

Tuesday, 3 March 2026

1
2 (10.00 am)
3 MS MILLAR: Good morning, Chair.
4 THE CHAIR: Yes.
5 MS MILLAR: This morning we are going to be hearing from
6 PC Jamie Severn.
7 THE CHAIR: Yes, thank you.
8 PC JAMIE SEVERN (affirmed)
9 Questioned by MS MILLAR
10 THE CHAIR: Yes.
11 MS MILLAR: Thank you. You should have your witness
12 statement in front of you. It is dated 28 October 2025.
13 A. That's correct.
14 Q. For the purpose of the transcript the URN for that
15 statement is WITN0014001. Are the contents of that
16 statement true to the best of your knowledge and belief?
17 A. They are.
18 Q. For the purposes of your evidence to the Inquiry today
19 I will be asking you questions about your involvement on
20 events on 13 July 2020, but before we do that, I'm just
21 going to ask you a couple of questions about your
22 professional background.
23 A. Okay.
24 Q. Is it right that you joined Nottinghamshire Police in
25 1995 --

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1 relation to mental health. Obviously, because I work
2 with the nurse, they have options that the police don't
3 have around referrals and support, and obviously the
4 police is there to assist in other areas.
5 Q. Thank you. So, at paragraph 8 of your statement you
6 explain that Street Triage Team officers didn't receive
7 any specific training or attend an induction course when
8 they join the team.
9 A. No.
10 Q. Is that the case when you retired in 2024?
11 A. I believe so, yes. There was occasional what you might
12 call third sector courses that perhaps charities gave
13 with regard to mental health first aid and that kind of
14 thing. But there wasn't a specific induction course
15 when I joined.
16 Q. Did you attend any of those courses provided by third
17 parties?
18 A. I did, one or two over the years on training days but
19 I couldn't -- I can't remember specifically what there
20 were, some were on personality disorder and mental
21 health first aid that sort of thing.
22 Q. Do you think it would be a sort of specific training for
23 the Street Triage Team?
24 A. I think probably an induction course, yeah, would be
25 helpful potentially.

3

1 A. I did.
2 Q. -- and you retired in 2024?
3 A. Yes.
4 Q. So for those 29 years you served in the rank of
5 constable and you spent most of your time as a response
6 officer; is that right?
7 A. About 20 years --
8 THE CHAIR: Excuse me, I don't think that the -- what's
9 coming up on the screen is correct. Certainly on my
10 screen I have a different hearing from the stenographer.
11 I'm not getting the transcript. (Pause)
12 Thank you very much. Whilst it is very interesting
13 to see what somebody else is doing, we will just stick
14 to what we are doing here .
15 MS MILLAR: Yes. Thank you very much, Chair.
16 A. Yes, about 21 years as a uniformed response frontline
17 officer and about eight years on the Street Triage
18 mental health team from 2014 to -- sorry, 2016 to 2024.
19 Q. Thank you. So can you just briefly explain the role of
20 the Street Triage Team?
21 A. Yes, it was set up by Nottinghamshire Police in 2014 and
22 it's where a police officer works with a CPN,
23 a Community Psychiatric Nurse, and the basic idea is to
24 review and give guidance and attend the multiple
25 incidents that the police get on a daily basis in

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1 Q. So before we move on to details of the events of
2 13 July 2020, can we have NGPF0006002 on screen, please.
3 Just as we are waiting for that document to come up, you
4 explain in your statement that the policy governing your
5 role in this incident was this policy, which the Inquiry
6 is familiar with.
7 A. Yes, that's correct.
8 Q. Were you familiar with this policy at the time of the
9 incident in July 2020?
10 A. Yeah, I had an awareness of it. I wouldn't know -- say
11 I knew it verbatim but, yeah, an awareness of it, yeah.
12 Q. So if we turn to page 6 of this policy, please, and the
13 third paragraph from the bottom of the page. That
14 notes:
15 "... when a substantive offence may be committed,
16 it is generally more appropriate to arrest for the
17 offence and convey to a custody suite, rather than
18 detain under Section 136. In such circumstances
19 a mental health assessment can be conducted in custody
20 if required."
21 The paragraph beneath that says:
22 "As a general rule arrest for an offence should be
23 considered when the arrest is necessary and/or when
24 previous attempts at diversion outside the criminal
25 justice system have been ineffective and an arrest is

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1 necessary. Detention under Section 136 should be used
2 if necessary where there are no offences, or where any
3 offences are of a minor nature and do not warrant action
4 within the criminal justice system."

5 Did that reflect your understanding at the time of
6 the incident?

7 **A.** Yes.

8 **Q.** So is it right that the decision to detain someone
9 pursuant to section 136 must be made by a police
10 officer?

11 **A.** Yes.

12 **Q.** In the Street Triage Team was that decision made by you?

13 **A.** Yes. In conjunction obviously with the nurse.

14 **Q.** In terms of then who considers whether someone should be
15 arrested, either instead of or in addition to detaining
16 someone pursuant to section 136, who makes that decision
17 on arrest?

18 **A.** Well, if a person's going to be arrested from the outset
19 when the response officers get there, or if, having
20 liaised with the officers on the scene, it is clear that
21 there's an offence that someone needs arresting for,
22 then the Street Triage wouldn't attend and we
23 wouldn't -- we might put a RIO check on the incident for
24 information purposes for risk management and to assist
25 the officers, but aware of that policy, if we are

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1 **Q.** Then moving to your involvement on 13 July 2020, so on
2 that date you are part of the Street Triage Team with
3 CPN Nigel Wade; is that right?

4 **A.** That is correct.

5 **Q.** You said that CPN refers to a Community Psychiatric
6 Nurse?

7 **A.** That is right.

8 **Q.** Your statement notes that you became aware of this
9 incident at around 10.30 pm following a request for
10 a RIO check from officers on the scene; is that right?

11 **A.** Yes.

12 **Q.** Can you help us with what RIO is?

13 **A.** RIO is the trade name, I think, for the mental health
14 system that Nottinghamshire Healthcare Trust use. It is
15 sort of a system where they can access records relating
16 to people who are above primary level. Primary being
17 the GP. So if someone has been referred to a crisis
18 team or is known to a local health team or has had
19 a formal mental health assessment or anything like that,
20 then, they will be on that system.

21 **Q.** Is it correct that CPN Wade had access to RIO but you
22 didn't?

23 **A.** Yes, the way it worked was there was an information
24 sharing agreement between the police and healthcare, but
25 we as police officers without any particular knowledge

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1 reading an incident and we think there is a substantive
2 offence and that an arrest should be made, then that's
3 what we would encourage in those circumstances, yes.

4 **Q.** So, do we understand from that, if you attended
5 an incident and someone hadn't been arrested but you
6 thought from your knowledge of the incident that they
7 should be, that you would advise the officers on the
8 scene to make that arrest rather than making that arrest
9 yourself?

10 **A.** In certain circumstances we might get to an incident
11 with a view to assessing someone's mental health, but
12 when we arrive at the incident it might become clear
13 that there is an offence, a substantive offence or
14 an offence that they need arresting for, so we might
15 give guidance that we are here, but the person needs to
16 go to custody.

17 **Q.** Would you ever make the arrest yourself or would it be
18 the officers at the scene?

19 **A.** No, wouldn't -- wouldn't make the arrest, it is a sort
20 of given guidance with a sort of secondary resource that
21 gives guidance on the scene to the officers that are
22 there.

23 We didn't attend incidents ourselves as the only
24 resource we were supporting officers usually response
25 officers sometimes, CID, depending on what the job was.

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1 about mental health as such didn't have access to RIO.
2 We may not fully understand every term or -- and
3 obviously they are confidential records. So we were
4 relying on the nurse giving us some verbal information
5 which might be pertinent to an incident and then we
6 would sort of summarise, usually on the Incident Log,
7 what might be pertinent to the officers on the scene or
8 anyone that's reviewing the incident, if that makes
9 sense.

10 **Q.** Yes, so CPN Wade had access to RIO but you still had
11 access to PNC and NICHE to conduct further checks if
12 they were required.

13 **A.** Yes, access to the incident SAFE log there and NICHE,
14 and obviously I wasn't PNC trained but obviously I could
15 request, or the PNC information would often be on
16 an Incident Log.

17 **Q.** So in terms of a situation where you think a PNC check
18 is necessary, who would you request to make that check?

19 **A.** You would ask the control room for a PNC check.

20 **Q.** At paragraph 12 of your witness statement you explain
21 that you read the Incident Log as you were sitting in
22 the Street Triage Team office. Can you help us with
23 where that's located?

24 **A.** It is in the Force Control Room at Sherwood Lodge. It
25 is probably about 15 miles from this particular

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1 incident.

2 **Q.** Can we have the Incident Log on screen please. That is
3 NGPF0000049. So we can see there the (*unclear*) code is
4 "burglary dwelling". The call sign of the OIC is
5 recorded there. The Inquiry heard yesterday that's
6 PC Plant's call sign, but can you help us with how your
7 role, and the role of the OIC in relation to
8 an incident, interacted?

9 **A.** From my perspective the Street Triage were there to
10 support and deal with the mental health element of
11 an incident. But if an incident -- for example this one
12 is recorded as a burglary -- if there's potential crime
13 then that is the initial attending response officers,
14 the officers that spoke to the witnesses, from my
15 perspective it is their responsibility to update in
16 relation to what's occurred, whether there is a crime,
17 what needs recording et cetera.

18 **Q.** You note in your witness statement that the incident
19 description that we see there was:
20 "Caller reporting someone broke into the property
21 and assaulted someone. They have detained him on the
22 floor. He is kicking off though." (As read)

23 **A.** Because of the way it was graded I wasn't aware of this
24 incident when it first came in, because normally we
25 would look at incidents that had a suicidal element or

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1 stuff and to give guidance straightaway, but obviously
2 if -- at times if an incident is described as
3 a burglary, then it won't be something you would
4 necessarily click on and start looking at because it
5 didn't -- it didn't appear to be something that the
6 triage would need to look at or be involved with, if
7 that makes sense.

8 **Q.** Is it just the opening code that you are looking at --

9 **A.** As a matter of rule yeah, when you are just scrolling
10 down them, yeah. Because often they will be graded as
11 suicide risk, mental health, vulnerability, I can't
12 remember exactly, but you know terms that might
13 reference something that the triage might be able to
14 help with.

15 **Q.** So at paragraph 23 of your statement you explain that at
16 the time you detained VC later on you weren't aware of
17 any outstanding criminal matters; is that right?

18 **A.** Yes, my recollection is that when we turned up there
19 were several officers there, although I don't know
20 particularly who they were. Now I can't recall
21 specifically who they were. But we had a brief
22 discussion with them and they weren't looking at
23 arresting him. They were more concerned with his mental
24 state and so obviously that's why we assessed him --

25 **Q.** Just before we get to that, what do you mean by

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1 mental health, so it was only when -- my recollection
2 is -- obviously the control room asked for a RIO check
3 and then almost within a few minutes an officer then
4 contacted me directly on my Airwave via point-to-point,
5 basically saying that they had detained a male, that
6 they felt he was mentally unwell and they were
7 considering detaining him, and at that point I would
8 have asked: is he being arrested? Because it reads like
9 a burglary. And they said that they weren't considering
10 arrest at that point.

11 **Q.** Do you remember who that officer was that you spoke
12 to --

13 **A.** I don't know which particular officer Airwaved me at
14 that point. It is six years ago, unfortunately.

15 **Q.** In the incident description, whenever you are referring
16 to this not coming to your attention because it doesn't
17 mention issues like suicide or mental health, is that
18 something that you would expect to see in the incident
19 description for it to be flagged to the Street Triage
20 Team or how would it be -- (*overspeaking*)

21 **A.** I think what I am trying to describe is that during the
22 course of the shift, if we weren't at an incident, and
23 quite often we were on scene at incidents, but if we
24 were in the control room we would review incidents as
25 they were coming in and obviously try and keep on top of

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1 "outstanding criminal matters" in that context?

2 **A.** Did I say "outstanding"?

3 **Q.** In your witness statement you say when you detained him
4 you were not "aware of any outstanding criminal
5 matters". What do you understand that to mean?

6 **A.** I think that was something that we were asked to
7 reference in the statement and I understood that to mean
8 like if he was wanted, a wanted person on the PNC,
9 something like that.

10 **Q.** Would it include if he had been arrested previously for
11 an offence or if it was just that he was wanted in
12 respect of --

13 **A.** The way I took it was: was he wanted for an offence and
14 therefore needed to be arrested so that he could be
15 processed, placed before a magistrate, that kind of
16 thing.

17 **Q.** Understood. If we just then look at the Incident Log
18 again, so at the time that a request was made for a RIO
19 check there are a number of entries on the Incident Log,
20 and the first one was at 22.17 hours. If we just bring
21 that back up, thank you very much.
22 So 22.17 hours, the log entry states:
23 "This man has previously broken into a property
24 opposite - thrown a lady out the window." (As read)
25 Do you agree that on its face that that entry

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1 suggests that VC may have been involved in an allegation
2 of a criminal offence potentially?

3 **A.** Yes, I think I had an awareness that he had been
4 arrested in the May, but I'm not sure because we sort
5 much dispatched straightaway to it within a matter of
6 minutes. I'm not sure I really understood the gravity
7 of what had happened in May if I'm honest.

8 **Q.** Sorry to cut across you, would you have read that part
9 of the Incident Log before you responded to the
10 incident?

11 **A.** I may have done but I can't remember specifically how
12 much because it was slightly unusual inasmuch as we
13 weren't aware of the incident when it first came in, as
14 I have described, we were asked for RIO, then I was
15 contacted by an officer almost straightaway, they had
16 a male who was handcuffed in a public area. The nurse
17 and I decided to -- the nurse had made some check of the
18 RIO system, but it was decided to sort of travel, being
19 like 15 miles away, we decided to travel straightaway.

20 **Q.** Then the entry at 22:20 hours on the incident log, that
21 notes:

22 "Believe he might be under the influence."

23 Were you aware of that at the time before you
24 attended?

25 **A.** I may have read it, I can't remember now.

13

1 **Q.** Did there come a time later on, before you made the
2 decision to detain VC under section 136, that you
3 consulted the RIO system again or that Nigel Wade
4 consulted it again, or was it just that brief check
5 before you attended the scene?

6 **A.** It is not practical for Nigel really to review RIO while
7 we are assessing someone because obviously he's in the
8 back of a police car and Nigel is a big guy, he's
9 probably trying to twist his body to talk to him, I'm in
10 the same police car to sort of make sure that the nurse
11 is safe and to listen so I'm informed about how the guy
12 presents and what he's saying. So it is not normally
13 practical to check RIO while the nurse is doing
14 an assessment of someone.

