Monday, 2nd March 2026

(10.00 am)

MR BLAKE: Good morning, Chair.

THE CHAIR: Good morning.

MR BLAKE: Can I please call PS Anthony Wilde.

THE CHAIR: Yes.

PS ANTHONY WILDE (affirmed)

THE CHAIR: Yes, thank you, please sit down.

Questioned by MR BLAKE

MR BLAKE: Inspector Wilde, you should have in front of you a witness statement dated 4 October 2025, it has a URN of WITN0008001. Can you confirm that that statement is true to the best of your knowledge and belief?

A. That's correct, yes it is, yes.

Q. You have been a police officer since 2002; is that correct?

A. That is correct.

Q. And you joined Nottinghamshire Police in 2008?

A. That is correct.

Q. You have been a custody sergeant, you have recently been promoted temporarily as a custody inspector within the custody suite; is that right?

A. That is correct, yes.

Q. As a custody sergeant, can you just assist us with what training you receive in relation to mental health?

A. I can't recall any specific training in place during our custody course.

Q. Nothing specific. You are here in respect of events that occurred on 24 May 2020, that's VC's first arrest on that day. You were working the night shift from 7 pm to 7 am. So am I right to understand that you started work on 23 May?

A. That is correct, yes.

Q. And you were doing the night shift over that evening. Could we please bring up onto screen the custody record. That is NGPF0000077. This is the principal document that we will be looking at this morning. Can you assist us, do investigating officers have access to the custody record?

A. Yes, they do, yes.

Q. In your experience do they review the custody record as part of their investigation?

A. I believe at times they do.

Q. Could we start on page 1. We can see if we zoom out slightly we can see an arrest time there of 12.20 am. If we go over the page, please, we can see that you have authorised detention. If we scroll down slightly we can see your name, if we scroll down slightly please.

In fact, if we just zoom out a little. There we go. We can see your name there, having authorised

detention at 12.50 am; is that correct?

A. That is correct, yes.

Q. Thank you. I'm just going to take you through some of the entries in this log. We are going to start at 1 am and that's the entry below. There are a series of questions there, for example:

"Do you have any illness or injury: Yes, if so, what and when ..."

It says:

"Was at hospital yesterday for chest pain."

"Have you seen a doctor ..."

It says:

"Was at QMC yesterday. Discharged with no need for further ..."

That must be medical care.

Over the page, please:

"If you are suffering from any mental health problems, depression or considered mentally vulnerable we must put specific support in place. Do you need this support?"

It says yes:

"If yes, give details ..."

It says:

"Hears voices, since the last five days

has not been sleeping."

Do you recall being told that?

A. I can't recall the specific interaction but that's what I have recorded so I expect that is what I expect I was told.

Q. Do you recall anything in relation to VC's presentation at that time?

A. Not really, six years ago, it's -- my memory of the event has faded.

Q. We see there the reference to the hospital, that was on the previous page. On receiving information that somebody who is presenting in custody has previously very recently been in hospital, are there any steps that are taken in respect of, for example, liaising with the hospital?

A. From my perspective as the custody sergeant then, it is most unlikely that the hospital would share that information with me as an individual.

Q. Do you have any experience of cases where you have liaised with a hospital in relation to somebody who says, "I spent last night in the hospital"?

A. No.

Q. I won't bring it onto screen but we have disclosed to Core Participants a document. The reference for the record is EMAS0000002. That was an ambulance record

that he was in fact taken to hospital the day before and that those who attended the scene, the ambulance crew, thought he might be suffering from acute mental health issues or under the influence of drugs. Is that something that was ever brought to your attention?
A. No, it wasn't. No.
Q. If we scroll down please to 1.01, there is another entry here:
"Is the detainee apparently suffering from any physical or mental condition? Yes Comments: query MH ..."
I assume that is mental health, is it?
A. That is correct.
Q. "DP to see HCP", can you explain that for us?
A. HCP is a healthcare professional and that would be the nurse or paramedic that's based placed in custody.
Q. Thank you. It was your view then that VC should see a healthcare professional?
A. That is correct, yes.
Q. If we look a couple of questions down. It says:
"Do any of the answers -- if you scroll up, the same entry. Thank you.
It says there:
"Do any of the answers above justify the creation of a Warning Signal? N[ot]/A[pplicable]

If so what?"
Can you assist us with what a warning signal is?
A. A warning signal is something that would be on the PNC, so the Police National Computer. That would flag for the attention of officers with any interaction. For example, a drug user, a warning signal might be created for that to indicate that they are using drugs or, for example, they might conceal items on their person. It is to warn us of previous situations or experiences.
Q. Are you aware of any warning signals that relate to mental health?
A. As an ailment, that could be created, yes.
Q. And how about violence?
A. Again, that could be created.
Q. And who would be creating the warning signal?
A. That could be the custody officer, can create that, the officer in the case or any officer involved in the case.
Q. Thank you. I'm going to go down now to the next entry that is at 1.03. Again, this is an entry by yourself. It says:
"Do you intend to set out a Care Plan? Yes."
Then it has "Comments":
"First time in custody was at QMC with chest pain yesterday but no issues. Query

M[ental] H[ealth]. Hears voices."
Can you assist us with what a care plan is, please?
A. That is what we put in place to assist how we look after somebody whilst they are in our custody.
Q. And the reference there to "no issues", is that based on a self-reporting from VC himself rather than carrying out any investigations yourselves?
A. In terms of the information that he passed to me having been to the hospital the previous day.
Q. In terms of risk to others, it says "Compliant although behaviour is a little peculiar. Be cautious".
What do you mean there by "be cautious"?
A. Obviously it is six years ago so my thought process behind that I can't quite remember. Obviously I have recorded that he's -- his behaviour is a little strange and that "be cautious" was to inform my colleagues basically to take care with any interaction with him.
Q. Is that a form of words that you typically use?
A. Not regularly.
Q. Does it indicate potential violence, for example, or is it used to indicate some other thing?
A. It could mean that. As far as I'm aware, at that point, he was an unknown entity to us, the police. His behaviour was strange and not to sort of take that for

granted really.
Q. Could we please scroll down to the next entry, that's at 1.06. This isn't an entry by yourself. Do you know who this is an entry by?
A. That's by one of the detention officers, Sarah Gooch, at the time.
Q. It says there:
"Medical ...
"Healthcare Professional Request."
Is this some sort of pro forma you fill in requesting a healthcare professional?
A. It is, yes.
Q. It says:
"[Sergeant] ... querying mental health issues and fitness to detain and interview".
So is that a reference to yourself?
A. That is correct, yes.
Q. What is the normal timescale in your experience for a healthcare professional to attend to a detained person?
A. It tends to depend on how busy they are, how busy the custody suite is. It can be within a few minutes, it can be in excess of an hour.
Q. At this stage, is there an opportunity to select a particular healthcare professional or is it always

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

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

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

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

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

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

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

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

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

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

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

"HCP recommends L3 camera obs. I have

requested officers return to complete this duty. There is also potential that DP may need to go to hospital for blood work?"

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

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

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

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

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

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

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

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

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

A. That is correct, yes.

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

A. That's all cases.

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

"Contact with Crisis Team. No record of any M[ental]H[ealth]."

