Witness Name: Dr. Ajith Indran Gurusinghe

Statement No: WITN0102001

Dated: 07 November 2025

THE NOTTINGHAM INQUIRY

FIRST WITNESS STATEMENT OF DR. AJITH INDRAN GURUSINGHE

I, Dr. Ajith Indran Gurusinghe, will say as follows: -

INTRODUCTION

1. I am a Consultant Psychiatrist with Priory Group, a leading Independent provider of Specialist Secure Psychiatric care in the U.K. I have a specialist registration in Forensic Psychiatry and have over twenty-five years of experience as a psychiatrist and caring for patients with complex psychiatric needs. My qualifications include MBBS, MRCPsych and MSc.

2. I was appointed as the Medical Director of Priory Arnold and Hazelwood House Hospitals in 2020. I joined Annesley House (previously managed by Partnerships in Care Group, currently known as Priory Hospital East Midlands) in 2016.

3. I was the Consultant Psychiatrist (Responsible Clinician) who managed Mr. Valdo Calocane during his admission to Priory Hospital Arnold.

4. This witness statement is made to assist the Nottingham Inquiry (the **"Inquiry"**) with the matters set out in the Rule 9 Request dated 16 June 2025 (the **"Request"**).

BACKGROUND

5. I have been asked to set out and comprehensively address all interactions or dealings the Priory had with, or in respect of, Mr. Valdo Calocane ("**VC**") (DOB 4 September 1991), also using the names of Val Mendes and Adam Mendes.

PRIORY HOSPITAL ARNOLD

6. Priory Hospital Arnold is a 52 bed private Mental Health Hospital providing Acute and Psychiatric Intensive Care (**PICU**) services to NHS funded patients. Based in the village of Calverton it consists of 4 wards: Bestwood Ward - 16 bed mixed acute ward, Newstead Ward - 16 bed mixed acute ward, Rufford Ward - 10 bed female PICU ward and Clumber ward - 10 bed male PICU ward. The hospital provides care and support to individuals with a wider range of various Mental Health conditions who cannot be supported in the community. The Hospital supports local NHS services within Nottinghamshire Healthcare NHS Foundation Trust (**NHFT**) when they are full to capacity or require an out of Trust bed. Referrals are also received from other more local NHS Trusts or out of area Trusts.

7. Priory Hospital Arnold employs approximately 230 staff members. Its workforce consists of a range of clinicians and various disciplines to ensure a high standard of care is provided to patients. The site's workforce contains:

- 4 Consultant Psychiatrists, (1 for each ward);
- 4 Speciality Doctors (1 for each ward);
- 1 Psychologist;
- 3 Psychology Assistants;
- 2 Occupational Therapists; and
- 4 Occupational Therapist Assistants (1 for each ward).

We have 42 Mental Health Nurses (**RMNs**) and 120 FTE Healthcare workers (**HCWs**). Within this number we also have some senior nurses and senior

HCWs. The site also has a full time Physical Health Lead and Physical Health Assistant.

8. Priory Hospital Arnold has various supporting function roles such as:
    - 1 workforce co-ordinator;
    - HR and resourcing lead;
    - Learning and Development administrator;
    - 2 Quality and Compliance administrators;
    - 2 Clinical Administrators and
    - 1 Mental Health Act Administrator.

    Each ward has their own ward administrator as well as various trainers for the site as additional duties. The site's Senior Management Team is made up of a Hospital Director and Registered Manager, Medical Director, Head of Therapies, Director of Clinical Services and a Head of Facilities.

9. I understand the position at the time of VC's admission in October 2021 was that the hospital was rated as inadequate by the CQC and the most recent inspection was the 15 and 16 June 2021 focused inspection. I refer the Inquiry to CQC Priory Hospital Arnold Inspection Report **[CQCM0016484]**, published 22 July 2021. There were 3 breaches of regulated activity noted, all of these related to inpatient issues, such as staff not being aware of how to use the alarm system, ligature points within the hospital and governance processes. Due to the inadequate rating and the hospital being in special measures, all admissions between November 2020 to August 2023 had to be agreed by the CQC. Priory Hospital Arnold was moved out of special measures in December 2023, and is currently rated 'Good' by the CQC following their last inspection that was carried out in June 2024, and published report in July 2024.

10. The admission process requires the NHFT bed management team to complete the standard Priory referral form Current Acute PICU Initial referral form **[PAGR0000092]**. This would then be sent to site to be screened within the clinical team. The team would consider the individual patient's needs,

diagnosis, current and historical risks and physical health. If accepted the team would then complete a Priory screening form (VC referral Screening Form Bestwood 2021 **[PAGR0000005]**), and at the time of VC's referral, submission to the CQC for authorisation for admission. Unfortunately, we are unable to locate the completed Priory referral form or the email correspondence with CQC that confirmed the admission of VC.

11. The health information typically received upon admitting an NHS patient includes, the completion of the Priory referral form referred to in paragraph 10 of this statement, up to date risk assessment, MHA paperwork - copies of section paperwork, clinical notes, copy of current medication card, copies of current care plans or other relevant MDT reports.

12. When receiving an NHS patient from another independent health care provider, the information typically received is the same as listed in paragraph 11 of this statement. We may also request contact with the Crisis Team (if applicable).

13. The information expected to be typically received or exchanged, is also documented within the NHFT contract with Priory, Schedule 2, dated 1 July 2021, **[PAGR0000094]**. The contract states that for subcontracted beds, a referral will be supported by the clinical documents: copy of acute care screening documentation, risk assessment, initial treatment plan, level of nursing observation, prescription card, MHA documentation, draft discharge plan and discharge pro forma. It also adds that when a referral is accepted, the admission will be supported with the following documents: copy of clinical information, copy of Care Programme Approach CPA 7-day pathway documentation, confirmation of Care Co-ordinator (**CCO**), record of patient property and copy of MHA paperwork.

14. Priory Hospital Arnold uses the electronic patient records system called CareNotes. This is not linked with other provider's systems, and therefore we ensure we collate relevant documentation prior to referral. Specifically, for

NHFT's patients we have read only access to their electronic patient records system called RIO. This allows us to gain further historical information on the patient. However, we can request additional information as needed. The Clinical Administrators at Priory Hospital Arnold request copies of new patient's GP summaries shortly after admission.

15. For all NHS patients all bed managers are invited to each patient's Multidisciplinary Team (**MDT**) meeting which reviews the patient's care and treatment plan. This takes place weekly. Each NHS Trust completes this differently according to their local provision and unless we have a contract bed there are no guidelines on what is expected. At the time of VC's admission all of the acute beds at Priory Hospital Arnold were contracted out to NHFT due to the demand and lack of local acute provision. From reviewing the contract dated 1 July 2021 **[PAGR0000094, pages 14 and 15]**, pathway monitoring of admission into our subcontracted beds from NHFT describes the following: there will be an NHFT bed management meeting on a Tuesday and Thursday morning to review patients out of Trust beds. Priory are to provide the current discharge action plan, estimated discharge date and barriers to discharge to support this meeting. Where possible the NHFT Care Co-ordinator will attend the discharge meeting or ward round at Priory Hospital Arnold. The bed management team will make regular contact with Priory to ensure that opportunities to facilitate early discharge are achieved. It also adds that the community teams Community Mental Health teams (**CMHT**) and Crisis Resolution Home Treatment Team (**CRHT**) would be expected to maintain clinical contact and attend ward reviews and discharge planning meetings to ensure that continuity of care is maintained. A care co-ordinator would need to attend any CPA or Section 117 (discharge planning meeting) that are held.

16. Should there be any barriers to discharge this is identified early on in a patient's admission and then it will be decided which community support will be required. This could lead to a referral for a Care Co-ordinator to the local CMHT or CRHT. Sometimes specialist services are required from the Early Intervention Teams

(**EIT**) social care or Personality Disorder Pathways. The individual team's referral forms will be completed and the information requested will be shared. The frequency of information shared would differ due to the different teams mentioned having different processes and not all patients would always be referred to these teams, it would be dependent on their formulation.

17. Whilst an NHS patient referrer can have access to information they require, in compliance with any data sharing agreement we have in place with them, Priory does not give access to all records generated in respect of NHS patients, and shares only relevant information related to discharge and progress.

18. Priory works together with the NHS Trust in decision making as to the treatment and discharge of NHS patients it has admitted. We work closely with individual bed managers of patients who are placed in the service. This would include an invitation to the patient's weekly MDT meeting to review the patient care. Sharing copies of MDT minutes and updates as requested. Discharge planning for patients begins at the point of admission and barriers to achieving discharge are identified early on in the patient's admission and necessary referrals for additional support are completed as required for the patient's specific needs. An estimated discharge date is set shortly after admission in line with the average length of stay for the specific service line and reviewed regularly. Expected discharge is within 30 days of an acute admission, and is set nationally as well as in line with NHFT's Key Performance Indicators. A discharge planning meeting will take place usually within the weekly MDT meeting and the patient's home team will be invited to this and asked to contribute.

19. Various factors are considered jointly between Priory, NHS, Local Mental Health Team (**LMHT**) etc., when discharging a patient, including discussing barriers to discharge and agreeing discharge dates:

    i. Are they clinically ready for discharge?
    ii. Have they finished their treatment?
    iii. What community support do they need and is this in place?

iv. Who will monitor that the patient is remaining 'well' in the community and what are the risks associated with this?

Usually most patients have a Care Co-coordinator assigned to the Community Mental Health Team for their area. Their role is to co-ordinate and monitor the patients care whilst in the community and this would ensure that the patient is well, taking their medication and accessing the support that they need. This process allows the level of risk being held in the community to be continuously reviewed and re-evaluated and allows an opportunity to escalate and intervene if required.

20. Priory shares information of psychiatric patients with family or carers with the patient's consent. If a patient does not wish for their information to be shared, we are not entitled to share their information and would not share it. However, if a patient does not give consent, we would typically share minimum information with family or carers. For example, we would tell the family member that the individual is unwell, is improving or responding to medication, but no further information would be provided (such as whether there have been any incidents or details concerning the individual's presentation.)

21. At Priory Hospital Arnold we promote family involvement in patient care, and if consent is given by the patient, family are included and invited to the weekly MDT meeting. We also have 'Family and Friend Champions' for the site who ensure that we are maintaining contact with family members. Shortly after admission, provided consent is given by the patient, the medical team will also contact family members for the collateral history of the patient as this will inform their clinical opinion and treatment plan.

