

An investigation into an allegation of two incidents involving Jimmy Savile at High Royds Hospital

Author: Steve Wilcox, Lead Clinician for Safeguarding Adults

27th November 2013

Terms of Reference

The Chief Nurse and Director of Quality Assurance of Leeds and York Partnership Foundation Trust (LYPFT) has commissioned this investigation into the trust's association with Jimmy Savile in its current and earlier incarnation as Leeds Community Mental Health Trust.

- Thoroughly examine and account for Jimmy Savile's association with services under the control of LYPFT and its predecessor bodies.
- Consider the access arrangements and any privileges accorded to Jimmy 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 Jimmy Savile's celebrity, or
 fundraising role within the organisation.
- Review relevant policies, practices and procedures which were in place during his association with LYPFT (formerly LCMHT).
- Investigate any past and current complaints and incidents concerning Jimmy Savile that emerge as a result of this investigation.

1

Investigation into Jimmy Savile's Involvement with Leeds and York Partnership Foundation Trust in regard to Operation Yew Tree

- 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 Jimmy Savile's celebrity or fundraising role within the organisation.
- Consider Jimmy Savile's fundraising activities associated with LYPFT at High Royds Hospital and other services under its control.
- In the light of findings of fact in respect of the above, consider whether 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 Trust board have seen and approved the content of this report.

Introduction

Following a number of allegations about the behaviour of the deceased disc jockey and television celebrity Jimmy Savile in 2011 a number of investigations were launched into all aspects of his association with a number of major institutions, in particular; several NHS hospital trusts and the BBC. This report has been written following an investigation into two separate allegations about Jimmy Savile at High Royds Hospital. The report has been presented to and accepted by the Trust board. The report has also been shared with Kate Lampard who is providing assurance to the Secretary of State for Health about the approach to a number of investigations and will take account of the findings in the High Royds Hospital report when providing an overarching report to the Secretary of State for Health.

Savile was a Leeds resident and although he had a well publicised association with the larger acute hospitals in Leeds; Leeds General Infirmary and St James's Hospital he had little involvement with mental health services in the city. Two allegations, however, came to light in response to a national police appeal for victims and witnesses to come forward to assist with 'Operation Yew Tree' - the name of the Metropolitan Police Service investigation into child abuse by Jimmy Savile and others. These allegations are of incidents that took place in the summer of 1988 at High Royds Hospital at Menston. At that time the NHS mental health trust in Leeds was known as Leeds Community Mental Health Trust or Leeds CMHT and High Royds Hospital was its largest and oldest site.

The hospital was situated on the north-west edge of the Leeds Metropolitan area in a relatively remote position near the village of Menston which is surrounded by moorland hills. It was opened as the purpose built West Riding Pauper Lunatic Asylum in 1888 and was a substantial sandstone building designed by architect J.Vickers Edwards in the foreboding, baronial castle style favoured at the time. It stood in 300 acres of its own woods and parkland.

By 1988 Leeds CMHT services were already well on the way to being re-provided in community settings nearer to the general populations of Leeds and a number of wards and facilities at High Royds Hospital had closed. There had been some ongoing investment in the structure of the building and one or two of its services were still present such as the Forensic service but most of the remaining ward environments had become physically neglected. It would be 2003 before the last patient left and its wards closed for good. The majority of its listed buildings have since been redeveloped as apartments and named High Royds Village.

An event was held on the 9th July 1988 to celebrate the centenary of the hospital. It took the form of a summer gala and was held on the large, well-kept lawns in front of the hospital's main administrative building. The day included a fun run and numerous side attractions and stalls. Those attending were encouraged to dress in Victorian fashion in remembrance of when the hospital was built. The event was open for anyone to attend and reflected the hospital management's strategy of maintaining a good relationship with the local community. Many of the staff employed at the hospital lived locally so naturally they attended with their families. A member of the organising committee for the event confirmed that the gala was open to everyone and that participation by patients and staff was central to its purpose of promoting good community relations. The majority of patients or service users being treated at the hospital at the time would have had the opportunity to attend the event either on their own or with support from staff if required. Events such as this can be therapeutically beneficial as they provide social opportunities for service users and help to de-stigmatise mental illness and mental health services.

