

**Internal investigation into allegations made by four people
relating to Jimmy Savile at Moss Side Hospital
(previously part of Ashworth Hospital,
Mersey Care NHS Trust)**

A report for:
Mersey Care NHS Trust

May 2014
Publication: 26th June 2014

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Contents

	Page
1. Introduction	3
2. Terms of Reference	3
3. Executive Summary and Recommendations	4
4. Approach to the Investigation	8
5. Moss Side Hospital (Located on the South Site of Ashworth Hospital) – Background Information	9
6. JS’s Association with Moss Side Hospital	10
7. Policy, Practice and Procedures During the Time of JS’s Association with Moss Side Hospital	11
8. Investigation of Current Allegations	15
9. Current Policies, Practice and Procedures	20
10. Overall Analysis and Conclusions	25
11. Investigation Team Biographies	28
List of Documents Reviewed	31
List of People Interviewed	31
References	31

1. Introduction

Allegations pertaining to Jimmy Savile (JS) were made to the police about incidents that occurred at Moss Side Hospital. These were just three of a number of allegations made nationally to the police following ITV's *Exposure* programme, screened on 3 October 2012, which in turn led to Operation Yewtree – an investigation by the Metropolitan Police Service (MPS).

It was agreed that these allegations shared with the police about Moss Side Hospital (now Ashworth High Secure Hospital) should be included as part of a single and unified report. Ms Kate Lampard is assuring the Secretary of State for Health about the quality of the process of all NHS reviews being undertaken nationally. The aim is to ensure that investigations are undertaken with rigour, and that there is a consistent approach across the country.

The Department of Health approached Mersey Care NHS Trust (the Trust) to request that each individual allegation be investigated thoroughly to determine whether any corroborative/supportive information could be found.

There were two cases where female patients alleged that JS sexually abused them on a ward whilst he was visiting Moss Side Hospital. A third allegation was from a male ex-patient, who claimed that he witnessed JS stroke a patient's breast at a hospital social event. A fourth allegation came from a former member of staff who stated that JS regularly visited the hospital and who speculated that incidents of abuse could possibly have taken place. The alleged incidents took place between 1971 and 1985.

This document will refer to the witnesses involved as Ms X, Ms Y, Mr Z and Mr A to ensure that their confidentiality is maintained. The initials in no way reflect their real names.

This report will provide more detail on the accounts, where available, of the alleged victims and background information to the style of practices that took place at Moss Side Hospital at the time.

2. Terms of Reference

The Board of Mersey Care NHS Trust has commissioned this investigation into JS's association with the former Moss Side Hospital (later subsumed with Park Lane Hospital to form Ashworth Hospital), following an allegation that he:

- Indecently assaulted three patients during visits to High Secure Services on different occasions spread over a number of years.

The terms of reference for this internal investigation are:

- To clarify JS's association with Moss Side Hospital.

- To consider access arrangements and any privileges accorded to JS, the reasons for these and whether they were subject to usual or appropriate supervision and oversight.
- To consider the extent to which any such special access and/or privileges and/or lack of supervision and oversight resulted from JS's celebrity status.
- To review relevant policies, practices and procedures which were in place during his association with Moss Side Hospital, and assess compliance with these.
- To investigate any past and current complaints and incidents concerning JS's behaviour at Moss Side Hospital, including: where incident(s) occurred, who was involved, what occurred, whether these complaints or incidents were appropriately reported, investigated and addressed, and, if not, the reasons for this.
- Where complaints or incidents were not reported, or not investigated, or where no appropriate action was taken, to consider the reasons for this including organisational culture and practices and the part played, if any, by JS's celebrity status within the organisation.
- To identify recommendations for further action.

These terms of reference have been approved by the Board. The Board has been kept informed of progress and will validate the final report before publication. The Trust has shared initial drafts of the report with Ms Kate Lampard and Verita (company specialising in undertaking / providing guidance on health related investigations) to ensure a consistent approach.

3. Executive Summary and Recommendations

Three specific allegations pertaining to JS were made to the police about incidents that occurred at Moss Side Hospital, and these were just three of a number of allegations made nationally to the police following ITV's *Exposure* programme, screened on 3 October 2012, which in turn led to the instigation of the Metropolitan Police Services Operation Yewtree. An ex-member of staff also informed the police of his suspicions that the abuse could have taken place when JS visited.

The Department of Health approached Mersey Care NHS Trust (the Trust) to request that each individual allegation be investigated thoroughly to determine whether any corroborative/supportive information could be found.

There were two cases where female patients accused JS of sexually abusing them in a ward whilst he was visiting Moss Side Hospital. A third allegation was from a male ex-patient who claimed that he witnessed JS stroke a patient's breast at a hospital social event. A further allegation came from a former member of staff who stated that JS regularly visited the hospital and who speculated that incidents of abuse could possibly have taken place.

The terms of reference have been approved by the Board who commissioned the initial review process. The Board have been kept informed of progress and will validate the final report, for sharing with the Department of Health. The Trust has shared initial drafts of the report with Ms Kate Lampard and Verita (company specialising in undertaking / providing guidance on health related investigations) to ensure a consistent approach.

Case One – Ms X

The investigators were given details of an allegation involving the sexual abuse of Ms X, a female patient between 1971 and 1973. However as Ms X has not consented for the information she provided to the police to be used in the report the details of the allegation have not been included.

Attempts were made to offer support and engage Ms X in the investigation process; however, this was declined. Ms X called the investigators to politely acknowledge the letter she had received from Ashworth Hospital, and to let them know that she did not wish to be involved in the investigation.

Case Two – Ms Y

In November 2012, Ms Y – a former patient at Moss Side Hospital – contacted the Police and alleged that whilst she had been a patient at Moss Side Hospital, at some point between 1984 and 1985, JS had visited the hospital and he had sexually assaulted her. She was in her twenties at the time.

Ms Y indicated the she was wearing a nightie when JS visited the ward during the day. Ms Y stated that she and other female patients were encouraged to sit on JS's knee and have their photograph taken; she did not describe who encouraged her to take this action. Whilst she was sitting on his knee, he put his hand on her thigh and moved it upwards, towards her intimate area. She remonstrated with him screaming in protest, and as a result was isolated by staff when she tried to explain what had happened to her.

Ms Y informed the investigators that she had a photograph taken sitting on JS's knee, though access to this was through her mother. The investigators did not have access to this photograph. Sight of this would have confirmed that JS did visit the ward and Ms Y did have contact with him. It would though not have proved that the incident occurred. Ms Y did not feel able to provide further information to the Trust's investigators (other than that shared with the police) as she found it very upsetting.

Case Three – Mr Z

Mr Z, an ex-member of staff who worked at Moss Side Hospital in the education department for 21 years from 1975, contacted the police to raise his concerns about the activities undertaken by JS. Mr Z said that there were many rumours at the time regarding JS's visits. Mr Z alleged that at the time, custodial care (care focused on maintaining security) and treatment was commonplace. Mr Z's main purpose in

contacting the police was to confirm that JS did attend Moss Side Hospital, and not just Rampton and Broadmoor hospitals as the media seemed to be suggesting

Case Four – Mr A

Mr A contacted the police on 9 February 2013 to raise concerns that he had about an alleged incident he had witnessed in approximately 1975 whilst he was a patient at Moss Side Hospital. The alleged incident involved JS and a female patient. He decided to share his experience when the concerns about the behaviour of JS were aired on television.

Mr A said that patients who had displayed good behaviour were allowed to attend social events. On the occasion of the alleged incident JS was present, as were other entertainers. He thinks that the attendance of JS was connected to a TV programme called *Savile's Travels*. He vividly recalls JS on this occasion as he had one half of his face shaved and one half with a beard.

