REPORT OF THE INDEPENDENT INQUIRY INTO THE TREATMENT AND CARE OF NORMAN DUNN

Foreword

We were commissioned in December 1996 by the Newcastle and North Tyneside Health Authority to conduct this Independent Inquiry and now present our report having followed the Terms of Reference which were set for us and the Procedure which was adopted by us.

David Keating LL.B	Dr Paul Collins	Sandra Walmsley
Solicitor	Consultant Forensic Psychiatrist	Director of Social Services
Chairman	Member	Member

December 1997

Acknowledgements

We would like to acknowledge and thank all those who attended and gave evidence to the Inquiry including Norman Dunn himself for their co-operation.

We wish particularly to thank Catherine Weightman who acted as our co-ordinator and her secretary Hilary Fisher who were allocated for this Inquiry by Newcastle and North Tyneside Health Authority for all their assistance in ensuring that the arrangements for the Inquiry were made efficiently. They had a challenging task with which they coped most ably in addition to their normal duties and responsibilities.

We also wish to thank the Authority for providing the facilities and resources needed for the smooth running of the Inquiry.

The tragic death of Eileen MacLachlan on the 1st July 1995 touched many lives, but in particular her family and friends including Norman Dunn himself. The Inquiry is particularly grateful to Judith Delap, the daughter of Eileen MacLachlan and sister of Norman Dunn; Angela Porteous and Jonathan Dunn, the children of Norman Dunn; Margaret Dunn, his former wife and Archie MacLachlan, the former husband of Eileen MacLachlan. They all assisted the Inquiry and gave evidence in a balanced and sensitive manner. Hopefully their involvement in the Inquiry will have been of some assistance to them in coping with their bereavement.

Report of the Independent Inquiry into the Treatment and Care of Norman Dunn

Contents

List of abbreviations

The Act	The Mental Health Act 1983
CPRT	Community Psychiatric Rehabilitation Team
CMHT	Community Mental Health Team
GP	General Practitioner
CPN	Community Psychiatric Nurse
CPA	Care Programme Approach
ASW	Approved Social Worker
MDT	Multi Disciplinary Team
NHS&CCA	National Health Service and Community Care Act
RMN	Registered Mental Nurse
RMNS	Registered Mental Nurse Sub-Normal
SRN	State Registered Nurse
B.CHIR	Bachelor of Surgery
City Trust	Newcastle City Health NHS Trust
North Tyneside Trust	North Tyneside Health Care NHS Trust
HAS	Hospital Advisory Service

List of witnesses who presented evidence to the enquiry

Mrs J Delap	Norman Dunn's sister
Mrs M Dunn	Norman Dunn's ex-wife
Mrs A Porteous*	Norman Dunn's daughter
Mr J Dunn	Norman Dunn's son
Mr A McLachlan	Norman Dunn's stepfather
Dr J D Harvey	Director of Public Health, Newcastle & North Tyneside Health Authority
Mr K Hamilton	Quality, Communications & Complaints Manager, North Tyneside Health Care
Mrs A McKenzie	Divisional Manager for Mental Health Services, Newcastle City Health Trust
Dr K L Shresta	Consultant Psychiatrist, Priority Healthcare, Wearside
Mr C McDonald	Manager, Charlotte Street Day Centre
Dr R Farquharson	Consultant Psychiatrist, Newcastle City Health Trust
Mr P Savage	Community Psychiatric Nurse, Newcastle City Health Trust
Mr P Yearnshire	Community Psychiatric Nurse, Newcastle City Health Trust
Mr J Whalley	Community Psychiatric Nurse, Newcastle City Health Trust
Mrs J Morrell	Community Psychiatric Nurse, Newcastle City Health Trust
Mr M Normanton	Co-ordinator, Mental Health Services, Newcastle City Health Trust
Mr W Austin	Manager, Elderly Resource Centre, GB Hunter Hospital, Wallsend
Dr A Wilson	Consultant Psychiatrist, Gartnaval Royal Hospital, Glasgow
Dr M Livingston	Senior Registrar to Dr Farquharson, Newcastle City Health Trust
Mr D Veitch	CPA Co-ordinator, Newcastle City Health Trust
Ms S Michael	Clinical Co-ordinator to the Day Hospital
Mrs M Fickling	Administrator to the CPA Register
Ms W Pinkney	Secretary to Dr R Farquharson
Dr O Olajide	Consultant Psychiatrist, Woodside Community Mental Health Centre, Maidstone
Mr N Lees	Expert witness

* Did not attend the Inquiry but wrote to the Inquiry and also spoke with the Chairman by telephone

CHAPTER ONE
Introduction

1.1 On the 2nd June 1996 Norman Dunn was convicted at Newcastle Crown Court of the manslaughter of his mother Eileen MacLachlan on the 1st July 1995 at her home in Wallsend, Newcastle upon Tyne.

1.2 He was made subject to a hospital order (under Section 37 Mental Health Act 1983) with a Restriction without limit of time (under Section 41 of the Act) [in this report called the Act], that he may not be discharged from hospital without the approval of the Home Secretary. Discharge may also be decided by a Mental Health Review Tribunal.

1.3 On the 1st July 1995 Norman Dunn was also living in Wallsend and was an outpatient receiving care and treatment from the Newcastle City NHS Trust (in this report called "City Trust") in respect of the mental illness from which he suffered and which had first been diagnosed in 1968 as schizophrenia.

1.4 The Newcastle and North Tyneside Health Authority (in this report called "the Authority") is responsible for ensuring the provision of health services for the people of that area which includes Wallsend and has purchased in particular the provision of outpatient mental health services from City Trust since 1st April 1995.

1.5 Before 1st April 1995 the Authority purchased outpatient mental health services from North Tyneside Health Care NHS Trust (in this report called "North Tyneside Trust").

1.6 In accordance with the policy determined by the Secretary of State for Health (NHS Executive HSG [94]27) the Authority has established an external Inquiry wholly independent of the Authority, North Tyneside Trust and City Trust and the following terms of reference were set:-

To examine all the circumstances surrounding the treatment and care of the above listed patient by the mental health services, in particular:

(i) the quality and scope of his health, social care and risk assessments;

(ii) the appropriateness of his treatment; care and supervision in respect of:

(a) his assessed health and social care needs;
(b) his assessed risk of potential harm to themselves or others;
(c) any previous psychiatric history, including drug and alcohol abuse;

(iii) the appropriateness of the professional and in-service training of those involved in the care of the patient, or in the provision of services to him;

(iv) the extent to which his care corresponded to statutory obligations; relevant guidance from the Department of Health [including the Care Programme Approach HC(90)23/LASSL(90)11, Supervision Registers HSG(94)5, and the discharge guidance HSG(94)27]; and local operational policies;

(v) the extent to which his prescribed care plans were:

(a) effectively drawn up;
(b) delivered, and
(c) complied with by the patient;

(vi) the history of his medication and compliance with his regimes

To examine the adequacy of the collaboration and communication between:

(i) the agencies (including Newcastle City Health Trust, North Tyneside Health Care Trust, North Tyneside Borough Council), the General Practitioner involved in the care of the patient or in the provision of services to him, and

(ii) the agencies and the patient's family

To prepare a report and make recommendations to Newcastle and North Tyneside Health Authority.

1.7 The Authority appointed as members of the Inquiry :

David Keating	-	Solicitor and Chairman of the Inquiry
Dr Paul Collins	-	Consultant Forensic Psychiatrist, Newton Lodge Regional Secure Unit, Wakefield
Sandra Walmsley	-	Director of Social Services, London Borough of Tower Hamlets

Catherine Weightman from the Authority acted as Co-ordinator for the Inquiry.

1.8 The Inquiry first met on the 10th January 1997 to determine the evidence to be addressed, the witnesses to be called and the procedures to be followed.

1.9 On that and on all subsequent occasions the Inquiry has met at premises provided by the Authority at Benfield Road, Newcastle upon Tyne.

1.10 Expert evidence was given by Mr Neville Lees and he sat with the Inquiry whilst evidence was taken from those responsible for the provision of mental health services for outpatients otherwise known as Community Care or Care in the Community and those engaged in providing it specifically for Norman Dunn. Mr Lees is : RMN, RNMS, SRN, OBE

1.11 The Inquiry was provided with the medical records relating to Norman Dunn, Crown Court depositions and witness statements, records of the Housing Department of North Tyneside Council relating to Norman Dunn's home in Wallsend, as well as numerous policy and planning documents, job descriptions, minutes and correspondence generally.

1.12 Having evaluated all the documentation the Inquiry decided which witnesses should be invited to give evidence.

1.13 The Inquiry was at all times mindful of recommendation expressed in 1988 in the publication of the Department of Health entitled "Building Bridges". "When considering the scale of Inquiry, purchasers should balance the need for a searching Inquiry into the operation of the Mental Health Services in any particular case, which will also satisfy public interest requirements, with the need to direct a minimum of resources from service provision".

1.14 A letter was sent to each person invited to attend the Inquiry as a witness.

1.15 A standard letter was sent to those who had been concerned in the provision of care for Norman Dunn a copy of which is in the appendix to this report. As can be seen that letter invited them to provide a written report in advance and informed them that they could bring a friend, relative, lawyer or other representative. Only three witnesses chose to bring someone.

1.16 Each letter also expressly stated : "It is the practice that inquiries of this nature sometimes arrange for warning letters to be sent to witnesses. This will happen where it is considered that that person is likely to be criticised for any of their actions in relation to the events being investigated. The Inquiry has decided not to send any such letters at this stage; however, should it emerge during the course of the Inquiry that any witness is open to criticism then that witness will be notified without delay and be given full opportunity to deal with such criticism accordingly".

1.17 It is only right and proper that any witness involved in an Inquiry such as this is given every opportunity to deal with any criticism that might arise. It is, however, difficult to anticipate when the question of criticism might arise or whether any such criticism will ultimately be justified. As it so happened two letters giving notice of potential criticism were sent. The Inquiry took every step to maintain good practice and to ensure that every witness was treated fairly.

1.18 A separate standard letter was sent to those members of Norman Dunn's family invited to attend, a copy of which is also in the appendix.

1.19 The Inquiry met and heard the evidence of the witnesses, who attended, in private. Every witness was invited to, and did, affirm. The witnesses were questioned by the members of the Inquiry and were in conclusion invited to say anything else they might wish to. The questions to and answers and comments given by the witnesses were transcribed. Every witness was told that what had been said would be treated confidentially but the report of the Inquiry would be a public document and reference to or quotations from what had been said might be included in the report.

1.20 The Inquiry considered that its terms of reference were best fulfilled by carrying out its inquisition in this form.

1.21 Inevitably an Inquiry such as this, no matter how fairly it may be conducted, will be a difficult experience for those attending, and will be an added burden for those who had to cover the absences for those attending, provide the documentation required and otherwise meet the needs of the Inquiry.

1.22 All those who gave evidence to the Inquiry did so conscientiously and co-operated fully.

1.23 It was, however, a matter of regret that the General Practitioner for Norman Dunn, Dr Ghosh, did not respond to the three invitations to attend.

1.24 The Inquiry also met Norman Dunn where he is currently being cared for.

CHAPTER TWO
Norman Dunn's Background

2.1 Norman Dunn was born on the 19th September 1941 and was brought up in Wallsend, at that time still an important shipbuilding town and part of the Newcastle conurbation. His sister Judith Delap was born five years later. His father was employed as a clerical officer with the Ministry of Pensions at Longbenton. Norman Dunn recalls his father as a "clever, exemplary, meticulous and good man". Sadly, however, his father died of a heart attack when just 32 years old in 1953 when Norman Dunn was only 12 years old that September. As might be expected, he was very upset by the loss of his father, but he coped well and continued to make good progress. He enjoyed his time at local schools finally leaving when he was 15 years old, though without any formal qualification.

2.2 At 15 years he entered an apprenticeship as a fitter and turner in the local shipyard, which he completed when he was 21 years old.

2.3 He then spent a year in the Merchant Navy but left to get married to Margaret Dunn in 1963.

2.4 Judith Delap describes her brother as someone she idolised as a child, being her big older brother. She recalls him as a typical young man, enjoying his sport, having many friends and being sought after by the girls. He was "the apple of his mother's eye" and is described by his sister as "your regular guy".

2.5 Once they were married Judith Delap and her mother did not see so much of Norman Dunn as he and his wife established their own home and gravitated more to her family socially.

2.6 Having married and left the Merchant Navy Norman Dunn was employed at Parsons, a major engineering company in nearby Walker. After some two years there he got a job as a fitter at the Wills tobacco factory at Walker and he remained employed by them for the next 10 years until he was 35 years old.

2.7 In 1968, however, Norman Dunn witnessed the death of a friend who in his company was struck down by a car whilst crossing the road. This incident clearly upset him greatly and shortly afterwards he was diagnosed as suffering from schizophrenia.

2.8 Until then he had led a happy and active life. He had been a professional sportsman. Between 18 and 20 he had been a semi professional footballer with Sunderland Football Club and had continued his interest in football playing in the Works team and for local clubs.

2.9 In 1966 his daughter Angela was born. He was anxious to have another child and his wife hoped that it would help settle him, and so, in 1971, his son Jonathan was born.

2.10 On the 11th February 1969 he was first admitted as a voluntary patient to St George's Hospital at Morpeth. His medical records show a history of several months of mental abnormality believing people were talking about him, calling him a "poof" and hearing

references to him whilst watching television. His wife had described him as obscene and noisy. He had also threatened to cut his own throat. Excessive drinking was not noted. No violent behaviour was recorded.

2.11 On the 17th March 1969 he was discharged being recorded as "very well", though Norman Dunn complained of tiredness and loss of libido. His treatment continued as an outpatient.

2.12 In June 1969 a possibility of relapse was noted but his condition improved and he returned to work.

2.13 In early 1971 his symptoms worsened and medication was increased and on 11th August 1971 depot injections of Modecate (fluphenazine decanoate) were commenced. (Depot injections provide long acting delivery of medication, Modecate (fluphenazine decanoate) is a commonly used treatment for schizophrenia).

2.14 On the 10th September 1971 Norman Dunn was admitted as an informal patient to St George's Hospital with a history of his symptoms worsening over the previous six weeks. He was noted to be drinking heavily though actual consumption was not quantified.

2.15 On the 30th September 1971 he was discharged from hospital though remained on outpatient care.

2.16 In 1974 the possibility of re-admission was considered but after ECT treatment was not considered necessary.

2.17 Until his next admission to hospital Norman Dunn's symptoms waxed and waned and his medication was adjusted appropriately.

2.18 In 1976 Norman Dunn completed ten years as an employee of Wills, though his sister Judith Delap says that for the last four years of that period he had mostly been off work through his mental illness. Wills, however, supported him throughout that time and once he had completed ten years as an employee he was able to retire on the grounds of ill health and receive a pension. He has not had employment since.

2.19 He was admitted as an informal patient to St George's hospital on the 3rd June 1977. He is recorded as "accusing passers-by and his own children of causing hallucinations". Also a "drink problem" is noted. Liver function tests were abnormal.

2.20 On the 20th June 1977 he was discharged and again treated as an outpatient, though he remained symptomatic.

2.21 In July 1980 his wife reported that he had become increasingly hallucinated and agitated and in November 1980 he is recorded as refusing to attend the outpatient clinic.

2.22 On the 19th November 1981 he was admitted as an informal patient at St George's Hospital. His condition had worsened and he is recorded as being withdrawn, inert and deluded by aural hallucinations, none of which had responded to a change in medication. He was recorded as drinking six pints of beer per day and the liver function tests were still abnormal.

2.23 At the beginning of December 1981 he was allowed one week's leave of absence and on 8th December he was discharged and followed up in the outpatient clinic and by the Community Nurse. The letter of discharge did refer to the possibility of long term hospital admission, and indeed later that month he was reported as suffering from delusions and hallucinations.

2.24 Intervals at the outpatient clinic were gradually lengthened from four to eight and then to ten weeks, though sometimes only his wife attended.

2.25 On the 22nd October 1983 he was admitted to St George's Hospital under Section 2 of the Act. This was the first compulsory admission and also the fifth admission. He was reported to have taken an overdose of Artane (benzhexol) tablets following a row with his wife. (Artane is a drug commonly prescribed to counteract the side effects that may be experienced with Modecate - fluphenazine decanoate). He was noted to be grossly psychotic, unpredictable, lacking insight, labile and thought disordered. A nursing note reads "Examined Risk factors with no violence or physical aggression noted, only verbal aggression".

2.26 On the 7th January 1984 he was discharged with follow up at the outpatient clinic and by the Community Nurse.

2.27 In 1984 Margaret Dunn had reached the point where she felt she could no longer cope any more. She had since 1968 supported her husband in every way she could, but in the end she felt that she had no alternative but to leave him for her sake and for the sake of their two children. She decided that the only way to achieve this was simply to leave unannounced, and so one day Norman Dunn found on his return home that his wife and children had left him, his home was empty and that she had applied for a divorce.

2.28 Following their marriage Norman and Margaret Dunn had bought their home and this was the principal matrimonial asset.

2.29 Margaret Dunn and their two children moved to Council accommodation and she supported the three of them from her work.

2.30 The home was sold and the proceeds after paying off the mortgage and expenses amounted to £14,000. This sum was divided between them.

2.31 From that time until June 1995 Margaret Dunn had no direct contact with Norman Dunn, though their children maintained regular and frequent contact with him.

2.32 His sister Judith Delap describes her brother as having just "snapped", indeed his condition worsened and on 11th October 1984 he was again admitted under Section 2 of the Act. He was reported to have pressure of speech, and to be agitated and rambling. He was also hypomanic, being overactive and grandiose in manner.

2.33 This admission had resulted from the intervention of the police who had been summoned on account of threatening behaviour towards his mother. The nursing assessment of risk considered Norman to be a risk to self but not to others.

2.34 Following the divorce Eileen MacLachlan, Norman Dunn's mother, sought to provide the help and support that her son needed. She was advised that Norman Dunn would not be fit to look after the money that was due to him from the proceeds of sale of his former matrimonial home, and that she should apply to the Court of Protection and be appointed his Receiver. This was duly done so that Mrs MacLachlan then became responsible for her son's financial affairs, and he has remained subject to the Court of Protection ever since.

2.35 On the 28th June 1985 he was discharged from hospital to a flat provided by the Council in what his sister describes as a poor area.

2.36 In due course Mrs MacLachlan was able to persuade the Council to re-house him in a better flat, though one that was still far from satisfactory from their point of view and at the time of her death Mrs MacLachlan was still endeavouring with the help of Dr Ghosh, Norman Dunn's GP, to have him re-housed again to more appropriate accommodation.

2.37 When Norman Dunn was established in his flat in the summer of 1985 he was in receipt of disability allowance and his pension from Wills. His mother ensured that arrangements were in hand for the payment of rent and general outgoings. She managed his bank account and arranged the purchase of clothing, furnishings etc. In June 1995 he was then in receipt of £100 per week in cash to cover food, cigarettes and drink.

2.38 Mrs MacLachlan ensured that her son's clothes were clean and well laundered, and he was a frequent visitor at her home for meals. With her daughter's help she also ensured that his flat was kept clean, carrying out what Judith Delap describes as "blitzes".

2.39 In June 1985 Norman Dunn was noted to be still drinking too much.

2.40 During 1986 he is reported to be reasonably well overall.

2.41 In January 1987 he was noted to be playing golf and dominoes, and that the quality his life had improved.

2.42 Archie MacLachlan, Norman Dunn's step father is a keen golfer and he used to take Norman Dunn on the golf course. He describes Norman Dunn as a powerful player who enjoyed his game, but that he could never go beyond the ninth tee where the club house was. While Archie MacLachlan completed his round Norman Dunn stayed in the bar.

2.43 His sister describes her brother as attracting people who took advantage of him in public houses, and Archie MacLachlan describes him as becoming very generous with hangers on in public houses which he frequented, once he had had a drink.

2.44 From 1987 to 1990 there are no outpatient notes and presumably no outpatient reviews took place despite his history to date. He did, however, maintain contact with his GP and his overall mental health must be presumed reasonably well.

2.45 In October 1990 he is reported as attending the depot clinic once a month.

2.46 During this time Norman Dunn had got to know another patient and established a relationship with her.

2.47 On 21 August 1992 he was noted to be "worsening" and his medication was increased.

2.48 In December 1992 his GP at that time Dr Stephenson requested a review of his medication and an opinion on his symptoms from the Community Mental Health Team at Priory Day Hospital. Norman Dunn's mother and girlfriend had contacted the surgery saying that his behaviour was more abnormal.

2.49 In January 1993 he was examined and it was noted that the core symptoms were consistent with paranoid schizophrenia. His symptoms amongst others were aural hallucinations, and delusions about his water being poisoned, his cigarettes adulterated with sugar and that his father had not been his real father. He also expressed the belief that his mother was stealing from him.

2.50 On the 20th January 1993 he was admitted as an informal patient to North Tyneside General Hospital under the care of Dr Olajide. He was displaying the same symptoms and was described by his mother and sister as talking gibberish and obscenely.

2.51 On the 24th February 1993 he was discharged home for follow up at the outpatient clinic and by the Community Nurse.

2.52 On the 2nd March 1993 it was discovered that he had not been taking any medication since discharge from hospital.

2.53 On the 28th March 1993 as a result of presenting himself at the Accident and Emergency department at North Tyneside General Hospital he was re-admitted. He had refused medication for the previous four weeks. He had been reported as acting in an aggressive manner at the Charlotte Street Day Centre and at his mother's home.

2.54 Norman Dunn, however, absconded and after he had been absent from the hospital for more than 72 hours he was discharged, with a note that if he should return to hospital he should be detained under a section of the Act. The family were not advised that he had absconded.

2.55 Comment

The Inquiry could not understand how such a decision could be taken.

2.56 Norman Dunn had been admitted to hospital because he was sufficiently ill to warrant hospitalisation.

2.57 When he absconded, no attempt was made to find him. His sister says he simply returned to his flat.

2.58 His family were unaware he had absconded and could only presume that the hospital had decided to discharge him.

2.59 *Yet there was a note that he should be detained compulsorily under the powers of the Act should he return to hospital.*

2.60 *The criteria for compulsory detention in hospital are strict. If it was considered that he met those criteria, then positive steps should have been taken to ensure his compulsory re-admission to hospital and to advise the family meanwhile. Such action would have prevented the episode on the 6 April 1993.*

2.61 On the 6th April 1993 he was taken to North Tyneside General Hospital by the police who had been called by his mother to her house where he caused substantial damage after demanding £5 to pay his TV licence. He was in an agitated state, claiming that he was being poisoned, that his flat had been wired and that rumours had been spread about him resulting in his ejection from his doctor's surgery. Although he had been aggressive and had damaged some of the contents of his mother's home he had not been physically violent towards her or anyone else.

2.62 At this time he had been spending so much more time with his girlfriend that he changed his GP to one at Tynemouth.

2.63 Norman Dunn's sister Judith Delap was concerned at this time as she felt that her brother had "fallen through the net". His new GP did not know him, he had not been referred to the psychiatrist as she believed at the time would have been appropriate. She describes how her brother would attend the surgery to collect his prescription from the nurse with his assurance that he was fine.

2.64 Judith Delap relates that she had telephoned to ask if the GP could see her brother because she was concerned that he was getting worse. She was advised that her brother would have to make an appointment.

