Witness Name: Susan Elcock

Statement No: WITN0356092

Dated: 19 May 2026

THE NOTTINGHAM INQUIRY

THIRD WITNESS STATEMENT OF SUSAN ELCOCK

I, Susan Elcock, will say as follows:

Introduction

1. I am the Deputy Chief Executive Officer of Nottinghamshire Healthcare NHS Foundation Trust ("the Trust") since October 2023, and Executive Medical Director of the Trust since May 2021. In the period from June 2020 to June 2023, I was also the Executive Director of Forensic Services at the Trust, which was a role that I held concurrently with the role of Executive Medical Director.

2. This is my third witness statement and is made to assist the Nottingham Inquiry (the "Inquiry") with the matters set out in the Rule 9 requests dated 5 and 7 May 2026. Although the latter request was addressed to the Trust's current Chief Executive, Iftikhar Majid, I am better placed to address the questions asked by the Inquiry given the responsibilities described in my first witness statement, including executive responsibility for mental health legislation, delivery of pharmacy services, medicines management and clinical audits.

3. In this statement, I discuss:

    a. whether, and if so, how, the Trust collects, records, and analyses various types of patient and clinical data;

    b. the minuting of multidisciplinary team ("MDT") meetings between June 2020 and September 2022, and what the process of doing so is now;

    c. whether any concerns were raised and/or recorded in meetings regarding the limitations of, or resourcing for, the Early Intervention in Psychosis ("EIP") Team; and

    d. the steps that are currently being taken by the Trust in respect of professional accountability as a result of this Inquiry.

4. I drafted this statement with support from the external solicitors and Counsel acting for the Trust in respect of the Inquiry, in writing and by video conference. I also had some assistance from subject matter experts at the Trust, also in writing and by video conference, for instance in locating a document. At all times this was under my direct oversight.

Collection, recording, and analysis of data

5. I have been asked to set out whether, and if so, how, the Trust collects, records, and analyses various types of data. I address each in turn below.

6. In respect of personal and clinical data about patients, the process of data recording, collection, and reporting begins with clinical staff and the Mental Health Legislation case workers inputting information into the electronic recording system, RIO, on the appropriate form. Types of forms that staff input information onto include, for example, 'Consent to Treatment' and various forms for specific sections of the Mental Health Act 1983 ("**the Act**"). Clinical staff all have access to RIO and use it on a day to day basis in providing care and treatment to patients.

7. Information Sharing Agreements operate on an organisation-organisation basis and support this access to information across care providers.[1] Since at least 2018, clinicians responsible for patients placed in a facility managed by the Priory in Nottinghamshire have been able to access the patients' RIO notes by following the Trust's Clinical Systems Access and Audit policy (the current version of which is 12.03). Access to RIO by Priory staff is on a read-only basis. In addition, there is also the ability to share information on a case-specific basis. In the case of the Priory, this is explicitly detailed within the Priory Information Sharing Agreement [**WITN0356095; WITN0356096; WITN0356097**] to include sharing information such as risk history, progress notes, core assessments, correspondence and a summary of clinical history. The overall purpose of the Information Sharing Agreement is clear: "to facilitate direct patient care" and ensure patients "receive a seamless service and…maintain high quality patient care" (clauses 2 and 6 of the Priory ISA). A Care Coordinator or other member of the clinical team would,

[1] Administrative staff also access relevant data to support bed management and similar tasks.

therefore, be able to share any information they considered necessary and proportionate in order to meet this purpose.

8. As an organisation we aim to take a pragmatic approach to information sharing, particularly for direct patient care, and the management of risk to patients and/or others. However, we appreciate that there are areas for improvement across the agencies and we have already begun working on this. Successful implementation of such arrangements depends on mutual commitment by the Trust and its partner agencies.

