

SOLICITORS DISCIPLINARY TRIBUNAL

IN THE MATTER OF THE SOLICITORS ACT 1974

Case No.12406-2022

BETWEEN:

SOLICITORS REGULATION AUTHORITY LTD

Applicant

and

JOHN BLAVO

Respondent

Before:

Mr W Ellerton (in the Chair)

Ms A E Banks

Mr A Lyon

Date of Hearing: 13 and 14 March 2023

Appearances

Andrew Tabachnik KC, counsel of 39 Essex Chambers, 81 Chancery Lane, London WC2A 1DD instructed by Capsticks LLP, 1 St George's Street, Wimbledon, London SW19 4DR for the Applicant.

The Respondent did not attend and was not represented.

JUDGMENT

Allegations

1. The allegations made against the Respondent by the Solicitors Regulation Authority Limited (“SRA”) were that while in practice as the director, senior partner, COLP, COFA and sole shareholder of Blavo & Co Solicitors Limited (“the Firm”):
 - 1.1 in June 2015, he provided, or facilitated and/or encouraged, the provision of falsified documents to the Legal Aid Agency (“LAA”), including but not limited to client files, medical reports and tribunal decisions, thereby acting in breach of Principles 1, 2 and 6 of the SRA Principles 2011 (“the Principles”), in relation to the following alleged clients of the Firm:
 - (1) Patient 1;
 - (2) Patient 2;
 - (3) Patient 3;
 - (4) Patient 4;
 - (5) Patient 5;
 - (6) Patient 6;
 - (7) Patient 7;
 - (8) Patient 8;
 - (9) Patient 9;
 - (10) Patient 10;
 - (11) Patient 11;
 - (12) Patient 12;
 - (13) Patient 13;
 - (14) Patient 14.
 - 1.2 in June 2015, he encouraged and/or gave instructions for and/or participated in the production of falsified documents, including but not limited to client files, medical reports and tribunal decisions, thereby acting in breach of Principles 2 and 6 of the Principles, in relation to each of the 14 alleged clients of the Firm listed in Allegation 1.1.
 - 1.3 on an unknown date between about January 2013 and October 2015, he encouraged and/or gave instructions for the falsification of documents regarding both (alternatively one of) Patient 28 and Patient 29, thereby acting in breach of Principles 2 and 6 of the Principles.
- 2 Dishonesty and in the alternative recklessness were alleged with respect to each part of Allegations 1.1, 1.2 and 1.3, but were not essential ingredients to prove any Allegation.

Executive Summary

3. The Tribunal found all allegations against Mr Blavo proved in their entirety, including that his conduct had been dishonest. Having found dishonesty, the Tribunal did not consider whether his conduct had been reckless (recklessness having been pleaded in the alternative to dishonesty). The Tribunal’s reasoning can be found here:
 - [Allegation 1.1](#)
 - [Allegation 1.2](#)

- [Allegation 1.3](#)

Sanction

4. The Tribunal determined that the only appropriate sanction was to strike Mr Blavo off the Roll. The Tribunal's sanctions and its reasoning on sanction can be found here:

- [Sanction](#)

Documents

5. The Tribunal reviewed all the documents submitted by the parties, which included (but was not limited to):
 - Rule 12 Statement and Exhibit JTC1 dated 18 November 2022
 - Respondent's Answer and Exhibits dated 18 December 2022
 - Applicant's Schedule of Costs dated 6 March 2023

Preliminary Matters

6. Application to proceed in the Respondent's absence

- 6.1 Mr Blavo did not attend the hearing and was not represented. Mr Tabachnik KC applied for the case to proceed in his absence, pursuant to Rule 36 of the Solicitors (Disciplinary proceedings) Rules 2019 ("SDPR"), which provided:

“If a party fails to attend and is not represented at the hearing and the Tribunal is satisfied that notice of the hearing was served on the party in accordance with these Rules, the Tribunal may hear and determine any application and make findings, hand down sanctions, order the payment of costs and make orders as it considers appropriate notwithstanding that the party failed to attend and is not represented at the hearing.”

- 6.2 Mr Tabachnik KC referred the Tribunal to correspondence with Mr Blavo which demonstrated that he was aware of the proceedings and the hearing date. The proceedings papers were served on Mr Blavo by the Tribunal on 22 November 2022 via email. Those papers included the Tribunal's Standard Directions, notifying Mr Blavo of the date of the hearing and also requiring him to file and serve his Answer by 20 December 2022. On 18 December 2022, Mr Blavo emailed the Tribunal and the Applicant attaching his response to the Rule 12 Statement.
- 6.3 In an email to Mr Blavo dated 19 December 2022, the Applicant reminded him of the hearing dates and advised him as to the need to provide means information. Attached to the email was a template personal financial statement document. On 5 January 2023, Mr Blavo filed and served his personal financial information.
- 6.4 In his Answer Mr Blavo stated that he denied all allegations but that he did not wish to contest any of the allegations. He asked the Tribunal to note that he did not have any means with which to pay any costs order sought as he had been made bankrupt and was

the subject of a worldwide freezing order. He had no income or savings and further did not have a bank account.

- 6.5 Mr Tabachnik KC submitted that the clear inference to be drawn was that Mr Blavo had voluntarily chosen not to attend the hearing. There was no medical or other reason proffered by him for his failure to attend. Mr Tabachnik KC referred to the principles in GMC v Adeogba [2016] EWCA Civ 162.
- 6.6 The Tribunal firstly considered whether service had been effected in accordance with Rule 44 of the SDPR and determined that the proceedings had been served in accordance with the SDPR on 22 November 2022 via email. It was clear that Mr Blavo was in receipt of the proceedings papers (and thus had received notice of the hearing date) given that he had filed and served his Answer in accordance with the Tribunal's Standard Directions. Accordingly, Rule 36 was therefore engaged.
- 6.7 The Tribunal paid significant regard to the comment of Leveson P in Adeogba, namely that in respect of regulatory proceedings there was a need for fairness to the regulator as well as a Respondent. At [19] he stated:
- “... It would run entirely counter to the protection, promotion and maintenance of the health and safety of the public if a practitioner could effectively frustrate the process and challenge a refusal to adjourn when the practitioner had deliberately failed to engage with the process. The consequential cost and delay to other cases is real. Where there is good reason not to proceed, the case should be adjourned; where there is not, however, it is only right that it should proceed.”
- 6.8 Leveson P went on to state at [23] that discretion must be exercised “having regard to all the circumstances of which the Panel is aware with fairness to the practitioner being a prime consideration but fairness to the GMC and the interest of the public also taken into account.”
- 6.9 The Tribunal was cognisant of the fact that the principles identified in Adeogba were affirmed by the Court of Appeal in GMC v Hayat [2018] EXCA Civ 2796.
- 6.10 The Tribunal determined that it was clear that Mr Blavo had chosen not to attend the hearing. He was aware of the hearing date and had communicated with both the Applicant and the Tribunal regarding the proceedings. It could be inferred from his Answer that he did not intend to attend the hearing; Mr Blavo had invited the Tribunal to strike him off the Roll without the need for a hearing as he did not intend to contest the allegations.
- 6.11 The Tribunal was satisfied that in this instance Mr Blavo had chosen voluntarily to absent himself from the hearing. It was in the public interest and in the interests of justice that this case should be heard and determined as promptly as possible. There was nothing to indicate that Mr Blavo would attend a hearing if the case were adjourned. In light of the circumstances, the Tribunal found that it was just to proceed with the case, notwithstanding Mr Blavo's absence.

7. Application to amend the Rule 12 Statement

- 7.1 Mr Tabachnik KC applied to amend allegation 1.1. The Legal Aid Agency had been mis-named as the Legal Aid Authority. Mr Blavo had taken no issue with this in his Answer, and did not suggest that he failed to understand the case as he had had no dealings with a Legal Aid Authority.
- 7.2 The Tribunal determined that there would be no prejudice to Mr Blavo in granting the application at this stage. The case he faced remained the same and the change of the name to correctly identify the LAA did not alter the allegations he faced. The Tribunal determined that the amendment should be made in the interests of accuracy. It further determined that it was not contrary to justice and fairness to allow the amendment. Accordingly, the application to amend allegation 1.1 was granted. Allegation 1.1 above reflects the granting of the application.

Factual Background

8. Mr Blavo was a solicitor, having been admitted to the Roll in 1997. He was at the material times the senior partner of the Firm, a director of the incorporated practice and the sole beneficial owner of shares in the Firm. He was also, according to the SRA's records, the Firm's Managing Partner. In addition, at the material times, Mr Blavo was the Firm's COLP, COFA, MLRO and complaints officer.
9. His Practising Certificate for 2015/16 was suspended upon the Applicant's intervention into his (and the Firm's) practise in October 2015, and subsequently lapsed. He has not subsequently applied for or been granted a Practising Certificate.
10. The Firm was incorporated on 29 June 2011, and it took over Mr Blavo's then existing business. The Firm's last set of audited accounts prior to its liquidation were for the year dated 31 March 2014. Those accounts stated that in the relevant year the Firm's pre-tax profit was £1,778,626 (on turnover of £11,115,551), and that during the period in question the "director's loan" in Mr Blavo's favour (created by the recognition of goodwill upon incorporation) reduced by over £1.1 million.

Witnesses

11. No witnesses gave oral evidence. The written evidence of the witnesses is quoted or summarised in the Findings of Fact and Law below. The evidence referred to will be that which was relevant to the findings of the Tribunal, and to facts or issues in dispute between the parties. For the avoidance of doubt, the Tribunal read all of the documents in the case. The absence of any reference to particular evidence should not be taken as an indication that the Tribunal did not read or consider that evidence.

Findings of Fact and Law

12. The Applicant was required to prove the allegations on the balance of probabilities. The Tribunal had due regard to its statutory duty, under section 6 of the Human Rights Act 1998, to act in a manner which was compatible with Mr Blavo's rights to a fair trial and to respect for his private and family life under Articles 6 and 8 of the European Convention for the Protection of Human Rights and Fundamental Freedoms.

Dishonesty

13. The test for dishonesty was that set out in Ivey v Genting Casinos (UK) Ltd t/a Crockfords [2017] UKSC 67 at [74] as follows:

“When dishonesty is in question the fact-finding Tribunal must first ascertain (subjectively) the actual state of the individual’s knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the factfinder by applying the (objective) standards of ordinary decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest.”

14. When considering dishonesty, the Tribunal firstly established the actual state of the Respondent’s knowledge or belief as to the facts, noting that the belief did not have to be reasonable, merely that it had to be genuinely held. It then considered whether that conduct was honest or dishonest by the standards of ordinary decent people.

Integrity

15. The test for integrity was that set out in Wingate and Evans v SRA and SRA v Malins [2018] EWCA Civ 366, as per Jackson LJ:

“Integrity is a useful shorthand to express the higher standards which society expects from professional persons and which the professions expect from their own members ... [Professionals] are required to live up to their own professional standards ... Integrity connotes adherence to the ethical standards of one’s own profession”.

Recklessness

16. The test applied by the Tribunal was that set out in R v G [2003] UKHL 50 where Lord Bingham adopted the following definition:

“A person acts recklessly...with respect to (i) a circumstance when he is aware of a risk that it exists or will exist; (ii) a result when he is aware of a risk that it will occur and it is, in the circumstances known to him, unreasonable to take that risk.”

17. This was adopted in the context of regulatory proceedings in Brett v SRA [2014] EWHC 2974 (Admin).

18. **Allegation 1.1 - In June 2015, Mr Blavo provided, or facilitated and/or encouraged, the provision of falsified documents to the LAA, including but not limited to client files, medical reports and tribunal decisions, thereby acting in breach of Principles 1, 2 and 6 of the Principles, in relation to the following alleged clients of the Firm: Patients 1 – 14.**

Allegation 1.2 - In June 2015, Mr Blavo encouraged and/or gave instructions for and/or participated in the production of falsified documents, including but not limited to client files, medical reports and tribunal decisions, thereby acting in breach of Principles 2 and 6 of the Principles, in relation to each of the 14 alleged clients of the Firm listed in Allegation 1.1.

