Witness name: Dr Jon Van Niekerk
Statement No: WITN0326001
Date: 8 January 2026

THE NOTTINGHAM INQUIRY

FIRST WITNESS STATEMENT OF DR JON VAN NIEKERK

I, **Dr Jon Van Niekerk,** of Cygnet Health Care Ltd, 18 Kings Hill Avenue, Kings Hill, West Malling ME19 4AE will state as follows:

INTRODUCTION

1. I am a Consultant Psychiatrist and serve as the Group Clinical Director at Cygnet Health Care ('Cygnet'). I am approved for the purpose of Section 12 (2) of the Mental Health Act of 1983 ('MHA'). I have been a qualified medical practitioner since 2002 and I have been working in Psychiatry since 2004. I obtained my membership of the Royal College of Psychiatrists in 2007 and I obtained a Certificate of Completion of Training (General Psychiatry) in 2010. I completed the NHS Graduate Management training with an MSc in Public Health Leadership in 2012.

2. I have been working as a Consultant Psychiatrist in General Adult Psychiatry in the NHS and Independent sector since 2010. I have held various medical management roles within the NHS and independent sector since 2012. I was awarded Fellowship by the Royal College of Psychiatrists in 2019. I have held my post as the Group Clinical Director for Cygnet Health Care since January

2020 and am the current national chair for the General Adult Faculty of the Royal College of Psychiatrists. I was appointed as Cygnet's Caldicott Guardian when I took up the post as Group Clinical Director. I obtained an Executive MBA (Healthcare) from the University of Warwick (Warwick Business School) in 2024.

3. In my role as Group Clinical Director, I am responsible for the clinical governance, clinical strategy and the professional oversight of all Medical, Psychology and Allied Clinical professionals operating across a nationwide network of hospitals and services. I am duly authorised to make this statement on behalf of Cygnet.

4. I make this statement following a request for a witness statement by the Nottingham Inquiry, by letter dated 16 June 2025. The Inquiry Team require Cygnet to produce a witness statement, setting out all interaction or dealings Cygnet had with Mr. Valdo Calocane ('VC'), along with the matters as set out in the Annex to the Inquiry's letter dated 16 June 2025.

5. The facts and matters set out in this statement are within my own knowledge, unless otherwise stated, and I believe them to be true. Where I refer to information supplied by others, the source of the information is identified; facts and matters derived from other sources are true to the best of my knowledge and belief. I make this statement in my capacity as the Group Clinical Director. I note that the Nottingham Inquiry's terms of reference are to investigate circumstances that led to VC killing three people and seriously injuring three other people on 13 June 2023. I was not directly involved in the care of VC when he was admitted to

Cygnet Victoria House between 11 September 2021 and 01 October 2021. The Responsible Clinician ('RC') and the Consultant Psychiatrist for VC during his care at Cygnet Victoria House was Dr Kalina Shoilekova. Dr Shoilekova is no longer working for Cygnet.

6. At the outset I wish to express my sincere condolences to the families of VC's victims, and every sympathy to those injured by his actions on 13 June 2023.

Cygnet

7. Cygnet is one of the largest independent providers of mental health care in the United Kingdom. Cygnet was established in 1988 and provides a wide range of health and social care services for young people and adults with mental health needs, acquired brain injuries, eating disorders, autism and learning disabilities within the UK. Cygnet is a recognised inpatient services provider for the National Health Service (NHS).

Cygnet Victoria House

8. Cygnet Victoria House is a 26-bed mental health inpatient service for men, based in Darlington, Durham. The service, split across two wards, provides inpatient care for men who are experiencing an acute episode of mental illness and require an emergency admission. The hospital has two wards, one is an Adult Psychiatric Intensive Care Unit ('PICU') and the other an Adult Acute Unit.

9. VC was admitted to Albert Ward ('PICU') at Cygnet Victoria House from 11 September 2021 until 1 October 2021, when he was transferred to Priory Hospital Arnold, a step-down to an acute service closer to his home in Nottingham. Albert

Ward is a 9-bed male PICU which accepts emergency and crisis admissions. The service is aimed at providing intensive, short term care to men who are detained under the MHA.

