

IN THE MATTER OF THE LAMPARD INQUIRY

STATEMENT OF MARK RICE-THOMSON IN RESPONSE TO THE RULE 9(3) REQUEST

1. I Mark Rice-Thomson whose address for the purpose of this statement is c/o Priory, 80 Hammersmith Road, London W14 8UD will say as follows:
2. I have been a qualified registered mental health nurse (RMN/BSc Hons) since September 2002 and have an extended post graduate diploma in strategic leadership and management (2015).
3. I joined Priory as Hospital Director of Priory Hospital Dewsbury in December 2019 and transferred to Priory Hospital Market Weighton in October 2021. I am currently seconded into the role of Senior Investigations and Inquest Manager (SIIM) to cover the maternity leave of the substantive post holder. I have worked in Hospital Director or equivalent level roles since 2012.
4. I have prepared this statement in response to a request for evidence from Priory pursuant to Rule 9 of the Inquiries Act, referred to by the Lampard Inquiry as request 'Rule 9(3)' dated 21 January 2025. The focus of the Rule (3) request is, in summary, data regarding adverse findings and Prevention of Future Death ("PFD") reports arising from Inquests over a 24-year period following deaths at the mental health facilities owned by Priory in Essex (which includes certain services which were formerly owned and operated by Partnership in Care until 2016).
5. This statement is based on the information currently available to me both as a result of my role within Priory and with the benefit of (i) having consulted with members of my team and other colleagues to assess the extent of organisational memory and (ii) results from searches of both hard copy and electronic data held by Priory. Searches of electronic records have been carried out by the Inquest team on their local drives, plus the drives of the Essex sites within scope. In addition, paper-based archives (which pre-date electronic records) have been searched in relation to deaths and inquests. The Inquiry will also be aware that in connection with the requests under Rule 9 (2) to Rule 9 (9), we are carrying out ongoing wider searches of relevant central and local drives including those of previous Hospital Directors and other

senior management team members of the Essex sites which may produce further data in relation to this request. I confirm that I understand my ongoing duty to the Inquiry to provide further disclosure of any data arising from these ongoing searches which is relevant to this Rule 9 (3) request.

6. Priory holds electronic records on a shared drive accessible by the Inquests team and by senior clinicians and senior operational staff of all Regulation 28 PFDs issued to it either solely or jointly since their introduction under Schedule 5 of the Criminal & Justice Act 2009, implemented in 2013. Priory also holds electronic records for Rule 43 reports dating back to December 2008. Paper-based records for inquests which have been archived cover the relevant period to November 2008.
7. Following a review of all digitally held records as referenced in paragraph 6 above and a review of our paper-based archives, I can confirm that during the relevant period in respect of mental health inpatient deaths in our facilities located in Essex:
 - a. Priory has not received a Regulation 28 PFD or Rule 43 report;
 - b. Priory is not in possession of any responses from other organisations in Essex to whom a PFD Report (or similar) was sent;
 - c. there have been no findings of neglect and/or other adverse findings made at inquests in respect of Priory Group or members of its staff.
8. Since 2022, any PFDs and Record of Inquest ("RoI") addressed to the Priory are received by the Senior Investigations and Inquest Manager ("SIIM"), who reports to the General Counsel. Prior to this (ie from 2013 onwards), PFDs and Rols were received by the Director of Risk Management.
9. Where a PFD is received (typically via the solicitors acting for Priory at the relevant inquest) which contains learning for Priory Group and where actions are required, this will be circulated promptly by email to the Hospital Director of the relevant site and their Regional Managing Director. At the same time, the PFD will also be sent by email to the Priory Chief Executive Officer, General Counsel, the Chief Quality Officer and the Chief Medical Officer to ensure timely and transparent reporting at the most senior management level: the aforementioned persons sit on the main Board of Directors of Priory Group which meets monthly. Although

the personnel and board structure has changed since 2013, I am informed that PFDs have been reported up to senior management in a similar way.

