

Witness Name: Dr Sarah Elizabeth Dracass

Statement No: WITN0387001

Dated: 3 February 2026

THE NOTTINGHAM INQUIRY

FIRST WITNESS STATEMENT OF DR. SARAH ELIZABETH DRACASS

I, Dr. Sarah Elizabeth Dracass, will say as follows: -

INTRODUCTION

1. I am the Deputy Chief Medical Officer (Mental Health) and a substantive consultant general adult psychiatrist at North East London NHS Foundation Trust (NELFT).
2. This witness statement is made to assist the Nottingham Inquiry (the "Inquiry") with matters set out in the Rule 9 Request dated 16 January 2026 (the "Request"), and it relates to my role as an independent clinical expert and the review I was commissioned to undertake by the Care Quality Commission ("CQC") in February 2024.
3. This was a rapid review under s.48 of the Health and Social Care Act 2008 of the services provided to VC by Nottinghamshire Healthcare NHS Foundation Trust

(NHFT). This review resulted in a report titled Special review of mental health services in Nottinghamshire Healthcare NHS Foundation Trust (the "Review").

BACKGROUND

4. I have been asked to set out relevant documents or email communications between myself and the CQC formally setting out the Terms of Reference of my appointment as a clinical expert, or any such similar information which forms the basis of my knowledge or understanding in respect of scope of the work I was asked to undertake by the CQC and the general aims of the review.

5. I am on the General Medical Council (GMC) Specialist Register for General Adult Psychiatry and have been on the Specialist Register since I completed my General Adult Psychiatry Training in 2011. I am an Approved Clinician and have held Approved Clinician status since 2011. I have held Section 12 Approval since 2008. Section 12(2) Mental Health Act 1983 (MHA) describes Section 12 approved doctors as having special experience in the diagnosis or treatment of mental disorder. I have been a member of the Royal College of Psychiatrists since I completed the membership exams in 2007. I hold a BSc in Applied Psychology (1995), a Medical degree; MBBS (2003) and a Masters degree in Healthcare Leadership (2016).

6. I have been working in my current role since August 2025, initially via an honorary contract while seconded from East London NHS Foundation Trust (ELFT). I have been working as a full employee of NELFT since 3rd November 2025. Prior to that I was employed by ELFT from 2005.

7. I completed my psychiatry training on the East London Training rotation and worked from 2004 to 2012 on this rotation, primarily in ELFT. I had a 6-month placement in NELFT in 2005 in Older Adults memory services and then returned to ELFT to continue my training. During my training I worked in posts in inpatient psychiatry, community adult mental health teams, an assertive outreach team, an addictions service, community child and adolescent psychiatry, forensic psychiatry (rehabilitation), home treatment services, and perinatal mental health services.

8. After completing training I spent a further nearly 6 months in a higher trainee role including a 3 month period of "Acting up" as a consultant in a community mental health team in City and Hackney.

9. I was then employed by ELFT in 2012 as the full time Consultant Psychiatrist and Clinical lead for the Tower Hamlets Early Intervention and Early Detection Services. This role required me to be the Consultant and Responsible Clinician for patients under the care of the service, a case load of around 120 to 160 patients, including managing their care during periods of inpatient admission, both informal and detained under the Mental Health Act. We worked to the expectations of the NHS Quality Standards for First Episode Psychosis (NEIP) Services and achieved a good level of performance as measured against the criteria for this kind of service. I attach at Exhibit WITN0387002 a copy of these standards. I did not refer to these standards as part of the rapid review as this was not in the scope of the review. I have wide experience of working with

patients in the community and in hospital, with a diagnosis of schizophrenia and I have initiated treatment with oral antipsychotics including clozapine, or depot antipsychotics, and used Community Treatment Orders to support treatment plans.

10. I worked full time for this service until I was appointed as the Clinical Director for Tower Hamlets in November 2017. I then went down to 50% clinical work and 50% management and leadership work for the Tower Hamlets Directorate in ELFT. At this point I shared the caseload with another consultant psychiatrist. Our service caseload increased as we expanded our criteria for the service. We continued to remain the Consultant for these patients during their treatment in the community and when they were admitted to hospital. I managed a smaller caseload as I was working less clinical sessions and looked after the women when they were admitted to our local wards. My consultant colleague looked after the men who were admitted.

