

Witness Name: Stuart Dunn

Statement No: Second

Exhibits: SD2/01 to SD2/55

Dated: 18 August 2026

THE LAMPARD INQUIRY

SECOND WITNESS STATEMENT OF STUART DUNN

I, Stuart Dunn, will say as follows:-

Introduction

1. I am Interim Director of Mental health for the Care Quality Commission ("CQC") and was appointed to this role in May 2026. Prior to May 2026, I was a Deputy Director of Operations for Mental Health in the Central region where I had operational oversight of inspection teams covering Derbyshire, Lincolnshire, Nottingham, Cambridgeshire, Bedfordshire, Hertfordshire, Norfolk, Suffolk and Essex. I provided leadership of CQC's regulatory activity in relation to mental health services in this area and performed this operational role since November 2025, when CQC returned to sector-specific operational teams. Prior to that I was working as a Deputy Director of Operations in the East of England covering the four main sectors CQC regulates, which included mental health.
2. I joined CQC in October 2014 as an Adult Social Care inspector and have worked in inspection, management and strategic roles at the organisation since then. Prior to joining CQC I worked in services providing care and support to people with autism or learning disabilities.
3. This witness statement is made in response to a Rule 9 request made by the Lampard Inquiry (the "Inquiry") to CQC dated 24 July 2026 entitled Rule 9(12) (the "Request").
4. I am duly authorised to make this witness statement on behalf of CQC. The contents of this witness statement are true to the best of my knowledge and belief. Where I have referred to information from other sources, I believe that information to be true. In preparing

this statement (and the accompanying documents), I have been assisted by lawyers in the CQC Inquiries team and external Counsel, Jenni Richards KC.

5. The Request sets out a number of questions in relation to the topic of resuscitation and the Brief Guides used by CQC inspection teams when assessing or inspecting services.
6. This statement will seek to respond directly to the questions from the Inquiry.

Monitoring and inspecting mental health services – Brief Guides

7. CQC inspects mental health services against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the “2014 Regulations”), as set out from paragraph 69 of CQC’s First Rule 9 Statement dated 27 March 2025. Prior to the introduction of the Single Assessment Framework, CQC inspected and rated against core services; following the key lines of enquiry (“KLOE”), CQC rated each of the five key questions (Safe, Effective, Caring, Responsive and Well-led) and provided an overall rating for the core service and provider. The mental health core services were as follows:

- 7.1. Acute wards for adults of working age and psychiatric intensive care units;
- 7.2. Long stay or rehabilitation mental health wards for working age adults;
- 7.3. Forensic inpatient or secure wards;
- 7.4. Child and adolescent mental health wards;
- 7.5. Wards for older people with mental health problems; Wards for people with a learning disability or autism;
- 7.6. Community-based mental health services for adults of working age;
- 7.7. Mental health crisis services and health-based places of safety;
- 7.8. Specialist community mental health services for children and young people;
- 7.9. Community-based mental health services for older people; and
- 7.10. Community mental health services for people with a learning disability or autism.

8. Brief Guides are a learning resource for CQC inspectors and inspection teams. They provide information, references, links to professional guidance, legal requirements or recognised best practice guidance about particular topics in order to assist inspection teams. They do not provide guidance to registered persons about complying with any of the regulations made pursuant to section 20 of the Health and Social Care Act 2008 (the “2008 Act”), nor are they further indicators of assessment pursuant to section 46 of the 2008 Act. CQC developed and published Brief Guides on its website¹ to support inspectors in making judgements when inspecting mental health provision. The following Brief Guides are also available to mental health inspection teams in a dedicated folder in the Operations Knowledge bank on CQC’s intranet:

- 8.1. Brief Guide: Patient and carer race equality framework (PCREF) [**Exhibit SD2/01**]
- 8.2. Brief Guide: Care of children and young people in appropriate settings [**Exhibit SD2/02**]
- 8.3. Brief Guide: Mandatory training requirement on learning disability and autism [**Exhibit SD2/03**]
- 8.4. Brief Guide: Assessing and Monitoring Mental Health in-patient services use of digital contactless patient monitoring technologies [**Exhibit SD2/04**]
- 8.5. Brief Guide for inspection teams: Use of ‘blanket restrictions’ in mental health wards [**Exhibit SD2/05**]
- 8.6. Brief Guide for inspection teams: Smoke free policy for mental health inpatient services [**Exhibit SD2/06**]
- 8.7. Brief Guide for inspection teams: Crisis response lines – NHS 111 (select mental health option) [**Exhibit SD2/07**]
- 8.8. Brief Guide for inspection teams: Assessing mental health in the emergency department [**Exhibit SD2/08**]
- 8.9. Brief Guide for inspection teams: Mental Health Units (Use of Force Act) 2018 [**Exhibit SD2/09**]
- 8.10. Brief Guide for inspection teams: Physical healthcare in mental health settings [**Exhibit SD2/10**]
- 8.11. Brief Guide for inspection teams: Covert medicines in mental health services [**Exhibit SD2/11**]
- 8.12. Brief Guide for inspection teams: Ligature Anchor Points and Ligatures [**Exhibit SD2/12**]