2.65 She approached the hospital and arranged for an outpatient appointment to be made but her brother was suspicious as to why he had been asked to go to the hospital and refused. Eventually on the 28th March she managed to get him to go to the Casualty department.

2.66 The events of the 6th April then ensued as a result of which Norman Dunn was detained at North Tyneside General Hospital under Section 3 of the Act.

2.67 On the 10th September 1993 he was discharged from hospital subject to Section 117 of the Act which provides a structure for after care review.

2.68 The final phase of his care in the community from his discharge in September 1993 until the death of his mother on the 19th July 1995 is dealt with separately and in more detail.

2.69 At the time of this discharge Norman Dunn had been suffering from schizophrenia for some 25 years for most of which he had been in the community but during which had been admitted to hospital eight times (counting the admissions on the 28th March and 6th April 1993 as one overall admission).

2.70 Until 1984 he had had the support of his wife and thereafter of his mother.

2.71 During that time he is recorded as drinking too much, as having a drink problem. His liver function tests support that view. On his own admission he was drinking some 6 pints per day but members of his family believe that this consumption was much more.

2.72 After he was re-housed he lived near his mother and called each week for his allowance. He also visited for meals, his laundry and more so when in an agitated state. Over the years since 1984 there were continuous arguments about money.

2.73 Members of the family believe that Norman Dunn's drinking companions encouraged him in the belief that the money his mother held on his behalf was rightly his and that he should have full access to it.

2.74 During that time he became more and more convinced that his mother was stealing his money from him, even though Judith Delap states he was shown the accounts on many occasions to demonstrate that everything was in order. In any event Eileen MacLachlan as Receiver, and latterly Judith Delap who took over that responsibility, had each year to present detailed accounts to the Court of Protection for approval.

2.75 During those 25 years he was invariably suffering from some symptoms of his condition resulting in the occasional crisis, often triggered by some untoward event, which led to the hospital admissions.

2.76 On the other hand, he was with the help and support he received able to live in the community, playing golf and dominoes and generally interacting socially.

2.77 Although aggressive on occasions he had not been physically violent to anyone in the community and had never been prosecuted for any criminal offence.

CHAPTER THREE
Eileen Maclachlan

3.1 Eileen Ions, as she then was, was born on the 25 May 1922, and married Cyril Dunn in 1940. They set up home in Wallsend where in 1941 their son Norman was born, and in due course in 1947, their daughter Judith. In 1953 at the age of 32 Cyril Dunn died suddenly and unexpectedly. At that time he was employed as an executive officer at the Ministry of Pensions in Longbenton.

3.2 In 1956 she first met Archibald MacLachlan who was serving in the Merchant Navy as a junior superintendent marine engineer. He spent only 40 days each year at home.

3.3 In 1966 they were married but Mr MacLachlan continued to serve in the Merchant Navy and spend most of the time at sea. In 1983 Mr MacLachlan retired and in 1991 Eileen MacLachlan left her husband and went to live in a ground floor flat belonging to her twin sister Audrey who, with her husband Walter Muir, lived in the upper flat. Although Mr and Mrs MacLachlan separated they remained on good terms and never divorced. Mr MacLachlan would call most days to see her and do any odd jobs that needed attending to or help with her shopping.

3.4 In 1963 Norman Dunn married Margaret Dunn and they set up their own home. Inevitably Norman saw less of his mother, and Judith Delap describes the young married couple as basing their social and family life more around Margaret Dunn's family.

3.5 Eileen MacLachlan and her son Norman nevertheless remained close.

3.6 When Norman Dunn was first taken ill in 1968 it was Margaret Dunn as his wife who provided family care and support. Eileen MacLachlan had little involvement.

3.7 By 1984 Margaret Dunn had reached the point where she could no longer cope, and finding herself unable to face any direct confrontation she arranged independent accommodation and one day left the family home unannounced with their two children and the household contents.

3.8 Finding an empty home and learning his wife had left him caused Norman Dunn much distress and he turned to his mother for help. His mental health also, as has been recorded already, declined dramatically at this time.

3.9 From 1984 Eileen MacLachlan provided help and care for her son on a daily basis, cooking meals for him, doing his washing and ironing and generally giving him moral as well as practical help and support.

3.10 Although at this time she was only 62 her general health was starting to decline, so that by the time of her untimely death in 1995 at 73 years of age, she was suffering from osteoporosis to such an extent that she had great difficulty in walking and her spine was deformed. She also suffered from angina and had constricted airways so that her breathing was impaired requiring the assistance at times of a nebuliser.

3.11 During the last eleven years of her life and despite failing health Eileen MacLachlan found herself coping with the needs and demands of her mentally ill son.

3.12 In 1984 Norman Dunn was judged to be unable to manage his financial affairs and the Court of Protection appointed Eileen MacLachlan as her son's Receiver thereby making her responsible for the financial management of his day to day living. The Court of Protection require detailed accounts to be kept so that a full and detailed account of all moneys received and spent is available and lodged each year with the court. In more recent years Judith Delap became appointed as the Receiver. She told the Inquiry that she had become worried about the pressure of this appointment on her mother and she had taken over this responsibility to make things a little easier for her.

3.13 Eileen MacLachlan, however, remained the point of contact with her son and gave him his weekly allowance.

3.14 Various members of the family have described the fierce and bitter rows that occurred between Eileen MacLachlan and Norman Dunn over money. He for his part was concerned that he was not getting enough, and she for her part was anxious that he did not squander money unnecessarily on drinking and upon those who drank with him.

3.15 Judith Delap describes her mother as having great difficulty in coming to terms with Norman Dunn's mental illness. She considers that her mother never properly understood her son's illness and could not accept it. She attributes this to the general attitudes of her mother's generation.

3.16 She also acknowledged that her mother could at times be "provocative"

3.17 Although she may not have understood it, Eileen MacLachlan certainly knew her son was mentally ill and that through excessive drinking he had already compromised his health, as liver tests had shown.

3.18 Eileen MacLachlan is described by her daughter Judith Delap and other members of the family as doing all she could for her son, protecting his interests and providing for him in the way she saw as best. She worried about his future when she would no longer be around to care for him.

3.19 As Judith Delap points out, it would have been much easier to have taken a less supportive role, to have let Norman Dunn have what money he wanted at the time and to have taken no action to promote his interests.

3.20 Despite all the setbacks she encountered Eileen MacLachlan never wavered in providing help and support for her son.

3.21 When Norman Dunn was first discharged from hospital to his own accommodation, it was Mrs MacLachlan who with her daughter's help pressed the local authority to find somewhere more suitable, and although Norman Dunn was re-housed Mrs MacLachlan continued to press for more suitable accommodation for her son.

3.22 It is also apparent from the family that Eileen MacLachlan felt that she had no support from the various agencies, and that no one listened to her concerns about her son. Judith Delap says that they gave up asking for help "because we never received any. No one asked us how Norman was managing".

3.23 Eileen MacLachlan always attended any meeting arranged at the hospital concerning her son, though Judith Delap describes them as "pathetic ..... no one would speak to us about Norman unless he was present ..... we could not say how we felt he was. I got upset, Mam got upset, Norman got angry ....."

3.24 Eileen MacLachlan and her daughter Judith Delap would go from time to time and "blitz" Norman Dunn's flat, to clean it up. The family also recounted how Norman Dunn whenever his mental state was in decline would depend more and more upon his mother, appearing at her home in a tormented and agitated state often in the early hours of the morning. Norman Dunn knew his mother often rose early between five or six in the morning, and would be there on the doorstep. As her daughter relates in describing those early morning visits "she used to dread the door bell going and Norman arriving but she would always let him in, he was her child".

3.25 In 1995 Eileen MacLachlan was 73 years of age, in poor health, in receipt of mobility allowance, 4' 8" tall, 7 stone in weight and frail. Despite all this she provided meals for her son, laundered his clothes, visited his flat from time to time to get it cleaned, managed his daily finances, endeavoured to guide and protect him, gave him sanctuary no matter how tormented he might be, and generally did her utmost for him.

3.26 Eileen MacLachlan did not discuss her concerns over her son, nor what she did for him with anyone. Judith Delap attributes her mother's attitude to simply being of that generation and her difficulty in coming to terms with her son's illness.

3.27 Certainly she did not discuss her concerns over her son with her twin sister, with whom she was very close. She did not discuss them with her former husband who called regularly, nor with her daughter. Other members of the family could only observe the situation for themselves.

3.28 Her only contact with the hospital services was when she attended the meetings at the hospital in preparation for Norman's discharge or as part of the Section 117 of the Act after care review. No ASW or CPN ever called to see her after his detention in April 1993..

3.29 She did not complain about the work she did for her son. She simply accepted that as his mother she was responsible.

3.30 No one outside the family considered what role she was playing or whether she should play it as she did.

CHAPTER FOUR
The Health Services

4.1 Before 1992 the North Tyneside Health District under the overall direction of the Northern Regional Health Authority was responsible for the provision of hospital and allied services for the residents of Wallsend.

4.2 In 1992 as a result of the reform nationally of such provision the Authority was created with responsibility for ensuring the provision of such services and Wallsend is part of its area of responsibility. North Tyneside Trust and City Trust were two of the National Health Service Trusts created as providers of such services.

4.3 Initially the Authority decided to purchase the provision of mental health services for outpatient care from the North Tyneside Trust but in 1994 the Authority decided that it would from 1 April 1995 purchase that provision from the City Trust.

4.4 The provision of general practitioner services, is and has been, arranged quite separately through other agencies. The general practitioner plays, however, an important role in the provision of health care in the community.

4.5 In the case of Norman Dunn he did move address as recounted in his background history and each move necessitated a change in his general practitioner.

4.6 It is estimated that a substantial proportion of the population at large will at some time suffer from some form of mental illness, and the great majority are treated in the community. Some will need hospital treatment from time to time. Whilst in the community any medication required will ordinarily be prescribed by the general practitioner. The GP is the normal first port of call for any health problem and where medication is being provided on a regular basis for a long term or chronic condition regular contact ought to be established and effective monitoring of the patient's ongoing condition should be achieved.

4.7 From 1993 Norman Dunn's GP was Dr A.K. Ghosh.

CHAPTER FIVE
Dr Oladele Olajide

5.1 Dr Olajide trained initially at the Maudsley Hospital as a registrar in psychiatry and subsequently took up a research post at the Institute of Psychiatry in with a special interest in community psychiatry.

5.2 His first appointment as a Consultant in Psychiatry was with North Tyneside Trust in 1987 where he was particularly involved in community psychiatry.

5.3 His appointment came at the time when the policy of how psychiatric patients should be cared for was moving from hospital based care to care in the community where that was more appropriate.

5.4 He was a Consultant with the North Tyneside Trust until August 1993.

5.5 In August 1993 he moved to Maidstone, Kent, to develop community psychiatry there.

5.6 His working experience has also included teaching as a senior lecturer at the Institute of Psychiatry and being a senior medical officer with the Department of Health for two and a half years on mental health policy.

5.7 In 1997 he obtained his Fellowship of the Royal College of Psychiatrists and is also an MB, BS and Ph.D.

5.8 Dr Olajide told the Inquiry that, following his appointment at North Tyneside Trust, he became Chairman of the Joint Planning Group for Mental Health Services in North Tyneside. This group includes representations from both the social and the health services.

5.9 From that group the CPRT was developed.

5.10 He also told the Inquiry that he was responsible for the setting up of the Charlotte Street Day Centre and that he developed the Section 117 project from an initial pilot project to training the staff in the CPRT.

5.11 As a consequence he had a close working relationship with the team members

5.12 In January 1993 he became responsible for the care of Norman Dunn as his RMO.

5.13 In April 1993 Norman Dunn was admitted to hospital and Dr Olajide remained the RMO until he left for Maidstone.

5.14 Dr Olajide explained to the Inquiry that in accordance with the code of practice issued for the Act he felt that every patient had to have pre discharge planning.

5.15 As part of this process periods of trial leave were closely monitored and the observations of those professionally involved, and the family also, were recorded and taken into consideration.

5.16 The purpose was to see how the patient progressed and to enable the patient and his family, as well as the professionals involved, to identify needs and the support that would be necessary.

5.17 In the case of Norman Dunn the first meeting was based on the assumption that he was well enough to require pre discharge planning, but his response to treatment had always been erratic and Dr Olajide decided a further meeting should be held partly also because not everyone who should have attended the first meeting had done so.

5.18 Dr Olajide explained that at that time there was no significant collaboration between CPNs and the hospital based service, nor with the ASWs, who had a separate team.

5.19 A further pre discharge planning meeting was arranged for 2 August so that those who had been and would be involved in the care of Norman Dunn could be present and so that all the strands of service could be co-ordinated.

5.20 However, on the 2 August the meeting was terminated and did not proceed because Norman Dunn had had a relapse in the meantime and Dr Olajide felt it would be necessary to review his medication; day leaves were also abrogated.

5.21 Dr Olajide told the Inquiry that the meeting was concluded on the basis that as and when Norman Dunn was considered well enough another pre discharge planing process would need to be instigated.

5.22 Dr Olajide also pointed out to the Inquiry that his team did not have an ASW allocated although an invitation to attend would have been sent to the Social Services team.

5.23 In the absence of an ASW at a meeting Dr Olajide would ask the Team Manager to ensure that somebody be assigned to assess the patient's social care needs.

5.24 In the case of Norman Dunn Dr Olajide recalled that he had perceived Norman Dunn as coping reasonably well in between episodes when he was not ill, that he rejected frequently interventions that he did not feel relevant and that he more or less used resources as he felt he needed them.

5.25 Dr Olajide remembered being approached by Judith Delap who worked in the same hospital coming to see him to ask him to take over the responsibility for her brother even though he lived then outside Dr Olajide's area, this Dr Olajide did.

5.26 As far as Dr Olajide was concerned if the family had any concerns over Norman Dunn they could contact him directly. He pointed out that it still remains his practice to allow patients and relatives to have direct access to him.

5.27 Dr Olajide also pointed out that the minutes of the meeting in August 1993 show Mrs MacLachlan as being happy with the situation.

5.28 Dr Olajide told the Inquiry that in 1993 he saw himself as a link between all the arms of the services because at that time there had not yet been formed a cohesive comprehensive team.

5.29 As an example he pointed out that if a Section 117 meeting were called there was no guarantee that a CPN would attend, even though invited and there was no sanction other than to make a note of it.

5.30 If he had a problem he would approach Keith Hamilton whom he described as being extremely supportive.

5.31 He also had a very close working relationship with Social Services.

5.32 He also visited the GPs in his catchment area individually at least once or twice a year.

5.33 Dr Olajide told the Inquiry that a consultant has to build his or her own networks making sure that the right people can make things happen and that one depended to a great extent on good will.

5.34 He felt that at North Tyneside Trust there were very good people who worked hard and if consultants wanted to use those resources they could.

5.35 Dr Olajide considered that Norman Dunn was suitable in principle for care in the community once his medication had been established, his condition settled and his discharge planned.

5.36 Norman Dunn, however, did not meet the necessary criteria for discharge before his own departure. As and when he did Dr Olajide would have expected a pre discharge planning procedure to have been activated afresh.

CHAPTER SIX
Local Authority Services

6.1 The North Tyneside Council is the local authority responsible for the provision of social services in Wallsend.

6.2 Whilst in the case of Norman Dunn social workers were involved in his care at various times in the past, none was involved following his discharge from hospital in 1993.

6.3 Evidence has been taken and is reported on in this report as to how the Social Services Department becomes involved, or at least should become involved under Section 117 of the Mental Health Act.

6.4 The Council is also responsible for the provision of council housing in Wallsend.

6.5 The Council has a statutory responsibility to provide housing for vulnerable single people and Norman Dunn, having been diagnosed as chronically mentally ill, was provided with housing by the Council. The Housing Office of the Council played no further role other than to provide housing and keep the property in good repair.

CHAPTER SEVEN
Preparation for Discharge

7.1 On the 10 September 1993 Norman Dunn was discharged from hospital but subject to Section 117 of the Act which provides a structure for after care review.

7.2 The Code of Practice

The Code of Practice for the Act states: "The purpose of after care is to enable a patient to return to his home or accommodation other than a hospital or nursing home and to minimise the chances of him needing any future inpatient hospital care". (27.1)

7.3 The Code emphasises the need for health and social services to agree procedures and work together.

7.4 The Care Programme Approach

Health Circular (90)23 sets out the requirement for all health and social services [repeated in Local Authority Social Services Letter (90)11] to introduce in 1991 the "Care Programme Approach".

7.5 The CPA applied to all mentally ill patients discharged from hospital and in 1993 would therefore have applied to Norman Dunn.

7.6 The declared aim was to ensure the support of mentally ill people in the community thereby minimising the possibility of their losing contact with services and maximising the effect of any therapeutic intervention.

7.7 The essential elements of an effective care programme are specified as:

(a) a systematic assessment of health and social care needs
(b) a care plan agreed between the relevant professional staff, the patient, and his carers, and recorded in writing
(c) the allocation of a key worker whose job (with multi-disciplinary managerial and professional support) is :

(i) to keep in close contact with the patient
(ii) to monitor that the agreed programme of care is delivered
(iii) to take immediate action if it is not

(d) regular review of the patient's progress and of his health and social care needs

The Circular lays great emphasis on ensuring continuity of care.

7.8 After his admission to hospital in April 1993 Norman Dunn had, from the end of that month, been allowed leave of absence from the hospital initially as escorted leave for a few hours only building up to longer periods of absence.

7.9 In June 1993 delusions were still expressed by Norman Dunn concerning homosexual references to him by others.

7.10 Events leading to discharge from hospital September 1993

On the 29 June he is reported to have been verbally aggressive at the Charlotte Street Day Centre, and to be hearing voices.

7.11 On 5 July 1993 Dr Olajide the RMO recorded "Norman much better, disputatious but complying with treatment. To remain on Section 3 for another ten weeks meantime leave for two weeks". Mrs MacLachlan stated at the same time: "I am quite satisfied at the plans for Norman's future as long as each of us can contact someone in times of need for Norman's distress".

7.12 Before actual discharge from hospital in September 1993 Norman Dunn had already established contact with the Charlotte Street Day Centre.

7.13 Efforts by Peter Yearnshire, the CPN, to involve him in a Tuesday Club were not successful.

7.14 Norman Dunn confirmed his willingness to attend the depot clinic as required.

7.15 On the 2 August 1993 a meeting was arranged. On this occasion Norman Dunn was recorded as having made significant progress until two weeks previously.

7.16 The termination by him of his relationship with his girlfriend was noted.

7.17 Mrs MacLachlan is recorded as having been very concerned about him and that she had had to ask her daughter to call the hospital.

7.18 As a consequence he was detained in hospital. Mrs MacLachlan and Mrs Delap were annoyed that they had not been advised of this and had become worried concerning his whereabouts.

7.19 A decision was then taken to postpone any discharge from hospital. On 4.8.93 Dr Olajide granted two hour's leave of absence, unescorted.

7.20 On the 4 August he is reported to have been "a little abusive at Charlotte Street causing concern to his mother at home. Some verbal outbursts since return but generally quite settled".

7.21 On 11.8.93 Dr Olajide granted one day's leave, three times a week, with effect from 12.8.93.

7.22 On 19.8.93 Dr Olajide granted weekend and overnight leave from the 20.8.93 and with further leave at the discretion of the nurse in charge of the ward.

7.23 On 31.8.93 he was reported whilst on leave as having been "aggressive to mother and sister, girlfriend doesn't feel he's right yet! Sexually suggestive to teacher in hospital slightly disinhibited, old symptom?"

7.24 By 10.9.93 he was, however, considered well enough to be discharged but subject to Section 117 procedures, Mrs MacLachlan is recorded as being satisfied that his mental health was sufficiently good for discharge.

7.25 Comment

He was, however, suffering from a mental illness, namely schizophrenia which remained symptomatic.

7.26 The key worker allocated to Norman Dunn was Peter Yearnshire, a community psychiatric nurse (CPN) of many years experience.

7.27 Although an approved social worker (ASW) John Stonell had been instrumental in the admission to hospital under Section 3 of the Act on 7.493, neither he nor any other ASW was specifically involved in the discharge procedure.

7.28 No assessment of Norman Dunn's social and domestic needs was carried out. Peter Yearnshire in evidence presumed that this was simply because Norman Dunn was being discharged back to the same home, that is his own flat, which he had occupied before admission and that there had been no contrary indication that he had been unable to cope.

7.29 Comment

Whilst Norman Dunn may very well have been convinced that he could manage perfectly well, it is considered that had the assessment been carried out in conjunction with Mrs MacLachlan then the extent to which Norman Dunn depended upon his mother would have been ascertained, and other additional provision would have been made, and the care programme arranged would have been more diligently applied.

7.30 The care programme arranged for Norman Dunn was outpatient appointments and review meetings as prescribed by Section 117 of the Act, community nursing appointments with the key worker CPN Peter Yearnshire, attendance at the Charlotte Street Day Centre, attendance at the depot clinic for the administration of the prescribed depot injection.

7.31 As will be seen by the evidence of Warren Austin there was a lack of clarity as to precisely which social workers should attend discharge meetings. In the event there was no evidence of a social worker being invited.

7.32 As he had already decided not to discharge Norman Dunn Dr Olajide did not pursue further the pre discharge planning on the 2 August 1993 and did not pursue any assessment of Norman Dunn's social needs and skills which he had told the Inquiry he would have ensured was done even if no ASW was available at that meeting.

7.33 Unfortunately when the decision to discharge was made some weeks later no further enquiries were made and another pre discharge planning process was not implemented as Dr Olajide would have intended.

CHAPTER EIGHT
Danny Veitch and The Community Psychiatric Rehabilitation Team

8.1 This team (CPRT) was established by the North Tyneside Health District before the advent of the North Tyneside Trust. The team manager was Danny Veitch.

8.2 Danny Veitch had been the Service Development Officer for the local authority North Tyneside Council and had been closely involved in the Richmond Fellowship Core Cluster Outreach Team. He had then applied for his position with the North Tyneside Trust for the express purpose of developing the CPRT.

8.3 In July 1991 Danny Veitch as team manager had published a progress report on the CPRT. That report sets out the background of the team as having evolved from a report to the Joint Care Planning Group (Mental Health) which recommended a radical rethink in the delivery of rehabilitation services.

8.4 The function of the CPRT was declared as follows :

"1. Provide knowledge and skill resource in regard to rehabilitation.

2. To raise and maintain a high profile for the Rehabilitation Service and communicate its functions to others involved in mental health care, users and potential users of the service and the community at large.

3. Adopt a systematic approach to its interventions incorporating assessment, planning, implementation and evaluation, and where possible work towards client-centred negotiated goals.

4. Develop effective working relationship with the Richmond Fellowship to provide positive therapeutic environments for residents and work towards their return to independent living within the community.

5. Liaise effectively with the existing Mental Health Services within North Tyneside to ensure continuity and co-ordination in the management of patients identified as requiring rehabilitation and seek to promote the right of every patient to self-determination and where they are unable to achieve this develop systems of positive advocacy".

8.5 A mission statement declared as follows :

"To provide a multi-disciplinary service for people who have experienced long term mental illness, which will maximise and develop strengths, and recognise difficulties in order to promote their highest degree of independence, and quality of life in the community".

