1 **Wednesday, 22 April 2026**
2 **(10.00 am)**
3 **MS LANGDALE:** Chair, may I call Dr Ackroyd, please.
4 **DR RUPERT DINSDALE ACKROYD (affirmed)**
5 **Questioned by MS LANGDALE**
6 **MS LANGDALE:** Dr Ackroyd, can you hear me?
7 **A.** Yes, clearly, yes.
8 **Q.** You have prepared a statement dated 13 November 2025 for
9 the Inquiry. Can you confirm that the contents are true
10 and accurate as far as you are concerned?
11 **A.** They are, although I would just add that over the months
12 I've probably got a clearer memory of perhaps around the
13 circumstances of the review rather than of the review
14 itself, namely that I have some recollection of
15 attending the ward, and that I saw -- discussed the
16 patient with the nurses and saw the patient in the
17 clinic room. There wasn't a staff member free to attend
18 with me, so I saw with the -- it's a kind of stable door
19 of the clinic room, the hatch open, so that would be in
20 reasonable earshot of the ward.
21 I don't have further recollections of the specifics
22 of the interaction beyond that otherwise, so the
23 statement, I think remains true and reasonable, but
24 I did just want to add that because it might be relevant
25 to any questions that come up.

1 **Q.** Understood, and it's clear you had to look at the notes
2 to remind yourself of the circumstances and of what you
3 recorded when you prepared your statements.
4 **A.** Yes, that's correct.
5 **Q.** Another relevant factor, you started your core
6 psychiatry training in 2016, and when you were working
7 at Nottingham, you were working as a duty Senior House
8 Officer covering Highbury Hospital overnight, weren't
9 you?
10 **A.** That's correct.
11 **Q.** I think subsequently you've qualified as a consultant
12 psychiatrist and no doubt information and learning since
13 then influences or may influence some of your responses.
14 **A.** Absolutely, that's correct.
15 **Q.** Can I ask you then, please, and if we can have on our
16 screen -- you don't need it doctor, because you have
17 a copy with you, but it's NHFT0000187, beginning at
18 page 1.
19 This is a core assessment that you prepared at 2.19
20 am on 15 July 2020, so to anchor everybody else in the
21 timeline, this is after the events where he was detained
22 or arrested at premises in Brook Court in relation to an
23 incident and a man who has given evidence called Liam
24 and was taken to Highbury Hospital. So you see him in
25 the middle of the night. Tell us first of all, the core

1 assessment, we understand that that's completed at the
2 point of admission, although it's largely effectively
3 a clerking admission role, it's not by a key worker or
4 someone who continues to have involvement with the
5 patient; is that right?
6 **A.** It is right out of hours, in hours -- if the patient is
7 admitted in hours, they would be seen by the regular
8 medical team, so the clerking process would be completed
9 by somebody that would have ongoing care. But out of
10 hours, it is more likely that person wouldn't have any
11 ongoing role within the treating team.
12 **Q.** It's normally junior doctors, I think resident doctors
13 as they're known now, who complete these?
14 **A.** Yeah, that's correct. Sorry, if it was a CPA review in
15 the community with a care coordinator, it would be the
16 care coordinator that would complete them, but in terms
17 of the admission process, it would be the clerking
18 doctor.
19 **Q.** You explain in your statement that you would look at the
20 RiO notes for background information before seeing the
21 patient or completing it or subsequently; when?
22 **A.** Yeah, so I would typically, before I reviewed the
23 patient, I would look at the notes available to me to
24 get some understanding of what has gone on. Obviously
25 there would be time limitations in terms of the depth

1 and breadth that that could go to, but I would certainly
2 look at existing core assessments because they can be
3 really helpful, summary documents, I would look at
4 a recent discharge summary, I would look at progress
5 notes for just giving me recent events that had
6 precipitated the admission itself.
7 **Q.** If we look, then, under "Consent and Capacity", you
8 record there:
9 "Implied consent to examination and history."
10 You tell us in your statement that was pulled
11 through from the previous core assessment, and also
12 because VC was engaging in conversation and permitted
13 a physical examination, you put the same there; is that
14 right?
15 **A.** Yeah, that's correct. And I suppose, just -- I know
16 concerning capacity has come up quite frequently during
17 the Inquiry already, but obviously there was, as
18 mentioned in the evidence, ambiguity around what this
19 question really refers to in terms of what the concern
20 for capacity is for. So there was, I recall, discussion
21 in the resident doctor forums where we reached
22 a consensus that it would be broadly taken for the
23 assessment itself, given that it comes at the start of
24 the document rather than in the summary of care plan
25 document, that seemed to make the most sense.

1 **Q.** You requested blood tests, you conducted, I think,
2 a physical examination, electrocardiogram, and requested
3 blood tests; is that right?
4 **A.** I would have taken the blood tests myself.
5 **Q.** What were you testing for?
6 **A.** So as part of the admission process, you do a broad
7 screen. So you would test for various things that might
8 have an overlap in terms of contributing to
9 a confusional state, for instance, we would routinely
10 screen for other things including sort of B12, folate.
11 Vitamin D, often our patients are likely to be
12 nutrition -- you know, inadequate nutrition. Other
13 things we would test for would be things to consider
14 about cardiometabolic risk factors. So sort of blood
15 glucose levels, HbA1c lipid profiles, and looking at
16 cholesterol and other risk factors that would be
17 significant in terms of both the disorder, but also the
18 treatment as potential side effects. So you'd want base
19 lines for those.
20 We might also offer screening around blood-borne
21 viruses, and prolactin levels because that's relevant to
22 treatment too.
23 **Q.** It appears blood test results for those matters were
24 within normal range. Did you see that later?
25 **A.** I saw that in reviewing the notes later. I don't think

1 the results were available to me by the time I finished
2 my shift, and I can see that the -- there was an issue
3 accessing the results through Notice(?), but I might
4 have tried to access them out of hours, but I wouldn't
5 have been able to without speaking to somebody in the
6 laboratory overnight.
7 **Q.** Understood. "History of Presenting Complaint". You
8 tell us this is quoted from Dr Seedat's entry in
9 "progress notes"; is that right?
10 **A.** Part of it, sorry. Just the opening paragraph.
11 **Q.** Then if we go to page 2, tell us what you set out there
12 at the top and where you get that from.
13 **A.** Well, from what I can gather looking at the notes, I
14 think this is perhaps my summary statement of the
15 circumstances, so ultimately they were brought to the
16 136 Suite, which would be a place of safety where the
17 Mental Health Act Assessment took place. They were
18 detained, and I suppose the justification for that was
19 that there were concerns regarding insight, medication
20 concordance and risk to others when unwell.
21 So I think that was just the justification for the
22 admission itself in that next paragraph.
23 **Q.** Yes, tell us about that next paragraph.
24 **A.** So to walk through, this is more -- this is clearly just
25 a reflection of the conversation that I've had with him.

1 So he suggested he understands the events that led up to
2 him being detained and reflected he was not sure that he
3 needed to be here but he was okay now he was.
4 I think that's perhaps -- yeah, I mean reading
5 between the lines and looking at the other records and
6 obviously the history, I mean it's clear that his
7 insight is challenged, and this suggests that he's more
8 assenting, perhaps, to the admission rather than
9 necessarily being in full hearted agreement with it.
10 So he denies that he discontinued the 5 milligrams
11 of aripiprazole but did say he stopped a different
12 antipsychotic, and I put a question mark in brackets
13 just because that wasn't perhaps evident from what I'd
14 read in the build-up to seeing him. Having looked at
15 the notes again, I can see that olanzapine was trialed
16 during the first admission but stopped before he was
17 discharged. So I think that more just reflects that
18 he's confused about treatment and doesn't have a clear
19 idea of what he has and hasn't been taking.
20 **Q.** But you hadn't seen anything other than aripiprazole
21 referred to.
22 **A.** From what I can see, and from what I've documented
23 there, I think the question mark in brackets is saying
24 I don't -- I can't -- I haven't, in the conversation,
25 been able to identify what that medication was. So he

1 can't tell me the name of that medication and I haven't
2 picked that up, and I would -- my reflection would be
3 that I've looked at the discharge summary but I haven't
4 looked at the ins and outs of the progress notes for the
5 previous admission to see that he had been on another
6 one, because I might have been able to connect the dots
7 with him had I had that information in my mind. So my
8 assumption is that I hadn't picked up that that he'd had
9 that period on olanzapine prior to being switched to
10 aripiprazole.
11 **Q.** Continue with the entry, thank you.
12 **A.** So he identifies this is an error, as you can see
13 medication had some effect, given his deterioration now,
14 so that's again -- I think I sort of summarised some of
15 this towards -- in another part of the statement around
16 mental examination, but ultimately he's suggesting that
17 he's -- he's got some awareness that he's deteriorated,
18 which would be reasonably positive in terms of lending
19 to at least some degree of insight although clearly not
20 full.
21 He is aware the experience is auditory
22 hallucinations, and I put in brackets there specific
23 ones around third person auditory hallucinations and
24 "running commentary". I haven't given specific examples
25 of what he's described there but I've named them as such

1 because they would be significant in terms of
2 considering the underlying diagnosis so they both are--
3 *(overspeaking)* --
4 **Q.** Why is that significant? You deal with this in your
5 statement as well. Just to capture it, you say:
6 "Reading [it] ... now ...[it] might suggest
7 fluctuating insight or perplexity in the context of" --
8 *(overspeaking)* --
9 **A.** Ah sorry, going back to seeing it as an error and some
10 effect given his deterioration now.
11 So I don't know about fluctuating insight. I think
12 one of the things I talked about later was actually that
13 kind of -- he can attribute -- and I talk about the
14 attribution aspect in terms of insight. So he can
15 attribute abnormal symptoms in hindsight but it seems
16 that he isn't able to do that in the moment.
17 So he can sit there with me now and identify, yes,
18 that was driven by or an experience of an auditory
19 hallucination but it's quite clear, given his behaviour
20 response to those stimuli in the moment, that he doesn't
21 have insight at the point of experience so he can only
22 look back and reflect that yes, that was abnormal, and
23 attribute it to be a symptom rather than a true
24 experience.
25 And I think that was consistent through our

1 discussion with him -- my discussion with him, that yes,
2 okay, he might agree looking back, but clearly his
3 behaviour in the moment does not reflect that that was
4 the case. In --
5 **Q.** You -- sorry, did you want to say something else?
6 **A.** No, I was going to go back to the auditory experiences
7 but was, yes, something else on that point.
8 **Q.** Yes. Tell us about those, then: the significance of
9 them being person.
10 **A.** So third person, ie people talking about him, and the
11 running commentary is often -- as it's described: it's
12 of a mundane description of what the individual is
13 doing. They're part of around 11 symptoms of
14 Schneider's First Rank Symptoms, and these are
15 significant because if they're present in the context of
16 psychosis, we should consider schizophrenia as
17 a diagnosis that's more likely. So more likely to be
18 schizophrenia than other causes.
19 **Q.** Family history -- sorry, you want to say something else?
20 **A.** Well -- no, please.
21 **Q.** Family history, you ask about family history, and VC
22 reports his paternal grandfather had an episode of
23 psychosis in the past, but reflects that he does not
24 know the details and it was more gossip than anything.
25 So not clarity around that, but he obviously reports

1 something to you about that.
2 What's the significance for you, if there is family
3 history, and why are you asking that in terms of mental
4 health?
5 **A.** Yeah, again, it's compiling the history in combination
6 with the pre-disposal and risk factors. When you
7 consider the formulation, this would certainly be
8 a predisposing risk factor if he had a relative with
9 schizophrenia, and I outlined in the evidence that the
10 largest study around inheritability, and I think
11 a grandparent would be sort of 5% risk versus 1% of the
12 general population risk. So five times the risk,
13 ultimately, than the general population if you had
14 grandparent with schizophrenia.
15 **Q.** So relevant to a clinician looking at diagnoses?
16 **A.** Absolutely, given this as a context, still around first
17 episode psychosis although this admission I think
18 consolidates the perception that this is schizophrenia.
19 **Q.** If we go to page 3, please, you have obtained a personal
20 history and we see at the top there:
21 "Sat GCSEs in Wales, did his A levels, then went to
22 college ... before starting university in Nottingham".
23 You state:
24 "Looking back, these details could help determine
25 whether there had been a significant shift in his

1 trajectory, which can commonly occur in mental illness."
2 What do you mean by the shift in trajectory?
3 **A.** Yeah, so often what you might see in young individuals
4 is a prodrome, so a pre-illness state, and you might see
5 that someone is doing well, academically, socially,
6 et cetera, and then that gradually just -- the
7 trajectory just gradually tapers off on where it's
8 expected to go and it's often zooming out and looking at
9 that broader picture of a patient -- of that trajectory
10 of an individual can reflect, I think, a prodrome in
11 reflecting illness. So schizophrenia is insidious in
12 onset and I think, again, hearing the evidence and
13 seeing the evidence in the supplementary bundles, it's
14 really clear that there are examples of this much, much
15 earlier and there may well have been a prodrome or even
16 a more active psychosis at a much earlier stage, but
17 yes, I think --
18 **Q.** We hear about supplementary bundles, for those who don't
19 follow, when Core Participants have potential questions
20 and they want you to see documents of a witness, you are
21 sent those by way of a supplementary bundle.
22 So you're saying, looking at that now, that
23 trajectory point is something that you have ascertained?
24 You've --
25 **A.** Well, actually, I'm not sure I've picked that up in the

1 history here, on my core assessment document, but I do
2 think it's the -- particularly the witness statement
3 from the housemate that gives it a pretty clear
4 description of at least a prodrome, or a more accurate
5 term of being at risk mental state, or even psychotic
6 symptoms being present.
7 **Q.** You talk about the housemate in Wales, living with him.
8 Insidious in onset? What do you mean by that, you
9 referred to schizophrenia being insidious in onset?
10 **A.** So gradual. So things come on slowly. So you often
11 might see a withdrawal from social activity, and an
12 increasing fixation with one's own thoughts and ideas.
13 A gradual change in that kind of reactivity of -- we
14 talk about reactivity of affect, but reactivity of mood,
15 ultimately. Those symptoms often come on slowly and
16 build and get more and more impactful on function.
17 **Q.** You conduct the mental state examination and can I ask
18 you about the third paragraph, please. Again, you refer
19 to the:
20 "3rd person auditory hallucinations - talking about
21 him. Also running commentary. Says not constant.
22 Denies visual or other distortion. Commented that he
23 [did] not always feel in control; seemed more about his
24 life trajectory than made experiences."
25 Can you just expand on those two entries for us,

1 please?
2 **A.** Yes, of course. I think I've sort of discussed the
3 first lines around the auditory experiences. The saying
4 it's not constant, I don't think that's unusual.
5 I think I've just reflected what he's told me there.
6 Denies visual or otherwise, so ie, no other sensory
7 disturbance. So sometimes patients will hear, smell,
8 taste, feel things of others, things that aren't there.
9 That isn't the case for him.
10 So the commenting about not feeling in control, so
11 when I've -- he's -- obviously I've probed about this,
12 and I think that's quite a normal thing to do within a
13 Mental State Examination, and when I've explored it with
14 him I think he's talking about his life trajectory, ie
15 he doesn't feel in control and I think this is what his
16 goals are and perhaps he's looking at his own trajectory
17 and kind of getting some concerns about how that's
18 tracking for him as well. He's an intelligent
19 individual, he's attending university and is --
20 realistically a diagnosis of schizophrenia is hugely
21 significant and uncommonly conducive with a normal level
22 of function in life.
23 So it wouldn't be one you'd happily accept in that
24 sense, really.
25 **THE CHAIR:** Dr Ackroyd, can I just ask you to slow down

1 a little bit because a note is being taken of what
2 you're saying. Thank you.
3 **THE WITNESS:** Sorry, yes.
4 **MS LANGDALE:** Yes.
5 **A.** So rather than made experiences, so made experiences
6 are -- we're talking about this idea of volition, made
7 volition. So delusions of control, ideas that his body,
8 mind or mood, feelings might not be under his control,
9 are made experiences. They're a cluster of symptoms
10 that also fall under Schneider's First Rank Symptoms and
11 that's what I'm referring to there. So I haven't
12 elicited in his description to me that he has delusions
13 of control, or a sense that he is not -- that there is
14 control of his body, mood, or feelings elsewhere, or
15 mind or thoughts.
16 **Q.** Where you write:
17 "Denies thought interference but did reflect that he
18 looks back on previously held thoughts and cannot
19 believe that he would think that."
20 It may be the passage of time prevents you from
21 saying which thoughts could he not believe that he would
22 have thought.
23 **A.** So thought interference, I'll be referring to the
24 specific symptoms that are thought insertion, thought
25 withdrawal, and thought broadcast. So the concept that

1 thoughts patients might have in their mind are not their
2 own and have been put there by some means, and thought
3 withdrawal would be the opposite of that: that thoughts
4 are removed. Broadcast would be that thoughts can be
5 apparent to others without their will to do so.
6 So I've screened around those symptoms, in terms of
7 thought interference -- that's a term I would often use
8 with a patient in that discussion -- and he said yes,
9 and then he's gone on to say he cannot believe other
10 things that he's thought. I haven't got specifics in
11 there to know, so I think he's referring to more
12 content, perhaps, of beliefs, or content of thoughts
13 that he's had in the past and he's reflecting that he
14 can't believe that he would have held those now.
15 So again it's that kind of hindsight attribution --
16 **Q.** So was it, if I can describe them as delusional beliefs
17 that he couldn't believe he thought that, or was it more
18 rational thought that he couldn't believe?
19 **A.** Well, I think it's more a delusional belief. I think
20 he's acknowledging that he had delusional beliefs,
21 thoughts, in the past, and struggled to think that he
22 would believe that. He might be thinking about
23 something that is more related to thought interference,
24 so he might have felt like thoughts were being put
25 inside his head in the past and he can't believe that he

1 felt like that before, or that he would have thought
2 that could have been the case because it's clearly
3 impossible or something.
4 So it could have been around thought content or it
5 could have been about thought form, this interference
6 factor. But it sounds from my documentation I would
7 take that he's referring to some positive symptom, but
8 in hindsight, rather than rational thinking.
9 **Q.** As a psychiatrist, how important is it to understand the
10 content of hallucinations or the content of beliefs when
11 firstly assessing a patient and, secondly, providing
12 treatment for a patient?
13 **A.** Well, I think it's obviously very important to get
14 a good understanding of the content mix and experiences
15 of an individual, and I think that's really the first
16 step to, you know, building any therapeutic alliance,
17 you have to have some understanding to build
18 a relationship and understand what the treatment needs
19 are.
20 I suppose there's variability. Sometimes the
21 content itself might well be irrelevant. You know,
22 whether a patient believes they invented the wheel, you
23 know, the content of that is irrelevant, I suppose,
24 other than helpful for us knowing to be able to check in
25 with how their symptom severity is at another point

1 perhaps.
2 So I think it's the cluster and type of symptoms
3 they present with that's particularly important. The
4 made experiences, so the volition stuff, is significant,
5 because that's certainly directly informs risk. There
6 would be specific delusional content or themes that
7 would be significant, for instance delusions of jealousy
8 are very concerning in terms of relationship and risk of
9 harm to others. And yeah, so I think there are specific
10 content that very much would inform our risk assessment,
11 so that would be important to know.
12 **Q.** And risk, in the context of risk, potentially --
13 **A.** Yeah, but it --
14 **Q.** -- depending what they're saying or telling them to do.
15 **A.** Yeah, absolutely. Yeah.
16 **Q.** Can we have on the screen, please, NHFT0000168, page 59,
17 and it's to complete your involvement in the case, your
18 entry on the progress notes. We see halfway down the
19 page, "core assessment completed":
20 "Imp[ression]:
21 "relapse of psychosis shortly after discharge ..."
22 And you set out the plan.
23 **A.** I don't think I've got the right page up, sorry.
24 **Q.** NHFT0000168, page 59. It's coming, I think. It's
25 probably a bit slower for you. *(Pause)*

1 **A.** I'm sorry, I still have a grey screen here.
2 **Q.** It's not with us either. Dr Ackroyd, don't worry, I'll
3 tell you when it is.
4 **A.** I can see it now.
5 **Q.** You can see in the penultimate box your completion of
6 the assessment plan:
7 "formal admission for re-establishing treatment.
8 "chase bloods.
9 "drug card updated ...
10 "... update family in social hours.
11 "some psychoeducation in treatment when able".
12 I don't need to ask you about the plan.
13 Can we have instead, please, on the screen
14 NHFT0007543. This is a blank "Core Assessment Crib
15 Sheet". If we can just quickly scroll through it to see
16 what you are asked to do, and particularly what you're
17 not asked to do in a core assessment. So it's 7543. We
18 see on page 1 the "History of the presenting complaint",
19 questions that could be asked:
20 "Mental health history ... patient's perception of
21 previous care".
22 If we go to page 2, please. I think it's a bit
23 slower because we're sharing with you remotely. I'm
24 just explaining in the room why it's taking longer than
25 it does normally.

1 Page 2, "Medical history", "Current medication,
2 "Family history & personal relationships".
3 Page 3, "Personal history", "Current social
4 circumstances".
5 A number of questions there.
6 "Alcohol & substance misuse" on page 4.
7 Had you seen this before doing core assessments?
8 This is the general sort of information that you're
9 required to take. I'm not suggesting you didn't take
10 this information, by the way, I'm just setting out what
11 it does --
12 **A.** No. Yeah, I'm happy to comment on this. So the crib
13 sheets I will have used perhaps in the first few weeks
14 as a core trainee. By the time, I wouldn't have been
15 taking this with me. I'd have had a pretty good
16 understanding of the psychiatric history at that stage.
17 So the core assessment document broadly outlines
18 a standard psychiatric history.
19 **Q.** And page 5 is "Forensic history" and "Mental state
20 examination".
21 Page 6, "Information sharing, "Other agencies
22 involved".
23 If we go straight to page 7, please. "Protective
24 factors" at page 7: "Individual Attributes", "Social
25 Circumstances", "Environmental Factors".

1 And then "Generic ... Scales" at page 8. And if we
2 can have these, please, page 8 and 9, and generic scales
3 are where you're required or can rank a concern, and we
4 see the ones that are set out, when they appear, are
5 "Low Mood", "Anxiety", "Stress", "Thoughts about
6 self-harm", "Thoughts about suicide", "Individually",
7 "Interpersonally", "Socially", "Overall", and finally
8 "Thoughts about self-harm".
9 There's no reference here to risks of violence
10 towards others or risk to others, is there?
11 **A.** I haven't quite seen the pages you're bringing up.
12 **Q.** They'll come. We can put 8 and 9 on the screen at any
13 time, but the bottom line for me is: when you look at
14 this list, there's no reference to thoughts about
15 harming others, as an express reminder that that might
16 be something that's relevant to take into account or ask
17 about.
18 Do you agree? Is it something commonly you would
19 think about at that stage, when you were doing this,
20 about asking about harm to others, because we don't see
21 that anywhere? And indeed --
22 **A.** So I wouldn't used this crib sheet and I would typically
23 ask around thoughts to others, if it was relevant.
24 I can see that I did not complete the risk assessment
25 document at this point and I haven't made a clear

1 description of risk in my entry or on the -- within the
2 core assessment I think there are mentions that might
3 relate to it.
4 If I were completing a risk assessment I would
5 certainly -- and clearly, given the indications for this
6 admission, I think it would be very prudent to ask about
7 risks to others and understand that.
8 **Q.** So not the remit of the core assessment?
9 **A.** Sorry, sorry. I think the absence of that question on
10 there wouldn't mean it wouldn't be discussed, but
11 I think if you've got a crib sheet, I think you should
12 have suitable questions outlined. It looks like they
13 cover more than is necessary in terms of suggestive
14 questioning, et cetera, and therefore, yes, it's odd
15 that it's not there.
16 **Q.** It is odd, isn't it, it's a feature, just as thoughts of
17 self-harm is a feature, it's a key feature and the core
18 assessment, where risk is an issue, might at least flag
19 up that needs further investigation or detailed
20 investigation, even though it's not the place to do the
21 risk assessment; do you agree?
22 **A.** Yes.
23 **Q.** Finally, you comment at the end of your statement at
24 paragraph 84. The process of core assessments, could
25 that be improved in any way? It obviously has a key

1 role when somebody first is admitted, but what do you
2 say about that as a system to capture information and
3 take the patient forward?
4 **A.** Well, I mean, my perspective is I would, as you can --
5 I saw the patient at perhaps 2 am in the morning.
6 I imagine neither of us would have been firing on all
7 cylinders at that time and is it the best time, optimal
8 time, to be assessing someone. Completing a document
9 that is supposed to reflect a succinct and clear history
10 with a good summary of the patient's care journey
11 through the care services, is that the ideal time to be
12 completing it? I'm not sure.
13 I think it's absolutely essential that patients are
14 seen promptly by a doctor when they come into hospital.
15 I think the admission clerking process is still
16 essential. I think more than anything, the priority of
17 that clerking process is confirming the patient is
18 physically safe and suitable and well to manage the
19 admission in a psychiatric unit, and is in the right
20 place, and to make sure that initial treatment steps are
21 in place.
22 I do wonder whether the core assessment completions
23 should sit with the regular treating team, and more than
24 anything, I think it's an incentivised task that really
25 forces you to know your patient well.

1 Yes. But I wouldn't remove the admission clerking
2 process, but I think the CPA document itself perhaps
3 might be better completed, even if you pulled the
4 information from the clerking entry, you could do that.
5 That's fine. But I just wonder whether it would be
6 better placed to be completed with the regular treating
7 team.
8 **MS LANGDALE:** Thank you. No further questions from me.
9 There's a few? I see not -- one, and Mr Beer,
10 potentially.
11 **THE CHAIR:** Yes.
12 **Questioned by MS CARTWRIGHT**
13 **MS CARTWRIGHT:** Morning, Dr Ackroyd. Just two brief topics
14 from me, please. Just picking up on what you said about
15 the core assessment with Ms Langdale KC, you also tell
16 us in your paragraph 84 that the function of the core
17 assessment was not clear across the teams; would you
18 agree?
19 **A.** Yes. So I think that the -- so again, I think this is
20 the clash between doing the assessment -- the
21 document -- at the point of admission versus doing it at
22 a CPA review with a care coordinator. So I think it
23 isn't an admission clerking document by nature, it's
24 a CPA document. And yes, so I think there's just --
25 I think that's perhaps what I was getting at in terms of

1 the lack of clarity.
2 Q. Thank you. Then the next systemic issue I just want to
3 briefly ask you about, please, is training. We've got
4 a copy of your training. Can we display please
5 NHFT0015503. Thank you. Have you had an opportunity to
6 review the training record the Trust have provided,
7 doctor?
8 A. Yes.
9 Q. Thank you. So please tell me when it displays on your
10 screen. We can now see it in the hearing room.
11 A. Yes.
12 Q. What I want to ask you about is we can see, for example,
13 on 9 August 2019, your training records reveal that you
14 completed eight aspects of training, e-learning, between
15 6.00 and 7.00. That's what the record supports. So
16 eight aspects of training, which includes a number of
17 mandatory training.
18 So if we look for 9 August 2019, we can see, for
19 example, you completed Mental Capacity Act training, but
20 also, you completed safeguarding adults clinical. So is
21 that how it operated: that you could complete eight
22 aspects of training, e-learning, over an hour?
23 A. No, no, that's -- I don't know where the timing has come
24 from. Firstly, I probably wouldn't have been doing
25 e-learning at 6.00 in the morning, and there is no way

1 that I would have been able to complete that number
2 within that timeframe. So it might be that I did them
3 in a day, over the course of a day, but there's no way
4 that I would have been able to do them with those times.
5 I think that's just -- I don't know if that's just
6 a logging thing of how it comes up.
7 I mean, it's -- they can't be accurate times because
8 there's no way that I'd start any training at 10.30, it
9 might be 10.33 or 10.35, you know, I just don't think
10 those timings are accurate.
11 Q. Can I then ask you, obviously touching upon safeguarding
12 and issues there around clinical risk, we've seen that
13 there was a process of adding alerts to patient records,
14 and bearing in mind you were clerking in for an incident
15 where there that been a further incident of violence and
16 aggression, why did you not add an alert to the system,
17 please, in respect of the July incident?
18 A. It's been a -- sorry, I've been away from -- I haven't
19 worked with RiO for around 18 months. I can't actually
20 remember how I would do an alert, add an alert to the
21 system. That's not to say that I wasn't introduced to
22 that concept. I can't remember having done it for some
23 years. Yeah. Sorry, I can't comment.
24 **MS CARTWRIGHT:** Thank you.
25 **THE CHAIR:** Yes, thank you. Nobody else.

1 **Questioned by THE CHAIR**
2 **THE CHAIR:** Yes, Dr Ackroyd, I just wanted to ask you one
3 question. You, I think in the note which we have in
4 page 59 which you've just looked at, that's NHFT0000168
5 at page 59, if we can just get that up, thank you.
6 Just while we're waiting for it, you mentioned that
7 in your discussions there was a suggestion that there'd
8 been a previous drug which had been terminated. But you
9 increased the dosage of aripiprazole to 10 milligrams.
10 He'd previously been on 5. Why did you increase that?
11 A. So there was an entry from Dr Seedat for the Mental
12 Health Act Assessment, so Dr Seedat was the Consultant
13 Psychiatrist, Responsible Clinician, for the first
14 admission, and he was part of the Mental Health Act
15 Assessment earlier -- well, preceding this admission on
16 the 136 Suite -- and his entry gave instruction for
17 aripiprazole to be restarted at 10 milligrams. So
18 I took that plan and transcribed that plan from the
19 entry that I will have seen on the progress notes from
20 Dr Seedat's.
21 **THE CHAIR:** So that was the day before on the 14th?
22 A. Well, it was the evening of, so I was seeing him
23 overnight.
24 **THE CHAIR:** But prior to that, he'd been on 5 milligrams.
25 A. Prior to the admission, so he was admitted to the --

1 taken to the 136 Suite for assessment. The Mental
2 Health Act Assessment happened on the 14 July, but he
3 wasn't -- he didn't settle, move on to Rowan 1 until
4 later that evening and by that time I got to see him, it
5 was 15 July, but in a sense for this purpose, it was the
6 same day.
7 **THE CHAIR:** Yes.
8 A. So I'd seen the entry from Dr Seedat and would have just
9 enacted that plan in terms of the change of medication.
10 So it was 5 previously and we'd started at 10 at that --
11 **THE CHAIR:** Just in terms of that, 5 milligrams, is that an
12 effective dose?
13 A. No, it's not an effective dose. So the evidence
14 suggests for a first episode psychosis 10 milligrams is
15 the minimum effective dose. For multiple episodes,
16 15 milligrams would be the effective dose and the
17 reference for that would be the Maudsley Prescribing
18 Guidelines.
19 Five, we would -- that's not to negate 5 milligrams
20 being a reasonable starting point because it's often
21 a poorly tolerated medication, it can cause
22 a symptomatic called akathisia, so in a sense
23 restlessness and physical recklessness.
24 So there is evidence and suggestion that we should
25 start it lower and build up the dose gradually and

1 I think the plan from the previous admission had been to
2 start at 5 milligrams and presumably would have been to
3 titrate that dose up with CRHT, the Crisis Resolution
4 Team.
5 So yes, it's not the minimum effective dose for
6 treating a psychotic episode, but there is logic for
7 starting at that dose before one would increase.
8 **THE CHAIR:** Thank you. Thank you, Dr Ackroyd, for joining
9 us at what's an inconvenient time for you, I think.
10 **THE WITNESS:** Well, thank you for agreeing to special
11 measures to join remotely, thank you.
12 **THE CHAIR:** Right. We'll just rise for five minutes. Thank
13 you.
14 **(10.42 am)**
15 **(A short break)**
16 **(10.50 am)**
17 **MR CARR:** Chair, if I may call the next witness,
18 Dr Ludvigsen, please.
19 **THE CHAIR:** Yes.
20 **DR ANNA FRANCES LUDVIGSEN (affirmed)**
21 **Questioned by MR CARR**
22 **THE CHAIR:** Yes.
23 **MR CARR:** Dr Ludvigsen, can you provide your full name,
24 please.
25 **A.** It's Anna Frances Ludvigsen.

