

Investigation into the Role Jimmy Savile played at Queen Victoria Hospital NHS Foundation Trust

A report for
Queen Victoria Hospital NHS Foundation Trust

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1. Introduction

Operation Yewtree is the name given to the police operation looking into sexual abuse allegations, in the main the abuse of children, against Jimmy Savile (who died in 2011) and others. The work undertaken by the Metropolitan Police Service commenced in October 2012.

In October 2012 the Metropolitan Police reported that following assessment of a significant number of enquiries more than 200 potential victims had been identified. By December 2012, the total number of alleged victims had increased to 589, of which 450 victims alleged the abuse involved Savile. The document 'Giving Victims a Voice' which collated the allegations against Jimmy Savile (hereafter referred to as Savile) was published in January 2013. Following publication Operation Yewtree continued as an investigation into allegations of sexual abuse involving live suspects.

In November 2013 the Metropolitan Police disclosed information to the Department of Health (DH) about an allegation that Savile had sexually assaulted a patient on the Queen Victoria Hospital NHS Foundation Trust (QVH) premises in the 1950's. The DH then informed the Queen Victoria Hospital NHS Foundation Trust (QVH) of the allegation.

The Board of QVH was made aware that the allegation was the sexual assault of a female in her twenties, who was a patient on trust premises in the 1950's. The victim alleges that as she recovered from her operation she was indecently assaulted.

DH has asked QVH to investigate the allegation and to identify any links Savile may have had with QVH. As a result of this request, the QVH Board of Directors commissioned an investigation. This investigation is not linked to any other investigation.

As required by the DH, the QVH investigating team has worked with the support of the trust's solicitors, Bevan Brittan, and with assurance being provided to the Secretary of State for health by Kate Lampard, who was previously appointed by the Secretary of State to oversee the NHS and Department of Health investigations at Leeds, Broadmoor and Stoke Mandeville.

Draft reports were provided to Kate Lampard and Verita, the consultancy supporting her in her assurance role in February, March and April 2014 and the final report was approved by the trust's board of directors and published in accordance with DH guidance.

2. Terms of reference

The following terms of reference for the investigation team were approved by the trust's board of directors at its meeting in January 2014:

Speaking Out: Internal Investigation into matters relating to Jimmy Savile

The Board of Queen Victoria Hospital NHS Foundation Trust (QVH) has commissioned this investigation into Jimmy Savile's association with Queen Victoria Hospital following disclosure by the Department of Health of an allegation that he indecently assaulted a patient on trust premises in 1954.

QVH will work with independent oversight from Kate Lampard, appointed by the Secretary of State for Health to oversee the NHS and Department of Health investigations, to produce a report that will:

1. Thoroughly examine and account for whether Jimmy Savile had any association with Queen Victoria Hospital, including approval for any roles and the decision-making process relating to these.
2. Identify a chronology of his involvement with QVH, if any.
3. Consider the access arrangements and any privileges accorded to Jimmy Savile, the reasons for these and whether they were subject to usual or appropriate supervision and oversight judged by the standards in place at the time.
4. Consider the extent to which any such special access and/or privileges and/or lack of supervision and oversight contributed to or resulted from Jimmy Savile's role within the organisation.
5. Review relevant policies, practices and procedures throughout the time of Jimmy Savile's association with QVH.
6. Carry out a detailed investigation into any complaints and incidents concerning Jimmy Savile's behaviour at Queen Victoria Hospital:
 - where incident(s) occurred,
 - who was involved,
 - what occurred,
 - whether these incidents were reported at the time, whether they were investigated and whether appropriate action was taken.

This investigation will include the interviewing of witnesses and alleged victims wherever possible.

7. Where complaints or incidents were not 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 role within the organisation and/or any special status he may have been perceived to possess.

8. Review if any fundraising at QVH was associated with Jimmy Savile and identify any issues that arose in relation to the governance, accountability for and the use of the funds raised by him or on his initiative/with his involvement.

9. If the investigation team cannot find any evidence that Jimmy Savile had an association with QVH the team will complete investigations into the allegation made by the patient as far as is possible. In any event, the alleged victim will be approached for an interview to ascertain whether any further information is available before completing the investigation.

