

History and Policy

Primary Source Analysis

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Kate Lampard and Ed Mardsen, *Themes and Lessons Learnt from NHS Investigations into Matters relating to Jimmy Savile: Independent Report for the Secretary of State for Health* (Department of Health and Social Care, 2015). <https://www.gov.uk/government/publications/jimmy-savile-nhs-investigations-lessons-learned> (accessed 18 April 2025), extract from part 7: 'Historical background', pp. 36–40.

Extract

7 Historical background

7.2. The need to take account of the historical background to the events and issues arising in the Savile investigations prompted us to commission History and Policy to put on a discussion event for the main NHS investigation team leads and us. We wanted to gain evidence and understanding of the historical culture and circumstances that would have influenced Savile's behaviour and how others responded to him. We wanted also to gain insight into how the culture and circumstances in question have altered over time so that we could identify the lessons that today's NHS should draw from the Savile affair [...]

7.5. Adrian Bingham (reader in modern history, University of Sheffield), described to us the significant change in the sexual culture during the 1960s and 1970s. This was attributable to a number of factors, among them the liberalization of media censorship and regulatory regimes, an expansion in youth culture and its economic prominence, and the availability of the pill.

The pop music world was one of the most sexually liberated milieus. We were given evidence that some prominent figures within it demonstrated little or no regard for the sexual vulnerability of the young music fans they encountered.

7.6. The British press became increasingly intrusive from the late 1950s. Nevertheless, libel laws meant the press were still disinclined to take risks in exposing scandalous behaviour by well-known or wealthy people such as Savile [...] The cautious attitude of the press prevailed until the 1980s when intense tabloid competition spurred editors into taking greater risks [...] But contemporary reports suggested that Savile had a reputation for being quick to threaten to sue any newspaper that wrote disobliging things about him. Two national newspaper editors have said they were prevented by their papers' lawyers from publishing credible evidence of Savile's crimes. [...]

7.8. In relation to attitudes to the sexual abuse of women and children [...] Dr Lucy Delap (reader in 20th century history and director, History and Policy, King's College, London), pointed out that little attention was paid to sexual abuse as a component of child abuse until the 1970s. She also drew our attention to the fact that, although there was greater awareness in society during the 1980s of the concept of 'sexual harassment', with some resulting changes in legislation, the sexual culture of the workplace and other institutions did not change to any significant degree until the present century.

7.9. On the subject of volunteering and fundraising in the NHS, we heard from Dr Martin Gorsky (senior lecturer in the history of public health at the London School of Hygiene and Tropical Medicine) and Professor John Mohan (professor of social policy and deputy director, The Third Sector Research Centre, University of Southampton). We heard about the long tradition of according status and respect to high-profile charitable givers to hospitals and the acceptance of volunteers on hospital premises [...] The appeal to fund much-needed building works at Stoke Mandeville Hospital began in 1979 and was spearheaded by Savile [...] The significance of the £10m the appeal raised over three years is illustrated by setting that sum against the £40m that was the annual capital budget for the entire Oxfordshire Regional Health Authority area (in which Stoke Mandeville was located). [...]

7.11. Dr Alex Mold (lecturer in history, London School of Hygiene and Tropical Medicine) considered with us the arrangements for raising complaints in the NHS. Making complaints about NHS services is now much more common than even in the recent past, with 107,259 written complaints to hospitals in 2011/12 as against 9,614 in 1971. Throughout the period that Savile was associated with the NHS, complaints systems were variable and problematic. The evidence suggests that this continues to be the case.

7.12. The contributors to the History and Policy event told us that particular historical circumstances played into the hands of Savile and would have helped him to avoid being caught. His status and influence as a high-profile celebrity and effective fundraiser, when set against relatively weak and fragmented local management structures, would have given him power in NHS organizations and some protection from criticism and doubts about his behaviour. The media world, which was smaller, less intrusive and more restrained in Savile's day than it is now, was less likely to expose concerns about his behaviour. And a reluctance of individuals to raise allegations of sexual abuse would have been compounded by weak NHS complaints handling systems and the shortcomings in the criminal justice system in dealing with cases of sexual abuse. The unsympathetic social culture in the workplace and hierarchical structures would also have deterred employees from complaining about having been abused.