1 **Q.** You have prepared two statements for this Inquiry,
2 haven't you?
3 **A.** That's correct.
4 **Q.** The first dated 13 November 2025.
5 **A.** Yes.
6 **Q.** And the second dated 20 April 2026.
7 **A.** Yes.
8 **Q.** The second makes a number of factual corrections of the
9 first statement.
10 **A.** That's right.
11 **Q.** Subject to those corrections, are the contents of the
12 statement true to your best knowledge and belief?
13 **A.** Yes.
14 **Q.** You set out in your first statement your professional
15 background, I'm going to summarise it briefly. You are
16 a doctor who graduated in 2010.
17 **A.** Yes.
18 **Q.** Following post-graduate training, you had a two-year
19 fellowship as a Junior Clinical and Leadership Fellow.
20 **A.** That's right.
21 **Q.** You then worked as a Simulation Based Learning Lead
22 which was predominantly a teaching role.
23 **A.** Correct.
24 **Q.** But you spent one day a week working clinically.
25 **A.** Yes.

1 **Q.** With the onset of the pandemic, you were asked, weren't
2 you, to work at Highbury Hospital?
3 **A.** Yes.
4 **Q.** That was in order to cover junior doctors from that
5 hospital who'd been deployed to work in acute healthcare
6 Trusts.
7 **A.** Yes.
8 **Q.** Your role or title was as a non-autonomous specialty
9 doctor?
10 **A.** I don't think I was given a title at the time beyond
11 ward doctor.
12 **Q.** You weren't in a training post, were you --
13 **A.** No.
14 **Q.** -- you were essentially filling in for the pandemic?
15 **A.** No. Yeah. Both, yeah --
16 **Q.** You spent four months working on the Rowan 1 Ward.
17 **A.** That's right.
18 **Q.** You were there from March, 30 March 2020 until
19 24 July 2020.
20 **A.** Yes.
21 **Q.** It was during that period you had interactions with VC
22 during his first and for some of his second admission.
23 **A.** Yes.
24 **Q.** And in particular you undertook the core assessment on
25 27 May 2020.

1 **A.** Yes.
2 **Q.** Before we look at your interactions with VC, can you
3 describe the challenges of working in mental health
4 during the pandemic?
5 **A.** I think, even before the pandemic, working in mental
6 health is challenging, especially in acute settings.
7 However, during the pandemic, the usual challenges
8 present in a place like an acute ward were there. So
9 generally high acuity of unwell patients, but in
10 addition to that, obviously we were in the very early
11 stages of the pandemic before really we knew what the
12 clear picture was going to be of that, when we were
13 seeing images from the hospitals in Italy and other
14 places coming in, way before vaccines were considered.
15 So there was no clear plan. I mean there could not
16 be a clear plan for how to deal with this in
17 an inpatient setting, especially since a lot of the
18 doctors who usually would cover the medical care of
19 patients had been redeployed. And that's the position
20 I was essentially filling.
21 **Q.** You described in your statement it being on the ward
22 extremely difficult and chaotic.
23 **A.** *(The witness nodded)*. Yes.
24 **Q.** You describe nurses and ward staff being terrified.
25 **A.** Correct.

1 **Q.** Does that include yourself?
2 **A.** Yeah.
3 **Q.** At paragraph 10 of your statement: "It was an extremely
4 difficult time".
5 **A.** Yes.
6 **Q.** You acknowledge that on top of the challenges of the
7 pandemic, the challenges of working in mental health
8 more generally, for you, you had limited experience,
9 didn't you, of working on an acute inpatient ward?
10 **A.** Yes. I'd completed my core psychiatry training, which
11 included work on an inpatient ward, and I'd covered
12 inpatient wards on-call during that time as well. But
13 it had been several years since I'd worked in any kind
14 of acute setting.
15 **Q.** The period over which you'd worked in an acute setting
16 during your training, was that a six-month placement?
17 **A.** Yeah, in my first year of core training.
18 **Q.** So it was six months several years ago, essentially.
19 **A.** Yeah, 2013.
20 **Q.** Was the same true of your colleagues who were also
21 filling in, because the usual junior doctors were in the
22 acute Trust?
23 **A.** So the only other medical colleague I had at that time
24 was a FY -- a Foundation Year 1 doctor and it was one of
25 his very first clinical placements, and he'd never

1 worked in psychiatry before.
2 **Q.** A few moments ago you described your role as a ward
3 doctor, and essentially you were there to support the
4 medical care provided by the consultant.
5 **A.** Correct.
6 **Q.** And with respect to VC, the consultant was Dr Seedat --
7 **A.** That's right.
8 **Q.** -- on both admissions. We will look at the notes
9 shortly but one of your roles would be to attend and
10 keep notes of NDTs.
11 **A.** Yeah.
12 **Q.** Now in terms of preparing you for the work on the ward,
13 at paragraph 57 of your statement you make reference to
14 a service guide that the Trust had, "Adult Mental Health
15 Acute Inpatient Wards", but you say you don't think you
16 were aware of that document during your time working on
17 the ward.
18 **A.** No.
19 **Q.** And you don't think you had a ward induction.
20 **A.** No, I didn't. I basically got an email from my boss
21 a week before redeploying to the ward.
22 **Q.** You make the point, acknowledging in your statement the
23 limited experience that you had, you did try to
24 undertake further training, didn't you, and CPD?
25 **A.** Yeah.

1 **Q.** You have provided us with a copy of your training record
2 and I'll put it up on screen. It's WITN0166002. If we
3 look at page 3 of this record, of this document, this
4 sets out your training, as I understand it, from 2016
5 onwards; can you see that?
6 **A.** Yes.
7 **Q.** And just looking at particular items of training that
8 might be particularly helpful for the work you were
9 doing on Rowan 1, the fifth and sixth entries are for
10 the Mental Capacity Act and Mental Health Act, but that
11 was back in 2016, so was that during your training
12 phase?
13 **A.** No, that was during my Clinical Fellowship when I first
14 started at the Trust.
15 **Q.** And beside Mental Health Act it says, in the column
16 headed "Attend": "Apology sent". Does that mean you
17 didn't attend that training session?
18 **A.** No, I don't think that's correct.
19 **Q.** You think you did attend?
20 **A.** Yeah.
21 **Q.** Then over to the next page which shows the training
22 through to 2021, roughly in the middle of the table
23 there are two entries: one, "Clinical Risk Assessment
24 and Management (e-learnin[g]"; the other, "Care
25 Programme Approach -- CPA ..."

1 **A.** Mm-hm.
2 **Q.** But for both of those entries, the training was
3 undertaken in May 2021, wasn't it?
4 **A.** That's right, yes.
5 **Q.** So that post-dates the period that we're concerned with
6 when you had interactions with VC?
7 **A.** It does.
8 **Q.** Did you undergo any Care Programme Approach training or
9 risk assessment training --
10 **A.** *(Witness shook head).*
11 **Q.** -- prior to the interactions with VC?
12 **A.** So not healthcare. Essentially, how these training
13 records work is that the Trust decides which training
14 modules you should complete as part of being able to
15 work at the Trust, and then you have a training passport
16 which is either green or red, and these are reviewed at
17 your annual appraisal, which I took part in every year,
18 and if anything there is not highlighted as completed
19 then that would be flagged up in the appraisal.
20 I think the difficulty here is because I was in an
21 unusual role as a clinical fellow, there weren't any
22 others. There was -- things were left off the essential
23 training record that should have been put on there,
24 which is why some of them didn't come to light until
25 2021, for example. So that's why they appear then and

1 not before.
2 I would, however, have had training in risk
3 assessment and CPA during my core training.
4 **Q.** Had you received specific training on completing core
5 assessments?
6 **A.** No.
7 **Q.** The final thing I want to look at, if we can have that
8 document back on screen, the WITN0166002, thank you.
9 In respect of the CPD that you undertook, if we look
10 at page 17 on the document, we can see that on 5 June
11 you undertook a tutorial on psychosis?
12 **A.** Mm-hm, yes.
13 **Q.** Then, on 7 July, so it's page 12 of this document, you
14 spent an hour brushing up on the NICE Guidelines on
15 psychosis, and we can see in the column to the far right
16 you learnt about the EIP service?
17 **A.** Yeah.
18 **Q.** But in respect of both of those CPD entries, so looking
19 at psychosis, looking at the guidelines, they are
20 several weeks, aren't they, after your core assessment
21 of VC?
22 **A.** Yeah, so I was, while also working on the ward, trying
23 to access any other important areas of learning.
24 **Q.** Having considered the NICE Guidelines and having
25 understood better the role of EIP at that stage, is

1 there anything that you think you would have done
2 differently if you'd been able to consider that guidance
3 sooner?
4 **A.** Done differently at what point, sorry?
5 **Q.** Prior to 7 July 2020.
6 **A.** No, I don't think so. It's very difficult, in
7 retrospect, to answer that as it's so long ago. I think
8 the fact that I've highlighted in the notes, I have
9 highlighted the things that stood out to me at the time,
10 which were the fact that psychologists are recommended,
11 and also learning -- not so much about the EIP service,
12 because I would have been aware of that already, but
13 more the fact that it was more from an economic
14 perspective, that not only are they useful, but also
15 they make sense in terms of broader service planning,
16 resource allocation.
17 **Q.** Was there any consideration of involving EIP in VC's
18 care sooner, so whilst he was still an inpatient and
19 prior to discharge?
20 **A.** I'm afraid I don't recall.
21 **Q.** We can take that down now. Thank you.
22 Dr Ludvigsen, in light of your limited experience on
23 acute wards, the stress of working during the pandemic,
24 the busy and chaotic nature of the ward, and the limits
25 on your training, did you feel at all out of depth

1 whilst working those four months on the ward?
2 **A.** I felt comfortable within my role in terms of my
3 competence. I think I felt out of depth all the time.
4 I think we all did.
5 **Q.** If we turn now to consider the interactions that you
6 had, and involvement in VC's care, he was admitted on
7 the first occasion on 25 May. The first MDT was on
8 26 May and that was an MDT that you attended, wasn't it?
9 **A.** That's correct.
10 **Q.** And you've explained that the MDT is a discussion
11 between professionals?
12 **A.** Yes.
13 **Q.** We can look at the note for the MDT of 26 May. It is
14 NHFT0000168 and page 7 of that document, please. It's
15 the main entry in the middle of the page, we can see in
16 the box, "Note Details", "Originator: Dr ...Hakam
17 Ibrahim". Is that referring to the person who made the
18 note?
19 **A.** That's right.
20 **Q.** That's the Foundation Year 1 doctor you were describing
21 a few moments ago.
22 **A.** Yes.
23 **Q.** We can see the list of attendees, it includes you,
24 Dr Ibrahim and Dr Seedat. The section I want to take
25 you to is under the heading "Reason and Aims of

1 Admission", and it describes under that heading that:
2 "[VC] was arrested by the police for criminal damage
3 (kicked a door in of another flat)."
4 **A.** Yes.
5 **Q.** Now, you explain in your statement, and it's
6 paragraph 73, that at the time, your understanding was
7 the circumstances of VC's admission was that he had
8 attempted to break down a door to gain access into
9 someone's flat because he believed this mother was in
10 danger, his intentions were that he was trying to help,
11 not that he was trying to harm anyone else?
12 That description of breaking down a door, it's
13 similar, isn't it, to what we just looked at in the MDT
14 note?
15 **A.** Yes.
16 **Q.** You accept, don't you, you go on to accept in your
17 statement that that is an incomplete description of the
18 circumstances leading to VC's admission?
19 **A.** *(The witness nodded)*. Yes.
20 **Q.** Because, in fact, there'd been two incidents of him, two
21 separate incidents of him being arrested for trying to
22 gain access to neighbouring flats?
23 **A.** That's right.
24 **Q.** During the second, as you are now aware, the occupant
25 was so terrified, as you described it in paragraph 74,

1 that she jumped from a first-floor window?
2 **A.** Yes.
3 **Q.** If we go to the core assessment, which was completed by
4 you the day after this MDT, it's NHFT0000188, the second
5 page. The top box on that page, the heading for it is
6 on the previous page which is "History of Presenting
7 Complaint", but the detail is provided in the first main
8 paragraph:
9 "arrested twice by police ..."
10 So at the time of doing the core assessment, you
11 were aware of the two arrests.
12 **A.** Mm-hm.
13 **Q.** But you don't describe, do you, the fact that the second
14 incident had resulted in an occupant jumping from the
15 first-floor window?
16 **A.** No.
17 **Q.** You say in your statement that that is the kind of
18 detail that you would have included had you known about
19 it.
20 **A.** Absolutely.
21 **Q.** So is it right to say that at the time of carrying out
22 that core assessment, it is unlikely that you knew that
23 piece of information?
24 **A.** Yes.
25 **Q.** Is it right that that is a key piece of information that

1 you ought to have known about?
2 **A.** Yes, it's an important piece of information.
3 **Q.** It's relevant to risk, isn't it?
4 **A.** It's relevant to include in the risk assessment because,
5 yes, his behaviour had unintentionally caused this to
6 happen.
7 **Q.** As I understand it, the reason that you think it -- you
8 weren't aware of that piece of information, and it
9 wasn't in the core assessment, is because of its absence
10 from the risk assessment, summary care plan, and the MDT
11 note that we just looked at.
12 **A.** Yeah.
13 **Q.** That omission was, as it were, carrying on through the
14 various medical records?
15 **A.** Yes.
16 **Q.** You now acknowledge, don't you, that you relied too much
17 on those sources of information?
18 **A.** I certainly relied on, yes, those sources of
19 information.
20 **Q.** Because if we look at the AMHP report in respect of the
21 second Mental Health Act Assessment it's NOCC0000046.
22 Forgive me, five zeros 46.
23 Page 2 of this document -- the box at the top, final
24 paragraph, it refers there to the terrified female
25 occupant jumping out of the first-floor window.

1 Now, this is a document you would have access to,
2 isn't it?
3 **A.** If it was on the electronic notes, then yes.
4 **Q.** We can take that down. Now, what you describe in your
5 statement about this piece of information -- and we'll
6 put it on screen, it's paragraph 74 of your statement,
7 WITN0166001, page 38, please -- at the top of the page,
8 this is a continuation of paragraph 74 from the previous
9 page:
10 "However, I do know that the fact that his neighbour
11 sustained injuries as a result of jumping from a first
12 floor window, was fully known to the MDT during this
13 admission, as it is noted in his discharge summary ..."
14 Now what -- and I'm going to take you to the
15 discharge summary in a moment, but what is not clear is
16 the point at which during the admission that piece of
17 information was known to the MDT. Are you able to help
18 with that?
19 **A.** I can't tell you definitively when I knew about it, but
20 I suspect it was during the ward round on the 28th, and
21 I think I mentioned that in the statement, because
22 I think Dr Seedat spoke to VC about this during that
23 ward round.
24 **Q.** We can look at the note of ward round it's NHFT0000168,
25 page 11. This is a note of the ward round for 28 May.

1 Again, this is a note that is made by Dr Ibrahim rather
2 than by you, but we can see again towards the top, under
3 the heading "Reason and Aims of Admission" there is
4 still that incomplete description, isn't there?
5 **A.** Mm. But if we go to -- and it's not documented clearly
6 here, that's not what I'm pointing to, but if we go down
7 to "Discussion with patient" -- "Patient comments",
8 sorry, there's the section where Dr Seedat is talking to
9 Valdo, sorry, to VC, about the circumstances of the
10 admission and what had been going on with him. And
11 I believe that that was when Dr Seedat discussed the
12 fact that the neighbour had unfortunately injured
13 herself.
14 **Q.** Yes, we don't see that referred to in the note, do we
15 but are you saying your recollection is --
16 **A.** No, no.
17 **Q.** -- *(overspeaking)* -- discussed?
18 **A.** *(The witness nodded)*.
19 **Q.** If we go forward then, please, to page 16 of this
20 document, it's the entry which starts on the bottom of
21 that page, 2 June 2020, and this is a note which has
22 been made by you, and this is for the ward review on
23 that day -- no, sorry it's the final box. Right at the
24 bottom, not the bit that was highlighted but the very
25 final box.

1 So it is a note which is originated by you, and then
2 the actual substantive note is on the next page,
3 page 17. It is another ward review, but again, "Reasons
4 and Aims of Admission", it's unchanged and incomplete,
5 isn't it?
6 **A.** So yeah, it's missing the fact the neighbour injured
7 herself and --
8 **Q.** Forgive me, carry on.
9 **A.** No, sorry.
10 **Q.** If Dr Seedat had raised that fact at the previous ward
11 review, then it would be important, wouldn't it, to
12 include it in the note of that ward review on 28 May and
13 certainly in this ward review that you were completing
14 on 2 June?
15 **A.** *(Pause)* It would have been an additional element for
16 the risk assessment.
17 **Q.** Not simply an additional element, an important element.
18 **A.** *(Pause)* Yes.
19 **Q.** If we can take that down, please, and if we can look at
20 the discharge summary that you referred to a few moments
21 ago, it's NHFT0000223. It is page 2 of this document,
22 please. It is the final two lines of the first
23 paragraph in the box at the bottom. It reads:
24 "... the neighbour who's flat he broke into jumped
25 out of [the] first floor window and from fear and had to

45

1 be taken to A&E for minor injuries."
2 So when you make the point you do in your statement
3 that the MDT were aware because it was in the discharge
4 summary, this is what you're referring to?
5 **A.** Yeah.
6 **Q.** The reference there to "minor injuries"; were you aware
7 that the occupant suffered a back injury that required
8 surgery?
9 **A.** Yes.
10 **Q.** When did you become aware of that?
11 **A.** I'm afraid I can't remember clearly, but it would have
12 been at the time of that admission.
13 **Q.** We can take that down, please. If we go back to your
14 core assessment now, so back to 27 May, NHFT0000188.
15 Now, in respect of the process of completing the
16 core assessment, you, in your statement, say you can't
17 recall if you'd completed one prior to being redeployed
18 to Rowan Ward.
19 Had you ever at any point before this completed
20 a core assessment or was this your first one?
21 **A.** I don't recall. I wouldn't be able to say. I had,
22 obviously, as part of my training, familiar with doing
23 a first assessment, so a clerking documentation and this
24 is the *pro forma* used by the Trust at the time, where
25 that information or some of that information would go.

46

1 **Q.** If we can go to page 2 of the document, we have already
2 dealt with the history of the presenting complaint. For
3 "Family History" it says "not discussed". And you
4 explain you made a judgement call; it wasn't the right
5 time to have that discussion with VC.
6 **A.** Mm.
7 **Q.** And then --
8 **A.** Yeah, he didn't really want to talk about anything
9 personal. So after I'd probed him about his personal
10 history, it became clear he didn't want to talk further
11 about that.
12 **Q.** You describe your impression of him as being -- this is
13 in the witness statement -- as being very suspicious and
14 guarded.
15 **A.** Yeah.
16 **Q.** So was it difficult to carry out this core assessment?
17 **A.** Yes, yeah. It was challenging. He was clearly
18 psychotic, he didn't understand why he was here. He had
19 recently demonstrated aggressive behaviour on the ward
20 that required intervention, and we were in a very small
21 room wearing PPE. It was also very hot in that room,
22 and there were certain things it was important for me to
23 ascertain during that initial assessment for his safety
24 and management. So the focus was very much on obtaining
25 the vital information required to treat him at the time.

47

1 **Q.** We can go to the third page of this document. It sets
2 out the "Mental State Examination". And is what is
3 described in that paragraph the signs of him being, as
4 you described a few moments ago, clearly psychotic?
5 **A.** Yes. Yeah.
6 **Q.** Further down on that page there's a section for "Views
7 of Carer/Family", where the first entry says "not
8 sought", and then the next entry that follows it within
9 the same box says:
10 "His mother came to the ward today to drop off some
11 things -- says there is no past psychiatric [history],
12 no drug use, [VC] is usually quiet and reserved,
13 polite."
14 For a core assessment, would a more detailed amount
15 of information be required from family members than
16 what's set out there?
17 **A.** So for an admission clerking, which is my understanding
18 of what I was doing, not necessarily. I don't know what
19 the expectation for the core assessment is, in terms of
20 views of carer and family, but it is always really
21 important to get carer and family involvement, as much
22 as possible.
23 **Q.** Reflecting in your statement, you say at paragraph 86:
24 "In retrospect, perhaps this first clinical
25 encounter was not the best time to complete the Core

48

1 Assessment, and it may have been better to have delayed
2 completing the form until VC was better able to take
3 part ..."
4 In light of the difficulties and challenges that you
5 had undertaking the core assessment on that occasion,
6 did you not consider going back to and updating the core
7 assessment once VC was better able to engage?
8 **A.** So my understanding is that it's a standing document,
9 not one that would be updated. It was also my
10 understanding that this was done instead of what would
11 have been a traditional first admission clerking. So
12 I was trying to comply with the expectations in
13 completing this core assessment.
14 In retrospect, I think I wish I'd done just
15 a standard clerking and entered that in RiO for that
16 particular encounter, even though it was expected that
17 that should be the core assessment.
18 **Q.** You mentioned a few moments ago that the day before the
19 core assessment VC had been -- there'd been an incident
20 on the ward, and I want to look at the notes of that,
21 please. It's NHFT0000168, page 8, please. It's the
22 entry, isn't it, at the top of that page:
23 "[VC] was observed walking around the ward. He
24 walked to the end of the corridor and started to kick
25 a glass door. Staff asked him ... [I suspect that

1 should say 'stop'], he would not. Verbal de-escalation
2 was used to no avail ... alarm was triggered ..."
3 It goes on to describe VC having to be restrained
4 and administered lorazepam.
5 Now, that was an incident which was significant,
6 wasn't it, again, to VC's -- both this condition and his
7 level of risk?
8 **A.** Mm. Yes.
9 **Q.** Now, that's not referred to in your core assessment, is
10 it? My question is should it have --
11 **A.** No. Should it have been? So had there been a section
12 in the core assessment for risk, which would have been
13 a section of my traditional admission clerking, I would
14 have mentioned it.
15 **Q.** Does it follow from that --
16 **A.** I think it depends --
17 **Q.** Forgive me, doctor, I think I interrupted you.
18 I thought you'd finished. Carry on.
19 **A.** I think it depends what the intention of the core
20 assessment is and if it's intended to be a snapshot of
21 the patient at the time it's done, so it could be
22 referred to later, then I think it should be something
23 that could be updated as a running document, such as
24 risk assessments.
25 **Q.** Whilst you commented that the core assessment didn't

1 have a section on risk, was it your view that when
2 carrying out a core assessment you were not considering
3 the issue of risk?
4 **A.** I consider the issue of risk all the time, when working
5 in mental health and in particular in inpatient
6 contends, so it would have been on my mind. But no,
7 there isn't a dedicated section for it. There isn't
8 a dedicated section for the other thing that you would;
9 typically think about in an initial clerking, which
10 would be formulation, where you draw all the information
11 together, differential diagnosis, ie, you're thinking
12 what could be causing this, and then plan. So I was --
13 **Q.** But are you -- *(overspeaking)* --
14 **A.** -- I was probably -- I was probably slightly unclear as
15 to the purpose of the core assessment.
16 **Q.** Is the position that you thought, with the core
17 assessment, that you weren't required or expected to
18 address the issue of risk in that document?
19 **A.** No.
20 **Q.** I want to deal now with the issue of the evolving or
21 changing evidence as to risk during the admission. I
22 won't put it back on screen, but in the core assessment
23 when dealing with the history of the presenting
24 complaint, you write down a history dealing with VC and
25 trying to access neighbouring property that he said he

1 could hear screaming and was trying to rescue his
2 mother, wasn't sure who or what was trying to harm her.
3 So that was the explanation that had been given for what
4 had led --
5 **A.** Mm-hm.
6 **Q.** -- to the incidents resulting in the admission.
7 **A.** Mm-hm.
8 **Q.** Now, at the ward review of 2 June, we've already looked
9 at it briefly, I can put it back on screen, please,
10 NHFT0000168, and if we go to page 17 of that document,
11 in the middle of the page under the heading "Patient
12 comments" there are entries which read:
13 "Thinks people have been following him/watching him
14 probably since last October
15 "So much so he moved house to a different area
16 "Had hoped he would have got away from the people
17 who were following him but he realised this did not
18 happen, instead they followed him
19 "Did not feel fear but became angry about this
20 "This is why he went to the neighbouring flat to try
21 to get to the people he thought were invading his mind".
22 **A.** Mm.
23 **Q.** Now, that's a different history, isn't it, to the
24 previous one of hearing screaming and going to see what
25 or believing his mother was being raped next door?

1 **A.** It is. It's -- yes, but I'm not sure he's referring to
2 the incident admission. But I agree, yes, it is
3 different. Both those things could have been happening
4 for him.
5 **Q.** When there is a reference to "This is why he went to the
6 neighbouring flat to try to get to the people". What
7 incident did you understand that to be referring to?
8 **A.** Initially, the first time he was arrested. But I agree,
9 it's a different take on things. Which is not
10 uncommon --
11 **Q.** Not uncommon to have --
12 **A.** -- in presentation -- *(Pause)* Sorry.
13 **Q.** Under the section "Risk Assessment" and risk to
14 "Others", it's on the same page, you have written:
15 "... he believed others were trying to spy on
16 him/torment his mind and tried to enter a neighbour flat
17 to confront them, there have been no incidents of
18 violence yet but this would be a potential concern if
19 acutely unwell."
20 Now just understanding that the risk assessment
21 based on the history obtained from VC, the
22 interpretation is that the believing people had been
23 following him, watching him, and that those people had
24 followed him even after he'd moved property, that was
25 his psychosis, wasn't it?

1 **A.** Yes. That's my belief at the time.
2 **Q.** As a result of that, he had entered and attempted to
3 enter a neighbouring flat to confront the psychotic
4 voices.
5 **A.** Yes.
6 **Q.** The concern that you are identifying is a concern of
7 violence if he were to confront people he believed were
8 watching him, given his anger and saying that he wanted
9 to get to the people.
10 **A.** Correct.
11 **Q.** When you refer to that concern being "if acutely
12 unwell", by "acutely unwell" do you mean if essentially
13 actively psychotic if unmedicated?
14 **A.** Yes.
15 **Q.** Now, that conceptualisation of risk is one that should
16 have been clear to all those dealing with VC.
17 **A.** Yes.
18 **Q.** Is it a risk that should have been shared with his
19 family?
20 **A.** I think his family were aware of this. I mean, if I can
21 speak to other sources of evidence that have
22 subsequently emerged, but I mean the text messages his
23 brother received.
24 **Q.** I'm going to come on to those new few moments, but just
25 in answer to my question, there is this new information,

1 there is the conceptualisation of risk that we've just
2 gone through. You've said that that is something that
3 should have been clear to all those dealing with him.
4 My question is, should that conceptualisation of risk
5 been shared with his family?
6 **A.** I think, if there were no reasons not to share that, I'm
7 not aware of -- I'm hesitating to say yes, because
8 I don't -- there may be circumstances where that
9 wouldn't be shared.
10 **Q.** What about with the University? Is that risk and
11 formulation of risk, is that something that ought to be
12 shared with the University when it emanates from
13 a university student?
14 **A.** Again, that's difficult for me to answer, because there
15 may be, well, legal reasons why certain information
16 can't be shared with the University. I know, for
17 example, so my job after I left clinical medicine was
18 working for the University, and I know that the
19 University wouldn't share information about students'
20 additional needs because of confidentiality, for
21 example. So I know this kind of information isn't often
22 shared and there must be reasons for that.
23 **Q.** If we can deal now with the issue of text messages which
24 you mentioned just a few moments ago. We're going back
25 to NHFT0000168, it's page 21 of this document, please.

1 It's the entry at the top -- at the box at the top,
2 rather. And this Dr Seedat's summary, isn't it, of
3 an account of text messages and telephone contact
4 between VC and his brother which had been sent to the
5 Trust by VC's mother?
6 **A.** Yes.
7 **Q.** And Dr Seedat has entered this summary into the RiO
8 record and we can look at the bottom what is said in
9 summary:
10 "Clearly shows Psychotic symptoms starting and
11 developing over time ..."
12 And that appears to lead, as we see in the paragraph
13 that follows, to the conclusion that this is a more
14 "functional illness" that VC is suffering.
15 **A.** Mm. *(The witness nodded)*.
16 **Q.** And fifth paragraph down, the one that starts "He says
17 in the text that he had a dream", the final sentence of
18 that paragraph reads:
19 "He said the people would not mock him in person and
20 made some remark to wanting to hurt these people he was
21 hearing."
22 And that, for instance, is a significant entry,
23 isn't it, because it is describing a desire or intention
24 to cause harm to third parties?
25 **A.** Yes. And it triangulates with what he told us.

1 **Q.** Now paragraph 127 of your statement you said you did not
2 review the text messages yourself.
3 **A.** I wasn't privy to the text messages, no.
4 **Q.** So they weren't shared with you? The document wasn't
5 shared with you?
6 **A.** No, no.
7 **Q.** You have, for the purposes of preparing for this
8 hearing, you have seen, haven't you, a copy of that
9 document?
10 **A.** Yes.
11 **Q.** Which is -- well, we'll put it up on screen, it's
12 NGPF0002527, and if we turn, please, to page 17 of this
13 document, we can see in the middle of the page the
14 entries for 12 April, 14:54 and 14:56:
15 "[VC]: Wanted to hurt ... permanently ..."
16 Now, the reference there to wanting to hurt
17 permanently, that appears to be suggestive, doesn't it,
18 of thoughts of inflicting quite significant harm?
19 **A.** Yes.
20 **Q.** That is something which that particular entry is not
21 reflected in the summary we just looked at, is it, in
22 the RiO records?
23 **A.** I don't recall exactly how Dr Seedat summarised it, but
24 he did capture the fact that there was thoughts of
25 harming others.