22. Medical assessments for patients will vary dependent on the individual needs of the patients and other disciplines carry out assessments. Priory Hospital Arnold offers a diverse range of multidisciplinary approaches to patient care. This could include medical assessments including Mini-Mental State Exam or Brief Psychiatric Rating Scale. We also can complete various Occupational Therapy Assessments such as Activities of Daily Living, model of human

occupation screening tool, Functional assessments, cooking assessments etc. In terms of psychology we can offer Dialectical Behavioural Therapy and Cognitive Behavioural Therapy skills, mindfulness, various screening assessments and Positive Behavioural Support. We also include **GAD7** (generalised anxiety disorder 7 item scale) and **PHQ9** (patient health questionnaire 9) within our outcome measures.

23. The following Priory healthcare policies and protocols are relevant to the psychiatric services Priory provided at the time, information received or shared, admissions, assessments and discharge planning:

1	ECS 11 V03 Admissions Oct 2020 **[PAGR0000031]**
2	H02 v12 Admission Transfer and Discharge 27.10.20 **[PAGR0000033]**
3	ECS 13 V04 – Risk Assessment and Risk Management February 2021 **[PAGR0000139]**
4	H02.1 v02 Private Self Pay Funded Care Requests to NHS for Ongoing Funding Protocol July 2017 **[PAGR0000140]**
5	H04 v07 Assessment Diagnosis and Treatment July 2020 **[PAGR0000141]**
6	H22 v13 Medicines Management in Hospitals 27.07.20 **[PAGR0000036]**
7	H34 v13 Care Programme Approach-Care Treatment Planning 30.04.21 **[PAGR0000037]**
8	H35 v10 Clinical Risk Assessment and Management 02.03.21 **[PAGR0000038]**

9	H37 v13 Prevention and Management of Disturbed Violent Behaviour 30.07.20_amended 27.01.21 **[PAGR0000145]**
10	H47 v15 Supportive Observation and Engagement August 2020_amended 20.08.21 **[PAGR0000040]**
11	H100 v05 Monitoring Physical Health of Inpatients October 2015 **[PAGR0000147]**
12	H120 v01 Transition from CAMHS to Adult Mental Health Services Jan 2019 **[PAGR0000148]**
13	MHA03 v06 Section 3 Admissions Jul 18 **[PAGR0000043]**

VC

24. The following individuals (multidisciplinary members and other clinicians) were involved during VC's admission to Priory Hospital Arnold:

    i. Dr Ajith Gurusinghe, Consultant Psychiatrist, Responsible Clinician, Medical Director
    ii. Dr Helena Aziri – Specialty doctor (staff grade doctor)
    iii. Dr Samaila Adamu – Resident Medical Officer (Admission clerking)
    iv. George Linje – Bestwood ward manager (Referral screening)
    v. Mia Gell – Charge Nurse/RMN
    vi. Kaja Ksiazkiewicz – preceptorship nurse
    vii. Olabode Olatunji – Staff nurse /RMN
    viii. Emilia Parton - preceptorship nurse - admission clerking
    ix. OT assistant – Fiona Duggan/Noel Prince

25. The senior management team consisted of the following professionals.

    i. Simon Reed – Hospital Director
    ii. Osvaldo Soetsane – Director of Clinical Services
    iii. Dr Ajith Gurusinghe – Medical Director

26. VC was referred to Priory Hospital Arnold by the bed management team of NHFT on 29 September 2021. The referral was screened and Priory received approval for admission by the designated inspector of the CQC on 30 September 2021.

27. The information received included the following mental health history, level of risk, history of violence, history of non-concordance with medication and treatment needs.

28. The referral record that refers to the mental health history of VC is exhibited at **[PAGR0000005]**. In order to assist the Inquiry, I have provided key extracts from the exhibit: *"Valdo is a 30 year old gentleman known to services with a diagnosis of psychosis. Historically when unwell (under the influence of his psychotic experiences) he has gained forced entry into his neighbour's houses though no violence has resulted. He has had two admissions last year. He was experiencing auditory hallucinations and fixated on persecutory ideas relating to the government. VC was previously admitted on Rowan 1 ward, Highbury Hospital and was discharged back to his flat. He has had input from his Community Psychiatric Nurse (**CPN**) and community doctors post discharge."*

29. VC's level of risk and history of violence were recorded as follows: due to high risk of violence and aggression he was nursed in seclusion for a week. He required CS gas and repeated firing of tazers to subdue him sufficiently to remove him to the Cassidy Suite (section 136 suite of Highbury Hospital), and mechanical wrist and ankle restraints to transport him even after being CS gassed and tazered.

30. VC had demonstrated extreme levels of violence and aggression, physically assaulting police officers by punching one officer on the face and attempting to assault others. An emergency call for support went out from the officers on the scene who were executing the Section 135 warrant, dictating that they were being assaulted and needed extra support.

31. As per the referrer's risk assessment updated on 21 September 2021, VC had not shown any aggression or violence towards others since admission to Cygnet Healthcare Hospital (**Cygnet**).

32. Referral documents (from NHFT to Cygnet) stated that during the initial Mental Health Act Assessment, VC said he was no longer taking his medication and had no intention of continuing with treatment. He did not say exactly when he stopped the medications other than it had been days. It is documented that at this point VC went into a lengthy rant about why he was no longer taking medication (because he was not psychotic and never has been) and that he had no intention of seeing us (mental health team) any longer.

33. VC stated that his relationship with mental health services had ended and he would have no more to do with staff at NHFT. He was refusing medication and was extremely antagonistic towards healthcare staff.

34. As per referrer's risk assessment (Cygnet made the referral on behalf of NHFT) updated on 21 September 2021, VC had been concordant with his medications since admission to Cygnet's Psychiatric Intensive Care Unit (**PICU**).

35. Risk of Absence With-Out Leave was considered due to VC requiring police intervention and use of CS gas and repeated firing of Tasers to subdue him sufficiently to remove him from his home to the Cassidy Suite. He required mechanical wrist and ankle restraints to transport him even after being CS gassed and Tasered. His ongoing belief that he does not need to be in hospital would make this a current moderate risk. As per referrer's risk assessment updated on 21 September 2021, VC had not attempted to abscond since admission.

36. Risk of harm to self, in particular suicide, was low as VC denied active suicidal thoughts or plans, he felt hopeful towards his future and was willing to engage with mental health services. At the time, low risk was identified.

37. The Management plan formulated by Cygnet upon processing the referral stated that MDT would offer VC a full physical health screening on admission. This would include physical examination, blood tests, Covid screening, lateral flow testing and ECG. The Covid management plan would be in place as per the admission assessment.

38. Given VC's current presentation, Cygnet anticipated that he would require a minimum of four intermittent nursing observations within an hour. This would be increased to enhanced observations (1:1) or regraded to less frequent observations if and when the risks were considered manageable.

39. VC would have restricted access to items that he could use to harm himself. Staff would explain these restrictions and how VC could regain access to these items in a graded risk management plan.

40. According to the information received from Cygnet Healthcare Hospital, VC's capacity to consent had fluctuated however, it is more stable. He would have his legal rights read upon admission and would have access to legal representative and/or IMHA (independent mental health advocate).

41. The MDT would discuss VC's presentation at the daily MDT handover meeting and management plans would be reviewed accordingly.

42. VC would be encouraged to work with the psychology team who would offer input by way of 1:1 as well as group sessions. Psychology team were to focus on his insight, substance misuse psychoeducation and relapse prevention.

43. The MDT were to extensively review VC's mental state and treatment needs at the weekly MDT review. His medications were to be titrated as appropriate and therapy needs would be agreed.

44. VC was to be allocated a named nurse who would facilitate minimum of one 1:1 sessions a week and be working very closely with him.

45. The Occupational Therapy Team would offer VC ward based as well as off ward organised therapeutic activities. The aim was to engage VC in at least 25 hours of therapeutic activities a week.

46. The MDT would liaise with the Care Coordinator Officer (**CCO**) and invite for weekly MDT reviews. The nearest relatives would be invited to attend these meetings and discharge planning with the consent from VC for them to attend.

47. The referral information was received on the 29 September 2021, was screened and formally accepted on 30 September 2021 after receiving CQC approval. VC was admitted on 01 October 2021.

48. The purpose of admission was to stabilise mental state, management of symptoms of psychosis, stepping down the level of security (from PICU) and repatriation to a local acute ward and collaborative discharge planning.

THE CORRESPONDENCE AND FURTHER INFORMATION RECEIVED BY THE PRIORY

49. The referral of VC was received by way of an email with attached documents that included the following information from Cygnet Healthcare Hospital, Victoria House, Albert ward (PICU):
    i. MDT ward round notes document **[PAGR0000006],**
    ii. risk assessment **[PAGR0000003],**
    iii. seven day clinical notes **[PAGR0000004],**
    iv. Mental Health Act assessment for Section 2 documents and AMHP report **[PAGR0000153],**
    v. MHA assessment for section 3 documents and AMHP report **[PAGR0000013],** and
    vi. Tribunal Hearing outcome dated 23 September 2021 **[PAGR0000016].**

50. The MDT members (Dr Gurusinghe, George Linje, Dr Helena Aziri) and Director of Clinical Services (DOCS) Mr Osvaldo Soetsane were involved in

referral screening and completing the assessment. The MDT members (Dr Gurusinghe/George Linje) and DOCS (Osvaldo Soetsane) decided that the referral was appropriate and the referral was formally approved by the CQC Nottingham inspector designated to provide oversight to the admission process at the time.

51. All of the referral documents mentioned previously; the MDT ward round notes, clinical notes, risk assessments, referral screening document approved by the CQC, the Mental Health Act (**MHA**) 1983, Section 2 and 3 assessment documents and the AMHP reports were available to the admitting clinicians.

CHRONOLOGY OF INTERACTIONS

1 OCTOBER 2021

52. VC was received at Priory Arnold by Registered Mental Nurse (**RMN**) Amelia Parton and by Registered Medical Officer (**RMO**) Dr Adamu on 01 October 2021.

53. Dr Adamu made the following observations during his admission assessment: The reason for admission was noted as stabilisation of mental health, management of current symptoms of psychosis and collaborative discharge and follow-up planning. To assist the Inquiry, excerpts are taken from Dr. Adamu's admission statement which are exhibited at: **[PAGR0000007]** and **[PAGR0000025].**

"Valdo was accompanied by two staff members in an ambulance. It was noted that VC was not distressed or agitated during the transfer. He was transferred from Cygnet Healthcare Hospital, Victoria PICU ward where he was detained for approximately 3 weeks on section 3 of the MHA 1983. His admission was preceded by an episode of psychosis. He recounts hearing male and female voices in his head telling him someone is being raped next door. This made him act by barging into his neighbour's apartment thereby causing them

distress. There was associated history of violence and aggression. He had had to be de-escalated by police officers who he assaulted in the process. Tasers and CS gas has had to be used to keep him under control. Subsequently, he was sectioned under 136 and moved to Cassidy Suite at Highbury Hospital. Once at Highbury Hospital, VC spent a period of time in seclusion due to violence and aggression.

