

Sally Hodkin

Investigation into the police contact with Nicola Caroline Edgington
prior to her fatally stabbing Sally Hodkin

Independent Investigation
Final Report

Contents

Introduction	3
Terms of reference	4
Subjects to the investigation.....	5
Chronological summary of events	5
Background.....	6
Thursday 6 October 2011	8
Friday 7 October 2011	10
Sunday 9 October 2011	10
Monday 10 October 2011.....	12
Policies and procedures	24
Guidance for working with MAPPA and mentally disordered offenders	24
Communications Control Centre (CCC) SOPS and the service level agreement with territorial policing	26
Standard Operating Procedures (SOP): Policing Mental Health	26
Standard Operating Procedures (SOP): Investigation of missing persons and unidentified person.....	31
Training on SOP Policing Mental Health	32
Conclusions.....	33
Thursday/Friday 6 and 7 October 2011.....	34
Sunday 9 October 2011	35
Monday 10 October 2011.....	35

Introduction

1. This report details the circumstances surrounding police contact with Nicola Edgington prior to her killing Sally Hodkin and attacking Kerry Clark. Nicola Edgington stands charged with the murder of Sally Hodkin, and the attempted murder of Kerry Clark and is awaiting trial.
2. Prior to the attacks Nicola Edgington was taken to the Queen Elizabeth Hospital, Woolwich by police because she had told the officers she wanted to be '*sectioned*'.
3. Whilst at the hospital she made several telephone calls to the police asking to be '*sectioned*', meaning to be detained under the provisions of the Mental Health Act. In doing so she told the call handlers she feared she would kill somebody.
4. Nicola Edgington was then discharged from the care of the accident and emergency department to the care of the Oxleas Mental Health team located within the hospital boundaries. However shortly after she was reported missing to the police having absconded.
5. Nicola Edgington then travelled to Bexleyheath where she attacked Kerry Clark, and fatally stabbed Sally Hodkin.
6. The Metropolitan police service (MPS) referred this matter to the IPCC on 12 October 2011 and on 13 October 2011 the mode of Investigation was determined as Independent.

Terms of reference

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7. The terms of reference for the investigation were:
 1. To investigate;
 - a) the actions taken, and decisions made by police staff following the telephone calls made by, or about, Nicola Edgington to police in the period prior to the murder of Sally Hodkin (from 6 October to 10 October 2011).
 - b) what information, was given to the hospital staff by the police when they arrived with Nicola Edgington at Queen Elizabeth hospital.
 - c) the actions of the police when Nicola Edgington was reported missing by staff at 7.38am.
 - d) the actions taken and procedures followed by police in respect of the multiple agency public protection arrangements (MAPPA) and Nicola Edgington.
 2. To assist in fulfilling the state's investigative obligation arising under The European Convention of Human Rights (ECHR) by ensuring as far as possible that:
 - a) the investigation is independent on a practical as well as institutional level:
 - b) the full facts are brought to light and any lessons are learned.
 3. The Metropolitan police are carrying out a parallel murder investigation. The IPCC will make any material gathered available to the murder investigation.
 4. To identify whether any subject of the investigation may have committed a criminal offence and if appropriate make early contact with the relevant prosecuting body.
 5. To identify whether any subject of the investigation may have breached their standards of professional behaviour. If such a breach may have occurred, to determine whether the breach amounts to misconduct or

gross misconduct and whether there is a case to answer.

6. To consider and report on whether there is organisational learning for the appropriate authority, including:
 - Whether any change in policy or practice would help to prevent a recurrence of the event, incident or conduct investigated.
 - Whether the incident highlights any good practice that should be disseminated.

8. The terms of reference were initially approved on 14 October 2011 and then amended on 16 November 2011 to include the MAPPA line of enquiry.

Subjects to the investigation

9. From the outset of any investigation it is incumbent upon the IPCC investigator to establish whether the actions of any police employees indicate there may have been a criminal offence committed or behaviour which would justify, if proven the bringing of disciplinary proceedings. If such actions are identified special requirements apply which means notices must be served on the police officers or staff.

10. In this case it has been determined that none of the actions by officers and staff involved meet these criteria therefore special requirements do not apply. All officers and staff provided witness statements.

Chronological summary of events

Background

D5
D6

11. The Police National Computer records (PNC) and the Serious Crime Directorate one (SCD1) operation Globelands report recorded that Nicola Edgington had a history of mental illness and had been convicted of manslaughter on 23 October 2006 at Lewes Crown Court for fatally stabbing her mother. She had been sentenced to an indefinite hospital order and released with conditions on 29 September 2009.
12. The conditions were of supervision, residence, drug and alcohol testing, medication, and exclusion from the area of the offence and her siblings.
13. On her initial discharge Nicola Edgington was visited weekly by her forensic social worker and community psychiatric nurse. Fortnightly visits were also conducted by the consultant and clinical psychologist.
14. Detective Chief Inspector Roy Ledingham of the offender management and public protection group, which forms part of the Ministry of Justice, was interviewed and asked about Nicola Edgington's release into the community. DCI Ledingham also acted in his capacity as the national police lead for the Multi-Agency Public Protection Arrangements (MAPPA) which are a statutory set of arrangements operated by the criminal justice and social care agencies that seek to reduce serious re-offending of sexual offenders and violent offenders and protect the public from serious harm.

S27
D48

15. DCI Ledingham stated in interview that although Nicola Edgington was a MAPPA eligible offender she was not known to the MAPPA system in Greenwich. He also explained that it is a requirement for the Mental Health Casework Section (MHCS) of the National Offender Management Service (NOMS) to inform the local police when a patient such as Nicola Edgington is about to be conditionally discharged into the community. He explained that in this case a letter had been sent to Kent police because Nicola Edgington was released from the Bracton Clinic in Kent. However her conditions of residence were in Greenwich and the local police, in

Greenwich were not notified of this as they should have been. There was no requirement for Kent police to notify Greenwich police of her release, this was the responsibility of the NOMS.

- S9
16. Nicola Edgington's forensic social worker Elizabeth Lloyd-Folkard confirmed in her statement that she had forwarded a letter intended for the MAPPAs representative at Greenwich police onto the clinical director, Jackie Craissati at the Bracton clinic. She further stated that Nicola Edgington was slowly getting her life back together and had started working part time. She described Nicola Edgington as taking good care of herself, having good hygiene and keeping her residence clean and tidy.
- S10
17. Jackie Craissati explained in interview that she should have notified Nicola Edgington's referral to the MAPPAs representatives at Greenwich police. She said that it is possible that she omitted to forward this information. Her actions will be considered as part of a review being carried out by the Oxleas mental health review team.
18. The SCD1 report showed that both of Nicola Edgington's sons lived abroad and this caused her some anxiety as she thought they were not being taken care of properly.
19. Nicola Edgington last met with her medical supervisor on 22 September 2011. She was noted as being pleasant with no irritability and no recurrence of psychotic symptoms including paranoia, auditory hallucinations or intrusive thoughts.
- S9
20. Elizabeth Lloyd-Folkard confirmed that she last met with Nicola Edgington on 30 September 2011 and she believed at that time Nicola Edgington was trying for a baby but had miscarried. It had also been established that Nicola Edgington made contact with her brother telling him she missed her mum and had recently miscarried.
- D6
21. The SCD1 report recorded that Nicola Edgington was on 900mg of Quetiapine per day which is an anti-psychotic drug. She was also on

Sodium Valrurate a mood stabiliser; however this was reduced and eventually stopped due to her having side effects and then falling pregnant.

