

Witness Name: **Officer X**

Statement No: WITN0423001

Dated: 16 March 2025

THE NOTTINGHAM INQUIRY

FIRST WITNESS STATEMENT OF DC **Officer X**

Officer X, will say as follows: -

Introduction

1. I am Detective Constable **Officer X** I work in the ~~Fixed Threat~~ Assessment Centre as a Detective Constable and have done so for approximately 9 years, since July 2016. I have been a serving officer in the Metropolitan Police Service for 19 years. During my policing career I have had 9 years of multi-agency working, including communication, coordination and cooperation with numerous policing and health partners.
2. This witness statement is made to assist the Nottingham Inquiry (the "Inquiry") with the matters set out in the Rule 9 Request dated 11 February 2026 (the "Request").

Background

3. I have been asked to set out details relating to a referral made on 1 June 2021 to the Metropolitan Police Service Fixated Threat Assessment Centre (FTAC) in relation to Valdo Calocane (VC).

Fixated Threat Assessment Centre

4. The FTAC is a unit of joint partnership working between the Royalty and Specialist Protection Command of the Metropolitan Police Service (RaSP) and National Health Service (NHS). The unit is hosted by the MPS but is funded by the Home Office. FTAC assess the risk posed by individuals who come to the attention of protected sites or locations or who may demonstrate fixation with high profile subject(s). Such individuals can be referred to FTAC for assessment by those within the MPS, government organisations or health partners with the purpose of assessing whether any onward referrals to police partners or health agencies is required to minimise the risk posed by their apparent fixation.
5. Prior to considering whether any onward referrals are required, the individual must have demonstrated evidence of fixated behaviour or thoughts towards an agreed stakeholder as defined by FTAC management/SOP. We would consider an individual to be fixated when they are extremely focused or preoccupied with a person/site/cause to the point that this fixation interferes with their life.
6. Since 2016 I have been working in this multi-agency environment which involves joint working between FTAC and NHS colleagues as well as

communicating with other police forces and local health authorities. In my role as a detective constable at FTAC, I work with colleagues from both the Met and NHS to share information, assess risk and make decisions, where relevant, to manage and reduce risk to an identified individual or others. Colleagues from the NHS include forensic social workers and mental health nurses who have responsibility for jointly reviewing information provided in referrals submitted to the FTAC mailbox.

7. My specific role is to assess referrals into the unit and related police intelligence, collating any details held on police databases which indicate concerning behaviour of referred individuals. I do not have any line management responsibility and do not oversee or review the work of other FTAC staff. My role does not require me to oversee other processes, nor do I have responsibility for onward referral of an individual to other diversion agencies in those cases which are not taken on by FTAC. Those cases which are taken on by FTAC would be discussed at a weekly supervision session at which myself, a police sergeant, the forensic social worker, and the consultant psychiatrist would assess the referral. It may be that during this verbal weekly supervision meeting, and once a decision has been made by the senior police and medical practitioners, I would be directed to make an onward referral to other agencies. Part of my role is to share information between FTAC and local policing partners, such as creating an intelligence report where one does not already exist and sharing that with another police force. I am not responsible for sharing

this sort of information with health partners; that is the role of my health colleagues who work alongside me.

8. The databases and sources of information that I have access to as part of and to assist me in my role, are the Police National Computer (PNC), Police National database (PND) and the Met police intelligence systems (Crimint, CRIS) which were at the time brought together on the Integrated Information Platform (IIP). Since 2021, they remain on IIP but are also collated on a single IT system called CONNECT.

9. On receipt of information which is treated as a FTAC referral and having collated any intelligence I/others have found, I then share the contents of the referral and any results I had found with NHS nurses/social workers and we would assess the information together to form an opinion as to whether the individual was displaying fixated or threatening behaviour that would warrant further consideration and onward referral. This assessment is undertaken using the agreed risk assessment tool (See Standard Operating Procedure (SOP), **WITN0012002**).