The Applicant's Case

- 18.1 At the material time, the Firm held a contract with the LAA covering the period from 1 August 2014 for 3 years in the following areas of law: mental health, crime, community care, debt housing immigration, family and mediation. The Firm operated from a number of locations throughout the UK.
- 18.2 Under the terms of its contract with the LAA, the Firm was entitled to claim three levels of fees for mental health work, which was funded by the LAA depending on the type of work done:
- £129 + VAT for Level 1 work (namely, advice and assistance);
 - £321 + VAT for Level 2 work (namely an application for a Mental Health Tribunal); and
 - £294 + VAT for Level 3 work (namely, advocacy at a Mental Health Tribunal).
- 18.3 The total which could accordingly be claimed in the event of a Firm attending a Mental Health Tribunal was £744 + VAT (a total of £892.80), plus disbursements.
- 18.4 Pursuant to the terms of the Firm's contracts with the LAA, all claims made to the LAA must be true, accurate and reasonable. In order to be paid by the LAA for Mental Health Work the Firm was required to submit claims using a system called LAA online (also commonly referred to as "CWA") on a monthly basis. Each month the value of all claims was combined to give an overall payment figure, the payment figure was then verified and adjusted by the LAA's Reconciliation Team, with the LAA's finance team then making the payment. Payment for Mental Health work was always done by the LAA two months in arrears from when the work had been completed, and the deadline for submission was always the 20th of each calendar month. Specific codes had to be used when the Firm submitted claims to the LAA depending on the work being claimed.
- 18.5 Claims to the LAA were submitted by Fred Blavo ("FB"), Mr Blavo's brother. He was at all material times the Practice Manager of the Firm. He was not, (and had not at any time been), an admitted person.
- 18.6 A claim for an appearance at a Mental Health Tribunal could be submitted to the LAA through the provision of limited case details, and without the need to supply any supporting documentation. In general, the LAA took such applications on trust and paid the sums claimed. But the LAA retained contractual powers to investigate further, to audit files in respect of claims made, to recoup overpayments and in appropriate circumstances to suspend or terminate the Firm's contracts.

- 18.7 In May 2015, a contract compliance audit of claims submitted by the Firm was initiated by the LAA's Recoveries Team at the request of the LAA's contract manager responsible for the Firm. The preceding context leading to this audit included a disagreement between the Firm and the LAA as to the number of "new matter starts" which had been consented, with the LAA seeking repayments of at least £1.5 million from the Firm; and an audit of 6 files conducted in 2014 where the LAA considered there were "anomalies" in the files.
- 18.8 As part of the said contract compliance audit, a request for 49 randomly selected files was made by the LAA's letter dated 11 May 2015, requiring provision by the Firm by 27 May 2015. The sample of 49 files requested reflected claims by the Firm (all of which had been taken at face value and paid by the LAA) falling within the period April 2014 to March 2015.
- 18.9 Further, on 17 June 2015, Mr Blavo confirmed that the Firm would "self-review" all files claimed over the previous 12 months (in respect of the period 1 June 2014 to 31 May 2015), and report back to the LAA by 8 September 2015, although this was never done.
- 18.10 Mr Blavo and the Firm supplied to the LAA what they represented were the 49 requested files in 3 separate batches:
- 21 files were provided on 16 June 2015;
 - 9 files on 18 June 2015; and
 - 19 files on 29 June 2015.
- 18.11 In respect of the 14 alleged clients to which Allegation 1.1 relates, these files were included within these three batches of 49 files. An Operational Assurance Analyst at the LAA, confirmed that he took receipt of these 49 files. The 49 files received included the 14 alleged clients referred to in Allegation 1.1. The original copies of these client files that were sent to the LAA by the Firm were extracted by the LAA from its archives in October 2022 and sent to the Applicant's solicitors on 11 November 2022. The LAA confirmed that 11 of the client files sent to the Applicant's solicitors were the original documents received from the Firm and 3 of the files were copies of the original client files.
- 18.12 The LAA cross-checked the 49 files with applications and referrals (in England) logged on to the Tribunal's computer system. The LAA found no match or record relating to 42 of the cases in question. The alleged clients in allegation 1.1 were all within these 42 cases. Notwithstanding, payments had been made by the LAA in respect of each of those 42 claims, as per the Firm's claims on the CWA system. The sums paid to the Firm in respect of these 42 matters totalled £40,349.10.
- 18.13 Following a wider investigation prompted by the above matters, the LAA terminated its contracts with the Firm, and the Lord Chancellor brought proceedings against the Firm and Mr Blavo (as guarantor), seeking repayment of (as re-amended) £22,136,001.71 in respect of approximately 22,000 claims for non-existent clients/Tribunal cases in the period 2012-2015. Save in respect of a small proportion of files supplied by Mr Blavo there was no trace whatsoever (including following

intervention by the Applicant) of documents/files evidencing (or even purportedly evidencing) that the Firm acted on the vast bulk of the said 22,000 claims.

- 18.14 Mr Blavo defended the proceedings issued by the Lord Chancellor, and served a lengthy witness statement. He elected not to give evidence. Following a 7-day trial, Mr Justice Pepperall gave judgment for the Lord Chancellor, ordering both the Firm and Mr Blavo to pay the principal sum of £22,136,001.71. Mr Tabachnik KC submitted that the Judgment was relied upon to prove background facts in the context of which Mr Blavo's misconduct fell to be considered, pursuant to Rule 32(2) of the SDPR, and the decision of the Divisional Court in Constantinides v SRA [2006] EWHC 725. Insofar as the Applicant also referenced and further relied on substantive findings in the Judgment, the Applicant did so having confirmed to its satisfaction that the findings were correct in light of the subsequent independent investigations, which the Applicant has itself commissioned.
- 18.15 The SRA intervened into the Firm on 14 October 2015 on the grounds that there was reason to suspect dishonesty on the part of those at the Firm and because it was necessary to protect the interests of clients. A copy of the Firm's email accounts was obtained by the SRA and had been subject to detailed analysis within the Forensic Investigation Report of Myles Robinson dated 11 August 2022. Mr Robinson's report analysed the Firm's email accounts using search terms based on (inter alia) the 14 purported client files referred to.
- 18.16 Mr Tabachnik KC referred the Tribunal to the documents in relation to each of the 14 alleged clients which, it was submitted, evidenced Mr Blavo's involvement in the falsification of documents for those clients. Mr Tabachnik KC referred the Tribunal to passages within the documents that were near identical, which, it was submitted, evidenced that Mr Blavo had used the details of one file to create the other. The documents in the falsified files were almost identical (approximately 90-95%) to the documents used by Mr Blavo as the base documents to create the falsified files.

Patient 1

- 18.17 Patient 1's file was provided by Mr Blavo to the LAA in June 2015 as part of the LAA's compliance audit. The documents in the file included a Nursing Report, Social Circumstances Report and a First-Tier Mental Health Tribunal decision that recorded that Patient 1 was a patient at Hospital A.
- 18.18 The documents also include a letter dated 16 October 2014 that is addressed to Patient 1 whose address was given as Hospital A. The letter summarised the findings of a purported hearing that took place at the First-Tier Mental Health Tribunal on 15 October 2014. The letter was written in the name of Kristal Penrose. In the full copy of the client file submitted to the LAA, Ms Penrose was cited as the fee-earner responsible for the client file. Ms Penrose is a solicitor who worked at the Firm between February 2009 to 1 October 2015. In her witness statement, Ms Penrose confirmed that she had no knowledge of the name Patient 1 and did not recognise Patient 1's name.
- 18.19 At paragraph 40.1 of the Judgment, Pepperall J found that Her Majesty's Courts and Tribunals Service ("HMCTS") had no record of a Tribunal having taken place on 15 October 2014 in respect of Patient 1, contrary to the Tribunal decision within the file

provided. The Judge further found that the HMCTS case reference related to a female patient in Derbyshire, though there was no Tribunal hearing on 15 October 2014 in her case either. The Judge further found that HMCTS had no record of two members of the panel allegedly referred to on the Tribunal decision within the file sitting on 15 October 2014. The Judge relied inter alia on the witness statement of Mark Stewart, a counter fraud investigator at the LAA, who set out that HMCTS had confirmed there was no record of Patient 1's case in the Mental Health Tribunal. The Judge's finding that Patient 1 was not a genuine patient or client of the Firm was supported by the conclusions of the Applicant's independent investigations.

- 18.20 The client file included a letter purporting to be from HMCTS on 7 December 2013 to the Firm about Patient 1's case, but the letter predated the opening of the file at the Firm which was stated to have been on 28 August 2014.
- 18.21 The healthcare provider confirmed in an email to the Applicant dated 31 January 2022 that having searched its records, there was no record for Patient 1.
- 18.22 It was the Applicant's case that the Patient 1 file was fabricated and submitted to the LAA by Mr Blavo to mislead the LAA's compliance audit. Emails interrogated by the Applicant showed:
- On 15 June 2015, Mr Blavo was sent a "Nursing and Social Circumstances" Report on "Patient 1" by Lynne Blavo (the Respondent's wife) under cover of her comment "I've made changes to the Office doc "Patient 1.docx" stored on OneDrive. Doctors Report";
 - On 21 June 2015, Mr Blavo emailed (inter alia) FB attaching documents labelled "Patient 1 1.docx", which were a Nursing Report and Social Circumstances report purported to relate to Patient 1. Mr Blavo stated in the email "Its ok" [sic].
 - On 26 June 2015 at 08.29 Mr Blavo emailed instructions to (inter alia) FB on the "proper format for ftt [First Tier Tribunal] Patient 1". The email attached what was purported to be a formal First-Tier Tribunal decision that recited the patient name as "Patient 1 [name misspelled] (born [DOB])" in Word document format. It was plainly the case that the circulation of this file (and others set out below) in Word format was to allow for easier amendment of the content of the document. The spelling error for Patient 1's surname was repeated within the list of individuals who were stated to have provided oral evidence to the First-Tier Tribunal. Later that morning on 26 June 2015 at 11.21am, Mr Blavo emailed the same recipients stating: "Final update" and attaching a new version of the purported First-Tier Tribunal decision in which the spelling errors to Patient 1's name had been corrected.
 - Further versions of the First-Tier Tribunal decision were then circulated by Mr Blavo on Sunday 28 June 2015 at 1.39pm by an email to FB, Lynne Blavo and Brenda Blavo with the "subject proper format for ftt Patient 18.docx@". The body of the purported Tribunal decision referred to "Patient 18" but the patient name at the top of the first page was "Patient 1 (name misspelled)".

- An amended version of the same document was emailed at 1.48pm by Mr Blavo to the same recipients stating “uPDATED VERSION PREIUOS (sic) ONE HAD A TYPO” [sic]. The email attached the purported Tribunal decision in which the references to Patient 18 were amended to “Patient 1”. The patient legal representative had also been changed from “Mr Gozie Okorochoa” (in the version sent at 1.39pm on 28 June 2015) to “Ms Kristal Penrose” (in the version sent at 1.48pm on 28 June 2015).
- There were numerous differences between the version of documents sent to the LAA and the working versions of the documents including formatting differences and date changes to documents that were purported to have been received from third parties.
- The version of First-Tier Tribunal decision sent at 1.48pm on 28 June 2015 was then included in the client file that was submitted to the LAA as part of the contract compliance audit.

18.23 Mr Tabachnik KC submitted that the client file for Patient 1 was entirely false, was improperly created with the intent of misleading the LAA in the course of their compliance audit and that the emails referred to above and all other documents relating to Patient 1 directly evidenced that Mr Blavo played an active role in the concoction and submission to the LAA of the falsified Patient 1 file. There could be no honest explanation for correcting typographical errors in an evolving draft of an alleged First-Tier Tribunal decision.

Patient 2

18.24 The file of “Patient 2” was provided by Mr Blavo to the LAA in June 2015. Mr Blavo’s email account contained documents relating to Patient 2 including various medical reports and versions of a First-Tier Mental Health Tribunal decision recording that Patient 2 was a patient at CH. The documents stated that Patient 2 had been admitted to a CH Hospital. CH confirmed in an email dated 31 January 2022 that it had searched its records and could not find any record of Patient 2.

18.25 Mr Tabachnik KC submitted that the Patient 2 file was fabricated and submitted to the LAA by Mr Blavo to mislead the LAA’s compliance audit. Emails from and involving Mr Blavo directly evidenced his involvement in the fabrication of the Patient 2 file. In particular:

- Mr Blavo received an email from an external third party named Chris Adu attaching four documents, including a Mental Health Tribunal decision relating to Patient 15 and a Social Circumstances Report, Nursing Report and Responsible Clinician’s Report (relating to Patient 16). These documents were described by Mr Robinson as “Version 1” in his report. The report detailed Mr Blavo’s email communications with others, attaching amended versions of these Version 1 documents received from Mr Adu.
- Mr Blavo sent emails on 21 June 2015 at 20.25 and on 23 June 2015 20.19 attaching amended versions (described in the Mr Robinson’s Report as Version 2 and Version 3 respectively) of the Version 1 original documents sent by Mr Adu.