10. There has been no material change to the services provided at Cygnet Victoria House since 2021. The CQC has conducted two inspections of Cygnet Victoria House since 2021 (published 18 October 2022 and 5 September 2024) [WITN0326003 and WITN0326004]. On both occasions Cygnet Victoria House was rated as good overall. Another focused inspection that took place on 21 April 2021 [WITN0326002] did not rate the service, as the service type had changed since a previous inspection in October 2018 (from 8-bed acute and 22-bed rehabilitation wards to 17-bed acute and 9-bed PICU wards). The report from this inspection noted concerns that the ward environments were impacting on patient safety and that governance processes did not always ensure ward procedures ran smoothly (referencing errors in documentation). However, the report considered the ward environments were safe and clean, adequately staffed, and staff managed risk well and minimised the use of restrictive practices. I note that building work was taking place at the time of the focused inspection in April 2021 and the subsequent full inspection by the regulator on 18 October 2022 rated Cygnet Victoria House as good overall.

11. In September 2021, referrals could be made direct to Cygnet hospitals or via a central referrals team who at the time processed referrals to all PICU and Acute hospitals through the below process:

- A telephone call or email received from the funding authority, in this case Nottingham Healthcare NHS Foundation Trust ('the Trust') bed management team, is directed to Cygnet's central hub team to discuss bed availability, prioritising those sites closest to the patient's home. Cygnet is recognised as a national partner to the NHS and delivers services in areas where the NHS may experience capacity challenges. With a comprehensive range of services across the country, Cygnet aims to provide beds located as close as possible to each patient's home. All placements are overseen by the relevant NHS commissioning body and require approval from the referring clinician. Certain funding authorities have entered into block-booked contracts with Cygnet services to minimise reliance on out-of-area placements. However, if an out-of-area placement is the only available option, it may occasionally be unavoidable.
- The referrals team would then request a standard list of documents inclusive of but not limited to: A Cygnet referral form, an up-to-date risk assessment, the last 7-days of clinical notes (if they exist), medication chart, section papers if applicable and a signed funding agreement. There are no restrictions to what health information Cygnet can access in relation to any NHS patient, as Cygnet will be responsible for the patient's care. Likewise there is no limit to the access to those records generated by Cygnet, for those involved in the NHS patient's care (e.g. the community team etc.). Cygnet does not and did not have direct access to NHS clinical information and we are currently reliant on our NHS colleagues providing us with the relevant information.

- On receipt of clinical information this is then sent to the unit that has been identified as most suitable. The clinical team at site then review and make a decision on whether they are able to admit the patient or alternatively ask for any additional clinical information to inform that decision.

12. A copy of the referral procedure for PICU/Acute services in 2021 which outlines the process in more detail at the time of VC's admission is found at [CYGN0000121]. In addition a copy of the Referrals Policy for Adult Services is at [CYGN0000132], and the Admissions in Healthcare Services' policy is at [CYGN0000135], both of which were in place in 2021.

13. Upon patient admission, Cygnet will provide the referring NHS commissioning body with weekly updates, including ward round minutes or notes for each patient. Typically, individuals involved in the patient's care, such as care coordinators, home teams, and family members, will be invited to participate in the ward round, either in person or remotely via Microsoft Teams as appropriate, and will be granted access to relevant records. This ensures their active involvement in decision-making alongside the wider multidisciplinary team (MDT). Should any significant developments arise during the interim, such as incidents, safeguarding concerns, or substantial changes in presentation, the referring commissioning body and relevant stakeholders will be promptly informed and consulted. The referring NHS body can request temporary access to all patient records but that is unusual on a PICU given that the patient is not usually admitted to PICU for long periods of time.

14. As Cygnet's Caldicott Guardian I have responsibility for ensuring that service user's confidentiality is protected and that information is shared appropriately. A Caldicott Guardian's role includes ensuring that personal information of service users is used legally, ethically and appropriately. The need for confidentiality extends beyond service users but also to other individuals, including service user's relatives, staff and others. A copy of Cygnet's Data Sharing Policy and Agreements, which covers the sharing of confidential data either with the individual's express consent or as a result of a legal/statutory requirement is attached at [CYGN0000136]. I also attach the Data Protection Confidentiality and Access to Records policy [CYGN0000137]. In circumstances where a service user has capacity and objects to sharing information, for example, with family or carers, that decision will be respected unless there is some risk of harm to the service user or others, or some legal/public interest reason to disclose. In circumstances where consent is withheld, the risks and benefits of disclosure must be weighed with input from those involved in the patient's care, in particular the MDT and the community team/NHS Trust. Attached is a copy of Cygnet's Family and Carer Involvement policy [CYGN0000117]. Likewise, if the service user lacks capacity, decisions regarding the sharing of patient information should be guided by an assessment of what is in the individual's best interests, in accordance with the Mental Capacity Act. Carers and families have access to the carers advocacy service, which offers information regarding rights, available support, and independent advocates. These advocates assist patients in expressing their views and help ensure that their voices, opinions, and experiences are fully acknowledged by our services.

