An independent investigation into the care and treatment of a mental health service user (Mr H) in Sussex

September 2017

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First published: Wednesday 27 September 2017

Niche Patient Safety is an independent management consultancy that specialises in supporting health care providers with all issues of safety, governance and quality, including undertaking independent investigations following very serious incidents.

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Version number: Report 2014-24532 Mr H V3.7.1.docx

First published: Wednesday 27 September 2017

Prepared by: Niche Health & Social Care Consulting

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1 Executive summary

1.1 NHS England, South commissioned Niche Health & Social Care Consulting (Niche) to carry out an independent investigation into the care and treatment of a mental health service user (Mr H). Niche is a consultancy company specialising in patient safety investigations and reviews. The terms of reference are at Appendix A.

1.2 The independent investigation follows the NHS England Serious Incident Framework[1] (March 2015) and Department of Health guidance on Article 2 of the European Convention on Human Rights and the investigation of serious incidents in mental health services.[2]

1.3 The main purpose of an independent investigation is to ensure that mental health care related homicides are investigated in such a way that lessons can be learned effectively to prevent recurrence. The investigation process may also identify areas where improvements to services might be required which could help prevent similar incidents occurring

1.4 The underlying aim is to identify common risks and opportunities to improve patient safety, and make recommendations for organisational and system learning.

1.5 Mr H killed Joe Lewis whilst at a mutual friend's flat, in the early hours of Christmas morning 2014. We would like to express our sincere condolences to Mr Lewis's family. It is our sincere wish that this report does not add to their pain and distress, and goes some way in addressing any outstanding issues and questions raised regarding the care and treatment of Mr H. Mr Lewis's father has requested that his son be referred to as Joe Lewis or Joe throughout this report.

Mental health history

1.6 Mr H had a long history of mental disorders dating back to 1991 where his GP records note 'obsessional neurosis'. A diagnosis of personality disorder first appeared in Mr H's GP records in 2009, however the same records note that emotionally unstable personality disorder was first diagnosed in 2013 and was an ongoing problem.

1.7 We are aware that Sussex Partnership NHS Foundation Trust (the Trust, hereafter) had extensive records for Mr H, however we have only reviewed records in detail pertaining to April 2012 to December 2014.

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[1] *NHS England Serious Incident Framework March 2015. https://www.england.nhs.uk/wp-content/uploads/2015/04/serious-incident-framwrk-upd.pdf*

[2] *Department of Health Guidance ECHR Article 2: investigations into mental health incidentshttps://www.gov.uk/government/publications/echr-article-2-investigations-into-mental-health-incidents*

1.8 Mr H was detained under Section 136 of the Mental Health Act[3] on numerous occasions and was a frequent attender at Accident and Emergency (A&E) departments at hospitals managed by Brighton and Sussex University Hospitals NHS Trust and Western Sussex Hospitals NHS Foundation Trust.

Accommodation and community support

1.9 Mr H did not have long term, stable accommodation. In May 2013 he was living in Bognor Regis in supported housing provided by Sanctuary Housing. Information provided by Sanctuary Housing indicated that Mr H's diagnosis was schizoaffective disorder and that known triggers and dates were recorded as "relationships" and "winter time, Christmas".

1.10 When Mr H was living in supported accommodation he was also accessing day care support provided by United Response. In June 2014 Mr H made an allegation to Sanctuary Housing staff that a support worker from United Response was pursuing an inappropriate relationship with him. This allegation prompted a Vulnerable Adult Alert and a safeguarding adults strategy meeting. An investigation was undertaken by United Response, which found the allegations to be true, and the worker was dismissed from their employment.

1.11 In July 2014 Mr H chose to move to Emmaus, a secular charitable community in Brighton. Staff from Sussex Partnership Trust and Sanctuary Housing tried to dissuade Mr H from moving, however it appears that he had made his decision and went ahead with the move. By the end of July Mr H reported to his care co-ordinator that he had left Emmaus, as "he didn't like having to work". At the time Mr H reported that he was staying in Crawley with his father and that he was "unsure" of his future plans.

1.12 In August 2014 Mr H reported to Brighton and Hove City Council that he was "street homeless" and had been using "Project Antifreeze,[4] First Base[5] and Rough Sleepers[6]".

1.13 In September 2014 Brighton and Hove City Council provided Mr H with temporary accommodation pending assessment as to whether he had made himself intentionally homeless. In October, the council determined that:

- Mr H had not been truthful in providing information to access temporary housing. The council learned that Mr H had a conviction for arson that he

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3 Section 136 of the Mental Health Act is used by the police to take individuals to a place of safety when the police think that the person has a mental illness and is in need of care. The police can keep someone under this section for up to 72 hours and during this time, mental health professionals can arrange a Mental Health Act assessment which will determine whether or not the person needs to be in hospital because of their mental illness.

4 Project Antifreeze is run by a Christian charity offering spiritual, practical and emotional support to the homeless of Brighton and Hove. http://www.offthefence.org.uk/antifreeze/

5 First Base Day Centre is a service run by Brighton Housing Trust. The service offers a range of services to support people who are sleeping rough or insecurely housed in the city, to get off the streets, start realising their aspirations through work, learning and leisure and find a place they can call home. http://www.bht.org.uk/services/first-base-day-centre/

6 Rough Sleepers, Street Services and Relocation Team is a service provided by Brighton and Hove City Council.

had not declared and therefore the council deemed that Mr H was too high risk to live in the temporary accommodation the council had provided; and

- Mr H had made himself intentionally homeless, as he chose to move to Emmaus against advice by his support workers, and had "*left after one day*".

1.14 Brighton and Hove City Council rescinded the temporary accommodation licence and made a Section 213[7] referral to mental health services.

1.15 Later that month Mr H reported that he was sleeping on a couch at a friend's house in Lewes.

1.16 Two days prior to Mr Lewis's death, Mr H was arrested for vagrancy. As we have not been able to speak with Mr H we do not know in any more detail where he was living in the period from October 2014 onwards.

Relationship with the victim

1.17 Joe Lewis was introduced to Mr H through a mutual friend and it appears that they had known each other for about a year.

Offence

1.18 On the evening of 24 December 2014 Mr H and Joe were at the home of their mutual friend where all three took one gram of "Euphoria (a 'legal' high)" and drank 18 cans of lager between them.

1.19 During the evening the mutual friend cooked food for them all after which the three friends shared a bottle of vodka. It was reported to police that Joe was becoming louder and louder and the mutual friend had commented to police that Joe "was not a big drinker and would not have mixed drugs and alcohol together or been as used to the effects of the alcohol they were consuming" as Mr H and the mutual friend were.

1.20 The mutual friend was concerned about his neighbours so asked Joe to calm down, after which he became loud again. The mutual friend told Joe that "if he didn't calm down he would ask him to leave the flat" however the mutual friend later told police that he had no intention of asking Joe to leave the flat.

1.21 Later Joe became loud again and Mr H told him to leave the flat, and the two men began to shout at each other. Allegedly this turned into a scuffle and the

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[7] *The Homelessness Code of Guidance for Local Authorities, published by the Department of Communities and Local Government Section 213 of the Housing Act 1996 states: "Where housing or inquiry duties arise under the 1996 Act a housing authority may seek co-operation from another relevant housing authority or body or a social services authority in England, Scotland or Wales. The authority or body to whom the request is made must co-operate to the extent that is reasonable in the circumstances. For this purpose, "relevant housing authority or body" will include: (in England and Wales): – another housing authority, – a registered social landlord, – a housing action trust… The duty on the housing authority, body or social services authority receiving such a request to co-operate will depend on their other commitments and responsibilities. However, they cannot adopt a general policy of refusing such requests, and each case will need to be considered in the circumstances at the time."*

mutual friend stood between the two men to separate them and calm things down. It is believed that it was at this point that Mr H fatally stabbed Joe.

Sentence

1.22 In November 2015 Mr H pleaded guilty to the murder of Mr Lewis. Judge Shani Barnes passed a life sentence and ordered that Mr H serve a minimum of 16 years.

Internal investigation

1.23 The Trust undertook two separate internal investigations related to this case as both the perpetrator and victim were service users. The final serious incident report identifies that the review team for the investigation for Mr H 's care and treatment (Investigation One) was:

- Nurse Consultant Secure & Forensic Services West Sussex for alleged perpetrator
- Nurse Consultant Secure & Forensic Services East Sussex for victim

1.24 Following factual accuracy checks the Trust told us that the review team was a "panel of multi-professional Trust leads with the main investigator being the Nurse Consultant Secure and Forensic Services, West Sussex". The Trust has told us that the panel was chaired by the Managing Director of Operations and attended by:

- Director of Nursing Standards and Safety;
- Clinical Lead Brighton Adult Services;
- Operations Director Brighton; and
- General Manager Community Adult Services Brighton.

1.25 However, this information is not reflected in the serious incident report.

1.26 The final serious incident report identifies that the review 'team' for the investigation into Mr Lewis's care and treatment (Investigation Two) was:

- Project Manager

1.27 Following factual accuracy checks the Trust told us that the review team was a "panel of multi-professional Trust leads with the named investigator being the Nurse Consultant Secure and Forensic Services, East Sussex". The Trust has told us that the panel was chaired by the Managing Director of Operations and attended by:

- Operations Director Coastal West Sussex;
- Nurse Consultant Secure and Forensic Services, West Sussex;

- Clinical Director Adult Mental Health Services; and
- Operations Director Brighton.

1.28 The Trust further advises that “as there was significant input from all teams the Trust Serious Incident Project Manager brought together the final report”. However, this information is not reflected in the serious incident report.

1.29 Investigation One identified ten care or service delivery problems relating to both teams that had responsibility for Mr H’s care and treatment.

1.30 The recommendations arising from Investigation One were:

- “Assessment and Treatment Service Bognor Regis Leadership to ensure that Level Two Risk assessments can evidence multi-disciplinary input and that this is evidenced at sign off stage.
- Assessment and Treatment Service Bognor Regis/Brighton Leadership to ensure that clinical staff are clear on the functionality and purpose of the PAS alert function on e-CPA.
- Assessment and Treatment Service Bognor Regis/Brighton Leadership to ensure that in all cases where care is transferred for care co-ordination from other services that the requirements of the Trust Care Programme Approach Policy Section 4.3 Transfers of Care are followed.
- All clinical staff should be aware of when a forensic opinion should be sought.
- All staff should be aware of forensic services criteria / thresholds for accepting to assess a patient face to face.”

1.31 Investigation Two identified two care or service delivery problems and made the following recommendations:

- “That the operation of Depot Clinics is now assured as being effective.
- All clinical staff to adhere to the Trust Active Engagement policy with all community patients.”

Independent investigation

1.32 This independent investigation has drawn upon the internal process and has studied clinical information, witness statements, interview transcripts and policies. The team has also interviewed Trust staff who had been in contact with Mr H from the Bognor Regis Team and the Brighton Team.

Conclusions

1.33 It is our view that this tragic homicide could not have been predicted or prevented. However we consider that there are actions that could have been taken that would have minimised the risk that Mr H presented to Mr Lewis at

Christmas 2014. Whilst we cannot say with any certainty that these actions would have prevented the homicide of Mr Lewis, they would have minimised the risks that Mr H presented to others and himself.

Recommendations

1.34 The independent investigation supports the recommendations made by the Trust internal investigation team, and has not repeated them. We found an overarching theme of a lack of adherence to systems and processes in the patient pathway and there are a significant number of recommendations from our independent investigation. These focus on improvements across a number of areas that we consider need to be made in order to ensure that services adhere to policy and procedure and that the Trust Board is able to gain the necessary assurances that due process is being followed and implemented.

Recommendation 1

The Trust must ensure that all staff are aware of and comply with the Care Programme Approach Policy. In particular:

- the requirement for clients to have a face to face appointment with the relevant community mental health team within seven days of discharge from inpatient services;
- the requirement for care co-ordinators to ensure that they have arrangements in place to meet with clients on their caseload at the appropriate intervals ;
- staff complete and share relevant paperwork with appropriate agencies following Care Programme Approach and medication review meetings; and
- give proper consideration to the request when a client asks to change care co-ordinator, and wherever possible take appropriate actions to identify an alternative care co-ordinator. The Care Programme Approach policy must be amended to include a requirement for the outcome of the request to be properly documented.

The Trust must also implement a system to monitor compliance with this and take necessary steps to remedy non-compliance.

Recommendation 2

The Trust must ensure that team managers have arrangements in place to re-allocate the caseload of a team member who is not at work for an extended period of time. The Trust must also implement a system to monitor compliance with this and take necessary steps to remedy non-compliance.

Recommendation 3

When providing information to other organisations that support clients, the Trust must provide clear and precise information about the client's early warning signs of relapse, including a relapse prevention plan with clear detail about the patient's relapse signature.

Recommendation 4

The Trust must ensure that when changes to medication are made, there is a clear rationale recorded and evidence of appropriate medical or nurse prescribing input to the decision.

Recommendation 5

The Trust must ensure that staff understand the importance of conducting appropriate risk assessments, and that when a request is made for a more detailed risk assessment to be completed, this request is actioned. The Trust must also implement a system to monitor compliance with this and take necessary steps to remedy non-compliance.

Recommendation 6

The Trust must ensure that staff understand and follow the Active Engagement Policy at all times and should a clinician take a decision outside of this policy that appropriate action is taken.

Recommendation 7

The Trust must ensure that treatment programmes include psychological interventions where indicated by the National Institute of Health and Care Excellence.

Recommendation 8

The Trust must ensure that when a client is the subject of a vulnerable adult alert, the client's risk assessment and care plan is reviewed and that appropriate support is put in place. Further, the Trust must ensure that Sussex Safeguarding Adults Board Policy and Procedures is followed and that systems are in place to identify and rectify non compliance.

Recommendation 9

The Trust must ensure that a policy is developed and implemented to make sure that records created as part of internal investigations are retained in a single storage point, and that the Serious Incident Reporting Policy and Procedure is amended accordingly .

Recommendation 10

The Trust must ensure that they identify a single point of contact for liaison with independent investigation companies and ensure that the individual is responsible for logging, collating and responding to information requests.

Recommendation 11

The Trust must ensure that when there are concerns about the practice of any staff member that appropriate action is taken in accordance with the Disciplinary Policy and Procedure.

Recommendation 12

The Trust must ensure that when staff participate in independent investigations, they are properly prepared and have had opportunity to review the case at the centre of the investigation.

Recommendation 13

Western Sussex Hospitals NHS Foundation Trust must ensure that “special care information” held for patients is up to date. The organisation must also implement a system to monitor compliance with this and take necessary steps to remedy non-compliance.

Recommendation 14

Commissioners must ensure that when providers are contracted to deliver services, the contract properly addresses the issue of information sharing with other services.

2 Independent investigation

Approach to the investigation

2.1 The independent investigation follows the NHS England Serious Incident Framework[8] (March 2015) and Department of Health guidance on Article 2 of the European Convention on Human Rights and the investigation of serious incidents in mental health services.[9] The terms of reference for this investigation are given in full in Appendix A.

2.2 The main purpose of an independent investigation is to ensure that mental health care related homicides are investigated in such a way that lessons can be learned effectively to prevent recurrence. The investigation process may also identify areas where improvements to services might be required which could help prevent similar incidents occurring.

2.3 The investigation was carried out by Naomi Ibbs, Senior Independent Investigator for Niche, with expert advice provided by Dr Mark Potter, consultant psychiatrist.

2.4 The investigation team will be referred to in the first person in the report.

2.5 The report was peer reviewed by Carol Rooney, Head of Investigations, Niche.

2.6 The investigation comprised a review of documents and interviews, with reference to the National Patient Safety Agency (NPSA) guidance.[10]

2.7 Mr H did not respond to the request from NHS England for consent to access his records. Access to all records for this investigation was gained through seeking consent from the relevant Caldicott Guardian.[11]

2.8 We used information from Mr H's clinical records provided by:

- Sussex Partnership Trust;
- Brighton and Sussex University Hospitals NHS Trust;
- Western Sussex Hospitals NHS Foundation Trust;
- Brighton Homeless Healthcare.

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[8] *NHS England Serious Incident Framework March 2015. https://www.england.nhs.uk/wp-content/uploads/2015/04/serious-incident-framwrk-upd.pdf*

[9] *Department of Health Guidance ECHR Article 2: investigations into mental health incidentshttps://www.gov.uk/government/publications/echr-article-2-investigations-into-mental-health-incidents*

[10] *National Patient Safety Agency (2008) Independent Investigations of Serious Patient Safety Incidents in Mental Health Services*

[11] *Caldicott Guardian – a senior person responsible for protecting the confidentiality of patient and service user information and enabling appropriate information sharing. Each NHS organisation is required to have a Caldicott Guiadian; this was mandated in 1999 by Health Service Circular HSC 1999/012. Caldicott Guardians were subsequently introduced into social care in 2002, mandated by Local Authority Circular LAC 2002/2.*

2.9 We also used information from client records held by:

- Sanctuary Supported Living;
- United Response;
- Emmaus; and
- Brighton and Hove Council.

2.10 There were significant delays in receiving clinical information from Brighton and Sussex University Hospitals NHS Trust. Records were first requested in early January 2016 and after two further letters and intervention from NHS England the records were eventually received on 12 April 2016; some 13 weeks later.

2.11 There were also significant delays in receiving information from Brighton & Hove Council. Records were first requested early January 2016 and at the request of the Council confirmation of our appointment at rationale for release of the records was sent from NHS England. There were further requests from NHS England in February, March, May and June. The records were finally received on 27 June 2016; nearly six months later.

2.12 As part of our investigation we interviewed:

- Consultant Psychiatrist, Bognor Regis community team;
- Care Co-ordinator, Brighton community team;
- Associate Specialist, substance misuse service; and
- Community Care Funding Panel Co-ordinator.

2.13 All of the staff above received their interview invitation letters via the Trust, as did the Associate Specialist in Psychiatry (listed below). We have provided an anonymised list of all professionals involved at Appendix C.

2.14 We also asked to interview:

- Team Manager, Bognor Regis community team;
- Care Co-ordinator, Bognor Regis community team;
- Social Worker, Bognor Regis community team; and
- Associate Specialist in Psychiatry, Hove Polyclinic

2.15 However the care co-ordinator and team manager had left the Trust. The Trust did not have forwarding details for the care co-ordinator and we were informed that her Nursing & Midwifery Council PIN was not known. Therefore we were unable to interview her. Following factual accuracy checks it was

established that the Trust did indeed have the PIN and forwarding details for the care co-ordinator. It appears that there was miscommunication between different teams that resulted in us receiving incorrect information. This would have been minimised if we had had a single point of contact at the Trust through which all information requests had been sent.

2.16 The team manager had also left the Trust and did not respond to our request for an interview.

2.17 The Trust advised that the social worker was on long-term sick leave and whilst she was prepared to be interviewed at her home address, she had advised the Trust that she would not have had access to any clinical information and would not be able to recall much of the detail. We therefore decided not to progress this route of enquiry.

2.18 The Associate Specialist in Psychiatry was not available for interview for confidential reasons.

2.19 We were able to speak to the support worker at Emmaus who remembered Mr H and was able to provide us with some information. The support worker's recollection was that Mr H had been accepted by Emmaus and that although he was known to use drugs and alcohol it was felt that this was not an unusual presentation for someone seeking residency in the Emmaus community. The Emmaus support worker told us that it was not common practice to retain referral forms for former residents, therefore we were unable to identify what information had been shared by which organisation.

2.20 A full list of all documents we referenced is in Appendix B.

2.21 Prior to publication the draft report was shared with:

- Sussex Partnership Trust;
- Brighton and Sussex University Hospitals NHS Trust;
- Western Sussex Hospitals NHS Foundation Trust;
- Brighton Homeless Healthcare;
- Sanctuary Supported Living;
- United Response;
- Emmaus Brighton and Hove[12]; and

[12] *Emmaus Communities enable people to move on from homelessness, providing work and a home in a supportive, family environment. Companions, as residents are known, work full time collecting and reselling donated furniture. This work supports the Community financially and enables residents to develop skills, rebuild their self-respect and help others in greater need. Emmausbrighton.co.uk*

- Brighton and Hove Council.

2.22 This provided opportunity for those organisations that had contributed significant pieces of information, and those whom we interviewed, to review and comment upon the content. The final version of this report includes amendments made following responses received from contributing organisations.

Contact with the victim's family

2.23 NHS England advised that we should not make contact with the victim's family until after the anniversary of Joe Lewis' death. In early January 2016 we spoke to NHS England to decide the course of action and it was agreed that NHS England would initiate contact with the family and a letter was sent.

2.24 In February 2016 NHS England liaised with the Family Liaison Officer from Sussex Police regarding contact with the family and it was agreed that the charity Hundred Families[13] would be contacted so that an introduction to the family could be arranged through them.

2.25 In March 2016 NHS England advised that Hundred Families had had no response to their letter sent to Mr Lewis's mother and that a letter sent by NHS England to Mr Lewis's father had been returned as undelivered. NHS England continued to advise that we should not make contact with the families and recommended that the investigation continued without family input at that point.

2.26 By May 2016 NHS England reported that Hundred Families still had not been successful in securing contact with Mr Lewis's family. It was not until June 2016 that Hundred Families successfully made contact with Mr Lewis's mother who advised at that time that she was happy to see the report prior to publication.

2.27 We subsequently established that primary contact with Mr Lewis's family should have been made with Mr Lewis's father and therefore we made attempts to contact him via the Trust, who provided his telephone number to us.

2.28 We made telephone contact with Mr Lewis (senior) who said that he would be happy to meet us at his home.

2.29 We met with Joe's father (Mr Lewis senior) and sister (Miss Lewis) on Tuesday 25 April 2017. A representative from NHS England was also present at the meeting. We explained the process of an independent investigation and outlined the work we had done in reviewing the care and treatment provided to Mr H.

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[13] Hundred Families is a charitable organization established to provide information, support, advocacy services and advice to bereaved families who have been affected by homicides committed by people with mental health issues.

2.30 At the meeting, as a matter of courtesy at that point, we shared a draft version of the executive summary of this report. Only the executive summary was shared at this point because we had not completed all the due diligence reviews required as part of the publication process.

2.31 We drafted a summary of the meeting and shared this with Mr Lewis (senior), inviting him to let us have any comments. Mr Lewis contacted NHS England to say he was not happy with the summary but he did not provide the investigation team with any comments. In order to minimise any distress or anxiety we have therefore chosen not to include the summary of the meeting in this report.

Contact with the perpetrator

2.32 We wrote to Mr H at the start of the investigation, explained the purpose of the investigation and asked to meet him. Mr H did not respond to our letter so we also wrote to the prison governor and to the manager of the prison healthcare service to ask for their assistance in ensuring that Mr H understood the purpose of the investigation. We did not receive any response from Mr H and have therefore not had the opportunity to meet with him.

2.33 NHS England has written to Mr H to inform him that the report is ready for publication and offering to meet with him to explain the report findings. NHS England did not receive a response and therefore we have not had opportunity to discuss any of this report with Mr H.

Contact with the perpetrator's family

2.34 NHS England wrote to Mr H's family when the investigation was commissioned and again at the start of the investigation. We were advised not to make contact with them until after the trial. NHS England wrote to the family in January but received no response and advised us not to contact Mr H's family until after Hundred Families had been successful in making contact.

2.35 It is our understanding that to date there has been no successful contact with Mr H's family and we have therefore not written to them.

2.36 NHS England has written to Mr H's family to inform them that the report is ready for publication and offering to meet with them to explain the report findings. NHS England did not receive a response and therefore we have not had opportunity to discuss any of this report with Mr H's family.

Structure of the report

2.37 Section 3 contains details of Mr H's background. Section 4 sets out the details of the care and treatment provided to Mr H. We have included a full chronology of his care at Appendix D in order to provide the context in which he was known to services in Sussex.

2.38 Section 5 examines the issues arising from the care and treatment provided to Mr H and includes comment and analysis. Section 6 provides a review of the

Trust's internal investigation and reports on the progress made in addressing the organisational and operational matters identified.

2.39 Section 7 sets out our overall analysis and recommendations.

3 Background of Mr H

Personal history

3.1 The personal history reported here contains information taken from clinical reports and letters. All of this information is third hand as we have not been able to meet with Mr H.

3.2 Mr H s parents were never married and separated when Mr H was two years old. As a child Mr H was estranged from his mother and grew up living with his father. In 2013 Mr H reported that he had a half-brother who at the time was aged 16 years, but he did "not maintain contact with family members". This statement is contradicted at various points in Mr H's chronology as at times he reports contact with either his father or his mother.

3.3 Mr H had been in a few relationships but in 2013 reported that he had not had a girlfriend since 2009 and attributed this to his mental illness, believing that nobody liked him.

3.4 At age 17 years Mr H did have a job in administration but in 2013 reported that he had "not worked for over a decade" and again attributed this to his mental illness.

Forensic history

3.5 The internal investigation report identifies that Mr H had a "forensic history dating back to 2001" with offences that included arson, possession of a shotgun, drug offences, burglary, public disorder, violence, theft and possession of a bladed weapon. The internal investigation report also identified that Mr H had served a number of custodial sentences in both young offender institutions and prison. We have been unable to validate these offences independently.

3.6 Mr H reported in a housing application form in September 2014 that he had "a few" criminal convictions. We have not been provided with a detailed summary of Mr H's forensic history however it is clear from the clinical records that Mr H was well known to the police as there was frequent contact when Mr H was in a vulnerable state.

4 Care and treatment of Mr H

4.1 Mr H has a long history of contact with mental health services. In 2005 he was discharged from Royal Sussex County Hospital following admission to A&E with what was thought to be drug induced psychosis. It was noted at this time that Mr H was a "known heavy drug user" and that the first contact with

services appeared to be in Crawley aged 17 years when he was diagnosed with severe depression and was prescribed citalopram.[14]

2009

4.2 In 2009 Mr H's GP had referred Mr H to the community mental health team. On 1 October Mr H's GP received a letter stating that the mental health team have found "no evidence of mental illness" but requested that the GP continued prescribing "olanzapine[15] 15mg nocte and 5mg prn for at least one year". No further arrangements were made by the mental health team to see Mr H again.

4.3 Later that month Mr H's GP wrote again to the community team and received a response on 5 November. Dr R, an associate specialist in psychiatry informed the GP that Mr H "had a lengthy assessment on 15 September and was discharged from our services with recommendations" Dr R continued "I am sure you are aware of the guidelines when a person should be referred to secondary care and therefore we won't be offering [Mr H] another appointment".

2011

4.4 In August 2011 Mr H presented to Brighton and Hove City Council following release from prison. Mr H reported that no help with accommodation had been provided on release from prison and therefore he had been staying with friends. However, due to the lifestyle of alcohol and drugs he didn't want to continue to stay with his friends. Mr H reported that he had stayed in Guildford Night Shelter for a week but left "due to another resident threatening to kill everyone". Since then Mr H had been sleeping rough in the graveyard near Brighton clock tower ever since. It was noted that Mr H had a personality disorder and suffered depression and that his medication was olanzapine and fluoxetine.[16] Mr H was advised to contact "St Pat's" and a referral was made to the rough sleepers team. Mr H was provided with information on street services including homeless guide, how to find accommodation and a crisis loan. Mr H stated that his "mother may help with a deposit and his step-father may act as guarantor" and therefore a list of letting agents was provided.

4.5 In October 2011 Mr H was assessed under the Mental Health Act after he tried to harm himself. A week later Mr H presented at Chichester A&E "presenting with psychiatric problems". It was noted that he had a personality disorder and that he had had a "spiritual enlightenment two weeks previously and

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[14] *Citalopram is an anti-depressant medicine also used for panic disorder. www.netdoctor.co.uk*

[15] *Olanzapine is an antipsychotic medication that affects chemicals in the brain and is used to treat the symptoms of psychotic conditions such as schizophrenia and bipolar disorder (manic depression) in adults and children who are at least 13 years old. Olanzapine is sometimes used together with other antipsychotic medications or antidepressants.* https://www.drugs.com/mtm/olanzapine.html

[16] *Fluoxetine is used to treat major depressive disorder, bulimia nervosa (an eating disorder) obsessive-compulsive disorder, panic disorder, and premenstrual dysphoric disorder (PMDD). Fluoxetine is sometimes used together with another medication called olanzapine (Zyprexa). to treat depression caused by bipolar disorder (manic depression). This combination is also used to treat depression after at least tw other medications have been tried without successful treatment of symptoms.* https://www.drugs.com/fluoxetine.html

stopped taking medication". Mr H reported that he had been arrested four times for jumping on the railway, shoplifting and assault. Mr H was homeless and had not had access to any medication as he used to receive this via the homeless GP service in Brighton but he had no means to return there from Chichester to obtain an additional prescription. Mr H told staff that he was due to go into a drug rehabilitation centre in Bognor Regis and that he felt positive about this. Mr H was prescribed two lots of olanzapine 10mg as a temporary solution.

4.6 In November Mr H again presented to Chichester A&E and told staff that he had thrown his medication away the previous week. Since then he had been hearing voices and felt that he wanted to harm himself. Staff noted a possible diagnosis of schizophrenia but assessed Mr H as low risk. Mr H was prescribed olanzapine and fluoxetine.

2012

4.7 On 5 February Mr H presented at Chichester A&E and reported that he had "walked out of rehab at Bognor on Monday", had been arrested at the weekend and had lost his medication for schizophrenia. Mr H told staff that he had an appointment with a doctor "on Monday" to get more medication but that he needed some that day. The records for this attendance also include "Special Care Information" dated 28 April 2006 and signed by an Associate Specialist in Emergency Medicine for the same hospital. This document provides information for staff for when Mr H attended A&E claiming to be suicidal and states: "UNDER NO CIRCUMSTANCES IS HE TO BE GIVEN ANY MEDICATIONS".

4.8 On 12 February West Sussex County Council records show a duty social worker log following a Mental Health Act assessment. Mr H had reported himself to police earlier that day when he had failed to get a train to Gatwick Airport with an invalid railway ticket. Mr H had been angry about his personal situation and threatened to "unleash a **** storm" on Bognor Regis. Two weeks previously Mr H had ended his stay at a rehabilitation unit run by Stonepillow (the Sands Project) following what he believed to be unwarranted sexual advances made to him by another resident. Since that time he had been living a "somewhat itinerant lifestyle" and had spent four nights in police custody after committing various offences. The outcome of the Mental Health Act assessment was that Mr H required hospital admission under Section 2[17] for further assessment and treatment for untreated psychosis. Mr H was admitted to Langley Green Hospital in Crawley. Trust records indicate that Mr H was discharged on 16 March after he had returned to the ward "intoxicated". We have found no evidence that Mr H was offered a follow up appointment by the community team after discharge.

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[17] *Section 2 of the Mental Health Act allows for a person to be detained for assessment for a period of up to 28 days. www.mental healthlaw.co.uk*

4.9 In June Mr H again presented at Chichester A&E when he complained of increased agitation, hearing voices, increased paranoia, and “strong urges to stab others living in the hostel”. Mr H said that he had been staying in a mental health hostel for one month and was suicidal and felt he needed to "buy a big chef knife to protect himself". Mr H said that he had had posted on Facebook that he had chosen his suicide song and planned to slit his wrists. The assessor noted that he was on the special risk register as he had previously been armed. When Mr H was assessed by Ms L from psychiatric services, Mr H said he didn't like his new accommodation and asked for admission to hospital. Ms L noted that Mr H had only recently been discharged from hospital and that “re-admission was not indicated”. Mr H was encouraged to contact his care co-ordinator the following morning.

4.10 In September Mr H presented at Chichester A&E complaining of pain and “something crawling” in his right ear.

4.11 Mr H next presented to Chichester A&E in November when he complained of voices in his head but did not tell staff what the voices were saying. The assessor recorded an “exacerbation of schizoaffective/personality disorder” since Mr H being told that he had to move to a flat in Chichester that he didn't like. It was noted that “multiple offers of support had been given by the Crisis Team, medical consultant and CPN” but he had “refused everything”. Mr H demanded admission and said he believed he would kill dogs and possibly himself if he were not admitted. There were no beds available in Chichester and the Crisis Team were tasked with finding a bed elsewhere. Mr H was transferred to Bodmin Ward at Eastbourne Hospital. The records for this attendance also include “Special Care Information” dated 28 April 2006 and signed by an Associate Specialist in Emergency Medicine for the same hospital. This document provides information for staff for when Mr H attended A&E claiming to be suicidal and states: “UNDER NO CIRCUMSTANCES IS HE TO BE GIVEN ANY MEDICATIONS".

4.12 On 16 December Mr H presented at Chichester A&E twice in a two hour period during the evening. The first occasion Mr H complained of mental illness but did not wait to be treated and on the second occasion he complained of hearing voices in his right ear and said he wanted to hurt people. Staff noted that he was “quite distressed and was not keeping eye contact”. Mr H reported that he had had an argument with one of the other housemates in the sheltered house where he lived. His neighbour had been continuously banging his door (not Mr H's) and this had irritated Mr H. Mr H said he felt like hitting his neighbour but instead decided to attend A&E. Mr H was discharged home with medication and advised to return to A&E if required.

