A Difficult Engagement

A report of the independent inquiry into the care and treatment of Alfina Magdalena Gabriel

Commissioned by:
Calderdale & Kirklees Health Authority and Kirklees Metropolitan Council

1998

All the professionals we talked to were surprised that the incident happened. From our inquiries we were not surprised that it happened. However, we feel it could not have been predicted WHEN it would happen, or to whom, and therefore this tragedy could not have been prevented.

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PREFACE

I was commissioned by Calderdale & Kirklees Health Authority and Kirklees Metropolitan Council in March 1998 to chair an Independent Inquiry into the care and treatment of Alfina Magdalena Gabriel by local statutory services.

I now present the Inquiry Panel's report, having followed the Terms of Reference under which we were commissioned.

We believe that only when it can be seen that the concerns which we highlight in this report are addressed and acted upon, will it be possible for the family of Milton Lawrence to begin to come to terms with his death.

Signed

Valerie J Double

INDEPENDENT INQUIRY PANEL CHAIRMAN

ACKNOWLEDGEMENTS

The Panel's very grateful thanks go to all the witnesses who gave evidence. Their willingness to co-operate and frankness when answering our questions made our task that much easier.

We are grateful to Alfina Gabriel for giving us the opportunity to hear her version of events.

My colleagues and I wish to record our particular gratitude to Maureen Mellodew, who, as administrative assistant to our Inquiry, organised all the interviews and meetings, and her ability to produce documents with such speed and efficiency undoubtedly helped the inquiry to be completed within seven months.

Our thanks also go to Sharon Holleworth, Assistant Chief Executive of Calderdale & Kirklees Health Authority, who, at the beginning of our Inquiry, gave us such invaluable help and advice.

Finally, my personal thanks go to my three colleagues, who with myself comprised The Panel: Mr Chris Bielby, Community Health Manager, Bradford Social Services; Dr Tony Rugg, Consultant Psychiatrist, Harrogate Health Care; and Mr Ray Wilk, Chief Executive, Wakefield & Pontefract Community Health NHS Trust. Their co-operation in arranging dates in their diaries and different areas of expertise (although all in mental health) enabled them to elicit the appropriate information from all the witnesses and then produce a report which is based on firm fact and much research.

TERMS OF REFERENCE

1. To examine the arrangements made for the care and treatment of Alfina Gabriel by local statutory services and in particular:
   - the quality and scope of the health and social care provided
   - the appropriateness of assessment, treatment, care and supervision by all agencies involved in respect of:
     - Alfina Gabriel's assessed needs and how these were met
     - the risk she presented (in terms of the potential for harm to herself and to others, including her own child)
     - the management of that risk

2. To examine the adequacy of collaboration and communication between all of the agencies involved in the care and treatment of Alfina Gabriel, particularly with regard to links with the criminal justice agencies and their response to her fears about the safety of her child.

3. To examine whether agencies drew appropriate conclusions from the internal inquiry and whether necessary changes have been made with regard to:
   - care planning and care delivery
   - risk assessment and management
   - inter-agency collaboration and communication

4. To prepare a report and make recommendations to Calderdale and Kirklees Health Authority and Kirklees Metropolitan Council.

5. To publish those recommendations.

METHOD OF WORKING

The Panel held its first meeting on 9th April 1998 and met on nine further occasions, during which 36 interviews were held, the final interview being held on 27th August 1998.

We then held three further meetings to write our report which was presented to members of the Health Authority on 3rd December 1998.

Alfina Magdalena Gabriel will be referred to as AMG throughout this report.

A DIFFICULT ENGAGEMENT

A report of the independent inquiry into the care and treatment of Alfina Magdalena Gabriel

1. THE INCIDENT

On the 3rd January 1996 AMG told a member of staff at Kings Mill Lodge (KML) that the previous week her daughter made certain allegations about the behaviour of two men 12 months previously (at which time the child was 5 years old). This was reported to the police.

AMG and her daughter, accompanied by a social worker, were interviewed at the police station on 4th January 1996.

On Friday 5th January 1996 AMG's daughter went to stay with foster parents for the weekend. AMG then went to the house of Milton Lawrence and proceeded to carry out a vicious attack on him.

AMG was later that day arrested by the police at the house of another man whom she was in the process of attacking.

Milton Lawrence died from his injuries on 30th January 1996 in the Intensive Care Unit at Huddersfield Royal Infirmary.

2. MILTON LAWRENCE

Whilst it was not within our remit to look into the circumstances of the victim, we were informed by his family that he was a much loved man, who had lived in Huddersfield for many years and had worked at a local mill.

On the day he was attacked his partner of many years had passed away after a long illness.

3. CHRONOLOGY

6 JANUARY 1968;
AMG is born by caesarian section at Huddersfield Royal Infirmary, weighing 9lbs. She is the youngest of eight children. The family live in the Paddock area of Huddersfield at this time.

JULY 1969;
AMG, three sisters and mother return to Grenada, where her parents originate from. This, according to all records we have seen, is a very happy time for AMG.

JULY 1975;
AMG's mother returns to Huddersfield with one of her daughters, leaving the rest of the children in the care of the children's maternal grandmother in Grenada. The parents are now living in the Manchester Road area of Huddersfield, and both parents work at a local mill.

APRIL 1977;
AMG's mother is admitted to St Luke's Hospital as a voluntary psychiatric patient.

DECEMBER 1979;
The maternal grandmother dies in Grenada after a long illness. Arrangements are made for the four youngest daughters to rejoin their parents in Huddersfield.

JANUARY 1980;
AMG and her three sisters arrive back in Huddersfield. Records report that the girls are all somewhat disappointed with what their parents have to offer and without exception want to return to their older brothers and sisters who are still living in Grenada. The family at this stage becomes disjointed and it appears never able to form a compatible unit. After a few months a clear division in the family becomes apparent with rivalry between AMG's mother and her daughters for the father's attention. Father is alleged to have been physically and mentally cruel to his wife and on occasions enlists help from the girls, especially one daughter who eventually moves out of the family home to live with her father. Mother is hit, locked out, ignored and bullied and the situation becomes fairly intolerable for her.

NOVEMBER 1980;
Social Services' first involvement with the family, when AMG's mother reports her treatment by the rest of the family.

DECEMBER 1980;
AMG's mother gains an injunction against her husband. She is admitted to Storthes Hall under Section 29 of the Mental Health Act. Father moves out taking one of the daughters with him.

JANUARY 1981;
Mother is discharged from hospital and returns home to her three daughters, including AMG.

AMG is attending the local school, where she displays anti-social behaviour and is inarticulate in speech and manner. Her mother describes her as moody, quick tempered, generally refusing to do anything that is asked of her by her mother, and on occasions threatening her mother with violence. She is reported as having no friends or constructive leisure time projects and when not in school spends her time wandering aimlessly around the local streets or in town. She is described at this time as being suspicious and uncommunicative and wanting to leave home.

30 JANUARY 1982;
AMG (aged 14 years) is arrested for shoplifting. Whilst being arrested she assaults a policewoman.

15 APRIL 1982;
AMG appears at the then Juvenile Magistrates Court. Her case is adjourned so that she can be legally represented.

29 APRIL 1982;
AMG appears in court again. Her case is again adjourned as she pleads not guilty.

27 MAY 1982;
AMG appears in court again. She pleads guilty on this occasion to theft and assault, a care order is made and she is admitted to the Westfields Assessment Centre in Mirfield (a children's home run by Social Services).

Almondbury High School describe the difficulties they have experienced over some months with AMG's explosive, and at times violent, behaviour towards staff and pupils. It seems if roused she will lash out at whoever is close by. She is also described as a lonely girl who has little in common with her peers and therefore no friends and seems to receive no discipline from her mother.

14 JULY 1982;
A case conference is held which is attended by staff from Westfields, educational psychologists, social workers and the headteacher from Almondbury High School. The following assessment is made:

> "AMG needs to know how to make and maintain social relationships; everything else is secondary to this need. She has no idea how to relate to others, how to control her emotions, or how to behave appropriately. She is beyond the stage where experience of normality itself is enough - she will need individualised social learning programmes. She needs a stable frame of reference in which to live. She needs love and affection. Her size creates many problems - she overeats - it may help if she could lose weight. She apparently lacks some measure of motor control, however, this may be cultural rather than poor co-ordination. Although her basic attainments are sufficient to enable her to cope with everyday living, remedial education directed at social needs rather than

academic requirements is necessary. Contact between AMG and her mother should be maintained. There is a possibility that contact with her father may be detrimental."

Discussion continues on a very frequent basis and at regular case conferences as to the most suitable placement for AMG.

10 JANUARY 1983;
AMG is placed at Carleton Hill School in Penrith (a unit for 15 difficult adolescent girls), where the staff profess to enjoy challenges and cater for a spread of intelligence. This is only a 'term time' placement.

Reports state that AMG presents few problems until October 1983, when whilst in Huddersfield she is caught shoplifting, and for two counts of theft she is given a conditional discharge for 18 months by Huddersfield Juvenile Court.

AUGUST 1984;
AMG goes to Caldercliffe (a unit for young people preparing to leave the care of the Local Authority) for a holiday placement.

NOVEMBER 1984;
AMG appears in Court on a charge of burglary (non dwelling), criminal damage and breach of her conditional discharge imposed in October 1983. She is given a further conditional discharge for 12 months, fined and ordered to pay compensation.

MARCH 1985;
The headteacher of Carleton Hill requests that AMG see a child psychiatrist at Cumberland Infirmary. The letter she wrote to accompany this visit describes AMG's behaviour as follows:

"AMG's main difficulties are in communication, generally she is quiet and often sits alone. In October 1984 she talked of hitting a member of staff, she had apparently discussed it all day with other girls and finally came up behind the teacher and hit her. It was noted that as she struck she was weeping. At Christmas she refused to attend Christmas dinner and stayed in her room. Her outbursts of aggression appear without apparent reason; she will damage property, and staff note that her verbal abuse can be extremely obscene and sexually explicit.

