

1 (1.59 pm)

2 THE CHAIR: Yes, Mr Beer.

3 Statement on behalf of Nottingham Healthcare Trust  
4 by MR BEER KC

5 MR BEER: I speak on behalf of the Trust. The events of  
6 13 June 2023 had, and will continue to have a profound  
7 and enduring impact on many people, but above all on the  
8 families and friends of Ian Coates, Grace O'Malley-Kumar  
9 and Barney Webber who tragically lost their lives and  
10 upon Wayne Birkett, Marcin Gawronski and Sharon Miller  
11 who sustained life-threatening injuries.

12 The Trust remains deeply moved by the grief and  
13 anguish of those most seriously affected. It recognises  
14 that in the years preceding these tragic events there  
15 were opportunities that could have been identified,  
16 seized and acted upon differently and for this the Trust  
17 is profoundly sorry.

18 Looking back now, the Trust also recognises that its  
19 engagement with the families of those involved could and  
20 should have been better. Whilst its most important  
21 apology is rightly directed to VC's victims and their  
22 families, the Trust also acknowledges the profound  
23 impact of these events on VC's own family, on the wider  
24 communities that the Trust serves and upon the staff who  
25 cared for and treated VC. Many of those staff will give

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1 Secondly, the CQC's section 48 investigation  
2 concluding in three parts, the third part of which was  
3 released in August 2024, focusing specifically on VC and  
4 making nine recommendations.

5 The NHS commissioned independent homicide  
6 investigation, conducted by Theemis, and concluding  
7 in January 2025 with 12 recommendations.

8 The Trust has been committed to learning from each  
9 investigation and to responding to the regulatory  
10 actions. It has commissioned additionally internal  
11 reviews, including a serious incident review and reviews  
12 of the EIP team, crisis services, local mental health  
13 teams and a thematic review of homicides to inform its  
14 broader improvement programme.

15 Importantly, some of this work pre-dated the events  
16 of June 2023. The Trust had already identified  
17 weaknesses in its patient safety and incident learning  
18 infrastructure. An independent evaluation by Helen  
19 Collins between September and November 2023 set out 132  
20 recommendations, all of which the quality committee  
21 confirmed as implemented in March 2025.

22 Across all external and internal reviews we would  
23 suggest that nine key themes have consistently emerged:  
24 risk assessment and management; discharge planning;  
25 medicines management, including depot medication and

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1 evidence to this Inquiry. Many continue to carry the  
2 emotional weight of these events.

3 The Trust hopes that this Inquiry concludes with  
4 clear, enduring, national recommendations, the  
5 implementation of which will truly minimise the risk of  
6 events like these ever happening again.

7 The Trust approaches the Inquiry with openness,  
8 transparency and a sincere desire to support the  
9 process. It sees this as an opportunity to contribute  
10 to improvements not only locally but across mental  
11 health services nationally.

12 The Trust has disclosed about 11,000 documents to  
13 the Inquiry. Approximately 160 of its staff, current,  
14 former and agency staff, have provided written evidence  
15 to the Inquiry. The Trust has not sought anonymity, or  
16 Restriction Orders for any member of its staff. The  
17 Trust did not seek to argue that these proceedings or  
18 any part of them should not be live streamed. It has  
19 supported a transparent and publicly accessible process.

20 Since June 2023, three significant health focused  
21 investigations have examined VC's conduct, his care and  
22 treatment. The Trust level 2 comprehensive serious  
23 incident investigation was the first of them, externally  
24 chaired with the support of psychological approaches,  
25 concluding on 15 March 2024 with ten recommendations.

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1 restrictive options; the application of the Mental  
2 Health Act; patient engagement and follow up; family and  
3 multi-agency communication; care planning; clinical  
4 decision-making and documentation; and, lastly,  
5 balancing patients' rights with risk management.

6 The Inquiry's evidence base is considerably more  
7 extensive than any of the prior investigations. More  
8 individuals have provided written testimony and will  
9 give oral testimony and a wider set of records has been  
10 obtained and reviewed. It has become clear that the  
11 Trust's own chronology was incomplete as a result of  
12 gaps in record keeping and the limited information  
13 available to the Trust at the time about multi-agency  
14 activity and information sharing. Evidence from other  
15 Core Participants has highlighted significant gaps in  
16 what the Trust knew while treating VC, particularly  
17 concerning the volume and nature of police-related  
18 incidents.

19 Multiple agencies often recorded different versions  
20 of the same incidents, revealing inconsistent  
21 perspectives on risk and underlining the need for  
22 robust, shared multi-agency systems.

23 During the period up to August 2021, when VC  
24 appeared relatively stable, the Trust was unaware of  
25 several concerning incidents, for example the Trust did

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1 not know of VC's behaviour outside MI5's headquarters on  
2 31 May 2021 occurring just two days after his mother had  
3 contacted services about concerns regarding his mental  
4 health.

5 The Trust was also unaware of VC's assaults on his  
6 flatmates on 5 July 2021, although the attending  
7 police officer reportedly advised the victim to inform  
8 VC's mental health nurses, this information was not  
9 passed on.

10 Likewise, stalking incidents in April 2022, May 2022  
11 and July 2022 during a period of disengagement, and  
12 shortly before discharge, were not shared with the Trust  
13 and therefore played no part in clinical  
14 decision-making. Had they been known they might have  
15 triggered further enquiries or different actions.

16 A warrant for VC's arrest was issued on  
17 22 September 2022, at the same time as his discharge  
18 from services. The Trust did not know of the warrant.

19 More proactive communication from the police might  
20 have prompted further review of VC's mental state.

21 Additionally, the Trust was unaware of the alleged  
22 assault by VC on colleagues at his workplace on  
23 5 May 2023. This may have represented another missed  
24 opportunity to assess his mental health.

25 The Trust recognises, of course, that the Inquiry  
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1 for disengagement; a new patient engagement plan and  
2 assertive outreach pathway support those most likely to  
3 disengage. Any attempted disengagement based on  
4 discharge now triggers a system alert on the SafeNow  
5 dashboard requiring a mandatory senior review.

6 Secondly, the Trust has strengthened liaison with  
7 the police and other agencies, including participation  
8 in the Potentially Dangerous Person pathway, PDP  
9 pathway, a police-led multi-agency approach for  
10 individuals who present potential risk but fall outside  
11 of the MAPPA or the Prevent criteria.

12 This Inquiry's role extends beyond analysing past  
13 events. It must also consider what changes are required  
14 to prevent tragedies occurring in the future, both  
15 locally and nationally.

16 The Trust would respectfully urge national  
17 consideration of three areas at this stage. Firstly,  
18 the creation of a national repository where mental  
19 health homicide investigation reports are published by  
20 default with appropriate oversight. This would enable  
21 consistent learning across the UK and ensure  
22 transparency for families.

23 Second, a common categorisation framework for  
24 recording risk incidents across police, healthcare and  
25 other agencies and clearer frameworks for sharing

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1 will focus particularly on the rationale for VC's  
2 discharge from services in September 2022. Oral  
3 evidence will, we suggest, provide a fuller and clearer  
4 picture than the documentary picture alone.

5 Now three years have passed since these tragic  
6 events. During that time the Trust under national  
7 regulatory oversight has undergone some significant  
8 change. The improvement journey began before June 2023  
9 and has since accelerated. No Trust service is now  
10 rated as inadequate by the CQC, which is a fundamental  
11 shift from the earlier assessments. The latest well-led  
12 report recognises some clear progress.

