

**Investigation into the allegations made regarding
Jimmy Savile in relation to
The Mid Yorkshire Hospitals NHS Trust**

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1. Introduction

Operation Yewtree was launched in response to the broadcast of ITV's Exposure programme on 3rd October 2012. This broadcast detailed five women's accounts of being sexually abused by the late Jimmy Savile (referred to as Savile throughout this report). At the request of the Association of Chief Police Officers (ACPO), the Metropolitan Police Service (MPS) took the lead in assessing and scoping the claims made in the programme and in the days and weeks following the broadcast, it is now known that many more people came forward to say they had been abused by Savile.

The Metropolitan Police and the National Society for Prevention of Cruelty to Children (NSPCC) produced a report in January 2013 called 'Giving Victims a Voice'. The report set out details of allegations of sexual abuse carried out by Savile. It also included a list of hospitals in which people had reported being abused by him. Dewsbury and District Hospital (DDH) was named in this list of hospitals. An allegation had been made to the police by a former patient in DDH.

A letter from Kate Lampard was received by the Chief Executive Officer of The Mid Yorkshire Hospitals NHS Trust ("MYHT") in February 2013. Kate Lampard had been appointed by the Secretary of State for Health to oversee the current investigations into alleged abuse by Savile at Leeds General Infirmary, Stoke Mandeville and Broadmoor, and to report on the themes and wider lessons to be drawn from these investigations. Her role also involves drawing any conclusions from investigations at other hospitals where allegations had been made, and assuring the Secretary of State about the quality of other hospital reports. As an allegation had been made relating to DDH, MYHT, the organisation responsible for the hospital therefore had to undertake an investigation and write a report.

During the initial stages of the investigation a further alleged incident involving Savile at Pinderfields General Hospital (PGH) came to light and this was subsequently reported to the MPS. This incident related to an official visit to PGH in 2010. In November 2013, the Department of Health (DH) was informed that the MPS held information about allegations related to a further 19 hospitals. One of these allegations was an incident involving Savile at PGH that MYHT had previously reported to the MPS. The DH asked MYHT to investigate the incident. As MYHT were the reporters of this incident, the investigation and terms of reference into MYHT's association with Savile had already been extended to include the incident at PGH.

The two allegations that were subject to investigation were that Savile sexually assaulted a 15 year old girl whilst she was an inpatient at DDH in 1969 and that Savile was overheard to make a lewd comment about a young woman who was an inpatient in PGH in 2010.

This investigation was commissioned by the MYHT Board and its Head of Safeguarding was asked to undertake the investigation. The investigation was supported by members of the Leeds Teaching Hospitals NHS Trust (LTHT) Investigation Team, as they had the necessary resources and experience to assist. The MYHT Board has been kept apprised of the investigation and have accepted the final report prior to publication.

The Kirklees Safeguarding Children Board has been kept informed of the investigation.

2. Terms of Reference

Internal Investigation into matters relating to Savile

The Board of The Mid Yorkshire Hospitals NHS Trust (MYHT) has commissioned this investigation into Savile's association with DDH and PGH which have been under the management of MYHT and its predecessor bodies following allegations that he sexually abused a patient during a visit to DDH in 1969 and made an inappropriate comment about a young inpatient in 2010 at PGH, during an official opening visit.

MYHT will work with independent assurance from Kate Lampard, appointed by the Secretary of State for Health to assure the Secretary of State about the quality of all hospital reports. MYHT will produce a report that will:

- Examine and account for Savile's association with DDH and PGH under the control of MYHT or its predecessor bodies.
- 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 status.
- Review relevant policies, practices and procedures which were in place during his association with DDH and PGH under the control of MYHT or its predecessor bodies and compliance with these.
- Investigate past and current complaints and incidents concerning Savile's behaviour at DDH and PGH under the control of MYHT or its predecessor bodies including: where incidents occurred, who was involved, what occurred, whether these complaints or incidents were appropriately reported, investigated and addressed, and, if not, the reasons for this.
- Where complaints or incidents were not reported, or not investigated, or where appropriate action was not taken, consider the reasons for this including organisational culture and practices and the part played, if any, by Savile's celebrity status
- In the light of findings of fact in respect of the above, consider whether MYHT's current safeguarding, complaints, whistle blowing and other policies and processes relating to the matters mentioned above are fit for purpose.
- Identify recommendations for further action.

