

Legacy Report – Further Investigation into the Association of Jimmy Savile with Stoke Mandeville Hospital

A Report for Buckinghamshire
Healthcare NHS Trust

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Service Manager

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1 Foreword

The shocking findings of the main investigation into the activities of Jimmy Savile at Stoke Mandeville Hospital meant that we wanted to be absolutely sure that everyone had an opportunity to tell their story, to help us learn lessons and prevent such horrific abuse in the future. The main investigation was closed in 2014 when we set up a Legacy Investigation to talk to those people who had been brave enough to come forward but could not be included in the main investigation.

As Chief Executive of Buckinghamshire Healthcare NHS Trust, which includes Stoke Mandeville Hospital, I want to offer a heartfelt apology to all of Savile's victims. We are truly grateful to everyone who has spoken to the investigation team to tell their story. It is because of their courage in coming forward that we can learn from the mistakes of the past and ensure that what happened to them can never happen again.

Anne Eden
Chief Executive Officer

2 Introduction

1. A report for Buckinghamshire Healthcare NHS Trust 'Investigation into the Association of Jimmy Savile with Stoke Mandeville Hospital' has been written by Dr. Androulla Johnstone and Mrs Christine Dent from the Health and Social Care Advisory Service, and at the time of writing (December 2014) this report is awaiting publication.
2. Several more people came forward with allegations or information relating to Savile's activities at Stoke Mandeville Hospital (SMH) after the investigators had ceased gathering evidence for the report (henceforward referred to as the 'main report').
3. In order to ensure that these people's voices were heard, and all necessary actions taken, in the same way as for the original cases, Buckinghamshire Healthcare NHS Trust (BHT) commissioned Oxford Health NHS Foundation Trust (OH) to undertake a 'legacy investigation' in September 2014.
4. This legacy investigation is one of 15 being conducted nationwide.
5. BHT commissioned another organisation to undertake the work in order to ensure independence, and chose a mental health provider in order to ensure that the investigators had experience enabling them not only to conduct the investigation and write the 'legacy report', but to signpost appropriately any individuals interviewed who needed psychological or psychiatric support.
6. The Oxford Health employees chosen to undertake the work were Dr. Christine Vize and Ms. Britta Klinck (for details see appendices 13.1 and 13.2).
7. The investigators and BHT had regular contact with the NHS Savile Legacy Unit (NHS SLU) and BHT attended a number of meetings hosted by the Department of Health for Trusts undertaking investigations.
8. A secretariat from BHT provided support to the investigation. The NHS SLU which had been established to provide general assurance relating to all new Savile-related NHS investigations nationwide, provided advice and quality assurance.

3 Sources of information

9. The following documentation was obtained:
 - a. A list of 6 legacy cases was provided to BHT and Thames Valley Police (TVP) by the NHS SLU. They had come forward with information between June 2014 and August 2014. The Trust passed the list on to the investigators on 12th September 2014.
 - b. Statements pertaining to 3 of the 6 cases provided to different agencies were collated and forwarded to the investigators by the NHS SLU.
 - c. A draft of the main report was provided to us with the agreement of BHT on 15th November 2014. The gathering of background information did not form part of this legacy investigation and so the main report should be consulted for:
 - i. the history of Stoke Mandeville Hospital and the National Spinal Injuries Centre.
 - ii. the management context of the NHS from 1965 to the present day.
 - iii. details regarding the fundraising for, and commissioning of, the National Spinal Injuries Centre from 1979 onwards.
10. The following supporting and background information was consulted
 - a. Blank templates for previous reports, and guidance from the NHS SLU.
 - b. Sample letters and accompanying information sent to interviewees in the main investigation.
 - c. The publicly available reports into the activities of Jimmy Savile at other organisations, particularly Leeds General Infirmary and Broadmoor Hospital.
 - d. The independent assurance report on the NHS reports written by Kate Lampard.
 - e. In Plain Sight: The Life and Lies of Jimmy Savile. Dan Davies 2014 ISBN 978-1-78206-744-3.
11. Interviews were conducted with 4 of the 6 legacy cases, because two decided that they did not wish to take part. An interview was also conducted with one witness to corroborate information provided by Case 1.

