

Monday, 2 February 2026

(10.00 am)

Opening remarks by THE CHAIR

THE CHAIR: Good morning and welcome to everyone joining us here in person at Arundel House in London, and those who are following these proceedings virtually.

This hearing, beginning today and ending on Monday 16 February, will focus on oral evidence from bereaved families. Over the course of this hearing, the family witnesses will share their experiences and recollections of the mental health inpatient care received by their family member. We will shortly be hearing a statement from Counsel to the Inquiry, Nicholas Griffin KC, who will speak in more detail about the evidence we'll hear during this hearing.

I wish to offer my appreciation to all the family members giving evidence today and over the coming weeks. I understand that providing evidence to a public inquiry may be difficult and upsetting for many people. I wish to remind everybody that emotional support services, overseen by the Inquiry's chief psychologist, are available.

Anyone who needs assistance during the hearing should please contact my Inquiry team, who will help them to access this support.

1 The evidence given by bereaved families is vital to
2 the Inquiry's understanding of the key issues and its
3 concerns within the scope of our work, and I am grateful
4 to them all for their time and effort in engaging with
5 the Inquiry.

6 I and my Inquiry have recently provided a range of
7 new and helpful information about the structure and work
8 of the Inquiry and how this will drive the Inquiry
9 forward to its completion. These documents follow on
10 from the one-day virtual hearing on 8 December during
11 which legal representatives addressed me on the draft
12 investigative strategy and a number of procedural
13 matters, and I'm very grateful to the legal
14 representatives for their written and oral submissions.

15 I wish to talk briefly about these recently
16 published documents and draw out and repeat some of the
17 key points arising from them.

18 My response to the submissions made on 8 December
19 was published on the Inquiry's website on 26 January.
20 It provides a clear picture to Core Participants and
21 others engaging with the Inquiry about our important
22 work from now up until the end of the hearings.

23 One of the key messages I took away from the
24 8 December hearing was the desire for more information
25 about the Inquiry's work. So, in response, the Inquiry

1 has published its updated investigative strategy. Its
2 full title is the "Statement of Approach on
3 investigating illustrative cases of those who have
4 died", and it also outlines the thematic areas we'll be
5 investigating.

6 For anyone interested in the details of the
7 Inquiry's work, I would recommend reading the full
8 document, which is available on the Inquiry's website.
9 The Inquiry has also published a high-level timeline,
10 which provides an overview of the life of the Inquiry,
11 including the work up to now and looking forward;
12 provided a diagram, setting out in broad terms our
13 Inquiry work areas, which are established to meet our
14 Terms of Reference. It shows how the work areas operate
15 together to drive the Inquiry forward.

16 In addition, the Inquiry has committed to providing
17 a regular report on the work of the Inquiry, which will
18 be published on the Inquiry website, and we have made
19 available an indicative hearings plan, which provides
20 more information about how we're arranging our hearing
21 blocks right through to the end of our hearings.

22 As set out in my response to the 8 December
23 submissions, I have decided to make some alterations to
24 the Inquiry's hearing timetable.

25 In order to allow sufficient time to undertake our

1 investigative work and collate related evidence, I have
2 directed that the hearing listed in April this year will
3 no longer go ahead. In its place, two further hearings
4 will be added to the end of our current hearing blocks.
5 This will take the Inquiry's hearings into mid-2027.

6 The first hearing related to systemic issues will
7 now take place in July this year. The change in
8 timetable is partly needed due to the delay in the
9 Inquiry receiving material. This relates to both
10 witness statements and documents.

11 Unfortunately, such delays have impacted the ability
12 of the Inquiry to progress investigations and other work
13 as quickly as I would like. My team will continue to
14 work closely with those who are requested to provide
15 information to ensure that this Inquiry continues to
16 make progress and that I'm able to meet my Terms of
17 Reference.

18 I do have statutory powers to compel evidence and
19 I will use those powers if I consider it necessary to do
20 so.

21 This February hearing, which begins today, will be
22 the final hearing that's dedicated solely to family
23 evidence. Following this hearing, and building on what
24 we've heard from families, the Inquiry's focus will move
25 to investigating systemic issues in respect of inpatient

1 care.

2 We will adopt a thematic approach to our
3 investigations. The thematic areas are set out in our
4 investigative strategy. They include, amongst others:
5 sexual safety; neurodevelopmental orders; observations
6 and the use of technology; and Child and Adolescent
7 Mental Health Services.

8 The thematic areas will be kept under review. The
9 first thematic hearing will be, as I've said, in July,
10 and it's intended to focus on the following themes:
11 assessment and admission, observations and the use of
12 technology, co-occurring health conditions and older
13 adult care, sexual safety and safeguarding.

14 More information on the thematic areas the Inquiry
15 plans to hear at each future hearing can be found in the
16 indicative hearings plan, which is included in my
17 response to submissions made on 8 December.

18 I am aware that there are some Core Participant
19 bereaved family members, who, for various reasons, have
20 yet to provide a statement to the Inquiry about their
21 experiences. I want to reassure those families who wish
22 to engage that I welcome their input in other ways. The
23 Inquiry will continue to offer flexibility and support
24 to all those family Core Participants wishing to
25 contribute.

1 As the hearing is no longer taking place in April,
2 I have asked my team to make that time available for me
3 to consider recorded evidence sessions with bereaved
4 families and with those with lived experience, should
5 they wish me to do so.

6 For many individuals, particularly those who are
7 vulnerable, recorded evidence can be the best way to
8 provide evidence in a less formal environment, at a time
9 which is convenient and with appropriate support. After
10 Easter, I will carefully review all statements and
11 recorded sessions and decide whose, when and what
12 further evidence will be sought from families and those
13 with lived experience.

14 For that reason, I have allocated up to three days
15 in either the July and/or the October 2026 hearings for
16 evidence from bereaved families on areas that I consider
17 would assist me. No family or individual with lived
18 experience will be compelled by me to provide evidence
19 to this Inquiry: a decision to provide evidence is
20 a matter entirely for them.

21 I also wish to reassure Core Participants that all
22 deaths relating to Core Participants will be included
23 within the illustrative cases and will be investigated
24 by my team. For anyone interested in how the Inquiry is
25 going about its work, both now and in the future,

1 I recommend reading the full documents which are
2 available on the Inquiry's website. I will continue to
3 keep our processes under review throughout the life of
4 the Inquiry and to consider the submissions of Core
5 Participants and those engaging with it.

6 The Inquiry's Terms of Reference require me and my
7 Inquiry team to undertake a thorough investigation of
8 the systemic issues and failings relating to the deaths
9 of mental health inpatients in Essex, between 2000 and
10 2023. Systemic failings in mental health inpatient care
11 have been identified in other parts of the country too,
12 as is evident from the Health Secretary's announcement
13 in December of a statutory inquiry into the mental
14 health services at Tees, Esk and Wear Valley NHS
15 Foundation Trust.

16 It's important, wherever possible, that my
17 recommendations are national, as well as local, in
18 scope. By understanding what happened, I can make
19 recommendations to help ensure that the same failings do
20 not happen again in Essex or in the rest of the country.

21 The policy and regulatory landscape in mental health
22 care is developing as this Inquiry progresses and it
23 will continue to develop all the way through to the
24 publication of my final report. My Inquiry team will
25 keep a watchful eye on these matters and my report will

1 be set into the landscape that exists at the time of
2 publication.

3 The Inquiry is in a strong position to carry out the
4 remainder of its wide-ranging work with the help of its
5 Core Participants and witnesses. There's a lot still to
6 do but, by following and implementing the approach set
7 out in the recently published documents that I've talked
8 about today, I'm confident that I'll be able to deliver
9 on my Terms of Reference and provide a report which
10 contains meaningful recommendations for lasting change.

11 Before I hand over to Counsel to the Inquiry, I wish
12 once again to thank all those who will be giving
13 evidence to this hearing and who have given evidence at
14 previous hearings over the past year and a half. I'm
15 very grateful for their participation, their time, and
16 their candour.

17 I'd also like to thank Kate Ward, who, until
18 December, was this Inquiry's Secretary, and Trisha Rich,
19 who will shortly move on from her role as Deputy
20 Secretary. They have both served this Inquiry since its
21 inception as a non-statutory inquiry, through its
22 conversion through to a statutory inquiry and up to this
23 year. I'm very grateful for their work and their
24 dedication. I also take this opportunity to introduce
25 the new Secretary to the Inquiry, Helen Gibson, who is

1 sitting to my right, and the new Deputy Secretary,
2 Deborah Browne.

3 Both are here today and will be present for much of
4 the February hearing. I know that Helen and Deborah are
5 happy to introduce themselves to those here at Arundel
6 House who may wish to meet them.

7 I will now hand over to Counsel to the Inquiry,
8 Nicholas Griffin KC.

9 **Opening statement by MR GRIFFIN KC**

10 **MR GRIFFIN:** Thank you. This is the Lampard Inquiry's sixth
11 public hearing.

12 Chair, you have referred to the information recently
13 provided by the Inquiry, including your response to the
14 submissions made by Core Participant lawyers in
15 December, and in the Inquiry's updated investigative
16 strategy, its "Statement of Approach on investigating
17 illustrative cases of those who have died". The Inquiry
18 has also just published a disclosure update.

19 These documents, as you said, are available on the
20 Inquiry website. They are also hyperlinked in the
21 written version of this opening statement, which will
22 shortly go on to the website. Together, they provide an
23 update on the progress of the Inquiry's work and
24 information, as you've said, about its future timeline
25 and plans. For that reason, this opening statement will

1 be a short one, in which I focus on the subject of this
2 hearing, rather than repeating what you have said and
3 matters that have been covered in those recent
4 communications.

5 In July and October of last year, the Inquiry heard
6 powerful evidence from the families of those who died
7 whilst receiving mental health care from trusts in
8 Essex. From that important evidence, there emerged
9 a number of common themes and clear lines of enquiry,
10 careful consideration of which is already well under
11 way. These hearing is the last of the three that will
12 be dedicated primarily to hearing evidence from the
13 families and friends of those who have died.

14 Over the coming weeks, the Inquiry will hear oral
15 evidence from 13 further families and friends of those
16 who have died. I want to reiterate, as I have done at
17 each of these three bereaved family hearings, that the
18 Inquiry is immensely grateful to each of those witnesses
19 for their strength and courage in coming forward to
20 share their accounts. As you have made clear, Chair,
21 the unique experiences, recollections and observations
22 shared by the families and friends of those who have
23 died form a fundamentally important part of the basis
24 for the Inquiry's work. Those families and friends, and
25 those that each of them lost, remain at its core.

1 Throughout this hearing, the Inquiry will be
2 listening to evidence that may be deeply distressing.
3 For many of those following the Inquiry, the experiences
4 of the families we are about to hear from will resonate
5 with the trauma and grief they too have suffered, and
6 continue to suffer, or of experiences of mental ill
7 health or mental health inpatient care.

8 Chair, you have just mentioned that emotional
9 support is available for anyone who requires it. The
10 wellbeing of those participating is extremely important
11 to this Inquiry.

12 For those in the room, please know that you are
13 welcome to leave at any point during these proceedings.
14 Each day, present in the room will be two support staff
15 from Hestia, an experienced provider of emotional
16 support. The Hestia support staff can be identified by
17 their orange lanyards and scarves. A private room where
18 you can talk to Hestia support staff is available
19 throughout the hearing. Or, if you would prefer, please
20 speak to a member of the Inquiry team so that we can
21 make arrangements for support from Hestia for you. We
22 are wearing purple coloured lanyards.

23 For those watching online, information about
24 available emotional support can be found on the Lampard
25 Inquiry website at lampardinquiry.org.uk and under the

1 "Support" tab near the top right-hand corner. You can
2 also contact the Inquiry team's mailbox on
3 contact@lampardinquiry.org.uk for this information.

4 We want all those engaging with the Inquiry to feel
5 safe and supported.

6 I am assisted at this hearing by three members to
7 the Counsel to the Inquiry team: Rachel Troup, Priya
8 Malhotra and Natasha Lloyd-Owen. We have been working
9 closely with briefed families and friends and with their
10 legal representatives to help to support and prepare
11 them for their evidence.

12 As I have explained at previous hearings, my counsel
13 team works closely with the Lampard Inquiry Solicitor
14 Team, under Catherine Turtle, as well with the Inquiry's
15 Secretariat. Chair, as you've just mentioned, the
16 Secretariat is under the new leadership of Helen Gibson.

17 My colleagues and I work for you and are instructed
18 by you, Chair, to assist you in your important task, and
19 we do so independent from all other organisations and
20 individuals.

21 I'd like, once again, to introduce the lawyers who
22 are representing Core Participants.

23 Representing briefed families and those with lived
24 experience: Bates Wells, with their instructed counsel,
25 Sophie Lucas; Bhatt Murphy with Fiona Murphy, King's

1 Counsel, and Sophy Miles; Bindmans with Brenda Campbell
2 KC and Tom Stoate; Hodge Jones & Allen with Eleena Misra
3 KC, Dr Achas Burin, Rebecca Henshaw-Keene, Jake Loomes,
4 and Annahita Moradi; Irwin Mitchell, Leigh Day and
5 Deighton Pierce Glynn, all with the same counsel, Maya
6 Sikand KC and Laura Profumo.

7 Representing Core Participant organisations: Bhatt
8 Murphy for INQUEST with Anna Morris KC and Ciara
9 Bartlam; Browne Jacobson for Essex Partnership
10 University NHS, or EPUT, with Eleanor Grey KC and Adam
11 Fullwood; Kennedys for North East London NHS Foundation
12 Trust or NELFT, with Valerie Charbit; DAC Beachcroft for
13 NHS England with Jason Beer KC and Amy Clarke;
14 Government Legal Department for the Department of Health
15 and Social Care with Anne Studd KC and Robert Cohen;
16 Mills & Reeve for the Integrated Care Boards with
17 Samantha Broadfoot KC; the Care Quality Commission Legal
18 Services Team for the CQC with Jenni Richards KC and
19 Rachel Sullivan; the Health and Safety Executive's Legal
20 Services Division for the HSE with Tom Green KC; Bevan
21 Brittan for LIO, formerly Oxehealth, with Fiona Scolding
22 KC; Essex County Council Legal Services for Essex County
23 Council; Essex Police Legal Department for Essex Police;
24 Cygnet Healthcare Limited Legal Team for Cygnet Health;
25 Weightmans for British Transport Police; and in-house

1 representation for St Andrew's Healthcare.

2 In this hearing the Inquiry will hear about the
3 following people who have died:

4 Georgina Sefton, who died on 10 June 2006, aged 29.
5 We will hear evidence this morning from her mother, Ann
6 Sefton.

7 Daniel Lee Marcovitch, who died on 11 January 2022,
8 aged 44. We will hear evidence later today from his
9 father, Simon Marcovitch.

10 Milan Radovanovic, who died on 25 July 2018, aged
11 25. We will hear evidence from Milan's mother,
12 Anastasija Fuller.

13 Terry Dicks, who died on 16 April 2018, aged 46. We
14 will hear evidence from Terry's mother, June Dicks.

15 Tillie-Anne King, who died on 8 March 2020, aged 21.
16 We will hear evidence from her mother, Lisa Bates.

17 Malgorzata Elzbieta Breczko-Nowak, known as Gosia,
18 who died on 27 June 2019, aged 41. We will hear
19 evidence from her friend, Stuart Ringer.

20 Paula Parretti, who died on 6 January 2002, aged 46.
21 We will hear evidence from Paula's sister, Samantha
22 Cook.

23 Marion Michel, who died on 4 March 2022, aged 56.
24 We will hear evidence from her sister, Karen Michel.

25 Benjamin Morris, who died on 28 December 2008, aged

1 20. We will hear from Benjamin's mother, Lisa Morris.

2 Christopher Mark William Irwin, known to his friends
3 as Teddy, who died on 2 May 2023, aged 34. We will hear
4 evidence from his mother, Sonia Edwards.

5 Glenn Holmes, who died on 7 July 2012, aged 19. We
6 will hear evidence from Glenn's sister, Amanda Cook.

7 Rocky Stenning, who died on 19 July 2018, aged 26.
8 We will hear evidence from Rocky's sister, Kristal
9 Stenning.

10 The Inquiry will also hear evidence in private
11 session from one further family witness, to whom you
12 have granted a restriction order.

