

Witness Name: SABRINA TAYLOR-HALL

Statement No: WITN0088003

Dated: 18 AUGUST 2025

## THE NOTTINGHAM INQUIRY

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### SECOND WITNESS STATEMENT OF SABRINA TAYLOR-HALL

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I, Sabrina Taylor-Hall, will say as follows: -

#### **INTRODUCTION**

1. My name is Sabrina Taylor-Hall, Chief Executive Officer at Healthwatch Nottingham and Nottinghamshire. I joined the organisation in April 2022. I hold a BA in Psychology and an MA in Community & Youth Work with Anthropology. I am currently Chief Executive Officer at Healthwatch Nottingham and Nottinghamshire, where I have also served as Head of Operations over the past three years.
2. This witness statement is made to assist the Nottingham Inquiry (the "Inquiry") with the matters set out in the Rule 9 Request dated 17<sup>th</sup> July 2025 (the "Request").

3. I have been asked to set out by way of background, further details pertaining to 'Healthwatch Nottingham & Nottinghamshire Specialist Mental Health Services: Interim Report March 2023' and 'Healthwatch Nottingham & Nottinghamshire Specialist Mental Health Services: Report November 2023' [WITN0088002] and [CQCM0016521].
  
4. A mixed methods approach was used in this research project to ensure both the breadth and depth of service user feedback. This included a survey to gather quantitative data across a broad population, alongside one-to-one interviews and focus groups to explore individual experiences and collective reflections in greater depth. This enabled the collection of quantitative data to identify overarching trends, alongside qualitative insights that captured the complexity and emotional nuance of individual experiences.
  
5. The use of both qualitative and quantitative methods allowed for triangulation of findings, enhancing the credibility and rigour of the conclusions. This was particularly important given the sensitivity of the subject matter and the need to ensure that recommendations were grounded in robust, multi-layered evidence.
  
6. A mixed methods design supported inclusivity by offering multiple avenues for participation. This was essential for engaging seldom-heard voices, including individuals who may face barriers to written communication or who express themselves more effectively in verbal or visual formats.

7. The approach reflected the complexity of mental health journeys, which are often non-linear and shaped by intersecting personal, social, and systemic factors. Using mixed methods allowed for a more authentic representation of lived experience.
8. Qualitative components of the research, especially the focus groups and interviews, also served as spaces for co-production and dialogue. These methods fostered trust, enabled shared reflection, and supported ongoing engagement with service users and community stakeholders beyond the scope of the final report.
9. The interim report presented findings from the first stage of Healthwatch Nottingham and Nottinghamshire's survey on Specialist Mental Health Services, with 292 responses at that point from individuals who had accessed or attempted to access services within the past two years. Respondents shared detailed accounts of their experiences and offered suggestions for service improvement.
10. While 71% of respondents indicated they would consider contacting a GP or nurse in future mental health crises, many reported challenges in securing appointments or referrals. Notably, 40% found accessing services difficult or very difficult, whereas 50% of those who successfully accessed services described the process as easy or very easy—with high levels of satisfaction among this group.

11. The survey revealed wide variation in service user experiences, ranging from highly positive to deeply challenging. Despite the ethos of the local transformation programme being “No Wrong Door,” many respondents described being referred to or approaching services that felt like the “wrong door,” leading to delays, confusion, and in some cases, deterioration in mental health.

12. Key areas for improvement identified by service users included simplified self-referral processes, reduced waiting times, and the introduction of interim support during referral, diagnosis, and service transfer periods. Respondents also called for holistic, person-centred approaches throughout treatment, and emphasised the importance of healthcare professionals being caring, knowledgeable, and willing to actively listen. These priorities not only reflect service user experience but also align with the NICE (2011) guidelines on improving care for adults using NHS mental health services, as outlined in the literature review.

13. The final report’s main findings echo the above and identified several key themes. These included significant barriers to access and referral, with many individuals reporting long waiting times, difficulties navigating referral pathways, and, in some cases, being told they were “too complex” to be treated, particularly where dual diagnoses or trauma-related conditions such as complex PTSD were present. Concerns were also raised about continuity and quality of care, with participants describing limited consistency in their contact with mental health professionals, poor communication between services, and a

lack of coherent care planning. The adequacy of crisis response services was a further recurrent issue, with service users frequently describing difficulty in accessing timely help during acute episodes and, in some instances, being turned away by crisis teams. Many participants expressed a need for more holistic and person-centred care that addressed wider determinants of health, such as housing, relationships, and physical wellbeing, rather than a narrow focus on medicalised treatment. Neurodivergent individuals, including those with autism and ADHD, reported that services were often ill-equipped to meet their needs, particularly with respect to the suitability of standard therapies such as CBT. The evidence also highlighted a heavy reliance on voluntary and community organisations, which were frequently regarded as more responsive and supportive than statutory services, filling critical gaps in provision.

