REPORT OF THE INQUIRY

INTO THE CARE

AND TREATMENT OF

MR JOHN PICCOLO

A report commissioned by
North Essex Health Authority

Margaret Bowron
Michael Clarke
Bridgett Ledbury

INDEX

TERMS OF REFERENCE

1. To examine and review the report of the Internal Inquiry of Mid Essex Community and Mental Health NHS Trust including:-

i. The quality and scope of Mr Piccolo's health and risk assessments

ii. The appropriateness of his care, treatment and supervision having regard to:

   (a) His assessed health and social care needs

   (b) His risk assessment of potential harm to other

   (c) Any previous psychiatric history

   (d) The nature, extent and relevance of any previous criminal involvement or convictions known

iii. The extent to which his care corresponded with statutory obligations, in particular the Mental Health Act 1983, and relevant guidance from the Department of Health (including Care Programme Approach HC(90)23, LASSL(90)11, Discharge Guidance HSG(94)27 and local operational policies).

2. To examine the inter-agency relationships in this case, together with the links between the GP and secondary psychiatric services.

3. To produce a report and to make recommendations to North Essex Health Authority

MEMBERSHIP OF THE INQUIRY PANEL

Margaret Bowron, Chairman, Barrister and Recorder of the Crown Court

Michael Clarke, Consultant Psychiatrist, East and North Herts NHS Trust

Bridgett Ledbury, Clinical Services Leader- Adult Services, Ealing, Hammersmith and Fulham NHS Mental Health Trust

FOREWORD

The Panel would wish to stress at the outset of this Report that it is very apparent that the family of Mr Piccolo were enormously supportive of him throughout the difficult period when he became unwell. The fact that events turned out so tragically for the whole family and for others was not in any way the result of any lack of care and concern on their part and they have nothing to reproach themselves for.

INTRODUCTION

1. John Piccolo was born on 4th January 1947, the son of Guiseppe and Maisie Piccolo. As an adult he married and had a number of relationships. He had three adult children, John, Darren and Lisa by his marriage to his first wife and three younger children, by his relationship with his new partner. In November 1987, there was a serious incident during the course of which Mr Piccolo was shot and severely injured, one man received a prison sentence arising out of the incident. This event made Mr Piccolo understandably concerned about his personal safety and may account for his later possession of a shotgun and handgun, which will be returned to in due course.

2. In 1993, his parents purchased a farm, Freedom Farm, Dallinghoo, Suffolk where John Piccolo lived, breeding horses and trading in used cars. Shortly after the purchase of the farm, John Piccolo started a relationship with Jane Smith, a young lady who had children of her own. It was by all accounts a somewhat stormy relationship and, in the summer of 1997, Jane Smith finally ended it and started a new relationship with a younger man, Martyn Cass. John Piccolo was reportedly devastated by her rejection and all those who were close to him date his emotional and psychological change from this time. Coincidentally, he fell from his horse on 26th August 1997 but his injuries were restricted to a cut to the back of his scalp. There is nothing to suggest that he sustained any brain damage in this fall. On 22nd September 1997 Jane Smith made a statement to the police alleging harassment against John Piccolo.

3. At Christmas 1997, the Piccolo family were generally concerned about Mr Piccolo's mental condition in that he was obsessed with his former partner and seemed depressed, contrary to his usual "happy go lucky" self. He was low and preoccupied, not joining in with the family festivities.

4. The medical services first became involved in February when John Piccolo consulted a General Practitioner, Dr Littler, on the 23rd of that month. He was prescribed anti-depressant medication, paroxetine for 30 days. On 2nd March 1998, he saw his own General Practitioner, Dr Andrew Hildrey, whose surgery is at Finchingfield, Essex; Mr Piccolo had never registered with a doctor in Suffolk. Dr Hildrey prescribed Temazepam (a sleeping tablet) and venlafaxine (another antidepressant) noting that he continued to suffer from agitated depression. He continued to visit the General Practitioners' practice until 12th May with, perhaps, a little improvement in his condition and Dr Hildrey, who had known him as a patient for many years, felt that his care could properly be handled by himself.

5. On 20th May 1998, Mr Piccolo became involved in an altercation with Jane Smith that resulted in a car chase between him and the police, leading to a member of the public being injured. He was charged with harassment and dangerous driving. He consulted Dr Hildrey again on 4th June, 8th June and 15th June and, on the last occasion, it was agreed that Mr Piccolo should be referred to a psychiatrist. Dr Hildrey made two referrals, one to Dr Neil Coxhead, consultant psychiatrist then based at the Linden Centre, Broomfield, Chelmsford and one to the Community team of the Braintree Rural Community Mental Health NHS Team saying that "he has improved somewhat but has reached a plateau". The latter, through Mr Martin Green, community psychiatric nurse, offered an appointment for 25th June but that was not received as the address given was incorrect.

6. Mr Piccolo attended remand hearings at the Magistrates' Court on 26th June, 10th and 24th July, on which day he also had the rescheduled appointment with Mr Green. There was a somewhat snatched meeting during which Mr Piccolo was eating his lunch prior to returning to Court. Mr Green formed the opinion that the level of anxiety and agitation being displayed seemed greater than one would expect from the situation and, on the Risk Assessment Form (CPA3), noted that Mr Piccolo was a danger to others, giving as the reason "the previous history of criminal offences". He concluded that an appointment with a psychiatrist was appropriate and sought to expedite the same. He also referred Mr Piccolo to Mr Oliver Shanley, clinical nurse specialist and team leader of the Mid Essex Criminal Justice Mental Health Team, considering that his forensic expertise made him the most suitable practitioner to assess Mr Piccolo. Mr Green became the interim care coordinator under the Mid Essex CPA policy, a role which he never relinquished.

7. On 6th August, Mr Shanley and Dr Swarna, clinical assistant at the Linden Centre, Chelmsford, conducted a joint interview of Mr Piccolo which was short and was terminated because of his high anxiety.

8. On 10th August, Mr Piccolo was seen jointly by Mr Shanley and Ms Rene Plen, sessional probation officer with Essex Probation Service, a probation report having been commissioned by the Magistrates' Court. Both professionals considered that he was depressed, that he had thought about suicide and that a custodial sentence would cause a deterioration in his mental state. They commented on the allegations of Jane Smith and noted his denial and minimisation of these. Rene Plen felt that it was difficult to estimate the likely risk of further occurrences. They both felt that a full psychiatric report by a general psychiatrist would help the Court and each made a

formal recommendation to the Court that the case be adjourned pending preparation of such a report. That course was adopted by the Court on 19th August. Mr Shanley also spoke to Dr Coxhead about the case. An appointment was made for Mr Piccolo to see Dr Coxhead on 11th September.

9. Mr Piccolo was reluctant to take the antidepressants which had been prescribed and this was of concern to Dr Swarna who saw him on a weekly basis after their first meeting on 6th August. His family were aware that he was becoming increasingly obsessive with them and with friends about insignificant events. In early September, he was becoming paranoid believing that his children, in particular Lisa and Darren, had turned against him (which, having heard the evidence, was patently not the case on their part). Mr Piccolo was concerned about his medication and attempted to speak to Dr Swarna without success. She also tried but failed to reach him by telephone but on 1st September his mother told us that he telephoned the Linden Centre and was advised that he should halve his medication. No record of this conversation was made or apparently made known to the doctors (Again, having heard all of the evidence, the Panel concluded that it was unlikely that a medical secretary had given such advice and that this was a misunderstanding on Mrs Piccolo's behalf). On 3rd September, Dr Swarna discussed Mr Piccolo's condition with Dr Coxhead, and for the first time Dr Swarna became aware of Jane Smith's allegations of harassment and the previous convictions.

10. Over the weekend of 5th /6th September, Mr Piccolo's behaviour became more bizarre, for example, he spent many hours on the telephone to his old friend, Mr Ron Wheal, discussing interminably whether he should have his straw baled in small or large bales. He recorded a conversation with his son Darren which he was convinced demonstrated that his son was against him whereas it, apparently, did not. Mr Ben Collins, another long standing friend comments that in this period he had never known Mr Piccolo to be so depressed.

11. On 9th September 1998, Mr Piccolo, plainly having deteriorated dramatically and catastrophically, embarked upon a course of devastating behaviour resulting in two deaths and two serious woundings. First, he shot and seriously injured his son, Darren, at Freedom Farm and then he went to Jane Smith and Martyn Cass' home where he fatally wounded Mr Cass and injured Jane Smith with a shot gun. The next day a police hunt led to Mr Piccolo being cornered in his car at Ingatestone. He shot himself with a handgun and, despite attempts to revive him, he died on 11th September.

12. Part of our terms of reference has been to assess the efficacy or otherwise of the Internal Inquiry. We have done that by an examination of the evidence that we have heard together with careful scrutiny of the Internal Inquiry report itself.

13. It was plain to us that all of the professionals involved in the care and treatment of Mr Piccolo during the short period of February to September 1998 were dedicated and hard working, but, in so far as we have found areas where either the individuals concerned, or the system within which they were working ,fell below the appropriate standard, then we have sought to draw attention to those deficiencies in the hope and expectation that lessons can be learned from tragedies such as this one. We have sought to be particularly careful to avoid being wise with hindsight.

14. Members of the family of Mr Piccolo gave evidence before us and the closeness of the family and the effects of the sad events of 1998 were very apparent. Whilst we did not hear from any member of Mr Cass' family, they were aware of our Inquiry but declined the invitation to attend. The aftermath of the shootings of 9th September will never be forgotten by those intimately involved but that is not to say that it is easy or even possible to ascribe a reason or reasons as to why they happened or to conclude that, had the care and treatment of Mr Piccolo been different, that they would necessarily not have happened.

15. We conducted oral hearings over two full days and one half day and found that all of those who appeared before us were anxious to assist and be frank in what they told us. We attempted to analyse the contemporaneous documentation especially in so far as the oral evidence appeared to contradict it or there were discrepancies between the witnesses. In endeavouring to ensure that the Inquiry was fair and balanced in its approach, we were greatly assisted by the presence of independent Counsel to the Inquiry who supplemented and complemented the questioning of us as panel members.

16. In contrast to the two other recent Inquiries of this type commissioned by North Essex Health Authority, those of Christopher Edwards and Richard Linford and of Michéal Donnelly, we were not dealing with an individual with an extensive psychiatric history, but a man with no contact with the mental health services prior to June 1998 , who was assessed over a short period by a number of different professionals and received treatment. Accordingly, the care and treatment of Mr Piccolo has highlighted other areas of the mental health system which we have been able to consider and make

recommendations upon.

