

Investigation into the role played by Jimmy Savile at Devon Partnership NHS Trust (formerly Exe Vale Hospital Group)

Description	This report was written as a collaboration between Devon Partnership NHS Trust (DPT) and the Royal Devon and Exeter NHS Foundation Trust (RD&E)
Incident date	16 April 1970
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1. Introduction

This report was undertaken following a request by the Department of Health (DH) to investigate allegations relating to Jimmy Savile and sexual abuse at a mental health hospital in Exeter (Digby Hospital). Mental health services in Exeter are currently provided by Devon Partnership NHS Trust (DPT).

Operation Yewtree is a Metropolitan Police Service (MPS) led investigation into alleged sexual abuse predominantly the abuse of children. It is centred on the British media personality Jimmy Savile (died in 2011) as well as others. The investigation was launched on 5 October 2012 by the MPS following an investigative television programme broadcast on 3 October 2012 reporting Savile's alleged abusive behaviour.

Ms X reported an incident involving Jimmy Savile at Digby Hospital to the MPS. The MPS passed the information to the DH who initially asked the Royal Devon and Exeter NHS Foundation Trust (RD&E) to investigate. Contact was then made by the RD&E Chief Executive with the Chief Executive for DPT, being the NHS organisation providing mental health services across Devon. DPT was asked to undertake an investigation into the involvement of Jimmy Savile with mental health services in Exeter in relation to an alleged incident in April 1970.

The incident is alleged to have taken place at the Russell Clinic at Digby Hospital during April 1970. The individual, Ms X, provided four photographs; one of herself and another patient with Jimmy Savile; one with one nurse and Jimmy Savile; one of Jimmy Savile and four nurses and one of an unidentified man (who Ms X said was Jimmy Savile's chauffeur) standing in front of a Mercedes campervan. Miss X said the photographs were taken during the afternoon of 16 April 1970. She stated that Jimmy Savile had attended Russell Clinic and that one of her friends knew he would be attending.

Ms X stated Jimmy Savile was in a motor home/caravan and he invited her to see the vehicle, where he then raped her. She did not report the incident to anyone at the time and did not believe anyone was aware of what had happened.

2. Terms of reference

Devon Partnership NHS Trust has been requested to undertake an investigation in relation to the involvement of Jimmy Savile with Digby Hospital, Exeter, Devon in April 1970 following an allegation of sexual abuse.

The report aims to:

- Investigate the allegation made by Ms X.
- Determine the association of Jimmy Savile with Exe Vale Hospital Group.
- Identify and obtain any clinical records relating to the individual reporting the incident.
- Determine if there are any records relating to a visit to the hospital by Jimmy Savile, and whether this was a planned visit.
- Establish whether there was an ongoing association with Jimmy Savile and the hospitals of the Exe Vale Hospital Group or any other hospitals under the management of Devon Partnership NHS Trust or its predecessor bodies.
- Determine whether any policies and procedures were in place in 1970 in relation to safeguarding to take into account patients, visitors and volunteers within the mental health services.
- Establish any governance arrangements that were in place in 1970 in relation to fundraising by celebrities and others on behalf of the mental health services, and any privileges, including access afforded to them by the organisation at that time.
- Ensure policies currently exist and are regularly reviewed and updated, in relation to safeguarding and access to people who use services by volunteers and other members of the public including celebrities.
- Ensure that current policies, practices and organisational culture encourages and facilitates people who use services, their family, carers and friends and staff to report concerns and that complaints, concerns and incidents are fully investigated and reported.
- Consider why the alleged incident was not reported at the time of the occurrence, including organisational culture and practices at the time.
- Identify lessons learned and make recommendations for further action.

3. Methodology

Locating the documents

The reported incident occurred in 1970. At that time clinical records and other documents relating to the activity of the organisation were in paper form. The NHS has seen many reorganisations in the intervening years and mental health services have been reconfigured on several occasions. Therefore locating information (other than clinical records) relating to the period in question proved to be challenging.