The headteacher goes on to write that once AMG has an idea in her head she must see it through to the bitter end. AMG's lack of vocabulary causes her frustration, and she will repeatedly say during outbursts "listen, listen", but will never actually explain what is bothering her. It is felt that she never tackles anyone she likes or fears. AMG is very particular about her material possessions. Her bedroom is always neat and tidy, she takes pride in her clothes and appearance. Money is also very important and she meticulously saves weekly to pay a Court fine.

She has extreme mood changes, from smiling and happy to obscene and aggressive. However, on 11 March 1985, the outburst of aggression became very serious when she struck a member of staff

very hard across the head. This was after she had thrown a casserole on the floor and the member of staff had told her that she must pay for the waste.

On 12 March 1985 AMG became almost uncontrollable. She smashed a door, threw objects, attacked one of the girls, and then assaulted a housemother by firstly throwing a kettle, then a laundry basket, and finally a cast iron rounders base, which hit the housemother on the shoulder.

On 16 March 1985 one of the girls fell whilst roller skating. AMG felt she was 'shamming' and kicked her very hard on the ankle. AMG was wearing her roller skates at the time. The girl had in fact cracked a bone".

The letter finally states that one member of staff has expressed concern on AMG's comments on children, especially little boys - for example she would make them behave by bouncing them on their head, hitting them etc, but also such comments as 'ironing a little boys willie'.

27 MARCH 1985;
AMG is seen by the child psychiatrist. She reports as finding her hostile and defensive, and AMG says nothing on a voluntary basis. When she does answer questions, her answers are brief and difficult to understand due, it was felt, to her poor verbal skills.

"AMG was apparently unable to formulate any reason why she had lived in a children's home. She said that she had got into trouble for 'nicking'. She said that her parents were divorced and that her mother was a diabetic. She also described many brothers and sisters, but seemed unsure as to how many she actually had and how old they were. She said some were born in the West Indies and have remained there, others were born in England.

Regarding the incidents outlined in the headteacher's letter, AMG found it very difficult when asked to talk about them. She did not show any emotion regarding them nor was she able to understand the seriousness of her action, especially throwing the rounders base at the housemother and kicking the girl when she had her rollerskates on. She certainly did not show any remorse.

She denied ever hitting anyone before, and complained about being teased by other girls at the school and eventually said that she was called such names as 'jungle bunny'. She did admit to hitting staff after being disciplined".

The psychiatrist goes on to report that she found AMG to be a very damaged personality, her inability to relate to others and her poor verbal skills ultimately caused frustration and also rejection. She felt that AMG had a very poor sense of self worth which would not be improved by the inevitable teasing and jibes about her colour. There did not seem to be anyone in her life to whom she was particularly attached, and when asked who she cared about most in the world, she could not think of an answer.

However, she stated that she did feel her parents cared about her, but when she talked of them she did not imply that they had a particularly

close relationship. The final section of the report from the psychiatrist is as follows:

"AMG finally did say that she did want to return for the summer term. I therefore made it quite clear to her that if there were any more incidents of violence towards staff or other pupils, then she would return to Huddersfield immediately. ***Sadly, I think the prognosis for AMG is very poor. As soon as she returns to Huddersfield I have no doubt she will be involved again in offending, and violence. It is her inability to relate to others that will cause the majority of AMG's problems***".

24 MAY 1985;
AMG leaves Carleton Hill school and goes to live permanently at Caldercliffe.

JUNE 1985;
The staff report that they feel AMG has settled in quite well. They too report that she is very clean and tidy and that her room is always in an excellent state. Future plans are for AMG to stay at Caldercliffe and look for some work experience and eventually move into her own flat.

3 JUNE 1985;
A cousin of AMG's has contacted Caldercliffe asking if AMG can go down to London to live with her and take care of her three year old child. It is arranged that this cousin will be met at Caldercliffe.

5 JUNE 1985;
AMG's social worker meets a cousin of AMG's mother who has with her a three year old child. She informs those present that a cousin of AMG's is a nurse in a local hospital in Enfield, she works shifts and would like AMG to go down to Enfield to look after the child. After some discussion it is agreed that AMG will go and stay with her mother's cousin and the child to enable the mother's cousin to show AMG how and what to do in caring for the child. Depending on how AMG fares in caring for the child a decision will be made accordingly. It is reported that AMG's answers are "OK, mm, yes, no". She does say that she wants to go to Enfield.

The social worker contacts AMG's cousin and discusses AMG's background and behaviour. It is agreed that AMG's cousin will come to Huddersfield and collect her child and AMG. This she does and they all return to Enfield on 13 June 1985.

JULY 1985;
Caldercliffe phone social services and say they have received a summons for AMG following some damage she has caused to her boyfriend's flat on the day before she left for Enfield. It appears that he had refused to let her into his flat, she lost her temper and hit out at the door, causing £150.00 worth of damage. She subsequently appears in court for this offence and is fined and ordered to pay compensation.

6 AUGUST 1985;
It is reported that AMG's stay in Enfield is not working out and that she will be returning to Huddersfield.

13 AUGUST 1985;
AMG is collected from Enfield by social services and returns to Caldercliffe. There is no record of why this broke down.

24 SEPTEMBER 1985;
It is reported that AMG has missed a few days on her Youth Training Scheme (YTS) and has hit another youngster.

11 OCTOBER 1985;
The careers office report that AMG is on the YTS and has shown aggressive behaviour towards other young people and teachers on the scheme.

16 OCTOBER 1985;
AMG is expelled from the YTS as she has hit some of the young people and has thrown a table at someone.

4 NOVEMBER 1985;
A flat becomes vacant for AMG.

18 DECEMBER 1985;
AMG moves into the flat.

6 JANUARY 1986;
AMG becomes 18 today.

10 APRIL 1986;
Final review of AMG held in her flat. Her flat is found to be beautifully kept - she likes cleaning and appears to have adjusted to living alone. There appears to be no domestic skills she cannot master. She can cook, and her monetary budgeting is excellent - she saves £10 per week to cover the cost of electricity and water rates. She has not shown any interest in getting a job, and has not attended the welfare centre when this has been arranged for her. She has never contacted Caldercliffe and has never visited, although a member of staff visits her weekly. Outside contacts are very unclear although she does babysit for a girl who lives in the next block of flats. She sees one of her sisters occasionally, otherwise there is no family contact. It is felt that no further involvement is required and a suggestion is made that her case be made dormant.

The next two years of AMG's life are somewhat void of information. We understand that she had a couple of periods of employment; it is reported that this was to satisfy conditions of the benefit authorities.

JANUARY 1988;
AMG appears at Huddersfield Crown Court on two charges of robbery. She and a friend had drunk alcohol and had gone to the house of a man whom they assaulted and robbed. She is given a Probation Order for two years. Whilst she is on remand in New Hall Prison in Wakefield her mother dies.

LATE 1988;
AMG then lived for about a year with a male partner, who was of Afro Caribbean origin and had been adopted at birth. This relationship resulted in a daughter being born in September 1989. Obstetric notes at the time indicate that AMG was living in very poor circumstances and that her partner assaulted her. From the records it is clear that he was a demanding person who threatened to take their daughter from the hospital before AMG had recovered from giving birth.

22 SEPTEMBER 1989;
It is recorded that on this date AMG's partner is aggressive towards the nurses on the obstetric unit.

24 SEPTEMBER 1989;
AMG's partner appears at the ward door in an intoxicated state. AMG decides she does not wish to go home with him and he tries to take the baby. He is verbally aggressive to AMG and the staff and also attempts to strike AMG. The situation is diffused, but this account does give an indication of the nature of the relationship between the two of them. AMG eventually leaves her partner because of his infidelity, but the acrimonious relationship between them we understand continues.

During the next three years little is recorded of any contact between AMG and any services.

14 NOVEMBER 1992;
AMG makes an allegation against a man whom she knows well and has spent time in the past drinking and socialising with. ***She attacks him with a hammer and steals money from him.*** This is one of the same men whom she subsequently attacks on 5.1.96. This results in her appearing in Court in February 1994 when the Judge in sentencing her said:

> "You committed 2 serious offences, one of robbery which carries a maximum life imprisonment and wounding carries up to 5 years. You have committed robbery before. These offences are so serious; I don't want to send you to prison if I can avoid it."

19 AUGUST 1993;

AMG leaves her daughter at an unknown family's garden and asks them to look after her (the daughter is 4 years old at this time). After 24 hours the family alert the police. AMG does not return for some 32 hours. She is then arrested. Social services inform the police they are satisfied with the care and contact with AMG and her daughter. No further action is taken by the police.

19 SEPTEMBER 1993;
AMG is seen at home by the duty social worker, a police officer and Dr Eric Gehlhaar, Consultant Psychiatrist. He has been asked to attend by the social worker as difficulties with AMG and her daughter have come to light, in that on 17 September 1993, the daughter had walked into a public house at night asking for food. On repeated visits to the home it became clear that AMG was apathetic and making little effort to feed herself or her young daughter. She had talked to a previous social worker about 'ghosts'.

Dr Gehlhaar reports that on the evening of his visit, AMG had spoken to the social worker and the police about messages coming from the TV which put thoughts in her head, making her say rude things to other people.

On the day prior to the visit she had had several visits from the police, social workers and her GP and had refused entry until the late evening.

When Dr Gehlhaar arrived at AMG's house he describes it as appearing as if she had just moved in or was planning to move out. There was a recent accumulation of debris, particularly food. There were several bottles of alcohol in the kitchen, although no particular reason to suspect heavy recent consumption.

Dr Gehlhaar reports that he conducted a number of short interviews with AMG in various rooms of the house. During each of these she repeatedly accused him of being part of a conspiracy and told him that she wanted everyone to stop doing things to her. Although AMG was barely co-operative, she did not behave in an intimidatory or threatening manner. Although anxious about the situation, at no time did she talk about her daughter. She denied having a mental health problem and refused to consider admission or drug treatment.