15 **Q.** So it is really just that brief check before you attend
16 the scene and then the assessment is really that CPN way
17 of assessment of VC in front of him?

18 **A.** Really, yes. It is a CPN's assessment of a person in
19 person, yes.

20 **Q.** Do you think that not being able to consider the RIO
21 system fully things might be missed or there might be
22 the possibility that things might be missed?

23 **A.** I think Nigel had an opportunity to read it for several
24 minutes. I think if -- having looked at his statement,
25 he'd got a good handle on what had gone off in May from

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1 **Q.** Then over the page, there is an entry at 22:26, so
2 slightly further down the page.

3 Towards the bottom of that entry, it says:

4 "Impending prosecutions. Arrested on 24/5/20." (As
5 read)

6 You say you had some awareness that there had been
7 an incident in May; is that your understanding of the
8 incident --

9 **A.** It may have been more from verbally what Nigel Wade had
10 told me from what he had seen on the system than
11 possibly reading the Incident Log because I believe that
12 Nigel Wade, having had a brief look at the RIO before we
13 left, was aware that there had been contact with mental
14 services in May as a result of him trying to access
15 neighbours' properties.

16 **Q.** Thank you. That can come down then. So, when you say
17 that Nigel looked at the RIO system, did you rely on
18 what Nigel was telling you was written on the RIO system
19 or did you ever look directly at the RIO system
20 yourself?

21 **A.** No, we don't look directly at it, it is really, it is
22 just a case of verbal information and what the nurse
23 feels is appropriate to give, which may have been fairly
24 limited because we were getting ready obviously to blue
25 light some distance to see this male.

14

1 what I have seen.

2 **Q.** In relation to any checks -- so we have considered the
3 Incident Log, the RIO system, did you conduct any
4 further checks on the NICHE system or request any PNC
5 check to be done even before you attended or --

6 **A.** I don't think so because of the nature of this
7 particular incident.

8 **Q.** What do you mean by that?

9 **A.** Well, there were occasions when we might be reviewing
10 an incident and the officers, say, if they hadn't
11 requested us at that point, if we were looking at
12 an incident and were thinking it may be something we
13 need to get involved in, then I might check NICHE for
14 someone's history in terms of mental health, their
15 background, you know, their whole -- to just get a more
16 informed idea of the person we were looking at, but in
17 this situation I didn't really have time to do that.

18 **Q.** Then turning to your arrival on the scene and your
19 actual decision to detain VC. You have mentioned that
20 when you attended VC was sitting in the police vehicle
21 with handcuffs on; is that right?

22 **A.** Yes, my recollection is in sort of the communal area, it
23 was dark, there were several officers there and he was
24 in the rear of the police vehicle handcuffed.

25 **Q.** In your statement at paragraph 23, you explained that

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1 when you got there you asked officers who had initially
2 attended to confirm whether any offence had been
3 committed and you go on to explain that:

4 "PC Plant updated the Incident Log ..."

5 Which states:

6 "... no criminal offences had been committed and
7 that an offence of Burglary had not occurred."

8 Is that right?

9 A. Yes.

10 Q. Can you help us with what you mean by that? Do you
11 remember speaking to PC Plant at the scene and him
12 telling you that no offence had been committed, or was
13 that on your review of the Incident Log?

14 A. I don't know who I spoke to, but obviously I believe
15 that the information was that he tried to get into
16 someone's flat, but it wasn't at a level that they were
17 looking at arresting him, it wasn't a burglary and that
18 at that point they wanted us there to assess him to see
19 if he met the criteria for 136 or what other support
20 could be offered by the Street Triage Team.

21 Q. We can bring it up, but the entry on the Incident Log
22 from PC Plant that we looked at yesterday, it was
23 actually made the next morning, so not whenever you
24 attended the screen.

25 A. Yes.

17

1 policing information?

2 A. It wasn't practical for me to start to speak to
3 witnesses at that point. We got a male in a car
4 handcuffed, who had been handcuffed for a while. My
5 primary role was to -- if he wasn't being arrested by
6 officers that had attended and spoken to witnesses and
7 gathered information, my primary role was to support
8 Nigel, to keep him safe, to sit and undertake the
9 assessment with Nigel, be aware of what the male said,
10 so that I was informed, and then when Nigel had finished
11 his assessment we could then come up with a joint
12 decision on -- in terms of mental health, what was the
13 right outcome. But it wasn't practical and it wasn't
14 the norm for me to start leaving a car, trying to find
15 people in flats, you know, when my primary role was we
16 worked as a team if you like, we were a pair if that
17 makes sense.

18 Q. Thank you. So if we go on then, could we have the
19 document NGPF0007320 on screen, please. So the title of
20 this document is "Section 136 MHA", so Mental Health
21 Act, "Communication and Monitoring Information."

22 Can you help us with what the purpose of this
23 document is, please?

24 A. Using NICHE, a NICHE web form, the web form creates
25 a mental health occurrence, and then that prompts you to

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1 Q. Is it your evidence that you did speak to someone at the
2 scene but you just can't remember who?

3 A. There were definitely officers there but I don't know
4 which specific officer.

5 Q. Did you ask on what basis the conclusion had been
6 reached that no criminal offences had occurred?

7 A. I don't recall, no.

8 Q. You go on to explain in your witness statement at
9 paragraph 20 that you didn't speak to any potential
10 witnesses at the scene as your:

11 "... role was to assist [CPN Wade] in making an
12 assessment of [VC's] mental [health] by sharing relevant
13 policing information ..."

14 Can I just ask you what you mean by "relevant
15 policing information" there?

16 A. Well, I think what I mean is that obviously we can share
17 information between us, so Nigel did have access to the
18 police Incident Log so he could have read the Incident
19 Log, but if there is other pertinent information from
20 police systems, such as NICHE, or any other intelligence
21 system, et cetera, that's relevant to Nigel, then
22 obviously I could tell him, share information in that
23 sense.

24 Q. Did you ever think that accounts from witnesses who had
25 seen what had happened would constitute relevant

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1 create this form which I believe is the national form,
2 which is the means of communicating information --
3 pertinent information in relating to the 136 to the
4 staff at the 136 suite. So they would -- once the form
5 was complete, it would generate an email and the email
6 would be sent to the staff on suite, so they would
7 have -- obviously they had to create an entry and
8 a record for a 136 person that's coming in and they use
9 this for relevant times, you know, 136 times, persons
10 information etc.

11 Q. So it is generated by NICHE but then once you have
12 completed it, it is then sent to the staff at the
13 136 suite.

14 A. Yes, it was generally something that I created on scene,
15 on the street, if you like, from mobile devices because
16 usually how it worked was the street triage, because of
17 the multitude and the workload and the amount of
18 incidents that were coming in that we were asked to
19 review, we didn't normally -- if we 136 someone, we
20 might do that with regards to doing the paperwork but we
21 didn't go with the person to the suite because that
22 could really tie us up for quite an extended period.
23 But generally to help the officers, I would complete
24 this from the street, if that makes sense, from the car,
25 which is what I did on the night.

20

1 Q. So, if we then -- just first actually, did this document
2 also then subsequently appear on police systems? Is it
3 recorded on the NICHE?
4 A. It will then be attached to the mental health occurrence
5 that's created when you use what's called a web form.
6 It is sort of an easier way of creating a NICHE
7 occurrence when you are on the street, and a lot of that
8 form is populated from NICHE rather than you populating
9 at every field, if that makes sense.
10 Q. So then if we look at the form in the box titled "Notes
11 of incident/arrest". Notes "From MH05"; is that you?
12 A. Yes.
13 Q. Then four lines up from the bottom it notes:
14 "The neighbours were very anxious and it was felt he
15 [VC] was a significant risk to himself and others and
16 with a mental disorder.
17 "He was detained under S[ection]136 due to the
18 nature of the incident and the risk assessment, it was
19 felt appropriate to convey him by Police Vehicle."
20 It is right, isn't it, that individuals detained
21 under section 136 should usually be conveyed in
22 an ambulance rather than a police vehicle?
23 A. Yeah. The guideline is even if it is just for
24 transportation purposes is to request EMAS and to give
25 them half an hour. Honestly, very, very rarely did they

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1 A. I would not say unmanageably violent, no, but it was
2 a decision I made at the time.
3 Q. Considering the information you had in relation to this
4 incident, what you have just said about the risk, did
5 you query with officers at the scene whether it would be
6 appropriate to also arrest VC?
7 A. As I say, I think I had conversations when I arrived,
8 but I don't know who with, about whether an offence had
9 occurred or whether he was being arrested and I was told
10 he wasn't, they were looking at -- my primary concern
11 was mental health.
12 Q. Do you think that, looking back at it now, that approach
13 might risk people falling through the cracks if they are
14 detained pursuant to section 136 and then a decision is
15 made to return them to the community without them being
16 arrested?
17 A. I mean I think as a Street Triage Team we have to rely
18 on the professionalism of officers that are there to
19 assess what's happened, whether it is a crime, what the
20 gravity of it is. Obviously the Street Triage will also
21 take on board when we get there what the situation is,
22 but in this particular instance I was not being told it
23 was a burglary or any sort of offence of that nature,
24 and it was felt in conclusion that the best way to
25 safeguard the public that night was to detain them under

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1 turn up within half an hour, but that is the guidance.
2 But there is also guidance that an officer had been
3 potentially risk assessed whether it is appropriate to
4 wait for an ambulance, and in this circumstance with
5 a male that's been handcuffed for quite a while in a car
6 who had been obviously potentially a risk to the public,
7 I felt it was appropriate for police to convey him. So
8 I didn't request -- I didn't request an ambulance.
9 Q. That was going to be my next question. So six lines up
10 from the bottom of this page you have ticked "Other" in
11 relation to why an ambulance wasn't used to convey VC,
12 and you have said "dynamic risk assessment", is that --
13 what you have just said is that the reason --
14 A. Yeah, a potentially psychotic male in handcuffs who's
15 potentially been a risk to the public, a short distance
16 away from the suite that's required, I felt it was
17 appropriate at the time to -- for police officers to
18 take him.
19 Q. If we just look very briefly over the page on this
20 document, please. So the third bullet point there, the
21 "Notes for Officers Detaining Under S136", it states:
22 "The codes of Practice also state an ambulance
23 should be used to transport anyone detained under S136
24 unless unmanageably violent."
25 Was that your assessment of VC at the time?

22

1 section 136, particularly as he had been sectioned in
2 May and he was under services.
3 Q. Thank you. Just one final topic I have a couple of
4 questions about. Can we have the Occurrence Log on
5 screen at NGPF0000048, please.
6 At page 2 of the Occurrence Log please, further down
7 the page. Just under that heading "Reports", that we
8 see that an entry was made at 23.49 hours on
9 13 July 2022 by you. Then we see to the right it says
10 "Link" and then "No". Can you help us with what that
11 means?
12 A. I don't know what that means. That particular sheet is
13 what's populated by using the web form, so the bulk of
14 information has been transferred from NICHE to create
15 this occurrence, if that makes sense.
16 Q. Did you know at the time how to link a case to
17 a previous incident on NICHE?
18 A. I think I would have been able to link one crime with
19 another but it wasn't the norm to link a mental health
20 136 occurrence with other crimes.
21 Q. Was there a reason for that?
22 A. Well, I don't recall that that was ever said -- that was
23 something that we needed to do. If you were to put VC's
24 name into NICHE, NICHE was quite a good system in
25 regards of a chronological history of everything that --

24

1 every police contact in the sense -- so it could be
 2 intelligence, crimes, 136. So if you put his name in
 3 and looked through the system, they were all there
 4 chronologically. I was never told that we had to link
 5 mental health occurrences to other crimes that were on
 6 the system.

7 **Q.** Do you think that might be a good idea in terms of
 8 having all the information in one place?

9 **A.** Potentially. I mean, I didn't use NICHE as much as some
 10 officers because I was on the street triage, so I might
 11 not be the best person to give guidance on that.

12 **Q.** So if we look at this occurrence at page 3, the next
 13 page please. Towards the bottom of that page there it
 14 says:

15 "Occupation: Student. Sub Occupation: Full Time
 16 student."

17 Where did you get that information from?

18 **A.** That has been populated from NICHE. It's not been --
 19 I hadn't written that.

20 **Q.** So that's not something that VC has told you at the time
 21 that you attended this incident?

22 **A.** No. Whether Nigel asked him about his occupation or the
 23 fact is he is a student, I can't remember.

24 **Q.** So, in this case, where the police have information that
 25 someone is a student, whose responsibility would it have

25

1 that your role was there as street triage, it was not
 2 an investigative role?

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

4 **Q.** Obviously you have dealt with about if it was
 5 an arrestable offence, it was for the response officers,
 6 it was not matters for you to be dealing with.

7 Can I check as to whether, during the course of your
 8 attendance at the flat, you heard any of this
 9 information, which is information that was on the 999
 10 call made by the householders. I appreciate on the
 11 document Ms Millar has taken you to it is plainly
 12 recorded in documents that you did have access to that
 13 the neighbours were very anxious about what had
 14 happened?

15 **A.** I made reference to them being anxious on in the
 16 monitoring form, but that must have been information
 17 I was given by the officers, I would say, because
 18 I didn't speak to any witnesses. I didn't hear --
 19 obviously, blue lighting to it almost within minutes of
 20 being aware of it, I didn't listen to the 999 call, if
 21 that's what you are asking.

22 **Q.** No, no, I appreciate that, but what I want to understand
 23 is, when you attended at the scene, as we know you did
 24 as part of the street triage role, I want to see to what
 25 extent you were aware of this information, which is

27

1 been to notify the university?

2 **A.** I would have thought that potentially the AMHP, the
 3 approved mental health professional that conducts and
 4 supervises the assessment the following day would
 5 potentially notify the university.

6 **Q.** Was that just in --

7 **A.** It wouldn't have been practical to me. I've got to be
 8 honest, that's not something I considered or was even
 9 aware that potentially he was a student because it
 10 wasn't populated by me, but obviously at midnight
 11 I wouldn't have been able to notify the university, and
 12 I would hope potentially that RIO has an occupation
 13 field or that potentially that might be something that
 14 the assessing team consider.

15 **Q.** It wasn't something that you considered at the time.

16 **A.** No, and it wasn't something that we did as a matter of
 17 course that I remember.

