

Jimmy Savile NHS Investigation: Leeds General Infirmary

Background

In June 2014 28 reports by NHS Trusts into allegations of abuse by Jimmy Savile on their premises were published with a further report from Stoke Mandeville Hospital and an overview by Kate Lampard due to be published in October 2014. A further four reports have still to be completed.

A summary of the published reports is part of this NOTA series along with more detailed individual summaries of the reports from Broadmoor, Leeds General Hospital and Stoke Mandeville Hospital. Taken overall it is apparent that a huge amount of resource has been expended to respond to all allegations received, many passed on by the police undertaking Operation Yewtree.

Report of the investigation into matters relating to Savile at Leeds Teaching Hospitals NHS Trust

Authors: Susan Proctor, Ray Galloway, Rebecca Chaloner, Claire Jones, David Thompson

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Introduction

Leeds General Infirmary is part of the Leeds Teaching Hospitals NHS Trust. Originally the city's teaching hospital, it dates back to the 1700s. It is one of the largest teaching hospitals in Europe, with an annual turnover of £1 billion. It employs over 15,000 staff and each year treats almost 1.5 million patients in its wards and departments.

In 1960 Savile became involved in the Leeds General Infirmary hospital radio service. This was managed by the Head Porter, a childhood friend of Savile's. In 1968 Savile was a leading figure in a national campaign to encourage the public to volunteer for 'good causes' and, with the approval of the hospital Board of Governors, he started as a volunteer porter.

He continued in this role, and as a celebrity visitor and fundraiser, throughout his 50 year association with the Infirmary. His celebrity status and familiarity with many staff in the Infirmary contributed to him having unchallenged access throughout the hospital. However, he was also regarded by a considerable number of staff as a disruptive nuisance, a self-publicist and 'a creep'.

His relationship with the hospital senior management seems to have been relatively close in the 1960s and 1970s and considerably less so subsequently. However, a perception remained that he was well regarded at senior levels in the hospital and this, combined with his celebrity status, appears to have given him freedom to behave in ways that would not have been tolerated by other people. It also appears to have served to discourage disclosure by his victims.

Savile Report summaries

Marcus Erooga, NOTANews 75, March / April 2015

Savile's behaviour

The enquiry states that 64 people gave accounts of abuse or inappropriate behaviour by Savile. Sixty of these accounts concerned abuse in premises run by the Trust or its predecessors, and four related to other healthcare organisations in either Leeds or other parts of West Yorkshire. Victims from the Leeds Teaching Hospitals NHS Trust or its predecessor bodies, ranged in age from five to 75 years. Nineteen children and 14 adults were patients at the time of their abuse.

In addition, 19 members of staff reported abusive or inappropriate behaviour by Savile. Eight further accounts were from victims who were external to the Infirmary, but whose abusive encounters had a connection with it.

The majority of Savile's victims were in their late teens or early twenties at the time of his abusive or inappropriate behaviour. The earliest case was in 1962, when Savile was 36 years old, the most recent in 2009, when he was 82. In terms of patient victims specifically, the earliest case was in 1962 and the most recent in 1999. Mostly, his assaults were opportunistic, and many took place in public areas such as wards and corridors. However, eight cases suggest an element of premeditation: in some instances, this included the grooming of victims and their families over a period of months. Mostly Savile worked alone, but on occasion others assisted him in his abusive behaviour.

The behaviour ranged from lewd remarks and inappropriate touching to sexual assault and rape. These incidents took place on wards, in lifts, in corridors, in offices and off site in a local café, in his mother's house and in his campervan. Only four children and five adults reported their experiences at the time to staff or a colleague.

Management responsibility

The enquiry found no evidence to suggest that those in leadership positions who were interviewed knew Savile was sexually assaulting patients and staff. However, whilst on occasion they found his behaviour inappropriate for a hospital setting, this did not prompt action in relation to the possible impact Savile may have had on junior members of staff or on patients for whom they were responsible. The enquiry suggests this was symptomatic of a broader disconnect between senior managers and the rest of the organisation.

Considering the Trust's response to revelations about Savile the enquiry suggests that implementation of internal recommendations to improve policies in light of the allegations about Savile has been slow; that there are inconsistencies in the presentation and scope of policies, which could be strengthened by seeking the views of a wider set of stakeholders; that the Trust should identify and adopt best practice from other organisations. It notes that the Trust is currently reviewing all its corporate policies.

Marcus Erooga October 2014

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Marcus Erooga is an independent safeguarding consultant, trainer and a Visiting Research Fellow, Centre for Childhood Studies, University of Huddersfield. Amongst his publications is research about abuse in organisational settings and participant research with organisational offenders, both of which can be found online. In 2012 he edited and contributed to *Creating Safer Organisations: Practical steps to prevent the abuse of children by those working with them*, reviewed in NOTA News 69.