1 **Friday, 8 May 2026**
2 **(10.00 am)**
3 **THE CHAIR:** Yes, Mr Carr.
4 **MR CARR:** Chair, may I call, please, Dr Tania Engel?
5 **DR TANIA ENGEL (sworn)**
6 **Questioned by MR CARR**
7 **THE CHAIR:** Thank you.
8 Yes.
9 **MR CARR:** Dr Engel, you have prepared for the Inquiry
10 a witness statement dated 4 December 2025, haven't you?
11 **A.** Yes, that's correct.
12 **Q.** You have some corrections to make. It's errors at
13 paragraphs 48, 49, and 50 where there are references to
14 the year 2025.
15 **A.** Yes.
16 **Q.** What is the correction you wish to make?
17 **A.** It should be 2021 and not 2025.
18 **Q.** Subject to those corrections, is the statement true to
19 the best of your knowledge and belief?
20 **A.** Yes.
21 **Q.** You're a Specialty Doctor in psychiatry.
22 **A.** That's correct.
23 **Q.** And you've been employed at Cygnet since November 2020?
24 **A.** That's correct.
25 **Q.** And you were working at Cygnet Victoria House from the

1 start of your employment, from November 2020 until
2 October 2023.
3 **A.** Yes.
4 **Q.** And you were part of the team caring for VC whilst he
5 was detained at the psychiatric intensive unit at
6 Victoria House.
7 **A.** Yes, that's right.
8 **Q.** Yesterday the Inquiry heard evidence from Dr Shoilekova,
9 the Consultant Psychiatrist and VC's Responsible
10 Clinician. What was your role during VC's admission as
11 a Specialty Doctor, your roles and responsibilities?
12 **A.** So the role of the Specialty Doctor at Victoria House is
13 quite a versatile role. It's one of supporting the
14 Consultant Psychiatrist with various parts of
15 management. It's also a role where you're relied on to
16 assess patients' physical parameters.
17 You are also called to be part of the
18 Multi-Disciplinary Team and provide opinions, like the
19 rest of the team is for.
20 **Q.** So we'll come to the ward reviews shortly and the MDT,
21 so there's involvement on the psychiatric side in terms
22 of --
23 **A.** That's right.
24 **Q.** -- ward reviews and MDT and then there's responsibility
25 for the physical care?

1 **A.** Yes.
2 **Q.** If I can deal with the topic of information gathering,
3 please. Dr Shoilekova's reports to the Mental Health
4 Tribunal -- and this was covered yesterday -- dated
5 17 September 2021, it's document CYGN0000011, page 2,
6 and it's a little under a week into the admission.
7 Roughly halfway down the page she states:
8 "... we have been unsuccessful in accessing
9 discharge summaries referring to previous admissions."
10 Do you see that?
11 "Unfortunately very limited psychiatric history is
12 currently available ..."
13 Dealing with information gathering, what was your
14 involvement, if any, in attempts to obtain information
15 relating to VC?
16 **A.** I cannot remember specifically for VC, but often
17 Specialty Doctors were called on to help obtain
18 information, but I can't recall specifically for VC.
19 **Q.** We'll look at a couple of Cygnet policies. So if we
20 look at document CYGN0000002, page 8. This is from the
21 December 2020 Cygnet Model of Care which applied to
22 acute inpatient services, and we can see there "Stage 1
23 24 hours", a box dealing with "Information gathering".
24 So as soon as the patient is admitted, one of the
25 first things that your team looks to do is to try to

1 obtain information.
2 **A.** Yes.
3 **Q.** And then if we look at page 17 of this document under
4 the heading "Assessment", the second entry there, makes
5 the point about:
6 "Collecting information to have a full and accurate
7 Psychiatric history and Assessment of mental state."
8 And of course gathering as much information as
9 possible, that's an important part, isn't it, of
10 undertaking psychiatric assessment and directing
11 psychiatric care?
12 **A.** Yes, that's correct, and just to mention, we also had
13 a medical secretary who would be responsible for
14 collecting information.
15 **Q.** Then the final policy to look at is one dealing with
16 risk assessments and that's CYGN0000114. If we can go
17 to page 4 of that, we're looking at paragraph 4.11. And
18 in that paragraph there's an acknowledgement, isn't
19 there, that:
20 "On occasions it might not be possible to obtain all
21 necessary information to conduct a comprehensive
22 assessment but all reasonable efforts should be made to
23 obtain this information ..."
24 Can you see where I'm up to?
25 **A.** That's right.

1 **Q.** "... and this should be recorded. ... will include
2 communication with health and social care professionals
3 who have previously been involved ..."
4 Now looking through the Cygnet documents, there
5 isn't recorded anywhere, is there, reference to attempts
6 to get information from third parties or any
7 difficulties getting information?
8 **A.** So I mean we did contact the care coordinator and she
9 did attend one of our patient review meetings.
10 **Q.** Yes, that's Claudia Birtles you're referring to. We're
11 going to come to her account --
12 **A.** Yes, we obtained useful information from her.
13 **Q.** Yes. But in terms of documents can you help us at all
14 with the steps that were taken to obtain information,
15 any difficulties encountered?
16 **A.** I can't recall specifically for VC in his case, and
17 unfortunately our emails don't go back all the way so
18 that we can, you know, go back to our email trail and
19 see that.
20 **Q.** In general terms, so far as information gathering is
21 concerned, when Cygnet admits an NHS patient, what
22 information and what access to records do you usually
23 get?
24 **A.** Well, we get whatever we get sent, and then it's up
25 to -- the consultant will have a look and decide whether

1 we need more information, and request that the medical
2 secretary obtains more information. In this case she
3 obtained what she could, a GP summary, outpatient
4 information. Unfortunately, despite asking, she could
5 not obtain any other information.
6 **Q.** So there isn't automatic access, as it were --
7 **A.** No, there isn't.
8 **Q.** -- RiO records, and that applies across the board with
9 all NHS patients that you receive?
10 **A.** Exactly.
11 **Q.** Would it be helpful to have seen this access
12 -- *(overspeaking)* --
13 **A.** Oh yes, it would be. Very.
14 **Q.** And are there any other barriers to obtaining
15 information that you experience?
16 **A.** Most of the time when we request information we obtain
17 that information from the care coordinators or, you
18 know, other people involved in the patient's care. So
19 we usually didn't have very, you know, like, the
20 barriers that we had weren't that great, but some of the
21 time there was a reluctance to send us some information.
22 **Q.** From Trusts?
23 **A.** Yeah.
24 **Q.** On what grounds?
25 **A.** Well, confidentiality grounds. And sometimes it was

1 just difficult to get hold of people as well. They
2 never answer -- *(overspeaking)* --
3 **Q.** More broadly, in respect of working with NHS Trusts, we
4 can see you mentioned a few moments ago, that VC's care
5 coordinator Claudia Birtles attended one of the ward
6 rounds.
7 **A.** Yes.
8 **Q.** She attended the second ward round --
9 **A.** Yes.
10 **Q.** -- the second of three in total. Are care coordinators
11 from a Trust, are they able to attend all ward rounds?
12 **A.** They are and they are encouraged to. Most of the time
13 there's a geographical distance between where they are
14 located and us, and I think --
15 **Q.** For out of area placements.
16 **A.** There's over two-hour drive from where she was to us.
17 So, of course, an online attendance would then be very
18 welcomed.
19 **Q.** So online attendance is welcome --
20 **A.** Yes.
21 **Q.** -- it's a possibility and care coordinators can
22 attend --
23 **A.** Yes.
24 **Q.** -- all ward rounds electronically? Is it usual, is it
25 typical in your experience, for care coordinators to

1 attend all ward rounds for their patients?
2 **A.** Well, there's a huge variety when it comes to that, so
3 some care coordinators attend all the ward rounds and
4 some don't attend at all. So yeah.
5 **Q.** Aside from the ward rounds attended by Claudia Birtles,
6 and that was on of the ward rounds that you were on, did
7 you have any communication with Claudio Birtles through
8 VC's admission?
9 **A.** Not that I can remember, no.
10 **Q.** You will have been aware, the team will have been aware
11 of police involvement with VC prior to his admission to
12 Cygnet?
13 **A.** Yes.
14 **Q.** Are you aware of any attempts or thoughts about
15 contacting the police?
16 **A.** I think we got a fairly good report of what had happened
17 with the incident with the police. So I don't think we
18 would have attempted to contact the police.
19 **Q.** Are there circumstances in which Cygnet would contact
20 a police force to find out more information about one of
21 its patients?
22 **A.** There are but there are also barriers to obtaining that
23 information.
24 **Q.** Which are?
25 **A.** Well, I think it's quite a lengthy process, as far as

1 I understand. So often, by the time we get any
2 information, the patient has already moved on.
3 **Q.** VC was a student, he was at university. Where Cygnet is
4 caring for a university student, would you typically
5 approach a university to obtain information or to convey
6 information to the university?
7 **A.** So that's a tricky one because, unless the patient gives
8 you consent to contact the university, you need to see
9 if it is in the interest, in the public interest, for
10 the university to be informed. In this case, because we
11 were transferring him rather than discharging him into
12 the community, it wouldn't be appropriate for us to
13 contact the University at that point to give
14 information.
15 **Q.** Can we deal with contact with VC's family, please, and
16 if we look at the AMHP report, from the assessment that
17 was carried out whilst VC was in Cygnet, it's Cygnet
18 document 19 and we're going to go to page 3. It's at
19 the top of the page. Now, just before I deal with the
20 entry relating to Celeste Calocane, the very first entry
21 made by the AMHP is describing multiple calls to the
22 ward, no reply messages, requesting call back with
23 background and recent history.
24 **A.** Mm.
25 **Q.** It appears here the AMHP is having difficulties making

1 contact with the ward. Are you able to help us or shed
2 any light on that? What were the difficulties
3 communicating with the AMHP on this occasion?
4 **A.** Do you mean with VC's mother communicating --
5 **Q.** Sorry, I'm going to come to that in a moment but this
6 entry here appears to be an entry made by the Approved
7 Mental Health Professional, who was struggling to get in
8 contact?
9 **A.** Okay, with the actual ward?
10 **Q.** Yes.
11 **A.** So it's a PICU ward and a lot of the time the nurses,
12 the nursing staff, aren't actually in the nursing
13 station. They are busy dealing with incidents on the
14 ward. They're dealing with patients, giving medication.
15 So most of the time there isn't actually someone in the
16 nursing station --
17 **Q.** So there's a resource issue, essentially?
18 **A.** -- to answer the phone, basically.
19 **Q.** -- there's not enough staff to allow you someone to --
20 **A.** Well, no, there's someone at reception. However, when
21 the reception, which is a distance away from the PICU
22 office, when that person transfers the call to the PICU
23 office, often there aren't people in the PICU office
24 because the nursing staff are busy.
25 **Q.** If we look, then, at the entry referring to Celeste

1 Calocane and it's a few lines down -- well, that refers
2 to a phone call to Celeste Calocane by the AMHP but
3 a few lines down where it says:
4 "Celeste has struggled to get in touch with the ward
5 but had updates from Claudia ..."
6 That's Claudia Birtles, the CCO.
7 If we then look at, it's the RiO records, the
8 NHFT0000168 document, page 192. The top entry on the
9 page, this is from 23 September, and four lines down, it
10 is said:
11 "... she [that's Celeste] doesn't feel she has
12 a full understanding of [VC's] current difficulties due
13 to having contact with the ward in Darlington."
14 That, of course, is the Cygnet ward.
15 Dr Shoilekova in her evidence acknowledges that
16 communication was not as it should have been. Do you
17 agree with that?
18 **A.** I agree with that and I've said so in my statement.
19 **Q.** Cygnet, again, did have, if we look at the policy, did
20 have a policy in place on family and care involvement.
21 It's CYGN0000117. We're going to go to page 3 of that
22 document, paragraph 5.3. And its states four lines
23 down:
24 "Where the individual has given their consent, the
25 carer will be kept fully informed about and involved in

1 the individuals care; they will be supported with
2 maintaining contact, including invitations to
3 Multi-Disciplinary Team Meeting ... ward round and
4 reasonable changes made to ensure carers can attend if
5 [necessary] ..."
6 And it's recognised by Cygnet, isn't it, that that
7 didn't happen in VC's case?
8 **A.** Mm, yes.
9 **Q.** Are you able to explain why?
10 **A.** I think the -- well, we only actually had three Patient
11 Review Meetings, and the first one was just a couple of
12 days after he had arrived to the ward. Generally, the
13 very first Ward Review Meeting we tend not to, in any
14 case, invite parents or we -- we tend to just want to
15 get a feel for the person themselves.
16 Thereafter, we normally -- but I think there were so
17 many things happening within a very short space of time,
18 that it was probably something that was just overlooked
19 at the time.
20 The other thing, I personally, as far as I can
21 remember, was not aware that VC's mother had tried to
22 contact the ward. I think, if staff were aware that
23 there was a need to talk to her, we would have made
24 an effort even if it was contacting her after hours.
25 I know that there was an issue with her not able to

1 accept calls during working hours.
2 **Q.** If we can turn, please, to the matters of working, if
3 I can describe it as that. Looking at the Cygnet notes,
4 we see there were ward rounds for VC, there were three
5 ward rounds as you have said --
6 **A.** Yes, yes.
7 **Q.** -- 14 September, 21 and 28 September. You attended the
8 first two of those --
9 **A.** Yes.
10 **Q.** -- the 14th and 21st. And on both dates we see the
11 patient review documents completed.
12 **A.** Yes.
13 **Q.** Care plans done or updated, risk assessments updated.
14 **A.** Yes.
15 **Q.** So these reviews, as it were, this collective work, is
16 carried out roughly weekly; is that right?
17 **A.** That's right.
18 **Q.** Then besides those pieces of work, there are also MDTs
19 which you've described in your statement as occurring
20 daily.
21 **A.** Yes, Multi-Disciplinary Team meetings, what we call
22 morning meetings where we have updates of each and every
23 patient, and we also look at risk assessments, care
24 plans, and make changes as needed.
25 **Q.** And you say in your statement you will have attended

1 a number of these morning --
2 **A.** Yes.
3 **Q.** -- MDTs throughout VC's admission.
4 **A.** Yes.
5 **Q.** You explain, it's your witness statement page 17, at
6 paragraph 45, the penultimate sentence of that:
7 "Made decisions and plans regarding the patient's
8 care are made by the consultant who considers the views
9 of the rest of the MDT which includes speciality
10 doctors."
11 **A.** Mm, that's right.
12 **Q.** So as well as those weekly ward reviews when those
13 documents are created or updated, the MDT is also
14 an opportunity where important decisions can be made
15 about a patient.
16 **A.** That's correct.
17 **Q.** Now I want to look at just a couple of entries in the
18 Cygnet notes dealing with MDTs. So the first is
19 CYGN0000036. And it's this page, it's page 1. We're
20 going to have to zoom in, and it's the second entry,
21 1 October 2021, and this one is an entry made by you.
22 **A.** That's right.
23 **Q.** And it's the day of transfer.
24 **A.** That's right.
25 **Q.** Yes, it's the second half of the screen and it's

1 a pretty brief note, isn't it?
2 **A.** If you look down the document you'll see that's normally
3 the medical secretary who does that. That's part of the
4 Specialty Doctor's versatile role, so our medical
5 secretary wasn't there that morning --
6 **Q.** So you filled in-- *(overspeaking)* --
7 **A.** So I-- *(overspeaking)* --
8 **Q.** So my question wasn't specifically about the MDT meeting
9 on 1 October, and we can look at -- if we go to page 2
10 of this document and look at the entry, another MDT
11 entry, 29 September 2020. So it's roughly the fourth
12 box up from the bottom. And again, that --
13 **A.** Yes.
14 **Q.** -- one is quite brief and there's a number of other
15 examples in the notes --
16 **A.** Yes.
17 **Q.** -- I won't take you to them all, where they are
18 similarly brief. The question is why are the notes of
19 the MDT so brief in the patient records and is there
20 a fuller note kept elsewhere?
21 **A.** At that time the notes were very brief because it was
22 quite a lengthy meeting, you can imagine. We were
23 discussing I think roughly 17 patients from the acute
24 ward and nine patients from our PICU meeting -- from our
25 PICU in this meeting.

1 So therefore, it was really just a very brief
2 summary of what -- of what the outcomes were. In the
3 care plan, so somebody would be doing it care plans and
4 it would be changing care plans at the same time.
5 There'd be -- in the care plans, there'd be a better
6 explanation of why it had been changed. There was, in
7 the risk assessments, there's another team member would
8 be on the risk assessments, so they would be doing
9 that --
10 **Q.** -- *(overspeaking)* -- So is the point that the
11 discussions at MDT or the decisions at MDT you say would
12 have been reflected in those other documents.
13 **A.** In other documents as well, but more recently, I think
14 just prior to when I left Victoria House, those MDT
15 notes had been lengthened, but what it did was it also
16 lengthened the time of the meetings. So I'm not sure
17 what's happening right now, but --
18 **Q.** But the practice has changed --
19 **A.** Yeah.
20 **Q.** -- and now the notes are -- *(overspeaking)* --
21 **A.** Yes, it has -- it had changed by the time I'd --
22 **Q.** If we can move on to the issue of risk assessment
23 please, and your approach to risk assessment.
24 Now in the absence, in VC's case, but in any case
25 where you're not getting detailed information from the

1 Trust, no contact with the family, no detailed
2 information from the police, the task of undertaking
3 a full and well-informed and accurate risk assessment is
4 made more difficult, isn't it?
5 **A.** It can be.
6 **Q.** If we look, please, at the evolution of the assessment
7 of risk at Cygnet, and if we start with CYGN0000001 and
8 go to page 189. This is a risk assessment dated
9 11 September, so this was the date of admission.
10 **A.** That's right.
11 **Q.** And if we turn, the entries I want to look at are on the
12 next page, page 190. We have here the assessment in
13 respect of "Risk of harm to others" and "Risk of
14 noncompliance with medication", and both of those are
15 assessed as being high; do you see that?
16 **A.** Correct.
17 **Q.** And in respect of risk of harm to others, the narrative
18 to the right refers to "High risk of violence and
19 aggression", it notes that VC had been "nursed in
20 seclusion" the previous week.
21 **A.** Mm, mm, yeah.
22 **Q.** And then in the box below "Risk of noncompliance with
23 medication."
24 It notes that VC had said:
25 "... he was no longer taking his medication and had

1 no intention of continuing with treatment".
2 And later in that box:
3 "... [not] taking ... medication (because ... wasn't
4 psychotic and never has been) ..."
5 And that's a lack of insight, isn't it.
6 **A.** That's right. Yes.
7 **Q.** So for those two reasons, that's why we have the ranking
8 of high, the narrative to the right explains it.
9 **A.** That's right.
10 **Q.** Then the next risk assessment, we're in the same
11 document but we go to page 185, and this is the risk
12 assessment from 14 September. So it's the same day as
13 the ward review that you attended and the patient review
14 form that you filled in, that we'll look at shortly.
15 **A.** That's right.
16 **Q.** If we turn to page 186, the risk of harm to others and
17 the risk of non-compliance with medication has reduced
18 from high to moderate. Do you see that?
19 **A.** I see that.
20 **Q.** Now, the narrative doesn't change. So far as your ward
21 review on the 14th, the patient review, was there
22 a discussion at the ward review or the patient review as
23 to risk assessment? Were you involved in the decision?
24 **A.** There always is a discussion on risk in the ward review,
25 so I would presume there would have been a discussion.

1 **Q.** Do you recall what that discussion was? Were you
2 involved in the --
3 **A.** It was so long ago, so I -- so I can't recall the
4 specific -- any specific details but I can imagine that
5 we probably would have said that there's been a period,
6 while in Victoria House, where he -- where there were no
7 incidents.
8 **Q.** No incidents of violence?
9 **A.** There were no incidents of violence -- well, no
10 incidents at all with him in his case during that
11 time --
12 **Q.** And VC was taking his medication whilst --
13 *(overspeaking)* --
14 **A.** He was taking his medication.
15 **Q.** We see that in the next -- I'm not going to go to the
16 risk assessment of 21 September. I'll go to the final
17 one, 28 September, which is at page 72 of this document.
18 It's right to say, isn't it, whilst that document is
19 coming up, the narrative -- we want to go to page 73 --
20 so you'll see the date there is 28 September and then
21 page 73 deals with the risk to others and risk of
22 non-compliance. The narratives in the boxes on the
23 right, they inform, don't they, your discharge
24 notification, your Discharge Summary?
25 **A.** Yes.

1 **Q.** So this narrative is essentially adopted into those
2 discharge documents?
3 **A.** Exactly.
4 **Q.** The risk here remains moderate. It was moderate in the
5 risk assessment that I skipped past, 21 September, but
6 what we see in the risk of harm to others, it's the
7 point that you just made, we have the two additions at
8 the bottom of the narrative of the 21st and 28th --
9 **A.** Yes.
10 **Q.** -- referring to the fact that VC hadn't shown aggression
11 or violence. Then for risk of non-compliance with
12 medication we have to turn over the page and we have the
13 two entries there, making the point that VC had been
14 concordant with his medication --
15 **A.** Yes.
16 **Q.** -- during the admission. So it seems that the basis for
17 the assessment of risk, the change in the assessment of
18 risk, is what is happening whilst VC is admitted,
19 subject --
20 **A.** Yes, that's right.
21 **Q.** -- to the Mental Health Act. Now, the Inquiry has heard
22 evidence relating to dynamic risk assessment, where
23 consideration given is to factors that could arise in
24 the future, factors that could arise in changing
25 circumstances and how they can impact risk. Is it fair

1 to say that this risk assessment at Cygnet is very much
2 focused on the present, the here and now?
3 **A.** Exactly.
4 **Q.** It's a static risk assessment?
5 **A.** Yes.
6 **Q.** It's not considering the risk that could arise once VC
7 was in the community and no longer --
8 **A.** No, no.
9 **Q.** -- compelled to take medication?
10 **A.** No. And that's why, I mean, the top of the page, it
11 will say, "Risk Assessment Tool for the PICU".
12 **Q.** Sorry, say that again, I didn't catch that?
13 **A.** So the top of the page says --
14 **Q.** The start of the previous page?
15 **A.** -- "Cygnet Risk Assessment Tool for Acute/PICU", yeah.
16 **Q.** Does Cygnet carry out a dynamic risk assessment, so will
17 it consider risk going into the future, risk
18 post-discharge?
19 **A.** We -- at that time, the risk assessment was done
20 purely -- a risk assessment is done at the time of -- at
21 the specific time. So not, you know, looking into the
22 future.
23 **Q.** I want to go back to the AMHP report, please. It's
24 CYGN0000019, and it's page 3 again. This assessment was
25 carried out on 24 September, and it's the final two

1 paragraphs that I want to look at, so the penultimate
2 paragraph:
3 "[VC] said that he is not experiencing any
4 psychosis."
5 Final sentence:
6 "He does not feel that the beliefs he had could have
7 been due to a paranoid psychotic illness."
8 So, again, this is lack of insight, isn't it?
9 **A.** Yes.
10 **Q.** It's the same issue identified on admission.
11 **A.** Yes.
12 **Q.** Then the final line on that page:
13 "[VC] said he does not have any [mental health]
14 needs, so does not require treatment. He accepts
15 treatment because he has no choice whilst on Section but
16 doesn't see the need for it and perceives no benefit or
17 side effects. He stated if the section ends he would
18 leave hospital and resume his university studies and not
19 have contact with [mental health] services."
20 Now, in light of that, and this is obviously
21 a number of days into the admission and whilst VC is
22 taking medication at Cygnet but, in light of that, in
23 any dynamic risk assessment, the risk would be high,
24 wouldn't it, for non-compliance?
25 **A.** Yes, I think there have been lots of changes when it

1 comes to risk assessment within -- well, not only within
2 Cygnet but within the NHS. We look more at the risk
3 formulation at the moment. It's in line with the NICE
4 Guidelines now. So things have changed a lot since
5 these kinds of risk assessments where we use one word,
6 you know, "mild", "moderate", "high", things have
7 changed --
8 **Q.** Yes, but just going back to --
9 **A.** -- in those -- at that time.
10 **Q.** Going back to my question, you've explained that the
11 risk assessment Cygnet carried out was focused on VC's
12 time on the Psychiatric Intensive Care Unit, but my
13 question was: if it was a risk assessment that was
14 dynamic and was looking at risk, for instance,
15 post-discharge, in light of what we've seen in the AMHP
16 report, then the risks would remain high because this is
17 exactly the same thing, isn't it -- *(overspeaking)* --
18 **A.** Yes, and that's why the AMHP and the two doctors
19 concurred that he needed to remain in hospital under
20 Section 3.
21 **Q.** You referred to changes in practice. Does Cygnet now,
22 for its inpatients, does it now carry out a more dynamic
23 risk assessment, one that considers risks
24 post-discharge?
25 **A.** Cygnet now, we are doing more what we call a risk

1 formulation. So it's not just the one word which --
2 "high" to one person and to one service might mean
3 something very different to the next service, for
4 instance. So, for instance, I work in
5 a neuropsychiatric rehab hospital now, and what we
6 consider high -- high risk, might not be the same as
7 what a PICU may consider a high risk for any of the
8 various categories.
9 So, therefore, it's much more useful to actually
10 have a formulation where you look at a fuller picture
11 and you actually have a better -- and you have
12 a description of the risk, rather than a one-word
13 description.
14 **Q.** Does that process, does that risk formulation process,
15 would it now look at future risks and risks
16 post-discharge?
17 **A.** I think it would take into account some of that.
18 I think it would be much more comprehensive than what we
19 used to have.
20 **Q.** Moving on from risk assessment, I want to look at the
21 step down, as it's been described, so the transfer from
22 Cygnet to the Priory on 1 October 2021, and I want to
23 explore the team's understanding of what VC's treatment
24 would be thereafter. Perhaps if we look at the
25 tribunal's decision, CYGN0000052, at page 45.

1 We are looking at paragraph 3 and this is where the
2 tribunal is summarising the evidence received from
3 Dr Shoilekova, and the point that's being made here is
4 that VC was safe to be transferred to a less restrictive
5 ward closer to his home, hopefully in a number of days,
6 and so that decision to transfer to the Priory, that had
7 been made a number of days into VC's admission, hadn't
8 it.
9 **A.** Normally admissions in a PICU are kept as short as
10 possible because it's an extremely restrictive
11 environment. So from the moment the patient arrives in
12 the PICU, we start thinking about when they should be
13 moved on to a less restrictive environment, so their
14 treatment is proportionate. Because of the lack of
15 incidents during his stay, his compliance with
16 medication -- yes --
17 **Q.** By 23 September, it was clear that VC was ready to be --
18 **A.** *(The witness nodded)*.
19 **Q.** -- stepped down to the Priory.
20 **A.** Yes.
21 **Q.** But next sentence that we see in this paragraph makes
22 the point that the plan is to recommend a Section 3
23 detention.
24 **A.** Yes.
25 **Q.** The final sentence of the paragraph states that if VC's

1 "insight does not improve" the recommendation would be
2 depot.
3 **A.** Yes.
4 **Q.** So although there is going to be a step-down?
5 **A.** Yes.
6 **Q.** That's not saying while he's on the brink of being
7 discharged to the community --
8 **A.** No.
9 **Q.** -- the risk remained high, it seems from this, and there
10 was still a need for Section 3 to think about treatment
11 and longer-term treatment needs?
12 **A.** Exactly.
13 **Q.** The two ward rounds that you attended, I'm not going to
14 go to the notes of the ward rounds, which are in small
15 print. We can look at the patient reviews because they
16 contain, don't they, the notes of the ward round?
17 **A.** Yes.
18 **Q.** The first one, 14 September, it's CYGN0000060. This is
19 page 3 of that document. Do you recall, would it have
20 been you completing the patient review at this form?
21 **A.** So it varied from consultant to consultant. Some
22 consultants preferred to do their own mental state exams
23 and ask the medical secretary to write the patient
24 feedback. So in this case, in this specific case, this
25 was Dr Shoilekova's mental state exam, which she

1 dictated to the medical secretary, and the feedback was
2 also what the medical secretary had captured.
3 **Q.** Yes, so where we see the heading "... Feedback", that's
4 what's contained in the patient's records for the ward
5 round, isn't it?
6 **A.** That's right.
7 **Q.** And the takeaway from that ward round, and it's
8 summarised in the mental state examination, but
9 a complete lack of insight, an "impression" of "Paranoid
10 Schizophrenia".
11 **A.** That's correct.
12 **Q.** And if we, we can go over the page to page 4, we can see
13 the bottom, at the bottom of that at page "Key Checks by
14 Doctor".
15 **A.** Yes.
16 **Q.** Those were all tasks for you?
17 **A.** So that part was completed by myself, yes.
18 **Q.** Then if we go over the page, page 5, there's a box in
19 the middle says, "Risk Formulation", and then in red
20 font we can see:
21 "Please complete a risk formulation and date that
22 informs [the] action points below ..."
23 Is the reference there to risk formulation, is that
24 the risk assessment documents we were just looking at?
25 **A.** No, that's actually more the -- what the psychologist

1 does. And at this stage in the admission she hadn't had
2 a chance to -- and it's not expected that they do it
3 immediately, but it's something that's done with the
4 patient. So I think she'd done it a bit later in the
5 admission.
6 **Q.** Then the next box "Action points", we can see that there
7 are a number of action points listed.
8 **A.** Yes.
9 **Q.** So the section, the column on the left has been
10 completed but the boxes on the right are empty. What's
11 the intention for those boxes? Should they have been
12 filled out at this stage?
13 **A.** Probably should have been filled out but I think it is
14 quite obvious who was to do what. So the first one was
15 something -- I just need to make a change on the Kardex,
16 increasing the haloperidol. So the appealing against
17 Section 2, that was something for the Mental Health Act
18 administrator to do. And the rights would be the
19 nursing staff. The other one would be "OT and
20 psychologist to engage with him", that's standard, you
21 know, it's a really standard items and Dr Shoilekova
22 would do the Section 17 leave form, *(read to self)*.
23 "OT", that's OT in psychology. So it's quite --
24 it's fairly obvious to us who would do what on that.
25 **Q.** Can we go to the next Patient Review Ward Round,

1 21 September. It's CYGN0000061, and this is the ward
2 round that was attended by Claudia Birtles.
3 **A.** Right.
4 **Q.** I'll start in this document, if I can please, at page 4,
5 and the top box, that's setting out the assessment of
6 VC, isn't it?
7 **A.** Yes, that's the mental state exam.
8 **Q.** Yes. I won't go through it, we can read what it says,
9 but the final sentence, it's the same as before, isn't
10 it: complete lack of insight?
11 **A.** Yeah.
12 **Q.** If we just go back a page, page 3, and go to the bottom
13 box. In that bottom box, the first paragraph, has the
14 contribution of Claudia Birtles doesn't it, or makes
15 a note of the contribution of Claudia Birtles?
16 **A.** Yes.
17 **Q.** And that paragraph concludes with:
18 "... hence depot has been considered."
19 And are you able to help us at all with the
20 discussion that you had or was had with Ms Birtles as to
21 depot? Was she advocating for depot?
22 **A.** It was long time ago, and I have very vague
23 recollections of that ward round, but I think ...
24 I can't say how forceful she was with it but definitely,
25 you know, she would have advised or said that, you know,

1 she would want him to be on a depot. *(Pause)*
2 **Q.** If we look, please, WITN0357001. This is from a witness
3 statement -- you've been provided with an extract from
4 this witness statement of Dr Tuhina Lloyd. She was the
5 consultant in the EIP team in Nottingham.
6 **A.** Sorry, I didn't see this before.
7 **Q.** You won't have seen this page, but the page I'm going to
8 you will have or might have seen. It's page 94. Then
9 it's the paragraph right at the bottom of that page,
10 (ii), Dr Lloyd is quoting from an interview she had
11 given previously. She describes there Claudia Birtles
12 "bringing her views back to the MDT" saying:
13 "This is our opportunity finally to get VC onto
14 a depot and possibly a CTO. We really need to push for
15 this."
16 Then if we go over the page, please, page 95, (iii):
17 "... a plea was made by [Claudia Birtles] because
18 he'd gone in on a Section 2 ... converted to section 3,
19 to strongly consider a depot ..."
20 Then 263:
21 "... we really wanted VC on a depot, [and] we'd been
22 pressing the inpatient team ..."
23 **A.** At which point was this, sorry? May I clarify that?
24 **Q.** Well, it's during this third admission, but my question
25 for you is: were you aware, or were your team aware, or

1 did you experience, a depot being pushed for or pressed
2 for by the Nottingham EIP team, a plea being made for
3 it?
4 **A.** I wouldn't quite call it a plea. I don't recall a plea
5 being made.
6 **Q.** Did you have any contact from Dr Lloyd?
7 **A.** Not myself personally that I can remember, no.
8 **Q.** The final topic I want to deal with is discharge. Okay?
9 **A.** Yes.
10 **Q.** Communication around discharge. You drafted the
11 discharge notification --
12 **A.** Yes.
13 **Q.** -- and the Discharge Summary.
14 **A.** That's right.
15 **Q.** The notification we see, it's CYGN0000015, and we can
16 see at the bottom of the page "Risk Assessment",
17 a section filled out for "Risk to self", and if we go
18 through at page 2 and 3, we can see these are entries,
19 aren't they, taken from the risk assessment that we were
20 looking at before?
21 **A.** Yes.
22 **Q.** And then finally on page 4 we see the date of this
23 document, which is 4 October. So that's three days
24 after the transfer, isn't it?
25 **A.** Yes.

