# INDEPENDENT PANEL OF INQUIRY INTO THE CIRCUMSTANCES SURROUNDING THE DEATHS OF

# ELLEN AND ALAN BOLAND

Report to the City of Westminster, the Kensington & Chelsea and Westminster Health Authorities and the North West London Mental Health NHS Trust

March 1995

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To: **The Director of Social Services, City of Westminster**
**The Chief Executive, North West London Mental Health NHS Trust**
**The Chief Executive, Kensington & Chelsea and Westminster DHA**

You asked us to report on the history of the contacts by Alan Boland and his mother with the statutory and other agencies.

The **History** is long and complicated which is why we make no apology for some repetition in the telling and why, in Part II of the Report, we include a full **Chronology**. We offer this as a useful source for anybody who may need to take certain matters further.

Our assessment of the other issues you referred to us is explored in **Discussion and Points of Concern**. Those who need only a relatively brief overview will find it in the **Summary and Conclusions**.

We would like to set our **Recommendations** in context. It is often difficult, in the Health Service, to take a view with much historical perspective in it. But, when looking at some aspects of the treatment of Alan Boland, it is possible to do so. More than 10 years ago, the District Management Team of the then Paddington and North Kensington Health Authority carried out an investigation into shortcomings in the day to day working of the Paterson Wing. We have been unable to locate a copy of their full report but we attach at Appendix I a schedule of their recommendations made in April 1984. To those who read this in March 1995, the thrust of many of them will be familiar. We have found it necessary to subsume several of the most important in the Recommendations which conclude our own report.

During the course of our Inquiry, we met people who had treated Alan Boland with particular humanity. Among these we include those who attended him at Kilburn Police Station and the staff of the Day Hospital at the Paterson Wing. For the rest, we have found defects in certain procedures, internal and inter-agency; it would have been surprising had there been none. But what we found to an extent that did surprise us were failures of the human heart.

J. Hughes
**Chairman**

March 1995

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# PART I

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## SUMMARY AND CONCLUSIONS

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## RECOMMENDATIONS

# THE HISTORY

A detailed Chronology and relevant supporting documents are attached as Part II of the Report.

## Foreground

1. Mr Boland was, over a period of nine years, an outpatient at the Paterson Wing, which since April 1993 has been part of the North West London Mental Health NHS Trust. During most of this time he was under the care of Professor Stuart Montgomery for problems relating to depression and alcoholism (see also paragraph 27). Mr Boland lived with his mother in a duplex flat belonging to the City of Westminster.

2. From **1 November 1993**, Mr Boland had attended the Day Hospital of the Paterson Wing, having been referred there because of a deterioration in his condition. The staff of the Day Hospital (nurses and occupational therapists) felt he made good progress and was achieving the goals they had agreed with him on admission. On 27 January, however, he arrived at the Day Hospital late and upset and asked for one-to-one counselling to discuss his home situation. He said he felt "non-existent"; he had been born out of wedlock, his mother's family did not know about him, his mother belittled and nagged him. He told his keyworker (Martin McDade) that he found the idea of his impending discharge "devastating".

3. On **28 January 1994**, the Senior House Officer (Dr. Walker), saw Mr Boland at the request of the Day Hospital staff. Dr. Walker was standing in for the Registrar (Dr. Marchevsky, who was on leave) and had never seen Alan Boland before. He recorded that he "lives with mother - 71 years - she nags him which he finds very distressing ..... this appears to be a new episode of recurrent brief depression and a possible early relapse into alcohol abuse. .....Although the above conditions carry a high lifetime suicide risk, I do not think the current clinical picture is unusual for Mr Boland. Therefore to continue with Day Hospital..... and supportive counselling". Dr. Walker subsequently summarised the sense of these notes to the Inquiry as being: "this is a chronically ill man who seems to be being well treated and the treatment should continue". On the same day (28 January) Martin McDade was concerned that Mr Boland had left the Day Hospital session early and so paid him a home visit. Mr Boland was not at home.

4. On **18 February 1994**, after two weeks at an employment re-start course called Options, Alan Boland was discharged from the Day Hospital. His keyworker summarised his position at discharge but there is no record of a discharge letter being sent to his General Practitioner. There is no record of a formal discussion in Professor Montgomery's ward round of the decision to discharge him. He was not referred to a community psychiatric nurse or social worker. An appointment was, however, made for him to attend the Outpatients Clinic on 21 March.

5. **On the evening of 5 March 1994, it is alleged that he came home to the flat that he shared with his mother, strangled her and hit her repeatedly about the head with a hammer.** He spent the rest of the night in the flat, though upstairs in his own bedroom, leaving around midday on 6 March by the fire escape which meant he did not have to pass his mother's body downstairs in the hall. He spent the rest of that day drinking. He returned to the flat about 11.00 p.m. when he was arrested and taken to Kilburn Police Station. No evidence was taken that night because he was in a very distressed state. He told the police that he had killed his mother.

6. The police were concerned about the possibility of self harm and during the night of 6th (and of the 7th and during the journey from the cells to Marylebone Court on the 8th) they kept him under Special Observation.

7. At **9.10 a.m.** on **7 March**, Alan Boland was examined by the police surgeon (Dr. Carne) and was found fit to be detained and fit to be interviewed. The police then contacted the Paddington Care Management Team (Westminster Social Services), asking them to provide an 'appropriate adult' who could attend during their interview with Mr. Boland. The duty social worker at the Paddington Care Management Team in turn contacted the Social Services Department at the Paterson Wing to find out if Alan Boland was known to them. She was told that he was not. She then agreed to send an appropriate adult from her own team, as the two duty Approved Social Workers at Paddington were already engaged on other possible assessments. The person nominated was not a social worker but an Information and Access Officer who normally dealt with physically handicapped people and the elderly.

8. **At 1.00 p.m.**, the appropriate adult (Carmen Vasquez) arrived at the Police Station. She noted that Mr. Boland was considerably agitated and unstable and so, before interviewing began, she too suggested that the Paterson Wing should be asked whether Mr. Boland was known to them. She telephoned and, this time, the duty social worker (Chris Burnett) found Mr. Boland's file and gave her a brief summary of his history. Ms. Vasquez indicated that it would be helpful if a doctor who knew Mr. Boland could see him or at least advise by telephone. The custody sergeant, who also spoke to the duty social worker, explained that Mr. Boland might be charged with the murder of his mother, that an assessment under the Mental Health Act was not envisaged but that the police were anxious to ensure that Mr. Boland received appropriate medical treatment. The custody sergeant stressed that a visit from or discussion with a psychiatrist who knew Mr. Boland would be helpful. There is no police record of this conversation between the custody sergeant and the duty social worker.

9. The duty social worker at the Paterson Wing (by this time, Wendy Hellam) then telephoned Professor Montgomery's medical secretary (Anne Mercer) and asked the name of the doctor currently responsible for Mr. Boland. The Registrars had changed on routine rotation on 1 February. The medical secretary suggested to the duty social worker that "now Dr. Marchevsky has left" she should speak to Dr. Purandare. She subsequently spoke by telephone to Dr. Purandare who had not seen Mr. Boland and who suggested: "that the police write to him if they want information from the medical

files". The duty social worker said "it is probably more urgent than that" and Dr. Purandare suggested contacting the Day Hospital who "know him better".

10. A Day Hospital worker told the duty social worker that Alan Boland had been discharged from the Day Hospital two weeks earlier, that his keyworker had recently left, that he had been treated for anxiety and depression, that his mother had been a problem, that there was no history of psychosis and that Mr. Boland was planning to do a computer retraining course before looking for a job. He then looked in the Day Hospital notes and found that the last doctor to see Mr Boland while he was at the Day Hospital was the Senior House Officer (Dr. Walker) who had also left (on 1 February).

11. Finally, the duty social worker telephoned the Service Manager of the Paterson Wing (George Nazer). She recorded that she asked Mr. Nazer to arrange for Dr. Purandare to liaise with the custody sergeant. But, though Mr. Nazer remembers being telephoned, he does not remember being asked to put Dr. Purandare in touch with the custody sergeant. He says he remembers being asked for help in finding an appropriate adult to attend during the police interviews.