Then, as now, it would be normal practice for each clinical team to give due consideration as to whether or not their service users were well enough to attend, independently or with support. These discussions took place on a weekly or daily basis depending on the practice of the ward and the mental health conditions being treated. These clinical discussions were then referred to as 'ward rounds', a term still used informally for what are now properly called Multi-Disciplinary Team (MDT) meetings. It is axiomatic that vulnerability and risk factors would have constituted part of that multi-disciplinary assessment process as these are central components to the care and treatment of people with mental health disorders and underpins the rationale for looking after people in a hospital ward. However, the process was much less structured than it is today where there is the mandatory use of formal risk assessments and reference to safeguarding practice.

It should be noted that the concept of Clinical Governance was in its infancy at the period of time being considered here. The more rigorous and accountable methods of practice and recording that is the norm today would not have been in place in 1988. Early attempts to address the quality of health provision were made by the World Health Organisation in 1983 in "The Principles of Quality Assurance" (WHO 1983). That report identified four aspects of quality which included risk management along with, professional performance, efficiency and user satisfaction. These concepts were further developed in a government White Paper on quality "A first Class Service: Quality in the New NHS" issued by the NHS executive in 1999. The practical process of developing effective clinical governance structures at team and service level within the NHS did not get underway until 2000.

The Gala event at High Royds Hospital, which included the fun run at the centre of the allegations described in this report, was a once in a hundred years event and the organising committee wanted to mark it with a newsworthy gesture and so the disc jockey and television presenter Jimmy Savile, who was well known for his charity work in support of Leeds hospitals, was invited to open the show.

The two victims who came forward and disclosed that Savile had abused them twenty-five years ago were understandably uncertain of the precise date and nature of the event where the incidents took place. They both remember it was fancy dress and in summer at High Royds Hospital and in the late eighties. It is quite clear, however, from a thorough trawl of local newspaper databases undertaken by the LYPFT Investigator and a statement by a member of the event committee that Savile only ever attended one such event at the hospital while it was operational.

Approach to the Investigation

Two individuals came forward to report allegations; they are an ex-patient/service user referred to here as 'X' and an ex-member of staff referred to as 'Y'. X and Y were interviewed in regard to incidents alleged to have taken place at High Royds Hospital, part of Leeds Community Mental Health Trust (now Leeds and York Partnership Foundation Trust). This is one of a number of separate reviews at different NHS organisations taking place in response to concerns about the behaviour of Jimmy Savile within hospital settings. X was interviewed by David Thompson who is part of the NHS investigation team into allegations about Jimmy Savile at Leeds Teaching Hospitals NHS Trust and Beverley Murphy, Chief Nurse and Director of Quality Assurance of LYPFT.

Y was interviewed prior to LYPFT's involvement with the said NHS reviews by the Metropolitan Police. Y agreed to be interviewed again by the LYPFT Safeguarding Adults Lead to look more closely at the working environment at the time of the incident. Both witnesses were interviewed

4

separately and have no connection or knowledge of each other as far as is known. Both have been offered support by LYPFT following their involvement in this investigation. 'Support' would need to be determined by the individuals themselves but could include access to services, counselling or pastoral care. They also have the option to have their issue dealt with through the complaints procedure and/or, if they wish, they could make an alert to Adult Safeguarding and have the matter investigated in accordance with the Leeds Safeguarding Adults Partnership policy and procedure.

The National Society for the Prevention of Cruelty to Children/Metropolitan Police Service (NSPCC/MPS) joint Operation Yew Tree Report "Giving Victim's a Voice" (dated January 2013), states that High Royds Hospital has one offence which took place in 1989, not 1988. This may have been Y's error, when interviewed by the author she admitted to being vague as to the exact date. She had only worked at High Royds Hospital a short time spanning 1988 and 1989 and had previously stated that it was 1989. On being presented with information about the centenary event she agreed that the incident occurred then in 1988.

