

Witness Name: Denver Greenhalgh

Statement No.: 1

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LAMPARD INQUIRY

**DATA ASSURANCE STATEMENT ON BEHALF OF ESSEX PARTNERSHIP UNIVERSITY
NHS FOUNDATION TRUST**

I, Denver Greenhalgh, will say as follows: -

Introduction

1. I am the Executive Director of Governance within Essex Partnership University NHS Foundation Trust ('EPUT'), and I have held this position since April 2025. Prior to this, I was the Senior Director for Corporate Governance.
2. I have been in employment with EPUT since February 2022. Prior to joining EPUT, I was the Director of Governance at East Suffolk and North Essex NHS Foundation Trust.
3. I report directly to EPUT's Chief Executive Officer, Paul Scott.
4. Since March 2025 I have been the Senior Responsible Officer ('SRO') for the Lampard Inquiry Project Team, taking over from Nigel Leonard – Executive Director of Major Projects and Programmes.
5. I am a senior leader with over 30 years of experience in healthcare, both within community and acute settings, including ten years at board director level. I have a clinical background as an Allied Health Professional ('AHP'), with experience of leading provider responses to inspections and have worked with challenged provider trusts in the past to support exit from special measures/inadequate ratings.
6. This statement is made in response to the request made by the Inquiry to EPUT on 19 September 2025, for a data assurance statement, explaining the processes undertaken to date to identify and provide relevant material to the Lampard Inquiry.
7. The Inquiry also requested additional information in a letter dated 30 October 2025, specifically about the structure of EPUT's Inquiry Team and its processes. Further information was requested in another letter sent 21 November 2025, requesting assurances in relation to the Trust's response to Rule 9 (35).
8. In this data assurance statement, I have provided answers to the Inquiry's questions on behalf of EPUT. Not all the matters related to the Trust, or the practices and processes that were in place prior to my appointment as SRO, are within my own personal knowledge. I have relied on information and documents provided by colleagues including the previous SRO, Nigel Leonard and the previous Project Director, Gillian Brice. The contents of the statement are true to the best of my knowledge, information and belief. The statement also supplies information regarding

the former Trusts (North Essex Partnership University NHS Foundation Trust ('NEP'), and South Essex Partnership University NHS Foundation Trust ('SEPT')).

9. My statement will be set out using the following structure:

- Section 1: Context
- Section 2: Trust Systems
- Section 3: EPUT Inquiry Project Team
- Section 4: Searches undertaken
- Section 5: Limitations and Mitigations
- Section 6: Rule 9 (35)
- Section 7: Conclusions

Section 1: Context

10. All NHS Trusts will have multiple systems for recording different types of data, so there is no one system that allows for a search to be conducted that would return all potentially relevant information held in relation to a search. When searching for information for the Inquiry, EPUT has the following data sources to interrogate:

- approximately 30 electronic systems to review
- circa 30 million documents on its Shared Drives (outside of the electronic systems)
- over 40 thousand boxes of paper records in archive

11. Data governance and records management policy, both locally and nationally has changed significantly since 1 January 2000 when electronic patient records systems were little more than a basic database or on local spreadsheets held by individuals and individual teams. The changes to systems over time will be discussed in the following section.

12. The organisations providing mental health services in Essex were as recently as 2018, heavily reliant on paper records. This includes not only paper medical records but a range of other records including observation sheets, drug charts etc. Some of these

manual processes were only moved to electronic data collection in the last couple of years and some remain paper based to date. The use of paper-based recording systems is not unique to EPUT or to mental health trusts.

13. It should also be noted that EPUT's data systems, especially those in use at the beginning of the Inquiry scope, were never designed to be interrogated forensically in the way that would make it easier to respond to the requests made by an Inquiry. As a result, a significant amount of manual review and translation work to align to the Inquiry's terminology is required which is time consuming (an example is provided in paragraph 30).
14. As noted to the Essex Mental Health Independent Inquiry ('EMHII') in Paul Scott's witness statements, including his Witness Disclosure Statement, additional challenge comes from the fact that there have been significant changes to hospital site configurations, services, IT, records storage, personnel, and organisational restructuring across mental health services locally and nationally since 1 January 2000.
15. As stated above, one of the significant limitations has been the additional time required to respond to the requests for data, as some require manual interrogation of the legacy archives and although every effort is made to undertake exhaustive searches, the limiting factor remains the time it takes to search and review artefacts for their relevance.
16. Searching a large number of unfamiliar archived systems and records is a complicated process with no clearly defined best practices. Appropriate search terms will often be dependent on the style of documents produced and the approach to completion and use by the original authors. EPUT aims to continuously refine its approach to searching, but it will be a continuously evolving process.
17. Another limitation is that EPUT is often searching for information with no confirmation that it ever existed. If the document is not found, it is not possible to say with certainty whether this is because it does not exist or that it does exist, but it was not possible to locate it.
18. The existing structure of older systems will always impact EPUT's ability to conduct quick and thorough searches, unless the structure coincidentally happened to be well suited to the Inquiry's specific request. For example, a system may have a field for ethnicity that groups white into a single option, which then could not easily provide an

answer to how many patients were White British, White Irish, White Gypsy or Irish Traveller, or Any other White background.

Section 2: Trust Systems

The development of systems over time

19. The mechanisms of record systems have evolved over the relevant period. To outline the key changes and mitigate against the limitations, a spreadsheet has been exhibited, which gives an overview of known systems used within the Inquiry Period **[DG01-01 – Trust Systems Catalogue]**.
20. The scope, scale and architecture of systems in use over the 24-year period since 1 January 2000 varies significantly. This limitation has required a pragmatic and multi-disciplinary approach to the interrogation of data systems to respond to such requests.
21. It is normal practice within NHS trusts that when an electronic patient record system is replaced by another system, the trust will consider whether data should be archived or migrated to the new system. This will depend in part on the type and structure of the information that is held in the existing systems and the capabilities and data structure of the replacement systems. Although these decisions are taken in the interest of service delivery, patient safety and regulatory requirements, it is common that only a limited subset of data is migrated between systems. This remains the case today where data archiving and migration are recognised as important workstreams in the implementation of new electronic patient record systems. The NHS Frontline Digitisation Programme has part funded a number of trusts, including EPUT, to procure and implement new electronic patient record systems. EPUT's new EPR will replace a number of its existing systems with a single and consistent patient record system.
22. Although historic Trust systems are backed up and archived, restoring a historic system without the original software, infrastructure and licence poses a logistical and contractual challenge. While it is possible to interrogate the archived databases for these historic systems, the only way to view the information in the way it is intended would be through the original software. As an example, EPUT has a system called LaserFische which is an archive of some older systems, allowing their contents to be interrogated although not in exactly the format they would have been in the original systems. EPUT sought to mitigate this limitation when providing information to the Inquiry by reinstating NEP's Respond system which was used for risk management and has previously discussed with the Inquiry the possibility of reinstating SEPT's

Respond system, although there would be significant cost associated with this (circa £100k).

