

Thursday, 5 March 2026

1
2 (10.00 am)
3 **THE CHAIR:** Yes.
4 **MR BLAKE:** Good morning, Chair. Can I please call Louise
5 Symcox.
6 **THE CHAIR:** Yes.
7 **LOUISE SYMCOX (affirmed)**
8 **Questioned by MR BLAKE**
9 **MR BLAKE:** Thank you, Ms Symcox. You should have in front
10 of you a witness statement dated 20 November 2025; is
11 that correct?
12 **A.** I do, yes.
13 **Q.** Thank you. That has a unique reference number of
14 WITN0305001. Can you confirm that that is true to the
15 best of your knowledge and belief?
16 **A.** It is, yes.
17 **Q.** Thank you. You are a Bank Nurse in the Street Triage
18 Team; is that correct?
19 **A.** That's correct.
20 **Q.** Can you assist us with what a Bank Nurse is, please?
21 **A.** Yes, so a Bank Nurse is someone who doesn't work
22 full-time for the Trust, they work on an ad hoc basis so
23 they pick up shifts, if shifts haven't been covered in
24 certain services. However, at the time of the incident
25 I was a full-time nurse for the Street Triage Team.

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1 made an allegation of sexual assault and they will
2 request a RIO check because the distress -- but it
3 wouldn't be relevant to give the police officers dealing
4 with that accusation their mental health history because
5 it is not relevant to what they said. So it is a safety
6 measure that we check that it is relevant to what they
7 need and proportionate and then we would do that RIO
8 check.
9 **Q.** As a nurse, you are essentially a gatekeeper to the RIO
10 system?
11 **A.** Yes.
12 **Q.** And the police won't take over your computer?
13 **A.** No.
14 **Q.** You will inform them of the results of your own
15 searches?
16 **A.** No, we have a set format that we are asked to go through
17 when we are doing a RIO check. So we will look to see
18 if there are any warnings signals, so that's normally if
19 there has been any past violence or aggression, or if
20 they have ever had any self-harming incidents such as
21 overdoses. We will look, if they are open to a mental
22 health team, we will look at what their diagnosis is.
23 We will look if there is any risk to self or others
24 documented and we will do a summary of the most recent
25 contacts.

3

1 **Q.** We are going to talk about an incident on
2 3 September 2021 when VC attacked PC Pritchard, but
3 before I get to that I just want to ask you a few
4 questions about the Street Triage Team service. We have
5 heard that that is a joint team between the NHS
6 Foundation Trust and the police; is that correct?
7 **A.** It is, yes.
8 **Q.** The nurses from the team are based in Police
9 Headquarters; is that right?
10 **A.** Yes.
11 **Q.** You have access to police systems?
12 **A.** We have read-only access to the police systems.
13 **Q.** When I say systems, does that include NICHE?
14 **A.** NICHE and SAFE.
15 **Q.** Thank you. We have seen Occurrence Logs and Incident
16 Logs, those are the kinds of things that you are able to
17 access, are they? Is that a "yes" sorry?
18 **A.** Yes.
19 **Q.** Thank you. Am I right in saying that it is not the
20 other way round as in the police don't have access to
21 your systems?
22 **A.** They don't, no. They need to request a RIO check with
23 the nurse that's on shift with them. We need to
24 ascertain that that RIO check is relevant to the police
25 job. For example, there can be times where someone has

2

1 **Q.** In terms of those flags that you have just mentioned,
2 are they quite prominent on the screen when you first
3 log in?
4 **A.** Yes, immediately you find a patient on RIO you access
5 the file and it asks you why you are accessing the file,
6 and then on the home page for that patient, the warning
7 signals are directly there on the left-hand page.
8 **Q.** Thank you. You have also mentioned in your statement
9 something called SystemOne. Can you explain to us what
10 that is and how it differs?
11 **A.** Yes, so SystemOne is the system that the primary
12 healthcare authority, so for physical health systems,
13 use. We don't document on SystemOne. It is mainly used
14 by GPs and the hospitals in the local area. Sometimes
15 we can have patients who are not on RIO, they're not
16 known to mental health services, and we need to register
17 them on RIO so we need to ascertain who their GP service
18 is. So we will access SystemOne to do a search of that
19 patient and find out who their GP is. That is primarily
20 so we can see which mental health team or crisis team
21 would be responsible for that patient off their GP
22 address.
23 **Q.** Before you attend a Mental Health Act removal or
24 an assessment, do you feel that you have sufficient
25 information available to you to carry out your job?

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1 A. So as Street Triage we wouldn't attend a 135 warrant.
 2 There's no requirement for Street Triage to attend
 3 because you have a full Mental Health Act team of two
 4 doctors, one being a section 12 approved doctor, and
 5 an AMHP, an Approved Mental Health Practitioner. So
 6 there is no requirement for Street Triage to attend.
 7 That warrant has been authorised in the magistrates
 8 court and it's for removal. So occasionally we would --
 9 if a 135 warrant comes through and the police don't feel
 10 there has been enough supporting evidence provided by
 11 the AMHP, they would ask for us to complete a RIO check
 12 just to get some more information, but we would not
 13 attend a 135 warrant. If it's a job for attendance it
 14 really does depend on the time.

15 As we are a live 999 service, we could have one job
 16 running and that could be our only job, or we could have
 17 multiple jobs running. So we try and give as much time
 18 as possible but sometimes it can be really restricted
 19 and that's why it is really important to have the
 20 warning signals and know where to get that information
 21 from as quickly as possible.

22 Q. So, your principal job relates to the 999 calls that are
 23 coming in --

24 A. Yes.

25 Q. -- and it is not usual for you to attend a section 135.

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1 that everybody is safe, and if the patient needs
 2 removing to a designated place of safety for the Mental
 3 Health Act Assessment to take place, if it can't happen
 4 in the home address, they can support with conveyancing
 5 but it should ordinarily be done by ambulance because we
 6 shouldn't be criminalising mental health patients.

7 Q. Thinking about the information the police are able to
 8 access, and the information that you are able to access,
 9 the police will attend the execution of a section 135
 10 warrant. They won't have seen any medical records
 11 beforehand. Is there a role for your team before they
 12 attend to inform them of relevant information?

13 A. So when an AMHP calls the police and requests attendance
 14 at a 135 warrant, the police have a pro forma that they
 15 go through. That AMHP asks all of the relevant
 16 questions, such as mental health (*unclear*) was there
 17 risk to self, diagnosis, what they are expected to be
 18 faced with when they gain entry where they both were
 19 meeting. If the designated place of safety has been
 20 identified for the patient, if transport via ambulance
 21 has been arranged.

22 The police will then run a PNC check to see if the
 23 patient is known on the police systems, if they have had
 24 any prior dealings with the police, any warning signals.

25 Occasionally, if the police do not feel they have

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1 A. No. There is no mental health requirement. They have
 2 already tried to engage the person, they have already
 3 tried to assess them, the community teams have not been
 4 successful, there is a real risk that the patient is
 5 relapsing and that they need treatment under the Mental
 6 Health Act. An AMHP has to apply for a warrant in the
 7 magistrates' court and provide all that evidence that
 8 they have tried all these restrictive options available
 9 to them to engage and assess this patient, and the
 10 magistrate judge has agreed that the only option
 11 available to them now is to execute a 135 warrant and
 12 temporarily detain that patient under the Mental Health
 13 Act to allow a full Mental Health Act Assessment to take
 14 place. So there is no requirement for Street Triage.
 15 That decision has already been actioned and there is
 16 a clear legal pathway for how that can then be proceeded
 17 with.

18 Q. Do the police always attend the execution of
 19 a section 135 warrant?

20 A. Yes, so a section 135 warrant allows to gain entry to
 21 an individual's dwelling. So the Mental Health Act Team
 22 have to prove that they have attempted to gain entry and
 23 have been unsuccessful. So the police attend to gain
 24 entry if the individual will not allow entry. They are
 25 also able to keep the peace on a 135 warrant, make sure

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1 got enough information from that, the pro forma, they
 2 will come to the Street Triage Team and ask us to
 3 complete a RIO check and look for anything further. But
 4 I would say the majority of times the AMHP has handed
 5 over all of the relevant information, so it is not
 6 normal for us to do a RIO check on a 135 warrant.

7 Q. In your view, would it be helpful for there to be more
 8 liaison with your team before they go and attend or not?

9 A. Not necessarily. I don't see the role because we have
 10 no role in executing a warrant. We have no role in
 11 requesting a warrant. The police response officers are
 12 there to enforce their police duties which is given to
 13 them under the 135 warrant and there is a full Mental
 14 Health Act team there. So I'm a nurse, there are two
 15 doctors, one who is a section 12 approved doctor, and
 16 an AMHP, who is an Approved Mental Health Practitioner
 17 that can detain somebody. So the Approved Mental Health
 18 Team have a lot more power and jurisdiction than a band
 19 6 nurse would have. And, as mentioned, it has already
 20 been evidenced to a magistrate judge that that person
 21 needs to be detained temporarily under the Mental Health
 22 Act to allow further assessment.

23 So my role would be to instigate an assessment if
 24 I came across somebody on the street that was unwell or
 25 at home and I was called to assess, that process has

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1 already been done, it has already been approved, we
 2 wouldn't have a role.
 3 **Q.** So you principally come in at a much earlier stage?
 4 **A.** Yes. We do -- sometimes do RIO checks for a 135
 5 warrant, just in case there is something that's been
 6 missed or that the police want some more information,
 7 but other than that, Street Triage have no role or
 8 requirement to attend a 135 warrant.
 9 **Q.** Moving on, then, to the incident in question, you have
 10 said in your witness statement that you recognised VC's
 11 name from previous 999 calls. Can you expand on that
 12 for us, please?
 13 **A.** Yes, I think VC -- there had been some concerns around
 14 him entering a neighbour's property. I can't remember
 15 the date, apologies, and I know that there had been some
 16 RIO checks completed, but I don't think Street Triage
 17 were required to attend or, if they did, it wasn't
 18 myself that attended.
 19 **Q.** That was some time ago, that was in May or July 2020?
 20 **A.** Yes.
 21 **Q.** Is it likely to be those events rather than, for
 22 example, we heard about an incident with a flatmate in
 23 July in 2021?
 24 **A.** I think it would have been 2021.
 25 **Q.** 2021?

9

1 they can make sure the GP is informed, so there is
 2 a separate team that deals with those kind of things and
 3 people that are having PPNs and regularly coming up.
 4 **Q.** Can you assist us with what they are called, that team?
 5 **A.** I can't remember what they are called. Sorry.
 6 **Q.** Were they around in 2020/2021?
 7 **A.** I can't -- I don't think they were around full-time.
 8 I think at that time there wasn't -- the place was
 9 vacant and members of the Street Triage Team were given
 10 one admin day a week to look at the PPNs and go through
 11 that and make sure that they was all actioned.
 12 **Q.** Is that a relatively new development, that team?
 13 **A.** It was around, but there wasn't somebody in post at that
 14 time, but I think in the last two years there has been
 15 someone in that post consistently on both the NHS side
 16 and the police side.
 17 **Q.** Do you find that a helpful team?
 18 **A.** Sorry, could you repeat?
 19 **Q.** Do you find it helpful to have that team?
 20 **A.** Definitely. There are some jobs that are not flagged to
 21 Street Triage at the time and it could be something that
 22 is completely unrelated to mental health, but when the
 23 police officer has gone to speak to that individual,
 24 they have had some mental health concerns but they
 25 didn't feel it warranted immediate assessment.

11

1 **A.** Yes.
 2 **Q.** So much closer to the time of this incident?
 3 **A.** Yes.
 4 **Q.** Is there a system in place where those who become known
 5 to yourselves, because of the number of times that they
 6 are mentioned on an emergency call-out system, are dealt
 7 with in some way the Street Triage Team proactively take
 8 steps to, for example, work with them in some way?
 9 **A.** So there was a separate team to Street Triage. We have
 10 the team that works on the live 999 calls and cars and
 11 then we have a team that work Monday to Friday, 9 to 5.
 12 That is one nurse and one police officer, and it is the
 13 same nurse and police officer that work that role
 14 full-time. Their role is to look at mental health PPN,
 15 so Police Protection Notices, so if an officer goes to
 16 a judge and there are some mental health concerns but
 17 they don't feel it warrants Street Triage attendance,
 18 the police officer will submit a mental health PPN and
 19 the other team go through those PPNs, look if they are
 20 known to RIO, look to see if they are open to any teams,
 21 they might go and do a joint assessment with a team,
 22 they will share the information of the PPNs.
 23 If they are not open to anyone and they feel they
 24 need seeing, they will go out and see them and complete
 25 that assessment. They can do signposting, referrals,

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1 I know that I have reviewed a lot of PPNs of people
 2 that are open to teams and it is important to share that
 3 information. I have also triggered a Mental Health Act
 4 Assessment off a PPN before for somebody that I was
 5 quite concerned about with what was included and went
 6 and assessed them.
 7 So the team is really helpful and really helpful for
 8 the police because they know if they submit a PPN, that
 9 a registered mental health nurse is looking at that PPN
 10 as soon as possible and actioning anything that's
 11 needed.
 12 **Q.** Can we please turn now to VC's medical records. It is
 13 NHFT0000168. It is page 165 that I would like to look
 14 at.
 15 Is this a RIO entry? We have spoken about RIO.
 16 **A.** Yes, it is a RIO entry.
 17 **Q.** This is an entry from 3 September 2021 and it has the
 18 name Ms Louise Chapman; is that yourself?
 19 **A.** Yes, that's my maiden name.
 20 **Q.** First paragraph says as follows, it says:
 21 "We were in the vicinity of [VC's] ... home address
 22 when an emergency shout for support went out from
 23 Officers on scene executing the S[ection]135 warrant,
 24 dictating that they were being assaulted and needed
 25 extra support."

12

1 So, as you have just explained, the Street Triage
2 Team weren't in fact assisting with that section 135
3 warrant.

4 **A.** No, we was not.

5 **Q.** Why did you attend? Are you able to -- the suggestion
6 there is that they need more police officers, more
7 physical force; why did you feel that it was appropriate
8 for necessary to attend?

9 **A.** So that wasn't my decision. I work with a police
10 officer who, by all rights, is still a police officer,
11 even though they are working on the Street Triage Team,
12 and they are duty bound to respond to an emergency call
13 if they are the nearest vehicle.

14 So the emergency alarm went off. We could hear
15 a lot of shouting, a lot of commotion. We could hear
16 officers giving commands. My colleague was genuinely
17 concerned for his colleague's safety, as was I. We was
18 on the next street over, so as he is a working police
19 officer on duty he is -- he has to respond to emergency
20 calls so if he is the nearest vehicle, and that was
21 why --

22 **Q.** So your attendance is essentially a coincidence in terms
23 of location.

24 **A.** Yes, a massive coincidence that it just happened to be
25 us that was the nearest resource.

13

1 punching an Officer with significant force 3 times in
2 the face and attempting to assault other Officers on
3 numerous occasions. [VC] ... was not complying with any
4 instructions or de-escalation techniques. Officers had
5 to use leg restraints to remove [VC] ... from the
6 address due to further attempted assault[s]."

7 Can you recall how VC presented to you when you saw
8 him?

9 **A.** Yes, so obviously regular protocol is, if we do respond
10 to an emergency alarm, I don't go into the scene because
11 I'm not a police officer, I'm not trained to restrain or
12 to protect myself.

13 When we arrived I saw the Mental Health Act Team on
14 the street. I saw the two doctors and the AMHP, so I
15 went to see what had happened. There was a lot of
16 shouting and commotion coming from VC's flat. VC was
17 brought out in handcuffs and leg restraints. He was
18 still actively resisting, trying to get out of those
19 restraints, get out of officers. He was very animated.
20 He was -- a lot of shouting, a lot of it didn't make
21 sense. He was profusely sweating.

22 I asked for a handover from officers as to what had
23 happened and they handed over about the assaults, that
24 he wasn't responding to any de-escalation or any
25 instructions, and at that time, with his presentation

15

1 **Q.** You said in your statement though that you were informed
2 before the execution of the warrant that it was going to
3 take place. Can you assist us with that?

4 **A.** Yes, we was aware a warrant was taking place, any
5 warrants that are taking place we have a board in Street
6 Triage office and we will write the patient's initials,
7 the RIO number and when they are expected too. That
8 primarily is because most 135 warrants place of safety
9 is the 136 suite. So we have two 136 suites in
10 Nottingham, and we also use those beds if we are placing
11 anyone under section 136 of the Mental Health Act that
12 we assess, and so we have to check the bed status, who
13 is going into beds so that if we do go out into
14 assessment and we are considering 136, we know what beds
15 are available to us.

16 **Q.** So the team might liaise with you to ensure that there
17 are beds available.

18 **A.** Yes, and they will liaise with bed management at Notts
19 Healthcare so we have regular communication with the
20 suite and bed management around who is coming into the
21 suites and what the plan would be to move them out once
22 assessed.