It was established that DPT does not hold any archive documents. Any documents that were held by the organisation were sent to Devon County Records Office; however on examination these are very limited. All archived clinical records are located in external storage and can be easily tracked and recovered by the Trust's Information Governance (IG) Department. Therefore the clinical notes relating to Ms X were traced and retrieved with her prior consent to inform this report.

Ms X had a photograph showing herself and another patient at the Russell Clinic with Jimmy Savile. She was able to provide the patient's name. The patient is deceased and her clinical notes were obtained via the Trust's Information Governance Department and only contain records of a few years before she died.

All documents relating to mental health services in Exeter from 1968 to 1971 stored at the County Records Office were scrutinised with regard to the visits of celebrities to the inpatient units with particular reference to Jimmy Savile and policies and procedures that may have been in place at that time. Archived editions of the local Exeter newspaper, the Express and Echo were searched to find reference to visits by Jimmy Savile to Exeter and the hospital group in particular.

Attempts were made to establish whether celebrities visited hospitals within the Exe Vale Hospital Group by contacting retired staff members who were in the service at that time. For many years prior to and several years following the alleged incident mental health and learning disability hospitals held summer fetes in their grounds which were opened by celebrities. However there is no record or recollection of Jimmy Savile's involvement in such functions.

No policies that addressed the issues of safeguarding vulnerable patients could be located that related to the time of the incident. Current Trust policies were scrutinised to ensure they are fit for purpose and regularly reviewed and updated.

The documents reviewed.

The following documents were reviewed:

- The clinical records of Ms X.
- Exe Vale Hospital Group – visitors' book (ended in March 1970)
- Minutes of the meetings of Exe Vale Hospital Management Committee from January 1969 to December 1971.
- Minutes of meetings of the Exe Vale Hospital Staff and Establishment Committee 1966 to 1970
- Minutes of meetings of the Exe Vale Hospital Finance and Executive Sub-committee 1966 to 1970
- Minutes of meetings of the Exe Vale Hospital Medical Advisory Committee from 1969 to 1970
- The Exeter Express and Echo newspaper March February 1970 to June 1970.
- Devon Partnership NHS Trust policies.
- Gray, David and Watt, Peter 2013 *Giving Victims a Voice – joint report into sexual allegations made against Jimmy Savile*
- Photographs supplied by Ms X.
- The clinical records of the female patient in the photograph with Ms X alongside Jimmy Savile.
- Transcript of the telephone conversation between Ms X, the RD&E Chief Executive and the RD&E Trust Solicitor.

Interviewees

The following individuals were interviewed:

- Ms X – a transcript of the telephone interview was made.
- Three former registered nurses working within the Exe Vale Hospital Group at the time of the incident. Notes were made from telephone conversations and face to face conversations and the accuracy of these notes was confirmed with interviewees.
- DPT Employment Services administrator to locate contact details of staff previously employed by Exe Vale Hospital Group who may have been in post at the time of the incident.

- DPT Policy Officer – informal discussions regarding current policies and procedures.
- Five staff who had worked in NHS mental health organisations in the 1970s were spoken with informally.

Ms X does not live locally. She therefore asked to be contacted by telephone. Subsequently the RD&E Chief Executive and RD&E Trust Solicitor made initial contact by telephone to discuss the processes involved. The Trust Solicitor then emailed her with questions, to enable the individual to consider these prior to a more formal conversation taking place. The RD&E Trust wanted to ensure that the individual had sufficient support prior to discussing details of the incident; in addition the individual was asked whether she would consent to the conversation being recorded; consent was given. Ms X wanted the report to be anonymised and for any other patients she referred to, to retain anonymity. The report and its findings have been shared with Ms X, and she has been informed and updated in relation to the intended date of publication.

The Chief Executive and Trust Solicitor then telephoned the individual in April 2013 to discuss the allegations in detail. Ms X has since confirmed the accuracy of the transcript of the conversation and approved the final draft report.

