(1.45 pm)
THE CHAIR: Yes, Ms Langdale.
MS LANGDALE: Chair, may I call the next witness, please, PC Barnaby Pritchard.
PC BARNABY PRITCHARD (affirmed)
Questioned by MS LANGDALE
THE CHAIR: Do sit down. Yes.
MS LANGDALE: Officer, you have prepared a statement for the Inquiry dated 6 November 2025.
A. I have.
Q. Can you confirm whether the contents are true and accurate as far as you are concerned?
A. That is correct.
Q. Do you have it before you?
A. I do, yes.
Q. Please feel free to go to it at any point.
You have been a police officer for how long?
A. Almost 16 years.
Q. At paragraph 7, you tell us that during your policing career you have assisted in executing warrants issued under section 135 of the Mental Health Act on numerous occasions; roughly how many?
A. It would be impossible to put into figures, I don't know, 50.
Q. In your experience, do you always get information before you go to such an attendance about the circumstances or background circumstances?
A. The information contained on the incident logs mainly.
Q. There was, if we can go please to document NGPF0000024, it is a March 2018 document. It will come on the screen for you.
If you go to the second page of it, it is a document provided by Kathryn Craner, I think, from Professional Standards and referring to:
"WITH EFFECT FROM MONDAY, 5TH MARCH [2018]
"Nottinghamshire Police have agreed with HM Coroner that there is a requirement for a supervisor to risk assess and brief officers executing [section] 135 MHA warrants (we execute between five and ten per month across the Force)."
We see in capitals:
"THE RESPONSE SERGEANT MUST BRIEF ALL OFFICERS WHO ARE ATTENDING TO EXECUTE THE WARRANT AND UPDATE THE LOG TO CONFIRM THIS HAS BEEN COMPLETED."
You will have been around when that was introduced. Was that to make sure you got better information about the situation that you were going to? Is that effectively the purpose of that?
A. I believe so.
Q. Thank you.
You tell us at paragraph 9 of your statement, on Friday, 3 September you were on duty on an afternoon shift when you took a call in relation to an incident referring to VC. Shall we go to the log to see what you were told about that call in the light of your answer previously that you relied on what was recorded in the log about it?
A. Yes.
Q. So, if we go please to NGPF0000023 page 2.
If we look VC's previous admission. In fact, we can start from the top.
"... diagnosis of psychosis. He has had 2 previous hospital admissions and is currently refusing medication and to see mental health staff. Information provided about the premises ..."
Then about previous admission:
"[VC's] previous admission. Broke into his neighbours flat as he could hear his mum's voice ..."
Would all of this information have been transmitted to you beforehand?
A. I believe I would have had an opportunity to read it, maybe not transmit it, but ... bear in mind there is quite a lot of text there, I wouldn't have a chance to read it.
Q. How do you read it then? Can you access an Incident Log at the time of receiving a call to attend?
A. Yes.
Q. This would have been available for you on NICHE, or how is it available?
A. I think at the time it would have been a system we use called SAFE.
Q. That is a system that only officers have access to, is it?
A. Yes.
Q. Other officers can input information for you to obtain or see via that route?
A. That's right.
Q. If we go over the page to page 4 of the document, would you have seen this:
"Threat What is the threat ... who is at risk?
"affects how the incident is graded."
We see there "Low" at this time. Tell us what you deduce from that document?
A. I believe that's something put on by the control room.
Q. 16:19 it says at the top, if you look at the beginning, it is recorded:
"Signals/flags 4 occurrences - most recent being intel from ... about an incident in London."
The Inquiry has heard about that incident. Then we see information below.

You refer in your statement to the Incident Log, can we assume that you would have seen the Incident Log?
A. Yes.
Q. Did you get anything about level of risk or capacity for violence or anything like that from this or not?
A. As you can see, I think it says it is low, graded as low. There wouldn't have been information contained on there that would have informed me of his capacity -- well, any warning signals and things like that recorded on PNC, I suppose.
Q. Yes, it says "Signals/flags 4 occurrences - most recent being Intel", but do any of those, at the top of that document, signal violence or concerns about that?
A. No.
Q. So, low risk, graded as low risk, you obviously know there is mental health issues otherwise you would not be attended presumably, you would expect that?
A. Yes.
Q. In your experience of attending such incidents -- and you have described that you have attended a number where there's mental health issues -- how often has violence erupted or events gone in a different direction, if I can put it like that?
A. I think apart from this incident then they're relatively routinely.

Q. Sorry, say that again.
A. Apart from this incident, they go relatively routine.
Q. What does "routine" mean?
A. The person that's the subject of the 135 warrant will co-operate with any request that we have and if they are asked to, if they are subsequently sectioned by the attending doctor and approved mental health professional, then they leave accordingly or voluntarily.
Q. Just to set the scene, who normally attends? You have described there people from health, yourselves. What, in your ordinary experience, would happen in terms of who speaks to the person, the person to be detained, and how it normally goes?
A. Mainly it is the doctor and the AMHP, as they are abbreviated to, they mainly do all the talking. I suppose we are there to assist if it -- if required.
Q. The AMHPs are the Approved Mental Health Practitioners?
A. Yes.
Q. Approved by Nottingham Council, and what is their role in it usually?
A. We are working on behalf of Social Services as well as the mental health.
Q. You all go altogether, as it were, and secure the detention of the person?

A. Normally, it is arranged that we attend at the same time, that they request officers to attend.
Q. If you go to paragraph 14 of your statement over at the top of page 4, you say from the information that you had seen on the PNC system, you mean the Incident Log presumably, or did you look at the PNC as well?
A. I don't think at the time I had access to PNC, so it would have been the PNC check conducted by the control room.
Q. Which we see summarised in the Incident Log?
A. That's right.
Q. You didn't note any associated risks. You say here:
"I noted he had previously assaulted a flat mate which had been recorded on the Nottinghamshire Police Niche system, but from my recollection this matter was taken no further."
So, what did you deduce as to the significance of that episode?
A. It was quite a low -- low risk.
Q. Can you help us with something else, PC Pritchard? When an offence is recorded at the time of opening an offence, so assume something's recorded as an assault at the beginning, if those matters transpire that was to be recognised as a different type of offence, a grievous bodily harm, is there opportunity to update the original

offence that it has been recorded for or does it always remain as the offence that was entered at the first stage when the crime occurred, as it were, or reported?
A. It is my understanding it can be -- it can be recorded as -- it can be changed, constantly changed.
Q. It can?
A. Yes.
Q. From the original report it can be changed as events emerge?
A. I think National Crime Recording Standards sometimes update and suggest that the crime is more significant than it is.
Q. You explain at paragraph 15 it was agreed that yourself and PC Sutton should attend the address with Sergeant Ellis and PC Wakefield to assist the doctors. Can you remember now how many officers there were that attended in total?
A. Four including myself.
Q. Any more or you think that was the maximum?
A. No, that was the maximum.
Q. We have some footage, but it is quite difficult to see the number of officers or people, but as far as you were concerned there were four from the police, the people that you have named here in addition to yourself?
A. Yes.

Q. When you attended, what happened then? Who did you have a conversation with? You say at approximately 6.45 you attended the address, the doctors and the AMHP were there.
A. Yes, the discussion I think -- I don't recall the exact words or the exact discussion, but I was party to a discussion with the doctor and the AMHP.
Q. We have some body-worn video footage, I will play that later, if I may, and just hear from you what you can remember about that now. What was your first impression of VC? When did you first see him?
A. I think after -- well, I was just referring to my statement.
Q. Please do, it is not a memory test. If we look at paragraph 18.
A. Well, he answered the door.
Q. Right, so he answered the door and what was your first impression of him when he answered the door?
A. He was very calm. He spoke quietly. I think as well he was very unemotional with any responses. I think he also spoke very little.
Q. You say here that Sergeant Ellis and PC Wakefield followed him inside the flat and you followed together with PC Sutton. In terms of following in, what was your concern at that point, why did you go in? You set it

out at paragraph 19.
A. I think it is his demeanour and experience of other situations I have been involved in, I suppose it was to protect other officers and myself maybe. I think followed him into the back of the address. It was just to ensure that he -- well, I think I say here just to ensure there wasn't any -- I was concerned maybe, due to his demeanour, that he might start using violence.
Q. You say also here you were concerned that he would barricade himself into his address and potentially arm himself or based on his demeanor and experience you followed him into a bedroom; is that what you were worried about?
A. Yes, it was quite a small area.
Q. You say one of the officers tried to reassure him that he wasn't in any trouble; is that right? Can you remember that?
A. Yes.
Q. You say that he refused to walk out with you voluntarily and said words to the effect "I understand you are just doing your job, but I will go with the gentleman". What did you think he was meaning when he said "I'll go with the gentleman"?
A. Initially, that he would walk out of the address with me.