4 Approach to the investigation and methodology

12. The Terms of Reference for the Legacy Investigation were established by BHT following the initial meeting with the investigators, TVP and the NHS SLU on 12th September 2014, and are included in the Appendix.
13. The investigation secretariat made the initial contact with the legacy cases to establish their willingness to participate in the investigation, once permission had been given by Thames Valley Police to do so (ie the police had confirmed that there was no live investigation), and according to the contact details and preferred mode of contact that had been provided.
14. Two cases were closed following this step, as detailed in Section 6.
15. The investigators drafted a letter to be sent to legacy cases after this initial contact to explain the process and interview arrangements in more detail. BHT amended the letter and sent the copies out to the 4 remaining cases.
16. The mode of the interview was agreed with the interviewee. Two interviews were conducted by telephone and two were face to face. One of the interviewees requested the support of a member of the NHS SLU which was arranged. One of the face to face interviews was followed up by a further telephone interview to clarify and expand on some of the points raised.
17. Telephone interviews were conducted using a PIN protected conference call number to ensure privacy. Only the two investigators and the interviewee participated in the interview. The interview was recorded digitally with consent and sent to the secure transcription service used by the main investigation for transcription afterwards. Transcripts were checked for errors by the investigators and the interviewees.
18. Face to face interviews were conducted in private. Recording was done in the same way as for the telephone interviews, with consent.
19. Discussions took place at the end of three of the interviews regarding the need for ongoing psychological therapy or support. With consent, the details of these interviewees were passed on to the Clinical Lead for Psychological Therapies within Oxford Health NHS Foundation Trust, and the interviewees were then contacted to arrange the appropriate support or therapy local to them. Interviewees were contacted in a manner of their own choosing, and if they only wished to speak with a female professional this wish was respected. No appointments were ever offered at Stoke Mandeville Hospital.
20. In respect of one case, the NHS SLU advised the investigators to confine the interview to questions on a written statement which was provided. This was because of concerns regarding the vulnerability of the interviewee. However, following analysis of the transcript the NHS SLU recommended approaching the interviewee for further details and clarification, so a follow-up telephone interview was conducted.

21. One of the interviewees was reporting an incident at which she remembered Savile's secretary being present. The investigators subsequently interviewed Savile's secretary by telephone to ascertain her recollection (see next section). The Trust endeavoured to identify other people mentioned by the interviewee. Longstanding retired employees of the Trust were contacted to ascertain whether other names were known, and the Trust archives were examined, but no evidence was located.
22. The secretariat sent the summaries pertaining to the interviewees to the individuals for their approval.

5 Allegations made by legacy cases

23. Every effort has been made to preserve the anonymity of the cases.
24. The investigation originally had 6 cases, and 2 withdrew early on. One of these cases had made a report to TVP but did not consent to further contact from the investigation team or secretariat, the other decided that her experience would not add anything to the knowledge about Savile's activities that has already been made public.
25. The remaining four were female, ranging in age from <10 to early twenties at the time of the events described in this section. One was not a victim of abuse by Savile herself but wished to provide contextual information. Of the other three, one was a patient, one a staff member and one a visitor. The incidents reported occurred from the mid 1970s to early 1980s. Case 4 was interviewed twice by the investigation, once in person and once over the telephone.