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

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

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

A. That is correct, yes.

Q. It says:

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

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

A. With mental health professionals?

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

A. That is correct, yes.

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

"Details of care given; denies drugs/alcohol, denies previous m[ental]h[ealth]. Vacant, forgetful -- requiring several prompts to answer questions -- few word answers given -- lack of concentration and attention, looking around room but denies hallucinations.

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

Can you assist us with this:

"ED to rule out organic causes."

What is your understanding of that?

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

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

A. That is correct.

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

there that VC has been transferred to hospital, and then I would like to move on to the entry below. It is not an entry by yourself. Is that by another officer?
A. Another custody sergeant, yes.
Q. Thank you. We see there, we can see there:
"Detainee has now returned from hospital ..."
So by 4.04 he has returned. The PACE clock has restarted.
Can you assist us with what a PER form is?
A. A PER is a Prisoner Escort Record, a document.
Q. "... is returned and reviewed by the Custody Officer. Any medical information that has been provided by the hospital on release will be shared with the [healthcare professional] ... and the Custody Officer will consult with the [healthcare professional] reference fitness to detain/interview. Any medication provided by the hospital will also be reviewed by Custody Officer/HCP."
Then it says:
"DP has not had blood taken but seen by the senior consultant stated that his actions maybe more mental health."
Would you expect in those circumstances for a detainee to be returned to custody without somebody looking at them further?

A. That -- because that -- an individual is under arrest, that tends to be the case that they are brought back to police custody.
Q. But we see there that there is a reference to the consultant saying "his actions maybe more mental health". Typically, would you expect somebody to be kept at the hospital for further investigations or at that stage is it quite usual for them to be returned back to custody?
A. That's usual, yes.
Q. Thank you. If we go over the page, still moving on in time. I'm going to move now to 4.24. That's an entry on page 8.
We see an entry from yourself, it says:
"I have emailed the mental health clinician email box with details of this subject."
Can you assist us with what the mental health clinician email box is?
A. So that is a -- our means to complete a referral to the Liaison and Diversion team.
Q. So the Liaison Diversion team will see the product of your email?
A. That is correct.
Q. If we scroll down we can see that he is seen again by Nurse Finney at 4.35. I'm just going to take you to

a couple of entries there. It is over the page please.
It says there:
"Nil [healthcare professional] ... intervention required at this stage. Does not currently appear to be a threat of harm to himself or others ...
"... Refer to L&D"
So Liaison and Diversion:
"Contact [healthcare professional] ... If further concerns".
So the healthcare professional has determined that his fit to detain and the next step is for Liaison and Diversion to follow up; is that right?
A. That is correct, yes.
Q. It says there:
"Needs rest period/L&D assessment."
Can we please move on then to page 12. There is an entry there from D Lloyd from the Liaison and Diversion Service.
This is after your time I think, after your shift has finished, but I will just ask you about this to assist us. In fact, Dominic Lloyd is the Community Psychiatric Nurse; is that correct?
A. He is a member of the Liaison and Diversion team, yes.

Q. And it says there:
"DP not previously known to mental health services.
"Attended cell, explained role and remit of service, DP agreed to [the] assessment. Remained under blanket throughout, appears reasonably well contempt ... Very delayed in his responses, sometimes forgetting what had been asked of him, appears distracted, eyes dancing around -- appears to be responding to internal stimuli, when eventually he did respond gave rational response. Asked directly about voices, more obvious responding and eventually said no but I was under the impression he wanted to tell me otherwise.
"Have contacted EDT to request a full M[ental]H[ealth]A[ct] Assessment and awaiting call back."
If we go to page 38 we can see that by 2.06 in the afternoon, the entry just at the bottom -- thank you very much -- he appears to have gone for that Mental Health Act assessment. It says there "to MHA"; is that correct?
A. That is correct yes.
Q. Is that a normal amount of time to wait, until 2 o'clock

in the afternoon?
A. It is, yes.
Q. What would you expect to see in this log once a Mental Health Act Assessment has taken place?
A. Well, I would expect to see who was here in terms of the doctors, the social worker. I would expect to see where that assessment has taken place, be it in the detainee's cell or elsewhere, and I would expect there to be a note of the result of that assessment and a plan going forward.
Q. Is that the case even if somebody isn't ultimately needing to be sectioned, one way or another essentially?
A. Absolutely yes.
Q. We know that VC saw Dr Ghandi, Dr Malik(?), Ben Williams and Annette Palmer who didn't section him on that occasion but they did form the impression that it was a first episode of psychosis. Would you expect that kind of detail to be set out here in the detention log?
A. Yes, I would, yes.
Q. Who would you have expected to have entered that into the log?
A. I would expect the custody sergeant on duty at that time looking after him or whichever custody sergeant was given that information.
Q. Having reviewed this log in preparation for your

evidence today, do you see that information anywhere?
A. No, I do not.
Q. Could we just please bring up onto screen -- this isn't going to be a test and it is not a document that was in your bundle, but I think you will be familiar with it, it is RLIT0000005. It is just PACE, Code C, and if we could please turn to page 40, section 9.15, it refers there to what needs to be in a custody record, and it says:

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

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

It says:

"Any clinical directions and advice, including any further clarifications, given to police by a healthcare professional concerning the care and treatment of the detainee in connection with any of the arrangements made in (a) to (c)."

Is that the reason why you would expect to see it there or is there some other reason?
A. Well, clearly, that for some compliant with PACE you would expect to see it, but also to -- going forward, you want to know what's happened with that person and

what decision-making is in place.
Q. Thank you. I just want to take you to some College of Policing guidance. It is WITN0008002. This is the College of Policing detention and custody APP. Can we please look at page 84.

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

"The custody officer is responsible for ..."

Then the final one is:

"recording information in the custody record (including a record of all consultations with HCP)".

Now, HCP, we have seen that's usually a reference to the nurse, but does this in your view incorporate all medical consultations whilst in custody?
A. Yes, I would agree with that. Yes.
Q. Good. We see if we look down please a section on "Medical documentation". It says:

"Medical notes are not part of the custody record."

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

medical consultations and medical notes?
A. Well, the medical notes form part of whichever medical professional has written those notes and, therefore, are recorded on their system. Information that's -- or updates that are passed to us in custody, we would record a summary of that conversation that update on the custody record.
Q. Do you think that the distinction between the two is properly understood within the custody environment?
A. I believe so.
Q. Looking back at the detention log, do you think that there has in this case been a failure to record relevant information?
A. Yes, I would agree, yes.
Q. And one final -- I'll take you back please to the custody record. It is NGPF0000077. It is page 42. This is just the final entry that I'd like to take you to.

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

A. So, as I've stated, the drug testing for trigger offences had stopped. So, that wasn't happening.
Q. So even if the interviewing officer had wanted it to happen, it's your understanding that it wouldn't have been feasible?
A. It wasn't in existence at that time.
Q. Thank you. Finally, are there any changes to the systems that we've spoken about, whether it be Liaison and Diversion, HCP visits or otherwise that you would recommend?
A. Not that I can think at this point.
Q. Thank you very much. There will be some questions from Core Participants.
THE CHAIR: Yes. Mr Moloney. Thank you.