Structured and Unstructured Data

23. A limitation arises from the fact that there is a distinct difference between a data system (structured data in a database) and a file system (unstructured data in folders), requiring differing approaches to how they are interrogated and the specific expertise needed to do so. In some cases, it has been possible to mitigate against this limitation through reliance upon legacy knowledge of how they were originally constructed where staff who worked on those systems are still employed at EPUT.
24. Both structured and unstructured data are used by EPUT. While structured data is easier to search and enforces a consistent approach by the user, there are times where it makes sense to allow for unstructured data. For example, the unstructured nature of shared drives allows different teams and users to develop structures, through adding folders and creating document templates, that best suit their workflow. Unstructured systems allow for fast changes to the way the system is used, to meet changing needs, while structured systems would take considerable time to adjust to fit a new use case.
25. A structured system has its own limitations as it will always be quite constrained to the original structure as any significant changes would require all existing data to be migrated to a new structure. Structured systems can make it difficult or impossible for people to enter information that the architect had not considered being important. The more the data is structured, the more users are constrained to working in a specific way, regardless of whether that workflow is appropriate to all use cases. As an example, a system may constrain a user to a structure by using multiple choice drop downs rather than free text fields (e.g. the Datix incident management system has drop downs for 'Incident Type').
26. In some cases, it is appropriate for systems to combine structured and unstructured data, electronic patient record ('EPR') systems are a good example of this. In our EPR systems, consistent information will be stored in a structured manner (name, date of birth, ethnicity, gender, etc.), while more tailored information will be stored in a more unstructured way (risk assessments, referrals, case notes, etc.).
27. It is appropriate to store some documentation in EPR systems in a more unstructured way as it is intended to be viewed by the clinicians involved in the person's care. The use of more free text fields supports human decision making by making the process

more adaptable to individual staff and patient needs, but at the cost of high level searchability. The use of free text fields makes it harder to quickly provide specific information to the Inquiry about patients, as the same information can be stored in many different ways, requiring keyword searches and manual reviews to collate the requested information.

28. There are many ways of capturing the same data, there could be:
- a different reliance on free text vs choice fields
 - choice fields that capture different aspects of the same data
 - a different amount of information that is captured
 - different fields for different types of events
29. These different ways of capturing data can make it difficult to neatly consolidate similar information from various systems without a significant manual effort to align the exported data. This limitation means it may also not be possible to align all aspects of the data, if some of the systems did not capture that information at the time. As an example, in Rule 9 (13) EPUT was asked to provide information about the Mental Health Act 1983 section status of people that absconded, but this was not part of the forms for incident reporting used by the predecessor Trusts. To mitigate and address the issue with Rule 9 (13), this was raised with the Inquiry and it was agreed we would provide information for EPUT, but for SEPT and NEP this information was omitted due to the substantial amount of work that would be required to be able to collect it.
30. As previously discussed, it is easier to search structured data, but only in the way it was designed to be searched due to the different ways of capturing the same data. If the fields in the system were not designed to capture data specifically for the desired outcome, such as a request made for specific information by the Inquiry, then the only mitigation is for a manual exercise to reinterpret the data. Reinterpretation requires members of the inquiry team to review the information held, interpret it and then recapture it in a way that fits the structure requested by the Inquiry. There will also be cases where although a field exists that should meet the needs of the inquiry, the choices might not align between all systems or with the requirements of the Rule 9 request, for example a system might have five distinct categories for ethnicity, but the request asks for the response to be provided with four slightly different categories.

31. In addition, data that is extracted from systems requires an element of quality review for accuracy and to mitigate against these limitations. For example, in Rule 9 (1b) when compiling the List of Deceased, data was extracted from records systems for review of patients who appeared to meet the criteria set out in Inquiry's Explanatory Note. As further assurance, where the Inquiry set a time boundary to inclusion criteria at three months, the data extracted from systems was expanded to four months so that people on the cusp of inclusion could be double-checked. The data was used to identify patients and triangulation between clinical and corporate records (e.g. complaints records, incident investigations) was completed in order to verify the dataset.
32. To support searching, particularly of unstructured data, there is a reliance on the remaining few employees that worked on these systems. Although archives are retained, unstructured data (e.g. word document's, spreadsheets, PDF's) do pose a significant challenge to search at scale, especially without an organisational memory of how they were filed or informally structured.
33. The Inquiry Project Team is attempting to capture the details of earlier and obsolete systems, to ensure awareness and the capability to search them, but this is limited by the availability of staff members with knowledge of them. As these systems are no longer used to support the provision of care in the present day, there is no formal EPUT process to ensure that knowledge of decommissioned systems is handed over to new starters as knowledge of these systems would not support current patient care delivery. Were it not for the Moratorium on destruction of records which may be relevant to this Inquiry, the vast majority of data contained in earlier and obsolete systems would have been destroyed in line with national guidance.

Section 3: EPUT Inquiry Project Team

34. At the beginning of the Independent Inquiry, EPUT's Trust Board and Executive Team recognised the significant additional load the Inquiry work would place on the organisation. As a result, the Inquiry Project Team was established separately from the other structures within the organisation. This was to enable the trust to continue to focus on providing services for patients using mental health services in Essex.
35. The Inquiry Project Team was established as a co-ordinating function for EPUT in responding to requests from the Inquiry. As the Inquiry Project Team do not provide clinical or expert assurance and were focused on co-ordination and searching, the

- team did not need a significant number of clinicians to be taken away from direct clinical care to undertake this work.
36. EPUT has increased the clinical expertise within the Inquiry Team. In the early stages of this Inquiry EPUT had one Mental health Nurse directly employed in the project team, the project team had access to clinicians within EPUT and also an independent medical advisor. In addition, clinicians also worked additional shifts for the project team on specific Rule 9 requests. This approach enabled frontline service to continue to operate but also support the project team to access clinical knowledge when required. In order to respond to the initial Rule 9 requests, for example information in relation to the Time to Care Programme, wards lists and the HSE prosecution, the skills and expertise required centred on data systems, data extraction and document review - not clinical assessment.
 37. EPUT's Inquiry Project Team was established by the Executive Director of Major Projects, Nigel Leonard, in March 2021. Initially the team included a Project Director and two Project Co-ordinators. There was some additional support provided by business-as-usual functions, but the Inquiry Project Team expanded significantly during the EMHII and then during this statutory Inquiry process. This was in response to increasing number of Rule 9 and other requests from the Inquiry.
 38. As the Inquiry will be aware this investment by a single NHS body on inquiry work has been significant and despite EPUT being in a deficit position the Board has maintained a high level of resource commitment to serve the Inquiry. The Board has to manage the resources of EPUT to ensure clinical expertise is not removed unnecessarily from providing front line services and this balance is key for provision of care and patient safety.
 39. The financial spend by EPUT in support of the EMHII and the Lampard Inquiry up to 30 November 2025 is £13.5 million.
 40. EPUT has committed funding to backfill posts to enable protected time for people to provide clinical and managerial input, but as the Inquiry will recognise there is a supply issue within mental health services nationally and recruiting for backfill is not always available as there are insufficient registrants within the employment market to call upon.
 41. EPUT has used temporary staffing to enable the Inquiry team to scale up quickly and manage the varying demands of this Inquiry.

42. The Inquiry Project Team has been continuously adapting with the changing needs of the Inquiry, for example there was a larger focus on the searches and review of records at the beginning of the Inquiry (April 2024) to produce the List of Deceased. This has now transitioned to a greater emphasis on corporate statements with specific topics. As the Inquiry has progressed, the structure of the Inquiry Project Team has altered to meet the number of the requests, and the varying nature of the requests from the Inquiry. The Inquiry Project Team currently consists of:
43. A Project Director, responsible for the day-to-day leadership and project management of the Inquiry Project Team, and for managerial oversight of the EPUT's response to the requests made by the Inquiry. As the Inquiry is aware, the secondee in this position stepped back from the Inquiry Project Team at the end of July 2025, after being in post for four years, and having worked on the EMHII beforehand. In the interim period, the Executive Director of Governance has provided this function. A new Programme Director has been appointed and will commence in post in January 2026. It is important to note that the previous Project Director remains employed by EPUT and provides continuity of the Inquiry history to the Project Team and continues to provide input to the Rule 9s they were involved in, including Rule 9 (1b), (9) and this assurance statement.
44. Three Associate Directors are responsible for co-ordination of responses, including the assessment and allocation of resources, interpretation and scoping of the request and oversight / quality assurance of the final responses. As part of the mitigations to assist with the demands on existing workforce commitments required to serve the Inquiry, the Associate Directors provide leadership to 'task and finish groups' for the broader and more complex Rule 9 requests and work with relevant staff through these groups to source, collate and interpret information. They also provide line management for the wider team and staff support within the disclosure process. One Associate Director has direct leadership for the safeguarding letters and staff support. They also link with Hertfordshire Partnership NHS Foundation Trust who provide access to non-EPUT services requested by staff or families in association with the Lampard Inquiry. Two of the Associate Directors were recently appointed (joining the team in July/August 2025) to support the increased workflow associated with the Inquiry.
45. The Inquiry Manager has an administrative background and experienced knowledge of EPUT, in both clinical and corporate teams and is responsible for the management and oversight of day-to-day disclosure tasks within the team. The role includes, but not limited to, review of records, searches for documents and materials across the portfolio