9. The Applied Information team then collect and collate this data on to a Power Business Intelligence ("**Power BI**") dashboard. This data can then be accessed by appropriate staff outside the context of providing clinical care to individual patients. Different appropriate staff will have different levels of access for the data on Power BI and all will use it for different purposes; for example, individual care units can access the data for reports within their care groups, and the Mental Health Legislation team can access the data to report on the Trust-wide picture in quarterly and annual reports. However, broadly speaking, appropriate staff use the Power BI to analyse this data within individual reporting streams, for example, Adult Mental Health and Forensic services. Where the data is used for reports, monitoring and analysis, rather than for clinical purposes, it is anonymised (with patient-specific review carried out on an as-required basis, by the appropriate team).

10. The Mental Health Legislation Team also hold manual spreadsheets with Mental Health Act compliance data, on topics such as consent to treatment, Community Treatment Orders, and annual statutory reports. This is because there are some parts of activity under the Act that the RiO system is unable to work with, and so the excel spreadsheets enable oversight of this data and are a final safeguard to mitigate against the risk of breach. Moreover, while Power BI has now been in use for 30 months, in the early stages the data that Power BI collated was sense checked against these manual spreadsheets to confirm the accuracy of the data on Power BI.

11. Compliance with NHFT's statutory duties in relation to the Act are reported on by the Head of Mental Health Legislation, via Quarterly Mental Health Legislation reports and an Annual Mental Health Legislation report. The Trust also reports to external monitoring bodies and to its commissioners.

(a) The number of Mental Health Act (MHA) assessments carried out

12. NHFT do not record, collect or report on the number of MHA assessments carried out under the Act in respect of patients for whom it is providing care and treatment in hospital, or in the community. In addition to this, where patients are assessed but not detained and not known to the Trust, this data would not be known to the Trust. Approved Mental Health Professionals (AMHPs), who are employed by local authorities, are responsible for arranging, co-ordinating and undertaking MHA assessments and for making the decision whether or not an application should be made to admit a patient to hospital under the Act. The Trust is not aware whether local authorities collect and retain this data.

13. While NHFT do record, collect and report on data relating to the number of patients detained under the Act within a NHFT hospital, this is not the same as the number of MHA assessments that are carried out, as some MHA assessments result in a person not being detained. Where a patient is detained but is placed in an out-of-area bed by NHFT, this statistic would fall within the number of patients detained under the Act by NHFT (because in that circumstance NHFT is the 'commissioner' of the out-of-area placement).

(b) The number of admissions under sections 2 or 3

14. As I set out at paragraph 10 above, NHFT record, collect and report on data relating to number of admissions to NHFT hospitals under section 2 or 3 of the Act, as well as admissions that involve an out-of-area placement by NHFT.

(c) The basis for admissions under sections 2 or 3

15. NHFT do not record, collect or report on data relating to the basis for admission under section 2 or 3 of the Act. This is because the only basis for admission is the statutory criteria having been met.

16. AMHPs and doctors who make recommendations pursuant to Section 12 of MHA 1983 act independently within their respective roles during an MHA assessment, but both have a duty to use the criteria set out in the MHA 1983 for detention under Section 2 and 3, as set out at 14.4 and 14.5 of the MHA Code of Practice. It is then the statutory duty of AMHPs to make the final decision on whether to

make an application for detention under section 2 or 3 of MHA 1983. The underlying factual basis will be different for every admission.

(d) The number of patients subject to a CTO

17. NHFT record, collect and report on data relating to the number of patients under section 17A of the Act, i.e. those patients who are under a Community Treatment Order where the Responsible Clinician is employed by NHFT. Patients discharged from a private facility on a CTO are also recorded as part of this figure.

(e) The number of patients recalled pursuant to a CTO

18. NHFT record and collect data relating to the number of patients under sections 17E (recall of a Community Treatment Order) and 17F (revocation of a Community Treatment Order) of the Act within NHFT. This includes patients who are discharged from a private facility on a CTO, where recall would be to NHFT.

19. At this stage, it will be useful to explain the difference between 'recall' and 'revocation' of a CTO. I will do so in turn.

20. Where a patient has been discharged from hospital on a CTO, the Responsible clinician has the power (but is not obliged) to recall the patient to hospital if:

    a. The patient breaks the mandatory conditions of being available for responsible clinician reviews and being available for Second Opinion Doctor appointments; or

b. The patient requires treatment in hospital; or

c. There is a risk of harm to the health and safety of the patient or others if the patient is not recalled to hospital.