4.13 On 25 December Mr H again presented at Chichester A&E “presenting with psychiatric problems”. Mr H reported that he wasn’t feeling anything properly and that he felt "nothing". No suicidal thoughts were noted and Mr H denied any illicit drug use but said that he had “hallucinations and voices telling him to stab himself in the belly/chest/eye”. Mr H stated that due to his distress and agitation he wanted to calm himself down prior to going home. Staff advised

him to make contact with the community team on 27 December and the assessor noted that a fax would be sent to Mr H's community team for follow up support and urgent medical review. Mr H was also advised to return to A&E if he didn't feel safe in his flat.

4.14 Mr H returned the following day complaining of a psychotic episode and said that he had a plan to die but that he wouldn't act on the plan, as it would "disrupt the balance in the world". Mr H reported that he slept with a knife under his pillow; he acknowledged that this was unsafe and agreed to remove it when he got home. Mr H felt it would be safe at home and said that he would not harm anyone.

2013

4.15 In January Mr H presented at Chichester A&E on three occasions in the space of two weeks. Each time he complained of paranoia and thoughts of killing his neighbour. It was not until the third attendance that staff identified that his risk to himself and others was high and arranged admission to an acute care psychiatric ward.

4.16 In February Mr H was discharged from the acute care psychiatric ward and was seen for a seven day follow up appointment within three days. Mr H met with his care co-ordinator, Ms M, who noted that he appeared somewhat drowsy and over-sedated. Following discussion with Dr W it was agreed that Mr H's risperidone[18] should be reduced to 4mg nocte and to start procyclidine[19] 5mg bd. Arrangements were noted as being made to see Mr H again two weeks later. However we can find no records that this took place and the next contact attempted by Ms M was on 9 April.

4.17 On 21 February Mr H telephoned the community mental health team to ask for a repeat prescription. A fax was sent to his GP to ask for this to be arranged.

4.18 On 5 April Mr H presented at Chichester A&E complaining of wanting to hurt himself. Mr H reported that he had gone to see his keyworker that day, but she wasn't available and he was feeling desperate. Mr H said he'd "had enough and wanted to end his life", he told staff that he did have contact with his family but they didn't understand his illness and didn't believe in mental health problems. Mr H later talked positively about plans for the future - he wanted to secure a privately rented flat and had asked his mother to be guarantor. He said that he didn't feel his medication was right for him, and he remained sporadically compliant. After Mr H had spoken to staff, Mr H said he felt safe to return home as his suicidal thoughts had dissipated.

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[18] Risperidone is an antipsychotic medication that works by changing the effects of the chemicals in the brain. It is used to treat schizophrenia and symptoms of bi-polar disorder (manic depression). https://www.drugs.com/risperidone.html

[19] Procyclidine is used to relieve unwanted side-effects caused by some antipsychotic medicines. Antipsychotic medicines are prescribed for mental health problems such as schizophrenia. As a side-effect of treatment, antipsychotic medicines can sometimes cause unwanted body movements, some of which may be severe. These movement disorders are often referred to as 'extrapyramidal side-effects' and include things like uncontrolled face and body movements, tremor, and restlessness. Procyclidine is prescribed to relieve these types of symptoms. http://patient.info/medicine/procyclidine-arpicolin-kemadrin

4.19 On 9 April Ms M attempted to contact Mr H but was unable to do so as the mobile phone line was dead. Ms M left a message on Mr H's keyworker's (Sanctuary Supported Living) mobile to advise that Ms M could offer Mr H an appointment the following day. Mr H contacted Ms M the following day to inform her that he would be unable to attend his appointment with her that day as he was waiting for his keyworker to arrive. Ms M noted she would contact him with details of another appointment. Again we can find no records of another appointment being arranged.

4.20 On 28 May Sanctuary Supported Living records show a document "additional information relating to mental health". This document noted that Mr H's diagnosis was "schizoaffective disorder" and relapse indicators were a "lack of sleep, high anxiety levels, disorderly communication". Staff action required at this time would be for them to speak to Mr H. No information was known about the impact of substance misuse on Mr H's health. However, known triggers and dates were recorded as "relationships and winter time, Christmas". It was recorded that Mr H would become unwell "very quickly" if medication was missed.

4.21 On 1 July Mr H presented at Sanctuary Housing expressing concern that he had not been seen by Ms M for "a long time". He reported that he felt abandoned, was taking less medication than prescribed and felt that nobody cared. Staff at Sanctuary Housing contacted the community mental health team to ask somebody to call Mr H to discuss the situation. This entry noted that the duty worker at the community mental health team would "take this information to team meeting tomorrow to discuss, and we do look at cover when staff off a while". We have learned that Ms M was on an extended period of sick leave but we have not found any evidence that this issue was taken up at the staff meeting or that any other action was taken.

4.22 On 23 July Sanctuary Housing staff again called the community mental health team to ask for someone to make contact with Mr H. He had reported that he had "been unsupported by Bedale and in [Ms M's] absence". The duty worker at the community mental health team attempted to call Mr H but was unsuccessful so she contacted Sanctuary Housing staff to request that Mr H be asked to contact them. The duty worker noted that she would request that Mr H was followed up again the following day by the duty worker. We can find no evidence that this took place.

4.23 On 27 July the community mental health team received a call from the out of hours GP asking for information about Mr H. Mr H had asked to be visited by the GP that day but when the GP arrived there was no answer at his door and no response on the telephone number Mr H had left. The duty worker "ran through the most recent case notes" and provided information about Mr H's "historical risks including his prison sentence for attempted robbery and assault". The GP asked that the duty worker made a note that the GP had tried to visit and that the team contact the out of hours service "if they feel that [Mr H] is a risk to them in the future".

4.24 On 2 August community mental health team staff attempted to call Sanctuary Housing staff in response to a message in the book to phone them. There was no response and no opportunity to leave a message. The duty worker emailed Ms M to ask her to try when she was at work the following week.

4.25 Ms M contacted Sanctuary Housing on 7 August. She was informed that Mr H had requested a move back into a shared environment, as he was concerned about his housing benefit. Sanctuary Housing staff had discussed this and felt that it would be a backward step. Ms M advised that she had not seen Mr H for "some time" and that she had given him an appointment on 15 August. Mr H attended this appointment. Although there is no record of the content of the appointment in the case notes there is a letter to Mr H's GP in which Ms M requested that the GP adjusted Mr H's prescription from risperidone 4mg to 1mg at night. Ms M also told the GP that she had arranged a medication review for Mr H on 12 September. There is nothing in Mr H's records to indicate the reason for the reduction in medication and we have not been able to establish the reason through staff interviews.

4.26 On 26 August Mr H called Sussex Mental Healthline[20] and reported that he felt "on the edge" and said he "wanted to end his life". He spoke of getting money the next day, buying vodka and getting drunk. Mr H said he had been addicted to alcohol, speed and crack, and since giving it up he "found life so boring". Mr H said that his mother hated him and that he had nobody to provide him with support. The call handler reported that Mr H "engaged well in the call and agreed to call back later for continued support".

4.27 Mr H contacted Ms M on 10 September to inform her that he was due to start a course on 12 September so would be unable to attend the medical review appointment. Ms M advised that she would reschedule the appointment and contact him.

4.28 On 29 September Mr H presented at St Richard's Hospital A&E in Chichester and asked for admission. He reported that he was struggling with a "mad" episode and had locked himself out of his flat due to the voices in his head. Mr H said he wanted to go on a rampage and hit people and get drunk; he said he felt he was a risk to himself and others. Following discussion with Dr W and the crisis team Mr H was admitted to Oaklands Unit (an acute care psychiatric ward in Chichester) where he remained until 5 October.

4.29 On 8 October Mr H arrived at the Bognor Regis community mental health team accompanied by his support worker, to ask about medication. Mr H said that when he was discharged the previous Saturday he was not given any 'take home' medication and the prescription was faxed to his GP on the

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[20] Sussex Mental Healthline is a telephone service provided by Sussex Partnership Trust; it is a telephone service providing support and information to anyone experiencing mental health problems including stress, anxiety and depression. The service is also available to carers and healthcare professionals and callers do not need an appointment. http://www.sussexpartnership.nhs.uk/sussex-mental-healthline

Monday. The GP had subsequently given him aripiprazole[21] as that was his new medication, however Mr H "did not have any risperidone or sanatogine" (we are unsure what this should read but believe it could be sanatogen, an over-the-counter multi-vitamin). Mr A contacted the GP and arranged for Mr H to be prescribed the appropriate medication with a review being arranged with Dr W as soon as possible.

4.30 On 25 October Mr H presented at the community mental health team accompanied by his support worker. Mr H said he felt he needed a higher dose of risperidone as he was feeling very agitated; he had been using 2mg risperidone and was running out of medication but said that the aripiprazole was "working okay". Mr H saw Mr O from the depot clinic, who spoke to Dr W. Dr W then spoke to Mr H and prescribed 2mg of risperidone and stopped the aripiprazole. Mr H said that he was due to have an appointment with Ms M on 1 November. Dr W provided a prescription for 10 days' supply of risperidone at 2mg per day and wrote to Mr H's GP. In the letter to the GP Dr W noted that Ms S, Mr H's support worker, was a good protective factor and was supporting Mr H.

4.31 Mr H attended an appointment with Ms M on 6 November during which Mr H described himself as being sad. He said that he had had contact with his mother and had asked whether they would be able to meet around the Christmas period. Mr H said that his mother became angry and put the phone down on him, which he found distressing. Ms M encouraged him to talk about his thoughts and feelings. Mr H said that he had also had contact with his father and that he was planning to visit him in Crawley in the forthcoming weeks. Mr H also intended to see his grandparents with whom he had a fairly close relationship. Mr H reported that he had been watching a lot of Russian television and that he "kept thinking that there was going to be a large bomb to end the world". Ms M discussed various distraction techniques, however Ms M noted that she considered that Mr H's "presentation appeared to suggest that he was keen that Ms M should consider that he was psychotic". Ms M noted that she planned to see Mr H again on 28 November.

4.32 The following day Sanctuary Housing staff contacted House 48 (a Day Centre run by United Response) as they had been unable to contact Mr H. House 48 staff said that Mr H had been there that day and had left 15 minutes previously.

4.33 On 4 December Ms M had a call from Ms A, a manager at United Response. Ms A reported that she had concerns about Mr H's mental state as she felt that he was low in mood and isolating himself. Mr H had also told her that he would rather have a male community psychiatric nurse. Ms M stated she would contact Mr H and arrange to see him. Ms M that she attempted to contact Mr H without success. Ms M then contacted Ms A again who advised that Mr H was at House 48. Ms M spoke briefly to Mr H and arranged to see

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[21] *Aripiprazole is an antipsychotic medication that works by changing the chemicals in the brain. It is used to treat symptoms of psychotic conditions such as schizophrenia and bi-polar disorder (manic depression).* https://www.drugs.com/search.php?searchterm=aripiprazole&a=1

him on 10 December. Mr H did not attend this appointment. Ms M subsequently noted that she had a discussion with Dr W to discuss issues of Mr H's engagement with her and difficulties in attempting to care co-ordinate him. Dr W agreed to act as lead practitioner and Ms M noted that Mr H could be further managed by the duty service when he was in crisis. Dr W was about to go on leave and would return on 16 January so requested that Ms M continue to act as care co-ordinator at that time.

4.34 On 21 December Mr H called Sussex Mental Healthline, he appeared to be upset by a visit from his keyworker, Ms B. Mr H said that he had "sacked her that day and asked her to leave which left him feeling very angry". He said he was trying to cope without resorting to alcohol or self-harming. Helpline staff encouraged Mr H to discuss the situation with the keyworker.

4.35 Later that day Mr H attended Chichester A&E, he presented as upset because he had had contact with his former keyworker (Ms B) that day and wanted to see the mental health team. Mr H was referred to the crisis team.

4.36 On 22 December Mr H was seen by Ms I and Ms Y from the crisis team for assessment. Crisis team staff noted that Mr H did not report any psychotic features and did not appear acutely depressed. Mr H said he had started drinking alcohol again and stated he felt very lonely. Mr H reported that he had an altercation with a previous key worker from United Response and had requested admission to hospital the previous day, saying that if he was not supported to stop drinking alcohol he would be at risk of harming others. Ms I and Ms Y felt that Mr H did not appear to be acutely unwell and considered that his needs would be more effectively met by substance misuse services. Mr H reported that his main issue was that he had started drinking alcohol again the previous night and that he had taken all the diazepam[22] that was given to him by the A&E doctor. Ms I and Ms Y planned to liaise with Mr H's longer term care team and substance misuse services the following day. It was noted that the crisis team was unable to manage the risk of Mr H hurting others as it was related to alcohol misuse "risk does not appear to be related to acute mental health issue".

4.37 An hour later Mr H was seen by Ms P, community nurse, and Ms W, social worker, for the second part of his assessment. Mr H presented as "passive, slightly tired and flat". He denied any psychotic features, saying these were in the past and that "his head had repaired the issue". Mr H denied thoughts to harm others or himself and said that when he was "under the influence the previous night" he became "emotionally charged with feelings of love towards friends and family, rather than anger". Ms P and Ms W discussed Christmas - Mr H said he still didn't plan to see his mother. Risks were identified as violence to others and himself when intoxicated. Mr H was discharged from the crisis team with follow up to be provided by Ms M, "refer to risk assessment and GP letter for more details". In the letter to Mr H's GP staff

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[22] *Diazepam is a benzodiazepine. It affects chemicals in the brain that may be unbalanced in people with anxiety. Diazepam is used to treat anxiety disorders, alcohol withdrawal symptoms, or muscle spasms.* https://www.drugs.com/diazepam.html

noted that he had reported a couple of inappropriate incidents from his ex keyworker at United Response.

4.38 On 23 December Ms P from the crisis team contacted the police regarding Mr H's statements about harming himself and others. Ms P noted that it was "thoroughly documented prior to and during admission to CRHT [crisis resolution and home treatment team]" that Mr H felt he might be at risk of harming others if he was under the influence of alcohol. Ms P noted: "police alerted in the interests of [Mr H's] safety". Later that morning Ms K liaised with Ms M to arrange a home visit to Mr H the following day or 27 December. Ms K also noted that "management at a level two was discussed and/or a forensic assessment". Ms K noted that Ms A from United Response was informed of Mr H's allegation about his keyworker. Ms K was informed that United Response planned to cancel Mr H's benefit review the following day due to the potential risk to others. Ms K completed a Safeguarding Vulnerable Adult Alert that we have found in the Trust records and in West Sussex County Council records. Mr H had reported that he had "sacked his support worker…from United Response as she had been putting pressure on him to allow her to use his laptop to access Facebook in order to harass her ex-husband". Mr H also stated that his support worker "burdened him with information about other clients and said things like: "I'm going to end up in hospital myself because of people like you"'. Mr H also said that his support worker came to his flat and verbally abused him, calling him "lame". This led to Mr H feeling his mood had deteriorated and he attended A&E for help, as he felt suicidal.

4.39 On 24 December Ms M recorded that Mr H did not attend his arranged appointment that morning. The previous day there had been a discussion about a joint home visit and not an appointment at the community mental health team.

4.40 Sanctuary Housing records show that on 24 December staff received a call from Annandale Road[23] staff to advise that Mr H had been to Annandale Road saying he had "tried to admit himself to hospital and when that didn't work he had gone to Brighton and bought MDMA[24]". Mr H said he wanted support as he was going to get "thrown out of his flat as a female didn't like him". Mr H later told Sanctuary Housing staff that social services were investigating his reports that his keyworker from House 48 had been pestering him and had been unprofessional. Mr H said he "regretted taking drugs and booze" and wouldn't be doing it again. Sanctuary Housing staff asked if he wanted to talk to Ms M, his care co-ordinator - Mr H said he should have seen her that morning at 10:00. Sanctuary Housing staff rang the Bedale Centre and left a message for Ms M to call. Mr H said he was anxious about moving

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[23] We have not been able to clarify what service or organisation Mr H attended, but believe it might have been Walcott House, a residential care home for younger adults with learning disabilities.

[24] MDMA (methylenedioxy-methamphetamine (MDMA) is a synthetic drug that alters mood and perception (awareness of surrounding objects and conditions). It is chemically similar to both stimulants and hallucinogens, producing feelings of increased energy, pleasure, emotional warmth, and distorted sensory and time perception. https://www.drugabuse.gov/publications/drugfacts/mdma-ecstasymolly

on and Sanctuary Housing staff advised that he wouldn't be "thrown out" and that staff would support him to find accommodation suitable for his needs.

4.41 During the early evening of 24 December Mr H was assessed in Chichester A&E by the duty Senior House Officer, Dr N. Mr H described feeling unable to work with the crisis team “as they were all women and he found it too embarrassing so covered up how he really felt”. Mr H said he felt unable to keep himself safe from a suicide attempt if he were to be at home over Christmas as he felt sad and alone and unable to cope with this. He reported plans to drink alcohol and then cut his wrists or jump in front of a car. Dr N recommended an informal admission to Oaklands Ward, a level two risk assessment[25], and male worker to enable more successful support in the community in future.

4.42 On 27 December Ms G, a community mental health nurse wrote to Mr H's GP, Dr P advising that the duty doctor at A&E had referred Mr H to the team on 22 December. The crisis team had assessed Mr H over the following 48 hours and concluded that he was not presenting as acutely mentally unwell and had been misusing drugs (MDMA) and alcohol prior to seeking help, thus temporarily reducing his mood and coping skills. The crisis team therefore discharged Mr H back to the care of the community mental health team on 23 December with a follow up appointment on 24 December. Mr H had appeared happy with the plan at this time and denied significant mental health symptoms. Ms G advised the GP that Mr H did not attend his appointment with Ms M, CPN on 24 December noting that this was not uncommon, and advised that Mr H did attend A&E again that day complaining of suicidal thoughts, plans and intent and feeling unable to keep himself safe at home or work with the crisis team. Ms G informed the GP of Mr H’s admission to hospital.

January to March 2014

4.43 On 2 January Mr H remained an inpatient and a multi-disciplinary team clinical review was held where it was noted that Mr H’s medication was changed and unescorted leave was agreed. Safeguarding adult concerns were noted as “NO” despite a Safeguarding Vulnerable Adults Alert being raised regarding Mr H’s keyworker at United Response.

4.44 On 6 January Mr H called Sanctuary Housing staff to advise that he was still in hospital and was likely to remain so for a further week. Mr H was concerned about being thrown out of his accommodation and said that he wanted to be in supported accommodation. Sanctuary Housing staff told Mr H that he was already in supported accommodation and that there were no other low support housing options locally.

4.45 On 9 January a further multi-disciplinary team clinical review was held when Mr H wanted to discuss the plan for his medication regime. He reported that

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[25] *A level two risk assessment is a more detailed risk assessment that is used for clients who present with complex or serious needs.*

the medication helped him in the morning but later he continued to feel agitated. Mr H stated he wanted to engage with narcotics anonymous and that he was hearing voices that correlated with what he was thinking: "everyone is having telepathic conversation, I can block it out". Mr H said it became intense when he was feeling agitated or anxious. Safeguarding adult concerns again recorded as “NO” despite the alert having been raised. A provisional discharge date of 16 January was agreed with unescorted leave in the meantime.

4.46 On 14 January Mr H went to see Sanctuary Housing staff to tell them he was home on leave from the hospital and would be discharged on Thursday. Mr H said that he had spoken to someone from Annandale Road the previous week and that “Stonham may be able to house him as he wanted to be in supported housing”. Sanctuary Housing staff asked Mr H to go to the office after he had been discharged from hospital to discuss what he wanted to do about accommodation in the future.

4.47 On the day of Mr H’s discharge from Oaklands Ward a multi-disciplinary team clinical review was held. Mr H’s diagnosis was recorded as schizoaffective disorder and emotionally unstable personality disorder. It was noted that he had a history of multiple admissions and a “forensic history but none since 2006”. Mr H had a poor opinion of himself and had said "I'm a pathetic excuse of a human being...I have let myself down...I need help". Mr H’s argument with his mother was noted as were the reports about his keyworker from United Response. Staff recorded that he had a good rapport with his care co-ordinator, noting this as a protective factor. Again safeguarding adult concerns were recorded as “NO”. Mr H’s medication on discharge was aripiprazole, increased to 15mg, and seven days of zopiclone.[26] A referral was also made to an employment advisor.

4.48 On 20 January Ms R, community nurse, made calls to three different mobile numbers trying to get hold of Mr H, without success. Ms R contacted another office where staff confirmed they had seen Mr H that morning but he had gone out. A new contact number was provided and Ms R left a message for Mr H to contact the Bedale Centre. An appointment was given to Sanctuary Housing to give to Mr H for the next day at 11:30, noting that if the time were not convenient for Mr H to call to let them know.

4.49 On 21 January Ms R saw Mr H for his seven day follow up appointment. He reported that he had been trying to stay off alcohol and illicit drugs but had two pints two days previously; he felt cross and upset with himself about this. Mr H said that he had made a decision that, as it was his 30th birthday that day, he was going to start growing up and hoped not to return to drugs again. He said he had resisted taking drugs two days previously when he had drunk alcohol. Mr H denied suicidal thoughts or thoughts to harm anyone else and said that he felt the aripiprazole was working well as it helped him to get up,

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[26] Zopiclone is an hypnotic that works by acting on the brain to cause sleepiness. It is used for short-term difficulties in falling asleep, waking up at night, or waking up early in the morning, or for difficulty in sleeping caused by events, situations or mental illness, which is severe, disabling or causing great distress. https://www.medicines.org.uk/emc/medicine/18157

get going and out for the day, which pleased him. Mr H said that he didn't want to see Ms M again, as although he got on well with her, he didn't feel that she “got him” and he had found it difficult to get hold of her, as she had been unwell. Ms R discussed alternatives with Mr H; he said he felt that as he had support from United Response and Sanctuary Housing, which would be enough. Mr H agreed to have a final meeting with Ms M to discuss this. Ms R agreed to make an appointment with Dr W in the following weeks to review the new medication started in hospital.

4.50 On 29 January Mr H attended A&E in Chichester where he was assessed by Ms L. Mr H reported paranoid thoughts of being followed and thoughts of running away to the West Country, but instead decided to come to A&E to ask for help. Ms L identified further deterioration in Mr H's mental health and a potential risk of overdose by taking more than the prescribed amount of medication to manage his symptoms. Mr H had a booked outpatient appointment with Dr W on 3 February but felt that he needed additional support from the Bedale team prior to this. Ms L agreed to inform the Bedale Centre of the out of hours contact with Mr H and request that they make contact with him to see what support could be offered in the interim. Ms L gave Mr H a dose of 7.5mg zopiclone to help him cope overnight, after he complained of difficulty in sleeping. The records held by Western Sussex Hospitals Trust for this A&E attendance state that Mr H reported hearing voices and feeling very agitated. He reported his neighbour upstairs was very noisy and stated his keyworker was stalking him. The document from 2006 citing that "UNDER NO CIRCUMSTANCES IS HE TO BE GIVEN ANY MEDICATIONS" was also included in the attendance bundle.

4.51 The following day Mr H presented to A&E in Chichester for the second night in a row reporting ongoing paranoid thoughts, reduced coping and poor sleep. He reported having knives ready and had been resisting the urge to cut his wrists. Ms L assessed Mr H again and noted that the Bedale Centre had not contacted Mr H. Ms L recorded that Mr H had reported relapsing mental health and concerns about prescribed medication, which may have compromised his compliance. Ms L planned to refer Mr H to the crisis team for further assessment and possible support to prevent further relapse and avoid hospital admission. The records held by Western Sussex Hospitals Trust for this A&E attendance again included the document from 2006 citing that "UNDER NO CIRCUMSTANCES IS HE TO BE GIVEN ANY MEDICATIONS".

4.52 On 31 January Ms H, Senior Psychiatric Social Worker/AMHP [27]wrote to Mr H's GP, Dr P. She advised that Mr H was referred to the crisis team for assessment after he had presented at A&E on 29 & 30 January. On 29 January Mr H was assessed by the senior nurse practitioner and sent home with a referral for follow up from his team at the Bedale Centre. On 30 January Mr H was again assessed by the same practitioner who referred to

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[27] *An Approved Mental Health Professional (AMHP) is someone who is authorised to make certain legal decisions and applications under the Mental Health Act.*

the crisis team, as the Bedale Centre had apparently not responded because his care co-ordinator was away. On the same day Ms Y spoke with Mr H to arrange an assessment slot with the crisis team. Mr H said he was “fine - just not sure whether or not he should take the aripiprazole as he wasn't sure it was working for him”. Ms Y told him that it was his choice to take it or not, Mr H said he would think about it. A later entry notes that Mr H was assessed by Ms W, the outcome being that he was not taken on by the crisis team as he was no longer distressed, having employed some strategies himself to address some of the triggers. Mr H reported that he had been drinking large amounts of coffee, which had affected his sleep pattern. He had decided to stop drinking it in the afternoon; Ms W suggested that he try caffeine free coffee. Mr H also reported that his upstairs neighbour had been dancing making a lot of noise, which he found highly irritating; this agitation had been a trigger for him attending A&E. Mr H said he had asked the scheme project worker to mention the noise to his neighbour, she had stopped and this had really helped his mood. Mr H had also stopped his Facebook account and changed his number to cut ties with drug and alcohol users and drug dealers. Mr H told Ms W that he attended the day centre on Mondays and Wednesdays only due to the awkwardness of his ex-project worker being on shift on the other days. He was planning to go to a volunteering programme, as being meaningfully occupied would help his self-esteem. Ms W discussed Mr H's feelings about his care co-ordinator, much of which was his feeling of being let down, despite him recognising it was unintentional as she had been ill. Mr H recognised that his own attendance was poor and Ms W suggested he looked at alternative strategies with Ms M. Mr H felt his worst times were late evenings on a Friday or at weekends when nobody was around and he couldn't get a response from the Mental Healthline. Ms W suggested that when this happened, he “make a cup of tea and then try again”.

4.53 On 1 February Mr H again attended Chichester A&E complaining of feeling agitated and stressed as he felt his neighbours were banging on the floor to wind him up. A psychiatric assessment found Mr H not to be suicidal nor homicidal. Mr H said he was due to see his consultant psychiatrist on Monday so he was discharged home.

4.54 On 7 February Ms U from the community mental health team received a call from Mr H’s GP to say that Mr H had attended A&E again the previous night when he had been given diazepam. This had happened on the last few occasions Mr H had been to A&E. The GP advised that the surgery were going to flag on their system that Mr H should not be given diazepam by any out of hours doctor. Later, Mr H called to ask for his aripiprazole to be increased by Dr W. Ms U recorded that she would ask Dr W and arrange for someone to contact Mr H soon.

4.55 On 10 February Mr H presented at Chichester A&E and reported that he was angry with his consultant psychiatrist as he had reduced Mr H’s medication. Mr H was discharged home and advised to contact the community mental health team the following morning.

4.56 On 13 February Mr D, a community mental health team bank nurse, called Mr H who said that he was “desperate to go back on to olanzapine as he wasn't coping with aripiprazole”. Mr H reported that “Dr W thought he was swinging the lead” but Mr H said he “promised never to ask for another medication change”. Mr D said he would try to pass the message onto Dr W and agreed to meet Mr H at the Bedale Centre a week later. Later Mr D recorded that he had spoken with Dr W regarding Mr H’s request “to be discussed with Mr H in 2-3 weeks”.

4.57 The following day Mr H attended Brighton A&E saying he was “unhappy with his mental health team in Bognor”. The mental health nurse in A&E told Mr H that they had full access to his notes and could see his dissatisfaction. However the mental health nurse explained that Brighton A&E was in no position to help Mr H with his ongoing difficulties. No risks to self or others were noted and Mr H was advised to return home which he agreed to do.

4.58 On 18 February Mr H attended Chichester A&E via ambulance. Mr H reported that he had been on olanzapine but it had changed to aripiprazole and that “it wasn't working”. Mr H said the new medication was making him very restless and agitated, he had had suicidal thoughts that day and wanted to cut his wrists. Mr H admitted he had been drinking and taking MDMA to calm himself down. It was noted that he had an appointment with his care co-ordinator on Thursday. Again the bundle for this attendance include the document from 2006 citing that "UNDER NO CIRCUMSTANCES IS HE TO BE GIVEN ANY MEDICATIONS". When Mr H was assessed by Mr F from the psychiatric liaison service Mr F recommended completion of a level two risk assessment by Mr H's team to support decision making out of hours.

4.59 The following day Mr H called the Bedale Centre and spoke to Ms Z, duty worker. Mr H expressed frustration that he “needs to be heard” and said he was “very unhappy” that he could not see his doctor that day. Ms Z explained that Mr H's doctor wasn't at the centre that day but that others could see Mr H in the interim. Mr H was aware that he had an appointment with his care co-ordinator the following day and again stated he wanted to go back on to olanzapine as the aripiprazole was not working for him. Mr H said he had taken two of his tablets that day and felt even more agitated. Ms Z offered to see Mr H at the Bedale Centre but he declined. Mr H spoke about taking ecstasy over the weekend period and that he was then feeling bad in response to this. Mr H said that if Ms Z was unable to prescribe the olanzapine there was no point in seeing her. Mr H agreed to go to the Bedale Centre the following day to see his care co-ordinator and speak with him regarding his medication problem. (It appears from this entry that Ms Z believed that Mr H had been allocated another care co-ordinator during Ms M’s absence over the previous weeks, however we have found no evidence that this was the case). Later Mr H went to the Sanctuary Housing office to say that he had again been drinking and taking drugs. He also said that he had pawned some of his belongings and said that his medication was not doing him any good. Mr H told staff that he had thought of giving notice on his accommodation and “going homeless”. Sanctuary Housing staff said they could support him to attend his appointment the following day at the Bedale

Centre. Mr H also said that his heightened anxiety was being made worse by "downstairs doors slamming and upstairs tap dancing".

4.60 The same day Mr H's GP received an NHS 111 report advising that Mr H had contacted them and had reported that he wanted to murder people, he had tried to contact his GP but his GP didn't want to help. It was noted that the call handler's supervisor had called the police, as they were concerned about Mr H's threats.

4.61 On 20 February Mr H was supported by Sanctuary Housing staff to attend an appointment with Ms M and Dr W at the Bedale Centre. Following the appointment Dr W wrote to Mr H's GP advising that he had met with Mr H that day on an emergency basis, along with Ms M his care co-ordinator. Mr H said that he had been using MDMA on and off, the last one was the previous Friday: 1.5g equalling about £45. Mr H also acknowledged using alcohol on and off and said that he had gone to A&E because he felt "abandoned by the team". Dr W noted that Ms M had been on sick leave for eight weeks. Dr W advised that Ms M and he had a detailed discussion with Mr H about medication and concluded that it was not clear how much Mr H was taking, and when. Dr W advised that he planned to move to depot injections to monitor the effect of the anti-psychotic medication and that Mr H's next appointment would be arranged in liaison with Ms M. Current medication noted as flupentixol[28] 3mg bd, flupentixol decanoate IM 20mg to be repeated after one week, then every two weeks if no allergic reaction occurred after oral doses. The letter to the GP was not received until 21 March.

4.62 On 26 February Sanctuary Housing staff supported Mr H to attend his appointment at the clinic with Ms M (we believe she had recently returned from sick leave). Ms M recorded that Mr H "accepted test dose of 20mg flupenthixol[29] dec im - return in two weeks for next dose. Discussed side effects, but has been on Depixol."

4.63 The next record of Mr H attending clinic for his depot is on 26 March. Ms M noted that he was very upbeat in mood and presentation. "20mg flupenthixol administered. No concerns noted at that time. Next dose due "on 9 April". The same day Mr H visited the Sanctuary Housing office for a chat. Staff noted that his mood was quite upbeat, "thinking and talking in a positive way". Mr H reported that he felt his depot was working better than oral medication.

April to June 2014

4.64 On 9 April Ms M contacted the depot clinic to ask them to check whether Mr H had turned up that day - he had not. Ms M also suggested that the depot clinic did not contact Mr H if he defaulted from his depot. We can find no rationale for this decision, or it being a documented multi-disciplinary

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[28] *Flupentixol decanoate is an antipsychotic medication used to ease the symptoms of schizophrenia and other mental health symptoms in adults. It is a long-lasting injection that is administered every two to four weeks.* *http://patient.info/medicine/flupentixol-long-acting-injection-depixol*

[29] *Flupentixol ref*

decision). Sanctuary Housing records for 10 April state that Mr H had not attended his appointment the previous day as he had been unwell. Mr H told Sanctuary Housing staff that he wanted to discuss an increase to his medication. Mr H attended for his depot injection later that day.

