP 6 - 15

- 12.112** Both the Stoke Mandeville Hospital NHS Trust and Savile had approached the Charity Commission for arbitration. Savile now made claims that there were plans afoot to demolish the NSIC to make way for a new building programme. Ultimately the Charity Commission stepped in and stipulated that the unit should be shielded from private developers.
- 12.113** It was reported in the *Bucks Herald* that Savile was raising £9 million for a new halfway house on the Stoke Mandeville Hospital site for young disabled people and that he needed to raise another £7–8 million from the public for the project. However, he received a letter from the Charity Commission telling him to spend the money he already had in the Trust Fund and not to “hoard” it, let alone raise any more. Ken Cunningham stated that it was the first he had heard of the proposed new build and that it would not be a viable option for the Trust to consider. The project never became more than a figment of Savile’s imagination.³³⁵
- 12.114** A rather bitter footnote is that, whilst Savile took out his legal fight in his own name and without the support of his fellow Charity Trustees, it was the Jimmy Savile Stoke Mandeville Hospital Trust funds that paid the legal fees. Basically money raised by the general public for the benefit of the patients at the NSIC was used to pay for Savile’s legal expenses.³³⁶
- 12.115** The 1980s saw Savile at the height of his fame and power at Stoke Mandeville Hospital. Surviving documents show that no one really thought Savile’s role with the Hospital would develop into that of an unofficial Unit General Manager once the NSIC had opened. Undoubtedly he was well connected, but his assumed role was simply that, assumed, and at any time he could have been challenged and displaced. However, no one ever really determined where Savile received his authority from, assumptions were made, but never tested. How powerful and unsupervised this man was can be illustrated by this account of his actions when the G7 wives visited the Hospital in 1991:

““ They had a meeting of the G7 group in London, and while all the Prime Ministers and World Presidents and what-have-you were busy and closeted doing their G7 business, they wondered what to do with the wives so they arranged for them to come to Stoke Mandeville and Jimmy met them wearing a sort of mauve lamé track suit... He bounded out of the crowd and embraced Mrs Bush like she was the prodigal son returned. The American press said to me ‘Well, when does Sir James Savile appear?’ and I said ‘That was him. You just missed it’.”³³⁷


- 12.116** Another example from Ken Cunningham from January 1998:

““ When we opened the MRI we asked Cherie Blair to open it for us. She was coming down from Birmingham and I picked her up at Stoke Mandeville station, in my car. She was on her own, she didn’t have a security person with her, and it was a wet day...”

335 DH Documents 05 PP 2 - 4

336 Trust Board Folder January 1999 - December 2000. Ref 28

337 Transcript from W181

Jimmy, of course, was there – there’s no show without Punch – and as Cherie Blair came out of the car, Jimmy came running across and lifted her off her feet, and carried her, physically, across to the front. I’ll never forget her face, it was the shock and horror of being lifted, the Prime Minister’s wife, being lifted bodily by this man in a tracksuit, and carried into the Centre, it was just totally inappropriate, but completely uncontrolled. I said, I’m sorry, I didn’t know he was going to do that... I felt very embarrassed about it, but that was a measure of the man, that’s the sort of thing he would do, and he felt he was free to do.  ³³⁸

- 12.117** Many individuals who have come forward since the allegations about Savile have been made public have said similar things about him; namely that he was dominant, frightening and powerful. Many individuals who have been interviewed by the media (whether from the NHS or the entertainment industry, or victims) have reflected that they were afraid of Savile during the 1980s and 1990s.
- 12.118** By the 1990s the world began to move on and Savile struggled to adapt to an environment where his fame was in decline and where authority was vested in organisations at a local level, rather than in bodies several steps removed from operational functions. Savile’s own peculiar blend of power and control could not survive in this new climate.
- 12.119** For the next decade Savile was to visit Stoke Mandeville Hospital less and less. The relationship was irreparably damaged by the challenge made to him. However, Savile still had one more thing that maintained his power base at the Hospital and this was the control of the residual Trust Fund monies that he held on behalf of the Hospital. Savile’s Charitable Trust Fund activities are examined below.

12.6. The Management of the Jimmy Savile Stoke Mandeville Hospital Trust: Challenges Made to Savile

- 12.120** Savile was the Chair of the Board of Trustees for two charities – the Jimmy Savile Stoke Mandeville Hospital Trust (registered with the Charity Commission in September 1981) and the Jimmy Savile Charitable Trust (registered with the Charity Commission in 1984). The Charitable Trust set up for Stoke Mandeville Hospital, whilst having been specifically established at the behest of Ministers for the benefit of the NHS, was never a part of the NHS. This Charitable Trust was set up as a separate entity and as such was managed by Savile and the other Trustees as they saw fit, answerable only to the Charity Commission. Savile’s second charity was set up in a similar manner.

The Background

- 12.121** The initial purpose of the Jimmy Savile Stoke Mandeville Hospital Trust at the point of its inception was to raise money for the NSIC appeal. Initially it was not envisaged that the charity would continue beyond the successful completion of the centre. However, it was recognised at an early stage that ongoing capital and revenue costs for the new centre were likely to be more than local commissioners could afford and it was thought that the charity should continue in order to support future financial costs.
- 12.122** The Aylesbury Vale District Health Authority area struggled financially over a 30-year period. As can be seen from an examination of the narrative chronology services at Stoke Mandeville Hospital suffered from recurrent financial difficulties and services were often suspended and threatened with closure.
- 12.123** The Stoke Mandeville Hospital provision continued to be delivered from a collection of buildings which were no longer fit for purpose. The wooden-hutted wards were crumbling and their terrible condition was contributing to poor staff morale caused by the constant cash crisis and threats of closure which hung over the Hospital. The fact that Stoke Mandeville Hospital had a spinal injuries centre of international renown and a burns and plastics unit with national recognition created a paradoxical effect when understood in the context of its precarious existence and run-down buildings.
- 12.124** Witnesses who provided evidence to this Investigation described a strong medical model at Stoke Mandeville with many of the senior clinicians involved actively in research and wishing to push the boundaries of their specialisms. A competitive and assertive medical culture was present and with this came a pressing need for cash resources.

Savile and the Provision of Expensive Equipment

- 12.125** One witness who provided evidence to this Investigation summed up how Savile's charity was perceived by the medical staff at Stoke Mandeville Hospital: *"Jimmy came in and he was just this very strong character who everybody queued up to ask him for - like a cargo cult really - all the largesse would go out"*.³³⁹
- 12.126** How Savile doled out his *"largesse"* is difficult to determine as, whilst accounts relating to the money coming into the Jimmy Savile Stoke Mandeville Hospital Trust were maintained in a meticulous fashion, no written records were made detailing how the money was distributed. It would appear that Savile employed maintenance staff at the NSIC in the form of a father and son team out of the charity's funds. This team carried out any day-to-day maintenance jobs that needed doing independently of the Hospital's facilities department. Witnesses providing evidence to this investigation who worked at the NSIC in the

339 Transcript from W14

1980s and 1990s recalled that small donations for low-level equipment could also be accessed through Savile. It is a fact that he confined charitable giving to the NSIC, with one exception.

- 12.127** This exception was the Radiology Department. Savile developed a working relationship with some of the clinicians there and it was a straightforward matter to understand the links between the need for good radiology equipment and the benefits to spinally injured patients. A Consultant in the Radiology Department recalled:

“ Savile would come to the X-ray department regularly and was encouraged because kit in X-ray is extremely expensive and charitable ways of getting equipment were very much appreciated... In general people appeared to be quite ambivalent about Savile, neither excited nor irritated. There were never suggestions that he was sexually inappropriate he just seemed to be an old man who potted around the hospital and donated money. People did not spend much time thinking about Savile at all. People were shocked when the revelations about Savile came to light.”³⁴⁰

- 12.128** In July 1990 Savile was present at the opening of the MRI suite which was provided as a result of a donation made by him. It is interesting to note that in a job description prepared for a new Consultant Radiologist some time later the scanner was described thus: “A Hitachi MRP-20 MRI Unit (owned by the Jimmy Savile Trust) was installed in the summer 1990.”³⁴¹ It would appear that Savile was of the view that whatever he purchased from funds donated by the general public for the Hospital somehow always remained the property of his Charitable Trust.
- 12.129** It is never straightforward to donate money for hospital equipment as the ongoing capital and revenue costs have to be taken into account. It was noted that Savile’s suggestions for items that could be bought always veered towards the dramatic, and were usually declined because they were either not affordable in the long term or were not practical.
- 12.130** It would appear that Savile did not actually spend a great deal of the money that was held within the charitable funds. Up until 1998 the Stoke Mandeville Hospital NHS Trust Board did not know how much money had been raised in the Hospital’s name, and more importantly how to get the money released in the face of the growing financial crisis that was, at times, threatening to close not only the Hospital, but the NSIC as well.

NHS Attempts to Understand the Charity

- 12.131** The Jimmy Savile Stoke Mandeville Hospital Trust continued to receive donations long after the NSIC was built; the other main source of income for the charity was from investments.

340 Transcript from W15

341 AB JS-22 Part 18 P 168

12.132 Following Ken Cunningham's appointment as the Stoke Mandeville Hospital Unit General Manager in 1991 he expressed an interest in understanding the financial systems which managed the charitable funds held by Savile. A witness recalled:

*“ Some time after inheriting the role of Administrator for the Charitable Funds, the Unit General Manager Mr. Ken Cunningham presented me with two files relating to Savile's external charities, which were outside our control, with the request that I review them for any discrepancies. The inference being that there was cause for concern... there was little to discover because of limited detail. I was further constrained by the lack of information from the Charity Commission, to whom no annual accounts had been submitted for some years.”*³⁴²

12.133 Concerns about Savile's management of the Charitable Trust Funds were exacerbated by his controlling behaviour and challenge to the manner in which the NSIC was being managed by the NHS Trust Board.

12.134 On 19 July 1999 the Stoke Mandeville NHS Trust Chief Executive, Ken Cunningham, wrote to the NHS Trust solicitors to say:

“ It has always been our understanding that Jimmy Savile would support major initiatives in the Hospital which were associated with the care of spinally injured patients and he has verbally acknowledged this to several of the senior team over many years...

“... Over the past two years it has become apparent that the current MRI scanner is no longer suitable for the level of diagnostic work required in the Hospital and is in urgent need of replacement. A direct verbal approach was made to Jimmy Savile for his Trustees to support the purchase or lease of a new scanner in April 1997. Regrettably he declined to support this... We believe that there are sufficient funds in both Trusts to support the outright purchase and installation of a new MRI or at least make a substantial contribution.

“More recently the Chairman of the Trust has written formally to Jimmy Savile (on 18 December 1998) on behalf of the Board seeking his support through his Charities for the purchase of a new MRI scanner. She has also written separately (on 15 March 1999) seeking his support for the purchase or upgrade of the hydrotherapy pool which is another major piece of capital expenditure, associated with the care of spinal cord injured patients at the Centre, which is in urgent need of replacement and upgrading... To date there has been no formal response to either of the Chairman's requests.

“During the last year Jimmy Savile indicated to me that he wished to withdraw his indirect involvement in supporting the maintenance and upkeep of the NSIC... He has verbally agreed that the Savile Trusts would continue to support a level of

maintenance in the NSIC to the value of about £70,000 per annum. I wrote on 24 March 1999 to confirm that this arrangement could be put in place and formalised. Jimmy Savile has since written very recently to settle the final two quarters of 1998–99 but has indicated that no further payments will be made for the time being.”³⁴³

- 12.135** It is evident that the ongoing altercation about the ownership of the NSIC probably contributed to Savile’s refusal to distribute charitable funds which had been donated for the very purpose he was withholding them from. On 23 August 1999 the NHS Trust’s solicitors suggested that Savile’s stance and intentions regarding his ongoing management of the Charitable Trust Funds and the NSIC be made known to the Charity Commission.³⁴⁴
- 12.136** On 10 November 1999 the Charity Commission wrote to Savile to say that they had been in communication with the Stoke Mandeville Hospital NHS Trust in relation to the dispute that had broken out. The NHS Trust had given assurances that the NSIC would be exempt from any future Private Finance Initiative (PFI) developments on the hospital site and that its current function would be protected for the next 30 years. It was noted that a large build-up of assets in excess of £3 million in both of Savile’s charities remained unspent. The Charity Commission was happy to advise on how the money could be best spent in such a manner as to please both the Charity Trustees and the NHS Trust.³⁴⁵

Final Challenges to Savile

- 12.137** By January 2000 both Savile and the Stoke Mandeville Hospital NHS Trust understood exactly where each party stood from a legal perspective. Attempts at reconciliation were made. Savile stated that he had never wished to sue the NHS Trust and the NHS Trust Board issued reassurances that the future of the NSIC had never been in doubt. Witnesses told us that relationships were shattered by this stage and Savile began to disconnect himself from Stoke Mandeville Hospital. By this time Savile was in his late seventies and began to spend less time on the hospital site.
- 12.138** Ken Cunningham wrote to the Regional Health Authority to explain that a “truce” had been reached. It was noted that the difficulties encountered had been caused by a lack of clarity regarding the original arrangements which had led to the NSIC being commissioned in the first place. The total bill for legal fees incurred when clarifying the ownership of the NSIC had reached £17,000 and it was hoped that the Regional Office would bear the costs as the NHS Trust held it accountable for the initial NSIC commissioning and fundraising process.³⁴⁶

343 CE Docs File 06 PP 72 -75

344 CE Docs File 06 PP 53 -54

345 CE Docs File 05 PP 49 -50

346 CE Docs File 05 P 2

- 12.139** It was reported on 12 April 2000 in the *Bucks Herald* that Savile could pay (if he wanted to) for the new scanner that was required at Stoke Mandeville as his charities held a joint balance of some £3 million. Apparently Savile had told the Hospital to “*get knotted*” when asked for a contribution. Savile was not planning to be present at the launch appeal for the new scanner. The scanner that Savile had originally donated in 1990 was due to be sent to Vietnam as it was too old for regular service at Stoke Mandeville Hospital.³⁴⁷
- 12.140** The real problem, however, was that Savile still had a large sum of money designated specifically for the use of Stoke Mandeville Hospital in the charitable fund. Savile was under increasing pressure to spend the money that he had amassed. However, on 3 August 2000 the Stoke Mandeville Hospital NHS Trust Board heard that “*Mr Doherty highlighted that Origin Leisure had been instructed by the Jimmy Savile Trustees to undertake costing of the work required for the Hydrotherapy Pool. Origin Leisure had originally been asked to work to a budget of £190,000 provided by the charity. However a further £120,000, which included the issue of the asbestos in the roof, would be required. The Trust’s spinal charity would underwrite the £120,000*”. This project duly went ahead.³⁴⁸
- 12.141** On 5 April 2001 at a Board meeting Dr Woodbridge, the Stoke Mandeville Hospital NHS Trust Chairman, recognised that “*Sir James [Savile]*” had become detached from the management team at the Hospital. The Chairman considered that Savile had a valuable contribution to make and that this should be recognised. It was proposed that he should be asked if he would like to become the Patron of Stoke Mandeville Hospital. There was a unanimous agreement to the proposal. It was reported that Savile would like a monthly report on the Hospital presented to him.³⁴⁹ The patronage was duly conferred upon him on 25 July 2001.
- 12.142** The last significant donation that Savile made at Stoke Mandeville Hospital was the commissioning and building of St Francis Ward which was a specialist children’s spinal facility, the first of its kind in the world.
- 12.143** The *Bucks Herald* reported that Savile, who was described as the patron saint of Stoke Mandeville Hospital, was to raise £500,000 for the refurbishment of St Francis Ward.³⁵⁰
- 12.144** Whilst this new unit was an important contribution to the health and wellbeing of spinally injured patients, when questioned about it Savile implied that he had been advised to spend the money by the Charity Commission. On 1 December 2005 St Francis Ward, the first dedicated ward for children with spinal cord injuries, was officially opened at the NSIC at Stoke Mandeville Hospital. St Francis Ward catered for young people up to the age of 16. The ward had a contained outdoor and indoor play area designed with input from the children themselves, a large kitchen and plenty of room for parents or relatives to stay over if necessary. The new facility had been funded by the Jimmy Savile Stoke

³⁴⁷ *Bucks Herald*, 12 April 2000

³⁴⁸ AB JS-13 Part 4 P 138

³⁴⁹ Trust Board Folder January 2001 – March 2003. Ref 46

³⁵⁰ RO. L372; 36 *Bucks Herald*

Mandeville Hospital Trust with additional funding and support from healthcare commissioners and the Buckinghamshire Hospitals NHS Trust. The new ward was opened by Lady Tebbit who attended the opening with her husband and former Conservative Party Cabinet member Norman Tebbit.³⁵¹

The Situation up Until the Time of Savile's Death

- 12.145** The challenge given to Savile in 1999 regarding the ownership of the NSIC led to his increasing disengagement with Stoke Mandeville and the fact remains that £1 million was in effect 'locked away' and Stoke Mandeville Hospital was not able to gain access to it.
- 12.146** The initial setting up of the charity was for a specific purpose, namely that of rebuilding the NSIC. It is a matter of public record that the charity succeeded in doing this. The difficulty that materialised was when the charity's tenure was extended beyond its original purpose and without any NHS input or oversight. As can be seen from the above findings of the Investigation, the decision to rebuild the NSIC, however worthy, was not thought through properly. Plans for the centre rebuild sat outside the embryonic national spinal injuries strategy and paid scant attention to the significant financial difficulties that existed in the Buckinghamshire area. At times it appeared that an expensive white elephant had been created, one that would always cost more than local healthcare systems could tolerate. It was in this manner that a hostage to fortune was created.
- 12.147** For some eight years after the rebuild of the NSIC no one appears to have challenged Savile about the amount of the funds raised in the name of Stoke Mandeville Hospital, or his strategic plan for the long-term deployment of the money. Savile never sought to share financial information with managers at Regional, Area or District Health Authority level. It is also a surprising fact that no one from these organisations ever sought to ask Savile for the information.
- 12.148** In the early 1990s national changes to the arrangements for NHS management were made and NHS Trusts began to be formed. This placed statutory powers within hospital provider services for the first time. It is no coincidence that challenges to Savile were made at this stage.
- 12.149** It was evident to the Investigation that the charitable funds raised by members of the general public served to underpin Savile's authority at Stoke Mandeville Hospital. It is also evident that prior to 1994 hospital services courted Savile in order to access and obtain the cash reserves he held. As can be seen from witness testimony, many people thought that he was a disruptive and unpleasant presence at the Hospital. If Savile had no useful contribution to make then it is unlikely that he would have continued to be tolerated. His national fame was in decline and he was seen as being an increasingly eccentric and elderly figure around the Hospital. After 1999 the only two ties that bound him to the Hospital were his history with the place and the large sum of money that he held

351 *Bucks Herald*, 1 December 2004

on the Hospital's behalf. As older staff left and new staff arrived, Savile's history with the place alone cannot be seen as the main determinant for his continued presence. Both younger staff and patients appear to have had little time for him. It was also evident that managers had little tolerance for his behaviour. However, the manner in which the Charitable Fund had been set up meant that he continued to hold the purse strings for a large amount of money which no one, not even the Charity Commission, was eventually able to divest him of.

- 12.150** The Investigation found that the Stoke Mandeville Hospital NHS Trust, once formally constituted, tackled Savile head on in an appropriate and direct manner. However, it took six years, between 1994 and 1999, to resolve the situation. This says a great deal about the power of the man and the legacy of the historical permissions that had been given to him. It also says a great deal about how an entirely unacceptable situation was allowed to be created but which broke no laws, could not be challenged, and confounded any legal process.

12.7. Financial Probity of Charitable Funds Raised in the Name of the NHS

Annual Audited Accounts

- 12.151** During the span of time that both of Savile's charities have been in existence there have been significant changes to the governance requirements set by the Charity Commission, and specific requirements for NHS-based charities only came into being in the mid-1990s. Documentation for both of Savile's charities exists from 2005 to the present day. Data protection guidance for the destruction of financial documents has led to significant gaps in the documentation available to the Investigation. However, it would appear that in the 1980s and 1990s Savile's charities were not always in the habit of sending annual audited accounts to the Charity Commission (as required for all charities at the time), and neither were they in the habit of sending them to the DHSS or any other NHS body.
- 12.152** A manager at Stoke Mandeville Hospital in the 1990s, who tried to source information about Savile's charities and failed, told the Investigation *"I was further constrained by the lack of information from the Charity Commission, to whom no annual accounts had been submitted for some years"*.³⁵²
- 12.153** This recollection was based on fact in that James Collier, a Trustee of the Jimmy Savile Stoke Mandeville Hospital Trust, wrote to the Charity Commission on 31 October 1996 to say:

“ *I am writing as a Trustee of the Jimmy Savile Stoke Mandeville Hospital Trust (Charity No. 283127). A review of our papers recently seemed to show that we had never submitted to you our Annual Returns, and a phone call to St. Alban's House*

352 Transcript from W25

seemed to confirm this. However, a further look at our own papers revealed that on 5th January 1990 we did send Returns for the three years ended 31st March 1986, 1987 and 1988 (your ref: JD-283127A/1/MI/L). And a further look into our papers may well reveal that we sent you the Returns for other years. It seems to me however that the most sensible thing to do now is to send you a complete run of our Annual Returns from year ended March 31st 1983–1994 inclusive (your letter of 7th December 1989 to Ms Rowe under previous reference confirms that you had received the 1982 Accounts – the charity was registered 2nd September 1981).

“I hope that this will clear up the matter satisfactorily. We naturally very much regret any previous omissions, presumably caused by a misunderstanding about who was actually dealing with the task of forwarding the Accounts to yourselves. You may like to know that the 1995 and 1996 Accounts are almost complete and will be forwarded to you shortly.

“Although the new National Spinal Injuries Centre is of course built, and has been running to everyone’s satisfaction for a number of years, there remains work to be done in providing equipment and other facilities for the patients and in maintaining the fabric of the building.”³⁵³

- 12.154** It would appear that the charity had been allowed to raise large sums of money from the general public on behalf of the NHS in a very visible manner with no NHS-based checks or balances in place.

Charity Transfers of Funds

- 12.155** Concerns were raised by the Stoke Mandeville Hospital NHS Trust Board that Savile diverted large sums of money between his charities, possibly in an attempt to prevent Stoke Mandeville Hospital from accessing money that it was entitled to in the late 1990s. From a careful examination of the surviving accounts of the Jimmy Savile Stoke Mandeville Hospital Trust and the Jimmy Savile Charitable Trust the Investigation found no evidence that improper activities of this nature took place. It should be noted that only two years of accounts from the late 1990s existed to be made available to the Investigation (year ending March 1997 and year ending March 1998).
- 12.156** The Charity Commission has no record on file to suggest that an activity of this kind occurred and provided assurance that this kind of transaction would have been detected and challenged by the charities’ independent auditors.
- 12.157** The current Trustees of both Savile’s Charitable Trusts were not in post when most of the concerns were raised in the 1990s, but have said that if any evidence emerges to suggest that these concerns are justified they will ensure that any funds are transferred back to their place of origin.

Both the current Trustees of Savile's charities and the legal firm that supports them have offered every assistance to the Investigation and have provided the following insights:

“ A charity's accounts would have to be 'qualified' and certain disclosures would have to be made if there were any breaches of charity rules:

- a charity's accounts would have to be 'qualified', which means a comment is made in the audit report or the independent examiner's report, if appropriate disclosure had not been made or if there had been a breach of charity law;
- the contents of charity accounts are generally governed by a Statement of Accounting Practice, known as the 'SORP'[Statement of Recommended Practice];
- the SORP sets out the rules for disclosing related-party transactions – see paras 221–229 at <http://www.charitycommission.gov.uk/media/95505/sorp05textcolour.pdf>;
- SORP states that related parties include both the settlor of a charity (the person who set it up) and any charity under common control;
- this means the SORP would require disclosure of any dealings between the charity & the settlor or with another charity if it either has similar trustees or the settlor has the power to appoint the trustees of both charities. ”³⁵⁴

12.158 As far as can be determined the surviving accounts show no transfers of funds took place.

Management of Cash and Cheque Donations

12.159 From the time that the NSIC appeal fund was set up sackloads of letters poured into Stoke Mandeville Hospital every week. The Investigation read through several thousands of them and can verify that a meticulous ledger system was maintained which detailed how each individual donation was received. This ledger system survives and was examined by both the Investigation and the Ernst and Young Review Team. Stoke Mandeville Hospital staff worked as administrators for the fund in a voluntary capacity in their own time. Savile did not appear to receive any remuneration for his work with the charity but his secretary Janet Cope, whilst employed by the Hospital, was paid for by monies from the appeal fund as a full-time administrative function was legitimately required.

12.160 All cash and cheque donations were taken to the Stoke Mandeville Hospital cashier and transferred to Coutts bank. This all appears to have been managed in an appropriate manner.

Diversion of NHS Trust Donations Erroneously into the Savile Trust Funds

- 12.161** Another major concern of the Stoke Mandeville Hospital NHS Trust Board in the 1990s was that donations were occasionally taken in error by the Jimmy Savile Stoke Mandeville Hospital Trust when in actual fact they should have been placed within NHS Trust-held charitable funds.
- 12.162** It would appear that most donations sent to the Hospital were automatically directed to the Jimmy Savile Stoke Mandeville Hospital Trust administrative team via the hospital internal post system. On receipt by the administrative team, if cheques were not specifically made out to a particular recipient or charity at the Hospital, they would write to the donor and invite them to alter their cheques so that payment could be made directly into the Jimmy Savile Stoke Mandeville Hospital Trust Fund. The problem with this system was that it is probable that some donations intended for other NHS Trust charitable funds (such as cancer, renal and rheumatology services) were diverted erroneously to the wrong account. This practice continued throughout the 1980s and 1990s.
- 12.163** When the Investigation spoke to the witnesses who had administered the Jimmy Savile Stoke Mandeville Hospital Trust explicit denials were given that any untoward practices were followed and witnesses said that every effort was made to ensure that donations were correctly assigned.
- 12.164** Early concerns about this practice were raised in 1993 when the Buckinghamshire Health Authority held an internal audit into the Jimmy Savile Stoke Mandeville Hospital Trust. It was found that:
- “ There were 110 entries on the Income and Collection sheets in the period checked. Of these, 102 have been confirmed as paid to the correct account. Queries on 3 items are outstanding and being followed up. In 5 cases the documentation held does not conclusively establish the donor’s wishes for the source of the donation; i.e. Stoke Mandeville Hospital Trust funds or the Jimmy Savile Trust. It has been agreed that, with immediate effect: the Secretary to the Trustee will take copies of envelopes, cards, the actual cheque or whatever other evidence was received on which the decision was based, for retention on file. ”*³⁵⁵
- 12.165** No matters of substantial concern were highlighted, but obviously at this time the audit only focused upon the documentation that had been created by Savile’s Stoke Mandeville Hospital administrative team and could not have ‘got underneath’ the practice of asking donors to alter payment details on cheques prior to final entries being made on ledgers.
- 12.166** The individuals who administered the funds were in relatively junior job roles within the organisation and were not aware of wider hospital issues and processes; their focus was confined to the NSIC and Savile’s charitable fund.

Management of Cash and Small-scale Transactions

12.167 James Collier, who is the Charity Trustee of longest standing, when speaking to the Investigation recalled the process for the management of large financial transactions:

“ Two signatures were required to disperse the funds of the charity, and I would countersign cheques which had been drawn by Savile... The accounts of the charity were audited annually, and accounts were filed with the Charity Commissioners [after 1996]. ”³⁵⁶

12.168 While it is relatively easy to understand how large transactions were managed it is more difficult to understand how cash and small-scale transactions were handled. The Investigation was told by numerous witnesses that small-scale transactions took place in one of two ways.

12.169 **First:** if a small purchase was needed for the NSIC, such as food for a social event, then the items would be bought and an invoice submitted to the charity administrative office. No witness could recall cash transactions ever having taken place.

12.170 **Second:** Savile was notorious for not spending money out of his own pocket. Janet Cope, his secretary, recalled that he would sometimes ask the maintenance team for cash (usually a figure of £50) and then tell them to add this figure to their invoice to the charity. Savile would then use this money as he walked around the Hospital, either in the canteen or when buying tea and coffee for anyone he might meet up with. This clearly was an attempt to disguise an irregular access to, and use of, charity funds which would not be detected during an audit.³⁵⁷

Use of the Jimmy Savile Stoke Mandeville Hospital Trust Reserves

12.171 From the time of the inception of the Jimmy Savile Stoke Mandeville Hospital Trust, and until relatively recent times, there was no reserves policy (a policy which would have set limits for how much money would remain unspent in the charity bank account).

12.172 The audited accounts for the financial year ending 31 March 1998 recorded the charity as holding £1,264,079 in the end of year accounts. The total expenditure for the year stood at £172,291 (presumably for salaries and maintenance costs, but this is not specified).

12.173 The Stoke Mandeville Hospital NHS Trust wanted to know how the charitable funds held on its behalf were going to be spent as the Jimmy Savile Stoke Mandeville Hospital Trust appeared to be holding large sums of money with no strategic plan as to how best to dispose of them appropriately. The charity's articles stated that:

“ The objective of the Trust was to provide funds for the construction of a new national spinal injuries centre at Stoke Mandeville Hospital. The centre was completed in 1984 and

356 Transcript from W31

357 Documents supplied by W37

opened by the Prince of Wales in August 1984. Since that date the Trust has extended its objectives to provide additional funds for the purchase and maintenance of equipment and ancillary facilities. ””³⁵⁸

12.174 On 2 August 1999 the NHS Trust solicitor wrote to the Charity Commission with the following concerns about Savile’s charity:

- “ “ **1** *Money had not been invested sensibly.*
- 2** *Money had been retained rather than spent.*
- 3** *Where the money had been spent (as it was not certain that the NSIC had been the recipient).* ””³⁵⁹

12.175 As can be seen from the sub-sections above, once the Charity Commission was involved Savile was urged to spend the money for the purpose for which it had been raised and was told not to raise any more funds until a strategy for the reserve had been developed.

12.176 Once again it is evident that Savile’s activities evaded monitoring and supervision. It is apparent that audited accounts were not sent to the Charity Commission between September 1981 (the time of the charity’s inception) and 1996. Savile’s activities were eventually challenged when a combination of two factors came together, the first being new NHS guidance that was issued by the Charity Commission in the mid-1990s, and the second being the increasing concerns expressed by the Stoke Mandeville Hospital NHS Trust once statutory powers were devolved to local services.

12.177 From the documentary evidence made available to the Investigation it would seem that the day-to-day management of the Jimmy Savile Stoke Mandeville Hospital Trust was efficient. However, it appears that the charity was not above claiming charitable donations not necessarily intended for it and that Savile would take cash sums out of the charity in an ‘under the counter’ manner for his own use.

12.178 The Investigation found that up until the mid-1990s the money donated to the charity and raised by the general public for a very specific purpose was not monitored effectively. Even though it appears that no major fraud or irregularity took place, the general public can never be totally reassured about this as no records were shared and no independent governance measures were put into place.

12.179 Claims and suspicions that Savile treated the charitable funds as his own personal ‘largesse’ are not without foundation. The charitable fund accounts that do exist are fairly non-specific about how the money was spent and it would appear that Savile was able to ‘dip into’ the funds for his own personal use on occasions.

358 CE Docs File 06 PP 32 – 50

359 CE Docs File 06 PP 85 – 86

12.180 From the mid-1990s onwards Savile was provided with an appropriate level of challenge from both the Stoke Mandeville Hospital NHS Trust and the Charity Commission. The Investigation found that this served to manage and control Savile's use of the charitable funds in an appropriate manner in keeping with their statutory responsibilities.

12.8. Findings Analyses

12.181 There are three key issues to consider when analysing the findings for this chapter:

- 1 Strategic planning.
- 2 Responsibility and accountability.
- 3 Governance frameworks and oversight and assurance processes.

Strategic Planning

12.182 The collapse of the ceilings at the NSIC occurred at a time not only when the national spinal injuries strategy was still being formulated, but also when Regional and Area Authorities were experiencing financial difficulties. In 1979 and 1980 the Buckinghamshire Area Health Authority had to find a saving of £1.5 million out of a total budget of £35 million and was experiencing significant financial pressure.³⁶⁰ In addition the other clinical buildings at Stoke Mandeville Hospital were in a state of disrepair and were in need of extensive redevelopment and the NSIC was experiencing staffing difficulties. It was apparent to the Investigation that several factors were present at the same time which caused significant planning challenges for Buckinghamshire commissioners and providers of services.

12.183 The plight of the Stoke Mandeville Hospital NSIC received the attention of the general public, local health commissioners and providers, national strategic planners and politicians from an early stage. Ministerial involvement became a marked feature of the planning negotiations from both a service planning and fundraising perspective. Discussions regarding whether to rebuild the NSIC or not and how to fund it went on for the best part of 1979. However, once Ministers decided to support the rebuild via a fundraising appeal decisions were made swiftly. Surviving DHSS documentation shows that there was a strong political will for the project to go ahead and that DHSS officials were under significant pressure to find a strategic way forward that satisfied Ministerial direction.

12.184 It is evident that Dr Vaughan, Minister for Health, had made a promise in November 1979 that the Stoke Mandeville NSIC service would not be reduced in any way. It was also evident that Savile was prepared to launch a fundraising appeal so that the Stoke Mandeville Hospital NSIC could be built using voluntary financial contributions at no cost to the NHS. However, at this time a national spinal injuries strategy was being

360 DH Documents 06 P 256

considered and regional planners who understood local and national service need had significantly different ideas about how the service should be reprovided.

- 12.185** It is without doubt that 120 beds were required in the south of England but the decision to place them all at Stoke Mandeville Hospital appears to have been made in haste, undoubtedly influenced by the requirements of setting up the appeal. Documentary evidence shows that Ministers were adamant that bed numbers should be set at no lower than 110 on the Stoke Mandeville site and that subsequent DHSS planning advice and rationale appears to have been developed in keeping with Ministerial wishes. In the event the decision was made to place all 120 beds at Stoke Mandeville Hospital following a DHSS paper which provided the rationale.
- 12.186** While the decision to reprovide the 120 beds on the Stoke Mandeville site in itself could be seen as reasonable it did not take into account the following contemporaneous issues:
- the ongoing national spinal injuries strategy for the development of beds across the country;
 - the local financial difficulties being experienced within Buckinghamshire;
 - the poor infrastructure of Stoke Mandeville Hospital;
 - the inability to staff the NSIC.
- 12.187** The Investigation found that the plans to rebuild the NSIC were made between December 1979 and January 1980, focusing primarily on the fundraising initiative to rebuild the centre. No long-term strategic planning was formulated in order to understand the revenue consequences that such a rebuild would place on local services. It was evident to the Investigation that the NHS Capricode procedures were bypassed, missing out an essential part of the commissioning and revenue planning process. It is difficult to understand why such haste was required but the documentary evidence suggests that momentum had built both due to the political will to launch the appeal and to keep Savile involved.
- 12.188** By the time the NSIC opened in 1983 the demand for beds had started to decline and this had an immediate effect in that the new unit could not maintain full occupancy. The decline in demand was because:
- the Odstock and Stanmore spinal units in the south of England had opened which reduced pressure on the Stoke Mandeville beds;
 - the seat belt law which was enacted in 1982 had led to fewer accidents resulting in spinal injury;
 - modern Accident and Emergency Departments and Intensive Care Units were better able to manage spinal injuries, reducing the need to use specialised beds for every patient (this had been understood nationally since 1977).
- 12.189** At the time the NSIC opened the Aylesbury Vale District Health Authority was experiencing significant financial difficulties and plans were put forward to open the NSIC with fewer beds. Staff cuts had to

take place and it was recognised that the Jimmy Savile Stoke Mandeville Hospital Trust would be needed on an ongoing basis to support the NSIC's revenue costs. The Investigation was not surprised to find this situation in play in 1983 as significant concerns of a similar nature had been raised in 1979 and 1980 during the early planning negotiations.

- 12.190 To summarise: it was reasonable for Ministers to pledge Government support for the rebuilding of the NSIC. However, it is the job of civil servants to provide full and impartial advice and it would appear from the surviving documentation that DHSS officials may not have presented the full spectrum of issues concerning the NSIC to Ministers at the outset of the project. This served to minimise the complexity of the situation and did not specify any potential consequences. It set the scene for the project to be agreed with minimal strategic planning in place which took into account both long-term service forecasts and revenue costs. This had the effect of placing a dependence upon Savile's continued fundraising.

Responsibility and Accountability

- 12.191 The National Health Service Reorganisation Act 1973 stated that a key responsibility of Regional Health Authorities was the integrated planning and management of capital projects. A strong feature of the Act was to ensure a decentralisation of decision-making processes away from the DHSS down to the Regional Offices.
- 12.192 The documentary evidence shows that the Oxford Regional Health Authority and the DHSS held different views about the reprovision of the spinal injuries service at Stoke Mandeville Hospital. Whilst the DHSS was not certain how far it should intervene, ultimately it made the decision about bed numbers under its powers of "multi-regional" planning.³⁶¹
- 12.193 Other decisions were also made which, in effect, removed the statutory powers of the Regional Health Authority to commission and manage the capital building project. In 1979/80 there were two key work streams to be fulfilled in order to build the NSIC. One was the raising of the money; the second was the commissioning of the building and subsequent service. It was a reasonable decision to set up a charity for fundraising purposes. However, the decision to expect the charity to take the lead role in the commissioning of an NHS facility was without precedent and ill considered. The Oxford Regional Health Authority and the Aylesbury Vale District Health Authority when commissioning a new service or building would normally have been responsible for:
- the strategy for bed numbers;
 - short, medium and long-term financial planning;
 - governance of the project;
 - building oversight and planning;
 - contract monitoring;
 - building sign-off and handover processes.

361 DH Documents O6 PP 158 - 162

12.194 These functions were placed in the hands of the Charity Trustees, namely Savile, James Collier, the architect and the contractor. This meant that the DHSS and NHS power base to monitor and oversee the project was instantly reduced. The responsibility for the delivery of a major NHS project was handed over in totality to private individuals. As a consequence the NHS lost power over the process. It remains unclear who exactly made these decisions as key individuals who could have addressed some of the questions are dead and the surviving document trail only extends to 'what' was decided rather than 'why' or 'by whom'. However based on the evidence provided by living witnesses the following should be taken into account:

- 1 Margaret Thatcher actively sponsored and supported Savile. Witnesses were at pains to say that this level of endorsement should not be underplayed. Patrick Jenkin, for example, said *"She would never have expected me to be invited to her lunch at Chequers with Jimmy Savile; she then had the bit between her teeth on this and recognised what he was doing... It was perfectly clear that the decision that the Government would put half a million pounds into the Trust Fund came from her, and when she spoke the Treasury had little option but to accept that"*.³⁶²
- 2 Dr Vaughan was a Minister who held strong views on how the NHS should be funded. He was an active proponent of a non-tax funded NHS. His Private Secretary recollected that the rebuilding of the NSIC brought him to the direct attention of Margaret Thatcher, bypassing the Secretary of State, and that the project was a showcase for what could be achieved regarding a private/public fundraising approach. It would appear that Dr Vaughan directly sponsored this project and was the main instigator in driving it forward. At times this meant bypassing statutory frameworks and protocol.
- 3 When the Thatcher Government came into power in 1979 it re-examined the relationship between politicians and civil servants. For example, Jonathan Aitken records in his book that in early 1980 she invited all the Whitehall Permanent Secretaries and their wives to dinner at No. 10. *"No Prime Minister had ever done such a thing before... The mandarins were immensely flattered... Margaret Thatcher's idea of an after-dinner speech to this select gathering of Britain's top civil servants was 'to tell them that they were a useless and inefficient bunch who should stop obstructing the government and do what they were told relevant'. I was appalled... it was so silly for such a clever woman to be so gratuitously rude... she showed her worst side in a stream of governess hatred"*.³⁶³ This placed civil servants in an at times impossible position. Patrick Jenkin told the Investigation that *'It is the job of civil servants to stop Ministers making fools of themselves while firmly following the policy... The constitution is that the Department is there to serve successive Ministers and to implement their policy, but to 'speak truth unto power' and say 'Minister, that is not right,' and, if necessary, they can*

362 Witness transcript

363 Jonathan Aitken *Margaret Thatcher Power and Personality* P 257

ask that instruction should be given in writing". This situation was clearly an issue at the DHSS during the NSIC commissioning process and is borne out by communications between civil servants.^{364, 365}

- 4 Savile's charisma and personality also had a significant part to play. Savile was described by multiple witnesses to the Investigation as having a "can do" attitude. It is a matter of public record that Savile exuded power, could be arrogant, and had a habit of getting his own way. When interviewed about the rebuilding of the NSIC on BBC *Open to Question* in 1988 he said "*I cut out all the middle men. I cut out all the treasuries and people like that... it's not watered down by going through 94 government departments*". Savile had a grandiose idea of himself and what he was able to achieve. In the case of the NSIC he did in fact succeed in the short term (in that the NSIC was built), however this was at the expense of robust planning processes which were to cause significant revenue consequences in the long term.
- 12.195 To summarise: DHSS officials did not appear to appreciate the loss of control which was a consequence of setting up an independent Charitable Trust. Appointing a DHSS official as a Trustee would not be a means of control as a Trustee must act in the interests of the Trust's objectives. This conflict does not appear to have been understood by any of the parties involved. The bypassing of Capricode and the ongoing revenue difficulties held foreseeable consequences and do not appear to have been properly appraised at the time.

Governance Frameworks and Oversight and Assurance Processes

- 12.196 Savile was a celebrity volunteer who was well placed to spearhead a charity fundraising appeal. He had knowledge of Stoke Mandeville Hospital and a high public profile during this period. However, Savile's role swiftly moved from being a fundraising figurehead to that of a financial manager and commissioner of an NHS rebuild. The Investigation found that initially the charitable funds were to be managed with Trustees appointed by the DHSS and Regional Authority. However, in the event Savile led the charity which went on to commission and build the NSIC. It is likely he also had a significant role in deciding who the other Trustees would be. Trustees can only act as private individuals and retain sole responsibility for their actions and decisions. The 1980 Act allowed for the NHS to raise money for capital projects from charitable donations. However there was a strong expectation that Health Authorities would be responsible for the resulting projects, both with regards to fundraising and commissioning processes. The project that Savile led was without precedent and also fell outside of the requirements of the Act.

