

1 (2.00 pm)

2 **THE CHAIR:** Yes, Ms Cartwright.

3 **Questioned by MS CARTWRIGHT**

4 **MS CARTWRIGHT:** Good afternoon, I ask questions on behalf of
5 the Survivors. Could we first of all briefly look
6 together at the custody record when VC was discharged
7 before the next incident on 24 May where you have told
8 us about your decision-making.

9 Please could we have displayed NGPF000077 and it
10 is internal page 44, please. Thank you. Now, we can
11 see this is the pre-release risk assessment at 19.17 on
12 24 May. If we go over the page, please. Thank you.

13 We can see then, 19.18, VC is essentially released
14 and I think the understanding is officers drove him back
15 to his property and so would you agree that if he was
16 being driven from this police station to Brook Court it
17 is about a five-minute journey? Would that be about
18 right?

19 **A.** Yes ...

20 **Q.** So can I ask you, because you have already been asked
21 questions about the fact that you chose to go to
22 Dr Seedat for the medical opinion, we can see from this
23 custody record that in fact VC had had a pre-incident
24 mental health assessment whilst he was in custody. So
25 can I ask you why, when you were seeking the opinion on

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1 stating that he was unaware and not fit to account for
2 his actions.

3 **Q.** Right. Then can we just next look at another factor in
4 terms of relevant evidence and timings because I think
5 you've referenced as well that the gap between the two
6 incidents I think you referenced somewhere in the order
7 of 2 hours but can we just briefly look to see if you
8 can help us with the timing we have from NGPF0005579,
9 which is the incident report from the new call when VC
10 had returned back to Brook Court.

11 Thank you. Can we go to the next page, page 2.
12 Can you see in the top right corner we have incident
13 number 0730 for 24 May 2020. But this incident report
14 was created at 19:29:55. So, if that's when this log
15 was created with a caller reporting a male trying to
16 smash the door and VC had been released from custody at
17 19:18, does this Incident Log therefore suggest that
18 VC's behaviour almost started immediately when he
19 returned to Brook Court?

20 **A.** Yes. Sorry to question but I don't think I referenced
21 two hours.

22 **Q.** Maybe you didn't, sorry. I think it was in the document
23 that was read in terms of the previous review that
24 Officer Hall had done that my learned friend put to you.

25 So does this not suggest then that VC, taking

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1 matters of fitness and capacity, you didn't go to those
2 clinicians that had seen VC pre-incident, and we know
3 that he was seen by -- in fact, he had the benefit of
4 two psychiatrists because I don't think they could
5 identify whether VC belonged to the north or south --
6 Dr Ghandi, Mr Malik and Ben Williams, the AMHP. So can
7 you assist as to why you didn't seek the views of those
8 clinicians?

9 **A.** PC Marsden attended Highbury Hospital and requested to
10 find out who the consultant was that was managing VC to
11 obtain his professional update as to his health and
12 welfare. I can't answer as to why no further other
13 healthcare professionals' opinions were sought. At that
14 time that would be the most direct and appropriate
15 person to speak to.

16 **Q.** Then can I ask you, bearing in mind he was seen by
17 mental health professionals and a Mental Health Act
18 Assessment, they didn't detain him but made a decision
19 he was going to receive home treatment, did you consider
20 matters of whether VC had in fact been fit to interview
21 during that period of detention and how that featured
22 into the relevant analysis? Did you look at things like
23 that when you were considering this decision not to take
24 matters further for Feven?

25 **A.** No, I based it on the consultant's update and opinion,

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1 account of the journey back, has continued almost
2 immediately on return to behave in a violent and
3 aggressive way?

4 **A.** Yes, it does.

5 **Q.** And had you appreciated those timings?

6 **A.** Yes, because I was aware that he had been to the
7 previous incident, released, re-attended and committed.

8 **Q.** So you appreciated it was a very short period of time on
9 his return?

10 **A.** Yes.

11 **Q.** So can I ask you then, did you not seek to speak to the
12 officer that had transported VC back to Brook Court as
13 well as another source of information as to how VC
14 presented on his return journey back to Brook Court?

15 **A.** No. I didn't think to do that. I wasn't aware that
16 that would have an impact on our incident.

17 **Q.** Because can you see if we look at these timings together
18 and the fact that there had been a pre-incident Mental
19 Health Act Assessment, I'm going to suggest that in fact
20 they would have been the most helpful clinicians to have
21 arrived at a view about VC, and I'm going to also
22 suggest that because the custody record doesn't record
23 what the outcome of that Mental Health Act Assessment
24 [was], would you agree that that was imperative
25 information for you to identify?

4

1 **A.** Not necessarily. They have agreed that he can be
 2 released and at the second incident he is arrested,
 3 detained and detained under the Mental Health Act. So
 4 it has escalated.

5 **Q.** Sorry, I think you've just said they hadn't agreed he
 6 can be released?

7 **A.** Or, well, he's been released. So at the point of the
 8 incident that I'm investigating, my officer, that has
 9 escalated. So therefore he is taken back to the
 10 custody suite, had a further mental health assessment,
 11 and has actually been detained and sectioned.

12 **Q.** No, I appreciate that, but that's again he's actually
 13 back in police custody for quite some while before he
 14 then has the assessment and is transferred to hospital
 15 and that's why I want to understand, you have been asked
 16 questions about Dr Seedat as to why the full picture, by
 17 way of the background and VC's time in custody during
 18 his first period of detention, was not all provided to
 19 Dr Seedat.

20 **A.** Yes, I can't account for that. I'm sorry. I wasn't
 21 present. But I felt that the -- Dr Seedat's update was
 22 clear and a good assessment of VC.

23 **Q.** So then can I ask you in your supervisory role, having
 24 identified a further incident very shortly after VC was
 25 released from this period, first incident, what if

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1 **A.** The crime is logged and recorded as ABH and it should
 2 have been re-classified.

3 **Q.** But then why does it also have a reference to an ABH
 4 domestic?

5 **A.** Because that was referenced from the start on the
 6 initial -- I don't know about the domestic. I wasn't on
 7 duty. I didn't go to the incident, so I don't know why
 8 it was initially recorded as a domestic. I'm sorry,
 9 I can't answer that.

10 **Q.** All right. Then can I ask you, bearing in mind
 11 essentially you've not followed the process that
 12 Mr Blake took you through for mentally disordered
 13 individuals which supports that there should have been
 14 an investigation, a detective-led investigation, with
 15 consideration of the CPS for charge.

16 Can I ask you then what else you did, having
 17 closed this down, to consider having a marker added to
 18 VC's Police National Computer to record he had mental
 19 health issues? So a mental health marker.

20 **A.** I don't know if there was one recorded. I don't know if
 21 it was initially recorded on initial attendance. It
 22 isn't something I checked whether we've got a mental
 23 health marker.

24 **Q.** Well, there wasn't one and so that's what I want to
 25 understand, whose responsibility was it, bearing in mind

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1 anything that flagged to you about what investigation
 2 needed to take place as to what had happened during his
 3 first period of detention in custody? Did you speak to
 4 anyone about it?

5 **A.** No, I didn't speak to the investigating officer for the
 6 first incident. I don't know if PC Marsden did. That
 7 shows to me that his behaviour was continuing and so
 8 therefore it required escalation.

9 **Q.** Then, can I ask you, had you noted that the
 10 custody record had not recorded, as it should have done
 11 in accordance with Code C, the outcome of that Mental
 12 Health Act Assessment?

13 **A.** No, I didn't notice.

14 **Q.** Can I then finally ask you, because you've given
 15 evidence to the learned Chair, that you completely
 16 appreciated that this was an offence of causing grievous
 17 bodily harm and you essentially approved the closure of
 18 this investigation for the victim Feven, notwithstanding
 19 her serious and life-changing injuries that she has told
 20 this Inquiry about.

21 So can I ask you, having closed that down, as to
 22 why then when you recorded this incident on the Police
 23 National Computer, or you were part of it, why it was
 24 only then recorded as an ABH domestic rather than
 25 an offence of causing grievous bodily harm?

6

1 you've essentially closed this investigation for
 2 a mental health reason, to not then make an appropriate
 3 entry on the Police National Computer?

4 **A.** It could be the attending officer, it could be through
 5 custody as we have previously mentioned, and it could be
 6 after the investigation is closed and finalised by --

7 **Q.** Well, there are lots of "coulds" there but nobody did
 8 and it's your evidence that it was an appropriate end to
 9 this investigation for a mental health reason. So
 10 I want to understand whose responsibility, at that time,
 11 it was to record a PNC marker of mental health issues?

12 **A.** I'm unable to answer that because I'm not sure. We're
 13 not able to give expert advice that someone has mental
 14 health. It needs to come from a professional --

15 **Q.** But you've said -- sorry, I didn't mean to interrupt
 16 you -- but your evidence is that's exactly what you got
 17 in that half-a-page email from Dr Seedat?

18 **A.** Yes.

19 **Q.** And that's enabled you to end an investigation for
 20 causing grievous bodily harm. And so you're saying
 21 you're not able to accept expert opinion but that's what
 22 you've done here. So, following the next step, bearing
 23 in mind the significance of a marker for mental health,
 24 why you didn't ensure that a marker was added for mental
 25 health issues?

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1 A. It isn't something that I thought of at the time and
2 that could have been added.

3 Q. Then finally can I ask you, at any point when you were
4 looking at Feven's investigation did you speak to the
5 custody sergeant who had essentially done the
6 pre-release risk assessment?

7 A. No, I didn't.

8 Q. Thank you.

9 A. Thank you.

10 **THE CHAIR:** Yes, Mr Beggs.

11 **Questioned by MR BEGGS**

12 **MR BEGGS:** In June of 2020, how many constables were you
13 typically supervising?

14 A. Around 14.

15 Q. 14?

16 A. Yes.

17 Q. And are you able to help the Chair with how many cases
18 each of those constables would typically have on their
19 books?

20 A. It could differ but it could be anything between five
21 and 20.

22 Q. Thank you. Was the fact that Dr Seedat was the treating
23 consultant for VC relevant to your considerations?

24 A. Absolutely, yes.

25 Q. Finally this, we know that the second incident on 24 May

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1 decision with the information that was given to me and
2 felt like that was the correct decision at the time, but
3 had things been different, of course, I would consider
4 it a different way.

5 **THE CHAIR:** Obviously VC was discharged from the hospital
6 not long after you made your decision; that is correct,
7 isn't it?

8 A. Yes, I believe it was a few days after.

9 **THE CHAIR:** Yes. So obviously it was felt that he was
10 recovered sufficiently to no longer be required to stay
11 in hospital.

12 A. Yes.

13 **THE CHAIR:** Did that give you cause to think about whether
14 the case should have been kept open?