13 The Trust accepts, however, that more work is  
14 required but believes the recent CQC findings reflect  
15 a pivotal movement as it moves from stabilisation to  
16 wider transformation.

17 In particular on staffing, agency use has reduced by  
18 70 per cent and overtime use has reduced by 62 per cent.  
19 Demand, however, has increased with local mental health  
20 team caseloads rising from 8,619 in July 2022 to more  
21 than 10,000 as I speak today.

22 Two major changes implemented by the Trust which it  
23 believes have significantly reduced the likelihood of  
24 similar events. These deserve particular emphasis.

25 Firstly, patients are no longer discharged solely  
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1 information about individuals who present risk but fall  
2 below MAPPA or Prevent thresholds.

3 Clearer national guidance is also needed on when  
4 health related information may be shared to protect  
5 public safety.

6 Third, clearer national guidance on the duty of  
7 candour in cases involving criminal proceedings,  
8 multiple victims and ongoing therapeutic relationships.  
9 Current guidance does not adequately address the  
10 complexity of homicide cases in mental health settings.

11 The Trust knows that no amount of organisational  
12 improvement can undo what has happened. However, it  
13 hopes that the Inquiry's thorough examination of events,  
14 its findings and its recommendations can ensure that  
15 positive change emerges.

16 The Trust does not consider such events entirely  
17 preventable, but believes the changes it has implemented  
18 go to the very heart of the risks that contributed to  
19 VC's case. The Trust commits fully through me to  
20 implementing the Inquiry's recommendations and  
21 continuing the work that it has already begun.

22 It thanks the Inquiry for its work and stands ready  
23 to assist it in any way possible.

24 **THE CHAIR:** Thank you, Mr Beer. Yes, Mr McNamara.

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1 Statement on behalf of Nottingham City Council  
 2 by MR MCNAMARA  
 3 **MR MCNAMARA:** Chair, this is the opening on behalf of  
 4 Nottingham City Council.  
 5 I begin by saying that Nottingham City Council and  
 6 all who represent it offer their sincere and heartfelt  
 7 condolences to the families of Ian, Grace and Barney and  
 8 sincere and heartfelt sympathy to Wayne, Marcin and  
 9 Sharon.  
 10 The city of Nottingham was shocked and appalled by  
 11 what took place on 13 June 2023, as demonstrated by the  
 12 public response in the days that followed. The  
 13 atrocities committed by VC were, and remain,  
 14 unthinkable.  
 15 The local authority, its witnesses and its officers  
 16 are committed to providing every assistance to this  
 17 Inquiry in answering the questions it has posed in its  
 18 Terms of Reference, to respond frankly, candidly and  
 19 openly to further questions, to listen and to learn.  
 20 NCC sincerely apologises for the isolated data  
 21 protection breaches that occurred following VC's  
 22 homicidal and violent activities. It is committed to  
 23 learning and improving.  
 24 This brief opening statement contains merely  
 25 a thumbnail chronology. It summarises the role of

1 two clinicians concluded it was appropriate for him to  
 2 be detained.  
 3 On 3 September 2021 was the event we have heard  
 4 about already involving substantial violence on the part  
 5 of VC, when PC Pritchard was assaulted, and incapacitant  
 6 spray and two taser rounds were required to subdue him  
 7 as well as handcuffs and leg straps.  
 8 Next on 24 September 2021, a Mental Health Act  
 9 assessment was undertaken by Alison Jacques. Again he  
 10 was detained.  
 11 On 19 January 2022 a section 135 warrant was  
 12 executed. He was not, however, detained on that  
 13 occasion.  
 14 On 28 January 2022, so nine days or so later,  
 15 a further section 135 warrant was issued but not  
 16 executed on that occasion since he went essentially  
 17 quietly. Fiona Parker and two clinicians concluded he  
 18 be detained.  
 19 So what is the role of the Approved Mental Health  
 20 Practitioner? As was noted by your counsel yesterday,  
 21 Chair, the Inquiry will hear from nine witnesses from  
 22 Nottingham City Council, eight of whom were employed as  
 23 AMHPs during the period of May 2020 to January 2022.  
 24 Accordingly, it is submitted that it is vital that the  
 25 role of the AMHP, a creature of statute and informed by

1 Nottingham City Council's Approved Mental Health  
 2 Practitioners, or AMHPs as they are frequently  
 3 abbreviated to, and deals very briefly with the issue of  
 4 data breaches following the events of 13 June and  
 5 contains some early reflections.  
 6 The very brief chronology of Nottingham City  
 7 Council's contact with VC.  
 8 There were seven occasions upon which NCC convened  
 9 Mental Health Act assessments of VC between 24 May and  
 10 28 January 2022. Each occasion will of course be the  
 11 subject of extensive evidence from the AMHPs and all of  
 12 those in attendance on each occasion.  
 13 The first occasion upon which one of Nottingham City  
 14 Council's employees, namely Ben Williams, met with VC  
 15 was on 24 May 2020. He undertook an assessment with two  
 16 other clinicians and on that occasion VC was not  
 17 detained.  
 18 The following day, as we have heard as a consequence  
 19 of another act of violence, very shortly after the  
 20 initial one that resulted in his detention, a further  
 21 Mental Health Act assessment was undertaken by Eleanor  
 22 Cullen. On that occasion VC was detained.  
 23 Two months or so later, on 14 July of 2020,  
 24 a further Mental Health Act assessment was required and  
 25 on that occasion the local authority's Geoff Culpin and

1 related codes of practice, is understood.  
 2 The role of the AMHP is limited to interactions with  
 3 individuals facing a mental health crisis, or those  
 4 discharged from psychiatric treatment under a Community  
 5 Treatment Order.  
 6 Once alerted to the need to assess such an  
 7 individual, usually by a report from family, police or  
 8 a mental health clinician, for example, it is the  
 9 obligation of the AMHP to liaise with clinicians who can  
 10 pronounce on whether the individual is suffering from  
 11 a mental illness, make contact with and consult with the  
 12 family of the individual, enquire as to the availability  
 13 of a hospital place in the event that the individual  
 14 needs to be detained, if necessary seek a warrant to  
 15 remove the individual to a place of safety so they can  
 16 be assessed, convene a Mental Health Act assessment with  
 17 two physicians. Once that Mental Health Act assessment  
 18 has been convened, consider how the individual can be  
 19 helped by the least restrictive means.  
 20 If the individual needs to be detained for either  
 21 assessment or treatment and if they are not already in  
 22 a mental health setting, arrange conveyance of the  
 23 individual to an appropriate psychiatric facility and,  
 24 if after treatment, pursuant to section 3 of the Mental  
 25 Health Act, an individual is discharged from psychiatric

1 in-patient care, subject to a Community Treatment Order  
2 or a CTO, to consider how the individual's social needs  
3 be met.

4 In short, an AMHP's role was and is closely  
5 prescribed. Each must act within the legal framework,  
6 independently, and balance the competing rights of the  
7 individual, including those rights under Articles 5 and  
8 8 of the European Convention against the right of the  
9 public to be safe from random violence.

10 Once the process is complete, the individual becomes  
11 either a detained patient or is cared for by community  
12 mental health and, absent a Community Treatment Order  
13 upon discharge, the AMHP service is required only to  
14 step in again when called upon to do so by a fresh  
15 referral.

16 You are going to hear from one of the AMHPs, Geoff  
17 Culpin. He has attached to his statement a Department  
18 of Health and Social Care document from October 2019  
19 entitled "National Workforce Plan for Approved Mental  
20 Health Professionals". Amongst other things it provides  
21 as follows:

22 The AMHP has a responsibility to organise and  
23 undertake an assessment under the Mental Health Act 1983  
24 and, if the legal definitions are met, to authorise  
25 detention under the Act. AMHPs have specific

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1 Professionals) ... Regulations 2008".

