

# HM CORONER DERBY & SOUTH DERBYHIRE



## Summing up heard at the inquest into the deaths of Halimah Ahmed and Khalid Peshawan

The evidence heard in court concerning the deaths of Halimah Ahmed and Khalid Peshawan has been heard simultaneously but the law dictates that these are two separate inquests. An inquest into the death of Miss Ahmed and an inquest into the death of Mr Peshawan.

There may be some evidence of similar fact that is common to both deaths, however each has its own distinct set of facts, peculiar to that specific person. Therefore I intend to deal with each death separately in summarising the evidence and reaching a verdict.

I would like to begin with the inquest into the death of Miss Ahmed.

Dr Bouch the Forensic Pathologist gave evidence as to the post mortem findings of Miss Ahmed and stated the medical cause of death to be:

- 1(a) Suffocation
- II. Head injury

With no other evidence to the contrary I would find as a fact the medical cause of death In Halimah Ahmed to be:

- 1(a) Suffocation
- II. Head injury

I will now proceed to summarise the evidence as to how Miss Ahmed came by her death.

We have learned from witness that knew Halimah that she was a happy, bubbly and outgoing girl. She had performed well at school and had started university.

Some time prior to going to university she had an association with Khalid Peshawan. Halimah had told Mr Hussain that on one occasion while walking home she had been followed in a car by a male she described as looking Kurdish. Mr Hussain informed the court that the next week that Halimah was receiving anonymous phone calls and believed the person to have a foreign accent.

Halimah had also told her friend Rachel Thompson that one evening whilst driving in her car she had been followed by a male driving in the car behind her.

It is not possible from the evidence to state with any certainty that this was Mr Peshawan.

The court has learned from the evidence of Danielle Simpson that Halimah had met Mr Peshawan at a shop in Normanton that she and Halimah used to pass by.

Dana Besami in evidence stated that there had been. Mr Peshawan stated that he had thoughts about contemplating taking his own life.

Mr Besami was concerned and contacted his tutor Janet Fuller to talk to Mr Peshawan. Mrs Fuller stated in evidence that Mr Peshawan talked about taking his own life as he loved a young woman and could not see her any more. She described him as talking a lot and felt that his speech was measured and that he was in some degree of control.

In evidence Danielle Simpson stated that she had met "Pesh" a few time when he was with Halimah, he had been talking of marriage, however Miss Simpson informed the court that Halimah wanted to concentrate on her University studies. She described "Pesh" as being jealous toward Halimah and that sometimes Miss Simpson felt uncomfortable in his presence. She continued by stating that Halimah wanted her to be there for support, although she stated that Halimah had never expressed any concerns regarding fear or violence in regard to "Pesh".

The court was informed by Halimah's father that on the 26<sup>th</sup> November 2007 the family had returned form a weekend trip to London and that Halimah was in her bedroom talking to a university friend organising course work. Mr Ahmed had gone out to work leaving Halimah at home. At some point after that Halimah had left the house. In the afternoon Halimah had contacted her mother asking her to pick up her brother from school.

Halimah did not return home that evening and despite numerous phone calls to her from her family there was no answer and Mr Ahmed stated that this was very unusual. As the evening progressed the family became more concerned and contacted the police to report Halimah missing.

We heard in evidence from Miss Libby that she was at her mother's house on the evening of the 26<sup>th</sup> November 2007 and she described how the house looked on to the backs of houses in Moore Street.

Miss Libby stated in evidence that at 22:30 hours she heard high pitched loud screaming coming from the direction of Moore Street. She described this as a woman screaming. She continued in her evidence by stating that this had gone on for two to three minutes then had gone silent.

Nurse Karen Stone stated to the court that when she had assessed Mr Peshawan he had stated that he was concerned about losing control of his temper and that he was afraid that he may hurt his close friends. In her risk assessment of Mr Peshawan on the 1<sup>st</sup> of November 2007 she had scored him as having a significant risk of violence towards others.

Mr Ali, the brother of Mr Peshawan stated in evidence that he knew his brother to be violent on a number of occasions and his criminal record demonstrated that in September 2003 he was convicted at crown court for grievous bodily harm. These two pieces of evidence would suggest that Mr Peshawan had a propensity to violence.

