(1.59 pm)

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

DR SINÉAD O'MALLEY-KUMAR (sworn)

DR SANJOY KUMAR (affirmed)

Questioned by MS LANGDALE

THE CHAIR: Yes, Ms Langdale.

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

DR SINEAD O'MALLEY-KUMAR: Yes.

DR SANJOY KUMAR: Yes, I can.

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

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

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

close to the University of Nottingham".

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

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

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

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

This was at about 11.15 or 11.30 in the morning.

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

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

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

I knew. Gracie and I had a very special

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

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

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

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

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

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

of officers down to you."

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

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

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

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

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

prepared for that; what happened there?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DR SANJOY KUMAR: So from minute one we were coping with

losing our brave and the beautiful daughter, but we were also having to represent, as we call it, other kids, who absolutely had no support. To summarise, they had no support at all. You know, being handed out a card for counselling, if they wanted it. That was -- we thought it was really uncaring to the point that, as Sinéad says, we made an appointment with the Vice Chancellor at the time to actually express our disappointment, and they were children taking their exams at different years. They were, you know, at that time, don't forget Gracie was only out because she had just finished her first year medical exams, and every time Gracie texted me about what she was getting up to, and I just had one word for her, and that was "enjoy".

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

their exams, through their submissions, all of this kind of stuff, to the point they came looking for us.

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

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

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

DR SANJOY KUMAR: That was the first time we met Kate Meynell and she said that the person who was responsible was under arrest. He, you know -- it's a very clear-cut "We have him," and words to the effect of "He's going to get done for his horrible actions and deeds" that he's carried out. But, you know, "Be reassured, we have him."

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

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

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

Q. Of course.

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

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

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

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

Q. Did you have a conversation with them then? And how was it that you got to know them much later?

DR SANJOY KUMAR: So the vigil was mentioned by the Liaison Officers, there wasn't any specific invitation from the City Hall or the councillors or the council, it was something that, again, we were completely unprepared for. Personally I thought that this was going to be a meeting room where you get to meet the local council. I wasn't told that this was going to be an enormous staged event. I don't know Nottingham well, apart from dropping Gracie off. I didn't really have, you know, I didn't know the scale of what we were going to face. And I literally thought that this was going to be a meeting with councillors, where they perhaps wanted to listen to our concerns or something like that, but there was no active, in a way, there was no active management of us meeting the Coates family.

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

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

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

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

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

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

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

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

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

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

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

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

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

DR SANJOY KUMAR: Yes, it was.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DR SANJOY KUMAR: Absolutely right.

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

So somebody is not actually telling the truth here.

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

someone who listened to our concerns very carefully.

Q. That document can go down, and if we can put up, please, HMCP0000017, page 1. This is a press release that she sent to you, Sanjoy, on 15 June. We can see there are different levels of information people are getting. You're getting the press release, aren't you, from the -- from your FLO when the extension to the Magistrates' Court was sought.

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

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

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

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

Q. So what did that entail?

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

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

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

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

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

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

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

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

What's your view about this?

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

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

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

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

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

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

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

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

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

So if we go to the bottom, this the FLO's log from call from DI Gould:

"... Due to a leak The Sun News are about to publish a headline re the failure of Nottinghamshire and warrant. To ring the family immediately and tell them that [VC] ... is going to be charged very soon with 3 ... murders, 3 ... attempted murders and a minor assault on a police officer 2 years ago which occurred whilst police assisting colleagues execute a mental health warrant. No weapons used, very minor."

Then it says:

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

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

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

Q. The human tissue forms?

DR SANJOY KUMAR: Human tissue forms I hadn't seen before. And in there we were told were permissions, and if we

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

They took samples from our children to test for drugs.

DR SINEAD O'MALLEY-KUMAR: And alcohol.

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

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

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

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

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

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

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

Q. Yes.

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

if that was, if that was --

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

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

Q. -- *(overspeaking)* --

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

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

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

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

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

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

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

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

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

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

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

October 2023, the second:

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

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

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

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

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

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

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

DR SANJOY KUMAR: If --

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

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

Q. It didn't happen.

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

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

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

DR SINEAD O'MALLEY-KUMAR: Yes.

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

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

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

DR SINEAD O'MALLEY-KUMAR: Certainly.

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

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

DR SANJOY KUMAR: Yes.

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

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

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

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

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

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

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

And Sanjoy, you say:

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

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

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

Q. What we see on the page.

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

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

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

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

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

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

DR SANJOY KUMAR: So at the meeting I vociferously complained about the fact that this person's mental health had not been looked at properly on the day.