22. A meeting was arranged for Nicola Edgington to meet with her forensic social worker on Monday 10 October 2011 to discuss Nicola Edgington's issues surrounding her miscarriage and contact with her brother.
23. In addition to the manslaughter conviction Nicola Edgington had been convicted of criminal damage in 2005 and cautioned for actual bodily harm (ABH) in 1996.

Thursday 6 October 2011

- D11
D18
24. From the 999 recording and related police computer aided dispatch record (CAD) number 10550 it has been established that at 11.21pm Nicola Edgington called the police and spoke with communications officer Karen Hill. Nicola Edgington requested police attendance at her property as she was receiving death threats from individuals known to her. She informed the operator the individuals were only two minutes away in the local Kentucky take away food establishment and that she had some thirty threatening text messages on her phone from them.
- S13
25. The operator asked Nicola Edgington on several occasions to spell her address as she could not hear her well. Due to this Nicola Edgington raised her voice and told the operator she would call back as her phone network reception was bad. Nicola Edgington then ended the call.
- D18
26. The operator then tried to call her back twice but was unable to connect with her. This call was initially classified as a significant call 'S' grade, which meant officers would attend within the hour but this was later downgraded to a referred call 'R' grade, which meant this call did not require the attendance of police. The grade change was due to Nicola Edgington making several other calls to police after this call about the same issue but asking them not to attend. This can be seen from the third

call at 11.42pm.

- D11
D19
27. The next 999 call made by Nicola Edgington to police was at 11.23pm and the call recording as well as the related police record CAD10564 recorded that she spoke with communications officer Rita Allen. She told the communications officer, *'they need to come now'* to which the operator replied *'it does not work like that.....information needs to be ascertained before police are dispatched'*.
- S14
28. When asked, Nicola Edgington informed the operator what she had stated earlier in her previous call regarding threats and she provided the name of the individual harassing her.
29. The communications officer provided advice and told Nicola Edgington that as she was at home and they were outside, she was in no immediate danger. However should the individuals arrive at her address before the police did then she should call back immediately. The operator then told Nicola Edgington she would send the information to the local police.
30. This call was initially classified as a significant 'S' grade for officers to attend within the hour but was later downgraded to a referred 'R' grade, this call does not require the attendance of police. The reason for the downgrade in classification on this CAD was due to Nicola Edgington later making a call asking police not to attend.
- D19
31. The communications officer obtained Nicola Edgington's full name and address and an intelligence check was conducted by local police when they received the call from the police communication centre. The check showed Nicola Edgington as flashing *'violent' and 'Manslaughter'*.
- D11
D20
32. CAD10628 and the related 999 call showed that Nicola Edgington called the police again at 11.42pm and spoke with communications officer Denise Beckford. She told the communications officer to not send anyone round as she planned to visit the police station the following day to make a report. The communications officer replied that due to her earlier calls and

S15 because this was classified as a domestic issue, officers would be attending. On hearing this Nicola Edgington raised her voice and told the communications officer not to send the police. In response to this the communications officer told her she was not allowed to cancel attendance under such circumstances but that she would inform the local borough police.

33. Due to this call no officers were ever assigned to this incident and all previous calls were downgraded from attending within the hour to attendance not required.

Friday 7 October 2011

D2 34. At 2.30pm on Friday 7 October 2011 Nicola Edgington attended Greenwich police station and reported the threats made against her. It is stated on the Crime Report Information System (CRIS) regarding Nicola Edgington that, *'she will only report the matter and would not substantiate any further allegation'*. The CRIS report also showed an entry by the reporting officer stating that Nicola Edgington was difficult to understand and was aggressive at times.

35. This report was then referred to the Multi-Agency Risk Assessment Conference team (MARAC) to follow up and a domestic violence pack was sent to her address on 10 October 2011.

Sunday 9 October 2011

D11
D21 36. The next 999 call made to police by Nicola Edgington was at 9.43pm on Sunday 9 October 2011 when she spoke with communications officer Janet Lowe. It has been established from this 999 call recording and related CAD9016 that the nature of this call was to request police attendance as there were two males smoking crack in her communal living room.

S25 37. She further informed the communications officer that she initially kicked the two males out of her flat, a hostel for people with mental health

problems, but they moved into the living room. The communications officer took details concerning the two males and stated that she would send this information to police.

38. This call was initially classified as significant 'S' grade for officers to attend within the hour but then later classified as referred 'R' grade, call does not require the attendance of police. This was due to a later call made by Nicola Edgington to police requesting them not to attend.
- D11
D22 39. Nicola Edgington then called the police again at 9.46pm and it has been established from the 999 recording and relevant CAD9040 that she spoke with communications officer Ena Matthews.
40. During this call a male was heard in the background and it was apparent Nicola Edgington was not concentrating on what the communications officer was asking her and was instead conversing with the male. She eventually reported to the communications officer that someone had stolen her keys and that whoever had stolen them was trying to break in.
- S12 41. On being questioned, Nicola Edgington informed the operator that she did not know how the keys had been stolen but she thought that the two males smoking crack had stolen them. She said that the people who had stolen the keys were people she knew from the mental health clinic she attended. The call was then ended.
42. This call was initially classified as significant 'S' grade for officers to attend within the hour but then classed as referred 'R' grade, call does not require the attendance of police which was due to a later call made by Nicola Edgington requesting police not to attend.
- D11
D23 43. CAD9056 and the record of the related 999 call confirmed that at 9.52pm Nicola Edgington called the police and spoke with communications officer Curtis Lynn. Nicola Edgington can be heard saying to someone in the background *'I'm cancelling it now babes.'* She then spoke to the communications officer and asked for her previous call to be cancelled as

she had found her keys. She then ended the call.

44. The operator then called Nicola Edgington back and clarified that she did not need police. As a result the call was classified as referred 'R' grade; call does not require the attendance of police.

D11
D24

45. CAD 9096 and the record of the related 999 call confirmed that at 9.54pm Nicola Edgington called the police and spoke with communications officer Andy Ellis. She informed the communications officer that she had called earlier and requested police but did not need them now as she had found her keys. The communications officer confirmed the details of what had happened and stated he would pass this through to local police.

46. This call was classified as referred 'R'; call does not require the attendance of police.

Monday 10 October 2011

D11
D25
S5

47. The next police contact regarding Nicola Edgington was at 4.01am on Monday 10 October 2011. CAD903 and the related 999 recording confirmed that George Christou, a controller from Express cars, a mini cab office based in Greenwich, called the police and spoke with communications officer Nigel Patrick. He informed the communications officer that there was a female at the mini cab office who had taken a mini cab from the office to Lewisham hospital with no money. He further stated that because of this the driver had brought her back to the office. George Christou went on to state that the female kept crying, and said '*she needs to be sectioned, hasn't slept for weeks and needs to go to a hospital*'.

S5

48. George Christou stated in his statement, that when Nicola Edgington was initially brought to the mini cab office she appeared to be shaking and seemed distressed. He recalled her saying '*it's in my head*' and '*I need to be sectioned*'.