The two statements by X and Y, initially given to the police, were the starting point for this LYPFT investigation and all available factual information, ie, public records of the event, patient records, HR records, were checked against information provided in the two statements. As were subsequent statements made by current staff interviewed in the course of this investigation.

Because of the 25 year gap between the alleged incidents and the present day there is a lack of documentary evidence available; there was no organised process in place to archive documents such as the minutes of meetings and to preserve them beyond their period of usefulness. Documentation in this case would have been in reference to the planning of a relatively frivolous event involving a local celebrity, it is unlikely, bearing in mind that the event took place without any apparent problems that anyone would have sought to take extra measures to preserve written records. The investigation drew on limited archive material provided on local press websites (limited in that the gala event was only covered by one article in the local Bradford Telegraph and Argus newspaper, although all local papers were researched during this investigation) and the testimonies of staff who worked at High Royds Hospital at the time of the allegation.

There is extremely limited scope to investigate the actual allegations effectively as neither alleged victim is able to remember the names of witnesses and both parties stated that they did not report the incident formally at the time. The main focus of this investigation, therefore, has been to look at the context of care and the safeguards provided to service users at the time in order to compare them to present day policy and practice and draw the necessary learning. The investigator; the Lead Clinician for Safeguarding Adults, identified four members of staff

who still work for the Trust and who were either present on the day of the allegations or were involved in the planning of the event. These witnesses were all interviewed separately and asked the same non-leading questions. The questions were standardised to ensure the key aspects of the allegations were properly explored with all interviewees. Non-standardised follow up questions were used to clarify specific points.

Three more individuals were identified in accounts used in this report; X referred to a nurse in charge (J) who she felt she couldn't talk to about what happened and a nurse (L) who was also abused. DN, a Staff Nurse at High Royds Hospital still employed by LYPFT, mentioned a hospital porter (DK) also employed by the hospital in 1988. L has not been identified and J and DK have long since retired or resigned from the Trust and were not available to participate in the investigation. The NHS mail directory was checked to see if these individuals were contactable and none are currently employed within the NHS. The investigator deemed it proportionate not to pursue this line of enquiry further because of the considerable amount of time and resource it would have required with little assurance of success.

The Allegations

In her statement X (the service user aged 44 at the time) described how, during a fancy dress fun run Savile put his hand up her skirt and rubbed her bottom, she also observed him doing the same to a nurse 'L'. She described feeling unable to do anything about it at the time;

"If he had done it to me now I would have smacked him but I was very vulnerable then...I was next to the nurses a bit later on and I told L what he had done to me and that I didn't like it. She said no I didn't like him doing it to me either."

"You didn't go to the ward sister to tell them things like this as they were busy and the ward sister (J) was an old dragon."

The incident involving a former member of staff Y (aged 20 at the time) was described by her as follows:

"....Jimmy Savile was the celebrity who came to open the Fun Run, so lots of teams of different people, people dressed up in all sorts of ridiculous costumes and so on. Our team was St Trinian's, so everybody had pigtails and hockey sticks and PE skirts, that sort of thing, a mixed team of male and female, people that worked in the pharmacy. He came round and introduced himself to the team, and he was just very free with his hands, so hands going round people, round their waist but then upwards, cupping under breasts, hands up the skirt. I remember another member of the team who almost did a comedy goose-jump and got out of the way."

Y who made the above statement did not feel as though she personally had been assaulted although she alleges that Savile placed his arm around her waist.

"Literally we were quite uncomfortable with it, but we just laughed it off, said 'Dirty old man' and didn't go near him for the rest of the day. We all had a bit of a joke about it afterwards, saying 'Flippin' heck, that is appalling', but literally calling him 'a dirty old man'..... That was the context at the time; nobody thought to complain or do anything about it that was just how things were."

Because of the recent media coverage of the Jimmy Savile and others allegations Y has had cause to reflect on her experience and place it in context describing this recent conversation with a colleague who was there on the gala day in1988:

"We met actually about six months ago, myself and [redaction: a senior colleague at the time], and she said 'What would we have done? We can't believe the stuff'. If we had known that there was more to it than just a bit of distasteful touching, if children had been involved I don't think anybody would have hesitated to do something about it, but I can't imagine that if we had said anything to anybody or the police, that anybody would take it seriously, I don't think, at that time. It was just an occupational hazard of being a woman."

