Witness Name: Dominic Matiru

Statement No: WITN0146001

Dated: 05 November 2025

THE NOTTINGHAM INQUIRY

FIRST WITNESS STATEMENT OF DOMINIC MATIRU

I, Dominic Matiru, will say as follows: -

Introduction

1. This witness statement was drafted on my behalf by the external solicitors acting for the Trust in respect of the Nottingham Inquiry (the "**Inquiry**"), with my oversight and input, following discussions in writing by email and by video conference.

2. This witness statement is made to assist with the matters set out in the Rule 9 Request dated 22 September 2025 (the "**Request**"). It provides details of my career and role in the Nottinghamshire Healthcare NHS Foundation Trust ("**NHFT**"). I have included a general overview of my training and the systems I used within my role. This witness statement references my interactions with Valdo Calocane ("**VC**") on 15 and 22 of July 2020. I have also given thought as to whether I have any reflections and recommendations.

Career and role

3. I first started my Healthcare Assistant ("**HCA**") career as an agency carer around 2003/2004 within Well's Road, Queens Medical Centre and Highbury Hospital. My next role as a full-time Band 2 at Highbury Hospital was in approximately 2007. Initially, I worked on Carlton Ward which was a mixed gendered ward until Highbury Hospital was refurbished and modernised into single sex wards. This became Redwood 2 ward. Then there was the addition of the Rowan 1 and 2 wards.

4. By 2019, I was working as a Band 3 HCA. When VC was admitted to Highbury Hospital, I was working on Rowan 1 ward, which is a male acute inpatient ward. To date, I am still employed by NHFT working as a Band 3 grade.

Training and system of work

5. All training to assist me with the assessment of risk for mental health patients has been provided by NHFT. They have provided all essential training which includes Breakaway and HLS (Hospital Life Support). Some training is provided for the full day and some training is shorter. Within this role, we continue to monitor patients and assess their risk. We work as a team to assess risk, for example, within handovers, when a colleague is describing the behaviour of an individual, different practitioners may have different insight as to the meaning and concerns of the patient's behaviour. So, in addition to the training, this is another way we assess the risk of a patient.

6. There are many risks I take into consideration and do not think I can detail

them all for the purpose of this statement. However, I have tried to provide a non-exhaustive list, in respect of both the type of risks and behaviours which may indicate this risk is present. These are general considerations within my role.

7. I look for the risk of violence, which might be indicated by a patient's body language or demeanour. I would also look for the risk of verbal abuse which could be indicated by threats made by the patient. The risk of self-harming might be indicated by confirming if there are any fresh cuts or blood on the patient. There could be physical health risks, where a patient has health conditions prior to admission to the ward. If so, we would monitor this whilst they are on the ward.

8. I do not give medication within my role, so I cannot speak directly to the risk of non-concordance with medication.

9. In practice, at the beginning of each shift there is a handover where all patients are discussed and any new risks and any other duties or tasks that need to be undertaken. This also includes what has happened on the shift and what will be needed for the next 24 hours. We come up with a good plan for each patient; the care for some patients does not change. These handovers are a chance to respond to the circumstances which have arisen and consider how these might affect us as staff.

10. During handover there is a handover sheet which includes any risks, sections, leave and observations. This is also available to view throughout the shift. The handover sheet is part-typed, and part-written, in the sense

that the information kept on the electronic records will be printed but there will also be space on the page for written notes.

11. Since I started my job, there has always been a handover sheet which is printed with information about a patient. My belief is that after a day the Ward Clerk files this. I have not ever confirmed my understanding of this process and neither do I know where this would be physically filed. I am unable to better assist in providing a better understanding of how handover sheets or other information were used in the care and treatment of VC.

12. If we have a new admission, I will ensure that I read what led to the admission of the patient and any risks they pose. It has been years since I provided any care to VC, so I cannot comment with any confidence on what information I read about VC. However, I believe that I would have read any relevant notes.

13. I access RiO to view all the information I require to care for a patient's mental health needs. Any physical healthcare needs, such as GP information, are accessed via other systems by the doctors. The doctors would assess the information and decide if it needed to be added to RiO. We do not have SystmOne but I can log into the system I need. I do not feel like there are any restrictions to doing my job in terms of system access with RiO.

14. I record and share information about patients I am involved with through RiO. I also communicate with my colleagues throughout shifts verbally regarding patients and their presentation. Any verbal information would then be recorded in writing by myself, if I have seen it directly, or the Nurse in Charge.

15. If I have concerns about the risks posed to others by patients I am involved with, I can report this to multidisciplinary team ("**MDT**"), my manager, senior colleagues or the nursing team. There is no limitation or restrictions on who I can approach. I feel comfortable approaching them because I feel my concerns are listened to and actioned appropriately.

Interactions with VC

16. I cannot remember when VC came to the ward, but I have recollections of VC on the ward. I believe that I assumed for him to have come in, he had been seen by community nurses or was brought in. I discussed this with the colleagues I was working with at the time.

17. I do not have any recollection of whether the basis of my assumption in respect of VC's admission was based on information I read or was provided to me orally. However, generally my views are informed by both information on RiO or from handover meetings.

18. At the time I was caring for VC, my understanding of his psychiatric history was that I thought we were looking after a student who appeared to be struggling with exam stress or stress from his studies. Following the media interest / coverage has made me reevaluate my understanding of his condition. However, I still do not have any recollection of him showing symptoms of paranoia.

19. During VC's stay on Rowan 1, I did not recognise him to be displaying symptoms of paranoia. This is because at the time he was getting on well

with all the nursing team and other patients. He behaved like the most model patient; he did seem a bit unhappy about being on the ward. However, this was similar to other patients who I have seen express this, where they ask why they are on the ward.