13 I referred a moment ago to common themes that have
14 arisen. Chair, many of the issues raised by the
15 families and friends we are about to hear from will, by
16 now, be sadly familiar to those who have been following
17 this Inquiry, echoing the voices of the families we
18 heard evidence from in both July and October. The
19 issues that we will hear about include but are not
20 limited to:

21 Failures adequately to assess and admit and failures
22 to admit at all;

23 A lack of availability of beds in inpatient units;

24 Inadequate, inappropriate and, in some cases,

25 non-existent communication and engagement with families,

1 at all stages of assessment, admission, inpatient
2 treatment and discharge;

3 Failures to plan and coordinate care, allocate staff
4 to any coordination role or to take any oversight;

5 Inappropriate medication and over-medication,
6 including on discharge in cases where overdose was
7 a known risk;

8 Wholesale failures for vulnerable people young
9 people at the crucial period of transition from Child
10 and Adolescent Mental Health Services, or CAMHS, to
11 adult mental health services;

12 Failures in communication and coordination between
13 service providers, including health services, Social
14 Services, criminal justice system teams and prisons;

15 Mismanagement of co-occurring physical health
16 conditions and associated mental health difficulties;

17 Failures in communication and coordination between
18 physical and mental health services;

19 Failure to prevent patients from absconding;

20 Repeated failures to adhere to, or even to activate,
21 missing persons protocols when alerted to patients
22 having absconded or having failed to return from leave;

23 Failures to consider or make appropriate
24 safeguarding referrals, including in the context of
25 sexual safety;

1 Failures to refer for specialist treatment for
2 eating disorders;

3 Mismanagement in relation to all aspects of care for
4 substance misuse;

5 A lack of understanding about, and a dismissive
6 approach to, addiction more generally, including in the
7 case of self-harm and severe symptoms;

8 Rudeness and a lack of care from staff;

9 Clear deficiencies in the control of access to
10 high-risk items, including knives;

11 Inadequate and unfocused risk assessments;

12 Disorganisation, understaffing and a lack of
13 continuity in care; appointments that had been relied on
14 cancelled at the very last minute with no alternative
15 support provided;

16 Poor and inadequate investigations by trusts;

17 Trust defensiveness and an unwillingness to identify
18 problems, still less to learn from events.

19 In my opening statements for the July and October
20 hearings, I explained that the witness statements
21 provided by each witness giving evidence will stand in
22 full as their evidence. That remains the case for this
23 hearing. As before, each witness will be asked
24 questions by the members of the counsel team I have
25 named. Counsel will help each witness to expand on what

1 they have written and to highlight their gravest
2 concerns about the care and treatment of those they have
3 lost.

4 Those witness statements will then be published on
5 the Inquiry's website once each witness has given their
6 evidence. May I say once again, for the avoidance of
7 doubt and for clarity, that copies of the statements
8 that are published will be redacted in line with the
9 Inquiry's published approach. That approach sets out
10 three main categories where redactions may be applied:

11 Staff names -- in order to ensure fairness, these
12 names will be redacted on a temporary basis.

13 Detailed evidence about methods of self-harm, injury
14 or death, particularly where the details could be
15 considered instructional -- to minimise risk and to
16 protect the public from potential harm.

17 Information that is personal in nature where it's
18 not considered by you, Chair, to be relevant or
19 necessary to be made public.

20 I move now to the timetable for this hearing. In
21 this week and next week, the Inquiry will sit on Monday,
22 Tuesday and Wednesday. In the third week, the Inquiry
23 will be sitting on Monday only. That's Monday,
24 16 February. The timetable for the hearing can be
25 viewed on the Inquiry website.

1 As a general rule, during this hearing, we will
2 begin at 10.00 am and finish before 4.00 pm each day,
3 though there may be days on which there is an earlier
4 finish. There will be a short break in the mornings,
5 and in the afternoons, in which teas and coffees will be
6 provided for those who are attending. There will also
7 be a one-hour break for lunch each day. Those timings
8 will always be subject to change. The Inquiry works
9 flexibly in order to support witnesses and may therefore
10 take additional breaks or make other arrangements
11 wherever appropriate.

12 As with all of the Inquiry's hearings, it is not
13 necessary to attend in person in order to watch or
14 follow the evidence. Arrangements have been made for
15 Core Participants and their representatives, where not
16 attending in person, to watch the hearing live on
17 a secure weblink. For the wider public wishing to
18 follow remotely, the hearing will be live streamed on
19 the Lampard Inquiry YouTube channel. Please note that,
20 as before, the footage on that channel will be streamed
21 with a ten-minute delay.

22 I am about to finish my opening remarks. I will
23 then suggest we rise for 15 minutes before I hand over
24 to my colleague, Rachel Troup, and we hear from our
25 first witness. Ann Sefton's evidence, and that of Simon

1 Marcovitch later today, will inevitably touch on
2 troubling matters. I refer back to what I said at the
3 start of this statement about the support that is
4 available for those present here at Arundel House or
5 watching remotely.

6 Chair, I conclude by reiterating that your Inquiry
7 team remains wholly committed to doing whatever it takes
8 to assist you in your scrutiny of the provision of
9 mental health inpatient services in Essex and in
10 formulating recommendations for real, long-term change.

11 Chair, I suggest that we rise now and come back for
12 our first witness at 10.55.

13 **THE CHAIR:** Thank you, 10.55.

14 **(10.38 am)**

15 **(A short break)**

16 **(11.15 am)**

17 **MS TROUP:** Thank you, Chair. Could we have the witness
18 sworn, please.

19 **ANN SEFTON (affirmed)**

20 **Questioned by MS TROUP**

21 **MS TROUP:** Thank you, Ann. We're going to take it slowly
22 and I don't want you to worry about asking me to stop or
23 take a break if that's what you need to do, all right?
24 You'll just tell me.

25 **A.** Okay.

1 Q. All right. First, I'm going to ask you to give your
2 full name, please?

3 A. Ann Sefton.

4 Q. Thank you. Ann, I want to introduce what you're talking
5 about and what you've come to give evidence about.

6 A. Okay.

7 Q. You are the mother of Georgina Sefton --

8 A. Yes.

9 Q. -- who died on 10 June 2006 --

10 A. Yes.

11 Q. -- when she was 29?

12 A. Yes.

13 Q. At the time of her death, Georgina was an inpatient at
14 the Linden Centre --

15 A. Correct.

16 Q. -- but had failed to return from leave; is that right?

17 A. Yes, yes, that's right.

18 Q. So, by way of background, you have submitted to the
19 Inquiry a witness statement and you have a copy of it in
20 front of you, yes?

21 A. Yes.

22 Q. Your witness statement, Ann, is 19 pages long and, if
23 I can ask you to turn, please, to page 18, which is the
24 very end of it. It's not the last page, in fact, but
25 the second to last page?

1 **A.** Yes, statement of truth.

2 **Q.** Yes, so just to confirm that your statement is dated
3 22 December 2025 and that is the page where you made
4 a statement of truth and signed?

5 **A.** Correct.

6 **Q.** Thank you. Are you content, sitting there now, that
7 your statement is true and accurate?

8 **A.** Yes.

9 **Q.** Thank you. That witness statement, as you know, because
10 you and I have discussed it, now stands as part of your
11 evidence to this Inquiry?

12 **A.** Yes.

13 **Q.** What I don't intend to do over the next hour or so is
14 take you through it line by line. You and I will go
15 through it but we'll just talk through some of the most
16 important matters that you want to raise.

17 **A.** Yes.

18 **Q.** All right?

19 A couple of things that I think it's important for
20 us to note at the start of you telling us about what
21 happened to Georgina: first of all, you and your husband
22 have long engaged with this Inquiry and with the Essex
23 Mental Health Inquiry before we became the Lampard
24 Inquiry?

25 **A.** That's correct.

1 Q. You and your husband, when this was a non-statutory
2 inquiry, came and gave an evidence session back in May
3 2022, correct?

4 A. Yes.

5 Q. You also, Ann, attended throughout this Inquiry's
6 commemorative hearings at Chelmsford in September 2024?

7 A. That's right.

8 Q. You gave, at that time, a very moving account about
9 Georgina's life and about the impact of her death on you
10 and your family?

11 A. Yes.

12 Q. I think, in fact, you and I read that together, if you
13 remember, we sat side by side --

14 A. Yes.

15 Q. -- and together read that account.

16 A. Mm.

17 Q. So the first thing that I wanted to note is to tell you
18 again that we are extremely grateful to you for coming
19 forward and giving evidence in all of these different
20 ways.

21 There are a couple of other things I want to note
22 before we go on and the first is that you tell us in
23 your witness statement that some of the matters we're
24 going to cover are not things that were known to you at
25 the time --

1 **A.** Okay.

2 **Q.** -- because a lot of the time, during Georgina's care and
3 treatment, you and your husband didn't know what was
4 happening?

5 **A.** No, they didn't tell us anything.

6 **Q.** So the period we're going to concentrate on is in 2006
7 and we'll talk through a little bit about the background
8 to Georgina's mental health worsening and how she came
9 to be at the Linden Centre but, in really brief terms,
10 Georgina had two periods of inpatient admission at the
11 Linden Centre --

12 **A.** Yes.

13 **Q.** -- and those were between 13 January and 21 March
14 2006 --

15 **A.** Yes.

16 **Q.** -- and then she was discharged --

17 **A.** Yes.

18 **Q.** -- which we'll come to. Then she was back again by
19 3 April 2006 and was an inpatient of the Linden Centre,
20 despite periods of absconding or not returning from
21 leave, until the day that she died on 10 June 2006?

22 **A.** Correct.

23 **Q.** Quite a bit of the information that you have about
24 Georgina's care and treatment, as I understand it, has
25 in fact come to you from the Trust's Serious Incident

1 Report; is that right?

2 **A.** Sorry?

3 **Q.** The SUI report?

4 **A.** I never got that.

5 **Q.** So you have seen it now but I think the point we wanted
6 to make is that you did not see any report from the
7 Trust in 2006?

8 **A.** No. No, we didn't --

9 **Q.** Did you know that an investigation was taking place into
10 the circumstances --

11 **A.** No.

12 **Q.** -- of Georgina's death?

13 **A.** No.

14 **Q.** The first time I think that you became aware that such
15 a report existed was when this Inquiry told you so?

16 **A.** That's correct, yes.

17 **Q.** And the first time that you saw that report was when it
18 was sent to you by this Inquiry?

19 **A.** Yes.

20 **Q.** So some of the information that you give us is lifted
21 directly from that Trust report?

22 **A.** That's correct.

23 **Q.** One of the other things I think it's important for us to
24 note is that you have spotted that in that report there
25 is a reference to -- or the Trust say that, in that

1 report, Georgina's care and treatment is "well
2 documented". That's the phrase that is used.

3 **A.** I doubt that very much.

4 **Q.** You doubt it?

5 **A.** Yeah.

6 **Q.** One of the things that you have made clear in your
7 witness statement is that, if that is the case, you
8 would like to see those documents --

9 **A.** Yes, I would.

10 **Q.** -- so that you can understand what it is that went wrong
11 and what was happening during that period?

12 **A.** Yes, I would.

13 **Q.** The other thing about that report, and we'll come on to
14 this, is that you consider, I think, that, in terms of
15 actually addressing the most serious concerns that you
16 have about Georgina's care and treatment, the report is
17 entirely insufficient?

18 **A.** It is.

19 **Q.** And we will come on to this Ann, I think there are
20 aspects of it that you consider to be insulting,
21 frankly?

22 **A.** I do.

23 **Q.** Thank you. I am going to move to take you fairly
24 briefly through the background and the lead-up to
25 Georgina being admitted to the Linden Centre --

1 **A.** Okay.

2 **Q.** -- all right? So you tell us in your witness statement
3 that, as a teen, Georgina began to self-harm --

4 **A.** Yes.

5 **Q.** -- and that, at first, it wasn't very severe.

6 **A.** *(Witness nodded)*.

7 **Q.** But that it did escalate following the death of your
8 son, Tony?

9 **A.** Yes.

10 **Q.** Tony died in a motorcycle accident in May 2003?

11 **A.** That's correct.

12 **Q.** In fact, I think it was 14 May; is that right?

13 **A.** That's right, yeah.

14 **Q.** That date was, for understandable and obvious reasons,
15 one that would become a trigger for Georgina --

16 **A.** Yes.

17 **Q.** -- much later --

18 **A.** Yes.

19 **Q.** -- or as time went on.

20 You've told us in this witness statement, and you've
21 told us in your commemorative evidence, a little about
22 the closeness between Georgina and her brother.

23 **A.** Tony, yeah.

24 **Q.** I think one of the things that you say -- we don't need
25 to go to it -- is that, quite apart from suffering the

1 impact of his loss, Tony's death represented an enormous
2 loss in particular to Georgina because he was such
3 a source of comfort to her?

4 **A.** Yes.

5 **Q.** I'm so sorry.

6 **A.** It's all right.

7 **Q.** You tell us that after that, after May 2003, you
8 consider that to have been one of the turning points,
9 and that there was quite a marked deterioration in
10 Georgina's mental health after your son's passing?

11 **A.** That's correct.

12 **Q.** You also tell us, and I'll cover this fairly briefly,
13 Ann, that, at some time thereafter, Georgina became
14 caught up in a relation that was extremely abusive, both
15 mentally and physically?

16 **A.** Very abusive, yes.

17 **THE CHAIR:** Can I ask you, were there issues of substance
18 abuse/misuse, alcoholism before Tony died?

19 **A.** Yes, there was.

20 **THE CHAIR:** Thank you.

21 **MS TROUP:** Thank you. I'll come to that, I think, because
22 you mentioned those too in your commemorative evidence.
23 I'll come to that. You can identify, obviously, that
24 being in that relationship -- and you describe it as
25 something of a toxic cycle, she was sort of unhealthily

1 dependent on that abusive partner.

2 **A.** Yes, she was.

3 **Q.** And that obviously worsened the mental health issues --

4 **A.** Yes.

5 **Q.** -- she was already suffering?

6 **A.** Yes, it was.

7 **Q.** You also tell us, thinking about trigger points and
8 points at which things became worse for Georgina, that
9 her daughter was removed from her care at two years old?

10 **A.** Yes.

11 **Q.** Ann, you're very clear in your witness statement that
12 that event was the major catalyst that led to a downward
13 spiral; is that right?

14 **A.** Yes, it was.

15 **Q.** One of the things you say is that, after that event,
16 Georgina just could not cope?

17 **A.** She couldn't.

18 **Q.** At that time, Ann, was Georgina living at home with you?

19 **A.** Yes, she was.

20 **Q.** As the Chair has just mentioned, you do go on to tell us
21 quite a bit about the fact that Georgina suffered over
22 quite a long period from addiction issues?

23 **A.** Yes, she did.

24 **Q.** When did those begin? Can you remember?

25 **A.** I can't remember.

1 Q. Don't worry.

2 A. She was young. I can't remember.

3 Q. She was young. I wanted to pick up on it because it's

4 not in this witness statement but one of the things that

5 I remember from your commemorative evidence is that you

6 told us that you had made efforts for her to be admitted

7 to rehab.

8 A. That's correct.

9 Q. Was that before Georgina became a patient at the Linden

10 Centre in 2006?

11 A. Yes, it was.

12 Q. One of the things you told us, that I just wanted to ask

13 you about, was that one of the rehab units -- and I'm

14 not sure you identified it -- said that they could have

15 a place for her but that first she would need to be

16 clean of drugs?

17 A. Clean, yes.

18 Q. Tell us about that, what you can remember.

19 A. They basically said she had to be clean for -- was it --

20 three months before they'd take her in. So I said

21 what's the point of a rehab clear centre. For three

22 months she's got to be clean? You need to help her

23 because they weren't prepared to do it.

24 Q. They weren't prepared to do it?

25 A. No.

1 Q. Sorry, I didn't mean to interrupt you, because to your
2 mind -- I don't want to put words into your mouth -- but
3 to your mind, the whole purpose of entering rehab --
4 A. To help her, yes.
5 Q. -- to get clean and to help her to do that?
6 A. That's right.
7 Q. Can you remember when that was, compared with January
8 2006 when things that got bad enough that you
9 approached --
10 A. I really can't remember.
11 Q. That's all right. It doesn't matter.
12 A. Sorry.
13 Q. No, I promised you it wasn't a memory test and it really
14 isn't.
15 So you also tell us, just setting out the
16 background, that --
17 **THE CHAIR:** Was that a private rehab centre? Can you
18 recall?
19 A. No, it wasn't private, was it? No, it was to do with
20 NHS but they turned round and said that she had to be
21 clean. So I said, "Well, if you're a rehab centre, why
22 has she got to be clean? You're supposed to help her".
23 **THE CHAIR:** You'd found that through your GP, had you?
24 A. I think so ... no, did we -- we took her there
25 ourselves.

1 We found out this place was a rehab centre and we
2 took her there and that's what they came out with.
3 Couldn't believe it.

4 **MS TROUP:** So you physically took her there to ask them if
5 she could be admitted there?

6 **A.** Yes, we did.

7 **Q.** And the response was no.

8 **A.** Yes, twice we took her there.

9 **Q.** All right. Thank you, that's really helpful.

10 You also tell us in your witness statement that
11 Georgina made a number of attempts to take her own life.

12 **A.** Yes, she did.

13 **Q.** I know, and we're going to come to it, that, in
14 particular, on 9 January 2006, she made an attempt to
15 take her life and that is what led you to the Linden
16 Centre. Can you remember, Ann, before that, before
17 9 January 2006, had she made attempts to take her life?

18 **A.** Yes, I think she did. I have to keep looking at her
19 dad.

20 **Q.** That's all right. That's all right. He's helping us.

21 If you could look, please, I just want to show you
22 what I'm looking at, at page 2 of your statement and at
23 the bottom paragraph, the last one on the page which is
24 paragraph 9.

25 **A.** Yes.

1 Q. You tell us there that Georgina suffered with a complex
2 set of mental disorders but that she wasn't formally
3 diagnosed until she got to the Linden Centre?
4 A. Yeah, they said she was borderline --
5 Q. Yes.
6 A. I can't remember what they said: borderline something.
7 Q. You've recorded it here. What you say is:
8 "I believe she had bipolar, borderline personality
9 disorder" --
10 A. That's right, borderline personality disorder, that's
11 it.
12 Q. -- "and depressive disorder."
13 Can you tell me, Ann, it doesn't matter
14 particularly, but were you aware of those diagnoses
15 being given at the time?
16 A. No.
17 Q. So is this something you've learned from the report much
18 later?
19 A. Yeah.
20 Q. Because we're talking about 20 years ago now.
21 A. We are.
22 Q. So is it the case that, during the time that Georgina
23 was a patient of the Linden Centre and in all the years
24 following her death, you had not known of any formal
25 diagnosis --

1 **A.** They didn't tell us anything. I tried to help but they
2 didn't seem interested.

