

1 (1.59 pm)

2 **MS LANGDALE:** Chair, may I call, please, Dr Sanjoy Kumar and
3 Dr Sinéad O'Malley-Kumar.

4 **DR SINÉAD O'MALLEY-KUMAR (sworn)**

5 **DR SANJOY KUMAR (affirmed)**

6 **Questioned by MS LANGDALE**

7 **THE CHAIR:** Yes, Ms Langdale.

8 **MS LANGDALE:** You have prepared for the Inquiry a joint
9 statement dated 7 January 2026; can you confirm that the
10 contents are true and accurate as far as you are
11 concerned?

12 **DR SINEAD O'MALLEY-KUMAR:** Yes.

13 **DR SANJOY KUMAR:** Yes, I can.

14 **Q.** May I begin, please, with asking you how you first
15 learnt of Grace's death?

16 **DR SINEAD O'MALLEY-KUMAR:** On the morning of 13 June, I got
17 up at normal time, my son James had a GCSE exam, but
18 I have a habit of looking at the news. I have the
19 traditional press on my phone, I read the papers, and
20 I look at the BBC website. The headline was that there
21 had been an attack in Nottingham and a man and a woman
22 had been found dead.

23 I put a message on our family Whatsapp group because
24 it did mention Ilkeston Road, and I looked at the
25 location of that, and I made the comment "That's very

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1 question was that there was no admission, and the person
2 I spoke to on the helpline took my name, my telephone
3 number, my address, my email address, and said they
4 would get back to me.

5 This was at about 11.15 or 11.30 in the morning.

6 **Q.** When you know both the police and the Queens Medical
7 Centre would have known of her?

8 **DR SINEAD O'MALLEY-KUMAR:** Of course. And because, again,
9 so much time had elapsed and I knew Grace had her
10 identification, I thought something strange is going on
11 but we weren't sure. James was with me in the kitchen
12 then when I received a telephone call from one of
13 Grace's friends, her school friends from their local,
14 but a lot of her friendship group from Nottingham
15 University and her school friendship group overlapped,
16 and they were looking for my telephone number, they
17 desperately wanted to get in touch with me because they
18 had been to Grace's accommodation and Grace was not
19 there.

20 **DR SANJOY KUMAR:** In the meantime, Sinéad had made calls to
21 me. I'm not such an avid reader of the news. I just
22 get dressed and go to work. I had gone to my practice
23 to start a morning clinic, and at that time, Sinéad said
24 to me "I can't get hold of Grace."

25 I knew. Gracie and I had a very special

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1 close to the University of Nottingham".

2 We tried to call Grace, but we thought she'd
3 probably just slept it out. She was out -- we knew
4 she'd had a night out the night before. So I brought
5 James to his exam, at school, dropped him off, and then
6 as the morning progressed, his pick-up was at 11 and as
7 the morning progressed I got increasingly worried. We
8 didn't -- hadn't heard from Grace. There was no further
9 information coming through, but I knew that she had her
10 driver's licence on her, on her belongings, on her
11 person. I knew she carried her University of Nottingham
12 lanyard with her key to her accommodation on her at all
13 times, so I was certain that if Grace had been involved
14 we would have been notified because of the amount of
15 identification she was carrying.

16 So even though I was getting increasingly concerned,
17 I tried to dismiss it. I collected James from his
18 examination at school at 11 o'clock and we travelled
19 home, and still nothing had come through. At that
20 point, I said, "It's time to make some telephone calls".

21 I called the helpline, as advertised on the
22 telephone -- on the television, for if you want to make
23 enquiries. I also went as far as to call Queens Medical
24 Centre and ask if anybody had been admitted under my
25 daughter's name. The answer to the Queens Medical

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1 relationship. She knew when Daddy called it was only
2 for something really quite important, otherwise Daddy
3 doesn't call. I rang her phone at least eight times --

4 **DR SINEAD O'MALLEY-KUMAR:** We both did.

5 **DR SANJOY KUMAR:** -- and there was no answer. Sinéad asked
6 me to get home, she said, "I can't get any answers from
7 her friends either. I just don't know what's going on.
8 I think you need to come home."

9 And that's the time, actually I started a little bit
10 of panic deep within myself and I drove home, because
11 she didn't answer my phone calls.

12 **DR SINEAD O'MALLEY-KUMAR:** I then received a call from, as
13 I said, a call from one of Grace's friends saying that
14 Barney had passed away and that Grace and Barney had
15 been walking home together, and that's when we found out
16 it must be Grace. Even though I would never -- the
17 description of a man and a woman would never occur to me
18 as two students, that's when the penny dropped, "This
19 must be Grace, this must be Grace", and James was there,
20 we were in a blind state of panic. Sanjoy arrived home
21 and at that point we were just about to jump in the car
22 and drive to Nottingham. We had still had no official
23 notification, and then Sanjoy ...

24 **DR SANJOY KUMAR:** Then we got a call eventually that said:
25 "Hold tight where you are, we're going to send a couple

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1 of officers down to you."

2 And that's when I feared the worst, and I said, "No,
3 you're not, we're going to come up to Nottingham."
4 Because, again, we wanted to be near events, near where
5 things had happened, and where perhaps still in a state
6 of disbelief, not believing that this could be our
7 little girl, driving up and wishing every moment, you
8 know, we had our son James, who was in the middle of his
9 GCSEs at the time when this news came, and he was in the
10 back of the car, and to protect him as well, we just
11 didn't want to believe the news. So we said we're not
12 going to wait for officers to come down to us, God alone
13 knows what time they'll come, and we have so many
14 questions. We need to get up there.

15 **Q.** Roughly what time did you get that call from the police
16 on the 13th?

17 **DR SANJOY KUMAR:** It was late in the morning. It was, as it
18 is we were --

19 **DR SINEAD O'MALLEY-KUMAR:** I would estimate about midday, if
20 not after. About midday. Bearing in mind James's exam
21 time, so that gives me a good time of reference, picking
22 him up from school, getting him home, and making the
23 phone calls, Sanjoy getting home. Yeah, about midday.

24 **Q.** So you go up to Nottingham, and we know there's a vigil
25 on 14 June. Can you tell us about that, how you were

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1 that were gathered, the amount of media that was
2 present.

3 My family had all flown in from Ireland on the 13th
4 straight away. They caught flights that evening and we
5 all made our way up to the University. And yeah, we
6 were taken aback by the numbers that had congregated.
7 It was absolutely heartbreaking, all of Grace's
8 hockey -- all of Grace's friends were in their hockey
9 uniforms -- outfits. They were all absolutely
10 hysterical. All of Barney's friends were wearing their
11 cricket -- I mean, everybody, the children were just
12 inconsolable. We were inconsolable. It was surreal.

13 **Q.** You say you couldn't relate to the description "a man
14 and a woman", and then you say "children". I understand
15 why. These were 19-year olds, young people on the
16 threshold of adult life.

17 **DR SINEAD O'MALLEY-KUMAR:** Mm, mm.

18 **Q.** Clearly a huge impact for you. Significant for their
19 friends as well, and you refer to her teammates and
20 hockey mates, so did you really get a sense on the 14th
21 of the impact on her friends and the people around her
22 as well?

23 **DR SANJOY KUMAR:** Gracie went to Nottingham because it was
24 the best fit for her, a great medical school and always
25 wanted to be a doctor since she was tiny, but it also

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1 prepared for that; what happened there?

2 **DR SANJOY KUMAR:** Before getting there we met our two
3 Liaison Officers in a police station that they gave us
4 directions to.

5 We got there first, and that's where Fiona, our
6 Liaison Officer confirmed that according, you know, in
7 line with the ID that had been found, this was Grace,
8 and with your description of what Grace is like, her
9 physical description. And there was a ... there was
10 quite a prolonged bit of hysteria, especially by Sinéad.
11 James and I were just hugging each other in absolute
12 disbelief.

13 From thereon in, we were just told that there was
14 going to be a vigil. We weren't particularly -- we are
15 very private people, and we were potentially just going
16 to drive home or -- because we didn't know anyone in
17 Nottingham per se, we don't have any family or friends,
18 we potentially were going to drive home.

19 **DR SINEAD O'MALLEY-KUMAR:** Which we did.

20 **DR SANJOY KUMAR:** We didn't really know about a vigil and we
21 were told about the vigil and I think from then on in we
22 just drove --

23 **DR SINEAD O'MALLEY-KUMAR:** Yes, so on the 13th we drove
24 home. We drove back up the following day to the vigil
25 and we were flabbergasted to see the number of students

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1 gave her an opportunity to play premiership hockey,
2 which is top-flight hockey, so for her it was the best
3 fit.

4 The first team, they trained really hard, they
5 trained three times a week, and it's a real brotherhood
6 and a real sisterhood. They get very tight and then
7 eventually the parents get to know each other because
8 they're there every other weekend trying to support
9 them, etc.

10 But the hockey partnerships are very, very tight
11 indeed, and it was a sign of absolute chaos seeing the
12 whole squad there in absolute disbelief and tears. It
13 was a sight to behold, and like Sinéad says, rather than
14 having two or three people there who have just come in
15 to express their sympathies it was a hillside, literally
16 a hillside full of students.

17 I was really shocked by how many people had been
18 affected and how many people were there to pay their
19 respects.

20 **DR SINEAD O'MALLEY-KUMAR:** The other thing I just want to
21 point out is that obviously Grace and Barney were part
22 of a wider friendship group, so these were 18 and
23 19-year old kids who had gone out for a night
24 celebrating and two of them had been brutally killed.
25 They were children themselves and their friends were

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1 children trying to navigate. And the just extraordinary
2 circumstances, exceptional circumstances, I will say
3 that we met with the Vice Chancellor, now
4 ex-Vice Chancellor, Professor Shearer West, with the
5 specific point to explain to her how, despite the
6 assertions of the university, how great their welfare
7 service is, but I'm afraid their welfare service, to the
8 friends of Grace and Barney, fell far short and in
9 actual fact I presented a seven-page document of case
10 studies that were compiled by Grace's captain of the --
11 she was a third-year student so more senior -- she
12 compiled case studies and I presented them -- we
13 presented them personally to Professor West to show how
14 difficult it was for them to navigate the murder of two
15 of their friendship group.

16 And the fact that, you know, a helpline number was
17 being just offered out, the university were not
18 proactive in reaching out. This was exceptional. This
19 wasn't just, you know, extenuating circumstances,
20 protocol, that requires a two-week notice to help you
21 with your exams. The University should have had
22 professional trauma healthcare professionals reaching
23 out actively to Grace and Barney's friends to help them
24 navigate this unprecedented, and horrific event.

25 **DR SANJOY KUMAR:** So from minute one we were coping with
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1 their exams, through their submissions, all of this kind
2 of stuff, to the point they came looking for us.

3 **DR SINEAD O'MALLEY-KUMAR:** But that coincided -- I'd like to
4 say the same issues that were found at the time of the
5 hearing where many of the friends wanted to attend the
6 hearing, again felt, in January, exam time, and again,
7 the University were not very helpful or understanding to
8 the youngsters.

9 **Q.** When you went on the 14th, you met -- or was it on the
10 15th, the second vigil, the Chief Constable; is that
11 right?

12 **DR SINEAD O'MALLEY-KUMAR:** We actually met Kate Meynell for
13 the first time at the University. We were invited in
14 for tea with Kate Meynell and that was the first time we
15 met her at the Welfare Office. The Welfare Office,
16 I might add, that Claire Thompson worked at and
17 introduced herself as the first point of contact. Yes,
18 that was where we met Kate Meynell for the first time.

19 **DR SANJOY KUMAR:** That was the first time we met
20 Kate Meynell and she said that the person who was
21 responsible was under arrest. He, you know -- it's
22 a very clear-cut "We have him," and words to the effect
23 of "He's going to get done for his horrible actions and
24 deeds" that he's carried out. But, you know, "Be
25 reassured, we have him."
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1 losing our brave and the beautiful daughter, but we were
2 also having to represent, as we call it, other kids, who
3 absolutely had no support. To summarise, they had no
4 support at all. You know, being handed out a card for
5 counselling, if they wanted it. That was -- we thought
6 it was really uncaring to the point that, as Sinéad
7 says, we made an appointment with the Vice Chancellor at
8 the time to actually express our disappointment, and
9 they were children taking their exams at different
10 years. They were, you know, at that time, don't forget
11 Gracie was only out because she had just finished her
12 first year medical exams, and every time Gracie texted
13 me about what she was getting up to, and I just had one
14 word for her, and that was "enjoy".

15 I wanted her to have the best time at university, as
16 every child deserves, and, you know, even in the morning
17 of, when, as you say, we heard, the reason initially
18 I wasn't that concerned, perhaps, is because I thought
19 this was a night out. She'd well deservedly finished
20 her first year exams and she was out celebrating, and
21 she should, she deserves to. But there were so many
22 other children doing exams and to think that we had
23 to -- we weren't given any kind of extenuating
24 circumstances either, they had to apply for them. There
25 weren't people proactively trying to help them through
10

1 **Q.** In terms of meeting Claire Thompson at that time as
2 well, when did you first find out that VC had studied at
3 the University of Nottingham?