Q. So positively, constructively walk out with you?
A. Yes.
Q. You were the only male officer, the other three were women; is that right?
A. That's correct.
Q. So you interpreted that as he was going to walk out with you?
A. Yes, he would accompany me out of the address and speak with the doctor and the approved mental health practitioner.
Q. Sergeant Ellis also moved into the bedroom. You moved in towards him. What happened then?
A. I think Sergeant Ellis spoke with him, maybe took hold of his arm.
Q. Then what happened next? What happened to you?
A. He began punching me repeatedly.
Q. Did you anticipate that coming?
A. No. No.
Q. Was that because you thought he had agreed and was going to be walking out with you at that point?
A. That's correct.
Q. So, in fact, as we look at the video, you were confused by what he had said in relation to that.
A. That's right.
Q. When he was punching you, how did the attack come under

control? What happened next, and don't worry line for line, we are going to see the video, we have a transcript, what do you remember from it?
A. As a collective we managed to restrain him against an item of furniture inside the room. PC Sutton tried to apply handcuffs. He tried headbutting me and did headbutt me twice whilst I was trying to restrain him against the item of furniture. PAVA was used.
Q. What's PAVA?
A. It is an incapacitant spray.
Q. How does it incapacitate people? What does it do?
A. If it is sprayed into the eyes or directed at the face, you have a reaction of disorientating you. It helps contain violent individuals.
Q. So that was used. Anything else used?
A. I think as we have managed to push him towards the bed in the back of the room, a Taser has been deployed twice.
Q. What was the effect of that?
A. Initially, due to proximity of PC Wakefield it wasn't effective but she fired off another cartridge and we managed to detain him.
Q. When did you manage to get handcuffs on him, can you remember?
A. After he had been Tasered on the bed, I believe.

Q. Did he do anything with those handcuffs while that was going on?
A. I think before that occurred he swung them towards me, yeah, as a weapon.
Q. Did they make contact with you?
A. I don't believe so.
Q. We have a photograph of your injuries. If I can ask that to go on the screen, please: NGPF0000017. We see there described as bruising and swelling to the left and right sides of your forehead.
A. That's not on my screen.
Q. Sorry. NGPF0000017 page 135. Do we see there?
A. Yes.
Q. Can you tell us in effect what the injuries were?
A. Bruising and swelling to the left cheek.
Q. You say in your statement:

"My injuries were not serious ... I did not deem it necessary to seek hospital treatment."

You may not have needed hospital treatment but how sore were those injuries?
A. Yes, I had pain and discomfort, so they were quite sore.
Q. What about at the time of them being inflicted?
A. I didn't really feel anything.
Q. Why do you think that was? The circumstance?
A. The circumstance, adrenaline.

Q. You say it was completely unexpected, you didn't expect that. Why did you not expect that? It may seem an obvious question but why did you not expect that?
A. At the time he wasn't demonstrating any warning signs that he'd begin assaulting me, it was a -- it seems as soon as I stepped in the room he began just swinging completely out of the blue.
Q. Before we go to the transcript, can I ask that the footage is played. People I think are aware of the content now. It is a matter for them whether they view it, but it is NGPF0000107.

(Body-worn video played)

We have also a transcript, please. If we can have the transcript on the screen, INQY0000005. We can see at page 2, if we go to page 2, we see from this transcript -- Chair this is an agreed transcript prepared by the Inquiry legal team -- we see at the top:

"VC can be seen removing his glasses and placing them down out of view of the camera."

Then saying:

"I don't have a history of mistreating women."

Then further down:

"Gentlemen, if you want to take me out."

Then he says:

"I prefer you to do it."

Is that the point when you thought he was volunteering to walk out with you, as opposed to do what in fact transpired?
A. At the time that's how I interpreted it, what I interpreted it to mean.
Q. In fact, one of your colleagues, and again in the adrenaline or in the moment she is saying:

"He is not going to hurt us, he is going to hurt you, I'm going to retort."

That level of intention, if you like, wasn't something that passed you by at the time in the moment and where you all were, what was going on.
A. Yes.
Q. Then if we go to page 9. We see VC saying to you:

"You did good yeah."

Then over the page, 3.51:

"You didn't go down."

What did you make of that? Did you register that at the time?
A. I did. I believe it was possibly some male bravado. He expected the force of his blows to put me to the floor.
Q. The transcript can stay on the website, Chair, at the end of the day so people can see that.
THE CHAIR: Yes.
MS LANGDALE: You say:

"Other officers arrived at the scene and ... He was taken from the flat and placed into the rear of a marked police van."

And he was taken to hospital.

That's at paragraph 33 (sic). Was he taken to hospital because of the Tasering?
A. Yes, that was standard practice at the time.
Q. Was there any discussion between the officers about whether he would go to custody after he had been to the QMC, the Queen's Medical Centre, or whether he would go to hospital? Was there any discussion around that?
A. If there was with those officers, I wasn't party to it.
Q. So there was no discussion between you whether in fact he should be interviewed in relation to that assault on you. He was taken to the QMC and ended up at Highbury Hospital.
A. I believe that that happened. Sorry, I have got a bit confused. I don't know who I was speaking -- I think I may have been speaking to Police Sergeant Ellis, I think I conveyed my views that I want him to go to custody.
Q. Did you say that at the scene or after the events or what?
A. It was at the scene but after the events. My memory of the incident -- I can't recall exactly if he was there

at that time. I mean, at the time I think I was under the impression he would have gone to custody, but he was taken away in an ambulance for treatment for the Taser discharge.

Q. That was your -- you remember expressing that preference at the time, that he should go to custody because of the violence towards you?

A. I did, but, again, it was -- I was aware that he may not have had his detention authorised at custody due to his mental health.

Q. You say:

"I had been assaulted on duty before this incident and I have been assaulted since, but rarely have I been subject to this level of violence and aggression."

A. Yes.

Q. Have you been able to anticipate it in the past if it is something has kicked off or not?

A. No.

Q. You say at paragraph 39 of your statement:

"As mentioned previously, I understood that [VC] ... would not be taken to custody due to his mental state and whether he had capacity, which at the time left me feeling perplexed but I accepted this decision was out of my control."

What do you mean by "whether he had capacity"?

A. In terms of his mental ill health, whether he had mental capacity.

Q. You say in this paragraph:

"Had [VC] ... been conveyed to custody once discharged from hospital, he may have been deemed fit for detention and interview and the assault against me dealt with expeditiously."

So what are you saying there, that he would have been interviewed and the assault might have been progressed through the courts more quickly or what?

A. Yes. I think that's what I'm alluding to there.

Q. We know, and I'm going to deal with it with other officers because it is not for you as the victim to be part of pursuing that prosecution or having to be involved in that directly as an officer when the assault is on you, but we know the assault was 3 September, the decision to charge -- 2021 -- was 9 May 2022, and the first appearance due to be in court for VC 22 September 2022. How did you feel about that delay at the time? Were you kept in the loop about that?

A. As in the delay in reporting him?

Q. Not you reporting him, the charges are being advised upon and the first appearance due to be in court.

A. I think there was -- I think I just accepted it as part of the process. There may have been difficulties

getting statement off one of the doctors, but I was aware that the matter was being progressed and I was happy with that.

Q. You were happy for it to be progressed and you were updated in accordance with how you should have been about what was happening when there were delays. It sounds like you knew a doctor's statement was causing a delay.

A. Yes, I was happy with how the investigation was going.

Q. You say at paragraph 40:

"I am disappointed he was never prosecuted for the assault on myself however, I am under no illusion, this would not have led to a custodial sentence."

Was that -- we know in January 2024 Assistant Chief Constable Griffin said that publicly. Was that something you had thought about independently, or may have been influenced by other officers making that comment?

A. No, it was something I thought about independently. From the experience of officers being assaulted, I can't recall an occasion where someone was sent to prison.

Q. Is that in respect of colleagues that you know?

A. In respect of colleagues. Things you read about. I don't think the courts take assaults on police officers particularly seriously.

Q. There is a policy designed to take it seriously within Nottinghamshire Police. I will go to that with another officer, but there is a policy directed to the protection of emergency workers, isn't there. Do you think that culture is adopted within the police service?

A. To a degree, yes. Are you referring to Op Hampshire?

Q. Yes.

A. I'm well aware of that.

Q. That is a policy that says it is a priority and it is important and people should be protected at work and the like.

A. Yes.

Q. So you are aware of it and generally you would be aware of that within the police?

A. Yes.

Q. We asked all of the officers attending whether they knew any of these events had been communicated to other agencies. That's the University, for example, or to health. As far as you are concerned, and I would not expect you to in the circumstances, you didn't have direct contact with any other organisation or the University?

A. I didn't, no.

Q. Can you remember if there was any discussion amongst your colleagues about whether the University should be

notified, given he was a student?
A. I don't recall any discussion taking place.
Q. No. Obviously I don't want detail about cases or situations, but have you ever in your career as a police officer contacted health services or other agencies about a call-out that you have attended and you are concerned about somebody's mental health and their potential impact on others? Is that something you would think to do in any other scenario?
A. I'm having trouble to recall specifics but I believe I have contacted mental health services before.
Q. Is that particular doctors or hospitals where you know someone is being treated or what?
A. I think at the very early stage in my career we used to do referrals over the phone but not speaking directly with any doctors, talking about before the triage car, things like that.
Q. The policy that you refer to, the Operation Hampshire, suggests that those such as yourself who have been assaulted in this way should be kept informed and updated about the investigation. It also says line managers should meet with you. Did you have a line manager meet and discuss this with you?
A. Yes.
Q. You were asked I think to do a Victim Personal Statement

but in fact you said your statement would cover the issue anyway by describing the event; is that right?
A. That's right.
Q. He was never in fact interviewed, VC, about this offence. Do you have any views or thoughts about that?
A. No.
MS LANGDALE: Thank you. I have no further questions, officer. I think there was no -- I don't know if Ms Cartwright has any? There is just a few more.
A. Okay, thank you.