18 **Q.** Thank you very much, PC Severn. I don't have any other
 19 questions for you. I will just check if anyone else
 20 does.

21 Yes, Ms Cartwright, thank you.

22 Questioned by MS CARTWRIGHT

23 **MS CARTWRIGHT:** Good morning, officer.

24 **A.** Good morning.

25 **Q.** Can I ask you first of all, you have already made clear

26

1 information we know was on the 999 call.

2 First of all, I think it would be fair to say that
 3 it was clear from what you had seen when you attended at
 4 Brook Court that VC had broken into the flat of one of
 5 his neighbours and forced his way into their home?

6 **A.** Are you now talking about 13 July?

7 **Q.** Yes.

8 **A.** All I can say is the information was that they weren't
 9 considering a burglary, it wasn't as reported. So
 10 I don't have specific recollection of what officers told
 11 me, but they weren't looking at arresting him.

12 **Q.** No, no, I appreciate that, but that is what I just want
 13 to cover with you is to what extent you, when you were
 14 at the scene as part of the actions you were taking
 15 pursuant to section 136, whether you became aware of
 16 this information. So were you aware that VC had forced
 17 his way into a neighbour's property?

18 **A.** No, because -- well, I was aware that that was how the
 19 incident read on the opening line of the incident, but
 20 the officers were saying that it wasn't as described or
 21 he wasn't being arrested for burglary. That's as much
 22 as I can say really.

23 **Q.** Now, Ms Millar has taken you to the log that references
 24 burglary, but also recorded on that is that he assaulted
 25 an occupant. So were you aware that the call had come

28

1 in as once VC had forced his way into that property, he
 2 had assaulted one of the members of the public in that
 3 property?
 4 **A.** No.
 5 **Q.** Were you aware that the neighbours were reporting VC as
 6 a dangerous man?
 7 **A.** Not as I can recall.
 8 **Q.** I think this perhaps picks up on the document we looked
 9 at together, that the residents were very anxious and
 10 felt that VC poses significant risks to himself and
 11 others and I think we see that thread in the document
 12 you were taken to by Ms Millar; would you agree?
 13 **A.** Yes, I think I had an awareness that this was the
 14 situation and that's why we decided to 136 him.
 15 **Q.** All right. Were you aware that the neighbours were
 16 effectively saying as recorded on the telephone call
 17 that they were "fed up with this shit". So I think
 18 effectively VC's behaviour disturbing residents of Brook
 19 Court?
 20 **A.** No. I didn't have enormous awareness of -- well, I had
 21 no awareness of VC before this incident and I was
 22 dispatched within matters of minutes. So, whilst I had
 23 some knowledge of him trying to enter properties on 24
 24 May it was really based on what Nigel had told me.
 25 I really wasn't -- I don't feel aware of the gravity of

29

1 **A.** I may have been aware because that's what it says on the
 2 incident, but I have no specific memory now.
 3 **Q.** You have already told to us that your assessment of VC
 4 was that he was a psychotic male who presented a risk to
 5 the public, from your attendance; would you agree?
 6 **A.** Yes, my understanding was that they said he had a first
 7 episode psychosis from May, from his interactions in
 8 May. What was the second part of the question, sorry?
 9 **Q.** Sorry?
 10 **A.** What was the second part of the question?
 11 **Q.** No, I made a note of your evidence that you said he was
 12 a psychotic male who presented a risk to the public.
 13 **A.** Yes, potential risk because of what had happened in May.
 14 What similarly had been happening on 13 July, how he
 15 presented to Nigel. Yes. The nurse that is.
 16 **Q.** Then can I ask you, because we know that the section 136
 17 happened and then VC was readmitted, but to what extent
 18 did your role as street triage mean that there had to be
 19 sort of a further liaison with other professionals to
 20 flag, for example, safeguarding concerns about the
 21 appropriateness of this accommodation and VC returning,
 22 bearing in mind what you had sort of become aware of in
 23 discharging the role of street triage, where you work in
 24 pairs, so the CPN can access the RIO and medical health
 25 systems to access all that risk information that's held

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1 that particular incident in terms of the lady jumping
 2 from the window. These are all things that I have
 3 subsequently been made -- or had knowledge of, if you
 4 like.
 5 **Q.** So that was one of the things I was going to come onto
 6 because we know also that that individual had rung in
 7 about the previous incident involving the woman and the
 8 window, coming out of the window, and you say that was
 9 something you learnt about subsequently but didn't at
 10 the time?
 11 **A.** Yeah, I didn't -- I wasn't aware of the gravity of what
 12 happened in May, but in essence that would only really
 13 have supported what we did in terms of 136-ing. I would
 14 say if the officers on that particular evening were
 15 saying he had not committed an offence that he should be
 16 arrested for.
 17 **Q.** But -- and I think when you attended, VC was already
 18 handcuffed because you have already said you were
 19 concerned that the officers needed to make a decision
 20 because he was being restrained and he was going to be
 21 arrested or whether it was over to you. But were you
 22 made aware that when the police arrived VC was
 23 essentially being restrained on the floor with a stick
 24 by the neighbours to hold him in place until the police
 25 arrived?

30

1 on health systems?
 2 **A.** The officers didn't hold a case load of crimes and the
 3 nurses didn't hold a case load of service users, so
 4 basically what was dealt with on the day -- because of
 5 the sheer volume of mental health work that the police
 6 have and the amount of juggling that's done from the
 7 street triage point of view, the resources that we have
 8 available, there isn't follow-up in that sense.
 9 Obviously, it relied on Nigel assessing the male, doing
 10 a comprehensive assessment and referral on the RIO
 11 system. So that the -- generally it was obviously --
 12 the incident was dealt with on the night and the nurse
 13 would update the relevant systems and whatever
 14 pro formas and alerts and things that the nurse has to
 15 do. But we didn't follow up necessarily going forward
 16 in that sense.
 17 **Q.** Can you help me then, would there ever have been
 18 an occasion where you would, as a result of what you had
 19 seen, make an adult safeguarding referral into the local
 20 authority when you had assessed that there is
 21 a gentleman with mental health issues that's obviously
 22 causing significant disruption to his neighbours such
 23 that he's now been restrained -- well, he is being
 24 restrained as a result of his behaviour, would you ever
 25 do that in the Street Triage Team?

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- 1 A. I would complete safeguardings at times, yes.
 2 Q. Would you --
 3 A. But usually they were -- if it was purely for mental
 4 health, it would be to communicate with secondary mental
 5 health services, but obviously secondary mental health
 6 services were fully aware of this particular incident
 7 because he was sectioned under the Mental Health Act.
 8 Q. Then can I ask you also under other sort of routes for
 9 public protection, there's the multiagency public
 10 protection agency and also MARAC. Would you ever make
 11 a referral for multiagency to essentially sit down and
 12 take stock on someone now who's creating significant
 13 issues in the community for his neighbours?
 14 A. Generally, I would say safeguarding, I completed when
 15 there were children or other vulnerable people that
 16 might be involved, but I didn't consider I needed to do
 17 one in this particular instance because he had been
 18 detained and the mental health services were obviously
 19 going to assess him.
 20 Q. Thank you very much.
 21 **THE CHAIR:** Yes, Mr Beggs.
 22 **Questioned by MR BEGGS**
 23 **MR BEGGS:** Mr Severn, you were a frontline officer for your
 24 entire career.
 25 A. I was.

33

- 1 Q. With a mental health element.
 2 A. With a mental health element, usually a suicide element,
 3 a self-harm element, an acute mental health, a risk to
 4 children, yeah.
 5 Q. So in '95 when you joined, maybe one a month; by 2016,
 6 60 to 100 a shift.
 7 A. That is -- I'm referring to over the course of three
 8 street triage cars, if you like, for the course of the
 9 day, we might be asked to look at that many incidents
 10 yes, and it forms an enormous part of response work now.
 11 Q. By 2024, when you retired, what was the component of
 12 mental health then?
 13 A. Like I say, it was -- an enormous part of the response
 14 officer's work was attending suicide risks, mental
 15 health, supporting other agencies with people that are
 16 suicidal or want to self-harm and navigating --
 17 obviously navigating what to do as a police service.
 18 Q. When you were in the street triage car, I think we know
 19 you would drive and the nurse would be sitting next to
 20 you.
 21 A. Yeah. So we would obviously juggle multiple incidents
 22 and would often have to give guidance on more incidents
 23 at once. We would often have to decide what incident
 24 was the best -- what we should attend first and that may
 25 then leave other officers with acutely mentally unwell

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- 1 Q. Could you, just for context, give the Inquiry a sense of
 2 how much mental health work there was for a frontline
 3 officer in 1995 when you joined?
 4 A. It was very occasional, very minimal. Occasionally you
 5 would section 136 someone when they were really unwell
 6 and they would go to a custody suite but it was very few
 7 and far between and not your primary core business.
 8 Q. Let's pause there. Would you get one mental health call
 9 a shift or can you give us some --
 10 A. No, no, nothing like that.
 11 Q. Less or more?
 12 A. Obviously I wasn't necessarily in the busiest area in
 13 the country but one a month perhaps.
 14 Q. One a month.
 15 A. One every two months, that kind of thing, yeah.
 16 Q. By 2016 when the Street Triage Team was set up and you
 17 were still a frontline officer before you joined, how
 18 many mental health calls were you getting per shift
 19 then?
 20 A. Multiple, multiple calls.
 21 Q. Give the Chair, if you would, a sense of what multiple
 22 means?
 23 A. Well, there's -- I think on -- obviously on a busy day
 24 the street triage would be aware of or review anything
 25 between 60 and 100 incidents any given day.

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- 1 people needing our support but not being able to see us,
 2 but obviously, as you say, I would drive the car, Nigel
 3 would start to gather information from his laptop if you
 4 like.
 5 Q. When you were driving, would you also be giving advice
 6 in respect of other jobs to which you were not
 7 attending?
 8 A. Yeah, it was common to be blue lighting to one incident
 9 and trying to get some information from the nurse about
 10 that incident and then have other officers trying to get
 11 guidance over my Airwave even while I am trying to
 12 navigate, blue light to another incident. That was
 13 quite common, yeah.
 14 Q. Just to give the Chair some sense of your professional
 15 position, was it a stressful job being in street triage?
 16 A. Extremely stressful, I would say, because you are making
 17 decisions on people that are expressing suicide, often
 18 making decisions when you think it is in the right --
 19 the right thing to do in leaving them or not necessarily
 20 always detaining because you are obviously taking
 21 guidance, but obviously you've always got it in the back
 22 of your mind, have you done the right thing? Yeah, it
 23 is a stressful job.
 24 Q. Just for the avoidance of any doubt, were you as the
 25 police officer in the duo able to look at RIO yourself

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- 1 directly?
- 2 **A.** No. We are purely -- it was purely a verbal information
3 provided by the nurse. Some nurses were better at it
4 than others. Some nurses -- when I say that, some
5 nurses may give you more information or quite a lot of
6 information, and you would sift what you felt was
7 appropriate to use on the police log. Some nurses were
8 more succinct and give you really just what you probably
9 needed.
- 10 **Q.** I know you have now retired, but looking back on your
11 eight to nine years in street triage, and doing your
12 best to help the Chair, do you think it would be helpful
13 if the street triage officer could directly look at the
14 RIO records?
- 15 **A.** I think it would because there are times when there
16 wasn't a nurse but there is an officer on duty, and once
17 an officer's been on the team for a while and built up
18 a picture of mental health and gathered some experience,
19 sight of RIO, even if it's -- even if it's who is
20 a person is open to, would be so helpful at times, so
21 that you could then contact a team or you can look at
22 pertinent risk information about someone. So I think it
23 would be helpful because the nurses have access to the
24 police log, which includes PNC --
- 25 **Q.** But you don't have the reciprocal access?

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- 1 I think, told us that there's no induction course for
2 people on the Street Triage Team.
- 3 **A.** No.
- 4 **THE CHAIR:** Do you think that there ought to be a training
5 course which includes access to RIO?
- 6 **A.** I think it would be very helpful, yeah. I think a week
7 or two weeks quite intensive course that probably
8 involved other agencies, including the NHS, or
9 charitable services that are aware of personality
10 disorder and other issues that we encounter, that would
11 be helpful.
- 12 I think some idea of what the RIO system is and
13 an awareness of what is pertinent would be a massive
14 help to the Street Triage officers, yes. Because, as
15 I said, quite regularly, there may not be a nurse, but
16 there is an officer on the team giving guidance and
17 trying your best to give guidance on suicidal incidents
18 when you obviously don't have all the tools to do that.
- 19 **THE CHAIR:** You effectively learnt on the job, didn't you,
20 over many years?
- 21 **A.** Yes.
- 22 **THE CHAIR:** But as far as going forward is concerned,
23 training in relation to mental health, is there anything
24 in particular that you think that should be included?
- 25 **A.** Do you mean for all officers, ma'am?

39

- 1 **A.** We don't have access to RIO, no, and I think it would be
2 very helpful. I think there has always been
3 a resistance for us to -- I can understand it that --
4 certainly you wouldn't want every police officer to be
5 able look at it, but the specialist officers on street
6 triage, albeit we have had no training you do gather
7 quite a lot of experience and knowledge along the way,
8 so I think it would be very useful.
- 9 **Q.** Finally this, once you have dealt with the immediate
10 crisis in front of you, is the reality that you move on
11 to the next crisis? You don't have any follow-up
12 obligation.
- 13 **A.** No. I mean the nature of the role is there's that many
14 incidents coming in and it was just the nature of the
15 role that we weren't a team holding service users,
16 clients if you like, we were advising on the day and
17 then making onward referrals to other teams who then
18 picked the person up.
- 19 **Q.** Yes. Thank you very much indeed.