4 **DR SANJOY KUMAR:** I think it was much later on, and actually
5 we found out through the media. Certainly Claire
6 Thompson didn't tell us that he was a graduate of the
7 college, or had any interaction with him whatsoever. We
8 weren't told that.

9 **DR SINEAD O'MALLEY-KUMAR:** And also it probably wasn't
10 immediately obvious to us because we knew his age. So
11 as a 30-year old, you know, man, it was not something --
12 so when we found out, it would have stuck in our minds
13 given his age. But I have to be honest, it's a bit
14 blurry, that first week or two as you can imagine.

15 **Q.** Of course.

16 **DR SINEAD O'MALLEY-KUMAR:** So much to absorb, such trauma.

17 **DR SANJOY KUMAR:** We had no reason to believe a 30-year old
18 man would be at a university, or be attached to -- or
19 a year past uni, or a few months past uni. We had no
20 reason to think that.

21 **Q.** You met at the vigil on 15 June the family of Ian
22 Coates, didn't you?

23 **DR SINEAD O'MALLEY-KUMAR:** Mm-hm.

24 **Q.** Did you have a conversation with them then? And how was
25 it that you got to know them much later?
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1 **DR SANJOY KUMAR:** So the vigil was mentioned by the Liaison
 2 Officers, there wasn't any specific invitation from the
 3 City Hall or the councillors or the council, it was
 4 something that, again, we were completely unprepared
 5 for. Personally I thought that this was going to be
 6 a meeting room where you get to meet the local council.
 7 I wasn't told that this was going to be an enormous
 8 staged event. I don't know Nottingham well, apart from
 9 dropping Gracie off. I didn't really have, you know,
 10 I didn't know the scale of what we were going to face.
 11 And I literally thought that this was going to be
 12 a meeting with councillors, where they perhaps wanted to
 13 listen to our concerns or something like that, but there
 14 was no active, in a way, there was no active management
 15 of us meeting the Coates family.

16 **DR SINEAD O'MALLEY-KUMAR:** No, it was very much a meet and
 17 greet, the politicians introduced themselves, the
 18 councillors introduced themselves, I remember the
 19 coroner introduced herself. It was just up to us to
 20 sort of find each other. And I distinctly remembered
 21 three brothers wearing their beloved Nottingham Forest
 22 shirts, and meeting some of their family.

23 But it was quite a chaotic sort of event, and an
 24 awful lot of people there, and it -- and then -- and all
 25 the faith leaders. We weren't expecting the size of it.

13

1 Then if we go, please, to page 2 of the same
 2 reference number, or it could be 168, actually. Just
 3 see 168, page 2.

4 This is your response, Sinéad. Can you tell us what
 5 your views were about that?

6 **DR SINEAD O'MALLEY-KUMAR:** All of our families' experiences
 7 clearly with the -- our Family Liaison Officers have
 8 been different, but we had, throughout the summer,
 9 through navigating Grace's funeral, throughout just
 10 day-to-day, you know, helpful hints and advice about how
 11 we should, you know, try and navigate this horrendous
 12 nightmare that we were being put through, Fiona had been
 13 incredibly supportive and she'd been very kind and
 14 empathic and she was a very experienced and kind lady.
 15 And I felt that this was quite -- I felt it was almost
 16 like, because now the process was over and that -- this
 17 is actually Sanjoy, Sanjoy actually wrote this, but
 18 because Fiona had gone out of her way, Sanjoy wanted to
 19 recommend her for a commendation.

20 **DR SANJOY KUMAR:** Sinéad was very upset. Sinéad was crying
 21 about this. And, you know, you can only -- you know,
 22 after so much crying, the expression that your eyes run
 23 out of tears, believe me, you come to the point where
 24 you start experiencing these things and every time I'd
 25 see my wife cry about everything that had happened and I

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1 We certainly weren't expecting to make any sort of
 2 address until all the kind people of Nottingham had
 3 turned out to pay their respects, but it wasn't
 4 something we were really prepared for.

5 **DR SANJOY KUMAR:** And James spoke off the cuff, I spoke
 6 off -- we had nothing prepared, we weren't prepared for
 7 it, and I think looking, reflecting back, it just seemed
 8 to me that this was an opportunity for the councillors
 9 and the faith leaders to just say their 15 minutes or
 10 whatever they had to say, rather than actually talk
 11 about the event itself or address it in any way, shape
 12 or form.

13 **Q.** Your Family Liaison Officer, you said, was really
 14 supportive to you, and I'll take you to a couple of
 15 letters later, but you had a good relationship with her
 16 and she gave you information, didn't she?

17 **DR SANJOY KUMAR:** Out of all of the police officers that we
 18 have come across in Nottinghamshire, she was perhaps the
 19 most helpful person that we came across.

20 **Q.** Perhaps we can go back to this correspondence now, then.
 21 We know that -- well, let's go to NGPF0007166, page 1.
 22 So after the Crown Court proceedings, February 2024,
 23 enquiries are moving from investigations into a review
 24 stage, and the Chief Constable tells you that you'll
 25 have a new Family Liaison Officer, Phil Cumberpatch.

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1 had to put pen to paper and, as my email says, Fiona had
 2 brought us an enormous amount of comfort at a time of
 3 great sadness and removing her seemed like a vindictive
 4 gesture to me.

5 **Q.** Why do you use the word "vindictive". We know this is
 6 after the sentence, we know what you have said after the
 7 sentencing hearing. Did you feel it was as
 8 a consequence of you challenging what had happened,
 9 effectively?

10 **DR SANJOY KUMAR:** Yes, it was.

11 **Q.** If we go to page 1 of the same reference number, we see
 12 the response from the Chief Constable:

13 "I want to reassure you that my decision is in no
 14 way a vindictive one and I am sorry you feel that way.

15 "As you are aware there is a review by the College
 16 of Policing and referrals have been made to the IOPC. I
 17 am duty bound to ensure that I do not compromise any of
 18 the ongoing proceedings and reviews.

19 "I am confident that the newly appointed FLO will
 20 support you over the coming months."

21 Did that reassure you in any way that it didn't feel
 22 a responsive reaction?

23 **DR SINEAD O'MALLEY-KUMAR:** (Witness shook head).

24 **DR SANJOY KUMAR:** No, and I'm going to jump around a little
 25 bit here because straight away the concern that I had

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1 was that, when the IOPC was mentioned, it was because of
2 my deep concern about the investigation or, rather, the
3 handling of the investigation, about us not having been
4 listened to throughout the whole process, about the
5 court process, about the hearing, and only selective
6 parts of that, as far as I was concerned, were going to
7 be going to the IOPC after the hearing.

8 So I actually made quite a panicked phone call to
9 the other families, who we were in touch with obviously
10 by now, and I said that I'm actually going to lodge
11 a complaint with the IOPC about the whole investigation
12 because I don't trust Nottinghamshire Police, and
13 I suggest that we all, as families, do the same.

14 And I think we all got onto the website for the
15 IOPC, and we all registered our complaint to the
16 IOPC independently. Why was that? That was also
17 because PCC Caroline Henry had said that "We would be
18 reporting this matter to the College of Policing".

19 Now, I knew that the College of Policing is an
20 academic body; it doesn't have any statutory function.
21 And I was suspicious of the fact that Caroline Henry,
22 the PCC, and Kate Meynell were friends, they had offices
23 down the corridor. At one point I think we got letters
24 from the same staff officer that were to do with the
25 PCC. And I was thinking: this is a bit strange that

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1 someone who listened to our concerns very carefully.
2 **Q.** That document can go down, and if we can put up, please,
3 HMCP0000017, page 1. This is a press release that she
4 sent to you, Sanjoy, on 15 June. We can see there are
5 different levels of information people are getting.
6 You're getting the press release, aren't you, from
7 the -- from your FLO when the extension to the
8 Magistrates' Court was sought.

9 What was your approach at this stage? You'd
10 obviously worked alongside the police in your
11 professional capacity. Did you begin with a trusting
12 approach towards Nottinghamshire Police and what you
13 were being told? Or what was your starting position, as
14 it were?

15 **DR SANJOY KUMAR:** My starting position for any police force,
16 really, is one of trust. Because having worked with
17 the Met, I have nothing but praise for all of the
18 custody officers that I have come across, or all of the
19 officers that I've come across, certainly the ones who
20 certainly came into contact with me.

21 **Q.** Just so you can elaborate, in what capacity did you come
22 across custody officers, just so everyone knows?

23 **DR SANJOY KUMAR:** So I'm a GP but I also worked as
24 a Forensic Medical Examiner with the Metropolitan Police
25 for 15 years or so.

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1 we're getting a letter, you know, about the PCC, but
2 from the same staff officer who is there for
3 Kate Meynell. And referring the complaint to the
4 College of Policing, to me, was like doing a friend
5 a favour that "I'll tell you what, I'm not actually
6 going to go to the statutory body, I'm going to go to
7 someone else" and --

8 **Q.** Learn about some new policy or something from the
9 College of Policing.

10 **DR SINEAD O'MALLEY-KUMAR:** Yes, learn.

11 **DR SANJOY KUMAR:** Absolutely right.

12 **DR SINEAD O'MALLEY-KUMAR:** Can I also add that we heard
13 ACC Griffin saying that the FLOs wanted to withdraw
14 because they were burnt out. That was his evidence when
15 he sat here, to the Chair. He said the FLOs were -- and
16 this is now a completely different answer. It's not
17 because the FLOs were burnt out or that they wanted to
18 move on or we were causing them too much -- not hard
19 work, but we were emotionally draining. This says that
20 it's all to do with procedure, policy, and that she's
21 duty bound not to compromise ongoing proceedings.

22 So somebody is not actually telling the truth here.

23 **DR SANJOY KUMAR:** Fiona came to our daughter's funeral. We
24 invited her to our daughter's funeral. That's because
25 we felt that we had someone here who had our backs, and

18

1 **Q.** So what did that entail?

2 **DR SANJOY KUMAR:** So that entailed going into the custody
3 suite. Any time a detainee had a medical problem of any
4 description, I would be called out by the custody
5 officer to establish whether they were fit to detain,
6 fit to interview, fit to charge, and provide custody
7 healthcare, including medication or anything else that
8 the patient might need in custody, including taking
9 evidential material like swabs, hair, nail clippings,
10 doing anatomical drawings, and then giving evidence in
11 court about what I'd seen.

12 **Q.** Well, had you ceased to do that by this time, 2023, or
13 were you still doing that work, or was it earlier you
14 had done that?

15 **DR SANJOY KUMAR:** No, I'd ceased to do that work.

16 **Q.** But you'd had that backdrop experience yourself. So you
17 are sent this press release requesting further time.

18 Can you have a look at it for me, please. We see
19 there's reference there to a referral to the IOPC:

20 "We have referred the matter to the IOPC as a marked
21 police car had been following behind the suspect's van
22 for a short distance before it collided with two
23 pedestrians."

24 So that's being put out there at this point in
25 a press release. What did you understand the

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1 significance of that? Did you land on that at the time,
2 look at that, think about that, think about what that
3 might not include, if it did include that?

4 What's your view about this?

5 **DR SANJOY KUMAR:** It certainly didn't reflect any of our
6 concerns that we had lengthily put to the police at that
7 time, and I --

8 **Q.** This is 15 June, remember. So 2023.

9 **DR SANJOY KUMAR:** Yeah, I think what -- it was just, it was
10 something that already had started a chain of events in
11 my head as to why -- at this early stage, why is this
12 happening? There was more to this matter than actually
13 met the eye. Initially, perhaps selfishly, we didn't,
14 you know, pay attention to the survivors, because as it
15 were, they were the survivors. They survived. We now
16 know how horrible their injuries were and what they are
17 left with, but to us, at that time, in our kind of, you
18 know, the middle of the tornado we were in, we were the
19 family of victims, and were thinking -- but this
20 certainly started a sort of a chain reaction in my mind
21 as to why.

22 **Q.** And if we go, please, to a different reference number
23 HMCP0000027, page 1. DC McVey also shared this press
24 release with you, as well, on the 16th, referring to
25 charging VC "with three counts of murder and three

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1 So if we go to the bottom, this the FLO's log from
2 call from DI Gould:
3 "... Due to a leak The Sun News are about to publish
4 a headline re the failure of Nottinghamshire and
5 warrant. To ring the family immediately and tell them
6 that [VC] ... is going to be charged very soon with 3
7 ... murders, 3 ... attempted murders and a minor assault
8 on a police officer 2 years ago which occurred whilst
9 police assisting colleagues execute a mental health
10 warrant. No weapons used, very minor."