15. I attach a copy of the Transfer and Discharge Policy which was in place in September 2021 [CYGN0000139]. This Policy helps ensure that individuals in Cygnet's care, parents/carers, placing authorities/funders and other interested parties are fully involved in the transfer and discharge arrangements. The transfer/discharge notification helps to convey information within 24 hours to the receiving team and this is followed by a more comprehensive discharge summary, which should be received by the treating team within 10 working days.

16. Cygnet has collaborated, and continues to collaborate, with commissioners and the home teams for each patient, actively promoting shared decision-making in discharge planning. Cygnet ensures that there is clinical follow-up and appropriate referrals made to the relevant NHS bodies if a patient is being discharged back to the community (which wasn't the case with VC's transfer to another inpatient unit). When the commissioner submits a repatriation request or requests a referral to an alternative service provider, Cygnet must comply if the referred provider offers the same level of care as the existing Cygnet placement; for instance, the transfer of a patient from a Cygnet PICU to an NHS PICU or another private PICU provider. However, if the commissioner proposes a change to a different level of placement—such as transferring a PICU patient to an acute bed with an alternative provider—the responsible clinician discharging the patient must agree that stepping down the security level is both safe and appropriate.

17. Attached is a copy of the Acute/PICU Clinical Model of Care [CYGN0000140]. This is the relevant Model of Care which was in place at the time of VC's admission and sets out the standard care pathway, including information

gathering, induction, formulation of care plans and multidisciplinary team ('MDT') reviews amongst other matters.

VC

18. VC was referred to Cygnet by the Trust. A copy of the referral along with other information provided is attached [CYGN0000141]. The referral states that it was made on 3 September 2021 at 21.00 (a Friday evening). The referral confirmed VC was a University student who was known to mental health services under the Early Intervention Team. VC had a diagnosis of schizophrenia and was admitted directly into seclusion at the Cassidy suite, due to the level of aggression he was presenting with.

19. The reason for VC's admission to hospital was that he was non-concordant with antipsychotic medication and was presenting with relapse of psychosis without insight. VC had attended a neighbour's flat to confront him about voices he was hearing and when police subsequently attended, VC was noted as '…extremely antagonistic towards healthcare staff'. The referral identified a risk of serious physical assault to healthcare staff and the interventions implemented referenced the use of '… *CS gas and repeated firing of Tazers to subdue him sufficiently to be removed to the Cassidy Suite (place of safety), and mechanical wrist and ankle restraints to transport him even after being CS gassed and tazered*'. It is understood that VC seriously assaulted a police officer by punching him in the face. VC was subsequently detained on Section 2 (s2) of the MHA at the Cassidy Suite, Highbury Hospital, Nottingham. Treatment objectives were recorded as being to re-establish antipsychotic medication in an environment adequately

resourced to manage his level of aggression. Secure transport was required to facilitate his transfer.

20. In addition to the referral dated 3 September 2021, the Trust thereafter completed and returned Cygnet's referral form dated 4 September 2021 (timed at 14:40 and included in [CYGN0000141]). This confirmed that VC accepted oral haloperidol medication but that this would be administered IM (intra-muscular) if he refused. The documents provided with the referral also confirmed that VC was known to mental health services since 2020 and when unwell he had forced entry into his neighbours' properties under the influence of his psychotic experiences in the past. He had previously been detained on two occasions in 2020 and this was his third relapse. On one of these previous occasions he had entered into another resident's home whilst experiencing distressing auditory hallucinations; the female resident had jumped out of the window in fear causing herself severe injuries and requiring surgery on her back.

21. I note that Cygnet Victoria House initially declined to accept the referral on 4 September 2021 and again on 6 September 2021 following re-referral, with the reason given that at that time the staff on the ward were predominantly female nursing staff and the level of aggression exhibited when detained was such that they may not have had capacity to manage VC's extreme aggressive behaviours. However, I note that following further re-referral on 9 September 2021 (after VC was out of seclusion), the Trust were asked by the Cygnet Referral Team to try referring again on 10 September 2021 given Cygnet Victoria House needed to assess another patient due in on 10 September 2021 first. It appears that the

team had a discussion with the Cassidy Suite and given VC's more settled presentation it was felt that he could be managed safely and VC was then accepted and admitted to Cygnet Victoria House on 11 September 2021.

