

THE NOTTINGHAM INQUIRY

FIRST WITNESS STATEMENT OF HELEN TAFF

I, Helen Taff, will say as follows: -

1. This statement is provided to assist the Nottingham Inquiry ("the inquiry") and responds to the Rule 9 request dated 17 July 2026.
2. I am no longer employed by the Nottinghamshire Healthcare NHS Foundation Trust ("the Trust"). In preparing this statement I have reviewed various documents, including emails, that the Trust has identified through searches carried out on my behalf of my previous inbox and related document repositories. Unfortunately, I have struggled to recall in any detail much more than what is stated in those documents, and I only have a very limited independent memory of the issues that the Inquiry has asked me to address in my statement.
3. This statement was drafted on my behalf by the external solicitors acting for the Trust in respect of the Inquiry, with my oversight and input, following discussions in writing, by email and by video conference.

Career and role

4. I have a Diploma in Nursing (Mental Health). I am a Registered Mental Health Nurse and worked for the Trust between 1996 and January 2026. During this time, I was employed as a Community Psychiatric Nurse, taking up the position of Team Manager in 2016 within the Adult Mental Health ("AMH") Local Mental Health Team ("LMHT") City South until June 2024. I was then redeployed in the Trust in an audit role within adult mental health, to work alongside the matron.
5. I am currently self-employed as a consultant with Slimming World.

Team Manager role

6. In my last substantive role within the Trust my responsibilities included but were not limited to, overseeing the day to day running of the multi-disciplinary team (MDT) to ensure the smooth coordination of care for patients. This included allocating referrals and managing the distribution of caseloads, supervising care coordinators (CCOs) who are predominately community psychiatric

nurses (CPN) or on occasion occupational therapists or social workers. I would lead and chair the MDT meetings, and monitor risk and timely reviews of the patients. In addition I would escalate any clinical or operational issues to the service and operational managers.

Supervision

7. I cannot recall the full list of staff I was responsible for managing during my time at the Trust, but I have been provided with a list produced by the Trust [WITN0489002] and this seems accurate to the best of my recollection.
8. Tab 1 of the spreadsheet indicates that I was supervised by the following persons:
 - a. Sarah Toone in the period from 2018-February 2020;
 - b. Marion Taylor in the period from March 2020-September 2020 and then again September 2021-November 2022;
 - c. Sally Summers in the period October 2020-July 2021;
 - d. Tracey Taylor in February 2023;
 - e. Joan Halstead in the period from April 2023- June 2024
 - f. Sally Redgate and Tanya Hobbs during my audit role, as described above.
9. I had the responsibility of undertaking supervision of those listed in Tab 2. My supervision responsibilities were a mixture of clinical and managerial supervision.

Concerns raised

10. As mentioned above, I have limited independent memory of the operation of the EIP service, particularly as most of the issues mentioned below arose in 2019-2020. I have therefore primarily relied on those documents provided to me to review. However, I have sought to expand on those documents where possible.
11. On 18 January 2019, I can see that I sent an email to the team suggesting that we have a weekly referral meeting. The email suggests that this was as a result of a number of discussions about the screening of referrals coming into the team. I suggested that we continue to screen on a daily basis in order to ensure that we pull out any urgent LMHT or EIP referrals and collate the rest to be discussed within the referral meeting, allowing for a more consistent MDT approach. The first meeting was scheduled for 29 January 2019. [WITN0489003].
12. On 25 February 2019, I was copied into an email from Dr Hankin, Executive Medical Director, with concerns that the LMHT were not accepting referrals from university students as there was no capacity to offer appointments until after the summer period.
13. I responded on the same day to confirm that we continued to offer a service for all City South clients

however, our wait time for initial assessment was into June. I confirmed that I had met with the university mental health support team to discuss student referrals and how, if they were open to the university team, this may allow them to receive a level of support in a more timely manner. I noted that I had discussed that it was not appropriate to offer an appointment in October, when the student would return to university, and therefore the most appropriate action was to decline a referral for those who were considered to be low risk, with clear signposting to the university mental health team and an option for re-referral if risks increased or on return to university they were still in need of secondary services. I confirmed within the email that I had been discussing options with Sarah Toone, Service Manager, relating to how to reduce the waiting time for initial assessments which I hoped could be implemented imminently [WITN0489003].

