

Witness Name: Rosie Draper

Statement No: **WITN0071004**

Dated: 10th July 2026

THE NOTTINGHAM INQUIRY

SECOND WITNESS STATEMENT OF ROSIE DRAPER

I, Rosie Draper, will say as follows:

INTRODUCTION

1. I am Rosie Draper, a fully registered Nurse with the Nursing and Midwifery Council (NMC). My registration number is: 14L1525E.
2. This witness statement is made to assist the Nottingham Inquiry regarding Valdo Calocane with the matters set out in the Rule 9 Request dated 10th July 2026.

BACKGROUND

3. I have been asked to further address the questions in the Annex of the Rule 9 Request with regards to my involvement with Valdo Calocane. I am being contacted to provide this statement as the Inquiry believes I hold information that is relevant to the issues which will be investigated by the Inquiry.
4. Following a review of **NGPF0000077** (the custody record relating to VC's detention at Bridewell Custody Suite on 24th May 2020), I have been asked to provide further information regarding my interaction with VC.

I do not have an independent recollection of my assessment of VC on 24th May 2020 and have therefore relied on the custody record to provide context.

Based on the documentation, VC denied any drug or alcohol use and reported no previous history of mental health concerns. During my assessment, he appeared vacant and forgetful, with reduced concentration and attention.

The custody record indicates that I liaised with the Crisis Team, who confirmed that there was no known previous mental health history. Following this discussion, a decision was made to transfer VC to the Emergency Department to exclude any underlying organic or physical causes for his presentation.

Based on his presentation at the time, I considered that VC was not fit for detention or interview, and a further medical assessment was required. I also recommended the provision of an Appropriate Adult due to the vulnerabilities he was displaying during the time of assessment.

The decision to refer VC to hospital was made following a discussion with the Crisis Team and is consistent with standard clinical practice. Where an individual presents with symptoms suggestive of mental health difficulties but has no known mental health history, referral to the Emergency Department is often appropriate to rule out any physical or organic illness that may be contributing to their mental state.

Having reviewed the custody record, I can find no evidence of any further involvement I had with VC on or around this period.

5. In relation to my subsequent involvement with VC on 13th June 2023, I do not recall being aware at the time of my assessment of any previous interaction with VC I had in May 2020. To best of my recollection, I had no memory of the earlier assessment when I was involved in his care in 2023. I do not recall being made aware of my previous assessment of VC until my involvement in the Public Inquiry.

6. I do not recall any other interactions with VC other than those set out above.

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:

10th July 2026.