

Monday, 2nd March 2026

1
2 (10.00 am)
3 **MR BLAKE:** Good morning, Chair.
4 **THE CHAIR:** Good morning.
5 **MR BLAKE:** Can I please call PS Anthony Wilde.
6 **THE CHAIR:** Yes.
7 **PS ANTHONY WILDE (affirmed)**
8 **THE CHAIR:** Yes, thank you, please sit down.
9 **Questioned by MR BLAKE**
10 **MR BLAKE:** Inspector Wilde, you should have in front of you
11 a witness statement dated 4 October 2025, it has a URN
12 of WITN0008001. Can you confirm that that statement is
13 true to the best of your knowledge and belief?
14 **A.** That's correct, yes it is, yes.
15 **Q.** You have been a police officer since 2002; is that
16 correct?
17 **A.** That is correct.
18 **Q.** And you joined Nottinghamshire Police in 2008?
19 **A.** That is correct.
20 **Q.** You have been a custody sergeant, you have recently been
21 promoted temporarily as a custody inspector within the
22 custody suite; is that right?
23 **A.** That is correct, yes.
24 **Q.** As a custody sergeant, can you just assist us with what
25 training you receive in relation to mental health?

1

1 detention at 12.50 am; is that correct?
2 **A.** That is correct, yes.
3 **Q.** Thank you. I'm just going to take you through some of
4 the entries in this log. We are going to start at 1 am
5 and that's the entry below. There are a series of
6 questions there, for example:
7 "Do you have any illness or injury: Yes,
8 if so, what and when ..."
9 It says:
10 "Was at hospital yesterday for chest
11 pain."
12 "Have you seen a doctor ..."
13 It says:
14 "Was at QMC yesterday. Discharged with
15 no need for further ..."
16 That must be medical care.
17 Over the page, please:
18 "If you are suffering from any mental
19 health problems, depression or considered mentally
20 vulnerable we must put specific support in place.
21 Do you need this support?"
22 It says yes:
23 "If yes, give details ..."
24 It says:
25 "Hears voices, since the last five days

3

1 **A.** I can't recall any specific training in place during our
2 custody course.
3 **Q.** Nothing specific. You are here in respect of events
4 that occurred on 24 May 2020, that's VC's first arrest
5 on that day. You were working the night shift from 7 pm
6 to 7 am. So am I right to understand that you started
7 work on 23 May?
8 **A.** That is correct, yes.
9 **Q.** And you were doing the night shift over that evening.
10 Could we please bring up onto screen the custody record.
11 That is NGPF0000077. This is the principal document
12 that we will be looking at this morning. Can you assist
13 us, do investigating officers have access to the
14 custody record?
15 **A.** Yes, they do, yes.
16 **Q.** In your experience do they review the custody record as
17 part of their investigation?
18 **A.** I believe at times they do.
19 **Q.** Could we start on page 1. We can see if we zoom out
20 slightly we can see an arrest time there of 12.20 am.
21 If we go over the page, please, we can see that you have
22 authorised detention. If we scroll down slightly we can
23 see your name, if we scroll down slightly please.
24 In fact, if we just zoom out a little. There we
25 go. We can see your name there, having authorised

2

1 has not been sleeping."
2 Do you recall being told that?
3 **A.** I can't recall the specific interaction but that's what
4 I have recorded so I expect that is what I expect I was
5 told.
6 **Q.** Do you recall anything in relation to VC's presentation
7 at that time?
8 **A.** Not really, six years ago, it's -- my memory of the
9 event has faded.
10 **Q.** We see there the reference to the hospital, that was on
11 the previous page. On receiving information that
12 somebody who is presenting in custody has previously
13 very recently been in hospital, are there any steps that
14 are taken in respect of, for example, liaising with the
15 hospital?
16 **A.** From my perspective as the custody sergeant then, it is
17 most unlikely that the hospital would share that
18 information with me as an individual.
19 **Q.** Do you have any experience of cases where you have
20 liaised with a hospital in relation to somebody who
21 says, "I spent last night in the hospital"?
22 **A.** No.
23 **Q.** I won't bring it onto screen but we have disclosed to
24 Core Participants a document. The reference for the
25 record is EMAS0000002. That was an ambulance record

4

1 that he was in fact taken to hospital the day before and
 2 that those who attended the scene, the ambulance crew,
 3 thought he might be suffering from acute mental health
 4 issues or under the influence of drugs. Is that
 5 something that was ever brought to your attention?

6 **A.** No, it wasn't. No.

7 **Q.** If we scroll down please to 1.01, there is another entry
 8 here:

9 "Is the detainee apparently suffering
 10 from any physical or mental condition? Yes

11 Comments: query MH ..."

12 I assume that is mental health, is it?

13 **A.** That is correct.

14 **Q.** "DP to see HCP", can you explain that for us?

15 **A.** HCP is a healthcare professional and that would be the
 16 nurse or paramedic that's based placed in custody.

17 **Q.** Thank you. It was your view then that VC should see
 18 a healthcare professional?

19 **A.** That is correct, yes.

20 **Q.** If we look a couple of questions down. It says:

21 "Do any of the answers -- if you scroll

22 up, the same entry. Thank you.

23 It says there:

24 "Do any of the answers above justify the

25 creation of a Warning Signal? N[ot]/A[pplicable]

5

1 M[ental] H[earth]. Hears voices."

2 Can you assist us with what a care plan is,
 3 please?

4 **A.** That is what we put in place to assist how we look after
 5 somebody whilst they are in our custody.

6 **Q.** And the reference there to "no issues", is that based on
 7 a self-reporting from VC himself rather than carrying
 8 out any investigations yourselves?

9 **A.** In terms of the information that he passed to me having
 10 been to the hospital the previous day.

11 **Q.** In terms of risk to others, it says "Compliant although
 12 behaviour is a little peculiar. Be cautious".

13 What do you mean there by "be cautious"?

14 **A.** Obviously it is six years ago so my thought process
 15 behind that I can't quite remember. Obviously I have
 16 recorded that he's -- his behaviour is a little strange
 17 and that "be cautious" was to inform my colleagues
 18 basically to take care with any interaction with him.

19 **Q.** Is that a form of words that you typically use?

20 **A.** Not regularly.

21 **Q.** Does it indicate potential violence, for example, or is
 22 it used to indicate some other thing?

23 **A.** It could mean that. As far as I'm aware, at that point,
 24 he was an unknown entity to us, the police. His
 25 behaviour was strange and not to sort of take that for

7

1 If so what?"

2 Can you assist us with what a warning signal is?

3 **A.** A warning signal is something that would be on the PNC,
 4 so the Police National Computer. That would flag for
 5 the attention of officers with any interaction. For
 6 example, a drug user, a warning signal might be created
 7 for that to indicate that they are using drugs or, for
 8 example, they might conceal items on their person. It
 9 is to warn us of previous situations or experiences.

10 **Q.** Are you aware of any warning signals that relate to
 11 mental health?

12 **A.** As an ailment, that could be created, yes.

13 **Q.** And how about violence?

14 **A.** Again, that could be created.

15 **Q.** And who would be creating the warning signal?

16 **A.** That could be the custody officer, can create that, the
 17 officer in the case or any officer involved in the case.

18 **Q.** Thank you. I'm going to go down now to the next entry
 19 that is at 1.03. Again, this is an entry by yourself.

20 It says:

21 "Do you intend to set out a Care Plan?

22 Yes."

23 Then it has "Comments":

24 "First time in custody was at QMC with

25 chest pain yesterday but no issues. Query

6

1 granted really.

2 **Q.** Could we please scroll down to the next entry, that's at
 3 1.06. This isn't an entry by yourself. Do you know who
 4 this is an entry by?

5 **A.** That's by one of the detention officers, Sarah Gooch, at
 6 the time.

7 **Q.** It says there:

8 "Medical ...

9 "Healthcare Professional Request."

10 Is this some sort of pro forma you fill in
 11 requesting a healthcare professional?

12 **A.** It is, yes.

13 **Q.** It says:

14 "[Sergeant] ... querying mental health
 15 issues and fitness to detain and interview".

16 So is that a reference to yourself?

17 **A.** That is correct, yes.

18 **Q.** What is the normal timescale in your experience for
 19 a healthcare professional to attend to a detained
 20 person?

21 **A.** It tends to depend on how busy they are, how busy the
 22 custody suite is. It can be within a few minutes, it
 23 can be in excess of an hour.

24 **Q.** At this stage, is there an opportunity to select
 25 a particular healthcare professional or is it always

8

1 a nurse from Mitie?
 2 **A.** It is the nurse from Mitie, whoever it is that's on
 3 duty.
 4 **Q.** Could we please turn to NGPF -- we'll return to this
 5 document in a minute -- but can we just turn to
 6 NGPF0007401 please. Now, this may well be a more recent
 7 document than 2020. Is it a document that's familiar to
 8 you?
 9 **A.** Yes, it is. Yes.
 10 **Q.** Can you briefly tell us what this document is for.
 11 **A.** Well, it's a guidance for us to refer to in terms of the
 12 necessary or possible actions to take with somebody who
 13 has mental health issues, who may require an assessment
 14 and possible likely detention.
 15 **Q.** It may be that in due course others ask you about this
 16 particular document but I just want to focus on the
 17 first couple of entries here. You identify mental
 18 health concerns in custody and then there is a referral
 19 to and it says here "HCP/FME for assessment", so that's
 20 a forensic medical examiner. Can you just assist us
 21 with the difference between the two and why you would
 22 choose one over the other.
 23 **A.** Well, we don't have an FME in police custody. It's
 24 a HCP that's in custody.
 25 **Q.** Thank you. And they assess whether somebody is fit to

9

1 The bottom entry on page 17, please refers, to VC
 2 wanting his mother informed of his arrest. We are now
 3 at 1.08 am. It says:
 4 "Attempt made to contact her."
 5 It says:
 6 "Line went to voicemail."
 7 In a case where somebody is suffering from mental
 8 health issues, are you contacting their, in this case,
 9 parent, to assist with mental health issues or just to
 10 inform them about their arrest?
 11 **A.** So that phone call was made as part of VC's rights and
 12 entitlements.
 13 **Q.** And that entitlement is to inform somebody of your
 14 arrest?
 15 **A.** That's correct.
 16 **Q.** Is it typical in those circumstances where you are aware
 17 of somebody having mental health issues to also liaise
 18 with those individuals regarding their mental health?
 19 **A.** That happens, yes. That's correct.
 20 **Q.** So if you had been able to speak to VC's mother on this
 21 occasion, is it possible that you may also have wanted
 22 to establish more about his mental health issues?
 23 **A.** That's correct, yes.
 24 **Q.** Can you assist us: was this the only attempt to call
 25 VC's mother?

11

1 detain, fit to interview and if a Mental Health Act
 2 Assessment might be required; is that right?
 3 **A.** It is correct, yes.
 4 **Q.** Is it possible to bypass that second step and go
 5 straight to Liaison and Diversion or some other mental
 6 health specialist prior or instead of seeing the HCP
 7 nurse?
 8 **A.** It's possible.
 9 **Q.** Is it done in practice?
 10 **A.** The likelihood is that I would suggest that most people
 11 will be seen by the healthcare professional and Liaison
 12 and Diversion.
 13 **Q.** And if you are acutely concerned about somebody's mental
 14 health, for example, as a custody sergeant can you
 15 contact Liaison and Diversion straightaway rather than
 16 contacting the healthcare professional?
 17 **A.** Liaison and Diversion work in between the hours of 8 am
 18 and 8 pm. So -- and our contact or referrals are done
 19 via email or speaking to them over the phone.
 20 **Q.** So if it's at night, you would always go to the
 21 healthcare professional?
 22 **A.** That's correct, yes.
 23 **Q.** Thank you. Can we go back please to the custody record.
 24 That is NGPF0000077. We are going to start now on
 25 page 7.

10

1 **A.** I believe so.
 2 **Q.** Can we please turn back now to page 5. We are still
 3 going chronologically. It just happens that that record
 4 is later in the printed document.
 5 We will start at 1.34 (sic), please. We see there
 6 an entry:
 7 "[Healthcare professional requested].
 8 [Detained person] appears to be having some form
 9 of [mental health] episode. He is very distant
 10 when speaking with him.
 11 "He is alleged to have told officers he
 12 kicked the door in due to believing his mother was
 13 inside and was being raped."
 14 Can you assist us at all as to what officers that
 15 might have been?
 16 **A.** Obviously I can't remember. I'm inclined to believe
 17 that it was one of the officers that brought VC into
 18 custody that have passed that information to me.
 19 **Q.** Would you expect that information to be in the
 20 possession of the investigating officer?
 21 **A.** Yes, I would. Yes.
 22 **Q.** Can you assist us with what caused you to write "DP
 23 appears to be having some form of mental health episode"
 24 so far as you are able to, if you are able to at all.
 25 **A.** So, obviously, I can't recall those specifics but when

12

1 I gave this somebody at the desk when they're being
2 booked in, I try to engage in conversation to try and
3 make them feel comfortable, and part of that is me
4 building up an idea about how I can look after them and
5 if that person has any issues.

6 I can't recall the specifics. Obviously, I've
7 recorded that he appears to be unwell. Yes, I can't
8 give you any more.

9 **Q.** If we scroll down we see the care plan at 1.54 and we
10 see at the bottom of that particular entry, a reference
11 to "Level 3 - Constant Observation." Very briefly can
12 you assist us with what that means?

13 **A.** Yes. So Level 3 - Constant Observation is where
14 a detainee is watched on camera by -- normally it is
15 detention officers that would perform that role and that
16 person would then be visited every 30 minutes as
17 a face-to-face visit.

18 **Q.** And that's because you're concerned about their safety,
19 about things like suicide or safety in respect of harm
20 to others?

21 **A.** Possibly. Sometimes it can just be because of
22 somebody's behaviour and a lack of previous knowledge.

