

Witness Name: Richard Latham

Statement No: WITN0126001

Dated: 13 November 2025

THE NOTTINGHAM INQUIRY

FIRST WITNESS STATEMENT OF DR RICHARD LATHAM

I, RICHARD LATHAM, will say as follows: -

1. This witness statement is made to assist the Nottingham Inquiry (the “**Inquiry**”) with the matters set out in the Rule 9 Request dated 4 September 2025 (the “**Request**”). The request has been made in relation to my involvement with the case of Valdo Calocane.
2. I am a consultant forensic psychiatrist. I have a medical degree (MBBS) and a Master’s degree in mental health law (LLM). I am an approved clinician and section 12(2) approved (under the Mental Health Act 1983) and a member of the Royal College of Psychiatrists (MRCPsych). I am a clinician in the NHS but also act as an expert witness in criminal and Court of Protection cases.
3. I was contacted about the case of Valdo Calocane on 27 November 2023 by Alan Murphy, Specialist Prosecutor from CPS East Midlands Complex Casework Unit. We spoke before he emailed me a formal letter of instruction (CPSE0000165). The conversation, prior to the emailed letter of instruction confirmed that the request was for an expert witness report primarily considering the other reports already prepared in this case. I was familiar with

the case because of public reporting. The phonecall included me saying that I did not have the time to assess Mr Calocane to prepare a further expert opinion. However, Mr Murphy explained that their instructions to me, would be to provide an opinion on the other opinions. I talked through the limitations of what I would be able to do, and we provisionally agreed what instructions would be reasonable in those circumstances. This included the fact that I could not directly opine on Mr Calocane's current clinical state. I was provided with all the materials noted in my report (CPSE0000017).

4. After being contacted on 27 November 2023 with the letter of instruction and majority of the material, I was then provided with an email from Dr Sanjoy Kumar on 28 November 2023 (CPSE0001971, CPSE0003209) and asked whether I might consider some of the concerns addressed by Dr Kumar, in my report. On 8 December 2023, I was asked to further consider whether there would be any benefit in a forensic psychiatrist personally interviewing witnesses who had contact with Valdo Calocane around the time of the offences. I sent a draft report on 11 December 2023 (CPSE0008432) and following confirmation that I had addressed all my instructions, I sent the final report on 12 December 2023. (CPSE0008432) I confirmed on 14 December 2023, that if I were to give an opinion on sentencing that I would need to see and assess Valdo Calocane. (CPSE0008432) The main reason for this is that sentencing involves (amongst other things) considering the need for mental health treatment at the time the person is sentenced. A sentencing report would also have involved giving an opinion about Mr Calocane, rather than just the other reports. Although the law is unclear about this, there is some authority on the need for an in-person examination of a person before recommending detention under the Mental Health Act. I had some exchange of emails on 14 and 15 December 2023 about the sentencing options. (CPSE0008432) I was alerted to disclosure of some further medical records on 22 December 2023 (CPSE0000566), which were prison medical records which I then read (I had previously seen summaries of these). I then had correspondence from Alan Murphy on 25 January 2024, when he sent me the sentencing remarks. (CPSE0008286)

5. My report was based entirely on the records and evidence I received as detailed in my report and this was largely provided by a secure Egress account. All material that I received was provided by the CPS. I did not have access to material obtained in any other way. I did not interview survivors nor meet with the bereaved families or the family of Valdo Calocane.
6. I did not assess Valdo Calocane. The initial discussion with Alan Murphy included my availability and that I would not have time to assess him to prepare a report. Alan Murphy confirmed at our initial discussion that the instructions would be to consider the other reports and not provide another expert opinion based on interviewing him which is why I was able to accept the instruction. In other words, providing an expert opinion on the other expert evidence. This was and remains, in my view, a legitimate opinion to offer. It was explained at the outset that there were already expert witness reports from psychiatrists instructed by the defence and the prosecution, and that there was substantial agreement between the different experts. However, because of the gravity of the offence and the possibility of accepting pleas to manslaughter, a further report was being requested.
7. I was aware that witnesses were not spoken to as part of the psychiatric assessment. I did not, and do not, consider this a limitation in the context of the instructions the experts received and the nature of Mr Calocane's mental illness. Witnesses had provided statements and there was nothing, with respect to psychiatric assessment, to be gained from a psychiatrist interviewing these witnesses.
8. I was aware that there was concern that assessments had focused on Valdo Calocane's mental state at the time he was assessed. However, none of the reports I reviewed did that. They all provided an assessment of his mental state at the time he was assessed but also provided an opinion on his likely mental state at the time of the incident. This is the essence of psychiatric expert opinion in criminal cases where there is a question of mental state at a time in the past (usually at the time of an alleged offence); a 'reconstruction' of someone's likely