¹ [Brief guides for inspection teams - Care Quality Commission](#)

- 8.13. Brief Guide for inspection teams: Staffing levels on mental health wards
[Exhibit SD2/13]
- 8.14. Brief Guide for inspection teams: Psychotropic Medication [Exhibit SD2/14]
- 8.15. Brief Guide for inspection teams: discharge planning from assessment and
treatment units for people with a learning disability [Exhibit SD2/15]
- 8.16. Brief Guide for inspection teams: Schizophrenia – assessment of concordance
with NICE guidance [Exhibit SD2/16]
- 8.17. Brief Guide for inspection teams: Bipolar Disorder – assessment of
concordance with NICE guidance [Exhibit SD2/17]
- 8.18. Brief Guide for inspection teams: Physical Healthcare in inpatient eating
disorder services [Exhibit SD2/18]
- 8.19. Brief Guide for inspection teams: Long-term segregation [Exhibit SD2/19]
- 8.20. Brief Guide for inspection teams: Call systems in mental health inpatient
services for patients/service users and visitors [Exhibit SD2/20]
- 8.21. Brief Guide for inspection teams: Immediate Life Support training for services
that may use restrictive interventions [Exhibit SD2/21]
- 8.22. Brief Guide for inspection teams: Shared sleeping arrangements on mental
health wards ('dormitories') [Exhibit SD2/22]
- 8.23. Brief Guide for inspection teams: Good communication standards for people
with a learning disability or autism. [Exhibit SD2/23]
- 8.24. Brief Guide for inspection teams: Substance misuse services – same-sex
provision [Exhibit SD2/24]
- 8.25. Brief Guide for inspection teams: Substance misuse services – workforce
qualifications [Exhibit SD2/25]
- 8.26. Brief Guide: Staffing in Emergency Departments that treat children [Exhibit
SD2/26]
- 8.27. Brief Guide for inspection teams: Restraint (physical and mechanical) rooms
[Exhibit SD2/27]
- 8.28. Brief Guide for inspection teams: Functional assessment of behaviour in people
with learning disabilities [Exhibit SD2/28]
- 8.29. Brief Guide for inspection teams: Psychoactive medicines (LD) [Exhibit
SD2/29]
- 8.30. Brief Guide for inspection teams: Capacity and competence to consent in under
18s [Exhibit SD2/30]
- 8.31. Brief Guide for inspection teams: Monitoring the physical health of people with
a learning disability and/or autism on admission to a ward [Exhibit SD2/31]

- 8.32. Brief Guide for inspection teams: Substance misuse services – detoxification or withdrawal from drugs or alcohol [**Exhibit SD2/32**]
- 8.33. Brief guide for inspection teams: Substance misuse services – Ligature risks [**Exhibit SD2/33**]
- 8.34. Brief guide for inspection teams: Substance misuse services – People in vulnerable circumstances [**Exhibit SD2/34**]
- 8.35. Brief guide for inspection teams: Substance misuse services – use of blanket restrictions [**Exhibit SD2/35**]
- 8.36. Brief Guide for inspection teams: Sexual Safety in Mental Health wards [**Exhibit SD2/36**]
- 8.37. Brief Guide for inspection teams: inspecting safeguarding [**Exhibit SD2/37**]
- 8.38. Brief Guide for inspection teams: Waiting times for community child and adolescent mental health services [**Exhibit SD2/38**]
- 8.39. Brief Guide for inspection teams: Assessing how well mental health services support carers [**Exhibit SD2/39**]
- 8.40. Brief Guide for inspection teams: Assessing how providers use the Mental Health Act [**Exhibit SD2/40**]
- 8.41. Brief Guide for inspection teams: Out of area placements in rehabilitation units [**Exhibit SD2/41**]
- 8.42. Brief Guide for inspection teams: Seclusion rooms [**Exhibit SD2/42**]
- 8.43. Brief Guide for inspection teams: Same-sex accommodation [**Exhibit SD2/43**]
- 8.44. Brief Guide for inspection teams: Assessing how providers implement the Mental Capacity Act [**Exhibit SD2/44**]
- 8.45. Brief Guide for inspection teams: Assessing quality improvement in a healthcare provider [**Exhibit SD2/45**]
- 8.46. Brief Guide for inspection teams: Education in CAMHS [**Exhibit SD2/46**]
- 8.47. Brief Guide for inspection teams: Inpatient mental health rehabilitation services – assessment, treatment and care [**Exhibit SD2/47**]
- 8.48. Brief Guide for inspection teams: Inpatient mental health rehabilitation services – discharge. [**Exhibit SD2/48**]
- 8.49. Brief Guide for inspection teams: Recovery orientated practice [**Exhibit SD2/49**]
- 8.50. Brief Guide for inspection teams: Same sex provision in mental health hospitals. [**Exhibit SD2/50**]
- 8.51. Inspector Brief Guide for Do Not Attempt Cardiopulmonary Resuscitation (DNA/CPR) [**Exhibit SD2/51**]