The service user, X felt that the harm she suffered was not just limited to that day because mention of Savile's name brought back memories of how she was abused during a difficult time in her life:

"I have managed to get on with my life but I have to think of the bad times in my life when I see anything about Jimmy Savile. I remember when he died and he had a gold coffin and there was a statue of him. I remember thinking they can't do that."

Methodology

The author of this report worked at High Royds Hospital from 1996 to 2002 as an Occupational Therapist in the Forensic Service based at the hospital, much of that time as Head OT. As a long standing member of staff the author holds part of the organisational memory of LYPFT and was able to draw on his knowledge of personnel who he had got to know well and knew had worked at the hospital for many years including the period in question. He also has a clear understanding of the clinical and management culture that still prevailed into the mid-nineties. That understanding is the basis of some of the broader descriptions of the cultural context made in this report.

Staff identified, who still worked for the organisation were contacted and by a process of elimination and the pursuit of new leads; four staff were identified who were present on the day, and in one case, involved in its planning and management.

The author then researched the organisational and operational context at the time contacting library services and medical records to identify what policy and practice was in place in 1988 to safeguard service users. The current relevant policy and procedural documents are listed in this report under: *Current Policies and Procedures p.13*.

The cultural context that existed within mental services in general and High Royds Hospital in particular have also been researched as part of this investigation. Findings described are based on methods of medical, nursing and professional practice in place before the inception of the Care Programme Approach (CPA) and the development of Care Planning. The Care Programme Approach is a system of delivering community mental health services to individuals diagnosed with a mental illness. It was introduced in England in 1991 and by 1996 become a key component of the mental health system in England. The approach requires that health and social services assess need, produce a written Care Plan, allocate a care coordinator, and then regularly review the plan with key stakeholders in keeping with the National Health Service and Community Care Act 1990.

The evaluation of the staff culture and practice within High Royds Hospital at the time is also based on the author's experience there in the nineteen-nineties and the testimonial evidence of the staff interviewed in regard to these allegations.

There is no documentary evidence available within the Trust or identifiable within the publically accessible databases of local press to suggest that Jimmy Savile ever attended any other event mounted by the organisation. None of the staff approached had any other recollection of Savile being involved with the Trust.

In the course of this investigation the author gained the clear impression that Savile's presence at High Royds Hospital in July 1988 was unusual. Jimmy Savile was a high profile presence in Leeds from the nineteen-sixties onwards and sightings of him in and around the city were not uncommon. Many Leeds residents and LYPFT staff can provide anecdotes of their encounters with him and his readiness to chat and provide autographs whether invited or not. Due to the level of interest in Savile and the allegations of abuse following his death the LYPFT Safeguarding Lead and author of this report has heard many such stories from staff, usually during safeguarding training sessions. So far, none of these have indicated any other occasions of him being present on the Trust's premises (other than a public tour of the empty, de-commissioned High Royds Hospital buildings Savile allegedly attended in 2003) or having contact with service users. It is not possible to verify this by checking written records such as management minutes as there are numerous sets of these produced by many directorates and

services in any given month and it would be a 'needle in a haystack' task to find and trawl through more than 25 years worth of minutes without an index date to go on.

Staff Interviewed

Four current staff were identified and interviewed.

- AS Occupational Therapist
- JP Nurse
- AJ Occupational Therapist
- DN Nurse

All four were present at the Centenary Gala in1988 and all gave very similar accounts of the event. All above staff who were interviewed still work for the Trust but in different geographical and service areas and have little or no association with each other. They were all asked the following questions:

- Were you at the High Royds Hospital Centenary Gala on 9th July 1988?
- Do you remember the celebrations?
- Did you see Jimmy Savile or speak to him?
- Did Jimmy Savile have a chaperone from the trust with him?
- Do you know who invited him to the day?
- Did he enter the building at any time?
- How long did he stay?
- Is there anything else you can remember?
- Did anyone else mention incidents regarding Jimmy Savile at the time?

