



Leeds Safeguarding Adults Board

Learning from Savile

Learning Pack

**For use by all organisations working with adults with care and support needs in
Leeds**

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1. Foreword

Savile was, 'hiding in plain sight and using his celebrity status and fundraising activity to gain uncontrolled access to vulnerable people across six decades... He only picked the most vulnerable, the ones least likely to speak out against him.'

Many of those vulnerable people, both children and adults were assaulted in institutions; hospitals, children's homes, schools, radio studios and television studios. Detective Superintendent Gray said: *'For that reason, it is important that in Leeds, those of us who work with people who are at risk of abuse and unable to speak up learn from the inquiries that have been held into Savile's abuse and ensure that we help safeguard others against such harm'.*

This Learning Pack is designed to support that learning in all agencies in Leeds that work with adults with care and support needs. We believe that there are clear lessons to be learned by people in all roles and at all levels of organisations and I hope this pack is of help in enabling them to do so.

Richard Jones CBE
Leeds Safeguarding Adults Board Independent Chair
October 2016

2. Introduction

i. Purpose

This Learning Pack has been developed to enable all organisations in Leeds that work with adults with care and support needs to reflect on how Savile was able to abuse so many people, over so many years, largely in public organisations where people are meant to be safe and to consider how to apply that learning in their own service.

The Leeds Safeguarding Adults Board is committed to supporting organisations to continually reflect, learn and develop and where inquiries such as those into Savile's actions are relevant, to help achieve that learning as effectively as possible and provide assurance to the Board that they have done so.

The Learning Pack has been developed to provide key learning points with a hand-out, a Power Point presentation to adapt and individual and organisational checklists to use. These can be downloaded from this pack. These are provided together with a summary of the findings of the various reports published since the start of the Metropolitan Police criminal investigation, Operation Yewtree and the associated inquiries in the BBC, Police and NHS. The Learning Pack is designed to be used in a range of formats, dependent upon their audience; it can be used in a team meeting to promote discussion or over a longer workshop, with the discussion topics used as group activity discussion areas.

ii. Audience

This Learning Pack is designed for use by those providing or commissioning services for adults with care and support needs who may be at risk of abuse and neglect at all levels of organisations.

The presentation can be adapted to meet the needs of different groups of staff or volunteers but the core messages remain the same.

iii. Assurance

Leeds Safeguarding Adults Board asks each member agency to provide assurance of its use of the Learning Pack, including detail about the number of people who have accessed it, their role and the date on which they accessed it. The pack contains two assurance checklists, one for organisations and one for individuals. The latter could be used in supervision or team meeting sessions.

iv. Important Considerations

Regardless of the audience, organisations should be aware that discussing matters concerning historical sexual abuse can cause distress and may encourage disclosure of abuse. Facilitators should therefore be familiar with the contact details and sources of advice and support at the end of this pack and highlight them as is indicated in the PowerPoint presentation.

3. Inquiries and Investigations

i. Overview

James Wilson Savile was born in Leeds in 1926. He died in Leeds aged 84 in 2011. During his lifetime he was a radio disc jockey, television presenter, media personality and charity fundraiser and his long association with hospitals in Leeds, together with his fundraising meant he was very much associated with the City. Savile received many accolades during his lifetime, including an OBE in 1972, an Honorary Doctorate in Law from Leeds University in 1986, a Knighthood in 1990 and a Papal Knighthood in the same year.

Initially highlighted in an ITV '*Exposure*' documentary first shown in October 2012, and then through subsequent investigations including Operation Yewtree led by the Metropolitan Police Service, it is now known that Savile was also a prolific sexual predator, paedophile and rapist, with, the MPS has stated, 214 criminal offences being recorded across the UK, with the earliest being 1955 in Manchester and the latest, 2009 in Leeds. Savile clearly operated across the country, with access to

vulnerable people and children through his work at the BBC, by visiting children's homes and in over forty NHS hospitals around the UK, including Leeds General Infirmary.

ii. **Investigations and inquiries**

Following the October 2012 ITV 'Exposure' programme, a number of investigations and inquiries have been undertaken. Operation Yewtree, led by the Metropolitan Police Service was the criminal investigation, which concluded in January 2013.

The BBC, as Savile's employer and also because of concerns about decision-making in not broadcasting a programme exposing Savile's activities was subject to four separate but linked inquiries.