12. After the conversations described[1] in paragraphs 8-11 above, nobody from the Paterson Wing contacted the Police Station. Nor did they contact the Magistrates Court which remanded Alan Boland or the prison to which he was remanded.

13. **At 1.30 p.m.**, the police conducted their first interview with Alan Boland in the presence of the appropriate adult and his solicitor (Mr Stevenson). During this interview, Mr. Boland talked about his life. He told the police that he had always felt that his aunt was actually his mother. He had reached this conclusion because she too suffered from a mental illness and was an alcoholic. (This aunt is a long-term patient in the Psychiatric Unit of a hospital in East London; the police tried to contact her but her responsible medical officer prevented it). Mr. Boland explained to the police that he was involved with the Paterson Wing for a depressive illness. He dwelt on the fact that he used to have a "careworker" (presumably his keyworker at the Day Hospital, Martin McDade) but that person had now gone and he had no one to turn to.

14. **At 2.00 p.m.**, the police attempted a second interview with Alan Boland (Carmen Vasquez and his solicitor again present) but, after five minutes, he became ill and the interview was abandoned. The police called in the police surgeon again and Carmen Vasquez left the Police Station.

15. **At 8.20 p.m.**, there was a third police interview, this time with the solicitor and a different appropriate adult (Eric Reeve, Approved Social Worker from the Emergency Duty Team). Throughout this interview Mr Boland was upset and crying, insisting

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[1] In a written record signed by Wendy Hellam and countersigned by her senior on 7 March 1994.

that though he had killed his mother this was not premeditated but in a fit of anger. Asked what sparked off his anger, he answered: "You'll have to ask the psychiatrist". He was then charged with the murder of Ellen Boland.

16. The next morning, **on 8 March**, he appeared at Marylebone Magistrates Court. A Court Diversion Scheme normally operates at Marylebone but on this occasion the duty psychiatrist was on leave and there was no substitute. The police informed the Court of their concern for Mr Boland's mental state using Form 618 which goes with a person to Court and is handed by the escorting officer to the person in charge of the prisoner's welfare at the Court. This form is used to indicate the need for extra vigilance in view of Mr Boland's distressed mental state. It is not known whether it was transferred with the prisoner on remand to prison.

17. **On 7 or 8 March**, the Senior Registrar at the Paterson Wing (Dr. Ursula Skerritt) was told that Alan Boland was on remand for murdering his mother "I think perhaps by a social worker. I can't remember actually who told me but it was very informal on the corridor"[2]. No record of Mrs. Boland's death or of Alan Boland's arrest was made, then or subsequently, in the medical notes. Dr. Skerritt says that the medical team would not have entered anything in the casenotes because "I presume they would want to actually get a request from the prison with regard to notification, formal notification, that he perhaps was being charged with this and that they wanted a report. But that didn't happen". She adds: "There is no formal method of recording, not even recording suicides. Really in one sense you tend to get the information informally from people, but I have never come across any formal method of actually informing people". She believed the murder was "probably discussed at the next ward round whenever that would be". There are no records of any such discussion on file.

18. **On 21 March**, the Medical Officer in attendance at the Health Care Centre of Wandsworth Prison (Dr. Bartlett), "concerned about Boland's suicidal tendencies", telephoned Professor Montgomery's medical secretary (Anne Mercer). He asked her whether Professor Montgomery had been contacted by Alan Boland's solicitors and whether he had visited Mr. Boland in prison. Anne Mercer told him that Professor Montgomery had not been contacted by the solicitors and had not visited the prison but that "a confidential report was being done by him based on his medical notes". Dr. Bartlett never received this report and, as he was concerned about Mr Boland's mental state and had requested a visit by Professor Montgomery to the prison which did not come about, asked the Forensic Psychiatric Team at St. George's Hospital to visit and assess Mr Boland.

19. There is in existence a copy of a Confidential Psychiatric Report on Alan Boland dated 21 March 1994 and signed by Professor Montgomery. But, according to the secretary who typed it (Lorraine Plummer), it was dictated by Dr.

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[2]From transcript of Dr. Skerritt's interview with the Inquiry.

Skerritt[3]. There is no record of it having been sent to anyone outside the Paterson Wing. Professor Montgomery told the Inquiry that: "when I heard that there was, that something had happened with Alan, I didn't hear the details. We got together, I think in one of the ward rounds, and discussed the issues about what it was and I wrote a letter on the understanding that I would be asked to provide it. And that was a brief summary and view of how I saw Alan at that point. I was careful in that letter not to attribute too much because I didn't know the circumstances, but I wanted to have a letter available for anybody that called and I thought the people that would want it would be principally the prison, wherever he had gone to, or secondly the lawyers. And I left that letter with the secretary to send it off should there be any request. The letter went. I don't know where or when but the letter I left for her to send was sent." Professor Montgomery's own secretary (Anne Mercer) left on 31 March. She does not know what happened to the Report.

20. Between **14 March and 16 May** there was an exchange of letters between the Area Office of the City of Westminster Housing Department and Alan Boland in prison, his probation officer and his solicitor about the tenancy of his mother's flat. Mr. Boland was extremely anxious to acquire the tenancy in his own right which in normal circumstances would be his "successor" entitlement as he had resided throughout with his mother or, failing that, a guarantee that he would be rehoused when released from prison. The criteria for giving such an undertaking were explained but at the same time it was suggested by the Housing Department (Ms. Anderson) at various points that he was an illegal occupant, that rent arrears would build up, that he should apply to the Housing Benefit Section for help with the rent arrears, that there would be legal consequences if he did not give up the flat. In the course of this correspondence, Alan Boland wrote (13 April) to the Area Office: "I know there is a housing shortage and you need the flat but, as I have said, I do need more time. All the personal belongings I have in the world are in the flat. Some are very special and dear to me and cannot be replaced. If I can sort something out regarding the storage of my property I will contact you as soon as possible. Regarding rent and clearance charges I cannot pay because of the situation I am in ...".

21. **On 16 May**, Ms. Anderson wrote to Alan Boland's solicitors to say that Notice to Quit had been served on Ellen Boland's tenancy.

22. **On 19 May**, before he learned about the Notice to Quit, Alan Boland cut his wrists in Wandsworth Prison.

23. **On 25 July, Alan Boland was found dead in his cell at Wandsworth Prison having hanged himself.**

24. In the Paterson Wing however there appears to have been no further activity relating to Alan Boland between 21 March and 25 July. On 10 June and again 1 July Mr Boland's solicitor had written to Professor Montgomery asking for

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[3]Dr. Skerrit told the Inquiry she had not "produced" this report.

an urgent report on his treatment for use during the trial which had been set down for the Central Criminal Court on 4 August. These letters from the solicitor, together with Mr Boland's casenotes, were discovered by Dr. Skerritt in her tray in the course of the evening of 25 July. She prepared what turned out to be a second Psychiatric Report on Alan Boland which was typed by a third secretary on 26 July and faxed to the solicitors on the evening of 27 July. Dr. Skerritt told the Inquiry she "had forgotten a report had been earlier prepared". When she rang the solicitors to confirm that the second report had arrived, she was told it was too late because Alan Boland was dead.

25. **On 2 August** Dr. Skerritt wrote a Report on Circumstances Surrounding Recent Reports on Alan Boland for Professor Montgomery. She there said that the report she wrote on 26 July for the solicitors was the first report requested by anyone and that the solicitors' request was the first contact received by the Paterson Wing since Alan Boland was taken into custody.

## Background

26. Alan Boland was referred by his General Practitioner, Dr. Cowan, to the Outpatients Clinic of the Paterson Wing in July 1985, nine years almost to the day before he hanged himself in Wandsworth Prison. The first - and only detailed - case history was taken a fortnight later. Subsequently, Dr. Birkett, Professor Montgomery's Registrar, wrote to Mr Boland's General Practitioner describing him as extremely nervous especially in crowded buses and trains; melancholic (worse in mornings); sleeping only 3-4 hours a night; energy declining; felt victimised by his employer and colleagues. Dr. Birkett adds: "there was obviously a lot of psychopathology" in the relationship with his mother, dating from early childhood. His mother "appears very over protective and, to this day, prevents him having any friends or girlfriends in the house". It is not until January 1994, however, that there is any record (in the Day Hospital notes) of Mr Boland having been illegitimate and of the fact that his birth had been kept secret from his relatives. There is no record of any other full history being taken and no record of any formal review of his case. In the Confidential Psychiatric Report, signed but not despatched by Professor Montgomery on 21 March 1994 (see paragraph 19 above), reference was made to his family circumstances in words almost identical to those of Dr. Birkett in 1985. Professor Montgomery adds: "there is nothing else which is of significance in his childhood history".