11. I worked in the Early Intervention Service until August 2023 when I was appointed as Medical Director for Inpatient Services in ELFT and NELFT, North East London. This was a joint funded position between ELFT and NELFT but I remained an employee of ELFT and worked across both Trusts. I reduced my clinical sessions to 1 day a week and this was spent in the Integrated Crisis Assessment Hub in NELFT, assessing, treating and reviewing patients attending in acute mental health crisis from November 2023 to November 2024. I was in this role when I conducted the rapid review for CQC.

12. In November 2024 I increased my clinical work to 2 days a week and moved to work as the Consultant Psychiatrist for City and Hackney Rehabilitation Service in ELFT as a job share with another Consultant Psychiatrist. This involved working as the Consultant Psychiatrist and Responsible Clinician for a proportion of a caseload of around 90 patients with severe and enduring mental illness and persistent difficulties requiring a higher level of community support, some of whom were under Community Treatment Orders and many on depot medication.
13. On 3rd November 2025 I returned to the role of Consultant Psychiatrist one day a week in the Integrated Crisis Assessment Hub in NELFT and this is where I am currently working clinically.
14. Exhibit CQCM0029105 is a copy of my current CV provided to CQC on request in January 2026 and not the CV I provided to the CQC in February 2024. I do not recall providing a CV to CQC in February 2024. I did send a very brief summary of my clinical experience via email to Chris Dzitkiti, Director of Mental Health CQC and I attach a copy of this email at "Exhibit WITN0387003".

THE REVIEW

15. On 7th February 2024 I was approached by the Chief Medical Officer of ELFT, Dr David Bridle and asked if I was available to make a contribution to a Clinical review of the care provided to VC in the years leading up to the incident of multiple homicide. I then had a MS TEAMS meeting with Christopher Dzitkiti, Director of Mental Health CQC. Please see the associated email correspondence related to this arrangement at "Exhibit WITN0387004".

16. I then met with Greg Rielly Deputy of Operations, Midlands Network CQC when he outlined the plan for the Section 48 Review and my role to assist with the workstream, this meeting was followed by an email and information of the team leading the review. I attach a copy of this email at "Exhibit WITN0387005".
17. In relation to document CQCM0006060, I am unable to recall whether I was given this document at the time I was engaged to participate in the review. This scope applied to the wider piece of work that CQC had been asked to do. I was asked to take part in a portion of this scope relating to the care and treatment of VC specifically. I do recall that I was asked to review the patient records with a senior consultant psychiatrist from South West London and St Georges NHS Trust (SWLStG) for workstream 1 of the Section 48 review. We were asked to comment on a range of matters and sent an email with an attached structured document to use as an evidence template to help organise the responses. I attach a copy of this email at "Exhibit WITN0387006". The template referred to within this email when completed forms document CQCM0016210.
18. Document CQCM0009697 is an email I sent to the other consultant psychiatrist, Dr Mona Ahmed, Consultant Forensic Psychiatrist working at SWLStG to suggest how we might cover the work in the short timeframe available. In this email I have included the Key Lines of Enquiry (KLOE). These key lines of enquiry were included in the original email from Christopher Dzikiti on 07 02 2024 (see "Exhibit WITN0387004") and formed the basis for our review and the scope of the issues we addressed.

19. I recall clearing the majority of my duties in the week from 12th to 16th February 2024 to enable me to review the documents and meet the tight timeframe for delivering the products of our review to CQC.
20. All the documents from the records that were shared with us were held in a protected repository (Egress) to which we had temporary access. I cannot recall the details of these documents, and I no longer have access to the repository. There was one document that was shared with us outside the repository, and this was the Trust local incident review report. At "Exhibit WITN0387007" I attach a copy of this document upon which I made some comments and highlights at the time.
21. I was able to access copies of the medical records for VC from Nottinghamshire Healthcare NHS Foundation Trust. I cannot recall if we had access to medical records from other NHS providers or hospitals. These records included but may not have been limited to progress notes, care plans, discharge summaries and risk assessments related to the care provided by Nottinghamshire Healthcare NHS Foundation Trust.
22. From document CQCM0009697 I can see that we were looking at a period of approximately 3 years.
23. I cannot recall if we were provided with policies from any of the hospitals and/or NHS service providers involved in VC's care.

