

Wednesday, 18 March 2026

1
2 (9.45 am)
3 **THE CHAIR:** Yes.
4 **MR JONES:** Good morning, Chair. May we please call Ms Rosie
5 Draper.
6 **MS ROSIE DRAPER (affirmed)**
7 **THE CHAIR:** Yes, I'm sorry we had to get you back again
8 today.
9 **A.** It's okay.
10 **THE CHAIR:** Yes, Mr Ivory.
11 **Questioned by MR IVORY**
12 **MR IVORY:** Ms Draper, you provided the Inquiry with
13 a statement dated 13 November 2025; can you confirm it
14 is true to the best of your belief and knowledge?
15 **A.** Yes, I can.
16 **Q.** Is it right you qualified as an adult nurse in 2015?
17 **A.** That's correct.
18 **Q.** You became an HCP, a healthcare professional, in 2018.
19 **A.** That's correct.
20 **Q.** Lead senior HCP in 2023.
21 **A.** Yes, that's correct.
22 **Q.** Could you just tell us what that role involves, lead
23 senior HCP?
24 **A.** So a lead senior HCP is responsible for the management
25 of senior HCPs and HCPs, and also clinical duties that

1

1 You see the section at 9.4, the first paragraph
2 which we looked at with previous witnesses yesterday,
3 but there is the passage stating that:
4 "The detainee should be assessed by a HCP as soon as
5 practicable after their arrival. They should assess
6 whether or not formal Mental Health Assessment is
7 required and advise the custody officer."
8 In respect of the reference to formal mental health
9 assessment, is that talking about a Mental Health Act
10 assessment or something else?
11 **A.** I would assume that that would be a mental health
12 assessment; if it was a Mental Health Act assessment
13 I would assume the writing would be Mental Health Act
14 assessment.
15 **Q.** What is the role of an HCP in respect of Mental Health
16 Act assessments?
17 **A.** So during working hours, if L&D are available, then we
18 would escalate our concerns to L&D who would contact the
19 Crisis team with the gatekeeper and they would then
20 contact the AMHP. Out of L&D working hours, then it
21 would be HCPs themselves that contacted the gatekeeper
22 at the Crisis team. However, on occasions, because we
23 work in partnership, if workload allows, if L&D, for
24 example, had a higher workload than the health care
25 professionals, we would also take on that role to

3

1 I would undertake as a HCP.
2 **Q.** So there is a management side of it, but also a side of
3 seeing detainees?
4 **A.** Yes.
5 **Q.** Had you received training in mental health specifically?
6 **A.** So I don't have any mental health qualifications.
7 However, joining custody I have completed mental health
8 in custody training.
9 **Q.** Is that with Mitie?
10 **A.** Yes.
11 **Q.** In terms of mental health assessment, what's the role of
12 an HCP?
13 **A.** So, a HCP would attend to the detained person and
14 conduct an assessment, a mental state examination,
15 determine if there were any hallucinations or if there
16 were any areas they had concerns about regarding their
17 mental health and they would then go from there and
18 escalate.
19 **Q.** What's that with a view to; is it healthcare planning,
20 fitness to interview, fitness to detain?
21 **A.** It would encompass fitness to detain, fitness to
22 interview and then future planning.
23 **Q.** If we could have up on the screen, please, NGPF0007755.
24 This is Nottinghamshire Police Custody Policy. Then to
25 page 98, please.

2

1 contact the Crisis team during their working hours to
2 help with their workload.
3 **Q.** So for your purposes, the distinction between L&D and
4 the Crisis team in respect of Mental Health Act
5 assessments, is really a matter whether it is in or out
6 of hours and a matter of capacity; is that what you are
7 saying?
8 **A.** Correct.
9 **Q.** Is it the role of the HCP to decide whether a Mental
10 Health Act assessment is required or not? Does that
11 decision lie with you?
12 **A.** So we can advise and then we would escalate that to the
13 appropriate professionals. If we were escalating to
14 L&D, they may want to go and see that detained person
15 themselves and create their own assessment, or if we
16 were speaking to the gatekeeper, if it was out of hours,
17 then the gatekeeper would usually come to custody and
18 assess that person themselves.
19 **Q.** If we have on the screen NGPF0002378. This is an entry
20 on 13 June 2023 at 1.17. It is entered by Holly
21 Bramley, but we see reference to you in the entry as
22 LSHCP Rosie Draper.
23 First of all, it talks about the an HCP being asked
24 to complete body mapping and toxicology bloods. Do you
25 recall, without reference to this record, what you were

4

1 told about that?

2 **A.** From my recollection, the job that was placed to come
3 through was for toxicology bloods.

4 **Q.** And who did that job come from?

5 **A.** So that would have been placed on our electronic system.
6 I can't recall who placed that job, I would have to look
7 at the custody record.

8 **Q.** We know from other entries on the custody record, in
9 fact subsequent entries, that bloods were authorised for
10 the purposes of profiling, for DNA profiling not for
11 toxicology. It suggests some kind of misunderstanding
12 or miscommunication that has happened.

13 Do you have any insight as to what has happened
14 there?

15 **A.** I don't recall being asked to take a sample for DNA
16 profiling. Should I have been asked for that, I would
17 have spoken to the labs to ensure that our bottles were
18 the correct bottles to use, but from my recollection
19 there was no conversation on what was being asked of; it
20 came through as toxicology.

21 **Q.** So would different bottles, different --

22 **A.** Potentially.

23 **Q.** The next thing we see is that you haven't yet been able
24 to assess VC's capacity and that's because of his
25 refusal to engage, is it?

5

1 engage with me, to ascertain his capacity. It's helpful
2 knowing this information and knowing what his relapse
3 symptoms are so that we could look out for those whilst
4 he was in our care.

5 **Q.** Just in respect of this entry at this time, 1.17, is it
6 right you hadn't seen VC at this point?

7 **A.** I believe that -- I can't recall, I can't recall whether
8 I had seen him and he hadn't engaged and then we went to
9 L&D or whether we'd gone to gather information.

10 **Q.** There's no mention in this entry of you having seen VC
11 explicitly, is there?

12 **A.** No.

13 **Q.** If we could have next on the screen, please,
14 NGPF0002379, page 2. This is a lengthy entry. It seems
15 covering about an hour and a half, two hours, period of
16 time. What we see first is that physician findings we
17 see that VC is initially "seen in cell with HCP Bramley
18 ..."

19 This is an entry by you, isn't it?

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

21 **Q.** "And L4 officers sat inside the cell". Again there is
22 the reference to "toxicology bloods and body mapping",
23 isn't it?

24 **A.** Yes.

25 **Q.** Is the purpose for this re-attendance to VC to re-visit

7

1 **A.** Correct.

2 **Q.** At that point you go to Liaison and Diversion?

3 **A.** Correct.

4 **Q.** Why do you go to Liaison and Diversion then?

5 **A.** If a detained person is not engaging with me, I would
6 want to information gather and part of that is to go and
7 speak to L&D to seek out information on his history.

8 **Q.** That would be from the RIO records, would it?

9 **A.** Yes, that's correct, yeah.

10 **Q.** So in that sense you are reliant on Liaison and
11 Diversion for access to those records?

12 **A.** That's correct, yes.

13 **Q.** Do you find that a satisfactory system in practice?

14 **A.** Any time that we have requested information, whether
15 that be in or out of hours, we have always been able to
16 obtain that information.

17 **Q.** What about the extent of information you end up getting,
18 do you think that's enough?

19 **A.** It can be, yes.

20 **Q.** We then see in the entry a history of VC's mental health
21 has been provided. What did you make of that?

22 **A.** That he had had significant mental health history that
23 we should be aware of.

24 **Q.** How did that affect your decision-making going forward?

25 **A.** So, I wanted to re-assess VC to ascertain if he would

6

1 capacity?

2 **A.** Yes, to ascertain if he had the capacity to undertake
3 the toxicology bloods and body mapping.

4 **Q.** What we see at the beginning of this entry is VC is
5 asked if he would like to engage, he replies after
6 a pause "no". When he is asked if there is a reason why
7 he did not want to engage, again he replies after
8 a pause "no". To a question about medication he
9 responded "no, I think I have said no not yet" and when
10 asked if you could obtain the samples, he said "no, not
11 yet" and then you leave the cell; is that right?

12 **A.** That's correct.

13 **Q.** At that point, you go back to Liaison and Diversion; is
14 that correct?

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

16 **Q.** We see an entry here you have made in respect of that,
17 and you say:

18 "Liaised with L&D due to DP's presentation, unable
19 to assess his capacity due to minimal engagement and
20 concerns regarding his delayed responses and previous
21 mental health issues."

22 Then you go on to say what Louisa Hagan said about
23 the Mental Health Act assessment. There is another
24 entry in respect of this that I take you to before I ask
25 you questions about it, and that is at NHFT0000168,

8

1 page 272.

2 It is the entry at the bottom. It is an entry from
3 the perspective of Liaison and Diversion when you visit
4 them. They refer to you coming to ask for some advice,
5 in respect of the samples:

6 "Based on history and current presentation HCPs
7 believe [VC] ... is mentally unwell ... not fit to
8 interview."

9 There is reference to the Mental Health Act
10 assessment process. Going to gatekeeping and the crisis
11 team. Just in respect of this entry, by your
12 recollection is this accurate?

13 **A.** Yes. I would say that we were probably there more to
14 seek advice in terms of it was more information
15 gathering, in terms of we hadn't determined that we were
16 going to request a Mental Health Act assessment. We
17 wanted to see that if we were to re-engage with him and
18 he gave us more engagement and we could assess him
19 correctly and more thoroughly, should we want to request
20 a Mental Health Act assessment would that be accepted.

21 **Q.** So this was one of those circumstances you were talking
22 about at the beginning --

23 **A.** Yes.

24 **Q.** -- where you go to Liaison and Diversion to consult with
25 them --

9

1 **Q.** Did you see this as leaving any room for a Mental Health
2 Act assessment?

3 **A.** No.

4 **Q.** What about, instead of going through the L&D process,
5 going to the Crisis team and the gatekeeper there?

6 **A.** I took Louisa who is the service manager, I took her
7 advice at that point, as she had stated it was the
8 Trust's stance.

9 **Q.** You saw that as a categorical: there is no room for
10 a Mental Health Act assessment here.

11 **A.** Yes.

12 **Q.** What did you understand the reference to "HCP escalation
13 process" to be?

14 **A.** Our escalation process in terms of mental health is to
15 go through the mental health services. So if they
16 decline at that point, then that's as far as we can
17 escalate in terms of mental health. We could also
18 escalate to the police and in some circumstances we
19 could escalate to our medical director who would then
20 escalate it across.

21 **Q.** It would seem from what you are saying now that
22 reference to, in these circumstances, "HCP to follow
23 their escalation process" is a bit nonsensical because
24 that's what you have already done by going to L&D.

25 **A.** That's correct. I escalated it to the mental health

11

1 **A.** Yes.

2 **Q.** -- about whether or not to have a Mental Health Act
3 assessment.

4 **A.** Yes, that's correct.

5 **Q.** There's a reference to you being unclear about the
6 Mental Health Act assessment due to the nature of the
7 alleged offence. What was it about the nature of the
8 offence that led you to being unsure? What were you
9 uncertain about?

10 **A.** In my experience as a healthcare professional in
11 custody, anybody that has committed an indictable
12 offence, in my experience, if they have been deemed to
13 be mentally unwell, have not had a Mental Health Act
14 assessment in custody.

15 **Q.** There's then reference to a Teams call back to Louisa
16 where she delivers some advice:

17 "... advised that HCP to follow their escalation
18 process and that the Trust stance is he will not be
19 admitted to a psychiatric unit due to the nature of the
20 offence, therefore no need for HCP to call to request
21 this."

22 What did you understand you were being told?

23 **A.** That should we -- once we re-assess VC, should we find
24 that he was mentally unwell not to request a Mental
25 Health Act assessment.

10

1 experts, yes.

2 **Q.** Did you question this at the time with Louisa?

3 **A.** No, I did not.

4 **Q.** Now, the real issue here is that during VC's time in
5 custody he wasn't subject to a Mental Health Act
6 assessment or a forensic psychiatric assessment or other
7 fulsome psychiatric assessment. It appears there was
8 a gap. Why do you think that happened?

9 **A.** I think that we assessed him and we escalated it
10 appropriately and were told that it wouldn't happen, so
11 I believe that's why it didn't happen.

12 **Q.** Looking back, do you think it should have happened?

13 **A.** On my assessment with VC, the second time I went to see
14 him, he wasn't exhibiting any obvious signs of mental
15 illness --

16 **Q.** Shall we go to that assessment and bring it up?

17 **A.** Yes.

18 **Q.** It is at NGPF0002379 again, and page 2. We are now on
19 the second half of the page, the bottom half. Is this
20 the assessment you are talking about?

21 **A.** Yes, that's correct.

22 **Q.** What was your impression from that assessment?

23 **A.** My impression from that assessment was that VC displayed
24 capacity to decline toxicology and body mapping and to
25 attend an interview with an appropriate adult.

12

1 Q. So let's go through some of your observations. You are
2 told he's just seen his solicitor in a face-to-face
3 consultation.
4 A. That's correct.
5 Q. So you go back to him.
6 A. Yes.
7 Q. You ask VC how he's feeling he replies "whatever" he
8 says he's not got any pain. You specifically ask about
9 voices or hallucinations; was that based upon the
10 previous history you had?
11 A. Yes, that's correct and knowing that his relapse
12 symptoms included auditory and visual hallucinations.
13 Q. He responds "I don't want to discuss that with you." He
14 answers "maybe later" in respect of whether he wants to
15 engage with L&D. When asked about body mapping and
16 toxicology bloods, he responds "not yet", you ask why
17 and he says "I just want some time to process it all"
18 and again he says "yeah, maybe later".
19 Towards the bottom of the page you say that:
20 "[He is] not responding to any unseen or unheard
21 stimuli throughout [our] assessment ... he was
22 responding clearly and coherently to direct questions
23 although slightly delayed ..."
24 Finally, over the page, onto page 3, we see:
25 "Fit to be interviewed with App[ropriate] adult".

13

1 A. That he has or hasn't got capacity, sorry?
2 Q. There is no treatment of it, there is no discussion of
3 it in this part of the entry about capacity, is there?
4 A. Can you go back a page so I can --
5 Q. Yes. Onto page 2, I think.
6 A. I don't see it in this entry, but I potentially may have
7 written it on my NICHE records.
8 Q. If we go to the next page, we see that the final line at
9 the top box is:
10 "Advised night HCP to reassess DP for body mapping
11 and bloods."
12 A. Yes.
13 Q. Does that not suggest that you were looking towards the
14 night HCP to do that capacity assessment?
15 A. No, not capacity assessment. During my interaction with
16 VC, I asked him about toxicology and he had replied
17 "maybe later", so hence why I then wrote for the HCP on
18 the night time to ask again.
19 Q. Is that what you say you meant --
20 A. Capacity would have --
21 Q. -- by reassess --
22 A. Yes, and capacity would have been re-assessed at any
23 interaction with all the healthcare professionals.
24 Q. Finally, if we could just turn, then, to the NICHE
25 record in respect of this entry and it is CPSE0000005,

15

1 In terms of assessing him as fit to be interviewed
2 but with an appropriate adult, why did you come to that
3 decision?
4 A. Under PACE, anybody with a vulnerability would require
5 an appropriate adult. So knowing his history of mental
6 health, that's why I suggested an appropriate adult.
7 Q. Was that based purely on the history?
8 A. Yes, and his presentation at the time.
9 Q. There's no reference in this entry explicitly about
10 consent or an assessment of consent for taking intimate
11 samples, is there?
12 A. No.
13 Q. Did you assess that at this stage?
14 A. Consent for his toxicology and body mapping?
15 Q. Yes.
16 A. I asked him if he wanted to undertake those procedures
17 and I believe he said "no, not yet".
18 Q. Your previous concern was about his capacity to consent,
19 wasn't it?
20 A. Yes.
21 Q. Did you assess that at this stage?
22 A. Yes, and I felt he had capacity at that point during
23 that assessment.
24 Q. But there's no mention of that issue in this part of the
25 entry, is there?

