

Witness Name: Lilian Nleya  
Statement No: WITN0096001

Dated: 04.11.2025

## THE NOTTINGHAM INQUIRY

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**FIRST WITNESS STATEMENT OF LILIAN NLEYA**

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I, Lilian Tinashe Nleya, will say as follows:

1. This statement responds to the Rule 9 request dated 22 September 2025. It provides details of my career and role in the Nottinghamshire Healthcare NHS Foundation Trust (“**NHFT**”), and my interaction with Valdo Calocane (“**VC**”) on 6<sup>th</sup> and 7<sup>th</sup> September 2021.
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.
3. I confirm that I have not given any interviews or otherwise made public comments about the actions of VC or the matters under investigation by the inquiry.

### Career and role

4. I am a registered mental health nurse with the Nursing and Midwifery Council and a member of the Royal College of Nursing.
5. I qualified on 15 February 2008 on completion of my diploma in mental health nursing at the University of Hertfordshire.

6. From February 2008 to March 2009, I worked as a staff nurse (band 5) at Partnerships in Care, Annesley House.
7. From September 2010 to June 2014, I did a part-time top up degree at the University of Nottingham: a Bsc (Hons) in Mental Health and Social Care Studies. This was funded by NHFT.
8. From April 2009 to September 2015, I worked at NHFT as a staff nurse (band 5) at Highbury Hospital, Redwood 1 ward.
9. From March 2016 to March 2020 I worked in a variety of non-clinical and volunteering roles.
10. I was not in nursing practice in 2019 as I was not allowed to work due to my precarious immigration status at the time. I returned to nursing practice when I was granted an NMC Covid temporary PIN in 2020. This expired in September 2022. I then completed a return to practice course (see below).
11. From June/July 2021, I worked at NHFT nurse bank as a staff nurse (band 5). This is a temporary staffing department which holds a pool of temporary staff to supply within the trust when there are staff shortages. I was in this role at the time of my interaction with VC, covering shifts at Highbury Hospital Adult Acute wards, including the Cassidy suite.
12. In November 2021 to February 2022, I did a return to practice course with University of Lincoln and placement with Grantham Crisis Team in January 2022. I worked with the city crisis team and clinical access line as a mental health practitioner (band 6). I continue to work at the nurse bank.
13. From March 2022, I am a care coordinator and community psychiatric nurse (band 6) and work as part of the South Early Intervention Psychosis ("EIP") team, based in Gedling.

## Training

14. As part of obtaining my qualifications, we were taught risk assessment and management of mental health patients. This was taught throughout the course. I also completed a risk assessment and management module as part of my postgraduate degree in 2014.
15. At NFHT, I completed the management of violence training for 5 days in 2021 as part of my induction. I had yearly updates until 2023. WITN0096002

## Handover & patient information

16. On the ward, information is shared during nursing handovers. This included details of the patient, reasons for admission, whether they were new or known to mental health services, risks to the patient, risks to others including children, vulnerable adults and property. Information on patients' immediate care was also shared and updated daily.
17. In the Cassidy suite, there was a quick turnover of patients. The handover would be done by the nurse and health care assistant finishing the previous shift who would sit down with the incoming nurse and health care assistant in a face-to-face meeting. This would cover the name of the patient, why they had been admitted, and how they have been since being on the suits.
18. I was able to access records on RIO for the patients on the suite. I had no access to SystemOne.
19. At the beginning of a shift, I would read the core assessments, risk and safety plan, care plans and running records, including admission and pre-admission entries. I would also check any alerts on RIO.
20. To record and share patient information, I would make entries on RIO.

## Reporting concerns

21. I would report to the senior nurse on duty, the team leader, and senior managers on call. I was comfortable raising concerns about risks posed to others by patients and able to discuss during an MDT or with senior members of the clinical team.

22. I have not been involved in the care of any other mental health patient who has killed or seriously injured a member of the public.

#### Interactions with VC

23. I remember my first interaction with VC. He was in seclusion in the Cassidy suite. This meant the door was locked all the time. I was the nurse in charge of the afternoon shift and was going to offer medication via injections if VC refused to have oral medication.

24. Beforehand, I was given a handover by Dr Skelton, the psychiatrist on duty to do a responsible clinician review for patients in seclusion.