We will never know the exact nature of the relationship between Halimah and Mr Peshawan. Mr Peshawan regarded her as his girlfriend and they met with each other by mutual consent on numerous occasions over a period of time up until February 2007. Halimah was in her late teens when they became associated. Halimah was intelligent and grew up in a protective and happy family environment. It is to be noted that Mr Peshawan was some twelve to thirteen years older than Halimah and his reasons for leaving Iraq, if true, would suggest that he was not without experience.

It is possible that due to his greater age and Halimah's lack of experience of the world he could have exerted a controlling influence over her.

However what is established fact is that they had arranged to meet at his house at 21 Moore Street. It is not known who contacted who but as Halimah's car was parked opposite she had driven herself there.

From the forensic and post mortem evidence I would find as a fact that an altercation took place within the house, Halimah was grabbed and her head was struck against a hard surface. This had stunned her or rendered her unconscious. While in this dazed state a pillow case was stuffed into her mouth and throat and she suffocated as a result.

Having considered all of the evidence surrounding how Halimah came by her death I am of the opinion that accidental death or misadventure is not supported by any of the evidence and the only verdict that I feel is appropriate in this case is one of unlawful killing.

I reach this verdict for the following reasons:

Unlawful Killing is a generic term that encompasses all forms of homicide including murder, manslaughter and infanticide. Clearly infanticide does not apply to Halimah's death and therefore I only have to consider the law of murder and manslaughter.

Murder is a common law offence defined as the unlawful killing of a human being under the Queen's peace with malice aforethought.

A number of elements to the offence must be proven beyond reasonable doubt. That is to say I must be sure.

The first element to consider is was the killing unlawful? Killing of another person in certain circumstances can be lawful, for example killing of a combatant in war, judicial execution or self defence. The first two examples do not apply in this case. Did Mr Peshawan kill Halimah in self defence. There is no evidence to suggest that he was defending himself from an attack and therefore I am satisfied beyond reasonable doubt that the killing was unlawful.

Malice aforethought does not imply that the killing was malicious or premeditated. It is an archaic legal term defined as intent to kill. I must be satisfied beyond reasonable doubt that Mr Peshawan intended to kill Halimah or cause her grievous bodily harm.

We know from the evidence that her head was struck against a hard surface. He may have intended this or it may have occurred inadvertently in a struggle. Even if it was done deliberately it does not necessarily imply that he intended death as a result.

However a pillow case was then stuffed down her throat and she died as a result. This may be considered evidence suggesting intention to kill. Or at least the assailant foresaw the possibility of harm and even perhaps the possibility of death resulting from his actions.

Before I can be satisfied that Mr Peshawan had the necessary intent I must consider his mental state and did that in anyway diminish his responsibility.

Section 2(1) of the Homicide Act 1957 defines diminished responsibility as:

*"Where a person kills or is a party to a killing of another, he shall not be convicted of murder if he was suffering from such abnormality of mind (whether arising from a condition of arrested or retarded development of mind or any inherent causes induced by disease or injury) as substantially impaired his mental responsibility for his acts or omissions in doing or being a party to the killing."*

Diminished responsibility has only to be proven on the balance of probabilities, a lesser standard of proof than that of beyond reasonable doubt. That is to say it is more likely than not that the defendant was suffering from such abnormality of mind as to substantially impair his mental responsibility for his acts or omissions.

We know that Mr Peshawan was under psychiatric care with a diagnosis of post traumatic stress disorder and his behaviour has been described as impulsive. Witnesses have informed the court that on and around the 26<sup>th</sup> of November 2007 he was agitated and confused. As Mr Peshawan died, no formal psychiatric assessment could be made at the time of the killing. If it was accepted that he had an abnormality of mind did it substantially impair his mental responsibility?

We know from the evidence that Mr Peshawan on the 26<sup>th</sup> of November 2007 was able to go about town meet with friends and attend his solicitor's to discuss the formulation of his will. For these reasons I would find as a fact that there was no substantial impairment and I am therefore satisfied beyond reasonable doubt that he had the necessary intent.