23 **Q.** I will just read on:

24 "When we arrived, Officers had deployed the Taser
25 twice and also Pava Gas to subdue [VC] ... due to him

14

1 and how agitated he was and how -- with the sweating and
2 the prolonged restraint my immediate concern was for his
3 physical health.

4 **Q.** We see there it says:

5 "As per policy for tasered patients he was
6 transferred to QMC for a physical health check."
7 Then it goes on and it says:
8 "Officers wanted to know if [VC] ... could be
9 charged due to the serious nature of the assault with
10 the Officer likely needing Hospital treatment.
11 I advised the place of safety (cassidy suite) was more
12 appropriate as he clearly needs [a Mental Health Act
13 assessment ('MHA ax' in document)] ... and immediate
14 [mental health] ... intervention."
15 Is "ax" assessment?

16 **A.** Yes.

17 **Q.** "Officers have agreed to transport to the cassidy
18 Suite."
19 In your witness statement, if I could just take you
20 to that, it is WITN0305001, and it is page 11,
21 paragraph 39, please.
22 You say there:
23 "A section 135 warrant allows the Police to remove
24 a person to a designated place of safety ...
25 A section 135 warrant is only applied for and issued by

16

1 the courts if the mental health team can evidence
2 significant concerns for an individual's mental state
3 and all efforts to assess and support the patient in the
4 least restrictive way within the community have failed.
5 Once a section 135 warrant has been executed, a full
6 [assessment] ... must take place as soon as reasonably
7 practical (either at the time within a patient's home
8 address or soon as a patient is removed to a designated
9 place of safety)."

10 Is that what you are saying in this RIO log, that
11 essentially the assessment needs to take place as soon
12 as reasonably practical and therefore it wouldn't be
13 appropriate at that point in time to charge VC?
14 **A.** Yes. So, once a 135 warrant has been executed, so entry
15 has been gained to the home address and the individual
16 is there, that is counted as an executed warrant and the
17 legal process must follow. It is then up to the AMHP
18 team to decide if that can take place in the patient's
19 home or if they need to go to a designated place of
20 safety. Under the Designated Place of Safety
21 Regulations 2017, the first preference is to use the
22 health-based place of safety. That is largely because
23 the Code of Conduct and Best Practice Guidelines tell us
24 not to criminalise a mental health patient in acute
25 mental health distress.

17

1 and if we Taser a patient that can cause cardiac
2 arrhythmia, sudden cardiac arrest. If they have also
3 been in extreme prolonged restraint and was still
4 resisting restraint, that can put a lot of pressure on
5 a cardiac system and again mental health patients are
6 more vulnerable to sudden cardiac stopping and arrest
7 under prolonged restraint.

8 There's also concerns around acute behavioural
9 disturbance which is someone who is acting in an
10 extremely violent and aggressive way. They are not
11 responding to things like Tasers, they are not
12 responding to commands and that puts them in a high risk
13 category for cardiac arrest.

14 Being the subject of the Mental Health Act at that
15 time and we have a duty of care for both his physical
16 health and mental health but, as per the 135/136 policy,
17 physical health overrides everything and is the first
18 priority. So we had to ensure that his physical health
19 was sorted and then the appropriate place of safety was
20 identified and he was taken there to allow the warrant
21 to be fully executed.

22 **Q.** I'm going to take you to one further document and that
23 is NHFT0003401. Is this effectively the home screen of
24 RIO that you were talking about earlier?

25 **A.** It is, yes.

19

1 If a health-based place of safety cannot be used and
2 that is only in exceptional circumstances where there is
3 imminent and significant risk of death to the patient or
4 others, and no identified health-based place of safety
5 is identified and is able to manage that patient safely,
6 then there must be a discussion between the AMHP team
7 and the police and it has to be authorised by an officer
8 of inspector level or above to use a police station as
9 the place of safety.

10 However, even if a police station was used, a Mental
11 Health Act Assessment would take place and if that
12 patient was detainable, they would then have to be
13 removed to a mental health bed because you cannot detain
14 a patient to police custody and they cannot remain in
15 police custody once they have got medical
16 recommendations in place.

17 **Q.** In your view, did the officers at the scene understand
18 that?

19 **A.** Yes, I explained that they could still proceed with
20 charges, it would just have to be in slow time. The
21 Mental Health Act Assessment legally has to take place.
22 My overall concern immediately was for physical health.
23 VC had been Tasered twice, mental health patients are
24 extremely vulnerable to cardiac issues anyway, that's
25 largely to do with the antipsychotics that they take,

18

1 **Q.** We can see there on the left-hand side, just as you
2 said, there is a box there. If we could zoom into the
3 "Alerts" box. So this is the flagging system that's
4 available on RIO, is it?

5 **A.** Yes, and that's what we check first.

6 **Q.** At the time you would have seen that there was one
7 earlier 24 May 2020 for the damage to a neighbouring
8 flat door. Then you have your entry below:

9 "VC has assaulted a police officer by punching him
10 in the face with significant force 3 times when
11 executing an s.35 warrant. He has also attempted to
12 assault numerous other Officers and was Tasered twice
13 and Pava Gas deployed. The Officer is likely to require
14 Hospital treatment for injuries."

15 There is an alert type there and we see there
16 "Violence and Aggression".

17 There are subsequent events and we see subsequent
18 flags such as "Hostage Taker, Not to be Seen Alone".
19 Can you assist us with other types of alerts that might
20 be available to you?

21 **A.** So if there are multiple call alerts, so there could be
22 domestic violence alerts, so if someone is a victim or
23 perpetrator of domestic violence, that is normally
24 through the MARAC process those alerts would be added.
25 If somebody is known to self-harm, so if they have taken

20

1 an overdose, they have cut themselves, they have tied
2 ligatures, if someone is a vulnerable adult and there
3 are safeguarding concerns about them. There are also
4 alerts that we can put on that the patient might
5 struggle reading or writing or communication
6 difficulties, how you need to communicate with that
7 patient.

8 **Q.** Now you have access to the police systems. How do you
9 think they compare in terms of those kinds of alerts?

10 **A.** So the police systems, when they run a PNC or they are
11 looking, will pull up multiple flags. I find that some
12 of the flags are not correct. It can be that the
13 patient has told them they have got a diagnosis such as
14 Bipolar and they haven't, they have got an EUPD
15 diagnosis, but that flag is automatically put on --

16 **THE CHAIR:** Just explain that, you said they have got a --

17 **MR BLAKE:** Is it EUPD?

18 **A.** Sorry. Emotionally Unstable Personality Disorder. So
19 they can tell the police they have got a diagnosis and
20 because it has been recorded, that will go on their
21 system, on the police system, but it is not verified.
22 So there can be times when people -- I run through PNC
23 and comes up that they have multiple flags for multiple
24 diagnoses, but actually whether they look on RIO, that's
25 not correct and that's why the RIO checks are really

21

1 would require them to be assessed by the mental health
2 team in custody, so then that information isn't shared.
3 **Q.** We can see there, for example, the fourth one down from
4 Claudia Birtles:

5 "Not to be Seen Alone

6 "Due to history of violence and aggression when
7 unwell, home visits to be undertaken ..."

8 This is a visit that has not taken place in
9 a custodial environment, yet it has an alert that would
10 assist you?

11 **A.** Yes, that has been put in place by his Community Care
12 Team, I believe. So that would help us if a RIO check
13 came in for this individual, we would pass that
14 information straight to the police.

15 **Q.** Thank you. One final document it is NGPF0000033. This
16 is a spreadsheet and we can see there, I think we have
17 already scrolled up, it is the second entry, there is
18 an entry on a spreadsheet "Additional Comments" and we
19 can see in that box. So that is the relevant box and we
20 can see the word actually at the top of the screen it
21 says:

22 "[VC] [and it gives his date of birth] assisted
23 a section 135 warrant following emergency button being
24 activated. Male assaulted officers, punches to face
25 numerous times and headbutting."

23

1 important because that gives the full factual
2 information to the officers at that time.

3 **Q.** You have read-only access to the police system, so in
4 fact you are not able to put this kind of a flag on the
5 police systems; is that right?

6 **A.** No.

7 **Q.** Is it sometimes the case, often the case, rarely the
8 case, that there will be a flag on your system that you
9 can't see on the police systems, similar flags. Let's
10 say violence and aggression, do you sometimes come
11 across a case where you clearly have a flag for violence
12 and aggression, but the police don't?

13 **A.** I can't say that I have come across it. I have
14 certainly come across it the other way where the police
15 have had a flag and we haven't. All of the flags that
16 are put on are normally from what we have witnessed as a
17 healthcare trust. So it's something that has happened
18 while they have been an inpatient on a ward or while
19 they have been in the community.

20 We do have shared information from MARAC, so that is
21 the domestic violence, so we do get shared information
22 from there. But there can be occasions where somebody
23 has come to the attention of the police, they have not
24 disclosed in custody that they have any mental health
25 conditions and they have not displayed any concerns that

22

1 (As read)

2 Can you assist us with what this spreadsheet is?

3 **A.** So this is a spreadsheet that the police officer
4 completes. It isn't something that the nurse completes.
5 It is completed during the shift, and it's an auditable
6 sheet to say how many RIO checks we have done, if we
7 have attended, what the outcome of attendance was, did
8 EMAS attend, did they go to A&E, and was they placed
9 under 136 or was any -- a 136 prevented by Street Triage
10 Team attendance, so they use it as an auditing tool.

11 **Q.** Are you aware where this is stored how easily accessible
12 it is?

13 **A.** It's stored on the shared drive of the police officers.
14 So, as I said, it is a police officer spreadsheet.
15 I don't have access to it. I do have oversight of it
16 because we work so closely together, and they might come
17 back and ask me questions. So one of the questions
18 is: have they ever been placed under 136 before? So
19 after an incident and once we have done our write-up,
20 normally the police colleagues will come and ask us
21 a couple of questions just to fill the sheet in.

22 **Q.** I appreciate you may not be able to talk to police
23 systems, but so far as you are aware, if you are from,
24 say, another police force in another area, or another
25 mental health team based within a police force, do you

24

1 think they can access this or is this just a locally
 2 stored document?
 3 **A.** This is a locally stored sheet. I wouldn't see why
 4 another police force would need to access daily logs for
 5 Nottinghamshire Street Triage Team.
 6 **Q.** Finally, just looking at everything we have talked about
 7 today is there anything you would recommend that you
 8 think would improve any of the processes that we have
 9 discussed?
 10 **A.** Last year quite a few Street Triage Teams were shut down
 11 across the country when Right Care, Right Person was
 12 brought in, and Nottingham had to fight quite severely
 13 to keep their Street Triage Team. I think the Street
 14 Triage Team is really important in assisting police
 15 officers when dealing with people under the Mental
 16 Health Act or who might be in a mental health crisis,
 17 and I'm quite concerned that those teams have been shut
 18 down in other counties.
 19 **Q.** Why would Right Care, Right Person lead to a reduction
 20 in the number of Street Triage Teams, so far as you are
 21 aware?
 22 **A.** The police are trying to move away from dealing with
 23 mental health jobs and put police officers back onto the
 24 street dealing with crimes, which I fully understand and
 25 that is their primary role. However, the number of

25

1 Can we just expand the blue box, the second box down
 2 that has the alerts on.
 3 You have told us that these alerts are added,
 4 I think, for what's witnessed and so we can see the
 5 "Violence and Aggression" for 24 May 2020, and that has
 6 the:
 7 "Arrested for damage to a neighbouring flat door
 8 after he believed that he heard his mother screaming
 9 from inside the flat".
 10 They have review dates alongside the number of
 11 30 December 2020. I don't know if you can help.
 12 We know that on 24 May 2020, shortly after that
 13 incident and when VC was released, to the time when he
 14 was subject to care under the Crisis Home Treatment
 15 Team, VC returned and entered another flat where the
 16 occupant jumped out of the window and fractured her
 17 spine.
 18 Bearing in mind there is a further incident that
 19 occurred when technically VC is subject to Crisis Home
 20 Treatment Team, can you help us to why we don't see
 21 another alert added to deal with that second incident on
 22 24 May 2020?
 23 **A.** I can't speak for another practitioner. I apologise --
 24 **Q.** No, thank you.
 25 **A.** -- but I would expect there should be an entry because

27

1 mental health jobs and incidents that the police deal
 2 with is significantly high.
 3 We also have a mental health bed crisis, so in the
 4 last ten years we have lost over 5,000 mental health
 5 beds but the mental health demand is increased by about
 6 40 per cent and is continuing to rise. Police officers,
 7 more regular than not, are being called to sit with
 8 people who are in A&Es up to seven days waiting for
 9 beds, who are in family rooms because all the 136 suites
 10 are full.
 11 So a lot of police officer time is being taken up by
 12 mental health jobs, and they are trying to ensure that
 13 these people are looked after by the right people in the
 14 right place with the right resources to look after them.
 15 However, the mental health system currently isn't big
 16 enough to deal with the people that are presenting and
 17 that need that help.
 18 **Q.** Thank you very much. I don't have any further
 19 questions. There may be some from Ms Cartwright.

Questioned by MS CARTWRIGHT

21 **MS CARTWRIGHT:** Good morning, Mrs Symcox.
 22 Can I ask you one question, please, by reference to
 23 your very helpful assistance you have given us on the
 24 alerts as they appear on the health system. Can we just
 25 look again please at NHFT0003401, please.

26

1 that is a significant alert, but I can't answer as to
 2 why that isn't on there, apologies.
 3 **Q.** Can you help us at all about the purpose of the review
 4 date that we see there, so certainly for 24 May 2020 we
 5 have the next review date of 30 December 2020.
 6 **A.** So, if someone's open to local mental health team they
 7 have a CPN who should be reviewing the risk regularly.
 8 Sometimes there are risks that can go on that are
 9 static. So, for example, the risk that I put on is
 10 a static risk. That is significant, it happened and it
 11 doesn't change. Occasionally we can have risks that are
 12 interchangeable and so they need to be reviewed for
 13 that. If that risk does change, does increase or
 14 decrease, we can alter that and put that information in
 15 place.
 16 **Q.** Can I finally ask you, you have referenced the
 17 pre-attendance to execute a section 135 warrant. There
 18 is a pro forma, questionnaire that's gone through which
 19 is essentially sharing the relevant risk information.
 20 Is there a name for that document?
 21 **A.** There likely is but I don't know it because it is
 22 something that the police control, handlers take and run
 23 through. I'm not employed by Nottinghamshire Police so
 24 I don't see all the forms, but the call handlers take
 25 all that information, it's reviewed at a local level and

28

1 then if any further information is required they can
2 either go back to the AMHP or they can come to Street
3 Triage.

4 **Q.** Can I ask you then, in terms of you have helpfully told
5 us about the risk for mental health patients who are in
6 receipt of medication, antipsychotics, that being
7 Tasered results in an increased risk of cardiac
8 arrhythmia and therefore cardiac arrest.

9 **A.** Mm-hm.

10 **Q.** Is that well known, from your understanding/experience
11 within the police?

12 **A.** Yes. So the police should be aware of that. They have
13 their own separate policy, and when someone is Tasered
14 whether they be a regular person or a mental health
15 patient, and in the multi-agency 135/136 policy, there
16 is a large section on physical health and acute
17 behavioural disturbance, and that physical health should
18 take priority and the risks that we can have in mental
19 health patients who have been Tasered.

20 **Q.** I think you have referenced acute behavioural disorder.
21 That particularly becomes relevant about use of
22 restraint and the risk then for cardiac arrest, doesn't
23 it?

24 **A.** Yes. So someone who is extremely agitated, not
25 responding to Tasers, commands, continuing to resist

29

1 details and it gives the incident number but that
2 wouldn't come up on their system, so they would have no
3 way of knowing what incident relates to who and also you
4 need to be mindful of data protection and GDPR laws. If
5 they come across somebody who is from Nottingham who is
6 out of county, there are processes in place for them to
7 do checks with the police and get any information that
8 they require.

9 This spreadsheet would not give any relevant
10 information because they would have no way of accessing
11 which patient it was.

12 **Q.** Well, that's what I was going to ask you. In relation
13 to anything which had happened in Nottingham, how would
14 another police force, if it were outside the county,
15 know what had happened? Are the RIO notes available,
16 for example, if you had a Street Triage Team?

17 **A.** So if -- I have assessed quite a few people that do not
18 live in Nottingham, so I will ascertain where they are
19 from, the police will run checks. Most of the time the
20 jobs come through from that police force because the
21 concern has been reported to their police force, and we
22 have established they are in Nottingham so they will
23 provide all of the police information.

24 I will then ring -- if they have a Street Triage
25 Team in that county, I will ring the Street Triage Team.

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1 restraint, profusely sweating, they could be potentially
2 displaying Acute Behavioural Disturbance. It is not
3 a diagnosis, it's a syndrome which can result from
4 prolonged restraint. It can result from someone who is
5 psychotic or someone who has used illicit substances.

6 So, as practitioners in these events, we need to be
7 acutely aware of someone's physical health and the
8 impact that could have because the physical health takes
9 priority over the Mental Health Act and over any
10 criminality.