10. The structured risk assessment tool assists decision making and assesses the potential of any Threat / Harm / Risk to the subject or others. It is detailed in full in the SOP. In assessing risk, key factors to consider include:

- a) Whether a threat has been communicated
- b) Whether an individual has displayed anger
- c) What their motivation may be
- d) Whether there is evidence of delusions

- e) The content of any written or verbal communication
- f) Communications/correspondence giving rise to particular alarm
- g) Any declarations made by the individual (ie, their intentions or an outcome)
- h) Whether there is a known history of serious violence or harassment
- i) Instances of previous (recent) approaches to people or places
- j) Evidence of planning
- k) Change in behaviour of those already known

11. This tool has been updated since 2021.

12. On applying the risk assessment tool to the information collated, one outcome could be that the incident and the details of the individual coming to attention, does not warrant any further action such as onward referral to other agencies and as such the information would be logged on FTAC/NHS joint computer system as a "nominal only" record. This would signify that no further action is to be taken by FTAC and therefore there would be no follow-up in such cases. Whilst my role is to do the initial assessment and form a view on what is needed next in partnership with my NHS colleagues, any decision on whether further action is needed is ratified by police sergeant and consultant psychiatrist who make the final decision.

13. The information and decision would be input onto FTAC IT system which records details of the referral that has been received, the person's details, the outcome of the joint assessment between police caseworker and NHS

caseworker, and the reasons why it is not deemed suitable for further progression by FTAC.

14. In certain circumstances following a risk assessment, an intelligence report which includes details of any intelligence checks undertaken, may be compiled, and shared with local police where the subject resides. In those cases, the full referral and risk assessment would be reviewed by a police sergeant and an NHS Consultant who are the final decision makers as to whether any further work is needed by FTAC.

15. If a case is assessed as requiring further action ie warranting FTAC referral to liaison and diversion partners, it would be progressed through the FTAC process and a further electronic report would be completed for onward dissemination. This is what is referred to in FTAC as "an episode". This process is also ratified and then overseen by a police sergeant and senior health practitioner. An example of when a case may progress into an episode would be if an individual had repeatedly attended a protected location, without reasonable excuse. Such circumstances may evidence fixated behaviour warranting further enquiries. Those further enquiries may result in referral to mental health partners however such referrals are undertaken by health professionals in FTAC. The police arm of FTAC would be responsible for referrals to policing partners such as other forces.

16. In my experience as a DC in the FTAC, if the case had passed the threshold for onward referral to other agencies/partners, FTAC would create and disseminate an intelligence report to the subject's local police force for awareness and to

enable an operational decision to be made at the local level as to what action to take, if any. The report would also be shared with NHS partners for them to review whether onward health referrals should be completed.

Referral of VC in June 2021

17. On 01 June 2021, FTAC received an email from Protective Security Operations relating to an incident on 31 May 2021 outside Thames House, London involving a male identified as Valdo Calocane (VC) [WITN0012003]. Thames House is one of the locations considered a protected site by FTAC and therefore this email was treated as a referral. I was allocated the referral to review, along with an NHS colleague who was a forensic social worker. We then jointly assessed the information contained within the email to determine whether there was evidence of fixation or threat towards Thames House.
18. Due to the time which has elapsed since 2021, I cannot recall the referral independently of the information recorded in WITN0012003, neither can I recall the verbal assessment between myself and forensic social worker beyond the outcome which is documented on the FTAC computer system and shown on the TOM2 Nominal Status [WITN0012004].
12. From reviewing those records, it would appear the initial referral into the FTAC mailbox was a request for a name check on VC's details. The information provided indicated VC had made an approach to a protected site (Thames

House) and had been ringing the buzzer asking stating he wanted to be arrested. Recorded in email referral **WITN0012003** is that police intelligence checks had been completed and showed that he was recorded on the Police National Computer (PNC) for criminal damage offences in 2020 and on the Police National Database (PND) as being a named suspect in an ABH domestic assault but considered too ill, either through physical or mental ill-health, to be prosecuted. The intelligence report completed by the officers who spoke with VC on 31/05/2021 did not evidence any concerns for VC's mental health noting that he was calm and compliant throughout the interaction with officers, that the person (unspecified) he wanted to speak to was not in and he was going to leave.

