

Wednesday, 25 February 2026

1
2 (1.45 pm)
3 **THE CHAIR:** Yes, Mr Blake.
4 **MR BLAKE:** Good afternoon, Chair. This afternoon we're
5 going to hear from Claire Thompson, but before we do
6 there are a number of witness statements from members of
7 the academic community in Nottingham that will be
8 uploaded to the Inquiry's website. I'm just going to
9 very briefly read their names and their URNs so it is
10 recorded on the transcript. They are: WITN003001,
11 that's Alastair Campbell-Ritchie; WITN0031001, Benjamin
12 Rothwell; WITN0045001, David Hann; WITN0046001, Donald
13 Giddings; WITN0047001, Emma Barney; WITN0048001, James
14 Rouse; WITN0049001, that's Samantha Piano; WITN005001,
15 Paige Smith; WITN0051001, Atanas Popov; WITN0052001,
16 that's Stuart Croy; and WITN0053001 and that is Stewart
17 McWilliam.
18 All of those will be uploaded to the Inquiry's
19 website.
20 **THE CHAIR:** Thank you. So if the witness can be sworn.
21 CLAIRE THOMPSON (affirmed)
22 **MR BLAKE:** Thank you very much, Ms Thompson. In front of
23 you should have a witness statement in that pink binder.
24 **A.** Yes.
25 **Q.** It has a WITN0033001 and it is dated 19 September 2025.

1

1 **A.** Yes.
2 **Q.** Can you briefly tell us what that team does?
3 **A.** The Support & Wellbeing team are a group of staff that
4 are based within the schools, so we set up the team to
5 enable good access to support for students based within
6 the schools and also to be a point of advice and support
7 for staff as well. So they are generally not
8 professionals but they are staff that are -- have been
9 selected and trained to support students who are
10 dealing -- managing wellbeing issues.
11 **Q.** Thank you very much. We will see some emails from Paige
12 Smith. Paige Smith is a Support & Wellbeing officer who
13 is based in the engineering faculty.
14 **A.** She was, yes, she was.
15 **Q.** You are also in charge of the Counselling Service or
16 line manage the Counselling Service. Can you assist us
17 very briefly what the Counselling Service does?
18 **A.** I didn't directly line manage. It was one of the
19 services under me. So I line managed the person who was
20 managing the -- who was managing the Counselling
21 Service, so there was a Head of Service and then
22 I managed the Head of Service. So the Counselling
23 Service are there to provide counselling support for
24 students, short-term support that is aimed at having
25 students address issues that might be impacting on their

3

1 Can you confirm that that statement is true and accurate
2 to the best of your knowledge and belief?
3 **A.** It is. Just to add that when I wrote this statement
4 I worked at the University. I am no longer working at
5 the University. So I left in October last year.
6 **Q.** Thank you very much. You were until recently the
7 Associate Director of Student Wellbeing at
8 the University.
9 **A.** Yes.
10 **Q.** Which is effectively the Head of Wellbeing.
11 **A.** Yes.
12 **Q.** Your background is as an Approved Social Worker
13 specialising in adult mental health; is that correct?
14 **A.** Yes.
15 **Q.** You have worked at the University of Nottingham since
16 2007?
17 **A.** Yes.
18 **Q.** Initially as a Mental Health Advisor, and you set up in
19 fact the Mental Health Advisory Service, amongst other
20 things.
21 **A.** I did, yes.
22 **Q.** In your current role you line manage a number of
23 different teams. I'm not going to spend much time on
24 them but just very briefly. The first is the Support
25 & Wellbeing team.

2

1 study or student experience.
2 **Q.** Third, the Mental Health Advisory Service.
3 **A.** So the Mental Health Advisory Service is the service
4 that was set up to improve the access for students who
5 are struggling with more long-term and serious mental
6 health issues with support, so part of the role of that
7 service is to help those students engage with the
8 statutory services they might need, so the secondary or
9 primary services within the NHS Healthcare Trust. Also
10 where students are willing to work with us we -- they
11 can provide direct support to those students.
12 **Q.** Thank you. I may be told off by the stenographer soon.
13 Can I just ask that you give your answers quite slowly
14 if possible, just because a note is being taken.
15 **A.** Sorry, I do -- I will slow myself right down. I will
16 slow down in a minute anyway.
17 **Q.** The next is the Report and Support team. Can you assist
18 us with what they do?
19 **A.** So the Report and Support team are the team that's been
20 established more recently, so we have set up a reporting
21 platform, so that was something that I set up.
22 Previously students were able to report harassment
23 concerns and concerns around things like sexual assault
24 through an email inbox that I oversaw. That wasn't
25 a very adequate system, so I was able to get the support

4

1 to purchase the Report and Support platform. So that's
2 a platform that enables students and staff to report any
3 issues directly. These are issues that will relate to
4 harassment, abuse, things like that.

5 **Q.** We will come to that in due course. That's after the
6 incident that we're focusing on.

7 **A.** That's after the incident. So we didn't have a Report
8 and Support team at the time of the incident, or if it
9 was, it was myself and my service manager, Jasmine
10 Hickman.

11 **Q.** Thank you.

12 **A.** *(Overspeaking)* --

13 **Q.** Finally, the Health Improvement team.

14 **A.** So the Health Improvement team, that is the team that
15 are there to provide health promotion information and to
16 try and engage students positively into taking actions
17 to support their mental health and wellbeing.

18 **Q.** Thank you. Were you in your role as Associate Director
19 the whole time that VC was at the University,
20 so September 2017 to July 2022?

21 **A.** Sorry, I'm just doing the maths. I stepped into this
22 role in 2016/2017, I think. Sorry, yes.

23 **Q.** Thank you. Now, I'm going to go chronologically through
24 your involvement in VC's case and I'm going to start
25 in June 2020.

5

1 Can you assist us very briefly again what is the EC
2 process?

3 **A.** Extenuating circumstances.

4 **Q.** So that is something like --

5 **A.** So, for instance, if somebody's assessment is going to
6 be impacted by factors such as their mental health in
7 this case it enables us to take measures to ensure that
8 they're not detrimentally affected in terms of their
9 assessment. So, for instance, deferring an exam from
10 the June period to the summer period.

11 **Q.** Thank you. If we look at the top email on that page,
12 you are forwarding it there and cc'd to MH support and
13 you say:

14 "I am sending this to the MH team so they can follow
15 up."

16 **A.** Correct.

17 **Q.** Is that the MHAS team?

18 **A.** That is the mental health -- that is the address for the
19 Mental Health Advisory Service.

20 **Q.** So we heard this morning from Ellie Turner, is that her
21 team?

22 **A.** That's her team, correct.

23 **Q.** If we can move on then to UNIN0000620, and if we start
24 on the bottom of page 2 please. We have here Eleanor
25 Turner's case summary, thank you. Let's start with the

7

1 Can we please bring on to screen UNIN0000140. If we
2 start at the very bottom of that page, thank you. So
3 here we have an email that we have already seen today
4 from VC's mother using his email address on 1 June. We
5 see there that that's to "SS-Welfare-Engineering"; is
6 that to Paige Smith?

7 **A.** Yes, our Support & Wellbeing teams are based in the
8 different faculties and there's a faculty address and
9 that's the point of contact with the team. So that's
10 the faculty email address for the team in engineering.

11 **Q.** Thank you. If we scroll upwards then on to page 1, we
12 can see that this is then forwarded to yourself and
13 I don't think we have seen this document yet today.
14 Sorry, it has just disappeared from my screen.

15 **A.** Yes, it is disappeared from mine too. It's gone green.
16 There, it's back.

17 **Q.** So it's forwarded to yourself from Paige Smith and she
18 says as followed:

19 "We received the following email into the shared
20 inbox this morning regarding the student [VC] who has
21 been admitted to hospital due to his declining mental
22 health. The email has been sent by a member of his
23 family on [his] behalf. Due to this, I have sent
24 a generic reply which indicates the EC process but not
25 confirmed that he is a student."

6

1 first date, so 1 June.

2 **A.** I haven't got her case summary. I've got --

3 **Q.** The words above say "Case Summary". Can you see where
4 the highlight is?

5 **A.** Oh yes, sorry. I was looking at the top.

6 **Q.** Just to summarise that first entry, it says that there
7 has been an email from VC's mother and we have seen that
8 email. There's been liaison with mother and off-campus
9 and the ward, and there's reference there -- we're again
10 having problems with the screen I'm afraid. There's
11 reference there to "serious injury" resulting to the
12 female neighbour. Now, we know that on 24 May, VC had
13 actually been involved in two separate incidents.

14 **A.** Mm-hm.

15 **Q.** He had earlier been arrested for criminal damage to
16 number 12 Brook Court, and in his interview for that
17 incident he attributed his behaviour to workload and
18 exams.

19 Were you made aware of that incident at the time?

20 **A.** No, we weren't made aware of that incident at the time.

21 The first contact we had was through VC's mother and we
22 weren't aware of the -- yes, that there were two
23 assessments on that day.

24 **Q.** Thank you. We will see that work and exams in places
25 are said to be a trigger. Elsewhere we see the word

8

1 "isolation". Would you expect to have been told of
2 those incidents if those things were the triggers?
3 **A.** I think it would have been really helpful. I think it's
4 difficult for the people caring for VC when -- if they
5 are very adamant that they don't want that information
6 shared with us, but I think while somebody is being
7 detained, if that's identified as a -- like a critical
8 factor, it would have made sense, even if it was just to
9 get more information from us about the different options
10 or what we might have been able to do. It wasn't shared
11 with us and I think that's a shame.

12 **Q.** In your view, would it have been possible to share that
13 information?

14 **A.** I think that's only a question that the Trust can answer
15 because it's their information to share. I would
16 have -- I would -- it's always difficult and the other
17 thing -- the other aspect for them is trying to build
18 a relationship with VC and, you know, going against
19 their wishes would definitely not support that process.

20 I think when you're looking at someone who is
21 struggling with their mental health, I am -- my
22 background is in social work and in social care, looking
23 at the whole sort of picture is really helpful in terms
24 of looking at where you can reduce the stresses. We
25 could have potentially tried to help with that, so do

9

1 a first floor window and that they had sustained serious
2 injuries, but I didn't know obviously what's been
3 described in this court today.

4 **Q.** Thank you. If we scroll down, moving to 3 June now --
5 sorry, if you scroll up slightly. We're still on the
6 same page as we were before, page 2. Up a bit more.
7 Thank you. If we still stay on 3 June, we have there
8 discussions with Dr Seedat, discharge to a Nottingham
9 address being planned, and "concerns for both [VC] ...
10 and the unknown female if he were to be discharged to
11 [a] Nottingham address".

12 If we scroll down a little further we have an entry
13 of 9 June. The discharge by that stage had been planned
14 for the next week and the plan continued to be for
15 discharge to Nottingham and in fact we know that he was
16 discharged to Nottingham on 17 June.

17 Were you told at that stage of the risks that VC
18 presented, for example in relation to aggression?

19 **A.** I don't believe so, no. I would assume if someone was
20 being discharged that they had been assessed as risks
21 that could now be managed within the community. That
22 would be my expectation.

23 **Q.** So not risk-free, but risks that could be managed?

24 **A.** I think getting to a point where we can say any
25 situation is risk-free is difficult.

11

1 I think they could have, yes, I think they could have
2 but I don't think it's straightforward.

3 **Q.** Something like exams or work stress, that's quite
4 a common trigger in a university environment, isn't it?

5 **A.** Yes, yes.

6 **Q.** Thinking more broadly, do you consider that that kind of
7 information should be shared with universities?

8 **A.** In every setting or --

9 **Q.** Yes, where it has resulted in, for example,
10 a sectioning.

11 **A.** I think you have to -- you have to assess on
12 a case-by-case basis. You know, it's that person's
13 private information, so any sharing with us will mean
14 disclosing information that they don't want shared to
15 us. I think it has to be on a case-by-case basis.

16 I think it's really helpful to, but I think it's
17 difficult and it's less helpful when somebody is very
18 adamant, if they were, that they don't want that
19 information shared.

20 **Q.** Sticking with 1 June entry there, we know in fact that
21 the injury to the female -- she had a fractured
22 vertebrae, she had to have an operation. Reference
23 there to a "female exiting a 1st floor window", I mean
24 were you aware of the significance of that incident?

25 **A.** No. I knew that they were scared enough to jump out of

10

1 **Q.** Were you aware that on 13 July there was a further
2 incident at Brook Court where VC had to be held down by
3 other residents?

4 **A.** I wasn't aware of it fully, no.

5 **Q.** You say "fully", I mean we will come on --

6 **A.** Yes, yes. I mean, at the time I was aware that -- I was
7 very aware of the first incident. I was aware of the
8 second incident but not detail like that he had been
9 held down by people within the accommodation.

10 **Q.** Yes. VC was ultimately re-admitted to hospital on
11 14 July.

12 **A.** Mm-hm.

13 **Q.** Could we please turn to NHFT0000168 and we want to look
14 at page 63 please. You will not have seen this at the
15 time. These are VC's medical notes. At the bottom of
16 page 63, please. Thank you. If we could scroll down to
17 the very -- thank you. We have there the very final
18 entry on the page is 16 July and if we scroll down over
19 the page, please, we have the right up. In attendance
20 Dr Seedat and others:

21 "Reason and aims of admission

22 "Following recent [discharge] [VC] returned to his
23 student accommodation ..."

24 We know that may well be an error:

25 "... stopped taking medication, became paranoid

12

1 about neighbour and entered his flat. Police called,
2 Mental Health Act assessment, psychotic with paranoia,
3 detained under section 3 [Mental Health Act]."

4 Under "Patient comments" it contains the following:
5 "[VC] describes stopping medication two weeks after
6 discharge from his last admission because he read that
7 it could 'slow the mind'."

8 A little further on it says "No signs" -- sorry, it
9 keeps on blanking out. Thank you. It says:

10 "No signs of remorse or insight into how his actions
11 have affected others. Just says 'there will not be
12 a next time'. Dr Seedat observed that there seems to be
13 no insight or remorse and that the danger is that this
14 will happen again and perhaps [VC] will end up killing
15 someone."

16 If we look at the next paragraph it says:

17 "Dr Seedat reflected that it seemed strange he had
18 not chosen to read up on psychosis and possible causes.
19 In his opinion it appears increasingly likely that [VC]
20 has schizophrenia."

21 At this point was any of that information, as far as
22 you are aware, communicated to the University?

23 **A.** No.

24 **Q.** What do you think has gone wrong here? Because --

25 **A.** I have lost it again by the way.

13

1 **Q.** The information here, that's highly relevant to
2 the University, isn't it? Not taking his medication
3 because he didn't want to slow his mind, for example?

4 **A.** I think -- yeah, I think it is -- it's useful. I think
5 it's most important for the mental health team that are
6 managing him because they are the people that are
7 responsible for his care and treatment. What we would
8 do in that situation if that was shared with us and we
9 were able to work positively with the student we would
10 absolutely encourage them to take their medication and
11 to engage fully with the services, and we always are
12 very clear that people need to put their mental health
13 and wellbeing first, and obviously we weren't aware --
14 yes, and I think --

15 **Q.** The document can come down off the screen, thank you.

16 **A.** I think what would have stood out to me, had I seen this
17 before, I would have been concerned very much about the
18 lack of remorse. Usually -- people can experience --
19 you know, psychosis can be very difficult and things can
20 happen when people experience psychosis that can be
21 really difficult, and often when people are recovering
22 one of the things you have to work with someone about is
23 how they feel because they will often feel very
24 remorseful and bad about what's happened. A lack of
25 remorse, for me, is something that would have been

15

1 **Q.** So have I.

2 **A.** I have to say this flickering green screen coming on is
3 not helpful. I will do my best with it, but I do suffer
4 from migraines so I just need to make you aware.

5 **Q.** It may be that we need to take a short break for the
6 system to be reset.

7 **A.** I'm happy to carry on if I can manage it but I will say
8 if it becomes too difficult; is that okay?

9 **THE CHAIR:** Yes, I quite understand that. I think we're all
10 in that position.

11 **MR BLAKE:** Absolutely. VC has entered another flat. He is
12 not taking medication so he doesn't slow his mind, he
13 has no signs of remorse or insight, the consultant
14 psychiatrist said he might end up killing somebody and
15 the University are not told that information. Prior to
16 this Inquiry were you aware of that information?

17 **A.** Sorry?

18 **Q.** Was this Inquiry the first time that you had read that
19 information? The information from Dr Seedat?

20 **A.** I think I only became aware of it after the incident
21 happened, after the attacks.

22 **Q.** The 2023 incident?

23 **A.** Yes, we weren't aware of it before then. A lot of the
24 information we have become aware of since the actual
25 incidents happened. Sorry, the attacks.

14

1 useful for everybody to think about carefully.

2 **Q.** Can we please go back to UNIN0000620 at page 1 please.
3 We're moving now to 23 July and we can see that you are
4 one of the recipients of that email and you are notified
5 of a further incident and it says:

6 "It appears he barged passed his neighbour gaining
7 access to the flat and demanded the neighbour apologise
8 for the crimes [VC] ... believed he has committed.
9 Other neighbours came to the man's ..."

10 This is the further incident. You are now being
11 notified.

12 **A.** Yes, but obviously not the detail of holding people
13 down -- people holding him down.

14 **Q.** It says at the bottom:

15 "We are advocating heavily for [VC] ... to return
16 home but [VC] ... is keen to stay in Nottingham and the
17 ward are supportive of this."

18 What was your view at that point in time?

19 **A.** My view was that it obviously -- it was an issue for the
20 ward in terms of identifying the discharge plan with VC.
21 We were just concerned, we were just really concerned
22 and we wanted to flag those concerns up. It wasn't,
23 you know, technically part of our remit and it wasn't
24 our purpose about being involved or aware of that
25 information, but we just felt really concerned about the

16

1 impact of him returning back to that accommodation
 2 again, and we wanted to make sure that that was voiced
 3 clearly.

4 **Q.** But why wasn't it part of your remit?

5 **A.** Because our remit is about the support that we provide
 6 to our students and our community, and it's about -- but
 7 we're not the people that manage the risk or determine
 8 the care plan or, et cetera; that lies with the hospital
 9 and the early intervention team.

10 **Q.** That's focusing on VC, the risk to VC, but what about
 11 the risk to all your other students?

12 **A.** He wasn't -- at that point we were in COVID, so all
 13 teaching was online, so the risk -- so the risk to other
 14 students at that point was very, very -- was very low.

15 **Q.** Were there no Nottingham students in Nottingham during
 16 that time?

17 **A.** There will have been some.

18 **Q.** So what about those students? What about the risk to
 19 them?

20 **A.** That risk -- well, I guess there was no information to
 21 indicate to us at that point that he was a risk to those
 22 students. Those -- you know, that risk was very much
 23 about the setting and the context that was in it and
 24 that was being managed by the team. If they felt that
 25 there was a wider risk that needed to be communicated to

17

1 concerned for [VC] ... in terms of the other residents
 2 and their fears around his mental health."

3 At this point the University was making clear that
 4 they didn't want him to return to Nottingham; is that
 5 right?

6 **A.** We made really clear that we thought the best plan would
 7 be for him to return home to Wales where he would be
 8 supported by his family. That was made crystal clear by
 9 Ellie. She worked incredibly hard to try and do
 10 everything that she could to make that happen.

11 Having said that, on reflection, you know, in terms
 12 of what was possible for the ward organising the
 13 discharge, they didn't have the power to insist that he
 14 went home. They didn't have the power to determine
 15 where he lived. If he was no longer detainable under
 16 the Mental Health Act, they had a duty to discharge the
 17 Mental Health Act. So I think -- and, you know, we were
 18 trying to just sort of raise our concerns as much as
 19 possible, but I think, you know, we wanted something to
 20 happen that wasn't easy to actually ensure that it would
 21 happen by other services.

22 **Q.** If we scroll up we can see the response. Mr Culpin
 23 says:

24 "I have forwarded it to the ward for their
 25 consideration."

19

1 us so that we could take the appropriate action, but
 2 when there's risks whichever way you go, so you've got
 3 to think about the fact that, you know, any action we
 4 could or couldn't take needed to be thought about within
 5 the context that this was happening and within what was
 6 available to us.

7 **Q.** And because that wasn't university accommodation --

8 **A.** It wasn't university --

9 **Q.** -- it wasn't seen as an appropriate or relevant context.

10 **A.** We couldn't take any steps that would impact on that
 11 accommodation or on his presence in that accommodation.
 12 However, if you (*inaudible*) maybe saying to, you know,
 13 what we also wouldn't have been able to do is anything
 14 that might have actually made the situation worse as
 15 well. So I'm kind of -- what kind of things do you
 16 think we should have been doing, I guess is my question.

17 **Q.** Could we please turn to UNIN0001084, please, and if we
 18 start on the second page. At the bottom of the second
 19 page, we're now on 30 July. If we scroll down we have
 20 seen again this email, this morning. Ellie Turner has
 21 contacted the AMHP Geoff Culpin, and if we scroll down
 22 to the very end of that email she says:

23 " ... I was surprised to learn that [VC] ... is
 24 being discharged tomorrow to the same address. I remain
 25 concerned for the residents but I am also increasingly

18

1 Then we have the discussion on page 1 that's been
 2 addressed by Ms Turner, but I would like to just briefly
 3 talk to you about the top email.

4 **A.** Yes, it was frustration. I think what it did was it was
 5 really frustrating and I think it was a measure of our
 6 concern about the situation and it was two people
 7 emailing each other over COVID and I certainly regret
 8 saying that and it wasn't a fair thing to say.

9 **Q.** The suggestion is that it has happened more than once
 10 that he has perhaps let you down or hasn't gone as far
 11 as he could. Were there other incidents in your mind at
 12 the time?

13 **A.** One very different incident, very different nature, but
 14 against that is somebody who is there doing an
 15 incredibly difficult job and doing that job day in, day
 16 out and it's a very difficult thing to be an AMHP in the
 17 environment that people are trying to assess people. So
 18 it was -- it was a reactive comment and I think it just
 19 linked to just how strongly we felt about the welfare of
 20 the people involved, but actually in fairness to them
 21 what we wanted to happen wasn't easy to make happen and
 22 it certainly wasn't Geoff's responsibility.

23 **Q.** What do you see as his role? Do you see it as
 24 a coordinator or do you see it as something more
 25 significant than that?

20

1 A. No, I think -- I mean, it has changed very much since my
2 day. You know, I haven't been in practice now for
3 18 years and the system for how we work and how we
4 assess is very difficult now. So you have a dedicated
5 team of AMHPs where previously you had -- we were part
6 of multiple disciplinary teams so we would often be
7 involved in a -- get more involved in the care of
8 somebody and might often pick them up and be the
9 Care Coordinator for somebody who has gone into
10 hospital.

11 The AMHPs, as they are now, as I understand them,
12 they are there to carry out the assessments and then the
13 care is handed -- the care at the point that the
14 hospital receive those recommendations and the
15 assessment, as soon as they have done that they become
16 responsible for the care of that person and it's the RMO
17 who is responsible, the Responsible Medical Officer, for
18 their care in hospital and for their discharge plan.

19 The point is that Geoff is like a person that we
20 could contact as one of the people that we could just
21 try and help us to raise our concerns.

22 Q. What would you have expected him to have done with that
23 information at the time?

24 A. I think what we could see now he has clearly done, which
25 is -- you know, he didn't feed that back to Ellie, but

21

1 paragraph:

2 "V.C talked about currently studying for
3 an exam - he is an Engineering student in
4 Nottingham - Dr G.F encouraged V.C to seek support and
5 help from the university regarding his mental health as
6 V.C said that he had not communicated with them about it
7 in-depth."

8 At the bottom there it says "V.C is being discharged
9 [the next day] ..."

10 Was that information shared with the University?

11 A. I don't believe so.

12 Q. If we turn over a couple of pages to page 118, we then
13 have on 31 July --

14 **THE CHAIR:** Sorry, I just wonder if that's better. I was
15 just going to say can we make sure that we can see
16 what's coming up on the screen because some of the notes
17 are very -- slightly blurry and very small. Thank you.

18 **MR BLAKE:** Absolutely.

19 A. I thought it was just me and my eyesight, so thank you.

20 Q. Can we scroll up to the top of that page please. Is
21 this page 118?

22 A. 31st of the 7th, yes?

23 Q. Thank you. It says there:

24 "[VC] ... has now been discharged from the ward ..."

25 Then we scroll down. It appears that he was

23

1 he did go and raise those concerns and ask about the
2 plans for the after-care. So I think he did everything
3 that he could and should have done.

4 Q. Could the University have liaised directly with the ward
5 and liaised directly with the treating mental health
6 professionals?

7 A. Well, Ellie had been, so this was because she didn't
8 feel that she was getting where she needed to be, but
9 I think both of us, in fairness, we were kind of wanting
10 something to happen that actually wasn't straightforward
11 to happen.

12 Q. I'm going to take you back to VC's medical records at
13 NHFT0000168 and it is page 115.

14 If we look at the bottom of page 114, we can see
15 this is an entry of 30 July, so the same day. If we
16 scroll down, we can see that this is a clinical
17 psychology appointment with VC today on the ward.
18 Looking at the third paragraph down:

19 "V.C mentioned that he is going home tomorrow and
20 following discharge he intends to go back to his flat
21 and he feels fine about this. V.C says that he has
22 roommates at his flat and mentioned that they are not
23 aware of the extent of his mental health in recent
24 months ..."

25 The next paragraph says halfway through that

22

1 discharged to 48 Salisbury Street, also known as the
2 Marquis of Lorne. Is that an address that you are
3 familiar with at all?

4 A. No.

5 Q. Do you know if it's, for example, a place where other
6 students live?

7 A. I don't know. It's not one that's familiar to me.
8 I know most of the --

9 Q. Is Salisbury Street an area where other students live?

10 A. I couldn't tell you.

11 Q. Pardon?

12 A. I couldn't tell you.

13 Q. We have at the bottom there 1 August, and if we scroll
14 down please "summary of contact":

15 "Seen at his home address ..."

16 The second sentence says:

17 "Since coming back yesterday he has been studying
18 and getting ready for his exams."

19 If we scroll down there's a summary there "Risk":

20 "Deterioration in mental state of non compliant with
21 medications."

22 If we keep on scrolling down, please, we get to
23 2 August, thank you very much, and over the page it says
24 there, about halfway down that page or on the screen:

25 "He highlighted issues relating to recent heavy

24

1 studying schedules, anxiety around his coursework and
2 triggering an episode of psychosis."

3 So here we have notes that are very directly
4 connected to his university study. Was that information
5 passed to the University?

6 **A.** No.

7 **Q.** Now, this isn't term time, this is over the summer.

8 **A.** Mm-hm.

9 **Q.** Was there this kind of information regarding VC's mental
10 health passed to the University over the course of that
11 summer, before the official return to the University
12 term?

13 **A.** I don't believe so, no.

14 **Q.** No. What plan was in place at the University to monitor
15 VC in the next academic year?

16 **A.** In terms of -- yes, our role isn't to monitor. Our role
17 is to ensure the student is accessing the support they
18 need from the services and to try and get to a point
19 where they will work with us and support us, and that
20 was something that we were unable to do because VC
21 wouldn't engage with the support and I'm confident that
22 Ellie will have tried really hard to do that.

23 **Q.** You say your role is not to monitor --

24 **A.** Yeah, it's --

25 **Q.** Your role is not to necessarily monitor VC's health.

25

1 well in that assessment period as well. So it's --

2 **Q.** When you say liaison with the school, what about liaison
3 by the school? Do you think that the University could
4 have been a bit more proactive in setting meetings with
5 mental health professionals?

6 **A.** With whom?

7 **Q.** With those who were treating VC, for example. Trying to
8 arrange a meeting, trying to arrange a meeting of
9 professionals before the new university term to ensure
10 that the risks to other students were minimised.

11 **A.** We would expect -- it's really difficult when the
12 services are not communicate -- aren't or won't
13 communicate with you to set up meetings or to set up
14 meetings about issues -- I think Ellie hadn't recorded
15 it but I think she had tried to speak to them, but it's
16 really difficult and we have a lot of students coming
17 back, so I think it would have been a useful step but
18 I think there are good reasons why that didn't happen.

19 **Q.** We have by that stage a couple of incidents at least
20 being reported. What kind of threshold would it have to
21 reach?

22 **A.** Sorry, which couple of incidents?

23 **Q.** Well, we have at least one incident in Brook Court. Do
24 you think that by this stage -- you know that he has
25 been detained. Is there a threshold, a history of

27

1 **A.** Yeah, yes.

2 **Q.** But again, what about the risk to other students? He is
3 about to come back, the University term is about to
4 start, we have somebody here who has a history of
5 violent acts. What kind of risk plan was being drawn up
6 by the University?

7 **A.** We would expect that risk to have been fully assessed by
8 the mental health team who have got the remit and the
9 information. It's very difficult, especially when we
10 have access to so little information. We have --
11 you know, we have the understand -- if there are
12 concerns in any situation about a student, such as
13 within the school, that they can be raised with us, but
14 a lot of people will make very good recoveries from
15 psychosis, so you can't assume, you can't assume they
16 could have -- you know, I think there could have been
17 a bit more liaison with the school, but actually if you
18 look at what happened in that period, you know, VC was
19 meeting with the school, was sharing their concerns, did
20 not want the disability support that would have been the
21 most important support. That was very clearly and
22 strongly offered by Ellie. So then, you know, they
23 reached the point fairly quickly of deciding that they
24 weren't well enough to do their studies and that they
25 needed to interrupt. So actually -- and had done very

26

1 a student that might be reached at which the University
2 suddenly is triggered into further action?

3 **A.** Yes, I think there is. I think there is. But you are
4 always trying to make sure that -- many, many students
5 will experience their first episode of psychosis, or
6 they might have a previous condition and experience
7 episodes of psychosis when they are at university, get
8 the correct care and treatment and they come back to
9 university and they very successfully complete their
10 studies. So we can't work with an assumption that that
11 isn't going to happen and the risk is particularly about
12 the context that was happening around Brook Court and
13 that was really, really worrying, but that was being
14 managed by the mental health team who had a contact
15 point with us.

16 We had minimal information given to us here and we
17 had to work with that. So could we set up meetings?
18 I think we were in an environment where we felt that
19 that wasn't going to happen.

20 **Q.** That document can come down, thank you.

21 We know that VC interrupted his studies
22 from November 2020 until September 2021.

23 **A.** Mm-hm.

24 **Q.** We will in this Inquiry in due course hear about a visit
25 to M15 in May 2021, incidents involving his flatmate

28

1 Sebastian in July 2021, forcing him against a wall,
 2 a second occasion where he tried to enter his room.
 3 In September 2021, he assaulted a police officer and
 4 there was another mental health detention. Is it right
 5 that the University were not aware of any of these
 6 incidents?
 7 **A.** No, we were not informed of any of this.
 8 **Q.** Now, when somebody pauses their education, interrupts
 9 their studies and returns is there any assessment that's
 10 carried out?
 11 **A.** It depends on whether it's -- they have been asked to
 12 provide evidence of their wellness to return as part of
 13 their interruption process. There was a change to that
 14 interruption process which I think had taken place, but
 15 I would refer you to Katherine who has got better
 16 oversight of that. So I don't want to talk about
 17 something that I am not fully confident I have all the
 18 knowledge, but I know that Katherine will be able to
 19 speak about that. But there was a process. It had
 20 changed, I think, at that point.
 21 **Q.** I mean in relation to VC, if he was going to be
 22 returning to student accommodation, for example, is
 23 there any kind of risk assessment that's carried out
 24 there?
 25 **A.** I -- I think it's really -- VC had been discharged as
 29

1 I would be very uncertain that we would have been given
 2 that information because if they were prepared to give
 3 us that information, they would have given it to us at
 4 the time. I mean, this was a person that was planning
 5 to return to their studies.
 6 I don't believe -- as I understand it, I'm not sure
 7 that the police had even informed the NHS about the
 8 incident with our PhD student. It would have been
 9 really useful to have known about that just so we could
 10 have offered support to them and that definitely would
 11 have triggered us to be asking quite a lot of questions,
 12 but I think there's key pieces of information at that
 13 point that really needed to come together.
 14 **Q.** So do you see this particular point in time as a missed
 15 opportunity?
 16 **A.** Yes. A missed opportunity to -- a missed opportunity to
 17 deal with what was happening at that time. Now, whether
 18 that would have led to a situation where, you know, the
 19 attacks could have been avoided, that I don't know,
 20 I don't know. This is somebody who it appears to me has
 21 struggled with a very -- you know, a very difficult
 22 disorder, but I would say that at that point we
 23 probably -- we certainly might well have taken action
 24 that would have avoided the incidents that took place
 25 because I think if we had known that he had been so
 31

1 fit for community care and treatment. Having
 2 interrupted he had the right to return to his studies
 3 and he had the right to accommodation in Nottingham and
 4 he arranged the accommodation that he moved into in
 5 Nottingham.
 6 If he had booked into our accommodation we wouldn't
 7 necessarily -- that wouldn't necessarily have been
 8 brought to our attention until -- until or if
 9 an incident occurred, but then we would definitely have
 10 been concerned, as we were, about his presence in
 11 Raleigh Park.
 12 **Q.** Because by this time he has spent quite a lot of time
 13 away from the University --
 14 **A.** Yes.
 15 **Q.** -- and quite a few incidents happened that you're not
 16 aware of. Had there been some sort of risk analysis,
 17 you may have found out a bit more, might you not?
 18 **A.** We didn't have the information to do the risk analysis
 19 with.
 20 **Q.** Well, if you had, for example, sat down with his
 21 treating professionals or even sat down with the police,
 22 you would have potentially found out more information
 23 about what he had been up to over those months?
 24 **A.** My concern -- well, it's hard to ask for information
 25 about what you don't know about, but what I would say is
 30
 39

1 recently detained, that there had been an assault on
 2 a police officer, there had also been an assault on one
 3 of our students and there was stalking. That stalking
 4 is a big red flag for me. You know, it's -- it shows
 5 a really sort of worrying holding onto sort of feeling
 6 of being unhappy and I think we would have looked very
 7 seriously about whether they were well enough to return
 8 to their study.
 9 **Q.** Let's move on then to early 2022. Could we bring onto
 10 screen please UNIN0000362, please. This is a report by
 11 a student we know as Chris.
 12 **A.** Mm-hm.
 13 **Q.** Is this using -- I don't think the platform Report and
 14 Support was necessarily available at that time. What is
 15 this report?
 16 **A.** It was. This is Report and Support.
 17 **Q.** It was?
 18 **A.** Yes, but it had been fairly recently set up but it
 19 was -- it was report 313, so, yes, it went through
 20 Report and Support. I think it was -- it might have
 21 been put in on their behalf by one of my team.
 22 **Q.** So it may be that Chris contacted somebody and that
 23 information was then transposed into a Report and
 24 Support form.
 25 **A.** Yes.
 32

1 Q. Do you know at this point how well-known that platform
2 was at the University?
3 A. We had worked really hard to promote it. It was fairly
4 new and it takes time, but it was well promoted when we
5 launched it and the following September. It was --
6 for instance we have a MyNottingham app. It was on the
7 banner page of that, et cetera.
8 Q. Thank you. If we could scroll over the page please. It
9 says there from Chris:
10 "I was assaulted by a fellow student and flatmate
11 last night at Raleigh Park."
12 Now, Raleigh Park is student accommodation,
13 isn't it?
14 A. It's -- yes, third party student accommodation. So it's
15 owned and managed by -- I can't remember which
16 organisation but we provide support to the students
17 living there through our ResX team.
18 Q. It is quite traditional student halls that may have
19 common areas for students, for example.
20 A. I think with Raleigh Park most of the third party
21 accommodation is you will have flats, so you will have
22 students in a flat, sharing a kitchen, usually
23 a bathroom. There are a few shared facilities, you know
24 there will be a washroom, there's generally a common
25 room but you tend to find that they are not very well

33

1 advice that if there were any further issues to ring
2 the police. I think he --
3 THE CHAIR: Sorry, could you just repeat that? I didn't
4 hear what you said.
5 A. Oh, I have to remember what I said now.
6 THE CHAIR: You said he was staying at his girlfriend's.
7 A. He was going to stay at his girlfriend's. I think he
8 had stayed away from the flat the night before but
9 I think he definitely was not going to be in the flat
10 that night, so I was concerned to -- I was also trying
11 to speak to Ellie, and Ellie and I spoke after about,
12 you know, what we needed to do to get, you know, as
13 quickly as possible some more information to determine
14 the best course of action because we were really
15 concerned.
16 If we had had -- been able to speak to Chris earlier
17 we would have been able to take action earlier but it
18 was -- yes, it was just not possible.
19 Q. By this stage, so far as you were aware, there were now
20 more than one physical incident involving VC and those
21 who he lived with; is that right?
22 A. I was aware that there was one incident, the incident
23 that had happened in the flat, yes, but I think they had
24 been -- it sounds like there had been arguments about
25 the state of the flat that had been causing tension.