11 **Q.** I think you've referenced it as "acute behavioural
12 disorder", but I think at times it has been referred to
13 as "excited delirium"; is that correct?

14 **A.** Yes, they are both the same thing but they are more
15 going with Acute Behavioural Disturbance now.

16 **Q.** Thank you very much.

17 **THE CHAIR:** Any from the health authority? No?

18 **Questioned by THE CHAIR**

19 **THE CHAIR:** Thank you. I was just going to ask you a couple
20 of questions. In relation to the summary that we had,
21 which I think is the spreadsheet completed by the
22 police -- I don't have a number on my copy that we put
23 up before -- you said you couldn't see a reason why
24 another police force would want to have a look at that.

25 **A.** No, because it doesn't give any patients' names or

30

1 If they don't have a Street Triage Team, I will ring the
2 crisis team. I will give the patient's name, NHS number
3 and then they will verify that I'm a healthcare
4 professional, and then once that has been verified, it's
5 normally they send me an email to my secure NHS email
6 address and I will respond to that. They will then
7 provide me with any information.

8 Once I have then done the assessment, I will send
9 over my assessment to that practitioner, so they can
10 record it on their system. I'm not quite sure how the
11 police systems work, apologies, but that is how we would
12 do it in mental health, because not every county uses
13 RIO.

14 **THE CHAIR:** So, just from your point of view, you would
15 first try the Street Triage Team.

16 **A.** If there is one.

17 **THE CHAIR:** If there is one. You would find out if there
18 was one and if there wasn't you go to the crisis team.

19 **A.** Yes.

20 **THE CHAIR:** The NHS number you would give them, they would
21 check that you were a healthcare professional, you would
22 have to give some credentials.

23 **A.** Yes, then that information sharing --

24 **Q.** Yes, before they provided you with any further
25 information. Just as a matter of interest, how long

32

1 would that process take?
 2 **A.** Depending how long it takes for you to get through the
 3 crisis team. Sometimes it's quite quick, sometimes
 4 there's a little bit of a wait. But they will send me
 5 an email to my secure NHS email account whilst they're
 6 on the phone to me and I will respond. So that process
 7 is quite quick and then they will provide me all the
 8 information I need over the phone, so five/ten minutes
 9 normally.

10 **THE CHAIR:** But as far as any police information that you
 11 would need, you would have to go through a different
 12 route.

13 **A.** The police would do their own work, they would contact
 14 the police force in that county. I think they can
 15 access information Force wide when they run someone
 16 through PNC. If they have any warning signals or flags,
 17 PNC, regardless of them not living in this county,
 18 should flag that up.

19 **THE CHAIR:** But not all use NICHE in your experience.

20 **A.** I don't use NICHE that often, apologies. So I couldn't
 21 say for certain.

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

24 **MR BLAKE:** Thank you, Chair.

25 **THE CHAIR:** You can go now, thank you.

33

1 **A.** Yes.
 2 **Q.** We are here to address the incident on 3 September 2021,
 3 the assault on PC Pritchard. You have said in your
 4 witness statement you weren't working on that day; is
 5 that right?

6 **A.** No, I was on leave.

7 **Q.** You returned to duty on 7 September?

8 **A.** Yes, of sorts, technically on the 8th.

9 **Q.** During this time you were supervised by Sergeant Louise
 10 Ellis; is that right?

11 **A.** Yes.

12 **Q.** Now you have said in your statement you completed the
 13 Casefile to present to the CPS?

14 **A.** Yes.

15 **Q.** I would just like to understand your role. Were you
 16 technically the officer in the case, the OIC, at that
 17 stage?

18 **A.** Technically, yes, Officer in the Case would go through
 19 a number of stages, there is an evidence gathering
 20 stage, a case building stage and then, post charge,
 21 there might be other elements to do with the case.

22 **Q.** I assume you have been OIC of a number of different
 23 cases?

24 **A.** Yes, yes, of course.

25 **Q.** Can you assist us, as an officer in the case, are you

35

1 **A.** Thank you.

2 **MR BLAKE:** PC Johnson is sitting in the hearing room. Are
 3 you happy to hear proceed straight to PC Johnson?

4 **THE CHAIR:** Yes, I think we will carry on and have his
 5 evidence and then we will take a break after that.

6 **MR BLAKE:** Thank you.

7 *(Pause)*

8 **PC MATTHEW JOHNSON (affirmed)**

9 **Questioned by MR BLAKE**

10 **MR BLAKE:** PC Johnson, you should have in front of you
 11 a witness statement --

12 **A.** Yes.

13 **Q.** -- dated 29 October 2025; is that correct?

14 **A.** Yes.

15 **Q.** It has a URN of WITN0023001. Can you confirm that that
 16 statement is true to the best of your knowledge and
 17 belief?

18 **A.** Yes, I can confirm that.

19 **Q.** Thank you. I will just give you a moment to pour your
 20 water.

21 You joined Nottinghamshire Police in 2010 as
 22 a Police Community Support Officer; is that right?

23 **A.** Yes.

24 **Q.** Then you became a constable in 2016 with Staffordshire
 25 Police before transferring to Nottingham in May 2019?

34

1 expected to take the case the whole way through
 2 potentially to the courts?

3 **A.** Under normal circumstances, yes. It would normally be
 4 an attending officer and then you would carry that right
 5 the way through to the court. Yes.

6 However, we have to be flexible and not everything
 7 runs as planned and certainly within a team environment
 8 that I worked in, certain people were better at certain
 9 things, so the sergeant would choose based upon people's
 10 skills.

11 **Q.** Until such time as the case is reallocated, you would
 12 expect to stay with it up until the very end and if, for
 13 example, it is passed to the CPS, it goes to court, you
 14 would expect to be the Officer in the Case even at the
 15 court stage?

16 **A.** Yes, yes.

17 **Q.** Thank you. You hadn't previously presented a case for
 18 charging; is that right?

19 **A.** No, cases for charging, but not a case of that type
 20 where there was the mental health element.

21 **Q.** You said that you felt it unlikely that it would be
 22 authorised for charge in this particular case. Can you
 23 assist us with why you form that view?

24 **A.** Colleagues had previously alluded to this and said it
 25 straight out on some occasions. As a Police Officer,

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1 I don't feel that the courts, CPS and even to a certain
 2 extent our superior officers, take assaults on officers
 3 seriously. Because this was an assault on a police
 4 officer, I felt that because there was complications in
 5 the case it wasn't straightforward that CPS would be
 6 inclined to refuse the charge, discontinue the case.
 7 **Q.** The reason for thinking that it is unlikely to be
 8 charged is, in fact, because it was an assault on
 9 a police officer, not because it was a mental health
 10 case?
 11 **A.** It was a combination of both. The mental health case
 12 obviously adds an element of complication. In my
 13 experience with other case files, where there are
 14 elements of complication, the CPS are less inclined to
 15 charge or continue the case.
 16 **Q.** I'm not going to take you to the policies because we
 17 have taken a lot of witnesses to these policies, but are
 18 you aware of policies which caution against dropping
 19 cases just because they involve people suffering from
 20 mental health issues?
 21 **A.** Absolutely, yes. Yes, of course.
 22 **Q.** In practice, do you think those policies are properly
 23 followed?
 24 **A.** As shown in this, previous witnesses to the Inquiry, not
 25 necessarily. That obviously was in this case. I was

37

1 involvement in the case?
 2 **A.** Yes.
 3 **Q.** We see there:
 4 "At 0930 hours ... [VC] is currently still at the
 5 Cassidy Suite, Highbury awaiting a bed [over the page
 6 please] to become available on another ward. He has
 7 been assessed and detained under section 2 which can be
 8 for up 28 days."
 9 So you have made some enquiries at this stage about
 10 where VC is and what the progress is; is that right?
 11 **A.** Yes.
 12 **Q.** The next entry, you have updated the victim in the case?
 13 **A.** Yes.
 14 **Q.** Informing them that the case will shortly be submitted
 15 to the CPS for a charging decision.
 16 Then, if we scroll down an entry, on 16 September,
 17 victim updated again. 23 September, again an update to
 18 the victim.
 19 Over the page, please, page 16. There is
 20 a supervisor comment. If we keep on scrolling down,
 21 6 October, 12 October as well, victim updated, so
 22 regular updates to the victim in this case?
 23 **A.** Yes, it's all automated on NICHE. You get a little
 24 notification when a victim update is due. Within my
 25 team it is very simple to turn around and say you can

39

1 aware that it is important that the CPS are the people
 2 who make the decision for a charge on a case that
 3 involves mental health. It's not -- we're not -- we're
 4 not trained to make those sort of decisions.
 5 **Q.** If we put this case to one side, though, and just think
 6 about, for example, we have looked at criminal damage
 7 cases. In your experience as a police officer, is it --
 8 is there some sort of reluctance within the police to
 9 charge cases that are low level and involve mental
 10 health issues?
 11 **A.** In my experience, I wouldn't say so, but in all
 12 probability, yes, some people do like cutting corners
 13 and taking the easy route and if there is complications,
 14 then yeah, I can see it happening.
 15 **Q.** With a large number of cases with little time?
 16 **A.** Yes, if there are some that are complicated, then they
 17 would be the ones that would be likely to be discarded,
 18 discontinued.
 19 **Q.** Thank you. I want to take you through the Occurrence
 20 Log for this particular incident. You are not involved
 21 for a particularly long time, but we will have a look at
 22 the entries. Could we please bring up onto screen
 23 NGPF0000027 and we will start at page 14.
 24 At the very bottom of page 14, please, we can see
 25 an entry from 7 September. Is this your first

38

1 give the update, normally it is an email or phone call.
 2 **Q.** Over the page, please, to page 17. Another supervisor
 3 review. If we keep on going down, please, we see
 4 further entries of the victim being updated.
 5 5 November, 22 November. Scrolling over the page,
 6 please, to page 18, which is the main entry that I would
 7 like to ask you about.
 8 So this is an entry here of 9 December and the CPS
 9 by this stage have provided feedback on the papers that
 10 you have submitted to them; is that right?
 11 **A.** Yes.
 12 **Q.** Number 1 says:
 13 "Is there any reason why the AMHPs who were present
 14 at the time of the assault have not provided statements?
 15 They could have evidenced his background and covered the
 16 points in relation to his diagnosis and detention
 17 outlined below."
 18 Can you assist us as to why statements hadn't been
 19 taken from the AMHPs at this stage?
 20 **A.** At the time, obviously they were going to be busy and
 21 I wasn't present at the time, but I can imagine they
 22 were busy and it wasn't appropriate to take statements.
 23 Prior to its submission to the CPS, I will admit
 24 that I should have approached them and asked if they
 25 would give statements beforehand. I didn't, I simply

40

1 submitted the file.

2 However, pre-charge, there's no reason why the
3 doctors or AMHPs have to give us any information. It is
4 not required, and it is certainly not required for
5 a charging decision, which it wasn't in this case
6 because when they did provide a statement eventually it
7 contained no further evidence.

8 **Q.** In your experience, is there some reluctance for AMHPs
9 to give witness statements?

10 **A.** Like I said, I'm not very experienced with mental health
11 jobs. My involvement in this, when I spoke to both the
12 AMHP and the doctor, at the time, as I recorded later
13 on, you will see both seemed very keen and willing to
14 provide statements detailing the process of the
15 application for the warrant and some not full details
16 but some details around VC's mental health at the time
17 and subsequent treatment.

18 **Q.** Thank you. I'm going to go onto the next entry at
19 number 2 there. Can I just ask you that you speak up
20 slightly or perhaps closer to the microphone. Thank
21 you.

22 The second entry:

23 "We require further information in relation to the
24 suspect's mental health condition, to enable us to
25 properly apply the CPS Mental Health Policy and consider

41

1 **Q.** Absolutely. So you are here being asked by the CPS for
2 quite specific information relating to diagnosis,
3 current position, whether his diagnosis had a direct
4 impact on his actions on the day in question. If you
5 were dealing with a case and it wasn't going to the CPS,
6 would you (a) require similar information and (b)
7 require it by way of witness statement rather than, for
8 example, by way of email?

9 **A.** I would expect to have a discussion with my sergeant and
10 determine what level of evidence we would need. I'm not
11 a decision-maker. I would say that in certain
12 circumstances an email would suffice. In other
13 circumstances, it would be important to get a statement
14 even if the case was going to be no further action,
15 discontinued.

16 **Q.** Thank you. Number 3:

17 "Were any use of force forms or alike generate[d]
18 following the tasers being discharged? I would usually
19 expect to see them recorded ..."

20 We see further below there was some IT issue, is
21 that right, with the Use of Force forms?

22 **A.** Yes, they very recently changed systems, so I was
23 looking at the new system and they were recorded on
24 an old system that was held by Northants Police, so it
25 took a little bit for our team to go to Northants and

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1 the impact on a decision to prosecute him. Please
2 provide information as to his diagnosis, whether he is
3 still detained under the mental health act and whether
4 his diagnosis has any direct impact on his actions on
5 the day in question. This is required to ensure that we
6 can provide the specific elements of the proposed
7 offence (intention or recklessness) and consider the
8 public interest in the event the evidential test is not
9 impacted by his condition."

10 Can you assist us, this is a request for a witness
11 statement, isn't it?

12 **A.** Yes, ultimately a witness statement from an AMHP or
13 a doctor, yes.

14 **Q.** Ordinarily, would you expect this kind of information to
15 be required by way of a witness statement or in your
16 experience is an email sufficient?

17 **A.** I would expect, for a continuation of a case to
18 prosecution, that it was provided as a statement, yes.

19 **Q.** If, for example, although we are dealing with a CPS case
20 here, if it was a case where the police have the power
21 to decide whether to charge a suspect or not, again,
22 would you expect, in terms of this kind of mental health
23 information, would you expect that to be provided by way
24 of witness statement or would an email be sufficient?

25 **A.** Can we try the question again, please?

42

1 extract the data.

2 **Q.** Number 4:

3 "There is reference in the Incident Log to [VC]
4 having broken into two flats recently, which is what led
5 to the application for the s.135 warrant. Was there any
6 police involvement in these incidents?"

7 It says there:

8 "Broken into two flats previously."

9 Had you looked up the previous incidents by this
10 stage?

11 **A.** Yes, when I first took the case, I would have looked at
12 VC and his previous incidents and looked for any
13 relevance in the case that I was going to be presenting.

14 **Q.** Do you routinely look at the Occurrence Logs for those
15 other incidents?

16 **A.** Of course, yes.

17 **Q.** Although it says "broken into two flats previously", we
18 know that in one of those instances there was the
19 victim, Feven, who had to jump out the window and
20 suffered very serious injuries. Were you aware of the
21 significance of the injuries?

22 **A.** No, I wasn't aware there were injuries. I was aware of
23 the incident, but, as far as my recollection goes, one
24 is recorded as a burglary and one was criminal damage.

25 **Q.** If you look at, for example, the front of the Occurrence

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1 Log, the information is provided is often the first
 2 call-out information, rather than the substantive
 3 findings in relation to injuries?
 4 **A.** Yes, sometimes -- when we investigate it has to be
 5 proportional. So to trawl through potentially hundreds
 6 and hundreds of OELs, the information within the
 7 occurrence, sometimes isn't proportionate for what in my
 8 eye is a very straightforward police assault offence.
 9 **Q.** If you picked up those previous OELs -- sorry, the
 10 previous Occurrence Logs, you would have seen that the
 11 front page, there is reference to an ABH. Was your
 12 understanding that that second incident was being
 13 treated as grievous bodily harm?
 14 **A.** No.
 15 **Q.** We are also aware of the incident involving Sebastian
 16 who has given evidence to this Inquiry. There's
 17 reference here in number 4 to the two flats previously.
 18 Were you aware of that incident when you were compiling
 19 this file for the CPS?
 20 **A.** Excuse me, was Sebastian --
 21 **Q.** He was held up against a wall?
 22 **A.** But he wasn't one of the two January 2020 --
 23 **Q.** No, not one of those incidents, that was a further
 24 incident.
 25 **A.** No, I wasn't aware of that at all.

45

1 There will be a form we have to fill in --
 2 **Q.** Often with medical information it is quite a formalised
 3 process with doctors?
 4 **A.** Of course, as it should be, yes.
 5 **Q.** Can we go back then to the Occurrence Log, that's
 6 NGPF0000027 page 19. The first entry on that
 7 page 6 January, victim is updated again. 13 January,
 8 further contact email sent to Dr Lomas.
 9 Sticking chronologically, can we please go to
 10 NGPF0000019. On 27 January 2022, this is an email from
 11 Abigail Pinnock to herself. It seems as though she is
 12 essentially writing a note to herself. Can you assist
 13 us with who PS Abigail Pinnock was?
 14 **A.** At the time, it was PC Pinnock and she was a member of
 15 our team. At that time, I had unfortunately gone off
 16 work unwell, I didn't return until much later in the
 17 year following surgery. So --
 18 **Q.** Was she stepping into the role of OIC while you were --
 19 **A.** Not necessarily. She was obviously tasked by the
 20 sergeant to get the statement from Dr Lomas that had
 21 been promised or had been assured --
 22 **Q.** The information here was essentially the occurrence that
 23 we saw copied and pasted from an email to herself from
 24 herself?
 25 **A.** Yes.