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.

3. Executive Summary

The Board of The Mid Yorkshire Hospitals NHS Trust (MYHT) commissioned an investigation into Savile's association with Dewsbury and District Hospital (DDH) and Pinderfields General Hospital (PGH) under the management of MYHT and its predecessor bodies in response to the allegations that have arisen as set out below.

The Department of Health asked MYHT to investigate an allegation of historic sexual abuse by Savile that occurred at a hospital in Dewsbury in 1969. This allegation was made to the police following a broadcast of an Exposure television programme where five women made allegations of sexual abuse by Savile.

A letter from Kate Lampard was received by the Chief Executive Officer of MYHT in February 2013. Kate Lampard had been appointed by the Secretary of State for Health to oversee the current investigations into alleged abuse by Savile at Leeds General Infirmary, Stoke Mandeville and Broadmoor, and to report on the themes and wider lessons to be drawn from these investigations.

MYHT was one of 13 hospitals initially named in the Operation Yewtree report as hospitals where it is alleged Savile had offended.

This investigation initially focused on the historic Dewsbury incident that Operation Yewtree alerted MYHT to. This allegation related to a disclosure by Ms X that whilst she was an inpatient on a ward in a hospital in Dewsbury, Savile sexually assaulted her by attempting to lay on top of her and "French kissing" her. Ms X was 15 years old at the time. Initially the allegation was made in relation to DDH but it later transpired it was about an incident that occurred at Staincliffe Hospital. Staincliffe Hospital was taken over by DDH in 1990, and most of its buildings were subsequently demolished. Due to the historic nature of the incident and the lack of documentary evidence the investigation team were unable to find any evidence to corroborate Ms X's account of the alleged incident. However Ms X's GP records showed she was an inpatient at the time that the alleged incident took place and therefore the investigators conclude that the alleged incident took place. The lead investigator has no reason to doubt the account of Ms X as her statements to the police and the investigators were consistent and therefore the investigators conclude that the alleged incident took place as she described.

During the initial stages of the investigation a further incident involving Savile at PGH came to light and this was subsequently reported to the Metropolitan Police Service (MPS). This incident related to an official opening visit to PGH in 2010. The Department of Health was informed that the MPS held information about other allegations that related to a further 19 hospitals and MYHT was subsequently informed in November 2013 that MYHT needed to investigate the incident in 2010. As MYHT reported this incident at PGH to the MPS, the investigation and terms of reference into MYHT's association with Savile had already been extended to include the incident at PGH.

The incident that occurred in 2010 related to an official opening visit of a new facility on the PGH site where Savile was a member of the official visiting party and a member of staff overheard Savile make a lewd comment about a young woman who was an inpatient. The investigation into this incident concluded that the Ward Sister should have reported this incident at the time and the management of official visitors into clinical areas should be improved.

Two areas of risk emerged from the investigation for MYHT to take forward. One was the absence of a robust Official Visitor Policy which covered visits by celebrities, officials and dignitaries into clinical areas and the second area of risk identified was that MYHT needed to strengthen its Raising Concerns (whistle blowing policy) to cover responsibilities of all staff in relation to safeguarding. Both these risks were addressed by December 2013.

4. Approach to the Investigation and methodology

The investigation team comprised the Head of Safeguarding and a member of the Leeds Teaching Hospitals NHS Trust (LTHT) Investigation Team. Support was also provided by the Head of Legal Services at MYHT.

The investigation process covered;

- Establishing whether historic documents existed from 1969. This included a search of hospital archive information and contact was made with the National Archives by the LTHT Investigation Team on behalf of MYHT. This search was unsuccessful and no relevant historic documents, such as Board minutes, policies or inpatient records relating to 1969 were sourced. No policy on destruction or archiving of historic policies and information was found.
- Attempts to contact ex-employees who had affiliation with hospitals in Dewsbury to establish their recollection of the late 1960s and to ascertain whether they could identify any further contacts to interview. Names and contact details of four individuals were provided to the lead investigator by current employees. The individuals who were spoken to had no recollection of Savile visiting DDH or its predecessor hospital.
- Policy and practice within Staincliffe Hospital in 1969. This has unfortunately not been analysed due to the lack of historic documentation for this time period. This is due to multiple reorganisations of hospitals within the local area and the lack of governance around the storage, archiving and destruction of documents at that time. Over the last decade NHS Trusts have followed Retention of Records guidance from the Department of Health which is explicit about how long documents should be kept for.
- Communication via email across the Trust to ask if staff had any knowledge of Savile's association with the Trust or its predecessor hospitals.
- A review of Ms X's police statement.
- Contact via letter with Ms X who had made the allegation related to DDH; this was then followed up with an introductory telephone call and subsequent face to face recorded interview. The interview was led by a member of LTHT Investigation Team. The interview was transcribed and the accuracy was confirmed with Ms X.
- A search for Ms X's archived medical records. This was unsuccessful.