Questioned by THE CHAIR

- 21 **THE CHAIR:** Thank you.
- 22 Yes, officer, I just wanted to ask a couple of
23 questions, one arising from what Mr Beggs has just asked
24 you, in relation to access to RIO. You said that you
25 think that would have been helpful. You have also,

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- 1 **THE CHAIR:** Perhaps for all officers who were dealing with
2 this level of mental health problem?
- 3 **A.** I know that response officers have like an induction
4 day. I'm not aware of what that involves really.
- 5 **THE CHAIR:** Just in relation to one aspect of the form that
6 we saw, which I think is NGPF0007320, that's the
7 section 136 communication and monitoring information, if
8 we can just have a quick look at that.
- 9 You refer at the bottom there to a "dynamic risk
10 assessment". That was specifically in relation to the
11 transport; is that right, that you did?
- 12 **A.** That was my decision to transport him by police
13 effectively.
- 14 **THE CHAIR:** In relation to the other risk assessment or
15 assessment that you have referred to, was that done by
16 Nigel, as you have referred to him? That's of the
17 suspect, VC.
- 18 **A.** Yes, Nigel did the assessment in terms of his mental
19 health and what was required on the RIO system to do
20 a full handover for the NHS staff. That comment was
21 more based upon the decision I took not to request
22 an ambulance.
- 23 **THE CHAIR:** Are you trained in any sort of risk assessment?
- 24 **A.** In?
- 25 **THE CHAIR:** In relation to risks posed by those with mental

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1 health problems?
 2 **A.** I wouldn't say so.
 3 **THE CHAIR:** As far as this incident is concerned, you had
 4 someone sitting in the back of a car door who had
 5 already been handcuffed, and you took the view that
 6 rather than getting into an ambulance and transferring
 7 them into an ambulance and taking them a short distance,
 8 it was better? As a risk assessment it was better not
 9 to disrupt that.
 10 **A.** I formed that view that it was the more appropriate
 11 thing to do.
 12 **THE CHAIR:** Right, thank you. We have finished with your
 13 evidence. We are going to take a 5-minute break now.
 14 11.05. We will take a longer break in due course.

15 (10.58 am)

(A short break)

17 (11.05 am)

18 **THE CHAIR:** Yes.

19 **MS LANGDALE:** Chair, before I call the next witness, please
 20 can I ask that the statement of witness G is on the
 21 screen, reference WITN0382001. Just to take us to where
 22 this witness comes along, as it were, witness G says as
 23 follows:

"I am Head of Physical Security at the Security
 Service (MI5). I have been in my role since I joined

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"At 17.27 hours the individual and the police left
 the scene."
 Can that come down from the screen. Thank you. May
 the next witness be sworn, please.

PC GRAHAM FOSTER (affirmed)

Questioned by MS LANGDALE

THE CHAIR: Yes, Ms Langdale.

MS LANGDALE: PC Foster, you have prepared a statement for
 the Inquiry dated 9/10/2025; that is right, isn't it?

A. Yes, that's correct.

Q. Can you confirm the statement is true and accurate as
 far as you are concerned?

A. It is, yes.

Q. You, in fact, responded to the call made by Thames House
 that day, didn't you --

A. I did.

Q. -- to speak to the person who was outside Thames House
 and had been there for a while?

A. Yes.

Q. If we go, please, to a MET document, so it is
 METF0000001. This is the 999 call or the CAD report
 I think it is referred to. Do we see there, officer:

"(suspicious circumstances).

"Opening code ... (Suspicious Circumstances)".

Do you see that?

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M15 on 15 Aug 2022."

The witness statement is made to assist the
 Nottingham Inquiry in relation to an individual's
 attendance outside Thames House on 31 May 2021. The
 statement maker has:

"... reviewed ... [the] security log for 31 May 2021
 which records the following information.

"At 17.00 hours an IC3 male aged 35-45 with short
 dark hair, a beard and glasses dressed in black clothing
 attended Thames House main entrance. He pressed the
 intercom claiming to have information regarding a case
 and wanted to be arrested but would not give any more
 information. He was advised by security staff to try to
 make an appointment via the website or if urgent to go
 to the police.

"At 17.04 hours he moved on to another entrance,
 using the intercom to make the same request and the same
 response was provided by security staff.

"At 17.19 hours the police were called by security
 staff as he had continued to remain outside Thames
 house.

"At 17.21 hours the police arrived and spoke with
 him. The individual would only provide the police with
 an address in Nottingham. No other information was
 provided.

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A. I do see that on the CAD report, yes.

Q. What do you understand from that? You are getting
 a call for what reason?

A. Because there is a person who's been brought to the
 attention of the police because he's been outside
 a place of interest, and that information has been
 passed to us for us to try and ascertain why he is
 there.

Q. So that can come down, thank you.

Paragraph 7 of your statement, you indeed set that
 out saying you were told by the CAD operator that:

"... a security officer on duty ... had called the
 police because he was ringing the bell ... saying
 he wanted to speak to someone and ... despite being told
 he could not, had not left the area".

So was that the sum of the information you were
 given before going?

A. Yes, it is a brief synopsis of what's occurred and the
 information passed to ourselves, but it is relayed over
 a radio.

Q. How frequently have you had a request of that nature?

A. It is actually -- it is not infrequent. It does
 actually occur whether it's outside of Thames House or
 whether it's actually outside of a diplomatic or
 protected or place of interest. It's semi-regular that

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1 somebody would wish to pass information to intel
2 services.

3 **Q.** So, when you say not infrequent, how often in a month on
4 the --

5 **A.** Throughout all places that we are in contact with?

6 **Q.** Yes, not just this place --

7 **A.** Personally because obviously I would only do set shifts
8 so what I would come in contact, possibly two a week.

9 **Q.** Where someone is outside a building or a premise and
10 people want to know why they are there and what's going
11 on and to understand a bit more about it.

12 **A.** Or to pass information onto -- or wishing to speak to
13 people at protected sites.

14 **Q.** What when you took that call did you see your role as?
15 To investigate why he was there, effectively?

16 **A.** To ascertain why he was there and to see if he wanted to
17 speak to police because it was noted to us -- well, we
18 were informed that he wanted to speak to police at the
19 time.

20 **Q.** You thought he did want to speak to the police?

21 **A.** Yes.

22 **Q.** That's not in the report, but was that your
23 understanding that he may want to speak to the police?

24 **A.** Yeah. I did ask him if he wanted to speak to police
25 whilst he was there. That was because the information

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1 possibly weapons or ailments, et cetera, just to help
2 build us a bit more intelligence about him and flashes
3 possibly -- you know, whether there's any other
4 traces -- locate trace or -- et cetera.

5 **Q.** In terms of what you asked VC, you asked him if he
6 wanted to speak to the police; he said no, didn't he?

7 **A.** That's correct.

8 **Q.** You didn't expressly say: what do you want to tell them,
9 why are you here? We don't hear you say it in that way.
10 Was there a reason for that?

11 **A.** I wanted to come across as -- to build a rapport quite
12 relaxed. Obviously it might be quite worrying for
13 someone to have a red van quickly come out with armed
14 officers, so I was trying to be calm and relaxed with VC
15 and to build that rapport to see if he was offering any
16 other information to us.

17 **Q.** Once you had built it, and you are seen to be doing that
18 at the beginning, how you tell him to get his hands out
19 of his pockets, you are trying to be friendly, build
20 a rapport and some degree of communication between the
21 two of you, what about at that point moving further in
22 with why are you here? What are you trying to do?

23 **A.** I'm establishing at that point whether he can follow
24 basic instructions, so that's another reason why I'm
25 asking him to take his hands out of pockets, make sure

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1 was there. He rang to speak and wanted to speak to
2 police.

3 **Q.** Was that something that was said in a call to you rather
4 than in the documents?

5 **A.** I believe so. This is obviously --

6 **Q.** Some time ago now.

7 **A.** Yeah, five years ago, I'm trying to recollect.

8 **Q.** Shall we play your body-worn footage? It was a long
9 time ago --

10 **A.** Thank you.

11 **Q.** -- and I think it will be difficult. It is WITN0004002.
12 We have rotated this you would be pleased to know,
13 officer, so you can see it the right way round because
14 obviously the way it records doesn't make that
15 straightforward.

16 **A.** Thank you.

17 **(Body-worn video played)**

18 **MS LANGDALE:** Okay. We can end the film there, thank you.
19 We know that PC Nash is looking and making the
20 checks while you are still talking to VC and he says
21 "There's no warning or flashes" to you. Just explain to
22 us, what did that mean?

23 **A.** So, any warnings or flashes would be when we conduct
24 a check at the radio -- the operator would come back
25 after doing the check and say if he was known for

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1 he is calm, coherent, compliant, which he was doing all
2 those. So I had no concerns at that time for VC or
3 anybody else.

4 **Q.** So no immediate concerns, you couldn't see a weapon,
5 there didn't seem to be an aggression or escalation of
6 that. But what about longer term concerns: who is this
7 person, what are they doing, what are they thinking
8 about? Any thought to how you might elicit some of
9 those facts?

10 **A.** That's -- so there is an intelligence report that does
11 get put on which was completed at the earliest
12 opportunity to try and collate a picture and information
13 for that. So, the -- VC, I was happy and content with
14 the information he was providing to me and his
15 demeanour, so that's why.

16 **Q.** How did you assess his demeanour? We have seen it on
17 the footage but what was your assessment at the time?

18 **A.** Again, that he was clear, concise, coherent and that he
19 had already booked an Uber before we attended the
20 location, that he understood and told me that the
21 building was closed due to a bank holiday, that he was
22 going to go home.

23 **Q.** Did you say why have you come down then? I mean it was
24 likely to be closed on a bank holiday, wasn't it?

25 **A.** I didn't say that in the --

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1 **Q.** It was a hot day, wasn't it, a hot summer day. We see
 2 people wearing suitable clothes for that day and he was,
 3 as we have seen him on the video, dressed in black,
 4 heavy clothing, coat with a hood. Did that strike you
 5 as unusual looking at everyone else around on that day?
 6 **A.** No, it doesn't. People feel the temperature
 7 differently. He wasn't sweating profusely. He didn't
 8 seem agitated by the heat or weather conditions.
 9 I think as well, in the footage it shows that some
 10 people are in shorts and T-shirts, some people are in
 11 heavier clothing as well. So that didn't raise any
 12 concerns to myself at the time.
 13 **Q.** When PC Nash said "Have you been arrested?" his answer
 14 was "Not really". Did that strike you as an unusual
 15 response?
 16 **A.** It isn't an unusual response. We get -- when speaking
 17 to members of the public, they are not always
 18 forthcoming with information and sometimes people don't
 19 wish to speak to the police.
 20 **Q.** That I understand but he was talking to you, wasn't he,
 21 and you were trying to see if there was anything
 22 suspicious around why he was there. So, can you just
 23 re-cap for me, what did you do that elicited, as far as
 24 you were concerned, whether there was any suspicion or
 25 circumstances that amounted to suspicious?

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1 questions?
 2 **A.** At the time I was quite content with the responses that
 3 he was giving me, and he stated that he hadn't
 4 frequented those buildings or types of buildings before.
 5 So I was content with the response that I got given.
 6 **Q.** You say indeed in paragraph 22:
 7 "I spoke to [VC] ... there were no signs giving rise
 8 to concern for the safety of himself or others at that
 9 time."
 10 So is it right you were principally looking at that
 11 time and in that moment, not necessarily capturing
 12 information about someone that may feed into a wider
 13 picture at a later time or even then?
 14 **A.** It is regular that we stop people. We do try and gather
 15 the information of why they were there. He obviously
 16 didn't want to disclose everything to myself, which
 17 I have no powers to force him to speak to me. So, I'm
 18 happy and content with the actions that I took upon the
 19 time and the way it was recorded afterwards.
 20 **Q.** Do you think because you considered you did not have
 21 a power, it wasn't someone you were arresting, you were
 22 actually investigating in some ways, you didn't feel
 23 that you could go into the detail that you might have
 24 done standing back now, I suppose?
 25 **A.** This is also two years prior to the incident that

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1 **A.** So the reason why I also ask him if he has been arrested
 2 before is because sometimes when we do name checks on
 3 the Police National Computer, to ensure that we have
 4 actually got the correct person stopped, if it came back
 5 saying actually we haven't got a trace of that person so
 6 we can just ascertain that the details are correct over
 7 the radio and make sure that nothing's been lost in
 8 translation.
 9 **Q.** You ascertained that he was from Nottingham, didn't you?
 10 **A.** I didn't know that until afterwards.
 11 **Q.** What about when he booked the Uber, did you think to say
 12 "Where's the Uber going?" or ask him about that?
 13 **A.** I think, in the footage, I did ask him about whether he
 14 was going home, "have you booked an Uber home?" and he
 15 said "yes". I didn't ask him any further questions on
 16 that.
 17 **Q.** You didn't ask him where he was going in the Uber --
 18 **A.** No.
 19 **Q.** -- and you would not have known where home was at that
 20 point until you got the information from the checks.
 21 **A.** Correct.
 22 **Q.** But would that have been an easy moment to say: where is
 23 the Uber taking you? He didn't have to answer you but
 24 it would have been interesting to know, wouldn't it, in
 25 the circumstances where you have been asked to ask some

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1 occurred.
 2 **Q.** Of course, of course. I'm not suggesting otherwise.
 3 **A.** It was to me a routine stop, which I work around and
 4 protective sites and places of interest. So for me it
 5 was a very routine stop and it didn't flag any concerns
 6 to myself, hence why it was recorded on body-worn, it
 7 was also logged at the earliest opportunity and
 8 an intelligence report was placed to see if this is
 9 a frequent occurrence.
 10 **Q.** Part of those routine stops is to move the situation on
 11 and make sure there isn't a threat in the moment.
 12 **A.** Correct. As you can see from the footage, VC was no
 13 longer standing on the -- at the stairs -- on intercoms,
 14 he was stood away from the building and he had already
 15 ordered an Uber prior to our arrival, which as you can
 16 see with the brief encounter, his Uber arrived just as
 17 some of the checks were being complete.
 18 **Q.** Standing back from this case, somebody in your role
 19 doing these routine stops, keen to move a situation on
 20 and make sure there isn't an imminent threat, is there
 21 a wider piece that could be done in that interaction to
 22 find out about some individuals? How do you see that
 23 time that you have or opportunity to speak to someone
 24 might be used not necessarily just in this case, more
 25 broadly, when you are stopping and there are suspicious

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1 circumstances and a person of some concern has been
2 raised with you, otherwise you will not be there in the
3 first place?

4 **A.** I think it is quite difficult that question to answer
5 actually but, you know, we do checks on a Police
6 National Computer and we will do internal checks and we
7 wait for that and it has got to be done quick time, at
8 the earliest opportunity again, but I don't really have
9 any personal advice or outcome for this as to what we
10 can do to improve as a PC on the frontline.

11 **Q.** If we can go please to WITN0003001, page 4. It is
12 PC Nash's statement and I would just like for the record
13 to have from paragraph 12 through to 15, if we can just
14 scroll down so people have an opportunity to see the
15 checks that your colleague was making. I will read in
16 when we get to paragraph 15 into the transcript. He
17 says:

18 "After this I was contacted by the radio operator,
19 who stated she had a probable match for [VC] ... under
20 the details of [his name] ... [and his date of
21 birth] ... born in Guinea Bissau. The operator stated
22 that he was known, but not wanted and had no warning
23 signals. The check provided a last known address of 7
24 Brook Court ... Nottingham. I was told by the operator
25 that he had only been arrested a couple of times and one

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1 **Q.** That can come down, please, and if we can have another
2 MET document, METF0000002, page 2. This is the report
3 information, so would it be you "see underneath report
4 information."