35

1 used.
2 Q. Thank you. Just following on a few sentences on, if it
3 comes back on to the screen, he says:
4 "... I don't feel safe and can't focus on my exam.
5 The student who I was assaulted by and who trapped me in
6 the flat and physically wouldn't let me and my flatmate
7 Ryan leave is called [VC] ..."
8 A couple of sentences on he says there:
9 "... although he had intent to hurt me, I stopped
10 him by grabbing him and holding him, stopping them from
11 arresting him as I didn't sustain any injuries. This
12 has caused me a lot of stress as he is still present in
13 the flat and he doesn't seem the most stable of people.
14 Any support would be extremely well received."
15 What do you recall of a conversation with Chris at
16 this time?
17 A. Yes, I wasn't able to speak to him until sort of early
18 evening, I think because he was in exams. So I think
19 I had been trying to contact him, as had Chris Hoskins
20 in the ResX team. So when I spoke to Chris he explained
21 about the incident, not -- I don't recall it being a lot
22 of detail. We talked about the options. He was feeling
23 well supported, I think particularly by ResX, et cetera.
24 He was going to be staying at his girlfriend's because
25 obviously very -- wanted to make sure that he had the

34

1 Q. That's this incident, but you are also aware of those
2 previous incidents that we have already spoken about.
3 A. Oh, at Brook Court, yes. Well, I was -- so at the time
4 that this happened we didn't have a case management
5 system. So records, the paper records that MHAS kept
6 were -- well, they were paper records kept at the MHAS
7 office, so I wasn't able to access the file to
8 completely familiarise myself, so I was very much going
9 from memory, but when I spoke to Ellie, we were able
10 to -- yes, to identify that, you know, we had had those
11 concerns before.
12 Q. In light of the fact that it was now multiple incidents,
13 were you at this point concerned for the safety of other
14 students?
15 A. Yes, that was why we pursued an urgent assessment by the
16 mental health team. The police had attended and they
17 had taken no action, so obviously that was -- you know,
18 reporting it to the police, it had already been reported
19 to the police and dealt with, but we were really
20 concerned that the mental health team needed to assess
21 him urgently.
22 Q. Could we please bring on to screen UNIN0000157. This is
23 a critical incident record --
24 A. Mm-mm.
25 Q. -- and it has you down as the lead. Can you briefly

36

1 assist us, if we -- sorry, thank you.

2 **A.** Yes, the email that went with this record was -- which

3 was sent to my director -- was "I have put this

4 information on a critical incident record but I don't

5 consider this a critical incident. However, I am really

6 concerned." I had no other way of kind of flagging it

7 up formally so I used the form that I had available to

8 me.

9 **Q.** And what is a critical incident then?

10 **A.** So a critical incident is actually one where there --

11 I think the formal definition they use is -- sort of

12 within the sector -- is where there has been loss of

13 life or there has been an injury which required

14 intensive patient care for I think 72 hours or something

15 like that. It's quite prescriptive. It wasn't

16 a critical incident and I made that very clear when

17 I sent that through.

18 **Q.** If we look at the entries there, the first entry is

19 17 January and that's really the reference to Chris'

20 report that we have just seen.

21 **A.** Mm-hm.

22 **Q.** We will return to that document in a second, but before

23 we do can we just please turn to UNIN0000260. On that

24 date, 17 January, you have emailed ResX. Very briefly,

25 who are ResX?

37

1 key risk information about [VC] ..."

2 Can you assist us, what did you understand that key

3 risk information to be?

4 **A.** That key risk information was the fact that he had been

5 detained in the January -- sorry, no, detained

6 in September and during that detention there had been

7 an assault on a police officer, and obviously there was

8 a deterioration in his mental health, and I think they

9 also shared at that point that he hadn't been engaging

10 with them since that incident in any sort of meaningful

11 way. So they didn't believe he was on medication at

12 that point. I think he would have run out.

13 **Q.** Was that the first occasion that you had been told that

14 information?

15 **A.** Absolutely.

16 **Q.** Please can we bring on to screen UNIN0001804. I think

17 these are your handwritten notes. They will come on to

18 screen in a second.

19 **A.** Sorry about the writing.

20 **Q.** Well, I'm going to ask you to interpret it, don't worry.

21 **A.** I struggle myself.

22 **Q.** Can we please turn on to page 3. At 3 we will see --

23 you can see on the page before, we don't need to bring

24 it up, that's an entry from 18 January.

25 **A.** Mm-hm.

39

1 **A.** The Residential Experience team. So they provide

2 support to students in their accommodation.

3 **Q.** You say:

4 "Ellie has confirmed that [VC] ... is known to their

5 service but the last contact was Aug[ust] 2020. They

6 will pick up tomorrow but if there are any further

7 concerns tonight and people are concerned about him or

8 his behaviour it would be best to ring for police

9 support. I have encouraged Chris to ring if he is

10 worried but it may be worth someone checking in with the

11 others in the flat this evening."

12 So for this point were you sufficiently worried for

13 the students that you wanted someone to check in on

14 them?

15 **A.** Yes.

16 **Q.** Thank you. If we go back then to the critical incident

17 report, that's UNIN0000157. We will move on now to the

18 next day, so 18 January. If we could zoom in on it

19 please on the entry for 18 January, we have there that

20 you spoke to Ellie Turner, "she spoke to the secondary

21 services".

22 Briefly, can you assist us what's meant there by

23 secondary services?

24 **A.** So that would have been the Early Intervention Team.

25 **Q.** "... and it has become clear that they have not shared

38

1 **Q.** Can you perhaps read that to us?

2 **A.** Yes:

3 "Discussion with Ellie - need to re-accommodate

4 other students, [Early Intervention] ... EIP [Early

5 Intervention in Psychosis team] have been supporting,

6 managing huge risk which has not been shared [with] us."

7 **Q.** Again that refers to "huge risk". Did you know by this

8 stage that, for example, VC was not taking his

9 medication?

10 **A.** I think we did, yes. I think that came out on that day.

11 **Q.** And VC at this stage was still in Raleigh Park.

12 **A.** Yes.

13 **Q.** What about his neighbours?

14 **A.** The students were moved out that were in the flat.

15 **Q.** If you open the front door to that flat are there other

16 doors to other student accommodation?

17 **A.** Yes.

18 **Q.** What about those neighbours?

19 **A.** The incidents so far had been with people that he was

20 closely living with. We couldn't -- we had no control

21 over his presence in that accommodation, so, you know,

22 if he had been in our accommodation one of the options,

23 if he was on our campus, is that we could exclude and we

24 have used that in those situations. We can't use that

25 at Raleigh Park. We can't exclude somebody from that

40

1 accommodation. It's not our accommodation, we don't own
2 it, it's not a part of our campus.

3 **Q.** So --

4 **A.** But I think also -- I just want to also point out the
5 other thing that you have to think very carefully in
6 that situation that is, if we could have done, and we
7 couldn't, but if we had tried to look at those processes
8 and started a process that would have -- that would have
9 created more risk because if we were saying to VC "we're
10 going to exclude you", it would have meant that they --
11 you know, the risk would have been that that would have
12 really antagonised and would have made that person feel
13 even angrier towards the flatmates that they had been
14 living with. So I think it's not -- there are no
15 straightforward or easy options there.

16 **Q.** Did you create some sort of formal risk assessment that
17 balanced those risks and worked out which was more
18 serious?

19 **A.** You are balancing those risks all the time. We didn't
20 have a formal system for recording it and this is
21 something that's been addressed since, so we do, but
22 you're constantly balancing risks with the information
23 that you have.

24 But one of the things that we have to deal with,
25 you know, it's not an unusual situation where

41

1 that's what they should have done if that risk was
2 there, that the mental health team could go in there and
3 assess what was actually happening.

4 From what I understand of having read the reports
5 and the AMHP reports about what happened at Brook Court,
6 VC was showing very clear signs of being very unwell at
7 the time. I don't think they were so apparent at this
8 point. So people can -- people can still behave
9 unacceptably being ill or not being ill, but it was
10 really important that he was assessed so that we could
11 understand that as quickly as possible and that we did
12 what we could to try and make sure that those people
13 that were most immediately affected were supported.

14 **Q.** Stepping back though, there is clearly a risk to those
15 other students living in that block at that time, isn't
16 there?

17 **A.** I would say that there was a risk that needed to be
18 considered, yes. But that risk -- for that risk to be
19 meaningful -- you know, for that risk to be assessed and
20 managed, that had to be done by the people that had the
21 powers to do something about it, which we did not.
22 I have to be really clear about that.

23 So we absolutely were supporting it and Ellie was
24 really driving that forward and being very, very active
25 to try and ensure that the assessment took place

43

1 a situation has developed in accommodation that's not
2 owned by the University and we have to be really careful
3 about the steps that we take so that we don't make the
4 situation worse.

5 The appropriate thing is to try and ensure, given
6 that the police have made their assessment, that it was
7 safe for them to be there, was to make sure that the
8 information got to the mental health team so that they
9 could conduct the Mental Health Act assessment because
10 that is the route that could safely manage that
11 situation and that's really important, it's about safe
12 management as well.

13 **Q.** You have said that the previous incidents involved those
14 who he was closely living with. I mean, that's not
15 right, is it, because the Brook Court incident, for
16 example --

17 **A.** No, sorry, yes, no, that's true. Sorry, yes,
18 I apologise.

19 **Q.** In Brook Court it wasn't his --

20 **A.** It wasn't -- it was the neighbour's that he went in on.

21 **Q.** So by this stage you were aware that he had in the past
22 been a threat to his neighbours, those living in the
23 same block, for example.

24 **A.** But also it was really important that given that
25 the police hadn't felt the need to remove him, because

42

1 urgently that needed to be taken place, but it's like
2 you could have somebody within your family, it could be
3 your next-door neighbour in the community, and that same
4 situation is happening because you can't just move
5 somebody out of a situation.

6 **Q.** But it's a heightened risk because at university, in
7 those kinds of halls of residence, there are lots of
8 young people about.

9 **A.** I think there is an intensity about the students living
10 together. I think the risk would probably be higher in
11 the more traditional halls of residence than in the
12 flats because they're a little bit more contained. Is
13 that any more risky than people living in flats -- in
14 a block of flats in the community in social housing?
15 I wouldn't like to comment.

16 **Q.** Well, it's more risky to those who you are responsible
17 for, isn't it?

18 **A.** Yes, but we couldn't actually do anything about it other
19 than push for the Mental Health Act assessment. We
20 could not remove him from that accommodation, so you're
21 kind of asking us why we have done that, because we
22 didn't have the powers to do anything else and we needed
23 to make sure that we liaised with the people that did
24 have the powers to take action on that.

25 **Q.** Let's return to the timeline that's in the critical

44

1 incident report. That's at UNIN0000157. We will just
 2 look at the bottom. It's 19 January. If we could zoom
 3 in to that 19 January, please.

4 **A.** Yes.

5 **Q.** So we then see that VC wasn't detainable and was, in
 6 fact, returning to Raleigh Park. That's quite a serious
 7 problem by that stage, isn't it, for all of those
 8 reasons?

9 **A.** It was really difficult. It was really difficult and,
 10 you know, Ellie was expressing concerns about that, but
 11 the consultant wouldn't even say that -- wouldn't give
 12 us a view on whether it was appropriate for them to
 13 return him to that accommodation or not. So we were in
 14 a very difficult position and so were Raleigh Park.

15 **Q.** Could we please turn to UNIN0000152.

16 **A.** Sorry, can I just get a drink of water?

17 **Q.** Absolutely.

18 **THE CHAIR:** Yes, of course.

19 **MR BLAKE:** It's the bottom email there if we can zoom in
 20 a bit. You then email the Student and Campus Life
 21 Director. Could you just very briefly assist us with
 22 what the --

23 **A.** That's the line -- the titles changed constantly. That
 24 was my line manager at the time.

25 **Q.** You have said there:

45

1 "This policy and the accompanying procedures, in
 2 addition to the Extenuating Circumstances policy may be
 3 followed if one or more of these circumstances
 4 exist ..."

5 First:

6 "where a student's behaviours give cause for
 7 significant concern."

8 Second:

9 "where it is believed either that there is an
 10 underlying physical or mental health condition that is
 11 actively impairing their ability to engage productively
 12 in their academic studies and/or university life in
 13 general, and where reasonable adjustments have been made
 14 as far as is possible."

15 If we keep on scrolling down there are some more
 16 factors. I won't read them all out but at the top of
 17 this page:

18 "where a student's behaviours are causing
 19 significant, ongoing disruption or risk to
 20 the University experience of other students and/or staff
 21 members, notwithstanding that the student's academic
 22 work or progress may not be significantly adversely
 23 affected."

24 If mental health is worsened by work stress, this is
 25 an appropriate policy; am I right in that?

47

1 "The MHA assessment was completed and [VC] ... was
 2 not detainable so is returning ...

3 "The consultant would not say that it was safe for
 4 [VC] ... to be in student living and we have been placed
 5 in a difficult situation.

6 "Ellie has asked Chris Hoskins to arrange for the
 7 students to stay in alternative accommodation ..."

8 And you will check with the school to see how he is
 9 doing:

10 "... as, if he is not progressing academically, we
 11 may need to consider urgent Fitness to Study."

12 It's that Fitness to Study policy I would like to
 13 look at with you now. Could we please turn to
 14 UNIN0001824. This is the policy as at 13 May 2020, you
 15 see there that's the date it was last modified. So this
 16 was I think the policy that was in place at this
 17 particular time.

18 **A.** It was, yes.

19 **Q.** Thank you. We see there the summary:

20 "A policy outlining how students will be supported
 21 and the steps taken to provide appropriate response when
 22 there are concerns about their capacity to undertake
 23 their studies."

24 If we scroll down we can see the "Policy scope". So
 25 it has there a number of bullet points. It says:

46

1 **A.** If we are aware that their condition is significantly
 2 affected by work stress, yes.

3 **Q.** Theoretically it can be even broader. We see there that
 4 very top bullet point -- I apologise again for the
 5 screen -- so the very top point, if there is a risk to
 6 the University experience of other students. I mean,
 7 that's what happened to Chris really, isn't it?

8 **A.** Yes.

9 **Q.** Could we please scroll down and we see there, over the
 10 next page, there's a section on time frames.
 11 Essentially there's no minimum or maximum timeframe; it
 12 can be actioned or initiated quite quickly.

13 If we go over the page please, there are various
 14 stages. There's, as we have just seen the first stage,
 15 the informal stage, but then the second stage at the
 16 bottom of the page please, that's called a "Case review"
 17 stage.

18 **A.** Mm-hm.

19 **Q.** If we look over the page we can see that there's
 20 a review panel that is convened as part of that second
 21 stage and there are various options open to the panel.
 22 If we scroll down please to the bullet points, thank you
 23 very much. So at the second stage:

24 "On the basis of their review of the case material,
 25 the review panel can ...

48

1 "Dismiss the case and take no further action.
 2 "Refer the student for further medical
 3 assessment ...
 4 "Propose the creation of a support plan ...
 5 "Modify an existing support plan.
 6 "With the consent of the student, agree to transfer
 7 to a different mode of study.
 8 "With the consent of the student, agree a temporary
 9 period of withdrawal ...
 10 "With the consent of the student, agree permanent
 11 withdrawal from the University ..."
 12 Or it can be referred to the stage 3 procedure, and
 13 if we look over the page we can see the third stage,
 14 thank you, which -- it says:
 15 "This stage of the procedure will only be initiated
 16 in the following circumstances ..."
 17 The second of those is:
 18 "Where the concerns and/or risks identified are
 19 deemed by the Head of School/Department and the Head of
 20 Student Welfare to be serious enough to require an
 21 intervention above Stage 2 ..."
 22 So this is a more serious stage of intervention and
 23 if we scroll down we will be able to see, over to the
 24 top of the next page, that one of the things that they
 25 can do is:

49

1 anything to mitigate because we couldn't alter where he
 2 was living, so that's the balancing.
 3 When VC is ultimately discharged from hospital he
 4 does meet with the school and they do agree a plan to
 5 take the alternative form of -- to go back onto the BEng
 6 which required only one piece of work to complete and
 7 that was successfully completed. In effect that's
 8 stage 1 of Fitness to Practise, and if that hadn't been
 9 successful I think it would have been escalated up.
 10 **Q.** If we turn back to page 2 in the very top, this policy
 11 is at least in part seeking to address risk to other
 12 university students and it doesn't require -- it doesn't
 13 mean that somebody has to be excluded, there are lots of
 14 different levels of action.
 15 **A.** Mm-hm.
 16 **Q.** Might it not have been appropriate at that stage to have
 17 instigated this policy?
 18 **A.** I think the Mental -- I think we needed to enable the
 19 Mental Health Act process to be completed before we
 20 thought about using this policy. I think trying to
 21 introduce a step like this when someone, you know, is
 22 having an ongoing assessment under a team like EIP,
 23 under the Mental Health Act, I don't think that would be
 24 an appropriate step to have taken.
 25 **Q.** Could we please turn to UNIN0000591, please, and

51

1 "Recommend that the Registrar suspend or exclude the
 2 student ..."
 3 **A.** Yes.
 4 **Q.** If this policy had been instigated would it have brought
 5 together academics and mental health professionals,
 6 possibly having discussions about VC at that stage?
 7 **A.** Which aspect? Which -- under which one? What I would
 8 say is at the time -- so the mental -- there had been
 9 a Mental Health Act assessment and the decision had been
 10 to try home treatment.
 11 **Q.** Yes.
 12 **A.** So I would not consider that assessment as complete. He
 13 was -- it was seeing -- you know, whenever you are
 14 assessing someone you need to go for the least
 15 restrictive alternative and they felt that the least
 16 restrictive alternative was obviously to, you know, to
 17 try and engage with home treatment and then if that
 18 doesn't -- as it didn't work it then leads to a further
 19 assessment and that led to the detention.
 20 Our focus at that point was very much on that,
 21 partly because, as I have just explained, if we had
 22 looked at excluding it would have said -- it would have
 23 meant he couldn't come onto our campus but it would have
 24 run the risk of increasing the risk that was in place at
 25 Raleigh Park and that wasn't a risk that we could do

50

1 starting on page 4. I think we can take this relatively
 2 quickly but -- thank you. Essentially, on 19 January
 3 you instigate a series of enquiries to be made about how
 4 VC is getting on with his studies and it's -- I mean to
 5 summarise, it's not a wholly rosy picture.
 6 **A.** No.
 7 **Q.** He is falling behind. If we could please look at the
 8 first page, we have an email from yourself to Eleanor
 9 Turner and you say:
 10 "I think we need to ask the secondary care team to
 11 help us consider what info, if any, should be shared
 12 with the team. He is likely to be in labs as part of
 13 his course so this does need to be considered once the
 14 immediate situation is resolved."
 15 Are you there voicing a concern about the safety of
 16 other students that he will be interacting with?
 17 **A.** Not necessarily. I think what I was trying to do was
 18 make sure that we could, you know, share what we could
 19 with the school to help them manage the situation and
 20 support VC.
 21 You have to risk -- there had been no -- you know,
 22 quite the opposite really, no incidents of concern on
 23 the campus and this is a student that had been studying
 24 with us for quite some time, so, yes, there's -- there
 25 is risk, but again it's that balancing, it's that

52

1 balancing.

2 **Q.** The reference to labs there --

3 **A.** Yes.

4 **Q.** -- I mean are you not expressing a concern that he will

5 be around other students?

6 **A.** Well, when you're looking at labs, what you're being

7 really concerned about is labs can be quite risky

8 places, there's chemicals, machinery, et cetera, so

9 making sure that that wasn't a concern that we needed to

10 have as part of our assessment was quite important.

11 **Q.** Not just because he was a risk to himself but he could

12 be a risk to other students?

13 **A.** Yes, yes, absolutely.

14 **Q.** As at 20 January he was still living in Raleigh Park?

15 **A.** Mm-hm, yes.

16 **Q.** So again presumably those risks also applied as at

17 20 January in his accommodation?

18 **A.** Yes, because we didn't have the power to move him out of

19 that accommodation.

20 **Q.** Stewart McWilliam has provided a statement to the

21 Inquiry. He was VC's personal tutor. He says that he

22 hadn't been told at this point about the report by

23 Chris. Do you think that information like that should

24 have been provided to, for example, VC's personal tutor?

25 **A.** I think Ellie provided that -- I think the focus was

53

1 page, if we could zoom in right at the bottom of the

2 page it has a date there of 1 January 2020.

3 Could we please turn over the page because it sets

4 out there the examples of disciplinary misconduct on

5 page 2. Could we zoom in to 8.3 please. So

6 disciplinary misconduct would include:

7 "Disruption of, or improper interference with, the

8 academic, administrative, sporting, social or other

9 activities of the University ..."

10 It is really 3 that I would like to look at and that

11 is:

12 "Violent, indecent, disorderly, threatening or

13 offensive behaviour or language ... whilst on University

14 premises or engaged in any University activity or

15 activity of a University Society or otherwise affecting

16 or concerning a University student or member of staff."

17 Now, again VC would have fit into that number 3,

18 wouldn't he, in relation to the incident involving

19 Chris?

20 **A.** Yes, potentially.

21 **Q.** Again, much like the other policy we have looked at,

22 this can potentially lead to exclusion or expulsion from

23 the University?

24 **A.** Yes.

25 **Q.** Could this policy have been used at that time?

55

1 very much on managing the situation and then the

2 information I think was provided to Chris a short while

3 later. I don't have my timeline to tell you exactly,

4 but I think -- you know, the focus was very much on

5 trying to get VC the care and treatment that they needed

6 and to do that in the safest way possible.

7 **Q.** Could we please look at UNIN0001641, please. If we look

8 at the bottom of that page we can see an email from

9 yourself to Paige and you say:

10 "We have some concerns outside of the course. Ellie

11 is involved so I am copying her in so she is aware of

12 the information which is very helpful."

13 If we scroll up, we can see again that's what

14 I described before really, the not particularly rosy

15 picture at that stage.

16 Again, I mean, that would have been a trigger for

17 the Fitness to Study process, wouldn't it?

18 **A.** It potentially could have been, yes, but at that point

19 the focus was on his care and treatment, but it was

20 something that was come back to when he had been

21 discharged.

22 **Q.** I would like to take you just to one other policy while

23 we are here and that's WITN0066011 and that's the Code

24 of Discipline. I think that code is dated

25 1 January 2020. If we look at the bottom of the very

54

1 **A.** Potentially. I couldn't comment because it's not

2 a policy that I oversee, so it sits within a different

3 area, but Katherine might be able to help with that as

4 well. I think our focus at the point that the incident

5 was happening was on the mental health because obviously

6 the indications were that they were really struggling

7 with their mental health so that was the route we went

8 down on. Whether this could have been used or not,

9 I think that's not a comment I can make.

10 **Q.** Could we go back to UNIN0001804. This is your

11 handwritten notes and could we look at page 4, please.

12 Can you just read to us the part that -- it has VC's

13 name and then it says "difficult". Could you just read

14 from "difficult" onwards?

15 **A.** Valdo -- sorry, VC. It's the first time I have done

16 that.

17 **Q.** I don't think you did. Please carry on?

18 **A.** Yes, it's just because it's written down. Yes, VC, so

19 apologies it was because the name was written:

20 "... difficult risky case. He didn't engage with

21 Crisis Team since assessment, not taking medications,

22 not taking Ellie's calls."

23 Reflects that Ellie was ringing:

24 "Raleigh want [VC] to leave. We have requested

25 a further assessment but Crisis are saying it is an opt

56

1 in and will only request an assessment if there is
 2 a further incident.
 3 "AMHP rang but mum was just upset & they don't have
 4 a relationship and she's only involved when he is
 5 unwell. Ellie will contact Stonebridge."
 6 **Q.** Thank you. If we go over the page we see another entry
 7 from 24 January. Thank you. Then it says there, if we
 8 zoom into the first paragraph only:
 9 "Spoke to crisis who say he's --"
 10 **A.** Sorry "... he's complied with team over the weekend --
 11 he meets them outside & puts his meds in his mouth. But
 12 then refuses water and walks off."
 13 So that would basically cause a concern that he is
 14 not taking the meds. Do you want me to carry on?
 15 **Q.** No, that's fine. By this stage how concerned were you
 16 about VC and his presence at Raleigh Park?
 17 **A.** Really felt that the (*inaudible*) treatment wasn't
 18 working and that the Mental Health Act needed to be
 19 used, it needed to be reassessed. That was the only
 20 safe way to manage that situation.
 21 **Q.** Thank you. By 27 January, Ellie Turner had confirmed
 22 that there was going to be another Mental Health Act
 23 assessment and he was in fact detained the next day.
 24 He was still a student at that point.
 25 **A.** Yes.

57

1 **Q.** Do you think there should have been, given that he was
 2 still a student at that stage?
 3 **A.** We -- it's hard to call a meeting in response to things
 4 that you don't know about. I think having
 5 multi-disciplinary meetings where you can talk about the
 6 care, where there's risks, would be a good practice to
 7 have. It's just very difficult with -- you know,
 8 particularly with services that already have processes
 9 that they follow in terms of managing their cases. It
 10 wouldn't be usual for us to call a meeting of that
 11 nature, but we would definitely support any meeting that
 12 we might be invited to.
 13 **Q.** Thank you. In light of the time I'm going to take the
 14 next topics, the very final topics, very quickly.
 15 **A.** Okay.
 16 **Q.** If that document can come off the screen, please.
 17 Sticking then with Fitness to Study, it has now been
 18 replaced by Support to Study.
 19 **A.** Yes.
 20 **Q.** Can you briefly explain the key differences?
 21 **A.** I think some of the key differences -- one of them is we
 22 formalised Support to Study Stage 1, so that has really
 23 helped, so when things start to -- when students start
 24 to struggle they will get referred formally into that
 25 process at a much earlier point and we're able to kind

59

1 **Q.** Was there some formal information sharing at that point
 2 once he had been detained?
 3 **A.** About what?
 4 **Q.** About VC and about progress updates, for example?
 5 **A.** It will have been as Ellie would have explained. Sorry,
 6 because I was not directly involved in the case,
 7 I think -- so I don't want to say what I don't know for
 8 sure.
 9 **Q.** We know, for example, that he returned -- he was seen
 10 returning to his old address in February 2022
 11 and April 2022, and in April 2022 he was also seen
 12 following Sebastian, another student.
 13 **A.** Oh, yes, no, we weren't --
 14 **Q.** Were you made aware of those incidents?
 15 **A.** Definitely not about Sebastian, I am not sure about the
 16 first one. Definitely didn't know about the incident
 17 with Sebastian. We didn't know about any of the
 18 incidents involving Sebastian.
 19 **Q.** He was still a student until July.
 20 **A.** Yes.
 21 **Q.** So far as you were aware, were there any formal meetings
 22 with those in the mental health community who were
 23 treating him or even with the police about his
 24 behaviour?
 25 **A.** No.

58

1 of track what's happening, and I think that's proved to
 2 be really valuable. We felt that that's been a really
 3 useful -- so when I was still working there myself
 4 and -- so I wasn't responsible for Fitness to Study at
 5 all. I had a role in terms of determining sometimes
 6 which stage something was at, but other than that it
 7 wasn't my process. This one was moved firmly under
 8 wellbeing even though it was written by somebody else.
 9 So we oversaw that policy and we meet every week and we
 10 look at the different cases. So there's more of
 11 a review process so I think that would have enabled
 12 a more --
 13 **Q.** There's something called Cases of Concern.
 14 **A.** Yes.
 15 **Q.** Is that the weekly meeting you just mentioned or is that
 16 something else?
 17 **A.** No, that's a separate meeting, though there can be
 18 overlap between the two sometimes. So Cases of Concern
 19 was a meeting -- was a process I set up following some
 20 work I did around Suicide Safer review and the right
 21 development of the mental health and wellbeing strategy.
 22 So one of the recommendations we came up with was
 23 setting up the Cases of Concern, so that means that we
 24 have a meeting weekly where we discuss students where
 25 there are concerns, and it's the multi-disciplinary --

60

1 well, within the University. It's very unusual to
 2 invite anyone from outside the University but it's
 3 a space where people representing key services come
 4 together to discuss cases.

5 **Q.** Thank you. The topic of information sharing. You have
 6 mentioned in your witness statement that there is no
 7 information sharing agreement between the University and
 8 the NHS, for example, and I think you said in your
 9 statement that often information isn't shared with you.
 10 Do you think an information sharing agreement should be
 11 put into place?

12 **A.** Yeah, I developed one but I couldn't -- yes, I did --
 13 yeah, I was told that -- I was then asked to stop
 14 because it was being developed at a more senior level.

15 I think even if it is an agreement that clarifies
 16 what can and can't be shared, because I think, you know,
 17 not just about this case but I think a lot of people
 18 don't realise how little information universities are
 19 entitled to know about. So I think if an information
 20 agreement, sharing agreement, brought clarity and
 21 empowered people to feel more able to share this
 22 information that would be really valuable, but I think
 23 that's something that's needed nationwide not just
 24 locally.

25 **Q.** Are you aware of any discussions taking place at

61

1 direct communication with the police. It would go
 2 through Security. It is different now and we have
 3 a police officer -- well, we have two members of the
 4 police on-site and that's drastically improved things,
 5 but it's also -- this issue comes up not unregularly,
 6 and it's not just about whether you get information
 7 sharing locally, it's also nationally. We have students
 8 that come from all over the country and I think there
 9 needs to be more guidance about what or shouldn't be
 10 shared in terms of risk.

11 **Q.** Your name does appear on a later information sharing
 12 agreement, that's UNIN0001807. Unless you are
 13 questioning it I don't think we need to take you to the
 14 page that has your name on it. It's right at the back.
 15 It has you as a point of contact. Are you aware of this
 16 policy? We can turn to page 33 if --

17 **A.** I'm not aware that my name was on there, if I'm really
 18 honest. My name appears in lots of places without me
 19 necessarily knowing about it sometimes. In fact my
 20 name -- yes.

21 **Q.** We can see there about halfway down.

22 **A.** Yeah, that's a standard point of contact, so, you know,
 23 those are kind of key points of contact across
 24 the University so that's the kind of standard appendix
 25 that you would find in a lot of policies, so you would

63

1 a national level for a nationwide agreement?

2 **A.** Not that I'm aware of, not that I'm aware of, but
 3 I wouldn't necessarily be aware of that. It's kind of
 4 above my level really, but certainly locally it was
 5 something that I was really keen to develop.

6 **Q.** In terms of the police, there is in fact an information
 7 sharing agreement with the police. We can very quickly
 8 bring that on to screen. It's UNIN0001829. This is
 9 a 2015 agreement and if we look at page 6 it says there
 10 "Nottinghamshire Police may share the following
 11 information ..."

12 If we can zoom in a little bit more, please, perhaps
 13 focusing on the second bullet point there. It says:

14 "Intelligence in relation to an individual, who has
 15 been assessed, through their link with [University of
 16 Nottingham] ... as posing a significant danger or threat
 17 to children and/or adults, and/or students or staff of
 18 [University of Nottingham] ... will be proactively dealt
 19 with by the Public Protection Unit and will not be
 20 party to this agreement."

21 So the kind of risks we have been discussing
 22 today are -- in fact were not covered by this agreement;
 23 is that right?

24 **A.** This is not my document. This sits within Security and
 25 Security lead -- or well Security used to lead all the

62

1 find that list elsewhere.

2 **Q.** Again with this policy it doesn't appear to directly
 3 address the kind of information that might be shared
 4 between the police and university. Is that your
 5 understanding as well?

6 **A.** I would say so, yes. I think -- and that's why I said
 7 about with the NHS one, even if it's about bringing
 8 clarity about what we are not entitled to, it's helpful,
 9 but yeah, I think stronger guidance would not be
 10 unhelpful.

11 **Q.** Thank you. Then very finally, on the topic of risk
 12 assessment, you have addressed it in your witness
 13 statement, you have said that the University doesn't
 14 have a formal structured risk assessment process.
 15 Reflecting on what we have discussed today do you think
 16 the University should be --

17 **A.** We do, we do now.

18 **Q.** You do now.

19 **A.** So we have a more formal risk assessment process and we
 20 have a multi-disciplinary risk assessment process, so
 21 a number of people come together where we identify risk
 22 to look at what we know and to make shared decisions.
 23 So that's something that was introduced by our current
 24 director.

25 **Q.** Do you feel that that sufficiently addresses the kinds

64

1 of things we have been talking about today, which is not
 2 just risks to the individual whose mental health is
 3 affected, but also to the wider student body?
 4 **A.** Not alone, not alone because I think -- we talk about
 5 risk as if it's -- you know, there's a risk, a risk
 6 assessment and it's -- you know, risk assessments are
 7 very dynamic and they are very contextual as well. So
 8 would that risk assessment have meant that we could
 9 manage differently the risks that were being presented?
 10 No, I don't think they would because what we couldn't
 11 have an answer to was how we could safely intervene
 12 whilst he was -- whilst VC was a resident in that
 13 accommodation and how any potential impact of that could
 14 be managed.

15 So I think that would have been -- I think making
 16 shared decisions together is a much more robust and
 17 effective process and it's one that means that you feel
 18 more supported in all honesty.

19 **Q.** Thank you very much, Ms Thompson. We do have some
 20 questions from Core Participants.

21 **THE CHAIR:** Yes. I just think, looking at the time, I think
 22 that will probably only take about 20 minutes at the
 23 most. Do you think you can wait 20 minutes?

24 **A.** No, absolutely. I will answer any questions I can.

25 **MR BLAKE:** Thank you. So we have Mr Straw/Ms Heaven?

65

1 academic stress being a trigger?

2 **A.** Yes, definitely.

3 **Q.** Do you think it would have been helpful if
 4 Claudia Birtles or someone from mental health involved
 5 with VC had been asked directly whether VC was actually
 6 fit to remain as a student in the University of
 7 Nottingham or whether they had any concerns about him
 8 continuing to study?

9 **A.** I'm not sure how much that had or hadn't happened. When
 10 we -- I think Ellie has already sort of spoken about the
 11 communication. If somebody is -- you know, is in the
 12 community and is receiving care and treatment, they've
 13 got the right to return to their studies. I would
 14 expect that if there was a concern about their fitness
 15 to be at university, that would be communicated with us
 16 and that's where I think not knowing about the September
 17 incident is disappointing.

18 **Q.** My focus was more on would it have been helpful for that
 19 direct question to have been asked by, say, for example,
 20 Ellie Turner?

21 **A.** I don't know whether it was or it wasn't. So that's my
 22 answer. I don't know if she did or she didn't.

23 **Q.** Assuming it hadn't been asked, do you think it would
 24 have been helpful if it had been asked?

25 **A.** I think it would have been a useful -- I mean, when --

67

1 **THE CHAIR:** Aren't we starting -- all right, thank you.

2 Questioned by MS HEAVEN

3 **MS HEAVEN:** Good afternoon. I just want to ask a very few
 4 questions on behalf of Celeste and Elias Calocane.

5 Can I start with your witness statement and it's
 6 just one question on Fitness to Study, please. So it's
 7 at your paragraph 52. I think you've got a hard copy.

8 **A.** Oh, yes. I'd sooner look at this than that screen.

9 **Q.** It is page 15 if we want to bring it up on screen, so
 10 it's paragraph 52. Have you got that there?

11 **A.** Yes. No, I've got it here.

12 **Q.** I want to ask you about something that's three-quarters
 13 of the way down. I will read it out, it says:

14 "We were also aware that if we had used the Fitness
 15 to Study process it would have caused stress for [VC]
 16 which could have impacted on his mental health and
 17 increased risk."

18 So I think what you have explained already is that
 19 you were never aware about the issue of academic stress
 20 being a trigger for VC; is that right?

21 **A.** Yes, absolutely correct.

22 **Q.** Okay, so is it right that when you and others come to
 23 this view about Fitness to Study causing stress which
 24 could impact on mental health and increased risk, you
 25 did so clearly in the absence of information about

66

1 I think when there's reference to the fact that they
 2 would not even say whether it was appropriate for VC to
 3 live in the accommodation with the students, I think
 4 that for me is pointing at, you know, I would assume
 5 that that is very clearly saying they're not going to
 6 say that he wasn't fit to do the study. It could have
 7 been asked, but it's normally -- the information would
 8 normally come the other way.

9 **Q.** Let me move on. I'm still on paragraph 52 and it's
 10 towards the end, so it's actually the bottom of your
 11 page 15, okay? You say this:

12 "Instead we tried to remain involved in [VC]'s care
 13 to ensure he received the help he needed and to enable
 14 us to identify any concerns in relation to deterioration
 15 in his condition."

16 Do you see that there? So my question is this:
 17 after VC was discharged on 24 February 2022, can you
 18 assist with why no measures were put in place by
 19 the University to involve VC's tutors in identifying
 20 signs that he may be struggling to engage in his
 21 academic work, or indeed signs that his mental health
 22 might be deteriorating? Why were there no measures put
 23 in place, do you know?