364 Witness transcript

365 DH Doc 07 pp 236 and 237

- 12.197** By the autumn of 1980 formal oversight from the Liaison Group had come to an end, and by the time James Collier retired in 1982 all formal links with the DHSS and NHS were severed. From an early stage:
- 1** Savile and his Trustees had complete financial control of the charitable funds with no oversight from the DHSS or the NHS;
 - 2** Savile and his Trustees had absolute discretion over all aspects of the NSIC commissioning process.
- 12.198** By the time the NSIC opened in April 1983 Savile had taken on an extended role, that of providing ongoing revenue monies. The Investigation found that Savile was placed in a permanent position of authority because continued financial support through charitable fundraising was required to keep the NSIC viable.
- 12.199** The Investigation could find no evidence to suggest that formal arrangements to manage, monitor or oversee Savile’s work as the Chair of the Jimmy Savile Stoke Mandeville Hospital Trust had ever been put in place. Following the opening of the NSIC, this lack of a formal arrangement was to cause significant management challenges for the two decades that followed.

12.9. Conclusions

- 12.200** As a starting point it is a matter of public record that the NSIC was built on time and within the funds raised. The initiative that Savile led was a success and the facility that he helped to build still forms a valuable part of the national spinal injuries service structure to this day. The ongoing relevance and value of the NSIC should not be diminished in any way by the criticisms set out below in relation to the commissioning and fundraising processes that rebuilt it.

Authority Given to Savile

- 12.201** Savile was an established presence at Stoke Mandeville Hospital of some 11 years’ standing at the commencement of the NSIC appeal being launched in January 1980. He had also established himself at both Leeds General Infirmary and Broadmoor Hospital, a high security facility for the mentally ill. Savile had been awarded an OBE for services to charity and broadcasting in December 1971 and was a well-known and trusted public figure.
- 12.202** When trying to understand the events that unfolded between the autumn of 1979 and their eventual denouement in the late 1990s it is essential to bear in mind how well embedded Savile already was, both within the ‘establishment’ and within the consciousness of the general public. The point to note is that Savile’s involvement with the appeal fund was very much based upon his previous history and recognition within the NHS.
- 12.203** There was a sequence of events whereby the building of the NSIC, which started out in a formal manner, became less and less structured and supervised with each successive decision made. Once the planning

arrangements had reached a certain point it was almost impossible to call back the authority that had been given to Savile and the charity set up in both his name and that of Stoke Mandeville Hospital.

- 12.204 The political momentum for the fundraising appeal went into overdrive, encouraged and supported by both Savile and Stoke Mandeville Hospital-based patients and clinicians. Initially it was recognised that there were no existing provisions under any NHS-based legislation for a scheme of this kind, but instead of utilising the new powers of the Health Service Act 1980 or following the Health Circular HC (80) 11 guidance, a hybrid scheme was created, one without regulation and supervision. It would appear that in the attempt to “*make history*” and cut through the red tape of bureaucracy an unusual process was set in train. Even without the benefit of hindsight it was an extraordinary thing to appoint a celebrity volunteer to manage and supervise the fundraising for, and commissioning of, an NHS facility with no formal assurance framework in place, especially as Savile had no experience in this area.

Long-term Revenue and Management Consequences

- 12.205 What was also ignored was the financial crisis that was looming within Buckinghamshire and that the *specific* costs for rebuilding the centre should not have been viewed as the *only* costs that would be triggered within the healthcare system. At the time the appeal was launched there were a number of problems:
- 1 The Buckinghamshire Area Health Authority was predicted to breach cash limits by £2 million.
 - 2 Stoke Mandeville Hospital was in a state of disrepair and new building works were not due for several years; it was therefore recognised that the existing infrastructure would not be able to cope with the demands placed upon it by the new unit.
 - 3 Staff accommodation blocks had to be demolished to make way for the new build and money had to be found outside the fundraising process to rebuild them.
 - 4 The costs and disruption caused by the building programme had not been factored into the initial fundraising plans, such as the costs of putting in service roads and re-routing hospital traffic, the money for which had to be found locally.
 - 5 There was recognition from an early stage that the local healthcare system would not be able to support either the ongoing capital or revenue costs for the new centre and that Savile’s charitable funds would be required in order for the scheme to be viable in the long term.
- 12.206 The ongoing need for Savile’s charitable funds ensured that his managerial relationship with Stoke Mandeville Hospital continued long after the NSIC was built. Savile was no longer a voluntary porter, but a quasi-managerial presence who had his own office suite and administrative staff, once again with no formal arrangement being put in place. Witnesses told the Investigation that Savile was not always

regarded as a benevolent charity worker; instead he was seen by many people as a very controlling man who did not distribute funds in the manner for which they had been raised.

- 12.207** Once NHS Trust status had been achieved attempts were made to ensure that Savile was controlled and managed, and it is probably no coincidence that his sexual offending at the Hospital ceased from the time just before the management changes came firmly into being. Policies and statutory frameworks became more specific and rigorously enforced. A person such as Savile could no longer so easily flout rules and regulations. The issues examined in this chapter mirror those already examined in chapter 11, the main difference being that in relation to his fundraising role Savile was not only given access, permission and privilege (things he already had at Stoke Mandeville Hospital), he had now also been given authority.

Assignment of Criticism

- 12.208** The Investigation concludes that no member of Parliament or DHSS official, to our knowledge, knew about Savile's sexual abuse activities. The Investigation has three specific points to make with regards to the criticism of individuals.
- 12.209 First:** the Investigation did not consider that politicians (namely Patrick Jenkin and Dr Vaughan) acted unreasonably in supporting the rebuilding of the NSIC at Stoke Mandeville Hospital using charitable funds. It is unclear exactly what advice and briefings they were given by DHSS officials; but, no unreasonable action was taken by them in that spinal injuries beds needed to be provided and there was sufficient rationale for them to be placed at Stoke Mandeville Hospital. This decision in itself and the political sponsorship of the project *per se* cannot be seen as being inherently wrong. However, Dr Vaughan had oversight of the project and it is evident to the Investigation that in his desire to promote a public/private partnership an unorthodox arrangement was put into place. This arrangement bypassed statutory frameworks and resulted in the disempowerment of NHS commissioners and managers. It is also evident that this arrangement was developed with the full involvement of Savile and James Collier. The Investigation concludes that **all** other parties were excluded from the minutiae of how the project was to be enabled.
- 12.210 Second:** Dr Vaughan assigned James Collier to ensure that the NSIC project went ahead. Mr Collier's role was to remove obstacles; in effect he was both an enabler and an instrument. Savile was understood to be likely to walk away from the project if bureaucratic processes hindered his autonomy. This was seen to be a significant risk and one that had to be avoided at all costs. The Investigation understands that civil servants were under a great amount of pressure at this time to enact the policy of Ministers. However James Collier was a senior civil servant who had a duty to "*speak truth unto power*". If criticism is to be levelled at James Collier it is because he did not just sweep aside bureaucracy to enable the project, he was instrumental, once he had been placed in charge of the scheme, in sweeping aside some legitimate concerns raised by statutory bodies such as the Oxford Regional Health Authority.

12.211 Third: specific criticism cannot be assigned to other named DHSS individuals as it appears from the documentary evidence that at least 20 people worked on the setting up of the NSIC project in the winter of 1979/80. It was remiss of the collective DHSS and Regional Office teams involved with the NSIC project not to have worked through the long-term consequences of the rebuild. It was also evident that DHSS officials did not appear to be aware of the loss of control of the project that would ensue with the setting up of an independent Charitable Trust; however, without the benefit of hindsight no one could be expected to have foreseen how Savile would continue to work with the NSIC for the next two decades and the problems that would result in relation to Charitable Trust Funds and NSIC management.

The Investigation Concludes

- *The DHSS took responsibility for determining the bed numbers at the NSIC at the behest of the Minister for Health. This was within their powers. However, no long-term strategic planning was put in place around this decision which determined long-term service forecasts and revenue implications; this was remiss. This had the effect of reproviding a service which, at times, struggled to remain viable and caused significant financial and planning challenges for at least two decades following its opening. Both DHSS and Oxford Regional Health Authority officers, despite their opposing positions, should have worked together to ensure that long-term strategic planning was achieved.*
- *The DHSS had oversight of the setting up of the Jimmy Savile Stoke Mandeville Hospital Trust. The deeds show the charity was given absolute discretion over the appeal, the financial management of the funds and the commissioning of the NSIC. This served to bypass the statutory function of the Oxford Regional Health Authority and Capricode commissioning requirements. This had the effect of excluding legitimate NHS management from integrating the scheme within other local service provision and served to exacerbate the difficulties brought about by an initial lack of strategic planning.*
- *The setting up of an independent charitable fund meant that DHSS and NHS officials lost control of the NSIC project. Consequently assurance processes could not easily be put in place by the DHSS to monitor the activities of the Jimmy Savile Stoke Mandeville Hospital Trust. This was remiss. A major fundraising appeal was set up outside of contemporaneous NHS charity guidance. Whilst no evidence can be brought forward to demonstrate that the charity acted irresponsibly in any way there was a duty to ensure that funds raised by the general public in the name of the NHS were managed appropriately and the activities of the charity scrutinised in a robust manner.*
- *The combination of the above three points created the circumstance by which Savile's continued input into the NSIC was required after the centre was opened. This arrangement continued without official, regulated oversight for nearly two decades. Whilst it should be recognised that Savile put a great deal of his time and energy into ensuring the continued success of the NSIC, his appointment had no*

formal basis and his disruptive presence and management style countered the good work that he achieved. Circumstances were created by which a celebrity volunteer was provided with ongoing and unregulated access to an NHS facility.

- *The Stoke Mandeville Hospital NHS Trust Board elect (1991) and formally appointed NHS Trust Board (1994) tackled Savile ‘head on’ from 1991 and, whilst it was to take several years to establish the legal position, were able to control Savile and diminish his authority. The placing of statutory powers at local service provider level allowed the NHS Trust to address an unworkable situation for the first time.*
- *The unforeseen consequence of placing Savile in a position of authority at Stoke Mandeville Hospital was to open up access to a new set of victims, the charity fundraisers.*

13 Sexual Abuse and Inappropriate Sexual Behaviour: Allegations Relating to Savile (1969–92)

13.1 Between them, the victims of Savile were able to supply only seven names of Stoke Mandeville Hospital staff to whom they reported having made allegations regarding Savile’s sexual abuse at the time it took place. Of these seven, only one was traced and interviewed by Thames Valley Police and the Investigation. Of the remaining six individuals:

- 1 Two were identified as dead.
- 2 Four could not be traced, as personnel documentation no longer exists; this situation was complicated by the fact that the victims may not have remembered the names correctly.

This chapter addresses:

- *the cultural and historical context required to provide background information regarding sexual abuse and NHS complaints procedures;*
- *Savile’s sexual abuse activities and his modus operandi at Stoke Mandeville Hospital;*
- *who knew what, and when, about Savile’s sexual abuse activities, and what was done about them;*
- *why Savile went unchallenged on the Stoke Mandeville Hospital site.*

13.1. Context Overview and Background Information

13.2 In the 1960s and 1970s a sexual counter-culture emerged that questioned all aspects of conventional sexual morality, including marriage, monogamy and the age of consent. On the fringes of society some radicals even called for the rethinking of adult–child sexual relationships. The popular music world in which Savile moved had a culture of sexual freedom in which a celebrity such as Savile would have expected considerable sexual access to both young men and women.³⁶⁶ It is without doubt that what was considered to be appropriate sexual behaviour varied a great deal from what would be considered acceptable today.

³⁶⁶ Bingham A, *Sexual Culture, Celebrity and the Press Since c.1960*, presentation to the History & Policy discussion event, King’s College London, 7 May 2013

The Present

- 13.3 The current definitions of rape, sexual assault and serious sexual assault are set out below as they appear on the Metropolitan Police website; they are set out here to clarify the different levels of sexual offending and to explain how the victims have been classified in this:

“ What is rape?

A person commits rape if they intentionally penetrate the vagina, anus or mouth of another person with their penis without consent.

What is sexual assault?

A person commits sexual assault if they intentionally touch another person, the touching is sexual and the person does not consent.

What is a serious sexual assault?

Assault by penetration – a person commits assault by penetration if they intentionally penetrate the vagina or anus of another person with a part of the body or anything else, without their consent.”³⁶⁷

- 13.4 Victims often do not report sexual abuse. The Home Office, Ministry of Justice and Office for National Statistics publication *An Overview of Sexual Offending in England and Wales* (January 2013) states on page 6 that:

“ *Females who had reported being victims of the most serious sexual offences in the last year were asked... whether or not they had reported the incident to the police. Only 15 per cent of victims of such offences said that they had done so. Frequently cited reasons for not reporting the crime were that it was ‘embarrassing’, they ‘didn’t think the police could do much to help’, that the incident was ‘too trivial or not worth reporting’, or that they saw it as a ‘private/family matter and not police business’.*”

History of Complaints Processes in the NHS

- 13.5 Savile’s sexual offending on the Stoke Mandeville Hospital site went largely unreported. It should, however, be understood that patients in and visitors to hospitals often find complaining about any aspect of their experience difficult. There was a high degree of national variation as to how hospitals managed complaints in the 1960s and 1970s, set against the backdrop of an often defensive medical response to critical feedback. Even though complaints procedures were to advance during the 1980s things were slow to improve. The shortcomings of the complaints process were compounded by the ‘patient gratitude barrier’ and the fear of reprisals.³⁶⁸

367 <http://content.met.police.uk/Article/Definitions/1400008450549/1400008450549>

368 Mold A, *Complaining in the NHS: 1960s–1980s*, presentation to the History & Policy discussion event, King’s College London, 7 May 2013

- 13.6** There are few surviving documentary records for Buckinghamshire pertaining to NHS complaints processes; there are however three surviving mentions for Stoke Mandeville Hospital, one from the 1960s and two from the early 1970s. These are set down below.
- 13.7** **First:** it was minuted by the Medical Advisory Committee on 18 July 1962 that the guidance *Human Relations in Obstetrics* (HM (61) 20) had been issued. Nationally, maternity patients were complaining of too little consideration and a lack of courtesy. The Buckinghamshire associated hospitals pledged to work to increase communication, education and kindness.³⁶⁹ This minute demonstrates that the Buckinghamshire hospitals were attempting to improve services, and that they recognised how unhappy patients could be and how difficult it was for them to make both their concerns and their wishes known.
- 13.8** **Second:** on 27 January 1972 it was reported in the *Bucks Advertiser* that a former patient had criticised the care he received at Stoke Mandeville Hospital. The patient described the conditions at the Hospital as being absolutely appalling. The Hospital responded that the criticism was not constructive and would not discuss his concerns.
- 13.9** **Third:** on 4 December 1973 at a Divisional Executive Meeting it was noted that complaints at Stoke Mandeville Hospital were dealt with by “administrators” with the assistance of medical and nursing staff. It was pointed out that the current rules and regulations were not always followed by the Hospital. Unfortunately there is no surviving record detailing what these rules and regulations were.

Knowledge of Savile’s Sexual Behaviours Prior to the Allegations Made Public in October 2012

- 13.10** Savile made little secret of his preference for “girls”. However, it would appear that by 2000 he had become more guarded about his preferences, in keeping with the more censorious climate relating to sexual behaviour that existed by this time.
- 13.11** Savile’s autobiography written in the early 1970s is full of racy accounts of his experiences with young women which appear shocking by modern standards. For instance, he mentions that at the nightclub he ran:

“ A high ranking lady female officer came in one night and showed me a picture of an attractive girl who had run away from a remand home. ‘Ah’ says I all serious, ‘if she comes in I’ll bring her back tomorrow but I’ll keep her all night first as my reward.’... it is God’s truth that the absconder came in that night... and agreed that I hand her over if she could stay at the dance, come home with me, and that I would promise to see her when they let her out... at 11.30 the next morning she was willingly presented to an astounded lady of the law. The officeress was dissuaded from bringing charges against me by her colleagues;

369 Medical Advisory Committee 18 July 1962

for it was well known that were I to go I would probably take half the station with me.”³⁷⁰

- 13.12** Savile’s self-reported sexual promiscuity was not covert but on display for the world to see most of the time, even if his sexual offending behaviour was not. It is difficult to understand how a man of such seemingly poor moral character was lauded and accepted by all levels of society; but he was, and this probably has much to do with the social *mores* of the 1960s, 70s and 80s.

13.2. Sexual Abuse: Investigation Findings

- 13.13** Two senior clinicians at Stoke Mandeville Hospital, when interviewed by this Investigation, found it difficult to accept that the social *mores* of the time should provide any kind of excuse either for Savile’s sexual behaviour or for any acts of omission that may have condoned it. They had this to say:

“‘Playing’ with children has never been acceptable... I mean that hasn’t changed at all; it’s just become more out in the open but that’s never been acceptable... I don’t think that anything ever happened that we would feel now was acceptable then and is not acceptable now.”³⁷¹

“I would have thought in a health setting any sexual behaviour is inappropriate.”³⁷²

Credibility of the Stoke Mandeville Victims

- 13.14** The Investigation interviewed 37 of the 57 victims included in the Investigation who were identified as having experienced sexual abuse from Savile on the Stoke Mandeville Hospital site. To the best of our knowledge none of the victims are known to each other and all the accounts were provided without any collusion between them.
- 13.15** Each account bore many similarities to others, and it was evident to the Investigation that each person had met Savile, as they were able to describe either his unique personal attributes (such as his offensive smell) or those of his accommodation, which unless they had met him in person they could not have known.

Reasons for Coming Forward

- 13.16** Most of the victims who came forward, either in person or with a written statement, told the Investigation that they wanted to provide evidence in order to help and support other victims of Savile’s abuse, and also victims of abuse perpetrated by anyone else both now and in the future.

370 Savile *J Love is an Uphill Thing* (1976) c. 1974 P 57

371 Transcript from W20

372 Transcript from W58

These individuals said that they wanted lessons to be learned and to be part of a process that made abuse like this less likely ever to happen again.

- 13.17 Most of these individuals told us that they resisted being called victims, as they felt they were coming forward not on their own behalf but for the benefit of others. Most are now mothers and grandmothers who said that they had to 'stand up and be counted' at this stage and that silence was no longer an option for them.
- 13.18 Several victims expressed guilt at not coming forward until now, saying that they had been of the opinion that their experience had been a one-off incident and that they were distraught to learn through the media that Savile was being accused of abusing hundreds of other victims. Victim accounts were used to develop both a picture of Savile's *modus operandi* at Stoke Mandeville Hospital and a rating scale of his sexual abuse behaviours. By using a simple methodology of this kind it was possible to understand that victim accounts fitted into a consistent pattern.

Reasons for Not Coming Forward at the Time of the Abuse

- 13.19 The reasons most victims gave for not reporting the sexual abuse at the time it occurred were diverse and included the following:
- they were so young at the time that they did not have the words to explain what had happened to them;
 - the abuse took place so quickly, and often in a public place, leaving the victim confused and disorientated as to exactly what had taken place;
 - many victims thought that they were to blame, as they had allowed themselves to get into Savile's space and had been eager to meet him;
 - many victims thought that they were to blame for Savile's advances because during the 1970s and 1980s it was often thought that young women aggravated any assault by dressing 'provocatively' (for example in short skirts or tight jeans);
 - Savile told several of the victims to say nothing as no one would believe them;
 - many victims could not themselves understand what had occurred, and decided that no one else would either, so remained silent;
 - several victims told parents and other responsible adults outside the Hospital, but were not believed, some were laughed at and dismissed;
 - several victims felt embarrassed and degraded and did not want anyone to know, especially not husbands or parents;
 - several victims were vulnerable patients who were fearful of some kind of retribution if they spoke out about Savile;
 - each victim thought that their encounter with Savile was a unique occurrence, and had no idea that he was regularly sexually abusing other people;

- a small number of victims (10 in total) either told hospital staff at the time or believed the incident to have been witnessed by hospital staff at the time. No direct action appears to have been taken as a result and the victims let the matter drop.

Scope and Limitations of this Investigation

- 13.20** A key term of reference for the Investigation was to examine each complaint made by the victims; this has been done as thoroughly and rigorously as possible. However, due to the long interval that has passed between each of the incidents occurring and their being investigated in 2013/2014, little evidence survived to either confirm or assist in understanding the nature of the events that took place. It is important to recognise the limitations of any investigation under such circumstances.
- 13.21** An investigation of this kind is charged with examining events that have occurred and determining whether any lessons can be learned as a result. The recent *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry* (2013) pointed out some of the limitations of any investigation or inquiry process that sits outside a court of law.³⁷³ It is not the role or task of an investigation of this kind to establish the veracity or otherwise of any matter relating to either criminal or civil liability (even though in this case the Investigation believes the victims' stories).
- 13.22** Ian Glen QC was presented with the evidence that was emerging about Savile in the media as part of the October 2012 documentary *Exposure: The Other Side of Jimmy Savile*. Mr Glen QC is a barrister who specialises in sexual abuse cases, and he offered the view that had the allegations about Savile been known whilst Savile was still alive there would have been grounds for him to be arrested. Ian Glen QC also said that whilst a single case would have been difficult to take forward, the number of complainants demonstrated a pattern of offending behaviours with a high degree of corroboration. The Stoke Mandeville Hospital victims provided evidence of a similar nature to that provided by the *Exposure* documentary.

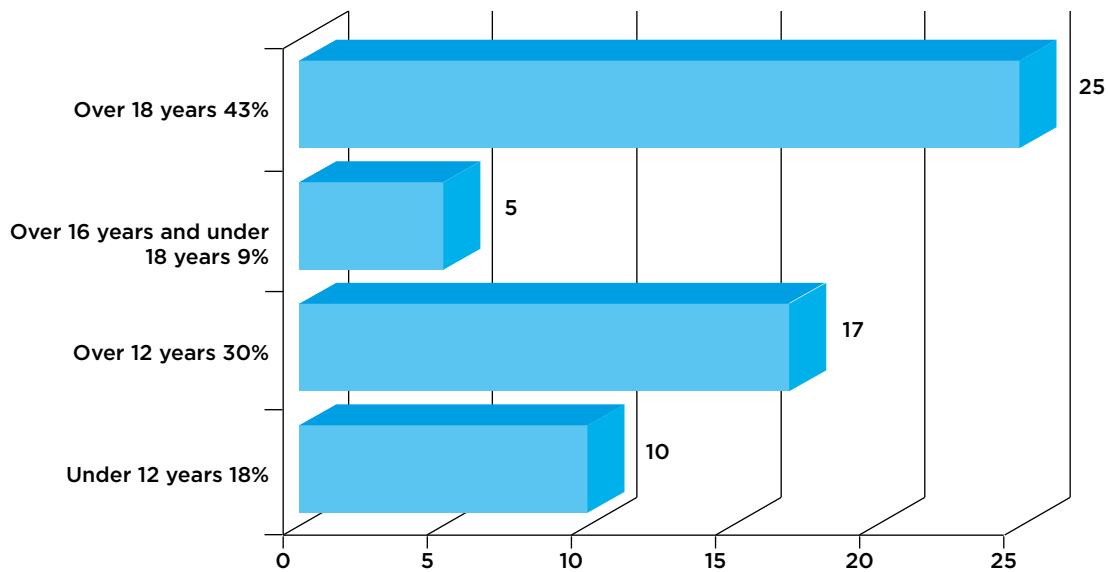
Sexual Abuse Information and Statistics

Age of Victims

- 13.23** It has been reported widely in the media that Savile was a paedophile; however, upon examining the data from Stoke Mandeville Hospital it becomes clear that this is too simplistic a label to apply to him. 43 per cent of Savile's victims were over the age of 18, most of them in their twenties and thirties, the eldest having just had her fortieth birthday. The youngest victim was aged 8, with a total of 10 victims aged under 12. Another 17 victims were aged between 12 and 15 at the time of their abuse. A total of 48 per cent of Savile's victims were under the age of 16. However, in many cases the exact ages of victims were difficult to verify with accuracy as they found the exact date of their abuse difficult to remember.

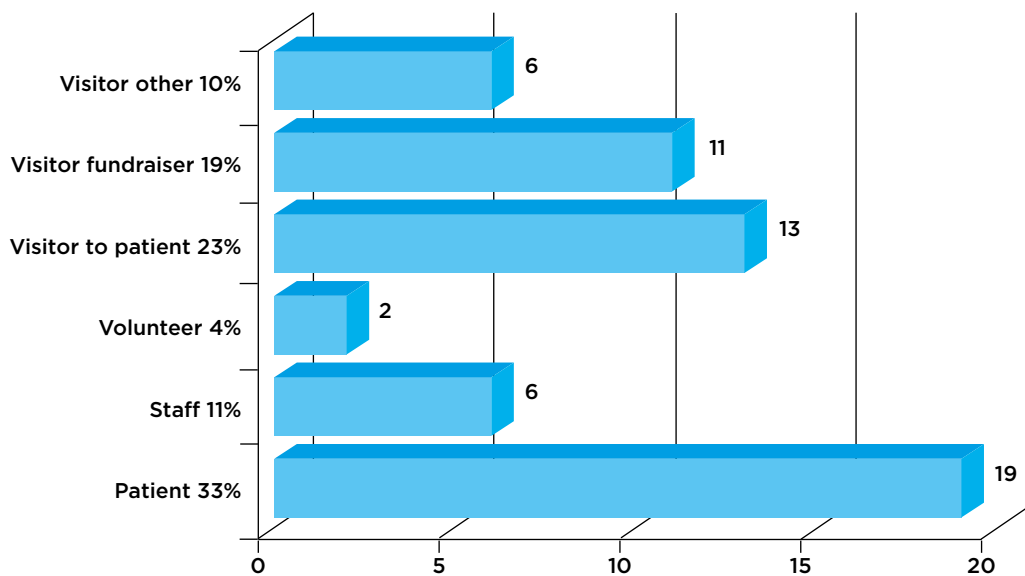
³⁷³ Francis R, *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry: Executive Summary* (February 2013) P 26

Chart 1: Victims by Age



Designation of Victims

Chart 2: Victims by Designation



13.24 For the most part, age ranges appear to be randomly distributed across the various categories of Savile’s victims, with no particular designation apart from the staff group (for obvious reasons) appearing to be age specific. Some 33 per cent of the victims were patients; the youngest of these was a boy of 8, the oldest a woman of 30. Only four of the 18 patient victims were over the age of 20.

13.25 In total, 67 per cent of Savile’s victims were visitors, volunteers or staff at the Hospital. Some 19 per cent of the victims had come to Stoke Mandeville Hospital after the 1980 appeal launch specifically to donate funds in person. These individuals were nearly all children, or young adults (aged between 16 and 18).

Male Victims

13.26 Out of the 57 victims who were included in this Investigation five were male. Three of these individuals were under the age of 12 and two were aged between 12 and 16 at the time of the abuse.

Vulnerability of Victims

- 1 Patients:** each of Savile’s inpatient victims was rendered vulnerable either by their young age or by their physical condition.

Patient victims were generally very young, paralysed or traumatised due to injury. Several were restricted within a clinical context from which they could not escape, and Savile was able to sexually abuse these individuals who were held ‘captive’ within their bed spaces.

As has already been mentioned in this report, there was virtually unrestricted access to clinical areas at Stoke Mandeville Hospital during the 1970s and 1980s; this applied not only to staff access and freedom of movement, but also to patients. Eight of the inpatient victims were abused away from their clinical care and treatment areas. Of concern is the fact that six child inpatient victims were allowed to roam the corridors of the Hospital unsupervised, creating the circumstances whereby they encountered Savile and were subsequently assaulted by him. It must also be remembered that these children were dressed in hospital nightgowns, often without undergarments, and had little defence against inappropriate touching by Savile.

- 2 Visitors:** visitors to the Hospital can be divided into two main categories, those visiting sick relatives, and those coming onto the hospital site as part of the National Spinal Injuries Centre (NSIC) appeal fundraising activities:
 - **Patients’ visitors:** many of the victims who were assaulted by Savile whilst they were visiting relatives stated that they were anxious and distracted by their concern for loved ones. Most saw Savile as a potentially kind and positive presence and were appalled that he sexually abused them instead of offering polite courtesy. These individuals ranged in age from 11 to 40.
 - **Fundraising visitors:** the victims who visited the Stoke Mandeville Hospital site to make donations directly to Savile were generally rendered vulnerable by their excitement and young age. Nearly all of these victims were either children or young adults. They were encouraged to stand close to Savile or to sit on his lap so that they could be photographed as part of the appeal fund’s ongoing publicity campaign. These victims were often sexually abused in a public place but could not escape from Savile because he had

them gripped so tightly. Embarrassment, perceived loss of dignity in public and shock are the abiding memories of the abuse described by these individuals.

- **Other visitors and volunteers:** there are eight other victims who were visitors to the Stoke Mandeville Hospital site who do not fit into the two visitor categories set out above. These include:
 - one child who attended the hospital chapel for worship on a regular basis;
 - one adult who attended the Hospital for a course;
 - two unofficial volunteers (one a child of 11 years);
 - two people who worked in the media (local radio);
 - one child whose mother worked at the Hospital;
 - one 15-year old girl who was invited to the Hospital as Savile's private guest.

Five of these visitors had no official status on the hospital site and as such were rendered 'invisible' to the hospital administration. This is another illustration of how open the Hospital was to general visitors at this time, in that individuals could volunteer unofficially and the children of staff members could wander around the hospital corridors unsupervised.

- 3 Staff:** the members of staff whom Savile sexually abused were all young, female and junior in status. It is evident that these young women did not feel empowered to complain and report Savile's behaviour. It is significant that for the most part it did not occur to them to complain because they believed that they were somehow at fault for allowing themselves to fall victim to Savile. Several said that there were people they could have complained to, but that they did not do so because they felt that the abuse was their fault. This was something Savile probably knew and used to his advantage.

Savile's Modus Operandi

- 13.27** A simple classification of the range of Savile's behaviours is set out in Table 1 below. This rating scale was developed from the descriptions of both Savile's known and overt behaviours and his less well-known covert behaviours.
- 13.28** The Investigation came to the view that Savile 'groomed' staff, patients and visitors at Stoke Mandeville Hospital by means of his well-known television celebrity persona. The man seen walking around Stoke Mandeville Hospital was indistinguishable from the person people felt they already knew from his media image. He was loud, tactile and irreverent. This lowered the guard of the people around him, leading them to accept levels of behaviour from him that they would not have condoned from any other person working at the Hospital in either a voluntary or a directly employed capacity.
- 13.29** The Investigation's findings are that Savile appeared to engage in behaviours 1-5 on the rating scale most of the time while walking around Stoke Mandeville Hospital; they were part of his public persona. These

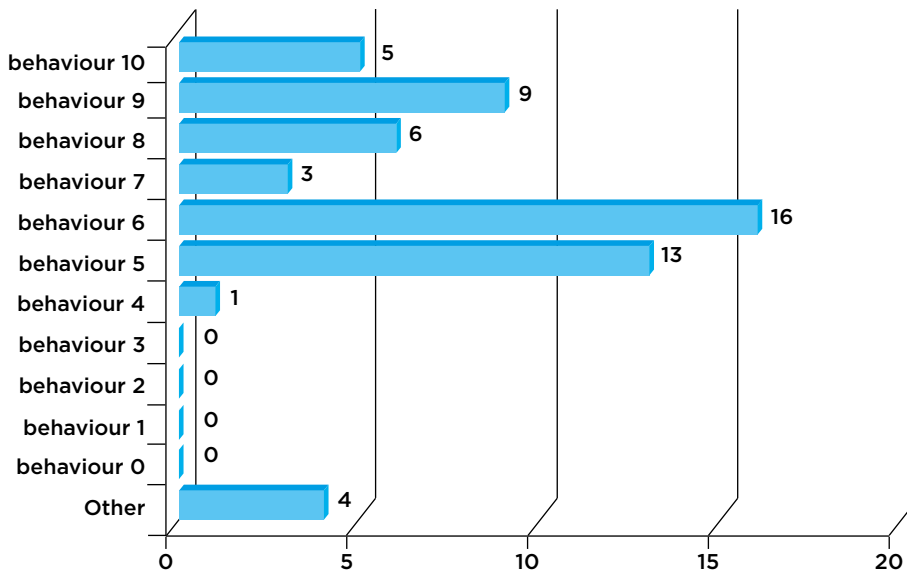
were easily observable behaviours which he did not try to hide. Appropriate behaviour was noted in particular when Savile was with senior members of hospital staff.

Table 1: Rating Scale of Savile’s Sexual Abuse Behaviours

0	Appropriate behaviour
1	Standing within a person’s personal space and/or telling rude jokes
2	Touching arms or shaking hands but holding on for too long
3	Kissing hands and arms
4	Hugging tightly and not letting go
5	Touching over clothing, including sides of body and sides of breasts; pinching bottoms; kissing necks; other persistent sexual attention
6	Sitting a victim on his lap and/or pinning them against the wall with his body; forcing his tongue into a victim’s mouth; grabbing breasts; touching intimately over clothing
7	Slipping a hand under a victim’s clothing whilst pinning arms of the victim, who was sitting on his lap
8	Slipping a hand under a victim’s clothing or bedclothes and touching their genitals (often whilst pinning their arms)
9	Slipping a hand under a victim’s clothing and digitally penetrating their vagina
10	Rape
11	Other sexual coercion and exploitation that the victims did not wish to categorise as rape

- 13.31** Savile would frequently engage in behaviours 6–9 on the rating scale in public situations when his hands could not be seen. Much to his victims’ embarrassment and distress, Savile appeared to revel in serious assaults on occasions when many other people were present but his victims could not draw attention to what was happening. These behaviours were also conducted in private places.
- 13.32** Savile would commit rape (behaviour 10 on the rating scale) in private when he was alone with his victim.
- 13.33** It would appear that his public persona enabled him to groom the people around him to accept his highly tactile behaviour and constant invasion of personal space. He would then swiftly go further whenever the opportunity presented itself.
- 13.34** Chart 3 shows the numbers of victims ranked against the behaviours listed in Table 1. It should be noted that many victims were subject to a wide range of inappropriate sexual behaviours perpetrated by Savile; in these cases the highest point on the rating scale has been assigned to each individual victim.

Chart 3: Abuse Categorisation



- 13.35** One of the difficulties Savile's victims had, whether they were patients, visitors or staff, was in understanding where the 'tolerated' behaviours stopped and the unacceptable behaviours began. Savile escalated rapidly from behaviours 0-5 to behaviours 6-10, often leaving his victims confused. Some of the assaults appear to have been restricted in nature, in that the rapid grabbing of breasts or penises appears to have been the limit of Savile's intentions. Other assaults appear to have been highly intrusive and painful for the victim (involving vaginal penetration) but could not have escalated into rape due to the locations in which they took place. Yet other assaults were of a more determined nature and took on the aspect of attempted rape or actual rape. Several victims described having to fight Savile off and are of the view that he would have raped them had they not been able to get away.
- 13.36** Attempted rapes and actual rapes took place in private locations where Savile knew he would not be interrupted and where no one could have been expected to intervene. Savile's victims describe him as being very strong and almost impossible to escape from once he had them pinned. This was probably a skill he had learned during his days as a professional wrestler.
- 13.37** The severity of the sexual assaults perpetrated does not appear to have been related to the age of the victims. Instead it appears to have been predicated upon the opportunity Savile had as each situation presented itself, combined with the privacy of the locations available to him at the time. Savile did not appear to specifically select child victims for rape; it appears on the contrary that each particular circumstance dictated the level of sexual abuse he thought he could get away with undetected.

13.38 Savile had a very specific manner of operation when sexually abusing his victims at Stoke Mandeville Hospital. The following factors emerged frequently from victims' accounts:

- Savile made a sudden and often violent approach which caused his victims physical pain;
- Savile invaded their personal space;
- Savile displayed a sense of total ease and engaged in assertive behaviour;
- Savile engaged in behaviour that fell outside the socially acceptable but was seen as part of his eccentric persona;
- Savile never hesitated or asked for permission;
- Savile would often restrain his victims by pinning their arms, or lying upon them;
- Savile would often groom his victims with gifts or promises;
- Savile did not always sexually abuse his victims in an opportunistic manner, he often showed a high degree of premeditation and entrapped his victims;
- Savile achieved rapid sexual arousal;
- Savile displayed a total disregard for the victim once the sexual abuse had taken place;
- if a victim shouted or was startled Savile would sometimes stop, look shocked and swiftly retreat;
- a strong degree of coercion was often involved; two victims are still unwilling to say that they were raped, even though they know they were taken advantage of and pressured into sex against their will.

13.39 Savile's victims also noted that:

- he had a particularly offensive body odour;
- he usually wore a tracksuit and heavy gold jewellery;
- he usually had either a lit or an unlit cigar in his hand.

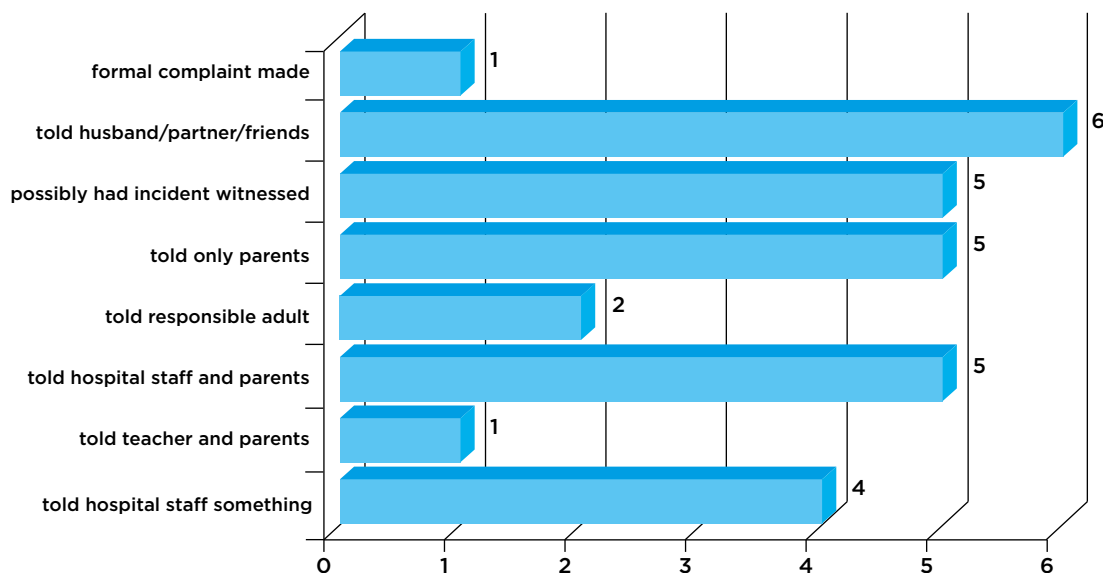
He would often slip his hands under sheets and intimately touch patients (he probably evaded detection in the NSIC as paralysed individuals would not have felt anything below the area of their spinal lesion). Three victims said that Savile was accompanied during the abuse: one mentioned a "*man in a suit*" and another mentioned "*bodyguards*"; however, the rest of his victims describe him as being on his own when the abuse took place.

13.3. Analysis of Victims' Complaints

13.40 In all, 24 victims stated to the Investigation that they either told somebody about the sexual abuse they received from Savile at the time it took place or thought that someone might have witnessed it (only two victims thought this was by a hospital employee). It should be understood that on reflection several victims told the Investigation that they could not be certain what exactly they had reported at the time and whether or not they had stated explicitly what Savile had done to them.

- 13.41 A total of 33 victims told nobody about their encounters with Savile until the recent allegations about Savile’s sexual abuse became known widely. Of these three stated the abuse was witnessed by a person who was not a member of hospital staff.

Chart 4: Contemporaneous Incident Reports (some victims are counted more than once)



- 13.42 A pivotal question for the Investigation was “*Who knew what was going on at Stoke Mandeville Hospital in relation to Savile’s sexual abuse of patients, visitors and staff?*”

How Complaints were Managed Contemporaneously

- 13.43 There are few surviving mentions of complaints policies relating to Stoke Mandeville Hospital for the 1970s. However it can be deduced from the documents that are available that a formal process of some kind was in place. The Investigation heard from trades union convenors and senior clinical staff that in the 1970s complaints processes were addressed at a local level within each ward or department and were managed at the discretion of senior medical and nursing staff. It appears that it was a relatively rare occurrence for complaints to be escalated to hospital administrator level. The factors that have already been examined in chapter 11 are also relevant here.
- 13.44 A witness who worked during the 1970s with the Community Health Council (the patient ‘watchdog’ at the time) described one way in which patients could make a complaint about the services they received. Community Health Councils conducted routine visits to hospitals, during which patients could complain to them directly. The process described is rather informal:

“ We could, and had done, drop in things if we felt that things needed to be observed, especially at night time, usually we picked up things from what patients told us, either they came into our office or they told us on previous visits. Our role was

very much talking to patients informally, chatting, just asking them general questions, but also talked to staff as well, everybody from consultants down to whoever was around. I think they were frank with us, quite often because things needed to be done, and that was not within their power to get the changes made, and I think they saw us as somebody who could speak up on behalf of patients.”³⁷⁴

- 13.45** A doctor who was a paediatric consultant during the 1970s reflected that in general medical complaints were managed by doctors and ward management complaints by nurses. Most complaints appear to have been kept within a ward or department unless the patient was persistent:

“...if you'd made your complaint and if it got to the administration, they would call in whoever the main hospital administrator was and then there would be a meeting, probably. If the complaint was about a doctor then there would probably be a meeting with the doctor and with the patient, if the patient wanted to make something of it. It was really up to the patient to make an issue of it.”³⁷⁵

The Formal Complaint

- 13.46** All the contemporaneous victim reports about Savile's sexual abuse on the Stoke Mandeville Hospital site were made in the 1970s, with one exception in 1985. It can be seen from contemporaneous Department of Health and Social Security (DHSS) documentation that patients often felt reluctant to complain about the service they received from the NHS. Quite often this was because they appreciated the care and treatment they had been given and did not want to provide any negative feedback. Several victims, who were adult patients at the time of the abuse, went further and told the Investigation that they did not complain because they were fearful their treatment would be compromised as a result. The Parliamentary Health Service Ombudsman recognises that this fear still persists for many NHS patients to this day.³⁷⁶
- 13.47** Only one victim stated that a formal, albeit verbal, contemporaneous complaint had been raised about Savile's sexual abuse. This was as a result of Victim 21 (a child patient) telling her father what had happened to her in 1977. Initially Victim 21 had tried to tell the ward sister and was not believed. Victim 21's father did believe her and pursued the matter.
- 13.48** It should be remembered that Victim 21 was 11 years old at the time and was not present when the verbal complaint was made. Her father died several years ago and therefore could not provide information to the Investigation. However, after telling her father what had occurred, Victim 21 remembered hearing voices raised between him and a nurse on the ward whom she recalled as “Sister Cherry”. Victim 21 also recalled that her father told the “Registrar”. Victim 21 asked her mother, who is

374 Transcript from W84

375 Transcript from W20

376 Parliamentary and Health Service Ombudsman, *The NHS Hospital Complaints System: A Case for Urgent Treatment?* (April 2013)

still living, if she could recall to whom the complaint was made and was told that it was to a “*Ms Thompson*” (or a person of a similar name) who was thought to be some kind of administrator. It is significant that Victim 21’s father understood how hospital administrative systems worked and knew how to raise a complaint.

