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9 JULY 1997

THE PAUL SMITH REPORT

REPORT OF THE INDEPENDENT PANEL OF INQUIRY INTO THE TREATMENT AND CARE OF PAUL SMITH

Commissioned by North West Anglia Health Authority

FULL INQUIRY REPORT

July 1997

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TO: **John Durance, Chairman**
North West Anglia Health Authority:

We have completed our Inquiry and we now submit our report, in the hope that the comments and recommendations which we make will be given careful consideration and will help to promote the importance of giving a high priority to Mental Health Care, particularly in the community.

We would like to thank all of the witnesses for their willingness to talk openly and frankly to us. We are aware that facing an Inquiry Panel cannot be an easy matter. We also realise that talking to us about the events leading up to that fateful day in November 1995 can only re-open old wounds for everyone involved.

We would not like it to be thought that we had forgotten John McCluskey in all of this. We have not. We are particularly grateful to his two sisters Rose Stone and Barbara Summers who bravely came to tell us his side of the story.

We believe that it is only when it can be seen that the concerns which we have highlighted in this Report are being addressed and acted upon that it will be possible for the family of John McCluskey to begin to make some sense of his death.

JANE MISHCON

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PANEL MEMBERSHIP

Miss Jane Mishcon	Barrister (Chair of the Inquiry)
Mr Liam Hayes	Chief Executive, Doncaster Healthcare Trust
Dr Michael Lowe	Consultant Psychiatrist, Basildon Hospital
Mr Michael Talbot	Social Work Management Consultant, Member of the Association of Directors of Social Services

Mr Robert Jefford, NHS Administrator (retired), was Secretary to the Inquiry.

PAUL SMITH INDEPENDENT PANEL OF INQUIRY

Terms of Reference

1 To examine all the circumstances surrounding the treatment and care of Mr Smith, in particular:-

1.1 the quality and scope of his health and social care and risk assessment;

1.2 the appropriateness of the care plan, treatment and supervision provided in the context of:-

a his assessed health and social care needs
b his assessed risk of potential harm to himself or others
c his previous psychiatric history including drug and alcohol abuse
d the history of his prescribed medication and compliance with that medication
e the number and nature of any previous court convictions;

1.3 the extent to which Mr Smith's care corresponded to statutory obligations, particularly the Mental Health Act 1983; 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;

1.4 the extent to which his prescribed care plans were:-

a effectively delivered and
b complied with by Mr Smith;

2 To examine the circumstances regarding the continuing treatment and care of Mr Smith by any relevant health and social services including North West Anglia Healthcare Trust and Cambridgeshire Social Services and to comment upon:-

2.1 the suitability of this treatment and care in view of Mr Smith's history and assessed health and social care needs, and clinical diagnosis

2.2 the clinical, managerial and operational organisation and the quality of care provided by these services;

3 To examine the adequacy of the arrangements for collaboration and communication between the agencies involved in the care of Mr Smith or in the provision of services to him, as well as his family;

4 To prepare an independent report and make such recommendations as may be appropriate in the light of the circumstances.

ACKNOWLEDGEMENTS

The task of organising this Inquiry was undertaken by Robert Jefford with supreme efficiency and inordinate patience which made our difficult task so much easier. We cannot thank him enough for his indefatigable support, his grammatical skills and his most welcome sense of humour.

Our grateful thanks also go to Giselle Williams for coping so admirably and cheerfully with the daunting task of recording and transcribing all the evidence - we will never again be able to watch a pencil being sharpened without thinking of her!

We are also most grateful to Sue Simkins for her help and support and for ensuring that everything ran smoothly throughout.

THE PAUL SMITH INQUIRY

INTRODUCTION

Paul Smith killed his mother's boyfriend, John McCluskey, on 7th November 1995.

At the time he was an outpatient under the care of the Psychiatric Rehabilitation Service in Peterborough.

He had first become known to the Peterborough psychiatric services in September 1992 when he was detained under Section 2 of the Mental Health Act 1983 in Edith Cavell Hospital after his mental health had deteriorated following his release from a lengthy stay in prison, most of which he had spent in voluntary solitary confinement. He had been living with his mother as a virtual recluse, spending most of his time in his room with a towel over his head and his fingers in his ears or listening to music with headphones.

It was well known to all involved with Paul that his mother's relationship with John McCluskey was a turbulent and volatile one. Both were heavy drinkers, and when under the influence of alcohol, John McCluskey, a former boxer, was allegedly violent to Kathleen Smith. At the time of the killing, Paul and his mother were under the threat of eviction from their Council flat because of complaints from neighbours which were mainly about the behaviour of John McCluskey and his drinking partners. Attempts had been made to persuade Paul to move away from such a highly charged atmosphere, but he appeared to want to remain with his mother, apparently to protect her from John McCluskey (although he tended to withdraw to his room when they had violent arguments).

Paul had no known previous psychiatric history, but our enquiries revealed that the probation service had serious concerns about his mental state in late 1988, immediately prior to that lengthy prison sentence.

To those in the Rehabilitation Unit responsible for his care and treatment it seemed that Paul had made a considerable improvement by 1995. He was having his depot injection regularly and was in weekly contact with the Occupational Therapy (O.T.) Service which reported that he was gradually learning to cope better socially.

On the day of the killing, Paul had actually attended the Lucille van Geest Rehabilitation Centre, despite having been reluctant to do so for some considerable time, and he had also received his depot injection that day. To all those who saw him that day at the Centre he appeared well and relaxed. Yet later that night he hit John McCluskey on the head with an iron, and then stamped on his head until he was unconscious. He helped his mother to put John McCluskey to bed and then went to sleep himself. At about 4 o'clock

in the morning, Paul's mother woke him, telling him that John McCluskey was dead. Paul telephoned for an ambulance and the Police and told them that he had killed him.

He was charged with murder. At first Paul wanted to plead guilty, but because of his psychiatric history a not guilty plea was entered. He was tried for murder, his first trial in July 1996 having to be abandoned on the second day after Paul's brother failed to turn up as a defence witness. At the re-trial in October 1996, the Judge in his summing up directed the Jury that if (having heard expert psychiatric evidence on behalf of both the prosecution and defence) they believed that Paul was suffering from an abnormality of the mind at the time of the killing or that his responsibility for his actions was substantially impaired by reason of mental disorder, then they should find him guilty of manslaughter rather than murder. He also gave them the option to find him guilty of manslaughter if they felt that provocation caused his actions. The Jury found Paul guilty of manslaughter on the grounds of diminished responsibility. He was made subject to Hospital and Restriction Orders under the Mental Health Act and is currently at Heron Lodge, a Medium Secure Unit in Norwich.

When will the lessons be learned? How many more inquiries will highlight the same concerns and make similar recommendations?

We realised as each new piece of evidence came together that we were looking at a familiar picture. Here was a young man with a history of mental disorder about whom there was a great deal of information – about his family history, his criminal background, his home environment, and most importantly his mental illness – but this wealth of information was never pulled together, was never known in its entirety by any one person or professional team. Potentially vital information was not shared between the many professionals who were involved at one time or another with Paul, and therefore we believe that no-one responsible for the treatment and care of Paul could have had a full and clear picture of the nature and extent of his illness.

We can only say this with the benefit of hindsight and having gathered together and digested the evidence from many sources. We have talked to everyone whom we thought could help us in our task, and that meant seeing people from the Psychiatric Services (both general and forensic), the Rehabilitation Team, Probation, Social Services, Housing, Paul's G.P., his Mother, two of John McCluskey's Sisters and Paul himself. We have also talked to those people in the Health Authority and the Trust (including the Chief Executive of the Trust) who could inform us about policies, protocols, management structures and changes which have taken place in the last few years or are about to be implemented.

We got the information because it was there for the asking and we asked for it. However it had all been there for the asking for anyone involved with Paul who chose to find out

more about him, and we wish they had. We feel that the lack of a full and clear picture of Paul's illness created a serious impediment to the ability to carry out a proper assessment of risk to himself or others or to formulate a clear care plan for him. Good opportunities to place him in a more appropriate environment were missed, despite such a change in environment being given a high priority.

We want to make it clear from the outset, however, that, on the whole, we were impressed with the witnesses we interviewed and are grateful to them for the openness with which they talked to us. We are very aware that there is a loyal and dedicated team working in the Rehabilitation Unit. There was a high level of input from the Rehabilitation Team who had persevered with maintaining contact with Paul, despite his reluctance to engage with them at times. There was no way that the events of the night of 7th November 1995 could have been predicted, and therefore probably no way that they could have been prevented, but we hope that the recommendations which we make might help to prevent something similar happening again.

Lessons must be learned or the concerns which we have expressed in this Report will be repeated time and time again in future Inquiry Reports, just as we realise that we are echoing concerns already expressed in earlier ones.

We are fully aware that, as we have been conducting this Inquiry, there are many – too many- others being held across the country. The more there are, the more the media will highlight the perceived failings in the system, and the more the public will be convinced that people who suffer from mental illness should not be allowed to live in the community.

In order for care in the community to work, there must be a sense of security for both those who are mentally ill, and those amongst whom they live. Co-ordination of care and co-operation and communication between the multidisciplinary services are essential ingredients of an effective care programme. These are the key elements of the Care Programme Approach, but in almost every Inquiry Report published so far, it seems to be a lack of communication between agencies and the absence of co-ordination of care which has led to some tragic outcome.

There seems to be a general resistance to the automatic sharing of information between agencies, confidentiality often being misunderstood or used as an excuse. Yet many of the witnesses we talked to, when asked if they felt that a full and comprehensive knowledge of a patient's background (ie. family, medical, social and forensic) would assist them in their care and treatment of the mentally ill, told us that they would welcome shared access to information. Many said that they would willingly provide access to their records if asked by a member of another agency providing mental health care services. Yet we found that such access was rarely, if ever, sought.

A wider knowledge can only improve the ability to properly assess the patients and their present situations. Proper assessment and proper management of care can reduce if not eliminate the risks for both patients and the public. Reducing the risks is what these Inquiries set out to do, but will not achieve unless lessons are learned and care in the

community is seen to really work – for those who are mentally ill and those who live alongside them.

THE PAUL SMITH INQUIRY

NARRATIVE

Paul Smith was born on 4.12.66, the middle of five children (two elder half-brothers with the same mother and a younger full brother and sister). His father (who was considerably older than his mother) died in 1974 when Paul was 8 years old. He grew up in Peterborough with his mother and siblings.

At school Paul was assessed of being of good intelligence, but his attendance was poor and he constantly under-achieved. His criminal record began when he was still 13 with a conviction for criminal damage.

Between the ages of 16 and 26 (1982 to 1992) Paul Smith spent most of his time in Youth Custody or prison. This was mainly for offences relating to theft or burglary, but he also had three Actual Bodily Harm (ABH) convictions, one for common assault and five for criminal damage. The most serious offence was one for which he served his last sentence before the killing - 36 months for arson and endangering life. In September 1988 he had set fire to the house of his former girlfriend Sadie (with whom he had had two children) when she told him that their relationship was finally over. He had only been released from Youth Custody in April 1988 after serving a 26 month sentence for burglary and ABH.

The Probation Service had been involved with Paul since 1982 and it was from their files and from the evidence of one of the Probation Officers, Nigel Block, that we gained the clearest picture of Paul.

Paul did not come under the care of the Psychiatric Services in Peterborough until September 1992, some five months after his release from prison. He had spent virtually all of the sentence in voluntary solitary confinement and had refused to be considered for parole. As a result of his refusal of parole, and because he had been sentenced prior to The Criminal Justice Act 1991 coming into force (which would have meant that he was released subject to Licence) the Probation Service was no longer involved following his release.

This we feel meant that crucial information and a considerable insight into Paul's mental illness were not passed on and shared with those who became responsible for his treatment and care in 1992.

We learned from the Probation records the following significant information:

(i) Whilst living with Sadie prior to the Youth Custody sentence imposed in May 1986, it was not uncommon for Paul to lock himself upstairs in his room for a week or so;

(ii) When Sadie tried to end their relationship whilst he was in Youth Custody in 1987, he spent periods in the hospital wing and refused to eat or talk;

(iii) In May 1987 he attempted to set fire to his prison cell;

(iv) Whilst in Youth Custody he slashed his wrists and was seen by a psychiatrist;

(v) He had assaulted a Prison Officer;

(vi) On his release in April 1988 when he returned to live with Sadie, she described him to Nigel Block, Paul's Probation Officer, as "*very strange, perhaps paranoid*";

(vii) On 10.4.88 Sadie contacted Nigel Block saying that Paul had beaten her up. Nigel Block had serious concerns about Paul's mental state and therefore asked Paul's GP, Dr Catnach to visit. The GP visited and found Paul very depressed and wanting the doctor to give him medicine to commit suicide. Dr Catnach then contacted the prison doctor at HMP Bedford who said that he had found him withdrawn and that he had terror attacks in the dark. He described him as a psychopath. Dr Catnach said that he would visit Paul again and if requested would arrange for a psychiatrist to make a home visit;

(viii) On 20.5.88 Paul was arrested for assaulting Sadie, giving her a black eye. He was released when Sadie dropped charges. Nigel Block's notes record:

> "*No charges mean no opportunity to involve medical authorities via Courts.*";

(ix) In June 1988 Paul broke all the kitchen windows in Sadie's flat in a temper tantrum.

Paul was charged with criminal damage following this incident and was remanded in custody. Judy Cartwright, the Probation Court Liaison Officer, was asked to prepare a Social Inquiry Report for Peterborough Magistrates' Court. Because of the recent concerns about Paul's mental state, she asked Richard Bulkeley, a Clinical Psychologist, to assess him and report to the Magistrates. His findings were:

> "*Paul Smith does appear to have suffered from some sort of psychological disturbance during his last period of custody ... he said that he would have preferred to be locked up in a cell during this period ...*

It would seem that on release he found the outside world hard to cope with. This is confirmed by the evidence of the Probation Officer, Mr Block, who is reported to have expressed concern about Paul at this time.

It is possible (as Paul himself alleges) that this disturbance took the form of outbursts of aggressive behaviour, which he says is not characteristic of him. Currently, Paul feels rather more secure in custody where he does get confined in his own room from time to time. He does appear to benefit from a sense of isolation.

Paul agreed that his condition might become worse on release, and he would welcome any form of treatment for his condition."

Mr Bulkeley made the following recommendations to the Court:

"1. The Court take into account these observations in determining sentence for Paul Smith;

2. All are made aware of the possible need of Paul Smith for psychological support on his next release from custody;

3. Paul should be directed to seek further help from his General Practitioner if he experiences further difficulties on his release: this may involve either psychiatric referral or referral to the Adult Psychology Department in Peterborough;

The possible benefit to Paul of Social Skills Training should be kept under review. I would be happy to assist the Probation Service with consultative arrangements or direct psychological intervention if this should be needed urgently pending the implementation of the above recommendations.