14

1 page 18. It is the bottom of this page. It is the
2 bottom entry. We can see this is an entry made by you,
3 isn't it?
4 A. That's correct.
5 Q. "Examination start time: ... [4]:00.
6 "Examination end time: [5]:53."
7 That seems to encompass all of what we were looking
8 at in the previous entry?
9 A. Yes.
10 Q. You give details:
11 "... engaging with HCP - deemed fit to be
12 interviewed. DP stated may do body mapping and samples
13 later."
14 Again, there doesn't seem to be any explicit record
15 of assessment of capacity to consent, does there?
16 A. No.
17 Q. For good measure, if we go to the next page where the
18 entry continues. It is not there either, is it?
19 A. No.
20 Q. So there's no record, is there, of capacity to consent
21 for intimate samples being assessed at this stage?
22 A. No, there isn't. However, if VC did not have capacity,
23 I would have documented that he did not have capacity
24 and we are to assume capacity unless proven otherwise.
25 Q. But you previously had concerns and explicitly noted

16

1 those concerns about capacity, hadn't you?
 2 **A.** Yes.
 3 **Q.** Chair, I have no further questions. There may be some
 4 from Mr Beer.

5 **THE CHAIR:** Yes, thank you, Mr Beer.

6 **Questioned by MR BEER**

7 **MR BEER:** Good morning, Ms Draper. I ask questions on
 8 behalf of the Trust.

9 **A.** Good morning.

10 **Q.** Can we look, please, at NHFT0000168 at page 272. It is
 11 the bottom entry. Again, it is the one we have been
 12 looking at. In the first paragraph, so to orientate
 13 you, this is a record on the RIO system of the series of
 14 calls at about 5.30 --

15 **A.** Yes.

16 **Q.** -- on the 13th. Do you see in the first paragraph four
 17 lines up it says:

18 "Rosie advised that usually in these circumstances,
 19 she would request a Mental Health Act assessment by
 20 calling CRHT gatekeeping and AMHP but she was unclear
 21 whether to do this in these circumstances due to the
 22 nature of alleged offence."

23 Is that accurate? Is that what you said?

24 **A.** Yes, I did say that, yes.

25 **Q.** That would be the case, would it, even if it was between

17

1 **Q.** If you had been told to follow your escalation process,
 2 would you have taken that as a reference to Mitie
 3 speaking to somebody -- somebody such as you, speaking
 4 to someone else within Mitie more senior to arrange for
 5 a mental health assessment? Not a Mental Health Act
 6 assessment, a mental health assessment.

7 **A.** I would have taken that as I'd escalated it to L&D.
 8 I was told by Louisa Hagan, who was the service manager,
 9 that the Trust's stance was we would not be admitting
 10 him to a unit, a psychiatric unit, and there was no need
 11 for a HCP to request a Mental Health Act assessment. So
 12 I would not have escalated that further unless I had
 13 re-assessed VC and determined that he needed a Mental
 14 Health Act assessment.

15 **Q.** Even though on this hypothesis this is L&D telling you
 16 to follow your own escalation process, your answer to
 17 that is that you would have gone back to L&D even though
 18 they are telling you to follow your own escalation
 19 process?

20 **A.** I think you have misinterpreted what I said. If I had
 21 have gone back and re-assessed him and determined he was
 22 in need of a Mental Health Act assessment at that point,
 23 then I would have followed an escalation process. It
 24 would have been -- that could have been L&D. If it was
 25 out of their hours, I would have called the gatekeeper

19

1 8 am and 8 pm?

2 **A.** So, as I have previously stated, depending on workload,
 3 with mental health team I have done this in the past in
 4 my experience. If L&D have a large workload we can help
 5 them.

6 **Q.** Even if it is between 8 am --

7 **A.** Yes, I have done, yeah.

8 **Q.** Thank you. The second paragraph where it is recorded
 9 that there was a Teams call back from Louisa who advised
 10 that the healthcare professional should "follow their
 11 escalation process and that the Trust's stance is he
 12 will not be admitted to a psychiatric unit due to the
 13 nature of the offence", and then that was communicated
 14 to you.

15 **A.** Yes.

16 **Q.** Is that accurate?

17 **A.** I don't recall being told to follow an escalation
 18 process off -- from my recollection.

19 **Q.** Stopping there. When you said earlier to the previous
 20 barrister that asked you questions that this entry was
 21 accurate, are you saying that this bit now isn't
 22 accurate?

23 **A.** I'm not saying that it is not accurate; I'm saying that
 24 I don't specifically recall being told at that time to
 25 follow escalation process.

18

1 myself.

2 **Q.** Are you saying that simply didn't arise because on
 3 assessment --

4 **A.** Yes.

5 **Q.** -- there wasn't a need for --

6 **A.** No, that's correct.

7 **Q.** -- that kind of "escalation"?

8 **A.** That's correct.

9 **Q.** Thank you. Thank you very much, Chair.

10 **Questioned by The CHAIR**

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

12 Just one question in relation to the interaction
 13 with L&D and your own escalation process. I think what
 14 you have effectively said is that that's actually quite
 15 flexible depending on not only whether it is within
 16 working hours but also capacity, workload capacity?

17 **A.** Yes, correct.

18 **THE CHAIR:** In essence, you try and help each other as to
 19 who has the availability to carry out if it is
 20 necessary?

21 **A.** Yes, that's correct.

22 **THE CHAIR:** But on this occasion if you had found it
 23 necessary on assessing him, not a Mental Health Act
 24 assessment, to have a Mental Health Act assessment, you
 25 would have gone back where? Where would you have gone

20

1 at this stage?

2 **A.** At that point, I probably would have contacted the

3 Crisis team or -- and escalated it through to our

4 medical director as well.

5 **THE CHAIR:** Was that because effectively you had been told

6 that the Trust's stance was that he wouldn't be

7 admitted?

8 **A.** Yes, that's correct.

9 **THE CHAIR:** Yes, thank you very much.

10 We will take a five-minute break now. Thank you.

11 **(10.15 am)**

12 **(A short break)**

13 **(10.22 am)**

14 **THE CHAIR:** Yes.

15 **MS LANGDALE:** Chair, may I call please former

16 Detective Superintendent Leigh Sanders.

17 **(Retired) DETECTIVE SUPERINTENDENT LEIGH SANDERS (affirmed)**

18 **Questioned by MS LANGDALE**

19 **MS LANGDALE:** Mr Sanders, I think you have prepared two

20 statements for the Inquiry, the first dated

21 12 January 2026, the second 24 February 2026. Can you

22 confirm that the contents are true and accurate as far

23 as you are concerned?

24 **A.** That's correct, Ma'am.

25 **Q.** In terms of the events that the Inquiry is examining, at

21

1 crime, digital and technical capabilities, forensic

2 science services, the sensitive intelligence units, and

3 counter-terrorism, and obviously other partners that are

4 associated with those.

5 **Q.** So would Nottinghamshire Police, with Leicestershire

6 Police, have liaison points, points of contact?

7 **A.** Yes. So, in terms of major crime, although we sit

8 within the ROCU, the structure of major crime was

9 I would have 15 senior investigating officers working

10 for me across the five forces, and there would be

11 a major incident room in each one of those forces,

12 headed up by a detective chief inspector reporting to

13 me, and then across the five hubs in total there would

14 be 15 senior investigating officers and we would be

15 responsible for all the homicides and serious crime

16 across the entire east midlands.

17 **Q.** Presumably it is not just serious crime where effective

18 liaison can take place if there is the relationship

19 building and the respective roles in both forces, that

20 should work across levels and tiers of offences and

21 crimes, shouldn't it?

22 **A.** Not necessarily. In terms of effective working, we are

23 talking about the high end capability. So in terms of

24 homicide and major crime, most certainly. In terms of

25 the other high end capabilities, so if we are talking

23

1 that time you were Detective Superintendent; is that

2 right?

3 **A.** That's correct.

4 **Q.** And you are now retired?

5 **A.** That is correct too.

6 **Q.** Can I ask you please, firstly, to go to paragraph 7 of

7 that first witness statement. WITN0359001, page 3.

8 **A.** Yes.

9 **Q.** You set out at paragraph 7, on page 3 -- I am sure it

10 will come up in a moment -- that at the time of the

11 attacks you were head of homicide and MC investigations

12 with EMSOU. Can you tell us what that entails? Is it

13 a liaison, collaborative role?

14 **A.** Yes, so EMSOU is the name given to the five-force

15 collaboration of the East Midlands, the five forces

16 being Nottinghamshire, Derbyshire, Lincolnshire,

17 Leicestershire and Northamptonshire. Effectively, it is

18 a regional and organised crime unit that's brought

19 together to bring about the capabilities of the five

20 forces as part of a ROCU.

21 So the unique thing about EMSOU is that it is the

22 only ROCU within the UK within which major crime is

23 a part of. So I was the head of the major crime unit

24 within the ROCU, and I would co-exist with other

25 disciplines within the ROCU, including serious organised

22

1 about serious and organised crime, yes. But if you are

2 talking about the day-to-day management of the

3 constabulary, that's very much part of the day business

4 of the chief officer team and the structure within the

5 force.

6 **Q.** What about picking up offenders who cross those

7 territories which are relatively close to each other,

8 that's something that you would expect there to be

9 liaison between forces about?

10 **A.** Again, if it relates to its area of business, because

11 obviously there would be a tasking process that covers

12 the regional collaboration, because the whole idea of

13 the collaboration itself is to tackle, as the statement

14 says, the most serious crimes that there is. So,

15 clearly, it would be a tasking process to look at the

16 most serious crimes. If it comes within the umbrella,

17 then yes.

18 **Q.** Just dealing with area of business, in terms of police

19 forces, what's your area of business where the offender

20 is residing or where the crime has occurred or both?

21 **A.** It can be both. But predominantly the responsibility

22 would be for the commissioning of the index offence,

23 serious offence, within the East Midlands.

24 **Q.** So the most important offence within the East Midlands

25 would be the force that tracked the offender wherever

24

1 they were living in the East Midlands?
 2 **A.** Yes, so, for example, if there was a homicide in
 3 Northamptonshire and the offence was traced to
 4 Lincolnshire, that would still be part of my remit.
 5 **Q.** Can I ask please to be put on the screen LEPF0000660,
 6 page 1. You may or may not have seen this, Mr Sanders,
 7 in the plethora of documentation that you received, but
 8 just so you are aware this is an audit re-build by
 9 an analyst in respect of information available to
 10 Leicestershire officers at the time VC committed the
 11 offences at Arvato.
 12 **A.** Okay. I'm aware of the Arvato offence.
 13 **Q.** Yes, you are, you have investigated them. Nothing will
 14 surprise you, perhaps the format. Let's just see the
 15 document, please. LEPF0000660, page 1. There we are.
 16 So Leicestershire officers were taken to this document,
 17 Mr Sanders, when they knew of VC committing the offence
 18 at Arvato. We see that what appears at the top, don't
 19 worry about how precisely this appears because obviously
 20 this has been recreated after the event, but clearly
 21 court warrants in relation to the offence in Nottingham
 22 against a police officer, so:
 23 "1st Instance Warrant not backed for Bail issued on
 24 22 [September] ... by Nottingham Magistrates for the
 25 Arrest of [VC] ..."

25

1 know if you ever saw -- did you ever see the video of
 2 that assault?
 3 **A.** I haven't seen the video of the assault, but obviously
 4 it was identified when we did our research into the
 5 homicide around VC.
 6 **Q.** But at this time, I'm not saying you had access to it at
 7 this, at this time that is a serious entry that demands
 8 action, doesn't it, that he is wanted for that offence
 9 and there's a warrant not backed for bail; do you agree?
 10 **A.** Yes, there is a warrant for that individual outstanding,
 11 yes.
 12 **Q.** This isn't the benefit of hindsight, this should have
 13 been dealt with as soon as it was viewed and contact
 14 made with Nottingham?
 15 **A.** Yes.
 16 **Q.** What would Nottingham have done if they were alerted to
 17 the fact that this person had committed another crime in
 18 Leicester and was wanted for this and by a court and not
 19 backed for bail? Let's assume liaison officers are
 20 notified in Nottinghamshire, what should they have done
 21 at that point?
 22 **A.** Well, obviously I deal with high end crime, so in terms
 23 of the process --
 24 **Q.** Just pausing there, I know you deal with high end, but
 25 this is a significant event, isn't it? You are not

27

1 So Leicestershire have evidence of an offence in
 2 Leicestershire there and then, but importantly the index
 3 offence is the one in Nottingham, isn't it, and
 4 referring to an arrest being outstanding?
 5 **A.** Yes, so I haven't seen this document, but I can accept
 6 what you are saying, yes. I can see the highlighted
 7 section at the top that says "Court Warrants".
 8 **Q.** So that's an offence and that's a serious offence
 9 against an officer, isn't it, and not attending court,
 10 not backed for bail?
 11 **A.** So there is a fail to appear warrant in existence, yes.
 12 **Q.** The offence itself: "Arrest of [VC] ... for Assault by
 13 Beating Emergency Worker."
 14 I think it is Operation Hampshire, the policy, is it
 15 Hampshire, something like that?
 16 **A.** Operation Hampshire is the sort of welfare policy that
 17 goes with regards the assaults on police officers.
 18 **Q.** Very importantly recognises their needs are taken
 19 seriously and they are a matter of public concern when
 20 emergency workers are assaulted?
 21 **A.** I think all crime needs to be taken seriously, but
 22 I understand the ethos of what you are saying,
 23 absolutely.
 24 **Q.** So you have an officer, one of Nottingham's officers,
 25 assaulted and the Inquiry of course has seen -- I don't

26

1 minimising that?
 2 **A.** No, no, it is a warrant, so what should happen is once
 3 identified, it should be either actioned by the officers
 4 who have seen it or referred to the relevant force
 5 (*unclear*) for them to progress.
 6 **Q.** When you say first of all actioned, it should have been
 7 actioned, so one or other, if it was actioned what does
 8 that mean; picking him up?
 9 **A.** Well, action would be, I would suggest, either, if it is
 10 in your locality, executing the warrant.
 11 **Q.** How would a Leicestershire force do that? Would they be
 12 able to do that?
 13 **A.** Well, I don't actually work for the Leicestershire
 14 Police, but I would suggest that if there is a warrant
 15 in existence, as with all warrants, if it's within
 16 Leicestershire, then I don't understand why it couldn't
 17 be actioned in terms of arrest or it could have been
 18 referred to the relevant force. Of course it depends on
 19 the context of what the search and the question I'm
 20 being asked, I suppose.
 21 **Q.** Either way, whether it was Leicestershire or
 22 Nottinghamshire, one of them should have arrested him at
 23 the point this was known?
 24 **A.** Yes, I don't dispute that.
 25 **Q.** We know that it was known, or should have been known, by

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1 24 May 2023. So let's carry on with my questions.
 2 Assume that Nottinghamshire had been told about this and
 3 had picked him up, what should have happened next?
 4 Where would he have appeared?
 5 **A.** If VC had been arrested on the fail to appeal warrant?
 6 **Q.** Yes, at the end of May, yes.
 7 **A.** I would suggest that he would have had the warrant that
 8 was not backed for bail executed and be put before the
 9 next available court.
 10 **Q.** Yes, so he would have had a duty solicitor and appeared
 11 at the Magistrates' Court, yes? That should have
 12 happened?
 13 **A.** Yes.
 14 **Q.** Then it would have been a judicial decision about what
 15 happened next, whether he had assessment, whether he was
 16 detained in custody or what happened next.
 17 **A.** Yes.
 18 **Q.** If, as appears to be the case in what happened only
 19 a short time thereafter, if medical assessments were
 20 required and the like, he was likely not to have been at
 21 large, wasn't he, at this point?
 22 **A.** Well, I can't answer that because it depends on what
 23 assessment would have been made and what that assessment
 24 would have come to the conclusion for.
 25 **Q.** Well, you knew, we will turn to the investigations

29

1 really provide an outcome for what the criminal justice
 2 system would have done with him in that process.
 3 **Q.** Well, we know what happened in the criminal justice
 4 system through the process, don't we, but you were
 5 saying you don't want to, what, make any inferences from
 6 that?
 7 **A.** No, in terms of my investigation, quite clearly the
 8 diagnosis from the treating psychiatrist was paranoid
 9 schizophrenia.
 10 **Q.** Just going back to information sharing, if I may --
 11 **A.** Yes, of course.
 12 **Q.** -- the University in 2015 had a sharing arrangement,
 13 information arrangement with the police; was that
 14 anything you came across or understood?
 15 **A.** No.
 16 **Q.** And we know that in relation to this assault on
 17 PC Pritchard in September 2021, they weren't told about
 18 that or didn't know about that till January 2022. They
 19 didn't know that a student in their community had
 20 committed that offence. Can you think of any reason why
 21 the police wouldn't notify the University about that
 22 matter?
 23 **A.** I suppose the answer is no, I can't see why information
 24 sharing, if it was relevant to the University, wasn't
 25 shared.