15 A. I wasn't aware of that at the time, but now I'm
16 knowledgeable of that, yes, it would be a consideration
17 to maybe look back and do things differently.

18 **THE CHAIR:** Had that been the case, would you have gone back
19 to Dr Seedat and got a fuller report?

20 A. Possibly, yes. It is hard to say but in hindsight that
21 would be a good thing.

22 **THE CHAIR:** Just on the question of the reclassification of
23 the case, I think you mentioned it being reclassified as
24 on a statistical analysis, on statistics I think you
25 said, so it might have been reclassified, and I will

11

1 bears the incident number 0730. Does that mean it was
2 the 730th incident that Nottinghamshire Police dealt
3 with on 24 May 2020?

4 A. Yes.

5 Q. Thank you.

6 A. Thank you.

Questioned by THE CHAIR

8 **THE CHAIR:** Yes, officer, I just wanted to ask you a couple
9 of questions and you have given evidence that you relied
10 on the email from Dr Seedat to close down this incident.
11 Just assume for the moment that, at the time you looked
12 at it, the injured person was still in hospital with --
13 having had perhaps surgery but no update as to what was
14 going to happen, would you still have closed it down?

15 A. Yes. On the information that was provided to me I felt
16 that was good information in terms of providing me what
17 I needed in order to finalise that crime.

18 **THE CHAIR:** So, if she had -- worst had come to the worst,
19 and you have heard her evidence that she was warned that
20 it might lead to paralysis if she didn't have the
21 surgery, if that had happened would you then have closed
22 it down, if the surgery had led to paralysis, or she had
23 paralysis in the hospital?

24 A. Possibly not, and I'm not discounting the level of her
25 injuries and what she went through. I just made that

10

1 check whether I have got that wrong from the transcript,
2 but you said that it might have been because -- or later
3 for statistics, on the statistical review it would have
4 been upgraded to GBH rather than actually at the time.

5 A. No, sorry, ma'am, I think I meant the title of the box
6 that's on the NICHE report on the crime report is "Stats
7 classification".

8 **THE CHAIR:** That's exactly it.

9 A. It is a marker. It is an entry on the form.

10 **THE CHAIR:** What does that mean, "Stats classification"?

11 A. That means what that crime is classified as and that can
12 change if it needs to be re-classified.

13 **THE CHAIR:** Is that so you can work out how many crimes of
14 that kind because it is statistical?

15 A. Possibly, yes, it is possibly used for that. It is not
16 part of what I use it for but yes, it could have been.

17 **THE CHAIR:** I see, thank you. Yes, I have no further
18 questions, thank you.

19 **MR BLAKE:** Thank you, Chair. There are no further
20 questions.

21 **THE CHAIR:** Thank you.

22 **MR BLAKE:** Can I call PS Stephen Swift.

23 **THE CHAIR:** Yes.

24 **PS STEPHEN SWIFT (affirmed)**

25 **Questioned by MR BLAKE**

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1 **MR BLAKE:** Thank you, PS Swift. You should have in front of
 2 you a witness statement dated 29 October 2025. It has
 3 a URN of WITN0021001. Can you confirm that that
 4 statement is true to the best of your knowledge and
 5 belief?
 6 **A.** That is correct.
 7 **Q.** Thank you very much.
 8 Following university studies you joined
 9 Nottinghamshire Police in 2006; is that right?
 10 **A.** Sorry, that is correct.
 11 **Q.** Thank you. You served as a police constable until 2019,
 12 as a response officer and then a field intelligence
 13 officer; is that right?
 14 **A.** That is correct.
 15 **Q.** Thank you. You became an acting sergeant and then
 16 a substantive promotion to Sergeant within the custody
 17 department.
 18 **A.** That is correct.
 19 **Q.** You are now based at Nottinghamshire Police headquarters
 20 as something called an applications sergeant; is that
 21 correct?
 22 **A.** That is correct.
 23 **Q.** Can you briefly describe what your current role
 24 involves?
 25 **A.** So essentially the application sergeant is the

13

1 **Q.** And what is your view?
 2 **A.** It should have been linked.
 3 **Q.** We have also seen occurrence entries in relation to the
 4 second incident, where we have seen ABH on the first
 5 page of the Occurrence Log, and we have also heard that
 6 it was treated as a GBH. On that first page that we see
 7 on the printout, would it have been straightforward to
 8 have amended the reference to ABH to GBH?
 9 **A.** Very straightforward. Any user within the system with
 10 the base role of crime recorder or above, so operational
 11 officers are given a crime recorder role as kind of the
 12 base level, could amend that field to whatever they
 13 wished.
 14 **Q.** We have seen much further down the line a PNC printout,
 15 so effectively a criminal record and it sets out which
 16 offences have also been investigated. If that amendment
 17 had taken place, when investigating subsequent offences
 18 would the subsequent investigating officer have seen GBH
 19 rather than ABH?
 20 **A.** Not necessarily.
 21 **Q.** Can you assist us with that?
 22 **A.** So, if we are looking on PNC, that would relate to the
 23 custody interaction, so the individual would have had to
 24 have had an offence of GBH added as an offence under the
 25 arrest and/or further arrested for the GBH.

15

1 operational lead for the force in regards to the NICHE
 2 RMS, record management system, and the suite of
 3 applications that interact with that application.
 4 **Q.** You are here to address an incident on 24 May 2020 but
 5 given that you are currently responsible for matters
 6 relating to the NICHE system, I will ask you a few
 7 questions about that system to begin with.
 8 **A.** Okay.
 9 **Q.** We have heard about two incidents on 24 May and that
 10 they weren't formally linked. Can you assist us with
 11 how straightforward it would have been to have formally
 12 linked them on the NICHE system?
 13 **A.** Very simple. There is a section within the occurrence
 14 where you can associate an occurrence to another. You
 15 can simply drag and drop and there is a drop-down
 16 selector which then allows you to classify the reason
 17 for the link.
 18 **Q.** Ordinarily, whose job would it be to do that?
 19 **A.** That would be the officer in the case.
 20 **Q.** Have you followed the evidence from the Nottinghamshire
 21 officers so far in the Inquiry?
 22 **A.** I have.
 23 **Q.** Do you have a view whether the second incident should
 24 have been linked formally to the first incident?
 25 **A.** Yes, I do.

14

1 **Q.** Can you assist us with the first part of that.
 2 I understand if you are re-arrested that would then
 3 appear on the PNC.
 4 **A.** Yes.
 5 **Q.** But what was the first part of that answer?
 6 **A.** So you can have an arrest within the NICHE custody
 7 system and you can hang multiple offences off of
 8 an arrest, which are generally for cases where you have
 9 like offences, so if someone is arrested for a theft
 10 from a shop and four thefts from a shop come to light,
 11 those offences can live underneath the sync on the left.
 12 Alternatively, if the offence type is very
 13 different, so a criminal damage to an assault, best
 14 practice would actually to further arrest for the
 15 assault to give the detainee the ability to understand
 16 and know that that's the line of questioning you are
 17 going to go down and that's the reason we are having
 18 this conversation within the custody environment, in
 19 a PACE-compliant interview, and then you would hang the
 20 offences against the person off the assault.
 21 **Q.** So in fact in relation to VC, when it appeared that the
 22 injuries were more significant than the original arrest,
 23 would it have been best practice to have re-arrested VC
 24 for GBH?
 25 **A.** In my opinion, yes.

16

1 Q. Leaving aside the PNC printout for a moment, how about
2 on the screen you see when you go into NICHE, if that
3 had been amended to GBH, would that have been easily
4 apparent on the NICHE screen?

5 A. Yes, so, amending the occurrence type, that is the box
6 you are referring to, the top right.

7 Q. Yes.

8 A. So by amending the occurrence type to GBH, on the
9 collapse view or even on the expanded view it would be
10 clearly shown GBH, and also, because it would be what's
11 classed as a serious crime, the icon gets a red box
12 around it to identify it as a serious offence.

13 Q. We know that there were further incidents over the
14 course of the year, and those came before in fact the
15 first incident was closed in 2021. Would it have been
16 simple to have seen those on NICHE before closing the
17 case?

18 A. Incredibly simple. So NICHE relies on what is called
19 the golden nominal principle. So I will use myself as
20 the example. Stephen Swift should only exist in there
21 as one entity and everything and every interaction is
22 then linked to that entity, so if Stephen Swift is added
23 to an occurrence you can simply step through that link
24 and see the whole history of Stephen Swift.

25 Q. In your experience at Nottinghamshire Police, are there

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1 whereas in reality they should look at it.

2 Q. Moving on to certain flags that can be placed on the
3 NICHE system. How about flagging for mental health
4 issues or violence, or perhaps violence and mental
5 health issues? How easy is that to do?

6 A. Very easy. Any operational sergeant, so previously
7 I have referenced the crime recorder role, so the roles
8 in NICHE are hierarchical, the higher up the hierarchy
9 the more power you can get in the system. The role
10 dictates what you can do, and the crime recorder
11 supervisor sits above the crime recorder, so inherits
12 all the abilities of the crime recorder and also gives
13 you the ability to add flags to the system.

14 Q. Obviously these events occurred in 2020/2021. Was it
15 the same -- all those questions I have just asked you --
16 was the situation the same back then?

17 A. It was. However, we did have two different versions of
18 the same client in existence at that time. We had a DA,
19 a direct environment which was very outdated and the
20 user interface was very basic. That was primarily used
21 by custody and the case teams, operational officers used
22 the universal application which is the more friendly
23 version of the application.

24 Q. The answers you have given though with respect to the
25 ease at which certain flags or certain markers could be

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1 issues experienced by officers in reviewing those other
2 logs?

3 A. I'm not particularly aware of any particular issue. It
4 is a fairly straightforward kind of fundamental function
5 of the system, is the ability to see all the
6 interactions from within the record.

7 Q. We heard the other day, for example, reference to the
8 Data Protection Act or something along those lines. Is
9 there a concern amongst officers in reviewing Occurrence
10 Logs for the same offender?

11 A. It is a misinterpretation of the actual kind of GDPR
12 policy. It is drilled into all officers that you should
13 only access records that you have a policing purpose to
14 access. Obviously, in the previous testimonies I have
15 listened to on Thursday, it would appear that those
16 officers were -- interpretation of what a policing
17 purpose would be was incorrect.

18 Q. Is that something that's common? Do you think it is
19 isolated to this incident? Is it something you have
20 experienced with other officers?

21 A. I have not actually experienced it myself. However,
22 I wouldn't say it is not uncommon purely and simply
23 because I think there is a culture out there where
24 people are scared of being held to account for looking
25 at something that they perhaps shouldn't have done,

18

1 put on or the linking of two incidents, was that just as
2 easy in 2020 as it is today?