27. From the notes kept during his years of attendance at the Paterson Wing and from the recollections of the staff at the Day Hospital, Alan Boland emerges as lonely (with no real friends), socially inadequate, alcoholic, paranoid, anxious, suffering from recurrent depressions and recurrently suicidal. Chronic conditions but, as Professor Montgomery says, "problems like many others". He was never diagnosed as psychotic.

28. There were however some significant incidents in the course of the years he was a patient. It may be particularly relevant to note the following:

28.1 **April 1986**. Admitted to St. Bernard's Hospital for detoxification. Severe withdrawal reaction reported. Discharged in April without medication and continued to drink at least for a few more months.

28.2 **June 1986**. Convicted of attempted robbery at his place of employment as a result of which he lost his job as a supervisor with the LEB and was never again in permanent employment.

28.3 **October 1986**. Admitted to and discharged from St. Mary's Hospital after taking 16 aspirins.

28.4 **December 1986**. Attended Accept and gave up drinking. No record of his drinking again until July 1989. Thereafter he appears to have drunk in recurrent bouts.

28.5 **January 1987**. Referred for perhaps the only time to a social worker (Mr. Henderson) because he needed help with a £1,000 debt.

28.6 **August or September 1989**. On probation for assault and robbery which apparently took place when he was drunk.

28.7 **December 1989**. Seen by Professor Montgomery's Academic Registrar, Dr. Baldwin, and agreed to take part in a research study into Minaprine-Imipramine. He continued to be seen by Dr. Baldwin, on and off, until January 1992. During this period he agreed to take part in one other drug trial and was asked to participate in a third but never entered it. Professor Montgomery told the Inquiry that "assuming that I had no research personnel to do this and we were running on limited resources of one junior doctor and myself, we would have probably been selective and I doubt that he [Mr Boland] would have been in that category that would have required long-term follow up. He was not in the 'at risk' category".

28.8 **January 1990**. Told Dr. Baldwin that his mother seemed confused with impaired short term memory. Dr. Baldwin suggested to the General Practitioner a domiciliary visit by the psychogeriatric team. No visit is recorded on his mother's medical notes by the General Practitioner.

28.9 **October 1991**. Referred by Dr. Baldwin to Westminster Pastoral Foundation as a problem drinker, unemployed and despairing of finding work. There is no record of him having attended.

28.10 **November 1991**. The Housing Department was asked by Dr. Baldwin to give Mr Boland priority for rehousing separately from his mother. The request was reinforced by a housing application from Mr Boland, a second letter from Dr.

Baldwin and a letter from his General Practitioner. In December 1991 and again in January 1992, the priority was refused. Professor Montgomery, asked by the Inquiry what degree of urgency the letters to the Housing Department implied, answered: "I would have said on a scale of one to ten, ten being urgent and one being token, that this probably scored around 5 or 6. It mentioned the medical condition and it mentioned the problems with his mother. I would not rate this as being a particularly pressured letter. It wasn't long, it wasn't involved, it didn't give a great deal of pressure to it but it did state that there was a problem".

28.11 **July 1993**. Referred to the Day Hospital by Professor Montgomery's Registrar, Dr. Roberts. She was concerned about him becoming again depressed, about the fact that his antidepressants were not working "terribly well" and by the fact that he was getting suicidal thoughts. She asked him to come in as an inpatient but he refused. So "as a compromise" she suggested the Day Hospital. Professor Montgomery described this course to the Inquiry "as a substitute for full inpatient care". The Day Hospital referral letter was in fact signed by Dr. Kotak (Senior House Officer) and consisted of ten lines. Two appointments were made for Mr Boland to attend for assessment at the Day Hospital and he failed to keep either of them. No further action seems to have been taken by the medical staff until:

28.12 **October 1993**. Came at his own request to outpatients with his mother who was noted by the doctor to be domineering and demanding. She alleged he was drinking heavily every day and needed help. She showed surprise when asked to let her son answer the doctor's questions. Alan Boland "sat with his head hung down during most of the interview". On this occasion he was seen by Dr Adrian, Locum Registrar to Professor Montgomery. Dr. Adrian noted "increase in depression. Not suicidal. Will benefit from routine and therapy at this stage". He also stated that one of Mr Boland's problems was alcohol dependence.

29. **1 November 1993**. Alan Boland began attendance at the Day Hospital attached to the Paterson Wing. In view of the two different referrals (July and October) it is difficult to comprehend the nature of the problem with which the staff at the Day Hospital were presented. Were they a substitute for inpatient treatment or were they to provide routine and therapy? In a report dated 21 March, the Day Hospital Manager (Jane Rennison) identified the drink problem. She also identified Mr Boland as having "some difficulty conversing with women and as being referred to the social skills course. It was not felt appropriate for Alan to attend a more general Day Hospital programme.... the medical team were kept informed of his progress via the Thursday Day Hospital Rounds". She concludes that her team "felt that he must have been very desperate and unable to take any more. It seemed that he worked so hard at the Day Hospital to improve his own communication skills that it probably increased his awareness of the

difficulties he faced at home *which attending the Day Hospital would not change".*[4]

30. It is unclear what medical (as opposed to nursing and occupational therapy) care Alan Boland received while at the Day Hospital or the extent to which there was any continuity between the doctors who had been seeing him in the Outpatients Clinic and those who saw him while he attended the Day Hospital. Dr. Skerritt had succeeded Dr. Roberts as Senior Registrar in November 1993 and we heard from her that she had never seen Alan Boland. Dr. Marchevsky, the Registrar who had seen him in the Outpatients Clinic in August, made two entries in the Day Hospital notes dated 18 November and 20 December and certainly discussed his progress with the Day Hospital staff. But he left no handover summary for his successor, Dr. Purandare, who took over on 1 February and who himself never saw Alan Boland. Dr. Walker (Senior House Officer) did see him on 28 January at the request of the Day Hospital staff but had never seen him before nor did his comments affect the decision to discharge. (See paragraph 3 above).

[4]Our italics

# DISCUSSION AND POINTS OF CONCERN

## Alan Boland as an Outpatient

31. Alan Boland was accepted by Professor Montgomery's team as an outpatient at the Paterson Wing in August 1985. Professor Montgomery has described to the Inquiry how the initial selection of cases was made. Either he or his Senior Registrar would look at the letters just before the clinic and allocate them at that point, the more difficult cases going to either Professor Montgomery or his Senior Registrar and the less complicated ones to the Senior House Officer / Registrar. New patients were clerked initially by medical students who would then present the case.

32. At interview Professor Montgomery asked the Inquiry to understand that Mr Boland was not thought to be severely ill at most times during the nine years of his attendance at the Outpatients Clinic. The reason he was kept under supervision was because it was felt that he might be a suitable recruit for participation in future drug trials which in fact occurred on two occasions.

33. At the time of the initial assessment interview, Dr Birkett took a detailed history and advised Dr Cowan, the General Practitioner, that his patient was suffering from a mixture of anxiety and depression superimposed on a paranoid personality. Thereafter Mr Boland was seen on frequent occasions over the next nine years by some twenty junior doctors whose letters to the General Practitioner consisted largely of descriptions of Mr Boland's degree of depression and consumption of alcohol with advice confined to the dosage and form of antidepressants prescribed for his patient.

34. Mr Boland's poor relationship with his mother was first recognised at the assessment made by Dr Birkett. He wrote: "he lives alone with his mother, and there is obviously a lot of psychopathology in the relationship". (Mrs Boland's only involvement in her son's treatment was when she came up to the Outpatients Clinic, it would seem of her own volition, in October 1993 to complain about her son's behaviour and general progress. This was probably instrumental in bringing about his admission to the Day Hospital.) Only occasionally thereafter is any reference made in the medical notes to the difficulties of the relationship within the Boland household. In 1989 Dr Baldwin felt that, if Mr Boland had his own accommodation, the problem of the relationship with his mother might be overcome and so he agreed to support an application to Westminster Council for Mr Boland to be rehoused.

