Witness Name: Holly Bramley

Statement No: WITN0017001

Dated: __28/11/2025___

THE NOTTINGHAM INQUIRY

FIRST WITNESS STATEMENT OF

HOLLY BRAMLEY

I, Holly Bramley, will say as follows: -

1. My name is Holly Bramley, registered Paramedic with the Health & Care Professions Council (HCPC). Registration number – PA50919.

   I qualified as a Paramedic in 2020, initially going to work for South Western Ambulance Service (SWAST), then moving to West Midlands Ambulance Service (WMAS), where I remained until early 2022. From WMAS, I began working for Mitie as a Forensic Healthcare Professional (HCP) in Nottingham Custody.

   My role in custody was to look after the health and wellbeing of anyone within the custody suite, primarily the detainees and perform certain forensic procedures at request of the police. This involved completing certain "fitness" assessments, providing medication where needed, assessing injuries, dealing with medical emergencies, treating withdrawals, the forensics and more.

   I have since worked for Mitie but in West Mercia, which is now manned by Partnering Health Limited (PHL) – where I work currently.

2. I have been asked to set out the chronology of my interaction with Valdo Calocane during his time in Nottingham custody. This was as follows:

13/06/2023 08:01 – first time I was requested/saw Valdo Calocane. This was requested due to Valdo Calocane being on level 4 observations. It was local procedure for the HCP to assess the detainee if placed on this level.
Within custody, each detainee is placed on an observation level, which is based on the risk assessment that the Custody Sergeant undertakes upon the detainee's arrival. It is used to manage the detainee's safety whilst in custody. There are four observation levels, the higher the level – the closer the observation. Level 4 is the highest level and means that the cell door remains open with officers sat in the doorway 24/7, constantly monitoring the detainee.

15/06/2023 23:10 – a welfare check, requested by Inspector Gregory following interview.

3. I have been asked to set out any access to Mr Calocane's medical notes I had and my consideration of his previous medical and medication history. This was as follows:
As Mr Calocane was refusing to engage, initially I could not confirm his medical history and/or prescribed medications. I was unable to gain access to his SCR (medical records) due to him not consenting, and unless it is an emergency, we cannot access this without explicit consent.
Due to the nature of the offence, the lack of available information, and his current presentation, I involved my lead senior Rosie Draper, the on-site

Liaison & Diversion (on-site mental health team) (L&D) practitioner N.Iles (who conferred with her manager Louisa Hagan) and the clinical lead Rachel Morris, to gain advice on how best to proceed with Mr Calocane's care/fitness assessments.

Rosie came into custody shortly after to assist me. After speaking with L&D, Rosie and I were informed of his previous mental health (MH) diagnosis of Paranoid Schizophrenia, previous sections and previous prescription of Aripiprazole.

4. I have been asked to set out my involvement in the following assessments, including the results of each assessment:

(a) Fitness for Detention (FTBD)

(b) Fitness for Interview (FFI)

(c) Requirement for Appropriate Adult (AA)

(d) Mental Capacity Assessment (MCA)

(e) Mental Health Act Assessment (MHAA)

(f) Toxicology bloods,

This was as follows:

After seeing Mr Calocane on the 13/06/2023, I deemed that he would require a rest period before an interview was considered, resulting in me deeming him (b) not Fit for Interview (FFI) at the 08:01 assessment.

It is common practice in custody for an initial rest period to be in place if a detainee presents with unusual, volatile or erratic behaviour, allowing time to assess whether it could be drug-induced, and to gain further information regarding mental health from the L&D team.

I was unable to complete a full (a) Fit to be Detained (FTBD) assessment as, I have previously stated, Mr Calocane refused any engagement. I noted no immediate, acute clinical concern with his presentation, so classified him as FTBD, but to remain on Level 4 observations, with any concerns to be reported back to me immediately. This is where I involved my management due to the complexity of the situation and severity of the offence, as to ensure all fitness assessments and management of the detainee were appropriately held moving forward.

The (c) requirement for an appropriate adult (AA), as with the final say on all fitness assessments is fundamentally the decision of the custody sergeant, the HCPs are there to advise. Once again, due to the lack of engagement from the detainee, and lack of available information regarding his history, I had no cause to state he needed an AA at the 13/06/2023 assessment. However, once the further information regarding his previous mental health history had come to light, and an appropriate rest period had passed, my recommendation after the welfare check on the 15/06/2023 was that he would benefit from continual support from an AA.

To complete a (d) capacity assessment, there must be some level of engagement from said person. However, the MCA (2005) states that we are to assume a person has capacity to make decisions for themselves, unless it is proven otherwise. I was unable to complete a capacity assessment during my involvement with Mr Calocane.

As an HCP I have no direct involvement with the (e) Mental Health Act Assessment (MHAA), other than to gain advice on whether the Approved Mental Health Practitioners (AMHPs) think it would be appropriate to request

one. L&D were on site during the day when Mr Calocane was bought in, this is where Rosie and I gained support from them, we were advised that the Trust's stance is that a MHAA would not be conducted. I have no direct understanding of what the Trust's stance was here, other than the relevant professionals had been involved and we were informed it would not be happening.