- On 24 June 2015, Lynne Blavo sent an email to Mr Blavo explaining that she had “gone through all these documents again as I saw a few errors” and indicated she had made amendments by confirming “Hopefully it’s all okay now”. Mr Blavo then emailed inter alia FB stating “Final RREPORT [sic] THANKS” attaching a further amended version of the original documents sent by Mr Adu (Version 4), which contain further changes to the Version 3 of the documents that Mr Blavo had previously circulated.
- The First Tier Mental Health Tribunal decision, Social Circumstances Report, Nursing Report and Responsible Clinician’s Report held on the hard copy file for Patient 2 that was submitted by the Firm to the LAA as part of the compliance audit (Version 5), showed that significant parts of these key documents had been extracted from Version 1 and changed so that they referred to “Patient 2” instead of the original patients (i.e. Patient 15 and Patient 16). Much of the Social Circumstances Report for Patient 16 was identical to Patient 2’s Social Circumstances Report that was included in the client file submitted to the LAA.
- Several sections were identical or near identical between the documents in Version 1 relating to Patient 16 and Patient 15 and the documents in Version 5 relating to Patient 2, for example the Social Circumstances Reports for Patient 2 and Patient 16 stated:

Patient 16	Patient 2
<p>Patient 16 is a 44 year old Black British of Nigerian descent with a long history of schizo-affective disorder. He is well known to mental health services since 1999.</p>	<p>Patient 2 is a 37 year old white British with a long history of schizo-affective disorder. He is well known to mental health services since 1999.</p>
<p>....</p>	<p>....</p>
<p>It is documented that he completed a degree in electrical and electronic engineering and then joined the Nigerian army as an electrical engineer. He subsequently left the army and travelled through France, smuggling cocaine. He was successful in doing this for some time but was soon arrested and convicted. He was imprisoned and spent 5 years in jail in France.</p>	<p>It is documented that he completed a degree in electrical and electronic engineering and then joined the British army as an electrical engineer. He subsequently left the army and travelled through France, smuggling cocaine. He was successful in doing this for some time but was soon arrested and convicted. He was imprisoned and spent 5 years in jail in France.</p>
<p>In 1998, Patient 16 came back to England and worked briefly as a security guard. However he became unwell and was unable to work due to his mental illness and repeated admissions to hospital. He subsequently lost his job.</p>	<p>In 1998, Patient 2 came back to England and worked briefly as a security guard. However he became unwell and was unable to work due to his mental illness and repeated admissions to hospital. He subsequently lost his job.</p>
<p>Patient 16 had an admission in 1998 to the Ladywell Unit in Lewisham. He was under the care of the Maudsley Out Patient</p>	<p>Patient 2 had an admission in 1998 to the Ladywell Unit in Lewisham. He was under the care of the Maudsley Out Patient</p>

Patient 16	Patient 2
<p>psychiatric services from 1998 to 2003. It was reported that he was well throughout that time and was discharged to his GP's care in 2003 by Dr Cole, Consultant Psychiatrist.</p>	<p>psychiatric services from 1998 to 2003. It was reported that he was well throughout that time and was discharged to his GP's care in 2003 by Dr Cole, Consultant Psychiatrist.</p>
<p>During that time in 2003, Patient 16 was treated with Trifluoperazine. He has subsequently been treated with Risperidone, Olanzapine and Haloperidol antipsychotic medication. However, he started showing signs of relapse and throughout 2006 up until an admission in January 2007, the CMH was concerned that Patient 16 was deteriorating in his mental state. He was described as having paranoid delusions of persecutory and grandiose nature. He is reported as saying that he was able to communicate directly with God because he was in the "army of God". He also thought that his brother (a medical doctor who was staying with Patient 16 for a period of time), was planning to harm him and planning to steal his passport to go the US. Patient 16 also thought that he was a victim of "JuJu".</p>	<p>During that time in 2003, Patient 2 was treated with Trifluoperazine. He has subsequently been treated with Risperidone, Olanzapine and Haloperidol antipsychotic medication. However, he started showing signs of relapse and throughout 2006 up until an admission in January 2007, the CMH was concerned that Patient 2 was deteriorating in his mental state. He was described as having paranoid delusions of persecutory and grandiose nature. He is reported as saying that he was able to communicate directly with God because he was in the "army of God". He also thought that his brother (a medical doctor who was staying with Patient 2 for a period of time), was planning to harm him. Patient 2 also thought that he was a victim of witchcraft.</p>
<p>He was admitted to hospital in January 2007 (under section 3) for nearly 2 months, then an informal day patient for a further 2 months. Patient 16 was admitted again in July 2008 until November 2008 following a manic relapse. His next admission was on the 08/04/09 on a section 136 of the MHA to ES2 ward. Records suggest a 3-4 day history of loud shouting at home preceded the admission.</p>	<p>He was admitted to hospital in January 2007 (under section 3) for nearly 2 months, then an informal day patient for a further 2 months. Patient 2 was admitted again in July 2008 until November 2008 following a manic relapse. His next admission was on the 08/04/09 on a section 136 of the MHA to ES2 ward. Records suggest a 3-4 day history of loud shouting at home preceded the admission.</p>
<p>Patient 16 was admitted on the 06/07/10 to Johnson Unit under Section 2 of MHA 1983 following 136 assessments at Teddington Police Station Custody Suite on 05/07/10 after he was arrested for shoplifting perfume/aftershave in a shop in Richmond.</p>	<p>Patient 2 was admitted on the 06/07/10 to Johnson Unit under Section 2 of MHA 1983 following 136 assessments at Teddington Police Station Custody Suite on 05/07/10 after he was arrested for shoplifting perfume/aftershave in a shop in Richmond.</p>

18.26 The First-Tier Tribunal decision stated:

Patient 15	Patient 2
<p>She was discharged home on 8 September. In her evidence she stated that she was discharged without medication and support</p>	<p>He was discharged home on 8 September 2013. In his evidence he stated that he was discharged without medication and support</p>

Patient 15	Patient 2
<p>from services and this position lasted for 10 days before the efforts of her partner and mother secured input. The view of the hospital social worker was that her mother and partner seemed very reliable and from his contacts with the local crisis team it seemed to him that there was an acknowledgment that the post-discharge arrangements had not been satisfactory the crisis team had alluded to the issue in a “diplomatic” way, there had been “an inexplicable gap” in provision at discharge. After 18 September there was increasingly intensive support from the crisis team and from [Patient 15’s] partner and extended family however in the view of the hospital social worker it was likely that by that stage [Patient 15’s] deterioration had gone beyond the stage where she could be managed in the community. Due to the concerns of her family and employer the crisis team abandoned its “least restrictive” approach and Patient 15 was detained on 8 October and admitted this this hospital.</p> <p>She meets the diagnostic criteria for bipolar affective disorder, has been treated for severe mania with ECT and she accepts the diagnosis - knowing others with the disorder and recognising the signs of the illness. The evidence of her treating psychiatrist was that she was suffering from a manic episode on the disorder. He demonstrated some uncertainty before stating in evidence that her disorder was of a degree to warrant detention. During her previous admission she had been agitated, disinhibited, had an elevated mood, flight of ideas, pressure of speech and sleeplessness and during the current admission she had shown similar features. During a MSE on Wednesday she had shown some insight into her illness and the need for treatment (he later stated that she did not show insight) and she had memory difficulty - he had needed to repeat questions. Her mood was much more stable, her sleep had improved but she could get irritable. He felt that the two admissions had been for the same episode, although there appeared to</p>	<p>from services and this position lasted for 10 days before the efforts of his partner and mother secured input. The view of the hospital social worker was that his mother and partner seemed very reliable and from his contacts with the local crisis team it seemed to him that there was an acknowledgment that the post-discharge arrangements had not been satisfactory the crisis team had alluded to the issue in a “diplomatic” way, there had been “an inexplicable gap” in provision at discharge. After 18 December there was increasingly intensive support from the crisis team and from [Patient 2’s] partner and extended family however in the view of the hospital social worker it was likely that by that stage [Patient 2’s] deterioration had gone beyond the stage where he could be managed in the community, Due to the concerns of his family and employer the crisis team abandoned its “least restrictive” approach and Patient 2 was detained on 05/01/14 and transferred this this hospital.</p> <p>He meets the diagnostic criteria for schizoaffective disorder, has been treated for severe mania with ECT and he accepts the diagnosis - knowing others with the disorder and recognising the signs of the illness. The evidence of his treating psychiatrist was that he was suffering from a manic episode on the disorder. He demonstrated some uncertainty before stating in evidence that his disorder was of a degree to warrant detention. During his previous admission he had been agitated, disinhibited, had an elevated mood, flight of ideas, pressure of speech and sleeplessness and during the current admission he had shown similar features. During a MSE on Wednesday he had shown some insight into his illness and the need for treatment (he later stated that he did not show insight) and he had memory difficulty - he had needed to repeat questions. His mood was much more stable, his sleep had improved but he could get irritable. He felt that the two admissions had been for the same episode, although there appeared to have been an intervening</p>

Patient 15	Patient 2
have been an intervening period of mixed affect with some depression. He considered that there was further assessment necessary of her cognitive functioning - to see fit improved and also of her response to treatment. He felt that detention was warranted for her health, safety and the protection of others.	period of mixed affect with some depression. He considered that there was further assessment necessary of his cognitive functioning - to see fit improved and also of his response to treatment. He felt that detention was warranted for her health, safety and the protection of others.

18.27 Mr Tabachnik KC submitted the client file for Patient 2 was entirely false, was improperly created with the intent of misleading the LAA in the course of their compliance audit and that the emails referred to above and all other documents relating to Patient 2 directly evidenced that Mr Blavo played an active role in the concoction and submission to the LAA of the falsified Patient 1 file. There could be no honest explanation for the striking similarity between the records for Patient 2 with those of Patients 15 and 16.

Patient 3

18.28 Patient 3's file was provided by Mr Blavo to the LAA in June 2015. Mr Blavo's email account contained documents relating to Patient 3 including various medical reports and versions of a First-Tier Mental Health Tribunal decision recording that Patient 3 was a patient at FH. The healthcare provider responsible for FH confirmed in a letter to the Applicant dated 21 July 2022 that it had searched its records and could not find any record of Patient 3. It was thus to be inferred that Patient 3 was not a genuine patient or client of the Firm.

18.29 Mr Tabachnik KC submitted that Patient 3 file was fabricated and submitted to the LAA by Mr Blavo to mislead the LAA's compliance audit. Emails from and involving Mr Blavo directly evidenced his involvement in the fabrication of the Patient 3 file. In particular:

- On 7 June 2015, FB emailed tashadpg@yahoo.co.uk (understood to be Kwame Otoo, an employee at the Firm), copying in Mr Blavo, and attaching four documents, including a First-Tier Mental Health Tribunal decision, a Social Circumstances Report, Nursing Report and Responsible Clinician's Report all relating to Patient 17. Mr Robinson described these as "Version 1" of the documents.
- Mr Blavo emailed four evolving amended versions of these documents on 22 June 2015 at 18.44, 18.59 and 19.10 and at 2:26pm on 23 June 2015 (described by Mr Robinson as Version 2, Version 3, Version 4 and Version 5 respectively) to (inter alia) FB and Lynne Blavo. The amended versions had Patient 17's name changed to Patient 3 as well as other amended details.
- In an email dated 23 June 2015, from Mr Blavo to (inter alia) FB and Lynne Blavo, he attached Version 5 of the documents with the subject "Patient 3 tribunal decision". Mr Blavo stated: "FTT Decision for final check the other reports are

being tidied up by Emefa”. The hard copy version of the Patient 3 file that was submitted to the LAA had some further limited amendments (Version 6). This final version incorporated the amendments made progressively within Versions 2-5 outlined above. It was to be inferred that the further formatting amendment and other minor amendment within Version 6 were those undertaken by “Emefa” at Mr Blavo’s request.

- The final version of the Patient 3 file supplied by Mr Blavo to the LAA contained sections which were identical or near identical to the documents provided to Mr Blavo relating to Patient 17.

