

Witness Name: Cat Otterson (previously Jakins)

Statement No: WITN0072001'

Dated 23rd October 2025

THE NOTTINGHAM INQUIRY

FIRST WITNESS STATEMENT OF CAT OTTERSON (previously JAKINS)

I, Cat Otterson (previously Jakins), will say as follows:

1. I am providing this witness statement to assist the Nottingham Inquiry regarding Valdo Calocane with the matters set out in the Rule 9 Request dated 28th August 2025. I have been asked to address the questions in Annex 1 of the Rule 9 Request with regards to my involvement with Valdo Calocane.

INTRODUCTION

2. My name is Cat Otterson (nee Jakins) I am registered with the Nursing and Midwifery Council (NMC) with registration 18D0167E, having qualified in Adult Nursing with a BSc (Hons) in 2018. On qualification I worked within Queens Medical Centre Emergency Department as an Adult nurse, advancing to Deputy Sister. I had a dual-role within the Department of Research and Education in Emergency medicine, acute medicine and major trauma

(DREEAM). This was an educational role in which I trained all clinical staff that worked within these areas in any clinical skills they required for their role. In April 2022 I left those roles and joined Mitie Care & Custody as a Healthcare Professional. It was during my time in this role that I had contact with Valdo Calocane. I am currently the Police Services Specialist Training Officer for Mitie Care & Custody, training, and upskilling Healthcare Professionals within the business in forensic and legal medicine. I have held this position for 1 year and 5 months and complete occasional shift work as a Healthcare Professional as my previous role.

BACKGROUND

3. I have been asked to set out a chronology of my interaction with Valdo Calocane. I attended my shift within custody on the 15th of June 2023 at 06:45. I took over the care of Valdo Calocane at that time. A handover was completed where I was requested to complete a welfare check on Valdo Calocane due to the nature of the offence and his extended time in custody. I completed this check at 09:30 on the 15th of June 2023. The consultation lasted five minutes. Valdo Calocane remained under my care until 19:00 on the 15th of June 2023 and there was no further request from Valdo Calocane or the police to review his wellbeing after my welfare check.

4. I had no access to Valdo Calocanes medical records as he had not provided consent for me to access the National Care Record System. I had access to the previous Healthcare Professional's assessment and notes which I reviewed. These were on Niche which is the police detention log computer

system, log reference CPSE0000005 and SystemOne, log reference CPSE0000171 which is the medical care records system used in custody. SystemOne only provides access to the care provided within custody and not any outside agencies or GP surgeries.

5. I conversed with Valdo Calocane about his current physical health and he stated that he did not want to discuss this. I asked specifically if there were any problems with his heart or lungs, to which he shook his head implying no. I continued to ask if he took any medications to which he verbally replied "no". I did not directly ask Valdo Calocane about his mental health however assessed his response to questions and body language throughout assessment. Valdo Calocane responded appropriately to questions. He appeared relaxed on conversation. He had eaten appropriately. He appeared to react only to actual stimuli, showing no evidence of reaction to any hallucinations. He appeared relatively kempt with his hair cut short. Valdo Calocane showed that he had accurate memory within the custody timeframe as he could remember seeing my colleague, a nurse, previously. Within the role of healthcare professional, it is normal practice to ask a detainee about their mental health. As this assessment was a welfare check and I had had no reports of any change in Valdo Calocanes' mental status whilst in custody I had no concerns as to a change from the previous assessment by HCP Rosie Draper, log reference CPSE0000171.
6. I have been asked to set out my involvement with the following assessments
 - 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.

- (a) During all interactions with detainees within my role a fitness to detain assessment is completed. I undertook a fitness to detain assessment on Valdo Calocane and viewed him as fit to detain due to no obvious physical health concerns.
- (b) I was not asked to pronounce on Valdo Calocanes fitness to interview.
- (c) I believed Valdo Calocane required an appropriate adult throughout his period of detention due to his long-standing mental health condition of paranoid schizophrenia, his lack of engagement with assessment and due to the seriousness of the offence.
- (d) I believed Valdo Calocane had capacity at the time of my assessment as capacity is assumed until proven otherwise.
- (e) I was informed that a Mental Health Act Assessment would not be taking place at the time of my assessment. This information came from the notes written by the previous Healthcare Professional Rosie Draper on the SystmOne medical notes, log reference CPSE0000171. This stated as follows – “L&D Service Manager Lousia Hagen stated that the Trust stance is that he will not be admitted to a psychiatric unit and therefore there was no need for a Mental Health Act assessment to be requested”.
- (f) I was not requested to undertake any toxicology samples. Physical health and mental health play a role in the decision making of a-e. For example, a physical health need, whether chronic or acute may affect a detainee’s fitness to be detained and fitness to be interviewed. The requirement for an appropriate adult would put

into question the detainee's ability to sit through an interview process , and any adaptations that may be required with the interviewing process. Mental capacity is always presumed until proven otherwise. Toxicology requires informed consent therefore capacity must be considered.