23 **Q.** Thank you. If we scroll down, please, we can see the
24 next entry at 1.55. It says:

25 "HCP recommends L3 camera obs. I have

13

1 **Q.** So, as at May 2020, if somebody had been arrested for,
2 for example, burglary, would they not have been tested
3 for drugs whilst in custody?

4 **A.** That is correct, yes.

5 **Q.** Was that in all cases or was there a special level of
6 authorisation?

7 **A.** That's all cases.

8 **Q.** Thank you. If we scroll down, we then go on to 2.12 am.
9 It says there:

10 "Contact with Crisis Team. No record of
11 any M[ental]H[health]."

12 Now, I think you are the first witness that will
13 address the crisis team, so can you just assist us with
14 what the crisis team are?

15 **A.** So they are obviously specialist healthcare that deal
16 with mental health.

17 **Q.** So far as you are aware would they have had access to
18 VC's medical records?

19 **A.** That is correct, yes.

20 **Q.** It says:

21 "DP to go to QMC to rule out any
22 potential medical issues".

23 At this stage, would you have had any conversation
24 with the mental healthcare professionals about VC's
25 mental health?

15

1 requested officers return to complete this duty.

2 There is also potential that DP may need to go to
3 hospital for blood work?"

4 Can you assist us with the reference there to
5 "blood work" and why it may have been a question mark?

6 **A.** Obviously the HCP is probably better placed to answer
7 that, but I take from that to identify if there is any
8 physical illness. Some health issues may cause somebody
9 to present confused, vacant. So I guess part of that is
10 just is to rule out that, you know, any physical health
11 issue.

12 **Q.** When somebody is acting in the way that VC was, do you
13 consider blood work for testing for drugs, for example?

14 **A.** That's not something that is down to me to decide.

15 **Q.** Who is it that decides whether a drug test is carried
16 out in custody at this kind of stage?

17 **A.** So, a drug's test is not something that we would do in
18 custody by means of taking blood. Prior to Covid, there
19 was of course drug testing in custody for certain
20 offences.

21 **Q.** We heard the other day that there may not have been
22 testing during Covid. As a custody sergeant during that
23 period, can you assist us with that?

24 **A.** At the start of Covid, the drug testing for trigger
25 offences, that stopped.

14

1 **A.** With mental health professionals?

2 **Q.** Yes. Is your contact essentially limited to what's
3 recorded here?

4 **A.** That is correct, yes.

5 **Q.** If we move on please to the next entry. There is
6 a "Medical", 2.23, carried out by a nurse. I'm just
7 going to read the entry there. It says:

8 "Details of care given; denies
9 drugs/alcohol, denies previous m[ental]h[health].

10 Vacant, forgetful -- requiring several prompts to
11 answer questions -- few word answers given -- lack

12 of concentration and attention, looking around
13 room but denies hallucinations.

14 "Medical advice: discussed with
15 crisis -- no previous m[ental]h[health] ..."

16 Can you assist us with this:

17 "ED to rule out organic causes."

18 What is your understanding of that?

19 **A.** ED, emergency department, and organic causes I expect is
20 pretty much summed up by what I mentioned a few minutes
21 ago.

22 **Q.** Then you have "L3 obs[ervations]", and a finding that he
23 is not fit to detain below that.

24 **A.** That is correct.

25 **Q.** Thank you. At 2.55, if we scroll down. We can see

16

1 there that VC has been transferred to hospital, and then
2 I would like to move on to the entry below. It is not
3 an entry by yourself. Is that by another officer?

4 **A.** Another custody sergeant, yes.

5 **Q.** Thank you. We see there, we can see there:

6 "Detainee has now returned from hospital
7 ..."

8 So by 4.04 he has returned. The PACE clock has
9 restarted.

10 Can you assist us with what a PER form is?

11 **A.** A PER is a Prisoner Escort Record, a document.

12 **Q.** "... is returned and reviewed by the Custody Officer.
13 Any medical information that has been provided by the
14 hospital on release will be shared with the [healthcare
15 professional] ... and the Custody Officer will consult
16 with the [healthcare professional] reference fitness to
17 detain/interview. Any medication provided by the
18 hospital will also be reviewed by Custody Officer/HCP."

19 Then it says:

20 "DP has not had blood taken but seen by
21 the senior consultant stated that his actions
22 maybe more mental health."

23 Would you expect in those circumstances for
24 a detainee to be returned to custody without somebody
25 looking at them further?

17

1 a couple of entries there. It is over the page please.

2 It says there:

3 "Nil [healthcare professional] ...
4 intervention required at this stage. Does not
5 currently appear to be a threat of harm to himself
6 or others ...

7 "... Refer to L&D"

8 So Liaison and Diversion:

9 "Contact [healthcare professional] ...
10 If further concerns".

11 So the healthcare professional has
12 determined that his fit to detain and the next
13 step is for Liaison and Diversion to follow up; is
14 that right?

15 **A.** That is correct, yes.

16 **Q.** It says there:

17 "Needs rest period/L&D assessment."

18 Can we please move on then to page 12. There is
19 an entry there from D Lloyd from the Liaison and
20 Diversion Service.

21 This is after your time I think, after your shift
22 has finished, but I will just ask you about this to
23 assist us. In fact, Dominic Lloyd is the Community
24 Psychiatric Nurse; is that correct?

25 **A.** He is a member of the Liaison and Diversion team, yes.

19

1 **A.** That -- because that -- an individual is under arrest,
2 that tends to be the case that they are brought back to
3 police custody.

4 **Q.** But we see there that there is a reference to the
5 consultant saying "his actions maybe more mental
6 health". Typically, would you expect somebody to be
7 kept at the hospital for further investigations or at
8 that stage is it quite usual for them to be returned
9 back to custody?

10 **A.** That's usual, yes.

11 **Q.** Thank you. If we go over the page, still moving on in
12 time. I'm going to move now to 4.24. That's an entry
13 on page 8.

14 We see an entry from yourself, it says:

15 "I have emailed the mental health
16 clinician email box with details of this subject."

17 Can you assist us with what the mental health
18 clinician email box is?

19 **A.** So that is a -- our means to complete a referral to the
20 Liaison and Diversion team.

21 **Q.** So the Liaison Diversion team will see the product of
22 your email?

23 **A.** That is correct.

24 **Q.** If we scroll down we can see that he is seen again by
25 Nurse Finney at 4.35. I'm just going to take you to

18

1 **Q.** And it says there:

2 "DP not previously known to mental
3 health services.

4 "Attended cell, explained role and remit
5 of service, DP agreed to [the] assessment.

6 Remained under blanket throughout, appears
7 reasonably well contempt ... Very delayed in his
8 responses, sometimes forgetting what had been
9 asked of him, appears distracted, eyes dancing
10 around -- appears to be responding to internal
11 stimuli, when eventually he did respond gave
12 rational response. Asked directly about voices,
13 more obvious responding and eventually said no but
14 I was under the impression he wanted to tell me
15 otherwise.

16 "Have contacted EDT to request a full
17 M[ental]H[ea]lth[A]ssessment and awaiting call
18 back."

19 If we go to page 38 we can see that by 2.06 in the
20 afternoon, the entry just at the bottom -- thank you
21 very much -- he appears to have gone for that Mental
22 Health Act assessment. It says there "to MHA"; is that
23 correct?

24 **A.** That is correct yes.

25 **Q.** Is that a normal amount of time to wait, until 2 o'clock

20

1 in the afternoon?

2 **A.** It is, yes.

3 **Q.** What would you expect to see in this log once a Mental
4 Health Act Assessment has taken place?

5 **A.** Well, I would expect to see who was here in terms of the
6 doctors, the social worker. I would expect to see where
7 that assessment has taken place, be it in the detainee's
8 cell or elsewhere, and I would expect there to be a note
9 of the result of that assessment and a plan going
10 forward.

11 **Q.** Is that the case even if somebody isn't ultimately
12 needing to be sectioned, one way or another essentially?

13 **A.** Absolutely yes.

14 **Q.** We know that VC saw Dr Ghandi, Dr Malik(?), Ben Williams
15 and Annette Palmer who didn't section him on that
16 occasion but they did form the impression that it was
17 a first episode of psychosis. Would you expect that
18 kind of detail to be set out here in the detention log?

19 **A.** Yes, I would, yes.

20 **Q.** Who would you have expected to have entered that into
21 the log?

22 **A.** I would expect the custody sergeant on duty at that time
23 looking after him or whichever custody sergeant was
24 given that information.

25 **Q.** Having reviewed this log in preparation for your
21

1 what decision-making is in place.

2 **Q.** Thank you. I just want to take you to some College of
3 Policing guidance. It is WITN0008002. This is the
4 College of Policing detention and custody APP. Can we
5 please look at page 84.

6 This similarly refers to recording. It says that
7 there "Responsibility for medication in custody". It
8 says:

9 "The custody officer is responsible
10 for ..."

11 Then the final one is:
12 "recording information in the
13 custody record (including a record of all
14 consultations with HCP)".

15 Now, HCP, we have seen that's usually a reference
16 to the nurse, but does this in your view incorporate all
17 medical consultations whilst in custody?

18 **A.** Yes, I would agree with that. Yes.

19 **Q.** Good. We see if we look down please a section on
20 "Medical documentation". It says:
21 "Medical notes are not part of the
22 custody record."

23 Can you assist us with where medical notes would
24 be recorded and what you understand the distinction to
25 be between recording information from, for example,
23

1 evidence today, do you see that information anywhere?

2 **A.** No, I do not.

3 **Q.** Could we just please bring up onto screen -- this isn't
4 going to be a test and it is not a document that was in
5 your bundle, but I think you will be familiar with it,
6 it is RLIT0000005. It is just PACE, Code C, and if we
7 could please turn to page 40, section 9.15, it refers
8 there to what needs to be in a custody record, and it
9 says:

10 "A record must be made in the
11 custody record of ..."

12 Then it gives (a), (b) and (c) and it is over the
13 page (d) and (e), and probably (e), that I would like to
14 take you to.

15 It says:
16 "Any clinical directions and advice,
17 including any further clarifications, given to
18 police by a healthcare professional concerning the
19 care and treatment of the detainee in connection
20 with any of the arrangements made in (a) to (c)."

21 Is that the reason why you would expect to see it
22 there or is there some other reason?

23 **A.** Well, clearly, that for some compliant with PACE you
24 would expect to see it, but also to -- going forward,
25 you want to know what's happened with that person and
22

1 medical consultations and medical notes?

2 **A.** Well, the medical notes form part of whichever medical
3 professional has written those notes and, therefore, are
4 recorded on their system. Information that's -- or
5 updates that are passed to us in custody, we would
6 record a summary of that conversation that update on the
7 custody record.

8 **Q.** Do you think that the distinction between the two is
9 properly understood within the custody environment?

10 **A.** I believe so.

11 **Q.** Looking back at the detention log, do you think that
12 there has in this case been a failure to record relevant
13 information?

14 **A.** Yes, I would agree, yes.

15 **Q.** And one final -- I'll take you back please to the
16 custody record. It is NGPF0000077. It is page 42.
17 This is just the final entry that I'd like to take you
18 to.

19 We see there reference to VC being interviewed at
20 5.50 pm. Again, we read the interview last week. We
21 saw that there was at least some degree of ambiguity in
22 relation to VC's answer relating to drugs in that
23 interview. Again, whose decision would it have been as
24 to whether there was or was not drug testing at this
25 point in time?
24

1 A. So, as I've stated, the drug testing for trigger
 2 offences had stopped. So, that wasn't happening.
 3 Q. So even if the interviewing officer had wanted it to
 4 happen, it's your understanding that it wouldn't have
 5 been feasible?
 6 A. It wasn't in existence at that time.
 7 Q. Thank you. Finally, are there any changes to the
 8 systems that we've spoken about, whether it be Liaison
 9 and Diversion, HCP visits or otherwise that you would
 10 recommend?
 11 A. Not that I can think at this point.
 12 Q. Thank you very much. There will be some questions from
 13 Core Participants.
 14 **THE CHAIR:** Yes. Mr Moloney. Thank you.
 15 **Questions from Mr Moloney**
 16 **MR MOLONEY:** Very briefly, Inspector. May I just take you
 17 to the custody record and to page 2 that Mr Blake took
 18 you to earlier. So it is NGPF0000077, page 2. It is
 19 down towards the bottom, I believe. There we are.
 20 "Do you have any illness or injury: Yes. If so,
 21 what and when: WAS AT HOSPITAL YESTERDAY FOR CHEST
 22 PAIN."
 23 Did you find anything else out about that?
 24 A. No, I would tend to record what information I'm given.
 25 So I expect that's all I was told.