8.6 The structure of the team was :

1 Team Manager (funded by North Tyneside Health Care)	- Danny Veitch
2 Community Psychiatric Nurses (G Grade) (funded by North Tyneside Health Care)	- Peter Yearnshire - Paul Savage
1.5 Social Workers (Level 3)	
Funded by Social Services	- Ian Burnett FT
Funded by Joint Funding	- vacancy PT
1 Senior Occupational Therapist (funded by Social Services)	- Mary Putnam
1 Senior Registrar (3 sessions) (funded by NRHA)	- Dr Sandra Tough
1 Psychologist (Grade A) (funded by Specific Grant)	- vacancy
1 Assistant Psychologist (full time, six month contract - funded by Specific Grant)	- vacancy
1 Co-ordinator (funded by The Richmond Fellowship)	- Pat Garrett
1 Admin Assistant/secretary (Clerical Grade 3) Part time - 20 hours per week (funded by North Tyneside Health Care)	

The report then goes on to record in detail the activities of the team.

8.7 Following the creation of the North Tyneside Trust the CPRT continued under the direction of that Trust.

8.8 Keith Hamilton was appointed as the General Manager and Head of Nursing and as such had overall responsibility for the CPRT.

8.9 The Health Circular 90(23) had specified that the Care Programme Approach was to be introduced from April 1991.

8.10 In August 1993 the Secretary of State proclaimed her ten point plan.

8.11 In September 1993 Danny Veitch as team manager of the CPRT published a further report entitled "The Way Forward".

8.12 The key activities of the team were identified as :

1. Assessment, planning, implementing rehabilitation programmes
2. Maintenance, support
3. Working with people with multiple problems
4. Resettlement, retraction assessments
5. Rehousing
6. Development work

8.13 The proposed new function of the team was set out as follows :

"1. The team will have a primary role to play in developing the Care Programme Approach
2. The above will include people with multiple problems
3. The client focus will be on people suffering from severe, enduring mental health problems
4. The team will continue to network with other services
5. The team will continue in a development role but will not have a remit as a prime developer of new resources"

8.14 The North Tyneside Trust was at that time responsible for providing mental health services for three identified geographical areas of similar population namely Whitley Bay, North Shields and Wallsend.

8.15 The CPRT was a specialist team designed to meet the needs of specific patients referred to it from all three areas.

8.16 Following the directions given by the Department of Health concerning the implementation of the Care Programme Approach, Community Mental Health Teams (CMHT) were also being established for each of the three geographical areas, and one had by September 1993 been established in Hawkeys Lane.

8.17 The report sought to clarify the role which the CPRT should play in conjunction with the new CMHTs and how resources such as staff should be allocated.

8.18 In March 1993 the Richmond Fellowship Joint Management Committee to whom the CPRT had been initially accountable was disbanded, and the report recognised the issue of how a multi agency multi disciplinary team was to be managed.

8.19 Although changes to the personnel in the CPRT were proposed the team remained multi disciplinary in theory comprising ASWs, CPNs, Psychologist, Psychiatrist, Occupational Therapist, just as before. As can be seen from paragraph 7.6 not everyone of these was always in post.

8.20 In his evidence to the Inquiry Danny Veitch described working in a situation which was managerially unstable with a rapidly depleting workforce and low staff morale. This affected the composition of the multi-disciplinary team so that there were too many vacancies to make it effective.

8.21 He was, however, convinced that the two CPNs who became involved with Norman Dunn, namely Peter Yearnshire who was the key worker and Paul Savage who it had been arranged would become the next key worker, had the professional training and experience to provide him with the appropriate care and operate as effective members of a multi disciplinary team.

8.22 He pointed out that these two CPNs had been working together in the same room for four years which should have enhanced their communication and knowledge of each other's patients.

8.23 Danny Veitch was, and indeed remains, convinced that the best way to ensure the most effective CPA is to have a specialist team like the CPRT operating across all geographical areas rather than having just one CMHT for each area and with the expertise available split between those teams.

8.24 In his report in 1993 Danny Veitch stated : "The Care Programme Approach teamwork will identify individual needs and will outline a community programme to meet these needs. This programme will be inter disciplinary, however it will involve mental health professionals and others outside the team in the programme. The primary role of the team will be to co-ordinate these programmes".

8.25 Comment

Although the concept of a CPRT has not been adopted universally members of the Inquiry do not seek to express any view as to the merits of adopting the CPRT approach as opposed to the use of CMHTs alone in ensuring effective implementation of the CPA: nor do they consider that the structure of implementation as such was a material factor in this particular case.

8.26 The CPRT was an innovative idea at the time when seriously mentally ill people were not given sufficient priority. There can, however, be problems with a matrix structure such as the one which existed for the team. In theory Danny Veitch was responsible for day to day management of the team whilst CPN's were professionally accountable to Mel Normanton. The exact nature of "management" and "professional" is never defined with clarity. Despite the general theoretical view that matrix management is needed for changing conditions, in this situation of change the lack of clarity about roles and responsibilities contributed to poor systems and poor oversight of the work on the ground.

8.27 A HAS report indicated in 1992 that it was not clear how the role of the team would fit with the new CMHT's and this issue does not appear to have been addressed. Instead there was a process of attrition which led to even lower morale. There was no lack of financial resources but a lack of psychiatric input to the team and then failure to replace key personnel. Thus, when the contract changed there was a continuing lack of clarity about the role of the team and morale suffered even further.

8.28 There were problems in the way the team was operating prior to the hand over. There was a lack of clarity about roles within the team which meant that instead of getting the benefit of the varied roles within the team they actually operated against the value of having different professionals.

8.29 Although social workers and CPNs roles do overlap in the middle, there are clear areas which do not overlap. The unique view of the social worker is to see the individual in their social context. This would include the social functioning of the individual and their relationships with family members. The lack of this perspective meant that Norman Dunn was seen in isolation and there was too much concentration on his symptoms alone rather than his whole social functioning.

8.30 The CPRT included an ASW who worked in close proximity to the two CPNs, Peter Yearnshire and Paul Savage. Peter Yearnshire was allocated as key worker in the care of Norman Dunn and had recourse to the expertise of an ASW. An ASW was not specifically involved in the discharge of Norman Dunn. For his part, as key worker, Peter Yearnshire did not consider it necessary, neither did the Team Manager or the RMO. There was no automatic structure for discussion within the CPRT.

CHAPTER NINE
The Charlotte Street Day Centre

9.1 This centre is a charitable organisation providing support for mental health out patients. It is run by Mental Health Matters, a registered charity.

9.2 It provides a range of day care facilities for some 85 people ranging from structured programmes specifically arranged for individual patients to providing a centre for informal support.

9.3 Help and guidance is also given on a range of issues such as housing, social security and other benefits, medication, and self care and development.

9.4 Lunch is available at a reasonable cost.

9.5 Norman Dunn, for his part, did not take part in any structured programme but rather used the centre informally, calling in up to two or three times per week, having lunch, talking to others and the staff.

9.6 Only those registered as a member of the centre attend. The outer door is locked and opened to visitors in response to the door bell. Entry is then recorded in a visitor's book.

9.7 Members are observed by the staff and an informal record has been kept at the time of any untoward behaviour. These records have not been discussed with any other person outside the centre concerned in patient care unless specific enquiry is made. Such enquiry has not been routinely made possibly because the records are informal and not part of any established procedure.

9.8 A member of staff does, however, normally attend any Section 117 Review meeting for any members to report on attendance at the day centre.

9.9 The RMO attends every three months to discuss matters generally. Individual cases are not discussed except where a new patient is to be referred when mention of that case would be made.

9.10 In the case of a patient who is not subject to Section 117, then there is no procedure for reporting on a patient's progress or mentioning any untoward circumstances.

9.11 Comment

The Charlotte Street Day Centre provides an excellent facility for monitoring the members who attend. This clearly has been recognised by the staff themselves who on their own initiative made informal records in a logbook, primarily intended to keep a note of staff matters raised in staff meetings. Proper advantage of this opportunity was not taken.

9.12 The Inquiry feel that a structured procedure should be introduced so that observations of all members attending are recorded and fed back to those others also concerned with their care and in particular the key worker allocated.

CHAPTER TEN
The Depot Clinic

10.1 The depot clinic is held once a week from 10 a.m. to 11.30 a.m. From fifteen to twenty people attend each week during that ninety minute period.

10.2 Two members of staff, one male, one female, run the clinic. The staff are CPNs who also have their own caseload as CPNs working in the community.

10.3 Patients attending the clinic turn up as and when they choose between the opening hours. Coffee, tea, soup, sandwiches and biscuits are available so that the patients can meet informally amongst themselves as they await their depot injections.

10.4 The patients decide amongst themselves the order in which they present themselves for injection.

10.5 No medication is kept at the clinic. Each patient has to obtain a prescription for their own medication from their own GP, obtain the medication from a pharmacy, and take it with them to the clinic.

10.6 The Inquiry was told by a number of health service witnesses that this arrangement was specifically adopted to place some responsibility on the patient. It also has the effect of placing the cost of medication in the GP's budget rather than the Trust's, though the Inquiry was told that this was not a reason.

10.7 The Inquiry questioned the benefit of such an arrangement for the patient, but were assured that it was unknown for a patient to forget to bring the medication.

10.8 The depot clinic does provide an opportunity to monitor a patient, though it is a very limited opportunity, and not the actual purpose of the clinic. Nonetheless the clinic is run by experienced CPNs who can intervene as and when they feel appropriate and report on a specific progress report form.

10.9 In the event that the CPNs feel that a report should be made then it is completed on their return to their normal base, and any other action is then taken.

10.10 The principal purpose of the clinic is to administer depot injections and the procedure is as follows.

10.11 The CPNs sit in a separate room and call out for the next patient to come from the room where the patients have assembled and are otherwise enjoying their refreshments.

10.12 One CPN administers the injection, while the other records on a prescribed form for each patient, the dosage given, the drug administered and the date and the frequency, i.e. 1/52, 2/52, 4/52 etc.

10.13 The female CPN administers to female patients, the male CPN to male patients while the other in each instance completes the records.

10.14 The procedure is carried out as informally as possible. Each patient is dealt with in a few minutes. There is no discussion with the patient other than the usual pleasantries unless the patient raises a specific issue.

10.15 Once attended to, the patient either rejoins the others in the adjoining room or leaves.

10.16 Inevitably because of the nature of the treatment the patients attend on a regular basis and get to know each other and the staff, especially those patients attending every week.

10.17 There are two regular members of staff who run the clinic, namely Judy Morrell and Brian McLean, both are well qualified and well experienced. In the event of holiday leave or absence through sickness another CPN of the appropriate gender attends.

10.18 As CPNs the CPNs who run the clinic attend regular meetings with the Consultant Psychiatrist when general issues can be discussed concerning the clinic but there are no records of individual patients, though the CPNs have the opportunity to raise the question of particular patients if they so wish

10.19 Comment

The clinic is obviously a useful point of contact with patients, but its primary purpose is simply to administer depot injections as pleasantly and as quickly as possible. Any monitoring of patients is very limited, and can only be an adjunct to the monitoring actually put in place for each patient. The clinic should be used more proactively so that a brief assessment of each patient is made and recorded. Otherwise it is not a cost effective use of professional staff.

CHAPTER ELEVEN
The Situation at Discharge

11.1 Following his discharge from hospital in September 1993, Norman Dunn lived in the flat allocated to him by the local housing office of the Council, this being the flat in which he had been living in April 1993 when he had been admitted to hospital.

11.2 An inadequate assessment of his needs had been carried out.

11.3 No discussions with the family took place other than at the meeting at the hospital as described.

11.4 Norman Dunn attended the Charlotte Street Day Centre two or three times per week. Every week he went to the depot clinic and he attended the Section 117 Review meetings on the dates arranged.

11.5 Peter Yearnshire as the key worker says he called to see Norman Dunn, though such visits are unrecorded. He has, however, given the dates recorded in his own diary when he has noted that he attended.

11.6 Danny Veitch very properly makes the point that rehabilitation should start from the point of admission rather than the point of discharge from hospital.

11.7 This is echoed in the various guidelines in existence in September 1993, which emphasised the importance of providing the necessary support in the community to ensure that the circumstances that led to admission in the first place should not prevail again, thereby ensuring that the patient remained sufficiently stable to maintain and enjoy a life in the community spared from the crises of illness.

11.8 Comment

The Inquiry consider that it was appropriate for Norman Dunn to be discharged from hospital in September 1993.

11.9 His mental state of health had given rise for concern in August 1993 emphasising all the more the need for support.

11.10 The Inquiry do, however, also consider that inadequate steps were taken regarding Norman Dunn's discharge and that the guidelines issued by the Secretary of State for Health and current at the time as well as the procedures laid down by North Tyneside Trust were not followed.

11.11 No assessment was made of Norman Dunn's social and domestic skills, and how domestic arrangements had been implemented before his admission.

11.12 Had such an assessment been made and Mrs MacLachlan carefully interviewed the level of support which she had provided would have been ascertained and also the fact that Norman Dunn was subject to the Court of Protection.

11.13 Peter Yearnshire informed the Inquiry that he was unaware that Mrs MacLachlan had been appointed receiver by the Court of Protection for her son, and that his sister had taken over that appointment; he was also unaware of the extent to which she supported and provided for her son.

11.14 Had such an assessment been carried out and had there been more appropriate contact with Mrs MacLachlan at that time, the Inquiry consider that an entirely different view of Norman Dunn would have been taken, and more effective support would have been forthcoming.

11.15 The Inquiry accept that Norman Dunn presented himself well, being well dressed in a suit, clean shirt and tie, and that he would express confidence in being able to manage for himself.

11.16 Unfortunately Norman Dunn's assurances were taken at face value, and Mrs MacLachlan was left to support him the way she did, despite her own poor health.

11.17 At that time Norman Dunn had been ill for 25 years. The Inquiry accept that he would not be perceived at the time of his discharge as a potential risk to the safety of others or himself.

11.18 The Inquiry are satisfied that there appears to have been an assessment of risk prior to discharge in that discharge had been delayed but there is no written record of any formal risk assessment having been carried out.

11.19 On the 21st September 1993 Dr Susan Hall as Senior House Officer to Dr Shresta wrote to Dr Stephenson, as Norman Dunn's GP at that time setting out the circumstances of Norman Dunn's admission and discharge from hospital on the 10th September. Unfortunately Dr Stephenson was not the GP though he had been in the past. The GP at that time was in fact Dr Ghosh, who at some stage did in fact receive the letter as it appears in the GP records. In that letter she describes his condition on discharge as "co-operative. He had stopped drinking, and was sleeping well. He was involved in playing dominoes at his local club".

11.20 His medication at the time of discharge was 150 mg Depixol (flupenthixol) weekly, Procyclidine 5 mg four times a day, Trifluoperazine 15 mg three times a day, Fluoxetine 40 mg daily and senna two at night. (Depixol - flupenthixol - is a long acting injection similar to Modecate (fluphenazine decanoate), Procyclidine is the drug to counteract possible side effects of Depixol (flupenthixol), Trifluoperazine is an oral medication to treat schizophrenia, Fluoxetine is a drug to counteract depression).

CHAPTER TWELVE
First Section 117 Meeting After Discharge

12.1 This first meeting was held on the 24th September 1993 and is described as a planning meeting. Dr Shresta as locum Consultant attended as the RMO with Dr Susan Hall the SHO, Peter Yearnshire for the CPRT attended as the key worker. Mrs MacLachlan and her former husband Mr MacLachlan also attended, as did of course Norman Dunn.

12.2 Although invited to attend, Dr Ghosh was absent.

12.3 Brian McLean who provided the depot injection in the clinic for Mr Dunn was also absent.

12.4 The minutes of that meeting record that Norman Dunn was suffering from disturbed sleep and that he was drinking again, though this was not quantified.

12.5 Mrs MacLachlan is recorded as being happy with her son's progress but was unsure what she should do if he had a relapse. She was advised by Dr Shresta to contact his GP in the first instance.

12.6 Under the heading "PLAN" it provided :

"Outpatient appointment at GB Hunter and CPN follow up every two weeks.

A further 117 meeting to take place in 3 months time".

12.7 GB Hunter is the local hospital used for outpatient appointments in Wallsend.

12.8 CPN follow up refers to Peter Yearnshire who as a CPN member of the CPRT was the key worker.

CHAPTER THIRTEEN
Community Health Service Support September 1993 - December 1993

13.1 As previously stated there is no record in the notes of any visit during this period but Peter Yearnshire told the Inquiry that from his own diary he was able to say that he had visited Norman Dunn on the 4th October, 1st November and 1st December 1993.

13.2 The plan had, however, stipulated some six visits at two weekly intervals rather than the three actually made.

13.3 Weekly visits were being made by Norman Dunn to the depot clinic and there were also visits to the GP for the necessary prescription as described in Chapter 9.

13.4 On the 8th October 1993 Brian McLean the CPN who with Judy Morrell ran the depot clinic recorded on a progress record sheet under the heading "summary of work carried out/session notes" :

"Attending depot clinic. Appears mentally and physically well. Does have episodes where feels excitable but well able to control this. Does not have any problem of over medication. Received depot medication (Flupenthixol 150 mg 1/52)"

Under the heading "comments/ideas for next session" is recorded :

"To continue to attend for depot injection".

This record did not relate to any untoward event but appears on a routine record of ongoing progress.

13.5 Casual visits were also being made to the Charlotte Street Clinic as described in Chapter 8.

CHAPTER FOURTEEN
Section 117 Meeting

14.1 7th December 1993

This is described as the first review meeting. Dr Le-Gassicke, locum Consultant, attended as RMO, Peter Yearnshire attended as a CPN member of the CPRT and key worker, Mrs MacLachlan, Mr MacLachlan, Judith Delap also attended. A social work student from the Charlotte Street Day Centre also attended, as also did Norman Dunn.

14.2 Again, although asked to attend, Dr Ghosh, the GP, was absent.

14.3 Norman Dunn was recorded as "coping well at the moment and his mother is pleased with his progress".

14.4 The minutes of that meeting go on to say :

"Norman is concerned about his medication and would like to discuss it further at his O/P clinic. He continues to see Judy Morrell on a weekly basis for his depot injection. Norman visits Charlotte Street Day Centre now and again. Dr Le-Gassicke suggested that Norman visit more often and stay for a meal".

14.5 Under the heading "PLAN" is recorded :

"1. Norman is to continue to visit Judy Morrell on a weekly basis

2. Dr Le-Gassicke will discuss medication at next O/P appointment

3. Norman to be encouraged to visit Charlotte Street Day Centre more often and stay for a meal

4. Review to be arranged in March 1994"

14.6 Clearly those responsible for his care were satisfied that Norman Dunn was coping well.

14.7 Reference to Judy Morrell rather than Brian McLean would be made because Norman Dunn had come to know her over the 25 years he had been ill.

CHAPTER FIFTEEN
Community Health Service Support - January 1993 TO MARCH 1994

15.1 The plan set out in the December Section 117 meeting made no reference to visits by the CPN key worker Peter Yearnshire. He did, however, advise the Inquiry that in his diary he noted visits made on 17th January, 28th February. No visit was noted for March 1994.

15.2 Weekly visits to the depot clinic continued as described in Chapter 9.

15.3 Intervention by the Depot clinic

On the 21st January 1994 Norman Dunn attended the depot clinic as required and a note signed by Brian McLean on a progress record sheet for that day records under the heading "Review of patient's progress since last visit" :

"Complains of low sex drive, possibly caused by medication, also feels that he is tired and feels low at times".

15.4 Under the heading "Summary of work carried out in this session" is recorded:

"Happy to continue as is for the time being till reviewed at outpatients.
Outpatient appointment made for 1.2.94 with Dr Wilson".

15.5 Under the heading "Comments" is recorded :

"Review in 1/52".

15.6 This intervention demonstrates that some monitoring of Norman Dunn's condition was taking place. Norman Dunn's concern over the extent of his medication was noted and on the 24th January 1994 a letter signed "Judy and Brian" was sent to Dr Wilson concerning Norman Dunn stating :

"This gentleman attends our clinic for his depot - Flupenthixol 150 mg weekly ....."

15.7 The letter goes on to record the adverse symptoms which Norman Dunn complained were affecting him.

15.8 The letter then concludes :

"I would be grateful if you could review the medication and advise".

15.9 It is apparently the practice for letters sent arising from the clinic to be sent under the names of the two CPNs operating that clinic.

15.10 Dr Wilson was the newly appointed locum consultant.

15.11 Comment

At this time Norman Dunn was attending the depot clinic every week, but during the same nineteen week period since discharge he had seen his key worker just four times other than the Section 117 meeting.

15.12 Although he had seen his key worker Peter Yearnshire on the 17th January it was the CPNs at the depot clinic who took up Norman Dunn's concern over his medication on the 21st January and arranged the outpatient appointment. There had been no contact between the CPNs at the clinic and the CPN in the CPRT, Peter Yearnshire.

15.13 Outpatient visit 1st March 1994

Dr Wilson saw Norman Dunn on this day at the outpatients clinic as arranged by the CPNs at the depot clinic.

15.14 In his letter addressed to Dr Stephenson Dr Wilson advises that he had reviewed Norman Dunn in the course of which he advised that he was discontinuing the oral medication and that he would review him in a month's time.

15.15 Unfortunately this letter was also sent to the wrong GP, rather than to Dr Ghosh, but it does appear in the GP records.

15.16 Procyclidine continued to be prescribed.

15.17 Further intervention by the depot clinic

On the 31st March 1994 Norman Dunn attended his normal weekly session at the depot clinic.

15.18 A progress record form under the heading "Summary of work/carried out/session notes/ records a complaint by him of feeling "most unwell compared to past". He attributed this to his medication and requested that "he talked to Dr Wilson about this. We advised we would discuss this with Dr Wilson on Tuesday. The record is signed by Brian McLean.

CHAPTER SIXTEEN
Section 117 Review Meeting : 14th March 1994

16.1 In attendance at this meeting were Dr Wilson as the RMO, Peter Yearnshire as the key worker, Mrs MacLachlan, Judith Delap, Mr MacLachlan, Norman Dunn and a student CPN. Dr Ghosh was again absent.

16.2 Norman Dunn is recorded as awakening "feeling frightened with a very rapid heart beat ..... jittery after taking a drink (described this as seeing flashing lights and hearing voices). As a result has cut down on his drinking (which was admittedly heavy) to a maximum of 2 pints per session".

16.3 He is described as passing his days by visiting his girlfriend or staying at home - sometimes going back to bed and as feeling bored and depressed.

16.4 He was visiting Charlotte Street Day Centre very occasionally - "not his cup of tea".

16.5 Peter Yearnshire suggested "Network One" as an alternative.

16.6 Dr Wilson offered to arrange an ECG (electrocardiograph) to allay his fears concerning his heart.

16.7 Peter Yearnshire is recorded as having expressed concern to Norman Dunn that he recognised certain trigger words in his conversation and asked if there was any further help that could be offered to him. Norman Dunn thought not - other than allaying his fears regarding his heart and "jitters".

16.8 The minutes also record that Norman Dunn for his part felt that he was otherwise coping well and that his family agreed with that.