35. As far back as 1986 the medical notes record that Social Services were asked to help Mr Boland with rehousing. We do not know if they did because there is no Social Services Department record of contact. It is highly improbable that when a social worker is requested to assist with a housing application they would not visit the home and record the result of that visit. Professor Montgomery says that referring such a case to the Social Services Department was simplified while there was social work

attachment to medical teams and that discussion in the multidisciplinary team, where a social worker used to be present, would have alerted that person to follow up housing problems.

36. In the mid 1980s Westminster Social Services Department reviewed the mental health social work service and at that time a decision was taken to establish an enlarged specialist mental health service based at the Paterson Wing. The result of this was that individual social workers were no longer attached to medical teams but referral could still be made to the Social Work Department by any member of the psychiatric team. Although these changes were recognised as an improvement by community mental health agencies, it is said that the Consultants were not so supportive of such changes and they wished to retain the model where social workers functioned as an adjunct to the inpatient ward system and offered long term counselling and psychotherapy for people with less serious mental health problems.

37. The new model of social work service delivery targeted its resources on those people with severe long term mental illness who had complex social problems. However, people with less severe problems could be assessed or given short term help or referred on to other agencies by duty social workers. If, under the new arrangements, a referral had been made to the social work team at the Paterson Wing asking for an assessment of Mr Boland's domestic circumstances and his relationship with his mother, this could have been carried out by the duty social worker, although it is unlikely that any long term work would have ensued because he would not be included in the client group now targeted by the Social Services Department. Professor Montgomery felt that the case of Alan Boland was not sufficiently serious to merit referral to the Social Services Department. During the course of the Inquiry's second interview with Professor Montgomery, he was accompanied by Dr Roberts who had seen Alan Boland twice in the Outpatients Clinic when she was working as Professor Montgomery's Registrar. She commented: " there are huge pressures on these social services departments in Paddington, in South Paddington, wherever, and certainly as student doctors we had to be very selective about who we would refer because otherwise we would be referring practically everybody that we saw, because the majority of people that we see would have some sort of relationship problem with somebody. So there would have to be a bit more than that to really make a formal referral."

38. Throughout Mr Boland's attendance at Outpatients and the Day Hospital there appears to have been no evidence of a comprehensive care plan. Had this been in place the process of discharge and aftercare would have been given more prominence.

### Points of Concern

1. The distribution of cases between the Consultant / Senior Registrar / Registrar is based on an antiquated system relying primarily on the information provided in the referral letter.

2. There is no record in the case notes of any review or discussion with the Consultant about Mr Boland's progress or lack of progress and consequently no communication to the General Practitioner of the Consultant's view of this patient.

3. The significance of Mr Boland's poor relationship with his mother was apparently recognised at the time of the first assessment but there was little attempt made to explore or ameliorate this aspect, apart from a single letter from the Outpatients Clinic in 1990 to the General Practitioner suggesting a review of Ellen Boland by a psychogeriatrician.

4. Keeping a patient under supervision primarily for possible recruitment to drug trials is ethically questionable.

5. While social workers had a firm attachment to medical teams, it is probable that the malfunctioning of the relationship between mother and son would have been picked up and pursued. A domiciliary assessment by a social worker, when the relationship difficulties were first observed, should then have been included in the formulation of future work with Mr Boland.

6. The Inquiry is concerned that the medical profession may be acting as "gatekeepers" in restricting access to the social services, even for assessment, to cases identified as very severly mentally ill. (See para 37 above)

7. The absence of a sufficient number of Community Psychiatric Nurses may also have discouraged the exploration of Mr Boland's domestic arrangements. It was suggested to the Inquiry that, in February 1994, only one CPN was allocated to Professor Montgomery's medical team.

8. There is no evidence that a care plan was in existence for Alan Boland while he was an outpatient nor of a policy or procedure for complying with the requirements of the NHS and Community Care Act, 1990.

9. No attempt was made to contact or liaise with the Probation Service when Mr Boland attended outpatients while on probation.

## Alan Boland at the Day Hospital

39. When Mr Boland was first referred to the Day Hospital (see paragraphs 28.11 and 29), the information passed to the Day Hospital about his condition was minimal.

40. The Day Hospital is a well run facility with dedicated and enthusiastic care workers. Although patients attending this facility are ostensibly under the care of the Consultant,

the medical input appears to be largely ad hoc. Mr Boland was seen on three occasions by junior doctors during his attendance there. Decisions about his involvement in the Day Hospital, decisions about his discharge and plans for his future care appeared to have been largely undertaken by the Day Hospital staff rather than by the medical team. There is no record of any discussion of Mr Boland's progress by his Consultant apart from a note in the nursing records of 16 February 1994 when it was stated that his case would be discussed the following day in Professor Montgomery's ward round. In fact the 17 February was a Thursday and the ward round on this day was normally undertaken by the Senior Registrar .

41. During his time at the Day Hospital Mr Boland attended occupational therapy and group sessions as well as an assertiveness course. He was considered a star patient by the Day Hospital staff and presented relatively few problems until, paradoxically, near to the end of his period at the Day Hospital when he told his keyworker that he viewed the prospect of his discharge as "devastating" and was seen by Dr Walker who noted an increase of his depressive symptoms and feelings of worthlessness and made the comment that he should continue attending this facility. This was the last note entered in his medical case records. (See paragraphs 2 and 3)

42. Mr Boland was referred to and participated in a two week Options pre-employment course as a component of the discharge process from the Day Hospital. An appointment was made for him to attend the Outpatients Clinic with the medical team but his arrest took place before that date. Mr McDade, who was Mr Boland's keyworker during his time at the Day Hospital, wrote a summary of Mr Boland's involvement at the Day Hospital including plans following his discharge and addressed this to Dr Purandare, by that time Professor Montgomery's Registrar. The respective responsibilities of the keyworker and the junior doctor in the process of communicating with the General Practitioner are unclear. The keyworker in this instance felt that his responsibility was to inform the referring junior doctor about Mr Boland's discharge. Some members of the medical team on the other hand felt it was the keyworker's responsibility to coordinate the process of discharge and inform the General Practitioner.

43. The Day Hospital records are kept separately from the medical records. The keyworker would have been allowed access to the medical records but this was not understood to be either expected or routine practice and in Mr Boland's case did not take place. It does not appear to be normal practice for the keyworker to consult medical notes or vice versa for the medical staff to consult the Day Hospital records. It is also not normal practice for the Day Hospital records to be discussed at the medical ward round.

44. There was inadequacy in the discharge and aftercare planning and provision which may have been partly due to the real or perceived shortage of CPNs in the area.

## Points of Concern

10. The Inquiry was surprised that at the time of the referral to the Day Hospital no attempt was made by the referring doctor to carry out a comprehensive review of the case and that the information offered to the Day Hospital was minimal.

11. Alan Boland was described by Day Hospital staff as a "star patient". This led the Inquiry team to wonder whether in the absence of adequate information, Mr Boland's difficulties were underestimated.

12. Mr Boland was considered by all of the staff dealing with him as a relatively ordinary man. With the benefit of hindsight the Inquiry wonders whether the extraordinary act of matricide came as such a great surprise to the team who had cared for him because of the paucity of their information about his socio-domestic circumstances.

13. The keyworker, who appears in Mr Boland's case to have had the most intimate knowledge of his situation, had no ongoing responsibility or involvement with Mr Boland after his discharge from the Day Hospital. This was not, as was originally suspected, because Mr McDade had left the employ of the North West London Mental Health Trust - it was normal practice. (See point of concern 8 above).

14. The Inquiry is concerned about the lack of continuity between the Day Hospital and Outpatients Clinic in recording information about the patient.

15. The Inquiry is also unclear as to where and when Day Patient progress is reviewed and discussed with the medical staff, who have continuing responsibility for the patient.

