

**Investigation into matters relating to
Jimmy Savile at Birch Hill Hospital
Paper prepared for the Pennine Acute Hospitals NHS Trust
Board**

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October 2014

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1. Executive Summary

- 1.1 In August 2014 the Pennine Acute Hospitals NHS Trust (PAHT) received information from the Savile Legacy Unit (SLU) regarding an allegation from a former patient, Mr A, that he was abused as a child by Savile whilst a patient at Birch Hill Hospital in Rochdale in the mid 1960s.
- 1.2 Mr A described being abused by a man on two separate occasions on the same day during an admission for specialist surgery at Birch Hill Hospital in 1965. Mr A now believes that this man was Savile. The PAHT investigation has found no evidence to connect Savile with Birch Hill Hospital in 1965.
- 1.3 Mr A provided a credible and genuine description and account of his experience at Birch Hill. The investigating officers have no evidence or reason to disbelieve Mr A's account, although it should be noted that no evidence has emerged during the investigation to corroborate his account of abuse. There is however documentary evidence in his medical records that substantiates the details he gave of his admission to the hospital and the treatment he received there.
- 1.4 The PAHT investigation has concluded that it is possible that Mr A was abused, as alleged, by an unidentified male whilst an inpatient at Birch Hill Hospital in 1965, but that on balance of probabilities any abuse suffered by Mr A whilst an inpatient at Birch Hill was unlikely to have been at the hands of Savile.
- 1.5 The safeguarding of vulnerable patients, including children, is a key priority for the PAHT. The investigation reviewed the measures, policies and procedures currently in place at PAHT to help prevent this type of incident in the current day. The investigation has made two recommendations with regard to the review and strengthening of Trust policies, details of which are contained in Appendix 4.

2. Introduction and Background

- 2.1 In October 2012 ITV broadcast an Exposure documentary programme featuring five women who reported that they had been abused by former television personality Jimmy Savile when they were children or young women. As a result of this broadcast others came forward to say that they too had been abused by Savile. Allegations referred to abuse conducted on NHS premises and at the BBC. In response to these allegations Operation Yewtree was set up by the Metropolitan Police Service.
- 2.2 In 2012 the Secretary of State for Health invited Kate Lampard to independently oversee three major investigations at Leeds Teaching Hospitals NHS Trust, Buckinghamshire Healthcare NHS Trust, which runs Stoke Mandeville Hospital and West London Mental Health NHS Trust, which runs Broadmoor Hospital. Investigations were commissioned at a further 28 NHS organisations during 2013 as a

result of subsequent information provided to the police. Those 28 investigations were not associated with Birch Hill Hospital in Rochdale.

- 2.3 On 11 January 2013, the Metropolitan Police jointly published a report with the NSPCC titled '*Giving Victims a Voice*'. The report lists a number of NHS hospitals where Savile was reported to have offended. These did not include Birch Hill Hospital.
- 2.4 The publication in June 2014 of the NHS investigations at Leeds and Broadmoor hospitals has encouraged further individuals to come forward with allegations of abuse by Jimmy Savile on NHS premises.
- 2.5 The NHS Savile Legacy Unit (SLU) was established in June 2014 to provide general assurance relating to any new NHS investigations regarding Savile.
- 2.6 In early August 2014 the Pennine Acute Hospitals NHS Trust (PAHT) received information from the SLU regarding an allegation they had received from a former patient, that they were abused by Savile whilst a patient at Birch Hill Hospital in Rochdale in the mid 1960s.
- 2.7 Pennine Acute Hospitals NHS Trust came into existence in April 2002 following the merger of four predecessor organisations. As part of this merger the Trust acquired the premises and liabilities of predecessor bodies, including Rochdale Healthcare NHS Trust which was previously responsible for Birch Hill Hospital.
- 2.8 Rochdale is a large town that was historically a part of Lancashire but is now in Greater Manchester and the town can trace its roots back to the Domesday Book. Served by the River Roch it is situated in the foothills of the Pennines some 10 miles from the City of Manchester. The town was a major contributor to the success of the textile industry during the Industrial Revolution. Rochdale was the birthplace of the Cooperative Movement in 1844. Under the Local Government Act (1972), the Metropolitan Borough of Rochdale was created in 1974 by a merger of the former county borough of Rochdale, together with the municipal boroughs of Heywood and Middleton, and the urban districts of Littleborough, Milnrow and Wardle. The decline of the textile industry affected the town and in common with other UK towns it has been hit by the recession. The town has an impressive history and is attempting to recover, attracting hi-tech businesses and improving transport links.
- 2.9 Birch Hill Hospital occupies a site on the outskirts of Rochdale. The Hospital, first known as Dearnley Workhouse, was originally built in 1877 as a workhouse for the Rochdale Union Board of Guardians, to replace the 5 separate Township Workhouses that served the local community. It had wards for "imbeciles" and "fever" patients in addition to an Infirmary block.
- 2.10 In 1902 a modern hospital block was opened on the site and included wards, a dispensary, massage room and kitchens. During the First

World War some of the buildings were used to treat injured service personnel.

- 2.11 In 1930 it was agreed that the management of both the hospital and the workhouse should be undertaken by Rochdale County Borough Council.
- 2.12 1934 saw the opening of a Maternity Home and the Children's Ward. New operating theatres and a physiotherapy department were opened in 1939. From 1948, when the 1946 National Health Act was implemented, to 1974 it came under the auspices of the Manchester Regional Hospital Board and was managed by the Rochdale and District Hospital Management Committee. Further building projects meant that new wards were opened in the 1960s.
- 2.13 From 1974 regional responsibility was undertaken by the North Western Regional Health Authority, and Rochdale District Health Authority managed the Rochdale Hospitals. In 1992 Rochdale Healthcare NHS Trust was formed. Rochdale Healthcare NHS Trust became part of Pennine Acute NHS Hospitals Trust following a merger of 5 hospital sites in April 2002, and most of the services were relocated to Rochdale Infirmary with the original site being sold to develop residential accommodation.
- 2.14 The Chief Nurse of PAHT commissioned an investigation to try to establish, as far as reasonably practicable, the truth about the allegation and whether the investigation has any implication for current policy and practice within the Trust. Terms of reference for the investigation were approved by the Trust Board at its meeting on 23 September 2014. These are attached at Appendix 1.
- 2.15 The Trust's legal advisors, Weightmans LLP, were consulted throughout the course of the investigation.

3. Approach to the investigation

- 3.1 In early August 2014 the SLU provided details to the PAHT Chief Nurse regarding allegations received from Mr. A that he had been abused by the late Jimmy Savile when he was an inpatient at Birch Hill Hospital, Rochdale in the mid 1960s. Mr A had initially made contact with his local police force and identified that the abuse had taken place when he had been admitted for surgery as a child.
- 3.2 The Trust appointed Julie Owen (JO) an experienced Senior Nurse and the Trust 'Listening in Action Lead' as lead investigator, with the investigation being overseen by the Trust Interim Deputy Chief Nurse, Clare Linley (CL)
- 3.3 JO and CL met with RG of the SLU on 12 August 2014 to be briefed on the detail of the allegations received.

