Witness Name: Keith Kudakwashe Olwyn Kadzinga

Statement No: WITN0363001

Dated: 06 January 2026

THE NOTTINGHAM INQUIRY

FIRST WITNESS STATEMENT OF KEITH KUDAKWASHE OLWYN KADZINGA

I, Keith Kudakwashe Olwyn Kadzinga, will say as follows: -

INTRODUCTION

1. I am a qualified nurse in mental health nursing but not actively in practice. My registration to practice started 01 December 2009 not long after university graduation. In my career as a registered professional in service to the profession, this will be my second lapse of registration. The first being January 2013 to February 2016 when I completed return to practice nursing. In order to maintain registration renewal, I have completed my three yearly NMC revalidation requirements in years 2017, 2020, and 2023. The fourth revalidation application date was going to be 01 January 2026. My application to withdraw or lapse registration was approved by NMC Registration Team Professional Regulation on 30 September 2025.

2. This witness statement is made to assist the Inquiry with the matters set out in the Rule 9 the request dated 23 October 2025.

BACKGROUND

3. After a three-year study place at Sheffield Hallam University, I graduated in 2009 post completing a final student placement on an assessment unit of mental health illness and disorders in one of Nottinghamshire Health NHS Foundation Trust medium secure hospitals in Wathwood Upon-Dean. I was then offered a place on a newly qualified nurse starter programme on assessment ward for 6 months. I applied and was offered a registered mental health nurse role on Learning Disability ward in private care. After two years of early nurse practice before a three-year career gap spent trying out other areas of personal skills or talent such as studying a diploma in music technologies and reviving accounting skills. This led to my return to practice in nursing validated by completion of a 20-credit programme at the University of Derby

4. The programme had a placement on an acute care ward in Nottinghamshire Healthcare NHS Trust before being offered permanent position on the Psychiatric Intensive Care Unit. I was employed as a permanent staff for three years before I decided to apply and was offered a temporary promotion with potential for a full-time role at the end of the programme as a Clinical Team Leader, conditional offer, on acute care ward during the peak of pandemic.

5. That was my last inpatient UK National Health Service as a permanent employee before temporary roles and transitioning mainly to community health as an agency nurse. There are a few NHS Trusts that I have worked through contracts shift via nurse agency such as Camborne Redruth Community Hospital, Sheffield Children's NHS Foundation Trust Centenary Community CAMHS, and Isle of Man Manx Care CAMHS. This led to my most recent employment, 07/2024 to 08/2025, in Children and Adolescent Mental Health Service, Department of Single Point of Advice in Sussex Partnership NHS Foundation Trust as a band 6 practitioner.

6. I have the following qualification and from the associated awarding bodies:
    - 15/09/2025 - 15/12/2025: Student-Led Withdrawal. Level 7. MSc Clinical Cognitive Neuroscience. Sheffield Hallam University.
    - 19/05/2021 - 18/09/2024: Level 6. Bachelor of Science Honours in Cognitive Behavioural Therapeutic Approaches. University of Derby. Awarded: Second Class Honours 2nd Division
    - 02/2016 - 26/08/2016: Level 6. UB7AK Return To Practice. Certificate of Credit: 20 & Overall Classification: Pass
    - 09/2005 - 10/09/2009: Level 5. Advanced Diploma of Higher Education in Nursing Studies Mental Health Nursing. Sheffield Hallam University. Awarded: Merit
    - 09/2003 - 07/2005: Edexcel Level 3 BTEC National Diploma Business, equivalent A levels. Sussex Downs College, renamed East Sussex College Eastbourne. Modules Pass & Above: 15 out of 18 modules, QCA Code 10030700.
    - 01/1998 - 11/2001: Zimbabwe General Certificate of Education Ay Ordinary Level, equivalent GCSE's. Zimbabwe Schools Examination Council.
      Number of Subjects Recorded: 9
      Number of Subjects Graded C or Better: Seven

7. I am also a member of the following professional organisations:
    - Nursing and Midwifery Council, start 01/12/2009 to 20/08/2025 status is lapsed.
    - Royal College of Nursing, start 16/01/2017 to current.

8. I do not hold any professional appointments.

9. My career to date at registered RMN amounts to a total of 6 years of NHS permanent employment working full-time 37.5hrs per week

excluding agency support. I have gained work experience of working in hospital health environments such as mental health forensics of medium secure hospitals, psychiatric intensive care units, and acute wards. In recent three years I have been transitioning and adapting skills to work in community care.

10. My nurse bands as per of active registration from 2019 to 2025 employed both permanent role as staff nurse in UK National Health Service NHS Trusts and nurse agency both mental health hospital services and community services.