With regards to (f) toxicology, my clinical notes state I was asked to complete toxicology bloods and body mapping at around 13:00 on the 13/06/2023 by Inspector Boylin. The detainee was still refusing engagement; therefore, I could not complete this request. I gained advise from Rosie and Rachel (Lead Senior and Clinical Lead) regarding this, and I was advised that we do not take body mapping and/or bloods without consent, nor whilst we were still waiting to assess capacity. This had not been finalised at this point as Mr Calocane was still in his rest period. I was not requested to obtain a urine sample, as this is collected by the police, not the HCPs, if needed.

5. I have been asked to set out my understanding of the relationship between A-F above, and to what extent I consider them inconsistent with each other. This is as follows:

   If a person is deemed not FTBD, then in theory they are not fit for anything further until the reason behind non-fitness is addressed (where possible). Every reasonable adjustment (Emergency Department assessment, medication collection etc) should be made to ensure a detainee will be safe, therefore FTBD.

If a detainee is deemed as not having capacity, again, the cause should be addressed as lacking capacity can be due to either an organic (a detectable medical condition or injury that may affect the brain's ability to process information and result in the person lacking capacity) and/or non-organic cause (social and/or psychological factors). Capacity is also fluid and should be reassessed regularly.

There is a direct relationship between a capacity assessment result, whether a MHAA should be considered, their fitness for interview and requirement for an AA – as longstanding and/or acute mental health conditions/presentations can result in extra support being needed for the detainee.

6. I have been asked to set out what behaviours or presentations we would normally look for when carrying out the assessments, in respect of A-F above. This is as follows:
    a. FTBD - any acute medical presentation that cannot be managed/monitored in custody may involve a referral to ED.
    b. FFI – whether the detainee is in a physical state to respond in interview and whether they understand what is being asked.
    c. AA – do they require support in understanding/an advocate?
    d. Capacity – can they understand, retain and repeat back the information? Is there an organic cause that can be treated to aid the detainee in having capacity?
    e. MHAA – abnormal/erratic behaviour, auditory/visual hallucinations.
    f. Toxicology – whether they have capacity to consent, whether they are physically fit for the procedure.

7. I have been asked to set out what role consent plays in respect of the assessments set out in A-F above. This is as follows:

   Consent must be gained, verbally or written, implied or informed. Consent can be retracted at any point. The person must have capacity to give consent. As an HCP, we require consent to perform any assessment or procedure (FTBD/FFI/toxicology) unless in the case of emergencies. Consent is not required to request a MHAA as it is in the best interest of the detainee and to rule out an acute MH presentation.

8. I have been asked to set out whether, as I did not carry out any formal assessments, I had any preliminary views regarding whether any of A-F above should be carried out and the likelihood of this being satisfied.

   With regards to this, I requested Rosie, my lead senior's assistance to carry out the assessments and ensure determine their likelihood of completion. She took over from here regarding this.

9. I have been asked to set out my recollection regarding a log from the custody record, from L&D practitioner N.Iles, stating that a MHAA would not be conducted. This is as follows:

   The decision regarding whether a MHAA is completed, is not within the remit of an HCP in custody. My role in this situation was to involve the appropriate mental health professionals – in this case, L&D, as they were on site and inform them of the situation and assist as required. I can see from the custody record and my clinical notes, that following Rosie and I's conversation with

L&D (N.Iles and L.Hagan), we were informed of Mr Calocane's previous MH history and sections. Further, that they did not see the requirement to request a MHAA in this case due to the Trust's stance on the issue.

10. I have been asked to set out which policies and procedures I applied in respect of the work I conducted. They are as follows:
    I referred to the following Mitie Care and Custody policies:
    - Mitie Forensic Sampling Policy [WITN0017002]
    - Mite Fitness to be Detained Policy [WITN0072003]
    - Mitie Fitness for Interview Policy [WITN0072002]

11. I have been asked to set out what relevance PACE Code C Appendix G had in relation to any decisions I made. This was as follows:
    PACE Code C Appendix G refers to fitness for interview and how the decision may affect the detainee. The HCP is responsible for assessing this fitness, then providing advice to the custody sergeant, whose decision it then is. I deemed the detainee not fit for interview due to his presentation and lack of history available to me at the time. Further decisions were not made by me.

12. I have been asked to set out what considerations I gave for medical support for Mr Calocane, liaison with external agencies and/or healthcare professionals, and any other investigations. This was as follows:

    a. I advised that Valdo remained on level 4 observations, and that the officers informed me immediately if there were any concerns regarding his clinical presentation. I involved my senior management to ensure

he was provided correct medical support. I performed a welfare check to reassess his clinical state when I was next on shift.

b. I liaised with my lead senior and clinical lead regarding support, also with L&D for MH history and support.

c. A MHAA was enquired about, as stated above.

13. I have been asked to set out whether, looking back, I have any concerns about how any issues addressed above were handled. I have no concerns about how Valdo Calocane was cared for and managed during his time in custody.

14. I have no considerations or further recommendations.

STATEMENT OF TRUTH

I believe the content of this statement to be true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Signed: GRO-B

Dated: 28/11/2025

INDEX TO FIRST WITNESS STATEMENT OF HOLLY BRAMLEY

No.	Inquiry URN	Document Description
1.	WITN0017002	Mitie Forensic Sampling Policy
2.	WITN0072003	Mitie Fitness to be Detained Policy
3.	WITN0072002	Mitie Fitness for Interview Policy