of Rule 9 requests. They delegate tasks to Project Coordinators, both supervising progress and providing trouble shooting for any issues that are escalated. They hold line management responsibility for staff involved in the disclosure of records (whether substantive staff or temporary staff).

46. An organogram for the Inquiry Project Team with role, Working Time Equivalent ('WTE'), pay-scale band, identification of clinical/non-clinical background, and employment type including permanent, secondment, redeployment, Fixed Term Contract ('FTC') and bank [DG01-02].

The Inquiry Project Team's Director and Associate Directors

47. The new Project Director, due to commence in January 2026, is a Registered Mental Health Nurse ('RMHN'). One of the Associate Directors is a RMHN and two of the Associate Directors are Registered General Nurses ('RGN'). All have experience of mental healthcare from their previous roles. These staff members bring experience of dealing with, and bringing leadership to, complex issues/areas of work, and by being clinicians are able to hold a shared language when co-ordinating Rule 9s with clinical staff. Provided below are short biographies outlining the backgrounds of the current team.

Georgia Warne – RMHN

48. Georgia trained and qualified as a Mental Health Nurse in SEPT in 2014. She has worked in various clinical settings, including inpatient, crisis care and community.
49. In October 2020, Georgia joined the Patient Safety Incident Management Team as the Clinical Lead and was part of the implementation team of the early-adopted Patient Safety Incident Response Framework ('PSIRF'). She is trained to undertake PSIRF investigations and investigations under the former Serious Incident Framework.
50. In 2022, Georgia took on the role of the Head of Shared Learning & Functional Lessons Analyst and managed the newly formed Lessons Team.
51. Georgia has been working in the Inquiry Project Team as the Associate Director since mid-2023.

Kathryn Yates – RGN

52. Kathryn is a Registered Nurse, health visitor and teacher and has worked in a variety of positions within health, education and social care. Kathryn qualified as a registered nurse in 1991 and has over 30 years' experience in practice. She studied psychology and trained as a counsellor before becoming a health visitor and then designated nurse for looked after children and young people in Southwark. Kathryn later became a senior lecturer in public health, health promotion, psychology and primary and community care with specialist interests in clinical supervision, domestic abuse and pre-post-natal depression.
53. From 2014-2020 Kathryn was the Governing Body Nurse Member (Non-executive Director) for Kingston Clinical Commissioning Group and 2018-2020 Richmond CCG and is a current member of Kingston Training Hub. Kathryn was the Director for Primary Care Nursing, Workforce Transformation and Innovation at London-wide Local Medical Committees.
54. Kathryn has been an honorary lecturer at Kingston and St George's, Royal Society of Medicine general practice with primary healthcare section council member, and a member of Primary Healthcare Journal editorial board member. Kathryn is a clinical supervisor, trainer and consultant. Kathryn was seconded to NHSEI to deliver clinical supervision as part of the national GPN 10-point plan.

Lee Toner – RGN

55. Lee Toner is a Registered Nurse with over 30 years' experience spanning across acute, mental health, primary care, commissioning, independent and voluntary sectors and system-wide system transformation and complex programme management and implementation.
56. Lee holds an ICU qualification, teaching and assessing certification, and the EGA NHS Post Graduate Leadership Award. She has an MSc in Healthcare Leadership from the University of Birmingham.
57. Lee has senior leadership experience that has focused on mental health governance, statutory compliance, legal casework, disputes resolution and system-wide scrutiny across multiple NHS, local authority and provider partners. Lee led on the National 2012 NHS Continuing Healthcare ('CHC') Retrospective Closedown programme across Essex.

58. Her mental health governance experience has included work relating to NHS Continuing Healthcare, Section 117 Aftercare and implementation of proposed Liberty Protection Safeguards ('LPS') Programme across health and social care. In 2022 her work supported safeguarding and quality assurance requiring an in depth understanding of the Mental Health and Mental Capacity Act, as well as statutory guidance, caselaw for Deprivation of Liberty, LPS, and NHS CHC National Frameworks. She has undertaken and led on Section 42 enquiries, Learning from lives and deaths – people with a learning disability and autistic people ('LeDeR') reviews, Serious Incident reviews, NMC referrals, PSIRF investigations, clinical quality audits, relating to complex physical and mental health, and learning disabilities as well as Serious Incident Framework and PSIRF.

Clinical Expertise within the Inquiry Project Team

59. In addition to the Associate Directors, as detailed within the organogram provided, the Inquiry Project Team also has a Clinical Lead who is a Registered General Nurse with 42 years of experience working within General Acute, Occupational Health, Community Children's and then Safeguarding across community and mental health services.
60. Four members of EPUT's staff have been redeployed to support the Inquiry Project Team since November 2025. These additional team members bring historical knowledge of the organisation and three out of the four have a clinical background.
61. At times, further mitigation to support the needs of the Inquiry Project Team, people on temporary staffing arrangements will have supported work on Inquiry responses that also bring relevant clinical backgrounds from their day-to-day work with EPUT.
62. While the professional background of the Associate Directors supports their ability to understand the subject matter and needs of the Inquiry, the team is primarily coordinating and utilising the professional skill mix across the organisation to respond to each Rule 9. This is in recognition that the Inquiry's questions are about how EPUT, SEPT and NEP operated, which can only be answered by the records and colleagues with historic knowledge and personal experience.

Inquiry Project Team Administrative Capability

- 63. All administrative work is conducted with clinical oversight from the Associate Directors and the appropriate clinical colleagues across the organisation with experience in the matters which are the subject of the Inquiry's request.
- 64. The Inquiry Project Team has a current total of 27 administrators, 19.5 WTE, positioned to support the organisation with the administrative workload associated with responding to the Inquiry. As the Inquiry Project Team provide administrative support, it enables the clinical staff to have input where their clinical expertise brings best value. This includes knowledge of patients, processes, wards and incidents within the scope of the Inquiry.
- 65. This resource is supplemented when required by contacting permanent staff members to undertake further shift work on the bank. This is organised and controlled by the Project Director and Associate Directorates dependent on the request and timeframe required by the Inquiry.
- 66. The administrators who perform searches have all received training to perform searches and are allocated to tasks based on experience, access to the system / data sources required, their expected hours of work within the timeframe of completion, and workload capacity. The Inquiry Project management team is aware of the systems that staff members are proficient in to enable the allocation of and tasks in line with their capability.

Inquiry Team Escalation Pathways

- 67. Between the Inquiry Manager and the Administrators, there are four Project Coordinators. The Project Coordinators provide support to the Administrators and help manage the assignment of work across the members of the team.
- 68. There is an allocated Project Coordinator overseeing the individuals performing the searches. This would be one of the first points of contact for staff if they had an issue or wanted to escalate something.
- 69. The coordinator for the searches is selected based on their experience with the systems being searched. This coordinator then works closely with the statement drafter to ensure that the searching met the needs of the request and the author.