I therefore do not need to continue to consider the law of manslaughter and my verdict would be that Halimah Ahmed was unlawfully killed.

Turning now to the circumstances surrounding Mr Peshawan's death We know from Dr Bouch that a post mortem he had residue of Paracetamol and aspirin in his stomach and a lethal level of Paracetamol in his blood. However he was found dead suspended by a ligature at 21 Moore Street and obviously had died as a result of the hanging before he could suffer from the effects of the Paracetamol toxicity. Dr Bouch was satisfied that there was no further evidence from the body to suggest that any third party was involved in the hanging. Dr Bouch stated the medical cause of death to be

1(a) Hanging.

With no evidence to the contrary I find as a fact that the medical cause of death in Khalid Peshawan to be:

1(a) Hanging

Mr Peshawan was an Iraqi national who applied for asylum in 2000. He was served with a notice for deportation dependant on subsequent inquiries. He was then given temporary leave to remain and then permanent leave to remain. We know that he was convicted under section 20 of the Offences against the Person Act 1861, for which he received a non custodial sentence. The Home Office had been notified of the conviction but under Home Office regulations at that time, as he had not served a custodial sentence he did not meet the threshold for deportation.

On the 12<sup>th</sup> April 2007 he was seen at his GP practice with symptoms of depression and was commenced on antidepressants. On review there was no real change and on the 26<sup>th</sup> June 2007 he was referred to Adult Mental Health Services.

From the 16<sup>th</sup> October he had been assessed and reviewed by Nurse Stone. On the 26<sup>th</sup> September Nurse Stone requested an assessment of Khalid under the Mental Health Act. This did not take place due to the inability to find an Approved Social Worker or a doctor for a medical recommendation. Nurse Stone on the 28<sup>th</sup> of September had grave concerns about his mental Health. Nurse Stone arranged for him to be seen by a consultant psychiatrist Dr O'Brady-Henry on the 1<sup>st</sup> October 2007. He was assessed again by Dr O'Brady-Henry on the on the 15<sup>th</sup> October 2007 and after leaving clinic he refused a lift home from Nurse Stone and suggested that he would be disengaging from services. Nurse Stone reported this Dr O'Brady-Henry who completed her medical recommendation for detention for assessment under the Mental Health Act. Again this recommendation was abandoned due to difficulties in obtaining an Approved Social Worker. Later that evening Brian Moss from social care and Dr Khola attended the address that Mr Peshawan was residing at but he was not present. The police were informed and the police eventually made contact with Mr Peshawan by telephone and it is reported that he did not want to speak to anyone. His whereabouts still being unknown.

Khalid was assessed on the 18<sup>th</sup> October 2007 by Dr Allen and Dr O'Brady-Henry, but again no Approved Social Worker was available to complete the assessment. However both Doctors were of the opinion that Khalid was not detainable at that time in any case.

Nurse Stone informed the court that Khalid had failed to keep appointments, particularly in the later weeks prior to his death. She last saw him on the 15<sup>th</sup> November 2007 when he turned up at her office where she described him as being very angry and requesting a letter to explain his non attendance at court. There would appear to have been no further psychiatric involvement with Khalid after that.

Dr Allen stated that Mr Peshawan had been registered with the practice since 2000 and had not presented with any mental health issues until April 2007 where he presented with feelings of low mood and anxiety. He was commenced on antidepressants at that time. He was referred to mental health services by Dr Allen on the 26<sup>th</sup> June 2007. It was noted by Dr Allen that Mr Peshawan was never violent or aggressive while in the surgery and always came across as pleasant and spoke good English.

Dr Allen confirmed that he was present on the 18<sup>th</sup> of October along with Dr O'Brady-Henry and nurse Stone. Nurse Stone had previously expressed her concerns to Dr Allen concerning Khalid when she had a telephone conversation with him a few days prior to the meeting of the 18<sup>th</sup> October. Dr Allen was unaware that Khalid had been accompanied by a friend. During his assessment of the 18<sup>th</sup> October Dr Allen was of the opinion that Khalid was not detainable under the Mental Health Act.