- 13.49** Thames Valley Police (with the assistance of the Buckinghamshire Healthcare NHS Trust Human Resources Department) traced four people with the name Cherry who had worked as nurses at Buckinghamshire Healthcare NHS Trust and predecessor organisations. Of these, two were dead, one was too young to have worked in the 1970s, and the last had never been employed at Stoke Mandeville Hospital. It was evident that the Sister Cherry in question was dead and could not be questioned.
- 13.50** It was not possible to trace the ‘hospital registrar’ to whom the complaint had presumably been reported. The hospital registrar has been a redundant position within the NHS since 1961. No personnel files remain for the 1970s, in keeping with Department of Health record destruction and retention guidance. Neither Thames Valley Police nor the Investigation was able to trace a Ms Thompson. It is also uncertain whether this was her actual name. A person with a similar name was identified who was a nursing officer between 1973 and 1974, but she did not work at the Hospital at the time of the incident and is now dead.
- 13.51** Victim 21’s father made a verbal complaint and whether anything was ever recorded is not known. The Investigation interrogated the Buckinghamshire Healthcare NHS Trust document archive and retrieved **all** surviving complaints and serious untoward incident and litigation documentation. No documentation existed for the 1970s, and after a careful hand sifting of each document from the 1980s and 1990s it could be confirmed that no mention of Victim 21 or any related complaint existed.
- 13.52** However, the Investigation is satisfied that in all probability a formal verbal complaint was made. Victim 21 told the Investigation that she was very young and had been seriously ill. She required a three-month hospital stay and her father did not want to pursue the complaint as he was concerned for the wellbeing of his daughter and did not feel that he could put her through a formal investigation process and inform the police due to her frail condition. He apparently demanded that Savile be kept away from his daughter for the rest of her stay in hospital and this appears to have been what happened.
- 13.53** The Investigation traced the Consultant who was in charge of Victim 21’s care at the time of the incident. He stated that he was never made aware of any complaint of this nature and that had he known he would have acted upon it. He also said that Savile did not provide charitable funds for the burns and plastics unit where Victim 21 received her care and treatment and that Savile had no special relationship with the department which could possibly have prevented any concerns being taken to the highest level.³⁷⁷

377 Transcript and email from W48

- 13.54** This is the only formal, contemporaneous complaint about Savile’s sexual abuse brought to the attention of the Investigation. It would appear that the hospital staff directly involved with this incident failed in their duty to protect the vulnerable children in their care. Restricting Savile’s movements on a ward for the duration of a single patient’s stay cannot be seen as an appropriate response. Had this case been managed in a robust manner Savile should have been suspended from the Hospital at this stage and the police notified.

The Nine Reports Made to Hospital Staff

- 13.55** Four victims told the Investigation that they had told a member of hospital staff ‘something’ about the sexual abuse they received from Savile at the time it occurred. In addition six other victims (including Victim 21 above) told both hospital staff and their parents at the time the abuse took place.
- 13.56** **Report One:** Victim 5 (a child who was staying at the NSIC as part of a patient education scheme in 1972) told both her family and the ward staff directly after her encounter with Savile. No one believed her. Victim 5 cannot remember the names of the ward staff that she spoke to. None of the witnesses interviewed who worked at the NSIC during this period had any recollection of any complaint being made about Savile regarding any sexual abuse of patients.
- 13.57** **Report Two:** Victim 7 (a child patient) *“informally”* mentioned Savile’s abuse to her parents and ward staff in conversation. No action was taken.
- 13.58** **Report Three:** Victim 9 (a patient) was an adult at the time of the assault. She had been invited out for dinner with Savile towards the end of her rehabilitation inpatient stay at the NSIC in 1973–74. She had been warned about Savile being a sex pest by junior staff members before leaving the ward, but felt she would be safe because he was *“as old as our dads”*. On her return to the ward she told these same staff members about what had happened to her. Victim 9 told the Investigation that *“I never felt like it was some guilty secret I had to keep, but on the other hand I never thought it was something to report either”*, and that she only chatted about what happened to her in the context of her night out.
- 13.59** **Report Four:** Victim 12 (a child patient) told ward staff some time between 1973 and 1976 that Savile had assaulted her on two occasions when she had visited the ‘Jimmy Savile lounge’ on her own. Victim 12 cannot remember whom she told but can remember that she was informed she would not be allowed to visit the lounge on her own again. None of the witnesses interviewed who worked in the relevant department during this period had any recollection of any complaint being made about Savile regarding his sexual abuse of patients. An examination of the clinical records failed to facilitate the search for potential witnesses as nurses often did not sign clinical records, preferring to use initials. The difficulty was compounded by the victim being unable to specify exactly when the incidents took place.

- 13.60 Report Five:** Victim 17 (an adult patient) told ward staff about her encounter with Savile in 1976; they laughed it off. Victim 17 cannot remember the names of the ward staff. No further information could be obtained as the victim did not wish to be interviewed. No surviving clinical records could be found for this patient to facilitate the search for potential witnesses.
- 13.61 Report Six:** after being raped by Savile in the television lounge Victim 20 (a child patient) told a nurse on her ward *“that the porter hurt me, down here, and she said to me, don’t say anything, because I [the nurse] will get in trouble”*. Victim 20 cannot remember the names of any of the ward staff. It was evident that she did not mention the porter by name because at the time she did not know who Savile was. In the 1990s Victim 20 wrote on two occasions to Janet Cope (*nee* Rowe), Savile’s secretary, to report what had happened to her. She never received a reply. When speaking with Thames Valley Police and the Investigation Janet Cope denied that she ever knew of any sexual abuse perpetrated by Savile and that she had no knowledge of ever receiving a letter from this particular victim. No surviving clinical records could be found for this patient to facilitate the search for potential witnesses and the victim could not remember which ward she was nursed on.
- 13.62 Report Seven:** Victim 25 (a staff member) informally told work colleagues and told her father who did not take the matter further.
- 13.63 Report Eight:** Victim 32 (a staff member) had Savile’s harassment of her witnessed by a course tutor but the victim declined to take the matter further.
- 13.64 Report Nine:** Victim 48 was an adult visitor to the Hospital who told a nurse that Savile had put his hand up her skirt. It would appear that she did not state exactly what happened.
- 13.65** The Investigation was not able to trace any specific hospital employees to question about these reports of sexual abuse and the subsequent actions taken. Victims could not always remember the wards they were nursed on, the year the incident took place, or the names of the people they reported the incident to. Where clinical records survive they do not record the details of nursing or medical staff in a helpful manner that could enable a search process (for example their dates of birth, first names, addresses etc.). It should be remembered that all personnel employment records are destroyed within six years of an individual leaving the service, and the incidents in question all took place between 34 and 40 years ago. Professional regulatory body registers could not be interrogated as dates of birth and full names are required to commence a search.
- 13.66** The Investigation called for interview all senior clinical and management staff who worked in the 1970s who could be both identified and traced. All of the witnesses called by the Investigation denied any knowledge of any sexual abuse perpetrated by Savile involving either patients or visitors to the Stoke Mandeville Hospital site.

The Two Incidents that May have been Witnessed

- 13.67** Two victims (13 and 32) described scenarios whereby Savile’s sexual abuse was possibly witnessed by hospital staff. Victim 24 recalls a man in a suit watching Savile abuse her in the hospital chapel presbytery. It remains unclear who this man was.
- 13.68** In a written statement Victim 13 (a child visitor) described Janet Cope, Savile’s secretary, walking in on them whilst the sexual abuse was happening. The Secretary is reported to have said nothing and walked out, leaving Victim 13 alone with Savile. When speaking with Thames Valley Police and the Investigation Janet Cope denied that she ever knew of Jimmy Savile’s involvement in any sexual abuse and that she did not observe Savile sexually abusing this victim. The victim did not wish to come forward for an interview and no further information could be ascertained.

The Other Reports of Sexual Abuse

- 13.69** Other contemporaneous reports about Savile’s sexual abuse were made by 14 victims to non-hospital personnel such as parents, husbands and partners, schoolteachers and care home staff. In the case of child victims it would appear that these reports were not taken up with the hospital authorities.
- 13.70** It was evident that the adults, including parents, who were told about abuse by children either did not believe them or chose not to take any further action. Victim 13 told his Headmaster, who laughed at him, and another victim told both her teacher and her parents, who did not believe her. Victim 31 told adults at her children’s home who encouraged her to laugh the incident off. It was outside the Investigation’s terms of reference to question these individuals as to why they took no further action once they had been told by the children they were responsible for that something of this nature had occurred. All incidents that fall outside the NHS brief have been examined by the police and appropriate action taken.

Who Knew What and When

- 13.71** The Investigation found that Savile’s overfamiliar conduct was an open secret within the Hospital amongst the junior staff and certain individuals in middle management tiers; this is examined in chapter 11. As can be seen from the findings above, whilst Savile’s sexual abuse of patients was not known widely, the evidence suggests that incidents were reported in the 1970s to several members of nursing staff. In the case of Victim 21 a manager of some kind was involved. A single report was also made to a nurse in 1985 by Victim 48.
- 13.72** It is evident that some ward staff in the 1970s were sufficiently concerned about Savile’s behaviour on one occasion to have reported him to Social Services. This Investigation interviewed the Social Worker who was involved in the case (she could not remember any specific details such as the ward in question). She said:

“ I was informed by the principal social worker that Jimmy Savile had given a gift, probably a bunch of flowers but I can't quite remember if there was anything else, to a young teenager who had come into the hospital having taken, I think, an overdose; it was a suspected suicide attempt. It had been felt totally inappropriate to give her gifts because she was due to see a psychiatrist and it was just felt that it was making a fuss of her and it could prejudice any assessment she had by the psychiatrist. Of course now we can see this in a totally different light.”³⁷⁸

13.73 This is an important example as, even though Savile was not assumed to be interested in this patient sexually, it was recognised that his actions were inappropriate. Although the concept of ‘grooming’ was not yet widely known and no sinister intent on Savile’s part was identified, the Social Worker told us that “*The ward staff approached him and said that he was not to have this kind of contact with the girl*”. The Investigation considered this episode to represent an example of good practice in which ward staff were vigilant and offered a challenge to Savile.

13.74 Shortly after the allegations about Savile’s offending became public, the media reported a story that nursing staff at Stoke Mandeville Hospital had told children to cover their heads and pretend to be asleep in order to avoid sexual abuse from him. After a careful investigation it became evident that this notion probably originated from a former patient who had spoken to the media. The Investigation spoke to her. In the public interest her account is set out below in her own words and in full:

“ The usual and quite strict routine was for nurses to get you ready to get you up into your wheelchair early in the morning so that you could attend the schedule of classes. This particular morning there were perhaps two or three nurses in my bay (possibly four or six beds) of the ward. As they worked they chatted amongst themselves and referred to Jimmy Savile making a ‘ward round’ that day and also made obviously sarcastic comments to each other about which of them might go to his ‘little room’. One replied that thankfully it would not be her as she was due to go off duty in a minute. The tone of their conversation and their expressions made it clear they were not looking forward to this visit.

I was waiting to be lifted into my wheelchair but instead they left and one nurse came over to me and said ‘and the best thing you can do is stay in bed and pretend to be asleep.’ I was quite happy to oblige, to have a lie in and not be put in a wheelchair. I saw Savile appear, totally unaccompanied as he loitered at the edge of my bay. I can’t remember whether I was the only one on there or whether others were also feigning sleep. I wasn’t scared, just assumed the nurse had thought he would be annoying and was doing me a favour. He disappeared further down the ward

to the other bays and I can't remember how long it was before he reappeared, and then left. Shortly thereafter nurses appeared and got me up into my wheelchair and 'normal' life resumed. I never asked the nurses anything about this... I was too consumed with my own situation. ”

13.75 This witness also reflected that:

“ I suppose she thought that he would annoy me, I thought she was doing the right thing to try and prevent an awkward moment between perhaps him coming and me saying something like, 'get lost'. That was as far as it went, I didn't think she was being protective in any creepy way, I just thought she thought I would give him short shrift... The last thing I want to do is make things up, and put two and two together, because that wouldn't help at all, but I do remember them discussing, whether they were angry over it, I can't remember... When you're not at classes, you're socialising, so you are hanging round drinking cups of coffee or you're in the TV room, so I don't think for a minute she thought she was leaving me in any danger, I think she thought there were enough people around. The corridor was filled with people going around with towels across, going in and out of the showers, trying to learn how to use them, trying to learn how to use the toilet, whatever it was, trying to learn how to make a cup of coffee and carry it back – all the things you had to re-learn, so he didn't need to come and wake me up. I think she just thought, for whatever reason, perhaps she was just being kind to me, I don't know. I was 28, I wasn't a kid. ”³⁷⁹

13.76 Following Savile's death a retired policeman, John Lindsey, spoke to the media at large, saying that during the late 1970s he had spoken to a young nurse at the Hospital and that:

“ She said to me at the time they didn't like Savile because he was touching little girls in hospital, not necessarily in a sexual way, but touching them and they were unhappy about the way he was going on. They told the little girls who were in hospital to stay in bed and give the impression they were asleep. ”³⁸⁰

13.77 The Investigation interviewed Mr Lindsey who refused to confirm whether this allegation was true or not. When interviewed he could not remember the name of the nurse to whom he had spoken or the name of the police officer he claimed to have reported the allegations to.

379 Transcript from W123

380 <http://www.bbc.co.uk/news/uk-england-beds-bucks-herts-19915955>

13.4. Other Historic Cases of Sexual Abuse within Stoke Mandeville Hospital

Historic Sexual Abuse Cases at Stoke Mandeville Hospital

- 13.78** Over the past four decades Stoke Mandeville Hospital has employed three doctors who have subsequently been convicted of sex crimes against patients.
- 13.79** Dr Michael Salmon was a consultant paediatrician who was suspended in 1989 for sexually assaulting three teenage patients. He was subsequently convicted and jailed for three years. He was struck off the General Medical Council register in 1991.
- 13.80** A Dr Narendran was accused in court of blindfolding a child and performing oral sex on him. The assault occurred in a private room whilst the doctor was employed as a locum registrar at the Hospital. The doctor denied charges of indecent assault but was later jailed for 21 months on 16 October 1996. He was struck off the General Medical Council register on 22 January 1997.
- 13.81** On 13 March 2002 a wheelchair-bound woman accused a Dr Ahmed of subjecting her to four sexual assaults. The assaults took place in Reading in 2000 but it was reported in court that the doctor was currently working at Stoke Mandeville Hospital. The doctor was struck off the General Medical Council register on 20 March 2002 for having a relationship with a vulnerable disabled woman.
- 13.82** On 5 October 2000 the Stoke Mandeville Hospital NHS Trust Board heard about three serious incidents (the nature of which was not disclosed in full in the Board papers but which involved sexual misconduct) that had occurred at the NSIC. Letters were sent to 70 patients in order to ascertain whether or not there had been any other incidents in addition to those already known. Arrangements were put in place for an “*external enquiry*” to review the position at the NSIC and draft terms of reference were prepared.³⁸¹ On 2 August 2001 the independent review group from the South East Regional Office presented its findings regarding the NSIC in private to the Trust Board. The report had already been shared with staff at the NSIC. The review found no evidence of a systematic pattern of improper behaviour underlying the incidents under review. No surviving copies of the report could be found by the Investigation. Savile’s name was not mentioned.

Historic cases and Savile

- 13.83** At the time of writing this report Operation Yewtree was a live investigation and therefore any allegations about Savile in connection with ‘others’ who may have been sexually abusing victims at Stoke Mandeville Hospital are outside of the scope of this Investigation.

381 Trust Board Folder January 1999 - December 2000. Ref 23

13.5. Analysis of Findings

- 13.84** It is evident that Savile had unrestricted access to the Stoke Mandeville Hospital site for several decades. This access was not managed and remained unsupervised. The evidence shows that Savile sexually abused his first victim at the Hospital during his first visit in 1968 and that he abused his last known victim some time in 1992. The Investigation found that during this 20-year period a total of ten reports were made contemporaneously by his victims or their relatives to hospital staff, only one of which constituted a formal complaint.
- 13.85** Savile was no ordinary abuser. He was a well-known celebrity who had built a reputation for working in children’s entertainment and for volunteering in hospital environments. As the years progressed he was also known as a tireless charity fundraiser. Savile was a figure whose public persona inspired trust. This perception was endorsed by various institutions, including Stoke Mandeville Hospital, which welcomed Savile into the very heart of the organisation. Savile’s victims did not expect to encounter sexual abuse when they met a man who was considered to be a national icon.

Victim Vulnerability

- 13.86** Savile’s victims on the Stoke Mandeville Hospital site were rendered vulnerable by a diverse range of circumstances. The common denominator was Savile, who took advantage of this vulnerability. This constituted a grave betrayal of trust which was made more striking by the fact that Savile was endorsed throughout the 1970s and 1980s by the highest levels of society. Speaking in the October 2012 documentary *Exposure: The Other Side of Jimmy Savile*, Esther Rantzen said:

“ We all colluded with this, didn’t we? We made him into the Jimmy Savile who was untouchable... for children he was a godlike figure... and these children were powerless.”

- 13.87** Most of the victims who were interviewed recounted to the Investigation feelings of fear and isolation. Most thought that their encounter had been an isolated occurrence, which they had struggled to understand for decades. Had these individuals known that their experiences were not unique, many said they would have come forward either at the time of the abuse or once they had reached adulthood. Those who did report Savile’s behaviour at the time told us that they felt an abiding sense of injustice about not being believed. Not only did these victims feel betrayed by Savile, many also retain feelings of extreme hurt that parents, husbands, partners, nurses or teachers did not believe them.
- 13.88** In order to come to some kind of understanding of the dynamics of the situation, it is useful to revisit Savile’s sexual abuse behaviours as set out in the rating scale in Table 1. Savile could act in a bizarre and eccentric manner beyond the ordinary boundaries of acceptability. This was only rendered acceptable by virtue of his celebrity status. Savile’s unique blend of assertion, authority and eccentricity appears to have prevented the people around him from recognising his behaviours for what they

often were, totally inappropriate. Savile's victims only realised that boundaries had been crossed when it was too late to protect themselves.

Contemporaneous Reporting

- 13.89** Despite the volume of recent allegations brought forward about Savile's activities at Stoke Mandeville Hospital, only one incident gave rise to a formal contemporaneous complaint (formal in that it was made to a hospital manager and action was demanded by the complainant). Nine other victims told hospital staff at the time of the incident occurring: two of these allegations were withdrawn by the victims' parents, who did not believe their children, and the other seven do not appear to have been taken further by the person the abuse was initially reported to. It is an important fact that children often do not have the language to explain the details of a sexual assault; at least three victims who reported what happened to them were non-specific about what Savile actually did.
- 13.90** The lone formal complaint, made in 1977 by Victim 21's father, was serious and should have led to Savile's suspension from the Hospital and a formal police report being made. There can be no excuses made in relation to 'what was acceptable at the time' or 'how children were perceived'. This was a serious allegation and should have been investigated fully, as it was reported to a hospital manager. How this complaint was actioned is unclear and will remain so, as all the people directly involved, save the victim herself, are now dead. It would appear that no paper record was made, or that if one was made, it has not survived. It would also appear that once again, in keeping with the other known instances of Savile's poor behaviour and sexual activities on the hospital site, the complaint was not escalated beyond the middle management level.
- 13.91** A large and consistent number of contemporaneous complaints, that could be shown to have reached senior administrators, would make a compelling argument to suggest that hospital authorities did in fact know about Savile, did not act appropriately and were colluding with him. However, on the basis of the evidence provided by the victims themselves, it appears that few reports were made, none of which were put in writing. It appears that these reports were not managed in a formal manner and it is unlikely that individuals at the highest level of the organisation were aware of them.
- 13.92** Seven of the reported incidents occurred in the 1970s when complaints management was less sophisticated and complaints were often not actioned appropriately. However, this is not offered as any kind of excuse. The sexual abuse of patients, visitors and staff has never been an acceptable practice within the NHS.
- 13.93** When addressing the question of who knew what and when, we found that ten reports of sexual abuse were made/were known to hospital staff between 1972 and 1985. All except one were made to ward nurses alone. There are a number of valid reasons why the other victims of Savile's sexual abuse did not come forward at the time, and none of these individuals are to blame for not doing so. However, whilst it can be

understood why victims did not come forward, it is unreasonable to expect the hospital authorities to have known what was going on if no one ever told them. These circumstances illustrate well how covert sexual predators can continue undetected and therefore unchallenged for many years.

Probable Reasons Why Savile’s Sexual Abuse Activities Ceased at Stoke Mandeville Hospital

- 13.94** From the mid-1980s, national NHS complaints and patient protection procedures became more formalised within a legislative framework. Between 1988 and 1999 three new requirements came into being:
- 1** In May 1988 the *Protection of Children: Disclosure of Criminal Background of Those with Access to Children* guidance (HC (88) 9) was issued. Stoke Mandeville Hospital emphasised the need for volunteers working with children to be included.³⁸²
 - 2** In July 1988 the Hospital Complaints Procedure Act 1985 guidance (HC (88) 37) was issued. It was noted that designated officers would be required to deal with complaints at hospital unit level. There was also a requirement to ensure that hospital staff were given details of the outcomes of cases and that members of the public were given the opportunity to comment on or criticise services provided.³⁸³
 - 3** In October 1999 the Public Interest Disclosure Act 1998 guidance (HSC (1999) 198) was issued, which stipulated that statutory protection would be given to employees who disclosed information reasonably and responsibly in the public interest.³⁸⁴
- 13.95** The NHS Trust Director of Nursing between 1996 and 2000, Christine McFarlane, told the Investigation about the complaints process:

“ In the early days it was the Director of Nursing who dealt with written or verbal complaints and investigated and responded accordingly. When we became a Trust that became very much one of the roles of the CEO to see every complaint, to meet with members of the public if they so requested, and in the CEO’s absence I deputised and did that for him.”³⁸⁵

- 13.96** The more stringent processes, coupled with the increasing challenge Savile received from the newly formed NHS Trust in 1994, probably made a significant contribution to his sexual abuse activities on the Stoke Mandeville Hospital site either coming to an end, or at the least, significantly diminishing. The Investigation comes to this conclusion on the basis of the evidence available to it. At the time of writing this report no further acts of sexual abuse directly perpetrated by Savile were notified to the Investigation directly, either by the Police or by victims, as having occurred at the Hospital after 1992.

382 Medical Advisory Committee Folder April 1982 – December 1989. Ref 6

383 Medical Advisory Committee Folder April 1982 – December 1989. Ref 5

384 AB JS-12 Part 03 P 28

385 Transcript from W117

13.97 The Investigation acknowledges that the NSPCC *Operation Yewtree Report Statistical Analysis of Operation Yewtree contacts to the NSPCC Helpline 2012-14* (May 2014) provides two additional examples of sexual abuse/assault activities and one of ‘adult’ grooming on the Stoke Mandeville Hospital site between 1992 and 2009. It is unclear whether these reports were made directly, by the victims themselves, or were reported by other parties (such as family and friends). The three reports were not made to this Investigation and no examination could be made, or understanding of the circumstances reached. However, based on the information provided, it would appear that only one example constituted an act which could be categorised as either abuse or sexual assault perpetrated by Savile and this took place in 1992. The findings of the May 2014 NSPCC report concur broadly with those of this Investigation.

13.6. Conclusions

13.98 Chapters 11 and 12 have examined the circumstances by which Savile was given access, authority and privilege at Stoke Mandeville Hospital. The findings and conclusions from these chapters will not be repeated here, but need to be taken into consideration in order to understand how Savile was allowed to access an NHS facility with no monitoring or supervision arrangements in place. These chapters also provide an examination of weak hospital systems that were not robust enough to challenge, detect or manage Savile’s behaviours.

Who Knew What and When?

13.99 Very few senior clinicians and hospital managers who worked at Stoke Mandeville Hospital in the 1970s are still alive. The few who were able to talk to the Investigation stated that they had had absolutely no idea that Savile was abusing patients, visitors or staff at the Hospital. They expressed feelings of betrayal, dismay and shock. Many had entrusted their children to Savile and had invited him into their homes. It would appear that the full extent of Savile’s consensual and non-consensual sexual behaviour remained unknown to the senior members of the hospital staff for several reasons:

- 1** The dispersed geography and nature of Stoke Mandeville Hospital appears to have prevented information flowing to the top of the organisation.
- 2** Complaints and general information management processes were informal and weak.
- 3** The hospital culture of the time meant that each ward and department managed its own complaints and concerns internally with very little being brought to the attention of the administration.

13.100 No evidence to contradict these conclusions was given to the Investigation.

13.101 Nine of the contemporaneous reports of sexual abuse were made to ward-based nursing staff (with the exception of Victim 32). Only one of these reports was escalated to management level, and this at the

instigation of the complainant's father. The evidence indicates that the nursing staff concerned either did not take the complaints seriously or did not know how to manage them. There is no evidence to suggest that these incidents were recorded or discussed with senior nursing colleagues. The Investigation concludes that no action was taken.

What Action Should Have Been Taken?

- 13.102** The Code of Professional Conduct for Nurses, Midwives and Health Visitors was published by the United Kingdom Central Council for Nursing, Midwifery and Health Visiting in July 1983. It was the first code of its kind. The code stated clearly that nurses should “... *at all times act in such a way as to promote and safeguard the well being and interests of patients/clients for whose care she is professionally accountable and ensure that by no action or omission on her part their condition or safety is placed at risk*”. It should be remembered that this code did not exist in the 1970s and that up until recent times there was no particular duty placed upon healthcare professionals to report incidents of suspected sexual abuse.
- 13.103** The Investigation could see from Medical Advisory Committee minutes that complaints procedures relating to patient care were in place at Stoke Mandeville Hospital during the period in which the abuse took place. However, we heard from witnesses that during this period complaints procedures were managed in a uni-professional manner and that few matters appear to have been escalated to the senior administration tier at the Hospital. Chapter 11 discusses this issue in detail.
- 13.104** The Investigation considered who should have acted and what that action should have been. It would have been reasonable for junior nurses to have reported any incident or complaint to the ward sister, and for the ward sister to have reported up to a nursing officer. It would then have been the responsibility of the nursing officer either to resolve the issue or to escalate it to the Hospital Administrator. We cannot know what actually happened in the cases that we investigated. The only formal complaint (regarding Victim 21) appears to have reached a middle manager of some kind, by whom it was not resolved in a satisfactory manner. There is no evidence to suggest that the complaint was escalated.
- 13.105** The eight other incidents reported to ward staff appear not to have gone further than the individuals the incidents were reported to. Because of the lack of information available to the Investigation it is not possible to understand with certainty why this was case, but it would appear to have been due to a combination of three reasons. The first reason was that the nurses were habituated to Savile's behaviour and did not necessarily regard the kissing or touching of a patient, visitor or staff member to be a serious matter. The second reason was that in some cases the nurses did not believe the victim. The third reason, in case of Victim 20, was that the nurse appeared to be fearful of what would happen to her if she escalated the matter.

- 13.106** Only ten contemporaneous reports of Savile's sexual abuse were made by his victims to hospital staff, the first in 1972 and the last in 1985. It would appear that each of the reports was made to a different individual in a different clinical location over a period of 13 years. It is probable that there was no hospital-wide intelligence about Savile's sexual abuse of patients and that no pattern was ever established.
- 13.107** The Investigation would be remiss if it applied hindsight knowledge. At the time each of the incidents was reported it is unlikely that anyone in authority knew about Savile's sexual abuse activities. Each report was, in all probability, seen by those who received the reports as either being untrue or as involving an isolated incident. However, it has never been acceptable for sexually inappropriate behaviour to be condoned in an NHS setting. Each of the nurses involved with each separate incident failed in their duty to protect patients. The Investigation recognises, however, that the systems in place at Stoke Mandeville Hospital during this period were ineffective and weak. Any failure on the part of individuals should be seen in the context of a wider systems deficiency.
- 13.108** The Investigation concludes that the manager to whom Victim 21's assault was reported also failed in her duty. This failure was of far more significance as the complaint was formal and the incident was of a serious nature. The Investigation concludes that, had this complaint been managed correctly, Savile's behaviour at Stoke Mandeville Hospital would have been exposed. While it is not possible to predict what the outcome of any investigative process would have been, nevertheless this represents a significant missed opportunity to both detect and manage Savile's sexual offending behaviour. Chapter 11 sets out conclusions in relation to the unmanaged and unsupervised access that Savile had within the Stoke Mandeville Hospital site, and these conclusions should be read in conjunction with those set out below.

The Investigation concludes as follows:

- ***Stoke Mandeville Hospital had complaints policies and procedures in place during the 1970s and 1980s when the ten victim reports were made. However, the management infrastructure was disorganised and weak, which led to a silo-based management of the complaints process. This had the effect of preventing complaints from being resolved appropriately or coming to the attention of the senior administrative tier.***
- ***Savile was placed in a position of trust at Stoke Mandeville Hospital by virtue of his celebrity status. Arrangements at Stoke Mandeville Hospital for the management, monitoring and supervision of Savile in his capacity as voluntary porter and celebrity fundraiser were absent. Had they been in place they would have restricted Savile's opportunity for sexual offending at the Hospital. The absence of any monitoring processes in conjunction with his unrestricted access created the circumstances in which he was able to offend undetected for two decades.***

14 Buckinghamshire Healthcare NHS Trust (and Predecessor Organisations) Safeguarding and Assurance Processes Past and Present

14.1. Context Overview of National Safeguarding Policies and Procedures for Children and Vulnerable Adults

Policies and Procedures for Children

- 14.1 The Children Act came into force in 1948, whereupon Local Authorities were required to establish a children's committee and appoint a children's officer. The Local Authority Social Services Act 1970 consolidated Local Authorities' social work services and social care provisions into social services departments. By 1974 Area Child Protection Committees were set up at Local Authority level to ensure that local arrangements were in place for safeguarding. The Children Act 1989 gave children the right to legal protection from both abuse and exploitation. This meant that hospitals such as Stoke Mandeville would have been linked into child protection processes with the Local Authority.
- 14.2 The Protection of Children Act 1999 provided additional powers to prevent paedophiles from gaining employment which gave them access to children. Organisations that worked with children were required to tell the Department of Health about anyone suspected of putting children at risk or harming them. In 2003 the Laming Inquiry into the death of Victoria Climbié was published, and the following year the Bichard Inquiry into the Soham murders recommended a registration scheme for those working with children and vulnerable adults. This resulted in the creation of the Independent Safeguarding Authority (ISA), responsible for the Vetting and Barring Scheme. (The ISA has since merged with the Criminal Records Bureau to form a new body, the Disclosure and Barring Service (DBS)).

Vulnerable Adults

- 14.3 Safeguarding vulnerable adults is a responsibility placed on social care organisations through the *No Secrets* guidance (March 2000), issued under Section 7 of the Local Authority Social Services Act 1970. Through this legislation, statutory social care organisations have a duty to work with other statutory bodies to put in place services which act to prevent abuse of vulnerable adults, provide assessment and investigation of abuse and ensure that people are given an opportunity to access justice.

- 14.4 The *No Secrets* statutory guidance was developed in response to several serious incidents, and states that:

“ The aim should be to create a framework for action within which all responsible agencies work together to ensure a coherent policy for the protection of vulnerable adults at risk of abuse and a consistent and effective response to any circumstances giving ground for concern or formal complaints or expressions of anxiety. ” (Paragraph 1.2)

- 14.5 One of the key issues highlighted by *No Secrets* was the absence of adult safeguarding systems within the NHS to ensure that healthcare incidents that raise safeguarding concerns are considered in the wider safeguarding arena. In response, the Department of Health published a document which tied existing systems of clinical governance into adult safeguarding in order to clarify the responsibilities and expectations of NHS staff in relation to this issue. The Department also funded an adult safeguarding campaign, run by the Nursing and Midwifery Council in 2010, to raise awareness of adult safeguarding amongst nurses and midwives.
- 14.6 In a hospital setting a vulnerable adult is any person who is unable to protect him or herself against significant harm or exploitation.

14.2. Current Safeguarding Processes within the Buckinghamshire Healthcare NHS Trust

- 14.7 An independent safeguarding audit was commissioned by the Buckinghamshire Safeguarding Children Board (BSCB) and the Buckinghamshire Safeguarding Vulnerable Adults Board (BSVAB) in response to the allegations made about Savile in the media in October 2012; this was conducted with the full co-operation of the Buckinghamshire Healthcare NHS Trust (BHT). The purpose of this audit was to identify whether current safeguarding practices within the BHT were robust enough to ensure the safety of patients and members of the general public and any other person who could be rendered vulnerable whilst on the hospital site. The commissioning and implementation of this audit were in keeping with the statutory responsibilities held by both of the Buckinghamshire Safeguarding Boards, which are entirely independent of the BHT. The audit report is included as Appendix 4.

Summary Findings and Conclusions of the Buckinghamshire Safeguarding Children Board and the Buckinghamshire Safeguarding Vulnerable Adults Board Audit (Summer 2013)

Audit Overview

- 14.8 The audit was conducted by an independent reviewer against evidence-based national safeguarding requirements and standards, which focused upon the following:
- general safeguarding arrangements;

- safer recruitment arrangements;
 - allegations management;
 - investigating and reporting arrangements;
 - complaints management;
 - whistleblowing arrangements.
- 14.9** The audit was undertaken specifically to examine whether Trust arrangements were robust in relation to the vetting, recruitment, training, supervision and management of all staff, volunteers and fundraisers. The audit also sought confirmation of practice standards over the past five years in relation to the management of concerns and allegations about staff, volunteers and fundraisers.
- 14.10** The audit did not find any safeguarding-related situation where either children or vulnerable adults had been at risk. It identified that a comprehensive safeguarding framework was in place but that there were certain elements that required strengthening, and that it was necessary for the Trust to raise the profile of safeguarding across the organisation in order to ensure that safeguarding was recognised as *“everybody’s business”* and that a safeguarding culture was embedded throughout and at all levels. The audit identified a number of key areas for development, with one priority recommendation that required the urgent development of a safeguarding training strategy.

Conclusions and Recommendations

- 14.11** A total of 33 recommendations were made and an action plan developed which was overseen by the Buckinghamshire Healthcare NHS Trust Board in conjunction with the BSCB and the BSVAB. Key recommendations required the Trust to:
- raise the profile of safeguarding within the organisation, ensuring that safeguarding was recognised as *“everybody’s business”* and that a safeguarding culture was embedded throughout the organisation and at all levels;
 - provide further evidence of increased safeguarding responsibilities, governance and accountability;
 - review some key policies to ensure that they were updated and accessible to the widest relevant audience;
 - embed the policies and practice already well established in the children’s workforce into the wider vulnerable adults’ workforce – to include allegation management;
 - urgently engage with the BSCB and the BSVAB and present to them a safeguarding training strategy which was to include detailed information on:
 - how all staff would receive the mandatory safeguarding training within set timescales;
 - how clear measures of effectiveness and compliance would be demonstrated.

The Buckinghamshire Safeguarding Children Board and Buckinghamshire Safeguarding Vulnerable Adults Board Audit

14.12 The Investigation found the BSCB and BSVAB audit to be comprehensive. However, as a result of its work the Investigation found several additional points that need to be considered and existing points that should be expanded upon:

- 1 Volunteers:** the DBS states that *“An employer must not apply for a check unless the job or role is eligible for one. They must tell the applicant why they’re being checked, and where they can get independent advice”*.³⁸⁶ This has meant that a number of volunteers working within Buckinghamshire Healthcare NHS Trust have not had a check conducted. This is because it was thought that they would not come into unsupervised contact with children or vulnerable adults and that therefore their roles were not considered eligible. This arrangement requires review, given that most volunteers in the Trust, whether serving in the canteen or on second-hand book stalls (for example), encounter children and vulnerable adults who may not be accompanied by a parent or carer. This means that volunteers can and do have unsupervised contact with individuals in circumstances where abuse could potentially take place.
- 2 Celebrities and VIPs:** Buckinghamshire Healthcare NHS Trust had no procedure in place specifically to manage VIP or celebrity visitors. It is currently updating its volunteer and visitor policy to include procedures for all celebrities and VIPs, including politicians, who may visit the organisation. It will become a tenet of basic Trust policy that every VIP or celebrity, regardless of their status, will be treated in the same rigorous manner as all other visitors to the Trust.
- 3 Accident and Emergency Departments:** Accident and Emergency Departments are often key places for the initial identification of safeguarding issues concerning patients (for example children with unexplained injuries, and neglected and unkempt vulnerable adults who come in for crisis intervention). Further audit will be required to ensure how robust Buckinghamshire Healthcare NHS Trust’s performance is in relation to safeguarding in this area. As things currently stand it is difficult to disaggregate the data from one service to another, and a specific review of the Accident and Emergency Department forms a recommendation from the Investigation process.
- 4 Training and risk assessment:** there is a need to link the content of safeguarding training with a risk-based assessment of what can go wrong in a hospital environment. The likelihood of a safeguarding event may seem low given modern security measures and safer staffing arrangements (particularly when compared with some kinds of clinical risk), but when the risk is set against any possible impact the picture may look different. Unless there is a focused look at this there is a danger that safeguarding will tend to lose out on a list of

training priorities. This point links with the BSCB and BSVAB audit recommendation on induction training. It should be noted that hospitals can easily become a weak link in safeguarding because of the wide range of risks in the medical environment.

- 5 Staff reporting and whistleblowing:** in view of the evidence assembled by this Investigation about disbelief that particular incidents happened and about concerns not being taken up even when (albeit rarely) reported, Buckinghamshire Healthcare NHS Trust should put in place ongoing checks on whether or not staff feel able to raise concerns. When interviewed by the Investigation several witnesses felt that, even today, they would be reluctant to raise concerns pertaining to staff performance for fear of reprisals. The Trust has acknowledged that it has had difficulties in this area.
- 6 Culture and leadership:** the safeguarding agenda for both children and vulnerable adults must remain at the centre of all good governance and assurance processes within the Trust. The Trust Board must ensure that safeguarding never becomes marginalised and always forms a core part of every patient safety process. Linkages between all those with roles and responsibilities related to safeguarding, and continuous checking to ensure that roles fit together and form a clear line of accountability across the whole organisation, will be ongoing requirements. The need for constant vigilance has to be emphasised as part of embedding the importance of safeguarding within the overall management culture.
- 7 Local management systems versus corporate approach:** historically Stoke Mandeville Hospital worked within a 'silo' mentality, meaning that complaints and incidents were managed at ward or department level with the result that serious problems did not come to the attention of senior management in a systematic manner. Today Buckinghamshire Healthcare NHS Trust, in common with most NHS organisations, faces the same challenge. Once again good practice and adherence to policy guidance are dependent upon culture and leadership. In order to ensure that lessons for local learning and patient safety are spread across the organisation, clinical audit, supervision and visible leadership should be integrated into all aspects of the governance process.

Additional Findings from the Trust

- 14.13** On 25 July 2013 a presentation was given by the Buckinghamshire Healthcare NHS Trust Board to the Investigation. The purpose of this presentation was to provide an opportunity for the Investigation to question the Board about its responsibilities regarding safeguarding.
- 14.14** The Investigation found the safeguarding presentation to be of a high standard, clearly demonstrating that the Trust understood both national and local issues and requirements.
- 14.15** The Trust Board told the Investigation that it recognised that operating as a multi-site organisation, and having staff working in the community, means that it has to work harder to ensure that every member of staff understands and displays organisational values, purpose and objectives in relation to safeguarding. Promoting and ensuring the use of Trust

policies, such as on whistleblowing and incident reporting, is a challenge with around 6,000 staff working in a diverse range of locations. Being an integrated organisation presents a complex safeguarding challenge, as providing care in the home requires a different approach to providing care in a hospital setting. Different staff groups have different knowledge requirements and different training and support needs.

14.16 The Trust also recognised that there are four key areas that safeguarding processes will need to address in a consistent manner:

- the Trust provides services to a frail elderly population with complex physical and psychological needs that result in a significant level of vulnerability;
- there are ongoing links with charities and celebrities; a large number of celebrities reside in Buckinghamshire and are willing to be involved in fundraising activity;
- large numbers of willing volunteers bring opportunities but also safeguarding risks;
- the National Spinal Injuries Centre represents a patient group that presents its own set of challenges relating to length of stay and isolation.


14.17 The Trust has identified that in order to succeed against safeguarding requirements it will need:

- leadership at every level;
- understanding of different organisational cultures;
- the ability to navigate the political dimensions;
- accountability and the achievement of outcomes;
- to ensure that safeguarding and safety go hand in hand;
- credibility and competency making the difference;
- good communication (both listening and responding);
- resilience in times of turbulence.

Additional Findings from the Care Quality Commission

14.18 The Care Quality Commission (CQC) is the independent regulator of all health and social care services in England. Outcome 7, Regulation 11 relates to “*Safeguarding people who use services from abuse*”. Two CQC visits to Stoke Mandeville Hospital were made in February and March 2013 in response to concerns that standards were not being met. Particular concerns were identified regarding staffing levels, which had the potential to impact upon patient safety. Consequently a warning notice was served, with an adequate response required by 31 May 2013.

14.19 On 11 September 2013 the CQC published a report following unannounced visits to Stoke Mandeville Hospital made in July 2013. Adrian Hughes, Regional Director of CQC in the south, said:

 *It is clear that Buckinghamshire Healthcare NHS Trust has made significant improvements to its staffing arrangements at Stoke Mandeville Hospital. Now it must ensure that it takes action to address staffing levels at Amersham Hospital, where a*

shortage of nursing staff on the wards we visited has resulted in patients feeling that care is not always being delivered in the way it should be... We have asked the Trust to tell us how it will make improvements, and will return unannounced in due course to check that it has made the changes we have asked it to make.”

At the time of writing this report the visit had yet to be undertaken.