Questioned by MS CARTWRIGHT

MS CARTWRIGHT: Good afternoon, officer. Officer, can I just briefly ask you about others in attendance because you have named three officers. But certainly where the body-worn video footage was paused doesn't give a full capture of just the sheer number of officers that were present to execute that mental health warrant.

So do you have a recollection of the other officers that were present? Because it seems certainly double figures officers that are there to effect that warrant.
A. I believe they attended as a result of an emergency button activation either during or after the incident. I wasn't aware of any other officers being there when I first attended.
Q. I'm going to ask if it is permissible to just take the

footage to a counter time, because certainly they do seem to be in the room but the footage was placed in advance of this coming into the hearing room and those -- my clients have identified that Zoey Price is also in the room, who is the officer we heard from before. So I'm wondering if it is possible just to show the footage as a screenshot for the others present?
THE CHAIR: Ms Cartwright, no.
MS CARTWRIGHT: All right. I will leave it there but I'm wondering if it would be possible to have the full names of all the officers present in due course, but thank you very much indeed.
THE CHAIR: Yes, Mr Beggs.

Questioned by MR BEGGS

MR BEGGS: Officer, just a number of very brief matters. First of all, are you able to help the Chair with how many times in total you have been assaulted in your police career?
A. I estimate between 15 to 20.
Q. Where does this assault rank in those 15 to 20?
A. It's probably up in the top five, there have been more serious assaults.
Q. You have had more serious, but it is top five?
A. Yes.
Q. You gave evidence that I think you said you didn't think

the courts took assaults on police seriously. Is that based on your personal experience?
A. Of the assaults I have been involved in, yes.
Q. Have you sometimes been awarded compensation by the courts?
A. Yes, but very insignificant amounts.
Q. I was going to ask you that. What sort of awards have you received?
A. Possibly about 3.50 a month.
Q. So you get paid £3.50 a month?
A. It is very scattered. It might appear one month, but not the other.
Q. Are these compensation awards enforced?
A. I wouldn't say so, no.
Q. Thank you very much.

Questioned by THE CHAIR

THE CHAIR: Yes, I just wanted to ask, not the same questions as Ms Cartwright, but we see two people speaking there. Are those the doctors who attended or the doctor and the AMHP, as you have described?
A. Sorry is that on the --
THE CHAIR: On the film that we see.
A. Is that in the room, sorry?
THE CHAIR: You can see them slightly reflected in the mirror at the end of the corridor and one of them speaks

to VC.
A. I think that is the doctor and the AMHP, yes.
THE CHAIR: Thank you. Just in terms of what happened, you have described how the PAVA spray and the Taser were used. The space you were in was quite a small space, wasn't it?
A. Yes.
THE CHAIR: Was that what made it difficult to, as it were, subdue him or was there anything else?
A. It certainly was an aggravating factor, especially with the use of Taser.
THE CHAIR: But in terms of strength, what would you say?
A. He was stronger than me.
THE CHAIR: Thank you. Yes, thank you. I have no further questions.
MS LANGDALE: Thank you, PC Pritchard.
Chair, I wonder if we could have just five minutes to set up for the next witness.
THE CHAIR: Yes. 3.35 pm. Thank you.
(3.27 pm)
(A short break)
(3.35 pm)
MS LANGDALE: Chair, may I call PS Ellis, please.
PS LOUISE ELLIS (affirmed)
Questioned by MS LANGDALE

THE CHAIR: Yes, do sit down.
A. Thank you.
MS LANGDALE: Sergeant Ellis, you have prepared a statement dated 23 October 2025.
A. Yes.
Q. Can you confirm that statement's true and accurate as far as you are concerned?
A. Yes.
Q. You have got hard copies available of documents --
A. Thank you.
Q. -- we also have a screen in front of us, let's see how we go, if you need to revert to hard copies, do so and I can give you page numbers for them.
So you tell us in your statement you joined the police in 2004, promoted to sergeant in 2021; is that right?
A. Yes.
Q. In that time, roughly, how many Mental Health warrants -- Act warrants would have been involved in?
A. At that time, probably two. When I first joined the job, we didn't really do things like Mental Health Act warrants, it was -- we had powers under section 136, but it was very much a -- you had to coerce people out of the house essentially in order to effect those powers. So that's how it started off in my career. Obviously,

as I went through my career, the need for me to be involved in that sort of warrant was less and less.
Q. I don't know if you have just heard the evidence of PC Pritchard before you; did you hear that evidence?
A. Yes, I did, yes.
Q. He gave some evidence about the significance of assaults on officers and how they are dealt with.
A. Yes.
Q. We know there is Operation Hampshire. If we go to a document NGPF0007411, you may know this procedure policy already.
A. Okay.
Q. If we go to page 3 of the document. The rationale of this, that:
"Unfortunately, staff (Officers, Staff and Volunteers) can be subject to assaults and prejudicial abuse as a result of carrying out their duties. Nottinghamshire Police has adopted the National Operation Hampshire 7 point pledge concerning physical assaults towards staff members but has now decided to expand this pledge to include ... assaults on emergency workers ..."
We see at the bottom of page 3, the key points of it. I'm not going to read them all out. If you have a look, Sergeant Ellis.

A. Yes, okay.
Q. Then over the page, 4, 5, 6, 7, 8. We know -- and I'm going to come to the documents later that you entered -- that you entered this, pursuant to this policy, this event?
A. Yes.
Q. It is clearly in policy terms recognised as a significant issue. Do you think the culture and practice within the Force is to recognise it as a significant issue as well?
A. Sorry, I -- say that question again, sorry.
Q. Do you think the culture within the police service is to recognise it is important when there is assaults against emergency workers and to treat victims of those assaults in the same way and with the same respect that you would victims of other assaults?
A. Yes, I think the culture is. I think it has to be matched against the culture of proportionality and expectations and unfortunately the expectations of police officers and the public might have some sort of disparity, yes. But I think it is important and I think, depending on, like I say, the level of assault, then things have changed and, yes, for the better.
Q. Let's have a look then at your statement please, paragraph 14. You heard a message at 6.15 pm over your

personal radio from the Force Control Room. What was it asking you to do?
A. Am I all right to look at my statement?
Q. Please do. Paragraph 14 of your statement.
A. So from the Force Control Room, basically, it wasn't me being called to a job, it was a job that I overheard, so it was being broadcast across the police radios, where PC Wakefield who was single crewed was being sent to help doctors execute a section 135 Mental Health Act warrant.
Q. What information -- and you tell us, continuing in paragraph 14 -- was passed about the person who had a diagnosis of psychosis, what were you receiving?
A. He had a diagnosis of psychosis and he had been refusing medication or to see mental health staff. He had previously been sectioned after he broke into a neighbour's flat after he said he could hear his mum's voice. He thought that she was in that flat and in distress. He had been arrested and then released without charge, but then had quickly done the same, in the same building but a different flat.
Q. Did you read that on the Incident Log or did you hear that information? How was that information transmitted to you?
A. I can't remember how it was transmitted to me. However,

I did read the Incident Log and it says broke into flat, neighbour's flat, heard mum's voice in distress.
Q. Did you think from anything that you saw on the Incident Log that there was a risk or did you think it was a low risk of violence or anything happening? What was the consequence of what was on the log as far as you were concerned? I don't know if it helps you to see it, NGPF0000023, page 4. If we go -- can you see that under "Threat what is the risk?"
It is enlarged, the box on the right?
A. Okay, so the box on the right. First of all we have the first part where it says "NICHE". Now this is a threat assessment that is undertaken by people in the control room when the call is first taken. So, this happens all in the control room, this is what the control room sought out and this is how they grade their incidents.
So, where it says "Threat" that is not me making those -- that risk assessment at that time, that is someone else.
As you can see, when I read the incident all I have got here is:
"Signals/flags 4 occurrences - most recent being intel ... about an incident in London."
Now, if that is the same Dissemination Report that was brought up earlier in the Inquiry, then at no point

does that say VC attended MI5 and asked to be arrested. So I did not see that report. I don't know what Thames House is and by looking at this I do not think that person who read that report knew what it was either.
Q. We know that report was sent into Nottinghamshire Police but that's how it appears for you at this point. Can we scroll down under the "Threat" as well please. Can you talk us through what you would ascertain from any of this?
A. So, THRIVE is a risk assessment tool that I believe was brought into the control room again in order to grade how quickly the incident should be assessed and attended to.
Looking at this what I have got here is "harm assessment, what harm could there be if the threat was released?"
It says there none on this occasion:
"Possibility of something occurring and affects how the incident is graded? Low."
The Covid questions we were going through. So everything on that suggested to me that it was a low risk warrant.
Q. What does a low risk warrant mean in terms of when you go in there?
A. In terms of the THRIVE assessment which is Threat, Harm,

Risk, Investigation and Vulnerabilities, means that basically the threat is low, the risk of what would happen or could happen is on the lower end of the spectrum.
Q. If you go back to your statement at paragraph 17, you tell us that when you arrived at the premises you spoke to doctors and social workers who were already there.
A. Yes.
Q. Tell us about your exchange of information with them.
A. Basically that they had a warrant that was obviously granted by a judge. Therefore I knew I had a power to force entry if I needed to. The warrant was for VC to be taken to be assessed for his mental health and essentially me and the persons with me were there to help facilitate that safely.
Q. Did you have a plan between you about how that would be done or did you all just understand that had to be done? How much discussion or debriefing amongst you was there about how it might have to be effected?
A. Debriefing or briefing, sorry?
Q. Briefing.
A. Briefing. So briefing-wise, because of the low resources, there wasn't a lot of options available to me to brief, to be honest. Had I have had some indication that they were going to be a higher risk then I probably

would have gone or taken different resources with me. So, I can't necessarily say what I would have said in the briefing but essentially what I had there on the Incident Log was what I would have told the team.