D11

49. The communications officer then asked George Cristou to ask Nicola Edgington for her full name and to say how old he thought she looked. He

responded by telling the operator her name was Nicola Edgington and that she appeared to be around 20 years old. He further informed the operator that she seemed paranoid about everything and had moved from the public seating area to the private staff area located at the back of the office.

50. The operator then asked George Christou to ask Nicola Edgington if she wanted an ambulance to which George Christou replied by saying '*she says apparently the police can take her*'. The operator said the ambulance and police were on their way.
- D25 51. The call by George Christou was made at 4.01am and classified as significant 'S' to arrive within the hour. The call was then sent from the communication centre to Greenwich police at the same time, which they acknowledged at 4.03 am.
52. It can be seen on the CAD that the communications officer had typed '*F at locn states that she wants to be sectioned...she hasn't slept for weeks.... It also stated that 'Female refusing to leave the cab office*'.'
53. The CAD recorded that police vehicle call sign R1N was assigned to this call at 4.05 am and arrived on scene at 4.15.am.
- S1
S6 54. PC Daniel Phillips and PC Matthew Payne, the occupants of police vehicle R1N stated in their statements that prior to arriving at the scene they received a call on their personal radios informing them of a female wanting to be '*sectioned*', which they both understood to mean that she had mental health problems and wanted to be seen by a psychiatric doctor. As the call was accepted, they made their way to the mini cab office.
- D25
D35 55. At 4.15am PC Phillips and PC Payne arrived at the scene in a marked police vehicle and CCTV footage recorded them walking through the main entrance and straight to the back of the office where they met Nicola Edgington.
- S5
S1 56. George Christou further stated that when the police attended he recalled

- S6 the officers asked Nicola Edgington to calm down, told her that she had not done anything wrong and that she was not under arrest. They then asked her if she had a history to which she replied that she suffered from mental health issues and needed medicine.
- S1
S6
D35 57. Both the officers described her as appearing to be agitated but meek in her behaviour. The CCTV footage showed that PC Phillips spoke with her for no more than two minutes before PC Phillips, PC Payne and Nicola Edgington walked straight out to the front of the mini cab office together.
58. In their statements both PC Phillips and PC Payne stated that during this conversation they asked her for her details, which she provided, and asked her if she wanted their help to which she responded yes. They then offered to take her to the hospital which she accepted.
59. Due to Nicola Edgington appearing to have self control and the capacity to understand when spoken to, both PC Phillips and PC Payne decided to voluntarily take her to hospital as they genuinely thought she appeared to be seeking help.
- S26 60. Once outside the mini cab office the ambulance, which communications officer Nigel Patrick requested arrived and PC Phillips spoke with the ambulance crew member Kevin Tandy. In his statement Kevin Tandy stated that one of the officers informed him that Nicola Edgington was a mental health patient who was having difficulty sleeping. During this conversation Nicola Edgington said referring to the ambulance, *'I am not getting in that big box'*. PC Phillips then told the ambulance crew that they would take her to the hospital.
61. From the CCTV it appeared PC Phillips took the lead and that he had the most interaction with Nicola Edgington.
- D5 62. The related CAD and Nicola Edgington's PNC record showed that no intelligence or PNC checks were conducted when the call came in or by PC Phillips and PC Payne once at the scene.

- S1
S6
63. During the journey to the hospital Nicola Edgington was described by PC Phillips and PC Payne as appearing relaxed but not speaking much, other than on two occasions when she stated that her father had abused her a few years ago and that she had recently been in a sexual relationship which she regretted.
- D35
64. CCTV footage confirmed that at 4.29am Nicola Edgington and the two officers entered the Queen Elizabeth hospital Woolwich accident and emergency department. PC Phillips is shown speaking with receptionist Sylvia Rogers.
- S19
S1
S6
D35
65. The receptionist stated she was on duty when approached by two officers and a female. She said that one of the officers spoke with her whilst the other was standing with the female. She further stated that the officer speaking with her provided her with the female's full name, date of birth, address and said she needed to be seen by the mental health team.
66. This information was taken and inputted straight on to the system by the receptionist so that a triage nurse could see her. There were at least 15 people waiting to be seen by the triage nurse at that time.
- D35
S1
S6
67. The officers explained that Nicola Edgington sat in the waiting area and that they informed her it would not be long before she was assessed and told her that she should wait. At 4.31am the officers exited the hospital from the main entrance. Shortly after this Nicola Edgington also got up and walked in the same direction as the officers.
- D35
S6
68. At 4.34am Nicola Edgington was escorted back into the hospital, as a voluntary patient by PC Phillips as PC Payne sat in the police marked vehicle. The CCTV footage showed that PC Phillips appeared to have a conversation with Nicola Edgington by the main entrance which was continued into the main hall. During this time Nicola Edgington was seen to move around a lot and appeared to be agitated. She then picked up a public payphone and told PC Phillips who was standing next to her that she was going to call a cab to which PC Phillips responded by saying,

'you don't have any money'. She then put the phone down and stood near the reception area away from the officer.

- S6 69. At 4.37am PC Phillips can be seen on CCTV to exit from the hospital through the main entrance followed by Nicola Edgington. According to PC Phillips, Nicola Edgington reassured him that she was only having a cigarette. Both the officers then waited in their vehicle for a few minutes before attending to another call.
- D35 70. At 4.37am CCTV footage recorded Nicola Edgington entering the hospital from the main entrance by herself and from this time onwards she is recorded constantly moving around and appeared agitated.
- S19 71. According to the receptionist Sylvia Rogers, Nicola Edgington approached the reception area a few times and asked the reception staff, *'how long am I going to be here?'* and *'is it going to take for me to kill someone as I've done it before so I can get seen?'*
- D11
D26
S22 72. At 4.52am, 15 minutes after PC Phillips exited from the hospital, Nicola Edgington made a call to the police. CAD 1014 and the related 999 call recording showed that she spoke with communications officer Curtis Lynn.
73. The CAD recorded that the communications officer had typed *'inft (informant) states she needs to go to a mental hosp – states she has had a breakdown & last time she felt like this she killed someone – please come quick. Inft had to ask someone else where she was, said she was 31, sounded very agitated'*.
74. During this call Nicola Edgington sounded upset and informed the communications officer that she was at the Queen Elizabeth hospital Woolwich in the A&E department and wanted the police to come quick as *'the last time she felt like this she killed someone'*. She further stated that she felt confused and did not know who she was.
- D11 75. Nicola Edgington further informed the communications officer she was on a *'37/41 ministry section'* and could not sit in A&E. She then provided the

operator with her full name and age. The operator told her that she would *'get someone along to her'*.

D26
S33

76. This call was classified by the communications officer Curtis Lynn as a significant 'S' grade call, to arrive within the hour. This was acknowledged by the local borough police integrated borough operations (IBO) PC Michelle Wenham. The call was then passed onto dispatch staff by the communications officer Curtis Lynn. It is the role of the despatch staff to decide whether a police unit should be assigned.

S6

77. At this point a call was then made by a Central Communications Command (CCC) operator to PC Phillips as the previous linked CAD903 showed they had not long left Nicola Edgington at the hospital. According to PC Phillips the operator asked, *'how had she been when she was with us?'* to which PC Phillips replied *'she had been fine, that she appeared nervous but ultimately was not happy with having to wait to be given her medication'*.