I was totally dissatisfied that a 360-degree view had been taken, and as I've written on the day of the offence:

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

You know, I've written point 2:

"Did not resist arrest as perhaps acute mentally ill psychotic patients might.

"During booking in at a custody suite he did not display behaviour that would warrant any acute mental health."

You know, what I couldn't understand at that time also is that I understood that there are three shifts of police officers who go into a custody suite. This is the person who I was told had been arrested on the Tuesday, and had been there on Tuesday, Wednesday, Thursday, Friday, and went to the Magistrates' Court on Saturday.

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

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

is mentally fit to go through the process."

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

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

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

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

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

DR SANJOY KUMAR: Yes.

Q. What were you hoping that would achieve?

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

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

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

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

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

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

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

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

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

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

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

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

could remain in custody and not require hospitalisation, medication or treatment. It just -- you couldn't -- we couldn't understand how that could be the case that -- because I'm not a psychiatrist, I don't purport to be, but mental health waxes and wanes. Schizophrenia is a complex illness, and it can have co-morbidities alongside it, personality disorders, etc, and symptoms can wax and wane. We felt that it just hadn't -- the mental assessment of the index offence hadn't been contemporaneous and established beyond our doubt.

Q. If you look, please -- that can come down and can we have HMCP0000367, page 1. This, Sanjoy, is a document that you requested should be passed to Dr Latham, and it's two sides. We can just focus on this one, but it's basically setting out in red what you wanted Dr Latham to be aware of and to be thinking about; is that right?

DR SANJOY KUMAR: Yes.

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

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

that you're having to make the same points.

DR SANJOY KUMAR: Yes.

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

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

I really wouldn't be surprised because --

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

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

DR SINEAD O'MALLEY-KUMAR: Mm.

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

know how he was on the day?

DR SINEAD O'MALLEY-KUMAR: Yeah, I mean, like, as has been mentioned earlier on, we just were constantly pushing back, because we had to be reassured, we had to be reassured beyond a reasonable doubt.

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

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

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

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

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

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

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

DR SINEAD O'MALLEY-KUMAR: Mm.

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

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

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

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

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

"Thank you for travelling down ..."

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

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

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

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

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

response from Dr Blackwood. At paragraph 2:

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

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

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

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

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

DR SANJOY KUMAR: Look, in terms of it wasn't a very courteous response, the point also that worried me here was that the security guard who had been spoken to for quite a few moments in between the murders of Grace and Barney and Ian, the fact that the psychiatrist hadn't spoken to him was -- and, you know, it was a huge gap, and on top of that, you know, the officers who went to interview him, I also wondered why weren't, you know, specially trained officers, perhaps, talking to this man? Because he's a key witness to work out what this man's state of mind was. It's so important, forensically and medically to speak to this person, but no special effort had been made.

These are all red flags going off everywhere. So, you know, none of the collateral witnesses have been spoken to. None of the family have been spoken to by these psychiatrists, and I'm just clearly thinking here that these guys are not doing their jobs properly.

Q. Can we have that document down please, and have CPSE0000212, page 1, and this is the meeting on 15 January 2024. If we go to page 8, we see Sinéad at the top. This is discussing what's going to happen at the hearing, and you say:

"Please you are considering his history of deceit with his medication and his planning of the event. ... history of violence in the past. He has been violent to his flatmates, co-workers and a police officer too. It is in his history."

How fully were you aware of the history when you said that? And you can compare it with what you may have heard here about his history.

DR SINEAD O'MALLEY-KUMAR: This would have come -- a lot of this would have come from our meeting, I believe. Some of it would have come from when we met on the 8th December at Avon and Somerset --

Q. 7 December, yes.

DR SINEAD O'MALLEY-KUMAR: 7 December, rather.

Q. No problem.

DR SINEAD O'MALLEY-KUMAR: Some of it would have come from our previous discussion with CPS, pre-trial hearing. We had a Teams meeting. We were also at the pre-trial hearing.

So we were gathering bits and pieces of evidence together. So what was my -- I just -- maybe I just -- what I wanted to highlight was that he had a history of being obfuscatory, deceitful with his treatment, not taking his medication and being able to pull the wool over the eyes of his psychiatrists in the past, basically, and, you know, as well as, you know, being a violent individual.

