

**Investigation into allegations related to Jimmy Saville and  
Prestwich Psychiatric Hospital**

**A report for Greater Manchester West Mental Health NHS  
Foundation Trust**

**April 2014**

## **Contents**

1. Introduction	Page 3
2. Terms of Reference	Page 4
3. Executive Summary	Page 6
4. Approach to the investigation	Page 8
5. Greater Manchester West Mental Health NHS Foundation Trust background information	Page 12
6. Analysis of the evidence	Page 13
7. Policy, practice and procedures at the time of the alleged incidents	Page 18
8. Current policy, practice and procedures	Page 19
9. Conclusions and recommendations	Page 27

## **Appendices**

Appendix A List of documents reviewed

## **1. Introduction**

On the 28<sup>th</sup> November 2013, Greater Manchester West Mental Health NHS Foundation Trust (“the Trust”) received correspondence from the Department of Health (“DH”) into matters relating to Jimmy Savile (“Savile”). The correspondence stated that in the course of investigations already underway (in association with Operation Yewtree) in 13 other NHS hospitals relating to Savile, the Metropolitan Police Service (“MPS”) had disclosed further information relating to new hospitals. Specifically the MPS had passed information to the DH that related to Savile and Prestwich Psychiatric Hospital. As Prestwich Psychiatric Hospital is the responsibility of the Trust, it was the responsibility of the Trust Board to investigate any matters arising out of the information as appropriate.

The information provided related to an allegation from a member of the public (“Ms C”) and did not refer to any patient related issues or concerns. The allegation referred specifically to a period in or around 1960 when Ms C alleges that she was brought onto the Prestwich Hospital site and sexually abused by Savile. This pre-dates Savile’s career with the BBC which started in 1964 and his notoriety as a celebrity. The Trust Board, therefore, commissioned an investigation into these matters and agreed the terms of reference at its’ Trust Board meeting on 16<sup>th</sup> December 2013.

This report sets out the findings of fact of the investigation and makes any appropriate recommendations based on the analysis of the evidence. The Trust Board approved the report on 28<sup>th</sup> April 2014.

## **2. Terms of Reference**

The following terms of reference were agreed by the Trust Board on 16<sup>th</sup> December 2013:

The Board of the Greater Manchester West Mental Health NHS Foundation Trust has commissioned this investigation into information provided by the Metropolitan Police Service via the Department of Health which sets out allegations that Jimmy Savile sexually abused a member of the public on the Prestwich Psychiatric Hospital site in or around 1960.

Greater Manchester West has appointed DAC Beachcroft LLP to provide legal advice and support to the investigation team. Greater Manchester West will work with Kate Lampard, appointed by the Department of Health to provide general assurance relating to NHS investigations and Verita, to ensure the approach taken to investigate the issues is thorough and consistent.

The investigation will be led by Andrew Maloney, Director of Governance and HR, who will be supported by Karen Clancy, Deputy Director of Governance and Named Nurse for Child Safeguarding along with Richard Backhouse, Deputy Director of Governance and Professional Lead for Adult Safeguarding. Gill Green, Director of Nursing and Operations and the Board lead for Safeguarding will provide peer support and review to the investigation team.

The written report will:

1. Thoroughly review the allegations made within the documents provided by the MPS to Greater Manchester West in order to form a reasonable view, based on evidence, as to whether the events related to Prestwich Psychiatric Hospital and Savile occurred as alleged.
2. Provide an historical context to explain the history and management of Prestwich Psychiatric Hospital and other institutions now managed by Greater Manchester West or other predecessor organisations as it relates to the allegations.
3. Review any relevant documents, policies or procedures that exist from the time of the alleged incidents in order to support the report's findings.
4. In light of the findings of fact in respect of the above, consider whether Greater Manchester West's current policies and processes related to these matters are fit for purpose. The list of policies referred to is detailed in Appendix A of this report.

5. Identify any recommendations for further action.

The investigation does not have the power to impose disciplinary sanctions or make findings as to criminal or civil liability. Where evidence is obtained of conduct that indicates the potential commission of criminal offences, the police will be informed. Where such evidence indicates the potential commission of disciplinary offences, the relevant employers will be informed.

### **3. Executive Summary**

On the 28<sup>th</sup> November 2013 the Trust received correspondence from the DH into matters relating to Jimmy Savile. The correspondence stated that the MPS had disclosed further information to the DH that related to Savile and Prestwich Psychiatric Hospital. As Prestwich Psychiatric Hospital is the responsibility of the Trust, it was the responsibility of the Trust Board to investigate any matters arising out of the information as appropriate.

The information provided related to an allegation from a member of the public, Ms C, and did not refer to any patient related issues or concerns. The allegation referred specifically to a period in or around 1960 when the complainant alleges that she was brought onto the Prestwich Hospital site and sexually abused by Savile. The investigation team have concluded that this was prior to Savile's notoriety as a celebrity. The Trust Board, therefore, commissioned an investigation into these matters and agreed the terms of reference at its' Trust Board meeting on 16<sup>th</sup> December 2013.