There can be no room for complacency in those caring for and treating individuals with psychiatric disorders nor in those charged with establishing and funding the systems for providing that care and treatment. There needs to be constant awareness of the changing needs and pressures upon the mental health system to make sure that it is sufficiently sensitive and adaptable to cope with patients with complex and acute needs such as Mr Piccolo.

17. We would wish to thank Mr Peter Greenwood, Legal and General Services Manager of North Essex Health Authority, for his assistance in providing the secretariat and ensuring the smooth running of the Inquiry. Finally, Mr John Gimlette was of invaluable help to us as Counsel to the Inquiry and we extend our thanks to him.

Margaret Bowron, Chairman
Dr Michael Clarke
Bridgett Ledbury

PART I

John Piccolo
and his treatment

Chapter 1

The past up to the summer of 1997

18. John Piccolo was one the younger of two sons born to Maisie and Guiseppe (commonly known as Joe) Piccolo on 4th January 1947. Mr Piccolo senior was Italian by birth and when John Piccolo was 5 years old, the family went to live in Italy. The move was short lived due to the ill health of young John and the family came back to Suffolk. Joe Piccolo worked hard as a farmer to provide for his young family and they prospered. John Piccolo was a happy child and he developed what became a life long love of horses and helped out at a riding school. After leaving school, he obtained work for the local authority as a foreman in the Hygiene Department. When he was 21 years old, he married his first wife and left his parents' home to live with her. They had three children, John (who will be referred to as "John junior"), Darren and Lisa. That marriage ended in divorce after about 8 years although Mr and Mrs Piccolo remained on reasonable terms. He continued to see a great deal of the three children.

19. John Piccolo moved back in with his parents for a time and then moved to Great Bardfield, Essex to a house purchased jointly by him and his parents. He shared that house with his new partner by whom he had three more children.

20. On 5th November 1987, John Piccolo was shot in his own home by 2 men, one of whom was caught and sentenced for the offence. The background to the shooting remained, as far as the Inquiry was concerned, more than a little shrouded in mystery, but as it is of no direct relevance to subsequent events that is of no significance. It is perhaps relevant to note, however, that over the years Mr Piccolo did become involved in some criminal activity on his own account from motoring offences in 1986 through a very minor offence of dishonesty in 1982 (aged 35 years) to a more serious group of offences in 1989 (aged 42 years) ranging from theft and assault with intent to resist arrest to possession of firearm without a certificate. It may be that, as a farmer, possession of a firearm at that time was perceived by Mr Piccolo as the norm whether or not he had the appropriate certificate, or it may be that, following the shooting in 1987, he felt in need of the additional security that possession of a gun provided.

21. Mr Piccolo had ceased to work at some point for the local authority when living with his partner and had began to concentrate on breeding horses. Indeed, the 1987 shooting may have been in some way associated with the death of a horse. After the breakup of the relationship with his partner , Mr Piccolo left East Anglia and lived in the north of England and possibly Ireland, calling himself by a different name.

However, in 1993 he returned to the area with which he was most familiar and his parents purchased Freedom Farm at Dallinghoo in Suffolk which he had found and liked. He had, at one point, about 60 horses and also bought and sold cars.

22. At about the same time as the purchase of Freedom Farm, Mr Piccolo began a further relationship with Jane Smith who was many years younger than him and who had two children by a previous relationship. According to the written evidence of Jane Smith, who did not appear before us through her own choice, it was a volatile relationship with Mr Piccolo being violent towards her almost from the outset of the period when they lived together on and off from January 1994. How accurate her account is it is hard to say because we have heard no first hand evidence about it but the tensions in the relationship were seen from time to time by Mr Wheal.

23. In any event, by the summer of 1997 Jane Smith had started a new relationship with Martyn Cass, who was 18 years old, and for a time seems to have been unable to choose between him and Mr Piccolo. In July 1997, Ms Smith was given a house by a housing trust and that seems to have been the catalyst for her making the final break from Mr Piccolo. She and Mr Cass set up home together with her 2 children.

Chapter 2
The perceptions of Mr Piccolo's family of his condition and the care which he received.

24. The Panel first heard from Mr Piccolo's mother and two of his children, John Junior and Lisa. They provided much of the background facts set out in Chapter 1 . They were plainly a close knit family that had been understandably devastated by the overwhelmingly tragic events of September 1998. Not only did they lose a son and father respectively but also the third child of Mr Piccolo, Darren, received serious injuries from which he will never fully recover and they must live with the knowledge that a young man, Mr Cass, also died.

25. They all expressed the strong view that Mr Piccolo first manifested signs of mental illness at Christmas time 1997. He would repeat himself, he was visibly upset and at one point in the family festivities, he took himself off to bed in a totally uncharacteristic fashion. They, and Mr Ron Wheal an old friend, described him as a lively, out going and gregarious man. In early 1998, his condition worsened and, by May to June, they were all very worried indeed about him. They felt that the general practitioner, Dr Hildrey, underestimated how seriously unwell Mr Piccolo was and delayed his referral to the mental health services for a few weeks longer than he should have done. John Junior saw a link between the deterioration in the late Spring/early Summer and the criminal charges. His father became deeply concerned about the outcome of the court case and he talked even more about Jane Smith.

26. Lisa Piccolo told the Panel that during the early part of 1998 her father's ability to run the farm at Dallinghoo declined and he would stay in the farm house brooding on his plight. His mother recounted how she would come across her son sleeping on the floor and when he awoke he would be shaking and petrified.

27. The obsessive attention to detail and the inability to make decisions about the most minor things became more and more marked and took up increasing amounts of his family's time.

28. The various family members met Dr Hildrey, Martin Green, Oliver Shanley and Dr Swarna and contributed their views and information as requested. They were not, however, present throughout each and every consultation and were unsure how clearly or fully Mr Piccolo explained his condition and how he really felt. Indeed, it should be remembered that it was the view of a number of the professionals from whom the

Panel heard that Mr Piccolo was able to dissemble to some extent and not always to be as forthcoming as he might about his condition, for whatever reason. Nevertheless, the family felt that it was obvious to anyone seeing Mr Piccolo that he was unwell as he physically went downhill with weight loss and obvious outward signs of mental disturbance.

29. They questioned why the appointment with Dr Coxhead was fixed for 11th September which meant that there was more than 2 week gap between Dr Swarna's last consultation with Mr Piccolo on 27th August whereas for the preceding few weeks he had seen the more junior doctor weekly. His mother told us that this coincided with the family becoming increasingly concerned but they did not, themselves, seek any further assistance beyond the various booked appointments. Dr Swarna did not share their view that he had apparently deteriorated during the three week period that she had seen him and considered that a three week gap between her last meeting with him on 27th August and seeing him again to be interspersed with a consultation with Dr Coxhead was appropriate care, coupled with the patient and his family knowing that they could contact her if the need arose. She had, by then, prescribed a new form of antidepressant medication and wanted to give that time to take effect.

30. The propensity of Mr Piccolo to detain members of the family on the telephone for periods up to hours at a time and his garrulous behaviour was plainly trying and troubling to them. It was felt by them that this was getting worse and was another sign that Mr Piccolo's overall condition was deteriorating. On the last Saturday that he was alive, 5th September, Mr Piccolo fell out with his son Darren, who had been as loyal and supportive to his father as he could be in difficult circumstances. It was alleged by Mr Piccolo that Darren had sworn at him on the telephone and turned against him. Mr Ron Wheal, to whom Mr Piccolo played a tape of that conversation which he had made, told the Panel and the family that it revealed no more than Darren saying that he had to go and get off the telephone. Darren told the other family members about this but none of them, prospectively, thought that he was in any sort of danger from his father. Neither did any of them have any inkling that things would occur in the way that they did on 9th September.

31. None of the members of the family from whom the Panel heard knew that Mr Piccolo had a handgun in his possession but they acknowledged that he may well have had a shotgun in common with many of those in the country who had them for shooting rabbits etc.

COMMENT

32. The family appear to have felt that their involvement in the assessment of Mr Piccolo's condition was less than it should have been. However, they were involved in the process perhaps to a greater extent than is often the case for a mature man. The team seem to have welcomed their involvement and their concerns were taken into account in the assessments carried out. The family did not perceive John Piccolo as a violent man. They had difficulties contacting a doctor about his medication between 28th August and 1st September.

33. There was such a deterioration in Mr Piccolo's condition but that this did not reach a threshold where the family recognized that he needed urgent help before his appointment with Dr Coxhead. Neither the family nor those who had assessed him predicted such an outcome and the family were assiduous in their concerns for him. Nevertheless for the future, this case highlights the need to encourage families and carers to report any worrying deterioration in a person's health and that they should have ready access to appropriate advice.

Chapter 3

The deterioration in Mr Piccolo's health and his treatment until his referral to the mental health services in June 1998

34. Ms Smith complained in her witness statements to the police that, from about late August, Mr Piccolo would come to her new house at Ford End, Essex, without any particular purpose and it intimidated her. Whether that was his intention is not known but he certainly found it very hard to accept that the relationship was over. Ms Smith involved the police from September 1997 onwards, but there were no Court proceedings of which the Inquiry is aware prior to those in May 1998. She does not speak about there being any violence displayed by Mr Piccolo towards her after July 1997, more of intimidating and obsessive behaviour with the inability to let a point go, the latter being behaviour he was to exhibit increasingly with his friends and family.

35. Mr Piccolo appeared to stay reasonably stable on a psychological level on his family's recollection until about Christmas 1997/January 1998, although he was distraught about the breakup of the relationship from the outset. He appeared to go into himself and change from being an outward going optimist to an introverted pessimist. His obsessive thoughts were restricted to Jane Smith about whom he would talk at inordinate length. He was becoming depressed and, sensibly, went to see his general practitioner in Finchingfield. Although he had predominantly been living out of Essex for many years he had never registered elsewhere. Interestingly, his family recall that he was obsessed that he had cancer but that is not mirrored in the G.P notes. On 23rd February 1998, the first occasion that he went to the G.P, he was accompanied by his mother and saw Dr Littler, a colleague of Dr Hildrey. Dr Littler noted that he had agitated depression and prescribed paroxetine (Seroxat).

36. On 2nd March 1998, Mr Piccolo saw Dr Hildrey, who had known him for many years, noted the diagnosis of agitated depression which had not been helped by Seroxat and he added a prescription of Temazepam (a sleeping tablet) and a new antidepressant, Venlafaxine. He saw Mr Piccolo again on 6th March when he changed Temazepam to Zopiclone to help sleep. When seen again on 10th March Mr Piccolo was sleeping better for 4 hours per night which had improved to 6 hours per night a week later.

37. On 24th March there was no change noted by Dr Hildrey but thereafter Mr Piccolo seems to have stopped taking his anti-depressant medication as he reported to Dr Meakin on 2nd April 1998. His condition had deteriorated and was advised to take the anti-depressant medication once again.