    - 2019: RMN band 5
    - 2020: RMN band 5
    - 2020: RMN band 6 conditional offer
    - 2021: RMN band 5
    - 2022: RMN band 6
    - 2023: RMN band 6
    - 2024: RMN band 6
    - 2025: RMN band 6

11. My role specific to Nottinghamshire Healthcare Foundation Trust was qualified staff nurse.

12. My role was staff nurse at the time of my interactions with VC on Redwood 1 ward and can be confirmed by checking the ward's staff rota.

13. I am not a current employee of Nottinghamshire Healthcare NHS Foundation Trust.

14. Most recent employment ended 05 August 2025 terminated by employer Sussex Partnership NHS Foundation Trust on role of band 6 CAMHS/SPoA Practitioner in community. As for training and qualifications on 15 September 2025, I enrolled with Sheffield Hallam

University to study full-time course Level 7 in MSc Clinical Cognitive Neuroscience. My student-led withdrawal request was approved on 15 December 2025.

TRAINING AND SYSTEM OF WORK

15. The skills competency completed during my previous permanent role employment as a band 5 staff nurse in Nottinghamshire Healthcare NHS Foundation Trust is on my NHS Essential Training Records exhibit WITNO036003. Another NHS record of learning provided as supporting document to this witness statement is exhibit WITNO363002, from training provider Sussex Partnership NHS Foundation Trust on the permanent role of band 6 practitioner. Those two exhibits of my mandatory trainings provide information on training status, completion date, and expiry date. Here are some of my skills trainings that I completed from training provider Nottinghamshire Healthcare NHS Foundation Trust:
21/06/2019 to 21/06/2029: Practice Supervisor Competency. Attended in-person: Mentorship Supervisor and Assessor Transition Training. Nottinghamshire Healthcare NHS Foundation Trust.
16/03/2021 to 16/03/2024: Suicide Awareness/Self Harm. e-Learning: Suicide Awareness and Prevent.
16/09/2020 to 16/09/2023: Preventing Radicalisation – Awareness of Prevent Level 3.
01/02/2010 to 01/02/2060: Observation Policy Training. Induction Checklist.
22/03/2024 to 22/03/2024: Mental Health Act 1983 amended 2007. e-Learning.
30/07/2020 to 30/07/2023: Mental Capacity Act 2005. e-Learning.
08/08/2017 to 08/08/2067: Incidents, Complaints and Claims.
23/09/2020 to 23/09/2023: Equality, Diversity and Human rights. e-Learning.
17/07/2021 to 17/07/2024: Clinical Risk Assessment and Management. e-Learning.

30/09/2021 to 30/09/2024: Care Programme Approach – CPA. e-Learning.

16. I first had VC's admission discussion through telephone call received on ward 136 Cassidy Suite, Public Safety Police Holding Unit. I confirmed psychiatric doctor assessments clarifying reason for needing hospital admission. Before accepting his admission, I confirmed checking Mental Health Act Section 2 paperwork document NHFT0000168. Other documents were Hospital Inhouse Transfer Form evidencing two signatures of the 136 Cassidy Suite staff nurse CN and Redwood 1 staff nurse KK, interaction document entry NHFT0000278. MHA section 132 rights information was aimed to empowering VC to take control of his own health and contribute effectively towards the medical decisions on his health.

17. Routinely at the beginning of the shift and intentionally aimed at maintaining a high standard in continuity of care, I would get patient information through patient handovers at start and end of shift e.g. updates made to cares-plans, task communicated in ward diary, daily patient entries or notes, medication drug cards and therapeutic observation sheets for patients on enhanced observations.

18. Patient records were recorded on Rio system and usually using daily entry formulation of M.O.N.I.T.O.R review key areas influential to medical decisions. The approach help assess the patients readiness for discharge through mental state, observation levels of risk of harm to self or others, gauging therapeutic engagement, assessing risk of neglect, Interactive therapeutic time e.g. with allocated key workers, therapeutic activity involvement e.g. involvement of activity co-ordinator, participation in on-ward event like attending ward round or multidisciplinary team reviews, and reviewing level recovery working towards discharge from hospital.

19. I felt comfortable discussing with my colleagues and other teams

involved in his health assessment such as Psychiatric Consultant, Ward Manager, Ward Matron, Clinical Team Leaders, Staff Nurses, Support Workers, Psychologists, and staff nurses in charge of shift.

20. I have not been involved in the care of any other mental health patient other than VC, of whom to my awareness following discharge or when in the community has killed or seriously injured a member of the public?