- Sourcing GP records via Ms X which identified that Ms X was an inpatient at Staincliffe Hospital not DDH. This GP information confirmed that Ms X was an inpatient at the time of the incident.
- Interviews with members of staff and a fundraising charity who recalled a recent visit to PGH by Savile in 2010. The interviews with the staff members were recorded and transcribed and interviewees were given the opportunity to check the accuracy of their transcripts.
- A review of archived Trust media statements and photographs. This archive goes back to 2004.
- A review of current relevant policies detailed in section 7.
- 'Anybody criticised in the report was given the opportunity to comment on the relevant extracts of the report while it was in draft form

5. The Mid Yorkshire Hospitals NHS Trust;

Background information

MYHT was formed in 2002 and is responsible for three acute hospitals, serving a population of approximately 550,000 people. MYHT has also recently taken over responsibility for providing community services for the population of Wakefield District.

MYHT provides services to the people of Wakefield, Pontefract and the towns of Castleford, Normanton, Featherstone and Knottingley, and North Kirklees (Batley, Birstall, Cleckheaton, Dewsbury, Heckmondwike, Liversedge, Gomersal and Mirfield). The population of Wakefield and Pontefract is approximately 326,000 (2010) with North Kirklees being approximately 194,000 (2010) and these are MYHT's core catchment areas.

Six key sites are central to the delivery of MYHT's services. These are:

- PGH in Wakefield (726 staffed beds - new PFI hospital).
- DDH (364 staffed beds).
- Pontefract Hospital (59 staffed beds - new PFI hospital).
- Queen Elizabeth House in Wakefield (intermediate care).
- Monument House in Pontefract (intermediate care).
- Newstead House in Wakefield (community dental care).

MYHT has a total of 1,149 staffed hospital beds, including critical care and day case beds, across the three main acute sites. There are also 78 beds in intermediate care facilities.

MYHT provides the full range of acute and elective services typically provided by a District General Hospital across the three sites and specialist plastic surgery, burns, neurology and spinal injuries services at PGH in Wakefield.

More information about MYHT can be found on its website at www.midyorks.nhs.uk

Whilst the current Trust was formed in 2002 the predecessor organisations are relevant for this report. The alleged incident occurred in 1969 at DDH. During the investigation, GP records were sourced and the GP records identified that Ms X's inpatient stay was at Staincliffe Hospital. Staincliffe Hospital was closed in 1990 and DDH took over management of some of the Staincliffe estate and the remaining estate was demolished.

6. Investigation of Current Allegations

The investigation at MYHT has centred on two lines of inquiry;

1. Incident in 1969

Ms X (name changed for anonymity at her request) telephoned the NSPCC support line established after the broadcast of the Exposure documentary on 3rd October 2012 to report a personal incident involving Savile in 1969. The incident related to a time when Ms X was an inpatient in a hospital in Dewsbury, West Yorkshire. Ms X was 15 years of age at the time of the incident. Ms X said she was advised by the support line worker to make contact with the police. Ms X contacted the police on 5th October 2012 and subsequently gave a statement to the police on 16th October 2012.

On 12th December 2012, Leeds Teaching Hospitals NHS Trust received a call from Ms X. The call was directed to the Patient Relations Department at Leeds Teaching Hospitals NHS Trust who took the details of the allegation and asked her permission to share the incident with MYHT because the allegation related to an incident in DDH. The details were shared with the MYHT on 31st January 2013.

The allegation related to Savile visiting a ward sometime between 21st April and 5th May 1969 at a hospital in Dewsbury. Ms X, a child aged 15 years at the time, was a patient on the ward.