5.1 Case 1

26. Case 1 was interviewed by telephone at her request.
27. Case 1 worked at Stoke Mandeville Hospital in the support services during the early 1980s as a young adult. When she got the job, Case 1 was warned by a friend that she would come across Savile and that he was a 'dirty old man' and that she should never agree to ride in his Rolls Royce as this would be interpreted by other staff as meaning she had slept with him
28. She encountered Savile when he was volunteering in the hospital. She knew him from the television and was excited when work colleagues told her he was about. One day she was in the porters' lodge at handover time from one shift to the next, and there were about 6 or 7 porters present as well as Savile, and they introduced her to him. Case 1 reported that Savile jumped up, put his hands on each side of her face and attempted to get his tongue down her throat, and she got him off by pushing him in the chest. She recalled saying something like 'that's disgusting, you're older than my Dad' and that Savile and some of the porters laughed, but one of them told her afterwards to be 'wary' of him because he had a terrible reputation for sleeping with female members of staff.
29. In the course of the next few weeks, Case 1 came across Savile several times in the course of her duties when he was portering. She was never alone with him. On one of these occasions he offered to take her home from work in his Rolls Royce, and told her he would wait for her at the main entrance at the end of the day.
30. Case 1 said that the thought crossed her mind about how grand it would be to be taken home in the Rolls Royce, but she thought about her friend's warning and told Savile she always walked. At the end of the day she spotted Savile waiting in the main entrance at the appointed time he had appointed, so she left the hospital a different way and he did not see her.

31. The next day she saw Savile again. He told her that he had not seen her the evening before, but never mind, and was there a film she would like to watch. She said she wanted to watch *The Elephant Man*, and Savile said he would hire it and she should come to his room after work to see it. He also offered her his gold bracelet if she went to his room. Case 1 did not go, and she did not see Savile for several weeks after that.
32. Case 1 then came across Savile near a main entrance to the hospital giving out carnations from a box prior to a charity presentation. She said hello and was shocked, frightened and very upset when Savile pushed her into a corner, verbally abused her for not accepting his invitations, threatened her and assaulted her by giving her a Chinese burn on her arm. He then told his secretary (identified by Case 1) not to let this person near him again, before posing for photographs with a large cheque as if nothing had happened.
33. When asked about this incident during a telephone interview, Savile's secretary did not recall it, but said that she had been present at literally hundreds of cheque presentations. She did corroborate that the presentations happened in the part of the hospital described by Case 1. She did recall Savile being sent a large box of carnations on one occasion during the fund raising activities for the NSIC.
34. Case 1 did confide in friends who also worked at the hospital; she was told that she should not report the incidents because the 'paraplegic centre' might be closed down. She did not tell anyone in authority. Friends have since apologised to her saying that they had not believed her until other allegations about Savile had been published later. She said that Savile was widely known as a 'dirty old man' but she did not hear any rumours about any improper behaviour towards patients or visitors. She said she was naïve at the time and felt both frightened of him, and ashamed at having upset so powerful a figure. She said she managed to avoid any further contact with him because it was easy to spot when he was around.
35. Case 1 gave a good description of her duties and of the hospital environment at the time of working there. She described other relevant contextual historical details such as current film releases at the time and safety campaigns which Savile had been part of. Close colleagues at the time who worked alongside Savile had told her about him having an obsession with the mortuary and that he was especially interested in tasks which involved dead bodies, but she knew of no factual information in this regard. Case 1 described several of the inducements Savile used: a ride in his Rolls Royce, watching a film in his room, and promising to gift his chunky gold bracelet.

5.2 Case 2

36. Case 2 was interviewed by telephone.
37. Case 2 was employed at the National Spinal Injuries Centre for over a year in the first half of the 2000s. She gave contextual information about the unit at that time and Savile's involvement with it. Case 2 spoke with Savile once, but remembered him being on the unit on several occasions

while she worked there. She described him as a weird looking, old person with greying long blond hair, a gold lamé string vest and rose tinted glasses. She remembered him having quite open access to the bays and areas where patients would socialise, she would often see him wandering the corridors and wards, and he was usually accompanied by his private security and a senior member of staff, such as a doctor. In her opinion his presence on the unit was strange, because most of the patients were young and did not know who he was, but she did not think all her colleagues shared this opinion as many of them had been on the unit for many years and a culture had developed which accepted his presence. She felt he was 'tolerated' in the same way as an eccentric elderly relative might be.

- 38. Case 2 was able to give an accurate description of the layout of the hospital at the time, the name of the café and the artwork in the reception area.

