

Investigation into information about Jimmy Savile in relation to Guy's and St Thomas' NHS Trust

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1. Introduction

There has been widespread media coverage of historical allegations of abuse involving Jimmy Savile (JS) which occurred within NHS organisations. As a result of this a number of requests have been made by the Department of Health to review NHS safeguarding arrangements and practice to ensure that they are robust.

The Chief Nurse presented a report to the Trust Board in July 2014 in regards to the ongoing review of the Trust's safeguarding arrangements in line with Department of Health recommendations. (Appendix A). This report also highlighted information following a request to undertake an investigation into whether there was any evidence that JS had visited the Trust. Notification had been received from a member of the public in May 2013 that JS had been seen alone on one of the paediatric wards at Guy's Hospital late one night around the period of 1980. This was investigated at the time and reported to the Board. There was no further information obtained at this time to support this apparent sighting of JS from 1980 and the investigation was therefore closed. This report to the Trust Board also highlighted that the Trust had good safeguarding governance arrangements and practices in place. A number of policies were updated following this review.

Following the publication of further reports from other NHS organisations the Chief Nurse asked for a second review, given the profile of Guy's and St Thomas' NHS Foundation Trust (GSTT), she was not satisfied that there had been no more than one unplanned sighting of him on Trust premises. Therefore the investigation was reopened in discussion with the Savile Legacy Unit based at the Department of Health. This reports sets out the outcome of this second investigation.

It is important to state upfront that the Trust has received no allegations of abuse and there is no evidence that abuse involving Jimmy Savile took place at GSTT.

1.1 Background

On 3 October 2012, ITV broadcast an Exposure programme '*The other side of Jimmy Savile*' featuring five women who reported that they had been abused by Jimmy Savile (JS). As a consequence of this programme individuals came forward to say that they too had been abused by JS and others. In response to these allegations the Metropolitan Police Services (MPS) set up Operation 'Yewtree'. As a result of this the

MPS jointly published a report with the NSPCC titled '*Giving Victims a Voice*' on 11 January 2013, which listed NHS hospitals where JS was reported to have offended.¹

As a result of the '*Giving Victims a Voice*' report and subsequent information provided by the Police during the course of 2013, further investigations were commissioned at NHS hospitals. Reports of the investigations by various NHS organisations into matters relating to JS, together with Kate Lampard's oversight and assurance report² in to matters relating to JS in the NHS were published on 26 June 2014. The publication of these reports and the significant media coverage in respect of their findings encouraged further individuals to come forward with information or allegations of abuse by JS on NHS premises. Any information or allegation of abuse by JS is required to be investigated thoroughly by the Trusts concerned.

Following the publications of the NHS reports the Trust reviewed these reports and the Trust's safeguarding arrangements and practices. As a result of the reviews a number of actions have been taken to date:

- In January 2013 the Trust Board received a report in response to a letter from Sir David Nicholson, NHS Chief Executive requesting that Boards review the arrangements and practices relating to vulnerable people. As a result of this the Trust reviewed its safeguarding arrangements and made some amendments; this included devising a visitor policy for children services and a review of volunteer arrangements.
- The Independent oversight of NHS and Department of Health investigations into matters relating to Jimmy Savile, An assurance report for the Secretary of State for Health was published in June 2014. NHS bodies were asked to review the report and recommendations. The Trust was able to demonstrate that they met the core standards required. However, a number of policies were updated at this time in line with best practice and guidance.
- Kate Lampard QC subsequently produced a "lessons learnt" report³, drawing on the findings from all the published investigations to identify areas of potential concern across the NHS. In March 2015 Monitor requested organisations to assess the relevance of the recommendations to its organisation and take any action necessary to protect patients, staff, visitors and volunteers. The Trust reviewed each of the ten recommendations

¹ http://www.nspcc.org.uk/news-and-views/our-news/child-protection-news/13-01-11-yewtree-report/yewtree-report-pdf_wdf93652.pdf

² Independent oversight of NHS and Department of Health investigations into matters relating to Jimmy Savile. An assurance report for the Secretary of State for Health. DH June 2014.

³ Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile: Independent report for the Secretary of State for Health February 2015: Kate Lampard

applicable to NHS trusts and identified that the Trust was compliant with six of the ten recommendations at the time. An action plan was put in place to take forward the remaining four recommendations. A review was undertaken of the Trust's volunteer recruitment arrangements which include pre employment checks and training; review of temporary staffing arrangements; a review of the Trust's DBS checks and DBS referrals. These actions are now complete.

Trust wide communication has been made across the organisation to alert staff to the findings, recommendations and actions of the various reports published to date. Trust safeguarding newsletters communicated across the organisation in January 2013 and August 2015 have highlighted the various Savile reports. Various policies that staff need to familiarise themselves with in regards to the safeguarding of children such as safer recruitment, volunteer policy, chaperoning policy, allegations management, and raising a matter of concern have been communicated across the organisation in safeguarding newsletters and briefings from January 2013 to August 2015.

1.2 First Investigation

GSTT received information from a member of the public (Mrs A) in May 2013 that JS had been seen unaccompanied at night time on a children's ward at Guy's Hospital in the early 1980s when her son (Mr A) was an inpatient. There was no allegation of abuse made. As a result of this information an initial investigation was commenced by the then Deputy Chief Nurse. The following approach was undertaken:

- The informant was spoken to by telephone communication by the Deputy Chief Nurse and Patient Liaison and Advice (PALs) officer.
- Attempts to ascertain the medical records of Mr A to support the time line of the alleged sighting of JS. Mr A's medical records were no longer available; the electronic Patient Information Records System identified that the patient's records had been destroyed after flood damage in the medical records department in November 1999.
- Contact was made with long serving staff from children's services that remained in the organisation from 1980 onwards. These contacts did not identify any recollection or information about any contact or association with JS during this time period.

At the time no further information was determined through staff discussions and the investigation was therefore closed with the premise that it would re-open if new information came to light.

1.3 Second Investigation

On the 1 December 2014 the Chief Nurse made contact with the Savile Legacy Unit and asked for guidance as to whether we should review our first investigation. The decision was taken that this was the most appropriate thing to do. A structure for the investigation set out by the Savile Legacy Unit was agreed and a set of terms of reference agreed. Debra Saunders, Head of Safeguarding Children with the support of Mala Karasu, Head of Safeguarding Adults undertook the review on behalf of the Trust.