Q. You say:

"PC Wakefield knocked on the door ..."

Would you like to talk us through what happened next as far as you can remember it?

A. Do you want it word for word from my statement or --

Q. If that's easier for you. You have obviously taken your time to do the statement. So what's best for you?

(Pause)

If you begin at paragraph 19, I think.

A. Thank you, sorry. So, yeah:

"PC Wakefield knocked on the door of the flat several times before [VC] ... opened the door."

Prior to that I had already spoken to the doctors and social worker that were already there. "They showed me the warrant ..." They had already attempted to speak to VC and "he had refused to go with them ...

"PC Wakefield knocked on the door several times ... He confirmed that it was [VC] ... [and] He refused to come out of the flat. He said he did not need to be assessed because there was nothing wrong with him. PC Wakefield continued to try and encourage him."

Then PC Rachel Wakefield continued on trying to reason with him basically saying that he should go to the doctors, but then "he began to close the door on us ... Due to his reluctance to open the door and engage with us initially, I put my foot in the doorway to stop it closing."

Q. Why?

A. In order for him not to barricade himself in the doorway.

"[VC] ... began walking quickly away toward the rear of the flat, [walked] through a hallway and into a bedroom. I followed him, together with PC Wakefield. [As I said] I was concerned that he was going to try and barricade himself in the bedroom.

"PC Wakefield and I went into the bedroom", therefore not providing him the opportunity to go into the bedroom first and get whatever he may have wanted to get. PC Wakefield again was still trying to ask him to go out to the doctors. He said "he wanted to make a phone call and picked up his mobile phone. [I] ...told him he could make [that phone] ... call in the ambulance."

He then said he will "only go with a male officer and 'Not with you', which I took to mean he would go with the male officer and 'Not [with the three women

here]'".

I looked towards PC Pritchard, he took a step forwards and then I took hold of VC's arm at which point VC basically swung his fist which was clenched in a roundhouse numerous times, hitting PC Pritchard to the face. PC Pritchard yelped out in pain. I tried to take hold of his left arm so he couldn't punch with that arm and then basically use all of my strength, anything I could essentially to push him up against a wall in order to stop him being able to assault PC Pritchard.

As I was holding him against the wall, unfortunately he trapped PC Wakefield against a desk. I felt him begin to tense his shoulders and neck muscles and then trying to headbutt PC Pritchard. I heard another officer say PAVA, so I shouted repeatedly "PAVA, PAVA, spray, spray", which is what you can hear on the video.

Q. What does that do?

A. It basically warns everyone that the incapacitant spray is going to be used imminently and having felt the effects of that basically it is a warning to other people to attempt to get prepared for it to happen or try and find some sort of cover.

Yes, PAVA is an incapacitant spray. I used VC as a shield and turned my face well away. As I say, I have quite a complicated eye condition, so that was a concern

for me. However, the effects of it on my breathing and my eyes was unfortunately almost straightaway for me. However, the spray didn't seem to hinder him, or VC, in any particular way, he didn't slow down or show any signs he was affected by it.

Again, I could still feel he was tensing his shoulders and neck muscles in an attempt to headbutt PC Pritchard. PC Wakefield was able to move around and disengage from VC and I heard her shout "Taser, Taser". I heard a loud pop which was followed by a shout of pain from VC. After shouting, however, he then continued to struggle and the Taser seemed to have no effect on him that time.

I then heard PC Wakefield again shout "Taser, Taser" again and another loud pop and I heard the sound of an electric current being passed through the two Taser wires. At that time VC went rigid and shouted out in pain.

By this time VC was face up on the bed and PC Sutton was eventually able to handcuff him to the front. I continued to shout at VC to stay on the bed. And then on reference, like I say, by reference to the body-worn video, you can hear PC Pritchard and VC say to him "you did good, yeah, that was something and you didn't go down" which indicated to me that it was an intentional

assault and that fighting with PC Pritchard was an intentional assault rather than just resisting arrest.

Q. Just pausing there, if we can have --

THE CHAIR: Sorry, I have just been informed, if you can move -- there are two microphones there, if you can move your papers over so you can speak into the microphones because we have to record what you are saying.

A. Yes, of course.

MS LANGDALE: Can we have, please, the transcript on screen, INQY0000005. Can we go to page 2 and then page 3. So we see at the top 12 seconds:

"VC can be seen removing his glasses and placing them down out of view of the camera.

"I don't have a history of mistreating women.

"No, I know you don't".

One of the female officers says:

Then he says:

"Gentlemen, if you want to take me out. I prefer you to do it."

If we continue, at the top of the next page one of the female officers basically says "It's not going to hurt us, it's going to hurt you". Is it you who says that or another officer?

A. No, that is PC Sutton.

Q. There is obviously confusion about what he meant by that, certainly for PC Pritchard?

A. Yes.

Q. When you see that gesture now taking his glasses off and saying that, what do you interpret from that?

A. So after the incident obviously I reviewed PC Sutton's body-worn video as part of a debrief, I got the team together, we were a very new team and I was new as the sergeant on that team.

Basically I said that "I can't be available to see and hear everything and if things like that happen, then you must speak up. You know, I am open to be challenged about my decisions, I am open for discussion. If you think that's what's happening, then please say louder because that wasn't how I saw it at the time".

Q. So neither you nor PC Pritchard saw that at the time, but PC Sutton seems to have picked up --

A. Yes, yes, which is obviously a concern for me as -- well, not just a supervisor, but as a person. I want to know that if she feels unsafe, then I would want to know that.

Q. That can come off the screen now. If I go back to your statement, we don't need to read this, I can ask you. At paragraph 26, You refer to VC being taken to the Queen's Medical Centre --

A. Yes.

Q. -- as a result of the Taser deployment. Was that automatic as a result of Taser to go into hospital at that time?

A. Yes, at the time basically it was to take them to QMC due to the ongoing concerns around heart not defibrillation, but the heart arrhythmia.

Q. Do you remember if at the scene, or immediately following, regaining control at the scene, there was discussion about whether VC should be taken to custody after the QMC or at any point rather than being taken to hospital?

A. I can't remember if there was a discussion, but ultimately I would say that it was -- I know that PC Pritchard wasn't happy with him not going to custody. However, I was the sergeant there. It was my decision to help out at the execution of that warrant and it was my honest held belief that the best place for VC to go would be to the appropriate place bed allocation at Highbury Hospital. Essentially, we were there to help execute a 135 Mental Health Act warrant, where a judge had said he needs to be assessed for his own safety and that overrode this idea of him going to a police custody cell where essentially the outcome would be the same, but potentially, as we have heard, numerous hours later.

Q. You say at paragraph 28 at 9.28 pm you made an entry on the occurrence created on the NICHE system about the incident meeting the criteria for Operation Hampshire. We have already gone to that.

A. Yes.

Q. You made a further entry summarising the facts of the assault and at 10.10 pm you created a warning marker to indicate for the benefit of any others who had dealings with VC that he had been extremely violent to male officers and would assault without provocation. Can you talk us through that warning marker. What does it look like? How did you enter it and what would anyone see if they went to the system subsequently?

A. Okay, so PNC, as we have said, the Police National Computer. It is available to all police officers and courts as well for them to view. You don't necessarily need to have access to view it, you can ask someone to perform those checks on your behalf.

There are differing levels, if you like, about what's held on PNC. So you can have a prosecutor's print, which essentially will give you a breakdown of what this person has been convicted of, but you can also ask for a police print which will give you a breakdown of what that person has been arrested for, what they have impending for and the details of the MO, the **modus**

operandi, of what happened at that case.

A warning marker is essentially a warning marker to other police officers in order to give them a heads up for something that might not necessarily be totally apparent on first sight. Exactly like this. It took me by surprise that he had assaulted with such venom and so quickly that I felt like it needed to be made apparent to other people that this could happen again.

Q. What did the markers look like? Are they literally, as you get on a computer, pins, red flags, green flags or icons; what are they? Is it words or images?

A. Right, okay, so this is -- what you are getting, ma'am, is essentially on PNC you will have two letters which normally indicate what the marker means. So for violence it will be "VI" and then underneath that you will normally have a justification.

So you have a PNC operator who will essentially quality check what's going onto PNC. If you do not justify why you want this marker to go on, then they might not necessarily put the marker on. So you want to be sure that you are fully justified in what you are putting on. So it will just come up as "VI".

There is also different warning signs as well that you can have, such as "FTA" for fails to appear, or "RSO" which is registered sex offender. Those are put

on PNC because of the different police forces, different police forces might not necessarily have access to NICHE, hence why we use PNC.