Dr Gehlhaar feels that AMG appeared to have an acute psychotic illness, or possibly an alcohol or drug related psychosis, although he feels that her family history suggests this may be a first schizophrenic episode. Both AMG's mother and one of her sisters had previously been diagnosed as having schizophrenia requiring in patient hospital care.

Dr Gehlhaar concludes that given the unpredictable nature of AMG's illness and her current behaviour, it was appropriate to recommend an assessment admission under Section 2 of the Mental Health Act in order that a clear idea of the aetiology and diagnosis be gained.

She is therefore admitted to St Luke's Hospital at 11.50pm. Her daughter is taken to foster parents by the social services.

The admission records state that AMG was not very forthcoming and she was suspicious, saying that she felt as though something was going on, maybe someone had drugged her - something was interfering with her thoughts and that she had been hearing voices in her head saying bad things about everyone. She denied any recent substance misuse - she said she had tried it many years ago - and also denied any recent increase in her drinking.

She was found to be an unkempt young woman wearing a dirty nightdress and coat and smoking heavily. She was tense, sitting huddled in a chair. She was very cagey and perplexed about what was going on. She described hearing voices in her head in the third person more than once,

which she had not heard before the weekend of her admission. She described ideas of reference re TV and thought interference.

The medical impression at that stage was one of paranoid psychosis, drug ? induced, ? schizophrenia (especially in view of family history of mother and sister being diagnosed with schizophrenia).

Treatment prescribed was Haloperidol 10mg tds. Urine was to be screened for drugs. Close observation - level 2 (vigilant observation - every 5, 10 or 15 minutes).

20 SEPTEMBER 1993;
Ward round with Dr Easton, Consultant Psychiatrist - discussion with social worker ascertains that foster care for daughter is in progress. AMG is not seen as she wishes to stay in bed - she has already been examined today by the Senior House Officer. Prescribed Clopixol 25mg bd and for prn use.

23 SEPTEMBER 1993;
Case notes state that AMG is unresponsive to questioning saying that she has never heard of schizophrenia and there is no mental illness in her family. She denies any abnormal experiences/thoughts etc. This is a short interview during which AMG has poor eye contact, slow speech, occasionally loud outbursts, is hostile, but stays seated, then refuses further conversation and leaves.

A family friend is seen on this day - he says he is the father of AMG's niece and knows the family well. He says that AMG is frequently low, has been drinking very heavily over the last year and comes to him for money for alcohol, although he has not seen her for two months. He adds that she is capable of violence.

On a ward round on the same day, Sue Erby, Social Worker, reports on the foster arrangements for AMG's daughter, who had visited her mother on the previous day. Drugs changed to Clopixol 25mg mane and 75mg nocte. The staff are told to watch for signs of alcohol withdrawal.

27 SEPTEMBER 1993;
AMG improving. She still needs encouragement to get up, but is brighter when she does. Daughter had visited again the previous day. AMG says she has been having trouble - she was hearing voices, but her thoughts are clear. She is wanting to go home to be with her daughter, but is aware that there were problems at home before admission. The aim of the Section and treatment is explained to AMG and concerns re her daughter are expressed. AMG says she is unaware of what her sister's illness is. She is wishing to visit her daughter, but told she has to stay in - no leave at present. Impression: improving but unstable. Drugs changed to Clopixol 50mg mane and 75mg nocte.

29 SEPTEMBER 1993;
Reviewed. AMG speaks of the noises in her head, in that they have been there for some time and that they are distressing her and saying rude things to her, although she will not say what.

1 OCTOBER 1993;
Ward round. Much improved. Not attempting to abscond. Has been home this morning with staff to collect bank books etc - no problems.

4 OCTOBER 1993;
Ward round - AMG present. It is reported that AMG is much improved. She says she feels much better and is not hearing any voices now. She is to be allowed home for three hours on 5 October 1993, and is talking about doing a course at the tech with her daughter at a nursery. Drugs to continue on current regime.

7 OCTOBER 1993;
Ward round. A message is received from a local Detective Constable that there is a warrant out for AMG's arrest following several assaults on men visiting her house and failure to attend court. She is much improved on the ward but has been on leave for the past two days and had not returned until late and had to be recalled by the police. In view of that a decision is made that she will have no more leave until next week.

At 3.30pm that day AMG suddenly becomes very agitated, wishing to leave (has not been told about decision not to allow any more leave) despite discussions re Section status and problems if she tries to leave. AMG attempts to leave the ward, is restrained and taken to outer seclusion. Prescribed Haloperidol 5 - 20mg prn and Lorazepam 0.5 - 4mg prn.

11 OCTOBER 1993;
Ward round with Dr Easton. Rod Watson, Child Care Social Worker, expresses great concern about the daughter and AMG's ability to care for her daughter. AMG is notably more coherent and is now on treatment, but there is some question about her compliance. Likely diagnosis: Schizophrenia. Possibly the 'At Risk' register will help monitoring. This is discussed, and any means of encouraging compliance with medication.

16 OCTOBER 1993;
Section 2 expires. It is queried whether AMG will remain on the ward. It is noted that she seems to have problems managing money, even on the ward. AMG seen - feeling OK. Missing her daughter. Explained the need to co-operate to care for daughter long term with social services monitoring. Explained options when Section runs out. She agrees to an informal in patient stay with leave and to social services inputs, plus conference to discuss. AMG says she will talk to Rod Watson about this. Wishing overnight leave - will clean out flat - will need considerable help to clean up. Sue Erby involved - AMG has told her that the voices have gone. Medication discussed - AMG aware of need to continue medication after discharge - long term.

18 OCTOBER 1993;
AMG discharged from Ward 1 and is to return to Ward 1 to be seen in two weeks. The discharge summary states main diagnosis as drug induced

psychosis - strong family history of schizophrenia. ? May be developing schizophrenic illness. Settled really well in hospital on medication. Drugs on discharge; Clopixol 75mg mane, 100mg nocte. Future prescription - by out patient department, with a follow up in two weeks on ward 1. She is also to be closely supervised by a social worker and community psychiatric nurse.

9 DECEMBER 1993;
This is the next entry in AMG's case notes. A letter from Dr Easton to Rod Watson, stating that given the fact that AMG's child was seriously neglected as a result of her illness, he thinks it would be unwise to abandon her at this point, as there is every likelihood that the situation will recur. Certainly as AMG has stopped taking her medication. Dr Easton is asking for contact to be formalised on a more regular basis.

26 JANUARY 1994;
AMG brought to the clinic by Hazel Day, CPN. AMG says she is very well, had had no treatment since her discharge, but coping well. AMG due in court in 1 week's time in relation to the offence committed on 14th November 1992, and is receiving support from probation and social services - at a day centre. Her daughter is well and is attending a play group. AMG states that she is coping with food and shopping etc. She denies having any thought disorders, says her mood is OK and says she is drinking 1 litre of Strongbow cider a week. Plan is to contact Hazel Day and Sue Erby. AMG says she will not take any medication. Her mental state is felt to be OK and she is to be reviewed in four weeks.

2 FEBRUARY 1994;
AMG attends Bradford Crown Court on charges of robbery and wounding. She is sentenced to two years probation with a condition that she attends the Kirklees probation offending group.

23 FEBRUARY 1994;
AMG fails to attend for out patient appointment. The case note states 'send new appointment'. There is no record of any further action having been taken to make contact with AMG, until;

20 JANUARY 1995;
Dr Sayer, Consultant Psychiatrist, undertakes a domiciliary visit to AMG following referral by her GP as she is hearing voices and appears to be neglecting her child. Following this visit AMG is admitted to ward 1 at St Luke's Hospital, under Section 2 of the Mental Health Act. On admission she denies hearing voices or neglecting her child. She states that she has a problem and keeps it to herself. She cannot be drawn further on what the problem is. She also denies taking drugs or drink. The impression of the admitting doctor is schizophrenia and drug induced psychosis. The plan is: i) observe and prevent leaving the ward, ii) screen urine for drugs, iii) offer Clopixol 10mg tds and Lorazepam 2mg tds.

23 JANUARY 1995;
Ward round with Dr Sayer. AMG sleeping and therefore not interviewed. Stop Lorazepam, increase Clopixol to 20mg nocte and review in three days.

30 JANUARY 1995;
Ward round with Dr Sayer. Drug screen shows a very high level of cannabis. AMG says she feels quite well; "OK thank you". Tomorrow social worker to take AMG home to get some clothes for her daughter. She does not wish to talk about her problems on admission - wanting to go home for a couple of days. Plan - change to liquid medication.

AMG is refused leave but told she can go out with a social worker - she walks out of the ward round when told she cannot leave as she has requested.

6 FEBRUARY 1995;
Ward round. AMG thinks a man is going to 'get' her. She is going on leave Saturday and Sunday. Section runs out on 17 February 1995.

13 FEBRUARY 1995;
Ward round. Deluded that a young boy is going to get her. Hazel Day reports of her being very deluded, having thought disorders, and neglecting her child.

14 FEBRUARY 1995;
A Care Programme Approach (CPA) meeting is held for AMG. The following programme of care is agreed:

i) Consider changing Section 2 to Section 3 on 16 February 1995, subject to mental state. Action: Sue Erby, GP, Dr O'Melia.

ii) To give consideration for AMG to be rehoused at a later date. Action: V Brooke (Child Care Social Worker).

iii) Ongoing monitoring of mental state following discharge. Action: Hazel Day (CPN).

iv) Ongoing monitoring of child care need. Action: V Brooke.

v) To continue appointments with probation officer. Action: J Bilney (Probation Officer).

vi) Out patient follow up support. Action: Dr Sayer (Consultant Psychiatrist).

The care programme co-ordinator is Staff Nurse Lance Dobinson, Ward 1, St Luke's Hospital. The review is to be in six months time. Rachel Brown, Care Programme Liaison Officer, confirmed this in writing to everyone including AMG's GP (Dr Handa), in a letter on 15 February 1995.