Q. What did you take from that meeting, both of you, on 15 January?

DR SANJOY KUMAR: It was as if the police had just been accepted; we weren't going to be listened to. It was a time of enormous tension that this miscarriage would be carried out, and there was -- we felt powerless to do anything about it, because we hadn't been listened to.

Q. That can come down. Can I turn now to toxicology, please, and have on the screen HMCP0000454, page 4. You ask, Sanjoy, for clarification of samples obtained. And we see there examination requested, and what happened.

Talk us through. We've all seen the documents with various witnesses, we know what was obtained, what was

not obtained. What were you concerned about here?

DR SANJOY KUMAR: I wanted to know whether the investigation had been done properly, and I had grave concerns that it hadn't. I was asking -- these, you know, in cases of assault and in cases of murder, you know, I was quite used to taking blood samples myself, pulled hair samples myself, fingernails myself, swabs. And for me, I had a very good understanding about intimate and non-intimate samples and I want to know exactly what the Senior Investigating Officer had got.

Generally there is a rule in policing and in forensic medicine that, you know, you take all the samples possible, because you gather all the evidence that is possible, and then, if they're not required, they are disposed of. But you take every sample, especially with something as serious as this, you take every sample.

So I was very concerned about what the SIO had done and not done at this stage.

Q. Of course he didn't give consent to the intimate samples but the one sample that would not have required his consent that wasn't taken was the hair sample.

DR SANJOY KUMAR: Absolutely right.

Q. So what do you say about that? Do you think that should have been taken? I think you've seen what Leigh Sanders

has said subsequent to that.

DR SANJOY KUMAR: I think -- look, if you're a detective of any description at all, and I'm sure every detective possibly watching this is going to agree, you're there to detect crime.

If you are there to detect crime, that means forensics are really important. And a basic part of that forensics is head hair. I don't think I was ever involved in a case myself of not just murder but even serious assault, or a domestic violence incident, where I didn't take hair samples. It was something that you did. It was the cachet of normal sampling. To not take it was an enormous gap and, you know, regardless of what it had proved or not proved, it may have proved nothing but it may have proved everything. The point is that it wasn't done and it wasn't taken, and I just couldn't understand that.

Q. That can come down, please.

You, along with the other families, got the plea letter, the decision to accept the plea from the CPS. I don't need to put that on the screen. Then of course you went to the sentencing hearing itself. What was your experience of the hearing?

DR SINEAD O'MALLEY-KUMAR: Well, obviously it was very traumatic. We got an opportunity to say hello to the

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

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

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

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

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

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

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

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

answers to them, still.

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

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

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

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

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

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

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

(3.19 pm)

(A short break)

(3.38 pm)

THE CHAIR: Yes, Ms Langdale.

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

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

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

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

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

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

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

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

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

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

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

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

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

This man constantly did not take his medication.

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

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

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

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

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

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

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

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

DR SANJOY KUMAR: The Chief Inspector of the CQC.

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

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

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

DR SANJOY KUMAR: Are ultimately responsible --

DR SINEAD O'MALLEY-KUMAR: Absolutely.

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

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

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

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

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

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

So they weren't critical, they weren't

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

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

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

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

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

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

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

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

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

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

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

DR SANJOY KUMAR: I'm going to be -- the IOPC have been unprofessional and nothing but a joke. When people say they're not fit for purpose, I actually believe that. Again, we went into a meeting with the IOPC thinking that this was another one of our country's institutions that stood for watching over the police, and automatically, you know, we had faith in the organisation, but to give you an example --

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

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

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

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

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

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

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

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

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

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

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

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

staff, they had to have everyone removed who was involved previously and had reopen their investigations.

Q. Let me ask you now about data breaches, please. We've heard evidence, obviously, about the WhatsApp group, the chat in the WhatsApp group and the misconduct proceedings that happened. When did you become aware of the contents of that WhatsApp group and in what circumstances?

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

DR SANJOY KUMAR: Not the first.

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

Q. So immediately before the sentencing hearing --

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

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

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

Q. What do you say about that?

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

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

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

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

DR SINEAD O'MALLEY-KUMAR: Absolutely --

Q. -- your daughter?

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

engagement. We know there are Terms of Reference.
So we would have been very interested. Anything to do with our daughter, we would have taken time out, day or night, to be present at, and we were simply not told about it.

Q. You were asked, weren't you, by Dr Shehmar, Medical Director at the Nottingham University Hospitals, if you wanted to meet about data access in relation to Grace's medical records; is that right?