Ms X's description is a quote from the police statement that Ms X gave to the police. Ms X requested that this statement be used in the report:

“Savile lifted his right leg and stretched it across my bed, over my legs but did not touch me. It was in a gesturing way as if to straddle me. He almost instantly put his leg back down again and stood to the left of me. Everyone was still laughing but I wasn't. I did not feel afraid of Savile. I just wondered why he did that. Savile then leant forward and with his fists clenched he put one fist either side of the bed, across my body and in line with my hips. He leant over me, his shoulders leaning in a domineering way. He was face to face with me. He leant further forward and did not say anything. I was expecting him to give me a kiss on the cheek or possibly a peck on the lips. However Savile then French kissed me. By this I mean he pushed his tongue in my mouth and continually pushed it in and out of my mouth without his mouth ever leaving me, for about 10 seconds. This made me feel very uncomfortable and I went red with embarrassment. I remember

people were laughing at him; they seemed to find it funny. Savile then stood up straight and he looked at me with his eyebrows up and a grin on his face. He did not say anything to me. I remember placing my hand on his shoulder as he kissed me to brace myself, but he was like a brick wall.”

On receipt of the information from Leeds Hospitals Teaching NHS Trust, the MYHT lead investigator attempted to make contact with Ms X via the telephone. Initially full details about Ms X were not passed to MYHT but, when this was sourced from the LTHT Investigation Team, contact was then made via letter inviting Ms X to make contact with MYHT, which she subsequently did.

Ms X agreed to meet with the lead investigator and also with a member of the LTHT Investigation Team. She was clear in that she wanted to share her experience for the purpose of learning and that it would help the wider investigation. Ms X said that the Exposure documentary had reopened up something that she had previously hidden away. She believed that what happened to her when she was 15 years old had affected her through her life.

The lead investigator and a member of the LTHT Investigation Team met with Ms X on 17th June 2013. With her agreement the interview was recorded and transcribed and subsequently sent to Ms X for verification.

When Ms X was interviewed by the investigation team the account was consistent with that given to the police. She expanded the context of this account at interview and recalls that Savile sat on the bed next to her for a period of time whilst entertaining the other patients and visitors who were on the ward. Ms X remembers that when she knew Savile was visiting the ward she was very excited at the prospect of meeting him as he was a celebrity on the Top of the Pops television programme.

She recounts that she never told anyone about what happened until recently as she was very embarrassed, felt it was wrong and a number of other people witnessed the incident.

Victim support information and contact details were given to Ms X following the interview and the contact details of the lead investigator were left with Ms X. During the course of the investigation the lead investigator has kept Ms X updated with progress of the

investigation and has shared the report prior to publication. (this has not happened as yet but will happen before publication)

The investigation into this allegation focused on three areas;

- Establishing whether any policies, procedures or historic documents that may have detailed visitors to the hospital have been archived. The investigator could not source any archived records relating to this period. Support was sourced via the LTHT Investigation Team and their links with the National Archive and no records were found for DDH or Staincliffe Hospital which were pertinent to support this investigation. West Yorkshire Archive search was undertaken by the lead investigator and again, whilst some records were available relating to both Dewsbury and Staincliffe Hospitals, these did not cover 1969.
- Attempting to corroborate the fact that Ms X was an inpatient at the time of the alleged incident. Expertise was sourced from the Access to Records Manager who has worked at one of the MYHT sites for over 40 years. He stated that historic admissions relating to this time period for DDH were transferred onto an electronic Patient Administration System (PAS) during the period of 1988-1990 and the admissions log during 1969 should be on the system. No records were found on the PAS system covering this period for admissions into Staincliffe Hospital. The lead investigator has not been able to find any policies on medical records for the period of time related to the alleged incident or evidence of Ms X's hospital admission. When Ms X was interviewed in June 2013, she produced copies of two letters that she had sourced from her GP. These were discharge letters from Staincliffe Hospital to the GP. These letters proved that Ms X was an inpatient from 21st April to 5th/6th May 1969 in Staincliffe Hospital, which became part of DDH in 1990.
- Attempts were made to contact ex-employees whose contact details had been provided to the lead investigator by current employees. However this was not possible because there was no staff records from 1969. The lead investigator has been unable to ascertain whether staff records would have existed at that time.