Three individuals who worked as registered nurses in the Exe Vale Hospital Group were spoken with. Two had worked from the 1960s until retirement in 2000s; another had been a student nurse during the 1970s. The conversations focused on the hospital group in the early 1970s. The individuals were not able to identify any of the staff in the two photographs. However they were able to confirm the building shown was the Russell Clinic. It was not possible to trace staff who were working on the ward at the time of the alleged incident. Discussion took place with the three individuals (who worked in the Exe Vale Hospital Group during the 1970s) concerning other staff working within the hospital group at that time who would be available. Two additional members of staff were mentioned however they were not working in the area for some years prior to and after the alleged incident; they were working in different parts of the country and had no knowledge of celebrities who visited in the early 1970s. Unfortunately the individuals were unable to think of names of staff of who had worked in the organisation at the time; it was noted that some staff working at that time had since died. The staff records held by DPT Trust do not go back to the 1970s. Discussion with the Information Governance Department and the Workforce and Organisational Development Department has concluded that the records were not retained and would have

been destroyed in accordance with the policies and practices of the time; the current Code of Practice relating to records management was not in place at this time.

It was not possible to determine the names of all the staff working on the unit at the time as many used initials when signing clinical records and in many cases where there was a signature this was illegible. A few names from typed letters were taken from the clinical record of Ms X. A letter was sent to the NHS Pensions Agency (following telephone enquiry and email correspondence) regarding two names which were discernable to ascertain if any contact details were available; however they were unable to provide contact details.

4. Background information and context

At the time of the alleged incident in 1970 mental health services in Exeter were managed by the Exe Vale Hospital Group. The Exe Vale Hospital Management Committee managed the hospitals within the group which consisted of Exminster Hospital, Digby Hospital and Wonford House. Russell Clinic was located at Digby hospital. It was a 'stand alone' one level ward which stood in its own grounds away from the main hospital buildings. At the time of the alleged incident it accommodated patients who were admitted in an "*acutely disturbed state*". This hospital site no longer exists and is now a business park and housing. The hospital closed in the mid 1980s when Exeter mental health services was one of the leaders in transferring mental health care from large institutions to community care provision. .

Cultural context of the time

The Mental Health Act 1959 saw the 'opening of doors' of the institutions. Community care although in its infancy, was developing as a service; the advent of long acting depot injections for people with psychotic symptoms in addition to other advances in medication led to reduced hospital stays. The first therapeutic community began in the UK 1969; the rise of the 'anti-psychiatry' movement including R. D. Laing and Thomas Scheff contributed to the beginning of changing attitudes to mental health care. However despite advances stigma still surrounded mental illness in the 1970s, it was not generally talked about and local mental health institutions were frequently viewed locally as places people did not want to go to. Institutions were still situated away from areas of population surrounded by their own large grounds; however day care in the form of day hospitals and outpatient clinics were being sited in some cities and towns.

Sexual abuse was not discussed and rarely considered in the 1970s. It did not have the high profile in the media that it does currently. Interviewees said because of this they thought it was possible that people experiencing sexual and physical abuse were less likely to report incidents. However rape was a serious offence in the 1970s and if reported by a victim would have been taken seriously. Safeguarding processes have evolved since this time.

5. Investigating the allegation

Ms X was aged 25 when she was admitted as an informal patient to the Russell Clinic at Digby Hospital on 3 April 1970. She was married and lived abroad with her husband and young child, although she had been admitted from her parents' address in Devon. It is recorded that she was "*extremely depressed and expressed suicidal ideas*". She received treatment and was subsequently discharged.

Description of the incident

Ms X reported that the incident took place during the month of April 1970. At the time she was an informal patient being treated for depression. She stated that one of the other patients on the ward said that Jimmy Savile would be visiting the ward. Ms X has a photograph, which she said was taken on 16 April 1970, of herself with another patient (who she was able to name) with Jimmy Savile standing outside of the Russell Clinic. There is a sign which clearly states 'Russell Clinic'. Ms X said Jimmy Savile arrived in a motor home/caravan and she was invited into the vehicle where she stated he then raped her. She said the vehicle was within the grounds of the hospital. Another photograph in Ms X's possession shows a Mercedes (the badge is clearly visible) campervan, part of the number plate can be seen, - ODC 50 – the remainder is obscured by a man posing for the photograph believed to be Jimmy Savile's chauffeur. It is not possible to determine where this picture was taken as there is nothing to indicate a location; however it resembles and so could be the driveway up to the Russell Clinic.