22 FEBRUARY 1995;
AMG is discharged from ward 1. Discharge summary states that her relapse was due to defaulting on medication. She is prescribed Trifluoperazine 20mg nocte and under the clinical global index score is considered to have a score of 4 on discharge - moderately ill. A full CPA meeting is held on ward 1 at St Luke's Hospital.

29 FEBRUARY 1995;
AMG is reviewed on ward 1. Brought in by Hazel Day. AMG is anxious about a man named Clifford - there is concern as to whether this is real or paranoia. Plan is for her to go home and if Clifford attempts to harm her she is to come to St Luke's immediately - it is felt this will also serve as a reality test.

2 MARCH 1995;
AMG presents herself at the Accident & Emergency (A&E) department at Huddersfield Royal Infirmary complaining of abdominal pain and headaches. She has her daughter with her. She admits to consuming four cans of Special Brew prior to her attendance at A&E. She is admitted to ward 10 for observation and her daughter is taken into foster care.

3 MARCH 1995;
AMG transferred to Ward 1 at St Luke's Hospital as an informal patient, saying that she is feeling depressed. She doesn't want to talk about her problems, saying that Dr Sayer knows what they are. She is prescribed Trifluoperazine SR 20mg nocte.

6 MARCH 1995;
The case notes reveal that AMG says that she is better but not sleeping. She denies hallucinations. She says that her medication makes her tired. It is therefore changed to Trifluoperazine 15mg nocte. The plan is to invite her social worker to the ward round, and that AMG be allowed to the shops.

Again, it is stressed to her that it is very important that she takes her medication. She says that she is not keen on depot injections but would like the syrup.

13 MARCH 1995;
AMG states that she feels tired. Sleeps OK for about 10 hours. No voices now, but says she feels frightened.

20 MARCH 1995;
Discussion with social worker about progress of AMG being rehoused. Says she feels the tablets are helping her and the voices have gone.

23 MARCH 1995;
AMG is seen by a member of staff from Kings Mill Lodge (KML) about a placement for her and her daughter. They are accepted for placement there in two weeks time.

24 MARCH 1995;
Until the placement at KML commences AMG will be discharged to a WISH (Women Into Single Housing) hostel as an interim measure. It is recorded that Sue Erby is to contact Vicky Brooke at the Child Protection Team regarding this placement.

26 MARCH 1995;
AMG is discharged from St Luke's to the WISH hostel. She stays there for 10 days but is asked to leave because some of the residents of the hostel find her intimidating. There are also allegations that she has stolen a handbag and there was a suggestion that she would only return it to the owner for a sum of money, and that this demand was made in a menacing manner. She returns to her home until there is a vacancy for her at KML.

12 APRIL 1995;
AMG does not attend her out patient department appointment.

10 MAY 1995;
AMG does not attend her out patient department appointment.

15 MAY 1995;
AMG and her daughter move into KML.

26 MAY 1995;
There is a record in AMG's notes that at Dr Sayer's request her secretary spoke to Sue Erby, who reports that AMG has moved into KML and that she is seeing her regularly, and that she will encourage her to attend her next out patient department appointment.

7 JUNE 1995;
AMG does not attend her out patient department appointment.

9 JUNE 1995;
Dr Sayer writes in AMG's case notes that she has had a discussion with Sue Erby, who reports that AMG is receiving support from the Staff at KML and she is having very regular contact with her. Sue Erby says that AMG is not taking her medication, and there are not any particular concerns about her mental state. Dr Sayer therefore writes to Dr Handa (GP) and says that she had not arranged any further out patient department appointments, but will be happy to see AMG again if he or Sue Erby wish her to do so.

Nothing further is recorded in AMG's medical notes for the next three

months, but there is continuing contact between AMG and her social worker, probation officer, and her child social worker.

6 SEPTEMBER 1995;
Whilst at a friend's house AMG takes an overdose of 75 Aspirin and 8 Anadin tablets, together with two cans of Special Brew lager.

She leaves her friend's house and returns to KML. She does not tell the staff what she has done. They become concerned when AMG keeps vomiting and take her to Huddersfield Royal Infirmary where she is admitted to ward 19. She says she is depressed, but does not know whether or not she wanted to kill herself - felt it was probably instinct as the tablets were in the house.

8 SEPTEMBER 1995;
AMG is transferred to ward 1 at St Luke's Hospital. It is felt that she has most likely had a psychotic relapse, with a significant risk of suicide. To be assessed for Section 2 this afternoon and Section 5(2) to be used if she tries to leave.

It is written in the case notes that a Section 2 will be necessary if she tries to leave.

10 SEPTEMBER 1995;
AMG still refusing oral medication. Dr Sayer has written in the case notes that AMG is to be given a stat. dose of Depixol 40mg IM if she refuses her Trifluoperazine that night (she received the Depixol).

18 SEPTEMBER 1995;
Ward round. AMG has had some time away from the ward today. She says that the medication is not working and appears rather hostile and suspicious. She is sleeping OK but feels depressed, and is reluctant to talk about her feelings. It is agreed that she can start having more time out from the ward - up to 7 hours.

25 SEPTEMBER 1995;
Reported that AMG is fairly well at present, still not wanting to take her depot injection, now just taking Trifluoperazine 20mg bd. There is some thought given as to whether or not to commence AMG on antidepressants. It is agreed that she can have leave from Friday until Monday. It is stated that AMG is loud and garrulous in her manner.

28 SEPTEMBER 1995;
Reported that AMG's mood is variable. She has come back from leave late and bad tempered. The social worker has said that the conditions for having her daughter back are that she takes her medication and does not involve her daughter in her sexual behaviour and drug taking. This is explained to her by Dr Sayer.

1 OCTOBER 1995;
Ward round. It is reported that AMG's leave had gone well, and that she is to be discharged that day. Sue Erby and Vicky Brooke are informed. AMG is discharged on Trifluoperazine capsules 15mg nocte. A full CPA meeting is arranged for 3 October 1995 at 2.30pm.

3 OCTOBER 1995;
CPA meeting with Sue Erby, staff from KML, Care Co-ordinator, Dr Sayer and an outreach worker. AMG states that she is unwell and not wishing to attend. Sue Erby says she will feed back to her after the meeting. It is agreed:

- Social worker for her daughter to visit weekly
- Probation officer to see her once monthly. Probation Order will expire in February 1996
- Outreach visit on Sunday
- KML staff to have daily contact, as they have been, with increased emphasis on building a relationship so she is more likely to approach staff than take an overdose
- Sue Erby to visit fortnightly
- Follow-up care in out-patients
- For all workers to work jointly and communicate effectively regarding AMG's care plan

The care plan does not include any specific reference to how medication should be monitored, or any reference to the consumption of alcohol or use of illicit drugs.

12 NOVEMBER 1995;
There is a fire at KML. At 8.30pm it is reported that AMG rings the fire brigade. The message is that the alarm is ringing but there is no fire. In fact paper on the notice board had been set alight and a sofa in the lounge, but the lounge door was shut. There were only three occupants at KML that night; AMG, her daughter and another lady who said that she had been in her room at 6.30pm and went to bed at 8.00pm.

AMG says that her daughter's father brought their daughter back at about 7.30pm and stayed for approximately 5 - 10 minutes and then left. She did not see him off the premises. She says that she cannot remember how soon after this the alarm went off, and that she went down to see why the alarm was going and that she did not notice anything unusual. When she opened the lounge door she noticed that the lounge was filled with smoke. The police say there is not enough evidence to arrest anyone for the fire, but they are sure it is an 'inside job'. AMG will not discuss this with staff and keeps changing the subject whenever it is mentioned.

It is reported that she appeared stressed, with no smiles and no eye contact, and looked to be 'working her way through a litre of cider'. It is also reported that her daughter seemed fine and unconcerned about the fire. The staff contact Sue Erby and Vicky Brooke and inform them of the fire and AMG's attitude to it. It is felt by the staff and police that AMG is responsible for starting the fire, although she always denies this.

17 NOVEMBER 1995;
AMG does not attend for her out patient department appointment. Dr Sayer writes to AMG's GP saying that she will not send a further appointment but will liaise with Sue Erby as regards her progress.

7 DECEMBER 1995;
Dr Sayer visits KML and reviews AMG. Concern has been expressed about her mental state, and everyone is convinced that she was responsible for the fire on 12 November. Staff have said that she was more withdrawn over the four or five days after the fire, but more recently has seemed to be relating to the staff as usual, being cheerful in her manner. Dr Sayer reports that AMG is her usual abrupt self, but did greet her politely and manage a smile. AMG says that she feels well and does not have any depressed mood or suicidal thoughts. Dr Sayer finds no formal thought disorder and AMG does not appear to be hallucinating. Dr Sayer strongly encourages AMG to take her medication - Trifluoperazine 15mg nocte. AMG tells Dr Sayer that she is taking this, but Dr Sayer has doubts as to the accuracy of this statement. Sue Erby will continue to be involved with AMG's follow up. Dr Sayer says that she will not be arranging a follow up and suggests to Dr Handa that he continues to prescribe Trifluoperazine 15mg nocte. ***Although the care plan indicates there will be fortnightly contact, this is the last occasion AMG is seen by a specialist mental health professional before the incident on 5th January 1996.***

29 DECEMBER 1995;
KML records report that AMG is contacted by a police officer from Castlegate Police Station, Huddersfield. They say that there has been an allegation made against AMG by a woman that she knew - the allegation being that she threatened to try to extort money from her. AMG denies this and says that she cannot remember when she last saw this lady and that she does not see her any more. That afternoon AMG was reported as drinking in her room with an ex-tenant of KML and seemed to be in a 'state', saying no-one liked her, that she was ugly, and that her daughter would not be coming back (her daughter went to stay with relatives in Leeds 29 - 31 December). Her daughter did return and whilst AMG reported that she had a cold, she did attend to the needs of her child.