Q. What did you put under "VI", assuming you put the violence marker, "VI"; what was your justification? How did you describe it?

A. I put "extremely violent to male officers I think assaulted officers without provocation".

Q. You say in your statement:

"As this incident involved the execution of a section 135 ... warrant, it was not known ... if [VC] would be deemed to have capacity."

What did you mean by that?

A. So "capacity", in my understanding of the term, is capacity to have an interview at that time. Obviously he needs to be assessed and I would have had to have got permission, essentially, I think, from a healthcare professional. It is usually the lead psychiatrist, I believe. It certainly used to be the way when I dealt with mental health people before.

Q. Then you say:

"I made the decision that, once the assessment was completed and if he was deemed to have capacity, then any investigation could proceed in 'slow time'."

A. Yes.

Q. What were you thinking? He is in hospital and it can be proceeded in slow time?

A. He is in hospital. So what I want to know is what his diagnosis was and to make contact in order for -- to see if that interview could take place and what their risks are, what their considerations of the risks are.

Obviously, if I was going to interview him then I would have to say not just: is it safe for me to go into the institute where he is or the hospital where he is? How is that going to affect the other people using that hospital? And you have to bear in mind that we had only just come out of Covid pandemic as well. So I wasn't sure on what the circumstances are in terms of that either.

So, I wanted to make contact in order to see if he had available capacity to be interviewed.

Q. At paragraph 33, we asked you if any details of the attendance was shared with health, multi-agency organisations, VC's family, Nottingham University where he was a student. Given that you had put that violent marker up and on, do you think information should have been shared with others about this event at the time, by the police? Shared by the police.

A. By the police?

Q. Yes.

A. So at the time I wasn't aware that he was a student.

Q. I understand there is a sharing information arrangement from 2015 onwards between the University and the police, not as sophisticated as recent policies, but setting out that they could share information?

A. That is true now. I wasn't aware of that policy and, as set out in my statement, the University is not actually on my policing area. Now, because I had just come from a specialist team onto this area, I was having to get up to speed on essentially what was going on and what policies are in place.

I mean, with Covid in there, there was an awful lot of policies and we are talking big policies. I mean, I worked where we interviewed prisoners before in police cells, and during Covid, legal advisers were refusing to come out and offer legal advice, which is against human rights let alone policy. So policies were coming at us thick and fast and involved an awful lot of things. So I wasn't aware of the information sharing agreement that was in place with the University.

Q. Don't worry so much about the policy.

A. Sorry.

Q. Let's talk about people connecting, because it just needs two people at the end of the phone at the end of the day, doesn't it. Someone from the University who

has a good relationship with police liaison, because they might have wanted to know that this person was violent and to prevent --

A. Yes, absolutely, and had I have known he was a student then perhaps I would have done. However, there were no other persons in the flat. The flat isn't obviously a student halls of residence. The Marquis of Lorne, which is what it was, is actually a notorious pub from years ago, so it has been turned into flats now.

So I wasn't aware that he was a student. He isn't of student age. There was nothing indicating to me that he was a student in the flat at the time. In terms of social care, they were the ones that were asking me to help execute the warrant as were mental health services.

Q. We asked you about barriers to information sharing and you tell us about Dr Lomas's reluctance to give certain information around patient confidentiality. Would you like to expand on that? What was the issue there?

A. So he basically said "I will give you a statement" which consisted of what he saw on the day of that incident, but he was reluctant to give me any details on what a diagnosis was for VC or how the plan was going to go forwards, which are obviously things that needed to be considered by CPS, not necessarily for whether to charge or not but it's going to be a consideration for them.

He was reluctant to give me those details, basically citing doctor/patient confidentiality. But then he did say that we are going to execute another 135 warrant soon, so I will ask him then to provide me with a medical authority in order for me to get those details if needed.

Q. Outside of this case and more generally, do you find it easy to get information from health where you need it in relation to somebody the police are dealing with?

A. No. In actual fact I find it quite -- really difficult. I mean for example, I can have someone -- literally staff from the Queen's Medical Centre will ring me up and say "There's someone with a gun in A&E right now", but they will then insist on getting a data protection form before they will provide me with any kind of body-worn video or CCTV.

Q. Why do they do that? Because they think it is necessary to do that before they can share it with you?

A. I believe so. I mean I can't really think of another reason why they wouldn't want to share the information, and, you know, you kind of end up having to appeal to people's nature as a person saying it's paramount that I will need that CCTV.

So, again, you know, I can't speak for those, all I can say is this is my experience of attempting to find

things out from them.

Q. Do you think any risk to the public or other people is less important to them in the moment than the patient confidentiality and needing to preserve that when you are dealing with health professionals?

A. I don't necessarily think it's more important to the person or not. I think that there isn't strong enough leadership to suggest when things are or aren't right to disclose. Having worked in child safeguarding, my advice to people is to always -- if you think it needs to be disclosed then disclose it because there's normally a good reason for you to feel like that, and in my experience no one has ever been in trouble for over disclosing; it's normally not disclosing enough information.

Q. Why do you think there is that cultural shift in relation to children than when dealing with adults, that people find it more easy to share with for children?

A. I think with the introduction of such things such as the Victoria Climbie Inquiry, the Bichard Inquiry, there are more statutory things in line in place for that to happen, regardless of what people's personal thoughts and feelings are, which kind of introduce a culture of like, right, okay, yeah we need to share this, and these are the reasons why we need to share this. And in fact

coming back onto the streets I'm very surprised that this hasn't been the case in terms of mental health, bearing in mind the mental health epidemic that basically coming out of Covid restrictions left the country with.

Q. I'm going to take you, if I may, Sergeant Ellis, to some of the documents that you completed -- there is not many -- just to go through what happened subsequent to the recording of these events. It is NGPF0000027 is where it starts.

If we start at page 9. So this is your -- we can scroll slowly through this one, no questions on this first page. This is your logging Operation Hampshire from the off. Then if we go to the page 10 we see there "Moderate injury", "Minor injury". We see go down, "Tier 2". Is that what you have entered, "Tier 2"?

A. Yes.

Q. So you look at the classifications and decide where that falls and you have said tier 2. If we go to page 11, please. The box at the bottom. This is you, Sergeant Ellis, at 21:42, case relating to police assault. You say at the bottom:

"When this assessment is done I will then have to decide if defendant had capacity or not, with a view to submission of a report for summons file."

A. Yes.
Q. If we go over the page to page 12, at the top we see:
"PNC - Warning Marker."
You updated it with the warning marker as you have said and we see:
"Extremely violent to male officers. Will assault without provocation."
A. Yes.
Q. Why do you say "male officers" at that point? What was it about what was said or done that made you say that at that stage?
A. It was the -- well, it was because of what he had said "I won't harm women" and obviously my interpretation of that was different to how PC Sutton's was. We discussed that as a team and had a full debrief. And that's why I decided to put "male officer" so that no one else would make the same mistake.
Q. You then -- we can scroll through, I don't need to ask questions from it -- pages 12, 13, you set out what happened, having looked at the transcript in detail. The body-worn footage, sorry.
Then page 14, you have added your statement and "my Use of Force Form" to the incident. What is the Use of Force Form, explaining why the Taser has been used and the like?

A. The Use of Force Form is essentially a record of what force you used. It's not just a record of what force was used in case of obviously what injuries that person might have had or what the justification is for that, but it is also to inform police forces what is being used and what is working and what isn't.
Q. In the second box there:
"Allocation to new [Officer in Charge] for file to be built."
We know it moves on to a Matthew Johnson at that point?
A. That's right.
Q. It moves again to PC Myers who the Inquiry will hear from later on. Basically, were you the Officer in Charge at this point and then passing on to Johnson and then to someone else?
A. No, I was the supervisor and I supervised the entire team. PC Johnson wasn't there in attendance with the team on that day, so it made sense to me that he would be the OIC in line with Operation Hampshire and obviously he would be able to take a much more objective look at what was happening or being requested from CPS.
Q. Understood. If we go on to page 17, so a bit further on. This is dated 8 September part of your referral to the CPS?

A. Yes.
Q. If we can go to the bottom so we can see the page, please, 17. Go over the page to 18. Here we see at page 18 your referral to the CPS, or request to the CPS; is that right? Decision requested for the offence of assault by beating --
A. Sorry.
Q. Can we go to NGPF0000017, page 18. Here we see a decision is requested for offence of assault by beating of an emergency worker; can we see that?
A. Yes.
Q. You set out in full what's happened. At the bottom it says:
"The only defence would be one relating to his mental state at the time of the assault."
A. Yes.
Q. If we go to page 19, please, and we have the whole document like that for a moment. We see there in the second series of boxes:
"Suspect has not been interviewed in relation to this matter due to overwhelming evidence and his detainment under the Mental Health Act."
It speaks for itself, but when you say "overwhelming evidence", what did you mean by that?
A. Well, as the body-worn footage showed and as we

described and it had been transcribed that he had made preparations by taking off his glasses, that one of the police officers felt that he was going to assault PC Pritchard and he did assault him, relentlessly, and, you know, afterwards he sort of had the strange congratulations about it.
Q. We see at page 20 you set all that out and if we can go, please, to NGPF0000027, page 16. You see victims updated, you are clear to be updating the victim?
A. Yes.
Q. If we go to page 17.
If you see in the second box, we see in the third box:
"CPS target date for a charge decision is 3/11/2021."
A. Yes.
Q. If we go over the page to 18, we see effectively on this page what the CPS have come back with. So if we could enlarge the top box, please, under "All Key Witness Statements", we see here:
"Is there any reason why the AMHPs [that is the Approved Mental Health practitioners] who were present at the time of the assault have not provided statements? They could have evidenced his background and covered the points in relation to his diagnosis and detention ...