70. Worksheets for staff members to capture the outputs of searching are designed to make the process straightforward through the use of data validation and making it clear what information needs to be collected, using headings. The searching team also uses the comment functionality in Excel for escalation in combination with colour coding. The colour coding is defined by the coordinator or statement drafter and indicates the area of escalation which are to be resolved prior to submission to the Inquiry, for example pink may be a request for clinical input.
71. At each point in the escalation pathway from searcher to statement author, there is the capability for problem identification and resolution with the intention of resolving issues as close to their source as possible. Where the respective staff member has any queries, they would always escalate up the hierarchy, the final decision would always fall with the statement author.
72. Peer support is another opportunity to manage issues as they arise. Different members of the team will have had different experiences with systems and varying knowledge of the historic organisations.
73. Line management structures also exist outside of the search task that people are working on, this gives them an alternative pathway to raise concerns if they feel more comfortable.

Inquiry Team Oversight

74. EPUT has constituted a Project Working Group to consider and support the co-ordination of the response to the Inquiry.
75. To identify any risks associated with the requests made by the Inquiry and escalate for Executive support as required. For example, a request for additional resources out with the provision made.
76. To provide updates to the Executive Team and Board on the requests made by the Inquiry and progress in responding to them.
77. To ensure that EPUT reflects and learns on the processes it has adopted for responding to the Inquiry's requests and improving them where necessary.
78. Membership consists of the Executive Senior Responsible Officer (Board Member) with delegated authority to review and submit Rule 9 responses and other members as set out below:

- Project Director
- Director of Mental Health Urgent Care and Inpatient Services
- Director of Specialist Services
- Director of Safety and Patient Safety Specialist
- Director of Patient Experience and Participation
- Associate Director of Electronic Systems, Information Governance and Data Protection Officer
- Associate Director of Business Analysis and Reporting
- Deputy Medical Director
- Head of Records Management
- Senior Communications Manager
- Associate Directors (Inquiry Project Team)
- Inquiry Manager
- Senior HR Advisor
- Analytics Lead (Inquiry Project Team)

79. The Project Working Group has the ability to co-opt any other member of the organisation as appropriate.

Securing Expert Support from the Wider Organisation

80. As discussed above, there is a large emphasis on the Inquiry Project Team being a co-ordinator for the wider organisation to respond to requests from the Lampard Inquiry. This is achieved by working with individuals with relevant expert knowledge across the organisation and requires securing their time in various ways, as outlined below.

Staff supporting in addition to their substantive roles

81. The majority of support to the Inquiry Project Team is provided by colleagues who complete the workload for the request within their usual working hours. The Associate Directors work with the relevant staff member's Director and/or manager to ensure that they are aware of the demand and can assess work priorities and resourcing within their area and plan for the tasks to be completed alongside the staff member's business-as-usual activities. The Inquiry Project Team works flexibly with staff to ensure that the additional workload is manageable and that the impact on their substantive role is minimised.
82. The Inquiry Project Team can and often does operate seven days a week, including evenings, so that the team can meet with colleagues from the wider organisation at times that work best for them and have minimal impact on frontline care.
83. Despite the efforts of the Inquiry Project Team to be flexible, relying on staff to provide support alongside their substantive role will always result in some diversion of resources away from frontline care. EPUT has separately addressed this with the Inquiry.
84. EPUT is and remains committed to this Inquiry but needs to balance this with its statutory and regulatory duties which may create a short term operational or clinical safety response, which temporarily takes priority over the Lampard Inquiry, for example an emergency on a ward, industrial action (including the planned strike in December) or a CQC inspection.

Backfilling

85. Backfilling means that when a clinical member of staff is needed to support, their day-to-day clinical work needs to be undertaken by another clinician.
86. Whilst there is a commitment for backfilling staff so that they can be brought directly into EPUT's Inquiry Project Team, there are quite a few disadvantages to this approach. There is a well-documented national shortage of clinical staff that EPUT could call upon to backfill these roles. Backfilling frontline clinicians comes at the risk of removing experienced staff from the positions where they deliver the most value to our current patients. Removing staff from their substantive roles also risks disrupting patient/clinician relationships and continuity of care. It takes time to plan for backfilling

with recruitment pipelines often spanning up to six months, without advanced notice of the exact needs of the Inquiry it is not possible to plan backfill for some individuals.

87. Despite the disadvantages noted above, the Inquiry Project Team has utilised backfilling to secure some clinical expertise. Notably the recent addition of four members of staff with historic and clinical knowledge, which has been achieved through redeployment, however rather than backfill the decision has been made to temporarily scale down their permanent function. A period of induction and coaching / mentoring has been provided to support with the completion of assigned tasks. To date the four staff members have been involved with Rule 9s (26), (27), (47), (51), (52) and (56).
88. Since February 2024, the Inquiry Project Team secured analytical expertise from the Transformation Team with backfill provided by existing staff. This is the role of the Analytics Lead, as outlined in the organogram, and they remain in post to date. On key data collection requests, they support in maintaining the data integrity of the Excel spreadsheets used by the team.

The EPUT Staff Bank

89. Most NHS Foundation Trusts operate a staff bank, effectively operating as an “in-house” agency to support the temporary staffing needs of the Trust, the internal bank are already familiar with the organisation systems and process, and have completed EPUT mandatory training requirements. Use of staff on the EPUT Bank supports the Project Teams ability to quickly upscale with appropriate people to meet demand from the Inquiry.
90. Some staff members supporting the Inquiry Project Team have substantive roles in other teams and provide their expertise during additional work hours through the EPUT Bank. This allows the Inquiry Project Team to secure relevant expertise with the aim of avoiding a negative impact on the day-to-day operations of frontline services, and to scale up and down dynamically to suit the needs of current requests from the Lampard Inquiry.
91. As many members of the EPUT Staff Bank frequently work within frontline services, they bring experience of how these services work. Some people available to the team through the staff bank will have clinical backgrounds. Where it has been possible and appropriate, the team have used the bank to secure clinical knowledge, for example to support on Rule 9 (1), Rule 9 (35) and Rule 9 (45).

Increasing Business as Usual capacity

92. The Medical Records, Communication, Information and Performance teams, and Executive Nursing directorate have all received additional EPUT funding to support the work of the Inquiry Project Team and these posts are not included within the project team structure. This means that when the Inquiry Project Team make a request for information to support a Rule 9 response, there are additional team members within existing functions who can quickly deal with that request, without diverting from day-to-day activity.
93. The benefit of increasing the BAU capacity is that they continue to have profession specific line management supervision.

Supporting Staff Wellbeing

94. It is important to mention that working on the Inquiry has been stressful and emotional for EPUT's staff due to the subject matter and because many of the staff have worked closely with the patients, families and carers who are affected. EPUT has recognised this impact and has a number of mechanisms in place to support staff.
95. There are multiple routes to support staff wellbeing, some provided centrally by EPUT to all staff members, and some provided specifically to members of the Inquiry Team and staff members supporting the needs of the Inquiry.
96. The methods of support available to all staff members are outlined on EPUT's intranet site. In recognition of the different support current and former staff members will require, EPUT has developed a "triangle of support" comprising of wellbeing, legal, and practical support.

Wellbeing

97. Regular sessions are held with a clinical psychologist and are available to members of the Inquiry Project Team, to provide supervision and guard against burnout and trauma.
98. All staff can approach their line manager for support; wellbeing discussions are a key part of the Trust's 1:1 support process. Line managers will also be able to signpost staff to appropriate resources depending on their needs.