5.3 Case 3

- 39. Case 3 was interviewed in person.
- 40. Case 3 was admitted to Stoke Mandeville Hospital during the 1970s age 16, following a road traffic accident in which she sustained serious facial injuries. Case 3 described being sexually assaulted by Savile on 2 occasions during her admission.
- 41. Case 3 first encountered Savile when she was in bed with her face heavily bandaged, he stood over her and leaned over her rubbing her arm and her breast, he did not speak and she was unable to. She knew Savile from the TV 'Clunk Click' seatbelt campaign, and when she first saw him she thought he was coming to see her because she had been in a car accident. On the second occasion she was sitting in the dayroom waiting to go home, when Savile entered the room from an outside entrance, sat down in front of her and grabbed her hands, forcing them into his groin. Case 3 remembers Savile saying 'now then, you will be beautiful again' Case 3 did not tell anyone that she had encountered Savile, and was unaware of there being witnesses to either attack.
- 42. Case 3 gave a compelling account of the incidents, she was able to identify Savile, describe his appearance and give a clear account of the layout of the hospital and the ward she was admitted to. Case 3 was also able to show us the discharge letter sent to her GP following her admission as well as a photograph of her injuries. Case 3 described in detail the impact of these assaults on her life with suffering that continues to this day.

5.4 Case 4

- 43. Case 4 was interviewed on 2 occasions, first in person by both investigators and then by telephone by Ms Klinck as requested by Case 4.

44. Case 4 came into contact with Savile at Stoke Mandeville Hospital in the late 1970s/early 1980s, when she was aged 8-9 years old. She would visit the hospital on a regular basis as she had relatives working there.
45. Case 4 described being sexually abused by Savile, the abuse escalating from touching to rape, on numerous occasions during the late 1970s/early 1980s.
46. She initially met Savile in a ward when she was visiting her relatives together with other children; they were excited to meet him as they knew him from the television. On that first occasion nothing untoward happened. On the next occasion which was a matter of days later, Case 4 described Savile as holding her very tightly from behind, rubbing his genitals against her and putting his hand down the front of her dress. After that he would regularly take her around the hospital while he spoke to staff and patients and take any opportunity to abuse her when no one was around. Case 4 remembers Savile holding her hand really hard on these occasions and described feeling extremely anxious.
47. Case 4 described Savile as cultivating a 'special relationship' with her, telling her she was pretty and special, but he did not give her any gifts or inducements, apart from occasional sweets.
48. Case 4 recounted how the nature of the abuse quickly escalated, describing how Savile would grab her face and quickly force his tongue into her mouth, and grab her hands forcing them onto his genitals both inside and outside his clothes. In addition Case 4 described how Savile would touch her genitals and force his fingers into her vagina. Case 4 described these incidents as having happened on many occasions.
49. Within weeks of meeting Savile Case 4 described the abuse as escalating further to the point where Savile raped her; this was an occurrence which was repeated on an unknown number of occasions but she thinks it was more than 10, over an unknown time period. Case 4 described the first occasion as taking place in a fairly public area of the hospital although no one was around, she described how Savile was sitting down, undid his trousers and forced her onto his lap, and then raped her. She described the experience as extremely quick and very painful.
50. Case 4 remembered the hospital as a 'maze', she described how Savile would take her down numerous corridors, and she would feel disorientated and unsure of where in the hospital she was. She remembered the abuse taking place in empty rooms sometimes with a hospital bed present. Case 4 described being in extreme pain during the abuse; she described crying and suffering bleeding and injury as a result of the abuse and rape. During these times Savile would tell her to stop crying, that he would make the pain better, and to not tell anyone because they could not make the pain go away.
51. As a young child Case 4 felt she had no power over the situation, she described Savile as extremely strong and revered by all around him. Savile would tell her not to tell anyone and that he had not done anything wrong. Case 4 did not disclose the abuse to anyone at the time or since, until the current disclosure.

52. Case 4 was very young at the time of the abuse; Her memory of events were clear on occasions especially with regards to how it had made her feel, but she did not have a clear memory of specific dates and places.