21. To invoke the recall process, the Responsible Clinician must complete a written notice of recall and serve this to the patient. Best practice is to service this to the patient in person, but it can also be hand delivered to the patient's usual or last known address.

22. Once the recall is considered served (which does differ depending on the delivery method), the patient must return to hospital and are otherwise considered absent without leave. In some circumstances, the patient will agree to return to hospital, but if a patient refuses to return, and it may be necessary to obtain a warrant under s.135 MHA 1983 to secure their return. The recall notice effectively expires after 6 months if the patient has not been taken into custody within that time period.

23. Once the patient is at the hospital, the 72 hours recall clock begins. In this time the patient can be treated, and they must also be assessed to decide on the next steps. The next steps may be:

a. The patient is well enough to return to the community on their CTO.

b. The patient needs a longer period in hospital, and they can and do consent to this. They become an informal inpatient on their CTO, which remains live.

c. The patient needs a longer period in hospital and are not willing or are not able to consent to this, so their CTO is revoked.

24. When a patient's CTO is revoked, the section 3 detention that they were on at the time the CTO was put in place becomes live again. This means that the patient is detained under Section 3 and the CTO ends completely. When the patient becomes ready for discharge from hospital again, the Responsible Clinician may reconsider a CTO.

25. Returning to the analysis of data regarding patients recalled pursuant to a CTO (or where a CTO has been revoked), this data is analysed on a monthly basis against the previous NHFT data sets, and within the annual Mental Health Legislation reports that are produced by the Trust against national data sets, to identify any upward or downward trends.

26. The number of patients subject to section 2, 3 and 17A in Trust hospitals are also analysed in relation to ethnicity and within the annual Mental Health Legislation reports against national ethnicity data to identify any upward or downward trends.

27. The data and analysis within the Quarterly Mental Health Legislation reports and Annual Mental Health Legislation reports are presented to the bi-monthly Mental

Health Legislation Oversight group and Quality Governance and Effectiveness Oversight group, for escalation where required.

(f) The number of patients prescribed Depot medications

28. There are limitations with this data.

29. This is because there are multiple ways in which depots can be prescribed and dispensed. The Trust is currently in the processing of rolling-out an Electronic Prescribing Medication Administration ("**EPMA**") system. It is expected that this will be completed for inpatient areas by October 2026 and this will permit oversight of patient numbers (for inpatients areas only) for both first and second generation preparations.[2] Community mental health teams are currently being evaluated for suitability of use of the existing EPMA system.

30. The Trust knows that, as of the date of this statement, there are 146 patients prescribed depot anti-psychotic of the wards currently live on EPMA. However, many of these will be forensic patients cared for in the Trust's inpatient forensic settings, with roll-out of EPMA to community settings subject to ongoing work around options and deployment".

31. Oversight and audits present snap shots in time and cannot guarantee that all prescription charts were captured when determining patient numbers. Audits also vary between teams and at a Trust level, because the content of medicine audits varies based on national and local priorities for areas of concern or

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[2] There are two different kinds of antipsychotic depot medication – first generation depot medication and second generation long-acting injection (LAI) medications. These differ on the basis of how the medicine is formulated within the injectable preparation (depot (1st generation) vs LAI (2nd generation)).

improvement. The Trust is signed up to the Prescribing Observatory for Mental Health ("**POMH**") subscription project which focuses on specific topics within mental health prescribing each year at a national level. Local medicines audits at a care group, care unit, service or team level may be undertaken in response to uncertain current performance or areas of concern with identified room for improvement. As a result, each audit relates to a subset of patients, specific to the audit topic.