VC is currently relapsing (third relapse), appears paranoid / suspicious and is not trusting of services. This is associated with complex delusional beliefs linking various support agencies, believes technology has been developed to deliberately cause him harm by producing these voice experiences. No reports of thought insertion, broadcast, nor withdrawal."

Dr Adamu noted from the referral information, that *"VC said he was no longer taking his medication and had no intention of continuing with treatment, he would not say exactly when he stopped but that it had been days. Dr Adamu noted that during the mental health act assessment VC went into a lengthy rant about why he was no longer taking medication (because he was not psychotic and never has been) and that he had no intention of seeing the clinicians any longer. He stated that his relationship with mental health services has ended and that he will have nothing more to do with mental health services. Furthermore, he had been refusing medication and was extremely antagonistic towards healthcare staff. Dr Adamu noted that there was no history of extremities of mood."*

54. Dr Adamu noted that patient's/carer's perception of needs as *"engaging with staff, understands he has been unwell and is getting better. He was keen on being discharged but happy to continue treatment as an in-patient."*

55. Dr Adamu documented that *"VC is known to local psychiatric services in Nottingham"* and that *"this is his third relapse with psychosis."* There was no family history of mental health issues.

56. Dr Adamu noted that VC *"says he is fit and well with no significant PMH [past medical history] other than a troublesome previous shoulder injury."*

57. There was no forensic history, misuse of alcohol or prescribed medications reported. VC acknowledged occasional consumption of alcohol but not smoking.

58. Dr Adamu did not note any relevant social or family situation.

59. VC's personal history was also documented within Dr. Adamu's admission assessment as follows: *"VC was born in West Africa and reports happy childhood and normal engagement with peers at school. Moved to Lisbon when he was 7 years old, the transition was okay and made easier as the language was the same. VC has reported having a couple of friends at school. He moved to the UK when he was 15-16 years old. He sat GCSEs in Wales, did his Advanced Levels and then went to college in Birmingham for a year before starting University of Nottingham. He lives alone in Nottingham and is a final year mechanical engineering student at the university. He prefers to keep to himself but has peers he interacts with. He denied having a girlfriend or a partner. His parents live in Wales. His mother works as a nurse and his father is retired but used to work in a steal factory. He is the first of three children. There is no family history of mental health issues officially reported."*

60. Medication at the time of admission included Haloperidol 5 mg three times a day.

61. Dr Adamu documented the mental state examination findings as: *"30-year-old gentleman of African descent. Has an average build, dressed comfortably and appropriately, but not as kempt for age. Has laces on his trainers. Appears cynical and a little spaced out but was engaging with staff appropriately. Speech rate reduced, but tone and volume normal. Mood objectively Euthymic, subjectively normal. Thought form and content were normal."* No abnormal perception or hallucinations noted. He was oriented to time, place and person.

In terms of cognition, his immediate and short term memory was good, long term memory not assessed. His attention, concentration and insight were good.

62. Dr Adamu noted *"VC's physical or general appearance as 30-year-old gentleman of African descent. Has an average build, dressed comfortably and appropriately, but not as kempt for age. Appears cynical and a little spaced out."*

63. Physical examination was within normal range. The Covid-19 screening test was negative. The COVID-19 PCR was sent out to lab for testing.

64. Ms Emelia Parton Preceptorship Staff Nurse (although referred to in some documentation as RMN), made the following observations within the nursing admissions assessment **[PAGR0000017].** *"VC was admitted following a transfer from Cygnet Healthcare Hospital, Victoria PICU ward. He is a 30 year old gentlemen with a diagnosis of Psychosis. He has had 3 previous admissions to hospital in the past couple of years under a section. VC was able to engage in the admission process and gave a good understanding of his reason for admission. He spoke about how he had got into an altercation with "hospital staff" at his home, he stated that he had thoughts that someone was being raped in his neighbours' homes, he admits that these were thoughts he was having at the time and appeared to be a symptom of his illness. He broke into one of the homes and caused the neighbour quite distress. A MHA assessment was required however he was sectioned under 136 and moved to Cassidy Suite at Highbury Hospital after assaulting a police officer in the community. Once at Highbury, he spent a period of time in seclusion due to violence and aggression. He was transferred to an out of area PICU bed however since being on the ward he has been fairly settled and did not have any incidents. VC was compliant with his medication and engaged well with the team therefore being deemed fit for a step down.*

VC arrived at 17:00hrs (on 1 October 2021,) the drivers reported that he had had a settled journey and he was pleasant on initial greetings. VC was shown the central clinic and he complied with the admission process including all

physical observations and COVID screening. He spoke about the reasons for admission and showed insight into his mental health illness, he recognised that he has psychosis and he stated that he didn't mind taking medication. Ms Parton documented that the notes suggest that he has been non-compliant before in the community."

65. In terms of patient's goals and expectations, Ms Parton documented that *"[VC] would like to be discharged as soon as possible as he is currently looking into moving into a new rented property ahead of his final year at university. [VC] would like to collect his car from Highbury Hospital car park, he has expressed that all of his belongings are currently in his car as his tenancy ended and he then became unwell*."

66. Ms Parton documented the plans for restraint and exercise as follows, *"if [VC] was to become violent and aggression then appropriate PMVA techniques would be used to prevent harm to either himself or others."*

67. Family structure was noted as follows: *"[VC] states that he has 3 siblings, some of which who live in Cambridge... [VC's] parents live in Wales and has a particularly good relationship with his mother Celeste who is his NOK [next of kin]. Celeste has been keeping in contact with the mental health team during Valdo's relapse in mental state."*

68. *"Valdo denied having a relationship and described himself as single, he did however comment that he has a healthy number of friends."* In terms of support network, *"[VC] reported that he has a healthy number of friends."*

69. Ms Parton noted that *"VC's tenancy ended before his admission however, he has since found another rented accommodation and they are awaiting his discharge date so that he can organise a move in date for his new accommodation. … [VC] asked if he can collect some of his belongings such as his laptop etc from his car which was in Highbury Hospital car park, he was advised that this will be organised for the beginning of next week."*

70. In term of financial situation, Ms Parton documented *"[VC] has a part time job and is also in receipt of student finance. [VC] enjoys listening to music and works in a sports centre part time. He is motivated to complete and potentially continue his studies at university and has one exam left before completing his bachelors."* Ms Parton documented that there were no safeguarding or protection concerns. His physical health was within normal range, he is a non-smoker and he did not have special communication needs.

2 OCTOBER 2021

71. Clinical entry observations made by the MDT members on 2 October 2021 at 07:16 by night nursing were as follows: *"[VC] was in his bedroom asleep when the shift commenced. He has only woken briefly to utilise the toilet preferring to return straight back to bed. VC has not yet engaged with the team on the night shift so his mental state has not been assessed. He has slept very well for the duration of the night until woken due to the fire alarm. He greeted staff briefly as they approached him but due to being tired he returned back to his room and has slept for the duration of the night.*

[VC] has slept throughout the duration of the night so has not made contact with either ward staff or family/friends. VC's property has been placed on his property list.

[VC] has been nursed on level 2 x 4 nursing observations. He has maintained his safety throughout the shift and there are no risk behaviours to report.

[VC] did not attend for supper due to sleeping. He was fast asleep during the medication round therefore did not attend for this. VC will be encouraged with his medication in the morning." Recorded by Mia Gell - Charge Nurse on 02 October 2021, 7:16hrs **[PAGR0000025, page 9 & 10].**

72. 2 October 2021 at 19:24, Title: Day Shift summary: *"[VC] spent time mainly in his room, he came out for meals and to have his phone charged. He appeared calm and pleasant on approach without variation in mental state. He spent the*

shift mainly in his room. He remains on level 2 four checks an hour. He had meals and drinks. He used his phone mainly from his room." This entry was recorded by Olabode Olatunji - Staff Nurse, 02 October 2021, 19:19hrs.

3 OCTOBER 2021

73. *"[VC] spent time mainly in his room, he came out for supper and to have his phone charged. He appeared calm and pleasant on approach without variation in mental state. He spent the shift mainly in his room. He retired to bed a bit early and was already fast asleep during night drug round hence he missed his night medication of Haloperidol. He however appeared to have slept well. He remains on level 2 four checks an hour. He had supper and drinks. He used his phone mainly from his room."* Recorded by Rabson Mandizvidza on 03 October 2021 7:57hrs **[PAGR0000025, page 8].**

74. 03 October 2021 19:49hrs, Nursing - Nursing Day, Title: Day Shift Summary. *"VC spent the shift mainly in his room, he accessed the lounge and communal area but remained mainly in his room. He had his medication as prescribed and remained in his bedroom most of the shift. He remains on level 2 four checks per hour. VC had meals and drinks as made available. He was not observed to have communicated with external person."* This entry was recorded by Olabode Olatunji - Staff Nurse, 03 October 2021, 19:44hrs **[PAGR0000025, page 8].**

4 OCTOBER 2021

75. 04 October 2021 05:15hrs, Nursing - Nursing Night, Title: Night Summary. *"VC was in bed at the start of the shift. VC maintained a low profile and remained in his bed space the rest of the shift. VC took his medication though he did not attend the clinic when he was prompted but when the nurse too it down to his bedroom he accepted. VC appeared to have slept well as he was observed to be sleeping on most of the checks. VC is nursed on level 2, 4 checks hourly. No risk behaviours noted, VC maintained his safety. VC did not*

have supper." This entry was recorded by Pamela Mhandu - Senior Staff Nurse, 04 October 2021, 5:14hrs **[PAGR0000025, page 8].**

76. 04 October 2021, 19:21, Nursing - Nursing Day, Title: Day summary. *"VC spent the shift mainly in his room, he accessed the lounge and communal area but remained mainly in his room. Attended ward round and was able to communicate that he no longer had voices and that he hoped to be discharged soon. Discharge to Beacon Lodge was discussed and VC was keen on this option. No current concerns or issues. He remains on level 2 four checks per hour. VC had meals and drinks as made available. He was not observed to have communicated with external person."* This entry was recorded by Richard Edwards - Staff Nurse, 04 October 2021, 19:21hrs **[PAGR0000025, page 8].**

