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20 February 2026

Dear Inquiry Legal Team

EPUT's Capability Position

We write on behalf of our client, EPUT, in response to your letter dated 18 February 2026 requesting a detailed and accurate response to the Inquiry's letter dated 3 February 2026, to be provided by 4pm on Friday 20 February 2026.

EPUT reiterates its commitment to the Inquiry and to co-operating with its requests to the best of its ability.

EPUT understands the concerns raised and after discussion with our client and careful consideration with them, please see the following detailed response which seeks to address each matter identified in your letter.

Steps Taken Before Assurance given on 13 February 2026

In relation to the steps taken by EPUT before confirming to the Inquiry on 13 February that save for R9(102), all Rule 9 responses due on 16 February would be supplied, as would all of the prioritisation Rule 9s for July and October hearings, after careful consideration of the points you have raised EPUT wishes to make the following points by way of explanation:

EPUT's internal Inquiry Project Team reviews the status of Rule 9 requests every day, puts plans in place to deliver Rule 9 submissions and looks at prioritisation and deployment/redeployment of the team. This is a dynamic process and the team reacts to the Rule 9, and other work requests, that are expected of EPUT.

EPUT's current practice around search activity is undertaken by the administrative team with involvement of wider trust information owners where required, with quality assurance currently provided by the Associate Directors. Searches are conducted across both digital and hard-copy records and, where necessary, paper files are retrieved from storage. At the time of providing the assurance to the Inquiry it was believed that the administrative team had completed the searching and retrieval of documents that were needed to be submitted and that the only step left in the process was quality control.

The concerns raised have led EPUT to identify a capacity and control gap within the current assurance arrangements. In particular, there is a need to strengthen the model by introducing an additional, intermediate tier of oversight beneath the Associate Directors to provide operational supervision of the search process and to ensure that material gathered is directly responsive to the specific Rule 9 questions. This will improve

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consistency, reduce rework and escalation, and provide greater assurance to the Trust and the Inquiry regarding the completeness and relevance of search returns. EPUT wishes to reassure the Inquiry that immediate steps have been taken to address this gap with the reallocation of key resource across the Trust.

EPUT has identified some immediate steps to mitigate the issues identified in early February but there is further information about the underlying challenges faced in seeking to respond to the Inquiry's needs which are dealt with later in this letter and which could usefully be discussed with the Secretary to the Inquiry at the planned meeting.

Reasons for Late Notification on 16 February 2026

The Inquiry has asked why an email was sent at 17:41 on 16 February (after expiry of the deadline) indicating that the R9 responses due on 16 February would not be provided on time, with no prior notification given before the deadline expired. First, we sincerely apologise for this and assure the Inquiry that no disrespect was intended. At the time of providing the assurance on 13 February the members of the team who were tasked with completing the requests were confident that documents had been located. It was not anticipated that the final stage of quality assurance would identify the issues that were in fact found. As soon as this was discovered steps were taken to inform the Inquiry.

As to why the issue regarding the identification of non-final documents for disclosure was not identified through EPUT's quality assurance and sign-off processes before the assurance of 13 February was given, and in sufficient time to prevent the deadline from lapsing, EPUT has recognised that the quality assurance stage occurs too close to the deadline for submission. This prevents us from being able to rectify any errors in good time and therefore leads to breaches of deadlines. Steps are being taken to improve and increase reporting lines as well as regular updates / touchpoint meetings to enable issues to be identified sooner and quality assurance checks to be undertaken sooner.

Whilst the previous model (administrative roles reporting into Associate Directors) had been capable of responding to Rule 9 requests, the escalation in volume from November onwards and the challenge of recovering a backlog, alongside new requests has pushed this approach beyond its limits to respond in time. EPUT recognises that this model is no longer serving the process well, in the context of the submission rate of Rule 9 responses which has also increased over a sustained period. EPUT would like to take the opportunity to reassure the Inquiry that it is confident that the steps it is taking to improve resourcing to enable more timely responses to R9 requests will seek to address the concerns raised.

Data Architecture and Search Functionality Issues

In relation to ongoing or newly identified limitations in EPUT's data architecture, search functionality, retrieval processes or document finalisation controls which bear upon the completeness or reliability of responses:

It has always been the case that there is no interoperability between NHS data systems, either current or archived. Therefore, requests for data have to be approached by searching across multiple systems including electronic patient records (of which there are multiple types e.g. Paris, Mobius), shared drive folders, archives and paper records. This is further complicated by documents being stored/saved differently depending on the historical approach of previous organisations. All possible relevant information is gathered, where it exists, which is then saved and reviewed by the team. This has been outlined in the Data Assurance Statement.

As stated above the completeness and reliability of responses was managed through the quality assurance process which is now undergoing change.

Current Position and Recovery Approach

EPUT continues to review and adapt in response to the causes of slippage and has been consistent about the resource constraints within which the Trust is operating. Namely, lead time to deploy resources; availability of skilled staff; competing regulatory and legal duties (Care Quality Commission, HM Coroners etc.) and the extremely pressured operational position (more so in the winter months). Whilst the Inquiry has been rightly concerned that EPUT has the financial resources to meet the needs of the Inquiry, these are not financial constraints but staffing and skills constraints. EPUT is forecasting a **[I/S]** spend to meet the needs of the Inquiry.

