

## CHAIR'S RESPONSE TO SUBMISSIONS MADE ON 8 DECEMBER 2025

### INTRODUCTION

1. In November 2025, the Inquiry provided to Core Participants its **Draft Statement of Approach on investigating illustrative cases of those who have died**. They were invited to provide written submissions on the draft Statement of Approach and given an opportunity to make oral submissions about it and other procedural matters to me at a virtual hearing held on 8 December 2025. I am very grateful to those who engaged constructively when raising points for consideration. I have considered with care all submissions made, whether in writing or directly to me at the December hearing. I set out below my response to what I consider to be the most important matters arising.
2. This response should be read in conjunction with the Inquiry's updated Statement of Approach on investigating illustrative cases of those who have died [\[link\]](#). I refer to this below as the Inquiry's "Investigative Strategy". It has been updated to take into account points made in December. It also now lists the various case "clusters" and the thematic areas they will cover. This response and the Investigative Strategy should provide a clear picture to Core Participants and others engaging with the Inquiry of its important work up to the projected end of its hearings. For reasons explained below, that will now be in 2027.

### Background

3. On 3 October 2025, the Recognised Legal Representatives (RLRs) acting on behalf of the Bereaved and Lived Experience Core Participants submitted an application for permission to address me on a range of primarily procedural matters at the outset of the evidential hearings, which were to start on 13 October 2025 (the October hearing). It was not possible to hear those submissions at the start of the October hearing. I was concerned about the disruption that hearing submissions on the first day of the October hearing would have on the Inquiry's hearing timetable and the consequent impact of that disruption on the bereaved family witnesses, who had been asked to attend to give their evidence over the following days. Further, the Inquiry

was intending to share with Core Participants its draft Investigative Strategy the following month, in November 2025. Consequently, and given the focus of the issues the Core Participants wished to address me on, I determined that holding a hearing after that strategy had been shared would enable a more effective hearing to take place.

4. Following the October hearing, on 13 November 2025, the Inquiry circulated to Core Participants its draft Investigative Strategy. This deliberately was (and remains) a “Statement of Approach”, rather than a detailed manual of the Inquiry’s investigative work. It set out (a) the factors the Inquiry intended to consider in order to select cases for investigation; (b) how it would identify and explore the issues and themes raised by those cases in accordance with its Terms of Reference; (c) how the Inquiry proposed to approach the gathering and testing of factual evidence; and (d) how families, providers and other agencies might engage with the Inquiry’s investigations. The document concluded by saying that: *“The Inquiry is aware of the importance and urgency of its task. This draft statement of approach therefore sets out a process that, whilst being appropriately thorough, allows for its Terms of Reference to be met (and for recommendations to be made for lasting change) with all due expedition.”*
5. The Inquiry received written submissions in relation to the draft Investigative Strategy from the Bereaved and Lived Experience teams represented by Leigh Day, Irwin Mitchell and Deighton Pierce Glynn; Bates Wells; Hodge Jones & Allen; Bhatt Murphy; and Bindmans. I received further written submissions from the RLRs representing INQUEST, NELFT (North East London NHS Foundation Trust); EPUT (Essex Partnership University NHS Foundation Trust) and NHSE (NHS England), as well as from Mrs Melanie Leahy in her personal capacity. I am grateful to the RLRs and Mrs Leahy for these submissions.
6. Hodge Jones & Allen also provided written submissions in which they invited me to consider the application of Article 2 of the European Convention on Human Rights in the context of this Inquiry.

## WORK OF THE INQUIRY TO DATE

7. Several RLRs in their oral submissions in December sought information on the progress of the Inquiry and were keen to understand more about the work of the Inquiry and its plans for the next few months. Before moving on to address this, I would like to take the opportunity to set out the significant progress which the Inquiry has made to date. I will focus on the genesis of the broad scope of the Inquiry, the wide evidence it has obtained and published, and the ongoing liaison between the Inquiry and its Core Participants.

## Terms of Reference

8. Before the Minister published the [Terms of Reference](#) for the Statutory Inquiry, I undertook a public consultation on the matters which it should consider. I sought and received engagement from a wide range of individuals, including Bereaved Families and relevant organisations. The Terms of Reference were published in April 2024. They allow for a comprehensive review of the wide systemic issues being uncovered, over a substantial period of 24 years. They are accompanied by my [Explanatory Note](#) on the Inquiry's scope, which indicates how I am minded to interpret the Terms of Reference, including in certain circumstances considering deaths that occurred outside inpatient units. The Inquiry's [List of Issues](#), providing a more detailed approach to the investigative issues raised in the Terms of Reference, is also the product of liaison with Core Participants.
9. The Inquiry has also developed numerous protocols and processes to ensure consistency and transparency for those engaging with the Inquiry. These include policies on applications for Core Participant status, anonymity and restriction orders, redaction, disclosure and privacy, working with vulnerable witnesses, the role of assessors, hearing protocols, section 40 legal costs, safeguarding, the use of experts, staff engagement, an Opportunity to Respond process and information handling. All of these are available on the Inquiry website, at the *Policies and Protocol* tab in the [homepage](#).

## Obtaining evidence

10. The Inquiry has been busy obtaining large amounts of evidence.
11. As of 22 January 2026, the Inquiry had sent 583 requests for information, under Rule 9 of the Inquiry Rules 2006, and further notices requiring disclosure under Section 21 of the Inquiries Act 2005. The requests can be categorised as follows:
  - a. 350 requests to organisations;
  - b. 228 requests to individuals and families; and
  - c. 5 Section 21 Notices to organisations.
12. These requests have been directed to a range of individuals and organisations relevant to the Terms of Reference, including, but not limited to, those falling in the following categories:
  - a. healthcare providers;
  - b. government departments;
  - c. national health bodies;
  - d. local authorities;
  - e. Integrated Care Boards;
  - f. the Care Quality Commission and other regulators and complaints bodies;
  - g. providers of medical technology;
  - h. the police; and
  - i. charities working in the field.
13. To date, the Inquiry has accordingly obtained substantial evidence in relation to the landscape and provision of mental health inpatient care. It has commissioned two presentations on the national legislative and regulatory framework. It has published over 22,000 pages of material relevant to its Terms of Reference via the Inquiry website.

