

Wednesday, 25 February 2026

1
2 (10.00 am)
3 **MS LANGDALE:** Chair, may I call, please, Ms Turner, who is
4 giving evidence over livelink.
5 **MS ELEANOR TURNER (called)**
6 **THE CHAIR:** Yes.
7 **MS LANGDALE:** Ms Turner, can you hear and see me?
8 **A.** I can't see you but I can hear you. I can see you now.
9 **MS LANGDALE:** Thank you. May the witness be sworn please.
10 **THE CHAIR:** Yes.
11 **THE COURT CLERK:** The witness would like to affirm.
12 **MS ELEANOR TURNER (affirmed)**
13 **Questioned by MS LANGDALE**
14 **MS LANGDALE:** Ms Turner, you have provided the Inquiry with
15 a statement dated 19 September 2025. Can you confirm
16 for us that the contents are true and accurate as far as
17 you are concerned.
18 **A.** I can.
19 **Q.** You set out at the beginning of your statement your role
20 in respect of the mental health services -- advisory
21 services at Nottingham. Can you tell us a little bit
22 about your qualifications and what you do in that role
23 please?
24 **A.** I'm a Mental Health Social Worker, I'm in the role of
25 Head of Service. I was responsible for the clinical and

1

1 trying to improve the way we collect data on
2 presentation. We're not there to diagnose or to treat,
3 so we are mainly interested in symptoms and supporting
4 students to develop strategies around that.
5 **Q.** And paranoid schizophrenia, dealing with that
6 specifically, in the last five/six years, for example,
7 how many cases that would have been known to you to
8 involve paranoid schizophrenia?
9 **A.** Very few.
10 **Q.** A handful, less than five, less than ten?
11 **A.** I would say less than five. It's not a diagnosis that
12 we have seen a lot of.
13 **Q.** No. What about first episode psychosis? Do you see
14 that a lot as a first episode and concluding as a first
15 episode, or not really?
16 **A.** Yes, I think that would be where I would be making my
17 best guesstimate of around maybe 5 to 8 per cent of the
18 total caseload.
19 **Q.** So that you might see more than paranoid schizophrenia?
20 **A.** Yes, definitely.
21 **Q.** You say "definitely". Standing back, what's the
22 difference between those two diagnoses as far as you are
23 concerned? What would one signify to you rather than
24 the other?
25 **A.** Paranoid schizophrenia would signify to me something

3

1 organisational running, governance of the Mental Health
2 Advisory Service, which is there to support students
3 with significant mental health problems.
4 **Q.** I'm going to be asking -- if you hear me mention the
5 name Amanda, Amanda is working with me in the room to
6 make sure we have documents put on the screen. So if we
7 could please have WITN0054001, page 2. You will see,
8 Ms Turner, paragraph 5 of your statement in front of you
9 and everybody else can see the documents or should be
10 able to on the screen as well. We are screen sharing
11 with you. If you don't see a document at any point,
12 just let me know straight away.
13 **A.** Thank you.
14 **Q.** If we look at paragraph 5 you set out that:
15 "The service has mental health advisors, and senior
16 mental health advisors. [And] In the last year we saw
17 approximately 1,500 students out of about 37,000."
18 How many of those students, roughly, are you
19 involved with that either have first episodes of
20 psychosis or paranoid schizophrenia? Roughly what's the
21 sort of number that you would be dealing with with those
22 conditions?
23 **A.** So we ask students to self-report on diagnosis, and the
24 data collection isn't what it could be, so my best guess
25 would be around 8 per cent of the caseload but we are

2

1 much more chronic and enduring. First episode psychosis
2 would inform me that a student is likely to make a full
3 recovery.
4 **Q.** Have you had -- I'm going to come to VC's case
5 specifically, but have you had more generally cases
6 where study, work, pressures of university life have
7 contributed in some way to first episode psychosis?
8 **A.** Yes.
9 **Q.** So it's even more important in those cases that
10 the University is aware of them and presumably
11 university tutors as well to manage the impact of the
12 university work and study upon a first episode psychosis
13 presumably.
14 **A.** I think it varies case to case. We have students who
15 have experienced psychosis and who don't come to the
16 attention of any of our services, navigate university
17 life with support from the NHS, so yes, I think it
18 varies case to case.
19 **Q.** In terms of disclosure of diagnosis, for those students
20 do you think that's a matter for them in terms of first
21 episode psychosis, whether they do or do not wish to
22 disclose to the University that they are experiencing
23 that?
24 **A.** I think any mental health condition a student would have
25 a right to privacy around that if they didn't want to

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1 share details of that with the University.

2 **Q.** Would there be a point where that would change or shift,
3 that it would be in the interests of the University and
4 everybody else at the University to know about
5 a condition or risks associated with it?

6 **A.** Yes, that would change when there are risks associated
7 with it.

8 **Q.** And what kind of risks do you think would need to be
9 involved before the need for information sharing point?

10 **A.** So information should be shared with us where there are
11 risks to the individual in terms of self-harm or
12 suicidality, or to the wider community.

13 **Q.** So risk to themselves and risks of violence to the wider
14 community?

15 **A.** Yes.

16 **Q.** It is fair to say -- and I certainly don't want to take
17 your time in evidence, Ms Turner, on policies -- but
18 there is a great deal of material within the policies
19 relating to risks of suicide and protecting against
20 risks of self-harm, isn't there? That's a focus for
21 university mental health guidance; is that fair?

22 **A.** Yes, that's fair.

23 **Q.** Is there sufficient guidance and support in respect of
24 when there are concerns that a student is a risk to
25 others, so risk of violence to others?

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1 information if it related to risk in the university
2 community. I don't have a right to see all information
3 relating to a student's mental illness, but under the
4 broader data protection policies and procedures there is
5 an existing ability for services like the NHS to share
6 information that is pertinent.

7 **Q.** You start at paragraph 28 of your statement to deal with
8 events in 2020, and I'm going to turn to VC's case now,
9 and you set out at paragraph 28 of your statement how
10 you "first became aware of VC on 1 June", and perhaps we
11 can go to the email, the relevant email, so it's
12 UNIN0000734, page 1. This is an email, you will see,
13 Ms Turner, that you received or was passed on to you.
14 So tell us what that said and what you took from that.

15 **A.** So that was information coming from VC's mum into
16 the University informing us that VC had been admitted to
17 a psychiatric ward.

18 **Q.** Now, VC's mother used his email address to communicate
19 with you, and if you look at the bottom that was because
20 it was the case that at that point the NHS or consultant
21 were having some difficulty emailing you directly.
22 There was some email problem; is that right?

23 **A.** Yes, I believe so.

24 **Q.** I think, I don't need to take you to it, that was
25 eventually reported as a data breach, wasn't it, because

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1 **A.** I think for me the guidance is there and information can
2 be shared within the existing structure. I think
3 people's understanding of our capacity to do that can
4 vary, so I think that can be problematic.

5 **Q.** Where is the guidance? You say it's available, thank
6 you, you and your colleagues have submitted lots of
7 guidance, be assured we have seen it all. What would
8 you say you would have gone to at the time of this case
9 in terms of guidance about what you could share?

10 **A.** So there's no -- sorry, just to clarify, there's no
11 difficulty in me or my services sharing information
12 outwardly to statutory services. Apologies if that's
13 what you were referring to. There are no barriers to
14 that. Information coming back in is covered by the
15 General Data Protection guide policies.

16 **Q.** So how do you interpret those? The information coming
17 back from the NHS, for example, or the police, what do
18 you think your obligations are in respect of that
19 information about a student?

20 **A.** I'm not sure I understand the question. Are you asking
21 what I think I should do when the information is shared?

22 **Q.** Yes, yes -- no, when it's shared with you, what are the
23 data protection requirements that you have just referred
24 to in terms of information you receive as part of MHAS?

25 **A.** Thank you. So my expectation is that I would receive

6

1 information was provided back to VC's email address when
2 effectively his mother was using it and time was taken
3 to report that as a breach?

4 **A.** Yes, that was my advice.

5 **Q.** Yes, why was that your advice, just so I can understand
6 that?

7 **A.** So we can't routinely share information with parents or
8 carers without explicit consent from a student and
9 information had been shared.

10 **Q.** She had told you that he had been admitted to a mental
11 health ward due to a psychotic episode. Did that reduce
12 the concern about the data protection breach, that he
13 might actually have capacity issues and not able to
14 consent to whether she used the email or not at that
15 point, or know about it, you know, this was somebody in
16 hospital, wasn't it?

17 **A.** Yes, it didn't change my view on the advice I was giving
18 to report as a data breach.

19 **Q.** You see at the bottom that you have a conversation with
20 Dr Faizal. If we go over to the next page, page 2. We
21 see here your summary of your conversation with
22 Dr Faizal. Can you tell us about that?

23 **A.** Yes, so in that conversation Dr Faizal gave me the
24 background to admission for VC.

25 **Q.** Sorry, it is Faizal Seedat, isn't it, Dr Seedat. But

8

1 yes, he told you that. The line: "He apparently
 2 attempted entry to one of the residents property on the
 3 first floor and she was so concerned that she jumped out
 4 of the window resulting in serious injury requiring
 5 surgery."
 6 Did he say that to you, "serious injury requiring
 7 surgery"?
 8 **A.** Yes.
 9 **Q.** So when you had that conversation what was going through
 10 your mind?
 11 **A.** I was concerned about the discharge plan for VC to the
 12 address.
 13 **Q.** You knew there -- you record in that "At this point [VC]
 14 ... is requesting discharge to his Nottingham address".
 15 Did you know what Dr Seedat thought about that as well?
 16 **A.** I have become more aware as I have looked through the
 17 evidence. I think at the time I didn't feel that there
 18 was due persuasion or discussion with VC around the
 19 option of returning to Wales. I think having seen the
 20 evidence I can see that there were conversations of that
 21 nature, but I wasn't aware of them.
 22 **Q.** What did you do next in terms of checking where he would
 23 be living or what would be happening?
 24 **A.** Can we bring up the next page of the --
 25 **Q.** Yes, of course. Page 3.

9

1 else? What was your thinking?
 2 **A.** I wasn't particularly worried about that happening to
 3 somebody else. My -- the information I had got
 4 indicated that VC had had a period of admission to
 5 a psychiatric ward and had recovered to the point where
 6 home treatment was suitable. So again, using that
 7 knowledge that first onset psychosis is often an
 8 isolated development and people can maybe be recovering,
 9 so I was mainly concerned about the female victim, but
 10 what I didn't know at that point is that there had also
 11 been a previous difficult interaction in that
 12 accommodation.
 13 **Q.** So in fact there were two episodes on the same day?
 14 **A.** Yes.
 15 **Q.** And there turned out to be three in three months in that
 16 accommodation. If you had known there was more than one
 17 episode, would that have influenced your view about
 18 whether he should be in Brook Court or anywhere else or
 19 not?
 20 **A.** I don't think it would. It would have been information
 21 I would have wanted to have. My advice, with all of my
 22 concerns aside in relation to Brook Court, was still
 23 that VC should consider returning home. We had been
 24 given information that he had been feeling isolated. We
 25 were in COVID lock down. There was no need for him to

11

1 **A.** Thank you.
 2 So I contacted -- I established that Valdo wasn't in
 3 student accommodation, he was in --
 4 **Q.** Brook Court?
 5 **A.** -- a private residential block.
 6 **Q.** And it looks as though at the top of the page did you
 7 have a conversation with VC himself or was this being
 8 reported to you?
 9 **A.** I had -- I did have a conversation with VC and tried to
 10 advocate for a return to Wales.
 11 **Q.** And did you phone him while he was in the hospital?
 12 **A.** Yes.
 13 **Q.** How did that conversation go, can you remember?
 14 **A.** I can't really remember. I don't think it was easy to
 15 establish a rapport with VC, but I have recorded that he
 16 was open to the idea of moving out of Brook Court and
 17 the rationale that I was using for that conversation was
 18 that I was really, really concerned about the person
 19 that had suffered an injury and the potential for
 20 contact. That to me seemed like a very frightening
 21 prospect for that person, but I was also concerned that
 22 VC may experience stigma around what had happened.
 23 **Q.** So were you just worried for the particular person that
 24 it had already happened to, or you were worried about it
 25 happening to somebody else as well if he went somewhere

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1 be in Nottingham and my impression from VC's mum was
 2 that they were a very close and supportive family and
 3 I was keen for him to go back and engage in that support
 4 following the discharge.
 5 **Q.** You set out, and your colleagues, the steps
 6 the University took in COVID, but it was very isolating
 7 for those who remained at the University, wasn't it, by
 8 definition?
 9 **A.** It was incredibly isolating.
 10 **Q.** Did you have a conversation with Dr Seedat about that,
 11 how isolating it would be if he was concerned about
 12 isolation of VC?
 13 **A.** Yes, I believe I would have had a conversation about the
 14 isolation.
 15 **Q.** How did you describe it to him, the arrangements that in
 16 fact were in place for students in terms of how isolated
 17 they were?
 18 **A.** I -- I can't remember exactly how I described it.
 19 I think probably similarly to the way I have just done,
 20 that there's online learning, but VC can complete this
 21 part of his studies remotely and that my view is that he
 22 would be better with family to have support and reduce
 23 the isolation, but I can't remember exactly.
 24 **Q.** It transpires that VC was researching a lot about mind
 25 control technology taking over his mind; were you ever

12

1 aware of that?

2 **A.** I wasn't aware of that.

3 **Q.** Do you think, where there was remote learning taking

4 place requiring us to use technology all the time, that

5 was something you should have been aware of?

6 **A.** I think the more information that we can have about

7 a student's presentation, particularly when they have

8 been so unwell they have needed a psychiatric admission,

9 I think that's helpful. I'm not sure -- I'm not sure

10 what we could have done kind of joining that up with

11 online learning, other than have a more explicit

12 conversation perhaps with VC about whether a period of

13 interruption would be better, but I didn't know at the

14 time.

15 **Q.** Again, looking back now, interruption of studies or

16 indeed being required to withdraw from studies, should

17 that have happened much earlier, do you think?