We have focused on strengthening our ways of working, including but not limited to:

- one intake route and triage
- standard templates and evidence mapping
- clear decision rights and signatory guidance
- strengthened version control and information management
- regular performance reporting to senior leadership, including exceptions and risks

This will be supported by explicit prioritisation and, where necessary and possible, the redeployment or procurement of appropriate capability to address judgement-based work.

As previously mentioned, EPUT is also taking action to redesign the team structure and functionality, seeking to introduce a senior tier that reports into the Associate Directors. This will bring about additional capacity and capability and improve the speed of responses to R9 requests by ensuring reduced duplication, improved throughput and quality, and ensuring that commitments align more closely with what is deliverable.

While EPUT wants to assure the Inquiry that it is doing all it can to improve the way in which EPUT responds to R9 requests, it is important to recognise that this recovery work has been implemented while receiving, processing and submitting significantly more Rule 9s than at any other point in the Inquiry, meaning it is working from a deficit position. For context, EPUT has submitted ≥50 Rule 9 responses during January and February thus far.

We recognise that missed commitments and unclear communication have affected confidence and this is not the way that we want to work and for this we want to both apologise and reassure the Inquiry that we are taking steps to improve resources and processes. Our focus going forward is on providing realistic dates, clear dependencies, and earlier notification where extensions are required. A key factor in setting reliable timelines is visibility of incoming demand: it is very challenging to plan resource allocations when the volume and nature of new requests are unpredictable day-to-day, as this often necessitates reassessment and reallocation of capacity at short notice. This is addressed further in the Managing Expectations and Future Commitments

section below. We make this point not as a criticism, as we understand the challenging and complex nature of the work of the Inquiry, but to underline our commitment to future working and provision of timely information.

Resourcing and Capacity

We note the Inquiry's understanding from our meeting that EPUT's resourcing has not significantly changed over the past 18 months, that no additional resources will be made available due to funding issues, and that EPUT is falling behind deadlines for Rule 9 responses and is likely to continue to do so.

As set out above the availability of funding is not the key issue and we have set out the forecast spend above.

As previously indicated EPUT notes that both the scale and complexity of Inquiry-related work have increased and recognises that delivery cannot be sustained within the existing resource and structure indefinitely.

In the short term, EPUT's ability to meet increasing Inquiry demand at pace will remain constrained, as stated above by a range of factors including the availability of staff and skills. In this context, we will prioritise work explicitly (including hearing-critical requests), and we will submit extension requests early and transparently, with a clear rationale, rather than over-committing.

As set out above there will be some increased capacity and capability by introducing a tier of people below Associate Director level but above administration level.

July Hearings - Critical Rule 9 Requests

EPUT is committed to supporting the Inquiry to ensure the July hearings proceed as planned. To support this, we would welcome confirmation of which Rule 9 requests are critical to the hearings, and the latest dates by which those responses must be received to enable the hearings to take place. This will allow us to plan realistically and to sequence other, non-hearing-critical Rule 9 work appropriately and ensure that we prioritise resource in the best way possible to deliver the aims of the Inquiry.

As an example, we understand that Rule 9(114) and Rule 9(115) are among the hearing-critical requests for July. Both are complex and detailed: Rule 9(114) covers 74 distinct lines of enquiry and Rule 9(115) covers 28. Work is underway on both, and we would welcome clarity on the required submission timelines so we can align our delivery plan to the July hearing timetable.

Rule 9(114) - Oxevision

EPUT has conducted a comprehensive review of the 74 questions raised in the Rule 9(114) request and has identified subject matter experts (SMEs) and action owners across multiple themes. The questions cover ten broad categories: potential harms from Oxevision use, consent, training and compliance, room configurations, Oxevision alerts, Equality Impact Assessments, EPUT's internal monitoring, costs, contingencies, data processing, and miscellaneous matters. There are also clinical and non-clinical elements to the request which may require us to provide two statements to best answer the request.

The response effort involves executive SMEs (including the Medical Director, Executive Nurse, Analytics Lead, Executive Director of Strategy, Transformation and Digital and Director of Information) working with operational SMEs (including clinical matrons, RMHNs, Project Manager of Digital Projects and others) to provide comprehensive answers. Action owners have been assigned to each question to ensure accountability and

timely completion. EPUT's external legal advisers (both solicitors and barristers) are involved in regular meetings with the team to oversee drafting of the statement, ensure relevant evidence is located and available where necessary and to prepare the statement and exhibits for submission.

Where possible, EPUT will cross-reference to earlier responses and use the established narrative from previously provided oral evidence. This approach ensures avoiding unnecessary duplication with previous submissions. For questions requiring new information, initial narratives are being drafted by the relevant SMEs, with clinical review and approval from senior leadership where appropriate. The Trust is gathering documentary evidence including policies, audit results, meeting minutes, usage reports, and contractual documentation to support the responses.