The investigation team approached Ms C to see if she would be willing to meet to talk about the allegations. Although initial contact was made with her and pursued, the Trust has been unable to meet with her and has therefore relied on the statements she has already provided. Ms C did however consent to the Trust publishing information from her statements to the MPS within this report. Two former employees were identified who provided statements in relation to the historic operational workings of the Prestwich Hospital and a detailed document search was also undertaken.

Although there are no witnesses who can verify or refute the account of Ms C it is the considered view of the investigation team that the alleged incidents are likely to have occurred. This is supported by the correlation between the description of the site and the environment provided by Ms C with the documentary evidence available and the witness testimony of the two former staff members. Taken in the context of what we know about Prestwich Hospital in the early 1960s, there is nothing in Ms C's statements that would cause us to question the veracity of her account of what happened.

In terms of the present day, whilst an absolute assurance can never be given that a staff member may try to assist unauthorised individuals to gain access to Trust premises in order to commit unlawful acts, a review of current Trust policy, practice and procedures demonstrates a thorough and detailed policy framework covering safeguarding arrangements, security management provisions and employment checking processes that act as a strong deterrent to such actions.

It is the considered view of the investigation team that no changes to current policy, procedure or practice are required. It is, however, recommended that these should be kept under review and should be subject to regular audit to ensure that they remain effective.

There are no further specific recommendations made by the investigation team.

#### **4. Approach to the investigation**

The information provided to the Trust by the DH consisted of a signed statement provided by Ms C to the MPS on 17<sup>th</sup> October 2012 and a telephone contact pro-forma documenting a telephone conversation with them on 8<sup>th</sup> November 2013. These statements allege that Savile brought her onto the Prestwich Psychiatric Hospital site on two occasions in or around 1960 and on one of these occasions he sexually abused her. The investigation, therefore, centred on following up this witness statement with Ms C, clarifying whether any further witness statements were required from any other relevant individuals and sourcing any documents from around the period in question to support the analysis and the findings of fact.

##### **3.1 The Complainant**

The Trust wrote a joint letter with Central Manchester University Hospital NHS Foundation Trust (“Central Manchester”) to Ms C on 17<sup>th</sup> January 2014. The reason for the joint approach was that she had made a separate unconnected allegation related to Savile that Central Manchester were investigating. A joint approach was determined to be appropriate by the lead investigators between the two organisations in order to limit any potential negative impact on her. On the 29<sup>th</sup> January 2014 a separate e-mail was sent to her to follow up the letter and to check that it had been received. On the 7<sup>th</sup> February 2014 Ms C made contact through Central Manchester. The lead investigator at Central Manchester has provided the Trust with a note of the conversation that she had with Ms C. The note clarifies that whilst Ms C did not want to pursue any further conversations with Central Manchester, she did want to speak with the Trust.

Further correspondence was therefore sent to Ms C on 7<sup>th</sup> February 2014 and the 4<sup>th</sup> April 2014. Ms C contacted the Trust on 9<sup>th</sup> April 2014 to give her consent to the use of the witness statements in this report however she confirmed that she did not wish to meet to discuss the matter further.

The witness statement provided to the MPS alleges that she was brought to the Prestwich Psychiatric Hospital site when she was about seven or eight years old by Savile along with another unidentified male. The visit was used as a threat to her in so far as if she disclosed the abuse she was being subjected to she would be brought back to the hospital and locked away with the patients. The telephone contact pro-forma contains a separate allegation that Savile brought her onto the Prestwich Psychiatric Hospital site and she was taken to an

empty ward and subsequently sexually abused by Savile and an unidentified male. Ms C clarifies in the statement that she does not remember there being any staff on the ward.

As there were no other named witnesses relevant to the specific allegations it was considered appropriate to undertake a thorough document search and to then consider whether any further individuals should be approached for interview.

### **3.2 Police Liaison**

The Trust approached the MPS and Greater Manchester Police (“GMP”) to clarify whether they possessed any additional documents that were relevant to the specific allegations about Prestwich Psychiatric Hospital. The MPS confirmed that they have conducted all the relevant checks at Operation Yewtree and GMP have confirmed that they do not possess any additional documents. The investigation team has therefore concluded that no other documents must therefore exist.

GMP have confirmed that they are content for this report to be published as it does not prejudice any current investigations.

### **3.3 Document Search**

The Trust’s Procedure for the Retention and Disposal of Records sets out the process by which the Trust manages the retention of records in line with legislative requirements and the needs of the Trust. The procedure meets the requirements set out in the Records Management NHS Code of Practice (“RMCOP”). This procedure relates to all clinical and non-clinical records held in any format by the Trust. In line with this procedure each corporate and clinical department has a designated Information Governance lead with responsibility for implementing it within their own discrete department.