- 3.4 In consultation with the Trust legal advisors, Terms of Reference for the investigation were drafted and subsequently the approach to the investigation agreed.
- 3.5 It was acknowledged from the outset that, due to the passage of time, there would be great difficulties faced in locating individuals who had memories of Birch Hill Hospital and accessing any documents pertaining to the period referred to by Mr A.

4. The investigation into matters relating to Jimmy Savile at Birch Hill Hospital has comprised:

- 4.1 Face to face interview with Mr A was conducted by JO and CL on 19 September 2014. Mr A was given assurance that his anonymity would be maintained and that he would not be identified in the report.
- 4.2 An examination, with formal written consent, of Mr A's GP records. The records, which were duplicate copies of the original records held at the GP's practice, were viewed only by the lead investigator and were kept secure for the duration of the investigation after which time these photocopied records will be destroyed.
- 4.3 Potential witnesses were identified and located through asking current Senior Nursing Managers in the PAHT to identify staff who worked at Birch Hill during the period under investigation. This approach identified relevant witnesses and it was the view of the Trust solicitor that a public appeal for further potential witnesses was not proportionate at this juncture.
- 4.4 The lead investigator had knowledge of a retired staff member, Witness M, who had worked at Birch Hill Hospital and who could give information about the organisation as it was in the 1960s. In turn, this witness provided the name of a retired colleague, Witness H, who also worked at Birch Hill Hospital during the period relevant to the investigation. Witness H supplied information about Witness W who had been employed at Birch Hill Hospital at the time of Mr A's allegation.
- 4.5 The lead investigator had contact details for Witness M and contact details for Witness H was obtained from the Trust Human Resources Department. Witness W was more difficult to locate and the individual was traced through the local Electoral Roll. Given the advanced age of the witness, and in an effort to prevent any detriment, assurance was sought and obtained from the individual's General Practitioner to ensure that there were no contra-indications to this person being interviewed. Witness W was not prepared to be interviewed in person and agreed only to be interviewed by telephone; this request was respected and complied with.
- 4.6 Face to face interviews in private with two former staff members who worked at Birch Hill Hospital during the 1960s and early 1970s:- Witness H, Witness M and a telephone interview with former staff member, Witness W. The witnesses were advised that the information

they gave would form part of the report but that they would not be identified within the report.

- 4.7 As the witnesses had no information about any possible abuse that had taken place at Birch Hill Hospital and there was no recounting of distressing situations, it was felt that support from a counselling service was not required.
- 4.8 Witness H undertook her nurse training at Birch Hill Hospital commencing in 1962 and worked on the Children's Ward as a Staff Nurse and later Ward Sister.
- 4.9 Witness M worked at Birch Hill Hospital during 1960; 1962-1964 and late 1965 to late 1966. During these times Witness M was a Cadet Nurse, Student Nurse and Staff Nurse.
- 4.10 Witness W was the Senior Sister on the ward on which Mr A was an inpatient at the time of the alleged abuse.
- 4.11 An examination of local archives at Touchstones Archive Department. Touchstones is the borough's Arts and Heritage Centre and it was opened in 2002. Situated in the centre of the town it holds archives relating to Rochdale. The centre stores historical copies of the Rochdale Observer on microfiche. In particular, interrogation of each issue of this local newspaper that covered the Rochdale Hospitals, including Birch Hill Hospital, for the year 1965 was carried out. A summary of the archives examined is at Appendix 2.
- 4.12 An examination of PAHT archives to identify policies and procedures that existed at the time, and any historical retained documents that would provide any evidence of Savile's association with the Trust. As the allegations of abuse related to 1965 it was not possible to locate any documentation from this period. The Department of Health NHS Code of Practice on Records Management 2006 states that personnel records should be retained for a minimum of six years after an individual leaves employment, with a summary record retained up to their 70th birthday. There was limited availability of records; however a search was done for any documentation that pertained to Birch Hill Hospital which may have made reference to the involvement of Savile.
- 4.13 The Records Management Team at Pennine Care NHS Foundation Trust was contacted as part of the investigation to establish whether there were any documents of historical significance to the investigation. The Trust provides community and mental health services in parts of Greater Manchester and Derbyshire. In Rochdale it provides community, mental health and specialist services. Care of patients with mental health conditions was recorded in 1877 when the hospital began life as a workhouse and had wards for amongst other things, "imbeciles". Although the term belongs to a classification system no longer in use and is now considered offensive, in the 19th century it was used to describe an individual who was of weak or insufficient mental

capabilities. Mental Health Services remained the responsibility of the same managing bodies that administered the acute hospital services until 2002 when Pennine Care took over. There are no documents relating to the Birch Hill site that have been retained by the Trust.

- 4.14 Internet searches to identify relevant information.
- Jimmy Savile and Rochdale to find any links between the two.
 - History of Birch Hill Hospital to find the organisations responsible for the management of Birch Hill Hospital during the 1960s.
 - Birch Hill Hospital Children's Wards for information about the services provided for children at the hospital in the 1960s.
 - Names of staff at Birch Hill Hospital to gain information about individuals who worked at the hospital.
 - Specific staff member on a specialist ward to check details of employment.
 - Hiding in plain sight – a reference to the modus operandi of Savile for insight into the actions of the alleged perpetrator.
 - Jimmy Savile 1965 for information and images of the man at the time of the alleged incident.
 - An organisation that supports victim of childhood abuse to research the organisation and the level of support provided to service users.
 - Jimmy Savile and Variety Club of Great Britain. Jimmy Savile Variety Club Manchester/ Rochdale. The archives reviewed at Touchstones showed that the Variety Club were involved with Birch Hill Hospital so research was done to see if there was any involvement by Savile through this organisation.
 - Pennine Care NHS Foundation Trust to research the organisation that provides services at Birch Hill Hospital.
- 4.15 All interviews were conducted by JO and CL and tape recorded with a typed transcript being made in each case except for the telephone interviews with Witness W; these were undertaken by JO. Witnesses were provided with the opportunity to review the transcript to confirm that they were an accurate reflection of the interview. No evidence of criminal acts or matters that would warrant formal disciplinary action was disclosed during any of the interviews with the witnesses. As registered professionals it would have been incumbent upon them to report anything of this nature at the time it occurred. Neither Mr A. nor the witnesses sought to change the content of the typed transcripts and agreed they were a true record.
- 4.16 Former staff members interviewed did so on the understanding that they would not be named in the final report and that the full transcripts of their interviews would not be made public. Their description of processes and systems in place nearly 50 years ago provided valuable contextual information to inform the report.
- 4.17 The investigation focussed upon the 1960s with a particular focus upon 1965, as medical records in respect of Mr A. confirmed that this was the time he was a patient at Birch Hill Hospital as he had stated.