1 **Q.** Well, it's particularly the reference there to wanting
2 to hurt permanently. Was that level of harm something
3 that was discussed with you by Dr Seedat following his
4 review of the text messages?
5 **A.** I think, when it comes to discussing the content of
6 psychotic thoughts, the fact that he wanted to harm
7 would generally be sufficient for us to take that risk
8 very seriously.
9 **Q.** What, that the level of harm described, would that not
10 be an important consideration?
11 **A.** But I think, yes, it would, but what I'm trying to say
12 is as soon as we suspect that a patient had any thoughts
13 of wanting to harm someone else, it would be taken at
14 the highest level. So it's almost implied that this
15 could be what they're alluding to.
16 **Q.** At page 18 of this document, please. Entry 12
17 April 2020, 15:19:
18 "[Valdo]: I thought why do I feel like this now?
19 I know I [don't] ... work myself into this state of
20 mind. I was thinking about red rum, not 120 minutes
21 ago. Now not only do I not care I feel appreciation".
22 Was there any discussion with you by Dr Seedat of
23 the reference there to "thinking about red rum"?
24 **A.** No.
25 **Q.** Had it been raised with you, would it have caused you

1 concern?
2 **A.** I was already concerned about this patient's level of
3 risk when unwell, as I think all of us were.
4 **Q.** Would a specific reference to "red rum" have caused you
5 particular concern?
6 **A.** It would have fallen within my already high concern.
7 **Q.** That phrase "red rum", it's "murder" spelt backwards,
8 isn't it?
9 **A.** Mm.
10 **Q.** It's a notorious phrase, isn't it from The Shining by
11 Stephen King and various song lyrics. So if you had
12 seen that, would that reference not have elevated your
13 concern beyond what had previously been disclosed to
14 you?
15 **A.** It would have confirmed to thoughts I think we, as
16 a clinical team, already had about his risks when
17 unwell.
18 **Q.** To your knowledge, was there any discussion with VC
19 about his use of that term and what he meant by it?
20 **A.** Not to my knowledge. But I wasn't present at every
21 meeting that was had with VC.
22 **Q.** If we look, it's the final entry in this document, if we
23 look at page 14, please, and it's the entry of 18 May,
24 17:02 where there is a text message in Portuguese which
25 has been translated as:

1 "Because I think that they are watching I know that
2 I can break their head with my hands."
3 This is another indication, isn't it, of serious
4 violence?
5 **A.** Yes.
6 **Q.** Having reviewed those entries, and I know you've looked
7 through the entire document for the purposes of
8 preparing for this hearing, is that not a document that
9 was required reading for the entire team?
10 **A.** *(Pause)* I think the -- I think to the psychiatrist or
11 someone working within psychiatry reading Dr Seedat's
12 summary of the content of those text messages, our level
13 of alarm over the risks of violence would have been
14 fairly clear. I can see how, reading the actual
15 messages, it's kind of the evidence of that, but when
16 I see a Consultant Psychiatrist writing "Has thoughts of
17 harming others", that's what I'm seeing behind that
18 line. I'm seeing messages like that. I'm seeing those
19 sorts of risks.
20 **Q.** If we can put a section of your statement up on screen,
21 please, it's WITN0166001, paragraph 131. Sorry,
22 page 64. And paragraph 131. You make the point that:
23 "It had been known that VC had acted in a violent
24 and aggressive way" at the start of that paragraph.
25 In the middle of that paragraph you state:

1 "The Ward Review notes capture the possibility of
2 this violence and aggression, which I note had only been
3 directed towards property at this stage, but may be
4 directed towards others should he become unwell."
5 And it's a reference to violence and aggression only
6 being directed towards property, particularly in light
7 of what is noted in that 2 June ward review.
8 **A.** Mm.
9 **Q.** Is it accurate, on reflection, to say violence and
10 aggression only directed towards property when VC has
11 said he was angry, he was wanting to get to the people
12 in the neighbouring property, and the door, in reality,
13 it was a barrier, wasn't it, rather than his target?
14 **A.** Mm. Yes.
15 **Q.** If we move on to the second admission, which was from
16 13 July, and we're going to stay in your witness
17 statement, and you deal, it's paragraphs, at page 84,
18 please., it's paragraphs 176 and 177. You are
19 addressing in those paragraphs that sources of
20 information that you relied upon in understanding the
21 reasons for the second admission.
22 **A.** Mm-hm.
23 **Q.** At paragraph 177, you refer to the police report from
24 13 July which describes VC "kicking off", and further
25 down in that paragraph, you say:

1 "I am not sure that we had any information that he
2 had been behaving with a level of aggression or
3 agitation that could be described as 'kicking off'. It
4 would have impacted my assessment of risk to others that
5 VC posed at this time and I would have included this
6 fact in the Risk Assessment."
7 **A.** Mm.
8 **Q.** Beyond including the fact in the risk assessment, would
9 it have had any other impact on how you assessed risk or
10 how you managed VC?
11 **A.** So in terms of -- okay, so two things, actually, that --
12 yes, the kicking off is significant but what's actually
13 more significant there is the fact the police report
14 says he assaulted someone, and that he was detained on
15 the floor. I'm confident that we didn't know he'd
16 assaulted someone, and that certainly changes the risk
17 assessment.
18 **Q.** So that's --
19 **A.** Um --
20 **Q.** Sorry, continue. I thought you'd finished.
21 **A.** No, I think I have, yeah.
22 **Q.** So that's an important piece of information that, in
23 your view, you should have had which you didn't have?
24 **A.** Yes.
25 **Q.** Earlier in your statement you described it as being

1 unusual to get information directly from the police, and
2 it not being a common practice to contact the police for
3 information. Is this paragraph, and the fact that you
4 didn't have key information that you should have, is
5 that a good example of why it might be helpful to
6 contact the police and it might be helpful to have
7 information directly from them?
8 **A.** Yeah, I agree that sharing this kind of information,
9 sharing information in general across services, is
10 really important, and often very difficult.
11 **Q.** We can take that down now, please, I want to look at the
12 ward review of 16 July. It's NHFT0000168, it's page 63,
13 please. I want to start with the very final box on this
14 page, the substantive note is on the following page, but
15 the very final box, 16 July 2020, 1.50 pm, originator
16 Dr Ludvigsen. So that's indicating that this is a note
17 of yours that we're about to go on to look at, isn't it?
18 **A.** That's right.
19 **Q.** And 1.50 pm, is that the time the entry was made in the
20 notes or does that refer to the time of the MDT?
21 **A.** Both.
22 **Q.** It writes, it states:
23 "Verified: yes."
24 What's meant by that?
25 **A.** Saying that essentially when you first type the notes,

1 they're not verified, and then when you tick a box, it
2 verifies them, after which you can't change them.
3 **Q.** So the "verified" means it's the completion of the note,
4 essentially?
5 **A.** Yeah.
6 **Q.** I asked whether the time was -- it's a ward review
7 rather MDT -- whether the timing was of the note or the
8 ward review, and you said both. Is this because you're
9 typing this up at the time of the ward review?
10 **A.** Yes, and I can also see that I was the only one there
11 typing notes, so I would have also been typing the
12 previous notes, and the next notes.
13 Ordinarily, we would take turns, so there would be
14 time to check before moving on.
15 **Q.** It's already on the screen, but looking at page 64,
16 under the heading "Patient Comments", the first
17 paragraph, five lines down, it reads:
18 "Dr Seedat observed that there seems to be no
19 insight or remorse and that the danger is that this will
20 happen again and perhaps [VC] will end up killing
21 someone."
22 You've described in your statement, haven't you,
23 reflecting on the use of those words, you found them
24 surprising when writing them down.
25 **A.** *(The witness nodded)*. Yes.

1 **Q.** That you were taken aback by Dr Seedat's very direct
2 approach.
3 **A.** Yes.
4 **Q.** Your interpretation, as set out in your statement, is
5 that you think Dr Seedat was trying to shock VC and test
6 his insight?
7 **A.** I actually vividly remember this particular ward round,
8 and that is my memory, and that was my understanding at
9 the time, as well.
10 Yeah, so he did have a very blunt way of
11 communicating with patients, and he was trying to get
12 through to VC. And if we just go to the top of that
13 paragraph, it's talking about the circumstances that led
14 to this admission, and that's where this conversation
15 was taking place. So it says that:
16 "[He's] ... non-plussed when confronted with the
17 effects of his behaviour with the neighbour during this
18 incident and also ... previous admission."
19 But he was -- VC was sort of brushing off when
20 Dr Seedat was putting to him "This is what happens when
21 you're unwell", and so Dr Seedat's reference to the
22 danger that this will happen again is with reference to
23 the incident with the neighbour, and yeah.
24 **Q.** You were relatively recently interviewed by the Trust,
25 Nottinghamshire Healthcare Trust, for the purposes of an

1 investigation into Dr Seedat's recordkeeping; that's
2 correct, isn't it?
3 You were questioned about this particular entry --
4 **A.** Yes.
5 **Q.** -- and its accuracy. We can look at the notes from the
6 interview, it's 15 December 2025, NHFT0019585, at page 4
7 of this document, please. Sorry, in fact page 5 of this
8 document. At the top of the page, the first box, it
9 states:
10 "I remember the conversation between Dr Seedat and
11 patient A because it was very frank, it was a very frank
12 discussion ..."
13 The next entry from you, the third box down, you
14 describe there your understanding, Dr Seedat was partly
15 trying to shock VC.
16 **A.** Mm.
17 **Q.** You've made a correction, haven't you, in your second
18 witness statement in that the "intended" on the
19 penultimate line should say "unintended"?
20 **A.** Yes. I only saw this transcript for the first time last
21 week.
22 **Q.** But the final two entries on that page, you're asked or
23 it's stated to you, "You're happy enough that they're
24 accurate" and your answer is "Yes". You say you think
25 "they're missing context, which is unfortunate" but your

1 note is accurate, is your view.
2 **A.** Yes.
3 **Q.** Final document I'm going to take you to, please. It's
4 the appraisal, it's WITN0166004.
5 **A.** Look, I just wonder if it would be helpful to -- for me
6 to expand on why I think the notes are accurate and just
7 missing some context. So if we -- because I understand
8 the way it's been interpreted is that actually Dr Seedat
9 was saying, was making an assessment of risk with that
10 statement. And I just want to be --
11 **Q.** Sorry to interrupt you, you've set out in your statement
12 your interpretation --
13 **A.** Okay.
14 **Q.** -- of what was meant. My questions were only as to the
15 accuracy of the document, but we have your evidence in
16 your statement as to your interpretation and the
17 context, so unless there's anything you need to add to
18 what's already in your statement I'm going to move on to
19 the next document.
20 **A.** No.
21 **Q.** It's page 22 of this document, please. This comes
22 towards the end of your time, or potentially just after
23 your time, on Rowan Ward. It's an appraisal and it
24 appears to involve a discussion with Dr Seedat and
25 feedback from him. This page that we're looking at, is

1 the patient that is being referred to, or the case
2 that's being referred to, is that VC?
3 **A.** Yeah, it is.
4 **Q.** You had feedback from Dr Seedat that you tried to take
5 on too much responsibility for patient outcomes and it's
6 the sentence which reads, six lines down:
7 "In this example, I suggested some options for
8 management on discharge that were second guessing the
9 fact that community services may not be able to provide
10 the level of care [that] the patient may need."
11 I want you to explain, please, what was your concern
12 about the level of care that VC needed and the ability
13 of community services to provide and what were the
14 options you were putting forward?
15 **A.** So I think it's important to know that I wasn't
16 specifically referring to the local mental health teams
17 working there because actually I had very little
18 knowledge of what they could and couldn't provide.
19 I was speaking more generally as someone who had made
20 the decision to not work in acute services and carry on
21 with my training after core training, because I found
22 that the system within which mental health was operating
23 was very difficult in the UK, and that often there
24 weren't the resources available to provide the gold
25 standard care such as outlined in NICE guidance and

1 other such things. So that's what I was referring to.
2 Sorry, what was the second part of the question?
3 **Q.** The options that you were suggesting.
4 **A.** Yeah. So the options I probably was talking about at
5 the time was different systems of providing care within
6 community settings and different approaches to how
7 society even is arranged, and supported and funded. It
8 would have been quite out-of-the-box thinking. It
9 wasn't, oh, I think they need a few more members of
10 staff on this local team; it would have been far more
11 wide-ranging, because that's where my thoughts had been.
12 **MR CARR:** Chair, thank you, those are my questions for this
13 witness. There are others.
14 **THE CHAIR:** Thank you. Mr Moloney.
15 **Questioned by MR MOLONEY**
16 **Q.** Dr Ludvigsen, I ask questions on behalf of the bereaved
17 families. I won't be too long. You have been asked by
18 a series of text messages that were sent to Dr Seedat.
19 You didn't see them yourself, but you have subsequently
20 seen them before giving evidence today, but you did see
21 the summary of them in the RiO record because you would
22 have been looking at that during the course of your
23 treatment of VC.
24 Can I just ask you a couple of questions about those
25 text messages, if I may, please, and just to, as it

1 were, build upon the evidence that you've already given
2 rather than contradict anything you've already said?
3 Could we please put up the RiO record NHFT0000168.
4 And to pages 20 and 21 of this document, please.
5 Page 20. We see there the entry of 3 June, Dr Seedat,
6 and then over the page, please. And, yes, and if we go
7 to "He says in the text" which is about the fifth
8 paragraph down and it's the longest paragraph towards
9 the top of the page:
10 "He says in the text that he had a dream and the
11 next day he believed that someone in the next room was
12 telling his dream to others."
13 Then just to go to the end of that, he said that
14 people would not mock him -- it's people in the next
15 room and:
16 "He said people would not mock him in person and
17 made some remark to wanting to hurt these people he was
18 hearing."
19 If we could go to the text message which forms the
20 basis of that which is NGPF0002527, page 6, please,
21 where he says -- in fact, it's page 7. I do apologise,
22 the next page.
23 Where he says -- I'm having difficulty finding it.
24 I'm so sorry. That must be the wrong reference, but it
25 reads:

1 "He says he knows the voices/people wouldn't dare
2 say anything/mock him to this face. Pride spikes
3 dramatically. Makes a remark about harming the people
4 he's hearing (hard to tell when he's making a
5 distinction between the voices of people and just
6 voices)."
7 So additional detail, "Pride [spiking] ...
8 dramatically", and making a remark about harming the
9 people he's hearing. That's the text behind that.
10 Would "Pride [spiking] ... dramatically" have been
11 something which would have been something of interest to
12 you in terms of his presentation?
13 **A.** Yes, all information would be of interest.
14 **Q.** Now, can I just ask you about the message that Mr Carr
15 took you to this morning with the reference to "red
16 rum", and that being "murder" backwards, and he asked
17 you:
18 **"Question:** Would a specific reference to 'red rum'
19 have caused you particular concern?"
20 And you said:
21 **"Answer:** It would have fallen within my already
22 high concern".
23 Yes?
24 **A.** *(The witness nodded)*. Mm.
25 **Q.** That message he took you to came from 12 April 2020,

1 some six weeks before the first admission or
2 thereabouts.
3 There was no reference to self-harm in the messages
4 that you saw, were there?
5 **A.** No.
6 **Q.** No. He was -- if any refer to murder was about murder
7 of others, and you say that reference to murder "would
8 have [already] fallen within [your] ... already high
9 concern".
10 **A.** Yes.
11 **Q.** So was your "already high concern" that he could
12 seriously injury people?
13 **A.** Yes, and my first encounter with him, he, when I asked
14 him what he was thinking about when he wasn't responding
15 to me, that he was looking off and appearing preoccupied
16 with an internal dialogue, he said he was thinking about
17 capital punishment. So yes. I already had high --
18 appreciated that there was high risks involved with this
19 patient.
20 **Q.** And if I could just seek to get some more context to
21 that, was there a general feeling amongst the staff, of
22 which you formed a part, that there was some risk to
23 this person?
24 **A.** Yes, absolutely.
25 **Q.** And a high risk --

1 **A.** Yeah, when -- a higher risk of violence to others when
2 unwell.
3 **Q.** Yeah.
4 **A.** Yeah.
5 **Q.** So just to essentially go back to the entry from the
6 ward review of 16 July when Dr Seedat said to VC that he
7 identified that there was a risk that he would end up
8 killing somebody, now of course you've set -- you've
9 given the context to that, that Dr Seedat was
10 essentially challenging VC, he was being very blunt as
11 you'd said --
12 **A.** *(The witness nodded).*
13 **Q.** -- in order to confront him over the dangers around his
14 relapse.
15 **A.** Mm-hm.
16 **Q.** But that, although that context was given, in fact that
17 level of serious violence that might lead to somebody's
18 death was something that people were concerned about.
19 *(Pause)*
20 However Dr Seedat meant it.
21 **A.** Yes.
22 **Q.** Can I just ask you about one further thing to do with
23 that ward review of 16 July. If we could have that up,
24 please, it is NHFT0000168. And it's page -- four zeros
25 168, sorry, and page 64 is the body of the entry, and 63

1 I think is doctor -- yes. And this was your entry. And
2 can we go down to "Patient comments" on that page and
3 it's:
4 "[VC] describes stopping medication two weeks after
5 discharge from his last admission because he read that
6 it could 'slow the mind'."
7 That in fact, you having reviewed the notes and on
8 a regular basis during admission but perhaps even before
9 you've given evidence now, that was well documented in
10 the notes as to a reason why he had stopped the
11 medication after release from being an inpatient on the
12 first occasion.
13 **A.** Yes.
14 **Q.** Other entries made it clear that that was in the context
15 of exams he had to take?
16 **A.** I believe so.
17 **MR MOLONEY:** That's all I ask. Thank you, Dr Ludvigsen.
18 Thank you.
19 **THE CHAIR:** Yes, thank you.
20 **Questioned by MS CARTWRIGHT**
21 **MS CARTWRIGHT:** Good afternoon, Dr Ludvigsen, I ask
22 questions on behalf of the survivors. Could I go to
23 your second witness statement provided two days ago
24 please; WITN0166006, page 2, please. Thank you. You're
25 correcting the inaccuracies in your first statement, but

1 we see at page 5; is that displayed for you,
2 Dr Ludvigsen?
3 **A.** It is, yes.
4 **Q.** You say:
5 "The incident of VC's neighbour jumping from the
6 window occurred on the evening of 24 May after Annette
7 Palmer completed this risk and safety assessment
8 following VC's first arrest. The incident with the
9 neighbour jumping from the window led to VC's second
10 arrest, but Ms Palmer was not involved with this.
11 I would therefore be grateful if paragraph 101 of my
12 first witness statement could be read as though the
13 wording underlined in the passage was not included."
14 *(As read)*
15 Pausing there, essentially, it seems almost from
16 your first statement you still were not really clear
17 about the proper chronology of what had happened on
18 24 May and the clinician's involvement; would you agree?
19 **A.** It was, yeah, it was an error in the reference number
20 that led to the mix-up.
21 **Q.** Now, you say that Ms Palmer was not involved with the
22 second incident, and so can I check: were you aware that
23 Annette Palmer was one of the first clinicians who that
24 evening had gone to VC's property, and on the ground was
25 told that the neighbour had jumped out of the window in

1 response to VC, and so she had knowledge and she's
2 accepted that a harm event had occurred. Were you aware
3 of that factor?
4 **A.** No.
5 **Q.** Now, if we just look still on the page below, you then
6 go on to comment on the fact that the failure to mention
7 that VC's neighbour had jumped from the window and
8 injured herself because she was scared of him is
9 applicable to the risk and safety assessment that was
10 completed on 26 May by Sindi Ndlovu -- I apologise if
11 I've pronounced that incorrectly -- but also the next
12 risk and safety assessment completed by Sarah Rivers,
13 and so you would accept, I think, that the risk and
14 safety assessments completed failed to deal with the
15 risk information that was highly relevant to VC's
16 admission and when you saw him; would you agree?
17 **A.** Yeah, those risk assessments didn't take into account
18 the fact that the neighbour unfortunately jumped from
19 the window.
20 **Q.** Now, one of the things I then want to look at with you,
21 please, is your core assessment and it's to pick up the
22 theme that you've already raised about information you
23 directly received from VC about capital punishment?
24 **A.** Mm.
25 **Q.** Now, in your core assessment, if we can go to

1 NHFT0000188. Thank you.
2 Now, it's described as an admission core assessment,
3 but we know that you're not completing it until 27 May.
4 So is there a reason, particularly bearing in mind
5 you've been part of the MDT on 26 May, as to why you
6 weren't completing the core assessment until 27 May?
7 **A.** So ordinarily core assessments would be completed
8 directly at admission, but the clerking doctor when VC
9 was admitted had found him to be too disturbed to even
10 attempt it.
11 **Q.** All right.
12 **A.** So he'd left it. He was also considered too disturbed
13 to take part in the MDT the next day, which is where he
14 was discussed.
15 I've been trying to think why the core assessment
16 wasn't completed that day, because it would have been my
17 usual practice to have done it on that day, and to --
18 I wouldn't -- it's the sort of job you wouldn't go home
19 if you hadn't done this or if you hadn't handed it over.
20 So I'm not clear why it wasn't done. It might be
21 because it was considered he was still too disturbed.
22 **Q.** Let's just --
23 **A.** Or it --
24 **Q.** Sorry, I don't mean to interrupt you.
25 **A.** Or it may have been that it was delegated and I didn't

1 realise it hadn't been completed.
2 **Q.** All right, so let's move through. If we go to page 2,
3 please, just so we orientate ourselves as to the history
4 and enables you just to scan it. Thank you.
5 You can see the history that you've included in that
6 core assessment at the top:
7 "Arrested twice by police in lead up to [the] ...
8 24th ..."
9 So you give a summary there --
10 **A.** Mm-hm.
11 **Q.** -- which doesn't accurately reflect what occurred, but
12 I'm not going to go over those matters.
13 Over the page, please, to page 3 which is what
14 I want to deal with, the "Mental State Examination",
15 which is where VC shares with you his thoughts of
16 capital punishment, and I think everyone in the room
17 knows capital punishment, death penalty, execution.
18 "No significant signs of self, neglect, dressed in
19 casual clothes, appear clean, some bruising to knuckles
20 of right hand, poor eye contact and rapport, guarded and
21 suspicious, no psychomotor agitation/retardation, speech
22 normal rate, rhythm, volume, long pauses before replying
23 to questions at times, mood blunted and incongruous
24 affect (says 'I feel great' -- but in flat monotone),
25 frequently pausing mid sentence and looking around

1 looking distracted and preoccupied, when questioned
2 about this says he is having 'an internal dialogue', but
3 reluctant to talk about who with or what about (did
4 describe suddenly thinking about a video he watched
5 about capital punishment and it being a moral decision
6 but not willing to reveal what his moral stance on this
7 might be; on another occasion he describes having 'the
8 solution'), apparently hearing faint voices, male,
9 indistinct what they are talking about, [redacted] not
10 sure if there or not, thought it was his neighbours,
11 denies thought insertion, withdraw[a]l, broadcast,
12 orientated time, place, person, attention is distracted?
13 By what, does not believe he has a mental health problem
14 or that he should be in hospital".
15 Now, in terms of that description, one, would you
16 agree it's disturbing and alarming in a mental health
17 patient suffering psychosis because he has revealed
18 that, one, he's been watching or viewing videos that
19 touch on capital punishment, so that's alarming in
20 itself, would you agree, as to risk?
21 **A.** It would be taken into account, yeah. It would add to
22 the picture. Mm.
23 **Q.** But he is directly telling you that he believes he has
24 the solution, and so on any view, that's alarming
25 thoughts of a psychotic patient who's been involved in

1 a forensic incident involving his neighbours; would you
2 agree?
3 **A.** Yeah. It's worrying.
4 **Q.** And can I just be clear because you've confirmed that
5 there came a time when you knew, and the treating team
6 did know, that Feven had sustained injuries to her back
7 but can I be absolutely clear: were you aware during
8 that admission that Feven had fractured her lumbar and
9 her thoracic spine that required posterior fixation with
10 screws, and that she would advise that there was a risk
11 of paralysis before that operation? Were you aware of
12 that as the extent of the injury?
13 **A.** I think all -- no, because of these details are -- I've
14 not heard the detail until you've mentioned it just now.
15 I was aware she required surgery, and that they were
16 significant injuries.
17 **Q.** So that's what I just wanted to be clear. So you
18 confirmed that the treating team knew she had a back
19 injury that required surgery, and so can I just
20 understand from your perspective: what did you believe
21 that meant, what the injury was? Because that's
22 absolutely relevant to the assessment of risk that
23 needed to take place for risk of harm to others. So
24 what was your understanding about what the injury was
25 that VC had caused?

1 **A.** I understood that the injury was a back injury which
2 required surgery.
3 **Q.** But that could be a whole range of things.
4 **A.** *(The witness nodded)*. Mm.
5 **Q.** But would you agree whatever you thought, had you
6 thought that it was fractures to spine? Had that been
7 part of your thought process analysis?
8 **A.** It would -- yes, I mean I'm a doctor so if you require
9 back surgery as a result of an accident, then that would
10 be one of my differentials.
11 **Q.** Can you help me why the clinicians didn't get the full
12 information about what the injury was? Why you didn't
13 perhaps check and look on the system for whether there
14 was a Datix that revealed that detail of that incident?
15 **A.** In terms of the medical treatment of his neighbour, I'm
16 not sure we could have accessed that information because
17 of patient confidentiality.
18 **Q.** No, but would you not have thought, bearing in mind the
19 chronology of these events and what had occurred, that
20 there would have been and should have been incident
21 investigation that had the fullest possible information
22 about how VC had been not admitted and sectioned on
23 a first assessment, discharged under the care of the
24 Community Team, one hour later gone on to force entry
25 into another --

1 **THE CHAIR:** Ms Cartwright, she can't have known about
2 something that didn't actually happen.
3 **MS CARTWRIGHT:** Final matter then, please, just picking up
4 on the concern about execution. Can we just look at how
5 it was raised again with MDT on 27 May. It's
6 NHFT0000168. And it's at page 11, please. NHFT0000168,
7 thank you, page 11.
8 Time doesn't allow to go through the whole entry but
9 we know this is after you've then completed the core
10 assessment, and we see as part of the discussion you
11 feed back to the treating team:
12 "Dr Ludvigsen believes that [VC] has been responding
13 to unseen stimuli. He has stopped during conversation
14 and stared at the wall. When asked what he was thinking
15 about, he [described] ... capital punishment. He has
16 said that he has the 'solution' although did not say to
17 what."
18 And then talked to about his "deadlines."
19 So we can see that you're directly then, as well as
20 it being in the core assessment, raising that concern as
21 to what you had elicited with VC. Can you just be clear
22 why you were feeding it back to the MDT discussion?
23 **A.** Because it was relevant information. I may have also
24 fed back other aspects of the core assessment but those
25 are the parts that were documented.

1 **Q.** Can you assist as to whether at any point, once VC was
2 stable enough on medication, whether the treating team
3 ever considered what VC was revealing about thoughts
4 about capital punishment and the "solution" was the
5 context as to what he was doing when he was seeking to
6 get into his neighbour's property to understand the
7 level of risk?
8 **A.** I wasn't involved, or I wasn't present for all the
9 discussions with VC. So why, I can't say.
10 **Q.** But would you agree it was essential, once VC was
11 stabilised on his antipsychotic, for the treating team
12 and the Responsible Clinician to explore the capital
13 punishment issue until he was completely satisfied that
14 what that meant, and VC's views about having the
15 solution linked to capital punishment?
16 **A.** It may have been thought that once the psychosis
17 resolved, then the content was not relevant to go into
18 in greater detail.
19 **Q.** How can that be, if a patient has revealed when he's
20 unwell --
21 **A.** Mm.
22 **Q.** -- his psychotic thoughts, that he was thinking of
23 capital punishment and the solution, that was absolutely
24 essential to be explored for a proper assessment of risk
25 about what VC could do when unwell and psychotic?

1 **A.** And it may be that that discussion took place, but
2 I wasn't privy to it.
3 **MS CARTWRIGHT:** Thank you, Dr Ludvigsen.
4 **THE CHAIR:** Mr Straw.
5 **Questioned by MR STRAW**
6 **MR STRAW:** Dr Ludvigsen, I represent VC's family.
7 The first issue is the urine sample that VC
8 provided. You mentioned this in your witness statement
9 at paragraph 159, and you indicate that he provided that
10 so you could screen for illicit drug use; is that right?
11 **A.** That would usually be why we would ask for a urine
12 sample.
13 **Q.** He provided it voluntarily; is that correct?
14 **A.** So I don't know, it was the nurse who would have had
15 that interaction with him, but actually, yes, because
16 it's virtually impossible to get a urine sample from
17 a patient who doesn't voluntarily give it.
18 **Q.** Do you know the date he actually physically gave the
19 sample?
20 **A.** It would have been the same day it was recorded.
21 **Q.** Do you know the day that was?
22 **A.** I think it was the 28th.
23 **Q.** Can we have a note on screen, please, just to help you,
24 NHFT0000168, the RiO records, and page 10 of that,
25 please.

1 Doctor, you refer to this in your witness statement;
2 does this help as to the day he gave the sample?
3 **A.** No, because that's blood test.
4 **Q.** Okay.
5 **A.** I think it's very easy to miss because it's quite
6 a small entry made by the nurse who carried out the
7 test --
8 **Q.** Okay.
9 **A.** -- I think.
10 **Q.** I refer to this page because you mentioned it in the
11 context of urine in your statement, but can we go
12 forward two pages, please, to page 12.
13 **A.** Are you looking for the urine sample entry?
14 **Q.** Sorry, it's 13, please. At the top there, is that the
15 entry you're referring to, 28th May:
16 "[Redacted] has provided a urine sample?
17 **A.** Yes.
18 **Q.** And it came back negative?
19 **A.** Yeah, yeah.
20 **Q.** Thank you very much. Just in conclusion, you say in
21 your statement:
22 "It came back negative for all drugs except
23 benzodiazepines (which had been prescribed)."
24 Does that mean there were no illicit drugs in his
25 urine?