3 **Q.** All right.

4 **A.** That's the impression I got, anyway.

5 **Q.** Yes. We'll come back to that. Because one of the
6 things you tell us -- actually, we might do that now.
7 One of the things you tell us, and this runs through the
8 whole of your witness statement, is that you, as
9 a family -- Georgina was an adult, so during the period
10 we're talking about we're not talking about a child, and
11 from January to June 2006 she was 29 years old.
12 Nonetheless, she had a supportive family who were trying
13 to take care of her.

14 **A.** Always. Always.

15 **Q.** Yes. You tell us that at no stage were you kept in the
16 loop as to what was happening with her?

17 **A.** The only thing I ever got was a telephone call, asking
18 me where she was.

19 **Q.** Yes. We'll come on to that. So you tell us -- we don't
20 need to go to it, I don't think, I don't want to keep
21 flicking backwards and forwards through the witness
22 statement --

23 **A.** No.

24 **Q.** -- but you were never included -- you must correct me if
25 this is wrong -- you were never included in any plans

1 for her care?

2 **A.** No.

3 **Q.** You were never told of any diagnosis?

4 **A.** No.

5 **Q.** You were never told what medication she was taking?

6 **A.** No.

7 **Q.** You had no input into her care and treatment?

8 **A.** They didn't tell us anything, to be honest. I don't

9 know why.

10 **THE CHAIR:** When you visited, did anybody approach you and

11 ask you about her or tell you --

12 **A.** No, nothing. All they done was walk past -- we was in

13 a room. They kept walking past the room. I think they

14 were sort of listening.

15 **THE CHAIR:** Do you ever recollect actually asking directly

16 for information about her and not getting it.

17 **A.** I don't know whether I directly asked. I can't

18 remember. But there was a lot of staff on but no one

19 ever sort of came in the room and said anything. The

20 only thing I'd get was the phone calls: "Where's

21 Georgina?"

22 **MS TROUP:** Yes, we'll come to those, and I think one of the

23 other things when we come to talk a little bit about the

24 environment at the Linden Centre, one of the things

25 you've said is that, although there was staff around,

1 often they were in the office.

2 **A.** Or talking with each other.

3 **Q.** Talking with each other?

4 **A.** Yes.

5 **Q.** Yes, and not really engaging as far as you could see --

6 **A.** No, not with the patients, no.

7 **Q.** With the patients or with you?

8 **A.** No.

9 **Q.** Just going back for a moment to the diagnoses that you

10 didn't know about at the time, one of the other things

11 you tell us is that you have learned that, occasionally,

12 it appears to have been recorded that Georgina suffered

13 from psychotic symptoms?

14 **A.** Yeah, I didn't know that.

15 **Q.** One of the things that the Trust's report tells us is

16 that at times, Georgina reported, whilst she was an

17 inpatient, that her deceased partner was speaking to her

18 and telling her to take her own life.

19 **A.** To kill herself, yeah.

20 **Q.** That is not something that you were aware of at the

21 time?

22 **A.** No.

23 **Q.** All right, thank you. Ann, I think, is this right: you

24 came to know of the Linden Centre because, in the

25 aftermath of your son's death, you yourself suffered

1 from a very deep depression?

2 **A.** Depression. (*Witness nodded*)

3 **Q.** You sought help and received help from a particular

4 psychiatrist at the Linden Centre?

5 **A.** Yeah. "Dr A".

6 **Q.** Dr A, yes. As you know, we're not mentioning staff

7 names during this part of the evidence, so we'll refer

8 to him as "Dr A". I'm sorry, I realise it feels

9 a little bit cloak -- feels a bit odd.

10 **A.** A very good doctor.

11 **Q.** A very good doctor. Tell us about that.

12 **A.** Thorough. He was thorough.

13 **Q.** You felt well taken care of --

14 **A.** By him, yes.

15 **Q.** -- and well supported?

16 **A.** By him, yes. Only by him.

17 **Q.** After Georgina made an attempt to take her life on

18 9 January 2006, is this right: you decided that, having

19 had that experience yourself with Dr A at the Linden

20 Centre, you would take Georgina there in the hope that

21 he would also be able to help her?

22 **A.** I spoke to him first and he said, "Bring her, I'll see

23 her".

24 **Q.** Yes, so you called him?

25 **A.** Yes.

1 Q. As a result, she was reviewed by Dr A on 12 January
2 2006?

3 A. Yes.

4 Q. Then a decision was made to admit her the next day?

5 A. Yes.

6 Q. Can you remember which ward or unit at the Linden Centre
7 Georgina was first admitted to?

8 A. I can't remember the names of them. There was a few.

9 Q. Yes.

10 A. I can't remember the names. I'm sorry.

11 Q. That's all right. As I said, I promised it's not
12 a memory test. I think there were possibly a couple of
13 different wards that Georgina went between, and we'll
14 come to it, but I think she also spent a short period in
15 the Psychiatric Intensive Care Unit?

16 A. I don't know.

17 Q. We'll come to it. I think you do identify that but that
18 possibly has come to you from the report?

19 A. Mm.

20 Q. In general terms, Ann, before we get into the detail, do
21 you consider -- we've set out the two periods of
22 inpatient admission that Georgina had -- did you see any
23 improvement over that period --

24 A. None. None at all.

25 Q. -- at any stage?

1 **A.** No.

2 **Q.** When Georgina was first admitted on 13 January, you tell
3 us that she showed very little improvement?

4 **A.** That's right.

5 **Q.** You also say, knowing as we do that Georgina had
6 problems with addiction and those, I think, were drugs
7 and alcohol --

8 **A.** *(Witness nodded)*

9 **Q.** If you want to look at it, Ann, I'm, at the moment, on
10 page 3 of your statement at paragraph 12. You don't
11 have to follow it but just so you know where I'm up to.
12 So you tell us there that, despite her admission,
13 she continued to drink alcohol --

14 **A.** Yes.

15 **Q.** -- and her mood remained very, very low.

16 **A.** Very much the same, yeah.

17 **Q.** You say that her treatment had to be escalated and she
18 was then detained under Section 3.

19 **A.** Yeah.

20 **Q.** So she moved from being a voluntary patient to a patient
21 under formal detention?

22 **A.** Yeah.

23 **Q.** Again, I want to check with you: did you know that at
24 the time, that she had been detained under Section 3?
25 Did she tell you that?

1 **A.** I can't remember that either. I'm sorry.

2 **Q.** No, please don't apologise. That's all right.

3 **A.** It's a long time ago.

4 **Q.** Of course. Of course it was. I can't remember what

5 I did last Thursday and I'm asking you things that

6 happened 20 years ago, so please don't apologise. If

7 you look at paragraph 13, you say that -- and I think

8 this may have come to you from the records because, in

9 that first line of paragraph 13, you say:

10 "Her mental stability then apparently did improve

11 following treatment in the ward's ICU."

12 So there had obviously been a move into the

13 intensive care unit --

14 **A.** Yeah.

15 **Q.** -- and when you say, "apparently did improve", am

16 I right in thinking that you didn't see any improvement?

17 **A.** I didn't see any improvement, No.

18 **Q.** You tell us that by March, Georgina was granted leave

19 for two days?

20 **A.** Yeah, I found that difficult to understand, being as she

21 was in such a state.

22 **Q.** Tell us -- so she had been admitted on 13 January and by

23 March clinicians had seen fit to grant leave?

24 **A.** Yes.

25 **Q.** How often were you able to visit her in that period of

1 admission?

2 **A.** I could actually visit her whenever I felt like it,
3 really.

4 **Q.** Yes.

5 **A.** But --

6 **Q.** How often did you see her in that period? How often did
7 you go to the Linden Centre?

8 **A.** I can't even remember that.

9 **Q.** That's all right. Do you think it was regularly?

10 **A.** Oh yeah, oh yeah.

11 **Q.** So weekly?

12 **A.** Every two weeks, maybe.

13 **Q.** Every two weeks.

14 **FROM THE FLOOR:** No, every two or three days.

15 **A.** Oh, sorry, two or three days, Rachel. Sorry.

16 **MS TROUP:** No, that's all right.

17 **A.** My memory ain't what it used to be.

18 **Q.** That's all right, it just helps me to understand how
19 frequently you were there to get an impression of the
20 ward, so it helps us to understand when we come on to
21 the --

22 **A.** Sorry, to stop you --

23 **Q.** No, go ahead.

24 **A.** She wasn't in the ward. She used to come into a room
25 and I used to sit in the room and she used to come in

1 there and talk to me.

2 **Q.** Yes.

3 **A.** But all the staff would be in a separate room. You

4 never really -- I mean, I could see them from way back

5 but they never really came in the room.

6 **Q.** How do you remember her being during that period?

7 You've told us that you hadn't seen any improvement?

8 **A.** No, I hadn't.

9 **Q.** So by March, if you were visiting every two or three

10 days from mid-January until March, as far as you were

11 concerned, her mood remained very low?

12 **A.** Extremely -- exceptionally low, yes.

13 **Q.** Did Georgina talk openly with you during those visits

14 about how she was feeling and how --

15 **A.** Yes, she spoke to me but other patients in the room

16 would only be listening.

17 **Q.** Yes.

18 **A.** So she wasn't too amused by that because you didn't get

19 a private room.

20 **Q.** I see.

21 **A.** It was like everyone was in there, if you know what

22 I mean, apart from the staff.

23 **Q.** Yes, so all the patients and visitors were in the same

24 room?

25 **A.** Yes.

1 Q. And your impression is that she felt constrained by
2 that --

3 A. Yeah.

4 Q. -- to talk openly with you --

5 A. She didn't like it.

6 Q. -- no -- about such personal, private matters?

7 A. Well, yeah, of course.

8 Q. Yes. You also tell us that on 14 March 2006, if you
9 want to see it, it's in paragraph 13 on page 3, Georgina
10 was aware that that was the date that was scheduled for
11 her daughter's adoption hearing?

12 A. I think so. I can't remember that date either.

13 Q. No, that's all right. You say there she was still
14 utterly beside herself --

15 A. Oh, she was in a terrible state.

16 Q. -- about losing her daughter?

17 A. Yeah, yeah.

18 Q. So if she knew of that date, presumably that date was of
19 itself a trigger point for her?

20 A. Yeah, it was leading up to the court hearing but she was
21 in a really bad state.

22 Q. Yes. Nonetheless, what you tell us is that, on that
23 same day, so 14 March, her Section 3 treatment order
24 under the Mental Health Act ended and, seven days later,
25 on 21 March, Georgina was discharged from the Linden

1 Centre?

2 **A.** I didn't understand that either, to be honest.

3 **Q.** No.

4 **A.** Such a short period of time.

5 **Q.** Can you tell us -- we've discussed a little the fact
6 that you as a family were not consulted about any
7 aspects of Georgina's care and treatment -- when did
8 you -- in relation to this discharge on 21 March, can
9 you remember when you first came to learn that that was
10 happening? Were you told in advance?

11 **A.** No, Georgina said she was going out.

12 **Q.** So she called you or she told you while you were
13 visiting?

14 **A.** I went up there and she said, "Oh, I'm going out to meet
15 a friend". I went, "Oh, right".

16 I didn't understand that either, because they let
17 her out after all this.

18 **Q.** Yes. So when Georgina was discharged on 21 March 2006,
19 do you know -- and I think the answer might be no but
20 I just want to check with you -- what risk assessments
21 took place or what checks took place before she was
22 released?

23 **A.** I don't know. I couldn't tell you.

24 **Q.** Do you know -- I'm aware from your witness statement
25 that Georgina had had, and went on to have, some periods

1 of homelessness. Do you know whether she had an address
2 to be discharged to?

3 **A.** No, the only place she could go was with me and her dad.

4 **Q.** But nobody asked you about that?

5 **A.** Nobody asked us. Nobody told us. We didn't know
6 anything.

7 **Q.** Where did she go on 21 March?

8 **A.** I don't know. I don't know.

9 **Q.** One of the things you tell us in your witness statement
10 was that one of the reasons that that discharge was so
11 shocking to you was that she was no better?

12 **A.** No.

13 **Q.** She was still using alcohol and drugs --

14 **A.** Drugs, yes.

15 **Q.** -- in the Linden Centre --

16 **A.** Yes.

17 **Q.** -- and during periods of leave, and the words you used,
18 Ann, are that they decided to release her back into the
19 very chaos she had been begging for help to escape?

20 **A.** Yes, that's correct.

21 **Q.** As it turns out, not very much later, she was
22 re-admitted to the Linden Centre on 3 April 2006?

23 **A.** Yes.

24 **Q.** I just want to cover this with you because there is
25 a section here where you were slightly involved because,

1 as I understand it, and you must tell me if I have this
2 wrong, in early April 2006, Georgina was in a homeless
3 shelter?

4 **A.** Right.

5 **Q.** And what you tell us in your witness statement is that
6 you recall going there on the 2nd to visit her at the
7 homeless shelter?

8 **A.** Yes.

9 **Q.** And I think there was some incident where another
10 resident of the shelter said something to you?

11 **A.** Was abusive.

12 **Q.** Was abusive to you?

13 **A.** And she attacked him.

14 **Q.** Georgina attacked him?

15 **A.** Yes.

16 **Q.** You were present when that took place?

17 **A.** Yes, I was.

18 **Q.** Georgina was acting to protect you, I think.

19 **A.** *(Witness nodded)* You think correctly. She was trying to
20 protect me.

21 **Q.** Yes. Police attended and Georgina was arrested?

22 **A.** That's correct, yes.

23 **Q.** There's some suggestion in the records that there was
24 then an allegation that she had assaulted a police
25 officer?

1 **A.** I don't know about that.

2 **Q.** All right. So we'll look at it actually, if you take
3 a look, please, can you turn to page 4 and to
4 paragraph 16, which is the third paragraph down.

5 **A.** Yeah.

6 **Q.** I'm conscious, Ann, we're taking this from the SI report
7 but what it tells us in the last few lines, this is
8 directly quoting from that report, that on arrival at
9 the Linden Centre she told staff that she had recently
10 been evicted from her hostel, had been involved in
11 a fracas, and allegedly assaulted a policeman, although
12 she had no memory of this.

13 **A.** *(Witness nodded)*

14 **Q.** Now, that is important because when Georgina was
15 admitted to the Linden Centre on 3 April 2006, in spite
16 of that information, she was assessed, you tell us, as
17 not being a danger to herself or others?

18 **A.** Yeah. I don't understand that either.

19 **Q.** No, to you that makes no sense?

20 **A.** None at all.

21 **Q.** She had been arrested for being involved in a physical
22 fight with someone?

23 **A.** That was the fellow that said something to me. I can't
24 even remember what he said but he was abusive.

25 **Q.** Yes. So to you, it makes no sense to then, just a day

1 later, to say that she doesn't present a danger to
2 herself or anyone else?

3 **A.** No, that don't make no sense at all.

4 **Q.** Yes. I think, when Georgina went back to the Linden
5 Centre on 3 April, she was not under Section. She was
6 admitted as a voluntary patient; is that right?

7 **A.** Apparently.

8 **Q.** You tell us, I think, that she knew herself at that
9 time --

10 **A.** She wasn't well.

11 **Q.** -- that she wasn't --

12 **A.** She wasn't well.

13 **Q.** What did she say to you about that? Can you remember?

14 **A.** No.

15 **Q.** It's all right. One of the things I think that happened
16 in this second inpatient stay at the Linden Centre is
17 that you either knew at the time, or have become aware,
18 that Georgina repeatedly was able to self-harm?

19 **A.** Yes.

20 **Q.** Those incidents that we'll come to, can you recall
21 whether you were aware of those at the time or whether
22 that is something you've learnt later?

23 **A.** I learnt later because there was one incident where she
24 asked for a razor to shave her legs in the bath, and she
25 actually cut all her wrists and had to be rushed to A&E

1 for 23 stitches in her arm.

2 Q. Yes. When that happened, were you told at the time?

3 Did someone call you and say your daughter's in A&E?

4 A. No, I think Georgina called me.

5 Q. From A&E or later?

6 A. I can't remember whether it was from A&E or what but she

7 said, "Mum, I'm in trouble".

8 "What's the matter?"

9 And then she said, "I'm in A&E".

10 Q. Yes.

11 A. I mean, 23 stitches. They gave her an open razor

12 knowing she was a self-harmer. I don't understand that

13 at all.

14 Q. Thank you. So she had 23 stitches on that occasion.

15 When Georgina told you that she had -- well, let's take

16 it in order. So you tell us in your witness statement

17 that just four days after being admitted on 7 April she

18 made some cuts to her right arm with three deep

19 lacerations --

20 A. Yes.

21 Q. -- that were so bad that she had to go to A&E at

22 Broomfield. Am I right in thinking that no one called

23 you to tell you about that?

24 A. You're right. No one called me.

25 Q. There was then the incident that you told us about where

1 she asked a staff member for a razor to shave her
2 legs --

3 **A.** Her legs.