The questions yielded the following consistent responses.

 The member of staff on the planning committee recalled Savile being identified as a likely celebrity to attend the event during planning meetings but she could not remember who made contact with him or by what means.

- Jimmy Savile made a speech formally opening the event, he was jovial and friendly, making light of things.
- Savile stayed at the event for its duration.
- No one appeared to be chaperoning or guiding him and he moved around freely.
- All but one account said he remained in the grounds at the front of the hospital.
- Two of the accounts recall a service user (LL) who was at High Royds Hospital at the time who had a fixed belief that he actually was Jimmy Savile and that concern had been raised as to what effect meeting the real Jimmy Savile would have on him. He was detained on the ward for the day as a risk management measure. Generally though Savile's presence was welcomed and regarded as a positive boost for the hospital and its service users.
- Only one person, DN, the only male respondent, recalled an anecdote regarding Savile, see below.

One of the above witnesses, male nurse DN, recalled that Savile was seen being shown around the hospital canteen by the canteen manager (SR). He remembers his group of colleagues shouting over for him (Savile) to put out his cigar as it was a no smoking area. More seriously DN remembers a conversation he had later had with porter/driver (DK) shortly after the visit. DK said that Savile had asked him if "...he'd got a room he could use if he pulled one of these young nurses?" As far as can be determined nothing further resulted from that enquiry by Savile.

Chronology of Jimmy Savile's association with LYPFT

 Jimmy Savile opened the High Royds Hospital Centenary Gala on the afternoon of 9th July 1988.

There is no documentary or testimonial evidence or anecdotal recollection of Jimmy Savile having any formal or informal connection with Leeds mental health services that has emerged during the course of this investigation.

The allegations made by X and Y appear to have occurred on the same day on the 9th July 1988 when the High Royds Hospital Centenary Gala took place in the grounds in front of the hospital. The day involved a fun run and Jimmy Savile had been invited to open the Gala and participate in the run. There was a fancy dress aspect to the day as people were encouraged to wear Victorian costume.

One of the witnesses interviewed (DN) stated that Jimmy Savile only made one further visit to High Royds Hospital on the occasion of an organised walk around the hospital after it closed in 2003. This was a one off event open to the public; no service users were then present.

The Cultural Context at the Time

These events, as with many of the allegations made against Savile and others, occurred at a time before there was a consistent legal understanding of the concept of adult vulnerability. The vulnerability of adults, old people in particular was first tackled as a legal concept in the 1990s culminating in the definition provided within 'No Secrets' (Department of Health 2000):

"A person aged 18 or over who is or may be in need of community care services by reason of mental health or other disability, age or illness, and who is or may be unable to take care of him or herself or unable to protect him or herself from harm or exploitation."

This definition is now recognised by the Police, Courts, Health, Social Care, Housing and non-statutory agencies engaged in safeguarding vulnerable people in the UK.

This is not to say that staff working within mental health services before the above definition existed did not take action to keep service users safe and protect them from abuse when it was identified. Just that there was no universally defined process to support a coordinated multiagency approach. Other definitions now clearly laid out in' No Secrets', clarifying the different forms of abuse were also not in place.

Abuse and, in particular sexual abuse, was not as well defined or well understood amongst the public in the eighties as it is today. The Sexual Offences Act (1956) was clear and unambiguous when referring to rape and intercourse but less clear in what was meant by 'indecency'. The 1956 Act did not offer protection from the kind of behaviour that Savile is alleged to have displayed towards X and Y because; s.14 'Indecent Assault on a Woman' clauses (1) and (2) do not provide definitions of indecency. This 'open to interpretation' aspect of the earlier legislation did not significantly challenge a culture where there was a certain level of acceptance about male predatory behaviour alluded to by Y "... That was the context at the time; nobody thought to complain or do anything about it that was just how things were."