16. How decisions are taken about discharge is obscure. There is considerable uncertainty among the different staff members about their respective roles and responsibilities in relation to discharge. In the event Mr Boland's General Practitioner was not informed of the discharge

17. The decision to discharge seemed to be taken at the same time as the last medical entry which detailed a degree of concern about Mr Boland's increased state of depression. Even granting that this might have been a reflection of the "recurrent brief depressions" that Mr Boland was prone to experience, the fact of his recovery from that phase ought to have been recorded.

18. No effort seems to have been made to explore and deal with the psycho-social dimension of Mr Boland's problems at the time of discharge although in the final days of his attendance at the Day Hospital he quite clearly indicated to staff that this was a major cause of concern to him and that he found the idea of his impending discharge "devastating".

19. There appears to have been a shortage of community psychiatric nurses which may have contributed to the inadequate discharge and aftercare planning and provision.

## Alan Boland in Custody

45. Alan Boland was arrested for the murder of his mother on 6 March 1994. Whilst at the Police Station he was seen on three occasions by a police surgeon (in fact two police surgeons were involved). At the request of the police for an 'appropriate adult' to attend and be supportive of Mr Boland during questioning, the duty was undertaken by an Information and Access Officer employed at that time by Westminster Social Services Department. Because she was concerned about Mr Boland's state of agitation when she first saw him, she undertook the first of three sets of inquiries to the Paterson Wing for information relating to his psychiatric condition. Some requests for information were passed to the duty social worker at the Paterson Wing. Further requests from Alan Boland's solicitor and prison medical staff for more detailed information from medical staff produced no response.

46. The Social Services Department records for that date note that the appropriate adult thought it would be helpful if a doctor who knew Mr Boland could see him or give advice or an opinion by telephone. At that point the duty social worker was informed that Mr Boland was facing a charge of murder.

47. Again according to the social work records, the duty social worker contacted Professor Montgomery's medical secretary to ask which doctor was currently responsible for Mr Boland's treatment. The social worker was advised that this was Dr Purandare. He was contacted but because he was new he did not know the patient and suggested contact be made with the Day Hospital. This was done and the duty social worker was given a brief outline of Mr Boland's attendance at the Day Hospital. The social worker also informed the Service Manager of the Paterson Wing (Mr Nazer). There is some conflict between the notes made by the duty social worker and the recollections of Mr Nazer which the Inquiry has been unable to resolve. It should be pointed out that, by the time the duty social worker contacted Mr Nazer, an appropriate adult was already in attendance at the Police Station which on the face of it is not consistent with Mr Nazer's recollections.

48. During the week beginning the 7 March 1994 Dr Skerritt was made aware that Alan Boland had been arrested by a discussion she had with the duty social worker. Despite the general awareness of the risk of Mr Boland harming himself, no-one thought it appropriate to pass this knowledge on to the police. Dr Skerritt felt that the patient's written permission was needed before any information concerning him could be released to the police. She was not convinced that it was her responsibility to inform the police that Mr Boland was a suicidal risk.

49. On the evening of 7 March at around 8pm Mr Boland was again interviewed by the police. This time the role of appropriate adult was carried out by an Approved Social Worker from the emergency duty team who recorded a very brief summary of the interview. No record had been made by the appropriate adult at the conclusion of the first two interviews. It is not a requirement of the Social Services Department that a full report is made of such interviews.

50. On 21 March Dr Bartlett, Medical Officer of Wandsworth Prison, who was concerned about Mr Boland's suicidal tendencies, telephoned Professor Montgomery's medical secretary to ask whether Professor Montgomery had been contacted by Mr Boland's solicitor or whether he had visited Mr Boland in prison. He was told that Professor Montgomery had not been contacted by the solicitors and had not visited the prison but that "a confidential report was being prepared by Professor Montgomery based on his medical notes". This report was never received by Dr Bartlett or the solicitor. In total Dr Bartlett made two requests to the Paterson Wing for information and Mr Boland's solicitor made two more. Paradoxically, Professor Montgomery and his team had anticipated such requests and had compiled the report on 21 March 1994 but this report was never dispatched either to the prison or to the solicitor. Dr Skerritt, who incidentally discovered the second request from the solicitors in her tray on 27 July, apparently forgot that she had dictated the earlier report and prepared a second report which she faxed to the solicitors. This eventually arrived at their office two days after Mr Boland had committed suicide on 25 July 1994.

51. When the information about Alan Boland's arrest and subsequent suicide was passed informally to members of the staff of the Paterson Wing, the Day Hospital manager arranged to discuss the incidents with members of her team at the Day Hospital although not with Mr Boland's keyworker who had left the employ of the Trust at that time. Professor Montgomery's team also apparently discussed Mr Boland's arrest in the process of compiling their first report but the Inquiry was informed that no formal debriefing process took place.

## Points of Concern

**20. The Inquiry found no clear arrangements for receiving and recording significant messages or requests for information from outside agencies. It would seem that requests from the Prison Service to Professor Montgomery's secretary were not acted upon. No record was made by the Service Manager of his telephone conversation with the duty social worker nor by Dr Skerritt when she heard from the duty social worker of Ellen Boland's death.**

**21. The Inquiry heard that Mr Boland was seen by a police surgeon on three occasions because of his state of agitation. (There were in fact two police surgeons involved). It is possible that the police surgeon was made aware of the fact that Mr Boland was known to the Paterson Wing. The Inquiry is concerned that the police surgeons did not themselves contact the Paterson Wing to find out more about Mr Boland's psychiatric history.**

**22. While the Inquiry makes no criticism of Carmen Vasquez's actions on the 7 March, it is surprised that someone who neither knew Alan Boland nor had experience of dealing with mental illness was asked to act in such serious circumstances as an appropriate adult. We wonder whether, had such a person been in attendance in the first instance, they would have made sure that a doctor who knew Mr Boland came to assess his condition in the Police Station.**

23. Despite a request by the Inquiry to Westminster Social Services Department for records of any contact they had with the Boland family, and despite their assertion that the family was not known to them, towards the end of December the Inquiry received detailed records of the actions taken by the duty social worker during the day of 7 March 1994. The Inquiry would have been grateful had this information been available at an earlier date.

24. There appear to be no guidelines to the medical team for making contact with the police or Prison Department in relation to patients who may be at risk in order to provide information and offer advice. At the time of her interview with the Inquiry Dr Skerritt said " I don't know whether it is right for us to approach the police and say this man is a suicide risk without approaching [him] first". Dr Skerritt felt that this could be breaching patient confidentiality. Yet it is well established that the duty of confidentiality in certain circumstances can be overridden.

25. There was no formal arrangement for debriefing various members of the staff who had dealt with Mr Boland. When questioned on this matter by the Inquiry, Dr Skerritt said "I think suicide is such an emotive issue anyway. I think anybody who has a suicide in one of their patients .....I think you'd sit down and say what happened in this case. But I think it is more everyone doing their own introspection and saying: was there more I could have done here or what went wrong?"

26. The Inquiry was handicapped by not being able to obtain the medical notes from Wandsworth Prison which would have been the next best thing to questioning Alan Boland himself.

## Alan Boland's Housing Needs

52. On 16 September 1968, Ellen Boland took the tenancy of a two-bedroomed fourteenth floor flat which remained her home for the rest of her life. Her son, Alan Boland, moved with her at this date and remained living with her until her death. The tenancy file up to the time of Ellen Boland's death indicates contact only for normal housing management matters. There was therefore no reason for Housing Area Office management staff to know either Ellen or Alan Boland.

53. In June 1986, according to Alan Boland's medical records, Dr Chu saw him and noted that difficulties in living with his mother were worrying him. The Inquiry asked the staff of the Westminster Housing Department for details of any approaches by Mr Boland around that time. But no records existed. The Department said that, after seven years, any obsolete records would have been destroyed.

54. In November 1991 Dr Baldwin, the Senior Registrar at the Paterson Wing, sent his first letter on behalf of Alan Boland asking for medical priority to be given to his "request" for housing. Since there was no record in the Housing Department of a request for rehousing having been made by Alan Boland, the Housing Application

Form was sent to him. This he completed on 5 December. The form asked whether there were medical factors and added ": if the answer is 'yes', a medical assessment form asking for further particulars will be sent to you. It is not necessary for you to obtain a medical certificate or letter." Mr Boland replied: "yes" but there is no evidence that a medical assessment form was sent to him. Housing staff explained to the Inquiry that a form might not have been sent because the application process had been initiated by a doctor's letter.