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1 **Q.** Thank you. We will continue now scrolling down. We see
 2 there on 10 December there is, as you said, the entry
 3 from the AMHP who -- Amie Staples -- who is willing to
 4 provide on a witness statement and below that,
 5 16 December, contact has been made with Dr Lomas and he
 6 is also willing to give a statement, although he is
 7 going to be away.
 8 **A.** Yes.
 9 **Q.** If we keep on scrolling down, we can see over the page,
 10 top of the page before, please, victim is updated again.
 11 I would like to move, please, to an email that you
 12 sent to Dr Lomas. That can be found at NGPF0000030.
 13 Sticking chronologically, we are here on 28 December and
 14 there is an email from you at the bottom and you say in
 15 the bottom email, you contact Dr Lomas and say:
 16 "Please find attached the data request form you
 17 requested when we spoke a couple of weeks ago."
 18 Can you assist us, is it quite common for clinicians
 19 to ask for a formal form to complete prior to giving
 20 health information?
 21 **A.** So, again, I'm not massively experienced, but generally
 22 when we request information from other bodies they will
 23 have a pro forma kind of form that we have to fill in to
 24 justify our need for that information, be it a CCTV from
 25 a council building or various other sort of evidence.

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1 **Q.** If we turn to NGPF0000020, we can see she has emailed
 2 you.
 3 **A.** Yes.
 4 **Q.** She has, by that stage, taken a statement from Dr Lomas
 5 and she says:
 6 "He isn't allowed to give medical information around
 7 diagnosis etc unless the suspect consents due to
 8 dr/patient confidentiality.
 9 "He says if you send him a medical consent form and
 10 [VC] agreed to consent he can give another statement
 11 around his diagnosis etc."
 12 Are you able to get a factual statement in respect
 13 of what has happened but you are not able to obtain
 14 a current diagnosis information; is that correct?
 15 **A.** Yes. At this point, I was obviously still communicating
 16 from home. I wasn't aware of the extent of my being
 17 unwell at this point, so I was still involved in
 18 a number of different cases and work things as well.
 19 **Q.** We see at the top there the attachment is an MG11, that
 20 is a formal witness statement accompanied by a statement
 21 of truth from Dr Lomas?
 22 **A.** Yes.
 23 **Q.** If you had continued to be involved in this case, would
 24 you have updated Dr Lomas in respect of the progress of
 25 the case?

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1 A. Not necessarily. I have to say when I received this
2 email from PC Pinnock I was surprised at Dr Lomas having
3 supplied more information. My previous conversation
4 with him, as I recorded on NICHE, was positive. I would
5 have written it immediately after the phone call. So
6 I've got no reason -- I don't know what changed between
7 then and the taking of this statement to make it so
8 different.

9 Q. We know that VC ultimately didn't attend court. Would
10 you have told Dr Lomas, or other witnesses or other
11 health professional witnesses, that information?

12 A. Not at that stage, no. They would not have been
13 involved in the court proceedings at that stage, it
14 would just have been an initial hearing.

15 Q. Are there any systems or processes, so far as you are
16 aware, that would enable treating clinicians and mental
17 health professionals to be updated about things like
18 a failure to attend or a warrant?

19 A. Not beyond the normal processes for any victim or
20 witness that we have in an organisation, no.

21 Q. Can we please go back now to the Occurrence Log, the
22 final page that I'm going to take you to. If we go back
23 to page 19. We see at the bottom of the page, by
24 20 March, the case has now been allocated to PC Myers;
25 is that correct?

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1 A. A couple of months for it to be with them is -- like the
2 start was September until -- was it early December when
3 it first came back? So, yes, that's a normal timescale.

4 Q. I have no further questions. There are some from
5 Mr Moloney.

6 A. Okay.

7 **THE CHAIR:** Yes, Mr Moloney.

8 **Questioned by MR MOLONEY**

9 **MR MOLONEY:** Good morning, officer. Did you have a chance
10 to read your statement before you came into the Inquiry
11 this morning?

12 A. Yes, of course, yes.

13 Q. At paragraph 36 of this statement -- we don't need to
14 waste time by putting it up -- you say it is "not
15 a complex case".

16 A. No.

17 Q. When you submitted your first report after
18 investigation, were you asking for the CPS to charge?

19 A. Yes.

20 Q. Would you tell the Chair what your understanding is of
21 the test that the CPS applies when deciding whether
22 charge is justified?

23 A. They look at things like public interest, weight of
24 evidence. I'm not a decision-maker so I don't know this
25 verbatim.

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1 A. Yes.

2 Q. Louise Ellis' entry there says:
3 "Allocated to a new officer in the case to progress
4 ...
5 "Dave ..."
6 That's PC Myers.

7 A. Yes.

8 Q. "... this investigation has been going on for a while
9 now so can you progress this [as soon as possible] ...
10 Please, appreciate that the team are being pulled from
11 pillar to post though at the moment."

12 Are you able to assist us with the reference to
13 being pulled from pillar to post?

14 A. It certainly wasn't helpful that one of the ensures was
15 off unwell. That would impact on any team, and there's
16 always a massive weight of work. We were City Centre --
17 we were an Operation Reacher Team assigned to the City
18 Centre, so we had responsibility for night time economy,
19 so policing the evenings and weekends, football, along
20 with other responsibilities, warrants.

21 Q. As it happens, this case was with the CPS at this time.

22 A. Not in March, no. Obviously it had been returned from
23 the CPS and it needed to go back to the CPS.

24 Q. Ultimately the CPS decision wasn't until June. How
25 unusual is that, in your experience?

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1 Q. Have you heard the term "Full Code Test"?

2 A. Full Code Test, yes.

3 Q. The Full Code Test consists of the evidential test.

4 A. Yes.

5 Q. Is there a case to answer? What's the evidence like,
6 and then the public element of it. Two parts of it,
7 aren't there?

8 A. Yeah, yes.

9 Q. Now the evidential aspect of that, open and shut so far
10 as this is concerned, officers went in, assaulted by VC,
11 open and shut.

12 A. Yes.

13 Q. Public interest test, at paragraph 15, in fact you have
14 referenced this in your answers to Mr Blake this
15 morning, you say at paragraph 15, and I might ask if
16 this comes up just so essentially we can remind
17 ourselves of the essence of what you said to Mr Blake in
18 answer to one of the first questions he asked you.
19 WITN0023001, page 4:
20 "Due to the circumstances of the assault and the
21 fact that [VC] ... was so unwell that a warrant was
22 required to compel him to be detained in a Mental Health
23 facility for assessment, and that he had subsequently
24 been detained following the assessment, I felt it was
25 unlikely that a charge would be authorised by the CPS in

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1 this case. However, I had never presented such a case
 2 for a charging decision before."
 3 Essentially that's because it probably wasn't in the
 4 public interest, as you perceived it, for him to be
 5 prosecuted. That's what the CPS would say.
 6 **A.** Sorry, there is two parts to that. In my opinion, what
 7 the CPS would decide is different. I can have opinions,
 8 I'm still going to present the same case, the same
 9 evidence to the CPS --
 10 **Q.** Absolutely.
 11 **A.** -- and our policy is that if it's a mental health job,
 12 the job involving mental health, that the CPS are the
 13 decision-makers.
 14 **Q.** Yes, and at that stage when it is, as you call it,
 15 a mental health job, then of course it is a public
 16 interest question as to whether or not that is going to
 17 go forward. It is not an evidential test, is it?
 18 **A.** No.
 19 **Q.** Because that's made out.
 20 **A.** Yes.
 21 **Q.** So would you expect that the CPS might want to consider
 22 VC's mental health position before deciding whether the
 23 public interest test was met?
 24 **A.** Yes.
 25 **Q.** Would you expect that the CPS might want to know about

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1 health. Could you have asked her as to how to progress
 2 this?
 3 **A.** No doubt there would have been discussions in relation
 4 to it.
 5 **Q.** Do you accept that there is a degree of delay, at the
 6 very least, as a result of the CPS having to come back
 7 to ask further questions about VC's mental health
 8 position and what previous incidents he might have been
 9 involved in?
 10 **A.** Yes, there is a delay as a result of that but, like
 11 I said, pre-charge, we are not necessarily able to get
 12 full details of diagnosis and mental health conditions,
 13 medical information. That would be a post-charge
 14 mechanism.
 15 So the CPS will charge without that information, as
 16 they have done in this case. I can't remember the
 17 document, but it clearly states that they don't need it
 18 and that we can't compel a doctor or a mental health
 19 professional to give us that evidence prior to charging.
 20 **Q.** So you are saying that the police, prior to charge, are
 21 unable to secure information about a person they want to
 22 charge and in particular what their mental health
 23 position is, that you, the police, cannot secure that
 24 information before charge; is that what you are saying,
 25 officer?

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1 previous incidents with VC from 2020 to see if the
 2 public interest test was met?
 3 **A.** If they were relevant or appeared relevant, yes.
 4 **Q.** Yes, and just to be clear you knew nothing about the
 5 Sebastian events.
 6 **A.** No.
 7 **Q.** As night follows day, the CPS did come back and did ask
 8 about the mental health position of VC and the previous
 9 incidents with VC from 2020.
 10 **A.** Yes.
 11 **Q.** Because the public interest had to be considered.
 12 **A.** Yes.
 13 **Q.** Should you have considered those public interest
 14 elements before you made your submission, officer?
 15 **A.** I felt, yes, that I should at least have approached the
 16 doctor and the AMHP prior to submission of the case.
 17 However, when they supplied a statement, it contained no
 18 further information or no further evidence, nothing that
 19 would have assisted them with the public interest test.
 20 However, they still then charged the case.
 21 **Q.** Sergeant Ellis, we heard her evidence yesterday.
 22 **A.** Yes.
 23 **Q.** Very experienced and very able officer, isn't she?
 24 **A.** Absolutely, yes.
 25 **Q.** This was your first case as an OIC involving mental

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1 **A.** No.
 2 **Q.** No.
 3 **A.** I'm not saying that. We can ask, but we can't compel.
 4 **Q.** Absolutely, but did you ask?
 5 **A.** I didn't, no, and I conceded that.
 6 **Q.** Thank you very much, officer.
 7 **THE CHAIR:** Yes, Ms Cartwright.
 8 **Questioned by MS CARTWRIGHT**
 9 **MS CARTWRIGHT:** Good morning, officer.
 10 **A.** Good morning.
 11 **Q.** Could we please have displayed NGPF0006002. So this is
 12 Nottinghamshire Police "Dealing with Persons with Mental
 13 Health (Consolidated Procedures)" policy.
 14 Can I ask you, because you have referenced about
 15 your knowledge and experience of mental health, did you
 16 have an understanding and knowledge of this policy at
 17 the time when you were involved in the review of the
 18 police assault case?
 19 **A.** As a police force we have a number of policies.
 20 I wouldn't say that I am fully conversant with any
 21 particular policy, but I know how to search and I know
 22 how to find information when I need it. Our internal
 23 systems are very good at finding relevant information
 24 from our policies. But to say that I'm aware or
 25 knowledgeable of an individual policy would be a massive

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1 reach.

2 **Q.** We will go to a paragraph in a moment.

3 **A.** Okay.

4 **Q.** But a number of officers now have said about the amount
5 of policies that are there. Would you agree that where
6 there is a policy that's essentially mandating
7 a procedure that needs to be followed relating to
8 mentally disordered individuals, that it is essential
9 that the individuals go and check that policy?

10 **A.** Yes.

11 **Q.** Similarly can you help me then, when giving the
12 information as well, that a huge proportion of what the
13 police are dealing with day in and day out is mental
14 health defendants, why essentially policies like this
15 and what's required are not muscle memory? Essentially,
16 if there is any policy that officers are going to need
17 to know about, it is the mentally disordered policy.

18 **A.** In terms of muscle memory, yes. Obviously what we deal
19 with day in and day out, and that should be, but the
20 minute detail, however, of the policy document is not
21 something that we are going to immediately be able to
22 recall.

23 **Q.** Let's move forward to a relevant paragraph, please. It
24 is internal page 19, paragraph 3.5.1. I'm not going to
25 go over the evidence that Mr Moloney and Mr Blake have

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1 **Q.** We are going to hear from I think Officer Myers who
2 submitted the case file to the CPS but I want to know
3 from your perspective, did you respond at all to the CPS
4 about point 4?

5 **A.** No. In fact, I didn't respond to CPS about any of the
6 points. I was waiting for the statement before
7 responding.

8 **Q.** But you have confirmed that for the time when you were
9 OIC --

10 **A.** Yes.

11 **Q.** -- you had no knowledge and understanding that one of
12 those incidents was considered by the officers involved
13 in that, that amounted to grievous bodily harm.

14 **A.** No.

15 **Q.** You did not have any knowledge of the injuries that had
16 been sustained by the victim on that occasion.

17 **A.** No.

18 **Q.** Did you have any knowledge of a further police
19 attendance in July of 2020 where VC had again forced his
20 way into another property at number 11 and there is
21 information that another householder was assaulted?

22 **A.** No, it was -- on NICHE I would have looked, I saw two
23 other occurrences, I believe and at the time I didn't
24 believe either of them were relevant to ours. When we
25 investigate it has to be proportional, it has to be

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1 dealt with, which is essentially you initially didn't
2 think this would result in a charge. But can I ask you,
3 looking at paragraph 3.5.1 and what's detailed there:

4 "The fact that a suspect is believed to have mental
5 ill health or learning difficulties must not preclude
6 full investigation of an offence and should only rarely
7 prevent arrest and/or interview of a suspect".

8 Then you can see, as it goes on, what's required by
9 way of a full investigation that needs to take place.
10 Then over the page, please, about the relevance then of
11 prosecution in the public interest.

12 At the time when you were dealing with this case,
13 did you understand how paragraph 3.5.1 was meant to
14 operate?

15 **A.** Yes, we knew that it's not our decision as to whether we
16 charge or not; it has to be assessed by the CPS.

17 **Q.** Can we then please go back to NGPF0000027, page 19. If
18 we go over the page. You have been taken through this
19 with Mr Blake, and we can see in particular the
20 questions that were being asked by the CPS, and in
21 particular the question 4 where the CPS themselves want
22 to know about the previous occasions when VC had broken
23 into two flats and was there any police involvement in
24 those incidents?

25 **A.** Yes.

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1 reasonable. This was an assault on a police officer.
2 What appeared to me to be two burglary, criminal damage
3 incidents at the time, I didn't believe were relevant.

4 **Q.** But, had you known that there was another occasion where
5 VC, when mentally unwell, had forced his way into
6 a property causing a member of the public to sustain
7 those really serious injuries, would you agree that was
8 very relevant to your investigation for background,
9 evidence of character, bad character?

10 **A.** Yes. I don't know if you would be able to adduce it as
11 bad character evidence but, yes, it would be relevant to
12 a charging decision.

13 **Q.** But would you agree also that disposables available to
14 a court, and in particular the availability of a
15 hospital order, which is also something that
16 magistrates' courts can impose, require the fullest
17 information before the CPS and the court about mental
18 disorder?

19 **A.** Yes.

20 **Q.** About character --

21 **A.** Yes.

22 **Q.** -- and previous incidents because that also informs
23 about another disposal that would have been available to
24 the magistrates' court if there were relevant reports
25 from two psychiatrists as to mental disorder.

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1 A. Yes.

2 Q. That it was therefore absolutely essential this
3 investigation captured all of the relevant evidence as
4 to VC's character; would you agree?

5 A. Yes, the investigation, but not necessarily for the
6 charging decision. There is a process post-charge where
7 we have an upgrade, request for an upgrade from
8 a prosecutor for this type of evidence to then be added
9 to the case, but pre-charge not necessarily. Pre-charge
10 is very factual, very basic. Can we charge this case
11 based upon the two factors -- the previous case --

12 Q. Certainly, if we look at item 4, absolutely the CPS
13 wanted to know about the background to those incidents;
14 would you agree?

15 A. Yes. They would want to know, but I don't believe it
16 would have affected the charging decision on a police
17 assault case.

18 Q. You say post-charge there should have been further
19 information provided as to character?

20 A. Yes.

21 Q. Then, can you help me as well, because also the CPS
22 wanting to know about the run-down after the incident,
23 was information provided to the CPS about what happened
24 thereafter in the relevant further detention by VC and
25 essentially an opportunity to harvest from health all

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1 happened afterwards?

2 A. Yes.

3 THE CHAIR: Where would you have gone to get that? How
4 would you have gone about it? What had happened?

5 A. The information --

6 THE CHAIR: That is the run-down of what had happened after
7 the section 135 warrant was executed.

8 A. I would expect that at that point the doctor or the AMHP
9 would supply that post-charge. We have mechanisms which
10 do require that evidence once a charging decision has
11 been made.