22. On admission on 11 September 2021, VC presented with delusional and paranoid beliefs. He was assessed as lacking capacity to admission to hospital and consent to treatment by the on-call doctor, Dr Abuah who completed the Admission Assessment – Adult form [CYGN0000122]. VC was placed on intermittent observations of 4 checks in an hour. On admission the risk assessment noted VC to be moderate risk of: harm to others; medication compliance; and absent without leave ('AWOL'). This remained the case throughout VC's admission save that AWOL was reduced to low following successful escorted Section 17 (s17) MHA leave, which was utilised regularly. During the patient review meeting on the day of admission, it was noted that VC would need a relapse prevention plan *"… possibly discuss depot with history of non-compliance, partial insight and risk of education disruption"* [CYGN0000122]. A care plan was initiated on 11 September 2021 and updated throughout admission [CYGN0000024].

23. The first ward round on 14 September 2021 was attended by RC Dr Shoilekova, Dr Tania Engel (Speciality Doctor), Nieve Raw (Nurse) and occupational therapist ('OT'), Katie Metcalfe **[CYGN0000050, pp24&25]**. It was noted on examination that VC was disclosing systemised delusion of conspiracy and persecution, linked with the content of auditory hallucination and passivity phenomenon (a type of psychotic symptom where an individual feels that their

thoughts, actions, or feelings are being controlled or influenced by an external force or agent, rather than being a product of their own will). VC was said to completely lack insight and the diagnostic impression was consistent with a diagnosis of Paranoid Schizophrenia. It was noted that VC did not think he should be in hospital and wanted to appeal his section. He asked for leave to visit the barbers and one-off section 17 MHA escorted leave was granted by the Responsible Clinician, but it was explained to him that if he attempted to abscond, it would be reported to the police.

24. The dose of haloperidol (antipsychotic medication) was increased and VC was content with this. A Record of Capacity and Consent to Treatment Interview – Detained Patients form was completed at this first ward round confirming VC lacked capacity. The assessment stated that he lacked insight, did not accept the need for treatment and was unable to evaluate the advantages and disadvantages of receiving treatment for mental disorder in the context of his best interests (a copy of which is attached) [CYGN0000123].

25. Initially VC declined to attend therapy sessions and 1:1 nursing sessions. However, on 15 September 2021, VC attended a 1:1 Occupational Therapy session with Katie Metcalfe **[CYGN0000050, p21]**. VC was noted to be settled on the ward and asked whether he could be transferred to Victoria Ward (acute ward) once he was ready for step-down. Ms Metcalfe explained that the plan would be for him to move to an acute ward closer to his home, which VC accepted. VC was pleasant and appropriate throughout the session. VC expressed positive hopes for the future including pursuing a career in

engineering but had poor insight into his mental health and the need for medication, although he informed Ms Metcalfe that he was willing to continue to take his oral medication in the community.

26. On 15 September 2021, VC was escorted on s17 leave for a haircut, which proceeded without incident. VC was noted to be pleasant and polite with both staff and peers.

27. At the Multi-Disciplinary Meeting (MDT) meeting on 16 September 2021, observation levels were decreased to two checks an hour, given that VC had not been involved in any incidents, had been compliant with medication and had utilised s17 MHA escorted leave without issue **[CYGN0000050, p19]**]. Further s17 MHA escorted leave took place later that day without issue. In addition a Nursing Report was completed by registered mental health nurse ('RMN') Conor Turner-Jones on 16 September 2021 which confirmed that VC was in contact with his parents and that his Care Coordinator ('CCO') in the community was Claudia Birtles [CYGN0000017]. Whilst showing some improvement in mental state, it was the nursing team's view that VC continued to have little insight and an early discharge could lead to a rapid decline in his mental state. The team's view was that next step would be to step-down to an acute setting. RMN Turner-Jones noted that if discharged, VC would require close monitoring and intervention with his community mental health team ('CMHT') to ensure concordance with medication.