4.65 The following day (10 April) Mr H went to the Sanctuary Housing office to say that he “had some issues with House 48 and an abusive project worker” whom Mr H alleged owed him £100. Mr H also reported that the worker had been verbally abusive towards him. Sanctuary Housing staff offered support with contacting the police to report the matter, but Mr H said that he was "not a grass and does not want to report this to the police". Mr H refused all offers of support so staff asked him to consider what support (if any) he wanted from them. Later a friend of Mr H's called the Sanctuary Housing office to say that Mr H had texted him to say he was “going to kill someone”. Sanctuary Housing staff spoke to Mr H and confirmed that he had sent the text. Staff advised that they needed to report the matter to the police; this they did and the police advised that they would send a unit to check on Mr H. Later again two Sanctuary Housing staff knocked on Mr H's flat to check on him. Mr H said he was “okay” and that he never said he was going to kill someone, he said the text he sent to his friend said "he felt like he wanted to kill someone".

4.66 Later still Mr H attended Chichester A&E having been on a 48-hour binge during which he had taken 3.5g of MDMA in addition to an experimental high called Spellweaver. Mr H had low mood as a result and “questioned the point of being alive”, but the psychiatric liaison assessor, Mr F, found that Mr H had no active plans to harm himself. Mr H said he had read reviews that Spellweaver "made you nervous and paranoid" and said that he had taken it "because I'm an idiot". Mr H requested admission to hospital to stop him from using drugs and said that he had told other people that he was going to burn down his flat. Mr F noted that he felt that this was a comment designed to facilitate admission rather than a statement of intent. Mr F assessed Mr H’s risk as low in all areas, although Mr H said he had chosen a suicide song which Mr F felt indicated some future planning and therefore an increased risk of suicide in the future. Mr F recommended completion of a level two risk assessment by Mr H's team to support decision making out of hours. Once again the records held by Western Sussex Hospitals Trust for this A&E attendance again included the document from 2006 citing that "UNDER NO CIRCUMSTANCES IS HE TO BE GIVEN ANY MEDICATIONS".

4.67 On 12 April, Mr H called Sussex Mental Healthline and said:

- he hadn't been out for five days;
- that he was on loads of medication;
- he feared people were after him;
- that he didn't want to go out that day;
- he wanted to go into rehabilitation; and

- he wanted to be admitted.

4.68 The call handler advised Mr H to call police if he feared people were after him, to call an ambulance if he were feeling unwell, and to use the Mental Healthline for telephone support. Mr H subsequently attended Chichester A&E where he was assessed by Ms S, senior nurse practitioner. Mr H reported poor sleep due to paranoid thinking and said that he was eating convenient snacks, Ms S noted "suggests he is not caring for himself or his flat as well as usual". Reported feeling that people were watching him and wanted to harm him and that he was hearing voices that were derogatory in nature, but denied they were commanding him to harm self or others. Ms S noted that this was Mr H's second presentation to A&E in two days and that both times Mr H had requested admission. Mr H had been misusing substances over the previous two days and had reported an increase in paranoid ideas and thoughts of committing suicide. Mr H was distressed and this increased when the decision was made to send him home for assessment by the crisis team the following day. Mr H said "...if anything happens on your head be it...you think I'm spoilt...do you think you (the service) have spent too much money on me, is that why you're sending me home?" Ms S noted that Mr H reported that he had a history of childhood abuse, suicidal thoughts since he was a small child (reported one attempt by ligature), previous self-harm by cutting of arms and history of alcohol and substance misuse since age 15. Ms S also recorded that Mr H had one four and a half years prison sentence for assault committed when he was intoxicated "stamped on head of victim". Ms S referred to Mr H to the crisis team for assessment and noted that all professionals involved felt that Mr H 's presentation and account were sufficiently low risk to allow for Mr H to return home prior to assessment the following day. Mr H was unhappy with this decision and was accusatory towards the assessor suggesting, "something may happen". Mr H indicated he may not be present at the assessment the next day however he was encouraged to take the support being offered and was informed Ms S would continue with the referral to the crisis team. Ms S also recorded that she would complete a Safeguarding Vulnerable Adult Alert and assessment the following day.

4.69 Within about three hours of Mr H's attendance at A&E Ms R from the crisis team called him to offer an appointment the following day. Mr H stated, "nobody was listening, that his life was in danger from someone breaking down his door to kill him". Mr H said that he "had to leave the area in order to stay safe as the team wasn't helping him, and that he should be in hospital for his protection". Ms R informed Mr H that hospital was not for protection against others and if he were concerned he should contact the police. Mr H "expressed dissatisfaction at this suggestion, saying that no one was listening to him". Ms R offered an assessment the following morning to which Mr H responded by saying that he might be out of the area by then, as he "had to get away". Ms R said she would call him first to check his whereabouts.

4.70 On the morning of 13 April Ms R called Mr H as agreed. Mr H said he wasn't in the area and that he was unable to return home until later that day. He

stated that there was little point in being seen by the crisis team as there was “nothing they could do and he might as well wait until the following Monday” and contact his care co-ordinator Ms M. Ms R did not identify any risks during the telephone call and noted that historically Mr H had sought help when he was in need or feeling at risk to himself or others. Mr H sounded calm on the telephone, in contrast to the call the previous day when he sounded angry.

4.71 On 14 April a Vulnerable Adult At Risk form was completed by Sussex Police and faxed to the Trust and West Sussex County Council. The police had completed the form after Mr H had contacted them on 12 April saying that he “felt he was going to bite people and that he was getting angry and twitchy”. Mr H had told police that he had taken a legal high called Spellweaver and showed police the empty packet that clearly stated "not for human consumption". Mr H told police that he wanted to get off his head and that he felt like he could become suicidal but didn't want to slash his wrists as it would hurt too much. The outcome of the police contact was that an “ambulance took Mr H to hospital for assessment”.

4.72 On 15 April Sanctuary Housing records note that Mr H returned from Devon the previous evening and had called the Sanctuary Housing office that morning to say he had no money for electricity and no food. He said he had taken some of his things to the pawnshop and that House 48 were arranging a food parcel for him and would provide transport and a support worker to enable him to collect it

4.73 The following day Mr H went to the Sanctuary Housing office with some paperwork for a rehabilitation centre in Devon. He asked staff to fax it for him, however as the office fax wasn't working staff photocopied the document and provided an envelope.

4.74 On 17 April Mr H was assessed in custody after he had been taken to Crawley Magistrates' Court from Chichester police custody following arrest for the offence of “possession of bladed article”. Mr B, Police Court Liaison & Diversion Service saw Mr H briefly in his cell where Mr H declined to be seen or assessed. Mr H denied thoughts of self harm or suicide and was clear that he would be able to keep himself safe on release. Mr H was subsequently released from court on unconditional bail until 14 July when he was due to appear at Worthing court. Mr H was provided with a travel warrant back to Bognor Regis.

4.75 On 25 April the depot clinic noted that Mr H had not attended for his depot injection the previous day. Mr H had left a message with reception staff stating that he was unable to leave his flat and reported that he did not want Ms M to phone him as he would attend the next day. Mr H had subsequently left a message for Ms M to contact him, which she attempted to do, but the call went to answerphone. Ms M left a message asking Mr H to contact her and then spoke to a member of staff at Sanctuary Housing who reported that Mr H had been out all day the previous day. Later that day Mr H attended for his depot injection, he complained of various strange symptoms of “elation, lowness and dizziness”. He admitted that he had “snorted a bucket load of

coke up my head". Ms R advised him on the use of street drugs and she recorded that Mr H listened "with the facial expression of somebody who has already made up their mind in how things should be done". Ms M administered the depot injection. Ms M and Ms R agreed that Mr H should only be seen when there is an additional member of staff available to be a witness because Mr H had implied that a nurse who had administered his injection recently had wiggled the needle about in his buttock. Mr H was generally compliant but "something in his tone" made Ms M and Ms R uneasy. Mr H was due to attend again two weeks later.

4.76 On 28 April Ms M called Sanctuary Housing staff to inform them that Mr H was in Worthing awaiting a Mental Health Act assessment. Ms M advised that after contacting Stonepillow [30]about housing support Mr H had left the offices saying he was going to kill someone. Stonepillow staff had called the police who took Mr H into custody. Ms M told Sanctuary Housing staff that she did not consider Mr H to be "sectionable" and was certain he would be sent home. Later there was a call from the AMHP who wanted to check that Mr H still had accommodation with Sanctuary Housing, staff confirmed that he did and that he could return at any time. Later again the AMHP called to advise that Mr H had not been detained and that Mr H had informed assessors that he wanted to go into hospital until he went into rehabilitation. Mr H had been told this would not happen and that Mr H could access Clockwalk[31] for substance support for the time being.

4.77 The following day Mr H attended a key working session with Sanctuary Housing staff. The record of that session indicated that Mr H had had "several blips over the previous two to three weeks"; making threats to set fire to his flat, saying he was going to kill someone, and walking out of his flat with a knife. The police had been called each time and now Mr H was due to appear in court in July 2014 in relation to the knife incident. Staff noted that Mr H had made a self-referral to the Freedom Communities project in Devon and was waiting for a telephone assessment.

4.78 On 1 May Mr A was informed that Mr H had attended Langley Green Hospital where Mr H told staff that he had been staying with his father in Crawley but couldn't stay there any longer as his father was a "knob" and a "dead man". Mr A was told that Mr H had smelt of alcohol and that he had drunk a bottle of vodka but had not been threatening to others or complained of hearing voices. Mr A outlined Mr H's recent behaviour and discussed with Trust staff the outcome of the meeting that morning with Sanctuary Housing and United Response regarding risks to staff, dual working and perception of need. It was noted that Mr H had been advised by staff at Langley Green Hospital to return

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[30] Stonepillow Hostel and hub offers support to homeless and vulnerable people within the Arun District. The Hub is open Monday, Wednesday and Friday 10am-3pm. Snacks, a light lunch, and hot drinks are provided. Project workers are available to offer advice and support to people wishing to make positive changes to their lives. The Hub also provides emergency support such as clothing, washing and shower facilities for those that are street homeless in the Arun District.

[31] Clockwalk is a confidential service, open to all those affected by drugs and alcohol across West Sussex. This can mean finding employment, complete abstinence or prescribing of medicines to support recovery. www.westsussex.gov.uk

to Bognor and his own address to seek support from staff at the Bedale Centre.

4.79 On 2 May West Sussex County Council records indicate that a request was received for an AMHP to assess Mr H. We can find no evidence that this request was actioned.

4.80 On 9 May Mr H received a depot injection and told staff that he was feeling dreadful and the reason was his use of illicit drugs and alcohol. He acknowledged that he now needed professional help although that day he had not taken anything. Mr H was given the date of his next appointment (20 May), he said he would attend and provided his new mobile number.

4.81 On 12 May Mr H informed Sanctuary Housing staff that "his lock was busted" and reported that he had been taking heroin and crack cocaine. Sanctuary Housing records show that staff contacted Ms M; we can find no corresponding entry in Trust records.

4.82 The following day Sanctuary Housing staff called Mr H to remind him of his appointment with Ms M that morning. Mr H told them that he was in Brighton looking for somewhere to live so Sanctuary Housing staff asked Mr H to call Ms M to let her know. Mr H called and informed Ms M that he was in Brighton looking for accommodation; he reported that his accommodation was not good "and he received no support there" and that "drug dealers were constantly knocking on his door". Ms M advised Mr H that moving would take time and planning. Mr H asked when his depot was due, Ms M informed him it was 20 May. Mr H said he was running out of credit and that he would see Ms M on 20 May. Later Ms M informed Sanctuary Housing staff that Mr H had been turned down by the Freedom Community Project (based in Devon).

4.83 On 14 May Mr H was taken to the Royal Sussex County Hospital A&E by ambulance. Mr H reported that he was hearing voices and that he had only been in Brighton for two days, having moved there to make a "fresh start". The assessment completed by Trust psychiatric liaison staff a few hours later noted that Mr H had been drunk and had been picked up in the street after he stated he was hearing voices telling him to harm others. Mr H requested admission into Mill View saying he "needed a detox". Mr K, mental health liaison nurse, advised that as Mr H was from "out of area and admissions for detox needed to be arranged by his local team, it was unlikely Mr H could be helped in A&E". Mr H said "okay" and left A&E. At 3:15am Mr H re-presented back at A&E and told reception staff that he wanted to be seen for "mental health issues". Mr H was seen by Mr K again and advised that he needed to leave A&E and that he should seek follow up from his local team. Mr H stated that he had no means of getting home and requested a travel warrant. Mr K informed Mr H that this was "neither available nor appropriate". Mr H therefore requested to remain in A&E waiting area until 6:00am to enable him to get the first bus. Mr K discussed this with the A&E shift leader and Mr H's request was agreed.

4.84 On 17 May Mr L, criminal justice liaison nurse, saw Mr H briefly in Crawley police custody suite following his arrest for "suspicion of theft of alcohol". Mr H declined to speak to Mr L as Mr H said he didn't feel he had any concerns he needed to discuss. Mr L noted that Mr H's mood appeared flat, with "no obvious signs of elation, mania or psychosis", however the interview was very brief therefore there was limited opportunity for assessment.

4.85 On 19 May Mr H went to the Sanctuary Housing office and stated that he would like police assistance in recovering possessions he alleged were being retained by an individual he stayed with in Brighton. Staff advised Mr H to visit Bognor Police Station. Mr H told staff that he had sold his mobile phone to pay for alcohol and two days later provided staff with a new mobile phone number. Sanctuary Housing staff emailed this information to Ms M.

4.86 On 23 May Mr H attended for his depot injection. He reported that he was keeping fairly well but said that he had been drinking too much alcohol and had also used a little cocaine and MDMA. Mr O recorded that Dr W was passing and so had a brief chat with Mr H. Dr W wanted Mr H to come to a meeting and said he would liaise with Ms M, noting that Mr H's next depot was due on 6 June.

4.87 On 26 May Mr H called an ambulance for himself after experiencing distressing voices that were telling him to cut his wrists. He was taken to Chichester A&E for a mental health assessment. Mr H was assessed by Ms L who found him lying on the floor in the interview room. Mr H admitted he had been drinking heavily during the afternoon and evening. A breath sample gave a result of 197mg/ml (in England and Wales, the alcohol limit for drivers is 35 microgrammes per 100 millilitres of breath 35mg/ml). Mr H was surprised that the reading was so high but understood that Ms L was unable to continue with the assessment at that time. Mr H was given the option to return home and contact his team the following day for support. He said he could not do this as he had no transport home and said he would prefer to remain in A&E to await assessment when sober. Ms L informed A&E staff of the breath test result and Mr H's request to remain until sober. The following day Mr H was referred to Ms S "on her arrival for a late shift", but Mr H had left the department prior to Ms S seeing him. Ms S phoned Ms M to inform her of this fact and the reason for Mr H's attendance at A&E.

4.88 On 3 June Mr H went to the Sanctuary Housing office and informed staff that he had secured, or was likely to have secured, a room at Emmaus in Portslade and stated that he hoped to move on 28 June. Mr H told staff that he would be working for 40 hours per week and said that he "has got to move things on".

4.89 On 8 June Mr H arrived at Worthing A&E complaining of feeling suicidal and chest pain. Mr H answered questions with one or two words, not wanting to open his eyes and complaining of feeling tired. He stated he went into the sea that night and was unsure why however on arrival at A&E his clothes and body were dry. The document from 2006 citing that "UNDER NO CIRCUMSTANCES IS HE TO BE GIVEN ANY MEDICATIONS" included in

attendance bundle. However staff had noted it was "old" and that staff would contact St Richards to arrange for it to be removed or updated. Chest x-ray arranged to check that lungs and pleural spaces were clear. Ms L assessed Mr H and her entry advises that the assessment was uploaded, however we have not been able to identify it within the records received from the Trust.

4.90 On 12 June Sanctuary Housing staff attended the Bedale Centre for Mr H's multi disciplinary team meeting. Dr W was delayed so the meeting was cancelled and re-booked for two weeks' later. Later, Sanctuary Housing staff asked Mr H to come to the office to give written permission for them to contact Emmaus staff.

4.91 On 16 June Mr H gave Sanctuary Housing staff permission to talk to Emmaus staff and he later reported that he had been getting texts from the support worker he had issues with before. Sanctuary Housing staff later emailed a manager to provide details of Mr H's report. Advice was given to Mr H not to text the worker and not to respond to texts or calls from her. Sanctuary Housing staff also contacted the manager at House 48 (the service where the support worker was based) who advised that Mr H had just arrived there. The Trust records show that Mr G received a call from Ms A at United Response to inform the community mental health team of Mr H's report. Ms A advised that the staff member had been suspended and that she would send a Vulnerable Adult Alert to Ms M, Mr H's care co-ordinator.

4.92 The following day Sanctuary Housing staff contacted Emmaus staff and spoke to a support worker Mr I. Mr I said that his colleague Mr T, referral co-ordinator, had been dealing with Mr H's referral but that he (Mr I) would discuss it with his colleague and call Sanctuary Housing staff back on Friday. We can find no evidence that this call was received on the Friday.

4.93 On 23 June Mr H arrived at the community mental health team to request his depot injection that was due on 20 June; Mr A administered it. Mr A said that he understood that things had been a bit difficult for Mr H recently and Mr H said that he had been using a lot of alcohol and crack cocaine. Mr H talked about applying to go to a "Christian community in Brighton[32] where they controlled his money and offered a structured daily programme". Mr H hoped to hear by the following week whether he had been accepted.

4.94 On 24 June Mr H asked Sanctuary Housing staff to contact Mr T at Emmaus, as apparently Mr T was in his office at that time. Sanctuary Housing staff did so and noted that Mr T offered a moving date of 2 July, Mr H asked for 3 July as he would have transport on this date to which Mr T agreed. A standard notice to quit letter was provided by Mr H to Sanctuary Housing staff.

4.95 On 25 June West Sussex County Council received a copy of an email sent from Sanctuary Housing to United Response detailing some of the text

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[32] *Emmaus is incorrectly referred to by either Mr H or Trust staff as a Christian community. Emmaus is a secular charitable organisation.*

messages Mr H had received from his support worker that formed part of the safeguarding alert that had recently been made.

4.96 On 27 June Ms M received a call from Mr H advising that he had been accepted at Emmaus in Brighton. Mr H told Ms M that he had given notice on his Sanctuary Supported Living accommodation and his tenancy was due to end on 3 July. Ms M advised Mr H that she would need to transfer his care to the local community mental health team in Brighton, however she would ask them to administer his depot injection in the meantime. Ms M contacted Emmaus and spoke to the referral co-ordinator to ascertain which GP surgery they used in order to identify the correct community mental health team. Ms M emailed a referral to the Assessment and Treatment Service informing them of Mr H's planned move to the Emmaus Project on 3 July. Information about Mr H's current prescription was provided and Ms M advised that his care plan and risk assessment would be updated. We can find no evidence that the updates were completed.

4.97 On 30 June the transfer of Mr H's care from Bognor Regis was discussed by the Brighton team. They noted that his depot injection was due on 7 July and that he had a diagnosis of personality disorder with substance and alcohol misuse present. Ms D, from Brighton Triage then spoke to Mr H following the request for his case to be transferred. Mr H advised he was not due to move to Emmaus until 3 July and might have a new telephone number; Ms D noted this should be checked. Ms D gave Mr H the team's phone number and asked him to keep them informed should his telephone number change. It was agreed that Ms G2 would administer Mr H's depot on 7 July. Paperwork was completed and a letter was sent to Mr H care of Emmaus. Ms D noted that Mr H was "grateful for the contact".

July to September 2014

4.98 On 1 July a letter was sent from the Adult Mental Health Service West Recovery Team to Mr H confirming his conversation with Ms D. It advised that Ms G1 would telephone Mr H on 7 July to arrange a time to visit Emmaus to administer the depot injection.

4.99 On 3 July Mr H handed his keys back to Sanctuary Housing staff who then called housing benefit to cancel Mr H's claim effective from that day. This was the same day that support to Mr H from United Response ended. There is a document dated 3 July 2013 (clearly an incorrect date as it refers to events on 3 July 2014) that provides a summary of the involvement United Response had in Mr H's move. This document indicates that although United Response were not involved in any of the process relating to Mr H's application to Emmaus, as they "had supported Mr H for some time and were in agreement that a move out of area would indeed give him a fresh start". The document also notes that Mr H "needed to move away" from Bognor Regis "as his friendship group was drug and alcohol orientated and he really needed a fresh start to allow him to stop his substance misuse".

4.100 On 8 July Mr G, from the Brighton community mental health team met with Mr H at Emmaus, Mr H had been living there for one week and was "warm and friendly in manner". He said that he felt "happy and well supported at Emmaus and was glad" that he had moved. Mr H appeared to be proud that he had organised the move himself, independently of the Bognor Mental Health Team and said that he had not taken alcohol or drugs for a week and "wanted to stay that way". Mr H planned to link with Alcoholic Anonymous and Narcotics Anonymous. Mr G also suggested that Mr H attend the substance misuse service, which Mr H said he "would consider". Mr H reported that he was working in the shop at Emmaus and hoped to return to paid employment in the future. Mr H also said that he had been in court the previous day and had been found guilty of carrying a bladed weapon; he was given 12 months' probation. Mr H didn't know who his probation officer would be, however Mr G said he would endeavour to meet with the probation officer when Mr H knew who it was. Mr G administered flupentixol 20mg injection and gave Mr H details of the depot clinic at Hove Polyclinic[33] for the next injection on 22 July. Mr G arranged an outpatient review for Mr H on 5 August with Mr G and Dr K. Later Mr G spoke to Ms M, who "gave a picture of a chaotic young man, often needing assertive follow up and was erratic about engaging with mental health services. Often attended A&E in crisis and looking for admission".

4.101 Mr H registered with the new GP practice, Mile Oak Medical Centre, on 9 July and received his next depot on 22 July.

4.102 On 29 July Mr H met with Mr G from the Brighton community mental health team and Ms E, Mr H's probation officer. Mr H had arrived early for an appointment with Ms E earlier in the day and had informed Ms E that he had left Emmaus as he didn't like having to work there. Mr H said that he was staying with his father in Crawley, he was unsure of his future plans other than he intended to keep his appointment with Ms E the following Tuesday and appointment with Dr K on 5 August.

4.103 On 5 August Mr H was seen by Mr G and Dr K for a Care Programme Approach review. Mr G recorded "No change in treatment, depixol (ie flupentixol) 20mg every two weeks, due today". Dr K later wrote to Mr H's GP at Mile Oak Medical Centre to inform him of the outcome of the Care Programme Approach review (the letter was sent on 29 August). Dr K advised that Mr H had reported that he "gets paranoid thoughts relating to conspiracy theories" and that he "hears voices…they are not good voices and he doesn't like them". Dr K indicated that Mr H had admitted he "needed rehab to sort himself out" as he would binge drink and use MDMA. Dr K noted diagnoses of emotionally unstable personality disorder, borderline type and binge drinking disorder and related misuse. We can find no evidence of any Care Programme Approach paperwork completed following this meeting.

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[33] *Hove Polyclinic is the base for the adult community mental health teams and Brighton and Hove assessment and treatment teams.*

4.104 Following the Care Programme Approach meeting Mr H received his depot, 20mg flupentixol and later attended an appointment with Mr G and Ms E, prior to the meeting Ms E was unaware that Mr H had returned to Emmaus. Mr H and Mr G then went to the substance misuse service who advised Mr H to contact 9 The Drive (where the drug and alcohol service was located) the following day to arrange an assessment with their service. Mr G noted he was due to see Mr H again two weeks later.

4.105 On 6 August Mr G received an email from Ms E. Ms E advised that Mr H had been to Ditching Road (we believe this should actually read Ditchling Road where a drop in service is provided for people with drug and alcohol misuse problems) to ask about rehabilitation services and effective from the following Monday he would be attending the St Thomas fund[34] day programme. Ms E noted that Mr G was due to see Mr H on 18 August and she asked Mr G to let her know when Mr G would see Mr H, as he (Mr H) would now no longer be available on a Monday.

4.106 On 7 August Brighton and Hove Council completed a housing options assessment for Mr H. The form indicated that Mr H had left Emmaus Brighton & Hove after one month; he had been in supported accommodation prior to that and thought it would be a good step trying to work but he couldn't manage it, so he had to leave Emmaus. Mr H indicated he had "a few" criminal convictions and noted "please ask". Mr H reported that he had schizoaffective disorder and was "manic in mood, constant highs and lows, I hear voices all the time and get very paranoid, nervous and unsure. I am on a depot injection once a fortnight. I self-harm".

4.107 On 12 August Mr H was admitted to Royal Sussex County Hospital presenting with suicidal ideation/ETOH (ethylalcohol, it indicates the presence of alcohol on the breath of a patient). Ms B1, liaison psychiatry team, telephoned the CDU to clarify Mr H's status; she was advised that Mr H had been abusive to police at the entrance of A&E "he drew a knife to them". She noted that Mr H had been arrested and removed from the department pending interview in police custody.

4.108 The following day Mr H was seen by Mr E, criminal justice liaison nurse, who noted that Mr H had been arrested the previous evening and had been charged with "possessing a knife/sharp pointed article in a public place". Mr E noted that Mr H would be released on conditional bail until court on 9 October; the conditions were that he "signed on" at a police station every Monday, Wednesday and Friday between 9:00 am and 12:00 noon. Mr E found no obvious signs of personal neglect and noted that Mr H presented as anxious saying that "he needed a cigarette and that was all he could focus". Mr E noted his colleague's report that Mr H presented at A&E the previous evening, intoxicated, expressing self-harm ideation but was arrested before the mental health team were able to assess. Mr H was not referred to mental health

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[34] St Thomas Fund is a residential rehabilitation service based in Brighton and Hove that offers a safe place for adults wanting to become free of drugs and alcohol, and make positive steps towards recovery. www. https://www.changegrowlive.org//content/st-thomas-fund-stage-2

services by the police but was offered a review after screening by Mr E. Mr H denied any memory of events the previous day but suggested that this was because he had given a 'no comment' interview so did not want to discuss anything whilst in police custody. Mr H reported that he had consumed eight cans of 5% lager. Mr H was sober on assessment and denied any self-harm or violent ideation on leaving custody. Mr E found no evidence to suggest abnormal thoughts or perceptions, or cognitive difficulties during brief assessment. Mr E noted that Mr H was under the care of the assessment and treatment service and was engaged with probation and substance misuse services. Mr E noted that he planned to provide information about homeless services to Mr H and liaise with the community team regarding an appointment. Mr H was released immediately after the assessment and said he would attend probation to inform Ms E of his circumstances.

4.109 Later that day Ms K completed a risk assessment following Mr H's attendance at A&E and arrest the previous evening. Ms K noted an increase in frequency of attendances at A&E since Mr H lost his accommodation at Emmaus two days' previously; Mr H had stated that he had to leave as he had become abusive. Ms K also noted a history of increased contact with services when Mr H was in crisis and that social stressors (specifically accommodation difficulties) are often triggers to attendance at A&E. Ms K recorded that Mr H's requests for admission were often motivated by homelessness and Mr H's need for companionship. Mr H had stated he needed to be put in hospital for a few days, however Ms K noted that he was not displaying symptoms that would support admission. She also indicated that in her assessment Mr H had capacity and would be accountable if he acted in a violent way towards others, but there was no obvious indication to a specific risk to a named person. This risk assessment was completed in the case notes section but we can find no evidence of a Level 1 risk assessment document having been completed by Ms K at this time.

4.110 On 14 August Mr H attended an appointment with Dr S, a GP at Mile Oak Medical Centre. Dr S was noted to refer to the fax from mental health liaison team at Royal Sussex County Hospital. Dr S recorded that Mr H had been required to leave Emmaus "as he was being abusive". Mr H was now homeless and had been arrested for threatening a police officer with a knife.

4.111 On 18 August Ms F, Registered Manager at United Response, completed a Safeguarding Vulnerable Adult Alert Form. She noted:

"During an investigatory interview regarding some previous allegations against the staff member towards this vulnerable person, the staff member…informed the investigating manager that she had given him [Mr H] a large amount of money in order for him to buy drugs. She also disclosed that she was aware that drug dealers were using his flat. "

4.112 We can see that the Trust had a copy of this document but we can find no evidence that anyone from the Trust acted upon this information.

4.113 On 19 August Mr H received his depot. Three days later he registered with Brighton Homeless Healthcare and attended an appointment with Dr B who noted that Mr H had been hoping to settle at Emmaus but was unable to manage the work. Dr B also noted that Hove Polyclinic provided Mr H's depot injections and his care co-ordinator was Mr G.

4.114 On 26 August Mr H did not attend the appointment with Mr G and Ms E at Brighton Probation, another appointment was arranged for 1 September. Mr G recorded that Ms E was not aware of where Mr H was staying and that "she was considering approaching court in regard to breach of bail conditions". There is no record of whether Mr H attended the rescheduled appointment on 1 September. However, on 2 September Mr H received his depot.

4.115 On 14 September Mr H was seen by mental health services whilst in police custody. Mr H had been arrested after handing himself in to Crawley police station for breaching his conditions of court bail by failing to sign-on with police on two occasions over the past week. Mr B, police liaison nurse wrote to Brighton Magistrates Court and reported that Mr H was well supported by the Brighton West Assessment and Treatment Team and was on a fortnightly anti-psychotic injection, with which he was concordant. Mr B informed the court that Mr H had a diagnosis of emotionally unstable personality disorder rather than a psychotic illness, although Mr H reported intermittently experiencing paranoid thoughts and hearing voices. Mr B advised that Mr H was of no fixed abode at that time and had reported being unwilling to return to the Brighton area after being threatened the previous week when using the St Anne's Day Centre. Mr H subsequently had gone to live with his father on a temporary arrangement. Mr B further advised that Mr H had been using alcohol most days, crack cocaine on one occasion and vortex[35] on another occasion. Regarding risk, Mr B reported that he was unaware of any past incidents of actual violence although it was documented that Mr H had previously made threats to harm others and that "current risks appear to be low". However, if Mr H were to be remanded in custody, the risks to self would increase in light of his expressed fears about prison.

4.116 On 16 September Mr B noted that he had been advised that Mr H had been sentenced to six weeks' custodial sentence, suspended for 12 months. Mr H had been released from court the previous afternoon and did not provide an address, but stated that he planned to "sofa surf" with friends or stay with his father (however Mr H was unwilling to provide his father's address). Mr B had liaised with Ms C, Crawley Court Probation who advised that plans were in place for Mr H 's probation order to be transferred to the Crawley team (the areas in which Mr H 's father lived). Mr H's first appointment was due that Thursday. Mr B also noted that Mr H had been advised by his (Mr B's) colleagues that Mr H would need to take responsibility for attending his appointment for his depot injection that day.

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[35] *Vortex is a type of legal high*

4.117 The following day Mr H attended for injection of flupentixol 20mg and reported that he was living with his father in Crawley.

4.118 On 19 September Mr H attended an appointment with his GP Dr B. Mr H needed a repeat Med 3[36] form as he was unfit to return to work. Mr H's diagnoses were noted in the GP records as emotionally unstable personality disorder, substance misuse and schizoaffective disorder. It is unclear who had made the diagnoses.

4.119 On 26 September Brighton and Hove Council completed a housing options assessment for Mr H. The form P indicated that Mr H was sleeping rough; Mr H had responded, "a few please ask me" to Q7 regarding criminal convictions. Mr H also reported that he had schizoaffective disorder, a drink and drug problem and that sleeping rough was making him unwell and he couldn't cope with it. He also reported that he was receiving a fortnightly depot injection. Mr S, Homeless Persons Officer noted that Mr H's statement of sleeping rough had not been verified and that the likely decision was "possible IH" (intentionally homeless). However Mr S provided Mr H with a temporary nightly licence at a homeless hostel. Mr H was advised that he had to pay the licence fee of £27.86 every night, in advance.

4.120 On 30 September Mr H had an interview with a member of staff at Brighton and Hove Council, we believe this interview was held with Mr S, however there is no information to indicate with whom the interview was held. The interviewer noted that Mr H had been placed at Percival Terrace having been living on the streets for two months and he had no clean clothes. Mr H had advised that he had been attending a United Response day service but had been harassed by one of the key workers who had since been sacked. Mr H's diagnoses were noted as schizoaffective disorder and emotionally unstable personality disorder. Mr H reported that he had been detained under section [of the MHA] aged 18-19 years as "he had lost the plot but no section since". Mr H reported that he drank alcohol daily and used legal highs on a monthly basis, no self-harm at that time but said he used to and had attempted suicide via strangulation when in prison. Mr H reported offences as attempted robbery (4½ years in prison) and many other prison sentences, mostly for theft and shoplifting. The interviewer called Sanctuary Housing and spoke to a keyworker who reported that Mr H had left voluntarily as he didn't want to comply with staff; he had lots of support with various agencies involved. The keyworker reported that he didn't pay his rent regularly and had threatened to kill someone and had "gone out with a knife". The keyworker provided contact details for Emmaus staff and the interviewer noted these down but there is no record of any conversation with those staff.