4 **Q.** -- and was given one?

5 **A.** Yes.

6 **Q.** You know about that from Georgina herself?

7 **A.** Yes, I do.

8 **Q.** That's the occasion on which she attended to have 23
9 stitches?

10 **A.** That's right.

11 **Q.** I think I know the answer to this, Ann, so I'm sorry if
12 I'm asking you stupid questions but --

13 **A.** That's all right, okay.

14 **Q.** -- as far as you're aware, was there any purpose in
15 Georgina being allowed a razor? Was it part of some
16 plan or therapy?

17 **A.** I couldn't tell you what they were thinking. I really
18 couldn't tell you. I don't understand what they were
19 thinking but I couldn't tell you what they were
20 thinking.

21 **Q.** Because, by that stage, very obviously, Georgina cutting
22 herself was a known and obvious risk.

23 **A.** Yeah, it was. She'd done it for years.

24 **Q.** You also tell us that, also in early April, a friend of
25 Georgina's who was another patient on the ward --

1 **A.** Died, yeah.

2 **Q.** -- died --

3 **A.** Yeah.

4 **Q.** -- and that too caused a significant deterioration?

5 **A.** She was a good friend of Georgina's but, when she died,

6 Georgina was devastated.

7 **Q.** Yes. She went to the funeral, I understand it?

8 **A.** She had to beg them to go to the funeral. She went to

9 the funeral with -- I think someone from the Linden

10 Centre went with her.

11 **Q.** Yes.

12 **A.** That's all I know but she was in a really bad way with

13 it.

14 **Q.** Yes. Were you still visiting her at that time?

15 **A.** Was I still?

16 **Q.** Visiting Georgina?

17 **A.** Oh yeah. Oh yeah.

18 **Q.** With the same regularity: so every two to three days?

19 **A.** I would never stop visiting Georgina. She's my

20 daughter.

21 **Q.** Of course. What you know now -- and this has come from

22 the Trust's report -- is that, after her friend's

23 funeral, an assessment was carried out and it was

24 decided that Georgina was at an increased level of risk

25 and she was put onto one-to-one observations?

1 **A.** Apparently.

2 **Q.** Now, you tell us a little bit about that later in your
3 statement, that the one-to-one observations, Georgina
4 told you, were no such thing?

5 **A.** No.

6 **Q.** Tell us what she told you about that. What actually
7 took place?

8 **A.** I don't think she ever saw anyone one-to-one.

9 **Q.** No?

10 **A.** She just used to go in her room and shut the door and
11 that was it --

12 **Q.** Yes.

13 **A.** -- which lowered her mood again. So --

14 **Q.** Because she was isolated or she was alone?

15 **A.** I think she felt alone and isolated.

16 **Q.** Yes. You also know, from the records, that we've noted
17 obviously that 14 May is the anniversary of your son
18 Tony's death --

19 **A.** That's correct.

20 **Q.** -- and that there was another incident for self-harm for
21 Georgina on 15 May?

22 **A.** Yeah. She was there when her brother died.

23 **Q.** Yes. In general terms, to you, I think -- and I don't
24 want to use my own words, I want you to use yours -- but
25 it's just unfathomable that someone who is expressing

1 thoughts of suicide and is so low could be able, in an
2 inpatient unit, to harm themselves so repeatedly and so
3 very badly?

4 **A.** Yeah. I mean, I don't think the Linden Centre knew
5 about -- I don't know whether they knew about Tony. But
6 no one came with her from the Linden Centre when her
7 brother was dying. Because he had the accident and
8 then, the following day, he died.

9 **Q.** Yes. One of the other things I'm keen to talk through
10 with you is that what you tell us is that Georgina
11 absconded from the ward so frequently --

12 **A.** Yeah.

13 **Q.** -- that the way that you describe it is that she used it
14 like a revolving door?

15 **A.** Yeah.

16 **Q.** She was in and out, essentially, whenever she felt like
17 it?

18 **A.** The only thing I knew was whenever the Linden Centre
19 phoned me up and said, "Do you know where Georgina is?"
20 And I went, "Why would I know? You're supposed to be
21 looking after her". I just couldn't understand it.

22 **Q.** So is this right: in the whole of that period, the only
23 calls you ever received from the Linden Centre --

24 **A.** Asking me where she was.

25 **Q.** -- were to ask you if you knew where she was?

1 **A.** Yes.

2 **Q.** Do you have any idea, looking back now -- and I know it
3 was a very long time ago -- how many times that
4 happened?

5 **A.** Well, quite a few. It was quite a few.

6 **Q.** Yes, and presumably on each occasion that made you
7 question what care was being taken of her?

8 **A.** Of course, yes.

9 **Q.** Can you recall whether you ever spoke to anyone about
10 that, whether you ever tried to approach a member of
11 staff and say, "What is happening here? Why do I keep
12 getting these calls?"

13 **A.** No, the only time I spoke to them was over the phone and
14 said, "Why are you asking me? You're supposed to be
15 looking after her. You should know where she is".

16 **Q.** Yes.

17 **A.** "Why should I tell you where she is when I don't even
18 know?"

19 **Q.** "How could I know?"

20 **A.** Yes.

21 **Q.** Yes, I understand. One of the things you tell us is
22 that, when you would say to them in these calls, "Well,
23 hang on a moment, how would I know where Georgina is,
24 you are supposed to be looking after her", you say here:
25 "Instead of answering me, they would just cut the

1 phone."

2 **A.** Put the phone down, yeah.

3 **Q.** So literally the phone would be put down?

4 **A.** Yeah.

5 **Q.** Thank you.

6 **A.** To me, they wasn't interested. They wasn't really
7 interested or else they wouldn't have put the phone
8 down, would they?

9 **Q.** I see. We know from the report that that Georgina
10 absconded or left the ward on 18 May 2006 and again on
11 20 May 2006.

12 **A.** *(Witness nodded)*

13 **Q.** One of the things you tell us is that Georgina continued
14 to struggle with her very serious addiction issues
15 throughout that period --

16 **A.** Correct.

17 **Q.** -- and that she would often use drugs or alcohol whilst
18 out on leave or having absconded --

19 **A.** Yes.

20 **Q.** -- would return to the ward and test positive for drugs?

21 **A.** Apparently so.

22 **Q.** That isn't something you knew at the time?

23 **A.** No.

24 **Q.** And as a result, you don't know whether any changes to
25 her care planning or any particular assessments were

1 carried out to assist her with those addiction issues?

2 **A.** I didn't know anything about her care plan. I wasn't

3 informed.

4 **Q.** Ann, there came an incident, I think, on 20 May 2006,

5 when Georgina was away from the ward. She had either

6 left the ward or failed to return after a short period

7 of leave.

8 **A.** Mm-hm.

9 **Q.** And she reported to you afterwards that she had been

10 sexually assaulted whilst out on leave?

11 **A.** Yeah, she had to go to a rape centre.

12 **Q.** Yes. Now, when Georgina spoke to you about that

13 incident -- to be clear, so that had happened away from

14 the ward --

15 **A.** Yes.

16 **Q.** -- but Georgina was, at the time, an inpatient of the

17 Linden Centre?

18 **A.** She was supposed to be.

19 **Q.** Yes. You told her to report that matter to the police?

20 **A.** To the police, yes.

21 **Q.** And did she?

22 **A.** Yes.

23 **Q.** As far as you know, you tell us here the police opened

24 an investigation but nothing ever came from it?

25 **A.** I've never been told nothing, no.

1 Q. You went with her to the rape centre?

2 A. To the rape centre, yeah. I met her there.

3 Q. As far as you are aware, had Georgina informed staff at
4 the Linden Centre about what had happened to her?

5 A. I don't know. I gathered she did.

6 Q. You gather she did?

7 A. Mm.

8 Q. Where do you gather that from, Ann?

9 A. I can't remember the conversations.

10 Q. No, that's fine but can you recall whether Georgina told
11 you that she had told staff about it.

12 A. I think so, because was she was actually found in a park
13 with no undergarments on.

14 Q. Yes.

15 A. So she partly remembered the attack but I don't know, to
16 be fair.

17 Q. No, I understand. In any event, it was you that
18 accompanied her --

19 A. I went there to meet her at the rape centre, yes.

20 Q. And it was you that took her back to the Linden Centre?

21 A. Yes, it was.

22 Q. Can you remember how she seemed at that time?

23 A. Low. Very, very low mood. She was actually crying --

24 Q. Of course.

25 A. -- because of what had happened.

1 Q. Yes.

2 A. Because where they were doing swabs and that, she kept
3 saying, "Mum, Mum, Mum", and crying.

4 Q. Yes, but you were there with her?

5 A. Yes.

6 **THE CHAIR:** Sorry to go back to this, but you went with her
7 to the rape crisis centre?

8 A. She was there.

9 **THE CHAIR:** She was there?

10 A. She went there and I got a phone call from her and
11 I went to the rape centre where it was, on Springfield
12 Road. I remember that.

13 **THE CHAIR:** Right, okay, so you --

14 A. And I went upstairs to where they were examining her.

15 **THE CHAIR:** Yes.

16 A. She wasn't happy about that.

17 **THE CHAIR:** No. So you don't know that the staff were told
18 by her or by you that that's where you were going.

19 A. No, I don't know, in fairness.

20 **THE CHAIR:** Okay. Thank you. Sorry.

21 **MS TROUP:** No, not at all.

22 Again, am I right in saying that you don't know
23 whether or not any kind of safeguarding referral was
24 made?

25 A. I don't know.

1 Q. No. We come, then, to 27 May, so less than a week after
2 that incident, and you have learnt from the records that
3 Georgina's observations were reduced to general
4 observations?

5 A. Well, no one was looking in on her, so I gather that was
6 the case.

7 Q. Yes. What did Georgina say to you, if you can remember,
8 about her relationships with staff or their treatment of
9 her?

10 A. She didn't seem to think they cared because they were
11 never in with her, never asking her any questions. Just
12 in that room -- there was a separate room, and they were
13 all -- it was like a mothers' meeting. They was all in
14 there.

15 Q. All the staff together?

16 A. Yeah, there was quite a lot of them going in there. But
17 I can't remember.

18 Q. No, that's all right. As far as you're aware, did
19 anyone sit with her and talk things through? Was there
20 any kind of attempt at any sort of talking therapy?

21 A. Not to my knowledge. Not in front of me, either.

22 Q. No. We know from the records that on 30 May there was
23 a review, a review was carried out, and a decision was
24 taken that Georgina would be discharged from her
25 detention under Section 3.

1 **A.** Mm.

2 **Q.** You've put a section of the Trust's report into your
3 witness statement that says, as follows:
4 "No psychotic symptoms, was mentally stable, no
5 suicidal thoughts and was not depressed."
6 Then this sentence:
7 "She had no regrets regarding her inappropriate
8 actions over the weekend."
9 I think that's a reference to another absconding
10 from the ward?
11 **A.** I'm sorry, you see me laughing. It's because of what
12 you're saying. I just -- it just -- I can't understand
13 it.
14 **Q.** No.
15 **A.** As a normal person, I can't understand it.
16 **Q.** Tell me -- it may seem obvious, but tell us why. I know
17 you're not laughing in humour, Ann --
18 **A.** No.
19 **Q.** -- you're laughing because it's so ludicrous to you what
20 I'm reading.
21 **A.** Well, of course it is, yeah.
22 **Q.** But tell us, if you can, why?
23 **A.** What do you mean "why"?
24 **Q.** What is so ludicrous to you about it? I know it's an
25 obvious question.

1 **A.** They're saying this and that happened. I never see
2 anything happening.

3 **Q.** Yes.

4 **A.** So I don't know where they're coming from.

5 **Q.** As far as you were aware, it was absolutely not the case
6 that she was not depressed?

7 **A.** She was depressed.

8 **Q.** Yes.

9 **A.** Very depressed.

10 **Q.** You say that the decision to discharge her from her
11 Section 3 --

12 **A.** I can't understand that.

13 **Q.** No.

14 **A.** Especially as she was a self-harmer, like -- and
15 different things she'd done whilst being at the Linden
16 Centre. For instance, she tried to hang herself in the
17 Linden Centre in the bathroom, with a towel.

18 **Q.** How do you know about that?

19 **A.** Georgina told me herself. She said, "Mum, I done
20 a terrible thing", and she went on about it. She
21 started crying about it and she told me.

22 **Q.** Yes, as far as you know --

23 **A.** None of the staff told -- sorry. None of the staff told
24 me.

25 **Q.** No. Do you know whether staff knew about that incident?

1 **A.** Well, they must have known about it because they undone
2 her.

3 **Q.** She told you that they had, in fact, undone
4 a ligature --

5 **A.** Yes.

6 **Q.** -- and --

7 **A.** Yeah.

8 **Q.** -- and taken her down. I see. Do you know whether that
9 was in her first period as an inpatient or the second?

10 **A.** I couldn't tell you. I can't remember.

11 **Q.** Thank you. Leave was granted again and you tell us that
12 she left the ward on 1 June, came back on the 2nd, at
13 about lunchtime, and this is from the records, and
14 tested positive for both cocaine and opiates?

15 **A.** Yes.

16 **Q.** So very obviously the addiction issues were still in
17 play?

18 **A.** Of course, yes.

19 **Q.** She left again on 3 June and returned, and this is where
20 you say:

21 "As I have said, she was able to use the Linden
22 Centre like a revolving door and none of them seemed to
23 care."

24 **A.** No, plus the patients were taking in drugs and hiding
25 them in a ceiling. You know, the ceilings that you

1 could push up.

2 **Q.** Yes.

3 **A.** What are they called?

4 **Q.** With the tiles that you can push up?

5 **A.** Yeah, yeah. They used to push them up and hide the

6 drugs in there.

7 **Q.** Tell me how you know about that.

8 **A.** Georgina told me.

9 **Q.** So she told you that patients were bringing --

10 **A.** In drugs and hiding them.

11 **Q.** -- drugs into the ward?

12 **A.** Yeah.

13 **Q.** Including Georgina, I think?

14 **A.** Including Georgina, yes.

15 **Q.** And she told you where they were being hidden?

16 **A.** Yes. I told the staff. What they done about it, I do

17 not know.

18 **Q.** How many times -- was it just once that you approached

19 the staff to say, "Drugs are being brought onto the

20 ward"?

21 **A.** I didn't actually tell the staff; I told Dr A.

22 **Q.** I see.

23 **A.** Dr A, who you mentioned there, I told him, and he

24 informed the staff.

25 **Q.** I see. So did you tell Dr A, the psychiatrist, about

1 that while Georgina was still an inpatient?

2 **A.** Yes, I did.

3 **Q.** And you told him where those drugs were being hidden?

4 **A.** Yes, yes. I said I'll take him down and show him where

5 the part of the ceiling tile was being moved.

6 **Q.** Yes, I see.

7 **A.** But they knew what to do. The patients knew what to do.

8 **Q.** I see. And, as far as you can remember, Ann, what was

9 his reaction?

10 **A.** He was disgusted. Absolutely disgusted.

11 **Q.** Yes. As far as you know, after you telling him about

12 it, did anything change? Did that stop?

13 **A.** No, nothing changed.

14 **Q.** One of the things you say to us about the ward

15 environment is that -- and again, I don't want to put it

16 in my words, but there were a lot of like-minded people

17 in terms of other patients with addiction issues --

18 **A.** Yes.

19 **Q.** -- and that you can see that that might be helpful in

20 some circumstances but that, where the patients are

21 basically left to their own devices, the opposite

22 happens?

23 **A.** I think you've got it right there. They were left to

24 their own devices --

25 **Q.** Yes.

1 **A.** -- which I wasn't happy with.

2 **Q.** It's, again, a very obvious question, but tell us why?

3 What was the effect on Georgina?

4 **A.** Well, she didn't seem to care either.

5 **Q.** Yes.

6 **A.** She just got on with it.

7 **Q.** Yes, and her addiction issues didn't improve?

8 **A.** Not at all.

9 **Q.** Her mental health issues didn't improve?

10 **A.** No, not at all.

11 **Q.** I want to talk a little, please, about the last time

12 that Georgina left the ward.

13 **A.** Okay.

14 **Q.** What we know -- and this is from the records, so I want

15 to make clear all of this you have learnt afterwards --

16 **A.** Yes.

17 **Q.** -- Georgina left the ward on Friday, 9 June?

18 **A.** I went to see her that morning.

19 **Q.** I see. How was she that morning?

20 **A.** She seemed to be in a good mood. She'd been out and

21 bought some new clothes to go into London, because

22 I said to her, "Oh, you look lovely". All in white, she

23 was.

24 **Q.** She told you, I think, that she was going to see

25 a friend in London?

1 **A.** Yes, she did. She didn't mention the name of the friend
2 but she said she was going to visit a friend.

3 **Q.** Yes.

4 **A.** I thought she was coming back, obviously.

5 **Q.** Yes, of course. So she -- we know from the records that
6 she left the ward at about 2.00 pm and told staff that
7 she was going to London.

8 **A.** Yes.

9 **Q.** She wasn't asked where she was going --

10 **A.** No.

11 **Q.** -- or who with?

12 **A.** Or the address, nothing.

13 **Q.** Or anything about a return time?

14 **A.** No.

15 **Q.** As it -- she didn't return?

16 **A.** No.