11 Then it says:

12 "Rang Sanjoy again -- advised of Human Tissue ...
13 for above said 'Oh God' re mental health but did not ask
14 questions. Leaving for memorial at this time."

15 Can you remember what information you got at that
16 time? She's clearly recording her own call and then
17 a call to you.

18 **DR SANJOY KUMAR:** There were couple of shocking things,
19 first and foremost, and that was that the image that had
20 been portrayed to us is that Gracie could not be
21 released if we didn't sign these forms, forms that even
22 as a doctor, I hadn't seen before.

23 **Q.** The human tissue forms?

24 **DR SANJOY KUMAR:** Human tissue forms I hadn't seen before.

25 And in there we were told were permissions, and if we

23

1 counts of attempted murder following the attacks". VC,
2 "aged 31, of no fixed address, will appear at Nottingham
3 Magistrates' Court on Saturday (17 June ...)."

4 So that was sent to you. What was your assumption
5 about what would be happening when you saw that, in
6 terms of charging, et cetera?

7 **DR SINEAD O'MALLEY-KUMAR:** It's there in black and white,
8 two charges of attempted murder and, you know, that he
9 was going to -- and three counts of murder. It was in
10 black and white, and during, you know, the whirlwind of
11 grief, it's literally only those -- when you read
12 something that sometimes you absorb it, but yeah, it was
13 clear that he was going to appear before magistrates and
14 be remanded, and that there was -- it was
15 straightforward.

16 **DR SANJOY KUMAR:** Yeah, and you kind of feel you can get on
17 with your grief because you think that the authorities
18 are taking care of this matter.

19 **Q.** And if we can go, please -- that can come down --
20 NGPF0008746, page 11, which is a FLO entry, Family
21 Liaison Officer entry, for 16 June. We know that is
22 only three days since you've learnt of Grace's death in
23 these circumstances and, with that in mind, can we just
24 look at the log and see what you can or can't remember
25 was said then on the 16th.

22

1 didn't sign them she couldn't be released, so you had to
2 sign them. But what was not highlighted was that this
3 is a point in time where you are signing, also saying
4 that samples can be taken, and that was absolutely not
5 pointed out.

6 They took samples from our children to test for
7 drugs.

8 **DR SINEAD O'MALLEY-KUMAR:** And alcohol.

9 **DR SANJOY KUMAR:** And alcohol. And I was really struck by
10 that, as being really quite disgusting. As things
11 progressed, as you know, our children were tested, but
12 the culprit wasn't, and I think -- and from thereon in,
13 in terms of the previous interactions, and mental
14 health, that was not made into a big deal at all. It
15 was just a sort of a fly-away comment.

16 **Q.** Indeed, if we see what information appears to have been
17 given to her, she refers to "No weapons used, very
18 minor."

19 That's what she's being given the information, her
20 end. That's what's recorded there about the assault.

21 **DR SANJOY KUMAR:** I find that shocking as for me, you know,
22 after having watched the assault in this Inquiry, which
23 is the first time we've ever seen that, really, you
24 know, when a police officer sustains an injury, a punch
25 to the face where you have a haematoma, that is the

24

1 definition, I know, for me of an ABH injury. You've got
2 the very senior -- I also understand police hierarchy,
3 but you've actually got very senior police officers
4 coming to the Inquiry and saying that that was a minor
5 offence.

6 You know, I feel very strongly about that. I think,
7 if there are officers who think nothing would be done
8 about their injuries, that's because they're led by --
9 possibly by people like ACC Griffin. Police officers,
10 it's unacceptable to strike a police officer, in my
11 view, and I think then to downplay their injuries and
12 not even know the clarification of injuries for someone
13 in that position is really quite despicable.

14 **DR SINEAD O'MALLEY-KUMAR:** The other thing is, I just want
15 to point out here that this is referencing a call that
16 Fiona received from DI Gould with the specifics about --
17 the police officer and another warrant.

18 **Q.** Yes.

19 **DR SINEAD O'MALLEY-KUMAR:** I don't remember the specifics of
20 a warrant being mentioned at that point. I don't
21 know -- I'm not disputing, but in Fiona's log, of which
22 she spoke to Sanjoy about, it only mentions human tissue
23 and maybe mental health, but I don't know if at that
24 point we were specifically told about a warrant, and the
25 fact -- I'm just, just for clarification, I'm not sure

25

1 agreed he would provide a timeline of contact with
2 mental health/police incidents. Sanjoy stated he would
3 like to know if there are any missed opportunities for
4 M[ental]H[health] services to engage with the defendant.
5 Sup[erintenden]t Sanders discussed outstanding warrant
6 for assault on emergency worker and incident in
7 Loughborough where the defendant assaulted a colleague.
8 Again, confirmed he would provide detail of timeline
9 ..."

10 Can you remember a discussion around then, in
11 August, what information was being given to you or not
12 at that point, Sanjoy?

13 **DR SANJOY KUMAR:** I think very little information was being
14 actively given to me, and my belief, on reflection, is
15 that I think Detective Superintendent Sanders knew what
16 I did, what I had done, what my experience was, and
17 I think there was possibly a strategy to not tell me
18 things, because at every point I was being told things,
19 I was questioning things.

20 So this previous assault in Loughborough, you know,
21 things were being told to us and I was picking up on the
22 fact that there were other things that had happened in
23 the past that hadn't been explored with us.

24 **Q.** If we look then, please, at page 35, same document.
25 There's a reference again at the log at the bottom in

27

1 if that was, if that was --

2 **Q.** You don't recollect that. It looks like it's the mental
3 health warrant that's being discussed?

4 **DR SINEAD O'MALLEY-KUMAR:** Yeah, but --

5 **Q.** -- (*overspeaking*) --

6 **DR SINEAD O'MALLEY-KUMAR:** -- exactly, as opposed to
7 violence on a police officer -- (*overspeaking*) --

8 **DR SANJOY KUMAR:** -- police hierarchy, I've got to say to
9 you that I think that any information that is of
10 a serious nature or one that influences a case, we would
11 have expected to have come from an Inspector, a Chief
12 Inspector or a Superintendent. I won't have really
13 expected someone who was a Family Liaison Officer --

14 **Q.** Supporting you, making arrangements with things you were
15 dealing with -- (*overspeaking*) --

16 **DR SANJOY KUMAR:** To either have the technical knowledge or
17 even tell us about things that were, in a way, pivotal
18 to a case. I wouldn't have that expectation.

19 **Q.** Can we go to page 35 of the same logs, and we see
20 October, actually, if we can go to the one before,
21 sorry, 28. At 28 we see the entry -- that's 27. Can we
22 go to 28, please. We see the entry at the bottom
23 22 August 2023. We see here a record:

24 "Sup[erintenden]t Sanders answered some questions
25 posed from Sanjoy re mental health of defendant and

26

1 October 2023, the second:

2 "[Telephone call] from ... [Superintendent] Sanders,
3 advised me of psychiatric report received from defence.
4 The assessment had determined that [VC] may have
5 a partial defence of diminished responsibility available
6 to him. Psychiatric assessment to be instructed by
7 [the] CPS. Request I share this information with family
8 there this may be a basis of plea with caveat we are not
9 saying that this is the pleas at this time."

10 First of all your point: was that something for an
11 FLO, in your view, to even be asked to be passing on in
12 her role to you?

13 **DR SANJOY KUMAR:** No, we didn't expect anything technical to
14 come from Fiona apart from support and help us navigate
15 our life which she was very good at. She wrote letters
16 for James and for school and for various things like
17 that, but it is not something that I'd expect at all.

18 **DR SINEAD O'MALLEY-KUMAR:** The other thing is, one thing
19 I will say is that our -- we've been asked of our
20 recollection, and our memories of things that have
21 occurred, and what I would just like, I'd like any
22 parent to put themselves in our shoes and specifically
23 ask us, the forensic detail of what we had been told,
24 when and where, when you're trying to navigate --
25 I mean, we were even down to the point of what day we

28

1 were going to have Grace's funeral, because we
2 couldn't -- we didn't want to clash with Barney's
3 funeral, so all of the children could go to both.
4 Things like this. So this was what we were dealing with
5 in the month of June, July, and then August.

6 So for us to forensically remember stuff, I think,
7 you know, it's just a bit of a leap, such was our grief.
8 But -- and one of the recommendations that I would say
9 at this point is that it is so important to put things
10 in writing. You can't make the phone call and deliver
11 this kind of detail regarding psychiatrists, regarding
12 diminished -- you know, legal terminology, I personally
13 wasn't even familiar with.

14 So if information is delivered it has to be done in
15 the right way and by the right person. Like I said,
16 Fiona has her logs, and --

17 **DR SANJOY KUMAR:** If --

18 **DR SINEAD O'MALLEY-KUMAR:** It's not 'He said, she said', but
19 what we're trying to say is that the SIO should have
20 taken more responsibility for being in contact with us.

21 **DR SANJOY KUMAR:** If I think Sinéad says that's her
22 recommendation, I would actually say in our case it
23 started out as a failure, because in the world that we
24 come from, which is the medical world, if it wasn't
25 written down, it didn't happen.

29

1 **Q.** Let's go through that and your route indeed, and the
2 amount of times you're having to state the same things
3 in different documents. So shall we go to a meeting on
4 24 November, and you'd agree by October, November, more
5 of these concerns are on your radar and what's coming --

6 **DR SANJOY KUMAR:** Yes.

7 **Q.** -- you're aware of. So let's go to the meeting on
8 24 November 2023 which is CPSE0000196. And we can see
9 from page 1, I'm sure you remember it, but to refresh
10 everyone's memory who's present. So it's prosecution,
11 CPS and counsel, Julian Hendy, yourselves as Bereaved
12 Families, and the FLOs.

13 If we go to page 2, we can see it's the leading
14 barrister who is setting out what the two psychiatric
15 reports say and what diminished responsibility is, and
16 its implications.

17 And if we can go to page 10, please. You ask,
18 Sanjoy:

19 "The psychiatric reports, are you satisfied they're
20 reliable? They have been produced by people we don't
21 know but I want to know about them and their
22 qualifications. Are you satisfied?"

23 And if we go to page 11 we see Sinéad, you say:

24 "He was sectioned before and was released. And did
25 not comply. His intention was not to comply. I don't

31

1 **Q.** It didn't happen.

2 **DR SANJOY KUMAR:** And we are note takers, I keep telling
3 people I'm on my 22nd book of writing things down. I
4 write things down obsessively. I think of things at
5 3.00 in the morning and send out emails or I write them
6 on chits which I have today, and Post-its.

7 **DR SINEAD O'MALLEY-KUMAR:** But Sanjoy, can I just say one
8 thing. We weren't doing that then because we believed
9 in the process and we didn't think we needed to take
10 notes. It's only now that we've learnt that it's
11 important to record everything forensically.

12 **Q.** So you can identify the gaps, what you're not being
13 told?

14 **DR SINEAD O'MALLEY-KUMAR:** Yes.

15 **Q.** And we've gone to what's written there but, for example
16 the warrant, there's nothing about not backed for bail.

17 **DR SINEAD O'MALLEY-KUMAR:** Oh, no.

18 **Q.** The marker for violence, nothing like that. But you
19 would have a better chance of seeing what the gaps are
20 and questions that are arising if you've got things
21 written down like you're looking at them now?

22 **DR SINEAD O'MALLEY-KUMAR:** Certainly.

23 **DR SANJOY KUMAR:** And I think all of the questions that I'd
24 asked, they would have made my route so much easier and
25 less torturous.

30

1 know how many times he was sectioned and released. It
2 was obviously unsuccessful if he needed it more than
3 once."

4 And Sanjoy, you say:

5 "It is a lack of insight for the medical
6 professionals. The gravity is that I think this is
7 a person with an education, his mental health has gone
8 down. The fact is his mental health had deteriorated
9 and didn't continue with his medication."

10 What would you like to say now about that meeting?
11 We've seen all of your comments, we've seen what the
12 prosecution is saying.

13 **DR SANJOY KUMAR:** At each point, we are having to cling on
14 to little things and extract as much information as we
15 can, because really, at every point we are not being
16 given information. We are not freely told that this is
17 a person who's been sectioned four times. We are not
18 being told about a person who is violent. We are not
19 being told about a person who has police history and has
20 not been charged. We've not been told any of this. All
21 of this is literally --

22 **Q.** What we see on the page.

23 **DR SANJOY KUMAR:** -- us trying to pull information out of
24 these people. And at the same time, a real sense of
25 panic that we are -- this wheel is rotating so fast

32

1 without us having established the facts about this
 2 person, but at the same time trying to slow this process
 3 down that we thought was enormously rushed when we
 4 didn't know half of the facts.

5 **Q.** And if we can take that document down and take another
 6 document please, HMCP0000353, page 1. You're told at
 7 the meeting we've just looked at, that the plea is not
 8 going to be accepted at that time, and you send this,
 9 Sanjoy:

10 "It is of much comfort to us that the plea will not
 11 be accepted at this time.

