Monday 27 October 2025

(10.00 am)

THE CHAIR: Good morning. Please, Ms Troup.

MS TROUP: Chair, good morning. Today we return again to hearing evidence from the bereaved families of those who died while under the care of trusts in Essex. This morning we will hear from Sally Tyler, who will give evidence about her ex-husband, Mark Tyler, who died on or about 1 September 2012. This afternoon we will hear from Timothy Whitfield, who will give evidence about Margaret Annequin, who died on 3 July 2015, aged 68. Both of those sessions will include details of the care and treatment received by those who died and will also include some particularly difficult detail about how they died.

Time permitting, Chair, we will also play the prerecorded evidence session of Emma Harley, who gave evidence about her brother Terence White. He died on 4 April 2019, aged 36. Chair, Mr Griffin referred to that evidence during his opening statement.

As on previous days, there may be aspects of today's evidence that are difficult to listen to and for some people it may not be possible to sit through the two sessions. As with other days, anyone in the Inquiry room should feel free to leave at any time. May I take this

opportunity also please to remind those engaging with the Inquiry that emotional support is available for all who require it. Present here again today are emotional support staff from Hestia, an experienced provider of emotional support at these types of hearings. They are currently in this room and can be identified by their orange coloured scarves. There is a private room downstairs where anyone who needs emotional support can talk to the Hestia support staff, or if you prefer, you can speak to a member of the Inquiry team and we will put you in touch with the emotional support staff.

For those following the hearing online, information about the emotional support that is available can be found on the Lampard Inquiry website at lampardinquiry.org.co.uk and the "Support" tab is at the top right-hand corner. As always, we want everyone engaging with this Inquiry in whatever way to feel safe and supported.

Could the witness be sworn, please.

SALLY ANN TYLER (affirmed)

Examination by MS TROUP

Q. Thank you. First, would you state your full name for the record, please?

A. Sally Ann Tyler.

Q. Sally, you received from this Inquiry a request for

written evidence, under Rule 9 of the Inquiry rules, and you provided a witness statement which is 79 pages long. It is dated 12 September 2025 and you should have a hard copy of it in front of you.

A. Yes.

Q. Could I ask you first to turn to the very end of this statement at page 79, please.

A. Yes.

Q. That is the page where you made a statement of truth and you signed. Is that right?

A. Correct.

Q. Are you happy, sitting here today that the content of your witness statement is true and accurate?

A. Absolutely.

Q. Thank you. Sally, you are the ex-wife of Mark Tyler, who was found deceased at his mother's home on 3 September 2012 from a self-inflicted shotgun wound, yes?

A. Correct.

Q. We note that his date of death is not known, but it is likely to have been 1 September 2012.

A. Correct.

Q. In the days leading up to Mark's death and while suffering from psychotic symptoms, he killed his mother, also with a shotgun. She was found with him at her home on 3 September 2012; correct?

A. Yes.

Q. What I am going to ask, please, is that before we begin your evidence and go through some of the events leading up to those dates, that we show a photo, please, of Mark Tyler, for those watching and listening to see him. (Photo shown).

Thank you. Sally, I want to note just two matters before we start to go through what happened. The first is that I think an inquest was held into Mark's death in March 2013. Is that right?

A. That is correct.

Q. The other is, I want to note, because we are going to talk about it during your evidence, that following Mark's death and his mother's death a domestic homicide review was carried out.

A. It was, yes.

Q. The report that came out of that review was published in 2015 and I am going to -- you refer to it throughout your witness statement.

A. Yes.

Q. And we will look through some parts of it, to look at some of the key failings that you have identified. I am going to refer to that report throughout as the DHR.

A. Okay.

Q. The review was commissioned under section 9 of the

Domestic Violence Crime & Victim Act 2004. And I think it was commissioned on 19 September 2012. Is that right?

A. Around or about, yes.

Q. At that time it was intended that the review should take about six months.

A. Yes.

Q. But if we have a look, please, if you go back now towards the start of your statement and to page 2 --

A. Yes.

Q. -- if you look at the fifth paragraph which begins with the words, "The complexity".

A. Mm hmm.

Q. What we told there, within the DHR itself, is this:

"The complexity of this DHR did not become apparent until after its outset. The process of reviewing the breadth of information that was made available" -- and in particular Sally I wanted to note this -- "and the complex web of relationships between agencies and Mark over a time period of more than three and a half years, proved very time consuming."

What the DHR panel decided to do was to take longer and to investigate more comprehensively, would you agree?

A. Yes.

Q. So the report was not actually published until 2015?

A. Indeed.

Q. Just going back to that particular phrase, "The complex web of relationships between agencies", if you could turn, please, because I think this will help those listening to understand the complexity of these events, to page 5 of your witness statement and to paragraph 25. Thinking about that phrase about a complex web of agencies you say there, "So many agencies were involved." Now, I have counted 13 different agencies that you list there --

A. Yes.

Q. -- at your paragraphs (a) to (n). Those include Basildon and Thurrock University Hospitals NHS Foundation Trust, The Borough Council, The Ambulance Trust, The County Council in two parts, Essex Police, Probation Services, Open Road and SEPT Community Drugs and Alcohol Service, as well as SEPT Mental Health Services.

A. Yes.

Q. I highlight that now because I think one of the crucial failings that you want to address in your evidence, and you must correct me if I am wrong or if I put it badly, is the complexity of that web that is described and the failure of communication between all of those different agencies over the time period?

A. Absolutely.

Q. Is it fair -- would it be fair for me to say that it is your view that not only were there significant failures in communication between those agencies, but that despite Mark's involvement with one or more of them at any given time, it appears from your analysis of the records that there was no oversight or overview of his care?

A. No, there wasn't.

Q. I would like to take you first, please, to quite shortly through Mark's background because we are going to come on to hear that he did have substantial problems with substance misuse.

A. Yes.

Q. And my understanding is that it's extremely important to you to establish how those arose and in what circumstances.

A. Yes.

Q. In other words, what was underlying those substance misuse issues when they began. We don't need to go to, unless you want to, but if you do want to orientate yourself in your witness statement, I am looking at page 3 and from about paragraph 10, where you have set out some matters about Mark's family background.

A. Yes.

Q. As a child, I understand that Mark and his brother, Lee, witnessed significant domestic violence towards their

mother.

A. Perpetrated by their father, yes.

Q. Thank you. His childhood, you say, was one of fear and trauma.

A. Yes.

Q. He felt safer out of the home.

A. Both boys did, yes.

Q. There was also significant violence towards Mark and his brother.

A. Yes.

Q. You explain to us that Mark was bullied at school.

A. He was, yes.

Q. And you also tell us in particular, in addition to the sort of home circumstances, about an event in London when Mark was 15 --

A. Yes.

Q. -- and was attacked by a group of older males.

A. Yes.

Q. That event, I think, Mark described it to you, as the day he lost trust in everyone.

A. Yes.

Q. He was left by his friends.

A. He was.

Q. And when he returned home, my understanding was that he was essentially ridiculed by his father for not fighting

back.

A. Yes, he was.

Q. That ridicule went undefended by his mother.

A. It did.

Q. And you go on to say that what you can recognise, looking back at those events in hindsight, is that his mother might have been in what we would now call survival mode.

A. Absolutely.

Q. You say that you are aware that at that time, I think we are talking about the early 80s --

A. Yes.

Q. -- levels of understanding about domestic violence and its impact were not what they are, or perhaps should be, now.

A. Domestic violence wasn't publicly spoken about back then. It didn't have the gravitas that it has now and we didn't identify risks to the victim, the survivor, or to the children the way we do now, such as having MARAC, that wasn't around.

Q. Safeguarding provisions were almost non-existent in comparison with today's world.

A. Absolutely. They would now be considered a high-risk domestic abuse family.

Q. Thank you. In terms of Mark himself, you tell us and if you want to follow I am looking now at page 12, and at

about paragraph 48, but you don't need to, just so that you know where I am in the witness statement.

A. Yes.

Q. His first symptoms of mental ill health began at around age 13.

A. Yes.

Q. At that stage he was self-harming including cutting his arms.

A. No verbal response.

Q. And he was smoking cannabis at 13?

A. He was.

Q. He described that to you as a way of dealing with or an outlet for his mental pain. Is that right?

A. Yes.

Q. By 19 you tell us that Mark was using heroin.

A. He was.

Q. And it's at paragraph 49 where you set out some matters from the DHR. The records show that by age 23, Mark was injecting heroin.

A. He was.

Q. Again, your understanding, and this is what he explained to you was that he was effectively self-medicating.

A. He had described to me that he heard voices and had uncontrollable anger and severe paranoia and when the gym didn't work, the heroin did.

Q. What year did you meet Mark?

A. I met Mark in 1998.

Q. Thank you. So that year, you tell us that in the July, that's when he first explained to you what you have just described.

A. He did, yes.

Q. He told you that he was afraid.

A. Yes. He wrote me a letter telling me that he was -- of what his symptoms were and that he was fearful that our unborn child would also have it.

Q. Yes. I think he said, apart from the fact that he disclosed you that he had heard voices for most of his life --

A. Yes.

Q. -- he felt that ghosts were talking to him.

A. Yes.

Q. He suffered rages, so uncontrollable, that he would black out and be unaware of what he had done in that period.

A. Yes.

Q. And he was scared, not only that whatever was in him, as he described it to you, would affect your unborn child --

A. Yes.

Q. -- but he was scared that he would hurt you or someone else.

A. Yes.

Q. And that was as early as 1998.

A. Yes.

THE CHAIR: He said he had experienced these mental health problems most of his life.

A. Yes.

THE CHAIR: Did he put a sort of time on it? Was it as a child as well?

A. I know he had some issues when he was younger with ghosts, but of course children at 5 or 6 years old are scared of ghosts. But from my recollection, it was his teenage years that he really began to suffer.

THE CHAIR: Thank you.

MS TROUP: He told you all this in a letter.

A. He did, I still have the letter.

Q. By 2000 or 2001 you tell us that you became aware of further aspects of his thinking and his mental health, in that he said to you again that he was speaking to ghosts.

A. Yes.

Q. And that he would say that the dog was talking to spirits in the house, in the home.

A. Correct, although he believed that on one occasion the dog was at the top of the stairs and wouldn't come downstairs and he said it was because there was a spirit there, which I just laughed.

Q. I want to ask you about that, because in terms of

laughing, at the time, I don't think you recognised these in particular as significant mental health issues, is that fair?

A. I mean, I was 20 years old and you've got to remember it was also 1998/99, mental health wasn't discussed the way it is now.

Q. No, in the same way that we have talked a little about the lack of recognition at that time or earlier about domestic violence, in the landscape of July 1998 that isn't something (and you were 20 as you have pointed out) that would have been at the forefront of your mind?

A. Yes. As general Mark was just Mark, he was funny, he was kind, he took on my two children as his own, he worked hard. Yes, there were just these little blips which I didn't understand. I was a child.

Q. Yes.

A. Sorry, I don't think he understood either.

Q. No. You also tell us that, as far as you understand it, Mark's first contact with mental health services came in around May 2002, by which time Mark had come under the care of SEPT's community drug and alcohol service.

A. Yes.

Q. We will call that CDAS, is that what you normally say?

A. Yes.

Q. Taking it in summary, we now know that in the period

between 2002 and 2007, Mark had four separate episodes of drug treatment under CDAS?

A. He did, yes.

Q. And I think did that include two in-patient rehabilitation stays or were those additional?

A. I believe it included.

Q. Those were both in 2006?

A. No, so he had a period of detoxification, and then went on to an actual rehabilitation unit in 2006, and I think it was around 2008 that he had the second detoxification and a second very short spell in rehab.

Q. Thank you. I think it is important to note, and you tell us this elsewhere in your statement, living through this, you were aware, throughout that time, that he wanted to be abstinent from drugs.

A. Yes.

Q. That he worked incredibly hard to make it so.

A. Yes.

Q. I understand that in May 2009, following a relapse Mark was assessed by CDAS, and that at stage he requested emotional and psychological support.

A. He did, yes.

Q. We are going to come on to talk more about this time period, but actually I think it is important to note that between that date, so following that assessment on 1 May

2009 and 25 June 2012, Mark was in continual care under CDAS?

A. He was on their books. I wouldn't say he was cared for but he was under the service.

Q. Could we put it in that way, he was listed under the care of CDAS throughout that period, and as we will come to see, he was discharged from that service on 25 June 2012.

A. He was.

Q. Sally, the period we are going to come on to look at in detail is throughout 2011 and running up to September 2012, but I want to just cover in short what happened between that relapse and the assessment with CDAS in May 2009 and the beginning of 2011. So just a couple of key events that I would like to note. Your recollection, you tell us, of Mark's mental health in 2009 was that there was quite a significant deterioration at that time?

A. There was, yes.

Q. I am looking, if you want to look at it, and you don't need to go to it, at page 13 of your witness statement, and paragraph 55.

A. Yes.

Q. You tell us there that he went back into rehabilitation at that time and in particular about his symptoms, is that he was hearing voices.

A. Yes.

Q. And exhibiting extreme paranoia.

A. Extreme paranoia.

Q. As an example you tell us that he was utterly convinced that an elderly lady, who lived opposite you, at the time was watching him or was a threat to him of some kind.

A. No, she had armed police sitting in her bathroom, which the window faced directly on to Mark's property and obviously had the frosted glass, but there were armed police watching him through that window.

Q. You say that that paranoia was continuous.

A. Continuous.

Q. When he left the house, he would walk around in circles rather than going straight to where he wanted to go.

A. Yes.

Q. And when he was driving, he would drive deliberately on to a dead end street.

A. Yes.

Q. And both of those things he did because he believed that someone was following him.

A. Yes, yes.

Q. During 2010 I understand that Mark overdosed twice.

A. He did.

Q. In October 2010, following a criminal conviction for drug possession, he started a 12-month probation order, and as I understand it that included in particular a six-month

drug rehabilitation requirement.

A. Yes.

Q. And that was supervised by one of the agencies you have listed and that was the Westminster Drugs Project.

A. They were the ones that took the drug tests, but it would have been ordered by probation, they would have been the offender managers.

Q. I understand. So under the supervision of Probation Services, but the drug rehab part of it provided by Westminster.

A. Yes.

Q. And the other matter I want to note is that I think at around Christmas time in 2010, Mark's father became very ill. Is that right?

A. Yes.

Q. I mention those matters, and take you through them because the other, one of the very most major points that you want to raise, I think, is around discrimination --

A. Yes.

Q. -- in services against those who have issues with substance misuse.

A. Absolutely.

Q. If I could take you, please, to page 6 of your witness statement and to paragraph 27, I think there you summarise what is the most substantial outstanding

question in your mind. Was it the case that the agencies, particularly SEPT, A&E and Essex Police, did not adequately assess or diagnosis Mark for mental health issues because they simply saw him as a drug addict.

A. Absolutely. I would actually like to read that paragraph if it's okay.

Q. Please do so, read the entire paragraph, because Sally it's a good summary of the major point you want to make.

A. So the question was, was it the case that these agencies, particularly SEPT, A&E and Essex Police did not adequately assess/diagnosis Mark for mental health issues because they simply saw him as a drug addict? For two days Mark was in a psychotic episode in his bedroom and he had no help from anyone. Nobody sane would calmly sit down, hold a sawn-off shotgun under their chin and pull the trigger. This was the result of Mark's desperate pleas to be helped, to be treated, to be hospitalised by the statutory organisations that should have supported and protected not only him, but his mum, me, my children and the wider public. Instead, he was repeatedly ignored, basic safeguarding processes and multidisciplinary team approaches failed.

MS TROUP: Thank you.

THE CHAIR: Can I just ask if you talk about discrimination against him, and discrimination has lots of ways of

manifesting itself.

A. Yes.

THE CHAIR: We don't have to have people actually saying, "We are not going to treat you because you are a drug addict." How do you feel it mostly manifested itself? Was it simply just being ignored when he called, or you called for help?

A. It's -- it was and continues to be, in my opinion, that practitioners will hear drugs being involved and simply use that as a scapegoat, rather than looking deeper at what is behind the drugs, whether the person is self-medicating, as soon as they hear class A, then the treatment is non-existent.

THE CHAIR: Thank you.

A. It's very judgmental.

THE CHAIR: Thank you.

MS TROUP: Thank you. One of the ways, I think, that you might say, and you must correct me if I am wrong, in which you saw that discrimination manifesting itself was at that at no stage, at no time did Mark receive a formal diagnosis of any mental illness.

A. No, he didn't.

Q. This was despite his and your repeated pleas for help.

A. Yes. He even suggested, I don't know where the suggestion of a personality disorder came from, but he

would state that he had a personality disorder. It's noted in his medical records.

Q. Yes, it is. We will come to that, Sally. I think it was never given as a formal diagnosis, but instead it was suggested in a SEPT letter that we will come to, that he had symptoms that might suggest a borderline personality disorder. Now, to put it in context, and we are going to come to these events, but there was never any diagnosis despite your and his repeated pleas for help, and those included circumstances in which you describe him as being floridly psychotic.

A. Not only do I describe him as floridly psychotic but a psychiatrist did as well, but there were events where Mark snapped out of it, he didn't know what he had done. His eyes changed, the way he held himself changed. So yeah, it's the only way that I can understand that that was a florid psychotic episode, in that it was almost an out of body experience.

Q. Yes, and we will come to those events, but there were at least two occasions where you witnessed an episode of that kind and you also witnessed him in the immediate aftermath --

A. Yes.

Q. -- not appearing to recognise or realise what had just taken place.

A. Absolutely. He didn't understand.

Q. There was also a number of occasions amongst both your and his pleas for help where Mark explained to front line services that he was hearing voices.

A. Yes.

Q. That he had uncontrollable rage.

A. Yes.

Q. And that he feared he would harm those closest to him.

A. Yes. Can I also add --

Q. Please do.

A. That he also told them that he was half human, half intergalactic being, he also told them that he was the son of God and that he believed aliens were watching him and they manifested as actors and that they at one stage wanted to kill him, but now they just watch him because he -- they found him interesting. Those are the things that he disclosed to numerous practitioners.

Q. Yes. In addition, he made specific threats to harm or kill you.

A. He did.

Q. And those you reported to Essex Police, we will come to those.

A. Yes.

Q. None of the threats that he made, do you consider, were taken seriously?

A. Not by anybody, no. Actually, sorry.
Q. Go ahead.
A. There was one agency that took it seriously and that was probation. I cannot fault his offender manager.
Q. Thank you.
A. But every other agency, no, they were very dismissive.
Q. You consider, having looked through the records and analysed the records as well as having lived this, that there are a number of possible diagnoses --
A. Yes.
Q. -- that were available on the basis of the symptoms with which Mark presented.
A. Yes.
Q. You don't need to go to them unless you want to but you list those possible diagnoses at page 6, paragraph 29 of your witness statement. You say that those include BPD, borderline personality disorder.
A. Yes.
Q. Schizophrenia.
A. Yes.
Q. And post-traumatic stress disorder.
A. Absolutely.
Q. You can turn to it if you would like to, Sally, I am just looking in particular at page 67 and paragraph 166 of your witness statement. We have covered this but I want

to make clear that you do consider that the main reason that Mark was not assisted with his mental health was because of the "stigma, prejudice and discrimination against his substance misuse."

A. Yes.

Q. You consider that that prejudice was and remains "pervasive in the healthcare sector".

A. I do.

Q. You feel that it was the failure to treat Mark's mental health adequately or at all that led both to his death and to his mother's death.

A. Yes, and actually his brother as well.

Q. Tell us about that.

A. So Mark's brother was left homeless when Mark and his mum died. He was left to deal with his baby brother murdering his mum and then dying himself. Their father had died the year before so he didn't have any support at all. Lee became a rough sleeper in Basildon with horrendous addiction issues and Lee died as a rough sleeper in an alleyway in Basildon some years later. And I strongly believe that it was due to Mark and their mother dying that left Lee in the situation that he was in. So actually it's actually taken three people.

THE CHAIR: How old was he when he died, do you know?

A. 42 -- about 42 I think. I had to bury him as well.

There was no other family.

MS TROUP: Thank you. One of the other things I want to note before we start to look at some of the assessments that did take place and some of the missed opportunities to treat Mark's mental health, is that you tell us that one of the major connected issues is that because of the absence of a mental health diagnosis, SEPT's dual diagnosis policy was never triggered.

A. No, it wasn't.

Q. Now, you must correct me, I will summarise what that would have done. I think it is fair to say that you consider that had that dual diagnosis policy been triggered, that would have triggered a number of other procedures and protections according to SEPT's own policies.

A. It would have. It would have recognised him as a vulnerable person in his own right, just from the dual diagnosis policy being triggered.

Q. Yes. It would have identified him as an individual with complex needs.

A. Yes.

Q. It would have sort of, if I can put it in this way, flagged him with different agencies as vulnerable and a person with comorbidities and complex needs that might have connected services in a way that never occurred.

A. Yes.

Q. It also would have meant that at certain points in 2011 and 2012, the fact of the dual diagnosis would have been noted and raised at relevant crucial points.

A. I believe so.

Q. One of the things you tell us about the treatment of psychosis, or a person who presents with psychotic symptoms, if you want to look at it Sally it's at page 64 and paragraph 154 of your witness statement.

A. Yes.

Q. You say there:

"I believe that psychosis should be treated regardless of whether it is organic or non-organic."

A. Yes.

Q. Help us please with what you mean by that and why you believe that that is so important?

A. So my experience as a professional is that someone with substance misuse issues, if they present as having psychosis, that the general way of thinking is that it's drug induced psychosis and that if the person just stops taking drugs for a couple of days that the psychosis will stop. However, what medical practitioners are asking is for somebody to have psychosis for two days or three days and to be left with those symptoms. I believe that regardless of where the psychosis stems from that it

should be treated appropriately, whether that is with antipsychotic medication, whether that is with the early intervention team, whether it's hospitalisation. It doesn't matter where psychosis comes from, you are psychotic and a risk to yourself and the wider public.

Q. Thank you. I would like to move, please, to some of the events from the beginning of 2011 and to focus in particular as we go through this chain of events, and I think it will become clear to those listening, to focus on the missed opportunities to catch him and to treat what was happening for him. Are you happy to go ahead?

A. Yes.

Q. Now, in summary, you and your legal team have done a count, and I have done my own and, Sally, my maths is not good, but between us we come to certainly more than 20 occasions on which Mark presented with severe symptoms requesting assistance with his mental health.

A. Yes, and that was in the last couple of years of his life. That wasn't spanned out over his adult life.

Q. Indeed, that is during the period of January 2011 until September 2012.

A. Yes, more than twenty.

Q. Yes. I am going to start, please, in January 2011 and, Sally, I am aware, and keenly aware, that some of this evidence is incredibly distressing for you. I am going

to take you through some of these events. You must feel free to stop me or correct me or tell me if you want to expand on something as I am doing that; all right?