55. On 9 December 1991 Dr Baldwin's letter and Alan Boland's application form were sent to the Medical Adviser for the Housing Department, Dr Diana Iwi. On 12 December Dr Iwi categorised the application as Priority B and returned the papers to the Housing Department. Priority B was "likely to mean nothing more than registering the application and determining whether the applicant would be eligible for housing under any other priority group."[5]

56. It is necessary to set the actions of the Housing Department and the decisions of their Medical Adviser in respect of medical priorities in context. In the Inquiry's view, they are central to the Department's dealings with Alan Boland. Over the years, the City Council had recognised that certain medical factors would give rise to a degree of priority need for rehousing. That is a proper, universally recognised housing need for which the Council was free to set its own criteria and administrative rules within the framework of its allocation policies.

57. It is established practice for the Director of Housing to report annually, reviewing the allocation of rented housing, giving the statistics of supply and demand for the past year and recommending changes which might be desirable in relative priorities for the forthcoming year. The Report for 1991 considered medical cases in more depth and stated that "in order to house the most urgent cases an annual quota for Category A recommendations will be introduced." An Appendix D set the annual quota at 205. Thus, in practice, the Council's Medical Adviser could give a Category A priority to only about 5 or 6 applications a week. This was out of a total of approximately 3,000 medical applications a year.

58. Dr Iwi explained to the Inquiry the practical position which she faced: "I am in the situation of having to prioritise a scarce resource and, from more than 3,000 applications I deal with a year [for medical priority], I have got to find the 200 who are the most unable to cope in their present accommodation, which may not approximate to the need that is out there. I've got to try and identify the 200 worst".

59. Asked how she arrived at a judgement on each individual case, she said that she preferred to have information on paper "when I can make a leisured and objective assessment and re-read as necessary." Only rarely did she feel an overriding need

[5]Report of Director of Housing, 27 June 1991.

to contact the doctor. So it is clear that written submissions are the crucial, indeed the only, basis on which medical priority was (and is) judged.

60. Dr Iwi was asked to explain her thinking when she received Dr Baldwin's medical assessment of Alan Boland's housing needs. She made two points: First: "Bearing in mind that this wasn't supported by Mr Boland's own application, I got this in isolation, so I don't have a record of Mr Boland's own thoughts on the matter. Normally we get a medical application form on which the applicant states why he believes that this accommodation is unsuitable to his medical condition". (See paragraph 54 above). Secondly: "The letter is addressed to 'Dear Sir or Madam.' It is not clear from this whether Dr Baldwin realised that it would in fact be assessed by a doctor, which probably explains the fact that he has given very little at all in the way of clinical detail. Sometimes they are afraid of breaching medical confidentiality and write very general letters. When we get a well presented report, it can...alter the assessment completely".

61. Professor Montgomery and his medical team at the Paterson Wing were asked by the Inquiry about the extent of their understanding of housing medical priorities or the factors that were taken into account in deciding them. None of the team showed awareness of these matters or had been involved in any discussions about them. The Medical Adviser and Housing staff confirmed that the only discussions which had taken place outside the Housing Department over the years had been unstructured conversations with individual local doctors.

62. This failure of the doctors to break each other's codes or to comprehend the necessity of doing so is a serious cause for concern. It should be noted, however, that in the particular case of Alan Boland better signalling would not necessarily have produced a better result. Asked to score on a scale 0-10 her perception of the seriousness of Mr Boland's medical condition, Dr Iwi gave it "between 3 and 5, quite low on the scale of the problems we get." Professor Montgomery, asked the same question, replied: "this [Dr Baldwin's letter] probably scored around 5 or 6. It mentioned the medical condition and it mentioned the problems with his mother. I would not rate this as being a particularly pressured letter. This letter says there is a problem; if you have got lots of resources and you're feeling generous, provide".

63. On 17 December 1991 the Housing Needs Section sent a standard letter to Mr Boland advising him of the non-priority assessment. On 6 January 1992, Dr Baldwin wrote again, finding the assessment "somewhat surprising" and seeking reconsideration "with an alternative opinion." And on 15 January Alan Boland's General Practitioner, Dr Cowan, wrote to press for single living accommodation saying that his recovery might well rest on rehousing and strongly urging "your highest priority." On 20 January these two new letters and the previous papers were sent back to the Medical Adviser who, on the following day, confirmed Priority B and returned the papers to the Housing Department.

64. Dr Iwi was asked why the second letter from Dr Baldwin did not make her ask for further particulars. She acknowledged that "the fact that he has written the second letter adds further weight but he still doesn't use such assertive language as I am accustomed to receiving." Pressed on the point that two letters had been received from a Senior Registrar on behalf of a Consultant and were supported by one from a General Practitioner, she said "I take your point. I can only say that in the context of the many applications we get and the frequency of receiving second letters like them, it didn't stand out from the others as being more urgent."

65. On 22nd January, the Housing Needs Section sent another standard letter to Mr Boland identical to the letter they sent on 17 December 1991. The identical letter was triggered by clerical procedures which apply when a form comes back from the Medical Adviser giving no priority. The Inquiry is concerned that there was (and is) no provision for adjustment to be made in the procedures to pick up the fact that a case had come back twice and been reconsidered, with the result that Mr Boland received a second standard letter which failed to acknowledge the second approach by his doctors. This is a significant point. It appeared, following discussions by the Inquiry with members of the Housing staff, that not only was there no provision to send a different letter on the second occasion but, when the records were transferred onto computer, they did not include a record of there having been an application for medical priority in cases where a Category A Priority had not been granted. Thus when the Inquiry visited the Housing offices and was able to view the new housing application computer file held on Alan Boland, this file contained no reference to any medical factors at all. Housing staff confirmed that this was because he had not been given a Category A Priority, no computer record being held of previous non-priority submissions.

66. A similar omission in clerical procedures seems to have been at work when, five months later in June 1992, the Housing Provision Group sent a standard letter to Alan Boland, as a newly registered housing applicant, enclosing his application card, asking him to re-register annually, and informing him what action should be taken by anyone who felt there were medical factors to be taken into account. The letter offered to send such a person a medical form. Again in February 1993, the Housing Provision Group sent a new "Application for Housing" to Mr Boland which he completed and returned on the same date. This new form also asked whether there were any medical aspects and promised "another form asking you for more details." On neither occasion was the second form either enclosed or sent subsequently. A simple acknowledgement of the form Mr Boland completed in February was sent to him six months later on 5 August.

67. It is, however, proper to note that when the police asked for medical information held on Mr Boland by the Housing Department (9 March 1994), the Housing Department was able to produce the three medical letters that had been submitted to them.

68. After Ellen Boland's death and the arrest of Alan Boland, the staff of the Area Office responsible for the management of the relevant estate were faced with a problem that they had never met before. They considered that their prime responsibility was to minimise rent arrears and ensure that a living unit was best used within a pressured housing stock; in their view there was now an illegal occupant who was not in residence and who had no means of paying the rent. At the same time Alan Boland and his solicitor were pressing them to clarify their position and Mr Boland was begging for his mind to be "set at rest."

69. The Policy and Procedure Group within the Housing Department had produced a manual called "Succession - The Procedures Explained" which provided some guidance in the determination of the kind of actions that might have been required but, in the particular circumstances, guidance that was of little practical relevance.

70. The result was a flurry of communications involving Alan Boland in prison, his solicitors, his probation officer, the Area Office, the Housing Benefits Department and the Council's solicitors which was often confused and occasionally contradictory. Area Office pressed Mr Boland to safeguard the rent arrears position by applying for housing benefit but no application form appears to have been sent to or completed by him. In the event the Area Office wrote itself to Housing Benefits asking for payment of housing benefit until the outcome of the trial (although under Housing Department procedures such arrears could have been regarded as Former Tenants' arrears). At the same time Area Office was questioning Mr Boland's position as a successor tenant to his mother.