25

1 your involvement you attempted to call VC's mother but
 2 didn't manage to get through. What would her telephone
 3 number then have been recorded and available
 4 particularly for the custody sergeant that was then
 5 doing the pre-release risk assessment?
 6 A. The telephone number was recorded under the rights and
 7 entitlements section of the custody record.
 8 Q. So, again, would you agree as part of a
 9 custody sergeant -- we appreciate that you aren't the
 10 custody sergeant that was part of that pre-release risk
 11 assessment but would you agree that that would be
 12 an occasion when the custody sergeant could consider
 13 alternative accommodation available to VC for potential
 14 bail?
 15 A. That could be a consideration, yes.
 16 Q. Thank you. Can I ask you, because I know you didn't
 17 deal with the pre-release risk assessment but was there
 18 any reason why, with being a custody sergeant and part
 19 of VC's detention, you didn't seek to provide any
 20 opinions or views about that pre-release risk
 21 assessment?
 22 A. So I expect as we do part of that pre-release may have
 23 been populated by myself in terms of any concerns that
 24 I had at that time. So the likelihood is that I would
 25 have recorded that he was displaying mental health

27

1 Q. So you didn't have any records provided to you, either
 2 from QMC or from EMAS (East Midlands Ambulance Service)
 3 who might have taken VC to hospital yesterday?
 4 A. At the point of my interaction and involvement, that
 5 sharing of information, it simply doesn't exist at that
 6 snapshot.
 7 Q. Would that be too difficult to arrange in such a short
 8 space of time?
 9 A. It may come down to information sharing, it may be
 10 difficult. I'm not quite sure what the answer is to
 11 that.
 12 Q. And this is absolutely no criticism of you whatsoever,
 13 but obviously when you had a person in custody who may
 14 be suffering from mental health problems and you were
 15 going to organise a Mental Health Act Assessment,
 16 then -- and I say with no criticism of you whatsoever --
 17 a "visit to hospital yesterday with chest pain" may have
 18 been something that would be relevant to those carrying
 19 out the Mental Health Act Assessment?
 20 A. It's possible that would be relevant, yes.
 21 Q. That's all I ask. Thank you, Inspector.
 22 **THE CHAIR:** Yes, Ms Cartwright.
 23 **Questions by MS CARTWRIGHT**
 24 **MS CARTWRIGHT:** Good morning, officer. Officer, can I first
 25 of all briefly ask you, you have told us that as part of

26

1 issues.
 2 Q. Can we then -- with you saying that you might have
 3 pre-populated aspects of the pre-release risk
 4 assessment, can we just briefly look at that briefly
 5 together. It is NGPF0000077 and it is page 44.
 6 Thank you. We can see on page 44 there the
 7 pre-release risk assessment completed by
 8 Custody Sergeant Swift and we can see a number of
 9 parameters that have to be addressed by the
 10 custody sergeant. Now, you have indicated that you
 11 might have dealt with the pre-population of this. Can
 12 you assist us a little more then about that. Looking at
 13 this now, can you see whether there was any aspect of
 14 that that you pre-populated during your time as
 15 custody sergeant that day?
 16 A. I can't. That's unclear. The document, as you see it
 17 there, is finalised at the point of the custody record
 18 being closed down.
 19 So what you can't see is any previous entries as
 20 part of that ongoing assessment.
 21 What you are seeing is a snapshot of the record
 22 being closed.
 23 Q. Right. Now, we can see there reference to VC being seen
 24 by the mental health team whilst in custody. You've
 25 already answered to Mr Blake fairly that Code C

28

1 essentially has a requirement that there should have
 2 been a recording following a Mental Health Act
 3 Assessment. Would you agree?
 4 **A.** That's correct, yes.
 5 **Q.** So if it had been picked up and recorded
 6 contemporaneously, would you agree that when addressing
 7 issues of threats of suicide and self-harm, that
 8 necessarily would have needed the custody sergeant to
 9 consider what the advice was from the professionals as
 10 part of that Mental Health Act Assessment to complete
 11 that parameter?
 12 **A.** I think if there was relevant information shared, then
 13 it should be documented.
 14 **Q.** I appreciate that but I think you've already accepted
 15 that pursuant to Code C, it is a requirement of the
 16 custody sergeant to make a formal recording of the
 17 advice provided from the Mental Health Act Assessment.
 18 **A.** Absolutely. I don't dispute that. I don't dispute it.
 19 **Q.** Now, we can see there as well reference to "other risk
 20 identified" and I'm not going to go through the other
 21 aspects with you -- and no doubt they will be dealt
 22 with with Officer Swift -- but can I ask you as to
 23 whether you had knowledge by reference to relevant risk
 24 information that had been placed on the occurrence? Can
 25 we please have displayed please NGPF0000068.

29

1 there:
 2 "Consider [Mental Health Act Assessment]
 3 of VC due to ... mannerism and behaviour."
 4 Then it says this:
 5 "The occupants of 11 are concerned that
 6 he may try and gain entry or cause further issues
 7 for them if he is released."
 8 Can I ask you during the time you were
 9 custody sergeant that date, were you aware of that
 10 information contained in the police log?
 11 **A.** No, I wasn't.
 12 **Q.** Thank you. No further questions.
 13 **THE CHAIR:** Yes. I have no questions. You are free to
 14 leave.
 15 **THE WITNESS:** Thank you.
 16 **MR BLAKE:** Chair, we have half-an-hour before we need to
 17 take a break, so shall we go straight on to Inspector
 18 Powar?
 19 **THE CHAIR:** Yes, let's start with Inspector Powar and then
 20 we can always take a break, if we need to, slightly
 21 later.
 22 **MR BLAKE:** Thank you.
 23 **PI SHARONJIT POWAR (affirmed)**
 24 **Questioned by MR BLAKE**
 25 **MR BLAKE:** Thank you. You should have in front of you

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1 Thank you. If we can first of all go to page 8.
 2 We have already heard evidence from Officer Eustace
 3 about the information that was placed upon this
 4 occurrence to assist those in custody. Can I ask then
 5 during the time when you were custody sergeant, if we
 6 just scroll down a little bit more, had you appreciated
 7 in respect of VC's behaviour at Brook Court that he had
 8 caused disruption to a number of properties? So he
 9 disturbed the occupants of flat 14, he had caused the
 10 damage to the door at flat 12, but had also been
 11 involved in seeking to get access to flat 11 and Katie
 12 Eustace had had to essentially handcuff VC to pull him
 13 away. Were you aware of that?
 14 **A.** I'm aware that he was handcuffed but I'm not aware of
 15 the full circumstances around the incident.
 16 **Q.** So can I ask then when a custody sergeant is completing
 17 the pre-release risk assessment, would they not be
 18 checking things like the Occurrence to get the relevant
 19 information as to risk when considering a pre-release
 20 risk assessment?
 21 **A.** It can be checked. Whether or not it was checked,
 22 I can't answer that.
 23 **Q.** Then just finally then for my questions, please. Can we
 24 move forward then, please, to page 10. Thank you. Just
 25 looking at this aspect, were you aware, we can see

30

1 a witness statement dated 16 November 2025; is that
 2 right?
 3 **A.** That's correct, yes.
 4 **Q.** And it has a URN of WITN0230001. Can you confirm that
 5 that statement is true to the best of your knowledge and
 6 belief?
 7 **A.** That's correct, yes.
 8 **Q.** Thank you. You've worked as a police officer since
 9 2007, initially in the West Midlands; is that right?
 10 **A.** That's correct, yes.
 11 **Q.** And you transferred to Nottinghamshire Police in 2013?
 12 **A.** I did, yes.
 13 **Q.** And from 2018 you were promoted to the rank of sergeant.
 14 **A.** I was, yes.
 15 **Q.** As a sergeant you were for some time in the City
 16 Prisoner and Handling team; is that correct?
 17 **A.** That is correct, yes.
 18 **Q.** You were also at times an inspector or temporary
 19 inspector within that team as well.
 20 **A.** I was, yes.
 21 **Q.** There is a very complicated history set out in your
 22 statement of your various appointments and teams, but as
 23 at May 2020, you were a supervising sergeant; is that
 24 correct?
 25 **A.** I was a sergeant, but not within the prisoner handling

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1 team.

2 **Q.** You were supervising in respect of the incident that we
3 know as incident 1; is that right?

4 **A.** I supervised that at the end when I was finalising
5 the --

6 **Q.** So in 2021.

7 **A.** 2021, yes.

8 **Q.** Thank you very much. Currently since 2023 you have been
9 a police inspector overseeing something called the Out
10 of Court Resolution Team and the Evidential Review Team?

11 **A.** That is correct, yes.

12 **Q.** Thank you. As I said, we are going to focus on
13 an incident that occurred on 24 May 2020, and we will
14 look at your involvement later down the line during the
15 course of that investigation. We see your name on the
16 final outcome of the 28 September 2021; is that right?

17 **A.** That is correct, yes.

18 **Q.** Thank you. You were supervising PC Collins. Were you
19 supervising PC Collins in respect of other work as well
20 or just in respect of this case?

21 **A.** Yes, it would have been other work as well.

22 **Q.** Do you receive any specific training in relation to
23 being a supervisor?

24 **A.** At that time when I was promoted, I can't recall any
25 specific training.

33

1 to page 13. It is the bottom of page 13. It says
2 there:

3 "The procedural expectation of all
4 supervisors is that at the point of allocation of
5 an investigation an initial supervisor review to
6 include the investigations framework will be added
7 to the NICHE occurrence."

8 I'm just going to read to you a couple more
9 paragraphs from further down this page. It says there:

10 "Ongoing reviews of investigations
11 conducted by supervisors/managers throughout the
12 duration of the case will be recorded using the
13 Supervisor Review template via NICHE
14 Supervisor-Supervisor Review. These reviews will
15 remain bespoke to the nature of case under
16 investigation and will encompass, following
17 discussion with the OIC, an up-to-date review of
18 the investigation plan with considerations and
19 timescales (where applicable) for further lines of
20 enquiry to include any identified and required
21 specialist input ...

22 "The overall management of the
23 investigation, including any early outcomes and
24 all disposal decisions remain the responsibility
25 of the supervisor/manager."

35

1 **Q.** Could I bring onto screen the investigation procedure,
2 that's NGPF0007921. This is the current investigation
3 procedure. Is this a document you are familiar with?

4 **A.** I'm familiar with it now as part of this Inquiry, yes.

5 **Q.** I will take you through some entries here and you can
6 tell me if you were familiar at the time with what's
7 written in this policy or broadly similar information.

8 At the time, was there any training in any kind of
9 procedure or any document similar to this that you were
10 aware of?

11 **A.** Not that I'm aware of, no.

12 **Q.** Could we turn please to page 5. The third paragraph
13 there says:

14 "This document is intended to provide
15 an over-arching framework incorporating guidance
16 to investigators and supervisors in relation to
17 the investigation of crime. This procedure does
18 not replace bespoke and established procedures in
19 place for investigating something like rape and
20 domestic abuse."

21 If we could go over please to page 11. There is
22 reference there, if we scroll down to 12 -- page 11,
23 sorry, but number 12 "Reviews and Management of
24 Investigations". I'm going to take you through a few
25 entries in this section. If we could please scroll down

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1 Just pausing there. Was that the same in 2021,
2 that the "management of the investigation, including
3 early outcomes and all disposal decisions will remain
4 the responsibility of the supervisor/manager"?

5 **A.** That is correct, yes.

6 **Q.** Thank you.

7 "Regular supervisor reviews within 28 days for all
8 investigations."

9 Again, can you assist us, was that the policy as
10 at 2021, that there should be regular supervisor reviews
11 within 28 days for all investigations?

12 **A.** That is correct, yes.

13 **Q.** Thank you. If we go over the page please to section 13.
14 That addresses the "Filing of investigations". Towards
15 the bottom of the current page that we can see on the
16 screen, it says:

17 "Supervisors/Managers are responsible
18 for ensuring quality and timeliness of the
19 information provided by their investigators held
20 on the NICHE occurrences prior to filing,
21 Supervisors/Managers must ..."

22 Then it has a list of things that
23 a supervisor/manager must do, including adding the
24 appropriate outcome, ensuring the crime is classified
25 correctly.

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1 Can you assist us with what that reference there
 2 is, to ensuring the crime is classified correctly?
 3 **A.** Yes, so occasionally you can have a crime where you
 4 initially attend is classified as one thing and then,
 5 due to changes in the circumstances of that particular
 6 offence, it might become more serious, less serious, and
 7 it needs to be re-classified.
 8 **Q.** That is the responsibility of the supervisor/manager.
 9 **A.** Supervisor, yes.
 10 **Q.** Yes, that was the same as at 2021 as it is in this
 11 policy?
 12 **A.** That is correct, yes.
 13 **Q.** Could we please turn to page 20. It says:
 14 "Where possible Supervisory Reviews
 15 should happen in person, as part of regular
 16 1-2-1s. They must be recorded on the correct
 17 Supervisor Review OEL Template on NICHE."
 18 Again, the same back in 2021?
 19 **A.** That is correct, yes.
 20 **Q.** Thank you.
 21 "Supervisory Reviews should be completed
 22 as soon as practicable after the recording of the
 23 Initial Investigation Plan (in any case a maximum
 24 of 28 days after the crime was recorded) and then
 25 a maximum of 28 days from the last supervisory
 37

1 followed but it can -- those 28 days can sometimes run
 2 over, you know, 30/35 days. But I think we have got
 3 better with that recently. But back then I would say it
 4 was -- it wasn't properly followed as best as it could
 5 be.
 6 **Q.** We saw, for example, reference to regular one-to-ones
 7 outside, potentially, of the 28-day review. In your
 8 experience, do those regularly take place?
 9 **A.** In my experience, I think they do take place,
 10 one-to-ones do certainly in terms of the particular
 11 officer and maybe their welfare; in terms of case
 12 management, maybe not always.
 13 **Q.** Thank you. Both PC Marsden and PC Collins, who gave
 14 evidence on Friday, emphasised the significant role of
 15 the supervisor in respect of the ultimate decision as to
 16 whether the case should or should not be pursued. Do
 17 you agree that the supervisor carries ultimate
 18 responsibility?
 19 **A.** The ultimate decision-maker is the supervisor.
 20 **Q.** Thank you. Could we please turn to NGPF0000068. This
 21 is the Occurrence Log for the first incident at Brook
 22 Court. I'm just going to take you to some of the
 23 entries that occurred before your time as supervising
 24 officer. If we can please start on page 12.
 25 So if we scroll down on page 12 we have the first
 39

1 review."
 2 So you have a first review within 28 days and then
 3 you have reviews at least within every 28 days
 4 thereafter; is that right?
 5 **A.** That is correct, yes.
 6 **Q.** Again, was that the same in 2021 as it is here?
 7 **A.** That is correct, yes.
 8 **Q.** Thank you, and if we scroll down, please, a bit further,
 9 a little bit further towards the bottom of the page. It
 10 says:
 11 "Content Advice
 12 "Supervisors should discuss the case
 13 with the Investigator to ensure they have
 14 sufficient case knowledge; reasonable lines of
 15 enquiry have been identified and are being
 16 investigated expeditiously."
 17 Again, the same in 2021?
 18 **A.** That is correct, yes.
 19 **Q.** Thank you. It seems from this policy that there is
 20 quite a heavy burden on a supervisor to be involved in
 21 the investigation; would you agree with that?
 22 **A.** I would agree, yes.
 23 **Q.** In your experience, is this policy or the equivalent to
 24 it at the time usually followed?
 25 **A.** At the time I would say -- I would like to say it was
 38