DR SINEAD O'MALLEY-KUMAR: Is this the meeting that we had -- that we had recently? Sorry, what date -- *(overspeaking)* --

Q. 2025.

DR SINEAD O'MALLEY-KUMAR: Yes.

Q. 2025, the letter?

DR SINEAD O'MALLEY-KUMAR: Yes.

Q. Do you want me to put the letter on screen to remind you?

DR SINEAD O'MALLEY-KUMAR: Yes, please, sorry.

Q. Not at all. NUHT0000100.

DR SINEAD O'MALLEY-KUMAR: Yes, that's right.

Q. Do you see:

"... received a query from Dr ... Elcock, Medical Director ... Dr Elcock asked me about a doctor who she believed had accessed the medical records. I then

requested an initial investigation ..."
So this, tell us about this, what you learnt about this?

DR SANJOY KUMAR: So can I first paint a picture for you? When we met the Mental Health Trust, Sinéad and I were very disappointed at the information sharing with us in terms of who had treated, how were they treated, what had they treated, and Sinéad had brought up the fact that an audit into the records was something that she wanted done. And I backed that and said yes, every clinical entry should be looked at.

Q. Just to make clear, what did you want -- *(overspeaking)* --

DR SINEAD O'MALLEY-KUMAR: Sorry, I think it's a bit of confusion. Initially, it stemmed from the fact that I wanted to know if VC's medical records -- obviously not for us, but if they'd been shared with Dr Blackwood, and if he had had sight of that.

Q. Yes. Yes.

DR SINEAD O'MALLEY-KUMAR: And they thought that was a fair question and that they would do their own audit. We obviously weren't looking for any details of those records, but we wanted to -- we were on our fact finding about what information was made available to him.
Through their own -- through the -- through the

Mental Health Care Trust, Nottingham Mental Health Care Trust, they started doing an audit and it became clear to them that there had been inappropriate access that spread from their own trust into the acute trust. That prompted the acute trust to then do an audit of who had been accessing the medical records of Grace, Barnaby and Ian, and it became clear that, yes, indeed, there had been members of staff who had looked at medical records without any apparent lawful or clinical reason to do so.

DR SANJOY KUMAR: And to summarise that, if Sinéad hadn't asked for those records for, you know, which ones are the ones that the psychiatrists had to look at, this audit wouldn't have been carried out by the Mental Health Trust --

Q. -- *(overspeaking)* --

DR SANJOY KUMAR: -- (overspeaking) -- which I want you to understand is a different institution to the Acute Trust, which is the Queens Medical Centre. And it was only because Sinéad had asked. If we had not asked the question, to this day this would have been covered up, and we wouldn't have known anything about the data breaches.

Q. You also, that could come down, had a letter, we had it on the screen earlier when the Webbers gave evidence, from Nottingham Council as well, yes, about breaches?

DR SINEAD O'MALLEY-KUMAR: Mm.

Q. Again, did you expect that, know anything about that when they came?

DR SANJOY KUMAR: I'll tell you exactly how that came about. Sinéad and I were having a look at this letter together. At this point we knew that things weren't being investigated properly, and we were picking up on every word that was being supplied to us. And at that point when we got a letter from the Chief Constable, third parties, because I'd asked --

DR SINEAD O'MALLEY-KUMAR: No, partner agencies --

DR SANJOY KUMAR: Partner agencies. I wanted not just the WhatsApp -- I want to know what the message was. And the other point I must make to you is that when you send a message it's generally a conversation. We weren't told any part of a different conversation. Because I can tell you right now that message would have led to conversations of a disgusting nature that have not been made, you know, open to us. Because when you do send a message, it's a conversation. That's a very important point for me. And again, that remains unopened until today, but I wanted to know the exact contents of that message, and with that, came agencies.

DR SINEAD O'MALLEY-KUMAR: Yeah, we had that letter, and as Dave mentioned earlier on, there was a terminology

"Three persons from partner agencies", and we were literally saying well what's a partner agency? And we Googled it and it was the City Council. And at that point -- it quickly got back to the leader of Nottingham City Council that okay, right, the families know, and within two days a letter arrived or within three days a letter arrived to apologise.

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

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

DR SINEAD O'MALLEY-KUMAR: The duty of candour in all of these -- these are public institutions -- does not seem

to exist. And unless they are found out, they'll quite happily keep it to themselves.

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

DR SINEAD O'MALLEY-KUMAR: Constantly.