71. On 18 April the Area Office sought advice from the Council's solicitors on Alan Boland's entitlement to succeed and about appropriate interim action. But the advice it received was not entirely helpful. On 16 May, a letter from Area Office to Alan Boland's solicitors, after explaining that there would be a balance of rent due from Mr Boland after housing benefit contributions and after detailing Council charges for flat clearance and short term storage, indicated that Notice to Quit had been served on Ellen Boland's tenancy.

72. It is appropriate to comment at this point on the fact that on 19 May 1994, three days after this letter was sent to his solicitors, Mr Boland cut his wrists in Wandsworth Prison. Mr Boland's solicitors replied to the Area Office letter on the same day, 19 May, taking exception to certain aspects of it. But the Inquiry has established that Alan Boland himself was not aware of the Notice to Quit at that date and there was therefore no causal connection between the two events.

73. Nevertheless, it must be a matter of regret and concern that the correspondence with Alan Boland while he was in the prison and the handling of this problem by the Housing Department was not conducted at a more senior management level where sensitivity, imagination and judgement could have been properly exercised and some proper account taken of the welfare dimension. Area Office clearly required specific and considered guidance from a senior Housing Department officer very

soon after it had been advised (by the police on 9 March) of the death of Ellen Boland and the arrest of Alan Boland. And if they did not realise this on 9 March, it is difficult to understand how Mr Boland's letter to them of 13 April failed to alert somebody to the depth of his despair at the prospect of losing the flat before he could "sort something out."

## Points of Concern

**The history of contact between the Housing Department and Alan Boland relates to three main areas. These are waiting list administration (general); waiting list administration (medical); estate management. The following are the main points of concern in each of these areas:**

**Waiting list administration - general. The Inquiry has formed the view that, on occasions, Alan Boland was treated as a cipher within the waiting list administration system, as highlighted by several events:**

> **27. After Alan Boland's applications for housing on 5 December 1991 and 25 February 1993, the Department failed on both occasions to ensure the completion of the "promised" form. The Inquiry does not believe that any such form was sent on either occasion.**
>
> **28. The two identical letters, sent to Alan Boland by the Department on 17 December 1991 and 26 January 1992, were generated by mechanistic clerical procedures which failed to reflect that the application had been given a second consideration.**
>
> **29. The acknowledgment of Alan Boland's fresh application for housing, made in February 1993 at the Department's request, was not despatched until 5 August, a delay of nearly six months.**
>
> **30. This fresh application arose from work to computerise the housing files. The Inquiry is concerned that the medical information incorporated in that computer file was incomplete so that applicants could not (and cannot) always be considered in the full knowledge of all the facts.**

**Waiting list administration - medical. The Inquiry has no criticism to make of the professional care and dedication of the Medical Adviser. But:**

> **31. She was being expected to fulfill a gatekeeping role, making sound and reasoned medical recommendations affecting the lives and wellbeing of City Council residents, in pressured and disheartening circumstances.**
>
> **32. The information on which she was basing her decisions would have benefited from improved clinical detail and/or personal contact.**
>
> **33. The recommendations she made to the Housing Department were judgements formed at a point in time which were not subject to any comparative review.**
>
> **34. Though the criteria were published, neither applicants nor doctors had been given any real indication of the form in which the information should be presented if they were to influence a Medical Adviser who was required to limit award of priority categories to less than 7% of applicants.**

35. Doctors - whether General Practitioners or hospital doctors - working within the City of Westminster do not understand the process by which they are seeking to help their patients to obtain housing priority nor what is expected of them in making their submissions. They were not involved when the process was instituted nor in any on-going review.

Estate management.

36. There must be serious concern at the absence of decisive guidance to the Area Office from a senior Housing Department officer as soon as it was learnt in March 1994 of the "unique" tenancy situation arising from the facts that a Council tenant had been killed and that her son had been arrested for her murder. Throughout, the correspondence between the Housing Department and Mr Boland in prison was conducted by a member of the Area Office. While she did take advice from the Council's solicitors and recalls discussions with Policy and Procedures Group members, there is no evidence that she was given effective help from higher up in her own management line.

# SUMMARY AND CONCLUSIONS

The points of concern highlighted in the preceding sections may be brought together and summarised in the following broad conclusions:

## Process of Care

74. Matricide is a rare form of murder. The initial reactions of those who had been professionally involved with Alan Boland to the news of his arrest for the murder of his mother were of considerable surprise and shock but thereafter their response was strangely casual. The low profile given to this tragic event is reflected in the poor memory recall of some key people interviewed by the Inquiry.

75. The Inquiry found it difficult to understand why Professor Montgomery or his Senior Registrar felt it was inappropriate to volunteer their assistance to the police or prison staff when Alan Boland was in custody.

76. There were serious gaps in the medical records in relation to Professor Montgomery's supervision of his patient, particularly in view of the fact that Alan Boland was ostensibly under Professor Montgomery's care for the best part of nine years. This, together with the lack of handover summaries between junior doctors, created a dislocation of service to this patient.

77. The decision to keep an individual under outpatient supervision for a period of many years primarily for the purpose of possible recruitment to drug trials is curious, with the possible danger of increasing dependency on a psychiatric facility. It is arguable whether this could be ethically justifiable unless such a proposition was discussed and agreed with the patient and the patient's General Practitioner.

78. A likely corollary of such a decision may have been a relatively uni-dimensional view of the patient's problems with too little attention paid to other aspects, such as his earlier relationships (or lack of them) and his social circumstances. It may be pertinent that Alan Boland's outpouring about his illegitimacy was most graphically recorded at the time of his interview with the police rather than in the psychiatric case notes.

79. The decision was taken to discharge Alan Boland from the Day Hospital without an attempt by the medical team to explore the implications of his own statement that he found the prospect of discharge "devastating" and in spite of the recommendation of the last doctor to see him that his treatment in the Day Hospital should continue.

## Communication

80. Psychiatric care as commonly practised is essentially disjointed by the rotation of junior hospital doctors. In psychiatry this is particularly unsettling for patients. Senior House Officers and Registrars in the Paterson Wing move every six months, on 1 February and 1 August; Senior Registrars move every 12 months on 1 November. (Academic Registrars may stay longer. Hence the longest period during which Alan Boland was seen consistently by a single doctor was 1990-91 when he was on a research project).

81. Alan Boland was seen by some 20 doctors in the time he attended the Paterson Wing. It is difficult to believe that he would have had the opportunity to develop a therapeutic relationship with them. No systems appear to have been in place to compensate for or to minimise the effects of, this disruption.

82. The Inquiry notes with concern that no formal debriefing procedures following a serious incident were in place. Thus opportunities for supporting staff after, or learning from, a serious incident were lost.

83. There were chronic failures of communication between the Outpatients Clinic and the Day Hospital both at the time of Alan Boland's admission to the Day Hospital and at his discharge. This was illustrated by the confusion which surrounded his discharge.

84. Other forms of record keeping and communication within the Paterson Wing were inadequate. For example; failure to keep records of calls from police or prison, failure to keep records of reports typed and despatched, failure to record internal telephone calls requiring action on important matters.

85. Though the Inquiry has no criticism of the communications recorded by the duty social workers in the Paterson Wing on 7 March, the note made by them on 9 March that NFA (no further action) was required, which was agreed by the Senior, seems in the circumstances to indicate a limited perception of their responsibilities.

86. The Inquiry concludes that the Medical Adviser and officers of the Housing Department failed to ensure that the criteria for judging medical applications were comprehensible to, and comprehended by, doctors practising in the borough.

87. The Inquiry deplores the tone and substance of the letters sent by the Housing Department to Alan Boland when he was in prison and the lack of decisive guidance for those who wrote them.

88. The Inquiry concludes that clerical and review processes in the Housing Department were inadequate. It is doubtful, given the pressure on housing resources and given Alan Boland's ambivalence about being separated from his mother, whether improved procedures would have made any difference to the outcome. But, at the least, they might have helped the Department to convey the impression that it realised it was being asked to help a real human being with real and distressing problems.

## Resources

89. Alan Boland was not thought by the medical team who were treating him to be suffering from severe long term mental illness or to have complex social problems. Although he allegedly murdered his mother and although he committed suicide, he would probably have slipped through the net of provision recently put in place which is designed to concentrate care in the community on people identified as suffering from very severe mental illness.