24 **A.** I understand that Ellie was speaking to the school and
 25 they were discussing the steps that were being taken

68

1 forward. Any -- it was limited by the fact that VC
 2 didn't want to have any engagement with the team and
 3 that does make it really difficult. So I think,
 4 you know, you talk about could we have gone along into
 5 a meeting with the school? No, that would have been
 6 probably extremely unhelpful to the situation. VC did
 7 have a good relationship with the school and I think
 8 that was probably one of the important factors in this.
 9 **Q.** Ellie Turner has told the Inquiry that she thought that
 10 VC had stopped studying in April 2022.
 11 **A.** Yes.
 12 **Q.** In fact, he was actually working hard, a high period of
 13 stress right up until June 2022. Does that surprise you
 14 that she didn't actually know how long VC was remaining
 15 studying as a student?
 16 **A.** It's unusual. I think there was -- I don't know exactly
 17 the amount of work that was left to do. I can't comment
 18 on that because I don't know.
 19 **Q.** Let me move on then and it's just the final point. You
 20 say in your witness statement -- and it's your
 21 paragraph 56, the very third line:
 22 "I don't identify any particular problem with
 23 internal information sharing in relation to [VC] ..."
 24 Dr McWilliam has provided a witness statement to the
 25 Inquiry and he comes to a different view. Can I just

69

1 **THE CHAIR:** Any other questions?
 2 **Q.** I think it is Ms Cartwright. Ms Cartwright and then
 3 Ms Patrick.
 4 Questioned by MS CARTWRIGHT
 5 **MS CARTWRIGHT:** Good afternoon, Ms Thompson. I ask
 6 questions on behalf of the survivors.
 7 Can I ask you first of all just to confirm during
 8 the period when you established the MHAS, it is right,
 9 isn't it, that those working in the team who were nurses
 10 or social workers were required to retain their
 11 professional registration?
 12 **A.** When I set the service up?
 13 **Q.** Yes.
 14 **A.** No. That's incorrect. I was the Mental Health Advisory
 15 Service and I was the Mental Health Advisory Service for
 16 six or seven years -- no, four years and then I had
 17 somebody else join, so for a long time, yeah, it was
 18 just me.
 19 There were no requirements, so when I joined the
 20 service I was a mental health professional. I actually
 21 chose to let go of that registration because what was
 22 really important for me was to be very clear to
 23 everybody that I was no longer working as a social
 24 worker, I was working as a Mental Health Advisor.
 25 As the service has progressed and been -- and has

71

1 read that out to you -- I'm sure you are aware of it --
 2 and then ask for your reflections? For everyone's note,
 3 this is 27 of his witness statement, paragraph 102 to
 4 103:
 5 "In general I think I should have known about the
 6 severity of the situation. The reason I think I should
 7 have been given this information is so that I could have
 8 supported VC in the best way possible. I think high
 9 level information about VC's mental health difficulties
 10 should have been shared with me and the Department by
 11 one person who had oversight of the entire situation."
 12 *(As read)*
 13 Do you agree with his sentiments there?
 14 **A.** I understand that Ellie did provide information about
 15 what happened in the incident in 1992 (sic) and the
 16 school were already aware of the previous detention.
 17 How much detail to share is a really, really
 18 difficult choice because you're trying to balance what
 19 do you need to know and what do you need to share and
 20 respecting obviously VC's rights and dignity, et cetera.
 21 Ellie would have made a very careful assessment which
 22 I would always fully support because she thinks these --
 23 she makes these assessments very carefully.
 24 **Q.** Okay, thank you very much. Those are my questions.
 25 **A.** Okay.

70

1 developed and alongside, you know, the way that
 2 the University provides support around mental health, it
 3 has become a requirement, so it's a requirement now but
 4 it wasn't a requirement when it started and it wasn't
 5 a group of social workers and nurses, it was me.
 6 **Q.** All right, okay. Can I next ask if you can just assist
 7 us, you referenced about Raleigh Park and it has been
 8 described as a third party provider, an off-site
 9 provider, but it's right, isn't it, if you can just help
 10 me with the practicalities, for example if you were
 11 a parent or a student looking to apply for accommodation
 12 in Nottingham that you access as a preferred provider
 13 all of the accommodation that's provided, in terms of
 14 the preferred providers, whether it's on campus or
 15 off-campus, are there laid out; is that correct?
 16 **A.** I believe so. It's not my area so I couldn't tell you
 17 100 per cent, but that's what I -- we do -- students can
 18 select to move into third party accommodation through
 19 our accommodation office.
 20 **Q.** So Raleigh Park, that we will look at briefly together,
 21 is one of those preferred providers --
 22 **A.** Yes.
 23 **Q.** -- where you apply through the portal?
 24 **A.** I assume that's correct but it's not my area.
 25 **Q.** Can I then ask you then please in terms of the document

72

1 that Mr Blake took you to, WITN0066011, which is the
2 conduct policy you were taken to.

3 **A.** It's come up now, yes.

4 **Q.** Thank you. I'm going to ask first of all if you can
5 assist us if we can move into page 9 of that document
6 first of all, and if you can help us as to how things
7 practically operated. We have there "Manager for
8 Off-Campus Student Affairs".

9 **A.** Yes.

10 **Q.** And I think we have already identified that that manager
11 was Jamie Dickinson.

12 **A.** Yes.

13 **Q.** I just want to ask you about this through the lens of
14 information that came into the knowledge of your team,
15 the MHAS. This describes that:

16 "The role of the University's Manager for Off-Campus
17 Student Affairs includes dealing with complaints from
18 residents ... and others about student conduct and
19 behaviour.

20 "The Manager will liaise with public authorities in
21 the area and will normally mediate between complainants
22 and students and attempt resolution by agreement between
23 the parties."

24 It goes on to deal with the fact that "The manager
25 also has authority ... in writing" to warn students

73

1 links with local authorities, but I think in this
2 situation it would have been -- yes, I don't know.
3 I don't know because I don't manage that person so ...

4 **Q.** Thank you. Then can we move forward in the document to
5 page 2, please, and Mr Blake very helpfully took you to
6 one of the paragraphs under 8.3. I just want to look at
7 a few more. So we can see that you have already been
8 asked questions about paragraph 8.3.3, but if we go over
9 the page, please, would you agree that the paragraphs of
10 this conduct policy come into play with what
11 the University did know, paragraph 6 first of all:

12 "Acts or omissions likely to cause injury to health
13 or to impair safety on University premises."

14 **A.** I think this is -- the incident happened -- so,
15 you know, our students will be all over the -- the Code
16 of Discipline now is even tighter and it doesn't cover
17 anything off-campus, I believe, but in a situation like
18 that where you've got someone who is being assessed and
19 then detained under the Mental Health Act, that is the
20 route that is managing that situation and we wouldn't --
21 I don't think we would have -- we didn't even have a --
22 yes, a formal report from anyone about it. So it would
23 be unusual to respond to something like this, I would
24 say, through our Code of Discipline, but I can't say for
25 sure because I don't oversee that policy. So I would

75

1 about future conduct and behaviour.

2 Would you agree that with what the University did
3 know about, by reference to first of all the incident
4 involving Feven and the latter incident involving the
5 gentleman from flat 11, because those individuals have
6 made complaints to the police that the University were
7 aware about, that there would have been a role for the
8 Off-Campus Student Affairs to look into this?

9 **A.** No, because in the accommodation -- the third party
10 accommodation that's supported by a Residential
11 Experience team, it would be the Residential Experience
12 team that would carry that out not the Off-Campus
13 Affairs.

14 **Q.** I'm talking about Brook Court now so not the --

15 **A.** Oh, yes --

16 **Q.** So the earlier incident. So this is off-campus.

17 **A.** They were informed. Jamie Dickinson was informed about
18 what had happened at Brook Court.

19 **Q.** But do you know specifically whether he did what this
20 suggests, liaised essentially with those that had made
21 complaints about VC, namely Feven, and the resident of
22 flat 11, because that suggests there was a role for that
23 manager to liaise with public authorities.

24 **A.** I don't line manage that person, so I don't know if that
25 happened or not. They will -- they do have quite close

74

1 suggest that you maybe actually ask that question of
2 Katherine when she gives her evidence.

3 **Q.** I think I will take that up with Ms Linehan, but can
4 I ask you, though, bearing in mind there's a very
5 specific definition there of university premises,
6 notwithstanding the fact that Raleigh Park is advertised
7 through Nottingham University, would at that time that
8 policy have excluded, for example, any injury caused in
9 Raleigh Park?

10 **A.** Not necessarily. It isn't university premises but it
11 was student to student, so -- which is different to
12 obviously when it is involving a non-student.

13 **Q.** Yes, that's what I just wondered whether you can help me
14 with, when essentially there's a preferred provider that
15 university are essentially placing before -- on the
16 accommodation portal, whether there was any distinction
17 made that if you're off-campus the conduct policy
18 applied differently to those individuals that were
19 taking accommodation on campus?

20 **A.** I couldn't tell you.

21 **Q.** Let's just move down again. Would you agree also that
22 paragraph 8 applied and I appreciate what you said that
23 you were not aware of the incident involving Sebastian
24 but:

25 "Any action of harassment or bullying ... of any

76

1 student ..."

2 So would you agree, if you look perhaps at what
3 happened in Chris' flat, that that could apply to that
4 but similarly it would certainly have applied in respect
5 of Sebastian had the police made you aware of that?

6 **A.** Yes.

7 **Q.** Then can we move forward, please, to paragraph 16:

8 "Conduct which constitutes a criminal offence or
9 other anti-social behaviour ..."

10 We see the ranges there where that conduct took
11 place on university premises, affected or concerned
12 other members of the university community, itself
13 constitutes misconduct and so would you agree that that
14 paragraph also, with what was known by the University,
15 could have been considered by reference to the
16 anti-social behaviour?

17 **A.** I think there's a line between -- I think anti-social
18 behaviour and the behaviour of someone who may be unwell
19 are slightly different. I think, you know, obviously it
20 would have been useful to be aware of the ABH charge
21 that we weren't aware of, but I think identifying --
22 anti-social behaviour I think is a much more deliberate
23 act than I would say we would normally consider
24 happening with somebody who has become mentally unwell.

25 **Q.** Can I ask you then, we're going to hear some evidence in

77

1 context of being near to Raleigh Park or entering
2 Raleigh Park and so we can see there:
3 "failure to disclose the student's own name and
4 other relevant details concerning that student to
5 a member of the University staff in circumstances when
6 it was reasonable ..."

7 In terms of security would they be classed as
8 University staff?

9 **A.** No, it would have been the security staff at Raleigh
10 Park who are not University staff.

11 **Q.** So if it's classed as security they don't fall under the
12 definition of University staff?

13 **A.** No, no.

14 **Q.** Can I then just finally ask you about risk assessment.
15 Mr Blake touched upon it. You detailed in your
16 statement that when you created the MHAS, because it's
17 advisory you didn't create a risk assessment tool and
18 so -- but can I ask you about this: would you accept
19 that in the role that you and the service you created,
20 there's a huge amount of risk information that you were
21 coming into possession of that was relevant to the
22 health and safety of other students, relevant to issues
23 of adult safeguarding and Prevent, and MAPPa and MARAC
24 process, and so there should have been a tool, a formal
25 tool for risk assessment for the risk information you

79

1 respect of the Sebastian incidents, but if they had been
2 progressed or prosecuted, if there were offences for
3 behaviour carried out to another student would that have
4 then mandated that the conduct policy would have been
5 looked at in respect of VC?

6 **A.** In terms of Sebastian?

7 **Q.** Yes.

8 **A.** I think if we had --

9 **Q.** Or any criminal offence.

10 **A.** I think we would have been looking at it. I think we
11 would have been more immediately concerned with
12 Sebastian about what was happening and providing support
13 and looking at what we could do to try and ensure
14 their -- that they are protected from further behaviour.

15 **Q.** Can we look at --

16 **A.** I think the importance of things going through
17 the courts, I think there's a different importance to
18 that, personally.

19 **Q.** Then if we look at paragraph (17), we know after the
20 incident involving Christopher and his other students in
21 the flat that there was the worrying behaviour by way of
22 VC's returning to campus on a number of occasions,
23 including at times when I think he was identified by
24 security, but in particular there was one occasion where
25 it seems that VC gave a false name to security in the

78

1 were coming into possession with?

2 **A.** Yeah, I wouldn't agree with that statement. I think,
3 yes, MAPPa is, yes, that's what -- you know, duties
4 under forensic services, and I think, you know, had any
5 of these issues actually gone through to the court then
6 there were opportunities there, but for us, we are not
7 involved in MAPPa. MARAC wouldn't recognise students
8 living together in accommodation as fitting within their
9 remit. We do sometimes attend MARAC meetings to
10 advocate for our students, but MARAC would not fit here.

11 It doesn't -- it doesn't -- in terms of doing risk
12 assessments you're constantly risk-assessing on the
13 information you have. What's really pertinent here is
14 the information that we didn't have and which makes any
15 risk assessment actually really difficult.

16 We have to be really clear that we can risk-assess
17 with what we know in the context of our university, but
18 what we can't do is replicate or in any way take over
19 the responsibility of the people responsible for the
20 care and treatment of that person to carry out and to
21 keep carrying out that formal risk assessment, and they
22 are the people with the powers and the remit to take
23 appropriate action in response to that identification of
24 the risk and we can support that process.

25 So quite often what is happening is we are raising

80

1 issues that we identify with those services to inform
 2 their risk assessment. So we can do ours locally but
 3 it's a very different matter. So we do now have a more
 4 formal process and that has developed over time, but
 5 I think we just have to be really clear that actually if
 6 you become too confident about the ability to
 7 risk-assess situations when you don't know that you have
 8 all the information to make that assessment with,
 9 I think that in itself is problematic.

10 **Q.** That's why I ask you the question because you are
 11 indicating you are risk-assessing all the time, but if
 12 you don't have a tool or a standardised process for
 13 doing that --

14 **A.** We do now, we do.

15 **Q.** But didn't at the time?

16 **A.** It came in after that.

17 **Q.** Thank you for answering my questions. Thank you, Madam.

18 **THE CHAIR:** Yes.

19 Questioned by MS PATRICK

20 **MS PATRICK:** Good afternoon, Ms Thompson. My name is Angela
 21 Patrick and I ask questions for the bereaved families.
 22 I only have three topics and I'm going to take them
 23 as briefly as we possibly can. First, contact with the
 24 families of Barney Webber and Grace O'Malley-Kumar.
 25 Second, a little about lines of responsibility; and the

81

1 only person that was able to do that because the only
 2 other person that could have done was the person that
 3 was directly involved and my involvement was fairly
 4 minimal, as we viewed it at the time.

5 **Q.** Can you appreciate why, on learning this detail, they
 6 now feel really uncomfortable about the role you played?

7 **A.** I think I have worried about that. At the time it was
 8 about wanting to be as supportive and to help as much as
 9 possible, and I still stand by that, and if I hadn't
 10 done it, nobody would have been able to do that. I --

11 **Q.** Okay. Now, we're going to hear a lot about candour in
 12 this Inquiry.

13 **A.** Yes.

14 **Q.** At any time did you ever have a discussion with
 15 colleagues at the University about what information you
 16 ought to share directly with families about
 17 the University's engagement with VC?

18 **A.** Was -- it was just not a question that came up in my
 19 mind. That just wasn't my focus. My focus was just on
 20 trying to provide the support to the families.

21 **Q.** You didn't think it was at all relevant that they ought
 22 to have known that the University was aware of VC's risk
 23 and had in fact played a role?

24 **A.** I -- VC had left the University and we felt that this --
 25 the issues that had arisen that we had had to deal with

83

1 last, something about your reflections that you have
 2 given in your evidence to the Inquiry today.

3 **A.** Okay.

4 **Q.** So first, contact. We know that you acted as a close
 5 point of contact for the Webber and O'Malley-Kumar
 6 families in the immediate aftermath of the attacks. You
 7 are nodding but you have to say yes.

8 **A.** Sorry, yes, sorry, yes.

9 **THE CHAIR:** It has to be recorded on the screen, thank you.

10 **MS PATRICK:** You supported them through painful times: on
 11 the day, over years, the anniversary of the death, the
 12 posthumous graduation for Grace and Barney, didn't you?

13 **A.** Yes.

14 **Q.** And they thanked you for that, didn't they?

15 **A.** Yes.

16 **Q.** Now, the families first learned about the University's
 17 involvement and your involvement in the management of
 18 VC's risk only through the disclosure to this Inquiry.
 19 You didn't tell them anything about your involvement
 20 with the challenges VC presented, did you?

21 **A.** We couldn't.

22 **Q.** Was that confidentiality?

23 **A.** It was -- yes, well, it was being -- you know, it was
 24 being managed at a really -- obviously it was a criminal
 25 investigation. The reason that I led it was I was the

82

1 at the University and the fact that we had really urged
 2 services to stay involved, we had done what we could do
 3 about the situation and with what happened then was then
 4 quite -- you know, quite a significant decline after
 5 completing university, but we didn't feel -- we
 6 genuinely didn't feel that there was anything more that
 7 we could have done and we didn't think that, you know --

8 **Q.** That --

9 **A.** And to be fair, you know, we were managing a very
 10 difficult unfolding situation ourselves at the time, so
 11 I think that's a decision that would have to have been
 12 made by others and by more senior than myself.

13 **Q.** Did you have that conversation with someone more senior
 14 than yourself?

15 **A.** I didn't, no.

16 **Q.** Did anybody?

17 **A.** I don't know.

18 **Q.** Okay. Now we know the criminal proceedings were
 19 ongoing, you have mentioned that. Did you consider at
 20 any point reaching out to the families after that
 21 process was completed to say "We knew about VC, we were
 22 concerned, we have learned from this experience and here
 23 is what we are doing differently"?

24 **A.** No, no. I mean, in the trial I think the one comment
 25 that had been made by the judge was the University had

84

1 done everything they could to get that person the help
2 that they needed. So the assumption was that that was,
3 you know, the understanding. We honestly felt that
4 everything that could have been done was done at that
5 time and that what happened happened after -- quite some
6 time after that person had left the University.

7 **Q.** Okay. Just to be absolutely clear so I understand this,
8 your evidence is that at no point between 13 June 2023
9 and your leaving the University last year, a time when
10 you were acting as a principal point of contact for the
11 families --

12 **A.** No, I wasn't at that point.

13 **Q.** You weren't?

14 **A.** So it all changed and the question -- I know that the
15 question had been raised to the University, but it
16 wasn't to me.

17 **Q.** When did it change?

18 **A.** What's that?

19 **Q.** Your being their principal point of contact?

20 **A.** In -- last summer.

21 **Q.** So last summer. Any time between 13 June 2023 and last
22 summer, no conversation with anybody more senior than
23 you about whether somebody else might have been more
24 suited to the role?

25 **A.** I was -- I don't know how to say it, I was expected to

85

1 **Q.** Now, we have covered you've said you had limited
2 controls for dealing with VC whenever he was in
3 non-university accommodation. Now, we know his family
4 was in Wales, he was in Nottingham for study. One tool
5 you did have was to ask him to leave, wasn't it?
6 **A.** We had to have the grounds to do that because if someone
7 leaves university there's quite a lot of consequences to
8 that. One of the options that would have been given
9 was, yes, that they could withdraw their studies, you
10 can interrupt your studies, you can withdraw your
11 studies and that's a conversation that, you know, when
12 he was struggling people would have had with him.

13 Asking someone to leave or whether you're looking at
14 processes to decide whether somebody should leave,
15 having said that, I think -- you know, he -- on the
16 basis of what was happening, you know, the fact that
17 they were treating him within the community, we were --
18 you know, a plan had been made to enable him to complete
19 his studies, under Fitness to Study why would we,
20 you know -- we could have asked to leave, but I honestly
21 believe that the risks that would have -- if we had
22 forced them to terminate -- if we terminated their
23 studies, I think that would have been potentially very
24 risky. Out of anything that we could have done that
25 would have been --

87

1 do it. I was -- you know, it was what I was doing, so
2 they -- you know, that decision would have to be made by
3 the people line managing me or the people above them.
4 I had several changes in line manager that probably
5 didn't help the situation.

6 **Q.** Okay. Can we move on. The second point, I want --
7 everybody has already talked about policies, I would
8 like to ask you a question about lines of
9 responsibility.

10 We have covered that by February 2022 the University
11 knew he had caused serious injuries to a young woman
12 whilst unwell, they had information by that point about
13 the incident with the police and we knew it was complex.
14 We have seen that email up to your own line manager,
15 haven't we?

16 **A.** Mm-hm.

17 **Q.** Was the case ever elevated higher up to the executive
18 team?

19 **A.** That's -- I elevated it to my director. It would have
20 been their role to decide whether to elevate that
21 higher.

22 **Q.** Is your line manager a board level appointment?

23 **A.** She sits on -- I think that role does sit on the -- what
24 do they call it? The bronze, silver, gold, you know,
25 reports directly into those which I don't.

86

1 **Q.** Okay. I'm going to move to the last point I want to
2 cover and look at some of your reflections from today.
3 You have said the University doesn't monitor students,
4 you're not a statutory body, you have talked about the
5 limitations on your powers and you have talked about the
6 new Cases of Concern process and your new roles on risk
7 assessment. Even within those new powers you still rely
8 on others to exercise their powers and the information
9 you obtain allows you to make representations to them;
10 is that your evidence?

11 **A.** Can you just repeat that last bit?

12 **Q.** That you have asked the -- let me put it slightly
13 differently. You have asked the Inquiry to consider how
14 mechanisms might be better to improve the sharing of
15 information. If the University is getting more
16 information, are you still reliant on others to exercise
17 their powers and to act when you make representations?

18 **A.** We will always be, yes, because they are the people with
19 the powers and the remit. You know, I used to work in
20 a statutory team. Working in a university is very, very
21 different. I don't have the powers that I used to have.
22 That's one of the adjustments that you make. That's
23 what those teams are there to do, so I -- yes,
24 absolutely.

25 **Q.** My last thing and I really -- this is the last thing.

88

1 Can we look back at your witness statement at
2 paragraph 52. My learned friend Ms Heaven asked you
3 some questions about it. It's at WITN0033001.

4 **A.** I've got it.

5 **Q.** And it's at page 15. I will wait for it to come up on
6 the screen for everyone else.

7 We can see there that paragraph -- you are
8 reflecting on whether there was a Fitness to Study
9 assessment.

10 **A.** Yes.

11 **Q.** And if we see about halfway down:

12 "We were also aware ..."

13 We go back to this sentence we are all quite
14 familiar with by now:

15 "... if we had used the Fitness to Study process it
16 would have caused stress for [VC] ... which could have
17 impacted on his mental health and increased risk."

18 Now, can I just put this frankly: was
19 the University's primary concern still in February 2022,
20 with everything you knew about his history of violence
21 when ill, was your concern still primarily for VC's
22 stress and for his wellbeing?

23 **A.** Both, both, because they are inextricably linked. So if
24 risk increases because a policy is being used, that
25 creates risk to others, so I would say absolutely both.

89

1 know, to go down the process to stop someone studying,
2 but one of the reasons that you -- you need to ensure
3 that that's the right process to do and you need to make
4 sure that, you know, that you carefully assess that
5 risk.

6 Students finish their degree. That was a decision
7 between the student and the school and it was
8 a decision. If we had carried out -- what I was trying
9 to say is if there had been a Fitness to Study --
10 a meeting had been held, that is the likely
11 recommendation because Fitness to Study is about trying
12 to enable students as far as possible to successfully
13 complete their studies. It's not to have them removed
14 from the University.

15 Any sense that, you know, "Oh, well that was just an
16 easy option", I'm sorry that's just wrong and I think
17 that's recommended by the care that Ellie took, even
18 though she got the dates wrong, to say "Please, please,
19 you know, keep supporting this person".

20 **Q.** We have heard about the misconduct policies, we have
21 heard about Fitness to Study. None of them were acted
22 on, were they?

23 **A.** We didn't have Fitness to Study in 2020 and in 2022
24 it -- the first stage of Fitness to Study is an informal
25 one and that meeting that took place with the school to

91

1 If honest I would lean to say that you're more concerned
2 about -- you know, you could say "Right, we're going to
3 stop this person studying with us, they no longer" --
4 you know, to be frank, we no longer have a role in this,
5 but that's not the safe or sensible way to act. So it's
6 both, it's absolutely 100 per cent both.

7 **Q.** Yes. Can we look over the page, please. Back to
8 another paragraph you have been asked to look at
9 previously. I want to look at the next section which
10 you hadn't looked at:

11 "I also think in hindsight that if we had used the
12 Fitness to Study process after discharge in 2022 it
13 would probably have recommended that he transfer to
14 a BEng and stop studying, which is what we knew was
15 happening in any event from March 2022 when [VC] ...
16 made that decision."

17 Ms Thompson, was it that by spring 2022 you knew he
18 would be leaving soon, didn't you?

19 **A.** We knew he was going to finish his studies shortly, yes.

20 **Q.** You knew he was a risk, a serious risk, but did you
21 conclude, you and your staff, that he wouldn't be your
22 problem come graduation?

23 **A.** No. I mean in a way you're kind of -- you know,
24 those -- that and the previous statement contradict each
25 other a little bit. We could have made a decision, you

90

1 decide that the transfer to the BEng I would argue was
2 a Fitness to Study meeting. It's never been -- it is
3 now -- in the new process it is now part of that process
4 embedded. If that meeting had not been successful
5 I think then that would have escalated up to a stage 2
6 or a stage 3 where we would have been looking at whether
7 that's something that we needed to do.

8 **Q.** You just left VC to take his own decision, his own
9 decision that he would transform to the BEng and --

10 **A.** No, as I just said, I think if he hadn't made that
11 decision it would have been escalated up.

12 **Q.** Thank you. No more questions, Chair.

13 **THE CHAIR:** Thank you. Well, we will take a break now. If
14 we can start again at 5 past 4, thank you.

15 (3.52 pm)

(Short Break)

17 (4.06 pm)

18 **THE CHAIR:** Yes, I just had a couple of questions for you
19 just in relation -- sorry, Ms Patry. I thought that in
20 fact -- Ms Patry, can I just stop you there. We're not
21 going to hear from Ms Linehan today so I thought that it
22 would simply be a question of my asking a couple of
23 questions and then we stop for the day and then you
24 could pick up anything else later on.

25 **MS PATRY:** Can I not ask my questions of this witness today

92

1 before she leaves?

2 **THE CHAIR:** I think you had five minutes? Would it be

3 five minutes?

4 **MS PATRY:** Yes, it would only be -- I think I had four

5 questions.

6 **THE CHAIR:** Perhaps you can do that now then, and I will ask

7 my questions afterwards.

8 Questioned by MS PATRY

9 **MS PATRY:** I have four questions for you.

10 **A.** Okay.

11 **Q.** Can I start with some questions that Counsel to the

12 Inquiry asked you about the period in September 2021

13 when VC was returning to the University after the

14 Voluntary Interruption of Study.

15 **A.** Yes.

16 **Q.** The question he asked you at the end of that series of

17 questions was: was this a missed opportunity? Do you

18 recall that question?

19 **A.** Yes.

20 **Q.** I think you said yes, you thought it was. It was

21 a missed opportunity by whom?

22 **A.** I think it was a missed opportunity that came as

23 a result of not sharing information partly by the NHS,

24 partly by the police. A missed opportunity to say what

25 the consequences might have been further down the line.

93

1 the time of the January 2022 incident and you said yes.

2 **A.** Yes.

3 **Q.** I'm not sure that's right. Can I take you to a document

4 which is UNIN0001825.

5 **A.** Right.

6 **Q.** That's a Fitness to Study policy dated September 2021;

7 do you see that?

8 **A.** Yes.

9 **Q.** Which of those two policies was in force as at --

10 **A.** Is this an amended one? Have I got confused? Yes, that

11 was September -- yes, I'm confused.

12 **Q.** Does the fact that this was the policy in force at the

13 time of the January 2022 incident change your answers

14 that you have previously given about the applicability

15 of the Fitness to Study policy?

16 **A.** Can I look at it a bit further down? Sorry, yes, that's

17 confusing.

18 **Q.** You absolutely can. That's fair.

19 **MR BLAKE:** Chair, it may be of assistance, we can actually

20 bring them both up on the screen and put them side by

21 side if that would help.

22 **A.** No, it's hard enough looking at this screen as it is.

23 **MR BLAKE:** Okay.

24 **A.** I think that's a question I would have to look at the

25 two to -- yeah, I am not sure that I can answer that

95

1 It's never a straightforward picture. So what it might

2 have meant in terms of what happened in terms of VC over

3 the next year it's really hard to say, because, like

4 I say, there are negative outcomes -- potential negative

5 outcomes to every decision, but it would have been

6 an opportunity definitely to have -- yes, to have

7 considered very carefully what steps we should have been

8 taking at the time.

9 Now, that doesn't mean that that would necessarily

10 have had an easy outcome either.

11 **Q.** But the reason why that opportunity was missed was

12 because?

13 **A.** Information wasn't shared.

14 **Q.** With the University?

15 **A.** Information wasn't shared with the University but also,

16 as I understand it, sort of key information wasn't

17 shared with the NHS by the police.

18 **Q.** My second question is about the Fitness to Study policy.

19 You were asked a number of questions about that and you

20 were taken to various parts of that. You were shown

21 document UNIN0001824 dated 13 May. I would be grateful

22 if that could be brought up.

23 You see the date on that, 13 May 2020?

24 **A.** Mm-hm.

25 **Q.** You were asked if that was the one that was in force by

94

1 question quickly.

2 **MS PATRY:** Okay, that's absolutely fine. In that case

3 I will deal with my third question which also raises

4 a question that you may not be able to deal with

5 quickly, so let's come back to it at the end.

6 You were asked a number of questions by Ms Patrick,

7 I think by Ms Patrick, yes, on behalf of the bereaved,

8 about your role liaising with the families post-2023 and

9 why you had not, it was alleged, disclosed certain

10 information to them about your role in supporting VC.

11 Do you remember those questions?

12 **A.** Yes.

13 **Q.** Now, this was not -- these criticisms are not

14 foreshadowed in their opening statement?

15 **A.** No.

16 **Q.** They are not foreshadowed in the witness statements and

17 I will have to make submissions in due course as to

18 whether they are relevant to the Terms of Reference

19 which this Inquiry has to deal with.

20 What I would like, given that this is the first time

21 you have heard those questions, would you like to

22 reflect on the questions you were asked and in slower

23 time have the opportunity to respond to those criticisms

24 in writing --

25 **A.** Say that last bit again.

96

1 Q. -- or have you said everything you want to say?
 2 A. No, I haven't. I think what I would say is at the time
 3 of the incident it felt like my involvement in this case
 4 was very, very minimal and the absolute priority was
 5 trying to provide support to people at a really
 6 difficult time.
 7 The University is a university, so there are a range
 8 of people available who can do that. All the support
 9 I provided was from a place of deep compassion and care
 10 and this is questions of maybe sad beyond words and,
 11 you know, I -- I just don't -- I wouldn't want to not
 12 have provided that care and I can't identify anyone else
 13 who could have done and that care was completely not
 14 related to -- it was kind of, you know, focusing on what
 15 was happening at the time, so, yes, I'm -- I'm
 16 desperately sad about it, I'm desperately sad, but
 17 I wouldn't want to not have done my best to provide all
 18 the support and help that I could possibly provide.
 19 Q. All right.
 20 A. And it wasn't, you know -- we had very strong -- yes,
 21 very strong -- yes, being able to talk about things in
 22 the way that's being suggested is just not something
 23 that it felt was even an option while different things
 24 are happening. But yes, I feel desperately sad, but it
 25 was absolutely the most heartfelt support I've ever
 97

1 mental health issues are far more likely to be victims
 2 than perpetrators and it's desperately sad that,
 3 you know, in this case what happened happened and
 4 without knowing, you know, I think that's the importance
 5 of this Inquiry to look at what we can learn and I think
 6 that's essential.
 7 But this is not straightforward. They're not
 8 straightforward in terms of what the Mental Health Act
 9 allows, but I do think if there had been the opportunity
 10 for the courts to have looked at some of those charges
 11 then there might have been the possibility of people
 12 looking at the forensic aspect of the Mental Health Act.
 13 That's just my own personal opinion and that might have
 14 been helpful.
 15 But it is difficult, it's really difficult and,
 16 you know, the teams that were working in this area and
 17 trying to support this situation, you know, are teams of
 18 really hard working, committed caring people and, yeah,
 19 it is frustrating when we don't get the information that
 20 we need, but we also appreciate how difficult that is
 21 having been on the other side.
 22 MS PATRY: Thank you. Madam Chair, I will address you
 23 directly, if I may. Given Ms Thompson's answers about
 24 the wrong policy being referred to and she was asked the
 25 questions about the wrong policy and given her
 99

1 provided ever and, you know, I'm sad that it's not
 2 helping now, but I hope it helped at the time.
 3 Q. All right, thank you. You were asked a number of other
 4 questions by Ms Patrick which may not have been
 5 foreshadowed elsewhere. I just want to give you
 6 an opportunity to say anything else that you have to
 7 say, Ms Thompson.
 8 A. I think what I would say is, you know, when you're
 9 working in mental health it's a really -- if this is
 10 a complex area -- assessing risk, assessing what the
 11 possible risks might be for the different options. I do
 12 think that there -- I feel quite irritated that there's
 13 a suggestion that we didn't do enough and then there's
 14 a suggestion that we just wanted to -- for VC to leave
 15 the University. I find that just offensive in all
 16 honesty. I just find that offensive and contradictory
 17 and that's not how we work.
 18 It's difficult decisions under difficult
 19 circumstances with incomplete information. I don't know
 20 that there's any more that I can add to that really.
 21 It's very complex and also, you know, this is -- what
 22 subsequently happened is, you know, it's just so tragic.
 23 It's also quite a rare event. It's something that we
 24 don't feel is rare because it always gets highlighted in
 25 the press, but, you know, most people with long-term
 98

1 indication that she wishes to come back on that, would
 2 it be acceptable for her to put in, through solicitors,
 3 a short letter or a statement dealing with that
 4 question, or would you rather we handled that in
 5 a different way?
 6 THE CHAIR: Well, I think that she can provide a short
 7 additional statement if she wishes to deal with
 8 precisely those issues.
 9 MS PATRY: With only that issue, of course.
 10 THE CHAIR: Yes, and particularly in relation to whether the
 11 policy would have been any different.
 12 MS PATRY: Absolutely. I'm very grateful. Those are my
 13 questions, thank you.
 14 Questioned by THE CHAIR
 15 THE CHAIR: Yes, I just wanted to ask you -- as I was saying
 16 before Ms Patry, I wanted to ask you about his return,
 17 VC's return after the interruption because that was
 18 in September of 2021 and, as it was, there doesn't seem
 19 to have been any arrangement in place, given that he had
 20 had previous mental health problems, for any assessment
 21 to be available to the University or to be instigated by
 22 the University. Do you think that that was something
 23 that should have been done at that stage.
 24 A. I think this is where I said this would be, you know,
 25 a useful thing to raise with Katherine. I think one of
 100

1 the things that probably didn't help was a new policy
 2 being introduced and changing -- so previously the
 3 schools could tick to say that they wanted medical
 4 evidence, so that wasn't a process that we were
 5 party to, but I think there had been a change linked to
 6 a new policy that's been introduced and I think that
 7 might have happened -- played a part in why that
 8 happened, because what we do now is we have really
 9 formalised it and things like Support to Study so that
 10 we make sure and that it's now part of the policy that
 11 I -- well, whoever replaces me has sight of that
 12 evidence to review that evidence, so that's been
 13 sharpened up, but yeah, I agree. I think that was
 14 something that fell down between two policies but these
 15 weren't changes that I was overseeing, so it might be
 16 *(overspeaking)*.
 17 **THE CHAIR:** Because the mental health service that you set
 18 up, you have described that, that didn't have the input
 19 into a situation like that; is that right?
 20 **A.** No, no, it didn't.
 21 **THE CHAIR:** It should have done really, shouldn't it?
 22 **A.** I think in an ideal world, yeah. I think -- but,
 23 you know, this is -- things have formed an awful lot
 24 over the years and the processes keep being reviewed and
 25 altered and adapted, so that's the important part of

1 that private information should be disclosed to the
 2 tutors on a case-by-case basis but we have seen that one
 3 of the triggers was -- in this case was said to be
 4 academic stress. Should the tutors not have been
 5 informed in case they inadvertently were put in
 6 a position where they themselves were increasing the
 7 problem?
 8 **A.** We didn't know. That hadn't been shared with us.
 9 **THE CHAIR:** I know that you are saying that you didn't know
 10 that that was a trigger --
 11 **A.** No, we didn't, yes.
 12 **THE CHAIR:** -- but for a trigger like that would that be
 13 something that you think you ought to pass on to the
 14 tutors?
 15 **A.** If we had known, yes, but we didn't, yes.
 16 **THE CHAIR:** Thank you. Right, well, we're going to -- thank
 17 you very much. Just do stay there for a moment.
 18 We're going to finish there for today. We were
 19 going to hear from Professor Linehan, but we're not.
 20 That's going to happen now on 9 March. Thank you for
 21 your evidence.
 22 **(4.21 pm)**
 23 (The Inquiry adjourned until 10.00 am on Thursday,
 24 26 February 2026)
 25