13. Whilst some detail is given about VCs actions and the police interaction, there is no evidence of fixation of or threat towards Thames House. Indeed, other than the fact VC had travelled some distance (from Nottingham to London) to attend Thames House, there was nothing giving rise for concern. There was no evidence of mental disorder in the information recorded about him during the limited interaction VC had with police on 31st May 2021. VC was described as "calm and compliant throughout" the interaction with the officers outside of Thames House.

14. Whilst I cannot recall the exact detail of the conversation I would have had with my assessing colleague, it would appear from the documentation that we formed the opinion that VC did not present as a fixated individual deemed to

be a threat to self / site. This is likely to have been based on his recorded presentation at the time with officers who spoke with him ("calm and compliant throughout...coherent and capable when spoken to...did not display any unusual behaviour or make unusual comments to police"). The officers had recorded VC had wanted to speak to someone at Thames House but as they were not there he was going to leave and was waiting for an Uber. Further, there was no record of VC having previously come to police attention at the site. This, in my opinion, did not present evidence of a person with fixation on the location.

15. VC did not meet the threshold set out in the 2017 Operating Procedure [WITN0012002] that would require any further FTAC involvement or that would require he be taken on as a FTAC episode. For context, I consider the following factors would likely have led me to reach a different conclusion – had VC been a repeat attender at Thames House; had his conversation with the officers indicated he had clear, fixated motivation eg. he had been persistently writing to a person at Thames House; had VC breach of security such as tried to break in/gain entry through other means that just pressing the buzzer; had VC turned up with weapon. Likewise, if any of the subsequent intelligence research had revealed previous convictions or that he was known to police for possession of weapons or displaying threatening behaviour towards a protected sight or individual (as opposed to a single instance of violence against another), he may have been referred to health and policing partners such local police force and local NHS.

16. Whether any of the above hypothetical factors would have led to an arrest for criminality, would have been down to the circumstances and the attending officers' own judgement, however irrespective of any arrest, these factors, once known by FTAC, would likely have led to designation as an episode and warranted further referral action.

17. I note from WITN0012003 that a link to the Body Worn Video footage (BWV) of the officers who interacted with VC is embedded in the email. I cannot now recall whether I reviewed this BWV, however if I had, that would have formed part of my assessment.

18. Having reviewed the information available and discussed the matter with my colleague, the details were logged by me on the FTAC computer system, as a nominal only record with no further action taken. This can be seen in the FTAC Nominal Record WITN0012004. This record contains the same information from the referral email [WITN0012003], along with the conclusion reached following my and the forensic social worker's assessment.

19. I do not recall seeking any further information in respect of VC. The intelligence checks had already been done by the intelligence unit reviewing the information as detailed on the referral email and nominal record and that unit had already disseminated the intelligence report to Nottingham Police for their

awareness. I was not involved in the sharing of this information with Nottingham Police.

20. Having jointly assessed the information and formed a view that no further action for FTAC was needed beyond that which had already been done, I did not consider the information needed to be shared by FTAC with other agencies. Circumstances in which an individual should be referred to other agencies such as other police forces or health partners for medical assessment or treatment are too numerous to list. Whilst it should be remembered that the police officers who interacted with VC on 31 May 2021 are not medically trained practitioners, had their record of their interaction with VC included reference to him demonstrating obvious signs of mental ill-health those circumstances would have been closely considered by health colleagues as part of the assessment and may have given rise to a referral to mental health services in the area in which he resided.

21. I did not access any national policing databases to search for and/or review information about VC's forensic history as I was satisfied that those checks had already been completed. Therefore, no further checks of policing databases were needed in the absence of it having passed the threshold for further FTAC involvement.

22. Based on my limited involvement in the assessment of VC's interaction with MPS officers outside Thames House on 31 May 2021, I do not consider there

are any improvements needed to the process I was involved in, nor do I have any suggested recommendations for the Chair of this Inquiry, to make.

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: 16/03/2026

Index to Exhibits in First Witness Statement of DC **Officer X**

<u>No.</u>	<u>URN</u>	<u>Document</u> <u>Description</u>	<u>Control Number</u>
1	WITN0012002	Standard Operating Procedure, 2017	
2	WITN0012003	Referral email	
3	WITN0012004	TOM2 Nominal Status Record	