99. The Here for You service is accessible to all members of staff and provides psychological support services. There is an escalation process to provide faster support to people supporting with the needs of the Lampard Inquiry.
100. EPUT runs a health and wellbeing page on its intranet site providing details of internal and external support options along with information and resources.
101. The chaplaincy team provides compassionate and confidential pastoral support, as well as religious and spiritual care. Many members of the chaplaincy team also have clinical backgrounds.
102. EPUT has an Employee Assistance Programme which provides supports for staff with challenges inside and outside of the workplace. The programme consists of a team of wellbeing and counselling practitioners who offer confidential, independent and unbiased input. This service is provided by an external company bound by the professional codes of ethics of the British Association for Counselling & Psychotherapy and the Employee Assistance Professionals Association.
103. Occupational Health is a specialist branch of healthcare concerned with the effects of work on health. EPUT's occupational health service is provided by People Assessment Management Group, aiming to provide impartial, professional advice to employers and clients about fitness to work.
104. EPUT's Human Resources team is another point of contact for managers and employers to request advice and guidance, including how to access additional support.

Legal

105. Current and former employees are able to access legal advice and support through Browne Jacobson LLP for matters relating to the Lampard Inquiry. There is also an arrangement in place to enable individual staff members to access independent legal advice, should that be necessary.

Practical

106. Line managers can assist staff to an extent with the practical support they may require, including discussion around protected time so that they can engage with the Inquiry and provide evidence.

107. Members of unions can access additional support through their accredited trade union representatives.

Section 4: Searches Undertaken

Approach to Requests

108. As discussed, the Inquiry Project Team was set up to provide practical support to all staff members within EPUT and coordinate responses to the Lampard Inquiry and previously the EMHII.
109. Upon receipt of a Rule 9 request or other request from the Inquiry, the Inquiry Project Team Associate Directors review the request to consider the approach required to meet the request, identify key contributors in the wider organisation, and who within the Inquiry Project Team would be best positioned to support that expert and/or clinical engagement.
110. To identify relevant staff from the wider organisation, the Associate Directors use their organisational knowledge from engagement with colleagues and groups across EPUT and review current organisational structures. Working groups are established with key staff involved in the response.
111. On 4 September 2025, the Trust were informed by the Inquiry that it was a matter for EPUT to determine what support it sought from former employees to assist with information pertaining to Rule 9 requests and responses.
112. Where former employees are identified, and documents/materials are required, a request is made to the EPUT's Cyber Security Team for a review of the identified former employees shared drive to be reviewed for documents related to search terms provided. If EPUT had additional questions, it would attempt to make contact with previous staff members. For example, EPUT has been in contact with the former Chief Nurses for SEPT and NEP to support the evidence provided to the Inquiry.

Systems Accessed

113. Exhibit [DG01-01] provides a detailed breakdown of the systems accessed for searches and sets out which systems hold data for EPUT, NEP and SEPT. It also provides details of the following:
- Type of system

- Purpose
- Introduction date
- Reason for retirement (if system no longer in use)
- Retirement date (if system no longer in use)
- Trust

Paper Records

114. EPUT holds a substantial number of paper records, produced by corporate and clinical teams. These paper records are bundled in archive boxes which are stored by EPUT's archiving provider, Restore. There are approximately 40 thousand boxes in storage with each box containing up to eight bundles of 500 pages per bundle.
115. Most paper records were sent to storage either on-site or to off-site. The Inquiry project team together with EPUT's medical records team have spent thousands of hours recalling, re-categorising, searching and analysing paper records to provide information for the Inquiry.
116. While there is a record of the general contents of each box, this did not always equate to the actual or exact content of the box. EPUT, SEPT and NEP's archives are an example of a semi-structured system and are therefore more difficult to search, requiring manual review.
117. The Inquiry Project Team has not only searched paper records but also cross-checked information with electronic systems to assist in assessing the accuracy of the data.
118. Box review work is primarily completed by administrators within the Inquiry Project Team, these people will typically be employed through the EPUT Bank and many have experience in the Inquiry Team since the EMHII.
119. Due to time constraints, it is not possible to digitise the contents of all boxes. Staff members are reviewing the contents for relevant records, anything they find that is deemed outside of scope of the request would be returned to the box without further work. When they find records that are potentially relevant to the request being searched for, they would capture the information into a spreadsheet so this can be

reviewed and eventually be provided to the Inquiry (for example, the abscond incidents spreadsheet).

120. As with all types of searching, sample auditing forms a key part of quality assurance for box work.

System Searches

121. Exhibit **[DG01-03]** provides an overview of the searches undertaken for each Rule 9 request responded to, up to the date of submission for this Data Assurance Statement.
122. On review of the Rule 9 request, the Associate Directors consider what sources will be required to provide the response to the Inquiry. Some Rule 9 requests do not require further systems reviews, as the Inquiry Project Team have gathered many documents and materials over time and therefore have many items locally saved within the shared drive. An example of this is where EPUT has received follow up requests for materials related to individual patients, where the Inquiry has been previously informed under Rule 9s 18 and 35 that the documents are within EPUT's possession. In these circumstances, no additional searches will be completed unless required.
123. The sources will be considered based on the information they hold and the relevant timeframe. As an example, if the request were related to patient safety incidents, the searches would be conducted on systems that were used to manage incidents, for example, Datix and paper incident forms. This would be considered a reasonable and proportionate approach to requests of that specific type.
124. The appropriate systems to search are further refined in consultation within the Inquiry Project Team and subject matter experts across EPUT.
125. While the approach to searching a given system will be consistent, due to the variation in requests for information, the guidance required for searching can change significantly. For example, when searching within Datix, team members conducting the search will be familiar with how to access the system, its layout and how to find information, but what is being searched for will differ depending on the request.
126. Each search task has an allocated Project Co-ordinator who would oversee the administrators. The co-ordinators are not experts in all systems being searched, but they discuss with system subject matter experts, for example within the EPUT's Business Analytics and Reporting Team, to understand what is possible and construct suitable search terms and guidance for the searches to be completed.

127. As discussed in section one, the changes to systems over the relevant period means we are often reliant on the historical knowledge of long-standing employees, this has either been experts in the specific system, or often, staff who were involved in the person's care. Many of the responses to requests for information about specific patients involved discussion with clinicians that were directly involved in the person's care.
128. One of the mitigations applied to the limitations encountered with historical data searches has been for the Inquiry Project Team to rely on the system owners to provide extracts that can be viewed in Excel as this is something members of the team are comfortable using. Taking the data out of the systems and into Excel eliminates the need for users to understand the complexities of the system the data was extracted from. Excel is also a suitable environment for further refinement work to be carried out to the data to prepare it for disclosure to the inquiry including manual reviews for relevancy, translation of data where required, additional categorisation, logging of tasks and analytics.
129. As discussed, the systems searches completed to collect relevant data would often be completed by the system owners/experts. As the system owners are the most competent users of the system in EPUT, they wouldn't need any written guidance to conduct the searches, but the needs of the search would be discussed and agreed with the statement author. The Business Analytics and Reporting Team would be a team providing information from the electronic patient record systems as it comprises of experts in these systems and their day-to-day role is providing analytics and service line reporting to EPUT.
130. There are still situations where guidance is needed to ensure consistency of searching within the Inquiry Project Team, particularly where manual reviews are required on medical record systems and a large number of people are all doing similar work. An example of a written piece of guidance has been exhibited with this statement **[DG01-04]**, this would be supplemented by briefings, discussions and verbal queries being raised as necessary.
131. If the individuals performing searches had any queries around results or the data they were finding, there are clear escalation pathways as previously described in Section 3 above.