Data held by the Trust

32. I have also been asked to provide various types of data for 2019 to present (broken down annually if possible) insofar as this data is held by the Trust. I note at the outset that NHS England also publishes data on national trends and regional figures by Integrated Care Board here: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-act-statistics-annual-figures

(a) The number of patients admitted under sections 2 or 3

33. For ease of reference, this data is set out in the table below. As explained above, this only includes patient who were detained in a hospital run by the Trust. This may include patients who spent some time detained in a private placement but were also treated in a Trust hospital during the same period of detention:

Admissions under the MHA

Year	MHA Section 2	MHA Section 3	Total
2019	601	359	960
2020	670	237	907
2021	868	129	997
2022	838	118	956
2023	888	98	986
2024	792	123	915
2025	739	207	946
2026 (ytd)	235	101	336
Grand Total	**5631**	**1372**	**7003**

Patients admitted under the MHA

Year	Formal - MHA Section 2	Formal - MHA Section 3	Total
2019	552	325	877
2020	614	214	828
2021	800	112	912
2022	768	108	876
2023	796	93	889
2024	722	114	836
2025	687	190	877
2026 (ytd)	211	86	297
Grand Total	**5150**	**1242**	**6392**

34. The totals in the first table are higher than the second as a patient can have more than one admission per year.

35. The year-to-date number of patients admitted for 2026 (211, 86 and 297 respectively) suggest these are broadly consistent with figures for previous years.

(b) The number of patients subject to a CTO

36. For ease of reference, this data is set out in the table below:

Year	Patients subject to a new CTO
2019	81
2020	122
2021	84
2022	76
2023	91
2024	128
2025	131
Total	**713**

37. The year-to-date figure for 2026 is currently 50, which is again broadly consistent with figures for previous years.

(c) The number of patients recalled pursuant to a CTO

38. Due to data quality issues, a breakdown by year has not been possible. However, since 2019, 198 patients have been recalled during their first CTO, and 154 patients have had their CTO revoked at any point during their first CTO.

(d) The number of patients prescribed depot medications

39. I will set out the various audits that have been undertaken across Adult Mental Health ("**AMH**") services in relation to depot medication.

40. Firstly, there was the POMH UK 2019 audit. This audit considered the use of depot/long-acting injectable antipsychotic medication for relapse prevention and relates to the audit data collection period of October to November 2019 (with the audit results being published in March 2020). This audit considered only those

patients prescribed a depot/LAI antipsychotic, which resulted in a figure of 138 patients from 4 out of the 11 community teams being audited.

41. The POMH UK 2019 audit took place before there was an established and dedicated clinical pharmacy service to the Mental Health Community Teams. Because data collection for the POMH UK audits is largely undertaken by pharmacists and pharmacy technicians, this meant there was not the pharmacy workforce in place to collect data beyond these four teams. However, since this audit, the Trust has invested significantly in a dedicated pharmacy workforce for Mental Health Community Teams, which has greatly improved the scope and engagement in the POMH UK audit programme.

42. Secondly, there was the Prescribing within the EIP Service 2022 audit. At the time of the audit, 446 patients were on antipsychotic medication. Of those, 40 patients were prescribed depot /LAI medication and 7 were prescribed clozapine. Clozapine is used for treatment resistant schizophrenia and is not available as a long-acting injection.

43. This data is from a service evaluation undertaken when pharmacists were recruited to work directly with the EIP service for the first time, and therefore the scope of this exercise was to benchmark prescribing practices to inform priorities of the new clinical pharmacy service in EIP.

44. As a result of audit work undertaken in 2024, there were 563 patients as being currently prescribed depot antipsychotics across 11 LMHTs and Millbrook depot clinic. An audit was undertaken for these 563 patients to check for missed or

delayed doses of depot antipsychotic injections. 43/563 patients (7.6%) were identified as having their current antipsychotic depot injection being overdue. In 34 (79%) of these cases, the clinical team were already aware that the depot injection was overdue and a plan was in place in the patient's clinical record to administer the depot injection within a clinically appropriate time frame. In the remaining 9 cases there was no documented evidence in the clinical records of a local plan to administer the late depot injection. These cases were followed up assertively with assurance of a plan put in place immediately for all patients. The narrative feedback in most cases was that the clinical team were aware of the depot being due/overdue but hadn't documented a plan in the patient's clinical notes for unknown reasons. For context, depot antipsychotic injections / LAIs release antipsychotic medication slowly over several weeks or months. Therefore, plasma levels decline slowly after the last dose. In practice, this means that short delays in depot administration are often not clinically significant. The Trust has published guidance for clinical teams on managing missed and delayed doses of antipsychotic depot injections [**NHFT0003138**].