1 **A.** That meant that there were no illicit drugs that the
2 test would test for, which would be the common ones,
3 such as cannabis, opioids, I think amphetamines.
4 **Q.** Thank you. The next issue, in your witness statement,
5 at paragraph 111, you state that:
6 "The main factor leading to an increase in risk
7 would be if [VC] discontinued his medication."
8 Why do you say that was the main factor?
9 **A.** The main factor would be if he became floridly psychotic
10 again, and the most likely cause of that would be
11 discontinuation of medication.
12 **Q.** Did you come to that conclusion by having looked at the
13 course of his illness as it changed over the period you
14 were aware of him, by comparing that to whether he was
15 taking medication or not?
16 **A.** We saw when he was first admitted he was very psychotic.
17 I think he then had a couple of doses of antipsychotic
18 medication, which his mental state appeared to improve.
19 He then had a medication-free period and again, his
20 state declined, medication was started again, and he
21 appeared to improve. So I think that's the rationale
22 for why we believe medication was important.
23 **Q.** Thank you. Next issue. You mentioned earlier -- well,
24 you were asked about notes which indicated VC expressed
25 more than one motive for why he broke into the flats; do

1 you recall that?
2 **A.** Yes. So there was what I -- yes.
3 **Q.** You said, "It's not uncommon". Did you mean that it's
4 not uncommon for someone with schizophrenia to express
5 more than one motive for their actions?
6 **A.** No, and I should have been clearer. It's not uncommon
7 for more information to come to light during the course
8 of an assessment, and that's why we have 28 days for
9 assessment under a Section 2 because it's -- you don't
10 get all of the information right at the beginning,
11 things come and evolve.
12 **Q.** I see. Can someone with schizophrenia have differing
13 narratives, so differing hallucinations --
14 **A.** Yeah, absolutely. Yeah, I think so. And I think he was
15 trying to understand what was happening to him,
16 especially during that first admission. He was trying
17 to make sense of it. And then when we have experiences
18 we can't make sense of, we do create different
19 narratives around those.
20 **Q.** Thank you. Last issue. In your witness statement at
21 paragraph 138, you note that VC said he would take
22 medication in the community. So this is at the point of
23 the first admission and what he's saying about what he
24 will do afterwards. You say he indicated he would take
25 medication in the community and he appeared to recognise

1 the need for it.
2 Can we have the RiOs back up, please, NHFT0000168,
3 page 56. This is an entry at the bottom of the page on
4 14 July, and halfway down the page it's noted that VC at
5 that stage confirmed that he had been taking his
6 medication.
7 **A.** Yeah.
8 **Q.** Can we then go forward to 63, please, an entry you
9 looked at earlier.
10 **A.** So that was just before his second admission, wasn't it?
11 **Q.** That's right, yeah.
12 **A.** That's the one we're talking about. Yeah.
13 **Q.** Then at the bottom of the page, there's an entry by you,
14 16 July. Can we go over to the next page, please. In
15 the patient's comments section just there it says:
16 "[Redacted] described stopping medication two weeks
17 after discharge from his last admission because he read
18 it could slow the mind."
19 Was it apparent to you by this stage that his
20 assurances that he would take medication in the
21 community couldn't be relied on?
22 **A.** Certainly demonstrated that, yes, he had failed to carry
23 through with what he said he was going to do.
24 **Q.** I think you indicate in your witness statement that he
25 stopped it because he believed he was well; is that

1 right?
2 **A.** I think different reasons are given at different points
3 for why he stopped it.
4 **Q.** Just that one, "He believed he was well". Is that -- so
5 his belief that the hallucinations were real. Is that
6 belief itself a feature of the illness? So it's
7 a delusion that arises from the illness?
8 **A.** Yes, it absolutely could be.
9 **Q.** Okay. Thank you very much.
10 Thank you, Chair.
11 **THE CHAIR:** Yes. Mr Beer.
12 **Questioned by MR BEER**
13 **MR BEER:** Dr Ludvigsen, I ask questions on behalf of the
14 Trust. I just want to look at one topic, please, and
15 that's looking carefully at the RiO entry in relation to
16 what Dr Seedat said to VC on 16 July 2020. Do you
17 understand?
18 **A.** Yes.
19 **Q.** Can we look at the record once again, please. It's
20 NHFT0000168, at page 63. We can see the beginning of
21 your entry at the very bottom of the page, the last
22 entry. If that could just be highlighted. Then if we
23 go over the page for the substance of the entry, I want
24 to see from looking at the record as a whole whether
25 there's anything in it that can help us understand what

1 the sentence that has been a focus means, or what it was
2 meant to mean; do you understand?
3 **A.** Yes.
4 **Q.** So firstly, can we look at the headings in this document
5 which you created, and then look at the heading in which
6 the relevant sentence appears, and its placement in the
7 note more generally. Can we see that the first few
8 sections of the entry are populated separately from
9 discussion with the patient?
10 **A.** *(The witness nodded)*.
11 **Q.** Is that right?
12 **A.** Yes.
13 **Q.** So you've got the attendees.
14 **A.** *(The witness nodded)*.
15 **Q.** You've got the agencies involved.
16 **A.** *(The witness nodded)*.
17 **Q.** You've got the diagnosis, you've got his --
18 **A.** Mm-hm.
19 **Q.** -- that's VC's section status, you've got the
20 observation levels.
21 **A.** Mm-hm.
22 **Q.** The Section 17 arrangements --
23 **A.** Yes.
24 **Q.** -- under the first heading, the "Ward review", and then
25 the second underlined heading is "Feedback/Ward round

1 discussion".
2 **A.** Discussion.
3 **Q.** Thank you. Then that's subdivided into "Nursing",
4 "Family/Carers", and then "Patient comments". Do you
5 see that? So three subheadings.
6 **A.** Yeah.
7 **Q.** Can we see that the sentence in question appears under
8 the "Patient comments" section. Yes?
9 **A.** Yes.
10 **Q.** Does it follow that everything that's recorded under
11 that heading, "Patient comments", occurred during your
12 and Dr Seedat's conversation with the patient?
13 **A.** Yeah, that's the intention of that section. It's to
14 document the discussion between the patient and
15 Dr Seedat.
16 **Q.** And the relevant sentence is in the first paragraph,
17 three lines from the bottom:
18 "Dr Seedat observed that there seems to be no
19 insight or remorse and that the danger is that this will
20 happen again ..."
21 **A.** Mm-hm.
22 **Q.** "... and perhaps [VC] will end up killing someone."
23 So it's part of the patient discussion.
24 **A.** Yes.
25 **Q.** Then if we carry on, there's a new heading: "Mental

1 State Examination".
2 **A.** Yeah.
3 **Q.** Then if we go over the page, there's a new heading:
4 "Risk Assessment".
5 **A.** Yes.
6 **Q.** Which contains, I think, the MDT's assessment of VC's
7 risk.
8 **A.** Correct.
9 **Q.** If what Dr Seedat had said to VC was, rather than
10 a comment to VC as part of a therapeutic approach, his
11 actual assessment, would you have written it into the
12 "Risk Assessment" section?
13 **A.** Yes.
14 **Q.** That's the first point.
15 Secondly, do doctors tend to tell patients what
16 their assessment of their risk actually is?
17 **A.** It would depend, but not necessarily in this context.
18 **Q.** Why do you say "not necessarily in this context"?
19 **A.** Because it was a ward round review during which actually
20 information sharing was important, and if that sort of
21 a discussion were to take place, it could cause
22 a disruption, I suppose, in the therapeutic alliance
23 between the consultant and the patient.
24 So I wouldn't have expected it to happen while
25 actually what Dr Seedat was doing was trying to build

1 this therapeutic relationship with the patient at that
2 point.
3 **Q.** Thank you, that's --
4 **A.** Which he did by using his very, very direct approach,
5 which seemed to work, for VC.
6 **Q.** Thank you. That's the second point.
7 Thirdly, if we can just go back to the page we were
8 on, please, which is NHFT0000168, page 64. And go to
9 the "Patient comments" section, which is in the middle
10 of the page. Thank you. And look at that first
11 paragraph under "Patient comments". Can we see that the
12 "perhaps VC will end up" is followed by VC responding:
13 "[VC] simply responds by saying 'it will not happen
14 again'. Police are not intending to press charges."
15 Does that represent the sequence of events of the
16 conversation?
17 **A.** Yes.
18 **Q.** Namely, Dr Seedat speaking to VC, rather than Dr Seedat
19 making a statement about VC.
20 **A.** Yes, that's my memory of it.
21 **Q.** You'll see that VC's reply, the "it will not happen
22 again", what did you understand the "it" to refer to?
23 **A.** I understood it to refer to the fact that he would
24 become unwell again through not taking his medication
25 and it's all sort of rolled into one, and the

1 unfortunate incident with his neighbour.
2 **Q.** The part in speech marks, "It will not happen again",
3 does that tend to suggest that that was VC's verbatim
4 reply?
5 **A.** Yes. Yeah.
6 **Q.** Does that tend to suggest that the sentence before was
7 put to VC and is part of the conversation rather than
8 being a note --
9 **A.** Yes.
10 **Q.** -- to the outside world about the actual risk that VC
11 posed?
12 **A.** Yes.
13 **Q.** Was this part of the conversation about the unintended
14 consequences of VC's actions in breaking into a flat or
15 flats?
16 **A.** Yes.
17 **Q.** You've put this part of the conversation in speech
18 marks. Was that your practice: only to put those things
19 that are in speech marks things that were said verbatim?
20 **A.** Yes.
21 **Q.** Does it follow that as the words used by Dr Seedat are
22 not in speech marks, they do not represent precisely
23 what he said word or word, albeit you've confirmed today
24 and in your interview with the Trust that they're
25 accurate?

1 **A.** Yes. Yeah.
2 **Q.** That's the third point. The fourth point, do you take
3 anything from the surrounding context of the "Patient
4 comments" section?
5 **A.** Yeah, so this particular exchange arose within the
6 context of having discussed the circumstances leading to
7 his first two admissions, and then afterwards also, and
8 stating again that he's talking about insight with him,
9 and the fact it was a very frank discussion.
10 **Q.** Two sentences before you've recorded:
11 "No signs of remorse or insight into how his actions
12 have affected others."
13 **A.** Yeah.
14 **Q.** Was the context of this part of the conversation seeking
15 to ensure that the patient had insight?
16 **A.** That's right.
17 **Q.** If this had been an assessment of VC's actual risk
18 rather than, as you said, trying to shock him into
19 understanding the danger of his actions, would you have
20 made a completely --
21 **A.** Yes.
22 **Q.** -- different type of entry?
23 **A.** Yes.
24 **Q.** Turning to the --
25 **A.** So I would have -- sorry -- I would have made an entry

1 to that effect, under the risk assessment. And also, if
2 it had been a sort of predictive statement, then I would
3 have expected the management to change significantly as
4 a result of it.
5 **Q.** I was going to come to that. I'll make that point five.
6 Do you agree there was no change in the management plan
7 in the course of this review?
8 **A.** Certainly not the sort of change that I would expect to
9 reflect if a consultant had just announced that he
10 thought this patient was an imminent risk of killing
11 others.
12 **Q.** So if this was Dr Seedat setting out his actual view of
13 the risk that VC presented, you would have expected
14 a different approach to how the team managed the patient
15 to have been taken and to have been recorded here?
16 **A.** Yes.
17 **Q.** Lastly --
18 **A.** Yeah --
19 **Q.** In the next paragraph, you say:
20 "Dr Seedat explored VC's insight into his mental
21 state and possible serious mental illness. Very frank
22 discussion."
23 Is the "very frank discussion" a reference back to
24 the conversation which included the remark about --
25 **A.** Yeah.

1 **Q.** -- perhaps VC will end up?
2 **A.** Yes. He was almost a bit exasperated with him. He was
3 trying to get through to him.
4 **Q.** Was he pushing, that's Dr Seedat, harder than you'd seen
5 other clinicians push --
6 **A.** Yes.
7 **Q.** -- to try and test VC's understanding of his own
8 condition and the consequences of it?
9 **A.** He was, and I think that's what I found shocking about
10 it. But it seemed to be really effective. And he
11 seemed to build the therapeutic relationship by being
12 straightforward and frank with him. That meant that I
13 believe VC actually sought him out, even after his
14 discharge. So it was an unconventional communication
15 technique, but it seemed to be effective.
16 **Q.** Thank you. I think you've reflected that looking back,
17 you would have added more context to what you, in fact,
18 recorded here; is that right?
19 **A.** Mm. Yeah, so that line taken in isolation could not be
20 misinterpreted.
21 **Q.** At any point did you think that Dr Seedat actually
22 thought that this would be a likely outcome?
23 **A.** No. No. None of us did.
24 **MR BEER:** Thank you very much, Dr Ludvigsen.
25 **THE WITNESS:** Thank you.

1 **Questioned by THE CHAIR**
2 **THE CHAIR:** Can I just ask you, Dr Ludvigsen, on that point,
3 because you've looked at the issue of the references to
4 capital punishment and also red rum --
5 **A.** Yes.
6 **THE CHAIR:** -- and said that there was concern about the
7 risks.
8 **A.** Mm.
9 **THE CHAIR:** You've just, in answer to Mr Beer, said that you
10 didn't think that this was going to be something that
11 was likely?
12 **A.** *(Witness shook head)*
13 **THE CHAIR:** How do you reconcile those two issues? That it
14 was, I think you said, commonly accepted in the ward
15 that there was concern about the two issues of the
16 question of capital punishment, certainly.
17 **A.** Yeah. There's often elements of risk in the patients
18 that are managed in mental health care settings, and,
19 the things that we rely on to manage those risks is the
20 system within which these patients are helped, and the
21 community is helped. And that's why we expect these
22 risks can be managed within those settings. It wasn't
23 like we were discharging him to no follow-up. The
24 expectation is that the follow-up would be such that any
25 early signs of deterioration would be picked up and

1 acted on.
2 **THE CHAIR:** I think that wasn't the question I was asking.
3 I was asking about the way in which Dr Seedat, you've
4 explained your understanding of what Dr Seedat was
5 seeking to achieve and in your last answer to Mr Beer
6 you said that you didn't think that it was likely that
7 he would end up killing someone. But you've also said
8 that there was significant concern about references, the
9 references we've heard about.
10 So I asked you about how you reconciled those two
11 issues and I think what you've said is that you thought
12 it could be managed; is that correct?
13 **A.** That's correct. Yes.
14 **THE CHAIR:** Just in terms of the risk assessment itself, on
15 page 65, if we can just get that up, of the notes again,
16 NHFT0000168, page 65, where it says, "There have been no
17 incidents of violence yet", this was by this stage the
18 16 July.
19 **A.** Mm-hm.
20 **THE CHAIR:** There'd been the two incidents in May, there'd
21 been an incident in May and he was back with a -- in
22 relation to another matter. So why do you say there'd
23 been no incidents of violence yet?
24 **A.** So that's referring to acts of harm coming to an
25 individual as a direct wilful action of the patient.

1 And I'm not sure that we -- that the thinking around the
2 first incident was that it fitted that criteria, and if
3 we didn't know about the assault.
4 **THE CHAIR:** So kicking a door down with the effect that
5 someone jumps out of the window and sustains injury,
6 that's not considered violence in this assessment; is
7 that correct?
8 **A.** I think that was my understanding of how aggression and
9 violence had differentiated within these kinds of risk
10 assessments.
11 **THE CHAIR:** There's no mention of aggression in here, is
12 there?
13 **A.** No.
14 **THE CHAIR:** Thank you.
15 Yes, thank you. We'll break now. Thank you, and
16 start again at 1.45.
17 **(1.00 pm)**
18 **(The short adjournment)**
19
20
21
22
23
24
25

1 **I N D E X**

2 Page

3 DR RUPERT DINSDALE ACKROYD 1
4 (affirmed)
5 Questioned by MS LANGDALE 1
6 Questioned by MS CARTWRIGHT 24
7 Questioned by THE CHAIR 27
8
9 DR ANNA FRANCES LUDVIGSEN (affirmed) 29
10 Questioned by MR CARR 29
11 Questioned by MR MOLONEY 69
12 Questioned by MS CARTWRIGHT 74
13 Questioned by MR STRAW 84
14 Questioned by MR BEER 89
15 Questioned by THE CHAIR 98
16
17
18
19
20
21
22
23
24
25

MR BEER: [2] 89/13 97/24
MR CARR: [3] 29/17 29/23 69/12
MR MOLONEY: [1] 74/17
MR STRAW: [1] 84/6
MS CARTWRIGHT: [5] 24/13 26/24 74/21 82/3 84/3
MS LANGDALE: [4] 1/3 1/6 15/4 24/8
THE CHAIR: [27] 14/25 24/11 26/25 27/2 27/21 27/24 28/7 28/11 29/8 29/12 29/19 29/22 69/14 74/19 82/1 84/4 89/11 98/2 98/6 98/9 98/13 99/2 99/14 99/20 100/4 100/11 100/14
THE WITNESS: [3] 15/3 29/10 97/25

'

'an [1] 79/2
'I [1] 78/24
'I feel [1] 78/24
'it [1] 93/13
'kicking [1] 62/3
'red [1] 71/18
'slow [1] 74/6
'solution' [1] 82/16
'stop' [1] 50/1
'the [1] 79/7

.

...Hakam [1] 39/16

1

1.00 [1] 100/17
1.45 [1] 100/16
1.50 [2] 63/15 63/19
10 [4] 27/9 28/10 33/3 84/24
10 milligrams [2] 27/17 28/14
10.00 [1] 1/2
10.30 [1] 26/8
10.33 [1] 26/9
10.35 [1] 26/9
10.42 [1] 29/14
10.50 [1] 29/16
101 [1] 75/11
11 [4] 10/13 43/25 82/6 82/7
111 [1] 86/5
12 [5] 37/13 57/14 58/16 71/25 85/12
120 [1] 58/20
127 [1] 57/1
13 [1] 85/14
13 July [2] 61/16 61/24
13 November 2025 [2] 1/8 30/4
131 [2] 60/21 60/22
136 Suite [3] 6/16 27/16 28/1
138 [1] 87/21
14 [2] 28/2 59/23
14 July [1] 88/4
14:54 [1] 57/14
14:56 [1] 57/14
14th [1] 27/21
15 [3] 2/20 28/5 66/6
15 milligrams [1] 28/16
159 [1] 84/9
15:19 [1] 58/17
16 [2] 44/19 99/18
16 July [4] 63/12 73/6 73/23 88/14
16 July 2020 [2] 63/15 89/16
168 [1] 73/25
17 [5] 37/10 45/3 52/10 57/12 90/22
176 [1] 61/18
177 [2] 61/18 61/23
17:02 [1] 59/24
18 [2] 26/19 58/16
18 May [1] 59/23

2

2 June [2] 45/14 61/7
2.19 [1] 2/19
20 [3] 30/6 70/4 70/5
2010 [1] 30/16
2013 [1] 33/19
2016 [3] 2/6 35/4 35/11
2019 [2] 25/13 25/18
2020 [10] 2/20 31/18 31/19 31/25 38/5 44/21 58/17 63/15 71/25 89/16
2021 [3] 35/22 36/3 36/25
2025 [3] 1/8 30/4 66/6
2026 [2] 1/1 30/6
21 [2] 55/25 70/4
22 [2] 1/1 67/21
24 [2] 75/6 78/8
24 July 2020 [1] 31/19
24 May [1] 75/18
25 May [1] 39/7
26 May [4] 39/8 39/13 76/10 77/5
27 May [4] 46/14 77/3 77/6 82/5
27 May 2020 [1] 31/25
28 [1] 87/8
28 May [2] 43/25 45/12
28th [2] 43/20 84/22
28th May [1] 85/15

3

30 [1] 31/18
38 [1] 43/7
3rd [1] 13/20

4

46 [1] 42/22

5

5 milligrams [2] 7/10 27/24
56 [1] 88/3
57 [1] 34/13
59 [4] 18/16 18/24 27/4 27/5

6

6.00 [2] 25/15 25/25
63 [4] 63/12 73/25 88/8 89/20
64 [4] 60/22 64/15 73/25 93/8
65 [2] 99/15 99/16

7

7.00 [1] 25/15
73 [1] 40/6
74 [3] 40/25 43/6 43/8
7543 [1] 19/17

8

84 [3] 22/24 24/16 61/17
86 [1] 48/23

A

aback [1] 65/1
ability [1] 68/12
able [15] 6/5 7/25 8/6 9/16 17/24 19/11 26/1 26/4 36/14 38/2 43/17 46/21 49/2 49/7 68/9
abnormal [2] 9/15 9/22
about [108]
absence [2] 22/9 42/9
absolutely [11] 2/14 11/16 18/15 23/13 41/20 72/24 80/7 80/22 83/23 87/14 89/8
academically [1] 12/5
accept [4] 14/23 40/16 40/16 76/13
accepted [2] 76/2 98/14
access [6] 6/4 37/23 40/8 40/22 43/1 51/25
accessed [1] 81/16
accessing [1] 6/3
accident [1] 81/9
account [4] 21/16 56/3 76/17 79/21
accuracy [2] 66/5 67/15
accurate [9] 1/10 13/4 26/7 26/10 61/9 66/24 67/1 67/6 94/25
accurately [1] 78/11
achieve [1] 99/5
acknowledge [2] 33/6 42/16
acknowledging [2] 16/20 34/22
Ackroyd [9] 1/3 1/4 1/6 14/25 19/2 24/13 27/2 29/8 101/3
across [2] 24/17 63/9
Act [9] 6/17 25/19 27/12 27/14 28/2 35/10 35/10 35/15 42/21
acted [2] 60/23 99/1
action [1] 99/25
actions [4] 87/5 94/14 95/11 95/19
active [1] 12/16
actively [1] 54/13
activity [1] 13/11
acts [1] 99/24
actual [6] 45/2 60/14 92/11 94/10 95/17 96/12
actually [16] 9/12 12/25 26/19 62/11 62/12 65/7 67/8 68/17 82/2 84/15 84/18 92/16 92/19 92/25 97/13 97/21
acuity [1] 32/9
acute [10] 31/5 32/6 32/8 33/9 33/14 33/15 33/22 34/15 38/23 68/20
acutely [3] 53/19 54/11 54/12
add [6] 1/11 1/24 26/16 26/20 67/17 79/21
added [1] 97/17
adding [1] 26/13
addition [1] 32/10
additional [4] 45/15 45/17 55/20 71/7
address [1] 51/18
addressing [1] 61/19
adjournment [1] 100/18
administered [1] 50/4
admission [52] 3/2 3/3 3/17 4/6 5/6 6/22 7/8 7/16 8/5 11/17 19/7 22/6 23/15 23/19 24/1 24/21 24/23 27/14 27/15 27/25 29/1 31/22 40/1 40/7 40/18 43/13 43/16 44/3 44/10 45/4 46/12 48/17 49/11 50/13 51/21 52/6 53/2 61/15 61/21 65/14 65/18 72/1 74/5 74/8 76/16 77/2 77/8 80/8 87/16 87/23 88/10 88/17
admissions [2] 34/8 95/7
admitted [7] 3/7 23/1 27/25 39/6 77/9 81/22 86/16
Adult [1] 34/14
adults [1] 25/20
advise [1] 80/10
affect [2] 13/14 78/24
affected [1] 95/12
affirmed [4] 1/4 29/20 101/4 101/9
afraid [2] 38/20 46/11
after [16] 2/21 18/21 37/20 41/4 47/9 53/24 55/17 64/2 67/22 68/21 74/4 74/11 75/6 82/9 88/17 97/13
afternoon [1] 74/21
afterwards [2] 87/24 95/7
again [26] 7/15 8/14 11/5 12/12 13/18 16/15 24/19 44/1 44/2 45/3 50/6 55/14 64/20 65/22 82/5 86/10 86/19 86/20 89/19 91/20 93/22 93/24 94/2 95/8 99/15 100/16
again' [1] 93/14
agencies [2] 20/21 90/15
aggression [7] 26/16 61/2 61/5 61/10 62/2 100/8 100/11
aggressive [2] 47/19 60/24
agitation [2] 62/3 78/21
agitation/retardation [1] 78/21
ago [10] 33/18 34/2 38/7 39/21 45/21 48/4 49/18 55/24 58/21 74/23
agree [15] 10/2 21/18 22/21 24/18 53/2 53/8 63/8 75/18 76/16 79/16 79/20 80/2 81/5 83/10 96/6
agreeing [1] 29/10
agreement [1] 7/9
Ah [1] 9/9
Aims [3] 39/25 44/3 45/4
akathisia [1] 28/22
alarm [2] 50/2 60/13
alarming [3] 79/16 79/19 79/24

A

albeit [1] 94/23
Alcohol [1] 20/6
alert [3] 26/16 26/20 26/20
alerts [1] 26/13
all [19] 2/25 23/6 38/25 39/3 39/4 51/4 51/10 54/16 55/3 59/3 71/13 74/17 77/11 78/2 80/13 83/8 85/22 87/10 93/25
alliance [2] 17/16 92/22
allocation [1] 38/16
allow [1] 82/8
alluding [1] 58/15
almost [3] 58/14 75/15 97/2
already [17] 4/17 38/12 47/1 52/8 59/2 59/6 59/16 64/15 67/18 70/1 70/2 71/21 72/8 72/8 72/11 72/17 76/22
also [23] 4/11 5/17 5/20 13/21 15/10 24/15 25/20 33/20 37/22 38/11 38/14 47/21 49/9 64/10 64/11 65/18 76/11 77/12 82/23 95/7 96/1 98/4 99/7
although [6] 1/11 3/2 8/19 11/17 73/16 82/16
always [2] 13/23 48/20
am [6] 1/2 2/20 23/5 29/14 29/16 62/1
ambiguity [1] 4/18
AMHP [1] 42/20
amongst [1] 72/21
amount [1] 48/14
amphetamines [1] 86/3
analysis [1] 81/7
anchor [1] 2/20
anger [1] 54/8
angry [2] 52/19 61/11
ANNA [3] 29/20 29/25 101/9
Annette [2] 75/6 75/23
announced [1] 96/9
annual [1] 36/17
another [10] 2/5 8/5 8/15 17/25 40/3 45/3 60/3 79/7 81/25 99/22
answer [6] 38/7 54/25 55/14 66/24 98/9 99/5
antipsychotic [3] 7/12 83/11 86/17
Anxiety [1] 21/5
any [22] 1/25 3/10 17/16 21/12 22/25 26/8 33/13 36/8 36/21 37/23 38/17 46/19 58/12 58/22 59/18 62/1 62/9 72/6 79/24 83/1 97/21 98/24
anyone [1] 40/11
anything [12] 7/20 10/24 23/16 23/24 36/18 38/1 47/8 67/17 70/2 71/2 89/25 95/3
anything/mock [1] 71/2
anywhere [1] 21/21
apologise [2] 70/21 76/10
Apology [1] 35/16
apparent [2] 16/5 88/19
apparently [1] 79/8
appear [3] 21/4 36/25 78/19
appeared [3] 86/18 86/21 87/25
appearing [1] 72/15
appears [6] 5/23 56/12 57/17 67/24 90/6 91/7
applicable [1] 76/9
appraisal [4] 36/17 36/19 67/4 67/23
appreciated [1] 72/18
appreciation [1] 58/21
approach [6] 35/25 36/8 65/2 92/10 93/4 96/14
approaches [1] 69/6
April [5] 1/1 30/6 57/14 58/17 71/25
April 2020 [2] 58/17 71/25
April 2026 [1] 30/6
are [56] 1/9 1/10 1/11 5/11 9/2 10/14 11/3 12/14 12/20 14/16 15/6 15/9 15/24 16/1 16/4 17/19 18/8 18/9 19/16 21/3 21/4 21/4 22/2 23/13 23/20 26/10 30/11 30/15 35/9 35/23 36/16 37/19 38/10 38/14 40/24 43/17 44/15 51/13 52/12 54/6 60/1 61/18 67/6 69/12 69/13 79/9 80/13 82/25 85/13 89/2 90/8 93/14 94/19 94/21 98/18 98/20
area [1] 52/15
areas [1] 37/23
aren't [2] 14/8 37/20
aripiprazole [5] 7/11 7/20 8/10 27/9 27/17
arises [1] 89/7
arose [1] 95/5
around [20] 1/12 4/18 5/20 8/15 8/23 10/13 10/25 11/10 11/16 14/3 16/6 17/4 21/23 26/12 26/19 49/23 73/13 78/25 87/19 100/1
arranged [1] 69/7
arrangements [1] 90/22
arrest [2] 75/8 75/10
arrested [6] 2/22 40/2 40/21 41/9 53/8 78/7
arrests [1] 41/11
as [90] 1/10 1/10 2/7 2/11 3/13 4/17 5/6 5/18 8/12 8/25 9/5 9/9 10/11 10/16 11/16 14/18 16/16 17/9 20/14 21/15 22/16 23/2 23/4 30/19 30/21 31/8 33/12 34/2 35/4 36/14 36/18 36/21 38/7 40/24 40/25 42/7 42/13 43/11 43/13 46/22 47/12 47/13 48/3 48/21 48/22 50/23 50/23 51/14 51/21 54/2 56/12 58/12 58/12 59/3 59/15 59/25 62/3 62/25 65/4 65/9 67/14 67/16 68/19 68/25 69/25 73/10 74/10 75/12 75/14 77/2 77/5 78/3 79/20 80/12 81/9 82/10 82/19 82/19 82/20 83/1 83/5 85/2 86/3 86/13 89/24 92/10 94/21 95/18 96/3 99/25
ascertain [1] 47/23
ascertained [1] 12/23
ask [21] 2/15 10/21 13/17 14/25 19/12 21/16 21/23 22/6 25/3 25/12 26/11 27/2 69/16 69/24 71/14 73/22 74/17 74/21 84/11 89/13 98/2
asked [13] 19/16 19/17 19/19 31/1 49/25 64/6 66/22 69/17 71/16 72/13 82/14 86/24 99/10
asking [4] 11/3 21/20 99/2 99/3
aspect [1] 9/14
aspects [4] 25/14 25/16 25/22 82/24
assault [1] 100/3
assaulted [2] 62/14 62/16
assenting [1] 7/8
assessed [1] 62/9
assessing [2] 17/11 23/8
assessment [94] 2/19 3/1 4/11 4/23 6/17 13/1 18/10 18/19 19/6 19/14 19/17 20/17 21/24 22/2 22/4 22/8 22/18 22/21 23/22 24/15 24/17 24/20 27/12 27/15 28/1 28/2 31/24 35/23 36/9 37/3 37/20 41/3 41/10 41/22 42/4 42/9 42/10 42/21 45/16 46/14 46/16 46/20 46/23 47/16 47/23 48/14 48/19 49/1 49/5 49/7 49/13 49/17 49/19 50/9 50/12 50/20 50/25 51/2 51/15 51/17 51/22 53/13 53/20 62/4 62/6 62/8 62/17 67/9 75/7 76/9 76/12 76/21 76/25 77/2 77/6 77/15 78/6 80/22 81/23 82/10 82/20 82/24 83/24 87/8 87/9 92/4 92/6 92/11 92/12 92/16 95/17 96/1 99/14 100/6
assessments [9] 4/2 20/7 22/24 37/5 50/24 76/14 76/17 77/7 100/10
assist [1] 83/1
assumption [1] 8/8
assurances [1] 88/20
at [160]
at page 5 [1] 75/1
at page 84 [1] 61/17
attempt [1] 77/10
attempted [2] 40/8 54/2
attend [5] 1/17 34/9 35/16 35/17 35/19
attended [1] 39/8
attendees [2] 39/23 90/13
attending [2] 1/15 14/19
attention [1] 79/12
attribute [3] 9/13 9/15 9/23
Attributes [1] 20/24
attribution [2] 9/14 16/15
auditory [6] 8/21 8/23 9/18 10/6 13/20 14/3
August [2] 25/13 25/18
August 2019 [2] 25/13 25/18
autonomous [1] 31/8
avail [1] 50/2
available [3] 3/23 6/1 68/24
aware [17] 8/21 34/16 38/12 40/24 41/11 42/8 46/3 46/6 46/10 54/20 55/7 75/22 76/2 80/7 80/11 80/15 86/14
awareness [1] 8/17
away [2] 26/18 52/16

B

B12 [1] 5/10
back [30] 9/9 9/22 10/2 10/6 11/24 15/18 35/11 37/8 46/7 46/13 46/14 49/6 51/22 52/9 55/24 73/5 80/6 80/18 81/1 81/9 82/11 82/22 82/24 85/18 85/22 88/2 93/7 96/23 97/16 99/21
background [2] 3/20 30/15
backwards [2] 59/7 71/16
barrier [1] 61/13
base [1] 5/18
based [2] 30/21 53/21
basically [1] 34/20
basis [2] 70/20 74/8
be [128]
bearing [3] 26/14 77/4 81/18
became [3] 47/10 52/19 86/9
because [57] 1/24 2/16 4/2 4/12 5/21 7/13 8/6 9/1 10/15 15/1 17/2 18/5 19/23 21/20 26/7 28/20 33/21 36/20 38/12 40/9 40/20 42/4 42/9 42/20 43/21 46/3 55/7 55/14 55/20 56/23 60/1 64/8 66/11 67/7 68/17 68/21 69/11 69/21 74/5 76/8 77/16 77/21 79/17 80/4 80/13 80/21 81/16 82/23 84/15 85/3 85/5 85/10 87/9 88/17 88/25 92/19 98/3
become [3] 46/10 61/4 93/24
been [96] 6/5 7/19 7/25 8/5 8/6 11/25 12/15 16/2 17/2 17/4 17/5 20/14 23/6 25/24 26/1 26/4 26/15 26/18 26/18 27/8 27/8 27/10

B

been... [74] 27/24 29/1 29/2 31/5 32/19 33/13 36/23 38/2 38/12 40/20 44/10 44/22 45/15 46/12 49/1 49/11 49/19 49/19 50/11 50/11 50/12 51/6 52/3 52/13 53/3 53/17 53/22 54/16 54/18 55/3 55/5 56/4 58/25 59/13 59/25 60/13 60/23 61/2 62/2 64/11 67/8 69/8 69/10 69/11 69/17 69/22 71/10 71/11 77/5 77/15 77/16 77/25 78/1 79/18 79/25 81/6 81/20 81/20 81/22 82/12 83/16 84/20 85/23 87/6 88/5 90/1 95/17 96/2 96/15 96/15 99/16 99/20 99/21 99/23
Beer [6] 24/9 89/11 89/12 98/9 99/5 101/14
before [26] 3/20 3/22 7/16 11/22 17/1 20/7 27/21 29/7 32/2 32/5 32/11 32/14 34/1 34/21 37/1 46/19 49/18 64/14 69/20 72/1 74/8 78/22 80/11 88/10 94/6 95/10
beginning [3] 2/17 87/10 89/20
behalf [3] 69/16 74/22 89/13
behaving [1] 62/2
behaviour [5] 9/19 10/3 42/5 47/19 65/17
behind [2] 60/17 71/9
being [32] 7/2 7/9 8/9 10/9 13/5 13/6 13/9 15/1 16/24 28/20 32/21 32/24 36/14 40/21 46/17 47/12 47/13 48/3 52/25 54/11 61/6 62/25 63/2 68/1 68/2 71/16 73/10 74/11 79/5 82/20 94/8 97/11
belief [5] 16/19 30/12 54/1 89/5 89/6
beliefs [4] 16/12 16/16 16/20 17/10
believe [14] 15/19 15/21 16/9 16/14 16/17 16/18 16/22 16/25 44/11 74/16 79/13 80/20 86/22 97/13
believed [6] 40/9 53/15 54/7 70/11 88/25 89/4
believes [3] 17/22 79/23 82/12
believing [2] 52/25 53/22
below [1] 76/5
benzodiazepines [1] 85/23
bereaved [1] 69/16
beside [1] 35/15
best [3] 23/7 30/12 48/25
better [6] 24/3 24/6 37/25 49/1 49/2 49/7
between [9] 7/5 24/20 25/14 39/11 56/4 66/10 71/5 91/14 92/23
beyond [4] 1/22 31/10 59/13 62/8
bit [5] 15/1 18/25 19/22 44/24 97/2
blank [1] 19/14
blood [7] 5/1 5/3 5/4 5/14 5/20 5/23 85/3
blood-borne [1] 5/20
bloods [1] 19/8
blunt [2] 65/10 73/10
blunted [1] 78/23
body [3] 15/7 15/14 73/25
borne [1] 5/20
boss [1] 34/20
both [10] 5/17 9/2 31/15 34/8 36/2 37/18 50/6 53/3 63/21 64/8
bottom [9] 21/13 44/20 44/24 45/23 56/8 88/3 88/13 89/21 91/17
box [15] 19/5 39/16 41/5 42/23 44/23 44/25 45/23 48/9 56/1 63/13 63/15 64/1 66/8 66/13 69/8
brackets [3] 7/12 7/23 8/22
breadth [1] 4/1
break [4] 29/15 40/8 60/2 100/15
breaking [2] 40/12 94/14
brief [1] 24/13
briefly [3] 25/3 30/15 52/9
bringing [1] 21/11
broad [1] 5/6
broadcast [3] 15/25 16/4 79/11
broader [2] 12/9 38/15
broadly [2] 4/22 20/17
broke [2] 45/24 86/25
Brook [1] 2/22
brother [2] 54/23 56/4
brought [1] 6/15
bruising [1] 78/19
brushing [2] 37/14 65/19
build [7] 7/14 13/16 17/17 28/25 70/1 92/25 97/11
build-up [1] 7/14
building [1] 17/16
bundle [1] 12/21
bundles [2] 12/13 12/18
busy [1] 38/24
but [117]

