Witness Name: Dr Adrian James
Statement No.: WITN0365001
Dated: 19 January 2026

NOTTINGHAM INQUIRY

FIRST WITNESS STATEMENT OF

DR ADRIAN JAMES

I, Dr Adrian James, of NHS England, Wellington House, 133-135 Waterloo Road, London, SE1 8UG, will say as follows:

1. I would like to express my deepest condolences to the families of Grace O'Malley-Kumar, Barnaby Webber, and Ian Coates. My thoughts are also with Wayne Birkett, Marcin Gawronski, and Sharon Miller, and with all those whose lives have been affected by this tragedy. The pain and suffering they have endured is beyond comprehension. In my role, I am committed to learning from what has happened and doing everything possible to reduce the risk of anything like this ever happening again.

2. I make this statement to adopt and attest to the following parts of NHS England's Corporate Witness Statement dated 8 December 2025 **[WITN0310001]**:

   a. Section 1, paragraphs 124 to 138 (Psychosis Pathway);

   b. Section 2 (Mental Health Policy Landscape);

   c. Section 3 (Patient Safety);

   d. Section 4 (Mental Health Data Sets);

   e. Annex 2 in respect of the Independent Investigations Governance Committee, the National Independent Investigation Committee and the Mental Health Patient Safety Insight Group (Key Mental Health Groups);

   f. Annex 4 (Psychosis Pathway); and

   g. Annex 5 (Data Protection Background).

Career and experience

3. I am currently NHS England's National Medical Director for Mental Health and Neurodiversity, a role that I have held since June 2024. In this role I support the transformation of services for mental illness, and those in relation to autistic and neurodivergent people and those with a learning disability. Prior to this, I was the President of the Royal College of Psychiatrists ("**RCPysch**") from 2020 to 2023.

4. I was the Senior Responsible Officer for NHS England with regards to the Mental Health Bill, which was presented in Parliament on 6 November 2024 (the "**Bill**"). The Bill proposed several significant changes to the existing Mental Health Act 1983 , aiming to improve support and care for mental health patients. This role included advising the Secretary of State for Health and Social Care, the Mental Health Minister and civil servants on the Bill at various Parliamentary stages and preparing and signing off responses from NHS England in relation to Bill amendments. Now that the Bill has become the Mental Heath Act 2025, I will continue to be involved in the implementation of that Act, starting with the development of the Code of Practice.

5. I have also held various other positions that are of relevant to the Inquiry:

    a. chair of the Programme of Care Board for Mental Health Specialised Commissioning, which is part of the National Programmes of Care that oversee the commissioning of specialised mental health services in England (June 2024);

    b. member of the Cabinet Office Committee Challenge and Review Group for Violent Fixated Individuals;

c. member of the Independent ADHD Taskforce, which was commissioned by NHS England in 2024 as part of a series of measures to address concerns about timely access to diagnosis and support, and the impact of unsupported ADHD on individuals, services and the wider economy;

d. chair of NHS England's ADHD Board and Clinical Reference Group (which brings together senior clinicians with a working knowledge of NHS ADHD care) and a member of the ADHD Delivery Group (since 2025);

e. co-chair of NHS England's Core Task and Finish Group for the Modern Service Framework for Mental Health (July 2025);

f. chair of NHS England's Mental Health Patient Safety Improvement Group. This group exists to translate insight derived from patient safety incidents in mental health services into effective and sustainable improvement in the safety of mental health services, including through improvements to national policy, particularly insight derived from independent investigations and reviews in Mental Health services supported and commissioned by NHS England;

g. chair of the DHSC's Mental Health & Justice Strategic Advisory Group (since April 2025). The group reports regularly to Ministers and is responsible for agreeing a joint work plan to support implementation of the statutory time limit for transfers between prison and hospitals;

h. member of the Global Ministerial Mental Health Summit 2025 Expert Advisory Group which took place in Qatar at the end of September 2025. The theme was "Transforming Mental Health through Investment, Innovation and Digital Solutions";