(e) The number of patients admitted three or more times under sections 2 or 3 in any two-year period.

45. There were 299 patients admitted three or more times under sections 2 or 3 within any two-year period. While these patients have a total of 1285 detentions between them, almost half (127 patients) were detained three times, and only 11 were detained eight or more times.

(f) For patients who were admitted three or more times under sections 2 or 3 Mental Health Act 1983 in any two-year period, how many were admitted pursuant to section 3.

46. There were 201 patients in the period between 1 January 2019 – 5 May 2026.

(g) For patients who were admitted three or more times under sections 2 or 3 Mental Health Act 1983 in any two-year period, for how many of these did risk to others or risk of violence form the basis for admission following assessment.

47. NHFT does not collate the data necessary to answer this question, as this is not an NHS England mandated Mental Health Act data set and, as explained earlier in this statement, the basis for admission is that the statutory criteria have been met.

(h) For patients who were admitted three or more times under sections 2 or 3 in any two-year period, how many were prescribed depot medication within this two-year period.

48. NHFT does not collate the data necessary to answer this question readily. While the total figure is known, identifying which of these were prescribed depot would require individual patient-record audit.

(i) For patients who were admitted three or more times under sections 2 or 3 Mental Health Act 1983 in any two-year period, how many were subject to a CTO.

49. There were 88 patients (out of the 299 patients mentioned above in paragraph 43) who were admitted three or more times under sections 2 or 3 from 1 January 2019 – 5 May 2026, and who were also subject to a CTO.

(j) For patients who were admitted three or more times under sections 2 or 3 Mental Health Act 1983 in any two-year period, how many were recalled pursuant to a CTO.

50. Of the patients meeting the aforementioned criteria, there were 48 who were recalled pursuant to a CTO, and of these 42 had their CTO revoked.

MDT Minutes

51. The Inquiry have asked me to set out my understanding of whether minutes of MDT meetings were taken between June 2020 to September 2022, and what administrative support was provided during this period.

52. Before addressing this specific point, I would like to explain what is expected in terms of recording discussion and decisions reached in EIP MDT meetings, which are meetings to discuss clinical decision-making. EIP MDTs have two core features:

    a. The MDT will usually discuss referrals to that team, as well as individual patients under the care of the EIP team. The patients that are discussed will usually depend on the Care Coordinator raising the case for discussion.

    b. It is the responsibility of the Care Coordinator to then update the RIO record following the MDT to reflect the discussion that took place for that patient.

53. It was left to local teams to decide how MDTs should be organised and to make any arrangements beyond the above, having regard to what worked best for the team. This may have included administrative support to help with the taking of minutes and/or producing an action log outside of the RIO record, if the team chose to create one. My understanding is that the City South EIP team did not use administrative support for these purposes at the time.

54. If a local EIP team decided to maintain an action log, this would include relevant actions decided at MDT in respect of specific patients, and records which particular member of the MDT would be in charge of that action. For example, the action log may record that a Care Coordinator for Patient X needed to speak with a social worker to raise concerns about Patient X's accommodation. This is in addition to the expectation that individual staff maintain their own list of actions for patients for whom they are responsible (in addition to making entries in RIO), as appropriate.

55. This position has now changed. There is now Trust Guidance on LMHT MDTs – EIP Internal Working Instructions **[NHFT0019600]**. This guidance specifies what should be recorded in the running notes on RIO for each patient discussed at MDT. In addition, a member of the administration team will now attend all EIP MDTs and produce an 'action log' as described above, as well as recording who is present at the meeting. I believe that the action log will be available on the Trust's shared drive for MDT members to access, but also, as noted above, individual members will continue to make their own records of actions for which they are responsible, as well updating RIO.

Consultant forums and supervision records

56. I have been asked by the Inquiry to disclose minutes / records of meetings in which Dr Tuhina Lloyd, Gary Carter, and Claudia Birtles may have raised concerns about the limitations of, or resourcing for, the EIP team.