Mr A described how female patients sat on one side of the hall and male patients on the other side, and some patients were invited onto the stage with JS. He remembers seeing JS put his hand down the front of a female patient's clothing. Mr A was not able to recall her taking exception to this alleged behaviour. He did suggest that the prevailing culture at the time would have meant that patients would have been too frightened to have made a complaint.

He did not raise his concerns about JS's alleged behaviour, as he initially thought it was all part of the act.

Overall Analysis and Conclusions

It is clear from speaking with staff that JS did attend Moss Side Hospital between the time periods under review (1971–1985). Investigators have been informed by interviewees that JS came as frequently as four times per year to Moss Side Hospital. He would be invited by the social events organiser and would be a special guest at prize-giving, sporting occasions, fetes and theatrical performances.

He would also visit wards and meet patients on these occasions; the investigators were told by interviewees that he was one of several celebrities who visited and entertained patients, though he was the most frequent. He also attended staff gala days, which patients did not attend.

All staff who were interviewed have informed investigators that JS was never provided with a set of keys and was always escorted wherever he was in the hospital. He is described as frequently wearing 'glittery', gold track-suit type clothing and having 'lots of jewellery on'. We have found no evidence that he visited Moss Side Hospital in the 1990s.

Contact has been made with Mr A and Mr Z, which has enabled the investigators to follow up their concerns and ascertain if they had any further information which would assist the investigation. Neither Mr A nor Mr Z recalled any names or exact dates of

what they alleged had happened. The investigators conclude that it is clear from their evidence that JS did attend Moss Side Hospital. JS did have access to patients, though it would have been with staff present based on information provided by all staff interviewed and from the descriptions of the incidents provided by the patients.

Clinical records and staff interviews have not provided conclusive proof as to whether the alleged incidents took place. It is certainly possible that the three alleged sexual abuses could have happened whilst JS was in the hospital. Whilst it is clear he was also chaperoned by staff, this was frequently at a distance. The three alleged incidents described situations where JS was in very close proximity to patients; in one case at least, staff would not have been able to see the abuse.

Staff who saw JS whilst he was in Moss Side stated that he frequently kissed their hands and encroached on their personal space. As far as the investigators know, this was never challenged at the time. The investigators conclude that this type of over-familiar and invasive behaviour was accepted as his style. During interview one member of staff who met JS at a hospital function said that she found his behaviour abhorrent and tried to hide from him, though she did not complain about him kissing her hand and generally invading her personal space at the time as it was his usual practice.

Ms X and Ms Y have given a clear description of alleged incidents of abuse. Mr A described an alleged incident with another patient. The investigators do not have any reason to disbelieve them and found their information credible.

Witnesses talked about a culture at the time that did not welcome complaints and where rules were made and implemented by nurses. Mr Z talked about rules for directing the behaviour of staff being lax. The Report of the Committee of Inquiry into Complaints about Ashworth Hospital (1992) confirms that at the time care provided was custodial in nature and in some cases anti-therapeutic. The report also confirmed that some staff abused patients.

Unfortunately, Ms X and Ms Y did not wish to speak with the investigators to further explore the issues they raised. Ms Y found the involvement in this investigation very upsetting, and following a regular counselling session she contacted the Trust to say that she would not be willing to meet with the investigators. Ms Y did meet with a member of the investigating team at the end of the review process and agreed the content of the report. When contact was eventually made with Ms X she was clear that she would not be willing to participate in any investigation being undertaken.

Ms X, Ms Y, Mr A and Mr Z, although in some cases giving minimal information, were unambiguous in their view that JS had been on site and in two cases could describe his appearance, his actions and his mode of transport. The BBC has shared corroborative evidence that JS did exhibit the appearance that was described by Mr A in the time period referred to.

The investigators interviewed staff who were employed in Moss Side Hospital at the time at which the alleged incidents took place. Investigators have considered the Report of the Committee of Inquiry about Ashworth Hospital (1992) Vols 1 and 2, which concluded that a negative culture existed in Ashworth Hospital which at that time included Moss Side Hospital. This culture did not encourage staff to treat

patients as individuals but followed a rigid and custodial regime. The report also stated that complaints were not well managed: thus challenge to attitudes and practice was very limited.

The investigators also conclude that it would have been difficult to make a complaint. Managers stated that there was a clear process, but at least one ward-based member of staff was not aware of any process and one in particular said it would have been very difficult for a patient to make a complaint. Therefore, in these circumstances it is not surprising that patients did not formally raise their concerns.

Based on the accounts of Ms X, Ms Y, Mr A and Mr Z and the fact that JS is now known to be a prolific sex offender, particularly with vulnerable people, there is a possibility that abuse did occur at Moss Side Hospital. Owing to the fact that JS appears to have been escorted at all times while he was in the hospital it is likely that if it did occur, it was limited (though still distressing) in its nature.

Following the Fallon Inquiry¹, security processes were significantly improved, and investigators are confident that robust policies and procedures are now in place which are subject to external audit and would reduce the likelihood of a similar incidents occurring.

4. Approach to the Investigation

Background and Methodology

In May 2013, the Trust received information from the Department of Health in relation to allegations of sexual assault made to Operation Yewtree.

Mersey Care Trust's Director of Operations for High Secure Services (AH), Director of Patient Safety (SM) and an Independent Nurse Adviser (MR) were asked to undertake an investigation into the circumstances surrounding the allegations made.

They conducted telephone and face-to-face interviews with former Moss Side Hospital staff who had worked as staff nurses, managers and ward managers at the time of the alleged incidents to ascertain if they recalled such events and to develop an understanding of the prevailing culture of the organisation.

The Report of the Committee of Inquiry about Ashworth Hospital (1992) Vols 1 and 2 was used to provide background information into the practices and prevailing culture that had been identified as occurring at the time of the three alleged incidents under investigation.

The investigators offered to travel to meet with Ms X, Ms Y, Mr A and Mr Z but were only successful in conducting telephone interviews with the latter two. Therefore, investigators have based their findings into the allegations of Ms X and Ms Y solely on the information provided to the police and shared with the Trust.

¹ An investigation into how the Personality Disorder Service was managed at Ashworth Hospital, chaired by Peter Fallon QC. They made a series of recommendations in relation to the management of patients and security of the Hospital.

Ms X, Ms Y, Mr A and Mr Z have been given the opportunity to review the information that pertains to their evidence and comment on it.

Those giving evidence have had the opportunity to verify their evidence and confirm that they wished initial information provided to the police to be included in the document, not all witnesses have responded to these requests.

Given the significant time lapse between the alleged incidents and their reporting, it has been impossible to access records, policies or procedures, other than patient case notes, as they had been destroyed in line with the Department of Health Records Management in the NHS Code of Practice Parts 1 & 2.

The investigators contacted the BBC, which has confirmed that *Savile's Travels* was a Radio programme that was broadcast on Radio 1 from 1968 and ran into the 1970s. The corporation has only retained three copies of the programme, none of which contain a reference to JS broadcasting from or being at Moss Side Hospital. The BBC has shared photographs with the investigators that show JS with half his face with a beard and half without. These photographs have been documented as being taken on 21 November 1975. This corroborates Mr A's evidence. The BBC told the investigators that the *Radio Times* does not list a JS programme being broadcast on that date. They could not locate a 'programme broadcast' sheet that listed *Savile's Travels* or *Speakeasy* another show that JS presented during that time period on a recording date of 21 November 1975.