5 Would this be you or PC Nash who would have put this
6 together?

7 **A.** This is PC Nash.

8 **Q.** He says there that:

9 "... [VC] ... was spoken to by police ... calm and
10 compliant throughout. ... stated he had come from home
11 to the location alone and was waiting for an Uber to
12 leave the location. He did not want to disclose why he
13 had attended ... had not requested to speak to the
14 police nor did he want to see police. ... stated that
15 the person who he had wanted to speak to was not in and
16 he was going to leave.

17 "... coherent and capable when spoken to, he did not
18 display any unusual behaviour or make unusual comments
19 to police and left the location prior to police."

20 I just want to pick up on "unusual". You have said
21 you didn't find his dress particularly unusual on the
22 day. What about the suggestion "not really arrested,
23 haven't really been arrested" and then further
24 information coming out. That was of concern or unusual
25 wasn't it, because it wasn't truthful the first

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1 impending prosecution (ie ongoing) from when he was
2 arrested on the '24th May'. The year from this arrest
3 was not given by the operator at the time and
4 I therefore assumed it was 2021, however the radio
5 operator later confirmed the actual date of the arrest
6 for which the matter was ongoing, was 2020. I do not
7 believe I was given details of what offence any of these
8 matters related to. The PNC check conducted on the
9 street was to provide a summary of the available
10 relevant information. In this case the ... conducted to
11 assess whether [VC] ... was wanted for an arrestable
12 offence, whether there was any warning information in
13 relation to him, whether he had any bail conditions in
14 place that he may be in breach of, or anything else that
15 the PNC operator may have seen that was obviously
16 relevant to the situation/location."

17 So, as you say, at the time, maybe in the van
18 afterwards you appreciated Nottingham was the address.
19 Had you known that, would you have said "Are you getting
20 an Uber to Nottingham?" or "What are you doing?", or
21 would you not have asked the question?

22 **A.** I probably would have asked what route he would have
23 been taking, whether that's an Uber to a train station
24 or an underground or bus to then go on further. But,
25 yeah, as you said at the time I wasn't aware.

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1 response?

2 **A.** For police interactions and from my experience is that
3 isn't unusual, the way that people would speak to you.
4 A lot of people aren't very forthcoming with
5 information, whether it's a stop outside a known
6 building or whether it is just a normal stop even just
7 in the street, a lot of people aren't very forthcoming
8 with their history to police or reasons of why possibly
9 they are there or not.

10 **Q.** Had he said that he -- or had it been reported to you
11 that he said he wanted to be arrested?

12 **A.** Say again, sorry?

13 **Q.** VC said he wanted to be arrested, he turned up there
14 wanting to be arrested.

15 **A.** I'm trying to recall it but I believe it was said over
16 the PR radio, personal radio.

17 **Q.** Now that has to be unusual, hasn't it? Someone saying
18 they wanted to be arrested.

19 **A.** Again, I have dealt with people before that had said
20 they wanted to be arrested and when we've gone down
21 there that isn't actually what they've stated to us,
22 that was actually true. As when I stopped VC and asked
23 him if he wanted to speak to us, and again he said that
24 he didn't want to interact or speak to ourselves.

25 **Q.** You didn't actually ask him: why did you want to be

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1 arrested, or you have said you want to be arrested, why?
 2 Is there a reason you didn't put it like that to him?
 3 **A.** Again, because I wanted to try and build a rapport.
 4 I can understand it being quite nervous for police
 5 officers to suddenly surround you, especially armed
 6 police officers, so I wanted to make him feel more
 7 relaxed in our presence instead of him feeling that we
 8 are possibly out to get him or something along those
 9 lines, I just want to try and build that rapport and
 10 make him feel more relaxed to be more forthcoming with
 11 information.
 12 **Q.** Once you have built the rapport, which you have, that's
 13 the time to go in with the question, isn't it, to be
 14 more investigative because someone is relaxed and aren't
 15 going to necessarily view it as threatening; you just
 16 continue then with what you are doing to ask the key
 17 questions, or did you just think it was all about the
 18 rapport?
 19 **A.** It is about rapport, but also about how they respond and
 20 act and follow instructions. Like I said, asking him
 21 a simple task, just taking his hands out of his pockets
 22 and not doing it ... so that's why I didn't delve more
 23 into the -- ask him outright did you want to be
 24 arrested? And he hadn't committed any offences. You
 25 know, there was nothing -- he wasn't wanted, he wasn't

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1 call a CRIMINT, which is intelligence, criminal
 2 intelligence, just to build a bigger picture of what's
 3 occurring and see if we can link it to anything. Then
 4 that would be sent up to relevant departments to go
 5 through the footage and go through the reports, or the
 6 information report, to then pass on to relevant areas.
 7 **Q.** Indeed, that happened, Chair, for your information,
 8 I think, on 1 June via email 2021, that was sent to
 9 Nottinghamshire Police.
 10 Thank you very much, officer. There may be a few
 11 questions. No, I see not. From Mr Moloney. I don't
 12 know from Ms Cartwright. Just a couple more. Thank
 13 you.
 14 **Questioned by MS CARTWRIGHT**
 15 **MS CARTWRIGHT:** Good morning, officer. Could I ask, please,
 16 just if you can help us with a document, it is the
 17 CRIMINT PLUS which is METF0000002, please.
 18 Can we go to page 2, please. We can see on this
 19 document that a risk assessment is being done and can
 20 you help us with how it works. We can see as part of
 21 the evaluation:
 22 "Risk of Serious Harm? No."
 23 Then if we go over the page as well, part of that
 24 search in CRIMINT check includes what's on the Police
 25 National Computer for VC and we see that's captured and

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1 reported missing. There was nothing that -- even if he
 2 did say "yes", you know, the arrest wasn't there or it
 3 wasn't proportionate legal, so that's my --
 4 **Q.** By asking him if he wanted to talk to the police, if he
 5 wanted to be arrested, he would tell you that then?
 6 **A.** Yes.
 7 **Q.** Understood. METF0000007, page 3, please. This is the
 8 sign-off, as it were, from the Met back to
 9 Nottinghamshire Police where we see the summary there
 10 that you have already been taken to, but it is sent on
 11 to Nottinghamshire Police.
 12 Do you see there? Was that you or your colleague
 13 who did that?
 14 **A.** Sorry, I have not seen that.
 15 **Q.** Fair enough. But it looks as though the information
 16 that you had obtained that day was passed on to
 17 Nottinghamshire Police?
 18 **A.** Okay.
 19 **Q.** Would that be what you expected to happen, that it would
 20 be sent to the relevant force?
 21 **A.** Yes, so what would normally happen is that the stop
 22 would be conducted, body worn would be recorded, a CAD
 23 would be updated and then we would go back to the
 24 station at the earliest opportunity to ensure that
 25 report is put on which we did through something which we

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1 considered criminal damage and then below that a "ABH
 2 domestic, known suspect identified but is too ill
 3 (physical or mental health) to prosecute."
 4 Can you help us understand as to what's happening in
 5 this document and the relevance of previous convictions
 6 or previous recordings, please?
 7 **A.** Truth be known, I won't be able to help too much with
 8 this I'm afraid. The reason is because we would put
 9 a CRIMINT on and then I think this is added later on to
 10 pass up to different services. This isn't created by
 11 myself.
 12 **Q.** I just wondered if you could help as to how what we see
 13 to be a risk assessment process on it works, but if you
 14 can't help us then I won't take it further.
 15 Can I just pursue a little bit more with a question
 16 you have been asked by my learned friend Ms Langdale KC
 17 about why you did not ask VC a question about why he
 18 wanted to be arrested. I hear what you say about
 19 involvement and regularity and needing to deal with
 20 issues, but this is a member of the public who has
 21 attended the home of MI5 and would you agree it is
 22 non-contentious that they deal with issues of
 23 counter-terrorism, countering state threats and
 24 protective security. So it is significant, would you
 25 agree, that a member of the public is asking to be

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1 arrested at MI5?

2 **A.** That information is passed onto us so it third party
3 information, not first hand information, so the reason
4 I was there, again, trying to build a rapport with
5 a member of the public and to ascertain did he want to
6 speak to police, and he replied clearly that he didn't
7 want to speak to police, there wasn't anything that he
8 wished to tell us about -- so, I was happy with the
9 response that he gave me.

10 **Q.** Could you help us because we can see from the log you
11 were taken to essentially that VC was told that Thames
12 House was closed and to make an appointment or come
13 back. So, if it hadn't have been a bank holiday would
14 someone internally from Thames House have spoken to VC
15 that day and explored with him why he wanted to be
16 arrested?

17 **A.** I won't be able to answer that because I don't know the
18 procedure for Thames House and the way they gather that
19 information. All I can tell you is that I know at other
20 embassies and places of interest, there would be means
21 for them speaking to relevant people and passing
22 information on and passing it around to people needed,
23 but I don't know the -- 100 per cent the procedure of
24 Thames House.

25 **Q.** All right. I think you have said essentially you

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1 from there. We don't have any other interaction with
2 them.

3 **Q.** Can we see there on the second page, if we go to page 4
4 please, we can again see that attached to this
5 intelligence report again is the information from VC's
6 PNC, so again the criminal damage and over the page
7 again, the ABH domestic, too ill to prosecute.

8 Again, it does seem that in these processes what's
9 on VC's national computer and his record is relevant to
10 the risk assessment that the Metropolitan Police are
11 conducting; would you agree?

12 **A.** I wasn't passed that information at the time, so this is
13 the first time I've seen this, so I can't really --

14 **Q.** All right.

15 **A.** -- give you any other information on that I'm afraid and
16 we conducted the PNC check at the time, we were informed
17 that there was no markers or warnings or he wasn't
18 wanted or missing, so that's all I know about that.

19 **Q.** So can you help us with this though as a general
20 principle that the purpose of sending an intelligence
21 report to Nottinghamshire Police was for them to develop
22 this intelligence, consider it, develop it, in light of
23 what's contained in the intelligence report?

24 **A.** Again, I don't know what happens when it gets sent
25 externally, I'm afraid. I can't answer that, I'm sorry.

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1 appreciated that he had said he wanted to be arrested
2 but you chose not to ask him the reason why he wanted to
3 be arrested; would you agree?

4 **A.** I didn't ask him outright why he wanted to be arrested.

5 **Q.** But was it not essential that somebody had to ask VC the
6 question: why have you come to Thames House asking to be
7 arrested?

8 **A.** I was content with the response that he gave. I was
9 content by his demeanour, his mannerism, he didn't seem
10 agitated; he was calm, compliant, coherent, so I was
11 happy with the response he gave to me.

12 **Q.** Thank you. Can we then, as you have already been taken
13 to by again Ms Langdale, there was an intelligence
14 report that was then sent from the Met to Nottingham.
15 Can we display again the METF0000007, please, at page 3.
16 Can you help us first of all, we see there
17 essentially would you agree that that's an intelligence
18 report that would be passed from the Metropolitan Police
19 to Nottingham Police?

20 **A.** Again, I don't know if this is the intelligence report
21 that was passed or how it is normally conducted or how
22 information is normally passed to outside the Met or
23 within -- we would put on as a frontline officer, we
24 would put on the initial report, which would be similar
25 to this through a system and then it would be dealt with

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1 **Q.** Thank you very much for answering my questions.
2 Questioned by THE CHAIR

3 **THE CHAIR:** Just a couple of questions.
4 You referred earlier to no warnings or flashes being
5 on the PNC or the information that was given to PC Nash
6 and then I think you said those would be for weapons or
7 ailments; is that right?

8 **A.** As purely examples.

9 **THE CHAIR:** So would you expect something for mental health
10 to come up --

11 **A.** Yes, mental health could flash up on there as well.
12 That is another warning marker.

13 **THE CHAIR:** Would you have expected the fact that he had
14 been detained under section twice in the previous year
15 to have come up when you asked that question?

16 **A.** Yes, I would expect the computer, Police National
17 Computer, to be updated to pass on up-to-date
18 information on the officers.

19 **THE CHAIR:** So you would expect mental health detentions to
20 come to your attention through the PNC if you are making
21 that inquiry?

22 **A.** Yes.

23 **THE CHAIR:** Just in relation to the information, if that had
24 come to you, that there had been a mental health flash,
25 what would you have done with that information?

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1 A. Again, it would have been logged on to the Criminal
2 Intelligence Report and to say that he is known for this
3 and stopped, but just to highlight that he's known for
4 this, but -- yeah.

5 **THE CHAIR:** If the PNC instead of saying criminal damage and
6 then, as far as the "too ill physical or mental health
7 to prosecute" had simply said mental health, physical or
8 mental health, would that have assisted?

9 A. When we did the initial check, nothing came back. It
10 came back with not wanted or no flashes, so with mental
11 health flashes. So it would have assisted probably to
12 build a clearer picture and a bigger picture, but
13 obviously the information received at the time we did
14 not receive that.

15 **THE CHAIR:** If it had said GBH instead of ABH, would that
16 have made any difference at the time?

17 A. No. The outcome of the situation would have been the
18 same.

19 **THE CHAIR:** Yes, thank you. We will now take a 20-minute
20 break. So 12.05 pm. Thank you.

21 (11.46 am)

22 (A short break)

23 (12.05 pm)

24 **MR BLAKE:** Good afternoon Chair, our next witness is
25 Superintendent Lorraine Busby-McVey.

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1 and the NHS and our remit is quite specific, we assess
2 and manage individuals who demonstrate fixation or
3 grievance directed towards protected public figures or
4 protected sites, where that behaviour is often linked to
5 mental disorder. We also receive referrals, we assess
6 whether that behaviour meets our threshold criteria such
7 as evidence with preoccupation, escalation or threat and
8 where appropriate we facilitate proportionate
9 intervention through local police or health services.

10 Q. If I could stop you there, in terms of the individuals
11 that you protect sites from, they are what you refer to
12 as fixated lone individuals; can you assist us what do
13 you mean by fixated lone individuals?

14 A. It is a person who may have a fixation on a particular
15 person who comes under the remit of RaSP. Obviously, it
16 is a Royalty and Specialist Protection Command, so it
17 might be somebody who has a particular fixation on a
18 member of the Royal Family, or it could be someone else
19 who we are -- have a mandate to protect within the UK.