1 that, but no, we didn't, we didn't, and quite often we
 2 would not know if a student was returning. You know, we
 3 have 36,000 students. It's a small team and I think
 4 people probably don't realise how small and they thought
 5 there were nurses and social workers around when I was
 6 setting up the team, it's actually quite a small team.
 7 So actually having the ability to keep -- to be able to
 8 identify and do that can be quite problematic but again
 9 that has been addressed with some of the processes we
 10 have put in place now.
 11 **THE CHAIR:** Because what probably would have happened if you
 12 had approached the treating doctors or those who had
 13 been dealing with him, VC, before he voluntarily
 14 interrupted, you would have found out that he was
 15 actually in hospital at the time when he was due to come
 16 back.
 17 **A.** We might have if they had told us. I don't know.
 18 I don't know. I would hope that they would have told us
 19 that but --
 20 **THE CHAIR:** It would have been extraordinary if they didn't,
 21 wouldn't it?
 22 **A.** I think it was extraordinary we weren't told anyway.
 23 **THE CHAIR:** Yes, thank you.
 24 The other question that I had was in relation to
 25 risk assessment and I think you said you would only feel

1 INDEX

	Page
3 CLAIRE THOMPSON (affirmed)	1
4 Questioned by MS HEAVEN	66
5 Questioned by MS CARTWRIGHT	71
6 Questioned by MS PATRICK	81
7 Questioned by MS PATRY	93
8 Questioned by THE CHAIR	100
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

<p>MR BLAKE: [8] 1/4 1/22 14/11 23/18 45/19 65/25 95/19 95/23</p> <p>MS CARTWRIGHT: [1] 71/5</p> <p>MS HEAVEN: [1] 66/3</p> <p>MS PATRICK: [2] 81/20 82/10</p> <p>MS PATRY: [7] 92/25 93/4 93/9 96/2 99/22 100/9 100/12</p> <p>THE CHAIR: [27] 1/3 1/20 14/9 23/14 35/3 35/6 45/18 65/21 66/1 71/1 81/18 82/9 92/13 92/18 93/2 93/6 100/6 100/10 100/15 101/17 101/21 102/11 102/20 102/23 103/9 103/12 103/16</p> <p>' 's [1] 68/12 'slow [1] 13/7 'there [1] 13/11</p> <p>... [7] 12/25 34/4 34/9 38/25 46/10 56/20 89/15</p> <p>... although [1] 34/9</p> <p>... and [1] 38/25</p> <p>... as [1] 46/10</p> <p>... difficult [1] 56/20</p> <p>... I don't [1] 34/4</p> <p>... if [1] 89/15</p> <p>... stopped [1] 12/25</p> <p>1</p> <p>1 August [1] 24/13</p> <p>1 January 2020 [2] 54/25 55/2</p> <p>1 June [3] 6/4 8/1 10/20</p> <p>1.45 pm [1] 1/2</p> <p>10.00 [1] 103/23</p> <p>100 per cent [2] 72/17 90/6</p> <p>102 [1] 70/3</p> <p>103 [1] 70/4</p> <p>11 [2] 74/5 74/22</p> <p>114 [1] 22/14</p> <p>115 [1] 22/13</p> <p>118 [2] 23/12 23/21</p> <p>12 Brook [1] 8/16</p> <p>13 July [1] 12/1</p> <p>13 June 2023 [2] 85/8 85/21</p> <p>13 May [1] 94/21</p> <p>13 May 2020 [2] 46/14 94/23</p> <p>14 July [1] 12/11</p> <p>15 [3] 66/9 68/11</p>	<p>89/5</p> <p>16 [1] 77/7</p> <p>16 July [1] 12/18</p> <p>17 [1] 78/19</p> <p>17 January [2] 37/19 37/24</p> <p>17 June [1] 11/16</p> <p>18 January [3] 38/18 38/19 39/24</p> <p>18 years [1] 21/3</p> <p>19 January [3] 45/2 45/3 52/2</p> <p>19 September 2025 [1] 1/25</p> <p>1992 [1] 70/15</p> <p>1st [1] 10/23</p> <p>2</p> <p>2 August [1] 24/23</p> <p>20 January [2] 53/14 53/17</p> <p>20 minutes [2] 65/22 65/23</p> <p>2007 [1] 2/16</p> <p>2015 [1] 62/9</p> <p>2016/2017 [1] 5/22</p> <p>2017 [2] 5/20 5/22</p> <p>2020 [8] 5/25 28/22 38/5 46/14 54/25 55/2 91/23 94/23</p> <p>2021 [7] 28/22 28/25 29/1 29/3 93/12 95/6 100/18</p> <p>2022 [16] 5/20 32/9 58/10 58/11 58/11 68/17 69/10 69/13 86/10 89/19 90/12 90/15 90/17 91/23 95/1 95/13</p> <p>2023 [4] 14/22 85/8 85/21 96/8</p> <p>2025 [1] 1/25</p> <p>2026 [2] 1/1 103/24</p> <p>23 July [1] 16/3</p> <p>24 February 2022 [1] 68/17</p> <p>24 January [1] 57/7</p> <p>24 May [1] 8/12</p> <p>25 February 2026 [1] 1/1</p> <p>26 February 2026 [1] 103/24</p> <p>27 [1] 70/3</p> <p>27 January [1] 57/21</p> <p>3</p> <p>3 June [2] 11/4 11/7</p> <p>3.52 pm [1] 92/15</p> <p>30 July [2] 18/19 22/15</p> <p>31 July [1] 23/13</p> <p>313 [1] 32/19</p> <p>31st [1] 23/22</p> <p>33 [1] 63/16</p> <p>36,000 [1] 102/3</p>	<p>4</p> <p>4.06 pm [1] 92/17</p> <p>4.21 pm [1] 103/22</p> <p>48 [1] 24/1</p> <p>5</p> <p>52 [4] 66/7 66/10 68/9 89/2</p> <p>56 [1] 69/21</p> <p>6</p> <p>63 [2] 12/14 12/16</p> <p>7</p> <p>72 hours [1] 37/14</p> <p>7th [1] 23/22</p> <p>8</p> <p>8.3 [2] 55/5 75/6</p> <p>8.3.3 [1] 75/8</p> <p>9</p> <p>9 June [1] 11/13</p> <p>9 March [1] 103/20</p> <p>A</p> <p>ABH [1] 77/20</p> <p>ability [3] 47/11 81/6 102/7</p> <p>able [20] 4/22 4/25 9/10 15/9 18/13 29/18 34/17 35/16 35/17 36/7 36/9 49/23 56/3 59/25 61/21 83/1 83/10 96/4 97/21 102/7</p> <p>about [153]</p> <p>about could [1] 69/4</p> <p>above [4] 8/3 49/21 62/4 86/3</p> <p>absence [1] 66/25</p> <p>absolute [1] 97/4</p> <p>absolutely [17] 14/11 15/10 23/18 39/15 43/23 45/17 53/13 65/24 66/21 85/7 88/24 89/25 90/6 95/18 96/2 97/25 100/12</p> <p>abuse [1] 5/4</p> <p>academic [9] 1/7 25/15 47/12 47/21 55/8 66/19 67/1 68/21 103/4</p> <p>academically [1] 46/10</p> <p>academics [1] 50/5</p> <p>accept [1] 79/18</p> <p>acceptable [1] 100/2</p> <p>access [6] 3/5 4/4 16/7 26/10 36/7 72/12</p> <p>accessing [1] 25/17</p> <p>accommodate [1] 40/3</p> <p>accommodation [37] 12/9 12/23 17/1 18/7</p>	<p>18/11 18/11 29/22 30/3 30/4 30/6 33/12 33/14 33/21 38/2 40/16 40/21 40/22 41/1 41/1 42/1 44/20 45/13 46/7 53/17 53/19 65/13 68/3 72/11 72/13 72/18 72/19 74/9 74/10 76/16 76/19 80/8 87/3</p> <p>accompanying [1] 47/1</p> <p>accurate [1] 2/1</p> <p>across [1] 63/23</p> <p>act [17] 13/2 13/3 19/16 19/17 42/9 44/19 50/9 51/19 51/23 57/18 57/22 75/19 77/23 88/17 90/5 99/8 99/12</p> <p>acted [2] 82/4 91/21</p> <p>acting [1] 85/10</p> <p>action [12] 18/1 18/3 28/2 31/23 35/14 35/17 36/17 44/24 49/1 51/14 76/25 80/23</p> <p>actioned [1] 48/12</p> <p>actions [2] 5/16 13/10</p> <p>active [1] 43/24</p> <p>actively [1] 47/11</p> <p>activities [1] 55/9</p> <p>activity [2] 55/14 55/15</p> <p>acts [2] 26/5 75/12</p> <p>actual [1] 14/24</p> <p>actually [23] 8/13 18/14 19/20 20/20 22/10 26/17 26/25 37/10 43/3 44/18 67/5 68/10 69/12 69/14 71/20 76/1 80/5 80/15 81/5 95/19 102/6 102/7 102/15</p> <p>adamant [2] 9/5 10/18</p> <p>adapted [1] 101/25</p> <p>add [2] 2/3 98/20</p> <p>addition [1] 47/2</p> <p>additional [1] 100/7</p> <p>address [14] 3/25 6/4 6/8 6/10 7/18 11/9 11/11 18/24 24/2 24/15 51/11 58/10 64/3 99/22</p> <p>addressed [4] 20/2 41/21 64/12 102/9</p> <p>addresses [1] 64/25</p> <p>adequate [1] 4/25</p> <p>adjourned [1] 103/23</p> <p>adjustments [2] 47/13 88/22</p> <p>administrative [1] 55/8</p> <p>admission [2] 12/21</p>	<p>13/6</p> <p>admitted [2] 6/21 12/10</p> <p>adult [2] 2/13 79/23</p> <p>adults [1] 62/17</p> <p>adversely [1] 47/22</p> <p>advertised [1] 76/6</p> <p>advice [2] 3/6 35/1</p> <p>Advisor [2] 2/18 71/24</p> <p>advisory [7] 2/19 4/2 4/3 7/19 71/14 71/15 79/17</p> <p>advocate [1] 80/10</p> <p>advocating [1] 16/15</p> <p>Affairs [4] 73/8 73/17 74/8 74/13</p> <p>affected [7] 7/8 13/11 43/13 47/23 48/2 65/3 77/11</p> <p>affecting [1] 55/15</p> <p>affirmed [2] 1/21 104/3</p> <p>afraid [1] 8/10</p> <p>after [17] 5/5 5/7 13/5 14/20 14/21 22/2 35/11 68/17 78/19 81/16 84/4 84/20 85/5 85/6 90/12 93/13 100/17</p> <p>after-care [1] 22/2</p> <p>aftermath [1] 82/6</p> <p>afternoon [5] 1/4 1/4 66/3 71/5 81/20</p> <p>afterwards [1] 93/7</p> <p>again [20] 7/1 8/9 13/14 13/25 17/2 18/20 26/2 40/7 48/4 52/25 53/16 54/13 54/16 55/17 55/21 64/2 76/21 92/14 96/25 102/8</p> <p>against [3] 9/18 20/14 29/1</p> <p>aggression [1] 11/18</p> <p>agree [12] 49/6 49/8 49/10 51/4 70/13 74/2 75/9 76/21 77/2 77/13 80/2 101/13</p> <p>agreement [12] 61/7 61/10 61/15 61/20 61/20 62/1 62/7 62/9 62/20 62/22 63/12 73/22</p> <p>aimed [1] 3/24</p> <p>aims [1] 12/21</p> <p>Alastair [1] 1/11</p> <p>all [32] 1/18 14/9 17/11 17/12 24/3 29/17 41/19 45/7 47/16 60/5 62/25 63/8 65/18 66/1 71/7 72/6 72/13 73/4 73/6 74/3 75/11 75/15 81/8 81/11 83/21 85/14 89/13 97/8 97/17</p>
---	--	--	---	--

<p>A</p> <p>all... [3] 97/19 98/3 98/15</p> <p>alleged [1] 96/9</p> <p>allows [2] 88/9 99/9</p> <p>alone [2] 65/4 65/4</p> <p>along [1] 69/4</p> <p>alongside [1] 72/1</p> <p>already [10] 6/3 36/2 36/18 59/8 66/18 67/10 70/16 73/10 75/7 86/7</p> <p>also [29] 3/6 3/15 4/9 18/13 18/25 24/1 32/2 35/10 36/1 39/9 41/4 41/4 42/24 53/16 58/11 63/5 63/7 65/3 66/14 73/25 76/21 77/14 89/12 90/11 94/15 96/3 98/21 98/23 99/20</p> <p>alter [1] 51/1</p> <p>altered [1] 101/25</p> <p>alternative [4] 46/7 50/15 50/16 51/5</p> <p>although [1] 34/9</p> <p>always [6] 9/16 15/11 28/4 70/22 88/18 98/24</p> <p>am [11] 2/4 7/14 9/21 18/25 29/17 37/5 47/25 54/11 58/15 95/25 103/23</p> <p>amended [1] 95/10</p> <p>AMHP [4] 18/21 20/16 43/5 57/3</p> <p>AMHPs [2] 21/5 21/11</p> <p>amongst [1] 2/19</p> <p>amount [2] 69/17 79/20</p> <p>analysis [2] 30/16 30/18</p> <p>Angela [1] 81/20</p> <p>angrier [1] 41/13</p> <p>anniversary [1] 82/11</p> <p>another [7] 14/11 29/4 57/6 57/22 58/12 78/3 90/8</p> <p>answer [5] 9/14 65/11 65/24 67/22 95/25</p> <p>answering [1] 81/17</p> <p>answers [3] 4/13 95/13 99/23</p> <p>antagonised [1] 41/12</p> <p>anti [4] 77/9 77/16 77/17 77/22</p> <p>anti-social [4] 77/9 77/16 77/17 77/22</p> <p>anxiety [1] 25/1</p> <p>any [48] 5/2 10/13 11/24 13/21 18/3</p>	<p>18/10 26/12 29/5 29/7 29/9 29/23 34/11 34/14 35/1 38/6 39/10 44/13 52/11 55/14 58/17 58/21 59/11 61/25 65/13 65/24 67/7 68/14 69/1 69/2 69/22 71/1 76/8 76/16 76/25 76/25 78/9 80/4 80/14 80/18 83/14 84/20 85/21 90/15 91/15 98/20 100/11 100/19 100/20</p> <p>anybody [2] 84/16 85/22</p> <p>anyone [3] 61/2 75/22 97/12</p> <p>anything [10] 18/13 44/18 44/22 51/1 75/17 82/19 84/6 87/24 92/24 98/6</p> <p>anyway [2] 4/16 102/22</p> <p>apologies [1] 56/19</p> <p>apologise [3] 16/7 42/18 48/4</p> <p>app [1] 33/6</p> <p>apparent [1] 43/7</p> <p>appear [2] 63/11 64/2</p> <p>appears [5] 13/19 16/6 23/25 31/20 63/18</p> <p>appendix [1] 63/24</p> <p>applicability [1] 95/14</p> <p>applied [4] 53/16 76/18 76/22 77/4</p> <p>apply [3] 72/11 72/23 77/3</p> <p>appointment [2] 22/17 86/22</p> <p>appreciate [3] 76/22 83/5 99/20</p> <p>approached [1] 102/12</p> <p>appropriate [10] 18/1 18/9 42/5 45/12 46/21 47/25 51/16 51/24 68/2 80/23</p> <p>Approved [1] 2/12</p> <p>April [3] 58/11 58/11 69/10</p> <p>are [108]</p> <p>are: [1] 1/10</p> <p>are: WITN003001 [1] 1/10</p> <p>area [7] 24/9 56/3 72/16 72/24 73/21 98/10 99/16</p> <p>areas [1] 33/19</p> <p>aren't [2] 27/12 66/1</p> <p>argue [1] 92/1</p> <p>arguments [1] 35/24</p> <p>arisen [1] 83/25</p> <p>around [8] 4/23 19/2 25/1 28/12 53/5 60/20</p>	<p>72/2 102/5</p> <p>arrange [3] 27/8 27/8 46/6</p> <p>arranged [1] 30/4</p> <p>arrangement [1] 100/19</p> <p>arrested [1] 8/15</p> <p>arresting [1] 34/11</p> <p>as [96] 2/12 2/18 3/7 5/18 6/18 7/6 9/7 11/6 11/20 13/21 13/21 18/9 18/14 19/18 19/18 20/10 20/11 20/23 20/23 20/24 21/11 21/11 21/15 21/15 21/20 23/5 24/1 26/12 27/1 29/12 29/25 30/10 31/6 31/14 32/11 34/11 34/12 34/19 35/12 35/13 35/19 36/25 42/12 43/11 43/11 46/10 46/14 47/14 47/14 48/14 48/20 50/12 50/18 50/21 52/12 53/10 53/14 53/16 56/3 58/5 58/21 62/16 63/15 64/5 65/5 65/7 67/6 69/15 70/12 71/23 71/24 71/25 72/8 72/12 73/6 79/7 79/11 80/8 81/23 81/23 82/4 83/4 83/8 83/8 83/8 85/10 91/12 91/12 92/10 93/22 94/16 95/9 95/22 96/17 100/15 100/18</p> <p>ask [27] 4/13 22/1 30/24 39/20 52/10 66/3 66/12 70/2 71/5 71/7 72/6 72/25 73/4 73/13 76/1 76/4 77/25 79/14 79/18 81/10 81/21 86/8 87/5 92/25 93/6 100/15 100/16</p> <p>asked [22] 29/11 46/6 61/13 67/5 67/19 67/23 67/24 68/7 75/8 87/20 88/12 88/13 89/2 90/8 93/12 93/16 94/19 94/25 96/6 96/22 98/3 99/24</p> <p>asking [4] 31/11 44/21 87/13 92/22</p> <p>aspect [3] 9/17 50/7 99/12</p> <p>assault [4] 4/23 32/1 32/2 39/7</p> <p>assaulted [3] 29/3 33/10 34/5</p> <p>assess [8] 10/11 20/17 21/4 36/20 43/3 80/16 81/7 91/4</p> <p>assessed [6] 11/20 26/7 43/10 43/19 62/15 75/18</p>	<p>assessing [5] 50/14 80/12 81/11 98/10 98/10</p> <p>assessment [42] 7/5 7/9 13/2 21/15 27/1 29/9 29/23 36/15 41/16 42/6 42/9 43/25 44/19 46/1 49/3 50/9 50/12 50/19 51/22 53/10 56/21 56/25 57/1 57/23 64/12 64/14 64/19 64/20 65/6 65/8 70/21 79/14 79/17 79/25 80/15 80/21 81/2 81/8 88/7 89/9 100/20 102/25</p> <p>assessments [5] 8/23 21/12 65/6 70/23 80/12</p> <p>assist [10] 3/16 4/17 7/1 37/1 38/22 39/2 45/21 68/18 72/6 73/5</p> <p>assistance [1] 95/19</p> <p>Associate [2] 2/7 5/18</p> <p>assume [5] 11/19 26/15 26/15 68/4 72/24</p> <p>Assuming [1] 67/23</p> <p>assumption [2] 28/10 85/2</p> <p>at [181]</p> <p>Atanas [1] 1/15</p> <p>attacks [4] 14/21 14/25 31/19 82/6</p> <p>attempt [1] 73/22</p> <p>attend [1] 80/9</p> <p>attendance [1] 12/19</p> <p>attended [1] 36/16</p> <p>attention [1] 30/8</p> <p>attributed [1] 8/17</p> <p>Aug [1] 38/5</p> <p>August [2] 24/13 24/23</p> <p>authorities [3] 73/20 74/23 75/1</p> <p>authority [1] 73/25</p> <p>available [5] 18/6 32/14 37/7 97/8 100/21</p> <p>avoided [2] 31/19 31/24</p> <p>aware [45] 8/19 8/20 8/22 10/24 12/1 12/4 12/6 12/7 12/7 13/22 14/4 14/16 14/20 14/23 14/24 15/13 16/24 22/23 29/5 30/16 35/19 35/22 36/1 42/21 48/1 54/11 58/14 58/21 61/25 62/2 62/2 62/3 63/15 63/17 66/14 66/19 70/1 70/16 74/7 76/23 77/5 77/20 77/21 83/22 89/12</p>	<p>away [2] 30/13 35/8</p> <p>awful [1] 101/23</p> <p>B</p> <p>back [24] 6/16 16/2 17/1 21/25 22/12 22/20 24/17 26/3 27/17 28/8 34/3 38/16 43/14 51/5 51/10 54/20 56/10 63/14 89/1 89/13 90/7 96/5 100/1 102/16</p> <p>background [2] 2/12 9/22</p> <p>bad [1] 15/24</p> <p>balance [1] 70/18</p> <p>balanced [1] 41/17</p> <p>balancing [5] 41/19 41/22 51/2 52/25 53/1</p> <p>banner [1] 33/7</p> <p>barged [1] 16/6</p> <p>Barney [3] 1/13 81/24 82/12</p> <p>Barney Webber [1] 81/24</p> <p>based [4] 3/4 3/5 3/13 6/7</p> <p>basically [1] 57/13</p> <p>basis [5] 10/12 10/15 48/24 87/16 103/2</p> <p>bathroom [1] 33/23</p> <p>be [139]</p> <p>bearing [1] 76/4</p> <p>became [2] 12/25 14/20</p> <p>because [64] 4/14 9/15 13/6 13/24 15/3 15/6 15/23 17/5 18/7 22/7 23/16 25/20 30/12 31/2 31/25 34/18 34/24 35/14 41/9 42/9 42/15 42/25 44/4 44/6 44/12 44/21 50/21 51/1 53/11 53/18 55/3 56/1 56/5 56/18 56/19 58/6 61/14 61/16 65/4 65/10 69/18 70/18 70/22 71/21 74/5 74/9 74/22 75/3 75/25 79/16 81/10 83/1 87/6 88/18 89/23 89/24 91/11 94/3 94/12 98/24 100/17 101/8 101/17 102/11</p> <p>become [6] 14/24 21/15 38/25 72/3 77/24 81/6</p> <p>becomes [1] 14/8</p> <p>been [156]</p> <p>before [16] 1/5 11/6 14/23 15/17 25/11 27/9 35/8 36/11 37/22 39/23 51/19 54/14 76/15 93/1 100/16 102/13</p>
---	--	---	--	--

<p>B</p> <p>behalf [5] 6/23 32/21 66/4 71/6 96/7</p> <p>behave [1] 43/8</p> <p>behaviour [14] 8/17 38/8 55/13 58/24 73/19 74/1 77/9 77/16 77/18 77/18 77/22 78/3 78/14 78/21</p> <p>behaviours [2] 47/6 47/18</p> <p>behind [1] 52/7</p> <p>being [35] 4/14 9/6 11/9 11/20 16/10 16/24 17/24 18/24 23/8 26/5 27/20 28/13 32/6 34/21 43/6 43/9 43/9 43/24 53/6 61/14 65/9 66/20 67/1 68/25 75/18 79/1 82/23 82/24 85/19 89/24 97/21 97/22 99/24 101/2 101/24</p> <p>belief [1] 2/2</p> <p>believe [8] 11/19 23/11 25/13 31/6 39/11 72/16 75/17 87/21</p> <p>believed [2] 16/8 47/9</p>	<p>22/14 23/8 24/13 45/2 45/19 48/16 54/8 54/25 55/1 68/10</p> <p>break [3] 14/5 92/13 92/16</p> <p>briefly [13] 1/9 2/24 3/2 3/17 7/1 20/2 36/25 37/24 38/22 45/21 59/20 72/20 81/23</p> <p>bring [8] 6/1 32/9 36/22 39/16 39/23 62/8 66/9 95/20</p> <p>bringing [1] 64/7</p> <p>broader [1] 48/3</p> <p>broadly [1] 10/6</p> <p>bronze [1] 86/24</p> <p>Brook [10] 8/16 12/2 27/23 28/12 36/3 42/15 42/19 43/5 74/14 74/18</p> <p>brought [4] 30/8 50/4 61/20 94/22</p> <p>build [1] 9/17</p> <p>bullet [4] 46/25 48/4 48/22 62/13</p> <p>bullying [1] 76/25</p> <p>but [147]</p> <p>but for [2] 80/6 103/12</p>	<p>Care Coordinator [1] 21/9</p> <p>careful [2] 42/2 70/21</p> <p>carefully [5] 16/1 41/5 70/23 91/4 94/7</p> <p>caring [2] 9/4 99/18</p> <p>carried [4] 29/10 29/23 78/3 91/8</p> <p>carry [6] 14/7 21/12 56/17 57/14 74/12 80/20</p> <p>carrying [1] 80/21</p> <p>Cartwright [4] 71/2 71/2 71/4 104/5</p> <p>case [24] 5/24 7/7 7/25 8/2 8/3 10/12 10/12 10/15 10/15 36/4 48/16 48/24 49/1 56/20 58/6 61/17 86/17 96/2 97/3 99/3 103/2 103/2 103/3 103/5</p> <p>cases [7] 59/9 60/10 60/13 60/18 60/23 61/4 88/6</p> <p>cause [3] 47/6 57/13 75/12</p> <p>caused [5] 34/12 66/15 76/8 86/11 89/16</p> <p>causes [1] 13/18</p> <p>causing [3] 35/25 47/18 66/23</p> <p>cc'd [1] 7/12</p> <p>Celeste [1] 66/4</p> <p>cent [2] 72/17 90/6</p> <p>certain [1] 96/9</p> <p>certainly [5] 20/7 20/22 31/23 62/4 77/4</p> <p>cetera [5] 17/8 33/7 34/23 53/8 70/20</p> <p>Chair [6] 1/4 92/12 95/19 99/22 100/14 104/8</p> <p>challenges [1] 82/20</p> <p>change [4] 29/13 85/17 95/13 101/5</p> <p>changed [4] 21/1 29/20 45/23 85/14</p> <p>changes [2] 86/4 101/15</p> <p>changing [1] 101/2</p> <p>charge [2] 3/15 77/20</p> <p>charges [1] 99/10</p> <p>check [2] 38/13 46/8</p> <p>checking [1] 38/10</p> <p>chemicals [1] 53/8</p> <p>children [1] 62/17</p> <p>choice [1] 70/18</p> <p>chose [1] 71/21</p> <p>chosen [1] 13/18</p> <p>Chris [13] 32/11 32/22 33/9 34/15 34/19 34/20 35/16 38/9 46/6 48/7 53/23 54/2 55/19</p>	<p>Chris' [2] 37/19 77/3 78/20</p> <p>Christopher [1] 78/20</p> <p>chronologically [1] 5/23</p> <p>circumstances [6] 7/3 47/2 47/3 49/16 79/5 98/19</p> <p>Claire [3] 1/5 1/21 104/3</p> <p>clarifies [1] 61/15</p> <p>clarity [2] 61/20 64/8</p> <p>classed [2] 79/7 79/11</p> <p>Claudia [1] 67/4</p> <p>Claudia Birtles [1] 67/4</p> <p>clear [12] 15/12 19/3 19/6 19/8 37/16 38/25 43/6 43/22 71/22 80/16 81/5 85/7</p> <p>clearly [6] 17/3 21/24 26/21 43/14 66/25 68/5</p> <p>clinical [1] 22/16</p> <p>close [2] 74/25 82/4</p> <p>closely [2] 40/20 42/14</p> <p>code [4] 54/23 54/24 75/15 75/24</p> <p>colleagues [1] 83/15</p> <p>come [23] 5/5 12/5 15/15 26/3 28/8 28/20 31/13 39/17 50/23 54/20 59/16 61/3 63/8 64/21 66/22 68/8 73/3 75/10 89/5 90/22 96/5 100/1 102/15</p> <p>comes [3] 34/3 63/5 69/25</p> <p>coming [6] 14/2 23/16 24/17 27/16 79/21 80/1</p> <p>comment [6] 20/18 44/15 56/1 56/9 69/17 84/24</p> <p>comments [1] 13/4</p> <p>committed [2] 16/8 99/18</p> <p>common [3] 10/4 33/19 33/24</p> <p>communicate [2] 27/12 27/13</p> <p>communicated [4] 13/22 17/25 23/6 67/15</p> <p>communication [2] 63/1 67/11</p> <p>community [10] 1/7 11/21 17/6 30/1 44/3 44/14 58/22 67/12 77/12 87/17</p> <p>community care [1] 30/1</p> <p>compassion [1] 97/9</p> <p>complainants [1]</p>	<p>73/21</p> <p>complaints [3] 73/17 74/6 74/21</p> <p>complete [5] 28/9 50/12 51/6 87/18 91/13</p> <p>completed [4] 46/1 51/7 51/19 84/21</p> <p>completely [2] 36/8 97/13</p> <p>completing [1] 84/5</p> <p>complex [3] 86/13 98/10 98/21</p> <p>compliant [1] 24/20</p> <p>complied [1] 57/10</p> <p>concern [15] 20/6 30/24 47/7 52/15 52/22 53/4 53/9 57/13 60/13 60/18 60/23 67/14 88/6 89/19 89/21</p> <p>concerned [19] 15/17 16/21 16/21 16/25 18/25 19/1 30/10 35/10 35/15 36/13 36/20 37/6 38/7 53/7 57/15 77/11 78/11 84/22 90/1</p> <p>concerning [2] 55/16 79/4</p> <p>concerns [18] 4/23 4/23 11/9 16/22 19/18 21/21 22/1 26/12 26/19 36/11 38/7 45/10 46/22 49/18 54/10 60/25 67/7 68/14</p> <p>conclude [1] 90/21</p> <p>condition [4] 28/6 47/10 48/1 68/15</p> <p>conduct [9] 42/9 73/2 73/18 74/1 75/10 76/17 77/8 77/10 78/4</p> <p>confident [3] 25/21 29/17 81/6</p> <p>confidentiality [1] 82/22</p> <p>confirm [2] 2/1 71/7</p> <p>confirmed [3] 6/25 38/4 57/21</p> <p>confused [2] 95/10 95/11</p> <p>confusing [1] 95/17</p> <p>connected [1] 25/4</p> <p>consent [3] 49/6 49/8 49/10</p> <p>consequences [2] 87/7 93/25</p> <p>consider [8] 10/6 37/5 46/11 50/12 52/11 77/23 84/19 88/13</p> <p>consideration [1] 19/25</p> <p>considered [4] 43/18 52/13 77/15 94/7</p>
<p>BEng [4] 51/5 90/14 92/1 92/9</p> <p>Benjamin [1] 1/11</p> <p>bereaved [2] 81/21 96/7</p> <p>best [7] 2/2 14/3 19/6 35/14 38/8 70/8 97/17</p> <p>better [3] 23/14 29/15 88/14</p> <p>between [10] 60/18 61/7 64/4 73/21 73/22 77/17 85/8 85/21 91/7 101/14</p> <p>beyond [1] 97/10</p> <p>big [1] 32/4</p> <p>binder [1] 1/23</p> <p>Birtles [1] 67/4</p> <p>bit [11] 11/6 26/17 27/4 30/17 44/12 45/20 62/12 88/11 90/25 95/16 96/25</p> <p>Blake [4] 1/3 73/1 75/5 79/15</p> <p>blanking [1] 13/9</p> <p>block [3] 42/23 43/15 44/14</p> <p>blurry [1] 23/17</p> <p>board [1] 86/22</p> <p>body [2] 65/3 88/4</p> <p>booked [1] 30/6</p> <p>both [8] 11/9 22/9 89/23 89/23 89/25 90/6 90/6 95/20</p> <p>bottom [15] 6/2 7/24 12/15 16/14 18/18</p>	<p>C</p> <p>call [3] 59/3 59/10 86/24</p> <p>called [4] 13/1 34/7 48/16 60/13</p> <p>calls [1] 56/22</p> <p>Calocane [1] 66/4</p> <p>came [7] 16/9 40/10 60/22 73/14 81/16 83/18 93/22</p> <p>Campbell [1] 1/11</p> <p>Campbell-Ritchie [1] 1/11</p> <p>campus [17] 8/8 40/23 41/2 45/20 50/23 52/23 72/14 72/15 73/8 73/16 74/8 74/12 74/16 75/17 76/17 76/19 78/22</p> <p>can [120]</p> <p>can't [13] 26/15 26/15 28/10 33/15 34/4 40/24 40/25 44/4 61/16 69/17 75/24 80/18 97/12</p> <p>candour [1] 83/11</p> <p>capacity [1] 46/22</p> <p>care [24] 9/22 15/7 17/8 21/7 21/9 21/13 21/13 21/16 21/18 22/2 28/8 30/1 37/14 52/10 54/5 54/19 59/6 67/12 68/12 80/20 91/17 97/9 97/12 97/13</p>	<p>causes [1] 13/18</p> <p>causing [3] 35/25 47/18 66/23</p> <p>cc'd [1] 7/12</p> <p>Celeste [1] 66/4</p> <p>cent [2] 72/17 90/6</p> <p>certain [1] 96/9</p> <p>certainly [5] 20/7 20/22 31/23 62/4 77/4</p> <p>cetera [5] 17/8 33/7 34/23 53/8 70/20</p> <p>Chair [6] 1/4 92/12 95/19 99/22 100/14 104/8</p> <p>challenges [1] 82/20</p> <p>change [4] 29/13 85/17 95/13 101/5</p> <p>changed [4] 21/1 29/20 45/23 85/14</p> <p>changes [2] 86/4 101/15</p> <p>changing [1] 101/2</p> <p>charge [2] 3/15 77/20</p> <p>charges [1] 99/10</p> <p>check [2] 38/13 46/8</p> <p>checking [1] 38/10</p> <p>chemicals [1] 53/8</p> <p>children [1] 62/17</p> <p>choice [1] 70/18</p> <p>chose [1] 71/21</p> <p>chosen [1] 13/18</p> <p>Chris [13] 32/11 32/22 33/9 34/15 34/19 34/20 35/16 38/9 46/6 48/7 53/23 54/2 55/19</p>	<p>Chris' [2] 37/19 77/3 78/20</p> <p>Christopher [1] 78/20</p> <p>chronologically [1] 5/23</p> <p>circumstances [6] 7/3 47/2 47/3 49/16 79/5 98/19</p> <p>Claire [3] 1/5 1/21 104/3</p> <p>clarifies [1] 61/15</p> <p>clarity [2] 61/20 64/8</p> <p>classed [2] 79/7 79/11</p> <p>Claudia [1] 67/4</p> <p>Claudia Birtles [1] 67/4</p> <p>clear [12] 15/12 19/3 19/6 19/8 37/16 38/25 43/6 43/22 71/22 80/16 81/5 85/7</p> <p>clearly [6] 17/3 21/24 26/21 43/14 66/25 68/5</p> <p>clinical [1] 22/16</p> <p>close [2] 74/25 82/4</p> <p>closely [2] 40/20 42/14</p> <p>code [4] 54/23 54/24 75/15 75/24</p> <p>colleagues [1] 83/15</p> <p>come [23] 5/5 12/5 15/15 26/3 28/8 28/20 31/13 39/17 50/23 54/20 59/16 61/3 63/8 64/21 66/22 68/8 73/3 75/10 89/5 90/22 96/5 100/1 102/15</p> <p>comes [3] 34/3 63/5 69/25</p> <p>coming [6] 14/2 23/16 24/17 27/16 79/21 80/1</p> <p>comment [6] 20/18 44/15 56/1 56/9 69/17 84/24</p> <p>comments [1] 13/4</p> <p>committed [2] 16/8 99/18</p> <p>common [3] 10/4 33/19 33/24</p> <p>communicate [2] 27/12 27/13</p> <p>communicated [4] 13/22 17/25 23/6 67/15</p> <p>communication [2] 63/1 67/11</p> <p>community [10] 1/7 11/21 17/6 30/1 44/3 44/14 58/22 67/12 77/12 87/17</p> <p>community care [1] 30/1</p> <p>compassion [1] 97/9</p> <p>complainants [1]</p>	<p>73/21</p> <p>complaints [3] 73/17 74/6 74/21</p> <p>complete [5] 28/9 50/12 51/6 87/18 91/13</p> <p>completed [4] 46/1 51/7 51/19 84/21</p> <p>completely [2] 36/8 97/13</p> <p>completing [1] 84/5</p> <p>complex [3] 86/13 98/10 98/21</p> <p>compliant [1] 24/20</p> <p>complied [1] 57/10</p> <p>concern [15] 20/6 30/24 47/7 52/15 52/22 53/4 53/9 57/13 60/13 60/18 60/23 67/14 88/6 89/19 89/21</p> <p>concerned [19] 15/17 16/21 16/21 16/25 18/25 19/1 30/10 35/10 35/15 36/13 36/20 37/6 38/7 53/7 57/15 77/11 78/11 84/22 90/1</p> <p>concerning [2] 55/16 79/4</p> <p>concerns [18] 4/23 4/23 11/9 16/22 19/18 21/21 22/1 26/12 26/19 36/11 38/7 45/10 46/22 49/18 54/10 60/25 67/7 68/14</p> <p>conclude [1] 90/21</p> <p>condition [4] 28/6 47/10 48/1 68/15</p> <p>conduct [9] 42/9 73/2 73/18 74/1 75/10 76/17 77/8 77/10 78/4</p> <p>confident [3] 25/21 29/17 81/6</p> <p>confidentiality [1] 82/22</p> <p>confirm [2] 2/1 71/7</p> <p>confirmed [3] 6/25 38/4 57/21</p> <p>confused [2] 95/10 95/11</p> <p>confusing [1] 95/17</p> <p>connected [1] 25/4</p> <p>consent [3] 49/6 49/8 49/10</p> <p>consequences [2] 87/7 93/25</p> <p>consider [8] 10/6 37/5 46/11 50/12 52/11 77/23 84/19 88/13</p> <p>consideration [1] 19/25</p> <p>considered [4] 43/18 52/13 77/15 94/7</p>