- 8.52. Pathway Tracking Toolkit: Assessing the delivery of care to people who access specialist mental health services experiencing a mental health crisis [**Exhibit SD2/52**]
- 8.53. Observation guidance for inspection staff: MDT review/CPA review or other service user meetings (with agreement from person using the service) [**Exhibit SD2/53**]
- 8.54. Crisis Care Assessment Service Group (ASG) Guidance [**Exhibit SD2/54**]
- 8.55. Brief Guide: Care Certificate standards – inspectors' guide to gathering evidence [**Exhibit SD2/55**]
9. The Brief Guides on electroconvulsive therapy, positive behaviour support for people with behaviours that challenge and psychotropic medication in intellectual and developmental disability, are under review and therefore not currently published on CQC's website. Excluding these guides, and as listed in the above paragraph, there are currently 55 Brief Guides available to inspectors of mental health services.
10. I am not aware of any specific guidelines for resuscitation in mental health settings. However, CQC's website does refer to Resuscitation Council UK ("RCUK") guidelines² within the guidance section for Regulation 12: Safe Care and Treatment³.
11. The '*Brief Guide: Immediate Life Support training for services that may use restrictive interventions*' is not specific to just mental health settings but refers to National Institute for Health and Care Excellence ("NICE") guidance which recommends that any setting where restrictive interventions (rapid tranquilisation, restraint or seclusion) are used should have immediate access to staff trained in immediate life support ("ILS") and to appropriate ILS medication and equipment,⁴ this would include mental health settings. RCUK recommendations are also set out within this Brief Guide which is attached as **Exhibit SD2/21**. The Brief Guide refers to suggested evidence required for inspectors to consider in relation to Training, Equipment and Governance. It states:
- 11.1. "Training: • Are all relevant clinical staff trained in BLS and CPR, and all staff who may deliver or be involved in restrictive interventions trained in ILS? • Are BLS and ILS training in line with The Resuscitation Council (UK) guidelines and standards? • Do staff have regular refreshers and participate in drills and practice runs overseen

² <https://www.resus.org.uk/professional-library/2025-resuscitation-guidelines>

³ <https://www.cqc.org.uk/guidance-regulation/providers/regulations-service-providers-and-managers/relevant-guidance>

⁴ [full-guideline-pdf-70830253](#)

by resuscitation trainers. Are the findings from these addressed? • Are staff trained in use of tools to monitor vital signs and how to recognise a deteriorating patient?

11.2. *Equipment: • Do patient areas have immediate access to BLS and ILS equipment and drugs (see footnote for list of required equipment and drugs5)? • If defibrillators are shared between wards, can these reach all patient areas within three minutes (e.g. as demonstrated by timed practice runs)? • Has emergency life support equipment been checked; with audit or equipment maintenance records showing ILS equipment is available and in working order?*

11.3. *Governance: • Is there a named person who takes the leadership role for resuscitation issues? • Is there a policy for restrictive interventions and emergency life support and is this up to date and in line with national guidance? • Are levels of attendance at life support training routinely audited, reported to a senior level of the organisation, and any lapses acted on? • Do duty rota records evidence availability of staff trained in ILS for all shifts and is this considered when completing future rotas?"*

12. In terms of reporting on this topic, the Brief Guide confirms that the inspection team's findings will *"contribute to judgements within the 'safe' section of the report, and under 'safe and clean environment', 'safe staffing' and 'assessing and managing risk to patients' in the evidence appendix/detailed findings. Findings will contribute to judgements within the 'effective' section of the report, and under 'skilled staff to deliver care' in the evidence appendix/detailed findings. Information about the quality of the provider's policy and quality of training provided to staff, on rapid tranquilisation and immediate life support, will also contribute to judgements about the key questions 'effective' and 'well-led.'"*

Resuscitation Council UK involvement with CQC inspections

13. I note that Adam Benson Clarke, RCUK's Director of Clinical and Service Development gave evidence to the Inquiry on 20 July 2026, and confirmed that RCUK does not currently have any involvement in CQC inspections, but would be willing to provide advice and/or input. I have liaised with Policy and Strategy colleagues to discuss this proposal and I see no reason why CQC would not welcome further input from RCUK in CQC's work. To the extent that this is not already available, CQC may consider incorporating any checklists, and/or other protocols developed by RCUK to assist CQC inspectors into existing Brief Guides. CQC is also reviewing its inspection guidance for updating in line with the recent

move back to sector-specific assessment frameworks, and this presents an opportunity to refresh specialist guidance. Having considered the logistics, I consider that it would be more useful to have RCUK support to inform training and assessment materials for CQC inspection teams, rather than support specifically for individual inspections or visits.

14. CQC would welcome a conversation with RCUK to explore how we could work together in future.

Statement of Truth

I believe the content of this statement to be true.

Signed

[I/S]

Stuart Dunn

Interim Director of Mental Health - CQC

Dated 18 August 2026