10. The content of the PFD and actions required will be reviewed and discussed by the Hospital Director with their hospital senior management team and regional Managing Director promptly following receipt. The PFD will also be discussed at the monthly Healthcare Operating Board, the quarterly Quality Assurance Committee and the main Board of Directors meeting which meets monthly.
11. The relevant hospital site, led by the Hospital Director, will develop an Action Plan to address the points raised by the coroner using specialist input where relevant including Estates if environmental issues are a concern, or network Medical Directors and Associate Directors of Quality. The action plans are reviewed in the monthly Serious Incident Review meeting which is chaired by the Chief Quality Officer and are monitored in the short-term where immediate actions are required. In the longer-term, action plans are monitored through the site, regional and divisional governance structures as explained below.
12. A written response is always provided to a PFD. A draft response is prepared by the SIIM with input from the relevant local site, plus senior operational or clinical colleagues where more specialist input is required and with reference to progress made for required actions and identified learning. Where PFDs are issued jointly to other organisations (such as the NHS), liaison will take place as appropriate to ensure that the PFD is fully responded to.
13. PFD responses are reviewed by Priory Group's General Counsel before final sign-off from Priory Group's Chief Executive Officer. Since June 2022 all PFD responses bear the signature of Priory Group's CEO, providing assurance to HM Coroner that they have been reviewed and agreed at that level. Prior to this, I am informed that responses were sent from either the CEO or the Director of Risk Management. All PFD letter/ notifications and responses from Priory to HM Coroner are retained centrally. Since 2013, records and documentation provided to HMC in relation to an inquest are also retained electronically.
14. Prior to the introduction of PFDs under Regulation 28 in July 2013, our electronic records show that from at least December 2008, Regulation 43 reports from HMC to Priory were dealt with in a similar manner, and responded to by senior figures within the organisation such as the

Chief Medical Officer. We have not located any Regulation 43 reports for the period 1 January 2000 to November 2008 and therefore cannot confirm the process in place during this time.

15. Learning and/or actions required after a PFD or Rol are currently disseminated more widely within Priory Group by a number of methods;

- a. Monthly Healthcare Quality and Learning Briefing: this is a Teams session that any member of staff can attend and hosted by the Chief Quality Officer. Any significant learning from incidents, inquests and other sources is discussed at this meeting including in relation to PFDs or Rols.
- b. Monthly Lessons Learned and Patient Safety Bulletins. These are emailed to staff. Discussions of these bulletins are held in site Clinical Governance meetings as a standing agenda item. Relevant areas for individual ward and department teams are disseminated by the regular meetings of those groups, provision of printed material and individual supervisions where needed.
- c. Discussion at regional level meetings attended by Hospital Directors, Directors of Clinical Services and/or Medical Directors. These include regional Clinical Governance meetings and service line network meetings alongside the meetings for specific staff groups.
- d. Where there is an urgent requirement for immediate action to be taken, a Safety Bulletin will be issued by the Chief Quality Officer or Associate Director of Patient Safety to Hospital Directors and their Directors of Clinical Services and the information contained disseminated as above.

16. I am told that since 2022 and the appointment of a Patient Safety lead in the Healthcare Division, Priory has seen an improvement in the dissemination of lessons learned from PFDs/Rols. This is not to say that lessons were not shared for the period between 2013 and 2022 but the evidence to support that though our searches are continuing and we will update the Inquiry as needed.

17. The level of monitoring of actions against the requirements of the PFD depends on the nature, scale and speed of the actions required and whether those are of local application only or

there are wider divisional learnings. The priority is given to site learnings given coroners' concerns are typically site specific.

18. For local matters where, for example, established procedures or policies have not been followed, it is for the Hospital Director to meet with their management and clinical teams to agree actions (such as staff training and/or briefings) and the timetable for those and progress will be reviewed at monthly site and monthly regional governance meetings. The Hospital Director carries out Quality Walk Rounds and as part of those monitors whether compliance with the policy or procedure is being achieved. Ward or site audits may also be carried out.
19. Other PFD matters may require policy changes which apply across the healthcare division and these are actioned usually in advance of the 56-day time period within which to respond to PFDs. The focus is initially on the site in question but with other sites adopting the new policy when it is disseminated. Ongoing compliance will be monitored as described in paragraph 17 but will also be discussed at divisional governance meetings (monthly).
20. Progress against capital expenditure works will be reported by the head of Estates to the relevant Hospital Director on a timely basis. Where works are required across a number of facilities on a cross-divisional basis, progress will be reported to the regional Managing Directors and the Priory CEO.
21. I believe that the facts stated in this statement are true. I understand that proceedings for Contempt of Court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Name: Mark Rice-Thompson

Signature:

[I/S]



Date: 21 March 2025