3 A. Exactly the same.

4 Q. Thank you. Before we move on to May 2020, and sticking
5 with this topic, are there any improvements that you
6 think can be made to the actual computer system that
7 would make linking any easier or is it simply the case
8 that it is easy?

9 A. It is simply the case it is easy.

10 Q. Thank you. So moving on then to 24 May, you have
11 addressed training at paragraph 9 of your witness
12 statement. As a custody sergeant, what training have
13 you received in relation to mentally disordered persons
14 or to mental health more broadly?

15 A. So during the initial custody training input you have
16 a number of guest speakers who usually are joined with
17 a PowerPoint presentation and you are essentially
18 presented with the learning material and then training.

19 Q. Is your view that it was sufficient or not sufficient at
20 the time?

21 A. I think, on reflection, it could have been more
22 detailed.

23 Q. In respect of your role on 24 May, because of your
24 shift, you were actually present when VC was released in
25 relation to the first incident and when he returned in

20

1 relation to the second incident; is that right?

2 **A.** That's correct.

3 **Q.** If we turn to the custody record for the first incident,

4 that's NGPF0000077 and we look at page 43, at the bottom

5 of that page we can see your name and it says

6 "Handover." That is 7 pm. SO was the beginning of your

7 shift?

8 **A.** Yes, it was.

9 **Q.** I will return to this shortly but if we can turn to

10 NGPF0000067. Can you tell us what this document is?

11 **A.** So this is a document that is used as an aide-memoire

12 between sergeants incoming and outgoing. So the

13 outgoing sergeant would update this document to direct

14 the conversation that takes place at the custody

15 booking-in screen at the handover process.

16 **Q.** Is this referred to as a Whiteboard?

17 **A.** No.

18 **Q.** That's something separate?

19 **A.** A Whiteboard is a graphical representation of the suite

20 within NICHE.

21 **Q.** And does it have different information to the remarks we

22 see here, for example?

23 **A.** Yes.

24 **Q.** Thank you. I'm just going to read to you that entry

25 relating to VC. I think this document was emailed to

21

1 already today. The entry at 2.06 pm, it appears that VC

2 was taken to custody. It says "to MHA". We don't see

3 on this recording the results of that.

4 **A.** That's correct.

5 **Q.** Is that something that you regularly experience? Is

6 that usual or is that unusual?

7 **A.** That is unusual.

8 **Q.** And what do you think has gone wrong here?

9 **A.** It is a failure of the sergeant in command of the

10 detainee at the time.

11 **Q.** And which sergeant was that?

12 **A.** I believe it was Sergeant Hennessy.

13 **Q.** Thank you. Could we please turn to page 44.

14 On the bottom half of that page, we can see this

15 is a checklist that is used prior to a detainee's

16 release; is that right? Is it a pro forma of some sort?

17 **A.** It is a pro forma, yes, that's correct.

18 **Q.** These are your entries?

19 **A.** I'm not sure. The language in it and the structure

20 would suggest it was mine. However, the pre-release

21 checklist should be completed throughout a detainee's

22 period in custody and, in fact, APP actually clearly

23 references it shouldn't be left until the last point of

24 a person's detention.

25 **Q.** So although we see your name there it is possible this

23

1 you at 6.25 shortly before you started your shift; is

2 that correct?

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

4 **Q.** It says:

5 "Radford Road. First time in custody. States he

6 hears voices. Very vacant. Difficulty engaging. Was

7 at QMC yesterday for chest pain although was

8 discharged with no issues. Sent back to QMC overnight

9 for potential blood tests but they declined to do

10 them. MH emailed."

11 Now, can you assist us "MH emailed", what would

12 that be in relation to?

13 **A.** That would be the Liaison and Diversion team.

14 **Q.** In fact, by this stage there had been a full mental

15 health assessment, hadn't there?

16 **A.** That is correct. It's my belief that this handover had

17 not been amended the whole time the previous sergeant

18 had had access to it. I think this is what Ant Wilde

19 handed over to that sergeant.

20 **Q.** And looking at it now and reflecting upon it, do you

21 think it should have been updated before you had sight

22 of it?

23 **A.** Yes.

24 **Q.** Could we please turn to NGPF0000077. If we go back to

25 the custody record, page 38. We have looked at this

22

1 was completed by another officer and that you

2 essentially pressed the button.

3 **A.** Correct.

4 **Q.** Transported home, transport home provided by officers.

5 Is that normal?

6 **A.** Certainly for any individuals who are either declared as

7 vulnerable or have vulnerabilities, it is quite

8 commonplace to facilitate safe passage home.

9 **Q.** Is it suggestive possibly of risk to others?

10 **A.** It's more suggestive of risk to themselves. So

11 a typical example would be, as I say, children, juvenile

12 children or like in this VC.

13 **Q.** Do you recall having any concerns for VC when he was

14 released for the first time?

15 **A.** I don't recall ever meeting VC, unfortunately.

16 **Q.** Looking at this record now, did you carry out some sort

17 of risk assessment?

18 **A.** Looking at this now, I would say I relied on the

19 handover provided by PS Hennessy who had previously

20 released him under investigation. So, at this point, he

21 is -- whilst he is in the suite, he has actually been

22 Released Under Investigation.

23 **Q.** So he has been technically released essentially awaiting

24 transport?

25 **A.** Correct.

24

1 Q. And within 17 minutes of you coming on to shift, he has
2 probably left the building?
3 A. Correct.
4 Q. Can you assist us with what kind of risk assessment the
5 police would carry out prior to a release of this kind?
6 And when I say "risk assessment", I principally mean
7 risk to others?
8 A. So, in regards to the pre-release you would reference
9 anything raised on the initial risk assessment and along
10 with any risk to others identified as a result of the
11 investigation or the initial risk assessment.
12 Q. I'm going to move now to the second incident and that's
13 NGPF0000095. This is the custody record for when VC
14 returns to custody. I would like to start, please, on
15 page 3. The middle entry on page 3, please. This is
16 an entry from yourself at 9.41 pm. Can you assist us
17 with what this entry is about?
18 A. So this is the initial page of the risk assessment. So
19 this is my thoughts and feelings in terms of what I'm
20 being presented with.
21 Q. So there are a series of initial questions that you ask
22 to somebody when they come into custody, set out in
23 a pro forma and that's what we see here.
24 A. So this isn't their responses; this is the box below
25 their responses, which is where I would put my comments.

25

1 Q. Have you had other experience of a detainee coming back
2 within such a short space of time?
3 A. Yes.
4 Q. Yes. I mean, is this incident unusual or does it happen
5 often or something in between?
6 A. Unfortunately it's more common than you would like.
7 Q. Does that usually relate to mental health issues or
8 something else?
9 A. It could be any number of issues. Even when people are
10 released on bail it still happens.
11 Q. If we scroll up, please, we can see that the questions
12 that were asked of VC, there is a question there about
13 any drug or alcohol dependencies and it says "refused".
14 We have heard evidence about testing at this period of
15 time. Is it your recollection that there wasn't drug
16 testing taking place at this time or not?
17 A. That is correct, all testing under section 64B of PACE
18 had been suspended due to Covid.
19 Q. If we scroll down, please, we can see at the bottom of
20 the page an entry that states:
21 "Healthcare Professional request".
22 That's at 9.42. The reference there to healthcare
23 professional, if we scroll down we can see:
24 "[fitness to detain] ... due to mental health and
25 non-responsive during booking in."

27

1 Q. We can see there:
2 "Does the detainee need to see or has
3 the detainee requested to see a Healthcare
4 Professional?"
5 It says:
6 "Yes. Comments: fitness to detain."
7 So the issue for you was whether VC was fit to
8 detain?
9 A. Yes.
10 Q. Above, sorry, it says that:
11 "The detainee is silent and not
12 answering questions."
13 It also says that an appropriate adult is
14 required.
15 A. Yes.
16 Q. What kind of information are you provided with at this
17 stage relating to somebody's health?
18 A. So, at this point, anything immediate that the officers
19 have witnessed should be presented. It is not always
20 the case but it should be. It's their obligation to
21 notify you of that, and you are also -- as we mentioned
22 earlier, you step into the record to have a look at
23 previous interactions. So that formulates your risk
24 assessment and mitigations that you need to put in place
25 to keep that detainee safe.

26

1 Is that a Mitie nurse or somebody else that has
2 been requested there?
3 A. That is the HCP within custody.
4 Q. Healthcare professional?
5 A. Sorry, yes, healthcare professional.
6 Q. Thank you. I'm going to go down, please, to the bottom
7 entry. Thank you. We have a care plan there. It says:
8 "Was in custody today and has had
9 a [mental health] ... assessment and was deemed
10 fit, however presenting tonight as silent and
11 [refusing] ... to answer questions. Risk:
12 Medium ...
13 "Risk to others: has been arrested for
14 attempting to kick down the victims door, so much
15 force used the metal locks have been damaged."
16 We see there L3 observations and we have heard
17 about that already.
18 If we go down a little bit further, please. In
19 fact, if we turn to page 2, because it is slightly out
20 of order, we can see on the main entry there it actually
21 says that detention was authorised at 9.46. That's
22 about halfway down the screen at the moment or
23 three-quarters of the way down the screen. Did you
24 authorise that detention?
25 A. Yes, I did.