October to December 2014

4.121 On 1 October Mr G received an email from Mr S, Homeless Persons Officer to advise that Mr H had presented as homeless and that he was currently being

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[36] *Med 3 is a statement of fitness for work or fit note*

accommodated at Percival Terrace pending enquiries. Mr S also advised that Mr H was “clearly going to be found intentionally homeless and there is no local connection to this borough”. Mr S noted that he was aware that Mr H was well known and linked in to services and agencies in Bognor Regis and that he would let Mr G know when the case had concluded. The same day Mr H received his depot, 20mg flupentixol.

4.122 On 3 October Mr H presented to the Royal Sussex County Hospital A&E reporting suicidal thoughts, hearing voices and thoughts of harming others. Mr C, liaison nurse assessed Mr H who reported that he had an addiction problem, but that he had been taking his depot [injection] and this had “really helped him when he wasn't taking alcohol and drugs as well”. Mr H had been drinking most days and had been taking a legal high “euphoria” every few days. Mr H said that this drug gave him a good high but a bad comedown. Mr H also talked about how it was dangerous that shops were allowed to sell it as he found it too easy to get hold of. Mr H said that he was having to beg for money for food and tobacco as he was spending all his benefits on drink and drugs within 24 hours. Mr H said he wanted to get into a residential recovery project and felt that he didn't need a detox at that time as he was not using that much. Mr C noted that Mr H had been given some food for the evening, which he had accepted. Mr H's mood appeared improved when he was discharged and he confirmed he was going to return to Percival Terrace. Mr C emailed Mr G to draw his attention to the assessment document following this attendance. In completing the assessment Mr C had checked PNC (Police National Computer) and found that Mr H had ten convictions for 18 offences between 17 December 2001 and 25 October 2004. These included four offences against property (including arson), seven “theft and kindred offences”, one public order offence, two drug offences and possession of a bladed article.

4.123 On 6 October Mr G received an email from Ms E regarding Mr H and housing; it appears that Mr S was also a recipient of the same email. Ms E noted that Mr H had been housed at Percival Terrace for the previous two weeks, and that Mr H had not told Ms E about this as he feared she would tell the council about his arson convictions. Ms E had “established from reading about 20 emails” that Mr S had placed him there. Ms E sought clarity about the issue of being intentionally homeless and housed due to mental health concerns and said that Mr H had said that he wanted to return to a “rehab unit” in Chichester called the Sands. Mr H had told Ms E that he needed an address there before he could be considered, and that he needed a report from mental health services to say his mental health had improved. Mr H had told Ms E that he had been receiving his depot on a regular basis and that he was keen to meet up with Mr G again. Ms E asked Mr G if he could join her for a planned meeting with Mr H on 14 October. Ms E asked a Ms N (position and organisation unknown) whether there was any news on the referral to Langley House. Ms E also asked whether Mr H would be accommodated in Brighton and how long he could stay at Percival Terrace and if this were not possible, whether Brighton assist in transferring him to Chichester. There is no evidence that Mr G responded to this email.

4.124 On 14 October Mr S emailed the Brighton RSSSRT (Rough Sleepers, Street Services and Relocation Team) advising that Mr H may be street homeless following the council decision that they could not provide suitable accommodation for him. Mr S also made a referral to the RSSSRT. Mr S also emailed Mr G, Mr A and the Adult Social Care Panel advising that at Mr H 's interview on 30 September Mr H answered some questions untruthfully, specifically whether he had ever been convicted of arson to which he replied that he had not. Mr S had subsequently learned that Mr H did have convictions for arson, and "although historic have been used to demonstrate his anger and dissatisfaction when he does not get his own way". Mr H had received a community order in 2003 for setting fire to a poster at a railway station and in 2004 he had set fire to a sink in a prison cell. Mr H noted "despite these offences being historic, I have reason to believe that he may be capable again of committing arson". Mr S also noted that Mr H's previous key worker had advised that Mr H did not react well when he didn't get his own way and that she had had to contact police on a number of occasions when Mr H had told her that he intended to go out and hurt someone, and had left his accommodation carrying a knife. "Following this new information and assessment it was agreed by management that there is no suitable accommodation for this client. This is because we are unable to meet his accommodation needs because of his risk to others and himself and the extent of his mental health issues". Finally Mr S sent an email to cancel Mr H's licence at Percival Terrace, effective that day "due to non-disclosure of historic arson offences". Mr S noted that he was going to "refer Mr H to his CPN under S.213[37]".

4.125 On 15 October a summary of the Brighton and Hove Council decision regarding Mr H's homeless status was sent to Mr H via the City Direct offices. The summary indicated that Mr H was found to be eligible, homeless and in priority need, however he was found to be intentionally homeless as Mr H had given notice to leave his accommodation provided by Sanctuary Housing to live at Emmaus Project in Brighton. Mr H 's keyworker at Sanctuary Supported Living noted that Mr H had been advised against moving to Emmaus as it would mean working and giving up his benefits. Mr H was also made aware that Emmaus would not tolerate alcohol or drugs. Despite this Mr H had chosen to move to Emmaus but had left after just one day and since that time he had been sleeping rough in Brighton.

4.126 On 16 October Mr G called Mr H. Mr H told Mr G that he had his depot appointment that day and that he was hoping to be offered a "rehab placement via SMS" but he was staying in B&B accommodation at that time. An

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[37] *The Homelessness Code of Guidance for Local Authorities, published by the Department of Communities and Local Government Section 213 of the Housing Act 1996 states: "Where housing or inquiry duties arise under the 1996 Act a housing authority may seek co-operation from another relevant housing authority or body or a social services authority in England, Scotland or Wales. The authority or body to whom the request is made must co-operate to the extent that is reasonable in the circumstances. For this purpose, "relevant housing authority or body" will include: (in England and Wales): – another housing authority, – a registered social landlord, – a housing action trust… The duty on the housing authority, body or social services authority receiving such a request to co-operate will depend on their other commitments and responsibilities. However, they cannot adopt a general policy of refusing such requests, and each case will need to be considered in the circumstances at the time."*

appointment was arranged at the polyclinic on 21 October. Later that day Mr V, Mental Health Placement Officer emailed Mr S, Mr G and the Adult Social Care Panel requesting that Mr G complete a Community Care Act Assessment panel application for Mr H.

4.127 On 17 October Dr A, an associate specialist with the substance misuse service met with Mr H who had presented looking for help with euphoria use. Mr H reported that he was snorting between one and two grams per day shared with 2 or 3 friends, and occasionally used MDMA and was drinking two cans of 5% lager daily. Dr A reported that Mr H described a long history of problems with low mood and psychosis and that he was diagnosed with a psychotic episode aged 18 and had spent four months in hospital under Sections 2 and 3 [of the MHA]. Since that time Mr H had had numerous informal admissions and had been given a diagnosis of emotionally unstable personality disorder and schizoaffective disorder. Mr H's last inpatient admission had been earlier in 2014 and he was at that time under the care of a psychiatrist at Hove Polyclinic and was seeing his care coordinator Mr G from time to time. Mr H had requested residential rehabilitation to stop him using [illicit drugs and alcohol] and remain abstinent. Dr A advised that Mr H would be allocated a care co-ordinator [within the substance misuse service] and that they would "look into the possibility of residential treatment either in Brighton or elsewhere in the county". A summary of this appointment was sent to Mr H's GP on 21 October.

4.128 Mr H did not attend his appointment with Mr G on 21 October and sent no message. Mr G noted that he planned a joint review with probation the following week. However Mr H did attend an appointment with his GP, Dr B, who noted Mr H's use of legal highs and the plan to explore residential treatment.

4.129 On 23 October (we believe this is correct as it correlates with other information, but the document is undated) an application for accommodation with mental health support was completed by Mr G. The FACS[38] risk ranking was marked as "critical". Mr H was considered to be intentionally homeless because of the circumstances in which he "lost" his accommodation in Bognor Regis. Mr H had occupied this accommodation from May 2013 until June 2014 under a tenancy agreement with Sanctuary Housing and this ended when Mr H gave one month's notice to leave as he had chosen to live at Emmaus Project, Portslade, Brighton. The application noted that Mr H was hoping to be offered a drug rehabilitation project locally, although he had no connection with the Brighton area and had told his care co-ordinator Mr G that he did not plan to remain living in the area in the future. The document also noted that Mr H was street homeless at that time, although he was using Project Antifreeze, First Base and Rough Sleepers. On the same day Mr G

[38] *Fair Access to Care (FACS) is a national framework setting out the eligibility for receiving social care support from the local authority https://www.whatdotheyknow.com*

recorded that he had completed the Community Care Assessment form and had emailed it to the Adult Social Care panel.

4.130 On 28 October Ms M2 (a manager working for the Trust) uploaded to the electronic patient record the safeguarding alert from 11 August which was part of a live safeguarding investigation. The initial alert was raised in June 2014. Ms M2 noted that the outcome of the investigation would be recorded when it had concluded. On the same day Mr G attended a planned review at probation - Mr H did not attend but was contacted by telephone. Mr H said he had "no updates about housing or rehab/detox" and would see Mr G and Ms E the following week.

4.131 On 30 October Mr H attended the depot clinic and apologised for missing his appointment the previous day, but it was a long way from where he was living. Mr H said he was sleeping on the couch at a friends' house in Lewes and said it might be easier for him to attend the East Brighton clinic. Mr H also said he would like to receive monthly injections and he agreed to discuss this with his care coordinator. Mr H said he was "still homeless, had no news about rehab and was using drug and alcohol" to the degree that he felt bad about himself. Mr H said the friend he was living with was a good influence, although his friend used cannabis it wasn't a problem for Mr H as he had a problem with legal highs. Mr H agreed to attend the clinic on a Wednesday for his next appointment. Later that day Mr H attended A&E complaining of suicidal ideation and was referred to the mental health liaison team. Mr H admitted to taking one gram of euphoria two hours previously; once he had received 5mg of diazepam in A&E he appeared much calmer, denied any suicidal ideation and wanted to seek help via substance misuse services.

4.132 On 3 November the depot clinic noted that it had been agreed that Mr H could receive his depot injection at the East Brighton clinic where he had easier access. His medicine chart was subsequently forwarded to the East Brighton clinic.

4.133 On 14 November Ms M2 recorded that a strategy meeting had been held regarding the safeguarding issue raised involving a member of staff from United Response. The safeguarding alert had been closed and the worker had been dismissed and referred to Disclosure and Barring Service. Ms M2 noted that the minutes would be uploaded and an "email to be sent to the team supporting Mr H, as he had a right to be informed". On the same day West Sussex County Council records show that the strategy meeting was held to discuss the two safeguarding alerts that had been received:

- text messages from Mr H's support worker;
- the loan of money to Mr H by his support worker in order for Mr H to buy drugs.

4.134 The meeting noted that Mr H had reported feeling suicidal as a result of pressure from the support worker. A disciplinary investigation had been

undertaken by United Response that had resulted in the support worker being dismissed.

"Meeting outcomes: contact to be made with Mr H's care co-ordinator in East Sussex in order to advise them of the safeguarding and disciplinary process; a letter to be sent to Mr H via his care co-ordinator who could consider the most appropriate method of sharing the information with him."

4.135 On 17 November Mr H attended for his depot injection, 20mg flupentixol. An hour later Mr G met with Mr H who attended on time and was warm and friendly in manner. Mr G noted no signs of any current mental illness. Mr H reported that he was still using 'euphoria' most days and alcohol at night to help him sleep. Mr H reported that he had attended Brighton Homeless Team that day and they (we believe this to be Mr H with support from the Brighton Homeless Team) were going to appeal the council's intentional homeless decision. Mr H said he was attending regular substance misuse service appointments and was hoping for a detox placement locally.

4.136 On 1 December Ms K assessed Mr H who had been taken to Royal Sussex County Hospital Hospital by ambulance after concern was expressed by day centre staff about Mr H's account of hearing voices. Mr H was referred to the mental health liaison team following a brief review by A&E staff. Ms K recorded that Mr H was initially withdrawn and indecisive, a "significant change in his presentation was noted as [when] boundaries" were set and discharge plans made; Mr H became irritable and dismissive. Ms K found no obvious perceptual disturbance and noted that the voices reported appear to be part of an internal dialogue as opposed to psychotic. However she did find evidence of paranoid ideation noting that Mr H managed these through increased social isolation and withdrawal. Ms K noted that Mr H was under the care of recovery services and had a planned appointment with his care coordinator at 3:00pm that day, but was seen by the liaison team at 2:30pm. Mr H was also known to substance misuse services but had a recent history of poor attendance.
Ms K alerted Mr G to the presentation. Mr H did not attend his appointments for depot injection, or to see Mr G at East Brighton Mental Health Centre later that day.

4.137 On 8 December Mr H did not attend a booked appointment with Ms E and Mr G however later that day he did attend to receive his depot injection, 20mg flupentixol.

4.138 On 15 December Mr H did not attend his appointment with Mr G. Mr G had texted Mr H earlier in the day as Mr H requested. Mr G noted that the next planned appointment was at Brighton Probation with Ms E on 5 January.

4.139 On 22 December Mr H was arrested for vagrancy; it was alleged that he had been "in a phone shop and had activated the alarm in the early hours of the morning". Mr H declined the offer of assessment by Mr M, criminal justice liaison nurse, who advised that if Mr H should change his mind, he should ask to speak to the liaison nurse on duty.

4.140 On 24 December Mr H attended for his depot injection of flupentixol 20mg. A few hours later Mr G was off duty in central Brighton when Mr H approached him and wished Mr G well. Mr H informed Mr G that he had recently moved to a friend's flat in Kemp Town but would not give Mr G the address. Mr H expressed optimism about the move as he said it was an environment in which there would be less drug use. Mr H said that he had spoken to probation and had been given a list of further appointments with Mr G, which he intended to attend and that he would be seeing his new probation officer and Mr G on 5 January as planned. Mr G noted that Mr H appeared calm, relaxed and friendly with no intoxication or thought disorder noted.

4.141 On 26 December police requested a Mental Health Act assessment after Mr H was arrested for the homicide of Mr Joe Lewis. The outcome of that assessment was that Mr H was found "not in need of urgent need of treatment that could only be administered in a hospital environment".

5 Arising issues, comment and analysis

5.1 Mr H had been in the care of Trust services for a considerable period of time. Our review covered only a small proportion in detail yet we found notable areas where care being provided was not in accordance with best practice.

5.2 There is clear evidence that staff knew that Mr H had a history of increased anxiety and risky behaviour at particular times of the year. However we found no evidence in the Trust records of any actions to manage this in either a proactive or reactive way.

5.3 Mr H was the subject of a vulnerable adult alert following his reports of abusive behaviour towards him by one of his care workers. We can find no evidence of any review of care plans, risk assessments or support plans following the vulnerable adult alert. In addition it appears that Mr H was never informed of the outcome of the safeguarding strategy meetings.

Diagnosis

5.4 It is reported that Mr H was first diagnosed with paranoid schizophrenia in 2002, having previously been diagnosed with depression and treated with citalopram. We have not seen evidence of these diagnoses and do not know which Trust was responsible for Mr H's care at that time.

5.5 The following diagnoses were recorded:

- December 2011: query schizophrenia, noted by Trust staff;
- May 2013: schizoaffective disorder, noted by Sanctuary Housing staff;
- August 2013; schizoaffective disorder, self reported to Mental Healthline staff;
- September 2013; schizoaffective disorder, noted by Trust staff;

- January 2014; schizoaffective disorder and emotionally unstable personality disorder, noted by Trust staff;
- 3 February 2014; drug induced psychotic disorder, ecstasy and alcohol misuse, recorded by Dr W;
- 20 February 2014; drug induced psychosis, recorded by Dr W;
- June 2014; personality disorder, substance and alcohol misuse, noted by Trust staff;
- September 2014; emotionally unstable personality disorder, noted by trust staff;
- 14 September 2014; emotionally unstable personality disorder, substance misuse and schizoaffective disorder, recorded by Dr B, GP;
- 30 September 2014; schizoaffective disorder and emotionally unstable personality disorder, noted by Brighton and Hove City Council; and
- October 2014; schizoaffective disorder and emotionally unstable personality disorder, recorded by Dr A.

5.6 The NICE clinical guideline Psychosis and schizophrenia in adults: prevention and management[39], published in February 2014 recommends that patients presenting with a subsequent episode (rather than first episode) of psychosis, the treatment options to be offered are:

- oral antipsychotic medication in conjunction with;
- psychological interventions (family intervention and individual CBT).

5.7 Mr H was prescribed a range of medications to treat his diagnosed conditions:

- Olanzapine;
- Risperidone;
- Aripiprazole;
- Fluoxetine; and
- Flupentixol.

5.8 These pharmacological treatments were prescribed in accordance with recommended doses, however it was not always clear why a dose was being changed or a new drug introduced.

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[39] *https://www.nice.org.uk/guidance/cg178*

5.9 In addition the dose of flupentixol remained at 20mg, which is a test dose when treating or a client whose diagnosis is that of schizophrenia. One would normally expect this dose to be increased; particularly when the client is reporting continued symptoms. However the continued use of this dose may also reflect the diagnostic uncertainty, as the dose of 20mg can be used as symptomatic relief in personality disorder. It is our view that this dose reflects the level of uncertainty and lack of clarity about Mr H's diagnosis.

5.10 We can find no evidence that Mr H was offered any psychological interventions.

Substance misuse services

5.11 The Trust Dual Diagnosis of Mental Health and Substance Misuse Policy states "all staff have a duty to gain appropriate help, advice and support for service users and carers when co-existing mental health and substance misuse issues are identified".

5.12 As stated in the NICE guidance issued in March 2011 *Psychosis with coexisting substance misuse*[40], "approximately 40% of people with psychosis misuse substances at some point in their lifetime". NICE also reports that people with psychosis and co-existing substance misuse problems have: higher risks of relapse and hospitalisation; and higher levels of unmet need compared with other patients.

5.13 Further NICE guidance on severe mental illness and substance misuse (dual diagnosis) – community health and social care services was published in November 2016, NG 58.

5.14 As reported in the National Confidential Inquiry into suicide and homicide 2016[41], 25% (158 patients) of all homicides committed by patients known to mental health services between 2004 and 2014 also had co-morbid alcohol or drug misuse.

5.15 We asked the Trust to provide us with copies of the operational policy for the substance misuse service. We were provided with a flowchart that described a process to be followed when a patient self-referred via the drop-in service or a referral was received from another practitioner. This flowchart identifies action to be taken when a client disengages with the service: the care co-ordinator should "assertively follow up and record activity" and then "issue a stop script" and "liaise with the script team accordingly". It is unclear from this document whether the care co-ordinator is a clinician allocated from the substance misuse service or a care co-ordinator from another Trust team. There is no indication of how the substance misuse service team is expected to work and liaise with any other team working with the client. We subsequently found a more detailed policy on the Trust website that provided

[40] http://www.dualdiagnosis.co.uk/uploads/documents/originals/NICE%20Substance%20Use%20and%20psychosis.pdf
[41] http://www.hqip.org.uk/resources/making-mental-health-care-safer-annual-report-20-year-review/

more clarity. It is important that the Trust always provides the full policy rather than just the flowcharts to staff.

5.16 We found no evidence of any joint working with substance misuse services, or any referral to substance misuse service. The only evidence of any contact with a substance misuse service was in October 2014 when Mr H presented at the Trust Substance Misuse service looking for help with Euphoria use. There was no information in the records provided by the Trust in relation to Mr H's contact with the substance misuse service, except for a letter that Mr G had uploaded to the electronic patient record. When we interviewed Dr A he told us that Mr H had been allocated a keyworker in the substance misuse team and that the keyworker had offered a number of appointments to Mr H that he didn't attend. We have no information about the dates of those appointments. Following factual accuracy checks the Trust told us that in order to undertake joint working or communication with substance misuse services, the client must consent to information sharing. We understand that this consent is not always given and therefore this leads to cases of agencies working with clients with only partial knowledge of the client's presentation and risks.

5.17 In addition, we have found no evidence of a care plan that addressed Mr H's needs in relation to substance misuse.

Risk assessments

5.18 The document published in March 2009 by the Department of Health, Best Practice in Managing Risk[42] identifies 16 best practice points for effective risk management. Professor Louis Appleby's foreword states, "A good therapeutic relationship must include both sympathetic support and objective assessment of risk…. We know that an unacceptable number of patients who die by suicide or commit homicide have not been subject to enhanced CPA, despite indications of risk."

5.19 Concerning the recording of information, all significant risk-related decisions should be recorded, signed and dated and the service user and those involved in their care should have opportunity to contribute to the document and receive copies.

5.20 All staff involved in risk management should receive relevant training that is updated at least every three years. The Trust policy Clinical Risk Assessment and Safety Planning/Risk Management Policy and Procedure[43] is compliant with this aspect of best practice, however as at March 2016 only 78% of staff were compliant.

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[42] Best Practice in Managing Risk, Principles and Evidence for Best Practice in the Assessment and Management of Risk to Self and Others in Mental Health Services, updated March 2009, Department of Health https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/478595/best-practice-managing-risk-cover-webtagged.pdf

[43] http://policies.sussexpartnership.nhs.uk/clinical-3/clinical-risk-assessment-safety-planning-risk-management-policy-and-procedure?highlight=WyJyaXNrIiwiYXNzZXNzbWVudCIsInBvbGljeSIsInBvbGljeSdzIiwicmlzayBhc3Nlc3NtZW50IiwicmlzayBhc3Nlc3NtZW50IHBvbGljeSIsImFzc2Vzc21lbnQgcG9saWN5Il0=

5.21 Trust policy states that risks should be assessed for every client and that a more detailed risk assessment should be completed for those clients who present significant risks. Trust policy goes on to state that for clients who present with high or complex risks, multi-disciplinary input is required and that this might include multi-agency input too.

5.22 Trust medical staff recommended that a level two risk assessment be completed for Mr H on four occasions:

- 23 December 2013;
- 24 December 2013;
- 18 February 2014; and
- 10 April 2014.

5.23 No level two risk assessment was completed and the lack of such risk assessment not identified nor escalated by other staff.

5.24 It is clear from information received by Sanctuary Housing staff from Trust staff that the Trust was aware of the increased risks to Mr H's mental health during the Christmas period. We have found no evidence of this risk in Trust records and there is a complete lack of recognition of the risk in the responses from staff when Mr H presented during the Christmas period in 2012 and 2013. We would have expected to see clear risk assessments and management plans in place to ensure that Mr H was appropriately supported during these periods.

5.25 We asked the Trust to provide us with information about compliance with risk assessment training attended, by month for 2014/15 and 2015/16. Despite escalating the request no information was forthcoming.

Seven day follow up

5.26 The Trust Care Delivery Operational Guidelines state that, "all patients discharged from inpatient care will be offered planned community team follow up within seven days of discharge".

5.27 Mr H was admitted to Langley Green Hospital on 12 February 2012 following an assessment under the Mental Health Act, when he was detained under Section 2. Mr H remained an inpatient until 16 March when he was discharged after he returned to the ward "intoxicated". We have found no evidence of any community team follow up after this discharge.

Care co-ordination

5.28 The Trust Care Programme Approach Policy sets out the responsibilities of the Care Co-ordinator in paragraphs 3.5:

"3.5 Responsibilities of a Care Co-ordinator

- To carry out or co-ordinate the assessment of the service user's needs and associated risks, involving the service user as fully as possible, and taking into account the views of carers and other agencies, eg probation, housing, voluntary sector.

- Formulate a care plan (which includes crisis and contingency plans, advance statements), detailing the service user's needs and wants, and how they will be met. Service users must be given the opportunity to be fully involved in the formulation of their care plans and the plan worded in a way that is understandable to him/her. The opportunity to sign and retain a copy should be offered.

- Know how to commission services and secure funding if appropriate. The option of direct payments as a way of meeting social care needs should be offered at every assessment and review meeting.

- Act as a point of contact for the service user, carer and other professionals…involved in care ie Trust staff, private providers, other agencies and third sector.

- Be responsible for co-ordinating the efforts of the multi-disciplinary team (including those employed in partner agencies) in delivering the care plan and following the service user through the care pathway to ensure their needs continue to be reviewed and met.

- Ensure that regular contact is maintained with the service user and that the care plan is in place and relevant to the service user's current needs.

- Monitor the overall care plan and call reviews as agreed, or when the need arises, subject to the minimum requirement of at least six monthly."

5.29 There was inconsistent contact with Mr H from Ms M and Mr G. In part this was due to Ms M's long-term sickness absence from work in 2013 and 2014 but we found no evidence that another member of staff actively managed Ms M's caseload during her absence. Mr H complained to Sanctuary Housing staff and Bedale Centre (location of his community mental health team) on four occasions during 2013 and 2014 that he felt abandoned and that he had received no contact from anyone in the team.

5.30 We found no evidence of any contact by a care co-ordinator during 2012, despite the fact that Mr H was assessed under the Mental Health Act in February and presented at A&E on seven occasions during the year.

5.31 There are numerous occasions when Ms M noted actions for herself in the client record, but where we could find no evidence of those actions being addressed:

- February 2013 Ms M saw P for a seven day follow up appointment and made arrangements with Dr W that Mr H's medication be adjusted, as he appeared drowsy and over-sedated. Ms M noted that she would make arrangements to see Mr H again two weeks later but we can find no evidence of any follow up action. The next attempted contact with Mr H was not until 9 April.

- On 10 April 2013, after Mr H advised that he was unable to attend an offered appointment, Ms M noted that she would contact Mr H with details of another appointment. We can find no evidence of any follow up action. (Ms M subsequently went on long term sick leave but we have been unable to identify when this was.)

- In September 2013 Ms M advised Mr H that she would reschedule a medical review appointment. Again we can find no evidence of any follow up action.

- On 6 November 2013 Ms M noted that she planned to see Mr H on 28 November. There is no evidence of any follow up action or appointment. Ms M did not see Mr H again until 20 February 2014. (At some time between November 2013 and February 2014 Ms M was on long term sick leave, but we have been unable to identify when this was.)

- In June 2014 Ms M advised the Brighton community team that she would update Mr H's care plan and risk assessment. This was never done.

5.32 Mr H reported on three occasions that he wanted a change in care co-ordinator as he found it difficult discussing personal issues with female workers and that he felt that Ms M "didn't get him". Ms M first responded to this request in December 2013 and discussed the issue with Dr W, describing issues of Mr H s engagement with her and difficulties in attempting to care co-ordinate him. It is recorded by Ms M that Dr W agreed to act as lead practitioner following his return from leave in mid-January 2014. There is no indication that this change was implemented following Dr W's return from leave and when we asked Dr W about it at interview, he had no recollection of the discussion with Ms M.

5.33 The Care Programme Approach policy identifies that:

"Service users views should be sought and considered when allocating to the role of care co-ordinator in order to maximise the therapeutic benefit of the relationship. Where preference is expressed, consideration must always be given to ensure that this preference has a positive therapeutic benefit and does not reinforce discriminatory bias."

5.34 This implies that every time a care co-ordinator is allocated to a client, prior consideration is given to the client's views. It is our opinion that whilst this approach would be desirable in reality it is not viable for the Trust to achieve this in every case and we would therefore suggest that the Trust amends this

statement. In addition no guidance to staff is provided within the policy for the process to be followed when a client asks for a change in care co-ordinator.

5.35 On 9 April 2014 Ms M contacted the depot clinic to clarify whether Mr H had arrived for his depot injection. Ms M suggested that the depot clinic did not contact Mr H if he defaulted from his depot. This date was only the third depot injection Mr H was due to receive and we can find no evidence that the approach suggested by Ms M was in accordance with any care plan or risk management plan, nor can we find any reason why Ms M should make such a decision. This action was clearly not in accordance with the Trust policy and procedure Active Engagement incorporating Did Not Attend (DNA) Management. At paragraph 4.2.3 the document states:

"Follow up appointments (see Appendix 3): When a service user is already engaged with or is known to the service (e.g. a re-referral of someone known to the team) and does not attend or cancels their appointment without re-booking, the following actions should be taken.

The Practitioner / Care Coordinator should contact the service user directly to identify the reason for the DNA/ Cancellation and arrange another appointment using the preferred contact method of the service user. The GP and / or referrer should be informed if appropriate.

Where no contact can be made, or for a second consecutive DNA, the practitioner should review the service user's care within a multi-disciplinary team forum, involving other agencies or individuals involved in their care as is clinically appropriate. Depending on the outcome of the multi-disciplinary assessment of potential risk, the next course of action can be determined. This could be another appointment, a care coordination meeting a home visit or discharge back to primary care following liaison with the GP and/ or referrer as appropriate.

Where the level of need or risk is considered to require immediate action, this could result in a request for a Mental Health Act Assessment or a more assertive approach to engagement. The GP or referrer must be informed as soon as possible though direct liaison.

In coming to an appropriate clinical decision, reference should be made to the Trust Care Programme Approach (CPA) Policy and the Trust Clinical Risk Assessment Policy and Procedure.

All clinical decision making and agreed actions taken must be recorded on the Trust's Clinical Information System in the eCPA case notes as well as in paper records if they exist."

5.36 We asked the Trust to provide us with information about compliance with Care Programme Approach training attended, by month for 2014/15 and 2015/16. Despite escalating the request no information was forthcoming.

Adult safeguarding concerns

5.37 Mr H was subjected to abusive behaviour by his United Response keyworker. Reports of this abusive behaviour include:

- Pressurising Mr H to allow her to use his laptop to harass her ex-husband; and
- Blaming Mr H and other clients for the state of her own mental health.

5.38 This information came to light over a couple of days at Christmas 2013:

- He first reported to Sussex Mental Healthline on 21 December that he was angry following a visit from his keyworker. He was encouraged to discuss the situation with his keyworker.
- On 22 December he told crisis team staff that he had had an altercation with his keyworker. Staff noted in a letter to Mr H's GP that he had reported a couple of inappropriate incidents from his keyworker. The information was reported for United Response and the crisis team worker completed a Safeguarding Vulnerable Adult Alert.

5.39 We can see that West Sussex County Council received this alert and it is recorded that the police had been informed, along with Ms M and the relevant manager. However we cannot see any evidence of a safeguarding strategy meeting taking place at that time. The Investigations Manager's Response to Safeguarding Vulnerable Alert Form (SVA2) has not been completed by council staff.

5.40 Mr H also made later allegations about his keyworker, those reports include:

- Abusive texts received from the keyworker;
- An inappropriate relationship had been encouraged by the keyworker; and
- The keyworker had been giving him money.

5.41 This information was reported to Sanctuary Housing staff on 16 June 2014. Staff advised Mr H not to respond to any texts or calls from the keyworker. Sanctuary Housing staff also contacted the relevant manager at United Response who subsequently informed the community mental health team and submitted a Safeguarding Vulnerable Adult Alert.

5.42 During the investigation into these allegations more detailed information came to light about the money; it was alleged that the keyworker had given Mr H a large amount of money to buy drugs between April and June 2014 and that the keyworker was aware that drug dealers were using Mr H's flat. A further Safeguarding Vulnerable Adult Alert was raised on 18 August 2014.

5.43 A Safeguarding Strategy meeting was held on 14 November 2014 when Ms M reported that she had met with Mr H and discussed the allegations and

safeguarding process. Ms M advised the meeting that Mr H was okay and had since moved to East Sussex. We have found no evidence that Ms M had any discussions with Mr H about the allegations, how he felt, or what support he needed. The meeting also heard that Mr H had told Trust staff that the abuse from his keyworker was part of the reason he had chosen to move to Emmaus in Brighton. United Response advised that their investigation had concluded with the keyworker being dismissed and that the information had been sent to the Disclosure and Barring Service. The meeting recommended that Mr H's new care co-ordinator in Brighton be informed of the outcome of the Safeguarding Strategy meeting and that a letter should be sent to Mr H via his care co-ordinator. We can find no evidence of any correspondence being sent to Mr H or any record of the outcome of the meeting being shared with him.

5.44 The Sussex Safeguarding Adults Policy and Procedures sets out the local authority's duty to involve the vulnerable adult in decisions about them. It states:

"Local authorities must involve adults in decisions made about them and their care and support, or where there is to be a safeguarding enquiry or a safeguarding adults review (SAR).

The local authority must help the adult to understand how they can be involved, how they can contribute to and take part in, and sometimes, lead or direct the process. Adults must be active partners in the key care and support processes of assessment, support planning, review and any enquiries in relation to abuse or neglect.

No matter how complex an adult's needs, local authorities are required to involve people, to help them express their wishes and feelings, to support them to weigh up options, and to make their own decisions.

As part of the assessment and the care and support plan, the local authority must have regard to the need to help protect people from abuse and neglect.

