

The Inquiry was previously known as the Essex Mental Health Independent Inquiry; in its statutory form it will now be called the Lampard Inquiry and will have full legal powers. The role of Chair comes with deep responsibility and is one I have not stepped into lightly.

Since starting at the Inquiry a few weeks ago, I have had a series of meetings with individuals who have been affected by the issues I will be investigating. And have been working with my team to prepare for taking views through a public consultation on the Inquiry's scope.

I am determined to conduct this Inquiry in a fair, thorough, and balanced manner. I am also concerned to ensure that I do not take any longer than necessary – the recommendations from this Inquiry are urgent and cannot be delayed.

I will continue to seek evidence from families of those who have died; patients and former patients; those who work in mental health settings, and from anyone else who can help us understand what has been happening in inpatient mental health services in Essex, and how things might need to change. There will be many and varied ways to engage with the Inquiry and I will detail these in due course.

The legal powers granted to this Inquiry will allow me to gather the evidence I need to investigate deaths and serious failings in the care of mental health inpatients in Essex. I very much hope families of those who have died will continue to engage with the Inquiry but, to be clear from the start, I will not be compelling families to give evidence¹. Evidence from staff, management, and organisations will be gathered in a proportionate, fair, and appropriate manner.

As I have already said, today marks the opening of a public consultation on the Terms of Reference for the Lampard Inquiry.

¹ [Update: August 2024] It remains my intention to avoid compelling the family and friends of those who have died to give evidence wherever possible. However, I also recognise that there may be exceptional circumstances in which it becomes necessary to compel such evidence by issuing a Section 21 Notice. For example, if a family member of someone who has died is also a current or former staff member of a relevant health provider, it may become necessary to compel that person to give evidence. Further information is set out in my published [note regarding Section 21](#).

As part of this launch, I would like to highlight the following:

- This consultation is open to the public – we welcome all contributions and views on the Inquiry’s scope
- I particularly encourage anyone affected by the issues to participate in the consultation
- I have today published draft Terms of Reference for views – these are available on the Inquiry’s website (and in your press packs today)
- I am minded to extend the years that the Inquiry is covering – so that the end date is moved from 31 December 2020 to 31 December 2023.
- I am considering the inclusion of NHS patients treated in the private sector or by private providers
- Investigations will remain focused on NHS Trusts in Essex

Full details of how anyone can participate in the consultation are available on the Inquiry’s website. I welcome written contributions to the Terms of Reference consultation – but we will of course accommodate any reasonable adjustments needed.

The consultation will close on 28th November. I intend to send updated Terms of Reference to government ahead of the Christmas parliamentary recess so that final Terms of Reference can be published in the New Year.

I will continue to provide updates as the work of the Inquiry progresses.