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1 anyway, the working diagnosis on 13 June was he was
 2 a paranoid schizophrenic. So should he have been in
 3 front of a Magistrates' Court at the end of May, have
 4 you any reason to think it would have been a different
 5 working diagnosis quite rapidly as events unfolded?
 6 **A.** Again, I suppose the role of the police service would be
 7 to put him before the court --
 8 **Q.** Yes.
 9 **A.** -- and then obviously it is the wider criminal justice
 10 system that kicks in and then those assessments would be
 11 made.
 12 **Q.** Yes, and of course I'm not asking you to be the judge of
 13 that, it is a matter for the Chair what should have or
 14 would have happened or may have happened, but as I have
 15 said, given what happened in June, this was so close to
 16 those events and the working diagnosis was paranoid
 17 schizophrenia, wasn't it?
 18 **A.** By the time of the offence that I investigated, yes.
 19 **Q.** So do you agree that was a significant moment in the
 20 chronology of these events, a significant moment where
 21 it should have been avoided that he was at large in
 22 June?
 23 **A.** I think it's significant that the warrant wasn't
 24 executed and it is significant that he wasn't put into
 25 the criminal justice system. But, as I say, I can't

30

1 **Q.** Just pausing. Do you see it as relevant? He has
 2 attacked a police officer, he's being detained,
 3 astonishingly the University doesn't know either of
 4 those things.
 5 **A.** If he is a student at the University and he lives on the
 6 University then I would suggest they would be
 7 an interested party so they should have been informed.
 8 **Q.** Does it matter if he lives at the University? He is in
 9 and among the students, isn't he, if he is studying at
 10 the University, wherever he lives?
 11 **A.** I suppose it doesn't necessarily matter where he
 12 lives, but if he is a student at the University, then
 13 obviously there is a requirement to look at the holistic
 14 treatment of that individual for that person's
 15 wellbeing. So, yes. To that extent, sharing
 16 information for that person's wellbeing, and also for
 17 the University to make its own assessment, is not
 18 an unreasonable thing to say.
 19 **Q.** His wellbeing is one factor. Another factor, of course,
 20 is the risk he may pose to others. Would the police be
 21 interested in sharing information about the risk someone
 22 might pose to those around them in the University?
 23 **A.** Yes. And I suppose it depends on the information
 24 available at that time and the risk that was probably
 25 assessed in relation to that individual and how then

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1 that manifested in how it should be shared.

2 **Q.** Well, the police of course might not know the mental
3 health assessments and the details of those, that's for
4 medical teams, but you would be expected to know risks
5 to the public and call-outs in relation to somebody and
6 their impact on people in the public. That is what the
7 police do, isn't it?

8 **A.** Yes.

9 **Q.** You detect crime you and prevent crime. So as part of
10 crime prevention, should someone have let the University
11 know about that?

12 **A.** It's a tricky question to actually answer because
13 I suppose what the suggestion if you take that logic
14 forward would be that any interaction the police service
15 would have with a student, would we share that
16 information with the University as a matter of course?
17 And the answer is: I don't know.

18 **Q.** To be fair to you, Mr Sanders, there is an updated
19 agreement in 2024 and the University I think get more
20 information than they would under an agreement in 2015.
21 But in terms of the culture of the police, and you have
22 had extensive experience within the police, is the
23 culture to share that kind of information in the
24 interests of public safety, or would you be concerned
25 whether that was contrary to the interests of the

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1 **Q.** Yes, and say "What information do you have on this
2 person? I have assessed them I'm not sure what they
3 have just told me is right about a particular issue",
4 would you give them the details from the police
5 perspective or not?

6 **A.** Well, if it is an instructing psychiatrist, then surely
7 there would be information in place and information
8 (*unclear*) in place in order for that to occur.

9 **Q.** Do you mean a treating psychiatrist? I'm talking about
10 a treating psychiatrist, not something for the court
11 process. If somebody working in a hospital wants to get
12 some more information from the police about the patient
13 they have seen to understand what risk they might pose,
14 would you be prepared to hand that over if somebody
15 phoned you?

16 **A.** That's not an unreasonable question. I would like to be
17 able to think for the greater good the answer would be
18 yes. If I was being honest, I would probably have
19 a telephone conversation with legal services to find out
20 about the relevancy and availability and what the legal
21 position would be surrounding that.

22 But in principle, yes, but I think we would need to
23 ensure that that was done correctly.

24 **Q.** We know in relation to the Brook Court incidents and you
25 know what I'm speaking about --

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1 suspect or patient or anyone from your perspective that
2 you're sharing the information with?

3 **A.** I think information sharing agreements are complex
4 things that sometimes people get hung up about. In
5 terms of communicating, I think that is an issue that
6 exists across all organisations. Should information be
7 shared? Yes. But again an assessment I think has to be
8 made in terms of -- it has to be done legally, there has
9 to be an agreement in place, and I suppose we have to
10 consider what is it that we share and for what purpose.

11 **Q.** Do you think there is enough confidence within the
12 police around that? For example, if a psychiatrist
13 phoned up you leading a homicide investigation or
14 others, and saying "What can you tell me about this
15 individual? We are concerned. We are not sure if we
16 need to know more about what's happened or what they
17 have done." Would you feel you would be able to share
18 information with a psychiatrist who phoned you about
19 a patient?

20 **A.** I'm a bit confused by the question.

21 **Q.** Police information. If you had information about
22 somebody's previous encounters with the police --
23 convictions are a bit easier, aren't they, because they
24 are a matter of public record, but previous encounters.

25 **A.** So if the psychiatrist was to contact me?

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1 **A.** The what, sorry?

2 **Q.** The Brook Court incidents, the three that VC was
3 involved in back in May 2020 and then July 2020, we know
4 that the University found out about the one where the
5 woman jumped out of the window requiring surgery to her
6 back in June 2020 and they never found out about the
7 first incident when he went in again. That level of
8 information sharing or not sharing information, do you
9 think that's an important issue moving forwards to
10 understand the risk that people may pose in their
11 communities?

12 **A.** Yes.

13 **Q.** I'm going to move now to your decision log and your
14 involvement in this case. It is a substantial
15 involvement, isn't it, as the senior investigating
16 officer. Could you tell us what that role means?

17 **A.** Yes. So as the senior investigating officer, I was the
18 lead investigator of a team responsible for the
19 investigations into the Nottingham attacks. So that
20 would mean I would be tactically and strategically
21 responsible for setting investigations plans.

22 Obviously, we would look at investigation strategies
23 in accordance with the major crime investigation manual.
24 We would look at resourcing. I made mention previously
25 to major incident rooms. So we would, or I would, set

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1 up a major incident room and ensure that the
2 infrastructure was in place in terms of administrative
3 support through homes, for example.
4 **Q.** What's HOLMES?
5 **A.** So HOLMES is the Home Office Large Major Enquiry System.
6 Effectively, a big computer system that enables us to
7 administer the investigation, to gather and record all
8 the decisions that are made within the inquiry and it
9 basically acts as a repository for the information that
10 comes into the room.

11 There is a system in place through MIRSAP where the
12 information is assessed and then inquiries are generated
13 or actions and then they are passed onto detectives.

14 **Q.** Do you think, just dealing with systems generally in the
15 police, the tech systems, they are sufficiently
16 understood by those using them: what can be accessed,
17 how you can access it, what you can do with them?

18 **A.** I think that a lot of police organisations are no
19 different to other big organisations, inasmuch as
20 often -- so talking from my perspective as a major crime
21 SIO, the HOLMES database will not be accessible to
22 everybody. It will be accessible only to those who are
23 actually working on the Major Crime Unit and even within
24 the Major Crime Unit, you may have access to the HOLMES
25 count for operational security, you may not have access

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1 "IDSU Sanders will perform the role of SIO ..."

2 You set out the briefing that you have had, and this
3 is at 6.00 am on 13 June.

4 **A.** Yes.

5 **Q.** The Inquiry has heard evidence from officers, some
6 senior officers too, certainly inspector ranks, about
7 what their first impressions were of the first attacks
8 and what they thought they might represent. Did you
9 have any briefing or handover or discussion with people
10 about what they thought these series of attacks were,
11 either separately or in combination?

12 **A.** So, the EMSOU major crime structure sits above the five
13 forces and there is always a 24/7 on-call function. So,
14 I had a call before 6.00, that's why there are perhaps
15 references later on that we will come across to where
16 the decision's made. I was already on the road to
17 Derbyshire in relation to a briefing for a separate
18 incident and the initial call I got from the on-call
19 homicide for major crime was that there had been
20 a stabbing and one had died and one was seriously
21 injured.

22 That later on, as I continued driving towards
23 Derbyshire as they were going to deploy to that, changed
24 to there's a van now driving people -- driving around
25 the city centre and knocking people over. And then that

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1 to all the homicides that are listed within that
2 database. So you would only be listed to the ones that
3 are relevant to your investigation.

4 So the simple answer to your question is, they are
5 different systems that different people operate.

6 **Q.** What about the NICHE system; is that widely used across
7 forces in your experience?

8 **A.** So, the NICHE system tends to be, I would say, the daily
9 administrative workhorse for the organisation, if I can
10 put that way. Where intelligence, crimes, custody
11 records, that's where the force would probably do its
12 day business and that's how they would investigate and
13 list their crimes.

14 Obviously, the complexity, as can be seen from the
15 investigation that we have with the Nottingham attacks,
16 that database simply would not be able to cope with the
17 infrastructure and the administrative support required
18 to support an investigation of that type. That's why
19 the HOLMES system exists for major enquiries.

20 **Q.** Let's go then, please, to NGPF0008791 and begin with
21 your decision 1. I'm going to refer to decision numbers
22 so people can follow through the document because it has
23 one unique reference number.

24 **A.** Okay yes.

25 **Q.** You see here you say:

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1 then got updated to: there's been another body found.
2 So quite clearly I turned round and drove back to
3 Nottinghamshire.

4 I then obviously have had a call from ACC Griffin
5 and informed me of the briefing, that I took there as
6 described in policy 1 really.

7 **Q.** And you say:

8 "The incident has been declared as both a critical
9 and major incident."

10 **A.** Yes.

11 **Q.** Why did you think and when did you think it had been
12 declared as a critical and major incident?

13 **A.** So, from memory, Mr Griffin had, I believe, declared it
14 as critical and major. I think anybody with a modicum
15 of commonsense would probably see with the complexity
16 that was clearly unfolding it was always going to be
17 both a major and critical incident.

18 So, I would suggest probably in the call from
19 Mr Griffin, that said I think it would be fair to say
20 that with the circumstances being relayed that
21 inevitably I think it was always going to be called
22 a critical and major incident.

23 **Q.** So whatever route it arrived at that, as far as you were
24 concerned, the number of casualties, the events that you
25 had been hearing over the radio, this was clearly

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1 a major and critical incident?
 2 **A.** So I didn't hear them over the radio. They were calls
 3 onto my mobile.
 4 **Q.** Right.
 5 **A.** So I wasn't getting live dynamic updates. I was getting
 6 calls into my mobile phone with updates as the events
 7 unfolded.
 8 **Q.** We see decision 5, please.
 9 **A.** Yes.
 10 **Q.** You have categorised the investigation as a category A:
 11 "I have no idea for the motive for this attack at
 12 this stage can say with any degree of certainty they are
 13 linked or how many offenders are involved. The
 14 relationship between offender and victims is as yet
 15 unknown. ... added complexities of multiple scenes and
 16 victims ..."
 17 This was at 8 am, wasn't it, on 13 June and the
 18 custody log, we were looking at it yesterday, and VC's
 19 arrival into the custody suite at 6.10 am, how much
 20 communication were you having with those at the
 21 custody suite about his identification, for example,
 22 which was established quite early on?
 23 **A.** None.
 24 **Q.** So did you know his name or the details that they had
 25 for him?

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1 **A.** Yes. Yes, that's not an unreasonable thing to say.
 2 **Q.** Well, it is an essential thing to say, isn't it?
 3 **A.** No, what I'm saying is I can't remember her saying it,
 4 but it is not an unreasonable thing to say --
 5 **Q.** She is not wrong about that though. You are not
 6 suggesting she is wrong.
 7 **A.** Absolutely not, I'm not saying she is wrong, and that is
 8 a critical thing to consider and I think I've made
 9 a policy entry in relation to that. So --
 10 **Q.** Can we just go to that policy. That might help, you
 11 having mentioned it. Major Crime Investigation Manual,
 12 version November 2021. NGPF0008898. If we can go to
 13 page 28 of the document. It highlights:
 14 "On taking command the SIO should, as a priority
 15 [and we see it - see fourth from the bottom] ...
 16 "Ensure that the victim's family have been notified
 17 and allocate a family liaison officer." *(As read)*
 18 **A.** Yes.
 19 **Q.** So that was firmly your responsibility, wasn't it?
 20 **A.** Yes, and I take complete responsibility for the
 21 homicide, yes.
 22 **Q.** If we can go back to the decision log. Decision 10,
 23 please. So it is NGPF0008791. *(Pause)*
 24 Decision 10 at 9.30 am. Actually 8.50, sorry,
 25 recorded:

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1 **A.** No.
 2 **Q.** By 7/7.30?
 3 **A.** No. So, my briefing commenced when I arrived at Radford
 4 Road Police Station at 8.00.
 5 **Q.** So, if we go to decision 6. Here you say:
 6 "At this moment in time these acts appear to be
 7 really serious harm to people indiscriminately. These
 8 acts appear to be attempts to murder other individuals."
 9 *(As read)*
 10 So this is 8.30. So what update do you think you
 11 have had by then?
 12 **A.** So when I have arrived at Radford Road Police Station
 13 I had a briefing from Pam Dowson who was the on-call
 14 detective inspector and she provided me with the details
 15 that you see there that allowed that mature assessment
 16 at policy 6 to be made, which were clearly identity of
 17 individuals, both deceased and others who had been
 18 knocked over and, in addition to that, whilst it may not
 19 be reflected in that policy log, quite clearly there
 20 would have been a bit more meat on the bones from her
 21 briefing.
 22 **Q.** Detective Inspector Dowson's evidence to the Inquiry was
 23 that she said, on handover, she urged to you ensure
 24 swift notification to the families, the families of the
 25 victims.