It was during the period of this second investigation that further information was obtained that outlined that JS had opened the Guy's Nuffield House based at Guy's Hospital in 1990. This information was not known about at the time of the first investigation despite communication across the Trust about JS and the various NHS investigations.

1.3.1 Terms of reference

The Board of GSTT has commissioned this investigation into JS's association with the Trust and its predecessor bodies following information received that he had visited Guy's hospital on two separate occasions in 1980 and in 1990. The aim of the investigation is to:

- Thoroughly examine and account for JS's association with local hospitals under the control of GSTT or its predecessor bodies.
- Identify a chronology of his involvement with GSTT and its predecessor bodies.
- Consider the access arrangements and any privileges which may have been accorded to JS, the reasons for these and whether they were subject to usual or appropriate supervision and oversight.
- Consider whether GSTT current safeguarding, access to patients (including that afforded to celebrities and volunteers), employment checks, complaints, whistle blowing and other policies and processes are fit for purpose.
- To revise terms of reference in light of any new information being obtained. Identify recommendations for further action.

1.3.2 Approach to the second investigation

- Contact was made via telephone and follow up letter to the informant Mrs A by the Chief Nurse on 5 December 2014. This was followed up with a face to face interview with the informant Mrs A and her son Mr A by the two investigators on 4 February 2015. The delay in the timeline of interviewing Mrs A and her son Mr A was due to their availability.

- With the consent of Mr A, his GP surgery was contacted who were able to provide a copy of his discharge summary from Guy's hospital which identified that he had been a patient at Guy's Hospital on 14 June 1980.
- Names of Trust wide long serving staff were sourced and email communication was sent to them requesting them to contact the lead investigator. These contacts did not identify any recollection or information about any contact or association with JS during this time period.
- Contact was made with a paediatric night sister who was employed in children services at Guy's Hospital from 1976 until she retired in 2013. During the period under review she had operational responsibility for the out of hours management of the paediatric wards at Guy's Hospital. She was contacted on 6 February 2015; she had no recollection of any visits by JS during her period of employment.
- Further communication was made via email across the Trust to ask if staff had any knowledge of JS's possible association with the Trust or its predecessor hospitals. It then became apparent that he had opened Guy's Nuffield House private unit in 1990. The investigation has been unable to determine why this information was not available at the time of the first investigation.
- Establishing whether any historical documents existed for the period under review from 1980 -1990. Due to the time lapse this proved difficult. The Guy's Nuffield House closed on 31 August 2012 in making it difficult to ascertain any historic documents that may have been in existence. The search for any documentation included contact with the London Metropolitan Archives team on 27 April 2015; this search was unsuccessful and did not elicit any information pertinent to the investigation.
- Photographic information was sourced from a previous employee in relation to the opening of the Guy's Nuffield House which confirmed that JS opened the Guy's Nuffield House on 27 June 1990. These pictures included JS in photographs at the opening and meeting patients, including one child. A newspaper clip was also sourced of the opening which showed JS at the opening with the same child.
- Checks were made against the private patient recording system to ascertain if there were any patient details available for the period of the opening; this was limited in the information available. However, from patient details available the investigators believe that they have identified the child in the picture.
- Letters were sent to the person identified above on three separate occasions to see if she would assist with the review. No response has been received from the

letters and therefore the investigators have been unable to pursue this line of enquiry further at the present time.

- Interviews were undertaken with five staff that were employed at the Guy's Nuffield House in 1990 and who still remain employed at the Trust. A telephone interview was conducted on 13 April 2015 with an ex employee of the Guy's Nuffield House.
- There were no documented policies available for the period of review due to the time lapse.
- A review of current policies was undertaken:
 - Safeguarding the welfare of children policy and procedures
 - Safeguarding adult policy and procedures
 - Safer recruitment policy
 - Volunteer policy
 - Managing allegations policy
 - Raising a matter of concern policy
 - Trust Media Policy and Guidelines

2. Guy's and St Thomas' NHS Trust Background Information

Guy's and St Thomas' is one of the largest hospital trusts in the country, with a staff of almost 13,500 and 2 million patient contacts a year. The Trust comprises two of London's oldest and best known teaching hospitals. The hospitals have a long history, dating back almost 900 years, and have been at the forefront of medical progress and innovation since they were founded. The Trust provides a full range of hospital services for the local communities in Lambeth, Southwark and Lewisham and tertiary services for the wider population. The Trust is part of King's Health Partners Academic Health Sciences Centre (AHSC), a pioneering collaboration between one of the world's leading research-led universities and three of London's most successful NHS Foundation Trusts.

From 1 April 2011 responsibility for the management of community services in Lambeth and Southwark was transferred to Guy's and St Thomas' NHS Foundation Trust, which now manage these services on behalf of King's Health Partners.

The Guy's Hospital Group was formed in 1948; it comprised Guy's Hospital, including the Evelina Hospital for Sick Children. When the National Health Service was re-organised in 1974 into Area Health Authorities, which were then split into Districts, the Guy's Hospital Group became Guy's Health District (Teaching) of the Lambeth, Southwark and Lewisham Area Health Authority. There were further administrative

changes to the National Health Service in 1982 and 1990. In 1982, Guy's Health District (Teaching) was merged with Lewisham Health District to form the Lewisham and North Southwark Health Authority. In 1990 Guy's Hospital was established as a National Health Service Trust. Guy's Hospital merged with St Thomas' Hospital in 1993 to form the Guy's and St Thomas' Hospital Trust after the Tomlinson report in 1992 recommended that one of the two should be closed.

The Evelina Hospital for Sick Children was founded in 1869. This subsequently closed in 1976 and moved into the newly-built Guy's Tower on the Guy's Hospital site as the new Children's department. The Evelina remained based at Guy's Tower until it was relocated to a new children hospital at the St Thomas's site in 2005.