24. We did have access to the Trust incident review report as referred above (“Exhibit WITN0387007”).
25. I do not recall being provided with any information or records from policing bodies.
26. Document CQCM0016210 is the completed template that we provided to the CQC after we had reviewed all the information. There is an email trail between me and the other consultant, Dr Mona Ahmed as we worked through the information and answered the KLOEs. I can share these email trails if it would assist. We also met with the community nurses who were involved in reviewing notes of additional patients under the care of Nottinghamshire Trust. I cannot recall if notes were made of this meeting.
27. I do not have access to any of the rough notes I took during the review except one document which is an earlier draft of CQCM0010415 with my comments,
28. In relation to documents CQCM0010414, CQCM0010415, CQCM0010416 and CQCM0010417, I did not draft these documents but I did contribute significantly to CQCM0010415 and offer edits to Dr Mona Ahmed whom I believe drafted CQCM0010414, CQCM0010416 and CQCM0010417. There was another document included in the pack we sent to the CQC drafted by the Dr Mona Ahmed (Risk formulation and appropriateness of care) and I have attached a copy of this document at “Exhibit WITN0387008”. I drafted the responses to the

template (document CQCM0016210). I believe that these documents formed the work that we produced for the CQC and were sent to the CQC on 16th February 2024.

29. We were given an opportunity to read and comment on the final draft of the CQC Section 48 review report on 21st May 2024 and again on 6th June 2024. We were not required to make recommendations in our role. However, we were asked to comment on the report and recommendations as described above before the report was published.

30. The CQC review was published in two parts. Part 1 was published in March 2024, this part was not related to the analysis that we provided. Part 2 was published in August 2024 and it was this part that incorporated the analysis we conducted in our rapid review of VC's care under Nottinghamshire Healthcare NHS Foundation Trust.

31. I am of the view that the CQC did reflect our analysis and we were in agreement with the conclusions that were drawn by CQC.

RECOMMENDATIONS

32. I agree with the recommendations the CQC made at the end of their Part 2 report. There is no specific or key recommendation I feel I can add given that the issues that are identified are complex, wide ranging and resource dependent. These kinds of attacks are extremely tragic, rare and mostly unpredictable. Balancing the intention to reduce restrictive practice in psychiatry with the need to

reduce serious harm requires a well-resourced and skilled workforce working across mental health services. Comparison of the learning from this review with the learning from other Inquiries related to homicides or serious harm involving people with a diagnosis of severe and enduring mental illness may help identify where progress has been made and where there is ongoing challenge.

33. The common theme from serious adverse incidents involving multiagency working often relates to communication, professional curiosity and information sharing. Beyond this broad observation, I do not believe that I have all the necessary information about this specific outcome to advise on improvements that might prevent future similar outcomes.

34. I hope this statement assists.

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**

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INDEX to First Witness Statement of Dr Sarah Dracass

No	Inquiry URN	Document Description
1	WITN0387002	National Service Framework which applied between 2020 and 2023 (in respect of the new exhibit request)
2	CQCM0029105	CV of Dr. Sarah Elizabeth Dracass
3	WITN0387003	Email to Chris Dzitkiti from Dr Sarah Dracass 8.2.24
4	WITN0387004	Email trail (Dr Sarah Dracass and Chris Dzitkiti) 7.2.24
5	WITN0387005	Email from Greg Reilly to Dr Sarah Dracass 7.2.24
6	CQCM0006060	Medical Report, re : S48 commission for a special review of Nottingham Mental Health Services
7	WITN0387006	Email from Evan Humphries to Dr Sarah Dracass 8.2.24
8	CQCM0016210	Report (unknown date) compiled by CQC re reviewing involvement of services into VC's care
9	CQCM0009697	Email from Sarah Dracass to Mona Ahmed, cc Evan Humphries. Re: (FW: Records)

10	WITN0387007	Trust Local Incident Review report
11	CQCM0010414	Report dated 24/05/20 to 28/07/22 compiled by AMH team Re: Review of VC risk assessments
12	CQCM0010415	Report dated 24/05/2020 to 23/09/2022 compiled by AMH team Re: summary of patient presentation / timeline of engagement with Valdo Calocane
13	CQCM0010416	Report [unknown date/author] Re: Incident and predictability of Valdo Calocane's June attacks
14	CQCM0010417	Note, [unknown date, author] Re: Whether the Index Offence of June 2023 was preventable
15	WITN0387008	Risk Formulation and Appropriateness of Care Provided