18 **A.** No, I don't see an opportunity for us to have done that.

19 The relationship with his studies was described to me as

20 a protective factor, although we were in COVID

21 restrictions there were, you know, touch points with his

22 academic school. I think withdrawal from studies could

23 have had the opposite effect.

24 **Q.** In what way was it a protective factor?

25 **A.** That it was something that he felt motivated to

13

1 **Q.** What -- can you remember now what the discussion was

2 about when you did?

3 **A.** I don't think we would have -- I don't think I would

4 have got through to him because I haven't recorded it in

5 my notes.

6 **Q.** Okay, so you tried to phone him but didn't speak to him.

7 **A.** There's a number of points where I will have made more

8 phone calls than were recorded but if I haven't got

9 through to VC, or Notts Healthcare Trust, I haven't

10 documented those in the way that I would normally.

11 **Q.** Looking back, do you think you might have phoned him

12 more to get information yourself from him about

13 the University and how he was feeling about various

14 things at the University, or did you not see that as

15 your role?

16 **A.** So if I can say I believe I did keep trying to engage VC

17 in our support, but students are entitled to decline

18 that support.

19 **Q.** Well, this was somebody who had acted in a way to make

20 someone jump out of a window and require surgery, so

21 does the entitlement change a bit there? Were you

22 entitled to know a bit more about him and that he was

23 safe and able to be around students? Was it okay for

24 him not to engage with you and you not to persist with

25 that?

15

1 complete, something that he enjoyed, that gave him

2 routine.

3 **Q.** That's slightly at odds with the impression created on

4 the first admission that stress, worry about university

5 work was contributing to the very condition. What do

6 you say about that, that that works in both ways? Far

7 from being a protective factor, it might have been an

8 exacerbating factor. That was never really analysed at

9 the time, was it?

10 **A.** I believe I -- you know, I would have spoken to VC about

11 the options around -- around study and I think

12 throughout my contact, my contact was always at points

13 of crisis and I can absolutely see that at those times

14 VC's approach to study became unhealthy, that, you know,

15 he was studying in a way that was perhaps a symptom of

16 declining mental health. The periods in-between that,

17 the impression that I was left with was that he was

18 managing and that it was a positive factor.

19 **Q.** Going back to the document on the screen, if we may, you

20 say:

21 "Future Support:

22 "[VC] ... is aware I am seeking advice around

23 accommodation and that I will telephone him on Monday."

24 Did you telephone him back?

25 **A.** Yes, I believe so.

14

1 **A.** I am comfortable with VC -- at this point I'm

2 comfortable with VC not engaging with me, knowing that

3 he is going to be under the care of EIP, who can

4 communicate back risks that we need to know about.

5 **Q.** As far as that's concerned, when he was under EIP are

6 you relying, as the University, wholeheartedly on them

7 making their assessment, the assessments of risk and

8 understanding where discharge and when is appropriate?

9 **A.** Yes.

10 **Q.** Do you think there's a role for you to contribute to

11 that in terms of behaviours around the University and

12 that might impact on risk or not?

13 **A.** Yes, I do. This wasn't university accommodation, there

14 are no other students in that accommodation, but you

15 will see that I did give my opinions quite loudly around

16 that.

17 **Q.** We will come to that. You do.

18 9 June, if you look at your entry there, you

19 telephoned the ward for an update:

20 "Ongoing improvement, although still isolating self

21 in room ... [and] reluctant to socialise."

22 And it looks like you requested risk assessment to

23 be emailed to you and "Asked police view on return to

24 property."

25 Just dealing with that first point, a risk

16

1 assessment never was emailed to you as far as we can
 2 see; is that right?
 3 **A.** That's correct.
 4 **Q.** Did you chase that or insist for that? I mean it was
 5 clearly a good request.
 6 **A.** It was a reasonable request. I'm not sure. I may have
 7 made more phone calls than were documented. My view is
 8 I don't have an absolute right to see a full risk
 9 assessment, particularly where, as is the case here,
 10 a student doesn't want us to be involved. It's always
 11 very useful to get a full risk assessment. At the bare
 12 minimum what I was entitled to was information relating
 13 to risks in our area.
 14 **Q.** So when you say a student didn't want it, did you think
 15 that VC had refused permission for you to have the risk
 16 assessment? What was your understanding about that
 17 because I have not seen anything to suggest that?
 18 **A.** I think VC had communicated that he didn't want
 19 the University involved.
 20 **Q.** Who had he communicated that to?
 21 **A.** To the ward.
 22 **Q.** So he said to the ward he didn't want the University
 23 involved.
 24 **A.** That's my understanding.
 25 **Q.** Right, where have you got that understanding from?

17

1 helpful?
 2 **A.** Yes, yes.
 3 **Q.** It had already been flagged up, even by the one incident
 4 you knew about -- I know there were two but you didn't
 5 know about the second one -- that he could be a risk to
 6 neighbours. That was clearly evidenced already, wasn't
 7 it?
 8 **A.** It was.
 9 **Q.** You set out in this document on the screen that you had
 10 a discussion with Stuart Croy regarding liaison with
 11 the police, and if we can go to that please. The
 12 document is UNIN0000119 and if we can start please,
 13 Amanda, at page 4 of that document. You would think
 14 page 1 would be the place to start but you have probably
 15 worked out, everybody has, that it is not. You have to
 16 go in reverse order for the chronology.
 17 But if we see here, this is your email to
 18 Stuart Croy and it is your summary, if you like, but you
 19 preface it with this:
 20 "Thanks for seeking a police perspective on the case
 21 we discussed yesterday. I understand there are
 22 limitations to this but feel we should flag up the
 23 potential risks all the same."
 24 So you had a conversation with him. What did you
 25 say in your conversation, in particular in respect of

19

1 **A.** From my conversations with the ward and with VC.
 2 **Q.** So VC told you he didn't want you involved in it?
 3 **A.** I believe so, yes. I mean that's recorded a bit later
 4 on. I believe that that was communicated at first --
 5 **Q.** But at this point we haven't seen that, and you're
 6 making a request -- at the time of you making the
 7 request you must have thought it was a permissible one,
 8 that you were --
 9 **A.** It was a request I was entitled to make, like I say. To
 10 see the full risk assessment and discharge summary from
 11 the ward isn't something that we can expect to always
 12 have. Where students are admitted to psychiatric wards
 13 and they are in agreement for communication and liaison,
 14 we often do get those documents and they are really
 15 helpful. What was also entirely reasonable was that, in
 16 the absence of being emailed the full assessment, that
 17 I got information relating to risk in our area but
 18 I don't believe I received that.
 19 **Q.** Do you agree that risk -- the history of what's happened
 20 in the past is key, isn't it, in making risk assessment
 21 for the future?
 22 **A.** Yes.
 23 **Q.** So understanding behaviours around the University and,
 24 as time moved on, his behaviour in respect of other
 25 students was critical for any risk assessment to be

18

1 limitations?
 2 **A.** In my conversation with Stuart Croy?
 3 **Q.** Yes.
 4 **A.** I would have given him a summary of what's happened and
 5 I think I probably voiced concern and frustration that
 6 VC was being discharged back to that property.
 7 **Q.** What were the limitations? Limitations in what you
 8 could access?
 9 **A.** So within that conversation I was asking Stuart whether
 10 it could be helpful to seek a police view on a discharge
 11 and we both agreed that there were going to be
 12 limitations for that because of the issues around
 13 discharge would have sat with the ward. However, I'm
 14 very pleased I sent that email because it appeared that
 15 there was confusion at that time from the police around
 16 whose accommodation that was, so I think they believed
 17 it was student accommodation and we were -- you know, we
 18 were able to clarify that it wasn't.
 19 **Q.** So were the limitations in your mind what the ward was
 20 sharing with you, what you could get from the police, or
 21 what you would be able to do given it was private
 22 accommodation? I'm just not clear what you thought was
 23 limited.
 24 **A.** Yes, I think what I'm referring to are the limitations
 25 of what the police could potentially do with the

20

1 information that I'm sharing, but I'm describing
 2 a desire to flag that up anyway.

3 **Q.** So it could be interpreted as quite a negative start to
 4 that. There's limitations. Stuart Croy is the Head of
 5 Security, he is supposed to liaise with police and you
 6 are saying there are limitations.

7 **A.** But I'm referring to limitations as to what the police
 8 can do with the information.

9 **Q.** So if we go to page 3, the one before, we see -- I will
 10 wait until it is on the screen for you -- Deputy Head of
 11 Security sends your email, "Concerns about a student",
 12 to Jez Shaw, a Police Constable, and if we go to page 2,
 13 we see at the bottom he sends it to his sergeant,
 14 Sergeant Hallsworth:

15 "Please see the attached ...
 16 "I'm not sure there is anything for us, other than
 17 awareness and potential intelligence ..."

18 Sergeant responds:
 19 "... I have checked our policing systems and can see
 20 that the only record relates to his mental health
 21 episode on the 24/05/2020. It appears he is well enough
 22 now ..."

23 It is not clear there if they are referring to -- or
 24 if they have checked and seen one or two episodes,
 25 is it? He says "an episode". We don't know which

21

1 **A.** We would have wanted more information I think from the
 2 NHS around risks in our halls.

3 **Q.** Was that because you would feel more protective to the
 4 people in those halls of residence because they were
 5 your students?

6 **A.** Well, it wouldn't be a feeling, it would be I would have
 7 more responsibility for them. There's no opportunity
 8 with Brook Court for me to legally share any
 9 information. It wouldn't have been my role, it wouldn't
 10 have been my responsibility, but that would be different
 11 if that was our own halls of residence.

12 **Q.** If we go back to UNIN0000734, page 3. This is your
 13 helpful running record. We see halfway down:
 14 "Ellie to seek name of AMHP to ensure they feel
 15 discharge is safe and appropriate."

16 In relation to this first discharge I don't think
 17 you did contact the AMHP, did you, for this one?

18 **A.** There's nothing in the notes so I expect I sought
 19 contact and contact wasn't made, but that's not very
 20 helpful because it's not recorded in the notes.

21 **Q.** What do you think the AMHPs actually do? What's their
 22 role as far as you are concerned?

23 **A.** Their role is to make assessments under the Mental
 24 Health Act.

25 **Q.** And they make them at a point and place in time, don't

23

1 events at Brook Court he knows about; would you agree?

2 **A.** Yes.

3 **Q.** Then if we go to page 1, the one before it:
 4 "Hi Stuart ..."
 5 This is coming back from Constable Shaw:
 6 "... having referred this enquiry to Andy there's
 7 not a lot more we can do at this stage. In relation to
 8 Andy's point about Brook Court, I assume the line on the
 9 original email regarding the Off Campus Team is
 10 regarding Brook Court?"

11 If we go to the top, Stuart Croy, if we can see the
 12 email at the top, makes it clear that the University is
 13 not the housing provider.

14 So as far as Stuart Croy was concerned and you were
 15 concerned because Brook Court didn't house students,
 16 although it was housing one of yours at that time,
 17 wasn't it, VC was there, there was not a lot you could
 18 do in terms of communicating with them? You left that
 19 with the police to communicate both with the victim and
 20 generally with the housing provider?

21 **A.** Yes.

22 **Q.** Did you know ever if that was done?

23 **A.** No, I didn't get any feedback that that was done.

24 **Q.** And if he had been going back to one of your halls of
 25 residence on a campus what would you have done?

22

1 they, very specifically, and they don't have ongoing
 2 case obligations, as it were, do they? They do the
 3 assessment at a point in time. Is that how you
 4 understood it?

5 **A.** They do the assessment at a point in time. My
 6 understanding is that that -- that they can support that
 7 case while that patient is on that admission and into
 8 discharge.

9 **Q.** They're not normally involved in after-care, are they,
 10 of patients?

11 **A.** No.

12 **Q.** But have you in your role at the University
 13 communicated -- we see you do later on communicate with
 14 one, so is it regularly the case that you would contact
 15 an AMHP or not?

16 **A.** Yes, where we're aware that a student is -- has been
 17 referred for a Mental Health Act assessment and,
 18 you know, we're involved in that, we have awareness, we
 19 might have information share, we would liaise with the
 20 AMHP to share information, to help them get access to
 21 property if the assessment is going to take place on our
 22 campus, or to potentially book a room, for example at
 23 the health centre, for that assessment to go ahead.

24 **Q.** On the sheet in front of us you say, 10 June:
 25 "Case summary sent to Stuart Croy."

24

1 That's the one we have already been to. It's fair
2 to say, isn't it, that we don't see through the
3 security -- Head of Security or Deputy Head of Security,
4 an outright request to the police about any previous
5 incidents or concerns about VC in respect of violence?
6 Nothing like that emanates from the University, does it,
7 no such request?

8 **A.** I haven't seen that.

9 **Q.** Why wouldn't the University have asked that at this
10 point, when he has been released, you know of one
11 serious incident, you aren't the provider of the
12 accommodation but he is a student who is going to be on
13 your campuses, around the University? Wouldn't it have
14 been reasonable to ask about any previous incidents or
15 anything -- any knowledge they had about risk for
16 yourselves, leaving aside what the NHS were doing?

17 **A.** I can only speak for myself and my role. I certainly
18 didn't have in mind any previous incidents. I was
19 reliant on the information I'd been given, and I
20 incorrectly, but I think reasonably, assumed that that
21 was correct and complete.

22 **Q.** So a single episode when he had heard voices and
23 something had happened to someone inside, that you
24 didn't think there was anything else --

25 **A.** Yes. It's not an unusual set of circumstances, apart

25

1 **A.** Yes.

2 **Q.** Then you can take from it what you will as it is your
3 record. So Abi Parsonage and CPN Claudia Birtles, did
4 you speak to either or both of those at this point?

5 **A.** No, I don't think so.

6 **Q.** When did you first hear about this? You were away when
7 the first notification happened, so when did you first
8 know about the second admission?

9 **A.** I think I was aware on the day that the information came
10 in.

11 **Q.** Who had the conversation with Abi, four paragraphs down,
12 about the appropriateness of VC returning to the
13 accommodation in Nottingham in the light of ongoing
14 risks?