2 This Inquiry will hear evidence from all of the  
3 AMHPs employed by Nottingham City Council that they were  
4 appropriately qualified to carry out their duties.

5 The role of AMHP in setting up the assessment is set  
6 out in paragraph 14.41 of the Code of Practice to the  
7 Mental Health Act of 1983:

8 "Unless different arrangements have been agreed  
9 locally between the relevant authorities, AMHPs who  
10 assess patients for possible detention under the Act  
11 have overall responsibility for co-ordinating the  
12 process of assessment."

13 The balanced position, as I describe it, that they  
14 occupy is described at paragraph 14.52 as follows:

15 "Although AMHPs act on behalf of a local authority,  
16 they cannot be told by the local authority or anyone  
17 else whether or not to make an application. They must  
18 exercise their own judgment, based on social and medical  
19 evidence, when deciding whether to apply for a patient  
20 to be detained under the Act. The role of AMHPs is to  
21 provide an independent decision about whether or not  
22 there are alternatives to detention under the Act  
23 bringing a social perspective to bear on their decision,  
24 and taking account of the least restrictive option and  
25 maximising independence guiding principle."

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1 responsibilities to uphold the human rights of people  
2 assessed under the Act, consider the social perspective  
3 and following the guiding principles of the Mental  
4 Health Act, which includes applying the least  
5 restrictive principle.

6 The AMHP is also responsible for organising the  
7 complex inter-agency arrangements required to undertake  
8 the assessment and communicating with everyone involved,  
9 including the person's nearest relative.

10 Chair, the role has also been the subject of recent  
11 judicial thinking in the case of Khambra & Ors v Harrow  
12 London Borough Council. Mrs Justice Foster said,  
13 amongst other things, that the AMHP is performing  
14 a facilitative role for the local authority that has  
15 public facing duties in respect of appropriate  
16 admissions for assessment or treatment under the Act.  
17 This facilitative role follows from the language of  
18 sections 2 and 3 Mental Health Act in which admission is  
19 dependent upon the written recommendations and the  
20 prescribed form of two registered medical practitioners.

21 The case also reminds one that the role of AMHP is  
22 derived from statute, namely sections 11, 13 and 114 of  
23 the Mental Health Act, and also that the competence,  
24 training and practice of AMHPs is the subject of the  
25 Mental Health Act -- "(Approved Mental Health

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1 As in section 1 of the Mental Capacity Act, any  
2 decisions are made in the person's best interests and in  
3 a way that is less restrictive of their rights and  
4 freedom of action.

5 Absent a Community Treatment Order, once the  
6 immediate need to deal with an individual's mental  
7 health crisis is met, by either essentially  
8 hospitalisation or treatment in the community, the  
9 AMHP's statutory role comes to an end.

10 The AMHPs service would only reengage if following  
11 in-patient treatment, that is detention for treatment  
12 under section 3 as opposed to assessment under section 2  
13 of the Mental Health Act, an individual is discharged  
14 under the provision of section 117.2, as amended, under  
15 what is known as the Community Treatment Order. At no  
16 stage, prior to 13 June 2023, was a CTO effected at the  
17 point of VC's discharge from psychiatric care and as  
18 a result Nottingham City Council was not involved in the  
19 provision of any after-care for the purposes of  
20 section 117.

21 Although chapter 33 of the Mental Health Act Code of  
22 Practice deals with the provision of care, as is made  
23 clear by one of the local authority's witnesses, namely  
24 Christopher Atherton, there was no statutory guidance  
25 around discharge at the time of NCC's involvement or

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1 indeed prior to the fateful events of 13 June 2023.  
2 That was subsequently rectified on 26 January 2024 by  
3 the DHSC's discharge for mental health in-patient  
4 settings. That is also exhibited to Mr Atherton's  
5 statement.

6 One of the AMHPs also attaches to his statement the  
7 12 local policies that were in place at the time.  
8 That's Ben Williams.

9 Nottingham City Council's AMHPs are busy.  
10 Geoff Culpin's second statement explains that the local  
11 authority has approximately 40 AMHPs who were  
12 responsible for carrying out on average 1,213 Mental  
13 Health Act assessments per year in the four years to  
14 2024, with a further 999 by the time of the preparation  
15 of his statement in December of last year. The average  
16 annual number of cases requiring warrants during the  
17 same period was 93 and by December of last year, 79.

18 Treatment of those experienced in acute mental  
19 crises is a balancing exercise for the local authority's  
20 AMHPs. As set out above, their role is to coordinate  
21 and facilitate Mental Health Act assessments, a process  
22 that is based upon care being founded upon the least  
23 restrictive option.

24 It is the local authority's position that on each of  
25 the occasions that it was called in to deal with VC's

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1 treatment, detention and discharge of those in crisis  
2 would be centred on a single integrated agency, or  
3 formalised inter-agency team drawn from, for example,  
4 policing, health, housing and social care, importantly  
5 with the resources and unified database to match.

6 The local authority also respectfully suggests that  
7 there is work to be done here by national government.  
8 Currently absent the formal structure of a Community  
9 Treatment Order, there is no requirement that other  
10 agencies such as a local authority are informed when  
11 a patient is discharged from psychiatric care after  
12 being detained. It is difficult to know as an aside  
13 what to suggest in terms of interactions with the likes  
14 of universities, so long as they enjoy charitable status  
15 and are not subject to a statutory duty in respect to  
16 students' welfare.

17 Despite the events of 13 June 2023 having prompted  
18 this Inquiry and the imperative for reflection, the  
19 local authority is cautious of suggesting a redrawing of  
20 fundamental principles based upon the actions of VC, not  
21 least since Parliament has largely reiterated the  
22 continuing principle of least restriction in the  
23 proposed revisions created by the Mental Health Act 2025  
24 and that any Code of Practice must include that  
25 principle amongst others.

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1 mental health crises, it did so promptly, responsibly,  
2 in accordance with its statutory obligations and in  
3 conformity to national and local policy provisions.  
4 Nonetheless, they are here to assist you.

5 Briefly on the data protection issue. There is,  
6 frankly, little the local authority can say other than  
7 to repeat the sincere and fulsome apology set out in the  
8 statement of Colin Wilderspin from 19 November 2025. It  
9 is submitted that it will become clear from the evidence  
10 that there is no culture of data breaches here and that  
11 the staff who accessed the information did so out of  
12 a misplaced professional curiosity and concern given the  
13 nature of the tragic events.

14 Some early reflections. The local authority  
15 recognises the agony caused by VC that day and it  
16 repeats its sincere condolences and sympathies. Of  
17 course, the witnesses have all reflected upon their  
18 involvement with VC. The atrocities that he went on to  
19 commit are outside of their experience in any other case  
20 in which they have been involved. Of course, the local  
21 authority reiterates its desire to engage in further  
22 reflection and learn from this Inquiry.

23 Although it is the local authority's broad view that  
24 at each step along the chronology its AMHPs experienced  
25 good inter-agency working, in an ideal world the care,

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1 The revisions created by section 5 of the 2025 Act  
2 raises the bar for detention under sections 2 and 3 by  
3 including the concept of serious harm, whereas the  
4 current provisions do not require such a qualification  
5 below detention -- before detention can be authorised.  
6 That is it is obvious that if the Act is introduced as  
7 currently drafted, it will be harder to detain someone  
8 like VC.