Questions from Mr Moloney

MR MOLONEY: Very briefly, Inspector. May I just take you to the custody record and to page 2 that Mr Blake took you to earlier. So it is NGPF0000077, page 2. It is down towards the bottom, I believe. There we are.

"Do you have any illness or injury: Yes. If so, what and when: WAS AT HOSPITAL YESTERDAY FOR CHEST PAIN."

Did you find anything else out about that?

A. No, I would tend to record what information I'm given. So I expect that's all I was told.

Q. So you didn't have any records provided to you, either from QMC or from EMAS (East Midlands Ambulance Service) who might have taken VC to hospital yesterday?
A. At the point of my interaction and involvement, that sharing of information, it simply doesn't exist at that snapshot.
Q. Would that be too difficult to arrange in such a short space of time?
A. It may come down to information sharing, it may be difficult. I'm not quite sure what the answer is to that.
Q. And this is absolutely no criticism of you whatsoever, but obviously when you had a person in custody who may be suffering from mental health problems and you were going to organise a Mental Health Act Assessment, then -- and I say with no criticism of you whatsoever -- a "visit to hospital yesterday with chest pain" may have been something that would be relevant to those carrying out the Mental Health Act Assessment?
A. It's possible that would be relevant, yes.
Q. That's all I ask. Thank you, Inspector.
THE CHAIR: Yes, Ms Cartwright.

Questions by MS CARTWRIGHT

MS CARTWRIGHT: Good morning, officer. Officer, can I first of all briefly ask you, you have told us that as part of

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

issues.
Q. Can we then -- with you saying that you might have pre-populated aspects of the pre-release risk assessment, can we just briefly look at that briefly together. It is NGPF0000077 and it is page 44.

Thank you. We can see on page 44 there the pre-release risk assessment completed by Custody Sergeant Swift and we can see a number of parameters that have to be addressed by the custody sergeant. Now, you have indicated that you might have dealt with the pre-population of this. Can you assist us a little more then about that. Looking at this now, can you see whether there was any aspect of that that you pre-populated during your time as custody sergeant that day?
A. I can't. That's unclear. The document, as you see it there, is finalised at the point of the custody record being closed down.

So what you can't see is any previous entries as part of that ongoing assessment.

What you are seeing is a snapshot of the record being closed.
Q. Right. Now, we can see there reference to VC being seen by the mental health team whilst in custody. You've already answered to Mr Blake fairly that Code C

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

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

there:
"Consider [Mental Health Act Assessment] of VC due to ... mannerism and behaviour."
Then it says this:
"The occupants of 11 are concerned that he may try and gain entry or cause further issues for them if he is released."
Can I ask you during the time you were custody sergeant that date, were you aware of that information contained in the police log?
A. No, I wasn't.
Q. Thank you. No further questions.
THE CHAIR: Yes. I have no questions. You are free to leave.
THE WITNESS: Thank you.
MR BLAKE: Chair, we have half-an-hour before we need to take a break, so shall we go straight on to Inspector Powar?
THE CHAIR: Yes, let's start with Inspector Powar and then we can always take a break, if we need to, slightly later.
MR BLAKE: Thank you.

PI SHARONJIT POWAR (affirmed)
Questioned by MR BLAKE

MR BLAKE: Thank you. You should have in front of you

a witness statement dated 16 November 2025; is that right?
A. That's correct, yes.
Q. And it has a URN of WITN0230001. Can you confirm that that statement is true to the best of your knowledge and belief?
A. That's correct, yes.
Q. Thank you. You've worked as a police officer since 2007, initially in the West Midlands; is that right?
A. That's correct, yes.
Q. And you transferred to Nottinghamshire Police in 2013?
A. I did, yes.
Q. And from 2018 you were promoted to the rank of sergeant.
A. I was, yes.
Q. As a sergeant you were for some time in the City Prisoner and Handling team; is that correct?
A. That is correct, yes.
Q. You were also at times an inspector or temporary inspector within that team as well.
A. I was, yes.
Q. There is a very complicated history set out in your statement of your various appointments and teams, but as at May 2020, you were a supervising sergeant; is that correct?
A. I was a sergeant, but not within the prisoner handling

team.
Q. You were supervising in respect of the incident that we know as incident 1; is that right?
A. I supervised that at the end when I was finalising the --
Q. So in 2021.
A. 2021, yes.
Q. Thank you very much. Currently since 2023 you have been a police inspector overseeing something called the Out of Court Resolution Team and the Evidential Review Team?
A. That is correct, yes.
Q. Thank you. As I said, we are going to focus on an incident that occurred on 24 May 2020, and we will look at your involvement later down the line during the course of that investigation. We see your name on the final outcome of the 28 September 2021; is that right?
A. That is correct, yes.
Q. Thank you. You were supervising PC Collins. Were you supervising PC Collins in respect of other work as well or just in respect of this case?
A. Yes, it would have been other work as well.
Q. Do you receive any specific training in relation to being a supervisor?
A. At that time when I was promoted, I can't recall any specific training.

Q. Could I bring onto screen the investigation procedure, that's NGPF0007921. This is the current investigation procedure. Is this a document you are familiar with?
A. I'm familiar with it now as part of this Inquiry, yes.
Q. I will take you through some entries here and you can tell me if you were familiar at the time with what's written in this policy or broadly similar information.

At the time, was there any training in any kind of procedure or any document similar to this that you were aware of?
A. Not that I'm aware of, no.
Q. Could we turn please to page 5. The third paragraph there says:

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

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

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

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

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

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

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

Just pausing there. Was that the same in 2021, that the "management of the investigation, including early outcomes and all disposal decisions will remain the responsibility of the supervisor/manager"?
A. That is correct, yes.
Q. Thank you.

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

Again, can you assist us, was that the policy as at 2021, that there should be regular supervisor reviews within 28 days for all investigations?
A. That is correct, yes.
Q. Thank you. If we go over the page please to section 13. That addresses the "Filing of investigations". Towards the bottom of the current page that we can see on the screen, it says:

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

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

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

review."
So you have a first review within 28 days and then you have reviews at least within every 28 days thereafter; is that right?
A. That is correct, yes.
Q. Again, was that the same in 2021 as it is here?
A. That is correct, yes.
Q. Thank you, and if we scroll down, please, a bit further, a little bit further towards the bottom of the page. It says:
"Content Advice
"Supervisors should discuss the case with the Investigator to ensure they have sufficient case knowledge; reasonable lines of enquiry have been identified and are being investigated expeditiously."
Again, the same in 2021?
A. That is correct, yes.
Q. Thank you. It seems from this policy that there is quite a heavy burden on a supervisor to be involved in the investigation; would you agree with that?
A. I would agree, yes.
Q. In your experience, is this policy or the equivalent to it at the time usually followed?
A. At the time I would say -- I would like to say it was

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

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

about the suspect's Mental Health situation. Revisit IP re damage/repairs. They can review an appropriate outcome."

Are you aware of any reason why it took so long to involve a supervisor?

A. The only reason I can think of is due to the sheer amount of work that comes through the Prisoner Handling Department and trying to keep on top of that as well as -- your reviews as well as the actual daily prisoners that are coming through.

Q. I'd like to get from you an indication of whether this is a unique case, common practice, something that occurs from time to time. Can you assist us?