132. Audits and spot-checks are performed to validate collected data, to monitor progress on the task, manage team understanding and findings. This has been outlined in many of the Trust's Rule 9 responses, e.g. Rule 9 (1b).
133. Cross referencing between systems also supports assurance around data quality, each patient may have some details that have been independently entered and stored in multiple records systems. By checking multiple systems for alignment, EPUT can be more confident in the data it is providing to the Inquiry. Where a misalignment was found between two systems, additional checks would be completed on further systems.
134. The overall accountability for data handling and searching for each Rule 9 request is held by the response author and the assigned Inquiry Project Team Associate Director. The systems searched and the approach to searching them for each request is now outlined in EPUT's respective response statement.
135. As outlined in this section, EPUT undertakes extensive searches to ensure information relevant to the Rule 9 requests is located and included within the response statement or as an exhibit. As described, searching can be complex due to the structured and unstructured nature of the document storage for the reasons set out above. To mitigate this as much as possible the Project Team will request a number of different searches for a document and not solely rely on one method or one Team and then accept that a document has not been located. For example, for Rule 9 (7) when searching for PFD information the Team contacted the Patient safety team, Inquest Team and Claims Team to see if the information was held in their filing systems. Any outstanding documents were then searched for centrally by the IT Department and where relevant the external legal teams who were instructed on behalf of EPUT were asked if they held any information. The same process is undertaken when reviewing sources of information. As set in Rule 9 (1b) multiple sources were searched to verify information, this included reports from the EPR, reviewing SI / PSIRF reports and searches of historic databases.

Supervision of people conducting searches

136. The people performing searches are supervised by the Leads and Authors responsible for producing statements in response to requests and Rule 9s from the Lampard Inquiry.

137. Members of the Inquiry Project Team regularly consult with EPUT's lawyers, Browne Jacobson LLP, to ensure that searches were being conducted reasonably and proportionately.
138. Auditing is another method of supervision used when ensuring that searches are conducted thoroughly and correctly. Due to the large number of people supporting with manual efforts to collate information for some Rule 9s, there is an inherent risk of variance in quality between different people. To ensure that the risk of variable quality is managed, auditing is used to check a random sample aligns with a second run of the search. The audits are conducted by different people to the original searchers and would typically aim to double check a small but significant sample of the data (typically five percent).

Search Terms and Scope of Searches

139. The search terms used are dependent on the specific request that EPUT is responding to.
140. At a high level, searches are limited to fit within the overall scope of the Lampard Inquiry, looking for documents relevant between 1 January 2000 and 31 December 2023.
141. The approach to searching and the search terms used is often outlined in each Rule 9 response statement.
142. Exhibit **[DG01-03]** provides high-level information about the searches conducted for each Rule 9 response including a summary of searches, the systems searched, the search criteria and the numbers of any relevant paragraphs from the statement.
143. Due to the substantial amount of information that could be relevant to the Inquiry, it is not possible to gather the information in advance. Searches are completed as requests are received but any work previously undertaken is considered upon receipt of the request for appropriateness to support the response.

Production of a Statement

144. As discussed earlier in this section, when a new request is received from the Lampard Inquiry it is triaged by the Associate Directors. As part of this triage, the Associate Directors determine the appropriate senior individual within EPUT to produce a statement, where required, in relation to the matters outlined in the Inquiry's request.

As an example, the Director of Risk and Compliance, Nicola Jones, led on the work for Rule 9 (25) and signed on behalf of the organisation as she is the Director responsible for policies.

145. Once a potential author has been identified, this is discussed with the EPUT Executive Team and the proposed author, to ensure that the person is appropriate and confident to provide a statement addressing the Inquiry's request.
146. It is worth noting that regardless of the chosen author, all statements would be written with input from clinical experts and the appropriate business units (e.g. Finance, HR, IT). All business units are specifically focused on supporting care delivery.
147. As the selected statement authors will frequently be key senior leaders in EPUT with operational areas to look after, they are supported by a team of people including members of the Inquiry Project Team, subject matter experts, and EPUT's external legal team.
148. A draft is produced from a combination of organisational knowledge, corporate documentation, clinical records, and insight from clinical and non-clinical staff members. Once a draft has been produced, it undergoes a factual accuracy check and is reviewed and signed off by the author.

Section 5: Limitations and Mitigations

Securing Staff Members with Historic Knowledge

149. Various limitations and relevant mitigations have been identified above. EPUT's approach to responding to the Inquiry relies on a combination of input from clinicians and other individuals with direct experience of the matters the Inquiry is interested in, and interrogation of systems and archives.
150. Due to the significant timespan the Lampard Inquiry covers, it has not always been possible to engage with people that were involved in all specific processes, projects or events. This limitation will only become greater as the Inquiry continues as staff leave the organisation for various reasons.
151. Where people have left the organisation or retired, the Inquiry Project Team has attempted and will continue to attempt to contact these people if possible. Otherwise, the only mitigation is an increased reliance upon systems and records along with second or third hand accounts from available staff members.

Anonymised Documents

152. Many patient-related documents will be anonymised, to varying degrees, to prevent them from being associated with the person if they were misplaced and for other data protection reasons. The anonymisation could be the use of initials rather than full name, the person may just be referred to as “patient”, background information that could make them identifiable could be removed, but information that is essential to the document being suitable for its purpose would be retained, for example, the dates and times of the incident and surrounding chronology.
153. If a document has been anonymised and filed incorrectly, it is not necessarily possible to triangulate the information in the document to a specific patient. The Inquiry Project Team will try to find links between a document and a specific patient based on available information e.g. incident date, date of death, gender, ethnicity and date of birth, but a high priority is placed on ensuring that the correct documents are associated with in scope patients.
154. Documents are often anonymised when information is being shared with third parties who need to be notified of an incident, but do not need to receive information about the individual involved.

Password protected documents

155. Due to the sensitive nature of the information held by EPUT, systems have various security measures in place. EPR systems have access controls to ensure that only appropriate individuals are viewing this information, and an audit trail is maintained to monitor employee's usage and ensure that people are not accessing records inappropriately. Access on the shared drives is typically limited by user account with certain folders only being accessible to certain teams. However, as an additional measure, some documents like Investigation Reports and Grievances will be password protected.
156. As the passwords would have been selected by the appropriate individuals managing the documentation, the passwords used vary and have changed over the significant period of time the Inquiry covers. The Inquiry Project Team has consulted with individuals with historical knowledge and has produced a log of known passwords. When a password protected document is encountered, the team will attempt to open it using the passwords from the known passwords list. They will also attempt to locate other copies of the document that may not be password protected, for example an

investigation report might be stored on a shared drive with a password but also attached to an incident on Datix without a password.

157. If we are unable to locate another copy of a document and cannot open it with any known passwords, we have treated the document as missing and explained this in the response. As an example in Rule 9 (1b), locating an SI Report would be evidence of an investigation being conducted but if it could not be opened it would be reported on the template as “not held”.

Information not stored in searchable fields

158. Information relevant to the inquiry may not always be contained in defined, searchable fields. For example, while medical records systems have many fields that make it easy to locate documents related to a patient, a lot of the information about the patient is contained in forms that are completed by clinicians and uploaded to the records system. These forms are made up primarily of free text fields that cannot be as easily searched due to the number of variations in how data can be entered and the wording that may be used.
159. Locating patients that may be relevant to the inquiry can be achieved using the searchable fields on the medical records systems but to provide more detailed information about these people and to verify them as being in scope, the free text fields need to be reviewed.
160. The Inquiry Project Team has been mitigating this issue by undertaking significant manual reviews of the available data relevant to patients in scope of the Lampard Inquiry. Manual reviews have formed a significant amount of the Trust’s work in response to Rule 9s, for example: (1b), (7), (8a), (9), (13a).
161. These manual reviews have also been supported by keyword searches where it was deemed necessary and appropriate to narrow the amount of data to review down to meet the needs of the Lampard Inquiry in the available time. Where keyword searches have been used, this has been explained in EPUT’s statements, for example, the statements in response to Rule 9 (8), (8a), (13) and (13a).
162. As previously discussed above, it will be understood by the Inquiry that these are documents and systems related to running and delivering care in a mental health trust to best support patients with mental health issues. They have not been constructed or prepared with the expectation of having to be searched to provide evidence for the

purposes of a Public Inquiry established under statute and tasked to look at specific issues. That means the requests raised by the Inquiry which are worded to reflect the information needed using a legal approach to evidence gathering are not the basis on which these systems were constructed or documents prepared.