- 4.18 The investigation did not seek information about the involvement of Savile with any of the other hospitals managed by PAHT. This was not the remit of the investigation and was not covered by the Terms of Reference, as the Trust had received a single allegation that was specific to a ward at Birch Hill Hospital. Additionally, there was no specific research undertaken in relation to Savile's possible involvement with any of the hospitals within the Trust at any other time period. Due to the precise, corroborated information of the dates of Mr A's period as an inpatient, the investigation centred on the dates identified.
- 4.19 Contact was initially made and subsequently maintained with the investigation team at Calderstones Partnership NHS Foundation Trust. This team were also investigating allegations made in connection with Scott House in Rochdale, which is currently managed by the Calderstones Trust. Sharing of intelligence, information and methodology was seen as a valuable resource.
- 4.20 The investigators were supported and guided by the staff from the SLU throughout the entirety of the investigation. There was an initial meeting with Ray Galloway (RG): a retired Detective Superintendent who was Director of Investigations for the investigation into Savile at the Leeds Teaching Hospitals NHS Trust. He is now providing investigation oversight and support as part of the NHS. After this initial connection, regular telephone contact was maintained so that the SLU were assured of the robust nature of the Trust's investigation at every juncture. The lead investigator attended meetings hosted by the SLU at Quarry House in Leeds to feedback on progress and share good practice with other Trusts who were conducting their own investigations. The SLU encouraged communication between the Trusts to bolster support and share relevant information. This served to enhance the knowledge base of investigators throughout the NHS and to guarantee a unified approach to methodology.
- 4.21 Policies currently in use within the Trust were intensively reviewed to see if they were fit for purpose in respect of the safeguarding of children whilst in hospital. Policies that required review and strengthening were identified and the authors charged with the task of making the necessary changes or improvements. The investigators were mindful of the need to provide assurance for the Trust Board that current policies are robust and fit for purpose.
- 4.22 The Chief Nurse was kept informed of the progress of the investigation at every stage, who in turn reported to the Chief Executive.
- 4.23 A time line of the investigation activities is attached at Appendix 3.

5. Contact with and support to the victim

- 5.1 The investigation has not been made aware of any person claiming to be a victim other than Mr A.

- 5.2 The Trust has worked to support Mr A throughout this process. Initial contact with Mr A was by telephone. Subsequent contact has been by both telephone and email and has continued throughout the investigation and will continue after it has been concluded.
- 5.3 The investigation was undertaken with due regard for Mr A's wishes with regard to place, date and identifying a suitable venue for the meeting.
- 5.4 Additional counselling or support has not been identified as being of value to Mr A as he is already in contact with a number of support services. Research was done into an organisation that is providing support for Mr A, and the credentials and efficacy of the service was confirmed, which corroborated Mr A's information.

6. **Scott process**

- 6.1 As a result of the enquiries made the investigation has not identified any individuals or organisations likely to receive criticism.

7. **Investigation findings**

Background

- 7.1 From 1948 to 1974 Birch Hill Hospital came under the auspices of the Manchester Regional Hospital Board and was managed by the Rochdale and District Hospital Management Committee. From 1974, regional responsibility was undertaken by the North Western Regional Health Authority and Rochdale District Health Authority managed the Rochdale Hospitals. In 1992, Rochdale Healthcare NHS Trust was formed. Rochdale Healthcare NHS Trust became part of Pennine Acute NHS Hospitals Trust following a merger of 5 hospital sites in April 2002.
- 7.2 The PAHT now provides only one service on the Birch Hill Hospital site, the Floyd Unit, which provides neuro- rehabilitation. The only other services on the site are now provided by the Pennine Care NHS Foundation Trust.
- 7.3 During the 1960s the ward accommodation at Birch Hill was arranged in separate ward blocks that were not connected. Patients moving between the separate blocks were moved by internal ambulance. Witness H recalled, "*Because the hospital was so spread out the internal ambulance was used a lot*". Witness M relayed a similar memory of the site, "*.....cause we used to have internal ambulances cause Birch Hill was so spread out from everywhere....*"
- 7.4 The main children's ward was known as the Children's Pavilion and stood separate from other hospital buildings. In addition children's surgery was undertaken on some specialist wards. At the time of Mr A's admission children undergoing surgery of the kind Mr A underwent were cared for in a children's bay or room on a specialist ward located in the same block as the clock tower at Birch Hill. This and a neighbouring specialist ward had their own operating theatre.

- 7.5 Evidence of Savile's association (if any) with the Birch Hill Hospital
Microfiche records of the Rochdale Observer for 1965 were reviewed to identify any reference to Savile, visits to the town or to Birch Hill Hospital. None were identified.
- 7.6 Archived PAHT records retained on site at North Manchester General Hospital were examined. The oldest documents stored on site relate to 1981. No specific documents relating to Birch Hill Hospital and no documents relating to the 1960s were identified.
- 7.7 Surviving records and hospital documents relating to Birch Hill are stored at Touchstones Local Studies Centre, Rochdale.
- 7.8 Reports from the Hospital Management Committee for the period April 1964 – March 1966 were examined. No record of Savile visiting the hospital, volunteering at the hospital or raising funds for the hospital was identified.
- 7.9 None of the former staff interviewed have any recollection of seeing Jimmy Savile on the Birch Hill site, hearing of his visiting the Birch Hill site or hearing of his fundraising or having any other connection with the hospital.
- 7.10 Witness H recalled that a politician had raised money for the Children's Pavilion during the time she was the Ward Sister, from the late sixties to the early seventies, but does not recall him visiting, nor does she recall any other high profile visitor saying *"I don't recall high profile visitors to the ward.....it would stick in my mind"*. The witness referred to special occasions such as Christmas or summer fetes and reiterated that even then, to her knowledge, there were no celebrity guests that came to the Childrens Wards, *"Not on my unit, the only thing I mean, a member of staff acted as Father Christmas on Christmas Day so we didn't have anybody special...."*
- 7.11 Witness W who was the Sister on the ward to which Mr A was admitted at the time of his admission told us in relation to Savile, *"I'd never heard the name before he became known for what he did"*. When clarification and confirmation was sought, she stated that she had never watched Top of the Pops and she wasn't aware of the other programmes Savile had featured in that were mentioned to her. *"I never put the TV on, I was so tired after work and I was on call at night."* She was adamant that if Savile had been in the hospital she would have known about it. In the 1960s she was responsible for a number of wards and departments. *"When the (specialist ward) opened up I was in complete charge of Out Patients, Theatres and Wards and I did that for 30 years, all at the same time"*. Even if she had not seen Savile personally she was confident that his presence would have been reported to her by a member of her staff. *"Someone would have spoken to me if he (Savile) had been in the hospital. I would have remembered and then looked for it in the newspaper" ... "nurses talk, they know everything". "I would have spotted him; I always went to the ward when visitors were on"*. Witness

W was resolute in her belief that if the nursing staff did not inform her about a visit from Savile, the medical staff would have been less discrete, *“Anaesthetists and doctors talk during operations, if they had dropped the name (Savile), I would have known and said what’s going on here?”* She asserted, *“If anyone visited the ward it wasn’t when I was there. I was in total charge. I was in total control”* She emphasised this by saying, *“I was supreme in charge and I never saw that chap (Savile). None of my colleagues spoke about him either”*.