Patient Records

When Ms X, Ms Y and Mr A's allegations were received, their names and dates of birth were checked against patient records, which confirmed that they had been patients at Moss Side Hospital at the following times:

- Ms X during the period 1971–1973
- Ms Y during period 1984–1989
- Mr A during the period 1973–1980, readmitted 1986 and subsequently discharged.

The records were scrutinised for information which may have proved pertinent to the investigation, and no information was identified therein to confirm or deny that a visit by JS had taken place, that a complaint had been made by any of the patients or indeed any reference to any investigations within the above time periods.

Unfortunately, as staff records have been destroyed we are unable to confirm that Mr Z was employed by the hospital, though we have no reason to doubt him.

5. Moss Side Hospital (Previously part of Ashworth Hospital) – Background Information

The first hospital on the site opened in 1878 and was a convalescent home for children from Liverpool workhouses. During the First World War, it treated shell-shocked soldiers. The original building, Moss Side House, became a special hospital

in 1933 and consisted of six two-storey wards – three female and three male wards – either side of the original Moss Side House building.

Moss Side Hospital was expanded in the 1940s when a second additional building was built on land nearby. The original, older site then became known as Moss Side South and the newer site Moss Side East.

The Mental Health Act (1959) brought in sweeping changes, abolishing the statutory distinctions between mental illness and mental deficiency, and it outlined for the first time the role of special hospitals to care for people who, in the opinion of the Minister for Health, required treatment in conditions of special security on account of their dangerous, violent or criminal propensities.

By the early 1970s Broadmoor was overcrowded and plans were agreed for a fourth special hospital. Probably because there was so much vacant land on the Moss Side site, it was decided that the fourth hospital, to be known as Park Lane, would be built on 50 acres of land adjacent to Moss Side.

In 1974, a second hospital, Park Lane, was built alongside Moss Side Hospital, but operated independently until the two were merged in 1990. The older south site (previously Moss Side South) closed in 1995 and the buildings have since been demolished. The east site closed in 2003 and is now the site of Her Majesty's Prison Kennet.

Initially, just a few wards opened on the Park Lane site, and 10 years later the whole new hospital was complete. It had small single-storey wards, extensive educational and recreational facilities and pleasant and green surroundings.

In 1983 the Mental Health Act underwent a further review and some significant changes were made. These changes gave patients more rights in relation to access to Mental Health Review Tribunals, which now consider all cases at least every three years. It also resulted in a reduction of the period of renewal of detention for those patients who are not subject to special restrictions.

Management of the special hospitals continued to change and in 1989 the Special Hospitals Service Authority (SHSA) took charge of Ashworth, Broadmoor and Rampton; a year later the previously separate Moss Side and Park Lane Hospitals merged into one. The new name of Ashworth Hospital was the result of a ballot for a new name among patients and staff.

(Special Hospital is a hospital for the care and treatment of mentally ill patients who pose a substantial risk to the community and must therefore be cared for securely.)

6. JS's Association with Moss Side Hospital

It is clear from speaking with staff that JS did attend Moss Side Hospital in the 1970s and 1980s. Investigators have been informed by interviewees that JS came as frequently as four times per year to Moss Side Hospital. He would be invited by the Management Team and would be a special guest at prize-giving, sporting occasions, fetes and theatrical performances. He would also visit wards and meet patients on

these occasions. The investigators were told by interviewees that he was one of several celebrities who visited and entertained patients, though he was the most frequent. He also attended staff gala days which patients did not attend. Visits would have been sanctioned by managers at the time.

All staff interviewed have informed investigators that JS was never provided with a set of keys and was always escorted wherever he was in the hospital. He is described as frequently wearing 'glittery', gold track-suit type clothing and having 'lots of jewellery on'. There is no evidence that he visited Moss Side Hospital in the 1990s. The investigators have found a photograph in a local newspaper that shows JS at Moss Side Hospital in 1977 in close proximity to young people but it is impossible to determine their ages.

7. Policy, Practice and Procedures During the Time of JS's Association with Moss Side Hospital

During the investigation process, interviewees told investigators about the regime that patients would have experienced during the late 1970s. As stated above it was very regimented and prevented patients from accessing their rooms and having privacy during the day. Below is a typical example of the daily routine.

Daily Routine

- 7.00 am Staff unlocked each patient's room and patients were encouraged to get dressed and washed.
- 7.30 am All rooms were locked again.
- 8.00 am Breakfast was served in the ward's dining room; the food provided included bacon, eggs, sausage, cereal etc.
- 8.30 am Patients were encouraged to get ready to go to the workshops, which were outside the ward environment. Workshops included:
- Shoe Repairs/Cobblers Shop
 - Tailors
 - Industrial Therapy Unit
 - Gardens
 - Education Centre
 - Framers
 - Intensive Care Activities Centre
 - Sewing Room
 - Handicrafts.
- 11.30 am Patients were returned to the ward in a crocodile formation.
- 12 noon Dinner was served in the dining room.

Patients could then rest on the ward until they were collected to return to the workshops.

1.30 pm Return to workshops.

3.00 pm Drinks break.

4.00 pm Commence returning to wards for 4.30 pm.

5.00 pm Tea provided.

7.00 pm Supper provided.

6–8.00 pm Evening activities available on 2–3 days per week outside the ward environment. Some patients would attend these activities.

9.00 pm Patients changed into hospital night wear and then returned to the day area.

9.30 pm Bedrooms unlocked and patients went to bed and doors secured.

10.00 pm Lights went out.

Medication dispensed at 7.45 am/12.30 pm/4.30 pm/9.00 pm.

Weekend

All rooms were opened at 7.00 am, and then locked again at 8.00 am.
Visitors 2.00 pm on Saturday.

Key Procedure Issues

- Patients who did not go to workshops went to the airing courts at 2–4.00 pm (if not raining).
- Patients could have a bath twice a week on set days.
- Patients had a locker in the day area; bedrooms were completely bare other than a bed.
- Rooms were not en suite; patients could use a cardboard urinal or similar equipment to go to the toilet.
- Some patients were seen as privileged workers who had minimum supervision; they would work in the butchers shop, catering services etc.
- Each patient had a programme of activity depending on how stable they were. Not all patients went to the workshops, though the majority did. Each ward also had a group of patients who would tend to the ward garden.

All activities undertaken by patients were supervised by staff, which would have prevented JS being unsupervised with patients.

The Report of the Committee of Inquiry into Complaints about Ashworth Hospital which was completed in 1992 was commissioned by the Secretary of State for Health. The terms of reference included:

- To investigate allegations of improper care and treatment at Ashworth Hospital contained within the *Cutting Edge* documentary 'A Special Hospital' transmitted on Channel 4 in 1991.

The report considered the care of a patient who died suddenly and unexpectedly in 1991 whilst in seclusion, a patient who was abused and maltreated on admission in 1990, a female patient who consistently made allegations of abuse by a male member of staff during the mid-1980s and a patient who hanged himself in his room in 1990. The report also considered the care and treatment provided at the time and is relevant to this investigation, as many of the negative practices that occurred within Ashworth Hospital (which included Moss Side Hospital site) to have been happening at Moss Side Hospital in the 1970s and 1980s.

The report states:

'Our wider inquiry has revealed a hospital environment and culture which has given rise to numerous incidents arising from an uncaring and demeaning attitude towards patients. There has occurred a good deal of harassment of patients and some physical bullying.' (The Report of the Committee of Inquiry into Complaints about Ashworth Hospital 1992, page 252).