1 **Q.** Then the Discharge Summary, CYGN0000012, and that's
2 dated 11 October so that's ten days after the transfer.
3 Now, first question: shouldn't these documents,
4 discharge notifications, discharge summaries, be sent
5 more swiftly?
6 **A.** Ideally, yes. Ideally.
7 **Q.** Do you recall what the delay was in this case?
8 **A.** I don't recall what the delay was, but we were really
9 busy on the ward so I think it would just have been time
10 pressure.
11 **Q.** Now in terms of the documents sent to the Priory, from
12 evidence received by the Inquiry, it's clear that on
13 referral, so when VC was referred to the Priory, they
14 will have received the Patient Review from 21 September,
15 the risk assessment from 21 September --
16 **A.** *(The witness nodded)*.
17 **Q.** -- the Cygnet progress notes from 16 to 23 September,
18 the AMHP report that we've looked at, and the mental
19 health assessment and tribunal documents.
20 **A.** Yes.
21 **Q.** So that's all the documents that go over with the
22 referral, and obviously important documents. But
23 wouldn't, with discharge, the more up-to-date documents,
24 so the documents after 24 September, would they be sent
25 across?

1 **A.** Which documents are those, sorry? Which documents are
2 you --
3 **Q.** Well, for instance, the Patient Review documents
4 post-dating 21 September.
5 **A.** Okay.
6 **Q.** The risk assessment post-dating 21 September.
7 **A.** Yes, those normally -- well, all the latest risk
8 assessments is normally sent across.
9 **Q.** So that's should be sent with the discharge?
10 **A.** Yes, that's right. And care plans, of course.
11 **Q.** Now if we go to page 3 of this discharge letter, it sets
12 out, under the heading "Risk Management", "Risk to
13 self", "Risk to others", it's got the "moderate" rating,
14 it has narrative from the risk assessment that we've
15 already seen. And then on the final page, page 6, it
16 has the risk entry in respect of "Non-compliance with
17 medication", and that's marked "Moderate", and again has
18 the narrative from the risk assessment we've seen.
19 It doesn't say in terms, does it, it doesn't make
20 plain that that risk assessment is very much restricted,
21 it's a static risk assessment restricted to the
22 Psychiatric Intensive Care Unit? It's not a dynamic
23 risk assessment.
24 **A.** Yeah, it's a risk assessment for -- that summarises his
25 previous risk, and then the risk during his time at

1 Victoria House. So ... well, basically two weeks of
2 compliance with medication and the rest
3 -- *(overspeaking)* --
4 **Q.** So is it your understanding that the Priory would
5 realise this isn't a dynamic risk assessment, this isn't
6 describing risk in the community --
7 **A.** Yes.
8 **Q.** -- it's just whilst VC was at Cygnet.
9 Then at page 2, please, of this document, under the
10 heading -- it's CYGN0000012, page 2. The second
11 paragraph under the heading "Past Psychiatric History",
12 final sentence:
13 "His compliance with the treatment has been
14 questionable, hence a depot has been considered."
15 **A.** Right.
16 **Q.** Of course by this stage there's been the decision of the
17 tribunal, which it appears was sent to the Priory and
18 Dr Shoilekova's report to the tribunal. And
19 Dr Shoilekova's recommendation was clear, wasn't it: if
20 insight was poor, then depot was recommended.
21 **A.** That's right.
22 **Q.** Shouldn't that have been referred to in this letter, the
23 fact that the Responsible Clinician's view, the
24 consultant's view was, if insight doesn't improve, then
25 our view is depot?

1 **A.** I think that might have been helpful to add, but it's
2 also -- it's difficult to specify to another
3 professional, a psychiatrist, exactly what should be
4 done, especially when you don't know what will happen in
5 future, as we were told yesterday about unfortunate side
6 effects that he had with this medication.
7 **Q.** If we look, please -- and this is the final question
8 from me -- your witness statement page 15. It's
9 a paragraph at the bottom of the page, paragraph 42.
10 You set out the factors to be considered when deciding
11 whether or not depot medication is an option. And we
12 can see them set out there. I won't read through each
13 of them, but it's right to say, isn't it, that all of
14 those apply to VC? *(Pause)*
15 **A.** Yes, and I say that there are many factors, and using
16 a depot, it's not just a simple decision that
17 a clinician makes. There are a lot of things that go
18 into using a depot. You need to discuss with the
19 patient. It needs to be a considered decision,
20 especially if a patient is not wanting to have a depot.
21 **Q.** Yes, and notwithstanding all of that, the factors you've
22 highlighted as being the factors or -- important factors
23 to be considered, they all applied to VC, didn't they?
24 **A.** Yes, yes.
25 **MR CARR:** Thank you, Chair. Those are all my questions.

1 **THE CHAIR:** Yes, thank you.
2 Mr Moloney.
3 **Questioned by MR MOLONEY**
4 **MR MOLONEY:** Good morning.
5 **A.** Good morning.
6 **Q.** I just want to ask you about two things, really. The
7 first is medication, and the -- and specifically,
8 haloperidol. And VC had been started on the haloperidol
9 on the 3 September, when he was admitted to Cassidy
10 Suite, hadn't he?
11 **A.** As far as I understand, yes.
12 **Q.** And certainly all the time that he was in your care then
13 haloperidol was the medication that was being used --
14 **A.** Yes.
15 **Q.** -- with him. I'd like to, if I may, take you to the
16 different reviews of VC's care on 14 September, then the
17 21st and 28th, to look at what's recorded in terms of
18 haloperidol in those documents. Can I take you first of
19 all to CYGN0000060.
20 This is, and you were present at this, weren't you,
21 we see your first name there --
22 **A.** That's correct -- *(overspeaking)* --
23 **Q.** -- rather than your surname.
24 **A.** Yes, many people can't pronounce my surname.
25 **Q.** Which the name of the previous doctor, obviously she

1 wouldn't have that difficulty, but in terms of your --
2 you there, this is the Patient Review on 14 September,
3 and if we go page 4 if we could, please. We see that --
4 and I'll just go down to the bottom of that, please, if
5 we could. Perhaps if we could -- maybe -- maybe could
6 we just go back to page 3 to just make sure I haven't
7 gone on to the wrong page.
8 It's a passage that reads, and I think it is on
9 page 4, it's a passage that reads that regarding his
10 medication -- yes, so it is on page 4. I was right the
11 first time.
12 "Regarding his medication", so that's
13 three paragraphs up from the bottom of that top section,
14 "Regarding his medication" and that's haloperidol:
15 "... he mentioned that he's ok with the haloperidol
16 and we be happy with an increased dose. He has also not
17 had any effect."
18 **A.** Yes, that's right.
19 **Q.** If we could then, and I'll try and be a bit more
20 efficient this time, go to CYGN0000061, which is the
21 review on 21 September 2021, and to page 2. So that's
22 CYGN0000061, to page 2, and this is the final
23 subparagraph of that section:
24 "[VC] has been attending for meals and accepting
25 a good level of diet and fluids. He has been concordant

1 with all prescribed medications, physical observations
2 and weekly Covid swabs and maintains a good sleeping
3 pattern."
4 If there'd been any mention of side effects by that
5 stage they would have been noted in that paragraph,
6 wouldn't they?
7 **A.** Yes, and we were always monitoring the side effects.
8 **Q.** Always monitoring the side effects. And if finally we
9 could just go to the last Patient Review which is
10 28 September 2021 and that's CYGN0000033.
11 Dr Engel, you weren't at this one, but I'll just use
12 you if I may, with respect, to produce the record and go
13 to page 3 of this, and we see "Regarding his medication"
14 again there in the grey box, as it were, with the grey
15 background:
16 "Regarding his medication, he stated he will not
17 like to be on a depot and will prefer to be to take his
18 tablets.
19 "He stated that he has not had any side effects and
20 he is sleeping well."
21 **A.** Right.
22 **Q.** And that is 28 September, which is just, as it were,
23 three days before you transfer him out of Cygnet into
24 the Priory on 1 October. So that's essentially from the
25 3 September through to 28 September and I assume -- may

1 I assume -- that there's no note anywhere of him having
2 begun side effects before you transferred him out?
3 **A.** No, no note of that. And we would have -- I know our
4 staff were really, really good at observing the side
5 effects, and in fact they would have done what were
6 called, I don't know if they still do it, Lanses(?) for
7 side effects from antipsychotic medication, on a weekly
8 basis they would do that.
9 **Q.** And excessive salvation can be a side effect to
10 haloperidol, can't it?
11 **A.** Yes. Yes, it can.
12 **Q.** Would that usually be seen in the early days of the
13 administration of the medication?
14 **A.** It can be, but it can also come on a bit later.
15 **Q.** It can come on a bit later.
16 **A.** Mm.
17 **Q.** How much later, Dr Engel? Because you had him
18 essentially from 3 September, that's some 25 days until
19 that last review, which is some -- just shy of
20 four weeks. Does it -- is it usually in before then?
21 **A.** Usually, but --
22 **Q.** It can be.
23 **A.** -- we can't really exclude --
24 **Q.** In infrequent circumstances --
25 **A.** Yeah.

1 **Q.** -- it can come on. Thank you very much. If we could
2 just finally look at CYGN0000016, and this is Social
3 Circumstances Report which is prepared by Claudia
4 Birtles, but that's for the tribunal, isn't it?
5 **A.** Yes.
6 **Q.** If we can go to page 7 of this. We can see that in the
7 top box, six lines up from the end of that top box:
8 "[VC] said she *[sic]* is currently taking haloperidol
9 and that he would rather not but will continue if he has
10 to, he said he would make a sacrifice if it meant he
11 could be discharged. [VC] said he feels like he doesn't
12 have a choice but is not taking it because he needs it.
13 Similarly [VC] said he 'would have no choice' and would
14 have engaged with support following discharge although
15 he does not think that it is necessary. Discussed
16 possibility of depot medication as one option, [VC] said
17 that this would depend on the side effects however
18 stated that it might be easier than taking medication
19 every day."
20 Forgive me, I would just like to, as it were, pick
21 up on a question that Mr Carr asked about, information
22 that might be highlighted in passing a case over to
23 successor clinicians, would that type of information, do
24 you think, not to bind the different doctor, doctor
25 coming in afterwards, but be useful in terms of

1 understanding the care of a person when another
2 clinician receives them into their care?
3 **A.** Which information is -- *(overspeaking)* --
4 **Q.** About haloperidol?
5 **A.** The part of the lack of insight or --
6 **Q.** No more about the attitude to haloperidol, when coming
7 to the tribunal and the social circumstances form, his
8 remarks on haloperidol, he'd rather not, but he will
9 continue if he has to. It would be a sacrifice if it
10 meant he could be discharged?
11 **A.** I mean, I think the next doctor would have access to all
12 these reports, if --
13 **Q.** All right.
14 **A.** If they read through them, like, it would be expected
15 that the next psychiatrist looking after him would read
16 through his tribunal reports.
17 **Q.** Right okay. Thank you very much, Dr Engel. Just one
18 other topic. You've been asked about contact with VC's
19 mother and you've spoken about that.
20 **A.** Yes.
21 **Q.** Just in general, is family support to the patient
22 generally regarded as very important in psychiatric
23 health?
24 **A.** Yes.
25 **Q.** Can it be a key component in treatment success?

1 **A.** Yes, yes.
2 **Q.** So -- just to illustrate, if I may, does it have the
3 potential to reduce relapse rates and improve medication
4 concordance?
5 **A.** I mean, I haven't looked at the specific research but it
6 would make sense, yes.
7 **Q.** Does it essentially -- if you've got active family
8 engagement with the sick person, it creates a nurturing
9 environment that lowers stress and reduces isolation?
10 **A.** Right, yes.
11 **Q.** And it gives support to the person who is navigating
12 poor mental health?
13 **A.** Of course.
14 **Q.** You don't need a medical qualification to realise all of
15 that, do you?
16 **A.** *(The witness nodded)*.
17 **Q.** It's common sense that, in most circumstances, love and
18 support from a supportive family is going to help
19 somebody who has to face the distress of poor mental
20 health?
21 **A.** Yes.
22 **MR MOLONEY:** Thank you very much, Dr Engel.
23 **THE CHAIR:** Yes, Ms Cartwright.
24 **Questioned by MS CARTWRIGHT**
25 **MS CARTWRIGHT:** Good morning, Dr Engel. I ask questions on

1 behalf of the survivors. Can I take you back to the
2 AMHP report that resulted in the conversion from
3 Section 2 to Section 3, please, which is CYGN0000019
4 that you were taken to.
5 Thank you. Perhaps then just to contextualise this
6 record from the AMHP from Nottingham, you were taken
7 a moment ago to the Social Circumstances Report --
8 **A.** Yes.
9 **Q.** -- by Mr Moloney that captured VC's purported views
10 being given pre-the tribunal, regarding the haloperidol,
11 but, in respect of this report, in fact we know that
12 this is a week before his discharge from the PICU down
13 to the acute ward, at a time, in fact, where we know as
14 well he'd had the decision of the tribunal communicated
15 to him on 24 September. So this is a context again,
16 would you agree, where we get a capture a week before
17 discharge from the PICU about VC's views about his
18 mental disorder and his insight but also his views as to
19 his concordance with this medication --
20 **A.** That's right.
21 **Q.** -- when he's going to be discharged. I'm going to ask
22 you about this just because I want to be absolutely
23 clear whether you'd considered this report before you
24 wrote the Discharge Summary that you've been taken to,
25 your discharge letter.

1 So had you considered this report and the contents
2 of it before you wrote the discharge letter to the
3 Priory?
4 **A.** This is not, okay, the whole report but --
5 **Q.** Pardon?
6 **A.** No, no, I thought we were going to go through --
7 **Q.** Well, I'm going to take you through it but I just want
8 to just capture with the document, bearing in mind this
9 is a highly significant additional report on VC a week
10 before his discharge, as to whether the document itself
11 would have been something that you reviewed before
12 writing that Discharge Summary.
13 **A.** So I would have seen it, I can't remember exactly back
14 to that time but I would have seen the report. But all
15 these reports go with -- they go in addition to the
16 Discharge Summary.
17 **Q.** No, I appreciate that but also, plainly, a number of
18 clinicians we've heard from in terms of priority
19 documents they look at, plainly the discharge letter,
20 which acts as the baton of care being passed from
21 a provider to a provider, is a key document that the
22 next person picking up the baton of care looks to as
23 suggesting where matters ended and the transfer of
24 information for continuity of care?
25 **A.** Yeah --

1 **Q.** I completely appreciate there's lots more of records, we
2 see that but that's why what's contained in that
3 Discharge Summary is highly relevant?
4 **A.** It is a summary though, however.
5 **Q.** It is.
6 **A.** It's not meant to be a very, very long, extensive
7 letter.
8 **Q.** All right. Well --
9 **A.** It's a summary.
10 **Q.** -- I don't want to display the discharge letter again
11 that you were taken to but -- so to contextualise then
12 as we go this document, the discharge letter you sent to
13 the Priory, whilst it had referenced VC's position on
14 concordance pre-admission, how you had captured
15 concordance with medication, had referenced 21 September
16 2021:
17 "Been concordant with medication since admission."
18 28 September 2021:
19 "Compliant with medication."
20 So your timeline of chronology is 21 September,
21 28 September. So that's why I want to deal with this,
22 because this is a key document that captures an
23 assessment on 24 September. If we can just then go
24 through with the key information that's contained within
25 this document at page 2, please, we can see that, over

1 recent -- we can see that the Section 3 had been
2 requested because VC was refusing treatment.
3 **A.** Well, admission.
4 **Q.** Sorry, yes. Thank you. Again:
5 "He has stated that he will not see Mental Health
6 staff again or allow anyone to visit him. He was clear
7 that he believed his CPN was actively involved in
8 a conspiracy. There had been three attempts to visit
9 [VC] since this meeting at different times of the day,
10 yesterday without any response ..."
11 So that's the pre-admission position.
12 **A.** Mm.
13 **Q.** Then if we can go over the page, please, you were taken
14 to aspects of this by Mr Carr, but if we look on page 3,
15 VC gave some really significant information. So we can
16 see -- you were taken to the first part of the
17 penultimate paragraph. So if we could just go to the
18 penultimate paragraph, please.
19 So just scroll down, thank you. Just to give the
20 full context:
21 "[VC] said that he is not experiencing any
22 psychosis. He said his [mental health] disorder stopped
23 in early August 2021 and so he stopped his medication.
24 [VC] does not feel he has had any [mental health]
25 symptoms since ..."

1 Plainly, we know the Mental Health Tribunal
2 completely disagreed with that, and as did Cygnet.
3 **A.** Mm.
4 **Q.** Then it says:
5 "[VC] said he has read proof online that agencies
6 use technology to gather information from people's minds
7 to monitor and control remotely and that it could prove
8 fatal."
9 Pausing there, this is VC, on 24 September 2021,
10 referencing, in respect of his thoughts, that it could
11 prove fatal. Now, we don't see in this document or in
12 your assessments whether it was explored with VC what
13 his thoughts were about that they could prove fatal.
14 Were you aware of that information?
15 **A.** Can I just have one moment, please, to read through?
16 **Q.** Of course. Please do.
17 **A.** I mean, further down it says:
18 "'I felt this had happened to me, but now I don't
19 hold this view'."
20 I think it needs to be read in the context.
21 **Q.** There may be more context but VC, in his own words, on
22 24 September 2021, sharing views with the AMHP from
23 Nottingham City Council and with those -- as part of
24 a document for those assessing for the Section 3,
25 indicating that it could prove fatal was highly relevant

1 information, do you agree, that should have been
2 completely explored about what those thoughts that could
3 prove fatal were?
4 **A.** Yes.
5 **Q.** Again, just so I'm clear, because you've been taken, and
6 I don't want to go back, to your risk assessment, did
7 you at any point speak to VC about his thoughts that
8 could prove fatal?
9 **A.** I cannot remember. I don't think I would have, at that
10 point but I cannot remember. It was quite a while back.
11 **Q.** All right, well, we don't see it in, I think, your risk
12 assessment --
13 **A.** No, no.
14 **Q.** -- so would you perhaps think that that would suggest
15 that you weren't aware of this?
16 **A.** I think, maybe you don't read a whole document with --
17 you know, you read it in the context. You don't quite
18 necessarily, you know, focus on one thing. You --
19 I probably would have read it in the context and not
20 understood it to be ... yeah, like that.
21 **Q.** Okay, then I'm not going to ask you questions about
22 other evidence that the Inquiry has as to risk
23 information relating to VC's thoughts, save for this
24 general proposition: you were asked about the
25 assessments you were making and the need to have earlier

1 records that gave the continuity of risk information,
2 and therefore would you agree, even as a PICU, you
3 should have had access to all highly-relevant material
4 relating to risk, thoughts of murder, thoughts of
5 harming individuals or thoughts of wanting to break
6 people's hands with their heads *(sic)* whilst suffering
7 from the delusions and hallucinations?
8 **A.** Yes.
9 **Q.** Highly relevant information, would you agree?
10 **A.** Yes.
11 **Q.** And highly relevant information as to whether the
12 step-down from a PICU to an acute ward, in fact, should
13 have been a step up to secure services in a forensic
14 service?
15 **A.** That's not a decision I would be making.
16 **Q.** No, no, I appreciate that, but --
17 **A.** It would be a question for --
18 **Q.** It is, I completely appreciate but it's not just for
19 a step down from a PICU. Essentially, the PICU is not
20 putting in place the treatment because it's essentially
21 an intensive care unit but the next placement to provide
22 the treatment can be a step up from a PICU; would you
23 agree?
24 **A.** It usually doesn't flow in that direction, but I --
25 I mean, I can't really --

1 **Q.** All right, well, I don't want to press you --
2 **A.** -- speculate on that, no.
3 **Q.** All right then can we just keep going through this
4 document, please. Again, over the page. Again, you
5 were taken to the first paragraph on page 4. Thank you.
6 Then, again, we see the discussions that followed the
7 Mental Health Act Assessment. Again, VC being fixed in
8 his views about that the authorities were controlling
9 his thoughts; no insight into his illness; the need for
10 treatment or risks associated with it; no remorse for
11 the serious violent attack on the police. Then:
12 "All assessors felt that [his] denial of any
13 symptoms and rejection of his firmly held beliefs do not
14 feel authentic ... he has developed no corresponding
15 insight into his previous illness. He continues to have
16 no recognition of the seriousness of the risk to others
17 associated with this or express any remorse about the
18 violent incident."
19 Again, relevant information, would you agree, on the
20 sort of timeline that's not in your discharge letter
21 about the prospects of compliance with medication?
22 **A.** As I said, it's a Discharge Summary.
23 **Q.** I appreciate that. But, again, relevant information on
24 the timeline that we don't have in your summary that
25 only deals with 21 September, 28 September, and so

1 ending on a position that's giving the impression of VC
2 being compliant with his medication, when, if one looks
3 at this document, it seems almost inevitable that VC is
4 not going to be concordant with his medication on
5 discharge because he's saying as much as part of this
6 assessment?
7 **A.** Well, I don't think two weeks in someone's lifetime of
8 taking medication while they are in a PICU gives any --
9 anybody any thought that somebody will be compliant in
10 the community.
11 **Q.** No --
12 **A.** It wouldn't give us another psychiatrist or GP, even
13 -- *(overspeaking)* --
14 **Q.** Right. Well, let's go over to page 5, please, again,
15 just to complete the point I'm making about the lack of
16 information in what I accept is a Discharge Summary,
17 that:
18 "[VC] ... has settled since admission, but he is
19 passively accepting of this, rather than showing any
20 insight or engagement. His denial of delusional beliefs
21 or any [mental health] needs appears to confirm his
22 belief that [mental health] services are part of
23 a controlling conspiracy and not to be trusted.
24 Assessors felt he continues to have psychotic symptoms
25 which require treatment, and that as he has stated his

1 refusal to accept this or acknowledge the high risks
2 associated with relapse, detention in hospital is
3 required."
4 But then, obviously, it's recording that he's going
5 to move from the PICU to the local acute bed.
6 **A.** That's right.
7 **Q.** So, again, would you agree that this is really
8 suggesting that, whilst he may be concordant with
9 medication in hospital, in reality what he's saying is
10 that's not going to be the position on discharge, as
11 stated on 24 September?
12 **A.** So once patients are medicated for a longer period, it
13 is likely that they may start to gain some partial
14 insight. So things change over time. So one cannot say
15 with certainty, using what someone said when they were
16 acutely unwell, that that is how they're going to be
17 forever.
18 **Q.** All right. If we could just keep looking down on this
19 page because I think we see it recorded as a high risk
20 of relapse. Again, so:
21 "Risk to self: Paranoid delusions cause [VC] to
22 distrust services. He is likely to disengage if
23 discharged whilst ... unwell.
24 "Risk level: high."
25 **A.** That's right.

1 **Q.** Again, it's not your document, so I'm not going to ask
2 you about why there's only in "Risk to Others" the
3 "Violent attack on police officer ... due to belief they
4 were part of a conspiracy to harm him", and no
5 engagement with the risk identified from VC's own words
6 about risk of fatality. But, again, there it being
7 really made clear about the risk that he's going to
8 disengage, would you agree?
9 **A.** Yes, if unwell. While still unwell, yes.
10 **Q.** Then if we can move forward, please, to page 9. If it
11 can be expanded so we can see the whole page, please.
12 Thank you. Sorry, can we go back to page 8. Sorry.
13 Yes, so we can then see under "Capacity" at this
14 time, again it's referencing there that:
15 "[VC] lacks capacity to make decisions about his
16 treatment as his delusional belief about [mental health]
17 services conspiring to harm him impact both his
18 understanding and ability to use and weigh information
19 about his illness, treatment and the services that would
20 provide this."
21 Then over the page, please, can I ask you this: we
22 can see the care plan that was on the assessment of the
23 AMHP, Alison Jacques. So it's not your care plan but we
24 can see then -- would Cygnet have anything to do with
25 communicating the care plan that was being formulated by

1 Nottingham City Council for VC?
2 **A.** From Nottingham City?
3 **Q.** Pardon?
4 **A.** So -- sorry, I'm just trying to understand the question.
5 Cygnet?
6 **Q.** So this a care plan, it's saying that it's important for
7 the ward to follow up and, obviously, it has a number of
8 matters that again we don't see reflected in your
9 Discharge Summary around leave of absence from
10 university, the consideration of housing options if his
11 current tenancy ends whilst an inpatient. So would it
12 be important to pass on what appears to be the
13 formulation of the care plan from 24 September in your
14 Discharge Summary that's a week later?
15 **A.** So, I mean, we -- that would also be information that
16 goes with the AMHP report. The AMHP report goes to the
17 next placement as well. That would be something that
18 the acute ward ideally would do before he goes back into
19 the community.
20 **Q.** All right, and can I ask you because we can again see
21 reference to that VC may need support to consider his
22 housing options, bearing in mind the outcome of the
23 assessment was that VC was back on another Section 3, so
24 he had an entitlement to Section 117 aftercare, which
25 would also entitle him, essentially, to free assistance

1 and services. Did you explain or discuss with VC about
2 Section 117 or what it entitled him to in the community
3 and what Nottingham City Council should have been doing
4 for assessment for support for VC with things like
5 accommodation and the social support that they could put
6 in place?
7 **A.** I don't recall personally discussing that but I know
8 that there was -- Section 3 rights were regularly read
9 to our patients.
10 **Q.** Thank you and then --
11 **A.** -- by the nursing staff.
12 **Q.** Sorry, I didn't mean to interrupt you.
13 **THE CHAIR:** Ms Cartwright, you're, again, well over time.
14 **MS CARTWRIGHT:** Thank you.
15 Can I then just finally -- for the final matter --
16 I won't go through the rest of the things on the form,
17 Chair, you have that.
18 **THE CHAIR:** Yes, I've seen the form.
19 **MS CARTWRIGHT:** Thank you.
20 Could I then just briefly take you to your
21 paragraph 41 in the context of the questions you've been
22 asked about depot, and I'm not going to repeat those.
23 So it's your witness statement WITN0342001, page 15 at
24 paragraph 41.
25 Thank you. You give some statistics and we know

1 even from a fact-specific analysis of what was in the
2 document we've just looked at, it almost seemed
3 inevitable that VC, if he was unwell, was going to be
4 non-concordant with his medication but you provide some
5 statistics generally about medication compliance with
6 patients with schizophrenia. You say this:
7 "Ten days after discharge, 25% of patients with
8 schizophrenia are non-adherent; 50% by one year and 75%
9 by two years. The relative and absolute risk of relapse
10 with depot medication maintenance is 30% and 10% lower,
11 respectively than with oral medication."
12 So would you agree, in the knowledge generally of
13 those statistics but specifically with the factual
14 matters that have applied to VC, it was absolutely
15 essential that your Discharge Summary should have
16 flagged that this now was the time, whilst VC was on
17 a Section 3, for the acute ward to now be actively
18 progressing VC to be put on a section -- a CTO with the
19 power of recall, when he was ultimately direct from his
20 Section 3?
21 **A.** That would not be the correct thing to do. My job in
22 doing a Discharge Summary would be to give the relevant
23 information to the next clinician and, depending on how
24 things pan out, over the course of time, that would be
25 up to them to work together with VC, his family, and

1 care coordinator to come up with a plan for his future
2 management.
3 **MS CARTWRIGHT:** Thank you, Dr Engel, and thank you, Chair,
4 for indulging me.
5 **THE CHAIR:** Thank you.
6 Yes, Mr Straw.
7 **Questioned by MR STRAW**
8 **MR STRAW:** Dr Engel, I represent VC's family. There's just
9 one very brief issue.
10 You discussed information sharing earlier between
11 the Cygnet and the Priory when you had questions from
12 Mr Carr, and is it a fair summary of the system in place
13 that all significant records that you created in the
14 Cygnet should be passed on to the Priory?
15 **A.** That's right.
16 **Q.** What about the Community Team? Is there a system of how
17 your records are passed on to the Community Team?
18 **A.** Yes, they're included in that as well.
19 **Q.** So someone in the Cygnet would pass on the records to
20 the Community Team?
21 **A.** That's right.
22 **MR STRAW:** Yes, okay. Thank you very much. That's all.
23 **Questioned by THE CHAIR**
24 **THE CHAIR:** Thank you.
25 Yes, there was only one question that I wanted to

1 ask you and it's this: just in relation to -- yes, if
2 you'd been discharging into the community, rather than
3 transferring to another hospital, on your risk
4 assessment and the discharge notice, would future risks
5 be assessed, rather than a static risk assessment?
6 **A.** Not at that time.
7 **THE CHAIR:** So even if you were discharging rather than
8 transferring, you wouldn't --
9 **A.** Yes --
10 **THE CHAIR:** -- have done a future risk assessment?
11 **A.** -- but it would be made clear in other ways, even in the
12 Discharge Summary too, if it were -- if the patient were
13 going to the community.
14 **THE CHAIR:** Why wouldn't you do a risk assessment?
15 **A.** That was just not how the risk assessments were done at
16 the time. We would do a risk assessment for at the
17 time.
18 **THE CHAIR:** So --
19 **A.** A risk assessment is something done at a specific time,
20 because risk changes and I think that's why there's some
21 changes now in the way we assess risk and it's no longer
22 called "risk assessment" in Cygnet, it's "risk
23 formulation".
24 **THE CHAIR:** I see. Thank you.
25 Right, we'll take a break now until 11.50. Thank

1 you.
2 **(11.31 am)**
3 **(A short break)**
4 **(11.50 am)**
5 **THE CHAIR:** Yes.
6 **MR BAYNHAM:** Chair, now I please call Dr Austin Nwawueze.
7 **THE CHAIR:** Yes.
8 **DR AUSTIN NWAWUEZE (affirmed)**
9 **Questioned by MR BAYNHAM**
10 **THE CHAIR:** Yes.
11 **MR BAYNHAM:** Dr Nwawueze, you have provided a witness
12 statement to the Inquiry, dated 3 December 2025?
13 **A.** That's correct.
14 **Q.** Can you confirm it's contents are true to the best of
15 your knowledge and belief?
16 **A.** Yes, they are.
17 **Q.** Just briefly, by way of your professional background you
18 qualified as a doctor initially in Nigeria in 2011?
19 **A.** Yes, that's correct.
20 **Q.** You then did one year in a private hospital in Nigeria
21 under the supervision of a psychiatrist?
22 **A.** Yeah.
23 **Q.** Then otherwise, until 2019, you worked in emergency and
24 occupational medicine in Nigeria?
25 **A.** That's correct.

