

Jimmy Savile Investigation: Broadmoor Hospital

Background

In June 2014 28 reports by NHS Trusts into allegations of abuse by Jimmy Savile on their premises were published with a further report from Stoke Mandeville Hospital and an overview by Kate Lampard due to be published in October 2014. A further four reports have still to be completed.

A summary of the published reports is part of this NOTA series along with more detailed individual summaries of the reports from Broadmoor, Leeds General Hospital and Stoke Mandeville Hospital. Taken overall it is apparent that a huge amount of resource has been expended to respond to all allegations received, many passed on by the police undertaking Operation Yewtree.

Report to the West London Mental Health NHS Trust and the Department of Health, Dr. Bill Kirkup CBE and Paul Marshall
Dated: 2 June 2014; Published: 26 June 2014

Introduction

Broadmoor Hospital is one of three high-security specialist mental health hospitals in England. Jimmy Savile made contact with the hospital in 1968, beginning an association with it that lasted over three decades.

His initial approach was endorsed apparently to improve staff and patient morale, and to improve public perception of the hospital. At some point during the next decade he was given accommodation at Broadmoor use of keys, which allowed him unrestricted access to ward areas within the secure perimeter. He was therefore able to gain access to ward areas, day rooms and patient rooms. The existence of alternative entrances to some wards and to the female area, and patchy implementation of security procedures by some staff, allowed him to reach some patient areas unsupervised and without the knowledge of those in charge. Whilst some staff enforced strict security procedures and Savile had little access to their wards, other staff found him likeable, were more tolerant of his presence in patient areas and failed to enforce strict security and supervision. These staff controlled wards that he would visit more frequently.

His presentation to some staff was charming and persuasive whilst at the same time he is described as grandiose, narcissistic, arrogant manipulative and lacking in empathy. Many staff were convinced that he had close connections in high places and had the power to have them dismissed.

Savile had considerable freedom, due in large part to lax observance of procedures. Security systems and adherence to procedures were improved

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incrementally from 1968 to about 2004. Whilst his right to keys was not formally withdrawn until 2009, the use of personal keys was superseded by new security arrangements in 1998. Following his briefing on how these arrangements operated in 2004 he ceased to visit the hospital.

Savile's Behaviour at Broadmoor

The enquiry received ten allegations of sexual assault by Savile directly related to Broadmoor and one allegation of indecent exposure to a minor. Six of the allegations of assault involved patients at the time (one male and five female), two involved staff and two involved minors.

On the basis of the detail and consistency of their accounts and the circumstances of the assaults, the enquiry “conclude(s) with confidence that at least five of the 11 individuals were sexually abused by Savile, and that it is more likely than not that he also sexually abused a sixth. Of these six, two (both patients) were subjected to repeated assault” The enquiry was unable to speak in detail to the other five.

More generally, until at least the late 1980s, female patients were obliged to strip completely to change into nightwear and to take baths, watched by staff. The enquiry concludes that Savile would sometimes attend wards at these times and watch. He would also look through doorways at female patients bathing, and would make inappropriate remarks.

His general behaviour toward women was often flamboyantly inappropriate, including extravagant forms of greeting, inappropriate remarks and physical contact. Many women were uncomfortable with this and found him objectionable, but thought at the time that it was part of his public act, ‘just Jimmy’.

The enquiry states that there is “no reason to doubt that Savile was an opportunistic sexual predator throughout the time he was associated with Broadmoor.”

Savile used his Broadmoor accommodation and his caravan to “entertain” a regular stream of female visitors, none of whom were patients, and some, though not all female staff regarded him with caution. Department of Health officials were aware of his general reputation for leading a promiscuous lifestyle, but there was no suggestion then that this involved anyone underage and there is no evidence that his reputation or behaviour caused anyone to question his suitability to access the hospital, or for the roles which he held.

There is no reliable evidence that any staff or patient complaints about Savile at the time were reported to senior staff or investigated, possibly due to the belief that Savile had the power to make their lives worse and the institutional culture of Broadmoor which discouraged both groups from reporting.