6 Emerging themes and rigour of evidence

6.1 Themes

- 53. It is not possible to identify themes from 6 cases, 2 of whom did not participate in the investigation. Therefore the information obtained in this legacy investigation has been cross checked with the themes identified in the main report (Section 10).
- 54. The evidence of Case 1 corroborates the findings of the main investigation, 'that Savile's promiscuity on the Stoke Mandeville Hospital site was widely known.' (p127) and that he was routinely overfamiliar with junior female staff.
- 55. The evidence of Case 1 further corroborates evidence in the main report of Savile using a mixture of inducements and threats to try and coerce his victims.
- 56. The evidence of Case 3 is an illustration of Savile choosing a particularly vulnerable and defenceless victim – heavily bandaged and unable to speak properly. There are also other reports of Savile returning to find his victim and abuse them a second time, as in this case.
- 57. Case 4 alleges repeated abuse. There is one other description in the main report (Victim 24, p42) of a child experiencing repeated abuse during the same time frame.
- 58. The evidence of Case 2 indicates that in the 2000s Savile was seen as an eccentric old man, rather than the 'sex pest' to staff of former years, but that his presence and behaviour was tolerated throughout.

6.2 Rigour of Evidence

- 59. A vast amount of evidence gathering and analysis of the context to Savile's offending including culture, policies, procedures etc. has already been conducted by the main investigation team. As a result, the terms of reference for this investigation excluded these aspects and this report relies on the main report for contextual information relating to Stoke Mandeville.
- 60. Case 1 provided a convincing and coherent account of her experiences at the hands of Savile. Her description of the way he behaved was consistent with that of other accounts in the main report. Her description of the layout of the hospital and the location of Savile's room was corroborated, and her employment record is still on file. Whilst she could not remember many names of colleagues at a distance of thirty years, she could remember the first name of the friend who had warned her about Savile, because she remains enduringly grateful to this lady. Case 1 had searched for, but been unable to find, any photographs of the cheque donation event at which Savile physically assaulted and

threatened her. Case 1 had talked about her experience with friends, who had since admitted to her that they had not believed her until all the evidence about Savile's proclivities started to come to light.

61. Savile's secretary had no memory of the incident recounted by Case 1 but explained that there were literally hundreds of cheque ceremonies during the fundraising efforts for the National Spinal Injuries Centre. However she did confirm that the ceremonies were in the part of the hospital described by Case 1, and she recalled one instance of Savile handing out carnations sent to him by a Channel Islands flower company in a big box.
62. The contextual information provided by Case 2 was particularly helpful because it demonstrated how Savile was permitted to behave on the National Spinal Injuries Unit approximately ten years ago. Case 2 was able to illustrate how his behaviour had become 'custom and practice', appearing odd to someone new to the Unit, but accepted by those who had been there a long time. Case 2's information was consistent with contextual information in the main report.
63. Case 3 provided strong evidence concerning sexual assaults by Savile. This is both because the interviewee had documents to accurately identify the time frame, as well as good recollection, and because the investigators had read the salient parts of the main report immediately prior to the interview, and so were able to evaluate how consistent the information was with what had already been gathered and ask for any clarification at the time. Case 3's description of Savile up close and the way in which he behaved, was consistent with others in the main report.
64. The rigour of evidence gathering in Case 4 was impacted by the fact that she was very young at the time of the abuse and consequently her memory of specific times, places and circumstances was incomplete. However the way she described the actions and abuse being carried out by Savile was consistent with the experience and descriptions given by other victims. Case 4 was able to give a compelling description of how the abuse had affected her both physically and emotionally during the period it took place and subsequently throughout her life.