20 Q. Does that fixation extend beyond individuals to certain
21 bodies and organisations, and, if so, can you give us
22 an idea of which ones?

23 A. So, it's protected people and it's also protected sites.
24 So it could be the Royal Palaces, Assemblies in Northern
25 Ireland and Wales, Parliament, the Palace of

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1 **SUPERINTENDENT LORRAINE BUSBY-MCVEY (affirmed)**

2 **Questioned by MR BLAKE**

3 **THE CHAIR:** Thank you very much. Do sit down.

4 A. Thank you.

5 **THE CHAIR:** Yes.

6 **MR BLAKE:** Thank you, Superintendent. You should have in
7 front of you your witness statement dated
8 3 October 2025; is that right?

9 A. Yes.

10 Q. Thank you. It has a URN of WITN0012001. Can you
11 confirm that that statement is true to the best of your
12 knowledge and belief?

13 A. Yes, it is.

14 Q. Thank you very much. You are a Superintendent with the
15 Metropolitan Police Service; is that correct?

16 A. I am indeed.

17 Q. You are responsible for the Fixated Threat Assessment
18 Centre?

19 A. Yes.

20 Q. That centre is based in the Royalty and Specialist
21 Protection Command. Can you briefly outline for us the
22 purpose of that command?

23 A. Sure. So the Fixated Threat Assessment Centre or FTAC
24 which it is commonly known as is a specialist national
25 unit. It is jointly staffed by the Metropolitan Police

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1 Westminster, and places like that and -- where else
2 would it be as well? Some of the protected sites would
3 include embassies and -- yeah.

4 Q. It is a joint body both with the NHS and also with
5 Metropolitan Police.

6 A. Yes.

7 Q. As far as you are aware and insofar as you can say, are
8 there any other centres that work in this coordinated
9 way?

10 A. So, the Fixated Threat Assessment Centre has been
11 going -- it's actually in October 2006 it was
12 established, so it has been going for almost 20 years
13 now. We are classed as being one of the centres of
14 excellence for this so we do attract a lot of other
15 organisations across the world who will come and look at
16 the model that has been set up. I know that a similar
17 set-up has been done in Australia, New Zealand and also
18 the Netherlands.

19 Q. How about within the UK? Are there, so far as you are
20 aware, other bodies, other centres that are set up where
21 the NHS and the police work hand in hand?

22 A. There are other bodies that do that. There's
23 multi-agency departments that safeguard individuals but
24 for our particular department is quite niche. But
25 there's only one -- I believe there is only one in the

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1 UK which is for what we do, obviously around protected
 2 persons and protected sites, but the NHS do work very,
 3 very closely with the police and other forces across the
 4 UK as well.

5 **Q.** Now, in terms of the kinds of people that you deal with,
 6 I don't want to repeat what's already in your statement
 7 and which will be available, but you say I think
 8 88 per cent of referrals relate to those who write email
 9 or correspond with protected persons or sites.

10 **A.** Yes.

11 **Q.** So those who write letters, for example, fixated on
 12 particular individuals.

13 **A.** Yes.

14 **Q.** Less than 12 per cent actually attend those sites.

15 **A.** Yes.

16 **Q.** So a smaller number of people actually attend. Do you
 17 consider attending a site to be more serious than letter
 18 writing, for example?

19 **A.** It can be. It depends really because when they do
 20 the risk assessment, the risk assessment is done for the
 21 correspondence that we receive and it is exactly the
 22 same as an individual turning up at a particular site.
 23 But sometimes the correspondence could be a lot -- you
 24 could read into what they were saying in there and maybe
 25 understand that threat a bit more than maybe

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1 2001 if you would like me to run through that.

2 **Q.** They are in your statement I think, so we don't need to
 3 go into the actual figures. But just if you can assist
 4 us with the referral process and the assessment process
 5 and why there is a high percentage of those that are
 6 referred to you that qualify for assessment.

7 **A.** So, the ones that would come into us for an assessment,
 8 they would -- there's a particular criteria, I can't
 9 divulge too much about it because quite a lot of it is
 10 obviously quite sensitive and there is a potential
 11 national security risk, but they would look at the
 12 behaviour of the individual, they would consider the
 13 motivations for being there or why they were writing in,
 14 their apparent mental state, they would look at past
 15 behaviour, presence of any specific factors associated
 16 with risk that the team would look at to understand
 17 whether or not this person should be taken on by the
 18 FTAC team when they were doing that assessment.

19 **Q.** Do you consider the threshold for assessment to be quite
 20 low?

21 **A.** We have three different criterias when we are looking at
 22 the assessment for someone, and you have just mentioned
 23 one there which it has a low concern, and you have
 24 a medium concern and a high concern and that would
 25 determine what interaction the team would take for

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1 an interaction that you would have just meeting
 2 someone -- a police officer meeting someone in the
 3 street if you like.

4 **Q.** If you are assessing serious though globally, is it more
 5 likely to be more serious if someone actually attends
 6 than if they don't, that they write email or
 7 correspondence some other way?

8 **A.** Again, it really depends on the person's demeanor and
 9 behaviour at the time and what they were displaying. So
 10 I wouldn't like to say it was more serious if they
 11 actually attend the site than not because there are lots
 12 of people who come to London, there is lots of people
 13 who come to the protected sites and they are sightseers
 14 and visitors and tourists, and, you know, having
 15 an interaction with someone like that doesn't
 16 necessarily mean that they are more of a threat, we
 17 would need to do -- really need to do a much more
 18 detailed assessment on that individual and what their
 19 purpose of being there was.

20 **Q.** You also said in your statement that quite -- I think
 21 you have given the statistics -- quite a high percentage
 22 of those that are referred to the centre qualify for
 23 assessment. Can you briefly assist us with that and why
 24 that may be?

25 **A.** So I've actually got some figures, headline figures for

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1 dealing with someone. So there would be three different
 2 classifications that the team would look at that
 3 individual to find out where they should go within that
 4 particular level of concern, and then that would
 5 actually make a determination of how they were going to
 6 deal with that matter.

7 **Q.** So, even if it was considered to be a low concern, that
 8 would lead to at least some sort of assessment and
 9 investigation.

10 **A.** Yes.

11 **Q.** Thank you. I just want to ask you some questions about
 12 the way that you work with the NHS or the police work
 13 with the NHS. Does the centre have full access to, for
 14 example, an individual's NHS records?

15 **A.** I know that we have the access to all the police
 16 contacts. In terms of the NHS, we would have to be
 17 taken on as a case for us to actually interrogate the
 18 NHS systems, but when we are doing that initial
 19 assessment to see if they are going to be taking it on,
 20 the police -- we only actually look at the police
 21 systems that we would actually interrogate to find out
 22 whether or not that triggers us taking on a case, is if
 23 it's low medium or high. But in terms of the NHS
 24 systems we have access to them but only once a case is
 25 taken on from us.

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1 Q. So the starting point for assessment is to look at the
2 police record rather than the NHS records.
3 A. Yes.
4 Q. Once it is taken on for assessment you have access to
5 the full range of NHS records?
6 A. I believe so. I don't know the technical systems they
7 look at but I believe the NHS -- people who work with us
8 have got access to that and the police officers as well
9 working on that team they jointly interrogate those
10 systems and I'm sorry if I'm wrong but I do believe they
11 have access to the NHS systems.
12 Q. As far as you are aware --
13 A. Yes.
14 Q. -- are there any barriers to obtaining relevant medical
15 or policing information within your organisation?
16 A. I think this probably -- I know that from the team that
17 I work with, there's always been a question as to why is
18 it we just look at the police systems when we are doing
19 that initial assessment and we don't look at the NHS
20 ones, but I think it is probably to do with volume, and
21 from the NHS's point of view it could be that, unless
22 there was particular harm being triggered that we
23 thought that, that would therefore mean that we could
24 look at those numbers as well and look at those systems
25 as well.

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1 I believe, and -- rather than a formal referral and when
2 it came in it was just asking whether or not FTAC was
3 aware of this person, had any contact with him, had any
4 dealings with him before, and that's what was undertaken
5 at that time.
6 Q. Although they were only asking whether you had had
7 contact, it was, in fact, taken on by FTAC as a case to
8 be assessed?
9 A. It was initially looked at, but once they found out
10 that, you know, there was -- there was not much in terms
11 of what they could go on, and, yeah, it was not taken on
12 as an assessed case. It didn't meet the threshold of
13 what their criteria is.
14 Q. So, in fact, it wasn't assessed?
15 A. No, it was assessed, it was looked at, but the case
16 wasn't accepted as a case to take on.
17 Q. There is an initial assessment stage?
18 A. Yes.
19 Q. I won't go into their names, but it was looked at by
20 a detective constable and a forensic social worker --
21 A. Yes.
22 Q. -- and they determined that it didn't meet the
23 threshold?
24 A. Yes.
25 Q. That's an initial threshold for further assessment, is

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1 Q. Is that because the police systems may give a better
2 understanding of threat posed as opposed to the health
3 of the individual?
4 A. I think so. It's probably because obviously we have
5 access to criminal matters and all our records would
6 sort of point towards someone who might display violence
7 and various things like that.
8 Q. We have heard today already about the RIO system, that's
9 the NHS system. Have you seen the RIO system in your --
10 A. I haven't.
11 Q. Are you aware of the police officers having access to
12 the RIO system?
13 A. I know that they will be working with some systems but
14 I don't actually know what their names are, apologies.
15 Q. I'm going to move on then to the involvement with VC.
16 On 1 June FTAC received an enquiry as to whether VC was
17 known to you.
18 A. Yes.
19 Q. You have said in your statement it was treated as
20 a referral even though it was simply an enquiry. Can
21 you assist us briefly, you don't need to refer to your
22 witness statement, just simply the difference between
23 an enquiry and a referral and why this was treated as
24 a referral?
25 A. Yes, so that one, it came into us as a name check,

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1 it?
2 A. Yes.
3 Q. I don't think you had any personal involvement in
4 speaking with VC or anybody else had any involvement in
5 speaking directly with VC; is that right?
6 A. At that time, no, it was obviously officers from the
7 Parliament and Diplomatic Service and it was then
8 referred in, I think it was the following day, to have
9 a look at. But no, myself, I wasn't working for RaSP at
10 that particular time. Yes, and ...
11 Q. You have said in your statement that:
12 "FTAC's role is to leverage or catalyse a local
13 health or policing response rather than provide one."
14 Can you assist us with what you mean by that?
15 A. So they would do the assessment and they would determine
16 whether or not there is a policing response in terms of,
17 is this person such a danger to themselves or others
18 that needs to be arrested, or is there a criminal matter
19 outstanding and therefore we would look to put police
20 officers to try and find him as soon as possible and
21 arrest him.
22 It could be that actually he is going through
23 a mental health crisis and therefore it would be
24 a response from the healthcare professionals to
25 determine whether or not this person needs to have

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- 1 immediate treatment and detained under the Mental Health
2 Act.
- 3 **Q.** Is the assessment that's carried out simply a paper
4 based assessment?
- 5 **A.** Well, it is looking at all of the systems and
6 interrogating all the data they have available to them
7 and then they have the risk assessment they would go
8 through, they would make a determination whether or not
9 it meets the case they have taken on or not and, if they
10 are going to take it on, they would make a determination
11 and put a management plan in place working with the NHS
12 and the police team together to determine what that
13 would be.
- 14 **Q.** In your experience, does anybody from FTAC ever meet the
15 people who they are looking into?
- 16 **A.** I think they can do, it depends on what's happening at
17 the time. If they were -- if we have an on-call
18 function, I don't think we had one at the time when this
19 happened, but if they are called out to come to assess
20 someone, they would go out, but usually they are working
21 and they take on referrals from like emails or the
22 systems that they have actually got in place now.
- 23 **Q.** So you, in fact, do have an in-person call-out system?
- 24 **A.** Yes, they would have that as well. Yes, now they do.
- 25 **Q.** Do you know if that was around in 2021?

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- 1 House, there was nothing that gave rise to concern.
2 Now, looking at that information, the fact that he
3 rang on in fact two doorbells at Thames House asking to
4 be arrested, why do you say that doesn't meet the
5 threshold for FTAC?
- 6 **A.** So, in itself, that's obviously -- that came third
7 party, he would pick up, the officers themselves would
8 be going out to speak to the individual and when they --
9 when the officers attended to speak to the individual
10 they would be asking certain questions themselves to
11 satisfy themselves whether or not that person is
12 displaying any sort of behaviour or any cause for
13 concern for them. So in itself just saying they want to
14 be arrested, I think the officers did ask them: do you
15 want to speak to the police? And he replied no, he
16 didn't want to have any contact with the police. So
17 I think the officers themselves would have been out to
18 ask him some questions, to understand why he was there
19 and maybe his purpose for being there as well.
- 20 **Q.** Looking at the kinds of cases that FTAC receives, can
21 you give us an indication of how common it may or may
22 not be that somebody is approaching a protected location
23 and asking to be arrested or similar?
- 24 **A.** It is difficult to say. I mean they do deal with a huge
25 number that comes through, especially the approaches,

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- 1 **A.** I don't know. I can't answer that, I'm so sorry.
- 2 **Q.** I'm going to now take you to the contemporaneous
3 documents from FTAC's interaction with VC. Can we start
4 with METF0000001. It will come up on the screen in
5 front of us so there is no need to turn to any
6 documents.
- 7 We see there the incident printout. Is this
8 a document that's familiar to you?
- 9 **A.** Yes, it's a type of incident inquiry we get through,
10 yes.
- 11 **Q.** So you will receive this at FTAC.
- 12 **A.** Yes.
- 13 **Q.** If we go over the page, please, we can see what it says
14 about VC. It is the first entry there, 31 May 2021. It
15 describes him and it says:
- 16 "Keeps ringing on the doorbell - says he wants to be
17 arrested."
- 18 **A.** Yes.
- 19 **Q.** I'm not going to ask you and it would not be appropriate
20 to ask you as to what Thames House do with that
21 particular information internally. But in terms of your
22 receipt of that information --
- 23 **A.** Yes.
- 24 **Q.** -- you have said in your statement that other than the
25 fact that VC travelled some distance to attend Thames

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- 1 and I think it comes down to the officer that turns up
2 there to speak to the individual to ask certain
3 questions, but I can't say all of those approaches, they
4 would say they want to be arrested. It's difficult to
5 know that in a lot of detail just now.
- 6 **Q.** But is that something that's common or not common for
7 you to come across your desk at FTAC?
- 8 **A.** I honestly can't say if it's common or not. I would
9 need to look at all cases to say what did they actually
10 say when they actually turned up there. I think
11 probably the subject matter experts who are looking at
12 this would probably give you more information around
13 that.
- 14 **Q.** Is that the kind of information that you would receive
15 that would at least trigger that assessment process?
- 16 **A.** I think that in itself, just what you are saying,
17 wouldn't trigger it itself; it would be the fact that
18 they are actually at the protected site and that's the
19 thing that would probably be -- because anybody could
20 turn up to any particular venue but if it comes under
21 a protected site that's then when we would want to have
22 a little bit more information about why they are there
23 and what the purpose of them being there is and, you
24 know, if they did pose any particular risk, but just
25 asking to be arrested in itself wouldn't automatically

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1 trigger FTAC's involvement; it would have to be
 2 a protected site or had displayed behaviours that were
 3 targeting a particular protected person.