1 entry on that page from 24 May. If we keep on
 2 scrolling on that page we are sticking all the entries
 3 on 24 May. We then go over the page, please.
 4 24 May. Perhaps -- thank you very much -- again
 5 the next entry, 24 May. Further entry 24 May.
 6 If we go over to page 14 we have more entries of
 7 24 May. The bottom entry on that page is 26 May 2020.
 8 If we could go on to page 16 -- 15, please. We have
 9 29 May 2020. We then have 2 June. All of these entries
 10 are being entered by the investigator; is that right?
 11 **A.** That's correct, yes.
 12 **Q.** 2 June, again by the investigator. 3rd June again by
 13 the investigator. This is the first entry here we see
 14 from a supervisor; is that right?
 15 **A.** That's correct, yes.
 16 **Q.** And that's 20th January 2021. So if we scroll up,
 17 please, we can see there 3rd June 2020 from the
 18 investigator and then, if we scroll down, we can see the
 19 first supervisor's comment 20th January 2021.
 20 If this printout is accurate, was the investigator
 21 properly supervised up until that point?
 22 **A.** No.
 23 **Q.** I'm just going to read that entry it says:
 24 "Case discussed with [the officer in the
 25 case]. [Officer in the case] to chase Highbury
 40

1 about the suspect's Mental Health situation.
 2 Revisit IP re damage/repairs. They can review an
 3 appropriate outcome."
 4 Are you aware of any reason why it took so long to
 5 involve a supervisor?
 6 **A.** The only reason I can think of is due to the sheer
 7 amount of work that comes through the Prisoner Handling
 8 Department and trying to keep on top of that as well
 9 as -- your reviews as well as the actual daily prisoners
 10 that are coming through.
 11 **Q.** I'd like to get from you an indication of whether this
 12 is a unique case, common practice, something that occurs
 13 from time to time. Can you assist us?
 14 **A.** I think back then it was something that was probably
 15 quite common -- not so much now. We have better
 16 performance management systems that help us highlight
 17 when reviews are due. We didn't back then.
 18 **Q.** Thank you. If we continue scrolling down, please. We
 19 have an entry from 22 March from the investigator:
 20 "Spoken to Liaison and Diversion."
 21 Again, 22 March:
 22 "Victim contact."
 23 Could we please go over the page. An entry from
 24 the investigator, 22 March:
 25 "Spoken to VC's doctor."

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1 **Q.** So he would manage the supervisors?
 2 **A.** Yes.
 3 **Q.** Are you aware at this stage, so 25th July 2021, who was
 4 the supervisor for PC Collins in respect of this case?
 5 **A.** I believe this may have been the time when there was
 6 a cross-over between myself and Sergeant Palethorpe when
 7 I was coming back and he was leaving the department.
 8 **Q.** Thank you. It says:
 9 "As a matter of urgency please ensure
 10 that an update is placed on the above OELs as to
 11 the current state of the investigation and the
 12 submissions to CPS etc. Please ensure that
 13 a meaningful update is applied to this crime, as
 14 a minimum every 28 days."
 15 Now that reference to a "meaningful update", is
 16 that in respect of the investigator or the supervisor?
 17 **A.** I believe that's in terms of the investigator because
 18 it's an email to her.
 19 **Q.** So the investigator should also update every 28 days; is
 20 that right?
 21 **A.** That's correct, yes.
 22 **Q.** Can we please turn over the page to page 21. We see
 23 there, this is the first time that we see your name.
 24 28 September 2021. This is 16 months after the incident
 25 occurred. We see that the outcome is outcome 12 "named

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1 If we go the entry below:
 2 "Victim contact," again by the
 3 investigating officer, hasn't been able to by this
 4 stage contact the victim.
 5 If we go over the page, please. Again, an entry
 6 from the investigator on 7th May 2021 and then, at the
 7 bottom of this page, we have an entry from Inspector
 8 Mark Stanley. Again, this is -- now we are on
 9 25th July. So in between those two dates that we have
 10 just been looking at, again, in your view, was the
 11 investigator properly supervised?
 12 **A.** No.
 13 **Q.** Do you know if Mark Stanley was the official supervisor
 14 at this stage? If we scroll down, we can see his
 15 message. Now, it has his name as the sender.
 16 PC Collins is one of the recipients. You are also one
 17 of the recipients. By this stage, are you in fact the
 18 supervisor?
 19 **A.** I'm not sure if I was the -- when you say "supervisor"
 20 as the sergeant or the inspector. He may have cc'd me
 21 in as the inspector covering at the time and there was
 22 a bit of a cross-over between him and I. So yes.
 23 **Q.** So was he head of -- effectively head of the City
 24 Prisoner Handling team?
 25 **A.** He was, yes.

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1 suspect too ill to prosecute". Is that an appropriate
 2 length of time for an investigation to have taken place?
 3 **A.** No.
 4 **Q.** Can you recall as at 28 September whether you had any
 5 views as to whether it was or wasn't a very long time
 6 since the offence had occurred?
 7 **A.** I can't recall what my thought process was at the time.
 8 There was so many incidents that you deal with.
 9 **Q.** Can you recall when you came on board in this case?
 10 **A.** I can only go from what I can see in front of me which
 11 would have been 28 September. I don't recall anything
 12 before that date.
 13 **Q.** So is it likely that that in fact was your very first
 14 involvement in the case on 28th September?
 15 **A.** It could have been.
 16 **Q.** Now, we saw the entry from Inspector Stanley on
 17 25th July 2021 and we now see your entry on
 18 28th September 2021. For that period, do you think that
 19 the investigator was properly supervised?
 20 **A.** No.
 21 **Q.** You've set out in your witness statement the documents
 22 you would have reviewed as part of your supervision.
 23 Can we please bring that onto screen. It is
 24 WITN0230001. Can we look at page 7, paragraph 31,
 25 please. So we have there various documents: the arrest

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1 record; the MG11, that's the statement from PC Eustace;
2 the photos that we have already seen; the statement from
3 the witness Conor; a document called the Released Under
4 Investigation document; and also fingerprints, DNA, etc.

5 What it appears you wouldn't have reviewed at that
6 stage is the Occurrence Log from what we know as the
7 second incident; is that right?

8 A. That's correct, yes.

9 Q. Did you have any idea how serious the second incident
10 was or wasn't at that stage?

11 A. Not at this stage, no.

12 Q. Could we please turn to NGPF0000082. This is the
13 Occurrence Log from the second incident. If we could
14 turn to page 15, please, we see there in the very first
15 entry the injuries that have occurred in respect of the
16 victim who we know is Feven, a fracture operated on,
17 metal work, screws.

18 Am I right to understand that at the time that you
19 closed the incident, the first incident, you weren't
20 aware of the level of injury to Feven?

21 A. At the time of closing the incident, the first incident,
22 no, I wouldn't have been aware of the level of injuries.

23 Q. According to some of the evidence we heard last week,
24 this incident may have been treated as grievous bodily
25 harm. Were you aware of that?

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1 re-classify that as well, it would show the type as
2 being GBH.

3 Q. If you had seen this Occurrence Log and seen it had been
4 treated as a GBH would it have caused you to do anything
5 differently from the way you approached the first
6 incident?

7 A. No, I still would have closed it off as **(unclear)** 12.

8 Q. Would you please go back to the Occurrence Log, it is
9 NGPF0000068, and it is page 20. It is the bottom of
10 page 19, into page 20. We see there the correspondence
11 from Dr Seedat. Sorry, if we could just look at the --
12 scroll down slightly, thank you very much. It says:

13 "This letter and OEL was attached to the
14 other occurrence ... which occurred two hours
15 after [VC] ... was released from custody ..."

16 Can you assist us. I think PC Collins said that
17 this information was provided by her supervisor. Do you
18 recall providing this information to PC Collins?

19 A. No, I don't recall providing this information to
20 PC Collins, but I may have done, having reviewed the
21 second occurrence.

22 Q. Yes. PC Collins' evidence was that she doesn't usually
23 go into other officers' Occurrence Logs. In your
24 experience, is that usual?

25 A. No, I would expect with this level -- the amount of time

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1 A. At the time of closing the incident?

2 Q. Yes.

3 A. No.

4 Q. Would it have surprised you, looking at this log now,
5 that the matter was being treated as grievous bodily
6 harm?

7 A. Looking at the injury level, it should have been treated
8 as a grievous bodily harm.

9 Q. Is there anything on the log, if you had picked that up
10 at the time, that would have indicated to you that it
11 was being treated as grievous bodily harm?

12 A. No, there's nothing on the log that says it was being
13 treated as GBH.

14 Q. From your experience would you expect something to have
15 been placed on the Occurrence Log to say that now it is
16 being treated as grievous bodily harm?

17 A. I would have expected to have been reclassified to the
18 correct offence.

19 Q. When you say re-classified, if we turn to page 1 please,
20 we see there a reference:

21 "Occurrence type: assault/ABH/common.

22 Would you expect it to have been shown

23 there that it was now being treated as GBH, or it

24 had been treated as a GBH?

25 A. Yes, I believe when you re-classify, it would

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1 it took to investigate this, to look at other incidents
2 and to look at what he may have been involved in in
3 those 16 months.

4 Q. Could we please bring up another document alongside this
5 document. It is your witness statement. So
6 WITN0230001. It is page 14, paragraph 62. Thank you
7 very much.

8 On the right-hand side document we can see that
9 Dr Seedat has said he had no recollection of the events
10 prior to his admission and "it would be my view that he
11 was not in touch with reality around the time of his
12 admission nor around the time of the incident of causing
13 damage to someone's door."

14 If we please look at your paragraph 62. You say
15 as follows:

16 "Based on the letter from Dr Seedat

17 I made the decision that at the time of the
18 offence [VC] ... did not have the **mens rea** for
19 criminal damage and therefore there was no
20 realistic prospect of conviction. He is described
21 by Dr Seedat as not having recollection of the
22 events prior to his admission and not being in
23 touch with reality."

24 Looking again on the right-hand side, Dr Seedat
25 wasn't addressing the first incident, was he?

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1 A. No, he wasn't addressing the first incident; however,
 2 they were both on the same date within a two-hour
 3 period.
 4 Q. What he wasn't saying was that, in relation to the first
 5 incident, VC had no recollection of events. Do you
 6 agree with that?
 7 A. Yes, I agree with that. Yes.
 8 Q. Were you aware that PC Collins hadn't spoken to
 9 Dr Seedat?
 10 A. Having reviewed as part of this Inquiry I now know that.
 11 Q. Would you have expected those kind of conversations to
 12 have taken place?
 13 A. Yes, I would have.
 14 Q. What part of this email led you to conclude that VC
 15 didn't have the requisite mental state for that first
 16 incident?
 17 A. As I stated, if this is to do with the second incident,
 18 that second incident took place two hours after the
 19 first. He also stated in his interview he couldn't
 20 remember what happened, which was in line with what
 21 Dr Seedat was saying.
 22 Q. I mean, reflecting on this, do you think an email from
 23 Dr Seedat with absolutely no conversation having taken
 24 place in relation to that first incident, do you think
 25 that that was sufficient to close this matter?

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1 Q. We know that this interview is only nine minutes long.
 2 Having read it now, is it the kind of interview that you
 3 would have expected to have taken place?
 4 A. No, I think -- so it was -- some points to prove are
 5 covered. I think there could have been a bit more
 6 exploration in terms of his mental health, his
 7 understanding of recklessness.
 8 Q. Yes. Let's have a look at page 3. We saw Dr Seedat's
 9 email. On page 3, for example, he is told about the
 10 events. He says:
 11 "... the reason for this interview is, 'cause you
 12 were arrested on suspicion of criminal damage to the
 13 door of 12 Brook Court ..."
 14 He says:
 15 "I don't have much recollection."
 16 Over the page. Bottom of page 4. I took PC
 17 Collins to these entries as well. There is reference
 18 there. He is asked:
 19 "Okay do you remember doing that?"
 20 He says:
 21 "Err not really."
 22 Page 5. Similarly halfway down the page we see
 23 another "Not really".
 24 Do you know if this interview, this record of
 25 interview was provided to Dr Seedat?

51

1 A. I felt it was at the time, yes.
 2 Q. On reflection do you now consider that it was
 3 appropriate?
 4 A. I think having confirmation from Dr Seedat regarding it
 5 being the first incident, would have been a lot better,
 6 yes.
 7 Q. Yes. Bearing that in mind, reflecting on the fact that
 8 the first incident was closed, do you now conclude that
 9 in fact that email was not sufficient?
 10 A. Yes, I agree with that.
 11 Q. Can we stick with the Occurrence Log, please. So that
 12 is the document on the right-hand side of the screen and
 13 go to page 21.
 14 We will go back to -- this is your entry -- if we
 15 scroll down please we can see there "Outcome 12 - named
 16 suspect too ill to prosecute". Can you assist us with
 17 what that means?
 18 A. That, at the time, they was just too ill to prosecute
 19 and take no further action.
 20 Q. I'm going to take you to the interview with VC. Can we
 21 please turn to NGPF0000070. Had you, by this stage of
 22 closing the case of entering outcome 12, had you read
 23 the interview with VC?
 24 A. Not the transcript, but there was a short summary on the
 25 occurrence from PC Collins.