17 **Q.** What we know is that by 8.05 pm the staff nurse coming
18 onto the evening shift noted that Georgina was not on
19 the ward --

20 **A.** Yeah.

21 **Q.** -- and the notes tell us that, at that time, staff were
22 not unduly concerned, as Georgina had done similar
23 things in the past?

24 **A.** Apparently so.

25 **Q.** Yes. It's recorded that the staff nurse at that time

1 considered that there was no indication that there
2 should be any raised concerns or immediate risks?

3 **A.** Apparently.

4 **Q.** Yes. Your view on that is what?

5 **A.** I think they're a load of rubbish, the Linden Centre.
6 Sorry.

7 **Q.** That's all right.

8 **A.** They are rubbish. No child should go into the Linden
9 Centre. I've sat and watched people dying there still:
10 young men, young women. It's been in the newspapers,
11 it's been on the TV. The Linden Centre should be closed
12 down.

13 **Q.** In fact, that's one of the recommendations you list
14 towards the end of your statement?

15 **A.** Yes.

16 **Q.** So we'll come to that. We know that by the following
17 day, 10 June, Georgina had obviously still not returned
18 to the ward?

19 **A.** Yes.

20 **Q.** At 6.05 am a nurse recorded that the duty doctor should
21 be informed that she remained absent?

22 **A.** That was a long time, wasn't it, after she'd been
23 missing?

24 **Q.** Yes.

25 **A.** A long time.

1 Q. Yes.

2 A. The day before, she went missing.

3 Q. At 1.00 pm, a charge nurse recorded that "Georgina has
4 not yet returned and the duty doctor has not yet been
5 informed"?

6 A. Yes.

7 Q. The staff tried her mobile phone at 3.15 pm but there
8 was no answer --

9 A. Mm-hm.

10 Q. -- and it was at that time, you think, that Dr A himself
11 advised that the missing persons protocol should be
12 activated?

13 A. Activated, yes.

14 Q. In fact, that didn't happen until 5.30 pm, so we're now
15 27 hours or so after Georgina had left the ward?

16 A. That's correct.

17 Q. What you now know is that less than an hour after that
18 the ward received a call to say that Georgina had been
19 found?

20 A. I didn't know that.

21 Q. No.

22 A. All I know is that a policeman knocked on my door.

23 Q. And that was in the evening on 10 June?

24 A. That's correct.

25 Q. I think, Ann, it was, in fact, the same officer that --

1 **A.** That told me about Tony, yes.

2 **Q.** -- that had come to notify you of Tony's death?

3 **A.** Yes.

4 **Q.** At that time, did you have any contact whatsoever from
5 the Linden Centre?

6 **A.** None.

7 **Q.** Between that date and now, have you had any contact from
8 the Linden Centre?

9 **A.** No, no.

10 **Q.** Am I right in thinking that not only did you not know
11 that an investigation was taking place --

12 **A.** No, I didn't know.

13 **Q.** -- but that you didn't -- there was no letter of
14 condolence?

15 **A.** Nothing.

16 **Q.** I know that there was an inquest into Georgina's death,
17 and that the verdict recorded was one of misadventure.

18 **A.** I don't think the coroner was too happy with what he
19 wrote.

20 **Q.** Yes. Well, say that again, I'm so sorry: he wasn't too
21 happy with?

22 **A.** There was a nurse that was supposed to be one-to-one
23 with Georgina. I don't know her name.

24 **Q.** That's all right. We wouldn't say her name anyway.

25 **A.** But apparently what they've done is they moved her to

1 Scotland. So he said, "She's out of my jurisdiction,
2 I can't bring her back".

3 **Q.** Yes.

4 **A.** So, I mean, I understand the judge. I felt sorry for
5 him really because he wanted to question her.

6 **Q.** Yes.

7 **A.** But he couldn't because they couldn't bring her back.

8 **Q.** Yes, I understand. What the coroner recorded is this:
9 "Georgina Pauline Ann Sefton died as a result of
10 misadventure, the risk for which was not managed by
11 a detailed care plan for her leave from the ward."

12 **A.** Yeah.

13 **Q.** From that, I think, you take that the coroner was making
14 an adverse comment about the fact that a proper risk
15 assessment had not been carried out?

16 **A.** That's correct, yes.

17 **Q.** I think you wish that the coroner had gone a little
18 further and you would have liked him to see -- you would
19 have liked to see him talking about the other areas of
20 incompetence that you have identified; is that fair?

21 **A.** That's fair.

22 **Q.** Yes. I think I know the answer to this too: in the
23 aftermath of Georgina's death, were you or your family
24 offered any kind of support?

25 **A.** No.

1 Q. You were contacted by no agency or organisation?

2 A. No, none at all.

3 Q. Before we go on to the things that you would like to say
4 about recommendations for change, I want to talk through
5 a little bit with you about the ward environment and the
6 things that you have identified as the most serious
7 concerns. We have covered them, obviously. But
8 I think, in general, and this is a phrase that you use
9 in your witness statement, it's your view that the
10 Linden Centre itself, as an environment, posed a danger
11 to Georgina.

12 A. Yes, I do think that.

13 Q. In what ways? Tell us a little bit that.

14 A. Because they didn't go in and talk to her. They didn't
15 ask her what she was thinking or feeling. It wasn't
16 that one-to-one, as they said it was. That's incorrect.
17 In fact, they're liars.

18 Q. Yes. You identify obvious issues with security and
19 safety?

20 A. Yes.

21 Q. You've told us about class A drugs being brought onto
22 the ward and hidden?

23 A. I mean, how could the patients do that if the staff were
24 checking them correctly? Which they wasn't.

25 Q. Yes.

1 **A.** So -- and all the patients knew where to get them drugs
2 in that ceiling. They knew.

3 **Q.** Yes.

4 **A.** They used to crawl up the side of the room, we call it
5 a room -- it was a hallway -- to get to the drugs.

6 **Q.** I understand. You identify, obviously -- and we've
7 spoken about this -- not only access to sharp and
8 dangerous items, but patients being given blades?

9 **A.** Yeah, I mean, I don't know how they give her
10 a razor-blade considering she was a person that used to
11 cut herself, self-harm.

12 **Q.** Yes.

13 **A.** I can't understand that at all.

14 **Q.** You identify -- and I think you think what is at the
15 basis of this is a lack of training, or what it shows is
16 a lack of training -- in Georgina being able to abscond
17 so frequently from the ward?

18 **A.** Well, obviously they didn't care because it would be
19 written there, I suppose. They didn't care.

20 **Q.** As far as you're aware, at no stage after a period of
21 absconsion or not returning from leave, was another risk
22 assessment carried out --

23 **A.** No.

24 **Q.** -- and increased levels of supervision, for example,
25 imposed. That just didn't occur?

1 **A.** Nothing happened, no.

2 **Q.** She would just go off again the next day?

3 **A.** Yeah, when she wanted to.

4 **Q.** Yes. The other thing that you tell us, and we've

5 covered this a little bit, is that not only were you and

6 your husband not involved in or told about what was

7 happening with Georgina or how she was, or any aspect of

8 her care and treatment, but nobody asked you about her

9 background and what had happened in her life?

10 **A.** Nobody asked nothing. I think the staff are very --

11 they're not trained. They're not trained correctly.

12 **Q.** Because in your mind, Ann, is this right: in order to

13 help someone who is as unwell as Georgina was, you would

14 need to know about that person?

15 **A.** Of course you would, yeah.

16 **Q.** You would need to know what has happened in their lives,

17 what other things have caused them trauma, for example?

18 **A.** And there was several things that caused trauma to

19 Georgina. Several things.

20 **Q.** Nobody, in your view, looked at the overall picture and

21 thought, "Hang on, this is getting worse, this" --

22 **A.** I don't think they did, no.

23 **Q.** Yes.

24 **A.** Not that they ever voiced anything to me. The only

25 thing they ever voiced to me is, "Do you know where she

1 is?", on the telephone.

2 **Q.** Yes. One of the things that I think is most painful to
3 you are aspects of the Serious Incident Report that you
4 received from this Inquiry that speak about Georgina and
5 her addiction issues in a way that is -- it's insulting
6 to you, I think -- let me read it to you and you can
7 tell us, rather than me doing it.

8 One of the things that is said here is that:

9 "During her stay on the unit she had periods of
10 being settled and utilising her care plan, together with
11 taking her prescribed medication. Staff were
12 encouraging her to use different coping strategies."

13 **A.** I don't know if they were.

14 **Q.** Did Georgina ever mention to you that that was
15 happening?

16 **A.** No.

17 **Q.** In fact, I think she said to you that she felt that they
18 were not involved in any aspect of her care?

19 **A.** She was quite close to me and she used to tell me quite
20 a bit, obviously, as you know, about the drugs in the
21 ceiling, et cetera.

22 **Q.** Yes.

23 **A.** But she never ever mentioned anything like that to me.

24 **Q.** No. The report also says this:

25 "Georgina was addicted to illicit drugs and had made

1 some inroads into dealing with her addiction. However,
2 she found the self-discipline required and the
3 motivation very difficult to maintain."

4 Now, what you say about that part of the report is
5 what inroads can be being spoken about?

6 **A.** She should be helped, not hindered the way she was --

7 **Q.** Yes.

8 **A.** -- and they're all in a little room, chatting, chatting.

9 **Q.** Yes.

10 **A.** She should have been helped. She wasn't.

11 **Q.** The report goes on to say:

12 "In contrast, Georgina had to follow her feelings
13 and this resulted in her absconding from the ward, being
14 abusive to staff, self-harming, using illicit drugs and
15 drinking alcohol, and following those events was
16 normally remorseful for her behaviour."

17 Now, this is the part of the report which I think is
18 most insulting to you. Am I right, Ann, in thinking
19 that that's because she was an addict? She needed
20 assistance?

21 **A.** She needed help.

22 **Q.** The way that this is phrased, I think, to you, looks
23 like someone saying, "Oh well, she preferred to go with
24 her feelings on that day".

25 **A.** Exactly. I mean, different things they write, I don't

1 understand why they write these things because these
2 things ... I'm just a normal person, I'm a mum and, to
3 me, it didn't make sense at all. Like, they released
4 her and they should never have released her. She was in
5 such a state. She should never -- and a self-harmer.

6 **Q.** Yes.

7 **A.** I mean, fancy asking for a razor and they give her it?
8 23 stitches later, she's in A&E.

9 **Q.** When you see this kind of wording in the report -- it
10 maybe that you don't think this, I'm just interested --
11 do you think that the fact of Georgina's addiction
12 issues was sort of concentrated on too much by
13 clinicians at the expense of actually treating her
14 underlying mental health issues?

15 **A.** I think she should have been helped all the way.

16 **Q.** Yes.

17 **A.** They should have spoke to her about help. As I say,
18 they didn't speak to her at all. I don't know why.

19 **Q.** In general terms, and you will tell me if this is wrong,
20 in your mind there are clear areas of incompetence in
21 failures to help Georgina --

22 **A.** Big time.

23 **Q.** -- and those include failed responses to her
24 absconding --

25 **A.** Staff training.

1 Q. -- staff training, the failure to manage the risk of
2 attempts on her own life and self-harm, inadequate risk
3 assessments; is that right?

4 A. Yes.

5 Q. Inappropriate grants of leave?

6 A. Mm.

7 Q. The discharge we've just spoken about, when, in your
8 mind --

9 A. They should never have discharged her.

10 Q. Thank you. And then the matters we've covered in terms
11 of safety on the ward and security, and the drug issues?

12 A. Yeah.

13 Q. I want to take a look now with you at the
14 recommendations that you have put down in your witness
15 statement and you can look at them if you want to, they
16 start at page 15, paragraph 74. So the first, Ann, is,
17 I think, we might call it your headline point, and that
18 is what?

19 A. That the Linden Centre should be closed down.

20 Q. Yes?

21 A. There's many deaths up there since Georgina died, and
22 it's always on the news, it's in the newspapers.
23 I mean, how is this happening to young children?

24 Q. Yes. One of the things that I think you and I have
25 discussed, or I've discussed with you and your husband,

1 is that to you it is particularly painful, given that
2 Georgina's life ended 20 years ago now --

3 **A.** Yeah.

4 **Q.** -- to be here 20 years on, giving this evidence?

5 **A.** And nothing's happened at all. They promised they were
6 going to change. Nothing's happened. Nothing.

7 **Q.** You next, looking at paragraph (b) on page 16, go on to
8 say that you think that staff should be accountable for
9 their actions?

10 **A.** Their actions, yes.

11 **Q.** Tell me a little bit more about that.

12 **A.** Well, obviously, if they'd been observing her or going
13 in and talking to her, they'd have been able to put
14 a point forward. They didn't because they didn't go in
15 there. All they were was in that room over there.
16 I could take you to the room right now. It stayed in my
17 mind so badly. But they didn't monitor her properly.
18 Well, I don't think they did, anyway.

19 **Q.** No. Thank you.

20 Then, really importantly, one of the things you say
21 is that there must be recognition of the vital role that
22 a patient's family play in helping with their treatment.

23 **A.** They should be informed. The family should be informed.
24 That way they could give an opinion or say, "This
25 happened or that happen, can you help her?" or him,

1 whatever.

2 **Q.** Yes.

3 **A.** But obviously that didn't happen.

4 **Q.** And where there is a supportive family, like yours, you
5 would have been able to identify past events or trigger
6 points? You'd be able to tell them if your input was --
7 if somebody was asking you, you would have been able to
8 share with them what things might be particularly --

9 **A.** Or what to look out for, yes. But they didn't. They
10 didn't ask us anything.

11 **Q.** You say here:

12 "Had the team worked with us from the beginning, we
13 could have helped build a clearer picture of Georgina's
14 needs and risks. Instead, she was kept in isolation,
15 without the benefit of the insight, context and support
16 that we as her family could have provided."

17 **A.** The only support she got was from the patients inside
18 the Linden Centre.

19 **Q.** Many of whom were very unwell themselves, obviously.

20 **A.** Exactly. So they all give their opinion but you don't
21 know whether it's a right opinion or a wrong opinion.

22 **Q.** Yes.

23 **A.** We would have given a right opinion, being her mum and
24 dad.

25 **Q.** Yes.

1 **A.** I can't answer that.

2 **Q.** I understand. The sadness for you and your husband,
3 I think, is that you were there to provide it.

4 **A.** Oh yeah.

5 **Q.** You were there to provide the background and the help?

6 **A.** Absolutely.

7 **Q.** Then, Ann, just going over the page to the top of
8 page 17, the other thing, Ann, I think we have covered
9 this, is that thinking about the fact that Georgina was
10 able to hurt herself on the ward, able to abscond pretty
11 freely, it seems, that patients were able to bring drugs
12 into the ward, your baseline view about that is that
13 staff should be better trained?

14 **A.** Well, they should be better trained. Then they'd know
15 what to look for, wouldn't they?

16 **Q.** Yes.

17 **A.** I mean, if you was told something, wouldn't you know
18 what to look for? I mean, I don't know. I think
19 they're all mad or they're -- I think they're mentally
20 disturbed.

21 **Q.** Ann, I think I've come to the end of my questions for
22 you. I know that we're going to take a look -- we're
23 going to show some photos of Georgina.

24 **A.** Okay.

25 **Q.** But before I ask for those to be put up, thank you for

1 your evidence today. Is there anything else that you
2 would like to say now?

3 **A.** No, just about the Linden Centre. I'm very, very
4 disappointed and hurt with the Linden Centre.

5 **Q.** Yes.

6 **A.** I mean Dr A was very, very good. I'll say that. He was
7 good, but they obviously didn't listen to him either,
8 and the length of time it took them, when she went
9 missing, to inform him, for him to say, "Inform the
10 missing persons".

11 **Q.** Activate the missing persons protocol?

12 **A.** Yeah, yeah. I mean, I think that's pretty disgusting,
13 I really do. And I feel sorry for anybody that puts
14 their child in the Linden Centre. I feel for them
15 because I know what they're going to go through.

16 **Q.** Thank you.

17 **A.** You're welcome.

18 **MS TROUP:** I think what we're going to do now is I'm going
19 to ask for the photos to go up and then we'll take
20 a break and I'll see whether there are any further
21 questions for you --

22 **THE WITNESS:** Okay.

23 **MS TROUP:** -- either from your lawyers or from others and,
24 if there aren't, you'll be free to go.

25 **THE WITNESS:** Okay.

1 **MS TROUP:** So could I ask that we have the four photos of
2 Georgina now, please.

3 *(Photographs were displayed)*

4 **Q.** Is that your son, Tony?

5 **A.** Yeah, yeah. They were quite close.

6 **Q.** Yes?

7 **A.** And that's what we used to call her "Baby G".

8 **Q.** Baby G?

9 **A.** Georgina.

10 **MS TROUP:** Yes. Thank you.

11 **THE CHAIR:** Mrs Sefton, thank you very much indeed for
12 coming.

13 **THE WITNESS:** Thank you for listening.

14 **THE CHAIR:** No, I'm very appreciative of the efforts --

15 **THE WITNESS:** I'm really grateful you've listened and I'm
16 sure you'll take it in, knowing you.

17 **THE CHAIR:** I'll remember, don't worry.

18 **THE WITNESS:** Thank you, and thank you, Rachel.

19 **MS TROUP:** Thank you, Ann.

20 I think, Chair, as long as you're content, we'll
21 rise now and see if there are any other questions for
22 Ann, and, if not, we'll be back at 2.00 pm. Thank you.

