IN THE MATTER OF THE SOUTHPORT INQUIRY PHASE 1

ALDER HEY CHILDREN'S NHS FOUNDATION TRUST'S OPENING STATEMENT

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1. Alder Hey Children's NHS Foundation Trust (AH) expresses its deepest condolences to the bereaved families and offers its concern and sympathy to all those involved in and who were victims of the attacks on 29th July 2024 or have suffered as a consequence.
2. AH's Opening Statement[1] will focus on the substantive issues relevant to AH namely: (i) the role of the Sefton Community Child and Adolescent Mental Health Services (CAMHS) in respect of AR; and (ii) the trauma responders and acute hospital clinicians who were involved with the treatment of Alice da Silva Aguiar.
3. AH welcomes the scrutiny of the Inquiry into both the service provided to AR and his family through Sefton CAMHS in the period December 2019 to April 2024 and the urgent clinical response to AR's egregious crimes of 29th July 2024.
4. AH is also committed to provide the Inquiry with any and all relevant evidence under its control to assist the Inquiry achieve its objectives under its terms of reference and, thereafter, to listen, learn and implement change where it is found to be needed. AH will approach this process entirely in accordance with the spirit and duty of candour and with a real desire to assist in any learning from the events that preceded the attacks and the clinical response to the attacks.
5. AH sees no point in citing or rehearing its extensive Rule 9 evidence (20 statements have been submitted) but will, selectively, refer to relevant events in analysing the two substantive issues identified above. AH is very close to finalising a report entitled 'Internal Learning Review into the care and treatment of AR by specialist

[1] Submitted in accordance with the SI Directions for Phase 1 Opening Submissions dated 18/8/25 and to be read in conjunction with the Chair's Opening Statement of 8/7/25 and the ToR's

Mental Health Services'[2] which will shortly be disclosed to the Inquiry. The report has been delayed pending the criminal and judicial processes relating to AR and then NHSE intervention as below in footnote 3.

6. The work and report of the internal review in no sense seeks to cut across any of the work of the Inquiry, but AH hopes that in fact it may be of assistance to the Inquiry.[3] The Learning Review has been undertaken following a nationally prescribed NHS process – the Patient Safety Incident Response Framework (PSIRF) – and the resulting report reflects that methodology and format.

SUBSTANTIVE ISSUE (1): THE CAMHS SERVICE AND AR

General introductory

7. CAMHS is a consensual specialist therapeutic health service provided by the NHS offering psychological assessment and therapy to young people (18 and under) experiencing mental health, behavioural or emotional issues. It is staffed by specialist social workers, mental health nurses, psychologists and psychiatrists, amongst others, and provides services which in Sefton was structured into three multi-disciplinary teams (MDTs). AR was assigned to MDT3 throughout the period of his involvement with the service. The fundamental purpose of CAMHS is to endeavour to improve the mental health presentation of the young person in the service and to work with family and carers to seek to achieve this goal. It has no forensic function, nor any function in respect of criminal justice, social care or schooling.

8. CAMHS' essential role, therefore, within the patient/clinician/key worker/occupational therapy/social worker regime is to help and provide care and therapy to assist the young person.

9. AR came to CAMHS' attention through a GP referral for anxiety in April 2019. AR was in fact not initially accepted into the service, but he and his family were redirected to the charity, Parenting 2000. AR was eventually accepted into CAMHS in December 2019 following an urgent CAMHS referral received from Mersey Care

[2] The review arises out of the national NHS Patient Safety Incident Reporting Framework 2024 that in turn is produced pursuant to AH's Patient Safety Incident Report Policy (RM 74)
[3] The Internal Review was in fact initially delayed by NHSE commissioning an external provider to undertake such a review and notified AH of this on 18 February 2025. On 31 March 2025 NHSE paused the external review pending this Inquiry. AH reinstated the internal review on 2nd April 2025

NHS Foundation Trust Criminal Justice Liaison Team (CJLT). That interaction lasted until August 2020 when no further appointments were made due to AR's disengagement and the determination that he was neither presenting with a mental disorder nor demonstrating a risk to himself or others. AR returned into the service following his ASD diagnosis in February 2021 and remained within CAMHS until he was discharged from a psychiatric perspective in April 2024 and discharged from CAMHS on 23rd July 2024. As discussed below, AR's engagement and participation in CAHMS had long been abandoned by then, but AH applied the normal practice to have AR remain open to CAMHS whilst his family were undergoing family therapy.