Conclusions of the Investigation

- 14.20** The Investigation’s findings (based upon interviews conducted with Trust employees and analysis of documents) concurred with the following conclusions of the BSCB and BSVAB safeguarding audit:

“*The Trust has a safeguarding team of experienced and qualified staff members who are fully aware of the importance of safeguarding children and vulnerable adults”.*

“The Trust demonstrates multi-agency working and participation in the work of both the BSCB and BSVAB”.

“The audit has not found any safeguarding related situation where either children or vulnerable adults have been at risk.”

- 14.21** It should be noted that the Buckinghamshire Healthcare NHS Trust has welcomed the safeguarding audit and that it is currently working on an action plan which is addressing the audit’s 33 recommendations.
- 14.22** The Trust has recently acquired community-based services and this will create additional demands on organisational development in relation to safeguarding. The BSCB and BSVAB audit took place at a time of significant change, and it is important to understand that whilst these changes have been taking place no children or vulnerable adults have been deemed to have been placed at risk.
- 14.23** However, safeguarding arrangements cannot be either assured or understood in isolation from wider organisational governance frameworks and issues. In order for safeguarding processes to work effectively it is necessary to ensure that all other underpinning structures are fit for purpose, in keeping with CQC standards. These, and the implications for safeguarding, are set out in section 14.4 below.

14.3. Current Mortuary Management Processes at Stoke Mandeville Hospital

Findings of the Human Tissue Authority

- 14.24** In October 2012 allegations were made public about Savile relating to his access to hospital mortuaries and his mistreatment of the deceased. These allegations have been addressed by the Investigation in chapter 11. The Human Tissue Authority (HTA) contacted the Buckinghamshire

Healthcare NHS Trust as a response to the allegations and conducted an inspection of the Trust's mortuary and associated practice at Stoke Mandeville Hospital on 21 November 2012.

14.25 The mortuary at Stoke Mandeville Hospital is currently licensed under the Human Tissue Act 2004 for the:

- making of a post mortem examination;
- removal from the body of a deceased person (otherwise than in the course of an anatomical examination or post mortem examination) of relevant material of which the body consists or which it contains, for use for a scheduled purpose other than transplantation;
- storage of the body of a deceased person or relevant material which has come from a human body for use for a scheduled purpose.

14.26 The inspection report stated that:

“ Stoke Mandeville Hospital (the establishment) was subject to a themed inspection focusing on consent, quality management and prevention of major equipment failures.

Although the HTA found that the establishment had met the majority of the HTA standards in these areas, a minor shortfall was identified in relation to governance and quality system standards. The shortfall relates to the establishment's Trust-level procedure for recording adverse events, which does not cover the reporting of Serious Untoward Incidents (SUIs) to the HTA.


The DI [unit] and the Licence Holder were assessed and found to be suitable in accordance with the requirements of the legislation at the establishment's previous inspection in September 2009. Particular examples of good practice are included in the concluding comments section of the report. ”

14.27 Several areas of good practice were observed by the HTA throughout the inspection. Good practice was identified as follows:

“ 1 From discussions with clinical staff from the maternity department, who may be involved in seeking consent for hospital PM [post mortem] examinations, it was clear that they have undergone thorough training in paediatric PM examination, which includes staff from the other licensed establishment in the Trust visiting Stoke Mandeville Hospital to provide refresher training and updates. Additionally staff at all levels demonstrated an awareness of the HTA requirements when seeking consent and the procedure to follow when doing so.

2 The establishment has a good system of audit (and procedures to deal with non-compliances found during an audit), which includes mortuary procedures, processes and traceability records as well as histopathology areas. Having audits undertaken in both laboratory and mortuary areas helps assure the DI that

the establishment's systems are functioning as expected and represents good practice.

- 3** ... the security arrangements for the mortuary were particularly noted as being an area of strength, helping to ensure the safety and security of the bodies of the deceased. As well as a security camera and clearly defined access restrictions (in and outside working hours), the hospital's security department holds an electronic record of everyone entering the mortuary premises, which operates via staff identification cards. ³⁸⁷

- 14.28** The HTA assessed the establishment as suitable to be licensed for the activities specified, subject to corrective and preventative actions being implemented to meet the shortfall identified.

Findings of the Investigation

- 14.29** During the course of the Investigation the Buckinghamshire Healthcare NHS Trust Manager responsible for present-day mortuary services was interviewed. He told us that as a result of the media allegations made about Savile the area Head of Inspection from the HTA came in person to inspect the security of the Trust's mortuary provision. This provided an additional level of assurance that the security measures in place met the required standards.
- 14.30** The Investigation was told that:
- the mortuaries have CCTV appliances at the entrance so that everyone entering and leaving is recorded;
 - access is provided only to those with specific electronic pass cards;
 - any porter bringing a deceased person to the mortuary is recorded on a logging-in system;
 - two porters are always involved in the moving and handling of the deceased; no lone working is permitted;
 - no volunteers are permitted to enter the mortuary;
 - visitors such as medical students and nursing students do not observe post mortems in any of the Trust's mortuaries except by special arrangement, and then they are closely supervised.

Conclusions of the Investigation

- 14.31** The Investigation concludes that the Buckinghamshire Healthcare NHS Trust mortuary services in their present-day mode of operation are fit for purpose and managed to the required standards set by the HTA. There is sufficient independent assurance to enable the general public and the families of deceased persons to have confidence in the security of the Trust's current mortuary facility arrangements.

387 Human Tissue Authority, *Site Visit Inspection Report on Compliance with HTA Minimum Standards: Stoke Mandeville Hospital – HTA Licensing Number 12246* (November 2012).

14.32 On 31 January 2013 the HTA stated:

“Based on information provided the HTA is satisfied that the establishment has completed the agreed actions in the CAPA [completion of corrective and preventive actions plan] and in doing so has taken sufficient action to correct all shortfalls addressed in the inspection report.”³⁸⁸

14.4. Buckinghamshire Healthcare NHS Trust Governance and Assurance Processes

Independent Assurance and Ratings

The Care Quality Commission

- 14.33 The CQC is the independent regulator for the NHS. Its role is to make sure that hospitals, care homes, dental and general practices and other care services in England provide people with safe, effective and high-quality care, and that any required improvements are made. There are 28 standards against which the CQC assesses NHS providers; 16 of these standards relate to the quality and safety of patient care. These can be accessed on the CQC website.
- 14.34 The following inspection reports have been issued by the CQC for Buckinghamshire Healthcare NHS Trust:
- 1 July 2011: *Dignity and Nutrition for Older People – Review of Compliance* (Stoke Mandeville Hospital). The provider was found to be compliant.
 - 2 July 2011: *Review of Compliance – Medical Records* (Stoke Mandeville Hospital). The provider was found to be compliant.
 - 3 May 2012: *Review of Compliance – Medical Records* (Wycombe Hospital). The provider was found to be compliant.
 - 4 August 2012: *Review of Compliance – Quality and Safety* (Stoke Mandeville). The provider was found not to meet standards around supporting workers.
 - 5 March 2013: unannounced inspection, Amersham Hospital. The provider was found not to meet standards around staffing.
 - 6 March 2013: unannounced inspection, Stoke Mandeville Hospital. The provider was found not to meet standards around staffing and supporting workers.
 - 7 July 2013: unannounced inspection, Stoke Mandeville Hospital. The provider was found not to meet standards around staffing and supporting workers.

388 *Ibid.*

- 8 July 2013: unannounced inspection, Amersham Hospital. The provider was found not to meet standards around staffing and enforcement action was taken.
- 9 August 2013: unannounced inspection, Wycombe Hospital. The provider was found to be compliant.

The NHS Trust Development Authority and the Keogh Review

14.35 On 6 February 2013 the Prime Minister asked Professor Sir Bruce Keogh to conduct a review of Buckinghamshire Healthcare NHS Trust. Another 13 NHS Trusts were also reviewed at this time. The key instigator of the reviews was the concern that these Trusts had high Hospital Standardised Mortality Ratios, which was seen to represent a “*smoke alarm*” for potential underlying patient safety problems.

14.36 The Keogh Review found many current examples of good practice in the Trust; however, it noted that good practice was variable and that a high degree of inconsistency existed across the organisation. There were several findings from the Keogh Review which have relevance for this Investigation in that they represent a similar set of circumstances to those that contributed to Savile’s sexual abuse behaviour going undetected and unmanaged between 1970 and 1992. These findings were as follows:

- 1 Leadership and governance:** the Keogh Review found the Trust Board to be reactive in that it sought “*reassurance*” rather than “*assurance*”. It also noted that the Trust Board relied upon the DATIX system to compile reported incidents in order to manage patient safety, and that this approach alone was not proactive enough. More work needed to be undertaken to monitor the patient experience and to ensure that ward and department experiences were fed into a wider corporate strategic oversight. The Review identified a need for the Board to understand the causes behind the data presented to it rather than merely trying to “*justify the figures*”.
- 2 Complaints:** the Keogh Review noted that the Ombudsman had given the Trust a C rating for its management of patient complaints – the lowest rating possible. This rating is based not only upon how a Trust manages complaints, but also upon how it implements recommendations and learns from mistakes. The Trust scored a red rating on its own performance management scale for this aspect of performance, which was also predicated following an inpatient survey. The Keogh Review found that complaints were often not addressed in a timely way and that insufficient effort was currently made to acknowledge and address valid patient concerns.

Another cause for concern was that there was a distinct lack of knowledge sharing between departments about complaints, and that trend analyses did not appear to be carried out. It was noted that at times the response to complaints could appear to be “*overly defensive and, on occasion, inept*”.

- 3 Incidents:** the Keogh Review found that the Trust’s performance was average in terms of reporting incidents when compared to other Trusts. It was also noted that there was a culture whereby staff

believed that incidents had to be of a serious nature before they were reported and that minor incidents, near misses, and cases of poor patient experience were not thought to be significant enough to warrant reporting. Another finding was that *“Reporting of incidents is inhibited by a perceived culture of blame.”* Some staff reported that they had received negative personal feedback when raising issues of concern. Consequently this blame culture prevented ongoing systems appraisal.

- 4 Workforce and safety:** the Keogh Review red-rated the Trust on 12 out of 20 workforce indicators, sickness and training rates being of principal concern. It found that two-way communication between staff and the Trust Board was *“ineffective”*. The review team heard that staff often thought that their concerns were neither listened to nor acted upon. It was noted however that work had commenced to close this gap between the *“ward and the Board”*.

- 14.37** On 25 July 2013 a presentation was given to the Investigation by the Buckinghamshire Healthcare NHS Trust Board. During this presentation the Trust identified several challenges, including financial constraints, recruitment difficulties and the steady growth of the local elderly population. Historically, the Trust merger in 2003 brought several different hospitals together. The subsequent challenge has been to bring their different cultures together in order to develop a single ethos of openness and transparency. The Board discussed the fact that whilst the recent Keogh review had noted some areas of excellence (namely early warning scores and the absence of MRSA for a 12-month period), conversely:

““ The review team noted occasions where the care was substandard and not where we wanted it to be, and that absolutely fell below the standards that we set for ourselves and can never be good enough. Be very clear as a Board, if we get it wrong for one patient it’s one too many.

Our mission is excellence and that’s what we are striving to achieve, but we absolutely recognise the report came in, talked about generally the care was good but there are areas where we have to do more work. We have taken it very seriously and we are working at pulling an action plan together to address. We are moving decisively, we are moving in a determined fashion. There is no doubt that our staff morale has suffered as a result in terms of the political way this has been handled, but public confidence and staff morale have to be restored because that will make for better patient care.””

- 14.38** At the time of writing, Trust Board papers and interviews showed that the Trust was working to a set of improvement measures set out in an improvement plan, and regarded the Keogh Review as a positive opportunity to improve services and communication processes.

Policies and Procedures

14.39 Buckinghamshire Healthcare NHS Trust has a comprehensive set of evidence-based and fit-for-purpose policies and procedures (some of them provided by the Buckinghamshire Safeguarding Boards), in keeping with national best practice policy guidance. The Investigation reviewed the following policies:

Buckinghamshire Healthcare NHS Trust

- an organisation-wide policy for the management of incidents, including serious incidents (current);
- an introduction to MAPPA (Multi-Agency Public Protection Arrangements (MAPPA) Thames Valley Probation (current);
- *Being Open*: policy on communicating with patients and carers after patient safety incidents (current);
- Buckinghamshire Multi-Agency Risk Assessment Conference (MARAC) Operating Protocol (current);
- Buckinghamshire Healthcare NHS Trust Policy and Procedures for Safeguarding Vulnerable Adults (current);
- Child Protection Policy (current until February 2014);
- Child Protection Supervision Policy (current until September 2014);
- Clinical Supervision Protocol (current until May 2016);
- Deprivation of Liberty Safeguards Policy (current until March 2014);
- Disciplinary Policy and Procedure (current until January 2015);
- Grievance Policy and Procedure (current until January 2015);
- Management of Charitable Funds Policy and Procedure (current);
- Mental Capacity Act Policy (current);
- Policy on Responding to Concerns, Complaints and Compliments (current);
- Risk Management Policy (current);
- Volunteer Procedures (current);
- Whistleblowing and Raising Concerns Policy and Procedure: a framework created to implement the Public Interest Disclosure Act 1998 (current).

Buckinghamshire Safeguarding Children Board

- Supporting Staff and Volunteers: a Guide for Staff and Volunteers Facing an Allegation of Abuse (current);
- Professional Boundaries: Your Role with Children and Young People (current).

Buckinghamshire Safeguarding Vulnerable Adults Board

- Multi-Agency Policy and Procedures for Safeguarding Vulnerable Adults (current).

- 14.40 The Trust acknowledged to the Investigation, in conjunction with the Buckinghamshire Safeguarding Boards, that it needed to audit implementation processes in order to ensure that all staff across the dispersed sites are adhering to policy and procedure guidance correctly.

The Management of Recent Sexual Abuse Allegations within Buckinghamshire Healthcare NHS Trust (2005 to the Present Day)

- 14.41 During the course of the Investigation all human resources records have been requested for examination in relation to any sexual abuse allegations about Trust staff between 2005 and the present day. The purpose of this examination was to understand the nature of the allegations, the manner in which they were managed and the measures put into place to prevent such occurrences from happening again. There were a total of 19 reports made, of which:
- six related to vulnerable adult patients;
 - one related to a child (whose parent was a Trust employee);
 - five related to adult patients not deemed to be vulnerable;
 - seven related to staff.
- 14.42 The Investigation was not able to examine all the details of the records due to the confidentiality of the individuals involved. However, we noted that systems have improved over the eight-year period in that a greater degree of consistency was evident. Referral to the police and the Local Authority Designated Officer was also evident for the previous 12-month period. Of concern was the evidence from several staff complainants that they had hesitated to come forward; one investigation into a hospital department in 2012 found this to be due to a “*climate of fear*”.³⁸⁹

The Management of Charitable Funds

- 14.43 The Buckinghamshire Healthcare NHS Trust has its own charitable funds for which the Board acts as a corporate trustee. The Charity’s Report and Accounts receive an annual external audit. An unqualified opinion has always been given.
- 14.44 Investments are managed by an approved investment firm and all cash is held in a Government Banking Service account. The processes used to manage the Trust Charity’s finances and governance are subject to an annual internal audit, which is monitored by the Audit Committee.
- 14.45 Funds have objectives assigned to them in line with the wishes of the original donor or person setting up the fund. These funds are held in trust, and if the wishes of the person donating or leaving the money to the Trust are clear and specific, the income can be used only for the specific purposes designated by the donor; such funds are known as ‘restricted’ funds. These restrictions may be geographical, for example confining spending to Stoke Mandeville Hospital; functional, for example designating the Special Care Baby Unit; or defined in terms of purpose, for example research.

389 Trust disciplinary complaints files

- 14.46** The Limits of Delegation Policy sets out approval limits for expenditure and the acceptance of income (donations, legacies and so on). Each specified fund has at least one approved fund holder, who has delegated authority for up to £5,000. Authority for amounts above this has to be given (according to the amount) by the Director of Finance, Chief Executive or NHS Trust Board. Summaries of income and expenditure totalling in excess of £5,000 per fund over a reporting quarter are presented to each audit committee meeting.
- 14.47** Fundraising should be carried out only on the advice of the Head of Charities Accounting, and activities should be in line with the Trust's ethical stance. The Head of Charities Accounting checks each expenditure transaction for compliance with Charity Commission and other guidance, and will reject any that he does not think comply with the criteria for appropriate charitable expenditure, fund objectives or restrictions on funds.
- 14.48** The Trust Charity does not make donations to any other charity and will commit expenditure for joint ventures only if the objectives meet those of the Trust Charity.

14.5. Progress Made by the Trust to Address Areas of Concern

Quality Improvement

- 14.49** The Trust's Quality Improvement Strategy was published in January 2014. The strategy sets out the Trust's mission statement, which is "*Right care, right place, first time*". In order to achieve this, three strategic quality goals have been set:
- 1** *Reduce mortality.*
 - 2** *Reduce harm.*
 - 3** *Great patient experience.*
- 14.50** In order to achieve its goals the Trust uses the Manchester Patient Safety Framework tool, which involves 10 dimensions of patient safety. The Trust plans to self-assess at regular intervals and publish the findings and progress on its website.
- 14.51** All improvement projects will be managed using the Intermountain Advanced Training Programme; the Trust currently has over 100 members of staff undertaking projects using this methodology. The Trust has also determined that there will be a rolling three-month quality improvement plan which will be monitored by the Quality Committee and reviewed by the Trust Board at least biannually.

Whistleblowing and Raising Concerns

- 14.52** The Trust has recently revised its whistleblowing policy and procedures. The policy is now monitored by the Human Resources and Workforce Committee. The most recent staff survey of 335 respondents, conducted in November 2013, showed that:
- 90 per cent of the staff surveyed would know how to report fraud, malpractice or wrongdoing;
 - only 5 per cent of staff did not feel safe raising a concern;
 - only 4 per cent had no confidence in the Trust addressing any concerns.
- 14.53** The survey showed a significant improvement in staff confidence from the earlier surveys conducted in 2009, 2010, 2011 and 2012.

Building a Culture of Openness

- 14.54** The 2013 Keogh Report into the quality of Trust services identified the following areas for action in relation to listening and responding to concerns raised by both staff and service users:
- 1** The Board must develop a systematic plan to understand and then address the concerns raised by staff.
 - 2** Junior doctors need a safe place where their concerns will be listened to and addressed.
 - 3** The Board should ensure that listening support is put in place urgently for high-risk areas (such as junior doctors and elderly care and community services), feeding into the Board in relation to staff survey actions.
 - 4** Efforts need to be made to resolve the serious concerns raised as rapidly as possible. Mechanisms should be put in place to allow middle-grade medical staff to raise concerns in a live and timely way. Opinions of front line medical staff should be sought actively during the implementation of clinical change programmes in order to monitor proactively the effects of those changes.
 - 5** These interventions should be programmed as part of the Trust's change methodology.
 - 6** The Trust should put in place an effective and regular review of all feedback, identifying trends in both good practice and concerns, and ensure that the results are seen and discussed by the Board.
- 14.55** The importance of fostering a culture of openness in NHS organisations is underlined in the Francis Report into failings at the Mid Staffordshire NHS Foundation Trust, and is inevitably an aspect of learning from investigations into the historical relationship of Savile with NHS organisations. Examples of interventions that the Trust has put in place to promote openness are as follows:

For Staff

- 1 The Trust has put in place a programme of listening events with junior doctors, facilitated by a doctor who is external to the organisation. At the first event in November 2013 the doctors raised concerns about out-of-hours support and about nurse staffing levels in some areas. Since that event additional out-of-hours consultant cover has been put in place for medical patients; and a £5 million investment into increasing nursing levels has been agreed by the Board, with recruitment under way to fill the vacant posts.
- 2 The Trust has signed up to the *Nursing Times* 'Speak Out Safely' campaign to support staff who raise concerns at work about patient safety. The Trust has pledged to encourage any staff member who has a genuine patient safety concern to raise this within the organisation at the earliest opportunity.
- 3 It has been evident that since the duty of candour was introduced staff feel able to contact the Chief Executive to raise concerns.
- 4 The Chief Executive has taken active steps to hear from staff through a series of coffee mornings in every Trust location. These are written up and published on the Trust Intranet with information on "*You said, we did*".
- 5 The Chief Executive produces a regular blog for staff, and there is an opportunity for people to respond to these blogs. Monthly staff surveys have been introduced to provide staff with an opportunity to feed back anonymously. The Trust has a designated named non-executive director responsible for whistleblowing; this information is reflected in the policy, posters and an e-learning module and has been communicated in Team Brief. An internal audit report in December 2013 recommended the implementation of a new tracker system. This has been implemented and will be presented with the revised policy in February 2014.
- 6 The whistleblowing policy has been updated and amended. It now provides more reassurance to staff that concerns can be raised anonymously, and staff are offered confidentiality as far as possible. Whistleblowing is now a key indicator in the monthly workforce reports.

For Patients and the Public

- 7 There has been an organisational focus on promoting patient feedback through Patient Experience Trackers, the Friends and Family Test, and other patient surveys. The Trust is in the process of conducting 'Big Conversations' with local populations, with sessions being conducted in seven localities. These have been very successful to date in terms of eliciting views both on what needs to improve and on what is currently doing well. The Trust will be feeding back to the public through "*You said, we did*" messages on its website.

Where does the Trust go from here?

- 14.56 The focused action to promote a culture of openness will continue. The Trust considers it important not only to have a policy on whistleblowing and the raising of concerns, but also to actively promote it throughout

the organisation and ensure it is accessible to staff. One way of doing this will be to put up a simple flowchart in staff areas showing the process for raising concerns, either through a line manager or to the designated non-executive director.

14.6. Summary of Conclusions

Safeguarding and Governance

- 14.57** The Investigation finds that there were several historical factors that together contributed to the circumstances by which Savile was able to sexually abuse patients, staff and visitors at Stoke Mandeville Hospital, seemingly undetected, for at least two decades. These factors have been identified as:
- limited communication processes throughout all levels of the organisation;
 - informal and poorly understood complaints and incident reporting processes;
 - silo working and a non-adherence to policy and procedure;
 - reluctance to come forward with complaints and concerns.
- 14.58** It was part of the terms of reference for the Investigation to “*consider whether BHT’s current safeguarding, complaints, whistle blowing and other policies and processes relating to the matters mentioned above are fit for purpose*”. The Investigation concluded that the Trust’s policies were generally fit for purpose, and managed and overseen by an appropriate governance structure. However, there were some processes identified that required additional implementation work. This was in relation to:
- communication processes;
 - complaints management;
 - incident reporting.
- 14.59** The audit conducted by the Buckinghamshire Safeguarding Boards, and other recent independent reviews such as those of the CQC and Professor Sir Bruce Keogh, have also found that the same areas of historical concern require further consideration in the present. These concerns were also brought to the attention of the Investigation by several witnesses who believed that the current culture within Buckinghamshire Healthcare NHS Trust needs to become one of more openness and transparency if both patients and staff are to feel safe in coming forward with complaints and concerns. However, it should also be noted that many examples of incident reporting good practice were brought to the attention of the Investigation. The Trust has been working on a series of action plans, which will be externally monitored, to ensure that the organisation meets the requirements of each of the independent reviews.

Mortuary

- 14.60 During the period of time Savile worked at Stoke Mandeville Hospital as a voluntary porter, the Investigation concluded that he had unsupervised access to the mortuary. Witnesses who worked at the Hospital during the 1970s described an open culture where informal practices were in place which meant that the mortuary could be accessed out of hours by those who knew how to obtain entry (for example keys being left on the door sill). Mortuary services at the Trust are now subject to independent monitoring and review. Trust services are of a satisfactory standard and security measures are robust. The Investigation found no issues of concern relating to Buckinghamshire Healthcare NHS Trust.

Charitable Trust Funds

- 14.61 Buckinghamshire Healthcare NHS Trust follows the guidance set out by the Charity Commission for all charitable trust funds donated to the organisation. This is independently audited by the Trust auditors (Ernst and Young) and monitored by the Charity Commission.

Present Day Governance

- 14.62 On 20 June 2014 Buckinghamshire Healthcare NHS Trust was removed from special measures after demonstrating that it had made significant improvements to the quality of care it provides. This recommendation was made by Professor Sir Mike Richards, Chief Inspector of Hospitals at the Care Quality Commission following an inspection that took place in March 2014.

The Investigation concludes:

- ***Safeguarding processes are appropriate, and the safety of both children and vulnerable adults is not thought to be at risk at Buckinghamshire Healthcare NHS Trust due to any weaknesses in current operational or assurance systems.***
- ***The Trust is currently working with healthcare regulators to address remaining clinical governance issues. In June 2014 the Trust was removed from special measures and was recognised as having made significant improvements to the quality of care it provides.***

Part 4

Overview and Conclusions

15 Overview and Conclusions

15.1. Understanding the Chain of Events and their Interconnectivity

- 15.1** The Investigation findings, and subsequent conclusions, relate to events that took place over several decades. These events are closely interconnected with each other and form a complex sequence. Each event can be seen as an incremental step in a process which allowed a celebrity volunteer unprecedented, unregulated and unsupervised freedom and authority in a NHS facility, namely Stoke Mandeville Hospital.
- 15.2** The nature of Savile's association with the Hospital was not predicated upon a single decision made by a single person at a single point in time. His association, and the permissions and privileges that ensued, grew steadily over the years and involved a great many separate decisions being made by many different people for a variety of reasons. Many of these individuals held posts for relatively short periods of time, and many were not known to each other. The decisions made by them in relation to Savile, especially in the early years, were not part of a plan and not subject to either examination or review. Over time, the rationale relating to Savile's presence and permissions at the Hospital developed the quality of 'folklore'; no one could totally explain or understand the situation but everyone appeared to accept it. The only common denominator throughout was Savile himself.
- 15.3** The Investigation identified six themes.
- 1** Savile's celebrity and the perception of credibility that it gave.
 - 2** Savile's eccentric behaviour and inappropriate sexual conduct.
 - 3** Savile's unrestricted access on the Stoke Mandeville Hospital site.
 - 4** The consistent lack of management, monitoring and supervision that was put into place over at least three decades, whether in relation to Savile's voluntary porter role or his commissioning of the National Spinal Injuries Centre (NSIC).
 - 5** The position of authority given to Savile that, initially, had no formal basis and bypassed established assurance frameworks.
 - 6** The governance and management systems at Stoke Mandeville Hospital which were not robust enough to ensure that concerns were routinely escalated to the senior hospital administrative tier.
- 15.4** The Investigation concluded that Savile's association with Stoke Mandeville Hospital relied upon his celebrity status. At the beginning, it was not certain what benefits this association would yield but it was apparent that the Hospital hoped to gain reputational and potential fundraising advantage. By 1979, these potential benefits became more tangible when Savile began to lead the £10 million fundraising appeal for

the NSIC. Ultimately, Savile's eccentricity and lack of sexual inhibition appears to have been tolerated because of his celebrity and his perceived contribution to the organisation.

- 15.5 Savile's initial association with the Hospital was not subject to a formal recruitment process. Savile came into the organisation in 1969 and commenced working as a voluntary porter. The hospital administration could not have realised at the time that Savile would live and work on site for between two and three days a week for the next 30 years. Savile was given unrestricted access and privilege, and these arrangements were not reviewed until 1991 when the Hospital sought to establish NHS Trust status and a new management regime came into being.
- 15.6 A hallmark of Savile's association with Stoke Mandeville Hospital and the Department of Health and Social Security (DHSS) is the lack of assurance processes that were put into place. Savile was never subject to any management, monitoring or supervision, whether in relation to his portering work or his fundraising and commissioning activities with the NSIC. Savile's authority and profile increased significantly from 1979; however, it is apparent that no NHS or DHSS agency held him to account throughout the £10 million fundraising and commissioning project and it remains unclear to this day who would ultimately have been held responsible had the venture failed.
- 15.7 Savile was accepted into the NHS world and feted as a celebrity fundraiser. The NHS was as significant a part of his life as the entertainment industry. He made an important contribution by virtue of the fact that he raised the funds for the NSIC which continues to be a centre of excellence to this day. Successive politicians and NHS and DHSS senior officers feted Savile and placed him in a position of authority and trust. However, even without the benefit of hindsight, it was not appropriate for Savile to be placed in such a central role without the assurance processes that would normally have been in place for a formally appointed officer. This was remiss. It was clear to the Investigation that Savile was regarded as being unconventional and that people feared he would disengage if a bureaucratic process was put in place. However, Savile's unconventional attitude should have been reason enough for the imposition of a formal arrangement in order to safeguard public services.

15.2. Sexual Abuse

- 15.8 Once Savile's access, authority, privilege and status are understood, his sexual offending at Stoke Mandeville Hospital can be put into context. Hospital governance and management systems were not robust during the 1970s and 1980s and this ensured that concerns and complaints did not get escalated to the senior management tier.
- 15.9 Victims of sexual abuse do not find reporting incidents an easy matter for a number of reasons, shame and the fear of not being believed being the most prevalent. In recent years, these difficulties have been acknowledged and victims are treated with respect and will be believed unless there is evidence to discredit their account. The abuse that Savile perpetrated took place during a period of time when victims were less

inclined to come forward. Only ten contemporaneous reports of Savile's abuse were ever made. This meant that Savile's behaviour continued under the radar of hospital managers, compounded by weak communication and complaints management systems.

Challenge Given to Savile

- 15.10** A basic assumption was made over the years that Savile would cease to engage with the NHS if he was managed or restricted in any way. As a result, Savile was allowed to engage with the NHS on his own terms. Between 1969 and 1991, Savile appears to have been regarded as untouchable and exempt from any assurance process.
- 15.11** However, the NHS is a constantly evolving organisation and significant changes took place over the years to both personnel and administrative structures. New appointees arrived and new systems came into being. It is evident that during the 1990s Savile was challenged by the newly established Stoke Mandeville Hospital NHS Trust. Savile resisted having his authority tested and the struggle was protracted.
- 15.12** It would appear that two factors were present at this time which were to influence both Savile's managerial scope and his sexual abuse behaviour. **First:** clear and unambiguous national guidance began to be issued in relation to complaints, voluntary service management, whistleblowing procedures, security of clinical areas and the Criminal Records Bureau checking of staff. **Second:** The Stoke Mandeville Hospital NHS Trust Board held power at a local level. The Investigation concluded that these two factors combined together to create a climate that was no longer conducive to a continuation of either Savile's managerial authority or opportunistic sexual abuse.

Predictability and Preventability of Savile's Sexual Abuse

- 15.13** The Investigation has established that, while many people knew of Savile's sexual harassment of staff and general promiscuity, this information was held within the lower and middle tiers of the organisation. It has also been established that only a handful of nursing staff received reports of Savile's sexual abuse activities. That Savile was likely to continue with his sexual harassment was predictable, that this would escalate to sexual abuse was not. It should be understood that, in the 1970s and early 1980s, sexual harassment in the workplace was regarded as being something quite separate from sexual abuse, the one often being tolerated and the other not.
- 15.14** However, the Investigation concluded that while it could not be determined with certainty that people could have predicted Savile's sexual abuse activities, they could have been prevented either in whole or in part. Two systems failed to operate.
- 15.15** **First:** Underlying systems and organisational structures were weak at Stoke Mandeville Hospital during the 1970s and early 1980s. This was probably exacerbated by the unusual environment and the particular culture of the organisation. It is evident that a silo-based approach was taken to the management of services and that communications were

confined within separate departments or were uni-professional in nature. Whilst several factors were unique to Stoke Mandeville Hospital, the apparent isolation of nursing from hospital senior administration was also the norm across the country during this period following the implementation of the Salmon Report. At Stoke Mandeville Hospital, this may have made a contribution that prevented basic policy and procedure, such as complaints processes, from being effective. Had the system been more robust then a vital safety net would have been in place and it is reasonable to conclude that Savile's ongoing sexual abuse could have been prevented in whole or in part.

- 15.16 Second:** Basic assurance processes were not put in place around Savile. Whilst no one could have predicted that he would turn out to be a serial sex offender, the failure to abide by contemporaneous policy and procedure ensured that safety nets were not put in place. All NHS processes and procedures, both then and now, serve a single purpose, to ensure that patients receive their care and treatment in an effective manner within a safe environment. The regulation concerning Savile's association with Stoke Mandeville Hospital should not have been made an exception. Each senior administrator who was involved in creating this situation and who allowed it to continue was remiss even without the benefit of hindsight. Policy, procedure and governance arrangements should not have been waived for the opportunity to gain reputational advantage or charitable funds which appears to have been the motivation behind encouraging and maintaining Savile's association with the Hospital.

15.3. Current Safeguarding Processes at Buckinghamshire Healthcare NHS Trust

- 15.17** Term of reference 8 for this Investigation required the examination of current safeguarding processes within Buckinghamshire Healthcare NHS Trust. The safeguarding review conducted by the Buckinghamshire Children and Vulnerable Adult Safeguarding Boards formed part of this work. It was found that, whilst processes were not compromising safeguarding, there were significant areas where improvement was indicated. There have also been two other recent independent reviews into the Buckinghamshire Healthcare NHS Trust, the content of which pertains to safeguarding (the Keogh Mortality Review and a Care Quality Commission (CQC) unannounced inspection). The review reports are in the public domain and the subsequent action plans are currently being independently monitored by the CQC, NHS England and the NHS Trust Development Authority.

16 Lessons for Learning

The lessons for learning set out below are applicable across the NHS and are relevant for modern-day service commissioners and providers.

16.1. Complaints

- 16.1** During the course of the Investigation, several victims and their families stated that they did not complain about the sexual abuse experienced during encounters with Savile because they were afraid that the care and treatment provided to them, or to their loved ones, would be compromised. This was a particular concern for those victims who were inpatients at the National Spinal Injuries Centre (NSIC). These individuals were aware that they were receiving specialist tertiary care and that their recovery depended upon their continued presence as inpatients. Their fear of discharge from the centre stopped them complaining about Savile as they knew he was a powerful influence at the hospital.
- 16.2** Three victims with spinal injuries explained their feelings in detail when interviewed. They described how relieved they had been to finally be admitted to the NSIC following their accidents and that they knew their chances of both survival and recovery were heightened by being at Stoke Mandeville Hospital. They explained how spinal patients are totally dependent on hospital staff for every aspect of their daily existence in the immediate days and weeks following injury. When faced with paralysis, most patients experience both extreme physical and psychological trauma. On admission, the world as they have known it is turned upside down, they cannot move, feed themselves or even evacuate their own bowels unaided.
- 16.3** The lessons for learning are of great importance. It is unlikely that any of these patients would have been discharged from the NSIC had they complained about Savile. However, patients who are vulnerable often feel powerless and afraid. In this case, vulnerable adults who were the victims of Savile's sexual abuse remained silent because they feared reprisals.
- 16.4** *A Review of the NHS Hospitals Complaints System: Putting Patients Back in the Picture* (October 2013) recognised that “People expressed their fear that their, or their relative’s, care might get worse if they were to complain.” The review stated that “[complainants] need a guarantee that the complaint will never lead to poorer care or treatment for the patient. Complaining should be penalty free. Patients want staff to be professional and non-judgemental about the way in which they deal with complaints. They do not want to be blamed if they complain but rather, for staff to see complaints as an opportunity to improve the care given to others”.³⁹⁰
- 16.5** The importance of listening respectfully to complainants and the seeking of a rapid resolution has been a basic tenet of clinical care and treatment for the last 50 years. However, the successful implementation of

390 Clwyd A and Hart T, *A Review of the NHS Hospitals Complaints System: Putting Patients Back in the Picture* (October 2013) PP 20-21

empathetic and effective complaints management still evades many NHS provider services. Most patients find complaining about poor care and treatment difficult. Vulnerable adults find making complaints even more demanding, especially if they are totally dependent upon the services they are receiving for their continued health and wellbeing.³⁹¹

16.2. Policy and Procedure and Safety Nets of Care within the NHS

- 16.6** In the 1970s and 1980s, a range of policy guidance existed at both local and national level. This included policy guidance on the management of voluntary services, portering staff and complaints management. Witnesses to the Investigation remember hard copy policies being kept in folders in each clinical area. However, most witnesses could not recall having read these policies. Instead a heavy reliance was placed upon a ‘custom and practice’ approach which was developed in a disparate number of ways across the Stoke Mandeville Hospital site. This practice served to prevent a consistent and corporate approach to implementing policy and procedure.
- 16.7** This same non-adherence to policy and best practice guidance was also apparent with the inception of the Jimmy Savile Stoke Mandeville Hospital Trust set up to rebuild the NSIC. It was also evident that commissioning good practice and statutory guidance were forsaken to the detriment of robust strategic planning.
- 16.8** When discussing the reports of Savile’s prolific sexual abuse, the question asked by David Cameron, the Prime Minister, was “*How could this have been allowed to happen?*” The answers are many and various; however, one of the most compelling is quite simply that the basic building blocks of legislation, policy and procedure designed to maintain both public safety and probity were bypassed. These were essential safety nets that should not have been waived.
- 16.9** It is tempting to sometimes regard legislation, policy and procedure as ‘red tape’ or bureaucracy. It was evident that the people who gave Savile his access, permissions and privileges thought they were being innovative and courageous by doing things differently. It is a significant lesson for learning that a person like Savile was able to exploit his position of trust so entirely because he had been placed outside of the regulatory processes designed to prevent such abuses of power. This is a lesson which still has resonance for present-day public services.

16.3. Culture and Leadership

- 16.10** The Stoke Mandeville culture during the 1970s and 1980s was described to the Investigation as being open and friendly. It was also described as being disorganised, diverse and silo-based. It was evident that Stoke Mandeville Hospital was dispersed over a 90-acre site and this factor was probably instrumental in both causing and exacerbating the

391 *Ibid.*

situation. Leadership did not follow a linear pattern of accountability and this led to informal leadership structures operating for most day-to-day issues.

- 16.11 That Savile was known as a “sex pest” at Stoke Mandeville Hospital in the 1970s and 1980s is beyond doubt based upon the evidence given to this Investigation. There were numerous examples provided where his behaviour was managed on a ward or departmental level without concerns being escalated. Most of the witnesses reflected that this was probably because they did not understand how the organisation functioned beyond their individual spheres of work.
- 16.12 Where informal cultures exist in conjunction with invisible and confused leadership delineations, circumstances are created in which complaints, incidents and safeguarding breaches remain undetected by the organisation at large and go unmanaged. This made a significant contribution to Savile’s sexual abuse behaviours going undetected over time. Clear leadership structures which are embedded into complaints, incidents and safeguarding procedures are essential if patient safety is to be maintained and managed effectively.

16.4. Supporting, and Working with, Victims of Sexual Abuse

- 16.13 The first lesson under this heading is a reminder about how victims of sexual abuse should be treated from the moment they come forward with a reported incident. It was evident that the potential lack of belief was a key factor for the victims of Savile’s abuse in not furthering their complaints at the time the abuse occurred. Those who did report the abuse contemporaneously were either ‘told off,’ ‘warned off’ or ignored. Many of those who did not report the abuse at the time chose not to because they thought they would not be believed. One of the abiding fears of the victims who came forward to the Investigation, so many years after their abuse, was that of being judged to be untruthful.
- 16.14 The second lesson is to reflect upon how difficult it is for victims of sexual abuse to access the aftercare and support that they require. Some individuals will need a specialist trauma-based approach which can be difficult to access. There are significant lessons for learning to come out of the collective experiences that an investigation such as this garners together which should be used to inform future best practice (please see Recommendation Six below).

16.5 Volunteering, the Third Sector and Celebrity Fundraising

- 16.15 When the decision was made to launch a public fundraising appeal for the NSIC in 1979, it was against the backdrop of the Government seeking a means to support public service provision by generating money from charitable giving. This approach went on to provide the required funding and the centre was built.

- 16.16** Guidance needs to be put into place to ensure that the same abuses of power as are identified with Savile could not happen again. The lessons learned from the Investigation are clear: celebrity fundraisers and VIP 'good cause' champions should be subject to regulation and clear lines of accountability.

17 Recommendations

- 17.1** Most of the findings from this Investigation are historic in nature and, whilst they may be identified as general lessons for learning, do not pertain to the management of current services within Buckinghamshire Healthcare NHS Trust or any other existing related body. As such, they do not require recommendations to be set as the organisations responsible either no longer exist and/or the policy guidance and statutory frameworks which were in place at the time have already been reviewed and replaced over the years.
- 17.2** Under term of reference eight, this Investigation was required to *“In the light of findings of fact in respect of the above, consider whether BHT’s current safeguarding, complaints, whistleblowing and other policies and processes relating to the matters mentioned above are fit for purpose”*. The Investigation found four areas of service provision which potentially required improvement. They are:
- complaints management;
 - incident reporting;
 - whistleblowing;
 - communication processes.
- 17.3** At the time of conducting the Investigation, Buckinghamshire Healthcare NHS Trust was subject to three separate action plans stemming from the following independent processes:
- 1 The Keogh Mortality Review.
 - 2 A Care Quality Commission inspection visit.
 - 3 The Buckinghamshire Children and Vulnerable Adult Safeguarding Boards’ joint Safeguarding Review.
- 17.4** Each of these reviews and inspections found that work needed to be undertaken by the Trust in relation to the four bullet points set out above. Therefore, they had direct relevance to the findings and conclusions of this Investigation. There were in excess of 50 separate recommendations being worked through by the Trust in relation to these reviews, each of which was subject to independent monitoring. The Investigation was conducted at a point in time where the Trust was responding to recommendations set and monitored by statutory regulatory bodies. This is a highly unusual situation, and whilst it would be customary for an Investigation of this kind to set its own recommendations, there was little purpose in creating duplication. The reader is therefore asked to refer to the following links:
- www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/outcomes/Buckinghamshire%20Healthcare%20NHS%20Trust%20RRR%20report.pdf
 - www.cqc.org.uk/media/cqc-warns-buckinghamshire-healthcare-nhs-trust-they-must-make-improvements
 - www.bucks-lscb.org.uk

- 17.5** On 20 June 2014 Buckinghamshire Healthcare NHS Trust was removed from special measures after demonstrating that it had made significant improvements to the quality of care it provides. This recommendation was made by Professor Sir Mike Richards, Chief Inspector of Hospitals at the Care Quality Commission following an inspection that took place in March 2014. The recommendations set by the Investigation have been developed in order to ensure that any other outstanding safety issues are addressed.