A. Okay.

Q. So I am turning first to page 15 of your witness statement, just so you can orientate yourself, and to paragraph 57.

A. Yes.

Q. On 6 January 2011, Mark had come to your home to see your children and you were not present.

A. No.

Q. You later learned, I think the next day you learned, that he had frightened the children by telling them first that wi-fi was a police tracking device.

A. That my particular router that was on the windowsill in our lounge, was a police tracking device.

Q. And that you were trying to have him killed.

A. Yes.

Q. You didn't know that when you arrived home.

A. No.

Q. Because they didn't -- the children didn't tell you until afterwards, so you agreed to drive Mark back to his home.

A. I did, yes.

Q. He began to behave strangely during the course of that journey.

A. He did.

Q. And then as you approached his driveway, I understand that he dragged you out of the car and attempted to strangle you with both hands whilst kneeling over you.

A. He did. He dragged me from the driver's seat through the passenger seat and out of the passenger door by my throat.

Q. Now this is one of the incidents where you tell us that when he backed away and you were on the floor and sorry, I think, trying to find your glasses because you knew that you wouldn't be able to drive without them.

A. Yes.

Q. You looked up and saw him standing a short distance away.

A. Yes. He had moved to behind his gate and there was a fenced off area before his driveway.

Q. Yes.

A. And he called me babe, and asked what had happened and why was I crying and looked very confused. At that moment in time, I didn't understand actually what was happening and I thought he was just teasing me, so I hurled a load of abuse at him and jumped in my car and drove off.

Q. Thank you. The next day you made a report to police.

A. I did, once my -- so I got home and my eldest two children had come downstairs and they had seen that I had

ripped clothes, sticks in my hair, mud. I told the children that I had fallen over and between the four of them, they decided the next morning to tell me about the concerning behaviour that they had witnessed. It was after that that I made the decision, and after speaking to some very close friends as well, that I made the decision that I needed to report him to the police.

Q. Yes.

A. Because we were under the impression that he would get a mental health assessment and I wanted him to go to prison to get help.

Q. Yes. Your principal purpose in making that report was to get mental health help for him.

A. Yes, yes.

Q. I understand that in fact any assault charges were dropped, but that on 11 January Mark was served with a non-molestation order.

A. He was.

Q. He breached it the same day.

A. He breached it before the gentleman that served it had even got in the car.

Q. I see, and as far as you know and this is a major outstanding question in your mind, no mental health assessment was carried out at that time.

A. No.

Q. If we turn, please, to page 16, and moving now please to 27 January 2011, and we are looking in this part of your witness statement on page 16 and at paragraph 63 at a section of the DHR.

A. Yes.

Q. And what that tells us is that on that date Mark saw Probation Services.

A. Yes.

Q. And told staff there that:

"An 'agency' was visiting him and that he thought they wanted to kill him."

A. Yes.

Q. Notably, his drug tests were negative.

A. Yes.

Q. On the same day, he told staff at Westminster drugs project that people were following him and I think this was, you referred to it earlier, that people were actors.

A. Yes.

Q. The officer at Westminster Drugs Project recorded his presentation as elusive and recorded that he appeared to be psychotic.

A. Yes.

Q. Moving down the page, we can see that there was a referral to the Criminal Justice Mental Health Team.

A. Yes.

Q. I am going to call that CJMHT, by Probation Services as a result of that visit. Is that right? If you look at paragraph 65?

A. Yes, I can see but I am also looking at paragraph 64, which is of the same date.

Q. Yes, tell us about that.

A. So:

"On 31/1/2011 [Mark] attended the local Accident and Emergency Department stating that he was unwell and believed that his father and brother were spiking his food or drink."

He was -- he had attended the department many times and was referred to a SEPT duty psychiatrist, he was allowed to leave without treatment.

Q. Yes. So again, the same day that probation had been concerned enough to record that he appeared to be psychotic --

A. Yes.

Q. -- and made a referral to the Criminal Justice Mental Health Team --

A. Yes.

Q. -- Mark himself had presented at A&E --

A. He had.

Q. -- explaining these matters and had been sent away without treatment.

A. Yes.

Q. Following the referral to the Criminal Justice Mental Health Team, a mental health assessment took place on 16 February 2011.

A. Yes.

Q. And you tell us about that on page 17 of your witness statement at paragraph 67.

A. Yes.

Q. Now, the result of that, a number of things were noted about Mark's presentation on that day, but the result of that was that it was noted -- well, it is at the bottom of that paragraph, the assessment and diagnosis or the conclusion -- I shouldn't use the word diagnosis because it wasn't one, was that he:

"'Appeared floridly psychotic and needs urgent review by a psychiatrist'."

A. Yes.

Q. He:

"'Would consider admission or medication'."

A. Yes.

Q. The plan then was for Mark to be seen at court at Southend on 21 February.

A. Yes. Which I would just like to say I have concerns that somebody was left from 16 February until 21 February, with a mental health professional concluding that he was

floridly psychotic and he was left for that amount of time.

Q. As far as you are aware and as far as you have been able to discover in the notes, no plan in place for that interim period.

A. Absolutely nothing, there was no crisis team, no early intervention, no medication, no follow-up.

Q. Just a plan for him to see the psychiatrist at court on the 21st.

A. To get himself from Basildon to Southend whilst with those symptoms.

Q. Yes. In fact, one of the things that Mark had said to the assessing community psychiatric nurse on the 16th was that he felt that if things carried on as they were at present he may seriously harm someone.

A. He did indeed, yes.

Q. He described his mind as being like a tornado.

A. Yes.

Q. And it was noted in that assessment that Mark had a history of self-neglect, self-harm, suicidal ideation and attempts.

A. It did, yes.

Q. I think the other question in your mind, you must correct me if I am wrong about that particular assessment, is that the community psychiatric nurse concluded that a

full Mental Health Act assessment with a view to admission was not appropriate at that time.

A. Yeah, I do not understand how it was not appropriate to complete a Mental Health Act assessment.

THE CHAIR: Were you seeing him at this stage?

A. At this stage, no, because I had the non-molestation order out against him.

MS TROUP: If you turn the page, please, Sally, you don't need to look at it actually because it is set out in the DHR, but what was also -- what you have done very helpfully in your witness statement, and I think this is to emphasise the complexity and sort of duplication of the many forms that were filled out following every assessment. One of the forms in the medical report records -- and this is towards the bottom of paragraph 69 -- that Mark had had:

"No previous contacts with secondary mental health services apart from CDAS since 2022."

And that Probation Services had recorded their view that he was a probable risk to others at that time.

A. Yes.

Q. As well as the possible risk to his children if had access to them at that time.

A. Yes.

Q. The "Summary of needs" reads "Urgent assessment of mental

state".

A. It does.

Q. Could we look, please, at page 20 and at paragraph 73.

A. Yes.

Q. Here you are telling us about the information in a summary sheet prepared by the same assessing CPN from 16 February.

A. Yes.

Q. And what you tell us there at the bullet points is that two matters have been flagged under diagnosis and conditions.

A. Yes.

Q. One of these is disorders due to drug use and the other is schizophrenia.

A. Yes.

Q. Do you have any idea, sitting here now and having had the benefit of looking through the records, whether that possible diagnosis was ever followed up at any time, do you know?

A. I don't believe it was. If it had been, then DF 11 and DF 20 would have allowed the dual diagnosis policy to have been triggered.

Q. Exactly, thank you. If we come on then to the plan which was that Mark would be seen by a psychiatrist at court on the 21st.

A. Yes.

Q. We know that that did take place and you tell us about this at page 21 and paragraph 76 of your witness statement. In the first line the DHR summarises it in this way:

"'The outcome of the mental health assessment completed on 16/2/2011" -- this is by the psychiatrist at court -- "was that [Mark] was floridly psychotic and expressing bizarre ideas."

A. Yes.

Q. Moving two paragraphs further down from there, we see this:

"It was concluded that [Mark] required an urgent review by a CJMHT Consultant Psychiatrist" -- that's the one he was then having, I am so sorry, this psychiatrist -- "concluded that Mark was 'clearly mentally unwell, paranoid and probably psychotic'."

A. Yes.

Q. "He told [Mark] that he needed a low dose of antipsychotic medication and that either the CDAS Consultant Psychiatrist or his GP could prescribe it for him."

A. Yes.

Q. First of all that never occurred, am I right?

A. As far as I'm aware.

Q. Secondly, after that assessment and those conclusions no-one made any contact with Mark for a week.

A. That's correct.

Q. If you look at paragraph 77 please --

A. Sorry, can I just go back?

Q. No, of course, no, don't apologise.

A. You said that no contact was made with Mark for a week, although discussions were ongoing between CDAS and CJMHT as to which agency would provide a prescription for Mark. This just demonstrates the flaws in the system, the complexities of their forms, their recording system and --

THE CHAIR: And the lines of responsibility about who should be doing what.

A. Yes, I was just about to say it was like a tennis match, "No, you do it, you do it, you do it." But nobody was doing it.

THE CHAIR: Yes. And in the end no-one did.

A. No, nobody.

MS TROUP: One of the things that I think you have a number of questions over and in fact just for your benefit you have -- on this point you have highlighted it in bold at paragraph 77, when the -- what the notes show is that when the psychiatrist at court's conclusion was discussed with the co-ordinator at CDAS --

A. Yes.

Q. -- that co-ordinator declined to ask the CDAS consultant psychiatrist to see Mark and you said:

"Stating that" -- and this is the reason for declining -- "CDAS and (that doctor, that psychiatrist) do not have any involvement with mental illness symptoms."

Do you understand that, Sally?

A. No. Why would you have a psychiatrist say -- I just want to correct you on something you said.

Q. Please do.

A. Co-ordinator, which co-ordinator would lead someone to think that that is a position within the team. It was actually Mark's care co-ordinator. So his duty was to co-ordinate Mark's care.

Q. Thank you.

A. It was that person that declined. He was a psychiatric nurse working for the drug and alcohol service, CDAS, and it was the psychiatrist, the CDAS psychiatrist that he said didn't have any involvement with mental illness symptoms. Why on earth would you have psychiatric nurses and psychiatrists working for a service that does not deal with mental illness?

Q. What would their purpose there be?

A. Exactly.

Q. Now by 28 February, so we have established that no contact with Mark took place for a week, and by 28 February, in fact, Mark made contact with the criminal justice mental health team and was threatening to hurt himself or others if he did not get some help.

A. Yes.

Q. Talking about the complexities that you have described, CJMHT then contacted CDAS.

A. Yes.

Q. And the CDAS manager, and again you have highlighted it in bold at the third paragraph at page 22, the CDAS manager stated:

"CDAS do not carry cases that require mental health input."

A. Absolutely.

Q. In the event, I understand that the CDAS psychiatrist did agree eventually, after all this toing and froing, to see Mark as an emergency medical review. Is that right?

A. Yes.

Q. If we go please to page 24 of your witness statement, we can see what the CDAS psychiatrist concluded which was that there was no evidence of any mental unwellness.

A. Yes.

Q. He was "considered to be co-operative, clear and lucid with good insight, no psychosis, no plans for self-harm

or aggression and had said 'I just want to be left alone.'"

A. Yes.

Q. Following being told, because I understand that he was told, that there was no evidence of any mental illness, on that same night I understand that Mark took an overdose of amatriptyline and heroin.

A. He did, yes.

Q. Sally, you are able to tell us, I think, and you must put it in your own words, please, that that was Mark's reaction to being told that there was nothing wrong with him.

A. Yes.

Q. Because he himself knew that to be untrue, he knew it to be otherwise.

A. He did, yes. He knew he was on a knife's edge, he knew that he was a risk. He knew that there was something wrong with him and so I believe that he felt that was his only option.

Q. We may come back to this, but we see that the CDAS consultant psychiatrist as I have just read, recorded Mark saying, "I just want to be left alone." Do you consider that what Mark might have said to that psychiatrist was taken at face value?

A. Absolutely. When you look at the presenting issues that

he went to the psychiatrist with, you imagine saying to someone, over and over and over again, being told someone would contact you and they wouldn't, and it was almost like a wild animal going and curling up under a bush to die and that's how I believe Mark felt was just, "You're not doing anything for me, just leave me alone. Just let me deal with it."

Q. And I think it is your view, and I think it is your strong view and you might put it differently, that by that stage those kinds of comments, "I just want to be left alone", should not have been taken at face value, particularly given what the psychiatrist at court had concluded on the 21st?

A. Absolutely. Can I also draw you back to page 23.

Q. Please do.

A. Was it 23 or 22? Sorry it's page 22, almost halfway down the page at ten past 12:

"Telephone call to the crisis team, who agreed to find a bed on the assessment unit and if it was felt he required admission when seen this afternoon could be admitted."

Q. Yes.

A. So the fact that those steps had been taken because his presentation was such that, you know, they had secured him a bed.

Q. Yes, it was felt necessary to do so.
A. But in that in a couple of hours he was absolutely tip-top and no sign of mental health. I struggle to believe that is true.
Q. You also struggle, I think, to understand why more was not done to look at what might underlie a man in those circumstances saying, "I just want to be left alone."
A. Absolutely, when you look at the history of suicidal ideation, self-harming, why would someone with those presentations want to be left alone. That would raise, as a professional to me, that would raise a huge safeguarding welfare concern.
Q. If we go back please to page 24, in about the middle of the page, we know that having taken an overdose on the night of the 28th, after that assessment with the CDAS psychiatrist, Mark was not seen again by any professional until 3 March, so three days later.
A. Yes.
Q. And on that date Mark attended CDAS, the Westminster Drugs Project and Probation Services?
A. Yes.
Q. And essentially to all three he reported, again, that he feared he was going to hurt himself or someone else.
A. Yes.
Q. The agreement reached between CDAS and Mark was that he

would go straight to A&E --

A. Indeed.

Q. -- in order to see the SEPT duty psychiatrist.

A. Yes.

Q. He did so.

A. He did.

Q. He explained to the SEPT duty psychiatrist the same things; that he was suicidal, that he felt he was going to explode, that he hadn't been able to control his rages since the age of 15, that he felt he may hurt someone and in particular that he was asking for help because he didn't want to hurt anyone.

A. Absolutely.

Q. The conclusion of that Sally --

A. Sorry, can we go back because I think it is really important that we include, he said that he had had a breakdown and that one minute he was crying and getting angry and then he feels numb afterwards, which would demonstrate the pattern I had witnessed of him not understanding the numbness afterwards. Also he was demonstrating clear PTSD symptoms, stating that he was having flashbacks of his father physically abusing his mother, of being bullied as a child and of his experience of being beaten up in prison and being stabbed by his neighbour. Clear PTSD symptoms.

Q. The SEPT duty psychiatrist diagnosed anger and depression and sent him back to his GP. Is that right?

A. He did, yes. Can I just say, though, that even if that diagnosis of anger and depression was correct, that does not mean that he did not warrant hospitalisation or the crisis team with what he was self-disclosing to that practitioner, he still should have been treated for those symptoms that he was describing, regardless of how they wanted to present it, or write it up. He should have been treated in some form -- I'm not saying just put someone in hospital, but there could have been crisis team support, there could have been medication, there wasn't. They discharged him or advised him to go to his GP.

Q. Thank you. I am going to come back to the SEPT letter that we have spoken about. I just want to move, please, to page 23 and to the middle of the page. Now moving forward from 3 to 8 March, there we see that just five days later, a message was received that:

"Mark had been contacting his probation officer making threats to himself and others if he didn't get help."

A. Yes.

Q. Crucially, we see this:

"Also telephone message via contact centre

saying Mark now wished to be admitted."

A. Yes.

Q. He was given an appointment for the next day, I think, was the result of that call?

A. Yes. Why would you leave anyone overnight wishing to be admitted?

Q. If we go please to 9 March where an assessment did take place, if we look at page 25, paragraph 80 of your witness statement --

A. Yes.

Q. -- the record here -- and I think this was again carried out by a community psychiatric nurse, this assessment on 9 March.

A. Yes.

Q. -- tells us this in the second line:

"Preoccupied with his anger problems and the need for medication to calm him down."

A. Yes.

Q. What are your thoughts on that note, please, Sally?

A. Dismissive. Mark had been told that he had psychosis and that required a low level antipsychotic.

Q. Yes.

A. And that saying, "Preoccupied with his anger problems and the need for medication to calm him down", he was just reiterating, in layman's terms, what he had been told by

this criminal justice psychiatrist. This feeds into the discrimination that I have spoken about previously that wasn't taken seriously, just very dismissive, downplayed.

Q. Thank you. In fact, if we turn, please and if we look at page 26, we can see that six or seven lines down, what that CPN has recorded is:

"Substance misuse issues may have presented psychotic symptoms due to those drug induced factors."

A. Yes.

Q. So there we see that record, that a CPN is noting, that the psychosis that had been witnessed by the psychiatrist at court on the 21st, in the view of this assessing CPN, on 9 March, might simply have been drug induced.

A. I mean there is that. But what I would also like to draw attention to is that the Westminster Drug Project and Probation was still involved with Mark. He was still under a drug treatment order through the court and a simple drug test would have advised whether it was drug-induced psychosis or psychosis. However, it was still psychosis regardless of where it stems from.

Q. We don't need to go to it, but I think in fact as part of that DRR, the drug rehabilitation requirement, Mark was required to carry out drug tests periodically and over that period many of those returned were negative.

A. Yes.

Q. As you say, this would have assisted this CPN, rather than guessing or assuming maybe be better --

A. Assuming.

Q. -- way to put it that those psychotic symptoms were drug induced. First of all, some concrete evidence could have answered that either away, and secondly, in your mind, it shouldn't have mattered what had induced the psychosis, it required treatment.

A. Yes.

Q. If you go over to page 27, and the final paragraph of that page, this is from the DHR report and that again repeats this idea that had been concluded or assumed by the CPN on 9 March at that assessment:

"The MHSIMR reports that the psychotic symptoms described at the initial assessment could have been included by illicit substances."

And the DHR goes on to summarise what has been said about the fact that drug-induced psychosis can look like or present like schizophrenia. Again, to you, first of all, that could have been established, and secondly, not relevant to whether or not the individual requires treatment.

A. Absolutely.

Q. We also note that that form, if you look at paragraph 82, alongside making an assumption that any psychotic

symptoms could have been drug induced, details a:

"Recent history of violence against others currently facing charges of violence ... appeared to have paranoid and other delusions as well as possible distortion of perceptions ..."

To you those facts alone should have raised safety issues. Is that right?

A. Absolutely, yes.

Q. In fact, just to note, Sally, we don't need to go to it, but your point about the drug tests and the fact that Mark was under the care, or was still under a DRR at the time, if you look at the fourth paragraph on page 30 of your witness statement, the records show, and this is noted in the DHR, that Mark first started presenting with what are described here as bizarre symptoms on 27 January and was still presenting with symptoms suggesting psychosis on 21 February, which is when the psychiatrist saw him at court. Seven of the twice weekly drug tests conducted in February 2011, there were seven and of those only two provided a positive result for opiates.

A. Yes.

Q. So all of this could have been established?

A. Absolutely, if there had been a multidisciplinary approach.

Q. Thank you, the DHR also says, and this is important,

there is no explanation relating to these contradictions, and their relevance to the diagnosis of drug induced psychosis.

A. Yes.

Q. I think if we move just two days forward, please, to 10 March, on that date -- and you have spoken highly of Probation Services and Mark's offender manager in particular.

A. Yes.

Q. On that date Mark told his probation manager that the criminal justice mental health team had told him that he was not mentally ill but had a personality disorder.

A. Yes.

Q. We think that came from the CPN who had assessed him.

A. Yes, I believe so.

Q. We will come to the letter in a moment. At that time Mark told his offender manager at Probation Services that he was very interested in a period in rehab.

A. Yes.

Q. Just looking at page 28, please. Yes it is page 28, on 17 March Mark reported that he was boiling inside --

A. Yes.

Q. -- and trying to provoke an incident.

A. Yes.

Q. To you, I think, this is clear deterioration and the

beginning of a loss of control of his symptoms.

A. Yes. Also, knowing Mark the way that I did, the fact that he tried to provoke an incident with his neighbours would have led to his arrest and ultimately him being kept safe.

Q. And he would have known that?

A. Yes, yes.

Q. Moving to page 29, on 23 March 2011, Mark told his Probation Officer or his offender manager, sorry, in very plain terms that he wanted help with his mental illness?

A. Yes.

Q. It is noted there that he said to his offender manager that he had lied to mental health practitioners in the past.

A. Yes.

Q. Do you find that as being a reference to saying, "I'm fine, let me alone."

A. Yes, yes.

Q. By 28 March, again on page 29 if you want to look at it, Mark underwent a medical review at CDAS.

A. He did.

Q. That is the fourth paragraph down. That review recorded no physical or mental health concerns, but also records that Mark admitted, at that stage, using heroin at that stage to up to his methadone prescription and that he was

bingeing on diazepam.

A. Yes.

Q. He was advised to cease his use of diazepam or withdraw from it, and I understand that at that medical review his methadone prescription or the dosage was increased.

A. It should have been, yes.

Q. Thinking about the way in which Mark presented, on 30 March 2011 he attended a GP appointment and was diagnosed then with an anxiety disorder.

A. Yes; but I believe that was by a GP who has experience in general practice --

Q. Yes.

A. -- not specific mental health.

Q. Yes. And from what we can see from the DHR, the conversation there appears to have been around his use of diazepam?

A. Yes, everybody continued to prescribe it to him.

Q. So the GP was initially prescribing diazepam for back pain.

A. Yes.

Q. He was prescribed diazepam on at least one occasions by other services.

A. By the psychiatrist for CDAS.

Q. Thank you. And nobody cross checked that everybody wasn't prescribing diazepam to the same individual?

A. No. Again, no communication, no multidisciplinary approach.

MS TROUP: Thank you. Sally, I understand we've been going for about an hour and 20 minutes. I think, as long as you are content, this might be a good time for us to take perhaps, Chair, a 15 minute break.

THE CHAIR: 15 minutes.

(11.20 am)

(Break)

(11.43 am)

MS TROUP: Sally, I want to move through fairly shortly some of the other events and missed opportunities in 2011 and 2012 to ensure that you have time to raise all of the key failings that you want to make clear to this Inquiry. We had landed, just before the break, in March 2011 and Mark had been to a GP appointment, that GP having mentioned an anxiety disorder. We also know that Mark presented at A&E on 31 March and 5 April of 2011.

