The Nottingham Inquiry

First Witness Statement of Mr Andrew Johnston

I, Andrew Johnston, will say as follows: -

Introduction

1. I am a Registered Mental Health Nurse. I was commissioned in February 2024 by the Care Quality Commission ("CQC") as a clinical reviewer to contribute to the CQC's s.48 report titled 'Special review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust' (the "CQC Review") and I make this statement in relation to this role.
2. This witness statement is made to assist the Nottingham Inquiry (the "Inquiry") with matters set out in the Rule 9 Request dated 16 January 2026 (the "Request").
3. I would like to express my sincere condolences to the families of those who tragically lost their lives and confirm my commitment to assist the Inquiry so that lessons can be learnt.

Career and role

4. My full name is Andrew Scott Johnston.
5. I am a senior mental health clinician, clinical leader, and national advisor with over three decades of experience across the NHS, the independent sector, and national policy and improvement programmes. My career has focused on the leadership,

governance, redesign, and assurance of complex mental health services, particularly those operating in high-risk, high-acuity, or systemically pressured environments.

6. I am a Registered Mental Nurse, qualifying in 1991 and have held senior clinical director and operational leadership roles within the NHS and independent sector, with responsibility for large, multi-service adult mental health and forensic care systems. In these roles, I provided clinical leadership across both community-based and inpatient pathways, with accountability for quality, safety, medical leadership, governance, and service transformation. My work has included leading large-scale pathway redesigns, improving regulatory compliance, strengthening governance systems, and addressing long-standing cultural and performance challenges, often in collaboration with commissioners, partner agencies, and national stakeholders.
7. As a Clinical Director, I was responsible for complex service portfolios with substantial budgets and workforce groups, and played a central role in integrating clinical, operational, and governance perspectives to deliver sustainable improvement. I am particularly experienced in working at the interface between frontline care, senior management, and external scrutiny, and in supporting services through periods of significant organisational change.
8. In the independent sector, I held senior leadership roles including Hospital Director and Registered Manager, where I developed and stabilised specialist mental health services, delivered financial recovery alongside quality improvement, and led service expansion and redesign. These roles required strong regulatory leadership, commercial awareness, and the ability to deliver safe and effective care in challenging operational contexts.
9. Since 2014, I have supported mental health providers, commissioners, national bodies, and regulators as a specialist consultant and reviewer. My work includes

whole-system service reviews, governance and compliance assurance, quality-improvement programmes, executive coaching, and the investigation of serious incidents, patient deaths, and organisational failures. I have participated in numerous high-stakes investigations, including whistleblowing and legacy matters, and am recognised for my rigorous, independent, and system-focused approach.

10. A significant strand of my work has involved supporting services that are under regulatory, reputational, or operational pressure, helping organisations to understand root causes of failure and to implement practical, sustainable improvements. I have also undertaken due-diligence and assurance work in the context of service acquisition and major system change.

11. At a national level, I have had sustained involvement in policy development, standards setting, and professional leadership. I have held executive responsibility within the National Association of Psychiatric Intensive Care Units, contributed to the development of national quality and accreditation frameworks, and worked closely with regulators and arm's-length bodies as an expert clinical advisor. My work has influenced national approaches to quality, safety, restrictive practice, and governance within mental health services.

12. I have also contributed extensively to professional education and knowledge development, including teaching and training, peer-reviewed publications, editorial board memberships, and national and international conference presentations. My professional interests include clinical governance, risk management, leadership in complex systems, trauma-informed care, and reducing restrictive and coercive practices.

13. Across my career, I have developed a reputation as a credible, thoughtful, and independent clinician-leader, able to operate effectively at service, system, and

national levels. My work is underpinned by a strong commitment to patient safety, ethical practice, staff development, and meaningful service user and carer involvement, and by a consistent focus on translating learning from investigation, regulation, and practice into tangible service improvement.

14. I confirm that the document exhibited here as CQCM0006082 is my CV, and is that which I provided to the CQC in February 2024.

The CQC Review

15. My initial contact in connection with the review was with Chris Dzikiti. I have known and worked with Chris for a number of years and we were attending a meeting of the National Association of Psychiatric Intensive Care Units (NAPICU) together when he approached me about doing some review work for CQC.

16. I was then contacted by Jenny Wilkes by email on 5 February 2024 (CQCM0006131) which set out the terms of the work that I was being asked to do. In this same document I responded to her to say that although the review was aligned with my experience, I would decline the invitation to do so as I could not reconcile the nature and quantity of work with the expected timeframe to complete it.

17. I had a subsequent call with someone from CQC (although I cannot recall with whom) and I was informed that there would be a number of other reviewers undertaking the work alongside me and the timeframes would be revisited. I had not known that at the time of the initial contact and on the basis that I was not expected to undertake all of this work alone, and the expected timeframe revision, I confirmed that I would accept the invitation which is acknowledged in Jenny Wilkes's email to me dated 8 February 2024 (CQCM0006441). Document CQCM0009849 includes an email thread from Evan Humphries at CQC setting out how to access the relevant records in Egress and a discussion about downloading the first batch of files for review.