- mental state based on an assessment of them, as well as considering other relevant material.
9. I was aware that there was concern about a delay in carrying out psychiatric assessments. Ideally, a psychiatric assessment would be carried out as soon as possible after someone is arrested. This does not always occur and even when it does, it is usually directed towards a different purpose; that person's immediate medical needs, not any questions about criminal responsibility or mental disorder defences.
 10. I do not have any comment on the police investigation or prosecution by the CPS.
 11. Section 6 of the HMCPSI report (HMCP0000625) accurately and adequately sets out my involvement in the matter.
 12. There are obviously several aspects of the case on which I could have an opinion as a psychiatrist. I have not previously considered any of the matters relating to the mental health care Valdo Calocane received prior to these offences, other than as they related to the issues I was considering in my report. The prevention of very serious, but relatively rare events like this is very difficult because although in retrospect, it is tempting to suggest that this was a predictable event, we know that predicting whether an individual will perpetrate serious violence is very unreliable without making many errors, in the form of false positives.
 13. I do not, on reflection, see that any of the expert witnesses could or should have acted differently. I include myself in this. There was absolute clarity when I received my instructions as to the nature and limitations of those instructions. I believe I provided a detailed and thorough report utilising an appropriate process.
 14. There is a legitimate question about the extent to which it is possible to 'reconstruct' someone's mental state when considering diminished responsibility (or insanity). However, given the law, it is inevitable that

psychiatric expert evidence will need to engage with this need for reconstruction. There are almost no circumstances in which a comprehensive psychiatric assessment at the time of an alleged offence is conducted and even if it is, all the other relevant information will not, at that stage, be gathered. If an assessment is conducted immediately prior to, or immediately after an alleged criminal act, then that information is important. This kind of information is never determinative of a defendant's true mental state because people do not always disclose what is in their mind. Any meaningful recommendation here would be legal. If there was discretionary sentencing for murder, then the issue for experts could be restricted to questions of treatment need and largely avoid questions addressing responsibility.

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 November 2025

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<u>No</u>	<u>URN</u>	<u>Document Description</u>
1	CPSE0000165	Letter from Alan Muprhy to Dr Latham, re: Defendant(s): Valdo Calocane aka Adam Mendes Court and hearing date: Nottingham Crown Court 28 November 2023
2	CPSE0000017	Expert Report from Dr Richard Latham, Consultant Forensic Psychiatrist, Re: Psychiatric Report of Valdo Calocane aka Adam Mendes

3	CPSE0003209	Email from Fiona McVey to Leigh Sanders, Alan Murphy, Samantha Shallow and others, re; Operation Hendrix - EMAIL FROM Dr Sanjoy Kumar
4	CPSE0001971	Email from Alan Murphy to Karim Khalil KC, Peter Ratliff and Alan Murphy, re: FW: R v. Calocane / Mendes
5	CPSE0008432	Email from Richard Latham (East London NHS Foundation Trust) to Alan Murphy (CPS), Kessie Pochin (CPS) and Alan Murphy (CPS), re: Re: R v Calocane / Mendes
6	CPSE0000566	Email from Alan Murphy to Richard Latham, and Alan Murphy, re: Calocane / Mendes
7	CPSE0008286	Email from Richard Latham, East London NHS Foundation Trust, to Alan Murphy, CPS, re: Re: Calocane sentence remarks
8	HMCP0000625	Report dated March 2024 compiled by HMCPSI re: An inspection of Crown Prosecution Service actions in the Valdo Calocane case - The events in Nottingham on 13 June 2023