Witness Name: Sophia Mutonono

Statement No:WITN0253001

Dated: 14 11 2025

THE NOTTINGHAM INQUIRY

FIRST WITNESS STATEMENT OF SOPHIA MUTONONO

I, Sophia Mutonono, will say as follows: -

INTRODUCTION

1. I am a Registered Mental Health Nurse.

2. This witness statement is made to assist the Nottingham Inquiry (the "**Inquiry**") with the matters set out in the Rule 9 Request dated 2 October 2025 (the "**Request**").

BACKGROUND

3. I qualified in 2010 as a Registered Mental Health Nurse, I obtained a diploma from Bedfordshire University. I am registered with the Nursing and Midwifery Council and I am a member of the Royal College of Nursing.

4. After qualifying in 2010, I started working as a Staff Nurse in a nursing home, Greenfields Nursing in Wellingborough. I remained in this position for approximately 9 months until I moved to St Andrews Healthcare, a private hospital in Northampton where I worked as a Staff Nurse then promoted to Clinical Team Lead.

5. I transferred to St Andrews Mansfield in December 2019 where I was a Clinical Team Leader, I was then made redundant in September 2020.

6. I joined Nottinghamshire Healthcare Foundation Trust (NHFT) in September 2020 working as a Clinical Lead band 6 in the Cassidy Suite.

7. In November 2021 I started working in the bed management team as a Bed Manager Crisis Care Practitioner, band 6 where I remain presently.

Training and system of work

8. Whilst employed by NHFT I have undertaken the Management and Prevention of Violence and Aggression and the breakaway training annually. I have also completed the standard mandatory e-learning training such as health & safety.

9. In relation to information sharing, if a patient was being brought in on a section 136 then the police or street triage would call us and give us the information they have on the patient. We would also check on RIO for any information on the incoming patient. If the patient was arriving under a section 135 or step up/informal section the bed management would give us the information and handover of the patient. We would also verify and gain more information from RIO. At the end of the shift, we would do a handover with the next shift which would include information about all patients on the ward. The information shared in the handover would include risks, physical health, behaviours, eating and drinking, patient presentation and any other concerns. We would also discuss the plan of each patient.

10. Any updates would be recorded on RIO and paper updates such as food and fluid were documented on fluid charts. We also had access to CCTV which could be reviewed if needed. I also had access to Ulysses which is a reporting incident tool to report any incidents that had occurred. I do not recall having access to SystemOne and I do not recall needing access to this. I did not have any restrictions which prevented me from completing my role.

11. At the beginning of my shift I would review the presentation and triggers from the previous shift. If I had any concerns I would report this to the Manager on the ward or discuss with the Consultant, I felt comfortable doing this.

12. My experience in the role is that we admit patients who are quite poorly and in some instances vulnerable, they require support and treatment. On a

typical day I would try and make all patients feel comfortable and build rapport with them. I would try to understand their background and if they have any views or religion/ spiritual needs that can aid their recovery. I would also support them with their physical needs such as food and fluid intake. I would also support with daily activities such as personal hygiene and social interactions.

13. As a Nurse in Charge, I would be responsible for completing or updating the risk assessment and care plan for each patient. I would ensure that any concerns were escalated appropriately to senior professionals as needed. I was also responsible for ensuring that any incidents were recorded on the Ulysses tool. As a Nurse it is my responsibility to ensure the safety of staff working with me and ensure that the shift is adequately covered .

14. For patients under section, if they had treatment which required medication and they were not compliant, this may need to be given under restraint depending on the circumstance. For example, the prescribed medication would be given via rapid tranquilizer ordepot injection. If this was the case, as the Nurse in Charge, I would have to complete the IR1 on the Ulysses tool and record this on RIO.

15. If a patient needed to be secluded I would make this decision as the Nurse in charge. Normally, this would be done alongside senior colleagues such as the Consultant.

16. I have not been involved in the care of any other mental health patient who following discharge, or when in the community has killed or seriously injured a member of the public.

Interactions with VC

17. I do not recall having any prior knowledge of VC before 3 September 2021.

18. I have been asked to comment on the entry by Lauren Henson on VC's medical records dated 3 September 2021 (**page 168 NHFT0000168**). I can confirm that on that date I was the Nurse in Charge on Cassidy Suite. On that date Bed Management had called Cassidy Suite to advise that VC was being admitted under a section 135. I can confirm that the record of the telephone conversation with Dr Manzar is accurate as far as I can remember. I did not contact anyone else as far as I can remember. If I had, I would have documented this on RIO. In my note of 3 September 2021 timed 722pm I noted that I had informed Bed Management.