- 7.12 Witness M was of the opinion that it would be difficult for an individual to access the wards without the knowledge of staff... *“there were always people about you know, there were always staff about.”* With regard to any celebrity or high profile visitors her stance was, *“I can’t remember anybody that stood out to visit”*. Witness H recalled that the nursing staff were conscientious about security at night on the Children’s Ward, *“...it might have been frowned on, but we felt, we did, we used to check who was in and we locked the staff entrance and the visitors entrance at about 7 o’clock at night”*.
- 7.13 Internet searches have identified no evidence of Savile having any connection with Birch Hill Hospital at any time. The primary focus of internet searches was any link between Savile and Birch Hill Hospital. Details of the internet searches are at 5.13.
- 7.14 Policies and procedures at the time of the alleged abuse
It was acknowledged that one of the challenges encountered was the limited availability of documentation due to the passage of time. Although every effort was made to locate documents of historical relevance, it has not been possible to identify written evidence of the policies and procedures that existed at the time at Birch Hill Hospital with regard to matters of relevance to the investigation e.g. staffing, security, safeguarding, volunteering, visiting, whistle blowing or raising concerns.
- 7.15 The report of the investigation into matters relating to Savile at Leeds Teaching Hospitals NHS Trust recognised that the response to concerns of abuse of children and the treatment of children in the 1960s and 1970s differed substantially from the current time. Safeguarding resources; knowledge and understanding were also very different. It is clear that the knowledge and expertise available to support children in the period quoted by the alleged victims is entirely different from that available today. (Proctor, Galloway et al 2014)
- 7.16 That the investigating officers have not been able to identify specific policies and procedures regarding safeguarding, whistle blowing and raising concerns from the 1960s is not in itself surprising. The NHS has experienced a number of periods of reorganisation since its inception in 1948. The first structure had 14 Regional Hospital Boards beneath which were 400 Hospital Management Committees which administered hospitals. Reorganisation in 1974 brought together services provided by hospitals and local authorities under the auspices of Regional Health

Authorities with further restructuring in 1982. In 1990 the development of the internal market saw the change in function of Health Authorities as they purchased care from their own hospitals or hospitals within another Health Authority. Some GPs were given the power to purchase care for their patients. In 2004, the first Foundation Trusts appeared that allowed Trusts greater autonomy in the way health care was provided. The PAHT has undergone significant reconfiguration with the closure of hospitals and departments and new buildings being built to provide modern services for the boroughs it serves. The retention of documents from the 1960s would not have been a priority when the requirement for space for patient services is paramount. The Trust has adhered to The Department of Health NHS Code of Practice on Records Management 2006 as detailed in 5.13. Specifically to this investigation, the majority of the hospital to which the allegation refers has been demolished, with services being transferred to the Rochdale Infirmary from 2003 onwards. Subsequent changes in management and the transformation of operational teams have also reduced the probability that documents of any significance would have survived for nearly 50 years.

- 7.17 Testimony from former staff interviewed has provided some contextual evidence with regard to these areas of practice.
- 7.18 Staffing
No policies or procedures regarding staffing or recruitment relating to the 1960s were identified as part of the investigation.
- 7.19 A wide range of clinical and support staff worked in the ward areas each with a distinctive uniform. Staff Nurses wore, *"...purple stripes with short sleeves, collar and cuffs and a hat and a dark purple belt, lilac you might call it... third year student nurses were in blue with a blue belt, second year student nurses were just in blue and first year student nurses were in green. All had the collars and cuffs on, the hats, black stockings, black shoes"* In addition to the nursing teams the wards at Birch Hill employed ward orderlies. The male ward orderlies wore a *"white jacket and pants"*. In addition each ward had its own allocated ward based porter and cleaner.
- 7.20 Security
From contextual evidence provided by witnesses it seems that formal security arrangements to restrict access or record visitors to clinical areas were not in place at the time of Mr A's admission. Witness H recalled the arrangements on the Children's Pavilion, *".... we had one entrance for visitors and that was at that end. We had a porter, who was very good, and a domestic but we didn't have anybody at security no we didn't, we had to do it ourselves"*.
- 7.21 Further, all three former staff interviewed indicated that there were times when there were very few staff on duty so it was not always possible for ward nurses to understand who was present on the ward at all times.

- 7.22 Former staff interviewed described times where only one staff member would be in each room or bay on the specialist ward and that the design and location of the ward, including the presence of “back stairs”, meant that it would be possible for someone to enter and leave the ward unseen.
- 7.23 Volunteering
It has not been possible to identify the extent to which volunteers and volunteering existed at Birch Hill during 1965 from the testimony of witnesses. However the reports of Rochdale and District Management Committee 1950 -1970, reviewed at Touchstones, described a number of volunteer bodies that supported the Rochdale Hospitals; League of Hospitals Friends, Women’s Voluntary Service, and British Red Cross. There was no evidence found that connected Savile with any of these voluntary organisations.
- 7.24 Raising concerns
Witness M identified that had a patient raised a concern with a member of staff *“the sister would have just taken it all over, nobody else would have really. She would have sorted it...”*
- 7.25 Witness H advised that if a complaint had been put in writing it would have been passed to management, but if it had been raised locally, *“If they spoke to me and I couldn’t reassure them I always got them to see a doctor or a Consultant cause the Consultant’s office was next door to mine and she was there all the time practically”*. She felt it was very easy for a doctor to see anyone who had a problem, *“And the doctors were with me most of the time because you know they were doing you know paediatrics so they, the doctors’ residence was just next door you know so we were quite self contained in a way”..... “if anybody had any concerns and I’m not saying they didn’t, they do, but they were always seen you know”*.
- 7.26 Specific allegations
Examination of Mr A’s GP records confirms that he was admitted to Birch Hill Hospital in 1965. He underwent surgery on Friday 6 August and was discharged on Sunday 8 August 1965. Mr A was admitted for specialist surgery.
- 7.27 A discharge letter identifies the unit at Birch Hill Hospital where Mr A was cared for. This was not the Children’s Pavilion but a specialist ward located in the same building as the clock tower.
- 7.28 Mr A was able to provide the investigating officers with a detailed description of the abuse he says he experienced on the ward. At times Mr A needed to pause to maintain control of his emotions whilst recounting his experience. *“He came up to my bed.....this person whoever it was put his hand underneath the covers...he had one hand on like, top of my head like that and his other hand went underneath the covers. He put his hand underneath the covers and I can remember him touch my, my privates. He touched my penis and my testicles and*

his hand stayed there and I, I know I felt uncomfortable ...His hand went but then it came back and touched me again and that really is the end of it”.

- 7.29 Mr A describes being abused by a man on two separate occasions on the same day and that no attempt was made by the man to pull a curtain or a screen around Mr A’s bed whilst the abuse occurred. Mr A does not recall the man saying anything to him whilst the abuse was taking place.
- 7.30 Whilst Mr A is able to describe clearly the actual abuse that he says he experienced his description of the perpetrator is much less clear.
- 7.31 Mr A describes the man as smelling strongly of smoke and that he wore *“bright canary yellow”*. When asked again if there was anything else that he could remember about how the perpetrator looked Mr A responded *“not really, not, I can’t...”* and then went on to say he had a feeling his hair was long and a feeling it was blonde. Witness W makes reference to this physical trait and said *“I don’t remember him (Savile) at all, I would have remembered the way he had his hair”*.
- 7.32 It is not clear from Mr A’s testimony in what capacity the perpetrator was in the ward and he described the perpetrator as coming in and out and coming more than once.
- 7.33 *“He was in and out of the wards, no -, he never seemed to stay any where long, never seemed to stop in one place for any length of time...”*
“And the ones on the left [the doors] were quite often open and there was a corridor behind it and I saw this person a number of times moving past this corridor and he came through the ward at the other end and occasionally he’d stop by one of the beds. Sometimes he had somebody with...err, there was somebody with him. Sometimes he was alone, it felt like he was familiar with the place, the the, it the staff seems like seeing him was part and a normal part of the operation running of the hospital – like he was known there if it, I say if it was Savile”.
- 7.34 Witness H recalled that there were many different types of staff who attended the ward, *“the surgical team came on....”“we had Path Lab people and Physios and a portable x-ray machine, they came down...”*
“... the Health Visitor came with the Public Health Doctor...” In addition to this there were various grades of nursing staff who were coming on to the ward, *“We had two Sisters sometimes I could have three or four Staff Nurses and we always got a student nurse allocation from PTS and we got a big allocation and we had Nursing Auxiliaries, Cadets, Ward Clerks.....”*
- 7.35 It is not possible from Mr A’s testimony to identify whether the alleged perpetrator was employed at the hospital, whether he was there as a visitor or if he was there in another capacity.