10. AR was never diagnosed with a mental health illness at any point during the course of his interactions with CAMHS. AR was only ever treated, and medicated, for anxiety.

11. The therapeutic relationship between a young person and CAMHS is by necessity founded on consent and a willingness to engage. AR's response to the service offered to him was, at best, inconsistent. Ultimately, AR's refusal to engage frustrated and fatally undermined his therapeutic relationship with the service. Given that AR had capacity (and at no stage lacked it) that was a decision that he was entitled, in law, to make and consistent with his disengagement with, amongst other things, his schooling.

<u>AR's treatment course and the steps taken to encourage AR to engage in the service.</u>

12. It should be noted that a significant part of AR's CAMHS pathway took place during the Covid-19 pandemic when health services were required to re-organise to deal with the public health emergency which necessitated the movement of the majority of appointments to virtual platforms, therefore adversely impacting on the ability of practitioners to engage with patients.

13. AR's initial presentation and interactions with CAMHS in 2019 into 2020 appeared tentatively positive, actively cooperating with his successive Case Managers.

14. AR personally engaged with his assigned consultant psychiatrist in July 2021, albeit to seek specific medication that he thought (and had researched) would help with his anxiety. This engagement continued through three further psychiatric

consultations[4] which AR attended, including one in-person consultation on 15 September, which resulted in the prescribing of sertraline, (an anti-depressant)- the medicine that AR and his family had requested, AR having been inconsistently medicating on the previously prescribed beta blocker (Propranolol).

15. By early 2022 matters were mixed.

16. AR engaged with his key worker, at home, from 11th January 2022 until 15th March 2022, working principally on AR addressing his social anxiety by leaving his home and interacting with the public by visiting local shops and McDonalds. However, AR abruptly disengaged and terminated his relationship with the key worker.

17. Psychiatric care continued, during a video consultation on 7th April 2022 with AR and his father they requested a different SSRI medication to that which had previously been prescribed. AH was subsequently informed that AR had stopped taking his prescribed medication on 20th April 2022. AR had failed to attend his new school (Presfield) from April 2022. A face-to-face consultation was conducted with AR's father present on 23rd May 2022. At which, both the consultant psychiatrist and the Case Manager were perturbed by AR's father's conduct and subsequent behaviour. AR's presentation caused real concern as to AR's physical presentation (significant weight loss), a lack of parental supervision and monitoring and the unilateral cessation of medication. As is standard, the treating psychiatrist produced a clinic letter of the same date (**AHCH000095**). AR's father took exception to its contents. His conduct and reactions caused both AR's Case Manager and treating psychiatrist to be removed from AR's care.

18. The succeeding psychiatrist eventually met with AR and his father on 1st August 2022 having attempted a home visit on 28th July at which AR refused to leave his bedroom and meet the visiting consultant. AR's weight issue appeared to have improved, and AR was prescribed a different SSRI (fluoxetine) which he welcomed. Further telephone consultations (1st September and 1st December) evidenced AR demanding specific medications for his anxiety state while failing to comply with the prescribed medicine regime and giving a misleading account of his compliance.

[4] Consultations on 15 September, 13 October and 15 November

19. The year ended with a rare in-person scheduled consultation on 29th December in which AR was seen (part of the time) alone. On the whole the consultation was positive viz AR's physical health and mental stability.

20. Unfortunately, 2023 saw the complete cessation of AR's cooperation with CAMHS.

21. Despite an early in person clinic attendance on 27th February 2023 and an abortive 27th March in person attendance which had to be cancelled by CAMHS, 2023 represented the decisive break with any effective engagement of AR with CAMHS practitioners, in spite of the continued efforts made by the service.

