IN THE MATTER OF THE LAMPARD INQUIRY'S

DRAFT STATEMENT OF APPROACH – ILLUSTRATIVE CASES STRATEGY

SUBMISSIONS ON BEHALF OF THE ESSEX PARTNERSHIP UNIVERSITY NHS TRUST

Introduction

1. The Essex Partnership University NHS Trust ("EPUT") welcomes the publication of the Inquiry's draft 'Statement of Approach' upon the investigation of illustrative cases ("the Strategy"). It is very helpful to receive information about the Inquiry's intentions, and EPUT notes how the Strategy moves the Inquiry forward in parallel with the investigative steps that it is already taking, for example in securing copies of patient records and related information from EPUT, in connection with individual patients.

2. EPUT similarly welcomes the opportunity to comment on the draft Strategy. It intends and hopes that these comments will be helpful. There is a great deal in the Strategy that EPUT welcomes; for example, the identification of a sizeable number of individual cases to explore in more detail, but in a number that also has regard to capacity to carry out an investigation 'with all due expedition'. Equally, EPUT notes the commitment shown to allowing interested CPs to be involved in establishing the narrative of 'what happened', as well as suggesting issues for exploration. It fully recognises the importance of enabling families and carers to be fully involved in the process of investigating illustrative cases, and nothing in these comments is intended to detract from that important principle.

3. The comments which follow are aimed at strengthening the draft Strategy. They address:
    a. The **aims and objectives** of any investigation, together with the need for clarity on the intended methodology;
    b. In that context, the issue of **case selection** and whether the 'illustrative cases' are intended to be representative – if so, of what, and by what means;
    c. The role **of assessors and Inquiry experts**;
    d. EPUT's **resources**;
    e. Additional comments and conclusion.

Aims and Objectives of Any Investigation

4. EPUT suggests that the aims and objectives of the investigative process could be further considered and made explicit, as part of any strategy. EPUT's own experience of investigations is that it is crucial for families and other key stakeholders to have clarity

from the outset as to what will be investigated and the intended outcome(s) – otherwise there is scope for misunderstanding or even disappointment.

5. Furthermore, the aims and objectives of an investigation have a direct bearing on the questions to be asked, and answered, in any investigation, and on its methodology. For example, the primary aims might include: hearing and exploring the concerns of families; whether contemporary standards had been met or procedures followed; whether providers had learnt from the reports and recommendations (including from third parties such as HM Coroner) made at the time; or upon what lessons may now be learnt to support current improvements in MH practice. These examples are not exhaustive, but they have implications for the methodology of the investigation and its processes.

6. The potential aim of focussing on what providers have learned from past investigations etc might be implicit in the cases listed as potentially included in paragraphs 9(c), (d) and (e) – but there are other potential inclusions in the list at paragraph 9, which could imply wider aims. Or, if the primary aim is to learn lessons for the future, this might well imply: (i) a focus on 'lesser known' areas of practise or issues (whether older age mental health, the interaction with physical health complaints, or learning disabilities); or (ii) it might imply weighting the sample of cases towards more recent cases, which are more likely to be reflective of current practice and current issues (as the Inquiry did with its Oxevision hearings). Later illustrative cases are also less likely to encounter difficulties with records that are no longer available.

7. Another potential aim would involve seeing if there were areas of good practice or exploring the extent to which some deaths may, sadly, not be reasonably preventable. A selection of cases with a major focus upon (i) cases which formed part of the 2021 EPUT prosecution by the HSE; (ii) cases involving a neglect finding at an inquest; and (iii) cases where a Prevention of Future Deaths report was issued, would not be consistent with such an aim, which is likely to imply a wider or more representative approach to case selection. At the moment, the only 'neutral' category at para 9 is that of the death of CAMHS patients (and the scope for the Chair's discretion, 9(f)). There are many deaths within the Inquiry's scope where deaths resulting in an inquest were either found to be attributable to 'natural causes' (both deaths on 'older adults wards' and outside of those wards) or, if "unexpected", resulted in verdicts such 'misadventure', 'drugs and/or alcohol related', or 'open' verdicts – such cases may well not fall within categories 9(c), 9(d) or 9(e). Deaths in the 'gatekeeping' category would be largely excluded by categories linked to inquests or the HSE prosecution, as c90% do not appear to have resulted in inquests.

8. This issue ought, it is submitted, be explicitly considered and addressed in the Strategy. At the moment, there is some potential confusion between selecting 'illustrative cases' and 'representative cases' – bearing in mind the Chair's statement, set out in the Strategy, that *"[t]he Chair is minded to identify a sample of cases, representative of the issues, that will be investigated in detail in order to draw wider conclusions"*.

Case Selection

9. The comments above, on the primary aims and objectives directing the study of illustrative cases, are relevant to the question of how or which cases are selected. In addition, it is not clear how the figure of (approximately) 140 cases has been arrived at, and the Inquiry is asked to clarify whether its expert statisticians have been involved, both in terms of how many cases should be included in the illustrative case sample, and how any selection and weighting would be achieved.

10. It is not presently clear to EPUT how the sample would be constructed to cover the range of these issues, and the full range of Essex providers of care. The Inquiry might helpfully clarify how the potential list of cases set out at paragraph 9 is linked to, or furthers the aims set out in paragraph 8, and specifically the aim of ensuring "*representation of a range of patients, taking into consideration factors such as mental health condition and presentation, the location and type of unit at which care was received, age, other protected characteristics and any co-occurring needs (such as physical health conditions and neurodivergence)*". There is explicit mention of CAMHS patients who died at paragraph 9(b), but not of other such categories.