23 **(12.29 pm)**

24 **(The short adjournment)**

25 **(2.03 pm)**

1 **MS MALHOTRA:** Good afternoon.

2 **THE CHAIR:** Good afternoon, Ms Malhotra, over to you.

3 **MS MALHOTRA:** Thank you, we are ready to proceed this
4 afternoon.

5 Simon would like to be referred to by his first name
6 and for his son Daniel to be referred to by his first
7 name, and for him to take the oath. I wonder if that
8 could be done now, please.

9 **SIMON MARCOVITCH (sworn)**

10 **Questioned by MS MALHOTRA**

11 **MS MALHOTRA:** Thank you very much, Simon. Now, you're here
12 to speak about your experience of Daniel's treatment in
13 care. Dan died on 11 January 2022 when he was aged just
14 44 years old. He died by misadventure, as recorded at
15 the inquest.

16 You've provided a witness statement dated 9 January
17 of this year; is that right?

18 **A.** That's right.

19 **Q.** Have you had an opportunity to read it recently?

20 **A.** I have.

21 **Q.** Can you confirm that the contents are true and accurate?

22 **A.** They are.

23 **Q.** Thank you. Now, you describe in your statement -- I'm
24 not going to ask you to look at it but very happy to
25 take you to it if you want to be directed to it -- you

1 describe in your statement that Daniel became involved
2 with drugs at around the age of 11; is that right?

3 **A.** Yeah, that's correct, yes.

4 **Q.** Just tell us, from your perspective, please, did his
5 drug taking have any impact on his mental health?

6 **A.** Probably not at first but through his time spent in
7 prison, definitely it did.

8 **Q.** You describe in your statement the separation between
9 yourself and Daniel's mother, and that this also had an
10 impact on his mental health. Can you explain, was that
11 in his adult years that it started to manifest?

12 **A.** Yeah, he was about 11 that we split up. So Daniel's mum
13 said, he's staying with me, and she took my other
14 daughter with her. But I worked in the City, so Daniel
15 had a key to our home. So, whilst I was at work, Daniel
16 started to mix with people that were supplying drugs,
17 and that's when it started for him, his life in that
18 sort of state of mind, you know?

19 **Q.** Did Daniel have a mental health diagnosis that you
20 became aware of?

21 **A.** Not then, you know, because he was just a normal
22 everyday boy, but things started to go wrong once
23 I found out he was mixing with a certain crowd through
24 my neighbours, saying, "Your son's having loud music",
25 and stuff like that, "on".

1 Q. I think in your statement you say that around -- in June
2 2021 you became aware of his diagnosis of emotionally
3 unstable personality disorder; is that correct?

4 A. That's correct.

5 Q. You say in your statement he was also diagnosed with
6 post-traumatic stress disorder; is that correct?

7 A. Yes.

8 Q. You became aware of that later, did you?

9 A. Yeah, much later.

10 Q. Do you know -- can you help us at all with whether he
11 was on any medication for his mental health?

12 A. Well, in prison, when he got released the last time, and
13 we went to the doctors, they prescribed him certain
14 drugs, quetiapine was one of them, mirtazapine, and some
15 other drugs, but I'm not familiar with what those drugs
16 actually done to Daniel. It wasn't until we found a GP
17 that knew Dan had mental health problems by interviewing
18 Daniel. So that's when I actually understood, through
19 his prison life, that he was a bit mentally unstable.

20 Q. So you mentioned Daniel spent some time in custody.
21 When did you first notice a decline in his mental
22 health? Can you help us with that?

23 A. Probably when he was in prison and being bullied, and
24 getting beaten up and getting knocks to the head. He
25 had a massive scar on his head. And getting released

1 from prison and then re-offended.

2 **Q.** Now, he first went to prison at the age of 16; is that
3 right?

4 **A.** Yeah, Feltham.

5 **Q.** You've described already the sort of impact that it had
6 but is there anything else you wanted to say about going
7 into prison and coming out again, what sort of impact
8 that had on his mental health?

9 **A.** Well, the problem with Young Feltham is you get big boys
10 in there, okay. So with Daniel, he always could look
11 after himself in a certain way, and there was this bully
12 bullying all the prisoners, trying to take all their
13 stuff, in the Young Offenders. And Daniel was in a cell
14 and he had two choices: either to give him all his stuff
15 or stand up to him. He stood up to him and the guy
16 knocked six bells of ... out of him, yeah? But from
17 that day on, that put bully never went near Daniel and
18 other prisoners could see that that Daniel could look
19 after himself. So that's when Daniel was -- first
20 entered the prison system, called Feltham.

21 **Q.** Can you just help us understand, please, and you touch
22 upon this in your statement, but whenever Daniel was
23 released back into the community, did he face any
24 challenges or barriers to reintegrating back into the
25 community, that you observed?

1 **A.** Well, the answer to that is yes because, when a prisoner
2 serves a part of his sentence, he comes out and he's got
3 a probation officer who provides a service for his drug
4 rehabilitation, for his rehousing and getting back into
5 the community. But the problem with that is, he was on
6 methadone, a substitute for his drugs, and when you're
7 on a daily dose, everyone would go to Boots, but the
8 problem with that is, that's everyone in the community
9 that's taken drugs, and the probation officer is not
10 involved in my son going back and mixing with that sort
11 of clientele, if you can be honest. So it's just
12 a rolling on feeling, you know?

13 **Q.** What about being able to take care of himself in the
14 community? Is that something that Daniel struggled
15 with?

16 **A.** Not early on. That come much later, you know, with
17 all -- which we've discussed later on. But it was just
18 re-offending, which I never understood, because his dad
19 worked and I could provide for him, but I couldn't be
20 involved with all these drug people.

21 **Q.** You mention -- we'll talk about it later, do you want to
22 talk about it now and say what sort of impact that
23 reintegration had on Daniel and, in particular, his
24 mental health?

25 **A.** Well, in the prison system, it's not run by the prison

1 officers; it's run by the prisoners. And there's
2 individual gangs and Daniel was always a person that
3 wouldn't take any rubbish. So I'd go and visit him, and
4 each time I visited him he was smashed to pieces: his
5 eye out here, just face disfigured.

6 **THE CHAIR:** How often did you get to visit him?

7 **A.** Well, I split up with his mum. She tried for a couple
8 of years but then she never saw Daniel. So I'd get
9 a VO -- every two weeks, I could see Daniel.

10 **THE CHAIR:** That's a visiting order?

11 **A.** That's right.

12 **THE CHAIR:** Yes.

13 **A.** So he was in Chelmsford prison so he put -- like, I was
14 only the visitor he had, so I'd see him every two weeks
15 and, as I lived in Billericay at the time -- but I live
16 in Basildon now -- it was perfect for me because it's
17 not too far and I would see Daniel, and it was just like
18 going to see your son every two weeks, innit? What
19 happened in prison would be between him and the
20 prisoners and the prison guards. But he was fine as
21 a youngster going in and out of the system because he's
22 young, he's -- what's the word? Not cocky, but that
23 sort of way, when you're young.

24 **THE CHAIR:** Assured, yes.

25 **A.** That's the word probably, yeah.

1 **MS MALHOTRA:** I wanted to ask you about Open Road. You
2 mention it in your statement. It's at paragraph 57,
3 page 8, for anyone who is following your statement. I'm
4 not going to ask for it to be put up, if you don't need
5 directing to it --

6 **A.** Yeah, I'm fine.

7 **Q.** -- but do you just want to tell us what your
8 understanding of Open Road was and how that organisation
9 assisted Daniel?

10 **A.** Yeah, so when a prisoner goes to a certain area, it's
11 a drug rehabilitation centre. So they can see Daniel's
12 mental health, they can see what drugs he's been on in
13 prison, prescribed by the prison doctor, and what course
14 going forward to get him off drugs. So they would say,
15 right, he can take methadone at certain milligrams, and
16 then eventually come off. So Open Road provide
17 a wonderful service, the people there are wonderful and
18 hopefully he was going to come off drugs. But that
19 wasn't the case.

20 **Q.** So they supported Daniel?

21 **A.** Yes, yes.

22 **Q.** Do you know what other agencies or organisations Daniel
23 was involved with?

24 **A.** No, because of his drug abuse, Open Road was the only
25 one I knew because it was in Chelmsford and, obviously,

1 he had his probation officer and he would stay in the
2 halfway house because that was the rules. When you
3 serve half your sentence you're on tag and you can only
4 go out up to a certain time. I think it was about 7.30
5 of an evening, then he had to stay indoors. So Open
6 Road was purely to support him in coming off drugs. So
7 he would have a blood test, yeah, and if he'd been
8 taking drugs he wouldn't -- they wouldn't give him
9 methadone because he's not applying to the law of his
10 probation what he's supposed to do.

11 **Q.** So just help us understand: did Daniel identify himself
12 as having an addiction?

13 **A.** Oh, definitely.

14 **Q.** In your experience, aside from Open Road supporting him
15 with methadone, in the way that you've described, how
16 else was it being managed?

17 **A.** What, his drugs?

18 **Q.** Yeah, and his mental health in particular. How was that
19 being managed?

20 **A.** Well, the thing with his mental health is when a person
21 has an addiction, and people say within the prison -- so
22 there's prison doctors and they supply him drugs, which
23 I wasn't aware of, for his mental health. So I'm not
24 aware that they're giving him mental health drugs
25 through his care because they could see a problem.

1 Daniel, in prison, would still be the Daniel that was
2 coming out. So his mental health, I never saw that
3 because there was times when he'd come out of prison,
4 "I'm angry", yeah? "I can't take it any more", you
5 know. You got a home, a nice home, you want nice
6 clothes, you got nice clothes, but I couldn't have any
7 of these guys in my home.

8 And at a young age -- I got burgled twice and the
9 second time said to my son "you're staying in the house
10 until I get home from work and then you can do what you
11 want to do". Then I get a phone call, I was at British
12 Petroleum, BP, at the time, on a temporary contract and
13 he rung me up and said, "We've been burgled again, Dad".

14 So after that, that's when he went to live with his
15 nan and grandad, and I find out later on in life,
16 through [redacted], my daughter -- oh, I shouldn't have
17 said her name -- my daughter, that was the best years of
18 his life, because his nan and grandad, he had respect
19 for them. And I've seen photos which I never saw
20 before, which my daughter give me and I said "I can't
21 believe how happy", and my daughter would say she'd got
22 him a bike, none of them people were allowed up there
23 because his grandad was proper builder, you know, so he
24 wouldn't allow anything like that.

25 And for them few years, which I found out when he

1 come out this time and we started to get to understand
2 and know each other again, he explained to me that and
3 all.

4 **Q.** Roughly how old was Daniel at the time that you're
5 describing, when he was with his nan and grandad?

6 **A.** Between probably 17 and 20, even though he went to
7 Feltham, yeah, he'd come back out with nanny and
8 grandad.

9 **Q.** I'd like to move on to ask you about the time that
10 Daniel became registered with a general practitioner,
11 with a GP, on 9 June 2021, that's at paragraph 59,
12 page 9 of your statement. Can you help us with the
13 significance of Daniel being registered with the general
14 practitioner at that time?

15 **A.** Right, now you've jumped now, say 20 years. So for the
16 20-year period he was in and out of prison. What's
17 important about that is Daniel was in prison when Covid
18 happened, okay? So a lot of the prison officers went
19 down with Covid. So there was no visits, they were in
20 the cells 24/7., food was brought to the cell and the
21 prisoners would have a shower every two weeks for 15
22 minutes. But they was allowed to phone the parents so
23 Daniel would phone me a lot.

24 Now, by Covid and no visits, the prisoners cold
25 turkey. So for people who don't understand that, no

1 drugs was brought into the prison. So being locked up,
2 everyone couldn't take drugs. So when my son was
3 released, and for the first time, he said, "Dad, I've
4 had enough. I can't do it no more". So we cuddled, and
5 this was the process from him being released from
6 prison, me having my son back and me trying to find from
7 Open Road, to housing, to his doctors, so it had a big
8 significance.

9 **THE CHAIR:** What did he mean by "I can't do it no more"?

10 **A.** Right, well, the intake of drugs, okay, the intake of
11 beatings, the intake of -- I don't know whether I can
12 say this -- of prison officers being abusive physically
13 to my son. Yeah.

14 **THE CHAIR:** So you think he meant he didn't want to have
15 that life any more?

16 **A.** That's right. So you've got to understand, there's
17 other youngsters now coming to the prison, ain't they?
18 Stronger, builder, whose never been in prison before,
19 think they own the world, they can take on, and they was
20 mature then at 40, yeah. So it's a totally different
21 level. So when Daniel went to Young Feltham, he was
22 that kid, yeah? "No one's telling me what to do".

23 Now, he's older, no drugs were taken in, so you
24 haven't got that high, and he could understand the
25 world, what was going on there. So that's what I mean.

1 **MS MALHOTRA:** So would you say around this time, him
2 registering with the GP on 9 June 2021, that was a bit
3 of a turning point for him, would you say?

4 **A.** Yeah, it was massive because he got released, he stayed
5 with me in an over-60 shelter for a week, and then
6 before he's released, the prison would say, "Right,
7 where do you want to go?" And he said Chelmsford. So
8 the clinic was Open Road for his drugs rehabilitation
9 and then, through the help of them and various
10 organisations, we got the doctors, okay? But the doctor
11 could see the drugs he was on, and would ask Daniel,
12 "Well, why are you on these mental health drugs?" And
13 Daniel said, "I've been taking them for a while because
14 I had mental health problems in prison", but -- which
15 I wasn't aware of.

16 **Q.** I'm going to come back to the GP and the actions taken
17 by the GP in a moment but I'd like to ask you about the
18 3 August 2021. It's described in your statement at
19 paragraph 93, page 18, and what you describe here is
20 Daniel being found unconscious by a member of the
21 public.

22 **A.** Yes.

23 **Q.** Can you remember that?

24 **A.** Yes, now that was in Chelmsford.

25 **Q.** Can you tell us about that? What happened?

1 **A.** Well, this was once I knew, because of Daniel was
2 telling me, that he was -- what's it called -- what's
3 the lady called, who walked past him? An adult.

4 **Q.** Okay, a member of the public saw him?

5 **A.** Yeah, so Daniel was sleeping in a sleeping bag in
6 Chelmsford and she walked past him, who could see, like,
7 he looked a bit funny. So he was actually unconscious.
8 So she called the emergencies which took him to
9 Broomfield, and he overdosed.

10 **Q.** Now, can you help us with whether that was accidental or
11 intentional?

12 **A.** I can't actually say whether -- either what it was, but
13 the reason was -- is because he got kicked out of CHESS
14 housing, and Daniel was aware that he couldn't live with
15 me. So he was sleeping rough for about two days, and he
16 was found unconscious. So they -- he went to Broomfield
17 Hospital, they pumped him up, give him an injection, and
18 then he rung me up and I said, "Dan, you know, I can't
19 take it again".

20 But it was just a blip. Just a blip.

21 **Q.** Can you help us with whether Daniel had a mental health
22 assessment following that admission to Broomfield
23 Hospital?

24 **A.** I don't think he did. All I know is that -- because we
25 haven't mentioned the Linden Centre yet --

1 Q. We'll come on to that.

2 A. Okay.

3 Q. I think, in terms of the chronology, that happens in the
4 October. So we're just focusing on the summer, I think,
5 the summer of 2021?

6 A. Not as far as I knew.

7 Q. Okay, tell us about where does the Linden Centre fit in?

8 A. Well, the Linden Centre filled in is when his doctor --
9 so imagine this time he's got released from prison, he's
10 completely changed. Open Road, which was his
11 rehabilitation drug clinic, saw a complete change, they
12 said to me, "Your son is totally different now to how
13 we've seen him in previous years." Yes? So that was
14 a good sign.

15 Because I knew he had an appointment with Open Road
16 and I said he hasn't got anywhere to live -- because
17 when a prisoner serves his full sentence, the prison
18 authorities haven't got to get him a probation officer
19 or anything: housing, nothing. They just say, "Here's
20 a ticket to the nearest station you want to go and off
21 you go", okay? It's totally different when you serve
22 half your sentence.

23 So I said he had nowhere to live. So Open Road had
24 a rapport with CHESS Trust Housing, who then, after they
25 saw Daniel -- first of all, they're analysing Daniel's

1 behaviour, they said, "Right, because of this interview
2 you've had with us and we can see totally different,
3 we've managed to get you an appointment with CHESS Trust
4 Housing", which was wonderful for me. But he still had
5 to go to -- he goes from Open Road to CHESS housing,
6 they have an interview with him, and it was funny, they
7 said, "You might have to share a dormitory", and he
8 said, "I'm not sharing a dormitory!"

9 So remember, I'm not got any input, I just sit back,
10 and the lady who's head of the Trust said, "See the
11 door? If you don't want anywhere to sleep, you can
12 sleep outside".

13 I stood up and said to her, "That's the best thing
14 anyone has ever said to him. Put him in his place
15 straight away", right?

16 So after another conversation, they accepted him.
17 So he ended up in like a motel in Stock. So CHESS
18 Housing bought the whole motel and it was all on the
19 ground floor, but there he learnt how to come back in
20 the community. So they would have to sit and have
21 a meal together, yeah? And he would have to peel the
22 potatoes one day. It was wonderful, yes? And then
23 I would pick him up and take him to Chelmsford. So it
24 was a very good experience, yeah?