## **The evidence of the Bereaved Families**

14. The Inquiry has also received commemorative and impact accounts from over 80 Families and Friends of those who have died, of which 71 families provided oral evidence to me at commemorative hearings in September and November 2024. The Inquiry has further received 66 substantive statements from Bereaved Families which set out in detail their concerns around care and treatment. These include accounts from both Core Participants and non-Core Participants. At public hearings which took place in July and October last year, I heard deeply moving and impactful evidence from 30 families. This evidence covered themes such as concerns around older adult care, lack of engagement with families, compassion fatigue and unkindness, deficiencies in Trust investigations, failures in planning, medication, substance misuse and the use of Oxevision technology on mental health inpatient wards. A further 13 families have confirmed that they will provide oral evidence to me at our final hearing dedicated to Bereaved Families and Friends, which is due to start on 2 February 2026.
15. The Bereaved Family evidence sessions have been compelling. Those giving evidence have done so with courage and dignity. They have been able to do so at hearings conducted with compassion and understanding. One witness referred to the *“hard work, sensitivity and dedication throughout this process”* of the Inquiry Team at the end of her evidence to the Inquiry.

## **Liaison with Core Participant teams**

16. There has been ongoing and close liaison between the Inquiry Team and the Bereaved Family and other Core Participant teams. This has been in the form of regular meetings addressing a variety of matters, from the provision of evidence through to ensuring that those giving evidence are appropriately supported. Separately, and in addition, Counsel to the Inquiry have held many meetings on a range of matters with counsel for the Core Participant teams. My understanding is that these meetings have generally been well-received and work to the mutual benefit of the Inquiry and its Core Participants. They will continue. In addition, it is important to note that the Inquiry engages with its unrepresented Core Participants.

17. In September and November last year, the Inquiry held two information sessions for Bereaved Family Core Participants to “meet the team” and to ask any questions which they have directly of the Inquiry. I have requested that these sessions continue and a further Bereaved Family Core Participant Q and A session will take place in the Spring. Following feedback received from families, this will be an in-person meeting, with an option for Family Core Participants to join remotely if this is more convenient to them. In addition, I have asked that my team arrange meetings with Core Participants with Lived Experience, in order that they have an opportunity to ask any questions which they may have about the Inquiry process.

## **INQUIRY “ROADMAP” AND AREAS OF WORK**

### **Quarterly reports**

18. I acknowledge that Core Participants would value having more regular updates and greater input and involvement in the work of the Inquiry. To ensure greater transparency I have asked that my team provide a regular report on the work of the Inquiry, which will be made available via the Inquiry website.

### **Roadmap**

19. Furthermore, in the December submissions, several Core Participants asked for greater clarity about the future of the Inquiry and the way in which the different streams of its work interrelate and drive its process forwards. Clarification was also requested around the general thematic areas or ‘clusters’ that the Inquiry intends to consider. Several Core Participants requested that the Inquiry publish a “roadmap” setting out a timeline and the overall approach of the Inquiry to meeting its Terms of Reference.

20. With that in mind, I have included in this response a series of diagrams and documents which provide an overview of the Inquiry’s approach to meeting its Terms of Reference. These resources are as follows:

### *Work Areas to meet Terms of Reference*

21. I am first providing a diagram setting out in broad terms the Lampard Inquiry Work Areas established to meet its Terms of Reference. It is at Appendix One. It shows how the Work Areas operate together to drive the Inquiry forward to the completion of my report and any recommendations I may make. This diagram shows each Work Area of the Inquiry, each of which has a dedicated team. Each Work Area contains a number of work streams. By way of example, the “Corporate A” Work Area covers all work and evidence-gathering related to Trusts and healthcare providers (amongst other organisations). The Corporate A team will therefore progress a Governance and Oversight work stream. That team will work closely with their colleagues in other teams as required to progress that piece. The “Corporate B” team progresses all work relating to regulators and law enforcement agencies (amongst others). The Corporate B team will therefore progress the Inquiry’s work investigating issues of Sexual Safety. They will work closely with their colleagues in Corporate A, and with their colleagues undertaking Investigations, amongst others, in order to progress our Sexual Safety piece.

### *High-Level Timeline*

22. The next diagram is the Lampard Inquiry High-Level Timeline, which sets out an overview of the life of the Lampard Inquiry, including its work up to now and looking forward. It is at Appendix Two.

### *Indicative Hearings Plan*

23. I am also now providing at Appendix Three the Lampard Inquiry’s Indicative Hearings Plan. This provides more information about how we are arranging our hearing blocks right through to the end of our hearings. The “thematic issues” and “illustrative cases” to which it refers are explained in further detail in the Investigative Strategy, to which I return below.