Recommendation One

Volunteers

The Disclosure and Barring Service (DBS) states that *“An employer must not apply for a check unless the job or role is eligible for one. They must tell the applicant why they’re being checked, and where they can get independent advice”*.³⁹² This has meant that a number of volunteers working within Buckinghamshire Healthcare NHS Trust have not had a check conducted as it has been deemed unnecessary in that they don’t come into contact with children or vulnerable adults. However, on examination, this arrangement will require review as most volunteers within the hospital, whether serving in the canteen or on second-hand book stalls for example, encounter children and vulnerable adults who may not be accompanied by a parent or carer. This means that volunteers can and do have unsupervised contact with individuals in circumstances where abuse can potentially take place.

The Trust should:

Ensure that the register of all voluntary services within the Trust is complete, accurate and able to confirm:

- how many volunteers are deployed across the organisation and in what capacity;
- how many volunteers are currently subject to a DBS check;
- the current risks in relation to unsupervised contact between volunteers (in all occupations) and children and vulnerable adults;
- whether there are voluntary service roles that are currently not put forward for a DBS check but should be in the future;
- the supervisory arrangements that currently exist for volunteer roles;
- whether any additional supervisory arrangements need to be in place for volunteers who may have unsupervised access to patients and the general public and who do not meet the DBS criteria.

The Trust should then agree the frequency of ongoing audit checking of this volunteer services register.

³⁹² www.gov.uk/disclosure-barring-service-check/overview

Recommendation Two

Celebrities and Fundraisers

The Trust should:

- by the time of publication, have amended and made available its current volunteer and visiting policy to include procedures to take into account all celebrities and VIPs (including politicians) who may visit the organisation. It should become a tenet of basic Trust policy that every individual, regardless of their status, will be treated in the same rigorous manner as all other visitors to the Trust;
- set out clear celebrity and fundraiser guidance regarding access, conduct and supervision which will be given to each visitor;
- ensure that a senior officer of the Trust will be nominated as being both responsible and accountable for each celebrity or fundraising visitor;
- audit this policy six months after the publication of this report, to review the application of the new procedures for effectiveness and safety.

The Trust should establish the ongoing frequency of future audits of the effectiveness and consistent application of the volunteer and visiting policy.

Recommendation Three

Accident and Emergency Safeguarding Procedures

The Local Oversight Panel has requested this recommendation is developed to support the Buckinghamshire Safeguarding Children Board audit. Accident and Emergency Departments are often key places for the initial identification of safeguarding issues for patients (for example, unexplained injuries to children and neglected and unkempt vulnerable adults who come in for crisis intervention). Further audit will be required to determine how robust Buckinghamshire Healthcare NHS Trust's performance is in relation to the consistent application of safeguarding procedures in Accident and Emergency Departments. As things currently stand, it is difficult to disaggregate the data and a specific audit of this service thus forms a recommendation from the Investigation process.

The Trust should:

Ensure that an audit is conducted which:

- tests the consistency of application of current safeguarding policies and procedures regarding children and vulnerable adults in all accident and emergency contexts;
- confirms and provides disaggregated accident and emergency safeguarding data;
- confirms and provides training and supervision records for accident and emergency staff;
- confirms and provides detailed information about all safeguarding concerns raised regarding both children and vulnerable adults over the past 18 months;

- confirms that adequate information exists to track each individual case to ensure that all correct processes were followed (for example, reporting to the Local Authority Designated Officer);
- confirms and provides detailed information about staffing levels;
- confirms and provides detailed information about the safeguarding complaints raised by patients and the subsequent actions taken to ensure resolution and ongoing service improvement.

The ongoing frequency of the accident and emergency services audit will be agreed by the Trust in conjunction with its commissioners.

Recommendation Four

Staff Reporting and Whistleblowing

The Buckinghamshire Healthcare NHS Trust needs to learn from the Investigation that any gap in awareness of concerns between the Board and the front line (the ward or clinical service area) must be continuously assessed and worked upon to improve the openness of the culture. The Trust needs to have in place ongoing checks to assess whether or not staff feel able to raise concerns. When interviewed by the Investigation, several witnesses felt that, even today, they would be reluctant to raise concerns if they pertained to staff performance, in case of reprisals.

The Trust should:

Conduct a series of events in order to understand in detail any barriers that may prevent either patients or staff reporting complaints, concerns and incidents. This will be achieved by:

- conducting both a staff and patient survey to establish levels of confidence in reporting systems and to provide feedback regarding the Trust culture (both barriers to openness and positive factors);
- holding regular focus events within local patient advocacy groups;
- holding regular focus events with chaplaincy and occupational health (as these are the mechanisms through which staff concerns are often routed when whistleblowing processes fail);
- holding regular focus events with staff, to include junior doctors particularly at the end of their training.

Recommendation Five

Complaints

The Trust has worked through recommendations set by the Keogh Mortality Review, *A Review of the NHS Hospitals Complaints System Putting Patients Back in the Picture*, which was published in October 2013. In addition:

The Trust should:

Conduct an audit of its current complaints processes to ensure that:

- current Trust policies and procedures have been amended to take into account the expectations and recommendations set out in the above review;
- Trust induction and staff training events are reviewed to take into account the expectations and recommendations set out in the review;
- patient and visitor information is amended to take into account the expectations and recommendations set out in the review;
- all relevant policy documents and training materials provide explicit detail regarding how to support and protect vulnerable adults when making complaints about NHS services;
- opportunities to learn and subsequent action taken are clearly visible to all in the Trust and extensively presented to encourage an improving culture of openness.

Recommendation Six

Victim Support

During the course of the Investigation, work has been undertaken to ensure the safety and support of the victims of Savile's sexual abuse. Buckinghamshire Healthcare NHS Trust, the Local Authority, Buckinghamshire Clinical Commissioning Group and Oxford Health NHS Foundation Trust should review local circumstances to ensure that support can be offered to other victims of sexual abuse in the future.

Recommendation Seven

Organisational Memory (Archiving and Access to Documentation)

It was a finding of the Investigation that, whilst current Department of Health policy relating to document retention and destruction offers a practical set of guidance, strict adherence to it can result in NHS organisations having limited access to their own historical documents.

The Trust should:

Conduct a review of its current document archiving and destruction processes to ensure that:

- no Trust documents are stored in 'unofficial' locations such as loft spaces;
- consideration is taken as to whether some documents should be scanned and stored electronically when hard copies are destroyed (such as clinical records, outdated policies and procedures etc.);
- a formal catalogue is created detailing exactly where documentation is stored.

Recommendation Eight

Board Management of Culture Change

The Investigation found there to be a gap over time between senior knowledge (the Board) and front-line experience (the ward and clinical service areas). The closing of this gap must continue to be the key focus today.

The Trust should:

- arrange a focus event with key local stakeholders (for example, staff groups, patient groups and commissioning bodies) to ensure there is a wide understanding of the findings in the report, the recommendations and the actions that the Trust is undertaking;
- ensure that, in conjunction with stakeholders, enduring and fit-for-purpose systems are put into place to guarantee that the lessons for learning from this report are understood and lead to service improvement.

18 Glossary

AHA	Area Health Authority: a government statutory body concerned with health scheme planning and funding of health services in a particular geographical area.
BHT	Buckinghamshire Healthcare NHS Trust: the governing body for Stoke Mandeville Hospital.
BSCB	Buckinghamshire Safeguarding Children Board: committee with members from local authorities and health organisations with responsibility for safeguarding and promoting the welfare of children in its local area.
BSVAB	Buckinghamshire Safeguarding Vulnerable Adults Board: committee with members from local authorities and health organisations with responsibility for safeguarding and promoting the welfare of vulnerable adults in its local area.
Capital	An allocation of funds to hospitals in the NHS for the purchase of assets such as new buildings and equipment; and to support the provision of health services.
CCG	Clinical Commissioning Group: established in April 2013, comprising a group of local GPs with responsibility for commissioning services from local hospitals.
Chaplain	A chaplain is a minister, such as a priest, pastor, rabbi, imam or lay representative of a religious tradition attached to a hospital. They assist with the pastoral and emotional needs of patients, families and staff.
Charity Commission	The Charity Commission of England and Wales is a non-ministerial government department that regulates registered charities in England and Wales, reporting directly to UK Parliament and Government Ministers.
CHC	Community Health Council: established in 1992 and abolished in 2003, these organisations were community-based health promotion and advocacy organisations.
CHI	Commission for Health Improvement: originally established as the independent inspection body for the NHS and abolished in 2004 and replaced by the Healthcare Commission.

Clunk Click	A TV campaign in the 1970s headed by Jimmy Savile. The campaign was aimed at encouraging drivers to wear seat belts in cars.
Commissioning	A term used in the NHS to describe the purchase of services or [<i>commissioning</i>] of building programmes.
Contemporaneous	Existing at, or in, the same period of time.
Creepy	Causing an unpleasant feeling of fear or unease.
Culpable/culpability	Responsibility for a fault or wrong; blame.
CQC	Care Quality Commission: replaced the Healthcare Commission and is now the independent quality inspection body for the NHS. All NHS-funded healthcare providers have to register with the CQC and are regularly inspected, with reports published on the CQC website.
DBS	Disclosure and Barring Service: a service that provides information about an individual's criminal record; replaced the former Criminal Records Bureau (CRB) checks.
DHA	District Health Authority: NHS bodies originally established in 1994 with responsibility for planning health services, commissioning health services and ensuring quality of services from hospitals. District Health Authorities were abolished with effect from 1 April 1996 and replaced with local Health Authorities.
DH	Department of Health: the government department with the responsibility and aim of improving the health and wellbeing of people in England.
DHSS	Department of Health and Social Security: the government department with responsibility for health issues. It was divided into two separate departments of Health and Social Security in July 1988.
DPA	Data Protection Act 1998: an Act that was introduced to regulate how personal information about individuals is processed and protected.

Expert patient	A term now used to describe people living with a long-term health condition who have been able to take more control over their health by understanding and managing their condition. They often provide a patient perspective to support the development of services.
GP	General practitioner: a person who provides general medical care.
Harassment	Aggressive pressure or intimidation.
Hierarchy	A system in which members of an organisation or society are ranked in order of relative status or authority.
HC	Health Circular: these were issued by the Department of Health to provide guidance to hospitals about policy and how to implement it. They were replaced with Health Service Circulars.
HM	Hospital Memorandum: these were issued by the Department of Health and Social Security to provide guidance to hospitals about policy and how to implement it. They were replaced with Health Circulars.
HSC	Health Service Circular: these were issued by the Department of Health to provide guidance to hospitals about policy and how to implement it.
HTA	Human Tissue Authority: the organisation responsible for controlling the use of organs by licensing and regulating research, education and medical organisations.
ICU	Intensive Care Unit: a hospital ward that provides expert and specialist care to seriously ill patients.
Intractable	Hard to control or deal with.
Lecher	Promiscuous or lewd man.
LADO	Local Authority Designated Officer: a role to support safeguarding.
MAC	Medical Advisory Committee: a hospital committee made up of doctors from the hospital and with responsibility for providing advice and a medical view on management of the hospital.
MO	<i>Modus operandi</i> : a Latin term to describe a 'method of operation' or an individual's habits.

NAHAT	National Association of Health Authorities and Trusts: an association that was formed in the 1990s to provide a forum for senior managers of Health Authorities and Trusts to discuss policy.
Nightingale ward	A type of hospital ward which contains one large room without sub-divisions for patient occupancy.
NMC	Nursing and Midwifery Council: an organisation set up by Parliament to ensure that nurses, midwives and health visitors provide high standards of care to their patients and clients. All practising nurses, midwives and health visitors have to be registered with the NMC.
NSIA	National Spinal Injuries Association: formed in 1974 by Baroness Masham to provide support and advice to people who have a spinal injury.
NSIC	National Spinal Injuries Centre: a unit based at Stoke Mandeville Hospital to provide specialist and ongoing care for people with spinal injuries.
ORHA	Oxford Regional Health Authority: the organisation responsible for Health Authorities and hospitals within its regional boundaries; abolished when Strategic Health Authorities were established.
Paraplegia	Paralysis of the lower half of the body including both legs.
PCT	Primary Care Trust: statutory organisations established in 2002 with responsibility for delivering better healthcare and health improvements in their local area. Abolished in March 2013 and their functions were transferred to NHS England and Clinical Commissioning Groups.
PFI	Private Finance Initiative: a public-private partnership whereby public infrastructure projects are funded with private capital.
Precedent	An earlier event or action that is regarded as an example or guide to be considered in subsequent similar circumstances.
Promiscuous	Having many transient sexual relationships.
Public interest	A term referring to the wider 'common interest' of society as a whole, rather than the interest of a particular person, group or organisation.

Pulmonary embolism	An obstruction of a blood vessel in the lungs usually due to a blood clot which blocks a coronary artery.
RCA	Root Cause Analysis: a methodology for identifying underlying causes when investigating serious incidents in the NHS.
RMO	Regional Medical Officer: a senior doctor with responsibility at a regional level for leading medical improvements in healthcare.
Safeguarding	Protect from harm or damage with an appropriate measure.
Sex pest	Pest is used to describe an annoying person or thing; sex pest is a term used to describe harassment by an individual, such as bottom pinching; verbal or sexual abuse.
SHA	Strategic Health Authority: statutory organisations established in 2002 and merged in 2006 to form larger organisations with responsibility for the performance of NHS services. Abolished in March 2013 and their functions transferred to NHS England and other new statutory organisations.
Sleazy	A term used to describe sordid, corrupt or immoral behaviour.
Statutory	A statutory organisation is one that has been established by an Act of Parliament and has set legal responsibilities and powers.
SUI	Serious Untoward Incident: a term used in the NHS where there has been a serious failure in the delivery of healthcare.
Tax covenants	A tax covenant provides protection against unforeseen tax liabilities.
Tetraplegia	Paralysis of the arms, legs and trunk of the body below the level of an associated injury to the spinal cord.
Unsolicited	Not asked for, given or done voluntarily.
Whistleblowing	A term used to describe a situation where a concerned employee raises issues with their employer in a confidential manner and with protection for that employee.

19 Bibliography

A comprehensive search and review of documents was undertaken by the Investigation to determine relevance and to provide supporting evidence. This bibliography provides an overview of the documents used by the investigation.

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General Documents

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- 3 Chief Executive, NHS England, *Letter: Savile Allegations* (Gateway Reference 18350, 12 November 2012)
- 4 Department of Health, *Records Management: NHS Code of Practice Part 1* (March 2006)
- 5 Department of Health, *Records Management: NHS Code of Practice: Part 2* (2nd Edition) (January 2009)
- 6 Hansard House of Commons RO. L372
- 7 Ministry of Health, *A Hospital Plan for England and Wales* (1962)
- 8 Timmins N, *The Five Giants: A Biography of the Welfare State* (2001)

Department of Health

- 1 DHSS memoranda and letters between DHSS officials
- 2 DHSS memoranda between DHSS officials and Ministers
- 3 DHSS minutes and notes of meetings
- 4 DHSS Ministerial background briefings
- 5 DHSS press releases and communication briefings
- 6 DHSS correspondence with the Oxford Regional Health Authority
- 7 DHSS correspondence with National Spinal Injuries Association
- 8 DHSS strategy documents

National Archive Centre

- 1 Correspondence between the Prime Minister (Margaret Thatcher) and Jimmy Savile
- 2 Correspondence between 10 Downing Street officials and DHSS officials

Thatcher Foundation website

- 1 Contemporaneous records from the Prime Minister's office (Margaret Thatcher) including engagement diaries, key policy documents and correspondence

Jimmy Savile Charitable Trust Funds Office

- 1 Correspondence from members of the public from across the world, making donations
- 2 Donations register
- 3 Financial accounts
- 4 Jimmy Savile Stoke Mandeville Hospitals Trust Fund Deed
- 5 Jimmy Savile Charitable Trust Fund Deed
- 6 Photographs from fund raising events

NHS records

Oxford Regional Hospital Board/Oxford Regional Health Authority

- 1 Minutes of Board meetings
- 2 Board reports
- 3 Policy and strategy documents
- 4 Correspondence between the Chair/Regional Directors and DHSS officials
- 5 Minutes of Divisional Executive meetings

Stoke Mandeville Hospital/NHS Trust

- 1 Correspondence between the General Administrator/Chief Executive and solicitors
- 2 Correspondence between the General Administrator/Chief Executive and NHS officials at the District Health Authority and Oxford Regional Health Authority
- 3 Correspondence between the General Administrator/Chief Executive and the Chair elect
- 4 Correspondence between the General Administrator/Chief Executive and Jimmy Savile
- 5 Correspondence between the Trust solicitors and the Charity Commission
- 6 Minutes of the Medical Advisory Committee
- 7 Patient incident forms
- 8 Complaints and litigation records
- 9 Relevant patient case records

Buckinghamshire Healthcare NHS Trust

- 1 Board minutes and reports
- 2 Governance Committee minutes and reports
- 3 Audit Committee minutes and reports
- 4 Risk Committee minutes and reports
- 5 Policy and procedure documents
- 6 HR recruitment and supervision policies
- 7 Plans and maps of the hospital site, current and historical
- 8 Complaints correspondence and litigation correspondence
- 9 Annual reports
- 10 Charitable funds documents
- 11 Photographs

Documentaries/interviews/TV clips viewed

- 1 *When Louis met... Jimmy*, interview with Louis Theroux, 13 April 2000
- 2 *A Head of Our Times*, interview with Patricia O'Connor, 1992
- 3 *This is Your Life*, hosted by Michael Aspel, 12 December 1990
- 4 *Is This Your Life?*, interview with Andrew Neil, 1995
- 5 *Top of the Pops* extracts
- 6 *The Michael Aspel Show* (in which Savile talks about taking young girl to Buckingham Palace)
- 9 *Through the Keyhole*, hosted by Loyd Grossman and David Frost
- 10 Radio interview with Alex Belfield
- 11 TV interview with Ricky Gervais (in which Savile talks about Stoke Mandeville Hospital and Broadmoor Hospital)
- 12 **BBC 'Open to Question' 1988 (in which Savile is questioned about his charitable fund raising for Stoke Mandeville Hospital)**

Photographs provided by witnesses to the investigation

Press cuttings from newspapers across the country from the 1970s to 2013

Secondary Literature

1. Jonathan Aitken *Margaret Thatcher Power and Personality* (2013)
2. Bailey J, *From Ward to Whitehall: The Disaster at Mid-Staffs* (2012)
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6. Bowes-Romanelli E and Astbury J, *Between Angels and Demons* (2004)
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8. Delap L, *Child Sexual Abuse, Social Work and Feminism*, presentation to the History & Policy discussion event, King's College London, 7 May 2013
9. Francis R, *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry* (February 2013)
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13. Keogh B, *Review into the Quality of Care and Treatment Provided by 14 Hospital Trusts in England: Overview Report* (16 July 2013)
14. Marshall DP, *Celebrity and Power: Fame in Contemporary Culture* (2013)
15. McShane J, *Savile - The Beast: The Inside Story of the Greatest Scandal in TV History* (2013)
16. Metropolitan Police Service and NSPCC, *Giving Victims a Voice: Joint Report into Sexual Allegations Made Against Jimmy Savile* (January 2013)
17. Mohan J, *Charitable Fundraising and the NHS: Policy and Practice Since 1948*, presentation to the History & Policy discussion event, King's College London, 7 May 2013
18. Mold A, *Complaining in the NHS: 1960s-1980s*, presentation to the History & Policy discussion event, King's College London, 7 May 2013
19. National Patient Safety Agency (NPSA), *Root Cause Analysis Investigation Tools: Contributory Factors Classification Framework* (2009)
20. Rivett G, *From Cradle to Grave: Fifty Years of the NHS* (1998)
21. Savile J, *Love is an Uphill Thing* (1976) c. 1974
22. Scruton J, *Stoke Mandeville: Road to the Paralympics* (1998)
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24. Williams-Thomas M, *Exposure: The Other Side of Jimmy Savile*, ITV Documentary (3 October 2012)

25. Williams-Thomas M, *Exposure Update: The Jimmy Savile Investigation*, ITV Documentary (21 November 2012)

Part 5

Appendices

Appendix 1: HASCAS Health and Social Care Advisory Service and Investigation Team Biographies

HASCAS Health and Social Care Advisory Service

HASCAS, the Health and Social Care Advisory Service, originated as The Hospital Advisory Service which was created in 1969 by the then Secretary of State for Health, Richard Crossman, as an inspectorate of mental health services following the Ely Hospital scandal. The Hospital Advisory Service (renamed as the Health Advisory Service in 1976) was part of the Department of Health for over 25 years. Its brief was to inspect mental health providers, to alert Ministers to basic failures, and to provide impartial and authoritative advice. For the last 19 years HASCAS has been an independent company limited by guarantee and a registered United Kingdom charity. HASCAS continues to provide independent investigation, inquiry and review services in England, Wales and Northern Ireland with a brief that includes mental health services, children's services, and vulnerable adults' services. HASCAS is entirely independent of all NHS and Department of Health functions.

Dr Androulla Johnstone: Lead Investigator

Androulla Johnstone is the Chief Executive at the Health and Social Care Advisory Service and has a background in clinical and operational service delivery as well as in strategic planning and commissioning. She has held three executive Board level positions and been a Chair of many investigative teams and inquiry panels. This work has included homicide, suicide and high level professional misconduct hearings. Androulla has also been involved in two nationally significant serious case reviews. Androulla has:

- worked on/chaired a total 67 independent homicide HSG (94) 27 investigations and serious case reviews;
- led/taken part in some 45 service reviews;
- led/taken part in several hundred internal investigation processes;
- reviewed several hundred continuing care reviews/investigations.

Another particular area of interest is that of governance, both clinical and corporate. Androulla has been responsible for setting up new governance structures in several NHS organisations and in one independent company.

Androulla is also an archaeologist and historian and holds a PhD in this field. Her main research interests are health, and more recently, forensic archaeology and anthropology.

Mrs Chris Dent: Investigation Team Member

Chris has 24 years' experience working in the NHS. Her career has mostly been at a Health Authority and Strategic Health Authority level, working in the field of corporate governance, and historically in a Primary Care Trust that also had

responsibility for mental health provision. Latterly an Associate Director for NHS North of England, she was responsible for leading the corporate governance aspects of the abolition of the three North Strategic Health Authorities and the Primary Care Trusts in the North of England.

For the majority of her career, Chris has been responsible for areas that have involved working directly with patients and their families, including management of NHS complaints, independent review of NHS decisions on NHS Continuing Healthcare, and the commissioning and publication of independent investigations. This included liaison with the women and families affected by the External Review into the case of Roy Murray, a case relating to a GP who had abused women over a 20-year period. A trained investigator, Chris has been responsible at a senior corporate level for handling complex investigations on behalf of NHS Boards, Chairs and Chief Executives and has extensive experience across NHS Board and committee governance, information governance, data protection, designing and implementing systems and processes such as independent review panels for NHS Continuing Healthcare.

Mr Ian Allured: Investigation Team Member

Ian Allured trained as a psychiatric social worker at Cardiff University after gaining a History Degree at Lancaster University in 1969. Ian worked for Hampshire Social Services as a social worker in the Havant Child and Family Guidance Clinic before travelling to Australia where he worked for the South Australian Community Welfare Department in Adelaide.

On returning to England, Ian worked for Hampshire Social Services as a senior social worker in the Fareham Child and Family Guidance Clinic. He went on to become a manager leading teams of social workers in the Southampton General Hospitals followed by the General and Psychiatric Health Services in the Basingstoke and North Hampshire Health Authority.

In 1990 Ian was seconded to Wessex Regional Health Authority to help implement the Community Care Reforms across the Region. A permanent post followed as the Community Care and Mental Health lead manager before undertaking performance management duties and being the mental health and learning disability lead manager with the NHS Executive South and West Region in Bristol.

From 1998 to 2001 Ian worked with Dorset Health Authority as Assistant Director of Strategic Development, having responsibility for commissioning mental health, learning disability and continuing care services. In 2001 Ian joined the Health Advisory Service (the predecessor to HASCAS) as Service Development Adviser for Adult Mental Health, where he worked with a range of clients including Primary Care Trusts, Mental Health Trusts, the Ministry of Defence, the Department of Health and specialist commissioners for secure services.

Ian has recently retired from HASCAS where he was the Director of Mental Health; he continues to work with HASCAS as a Trustee.

Ms Sylvia Thomson: Investigation Team Member

Sylvia Thomson was an industrial relations negotiator in the engineering industry, and became expert in employment law, organisation development and change management. She worked for 18 years at HM Treasury, including spells advising on the Aid Budget and a variety of other public expenditure roles.

Sylvia led a Cross-cutting Review of Government Services for Small Business in 2002. She also spent three years working on the Sure Start programme to help young children and their parents in severely disadvantaged areas, including a two-year spell on secondment as its first Deputy Director.

Mrs Kate Bailes: Investigation Team Member

Kate Bailes was until recently the Director of Quality and Service Development at the Health and Social Care Advisory Service. Since 1993 she has worked with a number of NHS Primary Care Trusts, Health Authorities, Hospitals and Local Authorities/Adult Social Care and Care Homes.

Kate has chaired a number of independent investigations, has been a member on several independent investigation panels and project managed a number of service reviews/investigations.

Kate is a Member of the Chartered Management Institute and is a registered Prince2 Practitioner.

Appendix 2: Local Oversight Panel

Mr Keith Gilchrist

Keith Gilchrist is a non-executive director of Buckinghamshire Healthcare NHS Trust. Keith graduated from Leeds University as a textile chemist and served as Chief Executive of Field Group plc (an international packaging/printing business) for 15 years. During this time he led firstly the management buy-out from SCA (a Swedish multinational) in 1991 and then completed the flotation of the company (with a large, unionised employee shareholding base) on the UK stock market. He then completed the sale of Field Group plc in 1999 to a US-based packaging company CSK (with an annual turnover of around \$1 billion) and later became Chief Operating Officer of the acquirer, a post from which he resigned in 2005.

Since 2005 Keith has held a variety of non-executive chair/director posts and was a non-executive director of Buckinghamshire Healthcare Trust between 2006 and March 2014. Keith chaired the Health Care Governance Committee at the Trust until he resigned from his post as Trust non-executive director in March 2014.

Keith is particularly interested in trying to utilise his commercial and operational experience to help to deliver patient-centred healthcare which is both clinically effective (with continuously improving outcomes) and sustainable.

Sheila Damon

Sheila is an applied psychologist with over 25 years' experience in organisational and management development. She first worked in the NHS in 1972, as a nursing assistant in old mental hospitals in the North West and East of England.

She is the Director of Mitchell Damon, an organisational and management development practice, established in 1993-94. She works with a wide range of organisations and individuals, with an emphasis on the public and third sectors. Her work includes supervision of professional practice and postgraduate teaching.

From 1989, she was for five years a Fellow of the Management College of the King's Fund, with an extensive portfolio of development work in health and social care in the UK and in Central and Eastern Europe. She was appointed Deputy and then Acting Director of the College, with additional responsibilities across the Fund.

Sheila came to the King's Fund from a dual role as co-director of postgraduate training in clinical psychology and as a freelance organisational and management development consultant to a range of service industries. This followed a career break where her primary role was as a mother to two small children, and she was an active participant in her local community.

Her first degree was from Cambridge, in philosophy and natural sciences. She has postgraduate degrees in applied psychological research in learning disability, clinical psychology and occupational psychology from the Universities of Wales, Newcastle-upon-Tyne and London. She went on to roles in social policy action research for children, clinical practice, service development and management. During this period she worked in health, social care and higher education, in both the public and third sectors.

She has been a board member of a number of charitable organisations, and was a Non-Executive Director and Vice Chair of her local Health Authority. She was a founder member of the Steering Group for Durham University Business School's Public Sector Management Research Centre.

From 2004 to 2011 she was on the Faculty of the International Master's for Health Leadership at the Desautels School of Management at McGill University in Montreal, latterly as Adjunct Professor. She continues as a Final Paper Advisor.

Mrs Elizabeth Railton CBE

Liz has a professional background in social work and has over 30 years' experience in local government. She was Director of Social Services for Cambridgeshire County Council for five years followed by four years as Deputy Chief Executive and Director for Children's Services with Essex County Council. During this period Liz was the Honorary Secretary of the Association of Directors of Social Services and was made a CBE in 2006 for services to local government.

In 2007 Liz joined Serco as National Programmes Director with responsibility for delivering a number of contracts between Serco and the then Department for Children, Schools and Families (now Department for Education). The contracts included the national roll out of the Sure Start Children's Centres programme and the provision of the Government's Strategic Advisory Service for Children and Learners to all councils in England with responsibility for children's services. Liz returned to the public sector for a year before retiring in March 2012 and was responsible for setting up the sector-led improvement arrangements for children's services across England which have replaced the central government-led service.

Appendix 3: Summary Chronology of the Primary Documents Search

N.B. This chronology is a high-level summarised account of all of the actions carried out in order to source documentation and illustrates key milestones in the search only

Date	Activity
4 December 2012	The Investigation Secretariat emailed the Director of Corporate Affairs NHS South of England to enquire whether any documentation from previous Health Authorities had been archived with the current Strategic Health Authority with particular reference to records pertaining to Savile. This was a follow-up email resulting from an earlier meeting in November with Kate Lampard.
21 December 2012	The Buckinghamshire Healthcare NHS Trust offsite archive was examined by the Investigation Secretariat. 10 archive boxes were recalled which contained incident and claims documentation for the Buckinghamshire Healthcare NHS Trust spanning between the late 1980s and 2009. These boxes were recalled for hand sifting by the Independent Investigation Team. The documents were relevant and used by the Independent Investigation.
8 January 2013	An email was sent from the Assistant Director of Governance NHS Buckinghamshire & Oxfordshire Cluster to the Investigation Secretariat to say that a search was being conducted for former Primary Care Trust documentation relating to Board minutes and/or pertaining to complaints and incidents at Stoke Mandeville Hospital. It was noted that the Investigation would require <i>“any files from as far back as you can go that relate to Stoke Mandeville Hospital. This could be to do with the Board, finances, HR, complaints or incidents – or indeed anything that might shed some light on the way the hospital was run and particularly if there is any reference to Jimmy Savile, or to any of his charities or fundraising activities”</i> .
January 2013	National Archive Visit. Limited records pertaining to Savile's correspondence with Prime Minister Margaret Thatcher were sourced. The Department of Health had highlighted some leads to follow. It was recorded after the visit: <i>“I went to the National Archives at Kew on Friday. There is nothing to report I'm afraid, though at least we can positively rule out any material they have that is open and available. I looked at all the files highlighted by the DH, which though fascinating for Trust history – all about the plans for building SM DGH and the spinal injuries centre circa 1968 – 1972, there was nothing relevant to the investigation”</i> . Relevant and used by the Independent Investigation.
January 2013	Trust team brief/staff bulletins/‘Speaking Out’ website requested all employees to assist in the location of documents/photographs etc.

Date	Activity
January 2013	An initial search was conducted by the Independent Investigation Lead in the Buckinghamshire Healthcare Trust Headquarters archive store. Trust Board and Risk Committee papers ranging in date from the mid-1980s to 2011 were found. Medical Advisory Committee minutes ranging from 1959 to the mid-1980s were found. These boxes were recalled for hand sifting by the Independent Investigation Team. The documents were relevant and used by the Independent Investigation.
February 2013	Trust team brief/staff bulletins/'Speaking Out' website requested all employees to assist in the location of documents/photographs etc.
February 2013	The Trust communication team prepared advertisements for the local press inviting people to come forward to the investigation and to also source any relevant documentation. This advert was placed for three successive weeks. Local community groups were also contacted and information flyers sent out to libraries and Citizens' Advice Bureaus etc.
February/March 2013	The Independent Investigation Lead reviewed the Buckinghamshire Healthcare NHS Trust electronic 'off-site' archive log spread sheet. 17,874 archive boxes were listed. The majority of the archive boxes contained medical records of both living and deceased patients. At this stage it was identified that 61 archive boxes (10 of which had already been recalled) contained complaints, incident and claims documentation for the Buckinghamshire Healthcare NHS Trust spanning between the late 1980s and 2009. These boxes were recalled for hand sifting by the Independent Investigation Team. The documents were relevant and used by the Independent Investigation.
February-May 2013	Extant clinical records for victims of abuse by Savile who had formerly been patients were sourced. Relevant and used by the Independent Investigation.
March 2013	Trust team brief/staff bulletins/'Speaking Out' website requested all employees to assist in the location of documents/photographs etc.
18 March 2013	Following negotiations with the Metropolitan and Thames Valley Police permission to access the Jimmy Savile Stoke Mandeville Charitable Trust Fund Office at the National Spinal Injuries Centre was given. Members of the Independent Investigation Team accompanied by a police officer accessed Charitable Trust documentation. The Team found correspondence, finance papers, donation letters and newspaper cuttings. Relevant and used by the Independent Investigation.

Date	Activity
March/April 2013	<p>All Buckinghamshire Directors and Heads of Department/Service were written to asking them to search for “<i>Examples of documentation [both electronic, floppy disc, hard copy etc.] pre-dating 2005 to include the following:</i></p> <ol style="list-style-type: none"> 1. <i>Board papers and attachments</i> 2. <i>Any governance committee minutes and attachments etc.</i> 3. <i>Any Audit Committee minutes and attachments etc.</i> 4. <i>Any risk committee minutes and attachments etc.</i> 5. <i>All policy and procedure documentation</i> 6. <i>HR recruitment and supervision policies, plus anything to do with volunteers (regulation and management of etc.)</i> 7. <i>It would also be useful to have any documentation regarding hospital accommodation and staff access</i> 8. <i>Plans and maps of the hospital site</i> 9. <i>Newspaper cuttings</i> 10. <i>Finance and charitable fund documentation</i> 11. <i>All AGM reports</i> 12. <i>Complaint or SUI documents,</i> 13. <i>Photographs and video or audio recordings”.</i> <p>Each person was required to conduct a search and a) send all documentation to the Independent Investigation Lead; or b) sign a proforma to state that after searching nothing had been found.</p>
11 April 2013	<p>An email enquiry was sent to the former Stoke Mandeville Hospital NHS Trust Committee and Administrative Services Manager (in post between 1993 and 2003) to ask for his assistance in tracing relevant Stoke Mandeville Hospital records. He was able to confirm that Stoke Mandeville Hospital and NHS Trust documentation from 1986 was archived at the Trust Headquarters and that to his knowledge no other documentation existed. These documents included Executive Board and NHS Trust Board papers ranging in date from the mid-1980s to 2011. Relevant and used by the Independent Investigation.</p>
18 April 2013	<p>The Medical Records Lead for the Stoke Mandeville Hospital site confirmed that medical records were retained at the hospital, some of which went back to the 1920s. However, this kind of records management did not extend to other kinds of Trust documentation. Relevant and used by the Independent Investigation.</p>

Date	Activity
23 April 2013	<p>Oxford History Centre. Records located included catalogue H4 which was divided into 15 sections and included:</p> <ul style="list-style-type: none"> • Joint Medical Advisory Committee/Medical Advisory Committee Minutes (H4/2/A1) (hard copies of which were available to the Independent Investigation Team on the Stoke Mandeville Hospital site). Relevant and used by the Independent Investigation for historical context information. • The majority of the catalogue focused upon documentation relating to the period prior to the Independent Investigation terms of reference parameters or related to specialties not provided at Stoke Mandeville. Not relevant and not used by the Independent Investigation.
23 April 2013	<p>Oxford History Centre. Records located included catalogue H5 which comprised papers from the Oxford Regional Health Authority. The records in this catalogue were deposited as part of accessions 4032 and 4735. H5 was catalogued in April 2003. The archive was extensive, but the majority of information was not relevant to the issues under investigation. The relevant files pertaining to Stoke Mandeville Hospital and the National Spinal Injuries Centre were retrieved as part of the Department of Health documents search pertaining to Stoke Mandeville Hospital and the National Spinal Injuries Centre. Not relevant and not used by the Independent Investigation as accessed at the Department of Health search via an alternative route.</p>
Throughout May 2013	<p>Finance and Charitable Trust Fund documentation was retrieved from the Buckinghamshire Healthcare NHS Trust off-site archive for the Ernst and Young finance review. Relevant and used by the Independent Investigation.</p>
7 May 2013	<p>The Independent Investigation Team wrote to the Charity Commission in conjunction with Ernst and Young requesting all NHS and Savile based Trust Fund reports and returns.</p>
10 May 2013	<p>Members of the Independent Investigation Team conducted a walk around Stoke Mandeville Hospital to carry out a documents search. Cupboards, filing cabinets and archive rooms were searched. Several batches of documents were found relating to policy and Charitable Trust Funds. Relevant and used by the Independent Investigation.</p>
17 May 2013	<p>Buckinghamshire County Archive. A prearranged visit (following a period of discussion about the available catalogue) was made by members of the Independent Investigation Team to review Stoke Mandeville Hospital files. A great deal of the documentation had yet to be catalogued. Many useful documents were found, in particular documents concerning the commissioning of the National Spinal Injuries Centre and a complete archive of newspaper cuttings relating to Savile and Stoke Mandeville Hospital. Relevant and used by the Independent Investigation.</p>

Date	Activity
20 May 2013	A search in the loft spaces of Stoke Mandeville Hospital and old Occupational Health Building was conducted following a suggestion from witnesses. Two large archive boxes of Savile charitable Trust Fund letters and correspondence were found. These boxes were recalled for hand sifting by the Independent Investigation Team.
21 May 2013	The Independent Investigation Lead visited the Thames Police Investigation Lead to examine documentation. Relevant and used by the Independent Investigation.
23 May 2013	Documents relating to Savile and the NHS Trust Board 1990–2004 were located and sent to the Independent Investigation Team. Relevant and used by the Independent Investigation. The Department of Health commenced a document search on behalf of the Independent Lead Investigator.
24 May 2013	The Director of the NHS England Legacy Team was emailed to ask for assistance in finding any documents relating to Stoke Mandeville Hospital and/or the various organisations which have been responsible for it between 1969 and 2011, including the former Primary Care Trust. The categories of documents were identified as being: <ul style="list-style-type: none"> • board minutes; • policy documents; • complaints documents about Jimmy Savile; • incident and/or investigation files and reports concerning Jimmy Savile; • correspondence; • financial papers before 2005, particularly in relation to the Charitable Trust; and • any other documentation which related to Jimmy Savile’s involvement with Stoke Mandeville.
5 June 2013	The Charity Commission, after a detailed search, sent six files to the Independent Investigation Lead pertaining to Savile’s Charitable Trust’s accounts from 2005. Original charity deeds were also sent. Relevant and used by the Independent Investigation.
21 June 2013	The national lead for Records Management in the NHS England Legacy Management Team and the South Hub lead were approached regarding the location of NHS records pertaining to historic NHS documentation for the Buckinghamshire area. It had been established that there was a store of documents in an NHS repository in Aylesbury which contained the documentation from the local Primary Care Trust and Aylesbury Vale Health Authority.

Date	Activity
25 June 2013	Members of the Independent Investigation visited the Department of Health at Richmond House to review 57 folders of documentation pertaining directly to Savile and the commissioning and management of the National Spinal Injuries Centre. Relevant and used by the Independent Investigation.
9 July 2013	<p>Members of the Independent Investigation Team visited the NHS document repository in Aylesbury relating to former Regional and Health Authority documentation. Relevant in part although mostly duplicate information. Of limited use to the Independent Investigation.</p> <p>Members of the Ernst and Young team accompanied by a Charity Trustee and a police officer accessed the Jimmy Savile Stoke Mandeville Charitable Trust Fund Office at the National Spinal Injuries Centre. Correspondence, finance papers, donation letters and newspaper cuttings were found. Relevant and used by the Independent Investigation.</p>
6 August 2013	The Charity Commission, after a detailed search, sent another 33 files relating to Savile's Charitable Trusts. The documentation pertained to Trustees, newspaper cuttings, correspondence, emails, Trust deeds, accounts and annual returns. Most of the documentation dated from 2005 to the present day. Most historic documentation had not been retained. Relevant and used by the Independent Investigation.
14-15 August 2013	Oxford History Centre. A visit was made and catalogues H4, H5 and H6 were reviewed.
July 2014	Visits were made by the Investigation to the Treasury to view unredacted information pertaining to Savile and the Honours Committee.
In addition: throughout investigation period	<ol style="list-style-type: none"> 1 Individuals brought newspaper cuttings, photographs and documentation with them when interviewed by the Independent Investigation Team. 2 Individuals sent newspaper clippings, photographs and documentation to the Independent Investigation Team. 3 The Independent Investigation Team continued to source documents through using search engines etc. and by accessing external performance monitoring reports from performance monitoring and regulatory bodies. 4 The Independent Investigation Team collated and maintained an archive of documentation relating to current safeguarding and governance practice and process.

Appendix 4: Buckinghamshire Safeguarding Children Board (BSCB) and Buckinghamshire Safeguarding Vulnerable Adults Board (BSVAB) Audit for Buckinghamshire Healthcare Trust – 2013

Introduction – Information about the Trust (as described on nhs.jobs)

Buckinghamshire Healthcare NHS Trust is a major provider of integrated hospital and community services, providing care to over half a million patients from Buckinghamshire and neighbouring counties every year. Up to 5,700 highly trained doctors, nurses, midwives, health visitors, therapists, healthcare scientists and other support staff make up the workforce, caring for the full spectrum of patients from newborn babies to elderly people needing help to live independently at home.

It is also a regional centre for burn care, plastic surgery and dermatology, and recognised nationally for urology and skin cancer services.

The Trust's volume of activity for 20011/12 was as follows:

- 156,034 new outpatient attendances at the hospitals.
- 268,228 follow-up outpatient attendances.
- 22,000 outpatient procedures performed.
- 6,626 elective inpatient admissions.
- 40,704 elective day case admissions.
- 38,426 emergency admissions.
- 104,434 number of people attending emergency services.

The Trust Five Promises

- **Clean and safe practice**, clinics and hospitals so you never need to worry unduly.
- **A caring, helpful and respectful attitude** from approachable teams, who listen to you, involve you in decisions about your care and ensure you're clear about what to expect.
- **Respect for your time** with care closer to home, offering choice and flexibility with a minimum of delays and cancellations.
- **Easy access to comfortable and modern facilities**, offering privacy and dignity, personal space and good healthy food.
- The **best clinical care** from teams of skilled healthcare professionals, who help you improve and maintain your health.

Audit Terms of Reference

Section 11 of the Children Act 2004 places a statutory duty on key persons and bodies to make arrangements to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children. This duty extends to NHS organisations including Buckinghamshire Healthcare Trust which covers Stoke Mandeville, Wycombe and Amersham Hospitals. The same principles apply to safeguarding vulnerable adults and this has been taken into account for this audit.