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1 "DI Claire Gould has been appointed FLA and is to
 2 coordinate the appointment of FLO's with a task
 3 surrounding their deployment ASAP."
 4 **A.** Can I go above that? I think I've made a policy
 5 decision before that. Policy decision 6, if I may.
 6 **Q.** Yes. "I have been informed of the following deaths at
 7 this time".
 8 If we can enlarge 6, thank you. I think it is the
 9 other way.
 10 **A.** So I received a briefing from Pam Dowson around about --
 11 **Q.** Just wait a moment.
 12 **A.** Oh sorry.
 13 **Q.** Wait till it is in front of you and other people can see
 14 it too. Can you scroll higher up. It is decision 6 we
 15 are looking at -- no, the other way. "Mature
 16 assessment: victimology". Thank you.
 17 **A.** Can we -- sorry.
 18 **Q.** You see that's your decision 6:
 19 "I have been informed of the following deaths ..."
 20 **A.** Yes, so I --
 21 **Q.** That's at 8.30.
 22 **A.** Yes, apologies. So I received a brief at 8.15, and so
 23 in the 15 minutes of that briefing you can see I have
 24 included in my rationale:
 25 "Out of this assessment a number of clear lines of

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1 enquiry have emerged as fast-track, namely around victim
2 identification and FLO liaison." (As read)

3 So within that 15-minute period absolutely -- I say,
4 fast-track action that needs to be progressed.

5 **Q.** Well, who is progressing it? When you see that
6 decision 6 you know who the victims are. Isn't that
7 your first port of call? Who's phoning them? That's a
8 call that needs to be made then, doesn't it? As soon as
9 you know they need to know.

10 **A.** Yes. So, first of all DI Gibson who had control of the
11 actions around scene 1, I have started her to make
12 progression around that. Obviously there is issues
13 required around the validation. So one of the questions
14 for the golden DI was: how do we know who they are?
15 Because obviously I had not had a chance to read any of
16 the detail.

17 **Q.** Well, somebody else had. We know there was phone
18 identification on them. Whoever gave you that
19 information, immediate question: how do you know we've
20 got all the evidence from those documents?

21 **A.** Yeah, I don't dispute that. From my perspective, I've
22 got some names for the working hypothesis as to who
23 I think the victims are. But, equally, whoever is going
24 to have the requirement to identify next of kin for the
25 notifications, they still for me need to validate that

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1 are many ways of finding things out, aren't there? So
2 the media and what they have to say is but one part of
3 it.

4 **A.** Absolutely, yes.

5 **Q.** How did you ensure, as the police, that you are up to
6 date with that kind of communication and knowing that
7 people are going to find out very quickly?

8 **A.** It's a tricky one.

9 **Q.** Is it?

10 **A.** Well, I think it is. I can't control, for example -- so
11 I have got it for my daughter, so I've got a Find My
12 Phone app for my daughter, so I know my daughter's
13 whereabouts. It was obvious that with large sections of
14 the city in lock down, there was going to be
15 considerable media interest. One of the first things
16 that I did in relation to trying to deal with that was,
17 as well as setting up a major incident room, also have
18 to set up the casualty bureau to deal with the calls
19 coming in. But equally, we were still trying, at that
20 stage, to try, it would appear, because policy entry
21 number 10 is clear, by that stage they still hadn't
22 managed to identify next of kin for the individuals.

23 **Q.** That wasn't going to be difficult given the details you
24 had about the victims, certainly the first two who had
25 driving licences with them, were they? That's just

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1 information and then figure out who the next of kin for
2 them are. So we know who it is that we are attending
3 and speaking to in order to do the message.

4 **Q.** So who did you contact to do that as soon as you got
5 those deaths?

6 **A.** DI Gibson.

7 **Q.** So you asked them to go and what? They weren't at the
8 scene were they? What information --

9 **A.** DI Gibson was in the briefing with myself and Pam
10 Dowson, and I have tasked DI Gibson to go and see what
11 can be done in terms of validation and can we quickly
12 identify next of kin.

13 **Q.** If we look at decision 10, if we go back to that, you
14 record here:

15 "Calls are now started to be received into the
16 control room from many people concerned. There is
17 considerable media interest and with the advent of
18 social media and modern communication methods, it will
19 be a matter of time before families hear/find out from
20 media outlets."

21 **A.** Yes.

22 **Q.** Just pausing there, never mind media outlets, lots of
23 parents these days have Find My Phone in --

24 **A.** Absolutely.

25 **Q.** -- in relation to adults, children and friends. There

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1 a formality, following that through for the police.

2 **A.** So a couple of things in relation to that, if I may.
3 Obviously, there were -- there was a lot happening at
4 that time for the operational officers to contend with.
5 They are trying their best endeavours to try and
6 identify the individuals. But the time that the
7 briefing that I had received by 8.30 had taken place, it
8 is fair to say that we are already four and a half hours
9 maybe behind the curve. So we are still trying catch
10 up.

11 **Q.** What was the reason for that when officers were at that
12 scene well before the City of Nottingham had woken up
13 and had access to that material? We know there were
14 a number of officers at the scene of the first attacks.
15 Those things could have been happening in parallel with
16 attendance at that scene, can't they?

17 Isn't this back to basics? Finding out who these
18 people are and notifying their next of kin?
19 I understand and we are going to see lots of reference
20 to you talking about the impact of the media and the
21 scale of interest, but the basics of informing next of
22 kin, following the suspect, tracking things, these are
23 the essentials, aren't they, for the police?

24 **A.** Yes. I accept that. They are essentials. But I think
25 you have to look at things in the context of the

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1 operational men and women on the ground and the
2 complexity and the unfolding chaos that was happening
3 around them in terms of the volume of scenes, in terms
4 of the volume of victims, in terms of the fact that
5 Plato had been called. So all these things need
6 addressing.

7 In terms of the identification, it would appear to
8 me that the -- quite rightly in my view, that when the
9 scenes were actually safeguarded to secure and preserve
10 evidence because we were still trying to establish what
11 had happened, it seems to me the right call that the
12 scene is put on so that we can secure and preserve
13 evidence which probably means that perhaps some of the
14 scene material was perhaps left in-situ. That's not
15 an excuse, I'm just --

16 **Q.** Clearly not, is it? If you are talking about
17 identification information of the victims, it is clearly
18 not. There can't be an excuse for that, can there?

19 **A.** I'm not trying to make an excuse. I'm working on the
20 proviso, so what I'm trying to explain is, I'm working
21 on the proviso that the identity that I've been given is
22 the actual identity of the victims. That's what I'm
23 working towards. I suppose what I'm trying to say is,
24 is that we are still, despite that, we have to get it
25 right because in relation to Elaine Coates we didn't get

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1 **A.** Yes.

2 **Q.** Do you think that was achieved, I don't know, if you
3 followed the evidence before or if you looked at what
4 had been done before your commencement as SIO, but do
5 you think it was effective responding to the attacks, in
6 the way searches and the like were conducted?

7 **A.** So I have been following the evidence, so it's probably
8 unfair for me to try and speculate as to what might have
9 happened.

10 From an investigative point of view, because clearly
11 I am the SIO from the Homicide Unit, I would suggest,
12 yes, we did bring direction, we did bring control, we
13 did bring order to the investigation.

14 **Q.** We know at decision 14 you were going to assist in
15 getting -- and 15, I think -- technical analyses and
16 you, I think, put together through CCTV evaluation the
17 timeline, didn't you? You got all the details about
18 where VC was, when he arrived and you followed that
19 through as part of the investigation?

20 **A.** Yes. Obviously, it sounds easy in the way that it has
21 been explained, but yes, we did but it took some time,
22 absolutely.

23 **Q.** I'm not suggesting that was easy. But you needed to
24 trace and follow him with the benefit of time and access
25 to all systems. But I would just like you to have

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1 it right. So we still need -- Elaine Newton, sorry --
2 so we still need to validate who they are, we need to do
3 the work around them, we need to identify next of kin in
4 order to make an informed decision then as to whether or
5 not local police officers go around or officers from the
6 inquiry go around.

7 **Q.** You referred earlier to the chaos around them, that is
8 the officers, with everything that was going on. In
9 major and critical incidents there is a real need, isn't
10 there, for good command and leadership at the top --

11 **A.** Yes.

12 **Q.** -- to avoid a sense of people feeling overwhelmed in the
13 organisation or people in your team feeling overwhelmed,
14 it is the responsibility of those at the top to say
15 "we've got this"?

16 **A.** Yes.

17 **Q.** "We know what we are doing. You do this, you do this,
18 we are doing this collectively."

19 **A.** I think the responsibility is to try and bring calm to
20 the chaos that exists. So people can try and operate
21 and provide some clear thought and rational thought
22 process.

23 **Q.** Effectiveness, bring effectiveness to all of the
24 activities of the individuals working at the time.
25 Effectiveness as a group.

50

1 a look at a couple of images, if I may.

2 The first is NGPF0001/0192, page 41. This is one of
3 the stills. I'm going to just show you a couple of the
4 stills from the timeline because one of the issues the
5 Inquiry has been hearing evidence about is how visible
6 he would have been on searches, VC, and how recognisable
7 from the descriptions that had been received at an early
8 stage.

9 So if we just have a look at material that your
10 investigation covered. If we could perhaps expand on
11 that the top left picture.

12 So this is an image at 4.38 to 4.41 of VC captured
13 on CCTV walking along Gregory Boulevard towards
14 Mansfield Road. I'm not sure if this is council
15 footage, this camera. But we can see there on his own,
16 all dressed in black, fitting the description and it is
17 light, isn't it? It is not -- it is a light morning
18 where searching you would see that he fitted the
19 description.

20 **A.** The description of what, sorry?

21 **Q.** That had been given out of the suspect who had walked
22 off from the first attacks?

23 **A.** From that image, obviously I have, as has the inquiry
24 team, the benefit of looking at hundreds and hundreds of
25 hours of threading things together.

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1 Q. Understood.

2 A. So we can quite -- from our perspective we can say that.

3 If I was to say a person who had looked at just that

4 still, I would probably describe that, if I was being

5 honest looking at that, as pretty nondescript, it is

6 a bit of a dark figure on the right-hand side.

7 Q. If you had had a description that a dangerous man had

8 left with a knife having killed two people and they were

9 all dressed in black, the first description suggests he

10 was fat, but that was remedied quickly, gave his height,

11 a black male dressed in black with a rucksack. If you

12 had had that and that's what you were looking for, are

13 you saying that if you had seen that or driven past

14 that, you would think that image or this person may be

15 the person we may be looking for?

16 A. It is tricky because I know all the work that's gone

17 into it and the work that leads to that image. So I'm

18 trying to answer it based on just that still.

19 Q. Well, obviously you wouldn't be looking at an image if

20 you were on the road, you would see a person, so it

21 would be even more clear than that, wouldn't it? I'm

22 just saying it is light and he is visible and fits the

23 description and is seen walking there. What I'm not

24 clear about are you. Did anyone look at the council

25 footage?

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1 liaise at Woodlands, yes.

2 Q. Would you? When you say "actioned", what would you do?

3 A. So we would -- quite clearly CCTV strategy would have

4 been identified as a key line of inquiry. We would have

5 identified officers to trawl CCTV and then obviously we

6 would have gone on the sift and seizure and then one of

7 those key lines of inquiries would have been to link in

8 with the Woodlands because it is the council's CCTV.

9 Q. We see the same number, page 48, another image, 13 June,

10 5.12. This is the map showing the route taken by VC

11 from Seely Hirst House towards Magdala Road? Do you see

12 that bottom left?

13 A. Yes.

14 Q. Do you see there as well it is really light there?

15 A. Yes, it is light, yes.

16 Q. Again, someone no doubt from the police -- I know you

17 are no longer there, Mr Sanders -- will be able to

18 confirm for us whether these were council cameras that

19 took these images, as opposed to cameras. You clearly

20 gained a lot of footage from private cameras as well,

21 cameras such as Seely Hirst House. But these look like

22 they might be street cameras, don't they, but we can

23 check that?

24 A. I think you probably need to check it because we would

25 overlay private, council with our own self-generated

55

1 A. Yes.

2 Q. At the time?

3 A. At the time?

4 Q. So at this time in the morning, were people looking at

5 the council footage?

6 A. I can't tell you whether -- do you mean from a reactive

7 perspective to try and find him?

8 Q. Yes.

9 A. I can't tell you that because we provide a reactive

10 investigation to the homicide. So we would have

11 obviously gone and collected it and we would then sift,

12 the seize and the trawl and then we would have gone

13 through all of the footage, and that would have included

14 liaising with the council teams and securing not just

15 private CCTV, but the council CCTV too.

16 Q. The evidence we have heard thus far is that council

17 teams would have had access to that, but there was no

18 officer who went down to -- I think it is Woodlands Road

19 where --

20 A. It is woodlands, yes.

21 Q. Yes, it's Woodlands. In your experience, do officers go

22 there where there is urgency and you are looking for

23 something or someone or you want to see it from a

24 policing perspective straight at the time?

25 A. So we would have actioned that pretty quickly to go and

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1 maps. But each one of those stills would be provenanced

2 to the source document that relates to it. So that's

3 how we could provenance that quite easily.

4 Q. Thank you. We will look forward to the confirmation one

5 way or another of that. That can come down, please, and

6 if we could go back to your decision log, NGPF0008791,

7 decision 20. You say at decision 20:

8 "... I am yet to establish that there is anybody

9 other than a single person responsible ... Preliminary

10 opinion only and I retain an open mind ... assessment

11 comes from CCTV and descriptions ..."

12 Can we go back to your witness statement, please, at

13 page 49 -- it will come on the screen -- to deal with

14 the CCTV gaps. It might be easier for people to follow

15 if we start at page 48, paragraph 117. I will give

16 people a chance to read that. Just scrolling carefully

17 down, if we can, please, Sarah, give people a chance to

18 see the routes that you have identified by now that VC

19 took.

20 A. Starting at which paragraph, sorry?

21 Q. 117. We have gone a bit further down now, but you know

22 the route?

23 A. Yes.

24 Q. Just a little bit slower, Sarah, so that people can read

25 it, please.

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1 Then onto 122. 124. If we can highlight -- I want
2 to focus on 124, please, and 125. So this is the first
3 period where CCTV -- you can't find anything to capture
4 his movements between effectively 1.37 and 2.19. So at
5 42 minutes. You have done a really comprehensive job
6 about getting cameras from anywhere and everywhere at
7 this point, haven't you? You have got private cameras,
8 you have got Nottingham cameras?

9 **A.** When you say this point, what do you mean --

10 **Q.** Well, in your investigation. When you are writing this
11 statement, you have done all that you can --

12 **A.** So at the time that this statement has been written
13 absolutely everything that we can do has been done, yes.

14 **Q.** So doing the best you can, looking at that period, is it
15 likely he was still walking around somewhere and you
16 haven't captured him? Do you think he may have been in
17 a house or a flat somewhere, or do you simply not know?
18 Why do you think it is his movements are not detectable
19 at all for those 42 minutes?

20 **A.** It is impossible to say. So, we have not just looked at
21 the CCTV, but we have overlaid it with, as you would
22 expect, other investigative strategies, such as any
23 financial work, telephony, intelligence reports and such
24 like and the answer is we can't tell you. That's the
25 simple answer. Sorry, we cannot find him on CCTV.

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1 [if] ...they wish[ed]."

2 **A.** Yes.

3 **Q.** You say at 128, in your view:

4 "With no further sighting of VC between 03:30 [and]
5 04:00 ... he remained in or close to that shrubbed area
6 until [his victims] ... walked past ..."

7 Hidden from them to get the maximum effect of
8 surprise: is that right?

9 **A.** Yes.