“Occasionally you’d see him carrying something...just seemed like he were one of the staff almost...”

“I would say visiting rather than workingI don’t think he was actually employed if you like”.

7.36 Mr A used a number of phrases that indicate that he did not connect his abuser with Savile at the time of the incident and that this was a conclusion that he reached some significant time after the event. *“I saw this person who I now believe was Savile”. “I’m, I’m as I said I’m as I would say 99% certain”.*

7.37 Mr A used the term *“this person”* to describe the perpetrator on a number of occasions. When CL put it to Mr A that it did not sound like he was certain it was Jimmy Savile Mr A explained, *“I know I referred to this person but it’s a dispassionate way of referring to somebody that, that hurt me”*. He described this as a defensive mechanism.

7.38 When Mr A was asked if Savile was known to him before he went into hospital Mr A responded, *“I’d probably heard the name...But I didn’t really because I didn’t watch Top of the Pops, I didn’t really know who he was...I wasn’t aware of him as a celebrity if you like..... so no, I wasn’t, I didn’t really know him as such”*.

7.39 Mr A recalls that after his operation one of the nurses had told him that if he ate his jelly or ice cream *“you’ll get to meet somebody famous off the telly”*. Mr A saw a person who he now believes to be Savile who was in and out of the wards. Mr A states that neither he nor the staff specifically connected, ‘this famous person’ with Savile at the time. The witnesses interviewed had no recollection whatsoever of any celebrity visiting the hospital in a formal or informal capacity.

7.40 When specifically asked when he first connected the events with Savile Mr A stated: *“It was, it’s probably, it was later, I didn’t realise. I didn’t realise instantly what or who he was, but, looking back on it later I’ve thought, yeah, that was, you know, that’s him....It’s, I guess I knew it, as a, sort of as a teenager when I, you know, became much more aware of the whole sort of boy, girl, sexual thing. I think it was probably then that I really connected the two, because that’s when I started watching Top of the Pops and it was seeing the face I thought – yeah, I’m sure it’s him...”*

7.41 Mr A describes the man he identifies as the perpetrator interacting with the nurses and *“chatting up”* the nurses. *“Even the sisters used to kind of, what’s the word I’m looking for, they were almost fawning to him.”*

7.42 If the man described was Savile this is inconsistent with the testimony of the then Ward Sister who is clear that she was not aware of Savile being on her ward and was unaware of him until the recent publicity regarding his conduct. She affirmed, *“I never saw him on the ward at all”*.

- 7.43 Mr A told the investigating officers that he was abused on two separate occasions on the same day, although earlier in the interview he had initially described a single act and then said “*that is really the end of it.*” Mr A did not report his experience to anyone in the hospital at the time or to his family or anyone else in authority on his discharge. It is reasonable to assume that the incident was not investigated as it was not reported at the time it happened.
- 7.44 When asked why he had not reported the experience Mr A stated “*...for the simple reason as I said to you, I was already being abused by people at that age and I, you always got the sort of warning, you know, tell and you’ll be in trouble, so you keep quiet about it....*”.

8. The identification of Jimmy Savile

- 8.1 The question of whether the male who abused Mr A in August 1965 at Birch Hill Hospital was Jimmy Savile is pivotal to this investigation, and must therefore be scrutinised in the context of Mr A’s recollections and his historical and subsequent perceptions.
- 8.2 At the time of his admission to hospital Mr A was not aware of the existence of Savile as he was not permitted to watch Top of the Pops, the programme that brought Savile his initial fame, until he was much older.
- 8.3 Initially Mr A identified Savile as his abuser, but when clarification was sought he rationalised the thought process of Savile being the perpetrator using retrospective factors that led him to believe that Savile was the culprit. Mr A talks of, “a combination of things” and, “putting together various facts”, which lead him to the conclusion that the man who came to his bed was Savile because, “it’s the only person that fits”.
- 8.4 There is no doubt that Mr A feels justified in his belief and that his conviction is vindicated by a number of factors, for example, the manner in which he was abused does mirror the established and documented modus operandi associated with Savile. In addition, it is acknowledged that despite Mr A voicing his uncertainty at times by using the term, “*this person*” and, “*if it was Savile*” there is no doubt that he genuinely believes his abuser was Savile.
- 8.5 It is accepted that over the intervening years Mr A has retained a genuinely held belief about Savile but it is clear that his rationalisation of this belief is not convincing.
- 8.6 This investigation has objectively assessed the evidence garnered about the identity of Mr A’s abuser and has considered the matter within the broader context of any possible involvement Savile had with Birch Hill Hospital. Despite extensive investigation no substantiated link has been ascertained between Savile and the hospital.
- 8.7 Mr A’s abuser was not definitively identified as Savile. However, as his allegation was considered to be credible, the logical conclusion was

that another unidentified person was responsible; therefore the matter was formally referred to Greater Manchester Police.

9. Current assurance

- 9.1 Given the incalculable distress caused by the actions of Savile and the great influence he had within NHS hospitals over a number of years, it is the responsibility of PAHT to ensure that the risk of an occurrence of this nature is reduced to a level acceptable to the public that is served by the organisation and to whom the Trust Board is answerable. This is necessary to maintain the public's confidence in the Trust and the wider National Health Service.
- 9.2 Measures are in place in the Trust to address this type of incident. In 2014 the safeguarding of vulnerable patients, including children, is a key priority for the PAHT. The investigating officers have reviewed the measures, policies and procedures currently in place at PAHT to help prevent this type of incident occurring in the current day.
- 9.3 The PAHT has a Head of Safeguarding and a dedicated safeguarding team. The Trust actively participates in the Local Safeguarding Children and Adult Boards with internal Trust Safeguarding Groups chaired by the Head of Safeguarding in place. The Executive Lead for Safeguarding is the Chief Nurse, and the Chief Nurse and the Trust Board receive an annual safeguarding report.
- 9.4 The PAHT has in place a range of policies and procedures which address, as part of their content, the safeguarding of vulnerable patients. The Trust reviewed its current policies against the list of policies provided at Appendix C of the NHS Savile Legacy Unit Investigation Guidance Pack.
- 9.5 PAHT policies are stored on the Trust Intranet and can be accessed from any location within the Trust and by the general public. Policies are written following a set format, identifying the author and the date the policy was ratified. Information regarding the individuals, groups of individuals or teams who were consulted during the formulation of the policy is shown. The expiry date and the review date are displayed on the first page, and each policy undergoes an Equality Impact Assessment to ensure it complies with statutory requirements.
- 9.6 A majority of the policies reviewed are in date and appropriately address safeguarding vulnerable patients. These include:
- Trust Child Protection Policy
 - Protection of Adults at Risk Policy
 - Managing Allegations of Abuse Against Staff who work with Children and Adult at Risk Policy
 - Management of Patients and Visitors who pose a Risk of Harm to Children, Young People and Vulnerable Adults
 - Hospital Discharge Policy for Children where there are Child Protection Concerns
 - Whistle Blowing Policy