Both of the individuals who came forward in respect of LYPFT stated that they felt that their concerns at the time would have been regarded as trivial. Y, the member of staff, said the kind of behaviour that Savile demonstrated towards her was quite commonplace and reflected some male attitudes at the time. X said she didn't report her experience to the ward sister as she was; "...an old dragon" and she had previously reported a more overt sexual act she had observed being perpetrated by a male service user and that had been dismissed as not her concern. Such a response was resonant of the outmoded attitudes and old ways of working

that was noted to persist amongst some staff in the old asylum style hospitals such as High Royds Hospital right up until their closure.

Staff and service users would have had little reason to question Savile's presence at the event. At the time when he was engaged to attend the Centenary Gala he was very much a respected figure nationally and locally. He had received an OBE in 1971 and would be knighted within two years of the High Royds Hospital event in 1990. His television show; 'Jim'll Fix it' was achieving high ratings in its peak time slot and he would go on to present the 1988 Top of the Pops New Year's Eve Special. He was well known for his charity, fund-raising and volunteering activities associated with hospitals. The fact that Savile was employed by the respected BBC was, in itself, a form of endorsement in a time when the status of celebrities was perhaps more revered and less questioned than it is today.

Access arrangements and privileges accorded to Jimmy Savile at LYPFT (Formerly Leeds CMHT)

No such arrangements were in place for Jimmy Savile or any other non-clinical or non-professional individual who did not have legitimate business in any of the hospital or service sites.

Policies, Practices and Procedures during the time of the allegations

Mental Health services in Leeds have undergone several major structural and administrative changes since 1988. The current Medical Records Manager for LYPFT (also employed in medical records in 1988) informed this investigation that the, then, Leeds Community Mental Health Trust had no procedure or practice in place for archiving management documentation. Consequently no reliable record is in place to illustrate the policy context at that time. The advent of the Clinical Governance framework across the NHS in 2000 and the assurance of quality and safety that is now required means that there is a much more comprehensive range of policies and procedures in use than would have been the case in 1988.

Current Policies and Procedures

The following policies and procedures are currently in place in LYPFT and are reviewed and revised on a programmed basis. They are reviewed at a high level within the Trust and signed off by the Board. All are currently deemed fit for purpose and have been evaluated by lead professionals within the Trust in the light of concerns raised by the Winterbourne View, Mid Staffordshire and Savile enquiries. Not all of them are exactly pertinent to the Savile allegations discussed here but any of these could now come into play to prevent or respond to issues of a similar nature.

- Access Control, for Staff & Visitor Identification Procedure
- Raising Concerns at Work / Whistle Blowing Procedure
- Communications and Engagement Plan
- Complaints Management Procedure
- Safeguarding Adults Multi-agency Policy and Procedure
- Safeguarding Children Multi-agency Policy and Procedure
- Procedure Following an Alleged Assault
- PALS Procedure
- Involving People Policy
- Mixed sector complaint procedure
- Leeds and York Partnership NHS Foundation Trust Constitution
- Bullying and Harassment Procedure
- Procedure for Employment Disclosure / Employment of People with a Criminal Record
- Procedure for the Professional Registration of Staff
- Maintaining High Professional Standards in the Modern NHS Doctors and Dentists Disciplinary Framework
- Compulsory Training Procedure
- Reference Procedure
- Risk Management Policy
- The Management of Incidents Including Serious Untoward Incidents Procedure
- Security Management Policy
- Being Open with Service Users & Carers Following Incidents, Complaints or Claims

How Complaints were dealt with at the time of the allegations

Although no documentation could be found, LYPFT's current Complaints Manager, who also worked in complaints in 1988, stated that; the Complaints Procedure in 1988 was essentially the same as it is today. Complaints by service users would have been investigated by the Complaints Manager within 20 days of receiving the written complaint. Today the response time is 30 days. The Patient Advice and Liaison Service (PALS) now plays a vital role in supporting service users with any complaints or concerns. PALS were introduced within the trust in April 2003.