1 **Q.** You then moved to the UK at the end of 2019 and started
2 working as Specialty Doctor in psychiatry at Cygnet
3 Victoria House since March 2020.
4 **A.** That's correct.
5 **Q.** And you did that under the supervision of two consultant
6 psychiatrists, one of whom was Dr Shoilekova who we
7 heard from yesterday.
8 **A.** Yes.
9 **Q.** Did you see any of her evidence?
10 **A.** No, I didn't, no.
11 **Q.** And you worked alongside another Specialty Doctor,
12 Dr Engel, who we have just heard from this morning and
13 I think you caught the end of her evidence.
14 **A.** I did.
15 **Q.** And it was in that role that you were involved in the
16 care and treatment of VC in September 2021.
17 **A.** That is correct.
18 **Q.** And then since then, you left Cygnet in November 2023,
19 worked as a Specialty Doctor elsewhere before coming
20 a consultant in June '24?
21 **A.** That's correct.
22 **Q.** And a Member of the Royal College of Psychiatrists in
23 September '24?
24 **A.** That's correct.
25 **Q.** And you continue to work as a consultant -- Locum

1 Consultant Psychiatrist.
2 **A.** That's correct.
3 **Q.** What was your understanding of your role as a Specialty
4 Doctor at the time of your involvement with VC?
5 **A.** My understanding of the role of Specialty Doctor was
6 mostly to bridge the gap between the consultant and,
7 instead of the nursing team, because in Cygnet we had
8 consultants, Specialty Doctors, and then you had the
9 wider teams.
10 So it's quite different to the NHS where you have
11 like a set of junior doctors and -- so you have a stream
12 of junior doctors but yes, our job was this stream
13 between consultants and the rest of the team.
14 **Q.** So are you fulfilling a similar role that a junior
15 doctor would fulfil in the NHS?
16 **A.** Similar but with more responsibilities.
17 **Q.** Your only direct involvement with VC was at his ward
18 round on 28 September 2021?
19 **A.** That's correct.
20 **Q.** And that was his final ward round before being stepped
21 down, transferred, to Priory Hospital Arnold a few days
22 later on 1 October.
23 **A.** Yes, that's correct.
24 **Q.** VC had been at Victoria House since 11 September.
25 **A.** *(The witness nodded)*.

1 **Q.** What awareness did you have of VC prior to the ward
2 round on the 28th?
3 **A.** So as with most patients -- as with every patient, we
4 will discuss in our morning reviews, kind of have, sort
5 of a handover, look at risk assessments, talk about
6 their presentation, day-to-day. So I had quite a lot of
7 that information before going into the ward round. It's
8 a bit different to when the patient is directly under
9 your care but you have like an oversight.
10 **Q.** Can you recall anything about how VC was discussed at
11 those daily MDT meetings before 28 September?
12 **A.** Very difficult to say I can recall everything that was
13 said. Obviously it's been a few years now, but from
14 what I recall most of the times there was discussions
15 about him taking medication, him wanting not really
16 being -- being mostly isolated in his room but not
17 engaging as much, but generally not being much of
18 a management problem or concern, considering that he was
19 on a PICU.
20 **Q.** Were you aware from those meetings or otherwise that VC
21 had appealed his detention on 15 September?
22 **A.** I was aware that in the ward round I attended he had
23 just had the tribunal.
24 **Q.** And were you aware that his Section 2 had been converted
25 to a Section 3 on 24 September?

1 **A.** I was.
2 **Q.** Turning to that ward round, what can you recall of how
3 VC presented?
4 **A.** Just as I stated in my report, very vague of what I can
5 remember on the day. He had minimal engagement,
6 Dr Shoilekova led the review, as would the consultant in
7 a meeting. We touched on most of his risks. That's
8 what we would normally do in ward rounds because we
9 would talk about one risk to the next. And I know
10 particularly that there was discussions around his risk,
11 potential risk of non-compliance, and discussions around
12 the depot being considered because it was one of the
13 recommendations that Dr Shoilekova had made in the
14 tribunal.
15 But I think on balance, given that he had been in
16 hospital for, at that time, close to 25 days and had
17 been compliant with the haloperidol depot, but also
18 there was a plan to step him down into an acute ward,
19 and he wasn't going directly into the community, the
20 decision not to go ahead with the depot was what was
21 made on the day.
22 **Q.** Okay. We'll come on to that in a bit more detail in
23 a moment. Was there any discussion at this ward round
24 of the incident that had led to VC's admission? There's
25 a number of references throughout his time at Cygnet

1 where he discusses what was, we know, a very serious and
2 violent assault, as something that had been taken out of
3 proportion, an error of judgement, an unfortunate
4 incident. Was anything like that discussed at this ward
5 round?
6 **A.** Without having a full view of the ward round
7 discussions, it might be difficult to say, but usually
8 what happens is we always talk about the reasons why
9 they came into hospital and the plans going forward. So
10 usually we'll look at the risk assessment and for him,
11 violence and aggression would have been one that would
12 have been touched upon, and that would usually reflect
13 the history of why he came into hospital in the first
14 place. So it's fair to assume that it happened on the
15 day.
16 **Q.** And is downplaying of the severity of an incident
17 a particular risk or particular concern?
18 **A.** It could be. It could be. Bearing in mind that a lot
19 of people when they're psychotic, they usually would
20 have clouding of consciousness around the incidents that
21 happened. So downplaying of the incident might be one
22 thing, but it also might be part of the illness in
23 itself because a lot of times people don't remember what
24 happened when they were psychotic.
25 **Q.** I don't know if you had a view --

1 **THE CHAIR:** Can you slow down a little bit so we can take
2 notes of what you're saying, thank you.
3 **MR BAYNHAM:** I don't know if you or the MDT had a view in
4 this case on which of those two possibilities was the
5 more likely?
6 **A.** Difficult to say. The review itself, I remember it not
7 being very long, and without looking at the past few
8 review -- ward rounds, which I wasn't in, it would be
9 difficult to say exactly which view we thought was on at
10 the time. What was clear was that he didn't have any --
11 he didn't have much insight into his mental disorder and
12 perhaps that view would have been formed when his
13 insight improved.
14 **Q.** Let's turn to the note of the Patient Review which is
15 CYGN0000033.
16 The first point I want to look at, if we look over
17 the page on to page 2, and this is in the section on
18 nursing and support worker feedback, the bottom few
19 lines of that paragraph at the top:
20 "On 23 [September] ... [VC] participated in his
21 tribunal which ruled that he would remain detained in
22 hospital, following this ... [he] was detained under
23 a section 3 ... [having previously been on a Section 2]
24 Since this his presentation has appeared increasingly
25 flat."

1 Was that -- do you recall that being discussed at
2 this review, this ward round?
3 **A.** Yes, I do.
4 **Q.** What was that "increasingly flat" presentation
5 attributed to?
6 **A.** Again, it's probably one of the two things. One being
7 some people may have flattened affect as part of
8 negative symptoms, and sometimes described as blunted
9 affect as part of negative symptoms of psychosis or
10 schizophrenia, as his diagnosis turned out to be. The
11 other possibility could be the fact that he was
12 disappointed that he hadn't been let off his section and
13 usually we would seal off people presenting flat shortly
14 after that.
15 **Q.** So presenting as flat can just be a symptom of illness,
16 it might have arisen spontaneously --
17 **A.** Yeah, it could be --
18 **Q.** -- or it's specifically attributed to those recent
19 developments of the tribunal hearing and detention under
20 Section 3?
21 **A.** Possibly. In his case, given that it was described as
22 since the tribunal, it's more likely that that's what
23 was responsible for that.
24 **Q.** And was VC given a copy of the tribunal decision, do you
25 know?

1 **A.** I can't categorically say I'm sure.
2 **Q.** Is that something that you would do?
3 **A.** Excuse me. It would be usual practice to give the
4 patients copies of their tribunal report, usually before
5 the tribunal. But I can't say for certain that that
6 happened. I don't know.
7 **Q.** Thank you. Would it be usual practice for someone to
8 sit down with the patient and explain what the view of
9 the Responsible Clinician is, what the tribunal's
10 decided?
11 **A.** Yes. Usually a staff member will sit with them to try
12 to get their views or any worries or concerns they had
13 about the tribunal reports, but also the solicitor would
14 have the opportunity to talk them about the reports
15 before the tribunal.
16 **Q.** If we just look at page 3 of this same document, there's
17 a box in the middle of the screen that says "MSE",
18 that's mental state examination; is that right?
19 **A.** That's correct.
20 **Q.** Then "O/a", on assessment?
21 **A.** That's correct.
22 **Q.** And it says there:
23 "[On assessment] ... good self-care, blunted affect,
24 denies delusional beliefs ..."
25 Then if we look in the box below on "Patient

1 Feedback", the penultimate paragraph there:
2 "Regarding his thought of conspiracy between the NHS
3 and authorities, he mentioned that he is less concerned
4 about it and he doesn't think it will reoccur."
5 Can you see that?
6 **A.** I can.
7 **Q.** Do you recall that being discussed at this Patient
8 Review?
9 **A.** I do.
10 **Q.** Was that denial of delusional beliefs believed?
11 **A.** Do you want to repeat that question?
12 **Q.** Was that denial of delusional beliefs taken at face
13 value or not by the MDT?
14 **A.** I wouldn't say it was taken at face value. I think
15 Dr Shoilekova is -- the bit on MSE where it says "O/a"
16 was a snapshot of Dr Shoilekova's MSE on the day, and
17 I think what she was saying there was he was denying it.
18 It doesn't mean that we didn't think he had the
19 delusions.
20 **Q.** Were you aware that in the tribunal hearing VC had said
21 similar things? He said he'd been persuaded that he had
22 a mental illness, and that he no longer had delusional
23 beliefs, and Dr Shoilekova essentially gave evidence
24 that it was very unlikely he would have developed that
25 insight overnight and, whilst you've got to rely on what

1 a patient says, you've got to test that against the
2 other assessments that you have.
3 Was there any discussion around that in this Patient
4 Review of whether this is genuinely a cessation of
5 delusional beliefs or --
6 **A.** No. I think already Dr Shoilekova had a formed opinion
7 prior to this review because she had seen him in the
8 tribunal as well and giving evidence. I didn't have
9 prior to this ward round, I'd not seen the tribunal
10 report, but from hindsight now on preparing my witness
11 statement, I could see that she had clearly understood
12 that his delusions were still there and he'd had no
13 insight at the time.
14 **Q.** And so that's -- that was your position, the position of
15 the MDT at this stage?
16 **A.** Yes.
17 **Q.** Was there a concern therefore that VC was saying the
18 right things, as it were? Saying that he's no longer
19 got delusional beliefs when the view of the MDT is that
20 they are still -- he is still experiencing delusional
21 beliefs?
22 **A.** I think it is difficult to say. I think the issue will
23 be trying to look at what risks are emanating from the
24 presence or lack of presence of -- or the absence of
25 delusional beliefs at the time. So if a patient is

1 saying, "I don't have these delusions right now", if
2 they were still present, we would have been seeing quite
3 a significant degree of paranoia on the ward, would have
4 seeing maybe agitation linked to the paranoia because he
5 still believes that we're all part of the NHS, for
6 instance, that he has his conspiracies against the NHS.
7 If I'm speaking too fast, apologies. I might need to
8 slow down.
9 **THE CHAIR:** Yes, I think probably if you can try and slow
10 down.
11 **A.** I will.
12 So it might be that, if he still had the delusions,
13 we would have seeing the behavioural consequences that
14 would come with the delusions, such as the paranoia, the
15 agitation, which on this day, there was none of that.
16 **MR BAYNHAM:** Okay. In general terms, how do you
17 differentiate now, as a consultant psychiatrist, between
18 a patient who has genuinely developed some insight and
19 a patient who is saying the right things?
20 **A.** I think there will be a number of factors. Someone who
21 is saying the right things will basically -- it could
22 come from learnt experiences from being in hospital.
23 You might figure out that, even though they are telling
24 you, for instance, "I'm not unwell", you'd still be
25 getting symptoms that suggest that they are. There's

1 a lot of day-to-day daily risk assessments and all the
2 other observations and engagements that would be showing
3 otherwise. Even though the patient is telling you, "I'm
4 not responding to unseen stimuli", they would be seen
5 generally to be having discussions with people that
6 others couldn't see, for instance.
7 So I think it's always going to be a case of
8 matching what the patient is saying versus the
9 observations, and that's usually where we can tell the
10 difference.
11 **Q.** Here, those observations were: not agitated at this
12 point still showing no insight into his illness.
13 **A.** Yes, that's correct.
14 **Q.** Was it appreciated as a risk that VC might mask symptoms
15 in order to try and, for example, be stepped down or be
16 discharged? Was that something you were concerned
17 about?
18 **A.** I think that would be a risk with every patient.
19 I think every patient who is brought into a PICU will
20 generally, within the best of their availability, try to
21 downplay their symptoms. I think that's a risk that you
22 would expect with everybody and, from a professional
23 point of view, we would always be aware or try to look
24 out for those risks.
25 **Q.** So that's not a specific concern, for example, that you

1 would want to communicate to the next service, in this
2 case, the Priory? It's a concern that you multi-expect
3 all psychiatrists to be alert to?
4 **A.** Yeah, I think I would expect the Priory to make their
5 own judgement on that at the time he comes to them
6 because, for instance, if his insight improves over
7 time, insight is usually one of the last things that
8 improves in schizophrenia anyway, but if it did improve
9 over time he might not present in the same way with the
10 denials around the delusions and it would be down to
11 them, at that point in time, assessing him, to try and
12 work out what the observations we're seeing, matching
13 that against his presentation and his views.
14 **Q.** If we just look at what VC was saying about his beliefs,
15 if we go to Dr Shoilekova's report for the tribunal,
16 which is CYGN0000011, and page 4. It's the top
17 paragraph there. From four lines down it says:
18 "[VC] believes he is subject to harassment by the
19 government through interference with his mind by
20 inserting thoughts there which are not his, and by
21 transmitting 'voices' to his head that run a commentary
22 on his actions and abilities, and are generally
23 unpleasant. [VC] believes that this harassment is done
24 as a punishment for him breaking the lockdown rules.
25 [VC] indicates he has done research on the matter and

1 does not believe that these experiences are
2 contributable to mental illness, hence he stopped taking
3 his antipsychotic medication."
4 In fact, Dr Engel earlier was asked some questions
5 around similar descriptions in the AMHP report of VC
6 having been convinced by research that he'd done. Is
7 there an issue with a psychotic patient with complex
8 delusional beliefs conducting research or perhaps
9 engaging with online communities that might have the
10 effect of appearing to validate those delusional
11 beliefs?
12 **A.** I think the first question would be: are we certain he
13 conducted any research? Even though he's saying he's
14 done that, a lot of patients will say that. Well, we
15 don't know that he conducted any research. I can't say
16 categorically that he did.
17 The other bit would be that, if he did conduct the
18 research, then he might be trying to prove a point to
19 say "I'm not psychotic, I don't need to take
20 medication", but then it's difficult to give an answer
21 to that because I don't know if he did any researches or
22 not.
23 **Q.** You won't have seen but the Inquiry has obviously got
24 a lot of evidence that you didn't have at the time that
25 shows the products, effectively, of VC's research into

1 a mind-control technology. So we have the benefit now
2 of knowing that that research was being conducted.
3 Is there a concern that arises, in general terms,
4 from a patient engaging in that source of research and,
5 as I say, potentially that having consequences for their
6 engagement, insight, concordance?
7 **A.** From hindsight, yes, there will be. At the time this
8 report was done, I don't know, I can't see the date but
9 I'm guessing, if we'd compare the dates of this to the
10 information the Inquiry has, as to when he then
11 conducted researches, you might see why no one knew at
12 this time that he was doing any researches. So it would
13 be difficult to say at that time as well.
14 **Q.** I mean, if a patient told you that they were conducting
15 this research, you'd take that -- you'd place some
16 weight on that, presumably?
17 **A.** Probably not because the patient is unwell and a lot of
18 the things they tell you, most times are not founded on
19 truth. So usually he says, for instance, the NHS is
20 putting things in his mind. That's not founded on
21 truth. So, in essence, if he said he was doing
22 research, I would assume that that's probably tied to
23 the fact that he is unwell and it's a delusion in
24 itself.
25 **Q.** Okay.

1 **A.** Except there was contrary evidence to that.
2 **Q.** Is there anything that can be done to mitigate any
3 potential risk arising from a patient conducting
4 research, as we've just gone through or, for example,
5 looking at violent material, distressing material, that
6 kind of thing, while they're a patient?
7 **A.** I think generally, when we look at the principles of the
8 Mental Health Act and Mental Capacity Act, we're always
9 trying to look at this restrictive principle where
10 possible. If there was no evidence that we knew for
11 certain that he was, for instance, having access to
12 research materials, I'm not sure at that point there was
13 anything that would have been proportionate to his
14 position or the risks associated at that time that we
15 could have done differently.
16 If, for instance, we had the information prior to
17 him coming to us that he'd done some research, then
18 obviously it would have made sense to put risk
19 mitigation strategies in place for that.
20 **Q.** What would those strategies involve?
21 **A.** It would probably be things like reduce access to social
22 media, sources of Internet, that he could get
23 information around that, potentially communicating with
24 his uni to tell them about the impact that research
25 could have. But if we didn't have the information at

1 the time and we didn't know he was doing any research
2 then --
3 **Q.** Well, he does say that he's doing that research.
4 I appreciate you're not taking everything that he says
5 literally but you've got -- you've been given that
6 information, that he says he's doing that research?
7 **A.** Yes.
8 **Q.** Would that not be sufficient to put in place some of
9 those strategies?
10 **A.** I think it probably won't be as well because it was
11 still -- it would almost be like writing to the NHS to
12 say, "This man has said you're putting a chip in his
13 head, can we do something about that?" It's going to be
14 a similar value, thinking about if he's saying the NHS
15 is putting a chip in his head, then we're trying to work
16 out how true is that and, if he's saying he's doing
17 research, how can we say it's true, and how can we make
18 recommendations to his uni if it's not true? And then
19 that could impact on his own functioning, eventually,
20 when he becomes well and goes back to uni.
21 **Q.** If you do have a specific concern, about someone, about
22 a patient's Internet use, are there any barriers to
23 putting in place those sort of strategies that you've
24 just gone thorough?
25 **A.** On the PICU, not necessarily, no. It would have been

1 easy to do that.
2 **Q.** Just returning to the Patient Review form CYGN0000033.
3 On the second page, we see a box for carers and family
4 feedback, which hasn't been filled in. Now, I'm not
5 going to spend too long on this, we heard from
6 Dr Shoilekova yesterday and from Dr Engel this morning,
7 who both acknowledged that communication with VC's
8 family could have been better. You didn't speak with
9 Celeste, VC's mother, or any other member of his family,
10 did you?
11 **A.** No, I didn't.
12 **Q.** You accept that a doctor from the MDT should have spoken
13 with VC's mum and that his family should have been
14 involved and kept updated?
15 **A.** I believe so. I know that when I was preparing my
16 report I could see that in one of the other ward rounds
17 it had been completed, and it would also depended on
18 a certain number of factors: family involvement, what
19 was their relationship like at the time? His consent to
20 share information as well, and being able to access that
21 information.
22 **Q.** We don't need to turn to it but we know that he did give
23 consent to his family being contacted at Cygnet. You
24 weren't aware of any specific reason why you shouldn't
25 be contacting his family, were you?

1 **A.** No, I wasn't.
2 **Q.** Again, I don't think we need to turn to it but Cygnet's
3 policy on family and carer involvement is clear that
4 families should be kept updated and involved in
5 a patient's care?
6 **A.** Yes.
7 **Q.** So that should have happened here?
8 **A.** Yeah.
9 **Q.** There were some other documents that were updated at
10 this Patient Review. The risk assessment and the care
11 plan. Is that right?
12 **A.** Yes.
13 **Q.** You say in your witness statement that you most likely
14 completed the Patient Review form as that was generally
15 the task, or you were responsible for it being
16 completed --
17 **A.** Yeah.
18 **Q.** -- as that was the task of the Specialty Doctor.
19 **A.** *(The witness nodded)*.
20 **Q.** But you say that you weren't directly responsible for
21 completing the risk assessment and care plan documents?
22 **A.** *(The witness nodded)*.
23 **Q.** Why do you say that?
24 **A.** So usually, it's probably going to be easiest to
25 describe what the ward rounds were done like. You would

1 have five, maybe six, people in the room and usually
2 we'll put the care plans on the screen and, with the
3 care plans we'll talk about each of the risks
4 highlighted in the care plans. So someone is actively
5 typing into that and then someone else is on another
6 computer typing into the risk assessment on the other
7 side, whilst the doctor is with the Patient Review form,
8 and Dr Shoilekova or the consultant is leading the
9 review. So, in essence, different people had
10 responsibilities in that ward round. So, in essence, my
11 responsibility was for the form but, obviously, we will
12 all contribute into the other documents that have been
13 populated.
14 **Q.** Okay. If we can turn to the risk assessments that was
15 updated at that ward round, it's CYGN0000001, page 72.
16 So we can see there the date, 28 September 2021. If we
17 go over to the second page of this, so page 73 of the
18 document, we can see two risks there: risk of harm to
19 others and risk of non-compliance with medication. Both
20 of those were assessed as high at the time of VC's
21 admission but had been reduced to moderate at subsequent
22 ward rounds. Dr Engel said earlier that these are
23 essentially the immediate risk, and we can see that, if
24 we're look at the narrative on the right-hand side,
25 essentially goes through the background risk,

1 circumstances of the admission being, and that violent
2 assault. Likewise non-concordance in the community.
3 Then we see those updates that VC hasn't shown any
4 aggression or violence during his admission; he's been
5 concordant during his admission.
6 So it's those factors that mean that, at this point,
7 the risk of harm to others and the risk of
8 non-compliance was moderate; is that right?
9 **A.** Yes, that's right.
10 **Q.** So it's the immediate risk in the circumstances, of
11 being in a Psychiatric Intensive Care Unit?
12 **A.** Yeah. I would just add something on that. So the daily
13 risk assessment is more dynamic, so you had assessments
14 daily, we talked about that day-to-day, to kind of talk
15 about what informs this position, for instance on
16 21 September, and also, the risk assessment that would
17 have run through from the 21st -- daily risk
18 assessment -- until the 28th, will inform the position
19 of this person's view on the 28th. I don't know if that
20 makes any sense.
21 So, in essence, even though it looks static, it's
22 actually a reflection of a dynamic risk assessment over
23 the week.
24 **Q.** Okay, but that is static in the sense that it's
25 assessing the risk currently presented --

1 **A.** Yes.
2 **Q.** -- in the circumstances of being a detained patient in
3 a Psychiatric Intensive Care Unit, as in it's not saying
4 that were VC in the community, the risk of harm or the
5 risk of non-compliance would remain --
6 **A.** So that's future risk we're talking about.
7 **Q.** Yes.
8 **A.** In terms of static and dynamic, dynamic risks were
9 referring to day-to-day changes in risk perception.
10 Future risk is what you're trying to predict, predictive
11 future risk is what you're asking. Is that the
12 question?
13 **Q.** I think that's right, yeah, so this isn't projecting
14 that future risk?
15 **A.** No, it's not.
16 **Q.** And indeed in your witness statement, we don't need to
17 turn it up, but you say that although VC was accepting
18 treatment in hospital the MDT wouldn't be surprised if
19 he refused to in the community due to his lack of
20 insight.
21 **A.** Yeah, that's just explaining what "moderate" in terms of
22 these documents means. So "high risk" means imminent,
23 we expect that to happen. "Moderate" usually will mean
24 not currently happening, but we wouldn't be surprised if
25 it did.

1 **Q.** Did the MDT have a view on that long-term future risk?
2 **A.** I think -- which of them are you referring to?
3 **Q.** Well, for either risk of harm to others or risk of
4 non-compliance.
5 **A.** I think with the risk of non-compliance, I think the
6 concern would have been if his insight did improve
7 there's a potential -- very strong potential that he
8 will stop medication, as was the case prior to him
9 coming to us. With harm to others similarly, if he then
10 stop his medication and became -- started to have more
11 behavioural consequences as a result of the ongoing
12 delusions and paranoia, then obviously the risk to harm
13 will -- of harm to others will increase.
14 **Q.** Did Cygnet record that anywhere? Dr Engel gave earlier
15 that that's now part of -- I mean I know you're not at
16 Cygnet any more but that it's generally more common
17 practice now to formulate that future risk.
18 **A.** I don't know. I don't know if there's any -- because
19 obviously I left Cygnet about --
20 **Q.** In your current practice, is that something that you
21 would -- you would assess -- *(overspeaking)* --
22 **A.** In my current practice what we would normally do is we
23 would obviously try to use the known risks, past risks,
24 and current presentation to sort of give a view, but
25 then it will only be a view about the potential of

1 future risks because we can never really tell what will
2 really happen. We can -- we can try to foresee it but
3 we will usually won't be able to know, except if, for
4 instance, there was clear evidence that the person had
5 relapsed while they were with us and then we'd seen that
6 pattern already.
7 **Q.** I want to turn on to the topic of depot medication and
8 Community Treatment Orders. Dr Shoilekova was clearly
9 of the view, wasn't she, that depot medication was --
10 would be beneficial for VC?
11 **A.** Yeah.
12 **Q.** And she gave evidence on that yesterday, we can see it
13 in the notes. Where it is considered that a patient
14 might benefit from depot medication, how would you
15 expect that to be discussed with the patient?
16 **A.** I think firstly it will be about trying to do some
17 psychoeducation on the potential benefits of the
18 medication, communicating their presentation prior to
19 admission and the improvements that we're seeing or
20 weren't seeing at the time you're trying to recommend
21 depot, but also trying to emphasise the reasons behind
22 why you are emphasising depot, which will be, in this
23 case, probably be non-compliance with medication.
24 **Q.** So would you go through the potential advantages,
25 explore a patient's concerns?

1 **A.** Yeah.
2 **Q.** You'd go through those sort of things with them. If we
3 just return to the patient reviews, that's CYGN0000033.
4 We can see the section on page 3, "MSE" that we
5 looked at earlier. And we can see there that VC "will
6 not consider depot antipsychotic injections". That's on
7 examination.
8 **A.** Mm-hm.
9 **Q.** Then under inpatient views:
10 "Regarding his medication, he stated he would not
11 like to be on a depot and would prefer to take his
12 tablets."
13 **A.** Yeah.
14 **Q.** How was depot medication discussed with VC at this ward
15 round?
16 **A.** Oh, it's difficult to say now exactly how it was
17 discussed.
18 **Q.** Can you recall what reason VC gave for preferring
19 tablets?
20 **A.** What I recall him saying was that he's been taking his
21 tablets since he came to us and he will take it -- he
22 did say he didn't want to be on a depot but I can't
23 remember exactly the rest of the discussion or what
24 exactly he said in quotes.
25 **Q.** So you can't recall then any specific objection that he

1 raised to depot; it was just he said he was happy with
2 the tablets?
3 **A.** What I remember is that the path in green now was
4 captured by myself, and that was basically what he said:
5 he would prefer to take the tablets because he'd been
6 taking the tablets for the days he'd been with us.
7 **Q.** Would you expect some degree of persuasion where depot
8 medication is recommended and the patient is opposed to
9 it, to try and talk them round to it, or not?
10 **A.** I think it would depend on a number of factors. I'll
11 use my current practice now, I work on an acute ward so
12 usually our patients will be going straight into the
13 community. So if I was seeing a patient now and I had
14 severe concerns about non-compliance, yes, I would be
15 keen to persuade them. But if we look at -- this
16 patient was on a PICU. The next natural step would have
17 been for him to have been stepped down to an acute ward
18 and then that's where the persuasion would have been
19 more appropriately dealt with.
20 **Q.** So that's something you would expect --
21 **A.** Yes, it would.
22 **Q.** -- the Priory in this case to be doing?
23 **A.** Yeah.
24 **Q.** Likewise VC wasn't being discharged to the community
25 from Cygnet.

85

1 **A.** No.
2 **Q.** He was being stepped down to the Priory. So again that
3 would be for the Priory to be considering community
4 treatment orders as well.
5 **A.** Obviously it would depend on their assessment, depend on
6 his insight, depend whether that improves, yeah.
7 **Q.** If we can just look at your witness statement,
8 paragraph 71. Sorry, that's on page -- we've got it
9 there. And you say there that:
10 "A CTO should be considered necessary for patients
11 detained on section 3 of the [Mental Health Act] when
12 there is a high likelihood that the patient may
13 disengage from services, refuse medication or relapse
14 into a state that poses a risk to themselves or others."
15 Can you see that?
16 **A.** Yes, I can.
17 **Q.** Each of those applied in VC's case, didn't they?
18 **A.** In the acute hospital.
19 **Q.** At the time that you saw him and indeed --
20 **A.** At the time we saw him no, because he was on a PICU, he
21 was --*(overspeaking)* --
22 **Q.** Forgive me, if those all applied, were he not -- at that
23 time, were he not on the PICU, those were all risks that
24 were --
25 **A.** If he wasn't on a PICU, because this is referring to

86

1 community treatment orders so that would mean being
2 stepped down into the community.
3 **Q.** And likewise paragraph 73, you set out the "criteria
4 that may justify the use of a CTO and/or depot
5 medication", we can see that there:
6 "History of aggression ...
7 "Risk of becoming violent in the absence of
8 treatment ..."
9 And then if we scroll down:
10 "History of violence ...
11 "History of non-concordance ...
12 "History of ... isolation ...
13 "History of disengagement ...
14 "History of masking ... symptoms ..."
15 Again, all of those applied in the same way in VC's
16 case, didn't they?
17 **A.** Yeah.
18 **Q.** You say in your statement that VC wasn't started on
19 a depot. Effectively, it's at paragraph 103, because he
20 was about to be stepped down to the Priory, and so you
21 say, if we scroll down there:
22 "Given the brief interval before his repatriation to
23 his local hospital and the complexities involved ... it
24 is unlikely that such treatment could have been safely
25 initiated prior to transfer."