22. An indication of the impending breakdown was AR's stated perception of CAMHS as a mere conduit for the provision of medication through psychiatric interventions as declared to the fourth Case Manager by AR at a face-to-face meeting on 16th January 2023. The absence of AR's consent to engage with CAMHS, save as he wished and there being no issue over AR's capacity,[5] frustrated the delivery of any further care to the extent that the therapeutic relationship was effectively terminated and no further CAMHS appointments were provided.

23. AR's last direct contact with his consultant psychiatrist came shortly thereafter on 27th February 2023 when AR returned to an issue that had been raised on 16th January and inquired about being prescribed different medication. His prescription remained unaltered. However, the sought after medication (melatonin) was eventually prescribed on 16th May to help regulate AR's sleep/wake cycle. Notwithstanding AR seeking to be prescribed melatonin, he refused to speak to the psychiatrist on 16th May.

24. Indeed, AR never spoke to the psychiatrist again following 27th February consultation and refused thereafter to engage with the psychiatric appointments made for him on 3rd July, 18th September and deliberately absented himself from the family living room before a scheduled home visit on 25th September 2023 which AR had expressly assented to in lieu of his attendance on 18th September. This pattern of conscious disengagement caused the psychiatrist to doubt the efficacy of a continued role for psychiatry specifically and CAMHS generally as raised by a

[5] AR's dob is 7/8/06 and by this time he was 16 and was therefore deemed to have capacity under AH's Mental Health Capacity Act Policy (M69)

letter of 26th September 2023. AR was formally discharged from psychiatric care on 16th April 2024.

25. Thus, by **25th September 2023** AR had rejected all and any assistance that CAMHS could provide, instead deciding when to engage and being demanding of various medications.[6]

26. The below tables show the arc of reducing engagement by AR personally from 2019 up to his cessation of all contact in 2023:

CAMHS Appointment Types						
Type of Appointment	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
Telephone	0	6	7	9	0	0
Video	0	0	12	5	1	0
Face to Face	1	4	1	9	9	0
Home Visit	0	0	0	6	1	0
Unknown type	0	1	0	0	0	0
Cancelled – Parents	0	0	0	0	0	0
Cancelled – Service	0	0	0	1	0	0
Total Offered	**1**	**11**	**20**	**30**	**11**	**0**

The table below outlines AR's CAMHS appointment history between 2019 - 2024 (excluding Family Therapy, with which he also refused to engage):

CAMHS Appointments Attendance History							
Attendance History	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**Total**
AR and Parent/s attended	1	5	17	18	2	0	43

[6] The fact that AR's father continued contact with the psychiatrist seeking (and being provided with) a repeat prescription for melatonin on 11th December 2023 did not induce AR to engage

AR chose NOT to attend	0	5	3	10	11	0	29
Only AR's Parent's attended	0	3	3	7	4	0	17

27. Summarising the CAMHS appointments and compliance:

    2019 – AR had one appointment which he attended (100%)

    2020 – AR attended 5 of his 10 appointments (50%)

    2021 – AR attended 17 of his 20 appointments (85%)

    2022 – AR attended 18 of 28 appointments (64%)

    2023 – AR attended 2 of 13 appointments (15%)

    2024 – AR was not offered any appointments

<u>The family dynamic</u>

28. Whilst there are good grounds to characterise the parents of AR as playing a consistently unhelpful role in CAMHS's attempts to assist AR and his father was responsible for the termination of the then current clinician/case manager relationship in May 2022, it is instructive to note that CAMHS continued to provide family therapy (that AR never attended) from June 2022 through to April 2024.[7]

29. That therapy had a clear focus on AR and his ongoing condition and welfare.

<u>Risk assessments</u>

30. Three <u>formal</u> risk assessments were conducted and recorded on AR.[8]

31. In addition to which ongoing risk assessments (dynamic risk assessments) were carried out at each practitioner contact AR, with his parents or via information provided by other agencies.

