THE LAMPARD INQUIRY

RESPONSE TO THE INQUIRY'S DRAFT STATEMENT OF APPROACH

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1. These submissions are made on behalf of Lydia Fraser-Ward in response to the Inquiry's draft Statement of Approach circulated to Core Participants ('**CPs'**) on 13 November 2025, in advance of the hearing scheduled for 8 December 2025.

2. Lydia has provided evidence to the Inquiry relating to her sister, Pippa Whiteward, by way of a Rule 9 Statement dated 19 May 2025 and oral evidence on 9 July 2025. In his closing statement on 14 July 2025, Counsel to the Inquiry, Nicholas Griffin KC, summarised pertinent aspects of the bereaved family evidence. In respect of Lydia's evidence, he stated:

> *'We heard also about Pippa Whiteward who had been taken far from home to Staffordshire and Winchester due to the lack of beds in mother and baby units MBUs, and whose sister Lydia Fraser-Ward will never be able to imagine exactly what she went through but it must have been so terribly terribly frightening and terribly hard for her and it is deeply unfair that they felt that the best way to treat someone in that state was to continually just send them off somewhere else. It wasn't taken into account how that distance would affect someone.'*

3. Lydia has since sought to engage with the Inquiry and assist its interrogation of the issues arising from Pippa's case. It is our understanding that Pippa's case is distinctive within the CP cohort, as it concerns Mother and Baby Units and two out of area placements.

4. Lydia has been increasingly concerned that the Inquiry clarify its investigative strategy, and we are therefore grateful for the provision of the draft Statement of Approach and welcome the opportunity to provide a response both in writing and in oral submissions to the Chair on 8 December 2025. The draft Statement of Approach provides a helpful high-level framework, however central features of the Inquiry's approach remain unclear:

5. **First,** the draft Statement of Approach proposes to group illustrative cases into 'clusters' once sufficient initial evidence has been obtained. While we welcome this thematic analysis, the draft does not identify the proposed themes or issues, or explain whether clustering will be by issue, patient characteristics, or both. It is a matter of increasing concern to Lydia that, over a year since the first public hearings, there is still said to be insufficient evidence to propose themes, and there is no indication of when the Inquiry expects to share this. Nor is it clear how this methodology aligns with the Inquiry's list of issues, how cross-cutting issues will be handled where cases fall into multiple clusters, or how families will be informed and consulted on proposed cluster allocations and themes, before they are finalised.

6. **Second,** and relatedly, the draft Statement of Approach contains no defined timelines for the investigative phases. It refers to an initial phase of evidence gathering, followed by clustering, and the finalisation of case summaries and disclosure. It appears that the Inquiry's investigative work remains at the preliminary stage. Without clear, fixed timeframes, there is a real risk that CPs will not have sufficient time to properly engage with the process and examine evidence ahead of and during the public hearings. We request the publication of a detailed roadmap for the next six months, including dates for: a) the circulation of draft Case Summaries; b) windows for factual corrections; and c) provisional cluster allocations and consultation process.

7. Flowing from the above central concerns, we seek clarity as to how the proposed approach integrates with the Inquiry's existing workstreams:

<u>Collation and disclosure of evidence</u>

8. The draft Statement of Approach identifies three points at which the Inquiry may seek further evidence in illustrative cases: during the initial phase, while preparing Case Summaries, and on a cluster-wide basis. However, it is not clear how the onward disclosure of this material aligns with the existing disclosure process. The draft does not explain whether disclosure of provider evidence will be sequenced thematically by cluster or run in parallel across issues. This creates significant challenges for CPs, who are unable to plan for tranches of disclosure. We would be grateful for a detailed disclosure plan confirming when disclosure will be made via Relativity, and how the cluster-based system integrates within the existing disclosure process.

9. The draft Statement of Approach states that finalised Case Summaries will be disclosed only to family, providers and/or outside agencies who are 'factually connected' to the case, and CPs who are in the same cluster. This highlights the need for transparency and consultation regarding how clusters are defined, and how CPs are allocated, given the implications for access to evidence.