24. The following, in particular, should be noted in relation to the Inquiry’s timetable.

25. From March, the Inquiry will move to its substantive investigative phase, and my team will dedicate their time and resources to considering the systemic issues and the concerns which have been raised by Bereaved Families in the evidence which has been gathered to date.
26. There has been some delay in the Inquiry receiving material in a timely fashion. This is in relation to both witness statements and documents in several areas. Unfortunately, such delays have impacted the ability of the Inquiry to progress investigations and other work as quickly as I would like.
27. This has been the case in respect of EPUT, amongst others. EPUT is the largest provider within the scope of this Inquiry and engagement with the Inquiry is critical to the progress of our investigations. I am acutely aware that EPUT is a clinical service and that it has competing priorities; now more so than ever. My team meet regularly with EPUT in order to facilitate their engagement. I have recently issued a Section 21 notice to EPUT to secure information which is essential to progressing our investigations. My team will continue to work closely with them to do what we can to assist the timely provision of key information.
28. Separately to the above, I have taken on board some of the concerns raised by RLRs about the need for the Inquiry to have sufficient time to investigate thoroughly. I have considered the submission made by Hodge Jones & Allen (who, as they point out, represent the largest cohort of Core Participants in the Inquiry in terms of Bereaved Families and Those with Lived Experience) that “a short pause” is likely to be in the public interest. I am also mindful of the need to ensure that the Inquiry has sufficient opportunity to engage with the very broad range of thematic issues which have come to light through the evidence which it has received to date, and to consider carefully how best to explore any issues arising including any further evidence required in order to meet our Terms of Reference.
29. With that in mind, I have decided to make some alterations to the Inquiry’s current hearing timetable. These are all set out in the Indicative Hearings Timetable. To permit sufficient time to undertake its investigative work and collate related evidence, I have directed that the hearing listed in April this



year be vacated. This will also allow me to attend to a personal medical matter at that time. In its place, two further hearings, each lasting three weeks, will be added to the end of our current hearing blocks. This will take the Inquiry's hearings into mid-2027. This means that the first hearing relating to systemic issues will now take place in July this year. The thematic issues to be covered are listed in the Indicative Hearings Timetable.

30. A further three-week hearing will take place in October 2026, in Chelmsford. Two more evidential hearings will now take place starting in January 2027 and then again in April 2027, each lasting three weeks. Closing hearings will be listed to take place in June 2027. All hearings will take place in Arundel House, London with the exception of the October 2026 hearing which will take place in Chelmsford.

### **The evidence of the Bereaved Families**

31. I would like at this stage to address further the evidence of the Bereaved Families. In addition to the commemorative and impact evidence I heard in September 2024, the Inquiry has allocated up to nine weeks of hearing time for substantive evidence from Bereaved Families. I heard their evidence in July and October 2025. Bereaved Family members will shortly give further evidence at a hearing in February 2026. This will be the final hearing dedicated mainly or exclusively to their evidence. The focus of the Inquiry will then move on to the work of investigating systemic issues in respect of inpatient care.
32. I am aware that there are a number of Bereaved Family members, who for various reasons have yet to provide a statement to the Inquiry, following our request for one, about their experiences. I would like to say to those for whom a statement feels too overwhelming that I welcome their input in other ways and that the Inquiry will continue to offer flexibility and support to all those Family Core Participants wishing to contribute. This could be by providing a list of concerns or a summary email, or via a short video or voice note recorded on a phone. Please do liaise with your representatives and the Inquiry Team if this is something which may be more suitable for you.

33. What is important for my team is that they understand as soon as possible those matters which families would like to be included within the Inquiry's investigations. Information, however brief, will assist the Inquiry greatly in directing its work.
34. As the hearing in April has been vacated, I have asked my team to make that time available to provide and hear pre-recorded evidence sessions with Bereaved Families (and with Those with Lived Experience should they be ready do so). Pre-recorded evidence should not be viewed as secondary to providing evidence at a public hearing. For many individuals, particularly those who are vulnerable, these can represent the best way in which they can provide evidence in a less formal environment, at a time which is convenient and with appropriate support. As with all evidence received by the Inquiry, any statements and pre-recorded sessions will be made public and available to the press, subject to any Restriction Orders and in line with the Inquiry's protocols.
35. After Easter, I will carefully review all statements and pre-recorded sessions which the Inquiry has received from Bereaved Families and Those with Lived Experience. I will then decide who, when and what further evidence will be sought from Families and Those with Lived Experience, whether through additional statements or by inviting them to provide oral evidence to me at a hearing.
36. To that end, I have allocated up to three days, which I intend should be within the hearings which are listed to take place in July and/or October 2026 for evidence from Bereaved Families on areas that I consider would assist me in meeting our Terms of Reference. I would repeat though that no family or individual with Lived Experience will be compelled by me to provide evidence to this Inquiry. A decision to provide evidence is a matter entirely for them.
37. Regardless of whether a Bereaved Family Core Participant provides a witness statement, or gives oral evidence through any means, all deaths relating to Core Participants will be included within the illustrative cases and

will be considered by my team, in line with the matters set out in the Terms of Reference.

## **Inquiry Independence**

38. I must stress that the Inquiry is an iterative process, and it is important that Core Participants and their RLRs recognise that the strategic approach of the Inquiry may adapt and evolve, over time, along with its decisions about which issues it explores. The diagrams and Hearings Plan I have included in this response will therefore be kept under review and will be amended and updated as necessary.

39. It is also of fundamental importance that the Inquiry operates independently. It would not be practicable, nor do I consider it to be in line with my statutory duties, for Core Participants to be consulted on every matter which the Inquiry progresses, nor how, or to whom, evidential requests are made. I do accept, of course, that Core Participants may have useful and helpful suggestions on the work of the Inquiry, and in particular in relation to specific lines of enquiry or areas that are of key concern. My team have recently sought input from Core Participants on evidence relating to Governance and Oversight, after their submissions in December. I welcome their future involvement on several areas, including the Recommendations and Implementation Forum, the instruction of experts and to assist the Inquiry in other areas. I would however request that any input which is invited by the Inquiry from Core Participants and their RLRs is focussed and constructive in nature.

## **THE QUESTIONING OF WITNESSES**

40. I received submissions in December about the involvement of Core Participant RLRs in the questioning of witnesses. Provision is already made for this via the Rule 10 process set out in the [Protocol on the questioning of witnesses in oral hearings under Rule 10 of the Inquiry Rules 2006](#), which I consider has operated effectively in the context of the hearings. It is important to me that Core Participants can contribute to areas of questioning which they consider to be significant and the Protocol facilitates this.