On the limited information currently available I am reasonably hopeful for the future provided Paul Smith is given adequate support, if needed, during the period immediately following release."

This Report is dated 9.9.88.

Paul was also seen by a Consultant Psychiatrist, Dr Pinto who reported to the Court as follows:

"I believe this man is an anxious, inadequate individual who is going to be extremely difficult to help. If he did not have a criminal record or a propensity to spend most of his time in prison it may have been possible to arrange a form of psychiatric rehabilitation which would have been relatively long term. As it is his situation is likely to remain unhelpable. I cannot see any psychiatrist willing to take him into hospital as an in-patient as he does not suffer from a major mental illness. Out-patient treatment is likely to be interrupted by further anti-social

behaviour. If the court does consider a Probation Order it would be appropriate for the Supervising Officer to make immediate contact with the local Psychiatric Services to see whether treatment can be arranged. I am afraid I cannot help feeling extremely pessimistic about the chances of any psychiatric help being successful at least in the short term here."

As a result of these reports, Judy Cartwright's Report to the Magistrates concluded as follows:

"*ASSESSMENT*

Paul Smith is a young man who has considerable problems both at adjusting to live in the community and dealing with emotional problems. His records show that he has difficulty in controlling his temper, even at less stressful times. After his release from his last relatively long custodial sentence he was already in difficulties coping with everyday living when the final breakdown of his relationship with Miss P. meant that he totally went to pieces.

Due to his past history, Paul Smith has neither the emotional maturity nor appropriate skill to cope with his feelings of loss and rejection in a more appropriate way. He has little insight into his problems but has come to a point where he is willing to admit that he does need help.

CONCLUSIONS

.... It is clear that a further period of imprisonment will do little to address any of Mr Smith's problems and I feel that this may be the time to offer support through a Probation Order. There are definite problems of general adjustment which need to be dealt with to enable Mr Smith to remain in the community. In addition some work will need to be done on anger management and control.

I have discussed the nature of a Probation Order with Mr Smith and he is willing to consent. In his present psychological state he would not be able to cope with any groupwork or I would request the Court to make a standard order in this instance."

This report was dated 14.9.88. A Probation Order was made by Peterborough Magistrates Court on 15.9.88.

On 23.9.88, Paul set fire to Sadie's flat. He was charged with arson and remanded in custody. Whilst on remand, he was seen by a Consultant Forensic Psychiatrist, Dr Adrian Grounds on the 1st November 1988 who subsequently wrote to Judy Cartwright as follows:

"*... On examination he presented as a tense and uncommunicative young man. He gave only brief and superficial replies to questions, and spoke in an emotionally*

detached fashion. On detailed enquiry I found no evidence of any abnormal perceptions or beliefs, nor any gross cognitive impairment.

In summary, my initial impression is similar to that noted by Dr Pinto in his report of 6 September 1988, namely that Mr Smith is an anxious, inadequate young man, that there is no current evidence of mental illness. He also had no particular wish for any help of a psycho therapeutic kind.

At the present time I am afraid I can see no indication for recommending his admission to the Norvic Clinic for assessment or treatment, but should the situation change in any material way I will of course be pleased to see him again."

On 2.12.88, Paul Smith was sentenced to three years imprisonment for the arson attack and six months each for the criminal damage and assault charges to run concurrently with each other, but consecutively to the arson charge. He therefore received a total prison sentence of 3½ years. The sentencing Judge apparently commented words along the lines of:

"You are emotionally disturbed but I am told cannot be treated at present."

This was the last involvement of the Probation Service with Paul Smith prior to him becoming known to the Psychiatric Services in Peterborough in September 1992.

The Probation Services were clearly concerned about Paul Smith's mental state in 1988. Nigel Block's Final Assessment in July 1988 on the expiry of the Youth Custody Licence had been:

"Nothing was achieved during the licence period and unless his psychiatric state improves, I feel little will be achieved. Court appearances are likely but any offers of help from us must be met by the involvement of the Psychiatric Services, in my opinion."

Judy Cartwright's Assessment dated December 1988 was as follows:

"I still hold the view that Paul Smith has psychiatric/psychological problems that should be dealt with within somewhere like the Norvic Clinic. Their refusal to accept Paul means there is no non-custodial sentence that the Probation Service could offer the Court.

I feel that Paul will be further damaged by this sentence and that the prognosis for the future is now very poor."

Unfortunately, these statements were prophetically true. With the benefit of hindsight, we are quite sure that in 1988 Paul Smith was displaying signs of his schizophrenic illness (inadequacy, deterioration of personal appearance, self-isolation, anxiety, blunted affect and anti-social behaviour), and can only regret that he did not receive psychiatric help at that time, or apparently at any time prior to

1992, when he clearly had been further damaged by the long prison sentence which he spent mostly in solitary confinement.

Paul served his prison sentence in Stafford Prison. He received no visits or letters throughout the time that he remained there, although it is fair to say that the distance from Peterborough may have prevented visits. We understand that he spent most of the time in voluntary solitary confinement. Paul told us that this was because the other in-mates were too aggressive towards him. When we asked him what he did with his time whilst in solitary confinement, he told us "*just thinking really*".

Unfortunately the medical and disciplinary records from HMP Stafford have gone missing. They were apparently sent to HMP Bedford where Paul was held on remand pending the trial for the murder of John McCluskey, but no trace can be found of them now. Paul told us that he received no kind of medical treatment whilst he was in HMP Stafford and we cannot verify whether this is correct. We are aware that whilst he had been in Youth Custody from December 1986 to April 1988, he had seen a psychiatrist on more than one occasion, but we now have no way of knowing what really happened to Paul during that long prison sentence from 1988 to 1992. Paul told us that on a couple of occasions he went to see the doctor to tell him that he wasn't feeling well, but he said that he didn't want to listen to him and he was offered no help. He said that he was left to himself most of the time. In his words:

> ***"As long as you're locked up ... tough, they're not bothered."***

We feel that some vital information went missing with those prison records. We are aware that Paul is at times a poor historian, but unfortunately, we only have his version of what happened in that 3½ years. What we do know is that Judy Cartwright's fears in 1988 that a lengthy prison sentence would damage Paul were justified.

Paul was released from prison in April 1992. He went to live with his mother on the Welland Estate in Peterborough. His mother, Kathleen Smith had recently begun her relationship with John McCluskey. At this time Paul's sister, Ann was also living there with her boyfriend.

Within six weeks of his release from prison, on 13.5.92, he went to see Dr Robert Bailey, a GP. This was Dr Bailey's first involvement with Paul Smith, having taken over from Dr Catnach. Dr Bailey's note reads:

> *"Out of prison c. 6/52.*
> *Depressed. Says he wants to kill himself. Does not want any help for depression.*
> *Spending most of time in bedroom.*
> *Both he and mother refuse offer of dom(iciliary) visit. Not sectionable at present."*

Kathleen Smith told us that Paul spent most of the time following his release from prison alone in his room with a towel over his head and his fingers in his ears or listening to music on his headphones. He was neglecting himself, not bothering to wash.

At the beginning of September 1992, he was found wandering by the railway line and his brother reported that he was expressing suicidal thoughts. (There is also mention in the records of Paul actually lying across the railway tracks, but we have not been able to verify this.) Paul refused Dr Bailey's offer of help.

On 12.9.92, Paul was reported missing by his mother. He was found two days later on the night of 14.9.92 wandering aimlessly in Wisbech and was eventually picked up by the Police at around midnight, after they found him sitting by the river. As he was completely uncommunicative with either the Police or two local GPs who saw him over the next few hours, he was seen by a Locum Duty Consultant, Dr Rao, on 15.9.92. Dr Rao wrote the next day to Dr Bailey:

> *"... When I saw Mr Smith he was fully dressed and appeared fairly clean and tidy. ... he walked with a blue blanket on his head, holding it tightly to both his ears. He did not maintain any eye contact during the interview, except on a few occasions for a few seconds. He was generally calm in his manner but told me he did not want to talk to either myself or the Social Worker. He did not appear confused and he seemed to understand what was being explained to him by nodding his head. He refused to answer or co-operate with either a general question or any direct question. On a few occasions he nodded his head, responding either to yes or no. He did not appear clinically depressed or distressed in any way but his affect was somewhat inappropriate. He refused informal admission for psychiatric help, and also indicated that he did not want to return to his home. ...*
>
> *There are several factors which influenced us to be concerned about Mr Smith's mental state and, indeed, his safety. First of all his rather bizarre behaviour, lack of concern and, indeed, wanting to remain at the Police Station; his refusal to communicate, co-operate and accept any informal psychiatric help for further observation. He seems to be withdrawn and appears to be hallucinating. His mother seems to be very concerned about his suicidal thoughts and, indeed, his recent wandering near the railway line. You have felt rather uneasy about his mental state and, indeed, his general behaviour and refusal to accept any informal psychiatric help from which he thought he would benefit. It is difficult to come to a diagnostic formulation, particularly due to his refusal to communicate, and also without the benefit of his background history. We were suspicious of underlying psychotic process and there seems to be some evidence of schizoid traits and personality deterioration in line with a simple psychotic process."*

Paul was detained under Section 2 of the Mental Health Act for further observation and assessment and was admitted to The Gables Acute Psychiatric Ward in Peterborough under the care of Dr Hugh Kilgour.

We would just note in passing that Paul appears to have indicated to Dr Rao that he did not want to go home. This will have more significance later.

Within 24 hours Paul had absconded from the ward. He was returned by the Police on 19.9.92 and there is a report that he had been violent with the Police. He said that he had been with his mother during his absence. He was transferred to the High Dependency Unit where the following Progress and Evaluation Report was made:

> *".. Paul's initial behaviour was bizarre - wearing sunglasses and pressing them tightly to his eyes and a jumper half over his head and shoulders. He appeared frightened and hypersensitive to noises. Paul responded in monosyllables when approached. He asked for an injection to "put him to sleep for good"."*

This "death wish" of Paul's was a recurring theme - he mentioned his wish for euthanasia several times during his interview with us and had said the same to Doctor Bailey on his visits to him between 1993 and 1995. It was, however, something not known at all by Dr Sagovsky, the Psychiatrist with overall responsibility for Paul over the same period.

Paul was transferred back to the Gables on 22.9.92 but went AWOL again the following day. He was returned by the Police that afternoon, but the following day went AWOL yet again. On his return he was treated with major tranquillising and anti-depressant medication which initially made no difference, but eventually he improved "*very very slowly*". By the beginning of October he was frequently repeating "*I have a sick mind*" but denying any disturbance of thought or auditory hallucinations. He was still wearing his sunglasses, was isolating himself and saying that he needed a single room and peace and quiet.

His Section 2 Order expired on 13.10.92. Paul had however gone AWOL again the night before. He had returned home to his mother who refused for him to be re-admitted under Section 3 of the Mental Health Act for treatment. He was therefore discharged.

Later that night Paul was picked up by the Police on a charge of burglary. His bizarre behaviour led the Police to consider that he needed a psychiatric assessment and Dr Kilgour was contacted and he saw him, together with Mary Bluff, a Psychiatric Social Worker attached to the Acute Psychiatric Team. He was re-admitted to the Edith Cavell Hospital under Section 3 of the Mental Health Act, this time with his mother's agreement. He told the hospital staff that when he went AWOL he had gone home but his mother had not allowed him in so he had to break into a shop because it was too cold.

On 18th October, Paul went AWOL yet again but returned later that day. On his return, he said that he left because the ward was too boring and he had gone out for a walk. He wanted to be discharged. He again demanded a single room. Later that night he made another attempt to abscond from the ward but was physically restrained by the ward staff. He spent most of the next couple of days in bed. On the afternoon of the 18th October, he absconded again and again returned to the ward voluntarily late that night stating that he had just gone for a walk.

Paul was seen by Dr Kilgour at a ward round on the 19th October who discussed ECT with him but he refused it.

Over the next few days, Paul isolated himself. In the afternoon of the 2lst October his sister visited him but he would not allow her to stay. He appeared restless on the evening of 22nd October, wandering around wearing dark glasses with his fingers in his ears. He tried to leave the ward at 22.40 hours and when approached by a Nursing Auxiliary and told that he would not be allowed to leave, he grabbed him forcefully causing superficial scratches to both of the Nurse's arms, and demanded to be allowed to leave. He was restrained by the nursing staff but remained "*quite agitated aggressive and abusive*" and had to be given sedating drugs.

The Nursing Notes for 23rd October 1992 question whether Paul was taking his medication and the doctors were asked to review the situation.

In the evening of 24th October Paul once again began to pace up and down and about 20.15 hours ran out of the ward door, chased by the nursing staff, who caught up with him at the bus stop. He agreed to return to the ward, although he made a further half-hearted attempt to leave during the night.

Over the next couple of days he appeared more settled, and by the ward round on 26th October had agreed to ECT treatment which began the following day.

Paul made a further attempt to abscond during the afternoon of 29th October and again on 30th, but his ECT treatment was continued.

Over the next couple of days Paul appeared more settled, although at times he appeared restless and to be constantly watching the door. His sister visited a couple of times during this period, accompanied on one occasion by their brother. Paul continued to improve during the first week in November with the continuing ECT treatment and his sister Ann continued to visit. On the 8th November Ann was allowed to accompany him on day leave and he returned later that evening "*bright and cheerful in mood*".

At the ward round on 9th November, Paul told Dr Kilgour

> "*I was all funny before. My head got screwed up*",

but he was noted as being "*still low*".

The following afternoon, Paul started wearing his dark glasses and putting his fingers in his ears, but apparently soon stopped and became quite sociable. His sister and some friends visited him on the evening of 11th November and Ann asked if Paul could have overnight leave again that weekend. He was allowed to go home overnight in the care of his sister on 14th November. He returned from leave, albeit later than he should have done, on the night of 15th.

On 16th November, Paul was seen again by Dr Kilgour at a ward round and it was noted that he was uncomfortable with too many people around. He said that he suffered from persecution 24 hours a day and said:

"*I have no chance in the street ...*

... I want to be a schizophrenic".

However he agreed that he needed ECT and would carry on receiving it.

In the afternoon of the 16th November, Paul was observed to be locked in the bathroom with another patient and it later transpired that he had had cannabis on him. At approximately 18.30 Paul left the ward and refused to return. He remained AWOL until the following morning when he was brought back by the Police who had located him at his mother's home. His weekend leave and time out was cancelled for the time being. Paul was recorded as being very talkative and he apparently spoke of his time in prison and how it had tortured him and stopped him growing up. He attempted to leave the ward again that evening on several occasions and he had to be given 150mg Chlorpromazine as he remained restless and walking up and down the corridor. He refused his meals.