In order, therefore, to conduct the internal search for documents all of these leads were written to requesting that they provide the investigation team with any documents held within their corporate or clinical department for the period between 1958 and 1963. This date range was deemed to be appropriate given the allegation related to some time in or around 1960. Responses were received from each of these leads with all but two departments confirming that they possessed no such records for the period in question. The Human Resources department responded to confirm that it held electronic records (non-exhaustive) of individual staff members who were in the Trust’s employment in this time period. The Estates department provided documents it held that related to site plans and building plans.

The above process therefore meant that a thorough internal search for documents was able to be conducted and completed.

The procedure also deals with the management of the permanent preservation of records. Under the Public Records Act, NHS records over 30 years old which have been selected for permanent preservation and which are not in current use by the creating department must be transferred to a recognised place of deposit. The approved place of deposit for the Trust is the Greater Manchester County Record Office (GMCRO).

Initial contact with GMCRO was made on 16 December 2013 and the investigation team were informed that access to records was currently suspended until Spring 2014 due to work being undertaken on the relocation of the archive. However, through further dialogue with GMCRO agreement was able to be obtained to access the archive. The investigation team would like to thank the staff of the GMCRO for facilitating this access at a time when they were officially closed.

The GMCRO provided an archive catalogue of documents relating to Prestwich Psychiatric Hospital. Much of the archive relates to the hospital during the late nineteenth and early twentieth centuries and was not relevant to the investigation. There were, however, documents identified as having possible relevance to the context of the allegations. These were documents that related to the general operations of the hospital rather than specific patient records:

- Report of a visit by the Hospital Board of Control 26 November 1959
- Register of staff (males) 1928-1971
- List of officers 1851-1973
- Daily number of patients 1957-1961
- Day book 1956-1957
- Map Folder 1- various ground plans
- Map folder 5- various photographs and maps of grounds

A member of the investigation team visited the GMCRO to examine these documents on 28<sup>th</sup> January 2014. The documents that were of particular relevance to the analysis and the findings were the report of the visit of the Hospital Board of Control, the daily number of patients and the map folders.

### **3.4 Witnesses**

In order to obtain a fuller understanding of the workings of the hospital than could be gleaned from the archive documents a meeting was also held on 4 February 2014 with two former members of staff who had particular knowledge of the hospital in the early 1960s. These individuals had been identified following initial dialogue with a current member of staff who identified “Mr A” who in turn identified “Mrs B”, as potential historic witnesses. Mr A was an employee at the hospital between circa 1950 and 1999 and Mrs B was an employee between 1958 and 1994. Their witness testimony, which they have verified, has enabled the investigation team to build a picture of the workings of the Prestwich Psychiatric Hospital from around the time of the alleged incidents, the detail of which is referenced in Section 6.

## **5. Greater Manchester West Mental Health NHS Foundation Trust background information**

The Trust currently provides integrated mental health and social care services to people living within the Bolton, Salford and Trafford Local Authority areas. The Trust also provides a range of specialist and secure mental health services and substance misuse services for the Greater Manchester population, parts of the North West of England and nationally.

The Trust headquarters are based at the Prestwich Hospital location in Prestwich, Manchester. Clinical services operate from this site and from over 60 other sites across the geographic locations described above.

The Trust became an NHS Foundation Trust in 2008 and is accountable to Monitor, the independent regulator of foundation trusts and the healthcare regulator the Care Quality Commission.

Prior to becoming an NHS Foundation Trust the Trust was an NHS Trust operating under the name of Bolton, Salford and Trafford Mental Health NHS Trust. The Trust was formed in 2003 and was directly accountable to the Greater Manchester and the subsequent North West Strategic Health Authority.

From 1994 to 2003 the Prestwich Hospital site came under the management arrangements of the Mental Health Services of Salford NHS Trust.

Between 1949 and 1994 Prestwich Hospital was directly accountable to the Salford District Health Authority (1974 to 1982) and prior to this the Regional Hospital Board of Control (1948 to 1974). Between 1948 and 1974, Prestwich Hospital was operationally managed via the Prestwich Hospital Management Committee.

## **6. Analysis of the evidence**

As stated above in Section 4, the Trust was provided with statements from Ms C alleging that she was brought to the Prestwich Psychiatric Hospital site by Savile on two occasions in or around 1960 and on one of these occasions she was sexually abused. The Trust has no further details on the type of abuse as the investigation team has not been able to interview Ms C.

The statements provide further detail in relation to the two incidents.

Ms C describes being taken to a room at the back of the hospital site by Savile and another unidentified male. The ward smelt horrible, had excrement everywhere and had within it naked male patients. Ms C alleges she was told by Savile that if she ever told anyone about the abuse she was suffering she would be brought back and locked in the room with the men.