12 THE CHAIR: You started off, I think you said you were
13 relatively new to policing, you had spent --

14 A. Not --

15 THE CHAIR: -- three years in Staffordshire, I think, before
16 this.

17 A. Yes, I don't have the same career path as other
18 officers. I only spent a very small time on response,
19 so I have not had the same sort of experience with
20 mental health jobs as them.

21 THE CHAIR: Just in relation to your time at Staffordshire
22 as compared to Nottingham, were there any differences
23 in, for example, approach to accessing NICHE, using the
24 systems that you had within the two Forces?

25 A. Night and day. Staffordshire had at the time

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1 the relevant information they held that was now relevant
2 to this investigation?

3 A. Sorry? What was the question again?

4 Q. The question is: the CPS also want to know "a run-down
5 of the incident ... how it was finalised, please.
6 I believe the section 135 warrant was applied for after
7 this encounter with the police but I cannot be sure".

8 A. Mm-hm.

9 Q. We know that the section 135 triggered a process that
10 ultimately then ended up with VC being detained again
11 under the Mental Health Act.

12 A. Yes.

13 Q. Did you provide any information to the CPS --

14 A. No.

15 Q. -- about those matters?

16 A. No, as I have said, I didn't personally respond to any
17 of the four points. Unfortunately, I was ill and that
18 fell to my colleague who later replied and obtained the
19 charging decision.

20 Q. Thank you.

Questioned by THE CHAIR

22 THE CHAIR: Yes. Just a couple of questions.
23 That last question that Ms Cartwright asked you,
24 would you have expected, if you had been well, to have
25 followed that up and got some information about what had

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1 an incredibly old crime recording system which was
2 almost to the point of unusable. They have, since
3 I left -- in fact, it was on the point where I was
4 leaving -- upgraded to NICHE. So they changed to
5 a different type of NICHE.

6 THE CHAIR: At one stage, you made an inquiry, I think, of
7 Northamptonshire Police.

8 A. Yes.

9 THE CHAIR: They ran a data system which was also outdated;
10 is that right?

11 A. Again, it is a programme of change, we improve systems
12 all the time. How we use the Force system was shared
13 with East Midlands resource that was held by Northants,
14 so when we submitted a Use of Force Form, having used
15 force on a person, it would be stored centrally in
16 Northants, but we would still be able to access it.

17 However, when we moved away from that system into
18 a -- I don't know if it is a Nottingham-only system
19 now -- but it is a web form and then it goes straight
20 onto NICHE. When we moved away from that system it was
21 around this time which then made it very difficult for
22 me to go back to Northants to get that data.

23 THE CHAIR: So now do you know whether systems are better or
24 worse for accessing and coordinating with other Forces?

25 A. For use of force?

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1 **THE CHAIR:** Just generally and use of data.
 2 **A.** So the Forces that are -- use the same version of NICHE
 3 as us, we share information. So we share with the local
 4 East Midlands forces and other forces like the
 5 City of London. So we can see their jobs, we can see
 6 their interactions with nominals. Other Forces that
 7 don't use NICHE then have to use PND or PNC to find out
 8 what information they have or a local request to force
 9 control.
 10 **THE CHAIR:** Thank you. I think we will take a break now and
 11 come back at 11.45 am. Thank you.

12 (11.24 am)

(A short break)

14 (11.45 am)

15 **MR BLAKE:** Thank you, Chair. Can I call PC Myers, please.

16 **THE CHAIR:** Yes.

PC DAVID MYERS (sworn)

Questioned by MR BLAKE

19 **MR BLAKE:** PC Myers, you should have in front of you two
 20 witness statements. The first is dated 31 October 2025
 21 with a URN WITN0042001. Is that statement true to the
 22 best of your knowledge and belief?
 23 **A.** Yes, that is correct.
 24 **Q.** Then a more recent witness statement with a URN
 25 WITN0042002 dated 24 February 2026. Is that statement

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1 showing the incident?
 2 **A.** No, I hadn't.
 3 **Q.** Were you aware that it was quite a serious attack on
 4 a police officer?
 5 **A.** Yes, I was.
 6 **Q.** Now, as Officer in the Case, am I right to understand,
 7 up until any point when you cease to do so, you are
 8 tasked with seeing it through to a conclusion?
 9 **A.** Yes, that's correct.
 10 **Q.** If there had been a trial, for example, it is likely you
 11 would have continued on as the Officer in the Case?
 12 **A.** Yes, that's correct, you would have a further file that
 13 would be upgraded from the initial file that we'd
 14 submitted upon charge.
 15 **Q.** As Officer in the Case, you have day-to-day management
 16 of the case?
 17 **A.** Yes, that's correct.
 18 **Q.** When you took over, did you have a view as to whether or
 19 not it was likely to be charged?
 20 **A.** I thought evidentially it was a strong case, we had
 21 numerous police witnesses all describing the same
 22 assault on PC Pritchard, plus the body-worn video
 23 footage. If you took away the mental health element of
 24 the incident and then put that in context, that person
 25 would have been charged, I think, no questions asked.

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1 true to the best of your knowledge and belief?
 2 **A.** Yes, it is.
 3 **Q.** Thank you very much.
 4 You joined Nottinghamshire Police in 2001 after
 5 graduation from university; is that right?
 6 **A.** Yes, that's correct.
 7 **Q.** You have been a police officer for 25 years?
 8 **A.** Yes, correct.
 9 **Q.** Largely as a Response Officer dealing with day to day
 10 policing; is that right?
 11 **A.** Correct.
 12 **Q.** Is it fair to say that you are one of the more
 13 experienced Constables in terms of years of service?
 14 **A.** Yes, that's correct.
 15 **Q.** Now, you are here to give evidence in relation to the
 16 incident on 3 September 2021, the assault on
 17 PC Pritchard. At that time, you had been posted to
 18 Radford Police Station; is that correct?
 19 **A.** Yes, that's correct.
 20 **Q.** On 20 March, as we have seen from the Occurrence Log,
 21 you took over as the OIC, the Officer in the Case?
 22 **A.** Correct.
 23 **Q.** Had you heard about the assault before taking over?
 24 **A.** No, I hadn't.
 25 **Q.** When you took over did you watch the body-worn footage

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1 It was the mental health and the section 135 warrant
 2 that was the sticking point.
 3 **Q.** Thank you. Could we please turn, then, to the
 4 Occurrence Log. It is NGPF0000027. We will start on
 5 page 19, which is where we left off with PC Johnson. At
 6 the bottom of the page, we have the entry of 20 March.
 7 I asked PC Johnson about this first section, first
 8 paragraph, but I'm going to ask you as well. It says
 9 there:
 10 "The team are being pulled from pillar to post ...
 11 at the moment."
 12 Can you assist us with your recollection of that,
 13 please?
 14 **A.** As a police officer you come on duty and you may have
 15 a plan of what you want to do that day. That plan can
 16 very quickly go out of the window whereby within moments
 17 of turning up, Sergeant Ellis would come to us and say,
 18 "cancel whatever you have got planned, somebody has been
 19 arrested, we now need to search their house" and that
 20 could be the entire day swallowed up.
 21 **Q.** What was the particular problem in the department or in
 22 your team at that particular time?
 23 **A.** As in problem solving, working in the City Centre we had
 24 quite a large number of shoplifters, that's something
 25 where we were keen to work with stores to try and reduce

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1 that. We also had night time economies that we would do
2 once every five weeks. A lot of football matches
3 because at that time Nottingham Forest were in various
4 cup competitions and everything else, so if they were
5 playing at home and we were on duty, we were working
6 that match and that was again a whole day's commitment.

7 **Q.** I'm just going to take you through this entry. Sergeant
8 Ellis identifies the various things that have been
9 highlighted by the CPS at 1 to 4. I won't read to you
10 what it says at number 1 other than what she has entered
11 below the relevant entry and she says:

12 "I believe that PC ... Pinnock has taken a statement
13 from a doctor who was at the scene covering these
14 points."

15 That's in relation to the lack of a statement from
16 the AMHPs:

17 "However he cannot provide details of background or
18 diagnosis due to doctor patient confidentiality. It is
19 worth noting on the replying document to CPS that the
20 defendant has since been subject of a 135 Mental health
21 act warrant at least three times."

22 If we go over the page, please. She then addresses
23 the second point and she states that this can be
24 "evidenced by police interaction with him on his 3
25 M[ental]H[ealth]A[ct] warrants since this incident, as

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1 **Q.** So why would something appear on the SAFE appear and not
2 the NICHE system?

3 **A.** The SAFE system is our command control system. It's --
4 those incidents are what are generated every time
5 somebody calls into the control room. So whether it's
6 an immediate incident or a sort of slow time incident or
7 anything in between. So that's -- they are the initial
8 things. So whenever somebody would call in, there would
9 be an incident.

10 **Q.** So a police call-out, for example, that didn't result in
11 any further action, that would likely appear on the SAFE
12 system and not on the NICHE system; is that right?

13 **A.** Yes, that's correct.

14 **Q.** Can you recall whether you became aware then of further
15 incidents relating to VC, other than the execution of
16 section 135 warrants?

17 **A.** With the search parameters I put into our SAFE search
18 app, I found there was actually two incidents of further
19 mental health section 135 warrants being applied for.
20 I think the first was 19 January 2022 and the second one
21 was 28 January 2022. The second one, there were
22 a number of calls made to our control room whereby
23 whoever was arranging this one was asking for updates as
24 to our attendance, and rather than those updates just
25 going on one log, more logs for some reason were just

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1 best we can". That's in relation to the difficulty in
2 obtaining a further statement from the clinician; is
3 that correct?

4 **A.** Yes, that's correct.

5 **Q.** Then number 3, that's the Use of Force Forms and she
6 says: "I believe PC ... Johnson has ... [those] ... now
7 ..."

8 **A.** Yes, correct.

9 **Q.** Then finally in relation to number 4, the reference to
10 VC having entered two flats previously, and she says:
11 "Provide a run down of this incident and how it was
12 finalised please. I believe the 135 warrant was applied
13 for after this encounter with police but I cannot be
14 sure."

15 Can you assist us: at this point in time, had you
16 reviewed previous incidents relating to VC?

17 **A.** I was aware that PC Johnson had searched previous
18 incidents on the NICHE system. I made a decision to
19 search our SAFE system because you can have incidents
20 whereby, depending on which officers turned up to that,
21 they may deem that no crime had been committed.
22 However, there would still be that Incident Log, but
23 then the rationale as to why there had been maybe no
24 crime recorded so that's where I primarily started my
25 search.

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1 generated each time, so it almost looks like there's
2 more but that was actually just one incident.

3 **Q.** What we don't see is reference to multiple occasions of
4 criminal damage, severe injury taking place at Brook
5 Court. The incident with Sebastian that we heard about
6 the other day. Can you assist us with that. Were you
7 aware of the detail of those incidents?

8 **A.** I wasn't aware. I can only surmise that when I've put
9 in the search string in the SAFE search, I'd have been
10 too precise, in which case it's not brought up things,
11 put in his current address, things have happened at old
12 addresses. Unfortunately, that search system, it's
13 a poor system. It doesn't really work. It's not fit
14 for purpose.

15 **Q.** In relation to the NICHE system, were you purely relying
16 on what the previous officer had searched?

17 **A.** Yes, that's correct.

18 **Q.** Looking back at that, do you think that it would have
19 been of assistance to actually have carried out your own
20 search on the NICHE system?

21 **A.** Yes, in hindsight I should have double checked what
22 PC Johnson had done and then made reference to that.
23 I would hope that if this came back as a full file at
24 a later date, then those systems would have been
25 re-checked and these incidents would have been flagged

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1 up.

2 **Q.** If we scroll down, please, we have another entry on
3 23 March and that's an update from you to your
4 supervisor, is it?

5 **A.** Yes, that's correct.

6 **Q.** And it says:

7 "PC Pritchard has been updated with the progress of
8 the investigation.

9 "I have reviewed the material available and there
10 appears to be missing occurrences for when the suspect
11 has had the Section 135 warrants issued."

12 Can you assist us with what you meant there? The
13 "missing occurrences".

14 **A.** I believe what I would have meant at the time would have
15 been missing incidences of the section 135 warrants
16 because those incidents in themselves on their own
17 wouldn't then generate an occurrence report afterwards,
18 there would be no requirement for it.

19 **Q.** In essence you had found further information.

20 **A.** Yes.

21 **Q.** "There is now a statement from one of the attending
22 doctors [Dr Lomas] ... It is simply a witness statement
23 but he has stated that due to patient confidentiality he
24 cannot give any details of the suspects medical history.
25 An expert witness would be required for an independent

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1 PC Johnson and verbally back from PC Pinnock who took
2 the statement was that, yes, he could provide details as
3 long as this medical consent form had been signed by VC,
4 and the statement was taken on 27 January and it was our
5 understanding that the following day they were going to
6 conduct the 135 warrant, and that's when he would ask
7 him if he would sign said consent.

8 **Q.** That's what you have set out in the paragraph below.
9 You say:

10 "Dr Lomas was planning to attend another Section 135
11 Warrant for the suspect after his [and that's
12 'statement'] ... had been obtained. He would at this
13 time ask the suspect whether he would sign a medical
14 consent form for Police to access his medical records
15 and would get back to PC Pinnock. However, at this
16 time, nothing has been sent back.

17 "Further investigation with the CPS requests to be
18 made next set."

19 Can you assist us with what that means? Or is that
20 perhaps a typo?

21 **A.** Obviously this log has been made on 23 March, so almost
22 two months after the section 135 warrant had been
23 conducted and nearly two months since they had been
24 requested. I have taken it as read that that consent
25 hadn't been obtained and it would almost be like

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1 psychologist as to the mental state of the suspect."

2 What made you believe that an expert witness would
3 be required?

4 **A.** Whether it almost -- I didn't know what Dr Lomas' mental
5 health qualifications were and whether it was something
6 where he felt that it almost needed to go to a more
7 specialist doctor to provide the information, and
8 potentially even a doctor who had more care with VC over
9 a period of time, because sometimes the doctors who are
10 attending the section 135 warrants, that could be a case
11 of that's the first time or very few times that they
12 have actually met that person.

13 **Q.** Were you aware of ways to obtain information from
14 Dr Lomas, further information that would override issues
15 of patient confidentiality?

16 **A.** No. He was our point of contact in mental health for
17 this case. So apart from emailing him and almost saying
18 "Who do I go to to get more information?" it would be
19 through him.

20 **Q.** Is there not a route, though, to have obtained further
21 information from Dr Lomas by completing a form of some
22 sort that assured the medical profession that it was
23 necessary to obtain that information for the purposes of
24 your investigation?

25 **A.** The data protection form had already been sent by

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1 flogging a dead horse in trying to go back to Dr Lomas
2 and say "did you get the consent form?" I have taken it
3 as we haven't got that, I need to move this case forward
4 with CPS with what we have essentially.

5 **Q.** In your experience, have you seen these kinds of
6 difficulties before with obtaining information from
7 attending doctors?

8 **A.** I found the idea of asking for a consent form very
9 peculiar because when I have asked for consent forms
10 medically previously on a number of occasions it has
11 always been with the victim because that victim, if they
12 have been assaulted, wants me to have that medical
13 information so I can then take that -- those details to
14 the CPS, to identify what injuries they have had.

15 For a suspect to sign a medical consent form, it
16 would be like stopping a car for drink driving and then
17 saying would you mind giving me a breathalysed test, you
18 don't have to. If this person potentially might want to
19 self incriminate and they may know that, they will be
20 "no, I'm not signing that because I don't have to".

21 **Q.** Is that an issue that you have experienced just with
22 Dr Lomas or is that a more wide-scale problem?

23 **A.** That is the first time I have ever had need to actually
24 go to a doctor of any sort to actually have medical
25 details from us in relation to a suspect, so this was

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1 kind of new territory for me. However, I have assumed
2 that because this is what Dr Lomas is telling us, he is
3 the expert in this field and that must be their
4 policies, procedures as to how they can obtain those
5 details.

6 **Q.** But you, of course, are the relevant expert, so far as
7 the police are concerned, insofar as obtaining that
8 information is concerned?

9 **A.** Sorry, can you just repeat that?

10 **Q.** Dr Lomas is obviously the expert from the medical side,
11 but in terms of the kinds of information that you should
12 be able to obtain as a police officer, you have the
13 expertise to do that, don't you?

14 **A.** To a certain degree. It depends whether you have dealt
15 with something of this nature beforehand. On all the
16 section 135 warrants I have ever attended in the past
17 they have always passed off with no incident, so
18 actually obtaining these details, like I said, from
19 a suspect to get their medical history, I have never
20 done before.

21 **Q.** Stepping back and looking at it today, do you think you
22 have the power to compel Dr Lomas to provide you with
23 sufficient information for the purposes of your
24 investigation?

25 **A.** My understanding now is that post-charge we have more

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1 previous lawyer requested", but that is very standard.

2 **Q.** If we keep on scrolling. By 4 June, you have completed
3 a pro forma, which is OIC investigation completed. If
4 we scroll over the page, please. We can see it says:
5 "completed. CPS decision to charge with assault on
6 Emergency Service Worker."