28

1 Q. Thank you. If we go back now to page 5, sticking with
2 the time. We can see an entry from yourself at 9.54.
3 And the entry states as follows:
4 "Crisis team contacted ... message left
5 asking for more information in regard to the
6 detainees assessment earlier in the day."
7 We saw in that earlier custody record that there
8 wasn't information about the product of the assessment
9 on that day. Is that what you are chasing up there?
10 A. Yes, that is to increase my information intelligence in
11 regard to the detainee and how best to look after him.
12 Q. Do you think by this stage, I appreciate you were
13 involved in the earlier incident, had you checked the
14 Occurrence Log in relation to the earlier period of
15 detention?
16 A. I wouldn't ordinarily check an Occurrence Log, I'd check
17 a --
18 Q. Sorry, the Detention Log.
19 A. -- custody record. Yes.
20 Q. Is this entry effectively as a result of the failure to
21 record the product of that Mental Health Act Assessment?
22 A. Yes.
23 Q. If we continue down the page we have an entry from
24 Nurse Finney. It seems that Nurse Finney also didn't
25 have that information because the entry there is:

29

1 So that's by 11.05. I'm going to read you to the
2 entry over the page, please:
3 "They confirm that the detainee was seen
4 in the day and was assessed as having 1st episode
5 Psychosis and sleep deprivation. The detainee
6 wasn't detained under the M[ental]H[ealth] act and
7 the plan going forward was for the crisis team to
8 visit this evening and monitor the detainee take
9 medication and then to visit him twice a day going
10 forward."
11 Pausing there. Is that the kind of information
12 you would have expected to have seen on the first
13 detention log?
14 A. Yes.
15 Q. "I have relayed the circumstances of today's incident to
16 them and Brandy ..."
17 Can you assist with who Brandy is?
18 A. That is just the name of the individual on the phone
19 gave me. I have no idea who that person is.
20 Q. "... will be making contact with a band 7 senior to
21 review how best to progress. Brandy stated she will
22 ringing back once she has sought ... advice."
23 Can we turn over the page, please, to the bottom
24 of page 8. It appears that by eight minutes past
25 midnight there is a review of the risk assessment; is

31

1 "Await P[olice]S[ergeant] call to the crisis team
2 regarding [Mental Health Act] ... Assessment that DP
3 had today at 2 pm. FTD from HCP point of view."
4 So fit to detain:
5 "Safer here in custody than out on the street."
6 It appears then that Nurse Finney also didn't have
7 access to the results. Can you assist us with that, why
8 a nurse might not have access to the records from
9 an earlier Mental Health Act Assessment?
10 A. I don't know. I don't believe it is actually recorded
11 on the Mitie sum system; it would be on the Liaison and
12 Diversion's Rio system but I could be -- I could stand
13 to be corrected on that.
14 Q. Do you consider that to be something that's unusual,
15 something that's uncommon or something else?
16 A. In what regard?
17 Q. The fact that we are here now, the second admission, and
18 neither yourself nor the nurse know the product of the
19 Mental Health Act Assessment?
20 A. It is unusual.
21 Q. If we go please to page 6 at the bottom of that page:
22 "Crisis team contacted and another
23 message left".
24 Below that:
25 "Crisis team have returned my call."

30

1 that right?
2 A. Yes, as a custody sergeant it's always your
3 responsibility to try and get more information to guide
4 your risk assessment process. So at this point the
5 detainee had been -- come out of his cell to make
6 a phone call, so I took the opportunity to try and
7 re-assess that information and get myself a little bit
8 more information to base my assessment of risk on.
9 Q. You say he has come out to make a phone call. Where do
10 you see that?
11 A. I am sure --
12 Q. I will take you shortly to a reference to his mother.
13 Are you aware that he did or didn't speak to his mother
14 himself?
15 A. My recollection is just from the records, so if I have
16 mistakenly got the timings wrong --
17 Q. I will take you to that in a moment. Just sticking with
18 this here, it says:
19 "... detainee was silent and not
20 answering questions. However now is. Crisis team
21 state has 1st episode psychosis and sleep
22 depravation although detainee answered no to every
23 question."
24 Then if we scroll down, please:
25 "Fitness to detain" appears -- is still

32

1 an issue there; is that right?
 2 **A.** Yes.
 3 **Q.** If we turn to page 30 we can see reference to a phone
 4 call, but please do tell me if there is another
 5 reference.
 6 **A.** No, I think it's the way the document is presented. So,
 7 in the custody environment you've got risk assessment,
 8 care plan field, and the report prints those off
 9 chronologically, and then there is a detention log
 10 section which is further down the report which is the
 11 full record chronology. So the fact it wasn't there on
 12 that upper one is because we were just looking at the
 13 medical logs.
 14 **Q.** Thank you. If we look at page 30 we can see at 12.09 am
 15 there is a reference to VC's mother:
 16 "[She] ... has not seen son in 4 months
 17 and live[s] in Wales. [She] ... is in area to
 18 take care of son if released."
 19 Do you recall, is this a conversation
 20 you would have had with VC's mother?
 21 **A.** The fact I have put the log on would suggest it was but
 22 I have absolutely no recollection of ever speaking to
 23 a person.
 24 **Q.** Can you assist us, when someone is in police detention
 25 and is suffering from mental health issues, this kind of
 33

1 please, over the page. If we go down to page 12. We
 2 see there another entry, we are now at 3.52 am, a couple
 3 of hours later. It says:
 4 "Contacted by AMHP. They will come and
 5 perform a full MHAA later on today at
 6 approx[imate] 9 am."
 7 If we keep on going down over to page 16. There
 8 is an entry there at 11.53, if we could scroll down
 9 slightly, that says:
 10 "I have left another message for
 11 CRHT ..."
 12 Is that the crisis team?
 13 **A.** So no, so that is Jo -- sorry, Joanne Parker who is the
 14 Liaison and Diversion specialist within the custody
 15 environment and that would have been the following
 16 morning.
 17 **Q.** I think CRHT stands for Crisis Resolution Home
 18 Treatment; is that something you were aware of?
 19 **A.** That is not an acronym I am aware with.
 20 **Q.** "... to contact me regarding ETA for MHAA which was
 21 planned for [9] ... this morning."
 22 Is it common, in your experience, for these kind
 23 of delays?
 24 **A.** Unfortunately so.
 25 **Q.** Is it rare, occasional, common for the crisis team to
 35

1 contact, are you making it in order to gather
 2 information relating to mental health, or is this simply
 3 in relation to the detention and informing them of
 4 detention?
 5 **A.** It can be both. So again, if we address the National
 6 Decision Model, I'm constantly searching for as much
 7 information as possible to then ultimately follow round
 8 to inform my actions and contingencies. This would have
 9 been essentially me using the opportunity to gather
 10 information as well as contingencies with regards to
 11 release.
 12 **Q.** Is there, so far as you are aware, some sort of
 13 formalised procedure in respect of what to do with
 14 mental health information once it is provided by
 15 a family member?
 16 **A.** No, I'm not aware of that.
 17 **Q.** Can we please turn to page 9 and we will continue going
 18 chronologically through the log.
 19 If we scroll down to the bottom of page 9, please.
 20 VC is then seen by Nurse Finney at 1.14.
 21 If we keep on scrolling we can see over the page:
 22 "Details of care given: referred to AMHP
 23 for further MHAA as per crisis team
 24 recommendation."
 25 That's at 1.12 am. If we keep on scrolling,
 34

1 not be contactable so far as you are aware?
 2 **A.** Common.
 3 **Q.** Do you know why?
 4 **A.** No, I don't know.
 5 **Q.** If we could turn over the page, please, to page 17. We
 6 see three-quarters of the way down that page at
 7 2 o'clock:
 8 "Call from EDT, estimated time for the
 9 MHA Assessment 15.30 ..."
 10 If we turn to page 47, we can see at the bottom of
 11 that page that the assessment appears to have taken
 12 place at around 4.07 pm.
 13 I'm just going to read you to the entry below. If
 14 we can go over the page. If we could look at page 49.
 15 At the top of page 49 it says:
 16 "DP sectioned ..."
 17 So VC by this time has been sectioned under
 18 section 2 of the Mental Health Act:
 19 "... Bed at Rowan 1, Highbury hospital.
 20 Awaiting ambulance ..."
 21 Here at least we do have an entry that addresses
 22 the results of a Mental Health Act Assessment, so this
 23 did comply with that recording requirement; is that
 24 right?
 25 **A.** I would have looked to have seen the doctors and medical
 36

1 practitioners present at the time recorded. Certainly
 2 for myself I would document that, anyone entering my
 3 suite or any of myself to speak to any detainee, I would
 4 have expected to see that. However, it does -- it is
 5 recorded there.

6 **Q.** Thank you. Then we see:
 7 "The detainee has been Released Under
 8 Investigation ..."
 9 Ultimately we see VC being taken by ambulance at
 10 10.51 pm, further down.
 11 Are there any other observations that you have
 12 that I haven't addressed with you?

13 **A.** I don't believe so.

14 **Q.** Thank you, Chair, those are all of my questions. There
 15 aren't any questions from Mr Moloney. Ms Cartwright may
 16 have some questions.

17 **THE CHAIR:** Yes, Ms Cartwright.

18 **Questioned by MS CARTWRIGHT**

19 **MS CARTWRIGHT:** Good afternoon, officer. Can we just look
 20 at, please, the custody record where we see the
 21 pre-release risk assessment.

22 **A.** Yes.

23 **Q.** So it is NGPF0000077, back to page 44. Thank you.
 24 You have already referenced the earlier
 25 involvement of I think Sergeant Hennessy. But

37

1 **A.** No. Essentially, if he requested to leave the building
 2 I would have no power unless I formed another offence or
 3 opinion to keep him there.

4 **Q.** Help me then: who should have then been considering
 5 issues of risk and risk assessment before making that
 6 decision to Release Under Investigation?

7 **A.** Sergeant Hennessy should have addressed that when he
 8 made the decision to release under investigation, but
 9 I also should have addressed it at the time I pressed
 10 the button.

11 **Q.** If we scroll down again, please, to the pre-release risk
 12 assessment as it is called on the custody record. Would
 13 it be your position that, similarly, Officer Hennessy
 14 should have addressed his mind to these factors as you
 15 also have very fairly acknowledged that you had to
 16 consider those factors at the time when you are
 17 completing this on the custody record?

18 **A.** That is correct. As previously mentioned, APP best
 19 practice would be to -- the previous risk -- pre-release
 20 risk assessment is a contemporaneous document that
 21 shouldn't be left until the point of release; it should
 22 be added to as the investigation and as the period of
 23 detention increases or goes on.

24 **Q.** Can I ask you then, we know that there's no recording by
 25 reference to the outcome of the Mental Health Act

39

1 obviously as updating the custody record is one thing
 2 but essentially this is the closure for this period of
 3 detention, and would you agree that it is doing two
 4 things this pre-release risk assessment: it is
 5 potentially protecting the vulnerable detainee, who
 6 has had a Mental Health Act Assessment, but also it is
 7 looking at issues of public protection when
 8 decision-making is being made about what are
 9 conditions, or whether it is safe to discharge VC back
 10 into the community.

11 **A.** Those decision-making processes will have taken place at
 12 the time he was Released Under Investigation.

13 **Q.** All right. So you say that would have been when
 14 Officer Hennessy Released Under Investigation.

15 **A.** Yes, at that point you have got no lawful reason or
 16 power to detain him. He was in the suite awaiting
 17 transport home.

18 **Q.** All right. So help me then, so if we look -- perhaps
 19 just before we get to this risk assessment, if we just
 20 scroll up a little bit, please, on that page. If we
 21 just go up, I think we see -- in fact it may be down
 22 actually. I do apologise.

23 Let's just do this. You are saying when he was
 24 Released Under Investigation, essentially there is no
 25 lawful foundation to detain VC anymore.

38

1 Assessment that had taken place around 2 o'clock in the
 2 afternoon. So when you had to then complete these
 3 parameters, including threats of suicide, self-harm,
 4 "no", and we can see you have recorded for physical and
 5 mental health: "Yes, seen by mental health team whilst
 6 in custody and supported by appropriate adult."