D26
S34

78. At 4.57am, due to the above information this call was downgraded by the communications control centre supervisor Tracie Ingram to a referred 'R', no police attendance required as it was deemed by police that Nicola Edgington was in a place of safety and had recently been left by police.

79. It is noted from the related CAD Nicola Edgington's surname was spelt incorrectly and the CCC stated to the IPCC that when such details are incomplete or wrong PNC and intelligence checks can not be carried out accurately.

D11
D27
S21

80. At 5.13am Nicola Edgington again called the police and the related 999 call recording and CAD1058 entry record that she spoke with communications officer Ian Rigby.

81. The CAD entry showed that the communications officer had typed *'...nicole caroline Edgington 09/09/1980 asking for help before she hurts someone....'* and *'is this a mental health hospital?'*

82. During this conversation she told him that she was at Queen Elizabeth hospital Woolwich in the A&E department and asked for police attendance so that they could take her into custody. She further stated that her psychiatrist had told her *'when she feels very scared and paranoid she can be very dangerous'*.
- D11 83. Nicola Edgington then informed Ian Rigby she wanted to turn herself in before she hurt someone and asked the operator *'do you want me to hurt somebody here?'* She again asked for the police to attend and take her into custody saying the hospital staff were ignoring her and not phoning the mental health team. Nicola Edgington then told the operator she was on a *'37/41 section for murder five years ago'*, while saying this she was heard to break down crying and said, *'you need to send somebody now'*, to which the operator replied *'ok then'*. The call was then ended.
84. This call was made at 5.13am and was classified by Ian Rigby as an immediate 'I' to arrive within 12mins. The call was then sent to the communications despatch officer Phillip Rico-Lloyd and at the same time to the local police which was acknowledged by IBO supervisor PS Finch. It can be seen on CAD 1058 that Nicola Edgington's name and date of birth was included on the CAD. It can also be seen from her PNC record that no checks were carried out to establish her history.
- S34 85. Phillip Rico-Lloyd explained that having read an entry inputted on the CAD by his colleague Abby Denman which described how Nicola Edgington had recently been left by officers in vehicle call sign R1N after requesting to be taken to hospital, he reviewed the CAD and passed this onto his supervisor as complete.
- S34 86. Phillip Rico-Lloyd stated in his statement that *'as officers had just left the female in question at hospital, a recognised place of safety, there was no reason for further deployment as they have their own security and we had not received any calls from the hospital requesting officers to re-attend. There were no Intel checks completed to highlight any undue concern and*

the CAD had already been linked to the main demand CAD 903/10OCT11 before I acknowledged this cad and took responsibility for completing it'.

87. Due to this entry at 5.19am on CAD1058 the call was asked to be downgraded from immediate to referred, police not required to attendance.
- D5 88. The CAD1058 showed that during this call Nicola Edgington's full name and date of birth were obtained. Nicola Edgington's PNC record showed that a check was not carried out.
- D11
D28
S20 89. At 5.21am Nicola Edgington again called the police and spoke with communications officer Mandi Okafor. The 999 police recording and related CAD1070 entry showed that Nicola Edgington was crying on the phone and sounded more upset than in her initial calls.
90. The CAD entry that the communications officer had typed stated *'Infmt requesting unit to attend the above locn...caller stating she is a dangerous sczphonic and if police do not arrive on scene asap she is going to harm somebody...caller heard shouting that she wants a cigarette...caller repeating over and over that she would like some assistance'.*
91. She informed the communications officer that she was a very dangerous schizophrenic and was going to hurt someone. The operator then asked her where she was, to which she replied she was at Queen Elizabeth hospital, Woolwich and was having a nervous breakdown.
- D11 92. During this call the communications officer told Nicola Edgington she was in a place of safety, to which Nicola Edgington raised her voice and shouted back *'no I am not in a place of safety I am in an exposed area'* and *'the more scared I get the more dangerous I become'*. The communications officer then asked her what her emergency was to which she replied *'that I will hurt someone'*.
93. Nicola Edgington then provided her date of birth to the communications officer and at this moment was heard saying *'I am not going back in there; I am going to the police station'*.

- D11
94. When the communications operator told Nicola Edgington she was going to pass on the message to the units a voice was heard in the background of a woman saying to Nicola Edgington *'we have got you some help just like you wanted'*. Nicola Edgington responded to this by saying *'you have not got me no help'* and ended the call.
95. This call was made at 5.21am and was classified as a significant 'S' grade call by Mandi Okafor. The call was then sent to communications centre despatch officer, Phillip Rico-Lloyd and at the same time sent to local borough police from where PS Finch acknowledged the call at 5.26.am.
- S34
96. In relation to this CAD, Phillip Rico-Lloyd stated in his statement that after acknowledging the CAD this call remained on their open incident list for a unit to be assigned. Whilst waiting for a unit to be assigned a further call (CAD 1086 below) was passed to him. On this CAD the communications officer Bob Shaftoe who had taken the phone call had stated that he would be calling the hospital directly. With this update and confirmation that the hospital was being contacted Phillip Rico-Lloyd closed this CAD and passed it to his supervisor as complete, knowing that if there were any issues Bob Shaftoe would find them out or a call would be made by the hospital requesting police assistance.
97. The CAD recorded that at 5.57am PS Finch at the local borough police asked the call to be downgraded to a referred 'R' no police attendance required so that he could close this incident on his system.
- D11
D29
S18
98. At 5.27am Nicola Edgington made her final call to police from the hospital. The police 999 recording and CAD1086 showed that she spoke with communications officer Bob Shaftoe and informed him that she was a very dangerous schizophrenic and would hurt someone. She also said the last time she felt like this she killed her mum. Bob Shaftoe asked her where she was, to which Nicola Edgington replied that she felt like she was at the gates of heaven.
99. The CAD entry that the communications officer had typed stated *'Inf...I*

am a paranoid schizophrenic', 'distressed female at loc. States she is at the hospital. Requested police. States need medication before she kills someone' and 'will ring hospital'

- D11
100. Nicola Edgington eventually informed the operator of her full name and that she was at the Queen Elizabeth hospital. The operator asked her, *'why don't you go inside then?'* Nicola Edgington replied to this by saying she was too scared to go inside the hospital as she felt someone was going to kill her and she asked the operator to please send someone.
101. During this call Nicola Edgington sounded really upset, crying and shouting on the phone but then her tone changed and she sounded happier when she told the communications officer *'the mental health doctor is here'*. Nicola Edgington then ended the call.
- D11
D29
102. After this call the communications officer, Bob Shaftoe rang the hospital and spoke with receptionist Sylvia Rogers to make them aware of her situation. The hospital responded and the entry on the CAD made by Bob Shaftoe stated, *'they are aware of her and she is awaiting assessment. Apparently it is not happening fast enough for her, security have the matter in hand, no need for police attendance'*.
103. This call came in at 5.27am and was classified as significant 'S' to arrive within the hour by the communications officer. The call was sent to communications despatch officer Phillip Rico-Lloyd and PS Finch at the local borough police which he acknowledged at 5.34am. At 5.41am PS Finch asked the call to be downgraded to a referred 'R' grade, police attendance not required so that they could close the CAD at their end.
- S34
104. Phillip Rico-Lloyd explained that when this request was passed to him, Bob Shaftoe, who took the call, said that he would phone the hospital directly, therefore Phillip Rico-Lloyd said that he decided to close the CAD pending any updates that would warrant re-attendance of police officers. Bob Shaftoe then had passed an update to him stating security had the matter in hand at the hospital. With this update there was no further need

for attendance and the closed CAD was passed to his supervisor.