- Volunteer Policy
 - Recruitment Code of Practice
 - Retention of data, archiving and destroying documents policy
 - Information Governance Policy
 - Accident and Incident Reporting Policy and Procedure
- 9.7 A small number of policies were identified where the content in relation to safeguarding requires review and strengthening. Details of these policies are to be found at Appendix 4.
- 9.8 The Trust has formulated a policy that specifically addresses sanctioned visitors which is at the ratification stage.
- 9.9 The Trust appointed a Volunteer Coordinator in March 2008 who is responsible for the day to day management of volunteers and the governance arrangements for this group of individuals. The Trust has a Volunteer Policy which states, "*Prior to volunteers commencing their role, the Trust will have received a DBS, health clearance, two satisfactory references, the volunteer will have attended Trust Induction and he/she will have signed a Volunteer Agreement*". The policy is audited every 2 years and the most recent audit took place in January 2013 and showed 100% compliance.
- 9.10 In September 2014 the Coordinator conducted a scoping exercise of the volunteers in post to find out how many had been checked under the Disclosure and Barring Service scheme (DBS). Of the 511 volunteers in post in November 2014, 89 had not been vetted. Notification of this has been placed on the Trust Risk Register and action planned to urgently address the shortfall. The volunteers will be processed by the Trust and the requisite information forwarded to the DBS by the end of January 2015. It is anticipated that there may be delays with some volunteers, who will not have sufficient identification to complete the check as relevant identification documents will have to be obtained.
- 9.11 Volunteers who are members of the Royal Voluntary Service also work on Trust premises in the cafeterias and in the shops, and there are 125 RVS members at PAHT. These individuals are not DBS checked as they work with members of the general public and not vulnerable adults or children. Some RVS volunteers do visit hospital wards and clinical areas to sell confectionary to patients, relatives and staff. Due to their contact with patients, this group do undergo DBS checks.

10. Conclusion

- 10.1 The findings of the investigation into matters relating to Jimmy Savile at Birch Hill Hospital and the specific allegations raised by Mr A have been summarised in sections 8 and 9 of this report.
- 10.2 The investigation has not been able to identify any independent source of evidence to corroborate the presence of Savile at Birch Hill. Testimony from three witnesses who were employed at Birch Hill and

an extensive review of archive documents has provided no evidence to connect Savile with Birch Hill in 1965.

- 10.3 Mr A's identification of the individual who perpetrated the alleged abuse is imprecise and he made reference to this during his interview. When asked what had made him think the person was Savile he responded, "*....thinking back on it and looking at it now and looking at what I can remember, it's the only person that fits*". During a second interview he was asked what he had based his belief on that his alleged abuser was Savile he said, "*.....it was a combination of things....*" "*.....sort of putting together various facts.....*"
- 10.4 The investigating officers have concluded therefore that, on the balance of probabilities Savile was not present at Birch Hill at the time of Mr A's admission in the year 1965.
- 10.5 The investigation has not been able to identify any independent source of evidence to corroborate the allegations of abuse made by Mr A. However, Mr A co-operated fully with the investigation, at some emotional cost to himself, and initially spent over an hour talking to the investigating officers about his experience. Mr A answered all the questions put to him and the investigating officers were able to answer all the questions posed by Mr A.
- 10.6 The investigating officers, in reaching their conclusions, are mindful that Mr A described having a difficult and troubled childhood from a very early age, and that the allegations under investigation relate to events of almost 50 years ago when Mr A was only six years of age.
- 10.7 Mr A provided a credible and genuine description and account of his experience at Birch Hill. The investigating officers have no evidence, nor has any evidence emerged during the investigation to corroborate his personal account of the alleged abuse although it has been possible to confirm his account of his admission and treatment and the dates that this took place. His memory of the hospital site and position of the ward was found to be accurate.
- 10.8 The investigating officers have concluded therefore that it is possible that Mr A was abused as alleged by an unidentified male whilst an inpatient at Birch Hill Hospital in 1965.
- 10.9 Further, the evidence provided by Witness W, the Ward Sister at the time of Mr A's episode of care, the review of Mr A's medical records, and the description provided by Mr A, if the alleged assaults took place they are likely to have occurred on Saturday 7 August 1965.
- 10.10 Given the lack of any evidence to corroborate Savile's presence at Birch Hill, it is concluded on the balance of probabilities that any abuse suffered by Mr A whilst an inpatient at Birch Hill was unlikely to have been at the hands of Savile, but was by a person unknown. At this stage any further actions intended to identify any other person as the

individual responsible are considered to be outside the scope of the current investigation. Any further investigation is a matter which should be considered by the Police, bearing in mind that any such culprit might still be alive, and that further investigation by the Trust could jeopardise any subsequent Police action.

- 10.11 There is no evidence that Jimmy Savile had any association with Birch Hill Hospital or that he had any role within the organisation.
- 10.12 There is no evidence that Jimmy Savile was at any time accorded special access or other privileges to Birch Hill Hospital, or that he was allowed any kind of unsupervised access to the site
- 10.13 There is no evidence of any complaints made, or incidents recorded regarding the behaviour of Jimmy Savile at Birch Hill Hospital.
- 10.14 The investigators have directed their time and attention primarily upon the specific allegation made by Mr A. As a result, the focus has been largely upon events at Birch Hill Hospital. The investigators have concluded that Savile was not the person responsible for the abuse described and alleged by Mr A.
- 10.15 Other than Mr A's own account, no evidence came to light during this investigation of Savile having been on site at the material time. Some of the witnesses interviewed had knowledge of the hospital, and other hospitals within PAHT, over many years, but none could recall any visit by Savile at any time.
- 10.16 Further, this investigation is the second undertaken by the Trust in relation to allegations involving Savile. The earlier investigation was not completed, because it became apparent at a relatively early stage that the complainant was actually describing an event at another hospital, outside PAHT, and, consequently the responsibility for investigation was transferred to another Trust. However, prior to the handover, no evidence had come to light during the PAHT investigation to confirm that Savile was known to have visited any PAHT hospital at any time.
- 10.17 In the circumstances, no evidence has been identified during either of the investigations undertaken to date to associate Savile with any PAHT hospital, or to confirm that he ever visited a PAHT site. Whilst it remains possible that he did, and that further investigation might produce evidence to that effect, the advice of the Trust Solicitor is that: (a) it not be appropriate (as it would be disproportionately expensive and time-consuming) for the Trust to embark upon a more widespread general investigation, into whether or not Savile ever had an association with any PAHT site, at this time; and (b) the thrust of the Terms of Reference in this respect has been covered and satisfied by the investigation conducted to date.