<u>The MDT review mechanisms</u>

32. The detailed and extensive MDT review of AR and his family dynamic are not necessary to enumerate here, suffice to say that the MDT meetings provided ongoing key oversight of all relevant matters in connection with AR including family and schooling issues.

[7] On eight occasions: 22/6/22, 12/9/22, 28/3/23, 12/9/23, 7/11/23, 22/2/24, 16/4/24 and 23/4/24
[8] On 8/1/20, 22/2/24 and 23/7/24

Learning

33. The report generated by the 'Internal Learning Review into the care and treatment of AR by specialist Mental Health Services' is imminently to be issued. The Review considers AR's treatment pathway, his disengagement and discharge and goes on (by reference to highly detailed Terms of Reference) to analyse and report on the learning that AH takes from its Internal Learning Review (ILR). Once approved for publication, AH accepts in full its critique and recommendations as it does for the purposes of this Inquiry.

34. The report also provides details of the various actions taken to date by the Trust in response to the events.

35. AH hopes that the evidence of its witnesses from CAMHS will assist the Inquiry to explore important issues including the sufficiency of the assessment and response to 'risk' in the case of AR and (ii) the adequacy of existing procedures to both analyse and share relevant information to enable an appropriate and effective multi-agency response to 'risk', in the context of an individual demonstrating a capacity and/or intention to commit serious violent crime without having yet crossed the threshold to justify arrest or prosecution.

SUBSTANTIVE ISSUE (2): MEDICAL RESPONDERS FROM AH

The Evidence

36. AH anticipates that the evidence of its acute hospital clinician witnesses from the Emergency Department, surgical team and PICU will assist the Inquiry's consideration of the urgent, clinical response to AR's egregious crimes of 29th July 2024.

Learning

37. AH welcomes the opportunity to contribute to an examination into the quality of the clinical decisions taken and the standard of the treatment provided to the victims of AR's crimes, including whether there were any shortcomings in the nature or timing of that treatment.

38. AH undertakes to contribute with candour and transparency to the process of examining the emergency response to the events of 29th July 2024, its role within

that response and the identification of what could be changed, implemented or otherwise improved.

39. Clinicians from AH and the wider Northwest Children's Major Trauma Network have already undertaken a review of the major trauma care received by all the patients treated during the major incident response on 29th July 2024 entitled Review of Clinical Response to Southport Major Incident 29 July 2024: Outline of Recommendations and Opportunities for Shared Learning (**AHCH000244**).

40. The key objectives of which were to:

- Collaborate with relevant major trauma network stakeholders to obtain the necessary information required to conduct the review.
- Identify and disseminate lessons learnt regionally and nationally.
- Review the care of patients from initial triage through the major trauma pathway.
- Ensure that any identified learning is used in the development of future guidance and incorporated in the Clinical Response to Major Incidents.

41. Although the Terms of reference focussed on clinical care rather than the wider emergency response, it included recommendations on communication and coordination of the pre-hospital response and the different capabilities of enhanced pre-hospital teams in the UK. The Review addressed (i) the complexity of decisions as to how and where patients in major incidents are transported and (ii) the potential improvements in the support that could be afforded to local teams through better communication including teleconferencing.[9]

42. As a consequence of the learning gained, AH has revised its systems and training for medical and nursing staff with regard penetrating trauma.

43. Further, AH has held Trust wide incident debriefs following the Southport incident which have been used to further update the Major Incident plan. These have recently been tested in a tabletop exercise on 4th July 2025, the corresponding report of this is yet to be produced.

[9] It is anticipated that this issue will be addressed in an updated NHS England Major Trauma Centre service specifications which are currently being revised

44. However, AH recognises that the Inquiry will wish to further explore whether and where there is scope to further improve the emergency response to major incidents and welcomes the opportunity to contribute to the process, to hear the observations and suggestions of other Core Participants and to receive and adopt any learning.