2. Visit of Savile to Pinderfields Hospital Spinal Injuries Centre official opening 8th October 2010

Following the broadcast of the Savile television documentary in October 2012, the Head of Facilities at PGH had asked a member of his team and the hospital based Police

Community Support Officer (PCSO), to visit the Spinal Injuries Centre at PGH on 30th October 2012. The purpose of the visit was to check whether there were any photographs or memorabilia related to Savile on display at the Spinal Injuries Centre and, if this was the case, to remove them. Savile was known for the work with the Spinal Injuries Unit at Stoke Mandeville Hospital and the Head of Facilities was sensitive to the fact that Savile could have also had involvement with the Spinal Injuries Centre at PGH because of Savile's interest with spinal injuries and his proximity to the hospital. During this time period there was significant national media coverage about Savile and the Head of Facilities was aware of the negative public opinion that was being portrayed in the media and did not want patients or visitors to be upset by photographs where Savile was a subject.

The PCSO spoke to the Ward Sister of the Spinal Injuries Centre, who recalled that Savile was part of the entourage for the official opening of the Rehabilitation Suite in the Spinal Injuries Centre on 8th October 2010. The Ward Sister informed the PCSO that she recalls that as she was taking the official visiting party into the clinical area where patients were lying in beds, she overheard Savile make an inappropriate comment about a young girl who was lying in one of the beds. She recalled him saying something like '*I would not mind seeing her in a bikini*'. At this point she asked the official visitor party to leave the clinical area as she thought it was inappropriate that the visiting party was in a clinical area where vulnerable patients were. The comment was not heard by any patients.

The PCSO passed this disclosure to his Sergeant and the detail of this incident to Operation Yewtree and it was given the Police log number 795.

The Assistant Director of Patient Experience was informed of this on 30th October 2012 and spoke to the Ward Sister for further details. The Ward Sister confirmed that Savile had no involvement with the Spinal Injuries Centre to her knowledge and she explained that she had worked at the Centre for over 25 years. The Stepping Stones Charity that supported the Spinal Injuries Centre had organised the official opening visit.

As a result of this disclosure, a request was made by the police on 31st October 2012 to release the name of the patient. The request was in the form of a Subject Access Data Protection form (DP7 Section 29(3)), this is a written request from the police asking for access to the name of the patient. Discussions occurred with the MYHT Caldicott Guardian and the Head of Legal Services. The MYHT Caldicott Guardian is a senior

clinician with a formal role of overseeing all procedures affecting access to person identifiable health data. The request was refused for reasons in line with the Data Protection Act and Caldicott principles.

The grounds for the refusal were:

1. No harm, physical or emotional, had occurred – supported in local enquires – nor was there any known risk of such.
2. Disclosure of the patient's name would not assist in the detection or prevention of a crime.
3. There was sufficient evidence that raising the issue with the patient (who was in ignorance of the occurrence) may actually cause significant harm.
4. Taking the above into account there was insufficient public interest to outweigh the right of the patient to maintain confidentiality.
5. The police were aware of the reasons for declining the DP7 Section 29(3) application and chose not to contest the internal determination or to seek disclosure through court order in the public interest.

In these circumstances it would be a normal occurrence to ask for input/advice from the Caldicott Guardian and the Head of Legal Services for requests of this nature.

The lead investigator with the support of an investigator from the LTHT Investigation Team interviewed the Ward Sister in January 2014 and the Ward Sister recalls that the Stepping Stones Charity had raised a significant amount of money to support the Spinal Injuries Centre and had funded the Rehabilitation Suite. The official opening of this facility was planned by the Stepping Stones Charity with involvement of the MYHT Communications Team and MYHT had no involvement in who was invited to the opening. The official opening ceremony took place in the Rehabilitation Suite and a tour of the area was facilitated by the Ward Sister. The Ward Sister remembers that Savile went into a single room to speak to a patient (Ms Y) and her mother and the Senior Consultant was present. When Savile came out of the room he made a comment similar to *'I would not mind seeing her in a bikini'*. The Ward Sister thought the comment was inappropriate and ushered the visiting party out of the clinical area. The Ward Sister said that she did not think Ms Y or her mother would have been able to hear the comment due to the distance between Ms Y and Savile when the comment was made. She is not aware of whether anyone else heard the comment.