9 The anti-social behaviour officers who accessed data  
10 related to VC should not have done so. They regret it.  
11 They have been investigated by the police and they have  
12 been internally disciplined with formal written  
13 warnings. The local authority responded in the autumn  
14 of 2023 with a new audit process.

15 I conclude by saying this, Chair. The city of  
16 Nottingham will not forget 13 June 2023 and the impact  
17 on the victims of VC and their families and the local  
18 authority reiterates that it is committed to complete  
19 engagement with this Inquiry. Its witnesses and  
20 representatives are here to assist and learn from the  
21 process and recommendations. Thank you.

22 **THE CHAIR:** Thank you, Mr McNamara. Ms Bicarregui.

23 Statement on behalf of NHS England by MS BICARREGUI  
24 **MS BICARREGUI:** Thank you. Good afternoon, Chair. I appear  
25 on behalf of NHS England.

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1 NHS England is grateful for this opportunity to  
2 address you and to reaffirm its commitment to help you  
3 and your team. NHS England's participation in the  
4 Inquiry will be aimed at furthering understanding,  
5 learning lessons and achieving improvements to the best  
6 of its abilities.

7 Chair, the scrutiny brought by this Inquiry is  
8 welcomed.

9 NHS England, and those of us working as part of the  
10 legal team, extend our deepest sympathies to the family  
11 and friends of Grace O'Malley-Kumar, Barney Webber and  
12 Ian Coates, and to Wayne Birkett, Marcin Gawronski,  
13 Sharon Miller and their families.

14 NHS England has read with great care the statements  
15 that have been provided by those personally affected by  
16 the events of 13 June 2023 and has also listened  
17 carefully to the opening statements made this morning.

18 The need, so clearly expressed, for answers, for  
19 transparency and for accountability has been understood.  
20 NHS England is committed to helping the Inquiry to  
21 answer the questions raised about these events, about  
22 their causes and about what has happened since to  
23 understand and to learn.

24 NHS England wishes to make an unreserved apology to  
25 the families and friends of Grace, Barney and Ian and to

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1 commissioners and providers of healthcare services, but  
2 in performing this oversight role it works in  
3 partnership with other bodies, including regulators,  
4 such as the CQC, which examines issues such as the  
5 quality of clinical services and on whose work NHS  
6 England draws.

7 So, Chair, against that background I would like to  
8 touch briefly on some of the key issues which arise from  
9 the written evidence and which focus on NHS England's  
10 role.

11 First, NHS England's oversight of NHS Trusts and, in  
12 this case, the Nottinghamshire Healthcare NHS Foundation  
13 Trust.

14 Second, NHS England's work identifying the systemic  
15 causes lying behind the events of 13 June 2023,  
16 including commissioning of the independent Theemis  
17 review.

18 Lastly, although we know there will be much more to  
19 examine, some of the emerging themes.

20 So as to oversight, Chair, the central way that NHS  
21 England seeks assurance about how hospital trusts are  
22 performing is through its oversight framework. At the  
23 time of the attacks in June 2023 the Trust was in  
24 segment 3, which meant that it had significant support  
25 needs against one or more of the five national oversight

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1 the survivors Wayne, Marcin and Sharon and their family  
2 and friends.

3 The NHS and the system as a whole failed you with  
4 devastating consequences.

5 We have also heard what has been said by those  
6 affected and acknowledge that an apology alone is  
7 insufficient. The families need not only acceptance of  
8 responsibility but concrete changes to be made to help  
9 prevent future tragedies and NHS England is fully  
10 committed to working with the Inquiry in that spirit.

11 Chair, NHS England's written material goes into some  
12 detail about the role of NHS England in the overall NHS  
13 ecosystem. I'm not going to repeat that detail now,  
14 although it is of course important to understand the  
15 roles and responsibilities of various bodies in order to  
16 focus scrutiny and to target recommendations.

17 So briefly, Chair, NHS England is not the NHS in  
18 England, rather it provides strategic leadership for and  
19 coordinates the provision of healthcare services in  
20 England, with healthcare generally commissioned and then  
21 delivered by multiple partners, including as  
22 commissioners, integrated care boards and as providers  
23 of services, hospital and community trusts or  
24 independent contractors such as general practitioners.

25 NHS England also provides oversight of local

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1 themes, and it was in actual or suspected breach of its  
2 NHS provider licence.

3 However, the key drivers for the Trust entering  
4 segment 3 were the CQC ratings for the Rampton Hospital,  
5 a high secure service, and the Seacole ward at the Wells  
6 Road Centre, a low secure in-patient service. Neither  
7 of these services provided care to VC.

8 At this point in time the Trust's CQC rating overall  
9 was "Requires improvement" and "Requires improvement for  
10 well-led".

11 So the Trust had come under scrutiny both from the  
12 CQC and from NHS England in its oversight role, although  
13 the focus was not at this point on its community mental  
14 health services.

15 Following further submissions to NHS England's  
16 Midlands regional support group in February 2024, the  
17 Trust was moved to segment 4 of the oversight framework.  
18 The concerns expressed about the Trust covered a range  
19 of issues about the care, quality, safety and  
20 performance of a number of services. The ongoing  
21 investigations into the care and treatment of VC formed  
22 only one strand of the issues.

23 The move to segment 4 required a Recovery Support  
24 Programme to be put in place, leading to a high level of  
25 intensive support.

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1 Chair, this is described in detail in the NHS  
 2 England corporate witness statement and NHS England  
 3 acknowledges that the Trust has been actively engaged  
 4 with the Recovery Support Programme process.  
 5 Chair, oversight systems have to be designed so that  
 6 they are manageable, whilst driving up standards of care  
 7 and they must be capable of being implemented and  
 8 operated across the country as a whole, but NHS England  
 9 recognises the importance of learning and reflection on  
 10 the system.  
 11 As counsel to the Inquiry set out yesterday and  
 12 my learned friend from the Trust has just mentioned,  
 13 since the tragic events of 13 June 2023 there have been  
 14 a number of investigations seeking to understand what  
 15 went wrong, carried out or commissioned by the Trust,  
 16 the CQC and NHS England, whose role was to commission  
 17 through its regional team the independent Theemis  
 18 Report.  
 19 A number of recommendations have been made to the  
 20 Trust and to NHS England. NHS England is determined to  
 21 transform how the NHS treats people with a severe mental  
 22 illness who often require long-term support.  
 23 Chair, we want to acknowledge that the Theemis  
 24 Report has attracted criticism. Our corporate witness  
 25 statement explains the purpose of that report and of

25

1 As we explained in our statement, a working group  
 2 was set up in April 2024 to consider these issues  
 3 further and to develop policy. The present position is  
 4 that following further consideration and engagement,  
 5 including with stakeholders such as the Department for  
 6 Health and Social Care, a new internal policy has been  
 7 developed which has recently been approved and disclosed  
 8 to the Inquiry.  
 9 Chair, the default position is now that all future  
 10 homicide investigations should be published in full.  
 11 However, to summarise briefly some of the policy, there  
 12 is no "one size fits all" approach to publishing  
 13 information related to patient safety -- sorry, to  
 14 patient safety incident investigations. The information  
 15 which can be published will need to be considered on  
 16 a case-by-case basis. This means that authors must  
 17 consider, when drafting, the legitimacy of any  
 18 disclosures of personal healthcare information,  
 19 considering how to include sufficient information and  
 20 analysis from the investigation process for the reader  
 21 to understand those events and as a result take action  
 22 to improve patient safety.  
 23 So there has been considerable further thought given  
 24 to the reconciliation of interests and the application  
 25 of law in this area, but as we remark in our corporate