4 **Q.** Could we please move on to METF0000002, please. This is
 5 a document that we have already looked at today over the
 6 page please. It is the CRIMINT PLUS, so that is the
 7 Criminal Intelligence Report. Can you assist us with
 8 what would have inputted this information?

9 **A.** So -- mm, let's have a look. *(Pause)*

10 **Q.** Would this have been the attending officers or would
 11 this have been FTAC or somebody else?

12 **A.** Sorry, so I would have believed this would have been
 13 done by the attending officers that would put on the
 14 report and then that report would then filter its way
 15 through the FTAC team.

16 **Q.** We see there a question "Risk of serious harm?" and the
 17 answer is "No". Can you assist us with whose judgment
 18 that may have been?

19 **A.** I would have believed that would have been the police
 20 officer at the time who was speaking to the individual,
 21 they would be putting this report on themselves.

22 **Q.** We then have the report information below.

23 **A.** Yes.

24 **Q.** We have seen that. At the bottom there it says:
 25 "VC was coherent and capable when spoken to, he did

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1 **A.** No, they don't get a huge amount of training around
 2 mental health.

3 **Q.** Can you see the point I'm getting at, that in fact the
 4 fact that VC was coherent and capable shortly after
 5 having rung the doorbell at MI5, might itself be
 6 an indicator of quite a serious mental health issue?

7 **A.** I don't know if I could make that assessment. I think
 8 you have to take that on what you're initial --
 9 initially were given. When the officer's in front of
 10 the individual and asking some questions to them, that's
 11 when you form more of an assessment about whether or not
 12 you think there's any significant risk to them or other
 13 people or the actual site itself.

14 **Q.** But do you think that the attending officers are capable
 15 of determining, for example, whether somebody is masking
 16 symptoms of a mental health issue?

17 **A.** No, I don't think they can.

18 **Q.** So, in fact, in this case, the fact that he was coherent
 19 and capable may well have been that he was masking
 20 a mental health issue.

21 **A.** It could have been, yeah, but they have to go on what's
 22 in front of them at the time.

23 **Q.** But in any event, it was ultimately assessed by FTAC
 24 rather than the individual officers --

25 **A.** Yes.

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1 not display any unusual behaviour or make unusual
 2 comments to police and left the location prior to
 3 police."

4 **A.** Yes.

5 **Q.** Now, we know that he rang the doorbell at MI5, possibly
 6 twice. He asked to be arrested. Within moments there
 7 he is seen by police and is coherent and capable. Isn't
 8 that itself unusual behaviour? That you are ringing on
 9 a doorbell asking to be arrested but shortly after you
 10 are coherent and capable?

11 **A.** Yes, at the time that the officers would be there, they
 12 would probably have this information to hand but when
 13 they are doing their own assessment and interaction,
 14 that, when you are actually physically in front of
 15 someone and speaking to them I think you make more of
 16 an assessment about how they are coming across to you.

17 So although in itself, you know, saying he wants to
 18 be arrested, once they are there, they would make their
 19 own assessment about how he was behaving and how he was
 20 interacting with them and if he was coherent or, you
 21 know, if he was understanding the questions that were
 22 posed to him at the time by the police officers, so
 23 yeah.

24 **Q.** The officers aren't themselves trained in any kind of
 25 mental health risk assessment, are they?

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1 **Q.** -- and that did ultimately involve a specialist in
 2 mental health.

3 **A.** Yes.

4 **Q.** Can we please look at your operating instruction, the
 5 FTAC operating instructions. It is WITN0012002. So we
 6 see there at the bottom this is a joint NHS and
 7 Metropolitan Police Service document.

8 **A.** Yes.

9 **Q.** I would like to turn to page 5, please. It sets out
 10 there "FTAC's service". It says:
 11 "The role of FTAC is the assessment and management
 12 of risks posed to prominent individuals, the places they
 13 work in, and to the prominent organisations and events
 14 in which they are involved, by isolated loners pursuing
 15 idiosyncratic quests or grievances to an irrational
 16 degree. Specialist psychological expertise is necessary
 17 to the understanding and management of risk. In
 18 addition, many such people suffer from serious mental
 19 illnesses which influence issues of risk and provide
 20 an avenue for intervention."

21 Can you assist us, is there a difference between
 22 threat management and violence risk assessments so far
 23 as you are aware and, if so, what is the focus of
 24 FTAC: is it on reducing threat management, reducing
 25 threats or is it on violence risk assessment?

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1 **A.** It is more focused on threat risk assessment, for the
 2 individual targeting a particular person or a site
 3 rather than a general violence assessment we would be
 4 doing. Unless it was again about that, the threat would
 5 then go up, it would support that particular person or
 6 site.

7 **Q.** So if, for example, you concluded that the individual is
 8 a general threat to the public, but not a particular
 9 threat to that site, or protected site, what can you do
 10 in those circumstances?

11 **A.** So it wouldn't come under the remit for FTAC to take on.
 12 However, it would be appropriate to inform, you know,
 13 local police services about that individual, if we had
 14 that concern about it for the general public.

15 **Q.** Is that through -- and we will come to see -- a nominal
 16 reference?

17 **A.** Yes, I believe so.

18 **Q.** I will just read to you another passage. It says:
 19 "The assessment of these risks depends upon
 20 achieving ... understanding of the individual's
 21 motivation and mental state, and an analysis of their
 22 behaviour and their past for the presence of factors
 23 associated with particular forms of risk. Management of
 24 such cases depends upon identifying risk factors which
 25 then also constitute opportunities for management

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1 **Q.** If we please turn over to page 8. Under the "FTAC
 2 referral process" it says under (ii):
 3 "Preliminary risk assessment ...
 4 "FTAC is not in a position to filter all bizarre or
 5 concerning communications or approaches to members of
 6 its core constituency. Therefore, the first risk
 7 assessment is conducted by those experiencing the
 8 primary contact, in a manner that is specified by FTAC."
 9 So there is that first level of review.

10 **A.** Yes.

11 **Q.** Could we please have a look now at some -- a police
 12 printout. The PNC record of VC as at the time that he
 13 was approached by officers. That's METF0000003. This
 14 is a full printout that includes subsequent events but
 15 I will just take you to the pages that would have been
 16 visible at the time. If we look at the bottom of
 17 page 15, please.

18 We see at the bottom there in number 3, this is what
 19 we know in the Inquiry's incident number 2 where the
 20 victim Feven had to jump out a window and suffered quite
 21 serious injuries to her back. The report there is the
 22 initial report, rather than the final report, so it
 23 refers to, for example, back pain, rather than the
 24 extent of the injuries.

We can see that that is stated to be criminal

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1 intervention. Management plans often concern catalysing
 2 and co-ordinating multi-agency interventions from
 3 policing, health and social agencies."

4 You said earlier that you don't always actually
 5 speak to the individuals concerned. Do you think that
 6 it is possible to properly assess those risks without
 7 making at least some enquiries with the subject of
 8 interest?

9 **A.** I don't think it is always possible to do that,
 10 especially if it comes to you the day after or within
 11 a few days, but, yeah, unless it has -- unless that
 12 individual was being spoken to at the time and we could
 13 get officers out there to do an assessment, then, that
 14 would be -- we could do that but most of the time we
 15 wouldn't be able to do that.

16 **Q.** When you say "officers out there", do you mean the kind
 17 of officers who attended Thames House or do you mean
 18 ones with some sort of mental health training?

19 **A.** I would probably say the FTAC officers, but they
 20 wouldn't have -- they wouldn't have enough officers to
 21 be able to do that service.

22 **Q.** Do FTAC officers have some sort of enhanced mental
 23 health training?

24 **A.** I believe so. I believe they have a lot of training --
 25 they do a lot of training with the NHS, yes.

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1 damage, value of damage £5,000 or less. We will get
 2 onto it, but there is no reference in this report of
 3 this incident to grievous bodily harm?

4 **A.** Yes.

5 **Q.** If we turn over the page, please, we see there number 4,
 6 so 3 is just a continuation of the previous events.
 7 Number 4 is what we know as the first incident, so this
 8 is the oldest in the PNC printout. The first incident
 9 where he kicked in the door and damaged the front wooden
 10 door.

11 We can see there the NFA date and that, in fact, is
 12 after your assessment. At the time of FTAC's
 13 assessment, this would have been an ongoing
 14 investigation, rather than something that had proceeded
 15 to, for example, court. Or, in fact, no further action
 16 in this case.

17 So we have there at least two references to physical
 18 force being used by VC. One of them, the one on the
 19 page before, said that he was suffering from a mental
 20 health episode. Presumably when FTAC was carrying out
 21 the assessment they had access to VC's notes in respect
 22 of when he was sectioned, that's likely isn't it?

23 **A.** I would imagine so, yes.

24 **Q.** Yet despite that it was below FTAC's threshold.
 25 If the first of those cases that I took you to had

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1 been recorded to number 3, the one above, if that had
 2 been recorded as grievous bodily harm rather than
 3 criminal damage and if it had referred to, for example,
 4 fractured vertebrae and operation on the victim, do you
 5 think that might have made a difference in FTAC's
 6 assessment?
 7 **A.** It would still come under whether or not the person was
 8 fixated or had a grievance towards a particular person or
 9 sites. Again, when you are looking at these matters,
 10 the remit is very narrow for FTAC to take it on and just
 11 because someone has previous conviction for violence,
 12 yes, it would probably make them look a little bit
 13 closer, but, again, unless it is that the individual is
 14 fixated and has a grievance against the site or
 15 a person, and there is a threat there, then they would
 16 not pick it up.
 17 **Q.** So a history of violence but single identified
 18 attendance at Thames House unlikely to meet FTAC's
 19 threshold; is that right?
 20 **A.** Yes.
 21 **Q.** Can we turn to NHFT0000168. This is VC's medical
 22 records. If we turn, please, to page 21. If we could
 23 scroll up slightly, sorry. Just to the top of the page
 24 above. We see there 3 June 2020.
 25 Over the page, we can see some information held at
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1 voices, you won't believe me. He believed that he was
 2 being watched by people in the next room and also other
 3 people. He did not know any of these people."
 4 So there's the medical note from the previous year
 5 that would have been available to those in FTAC who were
 6 carrying out the assessment. It may be thought
 7 surprising that this, combined with these other factors
 8 that we have discussed, so ringing the doorbell then
 9 acting perfectly normal, history of at least some
 10 violence, would not be sufficient to meet FTAC's
 11 threshold; what's your view on that?
 12 **A.** I know that the encounter with the officers was quite
 13 brief, but obviously when they were speaking to them, at
 14 the time, it was -- there was no sort of hostility,
 15 there was no sort of threats being made, it was quite
 16 coherent, there was no sort of grievance or anything
 17 like that that he was talking about, and then when that
 18 gets passed through to the FTAC team to review
 19 afterwards, they would take all that into consideration.
 20 Again, looking at what's a fixation on an individual or
 21 a particular site, other than the fact it was Thames
 22 House and that's why it came into FTAC probably in the
 23 first place. Yeah, it is still, I would say, it's -- it
 24 wouldn't automatically suggest that they would get taken
 25 on as FTAC as a case to look at.
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1 the time on his NHS records from the previous year.
 2 **A.** Yes.
 3 **Q.** I will just read to you a few passages from these
 4 medical notes. Over the page please, page 21. It says:
 5 "This is a summary account of Text Message
 6 conversations between [VC] and his brother ... from Late
 7 March to late May."
 8 I will just read to you a few extracts:
 9 "He said he hears voices in his head but other times
 10 it was like someone speaking to him, outside of his
 11 head."
 12 The paragraph below says:
 13 "... like his telling my thoughts to someone else.
 14 He said the people would not mock him in person and made
 15 some remark to wanting to hurt these people he was
 16 hearing.
 17 "He said he believed that there were people here who
 18 were monitoring him and has been so for weeks.
 19 "He asked his brother if there was technology/AI
 20 that could map his thoughts accurately for them to know
 21 them in real time."
 22 "He comments that the things that were happening to
 23 him were beyond what one could think. He says the
 24 impossible was happening, something extraordinary or he
 25 was losing his mind. And then said he was hearing
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1 **Q.** Is that really a result of what is ultimately a narrow
 2 remit for FTAC?
 3 **A.** I would say so, yes.
 4 **Q.** Could we turn to WITN0012004. This is a nominal record.
 5 Can you assist us with what a nominal record is?
 6 **A.** So it's basically when -- so the TOM2 is a system we
 7 use, it is for very sensitive information, it is only
 8 used by the FTAC team and it is where a record is put on
 9 and it is recorded on our systems.
 10 **Q.** This is a FTAC only system, is it?
 11 **A.** Yes.
 12 **Q.** If you were an ordinary officer in another force,
 13 Nottinghamshire Police, for example, would you not have
 14 access to this?
 15 **A.** You wouldn't have access to this, no.
 16 **Q.** Is that a good or a bad thing?
 17 **A.** Obviously, the whole purpose of it is to look at
 18 a national security threat if it was passed over to any
 19 police officer, it is not like PNC where any officers
 20 can have a look at it, it has to be very sensitive. The
 21 officers in FTAC are vetted to a very high degree in
 22 terms of what they are dealing with, and it wouldn't be
 23 available to all officers across the organisation or
 24 even wider, across nationally.
 25 **Q.** We see there it summarises the events, so 1 June:
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1 "PSO request a name check from FTAC following the
 2 subject coming to the attention of staff at Thames
 3 House."
 4 It gives some details if we scroll down. It refers
 5 to what was at that stage on the PNC, so two incidents
 6 of criminal damage?
 7 **A.** Yes.
 8 **Q.** Then PND, it says:
 9 "Named suspect identified but is too ill ... to
 10 prosecute - ABH domestic."
 11 **A.** Yes.
 12 **Q.** It may well be that that is in fact one of those that's
 13 also marked as criminal damage there.
 14 **A.** Yes.
 15 **Q.** If we scroll down, please, we can see at the bottom
 16 entry:
 17 "Subject has presented to Thames House ringing the
 18 doorbell, refusing to engage with police or explain his
 19 presence. The officers do not have any concerns for the
 20 subject's presentation/mental state. No concerns for
 21 MH/fixation - first time come to notice by FTAC.
 22 Nominal only at this time."
 23 Can you assist us with what that means, "nominal
 24 only at this time"?
 25 **A.** So they would have been put onto the system as someone

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1 some of it is redacted to protect the identity of the
 2 individuals, but this is -- it was sent, if we see the
 3 bottom email there, it was sent on 1 June 2021 and it
 4 was sent by FTAC to Nottinghamshire Police; is that
 5 correct?
 6 **A.** Yes.
 7 **Q.** Thank you. We can see the attachment, it is
 8 METF0000006. This is a Dissemination Report. Can you
 9 assist us with what a Dissemination Report is, please?
 10 **A.** It's basically when we have decided that we have to pass
 11 information across to another police organisation and it
 12 is a report to give them an understanding about why we
 13 are sending it over to them. Because it obviously
 14 didn't meet the threshold for FTAC but, yeah, it will be
 15 a report that is sent onto another force or agency to
 16 make sure that they are sighted and aware of it.
 17 **Q.** I will just read to you some extracts from this. It
 18 says:
 19 "This information must only be used in accordance
 20 with any Memorandum of Understanding that exists between
 21 the MPS and your agency."
 22 So does the Metropolitan Police Service have
 23 a specific memorandum of understanding relating to FTAC
 24 or is in a broader MOU between the MPS and other
 25 organisations?