12 "I have serious concerns about the use of
 13 Dr Blackwoods report which is about the patient's state
 14 of mind 5 months down the line."

15 Would you like to take us through the points you
 16 were making at 1 to 6 and then over the page as well?

17 **DR SANJOY KUMAR:** So at the meeting I vociferously
 18 complained about the fact that this person's mental
 19 health had not been looked at properly on the day.
 20 I was totally dissatisfied that a 360-degree view
 21 had been taken, and as I've written on the day of the
 22 offence:

23 "Points to consider are that the detainee had the
 24 insight to give a false name. He knew he'd committed an
 25 offence. He ..."

33

1 is mentally fit to go through the process."

2 **Q.** And you've set out that he took legal instruction at
 3 point 7; refused to provide samples as instructed; able
 4 to slow down for speed bumps and drove with care and
 5 attention; no intoxication; attending duty solicitor did
 6 not find a mental health review.

7 So you've sent that thorough to Fiona McVey. Where
 8 do you expect that to go to?

9 **DR SANJOY KUMAR:** So as I've said in my last line, "Kindly
 10 bring these points to the attention of the
 11 S[enior]I[nvestigating]O[fficer], the CPS and Mr Khalil
 12 ..." who I felt were not giving enough importance to all
 13 of the questions that I was asking.

14 It was sort of like, you know, a railroading. It
 15 was -- I felt like not enough attention or time was
 16 being given to my questions, to give me satisfactory
 17 answers.

18 **Q.** And arising from that meeting there was an agreement to
 19 seek a further psychiatric opinion, wasn't there,
 20 Dr Latham's?

21 **DR SANJOY KUMAR:** Yes.

22 **Q.** What were you hoping that would achieve?

23 **DR SANJOY KUMAR:** Well, let me start by saying that of what
 24 I just heard about the lack of all of the things that
 25 Dr Blackwood's report had lacked, to me it was what

35

1 You know, I've written point 2:
 2 "Did not resist arrest as perhaps acute mentally ill
 3 psychotic patients might.
 4 "During booking in at a custody suite he did not
 5 display behaviour that would warrant any acute mental
 6 health."
 7 You know, what I couldn't understand at that time
 8 also is that I understood that there are three shifts of
 9 police officers who go into a custody suite. This is
 10 the person who I was told had been arrested on the
 11 Tuesday, and had been there on Tuesday, Wednesday,
 12 Thursday, Friday, and went to the Magistrates' Court on
 13 Saturday.

14 That would have taken three shifts of officers, 24,
 15 perhaps, different police officers looking at him,
 16 custody officers who were different, jailers who were
 17 different, senior police officers who are to go in and
 18 tell him about his extensions every 24 hours, perhaps,
 19 and none of those officers had complained about seeing
 20 someone who is acutely mentally unwell.

21 Now, that is enormously, enormously unusual,
 22 considering I had been in a custody suite and the minute
 23 a detainee walked in, a custody officer would be able to
 24 tell you that there is something wrong here, or this is
 25 the history, and "Doc, I need you to tell me whether he

34

1 I called crystal ball psychiatry. And why do I say
 2 that? Because you've got a psychiatrist who sees
 3 someone five months down the line in different
 4 circumstances, different medication, someone who I think
 5 Mr Moloney has dealt with very well, someone who has
 6 taken advice, someone who has seen defence
 7 psychiatrists, someone who's reading about mental health
 8 illness and now is starting to display signs of all of
 9 these, you know, textbook signs, and then also his own
 10 notes, which we've seen from the Inquiry, where he's
 11 made notes about the textbook symptoms of schizophrenia.

12 To me, the first report was useless, because it
 13 didn't look at the time -- the actual time -- of when
 14 this person had been evicted, when this person had
 15 called his brother, when this person had had a long talk
 16 with the security guard after killing our -- murdering
 17 our children and then going on to murder someone else.
 18 All of these things are really important to a doctor,
 19 because you need to -- to establish state of mind on the
 20 day, you must speak to collateral witnesses. Otherwise,
 21 you -- it's impossible. This is crystal ball gazing.
 22 There is no way.

23 So I did not accept this report, and I think what
 24 was found frustrating by these people was the fact that
 25 I wasn't accepting this report. I was not going to, on

36

1 the basis of what I had said, on the suppositions, they
2 loathed the fact that I was questioning this report, and
3 they agreed with it, actually. I'd say half of them
4 probably agreed with it. Half of them probably thought
5 that this guy is right, you know, he's asking very valid
6 questions about this report happening all the way up
7 there and supposing on the day this person said, it
8 doesn't quite make sense.

9 So, you know, let's get a fourth report. But
10 I specified, I specified that the fourth report must
11 only concentrate on what had been missed by Blackwood's
12 report, and that was state of mind on the day. And that
13 included things like look at custody footage, look at
14 the way he behaved. Because I'd seen people who were
15 sectionable in the custody suite and they do bizarre
16 things. They do absolutely bizarre things. They'll
17 drink out of toilets, they'll chuck themselves against
18 the walls, all kinds of bizarre things go on with people
19 who are mentally unwell, but here you had someone who
20 was calm and collected, someone who gave a "No comment"
21 interview on advice, someone whose defence, you know,
22 a solicitor who came in and didn't raise a concern about
23 mental health either. All of these really unusual
24 things. And my question to DS Saunders (*sic*) was: "Have
25 you brought all of this to the attention of Blackwood.

37

1 could remain in custody and not require hospitalisation,
2 medication or treatment. It just -- you couldn't -- we
3 couldn't understand how that could be the case that --
4 because I'm not a psychiatrist, I don't purport to be,
5 but mental health waxes and wanes. Schizophrenia is
6 a complex illness, and it can have co-morbidities
7 alongside it, personality disorders, etc, and symptoms
8 can wax and wane. We felt that it just hadn't -- the
9 mental assessment of the index offence hadn't been
10 contemporaneous and established beyond our doubt.
11 **Q.** If you look, please -- that can come down and can we
12 have HMCP0000367, page 1. This, Sanjoy, is a document
13 that you requested should be passed to Dr Latham, and
14 it's two sides. We can just focus on this one, but it's
15 basically setting out in red what you wanted Dr Latham
16 to be aware of and to be thinking about; is that right?

17 **DR SANJOY KUMAR:** Yes.

18 **Q.** So as you've just said, Sinéad, that paranoid
19 schizophrenia might wax and wane, past history, not
20 acute presentation, and the issue of diagnosis on the
21 day of the offence.

22 You make the point over the page, we can look at it
23 at the top "Deemed fit to detain interview and charge".
24 So the same points you're saying now. You say tortuous,
25 Sanjoy, but we see them repeatedly in different formats,

39

1 Everything, all of this package, have you given him all
2 of this information?"

3 And I was assured that all of this information --
4 this is considering that Saunders (*sic*) didn't even know
5 that there was CCTV in the cells, which I found
6 absolutely shocking, but I was told --

7 **Q.** Video -- (*overspeaking*) --

8 **DR SANJOY KUMAR:** Videos, yeah, I beg your pardon. And
9 I just can't understand how, you know, he can say that
10 to me. It was a lie. All of this material was not
11 given to the psychiatrists.

12 You know, and then I started to question, did he
13 even have hospital notes? Did he have GP notes? So
14 getting the force psychiatrist to me was thinking that
15 all of these gaps that I could see as a GP, would have
16 been covered, and they weren't. In fact, what I was
17 told by -- and what Sinéad was told by Sam Shallow when
18 she insisted that that's what we want looking at,
19 Samantha Shallow from the CPS said that "We do not
20 direct our experts", which we found absolutely shocking
21 because that's exactly what we thought had been missed
22 and we wanted looking at, because we thought there were
23 enormous gaps.

24 **DR SINEAD O'MALLEY-KUMAR:** We couldn't understand how
25 somebody so acutely psychotically unwell and violent

38

1 that you're having to make the same points.

2 **DR SANJOY KUMAR:** Yes.

3 **Q.** Did it feel torturous doing that over the period of
4 time?

5 **DR SANJOY KUMAR:** It felt dreadful because here this is the
6 only fight I had on my hands for my daughter for justice
7 and I was being denied it. I had made it very clear
8 that I had experience in this field, and they also had,
9 you know, I think, DS Saunders (*sic*) had realised that I
10 did have some level of expertise, and I had many
11 questions, but we weren't being given the information,
12 and I wouldn't be surprised, actually, if there are --
13 if they had briefings about "Don't tell these guys too
14 much because they ask too many questions".

15 I really wouldn't be surprised because --

16 **Q.** Can we have on the screen WITN0289004, page 1, and it's
17 the meeting on 7 December.

18 It's right, of course, you'd had that experience,
19 but Sinéad, you hadn't, but you were still logically
20 making similar points.

21 **DR SINEAD O'MALLEY-KUMAR:** Mm.

22 **Q.** Does it require experience to make those points? It may
23 have helped, it clearly helps. But they weren't points
24 that you weren't joined in with others in your group,
25 were they? Everybody could see the sense of how do we

40

1 know how he was on the day?
 2 **DR SINEAD O'MALLEY-KUMAR:** Yeah, I mean, like, as has been
 3 mentioned earlier on, we just were constantly pushing
 4 back, because we had to be reassured, we had to be
 5 reassured beyond a reasonable doubt.

6 The toxicology needed to be excluded, we felt, and,
 7 you know, unfortunately all of the self-reporting by VC
 8 was taken at face value, always, and according to the
 9 CQC report he has now -- our understanding is at no
 10 point has he never actually been tested for toxicology,
 11 but if it's always been taken at face value.

12 And similarly, the forensic psychiatric reports were
 13 being taken at face value when VC was interviewed by
 14 Dr Blackwood in November, and we just -- we just wanted
 15 to push back and dig deeper and be reassured.

16 **Q.** You, if you look at page 8, Sinéad, four entries down,
 17 stated:

18 "... the point was it was not an exact science and
 19 to get a diagnosis you have to gather as much evidence.
 20 Expressed her concern that such witnesses have not been
 21 spoken to directly. They should be as those witnesses
 22 would be able to provide account to assist the
 23 assessment as they interacted with the defendant at the
 24 time ... or soon after."

25 Also, then, if we go to page 9, the third entry, you
 41

1 have been the point previously, where I've simply asked
 2 that how can a doctor come up with a report without
 3 speaking to collateral witnesses on the day? It is
 4 practically impossible. It defies common sense, let
 5 alone qualified sense.

6 **Q.** You followed up HMCP0000385, page 2. So 0000385.
 7 10 December, and we've seen Emma Webber's email earlier
 8 sharing the same concerns. You say:

9 "Thank you for travelling down ..."

10 For that meeting "we've seen on 7 December.

11 "There are several concerns and questions which
 12 I attach in a Word document." (*As read*)

13 This was CPSE0009936. I'm not going to take you to
 14 all three pages, Sanjoy. We have it to see. It starts
 15 at page 1. If you could just go, please, scroll to
 16 page 3. And 5 paragraphs down:

17 "We do not dispute his previous diagnosis of
 18 Paranoid Schizophrenia but strongly refute that we have
 19 a clear picture of his state of mind on the hours before
 20 and after the attack. We maintain now more than ever
 21 that the defendant was in sound mind, had capacity and
 22 carried out a cold blooded attack with full insight into
 23 his actions."

24 You then, following that, received on 15 December --
 25 if we can go to it please, HMCP0000405, page 1 -- the
 43

1 stated you'd spoken with a friend whose specialism was
 2 forensic psychiatry, and the doctor told her their
 3 assessment would be expected and normal in a case of
 4 this magnitude for friends, family members and
 5 employers, collaterals to be spoken to directly.

6 I think we heard from one witness about informants,
 7 as it were.

8 **DR SINEAD O'MALLEY-KUMAR:** Mm.

9 **Q.** What was your point about that? That you need
 10 corroboration or extra evidence, or --

11 **DR SINEAD O'MALLEY-KUMAR:** Well, like I said, this is the
 12 only -- this is the fight that we had on our hands for
 13 Grace and for justice and to make sure justice was duly
 14 done. And we had to be a hundred per cent sure that
 15 this diminished responsibility plea was the correct
 16 course to follow in the criminal justice system. And it
 17 was clear that the CPS, as had been stated before as
 18 well by our fellow families, are not acting on behalf of
 19 the victim, they are acting on behalf of the Crown. And
 20 we, as victims, were having to act on our own behalf and
 21 voice our own concerns.

22 **DR SANJOY KUMAR:** But the biggest -- biggest concern from
 23 here that we tried to convey on the day, as I've said
 24 here in this page that you've got, actually, in front of
 25 us, was that I've asked quite simply, I think it may
 42

1 response from Dr Blackwood. At paragraph 2:

2 "I do occasionally interview family members if
 3 further clarity is sought re a potential psychiatric
 4 diagnosis (as collateral information)."