The lead investigator explored at interview with the Ward Sister whether she considered reporting this at the time. The Ward Sister explained that this was an inappropriate comment, there was nothing else untoward and all the knowledge and publicity about Savile had not come out at that time so she did not think that it warranted reporting as she felt that she had dealt with the issue and it was now resolved. The MYHT mechanism and policy at the time when this comment was made was the MYHT incident reporting policy and judgement as to what to report and not to report is made locally. The Ward Sister did not feel that this warranted reporting. When the publicity about Savile emerged two years later the Ward Sister did report this.

The Senior Consultant from the Spinal Injuries Centre was also interviewed and he recalled that on the day of the official opening of the Spinal Injuries Rehabilitation Suite, he had been reviewing all his patients when he had informed Ms Y and her mother that Savile was present on the ward as part of the official visit. The mother asked him whether she and her daughter could meet Savile. He recalls that she went on to say that they had previously seen Savile on a cruise ship and Ms Y's mother had been impressed by him.

The Senior Consultant asked Savile to visit Ms Y and her mother. The Senior Consultant escorted Savile to the single room where Ms Y was lying in bed. Ms Y's mother was sitting in a chair next to the bed and Savile sat at the other side of the bed in a chair. The Senior Consultant was present whilst Savile was in Ms Y's room and overheard him saying he was sorry to hear about what had happened to Ms Y. Conversations occurred for 2-3 minutes and he cracked jokes with the mother. Savile did not touch Ms Y during this time. The Senior Consultant did not hear Savile make any inappropriate comments when he came out of Ms Y's room.

The name of Ms Y has never been shared with the lead investigator so no direct contact with Ms Y could be facilitated. The lead investigator asked the Ward Sister to make contact with Ms Y and her mother to ask if they would assist with the investigation. The Ward Sister spoke to the mother of Ms Y and agreed that approach by letter to Ms Y asking her to assist with the investigation would be the best way to make contact with Ms Y. The lead investigator had heard via a former patient who was a friend of Ms Y that Ms Y did not want any involvement with the investigation and that she wanted to remain anonymous. A letter from the lead investigator was forwarded to Ms Y via the Ward Sister. The letter informed Ms Y that the investigation was underway and invited Ms Y to make contact with the lead investigator. The letter detailed the nature of the

incident and the fact that the report will be published. Ms Y has not made contact with the lead investigator.

The Stepping Stones Appeal was established in the 1980s by staff, patients and relatives to raise funds for a new Regional Spinal Injuries Centre. When the decision was made to build new hospitals at Pinderfields and Pontefract, it was agreed that the funds raised by the Stepping Stones Appeal would be donated towards building a new rehabilitation unit.

MYHT's Communication Team co-ordinate official opening ceremonies and the co-ordination of the opening of the new Spinal Injuries Centre was in collaboration with the Stepping Stones Appeal Charity.

The Stepping Stones Appeal Charity used celebrities to assist with keeping their profile in the public eye and in the media for the purpose of raising funds. As part of the investigation, discussions were held with the Honorary Treasurer of the Stepping Stones appeal to ask how Savile was invited to attend the opening ceremony. He described that Savile had been a supporter of the appeal due to his work with Stoke Mandeville Spinal Unit and his support was shown by attendance at previous Stepping Stones Appeal Charity fundraising events.

At the time of the official opening of the Spinal Injuries Centre, the Stepping Stones Appeal Charity was having trouble getting the local press to cover the good news stories in relation to their fundraising activities. Local television had been invited to attend the official opening but had declined. When Savile gave his commitment to attend, the local television crews attended the event. The Honorary Treasurer went on to describe that Savile was a draw for people, and for the Charity, as he gave his time freely.

7. Current Policies, Practice and Procedures

MYHT have a number of policies that inform MYHT practice and manage risks in relation to the protection of patients who access MYHT's services. The policies that particularly relate to this investigation are:

- West Yorkshire Consortium Procedures for Safeguarding Children (April 2013); MYHT also has a local Safeguarding Children Policy (April 2012) which has specific local arrangements for contact and advice
- West Yorkshire Multiagency Safeguarding Adult Policy and Procedures (April 2013); MYHT also has a local Safeguarding Adult Policy (March 2014) which has specific local arrangements for contact and advice
- Formal and informal complaints policy (September 2013)
- Patient safety and the management of incidents Policy (July 2012)
- Raising Concerns (Whistle blowing) Policy (2013)
- Celebrity visitor guidelines (2010)
- Volunteer Policy (2013)

An analysis was undertaken of these current policies to ascertain whether these policies take account of patients, visitors and volunteers within NHS healthcare settings and are fit for purpose to safeguard patients and in line with national guidance and best practice guidelines.