The local authority must assist the adult to identify any risks and ways to manage them, and to decide how much risk they can manage.

It should be remembered that choosing to make an 'unwise decision' does not mean that an adult lacks capacity."

5.45 The same document also identifies whose responsibility it is to share records or notes of conversations and safeguarding meetings with the vulnerable adult. It further states:

"A clear record or notes of what is agreed through these conversations should be kept. A copy should be given to the adult, and consideration should be given to whether any partner organisations require copies.

It is the local authority's responsibility to ensure conversations with the adult and any safeguarding meetings are recorded, and copies of these notes are

given to the adult or their representative and other relevant individuals or organisations. Due regard must be given to issues of confidentiality and the requirements of the Data Protection Act.

The adult or their representative should always be provided with appropriate feedback regarding any aspects of the enquiry that affect them directly or indirectly. The adult should be given a copy of the relevant section of any notes which relate directly or indirectly to them, including when they choose not to attend a meeting."

5.46 It is unclear from the information we have received whether West Sussex County Council sent a letter to Mr G for him to share with Mr H, or whether no letter was ever sent to Mr G and therefore there was no document that Mr G was able to share with Mr H.

5.47 During interview with Mr G he was unable to recall much of his interaction with Mr H and had not reviewed the records in order to refresh his memory.

5.48 We can find no evidence that either care co-ordinator (Ms M, or Mr G) considered the impact of the abuse on Mr H's mental health. Care plans and risk assessments were not updated and no discussions are recorded about what additional support Mr H needed following the disclosure of the abuse by his keyworker.

Accommodation

5.49 Brighton and Hove Council took the view that Mr H had made himself intentionally homeless when he moved to Emmaus against the advice of staff at Sanctuary Supported Living. This view appears to have been formed from information provided by Mr H and from a telephone conversation with a support worker from Sanctuary Supported Living.

5.50 A consequence of the determination of 'intentionally homeless' was that Mr G was asked to complete an application to the Panel for more specialist accommodation for Mr H. On 23 October Mr G submitted a Community Care Act Assessment to Mr V for consideration at the Adult Social Care Panel. Mr V told us that he was new to the post of Panel Co-ordinator and although he thought that the form completed by Mr G required more information, he wanted the opinion of the Panel Chair. Mr V told us that Mr G had indicated that Mr H had "critical needs" but that there was no information on the application to evidence what those critical needs were. Therefore the Adult Social Care Panel deferred the application and Mr V informed Mr G of the outcome of the panel meeting and advised that Mr G needed to provide evidence of Mr H 's level of needs and what model of support was being suggested, in particular whether Mr H needed a "24/7 mental health specific" support model. Mr G's response to Mr V was that Mr H would not require full

time support and that the Crime Reduction Initiative[44] were also involved and were considering a residential detoxification place. We have seen no information in Mr H's records about progressing a residential detoxification place.

5.51 Mr V later contacted the social worker from the substance misuse service linked to the Adult Social Care Panel to enquire whether Mr H was known to the substance misuse service. Mr V told us that at that time the social worker was not able to confirm that Mr H was in contact with the substance misuse service. Mr V advised Mr G that the Adult Social Care Panel did not have responsibility for the budget for residential detoxification places and that Mr G needed to discuss the application with substance misuse services. Mr V told us that he did not receive a response from Mr G to this email and that he didn't follow this up with Mr G as he was under the impression that Mr G was liaising with the substance misuse service.

5.52 We asked Mr V whether the fact that the application wasn't followed up by the care co-ordinator rang alarm bells for him; he told us that it did not as it was "more common that it should be".

5.53 The lack of stable accommodation for Mr H impacted upon his vulnerability and his exposure to increased drug and alcohol consumption.

5.54 Mr H had told staff that the abuse he experienced from his United Response keyworker was a factor in his desire to move from his accommodation provided by Sanctuary Supported Living. As we have previously discussed, the impact of this abuse on Mr H was not explored, risk assessments were not reviewed, and appropriate support was neither identified nor provided. Had Mr H's needs been properly assessed Trust staff would have been in a more informed position to advise him on the appropriateness of a move away from his accommodation in summer 2014. This could have resulted in Mr H not being found to have made himself intentionally homeless in autumn 2014.

Instruction to staff in A&E

5.55 Between January 2012 and December 2014 there were seven occasions when Mr H attended either Chichester or Worthing A&E when staff referred to a document from 2006. The document cited that under no circumstances was Mr H to be given any medication when attending A&E. The document is clearly dated 2006, but it was not until the seventh attendance in June 2014 that a member of staff identified the document as 'old' and that arrangements needed to be made for the document to be updated or removed from Mr H's file.

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[44] Crime Reduction Initiatives is an organisation now known as Change Grow Live. It is a social care and health charity working with individuals, families and communities across England and Wales that are affected by drugs, alcohol, crime, homelessness, domestic abuse and antisocial behaviour.

6 Internal investigation and action plan

6.1 The Trust commissioned two internal investigations for this incident, as both the perpetrator and the victim were users of Trust services in December 2014. Investigation One was commissioned to review the care provided to the perpetrator, and Investigation Two was commissioned to review the care provided to the victim.

Investigation One

6.2 The internal investigation team for Investigation One was:

- Nurse Consultant Secure & Forensic Services, West Sussex for the alleged perpetrator.
- Nurse Consultant Secure & Forensic Services, East Sussex for the victim.

6.3 There were no specific terms of reference produced for the investigation.

6.4 The report for Investigation One was submitted on 12 March 2015 and was accepted by directors as follows:

- Service Director – accepted on 20 March 2015
- Clinical Director – accepted on 1 April 2015
- Director of Nursing Standards and Safety – accepted on 10 April 2015

6.5 The investigation identified ten care or service delivery problems:

1. "Level two risk assessment of 17 April 2014 was not multi-disciplinary, did not capture all risk factors and did not accurately convey Dr W's views on direction of care.
2. PAS alert not raised/care plan and risk assessment not reviewed following staff concerns regarding Mr H 's perceived risk to others (25 April 2014).
3. Handover by Bognor Services of Mr H to Brighton Assessment and Treatment Service did not include the handover of a formal plan of care or current risk assessment. Mr G did not update the care plan or risk assessment on transfer.
4. On transfer, service did not determine existing plan of care or risk assessment.
5. At Care Programme Approach meeting on 5 August 2014, no care plan in place so not reviewed or developed, no risk assessment in place so not reviewed or developed. Dr K not aware that Mr H is on probation for carrying a bladed weapon since 7 July 2014. Risk determined on incomplete knowledge of historical factors and as such risk to others

determined as low. As a result the risk was under-estimated. Formal Level 1 risk assessment tool not used. It is not the practice of this team to review care plans or risk assessments at Care Programme Approach meetings but in a separate forum. Dr K changed diagnosis on first contact without discussion with previous consultant Dr W.

6. Mr G not in regular contact with Substance Misuse Service therefore not aware of Mr H not attending appointments. The Active Engagement incorporating Did Not Attend (DNA) Management Policy & Procedure sets out the expectations of care co-ordinators to maintain clear communication with drug and alcohol services.

7. There were only four face-to-face meetings (and one telephone conversation) with Mr G and Mr H between 8 July 2014 and the date of alleged offence. On the other six appointments Mr H did not attend. The last recorded contact with Mr G prior to alleged offence was on 17 November 2014. Mr H did not attend subsequent appointments on 2 December 2014, 8 December 2014 (joint with probation) and 15 December 2014. He also did not attend appointments with Substance Misuse Service on 17 November 2014, 25 November 2014 and 22 December 2014.

8. The risks associated with bladed article offence (13 August 2014) and associated substance misuse were not formally risk assessed or discussed with Dr K/Team. Dr K not aware of incident. Due to under-estimation of risk Mr H's behaviour did not meet the risk threshold to be discussed as high risk at the team risk zoning meetings.

9. The expression by Mr H of having fantasies of killing a man in the context of other presenting risk factors (3 October 2014) were not explored further by the clinical team.

10. Mr G was working in isolation clinically, without contact or discussion with Dr K or the Substance Misuse Service regarding the management and ongoing care of Mr H. He was, according to his team manager, in receipt of supervision from her and she was aware of the communication problems within the team."

6.6 We were told that no formal records were retained of any interviews conducted by the internal investigation team and we were therefore not able to check the details of information provided, nor cross-reference any facts. However following the factual accuracy checks completed by the Trust we were informed that the principal investigator confirmed to Trust headquarters staff that "notes were taken during the investigation which were incorporated into the serious incident report". We understand that the Trust process is for each investigator to retain all records pertaining to investigations completed by them. It is not clear why we were informed that no records were retained, however we suggest that the Trust reviews the process for storing such records to ensure that the same confusion does not arise in future.

6.7 The internal investigation team made ten recommendations as follows:

R1 “All clinicians involved in care co-ordination and CPA reviews are familiar with and follow the guidance of the Trust Care Programme Approach Policy.

R2 All clinicians involved in the formal assessment of clinical risk are in date with their risk training as per the training and supervision requirements of the Trust Clinical Risk Assessment and Safety Planning/Risk Management Policy and Procedure. They must also be clear regarding their roles and responsibilities within the said policy.

R3 All clinical staff are in receipt of supervision as per the requirements of their professional bodies/Trust Supervision Policy.

R4 There are systems in place for clinical caseload management and monitoring ensuring that all patients subject to care-co-ordination have an existing risk assessment and plan of care.

R5 Assessment and Treatment Service West Brighton Leadership to ensure that all clinicians undertaking the role of care co-ordination are familiar with and follow the guidance of the Trust Active Engagement incorporating Did Not Attend (DNA) Management Policy & Procedure.

R6 Assessment and Treatment Service Brighton Leadership must address the communication difficulties within the team.

R7 Assessment and Treatment Service Brighton Leadership must ensure that clinical staff undertaking the role of care co-ordinator are clear regarding their roles and responsibilities as determined by the Trust Care Programme Approach Policy.

R8 Assessment and Treatment Service Brighton Leadership should consider assessing the competencies of Dr K and Mr G in relation to their abilities to safely and effectively meet the requirements of their respective roles.

R9 All clinical staff should be aware of when a forensic opinion should be sought.

R10 All staff should be aware of forensic services criteria / thresholds for accepting to assess a patient face to face.”

6.8 In addition to the recommendations listed above, there is a further action listed in the internal report for the Director of Nursing Standards and Safety, however this recommendation is not listed in the Trust action plan:

R11 Director of Nursing Standards and Safety will attempt to locate Ms M (who had left the Trust some time ago) with a view to further address the areas regarding her practice which have been highlighted in this report.

6.9 We understand that the Director of Nursing Standards and Safety delegated this responsibility to a senior manager who had line management responsibility for Ms M. The senior manager was unable to complete this action as the Trust held no forwarding address for Ms M and held no record of her registration number with the Nursing & Midwifery Council. It is not known whether Ms M continues to practice elsewhere or whether she has left the nursing profession. The Trust did not undertake a management investigation into the practice of Ms M and therefore lost the opportunity to benefit from any learning that might have been identified. In addition, as it is not known whether Ms M continues to practice, there is potential that the practice issues present in Mr H's care remain unaddressed. We checked the Nursing and Midwifery Council register but were unable to identify which of the 17 individuals registered with the same name was Ms M.

6.10 Following factual accuracy checks completed by the Trust we have learned that the Trust does indeed have details of Ms M's registration number and forwarding address. It is unclear how the miscommunication has arisen. The Trust has told us that it is undertaking a proper management investigation and will implement any action as appropriate.

6.11 All actions on the action plan are marked as complete; we asked the Trust to provide associated evidence of the action plan being completed but we received no information. The action plan we have seen indicates that it was last updated on 8 September 2016. There is one action that is identified as partially complete: "all staff to complete risk training as per policy". Further detail provided in the updated action plan shows that the Trust has only 78% compliance with this requirement, as at 19 March 2016. Given the time that has passed since the action plan was written, we would expect the Trust to have a clear plan to ensure that all remaining staff are up to date with training on risk assessment.

6.12 Given the lack of evidence provided we are unable to give an informed view about the effectiveness of the implementation of the action plan.

6.13 It is our view that the Trust should have appointed a clinician with a background or experience in general adult mental health services. The Trust has told us that the Nurse Consultant also had significant experience in adult mental health services and that other professionals involved in the review also had experience and clinical background in general adult mental health services. We acknowledge this fact, however the other professionals were involved in the delivery of services that were being investigated and therefore it would have been more difficult for those professionals to have remained truly impartial, irrespective of their intentions.

6.14 A more impartial review team may have encouraged the identification of some of the system and process issues that our external investigation has highlighted.

Investigation Two

6.15 The internal investigation team for Investigation Two comprised a Project Manager. There were no other members of the investigation team.

6.16 The report for Investigation Two was not submitted until 9 October 2015 and was accepted by directors as follows:

- Service Director – accepted on 14 October 2015.
- Clinical Director – accepted on 14 October 2015.
- Director of Nursing Standards and Safety – accepted on 16 October 2015.

6.17 No specific terms of reference were produced for the investigation.

6.18 The investigation identified two care or service delivery problems:

1. "Record keeping regarding the administration of depot injections was not satisfactory.
2. On some occasions when Mr Lewis did not attend, relevant Trust policy (DNA) not fully adhered to."

6.19 We did not ask to see any records from interviews conducted in this investigation, as it was not within our terms of reference to review the care and treatment provided to the victim in this case. However we did note that the report was not completed until October 2015. We asked the Director of Nursing Standards and Safety why there had been such a delay and we were told that significant changes to the report were required before the final document could be accepted.

6.20 Two recommendations were made:

R1 "That the operation of depot clinics is assured as being effective.

R2 All clinical staff to adhere to the Trust Active Engagement Policy with all community patients."

6.21 The Trust has advised that a community pharmacist is now attending a physical health forum. The pharmacist has developed a depot audit, and will be supporting clinicians to regularly audit all coastal clinics. The Trust has also identified physical health leads, however there is no indication of whether these actions have provided the required assurance of the effectiveness of the depot clinics.

6.22 Staff have been reminded of the importance of adhering to the Trust Active Engagement Policy and informing staff of the face to face training that has been implemented. However as at 5 September 2016 the Trust has told us that compliance with the online training was at 70%.

6.23 We support the recommendations from both internal investigations. However good practice indicates that terms of reference are clearly identified for each investigation and that a multi-disciplinary team (two or more disciplines) is commissioned for serious incident investigations. Following the factual accuracy check process it has become apparent that the investigations were completed by a multi-disciplinary team, however this was not reflected in the serious incident reports published.

7 Overall analysis and recommendations

Predictability and preventability

7.1 Predictability is "the quality of being regarded as likely to happen, as behaviour or an event".[45] An essential characteristic of risk assessments is that they involve estimating a probability. If a homicide is judged to have been predictable, it means that the probability of violence, at that time, was high enough to warrant action by professionals to try to avert it.[46]

7.2 Prevention[47] means to "stop or hinder something from happening, especially by advance planning or action" and implies "anticipatory counteraction"; therefore for a homicide to have been preventable, there would have to be the knowledge, legal means and opportunity to stop the incident from occurring.

7.3 There was reasonable evidence to indicate that Mr H had the capacity to be violent. Trust staff reported that he had served a number of custodial sentences, which included for violent offences such as attempted robbery and assault. Mr H himself reported to staff from various organisations that he felt he would be violent towards others.

- In June 2012 Mr H told staff that he had purchased a large knife in order to protect himself and in December 2012 told staff that he slept with the knife under his pillow.

- In September 2013 Mr H told mental health liaison staff at A&E that he was struggling with an episode and that he wanted to go on a rampage and hit people.

- In December 2013 Mr H told crisis team staff that following an altercation with a key worker he felt "very lonely" had started drinking again. He told staff that if he was not supported to stop drinking alcohol he would be at risk of harming others. The staff present recorded that that they were unable to manage the risk of Mr H hurting others as they considered it was related to alcohol misuse. Mr H was discharged from the crisis team the same day.

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[45] *http://dictionary.reference.com/browse/predictability*
[46] *Munro E, Rumgay J, Role of risk assessment in reducing homicides by people with mental illness. The British Journal of Psychiatry (2000)176: 116-120*
[47] *http://www.thefreedictionary.com/prevent*

- In April 2014 Mr H told staff that he felt like he wanted to kill someone, later the same month he told police that he felt that he was going to bite people. He was later arrested for possession of a bladed article after he drew a knife to police whilst at A&E.

- In May 2014 Mr H told staff he was hearing voices telling him to harm others.

7.4 In July 2014 Mr H was sentenced to 12 month's supervision by the probation service. He was allocated a probation officer and attended just one joint meeting with her and his Brighton care co-ordinator, Mr G.

7.5 It appears that throughout the period 2012 to 2014, staff minimised the potential threat of violence of which Mr H was capable.

7.6 We considered the Five Why questions in relation to Mr H 's presence in the mutual friend's flat on the day that Mr H killed Mr Lewis:

- Why was Mr H at the mutual friend's flat? Because he had no home of his own.

- Why did Mr H have no home of his own? Because he had been found to have made himself intentionally homeless and therefore was not eligible for any council support.

- Why was he found to have made himself intentionally homeless? Because he left his accommodation at Emmaus.

- Why did he leave his accommodation at Emmaus? Because the environment and rules didn't suit him.

- Why did he move to Emmaus? Because he wanted a fresh start away from a friendship group that was drug and alcohol orientated.

7.7 Although the records indicate that staff at Sanctuary Supported Living did not feel that Emmaus was appropriate alternative accommodation for Mr H, the United Response records indicate that they were in agreement that a move out of area would give him a fresh start.

7.8 It is our view that four actions could have been taken that would have minimised the risk that Mr H presented to Mr Lewis at Christmas 2014:

- Review of Mr H's needs when he reported the abuse from his United Response keyworker;

- More proactive and planned management of Mr H's mental illness, particularly risk planning around known trigger times;

- More focussed support in reducing Mr H's use of alcohol and drugs;

- More considered response to the request for more evidence after the community care panel asked for more information about Mr H's needs.

7.9 Whilst we cannot say with any certainty that these actions would have prevented the homicide of Mr Lewis, they would have minimised the risks that Mr H presented to others and himself.

Recommendations

Recommendation 1

The Trust must ensure that all staff are aware of and comply with the Care Programme Approach Policy. In particular:

- the requirement for clients to have a face to face appointment with the relevant community mental health team within seven days of discharge from inpatient services;
- the requirement for care co-ordinators to ensure that they have arrangements in place to meet with clients on their caseload at the appropriate intervals ;
- staff complete and share relevant paperwork with appropriate agencies following Care Programme Approach and medication review meetings;
- give proper consideration to the request when a client asks to change care co-ordinator, and wherever possible take appropriate actions to identify an alternative care co-ordinator. The Care Programme Approach policy must be amended to include a requirement for the outcome of the request to be properly documented.

The Trust must also implement a system to monitor compliance with this and take necessary steps to remedy non-compliance.

Recommendation 2

The Trust must ensure that team managers have arrangements in place to re-allocate the caseload of a team member who is not at work for an extended period of time. The Trust must also implement a system to monitor compliance with this and take necessary steps to remedy non-compliance.

Recommendation 3

When providing information to other organisations that support clients, the Trust must provide clear and precise information about the client's early warning signs of relapse, including a relapse prevention plan with clear detail about the patient's relapse signature.

Recommendation 4

The Trust must ensure that when changes to medication are made, there is a clear rationale recorded and evidence of appropriate medical or nurse prescribing input to the decision.

Recommendation 5

The Trust must ensure that staff understand the importance of conducting appropriate risk assessments, and that when a request is made for a more detailed risk assessment to be completed, this request is actioned. The Trust must also implement a system to monitor compliance with this and take necessary steps to remedy non-compliance.

Recommendation 6

The Trust must ensure that staff understand and follow the Active Engagement Policy at all times and should a clinician take a decision outside of this policy that appropriate action is taken.

Recommendation 7

The Trust must ensure that treatment programmes include psychological interventions where indicated by the National Institute of Health and Care Excellence.

Recommendation 8

The Trust must ensure that when a client is the subject of a vulnerable adult alert, the client's risk assessment and care plan is reviewed and that appropriate support is put in place. Further, the Trust must ensure that Sussex Safeguarding Adults Board Policy and Procedures is followed and that systems are in place to identify and rectify non compliance.

Recommendation 9

The Trust must ensure that a policy is developed and implemented to make sure that records created as part of internal investigations are retained in a single storage point, and that the Serious Incident Reporting Policy and Procedure is amended accordingly .

Recommendation 10

The Trust must ensure that they identify a single point of contact for liaison with independent investigation companies and ensure that the individual is responsible for logging, collating and responding to information requests.

Recommendation 11

The Trust must ensure that when there are concerns about the practice of any staff member that appropriate action is taken in accordance with the Disciplinary Policy and Procedure.

Recommendation 12

The Trust must ensure that when staff participate in independent investigations, they are properly prepared and have had opportunity to review the case at the centre of the investigation.

Recommendation 13

Western Sussex Hospitals NHS Foundation Trust must ensure that "special care information" held for patients is up to date. The organisation must also implement a system to monitor compliance with this and take necessary steps to remedy non-compliance.

Recommendation 14

Commissioners must ensure that when providers are contracted to deliver services, the contract properly addresses the issue of information sharing with other services.

Appendix A – Terms of reference

Purpose of the investigation

1 To identify whether there were any gaps or deficiencies in the care and treatment that Mr H received, which could have been predicted or prevented the incident from happening. The investigation process should also identify areas of best practice, opportunities for learning and areas where improvements to services might be required which could help prevent similar incidents from occurring.

2 The outcome of this investigation will be managed through corporate governance structures in NHS England, Clinical Commissioning Groups and the provider's formal Board sub-committees.

Terms of Reference

3 Review the engagement, assessment, treatment including risk assessment and care planning and care that Mr H received from Sussex Partnership NHS Foundation Trust from his first contact with services in June 2014 up to the time of the incident on 25 December 2014.

4 Review the contact and communication between Bognor Regis and Brighton Treatment Services and other services within Sussex Partnership NHS Foundation Trust.

5 To consider if Mr H's previous forensic history was well appreciated by clinicians and whether the 21 admissions in 2012/2013 could have been handled and managed differently.

6 To consider whether better multi-agency working could have assisted in assessing the risk Mr H presented to self and to others, especially between the Probation Service and the Trust.

7 Review the documentation and record keeping of key information by the Sussex Partnership NHS Foundation Trust against best practice and national standards and if record keeping is an issue within the Trust.

8 Review the Trust's internal investigation report and assess the adequacy of its findings, recommendations and implementation of the action plan and identify:

- If the investigation satisfied its own terms of reference;
- If all key issues and lessons have been identified and shared;
- Whether recommendations are appropriate, comprehensive and flow from the lessons learnt;
- Review progress made against the action plan; and

- Review processes in place to embed any lessons learnt.

9 Having assessed the above, to consider if this incident was predictable or preventable and comment on relevant issues that may warrant further investigation.

10 To assess and review any contact made with the victim and perpetrator families involved in this incident, measured against best practice and national standards.

Level of investigation

Type B: an investigation by a team examining a single case

Timescale

11 The investigation process starts when the investigator receives all the clinical records and the investigation should be completed within six months thereafter.

Initial steps and stages

NHS England will:

- Ensure that the victim and perpetrator families are informed about the investigative process and understand how they can be involved including influencing the terms of reference.

- Arrange an initiation meeting between the Trust, commissioners, investigator and other agencies willing to participate in this investigation (provisional dates in July 2015).

- Seek full disclosure of the perpetrator's clinical records to the investigation team.

Outputs

12 A succinct, clear and relevant chronology of the events leading up to the incident which should help to identify any problems in the delivery of care.

13 A clear and up to date description of the incident and any Court decision (e.g. sentence given or Mental Health Act disposals) so that the family and members of the public are aware of the outcome.

14 A final report that can be published, that is easy to read and follow with a set of measurable and meaningful recommendations, having been legally and quality checked, proof read and shared and agreed with participating organisations and families (NHS England style guide to be followed).

15 Meetings with the victim and perpetrator families and the perpetrator to seek their involvement in influencing the terms of reference.

16 At the end of the investigation, to share the report with the Trust and meet the victim and perpetrator families and the perpetrator to explain the findings of the investigation and engage the clinical commissioning group with these meetings where appropriate.

17 A concise and easy to follow presentation for families.

18 A final presentation of the investigation to NHS England, Clinical Commissioning Group, provider Board and to staff involved in the incident as required.

19 We expect the investigators to include a lay person on their investigation panel to play a meaningful role and to bring an independent voice and challenge to the investigation and its processes. NHS England will seek to review the input of the lay person at the end of the investigation.

20 We will require the investigator to undertake an assurance follow up and review, six months after the report has been published, to independently assure NHS England and the commissioners that the report's recommendations have been fully implemented. The investigator should produce a short report for NHS England, families and the commissioners and this may be made public.

21 We will require monthly updates and where required, these to be shared with families.

22 The investigator will deliver learning events/workshops for the Trust, staff and commissioners.

KEY:

Type A: a wide-ranging investigation by a panel examining a single case.

Type B: an investigation by a team examining a single case.

Type C: an investigation by a single investigator examining a single case (with peer reviewer).

Appendix B – Documents reviewed

Sussex Partnership Trust Documents

- Client records for Mr H.
- Internal Final Serious Incident Investigation Report for Mr H dated March 2015.
- Associated Trust Action Plan.
- Internal Final Serious Incident Investigation Report for Mr JL dated October 2015.
- Associated Trust Action Plan.
- Copy of email communication between the review team and the probation service.
- Active Engagement incorporating Did Not Attend (DNA) Management Policy and Procedure May 2012.
- Care Programme Approach Policy October 2010.
- Flowcharts in place of the operational policy for the substance misuse service.
- Risk Management Strategy and Policy January 2013.
- Care Delivery (Care Programme Approach and Standard Care)- Operational Guidelines Ratified September 2011, due to be reviewed March 2012.
- Trust Dual Diagnosis of Mental Health and Substance Misuse Policy.
- Clinical Risk Assessment and Safety Planning/Risk Management Policy and Procedure.

Other Documents

- Clinical records from Western Sussex Hospitals NHS Foundation Trust.
- Clinical records from Brighton and Sussex University Hospitals NHS Foundation Trust.
- Patient records from Brighton Homeless Healthcare.
- Client records from West Sussex County Council.
- Client records from Bright and Hove City Council.
- Client records from Sanctuary Supported Living.
- Client records from United Response.
- Policy documents from Emmaus.
- Sussex Safeguarding Adults Board Policy and Procedure.

Appendix C – Professionals involved

Pseudonym and role	Organisation
Dr A, Associate Specialist	Substance Misuse Service
Dr B, GP	Brighton Homeless Healthcare
Dr K, Associate Specialist in Psychiatry	West Recovery, Hove Polyclinic
Dr N, Senior House Officer	Liaison Psychiatry
Dr P, GP	Bognor Medical Centre, Bognor Regis
Dr R, Associate Specialist in Psychiatry	Working Age Mental Health Services
Dr S, GP	Mile Oak Medical Centre
Mr V, Mental Health Placement Officer	Brighton & Hove City Council and Sussex Partnership Trust
Dr W, Consultant Psychiatrist	Western Sussex Assessment & Treatment Team
Mr A, Team Manager	Bedale Centre
Mr B, RMN	Police Court Liaison & Diversion Service
Mr C, Liaison Nurse	RSCH Liaison Team
Mr D, RMN Bank Nurse	Bedale Centre
Mr E, Criminal Justice Liaison Nurse	PCLDS, Brighton Custody
Mr F, Senior Nurse Practitioner	Psychiatric Out of Hours Team, St Richards Hospital, Chichester
Mr G, Care Co-ordinator & CPN	Sussex Partnership Trust
Mr I, Support Worker	Emmaus
Mr K, Mental Health Liaison Nurse	Mental Health Liaison Team, Brighton
Mr L, Criminal Justice Liaison Nurse	Crawley Custody
Mr M, Criminal Justice Liaison Nurse	PCLDS, Hollingbury Custody
Mr O, Depot Clinic	Sussex Partnership Trust
Mr S, Homeless Persons Officer	Brighton & Hove City Council
Mr T, Referral Co-ordinator	Emmaus
Ms A, Manager	United Response
Ms B, Keyworker	United Response
Ms B1	Liaison Psychiatry Team
Ms C, Court Probation Officer	Crawley Court Probation
Ms D,	Brighton Triage
Ms E, Probation Officer	Probation Service
Ms F, Registered Manager	United Response
Ms G1, Community Mental Health Nurse	Chichester Crisis Team

Ms G2, Duty Worker	Brighton Triage
Ms H, Senior Psychiatric Social Worker/AMHP	Chichester Crisis Team
Ms I	Crisis Team
Ms K, Mental Health Liaison Worker	Mental Health Liaison Team, Brighton
Ms L, Senior Nurse Practitioner	Psychiatric Out of Hours Team, St Richards Hospital, Chichester
Ms M, Care Co-ordinator & CPN	Bognor CMHT (WAMHS)
Ms M2, Manager	Sussex Partnership Trust
Ms P, Community Mental Health Nurse	Chichester Crisis Team
Ms R, CPN	Bognor CMHT (WAMHS)
Ms S, Senior Nurse Practitioner	Mental Health Liaison Team, Chichester
Ms U	Community Mental Health Team
Ms W, Social Worker	Crisis Team
Ms Y	Crisis Team
Ms Z, Duty Worker	Bedale Centre

Appendix D - Chronology of Mr H's contacts with the Trust, local hospitals, and his GP

Date	Source	Event	Information
12/08/05	SPT records	Discharge summary	Completed following admission via A&E at Royal Sussex County Hospital. Drug induced psychotic episode. Self presented to A&E, reported feeling angry and had been mugged by a friend. Also reported intrusive thoughts telling him to kill people. Known heavy drug user. First contact appears to be at age 17 in Crawley where he was diagnosed with severe depression and was prescribed citalopram. First saw doctor in 2002 - diagnosis of paranoid schizophrenia. Went AWOL on 12/8 and was discharged from SPT services after they found that he was in police custody.
01/10/09	GP records	Letter	Dated 15/9/09 from Dr R to GP at Fitzalan Medical Group, Littlehampton. No evidence of mental illness but continue prescribing olanzapine 15mg nocte and 5mg prn for at least one year. No further arrangements made to see Mr H. Mr H had just been released from prison (5/5/09) and was seeing his probation officer twice a week. Mr H stated he suffered occasionally from anxiety and had been hearing voices that "have a go at him and put him down". Mr H reported that the "forensic psychiatrist told him that he had a personality disorder".
05/11/09	GP records	Letter	Dated 29/10/09 from Dr R to GP at Fitzalan Medical Group, Littlehampton. Thanking GP for letter of 20/10/09 and noting that "Mr H had a lengthy assessment on 15/9 and was discharged from our services with recommendations". Dr R advised "I am sure you are aware of the guidelines when a person should be referred to secondary care and therefore we won't be offering Mr H another appointment."

Date	Source	Event	Information
16/08/11	Brighton & Hove City Council	Presented as homeless	Mr H presented following release from prison on 8/8/11. No help into accommodation or hostel provided. Since his release had been staying with friends but due to their lifestyle of drugs and alcohol he did not want to continue staying as he was trying to abstain. Mr H stayed for a week in Guildford Nightshelter but left due to another resident threatening to kill everyone. Mr H had been sleeping rough in the graveyard near Brighton clock tower ever since. Mr H noted as having a personality disorder and depression. Medication noted as olanzapine and fluoxetine. Mr H advised to contact "St Pat's" and referral made to RST. Mr H provided with home move application, information on street services including homeless guide, information on finding accommodation and crisis loan. Mr H stated that his mother may help with a deposit and his step-father may act as guarantor - list of letting agents therefore provided.
16/08/11	Brighton & Hove City Council	Housing options assessment	Form completed. Mr H provided previous address details and dates, including detentions in prison and indicated he had applied for ESA. Criminal convictions noted as street robbery, shoplifting, possession of drugs. Assessor noted that Mr H had seen mental health inreach team whilst in prison, they advised he wasn't "too bad" and should stay off drugs and alcohol as they would contribute to mental health problems.
15/10/11	West Sussex County Council records	MHA assessment	MHA assessment requested after Mr H tried to harm himself.