The audit does not extend to community based staff and practice although some of the data includes these areas where it has not been possible to disaggregate it.

The audit tool has been produced by the BSCB and BSVAB and has taken extracts from the existing BSCB s11 audit tool, and further tailored them to these hospital settings, in order to specifically monitor and advise the Buckinghamshire Healthcare Trust on the arrangements that it should have in place in the following areas:

- General safeguarding arrangements.
- Safer recruitment arrangements.
- Allegations against staff management.
- Investigating and reporting arrangements.
- Complaints management.
- Whistle-blowing arrangements.

These areas were identified for special attention by the joint BSCB/BSVAB Steering Group following concerns about the JS case. This audit has not superseded the broader areas of safeguarding responsibilities required by all member agencies, which are covered in the BSCB standard s11 audit tool. This additional audit has been undertaken specifically to examine whether current arrangements are robust in relation to the vetting, recruitment, training, supervision and management of all staff, volunteers and fundraisers. The audit also sought confirmation of practice standards over the past five years in relation to the management of concerns and allegations about staff, volunteers and fundraisers. All sections are supported with evidence.

Methodology

The audit has been undertaken using the joint audit tool produced by the BSCB/BSVAB Steering Group.

The Healthcare Trust has provided information and evidence which has been scrutinised by an independent auditor and the independent auditor has interviewed key personnel within the Trust to further inform the evaluation.

The independent author's findings are to be examined by the Steering Group to ensure that BSCB and BSVAB are satisfied with the level of scrutiny and to provide opportunities for further clarification as required.

The report on the findings will be presented to the Trust for their consideration and their response and actions plans will be submitted to the Steering Group for final agreement and timetabling the monitoring of action plans.

The final audit and action plans will be presented to the BSCB and the BSVAB.

Other previous audits, Serious Case Review reports and other ongoing investigation reports such as the “Speaking Out” investigation will also be taken into consideration by the BSCB and BSVAB Steering group in their conclusions on the need for further recommendations and/or inclusion in the action plan.

Overview

Key personnel interviewed have adopted a welcoming and positive attitude to this audit, have demonstrated an openness and transparency in complying with the requests for information and expressed a continuing commitment to the improvement and further development of the safeguarding agenda.

The Trust has a safeguarding team of experienced and qualified staff members who are fully aware of the importance of safeguarding children and vulnerable adults and their associated responsibilities. The Trust demonstrates multi agency working and participation in the work of both BSCB and BSVAB.

Some key areas for development have been identified – which centre on four main elements.

- Raising the profile of safeguarding within the organisation and to members of the general public.
- Reviewing some key policies to ensure they are updated and accessible to the widest relevant audience.
- Ensuring that safeguarding training meets the required standards and is received by all relevant staff including those working for contractors.
- Embedding the policies and practice already well established in the children’s workforce into the wider vulnerable adults workforce – to include allegations management.

Glossary

Abbreviation	In Full
NHS	National Health Service
BSCB	Buckinghamshire Safeguarding Children's Board
BSVAB	Buckingham Safeguarding Vulnerable Adults Board
BHT	Buckinghamshire Healthcare Trust
JS	Jimmy Savile
HR	Human Resources
GP	General Practitioner
TUPE	Transfer of Undertakings (Protection of Employment)
PFI	Private Funding Initiative
MCA	Mental Capacity Act
DOL	Deprivation of Liberty
SVA	Safeguarding Vulnerable Adults
CQC	Care Quality Commission
CP	Child Protection
MARAC	Multi Agency Risk Assessment Conference
MAPPA	Multi Agency Public Protection Arrangements
MDTM	Multi Disciplinary Team Meeting
ID	Identity
CCTV	Closed Circuit Television
NSIC	National Spine Injuries Centre
POVA	Protection of Vulnerable Adults
POCA	Protection of Children Act
NAI	Non Accidental Injury
A&E	Accident and Emergency
ISA	Independent Safeguarding Authority
CRB	Criminal Records Bureau
DBS	Disclosure and Barring Service
ESR	Electronic Staff Record
LADO	Local Authority Designated Officer
CEO	Chief Executive
OD	Organisational Development
NSPCC	National Society for Prevention of Cruelty to Children
PDU	Paediatric Day Unit
CAMHS	Child and Adolescent Mental Health Service

Audit Section 1 – Senior management commitment to the importance of safeguarding and promoting the welfare of children/vulnerable adults

1a) Clear Lines of Accountability

The Healthcare Trust operates in three main hospital sites – Stoke Mandeville Hospital, Amersham Hospital and Wycombe Hospital and across three divisions – Integrated Medicine, Surgical and Critical Care and Specialist Services. The Trust is also responsible for the provision of a variety of Community Services.

There are seven executive directors and five non-executive directors. The non-executive directors include a Professor of Bucks New University, who has previously been the Chair of the Nurse and Midwifery Council Standards Committee. This professor is to undertake the non executive director safeguarding role in place of the previous non-executive director whose role had become too extended. Safeguarding plays a major part in the University Faculty of Society and Health and the university has a specific safeguarding course. The professor is currently undertaking a national advisory role to government.

There is a Chief Nurse and Director of Patient Care Standards whose responsibilities include safeguarding. The responsibility for staff training and recruitment and employee services fall to the Director of Human Resources and Organisational Development. There are organisation charts which identify those with safeguarding and training responsibilities across the Trust rather than for the individual hospitals. A document entitled Outcome Leads included in the evidence for the Care Quality Commission also defines those with safeguarding responsibilities.

1b) Safeguarding Leadership Team

There is a Trust wide Safeguarding Leadership Team.³⁹² Safeguarding medical staff including the Designated and Named Doctors report to the Medical Director and the safeguarding nursing team including the Named Midwife and the Leads for Safeguarding Children and Vulnerable Adults indirectly report to the Chief Nurse and Director of Patient Safety. The Associate Director for Health Care Governance and the Patient Safety Manager also report to the Chief Nurse. The Lead for Allegations against Staff reports to the Director of HR. (Human Resources).

392 See Appendix 1 Safeguarding Leadership Team Organisation Chart

Comment

The Safeguarding Leadership Team Organisation Chart currently indicates that there are 3 separate strands to safeguarding responsibilities which are not joined up until at Chief Executive level. In interview, the Medical Director agreed that an overarching Safeguarding Lead at Deputy Chief Executive Level could be considered if suggested as a recommendation of this audit. He also agreed the creation of a Named Doctor for Vulnerable Adults would be another possible additional outcome.

However, in interview with the Chief Nurse, she reported that the ultimate safeguarding responsibility for the Trust remains with her and she was confident that all safeguarding matters, in whichever part of the organisation would be brought to her attention. She felt that the Safeguarding Leadership Team Organisation Chart was not a true reflection on the Trust's safeguarding accountability and that it would be helpful to amend it to demonstrate and affirm her overall safeguarding responsibility.

The Chief Nurse also expressed a commitment to promoting a safeguarding vulnerable adults agenda to compare with the longer established safeguarding children's agenda.

Recommendation 1

That the Safeguarding Leadership Team Organisation Chart be amended to make clear the overarching safeguarding responsibility of the Chief Nurse.

Recommendation 2

To consider the appointment of a Named Doctor for Vulnerable Adults.

Staff interviewed assert confidently that all safeguarding related matters are dealt with consistently regardless of location and also that relevant safeguarding specialists are accessible regardless of location. The non-executive director stated in interview that he believes the Trust has a culture of openness and transparency and a willingness to continuously improve.

The Healthcare Governance Department provides a framework through which the Trust is accountable for improving processes in order to continually deliver a safe high quality service. There is a quarterly governance report which provides an overview of healthcare governance activity each quarter, which ensures that that the governance leads in divisions, the members of the healthcare governance committee and the trust board are all kept aware of trends within the organisation for incidents, complaints and claims and can keep abreast of findings and learning from both internal and external sources. This report is also sent to a Risk Monitoring Group for their consideration.

There is also a specific safeguarding for children and adults report provided to the Healthcare Governance Committee for review and discussion. In interview, the non executive director, who attends this meeting, expressed confidence that any safeguarding or otherwise serious issue which came to the attention of this committee would be escalated to the board.

Comment

In the past, the Lead for Safeguarding Children has attended this meeting to present this report, but she has not done so since March 2012 and there have been gaps (10/5/11 – 6/3/12, 8/5/12 – 6/11/12) during which time a safeguarding report was not made. The safeguarding reports do not have a consistent format – making comparisons and identification of trends difficult. The meeting minutes do not record detailed discussions on safeguarding related topics, although training and compliance with requirements appear in the minutes of 8 meetings between 2009 and 2013 – see section 3d.

Recommendation 3

That consideration is given to safeguarding achieving a standing agenda status at, as a minimum, alternate meetings and at any other meeting in the intervening interval, if a safeguarding concern were to emerge.

Recommendation 4

That safeguarding leads be invited to present the report and answer questions so as to enable more detailed scrutiny.

1c) Display of Safeguarding Commitment

The Trust's commitment to safeguarding children and vulnerable adults is prominently displayed at relevant locations – for example – there are posters in the Children's Ward, Accident and Emergency and Out patients Department, clearly stating that information on children's attendance will be shared with GPs, health visitors and other agencies – see also section 8a).

The Trust website

The Trust website includes references to Trust premises being safe but this reads more to relate to free from infection. There is no specific commitment to safeguarding on the Trust website – a search for the word safeguarding resulted in "return to work" information for health visitors where it was mentioned in the role responsibilities and another reference in an article entitled "About Us" to joint working with BCSB and a link to the BSCB website. A search for "child protection" revealed a link to the Child Protection Training Strategy dated 19/6/08 although there is later version dated March 2011. There was also a reference to child protection in an article about the role of community paediatricians dated 23/9/09.

Safeguarding Policies – see also section 3a

The Trust has a “Child Protection” Policy dated 10/5/11 and available on the Trust intranet.

The Safeguarding/Child Protection work plan includes a review of the Child Protection Policy timetabled for summer 2013 and the development of a Trust Domestic Abuse Policy. This last policy was originally timetabled for January 2013, is awaiting the approval of an accompanying training pack. A newsletter is also to be re-introduced by September 2013.

Comment

The policy could not be found on the Trust website and therefore is not readily available to members of the general public. The Safeguarding/Child Protection work plan identifies that the policy is not easily accessible on the intranet and that initial discussions are required with the Communications Team to address this. The work plan also acknowledges that not all staff have access to the intranet and that documents need placing on shared drives.

The Safeguarding Vulnerable Adults Policy is dated 12/4/12 and is on the BHT intranet. Searches on the website for the word “vulnerable” brought up information about the “Speaking Out” investigation and there is a patient leaflet about domestic abuse.

Comment

The Safeguarding Vulnerable Adults Policy is similarly not available on the Trust website and not all staff have access to the intranet.

Recommendation 5

That amendments be made to the Trust website to give safeguarding a higher profile and that the safeguarding policies are more accessible and to incorporate links to the BSCB and BSVAB.

Premises

The physical environment reflects a safeguarding culture in that access to specific areas is restricted – see section 2d.

1d) Contracts with service providers

The Trust uses the “NHS Conditions of Contract for the Supply of Services” as their standard terms and conditions of contract. The only specific use of the term safeguarding relates to safeguarding the interests of staff when transferring employment as a result of TUPE arrangements, Section 10 relates to standard and enhanced criminal record checks for staff “*who may*

reasonably be expected in the course of their employment or engagement to have access to children or other vulnerable persons and/or access to persons receiving clinical services and/or medical services”.

There is a stipulation that anyone who has disclosed a conviction, has one revealed by a criminal records bureau disclosure or who fails to obtain a disclosure cannot be employed without the Authority's³⁹³ prior written consent. There is also a requirement for anyone who subsequent to his/her commencement of employment receives a conviction or whose previous convictions become known to the Authority to report this.


The terms and conditions also include guidance for contractors on conduct and identification.

Medical cover

There is a different standard contract for the provision of medical cover which also contains the safeguarding reference with regard to TUPE situations and in section 53.2 there are stipulations about terminating a member of staff's contract if he or she is found to have committed specific offences such as murder or a Schedule 1 offence³⁹⁴ or received a custodial sentence of more than six months. There is also reference in section 32 to checks on a doctor's qualification to practise, with a clause in 33.5 that where a member of staff is needed urgently they may work for a period of 7 days whilst such checks are undertaken. There is a similar clause relating to employment prior to the receipt of references. There is not any information on any risk assessment associated with these situations.

Other contracted services (PFIs)

The Associate Director for Estates and Facilities has provided the following information:

 *The Sodexo and Medirest contracts confirm the Private Funding Initiative (PFI) is under an obligation to comply with the Trust Policies. Both have access to the Trust Intranet and in addition a copy of both the recently updated Children and Vulnerable Adults Policies have been sent to them and acknowledgement received. Sodexo and Medirest have records which Trust managers audit as part of recruitment, staff induction and ongoing training.*

Both PFI partners are treated as internal contractors meaning that safeguarding is up to Trust standards as a number of PFI staff operate in close proximity to patients and know when to recognise and report abuse and neglect. The PFI contractors working on Wards and in restricted public areas are made familiar to Ward management by known supervisors and intermediaries. New contractors' staff do not just turn up.

All external contractors, including non internal PFI contractors, which may attend on behalf of the Trust and the PFI are all

393 "Authority" means the Beneficiary placing the Order

394 This is no longer current terminology – should be replaced with "someone who poses a risk to children"

escorted by Trust and PFI staff and made familiar to Ward management at all times when attending restricted public areas like Wards.

All external contractors have to sign up to the Contractors Code of Conduct before working on Trust property and the agreement covers safeguarding arrangements as required by Trust Safeguarding Policies.

Property Services are responsible for the public areas on site and from time to time a number of non Trust staff are present which would mainly include volunteers and those persons involved with obtaining donations. (There are) reception staff who keep an eye on them, but please note that most of the hospital site are public areas and we would only notice anyone who would look out of the ordinary visit(ing) clinics, wards, friends and family. ”

Reporting concerns – see later section.

Comment

The safeguarding policies have not been recently updated and to acknowledge receipt does not necessarily guarantee compliance. The Associate Director for Estates and Facilities has reported that his team audits the training records of PFI partners against the contractual requirements. I have not been provided with any further evidence as to how compliance with the pre – employment check and safeguarding requirements is tested or monitored but have been informed that an audit visit is planned within the next four weeks.

The contractors’ code of conduct provided relates to confidentiality and data protection issues and has no reference to safeguarding.

Recommendation 6

To confirm that the PFI contractors have safeguarding awareness and know how to report concerns.

Comment

It is intended that this issue will be addressed by the proposed forthcoming BSCB audit entitled “Scrutiny of Agencies’ Arrangements for Safeguarding and Promoting the Welfare of Children”, which will include services commissioned by statutory agencies.

Audit Section 2 – Framework for ensuring safeguarding arrangements are in place

2a) Named Staff

The Trust has named and designated staff as identified in 1b above and the Safeguarding Leadership Team Organisation chart³⁹⁵ and in the Child Protection Policy to be found on the Trust intranet.

The job descriptions and person specification of both the Named Nurse for Safeguarding Vulnerable Adults and the Lead Professional for Child Protection contain detailed and specific safeguarding related requirements, including their responsibilities to offer supervision, support and advice on safeguarding related matters. There is also a Designated Doctor and Nurse for Looked After Children, a Safeguarding Specialist Midwife and a paediatrician who has responsibility and protected time for undertaking duties in relation to 'unexpected child deaths' including co-ordinating 'Rapid Response' and attending the Child Death Overview Panel. There is also a Children's Ward Matron. In addition, there has been a recent appointment of a Learning Disability Liaison Nurse whose job description specifically includes safeguarding responsibilities.

Comment

The Trust has a committed and comprehensive Safeguarding Team.

Recommendation 7

That the proposed Deputy Named Nurse for Vulnerable Adults be appointed to support the Named Nurse.

The Lead Professional for Child Protection reports that there is good liaison with all areas where children and young people are seen within the Trust to ensure staff are supported, know who to go to for advice and have access to urgent support and advice at all times (line management; Named Staff; Designated Staff) – including out of 'normal' working hours. The Named Nurse for Child Protection has an office on the children's ward ensuring access to staff 09.00-17.00 Mon-Fri. Cover for annual leave or other absence is provided by the Lead Professional or other Safeguarding Team members. Daily contact is made with Accident & Emergency by both the Named Nurse and Paediatric Liaison Nurse.

Out-of-hours staff can access Shift Leaders (Acute) Line Managers or the Senior Manager on-call. For Paediatric Medical/Child Protection advice there is an on-call Paediatric Consultant, who can be contacted via the Switchboard and Social Care can be contacted via the Emergency Out-of-Hours Service. This number is included in the contact details in the Child Protection policy.

Comment

There is a possible discrepancy between the contact numbers in the policy and those in First Response information (see section 3a).

Recommendation 8

To ensure that all contact details for safeguarding staff are updated in the various policies/website etc as soon as any changes are made.

Named Senior Officers

There are Named Senior Officers with overall strategic responsibility for ensuring the organisation operates allegations against staff procedures and Designated Senior Manager(s) (and deputy) to whom all allegations against staff/concerns are reported.

These are as follows:

- Named Senior Officer – Director of Human Resources and Organisational Development.
- Designated Senior Manager – Chief Nurse and Director of Patient Care Standards.
- Deputy Designated Senior Manager – Associate Chief Nurse.

The job description for the Chief Nurse includes some information relating to safeguarding responsibilities:

“ Responsibility for Safeguarding Children and Vulnerable Adults falls within the remit of the Women and Children’s Division and the Division of Medicine respectively. The post holder ensures that compliance and risk management is part of our Healthcare Governance processes with reporting into our Healthcare Governance Committee.”

Comment

There is no safeguarding component in the Deputy Designated Senior Manager’s Job description and as a result of this audit, this is under review.

There is no specific reference to the Chief Nurse’s Designated Senior Manager role in allegations against staff management. In addition the Medical Director’s job description does not include any specific safeguarding responsibilities although in the Safeguarding Leadership Team organisation chart the Designated Doctor for Safeguarding directly reports to him.

Recommendation 9

To ensure that all senior staff with safeguarding responsibilities have this included in their job descriptions.

Recommendation 10

To include allegation management responsibilities in the relevant Named Senior Officers job descriptions.

The Associate Chief Nurse is the Trust's representative on the BSCB but attendance has usually been delegated to the Lead for Safeguarding Children, who attended four of the six meetings in 2012-13. The Trust also has representation on the following BSCB sub-committees:

- Monitoring and Evaluation (Lead for Safeguarding Children).
- Policy and Procedures (Designated Nurse).
- Employment and Allegations (Assistant HR Director) see section 4.
- Strategic and Serious Case Review (Designated Doctor for Safeguarding and Lead for Safeguarding Children).
- Child Death Overview Panel (Designated Doctor for Safeguarding and Rapid Response Lead Doctor).

The Deputy Chief Nurse represents BHT on the BSVAB and feeds back to Trust via BHT SVA Steering group. This group meets bi-monthly and its terms of reference state its purpose as being:

“ To facilitate multi-disciplinary and multi-agency communication and training in SVA issues and ensure effective policies and information sharing pathways.”

The Named Nurse for Safeguarding Vulnerable Adults attends the BSVAB committees for Policy and Procedures, Training, Monitoring and Evaluation, Serious Case Reviews and Mental Capacity Act and Deprivation of Liberty. She is also the MCA/DoL Lead for the Trust and this is included in her job description.

The BSVASB Safe Employment Group is not currently meeting but the Assistant Director of HR who attends the equivalent BSCB group has expressed a wish to join this group once it is reinstated – (see section 4).

Comment

The Trust is well represented on BSCB and BSVAB. In interview the Chief Nurse informed that she has been unable to attend Board meetings due to volume of work but a recent appointment of another Associate Chief Nurse means that she will be able to attend herself in the future.

Training covered in Section 3d.

Out of hours support covered above.

2b) Supervision – see also appendix 2 CQC Reports

The Trust is participating in the BSCB supervision audit which is currently being undertaken. There is a recent and detailed Child Protection Supervision Policy (November 2012) which is available to staff on the BHT intranet. As stated above in section 2a, both Named Nurses have supervision responsibilities included in their job descriptions. The Safeguarding Team have expressed their commitment to supervision for practitioners and practitioners working in the community and they are offered 6-8 weekly sessions for groups or 1:1 supervision by the Named Nurses and other designated Child Protection Supervisors. The format for CP Supervision includes 'challenge, reflection and some case management where appropriate'.

There are a number of regular case discussion meetings which enable shared good practice and learning.

- The Named Nurses attend multi-agency meetings with Children's and Adult's Social Care on a monthly basis to discuss cases that may have been raised at supervision or where a need for discussion had been identified in a multi-agency forum. This may include cases referred to a Multi Agency Risk Assessment Conference (MARAC) for serious domestic abuse cases and/or the Multi Agency Public Protection Arrangement (MAPP) meetings for the management of registered sex offenders, violent and other types of sexual offenders, and offenders who pose a serious risk of harm to the public. These meetings are also seen as part of the 'Conflict Resolution' process, cases where practitioners are concerned re-drift or disagree with decisions can be discussed.
- A monthly 'Multi-Disciplinary Team' Meeting (MDTM) is held at the hospital, chaired by the Designated Doctor or Named Doctor discussing cases of interest. Cases are usually prepared by the Doctors for discussion. The MDTM includes Doctors, Nursing Staff, Social Worker and a Teacher. This meeting/forum is fairly new, having been established at the end of 2012 as a result of a recommendation from a Serious Case Review.
- Monthly Safeguarding Team Protected Time (previously called Case Discussion Forum) the purpose of which is *"to enable members of the Child Protection Team to regularly discuss current cases that may be causing concern and/or to share identified learning from recent cases. It is an opportunity to share information, to collectively discuss some of the challenges the team face and look at developing strategies that support the team and practitioners in practice."*

The Child Protection Supervision Policy includes the responsibilities of the child protection team to monitor compliance with the policy and the quality, scope and frequency of child protection supervision is the subject of annual review. There is also quarterly monitoring of staff attendance at supervision. Non-compliance with the policy is reported to line managers.

Named and Designated professionals also attend multi disciplinary county wide meetings to allow for sharing of good practice and joint working on development of joint policies as the need arises.

Comment

Child Protection Supervision is reported to be well established and includes community based staff. There are also comprehensive out of hours cover and multi agency case discussion opportunities which serve to support staff and disseminate learning. However the recent CQC judgment has raised concerns about clinical supervision at Stoke Mandeville Hospital and lack of staff support and appraisal – see appendix 2.

There is no Vulnerable Adults Supervision Policy but staff are encouraged to seek advice from the Named Nurse for Vulnerable Adults whenever advice and support is required.

On a site visit at Wycombe Hospital, a member of staff reported that when she had a possible vulnerable adult abuse case she had consulted the BHT intranet and followed the relevant guidance. When questioned she could not remember having had any specific vulnerable adults training but then subsequently agreed it had been included in the intensive two week induction provided for staff recruited from Europe, but that in the context of so much concentrated information, she had not retained the knowledge.

Recommendation 11

That a Vulnerable Adults Supervision Policy be developed or specific reference to Vulnerable Adults issues be incorporated in the BHT Clinical Supervision policy.

2c) Staff, Volunteers and Fundraisers

The Trust has approximately in excess of 500 volunteers at any one time. There are a number of volunteer related policy and guidelines documents. These include:

- Information for Volunteers booklet.
- Volunteer induction checklist.
- Volunteer confidentiality agreement.
- Volunteers agreement.
- Volunteer Procedure (guidance for managers).
- Major Incident Register.
- Student Induction Checklist (for work experience students).

The Information for Volunteers document states very clearly that volunteer ID must be worn at all times and returned to the Trust when volunteering ceases. There are also some clear guidelines about activities that volunteers may not do. These include cleaning, giving drugs to patients, bathing, washing or dressing patients or engaging in clinical assessments. They should also not take any responsibility for patient's property or be involved in any exchange of money or gifts with patients.

The Information for Volunteers document also makes reference to the hospital's dignity and respect policy and to visitor's and patient's vulnerability.

“ *All staff and volunteers must adhere to the Trust Service Standards, a set of behaviours; courtesy, communication and compassion expected by every one of us when in any community or hospital site or representing the organisation. Many visitors/patients are vulnerable and in need of assistance in many different ways, so being able to show consideration, empathy or some measure of kindness for others is an essential part of volunteering. All volunteers are provided with a copy of the Service Standards leaflet at induction.* **”**

Comment

The Trust Service Standards are promoted across the organisation in leaflets, handbooks and posters. The 38 page handbook (but not the leaflet) includes specific reference to maintaining professional boundaries, dress and behaviour. However there is no specific reference in the Information for Volunteers to volunteers observing appropriate boundaries other than “courtesy communication and compassion” and appropriate dress. There is no reference to off-site contact or communication or how to respond to safeguarding related concerns or whistle blowing. Volunteers are warned against counselling patients and offered avenues of support if they witness any upsetting events.

In interview with the Volunteer Manager it was recognised that additional guidance on standards and boundaries would be helpful and that additional advice in the form of a short safe working guidance handout could be included the volunteer's induction pack. It has since been agreed that the volunteer information pack will now include explicit references to safeguarding and whistle-blowing.

Recommendation 12

To introduce a short clear safe working guidance handout as discussed above.

See also sections 3d and 4i.

Volunteers currently have ID badges but in recognition that their volunteer status is not always immediately recognisable as the badges are sometimes difficult to view, the Trust has recently made a successful bid to the Charitable Fund committee for £5,000 to purchase tabards and polo shirts for volunteers.

It has been reported that the only fundraising which takes place on hospital premises is undertaken by existing staff or volunteers who have been subject to the appropriate vetting procedures – see section 4. However another email makes a reference to a person seeking donations – which on further clarification was a person selling poppies.

Recommendation 13

That volunteers be issued with tabards or polo shirts so as to provide clear and visible evidence of volunteer status.

2d) Site security

It is reported that all Paediatric Areas and Theatre areas are currently secure. The Paediatric Ward at Stoke Mandeville Hospital, St Francis Ward in National Spinal Injuries Centre (NSIC) and all areas of Claydon Wing have electronic access control measures installed and all entry points to those areas have CCTV which although not monitored 24 hours a day are recording 24 hours a day. This is confirmed by the auditor's site visit. Access for staff is by means of ID card, which is required to operate the access control and to ensure that the staff member carries their ID card. Temporary staff or staff not otherwise employed within the Paediatric teams, have to call in to the Nurse Stations before access is permitted.

In discussion with the Trust Security Advisor, it was established that in the event of a requirement to view CCTV recording, this could be achieved rapidly even when out of hours. There has only been one incident in the past few years at Stoke Mandeville when a child was taken from the Paediatric Unit and the Advisor enabled access to the recording within 10 minutes. At Stoke Mandeville Hospital, members of the Sodoxo security team are trained and licensed to use CCTV and some of the senior portering staff have "security industry authority" (such as held by doormen). Security staff are generally located at the reception area in A&E and the Security Advisor has identified that this can be problematic in that they do not have a dedicated area so as to maintain confidentiality and avoid interruptions.

At Wycombe Hospital, the Birthing Centre and the Ante-natal areas have electronic access control measures and have cameras installed but which do not record. The Trust Advisor's Deputy is based at Wycombe and offers absence cover for the Advisor and vice versa.

There is no security or CCTV at Amersham hospital and a procurement exercise is currently being undertaken to secure sufficient security staffing levels at Wycombe and Amersham.

Comment

There is an obvious disparity in security arrangements across the three hospital sites and a concentration on security in paediatric areas.

Recommendation 14

That security arrangements be reviewed to achieve an appropriate level and a consistent standard of surveillance and recording for all vulnerable groups across all three sites.

The Trust also has a recently updated (May 2013) guideline relating the security of the hospital environment for children. This includes guidance on parental responsibility, parents and visitors' access to wards, disruptive or abusive behaviour and children leaving the department. There is also a section and reference to another specific protocol on children absconding or being abducting from BHT premises.

Audit Section 3 – General arrangements for safeguarding and promoting the welfare of children and young people and vulnerable adults

3a) Safeguarding Policies

Children

As stated in section 1, the Trust has a Child Protection Policy dated 10/5/11. This policy is extremely lengthy (74 pages) and Part 2 is entitled Supporting Procedures and Guidance and includes the flowcharts from Working Together to Safeguard Children 2010.

Comment

Whilst there is a table of contents, there are no page numbers, which makes navigation unwieldy and such a lengthy and detailed document does not achieve the desired accessibility for all staff, volunteers and service users. It will need in any case to be updated in the light of Working Together to Safeguard Children 2013 and its terminology (such as child protection, domestic violence, POVA and POCA lists) updated.

The policy does not include information about the First Response referral path but given it was initially introduced as a six month trial; this could have been a conscious decision to await the trial outcome.

Appendix 1 comprises Child Protection Team Contact Details but these do not entirely correlate with the Safeguarding Leadership Team Organisation Chart (e.g. new Named Midwife)

The policy includes a section on the duties of managers but not those of Named Staff. (6.5) There is a section on monitoring compliance (11) which identifies this as responsibility of the BHT Steering Group for Child Protection. This group is reported not to have met for over a year due to poor attendance and staff engagement. There is recognition that there is a need to re-introduce this meeting as a forum to ensure child protection is kept on everyone's agenda.

Adults

The Safeguarding Vulnerable Adults Policy (12/4/12) is more recent and is 31 pages long. It is clearly stated on the front page that the policy should be read in conjunction with the BSVAB Interagency Policy and Procedures. Other

policies with safeguarding references are the Mental Capacity Policy (15/1/13) and the Deprivation of Liberty Policy (8/3/11) and the Named Nurse for Vulnerable Adults takes the lead for these.

Comment

There is no reference in the Safeguarding Vulnerable Adults Policy to the use of images under the definition of sexual abuse as included in the BSVAB procedures – and no reference to the Local Authority Designated Officer – see audit section 5.

This audit tool suggests that the policies should be subject to annual review but it has not been determined as to whether this is a requirement as such or a good practice recommendation.

Recommendation 15

To review and update both Safeguarding Policies to reflect latest national guidance and terminology.

Recommendation 16

That consideration be given to the introduction of shorter summary policy documents to facilitate accessibility to staff contractors volunteers and members of the public.

3b Embedded Procedures

The policies are on the Trust intranet together with links to the BSCB and BSVAB procedures and national guidance such as “What to do if you are worried a child is being abused”. Two members of the safeguarding team attend a BSCB subgroup to provide a health perspective to new policy development and BSCB policies are translated into local protocols for example “Medical Examination in Non Accidental Injury (NAI) cases”.

Policies are disseminated to staff by:

- staff bulletins;
- lunchtime forums;
- emails to specific groups;
- training presentations include signposting;
- intranet links.

See also section 3d Training and Awareness.

3c) Personal data

The Trust has an Information Governance Policy dated May 2010 due for review May 2013. There is also an IT Computer Usage Policy and a Confidentiality Code of Practice. The Trust is compliant with all the requirements of the Data

Protection Act verified by an information governance audit undertaken by RSM Tenon in January 2013. This concluded “the controls upon which the organisation relies to manage Information governance are consistently applied and effective”.

Comment

The above audit did however identify issues that if not addressed would increase the likelihood of not meeting the required minimum levels of compliance with the Information Governance Toolkit. There were 3 recommendations made (compared with the average number of 9 recommendations in similar audits in comparable organisations). The overall opinion was rag rated as amber.³⁹⁶

The Trust received a green rag rating for the Care Quality Commission Outcome 21 (Regulation 20 Records)³⁹⁷ in March 2012 and an Information Governance Toolkit Assessment Summary Report prepared on 29/3/12 reports an overall score of 73% – satisfactory.

Information from the police is that there was a recent security breach when a BHT premises where patient data was stored was broken into. A subsequent security review was undertaken and further information on this incident has been requested but not provided.

The Medical Director undertakes the Caldicott Guardian responsibilities. All staff, contractors and volunteers are required to comply with confidentiality clauses in their contracts or service level agreements.

3d) Training and Awareness

All new staff on joining the Trust are required to attend the ‘Trust Corporate Induction’ within 2 months of starting in post. This has previously included two 30 minute slots – one on safeguarding children, one on safeguarding vulnerable adults – which were delivered by the Safeguarding Team to cover ‘basic’ (i.e. level 1 training). The safeguarding children training has been observed on two separate occasions by the BSCB Training Manager who made the following comment in her report.

“Very effective session. All delegates will know how to go forward with CP cases now. This has very clearly developed since my last observation and it was a real pleasure to observe.”

396 Rag rating is explained as being – Green, if on or better than target – Amber if worse than target, but within an acceptable tolerance level – Red, if worse than target, and below an acceptable tolerance level

397 This outcome is that people who use services can be confident that:

- their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- other records required to be kept to protect their safety and wellbeing are maintained and held securely where required.

Recently (June 2013) a decision has been made to discontinue the two safeguarding presentations in the induction day – the rationale being that staff were experiencing “death by PowerPoint”. The corporate induction training is now only a half day with a free afternoon to allow staff to complete e-learning. There is now what is described as a “market stall” environment, which allows staff to “interact with the leads from various specialities”. The safeguarding leads have been asked to devise a quiz and staff can then have a conversation with the leads if they don’t know the answers. There are also a variety of leaflets on safeguarding related topics and contact numbers for staff to take away.

Comment

This seems that induction safeguarding training is achieving an even lesser priority than previously when there were only two short half hour slots. The effectiveness of the new arrangements should be subject to monitoring and evaluation.

Level 1 training is also available as an e-learning package.

Comment

The Level 1 e-learning package has been provided and is good on the effects of abuse, talking to children, information sharing and the responsibilities of agencies. There is also considerable detail on recognising physical and emotional abuse but:

- it uses the pre 2010 Working Together definitions of abuse;
- emotional abuse changes to emotional neglect in some slides;
- there is little about neglect or sexual abuse indicators and scant reference to domestic abuse/substance misuse/mental health difficulties of parents;
- no reference to e-safety, looked after children or what to do if concerns are not taken seriously – as stipulated in the intercollegiate doc level 1 contents;
- no reference to allegations and staff codes of conduct as included in the previous face to face presentation;
- in the case study, the case is referred to the hospital social worker – is this what happens in BHT – I understood referrals are made to the First Response team.

The training is a package bought in and was shared with Named Doctors and Nurses and agreed to be fit for purpose. There is only limited opportunity for any customization.

The Chief Nurse in interview expressed the view that there is a need for the resource implication of mandatory training to be recognised.

Training requirements are included as a requirement in the Trust standard contract.

“ During your employment with the Trust, you have a responsibility to safeguard children and vulnerable adults. You are required to complete or attend mandatory training and take appropriate action as set out in the Trust’s policies and procedures. **”**

Compliance with training occurs as a frequent agenda item in the Healthcare Governance Committee minutes and at the meeting on 8/5/12 it was reported that “Training for Trust staff is under constant review and mandatory training is in place”.

Comment

The safeguarding children PowerPoint presentation in the corporate induction provided had included reference to allegations and e-safety issues and signposts to further training/information whereas the e-learning has omitted these topics. The Lead for Safeguarding Children acknowledges that not enough time was previously allocated in the induction. The impact of the new arrangements should be subject to further review.

Safeguarding children training

The BHT Child Protection Training Strategy informs staff and managers of further training required for specific groups of staff.

Line Managers are responsible for ensuring that:

- All newly appointed staff have completed the e-learning child protection component of the Trust Induction e-learning programme within four weeks of their start date, as per the Trust Induction Policy.
- All staff who have direct ‘face to face’ contact with patients/clients attend “Face to Face Child Protection Training” within three months of joining the Trust and to update their child protection training every three years.
- All staff who work pre-dominantly with children, young people and their parents/carers should be enabled to attend multi-agency training as appropriate

It is advised that child protection training is discussed by line managers at the commencement of all new appointments of staff and thereafter during the appraisal and personal development process, to identify training needs.

Level 2 training is a 2.5 hour face to face package and Level 3 training is provided by BSCB³⁹⁸

The Intercollegiate Document – Safeguarding Children and Young People; Roles and Competencies for Health is available on the BHT intranet.

BHT submitted a return in the BSCB single agency training audit in 2012 and rag rated themselves as green. In the BSCB audit it is stated that for Level 1, all staff attend the corporate trust induction and that staff for whom Level 2 is appropriate are **advised** to attend classroom based Level 2 training.

Comment

The evidence provided for the audit is not substantiated by training attendance data.

Training records dating from 1st April 2010 – Jan 2013 show that only 72% of staff attended level 1 training either via the corporate induction (19.5%) or e-learning (80.5%) or and 58% of relevant staff have attended level 2. There are 87 staff across the Trust for whom level 3 training is deemed relevant but no level 3 training has been entered on the spreadsheet provided for this audit. Data embedded in the BSCB single agency training audit shows that there have been 151 attendances at their level 3 training up to Dec 2012 whereas the Safeguarding Lead reports that there have been 292 attendances at Level 3 training. BSCB training data has been requested for comparison.

The training figures include community based staff and the data cannot be readily differentiated into those who are hospital based and those who are not. There is a breakdown of training received by division and there is some variance with the lowest attendance in the Corporate Division followed by Integrated Medicine.

A different set of figures for a different time period has been reported to the CQC – see appendix 2 and the CQC report notes the low take up of training and made the judgement that Stoke Mandeville Hospital was not meeting the standard and that the provider did not have suitable arrangements in place to ensure all staff were supported through appropriate training, supervision and appraisal, to enable them to deliver appropriate care.

There has been an acknowledged issue in collecting training data and there has been a change in how this is undertaken with data about level 2 and 3 training as from Jan 2012 to be collected by the Safeguarding Team. There is also recognition that the level 1 training is low and there is a target to reach 90-95%. The Safeguarding Lead reports that there is no complacency on this

398 The Inter-collegiate document **Safeguarding Children and Young people: roles and competences for health care staff** identifies six levels of competence, and gives examples of groups that fall within each of these. The levels are as follows:

- Level 1: Non-clinical staff working in health care settings.
- Level 2: Minimum level required for clinical staff who have some degree of contact with children and young people and/or parents/carers.
- Level 3: Clinical staff working with children, young people **and/or their parents/carers** and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns.
- Levels 4-6 relate to Named, Designated Staff and Experts.

and that training is pushed at every opportunity including in staff bulletins – an example of which has been provided. In interview both the Non-executive Director and the Medical Director expressed the view that more training took place than was actually recorded and also that the Board was aware of the low training take up and a review of how this might be improved was underway. See Section 9 for information about training reports to the Healthcare Governance Group.

Consideration is being given to training attendance reports sitting with each speciality to increase compliance. Available data shows considerable discrepancy between departments with the lowest figure of 9% (3 out of 33) of relevant staff in the Corporate Division having completed Level 2 training, compared with 63% (15 out of 24) of relevant staff in Surgery and Critical Care. Letters are sent to non attendees to rebook onto an alternative date.

The Safeguarding/Child Protection work plan includes further consideration of e learning and identifies a target for level 2 training of 85%. It also proposes pre and post training questionnaires to measure training effectiveness.

There are a variety of methods used to ‘test/compliance’ around knowledge i.e. Level 1 training includes an assessment which must be passed before a certificate is issued.

There is also an annual update to key staff in areas where they predominately work with children (paediatrics, maternity, A&E) with a theme chosen for each year’s training. Previous themes have been domestic violence, neglect, pre-birth and referrals. This year’s theme will be child sexual exploitation. There is also mandatory training for midwives based on BSCB pre-birth procedures and learning is further reinforced with a questionnaire.

Safeguarding Vulnerable Adults Training

It is mandatory for staff not working with children to receive the safeguarding children Level 1 training referred to above. An additional safeguarding adults training delivered by the Named Nurse for Safeguarding Adults is also mandatory and 64% of relevant staff have completed this safeguarding adults training. Again data is available broken down by division and there is variance across the Trust with the Corporate Division having the lowest return.

Comment

The safeguarding adults induction PowerPoint presentation has been provided and found to be comprehensive with details of legislation, categories and indicators of abuse, case studies, domestic abuse and contact details. The Named Nurse reported of the difficulty in delivering this material in the allocated 30 minutes. This training as part of the induction day has now been discontinued – see above. See also section 5 re-allegations against staff training.

The training included a reference to the Mental Capacity Act and Deprivation of Liberty safeguards. There is an additional e learning training available on the Mental Capacity Act and an external course on Deprivation of Liberty.

There is also another mandatory training on the government strategy 'Prevent' – designed to alert all front line staff to the possibility of any vulnerable adult being radicalised and recruited into terrorist groups. Staff attending safeguarding adults training complete an attendance sheet and receive certificates as evidence of attendance.

There is no reference to safeguarding in the list of training for volunteers in the volunteer procedure or the volunteer induction checklist. Topics specifically mentioned are health and safety, security, fire procedure, smoke free policy, dress code, bare below elbow policy confidentiality and training arrangements.

Recommendation 17

To ensure training attendance data is accurate.

Recommendation 18

To review all Level 1 training including e-learning to ensure it meets the requirements of the intercollegiate document and to review the effectiveness of the new training arrangements for both safeguarding children and vulnerable adults.

Recommendation 19

To continue to push mandatory training at every opportunity and to review compliance with training requirements as part of the appraisal process and to consider sanctions for those who do not attend.

Recommendation 20

To include safeguarding training in volunteer induction.

Comment

No information on training for contractors has been provided – see Section 1d although the Child Protection Training Strategy includes under the heading Role of the Trust.

“ Will require contractors who supply staff who are expected to come in contact with children and parents in the course of their duties within the Trust, to ensure those staff have completed child protection training appropriate to their duties.”

Further information on other training is in section 4b.

Audit Section 4 – Procedures in place for the safer recruitment of staff and volunteers

4a) Safe recruitment policy and procedure

The Trust has a lengthy 47 page Recruitment and Selection Policy and Procedure document dated January 2012, which is supported by Recruitment and Selection Manager Guidelines dated December 2009. Medical appointments are managed by the medical HR team and non medical appointments managed by the recruitment team.

Comment

The documents still use some old terminology such as POCA, POVA, ISA, CRB.

The Trust's commitment to safeguarding is not included in job vacancy advertisements or in all job descriptions/person specifications. However there is information about the need for a Disclosure and Barring Check and considerable emphasis on the Trust's commitment to Equality and Diversity.

Recommendation 21

Ensure safeguarding achieves a higher profile in the recruitment process so as to reinforce the message to potential applicants that the organisation is not a soft target for anyone who might be unsuitable to gain access or pose a risk to children and vulnerable adults.