On a separate occasion she alleges she was brought to the Prestwich Psychiatric Hospital site again by Savile and another unidentified male and taken onto an empty ward with beds. Ms C does not recall there being any staff on the ward. She was then sexually abused by Saville in the empty ward. She adds that she knew it was Prestwich Psychiatric Hospital as it was near where she lived and then goes on to describe that it was a massive place.

As noted in Section 4 above the Trust has been unable to meet with Ms C to interview her. The investigation team have therefore had to take a considered view of the evidence within the witness statements from Ms C and use any supporting documentary evidence and evidence from the two former staff members relating to the historical context and workings of the hospital in or around 1960 to support the conclusions. As there are no named witnesses within the account from Ms C other than Savile, there is nobody who is able to either verify or refute the allegations.

A list of staff that worked for the Trust (or its' predecessors) has been recovered from the Trust's internal archives. However, the allegation does not relate to former staff and Ms C specifically states that she does not recall any staff being in the areas where she was taken. In addition, there are no specific names of staff provided in the statement. The decision was therefore taken that, in the circumstances, these names did not warrant pursuing for statements in relation to the specific allegations. In addition, no further historical accounts were deemed necessary beyond those provided by Mr A and Mrs B.

From studying the archive documents and with reference to the discussions with Mr A and Mrs B the investigation team have compiled the following overview of the workings of the Prestwich Psychiatric Hospital at the time of the allegations.

In the early 1960s the hospital on the Prestwich site was known as Prestwich Mental Hospital and was managed by the Prestwich Hospital Management Committee which was made up of the Medical Superintendent, the Matron, the Chief Male Nurse and local councillors.

The Hospital Management Committee reported to the Manchester Regional Hospital Board of Control. Members of the Board of Control made only occasional visits to the hospital. We have ascertained that one such visit took place on 25 November 1959. The report of the visit refers to a previous visit which had taken place on 12 March 1958 but does not indicate when the next visit would take place. We did not find any record of a further visit having taken place prior to the period of the allegations. The report of the visit of 25 November 1959 gives a largely positive narrative account of the hospital: "Little can be offered in the way of criticism." The report makes no significant reference to matters of site security, access to wards, visiting arrangements, safeguarding children or any other concerns that would have any obvious relevance to the allegations. The report is signed off by Mr Cyril Hastings, Commissioner of the Board of Control.

The day to day management of the hospital was the responsibility of the Medical Superintendent, Dr JP McGuinness, who was in charge of all aspects of patient care and the general running of the hospital. Dr McGuinness escorted Mr Hastings throughout his visit to the hospital on 25 November 1959.

The hospital housed around 3000 patients, with a roughly equal split between male and female patients. There was complete separation of male and female patients with separate wards for men and women. Some patients were detained under the new provisions introduced by the Mental Health Act 1959, but many longer-stay patients remained "informally detained" outside of the provisions of the Mental Health Act. There would have been over a hundred patients on most wards at any one time.

There were two parts to the hospital which were known as the Main Hospital and the Annexe. The Main Hospital was located at the northern end of the site where the current

Trust Headquarters are now situated. The Annexe was located at the southern end of the site at what is now called the Edenfield Unit.

The Main Hospital catered for acute admissions and shorter-stay patients. There were separate male and female wings and the wards were given functional designations such as admissions ward, epilepsy ward and suicidal ward. All of the wards were locked. On arrival at work ward staff would "clock on" and collect their keys from the North Lodge which was at the main entrance.

The Annexe catered for longer-stay and untreatable patients. There were separate male and female wings. On the male wing there were five wards each with a different function. The Male Isolation Ward housed patients with tuberculosis. Male One Ward housed elderly men. Male Two Ward was the male infirmary for patients who were physically unwell. Male Three Ward was for violent patients. Male Four Ward housed younger ambulant men. All of the wards were locked. Ward staff would collect keys from the South Lodge which was alongside the Annexe. There were separate keys for the male and female wards. There was also a recreation hall which was a large hall with a basement. The recreation hall was not locked and could have been accessed without a key.

Staffing on the wards consisted of a sister on female wards or a charge nurse on male wards, a deputy, a staff nurse, student nurses and other unqualified nursing assistants. The charge nurse would not necessarily be a qualified nurse as unqualified staff who had worked at the hospital for a number of years could achieve this position. All nursing staff would have been appointed by the Matron or the Chief Male Nurse. Nursing staff wore a uniform which was dark blue.

There was no perimeter security to the site and therefore it could be openly accessed by vehicles and pedestrians. There were three routes of entry to the Annexe area: via the main gate past the North Lodge and down the road that now leads to the Edenfield Centre; directly down Clifton Road and past the South Lodge; part way down Clifton Road and through the farm. Thus there were no restrictions that would have prevented a member of the public from entering the Annexe area, or entering the recreation hall, but to get onto any of the wards someone with a key would have had to enable them to enter.