27

1 independent investigations of mental health homicides  
 2 more generally. They are intended to identify the  
 3 systemic causes of these tragedies. Some of the  
 4 criticisms voiced of the Theemis Report, for example  
 5 that staff involved are not named, are reflections of  
 6 that policy approach. The NHS England corporate  
 7 statement explains how separate decisions would be taken  
 8 on whether the facts found in the investigation are  
 9 considered to merit referrals to professional  
 10 regulators.  
 11 We anticipate that this Inquiry will consider  
 12 thoughtfully as part of its task of making  
 13 recommendations how the various public interests  
 14 involved have been balanced in developing this approach,  
 15 and what more could be done to ensure effective learning  
 16 and then effective implementation of such reports. This  
 17 issue raises the question of the publication of the  
 18 independent mental health homicide reports, such as the  
 19 Theemis Report.  
 20 NHS England has disclosed the detailed legal advice  
 21 it received in 2020 and 2023 which discussed the legal  
 22 issues involved, including the protection afforded to  
 23 confidential or personal information which may well  
 24 include information about the treatment of mental health  
 25 patients.

26

1 witness statement, where tensions remain legislation or  
 2 further action may be required to resolve them, or to  
 3 set clearer guidelines for public bodies such as NHS  
 4 England, or successive bodies in the future.  
 5 Finally, Chair, and briefly, it may be useful if we  
 6 highlight some emerging themes from the investigations,  
 7 or broader reflections available to date about the ways  
 8 in which mental health services may be improved and the  
 9 risks posed by mental health patients, both to others  
 10 and themselves, may be reduced.  
 11 We note that Counsel to the Inquiry touched on many  
 12 of these themes yesterday.  
 13 First, Chair, that the need for an effective and  
 14 sustained community services and intervention, including  
 15 teams that can consider and implement appropriate  
 16 reactions to non-engagement and disengagement by  
 17 patients is clear.  
 18 Developments of potential relevance to this point  
 19 are the work on piloting 24/7 neighbourhood mental  
 20 health centres which is set out in the witness statement  
 21 of Professor Tim Kendall and NHS England's personalised  
 22 care framework and modern service framework for severe  
 23 mental illness which presents opportunities to set  
 24 expectations.  
 25 A further theme is the need for a better shared

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1 understanding of risk, not only across in-patient and  
2 outpatient teams but across health, housing and  
3 education. This has the potential to provide more ways  
4 of identifying patterns of behaviour or deterioration.

5 A repeated theme, and not one restricted to this  
6 Inquiry, is the need for the effective involvement of  
7 patients' families and carers in mental health care. As  
8 Dr Sokolov, NHS England, sets out in her statement, that  
9 work is not straightforward but it is important. This  
10 Inquiry will no doubt use its resources to link to the  
11 other Public Inquiries which are currently considering  
12 mental health in English health services, including the  
13 Lampard Inquiry which has heard evidence from families  
14 on this theme.

15 We also highlight, Chair, the evidence from  
16 Dr Adrian James regarding the importance of continued  
17 work on how investigative recommendations are most  
18 effectively formulated and tested, including for their  
19 applicability across the whole system, and then  
20 disseminated in the manner most likely to lead to  
21 change.

22 It is also impossible to ignore the issue of the  
23 impact that stretched resources have on the quality of  
24 care and risk management within the system as a whole.  
25 This includes in the case of VC the impact of the

29

1 and with Baroness Merron, the Minister of State for  
2 Mental Health, and sought answers from them about the  
3 failings which led to the events of June 2023.

4 They have heard first-hand of their appalling and  
5 enduring loss and pain. The department thanks them for  
6 their determination and dedication to make improvements  
7 to the system of mental health care in this country and  
8 admires their fortitude in doing so.

9 We also express our deepest sympathies to  
10 Sharon Miller, Wayne Birkett and Marcin Gawronski who  
11 live with the life-altering injuries sustained as  
12 a result of VC's actions. Our sympathies also extend to  
13 their families whose lives have been irrevocably  
14 changed.

15 The Secretary of State recently met with Sharon and  
16 Wayne to discuss their experiences and the impact the  
17 actions of VC have had on them. The department thanks  
18 them for the courage they show and their commitment to  
19 improving health provision.

20 Baroness Merron and the Secretary of State have also  
21 met with members of VC's family, including his mother  
22 Celeste and brother Elias, and listened to the concerns  
23 they had around the pressures faced by the mental health  
24 system. We appreciate that they too have been impacted  
25 by the failings of NHS mental health services.

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1 COVID 19 pandemic. NHS England has sought to  
2 significantly increase resources to mental health  
3 services, including by increasing investment in mental  
4 health services through the NHS long-term plan and  
5 support for measures such as the mental health  
6 investment standard.

7 Now work must be done to consider both how the  
8 system can be enabled to provide appropriate care in  
9 normal times and at times when the system is under acute  
10 stress, such as during any future pandemic. We look to  
11 the Inquiry for any guidance or recommendations on  
12 achieving that balance as we develop future guidance and  
13 strategy for mental health services.

14 Chair, as I said at the outset, NHS England welcomes  
15 the scrutiny that this Inquiry brings and is ready to  
16 help you and your team with whatever is needed.

17 **THE CHAIR:** Thank you. Ms Scolding.

18 Statement on behalf of the Department of Health and Social  
19 Care by MS SCOLDING KC

20 **MS SCOLDING:** Chair, I appear on behalf of the Department of  
21 Health and Social Care. I start these submissions by  
22 expressing the department's heartfelt sympathies and  
23 condolences to the families of Grace O'Malley-Kumar,  
24 Barney Webber and Ian Coates. The families have met  
25 with the Secretary of State for Health and Social Care

30

1 The department also recognises the impact that these  
2 attacks had on the people of Nottingham and the impact  
3 that they continue to have upon the University  
4 community, the town and public services.

5 The department's written submissions set out in some  
6 detail the legislative framework and background to the  
7 provision of mental health care in this country, as well  
8 as its ultimate responsibility as a department to  
9 Parliament for any failures within it. The oral  
10 statement does not seek to repeat this, but to set out  
11 and acknowledge what the Secretary of State and  
12 ministers consider to be significant themes for the  
13 Inquiry to consider.

14 The department accepts that there were failures in  
15 the provision of healthcare to VC. He was not provided  
16 with active and assertive mental health services,  
17 despite presenting as acutely unwell with psychosis and  
18 not taking his medication. The views of his family were  
19 not taken seriously. The risk assessments undertaken in  
20 this case failed to identify the clear and present risks  
21 to VC and to others of him not taking his medication.

22 In response to the attacks, the department  
23 commissioned the CQC, as you have heard, to undertake  
24 a special review of Nottinghamshire Healthcare  
25 Foundation Trust. The CQC made its final

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1 recommendations in August 2024 and the department has  
2 been monitoring implementation of those since that date.

3 We note that the Trust's most recent well-led CQC  
4 report identifies that it still requires improvement.  
5 This is despite there having been 39 inspections carried  
6 out by the CQC between May 2024 and August 2025. The  
7 Secretary of State and ministers do not consider that  
8 this is acceptable progress.

9 To address this the department has requested regular  
10 updates on implementing recommendations from prior CQC  
11 reports and are planning to meet the new leadership  
12 team, including a newly appointed Chair. We understand  
13 that recruitment is in place for a new chief executive  
14 and for other executive posts and the department will be  
15 scrutinising the action plan which the Trust submitted  
16 to the CQC on 12 February this year.