19. From the telephone call I received I noted that VC had assaulted 4 police officers, which is why I requested two more members of staff for support when VC arrived. I had no other information other than what was handed over to me from Dr Manzar and Bed Management and what information was held on RIO at the time.

20. I would have reviewed the history of the patient, risk assessment and previous care plan. In addition to requesting extra staff for support, I also informed Bed Management that VC may require a Psychiatry Intensive Unit (PICU) referral. I

also prepared for possible seclusion due to the levels of aggression which were handed over by Dr Manzar.

21. I have been asked to comment on the entry I made on VC's RIO notes dated 3 September 2021 at 8:30pm (**page 165 NFHT0000168**). I can confirm that this record is accurate as far as I can recall.

22. I cannot recall VC's presentation specifically, however from my notes I can see he was not happy and made no eye contact with staff. He kept saying that he wanted to go back home. From what I can remember VC was very psychotic at the time of his admission on 3 September 2021.

23. Where I stated in my note *"unpredictable aggression behaviour"* I was referring to the fact that VC had assaulted police officers prior to being admitted to the Cassidy Suite which was a risk to staff. From the report from Dr Manazar initially he was talking with VC however VC then refused them e ntry into the house, therefore they had to call the police to gain access. I did not feel safe in VC's presence at the time VC was admitted to Cassidy Suite.

24. In relation to the referral for PICU I made, I believe there was no PICU bed within the Trust therefore a referral had to be made for a private bed. I don't believe there was much impact in terms of VC's care and treatment as he was still being cared for in seclusion on the Cassidy Suite.

25. I have been asked to comment on the Seclusion Authorisation and Notification form I signed and completed on 3 September 2021 at 8:33pm (**NHFT0000168**). I competed this due to VC's presentation upon arrival at

Cassidy Suite and his presentation during the warrant being executed by Dr Manzar to convey VC to Cassidy Suite. It would have been a risk to staff not to seclude VC in his current presentation. I also remember police recommending seclusion following the incidents where VC assaulted the police officers earlier in the night.

26. Seclusion is a safe room where you can lock a risky patient away from other people to de-escalate. In Cassidy Suite there is no designated seclusion room, the patient would be locked in their bedroom if they were under seclusion. VC was in his bedroom which had an en-suite facility for him to use. VC was monitored constantly by a member of staff throughout seclusion. The seclusion should be reviewed every 2 hours by a Nurse and every 4 hours by a Doctor. In seclusion a patient is given food and drink throughout. If needed staff can enter seclusion to clean or tend to personal care if required.

27. The purpose for completing the Seclusion Authorisation and Notification form is for record keeping and accountability in terms of authorisat ion of the seclusion. It can also be used for reflection and lessons learnt in the future.

28. Dr Bhatti, the Ward Doctor, Heather the Unit Co-Ordinator, the Bronze on-call, the on-call Manager and Dr Lomas the Duty consultant would all have been notified of VC's seclusion. It is normal process to advise certain professionals of the seclusion. They would be informed of the reason for the seclusion of VC and reason why the decision was made.

29. I would have completed the observation record, I cannot recall if we were using a tablet or paper copies at the time of VC's stay on Cassidy Suite.

30. I have been asked to comment on the AMH Seclusion and Long-Term Segregation procedure (**NHFT0000050**) and the Seclusion Care Plan & Peep (**NHFT0000051**) documents. I do not believe I completed these documents myself as it is not my handwriting. I believe that both these documents were completed by another staff member on the night shift as my shift would have been ending at 9pm on 3 September 2021.

31. The purpose of the AMH Seclusion and Long-Term Segregation Procedure (**NHFT0000050**) document is to ensure that the patient is receiving enough food, fluid or nutrition whilst in seclusion. The purpose of the Seclusion Care Plan & Peep (**NHFT0000051**) document is to ensure that the seclusion procedure is followed. I am not able to confirm whether the documents are complete or have any information missing as I was not the individual who completed the documents.

32. I have been asked to comment on the Nursing Seclusion Reviews dated 4 and 5 September 2021 (**NHFT0000049**). It is normal procedure for there to be a nursing seclusion review every 2 hours. This is to determine if the patient is settled enough to terminate the seclusion and to monitor the patient's well-being and physical health. Generally, the nursing seclusion review would involve 2 nurses however on 5 September 2021 at 8am VC was still asleep which is possibly why I did this alone, but I cannot recall the reason for sure. Sometimes if the patient is asleep the Clinician is not able to asses the patient's mental state properly, so they may conduct another review later when the patient is awake.