A. Yes.

Q. And I think you tell us that, as far as you are aware, no plan or treatment arose from either of those visits to A&E.

A. Not that I have received in his records, no.

Q. Thank you. I want to note also that on 4 July Mark saw his care co-ordinator, that is the person we were

discussing earlier who you -- if you want to look at it, it's on the second to last paragraph on page 29.

A. Yes.

Q. That is the role you were discussing earlier, the person with responsibility quite literally for co-ordinating his care.

A. Yes.

Q. The DHR notes there that this was the first time Mark had seen that person since January 2011.

A. Yes.

Q. If we look at page 30, four paragraphs up from the bottom, the DHR concludes that there was a lack of continuity in his care co-ordination. I think you might put it a little more strongly, and confirms there that there was a period of approximately six months where Mark did not see his care co-ordinator at all.

A. Yes.

Q. It notes that during that time, as we have covered, Mark had two mental health assessments, four attendances at A&E, an overdose, a diagnosis of an anxiety disorder from the GP, reported that he had been told he had a personality disorder and in particular, and perhaps most crucially, had repeatedly stated that he would hurt himself or others if he did not get help.

A. Yes. Can we also include that his father had -- his

father's health had rapidly declined and that he was terminally ill with stomach cancer?

Q. Let's come straight on to that. I think Mark's father died on 26 July 2011.

A. Around then, yes.

Q. Both Probation Services and CDAS were aware --

A. Yes.

Q. -- that Mark's father had died. You believe, I think, that his mental health deteriorated very significantly after that event --

A. It did.

Q. -- or at that time. If you look, please, at page 31, and at paragraph 87, again this is from the DHR report, that tells us at the start of paragraph 87 that high risk trigger events, essentially, should be managed through increased levels of care coordination.

A. Yes.

Q. If you go down a paragraph, there is a section that in fact you have highlighted in bold the DHR notes that:

"With the exception of counselling sessions" -- that Mark attended starting in May 2011 -- "there is little evidence of structured psychosocial interventions after January 2011."

A. Yes.

Q. Which appears to be, for all of the reasons we have just

noted, the very period when Mark was most in need of support.

A. Yes.

Q. Moving through to September in the next paragraph on page 31, Mark self-referred to the Family Mosaic Floating Support Service.

A. Yes.

Q. And again, asked for help with a referral to mental health services.

A. He did, yes.

Q. On 19 September, he asked for the counselling he had received to restart and there is no evidence that that request was actioned or that anything was done.

A. No.

Q. We come next, please, to 22 December, when Mark was arrested following an affray in the street. Both he and his neighbour were stabbed.

A. Yes.

Q. While in police custody, because of the way in which he was presenting, Mark was referred to the Criminal Justice Mental Health Team.

A. He was, yes.

Q. As I understand it the Criminal Justice Mental Health Team, CPN, contacted CDAS --

A. Yes.

Q. -- who said, "No, we have got no mental health concerns about this man."

A. Yes, they said he was compliant with his methadone and that there were no concerns.

Q. If you look over, please, at the note made of that assessment in the second paragraph on page 33, there we see similar records:

"During interview Mark was oriented to time, person and place. There was no evidence of thought disorder or any psychotic illness other than an odd idea of being investigated by the police."

A. Yes.

Q. That is the very idea that you had told us about that stemmed from 2009 --

A. Yes.

Q. -- and onwards:

"He denied any thoughts of self-harm stating that he had not done this since the age of 13."

A. Indeed.

Q. The records would demonstrate that to be untrue because we have been through other records that show a history of ideation and attempts and overdoses.

A. Yes.

Q. "He stated that he has a split personality", and the notes say that when asked to describe this, during this

assessment on 31 December, he simply said that he becomes very angry.

A. Yes.

Q. If you go down a few lines, please, and just thinking through some of what you have told us about the way in which Mark had presented and the states you saw him in, do you remember you described him, we talked about him going numb?

A. Yes.

Q. Just two thirds of the way down that second paragraph we see this:

"Throughout the interview Mark presented as very emotionless."

A. Yes.

Q. "When describing the knife incident, he very calmly told us of the wound he inflicted on the other person."

A. Yes.

Q. "He stated" -- towards the end of that paragraph that -- "he has waited eight years in the past for revenge."

A. Indeed. Can I also remind you of when Mark's clothing was removed from him for forensic evidence, it was only then that anybody was aware that Mark actually had a stab wound to his stomach which he hadn't reported, and that that aligns with psychosis or personality disorder, in that he didn't realise that he had actually been stabbed

and it was only because of the removal of his clothing for forensic analysis that this was discovered. He wasn't in any pain.

Q. He showed no signs of pain until that point.

A. Absolutely not.

Q. Officers had attended and arrested him.

A. Yes.

Q. But were unaware that he was injured.

A. Yes.

Q. Thank you. Despite all of those matters, the recommendation was that there was no need for admission under the Mental Health Act.

A. Yes.

Q. And the conclusion was that Mark was not suffering from any mental illness.

A. Indeed. However, I am slightly concerned that the letter to the court states:

"Should he be remanded into custody then the receiving prison to be aware of his medication and level of violence" --

Q. Yes.

A. "Should the court require it a full psychiatric report may be requested to ascertain if Mark is suffering from personality disorder."

Why wait for him to go to prison? Why would

you not want that monitored in the community?

Q. Indeed, why would it be important for Prison Services to be aware of but not important in the community?

A. Absolutely.

Q. If we look please at the third paragraph at the top of page 34, that letter states:

"There is no evidence to suggest that Mr Tyler is detainable under the mental health act, however he is known to services previously where he was treated for a psychotic illness and did describe odd thoughts at assessment that could be somatic of psychosis."

A. Yes.

Q. To you, I think that assessment on 23 December was a very clear and obvious missed opportunity.

A. Absolutely.

Q. To properly assess and go on to treat Mark.

A. Again, it's the same culture of just passing him along to the Prison Services.

Q. Yes. Thank you. If we can -- if I can ask you to turn, please, to page 41 of your witness statement and to paragraph 100, we can see that on both 25 and 27 January, Mark requested a referral to mental health services and that was through, I think, the family mosaic support worker.

A. Yes.

Q. As is recorded there, in the DHR, all the records show that those requests do not appear to have been progressed at all.

A. No.

Q. In early February you tell us, in paragraph 101, you were so concerned for your safety because of Mark's actions and repeated breaches of the non-molestation order that was still in place, that you contacted both police and your own solicitor.

A. Yes, I was constantly in touch with my solicitor, sending her screenshots from my phone of threatening messages, sending photographs of him driving past my house, because the police wouldn't listen and I specifically said in one voicemail to her, which I am sure she will confirm, that if he kills me this is what has led to it.

Q. Yes. As far as you are aware, you say here nothing significant came of you reporting him for harassment on those occasions.

A. No.

Q. And in fact, I think you are keen for this Inquiry to find out why that was?

A. Absolutely.

Q. We know that from other records that on 8 March 2012, acting on intelligence, police searched Mark's home.

A. Yes.

Q. And in particular were searching, as a result of that intelligence, for a sawn-off shotgun.

A. They were, yes.

Q. Nothing was found.

A. No.

Q. If we turn please to page 42 and to paragraph 104, one of the key events, three sections down inside paragraph 104, is that at an appointment with CDAS on 19 April 2012, Mark reported that he had relapsed.

A. Yes.

Q. And also reported that he was by then injecting heroin into his neck.

A. Yes.

Q. If you look towards the bottom of page 42 under the heading "Analysis", the DHR says this:

"There is no evidence of psychosocial interventions in addition to the treatment programme ... His report that he was injecting into his neck was the most serious relapse he had reported since 2009."

A. Yes.

Q. But as far as we can glean from the records, that disclosure by Mark and the seriousness of it led to no changes whatsoever to any aspect of his care.

A. Absolutely.

Q. On 2 June, moving please to page 43, and to the second

paragraph on that page, you took the step of reporting Mark as a missing person.

A. I did, yes, he hadn't attended his mother's property for contact with the children, which was very unlike him.

Q. You explained to officers when you made that report that he had undiagnosed mental health problems.

A. I did, yes.

Q. And it's your understanding, I think, and the records show, that a welfare check was made, he was located.

A. He was, yes.

Q. If you look, please, at page 45 and paragraph 112 Sally, you tell us there about the state Mark was in when located for that welfare check. Tell us about that, please.

A. So Mark had left his house fully clothed and had gone to go and get his electric key charged up. I believe he was found around Sunday morning at around 5 am in his mother's field. There was a large field attached to the side of her property that she owned, he was wearing nothing but a pair of white Calvin Kleins and was -- she got woken up by a noise that she said sounded like a wild animal, and it was him singing incoherently to the angels and he was laying in the field. To this day we don't know where his clothes, his shoes or where he was in that time between him leaving his property on the Friday

afternoon and him being found. He told the police that he was fine and she told the police that she would look after him. So they left him.

Q. I see. So just to be clear, the state that you have described with Mark in the field, that's the state in which police saw him.

A. Yes.

Q. They nonetheless determined that the incident did not warrant contact with mental health services.

A. No.

Q. Nor did they, and this is a point you will come on to highlight, give any consideration as far as you are aware to detaining him under section 136.

A. 136, no.

THE CHAIR: What was his relationship with his mother at that stage?

A. To my knowledge, because I wasn't in contact with Mark, but I was still in almost daily contact with Maureen, was that they were very close. He had gone to go and stay with her. She was looking after him, in fact on one occasion I said, "He needs to be locked up", and she said, "No, he just needs his mum." So there was never any -- he was a mummy's boy, there was never any violence or negative relationship between him and his mum.

THE CHAIR: Thank you.

MS TROUP: If we go please now to 23 June and your 999 call to the police. If you want to look at it that's in paragraph 43 on page 105, and I understand that Mark approached you, if I can put it in that way, outside his mother's house when you had gone to collect the children.

A. Yes.

Q. Tell us about what happened, please.

A. So I was always in constant contact with my children while they were with their dad in case anything happened. So as I got to the bottom of her road, it was a private road by the way, there was only four houses on that road, I texted one of the children to say I was at the bottom of the road. They must have told him. I pulled up, he came running down the pathway. I had the window of my car on the driver's side slightly open because I was having a cigarette, and he just started trying to rip my car door open. He had a machete, he put his foot on either the front driver's wheel or the wheel arch to try and get leverage to pull my door open. I was on the phone to 999 the whole time, my children and his mum came running down. I managed to put the car between him and my children. I couldn't open the door at that time because it had the locks that open all doors. So if I had opened the passenger door then he would have got me out and I didn't think it was fitting for my children to

see him attack me. His mum put herself between him and myself. My daughter then screamed at him and with that it was almost, she screamed "Dad", and it was almost like a switch had been turned and he just came out of it and looked around. He burst into tears. His mum was sort of shouting at the kids, "Get in the car, go, go, go." I was still on the phone to 999 at this point. Mark at this stage had just looked around, cried and ran off. Again, it was he had no recollection, he didn't understand what had happened, just that everyone was screaming and crying.

Q. Yes. You say in your witness statement you realised very clearly then, I think, that he was having a psychotic episode.

A. Yes.

Q. I understand that despite your 999 call to the police, while that incident was unfolding, in fact, police did not attend to speak to you about that incident until the next day.

A. I think it was 19 hours.

Q. Thank you. Two officers attended and you explained in very clear terms what had happened and in particular that Mark had made specific threats to kill you.

A. Yes.

Q. Those officers first, and you must correct me if I have

this wrong, told you that nothing could be done because there wasn't sufficient evidence.

A. They told me that I was being a drama queen and that if all they did all day was listen to disgruntled ex-wives that they would never get any real police work done and that with regard to threats to kill, that it was my word against his. My daughter also verified what had been said and my neighbours also were prepared to verify that he had made an attempt at an earlier date to run me over and they again said that my neighbours were not impartial. So they would not go forward with the threats to kill.

THE CHAIR: You have talked already about how attitudes have changed to mental health issues. This is an interesting example of attitudes towards domestic abuse. Do you think that -- well, would you like to say what you think was at play there, in their failure to respond? Do you think that was an attitude of the day?

A. I believe it can still be the attitude of now, but no, I think, I actually referred this particular police officer to a domestic homicide that had happened in Essex a short time before, whereas the gentleman had shot his ex-partner and child and had turned the gun on himself but had actually survived. And I said that he had guns and everything. This particular police officer was -- I

don't want to say an old school thinker because I have family in the police and I know that my family would never have behaved like that. He wanted to go out and play cops and robbers. He didn't want to deal with women, he didn't even complete a dash risk assessment. He just couldn't be bothered, just couldn't be bothered. For some police officers it's still continuing and I see that through my professional role, not just personally.

THE CHAIR: Thank you.

MS TROUP: You tried very hard, I think, and in fact reported the matter again two days later.

A. It was actually a neighbour, a neighbour called because she was so concerned of the state I was in.

Q. Yes, because you were in fear.

A. I was terrified.

Q. Extremely unfortunately, we might put it this way, officers attended and one of them was the officer who had attended previously and who you have just described.

A. Yes.

Q. The upshot of all of this and all your efforts was that Mark was not arrested.

A. No, the police officer actually walked into my neighbour's property and said, "What's wrong now?"

Q. Sally, your complaints about that officer's conduct amongst others have been upheld; is that right?

A. Yes. He was apparently assigned to a domestic abuse unit.

Q. After those events?

A. After those events, through the IPCC recommendation.

Q. In order to -- for training?

A. I presume so.

Q. I see. Sally, for our purposes, the key, I think, is that because no arrest took place, no assessment of Mark and his mental health at that time took place.

A. Also that I had said that he had guns and another search wasn't carried out, which again, if they had carried out a search, based on the allegations I had made, they may well have found the sawn-off shotgun that ended his and his mum's life.

Q. Yes. One of the things that the DHR concludes, if you look at this, please, on page 48, if you would like to, is that although a dash risk assessment, this is in paragraph 122, four paragraphs down within that paragraph that although a DASH risk assessment was eventually completed --

A. Yes.

Q. -- and the conclusion was one of medium risk, that is principally because the reference to threats to kill was recorded as historic rather than current.

A. I mean, that's what the DHR found. However, as a

professional that is trained and trains people to complete DASH risk assessments, the fact that he had access to weapons immediately should have been high risk.

Q. Of course. I think you took some action, is this right? If you look, please, at page 44 and paragraph 110, you spoke, is this correct, to the duty worker at Open Road?

A. I did. So following advice from a friend of mine who was actually a forensics officer for Essex Police and myself and Mark, she advised to contact his job worker so I phoned and I happened to speak to a friend who happened to be the duty officer for Open Road. I told that person that I knew that they couldn't disclose any information but for safeguarding purposes I was going to give them information. They took that information and I fully trust that that person recorded what I had disclosed and they advised me to contact CDAS and speak to the duty worker because they were the clinical providers.

Q. Yes.

A. Which I did, but there is no record of that.

Q. So there is no record of your contact with CDAS and as far as we can see from all the records, no efforts were made at that time to act on the concerns you had raised.

A. No.

Q. Looking at the same page, please, at page 44 and paragraph 111, we can see that by 25 June 2012, Mark

telephoned and attended CDAS and said that he wanted to discharge himself.

A. Yes.

Q. He said he hadn't used drugs for six weeks:

"A urine test proved negative and (he) was reviewed and discharged with a letter to his GP and an after care plan that included Narcotics Anonymous."

I think that was about the size of the after care plan, wasn't it?

A. Yes.

Q. Now first of all, talking about the lack of joined up thinking, we also know that during the month of June, from the records, Mark attended Open Road's needle exchange on at least 19 June, 26 June and 29 June, four days after --

A. Yes.

Q. -- he discharged himself stating that he was abstinent.

A. Yes.

Q. Staff at Open Road on 29 June were completely unaware that CDAS had discharged Mark.

A. Yes.

Q. If we look on page 44 and under paragraph 111, flags are raised essentially in the DHR about the fact that there don't appear to have been any particular, or perhaps any adequate policies or procedures around the discharge or

the disengagement from a person who is described as a high risk client.

A. Yes.

Q. And in the penultimate paragraph on that page, the DHR notes that although obviously people are not compelled to attend CDAS, or to receive services, he did attend and he stated that he was abstinent and discharged himself, effectively, and it raised no alerts.

A. No, they were specifically looking at the drug use, not the mental health presentations.

Q. Yes. The DHR in the penultimate paragraph describes this as having possibly been:

"Another missed opportunity to convene a multiagency meeting that would have identified that Mark had (then) disengaged from all services."

A. Yes.

Q. That could also, a multiagency meeting or some sort of team working, could also have identified in late June 2012 was that -- it could have identified, I am so sorry, that he remained at high risk of harm both to himself and others.

A. Yes.

Q. By 14 July, Mark, in fact, made a call to the police.

A. Yes.

Q. You detail, well, you set out the relevant section of the

DHR on page 113 at page 45.

A. Yes.

Q. Tell us what he said during that call as far as you have learned.

A. He asked the police to attend an address that didn't exist, he stated that he was the son of God, that I had crashed the car and his children were alone. As the address did not exist, no further action was taken by the police.

Q. Yes. The DHR analysis concludes that further checks could have been made and that it could have been possible on that date to carry out a welfare check on him.

A. Absolutely. If they had done so they may well have used their powers under 136.

Q. Yes, and detained him for assessment.

A. Yes, yes.

Q. We come, please, to 28 July when Mark was arrested, on this occasion for being drunk and disorderly.

A. Yes.

Q. That arrest led to an assessment.

A. Eventually.

Q. Eventually. Now, you tell us that on arrest and in police custody, if you look, yes it is there at paragraph 114(b) on page 45, that in police custody Mark was claiming to be "the son of God and half intergalactic

being".

A. Yes.

Q. He told officers that he had consumed ten cans of lager, crack cocaine, heroin and 40 mg of diazepam."

A. Yes. He was actually arrested walking down the middle of the high street stopping cars and asking people's names, introducing himself as the son of God and needing their name to see whether they could get into Heaven. That's when he was arrested for being drunk and disorderly.

Q. Thank you. Police deemed Mark medically fit for detention and held him overnight. I think overall it took around 19 hours for a mental health assessment to be carried out.

A. It did, but I would just like to say that anybody that has consumed ten cans of lager, crack cocaine, heroin and 40 mg of diazepam, in my nonmedical opinion, would not have been fit to be detained and should have been taken to hospital immediately.

Q. Thank you. We know from the notes that a Mental Health Act assessment was carried out on the afternoon of 28 July, Mark having been held in police custody overnight.

A. For 19 hours.

Q. Yes. If you look, please, I think we can take this fairly shortly, at page 46, paragraph 117, and the second paragraph up from the bottom of the page:

"The three man team, two Section 12 doctors and an Approved Mental Health Professional agreed that [Mark] did not have any identifiable mental health illness ..."

A. Yes.

Q. They concluded that hospital admission was not appropriate and that he had a problem with drugs.

A. Yes.

Q. They also concluded that he was at that time connected to community services.

A. Yes.

Q. That was not the case, as we now know.

A. Yes.

Q. We also know, if you look at the second paragraph, please, on page 47 that the outcome of that assessment was passed back to Basildon Community Mental Health Team.

A. It was.

Q. But that because of an administrative error, the report that was sent over to that team did not include any request for follow-up care.

A. It did not.

Q. Neither Mark nor his mother were contacted thereafter.

A. No.

Q. And the DHR explains that due to the lack of a diagnosis, that team would not have expected to follow up unless specifically asked to do so. And, therefore, we know

that after that date no further action was taken at all.

A. Correct.

Q. We also learn, looking three paragraphs up from the bottom, or four paragraphs up from the bottom of page 47, that the approved mental health practitioner who was undertaking that Mental Health Act assessment had no idea that Mark had disengaged from community services.

A. No. In fact, they had no -- they did not have access to any of Mark's records and solely relied on Mark's accounts.

Q. Yes. One of the things you have learned, alongside your legal team from the records, and we don't need to go to it, I don't think, but the DHR has been able to confirm, that the approved mental health practitioner would not have access, any access to any computerised records for out of hours assessments.

A. No.

Q. That approved mental health practitioner, therefore, may have had no idea whatsoever about any aspect of Mark's history.

A. Absolutely not.

Q. By the end of July 2012, the only agency who were having any kind of remaining involvement with Mark were Family Mosaic.

A. Yes.

Q. And that was why?

A. Because they were about to evict him.

Q. So he was about to lose his home.

A. Yes.

Q. If we look at page 54 of your witness statement, and the third paragraph down, just to note, and I think, Sally, you might say that this was or ought to have been obvious:

"By that stage the DHR notes that Mark was at high risk of taking his own life."

A. Yes.

Q. There were no agencies taking an overview. I think the GP prescribed diazepam again during the course of August 2012.

A. Yes.

Q. Mark had reported to other agencies on a number of occasions that he binged on diazepam on occasion.

A. He did.

Q. His own home was subject to a repossession order, so he was living with his mother.

A. He was living with his mother anyway, I think, that is why the property was being -- one of the reasons why Mark wasn't so proactive in keeping that property because at that stage he had moved in with his mum.

Q. Yes, was that for support?

A. Yes.

Q. You have told us a little bit about their relationship. He was receiving no benefits?

A. No.

Q. His mother was in some financial difficulty.

A. She was.

Q. She was 79.

A. She was.

Q. And getting weekly aid from a local church.

A. From the church that they were buried in, yes.

Q. The next contact that we are aware of is a neighbour reporting concerns and officers attending to find both Mark and his mother deceased, is that right?

A. Yes.

Q. Thank you. Sally, I want to move on to summarise some of the missed opportunities, to ensure that we have caught them all, and then I want to move on to some of the matters you have raised alongside some of your recommendations for change, which we will come to towards the end. Are you happy to move on to those areas now?

A. I am, yes.

Q. I want to run through these, but you must tell me if you think there is anything additional or I have missed anything or you want add anything.

First, you have asked us to note that much more

should have been done to analyse or at least assess the impact that the childhood trauma you have described had on Mark.

A. Yes.

Q. And the ways in which that was connected to his substance misuse and later problems. We have noted a very high number of voluntary requests for assistance.

A. Yes.

Q. Which became I think, it might be fair to say, at certain stages fairly desperate pleas.

A. Absolutely.

Q. Including from you.

A. Yes.

Q. Significant delays in assessments --

A. Yes.

Q. -- even on those occasions, one occasion where a psychiatrist had noted that the matter was urgent.

A. Yes.

Q. A complete failure to provide early intervention or crisis support.

A. Yes.

Q. A complete failure to provide any formal or settled mental health diagnosis --

A. Yes.

Q. -- despite the numerous assessments, and despite all of

the factors that you have pointed out, looking through the way in which Mark was presenting, but also what he said to frontline services. A failure to just provide or even try antipsychotic medication.