18. I am asked whether document CQCM0006060 was shared with me at the time. I cannot recall seeing this document, although it does include in the bullet points on page 2 of that document the terms of reference upon which I was being asked to work.
19. Document CQCM0006131 contains the terms of reference for my review, as set out in the email sent to me by Jenny Wilkes on 5 February 2024. I do not recall receiving any other documents that formally set out or amended the scope of my review.
20. During the period between 9 and 23 February 2024, I recall participating in a number of Microsoft Teams calls with CQC colleagues and with the other clinical reviewers. These discussions were operational in nature and focused on progress updates, emerging findings, practical challenges in reviewing the records, and any issues that required clarification or urgent attention. They did not involve revising or expanding the agreed terms of reference.
21. In addition, there were some limited communications via WhatsApp, which were used for practical or logistical matters related to the conduct of the review rather than for substantive discussion of scope, methodology, or findings.
22. The purpose of the review of the benchmarking cases was to examine those notes and identify areas where there had been omissions or areas of concern. The medical records in the 10 benchmarking cases covered the period April 2020 – February 2024.
23. The records to be reviewed were provided to me by CQC via Egress. I understand that the records for the 10 cases came from Nottinghamshire Healthcare NHS Foundation Trust and related to 10 of their patients who were receiving care in similar community mental health services to that of VC. I am not aware of the process to identify the 10 cases.
24. I asked to see, and was provided with, the Nottinghamshire Healthcare NHS Foundation Trust 'Early Intervention in Psychosis Service Operational Policy'

(CQCM0009938). I did not have access to any other policy documents or information/records from policing bodies.

25. I did request a further document in connection with an additional benchmarking case outside of the original 10 cases. I asked to see a copy of the Trust's Serious Incident report related to the additional case, but my understanding is that the investigation in that particular case was halted as there was an ongoing police investigation. I believe Des McMorrow may have completed the review of that particular case as I had other commitments which meant that I did not have time to do so.

26. The reviews of the 10 benchmarking cases were undertaken by myself and one other reviewer, Des McMorrow. We split the 10 cases evenly between us; 5 patients each at random. It was between us as reviewers as to how we would split the cases for review.

27. A template was provided by CQC for the purpose of recording the review. However, I found that most of my time was being taken up attempting to complete the work within the confines of the template. I agreed with Des McMorrow and with CQC that we would not follow the template and instead record where there was deviation from good practice or policy, or concerns and omissions which we would then categorise as either major or minor.

28. I confirm that documents CQCM0009981, CQCM0010466, CQCM0010467, CQCM0010579, and CQCM0010706 are the notes that I made in relation to the cases that I reviewed.

29. I am asked to review document CQCM0010654. I did not create this document, but it appears that it includes a copy of a summary of some of the cases I reviewed. The summary that I created is exhibited with this statement [WITN0399002].

30. I received access to the draft CQC Review on 15 May 2024 but was unable to comment at the time.

31. I did not have oversight of how my findings were synthesised into the CQC Review. While sections of the report reference the benchmarking cases to reinforce processes or highlight instances that compare to VC's situation, I cannot verify whether all material concerns from my notes were fully incorporated.

32. I am unable to say whether the CQC Review accurately reflects my findings. My role in the review was not to undertake a comparison or a thematic review, but to provide CQC with notes on the benchmarking cases and highlight areas of clinical or operational concern where practice standards were not met. I was not tasked with looking at trends or themes.

Recommendations

33. I would like to say the following in regard to recommendations to the Inquiry.

34. I recognise the exceptional time pressures under which this review was commissioned, future reviews of comparable scope and complexity should be allocated sufficient time to enable clear communication, thorough analysis, and proper understanding of findings by all relevant stakeholders.

35. It is also important to appreciate the effect on clinicians doing their everyday jobs while large scale investigations are conducted and it is therefore crucial that those investigations are carried out with compassion and understanding. It is equally important to highlight good clinical practice where it is found, not just those areas where it has fallen below the required standards.

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:

Dated: 10 February 2026

Index to First Witness Statement of Andrew Johnston

No.	Inquiry URN	Document Description
1	CQCM0006082	Curriculum Vitae and Profile of Andrew Johnston dated January 2024
2	CQCM0006131	Email from Jenny Wilkes to Christopher Dzikiti and Greg Rielly, re: FW: CQC – Clinical Expert request
3	CQCM0006441	Email from Jenny Wilkes CQC to Andy Johnston cc Evan Humphries Re: Clinical Expert Request
4	CQCM0009849	Email from Andy Johnston to Evan Humphries, Care Quality Commission re: Access to CQC Information
5	CQCM0006060	Medical Report, re: S48 commission for a special review of Nottingham Mental Health Services
6	CQCM0009938	Policy Document, Re: Early Intervention in Psychosis Service Operational Policy, NHFT
7	CQCM0009981	Medical records from 12/02/24, NHFT re Patient Presentation and Risk Assessment
8	CQCM0010466	Report dated 13/02/2024, compiled by Andy Johnston, Re: Record review for NHFT patient
9	CQCM0010467	Medical records from 22/06/2022 to 16/02/2024, CRHT County South EIP South AMH, Re: Summary of Patient Presentation
10	CQCM0010579	Medical Form for Summary of patient presentation
11	CQCM0010706	Medical Report dated 19/02/2024 by Andy Johnson, CQC, re: Summary of patient presentation
12	CQCM0010654	Medical records of multiple patients, re summary and assessment of findings and treatment
13	WITN0399002	Notes for verbal feedback call with CQC, compiled by Andy Johnston