APPENDIX TO SECTION 21 NOTICE

Issued to Essex Partnership University NHS Foundation Trust (EPUT) on 16 February 2026

Requirement for a witness statement and associated exhibits in relation to the evaluation and monitoring of inpatient mental health treatment and care

The Inquiry now requires EPUT to provide a witness statement and associated supporting documents held by the Trust in respect of 'Monitoring and Evaluation' as per the Rule 9(26) request, dated 18 August 2025.

For the avoidance of doubt, Annex 1 to R9(26) is replicated here, and should be responded to in full by **27 February 2026**, including the provision of supporting documentation:

Overview

The Inquiry seeks a systematic and comprehensive explanation of:

- how practice in the delivery of inpatient mental health treatment and care was monitored and evaluated throughout the relevant period **["Monitoring and Evaluation"];**
- how records were made and stored for that Monitoring and Evaluation;
- how the outcomes of the Monitoring and Evaluation were disseminated and shared with clinicians and other staff;
- what systems were in place for reviewing and adapting practice as a result of the outcome of the Monitoring and Evaluation;
- how the institution recorded the reason for any changes that were made so that these changes were not accidentally reversed in the future; and
- what records of Monitoring and Evaluation are available for scrutiny.

This request overlaps significantly with previous requests for information, including in particular the Rule 9 (11) request for information regarding the Inpatient Pathway. However, the witness who provided evidence on behalf of the Trust on

that topic, Dr Milind Karale, made it clear in his oral evidence that he was not the best person to give evidence around the monitoring and governance arrangements of the organisation and agreed that the Trust may need to identify someone better placed to assist the Inquiry with that information.

The aim with this request is to obtain a complete overview of EPUT's approach to Monitoring and Evaluation. Accordingly, the Trust is expected to revisit the topics of all previous Rule 9 requests to complete and fill in any gaps in any information it has previously provided on this subject. Where EPUT takes the view that a complete response on any specific matter has already been provided, the Trust is invited to reference this in the response and duplicate the previous answer (e.g. "As set out in the Trust's statement dated 26 March 2025: [quote text from earlier response]").

All references in this request to EPUT or to "the Trust" should be taken to include EPUT's predecessor trusts wherever relevant. Please include any and all changes in policy and practice over the Relevant Period with an explanation of the drivers for those changes.

If there are any gaps in the information available or in the historical records which limit the completeness of the response, please clearly identify and explain these gaps, set out the reasons for the missing information, and explain the efforts made to retrieve or reconstruct the information.

Please respond to the questions and requests below by way of standalone narrative within a witness statement. The response should aim to address all the questions asked, but may do so in whatever order, and whatever form, is considered most appropriate.

Details of Rule 9 request

1. Please provide a comprehensive and **structured** account of how the Trust evaluated and monitored practice and performance in respect of each topic that has been the subject of Rule 9 requests from the Inquiry to date. The structure should set out, for **each topic**:

    a. All the levels within the Trust hierarchy (from ward to board) at which the Monitoring and Evaluation took place;
    b. At each level, the methods and metrics used for the Monitoring and Evaluation (i.e. exactly what conduct, outcomes, demographics, statistics, etc. were measured, observed, or monitored and exactly how the measurements/observations/monitoring were carried out);
    c. The standards and/or yardsticks against which practice and performance were measured;
    d. A comprehensive list of all the records that were created throughout the process of Monitoring and Evaluation;
    e. How these records were stored and categorised;
    f. A comprehensive list of all the records that are available for inspection if required by the Inquiry; and
    g. The process by which changes to practice were expected to be implemented as a result of the outcomes of the Monitoring and Evaluation.

2. In answering question 1 above, please give particular attention (without limiting the answer to) the following topics:

    a. Gatekeeping of admissions
    b. Admission assessments
    c. The ward environment
    d. Ligature Incidents
    e. Use and impact of restrictive and coercive practices
    f. Wider philosophies of care, such as recovery
    g. Medication management

h. Absconsions, and AWOLs
i. Out of area placements (with independent providers or with Trusts outside Essex)
j. Treatment and care where no admission bed is available (both in and out of area)
k. Staff conduct (including but not limited to kindness/politeness, and falling asleep on night duty)
l. Allocation of staffing and staffing levels
m. Staffing vacancies and unfilled posts
n. Use of temporary staff (including, but not limited to doctors and nurse)
o. Potential correlations between staff role, grade, or status, and quality of care outcomes (e.g. correlations between use of agency staff and detrimental patient outcomes)
p. Staff turnover, sickness and vacancy rates at all levels
q. Staff compliance with training and certification
r. The receipt of, and engagement with, concerns and complaints from staff, service-users and family/carers (please include all sources and pathways for concerns and complaints to be raised)
s. Formal and informal structures for service user and family and carer involvement at all stages of the admission pathway
t. Discharge processes, including but not limited to decision-making regarding discharge from all services and discharge summaries.
u. Follow-up processes post-discharge
v. The selection and implementation of internal quality improvement measures
w. The use of productivity specialist companies and/or other consultancy agencies for quality improvement programmes
x. The implementation of recommendations from external organisations
y. Service user and family or carer strategic involvement in Trust service planning and evaluation
z. The quality assurance of Trust policy and documentation and its compliance with external or national guidance
aa. Safeguarding reports to local authority

bb. Referrals to regulators, including the NMC and GMC

cc. Clinical leadership structure – including but not limited to the role of the matron.