Patient 17	Patient 3
[Patient 17’s] behaviour on the ward has been constant since admission. He always adopts a domineering and intimidating persona which other patients find uncomfortable and quite a few have made complaints about him staring them down or feeling intimidated by him. He has also presented with actual physical violence against others. This has made it difficult for [Patient 17] to form any meaningful relationships with others. His sleep is very poor and at present accepts medication to help with this. Without pharmacological sleep aid he spends the night pacing the ward and going into or attempting to enter other patients’ rooms whilst they are sleeping.	[Patient 3’s] behaviour on the ward has been constant since admission. He always adopts a domineering and intimidating persona which other patients find uncomfortable and quite a few have made complaints about him staring them down or feeling intimidated by him. He has also presented with actual physical violence against others. This has made it difficult for [Patient 3] to form any meaningful relationships with others. His sleep is very poor and at present accepts medication to help with this. Without pharmacological sleep aid he spends the night pacing the ward and going into or attempting to enter other patients’ rooms whilst they are sleeping.

Patient 4

18.30 The Patient 4 file was provided by Mr Blavo to the LAA in June 2015. Mr Blavo’s email account contained documents relating to Patient 4 including various medical reports. The NHS Trust that was said to have been responsible for Patient 4’s care confirmed in an email to the Applicant dated 28 January 2022 that it had searched its records and could not find any record of Patient 4. It was thus to be inferred that Patient 4 was not a genuine patient or client of the Firm.

18.31 Mr Blavo was emailed by Mimi Dadzie (an unknown third party) on 3 June 2015 with the subject “Patient 4 report” and attaching files named i) “[Patient 4] 1.docx” that was a Responsible Clinician Report and ii) a file named “[Patient 4].docx”, which was a Nursing and Social Circumstances report. Both of these reports were in the name of Patient 15.

18.32 In the client file for “Patient 4” that was submitted to the LAA by the Firm, large parts of the Responsible Clinician Report and the Nursing and Social Circumstances report were identical to Patient 15’s reports received from Mimi Dadzie. Patient 15’s name had been amended to Patient 4 and other details for Patient 15 were amended.

Patient 15	Patient 4
<p>[Patient 15] lives in Wooton Bassett with her partner of 3 1/4 years, [CH]. Her two children, Phoebe age 6 and Brandon age 4 also live with them. She has little contact with the children's father and their father has no contact with them. [Patient 15] normally works as a cleaner at [MH] and is currently on sick leave from her job there. [Patient 15] is close to her mother, ... who lives nearby and who is supportive of [Patient 15] and helps her with the children. Her partner's mother helps with childcare as well.</p>	<p>[Patient 4] lives in London with his partner of 3 1/2 years, [CH]. His two children, Phoebe age 6 and Brandon age 4 also live with them. He has little contact with the children's mother and their mother has no contact with them. [Patient 4] normally works as a cleaner and handyman at Miranda House and is currently on sick leave from his job. [Patient 4] is close to his mother, ... who lives nearby and who is supportive of [Patient 4] and helps his with the children. His partner's mother helps with childcare as well.</p>

Patient 5

- 18.33 The Patient 5 file was provided by Mr Blavo to the LAA in June 2015. Mr Blavo's email account contained documents relating to Patient 5 including various medical reports and versions of a First-Tier Mental Health Tribunal decision that purportedly record that Patient 5 was a patient in a hospital that was part of the Sussex Partnership NHS Foundation Trust. The Trust confirmed in a witness statement that having undertaken a search of its records (noting that mental health records are retained for 20 years), no records could be located for Patient 5.
- 18.34 Mr Tabachnik KC submitted that the emails obtained by the Applicant from the Firm's server directly evidenced Mr Blavo's involvement in the fabrication of Patient 5's file.
- 18.35 On 2 June 2015, Mr Blavo received an email from Mr Chris Adu with the subject "[PATIENT 5]", attaching "[PATIENT 5].docx" comprising four documents in Word format, including a Mental Health Tribunal decision, a Social Circumstances Report, Nursing Report and Responsible Clinician's Report relating to Patient 20. Some of these documents were incomplete and/or the pages were not in order.
- 18.36 On 15 June 2015, there were a number of emails between Mr Blavo and his wife where they discussed the documents and Lynne Blavo indicated that she had made amendments to them:
- At 11:34, Mr Blavo emailed Lynne Blavo, subject "[Patient 5]", stating: "Hi Lynne, I hope that you are ok, I will send through a few reports. (sic) John.xxxx;
 - At 16:50, Lynne Blavo responded to Mr Blavo stating: "Hi John...I've done the reports & the FTT Decision but they are not in page order...Also the Social Circumstances report is only 2 pages so I think there's lots missing from it...Lynne xxxxx...Hi, I've made changes to the Office doc "PATIENT 5.docx" stored on OneDrive. To review the changes I've made, click this link. [a OneDrive link was provided]"

- At 16:42 (it is noted that the senders appeared to have different settings on their email accounts as the above email was timestamped 16:50, but the following email was sent in reply), Mr Blavo responded to Lynne Blavo, stating: “Ok will try and locate it asap...Thanksxxx”
- 18.37 On 22 June 2015 at 00.38, Mr Blavo forwarded the above email chain to inter alia FB stating “Updated reports very very small reports parts are in the next amended report no need to change the original date of admission”. He then sent a subsequent email to inter alia FB at 00.45 on 22 June 2015 in which he stated “Updated version reports not in order but can be arranged in order when printed ou [sic] FTT08/07/14 AND CLOSING LETTER SHOULD BE 18/07/14 INSTEAD OF 18/06/14”.
- 18.38 The email from Mr Blavo sent at 00.45 on 22 June 2015 attached a First Tier Mental Health Tribunal decision, a Social Circumstances Report, Nursing Report and Responsible Clinician’s Report that were in the name of Patient 5. A large part of the content for these documents was identical to the original documents sent by Mr Adu in Patient 20’s name. Patient 20’s name was changed to Patient 5 and other details were amended – in all cases by or at the direction of Mr Blavo. The First-Tier Mental Health Tribunal was stated as sitting at LG Hospital on 08 June 2014, which Mr Blavo asked to be amended. In the final version of the Patient 5’ file submitted to the LAA the sitting date had been amended as instructed by Mr Blavo in his email dated 22 June 2015 at 00.45, albeit to “8 July 2014” instead of the 18 July 2014.
- 18.39 By email dated 23 June 2015, Mr Blavo forwarded to (inter alia) FB and Lynne Blavo an email on the subject “[PATIENT 5]”. Mr Blavo’s email stated: “FTT DECISION UPDATED TO REFLECT Section detention its good to go it need the logos Fred”.
- 18.40 Attached to the email were again documents purporting to be a Nursing Report, “Responsible Cunician Report” [sic], Social Circumstances Report and Tribunal decision regarding “[Patient 5]” which in all cases lacked “logos”. The Nursing Report, Responsible Clinician Report, Social Circumstances Report and Tribunal decision which were within the file submitted to the LAA by Mr Blavo in respect of Patient 5 were materially similar, but in all cases the documents in question purported to have relevant “logos”.
- 18.41 The final version of the Patient 5 file supplied by Mr Blavo to the LAA contained sections which were identical or near identical to the documents provided to Mr Blavo by Mr Chris Adu on 2 June 2015 relating to Patient 20. For example:

Patient 20	Patient 5
The order restricts her from calling her brother Michael at night but it appears she immediately breached this order on release. [Patient 20] said she did this as she wished to enquire about her mother’s health. I understand that the police were called by her brother and at some stage she assaulted a police officer which led to her arrest. CCTV records that she slapped a female police office multiple times in an unprovoked attack	The order restricts her from calling her brother Michael at night but it appears she immediately breached this order on release. [Patient 5] said she did this as she wished to enquire about her mother’s health. I understand that the police were called by her brother and at some stage she assaulted a police officer which led to her arrest. CCTV records that she slapped a female police office multiple times in an unprovoked attack

and when detained in Police Custody she assaulted the FME, and required restraint in order to protect professionals. When assessed she was unable to sit still for any length of time without moving around, seemed insightful and declined voluntary admission to hospital.	and when detained in Police Custody she assaulted the FME, and required restraint in order to protect professionals. When assessed she was unable to sit still for any length of time without moving around, seemed insightful and declined voluntary admission to hospital.
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Patient 20	Patient 5
Born in the UK. Grew up in Croydon, normal development milestones. Went to secretarial college Met her partner Ken when she was eighteen and been living together for the past twenty five years. Worked until recently as a checkout operator in Sainsbury's. There appear to have been Concerns about her performance at work over several months and she says she was dismissed in August this year.	Born in the UK. Grew up in Brighton, normal development milestones. Went to secretarial college Met her partner Ken when she was eighteen and been living together for the past twenty five years. Worked until recently as a checkout operator in Sainsbury's. There appear to have been Concerns about her performance at work over several months and she says she was dismissed in January this year.

Patient 20	Patient 5
Forensic history Patient 20 is subject to a restraining order and may not visit her brother or mother and may not phone them between 20.00 — [06.00 / 08.00]. This is due to Patient 20 having assaulted both her mother and brother and phoned them throughout the night on many occasions. There are or have been bail conditions regarding Patient 20's partner Mr Lewis but details were not known. Since July Patient 20 has served four prison sentences (two of 28 days, one of 21 days and one of 35 days) for breach of the restraining order. She has been arrested 15 times. Patient 20 was admitted to hospital at the beginning of this month having been released from prison the previous day. She immediately contacted her brother and was arrested. Patient 20 was very agitated and aggressive and assaulted the police doctor and a police officer before being placed under the powers of the MHA.	Forensic history Patient 5 is subject to a restraining order and may not visit her brother or mother and may not phone them between 20.00 — [06.00 / 08.00]. This is due to Patient 5 having assaulted both her mother and brother and phoned them throughout the night on many occasions. There are or have been bail conditions regarding Patient 5's partner Mr Lewis but details were not available at the time of this report. Since July 2013 Patient 5 has served four prison sentences (two of 28 days, one of 21 days and one of 35 days) for breach of the restraining order . Patient 5 has been arrested 15 times. Patient 5 was admitted to hospital occurred (sic) having been released from prison the previous day. She immediately contacted her brother and she was arrested. Patient 5 was very agitated and aggressive and assaulted the police doctor and a police officer before being placed under the powers of the MHA.

18.42 Mr Tabachnik KC submitted that the client file for Patient 5 was entirely false, was improperly created with the intent of misleading the LAA in the course of their compliance audit and that the emails and all other documents relating to Patient 5 directly evidenced that Mr Blavo played an active role in the concoction and submission to the LAA of the falsified Patient 5 file.

Patient 6

- 18.43 The file of Patient 6 was provided by Mr Blavo to the LAA in June 2015.
- 18.44 Mr Blavo's email account contained documents relating to Patient 6 including various medical reports and versions of a First-Tier Mental Health Tribunal decision. Those documents purported that Patient 6 was a patient at a charity providing specialist mental health care. Detailed searches were carried out by the charity. It confirmed that it could find no records for Patient 6 and that there was no evidence that Patient 6 had ever been admitted to its hospital.
- 18.45 It was thus to be inferred that Patient 6 was not a genuine patient or client of the Firm.
- 18.46 In the civil proceedings brought by the LAA against the Firm, the LAA set out its findings in respect of the errors and inconsistencies in the documents submitted by the Firm to the LAA in respect of the Patient 6 file. These included the use of both he and she pronouns in reports, incorrect addresses for HMCTS and incorrect references to the panel purported to have been sitting at the First Tier Mental Health Tribunal. It was noted that after considering this evidence Pepperall J concluded there were numerous anomalies with the file provided for Patient 6 by Mr Blavo. The Applicant endorsed such identified errors and inconsistencies from its own independent investigations of the documents.
- 18.47 Mr Tabachnik KC submitted that the Patient 6 file was fabricated and submitted to the LAA by Mr Blavo to mislead the LAA's compliance audit. There were numerous emails to and from Mr Blavo between 17 June 2015 and 25 June 2015 plainly evidencing that changes were being made by and at the direction of Mr Blavo to Patient 6 documents which directly evidenced Mr Blavo's involvement in the fabrication of the Patient 6 file.
- 18.48 On 17 June 2015 at 09:54, Sally Yankah emailed Mr Blavo subject "Reports", stating: "Please find attached the reports of Patient 6".
- 18.49 On 17 June 2015 at 20:48, Mr Blavo forwarded the email to Lynne Blavo. There was no text in the body of the email. This email led to two distinct email chains as described below.
- 18.50 The First email chain, started on 18 June 2015 at 13:45, in which Lynne Blavo responded to Mr Blavo, subject "Reports", with the body of the email stating: "Hi, I've made changes to the Office doc "17.6.2015.docx" stored on OneDrive. To review the changes I've made, click this link". [A OneDrive link was provided].
- 18.51 On 18 June 2015 at 15:07, Mr Blavo forwarded the email chain to FB and others.
- 18.52 The second email chain started on 18 June 2015 at 14.10 Lynne Blavo responded to Mr Blavo, subject "Reports [Patient 6] Social Circumstances", with the body of the email stating: "Hi, I've made changes to the Office doc "13.6.2015.docx" stored on OneDrive. To review the changes I've made, click this link." [a OneDrive link was provided]";