Visitors could come to see patients on Wednesday and Saturday afternoons. The number of visitors was quite small and it was unusual for children to visit. Visitors to patients on the Annexe would check in at the Main Hospital and a van would transport them to the Annexe.

There were no empty wards at Prestwich Hospital at this time. There were actually more patients than the site could accommodate which led to a number of patients being transferred to hospitals in other areas.

The MPS summary of a call with Ms C on 8 November 2013 records that: “.....between ages of 8 and 10 she was taken to Prestwich Psychiatric Hospital, probably a couple of times. The first time Savile took her there in his car with another man ([she] did not know him) and her dad was not with her. She knew it was Prestwich Hospital as it was where she lived, it was a massive place. Stated Savile took her to a room at the back of the hospital, it smelt horrible, there was excrement everywhere, there were men walking in it, some were naked, they were patients and absolutely out of it.....” and “...on another occasion she was taken again to Prestwich Psychiatric Hospital by Savile, he took her to an empty ward with beds....there was no-one else around on the ward, does not remember there being any staff....”

The absence of any perimeter security at the time would have meant that it was feasible for Savile to have brought her onto the hospital site without being stopped or challenged. To take her onto a ward he would have needed the assistance of a key holding member of staff. This could have been any one of the large number of staff who held the keys to the male wards.

Ms C’s memory of it being “a massive place” is consistent with what we know about the size of the hospital at the time. It would certainly have appeared massive to an eight year old child. Analysis of the maps indicates the size of the site at that time to be about one square mile.

From her reference to “a room at the back of the hospital”, and her subsequent description of the environment and the patients, it appears most likely that the “room” was located on one of the male wards on the Annexe.

In the early 1960s modern anti-psychotic treatments were fairly new. Whilst the newer treatments were being used at the hospital (the report of the Board of Control’s visit in

November 1959 notes that “All modern accepted psychiatric treatment is practised”), there would still have been large numbers of patients, especially on the Annexe wards, who were receiving no effective treatment for their mental disorders. Some of these patients would have been chronically psychotic and/or severely confused and the way some of them presented would have been consistent with her recollection that they were “absolutely out of it”.

It is unlikely that patients would have been walking around naked in the main ward area but there were communal bathrooms on the male wards where patients could have been naked, and there were occasions when patients were incontinent of faeces and needed to be cleaned. Thus her description of there being excrement everywhere and men, some of whom were naked, walking in it would be consistent with what could have been happening on one of the wards at a particular moment in time.

In relation to the second alleged visit, the statements from Mr A and Mrs B confirm that there were no empty wards at the hospital at that time. However, during the day the dormitories could have been empty as patients undertook activities away from the ward so if she had been taken into one of the dormitories it might well have appeared to be an empty ward and it is conceivable that there could have been no-one else around.

## **7. Policy, practice and procedures at the time of the alleged incidents**

The thorough documentary search has not uncovered any specific policies or procedures concerning the operational arrangements at the Prestwich Psychiatric Hospital in or around 1960 and specifically no documents relating to site security or access arrangements for visitors to the hospital site or its' buildings or arrangements for safeguarding children.

The evidence that the investigation team have therefore particularly considered are the Regional Hospital Board of Control visit that took place on 25 November 1959 and the witness statements from two former members of staff. Their account of the policy, practice and procedures is detailed in Section 6.

## **8. Current policy, practice and procedures**

The investigation team have considered what agreed policy, practice and procedures are currently operational within the Trust that have relevance to the allegations and that mitigate the risk that such an incident could occur today.

### **7.1 Safeguarding Policies**

#### **Safeguarding Children Policy**

The Trust has a policy that reflects its' duty to ensure that children are protected from actual or potential harm and that their welfare is safeguarded. The policy describes how that duty is discharged through the Trust's commitment to act within the multi-agency safeguarding partnerships led by the Local Safeguarding Children Board's ("LSCB"). The LSCB's provide multi-agency policies and procedures within which the Trust must act. The Trust works in partnership with a number of LSCB's, given the geographical spread of the organisation.

From a staff perspective the policy provides:

- An outline of the multi-agency framework for safeguarding children
- Clarity on their safeguarding responsibilities and those of the Trust
- Direction to staff towards relevant policies and procedures

The Director of Nursing and Operations is the Executive Director accountable for child safeguarding. In addition, the Trust employs a named nurse and a named doctor for child safeguarding who provide a lead on support and advice to the Trust. It is a mandatory requirement of the Trust that all staff complete the appropriate level of child safeguarding training.

#### **Safeguarding Vulnerable Adults Policy**

The policy defines how the Trust complies with relevant national guidance on safeguarding vulnerable adults. All staff are required to act to promote the welfare of vulnerable adults and where there are adult protection concerns, to act to safeguard them from harm.

The Director of Nursing and Operations is the Executive Director accountable for the safeguarding of vulnerable adults. In addition, the Trust employs a safeguarding lead for

vulnerable adults who provides a lead on support and advice to the Trust. It is a mandatory requirement of the Trust that all staff complete the appropriate level of safeguarding vulnerable adults training.