25. I arrived for my late shift in the Cassidy suite. Dr Skelton was already there. Dr Skelton gave me the background of VC's admission.

26. I also had a look on the RIO notes. I looked at running records, to see the days going back to admission, and what had happened since VC had been on suite. I didn't need to look further than that at that particular time as I was looking for an update since VC had been at the Cassidy ward.

27. I remember knowing/being told the following background.

- a. That VC was a mechanical engineering student at Nottingham University and that he was known to mental health services with a diagnosis of schizophrenia.
- b. That VC had been picked up on warrant under Section 135 of the Mental Health Act a few days ago.
- c. That the mental health assessment team had attended VC's property and that VC had assaulted police officers with one being seriously injured.
- d. That it took six male officers to transport VC to the Cassidy suite.

- e. How unwell VC was and that he had been on the suite for two days or more.
- f. That VC had been non-compliant with his medication and disengaged with the community team.
- g. That VC had refused oral medication in the morning, and that staff were going to administer IM injection if he continues to refuse oral medication. Dr Skelton told me that if VC refused to take it again, we would explain to him the process (that injections would have to be administered).
- h. That Dr Skelton was going to do a seclusion review, and that we were going to first assess VC. Dr Skelton reminded all staff present to be vigilant during the seclusion review if the door to VC's room was going to be opened.

28. I knew that this was VC's third or fourth admission, and that he had been admitted to Mental health services in Nottingham before. I was not aware of VC's history besides the one in Nottingham. I knew he had poor engagement and no insight into his mental health. I also knew that he had been in hospital under Section 2 of the Mental Health Act and was deemed not to have capacity to make decisions about his mental health. I also knew that he didn't engage very well in the community and stops taking his medication. I knew this from the RIO notes.

29. It was clear from the handover that VC was to be nursed in seclusion and that his care plan stated that he was to be offered oral medication and if this was refused then an IM injection was to be administered. The team leader Mel Davies would also be there.

30. Dr Skelton said that during the seclusion review he was going to try to speak to VC through the glass door hatch and before the door was opened to see how he was and if it was safe for door to be opened. If not, he would have spoken to VC through the door hatch without opening the door. Dr Skelton talked through the different possibilities of possible outcomes (e.g. if its going to be like this we will do this, and if its going to be like that we will do that).

31. VC presented as calm and agreed to talk to the psychiatrist Dr Skelton. The door to the room was opened by the staff and VC stood up from his bed. He was asked to sit down on his bed but he refused and preferred to stand. His manner was one of waiting and anticipating. He was calm in his responses but his manner suggested otherwise. It was passive aggressive and not welcoming even though he was replying politely. He was calm but there was an edge to it.
32. During the conversation with Dr Skelton, the way that VC answered the questions was as if he was irritated. For example, when asked about what happened with the police he stared and did not reply.
33. VC also expressed delusional ideation which I can't remember in detail. It was to do with a government conspiracy against him and that we were all working together with the government against him.
34. When VC was standing, the door was open. Everyone was outside of the room and Dr Skelton was in front talking to VC.
35. When he was offered his medication, I was standing at the back. I had the injection trays. I could still see him and hear what he was saying. When he was offered the oral medication, he refused and said he was not taking it. He was informed that if he would not take tablets then injections would have to be administered. He just said do what you have to do. When he was asked to kneel at his bed, he did. He followed instructions to put his hands on the bed.
36. VC was told that two male staff would kneel either side of him, he did not respond. The staff held his arms. This was not as a restraint, but reinforcing VC's hands on the bed so that if he moved they would be able to go into restraint.
37. I went in and said I would administer the injection. VC did not respond. It was passive consent. I administered the injection to VC's upper outer quadrant (gluteus muscle).

38. I did not witness any violence from VC but he presented as passive aggressive in his manner and behaviour. For example, when you spoke to him he would stare with a long silence and showing an angry facial effect.

### Risk

39. As to the degree of risk and the type of risk, VC seemed quite delusional. This was exacerbated by him not taking his medication. So the risk to others was quite high. He seemed to think there as a conspiracy against him, that government was after him and saw nursing staff to be part of that. He was thinking you were planning and plotting against him. From my understanding, he had assaulted police who are considered part of the government. It seemed that the risk to others was higher when he was unwell from not taking his medication. This is because of the conspiracy theory he had.