A. I think back then it was something that was probably quite common -- not so much now. We have better performance management systems that help us highlight when reviews are due. We didn't back then.

Q. Thank you. If we continue scrolling down, please. We have an entry from 22 March from the investigator:

"Spoken to Liaison and Diversion."

Again, 22 March:

"Victim contact."

Could we please go over the page. An entry from the investigator, 22 March:

"Spoken to VC's doctor."

If we go the entry below:

"Victim contact," again by the investigating officer, hasn't been able to by this stage contact the victim.

If we go over the page, please. Again, an entry from the investigator on 7th May 2021 and then, at the bottom of this page, we have an entry from Inspector Mark Stanley. Again, this is -- now we are on 25th July. So in between those two dates that we have just been looking at, again, in your view, was the investigator properly supervised?

A. No.

Q. Do you know if Mark Stanley was the official supervisor at this stage? If we scroll down, we can see his message. Now, it has his name as the sender. PC Collins is one of the recipients. You are also one of the recipients. By this stage, are you in fact the supervisor?

A. I'm not sure if I was the -- when you say "supervisor" as the sergeant or the inspector. He may have cc'd me in as the inspector covering at the time and there was a bit of a cross-over between him and I. So yes.

Q. So was he head of -- effectively head of the City Prisoner Handling team?

A. He was, yes.

Q. So he would manage the supervisors?

A. Yes.

Q. Are you aware at this stage, so 25th July 2021, who was the supervisor for PC Collins in respect of this case?

A. I believe this may have been the time when there was a cross-over between myself and Sergeant Palethorpe when I was coming back and he was leaving the department.

Q. Thank you. It says:

"As a matter of urgency please ensure that an update is placed on the above OELs as to the current state of the investigation and the submissions to CPS etc. Please ensure that a meaningful update is applied to this crime, as a minimum every 28 days."

Now that reference to a "meaningful update", is that in respect of the investigator or the supervisor?

A. I believe that's in terms of the investigator because it's an email to her.

Q. So the investigator should also update every 28 days; is that right?

A. That's correct, yes.

Q. Can we please turn over the page to page 21. We see there, this is the first time that we see your name. 28 September 2021. This is 16 months after the incident occurred. We see that the outcome is outcome 12 "named suspect too ill to prosecute". Is that an appropriate length of time for an investigation to have taken place?

A. No.

Q. Can you recall as at 28 September whether you had any views as to whether it was or wasn't a very long time since the offence had occurred?

A. I can't recall what my thought process was at the time. There was so many incidents that you deal with.

Q. Can you recall when you came on board in this case?

A. I can only go from what I can see in front of me which would have been 28 September. I don't recall anything before that date.

Q. So is it likely that that in fact was your very first involvement in the case on 28th September?

A. It could have been.

Q. Now, we saw the entry from Inspector Stanley on 25th July 2021 and we now see your entry on 28th September 2021. For that period, do you think that the investigator was properly supervised?

A. No.

Q. You've set out in your witness statement the documents you would have reviewed as part of your supervision. Can we please bring that onto screen. It is WITN0230001. Can we look at page 7, paragraph 31, please. So we have there various documents: the arrest

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

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

A. That's correct, yes.

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

A. Not at this stage, no.

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

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

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

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

A. At the time of closing the incident?

Q. Yes.

A. No.

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

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

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

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

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

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

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

"Occurrence type: assault/ABH/common.

Would you expect it to have been shown there that it was now being treated as GBH, or it had been treated as a GBH?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A. I felt it was at the time, yes.
Q. On reflection do you now consider that it was appropriate?
A. I think having confirmation from Dr Seedat regarding it being the first incident, would have been a lot better, yes.
Q. Yes. Bearing that in mind, reflecting on the fact that the first incident was closed, do you now conclude that in fact that email was not sufficient?
A. Yes, I agree with that.
Q. Can we stick with the Occurrence Log, please. So that is the document on the right-hand side of the screen and go to page 21.

We will go back to -- this is your entry -- if we scroll down please we can see there "Outcome 12 - named suspect too ill to prosecute". Can you assist us with what that means?
A. That, at the time, they was just too ill to prosecute and take no further action.
Q. I'm going to take you to the interview with VC. Can we please turn to NGPF0000070. Had you, by this stage of closing the case of entering outcome 12, had you read the interview with VC?
A. Not the transcript, but there was a short summary on the occurrence from PC Collins.

Q. We know that this interview is only nine minutes long. Having read it now, is it the kind of interview that you would have expected to have taken place?
A. No, I think -- so it was -- some points to prove are covered. I think there could have been a bit more exploration in terms of his mental health, his understanding of recklessness.
Q. Yes. Let's have a look at page 3. We saw Dr Seedat's email. On page 3, for example, he is told about the events. He says:

"... the reason for this interview is, 'cause you were arrested on suspicion of criminal damage to the door of 12 Brook Court ..."

He says:

"I don't have much recollection."

Over the page. Bottom of page 4. I took PC Collins to these entries as well. There is reference there. He is asked:

"Okay do you remember doing that?"

He says:

"Err not really."

Page 5. Similarly halfway down the page we see another "Not really".

Do you know if this interview, this record of interview was provided to Dr Seedat?

A. I don't believe it was, no.
Q. Looking at this now do you consider that it may have been worth investigating the first incident a little bit more?
A. Yes, he could have potentially have been re-interviewed, asked, like I said, certain questions regarding his mental health. Yes.
Q. Do you think the mental health professional who was giving an opinion, for example, would have benefited from more information about the incident and more information about VC's account of the incident as given to the police?
A. Yes.
Q. Thank you. If we could go back again to the Occurrence Log please that is NGPF0000068. It is page 22.

Below this entry, below the pro forma it says:

"This case is in fact well over the 6 month S[tatutory]T[ime]L[imit]."

I think you now accept that that's not right.
A. That's not correct, no.
Q. "The suspect has been ill for some time and assessed by Dr Seedat as not being of sound mind when he committed this and another offence."

Based on your answer earlier in relation to

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

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

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

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

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

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

achieve that before the break. Can we please go back to NGPF0006002 and page 23. 22/23 in fact, sorry.

We have there "CPS Liaison" and "Public interest issues". If we scroll up, thank you.

"CPS Liaison", you may have seen me take other witnesses through this document. It says there:

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

Is that something you were aware of as at 2021?

A. I can't recall seeing that in 2021.
Q. Did you consider passing the case to the CPS?
A. No. For a charging decision, no. The decision was for the police due to it being under £5,000.
Q. Irrespective of mental health?
A. Irrespective of I believe mental health, yes.
Q. If we go down to the "Public interest issues", it says:

"Where a person experiencing a mental disorder commits an offence, it is sometimes presumed that the offence is linked to the mental disorder. This is often not the case the mentally disordered offender may then proceed through the

Criminal Justice System."

You can see the issues there with people being labelled as unfit to prosecute, and it says:

"Under certain circumstances it may be necessary to prosecute an offender to allow Mental Health Treatment orders, Hospital Orders and/or other statutory support. This will certainly be the case for serious crimes."

Looking back at those other offences that occurred after the first incident, if you had been aware of those, presumably you would have considered it to be a more serious crime; would you agree with that?