10 **Q.** Chair, I think that might be a good time for the morning
11 break.

12 **THE CHAIR:** We will stop there and start again at 11.35 am.

13 (11.18 am)

(A short break)

15 (11.35 am)

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

17 **MS LANGDALE:** Can we go please to decision 24, NGPF0008791.

18 At 12.15 on the 13th:

19 "On the basis of the information available at this
20 time, there is nothing uncovered that is suggestive that
21 this series of incidents is ideological based or
22 relevant to C[ounter]T[errorism] networks. Having
23 reflected on the briefing and the dynamic actions that
24 have already been undertaken the following are my
25 favoured hypothesis.

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1 **Q.** As you say, there is no financial transactions, no
2 attendance at any other place that you could -- and you
3 have looked at phones, we know the SIMs are changed.
4 Indeed, your second statement clears up -- thank you --
5 issues arising from calls that appeared to have been
6 made to his phone. He was swapping SIMs and you have
7 tracked and traced where that was happening and the
8 impact on the calls.

9 **A.** Correct, Ma'am.

10 **Q.** So a comprehensive job on his phone analysis.

11 **A.** Correct.

12 **Q.** You also had all his zip files and you had assistance,
13 didn't you, from Nathan Shaw, from counter-terrorism, to
14 look at what was on them, what they might represent,
15 what was relevant, what wasn't, et cetera.

16 **A.** Correct.

17 **Q.** None of that assisted with this, and also if we look at
18 paragraph -- sorry, I need the statement back for 127,
19 paragraph 127, page 49. This is the second period where
20 he disappears from view, and you identify:

21 "At 03:30 hours, [he] ... disappeared from view, off
22 Ilkeston Road near to the pathway providing access to
23 Hopedale Close. A shrubbed green area containing
24 a large tree ... adjacent to that pathway. Here
25 somebody could easily remain undetected and out of view

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1 "... not an act of terrorism, rather violent acts of
2 criminality by an individual or group of individuals."

3 Since that time, of course, you have had the full
4 analysis of telephones and the Inquiry has heard some of
5 what was viewed, some of the images, and indeed we have
6 done a summary, an Inquiry legal team summary.

7 If I can ask that we go to it, please, at
8 INQY0000001 and go to page 6 and 7. We see a number of
9 documents, don't we, and you have assessed all of this
10 yourselves within the files as well, what he is looking
11 at, about mind control, lots of health stuff. There are
12 some files detected as relevant to terrorism or
13 shootings that have been observed, but there is a lot
14 about health and mental health and mind control as well,
15 isn't there?

16 **A.** Yes.

17 **Q.** But we see on page 6, academic education documents, we
18 have listed them under those, a research paper titled
19 "Psychosis: a history of the concept".

20 **A.** Yes.

21 **Q.** Various documents relating or potentially relating to
22 mind control. And if we see at (d):

23 "Policy documents including, a copy of the Mental
24 Health Act 1983. A copy of the General Data Protection
25 Regulations. Other documents relating to police powers

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1 and regulations." (As read)

2 Did you, in the plethora of information -- it wasn't
3 such that that might have leapt out at you at the
4 time -- do you think that is interesting now, when you
5 look at it, that police powers have been reviewed and
6 Mental Health Act stuff?

7 **A.** Yes, because these are from the exhibit EAMC1 which
8 I think is part of the zip files that were sent to his
9 brother.

10 **Q.** Yes.

11 **A.** So yes, I think they are significant and they were made
12 available to individuals within the Inquiry to review.

13 Yes.

14 **Q.** Would that have been available -- was that picked up, as
15 far as you are aware, by the prosecution at the time
16 that there were documents relating to police powers and
17 regulations that had been found to have been --

18 **A.** I can't remember now when it was picked up, obviously
19 because of the plethora, because the amount of material
20 coming in was enormous. But quite clearly it would have
21 been reviewed. I just can't tell you when it was
22 reviewed.

23 **Q.** Reviewed and used, or just as part of the information?

24 **A.** It would have been assessed to determine whether or not
25 it progressed the investigation. I do know that that

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1 15 June about the status of the investigation and what
2 conclusions you had arrived at at this point?

3 **A.** I can't remember.

4 **Q.** We know of course Professor Blackwood was retained by
5 the CPS on 14 June. Can you remember when you first had
6 that conversation with the prosecution about
7 a psychiatrist likely being needed by the prosecution in
8 the circumstances of the case?

9 **A.** I'm not sure I was privy to any conversations regarding
10 the retention of a psychiatrist. I suppose that's the
11 domain of CPS. I certainly had conversations with the
12 CPS from, I believe, the 14th onwards. So they would
13 have been obviously briefed in relation to the Inquiry,
14 and then obviously we would have been feeding
15 information through to them, and obviously they would
16 have had contact and information provided from file
17 officers and they would have had the IMD that
18 subsequently comes, the DMD for them to make their
19 decisions.

20 But as to instruction of psychiatrists or retention
21 or retainment, that's something for the CPS.

22 **Q.** If we go to decision 30, please. You say here:

23 "... Early press release (prior to SIO appointment)
24 to the media have resulted in calls to the casualty
25 bureau from families of the deceased regarding their

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1 exhibit reference was passed to the psychiatrists. Over
2 and above that, I can't really at this moment in time
3 remember when it was assessed, if I'm being honest.

4 **Q.** That can go down, thank you. We will go back to your
5 decision log, decision 24. So you at 12.15 are saying
6 "not an act of terrorism, violent acts of criminality by
7 an individual or group". We know that Chief Constable
8 Kate Meynell, briefing the press at 15.11 on 15 June,
9 after VC had been charged, said:

10 "We are still working alongside counterterrorism
11 policing and keeping an open mind on the motives." (As
12 read)

13 Did that fit with where you were at that point? You
14 seem to have stated it is not an act of terrorism on
15 everything you had at that point.

16 **A.** That was my developed -- developing hypothesis at the
17 time. I was favoured more that it was looking more as
18 if perhaps it was a criminal act or mental health, as
19 I put in the rationale also below.

20 I can't account for the chief constable's
21 hypothesis. My focus at this time was purely and
22 squarely dealing with a triple homicide. So the other
23 noise, if I can call it that, around media reporting,
24 was taking place and I wasn't aware of it.

25 **Q.** Did she contact you before making a briefing on it on

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1 loved ones."

2 What were the media releases that had been made
3 earlier that you thought had complicated the situation?

4 **A.** It's not a case that it would have complicated the
5 situation, it was a case that, obviously, the media
6 release had gone out and arguably there was a necessity
7 for that because large parts of the city were in lock
8 down. From my perspective as the SIO, clearly that was
9 going to necessitate a huge volume of material coming in
10 to the major incident room or the casualty bureau and so
11 my focus was trying to provide a structure that could
12 actually receive that information and process it.

13 **Q.** What was the nature of the release, can you remember,
14 the earlier release and did someone who was putting it
15 out consult with you about it?

16 **A.** No. That release would have been undertaken probably
17 within the Force Control Room environment and that would
18 have happened well before my appointment or my arrival
19 as the SIO.

20 **Q.** Decision 35, this is about the vigil and you speak
21 about:

22 "FLOs will be deployed to the university vigil in
23 order to support families in any way possible.
24 A coordinated Media release with families with coronial
25 agreement surrounding approved method of identification

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1 will be required. This can have a significant impact on
2 the reputation of the constabulary and will need careful
3 handling ..."

4 Why do you say that? Why do you speak of the
5 reputation at this point of the constabulary?

6 **A.** Which bit now, sorry?

7 **Q.** It is the end of decision 35:

8 "This can have a significant impact on the
9 reputation ..."

10 **A.** So it was obvious by this time that the media interest
11 in the case was enormous. It made not just national but
12 international news. Obviously, the city of Nottingham
13 was in the spotlight. There was a vigil taking place.
14 We needed to provide as much support as possible and
15 quite clearly we needed to provide a significant input
16 into that because obviously Nottinghamshire was in the
17 spotlight and so, therefore, the management of that did
18 need careful consideration.

19 **Q.** Did you feel the need to communicate to the media what
20 you were doing rather than just getting on with what you
21 were doing?

22 **A.** In terms of the media strategy, if I'm being perfectly
23 honest --

24 **Q.** Please be.

25 **A.** I left that with Gold. My focus was purely and squarely
65

1 I did. Is it my belief that they were murders at that
2 time? Yes, it was. And they were the terms that I used
3 with CPS.

4 **Q.** Why was that your belief at that time?

5 **A.** My belief was based on the investigations that we had
6 undertaken in relation to VC. That included a number of
7 the investigative strategies that we deployed. So,
8 clearly we'd had good evidence from the CCTV, from the
9 telephony; he had made admissions, he had made contacts.
10 For me there were elements of planning in relation to
11 the killings. My view, at that time, was he didn't seem
12 to be under duress, he appeared to be making rational
13 choices. My impression was that he was acting of his
14 own free will. As an operational police officer, my
15 view, at that time, was that I believed he had murdered
16 in cold blood three people.

17 **Q.** Can you remember now roughly when it was the CPS first
18 raised diminished responsibility? It is not a memory
19 test and we are going to go through decision logs, but
20 just as you describe that, that was your view. Can you
21 remember when something different was said to you or you
22 were aware that diminished responsibility may be
23 an issue? We see it later on the logs but I just wonder
24 from that first conversation if anything was said.

25 **A.** I think we have just seen it in the policy log, was it
67

1 in trying to secure and preserve evidence in order to
2 ultimately convict an individual for one of the most
3 horrific murders that I had investigated.

4 **Q.** Can we go, please, to decision 38. Indeed, you referred
5 to murders there and if you look here you say:

6 "I have liaised with CPS and senior lawyers Sam
7 Shallow and Alan Murphy ..."

8 **A.** Yes.

9 **Q.** "... CPS will ultimately be invited to consider evidence
10 in relation to possible charges for x3 murder and x3
11 attempted murder."

12 When you were liaising with those lawyers, would you
13 have used the term "murder" and "attempted murder" as
14 opposed to killings, for example?

15 **A.** Yes.

16 **Q.** Was there a discussion between you at that stage about
17 the paranoid schizophrenia diagnosis which the police
18 were aware of, we know from the custody records
19 yesterday, by the afternoon of the 13th?

20 **A.** I'm not sure I was aware -- I was aware of issues
21 regarding mental health. I can't say I was aware of
22 a diagnosis of paranoid schizophrenia. Clearly the CPS
23 would have been privy to our briefings and we would have
24 shared our investigative strategies with them. Did
25 I refer to them as killings -- sorry, as murders? Yes,
66

1 24, where I have moved -- started to move from the
2 hypothesis, it could be terrorism, more towards crime or
3 potentially mental health. So that would have been
4 what, about 11.40-ish?

5 Clearly the intelligence work that had been
6 undertaken by sensitive networks, if I can put it that
7 way. Whilst they had identified there were no
8 convictions criminally or for terrorism, it was becoming
9 apparent at that stage that, despite the absence of
10 convictions, that there was a history of violence, as
11 you have alluded to, that seemed to be associated with
12 his mental health.

13 So, I think it's fair to say that I'm aware of that,
14 we would share our information with the CPS and the CPS
15 clearly would come to their conclusions too.

16 **Q.** Just to be clear, what's the role of the police and the
17 CPS in relation to charging?

18 **A.** So, we secure and preserve the evidence. We collect the
19 evidence. We disclose the evidence to CPS. We work,
20 and did work, closely with the CPS on this occasion, and
21 then obviously we provided that information to CPS in
22 relation to a threshold test and the CPS charged with
23 murder and attempted murder.

24 **Q.** Can we go to decision 51, please. Referring to head of
25 crime to deal with any threats made to suspect's family:
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1 "... Officers deployed to suspects family as
2 witnesses have had concerns raised by them for safety.
3 Press have already been present at their addresses
4 asking questions. Inference from family that police may
5 have leaked to press."

6 Just to give some background first, we know on
7 14 June two detectives visited the family members of VC,
8 didn't they, and spoke to his family?

9 **A.** DC De Waele and DC Davis, yes.

10 **Q.** It is right that both VC's mother and brother gave
11 a detailed explanation about him and their
12 communications with him and gave you zip files and
13 anything he had in relation to him.

14 **A.** Correct.

15 **Q.** They gave personal family background information,
16 including the date when VC obtained his Portuguese
17 citizenship.

18 **A.** I can't remember that but --

19 **Q.** It seems likely --

20 **A.** If it is in the report I don't dispute it now.

21 **Q.** "Spoke about VC's paranoia around government
22 surveillance and the like" and were generally
23 cooperating, fully cooperating, with the enquiries you
24 were making and giving you the information before you
25 eventually got it off phones and all the rest of it,

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1 means, I believed that somehow the press were getting
2 hold of information. So that was referred to our
3 Professional Standards Directorate by myself.

4 **Q.** It is extremely sensitive, isn't it, for the suspects'
5 family. They are not the suspect in the end. VC is the
6 offender and the suspect, isn't he, obviously?

7 **A.** Yes, and I think I do not want to cause offence to
8 anybody, but equally his family in many regards were
9 also trying to deal with these tragedies themselves. So
10 in one respect were victims themselves.

11 **Q.** Can we go, please, to entry 53. Decision 53. It might
12 be helpful for you to have 53, 54 and 55 all on the
13 screen because this is relating to the charging decision
14 surrounding VC.

15 **A.** Yes.

16 **Q.** We see -- do you want to take us through this, what
17 happened from your perspective. I can read to remind
18 you, but if you remember, tell us --

19 **A.** I can tell you exactly how it was good(?).

20 So we were clearly working very hard, flat out, in
21 order to secure the evidence to charge VC. We believed
22 that we were there, that we were liaising with the CPS
23 and we were probably going to have a final wrap-up
24 interview at the end and look to charge or invite CPS to
25 charge.

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1 they were giving it you --

2 **A.** Yes.

3 **Q.** -- straightaway.

4 **A.** Yes.

5 **Q.** They were concerned that an article published gave
6 information around citizenship, and more importantly
7 that it had been given to detectives, or information had
8 been given to detectives.

9 Did you ever investigate that to see if anybody had
10 leaked information? Because you say here "this may be
11 without foundation", but I'm just wondering if it was
12 actually examined, the details of information that they
13 provided and what happened with it?

14 **A.** So, the detectives, when they came back, obviously we
15 had a debriefing with the detectives to find out what
16 the family had said. The concerns that are raised in
17 that policy were reflective of the disclosures made to
18 the detectives.

19 The detectives believed or had been told by the
20 family that the family believed that there had been
21 a leak or somebody had found out about information in
22 relation to the family and/or VC. As a result of that,
23 and what I believed to be other leaks because, as the
24 investigation went on, either through investigative
25 journalism or through a leak or through some other

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1 I then had a contact from Gold to say that there had
2 been media contact similar to other media contact that
3 was suggestive that there were stories going to appear
4 in the press that were going to undermine the
5 investigation surrounding violence, mental health and it
6 could prejudice the investigation.

7 Clearly that gave me real cause for consternation
8 and concern. I then spoke with Gold. Gold said would
9 we be in a position to charge inasmuch that if it became
10 sub judice, then quite clearly there could be no damage
11 to the investigation.

12 There could be then a time when we could liaise with
13 families and there was a suggestion that some of the
14 media reporting that was surrounding it had been
15 embellished. That's what I have used in my policy
16 (*unclear*).

17 So, from a SIO's perspective, I was left in a very
18 difficult position where I believed that the
19 investigation that we were working so hard to secure
20 charges for murder were going to be undermined. On that
21 basis, I have rung the family liaison officer to corral
22 the FLOs together, to say we may need to contact the
23 families.