Jimmy Savile's fund raising activities

The Trust at the time did not engage in fund raising activities other than small scale activities for individual wards such as cake stalls etc. A local charity called 'The Friends of High Royds Hospital' was in existence in the 1980s. This organisation was independent of the Trust and generated funds which paid for activities and equipment that provided a therapeutic benefit to service users. When 'The Friends of High Royds Hospital' was wound up in the late1990s the fund was given over to Voluntary Services and was consolidated into a trust-managed fund for the same purpose; to facilitate activities for service users. There is no documentary or anecdotal evidence within LYPFT that Jimmy Savile ever had a connection to any funding stream associated with The Friends of High Royds Hospital or Leeds CMHT.

Currently employed staff that were there in 1988 were interviewed separately and were unanimously of the view that Savile's involvement on that day was significant and unusual, something of a red letter day for the hospital. This supports the understanding that he had had no prior or subsequent involvement with the hospital or Trust either as a fund raiser or visitor.

Jimmy Savile was invited to attend the day as a celebrity guest and to participate in the fun run. This was confirmed by a member of staff who was on the 'Victorian Planning Committee' as it was known (the day had a period theme in keeping with the centenary celebration). She was unable to remember who contacted Savile or how the invitation was made. She recalls that the planning committee was a joint initiative by the Trust and The Friends of High Royds Hospital.

Investigation of Current Allegations

LYPFT is a main partner within three Safeguarding Adults Multi-agency Partnerships; Leeds, York and North Yorkshire. It participates fully in all board meetings, sub-groups and development activities. The Trust has adopted the multi-agency safeguarding adults policies and procedures for service users in the respective catchment areas. All safeguarding alerts are sent to the LYPFT safeguarding team. With any incidents or allegations that constitute a criminal offence the safeguarding team direct clinicians to inform the police if the alleged victim consents to that (unless they have been formally assessed to not have the capacity to make the decision under the terms of the Mental Capacity Act 2005, in which case the team or care coordinator may act in their best interests and report it to the police). All safeguarding alerts are responded to according to the local safeguarding policies and procedures and each local authority based safeguarding partnership team is copied into LYPFT documentation pertaining to the coordination and investigation of each safeguarding case. LYPFT is fully accountable within these processes and provides the local safeguarding adults boards, the Clinical Commissioning Groups and the CQC with quarterly and/or annual compliance reports as required.

Conclusion

Bearing in mind the high level of attention that the Jimmy Savile and others allegations have had in the media it is difficult to say with any certainty that the accounts and opinions provided by those interviewed for this investigation are completely unaffected by the publicity the case has generated. However the accounts given by X and Y are very compelling and certainly plausible. The staff who were interviewed are all experienced, professional people used to facing difficult and sometimes challenging issues in their day to day work and, in the opinion of the investigator, gave a balanced account of what happened on that day in 1988.

It is difficult to draw conclusions on these two allegations without being influenced by the weight of public opinion surrounding Savile and the emerging evidence now in the public domain, but X and Y's claims are modest, plausible and difficult to refute. There is no evidence that Savile's behaviour was supervised or that he was asked to stop his inappropriate behaviour at the time. For this reason LYPFT accepts the allegations and believes them to be true.

Recommendations

It is the view of the author of this report that current LYPFT policies, procedures, safeguards, governance and standards of clinical practice are sufficiently robust to prevent such an occurrence happening again. Mental health services have also changed beyond recognition, service user safety is the priority and it is difficult to envisage a similar situation occurring today where a celebrity is allowed open access to vulnerable people in a place of safety without question.

The single recommendation is that the service user, identified as X, has an open invitation to visit today's mental health wards in order that she can see for herself the changes in environment, practice and protection offered to vulnerable service users.

Individuals consulted during this investigation:

- Y Ex-member of staff/victim of abuse/witness to others being abused
- AS Occupational Therapist/witness to 1988 event
- JP Nurse/witness to 1988 event and member of the event planning committee
- AJ Occupational Therapist/witness to 1988 event
- DN Nurse/ witness to 1988 event

LYPFT Complaints Manager

LYPFT Medical Records Manager

LYPFT Senior HR Manager

LYPFT Clinical Librarian

Adult and Older People's Services Clinical Services Manager