A. Yes, I agree with that. Yes.
Q. Thinking about improvements that can be made to the system, you haven't looked at those other incidents, what do you think can be done in order to flag those kind of incidents to supervising officers?
A. I don't necessarily think they need to be flagged, I think they are available to us. You can go through -- you could have gone through VC's record and looked at all associated occurrences on NICHE, and that would have been available to us to review what the risks were.
Q. Looking back at your failure to do so, do you consider that was something that was quite widespread in Nottinghamshire Police in respect of those kinds of

incidents?
A. In my opinion, yes.
Q. What do you think can be done to change that?
A. I think just better training in terms of what to look out for when you are making these decisions to take no further action. This is something that officers do have access to.
Q. Finally, you have recorded as "Outcome 12", and you say in your statement you could have recorded it as "Outcome 15". Can you assist us, what is Outcome 15?
A. That's when there is evidential difficulties, and I have outlined in my statement that is due to me believing there was no realistic prospect of conviction due to the letter from Dr Seedat.
Q. Outcome 12 would have flagged it at least as a mental health issue, would that be the same for Outcome 15?
A. Not necessarily -- not looking at the outcome code, it would be within the occurrence and the explanation from the supervising officer.
Q. Can you see any issue with the outcome codes and whether, for example, if you had marked it as Outcome 15, a future officer picking it up might in fact not understand that it was based on a mental health concerns if, for example, they don't check the Occurrence Log as thoroughly as they should?

A. Yes --
Q. Thank you. Finally, just stepping back, do you think this case received the attention that it deserved?
A. No.
Q. Thank you.

Chair, those are all of my questions. There are some questions from Core Participants. I'm told by Mr Moloney five minutes and Ms Cartwright the same.

THE CHAIR: Well, I think we will continue until we finish this witness. Thank you, Mr Moloney.

Questions from MR MOLONEY

MR MOLONEY: Good morning. On 29th July of 2021, VC was offered a conditional caution by PC Collins. Do you know that?
A. I'm aware of that, yes.
Q. And did you know that he said he'd done nothing wrong and wanted to go to court?
A. I wasn't aware of that until I looked at this as part of the Inquiry.
Q. Right. And you told Mr Blake that you weren't aware that VC had seriously assaulted officers on 3rd September 2021?
A. Yes.
Q. And you weren't aware of the incident reported by Sebastian in July of 2021?

A. That's correct, yes.
Q. You were in a position where there was a woman who had really serious injuries following an incident with VC and there were two events in one day in May of 2020 that you were aware of, yes?
A. Correct, yes.
Q. It's a potentially very dangerous situation. Why didn't you check to see if there was anything else about this man one year on?
A. I don't know. It was missed by me.
Q. Is it not a basic first step to see who this man is before you take decisions about what to do with him when his behaviour has resulted in serious injuries to somebody that you know about?
A. Yes, I could have done. Yes.
Q. The question I asked is it not a basic first step a year on, over a year on, when a man's behaviour has led to really serious injuries to a woman just to find out if there's been anything else since?
A. It is a basic step. However, my decision was based on that incident alone in the first incident.
Q. It had to because you didn't know anything about the other incidents, did you?
A. I didn't but I don't think it would have changed my decision-making.

Q. Can I ask you please to look at a document, CYGN0000056. Now, you didn't know about the incident of 3rd September 2021 when VC had seriously assaulted a number of officers and particularly PC Pritchard?
A. Correct.
Q. So you didn't know he was in a psychiatric intensive care unit on 23rd September 2021?
A. Correct.
Q. And there is a relevance to my asking you about this, Sergeant Powar, which I will come on to but can I just look at the decision first. This is First-tier Tribunal. VC has applied to be released on 15 September of 2021. This is a hearing on 23rd September 2021 and the decision we see there is that:

"The patient shall not be discharged from liability to be detained."

If we go further down the page, staying on the same page, we can see that the patient was represented and we also see under "pre-hearing" that there was a pre-hearing examination of the patient at 9.00 that morning of 23rd September. Yes?
A. Correct.
Q. If we could go over to page 2, we can see that the decision was announced at the end of the remote hearing

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

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

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

You didn't know any of this obviously?

A. I didn't, no.

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

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

Q. PC Collins didn't tell you that?

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

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

A. No.

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

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

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

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

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

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

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

A. No.

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

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

A. I believe -- on 4 October?

Q. 23rd September.

A. It may well have done.

Q. And 4 October?

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

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

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

We see at "Keeping connected":

"No contact with friends or family."

"Enjoys his own company on smart phone and Kindle to read books."

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

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

3 September and his readmission to hospital he says:

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

I appreciate this is after the decision on 4 October to close this matter, but information of that type as to his reaction to police involvement is material that would have been relevant to your decision.

A. I wasn't aware of this document.

Q. Thank you very much, Sergeant.

Questioned by MS CARTWRIGHT

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

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

Can I ask you, when you were performing the

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

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

Q. You were aware of that?

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

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

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

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

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

A. I think so, yes.

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

A. I wasn't aware, no.

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

A. Yes, I agree with that.

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

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

A. They would have been within the NICHE systems.

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

A. I don't recall that, no.

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

A. I wasn't aware, no.

Q. Thank you.

THE CHAIR: Thank you, Ms Cartwright.

Questioned by MR BEGGS

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

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

A. No.

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

A. No, we are not.

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

A. Discontinue it.

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

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

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

A. No.

Q. Thank you very much.

Further Questioned by MR BLAKE

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

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

Questioned by THE CHAIR

THE CHAIR: Yes, I just wanted to ask a couple of questions. The first is, we have two incidents on the same day, same sort of behaviour; one leads to a quite serious injury, same place, same community if you like, and the second -- the first is the one that you were involved in later. Would you have expected those incidents to be linked in some way?
A. I would have expected them to be linked. However, the way prisoner handling team work is they need a prisoner to deal with, and I believe on the second incident he was then sectioned, which meant there was no prisoner, and I think that's why the jobs have ended up being dealt with separately. But, ultimately, they should have been linked.
THE CHAIR: So they may not have been linked at the outset because, as you have said, he was being sectioned, but could have been linked after that.
A. Yes.
THE CHAIR: What would have been the benefits, if there were benefits, of doing that?

A. I think we would have had a -- Dr Seedat would have had a fuller review of both incidents; one officer in charge of the case, which causes less confusion amongst partner agencies, and also, in this case, VC; and we would have been aware of the full status of both cases, that the other one was a lot more serious in terms of the injuries.
THE CHAIR: Then going back to that reasonable prospects of conviction, obviously, it was dependent, as you say, on Dr Seedat's evidence which was an email in relation to another case, if those two cases had been linked, do you think that would have been sufficient, that single email?
A. Yes, I think it would have been -- it would have highlighted --

(Unclear: overspeaking)

THE CHAIR: *(Unclear)* both cases.
A. For this but certainly for the -- potentially for the first one, yes.
THE CHAIR: One of these cases was closed down within a matter of days. The one that you're concerned with took 16 months overall and was perhaps less serious. Is there any reason why?
A. The only reason I can think of and give is just the volume of cases that come through the prisoner handling

department and the officer's workload. It was also a case where I believe the officer had gone into isolation herself, due to Covid. Yes, just the sheer volume that comes through the department.
THE CHAIR: Yes, thank you. That completes your evidence and we will now take a break until 12.10 pm. Thank you.
(11.48 pm)

(A short break)

(12.10 pm)
MR BLAKE: Thank you, Chair. Can we please call PS Katie Sparks.
THE CHAIR: Yes.