7 Was that not almost a reminder or a thing to check
 8 what the outcome and what the risk assessment had been
 9 from those mental health practitioners?

10 **A.** It should have been. You have got to rely on your
 11 colleagues to do their job correctly and promptly and
 12 properly and, yes, it should have been a reminder for me
 13 to check that record.

14 **Q.** When you say you've got to rely on your colleague, are
 15 you here referencing Sergeant Hennessy?

16 **A.** Yes.

17 **Q.** Can I check with you because we know that those involved
 18 in the Mental Health Act Assessment included Dr Ghandi,
 19 Dr Malik and a Ben Williams, they're both the AMHP form
 20 that was completed but also the statement we're going to
 21 hear from in due course reference that they had updated
 22 an officer, a sergeant with the outcome of that
 23 assessment. Can I check first of all was it you?

24 **A.** It was not me.

25 **Q.** So is it likely that it would have been Officer Hennessy

40

1 or can you think of any other candidates for that
 2 individual?
 3 **A.** It should have been Officer Hennessy.
 4 **Q.** Because we are going to hear that as parts of that
 5 Mental Health Act Assessment that they arrived at a risk
 6 to VC of high, with a severity of high risk. So, again,
 7 if we see the parameters completed here, there's nothing
 8 that references a risk of high and severity of high
 9 for -- to VC, would you agree?
 10 **A.** I agree, yes.
 11 **Q.** And I appreciate this is not just your input, but would
 12 you agree that therefore is a deficient pre-release risk
 13 assessment?
 14 **A.** I agree.
 15 **Q.** Impacted by the complete deficiency of Officer Hennessy
 16 to record, as he should have done in accordance with
 17 PACE, the outcome of the Mental Health Act Assessment?
 18 **A.** Fully agree.
 19 **Q.** Now, one of the other things that those that conducted
 20 the Mental Health Act Assessment say is they were only
 21 told essentially that VC had kicked a door but not that
 22 there had been any violence and aggression shown to any
 23 members at Brook Court. I think were you in court
 24 earlier today when the Occurrence Log was looked at by
 25 reference to Katie Eustace and what VC had done?

41

1 they have to go through in terms of there being a mental
 2 disorder of a nature and a degree, but they also have to
 3 look at risk of harm to the public, and so therefore
 4 would you agree that there was a failure to equip those
 5 assessing VC with relevant information as to violence
 6 and aggression?
 7 **A.** Quite possibly.
 8 **Q.** Right. Now, as a result of them not knowing of any
 9 violence and aggression, they made an assessment of risk
 10 to others of likely medium but the severity high. What
 11 we're going to hear, I anticipate, is that that was
 12 an under-estimation because they didn't have all the
 13 full risk information.
 14 But would you therefore agree, when we look on
 15 this page of risk of attack by others or other risk
 16 identified, no and no, that that pre-release risk
 17 assessment should have also properly referenced the risk
 18 to the possible that the Mental Health Act Assessment
 19 had identified?
 20 **A.** Yes.
 21 **Q.** And would you say that that again is a failing from
 22 Sergeant Hennessy not to appropriately record that
 23 information on the custody record?
 24 **A.** If, in fact, he knew that information, yes.
 25 **Q.** But someone in the custody sergeant role at the time

43

1 **A.** On Thursday.
 2 **Q.** Was it Thursday?
 3 **A.** Yes.
 4 **Q.** Essentially, we know from the Occurrence -- and I can
 5 take you to the document, I don't want to be unfair to
 6 you -- Katie Eustace has recorded not only that VC had
 7 essentially kicked and damaged the door, as shown in the
 8 photographs, but when she arrived and heard VC acting
 9 aggressively, she turned her body-worn video on but by
 10 that time VC was trying to force entry into flat 11 such
 11 that she had to physically restrain him and handcuff him
 12 and pull him away from the occupants of flat 11.
 13 So certainly the information that those carrying
 14 out the Mental Health Act Assessment are indicating is
 15 that they did not know about violence and aggression
 16 and, in fact, that an officer positively said it was
 17 just essentially damage to a door, would you agree
 18 that that also reflects a mis-communication and
 19 a failure to provide the Mental Health Act team with
 20 relevant information as to risk?
 21 **A.** Yes.
 22 **Q.** Because I know you have been asked about the extent of
 23 knowledge for mental health but would you agree that
 24 when professionals are conducting Mental Health Act
 25 Assessments, there is essentially statutory criteria

42

1 after the Mental Health Act Assessment had a duty under
 2 the code, PACE C, to record the outcome of that Mental
 3 Health Act Assessment. Would you agree?
 4 **A.** I agree.
 5 **Q.** You say it wasn't you?
 6 **A.** I wasn't in the suite when that took place, so it
 7 couldn't have been me.
 8 **Q.** And so, again, if there was any other custody sergeant
 9 performing the role, please let us know, but again would
 10 that have been the failing of Sergeant Hennessy?
 11 **A.** Yes.
 12 **Q.** Now, we know additionally that in the Occurrence Log
 13 Katie Eustace has recorded the victims at Brook Court
 14 who have had their home invaded, having been disturbed
 15 by VC essentially destroying the door at number 12, had
 16 specifically told Katie Eustace that they were really
 17 concerned that if released VC was going to come back and
 18 do it again.
 19 Would you agree that that is relevant to
 20 a decision whether or not to release under
 21 investigation or whether something else is required,
 22 but at the very least there should have been
 23 conditions added before VC was released bearing in
 24 mind the risk to members of the public?
 25 **A.** Yes, but in the context we were under the 2017

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1 amendments to the Bail Act at that point where IOI was
 2 the presumptive outcome, and it was for the LIC to
 3 approach the PACE inspector or the custody suite
 4 inspector to request bail.

5 **Q.** Right. Now, can you help us then, obviously you're
 6 essentially saying you're completing this but
 7 essentially you can't add bail at that point because
 8 Sergeant Hennessy's made the decision to release under
 9 investigation; is that the position?

10 **A.** Correct.

11 **Q.** So even if you wanted to bail VC to his mum, who was
 12 travelling up from Wales, who VC had given consent to
 13 the medical professionals to share information, you
 14 couldn't at that point bail him to go and live with his
 15 parents in Wales?

16 **A.** No, he had already been Released Under Investigation.

17 **Q.** So would you agree again that should have been for
 18 Sergeant Hennessy to consider those relevant factors of
 19 risk and bail informed by the full information from the
 20 Mental Health Act Assessment?

21 **A.** Yes.

22 **Q.** Now, you have told the learned Chair that it is not
 23 uncommon for someone to be released under investigation
 24 in this case, and then essentially the revolving door
 25 and be back, but did you appreciate how quickly after VC

45

1 relevant background and what's happened, so they can
 2 understand.

3 Do you know that any point any officer from
 4 Nottingham police has given the full context to Feven,
 5 as a victim of a fractured spine, as to just how soon
 6 after VC was released from custody, that he was back
 7 at her door terrifying her.

8 **A.** No, I'm not.

9 **Q.** Then can I ask you, had you known, when VC came back
 10 into custody that evening and that Feven, as she has
 11 told us, it was clear when she was in the ambulance,
 12 from what the paramedics were saying that this was
 13 a serious injury to her back rather than back pain
 14 that's recorded in the custody record, what would you
 15 have done? What was required?

16 **A.** What regard?

17 **Q.** Regard the fact that there's been a detainee that's been
 18 released and very shortly thereafter a member of the
 19 public has sustained a significant injury?

20 **A.** I don't know where you're going with this question, I'm
 21 sorry.

22 **Q.** It's just a question. So you are still the
 23 custody sergeant when VC is brought back?

24 **A.** Yes.

25 **Q.** So had you known --

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1 was discharged from the custody suite at 19.18 with
 2 a police escort, that the log that we looked at, the
 3 Occurrence Log has essentially a member of the public 11
 4 minutes later describing VC as essentially doing the
 5 same thing that he had done earlier in the day, that
 6 flat 11 had warned the police was going to happen, did
 7 you appreciate just how short that window was?

8 **A.** I never did, no.

9 **Q.** All right. We know the time he came into the
 10 custody suite, but did you appreciate that Feven had
 11 sustained serious injury to her back as a result of
 12 jumping out of the window she was so terrified by VC?

13 **A.** That was not something I was aware of during this period
 14 of detention.

15 **Q.** When did you become aware of it?

16 **A.** During the process of the Inquiry.

17 **Q.** Would that be -- just give us an idea, so at no time in
 18 2020 were you made aware?

19 **A.** Correct.

20 **Q.** Then can I ask you because essentially there is a harm
 21 event happened to a member of the public by what we've
 22 looked at together was an inadequate risk assessment or
 23 discharge of VC from custody. So, when a harm event
 24 occurs in a health context, there is responsibilities on
 25 essentially that member of the public to be told the

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1 **THE CHAIR:** Ms Cartwright, are you relying on any policy or
 2 anything that's --

3 **MS CARTWRIGHT:** I will leave it there then.

4 **THE CHAIR:** Thank you. Mr Beggs.

5 **Questioned by MR BEGGS**

6 **MR BEGGS:** Sergeant, just two very quick points. Do you
 7 know, as a matter of fact, what Sergeant Hennessy may
 8 have told to the two doctors that conducted the Mental
 9 Health Act Assessment?

10 **A.** No.

11 **Q.** Ans do you know as a matter of fact what, if anything,
 12 they may have told him?

13 **A.** No.

14 **Q.** Thank you very much.

15 **THE CHAIR:** Thank you.

16 **Questioned by THE CHAIR**

17 I just wanted to ask one question which is in
 18 relation to when you were asked earlier by Mr Blake, you
 19 said that some people may have been a bit worried about
 20 accessing other cases because of the GDPR policies and
 21 so on and that you needed a policing purpose. Is that
 22 correct?

23 **A.** Yes.

24 **THE CHAIR:** I think you also were asked about whether these
 25 cases should be linked. Was there any doubt or was --

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1 I think you say it was simple, actually, in relation to
2 this. Should anybody have had any doubt about whether
3 they could access the other case to link them on these
4 two cases?

5 **THE WITNESS:** In my opinion, no.

6 **THE CHAIR:** Thank you. Yes, thank you.

7 **MR BLAKE:** Thank you Chair.

8 **THE CHAIR:** What we will do now is take a break now. We
9 will start again at 3.25 pm. Thank you.

10 (3.09 pm)

11 (A short break)

12 (3.25 pm)

13 **MS MILLAR:** Thank you, Chair. The next witness we are going
14 to be hearing from is PC Michael Plant.

