

Witness Name: Lorraine Busby-McVey

Statement No: WITN0012005

Dated: 18 March 2026

THE NOTTINGHAM INQUIRY

SECOND WITNESS STATEMENT OF SUPERINTENDENT LORRAINE BUSBY-
MCVEY

I, Lorraine Busby-McVey, will say as follows: -

INTRODUCTION

1. I am Superintendent Lorraine Busby-McVey with the Metropolitan Police Service and currently hold responsibility for the Fixated Threat Assessment Centre (FTAC) within the Royalty and Specialist Protection Command. My current role includes overseeing national threat assessment processes for individuals exhibiting concerning behaviours towards prominent public figures, delivered through the multi-agency FTAC framework.
2. I have provided a statement, dated 3 October 2025 [WITN0012001] and gave oral evidence at the Inquiry hearing on 3 March 2026. This witness statement is made to correct some inaccuracies in the evidence I gave during the hearing and which were identified and brought to the attention of the Inquiry on 6 March 2026.

ACCESS TO NHS MEDICAL RECORDS

3. Whilst giving evidence on the morning of 3 March 2026, Counsel to the Inquiry (CTI) asked me whether FTAC have full access to an individual's medical records and whether there were any barriers to obtaining relevant medical information. Whilst I did indicate I was not certain, my response was that, as far as I was aware, once a case had been taken on by FTAC, the NHS personnel who work jointly with police officers in FTAC would have access to the full range of NHS records and that they could be jointly interrogated by the police officers working with them. (see: transcript at Page 72 from lines 13-25; Page 73 from lines 4-25)

4. During my evidence on the afternoon of 3 March 2026, Counsel for the bereaved families, Mr Tim Moloney KC, and the Chair, asked me whether it was possible for FTAC officers and forensic social workers undertaking the initial triage assessment of a referral, to access medical records if they thought it appropriate, or whether consideration of the NHS records would not occur until after a decision was made by FTAC to take the case on. My response was to confirm that an FTAC assessor could access medical records if they thought it necessary and appropriate to make an appropriate assessment on how to deal with a referral (see: transcript at Page 7 line 15; Page 21 lines 17- 22; Page 23 lines 8-17).

5. I can confirm that at the time I gave this evidence, I believed it to be accurate and therefore provided the same in good faith and with the aim of fully assisting the Chair and the Core Participants (CPs) to understand the role FTAC undertake.

6. Since giving my evidence on 3 March 2026, I have spoken with colleagues who are practitioners in the FTAC assessment and referral process, and now realise that I was mistaken in my belief. I therefore wish to clarify the position relating to the accessibility of medical records by anyone in FTAC, as follows:
7. NHS colleagues in FTAC and therefore assessing police officers, do not have ready access to a subject's medical records as part of their assessment, in line with the common law duty of confidentiality and legislation under the GDPR and Data Protection Act 2018. There may be instances when proportionate access to certain NHS systems containing a summary medical record (such as an individual's GP registration) is possible under the existing statutory framework, but this would not be in a way that would lead to full sharing of clinical records for a patient.
8. Access to NHS clinical systems is only available once a case is formally taken on by FTAC and even then, the NHS systems available to FTAC do not provide visibility across all Trusts records. As a result, the specific clinical note referenced in my evidence, would not have been accessible to FTAC in any event.

ACCESS TO CONNECT POLICE RECORDS

9. Whilst giving evidence on the morning of 3 March 2026, CTI asked me whether information contained within a Met Police intelligence report (a CRIMINT) or within the Dissemination Report would be accessible to officers from another force. My response was that in the last two years, the Met has introduced a new IT system called CONNECT which brings together a number of record/information

systems into one single system and that other police forces also use CONNECT and that as a result, those forces would also have access to some of the information held of the Met CONNECT system, including intelligence that had been captured on the system (see transcript at Page 98 lines 11-25; Page 99 lines 17-25; Page 100 lines 1-2; Page 105 lines 17-25 and Page 106 lines 1-7).

10. I can confirm that at the time I gave this evidence, I believed it to be accurate and therefore provided the same in good faith and with the aim of fully assisting the Chair and the Core Participants (CPs) to understand the way police systems work and how information is shared.

11. Since giving my evidence on 3 March 2026, I have been informed by colleagues who have a better understanding of CONNECT capabilities and accessibility, that my understanding of how the system works is incorrect. I now realise that I was mistaken in my belief. I therefore wish to clarify the position relating to the capabilities and accessibility of CONNECT, with information provided by the Head of User Support in the CONNECT Product Unit, as follows:

12. CONNECT is a Record Management system (RMS) which has been used by the MPS since November 2022, to replace eight legacy systems. Whilst other police forces also use the CONNECT product to manage their records, each force's CONNECT application is unique to and accessible by that force only; the platform does not allow access into other forces' records.

13. The police national database (PND) is a system designed to allow the sharing of information between police forces, however, it is down to each individual force to determine what information/intelligence to share on PND, in accordance with any national intelligence model, handling conditions and operational sensitivity.
14. The future vision is for all forces to be on the same version of CONNECT so we can share a database but that is many years away and forces are also moving onto different RMS providers.

CONCLUSION

15. The evidence I provided both in my previous statement and throughout my oral evidence, was provided in good faith and on my honestly held belief at the time. I am neither an expert in police record management systems nor on the full capabilities of NHS colleagues, however did my best to respond to the questions put to me in a meaningful way. It was not my intention to mislead the Inquiry or the CPs. I apologise for any inconvenience or confusion this has caused and hope this statement can provide the necessary clarity.

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: 18th March 2026