The clinical records are in paper form and sparse when compared to current record keeping. Entries in the 'nurses' notes' were not made on a daily basis and were very brief, containing minimal detail. Entries on the day in question and a few days after only refer to treatment undertaken. Staff signatures are not readable and on many occasions only initials are used. Current record keeping standards require the person making an entry in clinical records to be identifiable. The introduction of electronic records enables identification of staff.

The MPS summary of the original call made by Ms X matches the information given by her during the telephone interview undertaken by the RD&E Chief Executive and Trust solicitor.

There is no reason to doubt the veracity of Ms X's account. She said she is unsure of the exact dates; however those given are supported by the clinical record. The telling of the incident has caused emotions to re-surface for Ms X, especially as she has not spoken of this before. Therefore DPT is providing counselling and support in relation to the incident.

6. Jimmy Savile's association with Devon Partnership NHS Trust

Jimmy Savile was not referred to in any of the documentation scrutinised in the preparing of this report. This includes clinical records and newspapers.

The visitor's book did not name people who had visited the hospital. It contained recordings of visits made to wards by members of the Hospital Management Committee. It records that the visitors spoke with patients and staff; the emphasis was on getting to know all parts of Exe Vale Hospital Group. Comments were made on facilities, decorative repair and buildings as well as treatments the patients were undergoing. No records could be found of visits made to the hospital by members of the public.

An individual (now retired) who had worked as a nurse for the Exe Vale Hospital Group was asked if she remembered any celebrity visitors to the hospital at the time in question. She replied that she did not remember anyone. However she then volunteered that she remembered talking to staff in the hospital canteen during a break and someone said that Jimmy Savile had been in that day to visit a patient on a ward. She thought that this was not a special organised event. She said this would have been in the late 1960s and would have been in Wonford House Hospital not the Russell Clinic at Digby as she was working at Wonford House on the children's unit at the time. She said they had no celebrity visitors that she was aware of to the children's unit. The two other ex-members of staff spoken with did not recall any visits made by Jimmy Savile to the hospital group.

Ms X was able to provide the name of the female patient with her in the photograph alongside Jimmy Savile. Clinical records for this patient (now deceased) were obtained; however these did not relate to her stay in the Russell Clinic in 1970; they related to recent contact with her local Older People's Mental Health team during the 2000s. No other records could be traced.

7. Policy, practice and procedures at the time of the reported incident.

No policies or procedures were found for 1970. However a recommendation was made in the minutes of the Exe Vale Hospital Medical Advisory Committee held on 19 March 1970 that the Hospital Management Committee appoint a fully trained organiser of volunteers who would cover the whole field of voluntary work. An offer was made by the Chief Nursing Officer to provide a stand-in until an appointment was made as the then current post-holder's contract was due to expire at the end of March 1970.

Staff who worked in the NHS during the period referred to in this report and those working in the Exe Vale Group said clinical procedures were in place for interventions such as wound dressing and lumbar punctures. Staff working in the Exe Vale Group do not recall policies being in place, other than a fire procedure which was usually part of the induction process to a new area (on average half a day).

8. How complaints were dealt with at the time of the incident

There is no available information concerning the handling of complaints at the time of the incident. Members of staff who worked in the Exe Vale Hospital Group and individuals who were working in other areas of the NHS at the time said that complaints would follow the line management structure up to the senior nursing officer in charge of the hospital who would address the issue.

The number of complaints raised by patients during the 1960s and 1970s is not known as no documentary evidence has been found.