15 **PC MICHAEL PLANT (affirmed)**

16 **Questioned by MS MILLAR**

17 **MS MILLAR:** You should have your witness statement in front
18 of you. For the purposes of the transcript, the URN is
19 WITN0013001. Is that witness statement in front of you
20 dated 21 October 2025? If you look at the last page, it
21 should have the date on it.

22 **A.** Yes.

23 **Q.** And are the contents of that statement true to the best
24 of your knowledge and belief?

25 **A.** Yes.

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1 **A.** Yes.

2 **Q.** And do you remain in that role?

3 **A.** Yes, currently.

4 **Q.** As a response officer, have you received specific
5 training in relation to dealing with mental health
6 issues?

7 **A.** I would have had an input at training school. I can't
8 recall what that would have been, whether that is
9 e-learning or someone came in, and then probably most
10 recently we had a training day, I think towards the end
11 of last year, which was with one of the triage
12 sergeants.

13 **Q.** And was that specific to dealing with individuals who
14 may be suffering with mental ill health?

15 **A.** It was mental health as a whole.

16 **Q.** So then turning to the circumstances in which you
17 responded to an incident on 13 July 2020, is it right
18 that on that date you started your shift at 9.30 pm?

19 **A.** I believe so.

20 **Q.** Soon after at around 10.16 pm you were alerted to
21 an incident by the Force Control Room?

22 **A.** Yes.

23 **Q.** The Inquiry has heard the 999 call which led to your
24 attendance, and I don't propose to play that again but
25 at paragraph 11 of your witness statement you explained

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1 **Q.** For the purposes of your evidence today, I will be
2 asking you questions about your involvement in events on
3 13 July 2020 and the Inquiry has referred to this as
4 "incident 3".

5 But before we start with that, I'm going to ask
6 you some questions about your professional background.
7 Is it right that you joined Nottinghamshire Police as
8 a trainee constable in 2019?

9 **A.** That's correct.

10 **Q.** Prior to that, you'd worked as a custody clerical
11 officer for six years as a staff member also in
12 Nottinghamshire Police?

13 **A.** Yes.

14 **Q.** And in that role you assessed the quality of case files
15 submitted by the police to the Crown Prosecution
16 Service?

17 **A.** Yes, went through a checklist to make sure they were
18 sufficient enough to send them over.

19 **Q.** And when you joined as a trainee constable in 2019, is
20 it right that you were initially a response officer
21 based at Radford Road Police Station for two years?

22 **A.** Around that time, yes.

23 **Q.** And then following a 12 month assignment to
24 a neighbourhood policing team, you returned to response
25 duties at Radford Road Police Station in October 2022?

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1 that the information passed to you by the Force Control
2 Room was that someone had broken into a property at
3 Brook Court and assaulted someone and that he and others
4 had detained the man on the floor; is that right?

5 **A.** Yes, I believe that was the initial call.

6 **Q.** So can we go then to the Incident Log. It is
7 NGPF0000049. So if we just look in the first box of
8 that Incident Log, is that something that you had access
9 to while you were responding to the incident?

10 **A.** Not necessarily. This would have been -- so what's
11 recorded on the SAFE system. The control room obviously
12 look at that whilst we are attending jobs, but as
13 a response officer unless I've had my laptop on my lap
14 as I was driving up, as a passenger or something,
15 I would not have been looking at it, but information may
16 have been sent to me over the airways whilst travelling.

17 **Q.** So if we look at that, it is -- the opening code is
18 described as "burglary dwelling". Were you aware of
19 that at the time?

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

21 **Q.** We can see that the priority is Grade 1 immediate. Is
22 it right that that's the highest priority in terms of
23 police response?

24 **A.** Yes.

25 **Q.** So the incident description, the final sentence also

52

1 makes reference to the individual "kicking off". Do you
 2 remember being made aware of that at the time?
 3 **A.** I don't have any free recall of the date of the incident
 4 at all.
 5 **Q.** So finally then just looking at this, we see the term
 6 OIC and the number is 1856; is that your call sign?
 7 **A.** Yes.
 8 **Q.** So were you the OIC in respect of this incident?
 9 **A.** I don't know what that means in regards to the Incident
 10 Log. I imagine it is because my call sign, or a call
 11 sign I was on, was allocated the incident first.
 12 **Q.** So, the Inquiry understands that the reference to OIC to
 13 be Officer In the Case. Is that a term that is familiar
 14 to you?
 15 **A.** Yes.
 16 **Q.** Is it right that the OIC is generally the officer with
 17 overall responsibility for investigating a particular
 18 crime?
 19 **A.** Yes.
 20 **Q.** And that OIC typically makes decisions about whether
 21 further action should be taken in respect of an incident
 22 or not?
 23 **A.** Yes.
 24 **Q.** So were you aware that you were the OIC on the day of
 25 this incident?

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1 **Q.** So if we go to page 2 please. So, we can see there that
 2 you have -- did you complete this form yourself
 3 following the incident?
 4 **A.** Yes.
 5 **Q.** The reasons for using force, you have ticked "yes" next
 6 to "protect self; protect subject; protect public;
 7 protect officer; prevent offence" and then also "prevent
 8 harm" further down?
 9 **A.** Yes.
 10 **Q.** What was the reference to prevent offence to?
 11 **A.** Again, I don't recall. I can give you my opinion based
 12 off the documents --
 13 **Q.** Please do.
 14 **A.** -- if that helps. So it mentions three people holding
 15 him down. If I'd attended, I would deem that as
 16 a potential for it to get worse or I don't know exactly
 17 at that point what's happening, so my concern is for the
 18 safety of the people holding him down as well as the
 19 individual, the subject VC. Until I have found out what
 20 has happened my priority is safety, so handcuffing him
 21 allows us to separate the parties and make it a safe
 22 environment.
 23 **Q.** So that would deal with protecting subject, protecting
 24 public. In terms of preventing an offence, what would
 25 have been in your mind at the time in terms of what

55

1 **A.** Again, I don't recall.
 2 **Q.** So then if we move on to your arrival at the scene, is
 3 it right that you arrived at the scene at approximately
 4 10.25 pm?
 5 **A.** If that's what it says on the Incident Log, yes.
 6 **Q.** Upon arrival you explain that VC was being held down by
 7 three members of the public. Do you remember that?
 8 **A.** I don't recall any of the incident.
 9 **Q.** At paragraph 13 of the witness statement that you have
 10 provided to the Inquiry, you explain that you decided to
 11 handcuff VC on the ground with his arms behind him for
 12 his safety and the safety of others.
 13 **A.** Mm-hm.
 14 **Q.** What was it about the situation which led you to decide
 15 that handcuffs were necessary?
 16 **A.** Again, I don't recall. I imagine I have done this based
 17 off the use of force document that was provided to me.
 18 **Q.** So I'm just going to take you to that. Could we please
 19 have NGPF0000051 on the screen, please. So is this
 20 a form which you fill out whenever you have used force
 21 in an incident such as using handcuffs?
 22 **A.** Yes, it is a tick list pro forma.
 23 **Q.** It explains why you have decided that force is necessary
 24 in a particular incident.
 25 **A.** Yes.

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1 offence may have been taking place given the information
 2 you knew?
 3 **A.** Based on the Incident Log either a burglary or a
 4 criminal damage or an assault.
 5 **Q.** Thank. You that can come down then.
 6 So you explained that VC provided his name and
 7 that the Force Control Room conducted a check on
 8 police systems for any information about him. Is that
 9 right?
 10 **A.** I believe so.
 11 **Q.** Do you know which police systems were checked by the
 12 Force Control Room?
 13 **A.** No.
 14 **Q.** What systems would typically be checked by the Force?
 15 Can you help us?
 16 **A.** Normally, it would be their PNC record as a first, the
 17 first thing they do, and then sometimes, not always,
 18 NICHE checks can be done.
 19 **Q.** And why do you say sometimes but not always NICHE
 20 checks?
 21 **A.** Just sometimes they would automatically do it and
 22 sometimes you might ask them have you checked NICHE and
 23 they will do it for you.
 24 **Q.** You explained that the information you received was that
 25 VC had previously been detained under Mental Health Act

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1 powers but you were not made aware of any outstanding
2 criminal matters; is that right?

3 **A.** I believe so.

4 **Q.** Did you ask for further details about what led to VC
5 being detained under Mental Health Act powers?

6 **A.** Again, I don't recall. I believe on the Incident Log
7 there's a mention of a female in the window but I don't
8 know exactly how it was written.

9 **Q.** I'm just going to take you to that actually. If we go
10 back to the incident log please at NGPF0000049 -- the
11 first page, please. So if we look at the third box with
12 the purple banner at the top, if we look at the first
13 entry there, there is a time stamp at 22.17 hours, and
14 the log entry states:

15 "This man has previously broken into
16 a property opposite, thrown a lady out the
17 window."

18 Were you aware of that -- made aware of that by
19 the Force Control Room?

20 **A.** Again, I don't recall. As it is on there, it may have
21 been written on and then passed over the airways but, as
22 we responded to jobs, lots of things are coming in so we
23 don't always take in everything that's thrown at you.

24 **Q.** So in terms of what is being relayed to you over the
25 airwaves, when you accept a particular incident or

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1 **Q.** So if we turn over to page 5 of the Incident Log then
2 please. So there is an entry there at 05.45 on the
3 morning of 14th July 2020 and it starts with:

4 "From 18.56."

5 Is that an entry from you?

6 **A.** Yes.

7 **Q.** Six lines up from the bottom of the page then it states:

8 "Once the black male's name was
9 confirmed as VC, officers were aware of previous
10 similar incidents in which the male had the same
11 MO and in the latter incident had been sectioned."

12 So when you refer to the "same MO", what does that
13 mean in this context?

14 **A.** I believe that was to do with banging on the door.

15 **Q.** Do you remember how you were made aware of that
16 information?

17 **A.** No.

18 **Q.** So, do you agree that by the time you made this entry,
19 at least you were aware of previous incidents of the
20 same type involving VC?

21 **A.** Probably, yes.

22 **Q.** And did you conduct any further checks yourself at this
23 stage, for example, a PNC check or a check on the NICHE
24 system?

25 **A.** I wouldn't imagine I would have done a PNC check because

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1 you're allocated an incident, are there still lots of
2 information -- is there still lots of information about
3 different incidents coming in over the airwaves or just
4 the incident you are responding to?

5 **A.** There is everything you can think of coming at you all
6 at once. It could be -- there's is different grade 1's
7 running at once and all the different information. That
8 may not relate to this one, it's still being passed over
9 the air. They will try and shout you out by your call
10 sign to make you aware of when they are speaking to you
11 directly but it is not always necessarily clear.