Dr O'Brady-Henry had assessed Mr Peshawan on the 1<sup>st</sup> October 2007 and assessed him as low to moderate risk of harm to self and low risk of harm to others in a letter to Dr Allen, although this is not recorded in the clinical notes. Her clinical notes reflect her inquiries into suicide / self harm risk but there is nothing written in the notes reflecting any inquiries about risk to others.

Mr Peshawan is then seen again by Dr O'Brady-Henry on the 15<sup>th</sup> October 2007 where she is of the opinion that he is suffering from post traumatic stress disorder, social problems in crisis, recent bereavement and unresolved psychological issues with some unhelpful personality traits.

Dr O'Brady-Henry did not think these traits extended as far as anti-social personality disorder but did involve a degree of manipulation. She stated that these traits could hinder any psychological therapies that were offered to treat the post traumatic stress disorder.

Mr Peshawan was sent home from that clinic with out patient follow up and CPN support.

However on leaving the clinic things were stated to Nurse Stone by Khalid which caused her concern. She discussed this with Dr O'Brady-Henry and Dr O'Brady-Henry completed one of the medical recommendations for detention under section 2 of the Mental Health Act. There was an initial delay in obtaining an Approved Social Worker. However later that evening an out of hour's doctor and an Approved Social Worker made attempts to locate and assess Mr Peshawan.

Dr O'Brady-Henry stated in evidence that she had no recollection of seeing the FACE assessment of Khalid made by Nurse Stone on the 1<sup>st</sup> November 2007. This assessment had scored Mr Peshawan as of being a significant risk of violence to others and a serious risk of self harm, suicide and self neglect.

No action appears to have been taken in relation to this assessment and Dr O'Brady-Henry had no further contact with Mr Peshawan after the 18<sup>th</sup> October 2008.

The mental health staff were unaware of Mr Peshawan's previous conviction but had been informed by the probation service that this was for affray where in fact he had been convicted of a section 20 offence under the Offences Against the Persons Act 1861.

Dr O'Brady-Henry stated that this would not alter her assessment or management of Mr Peshawan.

The court heard evidence from Mrs Lane of the findings of the Trusts Internal Inquiry. I would state at this point that I will have to exercise a degree of caution when I assess the value of the evidence of that report. As I referred to in the course of hearing the evidence, I have concerns regarding the validity of the conclusions. Dr McCance had reviewed the medical notes and found nothing untoward. It was unfortunate that Dr McCance was also a member of the panel interviewing staff and was a co-author of the report. A set of circumstances in which I must question the independence and impartiality of the report.

It would have been prudent for a consultant psychiatrist within the Trust and not connected with the inquiry to review the notes and provide a report to the inquiry.

In the executive summary there is a conclusion that the actions of Mr Peshawan could not have been predicted. I would agree to a limited extent that the magnitude of Mr Peshawan's actions could not have been predicted. However there was clear documentation that Mr Peshawan felt that he could not control his anger and that he feared that he may cause harm to his close friends. The FACE assessment on the 1<sup>st</sup> November scored him as a significant risk of violence to others. Therefore there is evidence that Mr Peshawan posed a risk of some harm to others and this should have been appreciated by the staff.

I have not been convinced by any evidence given to the court over the last two days that this assessment was followed up or even acknowledged by persons in a position to act. Emphasis appeared to be placed on suicide risk and it would appear that the risk to others was ignored.

The report highlighted three areas where there could be improvement:

- 1) Changes to the Approved Social Worker duty rota.
- 2) Recording issues within the crisis team notes.
- 3) Place of safety and wellness checks.

I would find that the issues regarding crisis team documentation as an isolated event and had no influence on the outcome of Mr Peshawan's actions.

The issue for police safety checks was for staff education and had no operational bearing on the out come.

The ASW duty rota is a significant finding and has a bearing on the smooth and efficient operation of the Mental Health Act assessment process.

I have to ask myself had Mr Peshawan been assessed by two medical referees and an ASW and was detained in hospital under the Act would the outcome have been prevented.