Operation Outreach was conducted by Surrey Police into allegations of abuse by Savile at Duncroft School in Staines, Surrey.

Her Majesty's Inspectorate of Constabulary investigated whether previous criminal investigations into allegations prior to Savile's death were flawed and the Director of Public Prosecutions conducted a review of the decision not to prosecute Savile as a result of historical allegations of sexual assault in 2009.

Three Hospitals, Leeds General Infirmary, Broadmoor and Stoke Mandeville conducted investigations and at the request of the Secretary of State for Health, independent oversight was provided from Kate Lampard CBE, former practising barrister and former Deputy Chair of the Financial Ombudsman Service.

A further thirty-eight hospital sites conducted investigations, the last of which was published in February 2015. In total, investigations took place in 41 hospitals (including 5 secure or mental health hospitals and 2 children's hospitals.) In addition investigations have happened at a children's convalescent home, an ambulance service and a hospice.

While much of Savile's abusive activity took place in a time when attitudes were different and society and organisations such as children's homes and the NHS were less regulated, there are clear lessons about how all professionals and public organisations prevent, identify and respond to abuse.

The learning identified from all of the investigations and inquiries undertaken since 2012 inform the areas for reflection and consideration that have been set out in this pack.

4. Learning

i Learning themes and analysis

These themes provide more detail about what was discovered during the Savile inquiries. This information can be used to support learning activity.

a) Exercising care when allowing access to adults at risk of abuse and neglect

Savile was allowed free rein at the three hospitals with which he had strongest links; Stoke Mandeville, Leeds General Infirmary and Broadmoor. Similarly he was able to come and go at Duncroft School as he wished. He was able to access all wards without supervision in Leeds General Infirmary and Stoke Mandeville and was able therefore to abuse those he wished to. At Broadmoor Hospital, a high-security hospital, his access was less free, but still highly inappropriate.

This concern was highlighted in the Broadmoor Hospital Investigation Report, which noted that in addition to the abuse of patients by Savile, there was also the matter of patients' dignity that should have been considered; he is recorded as walking through wards when women were being bathed and changing and reportedly enjoying their embarrassment.

Organisations did not exercise policies that monitored and restricted access to adults with care and support needs or to children.

While the use of the internet and social media was inevitably not a significant feature of Savile's activity, in terms of services for adults with care and support needs being safe and those who may pose a risk being supervised, the need for vigilance must be extended in services to matters relating to social media and all staff should be aware

of this issue and able to safeguard children and adults from abuse through that medium.

All organisations providing care and support to adults at risk of abuse and neglect should consider how they manage visitors, whatever their role and the role of volunteers in that matter as well. All organisations should reflect on access to their buildings and to staff and patients and consider how to balance people's safety to delivery of open and accessible services.

b) Encouraging people to speak up: Valuing and demonstrating the value of feedback, comments and complaints

All reports note that victims often felt unable to speak up. The Stoke Mandeville Hospital Report stated, *"Victims felt unable at the time to report Savile's behaviour. This was because they feared they would not be believed as Savile was seen as being a powerful and influential figure."* The same report highlights that patients with spinal injuries are, *'totally dependent on hospital staff for every aspect of their daily existence in the immediate days and weeks following injury. When faced with paralysis, most patients experience both extreme physical and psychological trauma. On admission, the world as they have known it is turned upside down, they cannot move, feed themselves or even evacuate their own bowels unaided..... vulnerable adults who were the victims of Savile's sexual abuse remained silent because they feared reprisals'*.

Some victims did speak up and were dismissed or ignored; a woman at Broadmoor Hospital commented when interviewed that when she had said something, it was seen as an illustration of her paranoia. Another former patient from Stoke Mandeville said that she told a senior nursing sister who said, *'Be quiet you silly girl, do you know what he has done for the hospital?'*

It is important that complaints procedures do not simply exist, but that everyone in an organisation understands them, promotes them and enables people to access them, using advocacy, for example. Those in senior leadership positions have an important role in sending messages to staff about the importance and value of complaints processes.

Similarly, those working in organisations need to both know how to raise a concern themselves and also to blow the whistle on poor practice. It is well-known that often

it is exceptionally hard for people to speak up as employees in an organisation and to comment on practice; the balance of power is loaded against them. However, if leaders and managers do not listen to those who know what is happening day in, day out, how will they know what the problems are, where the weaknesses are and what needs action?