17 The department is ultimately accountable for the  
18 failings of the NHS and its organisations. It  
19 recognises that whilst there has been significant  
20 investment in mental health services over the past  
21 ten years, demand has risen and outpaced the services  
22 available. There has been an approximate 40 per cent  
23 increase in the number of people accessing community  
24 mental health services for adults and older adults  
25 during that period of time.

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1 The department views this Inquiry as a vital part of  
2 the ongoing work being carried out in this area and  
3 undertakes to carefully consider the evidence already  
4 presented and to be heard over the coming months. The  
5 Inquiry and other Core Participants will no doubt be  
6 asking the department probing and challenging questions  
7 about its responsibility for the failing they identify.  
8 We wish to reflect with candour and be open and honest  
9 as to the failings as we perceive them and as to any  
10 other failings that other Core Participants identify  
11 within our department.

12 You heard yesterday, Chair, that the government has  
13 recently passed the Mental Health Act 2025 which makes  
14 a significant number of amendments to the Mental Health  
15 Act 1983. You heard from Ms Langdale that there has  
16 been concern from some quarters and, more broadly, from  
17 those whose loved ones have lost their lives from those  
18 who are severely mentally unwell, that the Mental Health  
19 Act 2025 may make it more difficult to detain those who  
20 are a danger to themselves or to others. In particular,  
21 there has been criticism that amendments to the Act  
22 encourage too high a threshold for compulsory treatment  
23 than is required to reflect public protection.

24 Following the devastating events of June 2023, and  
25 before the Mental Health Bill was introduced into

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1 This significant and ongoing rise in demand means  
2 that there is a substantial treatment gap. The  
3 department acknowledges that too many people are not  
4 getting the support they require, or are waiting too  
5 long for that support. Waiting increases the need for  
6 crisis care and often requires longer standing and more  
7 intensive interventions. Early intervention is the key  
8 to avoid a crisis and the department knows that does not  
9 always happen. There are also difficulties with the  
10 provision of social care to those discharged from mental  
11 health services.

12 The department recognises furthermore that there are  
13 problems with continuity of care in mental health  
14 services and that there is not always sufficient  
15 capacity in the system for staff to provide the quality  
16 of care that they would wish.

17 The department sets out in its written opening the  
18 steps that have been taken to improve the system and  
19 touches on some of them today, but acknowledges that  
20 there is a need for radical change and redesign of how  
21 services are delivered.

22 The problems outlined above are long-term and  
23 require intensive and large-scale solutions. The  
24 department is committed to solving these problems, but  
25 it will take time.

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1 Parliament in autumn 2024, the Department undertook  
2 a specific review of the Bill's draft provisions to  
3 ensure that they would not hinder the ability of  
4 clinicians to take decisions that would keep the public  
5 safe. The Department is of the view that the 2025 Act  
6 does not dilute or alter the fundamental powers of  
7 detention and compulsory treatment, where required.

8 These reforms are designed to provide more  
9 personalised care, attuned to the needs of the  
10 individual who is mentally unwell, to give them choice  
11 and control which we say is then more likely to lead to  
12 greater compliance and concordance, and to give family  
13 members a chance to be able to express their concerns  
14 and to be involved and engaged in the care of their  
15 loved ones.

16 Patient safety and public safety are the paramount  
17 considerations of the Act. The more that someone's  
18 mental health needs are met, the more likely they are to  
19 take medication and recover quickly.

20 Sir Simon Wessely, from whom you will hear, found in  
21 the course of his independent review of the Mental  
22 Health Act that greater clarity was required regarding  
23 criteria for detention, as set out. The 2025 Act  
24 therefore amends the criteria, both in section 2 and  
25 section 3 of the Act, so that persons can be detained on

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1 the basis that serious harm may be caused to the health  
2 or safety of the patient, or of another person, unless  
3 the patient receives medical treatment, and that it is  
4 necessary, given the nature, degree and likelihood of  
5 the harm, for the patient to receive such treatment, and  
6 that appropriate medical treatment is available for it.

7 The Act will also provide for greater scrutiny of  
8 clinical decision-making in respect of discharge of  
9 those who have been detained, requiring  
10 a multi-disciplinary assessment before such discharge  
11 can take place, with people who know the patient.

12 In the changes further enacted by the 2025 Act,  
13 focus has also been placed on the creation of statutory  
14 and enforceable care and treatment plans. This ensures  
15 that patients, clinicians and everyone caring for or  
16 involved in a patient's care knows what treatment and  
17 support is required.

18 The care and treatment plans will have a specific  
19 focus on planning for safe and effective discharge,  
20 including a personalised safety management plan which  
21 will expressly set out an assessment of the person's  
22 risk to self and others and how this will be managed in  
23 the community prior to their discharge.

24 The Department further recognises that the  
25 involvement of family and friends in the care of those

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1 scrutiny of such orders and prevent their unnecessary or  
2 inappropriate use.

3 However, they continue to be an important safeguard  
4 and it is vital that those who benefit from them can  
5 still be discharged, subject to the possibility of being  
6 recalled to hospital for further medical treatment if  
7 necessary, if the conditions are not met.

8 Alongside changes to the legislation, the Department  
9 is also undertaking a number of reforms to seek to  
10 improve community and in-patient mental health support.  
11 The Department has worked on this over recent years but  
12 recognises that there is still much to do. Demand for  
13 support rises and people are waiting too long to get the  
14 right on support for them in the community.

15 I shall speak briefly about some of those changes  
16 now which are set out in more detail in our written  
17 submissions.

18 First, the creation of a neighbourhood mental health  
19 centre. People with severe mental illness will be able  
20 to access on a 24/7 basis around the clock support  
21 including crisis beds and access to a range of  
22 multi-disciplinary clinical services on-site, which will  
23 include different mental health teams who may have  
24 previously been located in a disparate range of  
25 settings. People with severe mental illness can walk in

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1 with serious mental illness can make successful outcomes  
2 much more likely. The 2025 Act seeks to strengthen the  
3 role that friends and family can take and help them to  
4 be an early warning signal when they see health  
5 deteriorating.

6 Clinicians will have to consult with those  
7 interested in the patient's welfare prior to making  
8 decisions.

9 You have also heard from Ms Langdale about the  
10 Community Treatment Order, or CTO as it is more commonly  
11 known. A CTO is where someone is discharged from  
12 hospital to receive treatment in the community, but they  
13 must follow certain conditions, usually compulsory  
14 attendance at medical appointments and administration of  
15 medication, as a condition of their discharge. They  
16 serve an incredibly useful and vital purpose and it is  
17 exceptionally important that those who benefit from them  
18 continue to be able to use them.

19 However, they should not be used, as they have often  
20 been in the past and, as the independent review into  
21 mental health found, simply to gain access to services  
22 which should already be available.

23 The 2025 Act reforms community treatment orders to  
24 reflect the revised criteria I set out above. This  
25 will, it is hoped, ensure increased oversight and

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1 without an appointment to gain immediate access to  
2 specialist clinicians, medication or therapy. These  
3 centres can also help with the wider issues which those  
4 with severe mental illness often face and which delays  
5 their recovery: debt, lack of employment, lack of secure  
6 or any housing and a need for social support.

7 Second, the provision of outreach care and treatment  
8 by way of what is often known, and what has been  
9 described to you already, as Assertive Outreach. This  
10 is where specialist care managers and social workers  
11 work closely and over a long period of time with those  
12 who have severe and enduring mental ill health and have  
13 either refused treatment or failed to engage with it.  
14 There is evidence that this approach can have a positive  
15 impact on patients and is particularly of use for those  
16 suffering from psychosis.