7 Compliance with policies at time of allegations

- 65. The allegations of sexual abuse made by the legacy cases relate to the period 1973-1984.
- 66. Savile's long association with SMH began in late 1968, when he was already a celebrity, and by the time the first legacy case incident occurred he was a well established figure on the site working as a voluntary porter and therefore able to access all areas of the hospital.
- 67. The hospital records indicate that Savile was first provided with accommodation in the hospital in the Occupational Health building sometime in the period 1972-1975.
- 68. A witness to the main investigation reported rigid segregation of the sexes in hospital accommodation in the 1960s, and a female witness reported being asked to leave the nurses home in the early 1980s because she had brought boyfriends back to her room, which indicates that Savile was given accommodation alongside female staff at a time when the rules did not permit this.
- 69. The main report notes (Section 11) that guidance to hospitals on the use of volunteers was very general, and there are no records to indicate how it was interpreted or implemented locally.
- 70. The main investigation did not find any policy that specifically covered sexual harassment in the workplace (main report Section 11.4), safeguarding or whistleblowing. It did find examples of policies for the management of poor staff conduct within the Medical Advisory Committee minutes for the 1960s and 1970s, but noted that 'these policies do not appear to have been shared widely'.
- 71. There was advice from the Department of Health and Social Security concerning the tasks and supervision of hospital porters (main report Section 11.5). It is clear that Savile did not abide by the guidance as to appropriate conduct. By 1980 his role was changing into that of celebrity fundraiser, for which there were no guidelines.
- 72. The main investigation notes (11.87 p135) 'that between 1969 and 1980 Savile had free and unsupervised access to most clinical and non-clinical areas within the hospital.' The hospital comprised many buildings on a sprawling site with very little security, or policies regarding access.
- 73. None of the legacy cases made any formal complaint, so we do not comment on compliance with complaints procedures.

8 Chronological context of allegations

74. Cases 1 - 4 have been rearranged in chronological order. Victim numbers refer to those in the main report.

Year	Number of victims abused (main report)	Victims abused (legacy report)	Comments
1973	8 (Victims 6-13)	Case 3 (adolescent patient)	<p>Case 3 and Victims 6,7,9,12 were patients.</p> <p>The other Victims were visitors.</p> <p>The age of the victims ranged from 9-20s.</p> <p>By this time Savile was well established at Stoke Mandeville and worked as a voluntary porter and had a room in the hospital. As noted by Case 3, the Clunk Click campaign to encourage the use of seatbelts, fronted by Savile, also began in 1973.</p> <p>Later in 1973, after the incidents with Case 3 had occurred, SMH introduced an 'unrestricted' visiting policy in line with Department of Health and Social Security recommendations.</p>
1978-1982	18 (Victims 24-41)	Case 4 (child visitor)	<p>Victim 24 was also a child who also experienced repeated abuse by Savile over the period 1978 - 1983.</p> <p>The age of the victims ranged from 8 - 40.</p> <p>The victims comprised patients, visitors and staff.</p>

Year	Number of victims abused (main report)	Victims abused (legacy report)	Comments
1981-1984	15 (Victims 33-47)	Case 1 (young adult staff)	<p>Over this period Savile's profile at SMH was high because of raising funds for the National Spinal Injuries Centre. This brought him into contact with more people than ever before.</p> <p>The age of the victims ranged from 8 -40.</p> <p>Abuse of patients and visitors was the most frequently reported during this time, but the main report has accounts of 2 members of staff and a volunteer.</p>

75. The contextual information provided by Case 2 relates to the period 2003-2005. This was the period during which Savile was involved in fundraising for the refurbishment of St. Francis Ward for paediatric spinal injuries. It opened on 1st December 2005, and earlier that year the local newspaper had described Savile as the 'patron saint of Stoke Mandeville Hospital.'

9 'Scott letter' process

76. The 'Scott letter' process is invoked if authors are thinking of criticising any identified or identifiable individuals.
77. This legacy investigation has not found any instances of this kind, and therefore no Scott letters have been issued.

10 Analysis and conclusions

78. The findings from this Legacy investigation concur with those of the main report, namely:
79. Savile had unrestricted access to Stoke Mandeville Hospital for several decades.
80. ‘Savile’s unique blend of assertion, authority and eccentricity appears to have prevented the people around him from recognising his behaviours for what they often were, totally inappropriate.’ (main report 13.85 p215).
81. Savile’s abusive activities were both opportunistic and premeditated.
82. Many of his victims were vulnerable, because they were children, they were injured or sick, or both. Other victims were made to feel vulnerable, or were implicitly or explicitly threatened. They were fearful of challenging a celebrity, and after 1980 a celebrity who was seen as the public face of the renowned National Spinal Injuries Centre.
83. As a result, staff talked about his sexually inappropriate behaviour amongst themselves, particularly that directed towards young female staff, but it was very rare for victims to formally report what had happened to them.
84. The legacy cases who reported actual abuse do not span the entire time frame of the main report, so it is not possible to draw conclusions from these cases alone as to when and why the abuse eventually ceased (see main report p217 et seq).