7 By this stage, the CPS have concluded that the
8 matter can be charged?

9 **A.** Yes, that's correct.

10 **Q.** Although the pro forma says "OIC investigation
11 completed", as we discussed earlier that doesn't mean
12 that your job comes to an absolute end because there may
13 be proceedings that follow.

14 **A.** Yes. So the summons will need to be sent out, the file
15 completed and checked off as all okay, and then it would
16 then depend on how VC would plead at court as to whether
17 further file upgrades were required in due course.

18 **Q.** This was, by this stage, quite a serious case where
19 there is no medical evidence that goes to something like
20 capacity. So you have the body-worn video footage,
21 plenty of evidence that actually an assault occurred,
22 and in your view at this stage was it likely to proceed
23 through the court system?

24 **A.** I would say without any medical evidence as to what VC's
25 mental capacity was on that date, the CPS have viewed as

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1 powers to demand this information. Whether it's a case
2 of they don't provide it at pre-charge because at that
3 point it is what it is, pre-charge and it is a bit
4 speculative, post-charge this is going to court or going
5 through court process and so it's actually moved up
6 a notch as far as gaining evidence is for.

7 **Q.** Could we please turn to page 21 at the top there. I'm
8 going to take you through again various dates. We are
9 here on 24 April 2022, you state there:

10 "CPS requests have been completed and the casefile
11 sent back to them for a charging decision."

12 So by 24 April it has gone back to the CPS?

13 **A.** Yes, that's correct.

14 **Q.** Then there is victim contact below that, 5 May. "File
15 still with CPS."

16 Is that your experience, that kind of time period
17 that the CPS have this file for, is that usual or
18 something different to that?

19 **A.** I believe their target date is 28 days for files of this
20 sort. When it's gone back for a further submission,
21 I suppose a lot depends on whether it has gone back to
22 that same lawyer to review, or if it has been passed to
23 a new one, he may have to re-review all the evidence,
24 and you never know that new lawyer may say actually "in
25 actual fact, I would like a bit more than what this

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1 it's an assault on a police officer, we have police
2 officers who witnessed it, we've got a medical
3 professional who's witnessed it who is independent and
4 we have body-worn video footage. Again, if you take
5 away that mental health element side of things, that
6 would have been charged all day long I have no doubt.

7 **Q.** In your view at this stage then it was likely to proceed
8 the whole way through the system.

9 **A.** I believe a lot would depend once post-charge and then
10 that file upgrade would have come through, and then we
11 would have then gone back to Dr Lomas or the mental
12 health teams and said "We now have this charge, can we
13 now have the medical records?" Because the decision to
14 charge and the court process is always evolving. It is
15 not just stuck in, you know, this is how it is going
16 forward and if more evidence comes to light, then things
17 can change.

18 **Q.** So did you still have some doubts at this stage as to
19 whether it was likely to proceed?

20 **A.** A lot did depend on that mental health assessment
21 because, as has been pointed out earlier, there's the
22 two tests. There's the evidential test, which I think
23 we clearly passed that with flying colours, but then the
24 public interest test for a police assault, if that
25 person has serious mental health problems and could be

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1 deemed not have capacity back on 3 September, is it
 2 actually in the public interest to proceed through court
 3 for that offence?
 4 **Q.** That would not be your decision.
 5 **A.** No. I would have continued liaising with CPS and
 6 that's -- post-charge there is even more communication
 7 with CPS. So there will be a lawyer reviewing it at
 8 each stage and if a further statement had been obtained
 9 from mental health to say "Yes, this person did have
 10 capacity" I would have -- I would no doubt have thought
 11 that would have carried on through the court. If they
 12 said "No, this person didn't have capacity", that would
 13 then be for the CPS to make that decision as to whether
 14 they think it should or shouldn't proceed.
 15 **Q.** I don't think at any stage throughout your involvement
 16 there was such a statement that said that he didn't have
 17 capacity at the time, was there?
 18 **A.** No, there wasn't.
 19 **Q.** So in light of that, is it likely, in your view, or was
 20 it likely in your view that it would proceed through the
 21 system?
 22 **A.** Yes. It was proceeding through the system and there is
 23 no reason why it wouldn't have continued and, like
 24 I say, when I get those file upgrades back that's when
 25 you're fine tuning your evidence, conducting further

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1 coming up in conversation somehow?
 2 **A.** The latter, it would just come up. If he was booked
 3 into custody and as a profession he said student and may
 4 have even mentioned one of the universities, but that
 5 would be the only real way that you might know that he
 6 was a student.
 7 **Q.** In those circumstances, as Officer in the Case, are
 8 there any steps that you would take to proactively take
 9 to notify the University.
 10 **A.** At that time, I wasn't aware of any Information Sharing
 11 Agreement with the Universities. I'm aware now that
 12 they're in place and for good reason.
 13 I think the problem lies, if you take away the
 14 information sharing, is many officers are scared of the
 15 Data Protection Act and almost over-disclosing
 16 information to people who may or may not be required to
 17 have that information. If he was employed at -- you
 18 know, at Tesco's would I go to Tesco's saying: "This
 19 person has assaulted a police officer?" I would say
 20 not?
 21 **Q.** As at today, do you believe that you should or should
 22 not tell a university when somebody has been charged
 23 with assaulting a police officer?
 24 **A.** As of now, and since the Information Sharing Agreement,
 25 it is even before that, if somebody is under

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1 searches so that the case is not just charge-ready it is
 2 now trial-ready.
 3 This is an either way offence, so if VC had attended
 4 court he could have elected, as things went along, for
 5 a Crown Court hearing and that would have meant even
 6 more scrutiny as far as making sure everything is tip
 7 top, as it were.
 8 **Q.** But insofar as you were aware and so far as you were
 9 involved, you didn't have any information that cast
 10 doubt on the likelihood of a successful prosecution.
 11 **A.** No.
 12 **Q.** At this time VC was still a student at Nottingham
 13 University. He was a student until July 2022. Was
 14 there any system for notifying the University that one
 15 of their students had been charged?
 16 **A.** There would be, but I didn't know that he was a student
 17 at that point and there was nothing on the file to
 18 indicate that he was a student.
 19 **Q.** How would you have established that?
 20 **A.** Short of asking him, potentially, if I went to either of
 21 the two universities to ask whether this person is
 22 a student, but --
 23 **Q.** Is there any process for establishing whether somebody
 24 you have charged in Nottingham is a student at
 25 Nottingham University, or are you simply reliant on it

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1 investigation then I would be sharing it. If the
 2 investigation was something of a sexual nature and
 3 especially against another student, then I would
 4 definitely be sharing that. However, this was
 5 an assault on a police officer who is trying to detain
 6 VC, so it is a very specific set of circumstances
 7 compared to somebody who may have sexually assaulted
 8 somebody in the same halls or similar.
 9 **Q.** In those circumstances, if it were today, would you or
 10 would you not share the information with the University?
 11 **A.** Yes, I would have done because of the violent nature,
 12 even though it was towards a police officer, it would be
 13 something where the University would want to sort of put
 14 safeguarding in place.
 15 **Q.** Thank you. Can we please turn to NGPF0010630. Can you
 16 assist us with what this document is? This is
 17 a document that you provided us with with your second
 18 witness statement.
 19 **A.** This is the casefile and within NICHE, whether it is the
 20 occurrence or a casefile, there are tasks that can be
 21 allocated to officers to complete. This document here
 22 is the task relating to the casefile. So if I was to
 23 send documents to our File Prep Unit to then be
 24 forwarded onto CPS, it would be logged in this.
 25 **Q.** Is this obtainable via NICHE?

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1 A. Yes.

2 Q. Can we please turn to page 5.

3 We have on this page a log of various tasks and

4 their status. We can see four from the bottom, on

5 24 August 2022 it says there:

6 "Summons posted to VC."

7 It has your name as the assigned to name. So are we

8 to read from that that on either 24 or perhaps 26 August

9 you were responsible for ensuring that the summons was

10 posted to VC?

11 A. No, that would indicate that I have requested for the

12 summons to be posted. I sent through the Postal

13 Requisition workflow to our File Prep Unit. They will

14 then carry out checks as to addresses and then would

15 send summons out in the post. My understanding is that

16 as long as the address is -- is recent and reasonably

17 believed to be somewhere where that summons can be

18 served and somewhere where that person will receive it,

19 then that is sufficient as far as they are concerned.

20 Q. Your name is there because you are still at that stage

21 the Officer in the Case?

22 A. Yes, that's correct.

23 Q. Can we please turn to the first page of this document.

24 We see there on the bottom of the page now the accused

25 and we have VC's name and various details. You have

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1 A. Yes.

2 Q. In fact, you have said that you looked at logs, I think,

3 from 19 January 2022 and 28 January 2022, where

4 section 135 Mental Health Act warrants were obtained; is

5 that right?

6 A. Yes, that's correct.

7 Q. Did you give consideration in light of that to the fact

8 that VC may not have been at that address?

9 A. No, not at that time.

10 Q. Did you make any inquiries with the hospital or any

11 other mental health organisations as to where VC may be

12 at that time?

13 A. No, I didn't. In fairness, the fact that we couldn't

14 even get details without the consent form, I took it

15 that the summons had been issued to an address that we

16 reasonably believed that he would receive it and if he

17 was currently in a mental health institute, for want of

18 a better word, then that summons could be forwarded on

19 to him at said hospital.

20 Q. You have had contact from Dr Lomas and obtained

21 a statement -- a statement has been obtained from

22 Dr Lomas. Why not ask Dr Lomas where VC may be at that

23 point in time?

24 A. In hindsight, yes, that could have been something that

25 I could have considered. It is a sort of question that

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1 there an address of Ashworth Hospital. Are you able to

2 assist us, is it likely that that was the address that

3 was used in the summons to VC?

4 A. No. That address would be correct as of when I have

5 printed out this document. If I printed it out on

6 24 August 2022 when the summons was posted, it would

7 show whatever address that was that it was sent to.

8 I believe it was Madison Court in Nottingham.

9 Q. What checks did you make before sending that out that VC

10 was in fact at Madison Court?

11 A. None. If the File Preparation Unit had any concerns

12 that VC didn't live there or if it wasn't verified

13 within a certain period of time, they would come back to

14 me and say "can you do some checks? Is this person

15 still living there?" But again, I have taken it as read

16 that they have got the address and the summons has gone

17 out as it would do normally.

18 Q. Can we go back then to the Occurrence Log and that is

19 NGPF0000027 and the bottom of page 19. At the very

20 bottom of this page, it is something we went over just

21 before, but I'm going to re-read it. It says:

22 "It is worth noting on the replying document to CPS

23 that the defendant has since been subject of a 135

24 Mental health Act warrant at least three times."

25 You were aware of that at the time, weren't you?

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1 you almost wouldn't consider unless you sort of know

2 something that you do now.

3 Q. If we could move on, then, to a new occurrence, that's

4 NGPF0006093. This is an occurrence from

5 22 September 2022 in relation to VC's failure to attend

6 court. We see there it says:

7 "1st Instance Warrant not backed for Bail issued on

8 22/09/2022..."

9 Can you briefly tell us what a first instance

10 warrant not backed for bail is?

11 A. That would be that it was his first time attending

12 a court for this charge, he has not turned up and as

13 such the court have issued an arrest warrant where he's

14 been arrested and not bailed, but you would then arrest

15 him, take him to custody and then he would be placed in

16 front of the first available court to get the court

17 process going.

18 Q. As Officer in the Case did you attend the

19 magistrates' court on that occasion?

20 A. No, that's -- for a first hearing, I wouldn't turn up to

21 court, no.

22 Q. In terms of this Occurrence Log, can you assist us? Is

23 this linked to the underlying offence or is this

24 entirely separate?

25 A. No, this occurrence is a direct result of him not

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- 1 turning up at court for the assault on PC Pritchard.
- 2 **Q.** It would be formally linked in some way to your own
- 3 Occurrence Log?
- 4 **A.** Yes.
- 5 **Q.** Can we please turn over the page to page 2. We have
- 6 there reference to involved officers and you have the
- 7 original investigating officer, arresting officer. You
- 8 have an entry there for officer in the case, but it
- 9 doesn't have a name there. Are you able to assist us
- 10 with why that might be?
- 11 **A.** Unlike a crime occurrence, a FTA wanted occurrence sits
- 12 in a inbox, so each policing area for Nottingham has its
- 13 own inbox and that is then something whereby officers
- 14 from either the Operation Reacher site team at the time,
- 15 or neighbourhood teams primarily, would review that
- 16 wanted inbox, see who is wanted and then make attempts
- 17 to arrest them. This officer in the case is denoted as
- 18 the Notts wanted City Central, which is Radford Road.
- 19 It gets confusing because City Central is Radford Road;
- 20 City Centre is Byron House, and that's been assigned on
- 21 23 September 2022.
- 22 **Q.** So the police station is your station and there is no
- 23 named Officer in the Case that this has been allocated
- 24 to.
- 25 **A.** Yes, that is correct.

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- 1 **Q.** Can you assist us, why was that assigned to PC Sutton?
- 2 **A.** When the Failed to Appear occurrence is generated there
- 3 are then three tasks that are generated with that. The
- 4 first being to have VC placed on PNC as warranted and
- 5 that's what Deborah Lynch would have done. That then
- 6 means that if VC came into direct police contact and was
- 7 name checked, it would be shown as wanted and would
- 8 automatically be arrested.
- 9 The second task -- sorry, and that task is a high
- 10 priority task. The second task is a low priority task.
- 11 That's tied to "for your information". So in effect
- 12 it's a notification. That was sent to PC Sutton when
- 13 the occurrence was generated informing her of this
- 14 warrant, and PC Sutton was the officer who recorded the
- 15 crime.
- 16 **Q.** So she recorded the original crime but she wasn't the
- 17 Officer in the Case, and in fact we still have you named
- 18 in this document as the Officer in the Case; is that
- 19 correct?
- 20 **A.** Yes, that's correct.
- 21 **Q.** Am I right to say that PC Sutton was not there at the
- 22 time?
- 23 **A.** I have now been told I wasn't aware until a couple of
- 24 weeks ago that she was not at work for a number of
- 25 months, hence the reason why it's taken a number of

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- 1 **Q.** Albeit at this stage you are still the Officer in the
- 2 Case in the underlying offence.
- 3 **A.** Yes, but I wasn't aware of this occurrence at that
- 4 point.
- 5 **Q.** We will get to what you are and not aware of. Below
- 6 that we have the entry from D Lynch, the recording
- 7 officer. I think that is Deborah Lynch. Are you aware
- 8 of who she is?
- 9 **A.** I don't know her. I'm -- looking at that, she works in
- 10 our Criminal Justice warrants office. So her job would
- 11 be administrative, to place wanted warrants onto PNC so
- 12 then it can be actioned.
- 13 **Q.** So it has there "Support staff". She is not expected to
- 14 follow up and find out where somebody is?
- 15 **A.** No.
- 16 **Q.** Can we go back to NGPF0010630. We see there under the
- 17 list of occurrences it has "(2)", and there is the first
- 18 occurrence that's your occurrence, and then below
- 19 another Occurrence Log for court warrants and it says:
- 20 "1st instance Warrant not Backed for Bail issued on
- 21 22/09/2022 by Nottingham Magistrates for the Arrest of
- 22 [VC] ... for Assault by Beating ..."
- 23 I think you have said in your witness statement that
- 24 that was assigned to PC Sutton.
- 25 **A.** Yes, that is correct.

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- 1 months for it to actually reach me.
- 2 **Q.** So at the time that it was assigned to her she wasn't in
- 3 fact at the police station and was away for
- 4 a significant period of time.
- 5 **A.** Yes, that's correct.
- 6 **Q.** Do you see a problem there?
- 7 **A.** Absolutely. Well, yes and no. The task -- and I was
- 8 going to come to this later, the task to actually arrest
- 9 VC still sits in that wanted inbox and that is something
- 10 where the proactive teams at Radford Road, in my view,
- 11 because it is what we do at Byron House, should be going
- 12 through and making enquiries to go out and arrest that
- 13 person and progress the warrant.
- 14 **Q.** But you were still Officer in the Case though. Are you
- 15 not curious as to what was happening in your case?
- 16 **A.** No, because once it's filed it's almost -- until I get a
- 17 subsequent update from the court, it's kind of an out of
- 18 sight out of mind. We weren't getting updates from
- 19 court saying whether somebody had pleaded guilty. The
- 20 only time that I would get an update would be to say:
- 21 this person has pleaded not guilty, it has gone forward
- 22 for pre-trial preparing, now do a full file and various
- 23 actions.
- 24 **Q.** Months were passing by though and you hadn't been
- 25 updated. Were you not curious as to what was going on

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1 in the case?

2 **A.** No, because like I say, I may not have received that
3 update. Also it was the back end of Covid and even now
4 the court system is on its knees, you could go months
5 upon months before people are having their individual
6 hearings.

7 **Q.** Can we please go to NGPF0010624. This is a document
8 that contains some screenshots that you have obtained in
9 an email. I won't go over the email, I just want to
10 look at the screenshots and I would like to start with
11 the second of those screenshots, so the second half of
12 that page.