38. There was then a gap in his attendances until 12th May 1998 when he saw Dr Hildrey again. A further prescription of Propanolol Hydrochloride (a medication to reduce the symptoms of anxiety) was given. It is far from clear how assiduous Mr Piccolo was about taking his medication although his family sought to remind him when they saw or spoke to him. He showed signs of reluctance and spoke of not liking the effects of the drugs upon him.

39. On 20th May 1998, the incident involving Jane Smith that led to Mr Piccolo's arrest took place. The events began by Mr Piccolo following Ms Smith claiming that he needed to ask her something but not saying what it was. She drove off and he pursued her with the police following him. A high speed chase ensued during which another motorist was injured. Mr Piccolo was arrested after a chase on foot and taken to Braintree Police Station.. He was examined by the forensic medical examiner, Dr Shaw, who does not appear to have made any adverse findings. He was bailed to appear before the Witham Magistrates Court on 26th June 1998.

40. It would seem that the effect of the impending Court proceedings upon him was to compound his already depressed and anxious state. He visited Dr Hildrey on 4th, 8th and 15th June and, on the last occasion, there was a joint decision between Dr Hildrey, Mr Piccolo, John Junior and Darren Piccolo that a referral to a psychiatrist was a sensible step. John Junior told us that he sensed a reluctance in Dr Hildrey to make the referral but that may well have been an erroneous impression on his part because, having heard Dr Hildrey, no such hesitancy or reluctance emerged. It seems that some time before, probably in May, a referral had been mentioned and Mr Piccolo had said that he was going to obtain the name of a psychiatrist known to a friend. That did not transpire and the referral made by Dr Hildrey was two-pronged, one to the Braintree Rural Mental Health team (to be seen by a community psychiatric nurse within one to two weeks) and one to Dr Coxhead at The Linden Centre (to be seen by him within 6 to 8 weeks). Both referrals were made by letter and Dr Hildrey was unaware that there was a form for referrals within the Mid Essex Community & Mental Health NHS Trust Care Programme Approach & Supervision Register Policy.

41. Dr Hildrey did consider that there was a degree of urgency about the referrals but did not feel that Mr Piccolo was a danger to himself or others and had expressly told him that he would not kill himself. As a doctor who had known Mr Piccolo professionally and, to some extent, socially for a number of years, Dr Hildrey did consider that there was a possibility at least that John Piccolo might have played down his symptoms to a

doctor or other health worker who did not know him for whatever reason. That reason was not, in Dr Hildrey's view, that Mr Piccolo did not accept that he was mentally unwell, but he did sense, during some of the consultations attended by one or more family member, that at least one of those members wished to say more but felt in some way constrained.

COMMENT

42. **The effect of Dr Hildrey's two pronged referral was that Mr Piccolo came into the Essex mental health system at two different and separate entry points. Whist there was, as a result, the potential for confusion, the team leader, David Gaudry, was able to ensure that the psychiatrists and the community psychiatric nurse (CPN) were aware of the referral to the other and there was communication between the consultant and the CPN. In the event, there is no evidence that the double referral led to any neglect or deficiencies. However, it is clear that the system of referral, information sharing and management of the Care Programme Approach does require more resources to ensure its efficient delivery of good psychiatric care.**

43. **WE RECOMMEND that the question of resources for the full implementation of the Care Programme Approach be considered as a matter of urgency. The low numbers of clinicians of all sorts and lack of clerical support are likely to lead to communication breakdown and confusion.**

Chapter 4

The referral to the Mid Essex Community Mental Health Team

44. Dr Hildrey's referral to the Braintree Rural Community Mental Health Team ("CMHT") based at White Lodge in Braintree was dated 16th June and led to Mr Piccolo being sent an appointment by a letter dated 22nd June for an assessment at his home by Mr Martin Green, community mental health nurse, on 25th June. That showed commendable speed on Mr Green's part, but his letter offering the appointment was sent to a very old address in Great Bardfield for Mr Piccolo taken from Dr Hildrey's records. When Mr Piccolo had ceased to live in Great Bardfield is not clear but he obviously never told his General Practitioner of the move and no criticism is or should be made of the professionals involved that the wrong address was therefore passed on and a delay arose.

45. Mr Green spent a little time discovering the correct address and then made a new appointment to see Mr Piccolo on 24th July 1998. That happened to coincide with one of Mr Piccolo's remand hearings before the Magistrates' Court and it was not an entirely satisfactory meeting because of the time constraints and the level of anxiety being exhibited by Mr Piccolo as he had to return to Court after lunch. Mr Green, as the first mental health professional to see Mr Piccolo, was responsible for completion of the Care Programme Approach ("CPA") documentation and became the Interim CPA Care Co-ordinator.

46. In the CPA documentation that he completed, Martin Green referred in the CPA 3 Risk Assessment document when asked to "*State all reasons for concluding that there is a risk e.g. frequent violence resulting in injury, threats to injure etc (please be specific)*" to the "*Previous history of criminal offences*". Further, he circled the "*Yes*" section in answer to the questions was Mr Piccolo at risk of being a "*Danger to others*" and of "*Neglect (includes self-neglect)*" but gave no response to the question of the risk of "*Suicide or self-harm*".

47. In evidence to the Panel, he maintained that he was there referring to the current allegations that Mr Piccolo was facing and that Mr Piccolo had actually denied to him that there were any previous offences. Mr Green did not have access to any of the prosecution papers and did not have a copy of his criminal record. It has to be said the phraseology which he used on the form was unhelpful and potentially misleading. Similarly, he told the Inquiry that he had circled the two areas of risk in the affirmative

because he felt that there was a risk that John Piccolo might be a danger to others if he was to jump into a car and of neglect to himself if not surrounded by his family. He stressed that he felt that it was better to highlight it as a risk although prospectively he did not think that he was too much of a risk. *"Then I am sort of covered and they say at a meeting like this, "You knew he was up for driving offences. Why did you not say that he was risk?" You might quite happily say, "I didn't actually think he was a risk, because he was with his family and I am sure that they would not have let him go out in a car". You just never know. We have got into a sort of risk culture and I think that we tend now to perhaps .....over compensate."*

48. Mr Green assessed him as being Level 2 (although he erroneously, but understandably in view of the layout of the form, ticked the box for Level 1) on CPA 2 (the form used for the outcome of the assessment)- that is that Mr Piccolo fell within the group of service users who *"meet the severe mental illness criteria. Includes those with low support needs and also those with other more complex or unstable needs. Such service users will often require ongoing needs assessment which involves other agencies and members of the multi-disciplinary team. There will need to be discussion and agreement on the most appropriate care coordinator and the care plan will normally be more complex, often requiring regular interventions from other members of the team who will all need to be aware of each other's roles. Risk assessment will be carried out as required."* The CPA documentation was not completely filled out by Mr Green and was sent by him to the records department at Pudding Wood Lane, Broomfield but was not disseminated by him or by the records department to any of the other people involved in Mr Piccolo's care. He did, however, write a full letter to Dr Hildrey, the referring G.P., in which he said that *"Given the circumstances, however, the anxiety and agitation seemed to be more than one would expect for the situation."*

49. Mr Green formed the view that John Piccolo needed further psychiatric assessment by the Mid Essex Criminal Justice Mental Health Team in the form of Oliver Shanley, Team Leader and registered mental nurse. Mr Green was aware of Mr Shanley's forensic expertise which he sensibly considered would be of value in this case. He told the Panel that he spoke to Mr Shanley and was told that the Court had also referred the case to him as well. Mr Green, aware that a referral had been made to the Linden Centre, telephoned the Centre on 24th July to ensure that an appointment was offered to Mr Piccolo as soon as possible. He also spoke to Dr Swarna before she saw John Piccolo for the first time. He had no direct contact with Dr Hildrey save to write to him as already referred to. Mr Green spoke to Oliver Shanley on 6th August and 1st

September and was informed that the assessment was ongoing.

50. Although Mr Green never in fact saw John Piccolo again, he remained the Interim CPA co-ordinator. His Team Leader in the CMHT was David Gaudry who told the Panel that the appropriate step would have been at some point for Martin Green to transfer the role of Care Co-ordinator to Oliver Shanley or Dr Swarna. It has to be borne in mind that the time scale involved in this case was relatively short in that the total period of active involvement by the mental health services was only some 6 weeks. Martin Green was new in his post and it was unclear precisely what induction he had received in the application of the CPA in the Braintree Rural Community Mental Health Team area at the relevant time. The level of supervision and support provided by Mr Gaudry generally was felt by the Panel to have been perhaps less than might ideally have liked to have given to Mr Green, but that is probably explained by the workload that he had to bear. Mr Green was, of course, an experienced Community Psychiatric Nurse which will have had a bearing on the level of supervision that he required and actually received.

51. One curious matter that emerged during the evidence of Mr Green and Mr Gaudry was that, for the most compelling personal reasons involving the very serious health problems of one of his children, Mr Green had been unable to attend the Internal Inquiry hearing. Mr Gaudry was under the impression that he went on Mr Green's behalf and he gave evidence (that was probably erroneous) but, when certain specific questions were required to be answered, a member of that panel spoke at length to Mr Green on the telephone. Whilst it is entirely understandable that the Internal Inquiry panel members wished to collate the necessary information as quickly as possible, conducting an interview over the telephone is not an appropriate measure because it is likely to give rise to misunderstandings and leave potentially significant matters unresolved.

52. Of significance to this case, one answer from Mr Green as to his state of knowledge of John Piccolo's previous convictions at the time of the interview on 24th July 1998 was different to that which he gave to this Panel. He was able to explain to us both orally and in a follow up written statement in some detail what he knew at that time and what he had learned subsequently. Once the confusion became apparent it emerged that the somewhat confusing note that he had made on the CPA documentation about the "*Previous history of criminal offences*" should not be taken at face value and referred to the offences with which he, John Piccolo, was then charged. Had Mr Green been able to appear before the Internal Inquiry panel it seems probable that the true picture

would have become clear then. Instead, he felt he had to deal with the matter on the telephone at a time of enormous personal stress, did not do himself justice and confusion resulted.

53. The Piccolo family themselves also told us that they had not given live evidence to the Internal Inquiry and were of the view that no full statements had been taken from them. In view of the importance of the input from his family and of the Inquiry process to them, it is unfortunate that that perception was formed by them. In fact, it seems that the Internal Inquiry Panel visited the family at home and spoke to them in the presence of their solicitor. In attempting to minimise the trauma of the situation for the family, it seems that that approach made the family feel detached from the Inquiry. This highlights the very real problems that arise in these peculiarly difficult cases.