PS Katie Sparks (affirmed)

Questioned by MR BLAKE

MR BLAKE: Thank you very much. You should have in front of you a witness statement dated 20 October 2025; is that right?
A. That's correct.
Q. Thank you it has a URN of WITN0020001. Can you confirm that that statement is true to the best of your knowledge and belief?
A. It is.
Q. Thank you very much. PS Katie Sparks you joined Nottinghamshire Police in 2000; is that right?

A. That's right.
Q. You were promoted to sergeant in 2004.
A. Yes.
Q. We are here to talk about an incident that occurred on 24 May of 2020. It's what we know as the second incident. At the relevant time you were a response sergeant; is that right?
A. That's correct.
Q. You were supervising PC Marsden at Radford Road Police Station.
A. Yes.
Q. Thank you. In respect of the police stations, can you just assist us: was the first incident and the second incident both being investigated within the same police station, so far as you are aware?
A. It is in the same location, so attended by officers from the --
Q. The same station.
A. -- same police station, yes, but not necessarily finished or dealt with ultimately by the same officer.
Q. Yes, but in terms of their physical location, where officers are carrying out the investigations, where the supervisors are supervising, for example, PS Powar, was she in the same police station or based in the same location as you were or not?

A. Sorry no, not at that time. No.
Q. We heard evidence very recently from PS Powar in relation to the role of a supervisor and we went through the policy. Did you see that evidence or hear that evidence at all?
A. Yes.
Q. Do you agree in respect of the responsibilities of a supervising officer?
A. Yes, absolutely.
Q. Thank you. Can we please turn to NGPF0000082. This is the Occurrence Log in relation to the second incident. If we could please turn to page 16. We can see there your entry, three-quarters of the way down the page. We can see your name on the right-hand side. At 11.54 on 9 June, is that your decision there?
A. Yes, it is.
Q. Thank you. Can you assist us with this. On the entry above we see there 8 June "Victim contact" from PC Marsden, and it says there that "Feven is aware that the [officer in the case] ... cannot now progress the prosecution any further which she understands."
That is 8 June. We then have your entry as supervisor on 9 June at 11.54. Can you assist us, as far as you are aware, whether the contact with the victim is likely or unlikely to have occurred before you

reached your supervisor's decision?
A. No, I would have discussed this with PC Marsden before he's gone to give her that update.
Q. Then you formalise it by entering that entry below.
A. That's correct.
Q. Thank you. Can we please look at page 15, and the top of the page. Your entry on page 16 was 9 June. Are you able to assist us with when you first became supervisor in this case?
A. The officer in the case, PC Marsden, I was his supervising officer so I was the supervisor throughout the investigation, although I didn't attend the incident because I wasn't on duty that night.
Q. Thank you, and we see there an entry from another officer in respect of Feven's injuries, the fracture, the operation. Were you aware of her injuries as set out there in the Occurrence Log?
A. At the point where I have discussed the incident with PC Marsden --
Q. Yes.
A. -- and became aware of it, yes, he updated me about those injuries.
Q. We see there below, for example, a reference to him having visited Feven at the hospital. Would you have discussed those at the time before the date where you

have entered your entry, 9 June?
A. Yes, from recollection, the day that he's entered that I was back on a day shift, that was our first day back after the incident where we discussed the matter and he asked to go to visit the victim.
Q. So in fact you would have had those one-to-one type reviews throughout the course of this investigation.
A. Yes, I did.
Q. Thank you. PC Marsden said that this case was being approached as a GBH, grievous bodily harm. Is that your recollection?
A. Yes, those injuries amounted to GBH. Although not known at the time, that is what is recorded by the officers who visited in the hospital.
Q. When you say "recorded", do we find on this incident log reference to grievous bodily harm?
A. That earlier incident log talks of injuries that would amount to grievous bodily harm.
Q. Do they say "grievous bodily harm"?
A. No, I don't think it references GBH specifically.
Q. And if we turn to page 1, for example, we can see the occurrence type and it has there:
"Assault-ABH/Common".
Presumably common assault. Can you assist us, can that occurrence entry be updated?

A. No, I don't believe it can.
Q. If it was being treated as a GBH, where would we expect to see that in the Occurrence Log?
A. I think that comes -- although this is from memory -- under the stats classification it would be re-classified that the original offence would be recorded as that at the time of attendance.
Q. We heard from Inspector Powar earlier and it was her belief that you could change the occurrence type. Is your belief that in fact you can't?
A. I will be honest, I just can't recall enough because I don't use NICHE much any more. As far as I know, it gets reclassified under the stats classification but I could be wrong.
Q. In your experience, if an incident had been reclassified as a more serious incident, would you expect to see that quite prominently in the Occurrence Log?
A. Yes.
Q. Would you expect to see it, for example -- I appreciate this is a printout rather than the screen itself, but in a printout would you expect to see it on the first page?
A. Yes, I think it would show.
Q. In this case, if we look at that first page, if we scroll down, we don't see any reference there to GBH.
A. No.

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

classified as a -- or should have been classified as a GBH.
Q. You say it was thorough, it was thorough by a police constable. You may hear of something referred to, a detective-led investigation. Is that something different?
A. Yes, it could be something that would be passed to CID. Certainly some GBH investigations are.
Q. So, in fact, bearing that in mind, if it had been marked as a GBH, formalised as a GBH, is it possible that it may have been investigated by a detective rather than a police constable?
A. My honest answer to that is I considered that at the time. However, the investigation itself, whilst being a GBH as per the injuries recorded, was quite complete. It wasn't complex.

So, at that time, at the point of this incident occurring, non-complex investigations was being recorded as GBH did stay with frontline officers to investigate.
Q. And is there some sort of formal policy document that tells you whether it should be passed to a detective, the kind of GBHs or complexity that would lead to a detective level investigation rather than a constable-led investigation?
A. There probably is. I can't tell you exactly what that

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

Q. Investigation. So, in fact, the likelihood is, so far as you're aware, that this may be in breach of that policy?
A. Yes.
Q. Thank you. Could we please turn to page 16. Not only this may be in breach of that policy but, if that policy does exist, many other investigations carried out by Nottinghamshire Police, in your view, would breach that policy because I think you said that it was quite common, or certainly not rare, for GBH's to be investigated just by police constables?
A. Yes, I wouldn't say it was common, but there's a possibility, if it was a simple investigation, it could stay with a response officer, yes.
Q. Thank you. So we are back on page 16. Can we please look at your entry three-quarters of the way down the page. You say as follows:

"In light of [the] update from [the] hospital, [the] suspect has been deemed not to have capacity at [the] time of [the] offence."

Just pausing there. We're going to see that it was based on an email from Dr Seedat. Do you think an email from a treating doctor is sufficient to deem somebody not to have capacity at the time of the offence?