13 Now, this is how it would have appeared on the NICHE
14 system; is that correct?

15 **A.** On the computer screen that is -- on my personal NICHE
16 that is how that task would have appeared to me in my
17 task boxes.

18 **Q.** It is marked as "low priority". Can you assist us with
19 why that may be?

20 **A.** It is just for my information or if it was sent to me as
21 the OIC it is for my information and as such, if, again,
22 this was a victim who was a member of the public I could
23 then phone them and say: just to let you know, it is
24 going through court, they haven't turned up, there is
25 a warrant for their arrest which will be actioned, but

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1 **Q.** Is that a matter of practice rather than some sort of
2 policy?

3 **A.** Yes.

4 **Q.** It says there that it was assigned to you on
5 23 September 2022, but my understanding from the
6 surrounding email is that, in fact, that is not at the
7 relevant date; is that correct?

8 **A.** No, this seems to be at that time a system peculiarity.
9 Now, if the task was re-assigned to me, it would have
10 a re-assigned date and it would be very clear looking at
11 that and when I have made my initial statement, because
12 of the time period, I have assumed that on 23 September
13 I received that task.

14 **Q.** So are we to read from that that in fact it is PC Sutton
15 who received the task on 23 September?

16 **A.** That's correct. Inside each task -- and again this is
17 only something that through completing these statements
18 and more recently when I was asked to printout the task
19 logs -- inside each task, is an activity log of what
20 happens in that task and it is purely an administrative
21 function. It wasn't until I read that that I've
22 suddenly seen that in actual fact it went to PC Sutton
23 on 23rd and the next update is when she has re-assigned
24 it to me on 23 January 2023.

25 **Q.** Thank you. We will get to that entry. But sticking

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1 we haven't forgotten about you.

2 **Q.** Can you assist us, are there various different versions
3 of this, where it says "low", is there a medium and
4 high?

5 **A.** Yes, low risk is what these would be. It's just for
6 information and I can close them without having a tasked
7 or ticked off --

8 **Q.** When you say "low risk", do you mean low risk or low
9 priority?

10 **A.** Just low priority. Medium and high priority would
11 actually denounce that an action was required and if
12 I was to then complete an action on a medium or high
13 priority task, I would, for instance, send it to
14 Sergeant Ellis to say "I've done X, Y and Z, can you
15 sign this task off to say it's been completed".

16 **Q.** Where is that set out? Is that in some sort of policy
17 somewhere?

18 **A.** I don't know, to be honest.

19 **Q.** Were you trained that if you received something that
20 says "low priority" you don't need to take action?

21 **A.** The computer system will allow me to open that task,
22 close that task, without it then needing to go forward
23 to a supervisor for checks that it had been completed.
24 Like I said, this was a for your information only,
25 I have the information, it can then be closed.

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1 with this entry now, are you able to assist us with the
2 remarks below it. It looks as though they are at least
3 two separate entries in fact and it may have been, for
4 example, that on 23 September 2022, Deborah Lynch said
5 to PC Sutton the second part of this, which is:
6 "The warrant will be allocated for further work and
7 action in due course. Note: the nominal may not be".
8 I think is probably circulated something, and then
9 it continues:
10 "Point of receiving this task. The PNC bureau have
11 been tasked with updating PNC to reflect this." (As
12 read)
13 Then there is another entry before that saying:
14 "A warrant has been received for a nominal involved
15 in an occurrence for which you were the OIC. Please see
16 OEL for information." (As read)
17 Does it look as though, in fact, that -- what
18 appears to be the first remark is, in fact, a later
19 remark when the matter was assigned to you because
20 PC Sutton was never the OIC?

21 **A.** I can only assume that that is an automated spiel that
22 goes on this task. No, PC Sutton never was the OIC.
23 Even now I can't understand why it's sent to the
24 recording officer. The recording officer could be
25 somebody who has sat on our crime desk who is on night

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1 duties, they don't need to know about this, whereas I,
 2 as the OIC, do need to know about it.

3 **Q.** Might it be, though, when it was ultimately assigned to
 4 you -- and we will see that on the screenshot -- you
 5 were told that:

6 "A warrant has been received for a nominal involved
 7 in an occurrence for which you were the OIC. Please see
 8 OEL for information." *(As read)*

9 Is that possible? Do you think it's likely?

10 **A.** Yes, I could go into that occurrence and look at any
 11 OELs that were generated from that.

12 **Q.** As at 23 September 2022, it had been 6 months since you
 13 had taken the case on. As Officer in the Case, did you
 14 not considering having a look and seeing how things were
 15 progressing?

16 **A.** No, again we are that busy, unless I get tasked to do
 17 something with that said file, it has been filed so
 18 I can move onto the next crime. I haven't got time to
 19 look at whole jobs just on a bit of a whim to see what
 20 may or may not have happened at court.

21 **Q.** Is that an acceptable situation, do you think? Not in
 22 respect of your own personal actions, but the fact that
 23 Police Constables in Nottinghamshire Police won't be
 24 taking action on their own cases unless specifically
 25 tasked to do so?

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1 This is another document you provided us with that
 2 on 20 January, does this show that a search was carried
 3 out in respect of VC's PNC?

4 **A.** Yes, when it became apparent to me that the for
 5 information task had only reached me on 20 January, I'm
 6 still somewhat gobsmacked that it hasn't been sent to
 7 me. Hence, on the previous slide, the email to our
 8 NICHE admin to confirm exactly when it was sent to me
 9 because I'm still thinking it must be sent to me, I'm
 10 the OIC. To further check to see whether I may have
 11 known about it, I have asked our PNC bureau to conduct
 12 what's called a transaction inquiry whereby they can
 13 look on VC's details and between -- we have done the two
 14 dates of 22 September and a couple of days after,
 15 22 January, to see who may have checked him on PNC. The
 16 first two are the entries whereby his PNC record has
 17 been updated and then the final one is me on 20 January
 18 when I've checked him and found that he's wanted still.

19 **Q.** I think you used the word gobsmacked. I mean, it was
 20 a very serious case, an assault on a police officer.
 21 You had good evidence to charge that matter. By this
 22 stage, you were concerned that you had only just been
 23 notified, were you?

24 **A.** It just seems like a flaw in the system that you are
 25 notifying the recording officer not the OIC. Even if it

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1 **A.** We are that overworked that you will do what is tasked
 2 to you. It is very difficult to almost think I will do
 3 extra bits and pieces and especially as a Response
 4 Officer you are that overworked that you will do what's
 5 just needed.

6 **Q.** It is your case, you are Officer in the Case, you are
 7 responsible for the day-to-day management of that case?

8 **A.** But there is no further tasks from that case.

9 **Q.** Indeed, and is there no curiosity to go back over
 10 previous cases to see what stage they are at when you
 11 are likely to need to go to court, for example?

12 **A.** No.

13 **Q.** Can we look at the top screenshot, please. This appears
 14 to show that it was assigned to you on 20 January 2023.
 15 That's the third entry, it says:

16 "Task assignment changed from Sutton B to Myers D,
 17 OIC." *(As read)*

18 Is that your understanding?

19 **A.** Yes.

20 **Q.** Now, on 26 January, we see at the top entry you have
 21 marked it as complete; is that right?

22 **A.** Yes.

23 **Q.** Can we please -- I will ask you about that, but before
 24 I do, can we turn to NGPF0010627 to see what has
 25 happened in the intervening period.

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1 is just for my information because if I worked in CID,
 2 prisoner handling or even was a civilian police
 3 investigator, I wouldn't be in a position to then action
 4 the warrant, but it's still worth knowing so that you
 5 can update your victim with the status as to what's
 6 happening at court.

7 **Q.** At this time, can you assist us with what was going on
 8 in your head? Were you really concerned that something
 9 has gone wrong here?

10 **A.** This has been printed out only three or four weeks ago.

11 **Q.** Forget this document that's in front of us, but as at
 12 20 January where you have received that information on
 13 NICHE that we saw in that top slide, were you concerned
 14 at that point that something must have gone wrong
 15 because it's been quite a while, I haven't heard
 16 anything about my own case and I'm only just being
 17 notified despite being the Officer in the Case?

18 **A.** I had obviously done the check to see that VC was now
 19 wanted, so that was my first point to see is he still
 20 outstanding because PC Sutton could have sent me that
 21 task on 20 January and we could have actually found that
 22 VC had actually been arrested in that intervening time.

23 **Q.** Were you concerned: why haven't I been told?

24 **A.** Yeah, it -- as the OIC it is something where I would
 25 expect to be told.

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1 Q. Did it represent a flaw in the system so far as you are
2 aware?
3 A. Yes. Yes, I would say it would.
4 Q. Because the consequences were serious because in fact
5 you could have taken action much earlier?
6 A. Certainly on this case -- and I will say this case
7 because it was an assault on a team member -- it could
8 have been something that had we known that VC had Failed
9 to Appear at an earlier time, we, as a team, may have
10 made a decision of: yes, he has assaulted PC Pritchard,
11 we would make additional arrest attempts which would
12 also be part of the arrest attempts that should be
13 carried out by the B teams at Radford Road.
14 Q. As officer in that case, you would have taken quite
15 a bit of personal responsibility for that, wouldn't you?
16 A. Yes, and PC Pritchard was a friend so we don't like to
17 see our friends and colleagues assaulted. So it was
18 something whereby, if I could arrest VC and present him
19 at the court, then I would have done.
20 Q. As Officer in the Case, you had put in quite a lot of
21 work into presenting the case to the CPS, working with
22 the CPS on that charge and ensuring that the warrant was
23 sent out?
24 A. I'd done some work. I was topping and tailing the file,
25 but moving forward there was potential for, yes, a lot

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1 are still the Officer in the Case. So a week later,
2 27 January, what steps did you take to effect the arrest
3 of VC?
4 A. I say unfortunately that following week our entire
5 Operation Reacher Team were up sticks and told that
6 there'd been an increased spike in shop theft in
7 Clifton, go and problem solve that and in effect sort it
8 out.
9 Q. 28 January, what steps did you take to effect the arrest
10 of VC?
11 A. None.
12 Q. 29 January?
13 A. None.
14 Q. You were at this stage still the Officer in the Case.
15 Did you make any contact with the Operation Reacher Team
16 or the Beat Team?
17 A. At Radford Road?
18 Q. At this stage in order to prompt them to arrest VC to
19 take some action?
20 A. No, I didn't.
21 Q. In fact, we saw on that printout that we looked at
22 earlier you had closed the case as far as you were
23 concerned. I can take you back to the printout. So
24 that is NGPF0010624. We see that top entry there, the
25 top screenshot. You had marked it as "Complete" there.

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1 of further work to be done. So yes, I was invested in
2 it to that degree.
3 Q. You would see the case through ultimately to
4 prosecution?
5 A. Yes.
6 Q. Can we please turn to NGPF0005699. This is 20 January
7 and you have emailed PC Pritchard and you say:
8 "I've just had a task come through to let me know
9 that [VC] is FTA ... [failed to attend] since September
10 last year."
11 A considerable period of time. Just pausing there
12 and looking at what follows here. What reference is
13 that? Is that a NICHE reference or a crime reference?
14 A. That, I believe, will be the Fail to Appear occurrence
15 number.
16 Q. Would it be usual to give that information to a fellow
17 police officer if they were a victim of a crime?
18 A. Yes, I don't see why not. Whether he then looked at
19 said occurrence would be down to him, but it's not
20 anything that he couldn't search himself and find. So,
21 no, it's not anything out of the ordinary.
22 Q. Then you go on and you say:
23 "If he is still wanted next week we can try and
24 locate him."
25 We are now 6 months down the line, 20 January, you

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1 Now, I know your evidence is that marking it as
2 "complete" didn't mean anything. It didn't mean they
3 stop looking for him because you had only been notified
4 for information; is that correct?
5 A. Yes. The -- once a task is still active in the Radford
6 Road wanted inbox.
7 Q. If somebody was looking at that, they would see that you
8 had marked the task as complete. You had told PC Myers
9 that: "If he is still wanted next week we can try and
10 locate him". Did you take any steps at that stage to
11 locate him?
12 A. No, because, as I said, our entire team were given a new
13 priority of go and sort out the shoplifting in Clifton
14 and that took our entire team's efforts.
15 Q. Can you see the problem there? You don't just stop
16 being the Officer in the Case, do you?
17 A. What my belief would have been is that the Operation
18 Reacher Team and neighbourhood teams for the Radford
19 Road area who had actually been tasked to go and make
20 the arrest because the Failed to Appear warrant sat on
21 their policing area, they were making inquiries to
22 arrest VC.
23 Q. Had anybody communicated that to you?
24 A. No, but that wouldn't be uncommon.
25 Q. Pardon?

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1 A. That wouldn't be uncommon. That's something we would --
 2 Q. So that was an assumption based on your understanding
 3 that that team would be the one that was responsible.
 4 A. If -- we had our own wanted list for the Byron House
 5 area, we would make periodic attempts to arrest between
 6 ourselves and the Beat Teams at Byron House. We
 7 wouldn't -- if we went out and arrested somebody or made
 8 attempts, we wouldn't necessarily notify the OIC of each
 9 and every action.
 10 Q. But as Officer in the Case you assumed they were taking
 11 action.
 12 A. Yes. As we would take action on our warrants, I would
 13 assume they were taking actions on their warrants.
 14 Q. It turns out that that was a wrong assumption, was it?
 15 A. Yes.
 16 Q. We have in VC somebody who has a history of violence,
 17 a history of violence, to the police, repeated mental
 18 health warrants as you saw and looked up personally, is
 19 now wanted by the Magistrates' Court and you are the
 20 Officer in the Case. Do you not think that you should
 21 have been taking more action chasing that up, trying to
 22 find VC?
 23 A. But my -- I'm guided by my local police inspector. He
 24 would expect me to concentrate on our warrants. In
 25 hindsight, I could have sent an email to the sergeant at

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1 A. Yes, that's correct.
 2 Q. Would you agree with PC Johnson that in terms of the
 3 evidence it wasn't a complex case?
 4 A. It wasn't a complex case, it was -- the complexities
 5 were the getting the statements from medical team.
 6 That's where the delays --
 7 Q. That's what I want to ask you about because you picked
 8 it up in January of 2022, didn't you?
 9 A. March.
 10 Q. March. Okay. Then how long did it take you to
 11 essentially get it through to -- just from March to
 12 24 April?
 13 A. It was I believe 20 March that I was allocated the case
 14 and the summons was sent out or the summons was
 15 requested in early June. So two and a half months.
 16 Q. Would you consider that a reasonable time to have
 17 progressed it?
 18 A. Yes, given our workload. It was a case where you would
 19 pick at, as time would allow.
 20 Q. Because of course essentially from September through to
 21 June is nine months isn't it?
 22 A. Yes.
 23 Q. You have said in evidence to the Chair this morning that
 24 "We don't like to see our friends and colleagues
 25 assaulted".

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1 Radford Road to say "Could you try and hurry this one
 2 along or make some attempts". That is something I could
 3 have done, but my belief was they were making some sort
 4 of efforts because ultimately --
 5 Q. You gave an assurance though to PC Myers, didn't you? I
 6 mean we saw that email. You said "If he is still wanted
 7 next week [we] could try and locate him".
 8 A. It was a "could" try and locate him. I can't promise
 9 anything because, unbeknown to me, while sending that
 10 email we were then turned upside down and then given
 11 completely new tasks.
 12 Q. Do you accept that having sent that email and used those
 13 words you personally did not take any steps to try and
 14 locate VC?
 15 A. Yes, that's correct.
 16 MR BLAKE: Thank you, Chair. I do not have any questions.
 17 Mr Moloney has some questions.
 18 **Questioned by MR MOLONEY**
 19 MR MOLONEY: Good afternoon, PC Myers. I won't repeat the
 20 questioning that Mr Blake has dealt with with you, but
 21 you submitted the charge on 24 April 2022, yes?
 22 A. If that's in my statement, then I will take that as
 23 read, yes.
 24 Q. So seven months pretty much to the day from when the
 25 incidents occurred.

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1 A. Yes, that's correct.
 2 Q. This was a really serious assault on a decent officer,
 3 wasn't it?
 4 A. Yes.
 5 Q. VC was extremely violent during the course of that
 6 assault?
 7 A. Yes.
 8 Q. Could you not have said to Sergeant Ellis, for example,
 9 "Look, this is a really serious assault on PC Pritchard
 10 and it's getting stale now, can I have some time?
 11 I know I have got to do what I'm tasked to do but can
 12 I have some time just to progress this"?
 13 A. Yes, that's a fair comment and I believe Sergeant Ellis
 14 was aware that the case was getting stale and it was per
 15 her OEL log.
 16 Q. Yes. In terms of the warrants that Mr Blake has just
 17 asked you about, could you not have said to Sergeant
 18 Ellis, "Look, this warrant has been outstanding since
 19 September now, I know that and we don't like to see our
 20 friends and colleagues assaulted. Can I go and execute
 21 this warrant?"
 22 A. Yes, that could have been something that I could have
 23 asked for.
 24 Q. Just two other matters, please. You talked about
 25 capacity as an issue in this case. Capacity of VC.