All the Savile investigation reports detail staff who knew what he was doing or suspected it. They had no clear or easy means of reporting their concerns and apparently did not work in environments that enabled that to happen. Ideally, whistleblowers should not be an exception; they should be an organization's eyes and ears. Organisations need to espouse a culture that enables staff to speak up and feel comfortable doing so and this takes much more than having a policy or procedure. Those organisations that achieve this will be ones that are also likely to also deliver excellent care, encourage feedback and use this to shape services.

c) Exercising Good Governance and Accountability

Kate Lampard has noted in her overview report of the NHS Savile investigations that poor governance allowed Savile unfettered access to positions of influence in the NHS, in Broadmoor recruiting the Hospital's General Manager. This was also true of his role at Duncroft School.

Policies and procedures can, as Ms Lampard notes in her report, feel like bureaucratic red tape, but in fact these are the means by which public organisations can openly and honestly manage services safely. All of those working with adults with care and support need to be mindful of good governance and demonstrate that they are working in the public interest. This can be achieved by explaining decisions, engaging with user and patient groups and encouraging them to participate in decision-making, for example in the recruitment of staff.

d) Encouraging a culture of zero tolerance of abuse

The investigations that have taken place since October 2012 have all highlighted the fact that in public organisations, Savile's abuse was either accepted, seen as 'the norm', or ignored.

Savile operated in the full view of staff in hospitals, the BBC and at children's homes and schools, but they either turned a blind eye or pretended not to see it. In some circumstances, staff sought to avoid Savile having such opportunities by using avoidance techniques, for example, at Stoke Mandeville Hospital, it is reported that to avoid him coming into contact with young adults on an orthopaedic ward, staff told them to pretend to be asleep.

This is also about demonstrating the need for demonstrating that zero tolerance at all levels. At Broadmoor, the investigators reported that there was an incident where a nurse was found to have had an inappropriate relationship with a patient, but that this was apparently dealt with informally and the nurse was reportedly asked just to leave with a possible pay-off. This contributed to the atmosphere where inappropriate behaviour was tolerated.

This has been identified as key issue at the BBC, in the NHS and at Duncroft School. It reflects a culture where abusive behaviour is normalised and allowed to continue.

Organisations need to ensure that they value safeguarding and this is reflected in learning and development opportunities, supervision arrangements, leadership and communication. Similarly, it is also vital that practitioners know how to respond to disclosures of abuse and know where and how to raise concerns. It is also essential, when services are being provided to adults with care and support needs that clear messages are provided to them about behaviour is acceptable and that which is not.

li Learning: Principles for Organisations and Staff

All the learning relates to the need for organisations and people working with adults with care and support needs to:

- Be clear about their safeguarding values and attitudes;
- Know that celebrity and /or power should not mean someone is able to act unacceptably
- Think about dignity and safety and consider who has access to where and why;
- Have good governance in placeand exercised and seen to be exercised
- Be open and transparent, internally and externally
- Exercise safe recruitment approaches

- Have accessible, valued and robust complaints procedures, with a demonstrably clear culture of wanting to hear patient / user views
- Make sure everyone knows how to escalate concerns and the whistle-blowing policy
- Have a policy of non-acceptance of any form of abuse and communicate this at all levels of the organisation
- Value safeguarding adults and children and place this at the heart of their work

5. Assurance Checklists

The following checklists have been based on the learning identified in this review. The first is for organisations' use and the second for individuals. Both are available as downloads at the Learning Pack's Resources section, towards the end of this document.

(i) Learning from Savile: Organisational Checklist

This checklist is intended to allow organisations to self-assess their own learning from Savile and where necessary to identify any areas for development.

No.	Action	Assurance (please describe)	Additional actions identified
1	Are the organisation's safeguarding values clear? Are they communicated at all levels of the organisation?		
2	Has the organisation made clear its commitment to zero tolerance of abuse and neglect? Has it made it clear that celebrity and / or power should never mean that anyone can behave unacceptably?		

No.	Action	Assurance (please describe)	Additional actions identified
3	Does the organisation have good governance, (e.g. around decision-making) in place that is demonstrated and seen by those operating at all levels?		
4	Is the organisation open and transparent about all its safeguarding-related activity, both internally and externally?		
5	Does the organisation exercise safe recruitment approaches at all levels?		
6	Is the organisation's complaints and feedback procedure well-advertised and accessible to all?		
7	Is the organisation's whistleblowing policy and procedure well-advertised and accessible to all?		
8	Does the organisation have policies and procedures in place that ensure that access to children and adults with care and support needs is monitored and restricted?		