'The low standards of therapeutic practice have by no means been confined to nursing care and treatment. Our criticism of Ashworth in the latter half of the 1980s can be shared among three segments of the therapeutic community:

- A lack of commitment by some nursing staff to the proper care of the mentally ill and patients with learning disabilities
- A less than adequate psychiatric service in terms of assessment and treatment of patients
- A lack of clinical leadership in the medical and nursing professions and an absence of firm hospital management, leaving a power vacuum which has been too readily filled often inappropriately.'

(The Report of the Committee of Inquiry into Complaints about Ashworth Hospital 1992, page 253)

The report outlines a series of failings at the hospitals, where patients were not treated in humane conditions and as individuals but as part of a strict custodial regime. It quotes one member of the medical staff who had been at Ashworth Hospital for eleven years, who stated that:

'We have endured a repressive, intimidating anti therapeutic culture over the years. At times work at Ashworth Hospital has been turgid, frightening, and even monotonous. This is the view of a member of staff talking. What of the patients? Serially invalidated over the years, themselves gradually losing more and more of their individuality and their capacity to survive. I do not talk of all patients nor all staff. Some patients have nous and do survive, some staff do

fight albeit feebly.’ (The Report of the Committee of Inquiry into Complaints about Ashworth Hospital 1992, page 146)

The above cited report describes a culture that was not open and transparent. The investigators received mixed information from interviewees about complaints procedures and the availability of a robust complaint system, particularly in relation to the 1980s when some of the alleged incidents took place. Managers felt there was a robust system, whereas ward staff felt that it would have been difficult to make a complaint. Taking into account the strict regime of care and the youth and vulnerability of the patients, the investigators can accept that making a complaint at this time may have been very difficult. This is further supported by The Report of the Committee of Inquiry into Complaints about Ashworth Hospital (1992) which states:

‘A common feature of many complaints is the ambivalence of patients. Often a patient makes a complaint which is heard formally by management and then finds that there are unintended consequences of the complaint process. For a variety of reasons, the patient senses the hopelessness of persuading inquiries of the truth of the allegations, the patient realises that the member of nursing staff who he or she does not dislike may suffer disciplinary action, the process of investigation is too long-winded, other patients prevail upon the complainant to drop the complaint or withdraw their support, a complaint is withdrawn. Withdrawal of a complaint should never relieve management of exploring the complaint fully and ensuring the withdrawal is truly an expressed acceptance that there was no truth in the initial complaint. Too often there has been a readiness in management to treat a withdrawal or retraction as indicative of a maliciously induced complaint.’ (Page 88)

The report further states that ‘from 1992 entirely new and elaborate procedures for processing complaints has been introduced throughout the special hospitals. They replace the old (temporary, since 1979) method whereby a few persevering patients complained to management with little or no results.’ (Page 123)

Whilst it is clear that the above cited independent inquiry highlights serious misgivings about the complaints process and the lack of an open culture, it is also important to note that their focus was on allegations against staff and associated processes and procedures which would have in part involved the criminal justice system. Taking into account the culture prevailing at the time and evidence provided, the investigators do accept that many vulnerable patients would not have felt able to have made allegations against a celebrity of national standing.

Due to the disposal of records other than patient records (in line with data management guidelines on retention for the period in question) it has not been possible to clearly identify how complaints were managed or investigated by Moss Side Hospital in the period under review, and the investigators have been unable to find evidence of any complaints being made about JS.

8. Investigation of Current Allegations

Case One – Ms X

Ms X contacted the police on 19 October 2012, alleging that she had been sexually assaulted by JS during a visit to Moss Side Hospital. Ms X said that this had occurred on one occasion and believed that it was at some point between 1971 and 1973. She was in her early twenties at the time.

Attempts had been made by the Metropolitan Police Service (MPS) to make further contact with Ms X, however these had been unsuccessful as all telephone calls attempted were immediately directed to a voicemail message. The final contact is still to be made by MPS with Ms X in order that they can assign an individual crime reference number to her case and to offer information to her about support agencies.

Ms X's patient records were examined but not found to contain any information pertinent to the investigation. Given the significant time lapse between the alleged incident and its reporting, other than patient case notes, it has been impossible to access records, policies or procedures.

AH tried to call Ms X on a number of occasions but on each occasion there was no answer and no opportunity to leave an answerphone message. AH sent a letter to Ms X on 4 June 2013. The letter confirmed that the Mersey Care Trust had received details of Ms X's allegation from the MPS and that both the police and the Trust had previously tried to contact her by phone. The letter offered Ms X support should she need it. Ms X called AH to acknowledge the letter.

Further attempts were made to offer support. However this was again declined. Ms X stated that the purpose of her phone call was to politely acknowledge the letter she had received from Ashworth Hospital and she declined to be involved in the investigation.

AH wrote to thank Ms X for getting in contact with her and said:

'I asked if there was any support that you required and you advised you are satisfied with the therapy you are currently receiving. I fully understand that you do not wish to be involved in any further investigation into the allegation of assault that took place in the early 1970s and which you reported to police in October 2012. Should you change your mind, please do not hesitate to contact me.'

The investigators wrote to Ms X on two occasions confirming that they would be willing to share the report's findings, could be contacted for further information and requesting permission to use information that she shared with the police in the report. Agreement has not been received to use the information Ms X had previously given to the Police. Therefore given that no further correspondence or communication has been received to date, and given that Ms X has chosen not to participate further in the investigation, it is not proposed to investigate this allegation further unless Ms X

contacts the Trust again. This also means that we have not included specific details of her allegation in the report.

No further contact or communication has been received since.

Case Two – Ms Y

In November 2012, Ms Y contacted the Police and alleged that whilst she had been a patient at Moss Side Hospital, at some point between 1984 and 1985, JS had visited the hospital and he had sexually assaulted her. She was in her twenties at the time. Ms Y said that she was wearing a nightie when JS visited the ward during the day. Ms Y stated that she and other female patients were encouraged to sit on JS's knee and have their photograph taken; she did not describe who encouraged her to take this action. Whilst she was sitting on his knee, he put his hand on her thigh and moved it upwards, towards her intimate area. She remonstrated with him screaming in protest, and as a result was isolated by staff when she tried to explain what had happened to her.

Patient records were examined for the period but were not found to contain any information pertinent to the investigation. Other records from the time in question had been destroyed.

The investigators were unable to contact any of the staff involved in the care of the patient as staff records had not been kept.

SM telephoned Ms Y who agreed to meet him and the external investigator, MR, and a female chaperone/secretary on 21 February 2014 at her home.

She was encouraged to write down anything that she recalled about that period in her life which may help the investigators identify more precisely what happened, including any names she could remember from the time of the alleged incident. She agreed to consider the names of staff and any specific events that she remembered happening around the time of JS visiting the hospital.

Ms Y informed the investigators that her mother had a photograph of Ms Y sitting on JS's knee. Sight of this would have confirmed that JS did visit the ward and that Ms Y sat on his knee. It would though not have proved that the incident occurred.

Two weeks later after Ms Y had been to a pre-arranged therapy session, she rang to cancel the interview as she felt it was causing her too much distress.

Given that Ms Y would not meet with the investigators, it has not been possible or appropriate to:

- Explore her allegation further
- Request access to the previously mentioned photograph.

A detailed examination of Ms Y's clinical records has not revealed any mention of the alleged incident or a visit made by JS.

We have scrutinised the clinical notes but there is no evidence that this alleged incident was subsequently shared with Ms Y's legal advisers or social worker. The records do identify when a patient was isolated but only in very global terms as to why this had occurred; they would not necessarily have given specific details as to what the patient was distressed about. The Trust's investigators would now expect this level of detail to be included in clinical records, and this would have been good practice at that time.