10. Review QVH'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 recommendations for further action.

Investigation Lead: Amanda Parker

The investigation team will be required to work closely with the trust's solicitors, Bevan Brittan and with Verita, who will be reviewing reports on behalf of the DH. In addition the police and local adult and children's safeguarding boards will be involved where appropriate.

First draft report: To be submitted to Verita by 21 February 2014

Final Board approved report: To be submitted to April 2014 Board subject to no further investigation being required as a result of external assurance by Kate Lampard and Verita.

Publication of report locally: To be published on trust website by the Head of Corporate Affairs on a date decided by the DH and on which all JS reports required of NHS organisations will be published.

3. Executive summary and recommendations

QVH has undertaken as full an investigation as possible into the allegation of sexual assault of a female in her twenties who was a patient on trust premises in 1954. The main challenge has been the historical nature of the incident.

Material in the form of visitor books, employment records, theatre registers, hospital meeting minutes and the victim's health record, was found stored within the trust's archive. The trust has a significant archive store because the QVH became famous during World War II for its treatment of burned aircraft pilots, and undertook pioneering reconstructive surgery that was considered to be ground breaking at the time. As a result detailed records were kept as they had a historical value. This material has been systematically reviewed alongside newspaper archives, documents related to charitable activity at the hospital and an internet search. All archive material was searched for staff and volunteers using the names Jimmy, Jim, James and Oscar Savile. These names were specifically researched because Savile was born James Wilson Vincent Savile and research identified that he was occasionally referred to as 'Oscar' in the 1950's.

The victim was contacted and agreed to be interviewed as a part of the investigation. Support has been offered to the victim by the Operation Yewtree team prior to the involvement of QVH and by QVH during discussion and meeting with the victim.

The patient had good recall of the incident and was able to name staff that had cared for her at the time. She specifically stated that her assailant had been named 'Jim' and looked like Savile.

The victim said that as she recovered from her operation 'someone wearing a green gown, cap and a mask around their neck put their hands beneath (her) gown and inappropriately squeezed and handled her chest.' At this time the patient was alone in a single room next to the operating theatre recovering from her surgery. The patient's medical records and operating theatre records confirmed that she had undergone surgery on the day she alleges the assault took place.

As the incident occurred following the patient's operation, the investigator described a clinical scenario to the victim in which ECG electrodes were being applied or removed from a patient's chest. The victim was asked whether this could possibly have explained what had occurred. The victim recalls that no equipment was removed and that the proposed explanation does not explain why the perpetrator squeezed and handled her chest for some time while telling her to wake up, even though at that time she recalls she was awake.

Two staff employed during the 1950's are still known to the trust and were interviewed about their recollection of the organisation and how care was delivered at that time. Neither had been involved with the care provided to the victim. Other staff were identified by the victim and from her medical records, but the individuals either could not be located or were found to have died. Not all records

of staff employment were available, only those relating to nurses were found in the archives. No information or records were found that related to doctors, support or volunteer staff.

Archive material from the local paper at that time, hospital minutes and visitor books contained no evidence that Savile had ever been to East Grinstead during the period of the incident; evidence of one visit to the town in the 1970's was identified through the 'Memories of East Grinstead Facebook site' but this did not include a visit to QVH.

Investigation into the QVH charitable fund and League of Friend activities found no link with Savile as a patron, visitor, volunteer or donor.

The victim has clear recall of the incident and can accurately describe the hospital and areas where her care was delivered, along with the names of key staff involved with her care at the time. No evidence was found that Savile visited East Grinstead during 1954 or that he visited the hospital site at any time during his life. At the time of the incident Savile was not a famous celebrity and he was employed in the North of England, though his activities included wrestling and cycling and it is assumed that events would have occurred around the country.

Taking into account all the information from the investigation, the conclusion reached is that while the lead investigator does not doubt the allegation, the alleged assault cannot be conclusively attributed to Savile. It was also not possible to attribute the assault to any other specific individual. The probability is that the assault is likely to relate to somebody other than Savile. Therefore following advice from the DH a third party report was made to the local police as the victim did not wish their details to be further disclosed. The police have confirmed that no further investigation will be undertaken.