41. However, I intend to review the Protocol when we move beyond the evidence of the Bereaved Family witnesses. In particular, I am minded to allow for direct questioning by RLRs of expert witnesses, starting at the July 2026 hearing. The amended Protocol will require that the process by which suggested questions are provided to Counsel to the Inquiry will continue in relation to experts, but that time-limited questioning may also be allowed by Core Participant RLRs. I will require that there must be appropriate liaison between RLRs in advance, to ensure that there is no unnecessary duplication of the ground to be covered.

## UNDERTAKINGS

42. In 2025, the Inquiry invited engagement and submissions from Core Participants in relation to the undertakings we were seeking from healthcare providers and regulators. The Inquiry has now considered all of the submissions which were provided by RLRs, and by some Core Participants in their personal capacity. As the Inquiry moves into its next stage of obtaining evidence from members of staff and healthcare professionals, we will assess again the extent to which our work is being hindered by the reluctance of members of staff to engage. At that stage the Inquiry will consider what, if any, further steps are required and will respond to Core Participants in advance of those further steps.

## STATEMENT OF APPROACH ON INVESTIGATING ILLUSTRATIVE CASES OF THOSE WHO HAVE DIED

43. I am pleased today to publish the Inquiry's Investigative Strategy: its **Statement of Approach on investigating illustrative cases of those who have died** [\[link\]](#). As already mentioned, in finalising this document, I have reviewed in detail the written and oral submissions received. I have considered the suggestions which have been made to me and have balanced those with my statutory and other legal duties and the need for the Inquiry to operate in an effective and efficient manner.

44. Generally, the need for such a strategy and the fundamental aspects of it are supported by those representing Core Participants to this Inquiry. It has been acknowledged that it would be unworkable and a disproportionate use of time and resource to consider each of the deaths on the Inquiry's "List

of Deceased”, which at present remains incomplete. That is not to say, in any way, that certain deaths are more important to this Inquiry than others.

45. I have made changes to the draft Investigative Strategy to reflect the submissions I received. I do not refer to all of them here but would like to address some of the more significant changes.

46. I was assisted by the helpful submissions from those who suggested the purpose of the exercise be better explained. A section on this has now been included.

47. As is set out in the Investigative Strategy, the Inquiry proposes to approach illustrative cases by building upon evidence already received from families, providers and key stakeholders. It will analyse previous investigations and consider what further evidence may assist me to meet the Terms of Reference. At appropriate times during the Inquiry’s investigation of illustrative cases, the Inquiry will liaise with Families, providers, key stakeholders and others (at the discretion of the Investigation Team) as to further investigative steps. This will be done through the disclosure of case summaries in accordance with the Investigative Strategy.

48. I have taken on board the submissions in relation to the need for wider disclosure under the Investigative Strategy. I have determined that all case summaries created under the Strategy should be provided to all Core Participants. This provides a proportionate approach to the sharing of information across the Inquiry. Consistent with the sensitivity of the material in question, the Inquiry’s 10<sup>th</sup> Term of Reference,<sup>1</sup> and section 17(1) and (3) of the Inquiry’s Act 2005<sup>2</sup>. I have, however, concluded that the underlying evidence will generally be disclosed within each cluster but not beyond.

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<sup>1</sup> “Personal and sensitive information provided to the Inquiry will be appropriately handled. It will only be shared or made public as is necessary and proportionate for the Inquiry to fulfil these Terms of Reference.”

<sup>2</sup> “(1) Subject to any provision of this Act or of rules under section 41, the procedure and conduct of an inquiry are to be such as the chairman of the inquiry may direct.

...

(3) In making any decision as to the procedure or conduct of an inquiry, the chairman must act with fairness and with regard also to the need to avoid any unnecessary cost (whether to public funds or to witnesses or others).”

Further requests for disclosure of underlying documents by Core Participants outside of each cluster will be considered on a case-by-case basis, with regard to the sensitivity and proportionality of any such disclosure.

49. The purpose of disclosing case summaries at this stage, to what has been called “the factual nexus group” – and then to clusters and now also to Core Participants more generally – is to:

- a. provide an overview of the factual evidence gathered in the case to date and to allow Core Participants to identify areas where those who form part of the factual nexus of that case may request further enquiries;
- b. identify previous findings of fact to enable the Inquiry to understand the extent to which these matters are disputed by those who form part of the factual nexus of that case; and
- c. collate key factual background which will form the basis of cluster-wide and thematic further investigations in accordance with paragraph 50 of the Investigative Strategy.

50. Case Summaries will therefore not reflect any final findings or conclusions by the Inquiry in respect of any particular issue, nor will they include a detailed rehearsal of all evidence heard to date in that case. Further evidence will be considered in accordance with the Inquiry’s Investigative Strategy and any submission as to further enquiries will be taken into account by the Inquiry.

51. Noting requests for greater clarity on cluster themes, a list of clusters is now annexed to the Inquiry’s Investigative Strategy. This list has been prepared on the basis of evidence gathered and the work which has been undertaken by the Inquiry so far; it will be kept under review and may be subject to change, as the Inquiry’s investigations progress. There are a number of overarching issues which will be considered across all clusters, which you can find set out at paragraph 48 of the document.

