

THE NOTTINGHAM INQUIRY

Extraordinarily Difficult Decisions

[Prof Brian Edwards](#)

Valdo Calocane [VC] who suffered from paranoid schizophrenia and who had had many interactions with the NHS and the police, killed 3 innocent people in Nottingham city centre, 2023 and seriously injured three others.

The public inquiry into this event has now opened with judge Deborah Taylor in the chair.

The first day of the Inquiry is taken up with a detailed presentation by Rachel Langdale KC focused on VC's personal and clinical history.

All this evidence will be heard in public as will the evidence of all witnesses [many of whose written statements will become available].

The Inquiry already has 169 written statements from the staff of the NHS Trusts involved. Clinical confidentiality clearly does not apply in this case. Rachel Langdale KC is fresh from her time as Counsel to the Letby Inquiry.

Calocane was given an indefinite hospital order at his trial and is now being cared for in an NHS Special Hospital.

His time as a student at Nottingham University and

the support he received there will be examined in some detail as will his regular interactions with the Police prior to the incident.

The details of his clinical care for two years by the local mental health Trust and their crisis and home teams will be gone over in considerable detail as will his contact with the Priory Hospital.

During this period, he had seven formal mental health assessments leading to four compulsory detentions.

Each had been preceded by violence. Most challenging will be the review of a clinical decision to discharge him to his GP once it was clear that he was not engaging with the Trusts services or taking his medication.

The working of the Trust Board and its governance

policy will come under critical review as well as their

response to critical external reports by CQC and others.

One can see from the statements made by former senior staff that all is not well.

The local Integrated Care Board will be called to give evidence as will the DH.

The Nottinghamshire NHS Trust is of course one of the core participants and thus able to make an opening statement. Counsel for the Trust conceded that there had been...

"opportunities that could have been identified and seized upon that persuaded the Trust to act differently and for this the Trust was profoundly sorry".

Many staff still carried the emotional impact of these events".

Many would give evidence to the Inquiry. Patients were no longer discharged simply on

the grounds of non-engagement. The Trust suggested that the Inquiry might consider three issues:

- > The creation of a national depository of major homicide investigations to promote learning.
- > A common categorisation framework across all agencies including the police.
- > Clearer national guidance on when health related clinical information could be shared with others on the grounds of public safety.

Counsel for the relatives of those killed and injured want “*accountability, responsibility and real change*”.

The Duty of Candour ought to be recognised and practiced by the Police.

Counsel for the Police said that those called to give evidence had been reminded of the importance of Candour and their duty to assist the Inquiry rather than trying to defend themselves or the Constabulary.

VC’s family expressed their concern about his clinical management.

The University appears to have known little about VC. The Crown Prosecution service explained why VC’s defence of manslaughter on the grounds of diminished responsibility had been accepted.

The Inquiry will not limit its work to what happened in Nottingham. It will examine the wider issues of mental health policy and the legal framework under which it operates.

Almost as a side issue it will take evidence about the unauthorised access to sensitive clinical and police records, including those held at the acute Trust in Nottingham where the victims were treated.

A number of staff have already been questioned in a local inquiry.

This will be a very challenging time for the NHS organisations in Nottingham, who need to keep services running and staff motivated

while their actions are crawled over in public in the midst of an already challenging financial environment.

The Inquiry and politicians will eventually have to face the extraordinarily difficult question of how to settle the balance between individual freedom and public safety when the person involved has a mental illness which may reoccur and lead to dangerous actions to themselves and others.

If the threshold is focused too strictly on public safety, we may see a return to the large, closed institutions of the past.

Clinicians may already be veering in this direction for fear of criticism of their clinical judgement.

More reporting to come.