Document quality issues

163. Another limitation affecting searches is the quality of located documents, or the quality of documents preventing them from being located.
164. Many historic documents will have been handwritten, this can often be difficult for people other than the original author to read. Similar to the reasoning behind the use of free text fields on medical records systems being appropriate for documents that support clinical judgement, the handwriting being difficult for other people to read would not be a problem for daily practice as these notes would be used by the same clinicians to support a specific patient's care.
165. Documents would often be scanned before being uploaded to medical records systems, many documents were also scanned at the point of merger. At times, there are issues with the quality of the scanned document making it difficult to read. It is not always possible to locate the original paper document in archive boxes, or it may not have been retained after scanning.
166. People completing documents could have used the designated fields in a way that they were not intended to be used, this is more prevalent on free text fields on systems and paper documents whereby their nature, data validation cannot be implemented. While an incorrect use of a field would not affect the document being interpreted by a person involved in the patient's care, it does make it harder to perform searches that are reliant in the things being looked for being stored in a consistent way.

Destruction of Records

167. The Trust is complying with the Inquiry's request around non-destruction of records. Prior to the Inquiry, there was an active policy for destruction of records which was suspended at the start of the Independent Inquiry in 2021.
168. The destruction policy is maintained by the Records Management Team and states the retention period for records, typically 20 years after no further treatment was considered or 8 years after a patient's death. Children's records are retained until a patient's 25th birthday or 26th birthday or if their entry into services was made at the

age of 17 years. For children, the same retention period of 8 years following death applies.

169. As a result of the records destruction policy being in place up until the beginning of the Independent Inquiry, some records may have been destroyed for patients within scope of the Lampard Inquiry, especially for people who died before 2013.
170. There have also been some cases where records have been lost through unplanned events. At Runwell Hospital, a number of historic records were lost due to a contamination event. There were potentially hundreds of records (pre and post 2000) lost due to water and asbestos damage and EPUT has been unable to identify which records, as these were not catalogued. A destruction certificate should have been issued regarding the destroyed records. Despite our best efforts, we have been unable to locate this.

Records not being clearly linked to a particular individual

171. It has been noticed that in some historic cases, some low harm or no harm incidents have been raised in systems and on paper incident forms without a clear link to a specific patient.
172. Where possible, we attempt to cross reference with information in other systems to verify the identity of an individual.
173. Where we are unable to link an incident to an individual, we will make the impact of this clear in our response. For example, in Rule 9 (8), (8a), (13) and (13a), EPUT was asked to provide data on the number of repeat attempts at Ligature and Absconsion, requiring the person involved in the incident to be identified. In response to the Absconsion and Ligature Rule 9 requests, we explained that where we could not identify the person, the assumption would be made that it was a first-time attempt.

Locating documents stored in unstructured systems

174. As discussed in the introduction, EPUT operates many systems for storing information with some being rigidly structured and others being semi-structured or completely unstructured. The lesser structured a system is, the more difficult it is for robust searches to be conducted.
175. There are several mitigations EPUT has put in place to improve its ability to locate documents stored in unstructured systems, these are outlined below.

Netwrix

176. Netwrix is a data classification and search tool that allows EPUT to more thoroughly search its shared drives than if it relied on Windows search functionality alone. Netwrix searches all text within documents and their metadata to improve our ability to locate relevant information for the Inquiry.
177. Netwrix was first introduced for use by the Inquiry Project Team in September 2025 following a pilot that started in August 2025. The reason it took a long time to get Netwrix in place was the substantial number of documents to be indexed across the Trust's shared drives (circa 30 million) - this process took approximately six months.
178. Due to performance issues (responsiveness when searching and the amount of time to index), the current search index does not allow for phrase searching e.g. Ligature Risk Reduction Group and would instead return documents that include the words "Ligature", "Risk", "Reduction" and "Group". This makes it difficult to narrow down a search to only a few relevant documents, but is being mitigated using more unique search terms e.g. NHS Numbers, Serious Incident Numbers, Claim Numbers, Complaint Numbers, etc. If a document has been anonymised or misfiled, Netwrix does not have the capability to locate it.
179. As the Inquiry will be aware, EPUT recently experienced an issue where Netwrix became inaccessible to the Project Team between 21 October 2025 and 3 November 2025. This technical issue was resolved as quickly as possible with support from the Trust's IT Directorate and communication with the supplier. To ensure the outage did not impact the EPUT's ability to deliver on Rule 9s, work was reprioritised with Netwrix searches planned to be completed once Netwrix was back online. If the outage had continued, EPUT would have worked closely with the Inquiry to discuss an appropriate path forward.

Relativity

180. Relativity is a document management platform that EPUT has purchased to support the review and disclosure of documents to the Lampard Inquiry. A key difference between Relativity and Netwrix, is that Netwrix searches documents in their existing locations on the shared drives, while Relativity is a platform into which relevant documents are uploaded for review, coding and collaborative analysis by the legal team and the internal teams.

181. Relativity was first introduced for use by the Project Team in April 2025.
182. Relativity can also support with the review of the lesser structured documents attached to patient records. All documentation related to a specific patient can be exported from the medical records systems as a single document which can then be uploaded to Relativity. Once the exported medical records are uploaded to Relativity they can be searched much more thoroughly. The use of this approach has been limited though as it required locating and exporting all appropriate information and uploading to Relativity for review, this has been done in some cases where specific information related to a patient is being investigated (e.g. Rule 9 (18)), but it is not practical for all patient records to be exported, collated and uploaded to Relativity.
183. Given the extensive work undertaken to date, EPUT does not currently have plans to apply Relativity searching retrospectively. However, EPUT would, in discussion with the Inquiry, explore the benefit that may be associated with the Inquiry's investigative approach to illustrative cases and the use of Relativity.
184. To date, EPUT has uploaded potentially relevant documents to Relativity but this does not represent the complete data that is available to EPUT across its multiple systems. Therefore, searching via Netwrix will return more potentially relevant results than searching in Relativity. EPUT intends to utilise Relativity to greater effect in future, but this requires resource which is currently focussed on delivery of Rule 9 responses.

MailSafe

185. MailSafe is an email housekeeping solution that was introduced by EPUT in 2017, primarily to help staff clear their inboxes if they were full by archiving old emails. While MailSafe was not procured to be an archiving system, it does allow EPUT to search the archived contents of current and previous employees email inboxes.
186. As MailSafe was not procured with the specific purpose of archiving emails, the Trust cannot confidently state that all emails will be archived within a specific period, or that emails will not be missing from the archive. Searches of the MailSafe archives are being conducted with best endeavours to support the needs of the Lampard Inquiry. As outlined in the EPUT's response to Rule 9 (16), MailSafe can only retrieve emails that were archived, anything that was deleted and not archived cannot be retrieved.
187. While there is the capability to search archived emails, it should be noted emails are very unstructured making them time intensive to search. With the number of patients

in scope, and therefore the number of clinicians and other people involved in their care, it is not possible to comprehensively search all emails to confidently locate all relevant information.