12 **Q.** So over the page then. There is another entry at
13 22.21 hours. It notes that "it is the same male that
14 did this previously."

15 Then going down the page. At 22.26 hours there is
16 an entry which -- towards the bottom of the entry it
17 says:

18 "Impending prosecutions. Arrested on
19 24th May 2020, destroy or damage property."

20 Were those things that you were aware of at the
21 time you were responding to the incident?

22 **A.** So that entry is, I believe, a copy and paste of VC's
23 PNC page. Again, it may have been they have passed
24 those details over the air waves but I can't recall
25 whether I was aware at the time or not.

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1 it was already done. In regards to NICHE, again,
2 I don't recall. I believe that no outstanding criminal
3 offences were on NICHE, so someone would have had to
4 have informed me of that or I found that out myself.

5 **Q.** You believe it said there are no outstanding criminal
6 matters on NICHE?

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

8 **Q.** We have just looked back through and we have seen there
9 were a number of incidents including a reference made to
10 a lady being thrown out of the window. So --

11 **A.** As in he wasn't a suspect outstanding, as in he had
12 already been arrested for that offence.

13 **Q.** So in terms of when you say no outstanding criminal
14 matters, you say arrested or convicted of a criminal
15 offence?

16 **A.** I mean it as in he wasn't showing as wanted for
17 an offence and/or wasn't outstanding as in hadn't been
18 arrested. So, for example, if it had a shop theft and
19 it said: suspect outstanding, it may have been we will
20 arrest him for that shop theft but there was nothing to
21 show that he was required to be arrested for any other
22 offences outstanding.

23 **Q.** But you are aware at least that he had previously been
24 arrested on 24th May 2020 for criminal damage --

25 **A.** I believe I would have been, yes.

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1 Q. So whose responsibility would it have been to add this
2 case to the NICHE system?
3 A. It varies. Sometimes it would be the officer on the
4 scene and sometimes it would be the mental health triage
5 car. But it depends because officers can use that power
6 themselves and I believe in this case it was the triage
7 car that used that power.
8 Q. When you say power what do you mean?
9 A. I believe he was detained under 136 of the Mental Health
10 Act.
11 Q. So, does that mean that whoever detains him either
12 arrests or detains under section 136 has the
13 responsibility of adding the case to NICHE?
14 A. Again, not necessarily, it could be if you are taking
15 a prisoner or someone down to a suite that a colleague
16 of yours Mitie go out, I will prime it for you or I will
17 create the incident.
18 Q. As the officer in the case do you think it was your
19 responsibility to ensure that had been done?
20 A. Again, it is hard to say on this incident because he was
21 136, we create an Occurrence report which I believe was
22 created but I don't know who created that current
23 report.
24 Q. So then if we go back to your entry on the Incident Log.
25 You state there that the mental health triage car was

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1 the screen please. The Inquiry is familiar with this
2 document but it is a procedure document entitled
3 "dealing with persons with mental health (consolidated
4 procedures)."
5 Were you familiar with this policy at the time?
6 A. I don't know. I don't recall.
7 Q. Are you familiar --
8 A. I'm aware of it now.
9 Q. Do you remember when you became aware of it?
10 A. I'm not sure, at the time in this role I was not far
11 into the job I think, six months into the job, something
12 like that.
13 Q. You explained that in your officer training, your
14 Constable training initially that you did have training
15 in relation to mental health generally?
16 A. Yes.
17 Q. But you don't recall this specific policy; is that
18 right?
19 A. Not from that time, no.
20 Q. If we go to page 6, please. At the bottom of that page
21 there, we see reference made to the section 136
22 provision and it is set out in bold there. Then the
23 last paragraph on page 6 states:
24 "A person detained under section 136 may
25 later be arrested for an offence but once arrested

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1 called and the nurse spoke with VC. A bed was available
2 at Highbury and from the recommendation of the mental
3 health nurse, VC was detained under 136 of the Mental
4 Health Act and transported to Highbury."

5 So is the mental health triage car a reference to
6 the Street Triage Team?

7 A. Yes.

8 Q. At paragraph 14 of your witness statement you explain
9 there was a request made by one of the other officers at
10 the scene for that team to attend; is that right?

11 A. I believe so.

12 Q. And was it the officer on the Street Triage Team who
13 then made the decision to detain VC pursuant to
14 section 136?

15 A. I believe he would have or that person would have had
16 a conversation with the mental health practitioner who
17 was with them at the time and together they would have
18 come up with a decision and if that was the case for 136
19 then, yes.

20 Q. Did you have any input into that decision?

21 A. I can't recall. I imagine I probably would have spoke
22 to them but I don't remember.

23 Q. At paragraph 22 of your witness statement you explain
24 that there were no particular policies or procedures
25 engaged by this incident. So can we have NGPF0006002 on

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1 for an offence cannot then be detained under
2 section 136. Officers may also consider voluntary
3 attendance for interview following the outcome of
4 section 136."

5 Were you aware of that at the time?

6 A. Yes.

7 Q. So if we move then to the bottom of page 19 please.

8 Underneath the paragraph 3.5.1, it states:

9 "The fact that a suspect is believed to
10 have mental health or learning difficulties must
11 not preclude full investigation of an offence and
12 should only rarely prevent arrest and/or interview
13 of a suspect."

14 Moving down to the last three lines of that page
15 it notes:

16 "In reality there is a presumption that
17 unless the suspect is already detained as
18 an involuntary patient in a psychiatric facility
19 he/she has the mental capacity to be detained,
20 interviewed and prosecuted."

21 Did that reflect your understanding at the time?

22 A. I can't remember what my understanding at the time was,
23 but I understand it now, yes.

24 Q. Did you understand at the time that a healthcare
25 intervention could work in parallel with a criminal

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1 justice intervention?
 2 **A.** Yes.
 3 **Q.** So it is not a case of one or the other, they can both
 4 work alongside each other?
 5 **A.** Yes.
 6 **Q.** Turning then to the investigation of this incident. Can
 7 we go back again briefly to the Incident Log, which is
 8 NGPF0000049 and the entry starting on page 5, please.
 9 Looking again at your entry and the first line of your
 10 entry notes:
 11 "Police attended a report from a member
 12 of the public who had witnessed a black male kick
 13 at the door of flat 11. The occupier of flat 11
 14 had opened the door and the male had attempted to
 15 get past the occupier but was subdued by the
 16 occupier and another resident of the building."
 17 If we jump to the end of the entry on page 6, you
 18 note:
 19 "No criminal offences have occurred and
 20 there has been no offence of burglary."
 21 Is it right that you can't remember whether you
 22 spoke to members of the public who had detained VC?
 23 **A.** Yes.
 24 **Q.** However, you go on to explain in your witness statement
 25 to the Inquiry that you were aware that members of the

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1 the time?
 2 **A.** Which part of that, sorry?
 3 **Q.** So when you say that there is no allegation of
 4 an assault, how is that recorded at the time of the
 5 incident?
 6 **A.** How was? Notes were recorded.
 7 **Q.** That there had been no allegation. So you say your
 8 understanding was that you had perhaps spoken to people
 9 and that there had been no allegation of an assault, how
 10 would that have been recorded?
 11 **A.** By writing it on the Incident Log.
 12 **Q.** We saw on the Incident Log that the incident was
 13 initially described as a burglary. And you were also
 14 aware that someone had witnessed VC kicking the door.
 15 Did you consider whether the threshold had been crossed
 16 to arrest VC for criminal damage, for example?
 17 **A.** I don't remember. I think on the write up, I believe
 18 I have wrote that there's no damage.
 19 **Q.** And whereabouts have you written that?
 20 **A.** Is that on the Incident Log? I can't recall.
 21 **Q.** Do you want to go back to your entry on the Incident
 22 Log?
 23 **A.** Yes, please.
 24 **Q.** If we could have the incident log back up, NGPF0000049.
 25 Starting at I think the bottom of page 4. It might be

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1 public did not allege that any assault had taken place?
 2 **A.** That's based off the Incident Log summary that I have
 3 read.
 4 **Q.** So you don't recall how you were made aware?
 5 **A.** No, I don't know if I have handcuffed him and taken him
 6 out or if I have handcuffed him and somebody else has
 7 taken him out and I have spoke with him, or other
 8 officers because I believe I was not the only officer in
 9 attendance on that incident.
 10 **Q.** Who were the other officers in attendance on that
 11 incident?
 12 **A.** I can't remember but there were other call numbers on
 13 the incident log.
 14 **Q.** So when you say they did not allege that any assault had
 15 taken place, do you understand that to mean that you
 16 were aware that people had been spoken to and positively
 17 had said no assault has taken place or that you hadn't
 18 heard that being mentioned?
 19 **A.** I believe that I would have liaised with -- either
 20 myself if I would have spoke to them or other officers
 21 on scene and I have wrote that based off either my own
 22 input or the other officers speaking with the witnesses
 23 at the time.
 24 **Q.** So this entry -- the entry that we looked at from you is
 25 the next morning. How would that have been recorded at

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1 page 5 actually. So that is the entry from you.
 2 **A.** I have wrote "no offences were alleged or disclosed".
 3 So I believe that would include criminal damage.
 4 **Q.** You said a moment ago that you had written somewhere
 5 that there was no damage?
 6 **A.** I just misread it. I thought that's where it was.
 7 **Q.** Thank you. That can come back down then please. Did
 8 you yourself assess the property for any damage?
 9 **A.** I don't recall.
 10 **Q.** Should you have done based on what you had heard about
 11 the incident prior?
 12 **A.** If I was the person who had spoke with him, then I would
 13 have done it, if not then I would expect my colleagues
 14 to give the honest answer for any offences.
 15 **Q.** Can you remember making any other enquiries about the
 16 allegation that led to the 999 call?
 17 **A.** As I said previously, I have no free recall of this
 18 incident whatsoever.
 19 **Q.** Can we have NGPF0004261 on screen please. So is this
 20 a copy of your police pocket book?
 21 **A.** Yes.
 22 **Q.** And is a police pocket book something that you carry
 23 with you so that you can take a contemporaneous notes of
 24 the incidents that you attend?
 25 **A.** It is for an officer's interpretation to use for

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1 whatever they deem fit.

2 **Q.** Typically would you note down things that you think are
3 important about an incident so you can write it up more
4 fully later?

5 **A.** It depends on the incident I attended really.

6 **Q.** So if we look over at page 2, please. Can you help us,
7 we understand that this is your entry on 13 July. You
8 have noted -- if we just go up a tiny bit, please --
9 starting with the red handwriting. I think that that is
10 the time of your shift, the start and end time of your
11 shift.