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Savile in Charge

Poor industrial relations in the hospital, focused on the Prison Officers Association (POA), came to a head in the late 1980s with the organisation's closed institutional culture a significant barrier to introducing a more therapeutic and less custodial model of care.

Broadmoor was the direct responsibility of the Department of Health and Social Security (DHSS). A hospital Board was appointed from January 1987, with Savile in a non-executive position, but following continued unrest and a government governmental restructure a senior civil servant, Will Graham, took a closer interest in the operation of the special hospitals (Broadmoor, Rampton and Ashworth) than his predecessor.

Graham took the opportunity to introduce new management arrangements for the special hospitals, which in the case of Broadmoor included an interim 'task force' to manage the hospital in view of the urgent nature of problems there. Ministers, including Edwina Currie, who briefly had the ministerial lead for mental health services, were briefed on on these measures retrospectively.

Graham had met Savile on his first visit to Broadmoor, quickly formed a close working relationship, and remained on close terms with him thereafter. He made Savile a leading member of the Broadmoor Task Force, with a direct managerial role in the hospital.

Savile met Mrs Currie, at his request, when she visited another hospital. He reported having discovered widespread false overtime claims, occupation of staff residences by people not entitled to them, and financial irregularities concerning the capital building project. He said he intended to use his knowledge of these to control the POA's activities by threatening to expose them to the press if the union would not cooperate with him.

Mrs Currie did not discourage him in this although it would have meant tolerating alleged fraud in return for union co-operation, indeed she said that "he'd had a look at everything he could use to blackmail the POA... I thought it was a pretty classy piece of operation" and with her approval he ultimately became Chair of the Hospital Advisory Committee. There is little evidence that Savile did deal with the POA in this way, or that there was a significant change in its approach after his appointment.

The Hospital Advisory Committee was unusual in combining a range of roles including a statutory responsibility as 'hospital manager' for certain categories of detained patients. This means that Savile, with no relevant experience, expertise or training, was chairing the body responsible for the discharge of patients from Broadmoor. Anecdotally the enquiry found that Savile took little interest in the business of the meetings.

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The enquiry found no evidence of any consideration being given to the risks entailed in giving a position of significant responsibility and authority to someone with no previous relevant experience, other than as a fundraiser, and without any formal assessment of suitability.

Hospital Culture

The enquiry found considerable evidence that one particular case in the 1990's caused significant concern among members of staff at Broadmoor and is indicative of organisational culture. A female nurse was reported to have had a sexual relationship with a female patient, and was dismissed for unprofessional conduct. After her internal appeal was turned down, she lodged an industrial tribunal case, at which she threatened to make public embarrassing revelations about the hospital's management.

Documents from the time show that this was believed to include allegations about a senior manager's personal conduct, involving herself and other members of staff.

The tribunal case was withdrawn, and the enquiry was unable to find either any documentation about it or anybody who can remember why the case was dropped. The enquiry speculates that although it is possible that the nurse decided to withdraw voluntarily without compensation, the possibility that an irregular payment was involved cannot be excluded.

The case, and the view widespread among staff that the nurse received financial compensation after she had committed gross professional misconduct by abusing a vulnerable patient, contributed to an atmosphere within the hospital that tolerated inappropriate behaviour, including sexual misbehaviour, and that discouraged reporting.

The enquiry concludes that the institutional culture in Broadmoor was inappropriately tolerant of staff-patient sexual relationships and could be hostile to anyone who tried to report one. During most of the time of Savile's association with Broadmoor there was a notable absence of written policies and procedures. Inappropriate behaviour seems to have been deterred mainly by custom and practice, and by the disapproval of the medical superintendent and senior nurses. If there was written guidance that was subsequently not archived, it was not well known to the staff who would have had to put it into practice.

Marcus Erooga
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both of which can be found online. In 2012 he edited and contributed to *Creating Safer Organisations: Practical steps to prevent the abuse of children by those working with them*, reviewed in NOTA News 69.

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