105. Nicola Edgington was then assessed by the Oxleas mental health trust's liaison psychiatric mental health nurse Hakim Boampong, who stated that at around 5.30am he assessed Nicola Edgington and in doing so he reviewed her medical history which was extensive.
- S8 106. Hakim Boampong then asked Nicola Edgington why she had come to hospital to which she replied that she had not slept for about three weeks, wanted him to section her and put her in hospital. To this Hakim Boampong replied *'you have voluntarily come to hospital therefore you do not need to be sectioned'*.
- D35 107. The CCTV showed that at 6.25am Nicola Edgington was taken by hospital security from the A&E department to the Oxleas Mental Health team located within the hospital boundaries which is about a 10-15minute walk from the A&E department.
108. The next police contact regarding Nicola Edgington was at 7.19am when Dr Idowu from the Oxleas Mental Health team called the police to report that Nicola Edgington had absconded.
- D11
D30 109. The 999 recording and entry as typed by communications officer Dave Morrey on CAD 1384 confirmed that Dr Idowu informed him of Nicola Edgington's previous conviction for manslaughter in 2007 and further that she was not detained under the Mental Health Act at this time as she was compliant when she attended for a mental health assessment. He further told the communications officer that she might need to be sectioned if the police or ambulance service found her and she was unwilling to comply. He advised that they should detain her under section 136 of the mental health act and bring her straight back to Oxleas if this be the case. The CAD entry recorded that he said *"We are concerned about this ladies safety and there is a possibility that she could pose a threat to the public"*.
110. The doctor then informed the communications officer Dave Morrey of

Nicola Edgington's full name, date of birth and description.

D30

111. This call was made at 7.19am and recorded at 7.38am. It was classified as a significant 'S' grade call to arrive within the hour. The call was sent to local police at 7.38am and acknowledged at the same time. At 7.44 am Intelligence was added to the CAD regarding Nicola Edgington showing her as '*violent and manslaughter*'. At 08.01am police arrived at Nicola Edgington's flat but the CAD entry showed there was no answer.
112. The Metropolitan Police SCD1 murder investigation team report confirmed that CCTV footage showed Nicola Edgington on a bus heading towards the Bexleyheath area. CCTV also showed that Nicola Edgington entered an ASDA store in Bexleyheath at 8.22am and purchased a knife.
113. Nicola Edgington then left ASDA at 8.29am and attacked her first victim, Kerry Clark, who managed to fight her off and take control of the knife. At some point Nicola Edgington tried to take the knife back from Kerry Clark but was unsuccessful. Nicola Edgington then walked away. At 8.32am a member of the public reported the incident to the police.
114. This call was graded as an immediate 'I' call for the police to arrive within 12 minutes. Units from Bexleyheath police arrived on scene at 8.35am.
115. Also at 8.32am an employee from the British Meat Market butcher shop called the police and informed the operator that a woman had come into his shop two minutes earlier, stolen a 12 inch steak knife and walked out.
116. The caller informed the operator of Nicola Edgington's description and said she was at the bowling alley car park screaming. The operator told the caller that units were already assigned and would be there very soon.
117. At 8.33am the operator added to the CAD a description of Nicola Edgington. This call was classified as a referred 'R' due to units already being deployed.
118. At around the same time as the previous two calls another witness called

the police and informed the operator of the same incident involving Kerry Clark.

119. The witness reported that Nicola Edgington had just walked out of a shop and was going down the high street. He informed the operator he was following her. The witness then saw Nicola Edgington run along Albion road having crossed the road by the bowling alley. The witness then saw Sally Hodkin being stabbed repeatedly and was heard saying to the operator that he needed to find something to hit Nicola Edgington with.
- D11 120. After fatally stabbing Sally Hodkin, Nicola Edgington entered a shop near by and informed the worker that '*she thinks she may have just killed someone*'. Nicola Edgington was detained by police at 8.35am and Sally Hodkin was pronounced life extinct at 8.41am.

Policies and procedures

Guidance for working with MAPPA and mentally disordered offenders

- D14 121. The multi-agency public protection arrangements (MAPPA) are a statutory set of arrangements operated by the criminal justice and social care agencies who seek to reduce the serious re-offending behaviour of sexual offenders and violent offenders. Their ultimate aim is to protect the public from serious harm.
122. MAPPA is not a statutory body but a mechanism through which agencies can better discharge their statutory responsibilities and protect the public in a coordinated manner.
123. One of the many functions of MAPPA is to allow criminal justice agencies to share information on violent and sexual offenders in order to protect the public by managing the risk posed by certain sexual and violent offenders. It also brings together agencies such as the police, probation and prison services.

124. There are three categories of offender eligible for MAPPA, they are: category one, registered sexual offenders, category two, violent and other sexual offenders and category three, other dangerous offenders.
125. There are also three levels of management which are based on the level of MAPPA cooperation to implement an effective risk management. They are level one, where the offender is subject to usual management arrangements applied by the agency which is supervising them, this does not rule out information sharing between agencies.
126. Level two, where there is an active MAPPA management which involves an active involvement of several agencies via regular meetings.
127. Level three, also involves an active MAPPA management and the only difference is in this category senior officers have the power to authorise the use of special resources such as police surveillance.
128. The responsibility for identifying MAPPA-eligible offenders falls to each agency that has a statutory role in their supervision or care, i.e. the police, probation service, prison service, youth offending services and mental health services. These agencies must have robust internal management procedures in place to identify all MAPPA eligible offenders under their supervision in order to facilitate the lawful exchange of information for the protection of the public.
129. Responsibility for protection of the public does not rest with any single agency. MAPPA exists to promote joint working. The collaborative nature of MAPPA should not, however, undermine the role of the lead agency to manage the offender in the community, but should assist in ensuring a robust risk management plan.
130. Under section 325(3) of the Criminal Justice Act 2003, health services have a duty to co-operate with the MAPPA responsible authorities in assessing and managing the risk of MAPPA-eligible mentally disordered offenders. Section 327 of the Criminal Justice Act 2003 identifies offenders

who are MAPPA-eligible who have a mental disorder.

Communications Control Centre (CCC) SOPS and the service level agreement with territorial policing.

- D31
131. It is policy for all communication officers to classify all calls correctly. The classifications are 'I' immediate call where officers must ensure attendance at scene within 12 minutes. The criteria for such a classification are when there is a danger to life, serious injury, serious damage, and serious obstruction and when the call needs an officer to attend right away.
132. The 'S' Significant priority classification is when officers must ensure attendance within the hour and the criteria for such a call are, concerns for safety, offender detained, witness/evidence lost, road collision and distress/vulnerable member of the public.
133. The 'E' extended classification is when police arrange an appointment to see the caller within 48 hours and the criteria for such a call are when the response time is not critical, and can be dealt with by a pre-arranged response, police clinic or surgery and scheduled appointment.
134. The 'R' referred classification is used when police attendance is not required.
- D47
135. It is the responsibility of the CCC to manage the CAD systems, handle all calls and to decide whether officers should attend. Furthermore chapter ten, point 10.7 in this policy under incident management states that *'the IBO will provide fast time intelligence checks over and above critical police information (CPI) to CCC in support of operational staff deployed to incidents'*.