THE INCIDENT

3 JANUARY 1996;
One of the staff at KML reports that she has spent some time talking to AMG who appears quite down and upset. After some time she says she isn't OK and this is because last week her daughter had made allegations about the behaviour of two men some 12 months previously. AMG is described as being very angry about this. Options are discussed and a decision is made to get some advice. At this point Vicky Brooke arrives. AMG agrees to discuss the situation with her. AMG's daughter tells Vicky and the member of staff what had happened and AMG agrees that the police should be contacted.

It is arranged that AMG and her daughter will go to the police station on 4 January 1996. They will be met there by a specialist social worker (who has no previous knowledge of the family) to report the allegations to the police. AMG declines the offer of support from a member of KML staff to go with her. AMG is reported as being worried about what will happen if the police can't do anything, and is talking of going round to the houses of the two men herself, and getting her daughter's father also to go to these houses. She agrees to wait and see what happens at the police station.

Later in the day the same member of staff goes back to see AMG. She finds her to be angry and saying that she is going to take an overdose, or go to the areas where the two men live and get them, and does not care about the consequences. Her daughter appears upset about this. AMG is talking about dying and how she wants to die and does not care any more, and the member of staff can take her daughter home with her. Her daughter follows the member of staff out of the room and says that her mother is taking an overdose. The staff member then goes back into the room and checks on AMG who is still saying she wants to die.

The staff member rings AMG's GP - who is now Dr Chattopadhyay - and also the emergency duty team, re taking the daughter into foster care. The GP then comes and discusses the situation with the member of staff present. They only find some antibiotics that AMG had been prescribed and the GP feels that AMG does not have enough drugs to harm herself, and that she will be alright to look after her daughter. AMG at this point refuses to let her daughter go to foster parents.

The emergency duty team is contacted again and informed of the GP's visit and what has transpired. At this point AMG starts to talk again about dying and is told that she has to look after her daughter as she has just refused an offer of going into St Luke's and her daughter going to foster care. At this she calms down and is subdued when the member of staff leaves.

4 JANUARY 1996;
A member of staff goes to see if AMG is out of bed. Having called, there is no reply. AMG is then told by the staff member that she is going to enter the room using a pass key. This she does and finds AMG in bed with her daughter. There is a bowl on the floor, AMG having vomited. When asked how she is, she says that she isn't feeling too well, she says she does not need to talk, and is reminded that she is to attend the police station. She says she will go on her own. It is then agreed that the social worker will come and pick her up.

Later the staff member calls on AMG to talk to her about a housing application she had made. AMG refuses to talk to her and is unco-operative. At 3.00pm AMG, her daughter and a social worker go to the police station, where AMG and her daughter are interviewed, the police officer concerned telling AMG to leave matters to them.

5 JANUARY 1996;
KML staff try to talk to AMG and have to let themselves into her room as she will not answer the door. She is uncommunicative and says that she does not need support on that day or over the weekend (5.1.96 was a Friday), that she is fine and it had been fine yesterday. Her daughter says

she is OK. Sue Erby - who had just returned from holiday - rings to check how things are. She is organising a CPA meeting as soon as possible and feels that there is nothing else that can be done that day, which the staff at KML agree with. AMG's daughter goes to stay with foster parents over the weekend.

Later that day, having drunk two litres of cider, and after some angry brooding, AMG sets out with the purpose of making attacks upon the two men.

She confronts Milton Lawrence first and carries out a vicious attack on him.

Following this attack she returns to KML where she rings a friend and says she has done something terrible. He comes over to see her and they proceed to the home of another man whom she knows well and socialises with, where she proceeds to attack him. At this point the police arrive and AMG is arrested and taken to Huddersfield Police Station.

Despite considerable consumption of alcohol, AMG has always stated that she knew what she was doing at the time of these offences and has a detailed recollection of them.

She has told psychiatrists that she did not intend to kill these two men because they were friends of hers, but she did want to hurt them as she felt extremely angry and let down.

POLICE CUSTODY AND CARE WHILST ON REMAND

In the police cells it is reported that AMG is hostile and paranoid.

6 JANUARY 1996;
AMG seen by the duty police surgeon at 2.30am, who feels that she is fit for detention, and the plan is that later that day the duty psychiatrist and the approved social worker be contacted to enable an assessment of AMG to be carried out, but at that time she is not fit to interview.

At 3.15pm on 6 January 1996 AMG is seen by the social worker, psychiatrist and a female police officer. It is felt that she is fit to be interviewed by the police. She is declining all offers of legal advice, although the seriousness of her situation is outlined to her. Because of her mental state she is put on a 15 minute observation. She is charged with two Section 18 woundings, in that she unlawfully and maliciously wounded these two men, intending to cause them grievous bodily harm.

8 JANUARY 1996;
AMG appears at Huddersfield Magistrates Court and is remanded in custody to New Hall prison until 15 January 1996.

On arrival at New Hall Prison she is found to be suspicious and hostile and will not communicate with staff. She angrily denies any symptoms of mental illness and although she accepts fluids she would not take much food.

Because of her presentation and past history, and the degree of violence used in the two offences, a referral is made to Rampton Hospital, Nottingham.

18 JANUARY 1996;
AMG is seen by Dr Mary Walsh, Consultant Psychiatrist at Rampton Hospital, who reports that all attempts to talk to her or question her are met with shouting or AMG stating that she is 'not mental'. Dr Walsh concludes that AMG is suffering from a psychotic process.

22 JANUARY 1996;
AMG is transferred to Rampton Hospital under Sections 48/49 of the Mental Health Act 1983.

30 JANUARY 1996;
The first of the two men AMG had attacked died in Huddersfield Royal Infirmary. It is reported that on being told this she said 'this changes things'.

4 APRIL 1996;
AMG is transferred back to New Hall prison as her mental state has improved. She is reported as not posing any real management problem. She continues to be abrupt and hostile in attitude.

21 MAY 1996;
AMG is reported as being abrupt and irritable during and after a visit from her daughter. The question as to whether she is mentally ill continues to be raised and there is uncertainty about her fitness to plead, since her attitude and demeanour make it difficult to approach her for a constructive discussion.

29 MAY 1996;
AMG attends Leeds Crown Court. Her solicitor reports that she spent some considerable time - the best part of six hours - locked in the cells. At this court appearance a request is made for further time in order to look into the question of her fitness to plead, and obtain further psychiatric assessment. While at the court AMG suddenly complains of feeling unwell, she seems in a strange manner and rather frightened and states that she thinks the judge is 'taking the piss'.

Over the next two days AMG's mental state undergoes a dramatic deterioration. She states that she is scared of men with guns who want to kill her and staff at the prison suspect that she might be suffering from visual hallucinations. She also expresses concern that her medication might be poisoned and seems fearful that there is a ghost either inside her body or inside her room.

3 JUNE 1996;
In response to an urgent request from staff at New Hall Prison, Dr Walsh and AMG's named nurse from Rampton Hospital visit her. Dr Walsh forms the opinion that AMG has lapsed into florid psychosis caused by stress or physical factors such as the consumption of some illicit substance.

5 JUNE 1996;
AMG is transferred back to Rampton Hospital under Section 48 of the Mental Health Act, 1983.

17 DECEMBER 1996;
AMG appears before His Honour Judge Ognall at Leeds Crown Court, and pleads guilty to killing one man and wounding the other. She is found guilty of manslaughter through diminished responsibility and ordered to be detained under Section 37 of the Mental Health Act, 1983, with restrictions under Section 41 of this Act.

4. THE INTERNAL INQUIRY

An internal inquiry was undertaken by Huddersfield NHS Trust in August 1996, the Panel consisting of internal and external personnel.

The terms of reference for the Internal Inquiry were as follows:-

- to look at the care provided to AMG by relevant agencies and assess the adequacy of this care against her assessed needs
- to examine the operation of the CPA/supervision register with regard to local policies and procedures
- to focus specifically on the assessment and management of risk
- to investigate the flows of relevant information between the agencies involved.

The Internal Inquiry Panel made 11 recommendations to the Trust:-

1. Improved system of record keeping required.
2. Investment in information technology required to improve collection and retrieval of information.
3. Culture shift required to take account of public protection issues/risk assessment.
4. CPA procedures to retain client focus but to include counter-balance of identifying risk/actual dangerousness.
5. CPA documentation to be reviewed to identify areas for improvement.
6. High level risk assessment in place at Castle Hill Unit to be rolled out to all other areas in Mental Health Directorate.
7. Mental Health Directorate to develop a bid to fund a Forensic Community Nurse to undertake 'in-reach' work. This post to act as a filter to help identify those in need of detailed risk assessment.
8. Formal agreement on information sharing between agencies to be established.
9. Policies to obtain relevant information in a timely manner required.
10. National models on current best practice in risk assessment to be sourced. Prediction indicators derived from research to be used in local procedures.
11. Review of supervision and training requirements to be undertaken.

5. KEY ISSUES CONSIDERED BY THE INDEPENDENT INQUIRY PANEL

5.1 INFORMATION

A tremendous amount of information existed, starting with the file relating to the period when AMG was in the care of the local Authority, which contains long and detailed reports of events, concerns and decisions.

Many pieces of information which were available but maybe not easily accessible, were not used at all in planning AMG's care - for example, that contained in AMG's own child care file; some information was available to a single agency but was not routinely shared with others - for example, that held by Probation; and some information was shared with some others but not with everyone involved. In addition, hearsay information was not always followed up and checked thoroughly and/or validated.

Overall, the view of the Panel is that maximum use was not made of the background information held on all agencies files and there was no systematic process for seeking out or sharing available information.

POINTS TO NOTE

- A child psychiatric assessment dated 22 April 1985 described AMG's violent behaviour and predicted offending and further violence in the future.
- Police and Probation records contain details of offending and AMG's previous criminal history, including two offences of violence and several of theft and criminal damage.
- Sue Erby, as AMG's key worker, did not know that AMG had changed GPs after she moved to Kings Mill Lodge. This was particularly significant in view of the important issue of medication - which, after discharge in October 1995, was to be prescribed by the GP.
- Dr Sayer (Consultant Psychiatrist) was not fully aware of AMG's background until after the incident took place.
- The Panel has heard a number of allegations about arson and prostitution, but nobody followed these through.
- The Panel found information about AMG's unsettled behaviour on her return from Grenada and her wish to return there.