28. On 17 September 2021, Dr Shoilekova completed the RC's Report for the purposes of the tribunal hearing, which recommended continuation of the section [CYGN0000124]. At that stage Dr Shoilekova stated that limited psychiatric history was available in terms of previous admissions, despite attempts by the team to secure previous discharge summaries. However it was noted that after discharge from his second admission at the end of July 2020, VC was reportedly doing well, had deferred his university course, was in employment and was engaging with the CMHT and taking his medication until August 2021. It appeared that when he stopped taking his medication, his mental disorder began to relapse and VC had approached the previous hospital where he had been admitted and was redirected to the community team. Several attempts were made to reassess him in the community without success until a warrant for his arrest under s135 MHA was issued. Dr Shoilekova confirmed that it was her view that VC suffered from Paranoid Psychosis of a relapsing and remitting nature, to a degree requiring treatment in hospital. Amongst other matters, Dr Shoilekova stated that VC would most probably in the longer term benefit from depot antipsychotic medication but that if discharged at that time, he would be unlikely to comply with the recommended treatment regime and would not engage with community services.

29. In addition on 17 September 2021 the CCO Claudia Birtles had completed the Social Circumstances Report for the Tribunal hearing, a copy of which is attached [CYGN0000125]. Ms Birtles provided more information of VC's previous involvement with mental health services prior to his admission to Cygnet Victoria House. VC was assessed under the MHA in May 2020 after being arrested for

criminal damage (VC had tried to gain entry to a neighbouring property). He was seen by the Criminal Justice Liaison and Diversion ('CJL') Team and presented with symptoms of psychosis. VC was assessed under the MHA on 24th May 2020 and was agreeable to home treatment. VC returned home that evening however was arrested again later that evening after breaking down a neighbour's door and gaining entry, causing the neighbour to flee by jumping out of the first floor window. VC was detained on a Section 2 of the MHA and admitted to hospital on the 25th May 2020 and discharged on 17th June 2020. VC was followed up by the Crisis Team and referred to the Early Intervention in Psychosis (EIP) Team for on-going mental health support in the community.

30. Ms Birtles' report further stated that on the 14th July 2020 Police were contacted by residents of a flat near to VC's. VC had been banging on the door and when someone opened it, he immediately forced his way in, attempting to push past the resident. He was restrained on the floor by a number of residents until Police arrived. Street Triage attended and VC was placed on a Section 136 MHA and transferred to the Cassidy Suite. VC had stopped taking his medication following his discharge from hospital in June 2020, believing he was well and that he did not have mental health problems. VC was not willing to go into hospital voluntarily and his insight was poor, he was detained on a section 3 MHA and admitted to Highbury Hospital. VC was discharged from hospital on the 31st July 2020 and was referred to the Crisis Team for two weeks of medication concordance monitoring. VC remained under the care of the City South Early Intervention in Psychosis (EIP) team (CCO Claudia Birtles).

31. On the 29th July 2021 VC had been contacted by the CJL Team and offered a conditional caution following the arrest for criminal damage on the neighbour's flat prior to his admission in May 2020. VC had been offered three sessions with the CJL Team as part of the conditional caution however VC declined, choosing to contest the criminal damage charge in court. On the 31st August 2021 a MHA assessment was requested due to concerns that VC was relapsing. Two attempts were made to assess VC however he did not appear to be at the property or wasn't answering the door. A warrant was obtained and section 135 MHA executed at the property on 3 September 2021.

32. In her Social Circumstances Report to the Tribunal dated 17 September 2021, Ms Birtles confirmed that VC would continue to remain on the EIP Cluster 10 Pathway following any discharge from hospital until June 2023 (the service being commissioned for 3 years), at which point he could be referred to the Local Mental Health Team as necessary. Ms Birtles stated that VC would be offered weekly support following any discharge and could be referred to the Crisis Resolution Home Treatment team (CRHT) to closely monitor medication concordance, amongst other matters. On discussion with Ms Birtles on 17 September 2021, VC had said that he may agree to depot medication depending on side effects and that it would be easier than taking oral medication every day. Ms Birtles concluded that further assessment in hospital would be appropriate with step down from the PICU to an acute ward when indicated. She noted that this was VC's third admission to hospital following non-concordance with medication, there was a risk that this would occur again and expressed concern that VC did not consider medication necessary and remained lacking in insight to his condition.

33. VC completed a sensory safety plan with the OT, Katie Metcalfe, on 17 September 2021 a copy of which is attached [CYGN0000126]. Whilst unable to identify triggers to his behaviours/deterioration, he was able to recognise that he could become agitated and argumentative. It was noted that listening to music and participating in exercise were crisis prevention strategies.

34. Further s17 MHA escorted leave took place on 18 and 19 September 2021 without incident. VC remained pleasant, concordant with prescribed medications with no signs of agitation or risk behaviours.

35. At the MDT meeting on 20 September 2021, due to VC's settled presentation with no evidence of risk behaviour, it was agreed to reduce his observations to general observations (once an hour).