A. Yes.

Q. A failure to deal with the symptoms of psychosis, whatever they came from.

A. Yes.

Q. A failure by statutory agencies to share information in multidisciplinary team approach way, a failure to safeguard not simply Mark, but his mother you and your children.

A. Yes.

Q. A failure to be alert of obvious safeguarding concerns.

A. Yes.

Q. The fact of a lack of access to records out of hours that we have just noted.

A. Yes.

Q. Reliance by a number of different agencies, and a number of different professionals, on what Mark was saying, taking those matters at face value.

A. Yes.

Q. Numerous assessments or concerns or pieces of information not being shared.

A. Yes.

Q. Cross referrals to different agencies, referrals in circles, no planning or thought or coordination.

A. Yes.

Q. Police failing to use or consider the use of even their powers under section 136 --

A. Yes.

Q. -- on more than one occasion.

A. Yes.

Q. And police failures to act on intelligence appropriately assess risk and take him in. Do you think in that list it is a summary, there is anything I have missed, and we will come on to some more of what you want to say about what happened. But in terms of the basics and the summary of missed opportunities, is there anything you think I have missed in that list.

A. No. I would like to highlight page 54.

Q. Yes, let's start there.

A. Am I going to read it?

Q. Absolutely.

A. "Mark did not understand why all the mental health professionals, who he had been seeing, were not doing anything to help him, even when he was pleading and clearly expressing he would hurt himself and others if not treated. Mark felt he was going round in circles. DHR clearly states the occasions when Mark raised

concerns and sought help for his mental health issues. An example being on 28 February 2011 where the DHR states Mark threatened to kill himself or others if he did not get help and on the same day took an overdose after attending appointments with the CDAS consultant psychiatrist and Criminal Justice Mental Health Team practitioners and being told that he did not have a mental health illness.

Any concerns and complaints Mark raised himself generally followed the pattern of a lack of appropriate response from the Trust and other authorities. There was an absolute lack of empathy, care and understanding. In addition, I am of the view over the quality of the forms, which are completed by staff. They are lacking in appropriate detail and accuracy. There were delays in between Mark's assessment and a lack of follow-up.

Q. Thank you. You also tell us that in going over these notes, as you have done so diligently, you have been astounded by some of the comments that were made to Mark when he presented in crisis about controlling his anger?

A. Absolutely, he was told by a professional to control his anger and take responsibility if he hurt anybody. In my view not only was this unprofessional and patronising but shows the culture that the professionals at CDAS adopted. Where is the understanding of the fact that this was the

exact reason why Mark was asking for help. After reading through what I have, it really is no wonder that Mark took his own life. From his perspective what alternative was there?

Q. Thank you. It is your view, I think, that this issue around the approach to Mark and others who present with substance misuse issues alongside clear mental health symptoms --

A. Yes.

Q. -- I think what you tell us in another part of your statement is that you don't consider that these agencies or their staff lack the skills or knowledge to tell appropriately with people who are suffering in that way. You consider that this is squarely an attitude and a lack of empathy and understanding?

A. Yes.

Q. In another part of your statement you call it an organisation-wide or in this case 13-organisation-wide discrimination towards drug induced psychosis and treatment.

A. Drug addicts and any associated mental health.

Q. Thank you. Just a couple of things I would like to discuss before we move on to discuss your recommendations.

THE CHAIR: Can I ask something? In your view, how should

they have approached managing the psychosis, the mental health issues, alongside the drugs and substance abuse issues? How would you see that having worked? Do you think, for instance, that CDAS should have been able to manage both of those within that agency?

A. Yes.

THE CHAIR: You have obviously thought about this quite carefully.

A. Yes, I mean the purpose of having something like CDAS, having a care co-ordinator, is to ensure that the care is co-ordinated. Mark was not addicted to heroin, he was not physically dependent on it for the majority of the last two years of his life. He would it take it as a coping strategy or self-medicate when he did feel the symptoms as described, the rage, et cetera. I simply believe that if he had been treated for his presenting mental health issues, such as by the internal intervention team, the crises team, with a low level of antipsychotics, that would have treated the symptoms, thus rendering Mark's usage to heroin would no longer be needed. Then what they could have done is once his mental health was requested, we can see from the drug tests that he was barely using, then they could have worked on any relapse prevention. That's the whole point in having organisations like CDAS that have the mental

health teams.

THE CHAIR: Thank you, that is very clear. Thank you.

MS TROUP: Another thing I wondered, Sally, if you wanted to mention. Do you remember there is part of your statement where you tell us about a crisis centre, an example you give is one in Hertfordshire, for this purpose. Tell us about that. If you want to see it, 0that's at page 4, paragraph 20 of your statement.

A. I know it.

Q. Of course you do.

A. So in a professional role I had cause to come across an organisation in Hertfordshire that had a very limited number of beds that they could provide to people in crises. It was outside of the NHS, where someone that could be suffering drug induced psychosis, or any form of psychosis or be in crisis, suicidal ideation, could go there for 72 hours and be supported and monitored then sign posted as and when appropriate to the appropriate agencies. I believe that this resource is desperately underfunded in Hertfordshire alone, but that we need facilities like this nationwide. This isn't just an Essex issue, this a nationwide issue. I believe that short-term beds where people can dip in and out, and ensure that the appropriate care is taken is essential.

THE CHAIR: Thank you.

MS TROUP: Before we go on to some of the recommendations, both those that were in the DHR and your own, more importantly, one other matter I wanted to note is that you tell us is that, in the aftermath of these events in early September 2012, you as a family received no support.

A. No, nothing.

Q. You tried, I think, to obtain at least psychological support for your children.

A. I did, and with your permission I would just like to highlight exactly what that looks like for us as a family. It was the first day back at school that they were found. By the time I had collected my children and rounded them up and brought them home, his Facebook had been hacked, his photograph was all over the television, all over the local newspapers. I recall that some sort of protection order was put in place by the police to stop the newspapers from harassing us. Everywhere we went was -- we went to a local supermarket and people were whispering because they recognised his face on the front of a daily national newspaper and my children were stood in front of it. This is what we had to deal with, what I had to deal with and support my children with. We had family liaison officers from the police that did as much as they could, such as putting the protection orders

in place, to protect my children. Our GP was absolutely fantastic. However, her referrals for my children to get support were refused by CAMHS because my children had not witnessed the incident.

Q. I think you tell us in your witness statement that, for completely understandable reasons, that is something that still to this day still makes you immensely angry.

A. Extremely angry.

Q. Can we talk for a moment, please, about the recommendations that were made in the domestic homicide review. If we go to page 74 and to the matters that were noted in relation to SEPT Mental Health Services.

A. Yes.

Q. I don't think we need to go through all of those because almost all of them you have already noted.

A. Yes.

Q. Missed opportunities, discrepancies in potential diagnoses, delays, poor communication, lack of joined up treatment. One of the things I wanted to ask you about the recommendations in this DHR that took some time, you understand that a domestic homicide review is carried out with the purpose, in itself, of effecting change or flagging up matters where change is needed, and that's why it was ordered. As far as you are aware, what action has been taken by any agency in response to the matters

that are listed in conclusion or recommendation in the DHR?

A. Sorry can you repeat that? That was really long.

Q. It was so long. I don't know why I put that at such length. As far as you are aware, what has been done following the DHR? What has changed?

A. Very little. As new generations of staff come into front line statutory services, such as police, such as medical, local authorities, then the culture appears to change, with more understanding around trauma, around complexities of addiction, of domestic abuse. However, a lot of these organisations still have senior management as the old school thinkers and they are the ones who drive the lack of change.

Q. Have you ever been specifically contacted about or notified of any action taken as a result of the domestic homicide review?

A. No.

Q. I want to talk, please, looking at the time, about what action you would like to see taken and what change you think should occur. If we can look -- in fact, I don't think you need it, but some of those recommendations you make are at page 68 of your witness statement. Let's start with this. Sally, I will just flag it up and ask you to speak to us about it. Two of the things that you

note are that mental health records should be available on the NHS app --

A. Yes.

Q. -- and that they should be as accessible to all NHS agencies as physical health records are.

A. Absolutely.

Q. Is there anything more you want to say about that, about that particular suggestion?

A. I think it's something that needs to be implemented as a matter of urgency, and I would ask the Chair to consider that it's a recommendation that would be made in the interim, because I believe that people are still at huge risk of dying or being killed because the record service is so complex, it's so difficult for a GP to access the Community Mental Health Team record, for the drug and alcohol service to be in touch with the mental health team. There's no fluid, one stop approach and I think that, you know, we are all human, the people that are working these computers and there are going to be clerical errors, but unfortunately those clerical errors can kill people, can result in people dying. So you know, if we could all -- if everyone knew whether we had had our COVID injections or not from an app, why can we not add that someone is vulnerable due to their mental health, or due to their ... you know, it's a plain thing

of medication. If you go to A&E with a broken bone, they may not specifically be able to put you on a type of medication for that pain relief because you are an opiate user and at risk of overdosing, but unless you self-disclose that, if you are able to, they wouldn't know that because it's not accessible.

Q. Thank you. One of the other things you say about substance misuse services is that you consider that those services should be monitored by peers, non-NHS peers, with lived experience of dual diagnosis or of substance misuse?

A. Absolutely. I am not against anyone with a degree, but getting people to design a service or monitor a service, that have just read about addiction in a book, is not going to improve the service that patients are receiving. People like myself, my children -- and not that I am saying my children should sit on the board, but we are best placed to say, "Do you know what, you are doing that wrong, have you thought about this approach? Why haven't you done this? Why isn't this being done?"

Q. You also consider that CPNs who work within substance misuse should have very clear and defined training in that particular aspect of mental health care?

A. Absolutely. I also believe that they need trauma-informed training. I am yet to come across

somebody with a substance misuse issue that does not have trauma, whether that is what led to the addiction or has happened as a result of the addiction. Nobody chooses to live like that.

Q. Thank you. You in fact consider, I think, that anyone who accesses a substance misuse service should at that entry, sort of access stage, be offered a full and comprehensive mental health assessment.

A. Absolutely.

Q. And that is for the reason you have just described.

A. Yes.

Q. You consider that residential rehabilitation services should be reinstated.

A. Yes.

Q. Tell us about that.

A. Now it's very difficult to get. In fact many, many of the rehabilitation units that were open when Mark went to rehab, no longer exist. It's now focused on community rehabilitation. You go to a community centre from 9 to 5 and then you get psychosocial support, and then you go back to your flat, your house, your property, in the evening with no support, where you're vulnerable to outside factors, people knocking on your door, offering you drugs, that kind of thing, also the walls closing in on you. You are trying to manage your triggers, your

withdrawal also. You are setting these people up to fail. You know, rehab is a therapeutic environment where people can learn the skills that they require to manage the symptoms that would lead to relapsing. They can access counselling -- sorry, relapse prevention techniques and it's a safe place for them to do it. At the end of the day, people relapsing costs the country more money in the long run when you look at arrests, time in hospital, the cost on the public purse to anyone that may find themselves street homeless. I know it's all divided into different little parts, but actually if you put somebody back into rehab for a period of six to nine months, people can remain drug free for 20 years. That small cost then leads to someone being able to lead a fulfilling and proactive life and donating back into society, not only financially, by being able to contribute through work, but also by providing positive role models socially to those that are going through it. You cannot put a price on that.

Q. One of the other things you have called for is specialist support for the children of those who have taken their own lives.

A. Absolutely.

Q. Sally, I know that we have a video and another photograph to see, but in this time is there anything that I haven't

covered or that you would like to address now in your evidence?

A. There's just one part. Page 68, I -- so (h)/(i) the culture of, "Once a junkie always a junkie" still thrives in EPUT and the various other associated agencies. It is a disgrace that accessing appropriate mental health services is so complicated, including making referrals from one mental health team to another, or refusals by services to accept someone on to their caseload. Referrals and services need to be simplified to ensure that cases like Mark's never happen again.

MS TROUP: Thank you, Sally. As long as you are content, I am going to ask for your video to be shown and then there is one photograph after that.

(Video played)

MS TROUP: Then I think one last photograph, please.

(Photograph shown)

THE CHAIR: He was a fisherman?

THE WITNESS: He was, him and his brother.

MS TROUP: Sally, thank you. What we are going to do is take a very short break now just to check whether there are any other questions for you from any other core participants. If not, that will be the end of your evidence.

Chair, I understand I am being asked to

indicate that we might today take a 45 minute lunch break if you are content.

THE CHAIR: So back here at half-past 1?

MS TROUP: Yes.

THE CHAIR: Can I thank you very much indeed for your evidence. It won't have been easy.

(12.50 pm)

(Break)

(12.46 pm)

HEARING MANAGER: There are no further questions for this witness. We will now break for lunch until 1.45.

(12.57 pm)

(Luncheon adjournment)

(1.54 pm)

THE CHAIR: Good afternoon.

MS LLOYD-OWEN: Good afternoon, Chair, we will now hear evidence from Timothy Whitfield in relation to his wife, Margaret "Mags" Annequin. Before we start we will show a photograph of Mags. Please can the photograph be shown on the screen. (Photograph shown).

TIMOTHY WHITFIELD (sworn)

Examination by MS LLOYD-OWEN

Q. Please can you state your full name for the record?

A. Timothy John Whitfield.

Q. You are the husband of Margaret "Mags" Annequin, who was

born on 15 June 1947 and died on 3 July 2015, at the age of 68. Is that right?

A. At the age of?

Q. 68.

A. Right.

Q. You would like me to refer to your wife as Mags throughout my questions. Is that right? And you would like me to call you Tim. Is that right?

A. No verbal response.

Q. Tim, I am going to ask, for the purposes of the questions, if you can confirm your answers by saying it for the benefit of the transcript?

A. No verbal response.

Q. So Tim if you can say, "Yes" at the end of the questions?

THE CHAIR: Or "No".

MS LLOYD-OWEN: Or "No", indeed, yes. By way of background, the Inquiry sent a Rule 9 request for evidence to your legal representatives on 7 February this year, and in response to that request you have provided a witness statement to this Inquiry. Is that correct.

A. Yes?

Q. You have a copy of that witness statement in front of you, I hope, and it is 123 pages long and dated 27 August of this year. If you look at the first page, just at the header on the right-hand side, you should see that date.

Is that right?

A. Yes.

Q. And if we turn to the last page of that witness statement, at page 123, you made a statement of truth and then you signed your witness statement.

A. Yes.

Q. Have you had an opportunity to read through the statement recently?

A. Yes.

Q. And is your statement true and accurate to the best of your knowledge and belief?

A. Yes.

Q. As you know, that witness statement will therefore stand as your evidence to this Inquiry. Although I am going to ask you some questions about that witness statement, I am not going to take you through it line by line or ask you to read it out, but please be assured that the Chair and the Inquiry team have read and considered everything you say in that statement very carefully and it will form part of the body of evidence on which this Inquiry will rely. I would also like to acknowledge that you have provided a commemorative and impact account in relation to your wife Mags and the Inquiry is extremely grateful to you for that evidence, as well as for your evidence today.

I would like to remind you that I will not be asking you to name any individual staff members today so please try not to do so, and if at any point you would like a break, please do bring that to my attention.

Please do try and keep your voice as loud as you comfortably can so that your answers are captured on the transcript. Your evidence will focus on your concerns in relation to Mags' care and treatment under the North Essex Partnership NHS Foundation Trust which we will be referring to as NEPT and which merged in April 2017 with the South Essex Partnership Trust to form the Essex Partnership University NHS Foundation Trust, which we will be referring to as EPUT and EPUT is the reference that you have used throughout your statement; is that right?

A. Yes.

Q. The events within your statement come from your recollection of what you saw and were told at the time, but also to a large extent medical information and records that you have obtained since Mags' death; is that correct?

A. Yes.

Q. I would like to start by setting out a timeline of Mags' involvement with Essex Mental Health Services. I will summarise the timeline and key dates taken from your

witness statement, but please do stop me if I summarise anything incorrectly. Please also feel free to refer to your statement as you wish throughout my questions. As I understand it, according to your witness statement, Mags had a long history of anxiety and depression including periods of acute panic attacks, which started in 1987; is that right?

A. Yes.

Q. Mags' past history of physical health conditions included an acute myocardial infarction in her 40s, a left ventricular thrombus which had been treated with Warfarin in 2008, an apical aneurysm in 2009 and claudication around the same time; is that right?

A. Yes.

Q. In early 2014 Mags' anxiety was worsening considerably and after suffering from nausea for several years her nausea became so severe she was unable to eat; is that right?

A. Yes.

Q. Mags' paroxetine prescription was increased at that stage to 40 mg and she was referred by her GP to see a doctor at the Crystal Centre; is that right?

A. Yes.

Q. On 19 March 2014, Mags was reviewed at the outpatient clinic at St Peter's Hospital. In October 2014, Mags was

seen at A&E on the Isle of Wight following pain to her left leg and was told she had a blood clot in her leg; is that right?

A. Yes.

Q. She was prescribed aspirin for thrombophlebitis; is that right?

A. Yes.

Q. And on 8 October Mags began three months of treatment for deep vein thrombosis to her left leg and she began taking Warfarin; is that correct?

A. Yes.

Q. On 21 October 2014, after taking a substantial overdose of tablets, the decision was taken to admit Mags and on 22 October Mags was transferred from Colchester Hospital for informal admission to Ruby Ward at the Crystal Centre; is that right?

A. Yes.

Q. This was Mags's first psychiatric admission; is that right?

A. Yes.

Q. During her admission her antidepressant medication was changed from paroxetine to venlafaxine and she also began taking olanzapine; is that correct?

A. Yes.

Q. Mags was said to have settled well into the ward,

functioning and engaging with staff and other patients and participating in activities; is that right?

A. Yes.

Q. On 3 December 2014, Mags was discharged from the Ruby Ward and referred to Amethyst day hospital for follow-up by a community mental health nurse; is that right?

A. Yes.

Q. Mags' discharge medication included Warfarin and aspirin; is that right?

A. Yes.

Q. In early 2015 Mags' mental state gradually deteriorated and on 27 March 2015 she was seen urgently at Amethyst day hospital, having expressed strong suicidal ideation and describing loss of appetite and feeling unsafe and afraid; is that correct?

A. Yes.

Q. Mags agreed to be readmitted informally and was admitted to Ruby Ward at the Crystal Centre that afternoon; is that right?

A. Yes.

Q. During Mags' second admission to Ruby Ward she went on a week of home leave and following a review, went on a further week of home leave before being discharged on 22 April 2015; is that right?

A. Yes.

Q. Towards the end of May 2015, Mags began presenting with signs of left ventricular thrombosis. The major symptom was a painful leg and other symptoms, as you describe, were difficulty in passing solids, at least one ministroke and general weakness; is that correct?

A. Yes.

Q. On 3 June 2015, you phoned the crisis team as you were concerned that Mags seemed confused and had been dropping things. Later that day you were advised that Mags should see the GP to rule out possible dehydration or other physical causes for the recent deterioration and that an appointment would also be arranged with a psychiatrist in the next week; is that right?

A. Yes.

Q. On 8 June 2015 Mags was visited at home. She was unable to stand or walk without assistance, saying that her calves were painful. She was asked if she had had DVT in the past and she said she had; is that right?

A. Yes.

Q. That morning Mags saw her GP who found nothing physically wrong with her leg. At the same appointment you mentioned your concern about Mags experiencing two instances of significant confusion; is that correct?

A. Yes.

Q. The GP referred Mags to hospital for an endoscopy,

prescribed codeine for the pain in her legs and on 9 June took bloods; is that correct?

A. Yes.

Q. Mags also saw an osteopath.

A. Yes.

Q. On 11 June, Mags was reviewed by a consultant in old age psychiatry at Cherry Trees, St Peter's Hospital, reporting low mood, reduced appetite and weight loss and that doctor, Dr C we will be calling that person for the purposes of this hearing, offered to admit Mags to hospital; is that right?

A. Yes.

Q. On 12 June 2015, you went to Cherry Trees, St Peter's Hospital and informed them that Mags wanted to be admitted. Efforts were then made to find an in-patient bed for Mags and because there wasn't any room at the Crystal Centre she was admitted to Finchingfield Ward at the Linden Centre on 9 June at 12 pm; is that right?

A. Yes.

Q. For the purposes of today's evidence I understand that you are more familiar with reference to the Linden Centre, so I am going to try and use the term Linden Centre. If I say Finchingfield Ward that's what I am referring to.

A. Yeah, yeah.

Q. At the time of Mags' admission she had been due to attend a follow-up appointment with the GP, have a further appointment with the osteopath and get the results of the blood tests; is that right?

A. Yes.

Q. On 15 June, Mags' birthday, you attended a meeting with Mags at the Linden Centre which was chaired by her new consultant, who we will be referring to as Dr D, he explained that he had decided to put Mags back on to paroxetine and you asked about the pain in Mags' legs and he said something to the effect that the pain was imaginary or psychological or psychosomatic; is that right?

A. I don't know if it was those three words exactly, but yeah that was it and I looked at him and his colleagues and they were all nodding. So yes, it was "imaginary".

Q. Yes, and we will come back to that specific point and that conversation --

A. And I turned round to look at Mags to see what she thought of it and she was past caring.

Q. Yes. And Mags said that it felt like something vascular during that meeting; is that right?

A. Yes.

Q. And that it was very, very painful and that walking any distance distressed her; is that right?

A. Yes.

Q. Then over the 13 days Mags spent at the Linden Centre she spent most of her time in her bed space, her ability to mobilise and carry out daily activities declined. She regularly complained about pain in her right leg, receiving paracetamol and codeine as pain relief, and her ability to mobilise declined to the point that by Tuesday 23 June she was observed shuffling on the floor on her bottom to move between chairs; is that right?

A. Yes.

Q. By late morning on 23 June, Mags was seen by a therapist who knew her from her previous admission to Ruby Ward, observed her sitting on the floor in the ward corridor and pushing herself along. This therapist spoke to Mags, noting her feet were very pale in colour, and her right foot appeared slightly blue. He informed the nursing staff and Dr D of his concerns regarding her leg and Dr D said one of the doctors would be able to see Mags that day; is that right?

A. Yeah.

Q. It appears from the records that Mags was seen by an on-call doctor on 23 June and a referral made to the surgical team at Broomfield Hospital; is that right?

A. Yes.

Q. The following day, on Wednesday 24 June, when you visited

Mags that day, she was in such pain and distress that she could not sit still, stand up or really communicate; is that right?

A. Yes.

Q. You went to speak to the ward sister but as she was locked in the office with other staff, and patients were queuing outside, you did not stay.