5.2 ASSESSMENT

5.2.1 CLINICAL DIAGNOSIS

The first diagnosis of schizophrenia was made in 1993, at the time of AMG's first admission under Section 2 of the Mental Health Act. At that stage it was thought that drugs and alcohol were possibly a trigger.

Clearly there were some difficulties in making a diagnosis but overall it seems to be that schizophrenia was the problem and Dr Sayer treated AMG for a schizophrenic illness during her subsequent admissions to hospital.

During AMG's first year in Rampton, it was suggested by a Psychologist that AMG may have a mild degree of learning disability.

The difficulties in diagnosis are compounded by the fact that AMG didn't, and still doesn't, accept that she suffers from a mental illness. The complexity of the diagnosis has been confirmed by all the reports seen by the Panel. Following her arrest, AMG was seen by a number of Consultant Psychiatrists who had differing opinions about her diagnosis.

There seems little doubt that AMG suffers from an illness called Schizophrenia, which was well enough controlled when she was on medication and in a relatively stress free environment, and that her life history points to enduring personality difficulties. She is liable to breakdown, when without medication, at times of change and possibly under the influence of non-prescribed drugs and excess alcohol. This condition is likely to endure and impact on AMG's future care management.

POINTS TO NOTE

- It was difficult to diagnose AMG because she was difficult to engage.
- Even when diagnosed, AMG was resistant and non-compliant.
- The controversy around AMG's diagnosis is still ongoing.

5.2.2 LIFESTYLE

No comprehensive social history was taken which would have made an important contribution towards understanding AMG's behaviour as an adult.

Her mental health career has to be seen in the context of how she lived her life - which was chaotic.

She was a woman with a psychiatric illness, but also a woman who collided with police, probation and child care services because of her persistent offending behaviour and continuing concerns about her ability to care for her daughter.

There were 39 referrals to the child care team regarding AMG and her daughter during a period of 5½ years, often because she needed money for child care or alcohol, which highlighted her chaotic lifestyle.

AMG had difficulty in making meaningful relationships in general from an early age. This continued to be a major problem for her throughout her

adult life.

Although she had extensive contact with professionals there are still some areas of her life about which we have very little information. She was reluctant to make meaningful relationships with professionals and any relationships had to be on her terms. It appears that AMG did not want professionals to know about her personal life - she chose to isolate herself. She was a very private person and that made it very difficult for professionals to find out anything about her other than when she was being directly observed - she saw any attempts by professionals to gather information about her as interfering. This therefore made it even more important for agencies to share what information they had.

Professionals were concerned not to 'push her too far' for fear of her refusing contact altogether.

There was a limited range of approaches used with AMG and there was no general agreement what to do when AMG failed to comply with aspects of the care plan.

The philosophy underpinning the care plan was to maintain contact with AMG almost at all costs and that underpinned the approach taken by all professionals.

However, the Panel found no evidence of consideration being given to adopting an alternative approach to tackling key issues, and in hindsight it may have been appropriate to have tried different approaches. For example, staff could have been more persistent and systematic about asking AMG questions concerning compliance with medication (reflecting the importance of this to her treatment) and taking a risk that she may withdraw from contact with professionals.

POINTS TO NOTE

- AMG's difficulty in adjusting to life in England at a young age and wanting to return to Grenada.
- AMG was part of an unstable family with domestic violence and suspicion of an inappropriate relationship between AMG's father and his daughters.
- The readiness with which professionals accepted at face value what AMG said because to not do so may compromise future contact. This point was notably demonstrated at the time when AMG abandoned her daughter in August 1993, and when plans were being made regarding AMG's discharge from hospital in October 1995.

5.2.3 ASSESSMENT OF RISK

Indicators of concern were known by professionals involved with AMG's care but were not used collectively as part of a formal risk assessment. Such indicators include alcohol use, history of violence, illicit drug use, arson, paranoia and non-compliance with prescribed medication. The importance of these indicators was recognised by some people but there was no systematic evaluation and neither was there a collaborative treatment response. As a consequence there is very little evidence that

these indicators contributed to the consideration of putting AMG on the supervision register, or influencing any other part of her care plan. Again there seems to have been a fear amongst workers that if they probed these issues with AMG she would refuse contact with them completely.

Although professionals' concerns about AMG refusing contact were well founded, there was perhaps an over emphasis on this approach and an absence of triggers which would indicate that action should be taken either to protect AMG's daughter from emotional damage, or provide AMG with the psychiatric care to which she was in need.

Although Probation undertook a systematic risk screening this was only based on the information they held themselves. If all the information relevant to AMG had been used collectively and the current approach to risk assessment had then been in place, AMG would have met the highest category and a different response would have applied.

It falls outside the remit of this inquiry to examine child protection issues, but it is not clear to the Panel why a child protection case conference was not called.

POINTS TO NOTE

- A number of professionals clearly recognised that they needed to communicate with each other, which they did on a one-to-one basis.
- It is hard for the Panel to see why professionals did not see the need to call a full joint conference to systematically assess risk.
- Staff at that time felt that there was no point in putting AMG on the Supervision Register because doing so would not have enhanced the care she was already receiving.

5.2.4 CARE PLAN

A significant amount of resource was directed towards supporting AMG. The people involved in her care were qualified and experienced workers and seemed to have respect for each other. Professionals knew that each other were involved and their respective roles and responsibilities, but the Panel could not find any evidence that the objectives of all the different agencies involved were formally discussed collectively in a joint meeting with everyone present. There was a series of individual staff having individual inputs which did not make a co-ordinated package. This is highlighted by the fact that there are details of how often various professionals involved should have contact with AMG, but no details of the aims of that contact.

There is no evidence that a need had been identified where there was no financial resource available to meet it. Financial resources in no way affected the care plan.

Sue Erby was chosen as key worker because she was a good communicator, so it was recognised that in a complex care plan communication was very important. There is considerable evidence that Sue Erby took her role as key worker very seriously and made substantial efforts to maintain contact with individual workers.

It was recognised throughout AMG's contact with the specialist mental health services that medication was an important element in her treatment and care. There was a general awareness of AMG's dislike of taking medication, her concerns about side effects, and a history of non-compliance. Even in this context, medication does not feature in any care plan for AMG.

Where medication is deemed to be an important feature of a patient's management plan, responsibility for prescribing and monitoring has to be a key feature in that plan.

There are many references throughout the case files to the use of alcohol. Illicit drugs and alcohol are frequently linked with incidences of violence, irresponsible behaviour and bad parenting. Specifically in AMG's case, theft, robbery and abandonment are all associated with her consumption of alcohol. AMG's daughter is also recorded as saying that her mother drank and she wasn't sure about being returned to her mother's care because she became difficult when she had been drinking.

There is no reference in the care plans to arrangements for the monitoring of alcohol or drug consumption, neither does there appear to be a systematic attempt to evaluate the importance of alcohol or illicit drug use in the assessment of AMG's needs or risk to her daughter.

Although the staff involved with AMG were a skilled team of professionals their progress in tackling AMG's problems was slow, and this is compounded by a number of examples of professionals withdrawing: Hazel Day ceased contact with AMG as she felt she was making no progress with her, and just prior to the incident Sue Erby was considering ceasing her involvement.

By many workers there was an uncritical acceptance of AMG's reassurances about changes she was going to make in her behaviour. When the child care social worker raised with AMG concerns about her alcohol consumption and the role of alcohol in relation to her continuing to care for her daughter, she simply replied "I'll stop drinking then". Similarly, medication was identified as an important part of the care plan and professionals very readily accepted AMG's assurances that she was regularly taking her medication. In both instances there was no evidence of consistent monitoring of these important elements of her care plan.

The Panel, in reviewing the chronology, note that the last specialist mental health professional contact with AMG was on 7.12.95. From that date her contact was with professional staff other than specialist mental health workers, in spite of her care plan saying she should be visited on a fortnightly basis by her key worker and have weekly contact with the child care social worker. There is no evidence to suggest that the timetable of contact as outlined in the care plan of 3.10.95 was complied with beyond 7.12.95.

POINTS TO NOTE

- Did the consumption of alcohol by AMG ever feature in the consideration of holding a child protection case conference?
- The care plans seem to have focused on monitoring rather than action

to be taken. There were no clear parameters to the care plans, there were no clear monitoring arrangements and it was not clear what the consequences would be if conditions were breached.

- A lot of people were involved in AMG's care but they did not all simultaneously attend joint planning meetings.
- The GP was not part of the care planning arrangements and had no level of awareness of his role in CPA.

The Panel feels these points simply highlight the difficulty faced by all mental health organisations in enforcing treatment in the community.

5.3 FACTORS OF SIGNIFICANCE DECEMBER 95 - JANUARY 96

- AMG was starting to withdraw from contact with Sue Erby, which Sue felt was because she had been involved in a previous compulsory admission to hospital. Consideration was being given to a change of key worker because of Sue Erby's perception that her relationship with AMG was deteriorating.
- AMG had no contact with mental health specialists (except the outreach team) after 7.12.95, and prior to the offence.
- On 3.1.96 AMG told staff at KML of the allegation made by her daughter.
- AMG was drinking and making threats to kill herself and harm others.
- The GP who was asked to visit AMG at KML on 3.1.96 did not know her and had little background information, so he could not connect this event with any previous incidents. A more comprehensive assessment could have been carried out if a specialist crisis response team had existed.
- The brief assessment undertaken by the GP led him to believe AMG was not a risk to herself but no consideration was given to the risk she presented to others.
- In 1993 AMG committed a violent attack on a man whom she knew well and socialised with, and when questioned by the police she referred to her daughter's allegation concerning the conduct of the man.
- On 4.1.96 AMG's daughter made similar allegations to those made in 1993, concerning the conduct of the same man. AMG and her daughter were accompanied to the police station by a specially trained social worker to report these allegations to the police. Neither the police or the social worker had detailed knowledge of AMG. The daughter's allegation was very much seen from a child care perspective.
- ***The police were aware of this information at the time of the interview, but the significance of these two sets of circumstances does not seem to have been recognised.***

The Panel formed a view that in identifying these significant factors professionals did not make a link between issues resulting from child care investigations and how this might impact on AMG in the context of her mental health needs. Because of her general demeanour on the day, the police did warn AMG not to take matters into her own hands.