52. I was invited to consider cases chronologically rather than thematically. I have concluded that this is not the right approach when identifying key issues and concerns and tracking them across the Relevant Period. I do not believe that such an approach would assist in the formulation of targeted, impactful and meaningful recommendations by this Inquiry. Instead, cases will be considered on a thematic basis, although within each cluster a chronological review of issues and concerns is likely to be undertaken to understand what (if any) changes have been made in that particular area to better the provision of mental health inpatient care and treatment more broadly. It will be a question for this Inquiry as to whether those changes have had their intended effect, or whether more needs to be done in respect of particular issues or concerns to keep those in mental health inpatient units in Essex safe.
53. Those involved in the factual nexus of each case, at the point of disclosure of a Case Summary, will be given the opportunity to review which clusters the case is considered to fall within, and to make reasoned written submissions which set out reasons in summary as to why it ought to be removed or considered in respect of any other clusters. However, it will ultimately be my decision as to which thematic issues are explored by the Inquiry in relation to each case, again with reference to the Terms of Reference.
54. Certain Core Participants invited me to consider whether to adopt a modular approach to hearings, similar to that taken by the Covid-19 Inquiry. I am not persuaded that a modular approach would be the best option for this Inquiry. The evidence gathered so far has shown that cases are complex and often include multiple themes and issues, meaning that compartmentalising them into modules would be difficult. A modular approach would inevitably result in a degree of duplication and lack the oversight across cases, which in my view is essential in identifying and considering accountability of systemic failings. This can be achieved by illustrative cases being considered in the context of the different thematic issues identified in the Indicative Hearings Plan.
55. I was also invited to consider whether to expand the number of cases being considered, and to include all those where a Coroner found that an act or

omission by a provider contributed to a death. Whilst the Inquiry is aware of a number of cases which fall into this category, it does not hold a complete and comprehensive list. To require a review of this nature does not appear to me to be proportionate nor in line with my duties under section 17 of the Inquiries Act 2005. Having said that, conclusions of this nature will be considered more widely by the Inquiry and – where relevant – will feature in the Inquiry’s assessment of issues on a cluster-wide basis.

56. The families and corporate entities who will be involved in this part of the Inquiry will soon receive notification letters from the Inquiry Team confirming whether a case is being considered by the Inquiry as an illustrative case. Further information in relation to when material will be disclosed will also shortly be provided.

57. The Investigative Strategy provides an improved and robust basis for the ongoing work of the Inquiry. Once again, I am grateful for the constructive submissions and observations made about it.

## **LIVED EXPERIENCE**

58. As set out in the draft previously circulated to Core Participants, the Investigative Strategy applies to the illustrative cases of those who have died. It does not apply to Those with Lived Experience. I understand that those Core Participants with Lived Experience are keen to understand how their evidence may be used to assist me in meeting my Terms of Reference.

59. To date, five Lived Experience Core Participants have confirmed that they wish to provide a statement to the Inquiry and have submitted a questionnaire under our Lived Experience Framework. My team will be sending out Rule 9 requests over the next few weeks. Once in receipt of statements from those with Lived Experience, I will consider carefully with my team the areas that are raised in line with the thematic issues identified within the Investigative Strategy.

60. I would reassure those individuals that I consider that, whilst the Terms of Reference require me to focus on inpatient deaths, Lived Experience evidence will assist me in understanding the realities of mental health



inpatient care from the patient's perspective. I am very grateful to them for agreeing to share their experiences with the Inquiry. Once in receipt of statements from those with Lived Experience, I will consider how this evidence can best be integrated into the wider work of the Inquiry, what further evidence may be required, and the format that this should take.

## **DISCLOSURE**

61. The Inquiry publishes regular disclosure updates. They detail the considerable amounts of work undertaken by the Inquiry team and the material which has been received. Moving forwards, the Inquiry intends to provide disclosure updates on a quarterly basis, with the next being provided this week.
62. As is the usual practice with Inquiries, disclosure of relevant material to Core Participants which is to be considered at a hearing will usually be provided via hearing bundle which will be shared via Relativity, the Inquiry's e-disclosure platform. This will usually take the form of the statements of witnesses who are to be called, together with any documents which the Inquiry considers to be relevant, necessary and proportionate, which are provided to Core Participants 4 weeks in advance of hearings. There may be instances in which material is disclosed less than 4 weeks before a hearing, where there have been delays in the receipt of documents by the Inquiry.
63. As has been set out by Counsel to the Inquiry in his previous Opening Statements, an impressive amount of work takes place outside hearings. That work will increase as the Inquiry continues its substantive investigative phase. The Inquiry will share material with Core Participants and publish reports and evidence which do not form part of hearings via its website, on a rolling basis.
64. For various reasons, including the unpredictable and late provision of important material to the Inquiry, it has proved difficult to provide Core Participants with a "Disclosure Plan". Such a plan would set out the Inquiry's proposals for the disclosure of evidence for its hearings, along with the proposals for disclosure of material not connected to those hearings. The intention remains to provide such a plan, as soon as the Inquiry is able.

65. I would like to clarify one matter relating to the role of the Inquiry in terms of requests for disclosure made of the Inquiry by Families for medical records and other documents relating to someone who has died. The Inquiry's role does not extend to acting as a route to the provision of large amounts of medical records and other documents from care providers to Bereaved Family members or those with Lived Experience.
66. The Inquiry will consider deaths within illustrative cases and will seek such material as is necessary and proportionate to do so to undertake those investigations. As set out in the Investigative Strategy, the Inquiry will share the relevant material it receives with those Core Participants who have a direct interest. It will also make public material in line with its Terms of Reference and its data handling protocols. I wish to be clear, that as a general approach, it is not the intention of the Inquiry to seek the full medical records in relation to those who have received mental health inpatient treatment. For those who had a long history of mental ill-health, these may be very extensive and cover a wide range of matters which fall beyond the scope of this Inquiry. Any request which is made by the Inquiry for medical records will generally be focused on extracts relevant to specific issues relating to care. If a family has a request for documents (such as a full set of medical records) from a care provider, they should address it to the document holder in the first instance.

## **EXPERT EVIDENCE**

67. I have received various submissions concerning the expert evidence the Inquiry should obtain and consider, and its approach more generally to this evidence. Work in relation to the identification and instruction of appropriate experts is ongoing and it is appropriate that I refer to some of that work here.
68. The Indicative Hearings Timetable shows which specific issues it is my intention to address at the hearing in July 2026 (by reference to the Investigative Strategy and the thematic areas and issues identified there). It is currently anticipated that experts will be instructed to provide evidence at the hearing in connection with some of these issues and in accordance with

the Investigative Strategy. Their instruction will be in accordance with the [Protocol on the Role and Instruction of Experts](#) and further information will be provided accordingly.

