**Witness Name:** Dr Kripa Ullal

**Statement No**: WITN0421001

**Dated:** 24.02.2026

**THE NOTTINGHAM INQUIRY**

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**FIRST WITNESS STATEMENT OF DR KRIPA ULLAL**

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I, Dr Kripa Ullal, will say as follows: -

## INTRODUCTION

1. I am a Consultant Forensic Psychiatrist.

2. I make this statement regarding my involvement in the care and treatment of Mr VC.

3. I have a degree in Bachelor of Medicine and Bachelor of Surgery (MBBS) awarded in 2005 by Kasturba Medical College, India.

4. I am registered with the General Medical Council (GMC) and hold a full licence to practice. I am a registered member of the Royal College of Psychiatrists (MRCPsych).

5. I have been on the GMC Specialist Register for Forensic Psychiatry since 2018. I have been approved by the Secretary of State under Section 12(2) of the Mental Health Act 1983 (as amended) as having special experience in the diagnosis and treatment of mental disorders.

6. I have worked as a Consultant Forensic Psychiatrist within a medium secure unit at Prestwich Hospital from 2018 until 2024 for Greater Manchester Mental Health NHS Foundation Trust. I am currently employed by Greater Manchester Mental Health NHS Foundation Trust within the Division of Health and Justice and work at HMP Manchester and HMP Buckley Hall.

7. At the time of my contact with VC I was working as a Consultant Forensic Psychiatrist at HMP Manchester, and I continue to hold this position.

8. This witness statement is made to assist the Nottingham Inquiry (the "Inquiry") with the matter set out in the Rule 9 Request dated 16 January 2026 (the "Request").

9. While I have received assistance from a solicitor in drafting this statement, the contents are entirely my own. The evidence set out below reflects my own recollection and understanding.

**SOURCES OF INFORMATION**

10. At the time of writing this statement, I have had access to VC's Systmone prison medical records and his medical records 'NGPF0003167, NGPF0001214 and NGPF0000004', received from the Inquiry Solicitor, referred to within the index.

11. I have not had access to VC's primary care GP records. Some of his Nottinghamshire Healthcare NHS Foundation Trust records, which include discharge summaries from previous admissions, a few psychiatric clinic letters and Care Programme Approach records were made available to me on Systmone prison medical records on 03.07.2023.

12. There was no information or handover provided to me regarding VC's mental state and presentation whilst he was detained in the custody suite at Nottingham Police Station and during his time at HMP Nottingham. The information available to me were those that were recorded within his prison records on Systmone during his stay at HMP Nottingham.

**BACKGROUND**

13. Within my role as a Consultant Forensic Psychiatrist at HMP Manchester, I provide indirect supervision to an Advanced Clinical Practitioner and a Higher Trainee in Forensic Psychiatry. These informal supervision sessions are as and when required to provide support and guidance regarding the care and treatment of prisoners.

14. I first met VC at HMP Manchester on the Regional Bed Wing on 27.06.2023 where he was admitted following his transfer. My role at HMP Manchester as a Consultant Forensic Psychiatrist was to review his mental state and risks, assess for any underlying mental disorder, offer medication if it was felt appropriate, and if there was a requirement for a period of assessment and treatment in hospital, then to consider a referral to the gatekeeping hospital for detention under the Mental Health Act.

15. I met with VC on 3 occasions; 27.06.2023, 11.07.2023 and 15.08.2023.

16. Following his transfer to HMP Manchester, VC was admitted to the Regional Bed Wing where individuals who are suspected to have an underlying mental illness are provided with additional support within the prison estate. The unit is supported by mental health nurses who are able to assess mental state and monitor compliance with treatment.

17. After a few weeks, VC was transferred to the Care and Segregation Unit, as his risks towards others was considered too high for him to be managed within the Regional Bed Wing.

18. I reviewed VC at HMP Manchester on 3 occasions; 27.06.2023, 11.07.2023 and 15.08.2023. Each consultation has been detailed below which describes his presentation.

19. Over time, VC became less guarded and more forthcoming when discussing his psychotic experiences which appear to have continued throughout his stay at HMP Manchester.