<p>C</p> <p>constantly [3] 41/22 45/23 80/12</p> <p>constitutes [2] 77/8 77/13</p> <p>consultant [3] 14/13 45/11 46/3</p> <p>contact [16] 6/9 8/21 21/20 24/14 28/14 34/19 38/5 57/5 63/15 63/22 63/23 81/23 82/4 82/5 85/10 85/19</p> <p>contacted [2] 18/21 32/22</p> <p>contained [1] 44/12</p> <p>contains [1] 13/4</p> <p>context [6] 17/23 18/5 18/9 28/12 79/1 80/17</p> <p>contextual [1] 65/7</p> <p>continued [1] 11/14</p> <p>continuing [1] 67/8</p> <p>contradict [1] 90/24</p> <p>contradictory [1] 98/16</p> <p>control [1] 40/20</p> <p>controls [1] 87/2</p> <p>convened [1] 48/20</p> <p>conversation [4] 34/15 84/13 85/22 87/11</p> <p>coordinator [2] 20/24 21/9</p> <p>copy [1] 66/7</p> <p>copying [1] 54/11</p> <p>Core [1] 65/20</p> <p>correct [7] 2/13 7/16 7/22 28/8 66/21 72/15 72/24</p> <p>could [87] 9/25 10/1 10/1 11/21 11/23 12/13 12/16 13/7 18/1 18/4 18/17 19/10 20/11 21/20 21/20 21/24 22/3 22/4 26/16 26/16 27/3 28/17 31/9 31/19 32/9 33/8 35/3 36/22 38/18 40/23 41/6 42/9 42/10 43/2 43/10 43/12 44/2 44/2 44/20 45/2 45/15 45/21 46/13 48/9 50/25 51/25 52/7 52/18 52/18 53/11 54/7 54/18 55/1 55/3 55/5 55/25 56/8 56/10 56/11 56/13 65/8 65/11 65/13 66/16 66/24 68/6 69/4 70/7 77/3 77/15 78/13 83/2 84/2 84/7 85/1 85/4 87/9 87/20 87/24 89/16 90/2 90/25 92/24 94/22 97/13 97/18 101/3</p>	<p>couldn't [15] 18/4 18/10 24/10 24/12 40/20 41/7 44/18 50/23 51/1 56/1 61/12 65/10 72/16 76/20 82/21</p> <p>Counsel [1] 93/11</p> <p>counselling [6] 3/15 3/16 3/17 3/20 3/22 3/23</p> <p>country [1] 63/8</p> <p>couple [6] 23/12 27/19 27/22 34/8 92/18 92/22</p> <p>course [9] 5/5 25/10 28/24 35/14 45/18 52/13 54/10 96/17 100/9</p> <p>coursework [1] 25/1</p> <p>court [12] 8/16 11/3 12/2 27/23 28/12 36/3 42/15 42/19 43/5 74/14 74/18 80/5</p> <p>courts [2] 78/17 99/10</p> <p>cover [2] 75/16 88/2</p> <p>covered [3] 62/22 86/10 87/1</p> <p>COVID [2] 17/12 20/7</p> <p>create [2] 41/16 79/17</p> <p>created [3] 41/9 79/16 79/19</p> <p>creates [1] 89/25</p> <p>creation [1] 49/4</p> <p>crimes [1] 16/8</p> <p>criminal [5] 8/15 77/8 78/9 82/24 84/18</p> <p>crisis [3] 56/21 56/25 57/9</p> <p>critical [9] 9/7 36/23 37/4 37/5 37/9 37/10 37/16 38/16 44/25</p> <p>criticisms [2] 96/13 96/23</p> <p>Croy [1] 1/16</p> <p>crystal [1] 19/8</p> <p>Culpin [2] 18/21 19/22</p> <p>current [2] 2/22 64/23</p> <p>currently [1] 23/2</p> <p>D</p> <p>damage [1] 8/15</p> <p>danger [2] 13/13 62/16</p> <p>date [5] 8/1 37/24 46/15 55/2 94/23</p> <p>dated [4] 1/25 54/24 94/21 95/6</p> <p>dated September 2021 [1] 95/6</p> <p>dates [1] 91/18</p> <p>David [1] 1/12</p> <p>day [11] 8/23 20/15</p>	<p>20/15 21/2 22/15 23/9 38/18 40/10 57/23 82/11 92/23</p> <p>deal [8] 31/17 41/24 73/24 83/25 96/3 96/4 96/19 100/7</p> <p>dealing [5] 3/10 73/17 87/2 100/3 102/13</p> <p>dealt [2] 36/19 62/18</p> <p>death [1] 82/11</p> <p>decide [3] 86/20 87/14 92/1</p> <p>deciding [1] 26/23</p> <p>decision [11] 50/9 84/11 86/2 90/16 90/25 91/6 91/8 92/8 92/9 92/11 94/5</p> <p>decisions [3] 64/22 65/16 98/18</p> <p>decline [1] 84/4</p> <p>declining [1] 6/21</p> <p>dedicated [1] 21/4</p> <p>deemed [1] 49/19</p> <p>deep [1] 97/9</p> <p>deferring [1] 7/9</p> <p>definitely [9] 9/19 30/9 31/10 35/9 58/15 58/16 59/11 67/2 94/6</p> <p>definition [3] 37/11 76/5 79/12</p> <p>degree [1] 91/6</p> <p>deliberate [1] 77/22</p> <p>demand [1] 16/7</p> <p>Department [2] 49/19 70/10</p> <p>depends [1] 29/11</p> <p>depth [1] 23/7</p> <p>described [4] 11/3 54/14 72/8 101/18</p> <p>describes [2] 13/5 73/15</p> <p>desperately [4] 97/16 97/16 97/24 99/2</p> <p>detail [5] 12/8 16/12 34/22 70/17 83/5</p> <p>detailed [1] 79/15</p> <p>details [1] 79/4</p> <p>detainable [3] 19/15 45/5 46/2</p> <p>detained [9] 9/7 13/3 27/25 32/1 39/5 39/5 57/23 58/2 75/19</p> <p>detention [4] 29/4 39/6 50/19 70/16</p> <p>deteriorating [1] 68/22</p> <p>deterioration [3] 24/20 39/8 68/14</p> <p>determine [3] 17/7 19/14 35/13</p> <p>determining [1] 60/5</p> <p>detrimentally [1] 7/8</p> <p>develop [1] 62/5</p> <p>developed [5] 42/1 61/12 61/14 72/1 81/4</p>	<p>development [1] 60/21</p> <p>Dickinson [2] 73/11 74/17</p> <p>did [30] 2/21 20/4 22/1 22/2 26/19 39/2 40/7 40/10 41/16 43/11 43/21 44/23 56/17 60/20 61/12 66/25 67/22 69/6 70/14 74/2 74/19 75/11 82/20 83/14 84/13 84/16 84/19 85/17 87/5 90/20</p> <p>didn't [51] 3/18 5/7 11/2 15/3 19/4 19/13 19/14 21/25 22/7 27/18 30/18 34/11 35/3 36/4 39/11 41/19 44/22 50/18 53/18 56/20 58/16 58/17 67/22 69/2 69/14 75/21 79/17 80/14 81/15 82/12 82/14 82/19 83/21 84/5 84/6 84/7 84/15 86/5 90/18 91/23 98/13 101/1 101/18 101/20 102/1 102/1 102/20 103/8 103/9 103/11 103/15</p> <p>didn't you [2] 82/12 90/18</p> <p>differences [2] 59/20 59/21</p> <p>different [20] 2/23 6/8 9/9 20/13 20/13 49/7 51/14 56/2 60/10 63/2 69/25 76/11 77/19 78/17 81/3 88/21 97/23 98/11 100/5 100/11</p> <p>differently [4] 65/9 76/18 84/23 88/13</p> <p>difficult [32] 9/4 9/16 10/17 11/25 14/8 15/19 15/21 20/15 20/16 21/4 26/9 27/11 27/16 31/21 45/9 45/9 45/14 46/5 56/13 56/14 56/20 59/7 69/3 70/18 80/15 84/10 97/6 98/18 98/18 99/15 99/15 99/20</p> <p>difficulties [1] 70/9</p> <p>dignity [1] 70/20</p> <p>direct [3] 4/11 63/1 67/19</p> <p>directly [12] 3/18 5/3 22/4 22/5 25/3 58/6 64/2 67/5 83/3 83/16 86/25 99/23</p> <p>director [6] 2/7 5/18 37/3 45/21 64/24 86/19</p> <p>disability [1] 26/20</p> <p>disappeared [2] 6/14</p>	<p>6/15</p> <p>disappointing [1] 67/17</p> <p>discharge [11] 11/8 11/13 11/15 12/22 13/6 16/20 19/13 19/16 21/18 22/20 90/12</p> <p>discharged [11] 11/10 11/16 11/20 18/24 23/8 23/24 24/1 29/25 51/3 54/21 68/17</p> <p>disciplinary [6] 21/6 55/4 55/6 59/5 60/25 64/20</p> <p>Discipline [3] 54/24 75/16 75/24</p> <p>disclose [1] 79/3</p> <p>disclosed [2] 96/9 103/1</p> <p>disclosing [1] 10/14</p> <p>disclosure [1] 82/18</p> <p>discuss [2] 60/24 61/4</p> <p>discussed [1] 64/15</p> <p>discussing [2] 62/21 68/25</p> <p>discussion [3] 20/1 40/3 83/14</p> <p>discussions [3] 11/8 50/6 61/25</p> <p>Dismiss [1] 49/1</p> <p>disorder [1] 31/22</p> <p>disorderly [1] 55/12</p> <p>disruption [2] 47/19 55/7</p> <p>distinction [1] 76/16</p> <p>do [88] 1/5 4/15 4/18 9/10 9/25 10/6 13/24 14/3 14/3 15/8 18/13 18/15 19/9 20/23 20/23 20/24 24/5 25/20 25/22 26/24 27/3 27/23 30/18 31/14 33/1 34/15 35/12 37/23 41/21 43/21 44/18 44/22 49/25 50/25 51/4 52/17 53/23 54/6 57/14 59/1 61/10 64/15 64/17 64/17 64/18 64/25 65/19 65/23 67/3 67/23 68/6 68/16 68/23 69/17 70/13 70/19 70/19 72/17 74/19 74/25 78/13 80/9 80/18 81/2 81/3 81/14 81/14 83/1 83/10 84/2 86/1 86/24 87/6 88/23 91/3 92/7 93/6 93/17 95/7 96/11 97/8 98/11 98/13 99/9 100/22 101/8 102/8 103/17</p> <p>doctors [1] 102/12</p>
--	---	---	--	---

<p>D</p> <p>document [11] 6/13 15/15 28/20 37/22 59/16 62/24 72/25 73/5 75/4 94/21 95/3</p> <p>does [9] 3/2 3/17 51/4 52/13 63/11 69/3 69/13 86/23 95/12</p> <p>doesn't [13] 14/12 34/13 50/18 51/12 51/12 64/2 64/13 75/16 80/11 80/11 88/3 94/9 100/18</p> <p>doing [9] 5/21 18/16 20/14 20/15 46/9 80/11 81/13 84/23 86/1</p> <p>don't [59] 6/13 9/5 10/2 10/14 10/18 11/19 23/11 24/7 25/13 29/16 30/25 31/6 31/19 31/20 32/13 34/4 34/21 37/4 39/20 39/23 41/1 42/3 43/7 51/23 54/3 56/17 57/3 58/7 58/7 59/4 61/18 63/13 65/10 67/21 67/22 69/16 69/18 69/22 74/24 74/24 75/2 75/3 75/3 75/21 75/25 79/11 81/7 81/12 84/17 85/25 86/25 88/21 97/11 98/19 98/24 99/19 102/4 102/17 102/18</p> <p>Donald [1] 1/12</p> <p>done [22] 21/15 21/22 21/24 22/3 26/25 41/6 43/1 43/20 44/21 56/15 83/2 83/10 84/2 84/7 85/1 85/4 85/4 87/24 97/13 97/17 100/23 101/21</p> <p>door [2] 40/15 44/3</p> <p>doors [1] 40/16</p> <p>down [40] 4/15 4/16 11/4 11/12 12/2 12/9 12/16 12/18 15/15 16/13 16/13 18/19 18/21 20/10 22/16 22/18 23/25 24/14 24/19 24/22 24/24 28/20 30/20 30/21 36/25 46/24 47/15 48/9 48/22 49/23 56/8 56/18 63/21 66/13 76/21 89/11 91/1 93/25 95/16 101/14</p> <p>Dr [7] 11/8 12/20 13/12 13/17 14/19 23/4 69/24</p> <p>Dr McWilliam [1] 69/24</p> <p>Dr Seedat [5] 11/8</p>	<p>12/20 13/12 13/17 14/19</p> <p>drastically [1] 63/4</p> <p>drawn [1] 26/5</p> <p>drink [1] 45/16</p> <p>driving [1] 43/24</p> <p>due [6] 5/5 6/21 6/23 28/24 96/17 102/15</p> <p>during [3] 17/15 39/6 71/7</p> <p>duties [1] 80/3</p> <p>duty [1] 19/16</p> <p>dynamic [1] 65/7</p> <hr/> <p>E</p> <p>each [2] 20/7 90/24</p> <p>earlier [5] 8/15 35/16 35/17 59/25 74/16</p> <p>early [6] 17/9 32/9 34/17 38/24 40/4 40/4</p> <p>easy [5] 19/20 20/21 41/15 91/16 94/10</p> <p>EC [2] 6/24 7/1</p> <p>education [1] 29/8</p> <p>effect [1] 51/7</p> <p>effective [1] 65/17</p> <p>effectively [1] 2/10</p> <p>EIP [2] 40/4 51/22</p> <p>either [2] 47/9 94/10</p> <p>Eleanor [2] 7/24 52/8</p> <p>elevate [1] 86/20</p> <p>elevated [2] 86/17 86/19</p> <p>Elias [1] 66/4</p> <p>Ellie [30] 7/20 18/20 19/9 21/25 22/7 25/22 26/22 27/14 35/11 35/11 36/9 38/4 38/20 40/3 43/23 45/10 46/6 53/25 54/10 56/23 57/5 57/21 58/5 67/10 67/20 68/24 69/9 70/14 70/21 91/17</p> <p>Ellie - need [1] 40/3</p> <p>Ellie's [1] 56/22</p> <p>else [9] 44/22 60/8 60/16 71/17 85/23 89/6 92/24 97/12 98/6</p> <p>elsewhere [3] 8/25 64/1 98/5</p> <p>email [19] 4/24 6/3 6/4 6/10 6/19 6/22 7/11 8/7 8/8 16/4 18/20 18/22 20/3 37/2 45/19 45/20 52/8 54/8 86/14</p> <p>emailed [1] 37/24</p> <p>emailing [1] 20/7</p> <p>emails [1] 3/11</p> <p>embedded [1] 92/4</p> <p>Emma [1] 1/13</p> <p>empowered [1] 61/21</p> <p>enable [5] 3/5 51/18 68/13 87/18 91/12</p> <p>enabled [1] 60/11</p>	<p>enables [2] 5/2 7/7</p> <p>encourage [1] 15/10</p> <p>encouraged [2] 23/4 38/9</p> <p>end [6] 13/14 14/14 18/22 68/10 93/16 96/5</p> <p>engage [8] 4/7 5/16 15/11 25/21 47/11 50/17 56/20 68/20</p> <p>engaged [1] 55/14</p> <p>engagement [2] 69/2 83/17</p> <p>engaging [1] 39/9</p> <p>engineering [4] 3/13 6/5 6/10 23/3</p> <p>enough [6] 10/25 26/24 32/7 49/20 95/22 98/13</p> <p>enquiries [1] 52/3</p> <p>ensure [9] 7/7 19/20 25/17 27/9 42/5 43/25 68/13 78/13 91/2</p> <p>enter [1] 29/2</p> <p>entered [2] 13/1 14/11</p> <p>entering [1] 79/1</p> <p>entire [1] 70/11</p> <p>entitled [2] 61/19 64/8</p> <p>entries [1] 37/18</p> <p>entry [9] 8/6 10/20 11/12 12/18 22/15 37/18 38/19 39/24 57/6</p> <p>environment [3] 10/4 20/17 28/18</p> <p>episode [2] 25/2 28/5</p> <p>episodes [1] 28/7</p> <p>error [1] 12/24</p> <p>escalated [3] 51/9 92/5 92/11</p> <p>especially [1] 26/9</p> <p>essential [1] 99/6</p> <p>essentially [5] 48/11 52/2 74/20 76/14 76/15</p> <p>established [2] 4/20 71/8</p> <p>et [5] 17/8 33/7 34/23 53/8 70/20</p> <p>et cetera [5] 17/8 33/7 34/23 53/8 70/20</p> <p>even [16] 9/8 30/21 31/7 41/13 45/11 48/3 58/23 60/8 61/15 64/7 68/2 75/16 75/21 88/7 91/17 97/23</p> <p>evening [2] 34/18 38/11</p> <p>event [2] 90/15 98/23</p> <p>ever [4] 83/14 86/17 97/25 98/1</p> <p>every [3] 10/8 60/9 94/5</p> <p>everybody [3] 16/1</p>	<p>71/23 86/7</p> <p>everyone [1] 89/6</p> <p>everyone's [1] 70/2</p> <p>everything [6] 19/10 22/2 85/1 85/4 89/20 97/1</p> <p>evidence [10] 29/12 76/2 77/25 82/2 85/8 88/10 101/4 101/12 101/12 103/21</p> <p>exactly [2] 54/3 69/16</p> <p>exam [3] 7/9 23/3 34/4</p> <p>example [18] 10/9 11/18 15/3 24/5 27/7 29/22 30/20 33/19 40/8 42/16 42/23 53/24 58/4 58/9 61/8 67/19 72/10 76/8</p> <p>examples [1] 55/4</p> <p>exams [5] 8/18 8/24 10/3 24/18 34/18</p> <p>exclude [4] 40/23 40/25 41/10 50/1</p> <p>excluded [2] 51/13 76/8</p> <p>excluding [1] 50/22</p> <p>exclusion [1] 55/22</p> <p>executive [1] 86/17</p> <p>exercise [2] 88/8 88/16</p> <p>exist [1] 47/4</p> <p>existing [1] 49/5</p> <p>exiting [1] 10/23</p> <p>expect [4] 9/1 26/7 27/11 67/14</p> <p>expectation [1] 11/22</p> <p>expected [2] 21/22 85/25</p> <p>experience [11] 4/1 15/18 15/20 28/5 28/6 38/1 47/20 48/6 74/11 74/11 84/22</p> <p>explain [1] 59/20</p> <p>explained [4] 34/20 50/21 58/5 66/18</p> <p>expressing [2] 45/10 53/4</p> <p>expulsion [1] 55/22</p> <p>extent [1] 22/23</p> <p>Extenuating [2] 7/3 47/2</p> <p>extraordinary [2] 102/20 102/22</p> <p>extremely [2] 34/14 69/6</p> <p>eyesight [1] 23/19</p> <hr/> <p>F</p> <p>facilities [1] 33/23</p> <p>fact [21] 2/19 10/20 11/15 18/3 36/12 39/4 45/6 57/23 62/6 62/22 63/19 68/1 69/1 69/12</p>	<p>73/24 76/6 83/23 84/1 87/16 92/20 95/12</p> <p>factor [1] 9/8</p> <p>factors [3] 7/6 47/16 69/8</p> <p>faculties [1] 6/8</p> <p>faculty [3] 3/13 6/8 6/10</p> <p>failure [1] 79/3</p> <p>fair [3] 20/8 84/9 95/18</p> <p>fairly [4] 26/23 32/18 33/3 83/3</p> <p>fairness [2] 20/20 22/9</p> <p>fall [1] 79/11</p> <p>falling [1] 52/7</p> <p>false [1] 78/25</p> <p>familiar [3] 24/3 24/7 89/14</p> <p>familiarise [1] 36/8</p> <p>families [9] 81/21 81/24 82/6 82/16 83/16 83/20 84/20 85/11 96/8</p> <p>family [4] 6/23 19/8 44/2 87/3</p> <p>far [8] 13/21 20/10 35/19 40/19 47/14 58/21 91/12 99/1</p> <p>fears [1] 19/2</p> <p>February [6] 1/1 58/10 68/17 86/10 89/19 103/24</p> <p>feed [1] 21/25</p> <p>feel [15] 15/23 15/23 22/8 34/4 41/12 61/21 64/25 65/17 83/6 84/5 84/6 97/24 98/12 98/24 102/25</p> <p>feeling [2] 32/5 34/22</p> <p>feels [1] 22/21</p> <p>fell [1] 101/14</p> <p>fellow [1] 33/10</p> <p>felt [12] 16/25 17/24 20/19 28/18 42/25 50/15 57/17 60/2 83/24 85/3 97/3 97/23</p> <p>female [4] 8/12 10/21 10/23 11/10</p> <p>Feven [2] 74/4 74/21</p> <p>few [5] 30/15 33/23 34/2 66/3 75/7</p> <p>file [1] 36/7</p> <p>final [3] 12/17 59/14 69/19</p> <p>finally [3] 5/13 64/11 79/14</p> <p>find [5] 33/25 63/25 64/1 98/15 98/16</p> <p>fine [3] 22/21 57/15 96/2</p> <p>finish [3] 90/19 91/6 103/18</p> <p>firmly [1] 60/7</p> <p>first [27] 2/24 8/1 8/6</p>
---	---	---	---	---

F	81/4	96/20 99/23 99/25 100/19	happened [26] 14/21 14/25 15/24 20/9 26/18 30/15 35/23 36/4 43/5 48/7 67/9 70/15 74/18 74/25 75/14 77/3 84/3 85/5 85/5 94/2 98/22 99/3 99/3 101/7 101/8 102/11	57/18 57/22 58/22 60/21 65/2 66/16 66/24 67/4 68/21 70/9 71/14 71/15 71/20 71/24 72/2 75/12 75/19 79/22 89/17 98/9 99/1 99/8 99/12 100/20 101/17
first... [24] 8/21 11/1 12/7 14/18 15/13 28/5 37/18 39/13 47/5 48/14 52/8 56/15 57/8 58/16 71/7 73/4 73/6 74/3 75/11 81/23 82/4 82/16 91/24 96/20	formalised [2] 59/22 101/9	gives [1] 76/2	happened happened [1] 85/5	Health Improvement [2] 5/13 5/14
fit [5] 30/1 55/17 67/6 68/6 80/10	formally [2] 37/7 59/24	go [17] 5/23 16/2 18/2 22/1 22/20 38/16 43/2 48/13 50/14 51/5 56/10 57/6 63/1 71/21 75/8 89/13 91/1	happening [14] 18/5 28/12 31/17 43/3 44/4 56/5 60/1 77/24 78/12 80/25 87/16 90/15 97/15 97/24	Healthcare [1] 4/9
fitness [23] 46/11 46/12 51/8 54/17 59/17 60/4 66/6 66/14 66/23 67/14 87/19 89/8 89/15 90/12 91/9 91/11 91/21 91/23 91/24 92/2 94/18 95/6 95/15	forwarded [3] 6/12 6/17 19/24	goes [1] 73/24	harassment [3] 4/22 5/4 76/25	hear [7] 1/5 28/24 35/4 77/25 83/11 92/21 103/19
fitting [1] 80/8	forwarding [1] 7/12	going [35] 1/5 1/8 2/23 5/23 5/24 7/5 9/18 22/12 22/19 23/15 28/11 28/19 29/21 34/24 35/7 35/9 36/8 39/20 41/10 57/22 59/13 68/5 73/4 77/25 78/16 81/22 83/11 88/1 90/2 90/19 92/21 103/16 103/18 103/19 103/20	happy [1] 14/7	heard [4] 7/20 91/20 91/21 96/21
five [2] 93/2 93/3	found [3] 30/17 30/22 102/14	gold [1] 86/24	hard [10] 19/9 25/22 30/24 33/3 59/3 66/7 69/12 94/3 95/22 99/18	heartfelt [1] 97/25
five minutes [2] 93/2 93/3	four [3] 71/16 93/4 93/9	gone [6] 6/15 13/24 20/10 21/9 69/4 80/5	has [60] 1/25 6/14 6/20 6/22 8/7 10/9 10/15 13/20 13/24 14/11 14/13 16/8 18/20 20/9 20/10 21/1 21/9 21/24 22/21 23/24 24/17 26/4 27/24 29/15 30/12 31/20 34/12 36/25 37/12 37/13 38/4 38/25 40/6 42/1 46/6 46/25 51/13 53/20 55/2 56/12 59/17 59/22 62/14 63/14 63/15 67/10 69/9 69/24 71/25 71/25 72/3 72/7 73/25 77/24 81/4 82/9 86/7 96/19 101/11 102/9	Heaven [4] 65/25 66/2 89/2 104/4
flag [2] 16/22 32/4	four years [1] 71/16	good [9] 1/4 3/5 26/14 27/18 59/6 66/3 69/7 71/5 81/20	hasn't [1] 20/10	heavily [1] 16/15
flagging [1] 37/6	fractured [1] 10/21	got [14] 8/2 8/2 18/2 26/8 29/15 42/8 66/7 66/10 66/11 67/13 75/18 89/4 91/18 95/10	have [318]	heavy [1] 24/25
flat [19] 13/1 14/11 16/7 22/20 22/22 33/22 34/6 34/13 35/8 35/9 35/23 35/25 38/11 40/14 40/15 74/5 74/22 77/3 78/21	frames [1] 48/10	Grace [2] 81/24 82/12	haven't [4] 8/2 21/2 86/15 97/2	heightened [1] 44/6
flatmate [3] 28/25 33/10 34/6	frank [1] 90/4	graduation [2] 82/12 90/22	having [11] 3/24 8/10 19/11 30/1 43/4 50/6 51/22 59/4 87/15 99/21 102/7	held [3] 12/2 12/9 91/10
flatmates [1] 41/13	frankly [1] 89/18	grateful [2] 94/21 100/12	he [134]	help [17] 4/7 9/25 21/21 23/5 52/11 52/19 56/3 68/13 72/9 73/6 76/13 83/8 85/1 86/5 95/21 97/18 101/1
flats [4] 33/21 44/12 44/13 44/14	free [2] 11/23 11/25	green [2] 6/15 14/2	he's [2] 57/9 57/10	helped [2] 59/23 98/2
flickering [1] 14/2	friend [1] 89/2	grounds [1] 87/6	Head [5] 2/10 3/21 3/22 49/19 49/19	helpful [11] 9/3 9/23 10/16 10/17 14/3 54/12 64/8 67/3 67/18 67/24 99/14
floor [2] 10/23 11/1	front [2] 1/22 40/15	group [2] 3/3 72/5	health [71] 2/13 2/18 2/19 4/2 4/3 4/6 5/13 5/14 5/15 5/17 6/22 7/6 7/18 7/19 9/21 13/2 13/3 15/5 15/12 19/2 19/16 19/17 22/5 22/23 23/5 25/10 25/25 26/8 27/5 28/14 29/4 36/16 36/20 39/8 42/8 42/9 43/2 44/19 47/10 47/24 50/5 50/9 51/19 51/23 56/5 56/7	helpfully [1] 75/5
focus [9] 34/4 50/20 53/25 54/4 54/19 56/4 67/18 83/19 83/19	frustrating [2] 20/5 99/19	guess [2] 17/20 18/16	highlight [1] 8/4	helping [1] 98/2
focusing [4] 5/6 17/10 62/13 97/14	frustration [1] 20/4	guidance [2] 63/9 64/9	here [12] 6/3 7/24 13/24 15/1 25/3 26/4 28/16 54/23 66/11 80/10 80/13 84/22	her [7] 7/20 7/22 8/2 54/11 76/2 99/25 100/2
follow [2] 7/14 59/9	fully [6] 12/4 12/5 15/11 26/7 29/17 70/22	H	high [2] 69/12 70/8	herself [1] 5/10
followed [2] 6/18 47/3	further [16] 11/12 12/1 13/8 16/5 16/10 28/2 35/1 38/6 49/1 49/2 50/18 56/25 57/2 78/14 93/25 95/16	had [131]	higher [3] 44/10 86/17 86/21	highlighted [2] 24/25 98/24
following [10] 6/19 12/22 13/4 22/20 33/5 34/2 49/16 58/12 60/19 62/10	future [1] 74/1	hadn't [11] 27/14 39/9 42/25 51/8 53/22 67/9 67/23 83/9 90/10 92/10 103/8	highly [1] 15/1	him [26] 15/6 16/13 17/1 19/4 19/7 21/22 29/1 34/10 34/10 34/10 34/11 34/17 34/19 36/21 38/7 42/25 44/20 45/13 53/18 58/23 67/7 87/5 87/12 87/17 87/18 102/13
following September [1] 33/5	G	halfway [4] 22/25 24/24 63/21 89/11	himself [1] 53/11	hindsight [1] 90/11
force [3] 94/25 95/9 95/12	G.F [1] 23/4	halls [3] 33/18 44/7 44/11	his [69] 6/4 6/21 6/22 6/23 8/16 8/17 12/22 13/1 13/6 13/10 13/19	his
forced [1] 87/22	gaining [1] 16/6	handed [1] 21/13		
forcing [1] 29/1	gave [1] 78/25	handled [1] 100/4		
forensic [2] 80/4 99/12	general [2] 47/13 70/5	handwritten [2] 39/17 56/11		
foreshadowed [3] 96/14 96/16 98/5	generally [2] 3/7 33/24	Hann [1] 1/12		
form [3] 32/24 37/7 51/5	generic [1] 6/24	happen [13] 13/14 15/20 19/10 19/20 19/21 20/21 20/21 22/10 22/11 27/18 28/11 28/19 103/20		
formal [11] 37/11 41/16 41/20 58/1 58/21 64/14 64/19 75/22 79/24 80/21	gentleman [1] 74/5			
	genuinely [1] 84/6			
	Geoff [2] 18/21 21/19			
	Geoff Culpin [1] 18/21			
	Geoff's [1] 20/22			
	get [13] 4/25 9/9 21/7 24/22 25/18 28/7 35/12 45/16 54/5 59/24 63/6 85/1 99/19			
	gets [1] 98/24			
	getting [5] 11/24 22/8 24/18 52/4 88/15			
	Giddings [1] 1/13			
	girlfriend's [3] 34/24 35/6 35/7			
	give [5] 4/13 31/2 45/11 47/6 98/5			
	given [14] 28/16 31/1 31/3 42/5 42/24 59/1 70/7 82/2 87/8 95/14			

H	I apologise [2] 42/18 48/4	I knew [1] 10/25	14/3 14/7 65/24 66/13	103/5
his... [58] 14/12 15/2 15/3 15/7 16/6 18/11 19/2 19/8 20/23 22/20 22/22 22/23 23/5 24/15 24/18 25/1 25/4 28/21 28/25 29/2 30/2 30/10 30/20 34/24 35/6 35/7 38/8 39/8 40/8 40/13 40/21 42/19 42/22 52/4 52/13 53/17 54/19 57/11 57/11 57/16 58/10 58/23 66/16 68/15 68/20 68/21 70/3 70/13 78/20 87/3 87/19 89/17 89/20 89/22 90/19 92/8 92/8 100/16	I appreciate [1] 76/22	I know [4] 24/8 29/18 85/14 103/9	76/3 89/5 93/6 96/3 96/17 99/22	inaudible [2] 18/12 57/17
history [3] 26/4 27/25 89/20	I ask [7] 71/5 71/7 76/4 77/25 79/18 81/10 81/21	I led [1] 82/25	I won't [1] 47/16	inbox [2] 4/24 6/20
hm [12] 8/14 12/12 25/8 28/23 32/12 37/21 39/25 48/18 51/15 53/15 86/16 94/24	I assume [1] 72/24	I left [1] 2/5	I worked [1] 2/4	incident [49] 5/6 5/7 5/8 8/17 8/19 8/20 10/24 12/2 12/7 12/8 14/20 14/22 16/5 16/10 20/13 27/23 30/9 31/8 34/21 35/20 35/22 35/22 36/1 36/23 37/4 37/5 37/9 37/10 37/16 38/16 39/10 42/15 45/1 55/18 56/4 57/2 58/16 67/17 70/15 74/3 74/4 74/16 75/14 76/23 78/20 86/13 95/1 95/13 97/3
holding [4] 16/12 16/13 32/5 34/10	I believe [2] 72/16 75/17	I line [1] 3/19	I would [32] 9/15 9/16 11/19 15/17 20/2 29/15 30/25 31/1 31/22 43/17 46/12 50/7 50/12 54/22 55/10 64/6 67/13 68/4 70/22 75/23 75/25 77/23 86/7 89/25 90/1 92/1 94/21 95/24 96/20 97/2 98/8 102/18	incidents [18] 8/13 9/2 14/25 20/11 27/19 27/22 28/25 29/6 30/15 31/24 36/2 36/12 40/19 42/13 52/22 58/14 58/18 78/1
home [7] 16/16 19/7 19/14 22/19 24/15 50/10 50/17	I can [4] 14/7 56/9 65/24 95/25	I look [1] 95/16	I wouldn't [5] 44/15 62/3 80/2 97/11 97/17	include [1] 55/6
honest [2] 63/18 90/1	I can't [4] 33/15 69/17 75/24 97/12	I made [1] 37/16	I wrote [1] 2/3	includes [1] 73/17
honestly [2] 85/3 87/20	I certainly [1] 20/7	I managed [1] 3/22	I'd [1] 66/8	including [1] 78/23
honesty [2] 65/18 98/16	I could [2] 70/7 97/18	I may [2] 4/12 99/23	I'm [32] 1/8 2/23 5/21 5/23 5/24 8/10 14/7 18/15 22/12 25/21 31/6 39/20 59/13 62/2 62/2 63/17 63/17 67/9 68/9 70/1 73/4 74/14 81/22 88/1 91/16 95/3 95/11 97/15 97/15 97/16 98/1 100/12	incomplete [1] 98/19
hope [2] 98/2 102/18	I couldn't [6] 24/10 24/12 56/1 61/12 72/16 76/20	I mean [14] 10/23 12/5 12/6 21/1 29/21 31/4 42/14 48/6 52/4 53/4 54/16 67/25 84/24 90/23	I've [4] 8/2 66/11 89/4 97/25	incorrect [1] 71/14
Hoskins [2] 34/19 46/6	I described [1] 54/14	I next [1] 72/6	ideal [1] 101/22	increased [3] 66/17 66/24 89/17
hospital [8] 6/21 12/10 17/8 21/10 21/14 21/18 51/3 102/15	I developed [1] 61/12	I not [1] 92/25	identification [1] 80/23	increases [1] 89/24
hours [1] 37/14	I did [3] 2/21 60/20 61/12	I only [2] 14/20 81/22	identified [4] 9/7 49/18 73/10 78/23	increasing [2] 50/24 103/6
housing [1] 44/14	I didn't [5] 3/18 11/2 34/11 35/3 84/15	I oversaw [1] 4/24	identify [7] 36/10 64/21 68/14 69/22 81/1 97/12 102/8	increasingly [2] 13/19 18/25
how [22] 13/10 15/23 20/19 21/3 21/3 33/1 46/8 46/20 52/3 57/15 61/18 65/11 65/13 67/9 69/14 70/17 73/6 85/25 88/13 98/17 99/20 102/4	I do [4] 4/15 14/3 98/11 99/9	I oversee [1] 56/2	identifying [3] 16/20 68/19 77/21	indecent [1] 55/12
However [2] 18/12 37/5	I don't [40] 6/13 10/2 11/19 23/11 24/7 25/13 29/16 31/6 31/19 31/20 32/13 34/21 37/4 43/7 51/23 54/3 56/17 58/7 58/7 63/13 65/10 67/21 67/22 69/16 69/18 69/22 74/24 74/24 75/2 75/3 75/3 75/21 75/25 84/17 85/25 86/25 88/21 98/19 102/17 102/18	I provide [1] 97/9	if [154]	indeed [1] 68/21
huge [3] 40/6 40/7 79/20	I elevated [1] 86/19	I quite [1] 14/9	ill [3] 43/9 43/9 89/21	indicate [1] 17/21
hurt [1] 34/9	I feel [2] 97/24 98/12	I really [1] 88/25	immediate [2] 52/14 82/6	indicates [1] 6/24
I	I find [1] 98/15	I remain [1] 18/24	immediately [2] 43/13 78/11	indicating [1] 81/11
I actually [1] 71/20	I got [1] 95/10	I right [1] 47/25	impact [4] 17/1 18/10 65/13 66/24	indication [1] 100/1
I agree [1] 101/13	I guess [2] 17/20 18/16	I said [3] 35/5 64/6 100/24	impacted [3] 7/6 66/16 89/17	indications [1] 56/6
I also [1] 90/11	I had [8] 34/19 37/6 37/7 60/5 71/16 86/4 93/4 102/24	I set [3] 4/21 60/19 71/12	impacting [1] 3/25	individual [2] 62/14 65/2
I am [9] 2/4 7/14 9/21 18/25 29/17 37/5 54/11 58/15 95/25	I hadn't [1] 83/9	I set [3] 4/21 60/19 71/12	impair [1] 75/13	individuals [2] 74/5 76/18
	I have [13] 6/23 13/25 14/2 19/24 29/17 35/5 37/3 38/9 43/22 50/21 56/15 83/7 93/9	I should [2] 70/5 70/6	importance [3] 78/16 78/17 99/4	inextricably [1] 89/23
	I haven't [3] 8/2 21/2 97/2	I spoke [3] 34/20 35/11 36/9	improper [1] 55/7	info [1] 52/11
	I honestly [1] 87/20	I start [2] 66/5 93/11	improve [2] 4/4 88/14	inform [1] 81/1
	I hope [1] 98/2	I stepped [1] 5/21	improved [1] 63/4	informal [2] 48/15 91/24
	I joined [1] 71/19	I still [1] 83/9	improvement [2] 5/13 5/14	information [81] 5/15 9/5 9/9 9/13 9/15 10/7 10/13 10/14 10/19 13/21 14/15 14/16 14/19 14/19 14/24 15/1 16/25 17/20 21/23 23/10 25/4 25/9 26/9 26/10 28/16 30/18 30/22 30/24 31/2 31/3 31/12 32/23
	I just [18] 4/13 14/4 41/4 45/16 65/21 66/3 69/25 73/13 75/6 76/13 89/18 92/10 92/18 92/20 97/11 98/5 98/16 100/15	I stopped [1] 34/9	inadvertently [1]	
	I take [1] 95/3	I then [2] 72/25 79/14		
	I think [160]	I thought [3] 23/19 92/19 92/21		
	I thought [3] 23/19 92/19 92/21	I understand [7] 21/11 31/6 43/4 68/24 70/14 85/7 94/16		
	I used [3] 37/7 88/19 88/21	I used [3] 37/7 88/19 88/21		
	I want [4] 66/12 86/6 88/1 90/9	I wanted [1] 100/16		
	I was [34] 4/25 8/5 12/6 12/6 12/7 18/23 23/14 33/10 34/5 35/10 35/10 35/22 36/3 36/8 52/17 58/6 60/3 61/13 61/13 62/5 71/14 71/15 71/20 71/23 71/24 82/25 85/25 85/25 86/1 86/1 91/8 100/15 101/15 102/5	I was [34] 4/25 8/5 12/6 12/6 12/7 18/23 23/14 33/10 34/5 35/10 35/10 35/22 36/3 36/8 52/17 58/6 60/3 61/13 61/13 62/5 71/14 71/15 71/20 71/23 71/24 82/25 85/25 85/25 86/1 86/1 91/8 100/15 101/15 102/5		
	I wasn't [5] 12/4 34/17 36/7 60/4 85/12	I will [12] 4/15 4/15		