C

call [4] 1/3 29/17 33/12 47/4
called [2] 2/23 28/22
came [5] 48/10 71/25 80/5 85/18 85/22
can [100] 1/6 1/9 2/15 2/15 4/2 6/2 6/13 7/15 7/22 8/12 9/13 9/14 9/17 9/21 12/1 12/10 13/17 13/25 14/25 16/4 16/16 18/16 19/4 19/5 19/13 19/15 21/2 21/3 21/12 21/24 23/4 25/4 25/10 25/12 25/18 26/11 27/5 28/21 29/23 32/2 35/5 37/7 37/10 37/15 38/21 39/13 39/15 39/23 43/4 43/24 44/2 45/19 45/19 46/13 47/1 48/1 52/9 54/20 55/23 56/8 57/13 60/2 60/14 60/20 63/11 64/10 66/5 69/24 71/14 73/22 74/2 75/22 76/25 78/5 80/4 80/7 80/19 81/11 82/4 82/19 82/21 83/1 83/19 84/23 85/11 87/12 88/2 88/8 88/14 89/19 89/20 89/25 90/4 90/7 91/7 93/7 93/11 98/2 98/22 99/15
can't [16] 7/24 8/1 16/14 16/25 26/7 26/19 26/22 26/23 43/19 46/11 46/16 55/16 64/2 82/1 83/9 87/18
cannabis [1] 86/3
cannot [2] 15/18 16/9
capacity [5] 4/7 4/16 4/20 25/19 35/10
capital [13] 72/17 76/23 78/16 78/17 79/5 79/19 82/15 83/4 83/12 83/15 83/23 98/4 98/16
capture [4] 9/5 23/2 57/24 61/1
card [1] 19/9
cardiometabolic [1] 5/14
care [22] 3/9 3/15 3/16 4/24 19/21 23/10 23/11 24/22 32/18 34/4 35/24 36/8 38/18 39/6 42/10 58/21 68/10 68/12 68/25 69/5 81/23 98/18
carefully [1] 89/15
carer [3] 48/7 48/20 48/21
Carer/Family [1] 48/7
Carers [1] 91/4
CARR [3] 29/21 71/14 101/10
carried [1] 85/6
carry [6] 45/8 47/16 50/18 68/20 88/22 91/25
carrying [3] 41/21 42/13 51/2
CARTWRIGHT [5] 24/12 74/20 82/1 101/6 101/12
case [5] 10/4 14/9 17/2 18/17 68/1
casual [1] 78/19
cause [4] 28/21 56/24 86/10 92/21
caused [5] 42/5 58/25 59/4 71/19 80/25
causes [1] 10/18
causing [1] 51/12
certain [2] 47/22 55/15
certainly [10] 4/1 11/7 18/5 22/5 42/18 45/13 62/16 88/22 96/8 98/16
cetera [2] 12/6 22/14
Chair [8] 1/3 27/1 29/17 69/12 89/10 98/1 101/7 101/15
challenged [1] 7/7
challenges [5] 32/3 32/7 33/6 33/7 49/4
challenging [3] 32/6 47/17 73/10
change [6] 13/13 28/9 64/2 96/3 96/6 96/8
changed [1] 86/13
changes [1] 62/16
changing [1] 51/21
chaotic [2] 32/22 38/24
charges [1] 93/14
chase [1] 19/8
check [4] 17/24 64/14 75/22 81/13
cholesterol [1] 5/16
chronology [2] 75/17 81/19
circumstances [11] 1/13 2/2 6/15 20/4 20/25 40/7 40/18 44/9 55/8 65/13 95/6
clarity [2] 10/25 25/1
clash [1] 24/20
clean [1] 78/19
clear [24] 2/1 7/6 7/18 9/19 12/14 13/3 21/25 23/9 24/17 32/12 32/15 32/16 43/15 47/10 54/16 55/3 60/14 74/14 75/16 77/20 80/4 80/7 80/17 82/21
clearer [2] 1/12 87/6
clearly [11] 1/7 6/24 8/19 10/2 17/2 22/5 44/5 46/11 47/17 48/4 56/10
clerking [16] 3/3 3/8 3/17 23/15 23/17 24/1 24/4 24/23 26/14 46/23 48/17 49/11 49/15 50/13 51/9 77/8
clinic [2] 1/17 1/19
clinical [10] 25/20 26/12 30/19 33/25 35/13 35/23 36/21 48/24 55/17 59/16
clinically [1] 30/24
clinician [3] 11/15 27/13 83/12
clinician's [1] 75/18
clinicians [3] 75/23 81/11 97/5
clothes [1] 78/19
cluster [2] 15/9 18/2
colleague [1] 33/23
colleagues [1] 33/20
college [1] 11/22
column [2] 35/15 37/15
combination [1] 11/5
come [13] 1/25 4/16 13/10 13/15 21/12 23/14 25/23 36/24 54/24 86/12 87/7 87/11 96/5
comes [4] 4/23 26/6 58/5 67/21
comfortable [1] 39/2
coming [3] 18/24 32/14 99/24
comment [5] 20/12 22/23 26/23 76/6 92/10
commentary [3] 8/24 10/11 13/21
commented [2] 13/22 50/25
commenting [1] 14/10

C

comments [11] 44/7 52/12 64/16 74/2 88/15 91/4 91/8 91/11 93/9 93/11 95/4
common [2] 63/2 86/2
commonly [3] 12/1 21/18 98/14
communicating [1] 65/11
communication [1] 97/14
community [9] 3/15 68/9 68/13 69/6 81/24 87/22 87/25 88/21 98/21
comparing [1] 86/14
competence [1] 39/3
compiling [1] 11/5
complaint [5] 6/7 19/18 41/7 47/2 51/24
complete [8] 3/13 3/16 18/17 21/24 25/21 26/1 36/14 48/25
completed [21] 3/1 3/8 18/19 24/3 24/6 25/14 25/19 25/20 33/10 36/18 41/3 46/17 46/19 75/7 76/10 76/12 76/14 77/7 77/16 78/1 82/9
completely [2] 83/13 95/20
completing [11] 3/21 22/4 23/8 23/12 37/4 45/13 46/15 49/2 49/13 77/3 77/6
completion [2] 19/5 64/3
completions [1] 23/22
comply [1] 49/12
concept [2] 15/25 26/22
conceptualisation [3] 54/15 55/1 55/4
concern [20] 4/19 21/3 53/18 54/6 54/6 54/11 59/1 59/5 59/6 59/13 68/11 71/19 71/22 72/9 72/11 82/4 82/20 98/6 98/15 99/8
concerned [4] 1/10 36/5 59/2 73/18
concerning [2] 4/16 18/8
concerns [2] 6/19 14/17
conclusion [3] 56/13 85/20 86/12
concordance [1] 6/20
condition [2] 50/6 97/8
conducive [1] 14/21
conduct [1] 13/17
conducted [1] 5/1
confident [1] 62/15
confidentiality [2] 55/20 81/17
confirm [1] 1/9
confirmed [5] 59/15 80/4 80/18 88/5 94/23
confirming [1] 23/17
confront [4] 53/17 54/3 54/7 73/13
confronted [1] 65/16
confused [1] 7/18
confusional [1] 5/9
connect [1] 8/6
consensus [1] 4/22
consent [2] 4/7 4/9
consequences [2] 94/14 97/8
consider [7] 5/13 10/16 11/7 38/2 39/5 49/6 51/4
consideration [2] 38/17 58/10
considered [6] 32/14 37/24 77/12 77/21 83/3 100/6
considering [2] 9/2 51/2
consistent [1] 9/25
consolidates [1] 11/18
constant [2] 13/21 14/4
consultant [7] 2/11 27/12 34/4 34/6 60/16 92/23 96/9
contact [4] 56/3 63/2 63/6 78/20
contains [1] 92/6
contends [1] 51/6
content [13] 16/12 16/12 17/4 17/10 17/10 17/14 17/21 17/23 18/6 18/10 58/5 60/12 83/17
contents [2] 1/9 30/11
context [19] 9/7 10/15 11/16 18/12 66/25 67/7 67/17 72/20 73/9 73/16 74/14 83/5 85/11 92/17 92/18 95/3 95/6 95/14 97/17
continuation [1] 43/8
continue [2] 8/11 62/20
continues [1] 3/4
contradict [1] 70/2
contributing [1] 5/8
control [7] 13/23 14/10 14/15 15/7 15/8 15/13 15/14
conversation [13] 4/12 6/25 7/24 65/14 66/10 82/13 91/12 93/16 94/7 94/13 94/17 95/14 96/24
coordinator [3] 3/15 3/16 24/22
copy [4] 2/17 25/4 35/1 57/8
core [61] 2/5 2/19 2/25 4/2 4/11 12/19 13/1 18/19 19/14 19/17 20/7 20/14 20/17 22/2 22/8 22/17 22/24 23/22 24/15 24/16 31/24 33/10 33/17 37/3 37/4 37/20 41/3 41/10 41/22 42/9 46/14 46/16 46/20 47/16 48/14 48/19 48/25 49/5 49/6 49/13 49/17 49/19 50/9 50/12 50/19 50/25 51/2 51/15 51/16 51/22 68/21 76/21 76/25 77/2 77/6 77/7 77/15 78/6 82/9 82/20 82/24
correct [18] 2/4 2/10 2/14 3/14 4/15 30/3 30/23 32/25 34/5 35/18 39/9 54/10 66/2 84/13 92/8 99/12 99/13 100/7
correcting [1] 74/25
correction [1] 66/17
corrections [2] 30/8 30/11
corridor [1] 49/24
could [37] 4/1 11/24 15/21 17/2 17/4 17/5 19/19 22/24 24/4 25/21 32/15 50/21 50/23 51/12 52/1 53/3 58/15 62/3 68/18 70/3 70/19 72/11 72/20 73/23 74/6 74/22 75/12 81/3 81/16 83/25 84/10 88/18 89/8 89/22 92/21 97/19 99/12
couldn't [4] 16/17 16/18 68/18 88/21
couple [2] 69/24 86/17
course [7] 14/2 26/3 69/22 73/8 86/13 87/7 96/7
Court [1] 2/22
cover [3] 22/13 31/4 32/18
covered [1] 33/11
covering [1] 2/8
CPA [6] 3/14 24/2 24/22 24/24 35/25 37/3
CPD [3] 34/24 37/9 37/18
create [1] 87/18
created [1] 90/5
CRHT [1] 29/3
crib [4] 19/14 20/12 21/22 22/11
criminal [1] 40/2
Crisis [1] 29/3
criteria [1] 100/2
Current [2] 20/1 20/3
cylinders [1] 23/7

D

damage [1] 40/2
danger [5] 40/10 64/19 65/22 91/19 95/19
dangers [1] 73/13
dare [1] 71/1
date [1] 84/18
dated [3] 1/8 30/4 30/6
dates [1] 36/5
Datix [1] 81/14
day [15] 26/3 26/3 27/21 28/6 30/24 41/4 44/23 49/18 70/11 77/13 77/16 77/17 84/20 84/21 85/2
days [2] 74/23 87/8
de [1] 50/1
de-escalation [1] 50/1
deadlines [1] 82/18
deal [7] 9/4 32/16 51/20 55/23 61/17 76/14 78/14
dealing [4] 51/23 51/24 54/16 55/3
dealt [1] 47/2
death [2] 73/18 78/17
December [1] 66/6
decides [1] 36/13
decision [2] 68/20 79/5
declined [1] 86/20
dedicated [2] 51/7 51/8
definitively [1] 43/19
degree [1] 8/19
delayed [1] 49/1
delegated [1] 77/25
delusion [1] 89/7
delusional [4] 16/16 16/19 16/20 18/6
delusions [3] 15/7 15/12 18/7
demonstrated [2] 47/19 88/22
denies [5] 7/10 13/22 14/6 15/17 79/11
depend [1] 92/17
depending [1] 18/14
depends [2] 50/16 50/19
deployed [1] 31/5
depth [3] 3/25 38/25 39/3
describe [9] 16/16 32/3 32/24 41/13 43/4 47/12 50/3 66/14 79/4
described [14] 8/25 10/11 32/21 34/2 40/25 48/3 48/4 58/9 62/3 62/25 64/22 77/2 82/15 88/16
describes [4] 40/1 61/24 74/4 79/7
describing [2] 39/20 56/23
description [8] 10/12 13/4 15/12 22/1 40/12 40/17 44/4 79/15
desire [1] 56/23
detail [6] 41/7 41/18 71/7 80/14 81/14 83/18
detailed [2] 22/19 48/14
details [4] 10/24 11/24 39/16 80/13
detained [4] 2/21 6/18 7/2 62/14
deteriorated [1] 8/17
deterioration [3] 8/13 9/10 98/25
determine [1] 11/24
developing [1] 56/11
diagnoses [1] 11/15
diagnosis [5] 9/2 10/17 14/20 51/11 90/17
dialogue [1] 72/16
dialogue' [1] 79/2
did [35] 1/24 5/24 7/11 10/5 11/21 13/23 15/17 21/24 26/2 26/16 27/10 34/23 35/19 36/8 38/25 39/4 46/10 49/6 52/17 52/19 53/7 57/1 57/24 65/10 69/20 79/3 80/6 80/20 82/16 86/12 87/3 93/4 93/22 97/21 97/23
didn't [23] 20/9 28/3 33/9 34/20 34/24 35/17 36/24 47/8 47/10 47/18 50/25 62/15 62/23 63/4 69/19 76/17 77/25 81/11 81/12 82/2 98/10 99/6 100/3
different [12] 7/11 52/15 52/23 53/3 53/9 69/5 69/6 87/18 89/2 89/2 95/22 96/14
differential [1] 51/11
differentials [1] 81/10
differentiated [1]

D

differentiated... [1] 100/9
differently [2] 38/2 38/4
differing [2] 87/12 87/13
difficult [7] 32/22 33/4 38/6 47/16 55/14 63/10 68/23
difficulties [1] 49/4
difficulty [2] 36/20 70/23
DINSDALE [2] 1/4 101/3
direct [3] 65/1 93/4 99/25
directed [4] 61/3 61/4 61/6 61/10
directly [7] 18/5 63/1 63/7 76/23 77/8 79/23 82/19
discharge [12] 4/4 8/3 18/21 38/19 43/13 43/15 45/20 46/3 68/8 74/5 88/17 97/14
discharged [2] 7/17 81/23
discharging [1] 98/23
disclosed [1] 59/13
discontinuation [1] 86/11
discontinued [2] 7/10 86/7
discussed [9] 1/15 14/2 22/10 44/11 44/17 47/3 58/3 77/14 95/6
discussing [1] 58/5
discussion [23] 4/20 10/1 10/1 16/8 39/10 44/7 47/5 58/22 59/18 66/12 67/24 82/10 82/22 84/1 90/9 91/1 91/2 91/14 91/23 92/21 95/9 96/22 96/23
discussions [2] 27/7 83/9
disorder [1] 5/17
display [1] 25/4
displayed [1] 75/1
displays [1] 25/9
disposal [1] 11/6
disruption [1] 92/22
distinction [1] 71/5
distortion [1] 13/22
distracted [2] 79/1 79/12
disturbance [1] 14/7
disturbed [3] 77/9 77/12 77/21
disturbing [1] 79/16
do [45] 5/6 9/16 12/2 13/1 13/8 14/12 16/5 18/14 19/16 19/17 21/18 22/20 22/21 23/1 23/22 24/4 26/4 26/20 41/13 43/10 44/14 46/2 54/12 58/18 58/21 70/21 73/22 83/25 84/18 84/21 86/8 86/25 87/18 87/24 88/23 89/16 90/2 91/4 92/15 92/18 94/22 95/2 96/6 98/13 99/22
doctor [16] 2/16 3/18 4/21 23/14 25/7 30/16 31/9 31/11 33/24 34/3 39/20 50/17 74/1 77/8 81/8 85/1
doctors [6] 3/12 3/12 31/4 32/18 33/21 92/15
document [43] 4/24 4/25 13/1 20/17 21/25 23/8 24/2 24/21 24/23 24/24 34/16 35/3 37/8 37/10 37/13 39/14 42/23 43/1 44/20 45/21 47/1 48/1 49/8 50/23 51/18 52/10 55/25 57/4 57/9 57/13 58/16 59/22 60/7 60/8 66/7 66/8 67/3 67/15 67/19 67/21 70/4 90/4 91/14
documentation [2] 17/6 46/23
documented [4] 7/22 44/5 74/9 82/25
documents [2] 4/3 12/20
does [17] 10/3 10/23 19/25 20/11 33/1 35/16 36/7 50/15 63/20 79/13 85/2 85/24 91/10 93/15 94/3 94/6 94/21
Does it [3] 50/15 91/10 94/21
doesn't [7] 7/18 9/20 14/15 57/17 78/11 82/8 84/17
doing [13] 10/13 12/5 20/7 21/19 24/20 24/21 25/24 35/9 41/10 46/22 48/18 83/5 92/25
don't [32] 1/21 2/16 5/25 7/24 9/11 12/18 14/4 18/23 19/2 19/12 21/20 25/23 26/5 26/9 31/10 34/15 34/19 35/18 38/6 38/20 40/16 41/13 42/16 44/14 46/21 48/18 55/8 57/23 58/19 77/24 84/14 87/9
done [9] 26/22 38/1 38/4 49/10 49/14 50/21 77/17 77/19 77/20
door [8] 1/18 40/3 40/8 40/12 49/25 52/25 61/12 100/4
dosage [1] 27/9
dose [8] 28/12 28/13 28/15 28/16 28/25 29/3 29/5 29/7
doses [1] 86/17
dots [1] 8/6
doubt [1] 2/12
down [22] 14/25 18/18 38/21 40/8 40/12 43/4 44/6 45/19 46/13 48/6 51/24 56/16 61/25 63/11 64/17 64/24 66/13 68/6 70/8 74/2 88/4 100/4
Dr [76] 1/3 1/4 1/6 6/8 14/25 19/2 24/13 27/2 27/11 27/12 27/20 28/8 29/8 29/18 29/20 29/23 34/6 38/22 39/16 39/24 39/24 43/22 44/1 44/8 44/11 45/10 56/2 56/7 57/23 58/3 58/22 60/11 63/16 64/18 65/1 65/5 65/20 65/21 66/1 66/10 66/14 67/8 67/24 68/4 69/16 69/18 70/5 73/6 73/9 73/20 74/17 74/21 75/2 82/12 84/3 84/6 89/13 89/16 91/12 91/15 91/18 92/9 92/25 93/18 93/18 94/21 96/12 96/20 97/4 97/21 97/24 98/2 99/3 99/4 101/3 101/9
Dr ...Hakam [1] 39/16
Dr Ackroyd [6] 1/3 1/6 19/2 24/13 27/2 29/8
Dr Ibrahim [2] 39/24 44/1
Dr Ludvigsen [14] 29/18 29/23 38/22 63/16 69/16 74/17 74/21 75/2 82/12 84/3 84/6 89/13 97/24 98/2
DR RUPERT [2] 1/4 101/3
Dr Seedat [40] 27/11 27/12 28/8 34/6 39/24 43/22 44/8 44/11 45/10 56/7 57/23 58/3 58/22 64/18 65/5 65/20 66/10 66/14 67/8 67/24 68/4 69/18 70/5 73/6 73/9 73/20 89/16 91/15 91/18 92/9 92/25 93/18 93/18 94/21 96/12 96/20 97/4 97/21 99/3 99/4
Dr Seedat's [8] 6/8 27/20 56/2 60/11 65/1 65/21 66/1 91/12
dramatically [3] 71/3 71/8 71/10
draw [1] 51/10
dream [3] 56/17 70/10 70/12
dressed [1] 78/18
driven [1] 9/18
drop [1] 48/10
drug [4] 19/9 27/8 48/12 84/10
drugs [3] 85/22 85/24 86/1
during [29] 4/16 7/16 31/21 31/22 32/4 32/7 33/12 33/16 34/16 35/11 35/13 37/3 38/23 40/24 43/12 43/16 43/20 43/22 47/23 51/21 65/17 69/22 74/8 80/7 82/13 87/7 87/16 91/11 92/19
duty [1] 2/7

E

e-learnin [1] 35/24
e-learning [3] 25/14 25/22 25/25
earlier [6] 12/15 12/16 27/15 62/25 86/23 88/9
early [2] 32/10 98/25
earshot [1] 1/20
easy [1] 85/5
economic [1] 38/13
effect [4] 8/13 9/10 96/1 100/4
effective [7] 28/12 28/13 28/15 28/16 29/5 97/10 97/15
effectively [1] 3/2
effects [2] 5/18 65/17
eight [3] 25/14 25/16 25/21
EIP [4] 37/16 37/25 38/11 38/17
either [2] 19/2 36/16
electrocardiogram [1] 5/2
electronic [1] 43/3
element [3] 45/15 45/17 45/17
elements [1] 98/17
elevated [1] 59/12
elicited [2] 15/12 82/21
else [7] 2/20 10/5 10/7 10/19 26/25 40/11 58/13
elsewhere [1] 15/14
email [1] 34/20
emanates [1] 55/12
emerged [1] 54/22
enables [1] 78/4
enacted [1] 28/9
encounter [3] 48/25 49/16 72/13
end [10] 22/23 49/24 64/20 67/22 70/13 73/7 91/22 93/12 97/1 99/7
engage [1] 49/7
engaging [1] 4/12
enough [2] 66/23 83/2
ensure [1] 95/15
enter [2] 53/16 54/3
entered [3] 49/15 54/2 56/7
entire [2] 60/7 60/9
entries [9] 13/25 35/9 36/2 37/18 52/12 57/14 60/6 66/22 74/14
entries: [1] 35/23
entries: one [1] 35/23
entry [42] 6/8 8/11 18/18 22/1 24/4 27/11 27/16 27/19 28/8 39/15 44/20 48/7 48/8 49/22 56/1 56/22 57/20 58/16 59/22 59/23 63/19 66/3 66/13 70/5 73/5 73/25 74/1 81/24 82/8 85/6 85/13 85/15 88/3 88/8 88/13 89/15 89/21 89/22 89/23 90/8 95/22 95/25
Environmental [1] 20/25
episode [4] 10/22 11/17 28/14 29/6
episodes [1] 28/15
error [3] 8/12 9/9 75/19
escalation [1] 50/1
especially [3] 32/6 32/17 87/16
essential [5] 23/13 23/16 36/22 83/10 83/24
essentially [11] 31/14 32/20 33/18 34/3 36/12 54/12 63/25 64/4 73/5 73/10 75/15
establishing [1] 19/7
et [2] 12/6 22/14
et cetera [2] 12/6 22/14
even [11] 12/15 13/5 22/20 24/3 32/5 49/16 53/24 69/7 74/8 77/9

E

even... [1] 97/13
evening [4] 27/22 28/4 75/6 75/24
event [1] 76/2
events [5] 2/21 4/5 7/1 81/19 93/15
ever [2] 46/19 83/3
every [2] 36/17 59/20
everybody [1] 2/20
everyone [1] 78/16
everything [1] 91/10
evidence [14] 2/23 4/18 11/9 12/12 12/13 28/13 28/24 51/21 54/21 60/15 67/15 69/20 70/1 74/9
evident [1] 7/13
evolve [1] 87/11
evolving [1] 51/20
exactly [1] 57/23
examination [10] 4/9 4/13 5/2 8/16 13/17 14/13 20/20 48/2 78/14 92/1
example [7] 25/12 25/19 36/25 55/17 55/21 63/5 68/7
examples [2] 8/24 12/14
exams [1] 74/15
exasperated [1] 97/2
except [1] 85/22
exchange [1] 95/5
execution [2] 78/17 82/4
existing [1] 4/2
expand [2] 13/25 67/6
expect [2] 96/8 98/21
expectation [2] 48/19 98/24
expectations [1] 49/12
expected [6] 12/8 49/16 51/17 92/24 96/3 96/13
experience [7] 8/21 9/18 9/21 9/24 33/8 34/23 38/22
experiences [9] 10/6 13/24 14/3 15/5 15/5 15/9 17/14 18/4 87/17
explain [4] 3/19 40/5 47/4 68/11
explained [2] 39/10 99/4
explaining [1] 19/24
explanation [1] 52/3
explore [1] 83/12
explored [3] 14/13 83/24 96/20
express [2] 21/15 87/4
expressed [1] 86/24
extent [1] 80/12
extremely [2] 32/22 33/3
eye [1] 78/20

F

face [1] 71/2
fact [25] 38/8 38/10 38/13 40/20 41/13 43/10 44/12 45/6 45/10 57/24 58/6 62/6 62/8 62/13 63/3 66/7 68/9 70/21 73/16 74/7 76/6 76/18 93/23 95/9 97/17
factor [7] 2/5 11/8 17/6 76/3 86/6 86/8 86/9
factors [5] 5/14 5/16 11/6 20/24 20/25
factual [1] 30/8
failed [2] 76/14 88/22
failure [1] 76/6
faint [1] 79/8
fairly [1] 60/14
fall [1] 15/10
fallen [3] 59/6 71/21 72/8
familiar [1] 46/22
families [1] 69/17
family [16] 10/19 10/21 10/21 11/2 19/10 20/2 47/3 48/7 48/15 48/20 48/21 54/19 54/20 55/5 84/6 91/4
Family/Carers [1] 91/4
far [3] 1/10 37/15 69/10
fear [2] 45/25 52/19
feature [4] 22/16 22/17 22/17 89/6
fed [1] 82/24
feed [1] 82/11
feedback [3] 67/25 68/4 90/25
Feedback/Ward [1] 90/25
feeding [1] 82/22
feel [8] 13/23 14/8 14/15 38/25 52/19 58/18 58/21 78/24
feeling [2] 14/10 72/21
feelings [2] 15/8 15/14
fellow [2] 30/19 36/21
fellowship [2] 30/19 35/13
felt [4] 16/24 17/1 39/2 39/3
female [1] 42/24
Feven [2] 80/6 80/8
few [11] 20/13 24/9 34/2 39/21 45/20 48/4 49/18 54/24 55/24 69/9 90/7
fifth [3] 35/9 56/16 70/7
filling [3] 31/14 32/20 33/21
final [12] 37/7 42/23 44/23 44/25 45/22 56/17 59/22 63/13 63/15 66/22 67/3 82/3
finally [2] 21/7 22/23
finding [1] 70/23
fine [1] 24/5
finished [3] 6/1 50/18 62/20
firing [1] 23/6
first [57] 2/25 7/16 10/14 11/16 14/3 15/10 17/15 20/13 23/1 27/13 28/14 30/4 30/9 30/14 31/22 33/17 33/25 35/13 39/7 39/7 41/1 41/7 41/15 42/25 43/11 45/22 45/25 46/20 46/23 48/7 48/24 49/11 53/8 63/25 64/16 66/8 66/20 72/1 72/13 74/12 74/25 75/8 75/12 75/16 75/23 81/23 84/7 86/16 87/16 87/23 90/7 90/24 91/16 92/14 93/10 95/7 100/2
first-floor [2] 41/15 42/25
firstly [3] 17/11 25/24 90/4
fitted [1] 100/2
five [6] 11/12 28/19 29/12 42/22 64/17 96/5
fixation [2] 13/12 80/9
flag [1] 22/18
flagged [1] 36/19
flat [9] 40/3 40/9 45/24 52/20 53/6 53/16 54/3 78/24 94/14
flats [3] 40/22 86/25 94/15
floor [6] 41/1 41/15 42/25 43/12 45/25 62/15
floridly [1] 86/9
fluctuating [2] 9/7 9/11
focus [2] 47/24 90/1
folate [1] 5/10
follow [6] 12/19 50/15 91/10 94/21 98/23 98/24
follow-up [2] 98/23 98/24
followed [3] 52/18 53/24 93/12
following [7] 30/18 52/13 52/17 53/23 58/3 63/14 75/8
follows [2] 48/8 56/13
force [1] 81/24
forces [1] 23/25
forensic [2] 20/19 80/1
Forgive [3] 42/22 45/8 50/17
form [2] 17/5 49/2
forma [1] 46/24
formal [1] 19/7
formed [1] 72/22
forms [1] 70/19
formulation [3] 11/7 51/10 55/11
forums [1] 4/21
forward [5] 23/3 44/19 68/14 85/12 88/8
found [4] 64/23 68/21 77/9 97/9
Foundation [2] 33/24 39/20
four [3] 31/16 39/1 73/24
four months [1] 31/16
fourth [1] 95/2
fractured [1] 80/8
fractures [1] 81/6
FRANCES [3] 29/20 29/25 101/9
frank [6] 66/11 66/11 95/9 96/21 96/23 97/12
free [2] 1/17 86/19
frequently [2] 4/16 78/25
full [4] 7/9 8/20 29/23 81/11
fullest [1] 81/21
fully [1] 43/12
function [3] 13/16 14/22 24/16
functional [1] 56/14
funded [1] 69/7
further [9] 1/21 22/19 24/8 26/15 34/24 47/10 48/6 61/24 73/22
FY [1] 33/24

G

gain [2] 40/8 40/22
gather [1] 6/13
gave [3] 27/16 84/18 85/2
GCSEs [1] 11/21
general [5] 11/12 11/13 20/8 63/9 72/21
generally [5] 32/9 33/8 58/7 68/19 90/7
generic [2] 21/1 21/2
get [19] 3/24 6/12 13/16 17/13 27/5 48/21 52/21 53/6 54/9 61/11 63/1 65/11 72/20 81/11 83/6 84/16 87/10 97/3 99/15
getting [2] 14/17 24/25
give [2] 78/9 84/17
given [16] 2/23 4/23 8/13 8/24 9/10 9/19 11/16 22/5 31/10 52/3 54/8 70/1 73/9 73/16 74/9 89/2
gives [1] 13/3
giving [2] 4/5 69/20
glass [1] 49/25
glucose [1] 5/15
go [39] 4/1 6/11 10/6 11/19 12/8 19/22 20/23 40/16 41/3 44/5 44/6 44/19 46/13 46/25 47/1 48/1 52/10 63/17 65/12 70/6 70/13 70/19 73/5 74/2 74/22 76/6 76/25 77/18 78/2 78/12 82/8 83/17 85/11 88/8 88/14 89/23 92/3 93/7 93/8
goals [1] 14/16
goes [1] 50/3
going [17] 9/9 10/6 30/15 32/12 43/14 44/10 49/6 52/24 54/24 55/24 61/16 67/3 67/18 78/12 88/23 96/5 98/10
gold [1] 68/24
gone [5] 3/24 16/9 55/2 75/24 81/24
good [5] 17/14 20/15 23/10 63/5 74/21
gossip [1] 10/24
got [14] 1/12 8/17 16/10 18/23 22/11 25/3 28/4 34/20 52/16 90/13 90/15 90/17 90/19
gradual [2] 13/10 13/13
gradually [3] 12/6 12/7 28/25
graduate [1] 30/18
graduated [1] 30/16
grandfather [1] 10/22
grandparent [2] 11/11 11/14
grateful [1] 75/11
great' [1] 78/24
greater [1] 83/18

G

green [1] 36/16
grey [1] 19/1
ground [1] 75/24
guarded [2] 47/14 78/20
guessing [1] 68/8
guidance [2] 38/2 68/25
guide [1] 34/14
guidelines [4] 28/18 37/14 37/19 37/24