17 NHS England published guidance in July 2024, updated  
18 in February 2025, which all Integrated Care Boards were  
19 to follow to support the development of improvements in  
20 these services. The Department has also committed,  
21 within its ten-year health plan, to improve Assertive  
22 Outreach care and treatment to ensure that there is  
23 100 per cent national coverage in the next decade.

24 To support this roll-out, the Department  
25 acknowledges that further work may be required to

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1 understand the evidence base and to provide guidance to  
2 local bodies to support an effective Assertive Outreach  
3 model.

4 Third, there has been a rolling out of alternative  
5 crisis services and the provision of specialist  
6 emergency response vehicles, and the provision of  
7 separate mental health emergency departments in the  
8 majority of hospitals.

9 Fourth, alongside this there will be publication of  
10 a personalised care framework guidance which will set  
11 out the core principles that those receiving mental  
12 health services should receive, and a modern service  
13 framework for severe mental illness which will set out  
14 the relevant interventions needed to improve mental  
15 health services and identify where innovation is  
16 required to drive progress.

17 Fifth, in 2025 the Prime Minister announced that NHS  
18 England and the Department for Health and Social Care  
19 would merge to become one organisation. This aims to  
20 reduce duplication between the two bodies. The  
21 Department believes that the new structure will better  
22 foster an environment of clear, open leadership. The  
23 merger will require legislation to effect it, but the  
24 Department is already some way towards the transition to  
25 one organisation with a single joint executive having

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1 to the families of Barney, Grace and Ian who were  
2 tragically killed by VC, and to Wayne, Sharon and Marcin  
3 who were severely injured and harmed by him on  
4 13 June 2023.

5 The MoJ is here to assist you, Chair, on a discrete  
6 but important issue concerning access to confidential  
7 and sensitive data by employees of HMCTS, that is His  
8 Majesty's Courts and Tribunal Service, and HMPPS, being  
9 His Majesty's Prison and Probation Service, through an  
10 electronic system used in the Crown Court known as  
11 the Crown Court Digital Case System, or DCS for short.

12 That access occurred by a small number of  
13 individuals after the arrest of VC for these horrendous  
14 crimes.

15 The MoJ appreciates and recognises the  
16 understandable strength of feeling held by those  
17 impacted by these data access issues and at the outset  
18 offers sincere apologies for the incidents of  
19 unauthorised data access.

20 The MoJ welcomes the opportunity to provide this  
21 short opening statement at the conclusion of today's  
22 oral statements and does so as the parent government  
23 department representing both HMCTS and HMPPS. The  
24 Department has disclosed relevant material to support  
25 the Inquiry's investigations and has also provided

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1 been in place since November 2025.

2 In conclusion, the Department ends these submissions  
3 as we began, focusing both on the bereaved and the  
4 survivors of the attack on 13 June 2023. We thank again  
5 the families of Grace O'Malley-Kumar, Barney Webber and  
6 Ian Coates, as well as those of the surviving victims,  
7 Sharon Miller and Wayne Birkett, for speaking to the  
8 Department of Health and Social Care, urging the  
9 Department of Health to do more, and for being so clear  
10 sighted and committed to the provision of better care  
11 and services.

12 We know that the events of June 2023 should not have  
13 happened. We apologise unreservedly for the part that  
14 the mental health system played in those failings.

15 Finally, we wish to restate our commitment to listen  
16 and act upon the findings of this Inquiry and the  
17 experience of those who give evidence to it. Thank you.

18 **THE CHAIR:** Thank you. Yes, Ms Zeb.

19 Statement on behalf of the Ministry of Justice by MS ZEB KC

20 **MS ZEB:** Chair, I appear before this Inquiry on behalf of  
21 the Ministry of Justice, who I shall refer to as the  
22 MoJ.

23 As the last advocate to come before you this  
24 afternoon, I wish to say on behalf of the MoJ that it  
25 offers its profound condolences and deepest sympathies

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1 a witness statement by Ms Amy Holmes, the interim  
2 Director General for the chief operating group of the  
3 MoJ.

4 It is accepted that data access occurred in  
5 circumstances that have given rise to legitimate concern  
6 and that this requires careful scrutiny. The Department  
7 recognises the seriousness of the issues under  
8 consideration and the importance of the Inquiry's task  
9 in establishing a clear and accurate account of events  
10 pertaining to this issue.

11 There is and will remain an ongoing commitment to  
12 assist the Inquiry in its important work, and the  
13 Department will continue to cooperate fully and as it  
14 has done so far with the Inquiry's disclosure process.

15 The MoJ is committed to listening and learning at  
16 this Inquiry and with a clear commitment to minimising  
17 the likelihood of unauthorised access being repeated by  
18 its agencies, and it looks forward to the Inquiry's  
19 recommendations in due course.

20 This brief opening statement aims to assist the  
21 Inquiry by explaining briefly the role of the MoJ HMCTS  
22 and HMPPS and their structures, with more detail  
23 obviously to be explored in the evidence in due course.  
24 It also aims to summarily address the important issues  
25 relating to the unauthorised access.

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1 If I may turn then to the role of MoJ HMCTS and  
 2 HMPPS. By way of some background, HMCTS is responsible  
 3 for providing a system of support, including  
 4 infrastructure and resources for the administration of  
 5 business in the courts of England and Wales, providing  
 6 the support necessary to enable the judiciary and the  
 7 Magistracy to exercise their judicial functions  
 8 independently.

9 HMPPS is comprised of His Majesty's Prison Service,  
 10 the Probation Service, the Youth Custody Service and  
 11 a headquarters which is focused on supporting frontline  
 12 operations, including running prisons and Probation  
 13 Services.

14 The MoJ's Data Protection Team, DPT, supports the  
 15 entire MoJ cohort, including the executive agencies  
 16 I referred to, driving the Department's data protection  
 17 strategy and providing training and support in this  
 18 regard.

19 With reference to point 3 within the Inquiry's terms  
 20 of reference, the Department accepts that three HMCTS  
 21 members of court staff and 11 HMPPS probation staff were  
 22 involved in the unauthorised access of case files after  
 23 VC's arrest. Subsequently, the Department and both  
 24 executive agencies have had a direct and significant  
 25 role in investigations, reviews, fact-finding exercises,

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1 time. An independent review was commissioned to look  
 2 into these issues which I shall briefly return to in  
 3 a moment.

4 Second, the available guidance and mandatory  
 5 training of HMCTS and HMPPS staff regarding appropriate  
 6 use of the DCS system.

7 Third, the Department's considerations around  
 8 whether to inform those impacted by the unauthorised  
 9 access of that occurrence, even though the threshold  
 10 from a data protection perspective had not been reached,  
 11 and then subsequently the manner in which those impacted  
 12 were communicated with and the extent of that  
 13 communication.

14 Fourth, the decision not to restrict access at the  
 15 point at which VC's case was uploaded to DCS and  
 16 regarding procedures adopted to protect access to case  
 17 information.

18 Whilst robust controls to protect access to case  
 19 information are needed and were indeed in place, it is  
 20 necessary to undertake a risk-based balancing exercise  
 21 to protect access to case information, but also support  
 22 efficient business processes by allowing access within  
 23 this part of the criminal justice system. Both of these  
 24 factors are of course of significant public interest.

25 In relation to the unauthorised access of court

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1 inter-agency communication, approach to policies and  
 2 procedures, including disciplinary procedures, police  
 3 referrals and policy change following these events.

