

Witness name: Emily Doherty

Statement No: WITN0391001

Dated: 04 February 2026

THE NOTTINGHAM INQUIRY

FIRST WITNESS STATEMENT OF EMILY DOHERTY

I, Emily Alice Doherty, will say as follows:

1. This statement responds to the Rule 9 request dated 16 January 2026. It provides details of my career and role in the Nottinghamshire Healthcare NHS Foundation Trust (“**NHFT**”), and my involvement with Valdo Calocane (“**VC**”).
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.

Career and role

3. I qualified as a social worker in July 2018 when I obtained a BA (Hons) Social Work degree from The University of York.
4. I am registered with Social Work England, and my registration number is SW122155.
5. I am also a qualified Practice Educator, having obtained both my PE1 and PE2 qualifications at Nottingham Trent University in 2024 and 2025 respectively.

6. Upon completion of my final social work placement in an Approved Mental Health Professional Team, I was employed by Aspire Drug & Alcohol Service in an unqualified role as a Recovery Worker whilst awaiting my registration with the Health Care Professions Council (formerly responsible for the regulation of social workers in England prior to Social Work England taking over in December 2019).
7. From January 2019 to October 2022, I worked as a Forensic Social Worker at Wakefield Council. This post was based at Newton Lodge Medium Secure Unit in Wakefield. I initially worked on the women's pathway before transferring to the men's mental health pathway, working across the Psychiatric Intensive Care Unit, assessment, and rehabilitation wards. Whilst at Newton Lodge, I also completed my Assessed and Supported Year in Employment.
8. In October 2022, I commenced employment with NHFT at Rampton Hospital as a Senior Social Worker. I can confirm that I was in this role at the time of my interaction with VC.
9. During my time at Rampton Hospital, I was based within the National High Secure Learning Disability Service, working predominantly on the admissions/ICU and treatment wards. I completed further training to obtain my Practice Educator qualifications, contributed to the delivery of university skills days on the topic of Forensic Social Work, and held line management responsibilities for a Social Work Assistant.
10. The social care service provided at Rampton Hospital aims to improve the outcomes for forensic mental health patients and their families, carers and the public. The role involved close partnership working with other agencies, such as home area teams, local authorities, Victim Liaison Services, Probation Services, and the criminal justice system.
11. I was responsible for managing a clinical caseload of adult forensic psychiatric patients detained under the Mental Health Act and in conditions of high security,

- providing service in line with statutory requirements and the National Standards for the provision of social care services in high security hospitals.
12. Alongside other social workers in the team, I was responsible for the completion of referral assessment reports, which required analysis of available information and interviewing the referred patient, professionals working with them and, where applicable and permitted to do so, their families and/or carers.
 13. Social workers would also take a lead role in relation to safeguarding adults and children, particularly the procedures based on the Government Directions for visits by children to the High Secure Hospitals.
 14. Whilst at Rampton Hospital, I was also required to be a part of a social work duty rota and would undertake independent reviews of seclusion, the use of mechanical restraint and long-term segregation.
 15. Additionally, I would also sit and provide an opinion at admissions panels for referral assessments I had not been involved in. I had also undertaken fact finds and Person in Position of Trust enquiries within NHFT.
 16. I have spent much of my career working within medium and high secure psychiatric hospitals. Within these settings, my responsibilities have included the preparation and presentation of Social Circumstances Reports to the Mental Health Review Tribunal and Hospital Managers Hearings, compilation of social history reports, conduction of risk assessments (including risk to children assessments), notification and attendance to Multi-Agency Public Protection Arrangement meetings. I have undertaken assessments under the Mental Capacity Act and participated in subsequent Best Interest Decision Meetings. I have worked closely with Multi-Disciplinary Teams comprising of medical, nursing, occupational therapy, speech and language therapy, and psychology colleagues, alongside patients and their families.
 17. I left my post at Rampton Hospital in March 2025.

18. Since March 2025 I have been employed by City of Doncaster Council as a social worker within a Mental Health Social Work Team. I am due to leave this post, having received a conditional offer for a role as a Forensic Mental Health Specialist at North London NHS Foundation Trust.

Referral Assessment

19. I completed the Referral Assessment of VC which is dated 22 August 2023.

20. I would like to make clear that the report referred to in my Rule 9 request [NHFT0004237] was not my final submission. Instead, the correct version [WITN0391002] is annexed to this statement, which I will refer to as “the final report”.

21. I submitted the first version of the report on 22 August 2023. This was shared with my colleague Dr John Milton who highlighted two errors which I then rectified as follows:

- a. Page 2, paragraph 2.4: removal of “Access Assessment Report by GRO-E GRO-E dated 15th December 2022”, which had been entered in error. To confirm, this was not used as a source of information for the referral assessment report in either version as it does not relate to VC.
- b. Page 14, paragraph 14.7, line 6: date entered as “9th August 2023” was an error. This was amended to “9th August 2022”.

22. I then sent the final report to the Mental Health Act office with a request that the previously submitted report be disregarded.

23. Additionally, upon my review of both versions of the report when preparing this statement, the following error is also noted:

- a. Page 14, paragraph 14.6, line 2: date entered as “18th July 2023” in error; this should read “18th July 2022”.

24. All items, discussions and documentation referenced as a source of information at page 2, paragraph 2.4 of the final report were used when conducting my assessment. However, various media reports released at the time were acknowledged (e.g. page 7, paragraph 7.3 of the assessment report notes that media outlets had reported VC as having been in a relationship). I am unable to recall the exact articles I had sight of at the time I completed the assessment. I am also mindful that the media is not always a wholly reliable resource, and this was noted in my assessment at the time (page 7, paragraph 7.3).