The investigators cannot confirm or deny that the incident described by Ms Y happened. It is clear that she continues to be extremely distressed by her recall of this period in her life. It is with regret that the investigators cannot pursue this investigation further to help her gain resolution.

The investigators did clarify that Ms Y was isolated on several occasions when she was at Moss Side Hospital. Therefore it is not possible to highlight that being isolated was unusual, and invariably staff did not clarify the rationale for the isolation in the clinical records.

Given that Ms Y does not feel able to participate further in any investigation due to it being very upsetting, it is not proposed to continue further unless Ms Y contacts the Trust again. The investigators have asked permission to share Ms Y's account in the report and confirmed that the investigators will see her at a later stage if required. In May 2014, Ms Y agreed to meet a member of the investigating team to review the content of the report, during this meeting the investigator provided feedback on the outcome of the investigation. Ms Y confirmed the accuracy of the information used about her and agreed to it being shared in the report.

Case Three – Mr Z

Mr Z, an ex-member of staff who worked in Moss Side Hospital in the education department for 21 years from 1975, contacted the police to raise his concerns about the activities undertaken by JS at Moss Side Hospital. Mr Z said that there were many rumours at the time regarding JS's visits. Mr Z alleged that at the time, custodial care and treatment was commonplace. Mr Z's main purpose for contacting the police was to confirm that JS did attend Moss Side Hospital and not just Rampton and Broadmoor Hospitals as the media seemed to be suggesting.

It has not been possible to find records confirming that Mr Z did work at Ashworth at the time but the investigators have no reason to doubt that he was so employed.

In October 2013 Mr Z shared his concerns and views about the behaviour of JS with the police as part of Operation Yewtree. The details of his concerns were given to the Trust via the Department of Health. After some difficulties in contacting Mr Z, a conversation between SM and Mr Z took place via the telephone on 5 March 2014.

During the conversation of 5 March 2014, Mr Z was clear that he did not have any evidence that abuse took place but had put 'two and two together': that is, recent media coverage of JS's alleged behaviour and his regular attendance at Moss Side with very vulnerable patients. He said that the culture at the time was closed within each ward, sisters and charge nurses 'ruled the roost'. He suggested that alcohol

was accessible and used by staff on duty, and emotional relationships between staff and patients were not uncommon.

Mr Z said that he did not have anything to do with ward activities and cannot confirm what happened, as he was working in a separate building which provided rehabilitation, educative and social support to patients, and therefore was not aware of what happened when JS visited. He confirmed that he never went on the wards and did not see JS in contact with any patients. Mr Z also described JS's motor vehicle as being a very large Mercedes Mobile Home with no windows and having a large air-conditioning unit on the top; he recalled it being unusual for the time period.

Mr Z confirmed that JS was a regular visitor to Moss Side Hospital and came to give prizes and attend social events. He came to 'Moss Side a few times a year' but as far as he knew did not have keys. He stated to the police that JS came to the hospital and on occasion stayed overnight in his campervan, in the grounds of Moss Side Hospital. Staff who worked at Moss Side Hospital at the time also confirmed that JS parked his campervan overnight on hospital grounds. They reported that the camper van was in the grounds that were external to the secure perimeter and whilst this was unusual it was not breaching security standards in place at the time. The parking and occupancy overnight of a campervan would now be seen as inappropriate and challenged by security staff to prevent this occurrence.

Mr Z's opinion is that something distasteful happened and that patients were too frightened to raise their experiences as a complaint.

The investigators interviewed five people who had worked at Moss Side Hospital at the time as staff nurses, managers and ward managers. They were clear that:

- Care was of a custodial nature, and security was paramount and took priority over other activities or needs at the time. Staff in the 1970s would have worn uniform.
- They only ever saw JS when he was accompanied by staff, and custom and practice was to ensure that all visitors were accompanied at all times.
- Alcohol was not used on the wards, though a social club was on site and some staff would have an alcoholic drink before they came on duty.
- Any member of staff who was inebriated would have been sent off duty.
- The existence of a robust complaints procedure was not widely known about, and some staff, e.g. managers, said that any complaints would have been considered by the senior nurse and consultant and prioritised for action. Whereas junior staff said that making a complaint would have been very difficult and that they were not aware of a process.
- The sisters and charge nurses were key people in setting the culture and standards of care provided on the ward.
- They had never seen any abuse of either a physical or a sexual nature occur on any of the wards or departments they had worked on.
- The wards had strict regimes with limited hygiene facilities, and night attire was provided by the hospital.

The investigators do not have any direct evidence to support Mr Z's concerns that abuse occurred, as they have been refuted by other staff who had worked on the wards at the time. It is clear though that staff may have used alcohol prior to

commencing a shift and that care regimes were much more regimented than they are today and degrading in the way they limited choice and expressions of individuality. The 1992 Report of the Committee of Inquiry into Complaints about Ashworth Hospital as outlined above clearly concludes that certain staff did behave inappropriately towards some patients, and that systems and procedures were not robust enough to allow patients to complain without feeling impeded or challenged. Whilst occurring at a slightly later time period than the issues raised by Mr Z, the report does highlight that care practices at the time were not necessarily therapeutic on all occasions.

Case Four – Mr A

Mr A contacted the police on 9 February 2013 to raise concerns about an alleged incident he had witnessed in approximately 1975, when he was about 17 and whilst he was a patient at Moss Side Hospital. The alleged incident involved JS and a female patient. He decided to share his experience when the concerns about the behaviour of JS were aired on television.

Mr A was invited to meet SM and MR at the Trust. Unfortunately, Mr A had to cancel the visit to Liverpool as his physical health deteriorated. He therefore agreed to a planned telephone conversation.

Mr A said that patients who had displayed good behaviour were allowed to attend social events. On the occasion of the alleged incident JS was present, as was a famous comedian and band at the time. Mr A thinks that the attendance of JS was connected to a TV programme called *Savile's Travels*. He vividly recalls JS as on this occasion he had one half of his face shaved and one half with a beard.

Mr A described how female patients sat on one side of the hall and male patients on the other side and that some patients were invited onto the stage with JS. He remembers seeing JS put his hand down the front of a female patient's clothing. Mr A was not able to recall her taking exception to this alleged behaviour. He did suggest that the prevailing culture at the time would have meant that patients would have been too frightened to have made a complaint.

He did not raise his concerns about JS's alleged behaviour at the time as he initially thought it was all part of the act. It was when he saw the recent media coverage that he thought he should share what he saw with the authorities.

He recalls JS attending Moss Side on one further occasion after this alleged incident but he personally did not see him. He also confirmed that he did not know the name of the female patient as the wards were very much separated on the site with very limited interaction taking place between males and females.

Mr A gave a clear description of his alleged experience with some specific details about the appearance of JS. The BBC has confirmed that there is a picture in their archives dated 21 November 1975 that shows JS with half a cleanly shaven face and half with a full beard, they have also confirmed that *Savile's Travels* was a radio programme and was, according to the *Radio Times*, broadcast in 1975 and 1976 and was in production during this time period. The BBC confirmed that the *Radio Times*

does not indicate that a JS programme was broadcast on that date. They could not locate a 'programme as broadcast' sheet which lists a recording date of 21 November 1975 for *Savile's Travels* or *Speakeasy* (another radio show that JS presented during that period). This does not mean that JS did not record a radio programme on 21 November 1975 but that, in 2014, a record could not be located on the information provided. The corporation has only kept three recordings of *Savile's Travels*, none of which talk about JS being at Moss Side Hospital.