188. MailSafe searching has been most effective when there is a clear direction for the search, for example it is known that there was correspondence between two people on a certain date or with certain subject matter.
189. To search MailSafe for anything related to a specific patient would require identification of all relevant staff members throughout the entirety of the patient's history with EPUT and the predecessor Trusts, followed by thorough searching for key words or potentially a complete manual review. To provide the information requested in a timely way and in accordance with the Inquiry timetables, it is not reasonable or proportionate to search through email archives.
190. Where the Inquiry is particularly interested in potential correspondence about a specific patient, the Trust would be capable of completing searches of archived emails on behalf of the Inquiry, assuming an appropriate timeframe is set out and limitations agreed - as was the case for Rule 9 (16).
191. MailSafe archiving was stopped in June 2020 as it was no longer required with the introduction of NHS Mail.

NHS Mail Searches

192. NHS Mail was introduced in 2017 however this was a rolling piece of work across the entire NHS with different users being migrated to NHS Mail at different times.
193. NHS Mail is a centrally managed email service procured by NHS England and introduced through a project with Accenture. Records retention and forensic discovery requests are therefore managed by the central NHS Mail Team rather than by individual Trusts.
194. NHS Mail's retention policy is that all emails will be kept for two years from when they are sent/received or until they are deleted, whichever is later. In practice, this means that if an email is received and then deleted, it will only be retrievable up to two years from the date it was received. As a result, NHS Mail can only confidently say that emails can be forensically searched going back through a two-year period, as any record of emails older than that may be incomplete.

195. EPUT issued instructions to all staff to not delete general communication (including emails) that may be relevant to the Inquiry, in line with the EMHII's Moratorium on destruction. EPUT is not able to control NHS Mail's retention policy.

Consultation with appropriate individuals

196. As stated above, we also rely on the expertise and knowledge of long-standing staff members that have direct experience with the matters the Inquiry is interested in. Where information is not readily available in our systems, we work with these staff members where possible to either locate the information or provide a detailed narrative account from the relevant staff members. Noting, with the passage of time the potential for loss of memory and/or false memory of the events.

Volume of Records

197. As previously discussed, manual reviews of the records are often required to obtain information to respond to requests. Due to the size and volume of some records, there is the possibility that some of the detail requested may be missed or entered incorrectly.
198. It should also be noted that with the large volume of documents being searched, even a seemingly low failure rate will result in a number of documents being missed from searches. There is no real mitigation possible for this issue, save for the cross-checking of multiple sources or use of varying search terms etc. already described. In addition, the breadth of the Inquiry's work, across multiple themes and years, means that it seems unlikely that any omissions are likely to be significant in scale, considered overall.
199. The limited timeframe that the Team has to complete searches also results in staff being overstretched, this will potentially increase the risk of mistakes or lack of consistency. While audits will attempt to capture this, they can never be 100 percent failsafe.

Qualitative Interpretation of Data

200. There is also a qualitative assessment involved in reviews of data. The information requested is not always easily identifiable within documents and records, it is not always categorised in the same way or in a way that is capable of forensic searching. EPUT relies on staff members reviewing and assessing the information in documents and interpreting it. As an example of qualitative interpretation affecting categorisation,

an incident involving elements of both asphyxiation and ligature could be classified differently depending on the person reviewing the incident.

201. The Inquiry Project Team does attempt to mitigate the risk of qualitative interpretation and mistakes through rechecks and sampling of records along with the use of appropriately skilled staff.

Section 6: Rule 9 (35)

202. In relation to Rule 9 (35), the Lampard Inquiry requested that EPUT provide information on:

- Search Methodology Used
- Explanation for the Omissions Identified
- Whether Any Issues are Systemic
- Strengthening Search Assurance

203. EPUT has now reviewed the issue in detail and believes it has now located the missing information. With this knowledge, the answers to the Inquiry's questions are set out below.

Search Methodology Used

204. EPUT maintains a central Ombudsman folder containing:

- an 'Ombudsman Cases' spreadsheet
- sub-folders holding historic PHSO tracking documents, correspondence and action plans

205. The 'Ombudsman Cases' spreadsheet was created in 2020 to consolidate several legacy Word documents, one per year between 2015 and 2019, that were previously used to track PHSO investigations. These documents had been reviewed and manually transcribed into the new singular spreadsheet.

206. For Rule 9 responses, the standard search approach consisted of searching the 'Ombudsman Cases' spreadsheet using complainant and/or patient name, reviewing any associated documents in sub-folders and where no entry existed and no Datix complaint record was found, concluding that no PHSO case had been received.

207. These searches were undertaken by the Head of Complaints, using name-based queries.

Explanation for the Omissions Identified

208. The omission resulted from a historical transcription error combined with the fact that the PHSO accepted the complaint in circumstances where a complaint had never been lodged with EPUT. This is unusual as the normal process requires a complaint to have been made to EPUT before escalation to the PHSO. The PHSO's acceptance of the SI investigation as the Trust's response, without a preceding formal complaint, was atypical.
209. In the relevant legacy Word document, the patient's name appeared correctly within the narrative. However, the complainant's name was incorrectly recorded as [I/S] [I/S] in the heading of the document. During the transcription of this document in 2020 to the new Excel spreadsheet, the header name was copied into the spreadsheet and the reference to [I/S] in the narrative was not transferred. As a result of this, when searching for [I/S] in the spreadsheet for tracking PHSO investigations, no matches were found.
210. As part of the investigation into this matter, further searching was conducted to locate a formal complaint made to EPUT, but there is no record of a complaint. It is believed that this is because the concerns were managed solely through the Serious Incident investigation.
211. In the absence of a formal complaint being found to EPUT, when no PHSO complaint was located for [I/S] in the searches for Rule 9 (35), this did not prompt suspicion of a false negative.

Whether Any Issues are Systemic

212. A full search of the entire Ombudsman folder was undertaken following the Inquiry's observations, at which point the legacy document was located and the transcription error identified. The root cause was therefore human error in the original data migration, compounded by the absence of a complaint record and the unusual PHSO pathway.
213. It is believed that this is likely to be an isolated case, as the circumstances to result in this omission are unusual. To provide further assurance that this issue is not systemic, EPUT will revisit the list of patients referred to in Rule 9 (35) and conduct a review of

all spreadsheet entries where no Datix complaint exists and no PHSO entry is recorded. This will confirm whether any similar cases were accepted outside of the normal PHSO complaint process.

Strengthening Search Assurance

214. To prevent recurrence and improve the accuracy and completeness of future searches, the following actions are being implemented:

- Separate recording of complainant and patient names - the spreadsheet previously contained a single name field. EPUT will now record complainant and patient names in separate columns for all PHSO cases.
- Retrospective validation of historic entries – earlier entries will be rechecked, especially those predating 2020, to ensure accuracy of identifiers.
- Revised search protocol for Rule 9 responses – searches will now include both complainant and patient names, a full-folder search in addition to the spreadsheet, and verification against SI records where relevant.

Section 7: Conclusions

215. EPUT welcomes the opportunity to continue working with the Inquiry to ensure that relevant information is provided in support of the Inquiry's investigations.

216. EPUT will continue to review and, if necessary, improve the processes it has in place to support the Inquiry in its work.

217. In the Inquiry's letter sent on 30 October 2025, EPUT was asked to provide evidence of "active management planning and resourcing uplift to handle the foreseeable and significantly increased future Rule 9 volume – particularly into 2026".

218. 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.

219. 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 to cover the additional costs of its engagement with the Inquiry.

220. 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.

Statement of Truth

The content of this statement is true to the best of my knowledge and belief.

Signed:

[I/S]

Dated: 5 December 2025