The current status tracking uses a RAG (Red/Amber/Green) system, where red indicates actions that need to be escalated, amber indicates the action is assigned and in progress but not complete, and green indicates completion. Currently there are no actions that are green but we are working at maximum capacity as outlined above.

Rule 9(115) - Physical Health Conditions

The same approach has been adopted in relation to Rule 9(115). Whilst there is some overlap with personnel - for example the Medical Director is assigned to actions for both Rule 9(114) and (115) - the team working on Rule 9(115) is different to the team working on Rule 9(114) to ensure both receive the necessary attention.

Revised Delivery Timeline

Both Rule 9(114) and Rule 9(115) are due to be submitted by 5 March 2026. Even with the above plans in place it is anticipated that we will need to apply for an extension. We want to make it clear that this is not due to a lack of commitment but a recognition of the data and resource challenges that we face.

Managing the February/March Rule 9 Investigations Pipeline (55+ Active Requests)

In order to proactively respond to the concerns raised and EPUT’s own recognition of the challenges to the way in which it is currently resourced to meet the needs of the Inquiry, EPUT has grouped active Rule 9 requests into a controlled pipeline and is managing delivery through:

- a single tracker capturing demand, due dates, status, dependencies and risks,
- triage into priority categories (hearing-critical / statutory or time-sensitive / standard),
- assignment into production and review capacity bands, and
- a clear QA/sign-off process to improve consistency and reduce rework.

We continue to work through the open Rule 9s as described above; once we have confirmation about the July hearing-critical Rule 9s, we can provide an informed Rule 9 pipeline for the active requests. It would be useful to understand which, if any, of the current investigation Rule 9s are needed for the July hearings, and which can be de-prioritised. As previously stated we will continue to refocus resource to meet all R9 requests, and additionally we also want to ensure that we take action to meet the immediate needs of the Inquiry.

Managing Expectations and Future Commitments

EPUT agrees that credibility depends on making commitments that can be met. Where constraints exist, we will continue to be candid about what is achievable and will not provide assurance unless it is supported by an evidenced delivery plan, resourcing assumptions and clear accountability.

However, EPUT's ability to plan and provide reliable timelines depends significantly on visibility of what further requests we are likely to receive. For example, if we have confirmation of the July hearing-critical Rule 9s (and the latest dates by which responses are required), and clarity on whether any further Rule 9 requests will be issued during February/March, we can plan with greater confidence and provide realistic deadlines. In the absence of such visibility, we can provide only indicative timelines, which may need to change as new requests are received and prioritisation is reassessed.

We are grateful to the Inquiry for providing its forward look in relation to Rule 9 requests in its Annex B document. However, it remains difficult to plan for future work when we do not know how many Rule 9s will be issued (i.e. at least three in relation to Oxevision) nor the volume and breadth of questions that might be asked in each Rule 9. For example, Rule 9(114) has 74 separate questions (not including sub questions) and requires both clinical and non-clinical input.

Based on Annex B we expect to receive at least eleven further substantive requests for statements and around 50 illustrative case / document requests, all with deadlines in March/April. With the current workload of:

- Section 21 (regarding Rule 9(26) due 27 February,
- Rule 9(114) due 5 March,
- Rule 9(115) due 5 March,
- Rule 9(45) further iteration due 27 February,
- 55 investigation / illustrative case Rule 9 requests due in February/March,
- Staff contact work and staff Rule 9 support

we simply do not have the capacity to deliver what amounts to over 100 Rule 9 responses in a matter of weeks.

Despite the changes we are making to the resource available to serve the needs of the Inquiry we seek the Inquiry's assistance to manage the immediate demand on EPUT and agree with us a high priority pipeline that is deliverable. This will enable EPUT to focus resources on ensuring that we are meeting the information needs of the Inquiry as effectively as possible within a framework of finite resources and against a background of maintaining delivery of patient care.

We commit to the following going forward:

Any request for an extension of time to respond to a Rule 9 Request will be made formally in writing in advance of the relevant deadline, setting out: the specific reasons for the delay, the steps taken to mitigate it, and a proposed clear and realistic revised timetable.

Deadlines will not be allowed to expire without prior written engagement.

Conclusion

We apologise for the concerns that have necessitated this detailed response. We recognise that our position as communicated at the meeting on 17 February was markedly different from that set out in the email correspondence of 13 February, and that EPUT's position as regards current resourcing and ability to meet the evidence requirements of the Inquiry has been unclear. However, we hope that by being open and transparent with the Inquiry about the current limitations on EPUTs capability to meet the Inquiry's demands, this can lead to a re-set and re-focus to avoid the cyclical need for extensions and subsequent Section 21 notices.

We are committed to working constructively with the Inquiry and to providing realistic, achievable commitments supported by robust governance and quality assurance processes.

We look forward to the forthcoming meeting between the Secretary and Solicitor to the Inquiry and senior members of EPUT's management, and trust this response assists in facilitating productive discussions.

Yours sincerely

Browne Jacobson LLP

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