H

had [104]
hadn't [5] 7/20 8/8 77/19 77/19 78/1
halfway [2] 18/18 88/4
hallucination [1] 9/19
hallucinations [6] 8/22 8/23 13/20 17/10 87/13 89/5
hand [1] 78/20
handed [1] 77/19
hands [1] 60/2
happen [10] 42/6 52/18 64/20 65/22 82/2 91/20 92/24 93/13 93/21 94/2
happened [2] 28/2 75/17
happening [2] 53/3 87/15
happens [1] 65/20
happily [1] 14/23
happy [2] 20/12 66/23
hard [1] 71/4
harder [1] 97/4
harm [17] 18/9 21/6 21/8 21/20 22/17 40/11 52/2 56/24 57/18 58/2 58/6 58/9 58/13 72/3 76/2 80/23 99/24
harming [5] 21/15 57/25 60/17 71/3 71/8
has [22] 2/23 3/24 4/16 7/19 15/12 22/25 25/23 44/21 56/7 59/25 60/16 61/10 79/13 79/17 79/23 82/12 82/13 82/15 82/16 83/19 85/16 90/1
hasn't [1] 7/19
hatch [1] 1/19
have [144]
haven't [13] 7/24 8/1 8/3 8/24 15/11 16/10 21/11 21/25 26/18 30/2 57/8 64/22 66/17
having [13] 7/14 26/22 37/24 37/24 50/3 60/6 70/23 74/7 79/2 79/7 83/14 86/12 95/6
HbA1c [1] 5/15
he [188]
he'd [7] 8/8 27/10 27/24 33/25 53/24 62/15 77/12
he's [29] 7/7 7/18 8/16 8/17 8/17 8/17 8/25 14/5 14/11 14/14 14/16 14/18 14/19 16/9 16/10 16/11 16/13 16/13 16/20 17/7 53/1 65/16 71/4 71/4 71/9 79/18 83/19 87/23 95/8
head [4] 16/25 36/10 60/2 98/12
headed [1] 35/16
heading [12] 39/25 40/1 41/5 44/3 52/11 64/16 90/5 90/24 90/25 91/11 91/25 92/3
headings [1] 90/4
health [19] 6/17 11/4 19/20 27/12 27/14 28/2 32/3 32/6 33/7 34/14 35/10 35/15 42/21 51/5 68/16 68/22 79/13 79/16 98/18
healthcare [3] 31/5 36/12 65/25
hear [4] 1/6 12/18 14/7 52/1
heard [2] 80/14 99/9
hearing [10] 12/12 25/10 52/24 56/21 57/8 60/8 70/18 71/4 71/9 79/8
hearted [1] 7/9
held [2] 15/18 16/14
help [7] 11/24 40/10 43/17 81/11 84/23 85/2 89/25
helped [2] 98/20 98/21
helpful [6] 4/3 17/24 35/8 63/5 63/6 67/5
her [4] 52/2 80/6 80/8 80/9
here [10] 7/3 13/1 19/1 21/9 36/20 44/6 47/18 96/15 97/18 100/11
herself [3] 44/13 45/7 76/8
hesitating [1] 55/7
high [8] 32/9 59/6 71/22 72/8 72/11 72/17 72/18 72/25
Highbury [3] 2/8 2/24 31/2
higher [1] 73/1
highest [1] 58/14
highlighted [5] 36/18 38/8 38/9 44/24 89/22
highly [1] 76/15
him [56] 2/24 6/25 7/2 7/14 8/7 10/1 10/1 10/10 13/7 13/21 14/9 14/14 14/18 27/22 28/4 40/20 40/21 44/10 47/9 47/12 47/25 48/3 49/25 52/13 52/13 52/17 52/18 53/4 53/16 53/23 53/23 53/24 54/8 55/3 56/19 65/20 67/25 70/14 70/16 71/2 72/13 72/14 73/13 76/8 76/16 77/9 84/15 86/14 87/15 95/8 95/18 97/2 97/3 97/12 97/13 98/23
him/torment [1] 53/16
him/watching [1] 52/13
hindsight [3] 9/15 16/15 17/8
his [81] 7/6 8/13 9/10 9/19 10/2 10/22 11/21 11/25 13/23 14/14 14/15 14/16 15/7 15/8 15/12 15/14 16/25 27/16 31/22 31/22 33/25 40/10 42/5 43/10 43/13 47/9 47/23 48/10 50/6 52/1 52/21 52/25 53/16 53/25 54/8 54/18 54/20 54/22 55/5 56/4 58/3 59/16 59/19 61/13 65/6 65/17 70/12 71/12 73/13 74/5 78/15 79/6 79/10 80/1 81/15 82/18 83/6 83/11 83/22 85/24 86/7 86/13 86/18 86/19 88/5 88/10 88/17 88/19 89/5 90/17 92/10 93/4 93/24 94/1 95/7 95/11 95/19 96/12 96/20 97/7 97/13
history [30] 4/9 6/7 7/6 10/19 10/21 10/21 11/3 11/5 11/20 13/1 19/18 19/20 20/1 20/2 20/3 20/16 20/18 20/19 23/9 41/6 47/2 47/3 47/10 48/11 51/23 51/24 52/23 53/21 78/3 78/5
hm [12] 36/1 37/12 41/12 52/5 52/7 61/22 73/15 78/10 90/18 90/21 91/21 99/19
home [1] 77/18
hoped [1] 52/16
hospital [6] 2/8 2/24 23/14 31/2 31/5 79/14
hospitals [1] 32/13
hot [1] 47/21
hour [3] 25/22 37/14 81/24
hours [6] 3/6 3/6 3/7 3/10 6/4 19/10
house [2] 2/7 52/15
housemate [2] 13/3 13/7
how [21] 14/17 17/9 17/25 25/21 26/6 26/20 32/16 36/12 57/23 60/14 62/9 62/10 69/6 81/22 82/4 83/19 95/11 96/14 98/13 99/10 100/8
however [4] 32/7 37/2 43/10 73/20
hugely [1] 14/20
hurt [5] 56/20 57/15 57/16 58/2 70/17

I

I actually [1] 65/7
I agree [3] 53/2 53/8 63/8
I already [1] 72/17
I apologise [1] 76/10
I ask [6] 2/15 13/17 69/16 74/17 74/21 89/13
I asked [2] 64/6 72/13
I basically [1] 34/20
I be [1] 80/7
I believe [1] 44/11
I call [1] 1/3
I can [9] 6/13 7/15 16/16 19/4 21/24 52/9 54/20 60/2 64/10
I can't [7] 7/24 26/19 26/22 26/23 43/19 46/11 83/9
I certainly [1] 42/18
I check [1] 75/22
I consider [1] 51/4
I could [1] 72/20
I did [1] 1/24
I didn't [1] 34/20
I do [4] 13/1 23/22 43/10 70/21
I don't [17] 1/21 5/25 7/24 9/11 14/4 18/23 25/23 26/5 31/10 35/18 38/6 46/21 48/18 55/8 57/23 77/24 84/14
I feel [1] 58/18
I felt [2] 39/2 39/3
I finished [1] 6/1
I first [1] 35/13
I found [2] 68/21 97/9
I go [1] 74/22
I got [1] 28/4
I had [4] 8/7 33/23 46/21 68/17
I have [3] 1/14 38/8 62/21
I haven't [8] 7/24 8/1 8/3 8/24 15/11 16/10 21/11 21/25
I imagine [1] 23/6
I interrupted [1] 50/17
I just [8] 24/5 25/2 26/9 27/2 67/10 73/22 80/17 80/19
I knew [1] 43/19
I know [7] 4/15 55/16 55/18 55/21 58/19 60/1 60/6
I left [1] 55/17
I may [3] 29/17 69/25 82/23
I mean [8] 7/4 7/6 23/4 26/7 32/15 54/20 54/22 81/8
I mentioned [1] 43/21
I might [2] 6/3 8/6
I not [1] 58/21
I note [1] 61/2
I only [1] 66/20
I outlined [1] 11/9
I probably [2] 25/24 69/4
I put [2] 7/12 8/22
I recall [1] 4/20
I refer [1] 85/10
I remember [1] 66/10
I represent [1] 84/6
I reviewed [1] 3/22
I saw [3] 1/18 5/25 23/5
I see [3] 24/9 60/16 87/12
I should [1] 87/6
I sort [1] 8/14
I still [1] 19/1
I suggested [1] 68/7
I suppose [2] 6/18 17/23
I suspect [2] 43/20 49/25
I talk [1] 9/13
I talked [1] 9/12
I then [2] 26/11 76/20
I think [86] 1/23 2/11 3/12 6/21 7/4 8/14 9/11 9/25 11/10 11/17 12/10 12/12 12/17 14/2 14/5 14/12 14/14 14/15 16/11 16/19 16/19 17/13 17/15 18/2 18/9 18/24 19/22 22/6 22/9 22/11 22/11 23/13 23/15 23/16 23/24 24/2 24/19

I

I think... [49] 24/19 24/22 24/24 24/25 26/5 27/3 29/1 29/9 32/5 36/20 38/7 39/3 39/4 43/21 43/22 50/16 50/17 50/19 50/22 54/20 55/6 58/5 58/11 59/3 59/15 60/1 60/10 60/10 62/21 67/6 68/15 69/9 74/1 78/16 80/13 84/22 85/5 85/9 86/3 86/17 86/21 87/14 87/14 88/24 89/2 97/9 97/16 98/14 99/11
I thought [3] 50/18 58/18 62/20
I took [2] 27/18 36/17
I understand [1] 67/7
I understood [2] 81/1 93/23
I want [9] 37/7 39/24 49/20 51/20 63/11 63/13 68/11 78/14 89/23
I was [19] 24/25 27/22 31/10 32/20 36/20 37/22 48/18 49/12 51/12 51/14 51/14 58/20 59/2 68/19 69/1 80/15 96/5 99/2 99/3
I wasn't [5] 57/3 59/20 83/8 83/8 84/2
I were [1] 22/4
I will [1] 20/13
I wish [1] 49/14
I would [23] 1/11 3/22 3/23 4/1 4/3 4/4 5/4 8/2 16/7 17/6 21/22 22/4 23/4 26/1 26/20 37/2 38/12 50/13 62/5 64/11 75/11 95/25 95/25
I wouldn't [5] 6/4 20/14 24/1 77/18 92/24
I'd [9] 7/13 20/15 26/8 28/8 33/10 33/11 33/13 47/9 49/14
I'll [4] 15/23 19/2 35/2 96/5
I'm [31] 12/25 15/11 19/1 19/23 20/9 20/10 20/12 23/12 30/15 38/20 43/14 44/6 46/11 53/1 54/24 55/6 55/7 58/11 60/17 60/18 60/18 62/15 67/3 67/18 70/23 70/24 77/20 78/12 81/8 81/15 100/1
I've [18] 1/12 6/25 7/22 8/3 8/25 12/25 14/2 14/5 14/11 14/11 14/13 16/6 18/23 26/18 38/8 76/11 77/15 80/13
Ibrahim [3] 39/17 39/24 44/1
idea [2] 7/19 15/6
ideal [1] 23/11
ideas [2] 13/12 15/7
identified [1] 73/7
identifies [1] 8/12
identify [2] 7/25 9/17
identifying [1] 54/6
ie [4] 10/10 14/6 14/14 51/11
if [91] 2/15 3/6 3/14 4/7 6/11 10/15 11/2 11/8 11/13 11/19 16/16 19/15 19/22 20/23 21/1 21/23 22/4 22/11 24/3 25/18 26/5 27/5 29/17 35/2 36/18 37/7 37/9 38/2 39/5 41/3 42/20 43/3 44/5 44/6 44/19 45/10 45/19 45/19 46/13 46/17 47/1 50/20 52/10 53/18 54/7 54/11 54/12 54/13 54/20 55/6 55/23 57/12 59/11 59/22 59/22 60/20 61/15 65/12 67/5 67/7 69/25 70/6 70/19 72/6 72/20 73/23 75/11 76/5 76/10 76/25 77/19 77/19 78/2 79/10 81/8 83/19 86/7 86/9 89/22 89/22 91/25 92/3 92/9 92/20 93/7 95/17 96/1 96/9 96/12 99/15 100/2
illicit [3] 84/10 85/24 86/1
illness [8] 12/1 12/4 12/11 56/14 86/13 89/6 89/7 96/21
images [1] 32/13
imagine [1] 23/6
imminent [1] 96/10
Imp [1] 18/20
impact [1] 62/9
impacted [1] 62/4
impactful [1] 13/16
implied [2] 4/9 58/14
important [16] 17/9 17/13 18/3 18/11 37/23 42/2 45/11 45/17 47/22 48/21 58/10 62/22 63/10 68/15 86/22 92/20
impossible [2] 17/3 84/16
impression [1] 47/12
improve [2] 86/18 86/21
improved [1] 22/25
inaccuracies [1] 74/25
inadequate [1] 5/12
incentivised [1] 23/24
incident [20] 2/23 26/14 26/15 26/17 41/14 49/19 50/5 53/2 53/7 65/18 65/23 75/5 75/8 75/22 80/1 81/14 81/20 94/1 99/21 100/2
incidents [7] 40/20 40/21 52/6 53/17 99/17 99/20 99/23
include [3] 33/1 42/4 45/12
included [6] 33/11 41/18 62/5 75/13 78/5 96/24
includes [2] 25/16 39/23
including [2] 5/10 62/8
incomplete [3] 40/17 44/4 45/4
incongruous [1] 78/23
inconvenient [1] 29/9
incorrectly [1] 76/11
increase [3] 27/10 29/7 86/6
increased [1] 27/9
increasing [1] 13/12
indeed [1] 21/21
indicate [2] 84/9 88/24
indicated [2] 86/24 87/24
indicating [1] 63/16
indication [1] 60/3
indications [1] 22/5
indistinct [1] 79/9
individual [6] 10/12 12/10 14/19 17/15 20/24 99/25
Individually [1] 21/6
individuals [1] 12/3
induction [1] 34/19
inflicting [1] 57/18
influence [1] 2/13
influences [1] 2/13
inform [1] 18/10
information [44] 2/12 3/20 8/7 20/8 20/10 20/21 23/2 24/4 41/23 41/25 42/2 42/8 42/17 42/19 43/5 43/17 46/25 46/25 47/25 48/15 51/10 54/25 55/15 55/19 55/21 61/20 62/1 62/22 63/1 63/3 63/4 63/7 63/8 63/9 71/13 76/15 76/22 81/12 81/16 81/21 82/23 87/7 87/10 92/20
informs [1] 18/5
inheritability [1] 11/10
initial [3] 23/20 47/23 51/9
Initially [1] 53/8
injured [3] 44/12 45/6 76/8
injuries [5] 43/11 46/1 46/6 80/6 80/16
injury [10] 46/7 72/12 80/12 80/19 80/21 80/24 81/1 81/1 81/12 100/5
inpatient [8] 32/17 33/9 33/11 33/12 34/15 38/18 51/5 74/11
Inquiry [3] 1/9 4/17 30/1
ins [1] 8/4
insertion [2] 15/24 79/11
inside [1] 16/25
insidious [3] 12/11 13/8 13/9
insight [14] 6/19 7/7 8/19 9/7 9/11 9/14 9/21 64/19 65/6 91/19 95/8 95/11 95/15 96/20
instance [3] 5/9 18/7 56/22
instead [3] 19/13 49/10 52/18
instruction [1] 27/16
intelligent [1] 14/18
intended [2] 50/20 66/18
intending [1] 93/14
intention [3] 50/19 56/23 91/13
intentions [1] 40/10
interaction [2] 1/22 84/15
interactions [5] 31/21 32/2 36/6 36/11 39/5
interest [2] 71/11 71/13
interference [5] 15/17 15/23 16/7 16/23 17/5
internal [2] 72/16 79/2
Interpersonally [1] 21/7
interpretation [4] 53/22 65/4 67/12 67/16
interpreted [1] 67/8
interrupt [2] 67/11 77/24
interrupted [1] 50/17
intervention [1] 47/20
interview [2] 66/6 94/24
interviewed [1] 65/24
into [20] 21/16 23/14 40/8 45/24 56/7 58/19 66/1 76/17 79/21 81/25 83/6 83/17 86/25 91/3 92/11 93/25 94/14 95/11 95/18 96/20
introduced [1] 26/21
invading [1] 52/21
invented [1] 17/22
investigation [4] 22/19 22/20 66/1 81/21
involve [1] 67/24
involved [7] 20/22 72/18 75/10 75/21 79/25 83/8 90/15
involvement [5] 3/4 18/17 39/6 48/21 75/18
involving [2] 38/17 80/1
irrelevant [2] 17/21 17/23
is [222]
is: [1] 21/13
is: when [1] 21/13
isn't [21] 9/16 14/9 22/16 24/23 40/13 42/3 43/2 44/4 45/5 49/22 51/7 51/7 52/23 55/21 56/2 56/23 59/8 59/10 60/3 63/17 66/2
isolation [1] 97/19
issue [14] 6/2 22/18 25/2 51/3 51/4 51/18 51/20 55/23 83/13 84/7 86/4 86/23 87/20 98/3
issues [4] 26/12 98/13 98/15 99/11
it [282]
it's [125]
Italy [1] 32/13
items [1] 35/7
its [3] 42/9 66/5 90/6
itself [9] 1/14 4/6 4/23 6/22 17/21 24/2 79/20 89/6 99/14

J

jealousy [1] 18/7
job [2] 55/17 77/18
join [1] 29/11
joining [1] 29/8
journey [1] 23/10
judgement [1] 47/4
July [17] 2/20 26/17 28/2 28/5 31/19 37/13 38/5 61/16 61/24

J

July... [8] 63/12 63/15 73/6 73/23 88/4 88/14 89/16 99/18
July 2020 [1] 38/5
jumped [5] 41/1 45/24 75/25 76/7 76/18
jumping [5] 41/14 42/25 43/11 75/5 75/9
jumps [1] 100/5
June [6] 37/10 44/21 45/14 52/8 61/7 70/5
June 2020 [1] 44/21
junior [4] 3/12 30/19 31/4 33/21
just [80] 1/11 1/24 4/5 4/15 6/10 6/21 6/24 7/13 7/17 9/5 12/6 12/7 13/25 14/5 14/25 19/15 19/24 20/10 22/16 24/5 24/13 24/14 24/24 25/2 26/5 26/5 26/9 27/2 27/4 27/5 27/6 28/8 28/11 29/12 35/7 40/13 42/11 49/14 53/20 54/24 55/1 55/24 57/21 65/12 67/5 67/6 67/10 67/22 69/24 69/25 70/13 71/5 71/14 72/20 73/5 73/22 76/5 77/22 78/3 78/4 80/4 80/14 80/17 80/19 82/3 82/4 82/21 84/23 85/20 88/10 88/15 89/4 89/14 89/22 93/7 96/9 98/2 98/9 99/14 99/15
justification [2] 6/18 6/21

K

KC [1] 24/15
keep [1] 34/10
key [5] 3/3 22/17 22/25 41/25 63/4
kick [1] 49/24
kicked [1] 40/3
kicking [3] 61/24 62/12 100/4
killing [5] 64/20 73/8 91/22 96/10 99/7
kind [10] 1/18 9/13 13/13 14/17 16/15 33/13 41/17 55/21 60/15 63/8
kinds [1] 100/9
King [1] 59/11
knew [5] 32/11 41/22 43/19 80/5 80/18
know [30] 4/15 5/12 9/11 10/24 16/11 17/16 17/21 17/23 18/11 23/25 25/23 26/5 26/9 43/10 48/18 55/16 55/18 55/21 58/19 60/1 60/6 62/15 68/15 77/3 80/6 82/9 84/14 84/18 84/21 100/3
knowing [1] 17/24
knowledge [5] 30/12 59/18 59/20 68/18 76/1
known [7] 3/13 41/18 42/1 43/12 43/17 60/23 82/1
knows [2] 71/1 78/17
knuckles [1] 78/19

L

laboratory [1] 6/6
lack [1] 25/1
LANGDALE [3] 1/5 24/15 101/5
largely [1] 3/2
largest [1] 11/10
last [7] 52/14 66/20 74/5 87/20 88/17 89/21 99/5
Lastly [1] 96/17
later [6] 5/24 5/25 9/12 28/4 50/22 81/24
lead [4] 30/21 56/12 73/17 78/7
Leadership [1] 30/19
leading [3] 40/18 86/6 95/6
learnin [1] 35/24
learning [7] 2/12 25/14 25/22 25/25 30/21 37/23 38/11
learnt [1] 37/16
least [3] 8/19 13/4 22/18
led [5] 7/1 52/4 65/13 75/9 75/20
left [3] 36/22 55/17 77/12
legal [1] 55/15
lending [1] 8/18
let's [2] 77/22 78/2
level [12] 14/21 50/7 58/2 58/9 58/14 59/2 60/12 62/2 68/10 68/12 73/17 83/7
levels [4] 5/15 5/21 11/21 90/20
Liam [1] 2/23
life [3] 13/24 14/14 14/22
light [5] 36/24 38/22 49/4 61/6 87/7
like [7] 16/24 17/1 22/12 32/8 58/18 60/18 98/23
likely [8] 3/10 5/11 10/17 10/17 86/10 97/22 98/11 99/6
limitations [1] 3/25
limited [3] 33/8 34/23 38/22
limits [1] 38/24
line [4] 21/13 60/18 66/19 97/19
lines [7] 5/19 7/5 14/3 45/22 64/17 68/6 91/17
linked [1] 83/15
lipid [1] 5/15
list [2] 21/14 39/23
little [2] 15/1 68/17
living [1] 13/7
local [2] 68/16 69/10
logging [1] 26/6
logic [1] 29/6
long [3] 38/7 69/17 78/22
longer [1] 19/24
longest [1] 70/8
look [36] 2/1 3/19 3/23 4/2 4/3 4/4 4/7 9/22 21/13 25/18 32/2 34/8 35/3 37/7 37/9 39/13 42/20 43/24 45/19 49/20 56/8 59/22 59/23 63/11 63/17 66/5 67/5 76/5 76/20 81/13 82/4 89/14 89/19 90/4 90/5 93/10
looked [12] 7/14 8/3 8/4 27/4 40/13 42/11 52/8 57/21 60/6 86/12 88/9 98/3
looking [22] 5/15 6/13 7/5 10/2 11/15 11/24 12/8 12/22 14/16 35/7 37/18 37/19 64/15 67/25 69/22 72/15 78/25 79/1 85/13 89/15 89/24 97/16
looks [2] 15/18 22/12
lorazepam [1] 50/4
lot [1] 32/17
Low [1] 21/5
lower [1] 28/25
Ludvigsen [17] 29/18 29/20 29/23 29/25 38/22 63/16 69/16 74/17 74/21 75/2 82/12 84/3 84/6 89/13 97/24 98/2 101/9
lumbar [1] 80/8
lyrics [1] 59/11

M

made [20] 13/24 15/5 15/5 15/6 15/9 18/4 21/25 39/17 44/1 44/22 47/4 56/20 63/19 66/17 68/19 70/17 74/14 85/6 95/20 95/25
made experiences [1] 18/4
main [5] 39/15 41/7 86/6 86/8 86/9
make [10] 4/25 23/20 34/13 34/22 38/15 46/2 60/22 87/17 87/18 96/5
makes [2] 30/8 71/3
making [4] 67/9 71/4 71/8 93/19
male [1] 79/8
man [1] 2/23
manage [2] 23/18 98/19
managed [5] 62/10 96/14 98/18 98/22 99/12
management [5] 35/24 47/24 68/8 96/3 96/6
mandatory [1] 25/17
March [2] 31/18 31/18
March 2020 [1] 31/18
mark [2] 7/12 7/23
marks [4] 94/2 94/18 94/19 94/22
matter [2] 82/3 99/22
matters [2] 5/23 78/12
Maudsley [1] 28/17
may [35] 1/3 2/13 12/15 15/20 29/17 31/25 36/3 39/7 39/8 39/13 43/25 45/12 46/14 49/1 55/8 55/15 59/23 61/3 68/9 68/10 69/25 75/6 75/18 76/10 77/3 77/5 77/6 77/25 82/5 82/23 83/16 84/1 85/15 99/20 99/21
May 2021 [1] 36/3
MDT [16] 39/7 39/8 39/10 39/13 40/13 41/4 42/10 43/12 43/17 46/3 63/20 64/7 77/5 77/13 82/5 82/22
MDT's [1] 92/6
me [23] 1/6 1/18 3/23 4/5 6/1 8/1 9/17 14/5 15/12 20/15 21/13 24/8 24/14 25/9 38/9 42/22 45/8 47/22 50/17 55/14 67/5 72/15 81/11
mean [17] 7/4 7/6 12/2 13/8 22/10 23/4 26/7 32/15 35/16 54/12 54/20 54/22 77/24 81/8 85/24 87/3 90/2
means [3] 16/2 64/3 90/1
meant [9] 59/19 63/24 67/14 73/20 80/21 83/14 86/1 90/2 97/12
measures [1] 29/11
medical [7] 3/8 20/1 32/18 33/23 34/4 42/14 81/15
medication [23] 6/19 7/25 8/1 8/13 20/1 28/9 28/21 74/4 74/11 83/2 86/7 86/11 86/15 86/18 86/19 86/20 86/22 87/22 87/25 88/6 88/16 88/20 93/24
medicine [1] 55/17
meeting [1] 59/21
member [1] 1/17
members [2] 48/15 69/9
memory [3] 1/12 65/8 93/20
mental [33] 6/17 8/16 11/3 12/1 13/5 13/17 14/13 19/20 20/19 25/19 27/11 27/14 28/1 32/3 32/5 33/7 34/14 35/10 35/10 35/15 42/21 48/2 51/5 68/16 68/22 78/14 79/13 79/16 86/18 91/25 96/20 96/21 98/18
mention [2] 76/6 100/11
mentioned [10] 4/18 27/6 43/21 49/18 50/14 55/24 80/14 84/8 85/10 86/23
mentions [1] 22/2
message [4] 59/24 70/19 71/14 71/25
messages [12] 54/22 55/23 56/3 57/2 57/3 58/4 60/12 60/15 60/18 69/18 69/25 72/3
mid [1] 78/25
middle [7] 2/25 35/22 39/15 52/11 57/13 60/25 93/9
might [27] 1/24 5/7 5/20 6/3 8/6 9/6 10/2 12/3 12/4 13/11 15/8 16/1 16/22 16/24 17/21 21/15 22/2 22/18 24/3 26/2 26/9 35/8 63/5 63/6 73/17 77/20 79/7
milligrams [9] 7/10 27/9 27/17 27/24 28/11 28/14 28/16 28/19 29/2
mind [12] 8/7 15/8 15/15 16/1 26/14 51/6 52/21 53/16 58/20 77/4 81/18 88/18
mind' [1] 74/6

M

minimum [2] 28/15 29/5
minor [2] 46/1 46/6
minutes [2] 29/12 58/20
misinterpreted [1] 97/20
miss [1] 85/5
missing [3] 45/6 66/25 67/7
misuse [1] 20/6
mix [2] 17/14 75/20
mix-up [1] 75/20
Mm [29] 36/1 37/12 41/12 44/5 47/6 50/8 52/5 52/7 52/22 56/15 59/9 61/8 61/14 61/22 62/7 66/16 71/24 73/15 76/24 78/10 79/22 81/4 83/21 90/18 90/21 91/21 97/19 98/8 99/19
Mm-hm [12] 36/1 37/12 41/12 52/5 52/7 61/22 73/15 78/10 90/18 90/21 91/21 99/19
mock [4] 56/19 70/14 70/16 71/2
modules [1] 36/14
Moloney [3] 69/14 69/15 101/11
moment [4] 9/16 9/20 10/3 43/15
moments [7] 34/2 39/21 45/20 48/4 49/18 54/24 55/24
monotone [1] 78/24
month [1] 33/16
months [5] 1/11 26/19 31/16 33/18 39/1
mood [5] 13/14 15/8 15/14 21/5 78/23
moral [2] 79/5 79/6
more [34] 3/10 6/24 7/7 7/17 10/17 10/17 10/24 12/16 13/4 13/16 13/16 13/23 16/11 16/17 16/19 16/23 22/13 23/16 23/23 33/8 38/13 38/13 48/14 56/13 62/13 68/19 69/9 69/10 72/20 86/25 87/5 87/7 90/7 97/17
morning [4] 23/5 24/13 25/25 71/15
most [2] 4/25 86/10
mother [5] 40/9 48/10 52/2 52/25 56/5
motive [2] 86/25 87/5
move [4] 28/3 61/15 67/18 78/2
moved [2] 52/15 53/24
moving [1] 64/14
Mr [15] 24/9 29/21 69/14 69/15 71/14 84/4 84/5 89/11 89/12 98/9 99/5 101/10 101/11 101/13 101/14
Mr Beer [6] 24/9 89/11 89/12 98/9 99/5 101/14
MR CARR [3] 29/21 71/14 101/10
MR MOLONEY [2] 69/15 101/11
Mr Straw [3] 84/4 84/5 101/13
MS [10] 1/5 24/12 24/15 74/20 75/10 75/21 82/1 101/5 101/6 101/12
MS CARTWRIGHT [5] 24/12 74/20 82/1 101/6 101/12
MS LANGDALE [3] 1/5 24/15 101/5
Ms Palmer [2] 75/10 75/21
much [13] 12/14 12/14 12/16 18/10 38/11 42/16 47/24 48/21 52/15 68/5 85/20 89/9 97/24
multiple [1] 28/15
mundane [1] 10/12
murder [5] 59/7 71/16 72/6 72/6 72/7
must [2] 55/22 70/24
my [45] 6/2 6/14 8/2 8/7 8/7 10/1 13/1 17/6 22/1 23/4 33/10 33/17 34/20 35/13 37/3 39/2 39/2 46/22 48/17 49/8 49/9 50/10 50/13 51/6 54/1 54/25 55/4 55/17 59/6 59/20 60/2 62/4 65/8 65/8 67/14 68/21 69/11 69/12 71/21 72/13 75/11 77/16 81/10 93/20 100/8
myself [2] 5/4 58/19

N

name [2] 8/1 29/23
named [1] 8/25
namely [2] 1/14 93/18
narratives [2] 87/13 87/19
nature [2] 24/23 38/24
Ndlovu [1] 76/10
NDTs [1] 34/10
necessarily [4] 7/9 48/18 92/17 92/18
necessary [1] 22/13
need [6] 2/16 19/12 67/17 68/10 69/9 88/1
needed [3] 7/3 68/12 80/23
needs [3] 17/18 22/19 55/20
negate [1] 28/19
negative [2] 85/18 85/22
neglect [1] 78/18
neighbour [14] 43/10 44/12 45/6 45/24 53/16 65/17 65/23 75/5 75/9 75/25 76/7 76/18 81/15 94/1
neighbour's [1] 83/6
neighbouring [6] 40/22 51/25 52/20 53/6 54/3 61/12
neighbours [2] 79/10 80/1
neither [1] 23/6
never [1] 33/25
new [4] 54/24 54/25 91/25 92/3
next [21] 6/22 6/23 25/2 29/17 35/21 45/2 48/8 52/25 64/12 66/13 67/19 70/11 70/11 70/14 70/22 76/11 77/13 86/4 86/23 88/14 96/19
NGPF0002527 [2] 57/12 70/20
NHFT0000168 [17] 18/16 18/24 27/4 39/14 43/24 52/10 55/25 63/12 70/3 73/24 82/6 82/6 84/24 88/2 89/20 93/8 99/16
NHFT0000168, [1] 49/21
NHFT0000168, page 8 [1] 49/21
NHFT0000187 [1] 2/17
NHFT0000188 [3] 41/4 46/14 77/1
NHFT0000223 [1] 45/21
NHFT0007543 [1] 19/14
NHFT0015503 [1] 25/5
NHFT0019585 [1] 66/6
NICE [3] 37/14 37/24 68/25
night [1] 2/25
no [65] 2/12 10/6 10/20 14/6 20/12 21/9 21/14 24/8 25/23 25/23 25/25 26/3 26/8 28/13 31/13 31/15 32/15 34/18 34/20 35/13 35/18 37/6 38/6 41/16 44/16 44/16 44/23 45/9 48/11 48/12 50/2 50/11 51/6 51/19 53/17 55/6 57/3 57/6 57/6 58/24 62/21 64/18 67/20 72/3 72/5 72/6 76/4 78/18 78/21 80/13 81/18 85/3 85/24 86/1 87/6 91/18 95/11 96/6 97/23 97/23 98/23 99/16 99/23 100/11 100/13
Nobody [1] 26/25
NOCC0000046 [1] 42/21
nodded [11] 32/23 40/19 44/18 56/15 64/25 71/24 73/12 81/4 90/10 90/14 90/16
non [2] 31/8 65/16
non-plussed [1] 65/16
None [1] 97/23
normal [4] 5/24 14/12 14/21 78/22
normally [2] 3/12 19/25
not [109]
note [25] 15/1 27/3 39/13 39/16 39/18 40/14 42/11 43/24 43/25 44/1 44/14 44/21 45/1 45/2 45/12 61/2 63/14 63/16 64/3 64/7 67/1 84/23 87/21 90/7 94/8
noted [3] 43/13 61/7 88/4
notes [28] 2/1 3/20 3/23 4/5 5/25 6/9 6/13 7/15 8/4 18/18 27/19 34/8 34/10 38/8 43/3 49/20 61/1 63/20 63/25 64/11 64/12 64/12 66/5 67/6 74/7 74/10 86/24 99/15
Notice [1] 6/3
notorious [1] 59/10
Nottingham [2] 2/7 11/22
Nottinghamshire [1] 65/25
November [2] 1/8 30/4
now [45] 3/13 7/3 8/13 9/6 9/10 9/17 12/22 16/14 19/4 25/10 34/12 38/21 39/5 40/5 40/24 42/16 43/1 43/4 43/14 46/14 46/15 50/5 50/9 51/20 52/8 52/23 53/20 54/15 55/23 57/1 57/16 58/18 58/21 63/11 71/14 73/8 74/9 75/21 76/5 76/20 76/25 77/2 79/15 80/14 100/15
number [5] 20/5 25/16 26/1 30/8 75/19
nurse [2] 84/14 85/6
nurses [2] 1/16 32/24
Nursing [1] 91/3
nutrition [2] 5/12 5/12
nutrition -- you [1] 5/12