Evidence was heard that on the 18<sup>th</sup> October Mr Peshawan was assessed by Dr Allen as the second referee to Dr O'Brady-Henry's medical recommendation. No ASW was present at that assessment. It was decided that at that stage Mr Peshawan was not deemed to be detainable under the act.

The court heard evidence that it is best practice that assessments take place with all relevant persons present.

I have to ask myself what if Dr Allen and Dr O'Brady-Henry had found that Mr Peshawan was detainable on the 18<sup>th</sup> October and had completed the medical recommendations. In the absence of an ASW to complete the detention process how would they have prevented Mr Peshawan leaving and going into hiding.

On another two occasions there were delays in obtaining an ASW, although we are informed that when an ASW was available they spoke to Mr Peshawan on the telephone. He stated that he was fine and in any case he was not at home. The ASW had no way of telling whether he was at home or not. It would have been prudent to make a home visit. It may have resulted in a negative finding. However it would have been demonstrated that all reasonable steps had been taken to facilitate the Mental Health Act assessment.

Although on the 18<sup>th</sup> October it was decided that Mr Peshawan was not detainable. It is unknown what the outcome of the other two assessments would have been if they had taken place, or indeed if he had been assessed by all necessary parties on the 18<sup>th</sup> October when Dr O'Brady-Henry had made her recommendation.

Had Mr Peshawan been detained a full assessment would have been undertaken by the ward staff, both medical and nursing and the issues that have been the subject of much debate during the course of these inquests may have become apparent.

The evidence would suggest in the last weeks of his life Mr Peshawan's behaviour was becoming increasingly chaotic and stressful. He was openly displaying signs of anger and agitation at the very time when he was disengaging himself from psychiatric services. A situation in which I find that it would be highly unlikely that Mr Peshawan would have entered hospital on a voluntary basis. This situation in my opinion was begging for assessment and admission.

I have a degree of sympathy for nurse Stone who realised on a number of occasions that Mr Peshawan was in obvious need of help and had made several attempts to have him assessed under the Mental Health Act. Despite her efforts these did not occur and management was deferred to community nurses. The evidence offered by the Trust would appear to suggest that ASW's were available. If that was the case then the core issue is the inordinate time delay in ASW's making themselves available for assessment purposes.

I would find as a fact that had Mr Peshawan been admitted to hospital either as a voluntary patient or more likely as a detained patient and a full and comprehensive assessment made over a period of time, then on the balance of probabilities the tragic events occurring when they did on the 26<sup>th</sup> or 27<sup>th</sup> of November would have been avoided.

With regard to my verdict in respect of Mr Peshawan I feel that there are a number of complex issues and a traditional short form verdict would not fully reflect the nature of his death. I therefore propose to return a narrative verdict as follows.

*“Khalid Peshawan was diagnosed as suffering from post traumatic stress disorder and depression and was under the care of Mental Health services. He had stated to numerous staff that he intended to take his own life and it is documented in the notes that he was afraid of harming his close friends. A FACE risk assessment on the 1<sup>st</sup> November 2007 scored him as having a significant risk of harm to others and a serious risk of suicide, self harm and self neglect. No effective measures were taken to address the issues of this FACE assessment.*

*On a number of occasions requests were made for a Mental Health Act assessment but due to the non availability of an Approved Social Worker or the delay in obtaining an Approved Social Worker these assessments did not take place and management was deferred to community treatment teams.*

*On the 15<sup>th</sup> October 2007 his consultant psychiatrist completed the first medical recommendation for detention under the Mental Health Act, however the second medical assessment did not take place until the 18<sup>th</sup> of October with no Approved Social Worker Present. It was decided by both doctors on that occasion that Mr Peshawan was no longer detainable.*

*During the last few weeks of his life his behaviour was becoming more chaotic and stressful, displaying signs of anger and agitation and he was disengaging more and more from psychiatric services.*

*On the 27<sup>th</sup> November 2007 Khalid Peshawan was found dead at his home address of 21 Moore Street, Derby. He had taken his own life by ingesting a quantity of Paracetamol and aspirin and had hung himself in the living room with an electric cable and died as a result of the hanging.”*