36. At ward round on 21 September 2021, CCO, Claudia Birtles was present remotely (via Teams). Ms Birtles did not think that VC had ever recovered to premorbid levels of functioning following his last discharge from hospital, given he was superficial in contact, blunted in affect and was hearing voices, although these were not concerning him. At this stage the possibility of depot medication was discussed given concerns that whilst compliant with medication when admitted to hospital, there was ongoing concern that he would not be compliant in the community. It was noted that the first tier tribunal had been arranged in two days' time and that s3 MHA should be considered thereafter. The team was of the view that depot medication should be considered if detained under s3 MHA. Attached is a copy of the entry in the notes [CYGN0000127]. In addition the Risk

Assessment on 21 September 2021 after the MDT on that day, confirmed that whilst there had been no incidents since admission, VC remained at moderate risk of harm to others, noncompliance with medication and AWOL related in particular to his lack of insight and refusal to engage with staff.

37. On 22 September 2021 VC was noted as remaining stable in mood and not displaying any risk behaviours. He attended his psychological formulation meeting and engaged during this although gave limited answers. VC could not identify triggers to his mental health issues prior to admission and did not acknowledge that stopping his medication without the support of the community services may have contributed to events leading to his admission. It was apparent that VC lacked insight into both his condition and need for medication. Escorted s17 leave took place without incident.

38. A first tier tribunal was held on 23 September 2021 and the decision was to uphold the detention. VC attended and was reported as calm and composed although blunted in affect. He acknowledged to the Panel that his beliefs of 'psychotronic' harassment had been a manifestation of his psychosis and said he was willing to take his medication and cooperate with the community team on discharge. However, RC Dr Shoilekova considered that given VC was expressing delusional beliefs until shortly before the tribunal hearing, recovery and insight were unlikely to have taken place over such a short timescale and the tribunal agreed that the disorder remained of a degree warranting detention but that given recovery since admission, this should be tested in a less secure setting. Staff at Cygnet Victoria House contacted commissioners to discuss acute step-down

provision given VC's presentation and the need to ensure that he was treated in the least restrictive environment.

39. Following assessment on 24 September 2021, s3 MHA was commenced and a copy of the MHA assessment ('MHAA') form is attached [CYGN0000128]. The form was completed by RC Dr Shoilekova and Dr Peter Finch (independent section 12 MHA approved doctor). The approved mental health professional ('AMHP') Alison Jacques from the community team also attended and I attach a copy of her AMHP Report Referral and Assessment dated 24 September 2021 [CYGN0000129]. The AMHP Report confirms that contact was made with VC's mother on 23 September 2021 who confirmed that she had been keeping in touch with VC during his admission and taking an active role in care planning with CCO Claudia Birtles, receiving updates on ward reviews and the outcome of the tribunal on 23 September 2021. As Nearest Relative, VC's mother was consulted in relation to the s3 MHA detention and agreed with it. Ms Jacques noted the discrepancy between VC's firmly held beliefs prior to the tribunal that authorities were controlling his thoughts, his lack of insight into his illness and need for medication in contrast to how he presented to the tribunal, and this was discussed following the MHAA. All agreed that VC's presentation to the tribunal was not a true representation of his beliefs such that he continued to lack insight and required detention for treatment, although a local acute placement was now more appropriate.

40. On 25, 26 and 27 September 2021, VC remained settled and complaint with his medication. There were continuing attempts to locate a bed in an acute ward. On 27 September 2021, VC participated in a session with OT Katie Metcalfe and an

OT student Jennifer Carr, to complete a 'My Next Steps' plan in preparation for step down from PICU, which included continuing to take his medication, use leave appropriately and engage with staff. He also attended a Teams remote meeting with his University to discuss his course.

41. At the ward round on 28 September 2021 in view of the lack of incidents, medication compliance and successful s17 MHA escorted leave, and also VC's references to returning to University and discussions he had with them, the possibility of step down to acute services was further discussed. VC's desire to return to the Nottingham area and recommence his University studies meant that all were in agreement (including the community team) to transfer to an acute ward closer to Nottingham. However it was noted that VC would not consider depot antipsychotic injections but would continue with his tablets. It was noted that VC's paranoid psychosis was improving and he should be allowed increased s17 MHA escorted leave with 2 hours on three occasions weekly to the local town. A copy of the patient review notes is attached [CYGN0000130], together with the Risk Assessment completed by the MDT confirming that VC remained at moderate risk of harm to others and noncompliance with medication only.