14. Sarah Toone, Service Manager, confirmed that there were 2 further clinics being held at the local medical centre which would offer psychosocial interventions and nurse prescribing to support demand and provide a more locality based service. In addition to this, Tracey Taylor, Operational Manager within the Community and Inpatient Rehabilitation Services confirmed that weekend clinics had been implemented in order to ensure that initial assessments could be undertaken.
15. On 21 May 2019, I attended an EIP Steering Group Meeting along with the service manager, other team leaders, CPNs and other members of the MDT. During the meeting it was discussed that the capacity in terms of resources needed to be added to the Divisional Risk Register with regards to caseloads in general and specifically the capacity to deliver EIP [WITN0489005]. I do not recall whether this was actioned.
16. On 3 July 2019, an EIP Meeting discussed concerns around the service not meeting national standards and a plan was to be agreed in relation to setting up a working group and action plan [WITN0489006]. I do not recall whether I attended this meeting or had any subsequent involvement.
17. On 23 July 2020, I was copied to an email from Abigail Parsonage, CPN who had concerns about how to carry out assessments once agreed for the EIP team and said that she was worried about patient care and staff becoming burnt out. Emma Robinson responded to say that there was an awareness of current pressures and suggested a meeting to discuss what to do moving forward [WITN0489007].
18. On 2 August 2019, I raised concerns to Glen Owen, Service Manager, and Sarah Toone about the staffing within the team, indicating that due to 4 x qualified staff being off sick as well as a HCA and a staff member leaving, initial assessments that had been booked had been cancelled with those staff members. I indicated that staff were left really struggling, with this having been voiced to me and I was concerned that if nothing changed, further staff would go off sick. Glen responded to me on the same day to confirm that part time staff were going to be asked if they wanted additional hours, there would be exploration of weekend assessments and CVs had been requested from agency staff, with the potential for 2 additional staff members to be considered [WITN0489008].

19. On 14 August 2020 I was sent minutes of a meeting with senior EIP which records me being concerned about team dynamics and *"negativity creeping back in again"*. There was then a discussion about general frustrations within the team which are mainly COVID related and some difficulties with the lack of clarity around EIP pathway. We agreed to keep an eye on it and review again in September when things return to some normal. [WITN0489009]
20. On 30 November 2020, I sent an email to Karthik Thangavelu, Michelle Malone, Faizal Seedat and others noting my concern about medic resource within City South LMH [WITN0489014].
21. On 24 May 2023, I emailed to Joanne Halstead to advise that the team were struggling due to 3 full time staff being absent and staff struggling to stay on top of things - proposing to freeze triage and read all referrals and possibly reduce the amount of initial assessments that were undertaken [WITN0489010]

Dr Lloyd's email of 30 April 2019

22. I have read the extract from Dr Lloyd's email [WITN0206043] stating:

We are currently under pressure from our team leaders to discharge high risk AO clients on the grounds that they are not engaging! There seems to be a lack of understanding about the nature and ethos of AO model.

23. I do not have any independent memory of this email or discussing the stated concerns with Dr Lloyd, but can confirm that I was one of Dr Lloyd's team leaders during this period of time.
24. The Assertive Outreach Model was previously a separate, standalone service providing specialist skills and resources to manage patients who struggled to engage with services. The standalone service was disbanded in approximately 2018 and the function was undertaken by the Local Mental Health Team ("LMHT").
25. The model at the time included a larger amount of support workers who could attempt active engagement with patients within the community. The caseload was smaller with approximately 10-12 patients per CCO, which in turn allowed for more frequent contact. The whole team took responsibility for the patient rather than a single CCO which gave multiple chances to build a connection and meant that if the CCO was not available or on leave the patient was well known to other team members and trusted them. This structure also reduced the chance of disengagement if a trusted CCO left. The focus was not just on mental health and medication, but also on housing, benefits, education, and employment.
26. I do recall at the time when LMHTs were originally established that each team had a different amount of allocated staff from the teams that were merged together. City South was only allocated a very small number of qualified staff. This meant that there was not enough allocated staff to follow

the pathway as designed.