87

1 **A.** Yeah, so usually similar to criteria for detention, the
2 criteria for being on a PICU, if the patient is not
3 meeting the criteria for remaining on the PICU, but
4 an acute bed can be identified, then generally that move
5 needs to happen. The PICU is more restrictive.
6 In VC's case he had done about 28 days, roughly, on
7 a PICU and was no longer meeting the criteria for being
8 on the PICU. I think that was also clearly spelt out in
9 his Mental Health Act Assessment that happened on the
10 24th.
11 And so in essence, it made sense to step him down to
12 a -- to the acute ward and then for the CTO
13 considerations and depot to happen there.
14 **Q.** And so do I take it from that, and given those factors
15 that you've said are all present in this case, that if
16 time had allowed, and if there was still no insight,
17 there were still all those factors present, you would
18 consider that depot would have been justified?
19 **A.** I think if primarily he was still presenting with risks
20 that were *(unclear)* to be on the PICU, which would have
21 been mostly aggression, agitation, linked to the
22 psychotic beliefs, then yes, it would have made sense to
23 insist on him going on a depot even though he hadn't --
24 he didn't have any insight into it. But given his
25 presentation at the time, and also the fact that we were

88

1 still assessing response to haloperidol, I didn't think
2 it would have made sense to insist on transferring him
3 to a depot while you're still assessing if he was going
4 to actually respond to it in its entirety.
5 **Q.** But you'd be expecting then the next service, the Priory
6 in this case, to be continuing to consider --
7 **A.** Yes.
8 **Q.** -- depot medication as you had done at Cygnet?
9 **A.** Yes.
10 **Q.** You didn't complete the transfer summary documents.
11 Would you expect the receiving hospital to be told not
12 just that depot has been considered but that it had been
13 recommended?
14 **A.** Mm. I think it would be -- it would probably be
15 a good -- it would be good practice to inform them that
16 depot has been considered, depot is recommended. But
17 I think similar to looking at what is proportionate,
18 what is least restrictive and basically looking at
19 symptoms reduction, if the patient had insight, whilst
20 in the Priory, it might be difficult to enforce depot if
21 he was accepting it and his insight had improved. So it
22 would be down to their own assessments while he was
23 there and I don't have information on that,
24 unfortunately.
25 **Q.** No, but just in terms of communication from one service

89

1 to the next, would you expect, where depot has been
2 recommended, for that to be communicated specifically
3 rather than -- in the Discharge Summary, rather than it
4 had been considered?
5 **A.** I don't think it would necessarily be recommended in the
6 Discharge Summary because the Discharge Summary is
7 telling them what we're managing and obviously they will
8 have to do their own bit to say, "Well, at this point
9 when we're going to discharge or when we're looking at
10 discharge, we still believe that depot is needed."
11 I believe that the tribunal reports the -- some of
12 the risk assessments had made reference to depot being
13 considered. It would be down to the Priory's team if
14 they thought it was, from their assessments, necessary
15 at the time.
16 **Q.** If we just finally look at that topic of VC being
17 stepped down to the Priory, if we return to the Patient
18 Review, CYGN0000033. And on page 3 of that document,
19 again, under "Patient feedback" we can see the second
20 substantive paragraph:
21 "Dr Shoilekova explained to him that he may not need
22 a lengthy admission in an acute ward."
23 And Dr Shoilekova gave evidence yesterday that that
24 was perhaps slightly inaccurately noted and she was
25 saying merely that -- she was merely explaining what

90

1 Section 3 meant, ie, it allows for a longer period of
2 detention but it won't necessarily be that long. Is
3 that your recollection of how that was discussed?
4 **A.** Yes, and I think in a way it reflects probably what
5 I typed there in terms of saying may not. So usually,
6 when people get regraded to Section 3 we have to tell
7 them usually how long Section 3 can last.
8 **Q.** Yes.
9 **A.** And given that at this point in time VC was already
10 presenting flat in affect, which we thought was due to
11 the fact that his tribunal was unsuccessful and he'd
12 been regraded to Section 3, usually would be the case
13 where you'd then inform him: "It doesn't always have to
14 be up to six months; it can be up to six months, but if
15 things improve before then, then people get discharged."
16 And I think that's just what that reflects.
17 **Q.** Dr Shoilekova gave evidence yesterday that at this point
18 she was anticipating that VC was would likely be
19 detained on a Section 3 for perhaps two or three months,
20 and that discharge would then follow periods of
21 successful leave, trials of overnight leave, and also
22 the provision of psychological treatment, engagement
23 with occupational therapy.
24 Is that similar or was that similar to your own
25 expectations?

91

1 **A.** At the time, or --
2 **Q.** At the time.
3 **A.** Or you mean --
4 **Q.** No, at the time.
5 **A.** At the time, probably. But it's not -- it's also
6 similarly not usual practice to have patients step down
7 on a PICU and stay three months. If you look at usually
8 the length of stays on an acute ward, most hospitals
9 will have somewhere around 21 to 28 days length of stay.
10 So it will be a case of what are the risks he's
11 presenting with at the time when he's on the acute ward,
12 and what available support is there in the community to
13 continue his recovery, because otherwise keeping him in
14 hospital you're going to run the risk of
15 institutionalisation.
16 So in essence, yes, two to three months on paper
17 might sound like a good time but it would depend on how
18 much recovery he's making.
19 **Q.** Yes. So it would depend on the recovery but at the
20 point that you saw him, those expectations of
21 Dr Shoilekova's, you'd agree with?
22 **A.** Yeah.
23 **Q.** Just finally, then, in terms of understanding of risk at
24 the point of step-down, if we can go back to your
25 witness statement and page 13, paragraph 45, you say:

92

1 "For individuals with a history of violence, the
2 decision to step down requires a detailed formulation
3 ..."
4 Is that a formulation of risk?
5 **A.** No.
6 **Q.** No.
7 **A.** In this case I was referring to the overall formulation.
8 **Q.** Of the patient?
9 **A.** Yeah.
10 **Q.** Okay. "... that considers predisposing, precipitating,
11 and perpetuating factors."
12 And then if we go down to paragraph 50, you say:
13 "The decision to transition from PICU to an acute
14 unit must be defensible, collaborative, and based on
15 a shared understanding of risk. It must be documented
16 thoroughly, communicated across the multidisciplinary
17 team, and supported by a robust care and risk management
18 plan."
19 If we can just go back to the patient review,
20 CYGN0000033. And page 4 of that document, we see the
21 first action point at the bottom:
22 "Transfer to an acute ward".
23 And above that, the "Risk Formulation":
24 "Please complete a risk formulation ... that informs
25 the action points below".

1 And it says, "Consider the four Ps", which were the
2 same terms you used in your witness statement of
3 a detailed formulation being required.
4 Is this where you'd expect that formulation that you
5 describe your witness statement to be recorded?
6 **A.** Probably. But then the difference is -- so this
7 document, at the time when I worked in Cygnet, I don't
8 know if it has changed now, wasn't a live document. So
9 in essence sometimes it was pre-populated before the
10 ward round and sometimes bits of it then -- the rest of
11 the bits had to be done in ward round. So in essence,
12 if one person was on this document, nobody else could
13 have access to it, otherwise you wouldn't be able to
14 reconcile both entries.
15 What ideally would have happened or should have
16 happened before this ward round would have been for
17 these five Ps or, well, four Ps as they were called at
18 the time, to have been converted to have been
19 transferred from the formulation template itself, which
20 would have been done in the real formulation meeting on
21 to this template. But it seems like that didn't happen.
22 **Q.** I mean the short point may seem obvious, but this isn't
23 a detailed formulation, and we don't see a thoroughly
24 documented understanding of risk at the point of
25 step-down, do we?

1 **A.** Not in this document, but I think the risk assessment
2 documents should have covered it.
3 **Q.** So that risk assessment document we looked at earlier
4 that covers the current risk, that's sufficient to
5 meet --
6 **A.** Yes.
7 **Q.** -- what you say in your witness statement?
8 **A.** Yes, that would have covered it.
9 **Q.** Even though that's just addressing the risk at that
10 point; it's not addressing the longer term --
11 **A.** The future risk.
12 **Q.** -- future risk.
13 **A.** I don't think this would have also covered the future
14 risk. In essence, future risk is you're trying to
15 predict the future is from some of the known risks, but
16 usually it's not anything that would have been covered
17 within the context of this as well because it's not --
18 there's hardly any -- and I've worked in several
19 hospitals but there's hardly any hospital document that
20 predicts future risk, otherwise most of our patients
21 wouldn't be discharged.
22 **Q.** So you wouldn't expect something like that to be --
23 **A.** No.
24 **Q.** -- sent across to the --
25 **A.** No.

1 **Q.** -- the receiving service either.
2 **A.** It would have had to be at the point where they were
3 wanting to discharge from the hospital into the
4 community then. They could look at what the future risk
5 in the community would have looked like.
6 **Q.** Final question from me, Dr Nwawueze, we've heard some
7 evidence over the last couple of days about
8 fragmentation of services, continuation of care as well
9 as information sharing between different organisations,
10 from your perspective now as a Consultant Psychiatrist
11 who has worked across different Trusts, private and
12 public organisations, do you have any recommendations
13 for the chair to address any of those issues. For
14 example, Dr Engel said earlier that access at Cygnet or
15 Priory to RiO records that the Trust has would be
16 helpful.
17 **A.** Yeah. I think, it would be very useful for hospitals to
18 have access to notes but I think data protection makes
19 it all the more difficult. It's actually harder between
20 the private and the NHS sector but within NHS because
21 I've worked in several NHS sectors, I've seen that we've
22 kept information a lot better. So it's probably about
23 looking at maybe why there's a difficulty between the
24 NHS sharing information with the private sector,
25 especially if they're going to be dealing with the

1 patients that are NHS covered, really. And I think,
2 yeah, if there was better communication, it would make
3 the lives of clinicians in the private sector a lot
4 better.
5 **MR BAYNHAM:** Thank you, Chair, I don't have any further
6 questions.
7 **THE CHAIR:** Yes, thank you.
8 Mr Moloney.
9 **Questioned by MR MOLONEY**
10 **MR MOLONEY:** Good afternoon, Dr Nwawueze. I've only one
11 matter to ask you about, if I may, which is your review
12 of VC on 28 September and I just wondered if we could
13 please put up the document which is CYGN0000033. I say
14 "your review"; it's a joint review, isn't it, of the
15 medical people involved. Just go to page 3 of this
16 document, please, and just one aspect I want to ask you
17 about in respect of that. If we go down towards the
18 bottom of the page we see that -- thank you.
19 "He stated that he has not had any side effects and
20 he is sleeping well."
21 Then:
22 "Regarding his thoughts of conspiracy between the
23 NHS and the authorities, he mentioned that he is less
24 concerned about it and he doesn't think it will
25 reoccur."

1 Then the entry is concluded with the comment that
2 we've discussed that:
3 "... we have added extra hours for leave for him to
4 visit the local town and he was okay with this."
5 Do you remember any of this conversation?
6 **A.** Yes.
7 **Q.** Because that, as it were -- if I could just use the
8 shorthand -- that "conspiracy" had been a feature of the
9 early part of VC's care in September.
10 **A.** Mm-hm.
11 **Q.** At this point, VC is saying that he -- less concerned
12 about it, he doesn't think it will reoccur. Can you
13 remember any of the details of that discussion, doctor?
14 **A.** Yes, I think it's probably easiest to take the context
15 of the leave that was being considered. He wasn't being
16 given unescorted leave, he was given leave escorted with
17 staff. So, in essence, even though we knew he was not
18 identifying with the conspiracies that we knew were part
19 of the reasons he was referred to us in the first place,
20 that risk was mitigated by the fact that he was having
21 escorted leave with staff and it was to test out his
22 level of paranoia whilst outside the community.
23 **Q.** Right, I see. If -- and just in that context, if you
24 felt -- is this right: that if you felt that he wasn't
25 being genuine about that, then would that have been

1 a factor in deciding to add extra hours for leave for
2 him?
3 **A.** Not necessarily.
4 **Q.** No.
5 **A.** So just like what I was explaining earlier, even though
6 we knew that he was not being -- either not being
7 genuine or could not really remember the incidents that
8 happened, because that can happen as part of a psychotic
9 illness, his behaviours on the ward were not suggesting
10 that they were still that present. However, we knew
11 that the ward is a contained environment. So, in
12 essence, he might not be paranoid about the people on
13 the ward but he might be paranoid about people in the
14 outer -- in the community.
15 **Q.** Sure.
16 **A.** So given more leave is a way to test that level of
17 paranoia.
18 **Q.** Yes, essentially test. At this time, were you -- may
19 I ask whether or not you were, as it were -- and it may
20 be that is the wrong continuum -- but believing or
21 disbelieving; is there anywhere in between how you felt
22 about it at this time?
23 **A.** To be quite honest, at that time, I didn't have any
24 views of whether I believed him or not because it was
25 just one ward round I had met him. But I know that

1 Dr Shoilekova felt he was denying the presence of the
2 conspiracies. But, now, I can't speak for her, if she
3 thought it was due to the fact he had no recollection
4 whatsoever or if it was the fact that he was actually
5 denying it. That would have been a question that maybe
6 Dr Shoilekova would have been best placed to answer.
7 **MR MOLONEY:** All right. Well, thank you, Dr Nwawueze.
8 Thank you very much.
9 **THE WITNESS:** Thank you.
10 **THE CHAIR:** Yes, thank you.
11 **Questioned by THE CHAIR**
12 **THE CHAIR:** Right. I think there was just question I was
13 going to ask in relation to information sharing. As far
14 as you're concerned, VC was a patient who'd come from
15 the NHS --
16 **A.** *(The witness nodded)*
17 **THE CHAIR:** -- and he'd come to Cygnet because there was no
18 bed available, so it wouldn't have been used in the
19 private sector. But you weren't given access to RiO on
20 that occasion; is that correct?
21 **A.** To be quite fair, different hospitals use different
22 systems. So even between the NHS, some hospitals will
23 use PARIS, some hospitals would use RiO. So we didn't
24 have access to RiO in Cygnet, so there's no way we would
25 have been able to access their been RiO, if you get

1 where I'm coming from. But --
2 **THE CHAIR:** Oh, I see. You couldn't have accessed this
3 anyway?
4 **A.** No, but what used to happen was we usually get a load of
5 information sent across before considering
6 appropriateness to be accepted into our wards. And at
7 that point, sometimes the information sharing at that
8 point was scanty. It would just basically maybe be
9 a risk assessment, or some document that's been
10 populated as a transfer document. Rather than, in
11 essence, the full notes.
12 **THE CHAIR:** You said at one stage, in relation to
13 confidentiality, that documents were kept better in the
14 NHS. What did you mean by that?
15 **A.** Sorry, I missed what you said. Doctors will get?
16 **THE CHAIR:** That documents were kept better in the NHS, just
17 going back to what you just said earlier. Perhaps
18 I misunderstood it. It's about keeping the
19 confidentiality.
20 **A.** I don't quite recall saying that.
21 **THE CHAIR:** Right. You didn't mean saying that, if I
22 thought you said it?
23 **A.** No, I don't quite recall saying that, no.
24 **THE CHAIR:** Right. Well, we'll stop there and start at
25 1.45. Thank you.

101

1 **(12.46 pm)**
2 **(The short adjournment)**
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

102

1 **I N D E X**

	Page
DR TANIA ENGEL (sworn)	1
Questioned by MR CARR	1
Questioned by MR MOLONEY	36
Questioned by MS CARTWRIGHT	42
Questioned by MR STRAW	57
Questioned by THE CHAIR	57
DR AUSTIN NWAWUEZE (affirmed)	59
Questioned by MR BAYNHAM	59
Questioned by MR MOLONEY	97
Questioned by THE CHAIR	100

103

MR BAYNHAM: [5] 59/6 59/11 65/3 70/16 97/5
MR CARR: [3] 1/4 1/9 35/25
MR MOLONEY: [4] 36/4 42/22 97/10 100/7
MR STRAW: [2] 57/8 57/22
MS CARTWRIGHT: [4] 42/25 55/14 55/19 57/3
THE CHAIR: [27] 1/3 1/7 36/1 42/23 55/13 55/18 57/5 57/24 58/7 58/10 58/14 58/18 58/24 59/5 59/7 59/10 65/1 70/9 97/7 100/10 100/12 100/17 101/2 101/12 101/16 101/21 101/24
THE WITNESS: [1] 100/9

'

'24 [2] 60/20 60/23
'I [1] 47/18
'I felt [1] 47/18
'voices' [1] 72/21
'would [1] 40/13

1

1 October [2] 24/22 38/24
1 October 2021 [1] 14/21
1.45 [1] 101/25
10 [1] 56/10
10.00 [1] 1/2
103 [1] 87/19
11 October [1] 32/2
11 September [2] 17/9 61/24
11.31 [1] 59/2
11.50 [2] 58/25 59/4
117 [2] 54/24 55/2
12.46 [1] 102/1
13 [1] 92/25
14 [1] 13/7
14 September [4] 18/12 26/18 36/16 37/2
14th [2] 13/10 18/21
15 [2] 35/8 55/23
15 September [1] 62/21
16 [1] 32/17
17 [4] 4/3 14/5 15/23 28/22
17 September 2021 [1] 3/5
185 [1] 18/11
186 [1] 18/16
189 [1] 17/8
19 [1] 9/18
190 [1] 17/12
192 [1] 11/8

2

2011 [1] 59/18
2019 [2] 59/23 60/1
2020 [5] 1/23 2/1 3/21 15/11 60/3
2021 [14] 1/17 3/5 14/21 24/22 37/21 38/10 45/16 45/18 46/23 47/9 47/22 60/16 61/18 79/16
2023 [2] 2/2 60/18
2025 [4] 1/10 1/14 1/17 59/12
2026 [1] 1/1
21 [3] 13/7 33/4 92/9
21 September [10] 19/16 20/5 29/1 32/14 32/15 33/6 45/15 45/20 50/25 80/16
21 September 2021 [1] 37/21
21st [4] 13/10 20/8 36/17 80/17
23 [1] 65/20
23 September [3] 11/9 25/17 32/17
24 hours [1] 3/23
24 September [9] 21/25 32/24 43/15 45/23 47/9 47/22 52/11 54/13 62/25
24th [1] 88/10
25 [1] 56/7
25 days [2] 39/18 63/16
263 [1] 30/20
28 [1] 13/7
28 days [2] 88/6 92/9
28 September [10] 19/17 19/20 38/22 38/25 45/18 45/21 50/25 62/11 79/16 97/12
28 September 2021 [2] 38/10 61/18
28th [5] 20/8 36/17 62/2 80/18 80/19
29 September 2020 [1] 15/11

3

3 December [1] 59/12
3 September [2] 38/25 39/18
30 [1] 56/10

4

4.11 [1] 4/17
41 [2] 55/21 55/24
42 [1] 35/9
45 [3] 14/6 24/25 92/25
48 [1] 1/13
49 [1] 1/13

5

5.3 [1] 11/22
50 [3] 1/13 56/8 93/12

7

71 [1] 86/8
72 [2] 19/17 79/15
73 [4] 19/19 19/21 79/17 87/3
75 [1] 56/8

8

8 May 2026 [1] 1/1

9

94 [1] 30/8
95 [1] 30/16

A

abilities [1] 72/22
ability [1] 53/18
able [9] 7/11 10/1 12/9 12/25 29/19 77/20 83/3 94/13 100/25
about [73] 4/5 8/14 8/20 11/25 14/15 15/8 25/12 26/10 35/5 36/6 40/21 41/4 41/6 41/18 41/19 43/17 43/17 43/22 47/13 48/2 48/7 48/21 48/24 50/8 50/17 50/21 51/15 53/2 53/6 53/7 53/15 53/16 53/19 55/1 55/22 56/5 57/16 62/5 62/10 62/15 63/9 64/8 67/13 67/14 68/4 71/17 72/14 75/24 76/13 76/14 76/21 76/21 79/3 80/14 80/15 81/6 82/19 82/25 83/16 85/14 87/20 88/6 96/7 96/22 97/11 97/17 97/24 98/12 98/25 99/12 99/13 99/22 101/18
above [1] 93/23
absence [4] 16/24 54/9 69/24 87/7
absolute [1] 56/9
absolutely [2] 43/22 56/14
accept [4] 13/1 51/16 52/1 77/12
accepted [1] 101/6
accepting [4] 37/24 51/19 81/17 89/21
accepts [1] 22/14
access [14] 5/22 6/6 6/11 41/11 49/3 75/11 75/21 77/20 94/13 96/14 96/18 100/19 100/24 100/25
accessed [1] 101/2
accessing [1] 3/8
accommodation [1] 55/5
account [2] 5/11 24/17
accurate [2] 4/6 17/3
acknowledge [1] 52/1
acknowledged [1] 77/7
acknowledgement [1] 4/18
acknowledges [1] 11/15
across [7] 6/8 32/25 33/8 93/16 95/24 96/11 101/5
Act [7] 20/21 28/17 50/7 75/8 75/8 86/11 88/9
action [5] 27/22 28/6 28/7 93/21 93/25
actions [1] 72/22
active [1] 42/7
actively [3] 46/7 56/17 79/4
acts [1] 44/20
actual [1] 10/9
actually [10] 10/12 10/15 12/10 24/9 24/11 27/25 80/22 89/4 96/19 100/4
acute [19] 3/22 15/23 21/15 43/13 49/12 52/5 54/18 56/17 63/18 85/11 85/17 86/18 88/4 88/12 90/22 92/8 92/11 93/13 93/22
Acute/PICU [1] 21/15
acutely [1] 52/16
add [3] 35/1 80/12 99/1
added [1] 98/3
addition [1] 44/15
additional [1] 44/9
additions [1] 20/7
address [1] 96/13
addressing [2] 95/9 95/10
adherent [1] 56/8
adjournment [1] 102/2
administration [1] 39/13
administrator [1] 28/18
admission [25] 2/10 3/6 8/8 8/11 14/3 17/9 20/16 22/10 22/21 25/7 28/1 28/5 30/24 45/14 45/17 46/3 46/11 51/18 63/24 79/21 80/1 80/4 80/5 83/19 90/22
admissions [2] 3/9 25/9
admits [1] 5/21
admitted [3] 3/24 20/18 36/9
adopted [1] 20/1
advantages [1] 83/24
advised [1] 29/25
advocating [1] 29/21
affect [4] 66/7 66/9 67/23 91/10
affirmed [2] 59/8 103/10
after [8] 12/12 12/24 31/24 32/2 32/24 41/15 56/7 66/14
aftercare [1] 54/24
afternoon [1] 97/10
afterwards [1] 40/25
again [32] 11/19 15/12 21/12 21/24 22/8 33/17 38/14 43/15 45/10 46/4 46/6 48/5 50/4 50/4 50/6 50/7 50/19 50/23 51/14 52/7 52/20 53/1 53/6 53/14 54/8 54/20 55/13 66/6 78/2 86/2 87/15 90/19
against [4] 28/16 69/1 70/6 72/13
agencies [1] 47/5
aggression [6] 17/19 20/10 64/11 80/4 87/6 88/21
agitated [1] 71/11
agitation [3] 70/4 70/15 88/21
ago [4] 7/4 19/3 29/22 43/7
agree [12] 11/17 11/18 43/16 48/1 49/2 49/9 49/23 50/19 52/7 53/8 56/12 92/21
ahead [1] 63/20
alert [1] 72/3
Alison [1] 53/23
all [48] 4/20 4/22 5/13 5/17 6/9 7/11 7/24 8/1 8/3 8/4 15/17 19/10 27/16 29/19 32/21 33/7 35/13 35/21 35/23 35/25 36/12 36/19 38/1 41/11 41/13 42/14 44/14 45/8 48/11 49/3 50/1 50/3 50/12 52/18 54/20 57/13 57/22 70/5 71/1 72/3 79/12 86/22 86/23 87/15 88/15 88/17 96/19 100/7

A

allow [2] 10/19 46/6
allowed [1] 88/16
allows [1] 91/1
almost [3] 51/3 56/2 76/11
alongside [1] 60/11
already [5] 9/2 33/15 69/6 83/6 91/9
also [27] 2/15 2/17 4/12 8/22 13/18 13/23 14/13 16/15 27/2 35/2 37/16 39/14 43/18 44/17 54/15 54/25 63/17 64/22 67/13 77/17 80/16 83/21 88/8 88/25 91/21 92/5 95/13
although [3] 26/4 40/14 81/17
always [8] 18/24 38/7 38/8 64/8 71/7 71/23 75/8 91/13
am [3] 1/2 59/2 59/4
AMHP [16] 9/16 9/21 9/25 10/3 11/2 21/23 23/15 23/18 32/18 43/2 43/6 47/22 53/23 54/16 54/16 73/5
analysis [1] 56/1
another [9] 15/10 16/7 35/2 41/1 51/12 54/23 58/3 60/11 79/5
answer [4] 7/2 10/18 73/20 100/6
anticipating [1] 91/18
antipsychotic [3] 39/7 73/3 84/6
any [59] 3/14 5/6 5/15 6/5 6/14 8/7 8/14 9/1 10/2 12/13 16/24 19/4 22/3 22/13 22/23 24/7 31/6 37/17 38/4 38/19 46/10 46/21 46/24 48/7 50/12 50/17 51/8 51/9 51/19 51/21 60/9 63/23 65/10 67/12 69/3 73/13 73/15 73/21 74/12 75/2 76/1 76/22 77/9 77/24 80/3 80/20 82/16 82/18 84/25 88/24 95/18 95/19 96/12 96/13 97/5 97/19 98/5 98/13 99/23
anybody [1] 51/9
anyone [1] 46/6
anything [6] 53/24 62/10 64/4 75/2 75/13 95/16
anyway [2] 72/8 101/3
anywhere [4] 5/5 39/1 82/14 99/21
apologies [1] 70/7
appealed [1] 62/21
appealing [1] 28/16
appeared [1] 65/24
appearing [1] 73/10
appears [5] 9/25 10/6 34/17 51/21 54/12
applied [6] 3/21 35/23 56/14 86/17 86/22 87/15
applies [1] 6/8
apply [1] 35/14
appreciate [6] 44/17 45/1 49/16 49/18 50/23 76/4
appreciated [1] 71/14
approach [2] 9/5 16/23
appropriate [1] 9/12
appropriately [1] 85/19
appropriateness [1] 101/6
Approved [1] 10/6
are [62] 1/13 2/17 6/14 7/10 7/11 7/12 7/12 7/13 8/14 8/19 8/22 8/22 8/24 10/1 10/13 10/24 12/9 13/18 14/8 14/13 15/17 15/18 16/20 17/11 17/14 23/25 25/1 25/9 26/14 28/7 28/10 29/19 31/18 33/1 33/1 35/15 35/17 35/25 51/8 51/22 52/12 56/8 57/17 59/14 59/16 61/14 69/20 69/23 70/23 70/25 72/20 72/22 73/1 73/12 74/18 76/22 79/22 82/2 83/22 88/15 92/10 97/1
area [1] 7/15
aren't [3] 10/12 10/23 31/19
arise [3] 20/23 20/24 21/6
arisen [1] 66/16
arises [1] 74/3
arising [1] 75/3
Arnold [1] 61/21
around [10] 31/10 54/9 63/10 63/11 64/20 69/3 72/10 73/5 75/23 92/9
arrived [1] 12/12
arrives [1] 25/11
as [108]
Aside [1] 8/5
ask [13] 26/23 36/6 42/25 43/21 48/21 53/1 53/21 54/20 58/1 97/11 97/16 99/19 100/13
asked [5] 40/21 41/18 48/24 55/22 73/4
asking [2] 6/4 81/11
aspect [1] 97/16
aspects [1] 46/14
assault [2] 64/2 80/2
assess [3] 2/16 58/21 82/21
assessed [3] 17/15 58/5 79/20
assessing [5] 47/24 72/11 80/25 89/1 89/3
assessment [77] 4/4 4/7 4/10 4/22 9/16 16/22 16/23 17/3 17/6 17/8 17/12 18/10 18/12 18/23 19/16 20/5 20/17 20/17 20/22 21/1 21/4 21/11 21/15 21/16 21/19 21/20 21/24 22/23 23/1 23/11 23/13 23/23 24/20 27/24 29/5 31/16 31/19 32/15 32/19 33/6 33/14 33/18 33/20 33/21 33/23 33/24 34/5 45/23 48/6 48/12 50/7 51/6 53/22 54/23 55/4 58/4 58/5 58/10 58/14 58/16 58/19 58/22 64/10 67/20 67/23 78/10 78/21 79/6 80/13 80/16 80/18 80/22 86/5 88/9 95/1 95/3 101/9
assessments [18] 4/16 13/13 13/23 16/7 16/8 23/5 33/8 47/12 48/25 58/15 62/5 69/2 71/1 79/14 80/13 89/22 90/12 90/14
assessors [2] 50/12 51/24
assistance [1] 54/25
associated [4] 50/10 50/17 52/2 75/14
assume [4] 38/25 39/1 64/14 74/22
at [188]
at page 45 [1] 24/25
attack [2] 50/11 53/3
attempted [1] 8/18
attempts [4] 3/14 5/5 8/14 46/8
attend [7] 5/9 7/11 7/22 8/1 8/3 8/4 12/4
attendance [2] 7/17 7/19
attended [9] 7/5 7/8 8/5 13/7 13/25 18/13 26/13 29/2 62/22
attending [1] 37/24
attitude [1] 41/6
attributed [2] 66/5 66/18
August [1] 46/23
Austin [3] 59/6 59/8 103/10
authentic [1] 50/14
authorities [3] 50/8 68/3 97/23
automatic [1] 6/6
availability [1] 71/20
available [3] 3/12 92/12 100/18
aware [15] 8/10 8/10 8/14 12/21 12/22 30/25 30/25 47/14 48/15 62/20 62/22 62/24 68/20 71/23 77/24
awareness [1] 62/1
away [1] 10/21

B

back [20] 5/17 5/18 9/22 21/23 23/8 23/10 29/12 30/12 37/6 43/1 44/13 48/6 48/10 53/12 54/18 54/23 76/20 92/24 93/19 101/17
background [4] 9/23 38/15 59/17 79/25
balance [1] 63/15
barriers [4] 6/14 6/20 8/22 76/22
based [1] 93/14
basically [6] 10/18 34/1 70/21 85/4 89/18 101/8
basis [2] 20/16 39/8
baton [2] 44/20 44/22
BAYNHAM [2] 59/9 103/11
be [181]
bearing [3] 44/8 54/22 64/18
became [1] 82/10
because [46] 9/7 9/10 10/24 15/21 18/3 22/15 23/16 25/10 25/14 26/15 30/17 39/17 40/12 43/22 45/22 46/2 48/5 49/20 51/5 52/19 54/20 58/20 61/7 63/8 63/12 64/23 69/7 70/4 72/6 73/21 74/17 76/10 82/18 83/1 85/5 86/20 86/25 87/19 90/6 92/13 95/17 96/20 98/7 99/8 99/24 100/17
becomes [1] 76/20
becoming [1] 87/7
bed [3] 52/5 88/4 100/18
been [101] 1/23 3/8 5/3 8/10 8/10 11/16 16/6 16/12 16/15 17/19 18/4 18/25 19/5 20/13 22/7 22/25 24/21 25/7 26/20 28/9 28/11 28/13 29/18 30/3 30/21 32/9 34/13 34/14 34/16 34/22 35/1 36/8 37/24 37/25 38/4 38/5 41/18 43/24 44/11 45/17 46/1 46/8 48/1 48/5 49/13 55/3 55/21 58/2 61/24 62/13 62/24 63/15 63/17 64/2 64/11 64/12 65/12 65/23 66/12 68/21 70/2 73/6 75/13 76/5 76/25 77/4 77/8 77/13 77/17 79/12 79/21 80/4 82/6 84/20 85/5 85/6 85/17 85/17 85/18 87/24 88/18 88/21 89/12 89/12 89/16 90/1 90/4 91/12 94/16 94/18 94/18 94/20 95/16 98/8 98/25 100/5 100/6 100/18 100/25 100/25 101/9
before [25] 9/19 29/9 30/6 31/20 38/23 39/2 39/20 43/12 43/16 43/23 44/2 44/10 44/11 54/18 60/19 61/20 62/7 62/11 67/4 67/15 87/22 91/15 94/9 94/16 101/5
begun [1] 39/2
behalf [1] 43/1
behavioural [2] 70/13 82/11
behaviours [1] 99/9
behind [1] 83/21
being [44] 17/15 25/3 26/6 31/1 31/2 31/5 35/22 36/13 43/10 44/20 50/7 51/2 53/6 53/25 61/20 62/16 62/16 62/17 63/12 65/7 66/1 66/6 68/7 70/22 74/2 77/20 77/23 78/15 80/1 80/11 81/2 85/24 86/2 87/1 88/2 88/7 90/12 90/16 94/3 98/15 98/15 98/25 99/6 99/6
belief [5] 1/19 51/22 53/3 53/16 59/15
beliefs [15] 22/6 50/13 51/20 67/24 68/10 68/12 68/23 69/5 69/19 69/21 69/25 72/14 73/8 73/11 88/22
believe [4] 73/1