5 OCTOBER 2021

77. 05 October 2021, 06:39hrs, Nursing - Nursing Night, Title: Night Nursing Summary. "*[VC] was asleep in his bedroom when the shift commenced. He remained sleeping until around 21:45hrs when he joined peers in the communal areas. [VC] ate some toast in the dining room and attended for his medication. [VC] was polite upon interactions on a needs led basis. [VC] spent time in the male lounge on the PS3 briefly before retiring to his room to sleep. [VC] has appeared to have slept well since 22:30 hrs and has remained sleeping for the duration of the night. [VC] remains on level 2 x 4 nursing observations and has maintained his safety throughout the night. There are no risk behaviours to report. [VC] had a good intake prior to retiring to bed. He has not voiced any concerns regarding his physical health. [VC] has not appeared to make any contact with friends or family throughout the night. He enjoyed some brief time using the PS3."* This entry was recorded by Emelia Parton - Preceptorship Staff Nurse, 05 October 2021, 6:39hrs **[PAGR0000025, page 7].**

78. 05 October 2021, 13:12hrs, Therapist - Title: sports and fitness - table tennis. *"FD S&F invited VC if he would like to join in table tennis yesterday he declined plan to invite to the next session."* This entry was recorded by Fiona Duggan -

Technical Instructor 2 - Midlands, 05 October 2021 13:12hrs **[PAGR0000025, page 7].**

79. 05 October 2021 19:14hrs, Nursing - Nursing Day, Title: Day summary. *"Low profile on the ward, very little interaction, however pleasant on these occasions and presented as stable in mood and mental. Again there have been no risky behaviours observed or reported, observations maintained. He remains on level 2 four checks per hour. VC had meals and drinks as made available. He was not observed to have communicated with external person."* This entry was recorded by Richard Edwards - Staff Nurse, 05 October 2021, 19:13hrs **[PAGR0000025, page 7].**

6 OCTOBER 2021

80. 06 October 2021 06:52hrs, Nursing - Nursing Night Title: Night Nursing Summary. "[*VC] remained in his bedroom when the shift commenced, he was promoted for supper however declined to come. [VC] attended for his nocte [night time] medication and accepted this without any issues. [VC] continues to present as guarded at times and had minimal interaction with staff or fellow peers. He has appeared to have slept well during the night. [VC] remains on level 2, [with] 2 checks per hour nursing observations and has maintained his safety throughout the night. There are no risk behaviours to report. [VC] had a good intake prior to retiring to bed. He has not voiced any concerns regarding his physical health. [VC] has not appeared to make any contact with friends or family throughout the night."* This entry was recorded by Emelia Parton - Preceptorship Staff Nurse, 06 October 2021 6:52hrs.

81. 06 October 2021 19:25 Nursing - Nursing Day, Title: Day Shift Summary. "[*VC] took his medication as prescribed this shift. He came out into the lounge on few occasions and attended the community meeting. He appeared calm and pleasant and engaged on approach. He remains on level 2, 4 checks per hour. [VC] had meals and drinks with other patients in the dining room. [VC] was not*

observed to have any contact with people outside the Hospital." This entry was recorded By Olabode Olatunji - Staff Nurse, 06 October 2021, 19:21hrs.

7 OCTOBER 2021

82. 07 October 2021 06:30hrs, Nursing - Nursing Night, Title: Night Summary. "[*VC] has maintained a low profile in his bedroom. He was prompted for medication but did not respond and the nurse ended up taking the medication to his bedroom. He took it well and has slept all through the night. He remains on level 2, 4 checks per hour. [VC] did not have any supper. [VC] was not observed to have any contact with people outside the Hospital*." This entry was recorded by Pamela Mhandu - Senior Staff Nurse, 07 October 2021, 6:30hrs.

83. The following information was recorded during the MDT review meeting that took place on 07 October 2021.

84. Feedback for the review period from the MDT members was as follows (exhibited at: **[PAGR0000159]).**

85. It was documented that VC had good food and fluid intake, skipped meals occasionally and no physical health concerns noted or reported. He slept well at night. VC spent time mainly in his room, he came out for meals and to have his phone charged. He presented as calm and pleasant on approach without notable variation in mental state. He retired to bed early and slept well. VC had not appeared to make any contact with friends or family. He had been in contact with his solicitor. He has consented to the RC (Dr Gurusinghe) to contact his parents but maintained that he had not been living with them for over the past 10 years. He preferred to enjoy his own company, using a smart phone and kindle to read books, he played games on ward, using a PS3. VC remained on level 2, 2 per hour, nursing observations and maintained his safety throughout the night. There were no risk behaviours to report.

86. VC's mental state assessment during the MDT review: It was concluded that he presented as calm and engaged in the interview. He presented as flat, but

VC reported that he is was alright. He did not show any difference or reaction when informed of the diagnosis. VC appeared to minimise the severity of his mental illness, either in denial or limited insight. There was no evidence of thought disorder and no evidence of hallucinations at the time of review. He denied these on direct questioning, stating they had disappeared completely. He reported previous experiences of 2nd and 3rd person multiple auditory hallucinations and paranoid delusions. He complied with his treatment plan.

87. In respect of VC's capacity review, VC was able to demonstrate capacity to consent to his current medication regime at the time. He denied any advanced directives in place.

88. Physical health review; it was documented that blood results were pending.

89. Medication review (including side effects): the following medication was prescribed: Aripiprazole 10 mg OD po (and was to be titrated to 20 mg), Haloperidol 5 mg BD po (the dose to be reduced and stopped over the next week), Procyclidine 5 mg OD po.

90. VC attended the first MDT (multidisciplinary team) review (7 October 2021).

91. He presented as kempt, calm and maintained good eye contact. VC was asked whether it was okay for the author (RC, Dr Gurusinghe) to contact his mother, he said he would rather not. He said she normally worried a lot about him, and he did not wish her to worry about him. He said his mother was a nurse, father works in a factory and sister (15 years of age) in education, brother (25 years of age) was an engineer working in Cambridge area. He said he maintained contact with mother on daily basis. He denied any ongoing symptoms, said they had gone away. He did not agree he had a relapsed on this occasion. He said he was too stressed and he over reacted when police got involved. He did admit to third person auditory hallucinations, thought intrusions and abnormal beliefs in the past, he stated that they went away when he was on Aripiprazole. He preferred to be back on Aripiprazole and come off Haloperidol, he said it was making him salivate a lot. I agreed to cross taper and titrate Aripiprazole. It was

noted that he did not show any difference or reaction when he was informed of the diagnosis. He appeared to minimise the severity and stated it was only a psychotic episode and probably triggered by stress. However, he stated that he felt medications were helping, he was advised that he would need to continue medications long term. He was informed of Mental Health Act, section 117 provisions and discharge plans when more stable. He was advised that it would be sooner and he could be transferred to Beacon Lodge. He was informed that he was required to inform DVLA and that it may have an impact on his driving; he agreed to do this.

92. In terms of carer's views or feedback, it was noted that he was not consenting to contact his mother. This was directly assessed during the initial review and was not revisited again during the admission at Priory Hospital Arnold. It was noted that VC's mother was calling the ward and the ward phone was passed on to him and staff were sharing general wellbeing information.

93. The MDT management plan included the following: monitor for Extrapyramidal side effects (**EPSE**) and other side effects, physicals weekly including weight and National Early Warning Score (**NEWS2**), monitor for constipation and facilitate access to the gym. Medications were being swapped to Aripiprazole at his request. Monitoring for psychotic features was to be undertaken. Discharge plans were discussed regarding Beacon Lodge when more stable and medication titration was completed. It was agreed to facilitate unescorted grounds leave and escorted community leave. It was agreed for him to visit Highbury Hospital to bring some items in the car parked at Highbury, escorted. VC was to be nursed on level 2, with 2 checks per hour.

94. In term of positive words, he stated *"I prefer to go back to Aripiprazole, can I go and get my laptop from my car[?]".*

95. The following clinical entries were made by MDT members:

07 October 2021, 18:38hrs, Nursing - Nursing Day, Title: Daily Nursing Summary, "[*VC[was in his bedroom when the shift first commenced. He has*

spent time in his bed space isolating himself during the shift. He has had minimal interaction during the day and has been asleep at times in his bedroom. [VC] has attended for his medication and has attended for meals during the shift. He utilised his escorted community leave in the afternoon and this appeared to have gone well. [VC] has his ward round this afternoon and it went fairly positively, he was granted unescorted grounds leave. [VC] has been prescribed Aripiprazole and this will be titrated up. He remains on level 2, 2 checks per hour. [VC] has eaten meals with other patients in the dining room. [VC] was not observed to have any contact with people outside the Hospital. [VC] did however go on community leave to Highbury hospital to get some belongings from his car and he also went to his previous accommodation and asked if he had received any letters which he had not. [VC] then returned to the ward at 17:15pm." This entry was recorded by Emelia Parton – (Preceptorship Staff Nurse) - 07 October 2021, 18:38hrs.

8 OCTOBER 2021

96. 08 October 2021, 07:20hrs, Nursing - Nursing Night, Title: Night Presentation. *"[VC] was in his bedroom at the commencement of the shift. He has spent time in his bed space isolating himself during the shift. He has had minimal interaction with peer and staff. [VC] has attended for his medication and has attended for meals during the shift. He retired to bed and slept well throughout the night. No management concerns. He remains on level 2, 2 checks per hour. [VC] has eaten meals with other patients in the dining room. [VC] was not observed to have any contact with people outside the Hospital."* This entry was recorded by Rabson Mandizvidza - Staff Nurse, Midlands, 08 October 2021, 23:56hrs **[PAGR0000025, page 6]**.

97. 08 October 2021 19:41hrs. Nursing - Nursing Day, Title: Day Shift Report. "[*VC] spent the shift between his room and the lounge, he appeared pleasant on contact and was able to engage with staff appropriately. Meanwhile, he remained settled in mental state. There have been no issues to safety. He remains on level 2, 2 checks per hour. [VC] had meals and drinks and used the*

grounds for exercise. His mother called today inquiring about him and his university course and wanting to know what can be done to help as the semester has already began. She also had the opportunity to speak to [VC] and offered to call to book an appointment with the consultant next week. This entry was recorded by Olabode Olatunji - Staff Nurse, 08 October 2021 19:34hrs **[PAGR0000025, page 6]**.