15 **A.** That would be Cath Gent.

16 **Q.** Did you discuss the case with Cath Gent?

17 **A.** Yes, I believe so.

18 **Q.** So you both had the same concerns about him returning to
19 accommodation.

20 **A.** Yes.

21 **Q.** This is 30 July. We now know that on 16 July Dr Seedat
22 had observed in respect of VC "no insight or remorse"
23 and "the danger is that this will happen again and
24 perhaps VC may kill someone".

25 Was that ever transmitted in that form to you as

27

1 from the, you know, obviously the injury, extremely
2 unusual, but the set of circumstances where somebody
3 becomes acutely unwell and has an admission, that is
4 not -- that's not unusual for us to be --

5 **Q.** But the consequences were highly unusual, weren't they?

6 **A.** The consequences were really highly unusual.

7 **Q.** Somebody sufficiently terrified and ending up in surgery
8 and --

9 **A.** Yes.

10 **Q.** -- reacting --

11 **A.** And you will see I felt really concerned for that
12 person.

13 **Q.** Moving back to the page on the screen, the next contact
14 is when I think you are on leave and Cath Gent is
15 informed on 23 July 2020 about a second admission and we
16 see the record there. He had experienced a relapse in
17 his psychotic illness and reportedly broken into
18 a neighbour's flat accusing him of abusing his family.

19 "Reportedly in agreement and concordant with
20 treatment plan ... planned discharge for 30th July ..."

21 If we go over the page to page 4, you I think have
22 the telephone call -- if we leave the whole page on the
23 screen actually Amanda, I think it's fine because we're
24 jumping around it and it's visible. Is it visible to
25 you, Ms Turner, you can see the whole page?

26

1 a concern?

2 **A.** No.

3 **Q.** Did you know about that before you received these
4 papers, that that had been recorded at the time?

5 **A.** No.

6 **Q.** Do you think you should have known about that?

7 **A.** I think my interpretation of reading that particular
8 entry -- and I may have got this wrong, these aren't my
9 notes -- is that Dr Seedat is trying to highlight to VC
10 what the risks could potentially be, rather than
11 predicting a future risk, if that makes sense.

12 **Q.** Yes, and of course Dr Seedat will tell us about that,
13 but it's the "no insight or remorse".

14 **A.** Yes.

15 **Q.** "No insight or remorse". Did someone say that to you?

16 **A.** No.

17 **Q.** You were concerned, we have seen, and so is Cath Gent,
18 you tell us, about the risk he may be to others given
19 what had happened to the woman in the flat.

20 **A.** Yes.

21 **Q.** And you had attributed it to first episode psychosis and
22 sometimes these things can happen and this may be
23 resolved, but "no insight or remorse", would that have
24 mattered to you?

25 **A.** That would have been important information, yes.

28

1 **Q.** If we look at the bottom of the page, 30 July:
 2 "Discharge planned for tomorrow. Still planning on
 3 going back to the Nottingham address ... Ward feel he
 4 has improved to point where he can manage these
 5 independently. AMHP for current admission was
 6 Geoff Culpin ..."
 7 And you decide to email Geoff Culpin, so if we can
 8 go to that email, which starts at UNIN0001084, page 2
 9 and 3.
 10 Page 2 is just "Dear Geoff" at the bottom, and if we
 11 can go straight to page 3 that's the content of your
 12 email. You say:
 13 "I hope you don't mind me contacting you but I have
 14 been informed that you were the assessing AMHP"
 15 That's quite a cautious start to an email, isn't it?
 16 Did you feel it was a bit out of your -- out of his
 17 expectation that you might contact him?
 18 **A.** I think I was just being polite.
 19 **Q.** Okay. So you set out:
 20 "... I have been informed that you were
 21 assessing ... for student ... this month and I wanted to
 22 flag up my concerns regarding his discharge plan ... and
 23 seek your opinion."
 24 And you say:
 25 "Following the most recent incident, I was surprised
 29

1 with my line manager with on a regular basis and in that
 2 respect we would have been considering all of the
 3 options, but we didn't have information at that time in
 4 my opinion that would have led us to start the process
 5 leading to withdrawal or interruption against VC's
 6 wishes.
 7 **Q.** If we go to page 2 of this document, please, we see
 8 Geoff Culpin saying to you:
 9 "Hello Eleanor.
 10 "Thanks for raising this.
 11 "I have forwarded it to the ward for their
 12 consideration."
 13 You send an email subsequently to that to your
 14 colleague saying:
 15 "See response from the AMHP below. I'm thinking of
 16 renaming the secondary care liaison project to the zero
 17 care teflon initiative."
 18 What was your frustration when you said that? What
 19 was your thinking?
 20 **A.** I regret sending that email and it was from frustration.
 21 I had already raised exactly those concerns directly
 22 with the ward myself. What I have learned since then is
 23 that actually Geoff Culpin acted on my concerns and did
 24 have a dialogue with the ward around the plan for
 25 follow-up in the community on discharge but I wasn't
 31

1 to learn that Valdo is being discharged tomorrow to the
 2 same address."
 3 So at this point two incidents of violence, two
 4 involuntary admissions under the Mental Health Act, he
 5 has been prescribed antipsychotic medication and he has
 6 not engaging with MHAS, is he?
 7 **A.** No.
 8 **Q.** Do you think at that point the University might have
 9 considered withdrawal on the grounds of health and
 10 safety process, him withdrawing from the course and
 11 the University?
 12 **A.** I don't think we would have had a rationale to do that.
 13 **Q.** Would it be the sort of thing you would think about, or
 14 would you expect somebody else, his tutors or somebody
 15 more senior in the governance of the University to make
 16 that kind of decision?
 17 **A.** I think it would depend on the circumstances. I think
 18 if there was concerns that VC wasn't managing the
 19 academic pressures to the point where the school were
 20 concerned around progression, you know, that could be
 21 a route to have that conversation. I think in different
 22 times, if we weren't in COVID restrictions, if there was
 23 more contact with the student community, the staff here,
 24 I think we would have certainly documented a more
 25 detailed discussion but this was a case that I'm talking
 30
 32

1 aware of that. It was an email sent in frustration
 2 which I regret sending.
 3 **Q.** Understood and we will go to what he did.
 4 Do you think information sharing is better and
 5 easier when you pick up the phone? It's not --
 6 **A.** It can be. I think within mental health services these
 7 are really stretched individuals who will often not be
 8 available for a phone call. I think there's sometimes
 9 benefit in using email for that communication because we
 10 have a paper trail.
 11 **Q.** But you also seem to be worried about the level of
 12 detail you can request or supply. Sometimes a telephone
 13 conversation says a lot more, doesn't it? I don't mean
 14 about just the expression of concern, but the tone.
 15 **A.** I'm in no way throughout the whole of this case
 16 concerned about information I can supply. There are no
 17 barriers to me supplying the information.
 18 **Q.** Let's see what Geoff Culpin did with it. If you go
 19 please, if we can go to NOCC000088. So page 2 for --
 20 there we are, thank you. So "FYI", so a pretty simple
 21 FYI to Dr Seedat, and if we go to page 1, we see
 22 Dr Seedat's reply to your concerns and he says:
 23 "Not sure what to say.
 24 "I cannot dictate where people go and live, he has
 25 paid up tenancy, the landlords will not give him his
 32

1 money back and he has no income.
 2 "Maybe that is the work Eleanor needs to do is to
 3 work with landlords and see how they support their
 4 students in such situations.
 5 "On both occasions the incidents happened in his
 6 other flat and not in the one he is returning to."
 7 If we go back to page 2:
 8 "He is well, he is taking his meds, he will have
 9 close follow-up and not sure what else she wants. You
 10 can just tell people where they should go, he is
 11 an adult."
 12 Presumably he means cannot or can't tell people.
 13 Then if we go back to page 1, we see Geoff Culpin
 14 says:
 15 "It's the well bit that's important. Is he on
 16 a depot? Oral meds?
 17 "Will he have a team following him up - or crisis?"
 18 The response from Dr Seedat:
 19 "He is on meds, oral meds, he has demonstrated good
 20 insight.
 21 "He is going to be followed up by the Crisis Team
 22 and also his LMHT, City South, he has CCO
 23 Claudia Birtles."
 24 So Geoff Culpin does follow it up and if we look at
 25 WITN0163050001 please, we see his email wasn't simply
 33

1 problems there. I think there's an opportunity, had
 2 I known that, I could have referred VC for support from
 3 our financial services, which may have been helpful and
 4 could have also helped him potentially access disability
 5 benefits and that kind of thing. So that's new
 6 information. I wasn't aware of that.
 7 I won't answer whether I should personally refund
 8 all of his money.
 9 **Q.** No, don't worry, I wasn't asking that. There's
 10 a breakdown though, isn't there, of communication
 11 between the University and the NHS when you read emails
 12 with that kind of tone.
 13 **A.** Yes, I think there's a misunderstanding. I wasn't
 14 trying to influence whether VC was discharged from
 15 a ward. A lot of what we do in mental health services
 16 is much more of an art than a science and I think my
 17 frustration was that I wasn't seeing evidence that ward
 18 staff had used their powers of engagement and persuasion
 19 with VC that actually a return to Wales is going to be
 20 better for him in terms of his ongoing recovery.
 21 Now, having read all the things I have read, I think
 22 that more of that did happen than I was aware of, but
 23 I think this email trail shows a real misunderstanding
 24 as to what I'm asking from them.
 25 **Q.** If we can go now please to UNIN0001200, page 1, this is
 35

1 sent to Dr Seedat, it ended up with Amanda Smillie as
 2 well and he has sent it to her cc-ing Dr Seedat saying:
 3 "Please see email below as I understand you are
 4 considering discharge".
 5 So he has passed on the concerns and the response
 6 comes from Dr Seedat:
 7 "I already know about this. I will send you email
 8 trail on my views.
 9 "We will proceed with discharge [in bold] the
 10 residence is independent of the university. It is
 11 private, it is up to the landlord and for now the
 12 landlord is taking his money, so why can't he stay
 13 there.
 14 "Tell her if she is willing to refund all his money
 15 or get it back for him, he has paid rent to that flat
 16 since February 2020 and not stayed there, then he can
 17 use that money to live elsewhere."
 18 So now you have seen all of the correspondence, you
 19 say you understand Geoff Culpin did as he was required
 20 to do, what do you make of the responses to that?
 21 **A.** I think there's a number of things in there. One thing
 22 that really jumps out for me is that at no point in the
 23 case was I made aware that VC was experiencing any
 24 financial difficulty. I do recall speaking directly to
 25 VC about finances and he reassured me that there were no
 34

1 a record of your conversation on 30 July with VC; is
 2 that right?
 3 **A.** Yes.
 4 **Q.** Can you tell us what your conversation was about then?
 5 **A.** Sorry, which conversation?
 6 **Q.** The one at the top of the page, you see 30 July?
 7 "What are you offering to VC and what happens?"
 8 It's your conversation, isn't it?
 9 **A.** So this is an email -- I'm looking at an email that
 10 I sent to Valdo on 30 July which is referencing that we
 11 spoke at the point of discharge in June.
 12 **Q.** Okay, so you haven't spoken to him between the two then,
 13 no, just an email?
 14 **A.** Yes, yes. So I'm confirming to VC here that I'm aware
 15 he has been unwell again and that I'm really keen to
 16 form part of the support. I'm also aware that Abi
 17 Parsonage is involved on the Crisis Team so she is
 18 copied in there, so the purpose was to try and get some
 19 engagement.
 20 **Q.** So did you get a response to the email?
 21 **A.** I don't -- if it's not in my witness statement then no,
 22 I didn't.
 23 **Q.** If we go to UNIN0001205, page 1, we see in November you
 24 become aware that VC has taken a Voluntary Interruption
 25 of Study. That will come on the screen. Again, you are
 36

1 emailing him to say:
 2 "... I'm really sorry to hear you've been
 3 struggling. I think you have taken the right
 4 decision ..."
 5 You haven't had a discussion with him about that
 6 decision, it's just by email and you being informed?
 7 **A.** That's right.
 8 **Q.** How many times in total did you try and directly contact
 9 him?
 10 **A.** It's really difficult to answer that. I made reference
 11 in my witness statement that when we went into lock down
 12 we had to completely stop using the system that we were
 13 using, which was a paper-based main system and we very
 14 quickly had to pull a system together, a combination of
 15 that and the pressures that were on wellbeing services
 16 means that I haven't documented every attempt to either
 17 speak with Valdo directly or with Notts Healthcare
 18 Trust, so I can't answer. I know that there were lots
 19 of attempts, but what's difficult is if it's, you know,
 20 in our work, if it's not written down it's not happened.
 21 So I can't -- I honestly don't know.
 22 **Q.** If we go to page 2 of the same document please, we see
 23 there the email that VC at the bottom has sent to
 24 Dr Emma Barney in respect of the request for voluntary
 25 interruption and he actually copies you in as Head of

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1 astonishing that in September 2021 the University were
 2 not aware of him attacking a police officer and being
 3 admitted and detained and people will go -- I will go
 4 with -- there's a number of you giving evidence today,
 5 I don't want to duplicate it, but when we see references
 6 or comments about VC by his tutors it's difficult,
 7 standing back, not to think they were just in the dark
 8 really about who he was and how he was behaving at this
 9 time, irrespective of how he was engaging with his
 10 studies. Have you got any views about --
 11 **A.** I think we were all in the dark.
 12 **Q.** But what could you have done to prevent that?
 13 Communication is a two-way thing, isn't it? We will be
 14 asking the NHS witnesses the same. How much did you
 15 push for information, or offer information, or try and
 16 find out, or share it with the tutors when this was
 17 a very unusual case, at this point paranoid
 18 schizophrenia being diagnosed, risk to other people?
 19 When you look at all of this what could have been shared
 20 to build up that risk picture adequately?
 21 **A.** So at this point I -- it was reasonable to not share
 22 information with the school. VC is on an interruption.
 23 That seems appropriate to me. We're still in COVID
 24 restrictions to some degree. I think ideally I would
 25 have recorded the phone calls that I feel sure I did

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1 Mental Health and says:
 2 "... Eleanor Turner ... is aware of my case."
 3 There's no suggestion there that there's any
 4 difficulty from his perspective of you discussing the
 5 case with any of the academic staff, is there? Did he
 6 ever say in terms at this point that you couldn't?
 7 **A.** No.
 8 **Q.** So you could have internally shared with Emma Barney,
 9 Stewart McWilliam, his supervisors, his personal tutors,
 10 you could have shared what had happened with them,
 11 couldn't you?
 12 **A.** I think it was reasonable that I didn't at this point.
 13 VC was interrupting his studies. They are aware that he
 14 has been under, very loosely, my service and they were
 15 originally aware of the first admission because VC's mum
 16 has emailed the academic school. I don't think there's
 17 any information that I would have wanted to share at
 18 this point.
 19 **Q.** The Inquiry, Chair, will be uploading to the website
 20 statements from various tutors and academics and we will
 21 see in some cases they suggest too, as you are,
 22 Ms Turner, that they didn't feel they should have been
 23 more aware of his behaviour or his mental health
 24 problems.