Both the safeguarding vulnerable adults and safeguarding children policies are supported by the "Think Family Good Practice Guidance".

All corporate and directorate safeguarding leads attend a monthly meeting of the Joint Safeguarding Group, chaired by the Executive Director of Operations and Nursing in order to co-ordinate the discharge of responsibilities in line with the above policies.

### **Safeguarding Policy Assurance**

The Trust has maintained ongoing compliance with the requirements of its regulators and commissioners in respect of arrangements to safeguard vulnerable adults and children. This includes completing the Section 11 Greater Manchester Children's Audit and the Clinical Commissioners Annual Safeguard Audit. These audits provide evidence to demonstrate robust leadership and accountability; policies and procedures to safeguard and protect children that are accessible for staff; recruitment and selection procedures for all staff which are in line with LSCB's safer recruitment and selection; staff induction and training on safeguarding children; policies and procedures to support the management complaints, allegations and whistleblowing; information sharing and confidentiality to promote information sharing and how the voice of the child is engaged.

The Trust's internal auditors, Mersey Internal Audit Agency, undertook a review of the Trust's arrangements for safeguarding children and vulnerable adults as part of their 2012/2013 audit plan. The review concluded that there was 'significant assurance' that the Trust has an effective safeguarding framework in place to which comprehensive policies, inter agency working and named professionals have all contributed.

## **7.2 Security Management Policies**

### **Security Management Policy**

The policy sets out the framework for the management of security within the Trust. The policy aims are to ensure:

- the personal safety at all times of service users staff and visitors
- the protection of trust premises from malicious acts, damage or trespass

- the protection of trust assets from fraud theft or damage
- the protection of personal belongings to service users, staff and visitors
- the smooth and uninterrupted delivery of health and community care
- services and departments undertake the identification of risks that impact upon the working environment and to report these risks on the risk register
- all security related incidents and near misses are reported

The Director of Governance and HR is the nominated Executive Director with responsibility for security and fulfils the statutory function of Security Management Director. The Trust also employs a designated Local Security Management Specialist who provides support and advice to the Trust on security matters. All staff are provided with appropriate training on the security management policies of the Trust through their induction process.

### **Access Control System Operational Policy**

The Trust operates the Net2 access control system to manage access to buildings across the estate. The Net2 system is a web based access control system that enables electronically controlled entry points to be remotely programmed to open when an activated access control card is swiped across a reader.

The Net2 system is incorporated into the personal identity cards for each staff member. Staff are issued with personal identity cards which are programmed to operate access points in line with the requirements of their work location and job role.

The Net2 system mapping and configuration is managed by the Facilities department. The system maintains a database of all activations of the system and whether the access request has been permitted or refused.

### **CCTV Policy**

The Trust operates CCTV cameras across the estate as a proactive measure to support its' security management arrangements. The policy cites the following reasons for the legitimate use of CCTV:

- the prevention or detection of crime or disorder
- the apprehension and prosecution of offenders (including the use of images in criminal proceedings)
- in the interest of public and employee health and safety

- the monitoring of patient movement around the site
- protection of Trust property and assets
- in the interest of individual or group safety

### **Personal Identification Policy**

This policy provides direction relating to the identification and management of identity cards. The identification card is the principle source of identification of authorised personnel and bears the full name, photograph, reference number and job title of the individual as per their electronic staff record.

This policy outlines the process of obtaining, issuing and returning identification cards for employees, contractors, volunteers, students on placement, seconded personnel and other non-employees who work on Trust premises for extended periods. The process is safeguarded via arrangements between the facilities department which issues the identification card and the human resources department who undertake the pre-employment checking process.

### **Visitor Management Systems**

All inpatient psychiatric services on the Prestwich site have airlock facilities which enable the restriction of access to these areas to only those individuals that are authorised to enter. These airlock systems are managed by staff either via a reception area or by clinical staff from within the service or ward. Local service level procedures are in place to facilitate access by visitors.

Medium secure psychiatric inpatient services based at the Edenfield Centre require all visits to be pre-planned and booked onto the Visitor Management System (“VMS”). When the purpose of a visit and the host of that visit have been established, reception staff will ask for photographic identification (Passport, Drivers Licence, Workplace Security / Identification badge). Once the visitor’s identity has been established the VMS can be checked for the visitors booking ensuring that the visitor is approved.

All children visiting the unit must be pre-booked onto the system. The parent or guardian of the children must present reception staff with valid identification for the child (issued by the service). Any child visiting a service user must be pre-checked through the relevant Local Authority Children’s service to ensure that the visit is appropriate. All visits with children are supervised within the family room away from clinical areas.

All District psychiatric inpatient services require all wards to be continuously locked. Entry onto and exit from the wards is verified and controlled by either a reception desk operator or by the clinical staff from the ward.