5 He didn't think further interviews with either of
 6 the identified individuals were warranted in this case.

7 And Dr Latham, if we go over to page 2:

8 "There is little additional benefit [top paragraph]
 9 in my opinion from the psychiatrists interviewing them
 10 personally."

11 That was but one part of what you were asking, but
 12 how did you take that response?

13 **DR SANJOY KUMAR:** Look, in terms of it wasn't a very
 14 courteous response, the point also that worried me here
 15 was that the security guard who had been spoken to for
 16 quite a few moments in between the murders of Grace and
 17 Barney and Ian, the fact that the psychiatrist hadn't
 18 spoken to him was -- and, you know, it was a huge gap,
 19 and on top of that, you know, the officers who went to
 20 interview him, I also wondered why weren't, you know,
 21 specially trained officers, perhaps, talking to this
 22 man? Because he's a key witness to work out what this
 23 man's state of mind was. It's so important,
 24 forensically and medically to speak to this person, but
 25 no special effort had been made.
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1 These are all red flags going off everywhere. So,
 2 you know, none of the collateral witnesses have been
 3 spoken to. None of the family have been spoken to by
 4 these psychiatrists, and I'm just clearly thinking here
 5 that these guys are not doing their jobs properly.

6 **Q.** Can we have that document down please, and have
 7 CPSE0000212, page 1, and this is the meeting on 15
 8 January 2024. If we go to page 8, we see Sinéad at the
 9 top. This is discussing what's going to happen at the
 10 hearing, and you say:
 11 "Please you are considering his history of deceit
 12 with his medication and his planning of the event. ...
 13 history of violence in the past. He has been violent to
 14 his flatmates, co-workers and a police officer too. It
 15 is in his history."
 16 How fully were you aware of the history when you
 17 said that? And you can compare it with what you may
 18 have heard here about his history.

19 **DR SINEAD O'MALLEY-KUMAR:** This would have come -- a lot of
 20 this would have come from our meeting, I believe. Some
 21 of it would have come from when we met on the
 22 8th December at Avon and Somerset --
 23 **Q.** 7 December, yes.
 24 **DR SINEAD O'MALLEY-KUMAR:** 7 December, rather.
 25 **Q.** No problem.

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1 not obtained. What were you concerned about here?

2 **DR SANJOY KUMAR:** I wanted to know whether the investigation
 3 had been done properly, and I had grave concerns that it
 4 hadn't. I was asking -- these, you know, in cases of
 5 assault and in cases of murder, you know, I was quite
 6 used to taking blood samples myself, pulled hair samples
 7 myself, fingernails myself, swabs. And for me, I had
 8 a very good understanding about intimate and
 9 non-intimate samples and I want to know exactly what the
 10 Senior Investigating Officer had got.
 11 Generally there is a rule in policing and in
 12 forensic medicine that, you know, you take all the
 13 samples possible, because you gather all the evidence
 14 that is possible, and then, if they're not required,
 15 they are disposed of. But you take every sample,
 16 especially with something as serious as this, you take
 17 every sample.
 18 So I was very concerned about what the SIO had done
 19 and not done at this stage.

20 **Q.** Of course he didn't give consent to the intimate samples
 21 but the one sample that would not have required his
 22 consent that wasn't taken was the hair sample.
 23 **DR SANJOY KUMAR:** Absolutely right.
 24 **Q.** So what do you say about that? Do you think that should
 25 have been taken? I think you've seen what Leigh Sanders

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1 **DR SINEAD O'MALLEY-KUMAR:** Some of it would have come from
 2 our previous discussion with CPS, pre-trial hearing. We
 3 had a Teams meeting. We were also at the pre-trial
 4 hearing.
 5 So we were gathering bits and pieces of evidence
 6 together. So what was my -- I just -- maybe I just --
 7 what I wanted to highlight was that he had a history of
 8 being obfuscatory, deceitful with his treatment, not
 9 taking his medication and being able to pull the wool
 10 over the eyes of his psychiatrists in the past,
 11 basically, and, you know, as well as, you know, being
 12 a violent individual.

13 **Q.** What did you take from that meeting, both of you, on
 14 15 January?
 15 **DR SANJOY KUMAR:** It was as if the police had just been
 16 accepted; we weren't going to be listened to. It was
 17 a time of enormous tension that this miscarriage would
 18 be carried out, and there was -- we felt powerless to do
 19 anything about it, because we hadn't been listened to.

20 **Q.** That can come down. Can I turn now to toxicology,
 21 please, and have on the screen HMCP0000454, page 4. You
 22 ask, Sanjoy, for clarification of samples obtained. And
 23 we see there examination requested, and what happened.
 24 Talk us through. We've all seen the documents with
 25 various witnesses, we know what was obtained, what was

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1 has said subsequent to that.

2 **DR SANJOY KUMAR:** I think -- look, if you're a detective of
 3 any description at all, and I'm sure every detective
 4 possibly watching this is going to agree, you're there
 5 to detect crime.
 6 If you are there to detect crime, that means
 7 forensics are really important. And a basic part of
 8 that forensics is head hair. I don't think I was ever
 9 involved in a case myself of not just murder but even
 10 serious assault, or a domestic violence incident, where
 11 I didn't take hair samples. It was something that you
 12 did. It was the cachet of normal sampling. To not take
 13 it was an enormous gap and, you know, regardless of what
 14 it had proved or not proved, it may have proved nothing
 15 but it may have proved everything. The point is that it
 16 wasn't done and it wasn't taken, and I just couldn't
 17 understand that.

18 **Q.** That can come down, please.
 19 You, along with the other families, got the plea
 20 letter, the decision to accept the plea from the CPS.
 21 I don't need to put that on the screen. Then of course
 22 you went to the sentencing hearing itself. What was
 23 your experience of the hearing?
 24 **DR SINEAD O'MALLEY-KUMAR:** Well, obviously it was very
 25 traumatic. We got an opportunity to say hello to the

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1 Coates family, which was nice, because we'd had so
2 little contact with them. I remember Lee standing up in
3 court and saying hello to everybody and it was really,
4 really sweet. At the same time, it was extremely
5 difficult to have the man who had killed my daughter
6 physically in the same room.

7 My family had travelled from Ireland and we were all
8 there to hear the evidence from the defence and the CPS.

9 My particular point I would like to make is that
10 there was very little questioning of the psychiatric
11 evidence and it was -- there was never any real
12 inquisitory or very deep analysis, and they were also
13 asked about culpability.

14 **DR SANJOY KUMAR:** Culpability is not something that doctors
15 are trained in talking about. We are trained to
16 diagnosis, treat, perhaps give an opinion. Doctors are
17 not trained in culpability. And doctors, you know,
18 having been to court several times myself to give
19 evidence, you are there to help a court with the judge
20 coming to a decision. You are not there in any way to
21 conclude a decision. You know, you are there to help.
22 And what we were just thinking is that what's actually
23 happening here is that you've got a psychiatrist who is
24 being listened to. You've got untruths being told about
25 VC being an upstanding citizen of Nottingham, just

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1 answers to them, still.

2 **DR SINEAD O'MALLEY-KUMAR:** The other thing I would like to
3 add is that we were told that VC had a diagnosis of
4 treatment resistant schizophrenia as diagnosed by
5 Dr Blackwood in November. And according to the NICE
6 Guidelines and the evidence to my knowledge, at no point
7 did VC receive treatment that would constitute that
8 diagnosis. It requires treatment modalities, it
9 requires specific duration of witness medication taking,
10 and from what I can gather through my own investigation
11 and looking closely at the history, is that he doesn't
12 actually meet -- certainly at the time of the
13 sentencing, according to Dr Blackwood's report, he did
14 not meet the NICE guideline diagnosis for treatment
15 resistant schizophrenia, yet that was the diagnosis used
16 throughout the hearing.

17 **DR SANJOY KUMAR:** And it was so obvious, he resisted
18 treatment, and I believe -- I don't think we had all of
19 his psychiatric history even then at that point. Four
20 sectioning events with, you know, no changes in
21 treatment, with him going in.

22 You know, once you've diagnosed someone with
23 a mental health problem, if he has the same consultant
24 when he goes into a hospital, then that consultant knows
25 that this person has this diagnosis and what I have to

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1 trying to get on with his education. That's something
2 that I've got to say at a personal level, I just can't
3 understand how untruths are allowed to be spoken like
4 that, but it's recorded that this was an innocent man
5 who, you know, nothing about his history at all.

6 I just -- I found the whole -- I found it surreal.
7 It was like going to watch a play where people and
8 actors were just acting out with total disregard for
9 what was being said and how that would affect us,
10 because of how much of resistance and how much pushback
11 that we had actually provided to date, and how much
12 material we had provided that needed to be pursued.

13 In our eyes, you know, we didn't even think that the
14 investigation was complete. There were holes
15 everywhere. We didn't think that VC's contacts
16 previously had been spoken to appropriately.

17 We didn't think his actions had been mapped out
18 properly, him coming to London, et cetera. There were
19 so many questions going into this, it was surreal to
20 think this was being concluded when there were so many
21 questions up in the air. All of the ones that I had
22 documented. I hadn't got answers to any of them. And
23 I hadn't got justifications to any of them. And I'm
24 just delighted that they are submitted to the Chair to
25 look at. You know, the concerns I had, I don't have

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1 do is bring him in under a different section to treat
2 him, keep him on the ward until I control him, before
3 I do something with him.

4 Not only had we not known about his full psychiatric
5 history at that point, we were being given a diagnosis
6 which we were challenging, because, you know, as we had
7 said time and time again, you know, this was, in our
8 view, this was not treatment-resistant schizophrenia,
9 this man resisted his treatment. They are two very
10 different things.

11 **MS LANGDALE:** Thank you. I think that's a good time to take
12 the afternoon break, if we may.

13 **THE CHAIR:** Yes, we'll take a break now until 3.40. Thank
14 you. So 20 minutes.

15 (3.19 pm)

(A short break)

17 (3.38 pm)

18 **THE CHAIR:** Yes, Ms Langdale.

19 **MS LANGDALE:** When you left the sentencing hearing, Sanjoy,
20 you gave a statement to the media afterwards. Tell us
21 what you said, in essence, and why you needed to say
22 that.

23 **DR SANJOY KUMAR:** We were full of rage. All of us as
24 families were pretty united. We were united in grief,
25 and we were united in injustice. We were -- we all knew

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1 that there were so many unanswered questions. We all
 2 felt that we had been rushed through this process. And
 3 we were, if anything, rebellious, because we didn't
 4 think at all that justice had been served to us. We
 5 thought we had been cheated, shortchanged by the
 6 authorities, by the police, by Nottingham hospital's
 7 Trust, mental health workers. We had just felt a total
 8 sense of betrayal, and I think that actually motivated
 9 us all to get together in a fight, in a union and, you
 10 know, to rebel against what we had heard. Because we
 11 didn't agree with a word of what we had heard at the
 12 hearing.

13 **Q.** Moving to the Trust and other bodies now. What was it
 14 about the earlier reports that we refer into opening
 15 that you now know about the CQC report, the Theemis
 16 Report. What was the biggest issue you had about those
 17 reports? Was it the lack of identification of any of
 18 the clinicians?

19 **DR SANJOY KUMAR:** So our problems started because, again,
 20 we, being doctors, know that the overriding principle of
 21 any doctor that overrides anything is if there is
 22 a member of the public who's unsafe to be put back in
 23 the public and who is a risk to people, that overrides
 24 every confidentiality issue. So you are allowed, and
 25 every physician in the land knows this, that you are

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1 her back was broken. It was that bad. They could tell.

2 To open someone's back open surgically, to have to
 3 put in plates and screws to stabilise the vertebrae in
 4 the back, she could have severed her spinal cord. She
 5 could have been in a wheelchair for the rest of her
 6 life, if not dead. But as a parent, I was shocked at
 7 how that was underplayed.

8 You know, this is a young girl from a different
 9 country who doesn't know the system, who jumped out of
 10 fear of her life, who fractured her spine. And, you
 11 know, it takes weeks and weeks and weeks of
 12 rehabilitation after an injury like that, and this poor
 13 girl probably just wanted to get out of the country and
 14 run off back to her family and her loved ones. And
 15 I think her treatment was abhorrent, absolutely
 16 abhorrent. And that was just the first time.

17 And that started me looking into how many failed
 18 assessments did this lead to? And also, did these
 19 people who were actually doing the assessments, did they
 20 actually know what the Mental Health Act was, what
 21 Mental Health Act, Section 2 or 3 were? Because if this
 22 man had had an assessment under Section 2 of the Mental
 23 Health Act, he didn't need to be diagnosed again. You
 24 never needed to put him under Section 2 again; it was
 25 for Section 3.

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1 allowed to breach confidentiality if you think one of
 2 your patients is going to go out there and cause harm.