24 I have then contacted the file officer to see where
25 we were with regards to it. He had informed me that

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1 Alan Murphy, the CPS lawyer, had verbally agreed to
2 charges and was in the process of finalising it. I then
3 got hold of the interview teams, tier 5, to say stop
4 interviewing what you are doing, get him out, we have
5 got an agreement in relation to charge.

6 I have then tried to contact the family liaison
7 officer to tell her that we are going to start to look
8 at charges in relation to it, we need to then, at the
9 very least, update the families.

10 I have then contacted CPS with a view to finding
11 some advice about how we would obtain an emergency
12 charge, whether or not we could do it without the
13 written advice, whether or not we could do it through
14 some emergency charge position. I had informed her that
15 Alan Murphy, I believe, had given us the authority to do
16 it. She said she would try and get hold of Alan Murphy.
17 She then tries to get Alan Murphy on the phone, by which
18 stage we are in the process of getting him to the charge
19 desk. I have then basically said, "charge", believing
20 that we had authority to charge. Sam Shallow then rings
21 me back and says "we've had discussions around the
22 charge, but Alan hasn't provided you with that verbal
23 yet, he is waiting for the final CPS update in relation
24 to the CCTV, albeit he has already seen it". I said
25 "I think we have already charged". He had already

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1 I have then had pressure put on me, quite rightly,
2 to try and safeguard the investigation. I have then --
3 that's the train of discovery, for want of a better
4 word. That was the next 45 minutes of real pressure
5 from me as a SIO making sure that there couldn't be
6 anything to cause a problem to my investigation.

7 **Q.** Can we have a look at CPSE0000600, page 1. It seems to
8 be a note from Samantha Shallow on this topic to
9 Sheryl Monk.

10 **THE CHAIR:** Just before you go to that, I don't think you
11 have said who Gold is.

12 **A.** Gold is Chief Constable Griffin.

13 **THE CHAIR:** I'm just clarifying that so people understand
14 what's been said.

15 **A.** Sorry, ma'am.

16 **MS LANGDALE:** This is a document from Samantha Shallow:

17 "Not for circulation in the event any issue arises
18 to who said what and when."

19 2.35 pm:

20 "Call from Leigh Sanders. Said they wanted to
21 invoke emergency charging procedures ... custody
22 sergeant says they can only charge one offence ..." (*As*
23 *read*)

24 The third paragraph:

25 "The issue is that they have been contacted by the

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1 charged, so I apologised to Sam Shallow for that.

2 The written advice that subsequently came through
3 was probably, I think, 40 minutes after the first charge
4 and so, therefore, technically speaking I had authorised
5 the charge ahead of the written authorisation by about
6 40 minutes.

7 So then I rang Alan Murphy, managed to get hold of
8 him, and I apologised to Alan and said "I think, Alan,
9 I have charged ahead of your written advice being
10 received".

11 In fairness to CPS he was very gracious about it, if
12 not angry, I could understand his angst because,
13 technically speaking, I had charged without his
14 authority. Then we had a discussion about retrospective
15 charging. Then he applied the director general
16 guidelines in terms of retrospective charge.

17 So that was that, in a nutshell, how that all came
18 about, all within a very short space of time.

19 **Q.** Was it effectively, as far as you were concerned,
20 pressure from the press that led to you charging then?

21 **A.** Yes, and also -- yes, but clearly I hadn't been reading
22 the press, but I had had conversations with Gold. So,
23 the press pressure had obviously come from press liaison
24 intermedia team, into Gold and then Gold into me and
25 then obviously I've had a discussion with Gold.

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1 press who want to run an inaccurate story on the warrant
2 case over stating the position in terms of the level of
3 charge, age, et cetera." (*As read*)

4 What does that refer to?

5 **A.** I don't know what that refers to, I'm afraid.

6 **Q.** We know obviously there was a warrant for his arrest and
7 in fact you dealt with that at the beginning of your
8 evidence today. But I'm just -- you can't remember
9 having that conversation with her? It looks like she
10 has recorded that at the time.

11 **A.** I have had the conversation with Sam Shallow
12 absolutely --

13 **Q.** About the warrant? The position of the warrant not
14 being effected?

15 **A.** I can't remember, I'm afraid.

16 **Q.** She says a lot of noise and other calls in the
17 background. Is that what you might have said, "a lot of
18 noise in the background" or "other calls in the
19 background"?

20 **A.** Yes, there were lots of calls to-ing and fro-ing between
21 lots of people at this stage.

22 **Q.** What did you understand as at this date on 16 June; had
23 you got the Arvato evidence yet about the attack in
24 Arvato?

25 **A.** Yes.

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1 Q. When did you get that evidence in?
 2 A. I can't remember the exact times we had it, but yes, in
 3 terms of Arvato --
 4 Q. You went to the victims the next day?
 5 A. We went to the victims, we secured statements. I think
 6 we spoke to Ali Parvez. I think we got the associated
 7 material to identify it was [VC]. I think he had been
 8 interviewed about it. So that had all been done by
 9 then, I would have thought.
 10 Q. So you did know about an offence and a warrant,
 11 an outstanding warrant, in relation to the timing of
 12 that offence. So is that a conversation that you might
 13 have had, that you were worried about an inaccurate
 14 story on the warrant case or coming out?
 15 A. When you say the "warrant case"; do you mean the Arvato
 16 case?
 17 Q. I think it means the warrant. The Nottinghamshire
 18 assault on a constable, emergency worker, the warrant
 19 that was outstanding.
 20 A. Okay --
 21 Q. There was an outstanding warrant -- (*overspeaking*) --
 22 A. Yes.
 23 Q. -- it was significant, wasn't it? We agreed earlier --
 24 A. Yes, there was the outstanding warrant. We had
 25 investigated Arvato. I cannot remember now what other

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1 reassure investigators that this is not the case".
 2 In other words, we need to have some reassurance
 3 that nobody could be providing information.
 4 Q. In the decision above it, the 57 decision, you refer to:
 5 "... interviewing officers ... CCTV analysts. They
 6 have delivered services with incredible professionalism
 7 which could have emotionally impacted upon them."
 8 A. Which policy is that, sorry?
 9 Q. Decision 57 above; can you see there?
 10 A. I think you might need to go up.
 11 Q. Yes, it is there, just where the cursor is now:
 12 "... they ... delivered services with incredible
 13 professionalism which could have emotionally impacted
 14 upon them."
 15 A. Yes.
 16 Q. Did you think at that time about putting something in
 17 place to prevent officers who were not for policing
 18 purpose, required to look at any footage or details of
 19 the case -- what systems were in place as far as you
 20 were aware to prevent those having unauthorised access
 21 to information surrounding this case?
 22 A. So, from a homicide perspective, my concentration is on
 23 the homicide. In terms of any conduct or misconduct
 24 issues, then for me there is an entire department that
 25 looks at that, so I will refer it on. Is that the

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1 incidents that were relayed. But clearly, yes, the
 2 warrant case. The warrant case then must be the fail to
 3 appear warrant.
 4 Q. If we go, please, to decision 58 next. You refer here
 5 to:
 6 "It cannot be ruled out that some 'media knowledge'
 7 around the investigation may come from internal leaks."
 8 A. Yes.
 9 Q. Can you see that?
 10 A. Yes.
 11 Q. What were you beginning to think about leaks and what
 12 should be done?
 13 A. So, I believed that it could only be one of three
 14 options in terms of information that was appearing in
 15 the press. It was either a leak, whether that was in
 16 Nottinghamshire Police or another agency or partner.
 17 Investigative journalism, which there is quite a lot of
 18 evidence of intrusive journalism throughout the
 19 investigation and statements and CCTV being obtained
 20 before police liaison, or it had been leaked or passed
 21 on by families which clearly, at this stage, I don't
 22 believe had happened.
 23 So my personal view was, investigative journalism or
 24 leak. So, therefore, as the policy says:
 25 "As such, process needs to be put in place to

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1 question --
 2 Q. No, it is what systems you have in the data you are
 3 storing yourself, on HOLMES or generally, how do you
 4 prevent people accessing material relating to
 5 an investigation? You have highly sensitive information
 6 which you recognised in right-minded people was going to
 7 have an effect upon them, looking at it.
 8 A. Yes.
 9 Q. What system does the police have? Does it have a notice
 10 at the beginning: don't have a look at this unless you
 11 are connected to the investigation? Or what happens
 12 when you try and access footage within the police not
 13 related to an investigation you are involved in?
 14 A. So starting with physical barriers. So clearly, from
 15 the major crimes perspective, you have the HOLMES
 16 account which, as I described earlier, has limited
 17 access. The CCTV for this investigation in terms of the
 18 dash cam footage, if I can explain it that way, was so
 19 sensitive that it did not go on what I would call the
 20 NICE system, or the -- let's call it the force business
 21 as usual system, and it was retained within a small CCTV
 22 cell under lock and key. So there was an extra added
 23 operational security element to that.
 24 That was for the Major Crime Unit, quite clearly.
 25 In terms of if you think of -- you are talking about

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1 wider body-worn video or other footage, if it was
2 related to the enquiry team, and we have looked at some
3 of the CCTV that we looked at earlier, that would come
4 into the CCTV team. The CCTV office, locked (*unclear*),
5 logged and secured. CCTV that could have been obtained,
6 or body-worn video from perhaps wider audience, that
7 would be logged on to a NICE (*unclear*) system.

8 My understanding in relation to access to that is
9 it's not really practical for the functionality of the
10 constabulary to limit access to some of that, but there
11 are clearly protocols in place that if people look at
12 things or search databases without a policing purpose,
13 then clearly the disciplinary processes kick in as
14 enforced by the professional standards directorate, in
15 broad brush strokes.

16 **Q.** Can we go to decision 62, please. You set out there:
17 "Monteiro remains a witness but request to be made
18 for a voluntary search of his property."

19 You detail this in your statement. If we can go to
20 your witness statement please and it begins on page 33.
21 You set out all communications between them, and if we
22 go to page 36 we see, which fits in with the timeline,
23 VC saying:

24 "... do you know someone who can accommodate me for
25 a few days??"

81

1 We see:

2 "Defence have sought a psychiatric assessment which
3 has now been received by the CPS. In short it stat[e]s
4 that VC is.

5 "1. Fit to plead

6 "2. The Defence of insanity is not available.

7 "3. Partial defence of diminished responsibility
8 (re:the murders) is available."

9 This is 28 August, we've moved on. Sorry,
10 13 October --

11 **A.** 13 October, yes.

12 **Q.** 13 October. This is the first time you commit this to
13 paper. Was that when you understood it to be the case
14 that diminished responsibility was being firmly raised?

15 **A.** Yes, so there was an email received from CPS in relation
16 to Leo McSweeney's report on the 2nd October.

17 **Q.** If we go please to 78, decision 78. You say:

18 "To ensure families are fully appraised as to the
19 position held by experts and the implications that this
20 may have on judicial outcomes."

21 What were you expecting here?

22 **A.** So, obviously the burden of proof had passed to the
23 defence teams. And obviously Mr Leo McSweeney had
24 provided his report. The expectation was that that was
25 not acceptable to the Crown and we would be challenging

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1 This fits with when he has been evicted, doesn't it?

2 **A.** Yes.

3 **Q.** Then you transpose (*sic*) calls at pages 37 and 38.

4 **A.** Yes.

5 **Q.** It all fitted where the keys were and where you were
6 told that keys were, that VC had the keys to Monteiro's;
7 is that right?

8 **A.** Yes, so the exhibits NGB/5 and 6 taken from VC in
9 custody were provided to SO15 and they fitted the
10 address for (*redacted*).

11 **Q.** Yes, and we see here that:

12 "I trusted you at my home ... you took my key and
13 left with it. You got into trouble with my neighbour
14 and now I'm here ..."

15 Did you find out why or how VC got into trouble with
16 the neighbour? He told -- just so you are aware --
17 Professor Blackwood and Dr Mervis(?) that he was
18 threatened by a neighbour in that building with a zombie
19 sword or something shortly before the attacks. Was that
20 ever examined by you?

21 **A.** No.

22 **Q.** It wasn't anything you were made aware of -- the police
23 were made aware of, dealing with VC at any point?

24 **A.** Not to my knowledge, no.

25 **Q.** That can come down, thank you. 73 please. Decision 73.

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1 that by means of prosecution report.

2 **Q.** As far as you were aware, were the families in any sense
3 likely to anticipate that was the case or was going to
4 happen before then?

5 **A.** Before that meeting?

6 **Q.** Yes.

7 **A.** They were aware that there was a history of mental
8 health. The extent of that awareness was probably
9 limited.

10 **Q.** At 79 you say:

11 "Will ensure that the FLO's are sighted ahead of
12 TEAMS/direct family meetings as to the position held by
13 experts and the implications that this may have on
14 judicial outcomes ..."

15 Do you think it was fair to require the FLOs to be
16 dealing with this issue with the families?

17 **A.** Yes, inasmuch that the FLOs are the communication
18 between the inquiry team and the families. I do accept
19 to a point that these are complicated issues that do
20 require clear and precise input and I suppose the
21 question associated with it is: who is best placed to
22 provide that update and is that the police service, the
23 CPS, or indeed could it be the psychiatrists themselves?
24 But in terms of family updates, the communication does
25 come via the FLO.

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1 Q. In a case such as this, do you think written
2 communication with legal input, probably from the CPS,
3 would have been better?

4 A. I think in hindsight, yes, most definitely. I can't
5 comment on the CPS's position. But from my perspective,
6 as the SIO, most certainly I do believe that I should
7 have provided written updates to the families, most
8 definitely. So, from my perspective, I can talk for
9 myself, yes. From the CPS, that's a question really
10 that they need to ask for themselves for their
11 organisation.

12 Q. If we look at 81. Decision 81:
13 "Policy decision ... Mature Assessment (following
14 family meeting with prosecutors 24/11/23)."
15 I'm going to go to the details of that in a moment.
16 As the SIO, you have described very clearly earlier
17 on your view that this was murder, calculated killings.
18 When you got to this point, and the issue of diminished
19 responsibility was raised, what was your view about that
20 yourself? Did you feel you shouldn't have a view or had
21 your view changed? Where were you at?

22 A. I was certainly entitled to a view most definitely.
23 I can concede that the position and the difficulties
24 that the families were trying to grapple in terms of how
25 could this not be murder, in terms of the behaviour that

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1 A. Yes.

2 Q. If we go over the page, to page 2, it is Karim Khalil KC
3 who begins, stating that he and his junior deal with
4 a lot of mental health cases:
5 "We have a lot of background knowledge. I was given
6 an outline of what you want to discuss. I will answer
7 as best I can." (*As read*)
8 Then we see his setting out the position.
9 If we can go to page 3, paragraph 2, he says:
10 "If one steps back and looks at the carnage he
11 inflicted, it is not of any surprise for him to have
12 acted as he did. He used a dagger on people unknown,
13 with no motive. Then took a vehicle and drove into
14 further victims, again nobody knew and no motive. He
15 then parked up and allowed his arrest seems
16 extraordinary behaviour." (*As read*)
17 Just that description: "He then parked up and
18 allowed his arrest seems extraordinary behaviour". Did
19 you know the circumstances of his actual arrest?

20 A. Yes, inasmuch as the CCTV that showed his arrest.

21 Q. What about the moment before he is pulled across and
22 then what happens when he's actually taken out of the
23 van?

24 A. When he is tasered out of the van?

25 Q. Mm.

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1 had been exhibited were not dissimilar to the views that
2 I possessed previously and continued to possess.

3 Q. When you say continued?

4 A. Inasmuch that from an operational policing perspective,
5 did I still believe that the individual, VC, had
6 provided elements of control, of planning, to what some
7 members of the inquiry team would say were clearly
8 calculated killings. Where, again, seem to be
9 exhibiting choices, did not seem to be under duress, the
10 CCTV showed him making decisions.
11 I shared those concerns and continued to share those
12 concerns, but, I am not a psychiatrist and I have to
13 operate within the framework that exists. The framework
14 that clearly existed here was that there were two
15 psychiatrists with very little difference between their
16 conclusions, both stating that there was fitness to
17 plead, insanity was not an option, but the partial
18 defence of manslaughter on the basis of diminished
19 responsibility existed, and that was their conclusion.