A. No, it was -- it was chaotic. If I remember, it was a nice sunny day and the office where the ward sister or whatever her title was, was entirely transparent, so you could see her sitting at her desk in the office and she had a couple of colleagues with her and two or three patients were in there as well and there was a crowd of other patients waiting to go in there and I wanted to speak to her and I just, it was impossible, I couldn't speak to her. I wanted to say, "When are you going to do something about the pain in Mags' legs?" But I didn't get a chance.

Q. Yes, and we will come back to the discussion that you had on that day with Mags and with others and the opportunities that there were to speak or not.

A. Yes.

Q. The following day, on Thursday 25 June, according to what you have been able to read of the records, it appears that at 1 am an on-call senior house officer examined

Mags in relation to purple legs and notified staff that evening, and recorded there being no pain associated, no abnormal colouring and for Mags to be reviewed if further concerns. Is that your understanding from the records?

A. Yes.

Q. Later that morning Mags was reviewed by Dr D and a further doctor, who we will be referring to as Dr E, explained that she felt very, very unwell. Her legs were examined by Dr E who noticed tenderness in her right calf and a change of colour, weakness of her right foot and it was recommended that due to her declining mobility and the discoloration in her lower legs when standing, she be referred to A&E for further investigations with the vascular team; is that right?

A. Yes.

Q. Mags was taken by two members of staff in a wheelchair to A&E at Broomfield Hospital; is that correct?

A. Yes.

Q. She was seen at 1.07 pm by a senior sister who could not find blood pressure readings. She appeared clammy and the A&E sister immediately phoned to have Mags taken to the resus ward, with the resus team putting a heated blanket on Mags and an oxygen mask and the doctors carrying out ultrasound scans or her legs; is that right?

A. Yes.

Q. Mags was then transferred by ambulance under flashing blue lights to the Princess Alexandra Hospital in Harlow at 6.30 pm and that night she had an operation to remove the blood clot; is that right?

A. Yes.

Q. On 1 July, Mags underwent another emergency surgery to remove another large blood clot; is that right?

A. Yes.

Q. After the operation Mags was admitted to intensive care, she continued to deteriorate and required respiratory and circulatory support. The options were to perform a bilateral above the knee amputation or to take a palliative approach. This was discussed with you and your sister and in view of Mags' poor clinical condition and quality of life, it was agreed that treatment would be withdrawn; is that right?

A. Yes.

Q. Take as long as you need.

A. Yes, my sister came up all the way from Bath and she ran a, what do you call them, a hospital where you go --

Q. A hospice?

A. A hospice, that's right. She ran a hospice outside Bath so she knew about the dying and she agreed with me that that's what we should do, yes.

Q. Yes. And is it right that the following morning, on

Friday 3 July, Mags died?

A. Yes. We -- I was with her all night, yes, and she wasn't expected to live as long as that, but she did. She died at half-past 6 the following morning, 3 July.

Q. Thank you, Tim. Now we have set out a timeline of Mags' involvement with Essex Mental Health Services, I would like to ask you some questions concerning the key concerns that you have. You explain in your statement that your gravest concern is that Mags' physical medical problems were mismanaged whilst she was an in-patient at the Linden Centre; is that correct?

A. Yes.

Q. And as a consequence, and given the extent of the medical records within the statement, I am going to now take you through in greater detail and ask you questions specifically about the 13 days she spent at the Linden Centre between 12 and 25 June.

A. Yes.

Q. I will be referring to page numbers and within those where I can to appropriate paragraph numbers. In each case, if it is a reference that I think you would be greatly assisted by turning to, I will specifically say that, but otherwise I will tell you the reference so you can turn to it if you want to.

A. Yeah.

Q. Mags was admitted to the Finchingfield Ward at the Linden Centre, which we will call the Linden Centre, at 9 pm on 12 June. Were you with Mags that evening?

A. Yes.

Q. How did Mags seem to you whilst you were waiting for access to the ward?

A. Well, it was late in the evening and at 9 pm -- and she went to that ward because that was the only space. She would normally have gone to the other, the Crystal Centre, because the Linden was meant to be for younger people but they were the only place that had a space so that's why we went there. So we were told to go to the Linden Centre, we arrived to the Linden Centre. The doors were shut and locked. I think there was a bell which I rang but for a long time nobody came out and Mags was in so much pain with her legs, she had to sit on the ground there outside the Linden Centre, waiting for someone to open up, which they did eventually.

Q. I recognise this is some distance, we are now 10 years on, but can you give a sense of how long you were waiting for outside?

A. It was probably about 20 minutes.

Q. There was no one to greet you or to bring you into the centre?

A. No, no.

Q. To the ward. Can you recall anything further about what happened whilst Mags was waiting to be admitted before you said goodbye to her that evening?

A. I don't think so.

Q. And you were asked during an evidence session that you did with the Essex Mental Health Independent Inquiry, which we will be referring to as EMII, whether you or Mags as part of the admission told the doctor when she was admitted that she had previously had a blood clot in her leg and that she had pain in her leg. Can you recall whether you raised those matters when she was first admitted?

A. I don't know if I did because I knew that there was going to be a big meeting the following Monday, remember this was Friday night, and it coincided -- well, it didn't coincide but the consultant there said that there would be a meeting on Monday morning which I was invited to, and all the rest of the senior staff were going to be there, and we were going to discuss Mags. And it was then that I mentioned the problems with the pain she was asking in the leg and the doctor said it was -- well, implied that it was psychosomatic. I think I mentioned before, they didn't use those exact words. I looked round the room and the others were just saying, "Yeah, that's what it is, it's in her head."

Q. Yes. At this point I want to just turn you to some of the medical extracts that you have in your statement, if I can. First to page 39 of your statement. In the middle of that page, on page 39, you should see what's titled a "Joint Psychiatric & Physical Assessment Form", can you see that?

A. Yes.

Q. And this form is dated 12 June, so the date of Mags' admission?

A. Yes.

Q. And it records "new pain in right leg" which, is this right, would tend to indicate that they were aware at this point on 12 June of the pain, and says:

"Which she attends GP to investigate. Reports mood has deteriorated since onset of pain ... Right foot pain - sees GP + osteopath."

Then:

"Systemic Review, MSK" -- which may be musculoskeletal -- "Pain in right foot - has seen GP + osteopath. No swelling, skin changes, calves SNT, good peripheral pulses."

Do you see that?

A. Yes.

Q. And so it appears that there was a physical assessment to some degree conducted on her admission. Is that your

understanding?

A. Well, it refers to her GP, who gave her the all clear. But I had mentioned to him that before we went to see him, Mags had dropped a very valuable piece of glass which shattered on the kitchen floor and she was completely oblivious to it.

Q. Yes.

A. And I mean, subsequently, that was signs of a stroke that she had had, a ministroke, because she was in -- but the GP laughed it off.

Q. This is something that happened when you saw the GP with Mags slightly earlier, a few days earlier in June; is that right?

A. Yes, that's right. Actually, that was just about the couple of days or even the day before she went to the Linden Centre, yes.

Q. And is it right that from discussion and correspondence with a good friend of Mags, who was a doctor, it became clear to you that that may have been an instance of a ministroke; is that right?

A. Yes.

Q. And that individual, who we will be referring to as Dr F, but he is, as I understand it, a good friend of Mags who you spoke to after she died; is that right?

A. Yeah, yes.

Q. I want to just talk a little bit about that first weekend, so before the meeting on 15 June and if you want to I am going to be referring to the medical records from pages 41-45 and some entries there. Firstly, to page 42 where there is an entry from 13 June 2015, which is timed at 1.54 am, it's in the middle of the page. Can you see that on page 42?

A. Yes. Yeah.

Q. Within that, if you look down to the bottom of that entry where it says "Plan" and it says:

"Level 2 observations commenced. Seen by duty Dr, who will complete physical assessment in the morning ... Baseline physical checks done."

Then the next entry down, if you turn -- in fact just there:

"Clinical examination ... With Re to the (Rt) great toe pain. Margaret reports that she twisted her knee and injured her (Rt) G.toe a week ago. Cause bruise in (Rt) great toe. No signs of acute inflammation."

That is an entry from 10 am on 30 June, so it appears to be from that morning, the first full morning that she spent at the Linden Centre. Is that right? Is that your understanding?

A. I mean, it could be the GP, but your -- you are saying this was from the Linden Centre, their view, rather than

the GP's?

Q. Is it your understanding that in fact -- is it your position that it's not clear to you quite what happened over that weekend; is that right?

A. Well, that was the Saturday, wasn't it?

Q. Yes, so it's the first day that Mags is spending at the Linden Centre.

A. Right, because there's another place when she talks about injuring herself in the sand but that's not here.

Q. Yes. So here it appears to say Margaret reports that she twisted her knee, but in later notes it appears there is reference to her injuring herself in sand.

A. Yes.

Q. If we look at the next entry just there on 13 June at 8.14 pm, can you see that just below the one we were looking at on page 43, we can see reference as to Mags' behaviour and her state while she was spending her first day at the Linden Centre, and it says:

"Spent the whole day in bed. Little food intake. Started on food and fluid charts, bloods, ECG and physical health assessment done by duty doctor."

So at this point it appears she spent the whole day in bed. Is that right?

A. I was not there, but yeah.

Q. In terms of what was taking place over that weekend, did

you have the opportunity to see her that weekend or was the next time you went on 15 June?

A. 15th, because on the Friday evening I dropped her off and it was quite late, so Saturday/Sunday and I knew I was going back for this meeting on Monday.

Q. On the Monday?

A. Yes, yes.

Q. So you need not turn to it unless you want to, but effectively the records here refer to:

"Mags complained of pains in her right, complained of pain in joints and was given 1mg of paracetamol."

And there is further reference to the medical registrar and an ECG that's conducted. You may want to briefly look at that record which is at page 42, if we back two pages. You should see there reference to:

"ECG - T inversion ... D/w medical registrar - may be a normal finding or a reflection of previous IHD" -- that may refer to ischemic heart disease -- "since patient is asymptomatic, non-diabetic. No input required ... to continue current meds. To gather information ... (illegible) ... previous post-op MI" --that may be a reference to myocardial infarction -- "from GP over weekdays."

A. Yes.

Q. So it appears there that the intention in this record is to gather information from the GP after the weekend has finished. Does that accord with your understanding?

A. Yes, I spent more time looking at what happened towards the end of her stay in the Linden Centre, forgetting what had been done before.

Q. At this point Mags had been due to attend a further appointment with her GP before she is admitted into hospital, a further osteopath appointment and to receive the results of blood tests, is that right?

A. Yes that was on the Friday, yes.

Q. I think this is right, you say in your letter to Dr F, the doctor who was a friend of Mags's, and your letter to EPUT, which was then NEPT, but you didn't hear from the surgery about the results of those blood tests, but you did go in and get the receptionist to print them off for you, but they didn't seem to make much sense to you. One seemed to say, "Seek advice" and another identical one said no further action was needed. Is that right?

A. Yes.

Q. Were you were told or as far as you were aware, were these results provide to the Linden Centre, those blood test results?

A. I don't know.

Q. You don't know?

A. No.

Q. We see there on the 14th, so the Sunday, reference to Mags complaining of severe pain in her legs and being asked to be let back on to the ward, and to Mags being assisted getting to the communal areas as she reported feeling dizzy, having a painful knee and feeling unsteady on her feet. Do those descriptions marry up with your experience at that time of how Mags was managing physically?

A. Yes, it wasn't easy for her to move around.

Q. If we look, then, at the final reference in relation to 14 June, so the Sunday, she is described in the morning as having a low profile, time in bed space, meals taken in her room and utilising paracetamol for pain and being unsteady on her feet and the again reporting pain in her legs.

A. Yes.

Q. I want to turn now to the 15 June meeting, which you have referred to already, and which took place already on Mags' birthday with her consultant, Dr D. You will see entries in relation to this at pages 45-48 of your witness statement. The meeting with the team, which was chaired, as I understand it, by this new consultant, or you to you, Dr D. You describe that meeting in your letter to Dr F, the good friend of Mags and you say the

good news at that meeting was that Dr D was saying he was putting Mags back on to paroxetine, which she had been on for the last 20 years, but which isn't prescribed nowadays. Is that right?

A. Yes.

Q. So you took from that meeting a positive which was she was returning to that medication. Is that right?

A. Yes.

Q. You asked a number of questions during that meeting, including about the pain in Mags' leg. You have touched upon the response that you got. Can you recall how long this conversation about the physical pain was, how much of the meeting did it take up?

A. It was very short. It probably occupied about two and a half per cent of the meeting.

Q. So is it right that effectively the meeting took place, focusing on medication and Mags' psychiatric mental health, mental ill health.

A. Yes.

Q. And then there was a question asked by Dr D, did you have any questions? And it was at that last part of the meeting that the discussion about her physical health arose; is that correct?

A. Yes.

Q. Can you recall what you said specifically or in general

terms about Mags' physical pain at that point in the meeting.

A. I said that it was very painful and had been painful especially the left leg for a long time.

Q. Do you recall whether when you mentioned the pain in the leg, Dr D already appeared to know about that, given the records that we have seen from the previous two days and what Mags had been saying about her pain?

A. He didn't refer to those records, if he had seen them, no.

Q. And you touched briefly on when he implied that there was something causing the pain that was imaginary or psychosomatic, that you looked to Mags to see her response.

A. Yes. There was no response from Mags. That was one of the side effects of the pain, that she just didn't want to take part in things.

Q. So effectively the pain was limiting her ability to communicate the extent of it. Is that right?

A. Yes, yes.

Q. In your letter to the Trust, that you sent much later, you said that you forgot to mention the concerns you had about Mags' confusion and didn't mention her digestive problems because you thought them irrelevant. Is that right?

A. Yes.

Q. This was the one and only team meeting, the one and only opportunity you had to speak to Dr D during her time on the ward. Is that right?

A. Yes, that was the only time I ever saw him.

Q. When you had mentioned this physical pain, which you got the sense he was telling you was imaginary or psychosomatic, did he indicate that he would be arranging for any further physical examination to rule out?

A. No, nothing at all.

Q. Did he indicate that he wasn't doing this because there had already been a physical examination or say anything like that?

A. No.

Q. In the evidence session that you had with EMHI, I understand that you said you didn't mention the blood clot or the DVT from the Isle of Wight in that meeting. Is that right?

A. I had completely forgotten about the Isle of Wight.

Q. If we can turn to page 46 of the records, there is then, you have set out an extract which appears to be a record of that meeting that took place and we can see, if you look -- this the entry that says 1.53 pm, and if you look down to the first bit of full text this appears to be a quote from Mags:

"I twisted my knee joint and this is moving down my leg and when I ask for pain relief it is not coming. I think it feels like something vascular, it is very painful. Walking any distance distresses me."

A. Yes.

Q. Does that accord with your memory of what Mags said about her pain in that meeting?

A. Yes.

Q. There is a note of -- there was no note there of what you said and the concerns you raised in terms of physical pain.

A. Yes.

Q. And I think you say in your statement how disappointed you are to note that this entry doesn't reflect the concerns that you specifically raised with Dr D. Is that right?

A. Yes. Yeah, well, yeah. I just wasn't part of it at all. He didn't register anything. I mean, I quite liked him, his attitude and everything, but when it came to Mags, he just wasn't there.

Q. So your sense from that meeting was that he wasn't taking that physical pain seriously?

A. Yes, yes.

THE CHAIR: But your evidence is that you did mention it yourself as something that you were concerned about?

A. Yes.

THE CHAIR: Thank you.

MS LLOYD-OWEN: Is there anything further you can recall about that meeting?

A. Well, no, I mean, it was so short, apart from anything else, it was like one minute we were talking about it and the next minute we were talking about something else and we didn't go back to that at all. And you know, no one seemed to mind at all. This was how things operated.

Q. And when you left that meeting what was your understanding of the plan in terms of Mags' care and treatment?

A. I don't remember anything, anything about it. I can't remember anything that she was specifically told that she was going to do at all. Because I would have immediately imagined Mags doing it and turned round to her, expecting her approval, but there was nothing. He didn't suggest anything physical at all.

Q. And so was it your sense from the meeting that the focus, or your understanding of the plan was primarily based on medication and that change of the medication that she was to receive?

A. Yes. I mean, that didn't take long to change it back to paroxetine and I mean I was happy with that.

Q. If we look at the previous page, page 45, there is a note

which appears to be of the same meeting, it is ward review notes and in your statement you have made bold a particular line within that passage:

"Margaret says she was brought into hospital for depression, CO injury in right knee after walking in sand."

This is the reference you made earlier to there being reference to her walking in sand; is that right?

A. Yes. Thinking about that, the only thing I can think of was we did go and visit some friends in Perpignan in France at about that time, just before, and Mags loved the water and she loved swimming and she wouldn't go in the water there in Perpignan, and I couldn't understand it. I do not know about walking in sand or anything, but maybe -- it kind of was a confusion thing with Mags by that stage, she wouldn't go in the water.

Q. So maybe is this right, it may be that she mentioned that but if we look at the line next, "Mentioned she feels problem is vascular but cannot just why."

A. Yes.

Q. Do you recall whether Dr D asked any questions of you or Mags as to why she might say the problem was vascular?

A. No, no. Mags may have said it because that is what she had in the Isle of Wight and so she was familiar with what it felt like.

Q. And we know of course that Mags had had the deep vein thrombosis following the Isle of Wight.

A. Yes.

Q. Did Dr D ask anything about DVT (deep vein thrombosis) or anything like that at that point?

A. No.

Q. There was nothing, from your perspective, to indicate he knew of that background, is that right?

A. She mentions elsewhere here, that she feels it's vascular, and nobody picks up on it at all.

Q. We can see from the same date more entries that record, "Mags, anxious, pain in leg, had codeine and Paracetamol", and records seem to indicate that she was receiving pain relief medication, although Dr D had implied to you that it wasn't a physical injury. Is it right that from, what you have seen of these records, she is repeatedly given pain medication for the complaints that she is making about the pain to her leg?

A. Yes.

Q. You may now want to turn to page 47, which has the discharge summary on admission, so this is a document that appears to have been completed at the start, or four days after Mags had been admitted. And is completed by Dr D. If we look at the title, "History of Present Illness", it refers to:

"Ms Annequin also reported a pain in her right leg for which she had attended her GP to investigate and says her mood has deteriorated with the pain."

Then it refers to DVT, "Right foot pain for which she sees her GP and an osteopath."

So is it right from the records you have seen that, although you may not have mentioned DVT or blood clots to Dr D, he appears to have been aware of that in these records?

A. Yes.

Q. There is then at page 48 in that same entry, reference to a physical examination on admission, which states:

"Systemic review revealed only pain in the right foot, for which Margaret has seen her GP and an osteopath. There is no swelling or changes to the overlying skin. The calves are soft and non-tender and there are good peripheral pulses."

What is your understanding of whether Mags had been assessed physically on admission?

A. I don't imagine her being assessed physically. I mean, we did -- I didn't see her again till Monday so I don't know. I think, maybe that's how they did things, as soon as they come in.

Q. Is it right that following 15 June, that you were visiting Mags pretty much every day. Is that right?

A. Yes.

Q. So I want to turn now to that period from 15 to 22 June.

A. Yes.

Q. So that seven day, that week, following the meeting that you had had with Dr D and Mags. How would you describe Mags' behaviour and appearance when you visited her?

A. She was always very, very quiet and all she wanted to do, she said, "I've just got to find somewhere to lie down, somewhere quiet to lie down", and strange, looking back, I can't envisage it now but each time we were able to find a space, a quiet space with no one else there, where there was a bed and she lay on the bed with her head in my lap, and I just stroked her hair. I told her whatever was happening at home with the dogs and stuff, and tried to interest her in other things, but then after about 20-25 minutes she said, "Well, I've got to go back to bed now, I'm exhausted", or painful or ... she was obviously in pain the whole time, but less pain there in that little bubble of just the two of us.

Q. And so even in that bubble she was only able to be part of that for 20 minutes?

A. The longest we were there was probably twenty minutes before she said, "I have got to go, I've got to lie down, got to sleep."

Q. So we see throughout the medical records regular

reference to her being in bed, staying in bed, and is it your impression that that's effectively because the pain was so overwhelming that she simply couldn't interact beyond that?

A. Yes and also she had toilet problems, which she wanted to be, you know, left alone with. I am sure that was part of it. And any -- I mean, one of her thoughts was, "If I'm lying in bed I don't have to move, I don't have to move my leg, so I won't have this pain", perhaps, you know.

Q. And we see in the medical extracts you have here regular reference to staff pushing her to be up and to not be lying in bed.

A. You know, this seems -- I can't understand how, it's just not in Mags' personality to bum shuffle, to just navigate on her bottom everywhere. The suspicion was that this was Mags playing about or something. But she was in so much pain. I mean, it shows how much pain she was in that she allowed herself to be put in this fairly demeaning situation, position. It's tragic.

Q. And over this period of a week, so we see reference to the bum -- Mags moving on her bottom between chairs and along the corridor on 23 June.

A. Yes.

Q. Over this period of a week, where you are seeing her

almost every day, did you see a decline, an increased inability to move in Mags over that period?

A. I suppose a slight one, but seeing her every day, you know it wasn't much different each day. I mean, the last day was -- the last day was the worst because she had managed to get on to a sofa in the television room and she was lying on the sofa, with other patients and that -- it's a shame that Mags didn't, I never, I suppose that was the only time I saw her with fellow patients, and they were younger than her, and they would have done her a lot of good. But that last day she was laying on the couch and she, lying on the couch she was in so much pain and that's when I thought, "I've got to see the ward sister, I have got to talk to her", but it was impossible.

Q. And we will come back to that in a moment because there's, in the period between Monday 15 and Monday 22 June, is it right that you have seen from the medical records repeated reference to the extent of her pain and the extent of her weakness and unsteadiness on her feet. Is that right?

A. Yes.

Q. If we look at those, on the 16th, the Tuesday, Mags is described as unsteady on her feet and needing assistance when walking. She is then found sitting on the floor

outside the bathroom, stated that she was waiting for it to be opened. Denied having fallen, stating that he had sat down and no apparent injuries were evident. She is then on the 17th described as lacking in motivation and very lethargic and low in mood and had been in her bed space for most of the shift with little interaction with staff.

A. Yes.

Q. It appears that that inability to mobilise and to interact is being attributed to low mood and lack of motivation?

A. Yes.

Q. What would you say about that?

A. Well, I think it was -- it was primarily the pain that was so depressing, and the fact that she could hardly do anything without causing more pain.

Q. We then see the following day, on the 18th, the Thursday, "She presented as very confused", the record says:

"Later on in the night she was seen walking towards the exit doors with a pillow and towel in her hand. When spoken to she said that she was going to her bed and she still presented as confused."

Now, you were there daily visiting Mags at this point. When you visited the ward was any of this raised with you?