33. I do not recall feeling unsafe in VC's presence during the reviews, as he was secluded so he was not a risk. I do not recall any change in VC's presentation or demeanor as he was asleep or not responding most of the time during the nursing seclusion reviews which I undertook.

34. I have been asked to comment on the entry I made on VC's RIO notes dated 4 September 2021 at 11:46pm (**Page 174 NHFT0000168**). VC was ignoring staff from what I recall, he was not responding to any interaction. I cannot recall which staff were present with me during the review. As VC was not responding to staff, I do not recall discussing anything with him. I would have discussed with my colleagues whether to continue with the seclusion or to terminate it. I could not assess VC's mental state properly as he was not engaging with staff. Not engaging is a sign of someone who is not settled so it would be difficult to make a proper assessment on someone's mental state.

35. I have been asked to comment on the entry I made on VC's RIO notes dated 5 September 2021 at 3:52am (**Page 174 NHFT0000168**). I cannot recall anything from this other than what I have documented.

36. I have also been asked to comment on the entry I made on VC's RIO notes dated 5 September 2021 at 5:38am (**Page 175 NHFT0000168**). Cassidy Suite is a section 136 suite, any patients who stay there require acute or PICU beds. They are regarded as step up patients as they are awaiting an appropriate bed. The "Cassidy Suite Section 2 Step up" was an entry and not a review, so there was no outcome from this entry. In relation to my comment VC *"has been steering at staff on approach"* I meant that VC was staring at the staff on

approach, this appears to be a spelling error on my entry. The impact of VC's staring was concerning as it was evident that the stare was scary to staff.

37. When VC refused his medications he was challenged a few times but he would not respond to staff. When VC refused medication we would leave and try again later.

38. I have been asked to comment on my entry dated 5 September 2021 at 8am (**Page 175 NHFT0000168**). I do not recall anything other than what is documented.

39. I do not recall being involved in any other reviews except the ones that are documented.

40. I have been asked to comment on the email sent by Jane Hudson, Mental Health legislation Caseworker, I was copied into dated 6 September 2021 at 12:41pm addressed to the Nurse in Charge. I do not believe I was on shift on the date of the email. I was most likely copied into the email as I was a regular nurse on the Cassidy Suite. I do not believe I responded to the email, as the person on duty at the time would have done so. I also do not believe I carried out the steps requested by Jane Hudson as I was not on duty on 6 September 2021.

41. During the course of my interactions with VC throughout September 2021, I do not believe that he had capacity as he did not acknowledge that he was unwell and kept saying he wanted to go home. I do not believe that my view changed during this time.

42. I have been asked to comment on the documented titled Seclusion Discontinuation Record dated 8 September 2021 (**Page 185 NHFT0000053**). It appears that I was the second nurse as part of the seclusion discontinuation, however I do not recall the review itself. I would have been involved in the decision to release VC from seclusion as I am noted on the document as the second nurse. If I did not agree with it, I would have said at the time and this would have been documented.

43. I do not specifically recall the rationale behind the decision to release VC from seclusion however from the notes of Dr Ben Di Mambro on 8 September 2021 at 2:11pm (**Page 185 NHFT0000168**) he noted there had been no further incidents of aggression or threatening behaviour which could be the reason for the seclusion to end.

44. When VC's seclusion ended, he would have been given access to the courtyard for fresh air and walking around the suite. He would have the opportunity to engage with other patients who were on the suite at the time, if there were any. VC would still have access to his room which is where the seclusion would have taken place.

45. In relation to the comment the VC *"reassured staff that he will not attack the other patient"* I do not remember why this was mentioned. I cannot recall if there were any other patients. Usually if there is a patient admitted to the suite who is known to be violent or show aggressive behaviour we would normally close the suite to other admissions for the safety of other patients. I am not aware of any incidents occurring between VC and any other patient. In relation

to VC *"reassuring"* staff I cannot recall but I believe he would have been asked and he responded.

46. I have been asked to comment on the entry dated 9 September 2021 at 1:33pm (**Page 186 NHFT0000168**). I would have been on shift that day which is why I made the entry, as far as I am aware the record is accurate. In relation to VC taking time to *"think about"* taking his medication, he would just say that he did not want his medication and that he was not mentally unwell. We would have been encouraging VC to take his medication so that he could get better, I cannot remember specifically what was said. I considered that VC lacked insight as he was clearly psychotic and kept saying he was not mentally unwell. He also kept saying that he wanted to go home and was refusing to take his medication.