"Medical evidence;

"We require further information in relation to the suspect's mental health condition, to enable us to properly apply the CPS mental health policy and consider the impact on a decision to prosecute him. Please provide information as to his diagnosis, whether he is still detained under the Mental Health Act and whether ... diagnosis has any direct impact on his actions on the day ..."

Reference to "any use of force forms" generated followed Taser discharge. Finally a reference to him "having broken into two flats previously ... what led to the application for the ... warrant? Was there any ... involvement in these incidents?"

Again I think it is not you at this point, I think it is Matthew Johnson who says:

"Attempted to contact Amy Staples in relation to a statement ... she has not been at work ... still outstanding.

"Hopefully Amy will also be able to provide medical evidence in relation to suspect's M[ental]H[ealth].

"... use of force form ... currently unobtainable due to an IT issue ...

"This will be done when the above [is] ... completed."

If we go further down the page, please:

"Spoken with attending AMHP Amie Staples. She is willing to provide a statement in relation to the events of the day ... unable to comment on any post-warrant treatment ..."

Gave the details of Dr Ben Lomas. Unfortunately he is on leave until the new year, we see, so it will not be possible to obtain a statement "until this time."

At this point it is recorded:

"The good news is he will happily provide a statement covering the reasons for obtaining the ... warrant, the incident itself and details of the post warrant diagnosis and treatment."

If we can move forward, please, to NGPF0000017, page 64. This is December 2021 on page 64. Underneath "Victim(s)":

"Are there any outstanding witness statements to be obtained? Yes."

If we go to page 65 please. You see a reference to Dr Lomas's statement, repeat that it is "good news ... once he returns to work he will happily provide a statement":

"As it stands I would hope to have all the points ... completed ... [in] January, so a target date of the 14th."

If we go to page 19, I think it is a different reference number first though, NGPF0000027. We see here on 23 March 2022, page 19 of the document please. Look at the bottom:

"Allocated to a new [officer in charge] ... to progress."

A. Yes.

Q. This is you entering this at this point. Is it still Matthew Johnson moving on to PC Myers, or where are we now?

A. Yes.

Q. This is your entry:

"Dave this investigation has been going on for a while now so can you progress this asap please, appreciate that the team are being pulled from pillar to post though at the moment."

What does that mean?

A. Essentially that my team were being tasked to do all sorts of things that were deemed necessary by senior leaders. We were having allocated sort of grade 3 jobs. So sort of like the very low level shoplifting, someone has stolen my plant pot type jobs, because the influx of those was so dominating at the time, you know, essentially there are still calls to service that have to be serviced. So we were being asked to do that.

We were being asked to problem solve as well. So I think just after this we were then asked to go and do a project in Clifton, which is a completely different area.

Q. So you were all busy basically.

A. Yes, this is in between sort of doing the night time economy policing as well as football policing as well.

Q. Let's look at this document. You set out here at page 19, and if we go over to page 20, what's required, and we see PC Myers in the box at the bottom of page 20. You can scroll down please, the same page:

"There is now a statement from one of the attending doctors."

That's Dr Lomas:

"It is simply a witness statement but he has stated that due to patient confidentiality he cannot give any details of the suspect's medical history. An expert witness would be required for an independant psychologist *(sic)* as to the mental state of the suspect."

Presumably that means psychologist, rather than psychiatrist?

A. Yes.

Q. But anyway, an independent report is what PC Myers is noting there.

A. Yes.
Q. Chair, we will deal with Dr Lomas's statement with him.
THE CHAIR: Yes.
MS LANGDALE: You then have PC Myers filing subsequently in April 2022. If we can go please to NGPF0000017, beginning at page 51. Case file and information starts there, page 51. Page 52, please, and onto page 53:

"The AMHP who were present have been spoken to and ... stated ... they are not willing to provide statements due to the fact that they have to continue to work with the defendant and if they are seen to 'take sides' with the Police on this matter then it could make their job of caring for the defendant more difficult in the future."

Underneath:

"Medical evidence;

"We require further information in relation to the suspect's mental health condition, to enable us to properly apply the CPS Mental Health Policy [et cetera] ..."

If we can go over the page, please, to page 54. Further reference to information required, and the date that is completed is 24 April 2022.

The case is then sent back to the CPS and we know from PC Myer's statement that the charge was authorised

by the CPS on 9 May 2022.
A. Yes.
Q. You -- just for the formalities please, if I may, NGPF0000017, page 47. This is a document I think you prepared or signed off as the supervisor?
A. Yes.
Q. If we look at page 47, 48, 49, 50. If we can just look at 48, "Summary of defendant explanation", in the second box:

"The defendant was not interviewed for this offence as he went straight for assessment from the address. Having considered the above I do not believe that an interview required as his intentions are clear from the outset."

That's your conclusion on that?
A. In terms of interviewing and whether that was a reasonable line of inquiry that needed to be pursued and for this case to be kept open and not dealt with expeditiously, that was my decision on that, yes. It had been done during Covid times. The evidence was there for everyone to see, it was for the CPS to decide if that was enough for them to think a charge was okay.
Q. We know that there was a first appearance due on 22 September 2022 and failure to attend meant a "bench warrant not backed for bail" was issued?

A. Yes.
Q. You comment on that in your statement at paragraph 41(b). You offer a number of reflections which we have and you say about the failure to execute the Magistrates' Court warrant, why that appears to have arisen --
A. Yes.
Q. -- and what the issue is there. Would you like to tell us that, please?
A. Yes. So, when a failure to appear warrant comes through from the courts, it is allocated essentially to a team where the person lives, so the neighbourhood team where the person lives. It is then for that neighbourhood policing inspector to review those and essentially say which ones need to take priorities and which ones need to be allocated and dealt with expeditiously.

My area of policing was not that area. It was a different area that I had gone to in order to help out on the day. And as I said, my team had already been given our direction to by various senior leadership teams on what we were to be tasked with and what we were to do.

So, that's how the FTA system works. I don't believe that that's a great system. Obviously, depending on where you live, the demographic is going to

be extremely different and the demographic of who that's made up with is also going to be another thing that comes into a risk factor for your allocation as an MPI.

If we talk about students, that's almost a transient kind of community, isn't it? So those warrants aren't necessarily going to be able to be executed there because they are not going to live there for very long.
Q. Let's look at something else you say at 42(b):

"There needs to be an improved inter-agency briefing network in cases involving subjects that present with mental health concerns; so that all involved agencies have a clear, full picture of the individual."
A. Yes.
Q. You suggest:

"A simple check for outstanding police warrants which can be requested by any agency, such as Social Care, NHS and others would assist in the identification of ..."

Those people and sharing information?
A. Yes.
Q. Do you think that's feasible? How could that be effected?
A. I think it is absolutely feasible. I see it in Sarah's law, Clare's law. I don't see why this isn't already being done to be honest.

Q. Tell us how it could be done. What would people access? Would they access NICHE or would they have to have it somewhere else?

A. No, I do not think NICHE is really appropriate for this. Again, it's not all police forces use NICHE. In terms of child safeguarding, we would have a strategy meeting where it would be brought what the concerns are by any of these agencies and then essentially each agency is then to reply to say: this is the information we have, this is the information we can give and this is what we have done and then it is for a meeting to come together to say: right, how can each of our statutory powers help to improve the person's life, help prevent risk, help prevent the community and what plan are we going to put in place which we all agree to moving forwards.

Q. Who would be the convener in a case such as VC's? You talk about local authorities, section 47 obligations, statutory obligations towards children having statutory meetings.

A. Yes.

Q. Who should be the leader, the co-convener, for this kind of situation; an adult who is a risk to others having mental health problems?

A. I think that is going to have to be the Mental Health Team. However, I also think it should be able to be

brought forward by any of the agencies.

Q. Thank you, Chair. I think that might be a moment for the afternoon break.

THE CHAIR: We will take a break now until 3.45 pm. Thank you.

(3.28 pm)

(A short break)

(3.45 pm)

Questioned by MS CARTWRIGHT

MS CARTWRIGHT: Good afternoon, Sergeant Ellis.

A. Hello.

Q. Could we please have displayed NGPF0000023, page 1, again please. This is the Incident Log and if we could just go to page 2. I think we can see that it did confirm in the Incident Log that these were flats where mainly students occupied; can you see that?

A. Yes.

Q. I think we have already been through this, so I don't want to go through the detail, but essentially that is the risk assessment that you told us control room created pre the deployment of you and other officers to execute the warrant?

A. Yes.

Q. We can see, obviously, how it categorises a previous incident relating to occasion at the flats, but makes no

detail as to what had happened in respect of those previous incidents. Again, you confirmed you had nothing to do with this, it was self-populated by one of the control room?

A. That information that you are highlighting now, has come from the caller, so whoever the caller is on this occasion, and that has been written down by the call taker.