42. On 29 September 2021, VC participated in a further session with OT Katie Metcalfe and student OT, Jennifer Carr to complete a sensory passport. He remained settled and euthymic in mood.

43. Attached is a copy of the 'Model of Human Occupation Screening Tool' ('MOHOST'), which was completed on 30 September 2021 [CYGN0000131]. It was noted that VC hoped to complete his degree and gain employment in the car industry.

44. The community team arranged transfer to Priory Hospital Arnold on 1 October 2021, whilst he remained detained under s3 MHA.

45. By the time that VC was transferred to Priory Hospital Arnold he was on general observations (one check an hour) without issue. Discharge notification and summary documentation [CYGN0000133] identified ongoing risk as moderate for medication compliance and risk to others only, given the successful s17 MHA escorted leave such that AWOL was no longer considered a risk. During the course of VC's admission to Cygnet Victoria House there were no incidents recorded. The Notification of Discharge referred to VC's blunted affect and denial of delusional beliefs, lack of insight and unwillingness to consider depot antipsychotic medication. The impression was recorded of Paranoid Psychosis, currently improving.

46. The Risk Assessment in the Notification of Discharge identified the high risk of violence and aggression prior to admission to Cygnet Victoria Hospital, which included punching a police officer and attempting to assault another leading to requirement for CS gas and repeated firing of a tazer to subdue him sufficiently to transport him to the Cassidy Suite (Highbury Hospital), with mechanical wrist and ankle restraints also necessary. Similarly the Discharge summary highlighted the significant level of aggression and violence prior to admission, and prior to previous admissions but that there had been no incidents during admission to Cygnet Victoria House, although concerns remained regarding lack of insight and non-concordance with medication in the community.

47. I have been asked to set out what information was shared, and when, with the Trust, the Priory Hospital Arnold, Nottingham City Council, Primary Health Care (Cripps Health Centre), the police, the University of Nottingham and VC's family. As set out above I was not involved in VC's care and base my evidence on the records available.

48. I note that on 11 September 2021, it is recorded in the Admission Checklist [CYGN0000001, p24], that the Nearest Relative had been informed of the admission (who I understand to be his Mother), as had the CCG/CCO. Thereafter on 14 September 2021, Cygnet emailed VC's GP at Cripps Health Centre to request a full GP summary and discharge summaries/notes from previous mental health placements [CYGN0000001, p117].

49. The CCO, Claudia Birtles would have had access to VC's records in particular for the purposes of the Tribunal hearing on 23 September 2021 for which she prepared her Social Circumstances Report dated 20 September 2021 [CYGN0000125]. I note that Ms Birtles spoke with VC and also VC's Mother on 17 September 2021 by telephone, and joined a ward round review by teams on 21 September 2021 **[CYGN0000050, pp13&14/CYGN0000127]**.

50. I note from the AMHP Report Referral and Assessment [CYGN0000129] that a referral was made on 22 September 2021 to Alison Jacques, an AMHP from the Mental Health Social Care Team of Nottingham City Council, for an assessment by her after the MHA Tribunal on 23 September 2021. Ms Jacques noted that she had managed to speak with VC's Mother on 23 September 2021 who relayed to her that she had been keeping in touch with VC during his admission and taking

an active role in care planning with CCO Ms Birtles. Contact was also made with VC's mother after the tribunal and it was recorded she had no objections to continued detention. In addition, after the tribunal on 23 September 2021, the Trust were informed that VC was ready for step down to an acute bed. After an acute bed was found at Priory Hospital Arnold, the s3 MHA paperwork, tribunal reports, updated risk assessment and other documents were sent to them prior to transfer.

51. The notification of transfer and discharge summary documentation [CYGN0000133] were also sent to Priory Hospital Arnold. The notification of transfer also confirmed that the Cripps Health Centre had been informed of the transfer to Priory Hospital Arnold, along with the CCO, Ms Birtles.

52. After the tragic deaths and assaults on 13 June 2023, over 20 months after VC's discharge from Cygnet Victoria House, an internal investigation was undertaken by Rachael Martin, Group Investigation Manager. A copy of the investigation report is at [CYGN0000134]. This report concluded that there were no recorded incidents and no demonstration of the behaviours that had initially led to VC's admission, whilst he was admitted at Cygnet Victoria House. Whilst VC was compliant with medication during the admission, there were concerns regarding compliance outside of a hospital environment and depot medication was discussed, however VC had said that he would not consent to this.

