

Witness Name: DR TUHINA LLOYD
Statement No: WITN0357004
Dated: 03/07/2026

THE NOTTINGHAM INQUIRY

WITNESS STATEMENT OF DR TUHINA LLOYD

I, Dr Tuhina Lloyd will say as follows: -

INTRODUCTION

1. I am making this statement further to my statement dated 18 December 2025.
2. This witness statement is made to assist the Nottingham Inquiry (the "Inquiry") with the matters set out in the Rule 9 Request dated 25 June 2026 and further enquiries set out in the e mail dated 17 July 2026 (the "Requests").

BACKGROUND

3. I have been asked to set out further context surrounding an email timed 1329 on 30 April 2019 [WITN0206043] with a colleague regarding discharging Assertive Outreach 'AO' clients. This was in response to an email timed at 1751 on 26 April 2019, from Dr Eileen O'Regan ('Dr O'Regan') [WITN0206043] in which she described her AO numbers 'going up a bit' and that she was not sure if she should be 'gate keeping' or not.
4. Dr O'Regan is a consultant colleague who worked with patients on the AO pathway in the City North Local Mental Health Team ('LMHT') within the Adult Mental Health directorate in the Trust.

5. AO refers to the assertive outreach pathway, which is a stream that sits within the Local Mental Health Teams.
6. I did not have any specific understanding in relation to “gate keeping” and further clarification on this issue should be directed to Dr O'Regan. From my recollection, I was not experiencing any increase in AO numbers. My email response refers to us being 'under pressure'. To clarify, I was referring to the care coordinators who work with the AO clients within the LMHT pathway. This did not include care coordinators working within EIP team.
7. At the material time, my team leader was Helen Taff, and the deputy team leader was Sarah Hayler. It is my understanding that during one-to-one supervision sessions the team leader and deputy team leader put care coordinators under pressure to discharge patients on their caseloads to make space for new referrals. The care coordinators subsequently brought patients to the weekly multi-disciplinary meeting (MDT) which I attended or booked them into my outpatient clinic for consideration of discharge from the service. In 2019 I recall that there was a restructuring of services and I cannot now recall the precise structure at this time. I would add that the e mail I have been asked to consider was in relation to the AO patients and not EIP patients. No rationale was provided directly to me for discharging high-risk AO clients for non-engagement. I never discharged any high-risk AO clients on the grounds of non-engagement because of this pressure.
8. In my email [WITN0206043] I refer to a lack of understanding as to the nature and ethos of the AO model. By this I meant that the LMHT was not a specialist AO service and to my knowledge, was neither equipped nor had any specific training or expertise in the AO model of care which emphasises actively engaging people with severe and enduring mental illness who have difficulty accessing or staying engaged in traditional services, rather than expecting them to attend appointments or seek help themselves.

9. My view was that the pressure being applied was inappropriate and unsafe hence wanting support and advice from colleagues working with similar clients. I cannot recall whether I did or did not raise this with anyone.
10. In my email [WITN0206043] I stated that I would 'welcome a meeting' and would 'appreciate some thoughts and advice'. From my recollection no meeting took place as we could not find a mutual date and time when all the consultants were available due to busy timetables and conflicting commitments. I did not receive any thoughts or advice as we were not able to have the meeting.
11. Pressure continued to be put on the care coordinators to discharge high risk AO patients on the grounds of non-engagement from 2019 to 2023. The pressure ceased to be exerted after the tragic incident involving VC in June 2023. This refers to AO patients only and not EIP patients.
12. In relation to the question of supervision of Dr Burri, in line with usual practice Dr Burri would have recorded the supervision in his training e-portfolio. Enquires will need to be raised with others about how to access this material. I did not make any notes of supervision.

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

Date: 07/22/2026

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<u>No.</u>	<u>URN</u>	<u>Document Description</u>
1	WITN0206043	E mail from Tuhina Lloyd [NHFT] to Eileen O'Regan [NFHT], Hermant Bagalkote and another, re EIP and AO case loads and other issues