A. No, no.
Q. Were you told at any point during this week about the confusion that Mags was exhibiting?
A. No. They didn't tell me anything, they didn't speak to me.
Q. During this week, before we turn to the final three days, the Monday through to the Monday that week, did staff at any point seek you out to tell you about how Mags was doing?
A. No. I think the only time they ever spoke to me was I took in a few cigarettes for Mags and then I was told off at some length for having done so. I mean it wasn't a packet, it was just three or four cigarettes, forgive me.
Q. And so the interaction that you had was effectively you being told off?
A. Yes.
Q. And even at that interaction, did they take the opportunity to say, "By the way, Mags is struggling she's experiencing pain."
A. No.
Q. Any other interaction at that point?
A. No, nothing.
Q. We see that on 19 June Mags is described as in bed most of the morning, still complaining of pain in her right got, appearing weak not able to stand for long periods of

time. Then on the 20th it says:

"Margaret attended the canteen but was wobbly on her legs. Her husband came to take her out to the pet show. I explained to him that Margaret" -- you may want to turn this up, it is at page 50 of the records and it is an entry at 1.38 pm on 20 June. It says:

"Margaret attended the canteen this morning but was wobbly on her legs. Her husband came to take her out to the pet show. I explained to him that Margaret was very wobbly on her legs so I recommended she did not go out as this would be for 4 to 6 hours. He agreed. Margaret was informed and agreed with this decision."

Can you recall this interaction or what Mags was like on that day?

A. I can't really. I mean, thinking about it afterwards, it's difficult to see Mags not wanting to go because it was our two dogs were taking part in this exhibition and she would have loved to have seen that. She just wasn't -- just couldn't face it, just couldn't face the movement and the ...

Q. So at the same time as the impression you are being given is that the pain is not physical, it appears in this record that you are being told that she was too unsteady to be able to go out and do something that by the sounds of it she would have really enjoyed.

A. Yes, yes.

Q. When this interaction happened, and again I appreciate this is ten years ago, I am asking you about, but were you told anything about a plan to address the unsteadiness --

A. No.

Q. -- that Mags was experiencing?

A. No, nothing.

Q. If we then look at the entry directly above it, this is from 7.11 pm on the same day, it says of Mags:

"She however remained in bed until dinner time when she was repeatedly prompted to attend the canteen without success. She claimed that she was too weak to walk. Staff were eventually able to bring her to the canteen in a wheelchair where she ate and had some dessert."

What is your reaction to the language used there in terms of her claiming that she was too weak to walk?

A. Yeah, well, "claimed" is the wrong word, isn't it? That's what they are saying. It should really be, "She was too weak to walk."

Q. And we see then an entry that refers to Mags from the same day:

"Wobbly on legs. Codeine given.

Self-isolative, reluctant to stay in the communal area."

Again, is that consistent with your experience of Mags at that time and how she was having to manage her pain?

A. Yes, I suppose so. It was kind of like she had given up trying to be a healthy woman and she -- there was nothing else, what was the alternative?

Q. We then see, in relation to 22 June:

"Report to have pain in her legs, analgesic given, retired to bed."

Then:

"Mags has been escorted to the canteen for meals and has been observed to only have a very small diet."

So is it your understanding that during this period not only was Mags very unsteady on her feet and in a huge amount of pain, but she was unable really to eat much at the time. Is that right?

A. Yes, she had no appetite, I suppose.

Q. We see then reference to her complaining of pain in her legs, being prompted to wake up and attend her personal care, needing a lot of prompting, and then again spending a majority of the shift in her bed space, "With a sandwich brought to her but she didn't eat it."

A. Yes.

Q. As far as you are aware and from what you have seen of the medical records, were any attempts made, putting aside whether there was an initial examination of Mags when she first arrived and was admitted on to the ward, were any attempts made to inspect Mags' leg over the course of this week? Have you seen anything to suggest that?

A. No, nothing.

Q. I want to turn now to Tuesday 23 June and I am going to ask if that entry can be put on the screen. This is at pages 52 and 53 of your statement.

A. Yes, the 23rd is a busy day.

Q. Yes. Yes, and we have here a case note entry which was made by a therapist and the entry is at the end of it dated 4.54 pm on the 23rd, but it relates, we can see there at the top, to an earlier period so the entry appears to be relating to 11.50 to 12.15 on that day, so late morning early afternoon of the 23rd, is that your understanding?

A. Sorry, what?

Q. This is an entry that relates to late morning on 23 June and we can see --

A. Where is the entry?

Q. Just if you, it is also on the screen if that helps in

front of you.

A. Ah, right.

Q. 11.50 to 12.15, can you see that highlighted on the entry?

A. Yes, yes, right.

Q. And we see recorded there in the first line:

"Margaret was sitting on the floor in the ward corridor and pushing herself along on her bottom ..."

A. Yes.

Q. We see thereafter one line down:

"Margaret stated that she has a lot of pain in her right leg and is unable to walk and asked if she could be taken back to bed in a wheelchair."

And then:

"She shuffled into the lounge and independently transferred into a chair."

This therapist then describes sitting and talking to Margaret:

"I sat and talked to Margaret and she stated that her foot had been hurting her for the last three months. She appeared uncomfortable and was moving around in her chair, regularly changing the position of her leg. Margaret's feet were very pale on coloration and he right foot appeared slightly blue. I asked Margaret about this leg and she stated that she has bad circulation in this

leg and that she has had this since she had chemotherapy six years ago, but that her foot is not normally blue. Margaret transferred out of her chair ad sat on the floor and stated this was more comfortable, due to the pain in her leg."

We see there that this therapist then records that they informed the nursing staff of their concerns in regards to the leg, the pain and the blue foot and also informed Mags' consultant, Dr D, of this and that "he stated that one of the doctors should be able to see Margaret today", and it goes on to set out the advice that is given around elevating her leg and not staying lying down. Now this, obviously, was a record that you didn't see at the time and if we look thereafter on the next page, a supplementary note is created which was written, it appears, after Mags had been taken to hospital; is that right?

A. Yes.

Q. And this is to clarify the earlier entry as Mags had been admitted to hospital and here the therapist says:

"I previously knew Margaret from her previous admissions to Ruby Ward and I worked on this ward. I had last seen her when she was discharged from Ruby in April 2015. Whilst a patient on Ruby Margaret mobilised independently and was independent with all her ADLs" --

which I think is a reference to activities of daily living.

Now you mentioned previously that the way Mags was while she was on the Linden Centre is not how she was previously, when she was previously admitted. Can you say a little bit more about how she had been on those earlier wards, how she presented, how she had interacted?

A. What at the Crystal Centre?

Q. Yes, at the Crystal Centre.

A. Well, I never once saw her lying down at the Crystal Centre. She seemed to be on her feet most of the time then and she spoke to most of the other patients. I mean, one of them, they did tell me that they were getting -- what's the word? They were getting elderly patients who had this.

Q. Dementia, is it?

A. Dementia, that's right, dementia, and one of them kept going up to Margaret and accusing Margaret of having killed her son, which wasn't very helpful. But I mean, Margaret was there and was standing up and, yeah, I can't remember her complaining of pain when she was there.

Q. And so this individual, this therapist, had come into the Linden Centre and seen that contrast between the Mags that he had seen previously --

A. Yeah, yes.

Q. -- and the Mags that he was seeing then. We see the entry goes on:

"She has previously complained of some pain in her back and some weakness in her legs, but had not expressed to me that she had pain in her right leg. I did not observe Margaret's leg to be blue, whilst she was on Ruby Ward."

So this therapist was seeing the stark difference, it appears, not just her presentation but also the discoloration of her foot at this point; is that your understanding?

A. Yes.

Q. We see that the therapist has then added some entries in hindsight, explained that.

"On 15/06/2015 I observed Margaret independently standing in the corridor awaiting her medication."

Then:

"On 18/06/2015 I observed Margaret to be mobilising to the canteen with palm to palm assistance of two members of staff."

So clearly less able to move independently at that point?

A. Yes.

Q. And then:

"On 23/06/15 As detailed in this note Margaret was shuffling on the floor on her bum. She bum shuffled to move between chairs."

And then they say that they informed the nursing staff that this was not a normal presentation for Margaret. From that it appears that there is some clear value, is that right, in seeing the difference in presentation between Mags previously and on this admission?

A. Yeah, yeah.

Q. Do you know whether any efforts had been made by doctors or others on the ward at the Linden Centre to find out how Mags had been presenting, or how Mags had been coping when she had been an inpatient previously at the Crystal Centre?

A. No. The person who witnessed it, what was his role?

Q. The records indicate, as I understand it, that they were an HCP, a healthcare professional, and it says therapist.

A. Therapist, right.

Q. You wouldn't know because this was never communicated to you; is that right?

A. Yes. I wonder if he was -- no, he probably wasn't. I was thinking maybe he went to A&E because a male nurse did go to A&E, but I don't think it was him.

Q. Yes, as I understand it, there isn't anything in the

records or from your statement to indicate whether that is the same or a different person.

A. No, no.

Q. We then see --

A. But it is nice to come across somebody who remembered Margaret from before and could compare her with how she was now.

Q. I am looking at the time. I wonder whether now might be a good moment for a break? Tim, would that be a suitable moment for you to break? Chair, is that a suitable moment to take a break?

THE CHAIR: Yes, I am conscious of time so I think it must be just ten minutes, if that is all right.

MS LLOYD-OWEN: Yes, ten minutes.

(3.09 pm)

(Break)

(3.21 pm)

MS LLOYD-OWEN: Thank you, Chair. Tim, we were just speaking about 23 June, two days before Mags was then taken to A&E. I wanted to just take you through one or two points that are in the medical records that you have included and extracted in your statement. There is reference there to doctors being asked to review Mags' legs. Is that your understanding, that they were asked at this point, following the therapist observing Mags himself, to

review.

A. Yeah, yeah.

Q. And is it right that on the afternoon of 23 June that you visited Mags that afternoon?

A. At the Linden Centre?

Q. At the Linden Centre, yes. It may help, in the records there is reference to:

"PM" -- referring to the afternoon -- "Has been encouraged to eat small amount. Visited by husband."

So it appears from the records that you visited Mags on that afternoon.

A. Yeah, well I probably could do. I don't remember anything specific for that occasion.

Q. We know now that that was after the therapist had made these observations and raised these concerns that they had about Mags.

A. Yes.

Q. On that day, did anybody, when you visited Mags in the afternoon, attempt to speak to you and convey what was going on in terms of Mags' foot being blue, the concerns in terms of her pain, anything of that?

A. No, no. And just something that occurred to me, I mean, it's more than once that it says that they went to A&E, but in fact she only went to A&E once, but it seems to move around, like they are not sure when she did go to

A&E.

Q. Yes, it may be when we talk about what happens on 25 June, there is reference to referring her to vascular surgery and taking her to A&E and it may be that it is clearer at that point.

A. Yeah, yes.

Q. We can move now to 24 June but before we do that, there is a reference I just wanted to take you to at page 56 of the records. The entry itself is a "Risk Assessment & Plan" which is dated 25 June, so two days later, but if you look at page 56, there is reference there to:

"Margaret has reported that her right foot is painful and has been struggling to walk on this. She was seen on 23/06/2015 by the on call doctor who reported that he would be making a referral to surgery as the foot was blue, however, she was able to feel her feet and was able to identify which foot was being touched when she was not looking at this."

So it appears, is this right, that Mags may have been seen by an on call doctor on the 23rd but she was still at the Linden Centre when you saw her an the 24th and wasn't taken as an urgent emergency patient until the 25th. Is that right?

A. Yes, yeah, yeah.

Q. So I want to turn now to Wednesday 24 June, so the day

before Mags leaves the Linden Centre. I want to look at an entry on page 54, so back two pages in your statement, where we see towards the middle of the page an entry "Week Commencing 22/06/2015. Weekly Plan ... Wednesday" -- so this is the 24th:

"She complained of pain on her legs, PRN Codeine 30 mg was given, she slept through the night."

Then in the morning:

"Am: Orchestrating and manipulative in behaviour [illegible] is deteriorating ... Re. bed sores. Rang husband to complain about us not letting her lay in bed."

And then:

"Pm" -- the afternoon -- "Orchestrative. Can't stand up - putting self on floor ..."

I think you made reference earlier to this particular record, you had mentioned orchestrative. I want to just focus on the language that is being used here "orchestrative and manipulative in behaviour". Seeing this record much after Mags' death, what was your view of that entry and what it said?

A. Well, it's not Mags. I can't imagine her being manipulative. I wonder what the "illegible" is, is it just joking?

Q. Yes, I think illegible has been written, if you look at

the top of the entry, "Difficult to read some entries", but clearly the full record isn't there for you to see.

A. Well, I mean it's a strange thing to write.

Q. Yes. We see there reference as well to:

"Rang husband to complain about us not letting her lay in bed."

Can you recall receiving a phone call from Mags in relation to her pain and her fear that she needed to stay in bed?

A. No.

Q. We then see an entry that refers, just at the bottom of that page:

"... She was later observed walking to the toilet but felt unable to walk back to her room. Staff assisted Margaret to the shower and helped her see to her personal care."

So is it right, that your understanding it appears that quite close attention is being paid to when Margaret is able to walk or isn't able to walk at this point and the records are clearly setting that out in some detail?

A. Yes.

Q. We then see an entry on page 55 at 3 pm, which says:

"... she stated that she was not feeling very good. I asked Margaret how her legs were and she said

still painful. I asked Margaret how has her mobility been and she did not answer me, but another patient who was beside her stated that she had been having assistance from the nursing staff to mobilise. Margaret asked if I could get her some water which did ... Margaret did not appear to be in as much discomfort as yesterday when I saw her, as she was sitting more still in her chair and was not verbally expressing being in pain. She also did not place herself on the floor."

So it appears from this, is this your understanding, that other patients were raising their own concerns about Margaret, or expressing concern about her having had assistance?

A. Yeah, yeah.

Q. And there's also there reference to not verbally expressing being in pain. I think you had mentioned that she was struggling to articulate the pain that she was going through; is that right?

A. Yeah.

Q. On that day, this is the last day on which you visited Mags at the Linden Centre, is that right, the 24th, the day before she was taken to hospital?

A. Yeah, yeah.

Q. And in your statement you describe the visit you made to Mags. Can you recall how Mags was when you saw her on

that afternoon?

A. Well, that was the time when she was lying on the sofa in the television, it wasn't a room, it was just a screen was there somewhere and she couldn't move at all. She was trying to stay as still as she could on this chair. I mean it was kind of like a small sofa. And I mean there were a couple of other patients there. It says that, doesn't it, somewhere, that other patients had seen her?

Q. Yes, I think you refer to another patient being there in the communal parts and saying that she had been trying to get the nurses to take Mags to A&E; is that right?

A. Yeah, yeah.

Q. When you arrived, other than patients being around, did any member of staff come and speak to you?

A. No. No, I mean, remember this was -- and then the following morning I rang up to get an appointment with somebody.

Q. Yes, and so this is the occasion when you, before you leave Mags, try and speak to the ward sister, I think you said, and go to the office --

A. Yeah.

Q. -- and attempt to speak to her at that point; is that right?

A. Yeah, yeah.

Q. And you said, I think, that it was chaos; is that right?

A. Yes, yeah.

Q. Can you explain a little bit more who you remember being there and whether you had any interaction with anyone at that point?

A. I didn't have any interaction. My memory of it physically is a bit strange. I imagine looking down on the ward sister's office which was completely transparent and you could see the number of people inside the office and you could see there was a lot of people just outside the office waiting to go in the office. And I'm pretty sure at some point they actually locked the office door to stop more people going in. And I thought, "Well, I'm never going to get in there."

THE CHAIR: So you have told us you gave up?

A. Yeah, yeah, well, I mean, I rang the following morning to demand an interview with somebody.

MS LLOYD-OWEN: Yes, and there is reference in the records you have included to, by this point, Mags being incontinent of urine and faeces. Was this toileting difficulty something that she had had as a long-term problem or was it something that had happened over the course, as you understand it, of her time at the Linden Centre?

A. Yes, as far as I know, yeah, it was only in the Linden

Centre. We didn't have it at home.

Q. And then this is not something that was raised with you or communicated to you by the Linden Centre?

A. No, but I mean, it contributed to Margaret's depression because it's embarrassing, she's not used to it, she's making a mess, how can she clear it up? She can't clear it up, et cetera, et cetera ... bad.

Q. Then turning to 25 June, we see in the records that at about 1 am a senior house officer who is on call, this is at page 55, the same page, that he is asked or she is asked to see a patient with "purple legs" and "noted by staff this evening. No pain associated according to pat", which may be a reference to patient, and then on examination, "no abnormal colouring noted of legs bilat" and "peripheral pulses palpable". With at the end what appears to be "Review ... (illegible words) ... if further concerns." Is it your understanding that certainly it is not until later on the 25th that there is urgency in the approach taken to Mags' physical decline?

A. Yeah, I mean, who is making these comments at 1 o'clock in the morning?

Q. Is it right at this point that you have a large number of unanswered questions including that about what happened to Mags during this time?

A. Yeah. Well, I mean, purple legs is quite clear.

Q. Yes.

A. "Lesions noted" at the bottom.

Q. Yes, that may be, that circle with the line through it, a note to indicate no, no redness, arrhythmia, but again it is not something that you would know from that medical record; is that right?

A. No.

Q. I want to turn now to a couple of entries in relation to what happens on that morning with Mags. We see on page 56 that there is reference to her remaining in her bed from the start of the shift:

"She declined to get up ... Staff assisted Margaret to attend for medication which she did."

She is then assisted to change her incontinence pad and then she is assisted into a review with consultant psychiatrists Dr D and Dr E:

"Recommended that due to her declining mobility and discolouration in her lower legs when standing, (she) be referred to A and E for further investigations with the vascular team ... two members of staff assisted Margaret in her wheelchair to A and E."

Do you see that?

THE CHAIR: It is the second box up from the bottom of page 56.

A. Oh right.

MS LLOYD-OWEN: Apologies, yes. It is just where it says "14.43".

A. Yes.

Q. It's that entry there and you see in the middle of it:

"She was then assisted into a review with Consultant Psychiatrist ..."

What I want to do is just come to the next entry which is that interview that they had with Mags which appears to be the last communication with her from these records. Amanda, if that could be put on the screen. It is an entry that starts on page 56 but we are going to look at page 57 where it will come up on screen, Tim, there is an entry, just to turn to page 57, where it says:

"Interview with Patient".

A. Yes.

Q. And we see here:

"Margaret said that she feels very, very unwell, my legs hurt and this has been for well over a month, I feel shaky and I feel to be honest, it feels like a nightmare."

So this is an entry that appears to be, is that right, that the meeting that is held between the consultant psychiatrist and others with Mags, she says:

" Just being able to bring one leg up against

the other, I do feel that I don't have any power, in the beginning it was quite painful. I went on holiday and I walked in some sand dunes and damaged my knee, it was about 3-4 weeks ago. I wish I wasn't here, my mood is quite low, eating and drinking is always difficult, I have no appetite, I can drink, Dr E told Margaret that we will get her leg looked at very quickly. Margaret said that everyone is kind but it is all too much of an effort for me and I appreciate that I am not a good patient. I would just like to rest."

That appears to be the last record from Mags' perspective and what she says in the records in relation to the Linden Centre. Is there anything you would wish to say about that that entry and about what is said there by Mags?

A. I think, I mean Margaret, she did do quite a lot of work in the NHS and she knew how much work they were doing and she just wanted them to know that she appreciated whatever it was that they did. She couldn't make anything specific because there wasn't anything specific, but she knew what being an NHS nurse could be like. Not knowing everything, not knowing much.

Q. And then, by the time that Mags arrives at A&E, we can see from what you say in your statement that she appeared clammy, had to be taken to a resuscitation ward, given a

heat blanket and an oxygen mask.

A. Yes, now she's in the physical world. She has left the mental world.

Q. Yes, and when Mags was moving to A&E, before she did that did you receive any call or communication from the Linden Ward to tell you that that was happening?

A. Well, I was, in I went to A&E.

Q. Apologies that is my misphrasing. When she was being moved to A&E, so this was around 1.07 pm, this is the early afternoon.

A. Yes.

Q. We can see in the records there is reference to, "Husband informed. Coming up this afternoon." Did you receive call from the Linden Centre to tell you, "Mags is very ill. Mags has been taken to A&E."

A. No, well I rang them trying to get an appointment with someone senior and the chap who answered the phone just said, "Funnily enough, she has just gone off to A&E."

Q. And in that phone call was more said to you about the state that Mags was in?

A. No.

Q. And so at that point you made your way, as quickly as you could, to see Mags in A&E, is that right?

A. Yes, maybe he didn't exactly say, "funnily enough", but that was his attitude. It was a coincidence that I

should have rung at that time.

Q. Do you know how long had elapsed between the "funnily enough" or the coincidence of you calling, and when she had left for A&E?

A. He gave me the impression that she was almost on her way then, and how -- they got, I think they got an ambulance in the end although it does mention wheelchairs.

Q. Yes, from the records you have included it may be that she is escorted by two members of staff to A&E, but she then of course does a transfer by ambulance to the Princess Alexandra Hospital later that day, which, is it your understanding from the records, was blue lighted, so it was very much an emergency move?

A. Yes.

Q. Once you arrived at A&E at Broomfield Hospital, which you say in your statement, was it about 2 pm?

A. Yes.

Q. You say that your understanding for the significant effect on Mag's mobility was that the right leg was cold pale and had no pulse and the diagnosis made at hospital was acute ischemia of the right leg, is that correct?

A. Yes.

Q. You say that you remember the doctor at A&E being pretty disgusted that Mags had been allowed to go so long without treatment, is that right?

A. Yes.

Q. Can you recall what was said, what happened during that conversation or, if anything specifically was said by that doctor?

A. I think he had just seen the scan results, and I kind of see him, maybe not necessarily speaking to me, but just saying, "You know, this is terrible, look at this, how long's she been like that?"

Q. And is it right that there was originally a nurse who was accompanying Mags and yourself, but there was a swap for another nurse?

A. Yeah.

Q. And when that nurse attended, they also expressed some concern about how long Mags had been left. Is that right?

A. Yeah. Yeah, he did. I think he got in a lot of trouble for it as well.

Q. I think you say in your statement that a young male nurse replaced another nurse and confirmed that the nursing staff had been told not to take Mags' complaint seriously. Is that right?

A. Yeah.

Q. And that in the end it was a fellow female patient who made such a fuss that somebody finally took a look at Mags' leg?

A. Yes.

Q. I think you mentioned getting into trouble, is it right that you later received effectively an apology that he shouldn't have said that to you --

A. Yes.

Q. -- from what was then NEPT and now is EPUT. Is that right?

A. Yes.

Q. And it's something that you understand him to have got into trouble for saying, for being frank with you and telling you what happened.