Clinical records were scrutinised but no reference was found during the relevant time period which suggested Mr A attended a social event. As stated previously, the investigators have identified that regimes were stringent, institutionalised and custodial in nature. The investigators have been informed by some staff (though not by all of those interviewed) that there was a process for making complaints and that they were made by patients. It is not possible for the investigators to say if patients were pressurised not to make a complaint, but they accept that Ms X, Ms Y and Mr A were young and vulnerable people who were extremely sensitive to the style of care delivery and therefore may have been fearful of upsetting staff.

9. Current Policies, Practice and Procedures

Whilst it has been difficult to identify what policies, practices and procedures may have been in place in the 1970s and 1980s, current measures offer significant reassurance that incidents such as those alleged would be extremely unlikely to happen at the hospital today. There is a wide range of associated policies and procedures which govern authorisation, admission, management and supervision of visitors as well as additional safety precautions such as closed-circuit television.

Below is a list of policies and procedures which govern the management of visitors.

HSS34	Policy & Procedure for Safeguarding Vulnerable Adults (ratified July 2013, due for review June 2016).
SD13	Safeguarding & Protection of Children (ratified 31/1/06, reviewed October 2011 and January 2014, due for review January 2016).
SA06	Service User Complaints (ratified April 2014, due for review January 2015).
SD33	Supervision Policy (ratified April 2014, due for review April 2015).
HR06	Concerns at Work about Patient Care or Matters of Business Probity/Conduct (whistleblowing) (ratified January 2008, reviewed March 2013, due for review July 2014).
AVS 1	Identification of visitors
AVS 2	Reception & Entry of Visitors to the Secure Site
AVS 9	Visiting of Guests to the Secure Site

AVS1, AVS2 and AVS9 have all been in operation since the inception of the NHS Safety & Security Directions 2000. These procedures form part of the Security Procedures Manual and were last approved by the Security Committee in October 2013.

There have been numerous and significant changes and improvements to practice in the 30 to 40 years since the alleged incidents, and the management and supervision of today's visitors is far more rigorous than in the 1970s and 1980s.

Following the Fallon Inquiry, security processes were significantly improved and the Trust is confident that robust policies and procedures are in place which are subject to external audit. The following standards set by policies presently used have increased the oversight and scrutiny of those who visit the hospital:

- All ward-based visits are supervised and observed throughout without exception.
- Each ward has only one area designated for ward-based visits. This is agreed between the ward care team and the clinical liaison nurse (Security).
- Staff supervising/observing visits are strategically placed to allow for optimum observation in order to prevent inappropriate items entering or leaving the hospital and to maintain appropriate behaviour at all times.
- Particular attention is paid when patients/visitors attend designated toilet areas. Patients and visitors are allocated separate facilities for toilet areas. There is a requirement to carry out a rub-down search immediately before and immediately after a visit.
- Ward-based visits are subject to the same stringent level of observation as centralised visits, and only patients being visited will be allowed in the visiting area. Staff assigned to observation duties focus specifically and solely on the visit taking place. The names of the staff designated to observe the visit are recorded.
- High-profile people have to participate in the same security regimes as all other visitors and will have their visits observed in the same rigorous way as highlighted within security policies and procedures. The Security Team have confirmed that the policies pertinent to this issue clearly clarify that all individuals have to adhere to the standard security procedure.

The Trust has a system for reviewing and updating all policies and procedures, with the aim of ensuring that they are current. The Corporate Governance team oversees this work. Validation of policies is undertaken by the Trust's Policy Ratification Group – a multi-professional team scrutinising all documents, with a particular focus on the effect that policies would have on human rights. Key policy documents are audited by an external agency such as Mersey Internal Audit; the Trust's complaints and safeguarding policies are examples of those that have been audited recently. The audits assess effectiveness of implementation and coverage across the Trust.

Safeguarding

The Trust has a partnership with Sefton Local Safeguarding Adults Board and Sefton Local Safeguarding Children's Board. The Nominated Officer for Safeguarding attends both these boards at a strategic and executive level.

Outcomes of any safeguarding referrals and incidents are reported to the chairs of these boards. Also, an annual safeguarding report is submitted from the Trust to these boards.

Safeguarding training for staff is facilitated by e-learning for levels 1 and 2 and face-to-face induction for new starters. Level 3 face-to-face training is delivered in partnership with Sefton's Safeguarding Training Officer. This has to be completed every three years.

Staff who supervise child contact undertake level 3 enhanced training, which is a two-day face-to-face course. This is also facilitated with the above training officer. This is completed annually, and supervision sessions are available twice per year.

Staff practice is governed by Policy HSS34 Policy and Procedure for Safeguarding Vulnerable Adults. Any concerns are initially dealt with by the raising of an incident on PACIS (Patient & Clinical Information System) and any urgent action is taken. If there is a safeguarding issue, then a safeguarding strategy meeting is convened and an action plan is produced, which could involve referral to local authority safeguarding teams and/or police if required. Also this can assist internal investigations such as complaint or disciplinary investigations.

Following investigations, the Nominated Officer will be advised of outcomes and will notify and report the outcome to the lead officer in Sefton.

Use of CCTV

There are three CCTV systems in the hospital, one based in the visitor/staff entry building, another in the 'Exchange' that holds patient visitors, and one covering ward communal areas.

The following list describes how CCTV is used in ward areas:

- All wards have CCTV, controlled from a locked cabinet on the ward.
- High Secure Services CCTV Protocol is in place in line with Trust policy, governing access and use. Only ward managers and others named in the policy have access to the system, thus maintaining confidentiality.
- There are approximately 30 cameras per ward, but this varies from ward to ward.
- CCTV is only used in communal areas – not bedrooms, bathrooms or toilets.
- CCTV is not actively monitored, but used retrospectively to view incidents etc.
- A police officer from the local force who is employed by the hospital is the named person for ward-based CCTV, and this officer stores all copied footage from wards.
- CCTV is predominantly used to support police referrals for prosecution, and copies are given to the police officer as required.

Police Referrals

When an incident happens the Ward Manager will ask if the victim wants to make a complaint against the offender; if so, a referral is made to the Specialist Police Officer

who works full time within High Secure Services. The officer is frequently on the wards and can be approached directly by patients or by a member of the independent advocacy service (this service is available to all patients).

The incident is mentioned in the Patient Care Team Meeting, and a discussion about whether a police prosecution is appropriate takes place. Any alleged offences are also discussed at the Patient Care Team Meeting.

On receipt of an official referral, the police officer will:

- Contact the victim, meet and take a statement, and photograph any injury if applicable
- Contact the Responsible Clinician and ensure an Incident Medical Report is completed, which confirms capacity
- Establish any witnesses and take statements
- Obtain CCTV/photographic evidence
- Secure any crime scene for forensic evidence if applicable
- Seize any weapons or evidence from the scene
- Interview the suspect under caution with a legal representative and Appropriate Adult
- Prepare the file for a charging decision.

Once at the charging stage, the file is sent to an Investigation Manager who is a Sergeant within Merseyside Police. The Investigation Manager decides if a crime has been committed and if there is sufficient evidence to support a prosecution. If not, the hospital officer will either be tasked with obtaining further evidence or the matter will be dropped as 'no further action'. If there is sufficient evidence and the matter is a low-level crime, the Investigation Manager has the power to charge the suspect at that point. If it is a more serious matter, the crime is referred to the Crown Prosecution Service (CPS) to make a charging decision. There is no specialist CPS lawyer at this point.

Once a charge is authorised from either source, a summons is raised. The police officer then serves the summons on the suspect prior to the court appearance.