12 Can you help us with the rest -- with these next
13 three lines, what you have recorded there?

14 **A.** Yes, so as you have said TOD is tour of duty. It is
15 21.30 to 7.00 in the morning. State 1 is essentially
16 starting shift. R5, is rota 5, which is the team that I
17 am on and was on back then. It says "brief" so we would
18 have had a briefing at 10 o'clock. And then I have
19 written "no info" as in nothing relevant in that brief
20 to take forward.

21 **Q.** But that briefing wouldn't have included details of this
22 incident --

23 **A.** This is prior to attending that incident and I imagine
24 we were called out of briefing, being as the call came
25 in around 10.16 is what he said.

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1 **A.** For what offence?

2 **Q.** In relation to any -- so, we saw that there was --
3 a witness had seen him kicking at the door of
4 a property; there was a reference to a potential
5 burglary. Did you -- do you think at any point that
6 an account should have been taken from him about the
7 incident?

8 **A.** No, not if there's no crime raised.

9 **Q.** No crime raised in what sense?

10 **A.** As in if there's no crime occurrence, there is no crime
11 report, then we would not have any power to bring him in
12 for an interview.

13 **Q.** Do you think that you took sufficient steps to
14 investigate whether a crime had in fact occurred in this
15 incident?

16 **A.** Again, I don't recall but based on what's on the
17 incident log, I believe so.

18 **Q.** So the last topic I want to ask you a few questions
19 about is the issue of information sharing.

20 At paragraph 31 of your statement you explain
21 that, in relation to whether any other action should
22 have been taken, that further work could have been
23 done to learn more about VC's background and if the
24 police had found out he was a student, the university
25 could have been contacted.

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1 **Q.** Exactly.

2 **A.** Normally briefings are around half an hour long.
3 I imagine we travelled to that call halfway through
4 briefing.

5 **Q.** So then the next lines you have there recorded VC's
6 name, date of birth, the address that you attended. Is
7 136 a reference to detention under a section 136?

8 **A.** Yes.

9 **Q.** The Cassidy suite is where he was taken to and then can
10 you help us with that last line?

11 **A.** State 11, that's going off shift.

12 **Q.** Would you agree there's not really any details about the
13 incident that you attended?

14 **A.** That's I believe me conducting a name check with VC, so
15 I have recorded that.

16 **Q.** If you have made any further enquiries about this
17 incident, should you have recorded them in your pocket
18 book?

19 **A.** Not necessarily.

20 **Q.** Should you have recorded them somewhere?

21 **A.** I believe on the Incident Log. If something had been
22 crime'd it would have been on the occurrence report;
23 there we are.

24 **Q.** Did you consider whether VC should be interviewed at
25 a later stage?

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1 Can we have the Occurrence Log on screen please at
2 NGPF0000048. Did you see the Occurrence Log at the time
3 or shortly after this incident?

4 **A.** That would have been created after the incident.

5 **Q.** And so, if we go to page 2 then please of the
6 Occurrence Log. Halfway down that page we can see under
7 the subheading "Reports", there is an entry made at
8 23.49 hours on 13th July 2020 and that's made by PC
9 Jamie Severn, who we are going to hear from tomorrow.
10 But at that point you were still on the scene at that
11 time, at Brook Court, weren't you?

12 **A.** I don't recall. This occurrence I believe would have
13 been created for him to -- so that they can do the
14 pro formas for the mental health suite that he was going
15 to. So that handover could essentially occur between
16 officers and the mental health practitioners at the
17 Cassidy suite.

18 **Q.** If we go over the next page then please. About halfway
19 down that page we can see "occupation" and
20 "sub-occupation". It says student and the
21 sub-occupation, full-time student. Were you aware at
22 the time that he was a student?

23 **A.** I don't believe so.

24 **Q.** Who would have been responsible for contacting the
25 university in those circumstances?

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1 A. I suppose anyone on scene could have been. But, again,
2 full-time student doesn't necessarily tell you where he
3 was studying and doesn't give all the information I
4 mean, sorry.

5 Q. It shows the police were aware that he was a student, so
6 enquiries could have been made very easily to ask
7 a student of where, do you accept that?

8 A. As in ask him or?

9 Q. Yes or make enquiries on the system?

10 A. Yes.

11 Q. Thank you PC Plant, I don't have any questions for you.

12 **Questioned by MR BEGGS**

13 MR BEGGS: Officer, just so there's no misunderstanding,
14 your entire evidence to counsel to the Inquiry has been
15 based on what you have been able to read?

16 A. Yes.

17 Q. You had no independent recollection whatsoever?

18 A. No.

19 Q. Can you explain so there is no mystery why you have no
20 independent recollection?

21 A. I have been a response officer for six and a half years,
22 in that time I have attended thousands of incidents and
23 I could probably tell you three of them in detail in
24 that time.

25 Q. Is there anything to stick out in your mind about this

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1 **Questioned by THE CHAIR**

2 THE CHAIR: Yes, I was just going to ask in relation to
3 paragraph 14 of your statement, where you said that the
4 information that you received was that he had previously
5 been detained under the Mental Health Act and no
6 outstanding criminal matters; were you aware that those
7 matters had related to the same property?

8 THE WITNESS: I imagine so, but I don't remember.

9 THE CHAIR: Just in relation to any crime being reported,
10 were you aware of the content of the 999 call?

11 THE WITNESS: I would have been at the time, yes.

12 THE CHAIR: So that person was alleging that somebody had
13 broken into the property and had assaulted someone?

14 THE WITNESS: So when we receive calls from members of the
15 public, they obviously get taken by the call handler who
16 will write what's on the call. When we get on scene it
17 can be and it is on many occasions, a completely
18 different story. So what's on the actual -- what's on
19 the original call isn't always what has actually taken
20 place.

21 THE CHAIR: But you have no independent recollection of what
22 happened?

23 THE WITNESS: No, I'm just basing that on the documentation
24 I have been given.

25 THE CHAIR: Yes, thank you.

75

1 incident?

2 A. No.

3 Q. You were taken to the part of the Incident Log which
4 suggested you were the OIC. In substance were you
5 an investigating officer on this case?

6 A. No because there was no criminal investigation.

7 Q. And after you delivered VC to hospital, which I think
8 you did, we can see from records, did you have any
9 further involvement?

10 A. Not once handover would have been completed, no.

11 Q. How long, doing your best from the documents you have
12 been able to refresh your memory from, how long were you
13 in the presence of VC do you suppose that evening?

14 A. I honestly have no idea.

15 Q. And, final question, how many policies are there in
16 Nottinghamshire Police that a response officer could
17 read?

18 A. Again, I don't know but many, many policies.

19 Q. And in your experience can a response officer keep on
20 top of all of those policies?

21 A. I would find it extremely difficult based on the number
22 of them. So, no.

23 Q. And -- that will do. Thank you very much indeed,
24 officer.

25 Chair, do you have any questions?

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1 Does that bring us to the end for today?

2 MS MILLAR: Yes, it does Chair.

3 THE CHAIR: Very well, we will stop there for today and we
4 will start again tomorrow morning at 10.00 am. Thank
5 you.

6 (4.01 pm)

7 (The Inquiry adjourned until 10.00 am the following day)

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72/11</p> <p>Covid [1] 27/18</p> <p>CPS [1] 7/15</p> <p>create [2] 61/17 61/21</p> <p>created [6] 3/14 3/15 61/22 61/22 72/4 72/13</p> <p>CRHT [2] 35/11 35/17</p> <p>crime [18] 7/1 10/17 12/6 12/11 15/10 15/11 17/11 19/7 19/10 19/11 19/12</p>	<p>53/18 71/8 71/9 71/10 71/10 71/14 75/9</p> <p>crime'd [1] 70/22</p> <p>crimes [1] 12/13</p> <p>criminal [15] 15/15 16/13 56/4 57/2 60/2 60/5 60/13 60/14 60/24 64/25 65/19 67/16 68/3 74/6 75/6</p> <p>crisis [10] 29/4 30/1 30/22 30/25 31/7 32/20 34/23 35/12 35/17 35/25</p> <p>criteria [1] 42/25</p> <p>crossed [1] 67/15</p> <p>Crown [1] 50/15</p> <p>culture [1] 18/23</p> <p>current [2] 13/23 61/22</p> <p>currently [2] 14/5 51/3</p> <p>custody [53] 1/6 1/23 1/24 3/16 4/22 5/10 5/13 5/17 6/3 6/10 8/5 9/5 13/16 15/23 16/6 16/18 19/21 20/12 20/15 21/3 21/14 22/5 22/25 23/2 23/22 25/13 25/14 25/22 28/3 28/8 29/7 29/19 30/5 32/2 33/7 35/14 37/20 38/1 39/12 39/17 40/6 43/23 43/25 44/8 45/3 46/1 46/10 46/23 47/6 47/10 47/14 47/23 50/10</p> <p>custody record [13] 1/6 1/23 4/22 6/10 21/3 22/25 25/13 29/7 37/20 38/1 39/12 39/17 47/14</p> <p>custody sergeant [3] 9/5 44/8 47/23</p> <p>custody suite [4] 5/10 45/3 46/1 46/10</p>
<p>C</p> <p>call [22] 3/9 12/22 30/1 30/25 32/6 32/9 33/4 36/8 51/23 52/5 53/6 53/10 53/10 58/9 66/12 68/16 69/24 70/3 75/10 75/15 75/16 75/19</p> <p>called [5] 13/20 17/18 39/12 62/1 69/24</p> <p>caller [1] 3/15</p> <p>calls [1] 75/14</p> <p>came [5] 17/14 46/9 47/9 51/9 69/24</p> <p>can [105]</p> <p>can't [11] 2/12 5/20 7/9 45/7 51/7 58/24 62/21 64/22 65/21 66/12 67/20</p> <p>candidates [1] 41/1</p> <p>cannot [1] 64/1</p> <p>capacity [2] 2/1 64/19</p> <p>car [4] 61/5 61/7 61/25 62/5</p> <p>care [4] 28/7 33/8 33/18 34/22</p> <p>carry [3] 24/16 25/5 68/22</p> <p>carrying [1] 42/13</p> <p>Cartwright [8] 1/2 1/3 37/15 37/17 37/18 48/1 77/2 77/7</p> <p>case [20] 11/14 11/18 11/23 14/19 17/17 19/21 20/7 20/9 26/20 45/24 49/3 50/14 53/13 61/2 61/6 61/13 61/18 62/18 65/3 74/5</p> <p>cases [5] 9/17 16/8 48/20 48/25 49/4</p> <p>Cassidy [2] 70/9 72/17</p> <p>cause [1] 11/13</p>	<p>causing [3] 6/16 6/25 8/20</p> <p>cell [1] 32/5</p> <p>certain [3] 19/2 19/25 19/25</p> <p>certainly [3] 24/6 37/1 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