Under the terms of reference current policies that were considered relevant to the investigation were reviewed by the investigation lead to ensure they were fit for purpose and included all appropriate information. Policies reviewed included those related to employment, safeguarding and the management of VIP visitors. Most were found to be fit for purpose. The investigators found that more information should be made available to all staff on the management of VIP visitors, how requests are made and on how visits are managed. Information about such visits was available to a small team but not to the wider organisation. The guidance for staff that provides broader information on VIP visitors to departments and their role in ensuring the correct processes are followed has been approved by the trust board of directors and has been disseminated to staff.

Following the investigation and review of current policies the following recommendations were made;

1. QVH to feedback to staff the outcome of this investigation and to remind them of their role and responsibility in raising concerns about any inappropriate behaviour by staff, patients or visitors. This will be included within the trust's face to face paediatric and adult safeguarding training during the next year.

1. Complete the update of the trust's whistleblowing policy.
2. Complete the update of the complaints policy in line with the publication, 'Putting Patients Back in the Picture' (October 2013).
3. Complete and publish the recruitment and management of volunteer's policy.

The director of nursing and quality will be responsible for ensuring these recommendations are completed by the end of June 2014.

4. Approach to the investigation

Following the request from the DH to investigate an allegation of sexual assault the board of directors of QVH commissioned an investigation. They requested Amanda Parker, Director of Nursing and Quality, to lead on the internal investigation on behalf of the organisation. The investigating team consisted of Amanda Parker and an administrator. Amanda Parker's role was to identify and speak with witnesses and external agencies, to summarise and collate all evidence and write the report. The administrator's role was to review all archive material and to detail the information that had been reviewed.

The allegation provided to QVH was about a historical incident that occurred in 1954. Initial action from the investigation team was to access the QVH archives to ascertain what relevant documents were available. The trust has a significant archive store because the QVH became famous during World War II for its treatment of burned aircraft pilots and undertook pioneering reconstructive surgery that was considered to be ground breaking at the time. As a result detailed records were kept as they had a historical value. From these, the investigation team could determine what other sources of information may exist to corroborate the victims account of the assault.

Information sourced included the victim's health record and the operating theatres register; these documents confirmed that the victim had undergone surgery on the day she alleges the assault took place. A register of all nursing and nursing support staff employed was identified along with minutes of a variety of hospital meetings that included information on staff whose employment was terminated. None of those terminated were identified as being linked to this investigation.

Once records had been sourced and made available the victim was contacted and asked if she was prepared to be interviewed in order to provide the investigation team with more information than that originally provided to the Metropolitan Police Operation Yewtree team. The investigation lead subsequently met with the victim.

A full list of documents reviewed is attached in Appendix B. Many documents could not be found and are assumed to have been destroyed. Due to the length of time this is not unexpected and is in line with current hospital practice. No hospital policies from that time were available to confirm this. These documents were reviewed to ascertain if Savile had ever been employed or had visited the hospital in any capacity. When reviewing the information the following names were looked for; James, Jimmy and Oscar Savile. This was because the victim had heard her assailant called 'Jim' by another staff member and from researching Savile the investigation lead became aware that in the 1950's Savile was known by a variety of names.

Savile was born James Wilson Vincent Savile, being better known as Savile in his disc jockey career. However websites related to cycling in the 1950's also name him as 'Oscar' Savile. During the 1950's he was employed as a Mecca dance hall manager and was known for being a semi-professional cyclist and wrestler. Researching Savile's activity in the 1950's was found to be difficult as he was not famous at this time and information found was limited.

Further documents were sourced which included local newspaper archives, QVH charitable fund documents and the hospital League of Friends archives. These were reviewed for information on visits, donations and volunteer activity that may have been undertaken by Savile.

Three individuals were identified for interview:

1. The victim who raised the initial allegation - the investigation lead was able to interview the victim and to listen to her account of the assault. This informed the areas for further investigation. The former patient was a very credible individual who was able to recollect the incident clearly, and to describe events, departments and the people involved in her care. On conclusion of the interview the former patient was advised how to access professional support should she feel this would be beneficial to her. The interview was recorded and transcribed and a signed transcript received back by the investigation team confirming its accuracy.
2. Two former members of staff were identified as they were known to the trust due to current involvement; they had both worked at QVH during the 1950's. These staff were able to give context to theatre practice during the 1950's, to the ways of working and the culture of QVH at that time.