INTERACTION(S) WITH VC

21. Before VC's admission to the ward, Redwood 1 handover was received both verbal and written. My nurse communication was with staff nurse C Narz who was the shift nurse for 136 Cassidy suite. Also, the nurse who signed the Inhouse Transfer Form.

22. It is worth acknowledging that the incident occurred 13 June 2023, more than a year after his discharge from my nurse duty of care and approved by his allocated ward psychiatric consultant.

23. The Psychiatric history and reason for admission had been instigated by events happening in the community that had deemed his life to be a risk towards others. My recall of risks associated with VC's condition is limited and will not risk it being inaccurate without support of his patient record documentation. Although one of the main risks was the reported allegation of taking his other student, tenants in shared student living apartment hostage. Hence, the admission was to assess if there were any impending mental health illness or disorder and risks to others or self that is linked to it. Also, assessing whether his health problems can be supported in the community without need for hospitalisation.

24. This is my confirmation that my discussions we not partially formed regarding the risks associated with VC. VC's mental health had assessed by qualified doctors and who had agreed to ward admission. This meant that the ward had up to 28 days maximum on the Mental Health Act Law to assess for any mental illness or disorder as per

criteria of DSM-V and including risk to self or others.

25. During VC's ward care and treatment, his level of risk ranged from medium risk that required therapeutic intervention allocated at intermittent 10 minutes intervals. He was switched to general that are allocated to 60 minutes therapeutic observations checks when his risk on ward was reviewed as low towards others or self. High risk patients are not allocated intermittent observations and are allocated constant observations.

26. In capacity assessment to exhibit NHF0000287 that has date 01.02.2022 and contains the request from Mental Health Legislation Team to complete patient S132 rights. The task was completed as noted in entry record on date 02.02.2022 at 10:39am. Other staff present was a university nurse student that I was supervising on that shift. He confirmed to have fully understood the information provided to him and accepted the patient leaflet. This led to his informed decision to refuse a referral to POhWER Independent Mental Health Advocate service in preference to talk to a solicitor services.

27. VC's treatment and care plan included consent to share information, section 136 rights such as right to refuse treatment and to appeal doctor's decision to be detained either via Hospital manager's hearing or tribunal review.

28. I am not able to answer for certain about his record of previous police involved incidents without referring to his risk assessment plan.

29. During my duty of care to VC as a staff nurse I admitted VC on date 30 January 2025. He was co-operative and was not physical or verbally aggressive or violent towards the members of staff that were escorting him to the ward from 136 Cassidy Suite. He had walked without being restraint and there was no attempt to abscond from the two members of staff. He was around the ward, room to sleep, and offered food. The

ward admission process was explained to him, and routine physical health baseline checks were completed in the clinic room. He understood the questions asked and was able to respond to interaction and express his personal view or opinion including interaction on consent to share information with relatives or next of kin.

30. Interaction 30 January 2022, I confirm that it was the patient daily record entry I wrote, and it is accurate. I asked him of next of kin and he did not have a next of kin to provide. Access to his health records was all in relation to his hospital admission in January 2022 to discharge in February 2022. I discussed with him consent to share information with family or next of kin and he refused. I asked him about his employment status and if he was in receipt of benefits. His response was that he is employed full-time in a warehouse. He requested his allocated psychiatric consultant to provide his employer with a statutory sick note. This patient request was discussed in ward round or MDT review.

31. I confirm that I wrote the patient record entry and it was accurate. As for solicitor services, I discussed with him and provided him with a patient a leaflet of his MHA rights. Also, he had access to the ward list of approved verified solicitor services.

32. In reference to the conversation with a staff member from VC's student accommodation, yes, we did have the discussion. She explained to me the risk to others from VC as the alleged perpetrator. He was 2nd year engineering student staying in student accommodation. There had been a serious incident where VC had taken his other shared tenant holders' hostage. One of the claimed hostage victims from among the shared apartment tenancy agreements had reported to the staff, seeing VC on accommodation site. Thereby, the accommodation requested for VC to be escorted into the building to manage risk to others or from others. Adding to the detrimental effect, the external company that managed the student accommodation was mentioned to have pushed to terminate his tenancy agreement, but the accommodation staff had managed to stop

that action from happening. Hence, requesting for the ward to support in helping him find another place to stay.

33. Interaction 03 February 2022, page 98 to 103, NHFT0000549. I confirm that it is the reference to the same call referenced at paragraph 16e.

34. Interaction 06 February 2022. I completed the patient record. VC started his ward admission placed on intermittent 10mins observations to then being reduced to general observation allocated at 60minutes of therapeutic checks.