<p>I</p> <p>information... [49] 35/13 37/4 39/1 39/3 39/4 39/14 41/22 42/8 53/23 54/2 54/12 58/1 61/5 61/7 61/9 61/10 61/18 61/19 61/22 62/6 62/11 63/6 63/11 64/3 66/25 68/7 69/23 70/7 70/9 70/14 73/14 79/20 79/25 80/13 80/14 81/8 83/15 86/12 88/8 88/15 88/16 93/23 94/13 94/15 94/16 96/10 98/19 99/19 103/1 informed [5] 29/7 31/7 74/17 74/17 103/5</p> <p>Initially [1] 2/18 initiated [2] 48/12 49/15</p> <p>injuries [3] 11/2 34/11 86/11</p> <p>injury [5] 8/11 10/21 37/13 75/12 76/8</p> <p>input [1] 101/18</p> <p>Inquiry [14] 14/16 14/18 28/24 53/21 69/9 69/25 82/2 82/18 83/12 88/13 93/12 96/19 99/5 103/23</p> <p>Inquiry's [2] 1/8 1/18</p> <p>insight [3] 13/10 13/13 14/13</p> <p>insist [1] 19/13</p> <p>instance [3] 7/5 7/9 33/6</p> <p>Instead [1] 68/12</p> <p>instigate [1] 52/3</p> <p>instigated [3] 50/4 51/17 100/21</p> <p>Intelligence [1] 62/14</p> <p>intends [1] 22/20</p> <p>intensity [1] 44/9</p> <p>intensive [1] 37/14</p> <p>intent [1] 34/9</p> <p>interacting [1] 52/16</p> <p>interference [1] 55/7</p> <p>internal [1] 69/23</p> <p>interpret [1] 39/20</p> <p>interrupt [2] 26/25 87/10</p> <p>interrupted [3] 28/21 30/2 102/14</p> <p>interruption [4] 29/13 29/14 93/14 100/17</p> <p>interrupts [1] 29/8</p> <p>intervene [1] 65/11</p> <p>intervention [6] 17/9 38/24 40/4 40/5 49/21 49/22</p> <p>interview [1] 8/16</p> <p>into [23] 5/16 5/21</p>	<p>6/19 13/10 21/9 28/2 30/4 30/6 32/23 55/17 57/8 59/24 61/11 69/4 72/18 73/5 73/14 74/8 75/10 79/21 80/1 86/25 101/19</p> <p>introduce [1] 51/21</p> <p>introduced [3] 64/23 101/2 101/6</p> <p>investigation [1] 82/25</p> <p>invite [1] 61/2</p> <p>invited [1] 59/12</p> <p>involve [1] 68/19</p> <p>involved [14] 8/13 16/24 20/20 21/7 21/7 42/13 54/11 57/4 58/6 67/4 68/12 80/7 83/3 84/2</p> <p>involvement [6] 5/24 82/17 82/17 82/19 83/3 97/3</p> <p>involving [9] 28/25 35/20 55/18 58/18 74/4 74/4 76/12 76/23 78/20</p> <p>irritated [1] 98/12</p> <p>is [241]</p> <p>isn't [14] 10/4 15/2 25/7 25/16 28/11 33/13 43/15 44/17 45/7 48/7 61/9 71/9 72/9 76/10</p> <p>isn't it [7] 10/4 15/2 33/13 44/17 45/7 48/7 71/9</p> <p>isolation [1] 9/1</p> <p>issue [4] 16/19 63/5 66/19 100/9</p> <p>issues [14] 3/10 3/25 4/6 5/3 5/3 24/25 27/14 35/1 79/22 80/5 81/1 83/25 99/1 100/8</p> <p>it [309]</p> <p>it's [104] 6/15 6/16 6/17 9/3 9/15 9/16 10/2 10/12 10/16 10/16 10/17 15/4 15/5 17/6 20/16 21/16 24/5 24/7 25/24 26/9 27/1 27/11 27/15 29/11 29/25 30/24 32/4 33/14 33/14 37/15 41/1 41/2 41/14 41/25 42/11 44/1 44/6 44/16 45/2 45/19 46/12 52/4 52/5 52/25 52/25 56/1 56/15 56/18 56/18 59/3 59/7 60/25 61/1 61/2 62/3 62/8 63/5 63/6 63/7 63/14 64/7 64/8 65/5 65/6 65/17 66/5 66/6 66/10 68/7 68/9 68/10 69/16 69/19 69/20 72/3 72/9 72/14 72/16 72/24</p>	<p>73/3 79/11 79/16 81/3 89/3 89/5 90/5 90/6 91/13 92/2 94/1 94/3 95/22 98/1 98/9 98/18 98/21 98/22 98/23 98/23 99/2 99/15 101/10 102/3 102/6</p> <p>itself [2] 77/12 81/9</p> <p>J</p> <p>James [1] 1/13</p> <p>Jamie [2] 73/11 74/17</p> <p>January [17] 37/19 37/24 38/18 38/19 39/5 39/24 45/2 45/3 52/2 53/14 53/17 54/25 55/2 57/7 57/21 95/1 95/13</p> <p>Jasmine [1] 5/9</p> <p>job [2] 20/15 20/15</p> <p>join [1] 71/17</p> <p>joined [1] 71/19</p> <p>judge [1] 84/25</p> <p>July [10] 5/20 12/1 12/11 12/18 16/3 18/19 22/15 23/13 29/1 58/19</p> <p>jump [1] 10/25</p> <p>June [12] 5/25 6/4 7/10 8/1 10/20 11/4 11/7 11/13 11/16 69/13 85/8 85/21</p> <p>just [85] 1/8 2/3 2/24 4/13 4/14 5/21 6/14 8/6 9/8 13/11 14/4 16/21 16/21 16/25 19/18 20/2 20/18 20/19 21/20 23/14 23/15 23/19 31/9 34/2 35/3 35/18 37/20 37/23 41/4 44/4 45/1 45/16 45/21 48/14 50/21 53/11 54/22 56/12 56/13 56/18 57/3 59/7 60/15 61/17 61/23 63/6 65/2 65/21 66/3 66/6 69/19 69/25 71/7 71/18 72/6 72/9 73/13 75/6 76/13 76/21 79/14 81/5 83/18 83/19 83/19 85/7 88/11 89/18 91/15 91/16 92/8 92/10 92/18 92/19 92/20 97/11 97/22 98/5 98/14 98/15 98/16 98/22 99/13 100/15 103/17</p> <p>K</p> <p>Katherine [5] 29/15 29/18 56/3 76/2 100/25</p> <p>keen [2] 16/16 62/5</p> <p>keep [6] 24/22 47/15</p>	<p>80/21 91/19 101/24 102/7</p> <p>keeps [1] 13/9</p> <p>kept [2] 36/5 36/6</p> <p>key [9] 31/12 39/1 39/2 39/4 59/20 59/21 61/3 63/23 94/16</p> <p>killing [2] 13/14 14/14</p> <p>kind [18] 10/6 18/15 18/15 22/9 25/9 26/5 27/20 29/23 37/6 44/21 59/25 62/3 62/21 63/23 63/24 64/3 90/23 97/14</p> <p>kinds [2] 44/7 64/25</p> <p>kitchen [1] 33/22</p> <p>knew [9] 10/25 84/21 86/11 86/13 89/20 90/14 90/17 90/19 90/20</p> <p>know [137]</p> <p>knowing [3] 63/19 67/16 99/4</p> <p>knowledge [3] 2/2 29/18 73/14</p> <p>known [9] 24/1 31/9 31/25 33/1 38/4 70/5 77/14 83/22 103/15</p> <p>Kumar [2] 81/24 82/5</p> <p>L</p> <p>labs [4] 52/12 53/2 53/6 53/7</p> <p>lack [2] 15/18 15/24</p> <p>laid [1] 72/15</p> <p>language [1] 55/13</p> <p>last [15] 2/5 13/6 33/11 38/5 46/15 82/1 85/9 85/20 85/21 85/21 88/1 88/11 88/25 88/25 96/25</p> <p>later [3] 54/3 63/11 92/24</p> <p>latter [1] 74/4</p> <p>launched [1] 33/5</p> <p>lead [4] 36/25 55/22 62/25 62/25</p> <p>leads [1] 50/18</p> <p>lean [1] 90/1</p> <p>learn [2] 18/23 99/5</p> <p>learned [3] 82/16 84/22 89/2</p> <p>learning [1] 83/5</p> <p>least [5] 27/19 27/23 50/14 50/15 51/11</p> <p>leave [7] 34/7 56/24 87/5 87/13 87/14 87/20 98/14</p> <p>leaves [2] 87/7 93/1</p> <p>leaving [2] 85/9 90/18</p> <p>led [3] 31/18 50/19 82/25</p> <p>left [5] 2/5 69/17 83/24 85/6 92/8</p>	<p>lens [1] 73/13</p> <p>less [1] 10/17</p> <p>let [6] 20/10 34/6 68/9 69/19 71/21 88/12</p> <p>let's [5] 7/25 32/9 44/25 76/21 96/5</p> <p>letter [1] 100/3</p> <p>level [5] 61/14 62/1 62/4 70/9 86/22</p> <p>levels [1] 51/14</p> <p>liaise [2] 73/20 74/23</p> <p>liaised [4] 22/4 22/5 44/23 74/20</p> <p>liaising [1] 96/8</p> <p>liaison [4] 8/8 26/17 27/2 27/2</p> <p>lies [1] 17/8</p> <p>life [3] 37/13 45/20 47/12</p> <p>light [2] 36/12 59/13</p> <p>like [29] 4/23 5/4 7/4 9/7 10/3 12/8 20/2 21/19 35/24 37/15 44/1 44/15 46/12 51/21 51/22 53/23 54/22 55/10 55/21 75/17 75/23 86/8 94/3 96/20 96/21 97/3 101/9 101/19 103/12</p> <p>likely [5] 13/19 52/12 75/12 91/10 99/1</p> <p>limitations [1] 88/5</p> <p>limited [2] 69/1 87/1</p> <p>line [14] 2/22 3/16 3/18 3/19 45/23 45/24 69/21 74/24 77/17 86/3 86/4 86/14 86/22 93/25</p> <p>Linehan [3] 76/3 92/21 103/19</p> <p>lines [2] 81/25 86/8</p> <p>link [1] 62/15</p> <p>linked [3] 20/19 89/23 101/5</p> <p>links [1] 75/1</p> <p>list [1] 64/1</p> <p>little [8] 11/12 13/8 26/10 44/12 61/18 62/12 81/25 90/25</p> <p>live [3] 24/6 24/9 68/3</p> <p>lived [2] 19/15 35/21</p> <p>living [12] 33/17 40/20 41/14 42/14 42/22 43/15 44/9 44/13 46/4 51/2 53/14 80/8</p> <p>local [1] 75/1</p> <p>locally [4] 61/24 62/4 63/7 81/2</p> <p>long [4] 4/5 69/14 71/17 98/25</p> <p>long-term [2] 4/5 98/25</p> <p>longer [5] 2/4 19/15 71/23 90/3 90/4</p>
--	--	---	--	--

L	manager [11] 5/9 45/24 73/7 73/10 73/16 73/20 73/24 74/23 86/4 86/14 86/22	medication [7] 12/25 13/5 14/12 15/2 15/10 39/11 40/9	minimised [1] 27/10	75/5 79/15
look [35] 7/11 12/13 13/16 22/14 26/18 37/18 41/7 45/2 46/13 48/19 49/13 52/7 54/7 54/7 54/25 55/10 56/11 60/10 62/9 64/22 66/8 72/20 74/8 75/6 77/2 78/15 78/19 88/2 89/1 90/7 90/8 90/9 95/16 95/24 99/5	managing [10] 3/10 3/20 3/20 15/6 40/6 54/1 59/9 75/20 84/9 86/3	medications [2] 24/21 56/21	minimum [1] 48/11	Mr Culpin [1] 19/22
looked [6] 32/6 50/22 55/21 78/5 90/10 99/10	mandated [1] 78/4	meds [2] 57/11 57/14	minute [1] 4/16	Mr Straw/Ms Heaven [1] 65/25
looking [14] 8/5 9/20 9/22 9/24 22/18 53/6 65/21 72/11 78/10 78/13 87/13 92/6 95/22 99/12	many [2] 28/4 28/4	meet [2] 51/4 60/9	minutes [4] 65/22 65/23 93/2 93/3	Ms [29] 1/22 20/2 65/19 65/25 66/2 71/2 71/2 71/3 71/4 71/5 76/3 81/19 81/20 89/2 90/17 92/19 92/20 92/21 93/8 96/6 96/7 98/4 98/7 99/23 100/16 104/4 104/5 104/6 104/7
Lorne [1] 24/2	MAPPA [3] 79/23 80/3 80/7	meeting [15] 26/19 27/8 27/8 59/3 59/10 59/11 60/15 60/17 60/19 60/24 69/5 91/10 91/25 92/2 92/4	misconduct [4] 55/4 55/6 77/13 91/20	Ms Cartwright [4] 71/2 71/2 71/4 104/5
loss [1] 37/12	MARAC [4] 79/23 80/7 80/9 80/10	meets [1] 57/11	missed [8] 31/14 31/16 31/16 93/17 93/21 93/22 93/24 94/11	MS HEAVEN [3] 66/2 89/2 104/4
lost [1] 13/25	March [2] 90/15 103/20	member [3] 6/22 55/16 79/5	mitigate [1] 51/1	Ms Linehan [2] 76/3 92/21
lot [12] 14/23 26/14 27/16 30/12 31/11 34/12 34/21 61/17 63/25 83/11 87/7 101/23	Marquis [1] 24/2	members [4] 1/6 47/21 63/3 77/12	mm [14] 8/14 12/12 25/8 28/23 32/12 36/24 36/24 37/21 39/25 48/18 51/15 53/15 86/16 94/24	Ms Patrick [6] 71/3 81/19 96/6 96/7 98/4 104/6
lots [3] 44/7 51/13 63/18	material [1] 48/24	memory [1] 36/9	Mm-hm [12] 8/14 12/12 25/8 28/23 32/12 37/21 39/25 48/18 51/15 53/15 86/16 94/24	Ms Patry [5] 92/19 92/20 93/8 100/16 104/7
low [1] 17/14	maths [1] 5/21	mental [68] 2/13 2/18 2/19 4/2 4/3 4/5 5/17 6/21 7/6 7/18 7/19 9/21 13/2 13/3 15/5 15/12 19/2 19/16 19/17 22/5 22/23 23/5 24/20 25/9 26/8 27/5 28/14 29/4 36/16 36/20 39/8 42/8 42/9 43/2 44/19 47/10 47/24 50/5 50/8 50/9 51/18 51/19 51/23 56/5 56/7 57/18 57/22 58/22 60/21 65/2 66/16 66/24 67/4 68/21 70/9 71/14 71/15 71/20 71/24 72/2 75/19 89/17 98/9 99/1 99/8 99/12 100/20 101/17	mode [1] 49/7	Ms Thompson [6] 1/22 65/19 71/5 81/20 90/17 98/7
M	matter [1] 81/3	mentally [1] 77/24	modified [1] 46/15	Ms Thompson's [1] 99/23
machinery [1] 53/8	maximium [1] 48/11	mentioned [5] 22/19 22/22 60/15 61/6 84/19	Modify [1] 49/5	Ms Turner [1] 20/2
Madam [2] 81/17 99/22	may [22] 4/12 8/12 12/24 14/5 28/25 30/17 32/22 33/18 38/10 46/11 46/14 47/2 47/22 62/10 68/20 77/18 94/21 94/23 95/19 96/4 98/4 99/23	mentally [1] 77/24	moment [1] 103/17	much [24] 1/22 2/6 2/23 3/11 15/17 17/22 19/18 21/1 24/23 36/8 48/23 50/20 54/1 54/4 55/21 59/25 65/16 65/19 67/9 70/17 70/24 77/22 83/8 103/17
made [24] 8/19 8/20 9/8 18/14 19/6 19/8 37/16 41/12 42/6 47/13 52/3 58/14 70/21 74/6 74/20 76/17 77/5 84/12 84/25 86/2 87/18 90/16 90/25 92/10	maybe [3] 18/12 76/1 97/10	mentally [1] 77/24	monitor [5] 25/14 25/16 25/23 25/25 88/3	multi [3] 59/5 60/25 64/20
make [23] 14/4 17/2 19/10 20/21 23/15 26/14 28/4 34/25 42/3 42/7 43/12 44/23 52/18 56/9 64/22 69/3 81/8 88/9 88/17 88/22 91/3 96/17 101/10	McWilliam [3] 1/17 53/20 69/24	mentally [1] 77/24	months [2] 22/24 30/23	multi-disciplinary [2] 59/5 60/25
makes [2] 70/23 80/14	me [27] 3/19 15/16 15/25 23/19 24/7 31/20 32/4 34/5 34/6 34/9 34/12 37/8 57/14 63/18 68/4 68/9 69/19 70/10 71/18 71/22 72/5 72/10 76/13 85/16 86/3 88/12 101/11	mentally [1] 77/24	more [47] 4/5 4/20 9/9 10/6 11/6 20/9 20/24 21/7 26/17 27/4 30/17 30/22 35/13 35/20 41/9 41/17 44/11 44/12 44/13 44/16 47/3 47/15 49/22 60/10 60/12 61/14 61/21 62/12 63/9 64/19 65/16 65/18 67/18 75/7 77/22 78/11 81/3 84/6 84/12 84/13 85/22 85/23 88/15 90/1 92/12 98/20 99/1	multiple [2] 21/6 36/12
making [3] 19/3 53/9 65/15	meaningful [2] 39/10 43/19	mentally [1] 77/24	morning [3] 6/20 7/20 18/20	mum [1] 57/3
man's [1] 16/9	means [2] 60/23 65/17	mentally [1] 77/24	most [9] 15/5 24/8 26/21 33/20 34/13 43/13 65/23 97/25 98/25	my [46] 5/9 6/14 9/21 11/22 14/3 16/19 18/16 21/1 23/19 30/24 32/21 34/4 34/6 37/3 45/24 54/3 60/7 62/4 62/24 63/17 63/18 63/19 67/18 67/21 68/16 70/24 72/16 72/24 81/17 81/20 83/3 83/18 83/19 83/19 86/19 88/25 89/2 92/22 92/25 93/7 94/18 96/3 97/3 97/17 99/13 100/12
manage [11] 2/22 3/16 3/18 14/7 17/7 42/10 52/19 57/20 65/9 74/24 75/3	meant [5] 38/22 41/10 50/23 65/8 94/2	mentally [1] 77/24	mother [4] 6/4 8/7 8/8 8/21	My learned [1] 89/2
managed [10] 3/19 3/22 11/21 11/23 17/24 28/14 33/15 43/20 65/14 82/24	measure [1] 20/5	mentally [1] 77/24	mouth [1] 57/11	MyNottingham [1] 33/6
management [3] 36/4 42/12 82/17	measures [3] 7/7 68/18 68/22	mentally [1] 77/24	move [14] 7/23 32/9 38/17 44/4 53/18 68/9 69/19 72/18 73/5 75/4 76/21 77/7 86/6 88/1	myself [6] 4/15 5/9 36/8 39/21 60/3 84/12
	mechanisms [1] 88/14	mentally [1] 77/24	moved [3] 30/4 40/14 60/7	
	mediate [1] 73/21	mentally [1] 77/24	moving [2] 11/4 16/3	
	medical [5] 12/15 21/17 22/12 49/2 101/3	mentally [1] 77/24	Mr [6] 1/3 19/22	
	Medical Officer [1] 21/17	mentally [1] 77/24	Mr [6] 1/3 19/22 65/25 73/1 75/5 79/15	
		mentally [1] 77/24	Mr Blake [4] 1/3 73/1	

<p>N</p> <p>name [10] 56/13 56/19 63/11 63/14 63/17 63/18 63/20 78/25 79/3 81/20</p> <p>namely [1] 74/21</p> <p>names [1] 1/9</p> <p>national [1] 62/1</p> <p>nationally [1] 63/7</p> <p>nationwide [2] 61/23 62/1</p> <p>nature [2] 20/13 59/11</p> <p>near [1] 79/1</p> <p>necessarily [9] 25/25 30/7 30/7 32/14 52/17 62/3 63/19 76/10 94/9</p> <p>need [18] 4/8 14/4 14/5 15/12 25/18 39/23 40/3 42/25 46/11 50/14 52/10 52/13 63/13 70/19 70/19 91/2 91/3 99/20</p> <p>needed [19] 17/25 18/4 22/8 26/25 31/13 35/12 36/20 43/17 44/1 44/22 51/18 53/9 54/5 57/18 57/19 61/23 68/13 85/2 92/7</p> <p>needs [1] 63/9</p> <p>negative [2] 94/4 94/4</p> <p>neighbour [5] 8/12 13/1 16/6 16/7 44/3</p> <p>neighbour's [1] 42/20</p> <p>neighbours [4] 16/9 40/13 40/18 42/22</p> <p>never [3] 66/19 92/2 94/1</p> <p>new [8] 27/9 33/4 88/6 88/6 88/7 92/3 101/1 101/6</p> <p>next [16] 4/17 11/14 13/12 13/16 22/25 23/9 25/15 38/18 44/3 48/10 49/24 57/23 59/14 72/6 90/9 94/3</p> <p>next-door [1] 44/3</p> <p>NHFT0000168 [2] 12/13 22/13</p> <p>NHS [6] 4/9 31/7 61/8 64/7 93/23 94/17</p> <p>night [3] 33/11 35/8 35/10</p> <p>no [68] 2/4 8/20 10/25 11/19 12/4 13/8 13/10 13/13 13/23 14/13 17/15 17/20 19/15 21/1 24/4 25/6 25/13 25/14 29/7 36/17 37/6 39/5 40/20 41/14 42/17 42/17 48/11 49/1 52/6 52/21 52/22 57/15 58/13</p>	<p>58/25 60/17 61/6 65/10 65/24 66/11 68/18 68/22 69/5 71/14 71/16 71/19 71/23 74/9 79/9 79/13 79/13 84/15 84/24 84/24 85/8 85/12 85/22 90/3 90/4 90/23 92/10 92/12 95/22 96/15 97/2 101/20 101/20 102/1 103/11</p> <p>nobody [1] 83/10</p> <p>nodding [1] 82/7</p> <p>non [3] 24/20 76/12 87/3</p> <p>non-university [1] 87/3</p> <p>None [1] 91/21</p> <p>normally [4] 68/7 68/8 73/21 77/23</p> <p>not [122]</p> <p>note [2] 4/14 70/2</p> <p>notes [5] 12/15 23/16 25/3 39/17 56/11</p> <p>notified [2] 16/4 16/11</p> <p>Nottingham [19] 1/7 2/15 11/8 11/11 11/15 11/16 16/16 17/15 17/15 19/4 23/4 30/3 30/5 62/16 62/18 67/7 72/12 76/7 87/4</p> <p>Nottingham - Dr G.F [1] 23/4</p> <p>Nottinghamshire [1] 62/10</p> <p>notwithstanding [2] 47/21 76/6</p> <p>November [1] 28/22</p> <p>now [51] 5/23 8/12 11/4 11/21 16/3 16/10 18/19 21/2 21/4 21/11 21/24 23/24 25/7 29/8 31/17 33/12 35/5 35/19 36/12 38/17 46/13 55/17 59/17 63/2 64/17 64/18 72/3 73/3 74/14 75/16 81/3 81/14 82/16 83/6 83/11 84/18 87/1 87/3 89/14 89/18 92/3 92/3 92/13 93/6 94/9 96/13 98/2 101/8 101/10 102/10 103/20</p> <p>number [10] 1/6 2/22 8/16 46/25 55/17 64/21 78/22 94/19 96/6 98/3</p> <p>number 3 [1] 55/17</p> <p>nurses [3] 71/9 72/5 102/5</p>	<p>81/24 82/5</p> <p>observed [1] 13/12</p> <p>obtain [1] 88/9</p> <p>obviously [13] 11/2 15/13 16/12 16/19 34/25 36/17 39/7 50/16 56/5 70/20 76/12 77/19 82/24</p> <p>occasion [3] 29/2 39/13 78/24</p> <p>occasions [1] 78/22</p> <p>occurred [1] 30/9</p> <p>October [1] 2/5</p> <p>off [14] 4/12 8/8 15/15 57/12 59/16 72/8 72/15 73/8 73/16 74/8 74/12 74/16 75/17 76/17</p> <p>off-campus [9] 8/8 72/15 73/8 73/16 74/8 74/12 74/16 75/17 76/17</p> <p>offence [2] 77/8 78/9</p> <p>offences [1] 78/2</p> <p>offensive [3] 55/13 98/15 98/16</p> <p>offered [2] 26/22 31/10</p> <p>office [2] 36/7 72/19</p> <p>officer [6] 3/12 21/17 29/3 32/2 39/7 63/3</p> <p>official [1] 25/11</p> <p>often [7] 15/21 15/23 21/6 21/8 61/9 80/25 102/1</p> <p>Oh [7] 8/5 35/5 36/3 58/13 66/8 74/15 91/15</p> <p>okay [16] 14/8 59/15 66/22 68/11 70/24 70/25 72/6 82/3 83/11 84/18 85/7 86/6 88/1 93/10 95/23 96/2</p> <p>old [1] 58/10</p> <p>omissions [1] 75/12</p> <p>on [141]</p> <p>on-site [1] 63/4</p> <p>once [3] 20/9 52/13 58/2</p> <p>one [42] 3/18 15/22 16/4 20/13 21/20 24/7 27/23 32/2 32/21 35/20 35/22 37/10 40/22 41/24 47/3 49/24 50/7 51/6 54/22 58/16 59/21 60/7 60/22 61/12 64/7 65/17 66/6 69/8 70/11 72/21 75/6 78/24 84/24 87/4 87/8 88/22 91/2 91/25 94/25 95/10 100/25 103/2</p> <p>ongoing [3] 47/19 51/22 84/19</p> <p>online [1] 17/13</p> <p>only [16] 9/14 14/20</p>	<p>49/15 51/6 57/1 57/4 57/8 57/19 65/22 81/22 82/18 83/1 83/1 93/4 100/9 102/25</p> <p>onto [4] 32/5 32/9 50/23 51/5</p> <p>onwards [1] 56/14</p> <p>open [2] 40/15 48/21</p> <p>opening [1] 96/14</p> <p>operated [1] 73/7</p> <p>operation [1] 10/22</p> <p>opinion [2] 13/19 99/13</p> <p>opportunities [1] 80/6</p> <p>opportunity [12] 31/15 31/16 31/16 93/17 93/21 93/22 93/24 94/6 94/11 96/23 98/6 99/9</p> <p>opposite [1] 52/22</p> <p>opt [1] 56/25</p> <p>option [2] 91/16 97/23</p> <p>options [7] 9/9 34/22 40/22 41/15 48/21 87/8 98/11</p> <p>or [90] 3/15 4/1 4/8 5/8 9/10 10/3 10/8 13/10 13/13 14/13 16/24 17/7 17/8 18/4 18/9 18/11 20/10 20/24 24/24 27/12 27/13 28/5 30/8 30/21 37/13 37/14 38/7 41/15 43/9 45/13 47/3 47/10 47/12 47/19 47/20 47/22 48/11 48/12 49/12 49/18 50/1 55/7 55/8 55/12 55/13 55/14 55/14 55/15 55/16 55/16 55/22 56/8 58/23 60/15 62/16 62/17 62/17 62/17 62/25 63/9 67/4 67/7 67/9 67/21 67/22 68/21 71/10 71/16 72/11 72/14 74/25 75/12 75/13 76/25 77/8 77/11 78/2 78/9 79/1 80/18 81/12 86/3 87/13 90/5 92/6 97/1 100/3 100/4 100/21 102/12</p> <p>organisation [1] 33/16</p> <p>organising [1] 19/12</p> <p>other [45] 2/19 9/16 9/17 12/3 16/9 17/11 17/13 19/1 19/21 20/7 20/11 24/5 24/9 26/2 27/10 36/13 37/6 40/4 40/15 40/16 41/5 43/15 44/18 47/20 48/6 51/11 52/16 53/5</p>	<p>53/12 54/22 55/8 55/21 60/6 68/8 71/1 77/9 77/12 78/20 79/4 79/22 83/2 90/25 98/3 99/21 102/24</p> <p>others [9] 12/20 13/11 38/11 66/22 73/18 84/12 88/8 88/16 89/25</p> <p>otherwise [1] 55/15</p> <p>ought [3] 83/16 83/21 103/13</p> <p>our [30] 6/7 16/23 16/24 17/5 17/6 17/6 19/18 20/5 21/21 25/16 25/16 30/6 30/8 31/8 32/3 33/17 40/22 40/23 41/1 41/2 50/20 50/23 53/10 56/4 64/23 72/19 75/15 75/24 80/10 80/17</p> <p>ours [1] 81/2</p> <p>ourselves [1] 84/10</p> <p>out [29] 10/25 13/9 15/16 20/16 21/12 29/10 29/23 30/17 30/22 39/12 40/10 40/14 41/4 41/17 44/5 47/16 53/18 55/4 66/13 70/1 72/15 74/12 78/3 80/20 80/21 84/20 87/24 91/8 102/14</p> <p>outcome [1] 94/10</p> <p>outcomes [2] 94/4 94/5</p> <p>outlining [1] 46/20</p> <p>outside [3] 54/10 57/11 61/2</p> <p>over [26] 12/18 20/7 23/12 24/23 25/7 25/10 30/23 33/8 40/21 48/9 48/13 48/19 49/13 49/23 55/3 57/6 57/10 63/8 75/8 75/15 80/18 81/4 82/11 90/7 94/2 101/24</p> <p>overlap [1] 60/18</p> <p>oversaw [2] 4/24 60/9</p> <p>oversee [2] 56/2 75/25</p> <p>overseeing [1] 101/15</p> <p>oversight [2] 29/16 70/11</p> <p>overspeaking [2] 5/12 101/16</p> <p>own [6] 41/1 79/3 86/14 92/8 92/8 99/13</p> <p>owned [2] 33/15 42/2</p>
<p>P</p> <p>page [53] 6/2 6/11 7/11 7/24 11/6 11/6</p>				