25. At page 2, paragraph 2.4 of the final report, I refer to a “*review of historical RiO case notes, entries, and assessments*”. I had access to VC’s records held by NHFT when compiling my report. I did not have access to VC’s primary care GP records in Nottingham, nor did I have sight of these.

Interaction with VC

26. As part of my assessment, I met with VC and staff at HMP Manchester on 16 August 2023.

27. I was allocated the referral assessment for VC on 8 August 2023. This was due to a colleague no longer being able to undertake the assessment. Ordinarily, I would not be allocated referrals to the Mental Health Directorate. However, due to referral pressures and team capacity, I volunteered to undertake the referral assessment for VC.

28. My consultation with VC can be found in Section 5 of the final report, with much of VC’s comments being quoted verbatim. My recollection is the same as stated in my report. I do, however, particularly recall VC’s presentation and how this rapidly shifted after I had asked him about the letters he had produced whilst in custody and when probing him about the content of these. As I recall, VC’s

demeanour changed quickly and he presented as far more defensive, guarded and paranoid when trying to discuss this topic with him. This change in demeanour was also evident by his body language and facial expressions. I also recall him making increasingly fixed eye contact with myself during this topic of discussion.

29. I also had discussions with prison staff as documented in the final report. Much of the discussion and feedback was from Staff Nurse Ezekiel, as documented in Section 15. The following points are examples:

- a. Paragraph 5.3: *"...staffs view is that he does not remember what happened"*.
- b. Paragraph 15.5: *"The team's view is that Mr Calocane needs to be in hospital as they cannot do much for him currently in prison, their options are limited. The consensus is that Mr Calocane would be best placed in hospital where he could be appropriately managed and treated"*.

30. I recall that this was feedback provided by Staff Nurse Ezekiel. My interpretation at the time was that this was also the general view of the healthcare staff who had worked with VC whilst at HMP Manchester.

31. Additionally, paragraph 15.6 states that *"custody officers on the Segregation Unit advised that Mr Calocane has consistently presented with paranoid thoughts around programming and technology"*. These were officers situated in the office of the Segregation Unit, and I spoke to them briefly upon my arrival to the wing whilst waiting for VC to be escorted to the interview room. I do not recall the officers names or identification numbers. I do, however, recall the officers making references to the letters VC had produced when speaking about his presentation.

Interaction with Celeste Calocane

32. I also had a telephone conversation with Celeste Calocane on the 22 August 2023. This was approximately 30-35 minutes in duration and is documented at paragraph 6 of the final report. Whilst there is no further information that I would like to add to this, I do recall that this telephone call was considerably emotive for Celeste Calocane.

Staff Nurse Ezekiel's notes of 16 August 2023

33. The notes made by Staff Nurse Ezekiel on the 16 August 2023 [NGPF0003167 page 63] accord with my recollection of my visit on the same date. As set out at 11:32, the plan (agreed at the end of my visit) was for the nursing team to contact me once VC had spoken to his mother to confirm whether I would be able to speak with her.

34. There is nothing in the notes for me to corroborate with my own recollection of the visit, given that they contain little detail or acknowledgement of VC's engagement and presentation during the assessment.

Summary of my involvement

35. My involvement was solely for the purpose of completing the referral assessment to ascertain whether VC should be admitted to high secure care for assessment and treatment.

36. In my former role, I was not involved with bed management or admission timescales. Typically, social workers' involvement in the referral admission process is either for the purpose of undertaking a referral assessment, or to attend an admission panel to consider referral assessment reports with professionals from other disciplines within the hospital.

37. I understand that there may have been some delays given that I recommended an alternative high secure provision be considered for VC.

38. I had no further contact with VC or involvement in his care following the submission of my final report.

Additional information and documents

39. I note that the Rule 9 request referred me to the Referral letter to Rampton Hospital from Dr Ullal [NHFT0001214] and Dr Milton's psychiatric assessment report [NHFT0002546] as being of potential assistance. I confirm that I had sight of these documents whilst preparing my statement.

40. I also confirm that I made handwritten notes of each discussion that I had with patients at Rampton. These included discussions undertaken as part of referral assessments. However, prior to leaving, I shredded all confidential information and so I no longer have access to these. All detail taken from my interactions with both VC and Celeste Calocane, were written into my report.

41. The Rampton Hospital Referral Guidelines (annexed to this statement at [WITN0391003]) would have been referred to/considered for each referral assessment that I did.

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 February 2026

Index to First Witness Statement of Emily Doherty

No	Inquiry URN	Document Description
1	NHFT0001214	Letter from Dr Kripa Ullal to the Health and Justice Integrated Mental Health Team. Re: Valdo Calocane "Adam Mendes" Urgent Assessment
2	NGPF0003167	Extract of Medical Records of VC from 20/06/2023 - 03/11/2023, HMP Manchester, re: Patient Record (Page 63)
3	NHFT0002546	Medical Report of Locum Consultant Forensic Psychiatrist, Dr John Milton, Rampton Hospital, re: Psychiatric Assessment - for - Mental Health Service - Rampton Hospital - Valdo Amissao Mendes Calocane - aka 'Adam Mendes'
4	NHFT0004237	Report dated 22/08/2023, compiled by Emily Doherty Re: Rampton Hospital Forensic Social Care Service, Social Circumstances Report (first version)
5	WITN0391002	Report dated 22/08/2023, compiled by Emily Doherty Re: Rampton Hospital Forensic Social Care Service, Social

		Circumstances Report (final version)
6	WITN0391003	Rampton Hospital Referral Guidelines