18.53 On 18 June 2015 at 15:08, Mr Blavo forwarded the email chain to FB and others:-

- On 18 June 2015 at 12:19, Lynne Blavo emailed Mr Blavo, subject “17.June.15 [Patient 6] Psychiatrist Report”;
- On 18 June 2015 at 15:08, Mr Blavo forwarded that email to FB and others attaching “17.June.15.docx”. The attached document was a Responsible Clinician’s Report relating to Patient 6 in Word format.
- The author of the document was given as Ziaullah Afghan (on behalf of Dr Vimal Sivasanker). The document contained references to the client using feminine pronouns, in response to the questions “Is it still necessary in the interests of the patient’s health?” on the first page (“her admission”; “her mental state”) and in the “Opinion and Recommendation” section on the last page (“her medications”);
- On 21 June 2015 at 13:47, Lynne Blavo emailed Mr Blavo, subject “[Patient 6] Doctors Report”, stating: “All dated checked ok...xx”
- On 21 June 2015 at 15:58, Mr Blavo forwarded that email to FB and others attaching “17.June.15.docx”. The attached document was a Responsible Clinician’s Report relating to Patient 6 in Word format.
- On 21 June 2015 at 16:02, Lynne Blavo emailed Mr Blavo, with the body of the email stating “[Patient 6] Soc Circ Report dates checked all ok...lynne has a document to share with you on OneDrive. To view it, click the link below 13.6.2015.docx” [a OneDrive link was provided]
- On 21 June 2015 at 16:03, Mr Blavo forwarded that email to FB and others, stating: “[PATIENT 6] SOCIAL FINAL CHECK”
- On 21 June 2015 at 16:05, Lynne Blavo emailed Mr Blavo, with the body of the email stating: “Nursing Report [Pateiny 6]...lynne has a document to share with you on OneDrive. To view it, click the link below 17.6.2015.docx” [a OneDrive link was provided]
- On 21 June 2015 at 16:09, Mr Blavo forwarded that email to FB and others, stating: “NURSING REPORT [PATIENT 6] FINAL CHECK”.

18.54 Further, Mr Blavo sent an email on 25 June 2015 at 18:21 to FB and others with a document entitled “[Patient 6] Decision.docx”, First-Tier Mental Health Tribunal decision, Responsible Clinician’s Report and Nursing Report in Word format. Those documents referred to another patient as well as Patient 6.

18.55 On 25 June 2015 at 18.24 – 3 minutes later - Mr Blavo emails the same recipients again with another attachment “[Patient 6] Decision.docx” stating “Updated version discard the previous one”. Mr Tabachnik KC noted that the Tribunal Decision had been amended so that it only referred to Patient 6 (and the hearing date was given as 18 February 2013, which was many months before the date given for the application to

the Tribunal of the case). It was the Applicant's case that Mr Blavo was aware that he was circulating a fabricated Mental Health Tribunal decision. The Tribunal could infer that Mr Blavo was responsible for making and/or directed the making of the amendments to this fabricated document himself.

- 18.56 The final version of the Mental Health Tribunal decision that was submitted to the LAA incorporated the change of the patient name from Patient 20 to Patient 6. It was noted that the hearing date had been changed to 18 December 2013 and the formatting had changed from the version circulated by Mr Blavo on 25 June 2015 at 18.24.

Patient 7

- 18.57 The file of Patient 7 was provided by Mr Blavo to the LAA in June 2015. Mr Blavo's email account contained documents relating to Patient 7 including a mock audit of the file. The mock audit report included comments about inconsistencies in the documents. The documents included a letter purportedly sent from the Firm to Patient 7 whose address was given as CH. CH confirmed in an email dated 31 January 2022 that there was no record of Patient 7.
- 18.58 The documents submitted by Mr Blavo to the LAA had the inconsistencies identified by the mock audit addressed and rectified, such that details identified as absent in the mock audit were present in the file submitted. The mock audit was not included in the file submitted to the LAA.
- 18.59 Mr Tabachnik KC submitted that there was clear evidence that Mr Blavo had doctored and altered the documents in the file so that it was ready for submission to the LAA.

Patient 8

- 18.60 The file of Patient 8 was provided by Mr Blavo to the LAA in June 2015. Mr Blavo's email account contained documents relating to Patient 8 including medical reports relating to Patient 21, including a Psychiatric Report in the name of Dr Robavo. Large parts of Psychiatric Report submitted for Patient 8 were identical to the report prepared for Patient 21.
- 18.61 The Patient 8 file submitted by the Firm to the LAA recorded that she was a patient at KG Hospital. The Trust confirmed that Patient 8 had not been a patient at KGH. Further, it stated: "The doctors named in the report Dr V Robayo, and Dr Husni have never worked for our organisation". Both doctors had been cited as the medical professionals treating Patient 8 at KGH in the Psychiatric Report that was included as part of the file the Firm submitted to the LAA.
- 18.62 Several sections of the documents were identical or near identical between the documents sent to Mr Blavo on 5 June 2015 by William Neequaye relating to Patient 21 and the documents held on the hard copy client matter file of Patient 8.

Patient 21	Patient 8
[Patient 21] was brought to the A&E Dept by her brother on 21st January 2014. According to her brother her mental state was	[Patient 8] was brought to the A&E Dept by her brother on 12th October 2014. According to her brother her mental state was

deteriorating due to non-compliance with medication and fear of relapse and she had facial twitching. While she was waiting with her brother in A&E [Patient 21] assaulted a 70 year-old lady who was also waiting to be seen. She assaulted the lady because she reminded her of the mother of a man who nearly assaulted he as a child.	deteriorating due to non-compliance with medication and fear of relapse and she had facial twitching. While she was waiting with her brother in A&E [Patient 8] assaulted a 70 year-old lady who was also waiting to be seen. She assaulted the lady because she reminded her of the mother of a man who nearly assaulted he as a child.
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Patient 21	Patient 8
[Patient 21] has long history of mental illness. She has a diagnosis of paranoid Schizophrenia and was first admitted to the psychiatric services in 2001 following a referral from her general practitioner who was concerned when she began to behave uncharacteristically with very disturbed behaviour on her return from holiday in Jamaica. Since 2001, she has had frequent relapses and was admitted to the hospital again in January 2001, January 2002, December 2004 with current admission 21.01.11.	[Patient 8] has long history of mental illness. She has a diagnosis of paranoid Schizophrenia and was first admitted to the psychiatric services in 2001 following a referral from her general practitioner who was concerned when she began to behave uncharacteristically with very disturbed behaviour on her return from holiday in Jamaica. Since 2001, she has had frequent relapses and was admitted to the hospital again in January 2001, January 2002, December 2004 with current admission 12.10.14.

18.63 Mr Tabachnik KC submitted that the report of Patient 21 was improperly amended to refer to Patient 8 and then submitted to the LAA as evidence that there was in fact a client file handled by the Firm in the name of Patient 8.

Patient 9

18.64 The file of Patient 9 was provided by Mr Blavo to the LAA in June 2015. Mr Blavo's email account contained documents relating to Patient 9 including a Social Circumstances Report, Nursing Report and Responsible Clinician's Report. The reports were sent to Mr Blavo in an in an email dated 2 June 2015 from Chris Adu in an attachment entitled "[PATEINT 9].docx". The attached documents related to Patient 22.

18.65 The Patient 9 file recorded that she was a patient at CH. In an email dated 31 January 2022 to the Applicant, CH confirmed that there was no record of Patient 9. It was thus to be inferred that Patient 9 was not a genuine patient or client of the Firm.

18.66 Mr Tabachnik KC noted that some of the documents attached to the 2 June 2015 email were incomplete and/or the pages were not in order. On 11 June 2015, Mr Blavo forwarded emails to FB from Lynne Blavo in which she had shared documents relation to Patient 9.

18.67 The documents in the file submitted to the LAA by the Firm in relation to Patient 9 were nearly identical to those relating to Patient 22.

Patient 22	Patient 9
The main trigger for the admission to the ward was an apparently impulsive overdose of insulin. [Patient 22] injected several pens of novorapid in succession while at home in view of his then girlfriend on Skype. She alerted her mother who called Ruth's mother. She found her in bed.	The main trigger for the admission to the ward was an apparently impulsive overdose of insulin. [Patient 9] injected several pens of novorapid in succession while at home in view of her then boyfriend on Skype. She alerted her mother who called Ruth's mother. She found her in bed.

Patient 22	Patient 9
[Patient 22] is a 15 year old male who lives at home with his mother (his nearest relative) and visits his father and sister every other week; he spends the weekend with them. His parents are divorced since 2008 which is when they moved from Scotland to Essex. His father and her sister currently live in Woking, Surrey. [Patient 22] has never made many friends and endured some teasing because he felt anxious around too many people; however he said that he has a small circle of good friends whom he trusts and gets on well with. [Patient 22] is currently in year 10 at secondary school. Both the education department and his mother reported that he is very bright and is designated as gifted and talented in music.	[Patient 9] is 31year old female who lives at home with her mother (her nearest relative) and visits her father and sister every other week; she spends the weekend with them. Her parents are divorced since 2008 which is when they moved from Scotland to Essex. Her father and her sister currently live in Woking, Surrey. [Patient 9] has never made many friends and endured some teasing because she felt anxious around too many people; however she said that she has a small circle of good friends whom she trusts and gets on well with. [Patient 9] is currently unemployed. At school and her mother reported that she was very bright and was designated as gifted and talented in music

18.68 Mr Tabachnik KC contended that Mr Blavo oversaw the amendment of the documents received on 2 June 2015 relating to Patient 22 in order for them to be used to fabricate a client file for Patient 9 that was submitted to mislead to the LAA as part of their compliance audit. In light of the evidence in respect of Mr Blavo's knowledge of and involvement in the confection of the Patient 9 file, the only possible inference was that Mr Blavo knew perfectly well that the file which he submitted to the LAA was not genuine.

Patient 10

18.69 The file of Patient 10 was provided by Mr Blavo to the LAA in June 2015. Mr Blavo's email account contained documents relating to Patient 10 including a Nursing Report, Social Circumstances Report and a Responsible Clinician Report in Word format. Those documents were sent to Mr Blavo by William Neequaye in an email on 5 June 2015 with the subject "[PATIENT 10] REPORT. The attached documents all related to Patient 23.

18.70 The file submitted by the Firm recorded that Patient 10 was a patient at Maidstone Hospital. The Trust confirmed that it had been unable to locate any records for Patient 10. It was to be inferred that Patient 10 was not a genuine patient or client of the Firm. The Patient 10 file supplied by Mr Blavo to the LAA contained sections which were identical or near identical to the documents provided to Mr Blavo relating to Patient 23.

Patient 23	Patient 10
[Patient 23] was referred to the Community Mental Health Team (CMHT) in December 2008 and was seen for an assessment in February 2009. During the assessment [Patient 23] described hearing voices of females describing him as lazy unworthy. He informed that the TV was talking to him and believed that the BBC owed him about £18 million. He also expressed the belief that someone wanted to kill him	[Patient 10] was referred to the Community Mental Health Team (CMHT) in December 2008 and was seen for an assessment in February 2009. During the assessment [Patient 10] described hearing voices of females describing him as lazy unworthy. He informed that the TV was talking to him and believed that the BBC owed him about £18 million. He also expressed the belief that someone wanted to kill him.