3 We couldn't understand why there was a total lack of
 4 transparency. As doctors, we wanted to know about this
 5 person's history. We wanted to know how many times he'd
 6 been admitted. We wanted to know how he'd been treated.
 7 We were not there to deny diagnosis. We wanted to know
 8 whether the treatment had been good, effective, and
 9 efficient and it turns out that it hadn't been. In
 10 fact, it had been useless, and I think the performance
 11 of the psychiatrists -- I had so many questions. Did
 12 this person have one psychiatrist or did he have four
 13 different psychiatrists for the times that he was
 14 sectioned?

15 It also seems to me that a psychiatrist who came out
 16 to section the first time, the Inquiry has heard, during
 17 Feven's time, that was a failed attempt at a mental
 18 health assessment. Because he goes back a few minutes
 19 later, and there's a young lady who jumps out of
 20 a window in fear of her life.

21 As a parent, as a parent, I was shocked at that.
 22 Shocked. You had a young lady who had fractured her
 23 spine. To lay people, if I can explain how serious that
 24 is, and it was underplayed as well as everyone else.
 25 The point is, people who came to her aid could tell that

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1 This man constantly did not take his medication.

2 And on the first occasion, let's not forget, it is
 3 told to us in the Inquiry by Dr Seedat, nothing we knew
 4 beforehand at all -- (*overspeaking*) --

5 **Q.** We're going to hear from Dr Seedat. Can I just pause
 6 there. Go on.

7 **DR SANJOY KUMAR:** This is about the fact that this is
 8 a person who needed an injection to rapidly sedate him,
 9 and that was given by force.

10 So the point is that here we are being -- you know,
 11 we found out a lot about the fact he didn't like
 12 injections, this, that and the other to control
 13 symptoms. But we had questions about immunisations, we
 14 had questions about flu jabs, about Covid vaccines. You
 15 know, this is a person who had had injections, but yet
 16 didn't want injections. So we were questioning his
 17 management.

18 You know, if this was a person who doesn't take his
 19 medication, there's only one way to do things, I can
 20 tell you as a GP, and that is to put him on something
 21 that lasts long and controls him and that's
 22 intramuscular medication.

23 **DR SINEAD O'MALLEY-KUMAR:** That's what the CQC report found,
 24 the Secretary of State for Health and Social Care, in an
 25 unprecedented move, had to -- well, first of all, a

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1 review of Rampton, but a rapid review of the Trust and
2 also a review of the treatment of VC himself.

3 Now, the CQC, their job is to look at institutions.
4 Their job is to look at GP surgeries, not the management
5 of individuals. So this was an unprecedented move. And
6 what that CQC report demonstrated to us, which was
7 delivered to us by Chris Dziki, the CEO and --

8 **DR SANJOY KUMAR:** The Chief Inspector of the CQC.

9 **DR SINEAD O'MALLEY-KUMAR:** The Chief Inspector, that's
10 correct, that at every juncture, the treatment was
11 inadequate.

12 **DR SANJOY KUMAR:** His exact words were "You weren't failed
13 once, you were failed multiple times, and at multiple
14 levels."

15 **DR SINEAD O'MALLEY-KUMAR:** So it became clearer and clearer
16 to us that people not -- well, we'd already questioned
17 the police and their ability to do their jobs properly.
18 The CPS's view of us, and now it was becoming abundantly
19 clear that the NHS were also to be held account for
20 their performance, their care management, their
21 professionalism, and as the medical decision makers, the
22 consultants.

23 **DR SANJOY KUMAR:** Are ultimately responsible --

24 **DR SINEAD O'MALLEY-KUMAR:** Absolutely.

25 **DR SANJOY KUMAR:** -- for the management of their patients,

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1 investigative, they'd no curiosity about what could have
2 been done better. All they did was say, "Okay, let's
3 have one learning point and that will be don't use the
4 word 'consulting' when you speak to the victims involved
5 with the CPS."

6 And that's how I would sum up the HMCPSI report.

7 **DR SANJOY KUMAR:** Could I add to that and just say that
8 I think we were listened to, I think, by -- what Sinéad
9 means by that is that I think they received us well.

10 **DR SINEAD O'MALLEY-KUMAR:** Mm (*Witness nodded*).

11 **DR SANJOY KUMAR:** And that's really it. I don't think we
12 were listened to.

13 **DR SINEAD O'MALLEY-KUMAR:** That's it. They gave us the
14 impression we were being heard and they were -- they had
15 sympathy with our questions, but they ultimately really
16 weren't investigating -- (*overspeaking*) --

17 **DR SANJOY KUMAR:** And I regret not going there with legal
18 representation, and I would recommend to anyone, if you
19 are meeting with this organisation ever in the future,
20 go with your legal representatives. We went in good
21 faith, again with all of our faith in the country's
22 institutions, and what we had, as Sinéad said, was
23 a whitewash of a report that wasn't in-depth and we had
24 40 minutes to digest.

25 Yes, I was out there and I had a series of questions

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1 but we didn't know how many consultants because none of
2 this had been reported to us.

3 **Q.** Understood. The HMCPSI report, what was your experience
4 of the HMCPSI report, by giving interviews and seeing
5 the report before it was published?

6 **DR SINEAD O'MALLEY-KUMAR:** When we initially met with the
7 HMCPSI, I felt that we were being really listened to,
8 which was ironic because when they delivered their
9 report it was the complete opposite. They said -- they
10 gave us an hour to digest it and then they were going to
11 go and release it on their own terms.

12 First of all, they didn't answer a very important
13 question. One of the roles of the CPS is to actually
14 direct investigation, and it says that on its own web
15 page. "What does the CPS do?" Not one single paragraph
16 in that report looks at how the CPS directed the
17 investigation of VC. So that was a complete failure.

18 Secondly, it wasn't even an investigation. I think
19 they just called it an inspection. So they didn't
20 investigate, they just looked at all of the evidence or
21 all of the occurrences and essentially agreed with it.
22 They looked at DCSI, the SIO's forensic strategy, copied
23 and pasted it and said, "Here's the forensic strategy",
24 and then they came up with some recommendations.

25 So they weren't critical, they weren't

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1 about it again. Again, my questions were not answered
2 and have not been answered to date. Any of the
3 questions from that report, I have not had the courtesy
4 of an answer.

5 **DR SINEAD O'MALLEY-KUMAR:** The Attorney General had called
6 for this inspection by the HMCPSI, and I don't believe
7 we got any feedback as to what the Attorney General
8 consideration of the outcome was, of the report was.

9 **Q.** The IOPC, what about your dealings with them? I don't
10 want to ask you about particular investigations, but
11 you're interested parties in respect of the reports that
12 have been made to the IOPC. What's the level of update?
13 What's the pace of their work? What would you say about
14 those things?

15 **DR SANJOY KUMAR:** I'm going to be -- the IOPC have been
16 unprofessional and nothing but a joke. When people say
17 they're not fit for purpose, I actually believe that.

18 Again, we went into a meeting with the IOPC thinking
19 that this was another one of our country's institutions
20 that stood for watching over the police, and
21 automatically, you know, we had faith in the
22 organisation, but to give you an example --

23 **DR SINEAD O'MALLEY-KUMAR:** It's ongoing --

24 **DR SANJOY KUMAR:** This is not about anything ongoing --

25 **DR SINEAD O'MALLEY-KUMAR:** Okay, sorry.

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1 **DR SANJOY KUMAR:** -- this is about a meeting that we had
2 with the decision-maker. He held a prayer in the room,
3 when we walked in. It was the most absurd thing that
4 I have ever seen in my life. You know, here we were
5 asking serious questions, and this decision-maker was
6 saying, "Let's say a prayer before we start the
7 meeting."

8 It was absurd. And that was the first time also we
9 found out that we weren't interested parties in the
10 Leicestershire Police. In fact we didn't even know
11 about any referral of Leicestershire Police. It's the
12 first time -- and in fact we were told that "Oh no, this
13 Inquiry is nearly concluded. I'd better make you
14 interested parties."

15 Again, we were shocked because we didn't know about
16 the failings in Leicestershire. But here we were, being
17 told that "It's nearly concluded, and we'd better make
18 you interested parties."

19 Again, not that we did know by then also what
20 interested parties were, because we hadn't been part of
21 an inquiry.

22 **DR SINEAD O'MALLEY-KUMAR:** But then we became as interested
23 parties, we had statutory rights. We understood that we
24 were entitled to updates. But I have to be honest with
25 you, when you ask: where are we with all these

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1 staff, they had to have everyone removed who was
2 involved previously and had reopen their investigations.
3 **Q.** Let me ask you now about data breaches, please. We've
4 heard evidence, obviously, about the WhatsApp group, the
5 chat in the WhatsApp group and the misconduct
6 proceedings that happened. When did you become aware of
7 the contents of that WhatsApp group and in what
8 circumstances?

9 **DR SINEAD O'MALLEY-KUMAR:** It was around the time of the
10 hearing. Emma had been notified by a member of the
11 public, and that's --

12 **DR SANJOY KUMAR:** Not the first.

13 **DR SINEAD O'MALLEY-KUMAR:** That's when it first came to our
14 attention.

15 **Q.** So immediately before the sentencing hearing --

16 **DR SINEAD O'MALLEY-KUMAR:** That's correct.

17 **Q.** -- no one had told you about any of that before.

18 **DR SINEAD O'MALLEY-KUMAR:** No, no.

19 **Q.** What do you say about that?

20 **DR SINEAD O'MALLEY-KUMAR:** Well, I'd like to say that DCI --
21 oh sorry, ACC Griffin's letter sent on 20th January,
22 bearing in mind just before the hearing, that he wants
23 to meet with us, it's completely vague and disingenuous.
24 He suggests that he is reaching out to us so he can tell
25 us everything before it goes to the press. And he won't

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1 investigations? I don't even know, because they just go
2 on and on and on. We've had meetings with -- the
3 investigators change, the personnel change, the Director
4 General changes, we meet with these different
5 individuals. And they're still ongoing, and where we
6 are at the moment? We are consumed obviously with this
7 process. I couldn't even tell you.

8 **DR SANJOY KUMAR:** With one of the IOPC investigations, I had
9 to try to bring it to a halt because this was going in
10 a direction that was completely wrong. I rang the
11 families in a complete panic attack saying, "We do not
12 want this investigation to conclude because it's
13 premature. Again, the facts are not known and what will
14 happen here is what happened in the hearing in court.
15 We will be forced and wedged and put on an escalator
16 that we don't want to be on."

17 And I said, "If we go to this hearing and let it
18 happen, we will not get the right conclusion."

19 And thank God we didn't, because facts have come out
20 since then which you will hear, I'm sure, later on,
21 which has now reopened. But we got a letter from the
22 IOPC saying, "We are reopening an inquiry". That wasn't
23 because they brought out the facts. We had to point out
24 facts that were lacking and had such great gaps that
25 they had to go back and reopen. They had to replace

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1 share any information until the family knows, and he
2 wants to meet with us, and he's invited to meet with us.
3 But the letter, if you read it, is "Oh you have some
4 complaints, would you like to meet with us?"

5 And quite frankly we'd already decided we were
6 making a complaint to the IOPC, so no, a meeting didn't
7 need -- we didn't deem -- initially we agreed to it and
8 then it was deemed unnecessary. So that's -- he's very
9 misrepresenting the situation in his evidence that he
10 was continually trying to reach out to us and wrote
11 a letter on 20th January 2024, because in actual fact,
12 it wasn't specific, it didn't say, "Oh we have some
13 sensitive information to share with you."

14 **Q.** Would you have wanted to hear if it was information, as
15 it was, about -- (*overspeaking*) -- --

16 **DR SINEAD O'MALLEY-KUMAR:** Absolutely --

17 **Q.** -- your daughter?