9. Current policies, practice and procedures

Devon Partnership NHS Trust has the following policies in place:

- C19 – Safeguarding Adults (the protection of Adults from Abuse) - provides guidance for all staff and volunteers working with the Devon Partnership NHS Trust, all of whom have a responsibility to recognise and report actual or suspected incidents of abuse.
- C25 – Safeguarding Children - provides guidance to all staff about the responsibility they have to ensure the health, safety and protection of children regardless of whether they work directly with children.
- C35 – Victims Liaison - provides information about procedures for information sharing, joint working, and the forwarding of victims' representations about discharge conditions to Mental Health Tribunals relating to the Domestic Violence, Crime and Victims Act 2004.
- G04 – Concerns and Complaints - outlines the process for addressing concerns and complaints in order to:
 - o Support Trust staff and other stakeholders involved in the resolution of concerns and complaints.
 - o Ensure lessons that are learned from complaints inform service improvement.
- GV00 – Information Governance, Policy and Strategy - defines the strategy for the information governance framework, including people, resources, the culture and the processes necessary to ensure efficient management of the information needed to support the core purpose of the Trust in caring for individuals and improving public health
- GV11 – Guidance on 'Being Open' - describes the ethical responsibility for healthcare to maintain and open communication with people in receipt of services and/or their family or supporters, especially when things go wrong.
- HR 12 – Standards of Business Conduct - provides guidance to staff and managers to ensure that the Trust will be seen to be impartial and honest in the conduct of its business.
- HR 19 – Recruitment, Selection and Retention - provides guidance and support to Recruiting Managers of Devon Partnership NHS Trust on the Recruitment, Retention and Selection of staff
- HR 20 – Acceptable Behaviour - Devon Partnership NHS Trust expects of its managers and staff the highest standards of behaviour in carrying out their duties and responsibilities. To achieve this standard it is essential that employees work in a

supportive environment, which does not tolerate unacceptable behaviour, bullying or harassment of any kind.

- HR 21 – Whistleblowing - creates a positive framework to encourage staff to exercise their right and duty to raise matters of genuine concern about healthcare issues and patient care
- HR 29 – Security and Safety (including bomb threat procedure) - outlines how the Trust will provide the best possible protection for its staff, service users, professionals and property and how that is applied across the organisation.
- HR 36 – Violence and Aggression- describes the policy for safeguarding staff, identifying responsibilities and implementation of the risk management process for violence and aggression
- HR 48 – Criminal Records Disclosure - developed in response to The Protection of Children Act 1999, the Criminal Justice and Court Services Act 2000 relating to the protection of young people under the age of 18 and the Protection of Freedoms Act 2012. It also takes into account the disclosure of any criminal background of those working or volunteering in activities of a specified nature with children or adults. This policy has been updated to replace the term Criminal Records Bureau (CRB) with the term Disclosure and Barring Service (DBS).
- HR 46 – Volunteers and Work Experience – provides guidance and advice on the recruitment and ongoing supervision of volunteers and work experience students.
- R01 – Risk Incident Reporting - describes the requirements in relation to the reporting management and review of all incidents.
- R03 Risk Management, Strategy, Policy and Risk Assessment Process - describes the Trust's Risk Management Strategy and the framework for the establishment and implementation of a risk management process.
- R06 – MAPPA Information Exchange Protocol - purposes include providing a link to the multi agency protocol and working practices that already exist between the Devon and Cornwall Constabulary and housing providers, within the Devon and Cornwall Exchange of Information on Sex Offenders.
- R09 - The Investigation and Analysis of Incidents, Complaints and Claims - outlines the Trust's requirements regarding the investigation of incidents, complaints and claims; it outlines the principles involved, competencies required and techniques which should be employed. The processes, by which the findings of investigations, the learning and actions required in response, are implemented and the analysis of information regarding adverse events is also described.

- R13 - Guidance on the Support of Staff Affected by Incidents, Complaints or Claims - highlights the responsibilities for the provision of support and outlines a range of options that are available to access further support and advice.

DPT has a policy (G01 Policy on Policies) containing information and guidance to authors to create properly formatted and informative documentation for ratification that meet the Trust's guiding principles and assist staff in the provision of safe recovery focussed care. This includes policy initiation, development, feedback, ratification and publication. All policies are written using a standard template and have a review date.

At every stage of the policy development process the Trust's policy officer works with the policy author monitoring the quality of the policy content, the format and layout as well as referencing, spelling and grammar. Should gaps or deficiencies be identified, measures to correct them are agreed between the policy author and policy officer.