11 Recommendations and lessons learned

85. We have no further recommendations to make, or lessons learned, following this Legacy investigation. Please refer to the conclusions and recommendations in the main report.
86. With respect to process, we recommend that Buckinghamshire Healthcare NHS Trust draws up a clear protocol with agreed allocated responsibilities and timeframes, so that it is clear how the Trust will handle any future allegations which arise concerning Jimmy Savile's activities at the Trust.

12 Appendices

12.1 Terms of Reference



Terms of Reference

Speaking Out: Internal investigation into matters relating to Jimmy Savile

The investigation into Jimmy Savile's association with Stoke Mandeville Hospital took place between January 2013 and August 2014. It was prompted by allegations of Savile's sexual abuse of patients, visitors and staff during his voluntary or fundraising activities there, and focused primarily on Stoke Mandeville Hospital, but also on other hospitals under the management of Buckinghamshire Healthcare Trust (BHT) and its predecessor bodies.

The report on that investigation is to be published early in 2015; however, there have been a number of further contacts with the Trust since the close of the investigation. As a result, the Trust has set up a legacy investigation process to investigate these and any further allegations. This process is in line with other trusts across the country, under the guidance and support of the NHS Savile Legacy Unit.

The investigators

To ensure objectivity and independence, as well as mental health expertise, the Trust has commissioned Oxford Health NHS Foundation Trust to undertake the investigation on its behalf. The investigators will:

- Thoroughly investigate each new allegation, by interviewing individuals and using information from the NHS Legacy Unit and Thames Valley Police Service.
- Signpost individuals to support or health services as required
- Write a report for each case they investigate. Those individuals who come forward with fresh allegations will be given a copy of the report that relates to their investigation.
- Make recommendations where these are new actions, or refer to the recommendations from the original report where the actions relate to issues covered in the previous investigation.

The Trust

The Trust will support the work of the investigators by ensuring that as much information and evidence is available (where possible) to inform the investigations, as well as facilitating a seamless interview process. The Trust will ensure that a summary of the reports is made publicly available at the end of the investigation.

The steering group

The steering group has representation from Thames Valley Police; SEAP Advocacy Services; Oxford Health NHS Foundation Trust and the Trust. It will steer the internal processes relating to the investigation.

The NHS Savile Legacy Unit

The Legacy Unit has been established to provide general assurance relating to all new Savile-related NHS investigations. Its role will be to ensure thoroughness and consistency of approach across all the investigations nationwide.

12.2 Biography Dr. Christine Vize

Dr. Christine Vize MA MB BChir FRCPsych (GMC Number 3138328) has been a Consultant Psychiatrist for almost 20 years. For the past six years she has worked for Oxford Health NHS Foundation Trust specialising in eating disorders, and prior to that she worked in general adult psychiatry. She therefore has considerable experience in assessing the nature and impact of sexual abuse in patients with mental health problems.

Dr. Vize has held a number of medical management positions since 1999 in addition to her clinical role. She has been a Trust Board member and Deputy Medical Director. From 2005-2009 she had a part time secondment to the Care Services Improvement Partnership. She has been trained in Root Cause Analysis and has undertaken and led a number of investigations, including mental health homicides and medical disciplinary cases. She has worked in a clinical advisory capacity with the Department of Health, NHS England and the Welsh Assembly Government.

Dr. Vize has no association with Savile or with Buckinghamshire Healthcare NHS Trust or Stoke Mandeville Hospital, and therefore no potential conflicts of interest to declare.