The role of assessors and experts

11. EPUT notes that the Inquiry intends to put together initial Case Summaries, to be disclosed initially to family members, providers or outside agency with an interest in that patient's care (para 51). In addition, "*Where there have been alleged or established failings in care and/or clinical conduct, it is proposed that consideration will be given to the scope and nature of any expert opinion evidence that may be required.*" (para 43 and following).

12. If the Case Summaries are intended to summarise issues relating to patient care and/or to go beyond a summary of findings and conclusions of previous inquests or investigations, EPUT respectfully observes that its experience (including that of its lawyers) is that the process of drawing up, circulating and then amending c140 detailed Case Summaries is likely to be both complex and time-consuming – for the Inquiry and those invited to comment and/or provide further documents. The factual accuracy of, and insights offered by, the Summaries will be key to their success, and also to the management of comments and input within a reasonable time frame. EPUT's submission is that the process of drawing up Case Summaries would be materially strengthened if it is clinically led by the Inquiry's assessors (rather than legal or lay case workers). The expertise drawn on could include assessors who represent patient voices and learning by experience.

13. The Inquiry has, we understand, appointed three independent assessors to date (and could appoint more). It would thus be helpful to receive clarification of their role in (i) supporting the provision of Case Summaries; and (ii) identifying the systemic issues which the Inquiry

intends to focus on, together with the 'clustering' of cases to support this process. EPUT's expectation is that embedding such involvement would contribute materially to the strength of the Summaries.

14. The Inquiry has left open the nature and extent of any expert evidence that it may commission (Strategy, para 43, set out above). It would appear that the general intention is to ask them to address the systemic issues raised by the cases 'clustered'. However, the question of how 'clustering' is achieved may also be a matter for expert consideration.

15. If the Inquiry is minded to give further consideration to these issues, it will of course be aware that there are bodies within the healthcare system with extensive experience of investigations and potential methodologies. They include HSSIB; the researchers at University of Manchester for the National Confidential Inquiry into Suicide and Safety in Mental Health; or experts within NHSE's National Patient Safety Team. The Inquiry will, no doubt, have access to a more exhaustive list. It is suggested that such bodies could be a source of further impartial and expert advice on methodologies, including illustrative case selection or sampling, or for discussion of potential methods for drawing upon multiple sources of information (patient and family testimony, staff perspectives, records, and national research and learning).

EPUT Resources

16. At present, EPUT is concerned that its finite resources are heavily stretched by the need to provide the information and documents that have been requested by the Inquiry. The Inquiry properly treats R9 requests as confidential and those received are not outlined in these submissions. The scope of the work is wide (including the Inquiry's expectation that it is for EPUT to approach former staff from NEP and SEPT for any input needed, in addition to supplying documents in its possession from these former Trusts). EPUT does not receive any additional NHS funding for its engagement with the Inquiry.

17. The Inquiry has stated that EPUT is expected to 'upscale' the existing resources committed to the Inquiry, in the New Year. The senior clinicians, service managers and operational staff who are required to provide evidence and support document and disclosure reviews are, necessarily, largely the same individuals responsible for delivering patient care, managing clinical teams, and ensuring service quality. Additional redeployment to inquiry-related activities has implications for clinical and wider non-clinical staff capacity. At the moment, demands on staff include seasonal winter pressures (which impact adversely on mental health), as well as external priorities such as a programme of CQC inspections (the last one taking place on 21 November 2025 and more planned for early 2026) and delivery of the new Electronic Patient Record system.

18. It is against this background that that EPUT requests that (a) case selection fully takes into account the range of Essex providers; (b) that the process of investigation is led by clinical and experts by experience, in an inquisitorial process; and (c) that EPUT is clearly sighted

on the numbers and names of patients within the sample as early as reasonably possible, in order to consider how resource allocation can minimise the risks associated with the multiple calls on staff time.

Additional Observations

19. The main points of principle have been set out above. The remaining points below are more specific and limited.

a) Civil proceedings

20. EPUT has some concerns about the statement (paragraph 37) that, in relation to cases where there have been civil claims: "*Where a claim has included or sought to rely on expert evidence, the Inquiry proposes to obtain that expert evidence.*" It is one thing to propose reliance on "*on admitted or proven failings, unless there are compelling reasons not to do so.*" But obtaining (and taking into account) expert evidence in claims that have not been resolved or subject to judicial findings may risk bringing a civil claim directly into the scope of the Inquiry, despite the general prohibition on making findings on civil or criminal liability. It is respectfully submitted that if expert evidence is needed, it should be provided by the Inquiry's experts, unless there are exceptional circumstances.

b) Further Strands of Evidence

21. Paragraph 5 states that "*This draft statement of approach does not address the approach to the evidence of Core Participants with lived experience of inpatient mental healthcare in Essex during the relevant period*". It has produced a "Lived Experience Framework", available on its website. EPUT welcomes the input from experts by experience and would welcome clarification about how the Inquiry intends to further pursue that strand, including how the perspectives of providers and their staff are also to be obtained – whether generally or in respect of cases which the Inquiry has explored with those affected.

Conclusion

22. EPUT is committed to supporting the Inquiry. These observations are intended to be helpful and it is hoped that they will be so.

ELEANOR GREY KC

1 December 2025