The following day Paul was still hanging around the front doors refusing to go for meals and he ran off the ward but returned with the staff, laughing and saying that he knew he was a child and didn't know what he was doing. That afternoon Paul had several visitors and a fight broke out between Paul and another patient. The nursing staff broke up the fight and Paul's family decided they would take him home. It was pointed out that Paul was on a Section and it was not possible to take him home, but this was ignored and Paul and his visitors left the ward. Paul was returned to The Gables (who had been contacted and agreed to have him for the night) by the Police at 23.30 hours and retired to bed after medication.

Paul was seen by Dr Kilgour on 19th November 1992 who discharged the Section 3 Order and discharged Paul home to his relatives, although Dr Kilgour's note states that Paul was saying he had nowhere to go. It is clear from the Case Summary prepared by Dr Dong, SHO in Psychiatry, that he was discharged because he had become a management problem. It reads:

> *"We felt that with his difficult behaviour as well as non co-operative behaviour of the family that we found it difficult to treat Paul in the Ward, therefore he was discharged from Section 3 and discharged home on 19.11.92. He is to have Outpatient ECT and he will be reviewed weekly at the clinic initially."*

The fact that Paul's Section 3 was discharged made it more difficult for the Rehabilitation Team to intervene effectively when he was subsequently referred to them.

Dr Kilgour reviewed Paul on 25th November and his note reads:

"*He says he has nowhere to live.*

Not too bad in mood. Sleeping ✓. Appetite ok. Feeling ok about normal back to usual self.

He and mother don't get on well.

Review 1/52.

Continues to be a vulnerable person, with low IQ. I am unclear what social difficulties there are or whether they are statements of his depression."

The same day Dr Kilgour wrote to Mary Bluff, the Psychiatric Social Worker and Dr Bailey, Paul's GP. He wrote to Mary Bluff:

"... I still am feeling uncertain what the social situation really is with this man and I do feel that it would be valuable to have this investigated further. ...

I am sorry to have to ask you again to go into this matter as I know you do have some reservations about this family but I do really feel there are some social issues that will need to be ironed out. Perhaps we can have a chat about him again."

The next day Mary Bluff wrote to Paul to tell him that Dr Kilgour had asked her to see Paul to assess if there was any help that she could offer him regarding his circumstances. She offered him an appointment to see her at the Little Gables on 15.12.92. (Mary Bluff was reluctant to visit Paul at his home because of his home circumstances. When she had previously visited the home, she had found Paul's mother inebriated.)

Dr Kilgour had written to Dr Bailey:

"I saw this man on the 25.11.92 both for review of his Section 117 aftercare as well as for assessment of his electro convulsive therapy. He certainly seems to be improving with regards mood. However he says that he has nowhere to live and that he and his mother do not get on well and she is likely to chuck him out onto the street. My view of him is that he continues to be a vulnerable person with a somewhat low IQ. I am unclear what social difficulties there are or whether they are statements of his depression. I am therefore going to be asking my Psychiatric Social Worker to further investigate the circumstances surrounding him socially as it may well be necessary for him to have provided for him a more supportive environment."

Dr Kilgour had identified that Paul might need an alternative environment to living at home with his mother. He hoped that the input of his Psychiatric Social Worker might assess what would be best for Paul and he was beginning to formulate an appropriate aftercare plan for him. Unfortunately, before the appointment which Mary Bluff had offered to Paul, he was back in hospital again. She had no further involvement with him.

On 9.12.92, Paul was brought to the Accident & Emergency Department of Peterborough District General Hospital. He had apparently gone to the Police Station and told them that he had been hypnotised by somebody, but he didn't know who or why. He told the Casualty Doctor that somebody was controlling his mind. He admitted having had cannabis a couple of days ago, but denied using any other drugs. The Hospital Notes record that Paul was lying down with his body more or less in a foetal position, looking vacant and blinking his eyes and squeezing them. He was described as looking "*threatened*". He was admitted to The Gables under Dr Kilgour. Paul requested that his mother was not informed that he was an in-patient at The Gables. In the early hours of the morning a telephone call came through on behalf of the Police as Paul's mother had reported him missing. A Police Officer went to The Gables to check that Paul was there and before leaving informed the nursing staff that Paul had seen his GP Dr Bailey the previous day and had apparently been taking medication prescribed by his GP but at "*double*" the dosage prescribed.

This was one of several examples of Paul abusing drugs, both prescribed and illegal.

Later that day Paul was transferred from The Gables back to Ward 4 where he was visited by his sister and her boyfriend. His sister told the doctors that she was very concerned about Paul as she felt that he was not able to cope with their mother at home. She said that her mother had a drink problem and that the last binge had lasted 5 days, during which time she would play very loud music. Ann felt that Paul's mother would be happy just keeping Paul at home in a bedroom upstairs. She would be unlikely to agree to a Section 3 Order for Paul and Ann said that she (Ann) would like to care for her brother.

This was in our opinion a missed opportunity to pursue the chance of accommodating Paul away from his mother. It seems clear that Ann would most probably have helped to achieve this.

Over the next few days he was fairly settled and co-operative. He was seen at the ward round on 14th December by which time there had been no contact from his mother and he appeared willing to stay on the ward, although he said that he wanted to go back to The Gables. He was still depressed and believed that he was under hypnosis. However, he returned without any problems when allowed to visit the shops and his sister continued to visit.

There is a note from the night shift of 15.12.92 which records that Paul had retired to bed where he remained throughout, refusing to come to the drugs trolley for medication. When it was taken to him he was reluctant to take it, although he did after "*persistent persuasion*".

He continued to remain settled over the next few days, playing pool and joining in activities with other patients. He was again visited by his sister every couple of days.

Ann also attended the ward round on 21.12.92 when it was recorded that although Paul was feeling better on Modecate (a slow releasing major tranquillising injection) he still felt that he was under hypnosis and under someone's control. There was thought insertion

(generally considered to be a pointer for schizophrenia) and he was withdrawn, but he wanted to go home for Christmas. The doctors explained to Ann that Paul was suffering from a long term disorder and would need long term follow up. He was allowed leave to go home for Christmas to return on 27.12.92.

Paul returned 2 days late on 29.12.92 and said that he did not want to go back to his mother's home on discharge and that he wished to find alternative accommodation.

Once again Paul appeared to express his reluctance to live with his mother to the hospital staff and was voluntarily expressing a desire to find alternative accommodation.

The Medical Notes for 29.12.92 record that Paul said that his mind was sick and that he couldn't go home to live any more as his mother drinks. He was withdrawn and just wanted to stay in bed. He still thought that his thoughts were being controlled by hypnosis. However he settled in over the next few days and appeared to be socialising more.

At the ward round on 4.1.93 Paul expressed concern about his accommodation problem, saying that his mother had thrown him out. He said he had no idea where he could live and agreed that he had not managed to look after himself since leaving prison. The plan was to continue Paul's medication and to refer him to Connolly House for rehabilitation as an in-patient.

Dr Dong, SHO in Psychiatry, wrote that day to Dr Ruth Sagovsky, Consultant Psychiatrist in the Rehabilitation Unit as follows:

> *"I would be grateful if you could consider assessing (Paul Smith) for Rehabilitation, possibly at Connolly House.*
>
> *He is currently an In-Patient on Ward 4 ECH under Dr Kilgour's care. ...*
>
> *He has a grandfather who is said to be schizophrenic. His mother at the age of 48 is a known alcoholic. He has 3 brothers and 1 sister. He was living with his mother and was born and bred in Peterborough and left school at the age of 16. He has been in and out of prison since. His last offence was arson in 1988 and he spent 3 years in prison mainly in solitary confinement and he had left prison 6 months prior. He appears to be mute and hallucinating whilst on the Ward. We have great difficulty in retaining him on the Ward and he also spent some time on the High Dependency Unit. He was treated with anti-depressants as well as neuroleptics which seems to improve him slightly. However when his Section 2 ran out his mother initially refused to agree to a Section 3. Eventually she gave her consent. Paul also agreed to ECT and had a total of 10 ECTs which seems to have improved him greatly. However while he was on the Ward he had a fight with another client and therefore was discharged from the Ward and carried on with Out-Patient ECT and regular review in Out-Patients.*

However he turned up at the Police Station on 9.12.92 complaining that he was being hypnotised and controlled and asked for admission. He was sent to the Accident & Emergency Department and was then admitted back to Ward 4 ECH. He was then started on a Depot injection.

Dr Kilgour felt that Paul would need Rehabilitation before his discharge, therefore I would grateful if you could assess him. He is currently on Prothiaden 150mgs Nocte, Stelazine 10mgs tds, Chlorpromazine 100mgs tds, Modecate 50mgs 2 weekly."

Paul went AWOL overnight on the 6th/7th January 1993 but returned in the morning, saying that his brother's car had broken down and he stayed at home for the night. He said that his mind was playing tricks on him again and he still thought that he was under hypnosis. He settled back onto the ward and remained co-operative over the next couple of days, returning when allowed to go to the shops for cigarettes.

On 11.1.93 Paul took his own discharge, refusing to wait to see Dr Kilgour in the ward round. He signed the Discharge against Advice Form and left.

On 12.1.93, Dr Kilgour wrote the following letter to Paul's GP, Dr Bailey:

"This man took his own discharge recently from Ward 4. He is a man with a schizo-affective disorder. He was admitted to Hospital after a period of considerable isolation at his mother's house prior to which he had been in prison for something in the region of 3 years mainly in solitary confinement.

On admission he appeared hallucinated and persecuted. He still has some ideas that he is being hypnotised and his level of inter-personal functioning seems to be very limited. We had felt that it might be appropriate for him to be involved with the Rehabilitation Unit here but unfortunately his discharge will make that somewhat difficult. He however is due Modecate 50mgs on the 15.1.93 and I would be grateful if you could organise this for him.

Dr. Kilgour here acknowledged that the fact that Paul had been discharged would make matters more difficult for the Rehabilitation Team.

I am copying this letter to Dr Sagovsky as we wrote to her about Rehabilitation. It may be appropriate too if she so feels, for him to be offered some day care through The Pines Unit."

In a letter to the Medical Director of North West Anglia Healthcare Trust dated 30.11.95 (some 3 weeks after Paul killed John McCluskey) Dr Kilgour wrote:

"My impression was of a man who had a schizo-affective disorder. I wondered about his level of IQ although this was never formally tested as he was never really in a fit enough state for appropriate psychometric testing. I further felt that he came from a very dysfunctional family and expected that the

Rehabilitation Department would need to engage with the family so as to benefit Mr Smith's on-going rehabilitation."

When we talked to Dr Kilgour he told us that he realised that it might be very difficult to engage with the family but that he felt that it was something that at least needed to be tried. When we asked him what he was anticipating could be done in order to try to engage with the family he said:

"... Firstly to try and help them to see Paul's problems in terms of an illness. There seemed to be quite a lot of difficulty in the early days with actually accepting that Paul was ill. So I think that that is the first sort of thing that I would have targeted as a Rehabilitation Psychiatrist because a lot of the best work can be done with families when they can actually understand the concept of illness in relation to the behaviour. But that is the first thing. Also, there seemed to be quite a lot of difficulties between members of the family. There was also a sort of role in which they would be extremely supportive of Paul but ... in a way not taking into account other people's points of view...

... I think towards the end of my seeing him, I thought that he had ... the negative symptoms of schizophrenia and ... I think that's one of the reasons why I considered actually transferring to the Rehab Service because of his ... social dysfunction, really I suppose that is the way I would put it. There seemed to be less in the way of acute symptoms at that time. There was more his withdrawal, his apathy etc. and that's what I felt needed some work on. Admittedly, I recognised he was difficult to engage so I sort of suspected that he would carry on a bit like that."

Although we acknowledge that there was an understandable reluctance to engage with Paul's family, particularly his mother because of the history of drinking (and later the violence of her relationship with John McCluskey), we are concerned that no attempt was made by the Rehabilitation Team to work with them whilst at the same time Paul was left living with mother in what Dr Sagovsky told us was known as *"the flat from Hell to live anywhere near".*

Paul was due to attend Dr Kilgour's Out-Patient Clinic on 20.1.93 but failed to attend. Dr Kilgour therefore arranged for his Community Psychiatric Nurse (CPN), Bill Copland to visit Paul at home to administer his Modecate Depot injections. He also referred Paul to the Rehabilitation Unit under Dr Ruth Sagovsky.

Bill Copland visited Paul and administered his injections on a regular basis from the end of January until the middle of March.

Paul did attend the Out-Patient Clinic on 3.3.93 when he was seen by Dr Kilgour for the last time. Following that appointment, Dr Kilgour wrote to Dr Bailey:

"I saw Paul in my Out-Patient Clinic today. I must admit he seemed relatively well although he was still somewhat withdrawn. He is not involved in any sort of

Day Centre and I am not quite sure there has been some delay with our Rehabilitation Service.

We wrote to them in early January and a copy of my 12.1.93 letter was also sent to Dr Sagovsky. He is not taking any Depot medication at the present time but is willing to take Largactil 100mgs 3 times a day and Stelazine 10mgs tds.

He was still somewhat monosyllabic. He is not using drugs of abuse at the present time. My impression is that there is a particularly dysfunctional family which I am sure the Rehabilitation Service may need to get its teeth into. Once I have heard that the Rehabilitation Service are going to take him over I will discharge him from this Clinic."

On 10.3.93, Dr Ruth Sagovsky wrote to Dr Kilgour saying that the Rehabilitation Service had not, in fact, been dilatory about Paul, but he had failed to turn up for two Out-Patient appointments for assessment and that she was therefore sending two of her team to visit him at home to assess him. On 12.3.93, a home visit was made by Hansa Dayal (Deputy Occupational Therapist (OT) Manager) and a CPN from the Rehabilitation Team, Anne Haughton. The visit took place at 12.40 on 12.3.93, just after Bill Copland had returned Paul having taken him to MIND. His mother was present in the house but was clearly under the influence of alcohol. There was loud music playing from a radio, the curtains were drawn with the room in darkness. Paul turned the music down and Hansa and Ann introduced themselves. Paul's mother said that it was up to Paul whether or not he wanted to attend The Pines Day Centre - as far as she was aware their only problem was having no electricity. It had been disconnected the day before and therefore if they had come to offer help to Paul, they should get the electricity reconnected.

Paul, however, agreed to attend The Pines if transport was laid on to collect and return him. Later that afternoon Ann Haughton saw Bill Copland who suggested that Paul's care should be taken over by the staff from The Pines.

Paul attended the Day Centre at The Pines on the 17th, 18th and 25th March 1993 but on lst April when he was due to be collected, his mother said that he was in bed unwell. Ann Haughton paid a home visit later that morning and gave Paul his Depot medication although his mother was unhappy with Depot therapy as she said that Paul was suffering from stiffness of the hands and long lasting headaches as a side effect of the drugs. An arrangement was made for him to be seen by the Senior House Officer on his next attendance at The Pines, but he failed to make himself available for four transport arrangements in a row, telling the driver that he did not wish to attend the Day Centre, and therefore transport was withdrawn.