Offences at Ashworth Hospital are dealt with via video link at the first appearance, now at South Sefton Magistrates Court. At the court, there is a specialist mental health CPS lawyer who presents prosecution evidence on behalf of the Crown for all mental health cases within the majority of the Merseyside area. The Trust also has the support of the Criminal Justice Liaison Team consisting of Mersey Care mental health nurses who work within the criminal justice system.

The police officer's role also involves promoting the role of the police within Mersey Care by speaking at Management of Violence and Aggression refresher courses, providing evidence-handling training to dedicated search teams and ward staff. The Trust actively supports the referral of any alleged crime to the police with the aim of preventing any further similar incidents.

Clinical Supervision

Individual supervision is mandatory for all staff. This takes place for at least an hour on a bi-monthly basis as outlined in policy and procedure (SD33). In addition to this, wards also undertake group reflective practice, usually on a weekly basis but the frequency is locally determined. Individual supervision is monitored and reported via key performance indicators.

Complaints

Complaints can be raised either by patients themselves, or by someone on their behalf (carer, friend, advocate, staff, solicitor, Care Quality Commission (CQC) etc). The policy allows for local resolution of complaints if the patient is amenable to this, or more formal investigation of the complaint by someone independent of the patient or anyone involved in the complaint if the patient wishes this, or if the seriousness of the complaint renders local resolution inappropriate. Complaints continue to be investigated even when patients wish to rescind the complaint if the seriousness warrants this, to ensure that there has been no pressure or coercion applied to retract the complaint. Locally resolved complaints are still recorded and reported by the complaints department.

If safeguarding issues are identified when a complaint is made, they are referred to the nominated safeguarding officer in order to decide if a safeguarding strategy meeting should be convened.

Once a complaint is raised formally, it is allocated to an investigator by the area matron/manager, and details of the complaint and guidance on how to investigate and write the report are passed to the investigator by the complaints department.

Once the investigation is complete, the complaints department sends the complaint report to the matron/manager, responsible clinician, and service managers for comment before the complaint is closed and the patient is given formal feedback.

On occasion, the comments from the service will result in further investigation (if there have been gaps in the investigation, or the quality is poor), but on other occasions the report is accepted.

The patient is written to with the findings of the complaint investigation; any recommendations made by the investigator are sent back to the service for consideration of appropriateness and for actioning if accepted.

From a governance perspective, the number and nature of complaints and any findings are discussed at the Patient Care & Rehabilitation Service Operations meeting with the complaints lead attending and providing written reports on a quarterly basis. This also looks at trends, patterns and outcomes, and can lead to further work to address issues if considered appropriate.

Complaints are also reported to the Operations & Performance Committee, which provides an update to the Secure Governance Board.

The investigators note that when audited by the CQC last year, the commission was complimentary about the way complaints were managed within High Secure Services (HSS).

Duty of Candour

The Trust has fully accepted the guidance from the Department of Health regarding the importance of staff being able to share their concerns with senior managers, and the need for remedial action to be taken to improve care. The Trust has shared the importance of the Duty of Candour with staff via road shows and a letter to all staff via their wage slips. This has confirmed the availability of the Raising of Staff Concerns policy (formerly whistleblowing policy) and systems such as the Adverse Incident processes that can be used to raise concerns/errors etc.

Involvement of Service Users and Carers

The Trust actively involves service users and carers in both the planning of its services and in the day to day management of the service. This provides further oversight ensuring that the care being provided is of an acceptable standard at all times. The Service users and carers are able to identify directly with the experiences of the patients in High Secure Services and help represent their views in a clear and open manner. For example a service user / carer representative sits on the service's Risk Management Group and has oversight of all the adverse incidents that occur within Ashworth Hospital and advises on the actions that need to be taken to prevent further occurrences.

Their work supports that of the Independent Advocacy Service who also have full access to all wards and represent the patients' views and experiences with the aim of improving services from both an individual and group perspective.

10. Overall Analysis and Conclusions

No link could be established between the three incidents as they occurred at different times and in different departments.

The investigators whilst accepting that they are commenting about a different time period and using hindsight would like to confirm that they are concerned about:

- Female patients sitting on a male visitor's knee whilst they were on an in-patient ward.
- Female patients having close physical proximity to a male whilst in their night wear.

Interviews took place with Mr A and Mr Z , which enabled the investigators to review the validity of the allegations and ascertain if they had any further information which would assist the investigation. Whilst neither Mr A nor Mr Z were able to recall names or exact dates regarding their allegations it is clear from their evidence and collaborative information from staff working in Moss Side Hospital at the time that JS did visit and did have supervised access to patients. It is clear that JS did not draw keys and therefore was not able to move freely within the hospital, which did limit his access to patients.

The investigators have not been able to confirm that the incidents occurred by reviewing clinical records and talking to staff who worked in the hospital at the time. It is possible that the three alleged sexual abuse incidents could have happened whilst JS was in the hospital. Whilst it is clear that he was also chaperoned by staff, this was frequently at a distance. The three alleged incidents described situations where JS was in very close proximity to patients; in one case at least, it is unlikely that staff would have been able to see any alleged abuse.

Staff who saw JS whilst he was in Moss Side stated that he frequently kissed their hands and invaded their personal space. Therefore, it is easy to see that this type of over-familiar and personally invasive behaviour was his presenting style, and as far as the investigators know this was never challenged at the time. During interview one member of staff who met JS at a hospital function said that she found his behaviour abhorrent and tried to hide from him, though she did not complain about him kissing her hand at the time as it was his usual practice.

Ms X and Ms Y have given a clear description of alleged incidents of abuse. Mr A described an alleged incident with another patient. The investigators do not have any reason to disbelieve them and found their information credible. The BBC has provided information that corroborates Mr A's statement by confirming that there was a programme called *Savile's Travels* and that JS had half a beard at the time of the alleged incident.

Witnesses talked about a culture that did not welcome complaints, and where rules were made and implemented by nurses. Mr Z talked about rules for directing the behaviour of staff being lax, and his feeling that abuse could have taken place. The Report of the Committee of Inquiry into Complaints about Ashworth Hospital (1992) confirms that the culture at Moss Side Hospital around this time was not therapeutic and that some patients were treated in a demeaning manner. The report has confirmed that abuse by staff did take place within at least part of the time frame being considered by the investigating team. Other witnesses interviewed by the investigators confirmed that patients did not have wardrobes in their bedrooms and therefore had to get changed in the lounge area.

The Report of the Committee of Inquiry into Complaints about Ashworth Hospital (1992) also confirms that the system for managing complaints was slow, with many patients not taking their concerns forward. The investigators accept that the ability to make a complaint would not have been easy, both emotionally and practically. Managers stated that there was a clear process, but at least one ward-based member of staff was not aware of any process and one in particular said it would have been very difficult for patients to make complaints. Therefore, it is not surprising that patients did not formally raise their concerns. The Trust's investigators accept that there is corroborative evidence that at the time the culture of Moss Side would not have encouraged complaints from patients and that many of its systems and processes were custodial (security-focused) in nature.

Unfortunately, Ms X and Ms Y did not wish to speak with the investigators to further explore the issues they raised. Ms Y found the involvement in this investigation very upsetting, and following a regular counselling session she contacted the Trust to say that she would not be willing to meet with the investigators.

Due to the significant time lapse between the alleged assaults and reporting of the same, and the disposal of records other than patient records – such as policies, procedures, visitor records or complaints information relating to the time – in line with data management guidelines on retention, it has not been possible to corroborate any details pertinent to the allegations.

The investigators did interview staff who were employed in Moss Side Hospital at the time that the alleged incidents took place. Investigators were able to explore the experiences of Mr A with him and felt him to be credible and very clear about what he saw.