16.9 The minutes set out the following plan under that heading :

"1. Norman to continue visiting outpatients clinic six weekly

2. Dr Wilson to arrange ECG and review medication

3. Norman to continue depot injections at The Green

4. Peter Yearnshire to continue meetings with Norman as arranged

5. Norman to try Network One as an alternative to Charlotte Street Day Centre

6. Next review to be arranged for 13th June 1994".

16.10 Comment

The main point of contact with the community services was the depot clinic rather than the key worker.

16.11 Again it was with the staff at the depot clinic that Norman Dunn raised his concerns of feeling unwell, and the staff at the clinic who took the matter up with the locum consultant, Dr Wilson.

16.12 When Peter Yearnshire expressed his concern to Norman Dunn about trigger words, at the Review meeting on the 14th March, that was based upon his meeting him that day and on 28th February and 17th January.

16.13 Although the care plan states that Peter Yearnshire should continue meetings with Norman Dunn "as arranged", it is unclear what the arrangement was. The number of visits reduced without any record of why this reduction took place.

16.14 It should be noted that at this stage of his own admission Norman Dunn had been drinking heavily, although there is no quantification, and adverse symptoms were present, though the family are recorded as agreeing that Norman Dunn was generally coping well.

CHAPTER SEVENTEEN
Community Health Support
April - June 1994

17.1 When Dr Wilson, the locum Consultant, saw Norman Dunn on the 1st March 1997 he advised the GP that he would see him in a month's time.

17.2 In the meantime the staff at the depot clinic, Judy Morrell and Brian McLean had referred Norman Dunn's concerns to him.

17.3 On the 12th April Dr Wilson saw Norman Dunn at the outpatient's clinic and wrote again on the 18th April to Dr Stephenson in error for the actual GP Dr Ghosh. Again that letter appears to have reached Dr Ghosh as it is in the GP records.

17.4 In it Dr Wilson advised that Norman Dunn "seems to be coping very well" and that he had reduced the Procyclidine to one a day.

17.5 CPN visits April - June 1994

For these three months Peter Yearnshire advised the Inquiry that he had recorded in his diary visits to Norman Dunn on 11th April, 23rd May and 7th June. Again there is no record in the notes of any of these visits.

17.6 Planned visits for this period were again six rather than the three stated.

17.7 Casual visits to the Charlotte Street Day Centre continued as described in Chapter 8.

17.8 Visits to the Depot Clinic continued as described in Chapter 9.

17.9 Further review of medication April 1994

Although the Inquiry could find no record of the outpatient clinic notes relating to a further review of medication, the depot clinic records show that as from 22nd April 1994 the dosage of Flupenthixol (Depixol) 150 mg was reduced from once every week to once every two weeks.

17.10 Comment

Not only did this change reduce the dosage by half but it also reduced the contact with the depot clinic staff to whom Norman Dunn had referred any concerns rather than the key worker.

17.11 Further review of medication June 1994

Again although there is no outpatient record, the depot clinic records themselves show a review of medication with effect from 17 June 1994, when the dosage of Flupenthixol was reduced to 100 mg from 150 mg. The rate of dosage remained the same at once every two weeks.

17.12 Between March and June the dosage of Flupenthixol had been reduced over a four week period from 600 mg to 200 mg.

17.13 There is no record of any letter to the GP in the hospital or GP records notifying this change in medication, though the GP was aware of it as he issued the prescriptions for the depot clinic.

CHAPTER EIGHTEEN
Section 117 Meeting 13 June 1994

18.1 In attendance at this meeting were Dr Wilson as RMO, Peter Yearnshire as key worker and Mrs MacLachlan. Norman Dunn likewise was present. Dr Ghosh was again absent and apologies for non attendance were given by the Charlotte Street Day Centre.

18.2 Mrs MacLachlan is recorded as thinking that her son was too quiet and that he did not talk to her much when he visited. She felt he would be better if he went out more and got some sort of hobby.

18.3 Norman Dunn is recorded as saying that he did not go out much, did not want to go out much and was happy staying at home watching TV and that he drank very little alcohol and was not interested in going to Charlotte Street or Key Enterprises. He also referred to his palpitations and to not liking the depot medication which he blamed for making him tired.

18.4 Under the heading "PLAN" the following was stated:

"1. Dr Wilson to continue to review medication

2. Dr Wilson to arrange ECG at next OP appointment

3. Tuesday Club suggested by Peter Yearnshire who would provide Norman with a programme of events for this club. Norman said he would go along on 14.6.94.

4. Dr Wilson felt next review should take place in September and this would possibly be the final review

CHAPTER NINETEEN
CPN Visits July - September 1994

19.1 Again there is no record of any visit in the notes but Peter Yearnshire advised the Inquiry that he had noted in his diary that he had visited Norman Dunn on 11 July, 15 August and 19 September.

19.2 Further reduction of medication July 1994

In the meantime a further review of medication occurred, again there was no specific record or letter to that effect to the GP in the medical records, but the depot clinic record shows that with effect from 15 July 1994 the dosage of Flupenthixol after that date was reduced to 60 mg and administered every four weeks.

19.3 The dosage on 12 August 1994 was therefore just one tenth of what it had been on the 22 April 1994.

19.4 Intervention by key worker CPN August 1994

Following his visit on the 1 August 1994 Peter Yearnshire, the key worker, wrote that same day to Dr Wilson expressing his concern over Norman Dunn.

19.5 In that letter he stated :

"Generally the course of the conversation was appropriate but there were some topics discussed in the session which I feel would give me cause for concern as well as ongoing stress for Norman".

19.6 He went on to refer to Norman Dunn's concern over the "jitters" being a state when he has voices in his head. The "jitters" he reports occurred at no set time and could last for hours and hours causing sleep disturbance.

19.7 He reported also that Norman Dunn was questioning the need for and the effectiveness of his depot injection.

19.8 He referred to Norman Dunn's admitted drinking up to four or five pints daily and sometimes more.

19.9 He referred to the accusations "abounding" about drinks being "spiked" but he adds: "having said all of that Norman did conduct himself appropriately and remained well composed during my visit" and went on to add: "I do not think any other course of action is warranted at this moment in time". He also advised that he would next be seeing Norman Dunn at the Section 117 meeting on the 26 September. This was to be some six weeks later, though as has been reported to the Inquiry by Peter Yearnshire he did in fact see Norman Dunn on the 19 September, when no record was made.

19.10 Peter Yearnshire was sufficiently troubled by his perception of Norman Dunn to write that letter, though not sufficiently so to recommend any other action being taken or even to increase his visits.

19.11 Casual visits to Charlotte Street Day Centre continued as before as described in Chapter 8.

19.12 Visits to the Depot Clinic continued as previously described though now only every four weeks.

19.13 Comment:

Contact with the health services had been reduced significantly by the change in medication at a time when the key worker Peter Yearnshire was having particular concern. The frequency of his own visits did not, however, increase. The Inquiry would have expected there to have been extra vigilance by all the professional staff following the reduction in medication so that the effect of the reduction could be kept under close observation.

CHAPTER TWENTY
Section 117 Review Meeting
26 September 1994

20.1 This meeting proved to be an important milestone in Norman Dunn's life and more particularly in his mother's.

20.2 Those who attended had differing recollections of what happened.

20.3 So far as the medical records are concerned, these comprise a specific form headed "Integrated Care programme" and, with a sub heading "Review Meeting".

20.4 The form is set out as a pro forma with spaces to fill in for type of meeting, i.e. "Section 117" (which is ticked), "Care programme approach" and "case management" and spaces for the name of the patient, date of birth, time, date and venue of the meeting, all of which is completed.

20.5 A paragraph explains the duties of the co-ordinator for the meeting.

20.6 A section is set out for the names of those attending and their respective designations and for apologies.

20.7 A final box contains the question "Has the care plan met the identified needs? If not, why not (please state)".

20.8 The names of those attending were listed as :

P Yearnshire, *CPN*
C MacDonald, *Charlotte Street*
E MacLachlan, *Mother*
J Delap, *Sister*
N Dunn, *Patient*
Dr A Wilson, *Psychiatrist*

20.9 In the final box is recorded "Yes - client is coping with minimal support - to be discharged from Section 117 register".

20.10 On a separate sheet of the form under the heading "Integrated Care Programme - Care Plan" is set a space for the name of the patient which is completed and his date of birth also completed. Beneath that overall heading are three columns each with its own heading, namely "Needs", "Aims (in order to meet need)" and "Action". These are completed as follows :

Need	-	Monitoring of medication
Aims	-	To ensure that Norman receives medication as necessary, to see Peter Yearnshire on a regular basis.
Action	-	Norman to attend outpatients regularly. Appointment made to see Dr Wilson on 27 September 1994 regarding Norman's request to go back onto Lithium instead of Depixol (flupenthixol). Peter to see Norman every four weeks - next appointment is 1/11/94.
Need	-	Opportunities for social integration.
Aim	-	To attend day care facilities
Action	-	Norman to continue to use the drop-in facility at Charlotte Street Day Centre. Peter gave Norman details on the Tuesday Return Club.

20.11 The form is then signed by Peter Yearnshire as co-ordinator and dated 26 September 1994. The entry "none" is made in answer to questions as to date of next meeting and its venue.

20.12 On the face of things the records themselves show Norman Dunn coping well, and his medication being reduced. The concerns raised by Peter Yearnshire in August 1994 are not pursued further and the record of the September Review meeting presents an image of satisfactory progress to the extent that it was felt that further Section 117 meetings were no longer necessary.

20.13 Since his discharge a year before the only contact Mrs MacLachlan had with those responsible for her son's care in the community was at the quarterly Section 117 meetings.

20.14 The meeting in September 1994 was her last contact.

20.15 The row at the meeting

Judith Delap told the Inquiry that the Section 117 meetings were "pathetic". She said that no-one would discuss her brother with them unless he was also present. She was clearly under the impression that there was a specific rule which prevented any such discussion taking place in his absence. As a consequence she said she and her mother could not say how they felt he was.

20.16 So far as the Inquiry are aware there is no legal reason why any such discussion should not have taken place. As it was her brother was always present when the family attended and as Judith Delap says : "I got upset, Mam got upset, Norman got angry".

20.17 In the end the family also formed the view that there was no point in having the meetings though for an entirely different reason.

20.18 Mr MacLachlan describes Mrs MacLachlan during that first year as being "not too happy" with the way her son was being looked after in that he was not being "checked frequently enough" and that "he was coming along to her much too frequently". He cannot remember specifically what she said at that last meeting but added that he would not be at all surprised if she had said it.

20.19 Because a new document procedure had been introduced the form described had been completed and placed in the records rather than the more formal and more detailed minutes that had been provided before.

20.20 Upon enquiry it transpired that a medical secretary had also attended the Section 117 meetings though not listed as being in attendance and she had taken a shorthand note. The medical secretary was identified as Wendy Pinkney and she was able to produce her shorthand book for that meeting and produce a minute.

20.21 Wendy Pinkney had recorded Mrs MacLachlan saying "big change in him recently. Not himself lately" and then "Norman Dunn disagreed that there was anything wrong with him. He felt better on lithium carbonate". She then recorded "Mrs MacLachlan and Judith Delap stood up and left at this point".

20.22 Her recollection is that after her son had disagreed with her Mrs MacLachlan had got upset and stood up and that her daughter stood up with her and that they had left with Judith Delap just saying "We are going".

20.23 Wendy Pinkney does not recall the exact words used at the time but words and demeanour were used as to say "It's just a waste of time because whatever we say he is just not going to agree with anyway".

20.24 She simply recorded at the time that the family disagreed.

20.25 She recalls that after they had left the meeting everyone else just sat in complete silence. She describes herself as shocked because she was not expecting it; but after everyone sat quietly for a few minutes they had resumed the meeting and got on with it.

20.26 She also explained that her instruction for note taking at such meetings was not to take a verbatim account but a short note only.

20.27 Clearly Mrs MacLachlan and Judith Delap were upset at the meeting and sufficiently so to leave it abruptly.

20.28 No one made any attempt to find out why they were upset, or to liaise with them concerning Norman Dunn's ongoing care and general progress.

20.29 Colin MacDonald, the Manager of the Charlotte Street Day Centre, recalls attending that meeting.

20.30 He had no contact with the family except when he saw them at the meeting and on those occasions he did not have any separate conversation with them.

20.31 He recalls a lot of friction between Norman Dunn, his mother and sister and believed that they got Norman Dunn more and more agitated. He understood that there was some long-standing dispute between them but that when he was on his own he was fine.

20.32 He recalls that at that last meeting Mrs MacLachlan was saying that her son would go round to her home and just sit and would not say anything. He also recalls her saying something about washing his clothes but he could not recall the details of what she said.

20.33 As he told the Inquiry: "It seemed surprising to have a row there anyway ..... it seemed to be more something brought from the past than an argument just brought up on the day".

20.34 The Inquiry were puzzled that such divergent views of the meeting could be held, certainly the family, on their account, had left the meeting abruptly in an angry and disappointed state, yet Dr Wilson and Peter Yearnshire had no recollection of this and the medical record itself gives no indication of any untoward occurrence. None of those remaining in the meeting made any attempt to find out why the family left either then or subsequently. As it turned out this was the last time there was any personal contact with the family until after Mrs MacLachlan's death. Interestingly the shorthand note still retained by the medical secretary, Wendy Pinkney at the meeting, records a situation which corroborates the family's recollection.

CHAPTER TWENTY ONE
Norman Dunn's Concerns

21.1 There was a major long standing dispute between Norman Dunn and his mother and sister.

21.2 Norman Dunn was always asking for more than the weekly allowance his mother gave him and she for her part was always concerned that any extra money he received was not spent on drinking or entertaining his drinking companions.

21.3 Norman Dunn clearly formed the view that his mother was spending his money on herself and that he was not getting all that he was entitled to. Norman Dunn expressed that view to members of the family who rejected it out of hand and those that were responsible for his care in the community.

21.4 Norman Dunn also expressed other views from time to time, such as that his food or drink was being tampered with or poisoned, that his flat was being broken into and his belongings interfered with, that his flat was wired up so that he could be listened to, that he was alleged to be homosexual but the one constant assertion was that his mother was cheating him. The other assertions were considered by those providing care for him in the community as delusions, but his main assertion that his mother was cheating was never considered to be a delusion and no enquiry was ever made with the family as to whether there was any foundation to that allegation and no one was aware that Norman Dunn was subject to the Court of Protection.

21.5 Judith Delap told the Inquiry that they had repeatedly shown her brother the accounts to show that everything was in order but he persisted in holding to his belief that his mother was cheating him of money that was his.

21.6 Comment:

Since Norman Dunn's belief that his mother was cheating him out of his money was a false one and held with unshakeable conviction despite sound evidence presented to him to the contrary, the Inquiry can only conclude that the belief was, in fact, a delusion.

21.7 The other source of argument was when Norman Dunn asserted that he was well at times when his mother and sister considered him to be worse than usual.

21.8 Judith Delap describes how she and her mother felt exasperated that no one would listen to them and it was in these circumstances that they left the meeting and saw no point on their part in making any contact with those professionally concerned in Norman Dunn's care.

CHAPTER TWENTY TWO
Dr Alistair Wilson

22.1 Dr Alistair Wilson qualified in 1982 at Belfast. His qualifications in 1994 were MB, BCh BAO MRCPsych MD. His MD thesis was in neuro physiology and neuro psychology in schizophrenia.

22.2 In January 1994 he received his first appointment in England as a locum consultant at Wallsend. This was his first consultancy post, having served four years previously as senior registrar in Belfast.

22.3 Northern Ireland has different legislation relating to mental health issues and so Dr Wilson had quickly to familiarise himself with the different processes and procedures that applied in Wallsend.

22.4 As from January 1994 he had become the RMO for Norman Dunn and continued as such until the end of October 1994.

22.5 Dr Wilson recalls the letter he received from Peter Yearnshire dated 15 August 1994 but considered that by the time of the review meeting in September that Norman Dunn was then well enough no longer to be subject to Section 117 Review.

22.6 As he pointed out Peter Yearnshire was at that meeting and so far as he recalled both of them agreed that Norman no longer needed to be subject to Section 117 Review.

22.7 Apart from bursts of auditory hallucinations Dr Wilson considered that Norman Dunn was very well.

22.8 He did not consider that the symptoms of which he was aware were of sufficient concern to make him worry that Norman Dunn represented a risk to himself or anybody else, nor he recalled did Peter Yearnshire raise any issue of risk.

22.9 In fact his actual recollection was that it was Peter Yearnshire himself who suggested the removal from Section 117 Review.

22.10 He was quite certain that Peter Yearnshire had agreed to this action being taken and he would be very surprised if the contrary were stated.

22.11 He told the Inquiry that if anyone such as the key worker had expressed a contrary view he would have heeded what they said and would almost certainly not gone ahead.

22.12 His own recollection of Norman Dunn's family was that they were helpful and seemed a concerned and caring family.

22.13 He had no recollection, however, of any untoward behaviour or annoyance or disagreement expressed by the family at the September meeting.

22.14 He recalled that sometime previously Norman Dunn's mother had said that she nagged her son a lot and that he got a bit tense with her.

CHAPTER TWENTY THREE
The Events Immediately After 26 September 1994

23.1 The very next day 27 September 1994 Norman Dunn attended for a scheduled outpatient visit and indeed reference is made to it in the care plan drawn up on the 26 September following the review meeting.

23.2 On the 4 October 1994 Dr Wilson wrote to Dr Stephenson presuming him to be Norman Dunn's GP but in error for Dr Ghosh. Again the letter does, however, appear in the GP records.

23.3 In that letter Dr Wilson states: "Apparently there is some concern that Norman isn't keeping as well as he has been. At times he can be quite excitable. I discussed this with Norman and the possibility of increasing his medication but Norman is quite against this and so we agreed to keep it at the present level".

23.4 Dr Wilson told the Inquiry that Peter Yearnshire would continue as the CPN in visiting Norman Dunn on a regular basis according to the care plan and the procedures laid down by the North Tyneside Trust. He also assumed that he would be keeping in touch with Norman Dunn's family.

23.5 He was unaware that Peter Yearnshire had had no contact with the family other than seeing them at the quarterly review meetings and that his visits to Norman Dunn were for only five minutes or so, just to make sure he was getting on all right and were of an informal unrecorded nature.

23.6 He told the Inquiry that he would rely upon Peter Yearnshire in his follow up of Norman Dunn to flag up any problem that might arise with him directly at one of the regular meetings with staff which were held each week, albeit on an informal basis.

23.7 He told the Inquiry that when he saw Norman Dunn on the 27 September he could see that his symptoms were starting to break through again and that he was concerned about his mental state and so had tried to persuade Norman Dunn that his depot medication should be increased.

23.8 He clearly that very next day had some misgivings about "discharging him from the register" but he took no other action as he believed that the arrangements made should ensure that Norman Dunn was sufficiently cared for.

23.9 Dr Wilson told the Inquiry that he never thought that there was any possibility that Norman Dunn would ever be violent to others. He thought that there was a possible risk of self neglect if he was lost in the follow up, but, it had never struck him that Norman Dunn could be dangerous in any way.

23.10 So far as he was concerned Norman Dunn would be followed up and would not be lost in the system because of the arrangements made.

23.11 This was the last time that Dr Wilson saw Norman Dunn because by the time of the next outpatient visit in November Dr Wilson had left for another post.

23.12 Comment

Dr Wilson is particularly well qualified and impressed the Inquiry with his commitment, but he was still to some extent unfamiliar with the Mental Health Act 1983, the Code of Practice and subsequent guidelines at that time. Dr Wilson told the Inquiry that during the time of his appointment as a locum he had been unable to take any holiday because of his workload, and that this had extended at one point to providing cover for Wallsend, Whitley Bay and North Shields including psycho-geriatrics for a population of some 100,000. As a locum he had not been given any induction or training in systems, practice and legislation in this country and had been expected to carry a caseload far in excess of what was reasonable.

23.13 Section 117 places a legal duty upon the relevant health care provider and the local authority to ensure that after care is available to a patient who is discharged from hospital if that patient has been detained under Section 3 or Section 37 of the Act.

23.14 The decision to remove Section 117 responsibility has to be jointly made because it is a joint obligation. If either service were to purport to remove it unilaterally then it could even be an unlawful act. On the basis that the CPRT represented the interests of both the health service and the social services and that a key worker in that team represented the interests of both services and had authority to do so then the action taken in this case would technically have been a joint decision. The Inquiry, however, would have hoped that before such an important decision was taken both disciplines would have been involved.

23.15 The words in the Act themselves state that the Section 117 duty may be removed only if the patient is no longer in need of after care services. In the case of Norman Dunn he did need services and, despite the decision taken he continued to receive them. The decision ostensibly to discharge Section 117 appears to have been wrong in that the Act specifically states that it may only be discharged when "the person concerned is no longer in need of such services".

23.16 Although complaining as to the level of his medication Norman Dunn had co-operated with the after care provisions made for him.

23.17 Did Dr Wilson remove Norman Dunn from Section 117 aftercare?, what did he actually consider he was doing when he decided that Norman Dunn should be "discharged from Section 117 register"?

23.18 Dr Wilson for his part assumed that after care was to be provided in accordance with the plan set out in the care plan agreed on the 20 September.

23.19 The only difference in the arrangements made so far as Dr Wilson was concerned was that there would be no further quarterly review meetings.

23.20 He says that so far as he was aware the key worker Peter Yearnshire would continue to visit Norman Dunn and be able to flag up any risk or danger and that he would also be in contact with the family likewise on a regular basis. In addition Norman Dunn would be seen regularly at the depot clinic and the outpatient clinic every four weeks also.

23.21 By "discharging from the Register" Dr Wilson for his part would seem to be doing no more than varying after care provision rather than changing the status of the after care otherwise provided.

23.22 Peter Yearnshire, however, from what he told the Inquiry, perceived Dr Wilson as going against his own views by "discharging from the Section 117 Register" and to Peter Yearnshire that meant that his role in future was not to carry out any assessments as such but simply keep an informal eye on Norman Dunn.

23.23 It has to be said, however, that no more than an informal approach seems to have been adopted by Peter Yearnshire from the very start in the Autumn of 1993 and it has already been commented upon that it was to the depot clinic staff that Norman Dunn referred his concerns over his medication rather than Peter Yearnshire.

23.24 Very sadly there is much confusion over what happened at the meeting on 26 September 1994 between the family and those there professionally and between the RMO and the key worker.

23.25 Peter Yearnshire is a CPN of many years experience and very well qualified. He said that after the discharge of the Section 117 he perceived his role as being of a purely informal nature, making short unrecorded visits just to see how Norman Dunn was getting on, not as part of a structured after care programme as set out in the North Tyneside Trust's own procedures, carrying out assessments of Norman Dunn at each visit and maintaining records, and furthermore keeping in close contact with Mrs MacLachlan.

23.26 From his evidence Dr Wilson certainly seems to have assumed that Peter Yearnshire had been and would continue to provide full support as a CPN as provided in that Trust's procedures.

23.27 What Dr Wilson did not know was that this had not been and was not to be the case.

CHAPTER TWENTY FOUR
October - December 1994

24.1 So far as those responsible for the case of Norman Dunn in the community were concerned this period was uneventful and so far as they were aware he maintained his supposed improved state.

24.2 Peter Yearnshire as the key worker states that he visited him at his home on the 3 November and the 1 December. As before there is no record of any of any of these visits in the medical records. For this 13 week period there should have been at least three visits rather than the two made, as the plan had changed the frequency of visits from every two to every four weeks.