20. All 3 consultations were face to face and were part of a Multidisciplinary Team review.

21. Prior to each review a nursing handover was received from the Regional Bed Wing mental health nurses in the form of a recorded handover sheet.

22. Regarding the written material found in VC's cell at HMP Manchester, I was not made aware of this at the time, hence I will not be able to comment on it within my statement.

1st review on 27.06.2023

23. I received an update from staff. I was advised VC was a recent transfer from HMP Nottingham. I noted that he was on a 4 officer unlock. Engagement with staff had been minimal. He denied any thoughts of self-harm. No concerns had been noted with his sleep. He was eating and drinking.

24. We agreed to request previous medical records to gather collateral information regarding his past psychiatric history.

25. VC was seen at the door. At the time of assessment he was in a constant watch cell. Officers were unavailable to unlock the door. He presented as a tall man of slim build and of Afro Caribbean origin. At our request he came to the cell door to speak with us. Engagement was minimal, although he responded to the questions when asked. He had no concerns that he wished to discuss with us.

26. When asked where he was prior to being incarcerated into prison, he stated he had no fixed abode. When asked whether he was staying with family or friends, he responded with "no comment". He acknowledged he had been in psychiatric hospitals in the past and when asked about the reasons, he advised he was "looking for aid".

27. When asked if he was prescribed any medication, he responded with a "yes" but was unable to recollect the names of the medication. He reported that the doctors seemed to think that the medications were helpful for him.

28. When asked if he experienced any symptoms such as hearing voices or problems with his thoughts, he responded "no comment".

29. Throughout the review he was noted to be guarded, suspicious and was noted to be smiling incongruently. Staff advised me that he remained seated close to his television watching television all day.

30. The plan was to continue reviewing his mental state and risk, and to then consider whether referral to hospital would be appropriate.

2nd review on 11.07.2023

31. On this occasion VC was reviewed as part of the ward round on 11th July 2023. By this time, we were aware that he liked to be referred to as Adam. Handover was received from staff that there continued to be minimal engagement. He continued to deny any thoughts of self-harm and he denied experiencing any perceptual abnormalities.

32. VC attended the ward round with the escorting officers.

33. He presented with reasonable care and was dressed in prison attire. I understood that he had maintained a low profile in prison. Since moving onto the Inpatient Wing, he had continued to have minimal engagement with the nursing staff.

34. His speech was slow in rate, volume and of normal tone. When asked a question, he took time before he responded, and it was unclear whether he was experiencing any perceptual abnormalities such as voices or whether this was due to a thought disorder such as thought block. I suspected some form of thought disorder as he was struggling to communicate effectively with us - apart from providing brief responses.

35. When asked, VC told me that he had been in HMP Manchester for approximately 3 weeks. He said “yes” when asked if he was settling well. I asked him if he had any difficulties with his mental health and how he felt. He responded “same”. When asked what he meant by this, he stated “no change”.

36. I reminded him that we had met briefly a few weeks ago. At the time, he informed me that he had been admitted to psychiatric hospitals in the past. I asked him which hospital he had been to, and he responded, “Highbury”. I asked him if this was in Nottingham, and he nodded. When asked how many times he had been admitted to hospital, he stated “a few admissions”. When I enquired about the diagnosis he had received, he stated “psychosis”. When asked what his understanding of psychosis was, he stated “I'm not a professional”.

37. I further probed into his description of psychosis and asked whether he had ever heard voices. After thinking for a while, he acknowledged that he was hearing voices. He said he started hearing voices in 2020, mainly male voices. He described hearing them all the time, including at the time of assessment. When I asked what happened when he started hearing voices, he stated “got into trouble”. He told us that he was hearing these voices all day. He stated that he does recognise the male voice as the same voice, but not someone he knows. He reported that the voice he experiences is an internal voice. Upon direct questioning, it was understood that the voices were commanding in nature and were a running commentary commenting on his actions. When asked whether he responded to their commands, he stated “sometimes”. He then stated, “do what

they say". When asked how he felt about these experiences, he stated "gives different experiences". When asked if he felt distressed by these, he stated he used to feel stressed, but this had reduced since. When I asked him further questions about the voices, he stated "can't do certain things, there are not options of how I can act".