On 19.4.93, Dr Sagovsky wrote to Dr Kilgour:

"We are having great difficulty in engaging Paul in the Rehab. Service. However, I think you are right in that he does need rehab. and so I will take over the consultant responsibility for him."

At this time, Dr Sagovsky had not yet met Paul Smith.

On the 15th May 1993, Paul was admitted to the Medical Ward of Peterborough District General Hospital. On 17th May he was transferred to the Psychiatric Acute Ward and the notes from the admission state that he had been seen in Police cells on the 15th by a Police Surgeon when he was crawling on the floor and was therefore admitted to the Medical Ward. We do not know why Paul was in the Police cells. On 17th he was seen by the Duty Psychiatrist and he remained on the ward until the 19th. The following is from the Case Summary sent to Dr Bailey by Dr Maxey, Registrar to Dr Sagovsky:

> *"The Duty Psychiatrist was asked to assess Paul Smith on the medical ward on 17th May 1993 because he was confused, with slurred speech. He was unable to give any account of himself and was constantly pulling at his clothes and appeared very disorientated.*
>
> *There were no focal signs of infection, but his temperature was 37.8 in the axilla and his white cell count was 19.7.*
>
> *In view of the management problem he was causing on the medical ward, it was agreed to transfer him to The Gables and he was started on Ampicillin 250mg qds.*
>
> *His temperature settled overnight and the next day he was very much better, though he still appeared a little vague and his speech was rather slurred. He claimed to have no memory of the events of the last 2 or 3 days, but he was eating well and appeared generally well in himself.*
>
> *We planned to keep him and observe him for a little longer and possibly to engage him in activities on The Pines, but unfortunately the following afternoon when his mother came to see him, she insisted on taking him home and he took his own discharge against medical advice.*
>
> *It is very difficult maintaining contact with this man, but the staff from The Pines will attempt to visit him at home."*

Once again Paul Smith had taken his own discharge against medical advice and this time it appeared to be the influence of his mother which had caused him to do so.

On 27.5.93 Dr Maxey paid a domiciliary visit to Paul and the following day Ann Haughton was able to take him to The Pines for a review. Dr Sagovsky was present at this review. Other than whilst he was in hospital for 2 days between 17th and 19th May, this was the first time that Dr Sagovsky formally saw Paul.

That day (28th May) Dr Maxey wrote two letters, one to Dr Bailey:

> *"... he is reluctant to attend anywhere away from home and his mother discourages him from leaving. He seems to have no way of filling his day.*

Apparently, he has not had his Depot injection for at least a month and his recent hospital admission was precipitated by an overdose of his oral medication. He says that he is depressed and not interested in anything and that he is feeling worse now that he is not taking medication.

We have given him an injection of Modecate 50mg at The Pines today and staff from The Pines will visit him at home and give it to him regularly on a fortnightly basis. We have also started him on Seroxat 20mg daily, which will be safer in overdose, and I plan to see him at home in a fortnight's time to see how he is getting on with this.

We are asking our Community Occupational Therapist, Deborah Cole, to visit him at home."

It is clear that at this time Paul was not compliant with his medication, having refused his Depot injection for over a month and having taken an overdose of his oral medication which had led to this informal admission to hospital.

The second letter was to Deborah Cole:

"This young man lives with his mother and her common-law husband on the Welland Estate. He is suffering from a schizo-affective disorder and lacks motivation to go anywhere or do anything.

He was recently admitted following an overdose of his neuroleptic medication, because he said he was feeling depressed. He is not willing to attend The Pines or anything, so we wondered if you would visit him at home and see what you can do with him."

Deborah Cole carried out an Occupational Therapy Assessment on 21.6.93. Her Assessment Notes show that Paul was in bed when she visited and his mother was doing the housework in her nightdress and appeared sober. Her notes included:

"Paul appeared slow in his movements and response to the OT's questions. He responded to humour and relaxed during the assessment but required many questions to be asked, rather than giving detailed/full answers.

Paul seems untroubled by his current lifestyle but would like to go out socially ("for a drink") sometimes. Recent attempts to introduce him to The Pines/Centre 17 have failed as Paul found them "boring", although recognised no more so than watching television."

Her notes also showed that Paul saw his sister and brother on a daily basis but had no other friends. As a result of Deborah Cole's visit, Paul agreed to visit MIND with the OT Assistant, Maggie Lynch in order to establish possible friendships. Maggie Lynch began her weekly visits on 2nd July 1993.

Maggie Lynch was an OT Technician/Assistant, an unqualified post for which no training was required. She did however make detailed notes of her visits which we found most helpful, especially since she had the greatest contact of all with Paul, seeing him on a regular basis until February 1995. We were very impressed by her. She worked under Deborah Cole until Deborah left in September 1993. During that overlap period of some 3 months, she would report back to Deborah Cole on a daily basis and therefore had daily supervision. After Deborah Cole left, nobody replaced her and from then on there was no direct supervision (although Hansa Dayal was accessible if needed) until Martin Pannell came into post about a year later. As Maggie Lynch told us:

> ***"Just after Deborah left, we all moved building as well so we were all new to this building. A lot of the people that I began to work with I didn't know, not client wise but staff wise, and so there was just a lot of new people getting to know each other."***

The move to the new building was to the Lucille van Geest building.

We learnt from Maggie Lynch's first note on 2.7.93 that Paul said that he didn't have any money left, having spent it all on drugs (*"speed"*) and he said that he spent about £20 per week on it and takes the lot in one go. He told her that it made him feel good but that the rest of the week he felt *"bored"*.

This was another example of Paul Smith abusing drugs.

He talked to Maggie Lynch about the arson attack in 1988 and said that he had done it because he was depressed and that he became depressed when bored.

We would like to "flag up" the fact that Paul Smith had not been out and about for several weeks before the killing of John McCluskey because the OT Assistant (OTA) had been on sick leave and therefore he could have become bored and therefore depressed.

Maggie Lynch saw Paul on a weekly basis when she would collect him and would take him either to MIND or out to some activity such as snooker or pitch and putt.

There is an entry on 22.7.93:

> *"Paul's sister with whom I had spoken earlier feels that the environment Paul is living in now is counter-productive and distressing and there is a marked improvement in Paul when he is away from the home situation. When I mentioned Paul's dependence on other people to look after him i.e. cooking, cleaning etc and that he might find things difficult on his own, she said she would help him out."*

Paul's sister clearly played an important role in his life and this early indication from her that she considered his home environment to be detrimental to Paul is of some

significance. We feel this was another missed opportunity to do something about removing Paul from an environment which can only be described as charged with "high expressed emotion" - a very damaging environment for a schizophrenic.

Maggie Lynch told us that initially she would go into the house to collect Paul but increasingly when she arrived there, Kathleen Smith or John McCluskey would have been drinking alcohol and sometimes were verbally aggressive and threatening, so she made alternative arrangements with Paul so that she would just pull up in the car and he would be watching from the window and then come out. He began to spend more and more time at his sister's house because his mother was drinking heavily.

By August Paul was saying that he was enjoying the men's group that he attended at the Pines and would like to continue.

In mid-August Paul was arrested (together with his sister and others) for shoplifting and was charged with three counts of theft, mainly of alcohol. Once again the Probation Service became involved with Paul, this time a Probation Officer called Melanie Ludlam. She had one interview with Paul and also spoke to Dr Bailey and prepared a Report for the Magistrates' Court. That report contained the following Assessment:

> *"I am aware the Court considers the offences to be serious enough for a community sentence. I have confirmed with Dr Bailey that Mr Smith could not be expected to complete a community service order given his current state of health. He is therefore considered to be unsuitable as opposed to unwilling to perform a community service. Furthermore, I am aware that the previous Probation Order was completed only with immense difficulties and achieved little due to Mr Smith's health problems. Paul was given a 12 month Conditional Discharge which meant that the involvement of the Probation Service was no longer necessary."*

This was an opportunity for the psychiatric team to contact the probation service to seek information about Paul's forensic history. No contact was made. It was another opportunity missed when vital information about Paul's background known to the probation service - both in relation to his mental health and his propensity for impulsive and violent behaviour on occasion - could have been made available to those responsible for his psychiatric care.

On 20.8.93 Paul attended a review. The Review Sheet records that Ann Haughton, Maggie Lynch and Sheila Bowen were present. There is no record on the review sheet of any doctor being present at this review, although Anne Haughton's notes of the meeting record that Dr Lana, SHO to Dr Sagovsky was there and a letter was subsequently written to Dr Bailey by Dr Lana which stated:

> *"He has remained fairly well, although he has had some problems with the Police. He was arrested last Monday for shoplifting. He tried to steal alcohol to sell it. He has been taking amphetamines, but nothing for the last three weeks.*

He complained of stiffness in his arms and, in fact, he did look stiff. He is attending The Pines Day Centre on Thursdays, but he shows little motivation to do anything. He exhibits some side effects, such as akathisia, profuse perspiration and stiffness from his neuroleptic medication.

We are planning to reduce his Modecate injection from 50mg every two weeks to 50mgs every three weeks. He will continue with Seroxat, 20mgs daily.

We suggested that he go to MIND once a week, to which he agreed. He will be reviewed again on the 26th November 1993."

Once again there is a reference to Paul abusing drugs, this time amphetamines.

Maggie Lynch's entry for 6.9.93 shows that Paul said that he had not been anywhere or done anything since their last appointment (two weeks earlier) and that he had stayed in bed. He said that he was interested in being referred to the Wednesday Club and the following day Maggie Lynch wrote to Sue O'Halloran, of the East Team Social Services about this (and he attended on 14.10.93).

Maggie Lynch's entry for 20.9.93 records:

"Paul had spent all weekend at home, he says his body and mind are feeling "strange", but puts it down to his medication. When asked to describe "strange" he was unable to do so."

By 19.10.93, Maggie Lynch was recording that Paul's mother said that she had a problem with Paul's personal hygiene, having to remind him to bath and brush his teeth. Paul apparently said that he was too ill to do these things for himself. He was at that time regularly attending the Wednesday Club and the men's group and MIND once a week. He was gradually beginning to establish a routine.

On 20.10.93 Paul was arrested for breaking and entering and arson. He was held at Bridge Street Police Station and Dr Sagovsky and Maggie Lynch went to see him there. Maggie Lynch made the following note:

"Paul said that he had been to the Wednesday Club where he had had a good evening. Afterwards he had gone to his friend Maxine's house where he listened to music. He went home about 11pm where he became very low. He left the house and broke into an empty building which he had broken into a few months previous and then set fire to a cardboard box and waited for the Police to arrive. When asked if he had thought of the consequences that his actions would have, he said he didn't care before but was worried now. When asked why he did it he said he wanted to go to hospital or prison as he didn't like being at home. Ruth Sagovsky spoke with the Charge Officer and Paul's solicitor and all were in agreement that prison would be of no benefit to Paul. It is hoped that Paul would be given conditional bail and will go to hospital for further treatment."

Paul was clearly saying here that he did not want to be at home. We would also just like to "flag up" the fact that Paul here had had a good day before going on to commit an impulsive act. This appears to be an exact parallel to the fatal day of the 7th November 1995 when he killed John McCluskey.

Paul was given conditional bail and was admitted as an informal patient to Ward 4 of the Edith Cavell Hospital under the care of Dr Sagovsky. The Informal Assessment Record shows that Paul said that the reason he set the fire was because he was feeling depressed and hoped to bring himself to the attention of the authorities. He was expecting to go to prison. The plan was to:

> *"Assess Mental State and risk of further anti-social behaviour.*
> *To continue with day care programme at van Geest Centre.*
> *Explore further areas of community support."*

There is no evidence that any attempts were made to explore further areas of community support. In fact there was very soon to be evidence to the contrary.

Despite appearing settled and sociable over the next couple of days, when Maggie Lynch visited him on the Ward on 25.10.93, Paul informed her that he was going home that evening. Maggie Lynch had a long talk to him and Paul apparently agreed to stay in hospital and allow Maggie Lynch to call to take him to the men's group as usual the following day. However, later that day, Paul had a visit from his sister and boyfriend, and discharged himself against medical advice.

Tom Quinn is a Social Worker attached to the Rehabilitation Mental Health Team. We discovered from his file that he had received a telephone call from Maggie Lynch on 25.10.93. His note reads:

> ***" 25.10.93: Maggie Lynch, OT. Rehab, Paul's key worker, spoke to me in the absence of Dr Sagovsky (on leave to 1.11.93)***
> ***Ward 4 reported that Paul's family have been pressing him into returning home, and she is dying to persuade him otherwise. I advised that there was no statutory power we could use, as staff and Dr Lana, SHO, confirmed he was not sectionable.***
>
> ***We acknowledge that the hope was that we could persuade Paul to leave home and be helped find alternative accommodation.***
>
> ***26.10.93: Discussion with Maggie Lynch who felt very disappointed that she had not been able to persuade Paul to remain in hospital, and he had returned home last night (25/10). Maggie has contact with him both individually and in groups, three times weekly, and this will continue. The situation at home can be very distressing for him, but he has to be strong enough to make the break.***
>
> ***2.11.93: Discussion with Dr Sagovsky. This is the pattern of behaviour that Paul adopts. He would be much better away from the family, but needs to see***

that in his own time. Dr Sagovsky is also disappointed and feels that the present level of service from Rehab Team is sufficient to support Paul and social work intervention would not be useful at present"

This appears to have been another occasion when insufficient relevant information about Paul was passed on to a member of the Team.

As a result of his conversation with Dr Sagovsky, Tom Quinn closed Paul's file on 3.11.93.

Here was a golden opportunity missed by both Dr. Sagovsky and Tom Quinn to involve another agency working with the Rehabilitation Team to try to prise Paul away from "the flat from Hell".

Tom Quinn told us that he had known of both John McCluskey and Paul's mother's family, but had never realised that John McCluskey had anything to do with the Smith family let alone lived in the same household as Paul. Had he been aware of this and been given adequate information about Paul's medical, forensic and family history, Tom Quinn told us that he would have carried out a needs assessment before making any decision about whether to close the file.

We are concerned that Dr. Sagovsky's opinion about the usefulness of social workers' involvement could have been expressed only days after Paul had told Dr Sagovsky and Maggie Lynch when they saw him in the Police Station, that he had set the fire because he wanted to go into hospital or prison because he didn't like being at home. Dr Sagovsky also told us in response to our comment that there was no evidence in the records of any attempt to persuade Paul to move away from home:

"Oh, that was very much the remit of the Rehab Team - that we felt that he needed to be away from Mum, and the staff would be trying to persuade him to do that, but I think there's a big issue as to how much you push somebody into doing something that they don't absolutely want to do"

A Discharge Summary was sent by Dr Lana to Dr Bailey on 10.11.93 which said:

"Paul was admitted to The Gables on 21.10.93 as a informal patient from the Police Station. He had set fire to a building the previous night and said he felt very depressed. He complained of feeling stiff and unable to relax, irritable and having difficulty in falling asleep. He expressed suicidal thoughts, but had no suicidal plan ...