24.3 Norman Dunn also attended the depot clinic on the 14 October, 11 November and 9 December.

24.4 During this time he was also visiting the Charlotte Street Day Centre. In the staff minute book previously described there is an entry in November which reads "(another patient) and Norman seem unwell". In his evidence to the Inquiry Colin MacDonald said that the "Norman" referred to could only have been Norman Dunn and that the reference would have been to his mental rather than his physical health, though he pointed out that the staff at the centre did not purport to make any diagnosis but just made where appropriate an observation.

24.5 However, as reported previously there was no specific line of communication for reporting on individual patients. The meetings that were held dealt with issues concerning the patients and the running of the centre as a whole.

24.6 At the time Colin MacDonald did not see any need to mention Norman Dunn specifically to anyone else. So far as he was aware Norman Dunn's condition was being monitored by the key worker.

24.7 To Colin MacDonald Norman Dunn did not seem worse than some of the other patients who used the centre.

24.8 He described Norman Dunn as showing no untoward symptoms unless he was alone or in the company of people with whom he felt at ease. Once in these relaxed circumstances Norman Dunn is described by Colin MacDonald as mumbling to himself.

24.9 Comment

A reference had been made about Norman Dunn, but his general behaviour was no different from that displayed by other patients.

24.10 Colin MacDonald was not required to report on individual patients, and Norman Dunn's behaviour did not cause him concern sufficient to make a specific report, nor in the opinion of the Inquiry could he have thought otherwise.

24.11 There was no structure in place by which reports were made on patients attending except when Colin MacDonald was asked to attend Section 117 meetings. No policy seems to have been put in place. Procedures seem to have evolved, such as the establishment of a staff minute book which in turn became used for comments on patients. There were entries in the staff minute book referring to Norman Dunn but no action was taken to report on them to any of the professional staff responsible for Norman Dunn's care. There was one occasion when a decision was taken to inform the CPN and while Colin MacDonald is convinced that a telephone call would have been made there is no record of it having been done either at the centre or the CPN office.

24.12 On the 30 November1994 he was seen by Dr K L Shresta, locum consultant psychiatrist.

24.13 Dr Shresta considered that Norman Dunn had maintained his improved state and in view of that decided that he need not attend until six months later. The medication was continued as before.

24.14 On reaching this decision Dr Shresta relied upon the medical records.

24.15 The records showed that Norman Dunn had been viewed as having improved to such an extent that he had been removed from Section 117 meetings three month's previously.

24.16 Comment

Although Dr Shresta understandably concluded that Norman Dunn's condition had improved, it is non-the-less surprising that his next appointment was deferred for six months.

24.17 Dr Shresta saw Norman Dunn only on that one occasion.

24.18 He confirmed the diagnosis of chronic schizophrenia which was being treated by anti-psychotic medication.

24.19 So far as he was aware Norman Dunn was being supported by a multi disciplinary team, he was attending a day centre, he was complying with his medication, he was not suffering from any apparent side effects and there was nothing in the records to indicate that Norman Dunn was not maintaining his assumed improved state.

24.20 At the end of December 1994 the provision of care for Norman Dunn was reduced to infrequent and informal visits by the key worker, Peter Yearnshire, visits every four weeks to the depot clinic, which required a GP's prescription and casual visits to the Charlotte Street Day Centre.

CHAPTER TWENTY FIVE
Dr K L Shresta

25.1 Dr K L Shresta qualified in India in 1967.

25.2 In 1975 he went to Edinburgh to train in psychiatry as a senior house officer.

25.3 In 1978 he completed his examinations and was appointed a Registrar in Psychiatry.

25.4 From 1979 to 1982 he was a senior registrar in Manchester and in 1982 he became a consultant at Sunderland where he has remained.

25.5 Since becoming a consultant Dr Shresta has attended and participated in conferences and formal meetings and has shown a particular interest in alcohol and drug dependency.

25.6 At the end of 1994 Dr Shresta used leave to which he was entitled at Sunderland to enable him to act as a locum consultant at North Tyneside for four sessions per week.

25.7 Not surprisingly Dr Shresta has no recollection of Norman Dunn and based his evidence to the Inquiry concerning Norman Dunn upon the medical records and his normal practice in seeing a patient on an outpatient consultation.

25.8 From the records which were handed to him Dr Shresta was able to say that he had asked Norman Dunn how he was and that he had replied that he was "OK". He asked Norman Dunn if he had any problems and if he had any physical problems or if he felt sick. Norman Dunn he recorded as having replied that he was worse in the morning and was just lying around not wanting to do anything.

25.9 He carried out a routine medical examination in the course of which he would have observed the manner in which he was dressed and the vocabulary used.

25.10 If there had been anything unusual he would have noted it in the records. Nothing is recorded.

25.11 He would have checked Norman Dunn's mental state by observing eye contact, his emotions, the manner in which he talked, whether he was logical in speech, whether he appeared tense or anxious and if there had been any abnormality he would have recorded it. Nothing is recorded.

25.12 He did note the presence of some mouth ulcers and that Norman Dunn was advised to seek medical advice.

25.13 As locum consultant Dr Shresta also attended the routine staff meetings but he has no specific recollection of the detail of any discussion.

25.14 Comment

Dr Shresta is also shown in the records as being the Consultant responsible for Norman Dunn in September 1993. Unfortunately the records showing the appointment of an RMO for Norman Dunn after Dr Olajide's departure are lacking. Dr Shresta, as locum, did however take over Dr Olajide's caseload when he departed until Dr Le Gassicke was appointed. Dr Shresta was not questioned about this earlier involvement but the records show that Norman Dunn was discharged on the basis of the earlier planning meetings in July and August 1993.

CHAPTER TWENTY SIX
The Final Six Months January to June 1995

26.1 Again there are no formal records of any visits made by Peter Yearnshire as key worker. He did however inform the Inquiry that according to his own diary he visited Norman Dunn on the 19 January, the 6 March, the 20 April, the 24 May, when in fact there was no sign of Norman Dunn and his flat was boarded up, and the 8 June.

26.2 In those six months Peter Yearnshire told the Inquiry that he saw Norman Dunn on four occasions rather than the six visits that were expected under the agreed care programme.

26.3 Peter Yearnshire informed the Inquiry that he would write to Norman Dunn beforehand telling him the date and time of his visit. There are no copies of the letters. Only on one occasion was Norman Dunn absent and that was the 24 May.

26.4 So far as Peter Yearnshire was concerned Norman Dunn appeared to be managing well.

26.5 Others, however, were getting concerned.

CHAPTER TWENTY SEVEN
The Final Six Months - Jonathan Dunn

27.1 Jonathan Dunn told the Inquiry that his father's behaviour started to deteriorate.

27.2 Jonathan Dunn used to see his father on a regular basis in a local public house when they would have a drink together and have a chat.

27.3 Jonathan had always kept in regular contact with his father.

27.4 He told the Inquiry that he had started a new job in February 1995 and that he did not see his father for some five or six weeks.

27.5 When he saw him in March 1995 he was shocked by the change in his father's condition.

27.6 He explained to the Inquiry that he had seen his father deteriorate in the past but that it had been a gradual change. On this occasion the change was dramatic.

27.7 He describes his father as being like the state he had been in prior to his admission to hospital in 1993. Apart from 1993 he had never been as bad as he appeared in March 1995.

27.8 Jonathan Dunn told the Inquiry that he could see that his father was going to end up in hospital again, though he had no inkling of the tragedy that actually occurred.

27.9 He said that he had advised his father to stop drinking so heavily and to sort himself out or else "You're going to land yourself straight back in hospital".

27.10 At this stage he estimated that his father was drinking between 6 to 8 pints per day.

27.11 His father, however, considered himself to be normal.

27.12 From March 1995 he noticed that his father was becoming worse and it was from this time that he referred to his mother Eileen MacLachlan as "the Devil"..

27.13 By this time he described his father's delusions as being much worse.

27.14 He clearly was of the opinion that his father was under the delusion that Eileen MacLachlan actually was the Devil or a devil and that in calling his mother the Devil or a devil his father was not simply being abusive. He also describes his father as being convinced that his mother Mrs MacLachlan was taking his money. Jonathan Dunn gave no credence to any such assertion by his father.

27.15 When, however, Jonathan Dunn was in his father's company with his other friends, Norman Dunn passed himself off to such an extent that his friends did not suppose him to be mentally ill. Even when his father expressed his views in their company about homosexuals and freemasons, he was considered to be merely eccentric.

27.16 After February 1995 his behaviour had deteriorated so that he sat talking to himself, and his appearance became bizarre. He realised that his friends were embarrassed by his presence.

27.17 Jonathan Dunn described his father as normally being a man of smart appearance who invariably wore a suit, and certainly at all times collar, tie and jacket.

27.18 In June 1995 he described seeing his father. He was wearing a bright orange shirt, bright blue trousers and a sheepskin coat. This was a total contrast to the way in which his father normally would dress.

27.19 He described seeing his father's flat at this time - it was in his word "stinking".

27.20 He was also aware that his father's flat had been burgled on at least two occasions and he said how this had "rattled" his father.

27.21 His father had become very nervous and kept thinking that people were trying to break in while he was in bed.

27.22 He described how at the end of May 1995 he had been asked by his sister who was then living in Stockton to collect his father and take him back to Wallsend. He described how embarrassed he was on the bus because of his father's behaviour and the nonsense he talked.

27.23 Jonathan Dunn said he had become very concerned about his father and had told his mother of that concern though she had no contact with Norman Dunn and neither of them had any contact with Mr MacLachlan and only very rarely with Judith Delap ever since the divorce.

27.24 He believed that his father had deteriorated to such an extent that those responsible for his care would admit him again into hospital.

27.25 At no time, however, did he consider that his father was any danger to anyone.

CHAPTER TWENTY EIGHT
The Final Six Months - Angela Porteous

28.1 Norman Dunn's daughter Angela Porteous now lives in Scotland and she was unable to attend the Inquiry though she did write to the Inquiry and speak with the Chairman by telephone. What she told the Inquiry by letter and through the Chairman was not subject to affirmation.

28.2 In 1994 - 1995 she was then living with her husband and daughter in Stockton. She kept in regular contact with her father.

28.3 She in turn had noticed a deterioration in her father's mental state from the end of 1994, and said that she had seen the same pattern unfold on occasions in the past.

28.4 She had observed that from past experience once her father started using crude language admission to hospital followed.

28.5 At the end of May 1995 she invited her father to come and stay. The visit was to coincide with her daughter's second birthday on the 20 May.

28.6 At the time her husband was working away from home, and when her father appeared she was at home with her daughter and a friend's little boy.

28.7 She stated that she was shocked by her father's appearance. Instead of being smartly dressed as he invariably was in a collar, tie, jacket and smart shoes, he was wearing a pair of check trousers and trainers which she had never seen him wear before.

28.8 On arrival he immediately was talking to himself and the television. He appeared to be having a conversation with two different people, which she had never observed at any time before. He was very agitated, smoking very heavily and his language was crude. He then decided to go off for a drink. On his return he was worse. His language was really obscene and his speech slurred.

28.9 His behaviour was sufficiently alarming that she decided he should go home and she called her brother to come and collect him.

28.10 She said that she saw her father every two months and wrote to him every two weeks. In between times she endeavoured to keep in touch by telephone. She also kept in regular contact with her brother who saw their father at least once every week.

28.11 Comment

Although Jonathan Dunn and Angela Porteous had regular contact with their father, they had no contact at all with the key worker Peter Yearnshire and there existed no means by which they could pass on any comment about their father.

28.12 Because of their parent's divorce they had lost contact with their grandmother Eileen MacLachlan and had hardly any contact with their aunt Judith Delap.

28.13 Both spoke very lovingly about their father, and were greatly shocked and distressed about the actual outcome.

CHAPTER TWENTY NINE
The Final Six Months - Margaret Dunn

29.1 Margaret Dunn the former wife of Norman Dunn, and the mother of Jonathan Dunn and Angela Porteous also attended and gave evidence to the Inquiry.

29.2 She told the Inquiry about her married life and the events leading up to the divorce.

29.3 After the divorce she never saw her husband again and had no contact with his mother or sister. Her children however, maintained close contact with their father.

29.4 On the 21 June 1995 Norman Dunn called at her flat unexpectedly. She had not seen him for over twenty years, though she had heard about him through the children.

29.5 She told the Inquiry that Norman Dunn was "the worst I'd ever seen him". When she asked him what he wanted, he told her that he wanted to marry her and asked whether she would agree. She declined and eventually persuaded him after ten minutes or so to leave.

29.6 She recalled how Norman Dunn had always been smartly dressed, usually wearing a navy suit.

29.7 On this occasion she described him wearing red trousers, a bright blue shirt and a Prince of Wales jacket. He looked in her words "a right mess".

29.8 She could see that he was very ill and considered that anyone who knew him would realise that something was wrong.

29.9 She did, however, add that whilst those that knew him would see that he was ill, someone who did not know him so well might not as "he could pass himself off as relatively normal for a while".

29.10 She also recalled that when they were married and he had been discharged from hospital someone would call every week or two weeks and that they would speak to her as well as Norman Dunn finally adding "If he'd been getting the care none of this would have happened".

29.11 After this visit she reported it to her own mother and children.

CHAPTER THIRTY
The Final Six Months - The Depot Clinic

30.1 During this time Norman Dunn was attending the Depot Clinic every four weeks and then following an outpatient visit every two weeks from the 2 June 1995.

30.2 In the medical records there is a progress record signed by John Whalley and dated 16 June 1995.

30.3 At that time John Whalley was providing holiday cover for Brian MacLean at the Depot Clinic.

30.4 He decided to send a letter to each person likely to attend the clinic to suggest seeing them so that he could introduce himself. In the case of Norman Dunn he recorded: "Offered invitation to attend. Health Centre to discuss feelings/any significant issues with CPN staff. Invitation declined. Follow up by Mr Paul Savage ..... at client's home address".

30.5 In his evidence to the Inquiry John Whalley explained that he had arranged to send out the letter and see those visiting the clinic with Brian MacLean and Judy Morrell. He had not discussed this with anyone else.

30.6 In the case of Norman Dunn, Paul Savage got in touch with him to say that Norman Dunn would not be coming to see him and it was left that Paul Savage would see to any matters arising with Norman Dunn.

30.7 John Whalley then completed the progress record card to record what had happened.

30.8 At that time on 16 June 1995 John Whalley told the Inquiry he believed the key worker for Norman Dunn to be Paul Savage.

30.9 Paul Savage was the CPN in the CMHT being established at Wallsend to take over the responsibility of patients in the community from the CPRT which has been disbanded following the transfer of provision of health care in the community from North Tyneside Trust to City Trust. The transfer date between the two Trusts was the 1 April 1995 though it took some months for individual case loads to be transferred.

30.10 Comment

One of the matters considered by the Inquiry was the identity of the key worker at any given time and whether the key worker changed after 1 April 1995 in the case of Norman Dunn and if so when and who the new key worker was. Certainly so far as John Whalley was concerned he clearly believed that on the 16 June 1995 Norman Dunn's key worker was Paul Savage.

30.11 This particular issue is dealt with in a separate chapter.

30.12 John Whalley impressed the Inquiry as a conscientious professional worker who, on his own initiative, was taking steps to gain a better knowledge of Depot Clinic patients whom he may only see on an infrequent basis.

CHAPTER THIRTY ONE
The Final Six Months - The Charlotte Street Day Centre

31.1 From January 1995 Norman Dunn continued his visits each week.

31.2 On the 28 March 1995 he is recorded in the staff minute book as making advances to women and talking to himself.

31.3 On the 2 May 1995 it is recorded: "Norman Dunn seems distressed - contact support". Colin MacDonald explained that this was due to the burglary at his home and that the CPN was contacted. There is no record of that contact in the CPN records.

31.4 On the 8 June 1995 he is recorded as expressing concern about his need to be re-housed and vandalism. He is also recorded as still feeling anxious about tea and food.

31.5 Colin MacDonald recalls that in June 1995 Norman Dunn was distressed following the two break-ins at his home when the central heating system was stolen on each occasion, and that Norman Dunn had reported that he was having regular appointments at the Housing Office with the hope of being re-housed. Help was offered but was declined. As it was the policy of the centre to promote self help the offer was not pressed further.

31.6 Colin MacDonald also told the Inquiry that during this final period Norman Dunn had expressed his concerns to him about his food and drink being poisoned, but that after he had talked with him Norman Dunn had felt more relaxed.

31.7 To Colin MacDonald Norman Dunn's fears about his food and drink being poisoned were a constant symptom of his illness and he told the Inquiry that he was not overly concerned as it presented to him no significant change in his behaviour.

31.8 Norman Dunn had always appeared well dressed and well mannered. On those occasions when he had made advances to women at the Centre he responded well when challenged by the staff. On those occasions when he talked to himself he disturbed others through embarrassment rather than fear.

31.9 Colin MacDonald pointed out that as a number of those attending the Centre talk to themselves on occasion Norman Dunn's own behaviour was generally accepted and did not give cause for undue concern.

31.10 Colin MacDonald stated that if they had any particular concern over a patient then the CPN would have been telephoned. The entries concerning Norman Dunn were made but they were not sufficient for alarm bells they were significant just to be recorded.

31.11 Comment

Norman Dunn in the relaxed atmosphere of the day centre felt sufficiently at ease to behave more freely and showed positive signs of his schizophrenic illness. He was hearing voices and responding to them and there were occasions when he made inappropriate sexual advances towards women.

31.12 Despite this being recorded in the staff minute book Colin MacDonald said that he and his staff did not consider that this was of any significance. An informal record of specific events was kept but no report was made to anyone else concerned in the care of Norman Dunn, nor was there any structure available to do so. With the exception of the record that the CPN was contacted in May 1995.

31.13 There is no record of any visit by the key worker Peter Yearnshire to the centre. Although Peter Yearnshire says that he will have attended at various times and such visits would have been unrecorded the Inquiry came to the conclusion that of any visit made none would have related specifically to Norman Dunn, and that there would have been no cause in the course of any visit that there might have been so far as Colin MacDonald and his staff were concerned to raise the case of Norman Dunn specifically.

31.14 Had, however, there been a visit in which specific enquiry were made of Norman Dunn then the recorded observations and the general opinions on Norman Dunn's behaviour would, the Inquiry believe, have been passed on.

31.15 If such information had been known to Peter Yearnshire or others concerned in the care of Norman Dunn the Inquiry believe that it would have led to closer more active observation of Norman Dunn with the result that a review of his treatment and case would have been implemented.

31.16 If the Section 117 meetings had continued then Colin MacDonald would have had the opportunity to describe his observations of Norman Dunn and refer to the recordings made in the staff minute book.

CHAPTER THIRTY TWO
The Final Six Months - Eileen Maclachlan and Judith Delap

32.1 As this report shows Eileen MacLachlan provided a very high level of support to her son to an extent not realised by the professional carers.

32.2 Judith Delap as far as her own domestic obligations permitted supported her mother in this exercise.

32.3 Contact with the professional carers had ceased in September 1994 when Eileen MacLachlan and her daughter had left the formal Section 117 meeting.

32.4 Their concern had not been taken up following that meeting and no contact had been made with them.

32.5 Judith Delap told the Inquiry that she and her mother had told those present at the Section 117 meeting that her brother was not as well as he made out and feeling utterly disillusioned they had left that meeting in September and had not sought any further help save on one occasion because they felt it would be a waste of time.

32.6 They just got on with the job of giving what support they could.

32.7 From January 1995 the demands on Eileen MacLachlan increased.

32.8 Judith Delap told the Inquiry that her mother never spoke to anyone about her concerns for the son, other than to her. As she put it, "She just got on with looking after him".

32.9 She told the Inquiry that her brother's condition had deteriorated from Christmas 1994.

32.10 She described her mother as demented by the problem she was encountering with her son and as leading a persecuted life.

32.11 By March 1995 she describes her brother as being beset by delusions. His language had deteriorated and was more sexual in tone which distressed her mother. He told his mother about matters of a sexual nature that one would not tell one's mother.

32.12 In March she telephoned the CPN office and asked them to contact her mother.

32.13 There is no record of this telephone call though as this report shows there was a recollection within the office of such a call being received.

32.14 Judith Delap expected a CPN to follow up the situation. She believes that someone may have

telephoned her mother but that her mother would have been too inhibited to have discussed her son's mental health problems on the telephone. As she has pointed out her mother was of a generation which did not like discussing mental illness or acknowledging it.

32.15 By this time she describes her brother as visiting her mother every day to have a shower and have some food.

32.16 She describes her mother as dreading the doorbell ringing but as she put it what else could her mother do, he was still her child.

32.17 During this time rows over money continued.

32.18 Norman Dunn's lifestyle of drinking and buying drinks for others required more money and her mother was concerned about this.

32.19 Comment

If Eileen MacLachlan had been visited by a CPN then the Inquiry believes the true state of affairs concerning Norman Dunn would have come to light.

32.20 As it was no-one had ever visited Eileen MacLachlan, notwithstanding the requirements of the CPA programme and her close proximity to her son's home.

CHAPTER THIRTY THREE
Outpatient Visit 31 May 1995

33.1 On the 31 May 1995 Norman Dunn attended the outpatient's clinic. He had last attended on the 30 November 1994, and this was his next scheduled appointment.

33.2 On this occasion he was seen by Dr R Farquharson, the Consultant Psychiatrist who had taken over the responsibility of Norman Dunn's care with effect from 1 April 1995 when the provision of health care passed to City Trust.

33.3 In his letter to the GP Dr T Stephenson he reported on the consultation stating :

33.4 "Mr Dunn remains mentally fairly well, although somewhat blunted. He is pleased to be only on his depot but dislikes the sedation he experiences in the first week after his injection. I have changed his preparation from the concentrate to Depixol (flupenthixol) 20 mg im fortnightly and hope that the lower dose at greater frequency will producer a smoother control with fewer side effects".

33.5 "Recently his alcohol consumption has increased to five or six pints per day. I have warned him that more than two or three pints a day will tend to counteract the benefits of the Depixol (flupenthixol) and he may require an increased dose".

33.6 "I will review his progress in October".

33.7 Comment

Once again the letter is sent to the wrong GP. It does not appear in the GP records and so presumably did not reach the correct GP Dr Ghosh. Although this lapse did not have any material effect it is nonetheless indicative of poor records management. In arranging the Section 117 meetings Dr Ghosh was correctly written to, so his correct identity as the relevant GP was known within the system.

33.8 The medication remained at the same overall level but by halving it and doubling the frequency of administration it did have the additional benefit of increasing contact at the Depot Clinic, though this in the event had no significance.

CHAPTER THIRTY FOUR
Dr Robin Farquharson

34.1 Dr Farquharson is a Fellow of the Royal College of Psychiatrists and his other qualifications are MA, MB, BCHIR.

34.2 Following the transfer of the provision of mental health care in the community from North Tyneside Trust to City Trust with effect from 1 April 1995, Dr Farquharson took up his appointment on that same day as Consultant Psychiatrist at North Tyneside Hospital and took over responsibility for the weekly outpatient clinics already organised at Tynemouth Victoria Jubilee Infirmary at the Sir G B Hunter Memorial Hospital in Wallsend.