There are no specific policies concerning VIP or celebrity visitors, however, the systems above are equally applied to all visitors irrespective of their status.

### **7.3 Employment Policies**

#### **Employment Checks Standards policy**

The purpose of the policy is to implement the NHS Employment Checks Standards. The standards are mandatory for all applicants for employment with the Trust and for staff in ongoing employment. This includes permanent staff, those on fixed term or temporary contracts, volunteers, students/trainees, contractors, bank staff and workers employed via external agencies. There are six aspects to this checking process:

**Verification of identity** – this requires checks to be made regarding the identity of the individual from an agreed list of documents, including photographic identification.

**Right to work** – this involves an assessment of an individual's right to work in the UK by verifying a number of specified documents.

**Professional registration and qualifications** – this requires the Trust to check with the relevant regulatory body that the individual is registered with them and to verify the original qualification documents required for the role.

**Employment history and reference checks** – check are made with previous employers with regard to the accuracy of a prospective employee's previous employment history and to provide assurance of an individual's qualifications, integrity and suitability for the role.

**Disclosure and Barring Service (“DBS”) checks** – where appropriate checks are made through the DBS on a prospective employee. The DBS provide the Trust with details of police and criminal records and, in relevant cases, barred list information to inform the recruitment decision.

**Occupational Health checks** – pre-employment health checks are completed to ensure that prospective employees are physically and psychologically able to fulfil the duties and that they do not present a risk to patients

## **Volunteering Policy**

This policy provides a framework for volunteer involvement and to provide overall guidance and direction to volunteers, managers and other staff to ensure a consistent and robust approach to recruiting volunteers across the organisation and promoting fairness and best practice in volunteer management.

The recruitment of volunteers to the Trust is managed in line with the Employment Check Standards detailed above and includes a mandatory DBS check. All volunteers are required to complete the Trust's induction and ongoing mandatory training programme which includes training on safeguarding children and vulnerable adults. Volunteers are monitored and supervised by Volunteer Co-ordinators, who are employees of the Trust and work within clinical services.

## **Whistleblowing Policy**

The Trust's Whistleblowing Policy establishes a framework to comply with the 1998 Public Interest Disclosure Act (PIDA) which placed a clear responsibility on public sector employers to remind staff of their responsibility to disclose suspected "malpractice" without fear of recrimination. The document sets out the procedure by which staff (including bank staff, agency staff, volunteers and students) can report concerns with the assurance that they will not be harassed or victimised for voicing and pursuing their concern.

The policy encourages staff to raise concerns through their line manager but where this is not appropriate concerns can be raised directly with the relevant executive director. Staff can also raise concerns directly with the Senior Independent Director of the Trust Board who is a Non-Executive Director.

Where concerns are of such a nature that they should be referred externally, staff are encouraged to raise these with the relevant regulatory body. Guidance is provided within the policy on appropriate external regulators.

## 7.4 Governance Policies

### Customer Care (Complaints) Policy

This policy sets out the framework for the management of complaints, concerns, comments and compliments within the Trust. The policy objectives are to:

- ensure that the Trust is able to effectively manage feedback from service users, their relatives and carers in a timely, customer centred way
- ensure that the Trust actively seeks peoples' views about the service they receive by making information about how to complain, raise concerns, comments and compliments clear and accessible
- be open and accountable for decisions and actions when responding to complaints
- investigate complaints thoroughly, objectively and fairly
- act fairly towards staff as well as service users, their relatives and carers
- provide a confidential complaints service seeking consent where appropriate
- put things right by providing fair and proportionate remedies to complainants
- seek continuous service improvement by taking action following a complaint / concern
- have arrangements in place for managing unreasonable or persistent complainants
- identify links with other relevant trust policies and procedures.

The policy encourages individuals to raise complaints or concerns by including systems to ensure that those who do, will not be treated negatively. These processes include:

- Ensuring that individuals can raise concerns anonymously if they wish, via the Customer Care Team
- Ensuring that investigations are standardised across the Trust
- Individuals can report concerns directly to the service managers / frontline staff or to staff external to that service
- Any documentation relating to investigations regarding concerns / complaints are not filed within the service user's health records
- Provision for investigation if an individual does report that they have been treated differently as a result of raising a concern or registering a complaint

The policy sets out a clear process with regard to the handling of complaints and concerns, the timescales for them to be responded to and the responsibilities of key individuals. The policy also describes how learning from complaints is shared across the Trust.

### **Risk Management Policy and NHS Litigation Authority**

The policies above all support the Trust's Risk Management Strategy which has enabled the Trust to maintain ongoing compliance against the NHS Litigation Authority ("NHSLA") Risk Management Standards. The NHSLA has been in existence (initially as a Special Health Authority) since 1995 and one of its' original objectives was to promote high standards of risk management in the NHS. The Trust as a member of the NHSLA scheme has been mandated to provide such a policy framework to meet these standards since this date. All members of the NHSLA have been subject to regular independent assessment thus providing further assurance that such policy safeguards have been in place at the Trust for a number of years.

