

Witness Name: Rosie Draper

Statement No: WITN0071001

Dated: 13<sup>th</sup> November 2025

## THE NOTTINGHAM INQUIRY

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### FIRST WITNESS STATEMENT OF ROSIE DRAPER

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I, Rosie Draper, will say as follows:

#### **INTRODUCTION**

1. I am Rosie Draper, a fully registered Nurse with the Nursing and Midwifery Council (NMC). My registration number is: 14L1525E.
2. This witness statement is made to assist the Nottingham Inquiry regarding Valdo Calocane with the matters set out in the Rule 9 Request dated 12<sup>th</sup> August 2025.

#### **BACKGROUND**

3. I have been asked to address the questions in Annex 1 of the Rule 9 Request with regards to my involvement with Valdo Calocane. I am being contacted to provide this statement as the Inquiry believes I hold information that is relevant to the issues which will be investigated by the Inquiry.
4. I qualified as an Adult Nurse in 2015. I worked in an Accident and Emergency Department in Redditch before moving to Nottingham and working as a staff nurse at Queens Medical Centre Accident and Emergency Department. In 2018 I left my role as a Senior Staff Nurse to start my employment with Mitie Care and Custody Health. I started as a Healthcare Professional (HCP) in

December 2018, I completed my HCP competencies during my shadowing period and attended the Forensic Training Course in February 2019. I became a Senior HCP (SHCP) in 2020. Within this role I completed SHCP competencies, which are a more in-depth set of competencies to what I had already completed as an HCP. I have also completed Part One of The Licentiatehip of the Faculty of Forensic and Legal Medicine in General Forensic Medicine, with Part Two being completed this year, after passing the examination, I will be able to apply for Licentiatehip membership. In 2023, I became the Lead SHCP for Nottinghamshire and Derbyshire, this is my current role and was my role at the time of my interaction with Valdo Calocane. I have worked for Mitie in the custody environment for 6 years and 9 months. In my role I work autonomously within Police Custody assessing patients' physical and mental health needs, completing forensic sampling procedures, dealing with medical emergencies and I am also responsible for the day-to-day management of staff members.

5. My first contact on the 13<sup>th</sup> of June 2023 with Valdo Calocane was in his cell at approximately 16:00hrs, this assessment was requested by Police Sergeant Oppon-Kusi, for the purpose of obtaining body mapping and toxicology bloods. He was initially seen in the cell by me and another HCP, Holly Bramley. During this interaction, Valdo Calocane gave minimal engagement, I was unable to assess Valdo Calocane fully. Therefore, after my initial interaction with Valdo Calocane, I went to liaise with Liaison and Diversion, where I was advised by Service Manager Louisa Hagan there would be no need to request a Mental Health Act Assessment. I returned to Valdo Calocane at his cell at 17.39hrs for a further assessment. It was during this assessment, that I was able to have a conversation with Valdo Calocane where I was then able to determine his fitness for interview.
  
6. I did not have access to Valdo Calocane's previous medical history or current prescribed medications as he had not given me consent to view these on his National Summary Care Record (NSCR). NHS Digital have rules in place for accessing a person's NSCR – only in an emergency can the patient's decision

be overridden. I asked Valdo Calocane if he took regular medications, which he told me he did not. However, there was consideration given for his past medical history as I liaised with Liaison and Diversion within custody to ascertain his mental health history and to voice any concerns I had regarding his presentation. Liaison and Diversion are a team who identify individuals with mental health, learning disabilities or vulnerabilities when they first encounter the Criminal Justice System, which is often in Police Custody. They will assess their individual needs and refer to other appropriate services as necessary.

7. I was involved in determining during my assessment whether Valdo Calocane was fit to be detained, fit to be interviewed, required an Appropriate Adult and an assessment of capacity. It is not within my job role to conduct a Mental Health Act Assessment – this is completed by two specialist Doctors and an Adult Mental Health Professional (AMHP) at the request of the Gatekeeper for the Crisis Team. As an HCP I can request that a Mental Health Act Assessment takes place, however, the decision to conduct this does not lie with the HCPs in custody. The decision rests with the Crisis Team Gatekeeper who will then refer to the AMHPs. I did not request a Mental Health Act Assessment on Valdo Calocane as I was advised a Mental Health Act Assessment would not take place by Liaison and Diversions Service Manager Louisa Hagen. No toxicology bloods were completed owing to Valdo Calocane not consenting to the process

- 8.
- A) Fitness for detention
  - B) Fitness to be interviewed
  - C) Requirement for an Appropriate Adult
  - D) Mental Capacity
  - E) Mental Health Act Assessment
  - F) Toxicology

My understanding of the relationship to be between the various matters set out above is that the HCP can assess A-D and complete F with caveats. As previously stated an HCP cannot conduct a Mental Health Act Assessment. Mental capacity is to be assumed unless there are grounds to prove otherwise and capacity can also fluctuate. You can be fit to be detained, however that does not mean you are fit to be interviewed. You may be deemed to have mental capacity, but not deemed fit for interview or detention. There are multiple reasons for this, for example, you may have capacity but have an injury/illness that requires urgent medical attention, therefore, not making a person fit to be in custody and to be interviewed until the injury/illness has been reviewed at A&E. Toxicology blood samples, can only be taken with the authority of an Inspector or above and with the person's consent, unless acting in the person's best interest.

