

## **Press Statement from Dr Androulla Johnstone, Chief Executive of Health and Social Care Advisory Service, and independent Lead Investigator for the report into Jimmy Savile's association with Stoke Mandeville Hospital.**

**Date: 26 February 2015**

### **1. Acknowledgement to victims**

Before I set out an overview of the findings, the Investigation would like to extend its sincere thanks to the people who have come forward to talk about the sexual abuse they experienced during encounters with Savile at Stoke Mandeville Hospital. These individuals are entitled to an explanation about what happened to them that is both clear and candid. Today is about providing that explanation.

### **2. Scope, focus and challenges**

The Investigation was complex and the challenges when conducting an investigation into incidents that happened up to 47 years ago were manifold. Many of the individuals we wished to interview are dead and many others are now in extreme old age. The challenges were compounded by the fact that many of the victims, who were children at the time, had a limited recall of events.

During the course of the Investigation we located over 250,000 pages of documentation and identified 355 witnesses. The main areas of our focus were:

- What happened?
- Why were these events allowed to happen? And:
- Could the same events happen again?

### **3. What happened?**

**First:** Between 1968 and 1992 Savile sexually abused 60 individuals connected with Stoke Mandeville Hospital. The victims were patients, staff, visitors, volunteers and charity fundraisers. Savile's victims ranged in age from 8-40 and almost half were under 16, with ten being under the age of 12. Around one-third of his attacks were against patients. Just over ninety per cent of the victims were female.

The sexual abuse ranged from inappropriate touching to rape. Savile was an opportunistic predator who could also on occasions show a high degree of premeditation when planning attacks on his victims. Between 1972 and 1985, nine informal verbal reports were made about the abuse by his victims and in addition one formal complaint was made. The Investigation found that none of the informal complaints were either taken seriously or escalated to senior

management. The one formal complaint was dropped by the complainant's father due to her serious ill health. The individuals to whom these incidents were reported failed in their duty to protect. Consequently, no intelligence about Savile's behaviour was gathered over the years and no action was taken. Whilst witnesses told us that it was an open secret within the hospital that Savile was a lecher and general nuisance, none stated that they knew about his sexual abuse activities.

**Second:** In 1980 Savile was appointed by Ministers from the new Thatcher Government and the Department of Health and Social Security as lead fundraiser and commissioning and project manager for the rebuilding of the National Spinal Injuries Centre via an independent charitable fund. This was part of a drive at the time to bring in external funding for the NHS. The then Prime Minister Margaret Thatcher sponsored Savile in this role, and £500,000 of Department of Health and Social Security funding was made available to the charitable trust. There were no adequate financial forecasts in place from the outset and the new centre was rendered dependent upon Savile's charitable fundraising for the best part of the next two decades; this placed him in a position of authority and power.

He treated the money raised by the general public for Stoke Mandeville Hospital as his own personal largess, and he became an increasingly disruptive and negative force. This was to lead to a decade of bitter legal wrangling in the 1990s when officers from the newly established Stoke Mandeville NHS Trust Board challenged Savile hard using Queens Counsel to displace the authority that had been given to him a decade earlier. Relationships underwent a total breakdown during this period. It is no coincidence that Savile's offending behaviour at the hospital appears to stop from this time.

#### **4. How was it allowed to happen?**

In 1969, Savile came to Stoke Mandeville Hospital as a voluntary porter. He was appointed with no checks, monitoring or supervision. He was given accommodation on the hospital site and had 24-hour, seven day a week, access to all parts of the hospital building complex. From an early stage his disruptive behaviour and constant sexual innuendo caused annoyance and distress to the junior staff within the hospital. However, his behaviour was explained away as being part of his eccentric celebrity persona. Savile was feted by senior managers as an important asset to the organisation, where he was quickly established as an integral part of hospital life. It would appear that at no stage were senior managers made aware of either his sexual offending or his unsatisfactory portering performance and poor moral behaviour.

This was because:

- adherence to policy frameworks was poor;
- leadership was weak;
- supervision and monitoring processes in relation to Savile were absent.

In 1980 when Savile was appointed by senior politicians and Department officials, regulatory checks and balances were not put into place. Statutory functions were placed in the hands of a celebrity fundraiser and this meant that Department and NHS officials lost control of the Spinal

Injuries Centre project. This was remiss. A major fundraising appeal was set up outside of contemporaneous NHS charity guidance. There were two major consequences.

**First:** there was an ongoing dependence upon Savile's charitable funds which ensured his continued position of power and influence at the hospital which was often detrimental to service management.

**Second:** Savile was able to access a new cohort of victims for his sexual abuse in the guise of young charity fundraisers to the hospital.

**Savile's access as a voluntary porter in the 1970s and his position of authority in the 1980s established him as a powerful and influential figure at Stoke Mandeville Hospital; one who could abuse and one whose victims felt powerless to challenge or report.**

### **5. Could it happen again?**

The newly appointed Stoke Mandeville Hospital NHS Trust Board tackled Savile 'head on' from 1991 and, whilst it was to take several years, was able to control Savile and diminish his authority. The placing of statutory powers at local service provider level for the first time allowed the NHS Trust to address what had become an unworkable situation.

At the same time, the hospital introduced more restrictions and robust processes, thanks in part to clear and unambiguous national guidance on procedures for complaints, whistleblowing, security, staff checks and volunteering. These factors combined to create a climate that was no longer conducive to a continuation of either Savile's managerial authority or his opportunistic sexual abuse.

The current Buckinghamshire Healthcare NHS Trust has undergone a stringent process of review and investigation over the past two years in relation to safeguarding and governance from independent external agencies, and this Investigation, to ensure that its processes are fit for purpose and provides a safe environment for patients, staff and visitors.

### **To conclude**

It must be noted that all NHS services should be alert to predatory sexual offenders like Savile who can be placed in a position of trust and authority. Individuals like Savile operate covertly and use their influence to further their own ends in such a manner that may not be immediately obvious to those around them. Policies, statutory frameworks and safeguards are in place nationally to protect society's children and vulnerable adults. All workers in the NHS and all other responsible agencies have a duty to ensure these are adhered to at all times. The failure to do so could lead to a similar situation happening again.

End.