25 Standing back for a moment, it's nothing short of

38

1 make to the NHS teams in those months to ask whether
 2 there was any information I needed to be aware of.
 3 **Q.** I'm not suggesting you didn't, through the AMHP and
 4 conversations I'm going to come to later, get
 5 information or try to get it from the NHS, but
 6 internally as a university, it's a resounding theme that
 7 the tutors just did not know, either about the extent of
 8 the mental health illness diagnosis, or of the risk to
 9 others and it is that part that the University is solely
 10 responsible for, isn't it? It's internal information
 11 sharing?
 12 **A.** Yes.
 13 **Q.** This was one of your students, behaving in a particular
 14 way towards other students, as we will see as we move
 15 into 2022, and they don't seem to be aware of it. Is
 16 that justifiable? At the time, not now, even at the
 17 time.
 18 **A.** I think -- my view is that it was reasonable at the
 19 time. Students don't generally want us to share
 20 information with academics, and academics in turn often
 21 don't want full mental health information coming back to
 22 them.
 23 **Q.** We don't always get what we want, do we? We don't
 24 always get what we want and we shouldn't always get what
 25 we want. Just --

40

1 A. VC was interrupting his studies. He had no reason to
2 have contact with the University. The risks, as far as
3 I knew, occurred in very specific circumstances. They
4 occurred in accommodation which wasn't our
5 accommodation. There were no other students there and
6 he was under the care of a statutory service who were
7 responsible for that risk. I wasn't aware of the other
8 events and yes, I would have wanted to have been aware,
9 but given all the information I had at that point
10 I think it's reasonable that the school didn't have more
11 information about VC's presentation.

12 At the point he is re-engaging I do share more
13 information with the school. COVID restrictions are
14 lifting but even at that point there is no indicator
15 that there are any risks in our environment. VC's
16 interactions when he was having periods of stability or
17 crisis were actually always entirely appropriate in our
18 community, in an academic school.

19 So it's a really tough -- it's a really tough
20 decision in terms of how much we share with academics
21 and we have to balance that very carefully, but given
22 that he was interrupting, I didn't know the risk that he
23 posed because I hadn't been given that information, and
24 given that we were still experiencing COVID
25 restrictions, I feel it was reasonable not to have

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1 one, he would have been required to have medical
2 evidence or show when he came back how he was able to
3 come back, wouldn't he? There was no requirement after
4 a voluntary interruption to demonstrate fitness to study
5 again, or to come back again; is that right?

6 A. So my understanding, and I'm sure Claire and Catherine
7 will give more context, my understanding is that the
8 interruption form that Valdo used at this point that the
9 school could have ticked that they required evidence of
10 fitness to study on return. That was not a robust
11 system, although schools did sometimes tick that on --

12 Q. Well, they didn't know the extent of his problems, did
13 they? That's one of the problems with the information
14 not being shared. The school wouldn't tick the box if
15 they didn't know the extent of the health problems,
16 would they?

17 A. Yes, yes.

18 Q. So had they known, they could have requested that and
19 you would have become aware of the detentions and other
20 episodes potentially with a report, wouldn't you?

21 A. Potentially we could have, yes.

22 Q. Can we just look at what happens in January 2022. This
23 is the incident that's referred subsequently in material
24 as the hostage situation, a very upsetting event for
25 a number of students. Did you ever see the footage?

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1 shared information with the academics, and I would also
2 consider what that could have done, so what would we
3 expect to happen if they did have more information.

4 My -- I can't speak on behalf of the academics, but
5 my view is that that may have involved more meetings
6 with personal tutor, and yeah, that could be possible --
7 that could be helpful and it would have potentially
8 involved VC being recommended to work with our
9 Disability Support Services to have reasonable
10 adjustments, but in actual fact VC was fully aware of
11 all of those support options available to him and he
12 didn't want to engage in them, so I'm not sure that we
13 would have achieved very much from sharing more
14 information about (*inaudible*).

15 Q. If we go please to UNIN0000734, page 5. Is it the
16 case -- that's page 2. Can we have page 5, please,
17 Amanda, same document. It is UNIN0000734, page 5.
18 Thank you. We see at the top:

19 "04 [August] ... 2020.

20 "... [VC] happy to talk on mobile ..."

21 In his interruption of studies I don't think there
22 was any contact with him from the University, was there?

23 A. There wasn't contact after this telephone call.

24 Q. Had he been considered under a different policy, either
25 the health and safety one or the fitness to withdraw

42

1 They had videoed it. Did you ever ask to look at it at
2 the time?

3 A. No.

4 Q. Where you can see how they are prevented getting out of
5 their own flat and how distressing the whole situation
6 is.

7 A. No, I didn't see it. I --

8 Q. Do you think anyone saw it?

9 A. I don't know who saw that footage.

10 Q. Okay. If we go over the page, please, to page 6,
11 telephone call to Abi Parsonage:

12 "... Claudia is worker and [VC] was due to visit
13 yesterday but [did not attend] for 5th time."

14 Was that worrying for you? You have heard about
15 this event and he is not attending --

16 A. So I became aware of this on the Monday evening out of
17 hours and I was really concerned.

18 Q. We see what you do and in particular you have
19 a conversation -- if we go to page 8 -- with the AMHP.
20 We have all the emails in between, people can see them,
21 about the assessment not taking place, and you have
22 a conversation. Tell us what you were interested to
23 know?

24 A. So we were interested to know what time the Mental
25 Health Act assessment had been convened for so that we

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1 could support with access to accommodation.

2 **Q.** In the middle of that, about four lines from the bottom,
3 it says:

4 "Explored altercation but Consultant felt that, as
5 police did not take any action, this was not of any
6 particular consequence."

7 What altercation did you think that was referring
8 to? What was the factual basis for "altercation" in
9 that?

10 **A.** So the altercation is the incident that's happened in
11 Raleigh Park.

12 **Q.** Do you think "altercation" is minimising that incident?

13 **A.** No.

14 **Q.** It sounds like a bit of an argument about something,
15 doesn't it? Altercation, rather than the situation that
16 was described by the students and seen on footage?

17 **A.** I -- my intention certainly wasn't to minimise it.
18 I was really concerned.

19 **Q.** Was that a term the consultant will have used or --

20 **A.** I don't know.

21 **Q.** You don't know. If we go to UNIN0001476, page 5. So
22 UNIN0001476, page 5. This is Adele Pinder, Community
23 Psychiatric Nurse:

24 "... tried to ring police ... they are not
25 disclosing any information at the moment. The lady

45

1 matter to the police twice the same evening, one of
2 them. What were you trying to secure around this?

3 **A.** I was surprised and frustrated that VC couldn't be
4 detained so -- sorry, just to make sure I'm clear, this
5 is after the first assessment where VC isn't detained?

6 **Q.** Yes.

7 **A.** That's what I'm looking at, yes, thank you. Yes, so
8 I was surprised and frustrated about that, very mindful
9 that our students had been highly disrupted in being
10 moved to another flat. I felt VC met the criteria for
11 detention under the Mental Health Act and I was trying
12 to convey that this isn't a long-term solution and that
13 I am uncomfortable with the plan.

14 **Q.** Did it feel right that the students were moving out?
15 They are the people who had been victimised in the
16 situation and they were the ones having to leave the
17 accommodation and they had exams and work to do
18 themselves, hadn't they?

19 **A.** Yeah, it was really -- it was really disruptive. That
20 decision was made as soon as I had all of the
21 information, and the reason we asked the students to
22 move out is because my impression at that point is that
23 we have somebody who can pose risks, in accommodation,
24 has disengaged from healthcare, hasn't been compliant
25 with medication and I was concerned about risks to those

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1 I spoke to has passed on the request ... to her sergeant
2 who I've been advised will ring me back later."

3 So they were trying to phone the police. Did you go
4 back to the police via Stuart Croy or anyone else and
5 try and find out what was going on?

6 **A.** No, my role here was to try and support what I thought
7 needed to happen, which was a Mental Health Act
8 assessment.

9 **Q.** If we go please to UNIN0000734, page 9. We're going to
10 be hearing from Chris Hoskins, residential -- he had
11 a role for the residential facilities at the University,
12 didn't he, so I'm not going to ask you about those
13 emails. You see page 9? 21 January 2022. It records
14 at the bottom:

15 "Crisis unable to assist with accommodation and
16 suggested that, if Raleigh can release, [VC] could get
17 a flat in the community. I reminded worker of first
18 episode involving risk to the public. I suggested that
19 if he does not engage today there should be a further
20 [assessment] ..."

21 We also see above there "multiple attempts to call
22 [VC]", and you have been emailing as well.

23 So tell us what was happening at this point? You
24 have students who don't want to live in the place with
25 him, they don't want him there, and they've reported the

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1 students.

2 I think had we asked VC to move that would have
3 potentially increased the risks to those students. We
4 knew that VC could experience delusions around people in
5 accommodation. He has had a really worrying situation,
6 he had been involved in that really worrying situation
7 over that weekend, so I felt that moving the flatmates
8 was the least worst option given where we were, and that
9 moving VC could potentially increase risks to those
10 flatmates which I wanted to avoid.

11 I also was aware that what we needed to do now, if
12 my formulation was correct, was to support a Mental
13 Health Act assessment for VC and, again, my view then,
14 as it is now, is that moving him at that point not only
15 would potentially have increased risks to the students,
16 but it could have further disengaged him from the NHS
17 support, which is not what we wanted to happen.

18 So I have all the sympathy for those students. It
19 is really, really difficult. Like you say, they are in
20 the middle of exams, highly disruptive, highly scared,
21 you know, what happened is really, really frightening,
22 but this felt at the time, and looking back I still feel
23 it was the right course of action.

24 **Q.** I think you gave the NHS, obviously with the students'
25 consent, two of their telephone numbers so that they

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1 could get information about that event. I mean that's
 2 a really difficult thing for them to be drawn into,
 3 isn't it in? How did it arise that they had to do that?
 4 **A.** It's so unusual, and the reason I did that was because
 5 I felt very concerned and very frustrated that the key
 6 agencies involved, so the police and the ward, were not
 7 linking previous incidents and previous risks, and bear
 8 in mind I didn't know all of them at this point. They
 9 were not willing to discuss with me my views about the
 10 seriousness of -- as to what had happened, so I took the
 11 highly unusual step to ask Chris Hoskins to liaise with
 12 those impacted students to see if it they would be
 13 willing to speak directly with the consultant because it
 14 felt at that point that the consultant wasn't willing to
 15 listen to my voice within that conversation.
 16 **Q.** One more document before we take a morning break, if
 17 I may, Ms Turner. It is UNIN0000734, page 10. It is
 18 actually from Stewart McWilliam, Dr Stewart McWilliam
 19 I think, to -- from the Engineering Department to your
 20 colleague whose statement will be available on the
 21 website page. We see here this is dated 20 January 2022
 22 and he has met with VC in person:
 23 "... he was wanting a reference to apply for
 24 part-time work".
 25 And he concludes:

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1 physically assault people.
 2 **A.** Yes.
 3 **Q.** So if you know that your students have had distressing
 4 episodes with him and around him, it's relevant,
 5 isn't it?
 6 **A.** The risk at this point -- all of the risk information
 7 that we've got still indicates that the risk occurs when
 8 Valdo disengages with services and it occurs in
 9 accommodation. We couldn't have predicted that that was
 10 going to change and we couldn't have predicted that VC
 11 would have been discharged in the way that he was. That
 12 risk holding and risk communication is with the NHS.
 13 **Q.** But you had identified he was a student with you, you
 14 knew that, and that the risk was to his neighbouring
 15 students and people he was living with.
 16 **A.** Yes, so the action I took was around sharing that
 17 information with the NHS who are the people in charge of
 18 managing that risk. The issue around a reference I see
 19 as separate to that and this was a confirmation not
 20 a character reference --
 21 **Q.** To be clear I'm not suggesting --
 22 **A.** *(Overspeaking).*
 23 **Q.** Just to be clear, Ms Turner, I'm not suggesting that
 24 a reference was improper with the information the person
 25 had, just to be very clear about that. I'm just saying

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1 "On the whole [at the end] I believe there is some
 2 evidence to suggest he is engaging in his studies.
 3 I have requested a meeting with [VC] after his exams and
 4 I will discuss engagement with him then."
 5 This is the point about tutors not knowing anything.
 6 He was wanting a reference to apply for part-time work.
 7 It is really serious, isn't it, when people are asked to
 8 provide references that they should know about the
 9 whole-person, they should know something about them.
 10 You can't just give a reference in a vacuum, can you?
 11 **A.** You would have to ask the academics, but my
 12 understanding of the reference was confirmation more
 13 around identity and the fact that he had been
 14 a registered student. It wasn't a character reference.
 15 **Q.** No, of course it's not a character reference, so my
 16 point is what's it worth if it is simply about how
 17 someone is engaging in studies? It's a very narrow
 18 framework without any context for them.
 19 **A.** I don't -- with all due respect, I don't think it would
 20 have been appropriate in a reference for part-time work
 21 to share information around VC's mental illness from
 22 the University. That would feel really uncomfortable
 23 for me.
 24 **Q.** What about the element of risk? We know, you see, he
 25 went on to assault people he was working with,

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1 without knowing about the whole-person, it's difficult
 2 to write anything in context, that's all?
 3 **A.** I mean, I broadly agree with the point you're making.
 4 If NHS services felt that VC was such a risk that he
 5 should not enter employment, it would be for them to
 6 take some steps around that, but that wasn't the case at
 7 this point.
 8 **Q.** Chair, I wonder if that's a convenient moment. It is
 9 11.20.
 10 **THE CHAIR:** Yes.
 11 **MS LANGDALE:** Is 11.40 or 11.35, what would you prefer?
 12 **THE CHAIR:** Yes, I think 11.40. We will come back at 11.40,
 13 thank you.
 14 **(11.20 am)**
 15 **(Short Break)**
 16 **(11.40 am)**
 17 **MS LANGDALE:** Can we have, please, the document NHFT0018202,
 18 page 1 on the screen. You won't have seen this
 19 document, Ms Turner, until we sent it to you. It will
 20 come on the screen now and it's Dr Gibson's -- a higher
 21 trainee doctor's note in respect of you. So it is just
 22 for you to see the NHS side of the communication.
 23 We see here this is dated February 2022:
 24 "Hi Eleanor,
 25 "I understand that you called about [VC] earlier and

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1 updated about his accommodation. I'm one of the doctors
2 on the ward. Could you provide any more details about
3 [VC's] mental state in the past few weeks, including the
4 issues with assaults on his flatmates? [VC] has been
5 evasive about this.