COMMENT

54. The need to supervise adequately those working in the community with patients such as Mr Piccolo is a vital constituent in the successful working of the whole scheme. It is plain that the protagonists in this case were all working very hard and that the opportunities for formal or informal supervisory sessions were limited. Nevertheless, if problems of liaison, co-ordination and dissemination of important information are to be avoided or the risk of them occurring minimised, time is required for the way that an individual case is progressing to be discussed and considered.

55. It was evident that the lay out of the CPA documentation and hence the entries were not clear. Nevertheless, there was good communication despite the gaps in the CPA documentation and support. The problems over the documentation did not compromise the care provided in this instance but ensuring a good understanding of the workings of the CPA with good clerical back up will facilitate the smooth running of it.

56. In seeking to report quickly it appears that the Internal Inquiry may have cut some corners which undermined the final thrust of its report. It is certainly right that a number of the protagonists involved felt that they had not had a fair hearing and, whilst that may have been an entirely erroneous impression on their part, such an Inquiry loses its point if its fairness and objectivity are called into question. The procedure whereby evidence is obtained by one panel member during a lengthy telephone conversation is unsatisfactory and should not occur.

Similarly, the calling of Mr Gaudry as a "fill in" for Mr Green was never going to be satisfactory and, whilst a delay may have occurred, if reliance was to be placed upon Mr Green's input to the Internal Inquiry, then the loss of even a few weeks in finally reporting should have been contemplated.

57. **WE RECOMMEND that each community mental health team, criminal justice mental health team and psychiatric unit should put in place (in so far as they have not already done so) a comprehensive package of instruction and induction to both new and existing staff members dealing with the ethos, practice and procedure surrounding the Care Programme Approach. That will facilitate the dissemination of full information about a patient to all of the relevant personnel involved and avoid misunderstandings and confusion.**

58. **WE RECOMMEND that in order to avoid perceptions of unfairness from the protagonists and those intimately affected by the outcome, it would be advisable in future for internal inquiries such as the one convened in this case to ensure that any one whose evidence is to be relied upon to any extent should be given the opportunity to appear before the whole panel of inquiry. Relying upon reports of telephone conversations or, more curiously, the evidence of a third party based upon discussions with the most directly involved individual is almost bound to give rise to misunderstandings and grievances. The need for dealing with matters expeditiously should not be adhered to slavishly if, in so doing, the outcome of the procedure is adversely affected.**

Chapter 5

The Mid Essex Criminal Justice Mental Health Team

59. The Mid Essex Criminal Justice Mental Health team ("the MECJMHT") is a court diversion scheme set up in 1995 by Oliver Shanley, team leader and clinical nurse specialist with some 9 years of experience of working with mentally disordered offenders. The MECJMHT is based in the offices of the Probation Service in Chelmsford , which helps to facilitate access between the two organisations. The system of referral is kept as simple as possible to encourage use of the Team by a large number of bodies or individuals be they magistrates' court clerk, police officer or probation officer.

60. Mr Shanley first became involved in this case when a referral was made to him by the Probation Court Duty Officer on 24th July 1998, the day of Mr Piccolo's second remand hearing at Witham Magistrates' Court. That referral was followed, the same day, by one from Martin Green who saw him during the lunch time break during the Court hearing. It was Mr Shanley's recollection that Mr Green was anxious about Mr Piccolo because of Mr Piccolo's own concern about the Court case. On 29th July 1998, Mr Shanley offered an appointment on 5th August but, due to some administrative confusion, they did not meet on that day. Instead, Mr Shanley arranged to see Mr Piccolo on Thursday 6th August at the same time as Dr Swarna, psychiatrist, was to see him.

61. Although the Probation Service were sent the Pre-Sentence Report package by the Crown Prosecution Service and received on 31st July 1998, the contents, which included full details of Mr Piccolo's criminal record and the statements setting out the background of the offence for which he was before the Court, were not provided to Mr Shanley until 11th August. That is a situation that ought to be avoidable not least when the referral to the MECJMHT had come in the first instance from the Probation Service and the two bodies share office space. The matter will be returned to in due course.

62. The joint interview on 6th August was a short one and was curtailed because of Mr Piccolo's distress and anxiety. Mr Shanley's recollection was that Mr Piccolo presented as an "ordinary" patient in so far as such a person exists with needs in terms of anxiety and depression but "*nothing startlingly different from that*". His notes of the interview are to be found on the MECJMHT assessment sheet but he could not

identify precisely which entries he had made on 6th August and which on 10th August when he saw Mr Piccolo again in the company of Ms Rene Plen, probation officer. Certainly, Mr Piccolo told Mr Shanley either on 6th or 10th August that he had a conviction for handling stolen goods and one for possessing a shotgun which he had for self protection following the 1987 shooting incident. As far as 6th August was concerned, the impression gained by Mr Shanley was not such as to raise his index of suspicion that Mr Piccolo or those around him were in immediate danger.

63. The next meeting duly took place on 10th August 1998 also attended by Ms Plen. Ms Plen had been on holiday until the morning of that joint appointment so had not had the opportunity of looking at the Pre-Sentence Report package before it took place nor, inevitably, of showing it to Mr Shanley. Accordingly, they were both reliant, on 10th August, upon what Mr Piccolo chose to tell or not to tell them. On that second occasion, Mr Shanley asked expressly about suicidal ideation and elicited that he had had such thoughts but with no sense of intent or planning actually to do it. He also ascertained that support measures were in place in terms of family and friends. Interestingly, on this occasion, in answer to Mr Shanley's question as to why Ms Smith had telephoned the police on the occasion giving rise to the dangerous driving charge, Mr Piccolo had told him that he could not understand it and that Ms Smith could not have been in fear of him.

64. Mr Piccolo told Mr Shanley that he did recognise that the relationship with Ms Smith was at an end and that, once the Court case and a possible custodial sentence about which he was very concerned were resolved, he wanted to move on. It was a very lengthy interview lasting, as Ms Plen told us, about 2½ hours. Mr Shanley was not unduly concerned about Mr Piccolo in terms of being a danger to himself or those around him although he did have a feeling, echoed by Ms Plen - see below, that there was something about the picture painted by Mr Piccolo that did not quite fit and that there "*may be more to this man than met the eye*". On the information available to him on 10th August, however, that was little more than a feeling and had no basis in the available facts. It was sufficient, coupled with the rest of the known facts, to make Mr Shanley conclude that Mr Piccolo required an assessment by a consultant psychiatrist for the purposes of advising the Court. When Ms Plen showed him the Pre-Sentence Package which revealed a picture very different to that painted by Mr Piccolo himself he resolved to have a further meeting with Mr Piccolo to "challenge" him about Ms Smith's allegations and to inform him of the referral to Dr Coxhead, consultant psychiatrist.

65. Mr Shanley arranged to see Mr Piccolo for a third time on 13th August just before he went on holiday himself and, by that time, he had spoken to Dr Coxhead on the telephone. He told Dr Coxhead of his concerns about the disparity between the account from Mr Piccolo and that set out in the witness statements. They discussed whether the situation warranted a full forensic report but concluded that that was not required at that stage. Mr Shanley dealt only with Dr Coxhead as he understood that Dr Swarna was to see Mr Piccolo for the last time on 13th August and that her involvement was to cease thereafter and, in any event, he assumed that any information that was passed to Dr Coxhead would find its way to any other interested party. He stressed to the Inquiry that "*in terms of who is at risk and the imminency of the risk, there was nothing, I really do not feel, that was going to suggest this* (ie the tragic events in September) *was going to happen*".

66. After the further meeting between Mr Shanley and Mr Piccolo on 13th August 1998, Mr Shanley's concerns really remained the same in that he could not square the history of the relationship between Mr Piccolo and Ms Smith as recounted by her and the general background information about the underlying personality with the man who presented to him with signs of mental illness. Mr Piccolo's mother also attended that consultation and came across as a mother very concerned about her son's health and fate. She told Mr Shanley that her son was living in her home which was not entirely accurate as he was, as we understand the situation, living mainly at Dallinghoo. Mr Shanley considered that the situation was serious but he had no concerns that Mr Piccolo was so seriously ill that he was acting under a delusion or would do anything violent.

67. He completed his written report after this third meeting having drafted it on 12th August 1998. He concluded that Mr Piccolo "*appears to be suffering from a mental illness, likely to be a depressive disorder with features of anxiety*". He had concluded on 10th August that there probably was a genuine psychiatric condition and the further meeting on 13th August confirmed his view. In the report, he set out his concerns about the apparent disparities that had emerged and recommended to the Court that a full psychiatric assessment be carried out by Dr Coxhead to elicit further information to make sense of the case and to provide the Court with the option, if it wanted, of imposing a probation order with a condition of treatment. That report was sent to Dr Hildrey and to Dr Coxhead, who was also sent, on Friday 14th August, copies of the documents in the Pre-Sentence Package. Once he had completed his report, Mr Shanley's involvement in the case was at an end.

68. He told the Inquiry that he was aware that Martin Green was the Interim Care Programme Co-ordinator, that Mr Green had intended to convene a meeting about Mr Piccolo's case and that that meeting would await the outcome of the consultant assessment. He did not see the CPA documentation and it is known that it was not disseminated. In view of the fact that Mr Shanley had ample opportunity to discuss the case with Mr Green and ascertain his concerns orally, that he conducted a joint assessment of Mr Piccolo with Dr Swarna and that he also spoke to Dr Coxhead, that lack of dissemination probably is of no practical significance in this case. He considered that, in most instances, he was aware of who else was involved in a particular case as his own organisation was close knit and well-organised. That had not been entirely the case here but it is unlikely that that made any difference to the care and help that Mr Piccolo received.

69. It was very plain that Mr Shanley had agonised over this tragic case in the weeks and months after September 1998. Understandably, it emerged from Mr Shanley, that there had been considerable local gossip and speculation much from those not intimately involved in the relevant events. In terms of hard facts, it seems unlikely that anything else of proven substance would have been available even if more enquiries had been made in the summer of 1998 such that may have altered the course of the dealings of the various professionals with Mr Piccolo.

70. Mr Shanley has been responsible for much of the training on risk assessment in the Mid-Essex area. He was obviously a skilled and well informed practitioner and had been instrumental in the introduction to the area of the Worthing risk indicator tool which had been subjected to validation and was more robust and user friendly than many other of the tools available. He told us that a multi-agency working group decided to trial the Worthing tool and it had then been introduced with training in it due to be completed in June 1999. It was clear that he and his colleagues were working hard to disseminate good practice across the area to many agencies including police, probation and social services. Whilst not directly relevant to the issues arising in this Inquiry, such developments are significant in that they make clear that the Trust is not standing still in its implementation of the Care Programme Approach and it is constantly evolving to fit the needs of patients.