4 Where appropriate, there has been communication with  
 5 those impacted by the incidents of unauthorised access.

6 Chair, as you and your team know, police  
 7 investigations remain ongoing in relation to these  
 8 matters and the MoJ reassures this Inquiry and those at  
 9 the heart of it that they are cooperating as required  
 10 with those ongoing processes.

11 Considerable learning has taken place so far in  
 12 respect of these matters and this continues to be built  
 13 upon.

14 In addition to the facts and chronologies  
 15 surrounding unauthorised access by HMCTS and HMPPS staff  
 16 which is set out in the statement of Amy Holmes, it is  
 17 recognised that there are a number of wider key issues  
 18 to be considered, including but not necessarily limited  
 19 to four points which I shall come to now.

20 First, the difference between the approach taken by  
 21 HMCTS and HMPPS in respect of the unauthorised access of  
 22 material by their respective staff members, including  
 23 consideration of the application, efficacy and  
 24 interoperability of relevant MoJ, HMCTS and HMPPS  
 25 policies, guidance and procedures as they existed at the

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1 records by HMCTS and HMPPS staff, parliamentary  
 2 under-secretary of state Alex Davies-Jones MP  
 3 communicated with the bereaved families on  
 4 23 December 2024 and again on 7 and 15 April 2025 and  
 5 the HMCTS Chief Executive Officer Nick Goodwin wrote to  
 6 the solicitor for the bereaved families in May 2025.

7 To date a number of steps have been taken since  
 8 these incidents were discovered and improvements  
 9 continue to be made. There is an ongoing commitment to  
 10 identifying any shortcomings in systems, processes or  
 11 organisational responses and the Department and its  
 12 executive agencies will listen carefully to the  
 13 Inquiry's recommendations.

14 The evidence the MoJ has provided to the Inquiry  
 15 sets out those considerable changes made thus far and to  
 16 the extent that there may be any further updates in this  
 17 regard, then Amy Holmes will assist the Inquiry  
 18 accordingly when she comes to give her oral evidence at  
 19 the public hearings in April.

20 In particular and to note, an independent review was  
 21 commissioned on 20 January 2025 by the Permanent  
 22 Secretary into the efficacy and interoperability of  
 23 relevant policies titled "An independent review into the  
 24 efficacy and interoperability of MoJ, HMPPS and HMCTS  
 25 policies in high profile criminal and contentious

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1 cases." This concluded, amongst other things, that the  
2 guidance for staff in relation to disciplinary action  
3 was not aligned within the agencies. This led to  
4 inconsistent approaches between agencies when dealing  
5 with issues of a similar nature to that which you,  
6 Chair, will consider.

7 Work is currently underway to implement the  
8 recommendations of this review, including harmonising  
9 conduct policies with one overarching policy intended to  
10 ensure consistency in approach across the MoJ.

11 12 of the 14 recommendations in this report have  
12 been implemented and the remaining two are due to be  
13 implemented in April 2026.

14 In addition, the MoJ can confirm that work is well  
15 underway to adopt a single code of conduct and  
16 disciplinary policy for the whole of the Department.

17 Therefore, in conclusion, Chair, the Department is  
18 confident that many of the problems identified to date  
19 regarding concerns around inappropriate data access have  
20 either been addressed and corrected or are in the  
21 process of being so where further opportunities to  
22 reduce the likelihood of similar incidents of  
23 unauthorised access occurring in the future, then the  
24 MoJ will continue to take those opportunities to make  
25 improvements.

1 with the Inquiry. Thank you.  
2 (4.15 pm)  
3 (The Inquiry adjourned until 10.00 am on Wednesday,  
4 25 February 2026)

1 Thank you and good afternoon, Chair.

2 THE CHAIR: Thank you. We are going to take a short break  
3 in a moment and then we are going to watch some films  
4 which have been put together by the families -- the  
5 bereaved families and also by the survivors.

6 We are going to do those in it alphabetical order  
7 and they will be played altogether, one after another.  
8 I think it is important, now that we have heard the  
9 opening statements, for us to remember why we are here  
10 and this is an opportunity to do so.

11 Anyone who doesn't want to watch the film in the  
12 room is obviously entitled not to do so and, as I say,  
13 we will finish after that. There will be no further  
14 submissions and we will all be able to reflect on what  
15 we have seen before we start the evidence tomorrow.

16 So we will take a short break now until 25 past 3  
17 (sic). Thank you.

18 (3.11 pm)

(Short Break)

20 (3.40 pm)

21 THE CHAIR: Yes, I think if everybody is ready we will  
22 start. Thank you.

Videos played

24 THE CHAIR: Before we rise for today I want to thank you all  
25 for making those films and even more for sharing them

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<p><b>20 January 2025</b> [1] 48/21  <b>2008</b> [1] 15/1  <b>2019</b> [1] 13/18  <b>2020</b> [4] 10/15 10/23 11/23 26/21  <b>2021</b> [5] 4/23 5/2 5/6 11/3 11/8  <b>2022</b> [9] 5/10 5/11 5/17 6/2 6/20 10/10</p>	<p><b>8</b>  <b>8,619</b> [1] 6/20</p>	<p><b>93</b> [1] 17/17  <b>999</b> [1] 17/14</p>	<p><b>agreed</b> [1] 15/8  <b>aimed</b> [1] 21/4  <b>aims</b> [3] 41/19 44/20 44/24  <b>alert</b> [1] 7/4  <b>alerted</b> [1] 12/6  <b>Alex</b> [1] 48/2  <b>Alex Davies-Jones</b> [1] 48/2  <b>aligned</b> [1] 49/3  <b>Alison</b> [1] 11/9  <b>all</b> [12] 1/7 3/20 3/22 9/6 10/11 15/2 18/17 27/9 27/12 40/18 50/14 50/24  <b>alleged</b> [1] 5/21  <b>allowing</b> [1] 47/22  <b>alone</b> [2] 6/4 22/6  <b>along</b> [1] 18/24  <b>alongside</b> [2] 39/8 41/9  <b>alphabetical</b> [1] 50/6  <b>already</b> [8] 3/16 8/21 11/4 12/21 35/3 38/22 40/9 41/24  <b>also</b> [32] 1/18 1/22 5/5 7/13 8/3 14/6 14/10 14/21 14/23 17/4 17/6 19/6 21/16 22/5 22/25 29/15 29/22 31/9 31/12 31/20 32/1 34/9 37/7 37/13 38/9 39/9 40/3 40/20 43/25 44/24 47/21 50/5  <b>alter</b> [1] 36/6  <b>altering</b> [1] 31/11  <b>alternative</b> [1] 41/4  <b>alternatives</b> [1] 15/22  <b>although</b> [7] 5/6 15/15 16/21 18/23 22/14 23/18 24/12  <b>altogether</b> [1] 50/7  <b>always</b> [2] 34/9 34/14  <b>am</b> [1] 51/3  <b>amended</b> [1] 16/14  <b>amendments</b> [2] 35/14 35/21  <b>amends</b> [1] 36/24  <b>AMHP</b> [9] 11/25 12/2 12/9 13/13 13/22 14/6 14/13 14/21 15/5  <b>AMHP's</b> [2] 13/4 16/9  <b>AMHPs</b> [16] 10/2 10/11 11/23 13/16 13/25 14/24 15/3 15/9 15/15 15/20 16/10 17/6 17/9 17/11 17/20 18/24  <b>amongst</b> [4] 13/20 14/13 19/25 49/1  <b>amount</b> [1] 8/11  <b>Amy</b> [3] 44/1 46/16 48/17  <b>Amy Holmes</b> [1]</p>	

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