6 "As to the accommodation, I take it he is to be
7 evicted? Can I check what will happen to his
8 belongings?"

9 So just as you wanted information from the NHS, it
10 is clear Dr Gibson wanted it from you, didn't he? Can
11 you remember now your conversation with him and what you
12 shared with him?

13 **A.** No, I would have to see my written record.

14 **Q.** We have your running record, if I can find that, for
15 the -- here we go. If we go UNIN0000734, page 13. You
16 say here:

17 "[Telephone call] to Redwood 1. Gave information
18 about role and advised around attending ward review.
19 [VC] remains acutely unwell - guarded and suspicious,
20 keeping himself to himself. Ward have my details and
21 are aware of accommodation ..."

22 So you have recorded what they have told you,
23 "remains acutely unwell ... keeping himself to himself",
24 but it doesn't look as though you have recorded about
25 what you have said about the things he is asking about,

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1 is now under the Cases of Concern framework ..."

2 How does that work in practice? Thank you for
3 sending the policy, we have it, but who would you have
4 liked to have shared the information you had with, and
5 how would you do that today if the same situation arose?

6 **A.** So, for example, if we had -- if the same situation was
7 to occur today and we had, you know, all of the
8 information available, I would anticipate that we would
9 be inviting the Care Coordinator, potentially the
10 academic school, although we would be looking to the NHS
11 for guidance on how much information should be shared if
12 VC had, you know, continued to not -- not want
13 information sharing, and we would consider all of the
14 potential options to us to both support VC and to manage
15 any risks.

16 **Q.** Why would you see what the NHS thought about you sharing
17 internally about VC? In other words, when you are told
18 something from the NHS, are you able to assess whether
19 it is in the University's interests and other students'
20 interests whether you need to share the information or
21 not?

22 **A.** I would share information when I believe there may be
23 risks. In an academic department, I would share that
24 information with that academic department.

25 In a situation where a student doesn't want

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1 the assaults on flatmates. Does that mean you didn't
2 tell him about those things or would you --

3 **A.** No, I honestly don't know. It wouldn't be like me not
4 to respond to a question. Like I say, there's no
5 barriers for me to share information, but without that
6 being recorded it's hard to say that with any clarity.

7 **Q.** Well, the confusion arises not least because when you
8 are talking to the consultant about it there's
9 a conversation about altercation, isn't there, and we
10 don't see in your side of that communication with
11 Dr Gibson anything that describes it as more serious
12 than an altercation. Would you have recorded it if you
13 had said there was a hostage-type situation and they're
14 really stressed or --

15 **A.** Like I say, I think I was just using a quick word to
16 describe what I was referring to. In no way was the
17 word "altercation" to minimise what had happened. We
18 were all aware of the seriousness of -- as to what had
19 happened.

20 **Q.** If we can finally go to your witness statement and
21 a couple of observations, so it's WITN0054001, page 43.

22 You say at paragraph 130 on page 43 that you:
23 "... found the case very worrying at the time and
24 [you] ... would like there to have been shared ownership
25 of such a concerning case within the University - which

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1 information shared I would do that anyway because I've
2 got a right to share information that relates to risk.

3 You know, within my role with this case the risks
4 weren't present in an academic environment. However,
5 what I'm describing is, under Cases of Concern, bringing
6 all of those people together would let us explore that
7 in a more formal way.

8 **Q.** Thank you, Ms Turner. Those are my questions. There
9 are going to be further questions from other barristers,
10 including, if she would like to, the barrister for
11 the University of Nottingham.

12 **THE CHAIR:** Thank you. Mr Moloney.

13 Questioned by MR MOLONEY

14 **MR MOLONEY:** Ms Turner, I would just like to ask you about
15 one area, please, and that is about VC going to his old
16 flat in April 2022.

17 You found out about VC going to his old flat
18 in April 2022, roughly contemporaneously to him doing
19 that. You knew he had been hanging around for a couple
20 of hours prior to being spoken to by security. Is the
21 answer yes?

22 **A.** Yes, sorry.

23 **THE CHAIR:** Yes, Ms Turner, if you can answer yes. We can
24 see you nodding but for the transcript it is necessary
25 that you say yes or no or whatever you want to say.

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1 Thank you.

2 **MR MOLONEY:** Thank you very much, Chair.

3 Had he given a false name when going to the campus?

4 **A.** I believe so, yes.

5 **Q.** Did you find out whether or not he had been wearing

6 a balaclava?

7 **A.** I've since read that. I don't recall at the time

8 whether he was wearing a balaclava.

9 **Q.** Okay. So far as the background to that incident is

10 concerned, you knew that there had been two incidents on

11 the same day in 2020 and, as a result of his actions, on

12 one of those incidents a woman had been injured.

13 **A.** That's incorrect. I knew of one incident.

14 **Q.** So you only knew of the one where the woman had been

15 injured?

16 **A.** That's right.

17 **Q.** Right. You knew that in January 2022 one of VC's

18 flatmates reported being assaulted by VC who had trapped

19 him in the flat.

20 **A.** That's right.

21 **Q.** You spoke to Claudia Birtles about that.

22 **A.** At the time of the incident in the flat?

23 **Q.** Yes.

24 **A.** Yes.

25 **Q.** So -- and I think it happened on 17 January and you

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1 a long paragraph but it details your communications with

2 Adele Pinder on that day, and Ms Langdale has dealt with

3 some of the detail of this. I would like to ask you

4 just about a little bit more that wasn't pertinent to

5 the questions Ms Langdale was asking you about, and it's

6 this: that you were told that VC had failed to attend an

7 appointment with them the previous day, which was the

8 fifth time he had not attended. Ms Langdale dealt with

9 that with you. The engagement was poor, he had run out

10 of medication, and you had not known any of that and was

11 concerned that you had not been told.

12 **A.** Yes.

13 **Q.** You asked why the EIP team had not made contact with

14 MHAS and:

15 "... Adele was unable to explain why that had not

16 happened."

17 **A.** Yes.

18 **Q.** "These are risk flags and even if the NHS did not have

19 [VC's] ... permission to liaise with [you] ...in [your]

20 ... view these are risks which they are entitled to

21 communicate to us."

22 **A.** Yes.

23 **Q.** Because in your view you had a right to share

24 information related to risk.

25 **A.** That's right.

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1 spoke to Claudia Birtles on 18 January.

2 **A.** I think it happened prior to the 17th.

3 **Q.** Okay.

4 **A.** But (*inaudible*) on the 17th.

5 **Q.** Could we just look at paragraph 70 of your statement

6 which deals with this, and your statement is

7 WITN0054001. We had it up recently. Paragraph 70 is on

8 page 25 of 51. We see there -- can you read there:

9 "There is an entry on our duty report [of that date]

10 ... which reads 'HO' ..."

11 That means "history of", doesn't it:

12 "[history of] contact with MHAS. Incident report

13 indicating may be relapsing with sig[nificant] risk to

14 others."

15 Yes?

16 **A.** Yes.

17 **Q.** And that was your appreciation at that time that he

18 perhaps presented significant risk to others at that

19 time.

20 **A.** That's correct.

21 **Q.** On that same day, later, you telephoned -- having spoken

22 to Claudia Birtles you spoke to Adele Pinder. Do you

23 remember that?

24 **A.** It would be helpful to bring up the next page, but yes.

25 **Q.** Well, let's do that. Paragraph 71. This is quite

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1 **Q.** If we carry on in that paragraph, and if we go down to

2 six lines up from the bottom of that paragraph, after

3 Adele Pinder saying that they would liaise with

4 the police to get further information, this is on

5 18 January, to find out where VC was and then they had

6 attended the police to assess him:

7 "I was told that [VC] ... had a further admission to

8 a psychiatric ward a short time before this incident,

9 following a police incident where he was tasered due to

10 non-compliance and that [VC] ... had a history of

11 assaulting police."

12 So although you weren't told at the time of this

13 incident, back in September 2021, you were told of this

14 in January 2022.

15 **A.** That's correct.

16 **Q.** Yes. So in addition to the incident in 2020, in

17 addition -- and then the later incident in January 2022

18 which had in fact led you to speak to both

19 Claudia Birtles and Ms Pinder, you now knew about what

20 had happened in September 2021.

21 **A.** That's correct.

22 **Q.** And that was a violent incident so far as you understood

23 it.

24 **A.** Yes.

25 **Q.** Yes. You were asked about April 2022, and I just asked

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1 you about what you learned in April 2022 and, as you
 2 said earlier, you knew that VC could experience
 3 delusions around accommodation.
 4 **A.** Yes.
 5 **Q.** And you were concerned that the police were not linking
 6 things together, that doctors were not linking things
 7 together. Did you consider contacting the police about
 8 his coming back to campus, given what you knew had gone
 9 on before?
 10 **A.** Are we talking about following this admission where he
 11 comes back and --
 12 **Q.** I'm going on to April 2022, yes.
 13 **A.** Yeah, and initially denies that he has done that and
 14 says that he was getting some post, is that --
 15 **Q.** Yes, so --
 16 **A.** I didn't -- I didn't consider liaising with the police,
 17 no. I considered my role to be to share that
 18 information with the NHS team.
 19 **Q.** Obviously the Inquiry will be concerned about sharing of
 20 information between different agencies.
 21 **A.** Yes.
 22 **Q.** Now, you knew of VC's violent history, you knew that he
 23 had delusions around accommodation, you were concerned
 24 that the police were not linking things together and you
 25 were concerned that the doctors were not linking things

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1 **A.** No.
 2 **Q.** Given your obvious concerns about this position, would
 3 it have been useful for you to hear about that from
 4 the police?
 5 **A.** Yes.
 6 **Q.** Chair, that's all I ask and I'm grateful.
 7 **THE CHAIR:** Thank you. Yes, Ms Cartwright.
 8 Questioned by MS CARTWRIGHT
 9 **MS CARTWRIGHT:** Thank you. Good afternoon, Ms Turner. Can
 10 you see and hear me clearly?
 11 **A.** I can.
 12 **Q.** Thank you. Now, you have effectively told learned
 13 Counsel to the Inquiry that on -- I think before the
 14 discharge from the first admission in June of 2020 you
 15 had raised concerns about, my words, a safe discharge;
 16 would you agree?
 17 **A.** Yes.
 18 **Q.** Perhaps if we briefly look together, please, it's in the
 19 rule 10 bundle, but I will give the WITN0163026.
 20 WITN0163026. Thank you.
 21 We see there it is not you copied in but it is
 22 referencing a telephone call that you had obviously made
 23 before the discharge from the first period of admission,
 24 subject to section 2 of the Mental Health Act, where
 25 what's recorded there is that you were really worried

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1 together. May I ask you why didn't you think about
 2 telling the police about that?
 3 **A.** I haven't got any other answer other than that this had
 4 been a theme of the case where I had tried previously to
 5 link those sort of things together. That was
 6 ineffective. I agree that was an available option to me
 7 at this point would have been to share that information
 8 with Stuart Croy who in turn would have shared that with
 9 the police. It's very hard to remember. It was a long
 10 time ago. I remember feeling -- I can't think of the
 11 word -- I suppose exasperated. I had previously tried
 12 to do that when he was on the ward and even when I'm
 13 explicitly trying to do that, it doesn't feel like it is
 14 linking up.
 15 **Q.** So --
 16 **A.** So I agree it was an option to me. It's very hard to
 17 remember my thinking at the time other than a general
 18 feeling of this information needs to go to the NHS
 19 because they are the people in charge of this case.
 20 **Q.** There was a -- this is April 2022. There was a man
 21 called Sebastian, who was a former flatmate of VC, who
 22 believed he was being stalked by VC in April 2022 and he
 23 will give evidence to the Inquiry in due course. He
 24 reported that to the police. Did you ever hear about
 25 that?

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1 about the discharge plan. You were not comfortable for
 2 VC to go back to the students residence "due to the
 3 traumatic effect on the victim".
 4 Can I ask you just first of all questions in
 5 relation to the victims and what you knew because it is
 6 clear --
 7 **A.** Could I also just point out that that has been
 8 incorrectly recorded because there were no students in
 9 that residence.
 10 **Q.** Well, that's what I'm going to come on to deal with you
 11 first of all because you tell us in your witness
 12 statement definitively that the victim of the violence
 13 and aggression from VC was not a student.
 14 **A.** Yes.
 15 **Q.** But that's not in fact correct because she was. She was
 16 a student, albeit not at Nottingham University, but
 17 a student at a college.
 18 **A.** Right.
 19 **Q.** Can you help as to why you were so definitive in saying
 20 that there were no other students at that time?
 21 **A.** That was the information that was shared with me and, to
 22 clarify, I wouldn't know about students registered at
 23 other places of learning, so when I say there are no
 24 other students, I am referring to our students and not
 25 colleges, if that wasn't clear.