18 **DR SANJOY KUMAR:** Absolutely, and I think we'd heard rumours
19 about the fact that this hearing had been speeded up, it
20 was meant to be some time in March, apparently, but then
21 it was brought ahead to January. But Sinéad and I have
22 been to many meetings. We go to doctors' meetings. We
23 know how meetings go. We've been part of medical
24 panels. So we know that they are minuted. We know that
25 there is a Chair. We know that there are rules of

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1 engagement. We know there are Terms of Reference.
 2 So we would have been very interested. Anything to
 3 do with our daughter, we would have taken time out, day
 4 or night, to be present at, and we were simply not told
 5 about it.
 6 **Q.** You were asked, weren't you, by Dr Shehmar,
 7 Medical Director at the Nottingham University Hospitals,
 8 if you wanted to meet about data access in relation to
 9 Grace's medical records; is that right?
 10 **DR SINEAD O'MALLEY-KUMAR:** Is this the meeting that we
 11 had -- that we had recently? Sorry, what date --
 12 *(overspeaking)* --
 13 **Q.** 2025.
 14 **DR SINEAD O'MALLEY-KUMAR:** Yes.
 15 **Q.** 2025, the letter?
 16 **DR SINEAD O'MALLEY-KUMAR:** Yes.
 17 **Q.** Do you want me to put the letter on screen to remind
 18 you?
 19 **DR SINEAD O'MALLEY-KUMAR:** Yes, please, sorry.
 20 **Q.** Not at all. NUHT0000100.
 21 **DR SINEAD O'MALLEY-KUMAR:** Yes, that's right.
 22 **Q.** Do you see:
 23 "... received a query from Dr ... Elcock, Medical
 24 Director ... Dr Elcock asked me about a doctor who she
 25 believed had accessed the medical records. I then
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1 Mental Health Care Trust, Nottingham Mental Health Care
 2 Trust, they started doing an audit and it became clear
 3 to them that there had been inappropriate access that
 4 spread from their own trust into the acute trust. That
 5 prompted the acute trust to then do an audit of who had
 6 been accessing the medical records of Grace, Barnaby and
 7 Ian, and it became clear that, yes, indeed, there had
 8 been members of staff who had looked at medical records
 9 without any apparent lawful or clinical reason to do so.
 10 **DR SANJOY KUMAR:** And to summarise that, if Sinéad hadn't
 11 asked for those records for, you know, which ones are
 12 the ones that the psychiatrists had to look at, this
 13 audit wouldn't have been carried out by the Mental
 14 Health Trust --
 15 **Q.** -- *(overspeaking)* --
 16 **DR SANJOY KUMAR:** -- *(overspeaking)* -- which I want you to
 17 understand is a different institution to the Acute
 18 Trust, which is the Queens Medical Centre. And it was
 19 only because Sinéad had asked. If we had not asked the
 20 question, to this day this would have been covered up,
 21 and we wouldn't have known anything about the data
 22 breaches.
 23 **Q.** You also, that could come down, had a letter, we had it
 24 on the screen earlier when the Webbers gave evidence,
 25 from Nottingham Council as well, yes, about breaches?
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1 requested an initial investigation ..."
 2 So this, tell us about this, what you learnt about
 3 this?
 4 **DR SANJOY KUMAR:** So can I first paint a picture for you?
 5 When we met the Mental Health Trust, Sinéad and I were
 6 very disappointed at the information sharing with us in
 7 terms of who had treated, how were they treated, what
 8 had they treated, and Sinéad had brought up the fact
 9 that an audit into the records was something that she
 10 wanted done. And I backed that and said yes, every
 11 clinical entry should be looked at.
 12 **Q.** Just to make clear, what did you want -- *(overspeaking)*
 13 --
 14 **DR SINEAD O'MALLEY-KUMAR:** Sorry, I think it's a bit of
 15 confusion. Initially, it stemmed from the fact that I
 16 wanted to know if VC's medical records -- obviously not
 17 for us, but if they'd been shared with Dr Blackwood, and
 18 if he had had sight of that.
 19 **Q.** Yes. Yes.
 20 **DR SINEAD O'MALLEY-KUMAR:** And they thought that was a fair
 21 question and that they would do their own audit. We
 22 obviously weren't looking for any details of those
 23 records, but we wanted to -- we were on our fact finding
 24 about what information was made available to him.
 25 Through their own -- through the -- through the
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1 **DR SINEAD O'MALLEY-KUMAR:** Mm.
 2 **Q.** Again, did you expect that, know anything about that
 3 when they came?
 4 **DR SANJOY KUMAR:** I'll tell you exactly how that came about.
 5 Sinéad and I were having a look at this letter together.
 6 At this point we knew that things weren't being
 7 investigated properly, and we were picking up on every
 8 word that was being supplied to us. And at that point
 9 when we got a letter from the Chief Constable, third
 10 parties, because I'd asked --
 11 **DR SINEAD O'MALLEY-KUMAR:** No, partner agencies --
 12 **DR SANJOY KUMAR:** Partner agencies. I wanted not just the
 13 WhatsApp -- I want to know what the message was. And
 14 the other point I must make to you is that when you send
 15 a message it's generally a conversation. We weren't
 16 told any part of a different conversation. Because
 17 I can tell you right now that message would have led to
 18 conversations of a disgusting nature that have not been
 19 made, you know, open to us. Because when you do send
 20 a message, it's a conversation. That's a very important
 21 point for me. And again, that remains unopened until
 22 today, but I wanted to know the exact contents of that
 23 message, and with that, came agencies.
 24 **DR SINEAD O'MALLEY-KUMAR:** Yeah, we had that letter, and as
 25 Dave mentioned earlier on, there was a terminology
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1 "Three persons from partner agencies", and we were
2 literally saying well what's a partner agency? And we
3 Googled it and it was the City Council. And at that
4 point -- it quickly got back to the leader of Nottingham
5 City Council that okay, right, the families know, and
6 within two days a letter arrived or within three days
7 a letter arrived to apologise.

8 **DR SANJOY KUMAR:** It was quite obvious that a Chief
9 Constable had made a call because we queried: what do
10 you mean, third party agencies, as I called them? And
11 Sinéad did look it up. So it could either have been the
12 ambulance service or the fire service of the council.
13 And literally, when we asked the question "What do you
14 mean by this?" again, this was information that we had
15 to extract rather than be told, and lo and behold within
16 a week we receive a letter from the leader of the
17 council which was again so disingenuous, you know, they
18 should have told us this.

19 So these were the people who invite us to City Hall
20 and, even then, if they had known anything, even later,
21 we would have expected them to have told us immediately
22 when they found out and they didn't. If we hadn't asked
23 the question, this would have remained again covered up.

24 **DR SINEAD O'MALLEY-KUMAR:** The duty of candour in all of
25 these -- these are public institutions -- does not seem
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1 Commission, that's in ongoing project at the moment, so
2 I don't know if I need to really add to that, but that
3 is something that we would -- well, it's -- the
4 implementations were put to the Government in 2006 and
5 not carried forward, and I know it has returned to the
6 Law Commission now for -- to be looked at, and it's
7 an ongoing project. So that's something that we
8 welcome.

9 **Q.** Paragraph 149, you refer to:

10 "There must be reform in how mental health patients
11 are treated following the commission of serious criminal
12 offences, including in the consideration of charges."

13 Would you like to expand on that?

14 **DR SANJOY KUMAR:** It's been so obvious to me from day one,
15 from my days of being an FME, if anyone came into
16 custody with a mental health problem, they got charged
17 with what they came in with. And I'm very surprised
18 that people who have given evidence at this Inquiry
19 found that surprising, because to me it's been clear
20 from day dot that what you do first is that, you know,
21 having a mental health problem is not an exit out of the
22 criminal justice system. If you have committed an
23 offence, you get charged and then you have your
24 treatment. But you don't get away with things just
25 because you've got a mental health problem.
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1 to exist. And unless they are found out, they'll quite
2 happily keep it to themselves.

3 **Q.** Do you feel you have had to force the hands, basically,
4 of any institution where you've got an admission or an
5 acceptance of responsibility for something?

6 **DR SINEAD O'MALLEY-KUMAR:** Constantly.

7 **DR SANJOY KUMAR:** Not one agency has come forth and sat us
8 down and told us the truth. And this is why we have
9 fought this campaign hard and fast all the way up to the
10 Prime Minister, because we have stated from day 1 it
11 wasn't one institution that failed us in our case; it
12 was all of them that were involved. There wasn't
13 a single institution involved in our case that did not
14 fail. And I'd like to go further, and just say we have
15 never asked for any special treatment, we have never
16 asked for anything extraordinary; we have simply asked
17 the question: did people involved in our case do their
18 jobs? And that's it.

19 **Q.** Can I ask now about your questions for reform that you
20 set out in your statement in paragraph 147.

21 Firstly, you say:

22 "The current framework for homicide in law lacks
23 clarity and consistency."

24 And you "urge a review of how homicide is defined".

25 **DR SINEAD O'MALLEY-KUMAR:** Well, we know that the Law
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1 There are people with mental health problems in the
2 country who hold down jobs, who are responsible, who
3 look after their families. There are all of these
4 people there, but you don't automatically think that
5 they think that they can get away with an offence.

6 **Q.** And you say:

7 "This gap must be closed to protect the public and
8 ensure appropriate treatment and accountability."

9 So -- (*overspeaking*) -- both accountability and
10 treatment.

11 **DR SINEAD O'MALLEY-KUMAR:** Exactly, and these patients need
12 to enter the criminal justice system to have access to
13 forensic services.

14 **Q.** "The Code of Practice for toxicology in custody settings
15 must be updated to reflect modern standards and ensure
16 accurate, timely assessments that can inform
17 investigations and legal proceedings."

18 Anything specific within that you were referring to?

19 **DR SANJOY KUMAR:** I think in terms of forensic practice
20 there are loads of guidelines out there and I think, you
21 know, one of the things that has really shocked me about
22 some of the police officers who have been here from
23 every rank and file, really, is that they didn't know
24 a policy.

25 Now, you know, that's untrue, because every time
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1 something new comes in through the College of Policing,
2 each and every police officer gets a course that he has
3 to complete online. And his line manager, whether it be
4 the sergeant or an inspector, has to make sure that they
5 have completed that course.

6 So it is disingenuous for any police officer to take
7 this stand and say that they have not been updated on
8 something, because every update that comes through the
9 College of Policing, they have to do.

10 So, you know, it's more a question of regulating the
11 fact that have they done their courses rather than the
12 courses being provided. The courses are being provided.
13 It is a simple matter of completing them, and their line
14 managers, they get into trouble if they don't complete
15 them.

16 **Q.** You say you:

17 "... support a full review of the Code of Practice
18 for forensic psychiatry, especially regarding mental
19 health assessments at the time of the index offence."

20 **DR SINEAD O'MALLEY-KUMAR:** Well, just -- one of our queries
21 has always been not of a diagnosis, but of a state of
22 mind at the index offence.

23 Now, this isn't a case of shoplifting, I'm not
24 trying to diminish any other criminal, you know,
25 activity. This is a very, very serious crime that was

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1 clever you are, there is no way you can predict,
2 especially if you haven't spoken to -- I'm sorry about
3 my repetition -- but the people around the scene --

4 **Q.** At the time.

5 **DR SANJOY KUMAR:** -- that you have the ability to tell what
6 they were like on the day.

7 **Q.** You say:

8 "We proposed the creation of publicly accessible
9 grading for NHS Mental Health Trusts, tracking
10 complaints from families, poor outcomes, suicides,
11 homicides, and incidents of violence. Transparency will
12 drive improvement and restore public trust."

13 **DR SINEAD O'MALLEY-KUMAR:** There does exist a grading system
14 for mental health care trusts and in fact that occurs to
15 wider hospital trusts. But where trusts are failing and
16 I do believe they should be held to account for their
17 poor numbers, their poor -- their failures in their
18 management of their patients which can be reflected in
19 homicide, reflected in suicide, reflected in harm and
20 violence, entry into the criminal justice system.

21 I think there should be some transparency about that,
22 and it might help the Mental Health Trusts to
23 concentrate their minds a little bit and be a bit more
24 proactive -- institutionally accountable.

25 **DR SANJOY KUMAR:** (Unclear).

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1 committed, and if anybody has a mental health diagnosis,
2 and I do think it warrants contemporaneous mental health
3 assessment by a properly trained mental health
4 practitioner, be it a forensic consultant or, you know,
5 whoever that delegated healthcare professional should
6 be. But for people like us to be left with questions
7 about mental health at the index offence is just -- it's
8 not adequate, in my view.

9 There are not very many major, you know, egregious
10 crimes like this that occur, but, you know -- that's
11 happened through mental health homicide. But there
12 should, in my view, be a Code of Practice tabled by the
13 Royal College of Psychiatrists that lays out how these
14 people should be managed in custody, so that there's no
15 questions to answer, no ambiguity, and more certainty.

16 **DR SANJOY KUMAR:** May I just add for me it is very short.
17 You've got to stop crystal ball psychiatry, and if
18 someone gets out their crystal ball and tries to say:
19 "This what this person was like six months or
20 five months down before this all happened and I can
21 predict that."

22 You've got to -- I think judges in the land have to
23 take note and make light of that sort of evidence
24 because, you know, unless you were there at the time,
25 you cannot tell what a state of mind was. And however

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1 **DR SINEAD O'MALLEY-KUMAR:** Oh yeah, a point I've been making
2 from the beginning is that psychiatry is the only
3 medical speciality where poor treatment, lack of
4 treatment, failure to treat or negligent treatment, or
5 refusal of the patient to take treatment, can result in
6 the death of a third party. And I think people need to
7 understand that.

8 The Royal College of psychiatrists need to
9 understand the job that they have and the role that they
10 have in keeping the public and the patients safe for
11 that matter. And the psychiatrists let us down. They
12 risk assessed for their own staff and their own staff
13 could only visit VC in pairs with a male, yet they were
14 happy to discharge him back to the GP without any
15 treatment. They were lazy and, quite frankly, it's
16 unacceptable.