Analysis

In September 2012, a British television documentary revealed that Jimmy Savile (1926–2011), a British television and radio celebrity noted for his charitable fundraising, had perpetrated hundreds of sexual offences against young people stretching back to at least the early 1960s. Many of these attacks had taken place at the hospitals for which Savile had fundraised, or at the BBC, where he worked. The source is taken from an independent report, commissioned in 2012 by the then Secretary of State for Health and Social Care, Jeremy Hunt, into how Savile had been able to commit these crimes undetected.

Investigations were conducted at three NHS hospitals (Leeds General Infirmary, Stoke Mandeville and Broadmoor), with the oversight of Kate Lampard, a former barrister. Lampard co-authored the *Themes and Lessons Learned* report with Ed Marsden, a partner in a firm with experience of public sector investigations, which was completed in February 2015 and runs to 150 pages. The report received widespread coverage in the national media when it was published and remains publicly available on the gov.uk website. Reports of this kind typically contain recommendations based on the Inquiry's findings, usually focusing on redress for the victims and on prevention of future incidences. Inquiry recommendations are public, to bring transparency and accountability to the process, but they are also directed at specific audiences. In this case, the authors' recommendations targeted NHS Hospital Trusts and other bodies with responsibility for oversight and regulation of the British healthcare system, NHS charities and the Government (specifically, the Home Office and the Department of Health).

The authors stressed that 'Savile was a highly unusual personality whose lifestyle, behaviour and offending patterns were equally unusual'. They

concluded that, 'While it might be tempting to dismiss the Savile case as wholly exceptional, a unique result of a perfect storm of circumstances, the evidence we have gathered indicates that there are many elements of the Savile story that could be repeated in future'. Savile himself is described in the report as 'a famous, flamboyantly eccentric, narcissistic and manipulative television personality using his celebrity profile and his much-publicised volunteering and fundraising roles to gain access, influence and power in certain hospitals. He used the opportunities that access, influence and power gave him to commit sexual abuses on a grand scale.' Yet the failings that enabled those crimes, the report argues, had a wider relevance. These were the weaknesses of complaints procedures, a continuing reluctance to believe the experiences of abused children and the potential difficulties in holding powerful people to account.

A crucial element of the report is part 7, 'Historical background', from which this source extract is taken. This part summarizes evidence given by several historians at a discussion event convened by History and Policy¹ for the Savile Inquiry investigation team, along with the implications of that evidence for the Inquiry's work. The evidence covers both broader social contexts and the structure and culture of NHS institutions. The historical evidence shows that, although the scale of the crimes may have been unique, and the circumstances surrounding Savile himself unparalleled, the factors which allowed him to continue his abusive behaviour had historically specific explanations that help us to understand how such crimes could have taken place. The discussion of the historians' evidence highlights the multicausal nature of the failure at the heart of the Savile case, and shows that, as well as systemic failures within individual hospitals and the NHS more broadly, wider social and cultural assumptions were also part of this story.

The case is made that, historically, the Savile crimes are understandable because of the power given to high-profile men; they could inflict abuse on young people because their victims were not only in positions of powerlessness but had no avenue for redress. Savile's power came from multiple sources. He was a famous 'fundraiser' in a context where hospitals ran high-profile campaigns to raise money for new buildings and facilities. This gave him status and authority within hospitals, and it clearly made hospital authorities reluctant to interrogate his actions. Savile was only able to commit his crimes because he was *allowed* to be powerful; the hospitals involved were clearly unable, or unwilling, to challenge him. The victims were not only subjected to Savile's sexual violence and harassment but were also part of a system that was unlikely to see their complaints as valid.

Savile was also in a position of power because of entrenched assumptions about sexuality in the period the crimes took place. It was clear that there was some knowledge of his attacks, both within hospitals and at the BBC. As the historians' evidence shows, a culture persisted that allowed older men

to prey on girls and young women and routinely discounted or dismissed the experiences of victims. In mass-market newspapers throughout the twentieth century, sexual crimes were reported more for titillation than anything else, and there was a wider sense of young women's bodies primarily existing for men's sexual gratification.