Q. So we can see, for example:

"[VC's] previous admission, he broke into his neighbour's flat as he could hear his mum's voice and he thought she was in the flat and in distress and so he was arrested and released and he did it again at another flat in the same building so he could pose a risk to himself and others."

It is really to underline that. I don't want to go into the detail of it, the Inquiry has heard about that. But that's how that incident has been captured?

A. Yes.

Q. If we look at page 4, which is what that then relates to, the risk assessment with THRIVE, which is essentially from having checked police systems, there was no threat, then we have the harm assessment, the possibility of something occurring was low.

Would you agree that that threat and harm assessment

should have considered all information as to risk on police systems to enable an appropriate risk assessment for you and other officers being tasked to execute this section 135?

A. I cannot state how or what they look at in terms of making that THRIVE threat assessment. What I can say is from my own observations that having someone break into flats because they are in stress, hearing that their mum is in distress, is emotive and that is something that I would suggest could make the threat assessment higher.

I know that if I felt that my mum was in distress, that I would want to get to her and we have to say that that was VC's truth at the time, that's how he felt.

Q. I did not want to go into the details, but essentially what was on police systems should have been information that supported that, there has obviously been an offence of grievous bodily harm where the occupant of that property did sustain fractures to her spine; did you know that?

A. No, it is only throughout the Inquiry that I have heard anything about a student feeling scared that she had to escape. It is the first time I have heard anything about MI5.

Q. Thank you. I don't want to go back to the document, because that appears completely apparent because the

document you were taken to when you were doing the handover to the new officers in the case in 2022 -- and Madam Chair for your reference, I don't want to go to the document to delay matters, it is your NGPF0000027/19-20, still shows off the back of this information that you didn't even know if the police had attended and we looked at point 4. I don't want to delay matters going back on that. It has been displayed. It shows even in 2022 you were not aware of the significance and severity of what occurred of the two incidents in May 2020.

A. No, no, not at all, and in terms of what I would want to see is on -- so when we talk about NICHE and what's displayed, that summary can be changed, and I always say to my cops: that summary is what goes on PNC, that needs to be detailed with what the MO is. It's not sufficient to put "IP assaulted by DP". That gives us no detail and that is something that I think, after this, is something that will be pushed forwards, and rightly so. How can I risk assess anyone in terms of what their offending might be if I don't know any details on that offending?

Q. Would you agree the risk assessment, particularly for execution of a section 135 warrant, is particularly important for the mental health teams who are there

executing warrants, as well as the officers being asked to do so. So there needs to be an appropriate risk assessment to deploy the necessary tactics for the execution of that warrant?

A. Yes, I mean I think there has to be a realistic and proportionate response to what is happening. And I think at the time I don't -- can't really attest to how the Mental Health Team were feeling it but certainly as a police officer and a police force, the mental health crisis was just an absolute epidemic after Covid.

Q. Can I ask you particularly this. I think you have already confirmed that essentially on the Use of Force Form that you went up the scales so you used wrist locks and then it was necessary for both PAVA and Taser to be discharged?

A. Correct.

Q. Had you said as part of the briefing to the officers before going in that it was likely Taser and PAVA spray would need to be used?

A. No, and I -- you can see from the body-worn video that I display what could be seen as warning signs. Essentially, I have to go in there being firm with what I want to say and what I want to happen, and I will make myself the usual warning signs of bigger, in an attempt to kind of take dominance over the situation.

When we are talking about briefing, I think also it depends on how you want to go in. There is lots to a briefing. I mean if he hadn't have gone in and he had shut the door there was to contingency then, and that's not on my part, that's literally on the part of: there are no trained police officers to force entry; there are no drivers to drive the Sprinter carrier van in order to carry the MOE equipment in order for us to force entry. So I have to put my foot in the door so that doesn't happen.

So in terms of should there be a better briefing, yes, and this is what I was talking about by a shared understanding of not just guessing what I think the Mental Health Team want to hear, but them telling me what they want to hear and I will tell them what I need to know in order to force entry.

Q. I think you have given a very real reason why there needs to be an appropriate risk assessment because I think you disclosed that you had your own eye condition and discharging a chemical irritant, which is what PAVA spray is, if you have a comorbidity or risk factor that should be factored into the risk assessment as to the likelihood, because it may be there are officers who have certain conditions who shouldn't be being involved in that warrant if it is likely that something like PAVA

spray is going to have to be utilised.

A. I mean, potentially. I think in terms of the use of PAVA and Taser you do have to have an occupational health referral anyway, which would have gone through whether I was sufficient and I was appropriate to carry out frontline duties, which I was. However, because of my eye condition I will not be given a Taser because I can't shoot.

Q. Then can I ask you, because the footage shows us far more than the officers that I think are named in the statement. Have you watched the footage? Can you confirm all the other officers in the room?

A. Yes. So in the room there are me, PC Wakefield, then VC, who is by the door. You can literally see me move around him in order to make sure that he cannot go back into the room in order to collect things, weapons, mobile phones, whatever he needs to. That is not happening.

Then you have PC Pritchard and PC Sutton. That is it. That was all that was in attendance except for the two doctors. After an emergency button was pressed, and you can tell that it has been pressed because you can hear the echo. The Airwave radio -- basically when you press the emergency button the Airwave will become -- the mic will be open for us to hear and the control room

to hear what's going on, and that happens on everyone's radio. So essentially everyone will have heard a scuffle, no response from police officers and that's why people -- police officers will continue to travel until they are told not to.

Q. But certainly -- I don't want to delay matters -- there seems to be within a minute or so of the Taser being deployed it looks like up to eight officers in the room, as well as more officers outside. I just wanted to ask: can you confirm that Zoey Price was one of those in the room?

A. No, she was not in the room.

Q. All right. Then finally can I ask you, we know that you were responsible for the marker that was added for violence and aggression.

A. Yes.

Q. Why is a marker not added for mental health?

A. Now a marker was not added more mental health because (1) we were at a mental health incident, and (2) as I said before, the markers have to be very specific and objective. The subjectification of a marker for mental health again perhaps needs a bit more leadership in terms of what that means, because you could also have a marker for suicide or self-harm and you have to think of the ramifications of what those markers might lead to

later on in someone's life, how long those markers are going to be on there and how long they are going to impact someone's life afterwards.

Q. Thank you for answering my questions.

THE CHAIR: Mr Beggs. No?

Questioned by THE CHAIR

THE CHAIR: I just wanted to ask you one question. We hear, and it is on the transcript, at one stage one of the female officers is saying "Don't hit him, don't hit him, don't hit him, stay on the bed". Do you know who that was and what they were referring to?

A. That was me.

THE CHAIR: Who was hitting who, if I can just clarify that?

A. VC was hitting Barney. Sorry, VC was hitting PC Pritchard and I couldn't put it any clearer, basically. Those were the clear instructions, we are always told to give short, sharp, clear instructions.

THE CHAIR: I just wanted to clarify who was hitting who.

A. Thank you.

THE CHAIR: Thank you, officer.

MS LANGDALE: That concludes this witness's evidence.

THE CHAIR: You are free to go.

MS LANGDALE: May I call, please, PC Wakefield.

THE CHAIR: Yes, thank you.

///

PC RACHEL WAKEFIELD (affirmed)

Questioned by MS LANGDALE

THE CHAIR: Yes.

MS LANGDALE: Officer, you have provided two statements for us, one dated 10 November 2025 and the other dated 28 February 2026. Can you confirm the contents are true and accurate as far as you are concerned?

A. Yes, as far as I'm aware they are.

Q. You will be aware, Officer, the Inquiry has both seen footage, looked at a transcript and heard evidence from two of your colleagues about the events that occurred in September.

Going to your statement, if I may, you tell us that you -- paragraph 24 -- you say that you were at the event as well and you say -- you pressed your emergency button asking for assistance from other officers.

Can you just explain to us how you arrived at that situation and in your own words say what was happening?

A. In terms of the incident from the beginning?

Q. No, just later --

A. Okay. Obviously we were at this incident and we were unable to get control of VC and my colleague was being assaulted and I knew that we needed more officers there to try and help us, so emergency button was pressed by myself for them to obviously come.

Q. How many came roughly?

A. I couldn't tell you, I know it was a lot. As I say, they go on the Airwave so typically when an emergency button activation is pressed everybody will travel until they are told not to essentially.

Q. In your career as an officer, how many such Mental Health Act warrants have you attended?

A. Many, I couldn't tell you how many but sometimes one a week, they are often.

Q. How often has violence erupted at those kinds of occasions?

A. Never to anything even remotely close to that.

Q. So in your own words, then, did you expect what was going to happen to happen?

A. No, not at all.

Q. At any point did you -- we have heard one officer saying in terms "I think he might assault you" or "you but not us", the female officers something to that effect, did you pick that up at the time or were you confused by that?

A. No, I did not hear that comment made. Often we find when we go to mental health warrants that people are initially hesitant to come with us because, more often than not, people who are suffering with their mental health don't think that they need the support and

obviously the help from the NHS. So we do often sometimes get people who are sort of verbally "I don't want to go with you, I'm not going to go", but they do all typically come compliantly and with no concerns. So I was not expecting it to go to how it escalated essentially.