Private patients have historically been admitted as part of service provision at Guy's Hospital. The private patients used to be admitted to a floor in Guy's Hospital but moved to a re-furnished standalone unit on the Guy's site in 1990. The management of the private patients unit at this time is reported to have been through an external company, the United Medical Enterprises (UME). A Companies House search suggests that United Medical Enterprises no longer exists in the form it was in at that time. The management structure of private patients at this time was provided through this external company; the management team under the control of UME were a Hospital Director, Operations Director and Finance Director. However, nursing and medical staff that were providing care at Guy's Nuffield House were employees of Guy's Hospital at the time. The Guy's Nuffield House provided a range of specialised services which were predominantly to adult patients. The Guy's Nuffield House was officially opened by JS on the 27 June 1990.

3. Findings of the investigation

The Trust has received one notification that JS was seen unaccompanied on a children's ward at Guy's Hospital in 1980. In addition enquiries established that he officially opened the Guy's Nuffield House at Guy's Hospital site in 1990. A call for any relevant information was made to staff across the organisation; this did not elicit any additional information or lines of enquiry. To date no allegation of harm or abuse has been made by an individual to the organisation in respect to JS.

The investigation did not find any records or other details of any other associations or contacts with JS. There is no evidence found that JS had any regular association with GSTT or its predecessor hospitals that the investigators identified; there was no formal or informal association between the Trust and JS. There is no evidence to

suggest that JS was involved in any fund raising or charitable donations. The team has found no evidence of any access arrangements or privileges accorded to JS at the Trust or its predecessor hospitals.

3.1 Jimmy Savile visit to a children's ward at Guy's Hospital in 1980

GSTT received information from a member of the public (Mrs A) in May 2013 that JS had been seen unaccompanied at night time on a children's ward at Guy's Hospital in the early 1980s when her son (Mr A) was an inpatient following an operation. Mrs A had been sitting by her son's bed when she saw JS come on to the ward late at night on his own. She outlined that JS "*had jumped in surprise*" at seeing her and he outlined to her that he had been to another ward to see a sick child.

Mrs A and her son Mr A were interviewed separately by the investigators on the 4 February 2015; the time delay was due to the availability of the informant. Even though they were interviewed separately it was evident that they had spoken with each other prior to the interviews about their recollections which is to be expected. Due to the time lapse of 35 years since Mr A's hospital admission some of the information provided by Mrs A and Mr A was vague and lacked specific detail which is expected after this length of time.

However, Mrs A was clear that her child was on a paediatric ward at approximately 23.00 – 24.00 hours and that she saw JS enter the ward unaccompanied. She could not give details of the name of the ward but her description of the ward did correlate with the layout of the paediatric wards that were at Guy's Hospital in the 1980s. She outlines that JS was only briefly on the ward, for a few minutes only, and that she spoke to him momentarily when he outlined that he had been to another ward to see a sick child. No details of this additional visit have been sourced to date. Mrs A outlines that JS signed Mr A's plaster cast on his arm. Mr A confirms that he has some recollection of JS being present and signing his cast. Mrs A and Mr A were clear that no abuse, inappropriate touching, contact or communication occurred.

Mrs A recalls that there was no nurse or any other parent present at the time of this visit and that she did not mention this visit to anyone on the ward at the time. Mrs A was unable to recollect the names of any staff from this time; given the passage of time it was entirely understandable. Staff spoken to outline that the usual staffing level was approximately three nurses for the eighteen bedded wards at this time. As the wards were a mixture of bays and side rooms it may have been possible that no

nurse saw JS for that brief period of time that he is reported to have been sighted by Mrs A and Mr A if they were not in the direct vicinity of where Mr A's bed was.

As both Mrs A and Mr A could not determine the date of the hospital admission the investigators tried to ascertain the time line. Mr A's patient records from this time were no longer available and an entry had been made on the electronic Patient Information Records System that his old records had been damaged by flood water and subsequently destroyed in November 1999. With Mr A's consent contact was made with his GP practice; they confirmed that his admission date was the 14 June 1980. However, no ward name is outlined on his discharge letter.

Access to gain entry to the wards at this time was via a buzzer system. Ward doors had a combination number press button device as opposed to swipe card access that is now in place. Staff spoken to recall doors being on occasions placed on the latch if someone was coming in and out of the wards and were therefore not necessarily secure as they should have been. Therefore in essence JS could potentially have entered the ward without the need to press the buzzer to be let in.

The call for information to the Trust and to long serving members of the workforce did not determine any further information about this sighting of JS. No staff have come forward with any information to support any sighting or association with JS from this time period. There is no documented supporting evidence of JS having any association with the organisation at this time. However, the investigators have no reason to dispute the accounts of Mrs A and Mr A about JS presence on the ward at this time.

3.2 Opening of the Guy's Nuffield House

Information obtained in early 2015 identified that JS had opened the Guy's Nuffield House private unit at Guy's Hospital on the 27 June 1990. Documented evidence of JS undertaking the opening was sourced; this includes the official opening invite and photographic images of the opening and tour of the unit. The photographs also show JS meeting patients (Child 1, Adult patients 1, 2 and 3). The identity of the adult patients in the photographs is unknown. No images show physical contact by JS with any of the adult patients; however, contact is made with Child 1 in the form of JS draping his arm over the child's shoulder.

Interviews were conducted with staff members who worked at the Guy's Nuffield House during this period: Senior Nurse (Staff 1), Matron (Staff 2), Sister (Staff 3),

Billings Assistant Manager (Staff 4), Private Patient Service Manager (Staff 5) and PA to the Director of Guy's Nuffield House (Staff 6). Staff 1 and Staff 3 are not currently employed as substantive staff members of the organisation and are employed through temporary staffing arrangements. Staff 6 is retired and no longer works at the organisation; her interview was conducted by telephone. Staff member 6 outlined that the Commercial Department was responsible for the organisation of the visit by JS. She explained that the team had wanted to find a celebrity to undertake the opening but that they had experienced some difficulty in sourcing someone. JS then agreed to do the opening. This was around the period when he had received his Knighthood. Official invites for the opening outline that the request to staff to attend the opening and reception were at the request of Guy's Hospital Management Board.

As the photographic material sourced showed a reported child patient with JS the investigators tried to establish details of this child and how she came to be at the opening. However, the investigators received some conflicting information from the various staff members in terms of paediatric activity at Guy's Nuffield House. Some staff members (Staff 1, 2, 5 and 6) did not recall any paediatric activity and outlined that private paediatric patients would have been admitted to the NHS beds within the children's wards at Guy's Hospital as opposed to Guy's Nuffield House; this was reported due to the fact of having very limited paediatric nurses at Guy's Nuffield House. Staff 1 and 2 speculated if Child 1 had been brought over to the new unit for a photographic opportunity. However, Staff 3 and 4 did recall that children were occasionally admitted to the Guy's Nuffield House at this time. Press cuttings obtained of the opening outline that Child 1 was a patient of the newly opened unit.