6. COLLABORATION

Significant efforts have been made in the Health and Local Authority areas to develop a strong culture of service delivery based on integrated teams and integrated policies. This has inevitably brought many benefits to service users through consistent approaches and access to a greater pool of skill and expertise.

The translation of policy into procedure and then into practice is an ongoing process. At the time of the incident there was a general awareness by individuals of working together and sharing information. All agencies in this process need to have safeguards which ensure this enhances their multi-disciplinary working. The translation of policy into practice needs to be well integrated into all organisations.

There was (and is) a desire to work collaboratively across all agencies. For example, in response to increasing concerns about AMG's mental health, Sue Erby requested an assessment by Dr Sayer, who came promptly.

A number of indications led the Panel to note that people wanted to collaborate and health and social services worked closely together, but probation, child care and KML staff also needed to be part of the approach.

There was evidence of good collaboration and mutual respect between individual workers which enhanced the care provided.

Evidence from the crisis provoked by the fire leading to a domiciliary assessment by Dr Sayer does demonstrate awareness of and willingness to respond in a crisis.

However, there are examples of poor collaboration and communication, as highlighted by the following:-

- There was no care planning meeting at which all professional involved in AMG's care were present.
- Individual professionals' concerns about alcohol use by AMG were not reflected in a joint care plan.
- There was no evidence of contact between the GP practices at the time of AMG's transfer; this was simply an administrative arrangement.

The panel noted that Sue Erby was a part time worker. This was described as part of a job share arrangement, however, there were no obvious arrangements to provide cover in her absence on annual leave and in particular during her extended leave period over December 95/January 96.

The Probation service risk screening scored AMG as low risk so full multi-disciplinary risk assessment proceedings were not triggered. Had all the information held by other agencies been shared and/or sought out and used in the risk screening, undoubtedly she would have been scored as high risk, therefore triggering full risk assessment proceedings.

7. EQUAL OPPORTUNITIES

7.1 ETHNICITY

It was inevitable that during this Inquiry the Panel would consider the relevance of ethnicity. A holistic approach to AMG's care, in our opinion, could not be achieved if due attention was not given to AMG's ethnic origins.

Misrepresentation, social exclusion, inaccurate analysis and insensitivity are commonplace in organisational and individual responses where ethnicity is not properly considered.

From an early age AMG experienced harassment because of her colour and size. Professionals were very aware of AMG's ethnic origin and were aware of how other people could perceive her. However, there is limited evidence in the care plan of any possible response to this aspect of AMG's presentation.

This undoubtedly continued to be important throughout her life and AMG frequently saw herself in minority or underprivileged terms - her blackness, size and behaviour pattern - drinking, aggression, psychotic withdrawal - set her apart.

POINTS TO NOTE

- It was difficult to find evidence of how AMG's care plan benefited from any local orientation to ethnicity issues.
- AMG was one of only three black Caribbean women admitted to the mental health service in Huddersfield in 1995/96.
- The African-Caribbean social centre was unlikely to have met AMG's needs because of her difficulty in forming friendships.

7.2 GENDER

This inquiry focused on a very serious incident - homicide - committed by a black female African Caribbean patient with a history of mental ill health. This particular set of characteristics together are very unusual. Looking beyond that, we also found that she was a woman with numerous previous convictions, including Section 18 wounding, and who was involved in a number of other serious incidents which were not fully investigated. Given the nature and frequency of her previous convictions, it is interesting to note that she avoided custodial sentences.

Many professionals saw AMG as being a victim herself because of her size and colour. There seemed to be a high level of awareness not to stereotype AMG which may have led to minimising the potential for her to be seen as an aggressor herself.

POINTS TO NOTE

- It may be of significance that AMG was a single parent providing sole care for her daughter.
- The Panel feel that the overall approach to AMG's care would have been different, given the risks and concerns, had AMG been a man.
- Incidents of this nature are rarely committed by females.

8. RESPONSE TO THE INTERNAL INQUIRY

8.1 OVERVIEW

An internal inquiry team was established by the relevant agencies in 1996. It's membership was:-

Professor Mohamed Zairi, Non Executive Director, Huddersfield NHS Trust

Mr Chris Slavin, Director of Mental Health Services, Huddersfield NHS Trust

Mr Les Moss, Divisional Chief Probation Officer for Kirklees, West Yorkshire Probation Service

Mr Ian Donaldson, Senior Manager, Social Services, Kirklees Metropolitan Council

A report was eventually produced by the team with a recommendation that action be taken on 10 key points. This report was presented to the Chairman and Board of Directors of Huddersfield NHS Trust in June 1997. A verbal report on the internal inquiry report was provided to the Board in November 1997 and a further written report was presented to the Trust Board in May 1998. This written report recorded progress made on the original recommendations.

Within the Trust, the day to day management of the internal inquiry report was handled by the Director of Mental Health Services and the Chief Executive monitoring the progress at regular briefing meetings. The Chief Executive was responsible for briefing the Chairman of the Board.

In June 1997, the post of Director of Mental Health Services was included in the membership of the Trust Board and subsequently the Trust Board of Directors.

POINTS TO NOTE

- There was a time lapse of 18 months from the incident to the production of a very limited internal inquiry report.
- The internal inquiry team met on only 2 occasions and the majority of evidence was written material.
- The Independent Inquiry Panel experienced difficulty in matching the recommendations of the internal inquiry with their terms of reference.

8.2 CARE PLANNING AND CARE DELIVERY

8.2.1 TEAMS/STRUCTURES

In the period since 1996 significantly stronger links have been developed between the mental health division of Huddersfield NHS Trust and the social services and criminal justice agencies. This is demonstrated through training (which is much more in the forefront of the minds of staff who are now working hard to implement it effectively), and through the appointment of a Director of Mental Health Services who has also been given a seat on the Trust Board. There is now 'on the ground' a much stronger vision about individual organisations' roles and the part they play in delivering multi-agency care into localities. There is increasing evidence of the involvement of doctors and clinicians in the management of services and some attempts have been made by the Trust to develop service and academic links to develop practice.

The continuing care teams have in the past received additional resources but even with this increased capacity they are not able to provide a service for the entire population of the district who have enduring mental health needs. It was noted that a number of people with continuing ill health were still under the care of the acute team.

This gives rise to concern because of the competing demands on this team to meet the needs of these people and the large number of referrals from primary care.

Although in some respects the teams are integrated, difficulties still arise because of differing social work and CPN team structures. Specific examples are concerned with issues of staff supervision and caseload management.

8.2.2 MEDICAL RECORDS

In 1995 medical records were of poor quality and difficult to access. They were mixed with general hospital notes and there was no clear distinction between in patient and out patient records. They were non-sequential, untidy and not signed.

The Trust has now made the decision that the Mental Health Service should have separate records, however it has taken two years to come to this decision.

Records on the Castle Hill Unit were examined and whilst they were separate and well organised they were quite complex. Some parts of the records examined by the Panel were not complete or up to date - perhaps because of their complexity. The move to use the Castle Hill record as the standard is unlikely to be successful as it is too detailed, not quick to access/enter records, applies to a highly selected population and is not friendly to acute ward timescales.

The Panel had a random view of notes on Wards 1 & 2 at St Luke's Hospital, which showed an already higher standard of record keeping.

POINT TO NOTE

- The Panel does not understand why mental health records were part of the general medical records of the Trust in the first instance and wonders why it has taken so long for agreement to be reached to separate out mental health records.

8.3 RISK ASSESSMENT AND MANAGEMENT

Local organisations had identified risk assessment as an important development area and management of the organisations had made considerable investment to address the concerns.

The panel noted a high level of awareness amongst operational staff of the importance of risk assessment.

Health and Social Services have invested heavily in a joint training programme and to date 230 staff have attended. The training programme is based on a model developed by the University of Manchester - 'Learning Materials on Mental Health - Risk Assessment'.

If the model of risk assessment currently being developed within the Trust had been available at the time when AMG was in care she would undoubtedly have been regarded as a high risk patient.

Having identified someone as high risk all agencies have to ensure that working practices are reviewed to ensure effective translation of the results of risk assessment into an agreed risk management plan.

The overall approach of local organisations to the supervision register has changed since this incident took place. The change is that inclusion on the supervision register is an indicator of a degree of risk. A supervision register panel has been established to scrutinise the case management of individuals whose names are included on the register, and a number of people talked positively about the work of this panel.

The independent inquiry panel was unable to observe or test out the robustness of any risk management approaches put in place since this incident. They believe, however, that the supervision register panel is making an important contribution to the overall development of a risk management culture.

8.4 INTERAGENCY COLLABORATION AND COMMUNICATION

One of the greatest contradictions the Panel came across was the culture of blame. Over a period of a few months the Panel was regularly exposed to exaltations of cross-agency collaboration, joint working on policy and service delivery, jointly shared objectives etc. However, in the relative security of an interview room behind closed doors and in the absence of other local players able to contradict, the Panel was surprised to hear the organisations most closely involved in AMG's care say that they thought their working practices were satisfactory, but then point us in the direction of other organisations whose working practices they thought were at fault.

9. DEVELOPMENTS WITHIN THE HUDDERSFIELD NHS TRUST MENTAL HEALTH SERVICE SINCE THE INTERNAL INQUIRY

RECORD KEEPING

- Staff have received training in record keeping - both nursing and medical.
- There is a commitment by the Trust to regular audit being undertaken.
- The Trust Medical Records Group have approved the creation of a separate mental health record which is being taken forward in parallel with the introduction of a new information system.
- Integrated records on the Castle Hill Unit have been introduced.
- New confidentiality guidelines have been introduced.