Standard Operating Procedures (SOP): Policing Mental Health

Section 136 of the Mental Health Act (MHA) 1983 and The Mental Capacity Act (MCA) 2005

- D12
136. This SOP is specifically geared towards providing clear operational and tactical guidance for police officers and staff when dealing with someone

who has mental ill health.

137. All police officers and police staff, including the extended police family and those working voluntarily or under contract to the Metropolitan Police Authority (MPA) must be aware of, and are required to comply with, all relevant Metropolitan Police Service (MPS) policy and associated procedures. The SOP lists those to whom it applies which include police officers and staff responding to incidents involving a person with mental ill health.
138. It is the responsibility of the Borough Commander to ensure someone from the senior management team can deliver operational policy and to ensure every police officer on the borough has completed the e-learning package for mental health and learning disability.
139. The definition of section 136(1) of the mental health act 1983 is *'if a constable finds in a place to which the public have access a person who appears to him to be suffering from a mental disorder and to be in immediate need of care or control, the constable may, if he thinks it necessary to do so in the interests of that person or the protection of other persons, remove that person to a place of safety within the meaning of section 135'*.
140. A place to which the public have access is not defined under the Mental Health Act and has the same meaning as in any other legislation; a place to which the public have lawful access whether on payment or otherwise. This includes an Accident and Emergency department of a hospital and does not include private premises such as a front garden.
141. Either finding or being directed towards a person with mental disorder in a public place is not enough in itself to justify detention under section 136. The power to remove a person to a place of safety requires three conditions to be fulfilled before police may act:
- The person must appear to the officer to be suffering from mental

disorder.

- They must appear to the officer to be in immediate need of care or control.
 - The officer must think they need removing in their own interests or for the protection of others.
142. The officer must believe the person or someone else will suffer some kind of harm if they do not take action to remove them. Simply behaving in an odd or unusual way does not necessarily mean they should be removed. The power to remove under section 136 does not expect police officers to make diagnoses of someone's mental state but provides power to the officers who believe in good faith that somebody is mentally ill and requires immediate care and control to remove them to a place of safety.
143. When an individual is detained under section 136 they are considered to be under arrest and can be searched under Section 32 of the Police and Criminal Evidence Act 1984. The person can also be detained at a place of safety for up to 72 hours for the purpose of enabling them to be examined by a registered medical practitioner, for them to be interviewed by an approved mental health professional and to allow arrangements for their treatment.
144. The person is deemed to be in lawful custody from the time they are detained and where the place of safety is a hospital or a health facility then they can be detained by police and members of the hospital staff.
145. It is MPS policy and a requirement of the Mental Health Act Code of Practice that a police station should only be used as a place of safety on an exceptional basis.
146. Where the conditions for use of Section 136 are fulfilled the person must always be detained under Section 136. If the person is taken to hospital as a voluntary patient then they may walk out before assessment is started in which case there is no power to return them. This may put the person and

others in further danger that would have been avoided if the person had been detained. By contrast a person correctly detained using Section 136 who later escapes may be lawfully arrested and returned to the place of safety during the period of 72 hours for which they were to be detained.

147. Section 136 can only be used in a public place and its use on private premises is unlawful. Inviting or taking an individual out of private premises and into a public place in order to arrest for Section 136 is similarly unlawful and the power must not be used in this way.
148. The MCA 2005 is designed to provide a legal basis for providing care and treatment for people aged 16 and over who lack the mental capacity to give their consent.
149. Whilst the Act is primarily aimed at health professionals and carers when making decisions about a person's welfare, it will in some circumstances be applicable to police officers when dealing with members of the public.
150. The Act only applies to people who lack mental capacity or who are reasonably believed to lack mental capacity. It applies to public and private locations.
151. The Act will be of primary importance to policing when officers deal with someone lacking mental capacity in an emergency situation, whose life may be at risk or who may suffer harm if action is not taken. Obvious situations will include people attempting and threatening suicide, victims of serious assaults and casualties following major incidents.
152. Everyone is presumed to have capacity, unless there is evidence that they cannot make a decision because of an impairment or disturbance in the functioning of their mind or brain because of:
 - Significant learning disabilities.
 - Mental illness.
 - Dementia.

- Brain damage.
 - Physical or mental conditions that cause confusion, drowsiness or loss of consciousness.
 - Delirium.
 - Concussion following a head injury.
 - The symptoms of alcohol or drug use.
153. A person is only unable to make a decision when they cannot do any one of the following:
- Understand information relevant to the decision to be made.
 - Retain that information in their mind.
 - Use or weigh that information as part of the decision making process.
 - Communicate their decision.
154. An apparently irrational or wrong decision does not, by itself, provide evidence of lack of capacity. Some people will be unable to communicate properly due to a disability. Deciding what is in the person's best interests will usually be relatively uncomplicated for the emergency situations faced by police.
155. Cases can arise where the power to arrest under Section 136 and the ability to restrain relying upon the Mental Capacity Act 2005 can overlap. For example, where a person is self-harming or attempting/threatening suicide in a public place there may be good indicators that the person is both mentally ill and lacking capacity. Whenever this arises, officers must always use Section 136 and not rely upon the Mental Capacity Act 2005. This is because a person's mental capacity can fluctuate.
156. A person appearing to lack mental capacity on the street, may quickly recover capacity and appear perfectly rational a short time later following arrival at hospital. Where this happens, no further legal authority exists to

restrain them and the person would have to be permitted to leave. This clearly places them back in the same position they were in before any assessment had taken place. Using Section 136 permits a person to be kept in detention at a place of safety for up to 72 hours to enable assessment, regardless of how their behaviour has changed since the original detention.

157. The IPCC investigation team spoke with police Inspector Mike Partridge, who authored the policy 'policing mental health' and asked him as a police expert in this field about detainment under the Mental Health Act.

S31

158. Inspector Partridge stated in his statement regarding detaining Nicola Edgington once at the A&E, *'Nonetheless, if she was in an area of the hospital to which the public have access then section 136(1) could have been used, notwithstanding the fact that she attended voluntarily, providing the criteria were met. If section 136(1) had been used then it would have immediately placed her status within the hospital on a statutory footing. The effect would have been to exert pressure upon the staff at the place of safety to carry out a mental health assessment as soon as possible'*.

Standard Operating Procedures (SOP): Investigation of missing persons and unidentified person.

D16

159. Section 17 of this SOP deals with persons missing from a psychiatric setting and provides that police are liable to receive reports of persons missing in three types of situations:

- A voluntary patient is missing from hospital.
- A compulsory patient is absent without leave from hospital.
- A person subject to a Guardianship Order is absent without leave from a place at which they are required by their guardian to reside.