One of these members of staff was employed as an operating department assistant during the year the alleged incident occurred and has, both throughout his career and since his retirement, been heavily involved with local history which relates to QVH. Before and since retirement in 1997 he has been involved with the hospital museum that was originally located on site and with the Guinea Pig Club. The Guinea Pig Club was made up of burned airmen who had received surgery at the QVH under the care of Sir Archibald McIndoe and is a significant part of the history associated with QVH. The two former members of staff interviewed were asked to recollect any occasions that Savile may have visited QVH. They have both signed transcripts of their interview to confirm their accuracy.

5. Queen Victoria Hospital NHS Foundation Trust background information

Queen Victoria Hospital is an NHS foundation trust that provides high quality clinical care for the people of Kent, Surrey, and Sussex. The hospital is a centre for reconstructive surgery and rehabilitation therapies for people suffering disfigurement or damage through trauma, cancer, disease, burns, major surgery, or a congenital condition. In each of the clinical specialities, the full range of conditions are treated from those which are common problems (such as cataracts and skin lesions) to those which are rare and complex. The specialities include (among others) corneoplastics (front of the eye), head and neck, maxillofacial, melanoma and skin cancers, breast reconstruction, hand surgery, burns, and trauma. The hospital is recognised historically for the achievements of plastic surgeon Archibald McIndoe in treating burned airmen during World War II with pioneering treatment and reconstruction techniques and the formation of the Guinea Pig Club in 1941. The organisation is a single site trust, and has been on the same site since the 1930's.

6. How Complaints were dealt with at the time of the incident

Following a review of archive records available related to the time of the incident in 1954, it has not been possible to identify any information or policies related to complaints and how these were dealt with at the time.

7. Investigation of current allegations

The review of all the documents listed in Appendix B provided no evidence that Savile had ever visited QVH or been an employee or volunteer. However employee records are noted to be limited to nurses and nursing support roles and no medical staff or volunteer records were available. Further information included an interview with the victim and review of the patient's health record and the operating theatres register; these documents confirmed that the victim had undergone surgery on the day she alleges the assault took place.

The victim described the incident in detail, stating that she was assaulted by 'someone wearing a green gown, cap and a mask' while she was recovering from her anaesthetic and when she was alone with her assailant. The wearing of a gown and mask may have made positive identification or description of her assailant more difficult and the fact that the patient was recovering from an anaesthetic could mean that she was less alert at this time. One of the retired members of staff we spoke to confirmed that the assailant would have been required to have a clinical qualification if they had been left alone with the patient. Therefore it is likely that the individual who carried out the assault had a clinical qualification or significant experience.

The retired operating department assistant talked about surgical and anaesthetic care at the time of the incident. He said that ECG electrodes were used during surgery and the recovery phase, and that the equipment available at the time was expensive and was therefore often reused. It was common practice to leave ECG electrodes attached to the patient when they were disconnected in the operating theatre following surgery and then reconnect the cables to the electrodes once the patient had reached the recovery room. ECG electrodes are placed across the chest and the lead investigator thought this could explain the victim's recollection that someone had placed their hands underneath her surgical gown and had handled her chest. However this scenario was discussed with the victim, who herself has a clinical background, and while she recognised that ECG electrodes may have been removed this did not explain the inappropriate handling and squeezing of her chest.

During the interview with the victim she was able to describe her assailant very clearly and say that she was certain that it was not one of the staff she had met with previously during her hospital stay. With the victim's agreement, a number of pictures of various men from the 1950's, including a picture of Savile, were shown to the victim; she positively identified one picture, and considered a second as possibly her assailant, but then rejected it. She positively identified Savile as her assailant.

When interviewed, the victim was asked if she had considered raising a complaint at the time of the assault. She said that she had thought about it but felt she would be dismissed as a hysterical individual and would not be believed. She also thought she may be treated differently if she complained. The victim said that at that time, the 1950's, she 'believed in officialdom' and so it would not have been appropriate to complain but to be pleased she was being treated for her condition.