9 OCTOBER 2021

98. 09 October 2021, 07:04hrs, Nursing - Nursing Night, Title: Night Presentation. "[*VC] was mainly bedroom based but came out the lounge area on occasion. He appeared pleasant on contact and was able to engage with peers and staff. He attended the dining for supper and had a good food and fluid intake. There have been no issues regarding his safety. He remains on level 2, 2 checks per minute. [VC] had supper and drinks and utilised his grounds leave. His mum called today inquiring about him and his university course and wanting to know what can be done to help as the semester has already began. She also had the opportunity to speak to VC and offered to call to book an appointment with the consultant next-week."* This entry was recorded by Rabson Mandizvidza, (Staff Nurse) Midlands, 09 October 2021, 7:04hrs **[PAGR0000025, page 6].**

99. 09 October 2021 19:12hrs, Nursing - Nursing Day Title: Day summary. *"[VC] presented as stable in mood and mental state and pleasant on all interactions. VC spent the majority of the shift in his room. Observations maintained throughout the shift. Maintained his safety and he remains on level 2, 2 checks per hour. [VC] had meals and drinks and used the grounds for exercise. Unknown mobile usage."* This entry was recorded by Richard Edwards (Staff Nurse), 09 October 2021, 19:12hrs **[PAGR0000025, page 6].**

10 OCTOBER 2021

100. 10 October 2021, 07:09hrs, Nursing - Nursing Night, Title: night nurse report. "[*VC] was in his bed space when the shift first commenced. He remained there for the entirety of the shift due to the ward dynamics at the time. [VC] attended*

for his night time medication however declined to attend for supper. He has appeared to have slept well during the night. There have been no issues regarding his safety. He remains on level 2, 2 checks per hour. [VC] had brought some belongings brought in when he went on community leave. [VC] had brought a hammer in his rucksack, it is unclear as to whether he picked this up by accident or whether it was intentional. [VC] had supper and drinks and utilised his grounds leave. VC was not observed to have made any external contact with family or friends." This entry was recorded by Helen Foster - Senior Nurse, 10 October 2021, 7:08hrs **[PAGR0000025, page 6].**

101. 10 October 2021, 15:59hrs, Nursing - Nursing Day, Title: Day summary. "*VC has spent the majority of the shift in his room. Minimal interaction, however presented as stable in mood and mental state, observations maintained throughout. Maintained his safety and he remains on level 2, 2 checks per hour. VC had meals and drinks and used the grounds for exercise. Unknown mobile usage."* This entry was recorded by Richard Edwards - Staff Nurse, 10 October 2021, 15:58hrs **[PAGR0000025, page 5].**

11 OCTOBER 2021

102. 11 October 2021, 03:47hrsNursing - Nursing Night Title: night nurse report. "[*VC] was in the lounge area. He was not observed having any conversations with staff or other patients. Has been awake at times in his bedroom on checks. There have been no issues regarding his safety. He remains on level 2, 2 checks per hour. [VC] had supper and drinks and utilised his grounds leave. [VC] was not observed to have made any external contact with family or friends."* This entry was recorded by Helen Foster - Senior Nurse, 11 October 2021, 3:47hrs **[PAGR0000025, page 5].**

103. 11 October 2021, 22:51hrs, Nursing - Title: Nursing daily summary. "[*VC] has been bed space based for the majority of the shift and has come out on a needs led basis. He has presented as settled in mood and mental state and has engaged appropriately with staff during the shift to let his needs known. He has*

attended to all meals on offer on the ward and has a good food and fluid intake during the shift. He has attended to his personal care and has change his clothes during the shift. He maintained his safety and he remains on level 2, 2 checks per hour. [VC] had meals and drinks and used the grounds for exercise. Unknown mobile usage." This entry was recorded by Sylvia Levy - Senior Staff Nurse, 11 October 2021 22:51 **[PAGR0000025, page 5].**

12 OCTOBER 2021

104. 12 October 2021 20:24, Nursing - Nursing Day, Title: Nursing Day Shift Summary. "[*VC] spent the shift between her room and the lounge, he remained settled and pleasant without observed variation to his mental state. He remained on level 2, 2 checks an hour. He had meals including take-away and used leave to the grounds. He was observed using his phone multiple times."* This entry was recorded by Olabode Olatunji - Staff Nurse, 12 October 2021 20:19hrs **[PAGR0000025, page 5].**

13 OCTOBER 2021

105. 13 October 2021 07:21hrs, Nursing - Nursing Night, Title: Night Presentation. "*VC was in his bedroom when the shift started. He stayed in his room and came out briefly on need led basis. He approached staff and requested to be escorted to the vending machine where he bought himself a drink of pop, he came back and stayed in his room throughout the night. He appeared to have not slept at all throughout the night but spent the night on his laptop. No management issues encountered though. [VC] had no night medication. He remained on level 2, 2 checks an hour. He had been observed to be doing walking exercises in his bed space. He was observed using his phone multiple times." This entry was* recorded by Rabson Mandizvidza - Staff Nurse, Midlands, 13 October 2021 7:21hrs **[PAGR0000025, page 5].**

106. 13 October 2021 16:57hrs, Nursing - Nursing 1:1 (Key Worker session), Title: *"Nursing One to one. I had a one session with VC this afternoon, he expressed that he is settled and well and that his medication particularly the Aripiprazole is better than the one he had in the past as it gives him no side-effects. He spoke about his college, indicated that he is in his final year of mechanical engineering and that his course tutor is aware of his hospitalisation. I informed him of the need to seek support with the course leader so that he can return to finish his project as he indicated. I informed him that his mum had also expressed concerns about the college and hope that the school is aware of the situation. She had asked if there is anything the hospital could do to help with the situation [VC] added that he has enrolled for his final year with the college.*

We also discussed his current accommodation issues. [VC] explained that he was in a shared accommodation and that the suggestion about Bracken House (transition home run by the NHFT) seems plausible, however, he indicated that he is also looking for accommodation on his own. He reported that he is currently not in receipts of state benefit but rather has a student grant. He expressed that he does not feel stress but that he is looking forward to being discharged so that he can continue with his studies. He appeared settled and pleasant on approach and has been concordant with his medication as well as using his grounds leave." This entry was recorded by Olabode Olatunji - Staff Nurse, 13 October 2021 16:38hrs **[PAGR0000025, page 5].**

107. 13 October 2021 17:33hrs, Nursing - Nursing Day, Title: Day summary. "[*VC] spent the shift between her room and the lounge, he remains stable in mood and mental state, without observed variation to his mental state. He remained on level 2, 2 checks an hour. Good food and fluid intake. He was observed using his phone multiple times."* This entry was recorded by Richard Edwards - Staff Nurse, 13 October 2021, 17:32hrs **[PAGR0000025, page 4].**

14 OCTOBER 2021

108. 14 October 2021, 07:07hrs, Nursing - Nursing Night, Title: Night Nursing Summary. "[*VC] was in his bedroom when the shift first commenced. He spent time using his laptop and his phone. [VC] attended for supper and had a good diet and fluid intake. He engaged well with some staff during the shift though retired to his bed space fairly early. [VC] is not prescribed any night time medication and returned to bed. [VC] has appeared to have slept well during the night. There are no further concerns to report. He remained on level 2, 2 checks an hour. He had been observed attending for supper, [VC] had a good intake. He was observed using his phone multiple times."* This entry was recorded by Emelia Parton - Preceptorship Staff Nurse, 14 October 2021 7:07hrs.

109. The following information was recorded during the MDT review meeting which took place on 14 October 2021 **[PAGR0000160]**. The MDT feedback was that VC continued to eat and drink without difficulty, he appeared to attend to his personal hygiene and maintained reasonable level of engagement though he spent most of the shift in his own company. He also used leave to the grounds fairly regularly. VC remained settled and pleasant on approach, initially appeared suspicious but had recently appeared more settled both in mood and mental state. He continued to adhere to his treatment regime and sought clarification when not sure of what was happening.

110. The issue of his college course was addressed during a one to one session, he was in his final year of mechanical engineering and had enrolled for his project. He was encouraged to keep in touch with the college in order for them to give him appropriate support. VC's mother was of the same opinion during a telephone conversation to staff. She also wanted to know if the hospital could support him through it. VC remained on level 2, 2 checks per hour nursing observations and had maintained his safety throughout the night. There were no risk behaviours to report.

111. Capacity review - VC was able to demonstrate capacity to consent to his current medication regime. He denied any advanced directives in place.

112. Physical health review - ECG on admission was reported as within normal range. The bloods results were within normal range except vitamin D levels were low at 12nmol/l and prolactin levels high at 880mU/l.

113. Medication review was stated as: *"Aripiprazole 20 mg OD po (increased), Haloperidol stopped, Procyclidine 5 mg OD po, Colecalciferol 800 IU OD po."*

114. Patient's view or feedback – CPN Claudia attended the review meeting via Teams. I gave an overview on his presentation on the ward. In general he had been doing well, with no concerns. He was currently a student at university, no fixed abode (NFA), and wanted to view rental properties. He still had all his belongings in the car that remained parked at Highbury Hospital. This was communicated to the Highbury team and they confirmed that the car could stay there until VC could move it elsewhere. Over the week it had been facilitated for VC to collect some belongings from the car.