50

1 A. I don't believe it was, no.
 2 Q. Looking at this now do you consider that it may have
 3 been worth investigating the first incident a little bit
 4 more?
 5 A. Yes, he could have potentially have been re-interviewed,
 6 asked, like I said, certain questions regarding his
 7 mental health. Yes.
 8 Q. Do you think the mental health professional who was
 9 giving an opinion, for example, would have benefited
 10 from more information about the incident and more
 11 information about VC's account of the incident as given
 12 to the police?
 13 A. Yes.
 14 Q. Thank you. If we could go back again to the
 15 Occurrence Log please that is NGPF0000068. It is
 16 page 22.
 17 Below this entry, below the pro forma it says:
 18 "This case is in fact well over the
 19 6 month S[atutory]T[ime]L[imit]."
 20 I think you now accept that that's not right.
 21 A. That's not correct, no.
 22 Q. "The suspect has been ill for some time and assessed by
 23 Dr Seedat as not being of sound mind when he committed
 24 this and another offence."
 25 Based on your answer earlier in relation to

52

1 Dr Seedat's email, would you accept now that in fact he
 2 wasn't talking about this as well as the other offence?
 3 **A.** Yes, I accept that. Yes.
 4 **Q.** Thank you.
 5 Could we please go to NGPF0006002. This is the
 6 last document I will take you to before we break.
 7 This is a Nottinghamshire Police policy that we looked
 8 at last week, "Dealing with Persons with Mental
 9 Health". Is this a document you were aware of before
 10 preparing for this Inquiry?
 11 **A.** Not before the Inquiry, no.
 12 **Q.** Can you assist us with why you may not have been aware
 13 of that before the Inquiry?
 14 **A.** There's just a lot of policies and procedures. You
 15 don't know all of them.
 16 **Q.** Are you trained on the underlying subject matter to
 17 this policy?
 18 **A.** I believe we have had training, yes.
 19 **Q.** Can we please turn to page 19. If we scroll down. So
 20 this -- section 3.5.1 wouldn't have been something you
 21 would have been considering at the time when you closed
 22 this case; is that right?
 23 **A.** Sorry, could you repeat that.
 24 **Q.** The section we see here wouldn't have been something
 25 operating in your mind at the time because in fact you

53

1 prosecuted."
 2 Again, something that you would have been aware
 3 of?
 4 **A.** Yes.
 5 **Q.** It is in particular this passage that I would like to
 6 ask you about:
 7 "In some cases prosecution may be in the public
 8 interest, even for people in already secure mental
 9 health facilities, as it may enable the use by courts of
 10 additional terms and conditions, be admissible in
 11 applications for release, and to prevent development of
 12 a culture whereby it is seen as acceptable, with no
 13 realistic sanctions, to behaviour to assault staff,
 14 damage property etc."
 15 This suggests in fact that even if somebody is
 16 detained in a mental health facility, and has assaulted
 17 staff or damaged property within that very facility, it
 18 may well still be in the public interest to prosecute.
 19 Is that something -- first of all do you agree with my
 20 interpretation of that passage and, secondly, is that
 21 something that you were aware of?
 22 **A.** I do agree with it and, yes, I agree with your
 23 interpretation.
 24 **Q.** The next paragraph:
 25 "The presumption of capacity does not

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1 hadn't read this policy.
 2 **A.** That is correct, yes.
 3 **Q.** I will just briefly read to you some entries and we can
 4 see if you are aware of the broad topics:
 5 "The fact that a suspect is believed to
 6 have mental ill health or learning difficulties
 7 must not preclude full investigation of an offence
 8 and should only rarely prevent arrest and/or
 9 interview of a suspect."
 10 Is that something you were aware of at the time?
 11 **A.** Yes.
 12 **Q.** "A healthcare response to such suspects should not be
 13 seen as an alternative to criminal investigation or vice
 14 versa. In many cases there may be a need for both
 15 responses to take place alongside each other."
 16 Again, something you would have been aware of at
 17 the time?
 18 **A.** Yes.
 19 **Q.** "There is a misconception that arrest, interview and
 20 prosecution of persons with mental disorder should not
 21 be considered due to 'mental capacity' issues and/or the
 22 public interest. In reality there is a presumption
 23 that, unless the suspect is already detained as
 24 an involuntary patient in a psychiatric facility, he/she
 25 has the mental capacity to be detained, interviewed and

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1 preclude use of alternative disposals ... where
 2 there is sufficient evidence. Care must however
 3 be taken where in ensuring that sufficient
 4 capacity exists to understand the terms and
 5 implications of any diversion ... or prevent
 6 completion of any terms ..."
 7 We have seen that there was consideration given to
 8 a conditional caution in this case. In your view, was
 9 that appropriate?
 10 **A.** No.
 11 **Q.** Why was it not appropriate?
 12 **A.** For a conditional caution you require an admission of
 13 guilt and also an acceptance of the conditions of
 14 conditional caution.
 15 **Q.** Was that something that you raised with PC Collins at
 16 the time?
 17 **A.** I may have done but I can't recall if I did.
 18 **Q.** Stepping back from everything that we have addressed
 19 today, the impression may be given that because this was
 20 seen as quite a minor crime, it wasn't given very much
 21 attention. Do you agree with that?
 22 **A.** Yes, I agree with that.
 23 **Q.** There's a reference in some of the papers to potentially
 24 charging for attempted burglary. If it had been charged
 25 as attempted burglary do you think it might have got

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1 more attention and more supervision?
 2 **A.** In relation to the first incident charged as attempted
 3 burglary?
 4 **Q.** Yes.
 5 **A.** It potentially may have been given to an alternative
 6 department to investigate it, if it was an attempted
 7 burglary.
 8 **Q.** Do you think that there's something about criminal
 9 damage that perhaps it is just not seen as that serious?
 10 **A.** No, I don't think there's -- I think we treat every job
 11 seriously, but just due to the nature of the number of
 12 investigations that come through the department, it
 13 may -- and the level of investigations they might
 14 require, it may be just put down the pecking order
 15 I guess, as in -- and --
 16 **Q.** So fewer resources allocated to it.
 17 **A.** Yes.
 18 **Q.** Do you agree with that?
 19 **A.** Yes.
 20 **Q.** We know that there were two incidents involving VC's
 21 flatmate Sebastian in July 2021. He was forced against
 22 a wall on one occasion. VC had tried to enter his room.
 23 Were you aware of those when you closed this
 24 investigation?
 25 **A.** No.

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1 achieve that before the break. Can we please go back to
 2 NGPF0006002 and page 23. 22/23 in fact, sorry.
 3 We have there "CPS Liaison" and "Public interest
 4 issues". If we scroll up, thank you.
 5 "CPS Liaison", you may have seen me take
 6 other witnesses through this document. It says
 7 there:
 8 "in any case where the charging of
 9 a person known or believed to be subject of mental
 10 ill health or a learning disorder is being
 11 considered, the matter must be referred to the
 12 CPS."
 13 Is that something you were aware of as at 2021?
 14 **A.** I can't recall seeing that in 2021.
 15 **Q.** Did you consider passing the case to the CPS?
 16 **A.** No. For a charging decision, no. The decision was for
 17 the police due to it being under £5,000.
 18 **Q.** Irrespective of mental health?
 19 **A.** Irrespective of I believe mental health, yes.
 20 **Q.** If we go down to the "Public interest issues", it says:
 21 "Where a person experiencing a mental
 22 disorder commits an offence, it is sometimes
 23 presumed that the offence is linked to the mental
 24 disorder. This is often not the case the mentally
 25 disordered offender may then proceed through the

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1 **Q.** On the 3 September 2021, he assaulted your fellow
 2 officer PC Pritchard; were you aware of that?
 3 **A.** At the time of closing this incident, no.
 4 **Q.** Why is it that you weren't aware of those incidents?
 5 **A.** I don't recall looking through all the other associated
 6 occurrences with VC.
 7 **Q.** Yes, and why not?
 8 **A.** I don't know.
 9 **Q.** You were ultimately responsible for the decision-making
 10 in this case, despite PC Collins being the investigator,
 11 do you think that you should have carried out those
 12 kinds of investigations?
 13 **A.** Yes, I could have done.
 14 **Q.** Could have done or should have done?
 15 **A.** Should have done.
 16 **Q.** Because those other incidents would have heightened the
 17 seriousness of the first incident, wouldn't they?
 18 **A.** I think ultimately the decision would still have been no
 19 further action for the first incident, but I would have
 20 been more aware of what VC was doing.
 21 **Q.** They would have, for example, heightened the risk for
 22 the public as seen by yourself, wouldn't they?
 23 **A.** Yes.
 24 **Q.** There is one final document that I would like to take
 25 you to before I finish my questions, and I think I can

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1 Criminal Justice System."
 2 You can see the issues there with people being
 3 labelled as unfit to prosecute, and it says:
 4 "Under certain circumstances it may be
 5 necessary to prosecute an offender to allow Mental
 6 Health Treatment orders, Hospital Orders and/or
 7 other statutory support. This will certainly be
 8 the case for serious crimes."
 9 Looking back at those other offences that occurred
 10 after the first incident, if you had been aware of
 11 those, presumably you would have considered it to be
 12 a more serious crime; would you agree with that?
 13 **A.** Yes, I agree with that. Yes.
 14 **Q.** Thinking about improvements that can be made to the
 15 system, you haven't looked at those other incidents,
 16 what do you think can be done in order to flag those
 17 kind of incidents to supervising officers?
 18 **A.** I don't necessarily think they need to be flagged,
 19 I think they are available to us. You can go through --
 20 you could have gone through VC's record and looked at
 21 all associated occurrences on NICHE, and that would have
 22 been available to us to review what the risks were.
 23 **Q.** Looking back at your failure to do so, do you consider
 24 that was something that was quite widespread in
 25 Nottinghamshire Police in respect of those kinds of

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1 incidents?

2 **A.** In my opinion, yes.

3 **Q.** What do you think can be done to change that?

4 **A.** I think just better training in terms of what to look

5 out for when you are making these decisions to take no

6 further action. This is something that officers do have

7 access to.

8 **Q.** Finally, you have recorded as "Outcome 12", and you say

9 in your statement you could have recorded it as "Outcome

10 15". Can you assist us, what is Outcome 15?

11 **A.** That's when there is evidential difficulties, and I have

12 outlined in my statement that is due to me believing

13 there was no realistic prospect of conviction due to the

14 letter from Dr Seedat.

15 **Q.** Outcome 12 would have flagged it at least as a mental

16 health issue, would that be the same for Outcome 15?

17 **A.** Not necessarily -- not looking at the outcome code, it

18 would be within the occurrence and the explanation from

19 the supervising officer.

20 **Q.** Can you see any issue with the outcome codes and

21 whether, for example, if you had marked it as Outcome

22 15, a future officer picking it up might in fact not

23 understand that it was based on a mental health concerns

24 if, for example, they don't check the Occurrence Log as

25 thoroughly as they should?

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

2 **Q.** You were in a position where there was a woman who had

3 really serious injuries following an incident with VC

4 and there were two events in one day in May of 2020 that

5 you were aware of, yes?

6 **A.** Correct, yes.

7 **Q.** It's a potentially very dangerous situation. Why didn't

8 you check to see if there was anything else about this

9 man one year on?

10 **A.** I don't know. It was missed by me.

11 **Q.** Is it not a basic first step to see who this man is

12 before you take decisions about what to do with him when

13 his behaviour has resulted in serious injuries to

14 somebody that you know about?

15 **A.** Yes, I could have done. Yes.

16 **Q.** The question I asked is it not a basic first step a year

17 on, over a year on, when a man's behaviour has led to

18 really serious injuries to a woman just to find out if

19 there's been anything else since?

20 **A.** It is a basic step. However, my decision was based on

21 that incident alone in the first incident.

22 **Q.** It had to because you didn't know anything about the

23 other incidents, did you?

24 **A.** I didn't but I don't think it would have changed my

25 decision-making.

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1 **A.** Yes --

2 **Q.** Thank you. Finally, just stepping back, do you think

3 this case received the attention that it deserved?

4 **A.** No.

5 **Q.** Thank you.

6 Chair, those are all of my questions. There are

7 some questions from Core Participants. I'm told by

8 Mr Moloney five minutes and Ms Cartwright the same.

9 **THE CHAIR:** Well, I think we will continue until we finish

10 this witness. Thank you, Mr Moloney.

11 **Questions from MR MOLONEY**

12 **MR MOLONEY:** Good morning. On 29th July of 2021, VC was

13 offered a conditional caution by PC Collins. Do you

14 know that?

15 **A.** I'm aware of that, yes.

16 **Q.** And did you know that he said he'd done nothing wrong

17 and wanted to go to court?

18 **A.** I wasn't aware of that until I looked at this as part of

19 the Inquiry.

20 **Q.** Right. And you told Mr Blake that you weren't aware

21 that VC had seriously assaulted officers on

22 3rd September 2021?

23 **A.** Yes.

24 **Q.** And you weren't aware of the incident reported by

25 Sebastian in July of 2021?

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1 **Q.** Can I ask you please to look at a document, CYGN0000056.

2 Now, you didn't know about the incident of

3 3rd September 2021 when VC had seriously assaulted

4 a number of officers and particularly PC Pritchard?

5 **A.** Correct.

6 **Q.** So you didn't know he was in a psychiatric intensive

7 care unit on 23rd September 2021?

8 **A.** Correct.

9 **Q.** And there is a relevance to my asking you about this,

10 Sergeant Powar, which I will come on to but can I just

11 look at the decision first. This is First-tier

12 Tribunal. VC has applied to be released on

13 15 September of 2021. This is a hearing on

14 23rd September 2021 and the decision we see there is

15 that:

16 "The patient shall not be discharged

17 from liability to be detained."

18 If we go further down the page, staying on the

19 same page, we can see that the patient was represented

20 and we also see under "pre-hearing" that there was

21 a pre-hearing examination of the patient at 9.00 that

22 morning of 23rd September. Yes?

23 **A.** Correct.

24 **Q.** If we could go over to page 2, we can see that the

25 decision was announced at the end of the remote hearing

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1 and then, if we go to page 4, we can see -- well, yes,
2 the reasons for the decision are down at the bottom.
3 There is the heading.