The only employee records available were for nurses and nursing support roles, no medical staff, additional support staff or volunteer records were available. A review of the patient's medical records identified staff from the time of the incident but they could either not be located or were found to have died. Two former members of staff who were employed at the time (but not involved with the victim's care) were identified as a result of their current involvement with the trust or their

attendance at trust functions. They were interviewed but had no recollection of Savile visiting. It was not possible to determine if he had visited in any other capacity; for example as a friend of a patient. The former staff members interviewed recollected people attending events within the QVH Assembly Hall and visitors to the operating theatre galleries to observe surgery but this involvement did not extend to supporting clinical care as described by the victim. The visits to observe surgery were linked to the trust's reputation for new and novel surgical procedures made famous initially during World War II by Sir Archibald McIndoe. One of these members of staff was employed during the year the alleged event occurred, the second was employed later in the 1950's and throughout his career and since his retirement, been heavily involved with local history which relates to QVH. Both were able to give context to theatre practice during the 1950's and to the ways of working and the culture of QVH at that time.

Research into the local newspaper archives found one instance of Savile visiting East Grinstead in the 1970's but the visit did not involve QVH. The QVH charitable fund and League of Friends found no link with Savile as a patron, visitor, volunteer or donor.

A review of Savile's activities during the 1950's identified that during the time of the alleged incident he was 27 years of age and living in Salford, Greater Manchester. At around this time he became a Mecca dance hall manager and by the late 1950's was responsible for the entertainment at 45 Mecca ballrooms. At this time he was also a semi-professional sportsman competing in cycling and wrestling events and also known as Oscar Savile. His radio career did not begin until in 1958 in Luxembourg. Savile was employed in Salford at the time of the incident and the distance from QVH in East Grinstead to where Savile was based is 235 miles. Therefore the investigation lead considered it unlikely that Savile had a volunteer role at QVH. Following conversation with the operating department assistant the lead investigator supports the view that the assailant is considered to have required a level of clinical expertise or training to have been trusted to care for a patient immediately after an anaesthetic, and research into Savile did not find any evidence that he had either a medical or clinical qualification so it is unlikely he would have been trusted in a clinical role at that time had he been at QVH.

8. Fund Raising Activity

The QVH charitable fund and the trust's League of Friends were approached and asked to identify if there had been any association with Savile as a patron, visitor, volunteer or donor. The QVH charitable fund was able to confirm that Savile had never been a patron, visitor, volunteer or donor. The League of friends also confirmed that to the best of their knowledge and after research of their archives that Savile had never been a patron, visitor, volunteer or donor.

9. Current Policies, Practice and Procedures

Currently there is a complaints policy that encourages concerns to be raised by patients, relatives or carers. All complaints are reviewed by either the chief executive or the director of nursing. Where complainants are not satisfied with the outcome they are directed to the Parliamentary and Health Services Ombudsman. Our complaints policy is current and considered to be robust, though is in the process of being updated following the publication of the review of the NHS complaints system 'Putting Patients Back in the Picture' in October 2013.

When a 'celebrity' visits the organisation, the Head of Corporate Affairs has confirmed that they are escorted by someone nominated by the corporate affairs office. Professional guidance issued by Jonathan Street PR on ceremonial occasions is followed as a professional reference point for planning and delivering ceremonial occasions and VIP events. For Royal visits QVH also follows advice and protocol from Palace officials. A further guidance document that provides information to staff about the process to be undertaken is written but is only currently available to the Corporate Affairs team. This document needs to be shared with all staff so they can be aware of processes to follow.

Additional policies that would currently relate to an incident such as the one we have investigated, include;

- Recruitment and selection policies - these now include the requirement for checks that would not have been in place or available in 1954 as at this time DBS checks were not available. The current policy is considered fit for purpose by the investigation lead.
- Safeguarding policies – Adult and Paediatric. Safeguarding policies in use are Sussex-wide policies, supplemented with local guidance. All are current and are considered fit for purpose by the investigation lead.
- 'Being Open', our policy about acknowledging, apologising and explaining when things go wrong. This includes conducting a thorough investigation into any patient safety incident and reassuring patients, their families and carers that lessons learned will help prevent the patient safety incident recurring and providing support for those involved to cope with the physical and psychological consequences of what happened. This policy is current and is considered fit for purpose.
- Whistleblowing - this policy is currently under review and due to be ratified shortly. The review is a routine update, though will include learning from the reports following investigations into the Mid Staffordshire NHS Foundation Trust Public Inquiry. Whistleblowing is covered within staff training and staff are actively encouraged to raise concerns to the management team through a variety of routes. To date we are confident that staff have been raising any concerns.
- Management, Practice, Professional Supervision / Support Guidance - our policy related to effective management and supervision arrangements for staff, this policy is current and considered fit for purpose.