A. Yes.

Q. I want to just briefly touch on another concern you have that is connected to Mags' physical health, but is about aspirin and whether Mags was being prescribed and receiving aspirin during her time, during these three different in-patient stays. Is it your understanding that during the first of those in-patient stays at the Ruby Ward, Crystal Centre, Mags was being given aspirin, that's right?

A. If that's what it says, yes. I mean, I trust the notes from ...

Q. And it appears from the notes that aspirin is recorded as both a medication she is receiving on admission and also one she is receiving at the end of her period of

admission.

A. Yeah.

Q. And then we also see that during that first period of admission, Mags has her antidepressant medication changed from paroxetine to venlafaxine. So it appears, is this right, at the end of her time, her first admission to the Crystal Centre, she was receiving aspirin and venlafaxine at the same time?

A. Yes.

Q. If we look then further forwards to her next two admissions, is it right that there is no reference to Mags receiving aspirin in either her preadmission, during admission or post-admission for both her second stay at the Crystal Centre and also her stay at the Linden Centre?

A. Yes, I wouldn't normally have known that, but I have looked it up and that is the situation. To begin with, I didn't realise the relevance of aspirin to vascular conditions.

Q. Is it right that that's something that was raised by Dr F, Mags' good friend --

A. Yes.

Q. -- and he gave you an appreciation that this may be something to look into?

A. Yes.

Q. In terms of beyond the medical records, what was your understanding from Mags as to whether she was taking aspirin over this period of time?

A. I don't know. Mags' father was a chemist and Mags new quite a lot about pills. I don't know actually remember her talking about the significance of aspirin. Even saying that now, I think maybe I did but I'm not sure.

Q. If it assists, I think there is one reference in, which you have included in the extract from your evidence session with EMHI, where you explained that in fact, when you asked Mags whether she had had any aspirin, she thought it had not been for some time and that is when you were at hospital on 25 June.

A. Yeah, yeah.

Q. I want to turn now to, just generally, the topic of communication on the two separate wards that you have experience of. So how Mags was communicated with in the Crystal Centre, the Ruby Ward at the Crystal Centre, and what your view is of how, what efforts were made by those on the ward to speak to Mags. So staff and what her interactions were like from your memory when she was at the Crystal Centre?

A. What I remember most, and most immediately, was I was driving my car back to home in Tollesbury, and I drove past Mags and another woman, and that was a nurse from

the Crystal Centre and they were just walking round Tollesbury because Mags was depressed with Tollesbury, and the nurse gives a little summary of how Mags was on that trip, and thankfully Mags got to the fruit and vegetable stall in the square and more than one person shouted out, "Hello Mags." I have got to say something in defence of Tollesbury, but Mags was a London girl and she found it difficult to adapt.

Q. But it sounds like, is this right, that she had quite positive relationships with the staff --

A. Yes.

Q. -- while she was at the Crystal Centre.

A. Yes, the staff came out and actually walked with her around Tollesbury which I was surprised about.

Q. Contrasting that with Finchingfield Ward, which was the Linden Centre, what was your impression, if you had any opportunity to see it, of the relationship between Mags and the staff on that ward?

A. I don't remember Mags in connection with any staff there, while she was there. It seemed like just nothing was kind of under control. I can imagine a senior person wanting to say something to Margaret but not being able to get there, being interrupted by so many other things. It was, everybody seemed to be on the move, no one was settled.

Q. I think you described the Crystal Centre and the Ruby Ward there being one with older patients, whereas, the Finchingfield ward, which you know is the Linden Centre, had younger patients.

A. Yeah.

Q. Was it your sense that the Linden Centre didn't know how to support Mags or was it just that it was so busy, that there was no real interaction with her, from the moments you were there and you observed it?

A. I think just that there was no interaction. Like, I am trying to see in my head staff in uniform next to Mags and I don't, there's nothing. Nothing there.

Q. In terms of activities, you say in your statement from the extracts from your evidence session with EMHI, that when you visited Mags at the Crystal Centre, often you just sit and -- apologies in the Linden Centre, she would just lie with you and you don't think that there, or don't know if there are any day to day activities going on in relating to Mags. Is that right? Were you aware of anything being planned for Mags in terms of dated activities?

A. No.

Q. In terms of staff engagement with you as her family, just to summarise and ensure that I understand this. Is it right that between that meeting you had, on 15 June, with

Dr D and the other staff, was there any interaction, other than this incident where you were told off for bringing in cigarettes and this incident when you were told you couldn't take Mags to the pet show.

A. No.

Q. Was there any interaction with you at all when you visited from staff, as far as you can recall?

A. No.

Q. Contrasting that or comparing that with your experience at the Crystal Centre, when you visited Mags there, do you recall having interactions with staff?

A. Yes. I can't remember whether they talked about what they were going to do with Mags, but they were quite pleasant and told me how Mags was getting on and whether they were -- well, they were quite happy with her there, but if there were any difficulties, as I say, they would have said.

Q. And in terms other means of contact, you have told us that you called on that final day, but in your extracts from your interview, your evidence session with EMHI, you say:

"I thought at the time the fact that these telephone numbers that we were given, we were assured that we would get an immediate response, but we got no response at all."

And the question is asked of you:

"So you are given an emergency number to call if you need an urgent response and you are told if you call this you will get an urgent response but when you do, there isn't one?"

I just wanted to ask about that. Had you attempted to call the Linden Centre whilst Mags was staying there and found that you couldn't get through?

A. No, I was at home with Mags and we were ringing those numbers, the numbers that we had been given, with the promise that we would get through.

Q. So this is the crisis numbers that were available, so that if Mags needed admission or needed an assessment or further support, that would be available to her quickly, is that right?

A. She needed them then, that's why I was looking for them. I mean, all three of them. One didn't answer at all, one just had a mechanical answer, and I left messages but got nothing back.

Q. We have addressed the call that you had on 25 June. Is it right that after Mags had left the Linden Centre you returned to the Linden Centre to collect Mags' belongings. Is that right?

A. Yeah, yeah.

Q. Can you say a little bit about what happened when you

returned to the Linden Centre?

A. Yeah, well I went in and I said, "I have come to pick up Mags' stuff", and someone said, "It's down there somewhere", and I went and picked -- I went and picked it up and, you know, on the way there I passed a couple of members of staff and I felt a bit guilty that they might think, "What's he doing here?" But I carried on and got Mags' stuff and took it away with me. But nobody asked me how Mags was. Nobody mentioned her name. And that crops up again here as we move on, on page 59.

Q. Just turn to page 59.

A. In the left-hand column, the initials and the dates and the times, they go on to 7 June.

Q. Of July, just below, I see that at the bottom of the page.

A. Of July, yes. So four days after Mags had died, whoever wrote this either got an e-mail from someone at Harlow saying Mags had died, or thought, "I haven't seen Mags for a while, I wonder how she is. I'll ring Harlow", and they told her that she had died, four days later.

Q. Yes, we see in that entry it says:

"I made a telephone call to Princess Alexandra hospital in order to make further enquiries after being informed by e-mail by Dr D that Margaret had passed away. I was informed that Margaret passed away on 3 July" -- so

yes, as you say four days earlier -- "They did not inform me of the cause of death."

It then says:

"Tried to contact Margaret's husband on landline but there was no answer."

Again, the next entry:

"I tried to contact Margaret's husband again today in order to pass some condolences but there was no answer."

Did you receive a call from the Linden Centre?

A. I don't remember, no -- no.

Q. You never spoke to them. If you received a call, it never reached such a point that you actually had a conversation with them?

A. No, no.

Q. What you just told us about your experience of going into the Linden ward to collect Mags' stuff was that before Mags had died or after?

A. No, it was before she died, maybe the day before or two days before. So she wasn't, I don't think she was at death's door then.

Q. And you talk about that in your statement and you say you went to the Linden Centre to collect her stuff:

"Nobody said hello to me and just said, 'It's just over there her stuff.' No one asked how she was, I

remember that. It was kind of enemy territory and I wasn't welcome."

A. Yes.

Q. Is there anything further you would want to say about the engagement and communication that you had with the Linden Centre?

A. No, I don't think so.

Q. I want to turn now to your concerns regarding what happened following Mags' death. We have discussed already that immediately following Mags' death there were in the records two attempts to contact you, but there was no contact actually made with you by the Linden Centre?

A. No.

Q. And it is right that there was no inquest in Mags' case. Is that right?

A. Yeah.

Q. And so the process of receiving answers through that process, you have not had the opportunity of, is that right?

A. Yes.

Q. Turning to the communication you had, with what was then NEPT but is now EPUT, following Mags' death, there is reference and we will come to the letter that you wrote to Mags' good friend, Dr F, the letter you then sent to the Trust. But before 25 July, in the few weeks just

following Mags' death, were you reached out to by the Linden Centre or by the Trust at all, before you made contact with them?

A. I did have a conversation with someone from EPUT and they just -- well, they had rung to see if I needed some support, but that was it. There was no mention of Mags' death, or how she died. It was just me and what did I want.

Q. And can you recall whether that was before you had sent your letter of complaint, which I think was in the August.

A. Yeah, that was before, yeah.

Q. And so is it right that you set out in your statement that on 25 July, shortly after Mags' death, you wrote to her good friend and former colleague from the time when she was working as a medical secretary at the Brompton Hospital?

A. Yeah.

Q. And that he advised that you raise concerns that during Mags' stay at the Linden Centre, she was not assessed thoroughly as to her physical pain, that this resulted in a delay in diagnosis and possibly lifesaving intervention, and that you articulate concerns regarding her usual treatment including pills such as aspirin. Is that right?

A. Yes, yeah.

Q. You were encouraged to make a formal complaint, and you wrote to the Trust in August 2015 and you have set out, as I understand it in full, is that right, your letter to the Trust on pages 108 to 111 of your statement. Is that the full letter that you sent?

A. Yeah, yeah.

Q. You had been advised by Dr F to write to the consultant Margaret was under, and copying in the hospital chief executive, PALS, consultant at Princess Alexandra, the consultant at Broomfield A&E, the consultant Margaret usually saw and the GP. It isn't clear from the letter in the statement who your letter was sent to. Given the advice from Dr F, do you recall sending it to those people that he had advised you to send it to?

A. No, I don't think I did.

Q. Can you recall who you sent it to?

A. No.

Q. Not to worry?

A. Probably the highest rank. I was just -- I was just fed up with the whole thing.

Q. Yes. Turning then, just in relation to the letter that you sent, did you receive a response to that letter --

A. No.

Q. -- from the Trust?

A. No.

Q. You have explained that you received some communication, but it wasn't talking about what had happened to Mags and how she had died or suggesting that there would be an investigation. Is that right?

A. Yeah, yeah.

Q. Is it right, you say in your statement, that no investigation as far as you were aware was carried out by NEPT into Mags' death or the management of her physical health on the ward. Is that right?

A. Yes.

Q. And when you heard about the Essex Mental Health Independent Inquiry, you say you decided to engage with it in order to try and get answers for what happened to Mags. Is that right?

A. Yes.

Q. And similarly you go on to say that it's the same reason, trying to get answers to Mags, that is the reason why you have therefore sought to pursue civil litigation. Is that right?

A. Yes.

Q. You say then, towards the end of your statement at page 121:

"It has now been over ten years since my wife's death. I have not received answers with regards to all

of my significant concerns about the care she received and did not receive."

Is that right?

A. Yes.

Q. You say also and this is at paragraph 12(g) on page 100:

"I feel that the suffering which Margaret went through whilst under the care of EPUT, which was then NEPT, has now, after her death, been passed on to me whilst I seek answers about her death. There appears to have been no willingness to do the right thing and learn, it is defensiveness from beginning to end. Is it right that loved ones trying to get answers need to have so much stamina and resilience to do so?"

Is there anything you would like to add to that point?

A. No, I don't think so.

Q. I want to turn, finally, then, to recommendations that you make in your statement. We will go through the recommendations set out in your witness statement and I will ask if there's anything further you would like to say about those. If we can, Amanda, have up page 100 of the statement and Tim, this is page 100 of your statement and it's towards the top of the page and highlighted in bold. At the second paragraph down, you say:

"This leads to a recommendation that I would

like to make to the Inquiry. When in-patients on psychiatric wards have medical/surgical issue (in addition to their psychiatric issues) there must be an initial and ongoing review of these conditions on the ward."

Is there anything further you would like to say about that recommendation?

A. No.

Q. And then if we turn to the bottom of page 120 of your statement, again, this is an extract from your evidence session with EMHI and we can see at the end of the extract you were asked:

"Do you have any recommendations or things that you think should change?"

I just want to ask about the reply that you give there:

"I think if everybody knew what treatment they were getting, other than pills and medication. What other treatment they're getting and what they hoped to achieve through it. That's the main thing, and I would have thought, given the circumstances and the security and everything else, then there must be opportunities for the inmates to be able to achieve something together."

So first thing there, other than pills and medication, what other treatment they are getting and

what they hope to achieve through it. Are you talking here about therapeutic treatment or just treatment more generally?

A. Well, therapeutic and generally.

Q. And medication?

A. I mean generally may include therapeutic.

Q. Is there anything further you would like to say about this particular recommendation?

A. No.

Q. And in the next line, finally, you say:

"I would have thought, given the circumstances and the security and everything else, then there must be opportunities for the inmates to be able to achieve something together, rather than as separate individuals to be able to help each other, because I think a lot of them did want to, but they found it difficult, like the woman who tried to help Mags."

Is there anything additional you would like to say about that recommendation?

A. No, no.

Q. And are there any further recommendations you would wish to highlight in light of this or anything else we have discussed?

A. I've just been thinking recently about, this isn't perhaps answering it, but the difference between the mind

and the body, because all what we are talking about, you've got one organisation representing the mind and one representing the body, and when they come together, they've each got their ideas about how to make the patient better, but they don't seem to blend particularly well together.

Q. Is there anything further at this point that you would wish to say?

A. No.

MS LLOYD-OWEN: Thank you, Tim. I don't have any further questions for you at this stage. Chair, do you have any questions?

THE CHAIR: No, I don't.

MS LLOYD-OWEN: Amanda, please could we have the photograph of Mags on the screen.

THE WITNESS: She's the one on the left.

THE CHAIR: And that's a much younger photo.

MS LLOYD-OWEN: Chair, we will break for ten minutes. If there are no questions for this witness, we will then start the prerecorded evidence of Emma Harley. Tim, we will have the ten minute break now to see if there are further questions and if there aren't any, this concludes your evidence and you will be free to leave. Thank you again for the evidence you have given today.

THE CHAIR: Can I add my thanks too for your evidence, very,

very helpful.

(4.15 pm)

(Break)

(4.26 pm)

MS TROUP: Chair, we are now going to hear the first section of prerecorded evidence from Emma Harley who will be speaking about her brother Terence White who died in 2019. Due to the time, our plan is to play the first section now up until about 5.15 and then the second section of Emma's evidence tomorrow morning.

Amanda, if you could play the video please.

Good morning, Emma, I think you are going to affirm now.

EMMA HARLEY (affirmed)

Examination by MS MALHOTRA

MS MALHOTRA: Emma, you gave a video recorded commemorative account which was played on 16 September of 2024 regarding your brother Terry. Terry died on 14 April 2019, aged just 36. He died at home and his medical cause of death was hanging. You are here today, Emma, to give evidence about your concerns regarding his care. You have provided a 63 page witness statement, it is dated 5 August 2025. Have you had an opportunity to read your statement recently?

A. I have, yes.

Q. Thank you. Can you confirm that the contents are true and accurate?

A. Yes.

Q. Thank you. I would like to start by asking you in terms of background with regards to Terry, he had a diagnosis of ADHD (attention deficit disorder) at the age of 17; is that right?

A. Yes, that's when he was finally diagnosed. For years we knew there was something but obviously back then we didn't know what ADHD was.

Q. Can you tell me whether he was medicated for that diagnosis or not?

A. He wasn't, no.

Q. And do you have any observations that you perhaps want to make about his diagnosis of ADHD and what impact that might have had on his adult life?

A. Yeah, I think the symptoms progressively got worse the older he got and I think he began to self-medicate in his teenage years, and then that obviously made the ADHD symptoms even worse and he sort of really spiralled and things got worse as he got older.

Q. Okay, and we will come on to the point that you made about self-medicating in a moment. Terry had periodically been assessed by the mental health services and community and drug and alcohol services between 2000

and 2008. Is that your understanding? So that was under NEPT and SEPT at the time; is that your understanding?

A. Yes, that is correct, yes.

Q. And just help us, if you are able to summarise how Terry was between that time, between that eight year period, 2000 to 2008 when he would have been in sort of late teens?

A. Yeah, it was late teens were quite a tricky period for him. I think that's when we all realised that this was actually quite serious, that the ADHD had possibly turned more serious, or maybe sort of tipped over the edge into being something else. There were lots of paranoid and delusional episodes, lots of episodes where it appeared he was psychotic and yeah, that was the beginning of things getting worse.

Q. Now, in your statement at paragraph 5, page 3, I am going to ask that that is displayed, really to help you in terms of the chronology. At paragraph 5 on page 3, the records show that there was no contact with Trust services until 2016 and it was then that he had contact with the Rapid Assessment, Intervention and Discharge Team, the Criminal Justice Liaison and Diversion Team and the First Response Team. Does that accord with your recollection at that time, around October 2016?

A. It does. That was the -- that was the month that his mum

died, so the lead-up to that was obviously very distressing for Terry and obviously the bereavement, the grief after she died, he got a lot worse. I do question whether there was no contact with the Trust before October 2016. Looking back, I don't think there were periods of years where he was okay, so I think there must have been contact with GPs and possibly more, whether that missing in the records, I don't know.

Q. Just give us then from your perspective some insight into how Terry was, so we have talked about how he was between 2000 and 2008. From your recollection, how was he up until the point that sadly his mother passed away sadly in October 2016?

A. So there were periods of calm. He had his eldest daughter and he was in a stable relationship, so definite periods of calm. Not completely out of the woods but definitely periods of calm. But also it wasn't that plain sailing. You know, I think there were various meltdowns, various episodes where he would have gone to A&E possibly for misadventures and those kinds of things.

Q. When you use that word misadventures, what do you mean by that?

A. Accidental self-harm. I remember an incident where he was taking steroids and they think that caused a minor stroke. I remember I was six months pregnant at the time

with my eldest and had to go to hospital in North London. So, yeah, there were a few incidents.

Q. And so in October of 2016, would you say that there was a change in his presentation then?

A. Definitely, I think before October 2016 as well, you know, about the time he found out that his mum had cancer, yeah, rapid deterioration.

Q. Just put it into context for us, what was that rapid deterioration? How did that manifest?

A. Obviously, with lots more -- lots more incidents of self-harm, suicide attempts, visits to A&E, overdoses, police attendances. There was lots going on at the time.

Q. I think we are going to ask you about a specific entry. So if you have a look at page 3 of your statement, sticking with page 3 of your statement, paragraph 7 at the bottom of the page there. There's a reference, just to help orientate you with regards to dates, 10 October 2016, and if we turn over the page to page 4, we can see that this relates to an incident on 10 October 2016 where Terry attended Basildon and Thurrock University Hospitals NHS Foundation Trust, I think the Accident and Emergency department, following an overdose, can you recall that?

A. Yeah, I can. This is one of many incidents of him, I think essentially self-medicating. Yeah, and I think if you look at the kinds of drugs he was taking, it was to

calm his mind right down.

Q. And is that what you mean by saying "self-medicating"?

A. Yeah. I think he was massively spiralling, he was very unwell around this time and he was trying everything. He was asking for help from everybody and especially the NHS and it wasn't there.

Q. And so is that when, around the time that his drug taking started?

A. No. His drug taking started a long time before that, in his teens.

Q. It says here at paragraph 8 history of "smoking cannabis, had two lines of cocaine last week." Were there any other drugs at this period of time of Terry's life that he was taking, or as far as you were aware were these cannabis and cocaine that he was taking?

A. No, he was taking diazepam, pregabalin, I think that's how you say it, tramadol, or more and more obtaining drugs illicitly as well. And he also, it was around this time that he, I think after the hospital admission on 15 January 2019 --

Q. We will come on to that, sorry to interrupt you.

A. But just talking about the drugs, he then started doing crack.

Q. And that came later, as you say, in January 2019.

A. Yes.

Q. We are going to come back to that incident. But just going back in time, talking about the cannabis and cocaine that he was taking and the other medications that he was obtaining illicitly, are you able to help us understand and put into proper context what impact, if any, taking those illicit substances, or substances obtained illicitly, were having on Terry in terms of his -- as someone living with mental ill health?

A. Yeah, I think, I mean, I can understand, I can see clearly why he wanted to take those drugs. He was very mentally unwell. His brain was all over the place, he struggled to cope with daily tasks, with daily life like a neurotypical person. It was very difficult for him. He also had lots of -- there was talk of a possible diagnosis of OCD, talk of a diagnosis of personality disorder. I knew he was struggling mentally. He found it very difficult to cope. So in a sense, I think the diazepam and different drugs helped him to calm down. I think there were some that were beneficial, I don't think the amount he was taking was beneficial at all. But obviously things like cocaine not helping him at all. So it's a bit of a weird one. So in some respects I think he needed them and it was helping him, the ones that would have been prescribed legally. On the other hand, the other stuff he was doing was not helping at all, and

making him worse.

Q. I would like to ask you to have a look at paragraph 9, page 4 of your statement, just to help orientate you in terms of dates. We can see here a reference in italics to 11 October 2016. Can you see that?

A. Yes.

Q. It appears that this was a prompt that led to Terry being referred to the Rapid Assessment Intervention and Discharge Team, so I'm just going to read it out. It's a letter that says, from a "Psychiatric Liaison Service Mental Health Unit Basildon Hospital", the date of the assessment is 11 October 2016. It then says:

"'Thank you for referring Terry to the RAID Team" -- that's the Rapid Assessment Intervention and Discharge Team -- "Terry was admitted following a mixed overdose which he claims at the time was taken with suicidal intent. He now regrets his actions. He said 'it was an impulsive act done out of frustration because so many things happened within a short space of time and it all just got on top of me ...'."

It then goes on to give a description of the clinical impression, presumably that is from the Psychiatric Liaison Service Mental Health Team, that this was an:

"Impulsive overdose. Terry does not feel he

needs any input from MH services. Would like some help with his ADHA" -- I think that's ADHD -- then it says:

"Management Plan: Discharge from RAID.

Refer to GP for referral for management of ADHD.

Partner to ensure compliance with medication" -- and then there is a discussion about his Sertraline to be reviewed and:

"Crisis number/information given" -- signed off by "Psychiatric Liaison Nurse."