38. I enquired about experiencing visual hallucinations, at which point I noted that he appeared a bit startled. He acknowledged that he was experiencing visual hallucinations, but not every day. He had not had these recently. He acknowledged experiencing olfactory hallucinations which were recent. He described smelling things "source was not around". When asked what he meant by this, he stated "smelling food when food was not around". He also experiences gustatory hallucinations of having odd tastes. He was unable to recall when he last experienced gustatory hallucinations.

39. VC also described experiencing thought insertion and withdrawal. He reported that as time went by, he started to differentiate that some of the thoughts were not his own thoughts (indicating towards thought insertion). When asked about thought withdrawal, he stated that this was again ongoing as he experiences memory loss. When asked about ideas of reference from the television, he reported "every now and then". He was unable to explain further.

40. When I asked about how he felt about these experiences, he reported that his brain had changed, and he had now started processing things differently. He

appeared perplexed and guarded while talking about his experiences on the day of assessment. I ended the review and thanked him for being open with us.

41. VC, towards the end of the review, was asked whether he had a solicitor. He told us that he did have a solicitor. I explained that if his solicitor wished to contact me as the visiting psychiatrist, I would be more than happy to speak with them.

42. Following the ward round, we agreed to commence a referral to Rampton Hospital. This needed to be via the gatekeeper function at the John Howard Centre.

3rd review on 15.08.2023

43. VC was seen in segregation, there were no concerns expressed from officers.

44. The documentation confirms that he had been at HMP Manchester since 20th June 2023 following a high profile incident leading to his arrest. He was admitted to the inpatient unit at HMP Manchester with increasing concerns regarding his mental health.

45. His past psychiatric history is noted – 4 previous admissions with first contact being in May 2020. Previously reported to have improvement in psychotic symptoms with Aripiprazole (an antipsychotic medication) and he had also been on Haloperidol (an antipsychotic medication) for a time. Problems with medication

non-compliance in the community are documented and on his last admission in 2022 a depot injection had been considered.

46. During his time in HMP Manchester there had been minimal engagement with the mental health team although he denied any thoughts of self-harm and denied any delusional beliefs.

47. Due to the high number of officers required to unlock the door he was seen through the hatch. He was dressed in prison clothing and appeared slightly unkempt. He was looking through the hatch to what was happening behind me (there was officers moving around). His speech was quiet, monotonous and slowed. When asked questions there was a short hesitation before he answered, answers initially were short mainly "yes" or "no". However, as we spoke, he started to engage more and answers became more detailed and appropriate to the situation and what was asked.

48. His mood is described as good, he appeared blunted in affect. He denied any thoughts to harm himself. He stated that he was eating and drinking normally.

49. VC accepted that he had been unwell in the past, he admitted taking medication in the past but stated "they said it would help but there was no effect". He stated that he had been hearing voices and that it was a "permanent problem", not stopped by medication in the past. He also stated that he thought other people were being harmed at times, he denied this being constant and that the people

involved varied. It was unclear what he meant by this and if this was related to the voices he was hearing. He did not elaborate on this when asked for clarification, he just advised that this was a permanent problem.

50. When asked who might be doing this, he believed that it must be someone with high technological ability to be able to achieve it. He had no other thoughts on this and did not identify anyone else who may be involved. He accepted that he might have an illness but did not seem to have an understand what mental illness is or what effect this would have on him. He denied hallucinations in other modalities.

51. I asked about his thoughts on medication, he stated that it didn't help but agreed to trial medication whilst he was here. I discussed Olanzapine (an antipsychotic medication) with him, and explained side effects (EPSE, Hypersalivation, sedation, NMS, Cardiac concerns). He agreed to start Olanzapine at this time.

52. He was being managed in segregation with high officer unlock. His risk to others were managed in this environment at the time. There was no evidence of previous self-harm/suicide and he denied any current thoughts stating that his mood was good.

53. My impression was one of an ongoing psychotic illness, likely Schizophrenia. My plan was for:

1) For ECG and Bloods;
2) If normal then for Olanzapine; and

3) For nursing staff to provide further information regarding the risks and benefits of Olanzapine.