35. Interaction 17 February 2022 at 08.08pm. Yes, I did write the patient record entry and was accurate. The preferred format to patient record keeping was M.O.N.I.T.O.R because it guided in structuring areas of health assessed that contribute or support medical decision. It helped assess mental state, gather patient opinions or views, assess therapeutic observations, encourage on and off ward involvement and involve the patient in review of treatment plans.

36. Interaction 24 February 2022 at 05.44pm. Yes, I wrote the patient record entry and can confirm that it is accurate. My use of the word calm was in comprehension of politeness, non-threatening or aggressive, and coherence in speech.

37. In reference to the impact on practice, consequence to events mentioned and discussed, I would like to begin by passing my condolences to the families affected by this distressing event, on the loss of their loved one. It has reinforced the importance of good record keeping that is clear, concise, and accurate. I truly believe that I fulfilled my nurse duty of care towards VC to a high standard of excellence in professional accountability to my registered statutory body NMC, employer Nottinghamshire Healthcare NHS Foundation Trust, public community, and patient in care. I respected and represented his treatment choices and opinions in multidisciplinary reviews led by ward psychiatrist, patient ward rounds, and staff shift hand overs and other discussions that needed an immediate nurse's attention during the

shift. Furthermore, I maintained open communication with all teams in his recovery. I kept him involved with his treatment decisions and empowered him to make informed decisions that contributed towards medical decisions and recovery.

38. Without recall on specific dates, shift, or entries as a staff that had a role of authority and leadership as a qualified staff nurse on shift and sometimes as a shift nurse in charge, I was regularly involved in patient discussions of treatment and nurse interventions of VC and all other patients present on ward during his admission. This was through handovers at start, during and end of shift. It is likely that I attended his weekly wards or MDT review lead by his ward psychiatrist and represented his treatment preferences. Routinely all patients were offered to attend those meeting in-person. The medical decision agreed with input of the nurse during those patient meetings was documented on Rio system either by the ward staff administrator or ward junior doctors for medical input and staff nurse for nursing input.

39. As was documented on the Mental Health Act 1983, Inhouse Transfer Form for VC, the admission was from 30 January 2022 to 24 February 2022 [NHFT0000278] [NHFT0000168, pg. 261]. During the time he had one detention on MHA 1983 of Section 2. On the day of his discharge back to community I gave him his prescribed pharmaceutical TTO's medications, medical abbreviation meaning To Take Out.

40. I have not given any interviews or commented in public about the actions of VC or the matters under investigation by The Inquiry. During VC's hospital admission, I did not witness any violence or aggression towards me. I cannot provide a definite verifying with use of IR1 incident reports. Risks were discussed regularly in handovers, weekly ward rounds, and MDT reviews. Patient discussions were with Psychiatrist Consultant Dr Karthik Thangavelu, Ward Matron- Cherl Willis, Ward Manager- Beck Ash, and Clinical Team Leader- Ella Harrison. The administration confirmation of mental health act section 2 paperwork was processed at Nottinghamshire

Healthcare NHS Foundation Trust Headquarters Duncan Macmillan House by Mental Health Legislation Caseworker- Haley Stocks.

41. My reflection of VC's attacks is that it was a saddening incident that was felt by the whole nation, and it has placed him in an ethical dilemma in being vulnerable hatred crime. Collaborative effort will be required in working with Safeguarding teams to equip or empower the bereaved families with the necessary skills to support themselves and their loved ones.

42. My recommendations to the Chair of The Inquiry, Ministry of Justice Deborah Taylor is that VC was handed an Indefinite Hospital Order to forensic high secure Ashworth Hospital for the incident of stabbing two students and a school caretaker with a knife and van rampaging a pedestrian. He will need to use hospital services available to him to promote hope towards his own mental health recovery. The prison services can support him to live his best life from the remainder of his freedom under the Human Rights Act 1998. The hospital services and police services should work in collaboration to manage risk any risk that is life threatening.

43. I confirm that I do not have any records VC nor have I accessed any his confidential patient records other than for admission purpose.

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.

Signature:

GRO-B

Dated:
06 January 2026

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No.	Inquiry URN	Document Description
1	*NHFT0000549*	Medical Records of VC dated between 24/05/2020 - 23/09/2022, NHFT, Re: Professional Review of Records Conducted in 2023
2	*NHFT0000168*	Medical Records of VC from 24/05/2020 to 14/06/2023, Various NHFT Staff/Teams, re: Patient Record Summary
3	*NHFT0000278*	Medical Records of VC from 30/01/2022, NFT, re: Inhouse Transfer Form
4	*NHFT0000287*	Email chain dated 01.02.2022 re: VC's capacity and Section 132 MHA rights.
5	*WITN0363002*	SPFT Record of Learning
6	*WITN0363003*	NHS Essential Training Record