Based on the accounts of Ms X, Ms Y, Mr A and Mr Z and the fact that JS is now known to be a prolific sex offender, particularly with vulnerable people, there is a possibility that abuse did occur at Moss Side Hospital.

Ashworth Hospital has changed considerably since 1971 when the incident involving Ms X was alleged to have occurred; Moss Side Hospital has now been closed and a single secure site exists. The Report of the Committee of Inquiry into Complaints about Ashworth Hospital (1992) and the later Fallon Inquiry raised concerns about the practices at the hospital and made recommendations for changes to be made, both to practices used to care for patients and to the way in which security is managed. (Ashworth Hospital is now assessed annually against standards set for Category B prisons.) National initiatives such as safeguarding practices and the advent of independent advocates have also provided a process for patients to raise their concerns.

The use of CCTV and the employment of a dedicated police officer within Ashworth Hospital provide the ability for patients' complaints to be investigated rigorously and where appropriate referred to the Crown Prosecution Service. Safeguarding training is provided to all clinical staff, and this is one of the many education programmes which provide guidance about how to put the safety and wellbeing of patients at the centre of everything the organisation does.

The culture of the hospital has become increasingly therapeutic, and the recent Duty of Candour standards developed by the Department of Health have been shared with staff with the aim of further increasing their confidence in raising any concerns they may have. The investigators accept that the service provided is now very different from the one that existed in 1971-1985 and that systems and attitudes would now make it very difficult for a recurrence of such alleged incidents.

11. Investigation Team Biographies

Astrid Henderson

Director of Operations

AH commenced nurse training in 1980 at Greaves Hall Hospital, Southport. She moved to Ashworth Hospital post Blom-Cooper Inquiry in 1992, holding the position of Ward Manager and Health Centre Manager.

In 1996 she was responsible for managing the Women's Service at Ashworth Hospital, which consisted of 50 beds. This service closed in 2003, and all High Secure beds for women were transferred to the National Service for Women at Rampton Hospital.

In 2004 she was appointed as the Deputy Director of Operations for Mersey Care's High Secure Services.

In 2006 AH gained the position of Director of Operations, a role she still holds.

Steve Morgan, MA, BSc (Hons), RMN, RGN, Cert Ed (FE)

Director of Patient Safety

After qualifying as a general nurse, SM undertook his mental health nurse training at Withington Hospital, Manchester. On qualifying he worked in both Liverpool and Birkenhead within in-patient services as Staff Nurse, Charge Nurse and Ward Manager.

He moved into nurse education, working for two different colleges – Chester College of Higher Education and Edge Hill University College – over a period of 10 years. His final role in nurse education was as Curriculum Adviser and Lead for the Mental Health Branch at Edge Hill University College. SM also acted as an external examiner and Quality Assurance Agency reviewer. During this period, he continued to practise clinically, specialising in the area of delayed/abnormal grief reaction, running community therapy groups. He was also a bereavement counsellor in the voluntary sector.

In 1997 he returned to mental health service management as Deputy Head of Mental Health Services in Wirral & West Cheshire Community Trust; this was both an operational and strategic role, working across all areas of provision.

SM joined Wirral Health Authority as their Mental Health Commissioning Lead in 2000, shortly afterwards gaining the role of Head of Commissioning for Cheshire and Wirral Health Authorities.

In 2003 he commenced working for Mersey Care NHS Trust as Assistant Chief Executive. This role held corporate responsibility for complaints, incidents and legal matters across the Trust. During this period, he led the development of the Trust's contemporary approach to working with families who have been bereaved through

suicide and homicide. As well as working with individual families, he has developed mechanisms and protocols to guide colleagues in this difficult area of practice. This work has further enhanced his array of skills in dealing with conflict catalysed by loss, including working with carers, patients and external organisations that are in significant disagreement with clinicians in the Trust. The recent completion of his MA in Organisational Consultancy/Psychoanalytical Perspectives with the Tavistock and Portman NHS Trust in 2008 has helped with this work.

SM and colleagues in Mersey Care NHS Trust have used Oxford Model Events for several years, as a way of helping staff learn from serious and untoward incidents, complaints and claims. These events are well evaluated by attendees and have contributed to staff feeling more involved in the review and learning process.

In 2011 he became Mersey Care Trust's first Director of Patient Safety, and his portfolio was broadened to cover all aspects of healthcare governance. In this capacity he holds a central role in ensuring that Mersey Care Trust effectively investigates and learns from the serious incidents it experiences. In delivering his role expectation, SM actively works with other agencies including the police, Crown Prosecution Service and Primary Care Trusts to enhance the safety of patients and staff. His role also involves providing advice during individual case reviews on high-risk patients, which requires him to keep up to date with current thinking and practice in relation to risk assessment and other core areas of practice. The focus of this work is generally in a community setting and within a multi-disciplinary framework. Currently, SM is working with community practitioners to enhance their understanding of risk management, suicide and homicide prevention and the threshold used for escalating their concerns.

SM has been involved for several years in liaising closely with the police to enhance the way in which the two organisations work together.

Malcolm Rae OBE FRCN RMN RGN

MR has extensive experience working in a range of mental health specialties and has held the post of Director of Nursing in both Wigan and Salford.

From 1997 until 2002 MR acted as Nurse Adviser for Mental Health and Forensic Psychiatry at the Department of Health, after which he became the Joint Lead for the Acute Care Programme of the National Institute for Mental Health England (NIMHE) for eight years.

He was an independent member of the Parole Board for seven years.

MR is the co-founder of 'State of Mind' – a Rugby League and Mental Health initiative.

He is a Fellow of the Royal College of Nursing, an Honorary Fellow of the University of Central Lancashire, and the first Fellow of the National Association of Psychiatric Intensive Care Units (NAPICU). He was recently appointed the first Fellow of the Centre for Research and Development, Derbyshire Healthcare NHS Trust.

MR was awarded the OBE in 1996, and in 2013 he was honoured with a Lifetime Achievement Award for Leadership in Nursing by the Journal of Psychiatric and Mental Health Nursing.

Currently, MR is largely employed as an independent investigator into serious untoward incidents – in particular, suicide and homicides in both in-patient and community settings. He is keen to ensure that the lessons learnt from tragic incidents are actually implemented. He also mentors a number of aspiring nurses which keeps him grounded and up to date.

List of Documents Reviewed

- Ms X's clinical notes for the period 1971–1973.
- Current Policies and Procedures:
 - HSS34 Policy & Procedure for Safeguarding Vulnerable Adults
 - SD13 Safeguarding & Protection of Children
 - SA06 Service User Complaints
 - Briefing Operation Yewtree
 - HR06 Concerns at Work about Patient Care or Matters of Business
Probity/Conduct (whistleblowing)
 - AVS 1 – Identification of visitors
 - AVS 2 – Reception & Entry of Visitors to the Secure Site
 - AVS 9 – Visiting of Guests to the Secure Site

List of People Interviewed

Telephone conversation with Ms X on 12 June 2013

Telephone Conversation with Ms Y in January 2014

Telephone Interview with Mr A on 5 March 2014

Telephone Interview with Mr Z on 5 March 2014

Interviewed 5 people who had worked at Moss Side at the time as staff nurses, managers, ward managers and administrators

References

- Report of the Committee of Inquiry into Complaints about Ashworth Hospital Vols 1 and 2 1992 (London HMSO)
- Report of the Committee of Inquiry into the Personality Disorder Unit at Ashworth Special Hospital. [Fallon Inquiry] Cm 4194-1. January 1999