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

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

Firstly, you say:

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

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

DR SINEAD O'MALLEY-KUMAR: Well, we know that the Law

Commission, that's in ongoing project at the moment, so I don't know if I need to really add to that, but that is something that we would -- well, it's -- the implementations were put to the Government in 2006 and not carried forward, and I know it has returned to the Law Commission now for -- to be looked at, and it's an ongoing project. So that's something that we welcome.

Q. Paragraph 149, you refer to:

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

Would you like to expand on that?

DR SANJOY KUMAR: It's been so obvious to me from day one, from my days of being an FME, if anyone came into custody with a mental health problem, they got charged with what they came in with. And I'm very surprised that people who have given evidence at this Inquiry found that surprising, because to me it's been clear from day dot that what you do first is that, you know, having a mental health problem is not an exit out of the criminal justice system. If you have committed an offence, you get charged and then you have your treatment. But you don't get away with things just because you've got a mental health problem.

There are people with mental health problems in the country who hold down jobs, who are responsible, who look after their families. There are all of these people there, but you don't automatically think that they think that they can get away with an offence.

Q. And you say:

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

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

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

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

Anything specific within that you were referring to?

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

Now, you know, that's untrue, because every time

something new comes in through the College of Policing, each and every police officer gets a course that he has to complete online. And his line manager, whether it be the sergeant or an inspector, has to make sure that they have completed that course.

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

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

Q. You say you:

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

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

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

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

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

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

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

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

Q. At the time.

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

Q. You say:

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

DR SINEAD O'MALLEY-KUMAR: There does exist a grading system for mental health care trusts and in fact that occurs to wider hospital trusts. But where trusts are failing and I do believe they should be held to account for their poor numbers, their poor -- their failures in their management of their patients which can be reflected in homicide, reflected in suicide, reflected in harm and violence, entry into the criminal justice system. I think there should be some transparency about that, and it might help the Mental Health Trusts to concentrate their minds a little bit and be a bit more proactive -- institutionally accountable.

DR SANJOY KUMAR: (Unclear).

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

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

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

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

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

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

Would you like to add to that? You have in your evidence, but you may want to add something.

DR SANJOY KUMAR: We think, as with so many things in this Inquiry, there are structures already present that perhaps need to be recodified or redefined. An FLO's job should possibly be put in definition that they are there to support the family through the difficulties that our FLO, Fiona, helped us through, and we found her very helpful.

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

Q. And do your job properly?

DR SANJOY KUMAR: And do your job properly.

DR SINEAD O'MALLEY-KUMAR: Do your job properly. Communicate effectively. Communicate in writing. Communicate -- write things out in simple terms that anybody can understand. Just keep it -- it's not difficult, it's not complex, but it's led to, you know, difficulties and complexities in our case.

DR SANJOY KUMAR: And I think the FLOs can do their job very well, but I think it's possibly something that is just not defined very well for them.

MS LANGDALE: Those are all of my questions.

Would you like to say anything at the end of your evidence?

DR SINEAD O'MALLEY-KUMAR: I'm afraid there may be some repetition here, but --

Q. Don't worry --

DR SINEAD O'MALLEY-KUMAR: -- but I am going to say something, if that's all right.

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

DR SINEAD O'MALLEY-KUMAR: So we've seen Grace's pen portrait and we thank the Inquiry and indeed the Chair's suggestion for facilitating this, and this has allowed you all to meet Grace and learn a little bit about her.

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

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

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

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

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

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

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

I would also like that I personally believe omission or refusal of treatment intentionally by a patient is a selfish, self-intoxication where the outcome is predictable violence that will ensue. And this we knew for certainty would be the case with VC, as it did on multiple incidences before.

Mental health must never preclude prosecution and contribute to risk analysis and assessment and build a profile, as we believe public safety is paramount and must be protected.

NHS Nottingham Trust discharged to GP with no follow-up due to lack of engagement. The medical director, and acting -- current acting Deputy CEO, Dr Susan Elcock, told me this was her own practice and was systemically acceptable.

Evidence shows it is exceptional for homicide to occur without problems in the delivered(?) of standard clinical care and I look forward and will be interested to hear from my psychiatric colleagues.

Consultants, medical decision-makers, and all healthcare professionals, must treat their patients as they would have their own family or children treated. This is my personal gold standard and will always ensure

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

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

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

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

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

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

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

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

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

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

THE CHAIR: You take your time.

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

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

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

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

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

Questioned by THE CHAIR

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

Obviously the grief was there, but in terms of

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

at the same time as you were given the message?

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

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

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

(4.30 pm)

(The hearing adjourned until 10.00 am the following day)

I N D E X