9. Whilst conducting a fitness to detain assessment, my assessment would also encompass their fitness to be interviewed, requirement for an Appropriate Adult and mental state. Ordinarily, a fitness to detain assessment would be gathering the following information: current complaints, past medical history, medication history (what medications are they on? When did they last take them? When are they next due? Where are they currently?), allergy status, mental health history including: diagnosis, if they are under any current mental health services, previous mental health compulsory sections, any concerns regarding current presentation, their suicide risk and thoughts of self-harm, drug and alcohol history, a social history and clinical observations if indicated. Depending on the answers obtained during the above assessment this would determine whether someone was fit to be detained, interviewed, required an Appropriate Adult or undertake a toxicology procedure.
10. Consent plays a vital role in the above A-F – consent may be implied or explicit and may be verbal or written. It is best practice to obtain written consent, it is a dynamic process and can be given or withdrawn at any time during an intervention. Although, a detainee may not give consent for an assessment, they may converse with you enough to enable you to make

decisions regarding their fitness to be detained, interviewed, requirement for an Appropriate Adult and their Mental Capacity. If completing toxicology, the nature of the assessment and procedure should be fully explained clearly to the detainee so they can make an informed choice and consent must be gained witnessed verbally or in writing for you to be able to undertake the procedure. If you need to act in someone's best interests, you must first complete a Mental Capacity Assessment. If the person is found to lack capacity, you are then required to use the 'best interests' tool. This tool helps you weigh up both the potential benefits and risks involved in making a decision on their behalf.

11. From my interactions with Valdo Calocane on the 13<sup>th</sup> June 2023 I was able to determine that he was fit to be detained in custody and he was fit to be interviewed with an Appropriate Adult. Valdo Calocane declined to consent to toxicology and documentation of injuries stating he needed time to process it all and that he would consider it later in his detention, therefore I handed this over to the next shift advising that they should re-assess Valdo Calocane for documentation of injuries and blood samples.
  
12. I do not fully recall the issue on the custody record CPSE0000005 where an entry was made at 17:37hrs regarding the discussion with Liaison and Diversion regarding a Mental Health Act Assessment, therefore I have reviewed my clinical documentation regarding this. After my initial contact with Valdo Calocane at 16:00hrs, my contemporaneous documentation states that I liaised with Liaison and Diversion and their Service Manager, Louisa Hagen, who stated that the Trust stance is that Valdo would not be admitted to a psychiatric unit and therefore there was no requirement for a Mental Health Act Assessment to be undertaken. My reflections on this matter are that at the time I sought advice I was unable to determine Valdo Calocane's mental state, during my second interaction I was able to converse with him sufficiently to determine he was fit to be interviewed with an Appropriate Adult. It is not my decision on whether a person is assessed under the Mental Health Act, as previously stated, I can only advise of my assessment.

13. The policies and procedures that I consider to be applied in respect of the work I was carrying out in respect of this matter are:

- Mitie Care and Custody Fitness for Detention Policy [WITN0072002]
- Mitie Care and Custody Fitness for Interview Policy [WITN0072003]
- PACE Code C Annex G
- Mitie Care and Custody Mental Disorder in Detained Persons Policy [WITN0071002]

14. In regard to PACE Code C Annex G, it states that it is possible for a person with severe mental illness to be fit for interview. The role of the healthcare professional is to consider the risks, such as vulnerability and lack of understanding for example, and advise the custody officer of these considerations. It is then a matter for the custody officer to decide whether or not to allow the interview to go ahead. I advised that Valdo Calocane was fit to be interviewed with an Appropriate Adult to ensure understanding of the process, this was handed over to the Inspector on duty at the time.

15. I liaised with the Mental Health Services during Valdo Calocane's detention, I handed over to the next member of staff to ensure he was reviewed by a Healthcare Professional whilst in custody detention.

16. Looking back, I do not have any concerns in the way in which any of the matters addressed were specifically approached.

17. I have been asked whether there is anything else that I consider should be brought to the attention of the Chair, including any recommendations for the future, I have no further information regarding this.

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<b>No.</b>	<b>Inquiry URN</b>	<b>Document Description</b>
1	CPSE0000005	Custody record, dated 19/06/2023, Nottinghamshire Police
2	WITN0072002	Mitie Care and Custody Fitness for Detention Policy (in place as at 13 June 2023)
3	WITN0072003	Mitie Care and Custody Fitness for Interview Policy (in place as at 13 June 2023)
4	WITN0071002	Mitie Care and Custody Mental Disorder in Detained Persons Policy (in place as at 13 June 2023)
5	NGPF0002379	Medical Records of Valdo Calocane from 16/06/2023, The University of Nottingham Health Service, re: Patient Summary: Medical Record

**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 of its truth.

Signed:

**GRO-B**

Dated: 13/11/25