i. advisor to the Secure Directorate Leadership at Devon Partnership NHS Trust, a role I have held since 3 June 2024, which provides mental health, learning disability and neurodiversity services across Devon and the South West of England;

j. member of the NHS Assembly from 2022 to 2024. The NHS Assembly was established in 2019 to collaborate with the Board of NHS England on the implementation of the NHS Long Term Plan;

k. Board Member of the NHS Race and Health Observatory from 2020 to 2024. The NHS Race and Health Observatory works to identify and tackle ethnic inequalities in health and care by facilitating research and making health policy and recommendations;

l. chair of the NHS England South West Zero Suicide Collaborative from 2014 to 2018. This is a collaborative effort by NHS England, the South West Strategic Clinical Network and South West Academic Health Science Network to reduce suicide rates in the South West region; and

m. Clinical Director for Mental Health, Dementia and Neurology for NHS England South West (from 2013 to 2015 and as an interim from 2012 to 2013).

6. From 2020 to 2023, I was the President of the RCPysch, leading the RCPysch on behalf of its members and associates, and I was also a Council Member for the Academy of Medical Royal Colleges during this time.

7. Prior to this, I was elected as Registrar at the RCPysch and served five years (2015 to 2020). During this time I was the lead for member relations, policy and

communications. I also chaired expert review groups on Integrated Care Systems, Cannabis, Prevent and Learning from Deaths. In addition, I set up the Quality Improvement Committee and Workforce Wellbeing Committee at the RCPysch.

8. I acted as the founding Chair of the School of Psychiatry at the Peninsula Deanery (for Postgraduate Medical Education in the South West) from 2006 to 2008 and the Chair of the South West Division of the RCPysch from 2007 to 2011.

9. I was also appointed Chair of the Westminster Parliamentary Liaison Committee of the RCPysch in 2010 and attended the Conservative, Labour and Liberal Democrat party conferences from 2011 to 2014 in this capacity.

10. I have also acted as a reviewer and clinical expert for the Care Quality Commission and its predecessor organisation, the Healthcare Commission. I sat on a number of clinical governance reviews in relation to mental health provider organisations including the Care Quality Commission's investigation into West London Mental Health NHS Trust published in July 2009 which identified serious safety concerns at Broadmoor Hospital and recommended its redevelopment **[WITN0365002]**.

11. Prior to this:

    a. I trained at Guy's Hospital, London between 1980 and 1985, before undertaking the Guy's rotational training scheme in psychiatry between 1986 and 1990;

b. I then completed the Southwestern Region Higher Training Scheme in Forensic Psychiatry between 1990 and 1994;

c. I was a Consultant Forensic Psychiatrist at Langdon Hospital in Dawlish, Devon (1994 to 2024) where I worked with people experiencing some of the most severe mental illnesses and disorders, most of whom had been convicted of serious crimes. I have experience of working in conditions of medium and low security, open wards and in the community; and

d. I was also the first Medical Director of Devon Partnership NHS Trust from 1 April 2001.

12. I am a medical doctor with a Bachelor of Medicine, a Bachelor of Surgery, and a Master of Science in Criminology, and a Diploma in Medical Management. I have been a Member of the RCPysch (MRCPsych) since 1989. I am also:

a. a Fellow of the Fellow of the Royal College of Psychiatrists (2007);

b. a Fellow of the Royal College of Physicians of Edinburgh (2018);

c. an honorary Member of the Faculty of Public Health (2022);

d. an honorary Fellow of the Royal College of General Practitioners (2022);

e. an honorary life member British Indian Psychiatric Association (2023);

f. an honorary Fellow, World Association for Social Psychiatry (2023);

g. an honorary member of the World Psychiatric Association Honorary (2023); and

h. an honorary Fellow of the Royal College of Psychiatrists (2024).

Reflections

13. After careful reflection on the tragic events of 13 June 2023, I have outlined my observations together with additional considerations below.