20 Q. Can we go to -- there are various minutes of this --
21 I am going to go to the CPS minutes, if we can.
22 CPSE0010008, begins page 1, it is a meeting
23 24 November 2023. It takes an hour and three-quarters.
24 All the people listed there, including yourself,
25 Mr Sanders.

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1 A. Obviously I have seen that footage. I can't tell you
2 exactly what time and date in relation to it, but I have
3 seen that footage, yes.

4 Q. Well, the Inquiry has heard evidence now about that
5 arrest and the circumstances leading up to it. So tell
6 me if you didn't know any of these things and if you
7 did, if you thought they were relevant when this was
8 stated.
9 First of all, we know that an officer was following
10 him when he was in the van with a blue light on?

11 A. Correct, yes.

12 Q. The working assumption is that he saw that and refused
13 to pull over, didn't pull over, in fact went and
14 committed further attacks?

15 A. Correct.

16 Q. When he goes into Bentinck Road, there is a vehicle
17 behind him, a police vehicle behind him?

18 A. Yes.

19 Q. There is one further down the road but across the road?

20 A. Yes, driving towards. Yes.

21 Q. So, when he's pulled over, as it were, there is
22 certainly a vehicle behind him, not entirely clear yet,
23 but will be, I hope, when the vehicle crosses in front.
24 So he pulls over, the officer who gave evidence
25 surrounding the arrest itself says that when he walked

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1 behind the van, VC tried to reverse it. And he also had
 2 a knife in his hand which they anticipated obviously was
 3 intended to be used on them as people arresting him and
 4 apprehending him.

5 **A.** Yes.

6 **Q.** Assuming those facts to be right, that there are
 7 vehicles either side of him, that he has a knife in his
 8 hand and that he tried to reverse a vehicle seeing
 9 an officer in that space; would you describe that as
 10 parking up and allowing his arrest?

11 **A.** No.

12 **Q.** When that was said, did you think, that doesn't fit he
 13 might not know all the details and timings, but it
 14 didn't fit the picture?

15 **A.** I cannot remember now and I cannot remember the context
 16 of that being said.

17 **Q.** If we go over the page, page 4, top paragraph. The
 18 summary is this:

19 "In the course of the night, he phoned his brother
 20 and sounded disturbed. His brother was anxious for his
 21 own wellbeing, said there was no indication that he
 22 would harm others." *(As read)*

23 Again, we are due to hear evidence from his brother.
 24 But it is not the case, is it, that he was asserting to
 25 you at any point what risk his brother may or may not

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1 **A.** Exactly.

2 **Q.** If we go, please, to page 9, right-hand side:

3 "We will be pointing out that he retained a level of
 4 understanding of what he was doing was wrong. He was
 5 driven by the level of psychosis, we will seek to argue
 6 there are some cases this is for one or two deaths this
 7 is much more serious. Features of the offending that
 8 night we will point to suggest the deliberateness of
 9 what was going on. He waited and hid. Followed and
 10 chased. He stole a van. He avoided road markings and
 11 targeted pedestrians. He slowed down for speed bumps.
 12 He knew what was going on around him." *(As read)*

13 We could add to that, couldn't we, that he changed
 14 his clothes and footwear. Changed his shoes, didn't he
 15 for --

16 **A.** Correct, and had weapons.

17 **Q.** Just while I remember that, the Slazenger bag you had
 18 tracked that through CCTV, hadn't you? He had come back
 19 from London with a Slazenger bag?

20 **A.** Correct.

21 **Q.** Sometimes when he was taking money out of a cash point
 22 he left it and didn't always attend that bag. Although
 23 you were never able to retrieve that bag, you learned
 24 that he had taken it to London and come back with him
 25 and likely thought he had clothes in it. Is that

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1 pose to others. He was saying he thought he was going
 2 to harm himself, but he never postulated he didn't pose
 3 any risk or harm to others, did he?

4 **A.** His brother?

5 **Q.** Yes. Because he is being cited here:

6 "His brother was anxious for his own wellbeing.
 7 Said there was no indication that he would harm others."
 8 *(As read)*

9 Generally.

10 **A.** Yes, that's what his brother disclosed to the inquiry
 11 team.

12 **Q.** On the day of the call being made, but not generally
 13 saying he would not pose a risk to others. You see how
 14 it is being cited there?

15 "Phone his brother ... anxious ... said there was no
 16 indication he'd harm others. Both psychiatrists said
 17 there was no prior indication he could be a danger to
 18 the public." *(As read)*

19 What's being dealt with there is the risk he poses
 20 to the public, and the suggestion is there isn't
 21 anything to contradict that. Is that how you read that
 22 or listened to that?

23 **A.** Well, he was certainly a danger to the police officers.

24 **Q.** Quite. And even on the arrest he was a danger to the
 25 police officers, wasn't he?

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1 an accurate summary?

2 **A.** Correct.

3 **Q.** So changing his clothes, changing his shoes, did you
 4 look at the shoes he had on before and afterwards he
 5 changed?

6 **A.** Yes. So I believe they were trainers before and shoes
 7 after or boots.

8 **Q.** If we go over the page to 10. Mr Webber is straight on
 9 that point, isn't he:

10 "The van was stopped and he was tasered, but they
 11 didn't have to chase him down and drive him into
 12 a wall." *(As read)*

13 He says:

14 "I thought the police had to stop the van."

15 **A.** Yes.

16 **Q.** Then you say:

17 "In terms of providing you with the full details,
 18 I am happy to come and do that. He was followed by the
 19 police. He came to a stop ... he was reaching for
 20 a weapon which is why he was tasered. We are seeing you
 21 next week. We will go through it with you if you want
 22 to."

23 **A.** Yes.

24 **Q.** But in terms of his intervention in the meeting, he was
 25 right that that was, I'm not saying it deliberately

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1 misstated, not fully understood at that point, was it?
 2 Or didn't appear to be?
 3 **A.** No, I think when you look at the FLO logs,
 4 understandably in terms of providing details, the
 5 families, we were guided by them as to when they wanted
 6 that detail. So, by that stage, David Webber is right
 7 to say that because we had only provided the most basic
 8 of details to him.
 9 **Q.** Well, now we have fuller details, he is even more right,
 10 isn't he?
 11 **A.** He is right to make the assertion, definitely.
 12 **Q.** Can we have a look to HMCP0000340, page 1, and it is
 13 your notes to Samantha Shallow regarding issues raised
 14 by the O'Malley-Kumar family surrounding in the main the
 15 psychiatrist assessment surrounding VC?
 16 **A.** Yes, so these are --
 17 **Q.** Sorry, you tell us.
 18 **A.** So yes. Following that meeting, Mr Kumar had contact
 19 with the family liaison officer.
 20 **Q.** Dr Kumar?
 21 **A.** Yes. And as a result of that, he had asked for some
 22 contact with myself. I rang Dr Kumar and that there is,
 23 I would suggest, a summary of the concerns that he
 24 outlined, yes.
 25 **Q.** Particularly more consideration needs to be placed upon

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1 difference between them, and there were not.
 2 **Q.** You, looking at this, couldn't give the families the
 3 copies of the psychiatric reports; is that right?
 4 **A.** Yes.
 5 **Q.** So they were relying on the meeting and couldn't look at
 6 that for themselves and you say:
 7 "I wonder if we could go to Dr Blackwood and seek
 8 reassurance, ask or see if he could add emphasis to his
 9 analysis as regards the initial presentation of VC."
 10 *(As read)*
 11 **A.** So the request from the families was could --
 12 particularly from Dr Kumar and his wife --
 13 **Q.** Dr Sinead O'Malley-Kumar.
 14 **A.** Dr Sinead O'Malley-Kumar, correct, was for copies of the
 15 reports, particularly bearing in mind their background,
 16 and so I have asked, you know, that was the request,
 17 could they not have copies of those reports?
 18 **Q.** If we go to HMCP0000346, page 1, you agree a form of
 19 words I think ahead of a further meeting:
 20 "... [listening] to the concerns of family members
 21 ... like to pause in order to take them, and the other
 22 families, through the report of the prosecution expert
 23 ..."
 24 You see there is a need to re-visit that, yes?
 25 **A.** Yes, correct.

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1 VC and the date of the murders themselves?
 2 **A.** Yes.
 3 **Q.** "How he presented that day"?
 4 **A.** Correct. That was a key consideration for Dr Kumar
 5 about how he presented on the day when the index
 6 offences took place.
 7 **Q.** Dr Kumar and Dr Sinead O'Malley-Kumar are not averse to
 8 stopping the process to ensure justice happens?
 9 **A.** Yes.
 10 **Q.** You say:
 11 "I have informed there has been professional
 12 curiosity exhibited and those questions have already
 13 been asked." *(As read)*
 14 What do you mean "professional curiosity exhibited"?
 15 **A.** So that's professional curiosity from a policing
 16 perspective, inasmuch that the concerns that the
 17 families raised are not dissimilar to the concerns that
 18 myself and other investigators would also naturally ask.
 19 So, we, too, had undertaken clearly lines of inquiry, as
 20 you would expect, in relation to speaking to witnesses,
 21 telephony, looking at the CCTV, elements of planning and
 22 obviously that information had been passed and then that
 23 had formed, no doubt, part of the assessment by the
 24 psychiatrists and then obviously we had read the
 25 psychiatry reports to determine if there was any

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1 **Q.** "At the same time CPS are exploring which psychiatrist
 2 will be instructed ..."
 3 **A.** Correct.
 4 **Q.** "The prosecution team wants to reassure all families
 5 that Dr Blackwood is independent and is a leading expert
 6 in his field ... has been known to challenge defence
 7 reports ..."
 8 There's another meeting, isn't there, on
 9 7th December. Shall we go to that. NGPF0008905.
 10 **A.** At Avon and Somerset, yes.
 11 **Q.** That is right. The police minutes of that. We see
 12 there Dr Kumar states:
 13 "They have come to the point that they have had to
 14 understand the timeline to understand some of their
 15 questions." *(As read)*
 16 There is a timeline that's been prepared, isn't
 17 there, that you go through verbally? Shall we put that
 18 on screen. NGPF0009927, page 1.
 19 **A.** Yes.
 20 **Q.** So, that's set out. On 24 May, there isn't:
 21 "... causing ... see the occupant causing the
 22 occupant of the flat to jump out the first floor
 23 window." *(As read)*
 24 There is no mention -- I think it is further down
 25 actually. If we can go further down, please. There we

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1 are at the top now:

2 "Causing occupant to flee and jump out the first
3 floor window. No mention of sustaining back injuries
4 requiring an operation." *(As read)*

5 Is there any reason that shouldn't be in the
6 timeline?

7 **A.** No, I think that was a précis of the medical police
8 intervention that we'd uncovered as part of our
9 analysis. Behind each of them clearly there would have
10 been further details but, no, there's no reason why
11 that's not in there.

12 **Q.** Going back then, please, to the meeting itself
13 NGPF0008905, page 2, this time. You explain at the
14 third paragraph down:

15 "... explained his hypothesis." *(As read)*

16 You tell us what you say in that paragraph. See
17 there:

18 "SIO explained his hypothesis." *(As read)*

19 **A.** Yes. So, as we have already discussed in the policy
20 logs, obviously in terms of motivation for the attacks,
21 clearly unknown. So we retained an open mind and
22 obviously CT was one of the initial hypothesis that was
23 being examined. We found no evidence of an ideological
24 footprint to suggest that terrorism was the cause of the
25 assaults. So, therefore, we had to try and work out

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1 "... an associate ... left him with a key ...

2 Defendant believed to be sofa surfing." *(As read)*

3 Actually he was only evicted on the Friday, wasn't
4 he, and you know because you looked at all of his
5 addresses, searched and went to all his addresses. He
6 did have places of residence, in fact more than one on a
7 number of occasions were cited?

8 **A.** Yes, so he had an address at [X].

9 **Q.** Don't be giving us a precise details of the address?

10 **A.** Apologies. He had an address. He had been evicted at
11 that address. The individuals at that address had seen
12 him looking for alternative accommodation. In the
13 enquiry we had identified, over the first four days, ten
14 other separate addresses for him. My belief was he was
15 sofa surfing. That's what I have used.

16 **Q.** Sofa surfing suggests you don't have any place that you
17 are associated with or living in, and he does have
18 residences. We know when he was living with other
19 students, we know when he is staying in some places. It
20 is not like he never has anywhere to be; it is that he
21 has multiple addresses and sometimes he gives false
22 addresses as well.

23 **A.** I think that's fair. Perhaps the way that I've phrased
24 it -- so I have referred to him with my staff as a sofa
25 surfer --

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1 what the hypothesis could be.

2 There did not appear to be a rational motive as to
3 why the individuals were attacked and I put there --
4 I describe that as being a "sliding doors moment" with
5 the two children being in the "wrong place/wrong time".
6 Children being Barney and Grace. And then I put there:
7 "It was important to me" as the SIO "to be sure" that
8 I was not being "hood winked".

9 **Q.** What did you mean by that?

10 **A.** That due diligence had been undertaken and whether or
11 not I was satisfied that there was nothing else that
12 I could do in relation to the psychiatric reports.

13 **Q.** Did that mean hoodwinked by VC effectively, that he --

14 **A.** Yes. So there's two aspects. One is: was there
15 anything that I could do as an investigator that could
16 provide information that could assist anybody else in
17 terms of their assessment?

18 And the second one was: is there anything in terms
19 of a difference between the reports, albeit from a lay
20 perspective, that I suppose would allow any difference
21 to be looked at? I hope I have been clear there.

22 **Q.** Can we go to page 5, please, and the top of that
23 paragraph, you say:

24 "He went to visit ..."

25 This is VC:

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1 **Q.** Which sounds to me someone who is homeless or doesn't
2 have any accommodation at all.

3 **A.** Yeah, I think that's fair. Probably I have used the
4 term with my staff, sofa surfing and nomad. I suppose,
5 yes, he was not a resident at the time of the attacks.
6 He had been evicted.

7 **Q.** Very recently.

8 **A.** Yes.

9 **Q.** Isolated, doesn't have many friends. That's what you
10 were being told by family and indeed --

11 **A.** Yes, you know --

12 **Q.** When you looked at the students he had lived with
13 before, really didn't have any friends and hostile to
14 them.

15 **A.** No friends at all. I would agree with that, yes.

16 **Q.** And you say here "defendant has no criminal history".
17 I don't know who said that at that point. He had no
18 criminal convictions but he certainly had history,
19 didn't he, with the police?

20 **A.** He certainly had history as we've seen in that timeline,
21 yes, related to, obviously, his mental health.