He was unkempt, unshaved, co-operative and calm in behaviour. His conversation was normal in rate, he did not appear to be thought disordered. His mood was low and his affect blunt. He was not expressing any delusional ideas or perceptual disturbances. His cognition was intact.

Unfortunately, Paul took his own discharge when his mother came to visit him. This, of course, made it more difficult for us to engage Paul to encourage him to make his own life more independent from his family.

He will continue attending the Day Centre and the Lucille van Geest Centre on Thursday afternoons and is due to be reviewed by the Rehab Team on the 26th November 1993.

I will liaise with our Community Psychiatric Nurse regarding his progress."

The Nursing Notes recorded that it was his sister and brother-in-law who had visited Paul on the 25th, and Dr Lana's letter states that it was his mother. Maggie Lynch's note says that she was told that "his family" had visited him. Whichever it was, it is clear that Paul was greatly influenced by various members of his family, but could be persuaded by others i.e. Maggie Lynch to act appropriately as well. We believe that Paul had little self-assertiveness, and could be easily persuaded by others. We believe that no determined and concerted effort was ever made to persuade Paul to move into alternative accommodation, although with a structured plan and adequate support it may well have been achieved.

Maggie Lynch went to Paul's house with another member of staff on 26.10.93 and took him to the men's group. Paul appeared very interested in joining the new work group and was keen to join as soon as it started the following week. However, when Maggie Lynch went to pick him up on 4.11.93 for the first session, there was no reply at his house. She left a message to say she would call to pick him up the following morning, but in fact she was off sick that day and was unable to do so. When she next went on 9.11.93 to pick him up for the men's group, Paul came out to the car and said that he did not want to attend that week. He did, however, attend the men's group on 15.11.93 but said that he now did not want to join the new work group.

Paul failed to attend his review with the Rehabilitation Team on 26th November 1993. However, the Team consisting of Hansa Dayal, Ann Haughton, Dr Wendy Rawson (Clinical Medical Officer) and Dr Lana met and discussed Paul and Dr Lana subsequently wrote to Dr Bailey, informing him that Paul had not attended the review but that they understood that he had been receiving his Depot injection at home every two weeks, that he was attending the men's group at the Lucille van Geest Centre once a week and MIND once a week, although they needed to fetch him from home and bring him back. He also informed him of Paul's current medication.

Paul continued to attend the men's group and the Wednesday Club and Maggie Lynch recorded at the end of November that he was spending less time at home with his mother, but that he only visited his ex-girlfriend and his sister.

Paul did attend the review held on 25.1.94 which was also attended by Dr Rawson and Maggie Lynch. Maggie Lynch's note states that Dr Rawson has asked Paul to take his

medication as prescribed by his doctor and that Paul had agreed to do this. There is no such note on the Review Sheet filled in by Dr Rawson.

Maggie Lynch's note looks as though Paul had not been entirely compliant with his medication yet again.

Maggie Lynch noted on 25.3.94 after she and Paul had been to MIND, had a coffee and a game of snooker, that Paul had told her that his mother had been drinking heavily and it was just beginning to bother him. He said that he gets "fed up" with his mother's drinking. Maggie Lynch suggested that he spent more time out of the home and he said he would try to do this.

Paul's uncle died suddenly at the end of March and Paul attended his funeral.

On 12.4.94 Paul again said that he was beginning to tire of his mother's drinking sprees and the usual outcome of them. However, three days later there is an entry that Paul appeared to have reverted to his acceptance of his home life and sees it as "the norm". Paul was also introduced to Jane Harding, the new Community OT Technician. On four occasions in April and May 1994, Jane Harding replaced Maggie Lynch accompanying Paul to MIND where he played snooker and to the Lucille van Geest Centre for the men's group.

On 14.4.94 Maggie Lynch wrote the following letter to Ian Clitheroe, a Social Worker at Little Gables:

> *"I have been working with a client of mine named Paul Smith for about 12 months now. I feel that he is ready to be discharged from the O.T. service, but he would need the support of a mental health support worker, to enable him to continue with his activities. These are his once weekly participation in the mens group here at the Lucille van Geest Centre and his once weekly visit to Mind. Paul is unable through lack of motivation to attend these sessions under his own steam, and so would need picking up and dropping off twice a week. It would be most helpful if he could be referred to one of your mental health support workers."*

There is no reply to this letter in the records and it appears never to have been followed up. Paul was not discharged from the O.T. service and they continued their involvement with Paul throughout.

On 3.5.94 Jane Harding went to pick Paul up from his home in order to take him to the van Geest Centre but Paul informed her that his sister Ann had been murdered on the previous Sunday by her boyfriend who had later committed suicide. Jane Harding asked him if he would prefer to stay at home but he chose to go to the Centre where he apparently appeared normal during the group session. He told Jane Harding that he would miss his sister as he spent most afternoons with her, but that he would not be going to the funeral.

On 6.5.94 Jane Harding took Paul to Mind and he told her that he was very upset about his sister but that his brother now was taking him out every afternoon. He said that the doctor had had to visit his mother who had been drinking heavily for three days. He said that despite pressure from his brother to attend his sister's funeral, he would definitely not be going, as he had felt "paranoid" at his uncle's funeral.

Maggie Lynch returned from holiday and was informed of Paul's bereavement and the fact that he was failing to attend the group sessions despite staff visiting him at home and offering him additional support. She called to see Paul on 22.5.94 but there was no reply and she left a note to say that she was going to pick him up in the morning of 24.5.94 to take him to the men's group.

Paul failed to attend the review planned for 23.5.94 which was attended by Dr Sagovsky, Dr Wicks, Maggie Lynch, Sheila Bowen and Ann Haughton. His sister's murder was reported and the fact that Paul appeared to be coping very well despite his loss.

Dr Sagovsky informed us that she remembers having a discussion with Paul about his sister's death and that she believed that he actually turned up late at the Centre on the day of the review and that that was when she saw him. She did not however make any note of this discussion in the notes.

Following his sister's death Paul stayed for a while at his brother's home. On 24.5.94 Maggie Lynch went with a Nurse to give Paul his Depot injection. Paul was at his brother's house listening to music and appeared well. When Maggie Lynch gave Paul her sympathies, he accepted them "very lightly" and proceeded to ask her if she had had a good holiday.

During June and July there were several times when Paul failed to attend and he told Maggie Lynch that it was because he was having difficulty getting up in the mornings. She however recorded that there appeared to be little change in Paul and that he says that he has quite come to terms with his sister's death.

Ann's death must have had a significant effect on Paul given how close they were, although everyone appears to have accepted Paul's word that he was coping.

In July there was a query regarding what medication Paul was on and Dr Sagovsky asked Maggie to look into this as Dr Bailey was responsible for prescribing Paul's drugs. Paul however was not there when Maggie Lynch called and she left a note with a further appointment and a reminder of the review on 19.7.94, asking Paul to bring any medication he was currently taking.

Paul was not there when Maggie Lynch went to collect him for his review on 19.7.94. Dr Rawson wrote to inform Dr Bailey that he had not attended and said:

> *"Maggie Lynch, OT helper, continues to visit him at home and although he is often a little elusive she reports that his mental state remains quite stable.*
> *We will attempt to hold a further review on the 23rd August 1994".*

Paul once again failed to attend his review at the Lucille van Geest Centre on 23.8.94 and a further review was fixed for 1.11.94.

Dr Rawson left the Rehabilitation Team in September 1994 and Dr Sagovsky took on a Senior Registrar, Dr Ian Collins, who became responsible for those patients that Dr Rawson had been seeing, although overall responsibility remained with Dr Sagovsky.

Throughout September 1994 Paul continued to fail to attend and the CPN had to go out to give him his Depot medication. There was in fact a four week gap in the administration of his Depot injection between 31.8.94 and 28.9.94. He should have received it every two weeks.

On 8.10.94 Jane Harding and Maggie Lynch visited Paul. He informed them that he now had a girlfriend and spent most of his time at her house and would now like to be contacted at her address. Jane Harding's note of that day records:

> *"Paul told us that his head has been feeling "fuzzy", and he also loses the feeling in his arms intermittently ... Paul also stated that he experiences an unusual sensation in his head, that he believes relates to glue sniffing he has done in the past. ..."*

We were told that at that time the OT notes were kept separately from the clinical notes. (They have since been integrated). We were also told that the OT notes would not be read by any of the doctors until the date before any review, although they could be accessed by any member of staff at any time. As Paul was not attending reviews and did not attend a review until August 1995, it is unlikely that any of the Doctors read these comments, which they might have found of some significance. Maggie Lynch also told us that there was a 4 o'clock meeting every afternoon where the OTs and CPNs could discuss anything that had happened that day.

In October 1994 a Senior Registrar, Dr Ian Collins, came to work with Dr Sagovsky in the Rehabilitation Service and Dr Rawson left. This was the first Senior Registrar that Dr Sagovsky had had. She told us:

> *"It was a new venture for me - it was the first Senior Registrar I had had and I was quite cautious about letting him have too much responsibility. But he was older than the run of the mill Senior Registrars and felt quite confident that he ought to be learning to make his own mistakes and so it was agreed that he would consistently follow through a number of patients at review and if they needed help in between times then we would have a system of supervision."*

Paul was one of those patients delegated to Dr Collins.

When we asked Dr Sagovsky why Paul was one of those patients put on Dr Collins' list when he had not attended for his last few reviews, she told us:

".. Paul was giving no anxiety. Within a service that was at that stage catering for 230 people Paul was one of the ones that gave us very little cause for concern. He was having regular inputs at home, he was having regular contact with the CPN ... they all reported back regularly. The building that we are in, all the offices in Rehab. were on one corridor so there is a lot of toing and froing of information across the corridor. So I wasn't concerned about Paul. All of the reports about Paul were that he was fine and settled. He would come up to the Day Hospital and I would have a chat with him and it was obvious he was OK and improving."

It is true that towards the end of November, Maggie Lynch's notes record that Paul was starting to attend the men's group more regularly and that he remained well, but after a couple of attendances, he failed to attend throughout the whole of December.

Paul also failed to attend two reviews with Dr Collins in November 1994. After the first on 1.11.94, Dr Collins wrote to Dr Bailey to inform him of Paul's failure to attend and that a further appointment had been arranged for 8.11.94. When Paul failed to attend on 8.11.94, Dr Collins wrote to Dr Bailey:

"This is just to let you know that your patient again failed to attend for review at the Lucille van Geest Centre this morning and that our attempts to trace him have failed. There is a rumour that he is currently in prison!"

During the eleven months that Dr Collins was with the Rehabilitation Unit, not only the patients failed to turn up for reviews. He was seen by Dr Sagovsky and the rest of the team as a "medical modellist" who dealt with everything on the basis of medication. Dr Sagovsky told us:

"... as his eleven month placement went on .. the reviews he was involved in were not really working very well. Staff were reluctant to go to them basically because they felt they were just getting a medical snapshot of what was going on and a change of medication. .. We had a system of reviews where patients were being booked in and I began to notice that when I looked at the diary my slots were planned full and Dr Collins's were half empty. People kept coming up to me to say can we fit somebody in for a review."

Dr Collins was extremely honest with us as well, acknowledging that he was aware how he was viewed by the other staff and that members of the Rehabilitation Team often did not turn up for his reviews (although he told us that he believed the majority of the patients did). Of the Rehabilitation Staff he told us:

"Initially, I would say that maybe one or two people would turn up. Occasionally, it was a lot more but it was usually one or two. They were rarely known to the patient. No. That's not fair. They were sometimes known to the patient, not always. They were rarely the Key Worker to start off with I would

say and I was sufficiently concerned about this to discuss it with Dr Sagovsky and I actually set up a little audit project."

When asked how useful he felt the review could be without the Key Worker present, Dr Collins told us:

> ***"Again I think it depended a little bit on the problem. If the problem was a simple medical one, then it wasn't ideal but I think I felt reasonably confident that we could do something useful. But that was rarely the case, of course, because by their very nature most of the cases we dealt with were very complex and long-standing and had many different aspects to consider and, therefore, if there wasn't someone who knew the patient well .. I would say that's almost more important than the Key Worker actually .. if the Key Worker knew the patient well and wasn't there then Yes, clearly I think the meetings wouldn't be that helpful sometimes."***

We have some considerable sympathy for Dr Collins who found himself an "outsider" in a close-knit unit where there was an established way of dealing with things which was unfamiliar to his training and background. Had he been given more support and guidance by way of proper clinical supervision, this unfortunate situation where reviews were not regularly taking place might not have arisen.

Paul failed to attend a further review with Dr Collins on 10.1.95, but Maggie Lynch's note for 12.1.95 was that Paul appeared to be regaining interest in attending the Lucille van Geest Centre and MIND. Her entry for that day also records:

> *"Paul's home life has been quite disturbed recently because of the difficult relationship Paul's mother maintains with her boyfriend. Paul claims he feels unaffected by this, but spends most of his time at his brother's house or his girl friend's house."*

In February 1995, Paul moved with his mother from the Welland Estate to a Council flat in Eastfield. We understand that a transfer was requested because of the association between the death of Ann and the Welland Estate.

On 14.2.95 he once again failed to attend a review with Dr Collins.

In March 1995, Maggie Lynch's involvement with Paul came to an end. Jane Harding, who was also an OT Assistant/Technician took over. Her first entry on 29.3.95 states:

> *"Visited Paul at home. The flat had been damaged by John, Paul's stepfather, who had been arguing with Paul's mother. They had both been drinking heavily. Paul said that he spent a great deal of time at his brother's family now to get away from home. I brought Paul into LVG for his Depot injection and for contact group."*

On her next visit a week later Jane Harding took Paul to MIND and he told her that the situation at home had improved as John and his mother had run out of money, so had now sobered up. Her note of that visit also records:

> *"Paul said that he had bought some flowers for his sister's grave, as it would have been her birthday. He said he still found it hard to accept her death."*

This for us was a significant entry as a year earlier when his sister was murdered he had refused to go to her funeral and appeared not to be particularly disturbed by her death. The contrast struck us quite forcibly, but of course a change in the member of staff visiting Paul may well have meant that the contrast did not have the same significance. Very properly Jane Harding had ended that note on the basis that she would continue to visit Paul on a weekly basis to offer support.

By the following week on 10.4.95, Jane Harding was recording Paul's relationship with his girl friend had broken up and he was spending a great deal of time at his brother's home.

In all Jane Harding visited Paul on four occasions before she left the Rehabilitation Service towards the end of May. During her involvement with him, she took him to MIND and played pool with him. She handed over to another OT Assistant, Annette Power, who accompanied her to her final visit before taking over on her own.