4 If we go over we see at 12, with regards to
5 degree, that's talking about the symptoms. If we go
6 over the page to (iii) we can see that:

7 "Less than three weeks ago [VC's]
8 delusions were sufficiently severe and distressing
9 so as to cause him to seriously assault a police
10 officer and require physical restraint. This is
11 the second time his illness has resulted in
12 someone else suffering a significant injury.
13 Whilst [VC] accepts these events occurred, his
14 evidence appeared to minimise them somewhat,
15 describing them as 'unfortunate' (in [pre-hearing
16 examination]) and the consequence of 'poor
17 judgment' which suggests a lack of insight."

18 You didn't know any of this obviously?

19 A. I didn't, no.

20 Q. Did you know that VC sent an email to PC Collins at
21 20.08 that night asking if he could accept the
22 conditional caution offered in July?

23 A. At the time I wasn't aware, no.

24 Q. PC Collins didn't tell you that?

25 A. I can't recall her telling me that.

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1 the email being sent to PC Collins have assisted you in
2 deciding what to do here?

3 A. I believe -- on 4 October?

4 Q. 23rd September.

5 A. It may well have done.

6 Q. And 4 October?

7 A. I think by September the decision had already been made
8 because that's when I have added my decision onto the
9 occurrence. The 4 October was just the administrative
10 task of just closing the job down.

11 Q. Just for completeness, document PAGR0000159. This is
12 the assessment of VC on 7 October 2021, whilst in the
13 Priory Hospital and if we could go down please to the
14 fourth page.

15 Sorry, just further up, please, very quickly to
16 the next page. If we could -- sorry, it is up further
17 please. Second page. *(Pause)*

18 We see at "Keeping connected":

19 "No contact with friends or family."

20 "Enjoys his own company on smart phone

21 and Kindle to read books."

22 If we could go down further, please, to the next
23 page. *(Pause)*

24 If we see five lines up from "Patient's
25 views/feedback", when he is talking about the assault on

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1 Q. Then he chased her for an answer on 4 October at 20.21
2 at 11.21 am. Did you know about that email?

3 A. No.

4 Q. And the matter was closed at 13.19 the very same day, so
5 just two hours after he was sending a mail to ask again
6 if he could receive the conditional caution and
7 PC Collins replying to say that she needed to seek to
8 her supervisor. But you don't know anything about that?

9 A. I can't recall the conversation with PC Collins.

10 Q. So did you know at any point that he was willing to
11 accept a conditional caution?

12 A. I can't recall having a conversation in relation to him
13 accepting a conditional caution.

14 Q. So it follows that you didn't tell the victim of the
15 criminal damage that VC had offered to take
16 a conditional caution?

17 A. That would be for the officer in the case to have
18 informed the victim.

19 Q. And you weren't aware of that having been done?

20 A. No.

21 Q. I just want to look at one other document but, before
22 I do, can I ask you, just for clarity, the information
23 that I've just shown you in terms of his detention
24 following the assault on PC Pritchard and then sending
25 the email that night to PC Collins, would the fact of

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1 3 September and his readmission to hospital he says:

2 "He did not agree he had a relapse on
3 this occasion, said he was too stressed and he
4 overreacted when police got involved."

5 I appreciate this is after the decision on

6 4 October to close this matter, but information of that
7 type as to his reaction to police involvement is
8 material that would have been relevant to your decision.

9 A. I wasn't aware of this document.

10 Q. Thank you very much, Sergeant.

11 Questioned by MS CARTWRIGHT

12 MS CARTWRIGHT: Good morning Inspector Powar. Can I briefly
13 touch on a couple of paragraphs that you have not
14 expressly dealt with please and could I ask to be
15 displayed WITN0230001 at internal page 10, please.

16 Thank you. We can see at paragraph 37 you deal
17 with I think what you have already touched upon about
18 the disconnect about what was in the interview and not
19 remembering but also stating he had been reckless. But
20 can I ask you, please, about paragraph 39, because you
21 provide an observation about the option that PC Collins
22 had gone for, which was "Release under Investigation",
23 and then you go on to detail the alternative of police
24 bail.

25 Can I ask you, when you were performing the

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1 supervision that you have told us about, did you
2 appreciate at the time when VC was released under
3 investigation that officer Collins already had at that
4 stage an eyewitness account to the criminal damage from
5 the neighbour but also a statement from PC Eustace
6 giving her account appending the photographs and the
7 body-worn video, and so there would have been sufficient
8 there to charge. Were you aware those statements
9 existed before VC was released?

10 **A.** Yes, I'm aware of that, yes.

11 **Q.** You were aware of that?

12 **A.** I wasn't the supervisor at the time though.

13 **Q.** No, I appreciate you are not supervising until
14 September of 2021. Can I ask you, because you seem to
15 be suggesting there about an option of bail and dealing
16 with the benefits of bail, including conditions as to
17 protect witnesses and victims. You have already told us
18 that one of the documents you reviewed as part of your
19 time as supervisor was the occurrence. So can we
20 briefly look at that please, NGPF0000068 at page 10.
21 Thank you.

22 I think you would have been in court when I put it
23 to the last witness. This is the neighbour -- the
24 occupants of 11 essentially making clear on the
25 occurrence that they were concerned that VC may try and

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1 have already dealt with what you didn't know with my
2 learned friend. But when you are doing a supervisory
3 role and closing down this matter as you did, would you
4 have checked police intelligence systems as well for
5 what available intelligence there was?

6 **A.** They would have been within the NICHE systems.

7 **Q.** We are also aware that on the timeline that VC had, on
8 31 May 2021, presented at Thames House, ringing the
9 buzzer asking to be arrested by security services, and
10 certainly that intelligence report was shared and
11 emailed to Nottinghamshire Police. So can you assist as
12 to whether when you checked the systems you saw that
13 relevant intelligence again raising further issues about
14 VC and what he had been doing?

15 **A.** I don't recall that, no.

16 **Q.** Can I ask you additionally, when you recorded the coding
17 of 12, were you also aware that VC on 13 July had also
18 forced his way into another accommodation at Brook
19 Court?

20 **A.** I wasn't aware, no.

21 **Q.** Thank you.

22 **THE CHAIR:** Thank you, Ms Cartwright.

23 Questioned by MR BEGGS

24 **MR BEGGS:** Inspector, you have accepted a number of
25 deficiencies in the investigation that PC Collins

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1 gain entry or cause further issues for them if he is
2 released. If we look at the full log that PC Eustace
3 that had completed, he included not just that he had
4 forced his way and kicked the door down at 12, but that
5 VC tried to gain entry at 11 and had to be essentially
6 restrained by handcuffs and pulled away from flat 11.

7 So would you agree, looking at this, and as the
8 supervisor, really PC Collins should have been
9 advocating at the very least for bail conditions for VC
10 in light of what the victims and witnesses were
11 expressing had happened to them in their homes?

12 **A.** I think so, yes.

13 **Q.** Can I ask you as well, at any point when you did your
14 review, were you also aware that VC's mum was
15 essentially coming to custody and offering her home
16 effectively to VC, so there was an alternative address
17 to VC in Wales so it would have been away from this
18 accommodation? Were you aware of that?

19 **A.** I wasn't aware, no.

20 **Q.** So would you agree that in that circumstance, at the
21 very least, VC should have been bailed to an address out
22 of the area in Wales which would have protected the
23 victims in this case?

24 **A.** Yes, I agree with that.

25 **Q.** Then can I finally ask you, in September of 2021 you

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1 undertook. Can I go back to the basic point, was there
2 in your experience a realistic prospect of conviction
3 for the first criminal damage, the one you dealt with?

4 **A.** No.

5 **Q.** Are you allowed to send to the CPS a case where you
6 consider there to be no realistic prospect of
7 conviction?

8 **A.** No, we are not.

9 **Q.** If you send such a case to the CPS, what in your
10 experience will they do?

11 **A.** Discontinue it.

12 **Q.** But do you accept that if you had researched all of the
13 incidents that had occurred by late September 2021, that
14 might have made a difference to your overall decision?

15 **A.** Potentially, but I have reviewed this case and I still
16 think there was no realistic prospect for conviction for
17 incident 1.

18 **Q.** So even if you had looked at all the other matters would
19 it have changed the evidential status of incident 1?

20 **A.** No.

21 **Q.** Thank you very much.

22 Further Questioned by MR BLAKE

23 **MR BLAKE:** Can I just follow up on that. In terms of
24 a realistic prospect of conviction, your belief that
25 there wouldn't be a realistic prospect of conviction was

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1 based on that email from Dr Seedat in relation to
2 another offence; is that right?
3 **A.** That is correct, yes.
4 **Q.** Thank you.

Questioned by THE CHAIR

6 **THE CHAIR:** Yes, I just wanted to ask a couple of questions.

7 The first is, we have two incidents on the same
8 day, same sort of behaviour; one leads to a quite
9 serious injury, same place, same community if you like,
10 and the second -- the first is the one that you were
11 involved in later. Would you have expected those
12 incidents to be linked in some way?

13 **A.** I would have expected them to be linked. However, the
14 way prisoner handling team work is they need a prisoner
15 to deal with, and I believe on the second incident he
16 was then sectioned, which meant there was no prisoner,
17 and I think that's why the jobs have ended up being
18 dealt with separately. But, ultimately, they should
19 have been linked.

20 **THE CHAIR:** So they may not have been linked at the outset
21 because, as you have said, he was being sectioned, but
22 could have been linked after that.

23 **A.** Yes.

24 **THE CHAIR:** What would have been the benefits, if there were
25 benefits, of doing that?

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1 department and the officer's workload. It was also
2 a case where I believe the officer had gone into
3 isolation herself, due to Covid. Yes, just the sheer
4 volume that comes through the department.

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

6 That completes your evidence and we will now take
7 a break until 12.10 pm. Thank you.

8 (11.48 pm)

(A short break)

10 (12.10 pm)

11 **MR BLAKE:** Thank you, Chair. Can we please call PS Katie
12 Sparks.

13 **THE CHAIR:** Yes.

PS Katie Sparks (affirmed)

Questioned by MR BLAKE

16 **MR BLAKE:** Thank you very much. You should have in front of
17 you a witness statement dated 20 October 2025; is that
18 right?

19 **A.** That's correct.

20 **Q.** Thank you it has a URN of WITN0020001. Can you confirm
21 that that statement is true to the best of your
22 knowledge and belief?

23 **A.** It is.

24 **Q.** Thank you very much. PS Katie Sparks you joined
25 Nottinghamshire Police in 2000; is that right?

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1 **A.** I think we would have had a -- Dr Seedat would have had
2 a fuller review of both incidents; one officer in charge
3 of the case, which causes less confusion amongst partner
4 agencies, and also, in this case, VC; and we would have
5 been aware of the full status of both cases, that the
6 other one was a lot more serious in terms of the
7 injuries.

8 **THE CHAIR:** Then going back to that reasonable prospects of
9 conviction, obviously, it was dependent, as you say, on
10 Dr Seedat's evidence which was an email in relation to
11 another case, if those two cases had been linked, do you
12 think that would have been sufficient, that single
13 email?

14 **A.** Yes, I think it would have been -- it would have
15 highlighted --

(Unclear: overspeaking)

17 **THE CHAIR:** (Unclear) both cases.

18 **A.** For this but certainly for the -- potentially for the
19 first one, yes.

20 **THE CHAIR:** One of these cases was closed down within
21 a matter of days. The one that you're concerned with
22 took 16 months overall and was perhaps less serious. Is
23 there any reason why?

24 **A.** The only reason I can think of and give is just the
25 volume of cases that come through the prisoner handling

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1 **A.** That's right.

2 **Q.** You were promoted to sergeant in 2004.

3 **A.** Yes.

4 **Q.** We are here to talk about an incident that occurred on
5 24 May of 2020. It's what we know as the second
6 incident. At the relevant time you were a response
7 sergeant; is that right?

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

9 **Q.** You were supervising PC Marsden at Radford Road Police
10 Station.

11 **A.** Yes.

12 **Q.** Thank you. In respect of the police stations, can you
13 just assist us: was the first incident and the second
14 incident both being investigated within the same police
15 station, so far as you are aware?

16 **A.** It is in the same location, so attended by officers from
17 the --

18 **Q.** The same station.

19 **A.** -- same police station, yes, but not necessarily
20 finished or dealt with ultimately by the same officer.

21 **Q.** Yes, but in terms of their physical location, where
22 officers are carrying out the investigations, where the
23 supervisors are supervising, for example, PS Power, was
24 she in the same police station or based in the same
25 location as you were or not?

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1 A. Sorry no, not at that time. No.

2 Q. We heard evidence very recently from PS Powar in
3 relation to the role of a supervisor and we went through
4 the policy. Did you see that evidence or hear that
5 evidence at all?

6 A. Yes.

7 Q. Do you agree in respect of the responsibilities of
8 a supervising officer?

9 A. Yes, absolutely.

10 Q. Thank you. Can we please turn to NGPF0000082. This is
11 the Occurrence Log in relation to the second incident.
12 If we could please turn to page 16. We can see there
13 your entry, three-quarters of the way down the page. We
14 can see your name on the right-hand side. At 11.54 on
15 9 June, is that your decision there?

16 A. Yes, it is.

17 Q. Thank you. Can you assist us with this. On the entry
18 above we see there 8 June "Victim contact" from
19 PC Marsden, and it says there that "Feven is aware that
20 the [officer in the case] ... cannot now progress the
21 prosecution any further which she understands."
22 That is 8 June. We then have your entry as
23 supervisor on 9 June at 11.54. Can you assist us, as
24 far as you are aware, whether the contact with the
25 victim is likely or unlikely to have occurred before you

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1 have entered your entry, 9 June?

2 A. Yes, from recollection, the day that he's entered that
3 I was back on a day shift, that was our first day back
4 after the incident where we discussed the matter and he
5 asked to go to visit the victim.

6 Q. So in fact you would have had those one-to-one type
7 reviews throughout the course of this investigation.

8 A. Yes, I did.

9 Q. Thank you. PC Marsden said that this case was being
10 approached as a GBH, grievous bodily harm. Is that your
11 recollection?