<p>P</p> <p>page... [47] 12/14 12/16 12/18 12/19 16/2 18/18 18/19 20/1 22/13 22/14 23/12 23/20 23/21 24/23 24/24 33/7 33/8 39/22 39/23 47/17 48/10 48/13 48/16 48/19 49/13 49/24 51/10 52/1 52/8 54/8 55/1 55/2 55/3 55/5 56/11 57/6 62/9 63/14 63/16 66/9 68/11 73/5 75/5 75/9 89/5 90/7 104/2</p> <p>page 1 [3] 6/11 16/2 20/1</p> <p>page 114 [1] 22/14</p> <p>page 115 [1] 22/13</p> <p>page 118 [2] 23/12 23/21</p> <p>page 15 [3] 66/9 68/11 89/5</p> <p>page 2 [5] 7/24 11/6 51/10 55/5 75/5</p> <p>page 3 [1] 39/22</p> <p>page 33 [1] 63/16</p> <p>page 4 [2] 52/1 56/11</p> <p>page 6 [1] 62/9</p> <p>page 63 [2] 12/14 12/16</p> <p>page 9 [1] 73/5</p> <p>pages [1] 23/12</p> <p>Paige [6] 1/15 3/11 3/12 6/6 6/17 54/9</p> <p>painful [1] 82/10</p> <p>panel [3] 48/20 48/21 48/25</p> <p>paper [2] 36/5 36/6</p> <p>paragraph [19] 13/16 22/18 22/25 23/1 57/8 66/7 66/10 68/9 69/21 70/3 75/8 75/11 76/22 77/7 77/14 78/19 89/2 89/7 90/8</p> <p>paragraph 102 [1] 70/3</p> <p>paragraph 16 [1] 77/7</p> <p>paragraph 52 [4] 66/7 66/10 68/9 89/2</p> <p>paragraph 56 [1] 69/21</p> <p>paragraph 6 [1] 75/11</p> <p>paragraph 8 [1] 76/22</p> <p>paragraph 8.3.3 [1] 75/8</p> <p>paragraphs [2] 75/6 75/9</p> <p>paranoia [1] 13/2</p> <p>paranoid [1] 12/25</p> <p>Pardon [1] 24/11</p> <p>parent [1] 72/11</p>	<p>Park [18] 30/11 33/11 33/12 33/20 40/11 40/25 45/6 45/14 50/25 53/14 57/16 72/7 72/20 76/6 76/9 79/1 79/2 79/10</p> <p>part [15] 4/6 16/23 17/4 21/5 29/12 41/2 48/20 51/11 52/12 53/10 56/12 92/3 101/7 101/10 101/25</p> <p>Participants [1] 65/20</p> <p>particular [4] 31/14 46/17 69/22 78/24</p> <p>particularly [5] 28/11 34/23 54/14 59/8 100/10</p> <p>parties [1] 73/23</p> <p>partly [3] 50/21 93/23 93/24</p> <p>parts [1] 94/20</p> <p>party [7] 33/14 33/20 62/20 72/8 72/18 74/9 101/5</p> <p>party to [2] 62/20 101/5</p> <p>pass [1] 103/13</p> <p>passed [3] 16/6 25/5 25/10</p> <p>past [2] 42/21 92/14</p> <p>patient [2] 13/4 37/14</p> <p>Patrick [7] 71/3 81/19 81/21 96/6 96/7 98/4 104/6</p> <p>Patry [5] 92/19 92/20 93/8 100/16 104/7</p> <p>pauses [1] 29/8</p> <p>people [42] 9/4 12/9 15/6 15/12 15/18 15/20 15/21 16/12 16/13 17/7 20/6 20/17 20/17 20/20 21/20 26/14 34/13 38/7 40/19 43/8 43/8 43/12 43/20 44/8 44/13 44/23 61/3 61/17 61/21 64/21 80/19 80/22 86/3 86/3 87/12 88/18 97/5 97/8 98/25 99/11 99/18 102/4</p> <p>per [2] 72/17 90/6</p> <p>perhaps [6] 13/14 20/10 40/1 62/12 77/2 93/6</p> <p>period [8] 7/10 7/10 26/18 27/1 49/9 69/12 71/8 93/12</p> <p>permanent [1] 49/10</p> <p>perpetrators [1] 99/2</p> <p>person [16] 3/19 21/16 21/19 31/4 41/12 70/11 74/24 75/3 80/20 83/1 83/2 83/2 85/1 85/6 90/3 91/19</p>	<p>person's [1] 10/12</p> <p>personal [3] 53/21 53/24 99/13</p> <p>personally [1] 78/18</p> <p>pertinent [1] 80/13</p> <p>PhD [1] 31/8</p> <p>physical [2] 35/20 47/10</p> <p>physically [1] 34/6</p> <p>Piano [1] 1/14</p> <p>pick [3] 21/8 38/6 92/24</p> <p>picture [4] 9/23 52/5 54/15 94/1</p> <p>piece [1] 51/6</p> <p>pieces [1] 31/12</p> <p>pink [1] 1/23</p> <p>place [17] 24/5 25/14 29/14 31/24 43/25 44/1 46/16 50/24 61/11 61/25 68/18 68/23 77/11 91/25 97/9 100/19 102/10</p> <p>placed [1] 46/4</p> <p>places [3] 8/24 53/8 63/18</p> <p>placing [1] 76/15</p> <p>plan [11] 11/14 16/20 17/8 19/6 21/18 25/14 26/5 49/4 49/5 51/4 87/18</p> <p>planned [2] 11/9 11/13</p> <p>planning [1] 31/4</p> <p>plans [1] 22/2</p> <p>platform [5] 4/21 5/1 5/2 32/13 33/1</p> <p>play [1] 75/10</p> <p>played [3] 83/6 83/23 101/7</p> <p>please [47] 6/1 7/24 12/13 12/14 12/16 12/19 16/2 16/2 18/17 18/17 23/20 24/14 24/22 32/10 32/10 33/8 36/22 37/23 38/19 39/16 39/22 45/3 45/15 46/13 48/9 48/13 48/16 48/22 51/25 51/25 52/7 54/7 54/7 55/3 55/5 56/11 56/17 59/16 62/12 66/6 72/25 75/5 75/9 77/7 90/7 91/18 91/18</p> <p>pm [4] 1/2 92/15 92/17 103/22</p> <p>point [47] 3/6 6/9 11/24 13/21 16/18 17/12 17/14 17/21 19/3 21/13 21/19 25/18 26/23 28/15 29/20 31/13 31/14 31/22 33/1 36/13 38/12 39/9 39/12 41/4 43/8 48/4 48/5 50/20 53/22 54/18 56/4</p>	<p>57/24 58/1 59/25 62/13 63/15 63/22 69/19 82/5 84/20 85/8 85/10 85/12 85/19 86/6 86/12 88/1</p> <p>pointing [1] 68/4</p> <p>points [3] 46/25 48/22 63/23</p> <p>police [26] 13/1 29/3 30/21 31/7 32/2 35/2 36/16 36/18 36/19 38/8 39/7 42/6 42/25 58/23 62/6 62/7 62/10 63/1 63/3 63/4 64/4 74/6 77/5 86/13 93/24 94/17</p> <p>policies [5] 63/25 86/7 91/20 95/9 101/14</p> <p>policy [36] 46/12 46/14 46/16 46/20 46/24 47/1 47/2 47/25 50/4 51/10 51/17 51/20 54/22 55/21 55/25 56/2 60/9 63/16 64/2 73/2 75/10 75/25 76/8 76/17 78/4 89/24 94/18 95/6 95/12 95/15 99/24 99/25 100/11 101/1 101/6 101/10</p> <p>Popov [1] 1/15</p> <p>portal [2] 72/23 76/16</p> <p>posing [1] 62/16</p> <p>position [3] 14/10 45/14 103/6</p> <p>positively [2] 5/16 15/9</p> <p>possession [2] 79/21 80/1</p> <p>possibility [1] 99/11</p> <p>possible [14] 4/14 9/12 13/18 19/12 19/19 35/13 35/18 43/11 47/14 54/6 70/8 83/9 91/12 98/11</p> <p>possibly [3] 50/6 81/23 97/18</p> <p>post [1] 96/8</p> <p>post-2023 [1] 96/8</p> <p>posthumous [1] 82/12</p> <p>potential [2] 65/13 94/4</p> <p>potentially [7] 9/25 30/22 54/18 55/20 55/22 56/1 87/23</p> <p>power [3] 19/13 19/14 53/18</p> <p>powers [10] 43/21 44/22 44/24 80/22 88/5 88/7 88/8 88/17 88/19 88/21</p> <p>practicalities [1] 72/10</p>	<p>practically [1] 73/7</p> <p>practice [2] 21/2 59/6</p> <p>Practise [1] 51/8</p> <p>precisely [1] 100/8</p> <p>preferred [4] 72/12 72/14 72/21 76/14</p> <p>premises [5] 55/14 75/13 76/5 76/10 77/11</p> <p>prepared [1] 31/2</p> <p>prescriptive [1] 37/15</p> <p>presence [4] 18/11 30/10 40/21 57/16</p> <p>present [1] 34/12</p> <p>presented [3] 11/18 65/9 82/20</p> <p>press [1] 98/25</p> <p>presumably [1] 53/16</p> <p>Prevent [1] 79/23</p> <p>previous [6] 28/6 36/2 42/13 70/16 90/24 100/20</p> <p>previously [5] 4/22 21/5 90/9 95/14 101/2</p> <p>primarily [1] 89/21</p> <p>primary [2] 4/9 89/19</p> <p>principal [2] 85/10 85/19</p> <p>Prior [1] 14/15</p> <p>priority [1] 97/4</p> <p>private [2] 10/13 103/1</p> <p>proactive [1] 27/4</p> <p>proactively [1] 62/18</p> <p>probably [10] 31/23 44/10 65/22 69/6 69/8 86/4 90/13 101/1 102/4 102/11</p> <p>problem [4] 45/7 69/22 90/22 103/7</p> <p>problematic [2] 81/9 102/8</p> <p>problems [2] 8/10 100/20</p> <p>procedure [2] 49/12 49/15</p> <p>procedures [1] 47/1</p> <p>proceedings [1] 84/18</p> <p>process [31] 6/24 7/2 9/19 29/13 29/14 29/19 41/8 51/19 54/17 59/25 60/7 60/11 60/19 64/14 64/19 64/20 65/17 66/15 79/24 80/24 81/4 81/12 84/21 88/6 89/15 90/12 91/1 91/3 92/3 92/3 101/4</p> <p>processes [5] 41/7 59/8 87/14 101/24 102/9</p> <p>productively [1] 47/11</p>
---	---	---	---	--

<p>P</p> <p>professional [2] 71/11 71/20</p> <p>professionals [6] 3/8 22/6 27/5 27/9 30/21 50/5</p> <p>Professor [1] 103/19</p> <p>Professor Linehan [1] 103/19</p> <p>progress [2] 47/22 58/4</p> <p>progressed [2] 71/25 78/2</p> <p>progressing [1] 46/10</p> <p>promote [1] 33/3</p> <p>promoted [1] 33/4</p> <p>promotion [1] 5/15</p> <p>Propose [1] 49/4</p> <p>prosecuted [1] 78/2</p> <p>protected [1] 78/14</p> <p>Protection [1] 62/19</p> <p>proved [1] 60/1</p> <p>provide [14] 3/23 4/11 5/15 17/5 29/12 33/16 38/1 46/21 70/14 83/20 97/5 97/17 97/18 100/6</p> <p>provided [9] 53/20 53/24 53/25 54/2 69/24 72/13 97/9 97/12 98/1</p> <p>provider [4] 72/8 72/9 72/12 76/14</p> <p>providers [2] 72/14 72/21</p> <p>provides [1] 72/2</p> <p>providing [1] 78/12</p> <p>psychiatrist [1] 14/14</p> <p>psychology [1] 22/17</p> <p>psychosis [8] 13/18 15/19 15/20 25/2 26/15 28/5 28/7 40/5</p> <p>psychotic [1] 13/2</p> <p>public [3] 62/19 73/20 74/23</p> <p>purchase [1] 5/1</p> <p>purpose [1] 16/24</p> <p>pursued [1] 36/15</p> <p>push [1] 44/19</p> <p>put [12] 15/12 32/21 37/3 61/11 68/18 68/22 88/12 89/18 95/20 100/2 102/10 103/5</p> <p>puts [1] 57/11</p>	<p>93/18 94/18 95/24 96/1 96/3 96/4 100/4 102/24</p> <p>Questioned [10] 66/2 71/4 81/19 93/8 100/14 104/4 104/5 104/6 104/7 104/8</p> <p>questioning [1] 63/13</p> <p>questions [29] 31/11 65/20 65/24 66/4 70/24 71/1 71/6 75/8 81/17 81/21 89/3 92/12 92/18 92/23 92/25 93/5 93/7 93/9 93/11 93/17 94/19 96/6 96/11 96/21 96/22 97/10 98/4 99/25 100/13</p> <p>quickly [9] 26/23 35/13 43/11 48/12 52/2 59/14 62/7 96/1 96/5</p> <p>quite [26] 4/13 10/3 14/9 30/12 30/15 31/11 33/18 37/15 45/6 48/12 52/22 52/24 53/7 53/10 74/25 80/25 84/4 84/4 85/5 87/7 89/13 98/12 98/23 102/1 102/6 102/8</p>	<p>realise [2] 61/18 102/4</p> <p>really [65] 9/3 9/23 10/16 15/21 16/21 16/25 19/6 20/5 25/22 27/11 27/16 28/13 28/13 29/25 31/9 31/13 32/5 33/3 35/14 36/19 37/5 37/19 41/12 42/2 42/11 42/24 43/10 43/22 43/24 45/9 45/9 48/7 52/22 53/7 54/14 55/10 56/6 57/17 59/22 60/2 60/2 61/22 62/4 62/5 63/17 69/3 70/17 70/17 71/22 80/13 80/15 80/16 81/5 82/24 83/6 84/1 88/25 94/3 97/5 98/9 98/20 99/15 99/18 101/8 101/21</p> <p>reason [4] 12/21 70/6 82/25 94/11</p> <p>reasonable [2] 47/13 79/6</p> <p>reasons [3] 27/18 45/8 91/2</p> <p>reassessed [1] 57/19</p> <p>recall [3] 34/15 34/21 93/18</p> <p>receive [1] 21/14</p> <p>received [3] 6/19 34/14 68/13</p> <p>receiving [1] 67/12</p> <p>recent [3] 12/22 22/23 24/25</p> <p>recently [4] 2/6 4/20 32/1 32/18</p> <p>recipients [1] 16/4</p> <p>recognise [1] 80/7</p> <p>Recommend [1] 50/1</p> <p>recommendation [1] 91/11</p> <p>recommendations [2] 21/14 60/22</p> <p>recommended [2] 90/13 91/17</p> <p>record [3] 36/23 37/2 37/4</p> <p>recorded [3] 1/10 27/14 82/9</p> <p>recording [1] 41/20</p> <p>records [4] 22/12 36/5 36/5 36/6</p> <p>recoveries [1] 26/14</p> <p>recovering [1] 15/21</p> <p>red [1] 32/4</p> <p>reduce [1] 9/24</p> <p>refer [2] 29/15 49/2</p> <p>reference [9] 8/9 8/11 10/22 37/19 53/2 68/1 74/3 77/15 96/18</p> <p>referenced [1] 72/7</p> <p>referred [3] 49/12 59/24 99/24</p>	<p>refers [1] 40/7</p> <p>reflect [1] 96/22</p> <p>reflected [1] 13/17</p> <p>reflecting [2] 64/15 89/8</p> <p>reflection [1] 19/11</p> <p>reflections [3] 70/2 82/1 88/2</p> <p>Reflects [1] 56/23</p> <p>refuses [1] 57/12</p> <p>regarding [3] 6/20 23/5 25/9</p> <p>Registrar [1] 50/1</p> <p>registration [2] 71/11 71/21</p> <p>regret [1] 20/7</p> <p>relate [1] 5/3</p> <p>related [1] 97/14</p> <p>relating [1] 24/25</p> <p>relation [9] 11/18 29/21 55/18 62/14 68/14 69/23 92/19 100/10 102/24</p> <p>relationship [3] 9/18 57/4 69/7</p> <p>relatively [1] 52/1</p> <p>relevant [7] 15/1 18/9 79/4 79/21 79/22 83/21 96/18</p> <p>reliant [1] 88/16</p> <p>rely [1] 88/7</p> <p>remain [3] 18/24 67/6 68/12</p> <p>remaining [1] 69/14</p> <p>remember [3] 33/15 35/5 96/11</p> <p>remit [7] 16/23 17/4 17/5 26/8 80/9 80/22 88/19</p> <p>remorse [5] 13/10 13/13 14/13 15/18 15/25</p> <p>remorseful [1] 15/24</p> <p>remove [2] 42/25 44/20</p> <p>removed [1] 91/13</p> <p>repeat [2] 35/3 88/11</p> <p>replaced [1] 59/18</p> <p>replaces [1] 101/11</p> <p>replicate [1] 80/18</p> <p>reply [1] 6/24</p> <p>report [18] 4/17 4/19 4/22 5/1 5/2 5/7 32/10 32/13 32/15 32/16 32/19 32/20 32/23 37/20 38/17 45/1 53/22 75/22</p> <p>reported [2] 27/20 36/18</p> <p>reporting [2] 4/20 36/18</p> <p>reports [3] 43/4 43/5 86/25</p> <p>representations [2] 88/9 88/17</p> <p>representing [1] 61/3</p>	<p>request [1] 57/1</p> <p>requested [1] 56/24</p> <p>require [2] 49/20 51/12</p> <p>required [3] 37/13 51/6 71/10</p> <p>requirement [3] 72/3 72/3 72/4</p> <p>requirements [1] 71/19</p> <p>reset [1] 14/6</p> <p>residence [2] 44/7 44/11</p> <p>resident [2] 65/12 74/21</p> <p>Residential [3] 38/1 74/10 74/11</p> <p>residents [4] 12/3 18/25 19/1 73/18</p> <p>resolution [1] 73/22</p> <p>resolved [1] 52/14</p> <p>respect [3] 77/4 78/1 78/5</p> <p>respecting [1] 70/20</p> <p>respond [2] 75/23 96/23</p> <p>response [4] 19/22 46/21 59/3 80/23</p> <p>responsibility [4] 20/22 80/19 81/25 86/9</p> <p>responsible [7] 15/7 21/16 21/17 21/17 44/16 60/4 80/19</p> <p>restrictive [2] 50/15 50/16</p> <p>result [1] 93/23</p> <p>resulted [1] 10/9</p> <p>resulting [1] 8/11</p> <p>ResX [5] 33/17 34/20 34/23 37/24 37/25</p> <p>retain [1] 71/10</p> <p>return [14] 16/15 19/4 19/7 25/11 29/12 30/2 31/5 32/7 37/22 44/25 45/13 67/13 100/16 100/17</p> <p>returned [2] 12/22 58/9</p> <p>returning [8] 17/1 29/22 45/6 46/2 58/10 78/22 93/13 102/2</p> <p>returns [1] 29/9</p> <p>review [7] 48/16 48/20 48/24 48/25 60/11 60/20 101/12</p> <p>reviewed [1] 101/24</p> <p>right [29] 4/15 12/19 19/5 29/4 30/2 30/3 35/21 42/15 47/25 55/1 60/20 62/23 63/14 66/1 66/20 66/22 67/13 69/13 71/8 72/6 72/9 90/2 91/3 95/3 95/5 97/19 98/3 101/19 103/16</p>
<p>Q</p> <p>quarters [1] 66/12</p> <p>question [21] 9/14 18/16 66/6 67/19 68/16 76/1 81/10 83/18 85/14 85/15 86/8 92/22 93/16</p>	<p>R</p> <p>raise [4] 19/18 21/21 22/1 100/25</p> <p>raised [2] 26/13 85/15</p> <p>raises [1] 96/3</p> <p>raising [1] 80/25</p> <p>Raleigh [19] 30/11 33/11 33/12 33/20 40/11 40/25 45/6 45/14 50/25 53/14 56/24 57/16 72/7 72/20 76/6 76/9 79/1 79/2 79/9</p> <p>rang [1] 57/3</p> <p>range [1] 97/7</p> <p>ranges [1] 77/10</p> <p>rare [2] 98/23 98/24</p> <p>rather [1] 100/4</p> <p>re [2] 12/10 40/3</p> <p>re-accommodate [1] 40/3</p> <p>re-admitted [1] 12/10</p> <p>reach [1] 27/21</p> <p>reached [2] 26/23 28/1</p> <p>reaching [1] 84/20</p> <p>reactive [1] 20/18</p> <p>read [12] 1/9 13/6 13/18 14/18 40/1 43/4 47/16 56/12 56/13 66/13 70/1 70/12</p> <p>ready [1] 24/18</p>	<p>reason [4] 12/21 70/6 82/25 94/11</p> <p>reasonable [2] 47/13 79/6</p> <p>reasons [3] 27/18 45/8 91/2</p> <p>reassessed [1] 57/19</p> <p>recall [3] 34/15 34/21 93/18</p> <p>receive [1] 21/14</p> <p>received [3] 6/19 34/14 68/13</p> <p>receiving [1] 67/12</p> <p>recent [3] 12/22 22/23 24/25</p> <p>recently [4] 2/6 4/20 32/1 32/18</p> <p>recipients [1] 16/4</p> <p>recognise [1] 80/7</p> <p>Recommend [1] 50/1</p> <p>recommendation [1] 91/11</p> <p>recommendations [2] 21/14 60/22</p> <p>recommended [2] 90/13 91/17</p> <p>record [3] 36/23 37/2 37/4</p> <p>recorded [3] 1/10 27/14 82/9</p> <p>recording [1] 41/20</p> <p>records [4] 22/12 36/5 36/5 36/6</p> <p>recoveries [1] 26/14</p> <p>recovering [1] 15/21</p> <p>red [1] 32/4</p> <p>reduce [1] 9/24</p> <p>refer [2] 29/15 49/2</p> <p>reference [9] 8/9 8/11 10/22 37/19 53/2 68/1 74/3 77/15 96/18</p> <p>referenced [1] 72/7</p> <p>referred [3] 49/12 59/24 99/24</p>	<p>refers [1] 40/7</p> <p>reflect [1] 96/22</p> <p>reflected [1] 13/17</p> <p>reflecting [2] 64/15 89/8</p> <p>reflection [1] 19/11</p> <p>reflections [3] 70/2 82/1 88/2</p> <p>Reflects [1] 56/23</p> <p>refuses [1] 57/12</p> <p>regarding [3] 6/20 23/5 25/9</p> <p>Registrar [1] 50/1</p> <p>registration [2] 71/11 71/21</p> <p>regret [1] 20/7</p> <p>relate [1] 5/3</p> <p>related [1] 97/14</p> <p>relating [1] 24/25</p> <p>relation [9] 11/18 29/21 55/18 62/14 68/14 69/23 92/19 100/10 102/24</p> <p>relationship [3] 9/18 57/4 69/7</p> <p>relatively [1] 52/1</p> <p>relevant [7] 15/1 18/9 79/4 79/21 79/22 83/21 96/18</p> <p>reliant [1] 88/16</p> <p>rely [1] 88/7</p> <p>remain [3] 18/24 67/6 68/12</p> <p>remaining [1] 69/14</p> <p>remember [3] 33/15 35/5 96/11</p> <p>remit [7] 16/23 17/4 17/5 26/8 80/9 80/22 88/19</p> <p>remorse [5] 13/10 13/13 14/13 15/18 15/25</p> <p>remorseful [1] 15/24</p> <p>remove [2] 42/25 44/20</p> <p>removed [1] 91/13</p> <p>repeat [2] 35/3 88/11</p> <p>replaced [1] 59/18</p> <p>replaces [1] 101/11</p> <p>replicate [1] 80/18</p> <p>reply [1] 6/24</p> <p>report [18] 4/17 4/19 4/22 5/1 5/2 5/7 32/10 32/13 32/15 32/16 32/19 32/20 32/23 37/20 38/17 45/1 53/22 75/22</p> <p>reported [2] 27/20 36/18</p> <p>reporting [2] 4/20 36/18</p> <p>reports [3] 43/4 43/5 86/25</p> <p>representations [2] 88/9 88/17</p> <p>representing [1] 61/3</p>	<p>request [1] 57/1</p> <p>requested [1] 56/24</p> <p>require [2] 49/20 51/12</p> <p>required [3] 37/13 51/6 71/10</p> <p>requirement [3] 72/3 72/3 72/4</p> <p>requirements [1] 71/19</p> <p>reset [1] 14/6</p> <p>residence [2] 44/7 44/11</p> <p>resident [2] 65/12 74/21</p> <p>Residential [3] 38/1 74/10 74/11</p> <p>residents [4] 12/3 18/25 19/1 73/18</p> <p>resolution [1] 73/22</p> <p>resolved [1] 52/14</p> <p>respect [3] 77/4 78/1 78/5</p> <p>respecting [1] 70/20</p> <p>respond [2] 75/23 96/23</p> <p>response [4] 19/22 46/21 59/3 80/23</p> <p>responsibility [4] 20/22 80/19 81/25 86/9</p> <p>responsible [7] 15/7 21/16 21/17 21/17 44/16 60/4 80/19</p> <p>restrictive [2] 50/15 50/16</p> <p>result [1] 93/23</p> <p>resulted [1] 10/9</p> <p>resulting [1] 8/11</p> <p>ResX [5] 33/17 34/20 34/23 37/24 37/25</p> <p>retain [1] 71/10</p> <p>return [14] 16/15 19/4 19/7 25/11 29/12 30/2 31/5 32/7 37/22 44/25 45/13 67/13 100/16 100/17</p> <p>returned [2] 12/22 58/9</p> <p>returning [8] 17/1 29/22 45/6 46/2 58/10 78/22 93/13 102/2</p> <p>returns [1] 29/9</p> <p>review [7] 48/16 48/20 48/24 48/25 60/11 60/20 101/12</p> <p>reviewed [1] 101/24</p> <p>right [29] 4/15 12/19 19/5 29/4 30/2 30/3 35/21 42/15 47/25 55/1 60/20 62/23 63/14 66/1 66/20 66/22 67/13 69/13 71/8 72/6 72/9 90/2 91/3 95/3 95/5 97/19 98/3 101/19 103/16</p>

R	Ryan [1] 34/7	schools [3] 3/4 3/6 101/3	86/14 103/2	63/7 63/11 69/23 88/14 93/23
rights [1] 70/20	S	scope [1] 46/24	select [1] 72/18	sharpened [1] 101/13
ring [3] 35/1 38/8 38/9	sad [6] 97/10 97/16 97/16 97/24 98/1 99/2	screen [21] 6/1 6/14 8/10 14/2 15/15 23/16 24/24 32/10 34/3 36/22 39/16 39/18 48/5 59/16 62/8 66/8 66/9 82/9 89/6 95/20 95/22	selected [1] 3/9	she [28] 3/14 3/14 6/17 10/21 10/22 18/22 19/9 19/10 22/7 22/8 22/8 27/15 38/20 54/11 67/22 67/22 69/9 69/14 70/22 70/23 76/2 86/23 91/18 93/1 99/24 100/1 100/6 100/7
ringing [1] 56/23	safe [6] 34/4 42/7 42/11 46/3 57/20 90/5	scroll [20] 6/11 11/4 11/5 11/12 12/16 12/18 18/19 18/21 19/22 22/16 23/20 23/25 24/13 24/19 33/8 46/24 48/9 48/22 49/23 54/13	senior [4] 61/14 84/12 84/13 85/22	short [6] 3/24 14/5 54/2 92/16 100/3 100/6
risk [84] 11/23 11/25 17/7 17/10 17/11 17/13 17/13 17/18 17/20 17/21 17/22 17/25 24/19 26/2 26/5 26/7 28/11 29/23 30/16 30/18 39/1 39/3 39/4 40/6 40/7 41/9 41/11 41/16 43/1 43/14 43/17 43/18 43/18 43/19 44/6 44/10 47/19 48/5 50/24 50/24 50/25 51/11 52/21 52/25 53/11 53/12 63/10 64/11 64/14 64/19 64/20 64/21 65/5 65/5 65/5 65/6 65/8 66/17 66/24 79/14 79/17 79/20 79/25 79/25 80/11 80/12 80/15 80/16 80/21 80/24 81/2 81/7 81/11 82/18 83/22 88/6 89/17 89/24 89/25 90/20 90/20 91/5 98/10 102/25	safeguarding [1] 79/23	scrolling [2] 24/22 47/15	sense [2] 9/8 91/15	short-term [1] 3/24
risk-assess [2] 80/16 81/7	safely [2] 42/10 65/11	Sebastian [10] 29/1 58/12 58/15 58/17 58/18 76/23 77/5 78/1 78/6 78/12	sent [4] 6/22 6/23 37/3 37/17	shortly [1] 90/19
risk-assessing [2] 80/12 81/11	Safer [1] 60/20	second [16] 12/8 18/18 18/18 24/16 29/2 37/22 39/18 47/8 48/15 48/20 48/23 49/17 62/13 81/25 86/6 94/18	sentence [2] 24/16 89/13	should [20] 1/23 10/7 18/16 22/3 43/1 52/11 53/23 59/1 61/10 64/16 70/5 70/6 70/10 79/24 87/14 94/7 100/23 101/21 103/1 103/4
risk-free [2] 11/23 11/25	safest [1] 54/6	secondary [4] 4/8 38/20 38/23 52/10	sentences [2] 34/2 34/8	shouldn't [2] 63/9 101/21
risks [16] 11/17 11/20 11/23 18/2 27/10 41/17 41/19 41/22 49/18 53/16 59/6 62/21 65/2 65/9 87/21 98/11	safety [4] 36/13 52/15 75/13 79/22	section [3] 13/3 48/10 90/9	sentiments [1] 70/13	showing [1] 43/6
risky [5] 44/13 44/16 53/7 56/20 87/24	said [24] 8/25 14/14 19/11 23/6 35/4 35/5 35/6 42/13 45/25 50/22 61/8 64/6 64/13 76/22 87/1 87/15 88/3 92/10 93/20 95/1 97/1 100/24 102/25 103/3	section 3 [1] 13/3	separate [2] 8/13 60/17	shown [1] 94/20
Ritchie [1] 1/11	Salisbury [2] 24/1 24/9	sectioning [1] 10/10	September [11] 1/25 5/20 28/22 29/3 33/5 39/6 67/16 93/12 95/6 95/11 100/18	shows [1] 32/4
RMO [1] 21/16	Salisbury Street [2] 24/1 24/9	sector [1] 37/12	series [2] 52/3 93/16	sic [1] 70/15
robust [1] 65/16	Samantha [1] 1/14	security [9] 62/24 62/25 62/25 63/2 78/24 78/25 79/7 79/9 79/11	serious [9] 4/5 8/11 11/1 41/18 45/6 49/20 49/22 86/11 90/20	side [3] 95/20 95/21 99/21
role [22] 2/22 4/6 5/18 5/22 20/23 25/16 25/16 25/23 25/25 60/5 73/16 74/7 74/22 79/19 83/6 83/23 85/24 86/20 86/23 90/4 96/8 96/10	same [5] 11/6 18/24 22/15 42/23 44/3	see [40] 3/11 6/5 6/12 8/3 8/24 8/25 16/3 19/22 20/23 20/23 20/24 21/24 22/14 22/16 23/15 31/14 39/22 39/23 45/5 46/8 46/15 46/19 46/24 48/3 48/9 48/19 49/13 49/23 54/8 54/13 57/6 63/21 68/16 75/7 77/10 79/2 89/7 89/11 94/23 95/7	seriously [1] 32/7	side [3] 95/20 95/21 99/21
room [2] 29/2 33/25	sat [2] 30/20 30/21	see [40] 3/11 6/5 6/12 8/3 8/24 8/25 16/3 19/22 20/23 20/23 20/24 21/24 22/14 22/16 23/15 31/14 39/22 39/23 45/5 46/8 46/15 46/19 46/24 48/3 48/9 48/19 49/13 49/23 54/8 54/13 57/6 63/21 68/16 75/7 77/10 79/2 89/7 89/11 94/23 95/7	service [22] 2/19 3/15 3/16 3/17 3/21 3/21 3/22 3/23 4/2 4/3 4/3 4/7 5/9 7/19 38/5 71/12 71/15 71/15 71/20 71/25 79/19 101/17	significance [1] 10/24
roommates [1] 22/22	say [48] 7/13 8/3 11/24 12/5 14/2 14/7 20/8 23/15 25/23 27/2 30/25 31/22 38/3 43/17 45/11 46/3 50/8 52/9 54/9 57/9 58/7 64/6 67/19 68/2 68/6 68/11 69/20 75/24 75/24 77/23 82/7 84/21 85/25 89/25 90/1 90/2 91/9 91/18 93/24 94/3 94/4 96/25 97/1 97/2 98/6 98/7 98/8 101/3	Seedat [5] 11/8 12/20 13/12 13/17 14/19	services [14] 3/19 4/8 4/9 15/11 19/21 25/18 27/12 38/21 38/23 59/8 61/3 80/4 81/1 84/2	significant [5] 20/25 47/7 47/19 62/16 84/4
rosy [2] 52/5 54/14	saying [7] 18/12 20/8 41/9 56/25 68/5 100/15 103/9	seeing [1] 50/13	set [12] 2/18 3/4 4/4 4/20 4/21 27/13 27/13 28/17 32/18 60/19 71/12 101/17	significantly [2] 47/22 48/1
Rothwell [1] 1/12	says [27] 6/18 8/6 13/8 13/9 13/11 13/16 16/5 16/14 18/22 19/23 22/21 22/25 23/8 23/23 24/16 24/23 33/9 34/3 34/8 46/25 49/14 53/21 56/13 57/7 62/9 62/13 66/13	seek [1] 23/4	sets [1] 55/3	signs [6] 13/8 13/10 14/13 43/6 68/20 68/21
Rouse [1] 1/14	scared [1] 10/25	seeking [1] 51/11	setting [5] 10/8 17/23 27/4 60/23 102/6	silver [1] 86/24
route [3] 42/10 56/7 75/20	schedules [1] 25/1	seem [2] 34/13 100/18	seven [1] 71/16	similarly [1] 77/4
run [2] 39/12 50/24	schizophrenia [1] 13/20	seemed [1] 13/17	seven years [1] 71/16	simply [1] 92/22
	school [15] 26/13 26/17 26/19 27/2 27/3 46/8 49/19 51/4 52/19 68/24 69/5 69/7 70/16 91/7 91/25	seems [2] 13/12 78/25	several [1] 86/4	since [7] 2/15 14/24 21/1 24/17 39/10 41/21 56/21
	School/Department [1] 49/19	seen [14] 6/3 6/13 8/7 12/14 15/16 18/9 18/20 24/15 37/20 48/14 58/9 58/11	sexual [1] 4/23	sit [1] 86/23
			shame [1] 9/11	site [2] 63/4 72/8
			share [8] 9/12 9/15 52/18 61/21 62/10 70/17 70/19 83/16	sits [3] 56/2 62/24 86/23
			shared [24] 6/19 9/6 9/10 10/7 10/14 10/19 15/8 23/10 33/23 38/25 39/9 40/6 52/11 61/9 61/16 63/10 64/3 64/22 65/16 70/10 94/13 94/15 94/17 103/8	situation [29] 11/25 15/8 18/14 20/6 26/12 31/18 41/6 41/25 42/1 42/4 42/11 44/4 44/5 46/5 52/14 52/19 54/1 57/20 69/6 70/6 70/11 75/2 75/17 75/20 84/3 84/10 86/5 99/17 101/19
			sharing [14] 10/13 26/19 33/22 58/1 61/5 61/7 61/10 61/20 62/7	situations [2] 40/24 81/7