54. VC was prescribed oral Olanzapine, which is an antipsychotic medication, in the form of an orodispersible tablet. I prescribed the medication on 12.09.2023 at the dose of 5mg.

55. At HMP Manchester the medication is dispensed by nursing staff to aid with compliance. VC remained compliant with the medication except on one occasion (on 25.09.2023) when he refused the medication, however the reason for this refusal is not documented.

56. The dose of the medication was increased to 10mg on 26.09.2023 to achieve a therapeutic dose of the treatment and because he continued to display psychotic symptoms.

57. As per Systmone records, it was reported that there was slight improvement in VC's presentation since commencing treatment, with a reduction in the number of incidents of violence within the Care and Segregation Unit where he was placed. However, he continued to present with psychotic symptoms.

58. Although VC did not directly comment on his historical compliance with medication, he made reference during the reviews (as noted in paragraph 49) that the medication did not help him.

59. From VC's Systmone records I have noted that he declined to have blood tests on 26.06.23, 03.07.23 and 18.07.23.

60. At later dates, on 24.08.23, 01.09.23, 27.09.23 and 27.10.23, he consented to have the blood tests as requested and blood samples were obtained.

61. Following a period of assessment within the Regional Bed Wing at HMP Manchester, VC's presentation continued to deteriorate which was related to his psychotic illness, with an escalation in his risk towards others. It was suspected that there was an underlying psychotic disorder and hence it was felt that a period of assessment and treatment under the Mental Health Act would be appropriate.

62. As per the NHS England (NHSE) document 'The transfer and remission of adult prisoners under the Mental Health Act 1983: good practice guidance' published in June 2021, transfer of a prisoner to hospital should not exceed 28 days from when the referral is made, however in practice this is rarely achieved.

63. Once the referral was made to the gatekeeping hospital (through IMPACT) to consider suitability for a High Secure admission, the gatekeepers were required to complete an assessment to consider suitability for admission and the appropriate level of security. Once this was completed, and in the case of VC, given his status as a Cat A prisoner and the nature of the then alleged offences, he was referred to Rampton High Secure Hospital. The High Secure hospital

decides upon the date of assessment based on their local processes and the availability of the Consultant.

64. Once VC was assessed by Dr John Milton, Consultant Forensic Psychiatrist from Rampton Hospital, given the sensitivity of the case within the local area of Nottingham, my understanding was that Rampton Hospital referred him to Ashworth High Secure Hospital. The transfer to hospital from prison depends on the availability of a bed once considered suitable for admission, and the transfer date is arranged by the receiving hospital.

65. I met with Dr Milton on 08.08.2023 within the Regional Bed Wing at HMP Manchester whilst I was preparing for the review of other prisoners. At the meeting I provided Dr Milton with a summary of my contact with VC since his arrival at HMP Manchester.

66. Unfortunately, I was unable to locate the report by Dr Milton as it was not stored within our Systmone prison records, hence I am unable to recollect if and when I received the report.

67. Having received and reviewed Dr Milton's report from the Inquiry Solicitor on 06.02.2026, I have noted that Dr Milton concurred with my opinion that VC suffers from a mental illness and required a period of assessment and treatment in a High Secure Hospital under the Mental Health Act.

68. A social worker assessment is part of the Multidisciplinary Team assessment by a High Secure Hospital and hence this was expected for VC. I was not aware of when the assessment took place. I did not receive any communication from the social worker team. I do not recollect contributing to the assessment.

69. There are no further matters that I wish to raise with 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

**Index to First Witness Statement of Kripa Ullal**

| No. | URN | Document Description |
|---|---|---|
| 1. | NGPF0003167 | Extract from VC's Systmone prison records |
| 2. | NGPF0001214 | Referral letter to hospital for VC, by Corinne Armstrong and Dr Kripa Ullal, dated 12.07.2023 |
| 3. | NGPF0000004 | Extract from VC's Systmone prison records- Consultation Information Sheet |
| 4. | NGPF0002546 | Psychiatric assessment report by Dr John Milton, Consultant Forensic Psychiatrist, dated 11.08.2023 |