

Witness Name: Louisa Hagan

Statement No: WITN0346001

Dated: 4th December 2025

THE NOTTINGHAM INQUIRY

WITNESS STATEMENT OF LOUISA HAGAN

I, Louisa Hagan, will say as follows:

Introduction

1. I make this statement in response to a request under Rule 9 of the Inquiry Rules 2006. It concerns my professional interactions with Valdo Calocane (VC) between his first presentation with mental health issues in 2019 and the attacks on 13th June 2023.
2. This witness statement was drafted on my behalf by the external solicitors acting for the Trust in respect of the Inquiry, with my oversight and input, following discussions in writing by email and by video conference.
3. I am a Registered Mental Health Nurse.
4. I was awarded a diploma in Mental Health Nursing in 2000 from the University of Nottingham and a degree in Forensic/Intensive Care in 2006 from the University

of Nottingham. I am a Specialist Practitioner, awarded by the Nursing and Midwifery Council (“NMC”) in 2006 and have also been a Mentalization Based Treatment (“MBT”) Practitioner and Cognitive Analytic Therapy (“CAT”) Skills Practitioner since 2014.

5. I have worked across a number of services within Nottinghamshire Healthcare NHS Foundation Trust (“NFHT”) over the last 25 years. I started in inpatient services in 2000, I then moved into community forensic services in 2004 which included work with patients living in the community as well as providing prison in-reach services. In 2015, I moved into the community personality disorder therapy services as a Team Leader. From 2019, I was the Service Manager within Community Forensic Services; within this I was responsible for Nottinghamshire Mentalization Based Treatment Service, ReConnect, Mental Health Treatment Requirement service, and the Liaison and Diversion Service. I am currently a Patient Safety Incident Response Framework (“PSIRF”) Investigator/Reviewer within the Patient Safety Team, having been in post since 7 November 2024.

6. The Nottinghamshire Liaison and Diversion service is a Nottinghamshire wide service, based upon a national model. It is designed to work with people at the earliest point of contact with the Criminal Justice system. The staff teams are based within the two Nottinghamshire Custody suites, and the Magistrates and Crown court.

7. The service is an all-vulnerabilities model, working with people from the age of 10 upwards. Referrals to the service come via all Criminal Justice agencies, self-referral or other mental health and learning disabilities agencies. The service offers a screening process, triage or full assessment dependent upon identified need at the time.
8. The service is based upon individuals' consent to engage. If the individual does not consent to the referral/assessment but there is evidence of risk to others or to self, this information will be shared with relevant agencies. The key aim of the service is information sharing and liaising with services the person is already open to, if applicable. The service offers advice to the police, courts and prisons and will refer to other agencies based upon an individual's need including diverting when appropriate away from the justice system.
9. For those not known to any services, but with an identified need, the team will proactively support the individual to access appropriate services. The service also supports individuals through the criminal justice process where needed and where accepted by the individual.
10. As Service Manager for the Liaison and Diversion Service, I was available for support and guidance to the staff and the team both in custody and in the court, as necessary in regard to VC being brought into custody and my role was supporting the team through this challenging period. I refer to it as challenging because the whole of Nottingham was affected, transport was affected so we had

to move staff around so we could cover the essential services. I also provided information for senior leaders within the Care Group and the Trust, such as the fact that VC was in custody and that he was known to the mental health services.

11. On 13 June 2023, I first became aware of VC when I was informed by Liaison and Diversion Practitioner Natalie Iles that information regarding VC had been requested by the Healthcare Professional (“HCP”) as he was in police custody. Natalie informed me of the contact that VC had had with Trust services, and this was escalated by me to Senior Leaders including Dr Mark Taylor (Clinical Director for Low Secure and Community Forensic Services).
12. Natalie Iles confirmed that a referral was subsequently made to the team by the police due to concerns about VC’s mental health. Natalie Iles and I met via MS Teams to discuss, and we agreed that Natalie would offer VC a triage assessment as is the standard practice of Liaison and Diversion.
13. Natalie Iles confirmed that she visited VC in the police cells and offered him a triage assessment, however he declined this (it is noted that he was nonverbal and refused to engage). Natalie Iles confirmed with me that information regarding his risk in the context of the alleged offences was added to RiO running records [NHFT0000168] due to the nature of risk to ensure appropriate awareness of risk. The information was also recorded on the Police electronic system (NICHE) and verbal information was shared with the police and the HCP. This information was shared by me with Senior Leaders. I do not have records

for these conversations as some were in person, and some were via MS Teams, and the call log does not retain information from this time.

14. I recall a conversation later in the day with Kyla Fraser (Liaison and Diversion Practitioner) and Emma Bradley (Triage and Support Worker) and the HCPs on duty via MS teams where we spoke of the nature of the offence and the indictable nature therefore the Mental Health Act process would not be appropriate to be pursued. I confirmed that as he was not under mental health services, we were not aware of any prescribed medication and so we were unable to advise on any current treatment. The role of the HCP within the police custody sits outside of the remit of Liaison and Diversion and, as the advice indicates, they were encouraged to escalate any issues within their leadership structure. The fitness to interview is a police assessment/process, and this does not sit within the role of Liaison and Diversion, and this is a separate process to the Mental Health Act.
15. On 14 June 2023, I reached out to staff to check in with them to offer support as I was aware that VC remained in police custody, there had been no issues raised overnight and I was informed that VC was likely to remain in police custody for a further period of time and I shared this information with the General Manager, Glen Owen, the Clinic Director, Mark Taylor and the Care Group Director, Adele Fox.
16. Information regarding staff on duty for the following days was shared with Joy Fisher, Head of Data Protection and Security, to ensure RiO was accessible by

the Liaison and Diversion staff on duty over the coming days to ensure information recording as necessary. This would include information regarding any care or contact that we may have with VC over that weekend period.