12 A. Yes, those injuries amounted to GBH. Although not known
13 at the time, that is what is recorded by the officers
14 who visited in the hospital.

15 Q. When you say "recorded", do we find on this incident log
16 reference to grievous bodily harm?

17 A. That earlier incident log talks of injuries that would
18 amount to grievous bodily harm.

19 Q. Do they say "grievous bodily harm"?

20 A. No, I don't think it references GBH specifically.

21 Q. And if we turn to page 1, for example, we can see the
22 occurrence type and it has there:
23 "Assault-ABH/Common".
24 Presumably common assault. Can you assist us, can
25 that occurrence entry be updated?

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1 reached your supervisor's decision?

2 A. No, I would have discussed this with PC Marsden before
3 he's gone to give her that update.

4 Q. Then you formalise it by entering that entry below.

5 A. That's correct.

6 Q. Thank you. Can we please look at page 15, and the top
7 of the page. Your entry on page 16 was 9 June. Are you
8 able to assist us with when you first became supervisor
9 in this case?

10 A. The officer in the case, PC Marsden, I was his
11 supervising officer so I was the supervisor throughout
12 the investigation, although I didn't attend the incident
13 because I wasn't on duty that night.

14 Q. Thank you, and we see there an entry from another
15 officer in respect of Feven's injuries, the fracture,
16 the operation. Were you aware of her injuries as set
17 out there in the Occurrence Log?

18 A. At the point where I have discussed the incident with
19 PC Marsden --

20 Q. Yes.

21 A. -- and became aware of it, yes, he updated me about
22 those injuries.

23 Q. We see there below, for example, a reference to him
24 having visited Feven at the hospital. Would you have
25 discussed those at the time before the date where you

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1 A. No, I don't believe it can.

2 Q. If it was being treated as a GBH, where would we expect
3 to see that in the Occurrence Log?

4 A. I think that comes -- although this is from memory --
5 under the stats classification it would be re-classified
6 that the original offence would be recorded as that at
7 the time of attendance.

8 Q. We heard from Inspector Powar earlier and it was her
9 belief that you could change the occurrence type. Is
10 your belief that in fact you can't?

11 A. I will be honest, I just can't recall enough because
12 I don't use NICHE much any more. As far as I know, it
13 gets reclassified under the stats classification but
14 I could be wrong.

15 Q. In your experience, if an incident had been reclassified
16 as a more serious incident, would you expect to see that
17 quite prominently in the Occurrence Log?

18 A. Yes.

19 Q. Would you expect to see it, for example -- I appreciate
20 this is a printout rather than the screen itself, but in
21 a printout would you expect to see it on the first page?

22 A. Yes, I think it would show.

23 Q. In this case, if we look at that first page, if we
24 scroll down, we don't see any reference there to GBH.

25 A. No.

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1 Q. Is it your evidence that this was or wasn't at some
2 point marked formally as a GBH?
3 A. It's not showing on there correctly as a GBH.
4 Q. In your view, it may not be showing there, do you think
5 it was or wasn't marked as GBH?
6 A. I would say it wasn't marked. It might be known but
7 that's not marked down on there.
8 Q. When you say known, known amongst who?
9 A. Known amongst myself and the officer investigating, but
10 that's not clear on here.
11 Q. We know that there was another incident on the same day.
12 Would it be easily known to those officers that this
13 case was being treated as a GBH?
14 A. Probably not.
15 Q. Do you see a problem there?
16 A. Yes.
17 Q. PC Marsden's evidence was also to the effect that if it
18 had been treated as GBH, there wouldn't be different
19 processes in terms of the level of investigation, the
20 amount of resources perhaps. Is that your belief?
21 A. In this instance, it was recorded as an ABH and the
22 investigation, I don't think, would have changed. The
23 fact that we found out it was a GBH days later, a lot of
24 the investigation had already taken place. So it was
25 quite thorough at that point even knowing that it was

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1 is but there will be some investigation policy that
2 states the best case scenario.
3 Q. And where do you think that threshold is in terms of
4 passing a GBH to a detective?
5 A. I would say that the policy will say GBH should sit to
6 be reviewed by a CID and investigated by a detective.
7 Q. All GBH?
8 A. Possibly in that policy. I'm not sure.
9 Q. So you think that there is possibly a policy that says
10 that all GBH cases should be investigated by a detective
11 but, in this particular case, you were treating it as
12 a GBH but it was sufficient for it to be investigated by
13 a police constable?
14 A. There could be that policy. I don't recall, but
15 I couldn't give you that exact answer. But in my
16 policing experience and at that time, not all GBHs were
17 investigated by CID.
18 Q. Thank you. So you don't know in fact whether there was
19 or wasn't a policy that would require a certain level of
20 officer for a GBH investigation. That's speculation?
21 A. It is, but I would say there will be.
22 Q. And when you say "there will be", it's likely, you
23 think, that in fact that would require a detective-led
24 inspection?
25 A. Yes.

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1 classified as a -- or should have been classified as
2 a GBH.
3 Q. You say it was thorough, it was thorough by a police
4 constable. You may hear of something referred to,
5 a detective-led investigation. Is that something
6 different?
7 A. Yes, it could be something that would be passed to CID.
8 Certainly some GBH investigations are.
9 Q. So, in fact, bearing that in mind, if it had been marked
10 as a GBH, formalised as a GBH, is it possible that it
11 may have been investigated by a detective rather than
12 a police constable?
13 A. My honest answer to that is I considered that at the
14 time. However, the investigation itself, whilst being
15 a GBH as per the injuries recorded, was quite complete.
16 It wasn't complex.
17 So, at that time, at the point of this incident
18 occurring, non-complex investigations was being recorded
19 as GBH did stay with frontline officers to investigate.
20 Q. And is there some sort of formal policy document that
21 tells you whether it should be passed to a detective,
22 the kind of GBHs or complexity that would lead to
23 a detective level investigation rather than
24 a constable-led investigation?
25 A. There probably is. I can't tell you exactly what that

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1 Q. Investigation. So, in fact, the likelihood is, so far
2 as you're aware, that this may be in breach of that
3 policy?
4 A. Yes.
5 Q. Thank you. Could we please turn to page 16. Not only
6 this may be in breach of that policy but, if that policy
7 does exist, many other investigations carried out by
8 Nottinghamshire Police, in your view, would breach that
9 policy because I think you said that it was quite
10 common, or certainly not rare, for GBH's to be
11 investigated just by police constables?
12 A. Yes, I wouldn't say it was common, but there's
13 a possibility, if it was a simple investigation, it
14 could stay with a response officer, yes.
15 Q. Thank you. So we are back on page 16. Can we please
16 look at your entry three-quarters of the way down the
17 page. You say as follows:
18 "In light of [the] update from [the]
19 hospital, [the] suspect has been deemed not to
20 have capacity at [the] time of [the] offence."
21 Just pausing there. We're going to see that it
22 was based on an email from Dr Seedat. Do you think
23 an email from a treating doctor is sufficient to deem
24 somebody not to have capacity at the time of the
25 offence?

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1 A. The email came from the consultant as a professional in
 2 charge of VC's health and, yes, it was a substantial
 3 email that described his opinion at that time.

4 Q. You say "his opinion", but you've written there "deemed
 5 not to have capacity". Is it just an opinion or is it
 6 realistically a determination, in your view?

7 A. It was a professional's opinion that was aware of his
 8 care and treatment at hospital. So I formed that it was
 9 a good opinion.

10 Q. I will carry on. It says:
 11 "Crime will be filed as undetected."
 12 We will get to that:
 13 "IP has been updated. Unable to proceed
 14 with any formal complaint, interview and
 15 conviction."
 16 It is the "unable to proceed with any interview"
 17 that I would like to focus on. How long did you think
 18 VC would be detained for?

19 A. I wasn't sure but I believe it could be up to 28 days.

20 Q. Yes. So that's a detention under section 2 of the
 21 Mental Health Act?

22 A. Yes.

23 Q. So at that time you believed he may be detained for up
 24 to 28 days. So why in that case could you not proceed
 25 with an interview?

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1 psychotic illness. He needed rapid
 2 tranquilisation at the very beginning of his stay
 3 but he has now settled and his mental health was
 4 somewhat improved.

5 "He had no recollection of the events
 6 prior to his admission and it will be my view that
 7 he was not in touch with reality around the time
 8 of his admission nor around the time of the
 9 incidents of causing damage to someone's door."

10 Dr Seedat wasn't there giving an opinion as to
 11 whether VC could or could not be interviewed, was he?

12 A. No.

13 Q. Have you received any information from Dr Seedat or from
 14 Highbury Hospital or from any other health services that
 15 suggested that VC could not be interviewed in relation
 16 to this offence?

17 A. No, not ... I mean, I don't ...

18 Q. Dr Seedat there says he had no recollection. That's
 19 through a conversation between Dr Seedat and VC. At
 20 this stage, you hadn't asked VC whether he had any
 21 recollection; is that right?

22 A. That's right, yes.

23 Q. The interview with the investigating officer,
 24 PC Marsden, hadn't asked VC whether he had any
 25 recollection; is that right?

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1 A. The email from Dr Seedat explained that VC was suffering
 2 from a psychotic episode and was unable to account for
 3 his actions. That is evidentially disclosable
 4 throughout this investigation. If we'd have continued
 5 the investigation to interview, it was my belief that
 6 that wouldn't have altered -- could have got a further
 7 update from the doctor -- but that initial report is
 8 still evidentially disclosable.

9 Q. It's evidentially disclosable?

10 A. Yes.

11 Q. Unable to "proceed" with an interview. Were you unable
 12 to proceed with an interview at that time?

13 A. He was unable to be interviewed at the point when he was
 14 in custody and from the doctor's opinion I didn't feel
 15 like he was able to be interviewed.

16 Q. What I want to understand is are you not interviewing
 17 because you don't think the case will proceed or are you
 18 not interviewing because you don't think VC was well
 19 enough to be interviewed?

20 A. Both.

21 Q. Can we look at Dr Seedat's email, please. That's at the
 22 top of the page. This is his email to PC Marsden. He
 23 says:
 24 "I can confirm that he presented with
 25 clear symptoms and signs suggestive of an acuter

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1 A. That's correct yes.

2 Q. Now we saw an email exchange between PC Marsden and
 3 Dr Seedat. That can be found at WITN0163012. We have
 4 there the email from Dr Seedat and the second email and
 5 he says:
 6 "I am happy to support you with your
 7 query but I need to know if there is a formal form
 8 to fill in or is it just an email?"

9 The answer from PC Marsden above was:
 10 "An email will suffice. I can then
 11 attach it to our crime system and inform my
 12 Sergeant of what you have decided."

13 In terms of the sufficiency of an email do you
 14 really think that an email is sufficient?

15 A. It was sufficient for me to base my decision on.
 16 I could have asked him to provide a witness statement.
 17 However, that may not have changed the outcome of his
 18 opinion.

19 Q. Is it typical to just receive an email and determine
 20 whether a crime has been decided without, for example,
 21 any kind of follow-up with the specialist, the
 22 consultant, no phone call, no witness statement, no
 23 other information other than an email? Is that
 24 sufficient?

25 A. Possibly not.

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1 Q. Reflecting on it now, was it sufficient?
 2 A. No. Reflecting on it now, sitting here today, we could
 3 have gone back and got further details in a more
 4 comprehensive way.
 5 Q. There are lots of coulds being said in that witness box.
 6 Are we now talking could or are we now talking should?
 7 A. Should.
 8 Q. NGPF0006002. This is a policy we have already looked
 9 at, "Dealing with Persons with Mental Health". Is this
 10 a policy you were aware of at the time?
 11 A. Yes, I am aware of --
 12 Q. Is it a policy you were trained in at the time?
 13 A. We do receive training for mental health procedures,
 14 probably not all aspects of the policy but there will be
 15 parts of it.
 16 Q. Could we turn to page 19. We see there at 3.5.1:
 17 "The fact that a suspect is believed to
 18 have mental ill health or learning difficulties
 19 must not preclude full investigation of an offence
 20 and should no only rarely prevent arrest and/or
 21 interview of an aspect.
 22 "A healthcare response to such suspects
 23 should not be seen as an alternative to criminal
 24 investigation or vice versa. In many cases there
 25 may be a need for both responses to take place

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1 undetected. Can we please bring onto screen
 2 NGPF0006054, please. This is the Nottinghamshire Police
 3 Crime Outcomes Procedural Guide. I would just like to
 4 explore with you the term "undetected". We will see
 5 that on the Occurrence Log. If we could please look at
 6 page 3.
 7 It appears that the term "undetected", we see that
 8 under section 3, is something that in fact no longer
 9 existed and that new recorded crime outcomes were
 10 introduced in 2014. Is that something you were aware of
 11 at the time?
 12 A. No, it is just a terminology I used based on --
 13 Q. So that's not an official outcome. You were using it to
 14 refer to what exactly?
 15 A. To show that there was no conviction if you like, or
 16 outcome from this investigation.
 17 Q. Because of course it hadn't been undetected, you had
 18 evidence as to who committed the offence, for example,
 19 and the damage that had been caused.
 20 A. Yes.
 21 Q. If we turn over the page, please, we can see Outcomes 9
 22 onwards. Am I right in saying that despite the fact
 23 that the word "undetected" is used in the log, in fact,
 24 it was also marked as "Outcome 12"; is that right?
 25 A. That is correct.