Until 1994, Annette Power had been bringing up her children. In February 1994 she had begun work at the Gloucester Centre working with the physically and mentally handicapped. In about May 1994 she was asked to help out at the van Geest Centre on a temporary basis because they were short-staffed. This was meant to be for 3 months, helping in a Work Group for three days a week (she worked the other two at the Gloucester Centre). After the end of the 3 month period, she was asked if she would stay on and she did. She continued helping in the Work Groups.

As far as Annette Power can remember, Paul Smith was the first patient she had ever worked with on a one-to-one basis. She was, however, made his Care Co-Ordinator from the start.
She was told very little about Paul before she took over. She knew he had been in prison for arson and that her role was to try to engage him in social activities to get him out of the house.

We wish to make it clear that, despite her inexperience, Annette Power did an extremely good job with Paul and he clearly looked forward to her visits. Indeed his face lit up when we mentioned her name to him.

However, we must also express our concern that at the time that Annette Power began her involvement with Paul Smith, he had not been seen by any member of the medical staff for a year, and Annette, as those OTs before her, was given very little background information about Paul and no directions on what to look for in the way of symptoms or signs. Paul had an extremely serious forensic and psychiatric history

and had not been reviewed by any doctor for a considerable period of time. When Dr Sagovsky was asked about the lack of medical review she told us:

> ***"I think that it is important that the GP was seeing him. It isn't as if Paul was without medical attention. Dr Bailey would have been on the phone to us if there had been any problems. Three hours per week staff were going in, who were trained to spot if anything was going on, and in fact would probably be better at it than I was because they were seeing Paul so regularly that they would be aware of immediate changes."***

As far as the OT Assistants were concerned, they were not "trained to spot if anything was going on", and there had been three different members of the team visiting Paul in 1995. As far as the CPNs were concerned, there had again been a change of personnel in May 1995 when Tricia Barnes became responsible for giving Paul his Depot injection. Until May 1995 Tricia Barnes had been a Staff Nurse on the Psychiatric Ward. One of the CPNs was going on a course from May until September, and Tricia Barnes was drafted in to cover for her. This was her first position within the CPN Service. She was also told very little about Paul before she began visiting him. She told us that she knew his diagnosis but not about his past hospital admissions or medical history. When we asked her how she would, therefore, know what to recognise and what to look for she told us:

> ***"I suppose I would be relying on my instinct as much as anything. He always seemed well, never displayed any classic symptoms of being unwell."***

Tricia Barnes visited Paul between May and September, going to the flat every fortnight at about 8.30 in the morning when Paul was usually in bed and often asleep when she arrived. When we asked her what training or preparation she was given before she started to work in the community she answered:

> ***"We had gone out from the Ward if people had been discharged or starting to live out, stay over for a few nights. I would go out and visit or take them there, whatever. So I had started to do community stuff, other than that not a lot, but I feel that my remit was to be there as a Nurse because it seemed like that, all the Depots that needed to be done, that sort of thing."***

As far as Dr Bailey was concerned he did not share the Rehabilitation Service's view that Paul had improved dramatically between 1993 and 1995. He described him as follows:

> ***"Very flat in mood and that was the case both before he was taking the medication and continued afterwards. I think he was quite a profoundly depressed man - he asked me on more than one occasion if I could give him an injection to kill him ..."***

When we asked him whether he had seen any great change over the 2-3 year period he answered:

"Once or twice when you said something he would smile or laugh. As I said he continued to be profoundly unhappy."

Unfortunately, Dr Bailey was never asked by the Rehabilitation Team for his opinion on Paul's state of health or invited to attend review meetings, and Dr Sagovsky confirmed to us that she was totally unaware that Paul had repeatedly asked Dr Bailey for an injection to kill him. Indeed, when we visited Paul at Heron Lodge, his desire for a way to kill himself was still a recurrent theme.

Annette Power began to take Paul out from the end of May 1995, taking him to MIND where he played pool, taking him to the bowling alley and to the cinema. He began to take more care with his personal appearance and his mother told us that he was always washed and dressed, sitting waiting for her to arrive.

On 21.6.95, part of Annette Power's entry states:

"Paul said that he had been giving his medication away. Tricia Barnes going round to look at his medication."

This was perhaps another indication that Paul was not as compliant with his medication as the doctors believed.

On 14.8.95 Paul actually attended a review with Dr Collins. Despite Annette Power being his Care Co-Ordinator she did not attend as reviews were held on a Friday, which was not a day that she worked at the van Geest Centre. Mrs. Barnes did however attend.

Dr Collins told us that he knew nothing at all about Paul Smith prior to meeting him for the first time at this review. He told us:

"He was a person who was going to be turning up. Normally, one would conduct the review with another member of the team but, as you may have gathered, they weren't always able to attend and it was my practice wherever possible to meet with them beforehand for 5 or 10 minutes and try to find out something about the individual concerned. ... Although it wasn't always the case, of course, in some of these reviews that the Occupational Therapist or the OT Helper actually knew anything about the patient at all. But on this particular occasion, I think the person who was there would tell me about his background and I would have had access to the case notes which I would have read beforehand, but only immediately beforehand."

Dr Collins told us that his first port of call would be the other team member present at the review, otherwise he would rely on the notes for any previous review (**of course there hadn't been any for over a year**).

Following the review, Dr Collins wrote to Dr Bailey:

"Your patient was reviewed by the van Geest Centre Team this morning. Mr. Smith states that he feels absolutely fine - there seems to have been no overall shift in his mental state."

Problems Identified

He refuses to attend any van Geest Centre activities. There is evidence that he abuses Procyclidine and/or supplied this drug to others. He describes a variety of "side-effects" which he claims justify his high intake of Procyclidine - I recognise none of these as extra pyramidal side-effects.

... It is difficult to see how we can be of further assistance to Mr. Smith given his reluctance to become involved in our services. He will continue to be supported by his Key Worker and will be reviewed again in February 1996."

There was in fact no key worker. We were told that the Care Co-ordinator was an administrative role.

On 6.9.95, Annette Power recorded:

"Took Paul to the pictures today. He was quite uptight due to the fact that his family and him might be evicted from their property."

On 13.9.95, Annette recorded that Paul was a lot more relaxed as he was not going to be evicted as long as the noise level in the flat was kept down.

We heard evidence from Mr. Manji, Senior Housing Officer employed by Peterborough City Council. He told us that there had been various complaints from neighbours about the drunken behaviour and noise at the flat, mainly caused by John McCluskey and his drinking partners. The complaints had begun soon after they moved in at the beginning of February 1995. As a result of the complaints and damage to the outer front door of the block of flats in August 1995, there was a case conference on 18.8.95 attended by three residents, Mr. Manji and other agency workers. Subsequently a Notice seeking possession of the property was served on 24.8.95. Mr. Manji told us that he personally handed the Notice to Paul when he went to serve the Notice. On 18.9.95 Kathleen Smith turned up at the Area Office saying that John McCluskey was in the flat smashing the windows and that he had attacked her. Mr. Manji told her not to return to the flat and he called the Police. Mrs. Smith was joined by Paul and they waited at the Housing Office until the Police arrested John McCluskey.

This event was in fact only five days after Annette Power's record that Paul was a lot more relaxed about the question of eviction. Annette did not see Paul again until 7.11.95 (the day of the killing) as she was on sick leave, and would therefore not have been aware of this incident and its repercussions.

On 5.10.95, Mr. Manji had a meeting with Mrs. Smith and Paul at his office. He explained that the complaints were continuing and reports had been made that John McCluskey was

visiting the premises more regularly (John McCluskey still retained his own flat and also earlier in 1995 had been persuaded by his sisters to return to live with his mother for a while). Mr. Manji expressed his concern that this would cause an escalation in the disturbances and that as a consequence the Council would seek to repossess her home. Mr. Manji confirmed to us that, contrary to the impression that Paul had given Annette Power on 13.9.95, at that meeting with him on 5.10.95 Paul and his mother had got the clear impression that if the problems continued, then the next step would be Court action, and there was a real danger that they might be evicted. Mr. Manji told us that he had never had any problems with Paul at all and he had described him in his statement which he made to the Police following John McCluskey's death as "*the most level headed of the three of them*".

We asked Mr. Manji and Mr. Redshaw, Principal Contract Monitoring Officer in the Housing Department (who had accompanied Mr Manji), what the housing situation might have been for Paul had he been evicted. Mr. Redshaw told us that had Paul made an application to them as a single person, there would have been a very good chance of housing him as they had a good supply of single person's accommodation in the area. They also told us that Paul's medical history might also have increased his priority rating, had they known about it. However, they had no idea of his psychiatric background, and they confirmed to us that they had received no approach on behalf of Paul from either the Psychiatric Services or Social Services in order to re-accommodate him. Dr Bailey had shown us a letter dated 31.8.95 that he had written to the Housing Department on behalf of Paul and his mother. It read:

> "*Mrs. Smith came to see me yesterday in a state of great concern at the possibility that she and her son may be evicted from their present accommodation. I understand that several complaints have been made regarding noise and general disturbances at the property.*
>
> *Mrs. Smith told me that the disturbance was mainly from two individuals who do not officially live at the property and whom she had tried to keep away, with little success.*
>
> *My concern if Mrs. Smith and her son are evicted from their property would be particularly for Mr. Paul Smith who suffers from mental illness and for whom a stable environment is important. If steps are indeed being taken to evict this family then I would request that I should be contacted as soon as possible.* "

Mr. Manji and Mr. Redshaw told us that they had never received that letter and indeed they searched the file which they had with them and it was not there. Mr. Manji told us that he would definitely have recollected it if he had seen it.

We found it interesting that Dr Bailey had taken it upon himself to contact the Housing Department when the threat of eviction was causing concern to Paul and his mother, whereas the Rehabilitation Team did not, despite everyone, including Dr Sagovsky, being fully aware of Paul's concerns about the possibility that he would be evicted. This may well have been yet another opportunity for the Rehabilitation

Team to try to accommodate Paul away from his mother with the help of the Housing Department. If single accommodation was not considered to be suitable for Paul in his state of health, then we know from Dr Sagovsky that a Group Home would have been available for Paul had he wanted to go there.

Unfortunately, around this time Annette Power was unwell and on sick leave and did not visit Paul again after the visit on 13.9.95. At exactly the same time there was yet another change of Nurse visiting Paul to give him his Depot injection, as Tricia Barnes went on leave in September. On 26.9.95 his injection was given to him by Linda Vaughan who had been the Deputy Sister at the van Geest Centre for some 4 years prior to September 1995 when she went full-time into the Day Centre/Community. She told us that she had not met Paul before she visited on that occasion. She talked to Paul about the implications of the change of staff as she was aware that he had had quite a few different staff over the last year. Linda Vaughan also discussed with Paul the fact that without Annette being around he was missing out on some of the contact activities and might benefit from attending the Day Centre. After this visit, Paul did in fact visit the van Geest Centre for the first time in 1995 and sat and chatted with the staff.

The next two fortnightly Depot injections were given by yet another Nurse, Ilona Law. She then went away and Linda Vaughan was due to give Paul his injection on 7.11.95.

This must have been a fairly destabling period for Paul, with several changes of personnel dealing with him over a fairly short space of time. None of the psychiatric nurses involved with Paul in 1995 had any real chance to get to know him. The longest involvement was that of Tricia Barnes who visited on a fortnightly basis between May and September. None of the Nurses were specifically trained for the role of CPN (e.g. English National Board 812 Course). This is not meant as any criticism of them, merely of the system. The only other person involved with Paul from May 1995 onwards was Annette Power, who although she did a wonderful job with Paul in the few months that she was involved with him, was completely inexperienced in a "one-to-one" role. These were the members of the Rehabilitation Team who were the "eyes and ears" of the doctors.

On 7.11.95, Linda Vaughan went to Paul's house to give him his injection, but he was not there. When she returned to the van Geest Centre later, she in fact found him there and gave him his injection. This was only the second time that Paul had visited the Centre that year.

He had gone to the van Geest Centre to see if Annette was back and when she was going to start taking him out again. Prior to going to the Centre he had gone to visit a friend of his sister's called Ricky, who was in a Group Home. He told us that he suggested to Ricky that he might be moving in to the Group Home himself because the Council was in the process of evicting him and his mother from the flat. He went to speak to Ricky to seek his advice on how to obtain a Hostel place and Ricky gave him the name of some man to contact.

We feel that Paul making enquiries about alternative accommodation on the very day that he killed John McCluskey has some significance. Given that he told us that he

would not have contemplated moving out of home unless he was evicted, we have to assume that the threat of eviction was very real for Paul on that day. John McCluskey's behaviour was of course very much a cause of that threat.

After he had been to see Ricky, Paul went to the van Geest Centre and he spent most of the day there. Annette Power came into the Centre to take the Contact Group at about 10.30 am and found Paul sitting there. This was her first day back after being off sick. When she walked in, he was listening to his personal stereo. Annette Power talked to Paul for a while and then continued to supervise the Contact Group. She told us that Paul was actually interacting with everyone very well in the Group that day, talking to quite a few people. He seemed relaxed and well to everyone who saw him that day, and of course he had his Depot injection given to him by Linda Vaughan at the Centre. He stayed most of the day, leaving between about 4 and 5 o'clock in the afternoon.

As on 20.10.93 when Paul had had a "good day" prior to being arrested for breaking into a building and starting a fire, Paul appears to have had an enjoyable and relaxing day before killing John McCluskey.

He returned to the flat and found his mother there alone, who made him a cheese sandwich. He then went to his room and smoked a cannabis joint. Paul went to the corner shop near the flat and bought 20 cigarettes and two cans of Special Brew which were for his mother. Mr. Patel, the shop proprietor, in his Statement to the Police said:

> *"Paul was always a very quiet man and I never saw him being aggressive or violent towards John or Kathy."*

Paul then went back to his room where he smoked another joint of cannabis. He then returned to the corner shop and bought another two cans of Special Brew for his mother and some more cigarettes, again on credit. Shortly afterwards John McCluskey returned to the flat with two friends, Sean and Lee, and began an argument with Kathleen, trying to get the can of beer from her. Paul and John then started to argue and Lee and Sean bundled John out of the flat. Paul's mother followed them. A short time later John McCluskey's nephew turned up at the flat and Paul went for a walk down the road to see if he could find John and his mother. They had gone to the corner shop and purchased two more cans of Special Brew and they then all returned to the flat.

Some time after their return, Paul and John started arguing again. While they had been in the flat earlier, one of John McCluskey's friends had been ironing a pair of trousers and the iron was still on the living room floor. Paul picked up the iron and he apparently hit John several times on the head with it. John McCluskey fell to the floor and Paul apparently stamped on his head and kicked him in the face several times. In one of the Statements he made to the Police following his arrest, Paul said:

> *"I then went back to my room and about 5 minutes later my Mum and John came in my room and I told John to get out of my room, because he is not allowed in my room if we are arguing, he knows that, but he wouldn't leave so I attacked him again, and I stamped on his face."*

John McCluskey was by this time unconscious and Paul returned once more to his room. Some time thereafter, his mother asked Paul to help her to get John McCluskey onto her bed so Paul lifted him up and put him on his mother's bed and he then went back to bed and to sleep.