<p>S</p> <p>slightly [4] 11/5 23/17 77/19 88/12</p> <p>slow [4] 4/15 4/16 14/12 15/3</p> <p>slower [1] 96/22</p> <p>slowly [1] 4/13</p> <p>small [4] 23/17 102/3 102/4 102/6</p> <p>Smith [5] 1/15 3/12 3/12 6/6 6/17</p> <p>so [204]</p> <p>so September 2017 [1] 5/20</p> <p>social [13] 2/12 9/22 9/22 44/14 55/8 71/10 71/23 72/5 77/9 77/16 77/17 77/22 102/5</p> <p>Society [1] 55/15</p> <p>solicitors [1] 100/2</p> <p>some [20] 3/11 17/17 23/16 30/16 35/13 41/16 47/15 52/24 54/10 58/1 59/21 60/19 65/19 77/25 85/5 88/2 89/3 93/11 99/10 102/9</p> <p>somebody [20] 9/6 10/17 14/14 20/14 21/8 21/9 26/4 29/8 31/20 32/22 40/25 44/2 44/5 51/13 60/8 67/11 71/17 77/24 85/23 87/14</p> <p>somebody's [1] 7/5</p> <p>someone [15] 9/20 11/19 13/15 15/22 38/10 38/13 50/14 51/21 67/4 75/18 77/18 84/13 87/6 87/13 91/1</p> <p>something [28] 4/21 7/4 10/3 15/25 19/19 20/24 22/10 25/20 29/17 37/14 41/21 43/21 54/20 60/6 60/13 60/16 61/23 62/5 64/23 66/12 75/23 82/1 92/7 97/22 98/23 100/22 101/14 103/13</p> <p>sometimes [4] 60/5 60/18 63/19 80/9</p> <p>soon [3] 4/12 21/15 90/18</p> <p>sooner [1] 66/8</p> <p>sorry [26] 4/15 5/21 5/22 6/14 8/5 11/5 13/8 14/17 14/25 23/14 27/22 35/3 37/1 39/5 39/19 42/17 42/17 45/16 56/15 57/10 58/5 82/8 82/8 91/16 92/19 95/16</p> <p>sort [11] 9/23 19/18</p>	<p>30/16 32/5 32/5 34/17 37/11 39/10 41/16 67/10 94/16</p> <p>sounds [1] 35/24</p> <p>space [1] 61/3</p> <p>speak [5] 27/15 29/19 34/17 35/11 35/16</p> <p>speaking [1] 68/24</p> <p>specialising [1] 2/13</p> <p>specific [1] 76/5</p> <p>specifically [1] 74/19</p> <p>spend [1] 2/23</p> <p>spent [1] 30/12</p> <p>spoke [6] 34/20 35/11 36/9 38/20 38/20 57/9</p> <p>spoken [2] 36/2 67/10</p> <p>sporting [1] 55/8</p> <p>spring [1] 90/17</p> <p>SS [1] 6/5</p> <p>SS-Welfare-Engineer ing [1] 6/5</p> <p>stable [1] 34/13</p> <p>staff [13] 3/3 3/7 3/8 5/2 47/20 55/16 62/17 79/5 79/8 79/9 79/10 79/12 90/21</p> <p>stage [32] 11/13 11/17 27/19 27/24 35/19 40/8 40/11 42/21 45/7 48/14 48/15 48/15 48/17 48/21 48/23 49/12 49/13 49/15 49/21 49/22 50/6 51/8 51/16 54/15 57/15 59/2 59/22 60/6 91/24 92/5 92/6 100/23</p> <p>stage 1 [2] 51/8 59/22</p> <p>stage 3 [1] 49/12</p> <p>stages [1] 48/14</p> <p>stalking [2] 32/3 32/3</p> <p>stand [1] 83/9</p> <p>standard [2] 63/22 63/24</p> <p>standardised [1] 81/12</p> <p>start [11] 5/24 6/2 7/23 7/25 18/18 26/4 59/23 59/23 66/5 92/14 93/11</p> <p>started [2] 41/8 72/4</p> <p>starting [2] 52/1 66/1</p> <p>state [2] 24/20 35/25</p> <p>statement [18] 1/23 2/1 2/3 53/20 61/6 61/9 64/13 66/5 69/20 69/24 70/3 79/16 80/2 89/1 90/24 96/14 100/3 100/7</p> <p>statements [2] 1/6 96/16</p> <p>statutory [3] 4/8 88/4</p>	<p>88/20</p> <p>stay [6] 11/7 16/16 35/7 46/7 84/2 103/17</p> <p>stayed [1] 35/8</p> <p>staying [2] 34/24 35/6</p> <p>stenographer [1] 4/12</p> <p>step [3] 27/17 51/21 51/24</p> <p>stepped [1] 5/21</p> <p>Stepping [1] 43/14</p> <p>steps [5] 18/10 42/3 46/21 68/25 94/7</p> <p>Stewart [2] 1/16 53/20</p> <p>Sticking [2] 10/20 59/17</p> <p>still [16] 11/5 11/7 34/12 40/11 43/8 53/14 57/24 58/19 59/2 60/3 68/9 83/9 88/7 88/16 89/19 89/21</p> <p>Stonebridge [1] 57/5</p> <p>stood [1] 15/16</p> <p>stop [6] 61/13 90/3 90/14 91/1 92/20 92/23</p> <p>stopped [3] 12/25 34/9 69/10</p> <p>stopping [2] 13/5 34/10</p> <p>straightforward [6] 10/2 22/10 41/15 94/1 99/7 99/8</p> <p>strange [1] 13/17</p> <p>strategy [1] 60/21</p> <p>Straw [1] 65/25</p> <p>Street [2] 24/1 24/9</p> <p>stress [12] 10/3 34/12 47/24 48/2 66/15 66/19 66/23 67/1 69/13 89/16 89/22 103/4</p> <p>stresses [1] 9/24</p> <p>strong [2] 97/20 97/21</p> <p>stronger [1] 64/9</p> <p>strongly [2] 20/19 26/22</p> <p>structured [1] 64/14</p> <p>struggle [2] 39/21 59/24</p> <p>struggled [1] 31/21</p> <p>struggling [5] 4/5 9/21 56/6 68/20 87/12</p> <p>Stuart [1] 1/16</p> <p>Stuart Croy [1] 1/16</p> <p>student [49] 2/7 4/1 6/20 6/25 12/23 15/9 23/3 25/17 26/12 28/1 29/22 31/8 32/11 33/10 33/12 33/14 33/18 34/5 40/16 45/20 46/4 49/2 49/6</p>	<p>49/8 49/10 49/20 50/2 52/23 55/16 57/24 58/12 58/19 59/2 65/3 67/6 69/15 72/11 73/8 73/17 73/18 74/8 76/11 76/11 76/12 77/1 78/3 79/4 91/7 102/2</p> <p>student's [4] 47/6 47/18 47/21 79/3</p> <p>students [59] 3/5 3/9 3/24 3/25 4/4 4/7 4/10 4/11 4/22 5/2 5/16 17/6 17/11 17/14 17/15 17/18 17/22 24/6 24/9 26/2 27/10 27/16 28/4 32/3 33/16 33/19 33/22 36/14 38/2 38/13 40/4 40/14 43/15 44/9 46/7 46/20 47/20 48/6 51/12 52/16 53/5 53/12 59/23 60/24 62/17 63/7 68/3 72/17 73/22 73/25 75/15 78/20 79/22 80/7 80/10 88/3 91/6 91/12 102/3</p> <p>studies [17] 26/24 28/10 28/21 29/9 30/2 31/5 46/23 47/12 52/4 67/13 87/9 87/10 87/11 87/19 87/23 90/19 91/13</p> <p>study [32] 4/1 25/4 32/8 46/11 46/12 49/7 54/17 59/17 59/18 59/22 60/4 66/6 66/15 66/23 67/8 68/6 87/4 87/19 89/8 89/15 90/12 91/9 91/11 91/21 91/23 91/24 92/2 93/14 94/18 95/6 95/15 101/9</p> <p>studying [9] 23/2 24/17 25/1 52/23 69/10 69/15 90/3 90/14 91/1</p> <p>submissions [1] 96/17</p> <p>subsequently [1] 98/22</p> <p>successful [2] 51/9 92/4</p> <p>successfully [3] 28/9 51/7 91/12</p> <p>such [2] 7/6 26/12</p> <p>suddenly [1] 28/2</p> <p>suffer [1] 14/3</p> <p>sufficiently [2] 38/12 64/25</p> <p>suggest [1] 76/1</p> <p>suggested [1] 97/22</p> <p>suggestion [3] 20/9 98/13 98/14</p> <p>suggests [2] 74/20 74/22</p>	<p>Suicide [1] 60/20</p> <p>suited [1] 85/24</p> <p>summarise [2] 8/6 52/5</p> <p>summary [6] 7/25 8/2 8/3 24/14 24/19 46/19</p> <p>summer [6] 7/10 25/7 25/11 85/20 85/21 85/22</p> <p>support [52] 2/24 3/3 3/5 3/6 3/9 3/12 3/23 3/24 4/6 4/11 4/17 4/19 4/25 5/1 5/8 5/17 6/7 7/12 9/19 17/5 23/4 25/17 25/19 25/21 26/20 26/21 31/10 32/14 32/16 32/20 32/24 33/16 34/14 38/2 38/9 49/4 49/5 52/20 59/11 59/18 59/22 70/22 72/2 78/12 80/24 83/20 97/5 97/8 97/18 97/25 99/17 101/9</p> <p>supported [8] 19/8 34/23 43/13 46/20 65/18 70/8 74/10 82/10</p> <p>supporting [4] 40/5 43/23 91/19 96/10</p> <p>supportive [2] 16/17 83/8</p> <p>sure [19] 17/2 23/15 28/4 31/6 34/25 42/7 43/12 44/23 52/18 53/9 58/8 58/15 67/9 70/1 75/25 91/4 95/3 95/25 101/10</p> <p>surprise [1] 69/13</p> <p>surprised [1] 18/23</p> <p>survivors [1] 71/6</p> <p>suspend [1] 50/1</p> <p>sustain [1] 34/11</p> <p>sustained [1] 11/1</p> <p>sworn [1] 1/20</p> <p>system [5] 4/25 14/6 21/3 36/5 41/20</p> <hr/> <p>T</p> <p>take [24] 7/7 14/5 15/10 18/1 18/4 18/10 22/12 35/17 42/3 44/24 49/1 51/5 52/1 54/22 59/13 63/13 65/22 76/3 80/18 80/22 81/22 92/8 92/13 95/3</p> <p>taken [10] 4/14 29/14 31/23 36/17 44/1 46/21 51/24 68/25 73/2 94/20</p> <p>takes [1] 33/4</p> <p>taking [11] 5/16 12/25 14/12 15/2 40/8 56/21 56/22 57/14 61/25 76/19 94/8</p>
---	---	--	---	--

<p>T</p> <p>talk [6] 20/3 29/16 59/5 65/4 69/4 97/21</p> <p>talked [5] 23/2 34/22 86/7 88/4 88/5</p> <p>talking [2] 65/1 74/14</p> <p>teaching [1] 17/13</p> <p>team [48] 2/25 3/2 3/3 3/4 4/17 4/19 4/19 5/8 5/13 5/14 5/14 6/9 6/10 7/14 7/17 7/21 7/22 15/5 17/9 17/24 21/5 26/8 28/14 32/21 33/17 34/20 36/16 36/20 38/1 38/24 40/5 42/8 43/2 51/22 52/10 52/12 56/21 57/10 69/2 71/9 73/14 74/11 74/12 86/18 88/20 102/3 102/6 102/6</p> <p>teams [6] 2/23 6/7 21/6 88/23 99/16 99/17</p> <p>technically [1] 16/23</p> <p>tell [7] 3/2 24/10 24/12 54/3 72/16 76/20 82/19</p> <p>temporary [1] 49/8</p> <p>tend [1] 33/25</p> <p>tension [1] 35/25</p> <p>term [7] 3/24 4/5 25/7 25/12 26/3 27/9 98/25</p> <p>term time [1] 25/7</p> <p>terminate [1] 87/22</p> <p>terminated [1] 87/22</p> <p>terms [19] 7/8 9/23 16/20 19/1 19/11 25/16 59/9 60/5 62/6 63/10 72/13 72/25 78/6 79/7 80/11 94/2 94/2 96/18 99/8</p> <p>than [13] 20/9 20/25 35/20 44/11 44/13 44/19 60/6 66/8 77/23 84/12 84/14 85/22 99/2</p> <p>thank [57] 1/20 1/22 2/6 3/11 4/12 5/11 5/18 5/23 6/2 6/11 7/11 7/25 8/24 11/4 11/7 12/16 12/17 13/9 15/15 23/17 23/19 23/23 24/23 28/20 33/8 34/2 37/1 38/16 46/19 48/22 49/14 52/2 57/6 57/7 57/21 59/13 61/5 64/11 65/19 65/25 66/1 70/24 73/4 75/4 81/17 81/17 82/9 92/12 92/13 92/14 98/3 99/22 100/13 102/23 103/16 103/16 103/20</p> <p>thanked [1] 82/14</p> <p>that [783]</p>	<p>that's [93] 1/11 1/14 1/16 4/19 5/1 5/5 5/7 6/5 6/9 6/9 7/22 9/7 9/11 9/14 10/3 15/1 17/10 20/1 23/14 24/7 29/9 29/23 36/1 37/19 38/17 39/24 41/21 42/1 42/11 42/14 42/17 43/1 44/25 45/1 45/6 45/23 46/15 48/7 48/16 51/2 51/7 54/13 54/23 54/23 56/9 57/15 60/1 60/2 60/17 61/23 61/23 63/4 63/12 63/22 63/24 64/6 64/23 66/12 67/16 67/21 71/14 72/13 72/17 72/24 74/10 76/13 80/3 81/10 84/11 86/19 87/11 88/22 88/22 90/5 91/3 91/16 91/17 92/7 95/3 95/6 95/16 95/18 95/24 96/2 97/22 98/17 99/4 99/6 99/13 101/6 101/12 101/25 103/20</p> <p>their [53] 1/9 1/9 3/25 5/17 7/6 7/8 9/15 9/19 9/21 15/10 15/12 19/2 19/24 21/18 21/18 26/19 26/24 28/5 28/9 29/8 29/9 29/12 29/13 31/5 32/8 32/21 38/2 38/4 42/6 46/22 46/23 47/11 47/12 48/1 48/24 56/7 59/9 62/15 67/13 67/14 71/10 78/14 80/8 81/2 85/19 86/20 87/9 87/22 88/8 88/17 91/6 91/13 96/14</p> <p>them [30] 2/24 9/17 15/10 17/19 20/20 21/8 21/11 23/6 27/15 31/10 34/10 38/14 39/10 42/7 45/12 47/16 52/19 57/11 59/21 81/22 82/10 82/19 86/3 87/22 88/9 91/13 91/21 95/20 95/20 96/10</p> <p>themselves [1] 103/6</p> <p>then [49] 3/21 6/11 6/12 7/23 14/23 20/1 21/12 23/12 23/25 26/22 30/9 32/9 32/23 37/9 38/16 45/5 45/20 48/15 50/17 50/18 54/1 56/13 57/7 57/12 59/17 61/13 64/11 69/19 70/2 71/2 71/16 72/25 72/25 75/4 75/19 77/7 77/25 78/4 78/19 79/14 80/5 84/3 84/3 92/5 92/23 92/23</p>	<p>93/6 98/13 99/11</p> <p>Theoretically [1] 48/3</p> <p>there [149]</p> <p>there's [28] 6/8 8/8 8/9 8/10 18/2 24/19 31/12 33/24 48/10 48/11 48/14 48/19 52/24 53/8 59/6 60/10 60/13 65/5 68/1 76/4 76/14 77/17 78/17 79/20 87/7 98/12 98/13 98/20</p> <p>these [10] 5/3 12/15 29/5 39/17 47/3 70/22 70/23 80/5 96/13 101/14</p> <p>they [106]</p> <p>they're [4] 7/8 44/12 68/5 99/7</p> <p>they've [1] 67/12</p> <p>thing [8] 9/17 20/8 20/16 41/5 42/5 88/25 88/25 100/25</p> <p>things [20] 2/20 4/23 5/4 9/2 15/19 15/22 18/15 41/24 49/24 59/3 59/23 63/4 65/1 73/6 78/16 97/21 97/23 101/1 101/9 101/23</p> <p>think [191]</p> <p>Thinking [1] 10/6</p> <p>thinks [1] 70/22</p> <p>third [10] 4/2 22/18 33/14 33/20 49/13 69/21 72/8 72/18 74/9 96/3</p> <p>this [144]</p> <p>Thompson [9] 1/5 1/21 1/22 65/19 71/5 81/20 90/17 98/7 104/3</p> <p>Thompson's [1] 99/23</p> <p>those [52] 1/18 4/7 4/11 9/2 9/2 16/22 17/18 17/21 17/22 21/14 22/1 27/7 30/23 35/20 36/1 36/10 40/18 40/24 41/7 41/17 41/19 42/13 42/22 43/12 43/14 44/7 44/16 45/7 49/17 53/16 58/14 58/22 63/23 70/24 71/9 72/21 74/5 74/20 76/18 81/1 86/25 88/7 88/23 90/24 95/9 96/11 96/21 96/23 99/10 100/8 100/12 102/12</p> <p>though [5] 43/14 60/8 60/17 76/4 91/18</p> <p>thought [9] 18/4 19/6 23/19 51/20 69/9</p>	<p>92/19 92/21 93/20 102/4</p> <p>threat [2] 42/22 62/16</p> <p>threatening [1] 55/12</p> <p>three [2] 66/12 81/22</p> <p>three-quarters [1] 66/12</p> <p>threshold [2] 27/20 27/25</p> <p>through [19] 4/24 5/23 8/21 22/25 32/19 33/17 37/17 62/15 63/2 72/18 72/23 73/13 75/24 76/7 78/16 80/5 82/10 82/18 100/2</p> <p>Thursday [1] 103/23</p> <p>tick [1] 101/3</p> <p>tighter [1] 75/16</p> <p>time [57] 2/23 5/8 5/19 8/19 8/20 12/6 12/15 14/18 16/18 17/16 20/12 21/23 25/7 30/12 30/12 31/4 31/14 31/17 32/14 33/4 34/16 36/3 41/19 43/7 43/15 45/24 46/17 48/10 50/8 52/24 55/25 56/15 59/13 65/21 71/17 76/7 81/4 81/11 81/15 83/4 83/7 83/14 84/10 85/5 85/6 85/9 85/21 94/8 95/1 95/13 96/20 96/23 97/2 97/6 97/15 98/2 102/15</p> <p>time' [1] 13/12</p> <p>timeframe [1] 48/11</p> <p>timeline [2] 44/25 54/3</p> <p>times [2] 78/23 82/10</p> <p>titles [1] 45/23</p> <p>today [12] 6/3 6/13 11/3 22/17 62/22 64/15 65/1 82/2 88/2 92/21 92/25 103/18</p> <p>today are [1] 62/22</p> <p>together [8] 31/13 44/10 50/5 61/4 64/21 65/16 72/20 80/8</p> <p>told [11] 4/12 9/1 11/17 14/15 39/13 53/22 61/13 69/9 102/17 102/18 102/22</p> <p>tomorrow [3] 18/24 22/19 38/6</p> <p>tonight [1] 38/7</p> <p>too [3] 6/15 14/8 81/6</p> <p>took [7] 31/24 43/25 73/1 75/5 77/10 91/17 91/25</p> <p>tool [5] 79/17 79/24 79/25 81/12 87/4</p> <p>top [9] 7/11 8/5 20/3 23/20 47/16 48/4 48/5</p>	<p>49/24 51/10</p> <p>topic [2] 61/5 64/11</p> <p>topics [3] 59/14 59/14 81/22</p> <p>touched [1] 79/15</p> <p>towards [2] 41/13 68/10</p> <p>track [1] 60/1</p> <p>traditional [2] 33/18 44/11</p> <p>tragic [1] 98/22</p> <p>trained [1] 3/9</p> <p>transcript [1] 1/10</p> <p>transfer [3] 49/6 90/13 92/1</p> <p>transform [1] 92/9</p> <p>transposed [1] 32/23</p> <p>trapped [1] 34/5</p> <p>treating [6] 22/5 27/7 30/21 58/23 87/17 102/12</p> <p>treatment [10] 15/7 28/8 30/1 50/10 50/17 54/5 54/19 57/17 67/12 80/20</p> <p>trial [1] 84/24</p> <p>tried [6] 9/25 25/22 27/15 29/2 41/7 68/12</p> <p>trigger [7] 8/25 10/4 54/16 66/20 67/1 103/10 103/12</p> <p>triggered [2] 28/2 31/11</p> <p>triggering [1] 25/2</p> <p>triggers [2] 9/2 103/3</p> <p>true [2] 2/1 42/17</p> <p>Trust [2] 4/9 9/14</p> <p>try [10] 5/16 19/9 21/21 25/18 42/5 43/12 43/25 50/10 50/17 78/13</p> <p>trying [17] 9/17 19/18 20/17 27/7 27/8 28/4 34/19 35/10 51/20 52/17 54/5 70/18 83/20 91/8 91/11 97/5 99/17</p> <p>turn [11] 12/13 18/17 23/12 37/23 39/22 45/15 46/13 51/10 51/25 55/3 63/16</p> <p>Turner [8] 7/20 18/20 20/2 38/20 52/9 57/21 67/20 69/9</p> <p>Turner's [1] 7/25</p> <p>tutor [2] 53/21 53/24</p> <p>tutors [4] 68/19 103/2 103/4 103/14</p> <p>two [9] 8/13 8/22 13/5 20/6 60/18 63/3 95/9 95/25 101/14</p> <hr/> <p>U</p> <p>ultimately [2] 12/10 51/3</p> <p>unable [1] 25/20</p>
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<p>U</p> <p>unacceptably [1] 43/9</p> <p>uncertain [1] 31/1</p> <p>uncomfortable [1] 83/6</p> <p>under [14] 3/19 13/3 13/4 19/15 50/7 51/22 51/23 60/7 75/6 75/19 79/11 80/4 87/19 98/18</p> <p>underlying [1] 47/10</p> <p>understand [11] 14/9 21/11 26/11 31/6 39/2 43/4 43/11 68/24 70/14 85/7 94/16</p> <p>understanding [2] 64/5 85/3</p> <p>undertake [1] 46/22</p> <p>unfolding [1] 84/10</p> <p>unhappy [1] 32/6</p> <p>unhelpful [2] 64/10 69/6</p> <p>UNIN0000140 [1] 6/1</p> <p>UNIN0000152 [1] 45/15</p> <p>UNIN0000157 [3] 36/22 38/17 45/1</p> <p>UNIN0000260 [1] 37/23</p> <p>UNIN0000362 [1] 32/10</p> <p>UNIN0000591 [1] 51/25</p> <p>UNIN0000620 [2] 7/23 16/2</p> <p>UNIN0001084 [1] 18/17</p> <p>UNIN0001641 [1] 54/7</p> <p>UNIN0001804 [2] 39/16 56/10</p> <p>UNIN0001807 [1] 63/12</p> <p>UNIN0001824 [2] 46/14 94/21</p> <p>UNIN0001825 [1] 95/4</p> <p>UNIN0001829 [1] 62/8</p> <p>Unit [1] 62/19</p> <p>universities [2] 10/7 61/18</p> <p>university [96] 2/4 2/5 2/8 2/15 5/19 10/4 13/22 14/15 15/2 18/7 18/8 19/3 22/4 23/5 23/10 25/4 25/5 25/10 25/11 25/14 26/3 26/6 27/3 27/9 28/1 28/7 28/9 29/5 30/13 33/2 42/2 44/6 47/12 47/20 48/6 49/11 51/12 55/9 55/13 55/14 55/15 55/16 55/23 61/1 61/2</p>	<p>61/7 62/15 62/18 63/24 64/4 64/13 64/16 67/6 67/15 68/19 72/2 74/2 74/6 75/11 75/13 76/5 76/7 76/10 76/15 77/11 77/12 77/14 79/5 79/8 79/10 79/12 80/17 83/15 83/22 83/24 84/1 84/5 84/25 85/6 85/9 85/15 86/10 87/3 87/7 88/3 88/15 88/20 91/14 93/13 94/14 94/15 97/7 97/7 98/15 100/21 100/22</p> <p>University's [4] 73/16 82/16 83/17 89/19</p> <p>unknown [1] 11/10</p> <p>Unless [1] 63/12</p> <p>unregularly [1] 63/5</p> <p>until [8] 2/6 28/22 30/8 30/8 34/17 58/19 69/13 103/23</p> <p>until July [1] 58/19</p> <p>until June 2022 [1] 69/13</p> <p>until September 2021 [1] 28/22</p> <p>unusual [4] 41/25 61/1 69/16 75/23</p> <p>unwell [5] 43/6 57/5 77/18 77/24 86/12</p> <p>up [49] 2/18 3/4 4/4 4/20 4/21 7/15 11/5 11/6 12/19 13/14 13/18 14/14 16/22 19/22 21/8 23/16 23/20 26/5 27/13 27/13 28/17 30/23 32/18 37/7 38/6 39/24 51/9 54/13 60/19 60/22 60/23 63/5 66/9 69/13 71/12 73/3 76/3 83/18 86/14 86/17 89/5 92/5 92/11 92/24 94/22 95/20 101/13 101/18 102/6</p> <p>updates [1] 58/4</p> <p>uploaded [2] 1/8 1/18</p> <p>upon [1] 79/15</p> <p>upset [1] 57/3</p> <p>upwards [1] 6/11</p> <p>urged [1] 84/1</p> <p>urgent [2] 36/15 46/11</p> <p>urgently [2] 36/21 44/1</p> <p>URNs [1] 1/9</p> <p>us [47] 3/2 3/16 4/10 4/18 7/1 7/7 9/6 9/9 9/11 10/13 10/15 15/8 17/21 18/1 18/6 21/21 22/9 25/19 25/19 26/13 28/15 28/16 31/3 31/3 31/11 37/1</p>	<p>38/22 39/2 40/1 40/6 44/21 45/12 45/21 52/11 52/24 56/12 59/10 67/15 68/14 72/7 73/5 73/6 80/6 90/3 102/17 102/18 103/8</p> <p>use [2] 37/11 40/24</p> <p>used [13] 34/1 37/7 40/24 55/25 56/8 57/19 62/25 66/14 88/19 88/21 89/15 89/24 90/11</p> <p>useful [8] 15/4 16/1 27/17 31/9 60/3 67/25 77/20 100/25</p> <p>using [3] 6/4 32/13 51/20</p> <p>ust [1] 38/5</p> <p>usual [1] 59/10</p> <p>usually [2] 15/18 33/22</p> <hr/> <p>V</p> <p>V.C [6] 22/19 22/21 23/2 23/4 23/6 23/8</p> <p>Valdo [1] 56/15</p> <p>valuable [2] 60/2 61/22</p> <p>various [3] 48/13 48/21 94/20</p> <p>VC [83] 5/19 6/20 8/12 9/4 9/18 11/9 11/17 12/2 12/10 12/22 13/5 13/14 13/19 14/11 16/8 16/15 16/16 16/20 17/10 17/10 18/23 19/1 22/17 23/24 25/15 25/20 26/18 27/7 28/21 29/21 29/25 34/7 35/20 38/4 39/1 40/8 40/11 41/9 43/6 45/5 46/1 46/4 50/6 51/3 52/4 52/20 54/5 55/17 56/15 56/18 56/24 57/16 58/4 65/12 66/15 66/20 67/5 67/5 68/2 68/12 68/17 69/1 69/6 69/10 69/14 69/23 70/8 74/21 78/5 78/25 82/20 83/17 83/24 84/21 87/2 89/16 90/15 92/8 93/13 94/2 96/10 98/14 102/13</p> <p>VC's [19] 5/24 6/4 8/7 8/21 12/15 22/12 25/9 25/25 53/21 53/24 56/12 68/19 70/9 70/20 78/22 82/18 83/22 89/21 100/17</p> <p>vertebrae [1] 10/22</p> <p>very [93] 1/9 1/22 2/6 2/24 3/11 3/17 4/25 6/2 7/1 9/5 10/17 12/7</p>	<p>12/17 12/17 15/12 15/17 15/19 15/23 17/14 17/14 17/14 17/22 18/22 20/13 20/13 20/16 21/1 21/4 23/17 23/17 24/23 25/3 26/9 26/14 26/21 26/25 28/9 31/1 31/21 31/21 32/6 33/25 34/25 36/8 37/16 37/24 41/5 43/6 43/6 43/24 43/24 45/14 45/21 48/4 48/5 48/23 50/20 51/10 54/1 54/4 54/12 54/25 59/7 59/14 59/14 61/1 62/7 64/11 65/7 65/7 65/19 66/3 68/5 69/21 70/21 70/23 70/24 71/22 75/5 76/4 81/3 84/9 87/23 88/20 88/20 94/7 97/4 97/4 97/20 97/21 98/21 100/12 103/17</p> <p>victims [1] 99/1</p> <p>view [6] 9/12 16/18 16/19 45/12 66/23 69/25</p> <p>viewed [1] 83/4</p> <p>violence [1] 89/20</p> <p>violent [2] 26/5 55/12</p> <p>visit [1] 28/24</p> <p>voiced [1] 17/2</p> <p>voicing [1] 52/15</p> <p>voluntarily [1] 102/13</p> <p>Voluntary [1] 93/14</p> <hr/> <p>W</p> <p>wait [2] 65/23 89/5</p> <p>Wales [2] 19/7 87/4</p> <p>walks [1] 57/12</p> <p>wall [1] 29/1</p> <p>want [25] 9/5 10/14 10/18 12/13 15/3 19/4 26/20 29/16 41/4 56/24 57/14 58/7 66/3 66/9 66/12 69/2 73/13 75/6 86/6 88/1 90/9 97/1 97/11 97/17 98/5</p> <p>wanted [10] 16/22 17/2 19/19 20/21 34/25 38/13 98/14 100/15 100/16 101/3</p> <p>wanting [2] 22/9 83/8</p> <p>ward [8] 8/9 16/17 16/20 19/12 19/24 22/4 22/17 23/24</p> <p>warn [1] 73/25</p> <p>was [323]</p> <p>was Aug [1] 38/5</p> <p>was September [1] 95/11</p> <p>washroom [1] 33/24</p> <p>wasn't [40] 4/24 9/10 12/4 16/22 16/23 17/4</p>	<p>17/12 18/7 18/8 18/9 19/20 20/8 20/21 20/22 22/10 28/19 34/17 36/7 37/15 42/19 42/20 45/5 50/25 53/9 57/17 60/4 60/7 67/21 68/6 72/4 72/4 83/19 85/12 85/16 87/5 94/13 94/15 94/16 97/20 101/4</p> <p>water [2] 45/16 57/12</p> <p>way [16] 13/25 18/2 37/6 39/11 54/6 57/20 66/13 68/8 70/8 72/1 78/21 80/18 90/5 90/23 97/22 100/5</p> <p>we [430]</p> <p>we're [17] 1/4 5/6 8/9 11/5 14/9 16/3 17/7 18/19 41/9 59/25 77/25 83/11 90/2 92/20 103/16 103/18 103/19</p> <p>Webber [2] 81/24 82/5</p> <p>website [2] 1/8 1/19</p> <p>Wednesday [1] 1/1</p> <p>week [2] 11/14 60/9</p> <p>weekend [1] 57/10</p> <p>weekly [2] 60/15 60/24</p> <p>weeks [1] 13/5</p> <p>welfare [3] 6/5 20/19 49/20</p> <p>well [36] 3/7 12/24 17/20 18/15 22/7 26/24 27/1 27/1 27/23 30/20 30/24 31/23 32/7 33/1 33/4 33/25 34/14 34/23 36/3 36/6 39/20 42/12 44/16 53/6 56/4 61/1 62/25 63/3 64/5 65/7 82/23 91/15 92/13 100/6 101/11 103/16</p> <p>well-known [1] 33/1</p> <p>wellbeing [12] 2/7 2/10 2/25 3/3 3/10 3/12 5/17 6/7 15/13 60/8 60/21 89/22</p> <p>wellness [1] 29/12</p> <p>went [5] 19/14 32/19 37/2 42/20 56/7</p> <p>were [103] 2/6 4/22 5/18 8/19 8/22 9/2 10/18 10/24 10/25 11/6 11/10 11/17 12/1 14/16 15/9 16/21 16/21 17/12 17/15 19/17 20/11 21/5 22/9 25/20 27/7 27/10 28/18 29/5 29/7 30/10 31/2 32/7 35/1 35/14 35/19 35/19 36/6 36/6 36/9 36/13 36/19</p>
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<p>W</p> <p>were... [62] 38/12 40/14 40/14 41/9 42/21 43/7 43/13 43/13 43/23 45/13 45/14 56/6 56/6 57/15 58/14 58/21 58/21 58/22 62/22 65/9 66/14 66/19 68/18 68/22 68/25 68/25 70/16 71/9 71/10 71/19 72/10 73/2 74/6 74/17 76/18 76/23 78/2 79/20 80/1 80/6 84/9 84/18 84/21 85/10 87/17 87/17 89/12 91/21 91/22 94/19 94/20 94/20 94/25 96/6 96/22 98/3 99/16 101/4 102/5 103/5 103/6 103/18</p> <p>weren't [10] 8/20 8/22 14/23 15/13 26/24 58/13 77/21 85/13 101/15 102/22</p> <p>what [107]</p> <p>what's [7] 11/2 15/24 23/16 38/22 60/1 80/13 85/18</p> <p>when [51] 2/3 9/4 9/20 10/17 15/20 15/21 18/2 26/9 27/2 27/11 28/7 29/8 33/4 34/20 36/9 37/16 46/21 51/3 51/21 53/6 54/20 57/4 59/23 59/23 60/3 66/22 67/9 67/25 68/1 71/8 71/12 71/19 72/4 76/2 76/12 76/14 78/23 79/5 79/16 81/7 85/9 85/17 87/11 88/17 89/21 90/15 93/13 98/8 99/19 102/5 102/15</p> <p>whenever [2] 50/13 87/2</p> <p>where [39] 4/10 8/3 9/24 10/9 11/24 12/2 19/7 19/15 21/5 22/8 24/5 24/9 25/19 28/18 29/2 31/18 37/10 37/12 41/25 47/6 47/9 47/13 47/18 49/18 51/1 59/5 59/6 60/24 60/24 61/3 64/21 67/16 72/23 75/18 77/10 78/24 92/6 100/24 103/6</p> <p>whether [22] 29/11 31/17 32/7 45/12 56/8 63/6 67/5 67/7 67/21 68/2 72/14 74/19 76/13 76/16 85/23 86/20 87/13 87/14 89/8 92/6 96/18</p>	<p>100/10</p> <p>which [36] 2/10 6/24 21/24 27/22 28/1 29/14 33/15 37/2 37/13 40/6 41/17 43/21 49/14 50/7 50/7 50/7 51/6 54/12 60/6 65/1 66/16 66/23 70/21 73/1 76/11 77/8 80/14 86/25 89/16 90/9 90/14 95/4 95/9 96/3 96/19 98/4</p> <p>whichever [1] 18/2</p> <p>while [4] 9/6 54/2 54/22 97/23</p> <p>whilst [4] 55/13 65/12 65/12 86/12</p> <p>who [34] 3/9 3/12 3/19 3/20 4/4 6/20 9/20 20/14 21/9 21/17 26/4 26/8 27/7 28/14 29/15 31/20 34/5 34/5 35/21 37/25 42/14 44/16 57/9 58/22 62/14 70/11 71/9 75/18 77/18 77/24 79/10 97/8 97/13 102/12</p> <p>whoever [1] 101/11</p> <p>whole [2] 5/19 9/23</p> <p>wholly [1] 52/5</p> <p>whom [2] 27/6 93/21</p> <p>whose [1] 65/2</p> <p>why [13] 17/4 27/18 36/15 44/21 64/6 68/18 68/22 81/10 83/5 87/19 94/11 96/9 101/7</p> <p>wider [2] 17/25 65/3</p> <p>will [61] 1/7 1/18 3/11 4/15 4/15 5/3 5/5 8/24 10/13 12/5 12/14 13/11 13/14 13/14 14/3 14/7 15/23 17/17 25/19 25/22 26/14 28/5 28/24 29/18 33/21 33/21 33/24 37/22 38/6 38/17 39/17 39/22 45/1 46/8 46/20 49/15 49/23 52/16 53/4 57/1 57/5 58/5 59/24 62/18 62/19 65/22 65/24 66/13 72/20 73/20 73/21 74/25 75/15 76/3 88/18 89/5 92/13 93/6 96/3 96/17 99/22</p> <p>willing [1] 4/10</p> <p>window [2] 10/23 11/1</p> <p>wishes [3] 9/19 100/1 100/7</p> <p>withdraw [2] 87/9 87/10</p> <p>withdrawal [2] 49/9 49/11</p>	<p>within [16] 3/4 3/5 4/9 11/21 12/9 18/4 18/5 26/13 37/12 44/2 56/2 61/1 62/24 80/8 87/17 88/7</p> <p>without [2] 63/18 99/4</p> <p>WITN003001 [1] 1/10</p> <p>WITN0031001 [1] 1/11</p> <p>WITN0033001 [2] 1/25 89/3</p> <p>WITN0045001 [1] 1/12</p> <p>WITN0046001 [1] 1/12</p> <p>WITN0047001 [1] 1/13</p> <p>WITN0048001 [1] 1/13</p> <p>WITN0049001 [1] 1/14</p> <p>WITN005001 [1] 1/14</p> <p>WITN0051001 [1] 1/15</p> <p>WITN0052001 [1] 1/15</p> <p>WITN0053001 [1] 1/16</p> <p>WITN0066011 [2] 54/23 73/1</p> <p>witness [12] 1/6 1/20 1/23 61/6 64/12 66/5 69/20 69/24 70/3 89/1 92/25 96/16</p> <p>woman [1] 86/11</p> <p>won't [2] 27/12 47/16</p> <p>wonder [1] 23/14</p> <p>wondered [1] 76/13</p> <p>word [1] 8/25</p> <p>words [2] 8/3 97/10</p> <p>work [20] 4/10 8/24 9/22 10/3 15/9 15/22 21/3 25/19 28/10 28/17 47/22 47/24 48/2 50/18 51/6 60/20 68/21 69/17 88/19 98/17</p> <p>worked [5] 2/4 2/15 19/9 33/3 41/17</p> <p>worker [2] 2/12 71/24</p> <p>workers [3] 71/10 72/5 102/5</p> <p>working [11] 2/4 57/18 60/3 69/12 71/9 71/23 71/24 88/20 98/9 99/16 99/18</p> <p>workload [1] 8/17</p> <p>world [1] 101/22</p> <p>worried [3] 38/10 38/12 83/7</p> <p>worry [1] 39/20</p> <p>worrying [3] 28/13 32/5 78/21</p> <p>worse [2] 18/14 42/4</p> <p>worsened [1] 47/24</p>	<p>worth [1] 38/10</p> <p>would [165]</p> <p>wouldn't [19] 18/13 25/21 30/6 30/7 34/6 44/15 45/11 45/11 54/17 55/18 59/10 62/3 75/20 80/2 80/7 90/21 97/11 97/17 102/21</p> <p>writing [3] 39/19 73/25 96/24</p> <p>written [3] 56/18 56/19 60/8</p> <p>wrong [5] 13/24 91/16 91/18 99/24 99/25</p> <p>wrote [1] 2/3</p> <p>Y</p> <p>yeah [13] 15/4 25/24 26/1 61/12 61/13 63/22 64/9 71/17 80/2 95/25 99/18 101/13 101/22</p> <p>year [4] 2/5 25/15 85/9 94/3</p> <p>years [5] 21/3 71/16 71/16 82/11 101/24</p> <p>yes [135]</p> <p>yesterday [1] 24/17</p> <p>yet [1] 6/13</p> <p>you [468]</p> <p>you know [80] 10/12 15/19 16/23 18/3 19/11 19/17 19/19 21/2 21/25 26/11 26/16 26/18 26/22 31/18 31/21 32/4 33/23 35/12 35/12 36/10 36/17 40/21 41/11 41/25 43/19 45/10 50/13 50/16 51/21 52/18 52/21 54/4 59/7 61/16 63/22 65/5 65/6 67/11 68/4 69/4 72/1 75/15 77/19 80/3 80/4 82/23 84/4 84/7 84/9 85/3 86/1 86/2 86/24 87/11 87/15 87/16 87/18 87/20 88/19 90/2 90/4 90/23 91/4 91/15 91/19 97/11 97/14 97/20 98/1 98/8 98/21 98/22 98/25 99/3 99/4 99/16 99/17 100/24 101/23 102/2</p> <p>you're [14] 9/20 30/15 41/22 44/20 53/6 53/6 70/18 76/17 80/12 87/13 88/4 90/1 90/23 98/8</p> <p>you've [4] 18/2 66/7 75/18 87/1</p> <p>young [2] 44/8 86/11</p> <p>your [54] 2/2 2/12</p>	<p>2/22 4/13 5/18 5/24 9/12 16/18 17/4 17/11 20/11 25/23 25/25 39/17 44/2 44/3 56/10 61/6 61/8 63/11 63/14 64/4 64/12 66/5 66/7 68/10 69/20 69/20 70/2 73/14 79/15 82/1 82/2 82/17 82/19 85/8 85/9 85/19 86/14 86/22 87/10 87/10 88/2 88/5 88/6 88/10 89/1 89/21 90/21 90/21 95/13 96/8 96/10 103/21</p> <p>yourself [5] 6/12 6/17 52/8 54/9 84/14</p> <p>Z</p> <p>zoom [7] 38/18 45/2 45/19 55/1 55/5 57/8 62/12</p>
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