Recommendation 22

To update the policy to include changes in terminology and more recent safe recruitment developments e.g.:

- commitment to safeguarding in all adverts;
- safeguarding and whistle-blowing responsibilities in all job descriptions;
- at least one reference obtained before interview – especially in posts working with the most vulnerable patients;
- full employment history sought;
- interview to contain safeguarding related questions and flexibility to ask questions relating to application, references and previous answers – not just a set of core questions to each applicant.

4b) Safe Employment Training

BSCB have provided the following safe recruitment training events which have been attended by three nominated BHT staff. This training, although originally intended for the children's workforce following the Richard Report, is equally transferable to the adult workforce:

- Managing Allegations against Staff.
- Safer Recruitment and Selection of Staff.
- Recruiting Safely – National Training Workshop.
- Disclosure and Barring.

and this is an acknowledged gap. In interview the Assistant HR Director described the safe recruitment training as 'powerful'.

There is training for staff entitled "Introduction to Interviewing" which has recently (April 2013) been amended as a result of this audit to include a specific slide on safeguarding and states

The interview panel should therefore explore the following points:

- The candidate's attitude towards children and/or vulnerable adults.
- His or her ability to support the organisation's commitment to safeguarding.
- Gaps in the candidate's employment history.
- If there is anything s/he wishes to declare or discuss in light of the questions that will be put to his or her referees.
- Issues arising from any disclosure of a criminal record by the applicant.

Recommendation 23

More staff to receive staff recruitment training.

4c) Pre employment checks

The Trust follows NHS Employment Check standards which cover the following areas:

- Verification of identity checks (BHT Policy Section 10 and Appendix 2).
- Right to work checks (BHT Policy Sections 11).
- Professional registration and qualification checks (BHT Policy Sections 12).
- Employment history and reference checks (BHT Policy Section 13).
- Criminal record checks (BHT Policy Section 14).
- Occupational health checks (BHT Policy Section 15).

Comment

The recruitment policy has a helpful and clear pre employment checklist as appendix 8.

CRB checks

Section 14 of the Recruitment and Selection Policy lays down the requirements for criminal record checks. This includes in Section 14.1 some information about how disclosure information should be considered. This is repeated in a confused way in section 14.10 with regard to volunteers, GPs and Dentists. The Trust uses the BSCB process and their template for risk assessing positive disclosures (i.e. when a disclosure is returned with information about a past caution, conviction or investigation), together with a “DBS Flowchart” A redacted example of how this process is applied has been provided. Positive Trace Risk Assessments are carried out by the relevant line manager, and then submitted to the Recruitment Team Leader, whose role it is to ensure consistency across the organisation.

Comment

Positive trace risk assessment needs to be incorporated into or referenced in the main policy and management guidelines.

From 1st November to 30th April, out of 775 checks undertaken in this period there were 23 positive traces returned to the Trust. As a result the offer of employment from one of these was withdrawn. Positive traces which were considered not to be a barrier to employment were of the nature of shoplifting, car tax avoidance, failure to obtain a railway ticket, theft or alcohol related offences. These offences had occurred when the member of staff was young and it was considered not to indicate a future risk to patients.

In the case of the applicant whose offer of employment was withdrawn, this related to two offences – one drunk and disorderly and another disorderly behaviour or threatening/abusive/insulting words likely to cause harassment, alarm or distress. They were considered to be a barrier to employment when other information in references were taken into consideration.

In interview the Assistant Deputy HR Director reported that on a previous occasion, Capita, the DBS umbrella organisation used by the Trust previously actively pursued contact with her to inform her about the positive trace on a volunteer’s CRB which identified a physical assault on another person. This will not happen in the future due to a change in DBS practice, when checks will be sent to the applicant rather than the employer so as to enable any challenge to wrong information.

The Trust standard contract includes a requirement that if, at any time during their employment with the Trust, an employee is convicted of a criminal offence however minor, the HR dept must be notified in writing. Failure to do so is regarded as gross misconduct. Where a criminal conviction is notified, any resulting action would depend on the offence and its relevance to the job.

The Trust currently has a policy of repeating DBS checks every three years. There is no suggestion in either the policy or guidelines about obtaining statements of good character in countries not covered by the DBS.

Recommendation 24

That the recruitment policy and management guidelines be amended to clarify and give further information on how any risk of associated with a criminal record positive disclosure is managed and recorded.

Recommendation 25

To review guidance and practice with regard to statements of good character of applicants who have lived in countries not covered by the DBS.

4d) Identity and Qualifications

A candidate identification form and appointment form are also in use. Appendix 4 outlines the procedure for checking and updating professional registration for clinical staff.

4e) References

There are HR templates for reference requests and an accompanying email template. References are currently taken up following interview. Section 13.5 of the recruitment policy instructs that overseas employer or academic references should be sought for any staff who have spent more than 3 months overseas.

In interview, the Assistant HR director said that although obtaining references prior to interview is recognised as best safe recruitment practice, this would not be achievable in the Trust due to resource issues and because many applicants did not wish their current employers to know they were seeking employment elsewhere.

See above recommendation 22.

4f) Employment history

The NHS Employment Check standards were updated in September 2012 to include the requirement for a full employment and or training history whereas the BHT policy written before this date asks for a minimum of 3 years preferably 5 years which coincides with the previous standard.

Recommendation 26

To amend policy and practice to request full employment history.

4g) Interviews see also section 4b training

All candidates are met with before commencing employment. The vast majority of interviews are carried out face to face. On the rare occasion – 2-3 times a year – that the Trust recruits a doctor from an overseas agency, the initial interview is done through Skype. However, all staff, including these, have a face to face pre-employment meeting with the HR Department.

Recommendation 27

To adopt a Trust interview policy which questions all staff's attitude for working with children and vulnerable adults.

4h) Right to Work Verification

The Trust was inspected by the Border Agency in March 2013 and has gained written confirmation that the Trust has an A-rated sponsor rating.

4i) Safe Working Practice Guidance

The Trust Service standards literature (see section 2c) includes some guidance on appropriate behaviour. There were also links to the General Medical Council and Nursing and Midwifery Council website pages on conduct and the BSCB website in the now discontinued Corporate Induction Training (Section 3d).

Staff are signposted to the BSCB leaflet "Professional Boundaries: Your Role with Children and Young People".

There is also a two page Code of Conduct for National Spinal Injuries Centre staff and volunteers which gives clear guidance on safe working practice including a reference to social network sites. In interviews all managers expressed approval of this document and expressed a willingness for its further dissemination.

Some guidance for volunteers is included in the volunteer induction pack – see para 2c.

Recommendation 28

To give safer working practice a higher profile – the BSCB leaflet focuses on the children's workforce. Include professional boundaries and e-safety.

Recommendation 29

To adopt the NSIC code of conduct or equivalent document across the Trust.

4j) Staff not employed prior to recruitment checks

This is stipulated in Section 14.11.3 but some flexibility appears to be allowed in situations where emergency medical cover is required – see section 1d.

4k) Safe recruitment monitoring

The organisation is able to provide data and reports on compliance to pre employment checks. An internal payroll audit undertaken in May 2011 identified some issues whereby the spreadsheet tracker which identifies the current pre employment check status of each successful applicant had not always been updated to reflect the status of the completed pre-employment checks. A recommendation to address this was made and there were subsequent adjustments to make the process more robust.

Pre employment checks are currently monitored by a monthly Electronic Staff Record (ESR) report and there is an additional “deep dive” monitoring report that the recruitment team leader carries out quarterly. Twenty files are subject to additional scrutiny as detailed in Section 16.1 of the policy.

An example spreadsheet showing the additional scrutiny of the twenty cases has been provided.

Comment

The Trust has responded to the May 2011 audit recommendation to improve the pre employment check monitoring.

Audit Section 5 – Managing allegations/concerns made against staff and volunteers

5a) Allegations against Staff Management Procedures


The Trust does not have a specific allegations against staff management policy but information on Allegations against Staff management is included in the CP Policy (Section 16).The Safeguarding Vulnerable Adults Policy. (Appendix 2) contains guidance on what to do if staff suspect abuse. However this is in a more general context rather than specifically for allegations against staff.

The Medical Director in interview informed that the Trust uses the BSVAB “Managing Allegations against Staff and Volunteers Working with Vulnerable Adults” Procedures.

There was also a slide relating to this topic in the corporate induction training with links to the General Medical Council and Nursing and Midwifery Council website pages on conduct and the BSCB website.

Allegations against staff relating to children

Section 16 of the Child Protection Policy contains a clear definition of an allegation and advises of the need for a decision about whether information received should be treated as an allegation or a complaint. If this is unclear a consultation with the Local Authority Designated Officer (LADO) (Children's) is recommended. It further states:

 *It is important to ensure that even apparently less serious allegations are seen to be followed up, and that they are*

examined objectively by someone independent of the organisation concerned. Consequently, the LADO should be informed of all allegations that come to the employers attention and appear to meet the criteria above so that s/he can consult police and social care colleagues as appropriate.”

Comment

This is the only delineation between an allegation against staff and a complaint in any BHT policies. In interviews I was repeatedly asked what the difference was. The reason for the LADO consultation is to determine what further action is required rather than to consult police or social care colleagues.

Allegations against staff relating to adults

The Vulnerable Adults Policy includes detailed information about types of abuse, some case histories and how a member of staff should respond if abuse is detected or reported. The policy also states in Appendix 2 and 3.

“ If a member of Trust Staff is suspected of being the perpetrator of the alleged abuse then please refer to the Senior Nurse/Manager on duty for guidance and immediate actions as appropriate according to the Discipline Policy.”

This message was also repeated on one slide in the vulnerable adults training presentation:

- If member of staff or line manager suspected of being perpetrator refer direct to Senior Manager.
- Public Disclosure Act 1998 requires Trust to have a whistle-blowing policy – lead is Person A, a BHT non-executive director.

There is no reference to the LADO (Adults). The Discipline Policy is for all staff other than medical staff (doctors and dentists) and the only reference to abuse in it relates to substance abuse.

Appendix 5 of the Vulnerable Adults Policy is an Initial Report of Concern Template and guidance on how this should be completed and sent to the Safeguarding Vulnerable Adults Team at County Hall.

The complaints policy and information for the general public do not make any reference to allegations against staff or abuse. There are definitions of what constitutes a complaint or a concern and a list of complaints which would not be dealt with under the policy.

There is a 72 page policy entitled Conduct, Capability, Ill Health and Appeals Policies and Procedures for Practitioners and also referred to as Maintaining High Professional Standards which is for Medical and Dental staff. “*Physical or verbal abuse, of a patient, employee or visitor*” is included in a list of circumstances which amount to gross misconduct in Appendix I. The document states that every allegation must be fully investigated and makes reference to staff being “excluded” not suspended. There is also guidance that

if a member of staff is considered to pose a risk to patients, they are obligated to provide information about any other employment they have. There is also reference to possible referral to the General Medical Council or the General Dentistry Council but not to the Disclosure and Barring Service.

Comment

Although it has been reported that the Management of Allegations against Staff follows the very clear and comprehensive BSVAB policy, it is not referenced in other relevant policies and there is only one reference to the need to delineate between a complaint and an allegation.

Recommendation 30

That the Trust develops a specific Allegations against Staff Management Policy or references and promotes the use of the BSVAB policy to a wider audience.

The policy must promote the need for consultation with the relevant LADO and ensure robust recording in addition to any on individual HR files and include outcomes and referral to relevant bodies.

5c) Reporting to the LADO

The Trust does not have any central allegations record system prior to April 2010 when it merged with Community Health Bucks, so it has not been possible for it to provide any allegations information prior to this date although any allegations and their outcome were recorded on the individual member of staff's HR file.

Adults

The Trust has been unable to provide any information about any allegations against staff which have been reported to the Adults LADO and given that this requirement was not included in either the Discipline Policy or the Conduct and Capability Policy, it must be assumed that no referrals or consultations took place.

In the Safeguarding Adults Healthcare Governance Report June-September 2012 in a paragraph headed Allegations against Members of Staff two cases were referred to:

“ On investigation both cases had been dealt with at the time by the relevant Matron but neither were put on Datix and record keeping required attention. Nurses dealt with internally no formal discipline processes invoked. ”

In addition in this report under the heading SVA referrals to and from BCC June-Sept 2012 it is recorded that there were 42 referrals and of those 6 have had sufficient evidence to prove abuse occurred. These appear not to involve staff other than two cases referred to above relating to hospital acquired skin damage.

Comment

These two cases were investigated by the relevant Matron. This was in accordance with the BHT Discipline Policy which says:

“...the line manager or other appropriate manager undertakes a thorough investigation to establish the facts and determine whether there is a case to answer under the Discipline procedure. Allegations and complaints against employees, including clinically related incidents, must be investigated thoroughly and promptly.”

In this case it has been confirmed that there was no consultation with the Adults LADO as this course of action is not included in the Discipline Policy.

The HR department has provided some information previously collected in response to a Freedom of Information request. Since December 2010 there were eight cases involving sexual misconduct between adults. These involved a range of staff – five were dismissed, two were decided as having no case to answer and one case resulted in a first written warning. Four of these eight cases were referred to the police but there is no information about any LADO involvement and this may have not been relevant depending on what contact the staff had with children or vulnerable adults. One case involved a member of staff sending sexually explicit text messages to a former patient and this member of staff was dismissed and referred to the Nursing and Midwifery Council.

The minutes of the Healthcare governance committee of 5/3/13 include information that “a paper was tabled which detailed the number of incidents relating to cases of sexual impropriety to date since 2010 and gave assurance that these were handled appropriately and in accordance with trust guidelines and policies. A discussion took place at this meeting with reference to the cases where there was found to be no case to answer and the rigour of the associated process.

There are also 2 cases of sexual assault on adults involving medical staff, which are still under police investigation.

Children

The Trust has reported 5 cases since 2010 where there has been Children’s Services LADO involvement. In two of these cases the members of staff’s own children were the subject of child protection plans and so the Transfer of Risk protocol was used. In another case two members of staff were suspended due to inappropriate behaviour (emotional abuse) towards a young person in the

Spinal Unit. One member of staff resigned and information was subsequently shared with her new employer. The other member of staff was provided with training and allowed to work under close supervision, in another area, not with children and young people. In the final case the matter is ongoing and outcome not yet determined.

The Safeguarding Team are also reported to have liaised with the LADO and BHT Human Resources when information has come to their attention regarding staff whom 'issues of concern' have been raised' and there is potentially a 'transfer of risk' (BSCB Transfer of Risk Protocol - Child Protection and Suitability Concerns Relating to Parents/Carers who work with children and a risk assessment is undertaken as appropriate.

Comment

This is recent guidance which could equally apply to the adult workforce and is under consideration by the BSVAB.

Recommendation 31

That BHT incorporate the Transfer of Risk Guidelines into relevant policies.

The Trust is conforming to BSCB and national guidance in respect of allegations made against staff working with children and young people - including utilising the Transfer of Risk Protocol when appropriate.

The HR department have reported that the Trust is reviewing the Discipline Policy, Maintaining High Professional Standards, and Volunteer documentation to include a specific reference to the LADO, making the responsibilities of all staff clear. There is also a proposal that a meeting be arranged as a matter of urgency between the Children's and Adult's LADOs, the BHT Children's and Adult's Safeguarding Leads and the Assistant HR Director to clarify roles and responsibilities and update policies and protocols with regard to Allegations so as to secure consistency in their management and adherence to national and local guidance.

5d) Staff support

Staff who are the subject of allegations are supported by Occupational Health and offered counselling. The Discipline Policy includes the provision for a fellow employee to act as a point of support for a member of staff undergoing disciplinary procedures.

Recommendation 32

That the Trust promotes the use of the BSCB Leaflet for the Subject of Allegations in cases involving children or equivalent for adults and reference this in relevant policies.

Audit Section 6 – Reporting Investigating and Recording

See sections 5, 7 and 9.

Audit Section 7 – Managing Complaints and Whistle Blowing

7a) Whistle Blowing Policy

The Trust has a Whistle Blowing Policy (January 2012) but there is no reference to the allegations against staff process in it. The policy states that the relevant designated person is Person B which is in contrast to vulnerable adults training slide referred in section 5a where Person A is named. There is no specific whistle blowing reference in the corporate induction training and in interview the preferred terminology was “raising a concern”.

The policy places considerable emphasis on how those raising their concerns:

- will be taken seriously and concerns will be investigated;
- are given an unequivocal guarantee that they will be protected against victimisation.

There has been a whistle blowing audit in 2012 which found a slight decrease (68% down from 71%) in those who would feel safe in raising a concern – see results table below.

Question	Median Acute Trust 2012	BHT 2012	BHT 2011	BHT 2010	BHT 2009
If you were concerned about fraud, malpractice or wrongdoing would you know how to report it?	89	88	84	87	77
Would you feel safe raising your concern?	72	68	71	67	No comparison
Would you feel confident that your trust would address your concerns?	54	46	44	44	No comparison

As a result of this audit certain actions were undertaken during 2012:

- ‘How to raise concerns’ was included in the Chief Executives Team Brief.
- Communication sent out to the 300 managers and leaders to remind them that the Trust will take all concerns seriously and deal with appropriately.
- The whistle-blowing flyer was re-published in late 2011 and in January 2013 with more emphasis on reassuring staff that the Trust will address their concerns.

- An All User email – explaining how to raise concerns, reassurance about feeling safe – raising a concern and instilling confidence that the Trust will act on issues raised. (– in staff bulletins which are sent to all users).
- An e-learning module on whistle-blowing and raising concerns in the workplace has been developed and launched. Just over 50% of staff (3385) completed the training.
- Posters and ad-hoc updates in respect of raising concerns in the workplace placed on Trust Notice Boards and in Communications Bulletins.

A whistle blowing tracker is held by the Director of HR and OD which records issues of concern raised by staff or users of the service. Ten potential cases were recorded in 2012, all of which were investigated and the relevant Director or CEO notified.

Comment

The Trust has been proactive in responding to the findings of last year's whistle-blowing audit.

7b) Effective complaints systems

The Trust has a detailed Policy on Responding to Concerns, Complaints and Compliments dated July 2012. There are definitions of the terms complaint and concern but no reference to allegations against staff. Paragraph 8 provides a list of complaints not dealt with under this policy but again allegations against staff are not mentioned. Information on how to make a complaint is available on the Trust website, on posters and in a patient information leaflet. There is a dedicated Patient Advice and Liaison Service (PALS) at each of the three hospital sites, who can be contacted by telephone or email. There is a dedicated PALS area in the Wycombe reception with a wide variety of leaflets and patient information available.

There is a process with timescales for responding to both verbal and written complaints. The Trust uses a variety of templates for initial responses and the policy includes detailed flow charts.

There is a separate Procedure for Aggregating Data and Learning from Incidents, Complaints and Claims. This states that “the Trust must obtain robust assurance that the organisation is learning from feedback as a result of incidents, claims and complaints through clear internal processes that can demonstrate tangible outcomes”. Responsibility for this is delegated to the Healthcare Governance Committee.

There is also a Risk Monitoring Group which has representation from every Division in the organisation and this group is responsible for communicating the quarterly reports relating to data and learning from incidents, complaints and claims to their Division in accordance with the Divisional governance arrangements.

Complaints are categorised into a variety of subjects including communication, care, confidentiality, courtesy and compassion and behaviour and attitude of staff. There is a record keeping system known as Datix which records complaints and their outcome. There was a recent suggestion that safeguarding be added as a category but it was explained that this would not be helpful as it could result in an allegation being dealt with under the complaints procedures.

The only clear distinction between a complaint and an allegation is contained in the CP policy – as detailed in Section 5a.

There is no specific child friendly complaints information.

7c) Referrals made to the Disclosure and Barring Service

No information has been provided by the Trust and there is no reference to referrals in policy documents other than in Section 11 of the BSVAB Allegations against Staff Management Procedures. However in the Discipline Policy 9.8 it states that *“the Trust will report instances of substandard performance or conduct to the appropriate body, as well as carrying out its own investigation and taking disciplinary action where necessary”*.

The Conduct and Capability Policy for medical staff also states *“where serious allegations affect patient safety” (para 33) the case manager has a duty to consider reporting the matter to the General Medical Council or General Dental Council*.

The HR department has reported that outcomes of disciplinary and/or capability procedures are recorded on individual case files and in the case referred to in section 5a – the member of staff who was dismissed for sending sexually explicit texts to a former patient was referred to the Nursing and Midwifery Council.

Audit Section 8 – Promotes awareness for children, young people, their parents/carers and vulnerable adults

8a) Awareness of rights to be safe

There are a variety of posters and leaflets (such as NSPCC, BSCB) available in areas where children and young people are predominantly seen, namely A&E/PDU, Children’s Ward (playroom/school) and Out Patients Department. There are also themed displays around ‘child safety & accident prevention’ in children’s areas i.e. risks of children ingesting liquid or tablets. There was a particularly detailed and attractive display in the Children’s Out Patient Department at Wycombe Hospital but no posters of relating to any safeguarding related topic in the Wycombe Minor Injuries and Illness Unit at Wycombe.

There are also posters sign-posting parents/carers re: Children’s Centres and information re drug abuse, children missing education and private fostering.

For adults, there are a variety of posters re: BSVAB and domestic violence awareness available in appropriate areas e.g. Maternity, Ante-Natal, A&E etc. These included a poster encouraging people to disclose vulnerable adult abuse and a vulnerable abuse response flowchart.

Comment

There was some inconsistency in the distribution of posters and other patient literature – for example more safeguarding vulnerable adult posters at Stoke Mandeville. Posters were said to be removed by Infection Control staff.

Recommendation 33

To promote a more consistent distribution of safeguarding related materials across all BHT sites.

8b) How to raise concerns

Children, young people, and families are made aware how to raise concerns via posters displayed in prominent areas, with both local contacts via First Response and national contact numbers NSPCC.

8c) Information format

The trust uses interpreters for children and families as appropriate and use play-therapists when working with young children. School teachers work with children and young people whilst inpatients both short and long-term and offer good support.

Matrons' Rounds also offer an opportunity for children and young people to express their views.

Out Patients Department use text messaging for sending appointment reminders to parents re children and young people's attendance.

Web-sites are currently under development:

- Occupational Therapist site due to be launched April 2013.
- Health Visitors site currently being developed.
- Physiotherapist – funding obtained for development.

The Mental Health Team can be called to help communicate with patients or family members who are unable to communicate effectively due to mental health issues.

Audit Section 9 – Internal Monitoring

Safeguarding arrangements

The Lead Professional for Safeguarding Children has reported that the Trust has not had a robust system for collecting data on Children’s Social Care referrals and so it has not been possible to provide this in the requested format. However this audit has been provided with some case examples over 5 year periods which demonstrate that all sections of the organisation have made CP referrals in a variety of circumstances. Of 26 cases, 6 referrals resulted in strategy meetings, 3 pre-birth assessments, and 1 referral to CAMHS. For 9 cases there is no outcome recorded. This has been explained as due to referral feedback not being readily available and because patients are often being treated for a short period of time. Follow up information is routinely shared with GPs Health Visitors and other community services.

There is a safeguarding /child protection work plan which includes an action point relating to all referrals asking all practitioners when making a referral to Social Care to ensure a copy is sent electronically to the Child Protection ‘generic’ email box. In addition the work plan includes an audit document to monitor the quality and content of referrals, how they were transferred and whether feedback on the outcome was secured.

Safer recruitment – see section 4k

Allegations against staff management

No allegation against staff management data has been provided by the Trust other than in reference to the sexual impropriety cases in Section 5a and the allegations against staff entry in the Vulnerable Adults Healthcare Governance Report June – September 2012 also in Section 5a. However information from the Children’s LADO shows that since 2008 there have been 8 cases referred for consultation but only 1 of these came from a health worker – the others were referred by Children’s Social Care or the Police. The cases, apart from one from Operation Yewtree were about concerns about intra familial physical or domestic abuse. All resulted in no further action and as far as can be ascertained no staff were dismissed or referred for Barring.

Complaints management

The Healthcare Governance Quarterly Report contains data about number and types of complaints. For example in Quarter 1 2012/13 the overriding majority of complaints was about delays, cancellations and waiting times (157 out of 338) and 29 about behaviour and attitude of staff. During this period there were 701 compliments. This report examines complaint trends and outcomes and includes commentary on responses to significant issues.

The Trust has introduced a structured programme of “Board to Ward” unannounced visits.

The unannounced visits will document the key issues or developments facing the area to be visited. Following the visit outcomes will be reported to the Board and fed back to the visited areas and action plans put in place to address any recommendations made. The visits will also be used to share exemplar work.

Whistleblowing management/Staff feel confident in raising concerns about unsafe practice

See whistle blowing audit section 7a.

Strategic issues arising from above.

Concerns from public and staff/volunteers responded to.

See section 7.

Recommendations

Section 1

- 1 That the safeguarding team organisation chart be amended to make clear the overarching safeguarding responsibility of the Chief Nurse.
- 2 To consider the appointment of a Named Doctor for Vulnerable Adults.
- 3 That consideration is given to safeguarding achieving a standing agenda status at, at least alternate meetings and at any other meeting in the intervening interval, if a safeguarding concern were to emerge.
- 4 That safeguarding leads be invited to present the report and answer questions so as to enable more detailed scrutiny.
- 5 That amendments be made to the Trust website to give safeguarding a higher profile and that the safeguarding policies are more accessible and to incorporate links to the BSCB and BSVAB.
- 6 To confirm that the PFI contractors have safeguarding awareness and know how to report concerns.

Section 2

- 7 That the proposed Deputy Named Nurse for Vulnerable Adults be appointed to support the Named Nurse.
- 8 To ensure that all contact details for safeguarding staff are updated in the various policies/website etc as soon as any changes are made.
- 9 To ensure that all senior staff with safeguarding responsibilities have this included in their job descriptions.
- 10 To include allegation management responsibilities in the relevant Named Senior Officers job descriptions.

- 11 That a Vulnerable Adults Supervision Policy be developed or specific reference to Vulnerable Adults issues be incorporated in the BHT Clinical Supervision policy.
- 12 To introduce a short clear safe working guidance handout as discussed above.
- 13 That volunteers be issued with tabards or polo shirts so as to provide clear and visible evidence of volunteer status.
- 14 That security arrangements be increased to achieve an appropriate level and consistent standard of surveillance and recording for all vulnerable groups across all three sites.

Section 3

- 15 To review and update both Safeguarding Policies to reflect latest national guidance and terminology.
- 16 That consideration be given to the introduction of shorter summary policy documents to facilitate accessibility to staff contractors volunteers and members of the public.
- 17 To ensure training attendance data is accurate.
- 18 To review all Level 1 training including e-learning to ensure it meets the requirements of the intercollegiate document and to review the effectiveness of the new training arrangements.
- 19 To continue to push mandatory training at every opportunity and to review compliance with training requirements as part of the appraisal process and consider sanctions for those who do not attend.
- 20 To include safeguarding training in volunteer induction.

Section 4

- 21 Ensure safeguarding achieves a higher profile in the recruitment process so as to reinforce the message to potential applicants that the organisation is not a soft target for any anyone who might be unsuitable to gain access or pose a risk to children and vulnerable adults.
- 22 To update the policy to include changes in terminology and more recent safe recruitment developments e.g.
 - commitment to safeguarding in all adverts;
 - safeguarding and whistle-blowing responsibilities in all JDs;
 - at least one references obtained before interview – especially in posts working with the most vulnerable patients;
 - full employment history sought;
 - interview to contain safeguarding related questions and flexibility to ask questions relating to application, references and previous answers – not just a set of core questions to each applicant.
- 23 More staff to receive staff recruitment training.

- 24 That the recruitment policy and management guidelines be amended to clarify and give further information on how any risk of associated with a criminal record positive disclosure is managed and recorded.
- 25 To review guidance and practice with regard to statements of good character of applicants who have lived in countries not covered by the DBS.
- 26 To amend policy and practice to request full employment history.
- 27 To adopt a Trust interview policy which questions all staff's attitude for working with children and vulnerable adults.
- 28 To give safer working practice a higher profile - the BSCB leaflet focuses on the children's workforce. Include professional boundaries and e-safety.
- 29 To adopt the NSIC code of conduct or equivalent across the Trust.

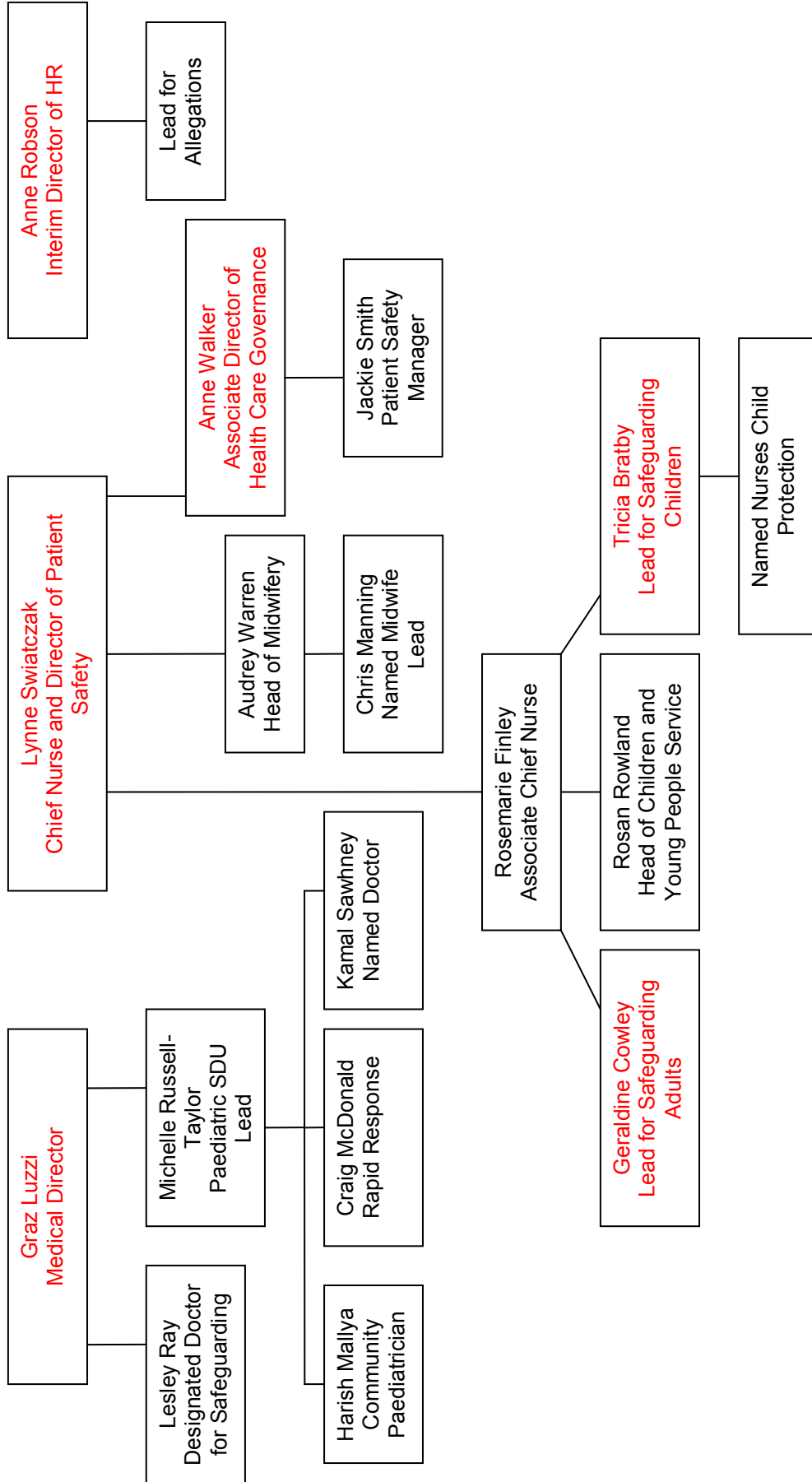
Section 5

- 30 That the Trust develops a specific Allegations against Staff Management Policy or reference and promote the use of the BSVAP policy to a wider audience. The policy must promote the need for consultation with the relevant LADO and ensure robust recording in addition to any on individual HR files and include outcomes and referral to relevant bodies.
- 31 That BHT incorporate the Transfer of Risk Guidelines into relevant policies.
- 32 That the Trust promote the use of the BSCB Leaflet for the Subject of Allegations in cases involving children or equivalent for adults and reference this in relevant policies.

Section 8

- 33 To promote for a more consistent distribution of safeguarding related materials across all BHT sites.

Safeguarding Leadership Team (Red = staff interviewed as part of this audit)



Care Quality Commission (CQC) Reports

The CQC is the independent regulator of all health and social care services in England. Outcome 7 Regulation 11 relates to “Safeguarding people who use services from abuse” and the BHT is required to provide evidence to CQC that it fulfils the requirements to meet the relevant standards. This evidence is uploaded on the BHT ‘q’ drive which would be made available to the CQC if they visit. The evidence is signed off by the BHT Executive Lead – (the Chief Nurse and Director of Patient Care) and is presented to the Trust Board to demonstrate assurance of compliance.

Section 7A

Provide evidence that demonstrates that people receive a service from a provider who takes steps to prevent abuse and does not tolerate any abusive practice should it occur. The provider minimises the risk and likelihood of abuse occurring in the ways outlined in section 7A. (policy, training, raising concerns, lessons learned).

The evidence for 7A provided includes as follows:

*Child Protection Training is provided for **all Trust Staff** at Level 1 (e-learning and face-to-face at Trust induction).*

Other data provided shows that this is not the case see CQC Visit Report below.

CQC Visits

Wycombe Hospital received a routine inspection visit in July 2012 and the judgement was that all standards including Section 7 were met.

Amersham Hospital received a CGC visit in March 2013 in response to concerns that standards weren’t being met. Four standards were inspected and the judgement was that:

- **Care and welfare of people who use services** – Met this standard.
- **Safety, availability and suitability of equipment** – Met this standard.
- **Supporting workers** – Met this standard.
- **Staffing** – Action needed as the provider was not meeting this standard.

“Staff were under considerable pressure to meet people’s needs in a timely manner. There were not enough qualified, skilled and experienced staff to meet people’s needs”. It was judged that this was having a minor impact on people who use the service, and the provider was told to take action. BHT was required to send CQC a report to say what action they are going to take to meet these essential standards by April 23 and to advise CGC when the compliance actions are completed.

Stoke Mandeville Hospital

Two CQC visits were made in February and March 2013 in response to concerns that standards weren't being met. Five standards were inspected and the judgement was that:

- **Care and welfare of people who use services** Met this standard.
- **Cooperating with other providers** Met this standard.
- **Safety, availability and suitability of equipment** Met this standard.
- **Staffing** Action needed.
- **Supporting workers** Enforcement action taken.

Staffing – *Staff on wards 6, 8, 9 and St Andrews were under considerable pressure to meet people's needs. A significant number of shifts were filled with bank or agency staff. However, the impact on the workload of permanent staff was high. There were not enough qualified, skilled and experienced staff to meet people's needs.*

It was judged that this has a moderate impact on people who use the service, and the provider was told to take action and provide information to CQC when this has been done.

Supporting workers – *The provider was not meeting this standard and did not have suitable arrangements in place to ensure all staff were supported through appropriate training, supervision and appraisal, to enable them to deliver appropriate care.*

The concerns centred on lack of staff supervision and appraisal.

The trust provided staff appraisal figures which reflected the percentage of staff that had had an appraisal between February 2012 to January 2013 broken down by division medicine, specialist services, surgery and intensive care – 28.44%, 54.07%, 55.92% respectively.

By professional group these were: nursing and midwifery, HCA, medical and dental- 47.15%, 36.46%, 21.56% respectively. This meant low numbers of staff across all groups had been appraised in the last year, particularly in the division of medicine.

The trust reported overall statutory training attendance for November 2012 for integrated medicine, specialist services and surgery and critical care was 54%, 71% and 66% respectively. This meant low numbers of staff, particularly in the division of medicine, were up to date with mandatory training.

This was judged to have a moderate impact on people who use the service and enforcement action was taken against the provider. A warning notice was served to be met by 31/5/13.

A letter from the Chief Executive has since been posted on the intranet in response to the CQC judgements.

Appendix 5: Ernst and Young Independent Audit of Charitable Trust Fund Process





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Private and confidential

Tom Travers, Director of Finance, Buckinghamshire Healthcare NHS Trust (Commissioner for this work) and

23 August 2013

Dr Androulla Johnstone, Chief Executive, Health and Social Care Advisory Service (Leading the Speaking Out local oversight team.)

Dear Tom and Androulla

Charitable Fund Donation Review Report

We have performed the procedures agreed with you and set out below with respect to charitable fund donations. Our engagement was undertaken in accordance with the International Standard on Related Services 4400 applicable to agreed-upon procedures engagements. The procedures were performed solely to assist you in setting out the donations made to the various charitable funds in place in relation to the Trust and predecessor organisations and are as follows:

1. Pull together in one file the information available on charitable fund donations between 1965 and 2005 from the following sources:
 - a. The records in the charitable fund office through prior agreement with the police.
 - b. The records that the Trust can access from its off-site archive, the local records office, the charity commission and other administrative records they have of correspondence regarding charitable funds.
2. Set out the information in a cross referenced file so that the Trust can see clearly what is available.
3. Produce a spreadsheet listing by year the donations made to the charitable fund / Stoke Mandeville Hospital and showing where no information has been found.

Our detailed findings are set out in the following report and appendices:

- A. With respect to item 1 we attach:
 - Appendix A – Initial information request.
 - Appendix B - Documents and related correspondence reviewed as part of the work.
- B. With respect to item 2 we attach:
 - Appendix C – Information sourced from document searches - indexed to a separate cross referenced hard copy files.
- C. With respect to item 3 we attach:



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► Appendix D – Transactions identified in the information supplied.

Because the above procedures do not constitute either an audit or a review made in accordance with International Standards on Auditing or International Standards on Review Engagements (or relevant national standards or practices), we do not express any assurance on the validity of the information or any judgements that the Trust or local investigation team may form from this.

Our report is solely for the purpose set forth in the first paragraph of this report and for your information and is not to be used for any other purpose or to be distributed to any other parties. This report relates only to the accounts and items specified above and does not extend to any financial statements of Buckinghamshire Healthcare NHS Trust (the Trust). To the fullest extent permitted by law, we do not assume responsibility to anyone other than the Trust for this report.

Yours sincerely

Maria Grindley

For and on behalf of Ernst & Young LLP

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In March 2010 the Audit Commission issued a revised version of the 'Statement of responsibilities of auditors and audited bodies' (Statement of responsibilities). It is available from the Chief Executive of each audited body and via the [Audit Commission's website](#).

The Statement of responsibilities serves as the formal terms of engagement between the Audit Commission's appointed auditors and audited bodies. It summarises where the different responsibilities of auditors and audited bodies begin and end, and what is to be expected of the audited body in certain areas.

The Standing Guidance serves as our terms of appointment as auditors appointed by the Audit Commission. The Standing Guidance sets out additional requirements that auditors must comply with, over and above those set out in the Code of Audit Practice 2010 (the Code) and statute, and covers matters of practice and procedure which are of a recurring nature.

This Audit Results Report is prepared in the context of the Statement of responsibilities. It is addressed to the Members of the audited body, and is prepared for their sole use. We, as appointed auditor, take no responsibility to any third party.

Our Complaints Procedure – if at any time you would like to discuss with us how our service to you could be improved, or if you are dissatisfied with the service you are receiving, you may take the issue up with your usual partner or director contact. If you prefer an alternative route, please contact Steve Varley, our Managing Partner, 1 More London Place, London SE1 2AF. We undertake to look into any complaint carefully and promptly and to do all we can to explain the position to you. Should you remain dissatisfied with any aspect of our service, you may of course take matters up with our professional institute. We can provide further information on how you may contact our professional institute.

1. Summary of findings

Our findings are summarised under each of the review objectives below.

1.1 Pull together the information available on charitable fund donations between 1965 and 2005.

1. We provided the Trust with a document request at the commencement of the work. The Trust was unable to provide the information in the format requested and instead provided a number of archive boxes containing assorted documents. The content of each of the boxes was reviewed and information relevant to the review extracted and referenced. The boxes were not clearly referenced and the majority of the contents were superfluous to our review.
2. The Speaking Out Investigation Team made their scanned documents available and these were scrutinised for relevant financial records and references to the flow of charitable donations and other funding through the Hospital's Charitable Fund accounts. We undertook detailed document searches in order to gather information.
3. The information sources made available to us did not cover the complete time period from 1965 to 2005 and there was limited financial information available relating to the years prior to 1988.
4. Annual accounts and related financial papers for each year were not initially available. However, some were subsequently extracted through document searches.
5. We reviewed the records held at the Charitable Fund Office at Stoke Mandeville Hospital. Financial records were found to be sparse. Boxes held in the office mainly contained papers relating to the Spinal Injury Unit appeal, copies of thank you letters issued to donors, related correspondence and memorabilia. No financial ledgers were located.
6. The Speaking out Investigation Team contacted the Charity Commission. Information provided by the Charity Commission related mainly to the period post 2005 although there was some information which has been included in our documentation. The Charity Commission explained that "...despite a significant volume of material that contained the key words, there is very limited material that could be found which dates from before 2003, and which (also) relates to the three hospitals / their charities ..."
7. Due to the information deficiencies as noted above, we have only been able to produce a snap shot of the flow of charitable funding into the hospital and the overall context. There are significant gaps in both financial and non financial information.
8. Appendix A contains the original document request and Appendix B contains a list of documents and related correspondence reviewed as part of this work.

1.2 File the information in a cross referenced file.

9. Appendix C contains a summary of the key documents that support our financial analysis and chronology of events. This is indexed and cross referenced to the hard copy files.

1.3 Produce a spreadsheet listing by year donations made to the charitable fund(s) or Stoke Mandeville Hospital also showing where no information was found.