47. In relation to VC stating that he wanted to return to his property alone, I was concerned that if he got the chance to leave the suite he would not return voluntarily. I do not recall asking anything further about VC wanting to return to his property alone.

48. I agreed with the decision of Dr Skelton to refuse section 17 leave as VC was not compliant with his medication and there was not much improvement in his mental state.

49. In relation to VC communicating his *"needs"* to staff he was communicating about his accommodation and the need to sort this out as his lease had ended and he wished to remove his belongings. He also stated that he wanted to go home and he was not mentally unwell.

50. In relation to VC's admission to Highbury Hospital during the period 3-11 September 2021 I have been asked to comment on the records detailing that VC received medication via intra-muscular injection on 5 September (**NHFT0007522**), 6 September (**NHFT0007523**) 7 September (**NHFT0007524**) and 8 September 2021 (**NHFT0007525**). These incident forms are usually sent to all team leaders to review and accept. I do not believe I was involved in any rapid tranquilisations specifically involving VC.

51. Rapid tranquilisations are usually carried out by 2 Nurses. On 5 September 2021 (**NHFT0007522**), this appears to be Tivisani Dhilwayo and Melanie Davies. On 6 September 2021 (**NHFT0007523**) this was Lilian Nleya and Melanie Davies. On 7 September 2021 (**NHFT0007524**) this was Penina Ngarama and Melanie Davies. On 8 September 2021 (**NHFT0007525**) this was Olivia Musonza and Melanie Davies. I was informed of the incidents as all Team Leaders receive notifications for any IR1 forms from Ulysses which includes rapid tranquilisations for reviewing. It is normal pro cess for these to be recorded as 'incidents; on Ulysses. *"read & cleared"* means that you have reviewed the IR1 form and that every steps needed was taken. Ido not recall speaking to VC or anybody involved about these incidents. If Iwas involved in another incident of this nature it would be recorded in the notes on RIO.

52. I have been asked to comment on the document dated 11 September 2021 regarding VC's transfer from Highbury Hospital to the Cygnet Darlington (**CQCM0001344**). VC was detained at Highbury Hospital on Cassidy Suite after he was detained under a Mental Health Act assessment. Toenable VC to legally transfer he needed a H4 transfer form (**CQCM0001344**) from one

hospital to another. I do not recall anything other than what is recorded on RIO. I agreed that VC needed a PICU bed due to the levels of violence and aggression he showed leading to his admission on Cassidy Suite.

53. I have been asked to comment on the entry I made on the RIO notes dated 29 January 2022 at 8:55pm (**Page 271 NHFT0000168**). *"BMT"* stands for Bed Management Team. I was a Bed Manager looking for an appropriate bed for any patient who requires admission in Nottingham and Nottinghamshire. I would not have had interactions with patients directly when in this role.

54. I did not have any other involvement other than what is addressed above.

Reflections

55. I do not have any reflections at this point.

Recommendations

56. I do not have any recommendations I can make to the Chair of this Inquiry. This is something that can be very unpredictable, so it is hard to know in advance.

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: 14/11/2025

Index to First Witness Statement of Sophia Mutonono

No.	Inquiry URN	Document Description
1	NHFT0000168	Patient Record Summary from RIOLIVE (Reporting) recording notes made between 1 January 2020 to 14 June 2023
2	NHFT0000052	Form titled appendix 11.1 Seclusion Authorisation and Notification. Rcording date of seclusion as 3 September 2021
3	NHFT0000050	Form titled AMH Seclusion and Long-Term Segregation Procedure
4	NHFT0000051	Form titled appendix 11.3 Seclusion Care Plan & Peep
5	NHFT0000049	Form titled appendix 11.2 Reviewing Monitoring Record, with entries dated 5 September 2021
6	NHFT0000053	Form titled Appendx 11.4 Seclusion Discontinuation Record. Date for discontinuation recorded as 8 September 2021

7	NHFT0007522	Form recording Incident Details-Extended Inc Notification. Incident date recorded as 5 September 2021
8	NHFT0007523	Form recording incident Details-Extended Inc Notification. Incident date recorded as 6 September 2021
9	NHFT0007524	Form recording Incident Details Extended Inc Notification. Incident date recorded as 7 September 2021
10	NHFT0007525	Form recording Incident Details Extended Inc Notification. Incident date recorded as 8 September 2021
11	CQCM0001344	Form H4- Regulation 7(2)(a) and 7(3) Mental Health Act 1983 dated 11 September 2021