

CHAIR'S OPENING STATEMENT

The Civic Centre, Chelmsford, 5 October 2026

Welcome

1. Good morning, and welcome to this October hearing, to all those who are following these proceedings virtually and to everyone joining us here in person at The Civic Centre in Chelmsford.
2. I have directed that this hearing is to focus on two key matters on which I have already heard some evidence and from which there may arise active issues of safety for current patients. Those are Emergency Response and Resuscitation and Observations and the Use of Technology.
3. Those two matters are not specific to Essex and therefore the evidence the Inquiry hears this week and next will be of relevance to service providers across the **entire country**. It should be of interest to **everyone** who is involved in mental health care and treatment, **nationally**. It may carry implications for the care and treatment provided on **all** mental health units.

4. This hearing, which begins today, will run for two weeks at the Civic Centre in Chelmsford, until Thursday 15 October. A further virtual hearing will take place on Tuesday 20 October.

Engagement with bereaved families

5. To the bereaved families, and to all those affected by the issues which I am investigating, I wish to reassure you again that you remain at the very heart of this Inquiry's work. The evidence you have given is central to our understanding of the key themes and issues under investigation.
6. Though the focus for this hearing is not on reviewing any further family evidence, I remain grateful for the moving accounts from family members and for their considerable efforts in engaging with the Inquiry to date. I especially want to take a moment to thank those families who, on the 17th of September 2026, met with members of my team, at the Inquiry's Q&A event.
7. This was an event hosted specifically for bereaved family Core Participants here, in this very building. I

am very grateful to them for their time and courage in sharing deeply personal and difficult experiences. I remain open to hearing your concerns and would like to reassure you that we will update our Frequently Asked Questions page on our website in response to the issues raised at the Q&A event, after this October hearing has concluded.

8. I also wish to acknowledge that World Mental Health Day falls during this hearing, on 10 October. This year's theme highlights the importance of the experience of those who have been affected by mental health deaths being heard, and bringing about real change. That principle is central to this Inquiry, and the experiences shared by bereaved families continue to inform our investigations.
9. In my opening statement on the 6th of July this year, I explained that family evidence would be the starting point for the case summaries produced by my team. These case summaries set out, in summary form, what the Inquiry understands happened in each of our illustrative cases and

identify the issues emerging and family concerns, where those are known.

10. I continue to make clear that those case summaries do not in any way replace the written and oral statements provided to this Inquiry by bereaved families. As I say, every family account is read carefully and reviewed in its full form by me and my team. It is those accounts, in their entirety, that form the record of this Inquiry.
11. I continue to find the case summary documents extremely valuable as they help me and my Inquiry team to identify the key issues raised in each case in a proportionate and focused way.
12. To date my team have worked diligently to share these illustrative case summaries with families, NHS trusts and other organisations involved in those cases, for comment. We have carefully considered all responses and I am very grateful to all those involved.

Purpose of the October hearing

13. We will shortly hear an opening statement from Counsel to the Inquiry, Rebecca Harris KC, who will speak in further detail about the evidence we will hear.
14. In July this year, the Inquiry's focus moved to investigating thematic issues in respect of inpatient care. I reflected on the urgent concerns raised by some Core Participants and their legal representatives about the use of technology on inpatient wards, and current practices around emergency response and resuscitation, and I directed my team to investigate those issues further without delay.
15. As matters currently stand, and after reviewing the evidence received and heard thus far, I share some of those concerns about patient safety in mental health wards. As such, I have directed that we will hear further evidence, including focused and detailed evidence from experts, in respect of those distinct themes during this October hearing.

16. Since the July hearing, I have received a great deal of evidence from Core Participants and from a number of other individuals on these themes, as well as from experts instructed to provide focused evidence on various aspects of the themes.
17. It is important that the Inquiry receives material promptly and that, should anyone wish to provide evidence to the Inquiry which the Inquiry has not requested, they communicate with my team in advance.
18. Unfortunately, this has not occurred at this hearing, with the Inquiry receiving material very late in the day. I wish to make it clear to all those engaged with the Inquiry that they should use every effort to meet deadlines set by the Inquiry and that any evidence which they may provide voluntarily is discussed with my team in advance.
19. This week, the Inquiry will examine emergency response and resuscitation in inpatient mental health settings.

20. We will hear evidence about the policies, procedures, training and equipment in place. The evidence will also look at how staff respond to emergency situations on mental health wards and about their ability to manage deteriorating patients.
21. Throughout, I will ensure that my team explores whether and to what extent there has been learning from past incidents, including some of the illustrative cases.
22. On the practice of observation and the use of technology on inpatient mental health wards, this Inquiry has already received extremely informative evidence, some of which outlines the practicalities of using these systems and the risks involved.
23. Next week, we will build further on our understanding of the use of technology, including the role of Oxevision and its use in mental health inpatient units.

24. I have invited legal representatives for Core Participants to attend a virtual hearing on 20 October to make submissions to me on these areas.
25. I will consider those submissions, as well as all the evidence we are to hear over the course of the next two weeks, with great care, with objectivity and complete independence, and with an open mind.
26. At the July hearing, I made reference to several other investigations relevant to mental health inpatient care. I remain mindful of the need to learn what we can from other inquiries. I was encouraged to hear during the Nottingham Inquiry's closing statement that they share that same sentiment.
27. I noted that the Thirlwall Inquiry report into events at the Countess of Chester Hospital made recommendations aimed at strengthening patient safety and accountability across the NHS. I have also recently met with the newly appointed Chair of the Tees, Esk and Wear Valleys inquiry, which will

be investigating issues relating to mental health inpatient care in that part of the country.

Hearing room etiquette

28. As an independent public inquiry, it is crucial that I ensure that we gather a wide range of views and perspectives. It is equally important that I listen to all those who can shed light on what went wrong, as well as what went well, and from those who can tell us what happens currently in inpatient care.

29. For the Inquiry to hear and consider that evidence properly, every witness must be able to speak fully and without interruption. I therefore ask everyone attending this hearing, whether in person or remotely, to help maintain a calm and respectful environment by listening quietly to the evidence throughout.

30. I must make clear that there are to be no disruptions of any kind. All mobile phones in the hearing room must be switched off, and no recording or filming devices of any kind may be

used. I thank everyone in advance for their cooperation with this.

31. Given the highly sensitive nature of the evidence we will dealing with, anyone who wishes to leave the room is permitted to do so. However, I must ask that should you wish to leave that you do not seek to re-enter until there is a break in proceedings.

32. For Core Participant families and their representatives, the proceedings are streamed to the family room so you are able to watch there, should it be more comfortable for you to do so. It is very important that I am able to hear this evidence without distraction and that witnesses are provided with the best opportunity to respond to questions without disturbance within the room.

33. Much of the evidence we will hear during this hearing will touch on sensitive and difficult matters. Although we will not be hearing directly from bereaved families, I recognise that hearing some of the evidence in great detail may be distressing,

particularly for those with personal experience of the issues under investigation.

34. I ask everyone to remain mindful of this and to treat all those involved with consideration, courtesy and respect.

35. The Inquiry places the wellbeing of all those engaging with it at the centre of its work.

36. I wish to remind everybody that emotional support services are available throughout the hearing.

37. Anyone who would like support should speak to a member of the Inquiry Team, who will help them access this support.

Concluding remarks

38. I will now hand over to Counsel to the Inquiry, Rebecca Harris KC.

39. Before doing so, I wish once again to thank all those who will be giving evidence at this hearing, and all those who have given evidence at previous

hearings. I am grateful for their participation, their time, and their candour.

40. Ms Harris.