COMMENT

71. **The capabilities of Mr Shanley are not in issue. He carried out careful assessments and concluded that, whilst Mr Piccolo was clearly mentally unwell, he did not pose any immediate threat to himself and others. However, in the light**

of his lingering concerns about the disparities in the accounts and his conclusion that the presentation was not straightforward, he considered that the situation would be best addressed by an assessment by a consultant psychiatrist. The time scale for such an appointment was not thought by Mr Shanley to require great urgency and, from what he had discerned of Mr Piccolo, that seems to have been reasonable.

72. **Once again, the issue of the lack of dissemination of information arose in the context of Mr Shanley's involvement in this case. In fact, in practical terms almost all of the relevant information did come to his attention at some point due to the efforts that he made to speak to the other professionals involved. It should not be necessary for an individual professional to have to seek out his colleagues and expend time and energy in that regard when adequate clerical support should obviate the need for him to do so. If the system of the CPA is to work at its best and serve the interests of both the patient, the professional and the public best, all relevant information must be quickly and comprehensively distributed to all of those involved in the ongoing care of a patient receiving community based mental health care.**

73. **WE RECOMMEND that greater emphasis be placed upon the speedy and efficient dissemination of all relevant documentation and opinions in case such as this one where matters are not static and accurate up to date information is vital. That will almost inevitably have resource implications in terms of recruiting and training more clerical staff but the benefits of freeing up time for highly trained professionals to be able to get on with what they are trained to do should be beneficial.**

Chapter 6

The role of the Probation Service

74. The probation service became involved in this case when a pre-sentence report was ordered by the Court on 24th July 1998 which led to the Crown Prosecution Service sending out the Pre-Sentence package comprising the previous convictions, depositions and record of interview which was received by the Chelmsford probation office on 31st July 1998, being date stamped with that date. The case was assigned to Ms Rene Plen who was a sessional probation officer in Essex at this time being asked to prepare pre-sentence reports as required. She was on holiday until the morning of 10th August when it was arranged that she would conduct an interview with Mr Piccolo. As a result, the pre-sentence package was placed in her in tray and no-one copied it for Mr Shanley or otherwise drew it to his attention.

75. As it was, Ms Plen came back on Monday 10th August and had no time before the joint lengthy session with Mr Piccolo and Mr Shanley to do more than skim read the documents in the package from the Crown Prosecution Service. She told us that she felt *"intensely uncomfortable"* during the interview and had a gut feeling, which was compounded by what she read in the case papers after the interview, that there was an underlying potential for harm from Mr Piccolo towards Ms Smith which was likely to be quiescent during the currency of the criminal proceedings but which might resurface thereafter. That is to say that she did not perceive an immediate risk to Ms Smith or her new partner but she shared Mr Shanley's concerns about the disparities of the accounts and Mr Piccolo's attempts to minimise his actions. She did not feel that her feelings were strong enough to be expressed as firm views in her report and was therefore not explicit and wanted the expert input of a consultant psychiatrist to *"translate that gut feeling into some kind of professional assessment"*. At that stage she envisaged a meeting of the involved professionals taking place and views becoming crystallised.

76. She confirmed that, to the best of her recollection, her report accurately reflected what Mr Piccolo had said about his suicidal ideation, namely that whilst he quite often thought about it, he would not seriously consider taking his life because of the distress that it would cause his family. Ms Plen did feel, based upon her many years' experience as a probation officer, that Mr Piccolo *"was reasonably skilled in withholding information he did not want the professionals in contact with him to be aware of"*.

77. She saw Mr Piccolo only once on 10th August but after that interview she had the opportunity to study the Pre-Sentence Package and to talk further about the case to Mr Shanley who saw Mr Piccolo on the further occasion on 13th August. Her written report was based, understandably, upon all of her sources of knowledge but did not convey the serious sense of foreboding for the mid to long term future that Ms Plen told us that she felt to be there. That was explained by her as set out above, namely that she had a feeling but little more at that stage and felt the need for the input of Dr Coxhead before expressing a firm view on the matter. Events obviously overtook that approach.

78. She did express the view in her report at paragraph 4.1 that, in common with Mr Shanley, she was concerned about the "*minimisation* and *denial of the possible effects of his behaviour on his ex-partner*" and that, without a clearer understanding (which it was hoped would emerge from a full psychiatric assessment) of the relationship between his pre-morbid personality and current illness, she found it difficult to estimate the risk of further offences at that time. She recommended in common with Mr Shanley that the case be adjourned for a full psychiatric assessment to be carried out stressing that the imposition of an immediate custodial sentence was likely to have a deleterious effect upon Mr Piccolo's health.

COMMENT

79. **The involvement of the Probation Service in this case was really very limited and Ms Plen's contact restricted to the one meeting on 10th August. Accordingly, the role that the Service through Ms Plen could make was necessarily very restricted. Again, the question of the incomplete circulating of information arises in that it would plainly have been preferable if Ms Plen had had the opportunity to read and digest the contents of the Pre-Sentence Package and to pass them on to Mr Shanley before the meeting of 10th August. In fact, as Mr Shanley arranged a further session when he had seen that information there was little if any impact on the outcome of either of their recommendations. However, that is perhaps fortuitous and busy professionals should be entitled to expect that everything of particular relevance has been drawn to their attention within a short time of it becoming available.**

80. **WE RECOMMEND that the Probation Service ensures that its own clerical systems are such that, in cases where there is a known involvement of the local Criminal Mental Health Team, it liaises with that Team to ensure that all available sources of information are shared as soon as they can be. That, of**

course, subject to issues of confidentiality, applies the other way so that Mr Shanley or any of his colleagues should make sure that the relevant Probation Officer is kept up to date with key facts.

Chapter 7

Mr Piccolo's referral to the psychiatrists of the Mid Essex Community and Mental Heath NHS Trust

81. The original referral to Dr Coxhead, consultant psychiatrist at The Linden Centre, Chelmsford, part of the Mid Essex Community and Mental Health NHS Trust, was by Dr Hildrey's letter of 16th June 1998. It was not an urgent referral as it sought an "overview at some stage" from Dr Coxhead and it would be expected that a patient in such circumstances would be seen between 2 to 3 weeks after the request was made. The Linden Centre was notified by Mr Green that there was a problem over Mr Piccolo's address and therefore no steps were taken to offer him an appointment until that was resolved. Indeed, delay did occur because no appointment was made until after 24th July 1998 when it is noted, probably by a member of the secretarial staff, on the letter contained in the Linden Centre file that Mr Green had rung to request that an appointment be provided as Mr Piccolo was *"not at all well"*. The same person who made that note has also recorded that an appointment was made for 6th August at 3 pm at the Linden Centre.

82. Mr Piccolo came to the Linden Centre on that day accompanied by his mother and the joint consultation took place with Dr Swarna and Oliver Shanley. Dr Swarna qualified as a doctor in 1985 from Madras University thereafter gaining a Master's Degree and working in neurology for 1 year before coming to the United Kingdom in 1991. Her work as a psychiatrist began about 2½ years before the events of August 1998 and she had been a full-time clinical assistant at the Linden Centre for approximately two years. Initially, she had discussed each new referral with the appropriate supervising consultant but, by August 1998, she was essentially autonomous, raising concerns as they arose. Cases such as this were assigned to her by the relevant consultant but there was not necessarily any discussion about a new patient before he or she was seen. Dr Swarna did not discuss Mr Piccolo with Dr Coxhead prior to the consultation on 6th August. She had seen Mr Green who had handed to her his letter to Dr Hildrey just before her consultation with Mr Piccolo but she did not see the CPA documentation that Mr Green had compiled during his interview with Mr Piccolo on 24th July.

83. The consultation on 6th August was short, only about half an hour, and was curtailed by reason of the high levels of anxiety that Mr Piccolo was exhibiting. His mother was present for most if not all of that period. Dr Swarna was told that Mr Piccolo was living in his parents' home, which was inaccurate as he was spending appreciable time

at Dallinghoo. She was unable to elicit any history of criminal offences despite direct questioning and she did feel that that would have made her view his case differently in the sense that she would not have been dealing only with a man with depression following a broken relationship but something more complex. She felt that he was reluctant to give her his full history and able to conceal it but that reluctance was not the result of his illness as he plainly wanted her help to recover from it. Although it had been concluded by the Internal Inquiry that, with the benefit of hindsight, Mr Piccolo *"was more ill than was readily apparent"*, she did not consider that that was an accurate reflection of her own view even after the event.

84. Her note on 6th August which were mirrored by those for 13th August were that Mr Piccolo had no suicidal thoughts. That, of course, is not entirely consistent with the findings of others, namely Mr Shanley and Ms Plen, that he had such thoughts whilst maintaining that he would not act on them because of the distress that it would cause his family. It became clear that, on 13th August, Mr Piccolo had completed the Beck Depression Inventory and had circled the alternative that *"I have thoughts of killing myself, but I would not carry them out"*. She asked him about that and he indicated that, in fact, he had had but did not currently have such thoughts and ought to have circled the answer which read *"I don't have any thoughts of killing myself"* , but she did not want to alter what he had written. It therefore emerges that Mr Piccolo was giving different answers about his underlying mental state to different people in very close proximity in time terms in that, on 10th August both Ms Plen and Mr Shanley had gained a different understanding. Looking back on matters, Dr Swarna suggested, and there may well be force in the suggestion, that the variations in this regard may have been due to Mr Piccolo being concerned that, by expressing such thoughts to her, a psychiatrist, he might have been admitted to hospital.

85. At the end of the second consultation, Dr Swarna advised Mr Piccolo that her recommendation was that he should recommence taking antidepressants. He was not keen as he had experienced unpleasant side effects of such drugs. She did not push the matter on this occasion and resolved to raise the matter again at their next meeting.

86. By 20th August, the family's joint recollection was that Mr Piccolo's mental state was deteriorating , but Dr Swarna was not advised of that by Mr Piccolo himself or any member of the family. She did not consider that there was any improvement but nothing led her to consider that there was any worsening. Mrs Piccolo recalled that, at this consultation, Dr Swarna had asked her if she realised how ill her son was. Dr Swarna explained that that was in the context of her seeking to stress to both Mr

Piccolo and his mother the necessity of him taking such medication as was advised and prescribed if he wanted to start to get better. Mr Piccolo had asked her what might happen if he would not take any further medication and she had to advise him that there was then a possibility that he might deteriorate and end up in hospital.

87. Mrs Piccolo also recalled that, on this third occasion, her son had told Dr Swarna, in response to questioning from the doctor, that he did sometimes consider suicide. That did not accord with Dr Swarna's recollection and the complaints noted by her in the clinical notes and her letter to Dr Hildrey. There was nothing about this session that caused Dr Swarna to have heightened concerns about her patient. She was concerned that he continued to be reluctant to take antidepressants and so arranged to see him again the following week on 27th August in order to continue the process of persuasion.