115. The following is taken directly from the MDT record dated 14 October 2024, *"He was happy with CPN attending via Teams. He reported that he found some places for rent and will have to see them. He was informed that he can visit properties on his own. VC feels he is ready for discharge. He is happy with current medication cross titration. VC confirmed that his course tutor from university is aware of his situation. He confirmed that he had no issues with her CPN and agreed to continue working with her. VC was encouraged to apply for benefits to her financial support. He was made aware that he needed to inform DVLA about his admission under MHA, as legally he wouldn't be able to drive for a few months. Section 3 discussed. The author suggested that section could be rescinded, if VC agreed to remain informally for a few more weeks. VC was rather flat throughout and it was a bit unclear whether he had good insight. The author let the section in place at this time. It was discussed that VC will be viewing properties near the University. Aripiprazole was increased to 20 mg once daily and haloperidol was stopped."*

116. The MDT management plan included the following: *"Monitor for EPSE and other side effects, physicals weekly including weight and NEWS 2, monitor for constipation, and facilitate access to the gym, medications being swapped to Aripiprazole at his request. Aripiprazole dose increased to 20 mg today, Haloperidol discontinued. Monitor for psychotic features. Considering rescinding his section 3 next week. Referral to Beacon Lodge to be made next week if there is a delay in finding his own accommodation. Facilitated unescorted grounds leave and escorted community leave. Agreed for him to view properties unescorted."*

117. Clinical entries made by the MDT over the week 14-21 October:

118. 14 October 2021, 17:40hrs, Nursing - Nursing Day, Title: Nursing Shift summary. "*VC spent time between his room and the lounge, he attended to personal needs including dietary and remained settled and appropriate on contact. He was seen at the ward round where he was able to engage with his CPN and the MDT. He remained pleasant on approach without variation to his mental state. VC has his medication reviewed and is now on Aripiprazole only. He remains on level 2 one check an hour. He had food and used the courtyard. VC's CPN attended the weekly review. He was also making plans to go for rental visits as part of his hunt for new accommodation."* This entry was recoded by Olabode Olatunji - Staff Nurse, 14 October 2021 17:26hrs **[PAGR0000025, page 4].**

15 OCTOBER 2021

119. 15 October 2021 06:54hrs, Nursing - Nursing Night, Title: Night Nursing Summary. "[*VC] was low profile during the beginning of the shift, he spent time in his bed space using his laptop. [VC] attended for supper and appeared to have a good intake. He spent time in his bedroom completing some drawings and requested a ruler from staff. [VC] had minimal interaction with staff or fellow peers and isolated himself in his bed space. [VC] spent time using his laptop*

before retiring to bed at around 00:30am. He has appeared to have slept well during the night. He remained on level 2, 1 check per hour. He had been observed attending for supper, [VC] had a good intake. He was observed using his phone multiple times." This entry was recorded by Emelia Parton - Preceptorship Staff Nurse, 15 October 2021 6:54hrs **[PAGR0000025, page 4].**

120. 15 October 2021 11:00hrs, Activity Organiser/Co-Ordinator - Title: activity declined. "*OTA JM invited [VC] to attend the planned cricket match with OTA AWS and S&F FD, but he declined. Staff will continue to offer therapeutic activities to [VC] going forward."* This entry was recorded by Jack Marshall - Activities Co-Ordinator, Jack Marshall, 15 October 2021, 13:01hrs **[PAGR0000025, page 4]**.

121. 15 October 2021 16:44hrs, Nursing - Nursing Day, Title: Day summary. "*At the commencement of the shift [VC] was asleep in bed space. He maintained usual low profile throughout the shift. [VC]'s mood and mental state presented as settled during the day. He appeared pleasant upon interaction. Attending nursing office & engaging with staff on a need led basis. He remained on level 2, 1 check an hour, no safety concerns reported. Good food and fluid intake. Concordant with daily prescribed medication. Unknown if external contacts were made."* This entry was recorded by Richard Edwards - Staff Nurse, 5 October 2021, 16:44hrs **[PAGR0000025, page 4].**

16 OCTOBER 2021

122. 16 October 2021 06:39hrs Nursing - Nursing Night, Title: Night Nursing Summary. *"VC was visible at the beginning of the shift. VC spent time in the lounge, he attended for supper and engaged briefly with staff. VC spent time on his computer in his bed space and remained low profile. He stayed awake on his computer until around 03:00am. He then retired to his bed space and has appeared to have slept well since. He remained on level 2, 1 check per hour. He had been observed attending for supper, VC had a good intake. He was observed using his phone multiple times."* This entry was recorded by

Emelia Parton - Preceptorship Staff Nurse, 16 October 2021 6:39hrs **[PAGR0000025, page 3].**

123. 16 October 2021 15:40hrs, Nursing - Title:1.1 Session. *"I approached VC as he was walking in communal lounge area and asked to speak to him briefly to which he agreed. I asked VC if he was aware of his rights as a detained patient under Section 3 of MHA (1983) and he said he knew his rights and he was hoping to be discharged from hospital soon. VC then politely said he was going to his room and he left."* This entry was recorded by George Linje - Ward Manager, 17 October 2021, 18:31hrs **[PAGR0000025, page 3].**

124. 16 October 2021 20:36hrs, Nursing - Nursing Day, Title: Day Note. *"VC was in bed space at the start of shift. He approached staff on need led basis, asked to speak to the nurse, and asked about going on community leave. He went on community leave and returned safely. His mental state has remained settled. He spent time in his bedroom on his computer. He remained on level 2, 1 check per hour. VC had breakfast and dinner. He missed lunch due to being on leave. VC has utilised 6 hours community leave and returned appropriately. He reported that this went well and that he has found 2 properties and just need to decide which one he would prefer."* This entry was recorded by Chanceline Gopti - Deputy Ward Manager, 16 October 2021 20:36hrs **[PAGR0000025, page 3].**

17 OCTOBER 2021

125. 17 October 2021 08:24hrs, Nursing - Nursing Night, Title: night nursing summary. "[*VC] was visible at the beginning of the shift. [VC] spent time in the lounge, he attended for supper and engaged briefly with staff. [VC] spent time on his computer in his bed space and remained low profile. He stayed awake on his computer until around midnight. He then retired to his bed space and has appeared to have slept well since. He remained on level 2, 1 check per hour. He had been observed attending for supper, [VC] had a good intake. He*

was observed using his phone multiple times." This entry was recorded *by* Benjamin Masanga, 17 October 2021 8:24hrs **[PAGR0000025, page 3].**

126. 17 October 2021 21:00hrs, Nursing - Title: Day Shift Summary. "[*VC] spent most of the shift in his room using his laptop, he appeared slightly apprehensive early in the shift but settled as the shift went. He engaged when approached and maintained a relatively quiet presence on the ward. He remained on level 2 one hourly check. [VC] had meals and drinks and appeared kempt. [VC]'s other phoned to have information on his progress. She also had opportunity to talk to him."* This entry was recorded by Olabode Olatunji - Staff Nurse, 17 October 2021, 20:54hrs **[PAGR0000025, page 3].**

18 OCTOBER 2021

127. 18 October 2021 07:36hrs, Nursing - Nursing Night, Title: night nursing summary. "[*VC] was already in his bedroom using his computer at the commencement of the shift. He continue to be isolative and withdrawn. He was pleasant on approach but giving closed answers. [VC] was visible in the lounge during supper. He attended for supper and engaged briefly with staff. [VC] spent time on his computer in his bed space and remained low profile. He stayed awake on his computer until around midnight. He then retired to his bed space and has appeared to have slept well since. He remained on level 2, 1 check an hour. He had been observed attending for supper, [VC] had a good intake. He was observed using his phone multiple times."* This entry was recorded by Rabson Mandizvidza - Staff Nurse- Midlands, 18 October 2021, 7:36hrs **[PAGR0000025, page 3].**

128. 18 October 2021 15:30hrs, Consultant - Consultant/Medical Review, Title: Revocation of section 3. "[*VC] was reviewed in his room this afternoon. He was working on his computer. [VC] reported that he has found a private accommodation close to his university and that it is available to move in. Advised that his section 3 will be rescinded from today at 16:00, paper work completed. He was advised to secure the property and discussed possible*

*discharge plans on Thursday. Tablets to take out (**TTO**) for 14 days to be prepared."* This entry was recorded by Ajith Gurusinghe - Consultant Forensic Psychiatrist, 18 October 2021 20:42hrs **[PAGR0000025, page 3].**

129. 18 October 2021 18:48hrs, Nursing - Nursing Day, Title: Nursing Day Report. *"VC's presentation in mood and mental state continues to present as settled. He still maintains a very low profile on the ward throughout the shift being solemnly bedroom based. VC is pleasant upon interaction and has no difficulty approaching staff on a need led basis. VC utilised Community Leave (at 10:45) to view a housing property on Alfreton Road. VC returned back at 15:45 reported back that he has 3 days to confirm the accommodation which he is planning on doing as well as contacting DVLA for getting back his car licence which had been suspended for 3 months. He remained on level 2, 1 check per hour no safety concerns reported. Good food and fluid intake. Concordant with prescribed medication. There have been no reported contact with external person(s)."* This entry was recorded by Kaja Ksiazkiewicz , 18 October 2021 18:48hrs **[PAGR0000025, page 2].**

19 OCTOBER 2021

130. 19 October 2021 06:43hrs, Nursing - Nursing Night, Title: *"Night summary. VC presented as stable in mood and mental state. VC spent time in the lounge, he attended for supper and engaged briefly with staff. VC spent time on his computer in his bed space and remained low profile. He remained on level 2, 1 check an hour. He had been observed attending for supper, VC had a good intake. He was observed using his phone multiple times."* This entry was recorded by Richard Edwards - Staff Nurse, 19 October 2021, 6:43hrs **[PAGR0000025, page 2].**

131. 19 October 2021 19:23hrs, Nursing - Nursing Day, Title: "Daily Nursing Summary. *VC has remained low profile during the shift. He has spent time in his bed space using his laptop and also resting. He has come into the communal areas on a needs led basis. VC was offered to attend the gym*

however declined. He has attended for all meals and also for his medication. His TTO's (discharge medication) have been ordered pending discharge on Thursday to his new accommodation. VC has appeared settled and stable in mood and mental state that his engagement has been minimal. He remained on level 2, 1 check an hour. Good food and fluid intake. Concordant with prescribed medication. VC has been observed to be using his laptop and his phone during the shift. City social work rung this afternoon as they had received a referral for a NOA (Notification of Assessment). CN (charge nurse) EP explained that this was due to VC being NFA (no formal abode) however, he has now secured accommodation and therefore does not require further social work support." This entry was recorded by Emelia Parton - Preceptorship Staff Nurse, 19 October 2021, 19:22hrs **[PAGR0000025, page 2]**.