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1 Q. No, but can I just be clear about that because you tell
2 us in your witness statement and you have been clear
3 today in telling us about the remit of your role which
4 essentially is an information sharing role to ensure
5 that all relevant organisations have the relevant
6 information to enable effective multi-agency working --
7 A. Yes.
8 Q. -- we can see that specifically you were asking I think
9 a Jamie Dickinson to make checks as to whether there
10 were any other students in the accommodation and so,
11 from a general public protection perspective, would it
12 not also matter to know if there were students from
13 other establishments in that accommodation so that their
14 professional -- well, essentially their academic
15 institution could be made aware?
16 A. I would be really interested to know how we could do
17 that.
18 Q. So your question and the tasking of Jamie Dickinson was
19 only then to establish if there were students from
20 Nottingham University within that private accommodation.
21 A. Yeah, that's correct, and I -- my understanding is that
22 the mechanism for that was to search our URN records
23 which clearly wouldn't flag up students from other
24 colleges or universities. Short of going out to Brook
25 Court and knocking on every door, I don't really

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1 A. No, I wasn't aware of any further detail other than it
2 had been a serious injury to the severity that required
3 surgery.
4 Q. I'm just going to complete her injuries. Were you
5 therefore not aware also that she had damaged also her
6 sacroiliac joint?
7 A. I wasn't aware.
8 Q. So you are indicating you weren't aware but you are
9 clear Dr Seedat had told you she sustained a significant
10 injury.
11 A. Yes.
12 Q. Would you agree that for the responsible clinician, at
13 this time Dr Seedat, that risk of harm to others was
14 a significant factor he had to have regard to in light
15 of the statutory criteria for detention?
16 A. Yes.
17 Q. Now, I'm not going to take you through the emails again
18 that learned counsel has relating to the second
19 admission. We know that VC, following your contact
20 in June, was discharged on 17 June but then re-admitted
21 following an incident on 13 July and on that occasion
22 was admitted and detained under section 3 of the Mental
23 Health Act. Can I be clear: were you aware that during
24 his second admission this had been a detention under
25 section 3?

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1 understand how we could have done that.
2 Q. Can I then ask you, it's clear from the emails that
3 learned counsel has taken you to, that you were aware
4 that the victim of this violence and aggression, the
5 witness we know as Feven, had sustained a serious or --
6 I think you also describe it in your witness statement
7 as a significant injury that had required an operation.
8 Can I absolutely clear: what did you understand to be
9 the injury that she had sustained?
10 A. I had no other information than the information
11 I recorded.
12 Q. So when we see reference to a "significant" or "serious
13 injury that required an operation" --
14 A. That's information that's been passed to me from
15 Dr Seedat.
16 Q. So then can I clear, were you aware that Feven had
17 sustained a fracture to her T12 vertebrae?
18 A. No.
19 Q. Were you aware that it was that fracture to her
20 vertebrae that had required posterior fixation with
21 metalwork and screws?
22 A. No.
23 Q. Were you aware additionally that she had sustained
24 a fracture to her first lumbar and her second lumbar,
25 that had not required an operation?

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1 A. I believe that's recorded in the notes, so I believe
2 that was in my ...
3 Q. Can we then briefly look together at one of the emails
4 you have been taken to please. It was the Nottingham
5 City Council record, so NOCC0000088. Thank you. You
6 will recall this, nurse Turner, because you were taken
7 to it before, which is the response again from Dr Seedat
8 when you were raising concerns again about discharge and
9 discharge location, and you have already been taken
10 through Dr Seedat's view about not being able to dictate
11 where people go and live. Then perhaps if we can just
12 go onto the next page to complete that email.
13 Essentially ending that email:
14 "He is well, he is taking his meds, he will have
15 close follow up and not sure what else she wants. You
16 [can't] ... just tell people where they should go, he is
17 an adult."
18 Can I ask you then in terms of the general
19 principle, because I think you used this email as an
20 occasion to say that you hadn't appreciated that
21 financial matters were being raised by reference to VC,
22 but would you agree that at this time, and following the
23 second discharge, that VC was entitled to section 117
24 continuing after-care having now had a period of
25 detention pursuant to section 3?

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1 A. Yes, he would have been eligible for that.
 2 Q. And that essentially entitles a patient to free
 3 after-care that's provided through the local authority
 4 or the ICB; would you agree?
 5 A. That's correct.
 6 Q. If the issue relating to accommodation, I think
 7 sometimes described as "accommodation plus", raises
 8 an issue linked to a mental disorder, that equally
 9 enables accommodation to be looked at for a patient.
 10 A. Yes.
 11 Q. Now, you have made clear that you did not have knowledge
 12 of the incident, first incident, on 24 May 2020, and
 13 I think when you had knowledge in July you were
 14 effectively saying you knew of two incidents: you knew
 15 of the incident with Feven and jumping out of the
 16 window, and then a further incident involving another
 17 incident towards residents at the same accommodation; is
 18 that correct?
 19 A. And that's this admission?
 20 Q. Yes, so the July admission. Would you agree that when
 21 you were raising issues of accommodation it was
 22 important in particular that all factors were looked at
 23 now, we have a second admission, another occasion of VC
 24 acting violently in his accommodation, forcing his way
 25 into -- those that lived in close proximity, into their

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1 A. That's correct.
 2 Q. It's right, is it, you didn't know about the 12 Brook
 3 Court, would it be fair to say also you wouldn't know
 4 that VC had been causing concerns to the residents at
 5 flat 11? They were concerned that he was trying to
 6 force his way into his accommodation, but also the
 7 resident at flat 14 was also raising concerns?
 8 A. Yes, I wasn't aware of that.
 9 Q. Then in the July, that in fact was the occupant of flat
 10 11, Luke, who, having raised with police concerns that
 11 VC was going to force his way into his accommodation,
 12 essentially that's what happened in the July, but you
 13 weren't aware of the earlier report to the police; is
 14 that correct?
 15 A. Correct.
 16 Q. So would you agree that on that summary alone of
 17 numerous residents that lived in close proximity having
 18 experienced violence and aggression from VC, that the
 19 responsible clinician should have been looking in
 20 a detailed way at the longitudinal picture, but also
 21 with a view to public safety for accommodation?
 22 A. Yes.
 23 Q. Now, you have been asked about the January 2022 incident
 24 involving what VC did at Madison Court at Raleigh Park.
 25 You have described how you were really concerned about

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1 homes, terrifying the residents.
 2 So can I ask you on the second admission, were you
 3 aware that the members of the public whose home he had
 4 forced his way into and had restrained him were
 5 reporting to the police that VC was dangerous?
 6 A. I don't believe I was aware of that.
 7 Q. Then can I be clear, so you were aware that the incident
 8 with Feven had occurred in her accommodation.
 9 A. Yes.
 10 Q. You were aware that VC had carried out another forced
 11 entry to another accommodation at Brook Court.
 12 A. Yes.
 13 Q. Would you agree, if there was evidence also that VC
 14 had -- I don't know whether I'm able to say the numbers
 15 at Brook Court, is that -- are we protecting the numbers
 16 at Brook Court?
 17 THE CHAIR: I don't think there's an issue with that. Thank
 18 you.
 19 MS CARTWRIGHT: All right. Perhaps if I deal with it this
 20 way. Our understanding is that Feven lived at flat
 21 23 Brook Court and that VC, on 24 May, before that
 22 incident, had forced his way in and caused damage to 12
 23 Brook Court, and I think your evidence is you don't know
 24 about the 12 Brook Court but you knew about the 23 Brook
 25 Court incident.

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1 that incident as to how VC had behaved, not only to
 2 Christopher but to his other flatmates.
 3 Can I just be clear, was the -- can you be clear as
 4 to why you were really concerned about that incident?
 5 A. Because this was somebody who we knew posed risks in
 6 accommodation. This is I'm now being given information
 7 on that Monday evening and then receiving the report on
 8 the Tuesday that VC is in student accommodation for the
 9 first time and that we've got a very similar pattern of
 10 behaviour that would indicate he is relapsing at that
 11 point and that that poses risk to others.
 12 Q. Thank you. Those are my questions.
 13 THE CHAIR: Thank you, Ms Cartwright.
 14 Yes, Mr Straw.
 15 **Questioned by MS HEAVEN**
 16 MS HEAVEN: It is Ms Heaven.
 17 Good afternoon, Ms Turner. I ask questions on
 18 behalf of Celeste and Elias Calocane.
 19 Can I go back to 2020, please, and just ask a few
 20 questions about your understanding of the triggers for
 21 that first psychotic episode. So can I have up your
 22 witness statement, that's WITN0054001 and it's page 15,
 23 please.
 24 I want to take you to the note of your conversation
 25 on 3 June with Dr Seedat. Can you see that there?

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1 A. Yes, I can.
 2 Q. Partway down the page. Here Dr Seedat, you have
 3 recorded, tells you in relation to triggers: "Feels
 4 trigger was isolation. Unclear drug screen."
 5 Can you see that there?
 6 A. Yes, I can see that.
 7 Q. It doesn't appear from this note that you were told by
 8 Dr Seedat that stress from academic work and/or sleep
 9 deprivation was a trigger for the episode in 2020; is
 10 that correct?
 11 A. That's correct.
 12 Q. The Inquiry can see in the medical notes that there are
 13 multiple entries suggesting that academic stress was
 14 a trigger, one of the triggers for the episode in 2020
 15 and this includes some reporting from Valdo that I want
 16 to ask you about to see if you knew about it. So can we
 17 have up NHFT0000168.
 18 **THE CHAIR:** Yes, we are referring to him as VC throughout
 19 these proceedings, thank you.
 20 **MS HEAVEN:** It is page 115 and these are the RIO notes.
 21 I appreciate you may not have seen these before.
 22 A. Could we enlarge that a little?
 23 Q. Yes, could we perhaps -- the paragraph is the third
 24 paragraph down. Just bear with me. Thank you. So if
 25 we just go to the bottom there:

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1 you. Can I just ask though: you had that one call with
 2 Dr Seedat, why did you not -- I know you tried one more
 3 time. Why did you not just pick up the phone to speak
 4 to Claudia Birtles to address whether or not Valdo was
 5 struggling --
 6 **THE CHAIR:** I don't think you heard me before.
 7 **MS HEAVEN:** Sorry, VC.
 8 **THE CHAIR:** I said to refer to him as VC throughout. Thank
 9 you.
 10 **MS HEAVEN:** Thank you, sorry.
 11 Let me just ask that again. Why did you not pick up
 12 the phone to Claudia Birtles to find out if VC was
 13 struggling in his academic work and whether that was
 14 causing him stress and pressure?
 15 A. I can't -- it was a long time -- I can't -- I don't know
 16 the answer to that.
 17 Q. But it would have been helpful, do you accept now, for
 18 you to have made that call?
 19 A. It would have been helpful to have the information that
 20 he was struggling in his studies, yes.
 21 Q. Now, you described earlier to Counsel to the Inquiry
 22 that a view was communicated to you that Valdo's studies
 23 were a protected factor. Can I just be clear on your
 24 evidence here. Is it your evidence that a view was
 25 taken by you and/or others, perhaps Claire Thompson, at

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1 "VC spoke ..."
 2 Can you see, it's the last chunky paragraph?
 3 A. Yes.
 4 Q. "VC spoke about 'making sense of his Psychosis' - VC
 5 says that he had 'heavy studying schedules', anxiety,
 6 poor diet, stress and this compounded into an episode of
 7 psychosis. VC spoke about anxiety and his expression of
 8 this - VC spoke about having 'career anxiety' ...
 9 wanting a 'good career' [and] ... means getting good
 10 grades."
 11 There is no evidence in your witness statement to
 12 the Inquiry or the notes that you made at the time to
 13 suggest that that was what Valdo was saying to
 14 clinicians; is that correct? Did you know this
 15 information at the time?
 16 A. I didn't have this information.
 17 Q. But would you accept that that was important information
 18 that you needed to know?
 19 A. I think any -- yes, all information around triggers is
 20 really useful information.
 21 Q. Well, particularly if it relates to academic stress and
 22 you are the mental health lead within the University it
 23 would be important for you to know, wouldn't it?
 24 A. Yes.
 25 Q. We know there were issues around information flow to

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1 the time that being in university was a protective
 2 factor for Valdo because it is --
 3 A. Can I ask the question again, sorry?
 4 **THE CHAIR:** I'm sorry, can you just keep to what I have just
 5 said to you, thank you.
 6 **MS HEAVEN:** Sorry.
 7 It's about the evidence you have given on protective
 8 factor and the University being a protective factor for
 9 VC.
 10 A. Yes, yes.
 11 Q. I just want to understand whether or not your evidence
 12 is that a discussion was had at the time by yourself
 13 and/or with others, maybe Claire Thompson, that it was
 14 a protective factor, because we don't see that in the
 15 notes and we don't see that in your witness statement.
 16 So can you just clarify that, please.
 17 A. Yes, I think if it's not in the notes I don't know where
 18 those discussions were happening. My memory would tell
 19 me that we talked with the in-patient team and the
 20 community team at regular intervals where we had
 21 communication, and my sense from that was that VC was
 22 managing his studies and that it was something that he
 23 felt motivated to remain engaged in.
 24 We know more broadly that the engagement in academic
 25 study is supportive of wellbeing in a very broad way,

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1 but it's difficult to pinpoint particular phone
2 conversations that led me to have that impression.
3 **Q.** Okay. Let me move forward now to January 2022, so this
4 is after the hostage-taking incident. To save time
5 I just want to ask you about an entry in the medical
6 records. We don't necessarily need to go to it. It's
7 at 239. This was a view expressed by Ms Birtles to VC
8 and she says as follows:

9 "It was explained that if he is under a period of
10 high stress he may experience some of these symptoms
11 that he experienced previously and people may want to
12 help to try and prevent it from happening again."