88. The recollection of Mrs Piccolo was that Mr Piccolo's condition had deteriorated between 20th August and what turned out to be the final consultation on 27th August. Again, that did not accord with Dr Swarna's recollection, indeed her own clinical note commences *"Much the same"* with the abiding concern being what the result of the Court case would be. She prescribed a new antidepressant for Mr Piccolo on that day, a Dutonin starter pack commencing on 50 mg per day to rise to 100 mg and then to 200 mg over 4 weeks, and arranged to review him in 3 weeks.

89. In her letter to Dr Hildrey following this consultation, Dr Swarna made reference to the appointment with Dr Coxhead in the following terms *"I shall review him in three weeks' time. He also has an appointment to see Dr Coxhead who will be providing a report...."* which is somewhat equivocal as to whether the appointment had been fixed or if it was known to Mr Piccolo and his mother that one was to be arranged for the near future. Indeed, the family were under the impression that such an appointment would be within about a week of Dr Swarna's consultation on 27th August. In fact, it was arranged for 11th September but, of course, never took place. It was Dr Swarna's view that two weeks was a satisfactory period and she stressed that Mr Piccolo and his family were aware of how to contact her, if needs be, during working hours and the method of making contact out of hours.

90. He was still exhibiting concern about medication at this, as it turned out, final consultation, and wanted to know why Dr Swarna considered that a fourth drug would be any better than the three that he had already tried. She told the Panel how she went through all of the side effects as set out in the British National Formulary until he was

agreeable to try Dutonin.

91. Subsequently, Dr Swarna was told by Dr Coxhead's secretary that Mr Piccolo had telephoned wishing to speak to her in order to discuss his medications. She tried twice to contact him but was unable to obtain an answer. She therefore awaited further contact from him but none came. Dr Swarna could not, of course, know what it was that he wished to discuss with her but was confident that it was to go over the side effects of the prescribed drug once again.

92. It was suggested by the family that Mr Piccolo was told by Dr Coxhead's secretary that he should halve the dose. Dr Swarna had no recollection of being asked by the secretary whether there should be any variation in dose and, in any case, it was inherently unlikely that she would have sanctioned a decrease in the dose as it would have reduced it below a therapeutic level. Further, having known Dr Coxhead's secretary for some time, she considered it highly unlikely that she would have advised any change on drug dosage in the absence of medical agreement. There was no direct evidence from the secretary but, from the evidence heard it, was concluded that it was unlikely that any direction was given to reduce the dose and that there was probably some misunderstanding on Mr Piccolo's part.

93. Dr Swarna did not share the view of the Piccolo family that Mr Piccolo's mental health deteriorated markedly during the period of 6th to 27th August. Indeed, she obviously felt that she had made some headway on the final occasion in persuading him to take the anti-depressant medication despite very strong reluctance on his part. It seems that he was exceedingly anxious about his situation and frightened not only by the prospect of imprisonment for the criminal offences but also by the thought of admission to hospital because of his depressive condition. If the family are correct then it is certainly possible that Mr Piccolo presented a more robust picture to Dr Swarna than was truly the case in order to minimise the risk of inpatient admission.

94. On 3rd September 1998, Dr Swarna spoke to Dr Coxhead for the first time about Mr Piccolo's case. Her reasons for raising the case with him were her concerns that he may not take the medication prescribed and what she should do next particularly if he did not comply. She was plainly very surprised by the revelations contained in the papers in the Pre-Sentence Package and felt that she had only been shown the *"tip of the iceberg"* by Mr Piccolo despite direct questioning about his criminal history and that the case became a more complex one. She considered that this had been the result of active withholding or concealing of information by Mr Piccolo. In expressing that

view she echoed the opinion of Ms Plen as to her impression that Mr Piccolo was capable of withholding information that he did not want professionals to know.

95. Dr Swarna told the Panel that it would have assisted her if she known prior to, or during , the period of her 4 consultations with Mr Piccolo of his criminal history and the views of Mr Shanley as to his minimisation and of Mr Green as to his potential risk of harm to others. However, in terms of her clinical assessment it was, as has been set out above, not her view even with hindsight that he was "more ill than was readily apparent" as the Internal Inquiry had concluded was her view.

96. She also told the Panel that she was unaware in this case who the Interim Care Co-ordinator under the CPA was and, obviously, the lack of receipt by her of the CPA documentation meant that she had no direct means of finding out who it was.

COMMENT

97. **It was clear that Dr Swarna considered that she ought to have had access to the views and opinions of all of those who had had professional contact with Mr Piccolo as well as the documentation available in the Pre-Sentence package. Such information needs to be available to all those involved in developing treatment and care plans.**

98. **Mr Piccolo was not in the mental health system for a long period of time (it was less than 7 weeks from the meeting with Mr Green to Mr Piccolo's death) and the convening of any sort of case conference had been left in abeyance to await the outcome of Dr Coxhead's consultation with the patient. Further, in this instance, even if Dr Swarna had had all of the views and documents available it is by no means clear that it would have affected her method of treating Mr Piccolo, or persuaded her that he was more ill than she in fact considered him to be. It might have led to an earlier meeting between herself and the consultant, Dr Coxhead, which she may well have sought if her index of concern had risen. What difference that would or might have made in this case it is hard to assess. The sudden final decline to his ultimate state may very well not have been averted.**

99. **Dr Swarna was not very experienced in acute adult psychiatry at the time that this case was assigned to her. As a result of that inexperience coupled with a lack of supervision, the possibility cannot be ruled out that signs of a significantly more serious underlying condition were missed by Dr Swarna. Further, whilst**

the family did nothing to draw their concerns that Mr Piccolo was getting worse during August 1998 to her attention, they may well have been correct in their assessment but Dr Swarna did not share that view. Subtle signs may not have been appreciated by her and she did not have the chance to discuss the case on an ongoing basis with the consultant, Dr Coxhead.

100. **WE RECOMMEND that systems be introduced that minimise the risk of gaps in the knowledge of those providing psychiatric care to new as well as long term patients who are well known to the system. That may not always be that easy to achieve and will place potentially greater burdens upon the CPA Care Co-ordinator. However, dissemination of full and accurate information is crucial to the proper working of any community based system of psychiatric care if patients are not to be prejudiced by lack of knowledge of all relevant matters in those treating them.**

101. **WE RECOMMEND that whilst the circumstances of severe staff shortages set out in Chapter 8 should, it is to be hoped, not be repeated, a system must be devised if it is not already in place to ensure that relatively junior staff have ready and regular access to their consultants , so that they can discuss their ongoing case loads as a matter of regular practice.**

Chapter 8

The role of the consultant psychiatrist

102. As has been set out above, the original referral by Dr Hildrey was to Dr Neil Coxhead who assigned Mr Piccolo's case to Dr Swarna. There was nothing about the referral letter that made that assignment anything other than appropriate.

103. It is perhaps necessary to describe the work load of Dr Coxhead which was, at the relevant time, demanding and spread over a very wide geographical area. He was carrying out 3½ sessions per week at Braintree Town, doing consortium work at The Gables, 1 session every other week for Braintree Rural at White Lodge , 1 session per week at Witham covering 50%, (the other 50% being carried out by Dr Anderson a fellow consultant) and 2 sessions per week at The Linden Centre dealing with the Tillingham Day Hospital and Acute inpatient wards. The remaining 4 sessions in the week were taken up with letter and report writing, administrative and managerial issues, teaching and with on call duties.

104. Dr Coxhead told the Panel that he was, at this time, covering a catchment area that should have been the responsibility of 1½ or 2 consultants but there were staffing difficulties that were supposed to be short term but lasted for 18 months. The same areas were, in December 1999, being covered by 2½ consultants. He was given extra remuneration but it was plainly a very heavy workload that imposed strains on the clinicians at all levels and the support staff. Dr Coxhead, although he is now employed by a different Trust in Essex, was aware of the details of the current position in Mid Essex and it is obvious that things are now greatly improved in terms of manpower. There were recruitment problems during 1998 that extra funding and resources have ameliorated.

105. At the relevant time, it was obviously very difficult in time terms for Dr Coxhead to have regular meetings with all of the junior doctors who worked under him, being a total of 3 clinical assistants and 1 senior house officer inclusive of Dr Swarna based at 4 different sites. As a result, he saw Dr Swarna for supervision for about thirty minutes every two weeks if she requested it and, realistically, that was all that could be managed. If she or one of the other clinical assistants had a problem, then they could ask to see him as happened in this case when Dr Swarna became concerned about trying to ensure that Mr Piccolo took his medication.

106. Dr Coxhead was able to explain the system in place in the Summer of 1998 for the allocation of new cases as referrals were made to his unit at the Linden Centre. The original referral had come in from Dr Hildrey and Dr Coxhead concurred with other witnesses that a dual referral was by no means unusual. The time scales were 48 hours for an urgent referral, a week for urgent out-patient referrals and two to three weeks for a general out-patient referral. The standards at that time accorded with that arrangement, indeed they required that general out-patient referrals should be seen within 13 weeks. This referral was seen by Dr Coxhead who personally read all letters of referral and decide to whom they should be referred and into which category they fell. Once the confusion of the address had been resolved by Mr Green, who liaised with the Linden Centre, the appointment given to see Dr Swarna on 6th August was a day over the two weeks that Dr Coxhead liked to keep to. The decision to assign the case to Dr Swarna was determined by the fact that the delay in seeing her was shorter than that to see Dr Coxhead himself. Dr Swarna would not be told that a new patient had been assigned to her but gleaned the information usually from looking at her clinic list.

107. The question of the dissemination of the documents and opinions in this case was canvassed with Dr Coxhead as he was sent the Pre-Sentence Package, Mr Shanley's report and that of Ms Plen during the period that Dr Swarna was seeing Mr Piccolo but she did not see any of them. Further, the CPA documentation was never distributed to the other professionals by the CMHT. He concurred with Dr Swarna that, as a general principle, a clinician seeing a patient is assisted by having all of the relevant information. He did point out that she might have found some of the conflicting opinions being expressed confusing and "*How to interpret it is the question. Information is not necessarily informative. You have got to know what reliability to place on it and where it has come from.*" He considered that there may have been an element of him holding back from handing her the court papers which contained unproven allegations. Such considerations did not apply to the reports and he agreed that she ought to have seen them with a view to discussing their import with him at their next supervisory meeting. He surmised that such a meeting might conceivably have occurred sooner had the reports been seen by Dr Swarna and she sought his help earlier.