A. The email came from the consultant as a professional in charge of VC's health and, yes, it was a substantial email that described his opinion at that time.
Q. You say "his opinion", but you've written there "deemed not to have capacity". Is it just an opinion or is it realistically a determination, in your view?
A. It was a professional's opinion that was aware of his care and treatment at hospital. So I formed that it was a good opinion.
Q. I will carry on. It says:
"Crime will be filed as undetected."
We will get to that:
"IP has been updated. Unable to proceed with any formal complaint, interview and conviction."
It is the "unable to proceed with any interview" that I would like to focus on. How long did you think VC would be detained for?
A. I wasn't sure but I believe it could be up to 28 days.
Q. Yes. So that's a detention under section 2 of the Mental Health Act?
A. Yes.
Q. So at that time you believed he may be detained for up to 28 days. So why in that case could you not proceed with an interview?

A. The email from Dr Seedat explained that VC was suffering from a psychotic episode and was unable to account for his actions. That is evidentially disclosable throughout this investigation. If we'd have continued the investigation to interview, it was my belief that that wouldn't have altered -- could have got a further update from the doctor -- but that initial report is still evidentially disclosable.
Q. It's evidentially disclosable?
A. Yes.
Q. Unable to "proceed" with an interview. Were you unable to proceed with an interview at that time?
A. He was unable to be interviewed at the point when he was in custody and from the doctor's opinion I didn't feel like he was able to be interviewed.
Q. What I want to understand is are you not interviewing because you don't think the case will proceed or are you not interviewing because you don't think VC was well enough to be interviewed?
A. Both.
Q. Can we look at Dr Seedat's email, please. That's at the top of the page. This is his email to PC Marsden. He says:
"I can confirm that he presented with clear symptoms and signs suggestive of an acuter

psychotic illness. He needed rapid tranquilisation at the very beginning of his stay but he has now settled and his mental health was somewhat improved.
"He had no recollection of the events prior to his admission and it will be my view that he was not in touch with reality around the time of his admission nor around the time of the incidents of causing damage to someone's door."
Dr Seedat wasn't there giving an opinion as to whether VC could or could not be interviewed, was he?
A. No.
Q. Have you received any information from Dr Seedat or from Highbury Hospital or from any other health services that suggested that VC could not be interviewed in relation to this offence?
A. No, not ... I mean, I don't ...
Q. Dr Seedat there says he had no recollection. That's through a conversation between Dr Seedat and VC. At this stage, you hadn't asked VC whether he had any recollection; is that right?
A. That's right, yes.
Q. The interview with the investigating officer, PC Marsden, hadn't asked VC whether he had any recollection; is that right?

A. That's correct yes.
Q. Now we saw an email exchange between PC Marsden and Dr Seedat. That can be found at WITN0163012. We have there the email from Dr Seedat and the second email and he says:
"I am happy to support you with your query but I need to know if there is a formal form to fill in or is it just an email?"
The answer from PC Marsden above was:
"An email will suffice. I can then attach it to our crime system and inform my Sergeant of what you have decided."
In terms of the sufficiency of an email do you really think that an email is sufficient?
A. It was sufficient for me to base my decision on. I could have asked him to provide a witness statement. However, that may not have changed the outcome of his opinion.
Q. Is it typical to just receive an email and determine whether a crime has been decided without, for example, any kind of follow-up with the specialist, the consultant, no phone call, no witness statement, no other information other than an email? Is that sufficient?
A. Possibly not.

Q. Reflecting on it now, was it sufficient?
A. No. Reflecting on it now, sitting here today, we could have gone back and got further details in a more comprehensive way.
Q. There are lots of coulds being said in that witness box. Are we now talking could or are we now talking should?
A. Should.
Q. NGPF0006002. This is a policy we have already looked at, "Dealing with Persons with Mental Health". Is this a policy you were aware of at the time?
A. Yes, I am aware of --
Q. Is it a policy you were trained in at the time?
A. We do receive training for mental health procedures, probably not all aspects of the policy but there will be parts of it.
Q. Could we turn to page 19. We see there at 3.5.1:

"The fact that a suspect is believed to have mental ill health or learning difficulties must not preclude full investigation of an offence and should no only rarely prevent arrest and/or interview of an aspect.

"A healthcare response to such suspects should not be seen as an alternative to criminal investigation or vice versa. In many cases there may be a need for both responses to take place

alongside each other."

It would have been consistent with that policy to have interviewed VC; do you agree with that.
A. Yes.
Q. If we go over the page, please, to page 20, at 3.5.2 there are "Procedures for dealing with Mentally Disordered suspects". It says as follows in the third paragraph:

"If the clinician determines that the suspect is fit for interview, but not to be arrested and detained at a police station, arrangements should be made to interview/RFS the suspect on Trust premises."

Can you assist us, what does RFS mean?
A. Report for summons.
Q. Thank you. In respect of an interview on Trust premises, have you ever known an interview to have taken place on Trust premises?
A. Very rarely, but I have known of one.
Q. Thank you.

Again, an interview on Trust premises or even before VC was fit to be released would have been consistent with this policy, wouldn't it?
A. Yes.
Q. Thank you. The matter was ultimately filed as

undetected. Can we please bring onto screen NGPF0006054, please. This is the Nottinghamshire Police Crime Outcomes Procedural Guide. I would just like to explore with you the term "undetected". We will see that on the Occurrence Log. If we could please look at page 3.

It appears that the term "undetected", we see that under section 3, is something that in fact no longer existed and that new recorded crime outcomes were introduced in 2014. Is that something you were aware of at the time?
A. No, it is just a terminology I used based on --
Q. So that's not an official outcome. You were using it to refer to what exactly?
A. To show that there was no conviction if you like, or outcome from this investigation.
Q. Because of course it hadn't been undetected, you had evidence as to who committed the offence, for example, and the damage that had been caused.
A. Yes.
Q. If we turn over the page, please, we can see Outcomes 9 onwards. Am I right in saying that despite the fact that the word "undetected" is used in the log, in fact, it was also marked as "Outcome 12"; is that right?
A. That is correct.

Q. What do you understand by Outcome 12?
A. That the suspect had been too ill physically or mentally, that we are unable to prosecute based on that reason.
Q. Is that unable to prosecute based on their current state or is it unable to prosecute based on the state at the time of the offence?
A. Based on the time of the offence.
Q. Could we please go to NGPF0000068. This is the Occurrence Log for the first incident. Was this something you were aware of, the first incident?
A. I knew there had been an incident earlier.
Q. Did you look at the Occurrence Log at the time?
A. I just can't recall, it being six years ago -- very possibly, but I can't recall.
Q. If we turn please to page 21. We see there ultimately in 2021, the first incident had an Outcome 12 as well and there is a pro forma that appears below that. We don't see that pro forma in your Occurrence Log, the Occurrence Log for incident 2. Can we turn back please to NGPF0000082, page 16.