22 **Q.** I don't need to turn to the particular page but
23 Dr Kumar, when you provided the precise details of the
24 attacks, the number of injuries said:

25 "It was clear the defendant's intention was to kill

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1 with the description of targeted stabs, then the
 2 defendant must have had the cognitive ability at the
 3 time to know what he was doing." (As read)
 4 That was his concern given the brutality of the
 5 attacks and the multiple attacks, and the walking off
 6 afterwards, yes?
 7 **A.** Yes, and I think the officer who put together the CCTV
 8 compilation would probably agree with that.
 9 **Q.** Can we go please to page 12. And we see there Dr Kumar
 10 further down into that paragraph, four paragraphs in:
 11 "Not enough focus has been given to that day and his
 12 behaviour, pre-planned, pre-meditated, malicious, lucky
 13 he didn't kill others on his way up from London, sliding
 14 door moment, could have been anyone's kids and family."
 15 (As read)
 16 These were very clear from a group of parents, they
 17 were all in agreement, weren't they? Were the Webbers
 18 there throughout the time you presented the timeline?
 19 **A.** No. They left -- I can't remember the exact time -- but
 20 about 5.00, 5.30.
 21 **Q.** It was clear from email communication, wasn't it. If we
 22 go to HMCP0000385, an email --
 23 **A.** Yes.
 24 **Q.** -- from Dr Kumar. Page 2:
 25 "... really appreciated the effort made by the whole
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1 **A.** Yes.
 2 **Q.** We then please, if we can go to CPSE0009084, page 1 to
 3 3. There is a further response to questions from
 4 Dr Blackwood from the CPS. Did you feed through
 5 concerns to the CPS that then ended up with
 6 Dr Blackwood? I don't need to take you to the details
 7 of this, I just want to identify the document. If we
 8 can go to page 1. Response from Dr Blackwood. Can you
 9 tell us how this came about?
 10 **A.** So I can't tell you how it came about. I suggest these
 11 were -- these are some of the issues that had been
 12 raised by the family members that probably resulted in
 13 an action from the CPS to take away to answer questions
 14 for the families. It looks to me as if it is a CPS
 15 document.
 16 **Q.** Can we have NGPF0000474 page 1. This is a report from
 17 Detective Constable Neil Beddoe, dated 30 November 2023.
 18 **A.** Yes.
 19 **Q.** Can you tell us the circumstances in which he produced
 20 this report, please?
 21 **A.** I can't give you the circumstances. I believe that what
 22 Neil has done is, as the file officer, he obviously
 23 reads and re-reads all the information that comes into
 24 the enquiry, and he's obviously provided some narrative
 25 around his views regarding the mental capacity of VC.
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1 team to be present."
 2 So in the face of what was really difficult,
 3 courteous, pleasant, polite and then straight to the
 4 point with legitimate concerns; would you agree?
 5 **A.** Yes.
 6 **Q.** If we go over the page. Page 1. The same from Emma
 7 Webber:
 8 "Thank you Sanjoy for providing all of this. Dave
 9 and I totally share the exact same concerns.
 10 "... the lapse of time between the evaluations."
 11 **A.** Yes.
 12 **Q.** And if we can go to a family meeting please,
 13 NGPF0004150, page 1. This is a meeting with the
 14 families and with their FLOs; is that right?
 15 **A.** Yes, that's correct.
 16 **Q.** DC Fiona McVey opens the meeting, reading the report.
 17 Mr Blackwood and Dr Latham. There are various questions
 18 being asked.
 19 Over the page to page 2.
 20 Dr Kumar: "Urine done".
 21 Appears to be under the impression that urine may
 22 have been done, we don't know, but that's referred to.
 23 And hair samples needs taking through screening. "What
 24 was toxicology through hair". Dr Kumar requesting that
 25 hair samples should be done.
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1 **Q.** Essentially this report recognises or suggests that
 2 intent and culpability can't be determined by
 3 psychiatric evidence alone, doesn't it? That what he
 4 appears to be saying as he goes through it. Would you
 5 like me to take you through some of it?
 6 **A.** No -- no, not at all. I suppose the difficulty that we
 7 have is that these are opinions of operational police
 8 officers and they are views and opinions, but ultimately
 9 we do not have any medical training or expertise. They
 10 are observations.
 11 **Q.** And he sets out I'm going to take you to some examples
 12 page 6. We know from page 6, the last paragraph that VC
 13 calls Ali Parvez from Sky Recruitment saying:
 14 "I just want to make sure you have cleared all
 15 records of mine".
 16 He points out throughout this document various
 17 moments when decisions are made and effectively covering
 18 tracks.
 19 **A.** Yes, they are his views. Yes.
 20 **Q.** And at page 11, he says at the end:
 21 "An aim he appears to have been building towards and
 22 preparing since he bought the knife and knife sharpeners
 23 back in 2022, [VC] ... has shown himself capable of
 24 lying to healthcare professionals, identifying what they
 25 want to hear to achieve his own ends. As
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1 Professor Blackwood states: I consider that despite the
 2 psychosis he would have known the nature and quality of
 3 the Acts and that what he was doing was wrong ...
 4 I would therefore not consider that he was insane at the
 5 material time. He was capable of forming the intent to
 6 significantly harm others, whether with the knife or
 7 with the vehicle." *(As read)*

8 **A.** Yes.

9 **Q.** This was sent to the CPS wasn't it, this document
 10 because we see if we can go to CPSE000196, page 1. Do
 11 you know who sent it to them?

12 **A.** I can only presume that the file officer would have sent
 13 it through.

14 **Q.** We see Michelle:
 15 "Sorry missed out to you below. I'm going to
 16 respond to this in clear terms today. Having re-read it
 17 it's a really poor piece of work." *(As read)*

18 That's what Alan Murphy says, doesn't he?

19 **A.** I can't see that on the screen.

20 **Q.** Sorry, page 1 it should be ... *(Pause)*
 21 Can we try this: is it 1996? Apologies.
 22 CPSE0001996, page 1. Have a look at the email at the
 23 top. Then we go down:
 24 "I don't recall any request to the OIC ..."
 25 That is the officer in charge, Beddoe.

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1 was within the strategy. We know in fact that urine was
 2 never requested. VC was never asked to give a urine
 3 sample.

4 **A.** Right. So, in relation to that, that evidence recovery
 5 plan is clear that it was to be asked for, but I do
 6 accept that it's not listed on the custody record, yes.

7 **Q.** Well, that means it wasn't asked for, do you think, if
 8 it is not there?

9 **A.** Well --

10 **Q.** I'm not saying you would have got a different answer
 11 from what he was saying about blood, but he should have
 12 been asked about it?

13 **A.** Yes.

14 **Q.** And he should have been given the inference that would
 15 be drawn if he said no, right?

16 **A.** Yes.

17 **Q.** That was never said to him either. What do you say to
 18 a suspect about sampling?

19 **A.** What you say is that a failure to provide it, it is
 20 about the adverse inference that could be drawn later on
 21 in proceedings if you fail to provide that sample.

22 **Q.** We will come to the interview shortly, but given that he
 23 knew exactly where his rights seemed to fall when he
 24 says "no comment", that might be appreciated what that
 25 warning means, mightn't it?

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1 **A.** Yes.

2 **Q.** "... to prepare a report on capacity. Given the report
 3 of Dr Latham where he specifically refers to the
 4 erroneous attempt to correlate capacity, his diminished
 5 responsibility, this report seems to be of no value."
 6 *(As read)*

7 So legally interpreted as no value. Did you get
 8 that feedback at the time about the officer in charge or
 9 not?

10 **A.** I can't remember but what I would say is -- is that
 11 ultimately they are decisions for the professionals.

12 **Q.** Who are the professionals in that context.

13 **A.** I would suggest in terms of mental capacity they are the
 14 psychiatrists.

15 **Q.** Can we go to NGPF0008791. So it is back to your
 16 decision log at 88. We see at 88, by 7 December, having
 17 seen what's been stated in it the reports, Dr Kumar
 18 wants clarification regarding toxicology, doesn't he?

19 **A.** Yes, he does.

20 **Q.** It may be easier to go to some of the original documents
 21 for this as well, if we can. So if we go to
 22 NGPF0008888, page 1. This was dealt with in evidence
 23 yesterday, Mr Sanders. The evidence recovery plan.

24 **A.** Yes.

25 **Q.** We will see what the forensic strategy was. That's what

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1 **A.** Yes.

2 **Q.** If we go, please, to HMCP0000461, page 4, it is one of
 3 these where they go backwards with emails. It is pages
 4 4 and 5. The email begins "Samples." Forensic
 5 strategies. You explain what the strategy was to the
 6 O'Malley-Kumars. Page 5, what was requested.
 7 What toxicology and samples were taken in custody,
 8 you say "non-intimate samples":
 9 "Can hair sampling be done now of the defendant now
 10 to determine any drug use?" *(As read)*

11 You say:
 12 "No, this will not be done. The defendant has no
 13 history of drug abuse." *(As read)*

14 **A.** Yes, that's what I said there. In hindsight,
 15 I apologised in my statement for that. In hindsight,
 16 perhaps I should have obtained a copy of head hair
 17 whilst he was in custody because, yes, because to do so
 18 at least would have alleviated some of the fears that
 19 the families, in fairness being raised by Dr Kumar, in
 20 relation to what could have happened in relation to the
 21 negation of possible defence of diminished
 22 responsibility, so ...

23 **Q.** Dr Kumar sends the email or communicates it, but we're
 24 aware that all were in agreement, weren't they? It
 25 wasn't one person raising this issue, there were four of

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1 them supporting it at that time --

2 **A.** Say that again, sorry.

3 **Q.** Both the Webbers and Dr O'Malley-Kumar and Dr Kumar.

4 **A.** Yes.

5 **Q.** It wasn't simply him, it was all four people, although

6 he was the mouthpiece in --

7 **A.** Yes.

8 **Q.** -- these emails, these particular ones.

9 **A.** Yes.

10 **Q.** So if we look please at HMCP0000461, page 3. You have

11 said in hindsight you could have done that differently

12 or should have done, but at the time --

13 **A.** Yes.

14 **Q.** -- you get an email saying "I'm reading it with some

15 shock and horror".

16 **A.** Yes.

17 **Q.** "Serious multiple homicide. A full cache of

18 non-intimate samples." That would clearly have been

19 preferable. He wasn't going to give you those. But

20 for -- sorry, the non-intimate, he could give you,

21 couldn't he, irrespective of consent?

22 **A.** Yes, we could have taken them by force and some we did

23 take that way, yes.

24 **Q.** There is no reason to believe that you wouldn't have

25 managed that in the custody suite given everything else

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1 blood and toxicology -- sorry, blood and urine -- was

2 purely for toxicology to try and negate that point.

3 Because the understanding that I and the crime scene

4 coordinator possess would be that blood and urine would

5 be the only means really to show what he had in his

6 system then and there at the time when the index

7 offences were taking place. And then we could use that

8 as a means, if diminished responsibility became

9 an issue, as a means to look at that potential outcome

10 in terms of examination of blood or urine for

11 toxicology.

12 The sample of head hair would not be able to provide

13 an analysis to show that drugs or alcohol would have

14 been in his system at a specific time or date and so,

15 therefore, it would not have been able to have been

16 shown that at the time when the index offences were

17 taking place, we would not be able to show that there

18 would have been drugs or alcohol in his system and

19 thereby not be able to negate the concept of diminished

20 responsibility.

21 **Q.** It would have assisted, if it was a lifestyle issue

22 though, wouldn't it, if there are findings through hair

23 samples of drug use, particularly where someone has

24 denied or said they haven't used them. It is relevant

25 to the holistic view --

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1 that was managed that you would have been able to get

2 the hair sample?

3 **A.** Correct. I think that's fair, yes.

4 **Q.** You then, I think, follow up the value that there is of

5 hair sampling; is that right? You make inquiries about

6 how useful that can be.

7 **A.** Yes.

8 **Q.** If we look at NGPF0008897, we see on page 2:

9 "It is recommended to wait between four-six weeks

10 after an incident to sample hair. This ensures that the

11 hair has had sufficient time to grow above the skin and

12 to allow for any hair remaining on the skin after

13 sampling."

14 What did you understand the value could be of hair

15 sampling at the time?

16 **A.** So, in terms of the hair sampling, and the advice that

17 had been received, my understanding was that in terms of

18 negating, which I think was the main concern of the

19 family, the concept of diminished responsibility by

20 self-intoxication, if we'd had a sample of head hair

21 that could show that there was blood or drugs in the

22 system, that could perhaps, by inference, have been done

23 through voluntary means, then it could have provided

24 a rebuttal to the concept of diminished responsibility.

25 The reason why the evidence recovery plan asked for

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1 **A.** I think that is a very fair point. At the time that we

2 were investigating and on the work that we had done

3 around the inquiry, there is a complete absence of any

4 reference to drugs or drug use or abuse.

5 But I do concede in hindsight, if a sample of head

6 hair had been taken, then, if nothing else, we would

7 have examined it to show, in my opinion the absence or

8 otherwise -- but for me the absence of drugs which would

9 have gone some way towards alleviating clearly some of

10 the concerns that the families have expressed really

11 eloquently in those emails.

12 **Q.** The officer in charge had recognised very clearly how VC

13 had deceived the health professionals, not telling them

14 the truth about what he was taking, when and what was

15 going on?

16 **A.** I think yes. I think there's quite a bit of evidence

17 throughout in terms of the medical evidence that clearly

18 the Inquiry will hear, that he has made attempts to

19 deceive. So I agree with that point, yes.

20 **Q.** That would be another reason for fact checking what

21 somebody tells you about something that's relevant

22 potentially to their defence?

23 **A.** So, yes. So, I apologise that we didn't do it. Again,

24 that's been in my statement and I will extend the

25 apology particularly to David Webber and to Sanjoy

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1 Kumar. They are the individuals who, within the email,
 2 have raised, I would suggest very eloquently, their
 3 concerns, that they believe that we had just taken the
 4 opinion of a single person, ie VC, and that what was
 5 being read in the paper or in the press coverage was
 6 that he was an habitual user.

7 I suppose my frustrations in relation to that,
 8 which, in terms of my communication, could have been
 9 a lot better as to why I wasn't considering it, were
 10 probably down to probably some frustration by myself
 11 inasmuch that we didn't just take the opinion of
 12 a single person, we did huge amounts of work on the
 13 inquiry in order to try and get justice for the
 14 families. And I believed that we needed to tell the
 15 families the amount of work that we had done because
 16 that was always our aim as an inquiry team to get
 17 justice for the families.

18 And, equally, in terms of references to the media,
 19 I suppose that's also a bit of a frustration inasmuch
 20 that it seems as if, perhaps, the lack of information
 21 perhaps provided by the inquiry team, for whatever
 22 reason, whether that's the families didn't want it at
 23 a particular time or when they were getting it was
 24 perhaps a bit of overload with the pressures that were
 25 coming on top, particularly with the psychiatric

1 responsibility through self-intoxication very much
 2 depends on what's in your system then and there and if
 3 it is then and there when the offence takes place, then
 4 there are clear limitations with regards the
 5 complexities around the analysis of head hair. Albeit,
 6 I do accept, that it would have alleviated the concerns
 7 that were raised by the families most definitely.

8 **MS LANGDALE:** I think that may be a good time for the lunch
 9 break.

10 **THE CHAIR:** Yes, we will come back at 2 o'clock thank you.
 11 (1.07 pm)

(The short adjournment)

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1 evidence, perhaps meant that a void was being filled by
 2 the press which wasn't always accurate and perhaps that
 3 may have caused some frustration with me really and it
 4 was never my intention to hurt or upset anybody.

5 **Q.** Just to go back to the point of the toxicology so that
 6 you are clear, Mr Sanders, the Inquiry has asked all of
 7 the students, flatmates, people who live with VC and
 8 have not had any evidence from any of them about drug
 9 use or seeing him with drugs. The reality is though,
 10 isn't it, the toxicology is an important factor and that
 11 could have been an important factor, the hair testing?

12 **A.** Yes, absolutely and I suppose what, on reflection,
 13 I would probably like to understand, if I can put it
 14 this way, from the Inquiry's perspective, would be
 15 around the entire concept of diminished responsibility
 16 and intoxication, are we saying that that defence can
 17 only exist at the time when an index offence takes
 18 place, or are we saying that it can actually extend to
 19 a period of time that extends weeks, months, perhaps
 20 years leading up to the time when index offences are
 21 committed? Because that does have an impact on the,
 22 I would suggest, forensic strategies, that subsequently
 23 are deployed by the crime scene coordinators and
 24 detectives because at the moment the impression seems to
 25 be that to negate the defence of diminished

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