10. We identified the following charitable funds based on the information provided by the Trust which are relevant to our review (Appendix D)
- a. Stoke Mandeville Funds Held on Trust (Charity number 1050385)
 - ▶ Financial records obtained for the 10 financial years period 1993 to 2004. This Trust Fund contains general donation and legacy income relating to the Hospital as a whole. We have charted the flows of income into the fund for each of the financial years for which we have information.
 - ▶ Appendix D shows total income for each of the years; the proportion relating to donations and income credited directly to earmarked reserves. The accounts provide a high level analysis of donation income.
 - b. South Bucks Charitable Funds (Charity number 1053113)
 - ▶ Financial records obtained for 9 full financial years, period 1996 to 2005. From 26th April 1995 charitable funds previously held by Buckinghamshire Health Authority transferred to South Bucks Health Authority. No accounts for Buckinghamshire HA were available for prior years. We have charted the flow of income into the fund for each of the financial years for which we have information.
 - ▶ Appendix D shows total income for each of the years; the amount of that total income relating to donations and income credited directly to earmarked reserves. The accounts provide a high level analysis of donation income.
 - c. Jimmy Savile Stoke Mandeville Hospital Trust Fund (Charity number 283127)
 - ▶ The Charity Commission confirmed in their letter dated 2 August 2013 that despite its name this charity was independent of the NHS charities and of the Hospital Trust. The Fund was established in 1981 to coincide with the fund raising campaign for the construction of the National Spinal Injury Centre. It would have been most active between 1980 and 1984 when the Centre was being constructed but financial information for this period could not be located. Following the completion of the National Spinal Injury Centre the objectives of the Fund were extended to provide additional funds for the purchase and maintenance of equipment and ancillary facilities at the hospital.
 - ▶ Annual Accounts have been obtained for seven financial years; period from 1988 to 1998, although not continuous and also for 2004/05. The accounts show two main sources of income; one from investments and the other from public donations. Payments from the Fund were classified as expenditure on buildings improvement and maintenance and equipment and show a steady stream of payments for each of the years. Levels of expenditure were relatively consistent between years for the period where information is available although there are small fluctuations as shown in Appendix D. 1989/90 and 2004/05 stand out as exceptional years where expenditure was significantly above the norm at £481,000 and £688,000 respectively. The accounts do not itemise the expenditure. For each of these years there was a corresponding deficit on the Fund which offset against reserves in the following accounting period.
 - d. Jimmy Savile Charitable Fund (Charity number 3269700)

Overview of the financial statement audit

- ▶ In addition to the above Charitable Funds we located the financial accounts for the Jimmy Savile Charitable Fund for the years 1988/89; 1989/90; 1992/93; 1995/96; 1996/97 and 1997/98. This Fund is not an NHS charitable fund or in any direct way linked to the hospital but it is of interest because it records donations received and payments made in respect of Stoke Mandeville Hospital; specifically in relation to the MRI scanner.
- ▶ Its registered office is given as SM Hospital. The accounts also record details of donations made by the Fund to other beneficiaries. Stoke Mandeville however is not listed by name although it is understood that the transactions around the MRI scanner are Stoke Mandeville related. The accounts show substantial payments made by the Fund for maintenance of the MRI scanner; 1995/96; 1996/97 and 1997/98. Accounts for subsequent financial years could not be located so it is not possible to confirm that annual maintenance payments continued.

Status of our work

2. Observations

11. We have made a number of observations which are summarised as follows:

- ▶ The information trail was poor which reduced the amount of financial information we were able to access to complete our spreadsheet. There were gaps in key financial documents and related records, the information was not catalogued or indexed and much of the information from a number of years ago could not be found.
- ▶ From the information we were provided with, the governance arrangements over the custody of donated funds appeared weak in comparison to governance requirements in the NHS nowadays. This is an area that has been strengthened across the NHS over recent years. For example, the information we reviewed did not demonstrate a clear separation of duties between the stewardship responsibility for the charitable funds and the fund raising activities themselves. The Charitable Funds were maintained outside of the NHS and within the direct control of the fund raiser. The practical impact of this was that the principle fundraiser was able to influence the administration of the funds without the checks and balances that present day governance structures would impose.
- ▶ In looking at spend from the charitable fund in relation to the National Spinal Injury Centre, there was no evidence provided to demonstrate competitive tendering procedures were applied either in the appointment of the architect or the developer. We were unable to locate copies of architect certificates or any form of audit trail supporting the payments made to contractors.
- ▶ There is some doubt as to whether the legal title to the National Spinal Injury Centre was properly determined and registered at the time it was completed. This seemed to be further evidenced by documentation we saw covering the dispute over ownership that occurred in the early 1990s.

independence confirmation update

3. Fees

12. We have delivered the agreed upon procedures in line with the fees set out and agreed with you in the engagement letter. In addition we have kept you informed of the work we were undertaking and the time charged as the work has progressed. The total fee agreed and charged is £15,000.

Required communications with the Audit Committee

Appendix A Information request 7 May 2013

This is the initial information request in respect of the review of charitable fund donations to Stoke Mandeville and funds under the control of BHT or its predecessor bodies.

Note: items 1 - 4 are in bold to indicate high priority.

- 1. Clarify bodies who carried out fund-raising activities for BHT/Stoke Mandeville during the review period 1965 - 2005; listing name and known status of organisation including BHT, BHT Charitable Trust and all associated and predecessor bodies since 1965.**
- 2. Accounts for organisation(s) involved in fund-raising eg Charitable Funds Accounts, from inception to 2005 to identify the total fund-raising income recorded for each financial year. (Note: may be available from the Charity Commission if not available internally).**
- 3. Annual Report/Trust report for the Charitable Funds (and predecessor organisations 1965 - 2005).**
- 4. Underlying accounting records for the Accounts noted above (manual or electronic) for any period 1965 - 2005 to enable review of fund-raising income sources and timelines. This would typically include relevant ledgers, analysis schedules for accounts preparation in year/year-end and accounting policies and procedures in respect of accounting for fund-raising activities. It is possible that these may form a sub-ledger within the main BHT ledgers in operation for some/all of the financial years under review*.**
5. Charitable Trust Board (and predecessor organisations 1965 - 2005) Minutes/Agenda papers of Trustee Meetings
6. General correspondence for the Charitable Trust (and predecessor organisations 1965 - 2005)
7. Annual Report for BHT (and predecessor organisations 1965 - 2005) to review for information related to charitable fund-raising activities*.
8. Annual Accounts for the Hospital Trust itself, and all predecessor bodies 1965 - 2005 *
9. Trust Board (and predecessor organisations 1965 - 2005) Minutes/Agenda papers of Board Meetings*.

* In later years, BHT accounted for all fund-raising income and expenditure separately via the Charitable Funds Trust, however, this may not have been the case historically and fund-raising activities may have been accounted for within the Hospital Trust Accounts (and predecessor organisations 1965 - 2005).

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Request for a letter of representation

Appendix B Information considered or reviewed.

	Information sources	Process	Outcome
1	Set-up meeting. Updates to establish what, if any, information is or may be available for review.	Meeting held. Updates on site/by telephone/email as applicable (7/5/13 – 7/8/13).	No information available to review. Identified potential sources of information and agreed to review sources for relevant information to inform work.
2	Boxes of assorted paper documents available in Speaking Out office (Approx 25 boxes containing assorted records including some Trust Board minutes). Content of above boxes scanned by Investigation team.	On site review started 7/5/13. Approx 30,000 pages scanned info reviewed.	Hardcopy review initially. Investigation team scanned contents –search continued of scanned documents. Review completed and relevant information transferred to spreadsheet.
3	Internet information review.	General search 2/5/13.	Review completed and relevant information transferred to spreadsheet.
4	BHT Finance team information request.	Via Speaking Out secretariat 7/5/13.	Limited information provided (via CD) and reviewed 4/6/13.
5	BHT All Directorates/departments information request.	Via Speaking Out secretariat.	No relevant information from other functions/departments provided.
6	Review of identified papers held in fund office at Stoke Mandeville Hospital.	Arranged by Investigation Team with Thames Valley Police and Trustee presence.	On site 9/7/13 Review completed and relevant information transferred to spreadsheet.
7	Records office Aylesbury	Investigation team visited on 16/5/13 for initial review for relevant information.	Informed that there is no relevant information held in records office.
8	Charity Commission information request	Investigation team requested information relevant to all charities	Information provided 7/8/13 Review completed and relevant information transferred to spreadsheet.

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Request for a letter of representation

	Information sources	Process	Outcome
		associated with BHT.	
9	Archives listing of BHT archives as provided by the Investigation team.	Requested retrieval of boxes 8/5/13. Searched boxes 21/5 - 23/5/13	Review completed and relevant information transferred to spreadsheet.
10	Stationery cupboard Amersham Hospital.	Initial review 21/5/13 plus follow-up review.	Review completed and relevant information transferred to spreadsheet.
11	Loft/Attic Amersham Hospital.	Via Speaking Out secretariat 17/6/13	3 boxes per archive listing sourced and reviewed 17/6/13 Review completed and relevant information transferred to spreadsheet.
12	Loft/Attic Stoke Mandeville Hospital.	Via Speaking Out secretariat 17/6/13	Assorted files and boxes brought to AHT and reviewed 17/6/13 Review completed and relevant information transferred to spreadsheet.
13	Offices Stoke Mandeville Hospital.	Papers identified by Investigation team w/c 13/5/13.	Available 25/5/13. All relevant content reviewed 17/6/13 Review completed and relevant information transferred to spreadsheet.
14	Email archives – IT network archives.	Via Speaking Out secretariat July 13 for specified information to be transferred to network.	Information on network was reviewed 6/8/13. Review completed and relevant information transferred to spreadsheet.
15	Dept of Health information sources.	Investigation team performed initial review 25/6/13.	Informed that there is no information relevant to the charitable funds finance analysis to review.
16	Investigation team interviews.	Follow-up relevant links/information pertaining to finance arrangements for charitable funds.	Informed that there are no issues relevant to the charitable funds finance analysis to follow-up.

Request for a letter of representation

Appendix C Information sourced from documents

The following information is referenced to hard copy files copies of which have been made available to the Local Speaking Out Investigation Team.

Ref	Description
File 1	Charitable Accounts>Returns - Buckinghamshire Healthcare Trust related bodies Period: 1965 - 2005
File 1 <u>Part 1</u>	<p>The JS Stoke Mandeville Charitable Trust Registered Charity no. 283127</p> <p>Accounts 2012/13 Accounts 2011/12 Accounts 2004/05 Accounts for 1997/98 Accounts 1996/97 Trustees report draft only 1995/96 Accounts 1991/92 Accounts 1990/91 Accounts 1989/90 Trustees report draft only 1985/1986 (not dated) Trustees report draft only 1982 (not dated)</p> <p>TRUST DEED 1981 – SIGNED COPY 2/7/1981 Note: Charity Commission have confirmed that the JS SM Charitable Fund is not an NHS Fund.</p>
File 1 <u>Part 2</u>	<p>The JS Charitable Trust Registered Charity no. 326970</p> <p>Accounts 1997/98 Accounts 1996/97 Accounts 1992/93 (extract only)</p>
File 1 <u>Part 3</u>	<p>SMHT CHARITABLE FUNDS ACCOUNTS [registered 1995 – 1050885]</p> <p>SMHT Funds Held on Account by Buckinghamshire Hospitals NHS Trust 2003/04 Note: different title to prior years Accounts 2003/04 (box 21/5 – AR)</p> <p>SMHT - Charitable Funds Accounts 2002/03 SMHT - Charitable Funds Accounts & Annual Return to the Charity Commission 2001/02 SMHT - Charitable Funds Accounts & Annual Return to the Charity Commission 2000/01 SMHT - Charitable Funds Accounts 1999/00 SMHT - Charitable Funds Accounts 1998/99</p>

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Ref	Description
	<p>SMHT - Charitable Funds Accounts 1997/98 SMHT - Charitable Funds Accounts 1996/97 SMHT - Charitable Funds Accounts 1995/96 SMHT - Charitable Funds Accounts 1994/95</p> <p>Note 1: Mgmt accounts at 31/8/2002 also filed. Note 2: Friends of SM Hospital annual accounts 2003 – 04 also filed for reference.</p>
File 1 <u>Part 4</u>	<p><u>South Buckinghamshire NHS Trust Charitable Accounts</u> <u>Charity No. 1053113</u> South Bucks Charitable NHS Trust 2002/03 Including a note that "South Buckinghamshire NHS Trust merged with Stoke Mandeville NHS Trust on 1/3/2003 to form Buckinghamshire Hospitals NHS Trust. In due course these funds will be transferred to the new organisation".</p> <p>Accounts and Annual Audit Letter extract re level of funds held Accounts 1999/00 Accounts 1998/99 Accounts 1997/98 Accounts in NHS pack format only 1996/97</p>
File 1 <u>Part 5</u>	<p><u>BUCKINGHAMSHIRE HOSPITALS NHS CHARITABLE FUNDS ACCOUNTS</u> <u>Registered charity no. As stated is 1053113</u></p> <p>Buckinghamshire Hospitals NHS Trust – Funds Held on Trust - Charitable Funds Report of Trustees y/e 31/3/05 (i.e. only this extract from a committee paper is available). NOTE: this states that the former charities of South Buckinghamshire and Stoke Mandeville merged under guidance from the Charities Commission.</p> <p>Buckinghamshire Hospitals NHS Trust – Funds Held on Trust - Charitable Funds Accounts 2004/05 (included in Charitable Funds Committee papers)</p> <p>Charitable Funds Committee papers (July 2005) include;</p> <ul style="list-style-type: none"> - Charitable Funds Committee paper on restructure of C/funds - Terms of Reference of Charitable funds committee - Paper on bid for charitable fund expenditure for Jimmy's Dining Room NSIC - Other bids for Charitable funding <p>Buckinghamshire Hospitals NHS Trust – Funds Held on Trust Annual Accounts - 2003/04 DRAFT ONLY Note – includes a note stating that a pooling scheme was registered with Charity Commission 26/3/98 in respect of 3 funds held within this charitable trust.</p>
File 1	<p>SMHT NHS ACCOUNTS</p> <p style="text-align: right;">Copies held electronically</p>

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Request for a letter of representation

Ref	Description														
<u>Part 6</u>	- references as follows: <table border="0"> <tr> <td>2000/01</td> <td>JS21</td> </tr> <tr> <td>1999/00</td> <td>JS13</td> </tr> <tr> <td>1998/99</td> <td>JS12/18</td> </tr> <tr> <td>1997/98</td> <td>JSR06/JST05</td> </tr> <tr> <td>1996/97</td> <td>JSR06</td> </tr> <tr> <td>1995/96</td> <td>JS19/JW04</td> </tr> <tr> <td>1994/95</td> <td>JS18</td> </tr> </table> <p>Note: Various monthly management account reports reviewed but no detail relevant to charitable funds analysis found so not retained.</p>	2000/01	JS21	1999/00	JS13	1998/99	JS12/18	1997/98	JSR06/JST05	1996/97	JSR06	1995/96	JS19/JW04	1994/95	JS18
2000/01	JS21														
1999/00	JS13														
1998/99	JS12/18														
1997/98	JSR06/JST05														
1996/97	JSR06														
1995/96	JS19/JW04														
1994/95	JS18														
File 2	Information related to charitable activities of NHS charities.														
File 2 <u>Part 1</u>	<u>South Buckinghamshire NHS Trust Charitable Accounts</u> <u>Charity No. 1053113</u> Misc papers as follows: May 2002 – Audit Committee agenda paper on “arrangements for charitable funds”														
File 2 <u>Part 2</u>	<u>BUCKINGHAMSHIRE HOSPITAL NHS CHARITABLE FUNDS ACCOUNTS</u> <u>Registered charity no. Stated is 1053113</u> Misc papers as follows: <ul style="list-style-type: none"> • Nov 2005 – Draft paper “Revised arrangements for Charitable Funds” • Oct 2005 – Charitable Funds committee paper on transfer and merger of charities • 2004/05 – Draft 1 Management of Charitable Funds • 25/10/03 – Minutes Clinical Review Panel which notes that Anaesthetic equipment is being paid for from charitable funds. <p>Finance, performance and information committee papers Nov 2004, April – November 2005</p>														
File 2 <u>Part 3</u>	<u>SMH Charitable funds</u> <u>Misc papers as follows:</u> 10/6/2003 – NSIC Trust Fund Expenditure sub-committee which notes a request for funding for seminar room expenditure 15/5/2003 - NSIC Trust Fund Expenditure sub-committee - as above 3/2002 –TB minutes re charitable funds 26/2/03 – Shadow TB minutes- noting Patron of SMH and Chair of SMH to meet to discuss activities.														

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Ref	Description
	<p>Aug 2002 – report with numerical analysis of main funds held within SMH C/Funds</p> <p>Oct 1995 – Presentation to SMH TB on current and future issues facing Charitable Funds including some procedural notes.</p>
File 2 <u>Part 4</u>	<p><u>South Buckinghamshire NHS Trust Charitable Accounts</u> <u>Charity No. 1053113</u></p> <p><u>External Audit papers:</u> Audit Annual Letter extract 2001/01 Management Letter extract 1999/00.</p> <p><u>Internal audit papers:</u> IA report – final (Dec 1998) IA report – draft (Aug 1997) IA working papers/systems notes including some guidance reference material (Aug 1997)</p>
File 2 <u>Part 5</u>	<p><u>BUCKINGHAMSHIRE HOSPITAL NHS CHARITABLE FUNDS ACCOUNTS</u> <u>Registered charity no. Stated is 1053113</u></p> <p>Internal Audit Report Buckinghamshire Hospitals NHS Trust – Funds (Nov 2005)</p> <p>Findings of note within IA report:</p> <ul style="list-style-type: none"> - Noted that deeds for SM funds are not held centrally - Monthly fund statements do not include committed spend - No formal reserves policy - Manual cashbook is held and weaknesses noted with reconciliation process - 2004/05 year end delays in processing noted
File 2 <u>Part 5</u>	<p><u>Search records information</u></p> <ul style="list-style-type: none"> • Finance dept confirmation that no records held other than those supplied • Archive box listing • Scanned document listing
File 3	Information related specifically to SMH charitable activities (via any of the charitable trusts) in respect of NSIC.
File 3 <u>Part 1</u>	<p><u>Correspondence relating to general administration & accounting issues re SM Hospital Fund and NSIC:</u></p> <ol style="list-style-type: none"> 1. Letter Trustee/Treasurer to JS stating policy issue that charity is spending more than it receives and that accounts cannot be kept confidential. Dated 15/4/93 2. Example copy "thank you" letters sent to donators by Secretary on

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Ref	Description
	<p>behalf of JS SM Charity.</p> <ol style="list-style-type: none"> 3. Cheques payable to SMHT form JS SM Charity 1) £7511.77. 2) 7424.55 both dated 16/6/99. No support found for these payments. 4. Letter to Charity Commission from Treasurer JS SM Charity confirming that annual returns had been sent for y/e 1986, 1987 & 1988 but no record of other years so resending all years from 1983 – 1994 inclusive. Dated 31/10/1996 5. Jan/Feb 1995 – list of expenditure for JS Hosp Trust and JS Charitable Trust totalling £71,088. No support available. 6. Example pages copied from one receipt book on site at SM (not a financial ledger) 7. <u>Memorandum from Buckinghamshire Area Health Authority District Finance Officer to JS Appeal Administrator</u> attaching guidance "Procedures for handling donations for JS Spinal Building Appeal Fund" (Dated 5/2/1980)
File 3 <u>Part 2</u>	<p><u>Correspondence re: initial procurement of NSIC;</u></p> <ol style="list-style-type: none"> 1. <u>Buckinghamshire Area Health Authority Meeting notes & internal memorandum</u> covering financing of Spinal Injuries Unit, establishing a Board of Trustees, ownership of building, contractual arrangements, advisory roles and project team (Dated 2/4/1980, 8/4/1980 & 8/5/1980) 2. <u>Letter Buckinghamshire Area Health Authority to Oxford Regional Health Authority</u> re JS Spinal Building Appeal Fund and discussions at prior meetings held October 1981. (Dated 15/10/1981)
File 3 <u>Part 3</u>	<p><u>General correspondence from SMHT management;</u></p> <ol style="list-style-type: none"> 1. <u>Letter from Chief Executive to JS</u>, response to JS letter dated 11 Jan 2000, outlining options for hydrotherapy pool repair and refurbishment and also requesting £300-400k to complete fundraising for replacement MRI (dated 27/1/2000). 2. <u>Letter from Chief Executive to administrator in respect of Savile Building Appeal Fund</u>, includes comments on administration of the fund. Dated 20/5/1993 3. <u>Letter from Administrator JS Appeal fund to JS in respect of published charity statistics –</u> (Dated 21/2/1983),
File 3 <u>Part 4</u>	<p><u>General correspondence from JS;</u></p> <ol style="list-style-type: none"> a) <u>Letter to Trustee on NPIC letterhead</u> re accounts b) <u>Letter to Director of Finance, AHT requesting</u> the Trust to pass any increased cash donations to JS Fund. (11/2/2004) c) <u>Letter to Chief Executive SMHT</u> suggesting compromise to legal issues of ownership (see section 9 below) and query re Physiotherapy pool refurbishment. (Dated 11 Jan 2000)

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Ref	Description
	<p>d) <u>Letter to Chief Executive SMHT</u> stating payments will be on hold until trustees meet. (Dated 22/6/99)</p> <p>e) <u>Letter to Engineer NSIC</u> regarding bills for maintenance (Dated 6/1/99)</p> <p>f) <u>Letter to Chief Executive SMHT</u>. (Dated 19/6/98)</p> <p>g) <u>Statement: NSIC built by public and is owned by Jimmy Saville Stoke Mandeville Hospital Trust</u>. Any change in use will have to be out to Trustees and actions decided. (Dated 23/10/92)</p>
File 3 <u>Part 5</u>	<p>Information: Initial appeal 1980 – 83</p> <p>Refer</p> <ul style="list-style-type: none"> • documents filed in (File 3/part 1) • press articles (File 3/part 10) <p>No ledgers, accounting records found during our information review.</p>
File 3 <u>Part 6</u>	<p>Information: MRI scanner July 1990/Xray Scanner Appeal Fund 1983/replacement scanner appeal 2000</p> <ol style="list-style-type: none"> 1. <u>Letter issued re ownership and use of MRI 1990</u> 2. <u>Letter from Administrator JS Appeal to Treasurers Dept BBH</u> requesting scanner appeal funds to be transferred to Main Appeals Fund – 18/2/83 3. <u>Letter from JS to Administrator stating £400,000 for x-ray equipment</u>, monies received for x-rays to be paid into Appeal to defray costs – 31/1/83
File 3 <u>Part 7</u>	<p>Information: Children's Ward 2004-2005</p> <ol style="list-style-type: none"> 1. <u>Project costs New Children's Ward</u> – summary costs totalling £755k (Dated last entry 24/1/2005) 2. <u>Project costs New Children's Unit</u> – summary costs totalling £744k (not dated) 3. <u>Letter requesting donations from General Manager NSIC</u> to local businesses to for new children's ward. (Dated 2004) 4. <u>Statement from General Manager NSIC about care for children and opening of new ward</u> (Dated October 2005) 5. <u>Safety on Children's Ward – notice</u> (Not dated) 6. <u>Developing Children's Ward</u> – papers & drafts setting out starting principles – Includes various background emails. (2004) 7. <u>Children's ward Project meeting notes</u> (Dated 8/10/2004)
File 3 <u>Part 8</u>	<p>Information: RE: Hydrotherapy pool 2000/2002 & Conservatory project 2008</p> <p>Hydrotherapy pool 2002;</p>

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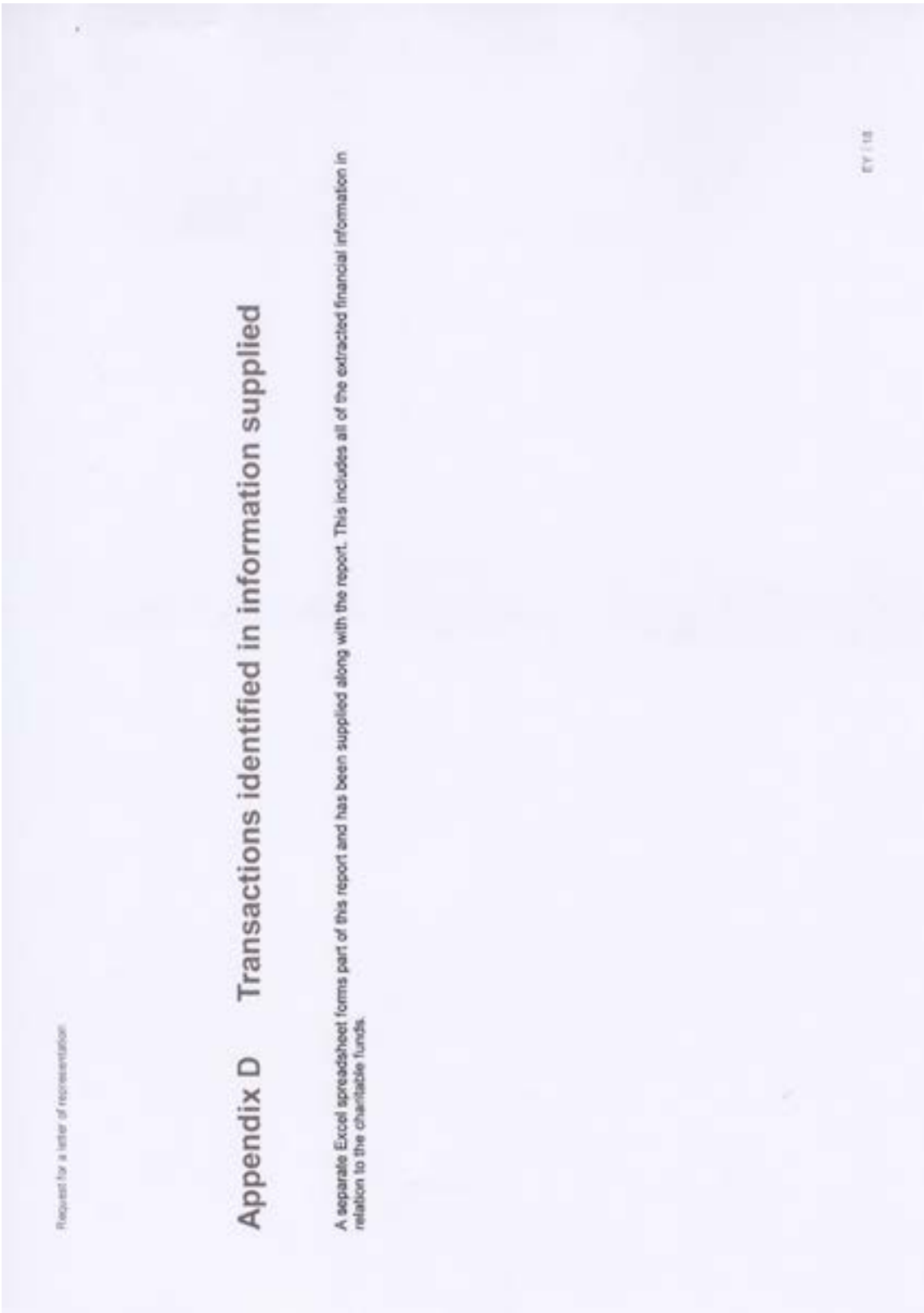
Request for a letter of representation

Ref	Description
	Note letter above (part 4 Jan 2000) noting JS possible funding SMH Charitable fund committee approve bid for £16,000 towards full cost of refurbishing hydrotherapy (no evidence re total funding) <u>Conservatory project 2009- costs approx £100k</u>
File 3 <u>Part 9</u>	<u>Misc correspondence;</u> i. <u>Letter to Chair SMHT from re discussions held with JS and Chief Executive</u> concerning possible changes of use of beds and other facilities at NPIC. (Dated 19 October 1993) ii. <u>Letter from Chair Shadow Board SMH to Barrister.</u> (Dated 18/10/1993)
File 3 <u>Part 10</u>	<u>Correspondence re Title dispute and related issues April – November 1999</u> Various documents x 14 –letters and legal opinions Plus Media articles(x 8) and press statement- July to November 1999.
File 3 <u>Part 11</u>	<u>Extracts from SMH TB minutes which reference JS;</u> 3/2002 – need for a business plan for NSIC 12/1999 – ownership of NSIC clarified and - Trustees do not have a right to direct use of assets - Query level of funds held by JS charities - Raised with charity commission - Chief Executive to meet with JS 6/1998 – JS letter to Chief Executive 1996 – replacement CT scanner - offer of funding from JS (no further detail) 10/1993 – Chief Executive to meet JS to discuss financial issues 10/93 – Query where money raised by JS Charity is spent in hospital and need to know to enable management of funds and impact. Re business plan for NSIC for 1994/95.
File 3 <u>Part 12</u>	<u>Misc Internet search pages.</u> Limited information found on past history of fundraising. Printed pages re charitable activity. More recent press links./articles not printed.
File 3 <u>Part 13</u>	<u>Information from Charity Commission</u>
	<u>Misc notes:</u>
	<u>Note: Underlying Accounting records found for Charitable funds:</u> South Bucks C Funds Cashbook 2005/06, 2006/07 and 2007/08 (box 1195)

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Ref	Description
	Stoke MHT C Funds Cashbook Aug 2004 – March 2008(box 1195) C Funds CB 2004/05 (box 849) 5 Bucks C Funds Cashbooks 2004/05, 2000 – 2004 – different accounts (box 1225) C Funds payment reports 2004/05 (box 849) (Note Box 849 also holds BHT, Wycombe PCT an Chiltern PCT cashbooks 2003/04) 5th Bucks income batches 2005/06, 2006/07 (box 1026/07) outside review period
	<u>SMHT other misc docs to note</u> Aylesbury Vales Health Authority Trust funds Balance Sheet March 1991 (scanned JS22) Paper on Aylesbury Vale Health Authority Charitable Trust Funds - Dated July 1991 (scanned JS22)





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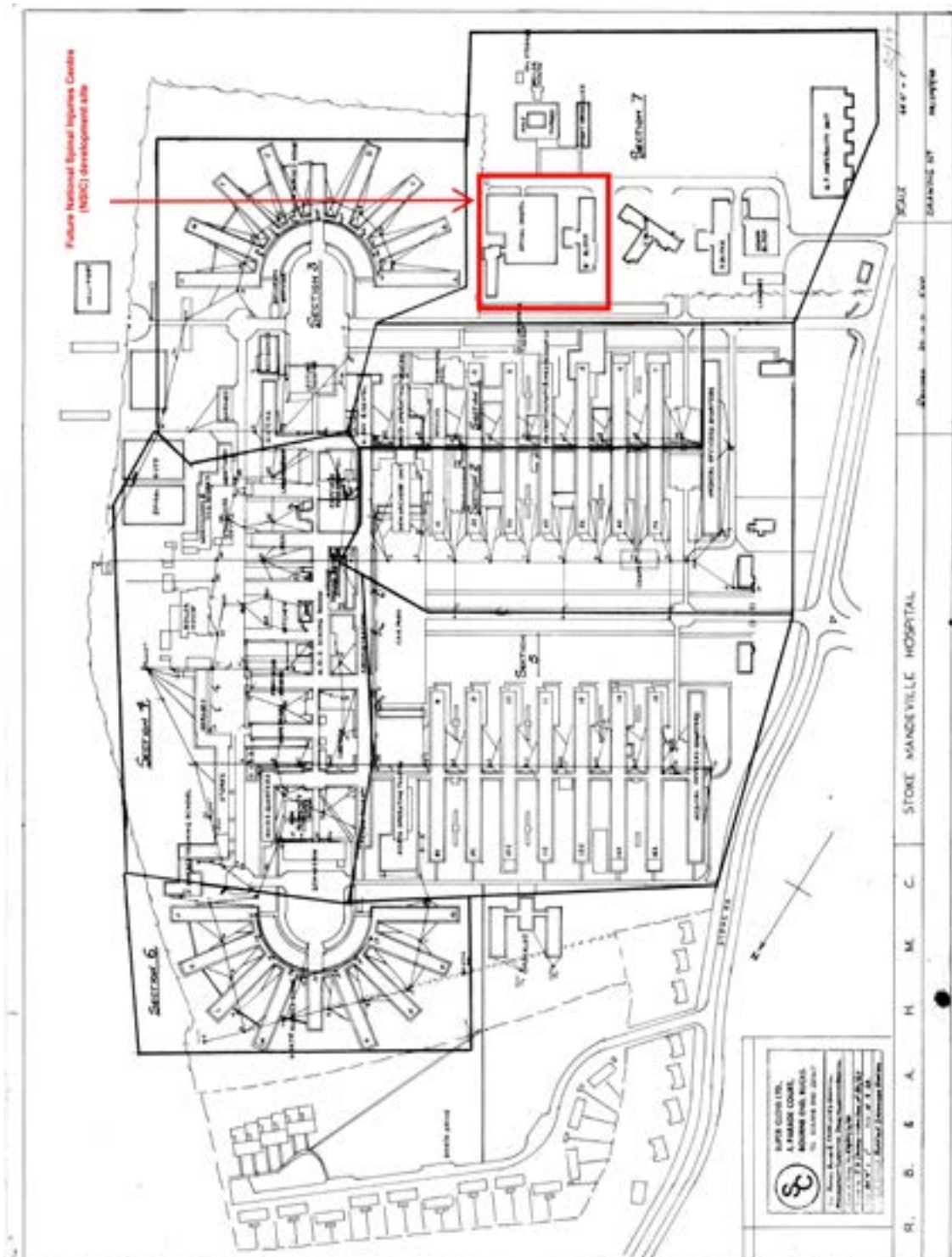
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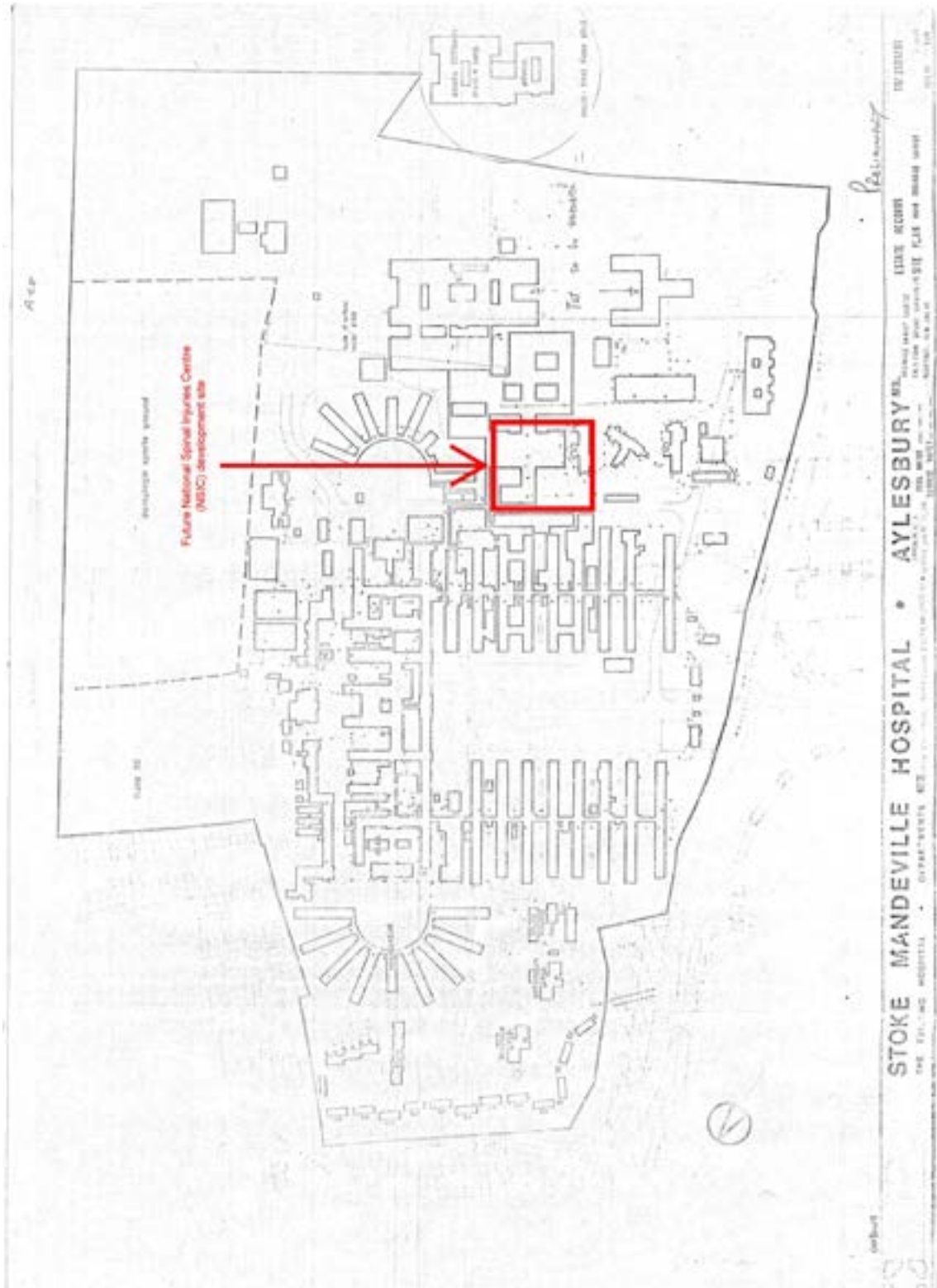
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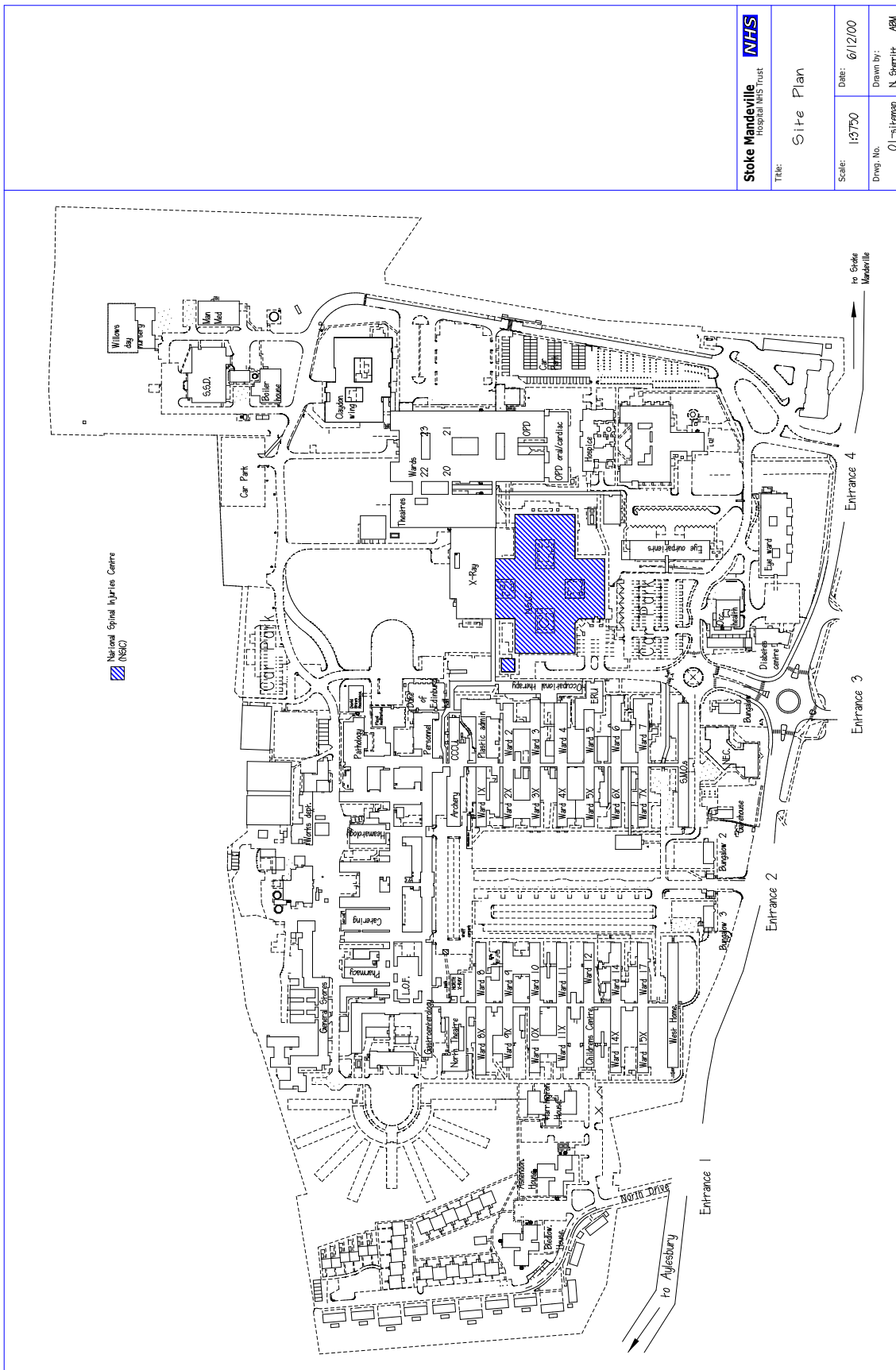
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Appendix 6: Site Plans







Stoke Mandeville HOSPITAL NHS TRUST 	
Title:	Site Plan
Scale:	1:3750
Date:	6/12/00
Drawn by:	N. Gwynn-H
Drawg. No.:	01-siteplan
ABN	

Appendix 7: Safeguarding 'Sign Off' Letter



Buckinghamshire Safeguarding Children Board
4th Floor, County Hall, Walton Street, Aylesbury, Bucks, HP20 1UZ
Tel: 01296 383485 Fax: 01296 382383
bscb-chair@buckscc.gov.uk www.bucks-lscb.org.uk

Anne Eden
Chief Executive Buckinghamshire Healthcare
Trust Offices, Amersham Hospital
Whielden Street
Amersham
Buckinghamshire
HP7 0JD



16th April 2014

Dear Anne

Re: Audit of Hospitals' Safeguarding Framework by the Safeguarding Children's and Adults' Boards

The project group of the Safeguarding Children Board and the Safeguarding Adult Board has now completed its scrutiny of the implementation of the action plan arising from the audit.

All aspects of the action plan have been implemented, and it is clear from the information provided to the project group that the culture of safeguarding in relation to both adults and children has strengthened within the hospitals.

We are aware that a considerable amount of work went into the implementation of the action plan and that this required commitment from staff at all levels throughout the organisation. The Project group has asked me, through you, to thank the staff for their contributions to strengthening the culture of safeguarding in the hospitals in Buckinghamshire.

As you are aware, the work of safeguarding is never completed, and we shall continue to work with the hospitals through the section 11 audit process and other forms of review to continuously strengthen safeguarding in Buckinghamshire.

Once again, I thank you for your assistance.

A handwritten signature in blue ink, appearing to read "D. McPhail".

Donald McPhail
Independent Chair, Buckinghamshire Safeguarding Children Board