Guy's Nuffield House at the time used a system called Madex for detailing patient activity. This system became obsolete in March 2003 and then the team commenced using a new system called Compucare which then interfaced with the Patient Administrative System in the Trust. A check on the historical Madex system, which has over 50,000 patients listed for Guy's Nuffield House, identified a child as outlined in the photographic material on a list of old patients for the period 1990 - 2003. However, the system does not identify the admission date, any demographics or contact details of the child. In addition in 2003, the child was given a GSTT hospital number due to the interface with the Trust's electronic systems; however, there are no subsequent records stored. No details of this child are apparent on the Guy's hospital records prior to 2003. Based on the information determined the investigators conclude that the child was a patient of the Guy's Nuffield House at this time and not a patient of Guy's Hospital.

The investigators made various enquiries and believe that they have correctly identified the details of the child from the picture. The investigators have made several unsuccessful attempts to establish contact with the person the investigators have identified to see if she would be willing to meet the investigators and assist with the review; however, these attempts have failed to determine a response and therefore this line of enquiry has been closed at the present time. No staff interviewed have suggested that anything untoward happened to this child at the visit. The investigators will re-open this line of enquiry if contact is subsequently established or new information comes to light.

From the interviews conducted with staff JS was not left on his own at any stage of the visit; he was accompanied by a photographer and staff members at all times. Staff 3 is evidenced in pictures accompanying JS with a senior nurse during the tour of the unit.

Staff 3 and Staff 6 recall some over familiarity by JS. Staff 3 stated *“he was quite familiar, but you kind of accepted it to be honest.”* Photographs show JS with his arms around Staff 3 and kissing her on the side of her face. Staff 6 reported that whilst being in a lift with JS *“he put his arm around her waist which she felt was uncomfortable and inappropriate but that she laughed it off at the time.”* On speaking with the investigator she stated that she *“did not want to make a fuss over that.”*

From the interviews conducted and information available there is no evidence that JS had an ongoing association with the Guy’s Nuffield House after the opening. To date no allegation of abuse has been made in regards to his visit in June 1990.

4. How complaints were dealt with at the time of the incidents

To date no complaints have been made to the Trust in respect of JS. The investigators were unable to source any historical policies and procedures relating to Guy’s Hospital or the Guy’s Nuffield House that would have provided insight in to practice at the time of the sightings and visit by JS.

5. **Current policies, practice and procedures**

Polices and procedures have changed significantly since the time of the reported sighting of JS in 1980 and his attendance at the opening of the Guy's Nuffield House in 1990. Of significance is the Children Act 1989 which put in place most of the child protection and safeguarding structures and principles used today. The Trust currently has a number of polices and guidance to help staff ensure that vulnerable service users are safeguarded at all times.

- Safeguarding the welfare of children policy and procedures
- Safeguarding adult policy and procedures
- Safer recruitment policy
- Volunteer policy
- Managing allegations policy
- Raising a matter of concern policy
- Trust Media Policy and Guidelines
- Complaints handling policy

These policies are complied on the basis of national and local guidance. The Trust has a Policy for Policies guidance which outlines the governance for the renewal and updating of Trust policies. A process is in place for the approval and sign off of policies and procedures to ensure robustness. The various current policies and guidance are deemed fit for purpose.

The Trust regularly reviews its systems and structures; the Trust safeguarding assurance committee has oversight of these arrangements. Following media interest in Jimmy Savile, Sir David Nicholson, KCB CBE, NHS Chief Executive wrote to Trusts on the 12 November 2012 to ask them to review arrangements and practices relating to vulnerable people, particularly in relation to: safeguarding; access to patients (including that afforded volunteers or celebrities); and listening to and acting on patient concerns. As a result of this the Trust devised a visitor policy for children services; undertook a review of volunteer arrangements and chaperoning guidance.

As part of the review in to the NHS investigations in to matters relating to Jimmy Savile⁴, Kate Lampard visited a small number of hospitals in different parts of the country in order to gain a better understanding of current NHS practice and policy connected to safeguarding within a NHS setting. This was with a view to determine how suspicions of abuse are handled and the roles, access and privileges afforded to celebrities and volunteers. Guy's and St Thomas' NHS Foundation Trust was

⁴ Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile. Independent report for the Secretary of State for Health. DoH. February 2015

requested to take part in the review and Kate Lampard visited the Trust for a two day period in April 2013 and met with various members of the Board and safeguarding team.

Her report outlines:

“The largest, best-resourced team we encountered was at Guy’s and St Thomas’ NHS Foundation Trust in London. This is perhaps unsurprising given the size and nature of the population that the trust serves and that in recent years the trust has taken on the management of community services for the London boroughs of Southwark and Lambeth. However, we were impressed not merely by the size of the team but also by what we learnt about its high profile in the hospital, how it operated and its effectiveness in supporting staff and in handling a large safeguarding caseload. We believe that Guy’s and St Thomas’ offers a model for how other groups of hospital staff can contribute to and enhance the work of safeguarding teams.”

Following the publication of this report, David Bennett, Chief Executive from Monitor wrote to Trusts on the 13 March 2015 requesting that each organisation assess the relevance of the recommendations from the reports to its organisation and take any action necessary to protect patients, staff, visitors and volunteers. As a result of this the Trust’s Volunteer policy has been reviewed and amended to include the required level of pre employment checks and training.

Following the publication of the Francis report⁵ and the publication of the Clwyd-Hart Review of the NHS Hospitals Complaints System⁶ the Trust is committed to providing a complaint system which: is open to complaints; supports patients, families, and staff through the process; delivers a timely apology, explanation and determination to learn from mistakes. The current complaints policy was reviewed and updated in February 2015. This policy follows the Health Service Ombudsman’s six principles of good complaints⁷: getting it right; being customer focused; being open and accountable; acting fairly and proportionately; putting things right and seeking continuous improvement.