10.18 There is evidence to suggest that Mr A was abused by an unknown male at Birch Hill Hospital in 1965 and this information was shared with Greater Manchester Police.

11. Recommendations

11.1 Whilst the investigation was initially carried out to look into an allegation made about incidents occurring in a hospital managed by PAHT, the opportunity to ascertain whether the Trust could provide assurance that it was doing everything within its power to prevent a similar situation was embraced.

11.2 In identifying recommendations the investigating officers have considered if actions are required to ensure patient safety or ensure current policy and practice safeguards vulnerable patients receiving care within the Trust.

11.3 The following recommendations are made:

11.4 The Trust should ensure that those policies listed in the SLU guidance and identified as requiring review are reviewed and updated. The Trust recognises the importance of ensuring policies are contemporaneous and the policy authors have been given a deadline of 31 December 2014 to have completed their actions.

11.5 The Trust should develop and identify its approach to sanctioned visitors and have a policy in place by 31 December 2014.

Appendix 1: Investigation terms of reference

Investigation commissioned by Pennine Acute Hospitals NHS Trust

TERMS OF REFERENCE

Investigation into matters relating to Jimmy Savile

The Board of Pennine Acute Hospitals NHS Trust (PAHT) has commissioned this investigation into Jimmy Savile's association with the Birch Hill Hospital, Rochdale, following an allegation received through the NHS Savile Legacy Unit that he sexually abused a patient at Birch Hill Hospital in approximately 1965.

PAHT will identify a lead investigator and investigation team to work with independent oversight from the Trust solicitors and produce a written report in accordance with the guidance provided by the NHS Savile Legacy Unit that will:

1. Thoroughly examine and account for Jimmy Savile's association (if any) with Birch Hill including approval for any roles and the decision-making process relating to these;
2. Identify a chronology of his involvement (if any) with Birch Hill.
3. Identify any evidence of Jimmy Savile's association with other institutions under the management of PAHT or its predecessor organisations (all such institutions herein referred to as PAHT),
4. Consider whether Jimmy Savile was at any time accorded special access or other privileges to Birch Hill (or any other PAHT site) and/or was not subject to usual or appropriate supervision and oversight;
5. Consider the extent to which any such special access and/or privileges and/or lack of supervision and oversight resulted from Jimmy Savile's celebrity, or fundraising role within the organisation;
6. Review relevant policies, procedures and practices throughout the time of Jimmy Savile's association (if any) with Birch Hill and its predecessor bodies and compliance with these;
7. Review past and current complaints and incidents (if any) concerning Jimmy Savile's behaviour at Birch Hill including:
 - where the incident(s) occurred;
 - who was involved;
 - what occurred;
 - whether these incidents were reported at the time and whether they were investigated and appropriate action taken.

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

8. Where complaints or incidents were not previously reported, nor investigated, or where no appropriate action was taken, consider the reasons for this, including the part played, if any, by Jimmy Savile's celebrity or fundraising role within the organisation;
9. Review Jimmy Savile's fundraising activities and any issues that arose in relation to the governance, accountability for and the use of funds raised by him

or on his initiative/with his involvement in so far as this may be relevant to the investigation in hand.

10. Review PAHT's current policies and practice relating to the matters mentioned above, including employment checks, safeguarding, access to patients (including that afforded to volunteers and celebrities) and fundraising in order to assess their fitness for purpose. Ensure safeguards are in place to prevent a recurrence of matters of concern identified by this investigation and identify matters that require immediate attention.
11. Identify any recommendations for further action.

Clare E. Linley
Interim Deputy Chief Nurse
20 August 2014

Appendix 2: Summary of archives examined

Archives examined at Touchstones Archive Department, The Esplanade, Rochdale, OL16 1AQ

- Birch Hill Hospital 1877-1977 by Frank Iston
- Children and Young Persons Newspaper Cuttings file 1880-2005
- Rochdale Poor Childrens Aid and Childrens Convalescent Home Annual Reports 1925-1967
- Birch Hill Hospital newspaper clippings (undated file)
- Notes for guidance of patients and visitors (undated)
- Pea Soup on Friday – personal notes on the history of Birch Hill Hospital by Ronald Roberts 1982
- Microfiche records of the Rochdale Observer 1965
- The Electoral Register for Rochdale 1965
- Rochdale and District Management Committee 1950 -1970

Appendix 3: Timeline of investigation activities

Date	Investigation activity
11 August 2014	Internet searches
12 August 2014	Meeting with RG from Savile Legacy Unit (SLU)
13 August 2014	Contact with Trust Communications and Estates Department to access archives. Internet search
14 August 2014	Details of Health Records Forum accessed. IM & T Department contacted. Trust solicitor contacted Internet search
15 August 2014	First three attempted contacts with Mr A by phone. Internet search
18 August 2014	Two further attempts to contact Mr A by phone. Voice mail. Message left
19 August 2014	Meeting with Trust solicitor. Internet search. Telephone advice from SLU. Further attempt to contact Mr A by phone
20 August 2014	Contact with Communication Team re accessing archives. E-mail advice from SLU; details of complainant received.
21 August 2014	Review of Archives at Touchstones. Contact with Trust Library Services
22 August 2014	Review of Trust Archives on site at North Manchester General Hospital. Internet search. E-mail contact with Mr A.
25 August 2014	First response to initial contact from Mr A.
26 August 2014	Contact with Mr A.
27 August 2014	Review of archives at Touchstones.
28 August 2014	Contact with Mr A. Contact with witness M.
29 August 2014	Contact with Mr A. Consent form for release of medical records sent. Contact with SLU. Contact with solicitor.
1 September 2014	Interview with witness M Internet search.
2 September 2014	Contact with HR Department for address of Trust retired employee. Contact with witness H.
3 September 2014	Contact with SLU. Contact from Calderstones Partnership NHS Foundation Trust. Contact from Mr A.
4 September 2014	Transcribed notes sent to witness M. Contact with solicitor.
8 September 2014	Contact from Mr A.
9 September 2014	Contact with Mr A .Telephone update to SLU.
10 September 2014	Interview with witness H.
11 September 2014	Contact with Mr A's GP Practice to access medical records. Telephone update to SLU.
12 September 2014	Contact with Mr A Contact with DH. Internet search
15 September 2014	Contact with Mr A. Copy of medical notes received. Contact with Airedale Hospital. Internet search.
18 September 2014	Meeting with staff at Calderstones. Contact with West Yorkshire Police. Advice from and update to SLU. Contact with solicitor.
19 September 2014	Interview with Mr A. Preparation and debrief by SLU. Brief prepared for Chief Nurse.
23 September 2014	Meeting with SLU and other Trust investigators at Quarry House Leeds. Internet search.
24 September 2014	Visit to Council Offices and Public Library. Contacted GP Practice of witness W.
25 September 2014	Telephone interview with witness W.
26 September 2014	Update for SLU. Internet search.
29 September 2014	Internet search. Contact with Trust Corporate Team