160. When responding to such missing persons officers should identify and establish communication with the person in charge of the ward or the

guardian (whichever is applicable) and ascertain from that person:

- The legal status of the patient.
 - Risk assessment factors identified by hospital or guardian and result of hospital risk assessment.
 - Action taken by hospital or guardian and results:
 - I. Has a search of hospital and grounds been conducted? To what exact? With what result?
 - II. What enquiries have been made by the hospital or other agencies such as Social Services on their behalf, e.g. visits to addresses, phone enquiries?
 - III. Ensure that the next of kin is informed of the absence. Although it is the responsibility of the hospital to do this, if they have not done so, police will inform the next of kin.
161. It is stressed that informal (voluntary) patients are entitled to freedom of movement and can leave the ward at any time. If they do so against the advice, or without the knowledge, of the clinical staff it does not mean that they are absent without leave. Only formal patients can be considered absent without leave. However health trust staffs are entitled to call the police and report the patient missing.
162. ACPO definition of a missing person is “*anyone whose whereabouts is unknown whatever the circumstances of the disappearance.*”
163. The SOP requires that the appointed investigating officer shall establish with the single point of contact (SPOC) within the reporting Health Trust or the persons guardian (whichever is applicable) precisely what action is to be taken, and by whom, to locate the missing patient, retake the patient (if a formal patient) once located or to return the patient to the establishment from which they are missing.

Training on SOP Policing Mental Health

- S31
164. Inspector Partridge stated in his interview with the IPCC that due to the financial burdens and closures of training centres, face to face training on this SOP was no longer available. He further stated that this had been the case for a while now and that officers are required to conduct their training on computer electronically. In relation to this SOP the computer based learning explains in detail the use of section 136 in a practical setting.
165. This was also something the officers in this investigation had raised, that the only means of training available to them now was computer based which they described as being a tick box exercise.

Conclusions

166. Nicola Edgington was a MAPPA eligible offender as she was convicted of an offence listed in schedule 15 of the Criminal Justice Act 2003 (manslaughter) and was sentenced to a hospital order. Her diagnosis was of schizophrenia and she was conditionally released from the Bracton centre on 29 September 2009 and was living in Greenwich. The combination of her conviction for manslaughter and the imposition of the '*section 37/41 hospital order*' meant that she was a MAPPA eligible offender.
167. The Mental Health Casework section (MHCS) within the National Offender Management Service (NOMS) is responsible for working closely with the mental health professionals and is responsible for the treatment of offenders subject to hospital orders. Part of their role is to send a letter to the local borough police where the offender was to live and inform them of this, in this case Greenwich.
168. It was accepted by DCI Ledingham that there was no record of a letter having been sent from the MHCS to the Metropolitan Police Service at Greenwich in relation to Nicola Edgington. DCI Ledingham has explained that processes are now in place to prevent a reoccurrence of this omission.

169. The evidence also shows that Nicola Edgington's forensic social worker did email an electronic MAPPa referral form to the Clinical Director of the Bracton Centre in August 2009 which should have been forwarded to Greenwich police as Nicola Edgington was MAPPa eligible.
170. The Clinical Director has accepted that she believes she omitted to send the form. The reason why this was does not form part of the IPCC investigation. The Oxleas review team are conducting their own investigation into this matter.
171. The IPCC concludes that there is no criticism of the Metropolitan Police for the failure of Nicola Edgington to be subject to the MAPPa process in Greenwich. In this case Greenwich Police were not notified by the Bracton centre of Nicola Edgington's eligibility for the MAPPa process.

Thursday/Friday 6 and 7 October 2011

172. The investigation finds that the actions of the communication officers Karen Hill, Rita Allen and Denise Beckford when dealing with the three calls made by Nicola Edgington were dealt with according to policy and procedure in so much as the calls were classified correctly and passed over to the local borough police.
173. Two of the three calls were classified as significant priorities where the officers '*MUST attend within the hour*'. The investigation finds that the calls were classified correctly and according to policy.
174. The third call involved Nicola Edgington requesting the police not to attend saying that she would attend in person at the police station the following day. Even though the communications officer Denise Beckford explained she was not allowed to downgrade calls of a domestic nature Nicola Edgington was adamant she did not want police to call on her.
175. Denise Beckford then passed this information onto local borough police who arranged a time for Nicola Edgington to come and see them the next day as she had requested. When Nicola Edgington was seen the following

day the appropriate domestic violence referral forms were completed.

176. The IPCC concludes that the police handling of the calls from Nicola Edgington on Thursday 6 October 2011 were appropriate, although the police did not respond to her calls, at her request she was seen the following day at which time the referrals as required by policy was made.

Sunday 9 October 2011

177. The evidence shows that Nicola Edgington made four calls to the police concerning males smoking drugs in the communal lounge and the theft of her keys. As the sequence progressed it became clear that Nicola Edgington did not require police attendance and had found her keys.
178. The two initial calls were classified as an S grade, to attend within the hour. The policy states that an S grade relates to incidents which do not involve an immediate threat to life and property which was the case in relation to these calls to police. The latter two calls were from Nicola Edgington saying that she did not want the police to attend.
179. The IPCC finds that the actions of the communication officers Janet Lowe, Ena Matthew, Curtis Lynn and Andy Ellis when dealing with the four calls made by Nicola Edgington were dealt with according to policy and the decisions to close the logs were appropriate in view of Nicola Edgington's request. The information was correctly referred to the local intelligence unit.

Monday 10 October 2011

180. On the day of the events which resulted in the tragic death of Sally Hodkin and the serious injury of Kerry Clark the first contact with police was made by the mini cab employee George Christou who reported that Nicola Edgington was at the office having taken a mini cab with no money to pay for the journey.
181. Communications officer Nigel Patrick recorded the complaint and graded it

as an 'S' which required police to respond within the hour. It is considered that this grading was correct as the description of the incident meets with the criteria for an S graded incident which were concerns for safety and distress/vulnerable.

182. Nigel Patrick also correctly requested an ambulance to attend which demonstrated a good appreciation of the situation being reported. Subsequently PC's Phillips and Payne arrived just over fifteen minutes from the time the call had been made.
183. On arrival at the mini cab office the officers entered the private area of the office and spoke with Nicola Edgington. PC's Phillips and Payne have described that Nicola Edgington appeared agitated but meek in her behaviour as she was compliant.
184. At the time Nicola Edgington was, according to the officers and George Christou in a private place therefore detaining her using the powers given to the officers by virtue of section 136 Mental Health Act 1983 was not an option.
185. The only powers available to the officers under these circumstances would have been to detain her under the Mental Capacity Act 2005 or to treat her as a voluntary patient. For the officers to use their powers under the MCA they would have had to believe that Nicola Edgington was mentally incapable of understanding the questions put to her. The evidence from various witnesses showed that she did have an understanding of the questions put to her, for example she gave her details and explained how she was feeling.
186. George Christou has said that Nicola Edgington was agitated, was hearing voices but answered the questions he asked her. The evidence shows that on the balance of probabilities Nicola Edgington was capable of understanding the questions therefore it is accepted that it was not an option for the officers to detain Nicola Edgington using the powers given to them under the MCA.