40. As to discussing any risk posed by VC, this was a regular discussion in nursing handovers, both medical and nursing seclusion review. New and regular staff were made aware of his poor mental state, poor medication concordance, lack of insight into his mental health and the assault of police officers during admission.

### RIO entries

41. The following entries were completed by me. This is correct and accurate information and I do not wish to amend it.

**6 September 2021, 3.08am**

#### **CLINICAL INTERVENTION IN SECLUSION**

*Patient continues to refused his prescribed medication and was offered oral PRN medication which he refused. As planned by the clinical team he was advised that as a patient on section 2 of Mental health Act (1983) if he refuses oral medication IM will be administered*

*as per care plan. Patient continued to be hostile and uncooperative. He was restrained and Haloperidol 10mg IM was administered @14:00 on the left upper outer quadrant. Patient remains in seclusion and due to have a medical review this afternoon. IR1 no: 409728 completed.*

**(Page 178, NHFT0000168)**

**7 September 2021, 6.12pm**

**Seclusion Review-Nursing**

*3pm nursing review was not done as the Senior nurse on Duty was not available and numerous phone calls were done to other band 6 nursing staff to no avail. still waiting for the Dr review. Duty doctor has been notified and waiting for him to attend the suite. Patient has been given some sandwiches, potatoes wedges and a bottle of water at 5:30pm.*

*No other issues to report.*

**(Page 182, NHFT0000168)**

**7 September 2021, 9.03pm**

*Telephone call from mother wanting feedback and was given and reported that she will ring the suite to speak to the consultant or ward manager.*

*Nursing review was done at 20:00hrs with CLT Lauren Harrison.*

*Remains in seclusion*

**(Page 182, NHFT0000168)**

**10 September 2021, 1.00pm**

*Valdo has spend time in his room, he has been polite and responsive to staff on interactions.*

*He spoke with Dr Lomas and he continues to express delusional ideation and remains psychotic upon interactions. (See Dr Lomas Entry).*

*He accepted mane medication without any prompting or any issues. He has refused to have his physical observation or covid swab to be done.*

*He was observed to have had a good diet, had fish and chips with yoghurt. He received a parcel from his mum with his clothes.*

*No other issues.*

**(Page 188, NHFT0000168)**

42. When speaking to VC's mum (see entry on 7 September at 9.03pm above), she asked how VC was doing and if he was taking his medication. I reported that he remained in seclusion and was not taking oral medication and was having to have injections of the same medication. His mum went on to plead for staff to help him and encourage him to have his medication as he is unwell. She reported that she would call again in the morning as she wanted to speak to the manager and the doctors regarding VC's care. She thanks me and the call ended amicably.

#### Reflections and recommendations

43. I was very shocked about what had happened. I did not know it was him until I saw a picture of him and his name on the news. I remembered that I had nursed him a few years before at the Cassidy suite. I was very saddened by this. It was sad for the three lives that were lost and their families. I was sad for VC and his family as well as I remember his mother wanted him to get help and treatment. It was a very unfortunate incident for everyone involved.

44. A lot of changes have since come through my current role within the EIP team. For example, we do more risk assessment and management training, enhanced and detailed clinical note entries, robust measures to engage with complex and poor engaging patients, enhanced MDT discharge planning and better multi-agency liaison and communications for better outcomes for people who are experiencing complex mental health problems.

45. As for recommendations, it's difficult to say because risk changes all the time. It is dynamic. There is static risk and historical risk. But in terms of trying to predict a particular patient, it is difficult. We can try to mitigate working with the history that we have, but it is difficult with human beings to know what is going to happen and try to mitigate that.

46. I would not have predicted what happened when I saw VC. I would not have known that in a couple of years he would do this. It is difficult for me to

recommend what to do. It would have been different to nurse him in the community, but when I saw him he was contained, in a hospital environment.

47. As a mental health professional we work in very difficult conditions. It is not the same with everyone. We do the best we can with what we have. Sometimes it is the best we can do in the conditions, and things can still go wrong.

48. However, a lot of changes have come about to try and work better in terms of early intervention, especially with complex patients.

### **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: 04/11/2025

### **Index to First Witness Statement of Lilian Nleya**

No.	Inquiry 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
2	<b>WITN0096002</b>	Personal training record