13 So pausing there, I just want to understand were you
14 aware at the time, because it's not in your witness
15 statement or your notes, that that was the clinical view
16 being said to VC by Ms Birtles?

17 **A.** No.

18 **Q.** Again, we're in 2022, can I just ask why did you not, or
19 did you not ask for an opinion from Ms Birtles about
20 whether or not academic stress could be a problem for
21 VC?

22 **A.** Like I explained, my memory is that we were talking
23 about academic work and that that was seen to be largely
24 a positive factor for VC.

25 **Q.** I'm going to move on now just to one more document

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1 **A.** Yes, that would appear to be an error, if he was
2 studying until the June and I believed he wasn't, that's
3 incorrect.

4 **Q.** Okay. Just moving on then to another topic.

5 You said earlier to Counsel to the Inquiry that your
6 communication and engagement with Valdo was "always
7 around a crisis". Would it be better to characterise
8 your -- sorry, engagement with VC and his illness as
9 reactive rather than proactive?

10 **A.** Yes.

11 **Q.** So finally I just want to ask you about some comments
12 made by Stewart McWilliam, obviously you know he was
13 VC's personal tutor, and he -- we don't need to bring it
14 up, I will read it out to you to save time. He says in
15 his statement:

16 "I think I should have been told in general, I think
17 I should have known about the severity of the situation.
18 The reason I think I should have been given this
19 information is so that I could have supported VC in the
20 best way possible and I think high level information
21 about VC's mental health difficulties should have been
22 shared with me and the Department by one person who had
23 oversight of the entire situation." *(As read)*

24 So reflecting back now, do you agree with what
25 Stewart McWilliam says there in his witness statement to

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1 please and this is, in time, 26 April 2022 and it is
2 UNIN0000633, and it is page 4.

3 Now, these are a series of emails that you are
4 having with Ms Birtles in April 2022 after the incident
5 then, and I just want to ask you about the first
6 paragraph, if we could just enlarge that please, on the
7 14:18 email. So it starts "Hi Claudia, I hope you are
8 well?"

9 Can you read that or is it still a bit blurred?

10 **A.** I can read that.

11 **Q.** Yes, okay. So here you explain:

12 "I received the message below today from [VC's] ...
13 old accommodation and wanted you to be aware in case it
14 was indicative of things deteriorating. Let me know if
15 you need anything from the Uni. [VC] ... has completed
16 his course now but will remain a registered student
17 until graduation."

18 That information there that you were giving to
19 Ms Birtles wasn't in fact correct, was it, because as we
20 know VC was continuing to study up until June 2022?

21 **A.** That was my understanding at the time.

22 **Q.** So is this an example then, a clear example of just how
23 uninformed you were about what Valdo was actually doing
24 in the University of Nottingham at that time, because
25 you thought he had finished in the April?

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1 the Inquiry?

2 **A.** I continue to think that it's a very difficult balancing
3 act and that the information the Department had, at the
4 time they had it, was reasonable. We also didn't have
5 all of the information, and that would have changed
6 things, but at the time where we were with COVID
7 restrictions, VC's wishes, the sense that education was
8 a supportive factor for VC's mental health, the fact
9 that he was performing at times of engagement in the
10 school, this is somebody who received high marks in one
11 year and did go on to graduate and didn't at any point
12 demonstrate risks in our academic environment,
13 I continue to think that that was reasonable.

14 **MS HEAVEN:** Thank you, Chair. Those are my questions.

15 Questioned by THE CHAIR

16 **THE CHAIR:** Ms Turner, there's just a couple of questions
17 that I wanted to ask you.

18 The period when VC was no longer at the University,
19 I think that that is between November '21 and then he
20 comes back in September -- sorry, November '20 and then
21 back in September '21 for the new academic year, that's
22 correct, isn't it?

23 **A.** *(Nods).*

24 **THE CHAIR:** He wasn't at the University during that time?

25 Can you say yes or no.

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1 A. Yes, sorry.

2 **THE CHAIR:** Thank you. But when he was coming back were you
3 aware that he was coming back and were any steps taken
4 in respect of that?

5 A. No, I wasn't aware that he was coming back.

6 **THE CHAIR:** Did you know how long that he was interrupting
7 his studies for?

8 A. I don't recall being told that.

9 **THE CHAIR:** So if you had been told that having had the
10 difficulties that you had had before he interrupted his
11 studies that he was coming back, was there anything that
12 you feel that you should have known or should have done?

13 A. Yeah, you know, where we have students who are
14 significantly unwell and have a period of interrupt,
15 which is a common thing to occur for students under
16 MHAS, absolutely we would want to reach out to that
17 student on return to university to offer support.

18 **THE CHAIR:** Because in fact I think it's right that when he
19 did return, the date, he was in fact still in hospital.

20 A. That's correct, yes.

21 **THE CHAIR:** But you didn't know that?

22 A. I hadn't been given that information, no.

23 **THE CHAIR:** Do you think you ought to have been given that
24 information?

25 A. Yes.

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1 both in relation to, or had occurred in relation to
2 Sebastian and also very recently before he returned on
3 20 September, on 3 September he had of course been
4 sectioned. Again, would you have expected to be told
5 about that and the incident with the police.

6 A. Yes.

7 **THE CHAIR:** Yes, thank you.

8 **MS LANGDALE:** Chair, I don't know if Ms Patry has any
9 questions? I think so.

10 **THE CHAIR:** Ms Patry.

11 **MS PATRY:** Yes, my Lady.

12 **THE CHAIR:** Yes, Ms Patry. I have asked my questions so
13 that you have an opportunity to deal with anything that
14 arises.

15 Questioned by MS PATRY

16 **MS PATRY:** Of course. Very few questions indeed. Thank you
17 for the opportunity.

18 Mrs Turner, can you see and hear me clearly? You
19 can? I think you need to say "yes" rather than nodding.

20 A. Thank you, yes.

21 Q. Thank you. Just a very few questions if I may. You
22 were asked some questions about the triggers for VC's
23 mental health illness and we have -- you have been shown
24 the email from Dr Seedat where he told you that
25 isolation was a trigger. Do you recall that?

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1 **THE CHAIR:** And that should have been provided to you by the
2 NHS, by the health trust.

3 A. Yes.

4 **THE CHAIR:** You said that prior to him interrupting his
5 studies that the Department could have ticked a box
6 which said that there ought to be a fitness to pursue
7 his studies when he came back; is that correct?

8 A. Yes, so that's commonly where students do -- did provide
9 that, when we had that system, that might be a letter
10 from the GP, or a treatment team such as the Community
11 Mental Health Team. It wasn't a robust system, so we --
12 you know, we did have occasions where that might be
13 ticked and evidence wasn't given and students returned
14 without that evidence, but that -- as far as the process
15 was concerned, that was an available box to tick.

16 **THE CHAIR:** But you had no input or ability to input into
17 that decision; is that right?

18 A. I didn't input into that decision.

19 **THE CHAIR:** Could you have done?

20 A. To encourage the school to tick the box?

21 **THE CHAIR:** Yes.

22 A. Yes, I could have done.

23 **THE CHAIR:** The other thing that was happening around the
24 time of his return was of course that there were other
25 incidents which you now know of which were occurring,

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1 A. Yes.

2 Q. At any time between May 2020 and when you became first
3 aware of VC's condition and April 2022, when that final
4 incident took place, were you aware that there were any
5 other triggers other than isolation?

6 A. I believe I was told that the -- but it does still
7 relate to the isolation, that the COVID restrictions had
8 been impactful.

9 Q. So isolation as a result of the COVID restrictions?

10 A. Yes, yes.

11 Q. Were you ever made aware by any clinician or by any
12 other person that exam stress, academic pressure might
13 also be triggers?

14 A. No. Like I said, VC's education was broadly, certainly
15 in my mind, you know, when I have discussed it with NHS
16 colleagues, been a positive influence. There were times
17 at each -- times prior to admission there was evidence
18 that studying patterns, you know, I think, were
19 difficult for VC, so the incident at Raleigh Park when
20 I'm working to try and identify where VC is so that we
21 can support NHS and social care colleagues to carry out
22 a mental health assessment, we're aware at that point
23 that VC has spent long hours through the night in the
24 library, which is noteworthy, but has occurred at acute
25 illness.

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1 Q. Had you been aware that exam stress or academic pressure
 2 or the two combined were triggers, what support could
 3 have been offered to VC by the University?
 4 A. So we would have -- well, we did anyway but we would
 5 have again been pushing and encouraging for VC to liaise
 6 with our disability services. That would enable VC to
 7 have reasonable adjustments. That might be longer time
 8 in exams. He would have an easier route to handing in
 9 work later if that was needed. Maybe a smaller room for
 10 him to complete exams in it. So they are the types of
 11 things that would come about from that, but, like I say,
 12 I did heavily encourage VC to let me refer him to our
 13 disability services, but he was really not keen on that.
 14 Q. Did he ever accept that offer in the time that you --
 15 A. No.
 16 Q. -- worked with him or supported him?
 17 A. No.
 18 Q. Did he ever, to your knowledge, apply for extenuating
 19 circumstances in respect of exams or academic course
 20 work?
 21 A. Apologies because I'm feeling a bit overloaded with all
 22 the information that we have looked at.
 23 Q. That's fine.
 24 A. I don't believe so, but I would have to go back through
 25 and look. There were conversations around ECs ...

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1 at MI5. I don't need to remind you of the details of
 2 it. Was the University ever made aware of that?
 3 A. No.
 4 Q. Would that have been useful information in your view?
 5 A. Yes.
 6 Q. Can I ask you about sharing information with academic --
 7 I only have two more areas if I -- just to let you know
 8 where -- situate yourself. You have been asked some
 9 questions about sharing with academic -- information
 10 with academics internally.
 11 A. Yes.
 12 Q. I think you have been taken to various points in time
 13 and can I just make sure that you have been asked about
 14 all the relevant points in time which academics could
 15 and should have known information.
 16 So we've got May/June 2020 when the first incident
 17 occurs. Now, you have already told us that your view it
 18 was reasonable for academics not to know more than they
 19 did because of a number of factors, including COVID
 20 restrictions and the fact that this was in your view
 21 a first episode of psychosis. So is there anything you
 22 want to add about that particular point in time -- I'm
 23 sorry, Ms Langdale accidentally entirely, I'm sure,
 24 interrupted the end of the question -- the answer so
 25 I just wanted to make sure you had said everything you

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1 Q. It's fine, I understand.
 2 A question now about the information you knew about
 3 the various incidents. The Chair has very helpfully
 4 summarised that by September 2021 when he returned to
 5 the University and certainly by January 2022, when the
 6 incident at Raleigh Park took place, the University was
 7 completely unaware that over the summer he had assaulted
 8 a police officer, he had also been sectioned, completely
 9 unaware and you have told us that.
 10 You were asked some questions about the stalking
 11 incidents in relation of Sebastian. There's also been
 12 an assault on Sebastian earlier that summer. Were you
 13 aware of any of the incidents relating to Sebastian --
 14 A. I wasn't aware of that.
 15 Q. -- at any time when VC was a student?
 16 A. No.
 17 Q. When did you become aware of those?
 18 A. On reading the notes for the Inquiry.
 19 Q. Okay. So should you have been told about those by
 20 the police in your view?
 21 A. I think it would have been very useful, not least
 22 because we could have reached out to Sebastian as one of
 23 our students to offer support.
 24 Q. All right. Then there was also what's been described as
 25 an MI5 incident in May 2021 where he presented himself

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1 wanted to say about that point in time and why it is
 2 that you took the view that academics did not need to
 3 know more information about VC's illness at that stage.
 4 A. So the academic department were aware that VC had had an
 5 admission to a psychiatric ward. At that point I'm
 6 using my knowledge around recovery from psychosis and
 7 thinking about VC's privacy, dignity and sharing
 8 information on a need to know basis.
 9 Q. All right. Then over the summer of 2020, so July,
 10 information at that point is not shared further with the
 11 academics. Is there anything you want to say about why
 12 information was not shared internally at that stage?
 13 A. I don't know that I've got anything to say outside of my
 14 original answer. We were at a point now of COVID
 15 restrictions, so contact with our community was minimal
 16 and online and the risks for VC were based in his
 17 accommodation, not in our community.
 18 Q. Then we can see from your statement, again I'm just
 19 going to summarise it for you, that after the Raleigh
 20 Park incident all the academics, including the personal
 21 tutor, are aware on 31 January. So what changed,
 22 Mrs Turner?
 23 A. We were out of COVID restrictions and there were --
 24 there was face-to-face contact within the Department.
 25 We have also got a picture of a cycling psychiatric

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1 patient who does present a risk.
 2 **Q.** Thank you. Then a question arising out of the rule 10
 3 questions you were asked by other barristers around
 4 engagement around -- you said in answer to a question
 5 about engagement with VC being when he was at crisis
 6 point, you said "I accept that my involvement was
 7 reactive rather than proactive"; do you remember that
 8 question?
 9 **A.** Yes.
 10 **Q.** I think the question I want to ask you is why do you
 11 think that's the case? Why was your involvement
 12 reactive rather than proactive?
 13 **A.** Thank you. I can't -- I don't have a mechanism to make
 14 a student engage with me. In an ideal world and what
 15 happens most of the time is students find support from
 16 the mental health team really helpful to engage with and
 17 there are no problems with that, but where a student is
 18 repeatedly -- and in VC's case he didn't want our
 19 engagement at points where you could say he was
 20 medicated and at his most well, ie on the ward after
 21 a period of treatment, and at crisis point, he was very
 22 clear that he did not want our involvement. He was very
 23 clear that he wanted to keep his psychiatric profile
 24 away from the University.
 25 That renders me helpless to do proactive work with