O

observation [1] 90/20
observed [3] 49/23 64/18 91/18
obtained [2] 11/19 53/21
obtaining [1] 47/24
obviously [10] 3/24 4/17 7/6 10/25 14/11 17/13 22/25 26/11 32/10 46/22
occasion [4] 39/7 49/5 74/12 79/7
occupant [4] 40/24 41/14 42/25 46/7
occur [1] 12/1
occurred [5] 75/6 76/2 78/11 81/19 91/11
October [1] 52/14
odd [2] 22/14 22/16
off [7] 12/7 36/22 48/10 61/24 62/12 65/19 72/15
off' [1] 62/3
offer [1] 5/20
Officer [1] 2/8
often [12] 5/11 10/11 12/3 12/8 13/10 13/15 16/7 28/20 55/21 63/10 68/23 98/17
oh [1] 69/9
okay [7] 7/3 10/2 62/11 67/13 85/4 85/8 89/9
olanzapine [2] 7/15 8/9
omission [1] 42/13
on [151]
on-call [1] 33/12
once [5] 49/7 83/1 83/10 83/16 89/19
one [30] 8/6 9/12 14/23 24/9 27/2 29/7 30/24 33/24 34/9 35/23 46/17 46/20 49/9 52/24 54/15 56/16 64/10 73/22 75/23 76/20 79/15 79/18 81/10 81/24 86/25 87/5 88/12 89/4 89/14 93/25

O

one's [1] 13/12
ones [3] 8/23 21/4 86/2
ongoing [2] 3/9 3/11
only [11] 9/21 33/23 38/14 58/21 61/2 61/5 61/10 64/10 66/20 67/14 94/18
onset [4] 12/12 13/8 13/9 31/1
onwards [1] 35/5
open [1] 1/19
opening [1] 6/10
operated [1] 25/21
operating [1] 68/22
operation [1] 80/11
opioids [1] 86/3
opportunity [1] 25/5
opposite [1] 16/3
optimal [1] 23/7
options [4] 68/7 68/14 69/3 69/4
or [65] 2/13 2/22 3/3 3/21 3/21 9/7 9/18 12/15 13/4 13/5 13/22 14/6 15/8 15/13 15/14 15/14 15/15 16/12 16/17 17/1 17/3 17/4 17/10 18/6 18/14 21/3 21/10 21/16 22/1 22/19 26/9 31/8 36/8 36/16 46/20 46/25 51/17 51/20 52/2 52/25 56/23 60/10 62/2 62/9 63/20 64/7 64/19 66/22 67/22 68/1 72/1 77/19 77/23 77/25 79/3 79/10 79/14 79/18 83/8 86/15 90/1 91/19 94/14 94/23 95/11
order [2] 31/4 73/13
ordinarily [2] 64/13 77/7
orientate [1] 78/3
orientated [1] 79/12
originated [1] 45/1
originator [2] 39/16 63/15
other [22] 5/10 5/12 5/16 7/5 7/20 10/18 13/22 14/6 16/9 17/24 20/21 32/13 33/23 35/24 37/23 51/8 54/21 62/9 69/1 74/14 82/24 97/5
others [24] 6/20 14/8 16/5 18/9 21/10 21/10 21/15 21/20 21/23 22/7 36/22 53/14 53/15 57/25 60/17 61/4 62/4 69/13 70/12 72/7 73/1 80/23 95/12 96/11
otherwise [2] 1/22 14/6
ought [2] 42/1 55/11
our [5] 2/15 5/11 9/25 18/10 60/12
ourselves [1] 78/3
out [28] 3/6 3/9 6/4 6/11 12/8 18/22 20/10 21/4 30/14 35/4 38/9 38/25 39/3 41/21 42/25 45/25 47/16 48/2 48/16 51/2 65/4 67/11 69/8 75/25 85/6 96/12 97/13 100/5
outcome [1] 97/22
outcomes [1] 68/5
outlined [3] 11/9 22/12 68/25
outlines [1] 20/17
outs [1] 8/4
outside [1] 94/10
over [16] 1/11 25/22 26/3 33/15 35/21 56/11 60/13 70/6 73/13 77/19 78/12 78/13 86/13 88/14 89/23 92/3
Overall [1] 21/7
overlap [1] 5/8
overnight [3] 2/8 6/6 27/23
overspeaking [4] 9/3 9/8 44/17 51/13
own [4] 13/12 14/16 16/2 97/7

P

page [99] 2/18 6/11 11/19 18/16 18/19 18/23 18/24 19/18 19/22 20/1 20/3 20/6 20/19 20/21 20/23 20/24 21/1 21/2 27/4 27/5 35/3 35/21 37/10 37/13 39/14 39/15 41/5 41/5 41/6 42/23 43/7 43/7 43/9 43/25 44/19 44/21 45/2 45/3 45/21 47/1 48/1 48/6 49/21 49/22 52/10 52/11 53/14 55/25 57/12 57/13 58/16 59/23 60/22 61/17 63/12 63/14 63/14 64/15 66/6 66/7 66/8 66/22 67/21 67/25 70/5 70/6 70/9 70/20 70/21 70/22 73/24 73/25 74/2 74/24 75/1 76/5 78/2 78/13 78/13 82/6 82/7 84/24 85/10 85/12 88/3 88/3 88/4 88/13 88/14 89/20 89/21 89/23 92/3 93/7 93/8 93/10 99/15 99/16 101/2
page 1 [2] 2/18 19/18
page 10 [1] 84/24
page 11 [3] 43/25 82/6 82/7
page 12 [2] 37/13 85/12
page 14 [1] 59/23
page 16 [1] 44/19
page 17 [4] 37/10 45/3 52/10 57/12
page 18 [1] 58/16
page 2 [7] 6/11 19/22 20/1 42/23 45/21 47/1 78/2
Page 20 [1] 70/5
page 21 [1] 55/25
page 22 [1] 67/21
page 3 [4] 11/19 20/3 35/3 78/13
page 38 [1] 43/7
page 4 [2] 20/6 66/6
page 5 [2] 20/19 66/7
page 56 [1] 88/3
page 59 [4] 18/16 18/24 27/4 27/5
page 6 [2] 20/21 70/20
page 63 [2] 63/12 89/20
page 64 [4] 60/22 64/15 73/25 93/8
page 65 [2] 99/15 99/16
page 7 [4] 20/23 20/24 39/14 70/21
page 8 [2] 21/1 21/2
pages [3] 21/11 70/4 85/12
pages 20 [1] 70/4
Palmer [4] 75/7 75/10 75/21 75/23
pandemic [8] 31/1 31/14 32/4 32/5 32/7 32/11 33/7 38/23
paragraph [39] 6/10 6/22 6/23 13/18 22/24 24/16 33/3 34/13 40/6 40/25 41/8 42/24 43/6 43/8 45/23 48/3 48/23 56/12 56/16 56/18 57/1 60/21 60/22 60/24 60/25 61/23 61/25 63/3 64/17 65/13 70/8 70/8 75/11 84/9 86/5 87/21 91/16 93/11 96/19
paragraph 10 [1] 33/3
paragraph 101 [1] 75/11
paragraph 111 [1] 86/5
paragraph 127 [1] 57/1
paragraph 131 [2] 60/21 60/22
paragraph 138 [1] 87/21
paragraph 159 [1] 84/9
paragraph 177 [1] 61/23
paragraph 57 [1] 34/13
paragraph 73 [1] 40/6
paragraph 74 [3] 40/25 43/6 43/8
paragraph 84 [2] 22/24 24/16
paragraph 86 [1] 48/23
paragraphs [3] 61/17 61/18 61/19
paragraphs 176 [1] 61/18
paralysis [1] 80/11
part [22] 5/6 6/10 8/15 10/13 27/14 36/14 36/17 46/22 49/3 69/2 72/22 77/5 77/13 81/7 82/10 91/23 92/10 94/2 94/7 94/13 94/17 95/14
Participants [1] 12/19
particular [10] 31/24 35/7 49/16 51/5 57/20 59/5 65/7 66/3 71/19 95/5
particularly [7] 13/2 18/3 19/16 35/8 58/1 61/6 77/4
parties [1] 56/24
partly [1] 66/14
parts [1] 82/25
passage [2] 15/20 75/13
passport [1] 36/15
past [5] 10/23 16/13 16/21 16/25 48/11
paternal [1] 10/22
patient [49] 1/16 1/16 3/5 3/6 3/21 3/23 12/9 16/8 17/11 17/12 17/22 23/3 23/5 23/17 23/25 26/13 44/7 44/7 50/21 52/11 58/12 64/16 66/11 68/1 68/5 68/10 72/19 74/2 79/17 79/25 81/17 83/19 84/17 90/9 91/4 91/8 91/11 91/12 91/14 91/23 92/23 93/1 93/9 93/11 95/3 95/15 96/10 96/14 99/25
patient's [4] 19/20 23/10 59/2 88/15
patients [10] 5/11 14/7 16/1 23/13 32/9 32/19 65/11 92/15 98/17 98/20
Pause [6] 18/25 45/15 45/18 53/12 60/10 73/19
pauses [1] 78/22
pausing [2] 75/15 78/25
penalty [1] 78/17
penultimate [2] 19/5 66/19
people [22] 10/10 52/13 52/16 52/21 53/6 53/22 53/23 54/7 54/9 56/19 56/20 61/11 70/14 70/14 70/16 70/17 71/1 71/3 71/5 71/9 72/12 73/18
perception [2] 11/18 19/20
perhaps [19] 1/12 6/14 7/4 7/8 7/13 14/16 16/12 18/1 20/13 23/5 24/2 24/25 48/24 64/20 74/8 81/13 91/22 93/12 97/1
period [6] 8/9 31/21 33/15 36/5 86/13 86/19
permanently [3] 57/15 57/17 58/2
permitted [1] 4/12
perplexity [1] 9/7
person [10] 3/10 8/23 10/9 10/10 13/20 39/17 56/19 70/16 72/23 79/12
personal [5] 11/19 20/2 20/3 47/9 47/9
perspective [3] 23/4 38/14 80/20
phase [1] 35/12
phrase [2] 59/7 59/10
physical [3] 4/13 5/2 28/23
physically [2] 23/18 84/18
pick [1] 76/21
picked [4] 8/2 8/8 12/25 98/25
picking [2] 24/14 82/3
picture [3] 12/9 32/12 79/22
piece [7] 41/23 41/25 42/2 42/8 43/5 43/16 62/22
place [11] 6/16 6/17 22/20 23/20 23/21 32/8 65/15 79/12 80/23 84/1 92/21
placed [1] 24/6
placement [2] 33/16 90/6
placements [1] 33/25
places [1] 32/14

P

plan [13] 4/24 18/22 19/6 19/12 27/18 27/18 28/9 29/1 32/15 32/16 42/10 51/12 96/6
planning [1] 38/15
please [62] 1/3 2/15 10/20 11/19 13/18 14/1 18/16 19/13 19/22 20/23 21/2 24/14 25/3 25/4 25/9 26/17 29/18 29/24 39/14 43/7 44/19 45/19 45/22 46/13 49/21 49/21 52/9 55/25 57/12 58/16 59/23 60/21 61/18 63/11 63/13 66/7 67/3 67/21 68/11 69/25 70/3 70/4 70/6 70/20 73/24 74/24 74/24 76/21 78/3 78/13 82/3 82/6 84/23 84/25 85/12 85/14 88/2 88/8 88/14 89/14 89/19 93/8
plussed [1] 65/16
pm [3] 63/15 63/19 100/17
point [24] 3/2 9/21 10/7 12/23 17/25 21/25 24/21 28/20 34/22 38/4 43/16 46/2 46/19 60/22 83/1 87/22 92/14 93/2 93/6 95/2 95/2 96/5 97/21 98/2
pointing [1] 44/6
points [1] 89/2
police [9] 40/2 41/9 61/23 62/13 63/1 63/2 63/6 78/7 93/14
polite [1] 48/13
poor [1] 78/20
poorly [1] 28/21
populated [1] 90/8
population [2] 11/12 11/13
Portuguese [1] 59/24
posed [2] 62/5 94/11
position [2] 32/19 51/16
positive [2] 8/18 17/7
possibility [1] 61/1
possible [3] 48/22 81/21 96/21
post [3] 30/18 31/12 36/5
post-dates [1] 36/5
post-graduate [1] 30/18
posterior [1] 80/9
potential [3] 5/18 12/19 53/18
potentially [3] 18/12 24/10 67/22
PPE [1] 47/21
practice [3] 63/2 77/17 94/18
pre [2] 11/6 12/4
pre-disposal [1] 11/6
preceding [1] 27/15
precipitated [1] 4/6
precisely [1] 94/22
predictive [1] 96/2
predisposing [1] 11/8
predominantly [1] 30/22
premises [1] 2/22
preoccupied [2] 72/15 79/1
prepared [4] 1/8 2/3 2/19 30/1
preparing [3] 34/12 57/7 60/8
prescribed [1] 85/23
Prescribing [1] 28/17
present [6] 10/15 13/6 18/3 32/8 59/20 83/8
presentation [2] 53/12 71/12
presented [1] 96/13
presenting [5] 6/7 19/18 41/6 47/2 51/23
press [1] 93/14
presumably [1] 29/2
pretty [2] 13/3 20/15
prevents [1] 15/20
previous [11] 4/11 8/5 19/21 27/8 29/1 41/6 43/8 45/10 52/24 64/12 65/18
previously [4] 15/18 27/10 28/10 59/13
Pride [3] 71/2 71/7 71/10
prior [7] 8/9 27/24 27/25 36/11 38/5 38/19 46/17
priority [1] 23/16
privy [2] 57/3 84/2
pro [1] 46/24
probably [7] 1/12 18/25 25/24 51/14 51/14 52/14 69/4
probed [2] 14/11 47/9
problem [1] 79/13
process [10] 3/8 3/17 5/6 22/24 23/15 23/17 24/2 26/13 46/15 81/7
prodrome [4] 12/4 12/10 12/15 13/4
professional [1] 30/14
professionals [1] 39/11
profiles [1] 5/15
Programme [2] 35/25 36/8
progress [5] 4/4 6/9 8/4 18/18 27/19
prolactin [1] 5/21
promptly [1] 23/14
pronounced [1] 76/11
proper [2] 75/17 83/24
property [8] 51/25 53/24 61/3 61/6 61/10 61/12 75/24 83/6
Protective [1] 20/23
provide [5] 29/23 68/9 68/13 68/18 68/24
provided [9] 25/6 34/4 35/1 41/7 74/23 84/8 84/9 84/13 85/16
providing [2] 17/11 69/5
prudent [1] 22/6
psychiatric [4] 20/16 20/18 23/19 48/11
psychiatrist [5] 2/12 17/9 27/13 60/10 60/16
psychiatry [4] 2/6 33/10 34/1 60/11
psychoeducation [1] 19/11
psychologists [1] 38/10
psychomotor [1] 78/21
psychosis [12] 10/16 10/23 11/17 12/16 18/21 28/14 37/11 37/15 37/19 53/25 79/17 83/16
psychotic [13] 13/5 29/6 47/18 48/4 54/3 54/13 56/10 58/6 79/25 83/22 83/25 86/9 86/16
pulled [2] 4/10 24/3
punishment [13] 72/17 76/23 78/16 78/17 79/5 79/19 82/15 83/4 83/13 83/15 83/23 98/4 98/16
purpose [2] 28/5 51/15
purposes [3] 57/7 60/7 65/25
push [1] 97/5
pushing [1] 97/4
put [17] 4/13 7/12 8/22 16/2 16/24 21/12 35/2 36/23 43/6 51/22 52/9 57/11 60/20 70/3 94/7 94/17 94/18
putting [2] 65/20 68/14

Q

qualified [1] 2/11
question [12] 4/19 7/12 7/23 22/9 27/3 50/10 54/25 55/4 69/2 91/7 98/16 99/2
questioned [20] 1/5 24/12 27/1 29/21 66/3 69/15 74/20 79/1 84/5 89/12 98/1 101/5 101/6 101/7 101/10 101/11 101/12 101/13 101/14 101/15
questioning [1] 22/14
questions [13] 1/25 12/19 19/19 20/5 22/12 24/8 67/14 69/12 69/16 69/24 74/22 78/23 89/13
quickly [1] 19/15
quiet [1] 48/12
quite [7] 4/16 9/19 14/12 21/11 57/18 69/8 85/5
quoted [1] 6/8

R

raised [4] 45/10 58/25 76/22 82/5
raising [1] 82/20
range [2] 5/24 81/3
ranging [1] 69/11
rank [3] 10/14 15/10 21/3
raped [1] 52/25
rapport [1] 78/20
rate [1] 78/22
rather [15] 1/13 4/24 7/8 9/23 15/5 17/8 44/1 56/2 61/13 64/7 70/2 92/9 93/18 94/7 95/18
rational [2] 16/18 17/8
rationale [1] 86/21
re [1] 19/7
re-establishing [1] 19/7
reached [1] 4/21
reactivity [3] 13/13 13/14 13/14
read [6] 7/14 52/12 74/5 75/12 75/14 88/17
reading [5] 7/4 9/6 60/9 60/11 60/14
reads [5] 45/23 56/18 64/17 68/6 70/25
real [1] 89/5
realise [1] 78/1
realised [1] 52/17
realistically [1] 14/20
reality [1] 61/12
really [12] 4/3 4/19 12/14 14/24 17/15 23/24 32/11 47/8 48/20 63/10 75/16 97/10
reason [5] 39/25 42/7 44/3 74/10 77/4
reasonable [3] 1/20 1/23 28/20
reasonably [1] 8/18
reasons [6] 45/3 55/6 55/15 55/22 61/21 89/2
recall [6] 4/20 38/20 46/17 46/21 57/23 87/1
received [3] 37/4 54/23 76/23
recent [2] 4/4 4/5
recently [2] 47/19 65/24
recklessness [1] 28/23
recognise [1] 87/25
recollection [2] 1/14 44/15
recollections [1] 1/21
recommended [1] 38/10
reconcile [1] 98/13
reconciled [1] 99/10
record [11] 4/8 25/6 25/15 35/1 35/3 36/23 56/8 69/21 70/3 89/19 89/24
recorded [6] 2/3 84/20 91/10 95/10 96/15 97/18
recordkeeping [1] 66/1
records [7] 7/5 25/13 26/13 36/13 42/14 57/22 84/24
red [7] 36/16 58/20 58/23 59/4 59/7 71/15 98/4
redacted [3] 79/9 85/16 88/16
redeployed [2] 32/19 46/17
redeploying [1] 34/21
refer [9] 13/18 54/11 61/23 63/20 72/6 85/1 85/10 93/22 93/23
reference [21] 21/9 21/14 28/17 34/13 46/6 53/5 57/16 58/1 58/23 59/4 59/12 61/5 65/21 65/22 70/24 71/15 71/18 72/3 72/7 75/19 96/23
references [3] 98/3 99/8 99/9
referred [8] 7/21 13/9 44/14 45/20 50/9

R

referred... [3] 50/22 68/1 68/2
referring [12] 15/11 15/23 16/11 17/7 39/17 46/4 53/1 53/7 68/16 69/1 85/15 99/24
refers [2] 4/19 42/24
reflect [7] 9/22 10/3 12/10 15/17 23/9 78/11 96/9
reflected [4] 7/2 14/5 57/21 97/16
reflecting [4] 12/11 16/13 48/23 64/23
reflection [3] 6/25 8/2 61/9
reflects [2] 7/17 10/23
regarding [1] 6/19
regular [4] 3/7 23/23 24/6 74/8
relapse [2] 18/21 73/14
relate [1] 22/3
related [1] 16/23
relation [3] 2/22 89/15 99/22
relationship [4] 17/18 18/8 93/1 97/11
relationships [1] 20/2
relative [1] 11/8
relatively [1] 65/24
release [1] 74/11
relevant [14] 1/24 2/5 5/21 11/15 21/16 21/23 42/3 42/4 76/15 80/22 82/23 83/17 90/6 91/16
relied [4] 42/16 42/18 61/20 88/21
reluctant [1] 79/3
rely [1] 98/19
remains [1] 1/23
remark [5] 56/20 70/17 71/3 71/8 96/24
remember [5] 26/20 26/22 46/11 65/7 66/10
remind [1] 2/2
reminder [1] 21/15
remit [1] 22/8
remorse [3] 64/19 91/19 95/11
remorse or [1] 95/11
remotely [2] 19/23 29/11
remove [1] 24/1
removed [1] 16/4
reply [2] 93/21 94/4
replying [1] 78/22
report [3] 42/20 61/23 62/13
reports [2] 10/22 10/25
represent [3] 84/6 93/15 94/22
requested [2] 5/1 5/2
require [1] 81/8
required [12] 20/9 21/3 46/7 47/20 47/25 48/15 51/17 60/9 80/9 80/15 80/19 81/2
rescue [1] 52/1
reserved [1] 48/12
resident [2] 3/12 4/21
Resolution [1] 29/3
resolved [1] 83/17
resource [1] 38/16
resources [1] 68/24
respect [6] 26/17 34/6 37/9 37/18 42/20 46/15
responding [3] 72/14 82/12 93/12
responds [1] 93/13
response [2] 9/20 76/1
responses [1] 2/13
responsibility [1] 68/5
Responsible [2] 27/13 83/12
ression [1] 18/20
restarted [1] 27/17
restlessness [1] 28/23
restrained [1] 50/3
result [4] 43/11 54/2 81/9 96/4
resulted [1] 41/14
resulting [1] 52/6
results [3] 5/23 6/1 6/3
retardation [1] 78/21
retrospect [3] 38/7 48/24 49/14
reveal [2] 25/13 79/6
revealed [3] 79/17 81/14 83/19
revealing [1] 83/3
review [24] 1/13 1/13 3/14 24/22 25/6 44/22 45/3 45/11 45/12 45/13 52/8 57/2 58/4 61/1 61/7 63/12 64/6 64/8 64/9 73/6 73/23 90/24 92/19 96/7
reviewed [4] 3/22 36/16 60/6 74/7
reviewing [1] 5/25
rhythm [1] 78/22
right [31] 3/5 3/6 4/14 5/3 6/9 18/23 23/19 29/12 30/10 30/20 31/17 34/7 36/4 37/15 39/19 40/23 41/21 41/25 44/23 47/4 63/18 77/11 78/2 78/20 84/10 87/10 88/11 89/1 90/11 95/16 97/18
RiO [9] 3/20 26/19 49/15 56/7 57/22 69/21 70/3 84/24 89/15
RiOs [1] 88/2
rise [1] 29/12
risk [82] 5/14 5/16 6/20 11/6 11/8 11/11 11/12 11/12 13/5 18/5 18/8 18/10 18/12 18/12 21/10 21/24 22/1 22/4 22/18 22/21 26/12 35/23 36/9 37/2 42/3 42/4 42/10 45/16 50/7 50/12 50/24 51/1 51/3 51/4 51/18 51/21 53/13 53/13 53/20 54/15 54/18 55/1 55/4 55/10 55/11 58/7 59/3 62/4 62/6 62/8 62/9 62/16 67/9 72/22 72/25 73/1 73/7 75/7 76/9 76/12 76/13 76/15 76/17 79/20 80/10 80/22 80/23 83/7 83/24 86/6 92/4 92/7 92/12 92/16 94/10 95/17 96/1 96/10 96/13 98/17 99/14 100/9
risk factor [1] 11/8
risk factors [2] 5/16 11/6
risks [9] 21/9 22/7 59/16 60/13 60/19 72/18 98/7 98/19 98/22
Rivers [1] 76/12
role [9] 3/3 3/11 23/1 30/22 31/8 34/2 36/21 37/25 39/2
roles [1] 34/9
rolled [1] 93/25
room [9] 1/17 1/19 19/24 25/10 47/21 47/21 70/11 70/15 78/16
roughly [1] 35/22
round [7] 43/20 43/23 43/24 43/25 65/7 90/25 92/19
routinely [1] 5/9
Rowan [5] 28/3 31/16 35/9 46/18 67/23
Rowan 1 [1] 31/16
rum [6] 58/20 58/23 59/4 59/7 71/16 98/4
rum' [1] 71/18
running [4] 8/24 10/11 13/21 50/23
RUPERT [2] 1/4 101/3

S

safe [1] 23/18
safeguarding [2] 25/20 26/11
safety [6] 6/16 47/23 75/7 76/9 76/12 76/14
said [31] 16/8 24/14 51/25 55/2 56/8 56/19 57/1 61/11 64/8 70/2 70/13 70/16 71/20 72/16 73/6 73/11 82/16 87/3 87/21 88/23 89/16 92/9 94/19 94/23 95/18 98/6 98/9 98/14 99/6 99/7 99/11
same [6] 4/13 28/6 33/20 48/9 53/14 84/20
sample [7] 84/7 84/12 84/16 84/19 85/2 85/13 85/16
Sarah [1] 76/12
Sat [1] 11/21
satisfied [1] 83/13
saw [9] 1/15 1/16 1/18 5/25 23/5 66/20 72/4 76/16 86/16
say [32] 7/11 9/5 10/5 10/19 16/9 23/2 26/21 34/15 41/17 41/21 46/16 46/21 48/23 50/1 55/7 58/11 61/9 61/25 66/19 66/24 71/2 72/7 75/4 75/21 82/16 83/9 85/20 86/8 87/24 92/18 96/19 99/22
saying [12] 7/23 12/22 14/3 15/2 15/21 18/14 44/15 54/8 63/25 67/9 87/23 93/13
says [18] 13/21 35/15 47/3 48/7 48/9 48/11 56/16 62/14 65/15 70/7 70/10 70/21 70/23 71/1 78/24 79/2 88/15 99/16
scales [2] 21/1 21/2
scan [1] 78/4
scared [1] 76/8
schizophrenia [10] 10/16 10/18 11/9 11/14 11/18 12/11 13/9 14/20 87/4 87/12
Schneider's [2] 10/14 15/10
screaming [2] 52/1 52/24
screen [18] 2/16 5/7 5/10 18/16 19/1 19/13 21/12 25/10 35/2 37/8 43/6 51/22 52/9 57/11 60/20 64/15 84/10 84/23
screened [1] 16/6
screening [1] 5/20
screws [1] 80/10
scroll [1] 19/15
second [18] 30/6 30/8 31/22 40/24 41/4 41/13 42/21 61/15 61/21 66/17 68/8 69/2 74/23 75/9 75/22 88/10 90/25 93/6
secondly [2] 17/11 92/15
section [19] 39/24 44/8 48/6 50/11 50/13 51/1 51/7 51/8 53/13 60/20 87/9 88/15 90/19 90/22 91/8 91/13 92/12 93/9 95/4
Section 17 [1] 90/22
sectioned [1] 81/22
sections [1] 90/8
see [53] 2/24 5/24 6/2 7/15 7/22 8/5 8/12 11/20 12/3 12/4 12/20 13/11 18/18 19/4 19/5 19/15 19/18 21/4 21/20 21/24 24/9 25/10 25/12 25/18 28/4 35/5 37/10 37/15 39/15 39/23 44/2 44/14 52/24 56/12 57/13 60/14 60/16 64/10 69/19 69/20 70/5 75/1 78/5 82/10 82/19 87/12 89/20 89/24 90/7 91/5 91/7 93/11 93/21
Seedat [40] 27/11 27/12 28/8 34/6 39/24 43/22 44/8 44/11 45/10 56/7 57/23 58/3 58/22 64/18 65/5 65/20 66/10 66/14 67/8 67/24 68/4 69/18 70/5 73/6 73/9 73/20 89/16 91/15 91/18 92/9 92/25 93/18 93/18 94/21 96/12 96/20 97/4 97/21 99/3 99/4
Seedat's [8] 6/8 27/20 56/2 60/11 65/1 65/21 66/1 91/12
seeing [9] 3/20 7/14 9/9 12/13 27/22 32/13 60/17 60/18 60/18
seek [1] 72/20
seeking [3] 83/5 95/14 99/5
seemed [6] 4/25 13/23 93/5 97/10 97/11 97/15
seems [4] 9/15 64/18 75/15 91/18