14. The final report made eight specific recommendations for service improvement, including:

- **Streamlining referral pathways** and ensuring timely access to support.
- **Enhancing communication** and continuity of care.
- **Embedding trauma-informed and person-centred approaches.**
- **Improving crisis care pathways.**
- **Ensuring therapies are adapted for neurodivergent individuals.**
- **Investing in early intervention and prevention.**
- **Recognising and resourcing the role of the voluntary sector.**

- **Using diverse engagement methods** to ensure underrepresented voices are captured.

15. The above recommendations were made with the knowledge that they will require commitment in both time and investment. In the long run, however, we anticipate that if implemented, they will free up resources to support service users referred to and accessing services. It is also important to note that these recommendations are not one-size-fits-all because each service user will have different needs based on their diagnoses and experiences, again reinforcing the importance of service user involvement throughout every stage of their care. It was felt that our recommendations could improve the situation for patients and service users, past, present, and future.

16. There is evidence that Nottinghamshire Healthcare NHS Foundation Trust has begun to take forward actions which align with the recommendations made in the Healthwatch Nottingham and Nottinghamshire final report. In 2024 the Integrated Care System (ICS) published a three-year Integrated Mental Health Strategic Plan, which sets out priorities around improving access through a “no wrong door” approach, strengthening community-based and early intervention services, and improving the quality of local inpatient care, including discharge and transition planning [WITN0088004]. These priorities correspond directly to concerns identified in the final report in relation to access, continuity of care, and holistic support provided by Nottinghamshire Healthcare NHS Foundation Trust. Nottinghamshire Healthcare NHS Foundation Trust has also launched a refreshed Integrated Improvement Plan, “Our Big Plan,” which emphasises

patient safety, quality improvement, operational excellence, and stronger leadership and governance. Furthermore, the Care Quality Commission's special review of Nottinghamshire Healthcare NHS Foundation Trust in March 2024 echoed many of the themes raised by Healthwatch Nottingham and Nottinghamshire, including challenges in access, person-centred care planning, and crisis response. While it is not possible to state with certainty the extent to which each individual recommendation has been implemented, these developments demonstrate that the issues identified in the final report have been recognised at both organisational and regulatory levels and are now the subject of strategic improvement activity.

17. Building on these strategic developments, from October 2024 to July 2025 Healthwatch Nottingham and Nottinghamshire worked in close partnership with Nottinghamshire Healthcare NHS Foundation Trust under a Memorandum of Understanding to support the refreshed Integrated Improvement Plan (IIP) [WITN0088005]. As part of this, Healthwatch Nottingham and Nottinghamshire acted as a critical friend through its membership of the Evidence and Assurance Group, offering independent challenge, validating evidence, and sharing community intelligence to address gaps in patient and carer experience. Healthwatch Nottingham and Nottinghamshire also co-designed the Patient and Carer Group, developing governance and engagement frameworks to ensure lived experience informed service planning and improvement. These steps demonstrate that Nottinghamshire Healthcare NHS Foundation Trust has taken forward elements of the original recommendations by strengthening inclusive governance and embedding patient and carer voices more

systematically in decision-making. The work has already contributed to improved co-production and public trust, and subject to funding, the next phase will expand this model of engagement across all Nottinghamshire Healthcare NHS Foundation Trust services.

**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: 03.11.25

**Index to Second Witness Statement of Sabrina Taylor-Hall**

<b>No.</b>	<b>Inquiry URN</b>	<b>Document Description</b>
1.	WITN0088002	Report dated 21 March 2023, Healthwatch Nottingham and Nottinghamshire – Re: Specialist Mental Health Services: Interim Report March 2023
2.	CQCM0016521	Report dated 21 November 2023, Healthwatch Nottingham and Nottinghamshire – Re: Specialist Mental Health Services: The Experiences of People Living with Severe Mental Illness.
3.	WITN0088004	Nottinghamshire Health Foundation NHS Trust three-year Integrated Mental Health Strategic Plan – published 2024
4.	WITN0088005	Memorandum of Understanding between Healthwatch Nottingham and Nottinghamshire and Nottinghamshire Healthcare NHS Foundation Trust