Clearly this entry here on 11 October 2016 makes reference to Terry undertaking an act with suicidal intent. Can you just help us and put into context from your perspective what you understood about Terry's instances of self-harm and whether he had expressed suicidal ideation to you and family members?

A. He had and this was a constant theme throughout his adult life, he would, you know because of mounting social stresses and the fact that he was unable to hope with daily life, led him to these very dark places where he kept thinking that the only option was suicide. His ADHD also meant that he acted very impulsively, so it was like he had the thought, you know, everything's going wrong and he couldn't cope with the thoughts in his head, which is why he constantly talked about suicide and ending it

all. We did take him seriously. However, you never think it's actually going to happen. Yeah. If he had been looked after properly as well and been given the correct care, I think this could have been prevented.

Q. We will come on to talk more about that now. So I want to move on in time to December of 2017. If I could ask you to have a look at page 5, paragraph 10 of your statement, it is an entry 3 December 2017, can you see that?

A. Yes.

Q. This is another instance of an overdose, and I am just going to read out extracts from it. This is again Basildon and Thurrock University Hospitals NHS Foundation Trust an entry from 3 December 2017, Terry presented with an overdose, it says that:

"He is medically fit for discharge, and due to be seen by the mental health team."

It then goes on to say that on this occasion he managed to break a cupboard, and that he accepted that he had managed to break open a cupboard and then there is an entry that says:

"Patient's sister and a friend ... concerns regarding patient. They said that he can become very aggressive and he texted them that once (he) is out of the hospital he is ... (illegible) to self-harm."

Then the next entry at 19.50:

"Family worried about Patient getting self discharged. Will need MCA 2 + DOLS if patient attempts to self discharge, as high risk of suicidal aid ideations."

Was that you that this entry is referring to?

A. Yes.

Q. Can you tell us about that incident?

A. As I am reading this now I am quite shocked to read as part of their medical notes "he is medically fit for discharge", when he has talked about, you know, he has been extremely aggressive, he has talked about -- it says "high risk of suicidal ideations". And I cannot believe that there is that line in there "medically fit for discharge", after the way he was presenting.

Q. I think that's in respect of his physical health, though, that's a reference to his physical health and at the top it says he was due to be seen by the mental health team. I don't know if that helps put that into context. But was this an occasion, another occasion, where Terry had attempted to overdose?

A. Yeah, it was, and, you know, reading through all of this it's hard to keep track because there were so many incidents.

Q. I am going to move on to another now. So at the bottom,

towards the bottom of this same page, page 5, 5 December 2017, it says here, paragraph 12, there's an entry with regard to an intentional overdose. What it says towards the bottom that there was a:

"Background history of depression ... no current contact with our service. He consented to RAID assessment and for staff to speak on phone to his sister Emma."

Just pausing there for a moment, was Terry happy for mental health professionals, for example, to speak to you? Did he consent to that?

A. Yeah, every time he would say to doctors and nurses, "Please speak to my sister Emma", because I think he felt I -- I don't know, perhaps I understood his problems better than he did. He was too much in his own head that it was very difficult for him, I think, to articulate exactly what was going on for him. And he knew that I could get him help. Well, could try to anyway.

Q. I think just to put this into context, I think this entry, albeit it says 5 December, I think it relates back to 3 December.

A. Yeah.

Q. And then it says at the very bottom of that page:

"Overdose was impulsive ... he felt fed up about things that had been going on in his life."

Over the page, page 6:

"Now saying he regrets the overdose. No active or further suicidal thoughts, plans or intentions. (He) wishes to be told what his diagnosis is, wonders whether his ADHD is turning into Bi Polar ... still registered with a GP in Upminster where he lived before.

Not currently open to our service. Previously seen by RAID on 11/10/16 following an impulsive mixed overdose."

Then it goes on to say:

"He has not had ... since this hospital admission" -- his medication Sertraline.

With regards to drugs:

"Denies recent use. Cannabis - said he uses this now and then as it helps him calm down. Said that he last used this a few weeks ago. Cocaine - reports that he last used this 3 months after being a heavy user for years. Said he stopped using this himself" -- and that he was obtaining non-prescribed medication as well.

It goes on to say, just on that same page sorry, page 6:

"Next to 'Accidental self-harm ...', 'Yes' is indicated. It then states 'Risk likely to be increased by impulsive behaviour, illicit substance use and poor coping skills ...'."

Can you see that?

A. Yes.

Q. Then over the page if we turn to page 7, "slipping the net", so sorry, I should just read the sentence before that. It says:

"It's been a long battle to find out what is wrong; he keeps slipping the net ... did not attend appointment offered to see a psychiatrist. He has been self-medicating all his life. He tells lies at times and is not always honest with her re drug use and what he is up to."

So this is referring to the conversation that you had with the healthcare professionals. Is that right?

A. Yes, that is right.

Q. Then it goes on, on page 7, to say that you have previously got random calls from him when he sounded:

"'Delusional' and seeming to be having a 'psychotic episode' he has been under the influence of drugs at these times. He seems to 'blame everyone and it is all about him'. He can be alright for some weeks and seem normal for 2-3 weeks, but then this can change.

She feels he is presenting as alright as the drugs are out of his system, but this may change when he uses drugs. She said he has also been self-medicating

with non-prescribed Diazepam as well as using weed and cocaine. She stated that he has said to her that he intended to end his life when he look the tablets but is now saying that he wants to be on the right tablets and be better."

Then skipping slightly further down it says sister reported that he is impacting on her:

"She feels he needs some sort of support as this has been going on for a while and spoke of the previous overdose that he took last year ...

Patient declined needing admission as feels he can keep himself safe and wants to go home ..."

And then it says, "'I want professional help'."

Is that in reference to you or is that in reference to Terry, can you help at all?

A. I think it was Terry saying that. There was often this sort of swinging between, "No, I'm fine, I need to go home" and then, "No, no, no, don't discharge me, I need help, I need help". He was really confused. He knew he needed help but at the same time, and I think this is understandable, he just wanted to go home. Yeah, I mean hospitals are not the greatest of places or the safest of places to be in at times and it's understandable that he wanted out, but then knew that he should stay and get the help.

Q. Because it goes on to say, doesn't it:

"To speak to a doctor who can diagnosis me and tell me what is wrong. I think my ADHD is turning into Bi Polar."

A. Yes.

Q. Then it goes on to say:

"I don't want to be admitted or anything like that", so we can see what you have described there, a slight change --

A. And also the stigma around -- you know, Terry didn't want to be diagnosed with a mental health condition. He was in quite a lot of denial about that even though he you he was very unwell.

Q. Then it goes on to say:

"I need tablets to help keep my mood at a level. To live a normal life and not to have my mood going up and down."

Then there is a discussion with a doctor and a plan was agreed to restart him on Sertraline. Just turning over the page then on page 8, it says he was:

"Discharged from RAID. RAID to refer to IAPT" -- which I think is Improving Access to Psychological Therapies -- "RAID to refer to First Response Team to be consider urgently for medical review.

Given contact details for our service as well

as details for bereavement service and drug and alcohol service."

Then at the bottom, sorry the bottom of that entry after the 5 December date it says:

"RAID - Mental health liaison" -- their entry is:

"Spoke to his sister Emma for collateral history with consent from patient."

I just want to ask you about that. You said before that Terry was always happy for mental health professionals or professionals to speak to you. We have seen here quite a detailed record of a conversation with you and a conversation with Terry as well. Can you just give us your perspective, please, on this interaction to the best of your recollection, appreciating as I do it was some time ago?

A. Well this was one of the only times that I was actually listened to and a detailed record of what I said had happened. In each one of these hospital admissions, or each one of these overdoses, suicide attempts, I had spoken to somebody, or tried to speak to somebody, every single time. And it usually fell on deaf ears, they were too busy, they were very indifferent. They didn't -- usually they didn't have the time to speak to me to obtain any kind of collateral history. So this is one of

the only times where it was recorded, somebody did actually listen and it write down properly. I lost track of how many times I said to medical staff, "I'm telling you now he will end up killing himself or somebody else. He's a danger to himself as well as others", when I was questioning why he was never sectioned. And, yeah, it fell on deaf ears, it was like over the years just banging your head against a brick wall.

Q. It sounds probably obvious, but why did you feel it was so important that they spoke to you to get that collateral information?

A. I think because for the most part, especially when Terry was in hospital, he was too unwell to articulate himself properly and to explain what his needs were. I mean, he was really, really unwell and would not be able to explain clearly to a doctor what was going on in his head. There were also moments when he would become very good at masking, so if he thought you know, actually now's the time when I need some more drugs or I need to calm myself down. It was like at times he would put on a front, mask, and make out everything was okay just so that he could get home.

Q. We talked slightly earlier on, we looked at the entry where on one occasion he is asking for help, on the next occasion he wants to be discharged he wants to go. Would

it be fair to say that, I think you described it as swinging from one to another --

A. Yes.

Q. -- if healthcare professionals were able to speak to you, is it that you might be able to put that into perspective?

A. Yes, yeah, exactly. I would have done, but for the most part I was never listened to.

Q. Can I ask you, is there any reason that you feel, perhaps with the benefit of hindsight, or perhaps that you felt at the time even, why you weren't listened to?

A. I think staff were too busy is what it boils down to. I think, obviously, staff working in the NHS do so with -- they go into it with the right reasons, with a lot of compassion, and I think when you are really, really busy and really, really stressed it can be very difficult to sit down and listen to somebody and get a full history of somebody's -- to read through records, read through medical records thoroughly.

Q. Was there anything with regards to Terry's drug use, for example, that may have acted as a barrier to him receiving the appropriate care?

A. Yes. I think he was judged, stereotyped and dismissed as being a bit of a druggie. I think his underlying mental health conditions weren't taken seriously enough. I

think there was a disproportionate focus on his substance misuse rather than his mental health, and the fact that he ticked every single box for being the most at risk of suicide, yet that was kind of ignored. Yeah, it was like every single time they wanted to discharge him from hospital as quickly as possible.

Q. Okay. I want to ask you about an entry on 6 December, so this is at the bottom of page 8, paragraph 13 of your statement. This is an EPUT e-mail sent on 6 December requesting that he be referred to the first response team, and going over the page to page 9, for an urgent medical review and review by the improving access to psychological therapies. Can you see that?

A. Yes.

Q. Then just moving forward in time, there's another occasion, paragraph 16, if I can take you to that, page 10, we can see at the top of the page the date entry 23 December 2017. That's paragraph 15. But then if we look further down, it refers to a discharge on 17 December 2017, so I am just going to read extracts of this entry it says here:

"Terence was seen by street triage today ..."

Do you know what street triage is? Is that an organisation that you are familiar with?

A. I think it just means -- I think it just means the

police. Unless there is a psychiatric nurse or someone trained in mental health first aid.

Q. I think we will come on to that and that might be able to help answer that. It says that he was:

"Seen by street triage after he contacted his brother informing the brother that he was having suicidal thoughts."

It says:

"Attending police attended the scene and found the front door to be open."

And then it describes how Terry was found in the bath:

"He was breathalysed ... He admitted to having smoked cannabis which was evident whilst in the flat."

It then goes on to say that he was:

"Discharged 17th Dec 2017 from RAID following an overdose and a plan had been put in place for Terence to self-refer if required to drug and alcohol services, to register at a local GP and provided emergency numbers should he require them. However, when I asked Terry about the plan he has not done anything to date. Terence said his thoughts suicide were impulsive and he no longer had any thoughts to harm himself or others."

I just wonder whether we can unpack that entry slightly. Several things arise, this was an entry

relating to another attempt to end his life and it says it was prompted as a result of your brother, Terry's brother, phoning that he was having suicidal thoughts and police finding him. And that it says he had been asked to self-refer. I just want to ask you about that self-referral to services, to the drug and alcohol services on this occasion. Do you have any views or thoughts about Terry's ability to follow up with a referral to drug and alcohol services, for example, given what was going on in his life at this particular moment?

A. Yeah. I think first of all, it's important to remember what the police said to him at the time, which I think is awful. They told him to "smoke a joint and calm down". That was their response to somebody who was in the middle of attempting suicide.

Q. How do you know that?

A. Terry told me afterwards because even he himself was shocked that that kind of -- that was what he was -- that was the help on the evening that he tried to do this, smoke a joint and calm down. Anyway, that's the police. Giving him a number to self-refer when Terry was that unwell at the time, he found it so difficult to cope and was struggling so much in such a dark place, there was absolutely no way he was well enough to pick up the phone and make an appointment. I mean, his struggles were

really that bad that even a task like that would be impossible for him.

Q. And so given how you have described how Terry was, being as unwell as he was at the time, do you have any observation about the appropriateness of putting the responsibility on somebody who was unwell?

A. Completely inappropriate. Yeah, I think for a mental health patient, for someone who has just attempted suicide, that's not an appropriate way to treat somebody like that.

Q. I would like to ask you to turn to -- well, let me ask you this before we come on to the next entry. We can see here at the bottom of this page, before we move on away from this page, paragraph 16, the date is 4 January 2018. Can you see that?

A. Yes.

Q. At bottom of that page it's referring to the street triage service, 4 January 2018. At the very bottom the last line there the date of the assessment, 23 December 2017. Does this, therefore, this is a letter, it would seem, or an entry made on 4 January 2018, but it actually refers to an incident on 23 December 2017, so sometime before that. Is that right?

A. Yes, I think so, yes.

Q. And if we turn over the page to page 11, it refers to at

the top of that page a "Psychiatric Street Legion Liaison Nurse". So does that help you at all with regards to the street triage team. It was a psychiatric nurse, I think, who conducted an assessment and said that he was having suicidal thoughts; can you see that at the top of there?

A. Yes.

Q. It goes on to say:

"On discharge" -- 17 December, so relating back to the earlier incident, so we have gone from 17 to 23 December, it says:

"Terry agreed to sell refer to Drug Services, register at a local GP" -- and then this which is similar to the entry we looked at before but now it says to -- "refer for Bereavement Counselling of which he has not done to date."

A. And he wouldn't because he was incapable of -- the state he was in, he was incapable of sorting out something like that, making the appointment.

Q. Now, the next entry on this page, page 11, relates to 21 August. But in between this entry that relates to 23 December, noted on 4 January 2018 and August 2018, was there anything significant that happened with regards to Terry in and around 2018?

A. I mean, there was always something going on with Terry. There was always some kind of drama. There aren't

anything in his notes. However, I did recognise that there were a lot of his medical notes were missing, when I was sent them after his death. So I'm not entirely sure I have got the full picture. There would have definitely been something going on, I can guarantee it. I obviously can't remember the exact dates, but it was Terry and he was unwell during this time.

Q. Was there a time where he changed where he was living, the area that he was living in?

A. Yes he moved from -- I think it was, he moved from Upminster to Leighton then to Basildon. So roughly the year before he died he had been moved to Basildon against his wishes. It was the only housing available, so he had to take it and he was very unhappy about that.

Q. So moving Upminster, Leighton, Basildon, would that have been across different NHS Trusts?

A. Yes, as well as North London for a while. I can't remember the exact dates.

Q. Are you able to help us at all, you mentioned before that you think there are things missing. Have been able to try and ascertain why that might be, why there might be aspects missing?

A. I think it is to do with the transfer of medical records from NELF to EPUT. So late down the line, the transfer of information only happened in March 2019, which was a

month before he died. Therefore on the numerous occasions he was admitted to Basildon Hospital, they wouldn't have been able to see all of those previous attempts, all of the police incidents, the self-harm, the suicide attempts, the police attendances and everything that he discussed with his GP.

Q. And we have seen, we are obviously referring to Terry as Terry because that's how he was known, and that's how you would like us to refer to him. But I have referred to a couple of entries where he is called Terence. Did that play a part in how he was registered with his GP and how his records were kept. Do you know at all?

A. Yes, so on some documents he was Terence, spelled T-E-R-E-N-C-E which was the correct way to spell his name. Other records he was Terry. I think I saw on one form Terrance, T-E-R-R-A-N-C-E and there was also an error in his date of birth as well. So this certainly would have affected the transfer of care records, and also perhaps why some of the medical information was missing when they sent to it me after his death.

Q. So I would like to look at this entry, paragraph 17 of your statement, 21 August 2018. It says here that:

"Terry's brother is saying Terry is talking gibberish. He has taken drugs and is now having a psychotic episode. Terry's brother stated this is not

unusual and he has contacted the police who will be attending when they can. Terry has moved from Leighton to Basildon. Terry reported that he lives miles away and was phoning to see if street triage would be attending."

Do you have any recollection of that or is that one of a number of instances?

A. It's definitely one of a number, but I think it's important to highlight how after every incident it was not only me trying to speak to doctors or trying to speak to the police or trying desperately to get him more help, it was also James asking the same thing and James making a million phone calls and sending e-mails. Both of us fighting the battle to get him more help.

Q. We can see here this is -- I think this would have been EPUT at time because if we turn over at the bottom of this page, before we do turn over, sorry, the bottom of this page is the entry, date entry 2 September 2018, and then if we turn over to page 12 it says SEPT, but it later says EPUT Mental Health Services and the top of that page says:

"He was referred to the Criminal Justice Liaison and Diversion Team for screening at Basildon Police Station as he had markers for ADHD and wants to discuss his mental health issues. He is not currently open to EPUT mental health services. He had a diagnosis

of ADHD since the age of 17. He has a known history of cocaine addiction and impulsive overdoses whilst under the influence of drugs. Given input from Cruse for bereavement counselling."

And then it goes on to say:

"He was offered screening to ascertain any risk of self-harm. Suicidal, physical mental and social needs, substance misuse or vulnerabilities."

Then goes on to say that:

"Terry declined to be screened, stating he only wants help to be released at that time so he can attend Norfolk a two-hour drive ... so that he can scatter his mother's ashes by 2pm."

It then says:

"He refused to discuss any issues and a free text was put into Athena about his decline to the CJLDT", Criminal Justice Liaison and Diversion Team.

I just want to ask you about that entry, so to orient you in time this is 2 October 2018. Can you tell us what was going on?

A. We were about to scatter his mum's ashes in Norfolk, and I think that was making him more unwell, the thought of doing that, the thought of family being there, the thought of having to get himself there on time and he was arrested. I can't exactly remember what the

non-molestation order was. I think this might have been when he got into a bit of a fight with his ex-father-in-law, I'm not sure, who he wasn't meant to see. But he was arrested and he was in a real state at the time, I remember, and in this report it says he asked to see the psychiatrist. So he asked to see the psychiatrist. Obviously that doesn't happen instantly, and he must have had to wait overnight or for an assessment in the morning, but obviously he was due to be in Norfolk to scatter the ashes. So I think maybe by the time the morning came he was like, "No, no, I have to go now, this is more important than sorting myself out", which is understandable. So again, this kind of swinging between, "I need help, I need help, I'm really unwell", and then, you know, kind of backing off. The psychiatric nurse didn't have any of the previous records.

Q. So to help in terms of the detail of this, on that page 12, paragraph 19, there's an entry on 2 September 2018. If we look at the final sentence in that short paragraph, he was seen by a CPN, I think that's community psychiatric nurse in Basildon police station, and it goes on to say and declined to be assessed or discuss any issues. I think you just explained from your perspective why Terry refused that and it is explained here as well about scattering his mother's ashes in Norfolk.

If we turn over the page, page 13 at the top of that page it says:

"CPN" -- so community psychiatric nurse -- "informing the Custody Officer of Terry's refusal to be screened. Due to his refusal to be screened no further support or advice could be or was offered. The CPN was unaware that he was open to HABIT" -- are you able to help us with that? I think it is Havering Access Brief Intervention Team, which I think is the organisation that fell under NELFT at the time, is that right?

A. Yes, because he was living in Upminster at the time so that would make sense.

Q. And it says here he had a follow-up psychiatric appointment planned in October 2018. So you have said that the community psychiatric nurse was unaware of his notes. It says here that the community psychiatric nurse was unaware that he was open to HABIT at the time, and he was due to have a follow up appointment with a psychiatric appointment in October 2018. Why do you raise that and why do you think that's a concern for you?

A. Because it's another red flag, it's another missed opportunity. The transfer of his medical records hadn't yet happened, so the community psychiatric nurse was unable to see the history. I think perhaps if they had been able to see the history at that point, they might

have been the one person who said, "Hang on a minute, let's look at this guy's history. He has been seriously unwell, a history of overdoses, suicide attempts. He does tick every single box for being the most at risk of suicide. Perhaps we need to do a little bit more than just discharge him."

I think when you read through my witness statement, you can see time and time again how many missed opportunities there were.

Q. So I want to turn now, sticking with some of those entries that you refer to, bottom of this page 13, 30 October 2018. Turning over the page, you have made reference to the notes at page 14. It says here at the very top:

"These records were only uploaded to Mobius when GP referred to the FRT in March 2019."

I think that's something you referred to before which regard to the transfer of Terry's notes, which happened the month before he died.

A. Yes, I think that is quite a crucial piece of evidence in this, that the months leading up to his death and these events, from 2016 onwards, when he did become more unwell, hospital staff weren't able to access that information. They weren't able to see the history, they weren't able to see the amount of times he had visited

the GP, the amount of different referrals, the amount of times he had attempted suicide or there had been some kind of police attendance of self-harm. That was not visible to them so they weren't able to gain a picture of how serious his mental illness was.

Q. What it says here, and this is information which has been gathered from the root cause analysis report, which we will return to, but it says here that Terry was seen by a consultant psychiatrist in HABIT because his GP at time was in Upminster. This was a follow-up appointment and he had previously been seen August 2018 and undertaken a full assessment which is documented, and part of that assessment was that he had a diagnosis of mixed anxiety and depression, mounting social stresses and in the August assessment the consultant psychiatrist considered he had an underlying personality disorder. It then goes on to say that in the interview the consultant psychiatrist stated that Terry was calm, co-operative, tearful at times and appeared moderately depressed, that he denied any intention to hill himself. He had protective factors not hopeless or helpless and the consultant psychiatrist noted no other positive findings on his mental state with no evidence of any psychotic symptoms. The doctor asked for his general practitioner to increase his antidepressant medication and details of

that are provided and the plan was that he would be seen again on 7 January 2019. Can you see that?

A. Yes.

MS MALHOTRA: I am conscious of the time, and I think we've been going for an hour. I think before we move on to January 2019, which is where I am going to ask you questions about now, now is probably a good time to take a break. So perhaps if we take a ten minute break now and come back at 4.20.

THE WITNESS: Yes, lovely.

MS TROUP: Chair, thank you. We will play the second section of Emma's prerecorded evidence session tomorrow at 10 am.

THE CHAIR: Thank you.

(5.22 pm)

(Adjourned until 10 am on 28 October)

I N D E X