Savile's power also lay in his ability to manage the risk of media exposure. Savile was quick to threaten legal action against potential rumours. The law puts the burden of proof on the accuser, not the accused, and, as Bingham's evidence makes clear, newspapers were wary of potentially large libel settlements. This was part of a general climate of secrecy, where the 'reputation' of institutions was given greater importance than justice for victims. One notable example (not in the extract) is the shelving of a 2011 BBC documentary exposing Savile, who had died that year. Under British law the dead cannot be libelled, so it was not fear of legal action that prompted the decision. Instead, it appeared that the BBC wanted to protect itself from charges that it had put girls in harm's way and done little to stop Savile's crimes.

The Independent Inquiry used historians' work in a sophisticated and nuanced way, recognizing that the team needed to take account of the historical background both to explain Savile's crimes and the institutional failings that allowed him to abuse children for over four decades and to draw lessons for the present-day NHS. By doing so, the Inquiry ensured that Savile was not treated as merely a historically unique monster, but as a predatory criminal who was able to exploit and manipulate the organizations and people around him.

The report highlights the value of historians as contributors to policy-making and public inquiries and, by extension, the importance of historical perspective and expertise more broadly to good organizational management, governance and decision-making. The historians who gave evidence at the History and Policy event were able to provide insights that were not readily available to those looking at the abuses from the perspective of the present, or solely on the basis of media coverage. They were able to introduce important contexts in a way that materially shaped the conclusions of the independent report.

Inquiry reports and those from other justice-seeking processes are undoubtedly an unusual type of document for historians to deal with. Indeed, they bear more resemblance to secondary literature, not least because they summarize, synthesize and analyse what are recognizably primary sources such as oral and written testimony, photographs and correspondence. Some source material will be collated from what already exists; other material will be gathered as part of the Inquiry process. Inquiries such as that into the Grenfell Tower fire have prioritized transparency; testimonies were recorded and made publicly available. However, our access to the original source material is often mediated by report authors, who select the quotes, images

and figures they wish to include. Critical attention should be paid to how this material has been assembled and used.

As Inquiries and other justice-seeking processes are exercises in public trust, they are inevitably highly political and so it is important when interpreting reports to try to understand not just the Inquiry's purpose (the 'why?') but also the timing ('why *then*?') and its form, personnel and structure (the 'how?'). Explicitly stated purposes are, of course, only part of the picture and triangulating with other sources can help the historian understand the broader context and identify potential underlying agendas and aims. A good place to start for all these questions is the Terms of Reference (ToR), which tells us what has been ruled in and out of scope, with the latter being of particular interest. The leadership of an Inquiry is often revealing in terms of perceived authority and legitimacy; sometimes it is highly contentious, as was the case with the UK Independent Inquiry into Child Sexual Abuse, from which three appointed Chairs resigned. The ToR or report preface will usually give information on how the Inquiry has been organized: what powers the Inquiry team has to call witnesses and solicit evidence; who gets to testify (and who doesn't); who has authorial control and final sign-off; how compliance with any recommendations will be assured and so on. Even if, as is the case here, the extract under analysis does not contain this information, it is nonetheless important to find and read it so you can effectively contextualize your commentary.

Works cited

History and Policy: <https://historyandpolicy.org/>.

Note

- 1 History and Policy is a national network of historians that aims to promote better public policy through a greater understanding of history: <https://historyandpolicy.org/> (accessed 22 September 2025).

Further reading

Rachel Buchanan, 'Decolonizing the Archives: The Work of New Zealand's Waitangi Tribunal', *Public History Review*, 14 (2007), pp. 44–63.

History and Policy: Evidence and Consultations: <https://historyandpolicy.org/consultations/>

Harriet Jones, Kjell Östberg and Nico Randeraad, (eds.), *Contemporary History on Trial: Europe Since 1989 and the Role of the Expert Historian* (Manchester: Manchester University Press, 2007).

Tom Lodge, 'Truth and Reconciliation in Post-Apartheid South Africa', in Anna Maerker, Simon Sleight and Adam Sutcliffe (eds), *History, Memory and Public Life: The Past in the Present* (Abingdon, Oxon: Routledge, 2018), pp. 228–50.

Simon Peplow, 'Grenfell Fire and the Politics of Public Inquiries', *History Workshop* [Digital Magazine]: <https://www.historyworkshop.org.uk/activism-solidarity/grenfell-fire-and-public-participation-in-public-inquiries/> (accessed 22 September 2025).