53. The report found that care planning and risk assessment was completed to a good standard, although Cygnet has now introduced updated templates to improve these processes which provide more detailed dynamic care planning and

response to changes in treatment/incidents. The report found that the community team engaged with the MDT during the admission, that it was appropriate for VC to be transferred to an acute ward, in his home area in accordance with his preference. The report found that there were no recommendations necessary in relation to Cygnet's involvement in VC's care.

CONCLUSION

54. During VC's admission to the PICU, the focus was on stabilising him on oral antipsychotic medication, while he remained contemplative about commencing a depot formulation. Upon admission to Cygnet Victoria House, VC presented with relapse of psychosis; however, within less than three weeks, his mental state had notably improved by the time of transfer to Priory Hospital Arnold. He demonstrated positive engagement with staff, exhibited no instances of violence or aggression, and consistently participated in escorted leave without incident. Additionally, it is understood that VC was engaged in discussions with his university regarding the resumption of his studies. Given these developments, transitioning VC to an acute unit was considered appropriate. The clinical team acknowledged that VC demonstrated limited insight, and expressed concern about potential non-adherence to medication within the community, indicating the need for further assessment of these issues in a less restrictive acute care setting.

55. After VC was transferred to the acute ward at another hospital, it was within the scope of the ongoing treatment teams to monitor any improvement in his insight during continued oral therapy. Should VC's insight not advance sufficiently, the

multidisciplinary team, in collaboration with the community care team, could have considered implementing a Community Treatment Order (CTO) upon discharge. This may have involved initiating depot antipsychotic medication, with adherence stipulated as a condition of the CTO. Such a measure would empower the Responsible Clinician to recall VC to the hospital in the event of non-compliance, thereby facilitating relapse prevention, given the established correlation between medication non-adherence and recurrence of psychotic episodes in VC's history.

56. I do not consider that I am in a position to make recommendations to the Inquiry on the basis of the information available to me.

STATEMENT OF TRUTH

I believe the contents 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

DR JON VAN NIEKIRK

Dated: 08.01.2026

Index to First Witness Statement of Dr Jon Van Niekerk

No.	Inquiry URN	Document Description
1	WITN0326003	Inspection report dated 21 April 2021
2	WITN0326004	CQC Inspection Report of Cygnet Victoria House published on 18 October 2022
3	WITN0326002	CQC Inspection report of Cygnet Victoria House published on 5 September 2024
4	CYGN0000121	Cygnet Healthcare Referrals Procedure – PICU/ACUTE Services
5	CYGN0000132	Cygnet Healthcare Referrals Policy – Adult Services
6	CYGN0000135	Cygnet Healthcare – Admissions in Healthcare Policy
7	CYGN0000136	Cygnet Healthcare – Data Sharing Policy and Agreements
8	CYGN0000137	Cygnet Healthcare – Data Protection Confidentiality and Access to Records
9	CYGN0000117	Cygnet Healthcare – Family and Carer Involvement
10	CYGN0000139	Cygnet Healthcare – Transfer and Discharge Policy, All Services
11	CYGN0000140	Acute/PICU and Older Adults, Clinical Model of Care, December 2020
12	CYGN0000141	NHFT PICU Gatekeeping Referral Form
13	CYGN0000122	Admission Assessment – Adult Form, Dated 11 September 2021
14	CYGN0000024	Care Plan dated 11 September 2021

15	**CYGN0000050**	Medical notes for VC following admittance on 11 September 2021
16	CYGN0000123	Record of Capacity and Consent to Treatment Interview – Detained Patients, dated 14 September 2021
17	CYGN0000017	Nursing Report dated 16 September 2021
18	CYGN0000124	Responsible Clinicians report dated 17 September 2021
19	CYGN0000125	Social Circumstances Report dated 17 September 2021
20	CYGN0000126	Sensory Safety Plan dated 17 September 2021
21	CYGN0000127	Ward Round records dated 21 September 2021
22	CYGN0000128	MHA Assessment Form dated 24 September 2021
23	CYGN0000129	AMPH Report Referral and Assessment
24	CYGN0000130	Patient Review – Adult Acute/PICU dated 28 September 2021
25	CYGN0000131	Occupational Therapy Assessment Feedback PICU dated 29 September 2021
26	CYGN0000133	Discharge Summary dated 11 October 2021
27	CYGN0000001	Admission Checklist dated 11 September 2021 and email dated 14 September 2021 to GP
28	CYGN0000134	Investigation Report dated 26 June 2025