Date	Source	Event	Information
22/10/11	Western Sussex Hospitals Trust records	A&E attendance	Mr H arrived at St Richard's Hospital, Chichester via ambulance presenting with psychiatric problems. Known personality disorder, had spiritual enlightenment two weeks previously and stopped taking medication. Arrested four times, jumping on railway, shoplifting, assault. Has had alcohol problems, not drunk that day. Had used speed and amphetamines but not for the previous few weeks. Felt out of control. NFA, living with friends. Used to receive medication via homeless GP service in Brighton but had no means to return to obtain additional prescription. Mr H was due to go to rehab at The Sands, in Bognor Regis and felt positive about this. A&E staff agreed 2x10mg olanzapine as temporary solution until Mr H was admitted to rehab.
14/12/11	Western Sussex Hospitals Trust records	A&E attendance	Mr H arrived at St Richard's Hospital, Chichester via private transport. Mr H said that he threw his medication down the toilet one week previously. Since then he had been hearing voices and felt that he wanted to harm himself. Query diagnosis of schizophrenia. Mr H considered to be a low risk. Olanzapine and Fluoxetine prescribed. Mr H discharged.
05/02/12	Western Sussex Hospitals Trust records	A&E attendance	Mr H arrived at St Richard's Hospital, Chichester on foot. Mr H stated he walked out of rehab at Bognor on Monday. He was arrested that weekend and lost his medication for schizophrenia. Mr H stated he had an appointment with a doctor on Monday for medication but that he needed medication that day. SPECIAL CARE INFORMATION dated 28 April 2006 included in bundle for this attendance. Information states that when Mr H attends A&E claiming to be suicidal "UNDER NO CIRCUMSTANCES IS HE [MR H] TO BE GIVEN ANY MEDICATIONS".

Date	Source	Event	Information
12/06/12	Western Sussex Hospitals Trust records	A&E attendance	Mr H arrived at St Richard's Hospital, Chichester by private transport. Mr H complained of increased agitation, hearing voices, increased paranoia, strong urges to stab others living in the hostel, and suicidal. He said that he had been staying in a mental health hostel for one month. Mr H said he had an urge to "buy a big chef knife to protect himself". Mr H said that he had a strong urge to kill himself and had posted on Facebook that he had chosen his suicide song and planned to slit his wrists. Assessor noted that he was on the special risk register as he had previously been armed. When assessed by Ms L psychiatric services, Mr H said he didn't like his new accommodation and asked for admission to hospital. Ms L noted that he had only recently been discharged from hospital and that re-admission was not indicated. Mr H encouraged to contact his care co-ordinator the following morning.
14/09/12	Western Sussex Hospitals Trust records	A&E attendance	Mr H arrived at St Richard's Hospital, Chichester on foot. He complained of pain and something crawling in his right ear and that both ears felt bunged up.
24/11/12	Western Sussex Hospitals Trust records	A&E attendance	Mr H arrived at St Richard's Hospital, Chichester by private transport. He complained of voices in his head but "won't express what saying" and said he wanted to see someone. Assessor recorded an exacerbation of schizoaffective/personality disorder since being told he had to move to a flat in Chichester that he didn't like. Multiple offers of support had been given by the Crisis Team, medical consultant and CPN but he had refused everything. Mr H demanded admission and said he believed he would kill dogs and possibly himself if he were not admitted. There were no beds available in Chichester and the Crisis Team were tasked with finding a bed elsewhere. Mr H was transferred to Bodmin Ward at Eastbourne Hospital. Information about refusing medication, dated 2006 present again in this bundle.

Date	Source	Event	Information
12/02/12	West Sussex County Council records	Duty social worker log	Mr H had reported himself to police earlier that day when he had failed to get a train to Gatwick Airport with an invalid railway ticket. He was angry about his personal situation and threatened to "unleash a **** storm" on Bognor Regis. Two weeks previously Mr H had ended his stay at a rehabilitation unit run by Stonepillow (the Sands Project) following what he believed to be unwarranted sexual advances made to him by another resident. Since that time he had been living a "somewhat itinerant lifestyle" and had spent four nights in police custody after committing various offences. Outcome of the MHA assessment was that Mr H required hospital admission under S2 MHA for further assessment and treatment for untreated psychosis.
16/12/12	Western Sussex Hospitals Trust records	A&E attendance	Mr H arrived at St Richard's Hospital, Chichester at 19:22 on foot complaining of mental illness but did not wait to be treated.
16/12/12	Western Sussex Hospitals Trust records	A&E attendance	Mr H arrived at St Richard's Hospital, Chichester at 21:00 by private transport. He complained of hearing voices in his right ear and said he wanted to hurt people. Staff noted that he was quite distressed and was not keeping eye contact. Mr H reported that he had had an argument with one of the other housemates in the sheltered house where he lived. His neighbour had been continuously banging his door (not Mr H's) and this irritated Mr H. Mr H said he felt like hitting his neighbour but instead decided to attend A&E. PLAN: discharge home with medication and advised to return to A&E if required.

Date	Source	Event	Information
25/12/12	Western Sussex Hospitals Trust records	A&E attendance	Mr H arrived at St Richard's Hospital, Chichester via ambulance presenting with psychiatric problems. Mr H reported that he wasn't feeling anything properly and that he felt "nothing". No suicidal thoughts, denied illicit drug use. Hallucinations and voices telling him to stab himself in the belly/chest/eye. PLAN: Mr H stated that due to his distress/agitation he wanted to calm himself down prior to going home. Mr H to make contact with community team on 27/12, assessor to send fax to community team for follow up support and urgent medical review. Mr H advised to return to A&E if he didn't feel safe in his flat.
26/12/12	Western Sussex Hospitals Trust records	A&E attendance	Mr H arrived at St Richard's Hospital, Chichester via ambulance presenting with psychiatric problems. Mr H complained of a psychotic episode and said that he had a plan to die but that he wouldn't act on the plan as it would "disrupt the balance in the world". Mr H reported that he slept with a knife under his pillow, he acknowledged that this was unsafe and agreed to remove it when he got home. Mr H felt it would be safe at home and would not harm anyone.
13/01/13	Western Sussex Hospitals Trust records	A&E attendance	Mr H arrived at St Richard's Hospital, Chichester via ambulance presenting with psychiatric problems. Mr H reported that he wanted to kill the man downstairs. Mr H acknowledged the thoughts were not new but that they were growing in intensity. He reported that he had not been sleeping well and that his diet was poor due to a lack of funds. Mr H reported that he found his support worker helpful but felt his relationship had been damaged by his own attraction towards her. Mr H happy to return home when it was light as he had no money to pay for a taxi home.
20/01/13	Western Sussex Hospitals Trust records	A&E attendance	Mr H arrived at St Richard's Hospital, Chichester via public transport complaining of paranoia and hearing voices. Mr H was distressed, as he was unhappy in his accommodation. It was determined he was safe to go home with 5mg diazepam.

Date	Source	Event	Information
27/01/13	Western Sussex Hospitals Trust records	A&E attendance	Mr H arrived at St Richard's Hospital, Chichester via ambulance complaining of hearing voices, wanting to hurt himself, requesting to speak to mental health team. Inpatient admission agreed to Rowan Ward, Meadowfields, Worthing. Risks to self identified as high, risks to others medium in hospital but high on discharge.
29/01/13	SPT records	Admission	Admitted to Oaklands Centre for Acute Care
21/02/13	SPT records	Letter	Letter from Ms C, Community Mental Health Practitioner to Dr P, GP requesting that Dr P add 4mg risperidone and 5mg procyclidine to Mr H's repeat prescription
12/03/13	SPT records	MDT Clinical Review	Mr H reported feeling agitated and afraid of another service user whom staff had observed placing a pencil to Mr H's forehead in an intimidating manner. However this client had since been transferred off the ward. Call received by staff from NHS Direct - advised that Mr H had called them to say that he was being harassed and abused by another service user and that she was also harassing other service users. Staff met with Mr H to provide factual information and reassurance. Plan: remain on leave for two days; increase risperidone to 2mg bd from 13/2; return Friday 15/2 - review for discharge; stop olanzapine from 13/2.
05/04/13	Western Sussex Hospitals Trust records	A&E attendance	Mr H arrived at St Richard's Hospital, Chichester via ambulance complaining of wanting to hurt himself. Mr H reported that he had gone to see his keyworker that day, but she wasn't available and he was feeling desperate. Mr H said he'd had enough and wanted to end his life. Mr H said that he did have contact with his family but they didn't understand his illness and didn't believe in mental health problems. Mr H later talked positively about plans for the future - he wanted to secure a privately rented flat and had asked his mother to be guarantor. He said that he didn't feel his medication was right for him and he remained sporadically compliant. Mr H said he felt safe to return home as his suicidal thoughts had dissipated.

Date	Source	Event	Information
09/04/13	SPT records	Telephone call	Ms M attempted to contact Mr H about the fax received from Ms L. Contact unsuccessful, as phone line was dead. Message left on Mr H's keyworker's mobile to advise of an appointment on 10/4.
10/04/13	SPT records	Cancelled appointment	Mr H contacted Ms M to inform her that he would be unable to attend his appointment that day as he was waiting for his keyworker to arrive. Ms M to contact Mr H with another appointment.
28/05/13	Sanctuary Supported Living records	Additional information relating to mental health	Diagnosis recorded as schizoaffective disorder. Relapse indicators: lack of sleep, high anxiety levels, disorderly communication. Staff action required: speak to Mr H. No information about impact of substance misuse on Mr H's health. Known triggers/dates recorded as: relationships and wintertime, Christmas. Recorded that Mr H would become unwell "very quickly" if medication was missed.
01/07/13	SPT records	Telephone call	Mr R from Sanctuary called to report that Mr H expressed concern about not being seen by Ms M for a long time, that nobody cared, reported he felt abandoned and that he was taking lower doses of medication than prescribed. Mr H reported that he felt okay on the lower dose so wanted a medication review. He also reported bad alcohol cravings - he was advised to go to Clockwalk. Request noted for somebody to call him - staff did and advised that the issue would be discussed at the team meeting and somebody would be identified to cover during Ms M's absence.
23/07/13	SPT records	Telephone call	Mr R from Sanctuary called to ask staff to contact Mr H. Mr H said that he was feeling unsupported by Bedale Centre staff during the absence of Ms M, his care co-ordinator. Staff to make contact with Mr H.
23/07/13	SPT records	Telephone call	Staff unable to speak to Mr H, despite message being left. Staff called Mr R from Sanctuary Housing and informed him of the fact. Mr R will try to make contact with Mr H and ask him to contact the Bedale Centre. Mr R was asked to contact the Bedale Centre if he had any concerns regarding Mr 's welfare.

Date	Source	Event	Information
27/07/13	SPT records	Liaison with other services	OOH GP called to ask for information about Mr H. Mr H had asked to be visited by the GP that day - he had called the GP by phone. When the doctor arrived there was no answer at the door and no answer on the number that Mr H had left. Mr H's recent case history was provided, information about historical risks and prison sentence for attempted robbery and assault. The OOH service asked that the team contact them if they felt Mr H posed a risk to the OOH service.
02/08/13	SPT records	Telephone call	Mr O tried to contact Sanctuary Housing but there was no reply or facility to leave a message. Mr O emailed Ms M to try when she was next on duty.
07/08/13	SPT records	Telephone call	Ms M contacted Sanctuary Housing and spoke to Mr R to get an update on Mr H. Mr H had requested a move back into a shared environment, as he was concerned that he might not received sufficient housing benefit in the future to cover his rent. Staff at Sanctuary had discussed this and had decided that this would be a backward step. Ms M advised Mr R that she had not seen Mr H for some time and had given him an appointment for 15/8. Mr R gave Ms M Mr H's new mobile number and Ms M attempted to contact Mr H - the number went to voicemail and Ms M was unable to leave a message.
15/08/13	SPT records	Letter	Letter from Ms A to Dr P, GP. Mr H saw Ms A with key worker Ms S. Mr H had only been taking 1mg risperidone at night, prescription was for 4mg at night. Requested Dr P adjust the prescription to 1mg at night. Ms A also reported that she had arranged for Mr H to see the doctor for a medication review on 12/9/13.
26/08/13	SPT records	Call to Sussex Mental Healthline	Mr H reported that he felt on the edge and said he wanted to end his life. He spoke of getting money the next day, buying vodka and getting drunk. Mr H said he had been addicted to alcohol speed and crack and since giving it up he found life so boring. Mr H described feeling isolated but failed to articulate his feelings. He talked about fearing World War 3 and everyone getting blown up. Diagnosis: schizoaffective disorder. Mr H said that his mother hated him and that he had no-one. Mr H engaged well in the call and agreed to call back later for continued support.

Date	Source	Event	Information
11/09/13	SPT records	Cancelled appointment	Mr H advised that he was due to start a course on 12/9 so would be unable to keep his appointment with Ms M and Dr G. Ms M advised that she would reschedule the appointment and contact Mr H.
29/09/13	SPT records	Assessment	Mr H presented to A&E and asked for an informal admission. Discussed with Dr W and crisis team for hospital bed.
29/09/13	Western Sussex Hospitals Trust records	A&E attendance	Mr H arrived at St Richard's Hospital, Chichester via private transport requesting to see a consultant. He said he was struggling with a "mad" episode and had locked himself out of his flat due to the voices in his head. Mr H said he wanted to go on a rampage and hit people and get drunk - he said he felt he was a risk to himself and others. Noted that Mr H had a diagnosis of schizoaffective disorder. PLAN: admit for overnight stay.
30/09/13	SPT records	Admission	Admitted to Oaklands.
01/10/13	Sanctuary Supported Living records	Support record	Mr H called the Sanctuary Supported Living office to inform staff that he was in Oaklands Ward in Chichester. He asked if it would be possible for staff to take him some items from him flat. Following liaison with other staff it was agreed that this could be done.
05/10/13	SPT records	Discharge	Discharge from Oaklands ward. Ms M informed via email; CMHT informed; GP faxed.
08/10/13	SPT records	7 day follow up	Mr H arrived at the Bedale Centre accompanied by his support worker to ask about medication. Mr H said that when he was discharged the previous Saturday he was not given any take home medication and the prescription was faxed to his GP on the Monday. The GP had subsequently given him aripiprazole as that was his new medication, however Mr H did not have any risperidone or sanatagine. Mr A contacted the GP and arranged for Mr H to be prescribed the appropriate medication with a review being arranged with Dr W asap.

Date	Source	Event	Information
25/10/13	SPT records	Urgent review	Mr H arrived at the Bedale Centre accompanied by his support worker. He felt he needed a higher dose of risperidone as he was feeling very agitated. Mr H had been using 2mg risperidone and was running out of medication but said that the aripirazole was working okay. Mr H saw Mr O, who spoke to Dr W. Dr W then spoke to Mr H and prescribed 2mg of risperidone and stopped the aripirazole. Dr W provided a prescription for 10 days' supply of risperidone at 2mg per day and wrote to Mr H 's GP. Mr H said that he was due to have an appointment with Ms M on 1/11.
25/10/13	SPT records	Letter	Letter from Dr W, consultant psychiatrist to Mr H 's GP, Dr P. Medication: risperidone 2mg nocte, please discontinue other psychotic repeat medications Dr W had reviewed Mr H on an emergency basis, with Mr O, CPN and Ms S, Mr H 's carer. Mr H told Dr W that he had been in Oaklands Unit for 6 days when he felt "angry towards other people with thoughts of hurting them" after his mother had not responded to his messages. Dr W asked Mr H when he last hit or harmed others; Mr H said that it was about 10 years' previously. Ms S noticed that when Mr H's mood dipped, he did not eat properly, poor self hygiene and disengagement from social interaction. Dr W found no evidence of clinical depression on that day. Mr H reported that he wanted to be an electrician and that he had asked ATOS to decrease his benefit so that he could apply for an appropriate course. Dr W noted that Ms S his carer was a good protective factor and was supporting him to achieve and life and career.

Date	Source	Event	Information
06/11/13	SPT records	Appointment	Mr H attended an appointment with Ms M during which he described himself as being sad. He reported that he had had contact with his mother and had asked whether they would be able to meet around the Christmas period. Mr H said that his mother became angry and put the phone down on him, which he found distressing. Ms M encouraged him to talk about his thoughts and feelings. Mr H said that he had also had contact with his father and that he was planning to visit him in Crawley in the forthcoming weeks. Mr H also intended to see his grandparents with whom he had a fairly close relationship. Mr H reported that he had been watching a lot of Russian television and that he kept thinking that there was going to be a large bomb to end the world. Ms M discussed various distraction techniques, however Mr H's presentation appeared to suggest that he was keen that Ms M should consider that he was psychotic. Plan to see Mr H again on 28/11.
07/11/13	Sanctuary Supported Living records	Support record	SSL staff contacted House 48 as staff had not been able to contact Mr H. Staff at House 48 said he had been there that day and that he had left 15 minutes previously.
04/12/13	SPT records	Telephone call	Ms M received a call from Ms A reporting that she had concerns about Mr H's mental state. Ms A felt that he was low in mood and isolating himself. Mr H had also stated that he would rather have a male CPN. Ms M stated she would contact Mr H and arrange to see him. Ms M attempted to contact Mr H without success. Ms M then contacted Ms A again who advised that Mr H was at House 48. Ms M spoke briefly to Mr H and arranged to see him on 10/12.
06/12/13	Sanctuary Supported Living records	Support record	SSL staff left a message on Mr H's phone for him to contact staff. Duty of Care contact.

Date	Source	Event	Information
06/12/13	GP records	Letter	Dated 6/12/13 from Dr W to Bognor Health Centre advising that medication for Mr H was "risperidone 2mg nocte reduced to 1mg nocte for one week then discontinued; olanzapine 5mg nocte (prescription given for 14 days)"and noting that Mr H had complained of significant sexual dysfunction related to risperidone.
10/12/13	SPT records	DNA	Mr H did not attend for his appointment with Ms M. Ms M discussed the situation with Dr W - due to lack of engagement with Ms M and difficulties in care co-ordinating Mr H , Dr W agreed to act as lead practitioner, and Mr H could be further managed by the duty service when in crisis. Dr W was due to go on leave, returning 16/1/13 and he requested that Ms M continue to care co-ordinate Mr H until then.
21/12/13	SPT records	Call to Sussex Mental Healthline	Mr H called and appeared to be upset by a visit from his keyworker. Mr H said that he had sacked her that day and asked her to leave which left him feeling very angry. He said he was trying to cope without resorting to alcohol or self harming. Helpline staff encouraged Mr H to discuss the situation with the keyworker.
21/12/13	Western Sussex Hospitals Trust records	A&E attendance	Mr H arrived at St Richard's Hospital, Chichester on foot saying that he had a personality disorder and was upset as he had contact with his former key worker that day - he was not upset and wanted to see the mental health team. Mr H was referred to the crisis team.

Date	Source	Event	Information
22/12/13	SPT records	Assessment	10:00 Mr H was seen by Ms I and Ms Y for assessment. Mental state: Mr H did not report any psychotic features and did not appear acutely depressed. Mr H said he had started drinking alcohol again and stated he felt very lonely. Mr H reported that he had an altercation with a previous key worker from United Response. Mr H had requested admission to hospital the previous day and said that if he was not supported to stop drinking alcohol he would be at risk of harming others. Risks: Mr H did not appear to be acutely unwell and Ms I and Ms Y felt his needs would be more effectively met by substance misuse services. Mr H reported that his main issue was that he had started drinking alcohol again the previous night and that he had taken all the diazepam that was given to him by the A&E doctor. Plan: liaise with longer term care team and substance misuse services the following day. CRT unable to manage the risk of Mr H hurting others as it is related to alcohol misuse, risk does not appear to be related to acute mental health issue.
22/12/13	SPT records	Assessment	11:00 Mr H was seen by Ms P and Ms W for the second part of their assessment. Mr H presented as passive, slightly tired and flat. He denied any psychotic features, saying these were in the past and that his head had repaired the issue. He said that much of his presentation was related to the types of drugs he used. Mr H reported that his use of alcohol and MDMA over the previous days were "lapses rather than relapses" and that he was resolved not to take any more. Mr H denied thoughts to harm others or himself and said that when he was under the influence the previous night he became emotionally charged with feelings of love towards friends and family, rather than anger. Ms P and Ms W discussed Christmas - Mr H said he still didn't plan to see his mother. Risks: were identified as violence to others and himself when intoxicated. Plan: discharge from CRHT with follow up from Ms M. Refer to risk assessment and GP letter for more details.

Date	Source	Event	Information
23/12/13	SPT records	Liaison with other services	Ms P contacted the police regarding Mr H's statements about harming himself and others. Well documented that prior to and during admission to CRHT Mr H feels he may be at risk of harming others if under the influence of alcohol. Police alerted in the interests of Mr H's safety.
23/12/13	SPT records	Liaison with other services	11:45 Ms K2 liaised with Mr H's care co-ordinator Ms M. Agreed a joint visit or follow up for 24/12 at 10:00. Longer term plan and management - level 2 discussed and/or a forensic assessment regarding Mr H's repeated presentation to out of hours and reports of potential risk to others. Ms A (United Response manager) informed of the allegation regarding Mr H's support worker. United Response plan to cancel benefit review the following day as Mr H has reported potential risk to others. Ms A has been made aware of potential risks to others especially if Mr H is under the influence of alcohol.
23/12/13	SPT records	Letter	Letter from Ms P, CMHN to Mr H's GP, Dr P advising that Mr H had been referred to the Crisis Team after self-presenting at A&E. Mr H had been sent home with some diazepam but he took all six 1mg tablets at once. He reported feeling lonely, accentuated by the festive period. Feelings of loneliness appear to be exacerbated by various stressors related to issues with his key worker at United Response and family troubles. Mr H voiced concerns that he would drink and then harm people. Mr H was taken on by the crisis team for a brief 48 period of assessment. It was evident that Mr H would most benefit from intervention through substance misuse services as these were presenting as the predominant issues. The Crisis Team reported Mr H's concerns that he may become violent or aggressive to the police. It was felt that their awareness was necessary for the safety of Mr H and others. Risk: Mr H denied thoughts or intent to end his life during the assessment and discharge. Mr H in in touch with someone about becoming a volunteer at St Richards' hospital in the new year. Mr H presented as low risk of suicide however the accidental risk is likely to increase when under the influence of alcohol and drugs.

Date	Source	Event	Information
23/12/13	SPT records	Safeguarding Alert Form (SVA 1)	Completed by Ms K2 relating to an incident alleged by Mr H to have taken place on 21/12/13. Mr H reported to the doctor and crisis team assessing him in A&E that he had sacked his support worker Ms B, from United Response as she had been putting pressure on him to allow her to use his laptop to access Facebook in order to harass her ex-husband. Mr H reported feeling emotionally blackmailed regarding this. Mr H stated that Ms B burdened him with information about other clients and said things like "I'm going to end up in hospital myself because of people like you". Mr H stated that on 21/12 Ms B went to his flat (unplanned) and verbally abused him, calling him 'lame'. This led to Mr H feeling his mood had deteriorated and he attended A&E for help as he felt suicidal.
23/12/13	West Sussex County Council records	Safeguarding Alert Form (SVA 1)	Mr H reported to A&E staff and the Crisis Team that he had "sacked his support worker…from United Response as she had been putting pressure on him to allow her to use his laptop to access Facebook in order to harass her ex-husband". Mr H also stated that his support worker "burdened him with information about other clients and said things like 'I'm going to end up in hospital myself because of people like you'". Mr H said that his support worker came to his flat and verbally abused him, calling him "lame". This led to Mr H feeling his mood had deteriorated and he attended A&E for help as he felt suicidal.
24/12/13	SPT records	DNA	10:30 Mr H did not attend his appointment with Ms M. Ms M left a message on Mr H's mobile for him to contact her. Ms M recorded she would attempt further contact with him later in the day.
24/12/13	SPT records	CRT assessment	18:30 Mr H was assessed in A&E by the duty SHO Dr N. Mr H described feeling unable to work with the crisis team as they were all women and he found it too embarrassing so covered up how he really felt. Mr H said he felt unable to keep himself safe from a suicide attempt if at home over Christmas as he felt sad and alone and unable to cope with this. He reported plans to drink alcohol and then cut his wrists or jump in front of a car. Recommendations: informal admission to Oaklands; level 2 risk assessment and male worker to enable more successful support in the community in future.

Date	Source	Event	Information
24/12/13	SPT records	Admission	20:40 Admission to Oaklands. Ms M notified via email. Mr A, Bedale CMHT Team Leader informed. GP informed via fax.
24/12/13	Sanctuary Supported Living records	Support record	SSL staff received a call from Annandale Road staff to advise that Mr H had been to Annandale Road saying he had tried to admit himself to hospital and when that didn't work he had gone to Brighton and bought MDMA. Mr H said he wanted support as he was going to get thrown out of his flat as a female didn't like him. Mr H later told SSL staff that social services were investigating his reports that his keyworker from House 48 had been pestering him and had been unprofessional. Mr H said he "regretted taking drugs and booze" and wouldn't be doing it again. SSL staff asked if he wanted to talk to Ms M, his care co-ordinator - Mr H said he should have seen her that morning at 10am. SSL staff rang the Bedale Centre and left a message for Ms M to call. Mr H said he was anxious about moving on and SSL staff advised that he wouldn't be "thrown out" and that staff would support him to find accommodation suitable for his needs.
24/12/13	Western Sussex Hospitals Trust records	A&E attendance	Mr H arrived at St Richard's Hospital, Chichester via ambulance, complaining of feeling suicidal. He said that he had spent the weekend drinking lager and taking MDMA. He had missed his crisis team appointment that day and "felt sick". He had called the crisis team who told him to go to A&E as they couldn't help him. Mr H reported that he had no family around, he was an only child and he hadn't seen his mother (who lived in London) for two years. Forensic and substance misuse histories noted since age 15 years. Referred to crisis team - for admission to hospital.

Date	Source	Event	Information
27/12/13	SPT records	Letter	Letter from Ms G, CMHN to Mr H's GP, Dr P advising that Mr H had been referred to the team on 22/12 by the duty SHO at A&E. Mr H had self-presented reporting difficulty coping with the Christmas period - low mood, paranoid ideas and fears he would misuse substances. Crisis team assessed Mr H over the following 48 hours and concluded that he was not presenting as acutely mentally unwell and had been misusing drugs (MDMA) and alcohol prior to seeking help, thus temporarily reducing his mood and coping skills. Crisis team therefore discharged Mr H back to the care of the CMHT on 23/12 with a follow up appointment on 24/12. Mr H was happy with the plan at this time and denied significant mental health symptoms. Mr H did not attend his appointment with Ms M, CPN on 24/12 (this is not uncommon). Mr H did attend A&E again that day complaining of suicidal thoughts, plans and intent and feeling unable to keep himself safe at home or work with the crisis team. Mr H's reason for this was that the team was mainly female and Mr H found that embarrassing. Mr H was admitted to hospital as an informal patient, Oaklands Unit, and remained there at the time of the letter.
02/01/14	SPT records	MDT Clinical Review	Mr H wanted his medication to be reviewed and changed. Aripiprazole 5mg at breakfast and olanzapine 5mg at night. Unescorted leave agreed. Safeguarding adult concerns recorded as NO despite SVA being raised regarding Mr H's keyworker at United Response.
06/01/14	Sanctuary Supported Living records	Support record	Mr H called SSL staff from hospital to advise that he was having a review on Thursday and may be in hospital for a further week. He was concerned about being thrown out of his accommodation and said he wanted to be in supported accommodation. SSL staff said that he was already in supported accommodation and that there were no other low support housing options in Arun.

Date	Source	Event	Information
06/01/14	GP records	Letter	Dated 23/12/13 from Ms P, Chichester Crisis Team to Bognor Medical Centre advising that Mr H had presented at A&E and had been referred to her service. Mr H had had an argument with his mother and had nowhere to go for Christmas. He also reported some inappropriate incidents from his keyworker from United Response. Ms P noted that Mr H was not actively presenting as a risk to others, although he had a forensic history and had made statements of concern that if he were to relapse from drugs and alcohol misuse, he would harm other people.
09/01/14	SPT records	MDT Clinical Review	Mr H wanted to discuss the plan for his medication regime, he reported the medication helped him in the morning but later he continued to feel agitated. Mr H wanted to engage with narcotics anonymous; he was hearing voices that correlated what he was thinking "everyone is having telepathic conversation, I can block it out" it became intense when Mr H was feeling agitated or anxious. Safeguarding adult concerns recorded as NO despite SVA being raised regarding Mr H's keyworker at United Response. Provisional discharge date of 16/1/14, unescorted leave agreed.
09/01/14	SPT records	Liaison with other services	Ms T spoke to Ms A at United Response regarding the SVA. Investigation was ongoing, Ms B was off sick. Strategy meeting to be arranged.
14/01/14	Sanctuary Supported Living records	Support record	Mr H saw SSL staff in the office and said he was home on leave from the hospital and would be discharged on Thursday. Mr H said that he had spoken to someone from Annandale Road the previous week and that Stonham may be able to house him as he wanted to be in supported housing. SSL staff asked Mr H to go to the office after he had been discharged from hospital to discuss what he wanted to do about accommodation in the future.

Date	Source	Event	Information
16/01/14	SPT records	MDT Clinical Review	Held on Oaklands Ward. Mr H had been admitted on 24/12/13 - 5 Ps assessed at the time as: Predisposing: diagnosis of schizoaffective disorder and emotionally unstable personality disorder. History of multiple admissions, forensic history but none since 2006. History of drugs and alcohol use but Mr H claimed he had been free of alcohol for 18 months, until recently with MDMA, he had been attending AA. Mr H had a recent admission to CRT but did not present with acute symptoms so was discharged to the CMHT - Bedale Centre. Presenting: attended A&E with strong thoughts of suicide - considered drinking a bottle of vodka and jumping in front of a bus. Unable to safely plan "I'm a pathetic excuse of a human being...I have let myself down...I need help". Precipitating: Mr H had an argument with his mother and could not go anywhere for Christmas, he also reported a couple of inappropriate incidents from his key worker from United Response (safeguarding alert raised). He hated being lonely and in isolation. Perpetuating: Mr H reported hearing voices telling him to harm himself. Poor sleep and appetite, has been feeling low and subdued. Admitted that using alcohol and drugs exacerbated his difficulties in managing emotions and would become labile. Protective: good rapport with care co-ordinator, hospital admission, is willing to engage with MHS. Presenting risks on admission: potential risk of suicide and deliberate self-harm, low mood. Mr H had been on two nights' leave since 14/1/14. Safeguarding adult concerns recorded as NO. Discharge planned for 16/1 (same day as MDT meeting). Medication: aripiprazole increased to 15mg, 7 day zopiclone, referral to employment advisor.

Date	Source	Event	Information
16/01/14	SPT records	Discharge summary	Informal admission, prior to which Mr H had drunk 10 cans of beer and taken 700mg MDMA after his key worker commented that his flat was dirty - this appears to have been a trigger to his suicidal thoughts. Mr H was paranoid about female patients and believed they said derogatory things about him. Mr H did not appear depressed or overtly psychotic and felt that olanzapine was not helping and was making him binge eat. Mr H was keen to look for voluntary work on discharge, to keep him occupied in the community - Mr H to liaise with his care co-ordinator about this. Key risks on discharge: ongoing auditory hallucinations, potential drug/alcohol misuse and subsequent suicidal thoughts. Safeguarding adult concerns recorded as NO despite SVA being raised regarding Mr H's keyworker at United Response. Follow up arrangements: follow up by care co-ordinator Ms M, community team to help Mr H to identify work opportunities, medications aripiprazole 15mg ON, sanatogen a-z 1 tablet OD.
20/01/14	SPT records	Telephone calls	Ms R made calls to three different mobile numbers trying to get hold of Mr H, without success. Ms R contact Longford Road office who confirmed they had seen Mr H that morning but he had gone out. New contact number provided and message left for Mr H to contact the Bedale Centre. Appointment given to Sanctuary to give to Mr H for the next day at 11:30, if not convenient Mr H to call.

Date	Source	Event	Information
21/01/14	SPT records	Seven day follow up	Mr H was seen by Ms R for his seven day follow up appointment. He reported that he had been trying to stay off alcohol and illicit drugs but had two pints two days previously. He felt cross and upset with himself about this. Mr H said that he had made a decision that as it was his 30th birthday that day he was going to start growing up and hoped not to return to drugs again. He said he had resisted taking drugs two days previously when he drank alcohol. Mr H denied suicidal thoughts or thoughts to harm anyone else. Mr H said that he felt the aripiprazole was working well and it helped him to get up, get going and out for the day, which pleased him. Mr H said that he didn't want to see Ms M again, as although he got on well with her, he didn't feel that she 'got him' and he had found it difficult to get hold of her as she had been unwell. Ms R discussed alternatives with Mr H , he said he felt that as he had support from United Response and Sanctuary Housing, that would be enough. Ms R agreed to make an appointment with Dr W in the following weeks to review the new medication started in hospital. Plan: inform Ms M on her return that Mr H didn't want to see her, review need for secondary care, ?care co-ordination. Mr H agreed to have a final meeting with Ms M to discuss this.
22/01/14	SPT records	Letter	Letter from Western Sussex Assessment and Treatment Team to Mr H. Following request from Ms R, CPN offering an appointment with Dr W on 3/3/14 at 11:45am.
24/01/14	GP records	Discharge summary	Dated 16/1/14 advising that Mr H had been an informal patient between 24 December 2013 and 16 January 2014. Mr H reported that his mother was a drug addict and his father an alcoholic. Key risks at discharge noted as ongoing auditory hallucinations, potential drug/alcohol misuse and subsequent suicidal thoughts. Mr H to be followed up at the Bedale Centre by his care co-ordinator Ms M.