Patient 23	Patient 10
Damage to property - On 03.10.14 Staff observed that the casing of the ceiling light in his shower room was missing, a thorough search was conducted nothing was found. [Patient 23] was asked about it and he said he took off (sic) and left in his toilet. Apparently he was (sic) fellow patient 10-26-38 wanted to light their fags to smoke	Damage to property – On 19/02/14 Staff observed that the casing of the ceiling light in his shower room was missing, a thorough search was conducted nothing was found. [Patient 10] was asked about it and he said he took off (sic) and left in his toilet. Apparently he and a fellow patient wanted to light their cigarettes to smoke

- 18.71 Mr Blavo sent an email dated 21 June 2015 at 17.49 to (inter alia) FB stating: “This is the updated version of the Social Circ report the date of report should be 17.03.14”. The original date in Patient 23’s Social Circumstances Report was 8 January 2015. The Social Circumstances Report submitted to the LAA for Patient 10 was almost identical, with minor amendments including the date of the report being changed to 24 March 2014.
- 18.72 Further emails showed that Mr Blavo checked versions of the Patient 10 documents on 21 June 2015. Mr Blavo forwarded emails to (inter alia) FB referring to a “Nursing Report” (21 June 2015 email timed 17.49) and a “Psych Report” (21 June 2015 email timed 17.52). In these emails, Mr Blavo stated “checked” in respect of the documents he was forwarding. Mr Tabachnik KC submitted that the emails evidenced that Mr Blavo was responsible for checking and directing the creation of fabricated medical reports in relation to a fictional client with the intention of misleading the LAA as part of its compliance audit. The evidence also demonstrated that Mr Blavo knew that Patient 10 was not genuine.

Patient 11

- 18.73 The file of Patient 11 was provided by Mr Blavo to the LAA in June 2015. Mr Blavo’s email account contained documents relating to Patient 11 included a decision by the First Tier Mental Health Tribunal recording that Ms Kathryn Reece-Thomas, a solicitor at the Firm represented Patient 11 at the purported hearing on 30 June 2014. In a statement dated 13 October 2015, Ms Reece-Thomas confirmed that she had no knowledge of Patient 11 and he was not one of her clients.

- 18.74 The file submitted by the Firm recorded that Patient 11 was a patient at an NHS Trust. The Trust confirmed that it had been unable to locate any records for Patient 11. It was to be inferred that Patient 10 was not a genuine patient or client of the Firm.
- 18.75 Mr Tabachnik KC submitted that Patient 11’s file had been fabricated and submitted to the LAA by Mr Blavo to mislead the LAA’s compliance audit. Mr Blavo’s emails obtained from the Firm’s server directly evidenced his involvement in the fabrication of the Patient 11 file.
- 18.76 Mr Blavo was first copied into an email dated 3 June 2015 at 22.56 from FB attaching files labelled “Patient 11]” attaching five documents in PDF format, including a First Tier Mental Health Tribunal decision, a Social Circumstances Report, Nursing Report, Responsible Clinician’s Report and correspondence relating to the Tribunal decision. Despite the attached file label, the documents were all in the name of Patient 24. A further email was sent by Chris Adu to Mr Blavo on 9 June 2015 at 03.46 copying in Mr Blavo with the subject “[PATIENT 11] REPORT”, attaching “[PATIENT 11].docx” that included a Mental Health Tribunal decision, a Social Circumstances Report, Nursing Report, Responsible Clinician’s Report – this time all in Word format. However, these documents (Version 1) all related to Patient 17.
- 18.77 Mr Blavo sent an email on 9 June 2015 (the same day) at 17.18 back to FB with attachments labelled “[PATIENT 11](3).docx”. The attachments were the same documents but they had been amended to refer to Patient 24 instead of Patient 17 (Version 2). The Mental Health Tribunal Decision had been amended so that, inter alia, (i) the name and date of birth of the patient had changed and (ii) the date and location of the purported hearing had changed. The remaining content and substance of the Tribunal decision between Version 1 and Version 2 was almost identical.
- 18.78 Mr Tabachnik KC noted that the original Patient 17 documents also underpinned the fabricated file relating to Patient 3. The result of this was that the medical reports and Social Circumstances report relating to Patient 11 which were submitted to the LAA (Version 3) contained large parts that were near identical to Patient 3.

Patient 17	Patient 11	Patient 3
[Patient 17] has a diagnosis of schizoaffective disorder and mental and behavioural disorder due to multiple drug use which includes alcohol, crack cocaine and cannabis. His first admission was in 1997. Since then he has had frequent and repeated admissions to psychiatric unit most of them under a Section of the Mental Health Act (sic). His admissions have mainly been precipitated by non-compliance of medication	[Patient 11] has a diagnosis of schizoaffective disorder and mental and behavioural disorder due to multiple drug use which includes alcohol, crack cocaine and cannabis. His first admission was in 1997. Since then he has had frequent and repeated admissions to psychiatric unit most of them under a Section of the Mental Health Act. His admissions have mainly been precipitated by non-compliance of medication complicated by	[Patient 3] has a diagnosis of schizoaffective disorder and mental and behavioural disorder due to multiple drug use which includes alcohol, crack cocaine and cannabis. His first admission was in 1999. Since then he has had frequent and repeated admissions to psychiatric units most of them under a Section 3 the Mental Health Act. His admissions have mainly been precipitated by non-compliance of medication complicated by drugs and

Patient 17	Patient 11	Patient 3
<p>complicated by drugs and alcohol misuse. Due to his unmanageable behaviour and repeated absconsions from NC during these admissions, [Patient 17] was inevitably transferred to [GH]. On discharge, it was usually recommended that [Patient 17] continues on depot injections to which he complies for a few months before requesting to be prescribed oral medication. His compliance with medication then becomes poor, leading to relapse. [Patient 17's] periods or remission have rarely extended beyond six months. [Patient 17's] condition is characterised by thought disorder, paranoid delusional beliefs, auditory hallucinations and grandiose delusions. He becomes agitated and irritable with increased risk of aggression and lability of mood. He does become sexually disinhibited and expresses racist or religious beliefs.</p>	<p>drugs and alcohol misuse Due to his unmanageable behaviour and repeated absconsions from CC during these admissions, [Patient 11] was inevitably transferred to [LDH]. On discharge, it was usually recommended that [Patient 11] continues on depot injections to which he complies for a few months before requesting to be prescribed oral medication. His compliance with medication then becomes poor, leading to relapse. [Patient 11's] periods or remission have rarely extended beyond six months. [Patient 11's] condition is characterised by thought disorder, paranoid delusional beliefs, auditory hallucinations and grandiose delusions. He becomes agitated and irritable with increased risk of aggression and lability of mood. He does become sexually disinhibited and expresses racist or religious beliefs.</p>	<p>alcohol misuse. Due to his unmanageable behaviour and repeated absconsions from the hospital during these admissions, [Patient 3] was inevitably transferred to [FH]. On discharge, it was usually recommended that [Patient 3] continues on depot injections to which he complies for a few weeks before requesting to be prescribed oral medication. His compliance with medication then becomes poor, leading to [Patient 3's] periods of remission have rarely_ extended beyond 3, months. [Patient 3's], condition: is characterized by thought disorder, paranoid delusional beliefs, auditory hallucinations and grandiose delusion. He becomes agitated and irritable with increased risk of aggression and lability of mood. He does become sexually disinhibit and expresses racist or religious beliefs,</p>

Patient 12

- 18.79 The Patient 12 file was provided by Mr Blavo to the LAA in June 2015. Mr Blavo's email account contained documents relating to Patient 12 including a Social Circumstances Report, Nursing Report and Responsible Clinician's Report. Those documents were emailed to Mr Blavo on 7 June 2015 (from FB in PDF format) and 8 June 2015 (from Chris Adu in Word format). Mr Tabachnik KC submitted that it was to be inferred that the Word version was to allow for amendments to be made more easily to the documents). The attached documents, whilst being entitled "[Patient 12]" in fact related to Patient 25.
- 18.80 The patient reports submitted to the LAA stated that Patient 12 was a patient at an NHS Foundation Trust. In an email dated 8 April 2022, the Trust confirmed that it had searched its systems and that there was no record of Patient 12.

- 18.81 Mr Tabachnik KC submitted that the Patient 12 file was fabricated and submitted to the LAA by Mr Blavo to mislead the LAA’s compliance audit.
- 18.82 As detailed above, Mr Blavo received two emails dated 7 and 8 June 2015. Lynne Blavo undertook some checks of these documents and emailed Mr Blavo on 21 June 2015 at 16.15 stating “[Patient 12] ... All reports...Dates checked ok”, which Mr Blavo forwarded to FB at 17.13 on 21 June 2015 stating “Final check [Patient 12]”.
- 18.83 A Mental Health Tribunal decision was not included in the documents being circulated on 21 June 2015. Mr Blavo then emailed FB on 26 June 2015 at 10.39 stating “proper format for ftt [Patient 12].docx” which was a First Tier Mental Health Tribunal decision relating to Patient 12 in Word format. This version of the Tribunal decision was identical to that which was submitted to the LAA by the Firm pursuant to the compliance audit. There were several stark errors in the Tribunal decision including i) the date of the application to the Tribunal being 8 months after the Tribunal sat to consider the decision and ii) the date of the Responsible Clinician’s report was referred to by the Tribunal as 28 November 2014 as opposed to 10 December 2013 (which is the date given on the Responsible Clinician’s report that was submitted to the LAA).
- 18.84 Several sections were identical or near identical as between the Patient 25 documents circulated to Mr Blavo on 7 June 2015, and the version submitted to the LAA in respect of Patient 12. However, there were evident inconsistencies included within the version submitted to the LAA in respect of Patient 12.

Patient 25	Patient 12
Overall [Patient 25] has committed 107 offences leading to 33 convictions covering mainly acquisitive offending behaviours. There are also offences against property, driving offences, drugrelated offences and assault. [Patient 25] spent much of his adolescence in prison; he was convicted for burglary at the age of 14. In addition he received a conviction for Wounding with Intent to do Grievous Bodily Harm in 2000 at the age of 19. [Patient 25] has been convicted of Battery on 3 occasions between June 2005 and May 2008. Otherwise he has received cautions for Shoplifting and Possession of Cannabis.	Overall [Patient 12] has committed 107 offences leading to 33 convictions covering mainly acquisitive offending behaviours. There are also offences against property, driving offences, drugrelated offences and assault. [Patient 12] spent much of his adolescence in prison; he was convicted for burglary at the age of 14. In addition he received a conviction for Wounding with Intent to do Grievous Bodily Harm in 2000 at the age of 36. [Patient 12] has been convicted of Battery on 3 occasions between June 2005 and May 2008. Otherwise he has received cautions for Shoplifting and Possession of Cannabis.

- 18.85 In the Social Circumstances Reports the mothers of Patient 12 and Patient 25 had the same name and in a telephone call, both mothers had “strongly believed that should [Patient 12 or Patient 25] be discharged to the community he will relapse, she feels she is unable to cope”.
- 18.86 In the documents held on the hard copy client matter file for Patient 12, his mother was named as SM Social Circumstances Report, but WD in the Nursing and Responsible Clinician’s Reports.

18.87 There were further inconsistencies identified on the hard copy file for Patient 12. For example, in the First-Tier Tribunal decision the application date was listed as 28 August 2014 but the hearing was on 20 December 2013, the client was admitted on 22 September 2013 per the medical reports. The First-Tier Tribunal decision referred to a report prepared by Dr Biggs dated 28 November 2014, but the Responsible Clinician's Report attributed to him was dated 10 December 2013.

18.89 In handwritten attendance notes the client was sometimes referred to using feminine pronouns, which were then crossed out and replaced with masculine pronouns. The First-Tier Tribunal decision stated that a decision was announced at the end of the hearing whereas the handwritten attendance notes stated: "I advised client that the adjournment had happened as the Tribunal Panel felt that they needed more information on a community placement prior to making a decision on whether to discharge or not...I advised that he remained detained under Section 3 MHA 1983 and should continue to comply."

Patient 13

18.90 The file for Patient 13 was provided by Mr Blavo to the LAA in June 2015. On 1 June 2015, Chris Adu emailed Mr Blavo, with the subject "[PATIENT 13] REPORT" attaching "[PATIENT 13].doc" which contained (in Word format) a Nursing Report and Social Circumstances Report. The attached documents in fact related to Patient 26. Several sections were identical or near identical as between these documents and those submitted to the LAA in respect of Patient 13.

Patient 26	Patient 13
I have read the notes made by nursing and medical staff who have been caring for [Patient 26]. I also interviewed [Patient 26] on [29.10.14] on [LW]. I also spoke to [Patient 26's] mother, Mrs. [CW] who visited her son on Lea ward on 29.10.14. I have also discussed [Patient 26's] progress with [Dr. R], ward doctor on [LW]."	I have read the notes made by nursing and medical staff who have been caring for [Patient 13]. I also interviewed [Patient 13] on 04.04.14 on [LW]. I also spoke to [Patient 13's] mother, Mrs. [CW] who visited her son on Lea ward on 04.04.14. I have also discussed [Patient 26's] progress with [Dr. R], ward doctor on [LW]."