The West Yorkshire Consortium Procedures for Safeguarding Children and the West Yorkshire Multi Agency Safeguarding Adult Policy and Procedures are comprehensive and are explicit in agencies' roles and responsibilities to safeguard children and adults at risk. MYHT is a statutory agency and works to both of these policies. The policies cover whistle blowing and use of volunteers. They do not cover specific details of visitors / official visitors / celebrity visitors into agencies, but the responsibilities in both policies are very clear for all organisations covered by the policy and procedures in their duty to safeguard children and adults. Whilst MYHT works to the West Yorkshire Policies and Procedures for children and adults MYHT also has its own local Safeguarding Children Policy and a local Safeguarding Adult Policy. Both policies have recently been updated and provide the relevant local information.

The Raising Concerns (Whistle blowing) Policy has recently been reviewed and has a specific section on the responsibilities of all staff in raising concerns of abuse or neglect

in relation to vulnerable adults or children in accordance with the relevant safeguarding policies.

The Complaints Policy is explicit in describing responsibilities of staff in relation to raising concerns related to abuse or neglect and the Complaints team alert the Safeguarding Team of any complaints of a safeguarding nature. The policy is available to patients on the Trust website supported by a leaflet clearly describing how patients can make a complaint.

The Volunteer policy has recently been reviewed and is very explicit on the controls around the recruitment and use of volunteers and involvement of charities.

In the absence of Celebrity Visitor guidance the Director of Communications and Engagement addressed this risk by writing the Visits by Officials, Dignitaries and Celebrities Policy and launched this across the MYHT.

The lead investigator concluded that the current policies reviewed were fit for purpose to safeguard patients and were in line with best practice and national guidance.

When policies are developed or reviewed there is a process to follow to ensure consultation with relevant stakeholders and the sign off process involves members of the Executive team. Once approved, new policies are promoted and cascaded in the Team Brief process and the weekly bulletin. Team brief is a method of communicating messages to all staff. The process involves key messages being shared via email and this is supported by managers delivering the messages face to face. Dependant on the relevance of each policy to particular services or staff group these could be discussed in a variety of management and clinical team meetings. Safeguarding policies, complaint policies, whistle blowing policies are also covered in mandatory training and induction. All policies are also on the staff intranet so all staff can access them easily.

Questions for all NHS organisations to consider from Kate Lampard

As part of the Independent oversight of NHS and Department of Health investigations into matters relating to Savile, Kate Lampard asked all Trusts to ask their staff for their views on the following;

1. Safeguarding policies – how policies, procedures and practice take account of and affect patients, visitors and volunteers within NHS settings (this is covered in section 7 below)
2. Governance arrangements in relation to fundraising by celebrities and others on behalf of NHS organisations
3. Celebrities – the use and value to NHS organisations of association with celebrities, including in relation to fundraising, and the privileges, including access, accorded to them by NHS organisations.

These questions were circulated via team brief to all staff and staff were asked to respond to Kate Lampard if they had any comments on the above bullet points. Contact details of the MYHT lead investigator were also provided on the communication to all staff asking for any other information that may be pertinent to the investigation. No further information was provided by staff.

In relation to bullet point 2, the current governance arrangements for fundraising are clearly described on the [MYHT website](#).

How to fundraise for us

We welcome any individuals or organisations wishing to fundraise on behalf of Charitable Funds. However, we do ask that you contact us before any fundraising event or activity takes place so we can discuss the fundraising in more detail, as well as giving permission to use our Charitable Fund on any fundraising publicity.

If you wish to fundraise for Charitable Funds, please contact a member of the Charitable Funds team on 01924 543293.

Further detail was sourced from the Assistant Director of Finance who said that all fundraising requests must be reviewed and approved by the Director of Finance. An internal audit undertaken during 2013 had made a recommendation that MYHT develop a policy in relation to external charities, which also covered people wishing to fundraise on MYHT's behalf. This policy was completed in October 2013.

8. Overall Analysis and Conclusions

Incident in 1969

Ms X was a 15 year old on an adult dermatology ward. She was excited at the prospect of meeting someone who was famous and was on Top of the Pops. The incident that occurred was witnessed by others who were described as members of staff and other patients and Ms X recounts that the incident generated laughter from the people present and was not challenged. This incident should have been stopped by the staff present. In the absence of evidence from witnesses to this event, the investigators are not able to gain any meaningful understanding of why it was not stopped.