At about 4 am, Paul was woken by his mother saying that John McCluskey was dead. When the neighbours refused to call 999, Paul went out to a public telephone box and called the Police and the Ambulance Service. The Police came and arrested Paul.

Paul has never given a reason for what he did to John McCluskey that night, other than to say that John had been abusive to him, and that he should not have come to his room. Kathleen Smith, Paul's mother, told us that for some time John McCluskey had been taunting Paul, implying that Paul was having an incestuous relationship with his mother. She told us that although she never heard John say it that night, she feels that he must have said something like that for Paul to have reacted that way. When we asked Paul, he confirmed that John McCluskey did have a habit of taunting him in that way but said that he could not remember if he had done so on the night he died. He refused to discuss the topic of the taunts any further with us. However, in his Statement to the Police made two days after the murder, Sean McAuley (who had been at the flat with his friend Lee on the night John McCluskey died) said:

> *"Then Paul and John began to argue. Over nothing really. John said something like `Paul was Kathy's real husband' and Paul shouted to John that he was always picking an argument after he had had a drink and that he had had enough of it.'*
>
> *The arguing was getting out of hand although no blows were exchanged. They were all three just shouting at each other. I took hold of John by his waist and pulled him away and out of the flat."*

Paul was charged with the murder of John McCluskey and at first wanted to plead guilty. However, his solicitors were aware of his psychiatric history and a plea of not guilty was entered.

When Paul was interviewed by the Police the day after the killing, he talked to them about the medication he was on. He said:

> *"They take away the paranoia and they sort my mind out and stop me being confused and they take the funny feelings in my body away as well ...*
>
> *I have been ill this last week - I've had these strange feelings coming back again. I used to wake up in the morning feeling ill, but once I took my tablets within half an hour I was all right again ... The week before I had flu and my Mum and John they wouldn't close the windows in the flat, because they drink and they needed plenty of fresh air, so I had flu 2 weeks ago. I tried to keep warm, as warm as I could in the flat, and the week after I felt - my mind started playing up a bit, but I haven't been too bad."*

Having heard all the witnesses, including the expert evidence of three Psychiatrists, Dr Hadrian Ball and Dr Margaret Orr (called by the Defence) and Dr Alexander Shubsachs (called by the Prosecution) the Judge summed up to the Jury on the basis that they could find Paul guilty of murder if they decided that he intended to murder John McCluskey; that they could bring in a verdict of manslaughter if they decided that provocation was the cause of the killing; or they could bring in a verdict of manslaughter on the grounds of diminished responsibility if they felt that Paul was suffering from an abnormality of mind or substantially impaired responsibility at the time of the killing.

The Jury returned a verdict of manslaughter on the grounds of diminished responsibility and Paul was later transferred to a medium secure unit, where he has remained under the care of Dr Hadrian Ball. Both Dr Orr and Dr Ball told us when we talked to them that the Jury had been greatly swayed by the fact that in one of the most tense moments of the trial, when one of the Doctors was giving evidence and the questioning was becoming more and more antagonistic, Paul lay back and went fast asleep. Dr Ball told us that that had had "*quite a profound effect*" upon the Jury.

When we spoke to Dr Ball at the Norvic Clinic when we went to visit Paul, he summarised his opinion of Paul's illness as follows:

> "*I think he developed schizophrenia in his late teenage years. The features of this at first were not readily apparent and it is not surprising that he initially attracted a diagnosis of personality disorder. He was certainly exhibiting positive features of psychosis when he came out of prison in 1992 and was detained under the civil powers of the Act. Diagnosis then of schizo-affective disorder which I wouldn't actually agree with. I think he had schizophrenia then. I am not so sure that it is necessarily that important with regards to the final events. He was being looked after in the community. I think patients like him are looked after in the community today. I don't think there were, based on what I have seen, I don't think there were any indications to suggest that he should have been in hospital in the time before the killing took place, and I don't think that one could really could have predicted that he would have killed. I don't think you could have predicted that.*"

COMMENTARY AND ANALYSIS

Once again we would wish to emphasise that we have been able to review this case with the benefit of hindsight and have had a wealth of information and documentation to assist us in evaluating the evidence, some of which (rightly or wrongly) was not available to those responsible for the care and treatment of Paul Smith in the three years prior to the death of John McCluskey. We have also had the great advantage of hearing oral evidence from a wide range of witnesses, and with each witness we could fit another piece of the jigsaw puzzle into place.

From our vantage point we have been able to identify several matters which have concerned us. We are mindful that our criticisms may upset some individuals, but we have a duty to perform and we hope that our comments will be taken constructively.

We would wish to remind everyone that no-one other than Paul Smith was responsible for the death of John McCluskey.

The concerns that we raise in this section of our Report are meant to highlight those areas which need attention and improvement in an attempt to prevent such tragedies happening again.

We are aware that Paul was being cared for against a background of great upheaval within the Trust. We are also aware that considerable steps forward have been made since the tragic incident in 1995.

When Dr Sagovsky was appointed in 1990, she was appointed to undertake half her sessions in acute psychiatry and half in rehabilitation. There was a Day Centre used by all the Consultants, but no-one was really running it, and so she took it over and started to develop it as a rehabilitation facility. When Paul was first referred to the Rehabilitation Service at the beginning of 1993, it was to all intents and purposes still hospital based. Paul did not like going up to the hospital and the staff were reluctant to visit him at home because they were intimidated by John McCluskey and Kathleen Smith.

From 1993, Dr Sagovsky had a Clinical Medical Officer, Dr Wendy Rawson, who shared the medical input into the multi-disciplinary reviews. In October 1993 the new Lucille van Geest Centre was opened and became the base for the Rehabilitation Team.

We visited the Lucille van Geest Centre and were very impressed by the building, its facilities and the staff who work there. However, we feel that during the time that the Service was involved with Paul Smith, we could identify that the non-medical staff working with him were good but inexperienced individuals working within a framework which had too informal a structure, and therefore had the potential to be unsafe. We were told by Cliff Riordan (Senior Clinical Nurse, Psychiatric Rehabilitation Service):

> "*Certainly at that time or prior to that we went through a difficult period where we had a number of staff who were leaving the Service and I think the Trust as a whole in terms of the mental health service, where we were trying to establish*

community health teams and members of staff were moving across teams. I lost three of my staff all on the same day, basically they were all appointed and moved out of the Service, two of them were working in the Day Centre and one of them was part-time in the Day Centre, so that was quite a dramatic change if you like. We appointed new people to start on the same day, so that was quite difficult. Also during the same period we were also sectoring patients, so lots of patients were being moved between Consultants because of the nature of the change that was taking place (this was in preparation for the Community Mental Health Teams), and at the same time we had a geographical sector determined by the address of the GP, not necessarily where the person lived. This would have been the period through the summer of 1995. Basically they became operational on 1st October 1995. That also involved Dr Sagovsky moving from what had previously been working part-time in acute and part-time in Rehab. At that time she gave up her acute work and obviously that group of patients were distributed as well, so there was quite a lot of change taking place."

We would like to pay tribute to Cliff Riordan and Martin Pannell (Head Occupational Therapist, Psychiatric Rehabilitation Service), who together with Dr Sagovsky have pulled the Rehabilitation Service into a cohesive whole. It is evident that the Rehabilitation Service has made attempts to introduce changes, improving standards of co-ordination and formalising key issues such as supervision and record keeping.

Christine Green, Chief Executive of the Trust, told us that she accepted that the CPA is not at all well developed in Peterborough.

However we acknowledge that there have been changes in organisation and Management structure as well as changes in policy and service development. We hope it will be apparent from our recommendations where we feel deficiencies remain.

We also commend Stuart Hatton, appointed last year as the Director of Mental Health and Learning Disability Services, for his admirable work in the much needed reorganisation of the Management Structure for Mental Health Services following what Christine Green described to us as "a fairly clean sweep" at middle management level in the Mental Health Services.

When Dr Kilgour referred Paul to the Rehabilitation Service in January 1993 he felt Paul was seriously unwell, that he came from a very dysfunctional family and he expected that the Rehabilitation Team would engage with the family so as to benefit Paul's on-going rehabilitation.

We are concerned that Dr Sagovsky did not see Paul at an early stage following the referral, carry out an assessment of his needs and the risks he posed to himself and others, and formulate a detailed Care Plan for him. Nor was there any engagement with the family, especially addressing with them the concerns she had about his home environment. By the time she first saw him in the latter part of May, he was already back in hospital, having refused his Depot injection for over a month and having taken an overdose of his

oral medication. According to the records, the only review at which Dr Sagovsky was present and Paul attended was on 28.5.93, nine days after he discharged himself from hospital. Dr Sagovsky was at a review a year later in May 1994, but the written record shows that Paul did not attend that review. However, Dr Sagovsky has assured us that she remembers Paul turning up after the review and talking to her about his sister's recent murder. Other than on those two occasions, Dr Sagovsky's contact with Paul was on an infrequent and informal basis, when she might have a chat with him in passing or over a cup of coffee whilst he was up at the van Geest Centre. We find it worrying that she was not aware that Paul had not in fact attended any review (and therefore had not been seen by any Psychiatrist) for a 15 month period between May 1994 and August 1995.

We acknowledge that the review system has been completely re-organised since November 1995 and we are confident that such a situation is much less likely to happen now.

As we said in the Introduction, we are very aware that there is a loyal and dedicated team working in the Rehabilitation Unit. Among Dr Sagovsky's qualities is that she is a warm and informal person and it is clear that her staff are extremely loyal to her. However, we feel that we must comment that it was perhaps this very informality which pervaded the Rehabilitation Team in 1993 to 1995 which was responsible for what we believe was the Team losing sight of the key issues and objectives in relation to Paul.

We were told that the issue of accommodation for Paul away from his mother was given a high priority by the Team - indeed on a CP1 Form (Care Programme Form) filled in on 5.11.93 following Paul's second admission to hospital that year, the section "Area of Concern" was filled in as follows:

> "*? Need for alternative residence. High EE (expressed emotion) at home*"

We find it hard to understand how such a clearly defined area of concern could have been highlighted only three days after Dr Sagovsky had told Tom Quinn that the intervention of Social Services was not necessary.

We accept that Paul told us that he would only have considered moving out of home if he was in fact evicted, but we believe that Paul was quite malleable and might well have been persuaded to have moved away from home, especially since there were several occasions throughout the previous year where he had been clearly saying that he did not want to live at home.

When we asked Dr Sagovsky whether she felt that anything could have been done which might have prevented the tragic outcome she told us:

> "*I can assure you that it wasn't from lack of thought. When I first had contact with Paul after the first visit home I had difficulty getting staff to go into the home. It became evident that mother had no desire to work with anybody or to see anybody and I think the CPNs will tell you that most of the time she was drunk. We felt that our only way of beginning to help Paul was to expand his horizons so that he could*

see beyond the home, get out more and be more distanced from mother, so that at some stage we would be able to move him out of the home."

That may have been an admirable initial Care Plan, but in 1995, more than two years after he was referred to the Rehabilitation Service, Paul was actually only being taken out of the home once a week with the OT Assistant. This was less often than in the first year of their involvement. We accept that Paul may well have been viewed as being more relaxed and outgoing than when he was first encountered by the Team, but other than that we have to say that we can identify very little movement forward in the 2½ years that Paul was with them.

Paul's care was to all intents and purposes left to untrained members of the Rehabilitation Team. As we have said above, other than on informal encounters, Dr Sagovsky only saw Paul at two reviews in that 2½ year period. Junior Doctors saw him on only three other occasions and on each occasion it was a different Doctor who saw him, namely Dr Rawson, Dr Lana and Dr Collins. This concerns us, not only because there was no frequency or consistency in his medical care, but also because for the whole of this period of time he was prescribed Depot medication, again without regular review.

We were also concerned that too great a reliance was placed on the nurses and OT Assistants (OTAs) to be the "eyes and ears" of the Doctors, when they had not been adequately trained for the role expected of them, nor had they been adequately informed about Paul's forensic and psychiatric history. As we have already commented, the OT staff kept good notes of their visits to Paul, but at the time that we are concerned with, those notes were kept quite separately from the medical records and were, therefore, unlikely ever to be seen by the Doctors.

Dr Sagovsky had a huge workload at that time, working both in the Acute Service as well as the Rehabilitation as well as being a Clinical Co-ordinator in the then Management Structure.

Had the non-medical staff identified any particular problem, Dr Sagovsky described to us how they would convey those concerns to her:

"The way the Rehab. Team works is that if any of the staff are concerned and I am not actually in the building they will just dump a note in my in-tray so that the next time I am in the building I will know about it ... and I see all the staff every day. We live on top of each other as it were. We would make our coffee down in the patients' kitchen. So we would see the patients because we go and drink coffee with them down there. It's all very closely together, so we are aware of what is happening."

We repeat that the Rehabilitation Team has all the ingredients to work well. We are sure that the informality such as is described by Dr Sagovsky here is both comforting and helpful to the patients. But in Paul Smith's case, we have to say that it led to there being a lack of focus on the real priorities.

After his two brief relapses when he was admitted to hospital in 1993 and was clearly unwell, Paul was considered to be compliant and well. Dr Sagovsky told us:

> *"Paul was giving no anxiety. Within a Service that was at that stage catering for 230 people, Paul was one of the ones that gave us very little cause for concern."*

A great deal of emphasis was attached to Paul's "compliance". It is true that he consistently accepted his fortnightly Depot injections and certainly appeared to be collecting and therefore taking the drugs prescribed for him by Dr Bailey. However, as we have highlighted in the main Narrative, there are several examples of non-compliance/abuse of drugs, both prescribed and otherwise, during the period with which we are concerned.

It seems to us that because Paul appeared to be compliant, it was assumed that he was well. We feel that the word "compliant" equates in real terms to the fact that Paul was not causing any anxiety to the Rehabilitation Service. However, we feel that we cannot assume that Paul was well in 1995. It could have been that he was compliant but unwell. We have no clear medical picture of Paul between 1993 and 1995.

The months leading up to the death of John McCluskey was a time of instability for Paul. There was a considerable turnover of staff in the Rehabilitation Team - three different OTAs and four different nurses were involved with Paul in the 6 months prior to the killing. He had clearly not come to terms with the death of his sister Ann the previous year, and the anniversary of her death as well as her birthday must have unsettled him. He found a new girlfriend, but that relationship did not last (had the Rehabilitation Team known about Paul's reaction to the break-up of his relationship with the last girlfriend he had had, Sadie - although we accept that that had been a long-standing relationship - they may have felt some concern at the break-up of yet another relationship). John McCluskey had been out of the home for some time in the summer, living with his mother, but had returned to live with Paul and Kathleen shortly before John McCluskey's death. This had led to complaints from the neighbours which had precipitated a threat of eviction for Kathleen and Paul. In the five weeks or so prior to the killing Annette Power (Paul's one means of getting out of the house and doing something enjoyable) was off sick and there was no-one who took her place.