B

believe... [3] 77/15 90/10 90/11
believed [3] 46/7 68/10 99/24
believes [3] 70/5 72/18 72/23
believing [1] 99/20
below [4] 17/22 27/22 67/25 93/25
beneficial [1] 83/10
benefit [3] 22/16 74/1 83/14
benefits [1] 83/17
besides [1] 13/18
best [4] 1/19 59/14 71/20 100/6
better [8] 16/5 24/11 77/8 96/22 97/2 97/4 101/13 101/16
between [12] 7/13 57/10 61/6 61/13 68/2 70/17 96/9 96/19 96/23 97/22 99/21 100/22
bind [1] 40/24
Birtles [12] 5/10 7/5 8/5 8/7 11/6 29/2 29/14 29/15 29/20 30/11 30/17 40/4
bit [10] 28/4 37/19 39/14 39/15 62/8 63/22 65/1 68/15 73/17 90/8
bits [2] 94/10 94/11
blunted [2] 66/8 67/23
board [1] 6/8
both [6] 13/10 17/14 53/17 77/7 79/19 94/14
bottom [14] 15/12 20/8 27/13 27/13 29/12 29/13 30/9 31/16 35/9 37/4 37/13 65/18 93/21 97/18
box [15] 3/23 15/12 17/22 18/2 27/18 28/6 29/5 29/13 29/13 38/14 40/7 40/7 67/17 67/25 77/3
boxes [3] 19/22 28/10 28/11
break [3] 49/5 58/25 59/3
breaking [1] 72/24
bridge [1] 61/6
brief [8] 15/1 15/14 15/18 15/19 15/21 16/1 57/9 87/22
briefly [2] 55/20 59/17
bringing [1] 30/12
brink [1] 26/6
broadly [1] 7/3
brought [1] 71/19
busy [3] 10/13 10/24 32/9
but [132]

C

call [8] 1/4 9/22 10/22 11/2 13/21 23/25 31/4 59/6
called [5] 2/17 3/17 39/6 58/22 94/17
calls [2] 9/21 13/1
Calocane [3] 9/20 11/1 11/2
came [3] 64/9 64/13 84/21
can [103] 3/2 3/22 4/16 4/24 5/13 5/18 7/4 7/21 8/9 9/15 12/4 12/20 13/2 13/3 14/14 15/9 15/22 16/22 17/5 19/4 20/25 26/15 27/12 27/12 27/20 28/6 28/25 29/4 29/8 31/7 31/15 31/18 35/12 36/18 39/9 39/11 39/14 39/14 39/15 39/22 40/1 40/6 40/6 41/25 43/1 45/23 45/25 46/1 46/13 46/15 47/15 49/22 50/3 53/10 53/11 53/11 53/12 53/13 53/21 53/22 53/24 54/20 54/20 55/15 59/14 62/10 62/12 63/2 63/4 65/1 65/1 66/15 68/5 68/6 70/9 71/9 75/2 76/13 76/17 76/17 79/14 79/16 79/18 79/23 83/1 83/2 83/2 83/12 84/4 84/5 84/18 86/7 86/15 86/16 87/5 88/4 90/19 91/7 91/14 92/24 93/19 98/12 99/8
can't [16] 3/18 5/16 19/3 29/24 36/24 39/10 39/23 44/13 49/25 67/1 67/5 73/15 74/8 84/22 84/25 100/2
cannot [4] 3/16 48/9 48/10 52/14
capacity [3] 53/13 53/15 75/8
capture [2] 43/16 44/8
captured [4] 27/2 43/9 45/14 85/4
captures [1] 45/22
care [52] 2/25 3/21 4/11 5/2 5/8 6/17 6/18 7/4 7/10 7/21 7/25 8/3 11/20 12/1 13/13 13/23 14/8 16/3 16/3 16/4 16/5 23/12 33/10 33/22 36/12 36/16 41/1 41/2 44/20 44/22 44/24 49/21 53/22 53/23 53/25 54/6 54/13 57/1 60/16 62/9 67/23 78/5 78/10 78/21 79/2 79/3 79/4 80/11 81/3 93/17 96/8 98/9
carer [2] 11/25 78/3
carers [2] 12/4 77/3
caring [2] 2/4 9/4
Carr [6] 1/3 1/6 40/21 46/14 57/12 103/4
carried [4] 9/17 13/16 21/25 23/11
carry [2] 21/16 23/22
Cartwright [4] 42/23 42/24 55/13 103/6
case [27] 5/16 6/2 9/10 12/7 12/14 16/24 16/24 19/10 26/24 26/24 32/7 40/22 65/4 66/21 71/7 72/2 82/8 83/23 85/22 86/17 87/16 88/6 88/15 89/6 91/12 92/10 93/7
Cassidy [1] 36/9
catch [1] 21/12
categorically [2] 67/1 73/16
categories [1] 24/8
caught [1] 60/13
cause [1] 52/21
CCO [1] 11/6
Celeste [6] 9/20 10/25 11/2 11/4 11/11 77/9
certain [4] 67/5 73/12 75/11 77/18
certainly [1] 36/12
certainty [1] 52/15
cessation [1] 69/4
chair [11] 1/4 35/25 55/17 57/3 57/23 59/6 96/13 97/5 100/11 103/8 103/13
chance [1] 28/2
change [4] 18/20 20/17 28/15 52/14
changed [6] 16/6 16/18 16/21 23/4 23/7 94/8
changes [7] 12/4 13/24 22/25 23/21 58/20 58/21 81/9
changing [2] 16/4 20/24
Checks [1] 27/13
chip [2] 76/12 76/15
choice [2] 22/15 40/12
choice' [1] 40/13
chronology [1] 45/20
circumstances [10] 8/19 20/25 39/24 40/3 41/7 42/17 43/7 80/1 80/10 81/2
City [4] 47/23 54/1 54/2 55/3
clarify [1] 30/23
Claudia [11] 5/10 7/5 8/5 11/5 11/6 29/2 29/14 29/15 30/11 30/17 40/3
Claudio [1] 8/7
clear [11] 25/17 32/12 34/19 43/23 46/6 48/5 53/7 58/11 65/10 78/3 83/4
clearly [3] 69/11 83/8 88/8
clinician [5] 2/10 35/17 41/2 56/23 67/9
Clinician's [1] 34/23
clinicians [3] 40/23 44/18 97/3
close [1] 63/16
closer [1] 25/5
clouding [1] 64/20
collaborative [1] 93/14
collecting [2] 4/6 4/14
collective [1] 13/15
College [1] 60/22
column [1] 28/9
come [12] 2/20 5/11 10/5 39/14 39/15 40/1 57/1 63/22 70/14 70/22 100/14 100/17
comes [3] 8/2 23/1 72/5
coming [7] 19/19 40/25 41/6 60/19 75/17 82/9 101/1
comment [1] 98/1
commentary [1] 72/21
common [2] 42/17 82/16
communicate [1] 72/1
communicated [3] 43/14 90/2 93/16
communicating [5] 10/3 10/4 53/25 75/23 83/18
communication [7] 5/2 8/7 11/16 31/10 77/7 89/25 97/2
communities [1] 73/9
community [27] 9/12 21/7 26/7 34/6 51/10 54/19 55/2 57/16 57/17 57/20 58/2 58/13 63/19 80/2 81/4 81/19 83/8 85/13 85/24 86/3 87/1 87/2 92/12 96/4 96/5 98/22 99/14
compare [1] 74/9
compelled [1] 21/9
complete [6] 27/9 27/21 29/10 51/15 89/10 93/24
completed [6] 13/11 27/17 28/10 77/17 78/14 78/16
completely [4] 45/1 47/2 48/2 49/18
completing [2] 26/20 78/21
complex [1] 73/7
complexities [1] 87/23
compliance [18] 18/17 19/22 20/11 22/24 25/15 33/16 34/2 34/13 50/21 56/5 63/11 79/19 80/8 81/5 82/4 82/5 83/23 85/14
compliant [4] 45/19 51/2 51/9 63/17
component [1] 41/25
comprehensive [2] 4/21 24/18
computer [1] 79/6
concern [8] 62/18 64/17 69/17 71/25 72/2 74/3 76/21 82/6
concerned [6] 5/21 68/3 71/16 97/24 98/11 100/14
concerns [3] 67/12 83/25 85/14
concluded [1] 98/1
concludes [1] 29/17
concordance [7] 42/4 43/19 45/14 45/15 74/6 80/2 87/11
concordant [7] 20/14 37/25 45/17 51/4 52/8 56/4 80/5
concurred [1] 23/19
conduct [2] 4/21 73/17
conducted [4] 73/13 73/15 74/2 74/11
conducting [3] 73/8 74/14 75/3
confidentiality [3] 6/25 101/13 101/19
confirm [2] 51/21 59/14
consciousness [1] 64/20
consent [4] 9/8 11/24 77/19 77/23
consequences [3] 70/13 74/5 82/11
consider [9] 21/17 24/6 24/7 30/19 54/21 84/6 88/18 89/6 94/1
consideration [2] 20/23 54/10

C

considerations [1] 88/13
considered [15] 29/18 34/14 35/10 35/19 35/23 43/23 44/1 63/12 83/13 86/10 89/12 89/16 90/4 90/13 98/15
considering [4] 21/6 62/18 86/3 101/5
considers [3] 14/8 23/23 93/10
conspiracies [3] 70/6 98/18 100/2
conspiracy [6] 46/8 51/23 53/4 68/2 97/22 98/8
conspiring [1] 53/17
consultant [16] 2/9 2/14 5/25 14/8 26/21 26/21 30/5 60/5 60/20 60/25 61/1 61/6 63/6 70/17 79/8 96/10
consultant's [1] 34/24
consultants [3] 26/22 61/8 61/13
contact [15] 5/8 8/18 8/19 9/8 9/13 9/15 10/1 10/8 11/13 12/2 12/22 17/1 22/19 31/6 41/18
contacted [1] 77/23
contacting [3] 8/15 12/24 77/25
contain [1] 26/16
contained [4] 27/4 45/2 45/24 99/11
contents [2] 44/1 59/14
context [10] 43/15 46/20 47/20 47/21 48/17 48/19 55/21 95/17 98/14 98/23
contextualise [2] 43/5 45/11
continuation [1] 96/8
continue [4] 40/9 41/9 60/25 92/13
continues [2] 50/15 51/24
continuing [2] 18/1 89/6
continuity [2] 44/24 49/1
continuum [1] 99/20
contrary [1] 75/1
contributable [1] 73/2
contribute [1] 79/12
contribution [2] 29/14 29/15
control [2] 47/7 74/1
controlling [2] 50/8 51/23
conversation [1] 98/5
conversion [1] 43/2
converted [3] 30/18 62/24 94/18
convey [1] 9/5
convinced [1] 73/6
coordinator [3] 5/8 7/5 57/1
coordinators [5] 6/17 7/10 7/21 7/25 8/3
copies [1] 67/4
copy [1] 66/24
correct [23] 1/11 1/22 1/24 4/12 14/16 17/16 27/11 36/22 56/21 59/13 59/19 59/25 60/4 60/17 60/21 60/24 61/2 61/19 61/23 67/19 67/21 71/13 100/20
correction [1] 1/16
corrections [2] 1/12 1/18
corresponding [1] 50/14
could [43] 6/3 6/4 20/23 20/24 21/6 22/6 37/3 37/5 37/5 37/5 37/19 38/9 40/1 40/11 41/10 46/17 47/7 47/10 47/13 47/25 48/2 48/8 52/18 55/5 55/20 64/18 64/18 66/11 66/17 69/11 70/21 75/15 75/22 75/25 76/19 77/8 77/16 87/24 94/12 96/4 97/12 98/7 99/7
couldn't [2] 71/6 101/2
Council [3] 47/23 54/1 55/3
couple [4] 3/19 12/11 14/17 96/7
course [8] 4/8 7/17 11/14 33/10 34/16 42/13 47/16 56/24
covered [6] 3/4 95/2 95/8 95/13 95/16 97/1
covers [1] 95/4
Covid [1] 38/2
CPN [1] 46/7
created [2] 14/13 57/13
creates [1] 42/8
criteria [5] 87/3 88/1 88/2 88/3 88/7
CTO [5] 30/14 56/18 86/10 87/4 88/12
current [7] 11/12 54/11 82/20 82/22 82/24 85/11 95/4
currently [4] 3/12 40/8 80/25 81/24
CYGN0000001 [2] 17/7 79/15
CYGN0000002 [1] 3/20
CYGN0000011 [2] 3/5 72/16
CYGN0000012 [2] 32/1 34/10
CYGN0000015 [1] 31/15
CYGN0000016 [1] 40/2
CYGN0000019 [2] 21/24 43/3
CYGN0000033 [7] 38/10 65/15 77/2 84/3 90/18 93/20 97/13
CYGN0000036 [1] 14/19
CYGN0000052 [1] 24/25
CYGN0000060 [2] 26/18 36/19
CYGN0000061 [3] 29/1 37/20 37/22
CYGN0000114 [1] 4/16
CYGN0000117 [1] 11/21
Cygnet [50] 1/23 1/25 3/19 3/21 5/4 5/21 8/12 8/19 9/3 9/17 9/17 11/14 11/19 12/6 13/3 14/18 17/7 21/1 21/15 21/16 22/22 23/2 23/11 23/21 23/25 24/22 32/17 34/8 38/23 47/2 53/24 54/5 57/11 57/14 57/19 58/22 60/2 60/18 61/7 63/25 77/23 82/14 82/16 82/19 85/25 89/8 94/7 96/14 100/17 100/24
Cygnet's [1] 78/2

D

daily [6] 13/20 62/11 71/1 80/12 80/14 80/17
Darlington [1] 11/13
data [1] 96/18
date [7] 17/9 19/20 27/21 31/22 32/23 74/8 79/16
dated [5] 1/10 3/4 17/8 32/2 59/12
dates [2] 13/10 74/9
dating [2] 33/4 33/6
day [17] 14/23 18/12 40/19 46/9 62/6 62/6 63/5 63/21 64/15 68/16 70/15 71/1 71/1 80/14 80/14 81/9 81/9
days [16] 12/12 22/21 25/5 25/7 31/23 32/2 38/23 39/12 39/18 56/7 61/21 63/16 85/6 88/6 92/9 96/7
deal [5] 3/2 9/15 9/19 31/8 45/21
dealing [7] 3/13 3/23 4/15 10/13 10/14 14/18 96/25
deals [2] 19/21 50/25
dealt [1] 85/19
December [3] 1/10 3/21 59/12
December 2020 [1] 3/21
December 2025 [1] 1/10
decide [1] 5/25
decided [1] 67/10
deciding [2] 35/10 99/1
decision [12] 18/23 24/25 25/6 34/16 35/16 35/19 43/14 49/15 63/20 66/24 93/2 93/13
decisions [4] 14/7 14/14 16/11 53/15
defensible [1] 93/14
definitely [1] 29/24
degree [2] 70/3 85/7
delay [2] 32/7 32/8
delusion [1] 74/23
delusional [12] 51/20 53/16 67/24 68/10 68/12 68/22 69/5 69/19 69/20 69/25 73/8 73/10
delusions [9] 49/7 52/21 68/19 69/12 70/1 70/12 70/14 72/10 82/12
denial [4] 50/12 51/20 68/10 68/12
denials [1] 72/10
denies [1] 67/24
denying [3] 68/17 100/1 100/5
depend [7] 40/17 85/10 86/5 86/5 86/6 92/17 92/19
depended [1] 77/17
depending [1] 56/23
depot [48] 26/2 29/18 29/21 29/21 30/1 30/14 30/19 30/21 31/1 34/14 34/20 34/25 35/11 35/16 35/18 35/20 38/17 40/16 55/22 56/10 63/12 63/17 63/20 83/7 83/9 83/14 83/21 83/22 84/6 84/11 84/14 84/22 85/1 85/7 87/4 87/19 88/13 88/18 88/23 89/3 89/8 89/12 89/16 89/16 89/20 90/1 90/10 90/12
describe [3] 13/3 78/25 94/5
described [4] 13/19 24/21 66/8 66/21
describes [1] 30/11
describing [2] 9/21 34/6
description [2] 24/12 24/13
descriptions [1] 73/5
despite [1] 6/4
detail [1] 63/22
detailed [5] 16/25 17/1 93/2 94/3 94/23
details [2] 19/4 98/13
detained [6] 2/5 65/21 65/22 81/2 86/11 91/19
detention [6] 25/23 52/2 62/21 66/19 88/1 91/2
developed [3] 50/14 68/24 70/18
developments [1] 66/19
diagnosis [1] 66/10
dictated [1] 27/1
did [28] 5/8 5/9 8/6 11/19 11/19 16/15 31/1 31/6 47/2 48/6 55/1 59/20 60/5 60/9 60/14 62/1 72/8 73/16 73/17 73/21 77/10 77/22 81/25 82/1 82/6 82/14 84/22 101/14
didn't [26] 6/19 12/7 21/12 30/6 35/23 55/12 60/10 65/10 65/11 68/18 69/8 73/24 75/25 76/1 77/8 77/11 84/22 86/17 87/16 88/24 89/1 89/10 94/21 99/23 100/23 101/21
diet [1] 37/25
difference [2] 71/10 94/6
different [11] 24/3 36/16 40/24 46/9 61/10 62/8 79/9 96/9 96/11 100/21 100/21
differentiate [1] 70/17
differently [1] 75/15
difficult [13] 7/1 17/4 35/2 62/12 64/7 65/6 65/9 69/22 73/20 74/13 84/16 89/20 96/19
difficulties [5] 5/7 5/15 9/25 10/2 11/12
difficulty [2] 37/1 96/23

D

direct [2] 56/19 61/17
directing [1] 4/10
direction [1] 49/24
directly [3] 62/8 63/19 78/20
disagreed [1] 47/2
disappointed [1] 66/12
disbelieving [1] 99/21
discharge [50] 3/9 19/23 19/24 20/2 21/18 23/15 23/24 24/16 31/8 31/10 31/11 31/13 32/1 32/4 32/4 32/23 33/9 33/11 40/14 43/12 43/17 43/24 43/25 44/2 44/10 44/12 44/16 44/19 45/3 45/10 45/12 50/20 50/22 51/5 51/16 52/10 54/9 54/14 56/7 56/15 56/22 58/4 58/12 90/3 90/6 90/6 90/9 90/10 91/20 96/3
discharged [9] 26/7 40/11 41/10 43/21 52/23 71/16 85/24 91/15 95/21
discharging [3] 9/11 58/2 58/7
Disciplinary [3] 2/18 12/3 13/21
discuss [3] 35/18 55/1 62/4
discussed [11] 40/15 57/10 62/10 64/4 66/1 68/7 83/15 84/14 84/17 91/3 98/2
discusses [1] 64/1
discussing [2] 15/23 55/7
discussion [9] 18/22 18/24 18/25 19/1 29/20 63/23 69/3 84/23 98/13
discussions [7] 16/11 50/6 62/14 63/10 63/11 64/7 71/5
disengage [3] 52/22 53/8 86/13
disengagement [1] 87/13
disorder [3] 43/18 46/22 65/11
display [1] 45/10
distance [2] 7/13 10/21
distress [1] 42/19
distressing [1] 75/5
distrust [1] 52/22
do [48] 3/10 3/25 5/22 10/4 11/16 17/15 18/18 19/1 26/19 26/22 28/2 28/14 28/18 28/22 28/24 32/7 39/6 39/8 40/23 42/15 47/16 48/1 50/13 53/24 54/18 56/21 58/14 58/16 63/8 66/1 66/3 66/24 67/2 68/7 68/9 68/11 70/16 76/13 76/21 77/1 78/23 82/22 83/16 88/14 90/8 94/25 96/12 98/5
doctor [19] 1/21 2/11 2/12 27/14 36/25 40/24 40/24 41/11 59/18 60/2 60/11 60/19 61/4 61/5 61/15 77/12 78/18 79/7 98/13
Doctor's [1] 15/4
doctors [7] 3/17 14/10 23/18 61/8 61/11 61/12 101/15
document [42] 3/5 3/20 4/3 9/18 11/8 11/22 15/2 15/10 18/11 19/17 19/18 26/19 29/4 31/23 34/9 44/8 44/10 44/21 45/12 45/22 45/25 47/11 47/24 48/16 50/4 51/3 53/1 56/2 67/16 79/18 90/18 93/20 94/7 94/8 94/12 95/1 95/3 95/19 97/13 97/16 101/9 101/10
documented [2] 93/15 94/24
documents [28] 5/4 5/13 13/11 14/13 16/12 16/13 20/2 27/24 32/3 32/11 32/19 32/21 32/22 32/23 32/24 33/1 33/1 33/3 36/18 44/19 78/9 78/21 79/12 81/22 89/10 95/2 101/13 101/16
does [19] 15/3 21/16 22/6 22/13 22/14 23/21 23/22 24/14 24/14 26/1 28/1 33/19 39/20 40/15 42/2 42/7 46/24 73/1 76/3
does it [2] 33/19 39/20
doesn't [14] 11/11 18/20 22/16 29/14 33/19 33/19 34/24 40/11 49/24 68/4 68/18 91/13 97/24 98/12
doing [12] 16/3 16/8 23/25 55/3 56/22 74/12 74/21 76/1 76/3 76/6 76/16 85/22
don't [46] 5/17 8/4 8/17 19/23 26/16 31/4 32/8 35/4 39/6 42/14 45/10 47/11 47/18 48/6 48/9 48/11 48/16 48/17 50/1 50/24 51/7 54/8 55/7 64/23 64/25 65/3 67/6 70/1 73/15 73/19 73/21 74/8 77/22 78/2 80/19 81/16 82/18 82/18 89/23 90/5 94/7 94/23 95/13 97/5 101/20 101/23
done [23] 13/13 21/19 21/20 28/3 28/4 35/4 39/5 58/10 58/15 58/19 72/23 72/25 73/6 73/14 74/8 75/2 75/15 75/17 78/25 88/6 89/8 94/11 94/20
dose [1] 37/16
down [41] 3/7 11/1 11/3 11/9 11/23 15/2 24/21 25/19 26/4 37/4 43/12 46/19 47/17 49/12 49/19 52/18 61/21 63/18 65/1 67/8 70/8 70/10 71/15 72/10 72/17 85/17 86/2 87/2 87/9 87/20 87/21 88/11 89/22 90/13 90/17 92/6 92/24 93/2 93/12 94/25 97/17
downplay [1] 71/21
downplaying [2] 64/16 64/21
Dr [52] 1/4 1/5 1/9 2/8 3/3 11/15 25/3 26/25 28/21 30/4 30/10 31/6 34/18 34/19 38/11 39/17 41/17 42/22 42/25 57/3 57/8 59/6 59/8 59/11 60/6 60/12 63/6 63/13 68/15 68/16 68/23 69/6 72/15 73/4 77/6 77/6 79/8 79/22 82/14 83/8 90/21 90/23 91/17 92/21 96/6 96/14 97/10 100/1 100/6 100/7 103/3 103/10
Dr Austin [3] 59/6 59/8 103/10
Dr Engel [14] 1/9 38/11 39/17 41/17 42/22 42/25 57/3 57/8 60/12 73/4 77/6 79/22 82/14 96/14
Dr Lloyd [2] 30/10 31/6
Dr Nwawueze [4] 59/11 96/6 97/10 100/7
Dr Shoilekova [18] 2/8 11/15 25/3 28/21 60/6 63/6 63/13 68/15 68/23 69/6 77/6 79/8 83/8 90/21 90/23 91/17 100/1 100/6
Dr Shoilekova's [7] 3/3 26/25 34/18 34/19 68/16 72/15 92/21
Dr Tania [3] 1/4 1/5 103/3
Dr Tuhina [1] 30/4
drafted [1] 31/10
drive [1] 7/16
due [6] 11/12 22/7 53/3 81/19 91/10 100/3
during [9] 2/10 13/1 19/10 20/16 25/15 30/24 33/25 80/4 80/5
dynamic [11] 20/22 21/16 22/23 23/14 23/22 33/22 34/5 80/13 80/22 81/8 81/8

E

each [4] 13/22 35/12 79/3 86/17
earlier [10] 48/25 57/10 73/4 79/22 82/14 84/5 95/3 96/14 99/5 101/17
early [3] 39/12 46/23 98/9
easier [1] 40/18
easiest [2] 78/24 98/14
easy [1] 77/1
effect [3] 37/17 39/9 73/10
effectively [2] 73/25 87/19
effects [11] 22/17 35/6 38/4 38/7 38/8 38/19 39/2 39/5 39/7 40/17 97/19
efficient [1] 37/20
effort [1] 12/24
efforts [1] 4/22
EIP [2] 30/5 31/2
either [3] 82/3 96/1 99/6
electronically [1] 7/24
else [2] 79/5 94/12
elsewhere [2] 15/20 60/19
email [1] 5/18
emails [1] 5/17
emanating [1] 69/23
emergency [1] 59/23
emphasise [1] 83/21
emphasising [1] 83/22
employed [1] 1/23
employment [1] 2/1
empty [1] 28/10
encountered [1] 5/15
encouraged [1] 7/12
end [3] 40/7 60/1 60/13
ended [1] 44/23
ending [1] 51/1
ends [2] 22/17 54/11
enforce [1] 89/20
engage [1] 28/20
engaged [1] 40/14
engagement [6] 42/8 51/20 53/5 63/5 74/6 91/22
engagements [1] 71/2
engaging [3] 62/17 73/9 74/4
Engel [17] 1/4 1/5 1/9 38/11 39/17 41/17 42/22 42/25 57/3 57/8 60/12 73/4 77/6 79/22 82/14 96/14 103/3
enough [1] 10/19
ensure [1] 12/4
entirety [1] 89/4
entitle [1] 54/25
entitled [1] 55/2
entitlement [1] 54/24
entries [5] 14/17 17/11 20/13 31/18 94/14
entry [13] 4/4 9/20 9/20 10/6 10/6 10/25 11/8 14/20 14/21 15/10 15/11 33/16 98/1
environment [4] 25/11 25/13 42/9 99/11
error [1] 64/3
errors [1] 1/12
escorted [2] 98/16 98/21
especially [3] 35/4 35/20 96/25
essence [12] 74/21 79/9 79/10 80/21 88/11 92/16 94/9 94/11 95/14 98/17 99/12 101/11
essential [1] 56/15
essentially [12] 10/17 20/1 38/24 39/18 42/7 49/19 49/20 54/25 68/23 79/23 79/25 99/18
even [15] 12/24 49/2 51/12 56/1 58/7 58/11 70/23 71/3 73/13 80/21 88/23 95/9 98/17 99/5 100/22
eventually [1] 76/19
every [5] 13/22 40/19 62/3 71/18 71/19

E

everybody [1] 71/22
everything [2] 62/12 76/4
evidence [18] 2/8 11/15 20/22 25/2 32/12 48/22 60/9 60/13 68/23 69/8 73/24 75/1 75/10 83/4 83/12 90/23 91/17 96/7
evolution [1] 17/6
exactly [11] 6/10 20/3 21/3 23/17 26/12 35/3 44/13 65/9 84/16 84/23 84/24
exam [2] 26/25 29/7
examination [3] 27/8 67/18 84/7
example [4] 71/15 71/25 75/4 96/14
examples [1] 15/15
exams [1] 26/22
except [2] 75/1 83/3
excessive [1] 39/9
exclude [1] 39/23
Excuse [1] 67/3
expanded [1] 53/11
expect [11] 71/22 72/2 72/4 81/23 83/15 85/7 85/20 89/11 90/1 94/4 95/22
expectations [2] 91/25 92/20
expected [2] 28/2 41/14
expecting [1] 89/5
experience [3] 6/15 7/25 31/1
experiences [2] 70/22 73/1
experiencing [3] 22/3 46/21 69/20
explain [4] 12/9 14/5 55/1 67/8
explained [2] 23/10 90/21
explaining [3] 81/21 90/25 99/5
explains [1] 18/8
explanation [1] 16/6
explore [2] 24/23 83/25
explored [2] 47/12 48/2
express [1] 50/17
extensive [1] 45/6
extra [2] 98/3 99/1
extract [1] 30/3
extremely [1] 25/10

F

face [3] 42/19 68/12 68/14
fact [15] 20/10 34/23 39/5 43/11 43/13 49/12 56/1 66/11 73/4 74/23 88/25 91/11 98/20 100/3 100/4
factor [1] 99/1
factors [14] 20/23 20/24 35/10 35/15 35/21 35/22 35/22 70/20 77/18 80/6 85/10 88/14 88/17 93/11
factual [1] 56/13
fair [4] 20/25 57/12 64/14 100/21
fairly [2] 8/16 28/24
families [1] 78/4
family [16] 9/15 11/20 17/1 41/21 42/7 42/18 56/25 57/8 77/3 77/8 77/9 77/13 77/18 77/23 77/25 78/3
far [6] 5/20 8/25 12/20 18/20 36/11 100/13
fast [1] 70/7
fatal [6] 47/8 47/11 47/13 47/25 48/3 48/8
fatality [1] 53/6
feature [1] 98/8
feedback [7] 26/24 27/1 27/3 65/18 68/1 77/4 90/19
feel [5] 11/11 12/15 22/6 46/24 50/14
feels [1] 40/11
felt [7] 47/18 50/12 51/24 98/24 98/24 99/21 100/1
few [7] 7/4 11/1 11/3 61/21 62/13 65/7 65/18
figure [1] 70/23
filled [6] 15/6 18/14 28/12 28/13 31/17 77/4
final [15] 4/15 19/16 21/25 22/5 22/12 25/25 29/9 31/8 33/15 34/12 35/7 37/22 55/15 61/20 96/6
finally [7] 30/13 31/22 38/8 40/2 55/15 90/16 92/23
find [1] 8/20
firmly [1] 50/13
first [21] 3/25 9/20 12/11 12/13 13/8 14/18 26/18 28/14 29/13 32/3 36/7 36/18 36/21 37/11 46/16 50/5 64/13 65/16 73/12 93/21 98/19
firstly [1] 83/16
five [2] 79/1 94/17
fixed [1] 50/7
flagged [1] 56/16
flat [5] 65/25 66/4 66/13 66/15 91/10
flattened [1] 66/7
flow [1] 49/24
fluids [1] 37/25
focus [1] 48/18
focused [2] 21/2 23/11
follow [2] 54/7 91/20
followed [1] 50/6
following [2] 40/14 65/22
font [1] 27/20
force [1] 8/20
forceful [1] 29/24
forensic [1] 49/13
foresee [1] 83/2
forever [1] 52/17
Forgive [2] 40/20 86/22
form [10] 18/14 26/20 28/22 41/7 55/16 55/18 77/2 78/14 79/7 79/11
formed [2] 65/12 69/6
formulate [1] 82/17
formulated [1] 53/25
formulation [19] 23/3 24/1 24/10 24/14 27/19 27/21 27/23 54/13 58/23 93/2 93/4 93/7 93/23 93/24 94/3 94/4 94/19 94/20 94/23
forward [2] 53/10 64/9
founded [2] 74/18 74/20
four [6] 11/9 11/22 39/20 72/17 94/1 94/17
four weeks [1] 39/20
fourth [1] 15/11
fragmentation [1] 96/8
free [1] 54/25
Friday [1] 1/1
fulfil [1] 61/15
fulfilling [1] 61/14
full [6] 4/6 11/12 17/3 46/20 64/6 101/11
fuller [2] 15/20 24/10
fully [1] 11/25
functioning [1] 76/19
further [2] 47/17 97/5
future [22] 20/24 21/17 21/22 24/15 35/5 57/1 58/4 58/10 81/6 81/10 81/11 81/14 82/1 82/17 83/1 95/11 95/12 95/13 95/14 95/15 95/20 96/4