## **9. Conclusions and Recommendations**

The investigation into these allegations has inevitably been constrained by two key factors.

Firstly, the statement provided by Ms C is the only witness statement that has been provided that relates to the specific allegations. There are no named witnesses within the account other than Savile and there is nobody who is able to either verify or refute the allegations made.

Secondly, as the incidents occurred more than 50 years ago the documentary evidence available is limited, although the historic testimony provided by the two former members of staff has greatly enhanced the understanding of the investigation team of matters relating to the operational practice at the time.

Although there are no witnesses who can verify or refute the account it is the considered view of the investigation team that the alleged incidents are likely to have occurred. This is supported by the correlation between the description of the site and the environment provided by Ms C with the documentary evidence available and the witness testimony of the two former staff members.

Taken in the context of what we know about Prestwich Hospital in the early 1960s, there is nothing in Ms C's statements that would cause us to question the veracity of her account of what happened. It appears most likely that the abuse will have taken place on one of the male wards on the Annexe. This conclusion is made because of the description from Ms C about the site and the buildings and what we know from the witness statements about the functioning of the site and the type of patients that were located in the Annexe at that time.

In terms of the present day, whilst an absolute assurance can never be given that a staff member may try to assist unauthorised individuals to gain access to Trust premises in order to commit unlawful acts, a review of current Trust policy, practice and procedures demonstrates a thorough and detailed policy framework covering safeguarding arrangements, security management provisions and employment checking processes that act as a strong deterrent to such actions.

The site today has one entry and exit point. Whilst there is open public access onto the hospital grounds, this is barrier controlled for vehicles and monitored via CCTV throughout. Access to clinical services is strictly controlled via a number of security management systems, including air locks, reception desks, and in some services there is a requirement

for pre-booking and pre-vetting of visitors. The staff that operate these systems are checked prior to employment to ensure that they are appropriate to undertake the specific role and trained on an ongoing basis in areas such as safeguarding to ensure vigilance remains high and the safety of service users and particularly vulnerable adults and children is the key priority. On occasions when staff have concerns they are able to raise them through their line management system or externally where appropriate.

In reviewing the current policy, procedure and practice the investigation team have therefore considered whether, in the context of the allegations, any changes should be made in order to mitigate the risk of such an event re-occurring. It is the considered view of the investigation team that no such changes to current policy, procedure or practice are required. It is, however, recommended that these should be kept under review and should be subject to regular audit to ensure that they remain effective. There are no further specific recommendations made by the investigation team.

Authors:

Andrew Maloney, Director of Governance and HR

Karen Clancy, Deputy Director of Governance and Lead Nurse for Child Safeguarding

Richard Backhouse, Deputy Director of Governance and Lead for Adult Safeguarding

## Appendix A

List of documents reviewed:

<b>Document Type</b>	<b>Name</b>
Witness Statements	"Ms C" witness statement 17.10.12 MPS telephone contact pro-forma with "Ms C" 08.11.13 "Mr A" witness statement 12.02.14 "Mrs B" witness statement 10.02.14 Lead Investigator (Central Manchester) note of conversation with "Ms C" 07.02.14
Archive documents – held internally by the Trust	Non-exhaustive list of staff from IPS system provided by the Human Resources Department – data held of staff on database that worked for the Trust (or it's predecessor) between 1958 and 1963.  Various maps and site plans provided by the Estates Department circa 1960.
Archive documents – held at Greater Manchester County Records Office	Index of documents held related to Prestwich Hospital  Report of a visit by the Hospital Board of Control 26.11.59  Register of staff (males) 1928-1971  List of officers 1851-1973  Daily number of patients 1957-1961  Day book 1956-1957  Map Folder 1- various ground plans  Map folder 5- various photographs and maps
Current Trust Policies, Procedures and Assurance Documents	Procedure for the Retention and Disposal of Records October 2011  Safeguarding Children Policy September 2012

	<p>Safeguarding Vulnerable Adults Policy November 2010</p> <p>Security Management Policy July 2013</p> <p>Access Control System Operational Policy August 2011</p> <p>CCTV Policy October 2012</p> <p>Personal Identification Policy November 2011</p> <p>Managing entry and exit district service wards policy October 2011</p> <p>Visitor management system – Reception guidelines June 2013</p> <p>Allocation of key pass or temporary key pass - Reception guidelines October 2013</p> <p>Employment Checks Standards Policy October 2011</p> <p>Volunteering Policy June 2012</p> <p>Whistleblowing Policy September 2011</p> <p>Risk Management Policy October 2011</p> <p>Customer Care (Complaints) Policy July 2012</p> <p>Mersey Internal Audit Safeguarding Children and Vulnerable Adults Report May 2013</p>
--	---