This incident took place in an age of different social attitudes in relation to knowledge and awareness of safeguarding but nevertheless Savile's behaviour even at that time was not acceptable and should not have been allowed to happen. The resulting effect on a vulnerable teenager has left her with a legacy that has affected her into adult life.

The lead investigator concludes that Ms X is a credible individual and her account of the 1969 alleged incident has been consistent and delivered to both the police and the investigators with clarity. The account of what happened cannot be corroborated by additional evidence brought out by this investigation due to the historic nature of the incident. However Ms X's GP records showed that she was an inpatient at Staincliffe Hospital at the time the alleged incident took place. The lead investigator has no reason to doubt Ms X's account of the alleged incident as her statements to the police and the investigators were consistent and therefore the investigators conclude that the incident took place as she described.

Practice around safeguarding children and safeguarding vulnerable people has moved on significantly since that time period. This has been driven primarily by two elements; the introduction of the Children Act 1989, and a change in societal attitude brought about by greater awareness of safeguarding and child protection. Healthcare staff are now much more aware of safeguarding and their responsibilities in relation to raising their concerns and if an incident of this nature was to occur now this would be challenged by staff and reported appropriately.

Public knowledge of child abuse is also much greater and concerns are much more likely to be raised and listened to if incidents occur in healthcare settings.

Visit of Savile to Pinderfields Hospital Spinal Injuries Centre official opening 8th October 2010

In relation to the second allegation, the Ward Sister of the Spinal Injuries Centre considered that she had acted appropriately at the time of the official opening visit by quickly removing the official party including Savile out of the clinical area and away from patients who, by the nature of their condition, were all vulnerable. She didn't report Savile's inappropriate comment about the patient at the time because she had dealt with the situation and there were no other patients involved. The Ward Sister at that point had no knowledge that Savile was a prolific sex offender. There were opportunities to discuss this internally with members of the Safeguarding Team and/or raise this via the incident reporting system at the time.

The lead investigator believes that this should have been reported on the incident reporting system at the time so that there was a record of this occurrence. An incident reporting policy was in place at the time which was a mechanism for reporting unusual occurrences and incidents and this would have been considered an unusual occurrence. With the benefit of hindsight, three years on, the lead investigator believes that if this had been reported via the incident reporting system it may have triggered discussions with the Safeguarding Team and the Communications Team about the absence of a policy relating to official visits.

When this incident was brought to the attention of the Safeguarding Team in October 2012, guidelines were subsequently developed by the Director of Communications and Engagement.

The allegation about the incident in 1969 and the encounter in the Spinal Injuries Centre in 2010 are the only evidence of an association between Savile and MYHT or its predecessor organisations. The communication to all staff in response to Kate Lampard's request for information has not led to any further evidence of Savile's involvement with MYHT or its predecessor bodies. The local press have published several articles stating that DDH and PGH are two hospitals involved in the Savile Inquiry and this again has not led to any further information about Savile's involvement with MYHT.

During the course of this investigation the lead investigator has reported to the MYHT Board on a regular basis and when risks emerged as a result of the investigation these

were notified to the Board and actions were subsequently taken and the risks were addressed.

The investigation carried out by MYHT into Savile's behaviour and its responses to that behaviour has enabled the Trust to learn lessons and improve policies and procedures for safeguarding children and vulnerable adults.

The two risk areas identified during the course of the investigation were the absence of a Visitor Policy that covers official visits by all external visitors, and the need for the Trust to review its whistle blowing policy and incorporate a section which makes it explicit to employees to safeguard children and adults at risk. Both these risks have been addressed during 2013.

9. List of those interviewed or spoken to

- Chief Executive – SPINE - The Voice of Pinderfields Spinal Patients
- Ward Sister Spinal Injuries Centre MYHT
- Honorary Treasurer Spinal Injuries Centre Pinderfields Stepping Stones Charity
- Director of Communications and Engagement MYHT
- Access to Records Manager MYHT
- Ex-employees who were at MYHT or it's predecessor organisations
- Assistant Director of Finance MYHT
- Caldicott Guardian MYHT
- Consultant Spinal Injuries Centre MYHT
- Head of Legal Services MYHT