17 **DR SANJOY KUMAR:** It's abhorrent that a 30-year old man who
18 is considered violent, whose risk assessment shows that
19 you have to visit him with two people, is left alone and
20 thought to be safe amongst 17, 18-year old students,
21 almost, almost half his age, and possibly half his size.
22 You cannot do that.

23 **Q.** The other point you make in conclusion is this:

24 "In the event that a homicide does occur, victims'
25 families deserve clear, compassionate, and consistent

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1 communication throughout investigations and prosecution.
 2 The current allows for confusion and neglect. FLOs are
 3 often scapegoated, masking deeper systemic failures. We
 4 call for reform in how the investigative teams engage
 5 with families, with accountability built into every
 6 stage".

7 Would you like to add to that? You have in your
 8 evidence, but you may want to add something.
 9 **DR SANJOY KUMAR:** We think, as with so many things in this
 10 Inquiry, there are structures already present that
 11 perhaps need to be recodified or redefined. An FLO's
 12 job should possibly be put in definition that they are
 13 there to support the family through the difficulties
 14 that our FLO, Fiona, helped us through, and we found her
 15 very helpful.

16 And I don't think, you know, we're not here to
 17 suggest that the Government spends millions of pounds on
 18 something brand new. You know, we already have the
 19 roles. It's a question of possibly a redefinition of
 20 the roles that people have. It seems to me that they
 21 seem to have forgotten their role. And I just think it
 22 needs to be quite simple. We need simple fixes in our
 23 country. You know, we are not here to tell people how
 24 to spend money on different things, we are, in fact,
 25 here to save money and, say, be more efficient.

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1 daughter for the rest of my life. I am only relieved
 2 that we have made our way here to the statutory public
 3 inquiry so that you, Chair, can review and analyse in
 4 order to bring about meaningful and enduring change.

5 As such, I would like to thank you for your patience
 6 and careful consideration of all the evidence. Our
 7 journey here has been a very long one. And thank you to
 8 all of those out there who have listened to our views,
 9 our concerns, who answered our emails, who facilitated
 10 our meetings and who took the time to listen to our
 11 story of 13 June and what happened to Grace, Barney and
 12 Ian, as well as the survivors.

13 We are grateful to those who listened to what we
 14 considered to be meaningful observations, and
 15 determinations that have brought us here today.

16 I'm here as Grace's mother, but I'm also here as
 17 a doctor, and my daughter, too, was on her early path to
 18 being a doctor, so it is even more important to me that
 19 I do her memory justice and as such I would like to make
 20 some observations on the psychiatry.

21 As I have just stated, psychiatry is a branch of
 22 medicine where poor or negligent management by treating
 23 doctors or healthcare professionals, or indeed refusal
 24 by the patients themselves to treatment can lead to harm
 25 or death of a third party. That third party, in our

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1 **Q.** And do your job properly?

2 **DR SANJOY KUMAR:** And do your job properly.

3 **DR SINEAD O'MALLEY-KUMAR:** Do your job properly.

4 Communicate effectively. Communicate in writing.

5 Communicate -- write things out in simple terms that

6 anybody can understand. Just keep it -- it's not

7 difficult, it's not complex, but it's led to, you know,

8 difficulties and complexities in our case.

9 **DR SANJOY KUMAR:** And I think the FLOs can do their job very

10 well, but I think it's possibly something that is just

11 not defined very well for them.

12 **MS LANGDALE:** Those are all of my questions.

13 Would you like to say anything at the end of your

14 evidence?

15 **DR SINEAD O'MALLEY-KUMAR:** I'm afraid there may be some

16 repetition here, but --

17 **Q.** Don't worry --

18 **DR SINEAD O'MALLEY-KUMAR:** -- but I am going to say

19 something, if that's all right.

20 **THE CHAIR:** You go ahead and say what you want to say.

21 **DR SINEAD O'MALLEY-KUMAR:** So we've seen Grace's pen

22 portrait and we thank the Inquiry and indeed the Chair's

23 suggestion for facilitating this, and this has allowed

24 you all to meet Grace and learn a little bit about her.

25 As a mother, I will grieve for my beautiful, beloved

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1 case, was our beautiful and adored daughter and sister,
 2 Grace.

3 I would also like that I personally believe omission

4 or refusal of treatment intentionally by a patient is

5 a selfish, self-intoxication where the outcome is

6 predictable violence that will ensue. And this we knew

7 for certainty would be the case with VC, as it did on

8 multiple incidences before.

9 Mental health must never preclude prosecution and

10 contribute to risk analysis and assessment and build

11 a profile, as we believe public safety is paramount and

12 must be protected.

13 NHS Nottingham Trust discharged to GP with no

14 follow-up due to lack of engagement. The medical

15 director, and acting -- current acting Deputy CEO,

16 Dr Susan Elcock, told me this was her own practice and

17 was systemically acceptable.

18 Evidence shows it is exceptional for homicide to

19 occur without problems in the delivered(?) of standard

20 clinical care and I look forward and will be interested

21 to hear from my psychiatric colleagues.

22 Consultants, medical decision-makers, and all

23 healthcare professionals, must treat their patients as

24 they would have their own family or children treated.

25 This is my personal gold standard and will always ensure

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1 I do the very best in my patient's best interest. It's
2 called compassion and empathy, qualities we find are
3 lacking in many of the individuals in institutions.

4 We have already referred to the case of pairs of
5 healthcare professionals visiting VC in the community.

6 I would like to suggest that had these healthcare
7 community -- healthcare professionals thought that VC
8 would come across their child, untreated, violent, at
9 4.00 in the morning, they would have rethought their
10 discharge procedure. Grace spent the happiest year of
11 her life at the University of Nottingham and in her time
12 she had no need to access the welfare department,
13 however, I would like to dispute the welfare standards
14 that the University claim.

15 I am repeating myself here, but we did travel to
16 meet with the Vice Chancellor and present the lack of
17 proactive engagement with the students who had lost not
18 one but two friends murdered. These were 18 and 19-year
19 old kids who were left floundering. Such exceptional
20 and extraordinary circumstances needed exceptional and
21 professional approach to a trauma that they were
22 enduring.

23 On a separate note, the University threw away all of
24 Grace's belongings and keepsakes that we had earmarked
25 for her friends that she was due to live with in year 2.

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1 was following in my footsteps, my wife's footsteps, her
2 family's footsteps, we are all doctors. She made us
3 immensely proud. She represented her country and it was
4 the greatest honour for her, and we miss her dearly.

5 A short piece of guidance from my point of view. We
6 can stop mental health homicide in this country. We can
7 stop it. And the way we can stop it is by holding
8 people accountable to do their jobs. Forgive me. Thank
9 you.

10 **THE CHAIR:** No, thank you, and thank you both for sharing
11 your views and experience and also for the really very
12 wonderful film you put together showing the photographs
13 and how much loved Grace was. It's very clear.

14 Would you mind if I asked you just couple of
15 questions? Do take your time.

Questioned by THE CHAIR

17 **THE CHAIR:** Can I just ask, I think you've heard me ask all
18 of the other witnesses, the Bereaved, and to date, you,
19 particularly you, Sanjoy, had had some experience of the
20 criminal justice system in the police station, and you'd
21 also had some experience, obviously, both of you, of the
22 medical side of things. And yet I think you've told me,
23 both of you, that you found this is an extraordinarily
24 difficult situation to navigate yourselves.

25 Obviously the grief was there, but in terms of

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1 I was heartbroken, as were the girls. This department
2 was headed up by Claire Thompson who we have heard from
3 already. Her duplicity in knowing VC, while supporting
4 us, reinforced the culture of lack of candour we see in
5 our institutions.

6 I would like to thank those of you who knew Grace
7 for your continued love and support, to Grace's friends
8 who keep her memory alive, to our friends and family who
9 travel and turn up for us. Remember her kindness, her
10 shining brilliance and beautiful smile.

11 For those of you that did not meet Grace, the legal
12 team without whom we could not have navigated this
13 complex process, and finally of course to those to whom
14 we are forever inextricably linked by our tragedies, the
15 Webbers and the Coates, we have always said that
16 together we are stronger and we always will be.

17 **THE CHAIR:** Thank you. Do you want to add anything?

18 **DR SANJOY KUMAR:** Chair, I'll be very brief. I acknowledge
19 the suffering of the Survivors, and I just want to say
20 that we've been deprived of a beautiful and brave
21 daughter, who ... who ... *(Pause)*

22 **THE CHAIR:** You take your time.

23 **DR SANJOY KUMAR:** ... would have one day got married, given
24 us grandchildren, and given us a lot of joy. She was
25 the love of my life. She was -- please excuse me. She

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1 support that you needed, what would have assisted you?
2 We've referred to the FLO, who gave you support in one
3 way, but what would have assisted you most right from
4 the beginning, from when it happened?

5 **DR SANJOY KUMAR:** I think having words in this field, Chair,
6 as you say, you do have experience that, when you have
7 to actually partake in the legal process, I think it
8 would be very helpful to have someone guide you through
9 the legalities of everything that is forthcoming, and in
10 terms of what to expect. I think that is very
11 important. From our point of view, we are doctors but
12 we are not lawyers. And for us, it would have been very
13 helpful for someone to explain the course of the law to
14 us.

15 **DR SINEAD O'MALLEY-KUMAR:** Yeah, I --

16 **THE CHAIR:** -- *(overspeaking)* -- sorry, and also to give you
17 advance information ahead of meetings. Would you
18 -- *(overspeaking)* --

19 **DR SINEAD O'MALLEY-KUMAR:** Well, that's -- *(overspeaking)* --

20 **THE CHAIR:** -- *(unclear)* with that?

21 **DR SINEAD O'MALLEY-KUMAR:** Well, I know our case is
22 exceptional, Chair, and very complex, but we were trying
23 to navigate it as laypeople. We -- but we were dogged,
24 and, you know, we refused to stop asking questions, but
25 when we did end up having to interact with institutions,

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1 we were floundering. We were out of our depth and even
2 coming up to the hearing, although our FLO was very
3 supportive, emotionally, I don't think anyone could have
4 prepared us for really the legal ramifications or the
5 implications of the whole process.

6 So obviously, an advocate was -- to explain things
7 earlier would have been useful.

8 **DR SANJOY KUMAR:** Chair, I've got to say that the analogy
9 I use with VC is that VC was like an oil tanker who
10 crashed into our children, and Ian. A one degree change
11 in his course, he could have ended up in a different
12 continent. By referring to that occasion as a "sliding
13 doors moment" is so abusively wrong because if he'd
14 missed our children, he would have hit someone else's.

15 For ACC Griffin to say to us that the outcome might
16 not have been any different either is so horrendously
17 abusive to us because it is quite obvious, as Mr Moloney
18 pointed out, if this man had been arrested, and if
19 the -- if the police had taken their -- done their jobs
20 we would have had a different outcome.

21 We found sitting through some of this stuff in the
22 Inquiry really, really difficult to listen to this. And
23 I'm sorry, that's not a summary, but it's something
24 I wanted to get off my chest and I do apologise for my
25 emotion, I cry at every meeting. Everybody knows that.

1 at the same time as you were given the message?

2 **DR SANJOY KUMAR:** Chair, we see that in the medical system
3 so many times, when you have consultation with someone
4 a patient comes with a relative, perhaps, to absorb
5 what's being said. I'd relate very much to that
6 analogy. When you go and see a consultant and get
7 advice, a member of the family comes with you to perhaps
8 take down the notes, and they have a sort of a 'member
9 of family' type role.

10 **THE CHAIR:** Yes, thank you. I think that's all the
11 questions that I have, and thank you for your evidence.

12 We'll finish for today and we'll start again
13 tomorrow morning at 10.00. Thank you.

14 **(4.30 pm)**

15 **(The hearing adjourned until 10.00 am the following day)**

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1 **THE CHAIR:** Well, I think that's entirely understandable,
2 and certainly, as you know, we have quite a lot of
3 evidence still to hear, and I will take all of it into
4 account, not just what's been in the hearings as you
5 know, as I've said at the outset, there is quite a lot
6 of evidence which has been given in statements, which
7 I know has been disclosed to you, that I will also take
8 into account.

9 I just wanted to ask just one question about the
10 FLO, the -- they are Family Liaison Officers, and their
11 role is to liaise. But I think what you were saying
12 before was that they should have been giving you really
13 what was quite critical information. Would it have been
14 better if they were present and somebody else had given
15 that information?

16 **DR SINEAD O'MALLEY-KUMAR:** Absolutely. So the FLO was just
17 acting as a conduit, and it should have -- it should
18 come from -- it shouldn't be through a third-party
19 messenger because the message gets lost and they're not
20 legal people themselves. I understand they're acting
21 police officers, but I do believe that either written or
22 in conjunction with the delivery by the responsible
23 person should have occurred.

24 **THE CHAIR:** So someone who was -- you were familiar with,
25 who would have provided you with support, would be there

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