25 From there, we had to get a doctor, okay, to find

1 the doctor's in the community and then, through the
2 doctor's and Essex County Council, because Daniel was on
3 ESA support for his mental health and then on PIP, Essex
4 County Council found him a duty of care, okay? So they
5 put him in temporary accommodation, which wasn't great,
6 but you've got a roof over your head.

7 So he could bid for a property. So everyone in the
8 community could see a difference in my son and then,
9 when we finally got the doctor's, and the doctor saw
10 what drugs he was on and why he was on them, the doctor
11 then asked for the prison to send all his reports, what
12 drugs he was on, why he was on the drugs. And then,
13 after a while, the doctor said, "Right I'm going to
14 write to the Linden Centre, which is a mental health
15 institute, because I think you need help".

16 **Q.** So then, turning to the Linden Centre, at paragraph 66,
17 page 11 of your statement, you say it was 24 August
18 2021 -- I'm not going to trouble you too much about
19 being exact about dates -- but you describe a time where
20 you attended the Linden Centre?

21 **A.** Yeah, so we had an interview.

22 **Q.** Tell us about that, please?

23 **A.** So we goes on the interview, we're in room and there's
24 a lady present. I'm -- so the lady is where you
25 probably are, Daniel is either side and I'm probably

1 a bit further back. So she wants to know his story and,
2 as a parent, I was just -- I was just listening to
3 stuff, okay.

4 So we was there for about an hour and a half and
5 then Daniel would open up, why he was on these drugs
6 and, in the interview, which shocked me, Daniel was
7 saying where he's self-harmed himself and where he tried
8 to hang himself twice in prison. Now, the prison
9 records will show that, okay, but I wasn't aware of it.

10 So, as a father, I'm sitting there, and he takes his
11 top off to show the lady, the nurse, and I'm sort of
12 looking, and it's the first time -- my son was slashing
13 his arms, both, and they were really deep cuts. So it
14 was quite an ordeal for me, if I'm honest.

15 **Q.** Of course, of course.

16 **A.** But the good thing that come out of it was the Linden
17 Centre said to me, the father, and Daniel, "We can see
18 you've got a problem but we won't take you on at the
19 moment in-house. We'll form a plan to assess you in the
20 community".

21 **Q.** I just want to go back to this, you've described it as
22 an interview with a lady. Do you know --

23 **A.** An assessment.

24 **Q.** An assessment. It was an assessment, was it, so far as
25 you understood?

1 **A.** Yes, an assessment.

2 **Q.** The lady, was she a nurse, a doctor or a health
3 practitioner?

4 **A.** I wasn't sure but let's say, looking at the documents,
5 she could have been a nurse, a practitioner, I don't
6 know.

7 **THE CHAIR:** This was the assessment on 18 October or was
8 this the earlier one recommended by the GP?

9 **MS MALHOTRA:** I think this is the earlier one on 24 August
10 2021, at paragraph 66. I think that's --

11 **A.** Yeah, because we only had one assessment, that's where
12 a few of the dates might be wrong. So we just had one
13 assessment was that interview with the Linden Centre.

14 **Q.** Because at paragraph 67, let's just see if we can have
15 that on the screen to help you. Paragraph 67, page 11
16 of your statement.

17 **A.** Okay, "Daniel was interviewed" ...

18 **Q.** You say:
19 "On 12 October 2021, I believe Daniel was
20 interviewed/assessed by EPUT ..."

21 When you refer to "EPUT", you mean the Linden
22 Centre, do you?

23 **A.** Yes, because I don't know who EPUT are, and we talk
24 about that later. As far as I'm concerned, it's the
25 Linden Centre and that's who I dealt with. I don't know

1 who EPUT was before and I didn't know who EPUT was until
2 much later after he died, when the Inquiry was going on.

3 **Q.** Okay. Now, I wonder, if we could just go to
4 paragraph 66 on page 11. You say:

5 "On 24 August 2021, I recall" --
6 Sorry, paragraph 66.

7 **A.** 68, I'm on. Right, 66.

8 **Q.** 66:

9 "... I recall attending the Linden Centre, in
10 person, along with Daniel, as I couldn't get through to
11 EPUT on their telephone line, to arrange a mental health
12 assessment for Daniel."

13 So I just wonder whether you're able -- were there
14 two assessments or was it one, to the best of your
15 recollection?

16 **A.** Right, there was one assessment where we had the
17 interview, right? That was to say that Daniel -- from
18 the Linden Centre. They said he needs help with his
19 mental care, okay? That one is probably the assessment
20 in the community by telephone, if that makes sense.

21 **Q.** So there was an assessment in the community by
22 telephone?

23 **A.** Yeah, so what I mean by that is, they had a plan for
24 Daniel. They would have a caseworker, who would phone
25 him up and they would assess him through being out in

1 the community. Not an assessment like an interview
2 where we sat down.

3 Q. Okay.

4 A. So that was their programme. Does that make sense?

5 Q. It does, it's just you say here that you attended the
6 Linden Centre, so does that help jog your memory at all?

7 A. No.

8 Q. Okay. Not to worry. So possibly the hour and a half
9 assessment that you've described was either in August or
10 October, you're not sure?

11 A. No, I'm not sure.

12 Q. Okay that's fine.

13 A. But it definitely happened.

14 Q. Yes, and it was one assessment, not two?

15 A. Yeah, not two.

16 Q. Of course, I just wanted to clarify.

17 A. But the other assessment -- what I mean by "assessment"
18 was we had the interview, which they took him on, and
19 they were assessing him in the community. So maybe the
20 wording is slightly wrong.

21 Q. Okay. But the assessment that you've described, which
22 was an hour and a half with possibly a nurse, where
23 Daniel disclosed self-harm --

24 A. Yes.

25 Q. -- and that's the first time that you heard about it --

1 **A.** Yes.

2 **Q.** -- that was at the Linden Centre or --

3 **A.** Yes.

4 **Q.** That was?

5 **A.** Yeah.

6 **Q.** And that was in-person?

7 **A.** Yes, yes.

8 **Q.** You were there with him?

9 **A.** So the doctor then wrote to the Linden Centre. We had
10 an interview at the Linden Centre, which is the
11 assessment, yeah? Which they assessed Daniel's mental
12 health and they said, "We will take your son on but in
13 the community, not in-house at the moment".

14 **Q.** Okay.

15 **A.** Okay?

16 **Q.** I'd just like to ask you about that and whether you had
17 any views about Daniel being looked after in that way in
18 the community, as opposed to as an inpatient?

19 **A.** Well, to be honest, it was fantastic that now he was
20 going to get the help he needed. So I didn't find it
21 unusual that they said, "We'll go in the community",
22 right? I was just so happy that he was going to get the
23 care and attention to help -- for his mental health.

24 **Q.** So did that happen?

25 **A.** No. I mean, unfortunately, it was a comedy of errors.

1 Q. Why do you say that?

2 A. Well, the way the interview was going to be done, that
3 he would get a caseworker who would phone Daniel -- I'll
4 go back a bit. On the interview at the Linden Centre,
5 I said to them, "If you can't get hold of my son, you
6 have my phone number".

7 So Daniel okayed it because he's an adult.

8 Q. So just pausing there, then. So you'd had a discussion
9 with them that, if they couldn't get hold of Daniel,
10 that they were to contact you?

11 A. Correct.

12 Q. Was that something that Daniel consented to?

13 A. Correct.

14 Q. Okay. And you provided them with your contact details?

15 A. Yes, I did.

16 Q. Okay. So I interrupted you but that was a conversation
17 that you had at that stage?

18 A. On the interview, yes.

19 Q. Is that what happened in practice?

20 A. No. So, unfortunately, Daniel was issued with
21 a caseworker and, unfortunately, he caught Covid, okay?
22 So then instead of giving Daniel another caseworker --
23 because I don't know how the Linden Centre runs its
24 affairs. Why they didn't give Daniel another full time
25 caseworker who could phone Daniel and assess him in the

1 community regarding his mental health. So I think 'A'
2 goes off with Covid, someone else phones Daniel, just
3 asks how he is, then 'A' comes back off Covid, phones my
4 son, so that would be two different phone calls, so
5 this -- and says, "How are you getting on?"

6 Now, my son is a very polite person or he's got that
7 mannerism, but also he's got that anger in him. He
8 says, "Daniel, it's 'A'" -- I just remembered I can't
9 say the name -- "I'm going on holiday".

10 So he's just been off with Covid, he's rung my son
11 to see how he is and, in the same sentence, says, "I'm
12 going away for two weeks, I'll phone you when I come
13 back".

14 Now, the mental health team at Linden Centre could
15 see my son has a problem and this is what was happening.
16 Okay? So Daniel had, within a period of time, four
17 different people phoning him up.

18 Now, surely they should have done home visits
19 because the nurse who saw Daniel or the -- whatever
20 they're called -- Daniel, had she seen him then, he blew
21 up because he was over-prescribing himself on prescribed
22 drugs, okay?

23 So it was either the fourth or the fifth call, I'm
24 in my car with Daniel and another chap rings him up and
25 says -- and Daniel answers, he says, "Oh, it's the

1 Linden Centre, I think, Dad".

2 So another chap rings up, he said, "I've just been
3 asked to ring you up to see how you're going", right.
4 So this is the Linden Centre care in the community.

5 So I've lost my temper, okay, with this chap, and
6 really got angry, and the chap said, "Look, you don't
7 have to be like that Mr Marcovitch, Simon. You don't
8 have to be like that".

9 I said, "I keep on asking the Linden Centre to see
10 my son and all you're doing is getting different people
11 to ring him up".

12 He puts the phone down and literally two minutes,
13 three minutes later, the head person of the Linden
14 Centre -- a name I can't say -- said, "I do apologise".
15 And I explained to her about my son bloating up. She
16 said, "I'll sort everything out and we'll see him
17 Monday", okay?

18 Unfortunately, he died that Monday. Okay?

19 **Q.** Before we talk about that, going back to the caseworker,
20 you say that he had a different caseworker.

21 **A.** Yeah, different.

22 **Q.** You explained about 'A' going on holiday but, just in
23 terms of the caseworker that he was assigned to, did
24 that keep changing; is that what you're saying?

25 **A.** Correct.

1 Q. What was the frequency of contact that the caseworker
2 had with Daniel, the different caseworkers?

3 A. Well, the problem is it was like they were talking as if
4 to say, "Oh, how's your weekend been?" There was no
5 professionalism in their care regarding my son. What
6 I don't understand is the mental health care, or duty of
7 care in the community, you can't just have various
8 different people ringing up someone and just seeing how
9 they're getting on in the community. You've got to have
10 a plan to assess him, which they did say they was going
11 to do, and through Daniel talking and behaving, they
12 would have a plan for Daniel.

13 Q. So you say that they did say they were going to do that.
14 Can you help us with when? Is that the first
15 assessment?

16 A. Yeah, because it -- I took everything in, yeah? So I'm
17 happy now he's going to be cared for. I don't know the
18 mental health care, how they run things, what's going
19 through their head. All I know is, through his doctors,
20 who could see a problem, recommended him to the mental
21 health care of the Linden Centre, and after that
22 interview with them and Daniel explaining his life and
23 the drugs he took and the medicine he's on for his
24 mental care, that they was going to have a plan for him,
25 and it started with 'A' who was going to be his

1 caseworker.

2 So imagine you've just got one person who speaks to
3 Daniel, Daniel speaks back to him, and that person would
4 say, "Ooh, I think we should have you in for a weekend
5 and just assess you".

6 But having various different people talk to him, and
7 then Daniel explaining to me, "Dad, these people just
8 keep on ringing me". And the nasty bits which come into
9 it was that they wrote to Daniel, because the drugs he
10 was on is like, imagine an elephant wants to be
11 tranquilised, you know, you see David Attenborough,
12 yeah? They made Daniel zonk out, he was always tired,
13 asleep. So if he didn't answer his phone, right, they
14 sent him a letter -- which I've read and it said:

15 "As you're not answering your phone, if we don't
16 hear from you within a week, we believe you don't want
17 any duty of care for your mental health."

18 But they know the drugs he's on can have that
19 effect.

20 Q. Can I just ask, then, in terms of your interactions with
21 the health professionals who were involved with Daniel,
22 was there any discussion about him being -- as an
23 inpatient, either voluntarily or involuntarily, was
24 there any discussion about a Mental Health Act
25 assessment? Is that something -- that sort of language

1 you'd heard at all?

2 **A.** Yeah, but that was on the interview.

3 **Q.** Right.

4 **A.** All that was going to happen was in the community.

5 You've got to understand that they was going to have one
6 caseworker in charge of Daniel and they would assess
7 him, through his mental health, whether it was necessary
8 for him to come into the Linden Centre or to have care
9 in the community. Okay?

10 They had my phone number. They didn't phone Dad,
11 which they said they would do if they couldn't get hold
12 of my son. Essex Council Housing had my number because
13 Daniel, being an adult, had to give permission, yeah?
14 So when he was being processed for housing, they said,
15 "Oh, Mr Marcovitch, we've been trying to get your son".

16 I said, "Oh, he's asleep at the moment, how can
17 I help you?" Okay? So all these other organisations
18 worked for Daniel, but the most important for me, being
19 his dad, was that he was getting mental health care,
20 which never come forward.

21 **Q.** Just in terms of the mental health care, in your
22 statement at paragraph 103, page 20, we don't
23 necessarily look at it, you describe brief intervention.
24 When you're talking about the interactions with the
25 caseworker, is that the same thing as brief intervention

1 or is that something different?

2 **A.** No, that's what they're going to do for my son, because
3 we've got documents which they sent to the solicitors
4 but a lot of it was blacked out. So we -- I couldn't
5 make sense of what, you know. So they've put blacked
6 out --

7 **Q.** I think this is documentation you received afterwards?

8 **A.** Yeah, through Hodges, the solicitors.

9 **Q.** From EPUT, during the course of the inquest, was it?

10 **A.** Yeah. No --

11 **Q.** Before?

12 **A.** Oh, yes, yes, through the -- afterwards.

13 **Q.** Before we come to that, I just want to ask you around
14 this time, where Daniel had the brief intervention, the
15 caseworker and his care was being managed in the
16 community, around that time, did Daniel ever express
17 thoughts of harming himself or anything of that nature
18 to you?

19 **A.** No, but I was aware he was buying prescribed drugs.
20 That's when I got on to the Linden Centre, and I knew
21 how urgent it was. He was swelling up. I've sent you
22 the photos, yeah.

23 **Q.** So you were talking about the call that happened on the
24 Friday, I think it was, the Friday before Daniel's sad
25 death on the Monday and you've described how you were

1 annoyed, angry, during the course of that call. What
2 was it that angered you?

3 **A.** Well, it's the first time I'm speaking to the Linden
4 Centre, aren't I? So you imagine, if I wasn't there in
5 the car and Daniel had answered the phone if he was out,
6 they would have said, like it was a summer's day, "I've
7 been told to ring you, Daniel, how are you?"

8 Now, on the interview, if they want to see Daniel,
9 which the lady did, if she was in charge of Daniel and
10 she spoke to Daniel, and she said, "Well, look, come in
11 with your dad," and she saw him like that, she would
12 know automatically by her experience that something
13 ain't right.

14 So Open Road, his drug rehabilitation, they give him
15 a blood test, yeah? They take blood. So if it's got
16 any illegal drugs, he can't have methadone. He was
17 always clean, okay?

18 Had the caseworker, the same one, spoke to Daniel,
19 he would have known there was a problem. But when
20 you've got various different people who don't know my
21 son -- and I don't know how the Linden Centre of
22 a morning meeting, whether they say, "Right, you
23 Mr Jones, you phone up Daniel, you phone up Peter, you
24 phone up and just see how they are", and they write
25 a little thing, "After I spoke to Dan he seemed okay",

1 or whatever. That's not how it should be run.

2 **Q.** So I think if I summarise what you're saying, if I may,
3 it was the quality of the interactions and the questions
4 that Daniel was being asked that concerned you; is that
5 fair?

6 **A.** Well, you know, I've expressed myself that there was no
7 interaction with the Linden Centre and my son regarding
8 his duty of care in the community because, if there was,
9 I believe they would have had him in at least the
10 weekend, so Daniel would be honest what he's up to and
11 why he's doing that.

12 **Q.** Now, you describe in your statement in some detail --
13 I'm not going to take you through it -- the events of
14 Monday, the 11th. I'm not going to ask you about that
15 but I'd like to ask you about an interaction that you
16 had, I think it was the day of Daniel's death where you
17 spoke to healthcare professionals. Can you tell us
18 about that?

19 **A.** It was either the day, or the day after, because I found
20 my son dead. So we won't go into it because it's too
21 much. I then contacted my daughter. She come with her
22 husband but she wouldn't come on the property. She
23 waited outside. I'm just hysterical. But my daughter
24 was there because -- I will talk a little bit about it.

25 When I finally got into the property, because we had

1 to get a locksmith, because my son just bolted the
2 doors, okay. I put my hand through the letterbox and
3 the heating was on. But the locksmith managed to unbolt
4 the doors and, as I've unlocked the door and gone in,
5 he's on the floor.

6 **Q.** Can I just ask you to pause there for a moment.

7 **A.** Okay.

8 **Q.** I just wondered whether we could, sorry, go back to the
9 question I asked about the call that happened with the
10 healthcare professionals either on that day or after.
11 I think you attended, and --

12 **A.** Yes.