14. In 2015, I participated in the procurement of an independent Commission by the RCPysch, in response to concerns regarding the availability of acute inpatient psychiatric beds and the adequacy of alternatives to admission for patients. The Commission was chaired by Lord Nigel Crisp, former Chief Executive of the NHS in England. The final report "Old Problems, New Solutions: Improving acute psychiatric care for adults in England" was published in February 2016 **[WITN0263130]**.

15. The Report recommended that the action was needed to stop further out of area acute admissions. Although the NHS has, over the past decade, sought to reduce inappropriate out of area placements, it is my considered view that additional measures remain necessary to fully eliminate such occurrences. For the avoidance of doubt, out of area placements are not inappropriate:

    a. in times of emergency, for example where it is necessary to send someone elsewhere due to it being unsafe for them to be admitted locally such as due to building issues or disease outbreak (as may happen during an epidemic or a pandemic);

    b. where there are safeguarding or local risk reduction requirements; or

    c. where specialist care is needed that can only be provided in a specialist unit (in the same way as physical health conditions sometimes necessitate transfer to a specialist hospital).

16. The involvement of a patient's family and carers is crucial to the management of patients, and this requires a fundamental shift in how we develop services that engage with families. Maintaining effective support from families and carers becomes significantly more challenging when patients are subject to inappropriate out of area placements.

17. Family and carer involvement should be embedded within the patient care pathway from the outset, except where the patient expressly declines such engagement. Incorporating family members, carers, and, where appropriate, the patient's wider social network, reflects a genuinely person-centred approach to mental health care. The evidence base supporting these models continues to develop, including the Open Dialogue approach, originally pioneered in Finland and currently undergoing trials within the NHS **[WITN0365003] [WITN0365004]**.

18. Service design needs to consider not only the immediate crisis response, but the ongoing treatment, recovery and rehabilitation of the patient. This requires a multi-factorial response from the acute crisis and early intervention through to assertive outreach, using a holistic and person-centred approach. Services need to be evidence based and need to consider the patient journey as a whole, crisis and early intervention are only the start of that journey.

19. To avoid a recurring cycle of crisis intervention, it is essential that patients with severe mental illness receive assertive outreach to ensure sustained engagement with services including recovery and rehabilitation services. Early intervention and assertive outreach typically lead to better outcomes. Where the full care pathway is unavailable, pressure is placed on inpatient capacity,

potentially resulting in inappropriate out of area placements. This increases the likelihood of further admissions that might otherwise have been preventable, although it must be acknowledged that re-admission may still be necessary in certain cases.

20. To support improve service delivery we need to consider training, and importantly training for system awareness and more difficult high stress compromise situations where a service may not be available at that particular time.

21. We also need to ensure that confidentiality does not inadvertently become a barrier to information sharing across agencies.

22. Finally, and in relation to the preparation of reports and recommendations, it is essential to consider both the framing of proposed actions and the mechanisms by which the system consolidates recommendations and lessons learned, ensuring their translation into operational improvements. Where learning arises from a single incident and results in changes, those changes must be evaluated for applicability across the entire system.

23. While NHS England, through the Mental Health Patient Safety Improvement Group, now provides a forum for collating such learning, it remains necessary to ensure that investigative recommendations are formulated in a manner which enables them to be implemented and/or makes clear where it will require investment or significant policy change. We need to ensure that recommendations are themed, prioritised and disseminated to the parts of the system where change is necessary (e.g., commissioning, service provision,

clinical intervention) and is received into a learning and continuously improving culture.

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: 19 January 2026

Index to First Witness Statement of Dr Adrian James

No.	URN	Document Description
1	WITN0310001	First Witness Statement of Dale Bywater, on behalf of NHS England, dated 8 December 2025
2	WITN0365002	Care Quality Commission investigation into West London Mental Health NHS Trust, dated July 2009
3	WITN0263130	Old Problems, New Solutions: Improving acute psychiatric care for adults in England, dated February 2016
4	WITN0365003	RCPS Person-centred care: implications for training in psychiatry, dated September 2018
5	WITN0365004	The ODDESSI Trial [website]