⁵ Public Inquiry into the Mid Staffordshire NHS Foundation Trust, Volume 1, Mid Staffordshire Inquiry Report

⁶ A Review of the NHS Hospitals Complaints System Putting Patients Back in the Picture. 2013

⁷ [Principles of Good Complaint Handling: Parliamentary and Health service Ombudsman](#)

6. Overall analysis and conclusions

A detailed review of the available information has been undertaken to date. The investigators reviewed two separate sightings or visits by JS; one in 1980 when JS is reported to have visited a children's ward unaccompanied at night time and a second visit when he is known to have opened the Guy's Nuffield House private unit in 1990. The investigation was hampered in some extent due to the significant time lapse since JS is reported to have been at the hospital in 1980 and in 1990. It was only during the period of this second investigation that information was obtained that outlined that JS had opened the Guy's Nuffield House based at Guy's Hospital in 1990. It is regrettable that this information was not known about at the time of the first investigation despite communication across the Trust about JS and the various NHS investigations. Staff interviewed have been unable to explain why they had not highlighted this information at the time of the initial investigation.

The investigation undertaken by the team found no records of accounts of any other sightings or associations of JS being involved with the Trust or its predecessors. However, it is a possibility that as he has had two known episodes of attending the hospital then there may be the potential that he accessed the hospital at other times in the past that is not known about.

The investigators have no reason to disbelieve or dispute the accounts of Mrs A and her son Mr A that they had seen JS on one of the paediatric wards at the hospital ward in 1980; they appeared consistent and credible in their reporting. There is confirmed documentation from the GP which supports Mrs A and her son in terms of the timeline of his injury and his subsequent admission date, placing them at the hospital. However, there is a lack of additional witnesses or documented information to support or dispute their claims of seeing JS.

Both Mrs A and Mr A are clear in their accounts that no allegation of abuse or inappropriate behaviours by JS happened at this contact.

It is clear from the investigation that JS officially opened the Guy's Nuffield House private unit in June 1990; this is confirmed by official invites, photographs and staff interviews. It has been established that he met patients as part of this visit and had a tour of the unit; this is evident from staff interviews and from photographic material. Staff accounts state that he had no unsupervised access to patients and that he was accompanied at all times during the visit. No allegations of any abuse have been made in relation to this visit. The investigators have tried to establish the identity of a

child patient in one of the photographs seen where JS is seen with his arm over the child's shoulder. The investigators believe that they have identified the child from the picture and have attempted to make contact with her. This contact has been unsuccessful to date and no response had been received to date. Therefore this line of enquiry has been closed at present. This is proportionate at this stage as there is no suggestion or evidence that anything untoward happened to her at this time.

During the course of the investigation, no one has come forward to speak of allegations of abuse carried out by JS at the Trust or its predecessors. However, two staff members have recalled accounts of what would be deemed inappropriate behaviours to themselves, including being over familiar, touching and kissing them. His behaviours were not acceptable but staff at the time did not report or necessarily make an objection to it. This also took place in an age of different social attitudes in relation to knowledge and awareness of safeguarding.

The investigators have not been able to access and review historic policies and procedures due to the time lapse. However, a review of the current policies and procedures has determined that they are robust for the purposes of protecting children and vulnerable adults. Practices have changed over time around safeguarding of children and vulnerable people have moved on significantly.

In line with the guidance from the Savile Legacy Unit the report has been shared with the Metropolitan Police prior to publication. The report was forwarded for review to a Detective Inspector from the Metropolitan Police Sexual Offences, Exploitation and Child Abuse Command who has had oversight of the Jimmy Savile investigation since October 2012. The Detective Inspector has outlined on the 7 January 2016 that from the Metropolitan Police and Operation Yewtree perspective there does not appear to be anything contained in the report which would prejudice a live investigation or criminal proceedings upon publication.

7. Recommendations

The Trust will continue to review and challenge its arrangements in order to support safe and consistent practice, adhere to its statutory duties and will respond positively and assertively to the changing guidance and national reviews. However, the investigation will re-open if any new information is received.

Board of Directors Quality Committee

Date of Meeting: x July 2014

Trust response to Kate Lampard's Assurance
Report into matters relating to Jimmy Savile

Status: A paper for Information

History: Board of Directors Quality Committee 16th January 2013
Trust response to DH letter regarding Savile allegations.

Board of Directors

Quality Committee

July 2014

A paper prepared by Debbie Parker, Deputy Chief Nurse
and presented by Eileen Sills CBE, Chief Nurse and Director of Patient Experience.

Trust response to Kate Lampard's Assurance Report into matters relating to Jimmy Savile

- 1.0 Introduction
- 1.1 There has been widespread media coverage of historical allegations of abuse involving Jimmy Savile which occurred within NHS organisations. As a result of this, both the NHS and DoH were required to conduct investigations into Savile's relationships with NHS organisations and his activities on their premises. Twenty eight organisations across the country have completed their investigation and have published their relevant findings and recommendations. There are around five further individual reports that will be published at a later date. This review process has been overseen by Kate Lampard at the direction of the Secretary of State for Health with the remit of providing independent oversight and scrutiny.
- 1.2 Guy's and St Thomas' NHS Foundation Trust was not one of the organisations that was part of the investigation process. However, following an article in the Southwark news, the Patient Advice and Liaison service (PALs) was contacted by a mother of a child in May 2013. The mother outlined that her child was treated for a broken arm on the children's ward at Guy's when they were 8 or 9 years of age; this would have placed the timeline of being the late 1970s or early 1980s. She outlined that Jimmy Savile spoke to her on the children's ward at night and signed her son's plaster cast. The mother did not report or suggest that any allegation of abuse occurred at this time. There is no further supporting evidence in relation to this and the Board was informed of this when it came to the Trust's attention.
- 1.3 As part of her review Kate Lampard requested to visit a small number of hospitals who were not directly involved in the investigation, in different parts of the country in order to gain a better understanding of current NHS practice and policy connected to safeguarding within a NHS setting. This was with a view to determine how suspicions of abuse are handled and the roles, access and privileges afforded to celebrities and volunteers. Guy's and St Thomas' NHS Foundation Trust was requested to take part in the review and Kate Lampard visited the Trust for a two day period in April 2013 and met with various members of the Board and safeguarding team.
- 1.4 Kate Lampard's assurance report was published in June 2014 and sets out how she oversaw the investigations and the oversight process that was in place for the NHS

organisations that had an association with Jimmy Savile. She concludes that the NHS investigations completed to date have been conducted in an appropriate and robust fashion. A follow on report on the lessons learnt from the Savile investigations will be published in due course. The lessons from each organisation's investigations are contained within their individual reports.