20. I believe information about VC was in his RiO records or shared at handover. This is how I believe that I would have come to know he had broken into his flat mates' room and the flat mates were concerned. My view of VC having paranoia schizophrenia would have been based on the information provided to me. I cannot be confident now due to the passage of time. After all this time, I may be merging details with similar stories of another patient, as I have provided care to other patients who have broken into houses before. So, my view is that we have to rely on the records.

21. In hindsight, I have taken into account that VC did not have the presentation I was expecting of paranoia such as always being alert, looking side by side or backwards. I appreciate these are not the only behaviours there is a long list. However, I am only able to suggest that the lack of the presence of this behaviour might have been him masking his symptoms. Since he knew staff were there watching him for signs. However, I cannot offer any certainty or clarity on this matter since I did not recognise him as having paranoia at the time and these are simply reflections.

22. VC appeared to have capacity however, I feel this is a very grey area. I remember VC denied having any mental health problems when he was admitted and while he was on the ward. I feel unable to comment with confidence on VC's capacity.

23. I was aware VC was taking his medication whilst on the ward but aside from this I can only speak generally about any care plan. I expect that this would have been a cooperative plan between staff and VC in his best interests whilst on the ward. I do not recall much about VC's treatment as this would have been dealt with by a senior clinician.

24. When I met VC on the ward, I knew that he was on the ward for something that happened in his flat with the lads he was living with. I think I heard it was something about him breaking into a flat as a student or that something happened between him and housemates. I cannot remember how this information was relayed to me; I would say my understanding was likely formed by both what I read and what was communicated orally. However, I do have any recollection of the specific information I read or who I may have spoken to.

25. I remember VC wanting to keep his previous incident personal and keeping it to himself, so he did not share many details. I do not remember the precise date, but I escorted VC to his flat. I believe there must have been a discussion around the incident within the team prior to the visit to understand risks.

26. In discussion with me, I believe VC was worried about having a criminal record, how that would affect his job prospects and university course. I think this was why he was keen to apologise to his flat mates so that it did not escalate into criminal proceedings.

27. I once escorted him to his student flat as per the RiO progress notes of 22

July 2020 8.06pm [Page 86, NHFT0000168]. When escorting Valdo, at the time he was not posing any risk. The risks of patients are on the handover sheet which would have been viewed at the beginning of the shift. They are also noted in my progress note from 22 July 2020.

28. Before his admission the Risks noted in entry 22 July 2020 8.06pm [Page 86, NHFT0000168] referenced would have been the historical risks identified prior to admission. When filling in the notes, there is scope to add any emerging risks too. Any risks would be discussed in handovers or ward rounds, but I do not remember any particular new or emerging risks being shared about VC. I was aware at the time of what I had already been told about him. However, I currently cannot provide any further details as I no longer recall.

29. I know that VC had previously been arrested and brought to Highbury Hospital. I do not know which of VC's admissions were due to police involvement. I do remember seeing VC in the 136 suite at some point after I had provided him care, so he was already known to me. It is my understanding that in order to gain admission into the 136 suite, there would have been police involvement. So, my belief is that he had involvement with the police is based on this.

30. I do not recall VC ever displaying any signs of violence or aggression. I do remember VC looking as though he was not happy to be on the ward but was not violent to staff or other patients. His demeanour was unhappy.

31. My recollection of VC was that he spent all his time on his laptop, phone, or

using a pen and paper. I think he had a geometric set, he was doing a lot of work. I remember he was an engineering student.

32. The medical records indicate that on 15 July 2020 at 8:15pm, I recorded the following [Page 62, NHFT0000168] of the PRS:

    a. *Mood/mental state: Valdo has remained in his bedroom for the most of the day either sleeping or sitting on his bed While on the ward he has been polite with staff and peers however staff noted delayed speech on response. Good food and fluid intake noted.*

33. The medical records indicate that on 22 July 2020 at 8:06pm, I recorded the following [Page 86, NHFT0000168] of the PRS:

    a. *MOOD/MENTAL STATE: Valdo has been settled on the ward spending much of the morning in his room studying his university work on his computer In the afternoon he was escorted to his flat, staff noted that his flat appeared clean and well kept. He however opened to staff saying the reason he wants to move out is because he doesn't want to make his flat mates feel uneasy for him due to his 1 previous incidents with his house mates He also stated the other reason he wanted to go to his flat is to apologise to his house mates face to face however none of his colleagues was at home 1-1Staff and Valdo talked about talking of his treatment/medication a he appears now to understand the importance of his treatment he is also aware that he has been arrested or detained twice by police and he appears worried or he wouldn't want in the near future such report of been arrested or detained to appear in his record as it might deter jobs prospects for*

though despite rules and regulation and laws Good food and fluid intake noted Polite to staff and peers and appears well mannered.

RISKS Criminal damage, med non-concordance, hallucinations, breaking into properties.

34. Upon reviewing the full entries, of when I engaged with VC, on 15 July 2020 [Page 62, NHFT0000168] and 22 July 2020 [Page 86, NHFT0000168], I believe the entries are correct and do not wish to make any changes.

Reflections and Recommendations

35. I have limited reflections and no recommendations for the Chair of the Inquiry.

36. My reflection is one of my sympathies for those who have lost their lives. Also, I think about what VC's family have been through, especially his mum who always visited him even though she lived far away.

37. This is the first case I have been involved in the care of a mental health patient who, following discharge or when in the community has killed or seriously injured a member of the public.

38. I have not made adjustments to my practice although I view this experience as a learning lesson for all staff. I have not given any interviews or otherwise made any public comments about the actions of VC or the matters under investigation by 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: 5th November 2025

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No.	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