12.3 Biography Ms. Britta Klinck

Britta Klinck RMN, DipHe (NMC Number 91J0634E) Britta Klinck RMN, DipHe (NMC Number 91J0634E) qualified as a Mental Health Nurse in 1994 and for the past 20 years has worked in a variety of clinical and managerial roles within adult general psychiatry for Oxford Health NHS Foundation Trust.

Ms. Klinck has been in senior management for the past 4 years and is currently the service manager for the adult mental health services in South Buckinghamshire which includes service provision for both acute inpatient and community care. Her clinical background has given her extensive experience in assessing and treating patients who are in mental distress or have experienced traumatic events. She is a trained Root Cause Analysis investigator, and has led several investigations on behalf of Oxford Health NHS Foundation Trust.

Ms. Klinck has no association with Savile or with Buckinghamshire Healthcare NHS Trust or Stoke Mandeville Hospital, and therefore no potential conflicts of interest to declare.

12.4 Letter sent to legacy cases

Buckinghamshire Healthcare 

NHS Trust

Speaking Out Project Office

Amersham Hospital

Whielden Street

Amersham

Buckinghamshire

HP7 OJD

Tel: 07917092910

07500100642

xxxx

xxxxx

xxxxx

xxxxx

22nd September 2014

Dear xxxxx

Speaking Out Investigation into matters relating to Jimmy Savile at Stoke Mandeville Hospital

Thank you for taking the time to get in contact regarding the above investigation. As you may be aware, the report for Buckinghamshire Healthcare NHS Trust relating to these matters is due to be published in the near future. Your contact concerning the activities of Savile at Stoke Mandeville was logged with the NSPCC after the investigation work and interviews had been completed. However it is important that your evidence is obtained with the same rigour as that gathered in the original investigation, and cross-referenced with the main report in order to ensure that all possible lessons are learned.

We have therefore commissioned colleagues from a neighbouring trust (Oxford Health NHS Foundation Trust) to undertake a further investigation with those people who have come forward since the original investigation interviews were completed earlier this year.

The investigating team is independent of our Trust and neither member of the team has worked for us. They are employees of Oxford Health NHS Foundation Trust, and both have extensive experience in clinical practice and management, including conducting investigations. Dr Christine Vize has been a consultant psychiatrist for 20 years and is a Fellow of the Royal College of Psychiatrists. She is currently working in the field of eating disorders and is based in Wiltshire. Britta Klinck is a qualified mental health nurse who has worked for Oxford Health and its predecessors for over 20 years. She is in a senior management position and is based in Buckinghamshire.

I work with Buckinghamshire Healthcare NHS Trust and I provide project management support for the investigation. Following my telephone conversation with you, I would like to confirm arrangements for your interview with Christine and Britta. They will xxxx at xxx. You do not have to have

anything with you during the interview, but you may find making some preparatory notes useful, and if you would like someone else to attend with you to support you, please let me know. The interview will be conducted in private.

The team will ask you for your consent to record the interview - this may prove difficult on the telephone, but they will try, because it is a useful way to ensure that all the details are correct. They will then send you a transcript for you to check and keep for your records. Your participation in the process is entirely voluntary and our sincere aim is to respect your wishes and your privacy and to minimise distress. Christine and Britta will discuss the anonymisation of your account with you, and most importantly of all, they will discuss any ongoing support you may need. If you have any concerns or questions before the interview, please contact us.

Your evidence will be used to compile a supplementary report to stand alongside the original main investigation report. You will be able to see and approve the wording of anything in the report that relates to your evidence, before it is published.

We are keen that you have a point of contact should you need it during this difficult time. A telephone support service has been set up through the South of England Advocacy Project (SEAP) and their telephone number is 0300 343 5737 (this is a local rate number). You can speak to the advocates at any time during office hours and they will be able to point you in the direction of other local and national support services such as the Citizens Advice Bureau. We have enclosed a short information sheet on SEAP's work and how they may be able to help you. SEAP is independent of the Trust and will not share your details with us without your express permission.

Thank you once again for your help. My contact details are below.

Yours sincerely,

Deirdre Dwyer
Speaking Out Secretariat

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