- 1.5 There are some common themes from the NHS investigations which include a need for:
- Strong, visible, clear Board leadership
 - Organisational values and behaviours
 - Executive responsibility for safeguarding of children and adults
 - Leadership that fosters curiosity, scrutiny and constructive challenge
 - A secure environment
 - Effective policies for staff to raise concerns
 - Robust recruitment employment checks
 - Zero tolerance for abuse of staff or patients.
- 1.6 Dean Royles, Chief executive, NHS employers send a summary to Human Resource Directors across the NHS on the 26 June 2014 following announcement of the details of the investigation into Jimmy Savile. A copy of this summary is found in Appendix 1.
- 1.7 In January 2013 the Board of Directors received a report in response to a letter from Sir David Nicholson, NHS Chief Executive requesting that Boards review the arrangements and practices relating to vulnerable people. As a result of this the Trust reviewed its safeguarding arrangements and made some amendments. This included
- Devising a visitor policy for children services which includes: access control to the Evelina Children Hospital; risk assessment; managing challenging behaviours of visitors; risk management of known offenders; VIP visitors and patients; work experience students.
 - Devising an Evelina Children's Hospital Parents and Visitor's Charter.
 - Review of volunteer arrangements.

This paper updates the Board on current practice and any changes that have taken place since then.

2.0 Organisational values

- 2.1 One of the overarching themes that emerged from Kate Lampard's review was in the need for strong visible Board leadership; embedding organisational values and behaviours; leadership that fosters curiosity, scrutiny and constructive challenge along with a zero tolerance for abuse of staff or patients. This is echoed in the Francis report which was published following the public enquiry into events in Mid Staffordshire NHS Foundation Trust. A significant amount of work has been undertaken in the organisation post the publication of the Francis report. This includes various listening exercises that have taken place along with staff engagement. The Trust has remained focused on raising staff awareness of the importance of providing kind and compassionate care, especially for older and vulnerable patients; this was clearly demonstrated through the roll out of the inspirational Barbara's story series of films. The safeguarding of children and adults is central to the organisational values of protecting individuals from harm and abuse.
- 2.2 The Trust has developed a Values and Behaviours framework, which helps all staff to understand what the values mean in practice, i.e. help us to define and develop our

culture, what we do and how we do it. The values and behaviours framework has been embedded in to training programmes, recruitment selection process and the appraisal process.

3.0 Safeguarding arrangements

- 3.1 The Children Act 1989/2004 provides a statutory basis for services for children and young people. The Trust is required under Section 11 of the Children Act, to ensure that it has robust arrangements in place to safeguard and promote the welfare of children and young people. Safeguarding Adults is mandated by the No Secrets guidance which is issued under the Local Authorities and Social Services Act of 1970. Safeguarding adults is underpinned by the principles of the Human Rights Act 1998 and further guided by a number of legislation such as the Mental Capacity Act 2005 and Equality Act 2010.
- 3.2 The Trust has robust procedures in place in relation to the protection of vulnerable children and adults. The key safeguarding requirements for effective arrangements to safeguard vulnerable children and adults are outlined below:
- Senior management commitment to the importance of safeguarding and promoting children and vulnerable adults welfare
 - A clear statement of the agency's responsibilities towards vulnerable children and adults is available for all staff
 - A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children and vulnerable adults
 - Child protection policy and procedures
 - Vulnerable adults policy and procedures
 - Service development that takes account of the need to safeguard and promote welfare and is informed, where appropriate, by the views of children and families
 - Staff training on safeguarding and promoting the welfare of children and vulnerable adults for all staff working with or in contact with these client groups
 - Safe recruitment procedures in place
 - Effective inter-agency working to safeguard and promote the welfare of children and vulnerable adults.
- 3.3 The Trust is able to demonstrate compliance of the above key standards in relation to the safeguarding of children through the Section 11 audits that are required to be undertaken. Section 11 reports are submitted annually to both Lambeth and Southwark Safeguarding Children Boards; these have been commended for the robustness and level of service arrangements. The Safeguarding children and Vulnerable adults' policy and procedures have been updated in 2014 in line with national guidance. A booklet reference guide being developed to highlight key messages of the procedures for staff. Safeguarding newsletters are regularly produced for circulation Trust wide to enable staff to receive updates on changes and current issues.
- 3.4 The Chief Nurse, Eileen Sills has Board level responsibility for safeguarding children and vulnerable adults. The Safeguarding Team acts on her behalf to ensure that the Board is assured that all necessary measures are taken to safeguard children and vulnerable adults within the organisation and service provision. The Trust has made investment in to the growth of the safeguarding team during 2013-2014; this will enhance the level of service that the team provide across the organisation.
- 3.5 There are clear, governance processes within the organisation in relation to vulnerable children and adults; these processes and systems are scrutinised as part

of robust audit programmes. A comprehensive safeguarding training programme is in place across the organisation. Training uptake is monitored on a monthly basis; the Trust has surpassed the national target in relation to training compliance. Training evaluation is underway to determine the effectiveness on training and relation to practice application. The Trust Safeguarding Children's Assurance Committee meet on a quarterly basis and the Trust Adults at Risk Assurance Committee meet every six months. The committees' function is to ensure that the Trust executes its statutory responsibilities and to ensure that national policy and guidance is interpreted and applied at a local level. The committees provide expert advice to the Trust in aspects of safeguarding and promoting the welfare of children and vulnerable adults.

- 3.6 Quarterly reports are provided to the Board of Directors giving an overview of the Trust's safeguarding activity and performance and compliance with statutory requirements.

