

Witness Name: Olivia Musonza

Statement No: WITN0159001

Dated: 14/11/2025

THE NOTTINGHAM INQUIRY

FIRST WITNESS STATEMENT OF OLIVIA MUSONZA

I, Olivia Musonza, will say as follows:

Introduction

1. I am a Mental Health Nurse at Nottinghamshire Healthcare NHS Foundation Trust (NHFT).
2. I make this statement in response to a request under Rule 9 of the Inquiry Rules 2006. It concerns my professional interactions with Valdo Calocane (VC) between his first presentation with mental health issues in 2019 and the attacks on 13th June 2023.
3. 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.

4. In this statement, I will first explain my career and role, and then my training and the system of work for the role I was in when I interacted with VC. I will then give details on my interaction with VC.

Career and Role

5. I have been a fulltime Mental Health Nurse for 10 years and 8 months, and am registered with the Nursing and Midwifery Council. Since qualifying in 2015 my experience is based on 4 years working within adult acute mental health inpatient wards for both female and male settings whereby patients are admitted for assessment and treatment during their lowest time of their life.
6. In April 2019 I started to work in community liaison psychiatry nurse for older people (RRLP) where I worked part time on a secondment as Band 6 for 6 months. In November 2019, I started a full time position as clinical team leader (Band 6) on Cassidy Suite Highbury Hospital.
7. I have been in my current position, a Bed Manager and Crisis Practitioner since October 2021. In this role, I am responsible for making sure that there is an efficient flow of patient admissions and that beds are identified for patients.

Training and system of work

8. Since working at the Trust I have received training on the assessment of risk for violent patients called "Management of Violence and Aggression". I first undertook this training when I first started in in the Trust in 2013 and then it has been repeated

on a yearly basis. In the training we cover things such as how to restrain a patient, how to de-escalate patients and how to safely manage a situation where a patient is trying to attack you.

9. Information about patients was shared with me verbally and in writing. We would do face to face handovers and there would also be information in writing on a handover sheet. If I wanted further information, then I would go into the Rio notes for further clarification and details about the patient.

10. If I needed to share information with the Police, this would be done on a Form One which details what has happened prior to detaining a patient under section 136 Mental Health Act 1983.

11. In general, I had access to patient records stored in the Trust's electronic database "Rio", as well as any paper medication cards. This gave me all the information I needed to perform my duties and there were no restrictions on my access to this information.

12. At the beginning of each shift, I would look at information on Rio concerning the patient's personal details, any recorded risks, any physical health concerns and the circumstances leading to their admission. Additional information may also be provided to me by colleagues during the handover process at the start of each shift.

13. If I gained any relevant information during my shift then I would add this to the patient's electronic notes on Rio. I would also send emails to colleagues where

appropriate, for example, when I am not seeing the colleagues face to face because they are dealing with a patient who is open to a community team. In these emails I would share things such as the contact I have had with the patient and anything that has happened. Or for example, in one instance, I had a patient who had threatened to assault a member of staff so I would email them to let them know what is happening.

14. I would make any necessary phone calls, for example to members of staff to discuss what is happening and whether patients require assessments and requesting that arrangements are made for those assessments. I would also have face to face discussions with colleagues, patients and any appropriate people such as family members.

15. If I had any concerns about a particular patient, such as whether they might pose a particular risk to others, then I would report this to my line manager, service manager matron and the lead Consultant. I have never faced any issues reporting such concerns and feel comfortable doing so.

16. I have never been involved in the care of any patient other than VC who went on to kill or seriously injure someone following discharge.

Interactions with VC

17. I can't recall any specific details regarding VC (including whether he displayed any signs of violence or aggression on my shift) or the treatment he received at the

Trust due to the passage of time. Nor do I recall any specific conversations with colleagues about VC at the time. The Rio records contain the best evidence of these events, and I am unable to add any further detail.

18. As I have outlined above, the usual process on Cassidy suite would be for me to gain any relevant information from reviewing Form 1, which was used when a patient is admitted and any verbal handover from the police. We would then update the patient's Rio records with new information that arose during their admission. In this paragraph I am referring to general procedure rather than a specific Form 1.

19. To the best of my recollection, the following entries on Rio are correct:

- a. On 4 September 2021 at 5:02am I Contacted Cassidy to request for up to date risk assessment (**page 172, NHFT0000168**).
- b. On 8 September 2021, I
 - i. updated the Summary and Care Plan following the termination of VC's seclusion (**page 77, NHFT0000549**),
 - ii. at 8.47qam, recorded that "*Valdo has remained settled and asleep in bed. No concerns raised*" (**page 183, NHFT0000168**).
 - iii. recorded that at 12.11pm (**page 184, NHFT0000168**):

Valdo has remained in seclusion, has been in bed the majority of the morning with minimum engagement with staff giving one word answers.

He refused his oral medication and he was fully restraint he was reviewed and was observed through CCTV and face to face.

Refused breakfast however he told the duty doctor that he did. later he was given lunch ate small amount.

He was observed responding to unseen stimuli whilst having lunch.

NURSING SECLUSION REVIEW @12:00

Valdo has remained seclusion and maintaining minimum engagement

- iv. recorded at 1.53pm that (**pages 184-185, NHFT0000168**):

CASSIDY SUITE SECTION 2 STEP UP

Valdo was assessed by Consultant and nursing team, it was decided to end his seclusion and it was reiterated to him that if staff believes that he is putting himself and another patient at risk staff will do their best to keep . he reassured staff that he will not attack the other patient.

CONSENT

Valdo has refused to give consent for the consultant to speak to mum

mum had called earlier requesting for consultant to call her to discuss about Valdo.”

I cannot recall who asked VC about the issue of consent for the consultant to his mother, but assume it was me given I updated the records to say this. I am not sure whether it was myself or the consultant who assessed VC's capacity at the time.

- v. Recorded at 2.12pm the telephone number for VC's mother (**page 185, NHFT0000168**).
- vi. Recorded at 3.31pm that (**page 185, NHFT0000168**):

PT VC WAS PASSIVELY RESTRAINED TO GIVE HIS MEDICATION IN THE MORNING IN FORM OF I.M ACCORDING TO MEDICATION CARD IF HE REFUSES ORAL MEDICATION. HE ALSO REFUSED TO HAVE HIS PHYSICAL OBSERVATION TO BE COMPLETED.”

The details of this would be documented in the IR1

[NHFT0007525]; I cannot recall from memory how the passive restraint was undertaken.

c. On 19 January 2022 at 9.49pm I recorded that “*Discharged and bed was not required . bed form closed.*” (page 205, **NHFT0000168**).

20. The Inquiry has referred me to an entry made at 6.04pm on 29 January 2022 at 6.04pm. I did not make this entry and believe it was made by Dr Younus Saleem.

Reflections

21. I would like to offer my condolences to the Nottingham attacks family and to VC family as they have also lost a child to mental health illness.

22. I have not changed the way that I practice as a result of these events given the nature of my involvement explained above.

23. I confirm that 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.

Recommendations

24. Given my limited role in VC's care, I do not feel as though I am able to suggest any recommendations that I think the Chair of the Inquiry should make.

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: 14/11/25

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	NHFT0007525	Medical Records of Valdo Calocane from 08/09/2021, Highbury Hospital, re: Incident Details - Extended Inc Notifications
3	NHFT0000549	Medical Records of VC dated, NHFT, Re: Professional Review of Records Conducted in 2023