(i) Consultant Forum meetings

57. There is an Adult Mental Health Consultant forum that meets monthly. The Trust has not located any record in these minutes of Dr Lloyd raising any concerns about EIP resourcing. The Trust did locate one entry of Dr Lloyd discussing medical secretarial support with colleagues in January 2020. The discussion was not specific to EIP. Nothing else attributable to Dr Lloyd has been located.

58. Dr Lloyd also attended the Senior Medical Staffing Committee (SMSC). These meetings take place once per month and are an opportunity for doctors across the Trust in the Mental Health Care Group to discuss matters of relevance to them. These meetings are chaired by a nominated consultant, who typically holds the post for three years, or until they stand down, whichever is sooner.

59. The minutes of SMSC meetings are stored on the Adult Mental Health shared drive and are circulated to SMSC members following each meeting. A thorough search of these minutes from 2020 to present day has been undertaken by the Trust, to identify any concerns raised by, or attributable to, Dr Lloyd in relation to the limitations of, or resourcing for, the EIP team. No relevant documents have been located as a result of these searches.

60. With regards supervision for doctors, our policy notes that supervision is managed within the Royal College of Psychiatrists Continuous Professional Development process. Within this, doctors are required to be a member of a peer group registered with the Royal College of Psychiatrists and submit the required information to them to receive an annual certificate of being in Good Standing

with the College. This certificate is then used in the Trust annual appraisal process.

(ii) Concerns raised by Gary Carter and/or Claudia Birtles regarding the EIP Team

61. A search of the Trust's systems has identified the following instances where Claudia Birtles raised concerns about the limitations or, or resourcing for, the EIP team:

    a. Claudia Birtles' supervision record dated 3 July 2020 notes: "lots of caseload currently struggling – 8/9 needing weekly appts" and "EIP Expressions of interest not out yet > issues with funding." I exhibit this supervision record to my statement as **[WITN0356093]**.

    b. Claudia Birtles' supervision record dated 13 July 2020 states: *"carrying large caseloads – not having time/capacity to see clients. Fire fighting. Not able to pick up new clients/assessments, not many to DX, getting blocked – feels unsafe*". Ms Birtles' supervisor states this will be escalated to Emma Robinson. I exhibit this supervision record to my statement as **[WITN0356094]**.

62. The Trust has disclosed to the Inquiry the supervision notes taken by Sharon Heath when she became Mr Carter's line manager in January 2022. There is

nothing specifically in these records about resourcing, other than Mr Carter stating his concern about his overall caseload volume [**NHFT0019628**].

63. The Trust has only located one supervision note taken by Emma Robinson when she was Mr Carter's line manager prior to January 2022, and this note does not mention resourcing.

<u>Concerns raised by Emma Robinson</u>

64. The Inquiry has asked me specifically to comment on points raised during Emma Robinson's oral evidence to the Inquiry on 5 May 2026. Ms Robinson said that she raised:

    a. the need for EIP staff to access psychologists with her managers (Transcript 05/05/2026 AM at 6/23-7/12);

    b. the need for MDT meetings to be minuted, and for admin support in order to facilitate the same, with her manager Kelly Simpson. Ms Robinson said she was told that admin support could not be provided due to lack of finances (Transcript 05/05/2026 AM at 51/6-52/11); and

    c. the team had inadequate psychiatric resources with her managers, and that her managers were also aware of the same (Transcript 05/05/2026 AM at 63/3-16);

65. I understand that Kelly Simpson and Vidyah Adamson have both been asked specifically to provide witness statements to the Inquiry addressing whether Emma Robsinson or others within the EIP raised any concerns about resourcing within the team, and they will be better placed than me to provide evidence on this issue as I have no first hand knowledge as best as I can recall. However, an initial review undertaken by the Trust of the supervision records taken by Kelly Simpson in respect of Emma Robinson does not reveal any record of discussions about the aforementioned concerns.