34.3 Dr Farquharson told the inquiry that when he came into post there had been a long-standing problem in recruiting medical staff. He had been advised by City Trust that if he was able to recruit staff then an additional member of staff could be appointed.

34.4 After Dr Olajide had left in 1993 there had been no substantive consultant appointed to replace him and a series of locums had attempted to fill the gap until Dr Farquharson came into post.

34.5 At the same time there was a major change taking place as community care was being switched not just between trusts but also in the manner of delivery as the CPRT was disbanded and CMHT established.

34.6 Dr Farquharson arranged for his secretary to obtain each patient's case notes the day before he was due to see each patient and he would read the notes and familiarise himself with them the day before the appointment.

34.7 In the case of Norman Dunn he followed that procedure and when he saw him on the 31 May 1995 he was conversant with Norman Dunn's medical history as set out in those records.

34.8 So far as Dr Farquharson was concerned at the time the records showed Norman Dunn to be suffering from schizophrenia since 1968, with inpatient treatment in 1968, 1971, 1977, 1981, 1983 and 1984.

34.9 The records also showed that from 1985 to 1993 he had appeared to be very well. At least that is the impression given by the records.

34.10 In 1993 Norman Dunn is shown to have had a relapse and was admitted to hospital.

34.11 From the notes he saw that Norman Dunn had been discharged in 1993 and had then been followed up regularly by his key worker Peter Yearnshire, he had attended the Depot clinic and had had psychiatric reviews on a gradually decreasing basis the last being six months previously when he had been considered sufficiently well to have the outpatient appointment period extended from every three months to every six months. The Section 117 meetings had

also been terminated. Dr Farquharson had also noted that Norman Dunn's financial affairs were being administered through the Court of Protection, something that Peter Yearnshire had not ascertained during the previous twenty months.

34.12 Quite clearly Dr Farquharson had carried out a thorough review of Norman Dunn's records and was well prepared for the appointment.

34.13 On the 31 May 1995 when Norman Dunn attended Dr Farquharson told the Inquiry that Norman Dunn presented himself as being well pleased with his progress. He was receiving monthly Depixol (flupenthixol) injections at the Depot Clinic and oral medication had been discontinued nine months previously.

34.14 Norman Dunn had told him that he was also attending the Charlotte Street Day Centre between two to four times per week depending upon his inclination and that he had found this helpful.

34.15 Norman Dunn had also related that in the previous month he had been burgled on two occasions and his central heating boiler taken.

34.16 He also had said that he was drinking some five to six pints of beer a day.

34.17 Norman Dunn was very smartly dressed. There was some slight oro-facial dyskinesia and his affect was slightly blunted.

34.18 During the consultation which lasted some 20-25 minutes Dr Farquharson detected no positive symptoms of his schizophrenic illness.

34.19 He described Norman Dunn as being a little preoccupied with an unpleasant feeling of weariness and sedation which he experienced during the first week of his injection.

34.20 Dr Farquharson told the Inquiry that he counselled Norman Dunn about his alcohol consumption and suggested the change in frequency of medication to which Norman Dunn had reacted very positively.

34.21 Norman Dunn had also agreed that he would continue to work with the CPN and it was agreed that another appointment would be made in the autumn.

34.22 Peter Yearnshire was not present at the consultation nor was any other CPN. Dr Farquharson's assessment of Norman Dunn was based upon his review of the case notes and the consultation itself.

34.23 Dr Farquharson also told the Inquiry that although he could see in the notes reference to discharge from Section 117 he had assumed that CPA procedures would still have continued and that the programme was being carried out.

34.24 What Dr Farquharson did not know was that the CPA programme was not being followed, that the visits by the key worker Peter Yearnshire were infrequent and informal, that there had been no contact with the family since September 1994 and that even before that contact had been limited to the Section 117 meetings.

34.25 As this report itself shows, those people closely associated with Norman Dunn had seen a marked deterioration in his condition since January 1995.

34.26 In that month he had been recorded at the Charlotte Street Day Centre as making inappropriate sexual advances to women, alleging he was being poisoned by the cook, but that he only revealed his delusional state only to people he knew well.

34.27 He was heavily dependent on his mother appearing in an agitated state at 5 a.m. on several mornings.

34.28 Jonathan Dunn and Angela Porteous had also had their own experiences, the last episode only some days before this appointment.

34.29 His mother had called the CPN office in March seeking help.

34.30 None of this was known at the time by Dr Farquharson.

34.31 Dr Farquharson told the Inquiry that had he been aware of any of this then he would have taken a different view altogether.

34.32 He also pointed out that at the appointment Norman Dunn had not appeared unwell or guarded in his manner. He did though accept that it could be possible for someone like Norman Dunn to conceal their true state, but there was no reference in the notes of that.

34.33 Dr Farquharson also pointed out that there was nothing in the notes to indicate that Norman Dunn was a risk to others or himself, notwithstanding the suicide attempt reported in 1983.

34.34 Dr Farquharson also commented that from his reading of the notes he had been impressed by the commitment of Norman Dunn's mother and sister.

34.35 Dr Farquharson did not have access at that time to the CPN notes. Had they been available then he would have seen no recorded visits by the key worker.

34.36 From the 1 April 1995 Dr Farquharson also started attending the meetings with the CPNs.

34.37 These meetings referred to by Dr Farquharson as training meetings took place every week and were attended by two administrative staff and the CPNs.

34.38 At the time the transfer between the CPHT which was being disbanded and the geographically based CMHTs was underway.

34.39 Dr Farquharson said that he had felt very positive about the CMHTs which were being established and had the impression that everyone felt the same.

34.40 The meetings dealt with issues relating to the allocation of work, shaping progress as well as particular concerns regarding patients.

34.41 Dr Farquharson was unable to say to whom he considered on the 30 May to be the key worker for Norman Dunn because he had not seen the CPN notes, and did not know in this case whether the care of the patient had been transferred from Peter Yearnshire to Paul Savage.

34.42 Comment

The Inquiry were impressed by the thorough and committed way Dr Farquharson had applied himself to the issues arising on taking up his new position on 1 April 1995.

34.43 He had not only to familiarise himself with the medical background of each patient before each appointment, which in itself is no mean task, but he also had to cope with the issues arising from the transfer of responsibility of one trust to another and the disbandment of a special team and creation of geographically based teams.

34.44 His consultation with Norman Dunn was well prepared and thoroughly carried out.

34.45 From the evidence adduced to the Inquiry Norman Dunn had clearly suffered a serious relapse in the months prior to his appointment with Dr Farquharson on 31 May 1995, yet Dr Farquharson did not detect this.

34.46 The Inquiry are however totally satisfied that Norman Dunn was quite capable of appearing sufficiently well to people who did not know him to any extent where he could feel at ease.

34.47 As can be seen from the report, there were other occasions when he was able to pass himself off as sufficiently normal.

34.48 The Inquiry do not consider that Dr Farquharson can in any way be blamed for failing to identify the true situation.

34.49 There was nothing to alert him to any other conclusion than the one he reached on the basis of the information made available to him.

CHAPTER THIRTY FIVE
Peter Yearnshire

35.1 As the key worker assigned to Norman Dunn on his discharge from hospital in 1993, Peter Yearnshire played a pivotal role in the provision of care for Norman Dunn in the community.

35.2 Peter Yearnshire qualified as a registered mental nurse in 1978 and was a staff nurse at St Mary's Hospital, Stannington from 1978 to 1981. In that year he was promoted to charge nurse and continued at that hospital.

35.3 On 1 December 1986 he was appointed as a CPN for rehabilitation care at North Tyneside.

35.4 Since then he has undertaken an extensive range of post qualification courses and is particularly well qualified.

35.5 Various witnesses described him not only as well qualified but as well experienced and a caring man committed to his work and the patients in his care.

35.6 In 1993 he was a senior member of the CPRT and continued to be an essential part of that team.

35.7 His first contact with Norman Dunn was in August 1993 when he attended a pre discharge meeting. As it so happened Norman Dunn's discharge from hospital was postponed until September.

35.8 Peter Yearnshire explained that as Norman Dunn had been admitted to hospital whilst residing at his own flat and as that flat had been kept available for him he saw no need for any assessment because so far as he was concerned Norman Dunn would simply be returning to the flat he had before and the same circumstances that had existed at the time of his admission and which had then been considered suitable.

35.9 Peter Yearnshire told the Inquiry that he believed that the issue of Norman Dunn's drinking had been the factor that had led to his admission to hospital in the first place.

35.10 His discussion with Norman Dunn had dwelt on his drinking consumption and his behaviour with drink.

35.11 He did not carry out any assessment of Norman Dunn's social and domestic skills because he felt that could be better achieved once Norman Dunn had returned to his flat.

35.12 Peter Yearnshire told the Inquiry that he would visit Norman Dunn at his flat and that sometimes the visits would last just five minutes. From the state of the flat he could see that it was fairly well kept. There was evidence of meals being cooked and cleared away and on one occasion he encountered Norman Dunn hoovering.

35.13 So far as he was concerned Norman Dunn appeared to be able to look after himself adequately and lead an independent life.

35.14 In the course of his evidence Peter Yearnshire produced lists of those dates he had extrapolated from his own diary which he had recorded his visits to Norman Dunn.

35.15 Peter Yearnshire told the Inquiry that he saw his role as a monitoring role rather than a therapeutic or supportive role.

35.16 As he said to the Inquiry: "I just wanted to check that Norman was coping well, he was still living appropriately and that his mental health was OK. By that I mean he was not in any major psychotic episodes or displaying delusions or any inappropriate behaviour. This was tested in conversation and visually".

35.17 So far as he was concerned Norman Dunn was getting on satisfactorily except for the one occasion in August 1994 when he reported his concerns about Norman Dunn to Dr Wilson.

35.18 Because Norman Dunn seemed to be getting on perfectly well he had seen no need to contact Norman Dunn's mother, though he saw her when she attended the Section 117 meetings.

35.19 Likewise he saw no need to liaise with social services, in answering the Inquiry's query on this point he stated, "I keep emphasising Norman was quite independent".

35.20 Peter Yearnshire did, however, maintain that he dropped in informally at the Charlotte Street Day Centre from time to time when he would see Norman Dunn or anyone else who was around at the time. His visits were, he said, for just five or ten minutes.

35.21 As this report shows there is no record of any such visit nor any recollection of any such visit by Colin MacDonald, the Manager of the centre.

35.22 These informal visits continued until 20 April 1995 when Peter Yearnshire described a joint visit with a fellow CPN Paul Savage.

35.23 Following the decision to disband the CPRT and create geographically based CMHTs it had been decided to transfer the case of Norman Dunn from Peter Yearnshire to Paul Savage.

35.24 According to Peter Yearnshire the transfer of the case took effect from 20 April 1995 when he visited Norman Dunn with Paul Savage.

35.25 He told the Inquiry that the purpose of the visit was to effect the hand-over and to introduce Paul Savage to Norman Dunn.

35.26 A second visit with Paul Savage was also made initially on the 24 May and then effectively on the 8 June. Peter Yearnshire told the Inquiry that the purpose of the second visit was simply to say good bye to Norman Dunn.

35.27 Peter Yearnshire explained to the Inquiry that before he visited Norman Dunn he always wrote a letter to tell him of the impending visit giving him the date and likely time.

35.28 On the 24 May 1995 Peter Yearnshire and Paul Savage by such prior arrangement went to Norman Dunn's home to see him this being the intended second visit. However when they arrived they found Norman Dunn's flat boarded up and no-one apparently at home.

35.29 They left and returned again by the same prior arrangement on the 8 June 1995 when Norman Dunn was at home.

35.30 Peter Yearnshire explained to the Inquiry that he had previously told Norman Dunn that he should telephone if anything untoward happened. As he had not telephoned he therefore assumed that everything was still all right.

35.31 In any event as he told the Inquiry by this time he considered himself no longer to be the key worker and it was then for Paul Savage to pursue the matter if he had thought it appropriate.

35.32 He further explained to the Inquiry that he had looked upon the minutes to the Section 117 meetings as the relevant opportunity to record anything which might have arisen as a result of his visits and so had not made any record of those visits.

35.33 Likewise after the Section 117 meetings had ceased he did not make any record of his visits as they were in his mind purely informal visits just to check that Norman Dunn was getting on all right, which so far as he knew he was.

35.34 He explained that he had not liaised with other agencies or Norman Dunn's mother as might have been expected in accordance with the policy and procedures of the North Tyneside Trust because Norman Dunn had made it quite clear from the start that he wanted to handle his own affairs and he had to respect that. To all intents and purposes Norman Dunn appeared so far as he was concerned to be leading an independent life and he did not see any thing to contradict that.

35.35 He accepted Norman Dunn's assurances that all was well and did not deem it appropriate or necessary to make any other enquiry.

35.36 He told the Inquiry that he was unaware at the time of anyone telephoning the CPN office in March 1995 on behalf of Eileen MacLachlan. Nobody had told him of the call and he had made no contact with her. He confirmed that the only contact he had had was when they met at the Section 117 meetings.

35.37 There are no records of any transfer of Norman Dunn's case to Paul Savage though Peter Yearnshire was adamant in his belief that the case had been transferred and that any responsibility for Norman Dunn had ceased as from 1 April 1995.

35.38 In the separate chapter on the administrative arrangements and on Paul Savage the question of transfer of this case is pursued further.

35.39 The visit on the 8 June 1995 was the last visit made by a CPN.

35.40 Peter Yearnshire told the Inquiry that he was answerable to two superiors Danny Veitch and Mel Normanton and possibly also Keith Hamilton though he was uncertain.

35.41 Although he could not recall the size of his caseload, he described himself as having too large a caseload and being under pressure. There is factual evidence that at this stage there were only the team manager and two team members who were sharing a caseload of approximately 100 seriously mentally ill people.

35.42 There is no record of any such concerns being expressed by him but he did say that he did "verbalise it" to both Danny Veitch and Mel Normanton.

35.43 He described the situation with the team once the decision had been taken in 1994 to transfer the provision of care to City Trust.

35.44 He had been told, he stated, that they were moving "lock, stock and barrel" in April 1995, and everyone started vying and jockeying for positions.

35.45 From January to March 1995 he said Paul Savage was off work through sickness, and this added to his workload.

35.46 Staff were gradually weaned away and this added to the pressure of work.

35.47 When questioned about supervision he did not see this as an issue but rather the pressure of work and feeling isolated.

35.48 On one occasion Peter Yearnshire did intervene and that was in August 1994 when as a result of one of his informal visits to Norman Dunn he had written specifically to Dr Wilson.

35.49 In that letter dated the 1 August 1994 he wrote at some length outlining the adverse symptoms from which Norman Dunn was suffering.

35.50 He referred to Norman Dunn's delusion that his drinks were being "spiked" in his local public house.

35.51 Interestingly he also stated: "having said all of that Norman did conduct himself appropriately and remained well composed during my visit".

35.52 He referred in the letter to the forthcoming Section 117 meeting on the 26 September and the outpatient appointment for the 27 September 1994.

35.53 As the report has shown the actual result of that meeting was the cancellation of the Section 117 meetings.

35.54 Peter Yearnshire's recollection of that final Section 117 meeting was that he had argued against any discharge of Section 117 and the cancellation of further Section 117 meetings, and that Dr Wilson's action had been against his advice.

35.55 The minutes of the meeting do not give that indication and Dr Wilson had no recollection of that and was adamant that he would not have gone against the advice of a CPN.

35.56 So far as he was concerned the action of Dr Wilson over rode any reservation he might have had, and indicated to him that Norman Dunn was considered to be well enough.

35.57 On that basis he thereafter had seen as role as purely informal just calling in briefly to see Norman Dunn to make sure he was managing all right.

35.58 At the Section 117 meetings he formed the impression that Eileen MacLachlan and her daughter Judith Delap viewed them as a waste of time. When asked to elaborate, he said, "I think because Norman was taking the lead and he was saying what he wanted to say and he didn't want to involve his family. He didn't wish to have them present".

35.59 Peter Yearnshire was questioned in some detail, but what he told the Inquiry showed that he believed he had established a good rapport with Norman Dunn. He had not considered it necessary to take any more action. Norman Dunn had seemed well enough. He was against the discharge of the Section 117 procedure. He accepted the decision that had been made and saw his role as being even more informal. He had not followed the CPA programme in the policies and procedures of the North Tyneside Trust; he believed that he had already transferred the care of Norman Dunn to Paul Savage on the visit on 20 April 1995. He believed throughout that Norman Dunn was coping well and leading an independent life.

35.60 He did not know that Norman Dunn was subject to the Court of Protection.

35.61 He was unaware of the records kept at the Charlotte Street Day Centre.

35.62 He was unaware of the help provided by Eileen MacLachlan.

35.63 He was unaware of any of the incidents described by the various witnesses already referred to in this report.

35.64 He described staff having low morale once the decision had been taken to transfer the provision of mental health care in the community to City Trust.

35.65 Although he did not believe that patients were affected he stated that the staff generally were.

35.66 The CPN visits made by Peter Yearnshire were supposed to be in accordance with the "North Tyneside Health Care Community Psychiatric Nursing Operational Policies". When, however, Peter Yearnshire was shown a copy of this document he appeared to have little recollection of it. Certainly the manner of his visits and his action generally or rather lack of it did not conform to those policies.

35.67 This document prescribes the interaction between the different disciplines which form the Community Care Team, the support to be provided for CPNs by their supervisors and the nature and frequency of reports and communications on patient assessment, supervision and progress.

35.68 Comment

35.69 His work had not been subject to any audit - if it had been his non compliance with procedures ought to have been identified.

35.70 Had he been aware of what the Inquiry is satisfied was the true position concerning Norman Dunn, as outlined by the various witnesses and referred to in this report, then he would have viewed him differently, and would, it is believed, have provided a more satisfactory level of support. Had he followed the policies prescribed by the North Tyneside Trust then he could only have gained that awareness.

CHAPTER THIRTY SIX
Paul Savage

36.1 Paul Savage qualified as a registered mental nurse in 1973.

36.2 From 1973 to 1978 he was a staff nurse at St George's Hospital, Morpeth.

36.3 In 1975 he undertook further training and subsequently qualified as a Registered Nurse for the Mentally Handicapped.

36.4 In January 1986 he was appointed as a CPN at North Tyneside.

36.5 Since then he has undertaken extensive training and like Peter Yearnshire is especially well qualified.

36.6 He told the Inquiry that when it was decided that City Trust was to provide community mental health care in North Tyneside a number of organisational changes were proposed. The CPRT was to be disbanded and Peter Yearnshire was to be transferred to a CMHT in Whitley Bay and his Wallsend caseload was to be handed over. In the case of Norman Dunn it had been decided that he would be handed over to Paul Savage and in order to attempt to effect a smooth transition Peter Yearnshire introduced Norman Dunn to him on 20 April 1995.

36.7 What Paul Savage stressed was that he had never actually taken over the case of Norman Dunn, though that was the intention.

36.8 He pointed out that there had been a number of false starts. The CPRT was to be disbanded and its caseload distributed to geographically based CMHTs then, he said, the arrangement was off and then it would be on again and then off and again on once more.

36.9 He said that there was no formal date for a consolidated move from the CPRT centre to the respective geographical bases.

36.10 Paul Savage felt that it was important to get to know the patients involved before the caseloads were actually transferred to the new bases.

36.11 Paul Savage stated that he had never received the case notes for Norman Dunn and what was more had never seen them let alone read them.

36.12 There had been, so far as he was aware, no transfer whatsoever of Norman Dunn's case to him. There had been no formal meeting, no paperwork completed. Indeed none of the procedures which would need to be followed had been carried out.

36.13 According to Paul Savage, Norman Dunn remained at all times the patient of Peter Yearnshire.

36.14 On the 20 April he had gone to see Norman Dunn with Peter Yearnshire the purpose being simply to become acquainted with Norman Dunn. He told the Inquiry that he had not gone to assess him merely to say hello and introduce himself.

36.15 From what he saw Norman Dunn appeared well and his home seemed satisfactory. He had spent 30 to 45 minutes there possibly less.

36.16 He had seen Norman Dunn on one or two previous occasions at a day centre but this was the first occasion when he had actually met him.

36.17 At that time he was unaware that Norman Dunn's mother lived nearby.

36.18 On the 24 May 1995 he had gone to see Norman Dunn again with Peter Yearnshire but when they got to his flat the windows and the door were boarded up and there was no reply.

36.19 Although he was concerned and says that in hindsight he might have taken a different course of action, on this occasion because he was with Peter Yearnshire who was the key worker, he had seen himself as playing a subservient role and had let Peter Yearnshire describe what action should be taken.

36.20 In the event the action taken was simply to go away and return 15 days later.

36.21 He did recall a telephone call being made to the CPRT office and that there had been some reference to Norman Dunn's flat being broken into. He did not recall receiving any message himself or taking a call, only hearing of the call having been made.

36.22 As he was not the key worker he had not taken any action over the telephone call.

36.23 On 8 June he and Peter Yearnshire again went to see Norman Dunn. Again this was just a social call.

36.24 He recalled Norman Dunn showing them the boiler that had been stolen and that he was unhappy about his living conditions and wished to be re-housed.

36.25 He also stated that Norman Dunn had asked him directly if he would write on his behalf to the Housing Office; this he had done on the 19 June 1995. Not withstanding his subservient role Paul Savage wrote to the Housing Office on behalf of Norman Dunn on 19 June 1995 - when asked why he had done this he responded that Norman Dunn had asked him to do so.

36.26 John Whalley in his evidence to the Inquiry had referred to a telephone conversation with Paul Savage following a visit by him to see Norman Dunn which the Inquiry presume would have referred to the visit on the 8 June 1985.

36.27 In that evidence John Whalley recalled a telephone conversation which had led him to write the progress record dated the 16 June 1995.

36.28 Whilst not denying what John Whalley had said had taken place, Paul Savage could not recall any discussion with Norman Dunn concerning any letter he had received from John Whalley, nor any subsequent telephone conversation. He could not say how John Whalley believed that he, Paul Savage, was then the key worker, only that he was mistaken in that belief.

36.29 Throughout his evidence Paul Savage was adamant that at no time did he become the key worker and that his contact with Norman Dunn had been limited to the two occasions when he met him and that these occasions were only social calls.

36.30 For that reason he had not had the case notes passed to him, nor had he ever seen them. He had not liaised with anyone such as the Depot Clinic or the Day Centre or the family - because as he had not become the key worker there was on his account no reason to do so.

36.31 As he pointed out, the actions of Dr Wilson in removing Norman Dunn from the provisions of Section 117 would not remove him from the CPA. CPA did not arise through that section but should have been applied in its own right.

36.32 He also pointed out that for an assignment of case there would have to be a formal CPA meeting and the necessary documentation would have to be completed. No date for such a meeting had been fixed.

36.33 Paul Savage told the Inquiry that he would not take over a case or involve himself in it until he had actually become the key worker.

36.34 When asked how Norman Dunn had appeared to him on the two occasions he met him he described him seeming well, in a reasonably tidy flat, that he appeared to maintain himself quite adequately and his overall impression was that Norman Dunn generally coped with very little need for Peter Yearnshire's help. He appeared naturally worried over the break-in.

36.35 He was unaware of anyone's concerns and had given no significance to the phone call that had been made on Norman Dunn's behalf.