Date	Source	Event	Information
29/01/14	SPT records	Assessment	Assessed by Ms L. Mr H attended A&E in Chichester reporting paranoid thoughts of being followed and thoughts of running away to the west country, but instead decided to come to A&E to ask for help. Ms L identified further deterioration in Mr H's mental health, potential risk of overdose by taking more than the prescribed amount of medication to manage his symptoms. Mr H had a booked outpatient appointment with Dr W on 3/2 but felt that he needed additional support from the Bedale team prior to this. Ms L agreed to inform the Bedale Centre of the out of hours contact with Mr H and request that they make contact with him to see what support could be offered in the interim. Ms L gave Mr H a dose of 7.5mg zopiclone to aid coping overnight, after he complained of difficulty in sleeping.
29/01/14	Western Sussex Hospitals Trust records	A&E attendance	Mr H arrived at St Richard's Hospital, Chichester via private transport. Document from 2006 citing that "UNDER NO CIRCUMSTANCES IS HE TO BE GIVEN ANY MEDICATIONS" included in attendance bundle. Mr H reported hearing voices and feeling very agitated, felt people were talking about him and staring at him. He reported his neighbour upstairs was very noisy and stated his keyworker was stalking him. Mr H admitted to recent binges on alcohol - he had been with a friend he had made whilst in hospital. He reported feeling upset by the fact he had drunk alcohol as he had been abstinent for some time. Denied any suicidal intent or plans. No evidence of perceptual disturbance. To be reviewed by Bedale Centre the following day. to be discharged home.
30/01/14	SPT records	Assessment	Assessed by Ms L. Mr H attended A&E in Chichester for the second night in a row reporting ongoing paranoid thoughts, reduced coping and poor sleep. He reported having knives ready and had been resisting the urge to cut his wrists. After he was seen the previous evening it was requested that someone from the Bedale Centre contact Mr H but no contact had been received the following day. Ms L recorded that Mr H had reported relapsing mental health and concerns about prescribed medication which may have compromised his compliance. Plan to refer to CRT for further assessment and possible support to prevent further relapse and avoid hospital admission.

Date	Source	Event	Information
30/01/14	Western Sussex Hospitals Trust records	A&E attendance	Mr H arrived at St Richard's Hospital, Chichester via private transport. He re-presented with symptoms of paranoia and mild agitation. Despite the Bedale Centre being asked to make contact with him following his A&E attendance the previous day, he had not received contact from anyone. No significant change in presentation from the previous day although Mr H was now talking about stopping his medication. To be referred to the crisis team. Document from 2006 citing that "UNDER NO CIRCUMSTANCES IS HE TO BE GIVEN ANY MEDICATIONS" included in attendance bundle.
31/01/14	SPT records	Letter	Letter from Ms H, Senior Psychiatric Social Worker/AMHP to Mr H's GP, Dr P. Mr H was referred to the crisis team for assessment after he presented at A&E on 29 & 30 January. On 29/1 Mr H was assessed by the senior nurse practitioner and sent home with a referral for follow up from his team at the Bedale Centre. On 30/1 Mr H was again assessed by the same practitioner who referred to the crisis team as the Bedale Centre had apparently not responded as his care co-ordinator was away.
31/01/14	SPT records	Acute Care Screening	Completed by Ms H. Mr H was assessed in A&E on 29/1 when he reported increased paranoia, over use of prescribed medication (taking double amount) and two recent binges on alcohol. Mr H reported reduced coping, poor sleep due to paranoid thoughts that people are able to get into his flat, and reduced self care. The plan agreed was to request review by Mr H's team on 30/1 but as at 31/1 there had been no contact from the team. Mr H had called the team and was told that someone would call him back but still he didn't hear anything. As at 31/1 Mr H continued to struggle to cope, Ms H reported that he was "clearly disturbed by his neighbour whom Mr H believed was part of the conspiracy to get him". Ms H agreed with Mr H to refer him to CRT for assessment and possible support - Mr H was happy with this plan.

Date	Source	Event	Information
31/01/14	SPT records	Telephone call	Ms Y spoke with Mr H to arrange an assessment slot with the crisis team. Mr H said he was fine - just not sure whether or not he should take the aripiprazole as he wasn't sure it was working for him. Ms Y told him that it was his choice to take it or not, Mr H said he would think about it.
31/01/14	SPT records	Assessment	Mr H was assessed by Ms W - he was not taken on by the crisis team as he was no longer distressed, having employed some strategies himself to address some of the triggers. He had two alcohol binges following discharge, Mr H reported that until the previous day he had suffered withdrawal and adjustment to not having had anything further to drink in the previous six days. He reported that day he felt fine. Mr H had been drinking large amounts of coffee which had affected his sleep pattern. He had decided to stop drinking it in the afternoon; Ms W suggested that he try caffeine free coffee. Mr H reported that his upstairs neighbour had been dancing making a lot of noise which he found highly irritating. His agitation had been a trigger for him attending A&E. Mr H said he had asked the scheme project worker to mention the noise to his neighbour, she had stopped and this had really helped his mood. Mr H had also stopped his Facebook account and changed his number to cut ties with drug and alcohol users and drug dealers. Mr H attended the day centre on Mondays and Wednesdays only due to the awkwardness of his ex-project worker being on shift on the other days. He was planning to go to a volunteering programme as being meaningfully occupied would help his self-esteem. Ms W discussed Mr H's feelings about his care co-ordinator - much of which was his feeling of being let down, despite him recognising it was unintentional as she had been ill. Mr H recognised that his own attendance was poor and Ms W suggested he looked at alternative strategies with Ms M. Mr H felt his worst times were late evenings on a Friday/weekend when nobody was around and he couldn't get a response from the MH Line. Ms W suggested that when this happened, he make a cup of tea and then try again.

Date	Source	Event	Information
31/01/14	Sanctuary Supported Living records	Support record	Mr H went to the SSL office to complain that his neighbour upstairs had been banging around dancing and making him "stress out". Staff said they would speak to the neighbour to ask them to be quieter.
01/02/14	Western Sussex Hospitals Trust records	A&E attendance	Mr H arrived at St Richard's Hospital, Chichester via private transport. He complained of feeling agitated and stressed as he felt his neighbours were banging on the floor to wind him up. Psychiatric assessment found Mr H not to be suicidal, not homicidal. Mr H due to see consultant psychiatrist on Monday. To be discharged home.
03/02/14	SPT records	Letter	Letter from Dr W, consultant psychiatrist to Mr H 's GP. Diagnosis: drug induced psychotic disorder, ecstasy and alcohol misuse (episodic) Suggested medication: aripiprazole 15mg mane Dr M had reviewed Mr H on an emergency basis after Mr H had visited A&E a few times and had been seen by the Crisis Team the previous weekend. Mr H reported that his neighbour was stamping on his ceiling and it was this that had prompted him to attend A&E. Mr H reported feeling scared of his female neighbour whom he said 'used to be a man'. Mr H said that he might be institutionalised and said that he needed to snap out of it and stop going to A&E. Dr W recorded that as Mr H had not used any substances or alcohol on the day of assessment, Mr H appeared very insightful and was self-critical of his behaviour over the previous weeks. Dr W advised that the risk at that time to Mr H and others, and the risk of suicide was not significant. Dr W noted "Careful consideration should be given before admission to hospital."
07/02/14	SPT records	Telephone call	Ms U received a call from GP to say that Mr H had attended A&E again the previous night when he had been given diazepam. This had happened on the last few occasions Mr H had been to A&E. The GP surgery were going to flag on their system that Mr H should not be given diazepam by any out of hours doctor. Mr H called to ask for his aripiprazole to be increased by Dr W. Ms U to ask Dr W and to arrange for someone to contact Mr H soon.

Date	Source	Event	Information
10/02/14	Western Sussex Hospitals Trust records	A&E attendance	Mr H arrived at St Richard's Hospital, Chichester on foot. Mr H reported that he was angry with his consultant psychiatrist as he decided to reduce his medication. Mr H to be discharged home and to contact his team in the morning.
13/02/14	SPT records	Telephone call	Mr D, bank nurse called Mr H who said that he was desperate to go back on to olanzapine as he wasn't coping with aripiprazole. Mr H said that Dr W thought he was swinging the lead but Mr H said he promised never to ask for another medication change. Mr D said he would try to pass the message onto Dr W and agreed to meet at the Bedale Centre on 20/2.
13/02/14	SPT records	Telephone call	Mr D spoke to Dr W regarding Mr H's request to go back to olanzapine - to be discussed with Mr H in 2-3 weeks.
14/02/14	SPT records	Assessment	Mr H attended A&E in Brighton saying he was unhappy with his mental health team in Bognor. DM, MH nurse explained that Brighton had full access to the client's notes and that they could see his dissatisfaction. However DM explained that Brighton A&E was in no position to help Mr H with his ongoing difficulties. No current risk to self or others. Mr H was advised to return home and he agreed to do so.
18/02/14	SPT records	Assessment	Assessed by Mr F. Mr H presented to A&E after experiencing some thoughts of suicide. He felt his medication (aripiprazole) was making him ill and increasing his paranoia; Mr H thought he had increased his dose from 15mgs to 30mgs. Mr H had been self medicating with alcohol (3-4 cans per day) and taking MDMA to feel better. Mr H's request was to be admitted to hospital for a medication change. Risk assessed as low in all areas. Mr F noted that Mr H had an appointment to see a CPN on 20/2/14 when he would discuss his medication. Mr F recommended completion of a level 2 risk assessment by Mr H's team to support decision making out of hours.

Date	Source	Event	Information
18/02/14	Western Sussex Hospitals Trust records	A&E attendance	Mr H arrived at St Richard's Hospital, Chichester via ambulance. Mr H reported that he had been on olanzapine but it had changed to aripiprazole and Mr H said it wasn't working. Mr H threatened self -harm, after which the police arrived, then an ambulance and then transfer to A&E. Mr H said the new medication was making him very restless and agitated. He had had suicidal thoughts that day and wanted to cut his wrists. He admitted he had been drinking and taking MDMA to calm himself down. Noted that he had an appointment with his CPN on Thursday. Assessor to write to ask for telephone contact with Mr H by duty worker. Document from 2006 citing that "UNDER NO CIRCUMSTANCES IS HE TO BE GIVEN ANY MEDICATIONS" included in attendance bundle.
19/02/14	SPT records	Telephone call	Mr H called the Bedale Centre and spoke to Ms Z, duty worker. Mr H expressed frustration that he needs to be heard and said he was very unhappy that he could not see his doctor that day. Ms Z explained that Mr H's doctor wasn't at the centre that day but that others could see Mr H in the interim. Mr H was aware that he had an appointment with his CPN the following day. Mr H wanted to go back on to olanzapine as the aripirazole was not working for him. He had taken two of his tablets that day and felt even more agitated. Ms Z offered to see Mr H at the Bedale Centre but he declined. Mr H spoke about taking ecstasy over the weekend period and that he was then feeling bad in response to this. Mr H said that if Ms Z was unable to prescribe the olanzapine there was no point in seeing her. Mr H agreed to go to the Bedale Centre the following day to see his CPN and speak with him regarding his medication problem.
19/02/14	Sanctuary Supported Living records	Support record	Mr H went to the SSL office to say that he had again been drinking and taking drugs. He also said that he had pawned some of his belongings and said that his medication was not doing him any good. He also said that he had thought of giving notice on his accommodation and going homeless. Staff said they could support him to his appointment the following day at the Bedale Centre. Mr H also said that his heightened anxiety was being made worse by "downstairs doors slamming and upstairs tap dancing".

Date	Source	Event	Information
19/02/14	GP records	NHS 111 report	Dated 18/2/14 advising that Mr H reported that he wanted to murder people, that he had tried to contact his GP, but his GP didn't want to help. The call handler's supervisor had called the police as they were concerned about Mr H's threats.
20/02/14	SPT records	Letter	Letter from Dr W, consultant psychiatrist to Mr H's GP. Diagnosis: drug induced psychosis Current medication: flupenthixol 3mg bd, flupenthixol decanoate IM 20mg to be repeated after one week, then every two weeks if no allergic reaction occurred after oral doses. Dr W had met with Mr H that day on an emergency basis, with Ms M his care co-ordinator. Mr H said that he had been using NDMA on and off, the last one was the previous Friday: 1.5g equalling about £45. Mr H also acknowledged using alcohol on and off and said that he had gone to A&E because he felt 'abandoned by the team' (Ms M had been on sick leave for eight weeks). Ms M and Dr W had a detailed discussion with Mr H about medication and concluded that it was not clear how much Mr H was taking, and when. Plan: move to depot injections to monitor the effect of the anti-psychotic medication. Next appointment to be arranged by Mr H in liaison with Ms M.
20/02/14	Sanctuary Supported Living records	Support record	SSL staff supported Mr H to his appointment with Ms M at the Bedale Centre. Ms M discussed Mr H 's erratic mental health, drug and alcohol use, noncompliance with medication and A&E attendance. Ms M asked Mr H if he would like to try a depot as this would reduce his noncompliance and remove the responsibility of taking medication. Mr H agreed to try this for a few months. Mr H and SSL staff then waited to see Dr W for Mr H 's prescription to be arranged.
26/02/14	SPT records	Depot clinic	Mr H attended clinic with Ms M. Accepted test dose of 20mg flupentixol dec im - return in two weeks for next dose. "Discussed side effects, but has been on Depixol."

Date	Source	Event	Information
26/02/14	Sanctuary Supported Living records	Support record	SSL staff supported Mr H to the Bedale Centre for his first depot injection appointment. Ms M gave him his medication and would continue to do so every two weeks. Mr H said it didn't hurt as much as he expected it to, and said he was pleased he didn't have to "take drugs (tablets) anymore".
20/03/14	Sanctuary Supported Living records	Keyworking record	Mr H's debts discussed and keyworker suggested repayment options for Mr H to discuss with his television provider and landlord. Noted that Mr H attended House 48 (run by United Response) on an "as and when basis".
21/03/14	GP records	Letter	Dated 20/2/14 from Dr W to Bognor Medical Centre. Advised that Mr H had attended an emergency appointment. Mr H had been attending A&E often because he felt abandoned by the team (Ms M had been on sick leave for eight weeks). Mr H agreed to have only depot injections as the clinical team were not clear about how much oral medication Mr H was actually taking.
26/03/14	SPT records	Depot clinic	Mr H attended clinic for his depot. Ms M noted that he was very upbeat in mood and presentation. 20mg flupenthixol administered. No concerns noted at that time. Next dose due on 9/4/14
26/03/14	Sanctuary Supported Living records	Support record	Mr H visited the SSL office for a chat. His mood was quite upbeat, thinking and talking in a positive way. Discussed education and training and voluntary work. Mr H felt his depot was working better than oral medication.
09/04/14	SPT records	Note	Ms M contacted the depot clinic to ask them to see Mr H if he turned up that day - he did not. Ms M also suggested that the depot clinic did not contact Mr H if he defaulted from his depot. No message from Mr H.
10/04/14	SPT records	Depot clinic	Mr H received depot injection - flupentixol 20mg. Mr H to request increase in depot as he still feels angry, although he didn't express any anger that day.

Date	Source	Event	Information
10/04/14	Sanctuary Supported Living records	Keyworking record	Mr H had not attended the Bedale Centre the previous day due to illness but planned to attend that day. Wanted to discuss an increase to his medication as he had had thoughts about setting fire to his flat for various reasons, including noise from above and below flats. Mr H said that "he had done a little bit of alcohol and MDMA".
11/04/14	Sanctuary Supported Living records	Support record	Mr H went to the SSL office to say that he had some issues with House 48 and an abusive project worker whom Mr H alleged owed him £100. Mr H also reported that the worker had been verbally abusive towards him. SSL staff offered support with contacting the police to report the matter, but Mr H said that he was "not a grass and does not want to report this to the police". Mr H refused all offers of support so staff asked him to consider what support (if any) he wanted from staff. Later a friend of Mr H's called the SSL office to say that Mr H had texted him to say he was going to kill someone. SSL staff spoke to Mr H and confirmed that he had sent the text. Staff advised that they needed to report the matter to the police. Police were informed and they advised that they would send a unit to check on Mr H. Later again SSL staff x2 knocked on Mr H's flat to check on him. Mr H said he was okay and that he never said he was going to kill someone, he said the text he sent to his friend said "he felt like he wanted to kill someone".
11/04/14	Western Sussex Hospitals Trust records	A&E attendance	Mr H arrived at St Richard's Hospital, Chichester via private transport. Document from 2006 citing that "UNDER NO CIRCUMSTANCES IS HE TO BE GIVEN ANY MEDICATIONS" included in attendance bundle. Mr H admitted to Class A drug use, that he was meant to be in recovery but he didn't see the point of living. Mr H requested admission to hospital. PLAN: inform CPN of visit, Mr H advised to discuss attendance with care teams.

Date	Source	Event	Information
11/04/14	SPT records	Assessment	Assessed by Mr F. Mr H presented to A&E having been on a 48 hour MDMA binge during which he had taken 3.5g of MDMA in addition to an experimental high called Spellweaver. Mr H had low mood as a result and questioned the point of being alive, but no active plans to harm himself. Mr H said he had read reviews that Spellweaver "made your nervous and paranoid" and said that he had taken it "because I'm an idiot". Mr H requested admission to hospital to stop him from using MDMA and said that he had told others that he was going to burn down his flat. Mr F felt that this was a comment designed to facilitate admission rather than a statement of intent. Risk assessed as low in all areas, although Mr H said he had chosen a suicide song which Mr F felt indicated some future planning and therefore an increased risk of suicide in the future. Mr F recommended completion of a level 2 risk assessment by Mr H's team to support decision making out of hours.
12/04/14	SPT records	Call to Sussex Mental Healthline	Mr H called Sussex Mental Healthline and said he hadn't been out for five days; that he was on loads of medication; that he feared people are after him; that he didn't want to go out that day; he wanted to go into rehab; wanted to be admitted. Advised to call police if he feared people were after him. Advised to call an ambulance if feeling unwell. Advised to use the MHL for telephone support.
12/04/14	Western Sussex Hospitals Trust records	A&E attendance	Mr H arrived at St Richard's Hospital, Chichester via ambulance. Mr H claimed to have taken 3.5g MDMA (Spellweaver) since Thursday. Referred to crisis team for assessment the following day.

Date	Source	Event	Information
12/04/14	SPT records	Assessment	15:25 Mr H attended A&E via ambulance. Assessed by Ms S. Mr H reported poor sleep due to paranoid thinking and said that he was eating convenient snacks - "suggests he is not caring for himself or his flat as well as usual". Reported feeling that people were watching him and wanted to harm him and that he was hearing voices that were derogatory in nature, but denied they were commanding him to harm self or others. Noted that this was second presentation to A&E in previous two days, both times Mr H requested admission. Mr H had been misusing substances over the previous two days and had reported an increase in paranoid ideas and thoughts of committing suicide. Mr H presented as distressed, this increased when the decision was made to send him home for assessment by the CRHTT the next day. Mr H said "...if anything happens on your head be it...you think I'm spoilt...do you think you (the service) have spent too much money on me, is that why you're sending me home?" Mr H reported that he had a history of childhood abuse, suicidal thoughts since he was a small child (reported one attempt by ligature), previous self harm by cutting of arms and history of alcohol and substance misuse since age 15. Reported one 4.5 year prison sentence for assault when intoxicated (stamped on head of victim). Referred to CRHT for assessment. All parties involved felt presentation and account allowed for Mr H to return home prior to assessment the next day. Mr H was unhappy with this decision and was accusatory towards the assessor suggesting 'something may happen'. Mr H indicated he may not be present at the assessment the next day - he was encouraged to take the support being offered and was informed the assessor would continue with the referral to the CRHT.
12/04/14	SPT records	Assessment	18:00 Ms S noted that Mr H had been seen in A&E earlier in the day. She had assessed him with the duty psychiatrist. Ms S to complete SVA and assessment report the following day.

Date	Source	Event	Information
12/04/14	SPT records	Telephone call	18:15 Ms R called Mr H to offer an appointment for assessment the following day. Mr H stated that nobody was listening, that his life was in danger from someone breaking down his door to kill him. Mr H stated that he had to leave the area in order to stay safe as the team wasn't helping him, and that he should be in hospital for his protection. Ms R informed Mr H that hospital was not for protection against others and if he were concerned he should contact the police. Mr H 'expressed dissatisfaction at this suggestion, saying that no one was listening to him'. Ms R offered an assessment the following day 10-12 noon. Mr H said he might be out of the area by then as he had to get away. Ms R said she would call him first to check his whereabouts - Mr H agreed.
13/04/14	SPT records	Telephone call	Ms R called Mr H to check if he was in the area for the offered assessment that day. Mr H said that he wasn't - he was in Chichester and unable to return home until later that day. He stated that there was little point in being seen by CRT as there was nothing they could do and he might as well wait until the following Monday and contact his CPN Ms M. No risks identified during the telephone call, historically Mr H had sought help when in need or feeling at risk to himself or others. Mr H sounded calm on the phone, opposed to the call the previous day when he sounded angry. Plan: CRT to alert Bedale of Mr H's presentation to A&E, subsequent referral to CRT but not assessed.
14/04/14	SPT records	VAAR (Vulnerable Adult At Risk)	Completed by police. Noted that Mr H contacted police on 12/4/14 saying that he felt he was going to bite people and that he was getting angry and twitchy. Mr H told police that he had taken a legal high called Spell Weaver and showed police the empty packet which clearly stated "not for human consumption". Mr H told police that he wanted to get off his head and that he felt like he could become suicidal but didn't want to slash his wrists as it would hurt too much. Ambulance took Mr H to hospital for assessment.

Date	Source	Event	Information
14/04/14	West Sussex County Council records	VAAR (Vulnerable Adult At Risk)	VAAR received from police - faxed to Bedale Centre who confirmed that Mr H was at that time open to mental health services.
15/04/14	Sanctuary Supported Living records	Support record	Mr H returned from Devon the previous evening and called the SSL office that morning to say he had no money for electricity and no food. He said he had taken some of his things to the pawn shop and that House 48 were arranging a food parcel for him. House 48 staff gave Mr H a lift to collect his food parcel and took him back to House 48.
16/04/14	Sanctuary Supported Living records	Support record	Mr H went to the SSL office with some paperwork for a rehab centre in Devon. He asked staff to fax it for him - however as the office fax wasn't working staff photocopied the document and provided an envelope.
17/04/14	SPT records	Assessment in custody	13:00 Mr H had been taken to Crawley Magistrates' Court from Chichester police custody following arrest for offence of possession of bladed article. Mr B saw Mr H briefly in his cell where Mr H declined to be seen or assessed. Mr H denied thoughts of self harm or suicide and was clear that he would be able to keep himself [safe] on release. Mr H was subsequently released from court on unconditional bail until 14/7 when he was due to appear at Worthing court. Mr H was provided with a travel warrant back to Bognor Regis.

Date	Source	Event	Information
17/04/14	SPT records	Telephone calls	15:30 Ms C received a call from Ms A, manager at United Response. Ms A advised that she had received a call from Mr H stating that he had informed the police the previous evening that he had a knife, he had been arrested and appeared at Crawley Magistrates Court that day. At the time Mr H was on his way back to United Response in Bognor. Mr H had arrived at United Response but Ms A was busy so he had left. Ms C later received a call from V at Sanctuary Housing. Mr H had also called V to say that he had been arrested and that he did not know what to do to get back into hospital. V said that Mr H had told her he had made an application to a rehab place in Devon and Housing Options Barnstaple had contacted V to see why Mr H couldn't say where he was. Mr H was under the impression that in three weeks' time he would be going into rehab in Devon. V advised that Mr H had made an allegation against a worker at United Response. Mr H said that he had loaned her £100 and she then became threatening, but then someone from United Response took him to the food bank and returned him to Sanctuary in their car. Mr H wanted to get into hospital but V said that this wouldn't happen. Mr H wanted to know who would help him - V gave him the mental health helpline number and the number for Samaritans. Ms C called Ms A at United Response to inform her.
25/04/14	SPT records	Depot clinic	12:00 Mr H did not attend for his depot injection the previous day. He had left a message with reception staff stating that he was unable to leave his flat. He reported that he did not want Ms M to phone him as he would attend the next day. Mr H had subsequently left a message for Ms M to contact him which she attempted to do, but the call went to answerphone. Ms M left a message asking Mr H to contact her. Ms M spoke to V at Sanctuary Housing who reported that Mr H had been out all day the previous day.

Date	Source	Event	Information
25/04/14	SPT records	Depot clinic	17:00 Mr H attended for his depot injection. He complained of various strange symptoms of elation, lowness and dizziness. He admitted that he had 'snorted a bucket load of coke up my head'. Ms R advised him on the use of street drugs and she recorded that Mr H listened 'with the facial expression of somebody who has already made up their mind in how things should be done'. Ms M administered the depot injection. Ms M and Ms R agreed that Mr H should only be seen when there is an additional member of staff available to be a witness. Mr H implied that a nurse who had administered his injection recently had wiggled the needle about in his buttock. Mr H was generally compliant but something in his tone made Ms M and Ms R uneasy. Mr H to attend again in two weeks.
25/04/14	West Sussex County Council records	VAAR (Vulnerable Adult At Risk)	VAAR received and noted at Bedale Centre. Not safeguarding.
28/04/14	Sanctuary Supported Living records	Support record	Ms M called SSL staff to inform them that Mr H was in Worthing awaiting a MHA assessment. After contacting Stonepillow about housing support Mr H had left their offices saying he was going to kill someone. Stonepillow staff called the police who took Mr H into custody. Ms M told SSL staff that she did not consider Mr H to be "sectionable" and was certain he would be sent home. Later there was a call from the AMHP who wanted to check that Mr H still had accommodation with SSL. SSL staff confirmed that he did and that he could return at any time. Later again the AHMP called to advise that Mr H had not been detained and Mr H had informed assessors that he wanted to go into hospital until he went into rehab. Mr H had been told this would not happen and that Mr H could access Clockwalk for substance support for the time being.

Date	Source	Event	Information
28/04/14	SPT records	MHA assessment	Mr H was making threats to harm other people and to burn down the Glassworks homeless shelter. He was detained under S136. Found to have no current thoughts of self harm or harm to others, no evidence of clinical depression, anxiety disorder or psychotic features. Outcome: no admission
29/04/14	Sanctuary Supported Living records	Keyworking record	Mr H had had several blips over the previous two to three weeks. Making threats to set fire to his flat, saying he was going to kill someone, walking out of his flat with a knife. Police had been called each time. Mr H was due to appear in court in July 2014 in relation to the knife incident. Mr H had made a self referral to the Freedom Communities project in Devon and was waiting for a telephone assessment.
01/05/14	SPT records	Police attendance	Mr A was informed of Mr H's attendance at Langley Green Hospital. Mr H said he was staying with his father in Crawley but couldn't stay there any longer as his father was a 'knob' and a 'dead man'. Mr H smelt of alcohol and stated that he had drunk a bottle of vodka. He was not threatening to others or stating that he heard voices but he did call an ambulance to take him to A&E. Mr A outlined Mr H's recent behaviour and discussed with staff the outcome of the meeting that morning with Sanctuary Housing and United Response regarding risks to staff, dual working and perception of need. Outome: Mr H was advised by staff at Langley Green Hospital to return to Bognor and his own address to seek support as appropriate from the Bedale Centre.
02/05/14	West Sussex County Council records	AMHP request	Request received for AMHP to assess Mr H.

Date	Source	Event	Information
09/05/14	SPT records	Depot clinic	Mr H received depot injection - flupenthixol 20mg. He told staff that he was feeling 'like ****' and the reason was his use of illicit drugs and alcohol. He acknowledged that he now needed professional help although that day he had not taken anything - the last time he had used illicit drugs was two days previously. Mr H was given the date of his next appointment and said he would attend - 20/5. Mr H provided his new mobile number.
12/05/14	Sanctuary Supported Living records	Support record	Mr H informed SSL staff that "his lock was busted". He reported that he had been taking heroin and crack cocaine. SSL staff contacted Ms M.
13/05/14	SPT records	DNA	Mr H did not attend for his appointment with Ms M and Mr A. Mr H called and informed Ms M that he was in Brighton looking for accommodation; he reported that his accommodation 'was **** and he received no support there' and that 'drug dealers were constantly knocking on his door'. Ms M advised Mr H that moving would take time and planning. Mr H asked when his depot was due - Ms M informed him 20/5. Mr H said he was running out of credit and that he would see Ms M on 20/5.
13/05/14	Sanctuary Supported Living records	Support record	SSL staff called Mr H to remind him of his appointment with Ms M that morning. Mr H said he was in Brighton looking for somewhere to live. SSL staff asked Mr H to call Ms M to let her know. Later Ms M informed SSL staff that Mr H had been turned down by the Freedom Community Project (based in Devon).
15/05/14	SPT records	Assessment	01:30 Mr H attended A&E via ambulance, he was intoxicated and had been picked up in the street stating he was hearing voices to harm others. Mr H requested admission into Mill View saying he needed a detox. Mr K advised that as Mr H was from out of area and admissions for detox needed to be arranged by his local team, it was unlikely Mr H could be helped in A&E. Mr H said ok and left A&E. Level 1 risk assessment not completed.

Date	Source	Event	Information
15/05/14	SPT records	Assessment	03:15 Mr H re-presented at A&E following his earlier discharge. Mr H told reception staff that he wanted to be seen for 'mental health issues'. Mr H was seen by Mr K again and advised that he needed to leave A&E and that he should seek follow up from his local team. Mr H stated that he had no means of getting home and requested a travel warrant. Mr K informed Mr H that this was neither available nor appropriate. Mr H therefore requested to remain in A&E waiting area until 06:00 to get the first bus. Mr K discussed this with the A&E shift leader and Mr H 's request was agreed.
17/05/14	SPT records	Assessment in custody	Mr L saw Mr H briefly in Crawley custody following arrest on suspicion of theft of alcohol. Mr H declined to speak to Mr L as Mr H said he didn't feel he had any concerns he needed to discuss. Mood appeared flat, no obvious signs of elation, mania or psychosis, however interview was very brief therefore there was limited opportunity for assessment. Strong smell of alcohol present in cell.
19/05/14	Sanctuary Supported Living records	Support record	Mr H went to the SSL office and stated that he would like police assistance in recovering possessions he alleged were being retained by an individual he stayed with in Brighton. Staff advised Mr H to visit Bognor Police Station. Mr H told staff that he had sold his mobile phone to pay for alcohol.
21/05/14	Sanctuary Supported Living records	Support record	Mr H provided staff with a new mobile phone number. SSL staff emailed this information to Ms M.
23/05/14	SPT records	Depot clinic	Mr H attended for his depot injection. He reported that he was keeping fairly well but said that he had been drinking too much alcohol. He had also used a little cocaine and MDMA. Mr O reported that Dr W was passing and so had a brief chat with Mr H. Dr W wanted Mr H to come to a meeting and said he would liaise with Ms M. Next depot due 6/6 at Bedale Centre.

Date	Source	Event	Information
26/05/14	SPT records	Assessment	Mr H called an ambulance for himself after experiencing distressing voices that were telling him to cut his wrists. He was taken to A&E for mental health assessment. Mr H was assessed by Ms L who found him lying on the floor in the interview room. Mr H admitted he had been drinking heavily during the afternoon and evening. A breath sample gave a result of 197mg/ml - Mr H was surprised that the reading was so high but understood that Ms L was unable to continue with the assessment at that time. Mr H was given the option to return home and contact his team the following day for support. He said he could not do this as he had no transport home and said he would prefer to remain in A&E to await assessment when sober. A&E informed of breath test result and Mr H's request to remain until sober.
26/05/14	Western Sussex Hospitals Trust records	A&E attendance	Mr H arrived at St Richard's Hospital, Chichester via ambulance complaining of feeling suicidal. Recorded as a schizophrenic episode. Noted that he had taken crack over the previous few days and had been drinking heavily that day. Mr H reported that voices had told him to sleep on the floor in the interview room. PLAN: Mr H to return home, encouraged to return home on foot when he felt it was safe to leave. CMHT to be informed for mental health review in the morning when sober.
27/05/14	SPT records	Assessment	Mr H was referred to Ms S on her arrival for a late shift, but Mr H had left the department prior to Ms S seeing him. Ms S phoned Ms M, Mr H 's care co-ordinator to inform her and the reason for Mr H 's attendance at A&E.
03/06/14	Sanctuary Supported Living records	Support record	Mr H went to the SSL office and informed staff that he had secured, or was likely to have secured, a room at Emmaus in Portslade. Mr H stated that he should move on 28 June. Mr H stated he would be working for 40 hours per week and said that he "has got to move things on".
08/06/14	SPT records	Assessment	Mr H was assessed in CDU, Worthing Hospital by Ms L. Record advises that assessment uploaded.