132. It was documented that on 19 October 2021, VC was observed to be using his laptop and his phone during the shift. The City Social Worker rung in the afternoon as they had received a referral for a notification of assessment (**NOA**). Charge nurse EP explained that this was due to VC being of no formal abode (**NFA**) however he had secured accommodation and therefore did not require further social work support **[PAGR0000028].**

20 OCTOBER 2021

133. 20 October 2021, 04:36hrs, Nursing - Nursing Night, Title: Night summary. "*VC presented as stable in mood and mental state. VC attended for supper and engaged briefly with staff. VC spent time on his computer in his bed space and remained low profile. Slept well, observations maintained. He remained on level 2, 1 check an hour. He had been observed attending for supper, VC had a good intake. He was observed using his phone multiple times."* This entry was recorded by Richard Edwards - Staff Nurse, 20 October 2021, 4:35hrs **[PAGR0000025, page 2].**

134. 20 October 2021 19:01hrs, Nursing - Nursing Day, Title: Nursing Day Summary. "*Today VC utilised his community leave to go to the city centre in*

order to sign up for an engineering course at University of Nottingham so the majority of the day he had spent out of the hospital perimeter. VC returned to the ward at around 15:30 this afternoon. He was invited to attend the community meeting though he declined and stated he was busy. VC spent the remainder of the shift in his bed space using his laptop. He attended for dinner and his 18:00 medication. He has remained low profile and has had minimal engagement. He remained on level 2, 1 check an hour. Concordant with prescribed medication. VC attended the clinic this morning and reported that he had fallen over. He had a cut to the bridge of his nose, he didn't elude as to how this had happened but accepted a plaster. Unknown if external contacts were made." This entry was recorded by Kaja Ksiazkiewicz , 20 October 2021 19:01hrs **[PAGR0000025, page 2].**

21 OCTOBER 2021

135. 21 October 2021, 07:50hrs, Nursing - Title: night summary. "[*VC] has been in his bedroom at the start of the night shift and he came out later and was in the lounge area using his mobile phone for some time. He was calm and collected and utilised the vending machines. He attended supper and had a good food and fluid intake. He has remained low profile and has had minimal engagement. He slept well throughout the night. He remained on level 2, 1 check an hour. Attended supper and has had a good food and fluid intake. Slept well.* Unknown if external contacts were made." This entry was recorded by Rabson Mandizvidza, 21 October 2021 7:50hrs **[PAGR0000025, page 2].**

136. The following information was recorded during the MDT review meeting which took place on 21 October 2021 **[PAGR0000028].**

137. The MDT feedback for the week is as summarised below:

138. It was noted that on 20 October 2021, VC attended the clinic in the morning and reported that he had fallen over. He had a cut to the bridge of his nose, he didn't allude as to how this had happened but accepted a plaster. The nursing

feedback stated that VC continued to eat and drink without difficulty, he appeared to attend to his personal hygiene and maintained reasonable level of engagement though he spent most of the shift in his own company. He also used leave to the grounds fairly regularly. He maintained a low profile on the ward being mainly bedroom based. VC continued to actively approach staff on a needs-led basis however, had minimal engagement with other peers on the ward. His presentation continued to remain the same with no differences observed. He continued to adhere to his treatment regime. Furthermore, it was noted that VC utilised his community leave to go to the city centre in order to sign up for an engineering course at University of Nottingham so the majority of the day he had spent out of the hospital perimeter. VC returned to the ward at around 15:30hrs that afternoon.

139. It was noted that VC remained on level 2, 1 check in the hour nursing observations and had maintained his safety throughout the night. There were no risk behaviours to report.

140. The capacity assessment carried out during the MDT review concluded that VC was able to demonstrate capacity to consent to his current medication regime.

141. Physical health review - ECG on admission was within normal range. Bloods were within norms except, vitamin D LOW (12nmol/l): VC was prescribed a supplement. Prolactin HIGH (880mU/l).

142. Medication review, Aripiprazole 20 mg OD, Colecalciferol 800 IU OD.

143. Patient's views/feedback: VC attended his discharge meeting. He confirmed he would be returning to his student accommodation. He denied any psychotic symptoms, or any thoughts of harming himself or others. VC was reminded that medication compliance was necessary to maintain his mental wellbeing and prevent further relapse. VC was in agreement with the discharge plan and would go home the following day with medications for 07 days. They included Aripiprazole 20mg OD and Colecalciferol 800 IU OD.

144. The MDT management plan recorded that medication had been reviewed - he would be given 7 days TTOs. Discharge planning VC to move to his new flat near University. To be discharged on 22 October 21 - CPN to be informed to arrange 72 hour follow up.

145. Telephone call from VC's CPN Claudia Birtles was received after the MDT review. Claudia requested information about the outcome of VC's ward round. She was informed that VC was planned to be discharged the following morning at 10am.

146. It was agreed to continue observations at L2, 1 check in the hour.

147. Positive words were documented with VC "feeling ready for discharge".

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148. Clinical entries made by professionals from 21 October 2021, 07:50 hrs – Nursing, Title: Night Summary, *"VC has been in his bedroom at the start of the night shift and he came out later and was in the lounge area using his mobile phone for some time. He was cal[m] and collected and utilised the vending machines. He attended supper and had a good food and fluid intake. He has remained low profile and has had minimal engagement. He slept well throughout the night. He remained on level 2 x 1 checks an hour. Attended supper and has had a good food and fluid intake. Slept well. Unknown if external contacts were made."* Entry recorded by Rabson Mandizvidza, 21 October 2021, 7:50hrs **[PAGR0000025, page 2].**

149. 19:20hrs, Nursing - Nursing Day, Title: Nursing Day Summary. "*During the day VC maintained a low profile on the ward being mainly bedroom based. VC continues to actively approach staff on a need led basis however has minimal engagement with other peers on the ward. His presentation continues to remain the same with no differences observed. He remained on level 2, 1 check an*

hour. Good food and fluid intake. Accepted prescribed medication. T/C from VC's CPN Claudia Birtles requested information about the outcome of VC's ward round. VC is planned to be discharged tomorrow morning at 10am." Entry recorded by Kaja Ksiazkiewicz , 21 October 2021 19:19hrs **[PAGR0000025, page 1].**

22 OCTOBER 2021

150. 22 October 2021 07:50hrs, Nursing - Title: night summary. "*VC was in his bed space at the start of the night shift and later was in the lounge area using his mobile phone for some time. Presented as calm in mood and mental state. He attended supper and had a good food and fluid intake. He has remained low profile and has had minimal engagement. He slept well throughout the night. He remained on level 2, 1 check an hour. He attended supper and has had a good food and fluid intake. Slept well. Unknown if external contacts were made*." This entry was written by Rabson Mandizvidza, 22 October 2021 7:50hrs **[PAGR0000025, page 1].**

151. 22 October 2021 09:30hrs, OT - OT Group/Activity, Title: *"OT walking group declined. VC declined to attend walking group today and yesterday 21 October 2021, will invite him to other sessions."* This entry was recorded by Noel Prince - Healthcare Assistant, 22 October 2021, 11:19hrs **[PAGR0000025, page 1].**

152. 22 October 2021 10:00hrs, Consultant - Consultant/Medical Review, Title: Discharge entry. *"VC was discharged to his new flat. He was given 14 days TTO - Aripiprazole, his CPN has been informed, VC agreed for her to continue the visits next week. VC was going to ask a friend to drive his car to new flat. No psychotic features noted, no risks to self or others noted."* This entry was recorded by Ajith Gurusinghe - Consultant Forensic Psychiatrist, 24 October 2021 23:26hrs **[PAGR0000025, page 1].**

27 OCTOBER 2021

153. 27 October 2021 10:37hrs Consultant - Title: Address change / follow up call by the author. *"VC contacted, over the phone* VC phone number 3 *He was attending lectures at University. He reported feeling well, he sounded rational and calmer. No evidence of thought disorder or abnormal beliefs. He was taking all his medications. He stated he has 01 month supply of both Aripiprazole and Cholecalciferol tablets. He is yet to meet with CPN - said he was busy last couple of days. New address: since 21 October 2021. Flat 15, Maddison Court, Dervent way, NG7 2EG."* This entry was recorded by Ajith Gurusinghe - Consultant Forensic Psychiatrist, 27 October 2021 10:36hrs.

END OF CHRONOLOGY

154. Information available to those interacting with VC following discharge included: initial discharge documents transfer and discharge check list/ GP fax / MDT review/ Risk assessment and copy of drug card sent to the Bed Management Team and CPN/LMHT team on 22 October 2021. Initial discharge letter and detailed discharge summary sent to GP and CPN / CCO – Claudia Brittles the following week **[PAGR0000029],** and **[PAGR0000163].**

155. The following decisions were made: Revocation of section 3 of the MHA 1983 was decided by the author (Dr Gurusinghe/responsible Clinician) based on code of practice guidelines for detention criteria not being applicable any longer.

156. Appropriateness for discharge was decided by the MDT team based on the progress made and absence of active psychotic symptoms, stable mental state, medication compliance and absence of risk behaviours during VC's admission to Priory Arnold for 3 weeks.

157. Discharge plans were discussed by the MDT with the CPN initially on 14 October 2021.

158. Intentions of discharge and progress was shared with the nearest relative (**NR**) by the author (Dr Gurusinghe/**RC**) during a telephone conversation the previous week.

159. Risk assessments were carried out in respect of VC on five occasions during admission. A graded observation reduction was implemented as per risk assessments. The level of observations was reduced from 4 checks in the hour to 1 check in the hour over the 3-week period.

160. Capacity to consent to prescribed medication was carried out initially by the author (Dr Gurusinghe/RC) on 1 October 2021 and reviewed on 3 occasions at MDT ward reviews.

161. As VC was already on section 3 of the MHA 1983, no further mental health act assessments were required. There was no indication for re-assessment following revocation of section 3 on 18 October 2021.

162. On admission VC was prescribed Haloperidol 5 mg three times daily. At VC's request this was cross titrated to Aripiprazole in the second week of admission. He was fully compliant with all prescribed medications. There was no evidence of secreting medications. In fact VC appeared over sedated at times as mentioned by him and observed by staff.

163. Medication was changed after considering VC's request and acknowledging his concerns around over sedation, tiredness and hyper salivation with Haloperidol as well as his previous experiences of better tolerance with Aripiprazole medication.

164. VC's condition during his admission improved consistently. He was able to demonstrate better insight and acknowledged experiencing psychosis at the time of detention. He was fully compliant with treatment and attended or engaged in all MDT reviews. He was able to demonstrate regular use of unescorted hospital grounds leave access as well as community leave safely without any incidents or concerns. He remained isolative in his room often and

listened to music using his mobile phone during the initial weeks. Since bringing his laptop on to the ward he was observed using it. VC engaged in one to one sessions with his named nurse and ward staff. He declined OT sessions as well as psychology groups.

165. VC's history of non-compliance with medication was noted. The author emphasised the importance of medication compliance to manage his mental health and remaining stable. Since VC himself suggested more effective and tolerant antipsychotic medication, it was decided to prescribe oral Aripiprazole.

166. VC acknowledged previous non-concordance prior to detention. Initially he was of the view that he no longer needed medications when his symptoms improved. Subsequently his views changed: he became more insightful to his psychosis/symptoms and he appreciated the benefits of medication.

167. VC declined to consent to share information with his family, including the nearest relative (NR) mother initially. However, his mother phoned the ward staff on number of occasions and also spoke to him directly. The ward staff invited her to attend the ward reviews remotely. VC's mother did not attend.