My email of 13 February 2020 and 17 February 2020

13 February 2020

27. In my email of 13 February 2020 [WITN0489012], I emailed Emma Robinson, Team Manager, Sarah Toone, Service Manager and Dr Vidyah Adamson, Strategic Clinical and Transformation Lead for EIP with concerns about the team capacity at that time. I noted that staff had come to me with concerns that they were struggling to manage the amount of referrals being received alongside ongoing work. My recollection is that the staff members I was referring to who had raised concerns were as follows:

- a. Claudia Birtles, Community Psychiatric Nurse
- b. Abigail Parsonage, Community Psychiatric Nurse
- c. Sabrina Edwards, Community Psychiatric Nurse
- d. Justin Boyle, Community Psychiatric Nurse

28. At the time, I noted that we had 76 clients on the EIP pathway with 3.2wte staff, which was higher than the recommended national caseload.

29. I expressed concerns about current clients not receiving an adequate service, this was on the basis that the capacity within the team was stretched and I considered the team to be prioritising new referrals in order to ensure that the 2 week national target was not being breached.

30. In my email I expressed concerns that staff were allocating a CCO to ensure that the 2 week referral target was being met but were then unable to provide follow up due to a lack of capacity within the team.

31. I went on to say that I did not consider that it was safe to prioritise referrals and process them within a 2 week window as it was clearly having an impact on other clients on the pathway who were unable to receive the support that they needed. On this basis, I requested support and guidance.

17 February 2020

32. On 17 February 2020, I responded to an email from Emma Robinson, Team Manager about available resource. I indicated that we could utilise Paul's time and resource, which would likely be of help, but no temporary resource had been identified, all but one staff member were currently over capacity and all clients were within the 3 years allocated by EIP, although some had been identified for transfer/discharge soon. [WITN0489013]

33. On 3 March 2020, Emma Robinson acknowledged

that the team were under resourced in terms of staff to client ratio. She confirmed that she would interviewing in the coming weeks for a CPN within the City North team. This was not a direct recruitment into the EIP team but it was indicated that it would help 'bolster' the EIP line. [WITN0489013]

34. On 26 March 2020, Dr Adamson queried how many band 6 EIP staff were on the team, noting that it should be at least 4 WTE. I responded on the same day indicating that I had 3.2 WTE. It was subsequently agreed that day that we could increase one of the CPN's hours to 30 hours for an initial period of 3 months which would effectively mean working 4 days instead of 3. stating that all but one member of staff was over capacity. [WITN0489013]

My interactions/knowledge of VC

35. Prior to 13 June 2023, I had no interactions with VC or any knowledge of the care provided to him by the Trust at the time he was a patient.

Statement of truth

I believe the contents 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: 12 August 2026

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No.	Exhibit	Document title	Description
1.	WITN0489002	Taff, Helen 201731-Jul-2026 Supervision	01-Jul- List of supervision for Helen Taff

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No.	Exhibit	Document title	Description
1.	WITN0489002	Taff, Helen 01-Jul-201731-Jul-2026 Supervision	List of supervision for Helen Taff
2.	WITN0489003	Referral meeting	Email regarding referrals
3.	WITN0489004	South LMHT – Capacity Concern	Email re Staffing - Sickness – Case Load
4.	WITN0489005	EIP Steering Group Meeting – EIP internal Mtg Minutes – 21.05.19	EIP Steering Group Meeting – EIP internal Mtg Minutes – 21.05.19
5.	WITN0489006	EIP Management – Crib Sheet EIP Meeting 3	EIP meeting 03.07.19
6.	WITN0489007	Caseloads – new referrals	Email dated 23.02.23
7.	WITN0489008	Staffing - Sickness - Case Load	Email to Glen Owens 2.08.19
8.	WITN0489009	Email attaching minutes	Senior meeting minutes dated 14.08.20
9.	WITN0489010	City South Staffing	Email dated 24.05.23
10.	WITN0489011	Caseloads – new	Email dated 23.07.23

		referrals – case load	
11.	WITN0489012	Concerns raised by EIP staff	Email dated 13.02.20
12.	WITN0489013	Concerns raised by EIP staff	Email chain between Dr Lloyd, Dr Adamson Emma Robinson and Helen Taff
13.	WITN0489014	Locum requirement	Email chain with email to Karthik Thangavelu, Michelle Malone, Faizal Seedat
14.	WITN0206043	Email correspondence re caseloads	Email from Dr Lloyd dated 30.04.19