1 somebody and I am therefore reliant on the information
 2 coming in from external agencies which indicate a need
 3 for me to be involved, and that was at points of crisis,
 4 hence my involvement was reactive.
 5 **Q.** Thank you. Finally, I would just like to ask you this.
 6 I'm acutely conscious of what you have just said about
 7 being overwhelmed by the amount of information. Is
 8 there anything else that you feel you have been unable
 9 to say and that you would wish to say now?
 10 **A.** No, I think the only thing I wanted to revisit was the
 11 question around my -- you know, our responsibility as
 12 a university to have identified that the victim who had
 13 sustained the injury in the original incident was
 14 a student and I just -- I suppose I want to reiterate
 15 that there isn't a mechanism that we could have done
 16 that. Communication and liaison is at the heart of what
 17 we do and the two universities in Nottingham do in fact
 18 share information. So where we had incidents that have
 19 affected both communities such as a fire, we --
 20 you know, we do actively and proactively share that
 21 information when we're identifying each other's students
 22 and I would do that, but I'm reliant on being given that
 23 information. I don't have a mechanism to seek that out.
 24 So I just wanted to clarify that.
 25 **Q.** I understand that. Thank you very much indeed. Those

1 were my questions. Thank you, Chair.
 2 **THE CHAIR:** Thank you.
 3 **MS LANGDALE:** Chair, that concludes this witness' evidence,
 4 as you know. The next witness is giving evidence in
 5 person and it will take about ten minutes to reconfigure
 6 the room so I don't know in those circumstances if,
 7 Chair, you want to take an early lunch break or come
 8 back at 10 to 1 and break a bit later. We're in your
 9 hands.
 10 **THE CHAIR:** I think what we will do is we will take an early
 11 lunch break now and we will start again at quarter to 2.
 12 **MS LANGDALE:** Thank you.
 13 **THE CHAIR:** Thank you.
 14 (12.39 pm)
 15 (The lunch break)
 16 (The Inquiry continued in the afternoon)

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<p>gave [4] 8/23 14/1 48/24 53/17</p> <p>general [5] 6/15 62/17 65/11 68/18 79/16</p> <p>generally [3] 4/5 22/20 40/19</p> <p>Gent [4] 26/14 27/15 27/16 28/17</p> <p>Geoff [9] 29/6 29/7 29/10 31/8 31/23 32/18 33/13 33/24 34/19</p> <p>Geoff Culpin [8] 29/6 29/7 31/8 31/23 32/18 33/13 33/24 34/19</p> <p>get [17] 15/12 17/11 18/14 20/20 22/23 24/20 34/15 36/18 36/20 40/4 40/5 40/23 40/24 40/24 46/16 49/1 60/4</p> <p>getting [3] 44/4 61/14 74/9</p> <p>Gibson [2] 53/10 54/11</p> <p>Gibson's [1] 52/20</p> <p>give [6] 16/15 32/25 43/7 50/10 62/23 63/19</p> <p>given [20] 11/24 20/4 20/21 25/19 28/18 41/9 41/21 41/23 41/24 48/8 57/3 61/8 63/2 72/6 76/7 79/18 81/22 81/23 82/13 90/22</p>	<p>gone [2] 6/8 61/8</p> <p>good [5] 17/5 33/19 63/9 72/17 74/9</p> <p>got [14] 11/3 15/4 15/8 17/25 18/17 28/8 39/10 51/7 56/2 62/3 72/9 87/16 88/13 88/25</p> <p>got May/June 2020 [1] 87/16</p> <p>governance [2] 2/1 30/15</p> <p>GP [1] 82/10</p> <p>grades [1] 74/10</p> <p>graduate [1] 80/11</p> <p>graduation [1] 78/17</p> <p>grateful [1] 63/6</p> <p>great [1] 5/18</p> <p>grounds [1] 30/9</p> <p>guarded [1] 53/19</p> <p>guess [1] 2/24</p> <p>guesstimate [1] 3/17</p> <p>guidance [7] 5/21 5/23 6/1 6/5 6/7 6/9 55/11</p> <p>guide [1] 6/15</p>	<p>happen [7] 27/23 28/22 35/22 42/3 46/7 48/17 53/7</p> <p>happened [21] 10/22 10/24 13/17 18/19 20/4 25/23 27/7 28/19 33/5 37/20 38/10 45/10 48/21 49/10 54/17 54/19 57/25 58/2 59/16 60/20 71/12</p> <p>happening [7] 9/23 10/25 11/2 46/23 76/18 77/12 82/23</p> <p>happens [3] 36/7 43/22 89/15</p> <p>happy [1] 42/20</p> <p>hard [3] 54/6 62/9 62/16</p> <p>harm [3] 5/11 5/20 67/13</p> <p>has [35] 2/15 19/15 24/16 25/10 26/3 29/4 30/5 30/5 32/24 33/1 33/19 33/22 34/2 34/5 34/15 36/15 36/24 37/23 38/14 38/16 46/1 47/24 48/5 49/22 53/4 59/2 61/13 64/7 66/3 67/18 78/15 83/8 84/23 84/24 86/3</p> <p>hasn't [1] 47/24</p> <p>have [240]</p> <p>haven't [9] 15/4 15/8 15/9 18/5 25/8 36/12 37/5 37/16 62/3</p> <p>having [13] 7/21 9/19 22/6 35/21 41/16 47/16 58/21 68/24 71/10 71/17 74/8 78/4 81/9</p> <p>he [174]</p> <p>Head [6] 1/25 21/4 21/10 25/3 25/3 37/25</p> <p>health [38] 1/20 1/24 2/1 2/3 2/15 2/16 4/24 5/21 8/11 14/16 21/20 23/24 24/17 24/23 30/4 30/9 32/6 35/15 38/1 38/23 40/8 40/21 42/25 43/15 44/25 46/7 47/11 48/13 63/24 67/23 74/22 79/21 80/8 82/2 82/11 83/23 84/22 89/16</p> <p>healthcare [3] 15/9 37/17 47/24</p> <p>hear [9] 1/7 1/8 2/4 27/6 37/2 62/24 63/3 63/10 83/18</p> <p>heard [3] 25/22 44/14 75/6</p> <p>hearing [1] 46/10</p> <p>heart [1] 90/16</p> <p>HEAVEN [3] 72/15 72/16 92/7</p>	<p>heavily [1] 85/12</p> <p>Hello [1] 31/9</p> <p>help [3] 24/20 64/19 77/12</p> <p>helped [1] 35/4 18/15 19/1 20/10 23/13 23/20 35/3 42/7 58/24 75/17 75/19 89/16</p> <p>helpfully [1] 86/3</p> <p>helpless [1] 89/25</p> <p>hence [1] 90/4</p> <p>her [10] 34/2 34/14 46/1 66/17 66/19 66/24 66/24 67/4 67/5 70/8</p> <p>here [13] 8/21 17/9 19/17 30/23 36/14 46/6 49/21 52/23 53/15 53/16 73/2 75/24 78/11</p> <p>Hi [3] 22/4 52/24 78/7</p> <p>high [3] 77/10 79/20 80/10</p> <p>higher [1] 52/20</p> <p>highlight [1] 28/9</p> <p>highly [6] 26/5 26/6 47/9 48/20 48/20 49/11</p> <p>him [54] 10/11 11/25 12/3 12/15 14/1 14/23 14/24 15/4 15/6 15/6 15/11 15/12 15/22 15/24 19/24 20/4 26/18 27/18 29/17 30/10 32/25 33/17 34/15 35/4 35/20 36/12 37/1 37/5 37/9 39/2 42/11 42/22 46/25 46/25 48/14 48/16 50/4 51/4 51/4 53/11 53/12 54/2 56/18 57/19 60/6 70/4 73/18 75/8 75/14 82/4 85/10 85/12 85/16 85/16</p> <p>himself [6] 10/7 53/20 53/20 53/23 53/23 86/25</p> <p>his [73] 7/18 8/2 9/14 12/21 12/25 13/19 13/21 18/24 21/13 21/20 26/17 26/18 29/16 29/22 30/14 32/25 33/5 33/8 33/22 33/25 34/12 34/14 35/8 35/20 38/4 38/9 38/9 38/13 38/23 38/23 39/6 39/9 41/1 42/21 43/12 50/2 50/3 51/14 53/1 53/4 53/7 56/15 56/17 57/11 61/8 67/24 68/14 69/24 69/24 70/4 70/22 71/6 71/6 71/11</p>	<p>71/11 72/2 74/4 74/7 75/13 75/20 76/22 78/16 79/8 79/15 79/25 81/7 81/10 82/4 82/7 82/24 88/16 89/20 89/23</p> <p>history [5] 18/19 58/11 58/12 60/10 61/22</p> <p>holding [1] 51/12</p> <p>home [3] 11/6 11/23 70/3</p> <p>homes [1] 70/1</p> <p>honestly [2] 37/21 54/3</p> <p>hope [2] 29/13 78/7</p> <p>Hoskins [2] 46/10 49/11</p> <p>hospital [3] 8/16 10/11 81/19</p> <p>hostage [3] 43/24 54/13 77/4</p> <p>hostage-taking [1] 77/4</p> <p>hours [3] 44/17 56/20 84/23</p> <p>house [1] 22/15</p> <p>housing [3] 22/13 22/16 22/20</p> <p>how [31] 2/18 3/7 6/16 7/9 10/13 12/11 12/15 12/16 12/18 15/13 24/3 33/3 37/8 39/8 39/9 39/14 41/20 43/2 44/4 44/5 49/3 50/16 55/2 55/5 55/11 65/16 66/1 71/25 72/1 78/22 81/6</p> <p>However [2] 20/13 56/4</p>
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<p>had [150]</p> <p>hadn't [4] 41/23 47/18 68/20 81/22</p> <p>halfway [1] 23/13</p> <p>halls [4] 22/24 23/2 23/4 23/11</p> <p>Hallsworth [1] 21/14</p> <p>handful [1] 3/10</p> <p>handing [1] 85/8</p> <p>hands [1] 91/9</p> <p>hanging [1] 56/19</p>	<p>had [150]</p> <p>hadn't [4] 41/23 47/18 68/20 81/22</p> <p>halfway [1] 23/13</p> <p>halls [4] 22/24 23/2 23/4 23/11</p> <p>Hallsworth [1] 21/14</p> <p>handful [1] 3/10</p> <p>handing [1] 85/8</p> <p>hands [1] 91/9</p> <p>hanging [1] 56/19</p>	<p>happen [7] 27/23 28/22 35/22 42/3 46/7 48/17 53/7</p> <p>happened [21] 10/22 10/24 13/17 18/19 20/4 25/23 27/7 28/19 33/5 37/20 38/10 45/10 48/21 49/10 54/17 54/19 57/25 58/2 59/16 60/20 71/12</p> <p>happening [7] 9/23 10/25 11/2 46/23 76/18 77/12 82/23</p> <p>happens [3] 36/7 43/22 89/15</p> <p>happy [1] 42/20</p> <p>hard [3] 54/6 62/9 62/16</p> <p>harm [3] 5/11 5/20 67/13</p> <p>has [35] 2/15 19/15 24/16 25/10 26/3 29/4 30/5 30/5 32/24 33/1 33/19 33/22 34/2 34/5 34/15 36/15 36/24 37/23 38/14 38/16 46/1 47/24 48/5 49/22 53/4 59/2 61/13 64/7 66/3 67/18 78/15 83/8 84/23 84/24 86/3</p> <p>hasn't [1] 47/24</p> <p>have [240]</p> <p>haven't [9] 15/4 15/8 15/9 18/5 25/8 36/12 37/5 37/16 62/3</p> <p>having [13] 7/21 9/19 22/6 35/21 41/16 47/16 58/21 68/24 71/10 71/17 74/8 78/4 81/9</p> <p>he [174]</p> <p>Head [6] 1/25 21/4 21/10 25/3 25/3 37/25</p> <p>health [38] 1/20 1/24 2/1 2/3 2/15 2/16 4/24 5/21 8/11 14/16 21/20 23/24 24/17 24/23 30/4 30/9 32/6 35/15 38/1 38/23 40/8 40/21 42/25 43/15 44/25 46/7 47/11 48/13 63/24 67/23 74/22 79/21 80/8 82/2 82/11 83/23 84/22 89/16</p> <p>healthcare [3] 15/9 37/17 47/24</p> <p>hear [9] 1/7 1/8 2/4 27/6 37/2 62/24 63/3 63/10 83/18</p> <p>heard [3] 25/22 44/14 75/6</p> <p>hearing [1] 46/10</p> <p>heart [1] 90/16</p> <p>HEAVEN [3] 72/15 72/16 92/7</p>	<p>heavily [1] 85/12</p> <p>Hello [1] 31/9</p> <p>help [3] 24/20 64/19 77/12</p> <p>helped [1] 35/4 18/15 19/1 20/10 23/13 23/20 35/3 42/7 58/24 75/17 75/19 89/16</p> <p>helpfully [1] 86/3</p> <p>helpless [1] 89/25</p> <p>hence [1] 90/4</p> <p>her [10] 34/2 34/14 46/1 66/17 66/19 66/24 66/24 67/4 67/5 70/8</p> <p>here [13] 8/21 17/9 19/17 30/23 36/14 46/6 49/21 52/23 53/15 53/16 73/2 75/24 78/11</p> <p>Hi [3] 22/4 52/24 78/7</p> <p>high [3] 77/10 79/20 80/10</p> <p>higher [1] 52/20</p> <p>highlight [1] 28/9</p> <p>highly [6] 26/5 26/6 47/9 48/20 48/20 49/11</p> <p>him [54] 10/11 11/25 12/3 12/15 14/1 14/23 14/24 15/4 15/6 15/6 15/11 15/12 15/22 15/24 19/24 20/4 26/18 27/18 29/17 30/10 32/25 33/17 34/15 35/4 35/20 36/12 37/1 37/5 37/9 39/2 42/11 42/22 46/25 46/25 48/14 48/16 50/4 51/4 51/4 53/11 53/12 54/2 56/18 57/19 60/6 70/4 73/18 75/8 75/14 82/4 85/10 85/12 85/16 85/16</p> <p>himself [6] 10/7 53/20 53/20 53/23 53/23 86/25</p> <p>his [73] 7/18 8/2 9/14 12/21 12/25 13/19 13/21 18/24 21/13 21/20 26/17 26/18 29/16 29/22 30/14 32/25 33/5 33/</p>	

<p>I</p> <p>I can... 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