S

seen [12] 3/7 7/20 20/7 21/11 23/14 26/12 27/19 28/8 57/8 59/12 69/20 97/4
self [5] 21/6 21/8 22/17 72/3 78/18
self-harm [4] 21/6 21/8 22/17 72/3
Senior [1] 2/7
sense [8] 4/25 14/24 15/13 28/5 28/22 38/15 87/17 87/18
sensory [1] 14/6
sent [4] 12/21 35/16 56/4 69/18
sentence [8] 56/17 68/6 78/25 90/1 90/6 91/7 91/16 94/6
sentences [1] 95/10
separate [1] 40/21
separately [1] 90/8
sequence [1] 93/15
series [1] 69/18
serious [3] 60/3 73/17 96/21
seriously [2] 58/8 72/12
service [4] 34/14 37/16 38/11 38/15
services [5] 23/11 63/9 68/9 68/13 68/20
session [1] 35/17
set [8] 6/11 18/22 21/4 30/14 48/16 65/4 67/11 73/8
sets [2] 35/4 48/1
setting [5] 20/10 32/17 33/14 33/15 96/12
settings [4] 32/6 69/6 98/18 98/22
settle [1] 28/3
several [3] 33/13 33/18 37/20
severity [1] 17/25
share [2] 55/6 55/19
shared [8] 54/18 55/5 55/9 55/12 55/16 55/22 57/4 57/5
shares [1] 78/15
sharing [5] 19/23 20/21 63/8 63/9 92/20
she [7] 41/1 76/1 76/8 80/10 80/15 80/18 82/1
she's [1] 76/1
sheet [3] 19/15 21/22 22/11
sheets [1] 20/13
shift [3] 6/2 11/25 12/2
Shining [1] 59/10
shock [3] 65/5 66/15 95/18
shocking [1] 97/9
shook [2] 36/10 98/12
short [2] 29/15 100/18
shortly [2] 18/21 34/9
should [22] 10/16 22/11 23/23 28/24 36/14 36/23 49/17 50/1 50/10 50/11 50/22 54/15 54/18 55/3 55/4 61/4 62/23 63/4 66/19 79/14 81/20 87/6
shows [2] 35/21 56/10
side [1] 5/18
significance [2] 10/8 11/2
significant [16] 5/17 9/1 9/4 10/15 11/25 14/21 18/4 18/7 50/5 56/22 57/18 62/12 62/13 78/18 80/16 99/8
significantly [1] 96/3
signs [4] 48/3 78/18 95/11 98/25
similar [1] 40/13
simply [2] 45/17 93/13
Simulation [1] 30/21
since [4] 2/12 32/17 33/13 52/14
Sindi [1] 76/10
sit [2] 9/17 23/23
six [4] 33/16 33/18 68/6 72/1
six months [1] 33/18
six weeks [1] 72/1
sixth [1] 35/9
slightly [1] 51/14
slow [2] 14/25 88/18
slower [2] 18/25 19/23
slowly [2] 13/10 13/15
small [2] 47/20 85/6
smell [1] 14/7
snapshot [1] 50/20
so [193]
So I wouldn't [1] 21/22
social [4] 13/11 19/10 20/3 20/24
socially [2] 12/5 21/7
society [1] 69/7
solution [4] 79/24 83/4 83/15 83/23
solution' [1] 79/8
some [26] 1/14 2/13 3/24 8/13 8/14 8/17 8/19 9/9 14/17 16/2 17/7 17/17 19/11 26/22 31/22 36/24 46/25 48/10 56/20 67/7 68/7 70/17 72/1 72/20 72/22 78/19
somebody [4] 3/9 6/5 23/1 73/8
somebody's [1] 73/17
someone [15] 3/4 12/5 23/8 58/13 60/11 62/14 62/16 64/21 68/19 70/11 87/4 87/12 91/22 99/7 100/5
someone's [1] 40/9
something [19] 10/5 10/7 10/19 11/1 12/23 16/23 17/3 21/16 21/18 50/22 55/2 55/11 57/20 58/2 71/11 71/11 73/18 82/2 98/10
sometimes [2] 14/7 17/20
song [1] 59/11
soon [1] 58/12
sooner [2] 38/3 38/18
sorry [28] 3/14 6/10 9/9 10/5 10/19 15/3 18/23 19/1 22/9 22/9 26/18 26/23 38/4 44/8 44/9 44/23 45/9 53/12 60/21 62/20 66/7 67/11 69/2 70/24 73/25 77/24 85/14 95/25
sort [12] 5/10 5/14 8/14 11/11 14/2 20/8 65/19 77/18 92/20 93/25 96/2 96/8
sorts [1] 60/19
sought [2] 48/8 97/13
sounds [1] 17/6
sources [4] 42/17 42/18 54/21 61/19
speak [1] 54/21
speaking [3] 6/5 68/19 93/18
special [1] 29/10
specialty [1] 31/8
specific [8] 8/22 8/24 15/24 18/6 18/9 37/4 59/4 71/18
specifically [1] 68/16
specifics [2] 1/21 16/10
speech [5] 78/21 94/2 94/17 94/19 94/22
spelt [1] 59/7
spent [3] 30/24 31/16 37/14
spikes [1] 71/2
spiking [2] 71/7 71/10
spine [2] 80/9 81/6
spoke [1] 43/22
spy [1] 53/15
stabilised [1] 83/11
stable [2] 1/18 83/2
staff [5] 1/17 32/24 49/25 69/10 72/21
stage [8] 12/16 20/16 21/19 37/25 61/3 88/5 88/19 99/17
stages [1] 32/11
stance [1] 79/6
standard [3] 20/18 49/15 68/25
standing [1] 49/8
stared [1] 82/14
start [7] 4/23 26/8 28/25 29/2 60/24 63/13 100/16
started [5] 2/5 28/10 35/14 49/24 86/20
starting [4] 11/22 28/20 29/7 56/10
starts [2] 44/20 56/16
state [16] 5/9 11/23 12/4 13/5 13/17 14/13 20/19 48/2 58/19 60/25 78/14 86/5 86/18 86/20 92/1 96/21
stated [1] 66/23
statement [50] 1/8 1/23 3/19 4/10 6/14 8/15 9/5 13/2 22/23 30/9 30/12 30/14 32/21 33/3 34/13 34/22 40/5 40/17 41/17 43/5 43/6 43/21 46/2 46/16 47/13 48/23 57/1 60/20 61/17 62/25 64/22 65/4 66/18 67/10 67/11 67/16 67/18 74/23 74/25 75/12 75/16 84/8 85/1 85/11 85/21 86/4 87/20 88/24 93/19 96/2
statements [2] 2/3 30/1
states [2] 63/22 66/9
stating [1] 95/8
status [1] 90/19
stay [1] 61/16
step [1] 17/16
Stephen [1] 59/11
steps [1] 23/20
still [8] 11/16 19/1 23/15 38/18 44/4 75/16 76/5 77/21
stimuli [2] 9/20 82/13
stood [1] 38/9
stopped [6] 7/11 7/16 74/10 82/13 88/25 89/3
stopping [2] 74/4 88/16
straight [1] 20/23
straightforward [1] 97/12
Straw [3] 84/4 84/5 101/13
stress [2] 21/5 38/23
struggled [1] 16/21
student [1] 55/13
students' [1] 55/19
study [1] 11/10
stuff [1] 18/4
subdivided [1] 91/3
subheadings [1] 91/5
Subject [1] 30/11
subsequently [4] 2/11 3/21 54/22 69/19
substance [2] 20/6 89/23
substantive [2] 45/2 63/14
succinct [1] 23/9
such [6] 8/25 50/23 68/25 69/1 86/3 98/24
suddenly [1] 79/4
suffered [1] 46/7
suffering [2] 56/14 79/17
sufficient [1] 58/7
suggest [3] 9/6 94/3 94/6
suggested [2] 7/1 68/7
suggesting [3] 8/16 20/9 69/3
suggestion [2] 27/7 28/24
suggestive [2] 22/13 57/17
suggests [2] 7/7 28/14
suicide [1] 21/6
suitable [2] 22/12 23/18
Suite [3] 6/16 27/16 28/1
summarise [1] 30/15
summarised [2] 8/14 57/23
summary [18] 4/3 4/4 4/24 6/14 8/3 23/10 42/10 43/13 43/15 45/20 46/4 56/2 56/7 56/9 57/21 60/12 69/21 78/9
supplementary [3] 12/13 12/18 12/21
support [1] 34/3
supported [1] 69/7
supports [1] 25/15
suppose [5] 4/15 6/18 17/20 17/23 92/22
supposed [1] 23/9
sure [10] 7/2 12/25 23/12 23/20 52/2 53/1 62/1 79/10 81/16 100/1

S

surgery [5] 46/8 80/15 80/19 81/2 81/9
surprising [1] 64/24
surrounding [1] 95/3
survivors [1] 74/22
suspect [3] 43/20 49/25 58/12
suspicious [2] 47/13 78/21
sustained [2] 43/11 80/6
sustains [1] 100/5
switched [1] 8/9
symptom [3] 9/23 17/7 17/25
symptomatic [1] 28/22
symptoms [11] 9/15 10/13 10/14 13/6 13/15 15/9 15/10 15/24 16/6 18/2 56/10
system [6] 23/2 26/16 26/21 68/22 81/13 98/20
systemic [1] 25/2
systems [1] 69/5

T

table [1] 35/22
take [27] 17/7 20/9 20/9 21/16 23/3 38/21 39/24 43/4 43/14 45/19 46/13 49/2 53/9 58/7 63/11 64/13 67/3 68/4 74/15 76/17 77/13 80/23 87/21 87/24 88/20 92/21 95/2
taken [11] 2/24 4/22 5/4 15/1 28/1 46/1 58/13 65/1 79/21 96/15 97/19
taking [7] 7/19 19/24 20/15 65/15 86/15 88/5 93/24
talk [6] 9/13 13/7 13/14 47/8 47/10 79/3
talked [2] 9/12 82/18
talking [10] 10/10 13/20 14/14 15/6 44/8 65/13 69/4 79/9 88/12 95/8
tapers [1] 12/7
target [1] 61/13
task [1] 23/24
taste [1] 14/8
teaching [1] 30/22
team [15] 3/8 3/11 23/23 24/7 29/4 59/16 60/9 69/10 80/5 80/18 81/24 82/11 83/2 83/11 96/14
teams [2] 24/17 68/16
technique [1] 97/15
telephone [1] 56/3
tell [13] 2/25 4/10 6/8 6/11 6/23 8/1 10/8 19/3 24/15 25/9 43/19 71/4 92/15
telling [3] 18/14 70/12 79/23
tend [3] 92/15 94/3 94/6
term [3] 13/5 16/7 59/19
terminated [1] 27/8
terms [24] 3/16 3/25 4/19 5/8 5/17 8/18 9/1 9/14 11/3 16/6 18/8 22/13 24/25 28/9 28/11 34/12 38/15 39/2 48/19 62/11 71/12 79/15 81/15 99/14
terrified [3] 32/24 40/25 42/24
test [9] 5/7 5/13 5/23 65/5 85/3 85/7 86/2 86/2 97/7
testing [1] 5/5
tests [3] 5/1 5/3 5/4
text [15] 54/22 55/23 56/3 56/17 57/2 57/3 58/4 59/24 60/12 69/18 69/25 70/7 70/10 70/19 71/9
th [1] 78/8
than [27] 1/13 4/24 7/8 7/20 9/23 10/18 10/24 11/13 13/24 15/5 17/8 17/24 19/24 22/13 23/16 23/23 44/2 48/15 61/13 70/2 86/25 87/5 92/9 93/18 94/7 95/18 97/4
thank [42] 8/11 15/2 24/8 25/2 25/5 25/9 26/24 26/25 27/5 29/8 29/8 29/10 29/11 29/12 37/8 38/21 69/12 69/14 74/17 74/18 74/19 74/24 77/1 78/4 82/7 84/3 85/20 86/4 86/23 87/20 89/9 89/10 91/3 93/3 93/6 93/10 97/16 97/24 97/25 100/14 100/15 100/15
that [651]
that I wasn't [2] 26/21 68/15
that's [84] 2/4 2/10 2/14 3/1 3/14 4/15 5/21 7/4 8/14 10/17 14/4 14/12 14/17 15/11 16/7 17/15 18/3 18/5 21/16 24/5 24/25 25/15 25/23 26/5 26/5 26/21 27/4 28/19 30/3 30/10 30/20 31/17 32/19 34/7 35/18 36/4 36/25 39/9 39/19 39/20 40/23 44/6 50/9 52/23 54/1 55/14 60/17 62/18 62/22 63/16 63/18 65/14 66/1 68/2 69/1 69/11 71/9 74/17 79/19 79/24 80/17 80/21 85/3 86/21 87/8 88/11 88/12 89/15 90/19 91/3 91/10 91/13 92/14 93/3 93/6 93/20 95/2 95/16 97/4 97/9 98/21 99/13 99/24 100/6
their [8] 16/1 16/1 16/5 17/25 60/2 87/5 92/16 92/16
them [18] 3/16 6/4 8/25 10/9 16/16 18/14 26/2 26/4 36/24 53/17 63/7 64/2 64/2 64/23 64/24 69/19 69/20 69/21
theme [1] 76/22
themes [1] 18/6
then [50] 2/13 2/15 4/7 6/11 10/8 11/21 12/6 16/9 21/1 25/2 26/11 30/21 35/21 36/15 36/19 36/25 37/13 43/3 44/19 45/1 45/11 47/7 48/8 50/22 51/12 64/1 70/6 70/13 76/5 76/20 81/9 82/3 82/9 82/18 82/19 83/17 86/17 86/19 87/17 88/8 88/13 89/22 90/5 90/24 91/3 91/4 91/25 92/3 95/7 96/2
therapeutic [5] 17/16 92/10 92/22 93/1 97/11
there [112]
there'd [6] 27/7 40/20 49/19 99/20 99/20 99/22
there's [16] 17/20 21/9 21/14 24/9 24/24 26/3 26/8 44/8 48/6 67/17 88/13 89/25 91/25 92/3 98/17 100/11
thereabouts [1] 72/2
therefore [2] 22/14 75/11
these [13] 3/13 10/14 11/24 21/2 36/12 36/16 56/20 70/17 80/13 81/19 98/20 98/21 100/9
they [27] 1/11 3/7 4/2 6/15 6/17 9/1 9/2 12/20 17/22 18/3 21/4 22/12 23/14 26/7 36/25 37/19 37/20 38/14 38/15 52/18 57/4 60/1 68/18 69/9 79/9 80/15 94/22
They'll [1] 21/12
they're [10] 3/13 10/13 10/15 15/9 18/14 58/15 64/1 66/23 66/25 94/24
thing [5] 14/12 26/6 37/7 51/8 73/22
things [23] 5/7 5/10 5/13 5/13 9/12 13/10 14/8 14/8 16/10 36/22 38/9 47/22 48/11 53/3 53/9 62/11 69/1 76/20 81/3 87/11 94/18 94/19 98/19
think [119]
thinking [12] 16/22 17/8 51/11 58/20 58/23 69/8 72/14 72/16 79/4 82/14 83/22 100/1
Thinks [1] 52/13
third [7] 8/23 10/10 13/18 48/1 56/24 66/13 95/2
Thirdly [1] 93/7
this [154]
thoracic [1] 80/9
those [39] 5/19 5/23 9/20 10/8 12/18 12/21 13/15 13/25 16/6 16/14 26/4 26/10 30/11 36/2 37/18 39/1 42/17 42/18 53/3 53/23 54/16 54/24 55/3 60/6 60/12 60/18 61/19 64/23 69/12 69/24 76/17 78/12 82/24 87/19 94/18 98/13 98/19 98/22 99/10
though [3] 22/20 49/16 75/12
thought [30] 15/17 15/22 15/23 15/24 15/24 15/25 16/2 16/7 16/10 16/17 16/18 16/23 17/1 17/4 17/5 50/18 51/16 52/21 58/18 62/20 79/10 79/11 81/5 81/6 81/7 81/18 83/16 96/10 97/22 99/11
thoughts [27] 13/12 15/15 15/18 15/21 16/1 16/3 16/4 16/12 16/21 16/24 21/5 21/6 21/8 21/14 21/23 22/16 57/18 57/24 58/6 58/12 59/15 60/16 69/11 78/15 79/25 83/3 83/22
three [2] 91/5 91/17
through [16] 4/11 6/3 6/24 9/25 19/15 23/11 35/22 42/13 55/2 60/7 65/12 78/2 82/8 88/23 93/24 97/3
tick [1] 64/1
time [45] 3/25 6/1 15/20 20/14 21/13 23/7 23/7 23/8 23/11 28/4 29/9 31/10 33/4 33/12 33/23 34/16 38/9 39/3 40/6 41/10 41/21 46/12 46/24 47/5 47/25 48/25 50/21 51/4 53/8 54/1 56/11 62/5 63/19 63/20 64/6 64/9 64/14 65/9 66/20 67/22 67/23 69/5 79/12 80/5 82/8
timeframe [1] 26/2
timeline [1] 2/21
times [4] 11/12 26/4 26/7 78/23
timing [2] 25/23 64/7
timings [1] 26/10
title [2] 31/8 31/10
titrate [1] 29/3
today [3] 48/10 69/20 94/23
together [1] 51/11
told [3] 14/5 56/25 75/25
tolerated [1] 28/21
too [7] 5/22 42/16 68/5 69/17 77/9 77/12 77/21
took [6] 6/17 27/18 36/17 71/15 71/25 84/1
top [15] 6/12 11/20 33/6 41/5 42/23 43/7 44/2 49/22 56/1 56/1 65/12 66/8 70/9 78/6 85/14
topic [1] 89/14
topics [1] 24/13
torment [1] 53/16
touch [1] 79/19
touching [1] 26/11
towards [9] 8/15 21/10 44/2 61/3 61/4 61/6 61/10 67/22 70/8
tracking [1] 14/18
traditional [2] 49/11 50/13
trainee [1] 20/14
training [37] 2/6 25/3 25/4 25/6 25/13 25/14 25/16 25/17 25/19 25/22 26/8 30/18 31/12 33/10 33/16 33/17 34/24 35/1 35/4 35/7 35/11 35/17

T

training... [15] 35/21 36/2 36/8 36/9 36/12 36/13 36/15 36/23 37/2 37/3 37/4 38/25 46/22 68/21 68/21
trajectory [8] 12/1 12/2 12/7 12/9 12/23 13/24 14/14 14/16
transcribed [1] 27/18
transcript [1] 66/20
translated [1] 59/25
treat [1] 47/25
treating [9] 3/11 23/23 24/6 29/6 80/5 80/18 82/11 83/2 83/11
treatment [10] 5/18 5/22 7/18 17/12 17/18 19/7 19/11 23/20 69/23 81/15
trialed [1] 7/15
triangulates [1] 56/25
tried [3] 6/4 53/16 68/4
triggered [1] 50/2
true [5] 1/9 1/23 9/23 30/12 33/20
Trust [12] 25/6 33/22 34/14 35/14 36/13 36/15 46/24 56/5 65/24 65/25 89/14 94/24
Trusts [1] 31/6
try [4] 34/23 52/20 53/6 97/7
trying [19] 37/22 40/10 40/11 40/21 49/12 51/25 52/1 52/2 53/15 58/11 65/5 65/11 66/15 77/15 87/15 87/16 92/25 95/18 97/3
turn [2] 39/5 57/12
Turning [1] 95/24
turns [1] 64/13
tutorial [1] 37/11
twice [2] 41/9 78/7
two [21] 13/25 24/13 30/1 30/18 35/23 40/20 40/20 41/11 45/22 62/11 66/22 74/4 74/23 85/12 88/16 95/7 95/10 98/13 98/15 99/10 99/20
type [3] 18/2 63/25 95/22
typically [3] 3/22 21/22 51/9
typing [3] 64/9 64/11 64/11

U

UK [1] 68/23
ultimately [4] 6/15 8/16 11/13 13/15
Um [1] 62/19
unchanged [1] 45/4
unclear [1] 51/14
uncommon [5] 53/10 53/11 87/3 87/4 87/6
uncommonly [1] 14/21
unconventional [1] 97/14
under [16] 4/7 15/8 15/10 39/25 40/1 44/2 52/11 53/13 64/16 81/23 87/9 90/24 91/7 91/10 93/11 96/1
undergo [1] 36/8
underlined [2] 75/13 90/25
underlying [1] 9/2
understand [16] 3/1 17/9 17/18 22/7 35/4 42/7 47/18 53/7 67/7 80/20 83/6 87/15 89/17 89/25 90/2 93/22
understanding [17] 3/24 17/14 17/17 20/16 40/6 48/17 49/8 49/10 53/20 61/20 65/8 66/14 80/24 95/19 97/7 99/4 100/8
understands [1] 7/1
understood [5] 2/1 6/7 37/25 81/1 93/23
undertake [1] 34/24
undertaken [1] 36/3
undertaking [1] 49/5
undertook [3] 31/24 37/9 37/11
unfortunate [2] 66/25 94/1
unfortunately [2] 44/12 76/18
unintended [2] 66/19 94/13
unintentionally [1] 42/5
unit [1] 23/19
university [8] 11/22 14/19 55/10 55/12 55/13 55/16 55/18 55/19
unless [1] 67/17
unlikely [1] 41/22
unmedicated [1] 54/13
unseen [1] 82/13
until [8] 28/3 31/18 36/24 49/2 77/3 77/6 80/14 83/13
unusual [3] 14/4 36/21 63/1
unwell [13] 6/20 32/9 53/19 54/12 54/12 59/3 59/17 61/4 65/21 73/2 83/20 83/25 93/24
up [38] 1/25 4/16 7/1 7/14 8/2 8/8 12/25 18/23 21/11 22/19 24/14 26/6 27/5 28/25 29/3 35/2 36/19 37/14 57/11 60/20 64/9 64/20 70/3 73/7 73/23 75/20 76/21 78/7 82/3 88/2 91/22 93/12 97/1 98/23 98/24 98/25 99/7 99/15
update [1] 19/10
updated [3] 19/9 49/9 50/23
updating [1] 49/6
upon [3] 26/11 61/20 70/1
urine [7] 84/7 84/11 84/16 85/11 85/13 85/16 85/25
us [18] 2/25 4/10 6/8 6/11 6/23 10/8 13/25 17/24 19/2 23/6 24/16 29/9 35/1 56/25 58/7 59/3 89/25 97/23
use [5] 16/7 48/12 59/19 64/23 84/10
used [5] 20/13 21/22 46/24 50/2 94/21
useful [1] 38/14
using [1] 93/4
usual [3] 32/7 33/21 77/17
usually [3] 32/18 48/12 84/11

V

vaccines [1] 32/14
Valdo [2] 44/9 58/18
variability [1] 17/20
various [3] 5/7 42/14 59/11
VC [75] 4/12 10/21 31/21 32/2 34/6 36/6 36/11 37/21 40/2 43/22 44/9 47/5 48/12 49/2 49/7 49/19 49/23 50/3 51/24 53/21 54/16 56/4 56/14 57/15 59/18 59/21 60/23 61/10 61/24 62/5 62/10 64/20 65/5 65/12 65/19 66/15 68/2 68/12 69/23 73/6 73/10 74/4 76/1 76/23 77/8 78/15 80/25 81/22 82/12 82/21 83/1 83/3 83/9 83/10 83/25 84/7 86/7 86/24 87/21 88/4 89/16 91/22 92/9 92/10 93/5 93/12 93/12 93/13 93/18 93/19 94/7 94/10 96/13 97/1 97/13
VC's [22] 38/17 39/6 40/7 40/18 50/6 56/5 75/5 75/8 75/9 75/24 76/7 76/15 83/14 84/6 90/19 92/6 93/21 94/3 94/14 95/17 96/20 97/7
Verbal [1] 50/1
verbatim [2] 94/3 94/19
verified [3] 63/23 64/1 64/3
verifies [1] 64/2
versus [2] 11/11 24/21
very [34] 17/13 18/8 18/10 22/6 32/10 33/25 38/6 44/24 47/13 47/20 47/21 47/24 58/8 63/10 63/13 63/15 65/1 65/10 66/11 66/11 68/17 68/23 73/10 85/5 85/20 86/16 89/9 89/21 93/4 93/4 95/9 96/21 96/23 97/24
video [1] 79/4
videos [1] 79/18
view [5] 51/1 62/23 67/1 79/24 96/12
viewing [1] 79/18
views [3] 48/6 48/20 83/14
violence [15] 21/9 26/15 53/18 54/7 60/4 60/13 61/2 61/5 61/9 73/1 73/17 99/17 99/23 100/6 100/9
violent [1] 60/23
virtually [1] 84/16
viruses [1] 5/21
visual [2] 13/22 14/6
vital [1] 47/25
Vitamin [1] 5/11
vividly [1] 65/7
voices [5] 54/4 71/1 71/5 71/6 79/8
voices/people [1] 71/1
volition [3] 15/6 15/7 18/4
volume [1] 78/22
voluntarily [2] 84/13 84/17

W

waiting [1] 27/6
Wales [2] 11/21 13/7
walk [1] 6/24
walked [1] 49/24
walking [1] 49/23
wall [1] 82/14
want [21] 1/24 5/18 10/5 10/19 12/20 25/2 25/12 37/7 39/24 47/8 47/10 49/20 51/20 63/11 63/13 67/10 68/11 76/20 78/14 89/14 89/23
wanted [5] 27/2 54/8 57/15 58/6 80/17
wanting [6] 56/20 57/16 58/1 58/13 61/11 70/17
ward [46] 1/15 1/20 31/11 31/16 32/8 32/21 32/24 33/9 33/11 34/2 34/12 34/17 34/19 34/21 37/22 38/24 39/1 43/20 43/23 43/24 43/25 44/22 45/3 45/10 45/12 45/13 46/18 47/19 48/10 49/20 49/23 52/8 61/1 61/7 63/12 64/6 64/8 64/9 65/7 67/23 73/6 73/23 90/24 90/25 92/19 98/14
wards [3] 33/12 34/15 38/23
was [271]
wasn't [26] 1/17 7/13 26/21 28/3 36/3 39/8 42/9 47/4 50/6 52/2 53/25 57/3 57/4 59/20 61/13 68/15 69/9 72/14 77/16 77/20 83/8 83/8 84/2 88/10 98/22 99/2
watched [1] 79/4
watching [5] 52/13 53/23 54/8 60/1 79/18
way [11] 12/21 20/10 22/25 25/25 26/3 26/8 32/14 60/24 65/10 67/8 99/3
we [136]
we'd [1] 28/10
we'll [4] 29/12 43/5 57/11 100/15
we're [9] 15/6 19/23 27/6 36/5 55/24 61/16 63/17 67/25 88/12
we've [5] 25/3 26/12 52/8 55/1 99/9
wearing [1] 47/21
Wednesday [1] 1/1
week [3] 30/24 34/21 66/21
weeks [5] 20/13 37/20 72/1 74/4 88/16
well [26] 6/13 9/5 10/20 12/5 12/15 12/25 14/18 16/19 17/13 17/21 23/4 23/18 23/25 27/15 27/22 29/10 33/12

W

well... [9] 55/15 57/11 58/1 65/9 74/9 82/19 86/23 88/25 89/4
went [3] 11/21 52/20 53/5
were [74] 2/6 2/7 5/5 5/23 6/1 6/15 6/17 6/19 16/24 21/19 22/4 26/14 31/1 31/12 31/14 31/18 32/8 32/10 32/12 32/14 33/20 33/21 34/3 34/16 35/8 36/22 38/10 39/20 40/10 41/11 42/13 45/13 46/3 46/6 47/20 47/22 51/2 52/17 52/21 53/15 54/7 54/7 54/20 55/6 59/3 65/1 65/24 66/3 67/14 68/8 68/13 68/14 69/3 69/18 70/1 72/4 73/18 75/16 75/22 76/2 80/7 80/11 80/15 82/22 82/25 85/24 86/1 86/14 86/24 89/5 92/21 93/7 94/19 98/23
weren't [9] 2/8 31/1 31/12 36/21 42/8 51/17 57/4 68/24 77/6
what [106]
what's [6] 11/2 29/9 48/16 62/12 63/24 67/18
whatever [1] 81/5
wheel [1] 17/22
when [57] 2/3 2/6 3/21 6/20 11/6 12/19 14/11 14/13 17/10 19/3 19/11 21/4 21/13 21/19 23/1 23/14 25/9 32/12 35/13 36/6 43/19 44/11 46/2 46/10 51/1 51/4 51/23 53/5 54/11 55/12 58/5 59/3 59/16 60/15 61/10 63/25 64/1 64/24 65/16 65/19 65/20 71/4 72/13 72/14 73/1 73/1 73/6 76/16 77/8 79/1 80/5 82/14 83/5 83/19 83/25 86/16 87/17
where [23] 2/21 4/21 6/12 6/16 12/7 15/16 21/3 22/18 25/23 26/15 44/8 46/24 48/7 51/10 55/8 59/24 65/14 69/11 70/21 70/23 77/13 78/15 99/16
whether [11] 11/25 17/22 23/22 24/5 64/6 64/7 81/13 83/1 83/2 86/14 89/24
which [67] 6/16 8/18 12/1 15/21 25/16 27/3 27/4 27/8 30/22 33/10 33/15 35/21 36/13 36/16 36/17 36/24 38/10 41/3 41/6 43/16 44/20 44/21 45/1 48/17 50/5 50/12 51/9 52/12 53/9 55/23 56/4 57/11 57/20 59/24 61/2 61/15 61/24 62/23 64/2 66/25 68/6 68/22 70/7 70/19 70/20 71/11 72/22 77/13 78/11 78/13 78/15 81/1 85/23 86/2 86/18 86/24 90/5 90/5 92/6 92/19 93/4 93/5 93/8 93/9 96/24 98/20 99/3
while [3] 27/6 37/22 92/24
whilst [3] 38/18 39/1 50/25
who [16] 2/23 3/4 3/13 12/18 30/16 32/18 33/20 39/17 52/2 52/17 68/19 75/23 79/3 84/14 84/17 85/6
who'd [1] 31/5
who's [2] 45/24 79/25
whole [3] 81/3 82/8 89/24
why [31] 9/4 11/3 19/24 26/16 27/10 36/24 36/25 47/18 52/20 53/5 55/15 58/18 63/5 67/6 74/10 77/5 77/15 77/20 81/11 81/12 82/22 83/9 84/11 86/8 86/22 86/25 87/8 89/3 92/18 98/21 99/22
wide [1] 69/11
wide-ranging [1] 69/11
wilful [1] 99/25
will [16] 14/7 16/5 20/13 27/19 34/8 64/19 64/20 65/22 87/24 91/19 91/22 93/12 93/13 93/21 94/2 97/1
willing [1] 79/6
window [11] 41/1 41/15 42/25 43/12 45/25 75/6 75/9 75/25 76/7 76/19 100/5
wish [1] 49/14
withdraw [1] 79/11
withdrawal [3] 13/11 15/25 16/3
within [17] 3/11 5/24 14/12 22/1 26/2 39/2 48/8 59/6 60/11 68/22 69/5 71/21 72/8 95/5 98/20 98/22 100/9
without [2] 6/5 16/5
WITN0166001 [2] 43/7 60/21
WITN0166002 [2] 35/2 37/8
WITN0166004 [1] 67/4
WITN0166006, [1] 74/24
WITN0166006, page 2 [1] 74/24
witness [27] 12/20 13/2 29/17 32/23 36/10 40/19 44/18 47/13 56/15 61/16 64/25 66/18 69/13 71/24 73/12 74/23 75/12 81/4 84/8 85/1 86/4 87/20 88/24 90/10 90/14 90/16 98/12
won't [2] 51/22 69/17
wonder [3] 23/22 24/5 67/5
word [2] 94/23 94/23
wording [1] 75/13
words [2] 64/23 94/21
work [10] 31/2 31/5 33/11 34/12 35/8 36/13 36/15 58/19 68/20 93/5
worked [5] 26/19 30/21 33/13 33/15 34/1
worker [1] 3/3
working [16] 2/6 2/7 30/24 31/16 32/3 32/5 33/7 33/9 34/16 37/22 38/23 39/1 51/4 55/18 60/11 68/17
world [1] 94/10
worry [1] 19/2
worrying [1] 80/3
would [156]
wouldn't [17] 3/10 6/4 14/23 20/14 21/22 22/10 22/10 24/1 25/24 45/11 46/21 55/9 55/19 71/1 77/18 77/18 92/24
write [2] 15/16 51/24
writes [1] 63/22
writing [2] 60/16 64/24
written [2] 53/14 92/11
wrong [1] 70/24

Y

yeah [61] 3/14 3/22 4/15 7/4 11/5 12/3 18/9 18/13 18/15 18/15 20/12 26/23 31/15 31/15 33/2 33/17 33/19 34/11 34/25 35/20 37/17 37/22 42/12 45/6 46/5 47/8 47/15 47/17 48/5 62/21 63/8 64/5 65/10 65/23 68/3 69/4 73/1 73/3 73/4 75/19 76/17 79/21 80/3 85/19 85/19 87/14 87/14 88/7 88/11 88/12 91/6 91/13 92/2 94/5 95/1 95/5 95/13 96/18 96/25 97/19 98/17
year [5] 30/18 33/17 33/24 36/17 39/20
Year 1 [2] 33/24 39/20
years [3] 26/23 33/13 33/18
yes [131]
yet [3] 53/18 99/17 99/23
you [438]
you'd [9] 5/18 14/23 33/15 38/2 46/17 50/18 62/20 73/11 97/4
You'll [1] 93/21
you're [16] 12/22 15/2 19/16 20/8 21/3 21/11 46/4 51/11 64/8 65/21 66/22 66/23 74/24 77/3 82/19 85/15
you've [35] 2/11 12/24 22/11 27/4 39/10 55/2 60/6 64/22 66/17 67/11 70/1 70/2 73/8 73/8 74/9 76/22 77/5 78/5 80/4 80/14 82/9 90/13 90/15 90/17 90/17 90/19 94/17 94/23 95/10 97/16 98/3 98/9 99/3 99/7 99/11
young [1] 12/3
your [102]
yours [1] 63/17
yourself [4] 2/2 33/1 57/2 69/19

Z

zeros [2] 42/22 73/24
zooming [1] 12/8