(ii) Learning from Savile: Individual Checklist

Please use this to self-assess your own learning and development needs

The fourth column also enables you to identify any learning and development needs and to highlight any action proposed to address these. This is intended to support, not replace appraisal and personal development processes and records within organisations.

No.	Action	Response (describe)	Learning and Development need identified with proposed action(s)
1	Are you clear about your own safeguarding values? Do you demonstrate these in all your work?		
2	Are you committed to zero tolerance of abuse and neglect? Are you clear that celebrity and / or power should never mean that anyone can behave unacceptably?		
3	Do you understand the governance arrangements of your organisation? (e.g. around decision-making) and do you always follows these requirements?		
4	Are you open and transparent about all		

No.	Action	Response (describe)	Learning and Development need identified with proposed action(s)
	your safeguarding-related work, both internally and externally?		
6	<p>Do you know how your organisation's complaints and feedback processes work and do you actively promote these to people?</p> <p>Are you aware of how to signpost or refer people to advocacy services if they experience 'substantial difficulty'?</p>		
7	Are you aware of your organisation's whistleblowing policy and procedure?		
8	Do you know and understand your role in ensuring that access to children and adults with care and support needs is monitored and restricted?		

6. Learning Pack Resources

Downloadable PowerPoint Presentation

This pack contains a PowerPoint Presentation for use when learning from the Savile inquiries and investigations.

This contains core messages that must be used in all learning activity, but can be embellished and enhanced by adding further slides to make the presentation suitable for different audiences. It is available download from the here as a PDF document for use as is, or as a Microsoft PowerPoint document, which can be edited.



Learning from Savile
LSAB Resource 2016.



Learning from Savile
LSAB Resource 2016.

7. Further information about Savile Inquiries

Giving Victims a Voice

Joint Report by Operation Yewtree, Metropolitan Police and NSPCC

<http://content.met.police.uk/mwg-internal/de5fs23hu73ds/progress?id=60QcySjAj6yHxZUPoxG9P2oGVvUtASIdocfh6ZWVcqU,&dl>

Themes and Lessons Learned from Savile Inquiries – Kate Lampard

The Secretary of State for Health asked former barrister Kate Lampard to produce a ‘lessons learned’ report, drawing on the findings from all published investigations and emerging themes.

The report includes 14 recommendations for the NHS, the Department of Health and wider government.

<https://www.gov.uk/government/publications/jimmy-savile-nhs-investigations-lessons-learned>

Reports of all NHS Investigations

<https://www.gov.uk/government/collections/nhs-and-department-of-health-investigations-into-jimmy-savile>

Dame Janet Smith Review

Dame Janet Smith Review of the culture and practices of the BBC during the years that Jimmy Savile worked there.

<http://www.damejanetsmithreview.com/>

8. Advice and Support

West Yorkshire Police

Police: In case of immediate danger - 999
Non-emergency (ask for the Police Safeguarding Unit) 101

Safeguarding Adults in Leeds

To raise a safeguarding adults concern:
Leeds Adults Social Care: 0113 222 4001

Leeds Safeguarding Adults Board
www.leedssafeguardingadults.org.uk

NAPAC

www.napac.org.uk
National Association for People Abused in Childhood
0800 085 3330

NSPCC

www.nspcc.org.uk
National Association for Prevention of Cruelty to Children
0800 500 5000

Samaritans

www.samaritans.org
0113 245 6789

SARSVL (Support after Rape and Sexual Violence Leeds)

www.supportafterrapeleeds.org.uk

Helpline 0808 802 3344

Confidential support for women and girls who have been affected by sexual violence at any time in their lives.

Text on 07797 803 211 or email support@sarsvl.org.uk

SARSVL Advocacy

SARSVL Advocacy Service supports women and girls who have been affected by rape or sexual violence at any time in their lives to empower them to be heard and have control of issues affecting them in their lives. (including the criminal justice system)

0113 200 2030

advocacy@sarsvl.org.uk

Victim Support – West Yorkshire

ISVA Service 01274 535 432

A free Independent Sexual Advisor Service (ISVA) for females and males any age. Emotional and practical support (including the criminal justice system) throughout West Yorkshire.

Victim Support Referral Centre

www.victimsupport.org

For support for all victims of crime.

0300 303 1871