Date	Source	Event	Information
08/06/14	Western Sussex Hospitals Trust records	A&E attendance	Mr H arrived at Worthing Hospital via ambulance complaining of feeling suicidal and chest pain. Mr H answered questions with one or two words, not wanting to open eyes, feeling tired. Stated he went into the sea that night - unsure why. Called ambulance from Littlejohn train station. On arrival at A&E clothes and body were dry. Document from 2006 citing that "UNDER NO CIRCUMSTANCES IS HE TO BE GIVEN ANY MEDICATIONS" included in attendance bundle. However staff had noted it was "old" and that staff would contact St Richards to arrange for it to be removed or updated. Chest x-ray arranged to check that lungs and pleural spaces were clear.
12/06/14	Sanctuary Supported Living records	Support record	SSL staff attended the Bedale Centre for Mr H's MDT meeting. Dr W was delayed so the meeting was cancelled and re-booked for two weeks' hence. SSL staff asked Mr H to come to the office to give written permission for staff to contact Emmaus.
16/06/14	SPT records	Telephone call	Mr R recorded that Ms A from United Response called to advise that Mr H had reported that a female United Response worker had been sending him text messages saying she wanted to have a relationship with him and that she would leave her husband for him. Ms A advised that the staff member had been suspended and that she would send a Vulnerable Adult Alert to Ms M, Mr H 's care co-ordinator.
16/06/14	Sanctuary Supported Living records	Support record	Mr H gave SSL staff permission to talk to Emmaus and later reported that he had been getting texts from the support worker he had issues with before. SSL staff later emailed a manager to provide details of Mr H's report. Advice given to Mr H not to text the worker and not to respond to texts or calls from her. SSL staff also contacted the manager at House 48 who advised that Mr H had just arrived there.
17/06/14	Sanctuary Supported Living records	Support record	SSL staff contacted Emmaus and spoke to the support worker Mr I. Mr I said that his colleague Mr T had been dealing with Mr H's referral but that he would discuss it with his colleague and call SSL staff back on Friday.

Date	Source	Event	Information
23/06/14	SPT records	Depot clinic	Mr H arrived at the Bedale to request his depot injection that was due on 20/6 - Mr A administered it. Mr A said that he understood that things had been a bit difficult for Mr H recently - Mr H said that he had been using a lot of alcohol and crack cocaine. Mr H talked about applying to go to a Christian community in Brighton where they controlled his money and offered a structured daily programme. Mr H hoped to hear by the following week if he had been accepted.
24/06/14	Sanctuary Supported Living records	Support record	Mr H asked SSL staff to contact Mr T as Mr T was in his office at that time. Staff contacted Mr T who offered a move date of 2 July, Mr H asked for 3 July as he would have transport on this date. Mr T agreed. Notice to quit letter provided by Mr H to SSL staff.
25/06/14	West Sussex County Council records	Email	Email from Sanctuary Housing to United Response detailing some of the text messages Mr H had received from his support worker.
27/06/14	SPT records	Email	Email from Ms M, Care Co-ordinator to Referral ATS informing them of Mr H's planned move to the Emmaus Project on 3/7/14. Information about current prescription provided and advised that care plan and risk assessment would be updated.
27/06/14	SPT records	Telephone call	Ms M received a call from Mr H advising that he had been accepted at Emmaus in Brighton. Mr H had given notice at Longford Road and his tenancy was due to end on 3/7. Ms M advised Mr H that she would need to transfer his care to the local CMHT in Brighton, however she would need to arrange for them initially to give his depot. Ms M contacted Emmaus and spoke to the referral co-ordinator to ascertain which GP surgery they used in order to identify the correct CMHT. Ms M also spoke to K, referrals, who advised Ms M to email Mr H's referral to Referral ATS.

Date	Source	Event	Information
30/06/14	SPT records	Telephone call	Ms D, Brighton Triage spoke to Mr H following the request for his case to be transferred. Mr H was not due to move to Emmaus until 3/7 and might have a new telephone number - this should be checked. Ms D gave Mr H the team's phone number and asked him to keep them informed should his telephone number change. It was agreed that Mr H's depot would be administered on 7/7 by Ms G2. Paperwork completed and a letter sent to Mr H c/o Emmaus. Mr H was grateful for the contact.
30/06/14	SPT records	Triage meeting	The transfer of Mr H's care from Bognor Regis was discussed. Noted that depot due 7/7; diagnosis of personality disorder; substance and alcohol misuse present. See level 2 risk assessment. Plan: West Recovery Team, practitioner - please note risk assessment re allocation, within 7 days.
01/07/14	SPT records	Letter	Letter to Mr H advising that a follow up appointment had been arranged on 5/8 at 2:00pm
01/07/14	SPT records	Letter	Letter from AMHS West Recovery Team to Mr H confirm conversation of same day. Duty Worker Ms G to telephone Mr H on 7/7 to arrange a time to visit Emmaus to administer the Depot.
03/07/14	Sanctuary Supported Living records	Support record	Mr H handed his keys back to SSL staff. SSL staff called housing benefit to cancel Mr H's claim effective from that day.

Date	Source	Event	Information
08/07/14	SPT records	Home visit	Mr R met with Mr H at Emmaus - Mr H had been living there for one week and was warm and friendly in manner. He said that he felt happy and well supported at Emmaus and was glad that he had moved. Mr H had organised the move himself, independently of the Bognor Mental Health Team. Mr H said he had not taken alcohol or drugs for a week and wanted to stay that way - he planned to link with AA and NA. Mr R also suggested that Mr H attend SMS which Mr H said he would consider. Mr H was working in the shop at Emmaus and hoped to return to paid employment in the future. Mr H had been in court the previous day and had been found guilty of carrying a bladed weapon - he was given 12 months probation. Mr H didn't know who his probation officer would be - Mr R said he would endeavour to meet with them when this information was known. Mr R administered depixol 20mg injection and gave Mr H details of the depot clinic at the polyclinic for the next injection on 22/7. Mr R arranged an outpatient review for Mr H on 5/8 with Mr R and Dr K. Mr R spoke to Ms M, previous care co-ordinator, who gave a picture of a chaotic young man, often needing assertive follow up and was erratic about engaging with mental health services. Often attended A&E in crisis and looking for admission.
09/07/14	GP records	New patient registration	New registration with Mile Oak Medical Centre
22/07/14	SPT records	Depot clinic	Mr H received his depot, 20mg depixol. Next due 5/8.
29/07/14	SPT records	Appointment	Mr H met with Mr R and Ms E. Mr H had arrived early for an appointment with Ms E earlier in the day. Mr H informed Ms E that he had left Emmaus as he didn't like having to work there. Mr H said that he was staying with his father in Crawley, unsure of future plans other than he intended to keep his appointment with Ms E the following Tuesday and appointment with Dr K on 5/8.

Date	Source	Event	Information
Aug-14	SPT records	Community Care Funding Application Form	Application for accommodation with mental health support. FACS risk ranking: Critical. Mr H was considered to be intentionally homeless because of the circumstances in which he lost his accommodation in Bognor Regis. Mr H had occupied this accommodation from May 2013 until June 2014 under a tenancy agreement with Sanctuary Housing. Accommodation ended when Mr H gave one month's notice to leave as he had chosen to live at Emmaus Project, Portslade, Brighton. Noted that Mr H was hoping to be offered a drug rehabilitation project locally, although he had no connection with the Brighton area and had told his care co-ordinator Mr G that he would not plan to remain living in the area in the future. Noted that Mr H was street homeless at that time, although he was using Project Antifreeze, First Base and Rough Sleepers.
05/08/14	SPT records	Appointment	Mr H attended an appointment with Mr R and Ms E. Ms E was unaware that Mr H had returned to Emmaus. Mr H and Mr R went to 11 Grand Parade, SMS Service. Mr H was advised to contact 9 The Drive the following day to arrange an assessment with their service. Mr R to see Mr H again in two weeks.
05/08/14	SPT records	Depot clinic	Mr H received his depot, 20mg depixol. Next due 19/8.
05/08/14	SPT records	Care Programme Approach review	Mr H was seen by Mr R and Dr K. No change in treatment, depixol 20mg every two weeks, due today.
06/08/14	SPT records	Email	Email to Mr R from Ms E. Mr H had been to Ditching Road and asked about rehab. Effective from Monday next, he will be attending the St Thomas fund day programme with a view to going into rehab if he attends and is motivated. Ms E noted that Mr R was due to see Mr H on 18/8 - she asked Mr R to contact Mr H and herself to let her know when Mr R would see Mr H as he was no longer available on a Monday.

Date	Source	Event	Information
07/08/14	Brighton & Hove City Council	Housing options assessment	Form completed. Mr H indicated he had left Emmaus Brighton & Hove after one month. He had been in supported accommodation prior to that and thought it would be a good step trying to work but he couldn't manage it, so he had to leave Emmaus. He indicated he had "a few" criminal convictions and noted "please ask". Mr H reported that he had schizoaffective disorder and was "manic in mood, constant highs and lows, I hear voices all the time and get very paranoid, nervous and unsure. I am on a depot injection once a fortnight. I self-harm."
12/08/14	SPT records	Liaison	Entry by Ms B1. Mr H was admitted to RSCH for suicidal ideation/ETOH. Telephone contact to CDU to clarify status - advised that Mr H had been abusive to police at entrance of A&E - he drew a knife to them. Mr H has been arrested and removed from the department pending interview in police custody.

Date	Source	Event	Information
13/08/14	SPT records	MHLT-UCC	Mr H was seen by Ms O and Ms B. Mr H was under the influence of ETOH on arrival at A&E, but below the drink driving limit. Initial complaint in triage was of hearing voices. A&E staff reported Mr H as having said if he didn't get admitted 'he would kick off'. Incident in A&E the previous day when Mr H was arrested by police for aggressive behaviour and brandishing a knife at an officer. Mr H was on bail and next to the attend the police station on the Friday. Increased frequency of attendances at A&E since losing accommodation at Emmaus two days' previously. Mr H stated that he had to leave as he had become abusive. History of increased contact with services when in crisis and noted that social stressors (specifically accommodation difficulties) are often triggers to attendance. Requests for admission are often motivated by homelessness and Mr H's need for companionship. Mr H stated that he was hearing voices but was not able to elaborate on any content. Stated felt over-stimulated by seagulls and crowds, not obviously pre-occupied, distracted, perplexed or showing other symptoms that would support current active perceptual disturbance. No explicit expression of self harm or suicidal intent noted. Mr H stated he needed to be put in hospital for a few days - Ms B noted that he was not displaying symptoms that would support admission and that Mr H had capacity and would be accountable if he acted in a violent way towards others - no obvious indication to a specific risk to named other. Plan: discharge from A&E, homeless information given, advised to attend St John's Housing duty worker, liaise with care co-ordinator Mr R.

Date	Source	Event	Information
13/08/14	SPT records	Assessment in custody	Mr H was arrested the previous evening at the RSCH and had been charged with possessing a knife/sharp pointed article in a public place. He would be released on conditional bail until court on 9/10. Conditions were that he signed on at a police station every Monday/Wednesday/Friday between 0900-1200. Mr H was seen by Mr E, Criminal Justice Liaison Nurse. No obvious signs of personal neglect. Mr H presented as anxious saying that he needed a cigarette and that was all he could focus. Mr E noted previous reports that Mr H presented at A&E the previous evening, intoxicated, expressing self-harm ideation but was arrested before the mental health team were able to assess. Mr H was not referred by the police but offered a review after screening by CJLN. Mr H denied any memory of events the previous day but suggested that this was because he had given a 'no comment' interview so did not want to discuss whilst in police custody. Mr H reported that he had consumed 8 cans of 5% lager. Mr H was sober on assessment and denied any self-harm or violent ideation on leaving custody. Mr H stated that he might be at risk of self-harm if he remained in custody and could not have a cigarette (custody staff made aware). No evidence to suggest abnormal thoughts or perceptions of cognitive difficulties during brief assessment. Mr H was under the care of ATS and was engaged with probation and substance misuse services. CJLN planned to put information on homeless services in Mr H 's property and liaise with CMHT regarding appointment but Mr H was released immediately after the assessment. Mr H said he would attend probation to inform Ms E of circumstances. Mr H stated he had a mobile phone but would be changing the number.
14/08/14	GP records	Appointment	Entry by Mile Oak Medical Centre Mr H attended an appointment with Dr S. Dr S noted to refer to fax from mental health liaison team at RSCH A&E. Mr H had been required to leave Emmaus as he was being abusive. His was now homeless and had been arrested for threatening a police officer with a knife.

Date	Source	Event	Information
18/08/14	SPT records	Safeguarding Alert Form (SVA 1)	Form completed by Ms F, Registered Manager, United Response "During an investigatory interview regarding some previous allegations against the staff member towards this vulnerable person, the staff member (SB) informed the investigating manager that she had given him a large amount of money in order for him to buy drugs. She also disclosed that she was aware that drug dealers were using his flat."
19/08/14	SPT records	Depot clinic	Mr H received his depot, 20mg depixol. Next due in 2/9.
22/08/14	GP records	Appointment	New registration with Brighton Homeless Healthcare. Mr H attended an appointment with Dr B. Noted that he was hoping to settle at Emmaus but was unable to manage the work. Depot injections provided by Hove Polyclinic, CPN Mr G.
26/08/14	SPT records	Probation appointment - DNA	Mr H did not attend the appointment with Mr R and Ms E at Brighton Probation at 12:30. Rearranged for 1/9 at 2:30. Mr R recorded that Ms E was not aware of where Mr H was staying - she was considering approaching court in regard to breach of bail conditions.

Date	Source	Event	Information
29/08/14	SPT records	Letter	Letter to Mr H 's GP, Dr P following a Care Programme Approach meeting on 5/8/14. Mr H reported thinking too much, and thinking about 'stupid stuff'. Paranoid thoughts relating to conspiracy theories. Hears voices but unsure what they say, although knows they are not good. Also has a drink problem, tends to binge and admitted he needed rehab to sort himself out. Also uses illicit drugs, in particular MDMA and occasional cannabis. Was due to see his probation office that day. Currently living at the Emmaus where he pays £30 per week and does various work and chores for his upkeep and lodging. Reported that he no longer harmed himself deliberately. Currently sleeping well, appetite good, and due to activities at Emmaus has lost a bit of weight. Mother lived in Purley and Father lived in Crawley. Mr H has one half brother who lived with his mother. Half brother is 'ok' and Mr H was closest to his father and grandmother who lived in Horsham.
02/09/14	SPT records	Depot clinic	Mr H received his depot, 20mg flupentixol. Next due in 16/9.

Date	Source	Event	Information
14/09/14	SPT records	Letter	Letter from Mr B, RMN, Secure & Forensic Services, to Brighton Magistrates Court. Mr H had been arrested after handing himself in to Crawley police station for breaching his conditions of court bail by failing to sign-on with police on two occasions over the past week. Reported that Mr H was well supported by the Brighton West Assessment and Treatment Team and was on a fortnightly anti-psychotic injection which he was concordant with. Diagnosis of emotionally unstable personality disorder rather than a psychotic illness, although Mr H reported intermittently experiencing paranoid thoughts and hearing voices. Mr H was of no fixed abode at that time and had reported being unwilling to return to the Brighton area after being threatened the previous week when using the St Anne's Day Centre. Mr H subsequently went to live with his father on a temporary arrangement. Mr H had been using alcohol most days, crack cocaine on one occasion and vortex on another occasion. Regarding risk, Mr B reported that he was unaware of any past incidents of actual violence although it was documented that Mr H had previously made threats to harm others. Current risks appear to be low. However, if Mr H were to be remanded in custody, risks to self would increase in light of his expressed fears about prison.
14/09/14	SPT records	Assessment in custody	Mr H was assessed by Mr B in police custody, following arrest for breach of court bail conditions by failing to sign on with the police in Brighton for the previous week. Letter to court on records. Outcome/plan: PCLDS to share information with court, referral to mental health inreach team if remanded in prison custody, PCLDS court staff to liaise with care team the following morning to share information and to try and make plans for scheduled depot injection due on 16/9.

Date	Source	Event	Information
16/09/14	SPT records	Court outcome	Mr B noted that he had been advised that Mr H had been sentenced to six weeks' custodial sentence - suspended for 12 months. Mr H had been released from court the previous afternoon and did not provide an address, but stated that he planned to sofa surf with friends and/or stay with his father (unwilling to provide address). Mr B had liaised with Ms C, Crawley Court Probation who advised that plans were in place for Mr H 's probation order to be transferred to the Crawley team. Mr H 's first appointment was due that Thursday at 10am. Mr B also noted that Mr H had been advised by K and J (roles unknown) that following liaison with S (role unkown) Mr H would need to take responsibility for attending his appointment for his depot injection that day. No further action from the PCLDS.
17/09/14	SPT records	Depot clinic	Mr H attended for injection of flupentixol 20mg, next due 1/10. Mr H reported that he was living with his father in Crawley.
19/09/14	GP records	Appointment	Mr H attended an appointment with Dr B. Mr H needed a repeat Med 3 form as he was unfit to return to work. Diagnoses noted as emotionally unstable personality disorder, substance misuse and schizoaffective disorder.
26/09/14	Brighton & Hove City Council	Temporary accommodation nightly non-secure licence	Mr H was provided with a temporary nightly licence and was instructed that he had to pay the licence fee of £27.86 every night, in advance.
26/09/14	Brighton & Hove City Council	Housing options assessment	Form completed. Mr H indicated he was sleeping rough and responded "a few please ask me" to Q7 criminal convictions. Mr H reported that he had schizoaffective disorder, a drink and drug problem and that sleeping rough was making him unwell and he couldn't cope with it. He also reported that he was receiving a fortnightly depot injection.

Date	Source	Event	Information
26/09/14	Brighton & Hove City Council	Referral to Band 2 emergency accommodation	Form completed by Mr S, Homeless Persons Officer. Noted that Mr H 's statement of sleeping rough had not been verified and that the likely decision was "possible IH".
30/09/14	Brighton & Hove City Council	Interview record	Not known interview with which staff member. Noted that Mr H had been placed at Percival Terrace having been living on the streets for two months and he had no clean clothes. Noted that Mr H had been attending a United Response day service but had been harassed by one of the key workers who had since been sacked. Diagnoses of schizoaffective disorder and emotionally unstable personality disorder. Mr H reported that he had been detained under section [of the MHA] aged 18-19 years as he had lost the plot but no section since. Mr H reported that he drank alcohol daily and used legal highs on a monthly basis. He reported no self harm at that time but said he used to and had attempted suicide via strangulation when in prison. Mr H reported offences as attempted robbery (4.5 years in prison) and many other prison sentences, mostly for theft and shoplifting. Mr S called Sanctuary Housing and spoke to a keyworker who reported that Mr H had left voluntarily as he didn't want to comply with staff, he had a lots of support with various agencies involved. The keyworker reported that he didn't pay his rent regularly and had threatened to kill someone and had "gone out with a knife". The keyworker provided contact details for Emmaus staff and Mr S noted these down but there is no record of any conversation with those staff.
01/10/14	SPT records	Accommodation update	Mr R received an email from Mr S, Homeless Persons Officer to advise that Mr H had presented as homeless and that he was currently being accommodated at Percival Terrace pending enquiries. Mr S also advised that Mr H was 'clearly going to be found intentionally homeless and there is no local connection to this borough'. Mr S noted that he was aware that Mr H was well known and linked in to services and agencies in Bognor Regis and that he would let Mr R know when the case had concluded.

Date	Source	Event	Information
01/10/14	SPT records	Depot clinic	Mr H received his depot, 20mg flupentixol. Next due in 15/10.
03/10/14	SPT records	Assessment	Mr H self-presented to A&E reporting suicidal thoughts, hearing voices and thoughts of harming others. Mr H reported that he had an addiction problem, but that he had been taking his depot [injection] and this had really helped him when he wasn't taking alcohol and drugs as well. Mr H had been drinking most days and had been taking a legal high 'euphoria' every few days. Mr H said that the drugs gave him a good high but a bad comedown. Mr H also talked about how it was dangerous that shops were allowed to sell it as he found it too easy to get hold of. Mr H said that he was having to beg for money for food and tobacco as he was spending all his benefits on drink and drugs within 24 hours. Mr H said he wanted to get into a residential recovery project and felt that he didn't need a detox at that time as he was not using that much.
03/10/14	SPT records	Assessment	Mr H presented to A&E and was assessed by Mr C, Liaison Nurse. Mr C emailed Mr R to draw his attention to the MHLT assessment document following this event.
03/10/14	SPT records	Food provision	Mr C noted that Mr H had been given some food for the evening, which he accepted. Mr H 's mood appeared improved when he was discharged and he confirmed he was going to return to Percival Terrace.

Date	Source	Event	Information
06/10/14	SPT records	Email	Email entered on Mr H 's record by Mr R. Email from Ms E regarding Mr H and housing. Mr H had been housed at Percival Terrace for the previous two weeks, Mr H had not told Ms E about this as he feared she would tell the council about his arson convictions. Mr S had placed him there - Ms E established this from reading about 20 emails. Ms E noted that she had provided Kathryn with information. Ms E sought clarity about the issue of being intentionally homeless and housed due to mental health concerns. Ms E said that Mr H had said that he wanted to return to a rehab unit in Chichester call the Sands. Mr H had told Ms E that he needed an address there before he could be considered, and that he needed a report from mental health services to say his mental health had improved. Mr H had told Ms E that he had been receiving his depot on a regular basis and that he was keen to meet up with Mr R again. Ms E asked Mr R if he could join her for a planned meeting with Mr H on 14/10. Ms E asked Kathryn whether there was any news on the referral to Langley House. Ms E also asked whether Mr H would be accommodated in Brighton and how long he could stay at Percival Terrace. If this was not possible, could Brighton assist in transferring him to Chichester.
14/10/14	Brighton & Hove City Council	Email	From Mr S to the Brighton RSSSRT advising that Mr H may be street homeless following the council decision that they could not provide suitable accommodation for him. Referral to RSSSRT service included.

Date	Source	Event	Information
14/10/14	Brighton & Hove City Council	Email	From Mr S to Mr G, Mr A and the Adult Social Care Panel advising that at Mr H 's interview on 30/9/14 Mr H answered some questions untruthfully, specifically whether he had ever been convicted of arson to which he replied that he had not. Mr S had subsequently learned that Mr H did have convictions for arson, and "although historic have been used to demonstrate his anger and dissatisfaction when he does not get his own way". Mr H received a community order in 2003 for setting fire to a poster at a railway station and in 2004 he had set fire to a sink in a prison cell. Mr H noted that "despite these offences being historic, I have reason to believe that he may be capable again of committing arson." Mr S noted that Mr H 's previous key worker had advised that Mr H did not react well when he didn't get his own way and that she had had to contact police on a number of occasions when Mr H had told her that he intended to go out and hurt someone, and had left his accommodation carrying a knife. "Following this new information and assessment it was agreed by management that there is no suitable accommodation for this client. This is because we are unable to meet his accommodation needs because of his risk to others and himself and the extent of his mental health issues.
14/10/14	Brighton & Hove City Council	Client cancelled	Email from Mr S to cancel Mr H from Percival Terrace, effective that day due to non disclosure of historic arson offences. Mr S noted that he was going to refer Mr H to his CPN under S.213.
14/10/14	Brighton & Hove City Council	Referral to Rough Sleepers Street Services and Relocation Team	Referral made by Mr S, noting that the referral had not been agreed with Mr H . Advised of the emergency accommodation at Percival Terrace and subsequent cancellation of same due to non disclosure of arson convictions. Support needs noted as : drugs user, alcoholic and schizoaffective disorder. Noted that Mr S had also referred to mental health team "yes S.213 referral today".

Date	Source	Event	Information
15/10/14	Brighton & Hove City Council	Summary of homeless decision recommendation	Mr H was found to be eligible, homeless and in priority need. Was found to be intentionally homeless as Mr H gave one month's notice to leave accommodation provided by Sanctuary Housing to live at Emmaus Project in Brighton. Mr H 's keyworker noted that he had been advised against moving to Emmaus as it would mean working and giving up his benefits. Mr H was also made aware that Emmaus would not tolerate alcohol or drugs. Despite this Mr H chose to move to Emmaus but left after just one day. Since that time he had been sleeping rough in Brighton.
15/10/14	Brighton & Hove City Council	Letter	To Mr H , via City Direct Offices advising on the decision that Mr H was intentionally homeless. Rationale provided and information given about how to request a review of the decision.
16/10/14	SPT records	Telephone call	Mr R called Mr H . Mr H said that he had his depot appointment that day and was hoping to be offered a rehab placement via SMS. Mr H was staying in B&B accommodation and an appointment was arranged at the polyclinic on 21/10 at 10am.
16/10/14	Brighton & Hove City Council	Email	From Mr V to Mr S, Mr G and Adult Social Care Panel requesting that Mr G complete a Community Care Act Assessment panel application for Mr H .

Date	Source	Event	Information
21/10/14	SPT records	Letter	Letter from Dr A, Associate Specialist, Substance Misuse Service to Mr H 's GP, Dr W. Dr A reported that he had met with Mr H on 17/10 when Mr H presented looking for help with euphoria use. Mr H was snorting between 1-2g per day shared with 2 or 3 friends, and occasionally used MDMA and was drinking two cans of 5% lager daily. Mr H described a long history of problems with low mood and psychosis. Diagnosed with a psychotic episode aged 18 and spent four months in hospital under Sections 2 and 3 [of the MHA]. Since that time he had numerous informal admissions and had a diagnosis of emotionally unstable personality disorder and schizo-affective disorder. Last admission was earlier in 2014. Mr H was under the care of a psychiatrist at Hove Poly-Clinic and was seeing his CPN Mr G from time to time. Mr H requested residential rehab to stop him using and remain abstinent. Dr A advised that Mr H would be allocated a care co-ordinator and that they would "look into the possibility of residential treatment either in Brighton or elsewhere in the county."
21/10/14	SPT records	DNA	Mr H did not attend his appointment with Mr R, no message received. Plan: joint review with probation the following week.
21/10/14	GP records	Appointment	Mr H attended an appointment with Dr B. Dr B noted legal high use and that the plan was to look into residential treatment.
23/10/14	SPT records	Community Care Funding Application Form	Completed by Mr G requesting accommodation with mental health support for Mr H. Situation described as critical as without accommodation Mr H "would continue to be street homeless, increasing risks of substance misuse, likelihood of further offending behaviour. Would be more vulnerable and at risk from street community. Likelihood of deterioration in mental and physical health."
23/10/14	SPT records	Community Care Funding Application Form	Mr R completed and emailed the form to ASC panel.

Date	Source	Event	Information
28/10/14	SPT records	Safeguarding alert	Ms M2 uploaded the safeguarding alert from 11/8/14 which was part of a live safeguarding investigation. The initial alert was raised in June 2014. The outcome of the investigation would be recorded when it had concluded.
28/10/14	SPT records	Probation appointment - DNA	Mr R attended a planned review at probation - Mr H did not attend but was contacted by phone. Mr H said he had no updates about housing or rehab/detox and would see Mr R and Ms E the following week.
30/10/14	SPT records	Depot clinic	Mr H attended at 09:30 and apologised for missing the appointment the previous day, but it was a long way from where he was living. Mr H said he was sleeping on the couch at a friends' house in Lewes and said it might be easier for him to attend the East clinic. Mr H also said he would like to received monthly injections and he agreed to discuss this with his care co-coordinator. Mr H said he was still homeless, had no news about rehab and was using drug and alcohol to the degree that he felt bad about himself. Mr H said the friend he was living with was a good influence, although his friend used cannabis it wasn't a problem for Mr H as he had a problem with legal highs. Mr H agreed to attend the clinic on a Wednesday for his next appointment.
30/10/14	SPT records	Assessment	Mr H attended A&E at 16:16 complaining of suicidal ideation and was referred to the MH liaison team. Mr H admitted to taking 1g of euphoria at 14:00 and once he had received 5mg of diazepam in A&E he appeared much calmer, able to future plan, denied any suicidal ideation and wanted to seek help via SMS services. Discharged from A&E.
03/11/14	SPT records	Depot clinic	Agreed that Mr H could received his depot injection at the East where he had easier access. Medicine chart sent to the East site.
14/11/14	SPT records	Strategy meeting	Entry recorded by Ms M2. Strategy meeting held regarding the safeguarding issue raised involving a member of staff from United Response. Safeguarding was closed and worker had been dismissed and referred to Disclosure and Barring Service. Minutes to be uploaded and email to be sent to the team supporting Mr H , as he had a right to be informed.

Date	Source	Event	Information
14/11/14	West Sussex County Council records	Adult Safeguarding Strategy Meeting	Meeting held to discuss two safeguarding alerts received: text messages from Mr H 's support worker and the loan of money to Mr H by his support worker in order for Mr H to buy drugs. Mr H reported feeling suicidal as a result of pressure from the support worker. A disciplinary investigation had been undertaken by United Response that had resulted in the support worker being dismissed. Meeting outcomes: contact to be made with Mr H's care co-ordinator in East Sussex in order to advise them of the safeguarding and disciplinary process; a letter to be sent to Mr H via his care co-ordinator who could consider the most appropriate method of sharing the information with him.
17/11/14	SPT records	Depot clinic	09:00 - Mr H attended for depot injection, 20mg flupentixol. Next due 2/12/14
17/11/14	SPT records	Appointment	10:00 - Mr G met with Mr H who attended on time and was warm and friendly in manner. Mr R noted no signs of any current mental illness. Mr H reported that he was still using 'euphoria' most days and alcohol at night to help him sleep. Mr H attended Brighton Homeless Team that day and they were going to appeal the council's intentional homeless decision. Mr H was also attending regular SMS appointments and was hoping for a detox placement locally. Mr H had his depot injection that day and would see Ms P2 and Mr R in two weeks.

Date	Source	Event	Information
01/12/14	SPT records	Assessment	Ms K assessed Mr H who was taken to Brighton Hospital by ambulance after concern was expressed by Day Centre staff about Mr H's account of hearing voices. Mr H was referred to the mental health liaison team following brief review by A&E staff. Ms K recorded that Mr H was initially withdrawn and indecisive, a significant change in his presentation was noted, boundaries were set and discharge plans made - he became irritable and dismissed with marked clarity in his verbal expression. No obvious perceptual disturbance was noted - voices reported appear to be part of an internal dialogue as opposed to psychotic. Evidence of paranoid ideation was present - Mr H managed these through increased social isolation/withdrawal. Noted that Mr H was under the care of recovery services and had a planned appointment with his care co-ordinator at 3pm that day, but was seen by the liaison team at 2:30pm. Also known to substance misuse services - recent history of poor attendance. Plan: discharge from liaison team, 5mg diazepam to reduce irritability, depot the following day and appointment with care co-ordinator. Mr H initially in agreement with plan but later retracted his agreement when increasingly irate. Ms K alerted Mr R to the presentation.
02/12/14	SPT records	DNA	Mr H did not attend his appointment for depot injection, or to see Mr R at East Brighton Mental Health Centre.
08/12/14	SPT records	Depot clinic	Mr H received his depot, 20mg flupentixol. Next due in two weeks.
08/12/14	SPT records	Probation appointment - DNA	Mr H did not attend a booked appointment with Ms E and Mr R.
15/12/14	SPT records	DNA	Mr H did not attend his appointment at East Brighton at 4pm that day. Mr R had texted Mr H earlier in the day as Mr H requested. Next planned appointment: Brighton Probation with Ms E on 5/1/15 at 10am.

Date	Source	Event	Information
22/12/14	SPT records	Assessment in custody	Mr H had been arrested for vagrancy; it was alleged that he had been in a phone shop and had activated the alarm in the early hours of the morning. Mr H declined the offer of assessment by Mr M, who advised that if Mr H should change his mind, he should ask to speak to the CJLN.
24/12/14	SPT records	Depot clinic	Mr H attended East Brighton at 09:00 for injection of flupentixol 20mg, next due 6/1/15
24/12/14	SPT records	Contact	Mr G was off duty in central Brighton in midday when Mr H approached him and wished Mr R well. Mr H informed Mr G that he had recently moved to a friend's flat in Kemp Town but would not give Mr R the address. Mr H expressed optimism about the move as he said it was an environment in which there would be less drug use. Mr H said that he had spoken to probation and had been given a list of further appointments with Mr G, which he intended to attend and that he would be seeing his new probation officer and Mr R on 5/1 at 10am. Mr H appeared calm, relaxed and friendly. No intoxication or thought disorder noted.
26/12/14	SPT records	MHA assessment	MHA assessment requested by police after Mr H was arrested for the homicide of Mr L. Outcome of assessment was that Mr H was found to be in urgent need of treatment that could only be administered in a hospital environment.