168. A referral was made to social services for accommodation assistance. A city team social worker contacted the ward on 19 October 2021 and concluded that their input was not required as he had no care needs, and had already secured private accommodation and he was a full time student.

169. His CPN/CCO attended MDT medical review remotely on 14 October 2021. She was not present for the discharge meeting but contacted the ward soon after and was updated with discharge plan for the following morning and also requested for 72 hour follow up.

170. All MDT reviews and discharge summaries were shared with the CPN/LMHT to ensure continuity of care in the community.

171. Discharge intentions were shared with the CPN on 14 October 2021. The author mentioned the possibility of discharge over the coming weeks to Nearest Relative (mother). She was also updated on the accommodation situation and VC's intention to return back to University to complete his course.

172. In terms of the extent to which VC's CCO or other members of NHFT were involved in discharge, the CPN/CCO who was part of Early Intervention in Psychosis team was made aware of revocation of section 3 plan and possible discharge when she attended the MDT review on 14 October 2021. She was unable to attend the discharge MDT meeting but did contact the ward immediately after to confirm the outcome of the meeting. She was informed of the discharge the next morning and the need for 72 hour follow up by her team.

173. As per the discharge audit the Crisis Team was contacted by the ward administrator and requested for 72 hour follow up.

174. The author during a telephone conversation with the nearest relative (mother) obtained further information of VC's background and updated briefly the positive progress VC had made, his accommodation situation (NFA) and possible discharge in the coming weeks. There were plans to refer him to Beacon Lodge (Nottingham Foundation run transition hostel) and VC agreed to consider this if he was unable to secure suitable accommodation.

175. VC was discharged to private accommodation closer to his university on 22 October 2021. The address was as follows: Flat 15, Maddison Court, Dervent way, NG7 2EG. The information was shared, along with his mobile numbers with CPN/LMHT by way of discharge documents.

176. A weekly update of progress, by way of MDT review was shared with Nottingham Healthcare NHS Foundation Trust, bed management team who usually uploaded new information to their own electronic records system (RIO). Discharge plans were discussed at the MDT meeting a week prior to discharge where the CPN/CCO was present.

177. The author contacted VC on the phone and made an assessment of his progress, medication compliance and education. This was the only involvement Priory had with VC following discharge.

178. The following information was shared with bed management team, CPN/LMHT of Nottingham Healthcare NHS Foundation Trust: MDT medical review notes each week, Discharge letter, Discharge risk assessment and care plans, Medication chart. The initial discharge letter was completed to the GP on 22 October 2021, on the day of discharge. Detailed discharge summary was completed the following week.

179. No information was shared with the Cygnet Healthcare Hospital, (Cygnet Victoria House).

180. A notification of Assessment referral form was completed to request assessment of care needs, in line with s 117 aftercare rights: this was shared with Nottingham City Council.

181. The following information was shared with the Nottingham University Primary Health Care (Cripps Health Centre): Initial discharge letter that includes medication list, risks and diagnosis in addition to demographics; detailed discharge summary of the admission in Priory Hospital Arnold.

182. No information was shared with the police.

183. No information was shared with the University of Nottingham.

184. VC was advised to contact his tutors to arrange his return after the sick leave.

185. No formal documents or reports were shared with the nearest relative (mother) as per VC's wishes for non-disclosure. However, both Dr Gurusinghe (the author) and ward staff provided regular updates of his progress and possibility of imminent discharge with the nearest relative.

186. Internal reviews consisted of supporting third parties with their external reviews such as CQC and Theemis Consulting Ltd through the provision of relevant information. In the case of Theemis, we also provided comments on their draft report.

RECOMMENDATIONS TO THE CHAIR

187. Those patients who are considered high risk of relapse, non-compliant must be managed by specialised services such as Assertive Outreach Team.

188. Currently, the Early Intervention for Psychosis Teams accept/manage patients only for a period of three years from the onset of the psychosis. Patients may benefit should this period be extended to a minimum of five years.

189. The patients who are considered high risk, frequently relapsing or non-concordant must be brought under Assertive Outreach Teams. If such services are unavailable, consideration must be given to develop alternative pathways.

190. There should be implementation of robust multi-agency protocols that define clear responsibilities for risk ownership, escalation, and communication.

191. Standardised and enhanced training should be delivered on dynamic risk assessment, including risk of violence to others, across mental health, primary care, police and social care.

192. Real-time data-sharing agreements and interoperable IT systems across agencies involved in mental health care should be developed.

193. There should be multi-agency case reviews and regular high-risk panels for individuals with complex needs or escalating risks, with documented outcomes and follow-up.

194. Pathways that ensure safe transitions between services (e.g. inpatient to community, CAMHS to adult services), with mandatory handover protocols should be developed and monitored.

195. Mandate co-produced care planning and embed trauma-informed approaches across services.

196. Require independent, thematic reviews of similar cases to extract cross-organisational learning, beyond individual serious incident investigations.

197. Require Integrated Care Boards (ICBs) and provider boards to maintain a strategic oversight of high-risk cases and learning from serious incidents, with regular reporting.

198. Establish national-level mechanisms (via NHSE, HSSIB or equivalent) for disseminating learning from homicides and near-misses, with implementation guidance for local services.

IMPROVEMENTS THAT COULD BE MADE LOCALLY AND NATIONALLY TO MULTI-AGENCY WORKING TO INCREASE EFFECTIVENESS

199. Effective multi-agency working is essential to ensuring safe, coordinated, and responsive care in mental health services. However, numerous reviews into serious incidents including homicides, suicides, and safeguarding failures have highlighted persistent gaps in communication, accountability, and coordination across services. To improve safety and prevent serious incidents, we must reframe multi-agency working from reactive liaison to proactive, structured collaboration embedded at every stage of care planning, risk management, and crisis response.

200. One key improvement is establishing shared governance structures that promote joint ownership of risk. Often, individual agencies such as mental health services, social care, the police, housing, and primary care hold fragmented views of a person's needs. A more integrated approach requires

formalised Multi-Agency Risk Panels (MARPs) with clear terms of reference, timely case escalation processes, and shared thresholds for action. These panels must not just convene in times of crisis but operate continuously to review high-risk individuals and maintain dynamic safety plans.

201. Secondly, digital interoperability between systems is vital. Disparate IT systems lead to "siloed" information and missed warning signs. Creating data sharing agreements that comply with information governance but allow real-time access to risk and care data across agencies can transform how early signs of deterioration are identified and managed. This includes shared access to care plans, risk assessments, and crisis alerts, allowing all involved professionals to make informed decisions in real time.

202. Workforce training is another critical area. All professionals involved in multi-agency work whether from health, housing, justice, or education should receive joint training on mental health legislation, safeguarding duties, and trauma-informed approaches. This fosters a shared language and understanding of risk, especially when dealing with complex individuals with dual diagnoses, forensic histories, or safeguarding concerns. Importantly, joint debriefs after incidents should be standard practice to embed learning and avoid repetition of mistakes.

203. Leadership also plays a central role. Strong local leadership can champion a culture of accountability and collaboration across sectors. Integrated Care Systems (ICSs) and Safeguarding Boards must ensure that multi-agency arrangements are not optional or ad hoc but strategically embedded in governance frameworks with oversight, escalation pathways, and assurance mechanisms.

204. Finally, co-production with service users and carers must be a core feature of multi-agency risk planning. Many serious incidents occur when people feel excluded or unheard, particularly during transitions between services. Involving individuals and families in planning improves insight into risks and strengthens the therapeutic alliance, which can be protective in itself.

205. In summary, preventing serious incidents in mental health care through better multi-agency working requires structural, cultural, and technological changes. It means building shared accountability, improving information flow, ensuring joint learning, and placing the person at the heart of the process. With the right systems and leadership in place, multi-agency collaboration can move from being a weakness exposed in reviews to a powerful tool for prevention.

STATEMENT OF TRUTH

I believe the content of this statement to be true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: GRO-B

Dated: 07 November 2025

Index to First Witness Statement of DR. AJITH I GURUSINGHE

No.	Inquiry URN	Document Description
1	CQCM0016484	CQC Priory Hospital Arnold Inspection Report dated 15.06.2021 and 16.06.2021
2	PAGR0000092	Current Acute PICU Initial referral form
3	PAGR0000005	VC referral Screening Form Bestwood 2021
4	PAGR0000094	Priory Arnold Sub-Contract 2021-23
5	PAGR0000031	ECS 11 V03 Admissions Oct 2020
6	PAGR0000033	H02 v12 Admission Transfer and Discharge 27.10.20
7	PAGR0000139	ECS 13 V04 - Risk Assessment and Risk Management February 2021
8	PAGR0000140	H02.1 v02 Private Self Pay Funded Care Requests to NHS for Ongoing Funding Protocol July 2017.doc
9	PAGR0000141	H04 v07 Assessment Diagnosis and Treatment July 2020.doc
10	PAGR0000036	H22 v13 Medicines Management in Hospitals 27.07.20
11	PAGR0000037	H34 v13 Care Programme Approach-Care Treatment Planning 30.04.21
12	PAGR0000038	H35 v10 Clinical Risk Assessment and Management 02.03.21
13	PAGR0000145	H37 v13 Prevention and Management of Disturbed Violent Behaviour 30.07.20_amended 27.01.21

14	PAGR0000040	H47 v15 Supportive Observation and Engagement August 2020_amended 20.08.21.doc
15	PAGR0000147	H100 v05 Monitoring Physical Health of Inpatients October 2015.doc
16	PAGR0000148	H120 v01 Transition from CAMHS to Adult Mental Health Services Jan 2019
17	PAGR0000043	MHA03 v06 Section 3 Admissions Jul 18
18	PAGR0000006	VC referral Ward Round
19	PAGR0000003	VC referral Risk assessment tool
20	PAGR0000004	VC referral 7 day notes
21	PAGR0000153	section 2 paperwork VC
22	PAGR0000013	S3 AMHP report VC
23	PAGR0000016	Tribunal hearing - sept 21 VC
24	PAGR0000007	Doctors admission assessment
25	PAGR0000025	Clinical notes VC
26	PAGR0000017	Nursing Assessment 01.10.21 VC
27	PAGR0000159	MDT 7.10.21 Acute
28	PAGR0000160	MDT Acute 14.10.24
29	PAGR0000028	MDT 21.10.21 Acute
30	PAGR0000029	Discharge Summary VC
31	PAGR0000163	Discharge Audit VC