69. The Inquiry recognises the importance of hearing evidence related to neurodevelopmental disorders, and in particular on the topics of Attention-Deficit/Hyperactivity Disorder and Autism Spectrum Disorder. I am grateful to all Core Participants and RLRs who provided written submissions in respect of this expert instruction. These have been reviewed, in detail, by the Inquiry team. It is my intention to instruct experts in relation to both of these topics. The names of two proposed experts, together with an outline of the proposed areas of their instruction, will be circulated to Core Participants following the February hearing.

70. The Inquiry continues to keep the need for expert evidence in other areas under review and will liaise with Core Participants in line with its Protocol. I have already referred to our work obtaining evidence relating to Governance and Oversight. The Inquiry has further identified the subject of suicide predictability and preventability as a key issue to consider. There will be others.

## **RECOMMENDATIONS**

### **Interim recommendations**

71. I have been invited to make certain interim recommendations, arising in part from the evidence I heard in October 2025.

72. Hodge Jones & Allen have suggested interim recommendations concerning:

- a. Resuscitation / Basic Life Support and Immediate Life Support Training;
- b. Care of older adults and the need for Consultant Geriatrician ward rounds; and
- c. LIO/Oxevision and the urgent need for consent.

73. Counsel instructed by Bindmans also addressed me in December on the need for an interim recommendation concerning Oxevision, which would *“require EPUT to take immediate steps to safely halt the use of Oxevision in patient bedrooms in all adult, older adult and children and young people wards within 3 months, pending the final report and recommendations of this Inquiry”*. Further Bereaved Family RLRs, including Hodge Jones & Allen, indicated support for this.
74. The organisation INQUEST has also called for interim recommendations in relation to:
- a. An independent body to investigate mental health deaths; and
  - b. The need for robust data based on Professor Donnelly’s evidence to date.
75. I recognise the strength of feeling expressed by the Core Participants on these matters. In considering their submissions, I must balance the need for urgency with the requirement that any recommendations I make, whether interim or final, are considered and have a firm evidential basis.
76. Hodge Jones & Allen and Bindmans have both also suggested that the Inquiry obtain further evidence on Oxevision. The Inquiry has requested further evidence from EPUT, LIO and others on this topic. The Inquiry’s Indicative Hearings Timetable shows that I intend to take further evidence in relation to the thematic issue of Observations and the Use of Technology, and this is likely to include further evidence concerning Oxevision. I will therefore consider the need for an interim recommendation or recommendations concerning Oxevision following that hearing.
77. I wish to assure Core Participants and members of the public that patient safety is one of my key priorities and that I have asked my team to explore in more detail the areas of concern that have been raised. Should I consider it appropriate and necessary, I will not hesitate to make interim recommendations.

## Recommendations and Implementation Forum

78. Following the hearing on 8 December, I received further submissions, which I had invited in relation to the Recommendations and Implementation Forum. My team are carefully reviewing these submissions and a response will be issued following the February hearing.

## ARTICLE 2

79. Finally, I turn to the submissions made by Hodge Jones & Allen in relation to the applicability of Article 2 of the European Convention on Human Rights (ECHR) to the work of the Inquiry. Having considered all of the points made, I am not persuaded by them. I note also that they were not endorsed by the other RLRs at the hearing in December.

80. I have concluded that the submissions wrongly suggest that the State's obligations arising under Article 2 ECHR equate to a "duty" on the part of the Inquiry to take upon itself the responsibility for determining compliance with Article 2 ECHR, including determining "*for itself its obligations under the ECHR*". The submissions do not draw an appropriate distinction between two key matters: first the duties which Article 2 ECHR imposes on the State in certain circumstances and secondly the proper scope of the Inquiry's investigations, which are principally a matter to be determined by reference to the Terms of Reference when read, in particular, with section 2 of the Inquiries Act 2005.

81. The establishment of the Inquiry is one mechanism through which the State is discharging its obligations which arise under Article 2 ECHR (and specifically the enhanced investigative duties). The Inquiry principally does that by investigating the systemic issues which have been identified in the Terms of Reference and which are more appropriate for an Inquiry to look into than, for example, individual inquests. Given the language used in the Terms of Reference, it does not fall to the Inquiry to ensure that the Article 2 ECHR investigative obligations have been complied with in respect of every death potentially falling within its Terms of Reference. Nor is the Inquiry obliged to reach findings about whether Article 2 ECHR is engaged or has been breached, whether at an individual or systemic level. Nor does Article

2 ECHR (or the Terms of Reference) impose strictures as to the manner in which the investigation should be carried out. The Article 2 ECHR case law is clear that there is considerable flexibility in the manner in which any investigation is conducted and that is reflected in the broad Terms of Reference which have been provided to the Inquiry.

82. In those circumstances, I do not accept the suggestion that the Inquiry must make findings (whether now or indeed at any stage) about whether the positive operational duty under Article 2 ECHR has arguably been breached. Nor do I accept the suggestion that the Inquiry is obliged to reach detailed findings in respect of a certain number of illustrative deaths. There is also no obligation to ensure that all of the questions which are suggested by Core Participants are put to relevant witnesses or to ensure that a certain level of disclosure is provided in all cases.

83. As Chair of this Inquiry, I have a wide discretion as to how the Terms of Reference are met. I am satisfied that the approach as set out in the Investigative Strategy is appropriate and lawful.