- Recruitment and management of volunteer's policy is awaiting approval and ratification.
- Guidance for staff that provides broader information on VIP visitors to departments and their role in ensuring the correct processes are followed has been approved by the trust board of directors and has been recently disseminated to staff.

10. Overall Analysis and Conclusions

The victim is very clear that the incident occurred and can describe accurately the hospital and areas where care was delivered along with the names of key staff involved with her care, and is able to describe the assault. The dates and information provided can be corroborated, though the assault allegation cannot be, although due to the clarity and consistency of the information provided the victim's account is considered to be credible. The Trust has had to balance the clarity of the victim's recall with information discovered during the investigation, and the absence of any material evidence that Savile visited East Grinstead during 1954 was also taken into account.

No evidence was found that suggests that Savile had ever visited the hospital site at any time during his lifetime. At the time of the alleged incident he was employed in the North of England, although it is acknowledged that he undertook wrestling and cycling events that would have occurred around the country.

The assailant present at the time of the assault was wearing a theatre gown, cap and mask and would have required clinical knowledge or training to be given the sole care of the victim at the time of the assault. There is no evidence that could be found that showed Savile had received this level of training.

While the victim identified her attacker as Savile, at the time of the incident the attacker was wearing theatre clothing including a cap which may have made identification of a specific individual more difficult. The victim was recovering from an anaesthetic and therefore may not have been fully alert at the time. Consideration was given to a clinical explanation for the handling of the patient's chest but this was rejected by the victim during her interview. Support has been offered to the victim by the Operation Yewtree team prior to the involvement of QVH and by QVH during later discussion and meetings.

Access to the QVH through fund raising opportunities was researched and no evidence was found that Savile had been involved with either the QVH charity fund or the League of Friends in any capacity. At the time of the incident, 1954, Savile was not a celebrity.

Taking all the information from the investigation into account the conclusion reached is that while the lead investigator does not doubt the validity of the allegation, the alleged assault cannot be

conclusively attributed to Savile. It has also not been able to attribute it to any other specific individual, while the probability is that the assailant was somebody other than Savile. QVH has therefore reported the assault back to the police. They have confirmed to QVH that no further investigation will be undertaken.

11. Recommendations

Having explored the original allegation, the recommendations from carrying out this investigation are as follows and relate to current practice.

1. QVH to ensure that all staff are aware of the investigation that has been undertaken and to identify to them their role and responsibility in raising concerns about inappropriate behaviour of staff, patients or visitors. This could be included within the trust's face to face adult safeguarding training during the next year.
2. Complete the update of the trust's whistleblowing policy.
4. Complete the update of the complaints policy in line with the publication, 'Putting Patients Back in the Picture' (October 2013).
5. Complete and publish the recruitment and management of volunteer's policy.

The director of nursing and quality will be responsible for ensuring these recommendations are completed by the end of June 2014.

Appendix A

Investigation Team Biographies

Amanda Parker

Amanda Parker is a registered nurse. Amanda started working at QVH in 1992 and was initially based within the operating theatres as a scrub nurse, going on to gain an anaesthetic qualification, and working as the trauma team leader, theatre education lead, and theatre matron. Amanda went on to become trust clinical governance lead, deputy director of nursing and is now director of nursing. QVH is a specialist hospital whose income is primarily derived from surgical activity. Amanda participates in additional activities and is currently a NICE Fellow, acts as a specialist inspector for the Care Quality Commission and is the lead nurse (acute) on the Clinical Senate Council South East Coast.

Appendix B

List of Documents Reviewed

Plastics theatre registers VIII-IX – 11 August 1953 – 22 April 1955 – used to identify patient

Alleged victim's health record

QVH Hospital meeting minutes – held monthly - January 1954 to December 1954

Nurses' social club – minutes of meetings – 1950s

Visitors book – 1936-1996

Peanut school admissions register 1950-56

Nurses register 1937-87; listing of all nurses, nursing support employed

Local newspaper archives 1954 and 1955

All QVH charitable fund archives

QVH League of Friends archives

Biography of Jimmy Savile (telegraph.co.uk / wikipedia.org)

Current trust policies; Complaints,

Safeguarding (adult and paediatric),

Whistleblowing,

Being Open, Management,

Practice, Professional Supervision / Support Guidance.