108. He told the Panel that when documents were received by his department he would look at them and then leave them on a secretary's desk for filing in the appropriate case notes. In the Summer of 1998, that process was sometimes taking several weeks, so Dr Coxhead was not expecting them to be in the file quickly and did not therefore

expect the information to be in Dr Swarna's hands in the immediate future. At the time, he did not see this as a matter of urgent priority. He referred to requests being made from time to time for more clerical staff

109. Dr Coxhead told the Panel that the telephone call from Martin Green following his consultation with Mr Piccolo on 24th July 1998 was taken by a secretary and, given that he described him as being *"not at all well"*, the allocation as a non urgent two week case did not alter, especially as he was having contact with a community psychiatric nurse.

110. On 11th or 12th August, Oliver Shanley rang Dr Coxhead to discuss Mr Piccolo's case and Dr Coxhead's abiding memory was that Mr Shanley considered that *"Something does not add up here."* Mr Shanley explained that the witness statement of Ms Smith portrayed Mr Piccolo in a very different light to that which he himself presented. Dr Coxhead offered to see Mr Piccolo in 4 weeks and that was considered to be appropriate by Mr Shanley who was puzzled and wanted Dr Coxhead to try to make sense of the conflicting picture that had emerged. He accepted that a note of this conversation would have been helpful in drawing its contents to Dr Swarna's attention.

111. On 3rd September, Dr Coxhead did speak to Dr Swarna about Mr Piccolo's case. He told the Panel that he made notes of that meeting on the reverse of one of the letters in the file. Dr Swarna sought his advice because she was concerned that Mr Piccolo was not going to comply with the medication regime that she had prescribed after much coaxing and encouragement. She was extremely surprised to learn of the contents of the Pre-Sentence package. As an appointment had already been made for 11th September for Dr Coxhead to see Mr Piccolo, nothing at the meeting between the two doctors led to any change in that plan. Indeed, as Dr Coxhead himself had been aware of the dichotomy that existed in this case from his discussion with Mr Shanley in mid August so his own state of knowledge was little changed by the meeting of 3rd September. For obvious reasons from the history of this case, Dr Coxhead never met Mr Piccolo who died on the very day that he was due to attend the Linden Centre for his consultation.

112. Dr Coxhead was asked to provide his own views as to how things might have been done differently in this case and as to matters of more general application. As far as Mr Piccolo himself was concerned, he told the Panel that, with hindsight, it would plainly have been better if his appointment with him had been sooner. It was, he

said, *"a question of assessing probabilities and measuring one priority against another."*

113. Analysing his own state of knowledge, he was aware from his discussion with Mr Shanley that there was an alleged history of aggression but that that was disputed by Mr Piccolo. He had scanned the Pre-Sentence package and seen reference by Ms Smith to an alleged kidnap and being forced to eat horse manure both of which had stuck in his mind. He stressed that these allegations were both unsubstantiated and unproved and did not correspond with the account of Mr Piccolo himself and the impression that he made on Mr Shanley. He relied on Mr Shanley's expertise to the extent that, as he had by then seen Mr Piccolo on three occasions, some form of risk assessment would have been done by him and that had not engendered a request for an urgent appointment.

114. On the general question, he expressed concerns that adult general psychiatrists with limited forensic experience such as himself are being referred cases with a forensic element such as Mr Piccolo. That happens when the general mental health service is already involved in the care of a patient who then comes into the criminal courts' system. Dr Coxhead was concerned that, if this is to occur and, with the resource implications of trying to appoint a consultant forensic psychiatrist to each Criminal Justice Liaison Team it is likely that it will occur, he mooted that further training may need to be given to general psychiatrists to address this gap in service provision.

COMMENT

115. The initial assignment of Mr Piccolo's case to the non- urgent/see within 2 to 3 week category was appropriate as was the placing of him in Dr Swarna's list of out patient appointments. The delay in him actually being seen until 6th August by Dr Swarna resulted in the first place from the old address that was originally provided and then from the fact that no appointment date was sent out to Mr Piccolo until 24th July 1998, the day that he saw Mr Green. It seems that, having been notified by Mr Green that the original address was wrong, the Linden Centre staff were unaware of the new address until 24th July.

116. This delay in Mr Piccolo entering the system as Dr Hildrey had intended in mid-June was unfortunate but could not properly be blamed upon the mental health services. It also has to be viewed against the background of the referral of a patient whose condition was not considered to require treatment of the utmost urgency. However, it does appear that, but for Mr Green making contact on 24th

July 1998, the actual giving of an appointment to Mr Piccolo could have been significantly more delayed. Again, the problem of the lack of clerical support staff comes to the fore as making the necessary enquiries to find out where the patient actually lived ought properly to be done by them and not by the clinicians.

117. **Dr Coxhead was plainly working under unsatisfactory conditions in the middle of 1998 due to staff shortages. That contributed, no doubt, to the relative autonomy that he had to give to his junior staff, in this instance Dr Swarna. Her experience was still relatively limited in 1998 and she would have benefited from greater consultant input. That was probably impossible in practical terms because of the time constraints imposed on Dr Coxhead but it did lead to Dr Swarna being left almost entirely to her own devices. Their meetings were roughly fortnightly and she could, she told us, ask to see Dr Coxhead if she felt the need. How easy that would have been to engineer is open to some doubt. Her very inexperience in acute adult psychiatry may have led to her not appreciating that she actually needed help with a particular patient.**

118. **Had Dr Swarna seen Dr Coxhead earlier with all of the available information to hand, it is certainly a possibility that Mr Piccolo would have been given an earlier appointment date to be seen by Dr Coxhead, whose index of suspicion may well have been raised. Whether his assessment would have led to any other action is uncertain.**

119. **The fact that all of the information and assessments of Mr Piccolo were not shared between all of those involved in his care, meant that there was never an opportunity for Dr Coxhead, as the Responsible Medical Officer, or any of the other members of the informal team to piece all of the picture together. It cannot be known what effect, if any , that would have had upon the outcome. That is of particular importance in the case of a man such as Mr Piccolo who may consciously or unconsciously have provided a different impression of himself and his condition to different individuals at varying times.**

120. **WE RECOMMEND that, if at all possible, circumstances are not allowed to develop in future whereby one consultant is trying to do the job that is meant to be covered by 1½ to 2 people. This can lead to compromise being made on assessments and care plans and imposes unreasonable strain on all of those working in the system and acts to the detriment of the mentally unwell.**

However, the national shortage of consultant psychiatrists indicates that such undesirable circumstances will be repeated.

121. **WE RECOMMEND that time should be made within the busy schedules of junior medical staff and their respective consultants for very regular reviews , so that the routine is established whereby the progress and problems of patients are monitored by the consultant and the junior staff member is able to gain greater insight and expertise.**

PART II

The lessons to be learnt

Chapter 9

A streamlined system of referral

122. In effect, this case resulted in a three pronged referral of Mr Piccolo to the mental health services. Dr Hildrey wrote letters to both the Mid Essex Community Mental Health team and to the psychiatrists at the Linden Centre. He did not use the CPA documentation and plainly at the time had little knowledge as to its use. That, the Panel was told by other witnesses, remained the position many months later. The third referral came via the Magistrates Court and the CJMHT for a report from Dr Coxhead for the criminal proceedings.

123. Ideally, that should not happen as it is likely to lead to fragmentation in response and confusion in providing the care required. In fact, there was reasonably good communication between the different agencies involved . If the CPA documentation is to be used to improve the dissemination of information and opinions then it has to be adequately organised and resourced.

124. **WE RECOMMEND that the organisation and resourcing of the use of the CPA and its documentation need to be looked at, addressed and be under constant review.**

Chapter 10

Effective communication

125. In most respects there was good communication between the participants in Mr Piccolo's care by telephone and letter. In contrast, there was limited communication between the consultant psychiatrist and his junior doctor.

126. Information in the form of reports prepared by Mr Shanley and Ms Plen and the Pre-Sentence Package were sent through to the Linden Centre for use by the psychiatrists. However, the clinician, Dr Swarna, who was actually treating Mr Piccolo was not provided with that information at any point during her regular weekly meetings with him. The mental health service did not have systems in place to ensure that information was passed on. Clerical deficiencies were identified and require to be addressed if they still exist.

127. It is possible that, had Martin Green handed over the role of Care Co-ordinator to either Mr Shanley or Dr Swarna, the full information about Mr Piccolo might have become known to all concerned at an earlier stage. Whether that would have led either to an earlier appointment with Dr Coxhead or a case conference being convened sooner can only be speculation because even when those assessing him were aware of the apparent inconsistencies there were no warning bells that something really serious was about to ensue. It can only be concluded that Mr Piccolo's level of illness changed for the worse in the last few days of his life and it is doubtful that greater communication between Dr Coxhead and Dr Swarna would have made any difference.

128. **WE RECOMMEND that all possible measures be taken to ensure that the Interim Care Co-ordinator:**
has proper clerical assistance to allow him or her to deal with the administrative burden placed upon them

has adequate knowledge of the CPA scheme so that the documentation is fully and properly completed

ensures that the documentation is then sent to the other professionals involved in the case

make checks probably via their administrative staff to see that the various team members have the same information from sources such as the Court, probation service, general practitioner , etc.

convenes a case conference at the first reasonable opportunity so that a full and frank exchange of views can take place

ensures that a comprehensive care package is put in place for the patient that is understood both by him and such family and friends who are involved in his day to day care

hands over the role of Interim Care Co-ordinator if it becomes apparent that his role is so peripheral or, possibly, defunct so that active co-ordination ensues.

129. **Active ongoing co-ordination is potentially time consuming in the early days of a new patient's care but its importance in terms of ensuring that comprehensive and appropriate care is provided cannot be underestimated. There will be staffing considerations both in terms of the burden of this task taking the relevant professional away from other duties and for clerical support.**

130. **The CPA documentation is commendably comprehensive , but that leads to it being potentially non user friendly in the sense that it is unwieldy and time consuming to complete. It may assist if a short check list is drawn up for the use of the Interim Care Co-ordinator highlighting the key steps that he has to take including, of course, the gathering and dissemination of all information.**

131. **As far as the psychiatric unit at the Linden Centre is concerned, steps to ensure that all documents are married up with the relevant case notes as a matter of urgency must be taken. The idea that it might take weeks for a report or police statements to reach the notes is unacceptable , particularly when the opportunities for regular contact between the clinician who might have screened the information when it is received and the doctor actually treating the patient are limited.**

Chapter 11

Effective supervision

132. Another theme of Mr Piccolo's care is the paucity of supervision provided to more junior members of staff in particular, Dr Swarna, and to a lesser extent, Martin Green. This is a crucial part of the effective working of any community based rural mental health service where professionals are likely to be left a lot to their own devices, often going for days without seeing their senior staff members. The hierarchy and built in safeguards of a large hospital setting do not exist and time and resources must be given to minimise the risk of junior staff going unsupported.