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1 A. Yes.

2 Q. When you talk about capacity, are you talking about
3 capacity to have committed the offence or capacity to be
4 prosecuted, fitness to plead as it's known?

5 A. The fitness to plead.

6 Q. Fitness to plead. Now, nobody ever raised a question of
7 capacity with you, did they?

8 A. No.

9 Q. When somebody -- the issue of whether somebody has
10 capacity or is fit to plead, once they have been
11 charged, is usually for the defence to raise that, isn't
12 it?

13 A. I will take your word for that.

14 Q. On sharing information, you were the Officer in the
15 Case, you knew that VC had been charged in June 2022 or
16 summons had been issued nine months after the assault on
17 PC Pritchard. Did you ever tell anybody in mental
18 health services that he had been charged?

19 A. No, I took it of the view that they were aware of the
20 assault and that there was a police investigation, and
21 so I presumed that they were fully aware of --

22 Q. But there is a difference -- obviously they are aware of
23 the assault because there are AMHPs there, and you have
24 been in touch with them about taking statements. So
25 they are aware of the assault. But you know he has gone

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1 officer and not me.

2 Q. Thank you very much, PC Myers.

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

4 **Questioned by MS CARTWRIGHT**

5 **MS CARTWRIGHT:** Good afternoon, Officer Myers. Can I just
6 confirm first of all some fairly significant evidence
7 you gave.

8 SAFE is the Nottinghamshire Police command and
9 control system which records incidents reported to the
10 Force Control Room and details of the response action
11 taken and the recording of that. You have said to the
12 Chair that SAFE is not fit for purpose.

13 A. Certainly the search function in SAFE I personally don't
14 believe is fit for purpose. We had an old system that
15 for various reasons we had to replace was far far
16 better.

17 Q. In terms of your view, have you expressed the concerns
18 about the SAFE system with senior officers within the
19 Force?

20 A. I'm a lowly PC. No.

21 Q. Can I please just ask you just by reference to the
22 document you were taken to where we can see the
23 additional information the CPS wanted, NGPF0000027,
24 page 19 please.

25 You have already been taken through the requests

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1 into hospital on 3 September, don't you?

2 A. From reading the Incident Logs, yes.

3 Q. Absolutely. But there's nothing to suggest that they
4 knew he had been charged, is there?

5 A. No.

6 Q. Did you not think that him being charged would be
7 important to them in terms of how they dealt with him
8 going forward?

9 A. Possibly. I'm not a mental health doctor but yes,
10 I will concede that that's some information that they
11 might have wanted.

12 Q. Can I just clarify, when was it that you first learned
13 that VC had not attended court?

14 A. 20 January 2023.

15 Q. So as a matter of course, is it right that as an Officer
16 in the Case you wouldn't be informed that somebody who
17 you had investigated, that you had submitted a file to
18 the CPS, that you would not be informed by the CPS or by
19 any other body that the person had not attended at court
20 in answer to a summons?

21 A. No, I wouldn't have been made aware.

22 Q. That's as a matter of course that doesn't happen?

23 A. No, the whole point of that low priority task in theory
24 is meant to inform the OIC. Unfortunately because of
25 how NICHE is written, it's informed the recording

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1 that have been asked from the CPS, and if we go over the
2 page please, I specifically want to ask you about
3 question 4 which is the CPS's request for the details of
4 what had happened in respect of the two previous
5 break-ins, and also an update as to what had happened
6 with the section 135.

7 I'm going to just contextualise that next, please,
8 on page 21, where we see your recording of "CPS requests
9 have been completed and casefile sent back to them for
10 a charging decision."

11 Can you assist specifically on those requests about
12 the previous incidents, so what we know as the May 2020
13 incidents, what information you provided back to the
14 CPS?

15 A. None, because I couldn't find them on the SAFE search
16 system when I've checked.

17 Q. So is that another example of how the SAFE system is not
18 fit for purpose?

19 A. It could have been me as a user error. I haven't put
20 enough or a wide enough search term in but, yes, it
21 could be something where it's just not very easy to
22 find.

23 Q. So that direct request for relevant information for the
24 CPS, the question 4, no information was provided back to
25 the CPS.

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- 1 A. Not in relation to the previous break-ins.
- 2 Q. So, can I ask you then, at any time when you were
3 Officer in the Case, did you realise or appreciate that
4 the second 24 May 2020 incident involved a victim
5 jumping out of a window, fracturing her spine and it was
6 considered a grievous bodily harm offence?
- 7 A. Sorry, what was the question?
- 8 Q. So the question is: at any point, when you were Officer
9 in the Case as you have been asked about, were you aware
10 that that incident, the second incident in May 2020
11 involved VC having carried out what was considered to be
12 an offence of causing grievous bodily harm which had
13 resulted in a victim sustaining fractures to her spine?
- 14 A. No, I wasn't.
- 15 Q. Would you agree that that was highly relevant
16 information that we know that CPS were requesting and
17 was never provided to them?
- 18 A. Yes.
- 19 Q. Now, can you tell us please who the sergeant is at
20 Radford Road who you say essentially that warrant sat in
21 the inbox and that they should have been taking action
22 to arrest VC?
- 23 A. The Operation Reacher sergeant of the time was Sergeant
24 Westlake(?), one of the beat manager sergeants would
25 have been -- you would have to ask somebody who actually

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- 1 A. It just means that I would have -- again, it would be
2 an automated thing, I would have a week to see that task
3 and close it down.
- 4 Q. But if it is flagging that a defendant has failed to
5 attend at court, so now in addition to the primary
6 offence there's now an offence to the court, and it is
7 telling that a warrant has been issued, you are saying
8 it simply requires a response which effectively what was
9 done was to close it down. Why does that not mean that
10 someone should be going out to find that --
- 11 A. Sorry, you are confused. The task to go out and arrest
12 VC is a separate task to that low priority one. It is
13 a high priority one that is tasked to that wanted Inbox
14 and that stays open and active until he is arrested.
- 15 Q. In terms of that, I think you have said it was a low
16 priority request in your statement; is that correct?
- 17 A. That was sent to me, for my information he has Failed to
18 Appear. That's all that task is saying.
- 19 Q. So to the best of your knowledge was VC ever a high
20 priority task for an arrest?
- 21 A. The high priority is just again an automated task or
22 automated grading. I would say that for managing FTAs,
23 like managing crimes, a sergeant should be reviewing
24 those FTAs to see what actions have or haven't been
25 taken and also looking at the person who hasn't turned

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- 1 works there because I don't work from Radford Road.
- 2 Q. But you seem pretty clear and adamant that as well as
3 what we see what you said you were going to do, and
4 particularly the assurance you gave to Officer Pritchard
5 that that was going to be actioned in January 2023, but
6 you are adamant that you believe Radford Road should
7 have been taking steps to execute this warrant?
- 8 A. Yes, because we, on our policing area, were taking
9 actions with our warrants. I would assume they would be
10 doing the exact same on their area, similarly Mansfield,
11 Broxstowe. That's the whole point of having the wanted
12 inbox so officers can go out and make those arrests.
- 13 Q. I don't want to delay you by displaying on the screen
14 your second witness statement, but for the record it is
15 WITN0042002. But essentially I think the request to --
16 that you say wasn't to you that went to Sutton that you
17 didn't see in September, had a completion date of
18 30 September 2022.
- 19 So can you just confirm what that meant was that
20 completion date should have meant that by
21 30 September 2022 officers should have made an effort to
22 execute that warrant and arrest VC?
- 23 A. No, that completion date is simply for that task, that
24 for your information only task.
- 25 Q. But --

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- 1 up at court because if they are a domestic violence
2 offender, I would say they need arresting far quicker
3 than somebody who hasn't turned up to court who may be
4 a nonviolent shoplifter. That is something where
5 personally I feel there is a gap in our management of
6 FTAs and more consideration should be taken as to what
7 level of future risk that person may pose.
- 8 Q. Now, you have said that despite telling Officer
9 Pritchard that you would make efforts the following week
10 if he had not been arrested, to arrest VC, that the
11 priority then that re-diverted you away from this task
12 was to identify shoplifters in Clifton. So it is your
13 evidence that there was not part of the day between
14 January and June of 2023 where one officer in Nottingham
15 could not have been tasked to go and look and arrest VC?
- 16 A. You wouldn't go to arrest him with one officer.
- 17 Q. Well, whether it is one, two, three, four, you are
18 saying there was no --
- 19 A. With the level of assault that he had displayed to
20 PC Pritchard, that would require a whole team to go and
21 arrest him.
- 22 Q. But have you seen any evidence of anyone making efforts
23 or taking steps to do that or identify where VC was?
- 24 A. I never looked at the actual Fail to Appear warrant, so
25 I don't know whether any steps were taken.

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1 Q. To the best of your knowledge, you had taken no steps
2 whatsoever to execute the warrant, is that correct;
3 would you agree?
4 A. Yes, that's correct.
5 Q. To the best of your knowledge, are you aware of any
6 other officer that took any steps to arrest VC on that
7 warrant?
8 A. I'm not aware, I didn't look at the arrest warrant
9 occurrence to see what steps had or hadn't been taken.
10 Q. Finally, can I take you to one document, NGPF0006693.
11 Just to contextualise, you are not on copy to this, but
12 it relates to information that was being collated to
13 provide an account relating to the failure of
14 Nottinghamshire Police to execute that warrant.
15 Can I ask you, first of all, at any point in
16 January 2024, did anyone speak to you to get your update
17 about what on earth had gone on with this warrant and
18 why it hadn't been executed?
19 A. No.
20 Q. I think this email was in the documents in your pack.
21 Have you had an opportunity to look at this?
22 A. I have.
23 Q. We know that January is significant, 2024, because it
24 coincides with when VC was sentenced and we can see that
25 it is exchanges between Officer Griffin and if we go to

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1 Q. If we just turn over the page just for completeness.
2 And again, sorry. Just to properly identify Mr Jarram,
3 he is Senior Media and External Relations Officer.
4 Thank you very much for answering my questions.
5 **THE CHAIR:** Thank you. Yes, Mr Beggs. We will just finish
6 off this officer and then we will take a break. Thank
7 you.
8 **Questioned by MR BEGGS**
9 **MR BEGGS:** Officer, what was your own feeling about the fact
10 that the warrant was never executed?
11 A. Efforts should have been made, plain and simple, to have
12 a warrant outstanding for 9 months, if I was that
13 victim, I would expect at least some efforts to have
14 been made to actually arrest him.
15 Q. So how did you feel about the fact that no such efforts
16 were made?
17 A. I feel -- we were trying to get our warrants down,
18 I have no doubt Radford Road were very busy and whether
19 it's just not top of their priority as far as the
20 neighbourhood teams go, it just shouldn't have happened.
21 Q. Now, the Deputy Chief Constable has publicly stated that
22 this was in part because of a serious systemic
23 operational failure in the way the warrants were being
24 processed, yes?
25 A. Mm-hm.

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1 the second -- the bottom of that page, we then see
2 an exchange relating to Mr Jarram(?), who we will see at
3 the end of this when we look at the exchanges, has
4 a rolling communication with the Force.
5 If we just scroll through the pages, if they could
6 just be displayed. I'm not going to take time reading
7 them with you having confirmed, we can see the press
8 release --
9 **THE CHAIR:** If he is not going to be giving any evidence
10 about it, he is not the right officer to deal with it.
11 **MS CARTWRIGHT:** I want to ask him something about the
12 warrant.
13 **THE CHAIR:** All right. You can ask that part.
14 **MS CARTWRIGHT:** If we can go over the page to page 4, we
15 have:
16 "If asked-warrant statement." (*As read*)
17 We can see, at the bottom of that page, what was
18 being considered in this draft was putting forward in
19 respect of the warrant:
20 "We were unable to locate him due to his nomadic
21 lifestyle." (*As read*)
22 At any point were you providing an account to
23 suggest that VC had a nomadic lifestyle or that was the
24 reason for why the warrant was not executed?
25 A. No.

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1 Q. But if I have understood your evidence to the Chair, it
2 is also to do with the workload that you and your
3 colleagues were facing.
4 A. Yes, that's correct.
5 Q. What might it tell the Chair that if the police can't
6 execute a warrant in respect of a serious assault on
7 a colleague, what might that say about your workload?
8 A. It's just far too high for the number of officers that
9 we have. I think there is a view that a shift --
10 a response shift may brief on this afternoon with
11 20-plus officers and a sergeant. In reality you might
12 have three officers and a sergeant and they're there to
13 deal with all those 999 calls, all the non-emergency
14 ones and then also clear up all their old workload as
15 well.
16 Q. When you sent the email to PC Pritchard on 20 January of
17 2023 -- there's no need for it to come up on the screen,
18 we all remember it -- was your expression of hope in
19 respect of a warrant issued in good faith on your part?
20 A. Yes. It was a polite email to a colleague who has now
21 moved onto a different team and I think the pertinent
22 word is "we can try", and that's what it would have
23 been: we can try.
24 As I said at the beginning of my evidence, you could
25 come on duty and whatever plans you did have that day

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1 would soon go out the window and, as we found that
 2 following week, we were suddenly tasked to go and go and
 3 sort out shoplifting which is something of a wide scope,
 4 and that took our entire team's efforts because that
 5 problem just ballooned beyond all recognition.
 6 **Q.** Can I interrupt, not rudely I hope, to say that the
 7 shoplifting to which you were directed, is this right:
 8 it was a form of industrial organised criminal
 9 shoplifting?
 10 **A.** Yes, it --
 11 **Q.** Because it mustn't be trivialised. Sometimes
 12 shoplifting is seen as trivial, but this wasn't trivial.
 13 **A.** We would tackle that on three fronts. One would be
 14 prolific shoplifters who would steal daily for their
 15 drug use; we would do plainclothes operations with
 16 stores in Nottingham; and then the final and the real
 17 time-consuming was we were tracking organised crime
 18 groups who were stealing on an industrial scale
 19 throughout the country, as well as Nottingham, and that
 20 just took an awful lot of time for a team of five of us.
 21 **Q.** This is my final question, because people need lunch,
 22 but what is the solution to the excessive workload of
 23 which you are the third or fourth officer who has spoken
 24 of it?
 25 **A.** More staff.

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1 **A.** No, PC Pritchard had moved departments by this stage, so
 2 it was "we" as in our Operation Reacher team.
 3 **Q.** You have said that if you were a victim you would expect
 4 some efforts to be made to execute the warrant. Did you
 5 ever follow up anything with PC Pritchard and tell him
 6 that you hadn't, in fact, made any efforts to ensure the
 7 warrant was executed?
 8 **A.** No, not after sending that email.
 9 **THE CHAIR:** I wanted to ask you about the three systems
 10 which appear to be available to you for sources of
 11 information about a previous history of a suspect and
 12 you have said that you took it as read that PC Johnson
 13 had looked at NICHE.
 14 **A.** Yes.
 15 **Q.** You also have SAFE and you said you searched on that,
 16 but you didn't think that was fit for purpose, but it
 17 could have been your own search term; is that right?
 18 **A.** That is right.
 19 **THE CHAIR:** What about the Police National Computer, PNC?
 20 **A.** I didn't check PNC as far as updating the CPS, no.
 21 **THE CHAIR:** So you have those three systems, all of which
 22 appear to hold different information; is that right?
 23 **A.** They do interlink, but yes, they will hold specifics
 24 that another one may not hold.
 25 **THE CHAIR:** If you want to be sure that you have everything,

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1 **Q.** Do you mean more police officers?
 2 **A.** Mm.
 3 **Q.** Yes, thank you very much.
 4 **Questioned by THE CHAIR**
 5 **THE CHAIR:** Just picking up from what you have said, how
 6 long did that exercise with regard to shoplifting take
 7 the whole of your team? How long did that last?
 8 **A.** It was ongoing until our team were disbanded in
 9 May 2024.
 10 **THE CHAIR:** So you weren't doing anything else other than
 11 shoplifting from a week after January 2023 to May 2024.
 12 **A.** Apart from Force commitments, ie football, that took our
 13 team's entire focus.
 14 **THE CHAIR:** In relation to the email that you sent to
 15 PC Pritchard, you said that he was actually a friend of
 16 yours, I just want to ask you, you said:
 17 "If he is still wanted next week we can try and
 18 locate him."
 19 You weren't suggesting that he be involved in that?
 20 **A.** Sorry, can you speak the last part?
 21 **THE CHAIR:** You said:
 22 "If he is still wanted next week we can try and
 23 locate him."
 24 You weren't suggesting that PC Pritchard should be
 25 involved in that?

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1 you should check all three, should you?
 2 **A.** Yes, that's fair.
 3 **THE CHAIR:** And you didn't?
 4 **A.** No.
 5 **THE CHAIR:** Right, thank you. We will start again at
 6 2.15 pm.
 7 **(1.12 pm)**
 8 **(The short adjournment)**
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