Date	Investigation activity
3 October 2014	Telephone advice from SLU.
8 October 2014	Archive search at Trust HQ. Contact With Touchstones.
9 October 2014	Transcript of interview sent to Mr A.
13 October 2014	Contact from Mr A. Meeting with solicitor.
14 October 2014	Meeting with RG from SLU to review progress. Further review of Archive at Touchstones. Internet search.
15 October 2014	Internet search.
16 October 2014	Contact with Mr A. Telephone advice from SLU. Contact with solicitor. Letters offering to share report to Rochdale Police and Children's Safeguarding Board Chair
23 October 2014	Telephone advice from SLU. Telephone interview with Mr A.
30 October 2014	Telephone review with SLU. Contact with solicitor. Second telephone contact with Witness W.
31 October 2014	Contact with Det. Insp. W. Rochdale PPIU. Contacted Chief.Insp. TO. Savile Lead. Contacted Ms B. Chair of Rochdale Local Safeguarding Children Board. Report sent to SLU
11 November 2014	Meeting at Quarry House Leeds to liaise with SLU and other Trust investigators
13 November 2014	Contact with Pennine Care Foundation Trust to gain access to any archives at Birch Hill site
14 November 2014	Internet search
17 November 2014	Confirmation from Records Manager at Pennine Care that no records held about Birch Hill Hospital. Telephone update to SLU. Transcript of telephone call sent to Mr A. Text sent to inform of mail arriving by recorded delivery. Transcript of telephone calls sent to Witness W for signing.
18 November 2014	Confidentiality agreement with explanation of the meeting format e-mailed to TO at GMP, telephone advice from SLU
19 November 2014	JO and Chief Nurse meeting with Chief Inspector TO at Ashton. Report shared and unidentified male brought to her attention.
20 November 2014	Telephone support from SLU. Text to Mr A to check on well being
21 November 2014	Meeting with RG from SLU to review progress. Telephone conversation with Mr A.
24 November 2014	Telephone conversation with Mr A – details of report conclusion shared. Telephone conversation with Trust solicitor
26 November 2014	Telephone conversation with Witness W
27 November 2014	Report approved by Trust legal representative
3 December 2014	Report shared with Local Safeguarding Children Board.
9 December 2014	Report considered and signed off by individual Trust Board members
10 December 2014	Update and preparation for publication meeting with Chief Nurse, Head of Safeguarding, Head of Communications and Director of IM&T
11 December 2014	Report considered and signed off by individual Trust Board members. Contact with local MP's office
15 December 2014	Report considered and signed off by individual Trust Board member. Contact with local MP's office.
16 December 2014	Report considered and signed off by individual Trust Board member
18 December 2014	Report considered and signed off by individual Trust Board members Final report submitted

Appendix 4: Relevant Trust policies with details of any action required

Key

RED	Expired or requires safeguarding reference
AMBER	Awaiting ratification of new policy or additions
GREEN	No action required

Title	Action required	Expiry date	Completion date
Child Protection Policy	None		
Managing Allegations of Abuse Against Staff who Work with Children and Adults at Risk	None	16.5.17	
Dignity and Respect at Work Policy	Additions and review awaiting ratification	1.12.17	31.12.14
Protection of Adults at Risk	None	17.2.17	
Complaints Handling policy	Additions to policy awaiting ratification	27.9.15	31.12.14
Whistle blowing Policy (Public Interest Disclosure Act)	None	18.8.17	
Hospital Discharge Policy for Children Where There are Child Protection Concerns	None	28.9.15	
Management of Patients / Visitors who pose a Risk of Harm to Children, Young People and Vulnerable Adults	None	7.2.16	
Conduct & Disciplinary Policy	Specific reference to safeguarding required with a separate section dealing with staff that are suspected of abuse and a cross reference made to policy number EDNO40 Managing Allegations of Abuse Against Staff who Work with Children and Adults at Risk. The policy is out of date (June 2014) and needs reviewing.	30.6.14	31.12.14

Title	Action required	Expiry date	Completion date
Standards of Business Conduct for NHS Staff - Declaration of Interest Policy	Additions to policy awaiting ratification	30.1.17	31.12.14
Trust Security Policy	None	21.6.15	
Volunteer Policy	None	5.7.16	
Recruitment Code of Practice	None	16.10.15	
Managing Violence and Aggression and Unacceptable Behaviour	None	30.6.15	
Trustwide Learning Disability Strategy	None	14.12.15	
Clinical Record Keeping Policy	Additions to policy awaiting ratification	13.11.16	31.12.14
Policy on the Management of Case Notes	Additions to policy awaiting ratification	29.11.15	31.12.14
Information Governance Policy	None	14.6.16	
Accident and Incident Reporting Policy and Procedure	None	15.2.16	
Retention of data, archiving and destroying documents	None	15.4.17	
Policy for High Profile Visitors	Policy written –awaiting ratification		31.12.14

Appendix 5: The Investigators

Clare Linley

Clare Linley is an experienced Deputy Chief Nurse from Leeds who was the Trust Interim Deputy Chief Nurse at PAHT during the investigation

Julie Owen

Julie Owen is an experienced Senior Nurse who holds the post of Listening into Action Lead for PAHT, responsible for widespread staff engagement that facilitates improvements in patient care across the Trust

Both professionals have previous experience of undertaking investigations and they have many years of experience between them in a clinical and managerial setting. No conflict of interest was identified with the choice of investigators.

Declaration

This report has been supplied and considered by the members of PAHT Trust Board

- Dr Gillian Fairfield, Chief Executive Officer
- Mr Brian Steven, Deputy Chief Executive Officer, Director of Finance
- Mr John Jesky, Trust Chairman
- Ms Mandie Sunderland, Chief Nurse
- Dr Anton Sinniah, Interim Medical Director
- Mr Hugh Mullen, Director of Operations
- Mr John Wilkes, Director of Facilities
- Ms Chris Mayer, Non-Executive Director
- Ms Camilla Guereca, Non-Executive Director
- Ms Margaret Ollerenshaw, Non-Executive Director
- Ms Shauna Dixon, Non-Executive Director
- Ms Wendy Cardiff, Non-Executive Director
- Mr Riaz Ahmad, Non-Executive Director










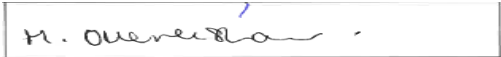

We, the undersigned, confirm that this report has been supplied and considered

Signed



Date .28.11.14

Dr Gillian Fairfield, Chief Executive, Pennine Acute NHS Trust

Name	Position	Date	Signature
Dr Gillian Fairfield	Chief Executive Officer	28.11.14	
Mr Brian Steven	Deputy Chief Executive Officer, Director of Finance	11.12.14	
Mr John Jesky	Trust Chairman	9.12.14	
Ms Mandie Sunderland	Chief Nurse	28.11.14	
Dr Anton Sinniah	Interim Medical Director	9.12.14	
Mr Hugh Mullen	Director of Operations	9.12.14	
Mr John Wilkes	Director of Facilities	9.12.14	
Ms Camilla Guereca	Non-Executive Director	15.12.14	
Ms Chris Mayer	Non-Executive Director	18.12.14	
Ms Margaret Ollerenshaw	Non-Executive Director	16.12.14	
Ms Shauna Dixon	Non-Executive Director	9.12.14	
Ms Wendy Cardiff	Non-Executive Director	9.12.14	<i>Wendy Cardiff.</i>
Mr Riaz Ahmad	Non-Executive Director	18.12.14	