INFORMATION TECHNOLOGY

- The Trust has made major investment in a new Mental Health Information System which is presently being rolled out, and which has anticipated the National IM&T strategy (24 hour multi-user access, clinically led, etc). This system is now partly in use within Old Age Psychiatry.
- The Trust is contributing to the National Mental Health System Reference User Group.
- A staff IT training programme has commenced.

CULTURE SHIFT/TRAINING

- Mental Health Act refresher training has been undertaken.
- Risk assessment/risk management training has been undertaken.
- Supervision Register training for all key workers has been undertaken.
- External audit commended the comprehensiveness of the mental health approach to risk management.
- Two new Forensic Psychiatrist posts have been advertised with an anticipated commencement date of 1 February 1999, with a strong emphasis on the development of community based forensic psychiatry.

PROCESSES

- The CPA paperwork has been changed - there are now four levels with prompts on risk at all stages.

- The Castle Hill risk assessment approach has been assimilated by others.
- A new managerial appointment has been made to co-ordinate CPA/Care Management with the lead on CPA.
- SSI inspection of arrangements for Care Programme Approach/Care Management undertaken in April 1998 and published in September 1998.

STAFFING

- The middle and senior management of mental health services has changed since the internal inquiry.
- Seven new 'H' Grades have been appointed to strengthen nurse management and clinical supervision across mental health services.
- The Director of Mental Health Services is involved in conjunction with the Trust Medical Director in annual job plan reviews for Consultant Medical Staff.
- Four additional CPNs have been appointed to the Continuing Care service with a further two Social Workers also to be appointed (funding now agreed).
- The development of an assertive outreach service through an allocation of £46,000 has commenced.

ORGANISATION

- Stronger links have been developed with Social Services through a stronger Mental Health and Learning Disabilities Management Board structure.
- Sub-directorate structure now engages consultants and other clinicians more directly and more meaningfully in the management of mental health services.
- Wider networking with external organisations has been developed (eg. Prestwich/Wakefield Regional Secure Unit, Huddersfield University), and two members of staff have been given three month project secondments to benchmark best practice across the UK in both adult and old age psychiatry.

10. RECOMMENDATIONS

1. That the Health Authority, Trust and Local Authority should review the role and function of both community mental health teams and continuing care teams as part of their strategic planning roles.
2. Local agencies should consider whether or not it is necessary to make improvements to the existing arrangements for providing a service out of office hours.
3. The Health Authority should clarify its expectations about GP involvement in care planning meetings.
4. The Trust should urgently review its system(s) of clinical risk assessment and ensure that whatever approach is adopted it is user friendly, simple to operate and is part of the culture of the organisation and its total approach to managing risk and improving the quality of patient care.
5. The revised programme of training in risk assessment, already started on a multi-agency basis, should be accelerated to achieve the cultural/ organisational shift which is clearly required within health and social care agencies.
6. The system of casework supervision should be explored further by the Trust and the Local Authority to ensure that all care professionals have access to a supportive and supervisory regime.
7. The system for case allocation should be reviewed to ensure the needs of black female clients are better served.
8. The Trust should make rapid progress towards creating an acceptable and dedicated mental health record which contains reports/interventions from all health care professionals.
9. The Trust Board should review the way it responds to critical incidents, and how it establishes formal reporting arrangements in such matters.
10. Information, especially in complex cases, should always be routinely shared with all agencies involved.
11. The role of the GP in managing certain aspects, especially prescribing, of the care of a non-compliant and complex mental health case should be reviewed and jointly agreed between the Health Authority, the Trust and Primary Care services.
12. Criminal justice agencies should review their policies for sharing and seeking out information in complex mental health cases, to ensure full and accurate risk screening.
13. Every effort must be exercised by agencies to utilise all information that is available to assist in the compilation of a social history for people with complex needs.
14. As a matter of routine, assessment of the level of alcohol and drug use experienced by a patient should be considered. When it is identified as a relevant factor it should be incorporated in care planning, monitoring and review arrangements.

15. Case conferences should be regarded as an important aspect of an organisation's approach to managing risk, and therefore the attendance of all professionals involved should be given high priority.

16. Care plans should always include specific arrangements which are capable of being monitored. They also need to detail how any deviation from the care plan might be managed.

17. The Specialist Mental Health Services should review the range of approaches employed in engaging with non-compliant patients in the context of 'Keys to Engagement', a report by the Sainsbury Centre for Mental Health (1998).

APPENDIX A

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RECORDS

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Partnership strategy for mentally disordered offenders

Care programme for people with mental illness in Huddersfield, 1993

Kings Mill Lodge Service Agreement

Ethnic Mental Health Project "Positive Steps" report - Huddersfield Trust/ Kirklees Council/Concern for Mental Health

Joint agency 'When Things Go Wrong' policy (untoward incidents)

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The three-tiered care programme approach

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Review of Mental Health Services - Summary report/action plan/ detailed report

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Mental Health Act ethnicity figures

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Medication, Non-compliance and Mentally Disordered Offenders, The Zito Trust

Learning the Lessons, 2nd Ed., July 96, The Zito Trust

NHSE Northern & Yorkshire; Independent Inquiries under HSG(94)27 - Advice to Health Authorities

APPENDIX B

PERSONS INTERVIEWED BY THE INDEPENDENT INQUIRY PANEL

Rachel Adcock	South West Community Mental Health Team
Julie Ashton	Senior Probation Officer, West Yorkshire Probation Service
Mike Ball	Social Worker
Jo-Anne Bilney	Probation Officer
Shelley Black	West Yorkshire Housing Association (Manager of KML)
Myra Briggs	Social Worker, Rampton Hospital
Vicky Brooke	Child Care Social Worker
Rachel Brown*	Care Programme Liaison Officer
Dr Chattopadhyay	GP
Thelma Cowling	South West Community Mental Health Team
Margaret Cross	South West Community Mental Health Team
Patrick Darkwa	Manager, South West Community Mental Health Team
Hazel Day	Community Psychiatric Nurse (CPN)
Brian Dent*	Detective Inspector, Huddersfield Police
Sheila Dent	Forensic and Learning Disability Services Manager
Ian Donaldson	Senior Manager, Social Services
Theresa Donoghue	Step-Daughter of Milton Lawrence
Anne Dyson	Clinical Manager, Ward 2, St Luke's Hospital
Sue Erby	Social Worker (Key Worker)
Dr Easton*	Consultant Psychiatrist, St Luke's Hospital
Alfina Gabriel	
Dr Hamilton	Consultant Psychiatrist, Rampton Hospital
Dr S M Handa	GP (up to Nov 95)
Rita Handley	Ward Manager, Rampton Hospital
Peter Hill	General Manager, Mental Health Directorate, SLH
Joe Hodgson	Leader, North East Community Mental Health Team
Cherry Hunter	Chief Officer, Huddersfield Community Health Council
Eva Lambert*	Chief Exec, Huddersfield Trust (until December 96)

Ann Littlewood*	Mental Health Nurse Mgr, St Luke's Hospital
Sarah Long	Clinical Manager, Ward 1, St Luke's Hospital
Les Moss	Assistant Chief Probation Officer
Johannah Nazil	Unit Manager, Wards 1 & 2, St Luke's Hospital
Carol Pickett*	Kings Mill Lodge worker
Dr Pratt	Clinical Psychologist, Rampton Hospital
Martyn Pritchard*	Healthcare Purchasing Manager, West Yorkshire Health Authority
Mandy Roberts	Team Leader, Rampton Hospital
Dr Helen Sayer	Consultant Psychiatrist, St Luke's Hospital
Chris Slavin	Dir. of Mental Health Services, Huddersfield Trust (from Jan 96)
Philip Walker	Child Protection Officer (West Yorkshire Police)
Dr Walsh	Responsible Medical Officer, Rampton Hospital
Gary Ward	Castle Hill worker
Diane Whittingham	Chief Executive, Huddersfield Trust (from April 97)
Helen Wilson	South West Community Mental Health Team
Lyn Woodcock	South West Community Mental Health Team
Judith Young*	Director of Healthcare Purchasing, West Yorkshire Health Authority

* TITLES AS AT THE TIME OF THE INCIDENT

APPENDIX C

GLOSSARY

(TERMS IN ORDER OF APPEARANCE IN REPORT)

Kings Mill Lodge (KML)	Supported living accommodation for people with mental health problems, providing a stepping stone to other permanent accommodation
Storthes Hall	Large psychiatric hospital which closed in 1991
Section 29 (Mental Health Act, 1959)	Allows for 72 hour detention on the recommendation of 1 doctor and a social worker
Section 2 (Mental Health Act, 1983)	Allows for detention for assessment for up to 28 days on the recommendation of 2 doctors and a social worker
BD	Twice daily
PRN	When required
Haloperidol Clopixol	Anti-psychotic drugs used in the treatment of schizophrenia
Mane	In the morning
Nocte	In the evening
Lorazepam	Minor tranquilliser used in short term treatment of disturbed behaviour
TDS	Three times daily
Section 3 (Mental Health Act, 1983)	Detention in hospital for treatment for up to 6 months on the recommendation of 2 doctors and a social worker
Trifluoperazine	Anti-psychotic drug used in the treatment of schizophrenia
Depot	A method of administering anti-psychotic drugs to give a long acting effect
Section 5 (2) (Mental Health Act, 1983)	Detention in hospital for up to 72 hours, on the recommendation of a doctor, of a patient already in hospital on a voluntary basis.
Stat.	To be taken/given immediately.
Depixol	Anti-psychotic drug, often given as a depot preparation

IM	Intra-muscular (injections)
Section 18 (Offences Against the Person Act, 1861)	Wounding with intent to do grievous bodily harm
Sections 48/49 (Mental Health Act, 1983)	Allow transfer of a remand prisoner from prison to hospital for treatment
Sections 37/41 (Mental Health Act, 1983)	Hospital treatment order made by the Court which can only be discharged by the Home Secretary or a Mental Health Review Tribunal

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