Thank you. If we scroll down we can see that there is no similar pro forma there. Can you assist us with why that might be?
A. I can't recall, possibly that I didn't do it and it

should have been done. I can't remember when they were introduced.
Q. Now, we see your entry there, and I have gone over it before about "unable to proceed". At this stage you knew who had carried out the actions; is that right?
A. That's correct, yes.
Q. You had seen photographs of the damage; is that right?
A. Yes.
Q. So, looking back at it, as I said, "undetected" was probably the wrong form of words to use; do you agree with that?
A. Yes, in hindsight I can see that that is interpreted badly. Yes.
Q. Can we please go back to the policy document, NGPF0006002 and have a look at page 22/23. I'm not going to go over these again but we have the section here on "CPS Liaison" and "Public interest issues".
Was any thought given to these issues prior to closing this matter?
A. Yes. There's a possibility I could refer the incident to CPS for a charge decision.
Q. Does the fact that this was being treated as GBH make any difference to that?
A. Yes. It could be that a GBH certainly would go to CPS for a charge decision. But as the supervising officer,

I also have to reach -- well, consider the CPS charging standards and in doing that I applied those standards, the evidential test, public interest test and I did not feel that this met the threshold to even refer it to CPS.
Q. But if we see there CPS Liaison:
"In any case [in any case] where the charging of a person known or believed to be subject of mental ill health or a learning disorder is being considered, the matter must be referred to the CPS".
Is that your understanding of the policy?
A. Yes, that's the policy written --
Q. And is that your understanding of the practice?
A. That's not my understanding of the practice, no.
Q. In relation to GBH, a more serious offence than ABH, in your experience is it usual for that not to be referred to the CPS?
A. I wouldn't say it is usual, but using the evidence that I had at the time, that was the decision I made. I didn't feel like it met the test to take it to CPS, and there is an expectation by the CPS on supervisors that only when it reaches that test does it get referred to them, regardless as to the seriousness of any offence.
Q. Bearing in mind that this was as serious as grievous

bodily harm, and bearing in mind that there were issues involving mental illness, looking at this policy, do you think this case should have been referred to the CPS?
A. Yes, yes, it should.
Q. Thank you. Can we please go back to the Occurrence Log. That is NGPF0000082 and page 16. Can we look at the bottom entry, please, 12th June. We have there the victim being advised of the offender's impending release from Highbury Hospital, advised that the offender is getting mental health support to prevent further incidents, and gave her contact details for support in future.
That's only four days after telling the victim that it couldn't be progressed. Do you see an issue with that at all?
A. Yes, I -- several days after the incident has been finalised, VC is released and that would be of concern to the victim.
Q. But in terms of the investigation that was carried out, it seems to have all happened and been concluded in a very short space of time. There would have been an opportunity, for example, to have interviewed him once he was released. Do you think, on reflection, that that investigation all concluded much too quickly?
A. All aspects of the investigation were in place at the

time. I needed to make that decision and I made it using the information I had before me at the time, which was the victim's account, witness account, CCTV enquiries, and that was the decision I made.
Q. I mean, the injury we've seen was pretty significant. It was requiring an operation on the spine, treated as GBH. In theory, that injury could have got worse over the coming weeks, in theory she could have been paralysed or something much worse, could have been an infection. Looking back at that, do you think accepting what Dr Seedat said and concluding the case so quickly was an error?
A. Whilst it is only a couple of weeks, that email provided the information that I felt therefore made it impossible to take to CPS to get that decision, so, therefore, it halted the investigation at that point.
Q. And on reflection looking at that email, do you really think that that email was sufficient to close the investigation so quickly?
A. At the time, it did feel like that. On reflection, I could look back and say, yes, we could do more and go back, re-visit Dr Seedat and re-visit VC for further questions.
Q. And you used the word "could" again. How about "should"?

A. Should.
Q. Do you accept that?
A. I appreciate that that's what I could have done but with the information at the time, I just made that decision with the best of intentions.
Q. And do you think going off of a single email from Dr Seedat was sufficient to make the decision you did?
A. I do at the time, yes.
Q. But what about today?
A. I still stand by my decision that the doctor's email provided me the information that was evidentially disclosable and therefore concluded my investigation.
Q. Why does disclosability matter?
A. Because the elements of the threshold test weren't met. The doctor's disclosure shows that VC did not have *mens rea* at the time of the offence.
Q. Did he have full detail of the offence?
A. I believe PC Marsden has updated him in the email of what happened in the events.
Q. Was he provided with the statements, the photos?
A. No.
Q. Was he provided with information from the first incident that day?
A. No.
Q. Was he provided with VC's interview that took place in

respect of that first incident that day?
A. No.
Q. Do you recognise looking now that there are plenty of other things that perhaps a doctor could have looked at before providing an opinion?
A. Yes.
Q. If we look at page 1 of this Occurrence Log, there's no mention there of the first incident at all in respect of a formal link of the two incidents; is that right?
A. Yes.
Q. At that time, they weren't joined up at all. Do you agree with that?
A. Yes.
Q. Before closing the case, might it have made sense to have co-ordinated with those investigating the first incident?
A. Yes. Again, I can't recall that would be my expectation that we had a discussion, I had, with the investigating officer to make sure that both himself has spoken to the investigating officer of the first incident to make sure both were aware of each other's jobs.
Q. Looking at this now, were you in any way aware of the occurrence details in relation to that first incident before closing the decision?
A. I knew there had been another incident. I just can't

recall if I had read it. I very possibly had.
Q. Very possibly. Going back to Dr Seedat's email, thinking about what we've just been talking about, things like the first incident and the details that weren't provided to him, the fact that the two incidents weren't linked, again re-visiting all of that, do you think that you closed that case a little too quickly and that more investigation and more enquiries, would have been beneficial before closing it?
A. It's difficult to say because that may not have changed anything that Dr Seedat said. Without asking him directly I couldn't say, but that's a possibility had he got more information.
Q. I would like to take you to a review that was carried out by a detective constable. Can we please turn to NGPF0007833. There was a review that took place after the attacks of 2023. We have here an email from DC Hall. Is DC Hall somebody that you know?
A. No, not personally.
Q. Could we please turn to page 5. There is a review that's carried out in relation to the second incident and I would just like to read to you some findings from the Detective Constable. He says in the second paragraph under "incident 2":
"The initial offence recorded was ABH, likely due

to the lack of confirmation of any broken bones, however this should have been upgraded to GBH when the extent of her injuries were known."
I'm going to read to you again a few more paragraphs. He says:
"The two investigations were not joined and run in parallel with different [officers in the case] ... and lines of supervision. Had VC accepted the C[onditional]C[aution] offered for the criminal damage there would have been a perverse outcome in which we refused to proceed with a serious assault but did proceed with a C[onditional]C[aution]. As above the C[onditional]C[aution] would, more than likely, have been inappropriate."
That's in relation to the first incident. He then says:
"The basis for Outcome 12 is not clearly rationalised, however I infer that PS Katie Sparks concluded that there was insufficient evidence to pass the evidential stage of the full code test (and so refer to CPS) because of the letter from Dr Seedat. The offence of GBH is not police chargeable so the formal evidential test".
It seems to end there but the sentence doesn't

finish. What's your view on that part? Do you think that the offence of GBH is or isn't police chargeable and should it or should not go to the CPS?

A. GBH is not police chargeable and should be referred to the CPS, but, again, as I said before, applying the threshold test is still expected of me in order to take it to CPS.

Q. And the next paragraph says this:

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

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

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

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

Over the page please:

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

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

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

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

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

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

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

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

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

A. It's almost best case scenario.

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

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

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

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

A. Yes, you can say that. Yes.

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

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

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

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

(12.55 pm)

(The lunch break)

I N D E X