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1 alongside each other."
 2 It would have been consistent with that policy to
 3 have interviewed VC; do you agree with that.
 4 A. Yes.
 5 Q. If we go over the page, please, to page 20, at 3.5.2
 6 there are "Procedures for dealing with Mentally
 7 Disordered suspects". It says as follows in the third
 8 paragraph:
 9 "If the clinician determines that the
 10 suspect is fit for interview, but not to be
 11 arrested and detained at a police station,
 12 arrangements should be made to interview/RFS the
 13 suspect on Trust premises."
 14 Can you assist us, what does RFS mean?
 15 A. Report for summons.
 16 Q. Thank you. In respect of an interview on Trust
 17 premises, have you ever known an interview to have taken
 18 place on Trust premises?
 19 A. Very rarely, but I have known of one.
 20 Q. Thank you.
 21 Again, an interview on Trust premises or even
 22 before VC was fit to be released would have been
 23 consistent with this policy, wouldn't it?
 24 A. Yes.
 25 Q. Thank you. The matter was ultimately filed as

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1 Q. What do you understand by Outcome 12?
 2 A. That the suspect had been too ill physically or
 3 mentally, that we are unable to prosecute based on that
 4 reason.
 5 Q. Is that unable to prosecute based on their current state
 6 or is it unable to prosecute based on the state at the
 7 time of the offence?
 8 A. Based on the time of the offence.
 9 Q. Could we please go to NGPF0000068. This is the
 10 Occurrence Log for the first incident. Was this
 11 something you were aware of, the first incident?
 12 A. I knew there had been an incident earlier.
 13 Q. Did you look at the Occurrence Log at the time?
 14 A. I just can't recall, it being six years ago -- very
 15 possibly, but I can't recall.
 16 Q. If we turn please to page 21. We see there ultimately
 17 in 2021, the first incident had an Outcome 12 as well
 18 and there is a pro forma that appears below that. We
 19 don't see that pro forma in your Occurrence Log, the
 20 Occurrence Log for incident 2. Can we turn back please
 21 to NGPF0000082, page 16.
 22 Thank you. If we scroll down we can see that
 23 there is no similar pro forma there. Can you assist us
 24 with why that might be?
 25 A. I can't recall, possibly that I didn't do it and it

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1 should have been done. I can't remember when they were
2 introduced.

3 **Q.** Now, we see your entry there, and I have gone over it
4 before about "unable to proceed". At this stage you
5 knew who had carried out the actions; is that right?

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

7 **Q.** You had seen photographs of the damage; is that right?

8 **A.** Yes.

9 **Q.** So, looking back at it, as I said, "undetected" was
10 probably the wrong form of words to use; do you agree
11 with that?

12 **A.** Yes, in hindsight I can see that that is interpreted
13 badly. Yes.

14 **Q.** Can we please go back to the policy document,
15 NGPF0006002 and have a look at page 22/23. I'm not
16 going to go over these again but we have the section
17 here on "CPS Liaison" and "Public interest issues".

18 Was any thought given to these issues prior to
19 closing this matter?

20 **A.** Yes. There's a possibility I could refer the incident
21 to CPS for a charge decision.

22 **Q.** Does the fact that this was being treated as GBH make
23 any difference to that?

24 **A.** Yes. It could be that a GBH certainly would go to CPS
25 for a charge decision. But as the supervising officer,

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1 bodily harm, and bearing in mind that there were issues
2 involving mental illness, looking at this policy, do you
3 think this case should have been referred to the CPS?

4 **A.** Yes, yes, it should.

5 **Q.** Thank you. Can we please go back to the Occurrence Log.
6 That is NGPF0000082 and page 16. Can we look at the
7 bottom entry, please, 12th June. We have there the
8 victim being advised of the offender's impending release
9 from Highbury Hospital, advised that the offender is
10 getting mental health support to prevent further
11 incidents, and gave her contact details for support in
12 future.

13 That's only four days after telling the victim
14 that it couldn't be progressed. Do you see an issue
15 with that at all?

16 **A.** Yes, I -- several days after the incident has been
17 finalised, VC is released and that would be of concern
18 to the victim.

19 **Q.** But in terms of the investigation that was carried out,
20 it seems to have all happened and been concluded in
21 a very short space of time. There would have been
22 an opportunity, for example, to have interviewed him
23 once he was released. Do you think, on reflection, that
24 that investigation all concluded much too quickly?

25 **A.** All aspects of the investigation were in place at the

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1 I also have to reach -- well, consider the CPS charging
2 standards and in doing that I applied those standards,
3 the evidential test, public interest test and I did not
4 feel that this met the threshold to even refer it to
5 CPS.

6 **Q.** But if we see there CPS Liaison:

7 "In any case [in any case] where the charging of
8 a person known or believed to be subject of mental ill
9 health or a learning disorder is being considered, the
10 matter must be referred to the CPS".

11 Is that your understanding of the policy?

12 **A.** Yes, that's the policy written --

13 **Q.** And is that your understanding of the practice?

14 **A.** That's not my understanding of the practice, no.

15 **Q.** In relation to GBH, a more serious offence than ABH, in
16 your experience is it usual for that not to be referred
17 to the CPS?

18 **A.** I wouldn't say it is usual, but using the evidence that
19 I had at the time, that was the decision I made.

20 I didn't feel like it met the test to take it to CPS,
21 and there is an expectation by the CPS on supervisors
22 that only when it reaches that test does it get referred
23 to them, regardless as to the seriousness of any
24 offence.

25 **Q.** Bearing in mind that this was as serious as grievous

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1 time. I needed to make that decision and I made it
2 using the information I had before me at the time, which
3 was the victim's account, witness account, CCTV
4 enquiries, and that was the decision I made.

5 **Q.** I mean, the injury we've seen was pretty significant.
6 It was requiring an operation on the spine, treated as
7 GBH. In theory, that injury could have got worse over
8 the coming weeks, in theory she could have been
9 paralysed or something much worse, could have been an
10 infection. Looking back at that, do you think accepting
11 what Dr Seedat said and concluding the case so quickly
12 was an error?

13 **A.** Whilst it is only a couple of weeks, that email provided
14 the information that I felt therefore made it impossible
15 to take to CPS to get that decision, so, therefore, it
16 halted the investigation at that point.

17 **Q.** And on reflection looking at that email, do you really
18 think that that email was sufficient to close the
19 investigation so quickly?

20 **A.** At the time, it did feel like that. On reflection,
21 I could look back and say, yes, we could do more and go
22 back, re-visit Dr Seedat and re-visit VC for further
23 questions.

24 **Q.** And you used the word "could" again. How about
25 "should"?

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1 A. Should.

2 Q. Do you accept that?

3 A. I appreciate that that's what I could have done but with
4 the information at the time, I just made that decision
5 with the best of intentions.

6 Q. And do you think going off of a single email from
7 Dr Seedat was sufficient to make the decision you did?

8 A. I do at the time, yes.

9 Q. But what about today?

10 A. I still stand by my decision that the doctor's email
11 provided me the information that was evidentially
12 disclosable and therefore concluded my investigation.

13 Q. Why does disclosability matter?

14 A. Because the elements of the threshold test weren't met.
15 The doctor's disclosure shows that VC did not have *mens*
16 *rea* at the time of the offence.

17 Q. Did he have full detail of the offence?

18 A. I believe PC Marsden has updated him in the email of
19 what happened in the events.

20 Q. Was he provided with the statements, the photos?

21 A. No.

22 Q. Was he provided with information from the first incident
23 that day?

24 A. No.

25 Q. Was he provided with VC's interview that took place in

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1 recall if I had read it. I very possibly had.

2 Q. Very possibly. Going back to Dr Seedat's email,
3 thinking about what we've just been talking about,
4 things like the first incident and the details that
5 weren't provided to him, the fact that the two incidents
6 weren't linked, again re-visiting all of that, do you
7 think that you closed that case a little too quickly and
8 that more investigation and more enquiries, would have
9 been beneficial before closing it?

10 A. It's difficult to say because that may not have changed
11 anything that Dr Seedat said. Without asking him
12 directly I couldn't say, but that's a possibility had he
13 got more information.

14 Q. I would like to take you to a review that was carried
15 out by a detective constable. Can we please turn to
16 NGPF0007833. There was a review that took place after
17 the attacks of 2023. We have here an email from
18 DC Hall. Is DC Hall somebody that you know?

19 A. No, not personally.

20 Q. Could we please turn to page 5. There is a review
21 that's carried out in relation to the second incident
22 and I would just like to read to you some findings from
23 the Detective Constable. He says in the second
24 paragraph under "incident 2":
25 "The initial offence recorded was ABH, likely due

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1 respect of that first incident that day?

2 A. No.

3 Q. Do you recognise looking now that there are plenty of
4 other things that perhaps a doctor could have looked at
5 before providing an opinion?

6 A. Yes.

7 Q. If we look at page 1 of this Occurrence Log, there's no
8 mention there of the first incident at all in respect of
9 a formal link of the two incidents; is that right?

10 A. Yes.

11 Q. At that time, they weren't joined up at all. Do you
12 agree with that?

13 A. Yes.

14 Q. Before closing the case, might it have made sense to
15 have co-ordinated with those investigating the first
16 incident?

17 A. Yes. Again, I can't recall that would be my expectation
18 that we had a discussion, I had, with the investigating
19 officer to make sure that both himself has spoken to the
20 investigating officer of the first incident to make sure
21 both were aware of each other's jobs.

22 Q. Looking at this now, were you in any way aware of the
23 occurrence details in relation to that first incident
24 before closing the decision?

25 A. I knew there had been another incident. I just can't

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1 to the lack of confirmation of any broken bones,
2 however this should have been upgraded to GBH when the
3 extent of her injuries were known."

4 I'm going to read to you again a few
5 more paragraphs. He says:
6 "The two investigations were not joined
7 and run in parallel with different [officers in
8 the case] ... and lines of supervision. Had VC
9 accepted the C[onditional]C[auton] offered for
10 the criminal damage there would have been
11 a perverse outcome in which we refused to proceed
12 with a serious assault but did proceed with
13 a C[onditional]C[auton]. As above the
14 C[onditional]C[auton] would, more than likely,
15 have been inappropriate."

16 That's in relation to the first incident. He then
17 says:
18 "The basis for Outcome 12 is not clearly
19 rationalised, however I infer that PS Katie Sparks
20 concluded that there was insufficient evidence to
21 pass the evidential stage of the full code test
22 (and so refer to CPS) because of the letter from
23 Dr Seedat. The offence of GBH is not police
24 chargeable so the formal evidential test".
25 It seems to end there but the sentence doesn't

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1 finish. What's your view on that part? Do you think
2 that the offence of GBH is or isn't police chargeable
3 and should it or should not go to the CPS?
4 **A.** GBH is not police chargeable and should be referred to
5 the CPS, but, again, as I said before, applying the
6 threshold test is still expected of me in order to take
7 it to CPS.

8 **Q.** And the next paragraph says this:

9 "This decision is problematic because VC
10 was not interviewed about the offence and no
11 additional, formal, [Mental Health Act] ... was
12 conducted. Given the seriousness of the injuries
13 I believe the correct course of action would have
14 been to continue the investigation, interview VC
15 and consult the [Crown Prosecution Service] ...
16 for early investigative advice. The CPS provided
17 guidance on the subject and the below excerpt is
18 pertinent."

19 This is taken from the CPS's guidance. Their
20 guidance says:

21 "Mental health conditions do not provide
22 a carte blanche for criminal culpability or
23 an automatic exemption from liability. In the
24 case of serious offending its relevance may be to
25 sentencing and disposal rather than to the

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1 **Q.** In your experience, is there a reluctance at
2 Nottinghamshire Police to pass matters to the CPS that
3 relate to relatively low level offending involving
4 mental health?

5 **A.** I wouldn't say a reluctance but there is a realistic
6 application to anything that we would take to CPS. So
7 it would be considering that incident as a whole, the
8 evidence that we've got before us and whether it reaches
9 the threshold and if it doesn't, then we would probably
10 make the decision not to take it to CPS. That's an
11 individual basis as opposed to Nottinghamshire Police.

12 **Q.** In your experience, are officers less likely to refer
13 something to the CPS because it is either low level
14 offending or involves mental health or the two?

15 **A.** I wouldn't say it's specific to mental health. It would
16 probably be around possibly low level offending
17 depending on the evidence that they had got and whether
18 it was sufficient.

19 **Q.** And why is that different to the officer's finding, as
20 we see on the screen here?

21 **A.** It's almost best case scenario.

22 **Q.** So, in light of that, does this case fall below best
23 case scenario?

24 **A.** It did not reach that threshold and that was the
25 decision I made with what -- the information that I had.

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1 decision to prosecute. A thinking approach is
2 required when considering what information is
3 required and in explaining the purpose (evidential
4 and/or public interest factors) for which it is
5 sought."

6 Over the page please:

7 "The approach taken via Outcome 12
8 precludes conviction and imposition of
9 a hospital/treatment provision by way of sentence.
10 As the extract alludes to the decision or not to
11 charge in cases where M[ental]H[health] is a factor
12 are complex and for this reason alone referral to
13 the CPS should have been undertaken.

14 "The above doesn't necessarily mean
15 I believe the CPS would have come to a different
16 decision however I do believe the correct
17 application of the full code test by a prosecutor
18 would have provided a more transparent accountable
19 process in a case involving significant injury."

20 Reflecting on that, do you agree or not agree that
21 this case should have been referred to the CPS?

22 **A.** Yes, on reflection, reading that recommendation, I can
23 appreciate that this could have been taken to CPS and
24 for them to review it and see if they felt that it had
25 reached the full code test.

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1 So, yes, in comparison to that written, it falls below.

2 **Q.** Bearing in mind what is written there, did your decision
3 in this case fall below that best case, best practice?

4 **A.** Yes, you can say that. Yes.

5 **Q.** Thank you. Thank you, Chair. I don't have any further
6 questions. There are none from Mr Moloney.
7 Ms Cartwright has some questions.

8 **THE CHAIR:** I think what we will do -- how long are you
9 going to be, Ms Cartwright, because I'm aware that the
10 shorthand writer has been some time, as to whether we
11 start again at 2 o'clock.

12 **MS CARTWRIGHT:** I will only be five minutes. I'm happy to
13 deal with the question. There are two documents I am
14 going to take the witness to.

15 **THE CHAIR:** I think we will take a short break. In fact, we
16 will take the lunch break now and we will come back at
17 2 o'clock in case there's anything else. Thank you.

18 (12.55 pm)

(The lunch break)

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