17. One of the roles of Liaison and Diversion is sharing information with court partners; this is detailed by staff on the Criminal Justice Agencies Advice Form. This is a standard form using an NHS England template which outlines relevant information known about an individual and provides details of any risk information. This form also transfers with an individual should they be remanded into prison custody.
18. In preparation for VC's attendance at court, on 16 June 2023, I had an MS Teams call with Dr Mark Taylor to confirm that the Criminal Justice Advice form would be completed for VC in preparation for his court appearance, although a date for this was not yet known. I confirmed that this form would be shared with any receiving prison in the event of a remand to prison custody. We agreed that a verbal hand over to the receiving prison would also be given to ensure proactive information sharing.
19. VC remained in police custody over the weekend period. On 19 June 2023, the Criminal Justice Advice Form [NHFT0002476] was completed by Dominic Lloyd, Liaison and Diversion Team Manager, and was shared with Laura Belshaw, Deputy Chief Nurse. I recall having a conversation with John Stocks, Crown Court Practitioner, regarding a plan to share the Criminal Justice Advice Form

with the receiving prison and to share verbal handover as per the agreement on 16 June 2023. I had no further involvement with this advice form; I do not know if this form was in fact shared.

20. On 21 June 2023, John Stocks contacted me to discuss VC as he had been approached by the Mental Health In-reach Team and HMP Manchester where VC had been transferred to. John Stocks reported that he had drafted information to be shared regarding VC and asked if this information would be suitable for sharing. I emailed Laura Belshaw and Mark Taylor to ask them to advise John Stocks directly. I was not involved in any subsequent communications regarding VC, and this was my last contact in relation to VC.

21. I have been asked to consider the following records:

- a. An entry into VC's custody record at 17:37 on 13 June 2023 **[CPSE0000005]**
“L&D - HCPs Rosie Draper and Holly Bramley came to speak with L&D for advice about a Mental Health Act assessment concerning Valdo and whether this ought to be requested. Agreed to discuss with L&D Service Manager - Louisa Hagan. Teams call to Louisa. Louisa called back and advised that the Trust stance is that he will not be admitted to a psychiatric unit, therefore no need for a Mental Health Act assessment to be requested.”

- b. An entry into VC's medical records at 17:23 on 13 June 2023 [NHFT0000168, page 272-273]

"HCPs in custody - Rosie Draper and Holly Bramley came to ask for some advice from L&D. Police have asked HCPs to take samples and complete body mapping but they have been unable to do this as Valdo is not consenting. They have tried to speak with Valdo again and have asked questions. He has answered "no" to questions asked but his responses were delayed. Based on history and current presentation HCPs believe Valdo is mentally unwell and is not fit to interview. Rosie advised that usually in these circumstances, she would request a Mental Health Act assessment by calling CRHT gatekeeping and AMHP but she was unclear whether to do this in these circumstances due to the nature of alleged offence. Agreed to discuss with LftD Service Manager - Louisa Hagan.

Teams call to Louisa Hagan with Rosie and Holly present and explained situation. Louisa agreed to seek advice and call back. Teams call back from Louisa who advised that HCP to follow their escalation process and that the Trust stance is he will not be admitted to a psychiatric unit due to the nature of the offence, therefore no need for HCP to call to request this."

22. I recall that these conversations were in response to VC being in custody for an alleged offence of an indictable nature and in cases such as these the police process is priority and diversion from custody is not considered the most

appropriate response and as such, assessment under the Mental Health Act would not be appropriate. Therefore, the role of the Liaison and Diversion in this instance was to support information sharing. The advice and information that I provided was based on the role and remit of the Liaison and Diversion service and also the police process being the priority. I spoke with colleagues, although I cannot recall who, I believe it was Dr Mark Taylor as I had many conversations with him throughout the period that VC was in police custody.

23. I consulted with the Operational Manual for the Liaison and Diversion Service [WITN0346002] regarding the expectations of the service. It is noted that this was an unprecedented situation, and decisions were made based with the service model in mind but also the severity and nature of the alleged offence and respect for the police processes which were priority.
24. I do not have concerns regarding the role of Liaison and Diversion within this incident.
25. The severity of the incident in which VC had been brought into custody met the threshold for remand to prison setting. VC did not wish to engage in any assessment or support offered by the service. The service offered support to the HCP and police regarding VC's known mental health history.
26. The appropriate people within the Trust were kept abreast of the incident and the service involvement and advice was sought in regard to sharing information with the receiving prison following his remand to prison custody.

27. Information regarding VC was restricted appropriately and in a timely manner to ensure confidentiality was protected as far as possible.

28. I do not have any recommendations for the Chair of the Inquiry.

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: 4th December 2025

Index to First Witness Statement of Louisa Hagan

No.	Inquiry URN	Document Description
1	NHFT0000168	Medical Records of VC from 24/05/2020 to 14/06/2023; Various NHFT Staff/Teams, re: Patient Record Summary
2	CPSE0000005	Custody Record of VC
3	WITN0346002	NHFT Operational Manual for the Liaison and Diversion Service
4	NHFT0002476	NHFT Criminal Justice Advice Form