G

gain [1] 52/13
gap [1] 61/6
gather [1] 47/6
gathering [5] 3/2 3/13 3/23 4/8 5/20
gave [8] 46/15 49/1 68/23 82/14 83/12 84/18 90/23 91/17
general [5] 5/20 41/21 48/24 70/16 74/3
generally [12] 12/12 41/22 56/5 56/12 62/17 71/5 71/20 72/22 75/7 78/14 82/16 88/4
genuine [2] 98/25 99/7
genuinely [2] 69/4 70/18
geographical [1] 7/13
get [18] 5/6 5/23 5/24 5/24 7/1 9/1 10/7 11/4 12/15 30/13 43/16 67/12 75/22 91/6 91/15 100/25 101/4 101/15
getting [3] 5/7 16/25 70/25
give [9] 9/13 46/19 51/12 55/25 56/22 67/3 73/20 77/22 82/24
given [16] 11/24 20/23 30/11 43/10 63/15 66/21 66/24 76/5 87/22 88/14 88/24 91/9 98/16 98/16 99/16 100/19
gives [3] 9/7 42/11 51/8
giving [3] 10/14 51/1 69/8
go [52] 4/16 5/17 5/18 9/18 11/21 15/9 17/8 18/11 19/15 19/16 19/19 21/23 26/14 27/12 27/18 28/25 29/8 29/12 29/12 30/16 31/17 32/21 33/11 35/17 37/3 37/4 37/6 37/20 38/9 38/12 40/6 44/6 44/15 44/15 45/12 45/23 46/13 46/17 48/6 51/14 53/12 55/16 63/20 72/15 79/17 83/24 84/2 92/24 93/12 93/19 97/15 97/17
goes [5] 54/16 54/16 54/18 76/20 79/25
going [43] 5/11 9/18 10/5 11/21 14/20 19/15 21/17 23/8 23/10 26/4 26/13 30/7 42/18 43/21 43/21 44/6 44/7 48/21 50/3 51/4 52/4 52/10 52/16 53/1 53/7 55/22 56/3 58/13 62/7 63/19 64/9 71/7 76/13 77/5 78/24 85/12 88/23 89/3 90/9 92/14 96/25 100/13 101/17
gone [4] 30/18 37/7 75/4 76/24
good [12] 8/16 36/4 36/5 37/25 38/2 39/4 42/25 67/23 89/15 89/15 92/17 97/10
got [9] 8/16 33/13 42/7 68/25 69/1 69/19 73/23 76/5 86/8
government [1] 72/19
GP [2] 6/3 51/12
great [1] 6/20
green [1] 85/3
grey [2] 38/14 38/14
grounds [2] 6/24 6/25
guessing [1] 74/9
Guidelines [1] 23/4

H

had [85] 4/12 6/20 8/16 11/5 12/10 12/12 12/21 16/6 16/15 16/21 17/19 17/24 17/25 20/13 22/6 25/6 27/2 28/1 29/20 29/20 30/10 35/6 36/8 37/17 38/19 39/17 43/14 44/1 45/13 45/14 45/15 46/1 46/8 46/24 47/18 49/3 54/24 57/11 61/7 61/8 61/24 62/6 62/21 62/22 62/23 62/24 63/5 63/13 63/15 63/16 63/24 64/2 64/25 65/3 67/12 68/18 68/20 68/21 68/22 69/6 69/7 69/11 69/12 70/12 75/16 77/17 79/9 79/21 80/13 83/4 85/13 88/6 88/16 89/8 89/12 89/19 89/21 90/4 90/12 94/11 96/2 97/19 98/8 99/25 100/3
hadn't [6] 20/10 25/7 28/1 36/10 66/12 88/23
half [1] 14/25
halfway [1] 3/7
hallucinations [1] 49/7

H

haloperidol [15] 28/16 36/8 36/8 36/13 36/18 37/14 37/15 39/10 40/8 41/4 41/6 41/8 43/10 63/17 89/1
hand [1] 79/24
handover [1] 62/5
hands [1] 49/6
happen [9] 12/7 35/4 81/23 83/2 88/5 88/13 94/21 99/8 101/4
happened [11] 8/16 47/18 64/14 64/21 64/24 67/6 78/7 88/9 94/15 94/16 99/8
happening [4] 12/17 16/17 20/18 81/24
happens [1] 64/8
happy [2] 37/16 85/1
harassment [2] 72/18 72/23
harder [1] 96/19
hardly [2] 95/18 95/19
harm [13] 17/13 17/17 18/16 20/6 53/4 53/17 79/18 80/7 81/4 82/3 82/9 82/12 82/13
harming [1] 49/5
has [47] 9/2 11/4 11/11 11/24 16/18 16/21 18/4 18/17 20/21 22/15 28/9 29/13 29/18 33/14 33/16 33/17 34/13 34/14 37/16 37/24 37/25 38/19 40/9 41/9 42/19 46/5 46/24 47/5 48/22 50/14 51/18 51/25 54/7 65/24 70/6 70/18 72/25 73/23 74/10 76/12 89/12 89/16 90/1 94/8 96/11 96/15 97/19
hasn't [2] 77/4 80/3
have [164]
haven't [3] 1/10 37/6 42/5
having [10] 9/25 11/13 39/1 64/6 65/23 71/5 73/6 74/5 75/11 98/20
he [162]
he'd [11] 30/18 41/8 43/14 68/21 69/12 73/6 75/17 85/5 85/6 91/11 100/17
he's [20] 26/6 37/15 43/21 51/5 52/4 52/9 53/7 69/18 73/13 73/13 76/3 76/6 76/14 76/16 76/16 80/4 84/20 92/10 92/11 92/18
head [3] 72/21 76/13 76/15
heading [5] 4/4 27/3 33/12 34/10 34/11
heads [1] 49/6
health [22] 3/3 5/2 10/7 20/21 22/13 22/19 28/17 32/19 41/23 42/12 42/20 46/5 46/22 46/24 47/1 50/7 51/21 51/22 53/16 75/8 86/11 88/9
heard [7] 2/8 20/21 44/18 60/7 60/12 77/5 96/6
hearing [2] 66/19 68/20
held [1] 50/13
help [5] 3/17 5/13 10/1 29/19 42/18
helpful [3] 6/11 35/1 96/16
hence [3] 29/18 34/14 73/2
her [10] 5/11 5/12 11/15 12/23 12/24 12/25 30/12 60/9 60/13 100/2
here [8] 9/25 10/6 17/12 20/4 21/2 25/3 71/11 78/7
high [18] 17/15 17/18 18/8 18/18 22/23 23/6 23/16 24/2 24/6 24/6 24/7 26/9 52/1 52/19 52/24 79/20 81/22 86/12
highlighted [3] 35/22 40/22 79/4
highly [6] 44/9 45/3 47/25 49/3 49/9 49/11
highly-relevant [1] 49/3
him [41] 9/11 9/11 19/10 28/20 30/1 36/15 38/23 39/1 39/2 39/17 41/15 43/15 46/6 53/4 53/17 54/25 55/2 62/15 62/15 63/18 64/10 69/7 72/11 72/24 75/17 82/8 84/20 85/17 86/19 86/20 88/11 88/23 89/2 90/21 91/13 92/13 92/20 98/3 99/2 99/24 99/25
hindsight [2] 69/10 74/7
his [115]
history [12] 3/11 4/7 9/23 34/11 64/13 87/6 87/10 87/11 87/12 87/13 87/14 93/1
hm [2] 84/8 98/10
hold [2] 7/1 47/19
home [1] 25/5
honest [1] 99/23
hopefully [1] 25/5
hospital [20] 22/18 23/19 24/5 52/2 52/9 58/3 59/20 61/21 63/16 64/9 64/13 65/22 70/22 81/18 86/18 87/23 89/11 92/14 95/19 96/3
hospitals [6] 92/8 95/19 96/17 100/21 100/22 100/23
hour [1] 7/16
hours [5] 3/23 12/24 13/1 98/3 99/1
House [8] 1/25 2/6 2/12 16/14 19/6 34/1 60/3 61/24
housing [2] 54/10 54/22
how [21] 20/25 29/24 39/17 45/14 52/16 56/23 57/16 58/15 62/10 63/2 70/16 76/16 76/17 76/17 83/14 84/14 84/16 91/3 91/7 92/17 99/21
however [4] 10/20 40/17 45/4 99/10
huge [1] 8/2

I

I accept [1] 51/16
I agree [1] 11/18
I appreciate [4] 44/17 49/16 50/23 76/4
I ask [4] 42/25 53/21 54/20 99/19
I assume [2] 38/25 39/1
I attended [1] 62/22
I believe [1] 77/15
I believed [1] 99/24
I call [1] 1/4
I can [7] 3/2 8/9 13/3 19/4 62/12 68/6 86/16
I can't [11] 3/18 5/16 19/3 29/24 44/13 49/25 67/1 67/5 73/15 74/8 100/2
I cannot [3] 3/16 48/9 48/10
I clarify [1] 30/23
I completely [2] 45/1 49/18
I could [3] 69/11 77/16 98/7
I deal [1] 9/19
I did [1] 60/14
I didn't [8] 21/12 30/6 55/12 60/10 69/8 77/11 89/1 99/23
I do [1] 68/9
I don't [27] 8/17 31/4 39/6 45/10 47/18 48/6 48/9 50/1 51/7 55/7 65/3 67/6 70/1 73/19 73/21 74/8 78/2 80/19 82/18 82/18 89/23 90/5 94/7 95/13 97/5 101/20 101/23
I had [3] 62/6 85/13 99/25
I have [1] 29/22
I haven't [2] 37/6 42/5
I just [5] 28/15 36/6 44/7 47/15 97/12
I know [7] 12/25 39/3 55/7 63/9 77/15 82/15 99/25
I left [2] 16/14 82/19
I may [4] 36/15 38/12 42/2 97/11
I mean [10] 5/8 21/10 41/11 42/5 47/17 49/25 54/15 74/14 82/15 94/22
I might [1] 70/7
I missed [1] 101/15
I misunderstood [1] 101/18
I personally [1] 12/20
I please [1] 59/6
I probably [1] 48/19
I recall [2] 62/14 84/20
I remember [1] 85/3
I represent [1] 57/8
I said [1] 50/22
I say [3] 35/15 74/5 97/13
I see [4] 18/19 58/24 98/23 101/2
I skipped [1] 20/5
I stated [1] 63/4
I take [2] 43/1 88/14
I then [2] 55/15 55/20
I think [58] 7/14 8/16 8/25 12/10 12/16 12/22 15/23 16/13 22/25 24/17 24/18 28/4 28/13 29/23 32/9 35/1 37/8 41/11 47/20 48/11 48/16 52/19 58/20 60/13 63/15 68/14 68/17 69/6 69/22 69/22 70/9 70/20 71/7 71/18 71/19 71/21 72/4 73/12 75/7 76/10 81/13 82/2 82/5 82/5 83/16 85/10 88/8 88/19 89/14 89/17 91/4 91/16 95/1 96/17 96/18 97/1 98/14 100/12
I thought [1] 44/6
I typed [1] 91/5
I understand [2] 9/1 36/11
I want [12] 14/17 17/11 21/23 22/1 24/20 24/22 31/8 43/22 45/21 65/16 83/7 97/16
I wanted [1] 57/25
I was [8] 37/10 62/22 63/1 77/15 85/13 93/7 99/5 100/12
I wasn't [2] 65/8 78/1
I will [1] 70/11
I won't [1] 55/16
I work [1] 24/4
I worked [1] 94/7
I would [10] 18/25 40/20 44/13 44/14 48/9 49/15 72/4 74/22 80/12 85/14
I wouldn't [2] 31/4 68/14
I'd [3] 16/21 36/15 69/9
I'll [6] 19/16 29/4 37/4 37/19 38/11 85/10
I'm [23] 4/24 10/5 16/16 19/15 26/13 30/7 43/21 44/7 48/5 48/21 51/15 53/1 54/4 55/22 67/1 70/7 70/24 71/3 73/19 74/9 75/12 77/4 101/1
I've [6] 11/18 55/18 95/18 96/21 96/21 97/10
ideally [4] 32/6 32/6 54/18 94/15
identified [3] 22/10 53/5 88/4
identifying [1] 98/18
ie [1] 91/1
if [148]
ii [1] 30/10
iii [1] 30/16
illness [10] 22/7 50/9 50/15 53/19 64/22 66/15 68/22 71/12 73/2 99/9
illustrate [1] 42/2
imagine [2] 15/22 19/4
immediate [2] 79/23 80/10
immediately [1] 28/3
imminent [1] 81/22
impact [4] 20/25 53/17 75/24 76/19
important [7] 4/9 14/14 32/22 35/22 41/22 54/6 54/12
impression [2] 27/9 51/1
improve [6] 26/1 34/24 42/3 72/8 82/6 91/15
improved [2] 65/13 89/21

I

improvements [1] 83/19
improves [3] 72/6 72/8 86/6
inaccurately [1] 90/24
incident [6] 8/17 50/18 63/24 64/4 64/16 64/21
incidents [8] 10/13 19/7 19/8 19/9 19/10 25/15 64/20 99/7
include [1] 5/1
included [1] 57/18
includes [1] 14/9
including [1] 12/2
increase [1] 82/13
increased [1] 37/16
increasing [1] 28/16
increasingly [2] 65/24 66/4
indeed [2] 81/16 86/19
indicates [1] 72/25
indicating [1] 47/25
individual [1] 11/24
individuals [3] 12/1 49/5 93/1
indulging [1] 57/4
inevitable [2] 51/3 56/3
inform [4] 19/23 80/18 89/15 91/13
information [68] 3/2 3/13 3/14 3/18 3/23 4/1 4/6 4/8 4/14 4/21 4/23 5/6 5/7 5/12 5/14 5/20 5/22 6/1 6/2 6/4 6/5 6/15 6/16 6/17 6/21 8/20 8/23 9/2 9/5 9/6 9/14 16/25 17/2 40/21 40/23 41/3 44/24 45/24 46/15 47/6 47/14 48/1 48/23 49/1 49/9 49/11 50/19 50/23 51/16 53/18 54/15 56/23 57/10 62/7 74/10 75/16 75/23 75/25 76/6 77/20 77/21 89/23 96/9 96/22 96/24 100/13 101/5 101/7
informed [3] 9/10 11/25 17/3
informs [3] 27/22 80/15 93/24
infrequent [1] 39/24
initially [1] 59/18
initiated [1] 87/25
injections [1] 84/6
inpatient [4] 3/22 30/22 54/11 84/9
inpatients [1] 23/22
Inquiry [8] 1/9 2/8 20/21 32/12 48/22 59/12 73/23 74/10
inserting [1] 72/20
insight [29] 18/5 22/8 26/1 27/9 29/10 34/20 34/24 41/5 43/18 50/9 50/15 51/20 52/14 65/11 65/13 68/25 69/13 70/18 71/12 72/6 72/7 74/6 81/20 82/6 86/6 88/16 88/24 89/19 89/21
insist [2] 88/23 89/2
instance [13] 23/14 24/4 24/4 33/3 70/6 70/24 71/6 72/6 74/19 75/11 75/16 80/15 83/4
instead [1] 61/7
institutionalisation [1] 92/15
intensive [6] 2/5 23/12 33/22 49/21 80/11 81/3
intention [2] 18/1 28/11
interest [2] 9/9 9/9
interference [1] 72/19
Internet [2] 75/22 76/22
interrupt [1] 55/12
interval [1] 87/22
interview [1] 30/10
into [33] 3/6 9/11 20/1 21/17 21/21 22/21 24/17 25/7 35/18 38/23 41/2 50/9 50/15 54/18 58/2 62/7 63/18 63/19 64/9 64/13 65/11 71/12 71/19 73/25 79/5 79/6 79/12 85/12 86/14 87/2 88/24 96/3 101/6
invitations [1] 12/2
invite [1] 12/14
involve [1] 75/20
involved [11] 5/3 6/18 11/25 18/23 19/2 46/7 60/15 77/14 78/4 87/23 97/15
involvement [8] 2/21 3/14 8/11 11/20 61/4 61/17 77/18 78/3
is [205]
is: [1] 30/25
is: were [1] 30/25
isn't [24] 4/9 4/18 5/5 6/6 6/7 10/15 12/6 15/1 17/4 18/5 19/18 22/8 23/17 27/5 29/6 29/9 31/24 34/5 34/5 35/13 40/4 81/13 94/22 97/14
isolated [1] 62/16
isolation [2] 42/9 87/12
issue [7] 10/17 12/25 16/22 22/10 57/9 69/22 73/7
issues [1] 96/13
it [267]
it's [117]
items [1] 28/21
its [4] 8/21 11/22 23/22 89/4
itself [5] 44/10 64/23 65/6 74/24 94/19

J

Jacques [1] 53/23
job [2] 56/21 61/12
joint [1] 97/14
judgement [2] 64/3 72/5
June [1] 60/20
June '24 [1] 60/20
junior [3] 61/11 61/12 61/14
just [85] 4/12 7/1 9/19 12/11 12/14 12/18 14/17 16/1 16/14 20/7 23/8 24/1 27/24 28/15 29/12 32/9 34/8 35/16 36/6 37/4 37/6 37/6 38/9 38/11 38/22 39/19 40/2 40/20 41/17 41/21 42/2 43/5 43/22 44/7 44/8 45/23 46/17 46/19 46/19 47/15 48/5 49/18 50/3 51/15 52/18 54/4 55/15 55/20 56/2 57/8 58/1 58/15 59/17 60/12 62/23 63/4 66/15 67/16 72/14 75/4 76/24 77/2 80/12 81/21 84/3 85/1 86/7 89/12 89/25 90/16 91/16 92/23 93/19 95/9 97/12 97/15 97/16 98/7 98/23 99/5 99/25 100/12 101/8 101/16 101/17
justified [1] 88/18
justify [1] 87/4

K

Kardex [1] 28/15
keen [1] 85/15
keep [2] 50/3 52/18
keeping [2] 92/13 101/18
kept [8] 11/25 15/20 25/9 77/14 78/4 96/22 101/13 101/16
key [5] 27/13 41/25 44/21 45/22 45/24
kind [3] 62/4 75/6 80/14
kinds [1] 23/5
knew [6] 74/11 75/10 98/17 98/18 99/6 99/10
know [38] 5/18 6/18 6/19 12/25 21/21 23/6 28/21 29/25 29/25 35/4 39/3 39/6 43/11 43/13 47/1 48/17 48/18 55/7 55/25 63/9 64/1 64/25 65/3 66/25 67/6 73/15 73/21 74/8 76/1 77/15 77/22 80/19 82/15 82/18 82/18 83/3 94/8 99/25
knowing [1] 74/2
knowledge [3] 1/19 56/12 59/15
known [2] 82/23 95/15

L

lack [9] 18/5 22/8 25/14 27/9 29/10 41/5 51/15 69/24 81/19
lacks [1] 53/15
Lanses [1] 39/6
last [5] 38/9 39/19 72/7 91/7 96/7
later [7] 18/2 28/4 39/14 39/15 39/17 54/14 61/22
latest [1] 33/7
leading [1] 79/8
learnt [1] 70/22
least [1] 89/18
leave [12] 22/18 28/22 54/9 91/21 91/21 98/3 98/15 98/16 98/16 98/21 99/1 99/16
led [2] 63/6 63/24
left [4] 16/14 28/9 60/18 82/19
length [2] 92/8 92/9
lengthened [2] 16/15 16/16
lengthy [3] 8/25 15/22 90/22
less [5] 25/4 25/13 68/3 97/23 98/11
let [1] 66/12
let's [2] 51/14 65/14
letter [9] 33/11 34/22 43/25 44/2 44/19 45/7 45/10 45/12 50/20
level [4] 37/25 52/24 98/22 99/16
lifetime [1] 51/7
light [4] 10/2 22/20 22/22 23/15
like [22] 2/18 6/19 36/15 38/17 40/11 40/20 41/14 48/20 55/4 61/11 62/9 64/4 75/21 76/11 77/19 78/25 84/11 92/17 94/21 95/22 96/5 99/5
likelihood [1] 86/12
likely [6] 52/13 52/22 65/5 66/22 78/13 91/18
likewise [3] 80/2 85/24 87/3
limited [1] 3/11
line [2] 22/12 23/3
lines [7] 11/1 11/3 11/9 11/22 40/7 65/19 72/17
linked [2] 70/4 88/21
listed [1] 28/7
literally [1] 76/5
little [2] 3/6 65/1
live [1] 94/8
lives [1] 97/3
Lloyd [3] 30/4 30/10 31/6
load [1] 101/4
local [3] 52/5 87/23 98/4
located [1] 7/14
lockdown [1] 72/24
Locum [1] 60/25
long [8] 19/3 29/22 45/6 65/7 77/5 82/1 91/2 91/7
long-term [1] 82/1
longer [10] 17/25 21/7 26/11 52/12 58/21 68/22 69/18 88/7 91/1 95/10
longer-term [1] 26/11
look [47] 3/19 3/20 4/3 4/15 5/25 9/16 10/25 11/7 11/19 13/23 14/17 15/2 15/9 15/10 17/6 17/11 18/14 22/1 23/2 24/10 24/15 24/20 24/24 26/15 30/2 35/7 36/17 40/2 44/19 46/14 62/5 64/10 65/16 65/16 67/16 67/25 69/23 71/23 72/14 75/7 75/9 79/24 85/15 86/7 90/16 92/7 96/4
looked [6] 32/18 42/5 56/2 84/5 95/3 96/5
looking [16] 4/17 5/4 13/3 21/21 23/14 25/1 27/24 31/20 41/15 52/18 65/7 75/5 89/17 89/18 90/9 96/23
looks [4] 3/25 44/22 51/2 80/21
lot [12] 10/11 23/4 35/17 62/6 64/18 64/23 71/1 73/14 73/24 74/17 96/22 97/3
lots [2] 22/25 45/1
love [1] 42/17

L

lower [1] 56/10
lowers [1] 42/9

M

made [25] 4/22 9/21 10/6 12/4 12/23 14/7 14/8 14/14 14/21 17/4 20/7 25/3 25/7 30/17 31/2 31/5 53/7 58/11 63/13 63/21 75/18 88/11 88/22 89/2 90/12
maintaining [1] 12/2
maintains [1] 38/2
maintenance [1] 56/10
make [12] 1/12 1/16 13/24 28/15 33/19 37/6 40/10 42/6 53/15 72/4 76/17 97/2
makes [6] 4/4 25/21 29/14 35/17 80/20 96/18
making [6] 9/25 20/13 48/25 49/15 51/15 92/18
man [1] 76/12
management [5] 2/15 33/12 57/2 62/18 93/17
managing [1] 90/7
many [3] 12/17 35/15 36/24
March [1] 60/3
March 2020 [1] 60/3
marked [1] 33/17
mask [1] 71/14
masking [1] 87/14
matching [2] 71/8 72/12
material [3] 49/3 75/5 75/5
materials [1] 75/12
matter [3] 55/15 72/25 97/11
matters [4] 13/2 44/23 54/8 56/14
may [21] 1/1 1/4 24/7 30/23 36/15 38/12 38/25 42/2 47/21 52/8 52/13 54/21 66/7 86/12 87/4 90/21 91/5 94/22 97/11 99/18 99/19
maybe [8] 37/5 37/5 48/16 70/4 79/1 96/23 100/5 101/8
MDT [19] 2/20 2/24 14/9 14/13 15/8 15/10 15/19 16/11 16/11 16/14 30/12 62/11 65/3 68/13 69/15 69/19 77/12 81/18 82/1
MDTs [3] 13/18 14/3 14/18
me [7] 35/8 40/20 47/18 57/4 67/3 86/22 96/6
meals [1] 37/24
mean [20] 5/8 10/4 21/10 24/2 41/11 42/5 47/17 49/25 54/15 55/12 68/18 74/14 80/6 81/23 82/15 87/1 92/3 94/22 101/14 101/21
means [2] 81/22 81/22
meant [4] 40/10 41/10 45/6 91/1
media [1] 75/22
medical [9] 4/13 6/1 15/3 15/4 26/23 27/1 27/2 42/14 97/15
medicated [1] 52/12
medication [60] 10/14 17/14 17/23 17/25 18/3 18/17 19/12 19/14 20/12 20/14 21/9 22/22 25/16 33/17 34/2 35/6 35/11 36/7 36/13 37/10 37/12 37/14 38/13 38/16 39/7 39/13 40/16 40/18 42/3 43/19 45/15 45/17 45/19 46/23 50/21 51/2 51/4 51/8 52/9 56/4 56/5 56/10 56/11 62/15 73/3 73/20 79/19 82/8 82/10 83/7 83/9 83/14 83/18 83/23 84/10 84/14 85/8 86/13 87/5 89/8
medications [1] 38/1
medicine [1] 59/24
meet [1] 95/5
meeting [11] 12/3 12/13 15/8 15/22 15/24 15/25 46/9 63/7 88/3 88/7 94/20
meetings [7] 5/9 12/11 13/21 13/22 16/16 62/11 62/20
member [4] 16/7 60/22 67/11 77/9
mental [31] 3/3 4/7 10/7 20/21 22/13 22/19 26/22 26/25 27/8 28/17 29/7 32/18 42/12 42/19 43/18 46/5 46/22 46/24 47/1 50/7 51/21 51/22 53/16 65/11 67/18 68/22 73/2 75/8 75/8 86/11 88/9
mention [2] 4/12 38/4
mentioned [4] 7/4 37/15 68/3 97/23
merely [2] 90/25 90/25
messages [1] 9/22
met [1] 99/25
middle [2] 27/19 67/17
might [24] 4/20 24/2 24/6 30/8 35/1 40/18 40/22 64/7 64/21 64/22 66/16 70/7 70/12 70/23 71/14 72/9 73/9 73/18 74/11 83/14 89/20 92/17 99/12 99/13
mild [1] 23/6
mind [6] 44/8 54/22 64/18 72/19 74/1 74/20
minds [1] 47/6
minimal [1] 63/5
missed [1] 101/15
misunderstood [1] 101/18
mitigate [1] 75/2
mitigated [1] 98/20
mitigation [1] 75/19
mm [11] 9/24 12/8 14/11 17/21 17/21 39/16 46/12 47/3 84/8 89/14 98/10
Mm-hm [2] 84/8 98/10
Model [1] 3/21
moderate [10] 18/18 20/4 20/4 23/6 33/13 33/17 79/21 80/8 81/21 81/23
Moloney [7] 36/2 36/3 43/9 97/8 97/9 103/5 103/12
moment [6] 10/5 23/3 25/11 43/7 47/15 63/23
moments [1] 7/4
monitor [1] 47/7
monitoring [2] 38/7 38/8
months [5] 91/14 91/14 91/19 92/7 92/16
more [30] 6/1 6/2 7/3 8/20 16/13 17/4 23/2 23/22 23/25 24/9 24/18 27/25 32/5 32/23 37/19 41/6 45/1 47/21 61/16 63/22 65/5 66/22 80/13 82/10 82/16 82/16 85/19 88/5 96/19 99/16
morning [9] 13/22 14/1 15/5 36/4 36/5 42/25 60/12 62/4 77/6
most [11] 6/16 7/12 10/15 42/17 62/3 62/14 63/7 74/18 78/13 92/8 95/20
mostly [3] 61/6 62/16 88/21
mother [4] 10/4 12/21 41/19 77/9
move [4] 16/22 52/5 53/10 88/4
moved [3] 9/2 25/13 60/1
Moving [1] 24/20
Mr [18] 1/3 1/6 36/2 36/3 40/21 43/9 46/14 57/6 57/7 57/12 59/9 97/8 97/9 103/4 103/5 103/7 103/11 103/12
MR BAYNHAM [2] 59/9 103/11
Mr Carr [6] 1/3 1/6 40/21 46/14 57/12 103/4
Mr Moloney [7] 36/2 36/3 43/9 97/8 97/9 103/5 103/12
Mr Straw [3] 57/6 57/7 103/7
Ms [5] 29/20 42/23 42/24 55/13 103/6
Ms Birtles [1] 29/20
Ms Cartwright [2] 42/23 55/13
MSE [4] 67/17 68/15 68/16 84/4
much [16] 4/8 21/1 24/9 24/18 33/20 39/17 40/1 41/17 42/22 51/5 57/22 62/17 62/17 65/11 92/18 100/8
multi [4] 2/18 12/3 13/21 72/2
Multi-Disciplinary [3] 2/18 12/3 13/21
multi-expect [1] 72/2
multidisciplinary [1] 93/16
multiple [1] 9/21
mum [1] 77/13
murder [1] 49/4
must [2] 93/14 93/15
my [15] 11/18 15/8 23/10 23/12 30/24 35/25 36/24 56/21 61/5 63/4 69/10 77/15 79/10 82/22 85/11
myself [3] 27/17 31/7 85/4

N

name [2] 36/21 36/25
narrative [9] 17/17 18/8 18/20 19/19 20/1 20/8 33/14 33/18 79/24
narratives [1] 19/22
natural [1] 85/16
navigating [1] 42/11
necessarily [5] 48/18 76/25 90/5 91/2 99/3
necessary [5] 4/21 12/5 40/15 86/10 90/14
need [18] 6/1 9/8 12/23 22/16 26/10 28/15 30/14 35/18 42/14 48/25 50/9 54/21 70/7 73/19 77/22 78/2 81/16 90/21
needed [3] 13/24 23/19 90/10
needs [7] 22/14 26/11 35/19 40/12 47/20 51/21 88/5
negative [2] 66/8 66/9
neuropsychiatric [1] 24/5
never [3] 7/2 18/4 83/1
next [18] 17/12 18/10 19/15 24/3 25/21 28/6 28/25 41/11 41/15 44/22 49/21 54/17 56/23 63/9 72/1 85/16 89/5 90/1
NHFT0000168 [1] 11/8
NHS [22] 5/21 6/9 7/3 23/2 61/10 61/15 68/2 70/5 70/6 74/19 76/11 76/14 96/20 96/20 96/21 96/24 97/1 97/23 100/15 100/22 101/14 101/16
NICE [1] 23/3
Nigeria [3] 59/18 59/20 59/24
nine [1] 15/24
no [71] 6/7 8/9 9/22 10/20 17/1 17/1 17/25 18/1 19/6 19/8 19/9 19/9 21/7 21/8 21/8 21/10 22/15 22/16 26/8 27/25 31/7 39/1 39/3 39/3 40/13 41/6 44/6 44/6 44/17 48/13 48/13 49/16 49/16 50/2 50/9 50/10 50/14 50/16 51/11 53/4 58/21 60/10 60/10 68/22 69/6 69/12 69/18 71/12 74/11 75/10 76/25 77/11 78/1 81/15 86/1 86/20 88/7 88/16 89/25 92/4 93/5 93/6 95/23 95/25 99/4 100/3 100/17 100/24 101/4 101/23 101/23
nobody [1] 94/12
nodded [7] 25/18

N

nodded... [6] 32/16 42/16 61/25 78/19 78/22 100/16
non [17] 18/17 19/22 20/11 22/24 33/16 56/4 56/8 63/11 79/19 80/2 80/8 81/5 82/4 82/5 83/23 85/14 87/11
non-adherent [1] 56/8
non-compliance [13] 18/17 19/22 20/11 22/24 33/16 63/11 79/19 80/8 81/5 82/4 82/5 83/23 85/14
non-concordance [2] 80/2 87/11
non-concordant [1] 56/4
noncompliance [2] 17/14 17/22
none [1] 70/15
normally [7] 12/16 15/2 25/9 33/7 33/8 63/8 82/22
not [116]
note [6] 15/1 15/20 29/15 39/1 39/3 65/14
noted [2] 38/5 90/24
notes [16] 13/3 14/18 15/15 15/18 15/21 16/15 16/20 17/19 17/24 26/14 26/16 32/17 65/2 83/13 96/18 101/11
notice [1] 58/4
notification [3] 19/24 31/11 31/15
notifications [1] 32/4
Nottingham [7] 30/5 31/2 43/6 47/23 54/1 54/2 55/3
notwithstanding [1] 35/21
November [3] 1/23 2/1 60/18
November 2020 [2] 1/23 2/1
November 2023 [1] 60/18
now [41] 5/4 9/19 14/17 16/17 16/20 16/24 18/20 20/21 21/2 22/20 23/4 23/21 23/22 23/25 24/5 24/15 32/3 32/11 33/11 47/11 47/18 56/16 56/17 58/21 58/25 59/6 62/13 69/10 70/1 70/17 74/1 77/4 82/15 82/17 84/16 85/3 85/11 85/13 94/8 96/10 100/2
number [12] 14/1 15/14 22/21 25/5 25/7 28/7 44/17 54/7 63/25 70/20 77/18 85/10
nursed [1] 17/19
nurses [1] 10/11
nursing [8] 10/12 10/12 10/16 10/24 28/19 55/11 61/7 65/18
nurturing [1] 42/8
Nwawueze [7] 59/6 59/8 59/11 96/6 97/10 100/7 103/10