We can see with the benefit of hindsight and a full knowledge of the facts, the potential for upset in Paul Smith's life, and in his emotional if not mental stability, which may or may not have triggered the fateful events of 7.11.95. However, the people actually dealing with Paul in 1995 had not known him at any time when he was other than "compliant" and seemingly well. They knew almost nothing of his psychiatric or forensic history, nor were they given any guidance on what to be looking out for.

Dr Sagovsky agreed with us that the doctors had no concerns about Paul, because no concerns were being reported to them by the non-medical team members. Although we accept that we have found no evidence of any particular act by Paul in 1995 prior to the killing which might have caused concern, we still feel that someone with more experience

and training might have elicited some response which would have at least alerted them to the potential for heightened risk.

Our main area of concern, however, is that Paul was left for 2½ years in an environment known to be charged with "high expressed emotion" which Dr Sagovsky acknowledged was the worst kind of environment for a schizophrenic.

Dr Sagovsky told us that placing Paul in independent housing was the thing that she felt ought to be done the first time she ever met Paul. Her own staff were reluctant to go into what she herself described as "*the flat from Hell*" - the OTAs would meet Paul outside and the nurses would visit at 8.30 in the morning, we believe because that was their best chance of finding Kathleen Smith and/or John McCluskey sober. Yet other than occasionally discussing a change of accommodation with Paul, no-one appears to have taken any positive and active steps to remove him from this inappropriate and potentially damaging environment.

In the first year of the involvement of the Psychiatric Services in Peterborough, there were several opportunities to deal with this situation, which were unfortunately not acted upon. Dr Kilgour had identified from the outset that Paul might need an alternative environment to living at home with his mother. When first seen by a Psychiatrist in the Police Station after he had been found wandering in Wisbech in September 1992, Paul told Dr Rao that he did not want to return to his home. He told Dr. Kilgour at the review on 25.11.92 that he had nowhere to live and he and his mother did not get on well. Paul's sister Ann had expressed her concerns about Paul living with their mother in December 1992 and Paul also said that he did not want to go back to his mother's home following his discharge after Christmas 1992. Ann had again expressed her concerns about Paul's environment to Maggie Lynch in July 1993. When arrested having started a fire on 20.10.93, Paul told the ASW (Approved Social Worker) Alan Carling that he did not want to go back home. He told Maggie Lynch and Dr Sagovsky the same thing when they visited him at the Police Station, saying that he had started the fire because he wanted to go to hospital or prison as he did not like being at home.

These were all opportunities to remove Paul from a potentially dangerous environment, but nothing constructive was ever done.

When Paul was under the care of Dr Kilgour, Dr Kilgour had asked his Psychiatric Social Worker, Mary Bluff, to investigate Paul's circumstances "*as it may well be necessary for him to have provided for him a more supportive environment*". With the referral to the Rehabilitation Team and the intervening hospital admission, Mary Bluff had no further involvement with Paul, and Dr Sagovsky did not feel that it was a priority to involve Tom Quinn (the only Social Worker on her team at that time) in order to deal with Paul's accommodation or anything else. We have to say that we feel that this was inappropriate.

Dr Sagovsky was all too aware of the violence of the household in which Paul lived. When we asked her if she had ever seen any hint of violent behaviour or aggression in Paul she said:

"No. The violence, from our point of view, was within the family. I say No - but he comes from a culture where you solve a row with a punch on the nose ... We knew that the whole family dealt in that way. Ann his sister left home because her boyfriend took a hammer to John McCluskey and it used to be when John was violent if the lads were at home, Mrs. Smith's sons, they would cope with John by thumping him. If they thumped him he then ran out and went to his own home and they got respite for a few days. When he was running around the house chasing his partner with a knife, one quick thump and he would go - this was family practice basically ... other members of the family have come within our view at various times and this was a fairly accurate story of what was going on. His sister Ann used to be the girlfriend of another patient of mine and also before I ever had Paul on my books there was a story that staff on the Acute Ward had to throw members of the family and John McCluskey out because when Paul was an in-patient they picked a fight with another patient. It was well known to be a flat from Hell to live anywhere near."

We have to say that leaving Paul in an environment where rows occurred on a frequent basis and rows were solved with a punch on the nose was to take a serious risk. We feel that had any proper risk assessment been carried out, the potential for serious harm to either Paul or others would have been obvious.

When we discussed the killing of John McCluskey with Dr Sagovsky, she told us that she was completely surprised at the level of violence used by Paul, then continued:

"But I felt it was very much a product of his environment rather than a product of his mental illness. I still feel that Paul's mental illness at that stage was well under control and if anything contributed to the situation in terms of his mental illness, it was the chronic negative symptoms of lack of motivation. Any young man who hadn't a mental illness would have left that home years ago."

We understand that Paul was ambivalent if not reluctant to move away from his mother, but we feel that a proper Care Plan drawn up under the Care Programme Approach (CPA) would have used the multi-disciplinary resources available to the Rehabilitation Team to ensure that Paul's removal from that environment was not only given the highest priority, but was achieved as soon as possible. His removal from that home appeared to have been a clear objective but it was never followed through with any clear or co-ordinated plan.

Because of the lack of medical assessment at the time of the referral to the Rehabilitation Team, there was no clear Care Plan which could be followed, and consequently professionals within the Rehabilitation Team were working independently and without direction. Because of the lack of reviews in Paul's case, there was never an opportunity to monitor and subsequently alter the direction of his care and treatment.

Medication and family intervention are the two fundamental approaches of the psychiatric care of patients like Paul. Paul was never medically assessed within his home setting despite the fact that his home setting was known to be of the worst kind for someone with his mental history. The family was known to be dysfunctional and we are sympathetic to

Dr Kilgour's expectations that the Rehabilitation Team would need to engage with the family in order to benefit Paul. The nurses and OTAs did a good job for Paul within the limitations of their experience and training. We feel however that the best help for Paul may well have come from the Social Workers, and we find it hard to come to terms with the fact that Paul's case was closed so early on in the involvement of the Rehabilitation Service and at a time when he appeared to most need it. We regret that Tom Quinn did not take it upon himself, following his discussion with Dr Sagovsky on 2.11.93, to inform himself further about Paul and make an independent judgment on whether to close the case. However he was not given any relevant information about Paul's medical, forensic or family history which might have prompted him to do so.

We feel that a concerted effort on the part of the Rehabilitation Team, particularly the Doctors and the Social Workers, at the end of 1993 could and probably would have persuaded Paul into more appropriate accommodation. At that time his sister Ann was still alive and herself anxious to remove Paul from their mother's home, and was willing to offer support to Paul. The Housing Department would have been willing and most probably able to assist, had single accommodation been considered appropriate for Paul at that time. Otherwise a Group Home would have been a possibility.

There is no 24 hour hostel manned by qualified staff which offers permanent or continuing care in the Peterborough area. Had one been available, this might have been an appropriate option for Paul. We understand that provision of such a facility has been proposed but not, as yet, afforded sufficient priority to become a reality.

We do not know whether or not Paul would have either benefitted or remained for long in alternative accommodation had it been found. But we do feel that it should have been tried. Had it been tried, and had an alternative environment for Paul been successful, then it is possible that John McCluskey's death might have been prevented.

RECOMMENDATIONS

1. The Trust and Health Authority should view any perceived failings highlighted in this Report as a failure of the system and not of any individual and should work hard to ensure a period of stability in which Mental Health is promoted as a priority and resourced accordingly.

2. The Mental Health Services of the Healthcare Trust and the Local Authority should establish an inter-agency working group to address the issue of the sharing of information between themselves and Police, Probation, Social Services and Housing. The Group should agree a policy for sharing information about mutual clients and for establishing a workable means of monitoring clients who may be involved with one or more of the services.

3. The Department of Health and the Home Office should be asked to give some clearer guidance as to the implementation of inter-agency sharing of information, whilst recognising the existence of Codes of Confidentiality and the Data Protection Act.

4. The Department of Health and Home Office should also be asked to give clear guidance as to the length of time prison medical records should be kept, and steps should be taken to ensure that the prime copy of such records is kept in the prison of origin if the records are requested elsewhere.

5. Any Consultant taking over responsibility for a patient should ensure that a multi-disciplinary assessment (which should include a medical and risk assessment) is carried out as soon as possible and an appropriate Care Plan is formulated which should then be recorded and be clearly identifiable in the patient's notes. The Plan should be regularly reviewed and altered as necessary.

6. A risk assessment should include getting hold of all relevant information from all agencies known to be or likely to be involved with the patient.

7. GPs should be invited to attend or to contribute to reviews, and consideration should be given to inviting members of other agencies such as Probation and Housing to attend reviews where appropriate. GPs and other agencies should be encouraged to keep the psychiatric services informed of any concerns which they may have.

8. A formal audit of the Care Programme Approach (CPA) should be undertaken, utilising a tested and approved audit tool (such as the audit recommended by the NHSE) and the results should be published to all relevant managers and professionals and any deficits should be immediately addressed.

9. Consideration should be given to the creation of a full-time CPA Administrator who would report to the Director of Mental Health Services. This individual should

develop an active and pro-active approach to the CPA, utilising existing networks such as the CPA Association, audit and performance indicators.

10. Consideration should be given to the threshold at which high risk individuals are placed on the Supervision Register. (In 1996 only one patient out of over 1600 patients subject to the CPA was on the Supervision Register in the North West Anglia Health Authority area).

11. All patients should have a clearly identified qualified Care Co-Ordinator at all times who is responsible for making sure that their health and social needs are fully assessed and who should attend reviews wherever possible. This role should not be seen as an administrative role.

12. Multi-disciplinary training in risk assessment should be available to all professionals working in the capacity of key worker under the CPA. Careful consideration should be given to the grade of staff and their competency and qualification to fulfil this role. Workshops should be available annually to update knowledge and should be a mandatory component of training for all individuals who take on the role of key worker.

13. Any professional taking on a caring role outside of their normal expertise should first receive a proper period of induction and on-going training for their new role.

14. Each professional involved in the care of a patient should access and review the patient's notes and acquaint themselves with the latest Care Plan before the first encounter.

15. Where it is known that a patient has a criminal and/or violent history, any professional involved in their care should be informed of any relevant details before the first encounter.

16. The Trust and Local Authority should work towards developing - as soon as possible - a fully integrated, multi-disciplinary clinical record which all professionals can access. Consideration should be given to applying resources to the purchase of appropriate information technology to achieve this.

17. If a patient fails to attend a review appointment, the Responsible Medical Officer (RMO) must be informed immediately and the RMO should take appropriate action.

18. Management structures should ensure that clinical supervision is effective and fully implemented for all professionals, particularly those within the CPA.

19. Any changes in Management Structure or in policy should continue to be carried out in accordance with a project management approach similar to that outlined in the Capital Investment Manual.

20. The Trust, the Health Authority and The Local Authority should review the priority to be accorded to the provision of a 24 hour hostel manned by qualified staff which offers permanent or continuing care for the longterm mentally ill.

Appendix 1

LIST OF WITNESSES INTERVIEWED

Dr Robert Bailey	-	General Practitioner, Peterborough
Dr Hadrian Ball	-	Consultant Forensic Psychiatrist, Norvic Clinic
Mrs Tricia Barnes	-	Community Psychiatric Nurse, North West Anglia Healthcare Trust
Mr Colin Benn	-	Probation Officer, Peterborough
Mr Nigel Block	-	Probation Officer, Peterborough
Mrs Mary Bluff	-	Social Worker, Mental Health Team, Peterborough
Dr Ian Collins	-	Senior Registrar in Psychiatry, West Suffolk Hospital (attached to Peterborough Hospital from October 1994 to October 1995)
Mr Bill Copland	-	Community Psychiatric Nurse, North West Anglia Healthcare Trust
Mrs Christine Green	-	Chief Executive, North West Anglia Healthcare Trust
Mrs Mary Hanna	-	Practice Manager, Social Work Mental Health Team, Peterborough
Mr Sean Hare	-	Community Psychiatric Nurse, North West Anglia Healthcare Trust
Mr Stuart Hatton	-	Director of Mental Health and Learning Disability Services, North West Anglia Healthcare Trust
Mrs Anne Haughton	-	Community Psychiatric Nurse, North West Anglia Healthcare Trust
Mrs Deborah Hutton (née Cole)	-	Senior 1 Occupational Therapist, North West Anglia Healthcare Trust
Dr Hugh Kilgour	-	Consultant Psychiatrist, Kneesworth House, (formerly at North West Anglia Healthcare Trust)
Ms Melanie Ludlam	-	Probation Officer, Peterborough

Mrs Maggie Lynch	-	Community Occupational Therapy Technician, North West Anglia Healthcare Trust
Mr Zulfikar Manji	-	Senior Housing Officer, Peterborough City Council
Dr Margaret Orr	-	Consultant Forensic Psychiatrist, Broadmoor Hospital
Mr Martin Pannell	-	Head Occupational Therapist, Psychiatric Rehabilitation Service, North West Anglia Healthcare Trust
Mrs Annette Power	-	Community Occupational Therapy Assistant, North West Anglia Healthcare Trust
Mr Tom Quinn	-	Social Worker, Psychiatric Rehabilitation Service, Peterborough
Mr Trevor Redshaw	-	Principal Contract Monitoring Officer, Housing Department, Peterborough City Council
Mr Cliff Riordan	-	Senior Clinical Nurse, Psychiatric Rehabilitation Service, North West Anglia Healthcare Trust
Dr Ruth Sagovsky	-	Consultant Psychiatrist, Psychiatric Rehabilitation Service, North West Anglia Healthcare Trust
Ms Janeen Sengendo	-	Probation Officer, Peterborough
Mrs Kathleen Smith	-	Mother of Paul Smith*
Mr Paul Smith	-	Subject of this Inquiry
Mrs Rose Stone	-	Sister of John McCluskey
Mrs Barbara Summers	-	Sister of John McCluskey
Mrs Linda Vaughan	-	Community Psychiatric Nurse, North West Anglia Healthcare Trust
Mrs Margaret Welton	-	Legal Officer, Peterborough City Council

* accompanied by a friend, Ms Donna Law

Appendix 2

LIST OF INQUIRY PANEL DATES

13 December 1996

17 January 1997

27 January 1997

24 February 1997

25 February 1997

12 March 1997

19 March 1997

21 March 1997

3 April 1997

4 April 1997

9 April 1997

16 April 1997

25 April 1997

9 May 1997

21 May 1997

6 June 1997