4.0 Safer recruitment and safeguarding

4.1 Individuals seeking work in regulated activity.

- 4.1.1 Guy's and St Thomas' NHS Foundation Trust has a primary duty to meet its responsibilities in providing the highest possible standard of health care to its patients. To achieve this, the Trust has to attract and retain a highly skilled and productive workforce. In doing so, it has responsibilities as an employer to apply standards of best practice in the recruitment and selection of staff. The Trust has robust procedures in place in relation to individuals seeking work in regulated activity. A recruitment policy and procedures are in place. In developing the policy, procedures and protocols, NHS guidance has been duly considered i.e. NHS Employment Check Standards 2013 (NHS Employers) which includes verification of identity checks; right to work checks; professional registration and qualifications check; employment history and reference checks; criminal record checks and occupational health checks. Managers responsible for recruitment and selection will have undertaken the Trust Recruitment and Selection training. All posts, including fixed term contracts and secondments, will go through the Trust recruitment authorisation process and establishment controls. The recruitment policy and procedures are due for renewal in 2014.

4.2 Volunteers

- 4.2.1 Volunteers help in various ways to provide a wide range of extra services which improve patient experience and complement the work of paid staff across the organisation. This includes information points (greeting people on arrival and directing and escorting patients); general assistance in clinics; magazine and book trolleys and complementary care. The volunteer recruitment and procedures protocol follows the same guidance as set out in the Trust recruitment policy for paid positions. A draft Volunteer policy is in place; this needs to be updated and ratified as soon as possible.

4.3 Disclosure and Barring Checks.

- 4.3.1 The Trust maintains a robust framework for the management of disclosure and barring checks, with clear identification of levels of checks required for posts and assurance that all staff that require an agreed level of disclosure and barring check meet this requirement. The Independent Safeguarding Authority (ISA) is now part of the Disclosure and Barring Service (DBS). The Trust policy was last revised in October 2012 and applies to all Trust staff, regardless of their contract type i.e.

substantive, fixed term, voluntary, honorary and work experience. This policy refers to existing staff recruited prior to and post 2002 and also reflects current recruitment practice for new staff. The policy statement identifies the scope of application of DBS checks requirements for staff groups.

- 4.3.2 All new and current staff recruited to perform regulated activities as specified by legislation, will be required to disclose any spent and unspent convictions, charges and cautions. It should be noted however that the Trust will not automatically exclude an individual from employment on the basis of a criminal record without proper consideration. The information contained within a disclosure may only be viewed by those persons responsible for making a decision to appoint or dismiss. The Trust has a clear process of escalation regarding vetting the content of a DBS disclosure and any accompanying information. Should the disclosure contain any convictions, warnings or additional information, the disclosure will be sent to the Head of Workforce Resourcing and the Head of Workforce Relations; in addition consultation may be held with the Trust's Safeguarding Leads. The Trust also has a duty to share information with the DBS about individuals who pose a threat to vulnerable groups. DBS checks are carried out on individuals dependent on their position that they will be holding within the organisation.

4.4 Listening to and acting on patient concerns / allegations against professionals or volunteers.

- 4.4.1 The Trust has clear guidance to follow in the event of allegations against any staff or volunteer in relation to both children and vulnerable adults which was approved by TME in May 2013. This guidance is covered within the Safeguarding the Welfare of Children: Children in Need and Child Protection Procedure and Safeguarding Adults at Risk procedures. These procedures need to be read in conjunction with Raising a Matter of Concern policy and procedure which was reviewed in 2014. The procedures are explicit that all staff have a responsibility to report if they believe a member of staff is harming, or using unacceptable behaviour towards a child or vulnerable adult. This relates to both professional behaviour and information that may come to light about behaviour out of work which could indicate a breach of acceptable professional conduct. The Trust has an identified Trust Allegation Officer the Chief Nurse, supported by the Trust Allegation Manager, Deputy Chief Nurse, who has worked closely with the Head of Workforce Relations and the Trust Safeguarding Leads in relation to any allegations raised. For all allegations a strategy meeting is held with key members of staff and actions are agreed. All allegations are recorded on a secure database with restricted access and reported within the Trust's Safeguarding reports. This process is due for review in July 2014.

- 4.4.2 The Trust Named Nurse for Safeguarding Children acts as the point of contact in relation to Local Authority Designated Officer (LADO) referrals. All allegations made against staff (including volunteers) that call into question their suitability to work with or be in a position of trust with children, whether made about events in their private or professional life, need to be formally recorded and discussed with the LADO. Notifications to the LADO encompass the following criteria where it is alleged that a person working with children has:

- Behaved in a way that has harmed or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child/ren in a way that indicated s/he is unsuitable to work with children.

Details of the nature of referrals to the LADO are reported to the Executive Lead for Safeguarding and to the Safeguarding Children Assurance Committee.

- 4.4.3 Allegations against staff working with adult patients are reported and recorded in compliance with the Trust Allegations procedures and reported via the safeguarding adults multi-agency procedures where appropriate. The Safeguarding Adults Trust Lead acts as the point of contact for communication with the Local Authority in relation to the internal investigations of such allegations. The Local Authority has the opportunity to scrutinise the internal investigation and make recommendations if necessary. All reported allegations against staff working with adult patients are reported in the Safeguarding Adults report to the Safeguarding Adults at Risk Assurance Committee six monthly and the Quality Committee quarterly.
- 4.4.4 Safeguarding training involves discussions on public interest disclosure and cases in the national headlines. Staff are the advised to read the Raising A Matter Of Concern policy and of how to raise a concern through line management, safeguarding, Human Resource team or staff in the Chief Nurse’s Office.
- 4.4.5 During 2013-14 the number of allegations that have been raised about staff members are shown below

	Numbers of allegations 2013-2014	Number of allegations that progressed to disciplinary action	Number that remain under review
Adult	48	5	1
Children	9	1	4

- 4.4.6 There has been a steady increase in the reporting of potential allegations against Trust staff since the Francis Report in February 2013. The allegations panel set up as part of the Allegations Protocol decides if the concern raised is an allegation or is best investigated under another policy such as the disciplinary policy and advise the operational teams involved accordingly. However, not all allegations are as a result of any misdemeanour or behaviours in the workplace; some of the reported allegations have arisen due to the staff personal life and family situations.
- 4.4.7 The Trust has a dedicated PALs team and offers support, information and help with hospital related queries to patients, their families, carers and friends. The team are able to listen to comments, compliments or concerns about how services are provided. The team are able to assist individuals in resolving any problems or issues that they have about services. The team work closely with service providers and the Trust complaints team. The PALs and complaints policies are due for renewal.