O

O/a [2] 67/20 68/15
objection [1] 84/25
observations [5] 38/1 71/2 71/9 71/11 72/12
observing [1] 39/4
obtain [9] 3/14 3/17 4/1 4/20 4/23 5/14 6/5 6/16 9/5
obtained [2] 5/12 6/3
obtaining [2] 6/14 8/22
obtains [1] 6/2
obvious [3] 28/14 28/24 94/22
obviously [14] 22/20 32/22 36/25 52/4 54/7 62/13 73/23 75/18 79/11 82/12 82/19 82/23 86/5 90/7
occasion [2] 10/3 100/20
occasions [1] 4/20
occupational [2] 59/24 91/23
occurring [1] 13/19
October [8] 2/2 14/21 15/9 24/22 31/23 32/2 38/24 61/22
October 2023 [1] 2/2
off [2] 66/12 66/13
office [3] 10/22 10/23 10/23
officer [1] 53/3
often [3] 3/16 9/1 10/23
Oh [3] 6/13 84/16 101/2
ok [1] 37/15
okay [14] 10/9 31/8 33/5 41/17 44/4 48/21 57/22 63/22 70/16 74/25 79/14 80/24 93/10 98/4
on [181]
once [2] 21/6 52/12
one [47] 2/13 3/24 4/15 5/9 7/5 8/20 9/7 12/11 14/21 15/14 19/17 23/5 23/23 24/1 24/2 24/2 24/12 26/18 28/14 28/19 38/11 40/16 41/17 47/15 48/18 51/2 52/14 56/8 57/9 57/25 59/20 60/6 63/9 63/12 64/11 64/21 66/6 66/6 72/7 74/11 77/16 89/25 94/12 97/10 97/16 99/25 101/12
ongoing [1] 82/11
online [4] 7/17 7/19 47/5 73/9
only [8] 12/10 23/1 50/25 53/2 57/25 61/17 82/25 97/10
onto [1] 30/13
opinion [1] 69/6
opinions [1] 2/18
opportunity [3] 14/14 30/13 67/14
opposed [1] 85/8
option [2] 35/11 40/16
options [2] 54/10 54/22
or [77] 5/6 6/17 8/14 9/5 10/1 12/14 13/13 14/13 16/11 18/22 20/11 22/16 29/14 29/20 29/25 30/8 30/25 30/25 31/1 35/11 35/22 41/5 46/6 47/11 49/5 50/10 50/17 51/12 51/20 51/21 52/1 55/1 55/2 62/18 62/20 64/17 65/3 66/9 66/18 67/12 67/12 68/13 69/5 69/24 69/24 71/15 71/23 73/8 73/21 75/4 75/14 77/9 78/15 79/8 80/4 81/4 82/3 83/19 84/23 85/9 86/13 86/14 87/4 90/9 91/19 91/24 92/1 92/3 94/15 94/17 96/14 99/7 99/19 99/20 99/24 100/4 101/9
oral [1] 56/11
order [1] 71/15
orders [3] 83/8 86/4 87/1
organisations [2] 96/9 96/12
OT [3] 28/19 28/23 28/23
other [20] 6/5 6/14 6/18 12/20 15/14 16/12 16/13 28/19 41/18 48/22 58/11 66/11 69/2 71/2 73/17 77/9 77/16 78/9 79/6 79/12
others [15] 17/13 17/17 18/16 19/21 20/6 33/13 50/16 53/2 71/6 79/19 80/7 82/3 82/9 82/13 86/14
otherwise [6] 59/23 62/20 71/3 92/13 94/13 95/20
our [15] 5/9 5/17 5/18 15/4 15/24 15/24 30/13 34/25 39/3 55/9 61/12 62/4 85/12 95/20 101/6
out [27] 7/15 8/20 9/17 13/16 21/16 21/25 23/11 23/22 28/12 28/13 29/5 31/17 33/12 35/10 35/12 38/23 39/2 56/24 64/2 66/10 70/23 71/24 72/12 76/16 87/3 88/8 98/21
outcome [1] 54/22
outcomes [1] 16/2
outer [1] 99/14
outpatient [1] 6/3
outside [1] 98/22
over [21] 7/16 20/12 27/12 27/18 30/16 32/21 40/22 45/25 46/13 50/4 51/14 52/14 53/21 55/13 56/24 65/16 72/6 72/9 79/17 80/22 96/7
overall [1] 93/7
overlooked [1] 12/18
overnight [2] 68/25 91/21
oversight [1] 62/9
overspeaking [14] 6/12 7/2 15/6 15/7 16/10 16/20 19/13 23/17 34/3 36/22 41/3 51/13 82/21 86/21
own [8] 26/22 47/21 53/5 72/5 76/19 89/22 90/8 91/24

P

page [91] 3/5 3/7 3/20 4/3 4/17 9/18 9/19 11/8 11/9 11/21 14/5 14/19 14/19 15/9 17/8 17/12 17/12 18/11 18/16 19/17 19/19 19/21 20/12 21/10 21/13 21/14 21/24 22/12 24/25 26/19 27/12 27/12 27/13 27/18 27/18 29/4 29/12 29/12 30/7 30/7 30/8 30/9 30/16 30/16 31/16 31/18 31/22 33/11 33/15 33/15 34/9 34/10 35/8 35/9 37/3 37/6 37/7 37/9 37/10 37/21 37/22 38/13 40/6 45/25 46/13 46/14 50/4 50/5 51/14 52/19 53/10 53/11 53/12 53/21 55/23 65/17 65/17 67/16 72/16 77/3 79/15 79/17 79/17 84/4 86/8 90/18 92/25 93/20 97/15 97/18 103/2
page 1 [1] 14/19
page 13 [1] 92/25
page 15 [2] 35/8 55/23
page 17 [2] 4/3 14/5
page 185 [1] 18/11
page 186 [1] 18/16
page 189 [1] 17/8
page 190 [1] 17/12
page 192 [1] 11/8
page 2 [9] 3/5 15/9 31/18 34/9 34/10 37/21 37/22 45/25 65/17
page 3 [13] 9/18 11/21 21/24 26/19 29/12 33/11 37/6 38/13 46/14 67/16 84/4 90/18 97/15
page 4 [10] 4/17 27/12 29/4 31/22 37/3 37/9 37/10 50/5 72/16 93/20
page 5 [2] 27/18 51/14
page 6 [1] 33/15
page 7 [1] 40/6
page 72 [2] 19/17 79/15
page 73 [2] 19/19 19/21
page 8 [2] 3/20 53/12
page 9 [1] 53/10
page 94 [1] 30/8
page 95 [1] 30/16
pan [1] 56/24
paper [1] 92/16
paragraph [29] 4/17 4/18 11/22 14/6 22/2 25/1 25/21 25/25 29/13 29/17 30/9 34/11 35/9 35/9 38/5 46/17 46/18 50/5 55/21 55/24 65/19 68/1 72/17 86/8 87/3 87/19 90/20 92/25 93/12
paragraph 103 [1] 87/19
paragraph 3 [1] 25/1
paragraph 4.11 [1] 4/17
paragraph 41 [2] 55/21 55/24
paragraph 42 [1] 35/9

P

paragraph 45 [2] 14/6 92/25
paragraph 5.3 [1] 11/22
paragraph 50 [1] 93/12
paragraph 71 [1] 86/8
paragraph 73 [1] 87/3
paragraphs [3] 1/13 22/1 37/13
paragraphs 48 [1] 1/13
parameters [1] 2/16
paranoia [6] 70/3 70/4 70/14 82/12 98/22 99/17
paranoid [5] 22/7 27/9 52/21 99/12 99/13
Pardon [2] 44/5 54/3
parents [1] 12/14
PARIS [1] 100/23
part [19] 2/4 2/17 4/9 15/3 27/17 41/5 46/16 47/23 51/5 51/22 53/4 64/22 66/7 66/9 70/5 82/15 98/9 98/18 99/8
partial [1] 52/13
participated [1] 65/20
particular [2] 64/17 64/17
particularly [1] 63/10
parties [1] 5/6
parts [1] 2/14
pass [2] 54/12 57/19
passage [2] 37/8 37/9
passed [3] 44/20 57/14 57/17
passing [1] 40/22
passively [1] 51/19
past [4] 20/5 34/11 65/7 82/23
path [1] 85/3
patient [67] 3/24 5/9 5/21 9/2 9/7 12/10 13/11 13/23 14/15 15/19 18/13 18/21 18/22 25/11 26/15 26/20 26/23 28/4 28/25 32/14 33/3 35/19 35/20 37/2 38/9 41/21 58/12 62/3 62/8 65/14 67/8 67/25 68/7 69/1 69/3 69/25 70/18 70/19 71/3 71/8 71/18 71/19 73/7 74/4 74/14 74/17 75/3 75/6 77/2 78/10 78/14 79/7 81/2 83/13 83/15 84/3 85/8 85/13 85/16 86/12 88/2 89/19 90/17 90/19 93/8 93/19 100/14
patient's [6] 6/18 14/7 27/4 76/22 78/5 83/25
patients [18] 6/9 8/1 8/21 10/14 15/23 15/24 52/12 55/9 56/6 56/7 62/3 67/4 73/14 85/12 86/10 92/6 95/20 97/1
patients' [1] 2/16
pattern [2] 38/3 83/6
Pause [2] 30/1 35/14
Pausing [1] 47/9
penultimate [5] 14/6 22/1 46/17 46/18 68/1
people [16] 6/18 7/1 10/23 36/24 64/19 64/23 66/7 66/13 71/5 79/1 79/9 91/6 91/15 97/15 99/12 99/13
people's [2] 47/6 49/6
perceives [1] 22/16
perception [1] 81/9
perhaps [9] 24/24 37/5 43/5 48/14 65/12 73/8 90/24 91/19 101/17
period [3] 19/5 52/12 91/1
periods [1] 91/20
perpetuating [1] 93/11
person [9] 10/22 12/15 24/2 41/1 42/8 42/11 44/22 83/4 94/12
person's [1] 80/19
personally [3] 12/20 31/7 55/7
perspective [1] 96/10
persuade [1] 85/15
persuaded [1] 68/21
persuasion [2] 85/7 85/18
phone [2] 10/18 11/2
physical [3] 2/16 2/25 38/1
pick [1] 40/20
picking [1] 44/22
picture [1] 24/10
PICU [35] 10/11 10/21 10/22 10/23 15/24 15/25 21/11 21/15 24/7 25/9 25/12 43/12 43/17 49/2 49/12 49/19 49/19 49/22 51/8 52/5 62/19 71/19 76/25 85/16 86/20 86/23 86/25 88/2 88/3 88/5 88/7 88/8 88/20 92/7 93/13
pieces [1] 13/18
place [10] 11/20 49/20 55/6 57/12 64/14 74/15 75/19 76/8 76/23 98/19
placed [1] 100/6
placement [2] 49/21 54/17
placements [1] 7/15
plain [1] 33/20
plainly [3] 44/17 44/19 47/1
plan [12] 16/3 25/22 53/22 53/23 53/25 54/6 54/13 57/1 63/18 78/11 78/21 93/18
plans [11] 13/13 13/24 14/7 16/3 16/4 16/5 33/10 64/9 79/2 79/3 79/4
plea [4] 30/17 31/2 31/4 31/4
please [30] 1/4 3/3 9/15 13/2 16/23 17/6 21/23 27/21 29/4 30/2 30/16 34/9 35/7 37/3 37/4 43/3 45/25 46/13 46/18 47/15 47/16 50/4 51/14 53/10 53/11 53/21 59/6 93/24 97/13 97/16
pm [1] 102/1
point [31] 4/5 9/13 16/10 20/7 20/13 25/3 25/22 30/23 48/7 48/10 51/15 65/16 71/12 71/23 72/11 73/18 75/12 80/6 90/8 91/9 91/17 92/20 92/24 93/21 94/22 94/24 95/10 96/2 98/11 101/7 101/8
points [4] 27/22 28/6 28/7 93/25
police [8] 8/11 8/15 8/17 8/18 8/20 17/2 50/11 53/3
policies [1] 3/19
policy [4] 4/15 11/19 11/20 78/3
poor [3] 34/20 42/12 42/19
populated [3] 79/13 94/9 101/10
poses [1] 86/14
position [9] 45/13 46/11 51/1 52/10 69/14 69/14 75/14 80/15 80/18
possibilities [1] 65/4
possibility [3] 7/21 40/16 66/11
possible [4] 4/9 4/20 25/10 75/10
possibly [2] 30/14 66/21
post [6] 21/18 23/15 23/24 24/16 33/4 33/6
post-dating [2] 33/4 33/6
post-discharge [4] 21/18 23/15 23/24 24/16
potential [8] 42/3 63/11 75/3 82/7 82/7 82/25 83/17 83/24
potentially [2] 74/5 75/23
power [1] 56/19
practice [10] 16/18 23/21 67/3 67/7 82/17 82/20 82/22 85/11 89/15 92/6
pre [4] 43/10 45/14 46/11 94/9
pre-admission [2] 45/14 46/11
pre-populated [1] 94/9
pre-the [1] 43/10
precipitating [1] 93/10
predict [2] 81/10 95/15
predictive [1] 81/10
predicts [1] 95/20
predisposing [1] 93/10
prefer [3] 38/17 84/11 85/5
preferred [1] 26/22
preferring [1] 84/18
prepared [2] 1/9 40/3
preparing [2] 69/10 77/15
prescribed [1] 38/1
presence [3] 69/24 69/24 100/1
present [7] 21/2 36/20 70/2 72/9 88/15 88/17 99/10
presentation [7] 62/6 65/24 66/4 72/13 82/24 83/18 88/25
presented [2] 63/3 80/25
presenting [5] 66/13 66/15 88/19 91/10 92/11
press [1] 50/1
pressed [1] 31/1
pressing [1] 30/22
pressure [1] 32/10
presumably [1] 74/16
presume [1] 18/25
pretty [1] 15/1
previous [6] 3/9 17/20 21/14 33/25 36/25 50/15
previously [3] 5/3 30/11 65/23
primarily [1] 88/19
principle [1] 75/9
principles [1] 75/7
print [1] 26/15
prior [9] 8/11 16/14 62/1 69/7 69/9 75/16 82/8 83/18 87/25
priority [1] 44/18
Priory [23] 24/22 25/6 25/19 32/11 32/13 34/4 34/17 38/24 44/3 45/13 57/11 57/14 61/21 72/2 72/4 85/22 86/2 86/3 87/20 89/5 89/20 90/17 96/15
Priory's [1] 90/13
private [6] 59/20 96/11 96/20 96/24 97/3 100/19
probably [18] 12/18 19/5 28/13 48/19 66/6 70/9 74/17 74/22 75/21 76/10 78/24 83/23 89/14 91/4 92/5 94/6 96/22 98/14
problem [1] 62/18
process [3] 8/25 24/14 24/14
produce [1] 38/12
products [1] 73/25
professional [4] 10/7 35/3 59/17 71/22
professionals [1] 5/2
progress [1] 32/17
progressing [1] 56/18
projecting [1] 81/13
pronounce [1] 36/24
proof [1] 47/5
proportion [1] 64/3
proportionate [3] 25/14 75/13 89/17
proposition [1] 48/24
prospects [1] 50/21
protection [1] 96/18
prove [7] 47/7 47/11 47/13 47/25 48/3 48/8 73/18
provide [4] 2/18 49/21 53/20 56/4
provided [2] 30/3 59/11
provider [2] 44/21 44/21
provision [1] 91/22
Ps [3] 94/1 94/17 94/17
psychiatric [12] 2/5 2/21 3/11 4/7 4/10 4/11 23/12 33/22 34/11 41/22 80/11 81/3
psychiatrist [9] 2/9 2/14 35/3 41/15 51/12 59/21 61/1 70/17

P

psychiatrist... [1] 96/10
psychiatrists [3] 60/6 60/22 72/3
psychiatry [2] 1/21 60/2
psychoeducation [1] 83/17
psychological [1] 91/22
psychologist [2] 27/25 28/20
psychology [1] 28/23
psychosis [3] 22/4 46/22 66/9
psychotic [9] 18/4 22/7 51/24 64/19 64/24 73/7 73/19 88/22 99/8
public [2] 9/9 96/12
punishment [1] 72/24
purely [1] 21/20
purported [1] 43/9
push [1] 30/14
pushed [1] 31/1
put [6] 55/5 56/18 75/18 76/8 79/2 97/13
putting [5] 49/20 74/20 76/12 76/15 76/23

Q

qualification [1] 42/14
qualified [1] 59/18
question [17] 15/8 15/18 23/10 23/13 30/24 32/3 35/7 40/21 49/17 54/4 57/25 68/11 73/12 81/12 96/6 100/5 100/12
questionable [1] 34/14
Questioned [16] 1/6 36/3 42/24 57/7 57/23 59/9 97/9 100/11 103/4 103/5 103/6 103/7 103/8 103/11 103/12 103/13
questions [7] 35/25 42/25 48/21 55/21 57/11 73/4 97/6
quite [16] 2/13 8/25 15/14 15/22 28/14 28/23 31/4 48/10 48/17 61/10 62/6 70/2 99/23 100/21 101/20 101/23
quotes [1] 84/24
quoting [1] 30/10

R

raised [1] 85/1
ranking [1] 18/7
rates [1] 42/3
rather [12] 9/11 24/12 36/23 40/9 41/8 51/19 58/2 58/5 58/7 90/3 90/3 101/10
rating [1] 33/13
read [12] 28/22 29/8 35/12 41/14 41/15 47/5 47/15 47/20 48/16 48/17 48/19 55/8
reads [2] 37/8 37/9
ready [1] 25/17
real [1] 94/20
realise [2] 34/5 42/14
reality [1] 52/9
really [18] 16/1 28/21 30/14 30/21 32/8 36/6 39/4 39/4 39/23 46/15 49/25 52/7 53/7 62/15 83/1 83/2 97/1 99/7
reason [2] 77/24 84/18
reasonable [2] 4/22 12/4
reasons [4] 18/7 64/8 83/21 98/19
recall [21] 3/18 5/16 19/1 19/3 26/19 31/4 32/7 32/8 55/7 56/19 62/10 62/12 62/14 63/2 66/1 68/7 84/18 84/20 84/25 101/20 101/23
receive [1] 6/9
received [3] 25/2 32/12 32/14
receives [1] 41/2
receiving [2] 89/11 96/1
recent [3] 9/23 46/1 66/18
recently [1] 16/13
reception [2] 10/20 10/21
recognised [1] 12/6
recognition [1] 50/16
recollection [2] 91/3 100/3
recollections [1] 29/23
recommend [2] 25/22 83/20
recommendation [2] 26/1 34/19
recommendations [3] 63/13 76/18 96/12
recommended [6] 34/20 85/8 89/13 89/16 90/2 90/5
reconcile [1] 94/14
record [3] 38/12 43/6 82/14
recorded [5] 5/1 5/5 36/17 52/19 94/5
recording [1] 52/4
records [11] 5/22 6/8 11/7 15/19 27/4 45/1 49/1 57/13 57/17 57/19 96/15
recovery [3] 92/13 92/18 92/19
red [1] 27/19
reduce [2] 42/3 75/21
reduced [2] 18/17 79/21
reduces [1] 42/9
reduction [1] 89/19
reference [4] 5/5 27/23 54/21 90/12
referenced [2] 45/13 45/15
references [2] 1/13 63/25
referencing [2] 47/10 53/14
referral [2] 32/13 32/22
referred [4] 23/21 32/13 34/22 98/19
referring [8] 3/9 5/10 10/25 20/10 81/9 82/2 86/25 93/7
refers [2] 11/1 17/18
reflect [1] 64/12
reflected [2] 16/12 54/8
reflection [1] 80/22
reflects [2] 91/4 91/16
refusal [1] 52/1
refuse [1] 86/13
refused [1] 81/19
refusing [1] 46/2
regarded [1] 41/22
regarding [10] 14/7 37/9 37/12 37/14 38/13 38/16 43/10 68/2 84/10 97/22
regraded [2] 91/6 91/12
regularly [1] 55/8
rehab [1] 24/5
rejection [1] 50/13
relapse [5] 42/3 52/2 52/20 56/9 86/13
relapsed [1] 83/5
relating [5] 3/15 9/20 20/22 48/23 49/4
relation [3] 58/1 100/13 101/12
relationship [1] 77/19
relative [1] 56/9
relevant [8] 45/3 47/25 49/3 49/9 49/11 50/19 50/23 56/22
relied [1] 2/15
reluctance [1] 6/21
rely [1] 68/25
remain [4] 23/16 23/19 65/21 81/5
remained [1] 26/9
remaining [1] 88/3
remains [1] 20/4
remarks [1] 41/8
remember [15] 3/16 8/9 12/21 31/7 44/13 48/9 48/10 63/5 64/23 65/6 84/23 85/3 98/5 98/13 99/7
remorse [2] 50/10 50/17
remotely [1] 47/7
reoccur [3] 68/4 97/25 98/12
repatriation [1] 87/22
repeat [2] 55/22 68/11
reply [1] 9/22
report [24] 8/16 9/16 21/23 23/16 32/18 34/18 40/3 43/2 43/7 43/11 43/23 44/1 44/4 44/9 44/14 54/16 54/16 63/4 67/4 69/10 72/15 73/5 74/8 77/16
reports [7] 3/3 41/12 41/16 44/15 67/13 67/14 90/11
represent [1] 57/8
request [2] 6/1 6/16
requested [1] 46/2
requesting [1] 9/22
require [2] 22/14 51/25
required [2] 52/3 94/3
requires [1] 93/2
research [20] 42/5 72/25 73/6 73/8 73/13 73/15 73/18 73/25 74/2 74/4 74/15 74/22 75/4 75/12 75/17 75/24 76/1 76/3 76/6 76/17
researches [3] 73/21 74/11 74/12
resource [1] 10/17
respect [8] 7/3 17/13 17/17 33/16 38/12 43/11 47/10 97/17
respectively [1] 56/11
respond [1] 89/4
responding [1] 71/4
response [2] 46/10 89/1
responsibilities [3] 2/11 61/16 79/10
responsibility [2] 2/24 79/11
responsible [7] 2/9 4/13 34/23 66/23 67/9 78/15 78/20
rest [7] 2/19 14/9 34/2 55/16 61/13 84/23 94/10
restricted [2] 33/20 33/21
restrictive [6] 25/4 25/10 25/13 75/9 88/5 89/18
result [1] 82/11
resulted [1] 43/2
resume [1] 22/18
return [2] 84/3 90/17
returning [1] 77/2
review [37] 5/9 12/11 12/13 13/11 18/13 18/13 18/21 18/21 18/22 18/22 18/24 26/20 28/25 32/14 33/3 37/2 37/21 38/9 39/19 63/6 65/6 65/8 65/14 66/2 68/8 69/4 69/7 77/2 78/10 78/14 79/7 79/9 90/18 93/19 97/11 97/14 97/14
reviewed [1] 44/11
reviews [8] 2/20 2/24 13/15 14/12 26/15 36/16 62/4 84/3
right [62] 2/7 2/23 4/25 13/16 13/17 14/11 14/22 14/24 16/17 17/10 17/18 18/6 18/8 18/9 18/15 19/18 19/23 20/20 27/6 28/10 29/3 30/9 31/14 33/10 34/15 34/21 35/13 37/10 37/18 38/21 41/13 41/17 42/10 43/20 45/8 48/11 50/1 50/3 51/14 52/6 52/18 52/25 54/20 57/15 57/21 58/25 67/18 69/18 70/1 70/19 70/21 78/11 79/24 80/8 80/9 81/13 98/23 98/24 100/7 100/12 101/21 101/24
right-hand [1] 79/24
rights [2] 28/18 55/8
RiO [7] 6/8 11/7 96/15 100/19 100/23 100/24 100/25
risk [172]
risks [21] 23/16 23/23 24/15 24/15 50/10 52/1 58/4 63/7 69/23 71/24 75/14 79/3 79/18 81/8 82/23 82/23 83/1 86/23 88/19 92/10 95/15
robust [1] 93/17
role [9] 2/10 2/12 2/13 2/15 15/4 60/15 61/3 61/5 61/14
roles [1] 2/11
room [2] 62/16 79/1

R

roughly [5] 3/7 13/16 15/11 15/23 88/6
round [27] 7/8 12/3 26/16 27/5 27/7 28/25 29/2 29/23 61/18 61/20 62/2 62/7 62/22 63/2 63/23 64/5 64/6 66/2 69/9 79/10 79/15 84/15 85/9 94/10 94/11 94/16 99/25
rounds [16] 7/6 7/11 7/24 8/1 8/3 8/5 8/6 13/4 13/5 26/13 26/14 63/8 65/8 77/16 78/25 79/22
Royal [1] 60/22
ruled [1] 65/21
rules [1] 72/24
run [3] 72/21 80/17 92/14

S

sacrifice [2] 40/10 41/9
safe [1] 25/4
safely [1] 87/24
said [33] 11/10 11/18 13/5 17/24 19/5 22/3 22/13 29/25 40/8 40/10 40/11 40/13 40/16 46/21 46/22 47/5 50/22 52/15 62/13 68/20 68/21 74/21 76/12 79/22 84/24 85/1 85/4 88/15 96/14 101/12 101/15 101/17 101/22
salvation [1] 39/9
same [11] 16/4 18/10 18/12 22/10 23/17 24/6 29/9 67/16 72/9 87/15 94/2
save [1] 48/23
saw [3] 86/19 86/20 92/20
say [42] 13/25 16/11 19/18 21/1 21/11 21/12 29/24 33/19 35/13 35/15 52/14 56/6 62/12 64/7 65/6 65/9 67/1 67/5 68/14 69/22 73/14 73/15 73/19 74/5 74/13 76/3 76/12 76/17 78/13 78/20 78/23 81/17 84/16 84/22 86/9 87/18 87/21 90/8 92/25 93/12 95/7 97/13
saying [25] 26/6 30/12 51/5 52/9 54/6 65/2 68/17 69/17 69/18 70/1 70/19 70/21 71/8 72/14 73/13 76/14 76/16 81/3 84/20 90/25 91/5 98/11 101/20 101/21 101/23
says [15] 11/3 21/13 27/19 29/8 47/4 47/17 67/17 67/22 68/15 69/1 72/17 74/19 76/4 76/6 94/1
scanty [1] 101/8
schizophrenia [5] 27/10 56/6 56/8 66/10 72/8
screen [3] 14/25 67/17 79/2
scroll [3] 46/19 87/9 87/21
seal [1] 66/13
seclusion [1] 17/20
second [9] 4/4 7/8 7/10 14/20 14/25 34/10 77/3 79/17 90/19
secretary [7] 4/13 6/2 15/3 15/5 26/23 27/1 27/2
section [38] 22/15 22/17 23/20 25/22 26/10 28/9 28/17 28/22 30/18 30/18 31/17 37/13 37/23 43/3 43/3 46/1 47/24 54/23 54/24 55/2 55/8 56/17 56/18 56/20 62/24 62/25 65/17 65/23 65/23 66/12 66/20 84/4 86/11 91/1 91/6 91/7 91/12 91/19
Section 117 [2] 54/24 55/2
Section 17 [1] 28/22
Section 2 [3] 28/17 43/3 62/24
section 3 [15] 23/20 26/10 30/18 43/3 46/1 47/24 54/23 55/8 56/20 66/20 86/11 91/1 91/6 91/7 91/12
sector [4] 96/20 96/24 97/3 100/19
sectors [1] 96/21
secure [1] 49/13
see [70] 3/10 3/22 4/24 5/19 7/4 9/8 13/4 13/10 15/2 17/15 18/18 18/19 19/15 19/20 20/6 22/16 25/21 27/3 27/12 27/20 28/6 30/6 31/15 31/16 31/18 31/22 35/12 36/21 37/3 38/13 40/6 45/2 45/25 46/1 46/5 46/16 47/11 48/11 50/6 52/19 53/11 53/13 53/22 53/24 54/8 54/20 58/24 60/9 68/5 69/11 71/6 74/8 74/11 77/3 77/16 79/16 79/18 79/23 80/3 83/12 84/4 84/5 86/15 87/5 90/19 93/20 94/23 97/18 98/23 101/2
seeing [7] 70/2 70/4 70/13 72/12 83/19 83/20 85/13
seem [1] 94/22
seemed [1] 56/2
seems [4] 20/16 26/9 51/3 94/21
seen [16] 6/11 23/15 30/7 30/8 33/15 33/18 39/12 44/13 44/14 55/18 69/7 69/9 71/4 73/23 83/5 96/21
self [5] 28/22 31/17 33/13 52/21 67/23
self-care [1] 67/23
send [1] 6/21
sense [8] 42/6 42/17 75/18 80/20 80/24 88/11 88/22 89/2
sent [10] 5/24 32/4 32/11 32/24 33/8 33/9 34/17 45/12 95/24 101/5
sentence [6] 14/6 22/5 25/21 25/25 29/9 34/12
September [54] 3/5 11/9 13/7 13/7 15/11 17/9 18/12 19/16 19/17 19/20 20/5 21/25 25/17 26/18 29/1 32/14 32/15 32/17 32/24 33/4 33/6 36/9 36/16 37/2 37/21 38/10 38/22 38/25 38/25 39/18 43/15 45/15 45/18 45/20 45/21 45/23 47/9 47/22 50/25 50/25 52/11 54/13 60/16 60/23 61/18 61/24 62/11 62/21 62/25 65/20 79/16 80/16 97/12 98/9
September '24 [1] 60/23
serious [2] 50/11 64/1
seriousness [1] 50/16
service [7] 24/2 24/3 49/14 72/1 89/5 89/25 96/1
services [10] 3/22 22/19 49/13 51/22 52/22 53/17 53/19 55/1 86/13 96/8
set [4] 35/10 35/12 61/11 87/3
sets [1] 33/11
setting [1] 29/5
settled [1] 51/18
several [2] 95/18 96/21
severe [1] 85/14
severity [1] 64/16
share [1] 77/20
shared [1] 93/15
sharing [6] 47/22 57/10 96/9 96/24 100/13 101/7
she [29] 3/7 5/8 6/2 6/3 6/4 7/8 7/16 11/11 11/11 26/25 28/1 29/21 29/24 29/25 30/1 30/4 30/10 30/11 36/25 40/8 68/17 69/7 69/11 83/9 83/12 90/24 90/25 91/18 100/2
she'd [1] 28/4
shed [1] 10/1
Shoilekova [18] 2/8 11/15 25/3 28/21 60/6 63/6 63/13 68/15 68/23 69/6 77/6 79/8 83/8 90/21 90/23 91/17 100/1 100/6
Shoilekova's [7] 3/3 26/25 34/18 34/19 68/16 72/15 92/21
short [5] 12/17 25/9 59/3 94/22 102/2
shorthand [1] 98/8
shortly [3] 2/20 18/14 66/13
should [22] 1/17 4/22 5/1 11/16 25/12 28/11 28/13 33/9 35/3 48/1 49/3 49/12 55/3 56/15 57/14 77/12 77/13 78/4 78/7 86/10 94/15 95/2
shouldn't [3] 32/3 34/22 77/24
showing [3] 51/19 71/2 71/12
shown [2] 20/10 80/3
shows [1] 73/25
shy [1] 39/19
sic [2] 40/8 49/6
sick [1] 42/8
side [15] 2/21 22/17 35/5 38/4 38/7 38/8 38/19 39/2 39/4 39/7 39/9 40/17 79/7 79/24 97/19
significant [4] 44/9 46/15 57/13 70/3
similar [9] 61/14 61/16 68/21 73/5 76/14 88/1 89/17 91/24 91/24
similarly [4] 15/18 40/13 82/9 92/6
simple [1] 35/16
since [12] 1/23 23/4 45/17 46/9 46/25 51/18 60/3 60/18 61/24 65/24 66/22 84/21
sit [2] 67/8 67/11
six [4] 40/7 79/1 91/14 91/14
six months [1] 91/14
skipped [1] 20/5
sleeping [3] 38/2 38/20 97/20
slightly [1] 90/24
slow [3] 65/1 70/8 70/9
small [1] 26/14
snapshot [1] 68/16
so [183]
social [6] 5/2 40/2 41/7 43/7 55/5 75/21
solicitor [1] 67/13
some [29] 1/12 6/20 6/21 8/3 8/4 24/17 26/21 39/18 39/19 46/15 52/13 55/25 56/4 58/20 66/7 70/18 73/4 74/15 75/17 76/8 78/9 83/16 85/7 90/11 95/15 96/6 100/22 100/23 101/9
somebody [3] 16/3 42/19 51/9
someone [10] 10/15 10/19 10/20 52/15 57/19 67/7 70/20 76/21 79/4 79/5
someone's [1] 51/7
something [16] 12/18 24/3 28/3 28/15 28/17 44/11 54/17 58/19 64/2 67/2 71/16 76/13 80/12 82/20 85/20 95/22
sometimes [5] 6/25 66/8 94/9 94/10 101/7
somewhere [1] 92/9
soon [1] 3/24
sorry [12] 10/5 21/12 30/6 30/23 33/1 46/4 53/12 53/12 54/4 55/12 86/8 101/15
sort [5] 50/20 62/4 76/23 82/24 84/2
sound [1] 92/17
source [1] 74/4
sources [1] 75/22
space [1] 12/17
speak [3] 48/7 77/8 100/2
speaking [1] 70/7
speciality [1] 14/9
Specialty [12] 1/21 2/11 2/12 3/17 15/4 60/2 60/11 60/19 61/3 61/5 61/8 78/18