Patient 26	Patient 13
[Patient 26] is taking part in the healthy eating cooking group; he observed the preparation of the food and helped clean up afterwards. He interacted well with others and not scared to voice his opinion when appropriate. On the ward [Patient 26] has made good progress as he is now regularly visible in communal areas engaging in occupational therapists activities and observed interacting with others although still minimal. [Patient 26] has been taking part in group activities like yoga, computer, fresh air group, playing scrabble, watching television and reading magazines. [Patient	[Patient 13] is taking part in the healthy eating cooking group; he observed the preparation of the food and helped clean up afterwards. He interacted well with others and not scared to voice his opinion when appropriate. On the ward [Patient 13] has made good progress as he is now regularly visible in communal areas engaging in occupational therapists activities and observed interacting with others although still minimal. [Patient 13] has been taking part in group activities like yoga, computer, fresh air group, playing scrabble, watching television and reading magazines. [Patient

Patient 26	Patient 13
26] has been encouraged to attend meaningful OT groups to get support in his need of getting employment.	13] has been encouraged to attend meaningful OT groups to get support in his need of getting employment.

Patient 14

- 18.91 The file for Patient 14 was provided by Mr Blavo to the LAA in June 2015. Mr Blavo's email account contained documents relating to Patient 14 including a First Tier Mental Health Tribunal decision, a Social Circumstances Report, Nursing Report and Responsible Clinician's Report. Those documents were received by him in an email from Chris Adu dated 1 June 2012 with the subject "[PATEINT 14] REPORT". The documents attached to the email all related to Patient 27.
- 18.92 The file submitted to the LAA referred to Kristal Penrose as being the fee-earner with conduct of the case. In statements provided to the Applicant in October 2014 and September 2022, Ms Penrose confirmed that she had never had a client in the name of Patient 14.
- 18.93 It was the Applicant's case that the Patient 14 file was fabricated and submitted to the LAA by Mr Blavo to mislead the LAA's compliance audit. The emails obtained from the Firm's server directly evidenced his involvement in the fabrication of the Patient 14 file. The Patient 14 file supplied by Mr Blavo to the LAA contained sections which were identical or near identical to the documents provided to Mr Blavo relating to Patient 27.

Patient 27	Patient 14
[Patient 27's] behavior escalated and her husband who is the main career, became unable to cope. She appeared quite distressed and hasn't shown satisfactory responses to pharmacological interventions. It was agreed by the team following an out-patient review that she would benefit from a period of an in-patient assessment where her medications are reviewed. She is also offered a multidisciplinary assessment that should inform future living arrangements and support that she may require. As part of Huntington's disease, [Patient 27] also suffers from involuntary movements, balance problems and communication difficulties. Her movement disorder has led to a number of falls which also needed to be assessed in hospital.	[Patient 14's] behavior escalated and his wife who is the main career, became unable to cope. He appeared quite distressed and hasn't shown satisfactory responses to pharmacological interventions. It was agreed by the team following an out-patient review that he would benefit from a period of an in-patient assessment where his medications are reviewed. He is also offered a multidisciplinary assessment that should inform future living arrangements and support that he may require. As part of Huntington's disease, [Patient 14] also suffers from involuntary movements, balance problem and communication difficulties. His movement disorder has led to a number of falls which also needed to be assessed in hospital.

Patient 27	Patient 14
[Patient 27] is able to express her views however at times it may be difficult to ascertain what is being said as speech	[Patient 14] is able to express his views however at times it may be difficult to ascertain what is being said as speech

Patient 27	Patient 14
production can be poor. There is some slowing of speed of response and mental inflexibility and [Patient 27's] conversation is often perseverative in content. Attention and concentration is impaired therefore to ensure effective communication with [Patient 27] allow her time to process information and to formulate her thoughts and ideas. Keep communication short and concise, using words to ensure [Patient 27] understands.	production can be poor. There is some slowing of speed of response and mental inflexibility and [Patient 14's] conversation is often perseverative in content. Attention and concentration is impaired therefore to ensure effective communication with [Patient 14] allow him time to process information and to formulate his thoughts and ideas. Keep communication short and concise, using words to ensure [Patient 14] understands.

18.94 Mr Tabachnik KC submitted that in light of the evidence in respect of Mr Blavo's knowledge of and involvement in the confection of documents for the 14 client files detailed above, the only possible inference was that Mr Blavo knew perfectly well that the files detailed, which he submitted to the LAA, were not genuine.

18.95 Further, the 14 client files were entirely false and improperly created with the intent of misleading the LAA in the course of their compliance audit. The emails obtained by the Applicant directly evidenced the role that Mr Blavo played in the falsification of the files.

Allegation 1.1

18.96 In acting as he did, Mr Blavo failed to uphold the rule of law and the proper administration of justice, in breach of Principle 1. Mr Blavo's participation in the scheme of presenting the LAA with falsified documents about non-existent clients included the concoction of purported decisions of the First-Tier Tribunal (incorporating the Tribunal's seal/logo).

18.97 Mr Blavo's conduct undermined the trust the public had in the legal profession. The public would expect solicitors properly and honestly to comply with formal requests for information from the LAA in these circumstances. This was particularly the case in respect of information about legal cases that had been funded by legal aid that derived from public funds. Public trust was very seriously undermined by Mr Blavo's conduct as he deliberately provided falsified documents in order to justify and maintain the legal aid funds being provided by the LAA. Therefore, Mr Blavo behaved in a way that failed to maintain the trust the public placed in him and in the provision of legal services, in breach of Principle 6.

18.98 Further, Mr Blavo acted without integrity, in breach of Principle 2, by encouraging the submission to the LAA of falsified documents about non-existent clients, where he knew this was the case, or alternatively, made no adequate inquiries to assure himself it was not.

Dishonesty

18.99 Mr Tabachnik KC submitted that the deliberate and conscious provision of falsified documents to the LAA to support claims for payment that should never have been made

(or sought to be justified) was clearly dishonest. Mr Blavo was well aware that this is what he and others at the Firm were doing. He was further aware that he stood to benefit directly from the said misconduct, as the sole shareholder of the Firm, both in terms of seeking to justify payments already made to the Firm and in terms of receiving further payments from the LAA into the future (assuming the relevant LAA investigations could be defused or delayed). Ordinary and decent people would consider that such conduct was dishonest.

18.100 Further or alternatively, Mr Blavo acted recklessly by failing to make appropriate inquiries as to the authenticity of the documents being supplied to the LAA (or the existence of the underlying clients), thereby abrogating his responsibilities as director and unreasonably running the risk that documents which were not genuine were being furnished to the LAA about non-existent clients.

Allegation 1.2

18.101 Mr Tabachnik KC submitted that Mr Blavo had behaved in a way that failed to maintain the trust the public placed in him and in the provision of legal services, in breach of Principle 6. His conduct was in the alternative manifestly incompetent in permitting or allowing or participating in the composition of fabricated documents about non-existent clients.

18.102 Further, Mr Blavo had acted without integrity, in breach of Principle 2 by directing or encouraging or participating in the composition of fabricated client files.

Dishonesty

18.103 Deliberate and conscious preparation of falsified documents was clearly dishonest. Mr Blavo was well aware that this was what he and others at the Firm were doing. There can be no possible good or honest explanation for the fabrication of client files.

18.104 Further or alternatively, the Respondent acted recklessly by failing to make appropriate inquiries as to the authenticity of the said documents, thereby abrogating his responsibilities as director and unreasonably running the risk that documents which were not genuine were being fabricated within the Firm.

The Respondent's Case

18.105 Mr Blavo denied allegations 1.1 and 1.2. Further, he denied that his conduct was dishonest or reckless as alleged. Mr Blavo did not provide a positive defence in his Answer.

The Tribunal's Findings

Allegation 1.1

18.106 The Tribunal examined all the documents with care. The Tribunal noted the remarkable and inexplicable similarity between documents received by Mr Blavo in emails from third parties and the documents submitted by him to the LAA in the 14 client matters

detailed. The Tribunal also noted that these emails were received at a time when Mr Blavo had been required by the LAA to submit client files for audit.

- 18.107 The syntax, grammar and style of the documents was almost identical in each case to the value of around 95%. The Tribunal found that it was plain that the reproduced errors could only have occurred as a result of documents from one file being copied and pasted to files that Mr Blavo was required to submit. It was also plain that minor amendments to the documents received had been made so that the documents appeared to relate to the named clients.
- 18.108 The Tribunal found that Mr Blavo had been instrumental in this process. It could be seen that Mr Blavo received documents from third parties which he then distributed to others for amendments to be made. Those amended documents would then be checked before being placed on the falsified files. The emails obtained evidenced that he was fully aware and fully participated in the falsification of files for submission to the LAA.
- 18.109 Mr Blavo had falsified official court documents in order to attempt to evidence that the 14 clients were genuine patients and clients of the Firm when that was not the case. He caused court seals and logos to be applied to the documents in order to make them appear authentic. That such conduct failed to adhere to the rule of law and failed to uphold the proper administration of justice in breach of Principle 1 was clear.
- 18.110 Members of the public would not expect a solicitor to falsify documents in order to justify claims made to the LAA. Accordingly, the Tribunal found that Mr Blavo's conduct was in breach of Principle 6 as alleged.
- 18.111 Solicitors acting with integrity would not use the confidential information received from third parties in order to create false files so as to justify claims made to the LAA. Nor would a solicitor acting with integrity falsify files for non-existent clients to submit to the LAA for the purposes of satisfying an audit. In doing so, Mr Blavo had acted without integrity in breach of Principle 2.

Dishonesty

- 18.112 Mr Blavo knew that the files he had submitted related to non-existent clients. He was instrumental in the falsification of the documents that were contained in the files that were submitted. He had done so in an attempt to show that the files were genuine files such that the payments received by him were properly received. The Tribunal noted that Mr Blavo was the sole beneficiary of monies received as the sole shareholder. The Tribunal determined that Mr Blavo had falsely claimed monies for files for his personal gain. Ordinary and decent people would consider that claiming monies from the LAA under false pretences was dishonest. The Tribunal found that Mr Blavo's conduct had been dishonest as alleged.
- 18.113 Accordingly, the Tribunal found allegation 1.1 proved, including that Mr Blavo's conduct was dishonest.
- 18.114 Having found Mr Blavo's conduct to be dishonest, the Tribunal did not consider whether that conduct had been reckless, recklessness being pleaded in the alternative to dishonesty.

Allegation 1.2

18.115 The Tribunal repeated its findings as detailed at allegation 1.1 above. In participating and orchestrating the falsified files and documents, Mr Blavo failed to act in a way that maintained the trust the public placed in him and in the provision of legal services in breach of Principle 6.

18.116 That such conduct lacking integrity was self-evident. Solicitors acting with integrity did not orchestrate and facilitate the falsification of files for submission to the LAA for the purposes of an audit.

Dishonesty

18.117 The Tribunal found that Mr Blavo knew that the files were being falsified. Indeed, he was instrumental in that process. Ordinary and decent people would consider that a solicitor who had falsified client files and documents had acted dishonestly.

18.118 The Tribunal found that in acting as he did, Mr Blavo had acted dishonestly. Accordingly, the Tribunal found allegation 1.2 proved, including that Mr Blavo's conduct had been dishonest.

19. Allegation 1.3 - On an unknown date between about January 2013 and October 2015, the Respondent encouraged and/or gave instructions for the falsification of documents regarding both (alternatively one of) Patient 28 and Patient 29, thereby acting in breach of Principles 2 and 6 of the Principles.

The Applicant's Case

19.1 In the Judgment at paragraphs 76 and 115-117 and 142-145, Mr Justice Pepperall concluded that one or both of the Patient 28 or Patient 29 files were not genuine files. The Applicant's own independent investigations have confirmed this conclusion to its satisfaction, and this matter is the subject of Allegation 1.3.

19.2 The Patient 28 and Patient 29 files were uplifted by the Applicant during its intervention into the Firm and subsequently disclosed to the LAA pursuant to a Court order.