187. The evidence of the receptionist Sylvia Rogers showed that PC Phillips and PC Payne ascertained sufficient information to carry out a PNC check on Nicola Edgington, but it is clear from the PNC system that no one carried out a check on her until she was reported missing.
188. In view of the nature of the incident the officers were dealing with, it is concluded that they should have carried out a PNC check at some point. Had they done so they would have established Nicola Edgington's history for manslaughter which may have influenced their future decisions. Had the officers established her history and passed it to the staff at the A&E department this may have ensured that she was given a higher priority.
189. Once outside the mini cab office Nicola Edgington declined to go in the ambulance but agreed to go with the officers in their car to the hospital voluntarily. Although MPS policy advises officers not to take people to the hospital suffering from mental health issues voluntarily, the investigation finds that this was a reasonable course of action at that moment in time based on the information the officers had and the fact that they could not exercise their powers to detain her.
190. Nicola Edgington was then taken to Queen Elizabeth Hospital, Woolwich and was seen being booked in at reception. At that time there were no concerns. However once the officers left the building she followed them outside and had to be escorted back inside by PC Phillips when she tried to use a telephone to call a taxi. PC Phillips reassured her and finally left, although Nicola Edgington again followed PC Phillips outside but returned.
191. One reason the policy states that patients should not be taken to a hospital on a voluntary basis is because the use of the section 136 MHA Act power by police provides medical staff with the power to prevent a patient leaving the hospital. For this reason it is considered that PC Phillips and PC Payne could have justifiably used the section 136 power at the hospital when Nicola Edgington followed them outside.
192. At this time Nicola Edgington was in a public place, her behaviour showed

that she may have been suffering from a mental disorder and the fact that it appeared she would leave the hospital showed that it was in her own interests to be detained and needed care and control.

193. This is a subjective matter as the decision is based upon the officers' understanding at the time, however had the officers carried out a PNC check and been aware of Nicola Edgington's background their course of action may well have been different.
194. Once PC Phillips and PC Payne had left the hospital Nicola Edgington made comments to staff at the hospital which were concerning. This forms part of the review being carried out by the Oxleas review team and does not form part of the IPCC investigation terms of reference.
195. At 4.52am, 15 minutes after the officers had left the hospital Nicola Edgington called 999 and spoke to communications officer Curtis Lynn saying that she wanted police as the last time she felt like this she killed someone and that she was on a '37/41 ministry section'.
196. Curtis Lynn graded the call 'S' which meant that officers should attend within the hour. The control supervisor Tracie Ingram downgraded the call on the basis that the police had just left her at the hospital.
197. Twenty one minutes later at 5.13am Nicola Edgington made a second call during which she told communications officer Ian Rigby that she felt very scared and that her psychiatrist had said that when she feels like this she can be very dangerous. She furthermore asked Ian Rigby if he wanted her to hurt somebody here. She asked for the police to come and take her into custody as the hospital staff was not taking her seriously.
198. This was graded as an 'I' which was compliant with the policy but six minutes later downgraded by Phillip Rico-Lloyd as his colleague Abbi Denham made an entry stating '*R1N have not long left her at A&E At Locn after requesting to be taken to hosp*'. Once again the reason for the downgrade was because she was at a place of safety and had been with

officers.

199. However it is concluded that at this stage an officer should have been asked to return to the hospital or the hospital called and made aware of the calls. The nature of the calls was alarming enough to require action of some description.
200. Significantly during this call Nicola Edgington's full name and date of birth was recorded on the CAD which was forwarded to the IBO. A core function of the IBO is to '*provide fast time intelligence checks over and above critical police information (CPI) to CCC in support of operational staff deployed to incidents*' Taking into account the amount of contact Nicola Edgington had made with the police, and the content of the contact as shown on the various CADS sent to the IBO it considered that PS Finch, in his capacity as supervisor, could have ensured that the relevant checks, including PNC checks were carried out on Nicola Edgington although it is accepted that by the time her full details were recorded on a CAD officers were no longer deployed to the incident.
201. The third call was made at 5.21am and was classified as an 'S' grade which complied with policy because there was no immediate danger to life or serious injury or damage as Nicola Edgington was still at the hospital. This CAD was still open waiting for a unit to be assigned when fourth call came in at 5.27am which was passed to the CCC despatch staff member Phillip Rico-Lloyd.
202. Communications officer Bob Shaftoe who took the fourth call stated that he would call the hospital directly. With this update and confirmation that the hospital were being contacted Phillip Rico-Lloyd passed this to his supervisor as complete. His reason for this was that he knew if there were any issues the operator would find them out or a call would be made by the hospital requesting police.
203. When Bob Shaftoe called the hospital he established that hospital staff had the matter in hand and the hospital security staffs were observing

Nicola Edgington, therefore the third and fourth calls were downgraded to an R grade.

204. It is concluded that all of these actions were appropriate but had a PNC check been carried out, the CCC staff would have been aware of Nicola Edgington's history and could have notified hospital staff so that more urgency might have been applied to the situation. However, regardless Nicola Edgington was eventually seen by the appropriate medical staff who took her as a voluntary patient to the Oxleas centre.
205. At 7.19am Dr Idowu from the Oxleas centre made a 999 call and reported to the communications officer Dave Morrey that Nicola Edgington had absconded. Dr Idowu stated in this call that Nicola Edgington was not under 'section' at this time as she was compliant for assessment however should police find her and should she resist they should detain her under section 136 MHA.
206. The CAD entry confirmed that Dave Morrey noted from Dr Idowu that Nicola Edgington was convicted of manslaughter in 2007, that she was not under section at the time as she was compliant when she attended for mental health assessment but the doctor now felt that it may be that she needed to be 'sectioned'. Furthermore it was stated that if police/LAS found her and she was unwilling to comply then they should section her under 136 MHA and bring her straight back to Oxleas. Dr Idowu then provided the communications officer with her full name, date of birth and description.
207. Dave Morrey graded the call as an 'S' grade which meant that officers should attend within the hour. It could be argued that the grading should have been an 'I' an immediate response as the nature of the '*call required an officer to attend immediately*' a criteria within the policy. However regardless of the grading an officer was knocking on Nicola Edgington's flat door 20 minutes later. Overall the police response was quick and appropriate.

208. It is concluded that no officer or member of police staff had breached the police or police staff code of conduct, however the IPCC is critical of the fact that at no stage either when Nicola Edgington was at the mini cab office or hospital did PC Phillips and PC Payne conduct checks on her. The IPCC is also concerned that PS Finch in the IBO did not ensure that relevant checks were carried out on Nicola Edgington despite the fact that officers had left the hospital.
209. It is also concluded that once Nicola Edgington was at the hospital and had demonstrated her intention to leave, officers could have used the powers given under section 136 of the Mental Health Act, however it was also open to medical staff to take appropriate action had they considered it necessary.
210. In considering these findings it has to be remembered that Nicola Edgington was escorted by a nurse and a security guard from the accident and emergency department at Queen Elizabeth Hospital to Oxleas House. Whilst in the accident and emergency department she was seen and was assessed by a psychiatric nurse, a bed was being prepared for her and it was during the admission process that she subsequently left Oxleas House and committed her crimes.
211. The assessing nurse at Oxleas House was aware of Nicola Edgington's background but as she had agreed to an admission she was therefore an informal patient who was free to leave Oxleas House prior to admission to a ward.
212. Despite her history and state of mind at that time she was left unsupervised. The reasons for this do not form part of the IPCC investigation and are subject to a comprehensive investigation by the Oxleas NHS Foundation Trust.

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11 May 2012

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11 May 2012