5.0 Access to patients

- 5.1 At times the Trust receives requests for VIP visitors to come to the Trust to meet staff and patients. Where VIP visits are organised by the communications department, the communications department will ensure that any VIP visitors are accompanied at all times and appropriate consent will be gained from patients if they are involved. Where VIP visits are arranged locally by other staff, the clinical staff in charge i.e.

Consultant or senior nurse must ensure that the VIPs are accompanied at all times and that the patients are willing to be involved. In addition the security team should be advised of any such visits. This information is set out in the Trust Media Policy and Guidelines 2012.

- 5.2 The Trust welcomes and encourages patients to have friends and family visit them during their inpatient stay, and it recognises that this can have a positive effect on the patient's recovery. In some circumstances the presence and involvement of family, close friends, or carers forms a vital therapeutic part of the patient's treatment and recovery or return to optimal health, for example, children, frail, elderly, or confused patients. The needs of individual patients who wish to be visited or accompanied however, needs to be carefully balanced against the requirement of staff to carry out treatment, and the need to protect the privacy and welfare of the patients. The Evelina Children Hospital visitors policy has been devised which covers this area.
- 5.3 In cases where an adult visiting a child admitted to the Trust has been convicted of offences against children it is important to consider all other children within the Trust. The term "Risk to Children" is adopted for those persons who are identified as posing an ongoing risk to a child. Whilst the aim is to involve the family in the hospital treatment of their child, it is important to consider what is in the best interests of that child and others. Therefore, each case is considered individually and decisions about each case should be conveyed to the family in writing. Where it has been identified that a person is known to be a risk to children they are not permitted unsupervised visits to the Children's Hospital or in departments where children are seen.
- 5.4 If it is identified that one of the adult patients has committed a sexual offence against a child it is important to assess the risk that person poses to children and young people in that particular area. Adult wards in the organisation will potentially have children and young people either as inpatients i.e. 16-18 year old or as visitors to adults. Clear guidance is set out in the Safeguarding the Welfare of Children and Adults at Risk procedures to address such incidents. The Safeguarding Children and Adult teams have strong links with the Jigsaw Police Team (team that manage sexual offenders on licence) and will be notified when it is known that an offender on license is to be admitted to the Trust for treatment.
- 5.5 Respect for privacy and dignity is a right for all children and adults, regardless of age, sex, ethnic background or culture. Intimate medical and nursing interventions must be carried out sensitively and in a respectful manner in order to avoid misinterpretation and minimise the potential for allegations of abuse (RCN 2002). All patients have the right, if they wish to have a chaperone present during an examination, procedure, treatment or any care, irrespective of organisational constraints or the setting in which this is carried out. The presence of a chaperone must be in addition to the person performing intimate examinations or personal care. The primary role of the chaperone is to act as an advocate and to support a patient. However, they can act as an independent witness so as to prevent misinterpretation of events and safeguard against those rare instances of false accusations of abuse. A Trust wide chaperoning policy was approved by TME in January 2013. This is available on the Trust intranet and is due for review in 2016. Some areas of the Trust also have local procedures in relation to chaperoning (sexual health and gynaecology).
- 5.6 At times children, young people and vulnerable adults will be required to be taken off a ward for procedures and visits to other departments. The various reports highlight the need for such people to be accompanied. When children and young people are escorted from a ward by a porter the vast majority of them are accompanied by a

responsible adult such as their parent or nurse. This is not formally written in to any policy or procedure but is recognised as custom and practice, To take this forward the Process induction Document (PID) will be updated to reflect that no child should be moved from a ward without such an escort being present.

5.7 The management of requiring an escort for a vulnerable adult is not as easily defined as for a child. Whereas a child is easily recognised by a Porter, the vulnerable adult may not be and as such the portering service will need to be advised by a clinical or responsible person that the patient is vulnerable and direct the portering service in terms of requirement for an escort. This will also be taken forward in updating of the relevant PID.

5.8 One of the reports highlighted access and abuse to deceased patients when they were transported to the mortuary. The Trust has a clear policy in place that two porters will always be present to accompany any deceased person to the mortuary. Children services will usually have a nurse accompany the porters as well. No change in procedure needs to be put in place at present.

6.0 Commissioning services

6.1 During 2013-14 the Trust has been involved in the process of commissioning external services. As part of the tendering and commissioning arrangements the Safeguarding Children and Adult leads have been actively involved in the due diligence processes in terms of scrutinising policies and procedures and arrangements of these external service providers to determine that they are in line with the Trust's arrangements and that governance arrangements are appropriate.

7.0 Going forward

7.1 The policies and procedures outlined in the paper that are due renewal need to be updated to ensure that they are current and up to date in line with best practice.

7.2 Review of allegations management procedures.

7.3 Audit of policies and procedures such as chaperoning procedures to test that the procedures are understood and embedded in to practice.

8.0 Recommendations

The Quality Committee is asked to note the information contained within this report.

Eileen Sills CBE

Chief Nurse and Director of Patient Experience

x July 2014.

Appendix 2: Investigation team biographies

Debra Saunders, MSC, BSc, RSCN, RGN.

Debra is currently employed as Head of Safeguarding Children Nursing team and Trust Named Nurse for Safeguarding Children.

Debra has worked extensively within the field of paediatric nursing. She moved in to the speciality of safeguarding children in 2008. She took up the post of Head of Safeguarding Children nursing team in 2011 and manages the acute, community and midwifery safeguarding nursing teams of the integrated Guy's and St Thomas' NHS Foundation Trust. Her role includes the operational and quality assurance of delivering the safeguarding agenda within the Trust.

Mala Karasu, MSc, BSc, RN

Mala Karasu is currently employed as the Head of Safeguarding Adults at Guy's and St. Thomas' NHS Foundation Trust.

Mala has worked within the field of adult safeguarding for over eight years and has vast experience working with vulnerable groups such as older adults and adults with mental health. Mala currently manages a team who provide specialist input and advice to patients who have disclosed safeguarding concerns and also supporting patients with learning disabilities, dementia or with mental health issues.

Appendix 3: List of those interviewed

Person	Role
Mrs A	Informant and parent
Mr A	Patient
Staff 1	Senior Nurse
Staff 2	Matron
Staff 3	Ex Sister
Staff 4	Billings assistant manager
Staff 5	Private Patient Service Manager
Staff 6	PA to Director (retired) via telephone