19.3 Paragraph 76 of the Judgment was in the following terms:

“76 The two cases where there was no record of a tribunal hearing concerned a female client, Patient 29, and a male client, Patient 28. The Social Circumstance Report on their respective files showed disturbing similarities:

76.1 Both patients had tribunal hearings on Thursday 12 September; in 2013 in Patient 28's case, which was indeed a Thursday, but in 2012 in Patient 29's case despite the 12th being a Wednesday in that year.

76.2 Both were said to be the same age, although in each case their ages were also restated inconsistency [sic] in numerals.

- 76.3 Both were born in London and were the second eldest of seven siblings with a brother living in Ireland, a sister in Tasmania and two further sisters in South Africa, a sister in Cheltenham and a brother in Stroud.
- 76.4 Both had moved to St Albans in 1965 (despite in Patient 28's case his date of birth being given as November 1967), where they lived for 12 years before moving to Durban in South Africa for the next ten years. Both returned to England in 1997 where they lived for two years in Oxford before moving to their current addresses.
- 76.5 Both regularly attended their local Trinity Methodist churches.
- 76.6 Both married in 1977, got divorced in 1980, remarried in 1991 before separating in 1995.
- 76.7 Both had one daughter and one son. Their daughters were the same age, share the same names and each lived in South Africa but were planning to move to Australia. Both daughters had flown into England on the day after their parents overdosed, staying for two weeks but without ever discussing the overdose.
- 76.8 Both had 12-year-old sons who had been born in South Africa but came to live in England at the age of 6.
- 76.9 Both underwent back surgery in 2002 at the Royal National Orthopaedic Hospital in Stanmore. Both were prescribed amitriptyline at a dosage of 75mg for evening pain relief and insomnia.
- 76.10 Both were diagnosed in 2002 with type 2 diabetes. In both cases, their condition had since deteriorated to type 1 diabetes and both suffered leg ulcers by reason of their diabetes.
- 76.11 Both had also suffered a deterioration in their vision in their right eyes and were waiting for laser eye treatment when they overdosed. In each case, their laser treatment was postponed.
- 76.12 Both were experiencing their first contact with mental health services and waiting for the allocation of new care co-ordinators.
- 76.13 Both gave their brothers, who shared the same name, as their nearest relatives. Both brothers had lived in Basildon but were then living with their sisters after having separated about a year and a half earlier.
- 76.14 Both patients had lost their hair 20 months earlier. As a result, they had lost confidence.
- 76.15 Both held the same qualifications and had worked for the same number of years in the same job in South Africa. At the time of the reports, both then worked 30 hours per week for the same small business, save that it was said to be in different towns. Both had been with that business for 8 years.

- 76.16 Both were avid travellers, having visited twenty countries in the previous 15 years and enjoyed using their bus passes to visit little villages around the same English county.
- 76.17 Both had precisely the same level of savings and debts and were being encouraged to apply for benefits to which they might have been entitled.
- 76.18 Both took overdoses of precisely the same three drugs on 13 April, precisely one year apart.
- 76.19 Despite hailing from different towns, both were seen on the 19th of a month by the same mental health professional.
- 76.20 Both were teetotal.
- 76.21 Care notes taken on 17th of two different months were in precisely the same terms.
- 76.22 Both were seen by the same counselling psychologist, despite being in different hospitals in different towns.”
- 19.4 Mr Tabachnik KC submitted that the “disturbing similarities” were all accurately identified by the Judge.
- 19.5 Pepperall J noted that Mr Blavo had provided no explanation for these matters, and declined to give evidence at trial (notwithstanding earlier service of a witness statement).
- 19.6 Mr Tabachnik KC submitted that in light of the evidence summarised above, the only possible inference is that both (or alternatively, one) of the Patient 28 and/or the Patient 29 files were fabricated, and that it was Mr Blavo who directed or encouraged the same.
- 19.7 Mr Tabachnik KC submitted that Mr Blavo had behaved in a way that failed to maintain the trust the public placed in him and in the provision of legal services, in breach of Principle 6. His conduct was in the alternative manifestly incompetent in permitting or allowing the composition of fabricated documents about non-existent clients.
- 19.8 Further, he had acted without integrity, in breach of Principle 2, in directing or encouraging the composition of fabricated client files.

Dishonesty

- 19.9 Mr Tabachnik KC submitted that the deliberate and conscious preparation of falsified documents was clearly dishonest. Mr Blavo was well aware that this was what he and others at the Firm were doing. There could be no possible good or honest explanation for the fabrication of client files.
- 19.10 Further or alternatively, Mr Blavo acted recklessly by failing to make appropriate inquiries as to the authenticity of the said documents, thereby abrogating his

responsibilities as director and unreasonably running the risk that documents which were not genuine were being fabricated within the Firm.

The Respondent's Case

19.11 Mr Blavo denied allegations 1.3. Further, he denied that his conduct was dishonest or reckless as alleged. Mr Blavo did not provide a positive defence in his Answer.

The Tribunal's Findings

19.12 The Tribunal examined the underlying documents relating to Patients 28 and 29. The Tribunal noted that the similarities between the documents were accurately identified by Pepperall J. The Tribunal concluded that the only plausible explanation for those similarities was that information had been taken from one and copied to the other. It was beyond the realms of possibility that 2 people could have an entirely identical background including their physical health and their financial position. It was clear that either the records for Patient 28 or Patient 29, or indeed both, had been fabricated, and that Mr Blavo, as with the 14 files detailed in allegation 1.1, had been instrumental in that fabrication. That such conduct failed to maintain the trust that the public had in Mr Blavo and the legal profession was plain. Members of the public would not expect a solicitor to fabricate files in the way that Mr Blavo did. Solicitors acting with integrity did not fabricate files and documents.

Dishonesty

19.13 That such conduct was dishonest was evident. Mr Blavo knowingly falsified either the file for Patient 28, or Patient 29 (or both). Ordinary and decent people would consider such conduct to be dishonest.

19.14 Accordingly, the Tribunal found allegation 1.3 proved, including that Mr Blavo's conduct had been dishonest. Having found dishonesty, the Tribunal did not consider recklessness, recklessness having been alleged in the alternative to dishonesty.

Previous Disciplinary Matters

20. None.

Mitigation

21. None.

Sanction

22. The Tribunal had regard to the Guidance Note on Sanctions (10th Edition – June 2022). The Tribunal's overriding objective, when considering sanction, was the need to maintain public confidence in the integrity of the profession. In determining sanction, it was the Tribunal's role to assess the seriousness of the proven misconduct and to impose a sanction that was fair and proportionate in all the circumstances.

23. The Tribunal found that Mr Blavo was motivated by financial gain. He had claimed costs for non-existent clients and when asked to provide the files evidencing the work for the purposes of an LAA audit, he had fabricated those files. His actions were planned. He had involved a number of third parties to assist in fabricating the files and documents. He had breached the trust placed in him by the LAA to only claim for work undertaken. He had sole control and was wholly responsible for the circumstances giving rise to his misconduct. The emails evidenced that the fabrication of the files was undertaken at his direction and under his supervision. He was an experienced solicitor at the time of his misconduct and knew that he was acting in an inappropriate and entirely dishonest manner.
24. His conduct had caused significant harm, both to the reputation of the profession and to the public, who had financed his improper claims. The monies obtained from the LAA were public monies from taxpayers who funded the legal aid budget. The harm caused to both the reputation of the profession and the public was wholly foreseeable. Mr Blavo's conduct was aggravated by his proven dishonesty, which was in material breach of his obligation to protect the public and maintain public confidence in the reputation of the profession; as per Coulson J in Solicitors Regulation Authority v Sharma [2010] EWHC 2022 Admin:
- “34. There is harm to the public every time that a solicitor behaves dishonestly. It is in the public interest to ensure that, as it was put in Bolton, a solicitor can be “trusted to the ends of the earth”.”
25. The Tribunal found Mr Blavo's conduct to have been deliberate, calculated and repeated over a period of time. He had taken advantage of the trust placed in him both by his legitimate clients (in using their private and confidential documents to falsify files) and the LAA (in claiming for work that had not been undertaken and thereafter falsifying files to justify those claims). He had, in the most egregious way, the Tribunal found, abused his position of power and authority. His dishonesty had been committed on an industrial scale. He had attempted to conceal his wrongdoing from the LAA and in the civil proceedings (although not in the proceedings before the Tribunal) had placed the blame for any wrongful claims on “rogue” employees in circumstances where he had instigated the falsification of the files and documents. Mr Blavo knew that his conduct was in material breach of his obligation to protect the public and the reputation of the profession. His sole concern was his personal financial position which he placed above any obligation he had as a solicitor. The Tribunal found that the nature of the misconduct committed by Mr Blavo was so serious that there could be no mitigating features.
26. Given the serious nature of the allegations, the Tribunal considered and rejected the lesser sanctions within its sentencing powers such as no order, a reprimand or restrictions. The Tribunal had regard to the case of Bolton v Law Society [1994] 2 All ER 486 in which Sir Thomas Bingham stated:
- “...Lapses from the required standard (of complete integrity, probity and trustworthiness)...may...be of varying degrees. The most serious involves proven dishonesty....In such cases the tribunal has almost invariably, no matter how strong the mitigation advanced by the solicitor, ordered that he be struck off the roll of solicitors.”

27. The Tribunal found that given the profoundly dishonest nature of Mr Blavo's conduct, the only appropriate and proportionate sanction was to strike Mr Blavo off the Roll.

Costs

28. Mr Tabachnik KC submitted that the costs submitted by the Applicant on the certification of the case had been substantially reduced. The initial costs had been based on a 10 day fully contested hearing. In the event, Mr Blavo had not substantively contested the hearing and the matter had taken 2 days. Mr Tabachnik KC made an application for costs in the sum of £72,676. The legal costs claimed by Capsticks (solicitors instructed on behalf of the Applicant) amounted to a notional rate of approximately £100 per hour.
29. Mr Tabachnik KC referred the Tribunal to the statement of means submitted by Mr Blavo in which he stated that he had no assets, income or savings and that he was living off the generosity of friends. There was no evidence that Mr Blavo had any hidden assets, but in circumstances where he had attempted to put assets beyond reach by transferring them to others, it remained possible that Mr Blavo had assets that had not yet been identified. Mr Tabachnik KC submitted that in the circumstances, it would be appropriate for the Tribunal to order costs to be paid in full, but for that costs order not to be enforced without the leave of the Tribunal.
30. In his Answer, Mr Blavo stated:
- “For the record, I respectfully invite the Tribunal to note that I do not have the means or resources to pay any or any part of the costs sought (or to be sought) by the Applicant. This is because I was made bankrupt on 24/07/19 on the application of the Law Society as the main petitioning creditor. Furthermore, to the best of my knowledge the worldwide freezing order made by the High Court against me in 2015 and subsequently continued remains in place to date. As a result of the above events I have no income or savings and I do not even have a bank account.”
31. The Tribunal considered that the costs claimed were proportionate to the issues and matters to be determined. Both the legal fees claimed by Capsticks, and the investigation fees claimed by the SRA were reasonable and recoverable in full.
32. The Tribunal noted what had been said by Mr Blavo in his answer. There was currently no evidence that Mr Blavo had any income, or that he was in still in possession of any of the monies that he had dishonestly claimed from the LAA. Ordinarily where a Respondent was able to evidence impecuniosity, the case law stated that that should be taken into account by the Tribunal when considering any order for costs. In Barnes v SRA [2022] EWHC 677 (Admin) it was held that no order for costs should be made where it was unlikely, on any reasonable assessment of Mr Blavo's current or future means, that he would ever be able to satisfy that order.
33. The Tribunal was not satisfied that Mr Blavo would be unlikely to ever be able to satisfy a costs order. The Tribunal determined that on the information currently available to it, it could not make an order for the immediate payment of costs. However, the Tribunal noted Mr Blavo's previous conduct as regards attempting to safeguard his

assets. The Tribunal concluded that it was appropriate to make an order for costs in the full amount, but for that order not to be enforceable without leave of the Tribunal. In that way, if the Applicant later discovered that there were further assets owned by Mr Blavo, it would be able to recover its costs.

Statement of Full Order

34. The Tribunal Ordered that the Respondent, JOHN BLAVO, solicitor, be STRUCK OFF the Roll of Solicitors and it further Ordered that he do pay the costs of and incidental to this application and enquiry fixed in the sum of £72,676.00, such costs not to be enforced without leave of the Tribunal.

DATED this 4th day of April 2023
On behalf of the Tribunal



W Ellerton
Chair

JUDGMENT FILED WITH THE LAW SOCIETY
04 APR 2023