<u>Concerns raised by Dr Tuhina Lloyd re the minuting of MDT meetings</u>

66. In her oral evidence to the Inquiry on 6 May 2026, Dr Lloyd stated that when she first started in the Nottingham City team, she raised with the Clinical Team Leader that MDT meetings should be minuted. Dr Lloyd said that she was told that the admin support required to do so was not available (Transcript 06/05/2026 AM at 81/17-83/15).

67. Dr Lloyd then stated that she raised to clinical lead and clinical directors that she required more staffing support in order to provide complete all the work required on her cases. Dr Lloyd said the same concerns were raised by her colleagues at monthly forums ((Transcript 06/05/2026 AM at 102/5-103/12). As noted above, the Trust has reviewed the Consultant Forum minutes and the Senior Consultant Staffing Meeting minutes and cannot locate any escalation for additional staffing from Dr Lloyd generally, or specifically for the EIP team.

68. Dr Lloyd also stated in oral evidence that she raised in consultant meetings and forums that everybody had "extremely inflated caseloads", and that she raised the lack of MDT minuting with the team (Transcript 06/05/2026 AM at 74/24-77/10). The Trust has reviewed the Consultant Forum minutes and the Senior Consultant Staffing Meeting and cannot locate any escalation for inflated caseloads from Dr Lloyd generally, or specifically for the EIP team. However, I know from my attendance at these meetings that concerns were discussed around the difficulties with recruitment and retention of doctors, particularly in our community mental health teams and adult inpatient wards with a high number of vacancies. This included considerations of the total caseloads and a need to consider our medical establishment. I have discussed medical establishment in my first statement.

69. The Trust has searched Dr Lloyd's email account for any emails relevant to the above but did not locate any sent by her during the relevant period.

Professional accountability update

70. In addition to the matters raised in the Request, I would also like to set out the steps that the Trust is taking in respect of professional accountability as a result of this Inquiry.

71. The Trust has formulated a three phased process for reviewing the oral evidence given by Trust witnesses as part of this Inquiry. I will set out each stage in turn:

a. Phase 1 – Immediate Action: the Trust Inquiry team will identify any significant urgent concerns which emerge from each witness' oral evidence, and which have the potential to meet the threshold of gross misconduct. The Trust will then do a fact find under the Trust's Conduct Policy (which may be as simple as confirming details with a witness' manager), and then consider what further steps, if any, need to be done. For the avoidance of doubt, this includes considering whether practitioners need to be referred to the appropriate regulator.

b. Phase 2 – At the conclusion of Trust Oral Evidence: the Trust Inquiry Team will triangulate and assess any issues which have emerged during a Trust witness' oral evidence which have the potential to trigger a fact find under Trust policies, and/or a referral to the relevant regulator.

c. Phase 3 – Trust Written Statements: the Trust will then carry out the same process for those who have provided a written Rule 9 statement.

72. For all cases, throughout the process the Trust will consider whether referrals to the relevant regulators need to be made, and this will be kept under review throughout.

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: 19 May 2026

Index to Third Witness Statement of Susan Elcock

No.	Inquiry URN	Document Description
1	NHFT0003138	Guidance, Re: Managing Missed and Delayed Doses of Antipsychotic Depot Injections, Nottinghamshire Healthcare NHS Foundation Trust
2	NHFT0019600	Early Intervention in Psychosis Service Internal Working Instructions, Nottinghamshire Healthcare NHS Foundation Trust Version 5
3	WITN0356093	Claudia Birtles Supervision Record dated 03.07.2020
4	WITN0356094	Claudia Birtles Supervision Record dated 13.07.2020
5	NHFT0019628	Note made by Sharon Heath regarding supervision of Gary Carter
6	INQT0000071	Nottingham Inquiry Transcript of Week 11 Day 37 - AM
7	INQT0000073	Nottingham Inquiry Transcript of Week 11 Day 38 - AM
8	WITN0356095	2018 ISA NHSCT Priory Group Hospitals signed by NHCFT
9	WITN0356096	NHCFT The Priory ISA Signed
10	WITN0356097	ISA NHCFT and The Priory V2.1 Reviewed Dec 24

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