S

specific [11] 19/4 19/4 21/21 26/24 42/5 56/1 58/19 71/25 76/21 77/24 84/25
specifically [8] 3/16 3/18 5/16 15/8 36/7 56/13 66/18 90/2
specify [1] 35/2
speculate [1] 50/2
spelt [1] 88/8
spend [1] 77/5
spoken [2] 41/19 77/12
spontaneously [1] 66/16
staff [11] 10/12 10/19 10/24 12/22 28/19 39/4 46/6 55/11 67/11 98/17 98/21
stage [7] 3/22 28/1 28/12 34/16 38/5 69/15 101/12
standard [2] 28/20 28/21
start [7] 2/1 17/7 21/14 25/12 29/4 52/13 101/24
started [4] 36/8 60/1 82/10 87/18
state [7] 4/7 26/22 26/25 27/8 29/7 67/18 86/14
stated [10] 22/17 38/16 38/19 40/18 46/5 51/25 52/11 63/4 84/10 97/19
statement [20] 1/10 1/18 11/18 13/19 13/25 14/5 30/3 30/4 35/8 55/23 59/12 69/11 78/13 81/16 86/7 87/18 92/25 94/2 94/5 95/7
states [3] 3/7 11/22 25/25
static [6] 21/4 33/21 58/5 80/21 80/24 81/8
station [2] 10/13 10/16
statistics [3] 55/25 56/5 56/13
stay [3] 25/15 92/7 92/9
stays [1] 92/8
step [13] 24/21 26/4 49/12 49/13 49/19 49/22 63/18 85/16 88/11 92/6 92/24 93/2 94/25
step-down [3] 49/12 92/24 94/25
stepped [8] 25/19 61/20 71/15 85/17 86/2 87/2 87/20 90/17
steps [1] 5/14
still [19] 26/10 39/6 53/9 69/12 69/20 69/20 70/2 70/5 70/12 70/24 71/12 76/11 88/16 88/17 88/19 89/1 89/3 90/10 99/10
stimuli [1] 71/4
stop [3] 82/8 82/10 101/24
stopped [3] 46/22 46/23 73/2
straight [1] 85/12
strategies [4] 75/19 75/20 76/9 76/23
Straw [3] 57/6 57/7 103/7
stream [2] 61/11 61/12
stress [1] 42/9
strong [1] 82/7
strongly [1] 30/19
struggled [1] 11/4
struggling [1] 10/7
student [2] 9/3 9/4
studies [1] 22/18
subject [3] 1/18 20/19 72/18
subparagraph [1] 37/23
subsequent [1] 79/21
substantive [1] 90/20
success [1] 41/25
successful [1] 91/21
successor [1] 40/23
such [2] 70/14 87/24
suffering [1] 49/6
sufficient [2] 76/8 95/4
suggest [2] 48/14 70/25
suggesting [3] 44/23 52/8 99/9
Suite [1] 36/10
summaries [2] 3/9 32/4
summarised [1] 27/8
summarises [1] 33/24
summarising [1] 25/2
summary [24] 6/3 16/2 19/24 31/13 32/1 43/24 44/12 44/16 45/3 45/4 45/9 50/22 50/24 51/16 54/9 54/14 56/15 56/22 57/12 58/12 89/10 90/3 90/6 90/6
supervision [2] 59/21 60/5
support [9] 40/14 41/21 42/11 42/18 54/21 55/4 55/5 65/18 92/12
supported [2] 12/1 93/17
supporting [1] 2/13
supportive [1] 42/18
sure [5] 16/16 37/6 67/1 75/12 99/15
surname [2] 36/23 36/24
surprised [2] 81/18 81/24
survivors [1] 43/1
swabs [1] 38/2
swiftly [1] 32/5
sworn [2] 1/5 103/3
symptom [1] 66/15
symptoms [10] 46/25 50/13 51/24 66/8 66/9 70/25 71/14 71/21 87/14 89/19
system [2] 57/12 57/16
systems [1] 100/22

T

tablets [7] 38/18 84/12 84/19 84/21 85/2 85/5 85/6
take [18] 15/17 21/9 24/17 36/15 36/18 38/17 43/1 44/7 55/20 58/25 65/1 73/19 74/15 84/11 84/21 85/5 88/14 98/14
takeaway [1] 27/7
taken [13] 5/14 31/19 43/4 43/6 43/24 45/11 46/13 46/16 48/5 50/5 64/2 68/12 68/14
taking [14] 17/25 18/3 19/12 19/14 22/22 40/8 40/12 40/18 51/8 62/15 73/2 76/4 84/20 85/6
talk [8] 12/23 62/5 63/9 64/8 67/14 79/3 80/14 85/9
talked [1] 80/14
talking [1] 81/6
Tania [3] 1/4 1/5 103/3
task [3] 17/2 78/15 78/18
tasks [1] 27/16
team [19] 2/4 2/18 2/19 3/25 8/10 12/3 13/21 16/7 30/5 30/22 30/25 31/2 57/16 57/17 57/20 61/7 61/13 90/13 93/17
team's [1] 24/23
teams [1] 61/9
technology [2] 47/6 74/1
tell [5] 71/9 74/18 75/24 83/1 91/6
telling [3] 70/23 71/3 90/7
template [2] 94/19 94/21
ten [2] 32/2 56/7
ten days [1] 32/2
tenancy [1] 54/11
tend [2] 12/13 12/14
term [3] 26/11 82/1 95/10
terms [17] 2/21 5/13 5/20 32/11 33/19 36/17 37/1 40/25 44/18 70/16 74/3 81/8 81/21 89/25 91/5 92/23 94/2
test [4] 69/1 98/21 99/16 99/18
than [13] 9/11 24/12 24/18 36/23 40/18 51/19 56/11 58/2 58/5 58/7 90/3 90/3 101/10
thank [32] 1/7 35/25 36/1 40/1 41/17 42/22 43/5 46/4 46/19 50/5 53/12 55/10 55/14 55/19 55/25 57/3 57/3 57/5 57/22 57/24 58/24 58/25 65/2 67/7 97/5 97/7 97/18 100/7 100/8 100/9 100/10 101/25
that [559]
that's [109]
their [20] 8/1 11/24 25/13 26/22 41/2 49/6 62/6 67/4 67/12 71/20 71/21 72/4 74/5 77/19 83/18 86/5 89/22 90/8 90/14 100/25
them [18] 15/17 35/12 35/13 41/2 41/14 56/25 67/11 67/14 72/5 72/11 75/24 82/2 84/2 85/9 85/15 89/15 90/7 91/7
themselves [2] 12/15 86/14
then [89] 2/24 4/3 4/15 5/24 7/17 10/25 11/7 13/18 17/22 18/10 19/20 20/11 22/12 23/16 27/18 27/19 28/6 30/8 30/16 30/20 31/22 32/1 33/15 33/25 34/9 34/20 34/24 36/12 36/16 37/19 39/20 43/5 45/11 45/23 46/13 47/4 48/21 50/3 50/6 50/11 52/4 53/10 53/13 53/21 53/24 55/10 55/15 55/20 59/20 59/23 60/1 60/18 60/18 61/8 67/20 67/25 73/18 73/20 74/10 75/17 76/2 76/15 76/18 79/5 80/3 82/9 82/12 82/25 83/5 84/9 84/25 85/18 87/9 88/4 88/12 88/22 89/5 91/13 91/15 91/15 91/20 92/23 93/12 94/6 94/10 96/4 97/21 98/1 98/25
therapy [1] 91/23
there [94] 1/13 3/22 4/4 4/19 5/4 5/5 6/6 6/7 6/14 6/21 8/19 8/22 8/22 10/15 10/23 12/16 12/23 12/25 13/4 13/4 13/18 15/5 15/19 16/6 18/21 18/24 18/25 19/6 19/9 19/20 20/13 22/25 26/4 26/9 27/23 28/6 30/11 35/12 35/15 35/17 36/21 37/2 38/14 46/8 47/9 47/21 53/6 53/14 55/8 57/16 57/25 62/14 63/10 63/18 63/23 67/22 68/1 68/17 69/3 69/12 69/17 70/15 70/20 72/17 72/20 73/7 74/3 74/7 75/1 75/2 75/10 75/12 76/22 78/9 79/16 79/18 83/4 84/5 86/9 86/9 86/12 87/5 87/21 88/13 88/16 88/17 89/23 91/5 92/12 97/2 99/21 100/12 100/17 101/24
there'd [3] 16/5 16/5 38/4
there's [28] 2/21 2/24 4/18 7/13 7/16 8/2 10/17 10/19 10/20 15/14 16/7 19/5 27/18 34/16 39/1 45/1 53/2 57/8 58/20 63/24 67/16 70/25 82/7 82/18 95/18 95/19 96/23 100/24
thereafter [2] 12/16 24/24
therefore [4] 16/1 24/9 49/2 69/17
these [12] 13/15 14/1 23/5 31/18 32/3 41/12 44/15 70/1 73/1 79/22 81/22 94/17
they [57] 7/1 7/11 7/12 7/12 7/13 10/13 12/1 15/17 16/8 19/23 19/23 20/25 25/12 26/15 26/16 28/2 28/11 31/19 32/13 32/24 35/23 35/23 38/5 38/6 39/5 39/6 39/8 41/14 44/15 44/19 47/13 51/8 52/13 52/15 53/3 55/5

T

they... [21] 59/16 64/9 64/19 64/24 67/12 69/20 70/2 70/23 70/25 71/4 74/14 74/18 83/5 86/17 87/16 90/7 90/14 94/17 96/2 96/4 99/10
they're [6] 10/14 52/16 57/18 64/19 75/6 96/25
thing [6] 12/20 23/17 48/18 56/21 64/22 75/6
things [21] 3/25 12/17 23/4 23/6 35/17 36/6 52/14 55/4 55/16 56/24 66/6 68/21 69/18 70/19 70/21 72/7 74/18 74/20 75/21 84/2 91/15
think [73] 7/14 8/16 8/17 8/25 12/10 12/16 12/22 15/23 16/13 22/25 24/17 24/18 26/10 28/4 28/13 29/23 32/9 35/1 37/8 40/15 40/24 41/11 47/20 48/9 48/11 48/14 48/16 51/7 52/19 58/20 60/13 63/15 68/4 68/14 68/17 68/18 69/6 69/22 69/22 70/9 70/20 71/7 71/18 71/19 71/21 72/4 73/12 75/7 76/10 78/2 81/13 82/2 82/5 82/5 83/16 85/10 88/8 88/19 89/1 89/14 89/17 90/5 91/4 91/16 95/1 95/13 96/17 96/18 97/1 97/24 98/12 98/14 100/12
thinking [2] 25/12 76/14
third [2] 5/6 30/24
this [166]
this is [1] 40/2
thorough [1] 76/24
thoroughly [2] 93/16 94/23
those [45] 1/18 13/8 13/18 14/12 14/12 16/12 16/14 17/14 18/7 20/1 23/9 27/16 28/11 33/1 33/7 35/14 35/25 36/18 47/23 47/24 48/2 55/22 56/13 62/11 62/20 65/4 66/18 71/11 71/24 73/10 75/20 76/9 76/23 79/20 80/3 80/6 84/2 86/17 86/22 86/23 87/15 88/14 88/17 92/20 96/13
though [9] 45/4 70/23 71/3 73/13 80/21 88/23 95/9 98/17 99/5
thought [8] 44/6 51/9 65/9 68/2 90/14 91/10 100/3 101/22
thoughts [12] 8/14 47/10 47/13 48/2 48/7 48/23 49/4 49/4 49/5 50/9 72/20 97/22
three [10] 7/10 12/10 13/4 31/23 37/13 38/23 46/8 91/19 92/7 92/16
three days [2] 31/23 38/23
three months [3] 91/19 92/7 92/16
three paragraphs [1] 37/13
through [20] 5/4 8/7 29/8 31/18 35/12 38/25 41/14 41/16 44/6 44/7 45/24 47/15 50/3 55/16 72/19 75/4 79/25 80/17 83/24 84/2
throughout [2] 14/3 63/25
tied [1] 74/22
time [72] 6/16 6/21 7/12 9/1 10/11 10/15 12/17 12/19 15/21 16/4 16/16 16/21 19/11 21/19 21/20 21/21 23/9 23/12 29/22 32/9 33/25 36/12 37/11 37/20 43/13 44/14 52/14 53/14 55/13 56/16 56/24 58/6 58/16 58/17 58/19 61/4 63/16 63/25 65/10 69/13 69/25 72/5 72/7 72/9 72/11 73/24 74/7 74/12 74/13 75/14 76/1 77/19 79/20 83/20 86/19 86/20 86/23 88/16 88/25 90/15 91/9 92/1 92/2 92/4 92/5 92/11 92/17 94/7 94/18 99/18 99/22 99/23
timeline [3] 45/20 50/20 50/24
times [4] 46/9 62/14 64/23 74/18
together [1] 56/25
told [3] 35/5 74/14 89/11
too [3] 58/12 70/7 77/5
Tool [2] 21/11 21/15
top [10] 9/19 11/8 21/10 21/13 29/5 37/13 40/7 40/7 65/19 72/16
topic [5] 3/2 31/8 41/18 83/7 90/16
total [1] 7/10
touch [1] 11/4
touched [2] 63/7 64/12
towards [1] 97/17
town [1] 98/4
trail [1] 5/18
transfer [11] 14/23 24/21 25/6 31/24 32/2 38/23 44/23 87/25 89/10 93/22 101/10
transferred [4] 25/4 39/2 61/21 94/19
transferring [4] 9/11 58/3 58/8 89/2
transfers [1] 10/22
transition [1] 93/13
transmitting [1] 72/21
treatment [24] 18/1 22/14 22/15 24/23 25/14 26/10 26/11 34/13 41/25 46/2 49/20 49/22 50/10 51/25 53/16 53/19 60/16 81/18 83/8 86/4 87/1 87/8 87/24 91/22
trials [1] 91/21
tribunal [27] 3/4 25/2 32/19 34/17 34/18 40/4 41/7 41/16 43/10 43/14 47/1 62/23 63/14 65/21 66/19 66/22 66/24 67/4 67/5 67/13 67/15 68/20 69/8 69/9 72/15 90/11 91/11
tribunal's [2] 24/25 67/9
tricky [1] 9/7
tried [1] 12/21
true [5] 1/18 59/14 76/16 76/17 76/18
Trust [3] 7/11 17/1 96/15
trusted [1] 51/23
Trusts [3] 6/22 7/3 96/11
truth [2] 74/19 74/21
try [11] 3/25 37/19 67/11 70/9 71/15 71/20 71/23 72/11 82/23 83/2 85/9
trying [10] 54/4 69/23 73/18 75/9 76/15 81/10 83/16 83/20 83/21 95/14
Tuhina [1] 30/4
turn [10] 13/2 17/11 18/16 20/12 65/14 77/22 78/2 79/14 81/17 83/7
turned [1] 66/10
Turning [1] 63/2
two [18] 7/16 13/8 18/7 20/7 20/13 21/25 23/18 26/13 34/1 36/6 51/7 56/9 60/5 65/4 66/6 79/18 91/19 92/16
two weeks [1] 34/1
two-hour [1] 7/16
type [1] 40/23
typed [1] 91/5
typical [1] 7/25
typically [1] 9/4
typing [2] 79/5 79/6

U

UK [1] 60/1
ultimately [1] 56/19
unclear [1] 88/20
under [14] 3/6 4/3 23/19 33/12 34/9 34/11 53/13 59/21 60/5 62/8 65/22 66/19 84/9 90/19
understand [3] 9/1 36/11 54/4
understanding [10] 11/12 24/23 34/4 41/1 53/18 61/3 61/5 92/23 93/15 94/24
understood [2] 48/20 69/11
undertaking [2] 4/10 17/2
unescorted [1] 98/16
unfortunate [2] 35/5 64/3
unfortunately [4] 3/11 5/17 6/4 89/24
uni [3] 75/24 76/18 76/20
unit [7] 2/5 23/12 33/22 49/21 80/11 81/3 93/14
university [9] 9/3 9/4 9/5 9/6 9/8 9/10 9/13 22/18 54/10
unless [1] 9/7
unlikely [2] 68/24 87/24
unpleasant [1] 72/23
unseen [1] 71/4
unsuccessful [2] 3/8 91/11
until [5] 2/1 39/18 58/25 59/23 80/18
unwell [8] 52/16 52/23 53/9 53/9 56/3 70/24 74/17 74/23
up [18] 4/24 5/24 15/12 19/19 32/23 37/13 40/7 40/21 44/22 49/13 49/22 54/7 56/25 57/1 81/17 91/14 91/14 97/13
updated [7] 13/13 13/13 14/13 77/14 78/4 78/9 79/15
updates [3] 11/5 13/22 80/3
upon [1] 64/12
us [15] 5/13 6/21 7/14 7/16 9/12 10/1 28/24 29/19 51/12 75/17 82/9 83/5 84/21 85/6 98/19
use [12] 23/5 38/11 47/6 53/18 76/22 82/23 85/11 87/4 98/7 100/21 100/23 100/23
used [5] 24/19 36/13 94/2 100/18 101/4
useful [4] 5/12 24/9 40/25 96/17
using [3] 35/15 35/18 52/15
usual [4] 7/24 67/3 67/7 92/6
usually [28] 5/22 6/19 39/12 39/20 39/21 49/24 64/7 64/10 64/12 64/19 66/13 67/4 67/11 71/9 72/7 74/19 78/24 79/1 81/23 83/3 85/12 88/1 91/5 91/7 91/12 92/7 95/16 101/4

V

vague [2] 29/22 63/4
validate [1] 73/10
value [3] 68/13 68/14 76/14
varied [1] 26/21
variety [1] 8/2
various [2] 2/14 24/8
VC [94] 2/4 3/15 3/16 3/18 5/16 8/11 9/3 9/17 13/4 17/19 17/24 19/12 20/10 20/13 20/18 21/6 22/3 22/13 22/21 25/4 25/17 29/6 30/13 30/21 32/13 34/8 35/14 35/23 36/8 37/24 40/8 40/11 40/13 40/16 44/9 46/2 46/9 46/15 46/21 46/24 47/5 47/9 47/12 47/21 48/7 50/7 51/1 51/3 51/18 52/21 53/15 54/1 54/21 54/23 55/1 55/4 56/3 56/14 56/16 56/18 56/25 60/16 61/4 61/17 61/24 62/1 62/10 62/20 63/3 65/20 66/24 68/20 69/17 71/14 72/14 72/18 72/23 72/25

V

VC... [16] 73/5 80/3 81/4 81/17 83/10 84/5 84/14 84/18 85/24 87/18 90/16 91/9 91/18 97/12 98/11 100/14
VC's [33] 2/9 2/10 7/4 8/8 9/15 10/4 11/12 12/7 12/21 14/3 16/24 23/11 24/23 25/7 25/25 36/16 41/18 43/9 43/17 45/13 48/23 53/5 57/8 63/24 73/25 77/7 77/9 77/13 79/20 86/17 87/15 88/6 98/9
versatile [2] 2/13 15/4
versus [1] 71/8
very [29] 3/11 6/13 6/19 7/17 9/20 12/13 12/17 15/21 16/1 21/1 24/3 29/22 33/20 40/1 41/17 41/22 42/22 45/6 45/6 57/9 57/22 62/12 63/4 64/1 65/7 68/24 82/7 96/17 100/8
Victoria [8] 1/25 2/6 2/12 16/14 19/6 34/1 60/3 61/24
view [16] 34/23 34/24 34/25 64/6 64/25 65/3 65/9 65/12 67/8 69/19 71/23 80/19 82/1 82/24 82/25 83/9
view' [1] 47/19
views [11] 14/8 30/12 43/9 43/17 43/18 47/22 50/8 67/12 72/13 84/9 99/24
violence [8] 17/18 19/8 19/9 20/11 64/11 80/4 87/10 93/1
violent [7] 50/11 50/18 53/3 64/2 75/5 80/1 87/7
visit [3] 46/6 46/8 98/4

W

want [23] 12/14 14/17 17/11 19/19 21/23 22/1 24/20 24/22 30/1 31/8 36/6 43/22 44/7 45/10 45/21 48/6 50/1 65/16 68/11 72/1 83/7 84/22 97/16
wanted [2] 30/21 57/25
wanting [4] 35/20 49/5 62/15 96/3
ward [80] 2/20 2/24 7/5 7/8 7/11 7/24 8/1 8/3 8/5 8/6 9/22 10/1 10/9 10/11 10/14 11/4 11/13 11/14 12/3 12/12 12/13 12/22 13/4 13/5 14/12 15/24 18/13 18/20 18/22 18/24 25/5 26/13 26/14 26/16 27/4 27/7 28/25 29/1 29/23 32/9 43/13 49/12 54/7 54/18 56/17 61/17 61/20 62/1 62/7 62/22 63/2 63/8 63/18 63/23 64/4 64/6 65/8 66/2 69/9 70/3 77/16 78/25 79/10 79/15 79/22 84/14 85/11 85/17 88/12 90/22 92/8 92/11 93/22 94/10 94/11 94/16 99/9 99/11 99/13 99/25
wards [1] 101/6
was [220]
wasn't [14] 15/5 15/8 18/3 34/19 63/19 65/8 78/1 83/9 85/24 86/25 87/18 94/8 98/15 98/24
way [8] 5/17 58/21 59/17 72/9 87/15 91/4 99/16 100/24
ways [1] 58/11
we [236]
we'd [3] 30/21 74/9 83/5
we'll [9] 2/20 3/19 18/14 58/25 63/22 64/10 79/2 79/3 101/24
we're [16] 4/17 5/10 9/18 11/21 14/19 18/10 70/5 72/12 75/8 76/15 79/24 81/6 83/19 90/7 90/9 90/9
we've [11] 23/15 32/18 33/14 33/18 44/18 56/2 75/4 86/8 96/6 96/21 98/2
week [7] 3/6 17/20 43/12 43/16 44/9 54/14 80/23
weekly [4] 13/16 14/12 38/2 39/7
weeks [3] 34/1 39/20 51/7
weigh [1] 53/18
weight [1] 74/16
welcome [1] 7/19
welcomed [1] 7/18
well [45] 5/24 6/25 7/1 8/2 8/25 10/20 11/1 12/10 14/12 16/13 17/3 19/9 23/1 30/24 33/3 33/7 34/1 38/20 43/14 44/7 45/8 46/3 48/11 50/1 51/7 51/14 54/17 55/13 57/18 69/8 73/14 74/13 76/3 76/10 76/20 77/20 82/3 86/4 90/8 94/17 95/17 96/8 97/20 100/7 101/24
well-informed [1] 17/3
were [93] 1/25 2/4 3/17 5/14 6/6 8/6 9/11 10/2 12/16 12/22 13/4 13/4 13/15 15/21 15/22 16/2 18/23 19/1 19/6 19/9 27/16 27/24 30/25 30/25 31/19 32/8 35/5 36/20 38/7 38/14 38/22 39/4 39/5 40/20 43/4 43/6 44/6 45/11 46/13 46/16 47/13 47/14 48/3 48/24 48/25 50/5 50/8 52/15 53/4 55/8 58/7 58/12 58/12 58/15 60/15 62/20 62/24 64/24 68/20 69/12 69/18 70/2 71/11 71/16 74/14 77/25 78/9 78/9 78/15 78/25 79/20 81/4 81/8 83/5 86/22 86/23 86/23 86/24 88/17 88/20 88/25 94/1 94/17 96/2 98/7 98/18 99/9 99/10 99/18 99/19 99/19 101/13 101/16
weren't [8] 6/20 36/20 38/11 48/15 77/24 78/20 83/20 100/19
what [94] 1/16 2/10 3/13 5/21 5/22 6/3 6/24 8/16 10/2 13/21 16/2 16/2 16/15 19/1 20/6 20/18 23/15 23/25 24/5 24/7 24/18 24/23 27/2 27/25 28/14 28/24 29/8 32/7 32/8 35/3 35/4 39/5 47/12 48/2 51/16 52/9 52/15 54/12 55/2 55/3 56/1 57/16 61/3 62/1 62/14 63/2 63/4 63/8 63/20 64/1 64/8 64/23 65/2 65/10 66/4 66/22 67/8 67/9 68/17 68/25 69/23 71/8 72/12 72/14 75/20 77/18 78/25 80/15 81/10 81/11 81/21 82/22 83/1 84/18 84/20 84/23 85/3 85/4 89/17 89/18 90/7 90/25 91/4 91/16 92/10 92/12 94/15 95/7 96/4 99/5 101/4 101/14 101/15 101/17
what's [5] 16/17 27/4 28/10 36/17 45/2
whatever [1] 5/24
whatsoever [1] 100/4
when [35] 5/21 6/16 8/2 10/20 10/22 14/12 16/14 22/25 25/12 32/13 35/4 35/10 36/9 41/1 41/6 43/21 51/2 52/15 56/19 57/11 62/8 64/19 64/24 65/12 69/19 74/10 75/7 76/20 77/15 86/11 90/9 90/9 91/6 92/11 94/7
where [35] 1/13 2/15 4/24 7/13 7/16 9/3 11/3 11/24 13/22 14/14 15/17 16/25 19/6 19/6 20/22 23/5 24/10 25/1 27/3 43/13 43/16 44/23 61/10 64/1 68/15 71/9 75/9 83/13 85/7 85/18 90/1 91/13 94/4 96/2 101/1
whether [10] 5/25 35/11 43/23 44/10 47/12 49/11 69/4 86/6 99/19 99/24
which [43] 3/21 8/19 8/24 10/21 13/19 14/9 19/17 24/1 26/14 26/25 30/23 31/23 33/1 33/1 34/17 36/25 37/20 38/9 38/22 39/19 40/3 41/3 43/3 44/20 51/25 54/24 65/4 65/8 65/9 65/14 65/21 70/15 72/16 72/20 77/4 82/2 83/22 88/20 91/10 94/1 94/19 97/11 97/13
while [9] 19/6 26/6 48/10 51/8 53/9 75/6 83/5 89/3 89/22
whilst [18] 2/4 9/17 19/12 19/18 20/18 22/15 22/21 34/8 45/13 49/6 52/8 52/23 54/11 56/16 68/25 79/7 89/19 98/22
who [17] 4/13 5/3 10/7 14/8 15/3 28/14 28/24 42/11 42/19 60/6 60/12 70/18 70/19 70/20 71/19 77/7 96/11
who'd [1] 100/14
whole [3] 44/4 48/16 53/11
whom [1] 60/6
why [18] 12/9 15/18 16/6 18/7 21/10 23/18 45/2 45/21 53/2 58/14 58/20 64/8 64/13 74/11 77/24 78/23 83/22 96/23
wider [1] 61/9
will [49] 5/1 5/25 8/10 8/10 11/25 12/1 13/25 21/11 21/16 30/8 32/14 35/4 38/16 38/17 40/9 41/8 46/5 51/9 62/4 67/11 68/4 69/22 70/11 70/20 70/21 71/19 73/14 74/7 79/11 80/18 81/23 82/8 82/13 82/13 82/25 83/1 83/3 83/16 83/22 84/5 84/21 85/12 90/7 92/9 92/10 97/24 98/12 100/22 101/15
wish [1] 1/16
within [8] 12/17 23/1 23/1 23/2 45/24 71/20 95/17 96/20
without [3] 46/10 64/6 65/7
WITN0342001 [1] 55/23
WITN0357001 [1] 30/2
witness [22] 1/10 14/5 25/18 30/2 30/4 32/16 35/8 42/16 55/23 59/11 61/25 69/10 78/13 78/19 78/22 81/16 86/7 92/25 94/2 94/5 95/7 100/16
won't [9] 15/17 29/8 30/7 35/12 55/16 73/23 76/10 83/3 91/2
wondered [1] 97/12
word [3] 23/5 24/1 24/12
words [2] 47/21 53/5
work [8] 13/15 13/18 24/4 56/25 60/25 72/12 76/15 85/11
worked [7] 59/23 60/11 60/19 94/7 95/18 96/11 96/21
worker [1] 65/18
working [5] 1/25 7/3 13/1 13/2 60/2
worries [1] 67/12
would [182]
wouldn't [16] 9/12 22/24 31/4 32/23 37/1 38/6 51/12 58/8 58/14 68/14 81/18 81/24 94/13 95/21 95/22 100/18
write [1] 26/23
writing [2] 44/12 76/11
wrong [2] 37/7 99/20
wrote [2] 43/24 44/2

Y

year [3] 1/14 56/8 59/20
years [2] 56/9 62/13
yes [140]
yesterday [9] 2/8 3/4 35/5 46/10 60/7 77/6 83/12 90/23 91/17
you [291]
you'd [10] 43/23 58/2 70/24 74/15 74/15 84/2 89/5 91/13 92/21 94/4
you'll [2] 15/2 19/20
you're [16] 1/21 2/15 5/10 16/25 55/13 65/2 76/4 76/12 81/10 81/11 82/15 83/20 89/3 92/14 95/14 100/14
you've [17] 1/23 13/19 23/10 30/3 35/21 41/18 41/19 42/7 43/24 48/5 55/21 68/25 69/1 76/5 76/5 76/23 88/15
your [59] 1/19 2/1 2/10 2/11 3/13 3/25 7/25 13/19 13/25 14/5 16/23 18/20 19/23 19/24 30/25 34/4 35/8 36/12 36/21 36/23 37/1 43/25 45/20 47/12 48/6 48/11 50/20 50/24 53/1 53/23 54/8 54/13 55/20 55/23 56/15 57/17 58/3 59/15 59/17 61/3 61/3 61/4 61/17 62/9 69/14 78/13 81/16 82/20 86/7 87/18 91/3 91/24 92/24 94/2 94/5 95/7 96/10 97/11 97/14

Z

zoom [1] 14/20