13 **Q.** -- had a discussion.

14 **A.** Yes.

15 **Q.** Is there anything you wanted to say about that?

16 **A.** Oh, yes, okay. But I'd like the Inquiry to know that
17 when a parent finds his child --

18 **Q.** So incredibly upsetting and it's --

19 **A.** It's not upsetting; it's just hysteria, you know.
20 I felt him -- and he was still warm, so I'm thinking
21 he's alive. And then the locksmith puts the phone to my
22 ear for the emergency services that says, "Turn him
23 over, try mouth to mouth". Tried all that and then the
24 emergency services come, and the police, and straight
25 away said to me, "Your son's dead", and I said, "Well,

1 you ain't even touched my son, how do you know he's
2 dead?"

3 But obviously through looking at him, they've had
4 experience, haven't they? So I got a cloth and wiped
5 all my son's face, and remember I'm hysterical. I got
6 a pillow and I was kissing him and tears were rolling on
7 top of him.

8 So that's important, because when a parent loses
9 a child, under them circumstances, and after that,
10 through the Linden Centre -- which I had a lot of
11 trouble with. So my son's passed away, the undertakers
12 come, police interview me. My son's taken away in
13 a black bag, which is not very nice, and then I go home
14 with my daughter.

15 She stays with me for a while and then when she goes
16 I'm just bawling. So it was either that day, I can't
17 remember, or the next day. It could be the next day or
18 that day. I go to the Linden Centre, right? Now, I've
19 had this call with them at the weekend -- when you go to
20 the Linden Centre it's a secure place, so you go in one
21 door, it's locked, then they ask you do you want to
22 see -- I said can I see ...

23 Then they ask for a -- and then they let me in, and
24 then I started to cry again, and she said, "What's the
25 matter?"

1 I said, "What, you haven't heard?" I said, "My
2 son's dead".

3 So she sits me down and another two ladies come
4 round and this goes on for about 15 minutes, and then
5 she said -- there didn't seem to be -- they was sorry,
6 but they're shocked. They're thinking she's going to
7 contact me that day and Daniel was going to come in.

8 So she suggests -- because I've asked about
9 everything about the people involved in his case and
10 that, and she said, "We'll sort this out".

11 So that's what happened. So they wasn't aware my
12 son was dead. They wasn't aware he overdosed. They
13 wasn't aware that Broomfield contacted them to say,
14 "You've got a patient under your care, whether it was
15 intentional or unintentional, who has overdosed". Okay?
16 Where has this information got to?

17 **Q.** So what did they tell you about -- what were your
18 expectations about what would have happened on the
19 Monday? Was it for him to be formally assessed?

20 **A.** Yeah. Obvious, on that Friday, she spoke to me, she
21 said, "I promise you it'll be sorted out for Monday",
22 okay?

23 **Q.** What would be sorted out for the Monday?

24 **A.** Daniel.

25 **Q.** But what were they going to do?

1 **A.** Well, I don't know. She could have said to me on that
2 Friday, by my language and by how angry I was, "Bring
3 Daniel now", because I believe, had he gone then, and
4 they saw him, they would have kept him in under secure
5 24/7 -- and, remember, Dan kept going to the doctors and
6 saying, "These drugs are not working, I want you to
7 change them", what he was on for his mental health.

8 But the doctor said, "It's not for me, you're under
9 the Linden Centre. Only the mental health team can
10 prescribe you different drugs".

11 **THE CHAIR:** Can I just ask, you say that Daniel was clean of
12 illegal drugs.

13 **A.** Yes.

14 **THE CHAIR:** But he was overdosing on his prescribed
15 medication.

16 **A.** Yes. So when I --

17 **THE CHAIR:** How do you know that?

18 **A.** Because he told me.

19 **THE CHAIR:** Okay.

20 **A.** Okay, and I could see --

21 **THE CHAIR:** You said that Open Road would not give him
22 methadone if he were taking other --

23 **A.** No, no. Open Road would take a blood test for illegal
24 drugs. So you know, like, coke, heroin, in the blood
25 system. In his blood system would be the prescribed

1 mental health pills, what he's taking.

2 **THE CHAIR:** Yes.

3 **A.** So that would be in his body.

4 **THE CHAIR:** Yes.

5 **A.** No other -- because they're not illicit drugs, are they?

6 They're prescribed drugs.

7 **THE CHAIR:** How do you know that they weren't finding

8 anything else?

9 **A.** Because they wouldn't have give him methadone because if

10 a person is taking methadone and he's full of coke or

11 heroin and that, they'd say, "Well, you can't have

12 methadone".

13 **THE CHAIR:** So you knew that from both Daniel and from --

14 **A.** Open Road because, remember, Open Road were wonderful.

15 They knew Daniel.

16 **THE CHAIR:** Had you been explicit with the Linden Centre

17 when you spoke to them that Daniel was overdosing on --

18 **A.** No.

19 **THE CHAIR:** So you didn't tell them that?

20 **A.** No, no. Because I never had the calls to talk to the

21 Linden Centre until that day. That's why I was talking

22 to our solicitors, if the mental health care has got

23 recordings, okay, because they would see how angry and

24 upset I was, that I said, "Well, my son has got

25 a problem", yeah? I didn't say, "Well he's

1 over-prescribing on Pregabalin", or his drugs.

2 **THE CHAIR:** Did you tell them he was bloated?

3 **A.** Yes. I said, "He's swollen".

4 That was important. But I saw the difference.

5 Because I got some photos of Daniel at Christmas, yeah,
6 and he was quite slim-ish, yeah? He was always a big
7 lump, but he was quite slim-ish in the face. But I knew
8 by the -- because Daniel would ring me up and say, "Dad,
9 you know I'm taking a bit more prescribed dose", and
10 I said, "Well, I can see it in your face, Daniel".

11 But it comes to a point, you've got to understand,
12 in all his life, in the 20 years he was in and out of
13 prison, I thought I'd always get a call from the prison
14 that "Your son's dead", yeah? Through the violence and
15 what was going on. But in this six months, it didn't
16 come into my head once that my son would be dead: ever.
17 Because even though he was taking more prescribed drugs,
18 the Linden Centre should have had him in. They would
19 have seen that automatically by his appearance. And
20 that's why I was so angry, when they actually rung on
21 that Friday. But I didn't say he was over-prescribing
22 on drugs, I just said, "He's bloated, he's angry, you
23 have to see him. You just keep on having different
24 people ring Daniel".

25 **MS MALHOTRA:** I'd like to ask you next about investigations

1 post-Daniel's death. Were you told about any
2 investigation that there would be?

3 **A.** Well, when I went to the Linden Centre and spoke to that
4 lady who was in charge, she said -- because I asked
5 about, "Where's all the records regarding who spoke to
6 Daniel and what they actually said after they spoke to
7 my son?", you know. "On that call, Friday, when you saw
8 how angry I was that you're just getting people to ring
9 Daniel," she said, "I'll get all the information for
10 you, Mr Marcovitch, and I will let you know when it's
11 all ready, et cetera, et cetera, et cetera".

12 But, remember, I'm hysterical still. You've got to
13 understand, your son's dead, right? They asked how
14 I was. I said, "Don't worry about how I was, you
15 should've been worrying about my son because he was
16 under your umbrella for mental care".

17 **Q.** I'd like to ask you about the inquest. There was then
18 an inquest into Daniel's death. Can you tell us about
19 EPUT's engagement with that inquest?

20 **A.** Well, I want to go much before that because you've
21 jumped -- you've gone too far. Baroness Lampard, what's
22 important is that, after Daniel's toxicology report,
23 they said, "We can give you a death certificate but we
24 can't actually say why your son's passed away. So you
25 can bury your son but, going forward, there'll be an

1 inquest regarding the death of your son."

2 In the meantime, we're waiting for the answers
3 from -- which I found out were called EPUT, because I'm
4 still under -- I didn't know who EPUT was but I do now,
5 and when they answered the questions, then we'd have an
6 inquest.

7 So they booked an inquest date, yes? There was no
8 answers from EPUT yet. Okay? So the coroner rung me up
9 and said, "We have to cancel that inquest", okay?

10 He then booked another date, because he asked me,
11 can you be any dates. You know, I'm retired; I'm not
12 working. In the meantime, I get a call from someone
13 from EPUT, said -- so, remember, the coroner has asked
14 EPUT to answer these questions. So they contact me on
15 the phone and say, "I'm a lady on behalf of EPUT that
16 you're asking specific questions about your son's care
17 through the Linden Centre".

18 So I said, "Correct".

19 She asked me what I was asking and obviously she was
20 typing them out. She said, "You should hear within two
21 or three weeks from us".

22 It was coming near that inquest date again, and then
23 the same lady contacted me. So they said, "We've sent
24 you an email about all the questions you've asked and
25 we've answered", okay?

1 So I looked at the email, I said, "They haven't
2 answered not one question", and she said, "Yeah, but" --
3 it was the same lady, okay. So she knows how I was. So
4 I was professional talking to her, not angry. She looks
5 at the questions that I've asked, she looks at what
6 she's typed and what the email they replied was, and her
7 exact words was, "They've not answered any of your
8 questions, have they?"

9 I said, "No".

10 The next inquest then was cancelled, okay? So we've
11 had two inquests which are cancelled. I then get a call
12 from the coroner's office, who said, "I've asked now
13 EPUT to be representative at the inquest. They have to
14 be there, and they have to answer the questions".

15 So I said the people from the Linden Centre, I want
16 them there, yeah, so they could answer the questions.

17 So, as far as I was concerned, on that inquest, that
18 the people involved, from the lady who interviewed
19 Daniel, the person who was in charge of everyone and the
20 caseworkers would answer, to put my mind at ease, what
21 actually happened and the duty of care regarding my son
22 Daniel.

23 I then goes to the inquest and, remember, this is
24 a year now. So I just want it to end. I just want
25 them -- do you understand? So I turn up at the inquest.

1 They've got a solicitor. Not one person is there who
2 I asked for but a representative of EPUT. Okay?

3 It starts off where the coroner said there could be
4 a conflict of interest. So I said, "And what does that
5 mean?"

6 And the coroner said, "I used to work for that
7 solicitors", okay?

8 Now, I just want the -- it's been a long year of
9 suffering through my son's death and through EPUT making
10 my life a misery. So I said to the coroner, "No, no,
11 that'll be fine, I just need to get some answers today".

12 The lady then says to me, the coroner,
13 "Mr Marcovitch, you cannot ask them when they come to
14 stand up. You have to ask me the questions and I then
15 report over to them".

16 Now, I did speak to my solicitors but you haven't
17 had, Baroness Lampard, you heard the video, you know
18 that it's recorded. You'll see how messed up it was,
19 okay?

20 The chap from EPUT stands up. So first the
21 policeman who was there when Daniel died gave his
22 evidence and the coroner said, "You can go", right?

23 I've got no legal representative. Why have they got
24 legal representative, right? I believe, had I had legal
25 representative, the thing on his death -- his --

1 wouldn't be misadventure, and I'll give you the reason.

2 He gets up, I put the questions to the lady, the
3 governor. She puts it. "Where's this person?", right?

4 He'd only answer the questions that he wanted to
5 answer, which was a couple of the caseworkers that spoke
6 to Daniel and the reply what they wrote down. So I've
7 lost my temper, okay? I said, "They've put me through
8 a whole year of this, to come to the inquest and not
9 answer my questions". If you listen to the tape, to top
10 it all, he sits down and then, you know at the end where
11 they want to say about your son, commemorative stuff,
12 their solicitor says to the coroner, "I think we should
13 put on the death certificate" -- so it's all on tape --
14 "what he died from", right?

15 The coroner has looked at me and said, "Will you
16 step outside, Mr Marcovitch?"

17 I think, "What's going on?" Right?

18 So they're all in there, I'm outside about ten
19 minutes. What's going on? They call me back in, they
20 said, "We've decided that your son has died
21 misadventure", all right?

22 So the lady who does the old, you know, records it
23 all, and it's being recorded -- because I've got a tape,
24 you know, which I gave to the solicitor -- she could see
25 I was broken down.

1 **THE CHAIR:** She could see you were?

2 **A.** Broken down crying, like really bad. So they go and she
3 comes to me and I said, "What's misadventure mean?" And
4 she said, "It could be a number of things", okay?

5 And then I went. And the death certificate:
6 misadventure. And I haven't heard anything since.

7 **THE CHAIR:** Do you have a view about what that death
8 certificate should say?

9 **A.** Well, if it would have said he died from an overdose,
10 yeah, in the back of my mind, I probably would have
11 thought it was better for me because then the Linden
12 Centre -- I could say, "You were warned from Broomfield
13 Hospital, his doctors", and even on the interview, she
14 wrote "Daniel" --

15 **THE CHAIR:** "Risk of overdose".

16 **A.** -- "risk of overdose". So they was aware of it. But
17 because I found my son dead and there was no illegal
18 drugs in him but I know he was taking more, it didn't
19 say "Yeah, X amount of more drugs in him", it was just
20 prescribed drugs. So he died. But why did he die?

21 **MS MALHOTRA:** I'd like to ask you next about recommendations
22 and what recommendations would you invite the Chair to
23 consider.

24 **A.** I think the most important thing is honesty from mental
25 health care, why it takes so long not to answer any of

1 your questions, because you're a parent and you want to
2 know things.

3 Secondly, we must have a solicitor with us because
4 what's important -- I know all cases in mental health,
5 people die or people do things and it's not anyone's
6 fault, yeah? It's just what happens in life. But we
7 must have a solicitor give -- I could go back now, and
8 I'm thinking right, they're not answering none of my
9 questions, I've waited a year, we've had three
10 cancellations of an inquest -- two cancellations and
11 third one, let me take legal representative. Now, had
12 I had a legal representative, I believe misadventure
13 would not be on that certificate because, obviously, my
14 solicitor would have asked EPUT questions and I don't
15 know, legally, are they -- would they be allowed to
16 answer them? I'm not sure what an actual inquest is
17 really for if no one is going to attend and say, "This
18 is what our caseworker's done, this is what happened, we
19 could have done this differently, we wish we would have
20 done it differently. We don't know whether it still had
21 an effect on whether your son died or not". I don't
22 know but having legal representative in my particular
23 case would be so important.

24 **MS MALHOTRA:** I wonder if we could have up, please,
25 paragraph 187 of your witness statement, page 35. Here

1 in your statement you list the recommendations and
2 I just wonder whether this might --

3 **A.** What page was it?

4 **Q.** It's page 35, paragraph 186 onwards, so we can see
5 there --

6 **A.** It says there:
7 "Several matters that I believe are" --

8 **Q.** That's okay, you don't need to read it out; I'm just
9 going to summarise it for you. First, contact with next
10 of kin; and then, second, continuity of care; third,
11 taking proper history from family members; fourth,
12 honesty, transparency and accountability; fifth, the
13 inquest process and legal representation; and finally
14 the impact on families.

15 **A.** Yes.

16 **Q.** Is there anything in addition to what's --

17 **A.** No.

18 **Q.** -- in your witness statement that you wanted to say?

19 **A.** No, that's really important, what's there.

20 **Q.** Those are all the questions that I have for you, Simon.
21 Is there anything that I haven't asked you that you
22 wanted to say?

23 **A.** This hearing is about parents trying to help other
24 people in the future, okay? That a duty of care -- that
25 it may not happen to their children. But what I don't

1 understand is, when we -- I went with my son to a mental
2 health -- remember, I'm not qualified in that, and we're
3 here to say this is what they should have done or --
4 what experience have we got with mental health? They're
5 qualified, they go and get their exams. They know, by
6 mixing with other cases, a duty of care they must
7 provide. Is it for me to say well they should have done
8 this or they should have done that? That's been going
9 years, the mental -- it should be written in stone that
10 "This is how we handle cases. This is -- if we're not
11 sure, instead of waiting, we do this", yeah, and that's
12 what should be happening, yeah?

13 My experience is that, you know, I haven't broke
14 down today but I've cried a river, I'm telling you.

15 **Q.** Are you all right, Simon?

16 **A.** Yeah.

17 **MS MALHOTRA:** I don't have any further questions for you,
18 Simon.

19 **A.** Okay.

20 **MS MALHOTRA:** Chair, do you have any more questions?

21 **THE CHAIR:** No, I don't have any more questions but I want
22 to assure you that I've listened with great care to what
23 you've said today.

24 **THE WITNESS:** Thank you very much.

25 **THE CHAIR:** If there's anything else that you wanted to say

1 that you don't feel you have said, you can always write
2 to us and add to what you have said.

3 **THE WITNESS:** Thank you very much.

4 **MS MALHOTRA:** Thank you very much, Simon. We're now going
5 to take a ten-minute break to see if there are any
6 questions for you. If there aren't, that concludes your
7 evidence.

8 **THE WITNESS:** Okay.

9 **MS MALHOTRA:** Can I take the opportunity to thank you very
10 much for the witness statement that you've provided to
11 the Inquiry and for giving evidence to us today. Thank
12 you very much.

13 **THE WITNESS:** Thank you for your team today. Thank you.

14 **MS MALHOTRA:** Chair, if there are no questions, we return
15 tomorrow at 10.00 am.

16 **THE CHAIR:** Thank you, Ms Malhotra, very much.

17 **(3.17 pm)**

18 **(The Inquiry adjourned until 10.00 am the following day)**

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I N D E X

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