133. There are dangers of a lack of supervision, most serious of which is that a patient's condition will be misdiagnosed or not assessed as being as serious as it really is. Whether that was the case with Mr Piccolo is largely speculative although extrapolating back from his violent and extreme actions on 9th September, it might be supposed that there may have been signs in advance that he was descending to this catastrophic state. However, having said that his family who knew him best and who thought that he had got worse were wholly unprepared for the drastic nature of his actions and it may be that he suddenly "snapped" in a way that no-one, including a consultant psychiatrist, could have foretold or taken steps to avoid.

134. Turning to the general issues raised, Dr Swarna had relatively limited experience of acute adult psychiatry but was left to carry out her work in a largely autonomous way. That was largely forced upon her and the consultant, Dr Coxhead, because of serious manning difficulties in Mid Essex for a fairly protracted period in 1997 and 1998. That meant that Dr Coxhead was working out of four centres and his opportunities for regular review sessions with more junior staff members were necessarily scant. It was open to Dr Swarna and her fellow clinical assistants in other units to ask to see Dr Coxhead if they had a particular problem. However, that presupposes that they appreciate that there is a problem that needs addressing.

135. In this instance, quite possibly at least in part as a result of the combination of the relative inexperience of Dr Swarna coupled with the incomplete information that she had, she did not perceive that Mr Piccolo was a patient of particular concern in terms of his possible conduct against himself or others. Her concern centred upon his deep reluctance to take anti-depressant medication and it was that that led her to discuss Mr Piccolo with Dr Coxhead. Had there been weekly meetings as a matter of course between the two of them it is probable that both the inconsistencies highlighted by Mr Shanley and Ms Plen and the potentially more complex nature of the problem that Mr Piccolo really presented would have surfaced at an earlier stage. What, if any, difference that may have made to the outcome can, as has been stated more than once, can only be speculated upon. The combination of the lack of supervision with the paucity of communication between the professionals may have affected the care which Mr Piccolo received.

136. The community mental health nurse, Martin Green, was relatively new in this job and was still finding his feet. His Team Leader was David Gaudry who did not have much day to day contact with Mr Green. The system of supervision was somewhat

haphazard. Whilst no system should be so formalised that it becomes unwieldy, there ought to be put in place a mechanism whereby the nurse and his Team Leader have a regular meeting to discuss patients generally and any problems that are presenting from whatever source. By such a means, the workings of the CPA for a particular patient will be under regular review and issues such as just who would be most appropriate to be Care Co-ordinator and whether all of the available information has been circulated are likely to be identified and tackled.

137. **WE RECOMMEND that issues of supervision of junior staff members should be afforded a significantly higher level of priority both to ensure that those staff members develop maximally in terms of career development and to afford to the patients for whom they are caring the optimal treatment.**

138. **It is crucial that junior staff and their superiors have time allotted in their timetables for regular meetings.**

Chapter 12

Effective case management

139. This area is really the summation of the two previous ones. Once effective communication and supervision are in place, it is to be hoped and expected that the management of an individual patient's care will be smoother. The key is contact between the various professionals which must be easy to instigate and maintain. However good each professional may be at his or her job, they will be working at way below their optimal level in delivering care is they do not all work together as part of a cohesive team.

140. It is appreciated that such team work and the need for ongoing contact has significant time and cost consequences but that should not detract from speedy steps being taken to ensure that it actually happens. It is plainly peculiarly difficult when one is dealing with a wide spread area geographically in areas of sparse population , but the need is not diminished , rather it increases as the opportunities for chance meetings are fewer. The picture emerged of individuals working hard and to the best of their abilities , but with little or no knowledge of what their colleagues in other units were doing.

141. There are no specific recommendations in this regard above and beyond those in the preceding two Chapters but the Authority should take steps in conjunction with the Trust to review the practices and procedures in place to ensure that the best is being obtained from all staff by allowing them the proper opportunity to have a regular exchange of experience and ideas.

Chapter 13

The Internal Inquiry of the Mid Essex Community and Mental Health NHS Trust

142. The internal inquiry was assembled, conducted its enquiries and reported with commendable speed. However, that very speed creates its own problems in that there was a feeling amongst some of those who gave evidence to them that the procedure was not entirely satisfactory.

143. In particular, it is not appropriate for the taking of evidence even in the most informal sense to be done by one member of the Panel telephoning an individual at home. It is appreciated that there were, at least for one individual, compelling personal reasons why that individual could not attend and the members of that Panel were doing their best to complete their investigations. As far as the Piccolo family is concerned, members of the Internal Inquiry Panel did meet them at home and interview them. Typed notes of matters that the family wished to be addressed were before the Internal Inquiry Panel and the family were offered the opportunity of a meeting to go through the report. Nevertheless, the family felt, rightly or wrongly, that they had had no part in the procedure and the outcome was suspect in their eyes for that reason.

144. In different circumstances to those applicable here, if an individual were, for example, to receive serious criticisms for his or her acts or omissions they would be left with the abiding feeling that they had not been able to present their own case properly. It is of abiding importance that justice in such circumstances not only be done but be seen to be done by all of those involved.

145. The further curiosity that arose was with regard to the fact that, again for good reason, the internal inquiry heard evidence from the Team Leader, Mr Gaudry, when Mr Green could not attend before them, of matters that were peculiarly within the knowledge of another individual. That the two men had discussed the matter fully does not put right this very odd state of affairs and it should not occur.

146. More than one of the witnesses who gave evidence to this Panel of Inquiry expressed some disagreement with the views that were ascribed to them by the internal inquiry. That suggests that the members may have been superimposing their own views of the case upon those actually involved. That is entirely permissible but must be expressly stated to be the position to avoid confusion and unhappiness in cases where there is

bound to be professional anxiety about potential responsibility in a tragic case.

147. The recommendations made by the Internal Inquiry Panel were sensible and appropriate and this Panel has no criticisms of them.

148. **WE RECOMMEND that future internal inquiry panels adopt scrupulous procedures for the taking of evidence even if they entail some delay in producing a report. If that report is to be of value it needs to be the object of trust and be understood to be based upon the full views and recollections of those most intimately involved who have been afforded a proper opportunity to face the Panel members. If such a Panel considers that valid assessments of its own can and should be drawn from the written and oral evidence before it, it should not hesitate to express them , but must ensure that it is plain from the face of the Report that ensues that it is expressing its own conclusions not misrepresenting the views of the others.**

PART III

Summary of the most significant recommendations

Training & resources

149. **WE RECOMMEND that the question of resources for the full implementation of the Care Programme Approach be considered as a matter of urgency. The low numbers of clinicians of all sorts and lack of clerical support are likely to lead to communication breakdown and confusion.**

150. **WE RECOMMEND that each community mental health team, criminal justice mental health team and psychiatric unit should put in place (in so far as they have not already done so) a comprehensive package of instruction and induction to both new and existing staff members dealing with the ethos, practice and procedure surrounding the Care Programme Approach. That will facilitate the dissemination of full information about a patient to all of the relevant personnel involved and avoid misunderstandings and confusion.**

Internal inquiries

151. **WE RECOMMEND that future internal inquiry panels adopt scrupulous procedures for the taking of evidence even if they entail some delay in producing a report. If that report is to be of value it needs to be the object of trust and be understood to be based upon the full views and recollections of those most intimately involved who have been afforded a proper opportunity to face the Panel members. If such a Panel considers that valid assessments of its own can and should be drawn from the written and oral evidence before it, it should not hesitate to express them , but must ensure that it is plain from the face of the Report that ensues that it is expressing its own conclusions not misrepresenting the views of the others.**

Staffing levels and supervision

152. **WE RECOMMEND that greater emphasis be placed upon the speedy and**

efficient dissemination of all relevant documentation and opinions in case such as this one where matters are not static and accurate up to date information is vital. That will almost inevitably have resource implications in terms of recruiting and training more clerical staff but the benefits of freeing up time for highly trained professionals to be able to get on with what they are trained to do should be beneficial.

153. **WE RECOMMEND that, whilst the circumstances of severe staff shortages set out in Chapter 8 should, it is to be hoped, not be repeated, a system must be devised , if it is not already in place , to ensure that relatively junior staff have ready and regular access to their consultants so that they can discuss their ongoing case loads as a matter of regular practice.**

154. **WE RECOMMEND that, if at all possible, circumstances are not allowed to develop in future whereby one consultant is trying to do the job that is meant to be covered by 1½ to 2 people. This can lead to compromise being made on assessments and care plans and imposes unreasonable strain on all of those working in the system and acts to the detriment of the mentally unwell. However, the national shortage of consultant psychiatrists indicates that such undesirable circumstances will be repeated.**

155. **WE RECOMMEND that time should be made within the busy schedules of junior medical staff and their respective consultants for very regular reviews so that the routine is established whereby the progress and problems of patients are monitored by the consultant and the junior staff member is able to gain greater insight and expertise.**

The interplay with the Probation Service

156. **WE RECOMMEND that the Probation Service ensures that its own clerical systems are such that, in cases where there is a known involvement of the local Criminal Mental Health Team, it liaises with that Team to ensure that all available sources of information are shared as soon as they can be. That, of course, subject to issues of confidentiality, applies the other way so that Mr Shanley or any of his colleagues should make sure that the relevant Probation Officer is kept up to date with key facts.**

Dissemination of information

157. WE RECOMMEND that systems be introduced that minimise the risk of gaps in the knowledge of those providing psychiatric care to new as well as long term patients who are well known to the system. That may not always be that easy to achieve and will place potentially greater burdens upon the CPA Care Co-ordinator. However, dissemination of full and accurate information is crucial to the proper working of any community based system of psychiatric care if patients are not to be prejudiced by lack of knowledge of all relevant matters in those treating them.

Appendix 1

Witnesses who attended and gave evidence

Mr John **Piccolo** (junior), son of Mr John Piccolo

Mrs Maisie **Piccolo**, mother of Mr John Piccolo

Miss Lisa **Piccolo,** daughter of Mr John Piccolo

Mr Ron **Wheal**, family friend

Dr Andrew **Hildrey,** general practitioner

Miss Rene **Plen**, Probation officer

Mr Martin **Green**, Community psychiatric nurse

Mr David **Gaudry**, Team leader of Mr Green

Mr Oliver **Shanley**, Clinical nurse specialist and team leader of the Mid Essex Criminal Justice Mental Health team

Miss Carol **Edward**, Director of Mental Health , Mid Essex Community and Mental Health NHS Trust

Dr Rima **Swarna**, Clinical assistant to Dr Coxhead

Dr Neil **Coxhead,** consultant psychiatrist

Appendix 2

Witnesses who made statements for the inquiry but whose evidence was read.

Mr Ben **Collins,** family friend

Further copies can be obtained from:

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Fax: 01376 302114

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