90. It is important that a climate should not develop in which medical teams conclude that it is inappropriate to involve other disciplines in cases such as Alan Boland. While the Inquiry accepts that it is necessary to set priorities, a patient that is not apparently severely mentally ill may yet have serious need of the skills and experience of non-medical disciplines, including those that might be provided by voluntary bodies.

91. Westminster Social Services Department has assured us that, though its resources are now targeted at people identified as severely mentally ill, facilities still exist for people with less severe problems to be assessed or to be given short term help or to be referred to other agencies. It is possible, perhaps probable, that reference to Social Services at various points in Alan Boland's treatment might have made a significant difference to the outcome

92. The medical team of Professor Montgomery believed that it was not appropriate to seek such help - either because they decided it was too difficult to access Social Services (after a reorganisation ended the direct attachment of social workers to medical teams) or because they failed to appreciate the depth of Alan Boland's psycho-social problems or both.

93. The Inquiry is aware that both the Health and Social Services work under significant resource pressures. This was reflected in the case of Alan Boland in some specific examples such as:

(a) the lack of availability of a social worker to act as an appropriate adult at the time of his arrest;

(b) the shortage of community psychiatric nurses which may have contributed to the absence of adequate aftercare provision.

The Inquiry does not however consider that these were determinants in the outcomes for Ellen Boland or for Alan Boland.

94. Westminster Social Services Department may feel that it needs to consider whether there is significant unmet need for social work assessment amongst less severely ill people and whether this need is being obscured by the narrow perspective that some medical teams may apply to the social dimension of their patients' problems.

95. The Inquiry considers that a quota for medical applicants of 12% of the annual total housing lettings was reasonable. They are, however, concerned that the medical adviser to the Westminster Housing Department had in practice to confine awards of medical priority for housing to less than 7% of the applications for such priority.

96. The Inquiry has concluded that it is beyond its scope to make useful recommendations about the availability of total lettings in the City of Westminster. Since it also considers that the ratio of lettings based on medical priority to the total annual lettings is reasonable, it has no recommendation to make about the availability of housing for medical priorities. It must however, note with concern the limitations within which the Medical Adviser to the Housing Department is required to operate when she makes judgements about applications for housing priority on medical grounds. (See paragraphs 58 and 64).

# RECOMMENDATIONS

1. **The North West London Mental Health NHS Trust** should ensure that all new patients referred to the Outpatients Clinic are seen by or discussed with the Consultant or Senior Registrar and that the resulting formulation is clearly recorded in the case notes and communicated to the General Practitioner.

2. **The Trust** should ensure that it becomes standard procedure for outpatients carried by a junior doctor to be discussed with the Consultant when the junior doctor comes to the end of his or her placement with the team. A review and possible reformulation of the patient's problems should be recorded in the case notes. At the least, a handover note should be made in the case notes describing the salient problems for the junior doctor who next takes over the case. (A recommendation on these lines, though in more general form, was made by the North West London Mental Health Services Inquiry in February 1994 - Recommendation 191 on page 41 - and by the District Management Team in April 1984).

3. **The Trust** should ensure that, as part of the care plan, there are regular reviews of the progress of patients attending the Outpatients Clinic by senior doctors, if possible with other members of the multidisciplinary team, so that social and psychological dimensions can be identified and dealt with.

4. **The Trust** should consider inviting relatives or friends to the initial appointment and to subsequent reviews so that a fuller picture of the patient's background can be obtained.

5. **The Trust** should ensure that, where it is suspected that a social problem is significantly contributing to a patient's illness, the aetiology is pursued either by referral to the Social Services Department or by establishing family work within the Outpatients Clinic. Thus, if a patient fails to respond to a particular line of care, other dimensions of the case - including psycho-social dimensions - can be considered and explored with members of the multidisciplinary team.

6. **The Trust** should clarify the roles and responsibilities of the junior doctors, the Consultant and the Senior Registrar, in relation to the Day Hospital. The clarification should be incorporated in the operational policy of the Day Hospital.

7. **The Trust** should undertake a project to consolidate and amalgamate the various sources of information, particularly separate sets of case notes, about patients attending different facilities at the Paterson Wing.

8. **The Trust** should urgently reappraise the roles of different staff members in relation to the discharge process. It may be appropriate for the key worker to co-ordinate and communicate the fact of discharge to the General Practitioner but this should be followed by a more detailed letter from the medical staff which should include a review of progress and the keyworker's impressions of the case.

9. **The Trust** must ensure that a policy is established and procedures written down so that the Care Programme Approach is implemented in respect of discharges from the Day Hospital, as well as from inpatient care, in the Paterson Wing as required by the NHS and Community Care Act, 1990 (HC(90)23).

10. **The Kensington & Chelsea and Westminster District Health Authority** will need to monitor the application of the Care Programme Approach by the Trust and report progress to members at regular intervals in accordance with Health Service Guidelines (94) 27. The story of Ellen and Alan Boland was ending by the time these guidelines were issued in May last year. But it illustrates some of the dangers that may lie ahead as purchasers set about "ensuring, through these arrangements, that the necessary priority is given to the most severely mentally ill patients".

11. **The Trust** and **the Health Authority** should review the provision of community psychiatric nurses and, with Recommendations 9 and 10 in mind, address any under-resourcing.

12. **The Trust** should ensure that the channels of communication between the medical teams and the Social Services Department are kept in good repair although there is no longer a social work attachment to medical teams. Whatever the details of delivery, they should be such that any client can be assessed by a social work care manager and appropriate arrangements made for them, post-assessment. (See Recommendation 17 below).

13. **The Trust** should establish guidelines for offering assistance to the police or Prison Service when a known patient is held in custody. These will need to address the issue of when and in what circumstances the professional duty of patient confidentiality should be overridden. (The Trust may wish to refer, among other sources, to the Report of the Committee of the Inquiry into the fatal incident at the Edith Morgan Centre, published in January 1995).

14. **The Trust** should ensure that, if patients are kept on in the Outpatients Clinic primarily for the purpose of being recruited into a drug trial, the proposition should be discussed and agreed with the patient, the patient's General Practitioner and the local ethical committee.

15. **The Trust** should ensure that there are formal procedures for debriefing staff in the event of a serious incident, whether the incident involves a current inpatient, outpatient or day patient or someone who has recently been discharged from inpatient, outpatient or day care.

16. **The Trust** should ensure that a review takes place to establish a standard procedure for recording important messages received e.g. by daily log.

17. **The Westminster Social Services Department** and the **Health Authority** should review the allocation of resources and their systems so as to ensure that people who present apparently mild or moderate mental health problems can be helped to access appropriate services (see Recommendations 10 and 12 above). This review should include exploring the extent to which voluntary organisations can be more effectively involved.

18. **The Social Services Department** should articulate guidelines for the deployment of 'appropriate adults'. It is the opinion of the Inquiry that a social worker should carry out the role of 'appropriate adult'. The Inquiry further recommends that a full report is made on each occasion when a social worker acts as an appropriate adult.

19. **The Social Services Department** should review their procedures for recording information about people with whom they have been involved. While there is in existence a system for recording assessments and on-going contacts, there seems to be no adequate retrieval system for recording requests for information by outside organisations or for recording how such requests are relayed or actioned.

20. **The Westminster Housing Department** and its **Medical Adviser,** together with the **Medical Practitioners** and the **Health Authorities** in the borough should establish a formal mechanism through which they develop and keep under review the medical criteria and the application procedures for obtaining priority housing on medical grounds.

21. Such criteria and procedures should accommodate the difficulties liable to arise with applications for housing priority which may be based on psychiatric, as opposed to physical, disorders.

22. The criteria and procedures, together with the limitations on the total number of lettings available for applications made on medical grounds, should be publicised within the borough.

23. **The Policy and Procedures Group of the Housing Department** should improve the scope and quality of the advice it provides to housing officers on how to implement policies and on the procedures that the Group lays down.

24. **The Housing Department** should examine the nature and occasion of the guidance given by senior managers to junior housing officers in cases of particular complexity.

25. **The Housing Department** should, as part of service development, examine its procedures, publications, standard letters and other communications, internal and external, to ensure that they are clear, comprehensive and comprehensible.