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1 who has been -- you know, come in to FTAC to have
 2 an initial assessment and we have recorded his details
 3 onto our FTAC system. At that point, they wouldn't have
 4 made a decision whether or not we are going to take it
 5 on as a case or not and in this case it wasn't, and then
 6 it would have been -- I think it was -- we knew that it
 7 had actually been referred through to Nottingham Police
 8 to have that on their -- be aware of this individual and
 9 referred on to there.
 10 **Q.** So we will look at that notification to Nottinghamshire
 11 Police, but in terms of this being recorded as "nominal
 12 only at this time", does that mean essentially you have
 13 an internal note of this case and if he comes to the
 14 attention of FTAC again, this will form part of that
 15 consideration?
 16 **A.** Yes.
 17 **Q.** But if an officer from another Force has similar
 18 concerns about VC, but they don't relate to a protected
 19 site, therefore, they don't contact FTAC, there's no way
 20 of making a link between two?
 21 **A.** No.
 22 **Q.** Thank you. So I will come on now to the information
 23 sharing with Nottinghamshire Police. Could we, please,
 24 go to METF0000005. This is a cover email. It is not
 25 going to give us a great deal of information because

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1 **A.** I am actually not sure is the honest answer to this.
 2 I would imagine for something like this it would be
 3 a particular data sharing information that we would have
 4 with ourselves and other agencies.
 5 **Q.** Is it always this kind of pro forma that you will send
 6 to other police forces?
 7 **A.** I believe so.
 8 **Q.** If we scroll down, please, we can see some more
 9 information. Over the page, please. If we keep on
 10 scrolling down over to page 3. We see there
 11 an evaluation and an assessment. Are you able to assist
 12 us at all with what either of those mean?
 13 **A.** Evaluation, assessment. So I can't talk you through
 14 this, I'm sorry.
 15 **Q.** Because I think you have said that the assessment from
 16 FTAC was that he didn't meet the criteria.
 17 **A.** Yeah, he wouldn't have met the criteria but in terms of
 18 what B21 and the assessment being medium would be,
 19 I can't assist on that, apologies.
 20 **Q.** Is that then unlikely to be some sort of formal FTAC
 21 assessment in relation to VC?
 22 **A.** So I believe this one came from the Protective Security
 23 Operations team, so the individual completing this
 24 didn't work for FTAC; they would work from a different
 25 department and they would have sent this on. That's my

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1 understanding of it.

2 **Q.** Sorry, can you assist us with that?

3 **A.** So the person -- the officer who completed this

4 particular report worked I think -- I believe they

5 worked for the PSO rather than FTAC, so they have

6 referred this on but they have obviously contacted us

7 for us to know about it as well.

8 **Q.** So would they have access to the nominal record?

9 **A.** To the FTAC, the TOM'S record we talked about?

10 **Q.** Yes.

11 **A.** No.

12 **Q.** Because if we scroll down we can see the information

13 that they have provided --

14 **A.** Yeah.

15 **Q.** -- and that information that's provided there is very

16 similar to the record that we saw.

17 **A.** Yes.

18 **Q.** Can you assist us at all with how that information is

19 input?

20 **A.** Yes, so -- this is where I think this has happened: the

21 officers attended the scene and spoke to the individual.

22 The officer has put on CRIMINT intelligence report, that

23 would get flagged up and the PSO officer, I believe has

24 put this record on and they have also -- it's been --

25 it's came into FTAC via (*unclear*) areas, you know what I

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1 **Q.** Is it possible that this kind of information might be

2 internally protected in some way so that you would have

3 to be cleared to a certain level, or do you think it

4 would be available to an ordinary officer turning up to

5 an incident?

6 **A.** I would have believed they would have probably put

7 a marker on it to say it can't be looked at by, you

8 know, another officer who doesn't -- who has not been

9 security cleared but this -- I believe the CRIMINT would

10 be accessed by any Met officer.

11 **Q.** A Met officer --

12 **A.** A Met officer.

13 **Q.** -- but not necessarily a Nottinghamshire Police officer.

14 **A.** I don't think so, no. Unless they -- I don't think they

15 have CRIMINT. They'll have a different intelligence

16 system.

17 **Q.** Now that the system has changed are you aware of whether

18 it's nationwide or local?

19 **A.** Not all forces have, but there is a lot have -- have now

20 started using CONNECT. The Met changed to CONNECT

21 probably about two years ago and it now provides

22 an opportunity to work with other forces as well for us

23 to see information, intelligence that they captured on

24 their own systems because it all now comes under

25 CONNECT, so I believe it should all be, like, signed up

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1 mean, even to the intelligence report and probably this

2 one as well.

3 **Q.** So, in fact, it replicates what's in the CRIMINT rather

4 than in your nominal report.

5 **A.** Yes.

6 **Q.** In fact if we could bring onto screen at the same time,

7 perhaps side by side, METF0000002 page 2. The second

8 page of that document. We can see there that that's in

9 fact essentially the same information.

10 **A.** Yes.

11 **Q.** So just so that there's no confusion, the CRIMINT

12 information, the information on our left-hand side, is

13 that ordinarily available to your ordinary police

14 officer --

15 **A.** Yes.

16 **Q.** -- from another force?

17 **A.** I don't know if from another force, because it is a --

18 CRIMINT is an intelligence report and it is a particular

19 system that we have in the Met. We have actually now

20 changed because we have got a new IT system that covers

21 intelligence, custody, lots of different things, and the

22 new system is called CONNECT, which some other forces

23 also use CONNECT as well, so if it was coming on now

24 onto CONNECT they would have access to it, but not on

25 a CRIMINT.

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1 as long as that particular force has the CONNECT system

2 that they use.

3 **Q.** So the information on the right-hand side was sent

4 directly to Nottinghamshire Police.

5 **A.** Yes.

6 **Q.** The information on the left-hand side is unlikely to be

7 ordinarily available to Nottinghamshire Police?

8 **A.** Yes, I believe so. Yes.

9 **Q.** How about sharing with the NHS? Is the information

10 available on the screen available to the NHS at all?

11 **A.** So, the individuals who work in the FTAC team, it would

12 have been available for them to have -- to be able to

13 see, but not generally speaking, no.

14 **Q.** So if you were a treating clinician or something,

15 nothing from this incident would have been passed on to

16 their records.

17 **A.** I don't believe so, no.

18 **Q.** Thank you. I would like to then talk about

19 recommendations and improving the system. If this case

20 fell below your threshold, do you think that the

21 threshold for FTAC is set at the right level?

22 **A.** I think there is a lot of lessons that could be learned

23 from what's actually happened. In terms of the remit

24 for FTAC is very narrow, it is -- the volume in terms of

25 we cover national, international, you know, over 3,000

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1 referrals that come into the team, it's a very small
 2 team and they have access to the systems and they are
 3 looking at threat assessment against very strict
 4 criteria in terms of protected people or sites. That
 5 particular team wouldn't be able to do it for a threat
 6 that's maybe against members of the public.

7 **Q.** So what should happen to those individuals who don't
 8 meet your threshold, but that nevertheless you consider
 9 are a broader threat to the public?

10 **A.** So in which case, and it's what happened here, the
 11 assessment was completed and then it was passed over to
 12 the Nottinghamshire Police to make them aware that this
 13 individual we believe resides in your constituency and
 14 he has attended a protected site in London today. You
 15 know, they would pass that information on, so
 16 Nottinghamshire constabulary would then pick that up and
 17 made an assessment about how they were going to deal
 18 with that in terms of if they came in contact with that
 19 individual again.

20 **Q.** So what would you have expected Nottinghamshire Police
 21 to have done with that information?

22 **A.** In terms of his previous demeanour and what's happened
 23 in his previous -- they are not convictions, but his
 24 past contact with the police, their intelligence team
 25 should be doing an assessment on him to find out if

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1 **A.** You see the PNC records again they have got a particular
 2 remit about what they capture. They have got warning
 3 signals that if an officer is dealing with someone,
 4 a member of the public, it could flag up to them. So in
 5 terms of the intelligence log that went across to that,
 6 maybe Nottinghamshire Police could put on a PNC log to
 7 say this individual has got a mental health marker
 8 against them to make them aware when officers are
 9 dealing with someone like that.

10 **Q.** Would that, in fact, have been available to them as at
 11 the time that the email was sent to them --

12 **A.** They had it on the -- mind you, it was afterwards,
 13 wasn't it? When you look at the previous convictions
 14 that you showed me a minute ago --

15 **Q.** Yes.

16 **A.** -- they would have access to that. That would be on the
 17 PNC record anyway. But there's also within PNC there
 18 are warning markers that can flag up for members of the
 19 public that we come across and potentially a PNC marker
 20 could have been put on for this individual.

21 **Q.** If Nottinghamshire Police had received this
 22 Dissemination Report and it contained the information
 23 that we have already seen, would you expect them to have
 24 put up some sort of mental health flag on VC's PNC?

25 **A.** If it was directly linked to a criminal matter, then,

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1 there is anything in terms of maybe a welfare check or
 2 something like that. I would quite like for that to
 3 have happened, that they would maybe go out and speak to
 4 the individual or refer it to a multiagency department
 5 that deals with NHS police, local services, local
 6 authorities to see if they can manage that individual
 7 moving forward.

8 **Q.** In those circumstances, is an email, is the kind of
 9 email we have seen, sufficient? We have seen that it is
 10 not available to those officers on their ordinary
 11 databases. An email is sent. Is there some sort of
 12 improvement there that might be made to make it more
 13 accessible?

14 **A.** One of the kind of lessons that I have reflected on on
 15 this is around the -- really reinforces the importance
 16 of that continuous improvement in terms of information
 17 sharing between national specialist units and local
 18 services particularly in relation to individuals who
 19 move geographically and I think that could be something
 20 that could be taken forward.

21 **Q.** How would that happen? I mean, something like the
 22 intelligence log that we have seen, could you see any
 23 benefit, for example, in some of that information at
 24 least being available on an ordinary police and national
 25 computer?

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1 I would say yes. If it was linked to a criminal matter
 2 then I would say yes.

3 **Q.** How about in the context of an investigation into
 4 another matter that was ongoing, but unrelated to this?

5 **A.** I'm not sure. I will try to think back when I was on
 6 the street because I used to be a response officer and
 7 I dealt with a lot of people like this. It was usually
 8 after I had arrested someone and had contact that way
 9 that a PNC marker would be put on for someone that was
 10 displaying mental health behaviours.

11 **Q.** Let's assume that Nottinghamshire Police didn't put on
 12 that marker having received this report, is there a way
 13 that you envisage that it could be made easier for that
 14 to happen, for the link to be drawn between a flag on
 15 the PNC and a Dissemination Report from FTAC that FTAC
 16 have quite clearly put some work into so that that work
 17 isn't lost?

18 **A.** I mean, yeah, I think there could be something around
 19 that, but how it happens and the process to do that, I'm
 20 not sure who that would sit with, but, you know, I think
 21 it would be -- it could be advisable for that to happen,
 22 yes.

23 **Q.** What do you think would be the most appropriate way to
 24 do that insofar as you are aware of the relevant
 25 systems?

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1 **A.** For me it would be the individual whose dealing with him
2 at the time. So if they were -- if the officers were
3 dealing with him for an offence and they had arrested
4 them and they were brought into custody and potentially
5 interviewed or Released Under Investigation or bailed or
6 charged, then that person who hold that ownership at
7 that time, I would say should have been putting on a PNC
8 record to say this person was displaying mental health
9 concerns at the time.

10 **Q.** How would that officer be aware of your Dissemination
11 Report?

12 **A.** I believe the Intel report that was sent across to
13 Nottingham would have been onto their own individual
14 intelligence system and they would probably have access
15 to it that way rather than the Met's intelligence
16 system.

17 **Q.** Is there any formal arrangement you have or you think
18 there should be to ensure that these Dissemination
19 Reports are available to officers?

20 **A.** Now that we have moved to the CONNECT system, the Intel
21 reports should be shared with the other Forces that are
22 on CONNECT as well and therefore they would all have
23 access to it. I believe that is way it is just now. I
24 might be wrong in what I'm saying here, but I believe
25 that is the reason behind us setting this up in the

1 first place, that we could communicate and share
2 information better with other Forces because once they
3 go over a border, even though they are 10 feet across
4 that border, it might be one Force was dealing with that
5 one and we all had different systems back in 2021. We
6 are not there now, we have moved forward with a new IT
7 system.

8 **Q.** Thank you. I don't have any further questions. There
9 are some questions from Core Participants, so it may be
10 that we --

11 **THE CHAIR:** Yes, I think we are going to stop now and we
12 will start again. I will ask you to be back at
13 2 o'clock, please. 2 o'clock.

14 **(1.02 pm)**

15 **(The short adjournment)**

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