7. Behaviours and presentations play a vital role whilst assessing the needs of a-f. Whilst each of these areas investigates past medical and mental health history, the assessment made can only provide a snapshot of how the detainee presents at that moment in time. These assessments, to be completed accurately require active participation from the detainee themselves. A fitness for detention assessment includes questioning relating to past medical history including mental health, substance misuse, medication requirements, and social history. Observing any current medical problems, such as acute injuries, clinical observations and behavioural presentation are also taken into consideration and noted. Fitness to be interviewed again takes these into consideration however goes further into how a detainee may react to certain questions, how they may understand the weight of the answers provided and their understanding behind the requirements of an interview, this is guided by PACE Code C Annex G. (b). Whilst assessing a detainee, a healthcare professional can advise on the attendance of an appropriate adult. An appropriate adult should be provided to ensure effective communication and understanding, therefore any issues with these, i.e. learning disability, chronic alcoholism, children and young people shall be provided an Appropriate Adult (c). Mental Capacity is presumed unless there is reason to believe otherwise. The 2-stage capacity test is used if there are any concerns

as to whether there is no capacity (d). A Mental Health Act assessment may be required in any individual that shows signs of acute, or exacerbation of chronic, mental health symptoms that are causing disruption to their expectations or perception of reality (e). Toxicology is a request that is made by the police and the procedure we undertake includes a fitness to detain assessment within that therefore there is no “expected presentation” as this can be requested in a multitude of cases.

8. Consent is always requested to complete a-f. Written consent is best practice however verbal consent can be accepted. Within my role we can form an opinion without direct or implicit consent. For example, a detainee can choose to decline a fitness to detain assessment but if there is evidence that the detainee is not suitable to stay in custody, I can communicate that to the sergeant in charge of the detainee’s care. If consent is declined, then attempt is made to understand why it has been declined. Toxicology bloods (f) require fully informed written consent.
9. The assessment I completed on Valdo Calocane was undertaken to ensure his welfare due to his extensive detention in custody. An initial assessment had been completed by my colleague on the 13th of June 2023 and there had been no suggestion of any change in Valdo Calocane’s presentation at the time of my assessment therefore a full re-assessment was not required.
10. The policies that I have referenced in my care for Valdo Calocane are as follows –
PS(Health) 122 Fitness to Detain – WITN0072002
PS(Health) 123 Fitness to Interview – WITN0072003

11. PACE Code C appendix G was relevant in the continued agreement of the requirement for an appropriate adult for Valdo Calocane.
12. Consideration was given for Valdo Calocanes mental and physical health. He appeared sitting upright within his cell and responded to me when I approached the cell door. I was advised not to enter the cell due to Valdo Calocane's volatile behaviour previously and was requested to conduct the assessment through the cell door. The cell door has a large pane of glass making for easy visibility into the cell. He had his arms by his side and legs out in front of him. He did not appear in any distress or discomfort. This was further supported with his tone of speech and answers that he provided to my questions (1). I was aware that Valdo Calocane had seen the mental health team within custody and that he had a solicitor who he had been conversing with alongside an appropriate adult (2). No other investigations or assessments were requested of me throughout Valdo Calocanes stay in custody (3).
13. I was not contacted by the police or any other bodies in respect of investigations therefore no assistance was provided.
14. I have no concerns regarding any matters that I was involved in in relation to Valdo Calocanes time within custody.
15. I do not feel there is anything required to be brought to the attention of the Chair, including any recommendations for the future.

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: 23rd October 2025

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No.	Inquiry URN	Document Description
1	CPSE0000005	Niche police custody records for Valdo Calocane
2	CPSE0000171	SystemOne Medical Records log for Valdo Calocane whilst in custody
3	WITN0072002	Mitie Policy PS(Health) 122 Fitness to Detain
4	WITN0072003	Mitie Policy PS(Health) 123 Fitness to Interview
5	WITN0072004	Mitie Policy PS(OPS)322 Mental Capacity Act 2005 Procedure and Instruction