36.36 He explained that he had volunteered to write the letter on behalf of Norman Dunn rather than let Peter Yearnshire do it as a means of developing a relationship with Norman Dunn in anticipation of becoming the key worker. It was not because he was the key worker or was in the actual process of becoming the key worker at that time.

36.37 He considered that he had been given full and proper support and had never felt that he should have had more.

36.38 He referred to the regular meetings with Mel Normanton and also pointed out that by working in a team there was ongoing peer review.

36.39 He was of the view that the CPRT was only being disbanded because of the change of contractual provision.

36.40 He described feeling a sense of not being wanted at that time and being disappointed at being disbanded. Decisions, he said, had been made beyond their reach.

36.41 He explained that he and a number of other people had invested a considerable amount of time to try and make the CPRT work and develop an effective service. At the end he felt that there was not the will for it to work and it did not work. There was he said a general belief that they were not given the support for the team to stay in existence. He described how, after the decision had been made to change the contract provision, there appeared to be full and frank open discussions.

36.42 Presentations were made as to how the service was to be delivered but he believed that these were perceived as not being significantly different to what was then being provided and there was a degree of ambivalence.

36.43 So far as Paul Savage was concerned there were clear cut procedures to be followed to ensure a smooth transition.

36.44 The transition could not take place on a single day but had to be planned and put into action over a period of time.

36.45 Individual cases would be transferred as and when the relevant personnel were in post, and established to take them over and the transfer in each individual case would be formally arranged and documented.

36.46 Until that process had been completed the CPN's would retain their ongoing caseloads.

36.47 Comment

Paul Savage gave his evidence specifically and precisely.

36.48 The Inquiry also received evidence that CPA was going through a period of pilots, modification and amendment. It was in a "fairly nebulous state". This was not inconsistent with the situation nationally.

36.49 There was confusion at to who the key worker was after the 1st April 1995. Peter Yearnshire was adamant it was Paul Savage; Paul Savage was equally adamant it was still Peter Yearnshire. John Whalley thought it was Paul Savage; Dr Farquharson said it was not clear.

36.50 The Inquiry conclude that notwithstanding Peter Yearnshire's own belief and the assumption by John Whalley, the key worker throughout was and remained Peter Yearnshire.

36.51 Paul Savage pointed out that a formal meeting should first take place and the arrangements for change over made and documented. This, however, presupposes that CPA procedures were fully in place. The evidence is that they were not.

36.52 It did, therefore, strike the Inquiry as odd that in advance of this process Paul Savage and Peter Yearnshire should call on Norman Dunn as a social visit only, not once but twice at a time when they were both busily involved in the transitional arrangements as well as handling their own caseloads.

36.53 The Inquiry also could not understand how two CPNs could visit the home of Norman Dunn and when finding it boarded up and receiving no answer should simply leave and take no other action than to return 15 days later.

36.54 No enquiry was made as to where he was or what had happened.

36.55 Paul Savage's claim that he was subservient to his colleague did not impress the Inquiry as an adequate reason for his own inaction. It is regrettable that adherence to correct procedural protocol appeared to obscure good professional nursing practice and care for the patient's welfare.

36.56 Despite the concept of ongoing peer review Paul Savage for his part had not realised that his colleague Peter Yearnshire was not performing as he should.

CHAPTER THIRTY SEVEN
Mel Normanton

37.1 During the period in question 1993 to 1995 Mel Normanton was the manager of North Tyneside Trust responsible for adult mental health in the community and as such was responsible for the management and supervision of the CPNs providing care in the community.

37.2 Part of that remit was to oversee the caseloads for each CPN. He told the Inquiry that ordinarily he would expect an average case load to be between 25 and 30 cases subject to various factors such as the type of cases, course work, actual hours worked etc.

37.3 He told the Inquiry that caseload allocation was a process of negotiation between the individual CPNs, the team and himself.

37.4 Because of his own caseload he was unable systematically to review the individual cases of the individual CPNs. Whilst, he told the Inquiry, he might have liked to have done that: in reality there was what he termed a voluntary review.

37.5 By this he meant that he would review those cases which individual CPNs brought to him for review where that CPN perceived there was some difficulty.

37.6 In his evidence he gave details of the extensive ongoing training that was provided to staff much of what was done in-house.

37.7 Records were kept of the training each member of staff underwent and those records were kept under review by him.

37.8 Every fortnight, he told the Inquiry, he had a meeting with the CPNs which he used as an opportunity to discuss matters such as record keeping, the supervision register for patients, guidance on discharge. Policy documents and procedures were also discussed.

37.9 He referred to the appraisal system and described this as general supervision and general discussion on course participation.

37.10 He described Danny Veitch as being Manager of the CPRT and being in a parallel position and explained that with regard to the two nurses in the CPRT, Peter Yearnshire and Paul Savage, he was what he termed: "Just a supervisory link". By this he explained he did some clinical supervision of their work but did not actually manage them. He was, however, unable to demonstrate any meaningful delineation between his managerial and clinical responsibilities. He made reference to the matrix management arrangements between him and Danny Veitch. It was not clear which of them was accountable for the particular patient services and nursing staff for whom they were responsible.

37.11 Comment

The situation described shows that there was no clear delineation of the roles to be played by Danny Veitch and Mel Normanton. This gave rise to confusion which contributed to Peter Yearnshire not receiving adequate supervision.

37.12 In the course of his evidence he was invited to look at the community nursing notes for Norman Dunn and to give his opinion as to how they complied with the policies and procedures laid down by North Tyneside Trust.

37.13 His response was that when he was investigating the matter of Eileen MacLachlan's death he was shocked by what he saw and could not believe it.

37.14 He assured the Inquiry that the notes in the case of Norman Dunn were wholly untypical of the standard of notes he encountered when supervising cases and seeing the notes.

37.15 In the case of Norman Dunn he had only seen the notes after Eileen MacLachlan's death.

37.16 He told the Inquiry that he would have expected the key worker in the case of Norman Dunn to have liaised throughout with the family, social services and the Day Centre and for there to be a full record of such liaison in the notes.

37.17 He also explained that he was responsible for 20 or so CPNs at any one time. To cope with this number he told the Inquiry that he negotiated with each CPN the level of supervision that that CPN needed. Some were, he said, more willing than others to be supervised. So far as senior CPNs, like Peter Yearnshire and Paul Savage, supervision was provided on the basis that if they had a problem they would bring it along. Whilst he would have been prepared to see them every fortnight in reality they only met every month.

37.18 From the evidence given by Mel Normanton it seemed clear to the Inquiry that Peter Yearnshire and Paul Savage were left very much to get on by themselves.

37.19 He described operational policies which were poor and not even observed. He described a workload which exceeded the capacity of the staff. He described a team of CPNs of widely differing skills and enthusiasm for their work and from what he said it was also clear that some resented his appointment.

37.20 With regard to the transfer of contractual provision Mel Normanton accepted that staff would generally be upset and concerned for the future, but he claimed that he never got the impression that anyone was demotivated to the extent that patient care was affected.

37.21 Mel Normanton also told the Inquiry that there was nothing to stop any member of a patient's family discussing that patient's care confidentially with the CPN in the absence of the patient. There was no rule or policy against this being done though there was a preference to involve the patient if possible.

37.22 Although during the period Mel Normanton was working on a case note audit system no such system existed. Reliance was therefore placed on supervision and the feedback through consultants.

37.23 Comment

Both Peter Yearnshire and Paul Savage were older and with greater case work experience than Mel Normanton. His role was to provide professional supervision for these two senior members of staff. He was also responsible for all the other CPNs with whom he developed an operational policy which, had it been applied universally by all the CPNs, would have ensured good practice and, in the case of Norman Dunn, a fully supportive programme of care.

37.24 Peter Yearnshire was not properly supervised. Because of the matrix management arrangement and because of his training and experience he was left alone.

37.25 No-one spotted that he was under performing. A clearer line of responsibilities should have identified the poor care which Norman Dunn received.

37.26 Mel Normanton's general method of improving the quality of the service appeared based on obtaining co-operation and consensus by involving CPNs in drafting new operational policies, encouraging staff training and persuading staff to accept him as their supervisor.

37.27 Mel Norman's managerial responsibilities for Peter Yearnshire ceased with effect from 1 April 1995 when City Trust took over the provision and he was assigned to other duties.

CHAPTER THIRTY EIGHT
Keith Hamilton

38.1 Keith Hamilton told the Inquiry that at the material time, 1993 - 1995, he was the general manager and head of nursing responsible for adult mental health in the community for North Tyneside Trust.

38.2 Mel Normanton was directly answerable to him.

38.3 He explained how, in North Tyneside, they had developed their own integrated CPA. City Trust was developing their own and when the transfer of contract provision took place an amalgam of two procedures was introduced from April 1995.

38.4 He confirmed that between 1993 and 1995 there was nothing effectively to monitor staff performance, and following participation in any development course work, nothing to monitor change of performance as a consequence.

38.5 Following the change of contractual provision he stayed with North Tyneside Trust which provided other services in the community. His personal view was that the CPA outlined following the Section 117 meeting in September 1994 was not "quite commensurate with just coming off a Section 117".

38.6 He told the Inquiry that he would have expected Norman Dunn to have been monitored more often than every four weeks and that the Day Centre should have been used in a more structured way rather than casually.

38.7 He also said that he wanted to introduce a Depot Clinic that did more than just provide injections, but actually provided more in the way of monitoring and surveillance.

38.8 He viewed a patient's family as invaluable as a support to the patient and as a source of information.

38.9 Only CPNs of a senior grade were employed to ensure the quality of service.

38.10 Record keeping was considered to be extremely important and the issue was raised in meetings and its importance stressed.

38.11 He gave evidence on the difficulties in providing consultants.

38.12 Comment

Keith Hamilton was far removed from the day to day activities, though he was clearly aware of the pressures within the service that existed and the overall problems that prevailed. He seemed to the Inquiry to have lacked sufficient control of the service for which he was responsible. Unfortunately he was unaware of the problem encountered by Mel Normanton and Danny Veitch and seemed to the Inquiry to have lacked sufficient control of the service to which he was responsible, in other words his leadership lacked direction.

CHAPTER THIRTY NINE
Maggie Fickling and Administration of the CPRT

39.1 Occupying a key position within the service was Maggie Fickling.

39.2 She was in that period 1993 to 1995 the administrative support for the CPRT having started in 1990.

39.3 She described her duties as providing secretarial support to the team members setting up systems, answering the telephone, general office duties, reception work.

39.4 She gave detailed evidence to the Inquiry on the practices and procedures that she followed and how the team functioned.

39.5 Although she had wanted to have a central filing system each team member persisted in keeping their own files and as she had not the authority to determine otherwise individual file holding became the practice.

39.6 A proper procedure for telephone calls was in place so that a written message was always taken and placed on either the team member's desk or in the receptacle assigned for that person.

39.7 The receptacle assigned was specifically to receive mail or messages.

39.8 She told the Inquiry that she recalled Judith Delap ringing about her brother Norman Dunn. Her recollection was that she wanted someone to contact her or pay a visit.

39.9 She did not know what had happened afterwards.

39.10 There was no policy to log telephone calls.

39.11 For her 1994 was a terrible year. She described a depletion of staff with no one being replaced when they left. She described a feeling that they were being undermined. She felt cross that they had not been given a "fair crack of the whip" bearing in mind that by the very nature of the team they handled most of the more demanding patients. Such patients consumed a disproportionate amount of time and strained the system and put pressure on the staff.

39.12 During 1994 they were working on the CPA and this was subject to continuing review.

39.13 She explained that Section 117 procedures were run directly from the hospital.

39.14 She recalled when Norman Dunn was taken off Section 117 and discussing the steps that would then need to be taken with Peter Yearnshire.

39.15 In describing the problems that arose in the transfer of case loads following the transfer of contract provision she told the Inquiry that cases were still being transferred up to September 1995 one of which was one where Peter Yearnshire had as a consequence continued as key worker.

39.16 She operated a computer database of the Section 117 and CPA patients. It was, however, up to the key worker to set up the review. She did, however, alert key workers where her database showed no review had been held.

39.17 Later, however, she advised the Inquiry that Norman Dunn had never been entered on the database therefore there was no automatic identification for reviews to be held.

39.18 She described documentation with the team as "patchy" and that some were better than others.

39.19 Comment

Maggie Fickling impressed the Inquiry as someone committed wholeheartedly to her work and who cared about the service being provided.

39.20 She clearly worked hard to play her part in the team she served.

39.21 The working environment she described, however, appeared as one which was ineffectively managed. It was also one which was under resourced in that while staff numbers reduced the case loads did not correspondingly reduce. She also highlighted the problem arising from lack of medical input in the team and the lack of continuity in consultant provision.

39.22 All these factors obviously put the whole team under great strain, together with the problems to be anticipated in disbanding one team and transferring personnel and casework.

CHAPTER FORTY
Anne McKenzie

40.1 Anne McKenzie had not been part of the North Tyneside Trust. She had been with the City Trust.

40.2 In her capacity as Divisional Manager she played an important role in the transfer of service from North Tyneside Trust to City Trust.

40.3 She told the Inquiry that City Trust had been told in May 1994 that their bid to take over the service of care for adult mentally ill in the community had been successful. This meant that they had nearly a year to prepare for the transfer that was to come into effect on the 1 April 1995.

40.4 She described in detail to the Inquiry the preparations that were made and the new policies and procedures that became operational in November 1995.

40.5 She described the change in structure of provision of the service resulting in the disbandment of the CPRT and the move to provision only by geographically based CMHTs.

40.6 A new co-ordinating role was created as an additional post between her as Divisional Manager and the line managers, this being Susan Michael.

40.7 The existing staff of North Tyneside Trust involved in the service being transferred were taken over. Indeed they were needed.

40.8 She told the Inquiry that no audit of performance was carried out. Staff records were looked at and decisions on the placement made in consultation with each person.

40.9 From her perspective as Divisional Manager the transfer had gone well. With the support of a full complement of staff and the appointment of a consultant psychiatrist to provide clinical leadership everything seemed well established for the future.

40.10 Assumptions were, however, made and relied upon.

40.11 Even by July 1995 no staff had been audited as to actual performance or ability. As she told the Inquiry this at the time was not a priority.

40.12 She told the Inquiry about her own investigation into the complaint that had been made by Judith Delap.

40.13 She had obtained reports from the various staff involved from which she had deduced that a sufficient level of care had been provided for Norman Dunn who throughout had seemed well maintained in the community. She had relied upon Dr Farquharson's assessment of Norman Dunn on 31 May 1995.

40.14 She confirmed that she would have expected the CPN involved as the key worker to have consulted the family of Norman Dunn, to have conferred with the Day Centre and to have kept records.

40.15 She was, therefore, obviously discomforted when asked to see the community psychiatric notes for Norman Dunn that none of this was recorded as having been done, not only under North Tyneside Trust but also under City Trust.

40.16 She explained that they had tried to introduce a skills audit review but when this objective was made known it caused in her words "the biggest furore". She was surprised that the people being transferred felt under threat and were encountering from City Trust a different group with lots of energy and expertise, which drew the responses from those being transferred: "We are professionals in our own right" and so in her own words this objective "was scuppered".

40.17 It is still an objective. She pointed out that the staff had an individual performance review each six months when the appropriate manager would sit down with the staff members and look at their personal development and in addition there were monthly review sessions.

40.18 She also explained that they were trying to keep the impact of transfer limited and not cause too much disruption.

40.19 Because they knew that they were taking over a service that had been perceived as defective they saw the need to bring in a new consultant psychiatrist and to displace a number of service managers. That was why they set out their own management structure but it was, she said, designed to be a gradual process rather than a "big bang". Again she stressed the need to be as least disruptive as possible.

40.20 She confirmed that at the time the staff were upset and she and Dr Farquharson had spent a "fair amount of time reassuring them".

40.21 It was a new exercise and there was much discussion on "how do we handle it?. How do we get the balance right?". She explained how difficult it was to take the situation in hand and at the same time be supportive.

40.22 Comment

Taking over a service run by another trust must be a daunting task and getting the balance right at the time can only be difficult.

40.23 On the other hand the reason for the transfer was because the service had been deemed unsatisfactory; it had failed to deliver as it should have done.

40.24 Hindsight shows the situation clearly at the end of the day, but it was wishful thinking to assume that everything was in order just because it looked in order.

40.25 Implementing the transfer provided the opportunity for an audit of casework. City Trust backed off, had they persevered then the failure to comply with the existing policies and procedures in the case of Norman Dunn must have come to light, and perhaps in other cases too.

40.26 A style of management was introduced which was "top down", that is to say the assumption was made, quite wrongly as it turned out that if the right leadership were introduced then all else would follow.

40.27 It was assumed that the professionals providing care in the community would carry on working to high professional standards on the further assumption that they were adhering to these high professional standards in the first place.

40.28 Indeed there will be some individuals who will have achieved good standards in the first place and will maintain them no matter what may go on around them, but in general the majority need a framework within which to operate, even where they have already attained a good standard of practice.

40.29 If any assumption were to be made it should have been that the majority would falter in an environment where there was poor morale, lack of effective support and lack of clarity as to who was doing what.

40.30 Anne McKenzie told the Inquiry that the hand over of cases was left to the professionals concerned. No clear guidance or rules were set by the managers.

40.31 Unfortunately the attempt to create a seamless transition over a long period of time created a hand over period that was too long, kept management roles undetermined and militated against rather than for any improvement in morale.

40.32 The assumptions made over the actual care provided for Norman Dunn in the community also led to entirely wrong conclusions being reached in the investigation made by Anne McKenzie and an inappropriate response being given to Judith Delap in answer to her complaint.

CHAPTER FORTY ONE
The Visit to the Depot Clinic 30 June 1995

41.1 On the 30 June 1995 Norman Dunn attended the Depot Clinic on the day appointed for him.

41.2 Ordinarily he would have gone to his GP and obtained a prescription, then gone to a pharmacy for it to be dispensed, then gone on the appointed day to the clinic, assembled with the other patients, taken his turn and finally present himself to the two CPNs carrying out the injections in the clinic.

41.3 On this day the two CPNs were Judy Morrell and John Whalley who was standing in for Brian McLean. Also in attendance observing what went on in the clinic was Susan Michael who had been appointed as the co-ordinator for the CMHT based at Wallsend with effect from 1 April 1995.

41.4 According to Judy Morrell Norman Dunn came into the room in taking his turn and simply said "Look, Sister Morrell I have decided I don't want my injection any more".

41.5 She asked him why.

41.6 He replied: "Look, I'm all right".

41.7 He did not appear to have the medication with him.

41.8 He then turned to leave and as he did so Judy Morrell said something to the effect of: "Look, you must discuss this with your doctor".

41.9 At the same time having turned away he walked out of the clinic.

41.10 This account given to the Inquiry by Judy Morrell was corroborated by John Whalley and Susan Michael.

41.11 Norman Dunn did not seem any different to his normal appearance.

41.12 No medication is kept at the clinic.

CHAPTER FORTY TWO
Judy Morrell

42.1 Judy Morrell qualified as what was then a State Registered Nurse in 1969 and subsequently qualified as a Registered Mental Nurse, a CPN and a behavioural therapist.

42.2 She had been working at North Tyneside since 1980 and had been a CPN since 1972.

42.3 She is well qualified and with considerable experience.

42.4 At the relevant time 1993 to 1995 her duties as CPN included running the Depot Clinic which she ordinarily did with Brian McLean, a fellow CPN.

42.5 The operation of the Depot Clinic is described separately in this report.

42.6 Over the years she had encountered Norman Dunn professionally and harking back to the days when she was a ward sister in hospital he called her still "Sister Morrell".

42.7 Outside her duties at the clinic she had her own caseload as a CPN

42.8 She told the Inquiry that she was satisfied with the support she had and the supervision she received.

42.9 She told the Inquiry that she could think of no reason why Norman Dunn should take the trouble to come to the clinic, wait his turn and then say he was not going to have the injection.

42.10 Even if she had persuaded him that he should have it she could not have given it to him there and then.

42.11 After Norman Dunn had left she and her colleagues took no action at that time. As she told the Inquiry she was not concerned about what had happened.

42.12 Her intention was to report what had happened to the team meeting the following Tuesday the 30 June being a Friday. This, however, was overtaken by events.

42.13 She told the Inquiry about the training she had received and also stated that the Depot Clinic had not suffered any disruption during the transfer period of contract provision. She commented that it was very rare for anyone to forget to bring their medication with them.

42.14 Comment

Norman Dunn's arrival at the clinic in the usual way and his announcement that he was not going to take the injection because he was all right must have been a very unusual event.

42.15 It is strange that no-one thought it appropriate to alert the key worker that very day by telephone, or that there was no policy in place to address this issue.

42.16 Considering the major deterioration which had already happened over the previous months the Inquiry accepts that failure to have the injection on that day was not a significant factor in ensuing events.

42.17 It is also to be noted that for the visit Norman Dunn had presented his usual smart appearance.

CHAPTER FORTY THREE
The 1 July 1995

43.1 On the 1 July 1995 Norman Dunn went to his mother's home in the morning as he had been in the habit of doing during the previous weeks. At around 11.15 a.m. Audrey Muir heard from her upstairs flat the front door of Eileen MacLachlan's flat slam shut.

43.2 Eileen MacLachlan was discovered in her flat and she died shortly afterwards.

CHAPTER FORTY FOUR
The 3 July 1995

44.1 Norman Dunn was arrested by the police on the 3 July 1995.

44.2 Police questioning of suspects is governed by a code of practice under the Police and Criminal Evidence Act. This requires the police to ensure that where a person is suffering from a mental disability an appropriate adult should be present.

44.3 Initially the police were unaware that Norman Dunn suffered from any such disability but during the course of his police interview Norman Dunn had asked to see his psychiatrist. That had immediately put them on notice that he might be suffering from a mental disability.

44.4 The police contacted the local hospital and Dr Farquharson, being off duty, the call was taken by Dr Moira Livingston.

44.5 Dr Livingston is a member of the Royal Society of Psychiatrists and at that time was Senior Registrar at North Tyneside Hospital.

44.6 She was asked by the police to assess Norman Dunn to see if he was fit to be interviewed.

44.7 When she saw Norman Dunn he gave her an account of what had happened on the 1 July and told her that he believed that his mother had been taking his money so that he had to wear what he called "dead man's" clothing from second hand shops.

44.8 She did not see this claim as a delusion.

44.9 He did not appear distressed, he spoke calmly and was assessed by Dr Livingston as having no clear evidence of paranoid delusion.

44.10 She did not consider that Norman Dunn was concealing his feelings.

44.11 Arrangements were made for an appropriate adult to attend.

44.12 That same day Judy Morrell was notified by the police of the arrest of Norman Dunn and the killing of his mother.

44.13 That same day a letter dated the 3 July 1995 and signed by Judy Morrell and John Whalley was sent to Dr Stephenson as Norman Dunn's GP informing him that Norman Dunn had :

"attended the clinic on Friday 30 June routinely, however, he refused to have his injection, although he visited to inform us he had not brought his medication either. He assured us he was feeling all right. We will be discussing this at our case management meeting on Tuesday 4 July and will keep you informed".

44.14 Comment

Dr Livingston told the Inquiry that she did not see any clear evidence of paranoid delusion at the time of her visit.

44.15 The claims he made about his mother taking his money are considered by the Inquiry to have been delusional.

44.16 The Inquiry were puzzled why the two CPNs should send the letter to the GP when Norman Dunn had already been arrested. The letter had again been sent to the wrong GP.