## **CONCLUSION**

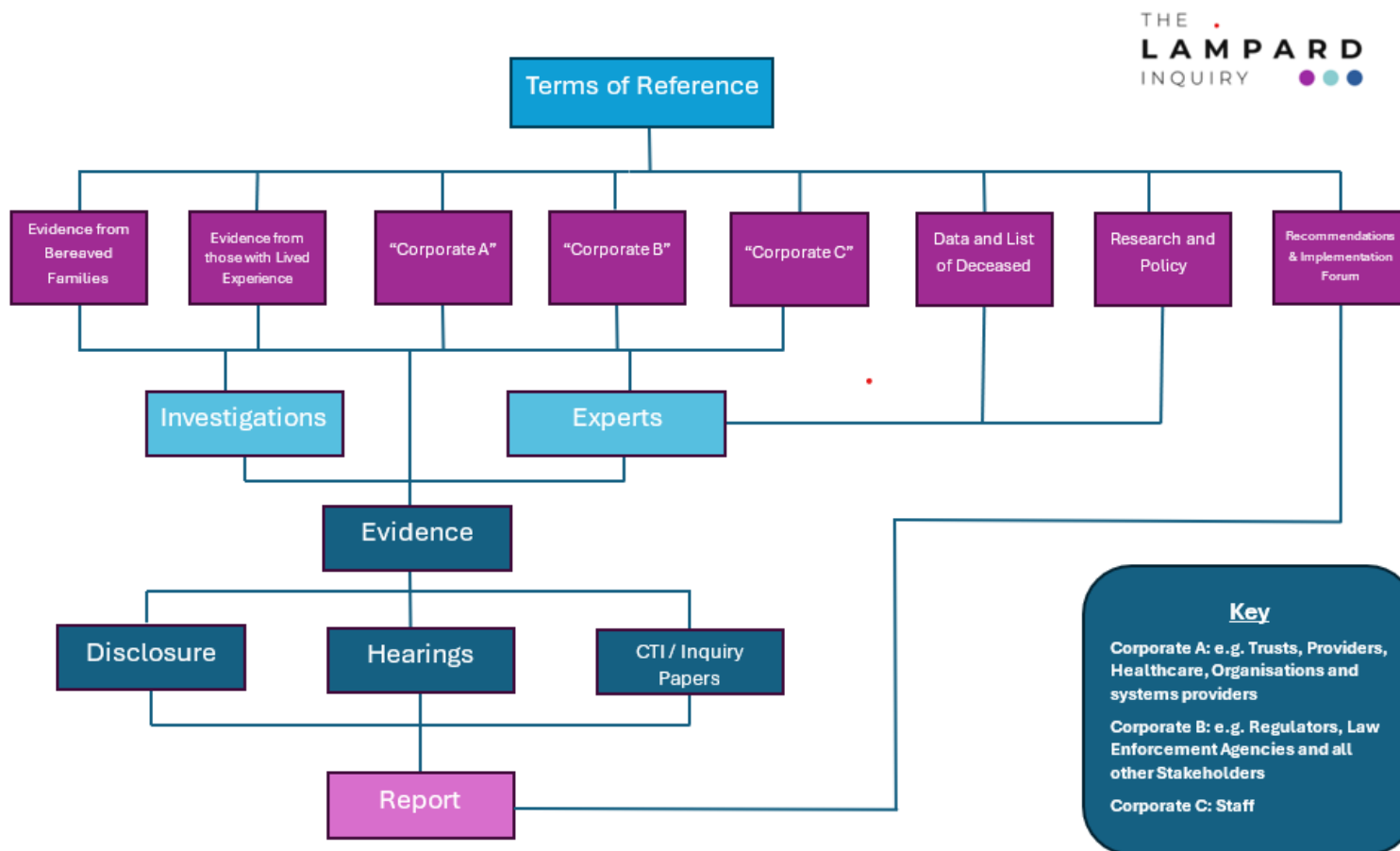
84. The Inquiry is in a strong position to carry out the remainder of its wide-ranging work, with the help of its Core Participants and witnesses. There is a lot still to do. By providing the Investigative Strategy, by setting out the further information in this response, by increasing the number of further hearings and lengthening the time over which the Inquiry will operate, I am confident that I will be able to deliver on my Terms of Reference and provide a report which contains meaningful recommendations for lasting change.