Q. Did you feel at the beginning that you were in control as a group of people in that situation, the police, or not, or how did it feel when you were --

A. I wouldn't say that I -- it's always difficult when you go into a warrant and you are knocking on somebody's door because automatically they can very easily shut the door on you, so they already had that sort of element of control. So obviously when Sergeant Lewis put a foot in the door, then obviously, when we have gone in, we want to make sure that we are following the person to whatever room they go to to make sure they don't try and escape or they don't pick up a weapon or so on and so forth.

I would not necessarily say we were not in control at this point until he started assaulting PC Pritchard. I wouldn't say I was really concerned that we weren't in control, no.

Q. When he did start assaulting PC Pritchard, what was your concern then?

A. PC Pritchard, he was punching him to the face. When I see my colleague being assaulted, I knew that we needed to try and get him under control, just to -- get him under control essentially.

Q. What about the handcuffs, was he attempting to use the handcuffs in any way?

A. Yes, I think I tried to put one handcuff on because obviously that is an officer's sort of go-to essentially to try and get handcuffs on to gain compliance. I do believe I tried to get a handcuff on, but obviously because it was a small room, there was a lot of us, VC was flinging his arms around, obviously punching PC Pritchard, I was not able to do that.

Q. Did you deploy a Taser at some points?

A. I did, yes.

Q. Again, if it is not obvious, why?

A. Everything else that we tried hadn't worked and that was sort of the last option that we had to try and get him under control and to stop him from assaulting my colleague.

Q. He was then taken, we know, to the QMC because of the Taser deployment and then to a mental health setting. Can you remember any discussion at the time whether he should be taken to a custody suite and dealt with, or --

A. I don't really remember at the time if there was

a discussion about it. However, with VC having an available bed at a mental health suite, to me, whilst it would in an ideal world he would go into custody and he would spend some time in a cell for assaulting a police officer, he had a bed in the mental health suite where ultimately he was going to get the help that he needed evidently.

In terms of the assault on PC Pritchard, they're all enquiries that we could have done earlier to date, you are not necessarily going to lose anything. So I think in the grand scheme of things, looking at the bigger picture, because that bed was available for him to get help for his mental health, I would argue that was the right decision to take him there because ultimately he may have lost that bed. If he would have gone into custody he would have -- the chance of being remanded then further are -- I can't imagine it would ever have happened, so he would have then been out in the public again. So to me the mental health suite was the place he needed to go.

Q. Is there anything you would like to add to the evidence the Chair has received today about these events from your fellow officers?

A. No, we go to so many mental health jobs and essentially whilst we do have training on it when we join the job,

we are fighting a losing battle essentially. People go to university for years to study mental health, to study psychology, and a police officer going to these jobs on our own with sometimes a day's worth of training that's in a classroom, and then there are people going to university to study it to try and understand it, we are never going to be able to understand it properly and we are only doing what we can and we do our absolute best. But a lot of the time I find, being a Response Officer, I go to jobs where it is not a police officer who is needed, it is a mental health specialist to go. But we are the police, we always go, and then ultimately I'm not trained or qualified properly to give them the support that they need. We just do our -- we do our best essentially.

Q. Understood. What about information sharing from the police? We asked you about this, you dealt with it at paragraph 35 of your statement. For example, the events of that day: sharing them with Nottingham University; whether they could be shared with VC's family; the extent and nature of what you had witnessed and experienced. Were there barriers, as far as you were concerned, to sharing that or not?

A. Yeah, I think so. I wasn't aware of the policy in relation to sharing things with the University. That's

not something I have been aware of in my career. But I definitely think so, yes. How we share things in terms of mental health, early medical records, it is incredibly difficult, and for us trying to obtain any sort of information in relation to somebody's mental health we have to go through so many sort of procedures to get there, and rightly so for whether the reason them procedures have been put into place, but it's incredibly hard -- to try and get any direct sort of information is incredibly hard.

Q. You say it's rightly so. There are times you are describing when you're first at a scene where it would be very useful to know who you are dealing with --

A. Of course.

Q. -- and what their issues are.

Your colleague before you spoke about how it might be helpful to have information or flags or warnings available to all agencies in respect of individuals. Do you agree with that?

A. Yes, definitely.

Q. Do you think it is achievable?

A. I think it has to be ultimately, it has to be.

Q. Thank you. Your second statement deals with a discrete point. I think we heard today you were PC Pannell's supervisor and she dealt with a complainant coming into

the police station to report a complaint, Sebastian. He doesn't remember speaking to more than one officer, but you were asked whether you had conversations or were supervising PC Pannell, and I think it is right to say you don't recollect that at the time.

A. I was her tutor at the time but I don't recollect speaking to Sebastian at all.

Q. Can I just deal with it at a high level, if I may. What we know in any event is that it was described at the time as a low level incident because he was assaulted, common assault, low level incident, not any injury.

There's potentially confusion, isn't there, for saying a low level incident equates with low risk, because we need to know about the suspect or the person before we talk about what a risk is, whereas an event may seem trivial but it depends what you know about the person to understand what the event means; would you agree with that?

A. Yes, I would. Obviously, the benefit of foresight and to know what would have happened. In the summer, how we would have dealt with that job, it is just -- we can only deal with things that are in front of us on the evidence that we have and I wholeheartedly believe that that incident was dealt with proportionately.

The victim did not want us to go and speak to VC.

Whilst we are victim-led and we do take into consideration that if there are elements where I may think, well, I know you may not want us to speak to him, however I feel the risk is greater and I need to go and speak to him then I will, but that's something that we base that on the evidence that we have in front of us.

Q. Understood, and victim-led of course is admirable in a number of ways, but being suspect-focused is really important I suggest. There has been quite a lot of work, hasn't there, nationally around policing, the need to focus on suspects --

A. Yes.

Q. -- and to understand about them and, at this point, understanding more about him was critical, I would suggest, in understanding that event and any risk he might pose?

A. Yes, of course. However, with the information that we had in front of us -- and I can't remember any conversations that I would have had with PC Pannell but I wouldn't have done anything differently to what she would have done, but the evidence and conversation she had with Sebastian I don't believe it would have been necessary for us to go and speak to VC at this point. If Sebastian had said more serious and more concerning things of course we would have followed up on that and

we'd have gone through that procedure.

Q. We know your colleague did give her telephone number and he used that but sadly of course it wasn't reached. Do you think there are ways of overcoming that, that if an officer gives a number to contact, which she then took advantage of but the message just wasn't received or registered, how could that be better addressed?

A. Ultimately I try to -- whilst I do give my work telephone number out to some of my victims there are going to be times when I'm not going to be on duty so that's why I think it is important to always say to them: if anything further happens, if they ever turn up to your house, if you feel endangered it is really important that you ring 101 or 999 because then that can be dealt with appropriately obviously by officers who work 24 hours a day.

Q. The other piece of advice that PC Pannell said she did pass onto him was that he might want to speak to the Mental Health Support Workers when they visited VC. Again, the practicalities of that, that's impossible, isn't it, when somebody is coming in to see their patient, you have said yourself how reluctant they are to share information with the police, let alone somebody who is living with somebody to talk to them. I mean, that really wasn't going to fly, was it?

A. I mean, in an ideal world, for somebody to be able to speak to the nurses who were dealing with him who know him in terms of his -- the support that he needs better than anybody, in an ideal world PC Pannell's suggestion there I would argue is -- would be very good, but obviously it doesn't work like that and I appreciate that sort of -- putting that onus on Sebastian to do it, I understand that may make him uncomfortable and that is a difficult conversation for him to have --

Q. It is a good idea, but maybe the police do it, the point is if you had done it, if you had independently assessed concern and wanted to know a bit more about a suspect, for you to do it would have been a really good idea.

A. It could have been, but, like I said, we made the decision not to speak to VC weighing up all of the sides of it and risk assessing it appropriately --

Q. Sorry, I don't mean speak to VC, speak to his healthcare workers yourself, you know, find out a bit more. The suspect focus point, find out a bit about him and --

A. I mean, I wouldn't even know where to start how to find who his mental health workers are.

Q. It is a very candid answer and you've said it's a very difficult from your perspective to get information from health professionals.

Thank you. Those are my questions. I don't know if

there's any others? I think there is another.

Questioned by MS CARTWRIGHT

MS CARTWRIGHT: Good afternoon, PC Wakefield. Just one brief topic, please. It is NGPF0000023 at page 9. If we can move on to page 9.

I think we see here on the log the summary of what you witnessed, including the punches by VC and you attempting to apply the handcuff and I think you have managed to apply the handcuff on one hand, but essentially then it was using a handcuff and it essentially almost became a weapon; would you agree?

A. No, I would not agree.

Q. All right. Headbutting as well. Then if we look over the page, I just want to capture what you have recorded in the log, you:

"... pressed [your] emergency button asking for assistance as I was in genuine fear for my life and the safety of the other officers."

Can you just confirm that that was an accurate recording on the log?

A. Yes, at the time I would say it was.

Q. Thank you very much.

THE CHAIR: Yes, thank you, I have no further questions.

MS LANGDALE: That concludes the evidence. Mr Beggs doesn't have any, I don't think.

THE CHAIR: Thank you. Good, we will finish there and start again tomorrow at 10 o'clock, please.

(4.15 pm)

(The Inquiry adjourned until 10.00 am the following day)

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