CHAPTER FORTY FIVE
The Aftermath

45.1 Norman Dunn was remanded in custody to Durham Prison.

45.2 Because of his mental health history he was assessed there.

45.3 In the prison inmate medical records it is stated: "he took part in association and education mixing quietly. He is compliant to staff instructions offering no problems". The records go on to say that this quiet behaviour was interspersed with periods when: "he continues to have bouts of bizarre behaviour including auditory hallucinations. He can be seen to talk to himself regularly ..... talking and shouting to himself throughout the first half of the night".

45.4 Dr Kim Fraser, Consultant Forensic Psychiatrist, identified Norman Dunn as a mentally ill man whose condition might warrant transfer to hospital.

45.5 Nursing staff from that hospital went to the prison to assess Norman Dunn for possible admission. They recorded, "At start of interview he was friendly and co-operative, during the course of the interview his speech content became increasingly suspicious and paranoid without actually referring to ourselves".

45.6 In due course he was transferred to hospital, and later appeared at Newcastle Crown Court.

CHAPTER FORTY SIX
Dr Ghosh

46.1 Although he was invited on three occasions to attend the Inquiry Dr Ghosh never responded.

46.2 The Inquiry would have liked to have had his views and to learn how he perceived his role in the care of Norman Dunn in the community.

46.3 The GP should play a significant role and constitute an important link.

46.4 Dr Ghosh's role in the case of Norman Dunn appears peripheral.

46.5 Although invited to the Section 117 meetings he did not attend a single one. The timing of the meetings may not have fitted in with his other professional duties. No one, however, made any enquiry of Dr Ghosh as to why he did not attend with a view to resolving any difficulty that prevented him.

46.6 Judith Delap told the Inquiry that Dr Ghosh had been most helpful in supporting them in seeking Norman Dunn's re-housing, so he clearly had contact with the family.

46.7 He also had contact with Norman Dunn in the issuing of prescriptions for the Depot Clinic and in providing general medical care.

46.8 Comment

Although the role of the GP is considered to be significant in providing care for a patient in the community it is not uncommon for GPs not to attend Section 117 meetings.

46.9 A letter inviting him was sent out each time and his absence at the meeting noted.

CHAPTER FORTY SEVEN
North Tyneside Council

47.1 The Inquiry decided that there would be little purpose served in calling evidence with regard to the provision of housing for Norman Dunn by the Housing Department of North Tyneside Council.

47.2 Housing for Norman Dunn had been provided for him as a vulnerable single person following his discharge from hospital and his separation in July 1985.

47.3 The Inquiry did, however, call evidence from Warren Austin of the Social Services Department for the Council, and the Manager appointed for Mental Health Services provided by the Council.

47.4 He gave evidence of the role played by the Council, the changes in provision that were made to meet the demands of Care in the Community, and in the case of a patient being discharged into the community from a mental health hospital the procedures that are and have been followed.

47.5 The position at the time of Norman Dunn's discharge from hospital (in September 1993) was rather confused. "Potential referrals were going all over the place". It was possible that either a social worker based with the hospital, or from an area team or a social worker from the CPRT would have attended MDT meetings on the ward. The situation was being reviewed between 1993 and 1994 in order to make the arrangements clearer and to clarify lines of communication.

47.6 There is no evidence from the files that a referral was made to a social worker. Dr Olajide believed that invitations to pre-discharge meetings would have been issued automatically but that owing to the restructuring, social workers often did not attend.

47.7 Warren Austin also described a situation of confusion over the relationship between CPA procedures and Community Care assessment procedures at that time. It is clear from other evidence that CPA was not fully operational until after most of the events concerning this inquiry. There was greater clarity about the NHS and CC Act procedures which all Local Authorities had been required to introduce.

47.8 At that time Warren Austin believed that a social worker would definitely have been involved either where there was a statutory duty for assessment under the Act or where there was a need to release resources under the NHS and CC Act. Procedures for involving social workers under Section 117 were not effectively in operation. There was, and remains, no automatic trigger within the Local Authority to involve a social worker when someone was/is discharged who had/has previously been detained. The new structures and systems are based on the model of all social workers being based in community mental health teams. How multi-disciplinary teams operate is therefore crucial to the type of service an individual receives.

47.9 Warren Austin described the specific role of the social worker. He saw it as being to take an "holistic" view of the person. The social worker should have a broad view, looking at the totality of the person rather than focusing on particular therapeutic interventions. Certainly, the significance of the Court of Protection Order would have been recognised by a social worker.

47.10 Comment

The fact that there was no social worker involved in the pre-discharge meetings, nor thereafter, meant that no social work assessment was undertaken.

47.11 The introduction of care management has sometimes obscured the role of the social worker in the mental health field. The role has become unduly attached to holding the purse strings. Since no resources were apparently needed for Norman Dunn and since there was no automatic involvement of a social worker an important perspective was missing in his care and treatment. Although Dr Olajide was clear about the value of social work involvement he was also aware of the problems within the local authority at that time. He believed that the specialist training on family work which Peter Yearnshire had undertaken would go some way to making up for the lack of social work involvement. Unfortunately he was wrong since it is quite clear that Peter Yearnshire did not involve himself with Norman Dunn's family.

47.12 There was an excellent illustration of a comprehensive social assessment on Norman Dunn's file completed by the social worker in preparation for an earlier discharge from hospital. This assessment considered the family relationships as well as more practical coping skills. A clear plan of work was identified and carried out at that time. This was before the introduction before CPA and recent guidelines.

47.13 Had such a social work assessment of Norman Dunn's psycho-social situation been carried out at the time of his discharge in 1993 then a much clearer idea of his close family relationships would have been available to the MDT. The issue of the Court of Protection Order would have been identified and the suitability of an ageing parent acting on her son's behalf would have been questioned.

CHAPTER FORTY EIGHT
Findings

The quality and scope of his health, social care and risk assessments:

48.1 Although no one could have predicted that Norman Dunn would become so violent towards his mother and kill her, what was easily predictable was that Norman Dunn would relapse at some point in time whilst being cared for in the community.

48.2 He had a history of relapses notwithstanding treatment, his compliance was sometimes lacking and he was probably never symptom free.

48.3 Norman Dunn was typical of the sort of patient who required continuing specialist help from the mental health and allied services both as regards monitoring his mental state and behaviour in the community, and formal professional and multi professional review.

48.4 As this report shows the quality and scope of Norman Dunn's health and social care were inadequate.

48.5 A risk assessment at the time of discharge in September 1993 was correctly carried out and showed Norman Dunn to be of low risk.

48.6 Insufficient information was collated after discharge to enable any further realistic assessment being carried out.

The appropriateness of his treatment; care and supervision in respect of:

(a) his assessed health and social care needs;
(b) his assessed risk of potential harm to themselves or others;
(c) any previous psychiatric history, including drug and alcohol abuse;

48.7 The problems started from the moment of discharge. No social worker attended the multi-disciplinary team meeting on the ward to plan discharge. No assessment was made of self care skills. The very fact that Norman Dunn was subject to the Court of Protection should have underlined the need for an assessment.

48.8 The failure to include an ASW in the care of Norman Dunn was significant. The whole essence of the ASW approach is to see the person in their social context; this would include the social functioning of that individual and their relationships with family members. In the case of Norman Dunn this lack of perspective was critical. He was viewed in isolation and consideration of his symptoms was not balanced by consideration of his overall social functioning.

48.9 The involvement of an ASW which was in any event a matter of good practice would inevitably have led to closer contact with family members.

48.10 The breakdown in communication with the family was a critical factor.

48.11 At all times Norman Dunn was perceived to be coping well even when he had to cope with two burglaries. At that time his family, if asked, would have described him as floridly ill.

48.12 By 1992 there was doubt as to how the role of the CPRT would fit in with the new CMHTs and this issue never seemed to have been properly addressed. Instead there was a process of attrition leading to even lower morale.

48.13 In the light of the information collated treatment and care would be appropriate.

48.14 The Inquiry is satisfied that Norman Dunn's condition had, however, deteriorated and that for the reasons given in this report, this situation had not been discerned when it should have been and, indeed, would have been if supervision in the community had been effectively implemented.

48.15 In reality his treatment and care were inappropriate for his actual state.

The appropriateness of the professional and in-service training of those involved in the care of the patient, or in the provision of services to him:

48.16 All the CPN's interviewed were remarkably well qualified.

48.17 The Inquiry was completely satisfied about the training, clinical competence and general approach of all of the consultants who examined Norman Dunn individually. They each armed themselves with whatever relevant information was to hand, spent an appropriate period of time examining him, but unfortunately none of them was ever in possession of all relevant information.

48.18 The fact that Dr Wilson was not conversant with the legal implications of mental health legislation in England has seemingly been overlooked.

48.19 It does appear that he was uncertain of provisions and effect of Section 117 of the Act.

The extent to which his care corresponded to statutory obligations; relevant guidance from the Department of Health [including the Care Programme Approach HC(90)23/LASSL(90)11, Supervision Registers HSG(94)5, and the discharge guidance HSG(94)27]; and local operational policies:

48.20 The level of care provided in the community did not comply with the policies of the two Trusts nor did it comply with the CPA.

48.21 At the time of the Inquiry Peter Yearnshire was functioning poorly and appeared demoralised. From the record keeping that existed, the lack of it and from his own account, the standard of his work appeared to have been unacceptable for some considerable time.

48.22 Discharge from Section 117 should be a joint decision between the Health Service and Social Services, based on effective collaborative arrangements and should only be taken when there is no longer any need for aftercare services.

48.23 One unfortunate outcome of the decision to discharge from Section 117 aftercare in this case is that it severed the only link with the family.

48.24 Afterwards Norman Dunn was not actually put on the CPA register although all witnesses assumed he was. The CPA was in any event not fully operational and the key worker only provided a very low key intervention.

48.25 The key worker based the course of action on his perception of Norman Dunn as coping well and maintaining himself adequately in the community and that perception was carried through to all the members of the professional network involved with him, even during the investigation of a complaint made by Judith Delap.

48.26 Having a key worker does not absolve other workers from the network or team from responsibility for communication or action.

The extent to which his prescribed care plans were:

(a) effectively drawn up;
(b) delivered, and
(c) complied with by the patient;

48.27 Care plans made pursuant to the Section 117 meetings were poorly drafted.

48.28 If they had been followed nonetheless in accordance with Trust policies and the CPA, Norman Dunn's actual state of health, already observed by his family, would in all likelihood, been discerned.

48.29 Problems arose in the delivery of care :

(a) The absence of CPA meetings did not encourage members to see themselves as a team or network.

(b) Links between the team members were too loose to provide a safety net.

(c) The role of key worker appeared to some as a means of escaping responsibility by them rather than as one role among many.

(d) Record keeping generally was poor and the layout and management of the notes was poor making them difficult to follow.

(e) Management of the transition from one Trust to the other was poor. The assumption was made that if the right leadership was introduced then all else would follow.

(f) Norman Dunn's contact had reached a minimal level.

(g) There was a lack of clarity about responsibilities.

(h) There was a lack of stability of medical leadership from the time he was discharged to the 1 April 1995.

(i) Staff case loads were too large so that supervision was "by exception".

(j) There was a general lack of cohesiveness.

(k) The CPRT was an innovative idea at a time when seriously mentally ill people were not given sufficient priority. The matrix structure which had been created led to problems in a situation where there was the lack of clarity about roles and responsibilities resulting in poor systems and poor oversight of casework.

(l) By 1992 there was doubt as to how the role of the CPRT would fit in with the new CMHTs and this issue never seemed to have been properly addressed. Instead there was a process of attrition leading to even lower morale.

(m) Although there was no lack of financial resources there was a lack of clinical psychiatric input into the CPRT and then there was failure to replace personnel.

(n) By the time the contract provision was changing the lack of clarity about the role of the CPRT was exacerbated further and morale further affected.

(o) By the end of March 1995 the caseload carried by the remainder of CPRT was far too high.

(p) It was assumed that the professionals working in the community would carry on working to high professional standards, and this too assumed that high professional standards were already being achieved.

(q) The assumption ought to have been made that the staff generally would need a good framework within which to operate. It was over optimistic to expect standards to be maintained by everyone no matter what else was going on.

(r) The lack of clarity concerning management roles and the long period of transition actually operated against improving morale rather than achieving the hoped for seamless transition.

The history of his medication and compliance with his regimes:

48.30 The report has set out the history of medications and the Inquiry has commented on it in its conclusions.

48.31 There is no evidence to suggest that Norman Dunn did not comply with his treatment programme with the exception only of his last visit to the Depot Clinic. The Inquiry has drawn certain conclusions as to that occasion.

To examine the adequacy of the collaboration and communication between:

(i) the agencies (including Newcastle City Health Trust, North Tyneside Health Care Trust, North Tyneside Borough Council), the General Practitioner involved in the care of the patient or in the provision of services to him, and

(ii) the agencies and the patient's family

48.32 The Mental Health Services had become so distanced from Norman Dunn's family, that in the latter months when his mental health had deteriorated, there were no effective lines of communication which would have enabled appropriate action to be taken.

48.33 Sadly the call for assistance made by Judith Delap in March 1995 to the CPRT was not treated seriously. Certainly it did not lead to any visit to Eileen MacLachlan.

48.34 Whilst there was adequate collaboration and communication between the two Trusts this did not prevent the problems listed in paragraph 29 arising.

48.35 Collaboration and communication with North Tyneside Borough Council by either Trust was minimal because of the failure to involve an ASW. Contact was limited to the provision of housing by the Council's Housing Department.

48.36 Because of poor record keeping correspondence was sent to the wrong GP although it did find its way to the correct GP, Dr Ghosh, in the end.

48.37 There is nothing to suggest that this failure had any material or significant effect.

48.38 Dr Ghosh, as the GP, was adequately informed.

48.39 Although Dr Ghosh was invited to attend the Section 117 meetings he never did so.

48.40 In all other respects Dr Ghosh collaborated in prescribing medication in accordance with the letters which reached him as the actual GP.

48.41 The Inquiry found that GPs generally would be invited to Section 117 meetings and invariably failed to attend and that the involvement by GPs was not pursued further.

48.42 A number of witnesses commented on how Norman Dunn could, in the company of people he did not know or know well, put on a front of seeming normality.

48.43 The Inquiry panel also met Norman Dunn and saw for themselves that he can present a reasonably persuasive facade even though at that time the RMO had considered him to be relatively unwell.

CHAPTER FORTY NINE
Conclusion

49.1 Two questions in the case arise.

49.2 The first is - could any one have foreseen that Norman Dunn would have been so violent that he caused his mother to die? The answer, the Inquiry is quite certain, must be no, never.

49.3 The second, however, is - could this tragedy have been prevented? The answer, the Inquiry is equally certain, must be yes, most definitely.

49.4 In 1968 Norman Dunn had first been diagnosed as suffering from schizophrenia.

49.5 Since that time he has mostly been cared for in the community and for much of that time with the support and encouragement of his family, he enjoyed an active life, playing golf, socialising with friends and family, playing dominoes and maintaining a keen interest in football and other sports.

49.6 As this report has recorded there were times when his health deteriorated to such an extent that he needed to be admitted to hospital.

49.7 As is also recorded there is evidence from a number of witnesses that from December 1994 Norman Dunn's mental health had started to deteriorate significantly so that by June 1995 he is described as being especially ill!

49.8 Those that noticed this deterioration believed that the worst consequence would be a further admission to hospital and then his discharge again into the community; simply repeating what had happened in the past.

49.9 It was, therefore, all the more shocking both to those that had noticed his deterioration and those who had not, when Norman Dunn attacked his mother and she died.

49.10 No one could have foreseen nor did foresee that Norman Dunn no matter how ill, would have attacked his mother or indeed anyone.

49.11 Unfortunately those who were professionally responsible and directly concerned in the case of Norman Dunn in the community had not noticed the deterioration observed by others.

49.12 Had they done so, there is little doubt that he would have been admitted to hospital and the symptoms of his illness corrected. Norman Dunn would then have been spared the further deterioration that occurred, his symptoms would have been more easily resolved, his family would have been spared the burden of coping with him in his ill state, and the attack on Mrs McLachlan would never have occurred and she would have lived on and Norman Dunn would have continued to live in the community.

49.13 Indeed appropriate observation and care of Norman Dunn should have prevented the extent of deterioration so that he would have been treated more effectively in the community and not needed admission to hospital. He would with appropriate management more than likely have continued to live in the community and Mrs McLachlan in particular would have been spared the heavy burden of care she carried and all the difficulties of trying to cope with her son that she actually encountered.

49.14 Those patients who are perceived as high risk or especially volatile attract attention and resources, but unless patients like Norman Dunn who are perceived as generally stable in their condition receive consistent care then similar tragedies may well occur.

49.15 Risk assessment is little more than making a prediction or assessing the likelihood as to whether a particular event will occur.

49.16 Risk management is about preventing an event from happening, not so much in a specific case but rather in designing a system of management that reduces the incidence of certain events.

49.17 Risk management is used in many health care situations and an obvious example is the management of ante natal care.

49.18 By recognising certain factors arising in maternal deaths and stillbirths a programme of care has been designed which has effectively reduced the overall incidence of such events.

49.19 So it is in mental health care by analysing case histories factors have been determined as underlying self harm and harm to others. The features of those most at risk are now well established. The Care Programme Approach was designed especially to promote a level of care for each patient that would enable them to live in the community and be sufficiently maintained to avoid fluctuations in their state of health and unplanned admissions to hospital.

49.20 Risk management is about managing the care of a particular group of people to reduce the incidence of certain events. As that reduction is achieved there is no way of knowing the identity of all those who might otherwise have been affected.

49.21 In the case of Norman Dunn risk was correctly assessed but risk was inadequately managed.

CHAPTER FIFTY
Recommendations

50.1 The Health Authority, City Health Trust, North Tyneside Trust and North Tyneside Council must all ensure that the provisions of Section 117 of the Act and the care programme approach and other attendant departmental guidelines are fully implemented and operational.

50.2 The Inquiry has been informed that action has already been taken to enhance the benefit of the Depot Clinic, but the opportunity should be taken of providing actual monitoring in a proactive way, rather than as was the case in 1995 of simply administering injections in a social setting. Any non compliance with treatment must be reported that day to the RMO or other designated staff.

50.3 Proper advantage should be taken of Charlotte Street Day Centre in obtaining feedback on patients. A more structured approach to recording and reporting should be adopted wherever attendance forms part of the care plan.

50.4 General office procedures should be tightened so that there are proper controls on all incoming and outgoing communications, and in particular the handling of telephone messages.

50.5 Mandatory training should be available as to the legal and practical implication of Section 117 and the CPA.

50.6 The Sainsbury Centre in publishing its research endorsed, as a model for management of CMHTs, the appointment of a manager who could come from any professional background and who would be responsible for ensuring the effective functioning of the team.

50.7 That report concluded by saying that what is required is a "stronger operational rearrangement at team level rather than reliance on the team as a whole to make important strategic and operational decisions". This is in accord with government guidance and our own findings. The Inquiry recommends that action is taken along these lines.

50.8 The spirit of the report had been adopted by both Trusts, effective implementation must be pursued.

50.9 Clear lines of communication need to be established and responsibilities of individuals within a supportive network need to be clearly identified within the care plan.

50.10 Multi disciplinary team working does not mean that roles of professionals are totally interchangeable. Some flexibility is needed but the core responsibilities of team members must be identified.

50.11 When policies are set there need to be clear objectives, operational guidance, systems of recording and audit and review.

50.12 Policy documents should be numbered and dated so that obsolete documents are not inadvertently relied upon. Authorship should also be stated.

50.13 Operational policies and procedures must be kept under review and their effective use monitored.

50.14 A supervision policy should be introduced for all professional staff which should set out

(i) the frequency of supervision
(ii) how it is to be recorded
(iii) what should be expected of and by those supervising and those being supervised
(iv) the training involved
(v) how each case file is to be reviewed and with an automatic timescale
(vi) a process of review of the supervision policy

In determining that policy regard should be had to the need

(i) to maintain and develop therapeutic competence
(ii) to develop effective management
(iii) to oversee the quality and quantity of caseload
(iv) to monitor overall workload and responsibilities
(v) to promote professional development and training
(vi) to ensure optimum use of existing resources
(vii) to promote support in times of stress

50.15 The need for effective supervision is especially mentioned. This is not a luxury but an essential component. It must be well planned and apply to all staff no matter how senior

50.16 Patient's medical and nursing notes and records generally must be audited for compliance with record keeping policy in a structured manner. Consideration should be given to having a single record for each patient.

50.17 The practice of empowering patients by requiring them to obtain a prescription, have it dispensed and then bring the medication to the Depot Clinic should be reviewed. Is it really empowerment? Is it to overcome the need to keep medication at the clinic, or is it a budgetary exercise? The real test must be the patient's best interests.

50.18 Staff need to be reminded that the absence of a written procedure does not absolve them from exercising common sense and providing good care to an ill person.

50.19 Assessment of a patient's circumstances should include a separate assessment of any carer no matter how willingly they seek to provide help and support. This should be the case especially where the carer is elderly. The health and ability of the carer are also important factors in the patient's overall circumstances.

50.20 The GPs should play a more effective role and greater effort should be made to ensure their co-operation and direct involvement in community care.

50.21 When structural change is taking place managers responsible for this change must give clear guidance to ensure that case management responsibilities are clearly defined.

Appendix 1

Standard letter sent to those concerned in the provision of care for Norman Dunn

(date)

(addressee)

Dear

THE INDEPENDENT INQUIRY INTO THE CIRCUMSTANCES SURROUNDING THE TREATMENT AND CARE OF NORMAN DUNN

Following the tragic death of Mrs Eileen MacLachlan, the mother of Norman Dunn, the Newcastle and North Tyneside Health Authority has established this Independent Inquiry.

The Inquiry will seek to examine all the circumstances surrounding the treatment and care of Norman Dunn and to that end will be taking evidence from all those persons who have been involved in his treatment and care, or who have any information which the Inquiry or that person feels should be brought to their attention.

The Inquiry will be sitting during the week commencing Monday 27 January 1997 at the Authority's offices in Benfield Road, Newcastle upon Tyne.

The Inquiry wish to take evidence from you in this matter and I am writing to confirm that you will be attending at (time) on (date). If you go to the reception area, Health Authority offices, Benfield Road, someone will meet you and take you to the room where the Panel is meeting.

The Inquiry also wishes to have your own written report before the 31 January concerning your own involvement in this matter.

The Inquiry will be paying particular attention to :

1. the quality and scope of his health, social care and risk assessments

2. the appropriateness of his treatment; care and supervision in respect of:

(a) his assessed health and social care needs;

(b) his assessed risk of potential harm to themselves or others;

(c) any previous psychiatric history, including drug and alcohol abuse;

3. the appropriateness of the professional and in-service training of those involved in the care of the patient, or in the provision of services to him;

4. the extent to which his care corresponded to statutory obligations; relevant guidance from the Department of Health [including the Care Programme Approach HC(90)23/LASSL(90)11, Supervision Registers HSG(94)5, and the discharge guidance HSG(94)27]; and local operational policies;

5. the extent to which his prescribed care plans were:

   (a) effectively drawn up;

   (b) delivered, and

   (c) complied with by the patient;