**Baroness Kate Lampard**

**26 January 2026**

## APPENDIX ONE – LAMPARD INQUIRY WORK AREAS TO MEET TERMS OF REFERENCE

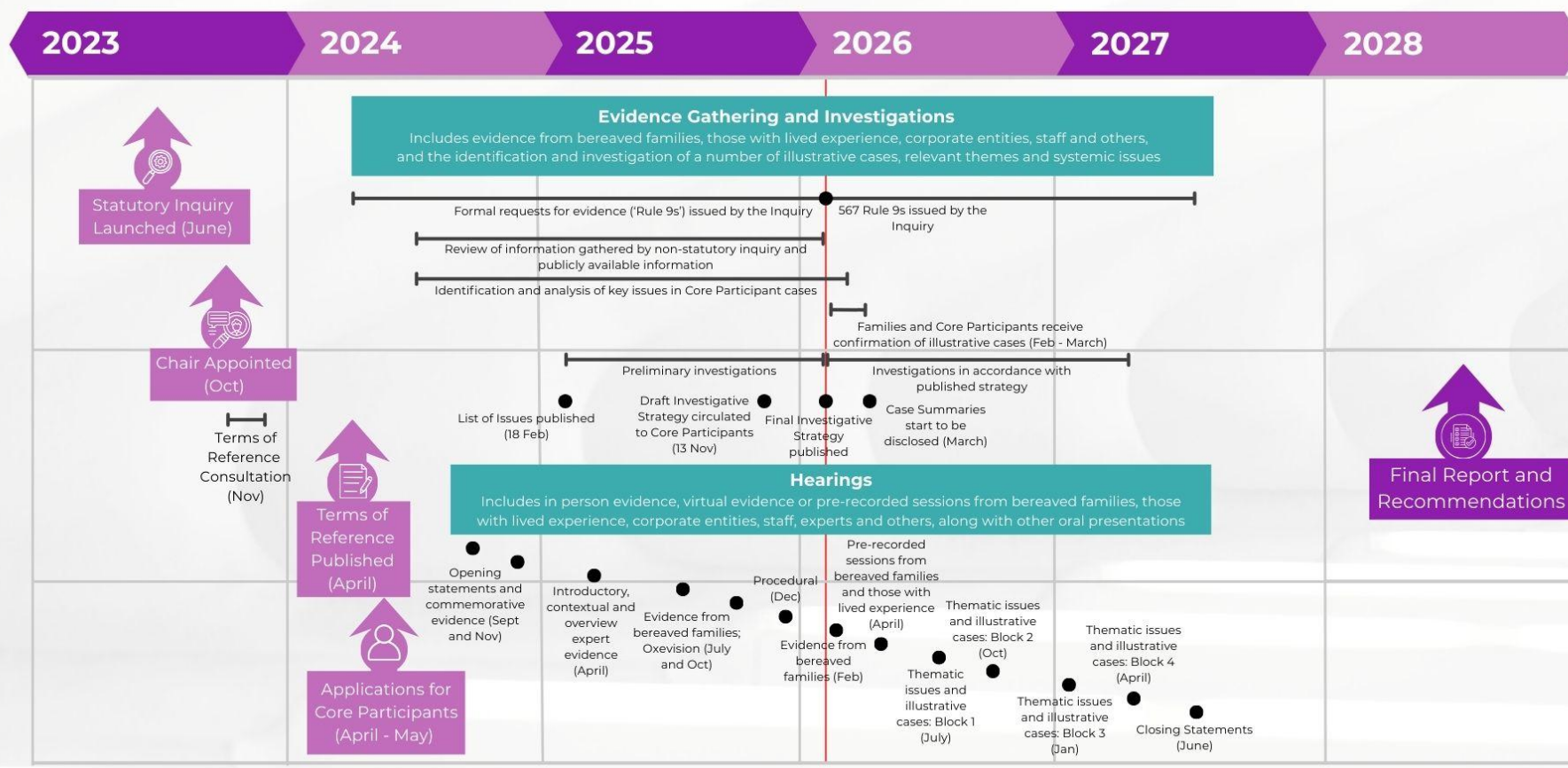
# WORK AREAS TO MEET TERMS OF REFERENCE



## APPENDIX TWO – LAMPARD INQUIRY HIGH-LEVEL TIMELINE

# The Lampard Inquiry: High-Level Timeline

THE  
**LAMPARD**  
INQUIRY





### **APPENDIX THREE – LAMPARD INQUIRY INDICATIVE HEARINGS PLAN 2026 – 2027**

The following indicative timetable sets out intended content for the remainder of the Inquiry's Hearings. From July 2026 onwards, the Inquiry will move to hear evidence in relation to the themes and issues it identifies by reason of its Investigative Strategy and other evidence gathering. For each "thematic issue", the Inquiry will consider evidence in relation to its illustrative cases along with other relevant and/or broader contextual evidence relating to that issue, where appropriate. This may include evidence from members of staff, expert evidence, and/or evidence from other organisations. Further detail and disclosure relating to each thematic issue will be provided when available, with advance notice. Other thematic issues may be added.

The Inquiry anticipates that the following thematic issues will feature in almost all of its illustrative cases and will therefore be considered in each hearing block:

- Therapeutic care and compassion;
- Patient engagement and capacity;
- Family engagement and the receipt and passing on of information;
- Record keeping (by individuals);
- Staffing and training, including the use of bank and/or agency staff; and
- Ward culture.

The Inquiry will also continue its work outside of its hearings timetable. Other topics, themes and areas of expert evidence will be explored and will be published and/or added to the hearings timetable as appropriate.

<b>Dates</b>	<b>Hearings</b>
<b>2 – 16 February 2026</b>	<b>Evidence from Bereaved Families</b>
<b>20 April – 7 May 2026</b>	<b>Pre-Recorded Evidence Sessions</b>
	Bereaved Families and Those with Lived Experience who wish to provide oral evidence

<b>6 – 23 July 2026</b>	<p><b><u>Thematic Issues and Illustrative Cases Block 1</u></b></p> <p>Thematic Issue: Assessment and Admission</p> <p>Thematic Issue: Observations and the Use of Technology</p> <p>Thematic Issue: Co-occurring Health Conditions and Older Adult Care</p> <p>Thematic Issue: Sexual Safety</p> <p>Thematic Issue: Safeguarding</p>
<b>5 – 22 October 2026</b>	<p><b><u>Thematic Issues and Illustrative Cases Block 2</u></b></p> <p>Thematic Issue: Environmental Risk and Ward Safety</p> <p>Thematic Issue: Regulation and the Regulatory Landscape</p> <p>Thematic Issue: CQC Cases</p> <p>Thematic Issue: Restraint</p> <p>Thematic Issue: Medication</p> <p>Thematic Issue: Police Involvement (other than in relation to sexual safety) including British Transport Police</p>
<b>25 January – 11 February 2027</b>	<p><b><u>Thematic Issues and Illustrative Cases Block 3</u></b></p> <p>Thematic Issue: Child and Adolescent Mental Health Services</p> <p>Thematic Issue: Neurodevelopmental Disorders</p> <p>Thematic Issue: Emotionally Unstable Personality Disorder/Borderline Personality Disorder</p> <p>Thematic Issue: Substance Misuse</p> <p>Thematic Issue: Perinatal Care</p>

	<p>Thematic Issue: Leave</p> <p>Thematic Issue: Discharge</p>
<b>26 April – 13 May 2027</b>	<p><b><u>Investigations and Thematic Issues Block 4</u></b></p> <p>Thematic Issue: Information Sharing, Record-keeping Systems and Inter-agency Communication</p> <p>Thematic Issue: Culture, Candour, Trust Investigation and Accountability</p> <p><b><u>Governance, Oversight and Overall Accountability</u></b></p> <p>Governance and Oversight</p> <p>Accountability</p> <p>Recommendations</p>
<b>14 June – 24 June 2027</b>	<p><b><u>Closing Statements</u></b></p>