Identification of Provider witnesses

10. The draft Statement of Approach outlines that witnesses will be identified based on provisional clusters, focusing on accountability issues, and will likely include senior staff such as medical directors. While, in principle, we understand the Inquiry's decision not to reinvestigate specific clinical failings and the focus on senior staff for the purpose of accountability, limiting oral evidence to senior staff risks overlooking operational realities. Systemic issues manifest in day-to-day clinical practice and, in many instances, can only be explained by frontline staff, including medical practitioners. In the absence of witness lists at this stage, we seek confirmation that the Inquiry intends to hear from staff at all levels.

11. It remains unclear how witness evidence will be organised during the 2026 hearings. There is no indication of when provider witnesses will be identified, or how cluster-based witnesses will integrate with existing witness lists.

Hearings

12. As touched upon, it is unclear how, if at all, the cluster system will integrate into the existing hearing timetable and whether the Inquiry plans to adopt a thematic approach to the 2026 hearings. As Dr Ireton emphasized in her expert report, the Inquiry must develop its recommendations iteratively throughout its lifespan, informed by its ongoing analysis of the evidence (Ireton §2.2.1). To achieve this, it is important that the illustrative case workstream does not become siloed, and that analysis of systemic issues remains rooted in the evidence presented by witnesses at public hearings.

13. The draft Statement of Approach suggests that 'not all' illustrative cases will be subject to further oral evidence or hearings, which implies that some will. It is unclear how this dovetails with the hearing timetable and how the Inquiry will select which illustrative cases

require further hearings. Greater clarity on these points is essential for CPs to understand the investigative approach and prepare accordingly.

Expert evidence

14. The draft Statement of Approach indicates that where gaps in expert evidence are identified, the Inquiry will instruct experts to address failings within specific clusters. This implies that expert reports may be confined to these clusters. However, the draft does not identify any anticipated gaps, nor does it clarify whether such reports will be disclosed solely within clusters or shared more broadly.

15. We outlined concerns in our submissions dated 30 May 2025 (§§2.1.3, 3), about the expert evidence of Dr Davidson and Ms Nelligan at the April- May 2025 hearings and the need to identify subject specific experts in relevant disciplines. While we welcome the progress that has been made, including the publication of the expert protocol, we are anxious to ensure that the Inquiry does not delay in instructing experts, for example, in relation to risk assessments and the impact of out of area placements.

16. The Inquiry's Explanatory Note to the Terms of Reference also refers to learning from NHS Trusts outside Essex where relevant to the issues under review, and that the Chair may be minded to make national recommendations. The draft Statement of Approach does not provide further detail about how the Inquiry intends to incorporate these insights, or how this might integrate into the cluster system.

17. The Inquiry has in its List of Issues acknowledged the importance of identifying instances of good practice. Lydia feels that this is an essential part of the Inquiry's work, and asks the Chair to consider seeking expert evidence from outside the NHS, as well as out of area trusts, of different approaches to good practice. Such evidence could be considered in the work of the RIF, and the Chair when considering her recommendations.

Recommendations

18. The interaction between the Recommendations and Implementation Forum ('**RIF**') and the cluster system remains unclear. The draft Statement of Approach does not address whether RIF sessions focused on specific themes/issues and/or RIF subgroups will align with clusters, and how/if this alignment might limit the involvement of CPs not within those

clusters. It is difficult to understand how the RIF can commence its work effectively before the clusters have been finalised. We intend to address the proposed RIF in greater detail in written submissions in due course.

19. To conclude, important questions remain about how the Inquiry intends to approach the issues of particular importance to Lydia. Greater detail is needed than is presently contained in the draft Statement of Approach. In the absence of clarity regarding how clusters will be defined and used, and how disclosure and hearings will be sequenced, it is challenging for Lydia to meaningfully engage with the Inquiry's investigation. While we acknowledge the substantial work undertaken by the Inquiry team to date, we would welcome prompt, clear answers to the questions raised in these submissions, to enable effective participation moving forward.

Sophie Lucas
Garden Court Chambers

Eloise Carey
Matthew Smith
Bates Wells

1 December 2025