The processes incorporated into policy development ensure that policies are fit for purpose. The policies are maintained electronically on the DPT's intranet and internet; printed copies kept in folders in clinical areas are not permitted as they may be out of date. Staff needing to refer to policies use the intranet or internet sites to access the current documents. Staff training is provided to support policies when necessary; staff have personal responsibility to keep up to date with policies and procedures. New and revised policies are posted on the Trust's home page on the intranet. Managers are informed of policy development and change using a range of communications dependent upon the policy.

Patients are encouraged to raise complaints and issues in relation to the service. Staff monitor patients and identify changes in behaviour which could reflect a traumatic experience. Staff have an increased awareness of abuse, safeguarding processes and how and when to raise a safeguarding alert.

Visitors to clinical areas are asked to sign in and to report to the ward office on arrival; visitors to people using services are routinely reflected in the clinical record. The whereabouts of patients are closely monitored in accordance with policy.

It is unlikely that a similar incident would occur in the current organisation, given the policies in place and the vigilance of staff.

10. Overall analysis and conclusions

It would appear that at the time of the reported incident policies did not exist in their current form. Clinical procedures were in place; however these related to nursing practice. Any complaints from staff or patients would usually be directed up the line management structure to the senior nursing officer in charge of the hospital. There were guidelines which referred to such topics as fire safety, which usually consisted of knowing where the fire exits were on a ward.

Ms X has shown the RD&E Chief Executive and Trust Solicitor a photograph of herself with Jimmy Savile with a date in April 1970. The photograph was also seen by the report author in case staff and location could be identified; the photograph was taken at the Russell Clinic and shows Jimmy Savile and two females, one of whom was Ms X; it was not possible to identify staff. There are no official records which indicate Jimmy Savile visited the hospital, however it is possible he visited a specific patient who he knew, which would not necessarily draw attention of the press or senior hospital staff. There is no reason to doubt Ms X's account; therefore it is concluded the incident took place.

Within Devon Partnership NHS Trust all complaints of sexual or physical assault on staff or people using the service are thoroughly and sensitively investigated; the policies in place enable staff to understand and implement these processes effectively. Learning points are identified, recommendations made and action plans developed and monitored to mitigate the risk of future occurrences. Should such an incident occur within the Trust at the current time it is anticipated the individual would feel able to report the incident to staff who would offer support to the individual and keep them safe, staff would involve the police and raise a safeguarding alert.

11. Recommendations

- DPT to identify learning points from the NHS investigations in relation to Jimmy Savile when published and identify recommendations within four weeks of publication of the report on those learning points.
- The Trust's Safeguarding Lead to identify any learning points and recommendations from the NHS investigations and formulate an action plan should the need be identified within six weeks of publication of the report.
- Learning points and recommendations and actions planned in response (identified above) to be shared with all Trust staff within 10 weeks of publication of the report.
- The Trust Policy Officer under the supervision of the Trust's Safeguarding Lead and in conjunction with policy leads to review existing policies to identify that they are fit for purpose and current in relation to the learning points identified from the NHS investigations within 12 weeks of publication of the report.
- Any new policies identified by the process referred to above to be published and implemented within 16 weeks of publication of the report.

Appendix A

Investigation Team Biography

Name: Judith Alison Gloster

Job title: Root Cause Analysis (RCA) Facilitator

Work address: Devon Partnership NHS Trust
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Qualifications: Registered General Nurse (RGN)
Registered Mental Nurse (RMN)
MSC. Health Care – Professional Education
Registered Clinical Nurse Teacher
Registered Nurse Tutor
Certificate in Education

Summary of experience:

I have been practicing as a nurse (including as a student nurse) in the NHS since 1973 when I began training in adult nursing in Bristol. I have worked in mental health since 1977 in a range of clinical areas, although primarily in acute mental health admission wards and forensic mental health services. I have spent the majority of my career in healthcare education teaching in the university setting including students undertaking master's level study, whilst being in an NHS setting based in learning and development departments.

In recent years I have undertaken a range of corporate work including the implementation of the amendments to the 1983 Mental Health Act and emergency planning. I am currently working as an RCA facilitator since retiring in 2011, I undertake investigations and prepare reports in relation to serious incidents reported within the Trust, often involving other organisations.